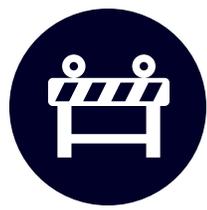




Louisville Recovery
Community Connection
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Louisville, KY 40202
(502) 717-8321

ANNUAL REPORT 2020 - 2021





EXTERNAL
COMMUNITY
ENGAGEMENT

NETWORKING &
COLLABORATION

ESTABLISHING
& MAINTAINING
ORGANIZATIONAL
RELATIONSHIPS



INTERNAL
& EXTERNAL
COMMUNITY
ENGAGEMENT

MEMBER
INPUT

VOLUNTEER
COMMITMENT

PROSOCIAL &
MUTUAL AID
SUPPORTS



ADVOCACY

SOCIAL
JUSTICE



HARM
REDUCTION

PATHWAY
EXPLORATION
& AFFIRMATION



ELIMINATING
BARRIERS

RESOURCE
& SERVICE
EXPANSION



ONGOING &
CONSISTENT
EDUCATION

STAFF
DEVELOPMENT

PUBLIC
TRAINING &
EMPOWERMENT



UNCONDITIONAL
POSITIVE
REGARD

PERSON-
CENTERED

PEER
SUPPORT

CRISIS
MANAGEMENT

RESOURCE
NAVIGATION

LOUISVILLE
RECOVERY
COMMUNITY
CONNECTION

SOME BIG PICTURE NUMBERS...

13 CURRENT WEEKLY MUTUAL AID/GROUP SUPPORT MEETINGS

1,094 FREE COVID TESTS DISTRIBUTED TO COMMUNITY MEMBERS

2,974 NARCAN KITS DISTRIBUTED VIA MORE PROJECT

111 COMPLETED INDIVIDUAL REFERRALS TO KENTUCKY ACCESS TO RECOVERY GRANT VOUCHER PROGRAM

STAFF TRAININGS ON HIV TESTING, AMERICAN SIGN LANGUAGE, LGBTQ+ INCLUSION & SUPPORT, FENTANYL TESTING STRIPS, & BEYOND

23,625 MINUTES SPENT IN 1-ON-1 RECOVERY COACHING SESSIONS

SHOWING UP & SAYING "YES"

There are so many things that could be written here as a preface. We've gained and maintained a sense of daily momentum now that had to be rebuilt after reopening a little more than a year ago. We've solidified unique and lasting partnerships with other organizations and have sparked many new connections. We've now moved beyond our brick-and-mortar and have officially launched two separate mobile units. COVID is still an ongoing crisis, as are the epidemic of opioid-related drug overdose deaths, systemic racism, violence against the LGBTQ+ community, the gross lack of affordable and attainable housing, the weaponization of arrest and incarceration, and any other facet of the broken systems that surround and restrict our community. The constant awareness of these things is overwhelming and hyper-vigilance around efforts to dismantle them can be draining...and while this is the backdrop we find ourselves situated in, the macro view of that reality is not what's talked about here. We know it's there and we don't hesitate to name it, but more often than not, we speak in stories. When people ask about what I do at work, my first thought isn't of systems or structures, but about the very real individual stories that we bear witness to. So while an annual data report primarily shows the large-scale version of the work we do, I have tried my best to weave in some of those stories. I don't know how to FEEL a data point; numbers are not inherently emotional...but the specific stories behind them? That is where we find connection - to one another, to the disjointed parts within ourselves, to whatever it is that keeps us going.

The stories people share with us when they come through our doors are personal and unique, but also reflect the complexities of the human experience as a whole. These stories are simultaneously complicated and understandable, emotionally devastating and empowering, unknowably brutal and inexplicably precious. We see families being torn apart and woven back together in real-time. This is the dichotomy of the work we do alongside a community that we are a part of: the highs are high, and the lows can be so, so low.

One of the primary functions of the children's playroom within our facility is to serve as a space for families who are required to have supervised visits. There is a viewing window, a shelf of books, a rocking chair, and a variety of toys, allowing for (hopefully) a more intentional and personal visit than what is achievable in a small office, waiting room, or addiction recovery treatment environment. We will occasionally get calls from case workers, requesting reservation of the Kid's Room (which is provided free of charge, as with all our services), typically for one parent and one or two children.

Early in 2021, staff received one such phone call, confirming that the room was available for the requested time the following day. This was immediately followed up with details of the visit: both the mother and father would be present for a visitation with their eight children, who were living in two separate foster homes at the time. Having already agreed to the session, there was no choice but to lean into the impending discomfort of what what was sure to be a chaotic hour during our regular times of operation.

The next morning, the parents arrived early, bringing with them a newborn baby girl - only a few weeks old. Instead of going to the playroom, they situated themselves on a couch in our main room. Shortly thereafter, the other eight children arrived. Ranging from ages three to thirteen, they forewent any introduction at the front desk and ran full-force into the LRCC. As the family congregated together, their case worker chatted with an LRCC staff member, and at one point paused and said, "You know, this is the first time that they've been able to meet their new baby sister."





As a staff, we are accustomed to operating with an undercurrent of mild or potential chaos in our day-to-day operations; but in these moments of liminality and uncertainty...that's where the magic lies.

On that day, a family of eleven was able to be together, all in one room, for the first time in many months.

On that day, at a time when the LRCC is usually most busy and filled with members, no one else was present aside from that family.

On that day, when the expectation was stress and noise and small feet running around and mess...there was calm.

There was a baby.
There was a family.
There was something almost sacred.

All we had to do was open the doors.
All we had to do was say, "Yes."

-- Anna Kate McWhorter
Program Coordinator



WHY WE DO WHAT WE DO

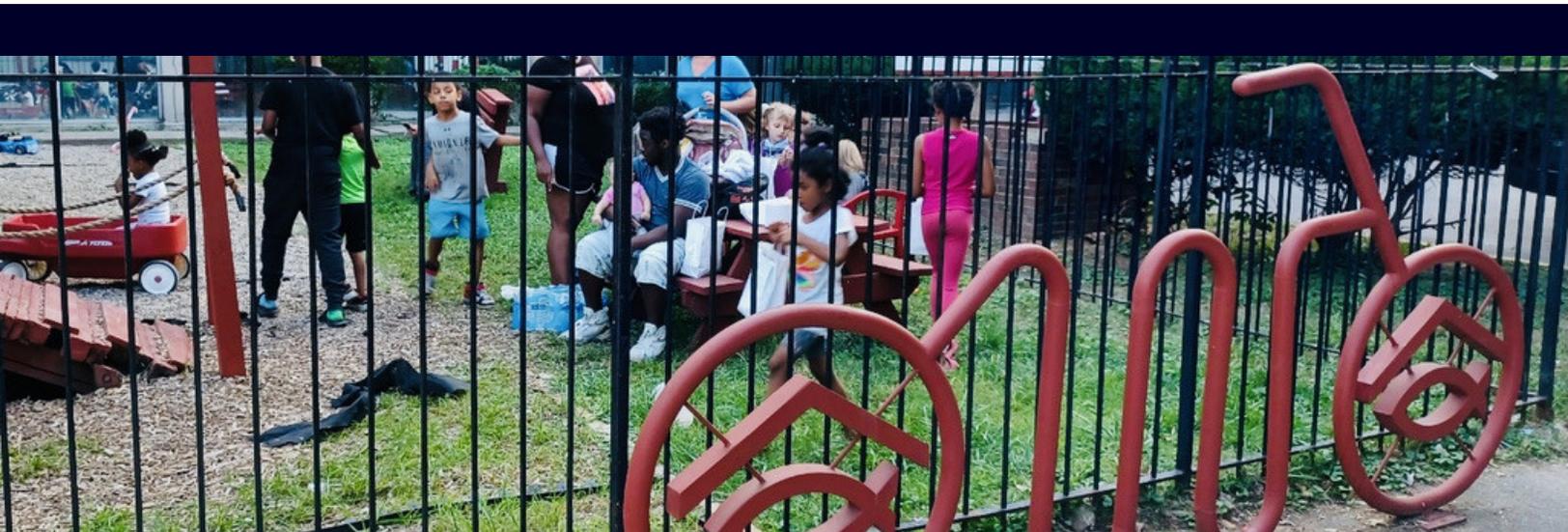
We have seen; therefore, we are responsible.

Just before the day of our grand opening in September of 2019, the LRCC team sat on the floor of the meditation room. The first time we were all assembled in one room together, Jeremy Byard (LRCC Director) asked us each to think about our "Why?" - the idea being that this work can easily become overwhelming and stressful, but the answer to that question will be what keeps us focused and motivated in the work that we do. While each of us on staff has our own personal "Why?" for being here, our collective answer to that question is exemplified well in the quote above. Our individual stories are each uniquely our own, but as a whole, we are here because we...

- ...have been incarcerated.
- ...were once houseless.
- ...lived through the "War on Drugs" being weaponized against us.
- ...are marginalized because of our race, gender identity, education level, and sexual orientation.
- ...experience chronic physical health conditions as a result of years of chaotic substance use.
- ...carry with us a variety mental illness diagnoses from doctors.
- ...are in recovery - even if not totally abstinent from all substances.
- ...are survivors of physical, verbal, sexual, and emotional abuse.

...have been there.

Each of these realities is reflected back to us in the stories of the folks we walk alongside everyday - not just as professionals, but also simply as human beings. We believe everyone is the expert in their own life, and that telling any stories that waver from the truth will always have consequences. Because of all these things, we are responsible.



MEMBER DEMOGRAPHICS & LIFE DOMAINS



RACE

The racial makeup of our membership base is on par with the most recent population data reported for the city of Louisville.

While most of those in our membership community report being stably housed - mostly in community or transitional living environments - almost one-fifth of LRCC members refer to themselves as being houseless. The latter are the folks that visit us most regularly.

HOUSING

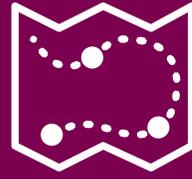


GENDER IDENTITY & SEXUAL ORIENTATION

While our most consistent attendance is still made up of men (given we are walking distance from multiple men's facilities & residences), the past year has seen significant growth in the amount of self-disclosed transgender individuals - as well as the wider LGBTQ+ community at large.

Over half of those in the LRCC community are unemployed; just over a quarter are working full-time.

EMPLOYMENT



ZIP CODE

As is to be expected, the vast majority of our visitors come from the same zip code as our brick & mortar location - 40202 - and those immediately around it.

Over three-quarters of members have at least some history of involvement with the legal system. Of that 77%, over half are either currently on probation or parole, or have a pending legal case.

LEGAL INVOLVEMENT



AGE

The average age of our members is 37 years old, with the youngest being 16 and the oldest being 78.



INCOME

About 78% of our participants have no source of income whatsoever at intake; only 13% earn more than \$10,000 in a year.

Any numerical data provided throughout this report refers to data collected up through the third quarter (end of September) of 2021 - unless stated otherwise.

Nearly 10% of LRCC participants are veterans.

VETERAN STATUS



MEMBER PHYSICAL HEALTH & GENERAL RECOVERY

Nearly 60% of our participants utilize public forms of health insurance (like Medicaid)...

INSURANCE



...over a third have no insurance at all.

HEALTH CARE



Just 24% of LRCC members report having a specific primary care provider.

PRIMARY CARE



88% of participants identify as being "in recovery" - our working definition for that terminology goes far beyond strictly abstinence based SUD recovery. We believe that someone is in recovery when they say they are.

RECOVERY



The individuals we interact with have all gone through some form of SUD treatment an average of 4.5 times.

TREATMENT



12-step abstinence-based recovery pathways are still certainly most common, but we've been seeing notable shifts in this over the past year - primarily acknowledgement of utilization of multiple pathways at once.

PATHWAYS



We've had the privilege of providing material and personal support for at least mothers as they welcomed new life - and have been able to provide space to nearly 10 baby showers to take place.

NEW LIFE



So far in 2021, we have borne witness to triple the number of overdose deaths among our members compared to last year.

LOSS



MEMBER MENTAL HEALTH & SUBSTANCE USE DISORDER

DEPRESSION: 59%

ANXIETY: 76%

SCHIZOPHRENIA 3%

TRAUMA HISTORY: 53%

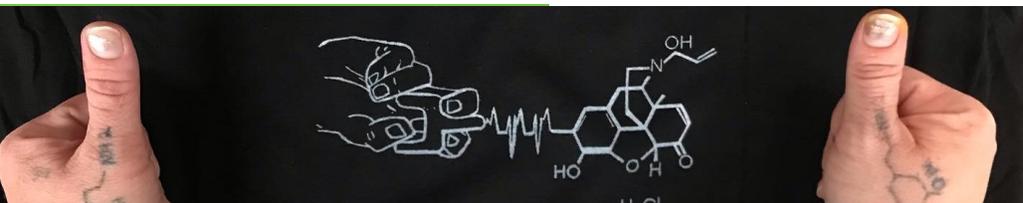
HISTORY OF IV DRUG USE: 69%

OVERDOSE HISTORY:

EXPERIENCED AT LEAST 1: 63%

AVERAGE # OF OVERDOSE EVENTS: 7
RANGE IN # OF OVERDOSE EVENTS: 1-20

OF THOSE UTILIZING MOUD, SUBOXONE IS MOST COMMON



2021 NUMBERS

CURRENT ACTIVE MEMBERS
[INTERACTIONS WITHIN THE
PAST 60 DAYS]

~400



LRCC STAFF CERTIFIED
IN RECOVERY COACHING
& PEER SUPPORT

100%



MEMBERS WHO
OBTAINED THEIR GED

7



DRUG OVERDOSE
REVERSALS PERFORMED
BY LRCC STAFF

5



STUDENTS CURRENTLY EMPLOYED
IN-HOUSE THROUGH JEFFERSON
COMMUNITY & TECHNICAL
COLLEGE'S WORK STUDY PROGRAM

2



MEMBER WHO USED THE LRCC
COMPUTER LAB TO COMPLETE AN
ASSOCIATE'S DEGREE WITHIN 9
MONTHS, WHILE STAYING IN
OVERNIGHT SHELTERS

1



Our approach to individual support is one of **unconditional positive regard**. This means that any interaction we have with visitors (especially in a 1-on-1 context) is...

PERSON-CENTERED

INDIVIDUALLY & UNIQUELY TAILORED

APPROACHED WITH INTENTIONALITY & WITHOUT SHAMING

FREE OF ANY FINANCIAL COST

COMPLETED PARTICIPANT REFERRALS** [RELEVANT SERVICES ACCESSED/ATTAINED]	74%
CURRENTLY ACTIVE REFERRALS**	26%
AVERAGE LENGTH OF RECOVERY COACHING SESSION	45 minutes
HOURS SPENT IN 1-ON-1 RECOVERY COACHING SESSIONS	394
LRCC MEMBERS CURRENTLY RECEIVING PHONE & WEB-BASED SUPPORT WHILE INCARCERATED	3

**[This referral count does not include those completed for the KATR program.]

MENTAL HEALTH DISCUSSION	65%
WORKED ON/CREATED GOALS	42%
CRISIS INTERVENTION & EMOTIONAL SUPPORT	33%
PHYSICAL HEALTH DISCUSSION	28%
RECURRENCE OF USE/PREVENTION DISCUSSION	23%
ASSISTED WITH HOUSING NEEDS (does not include bed reservations via Coalition for the Homeless Single Point of Entry line)	15%
FREQUENCY OF SUPPORT TOPICS	% OF SESSIONS INCLUDING PARTICULAR TOPIC/ACTIVITY

HOW WE DO SUPPORT



COMMUNITY IMPACT: HEALTH & COVID

Nothing we've accomplished as an organization is done by our efforts alone. Because of the manner in which we have situated ourselves as an RCO, we aim to support others - individually or communally - in the work they are already doing, by providing physical space, extra hands, and greater awareness. In this way, we have seen that there is often no need to recreate a wheel, but that we can add to those that already exist, by simply putting good use to our brick-and-mortar, our collective voice, and our own human capacities. This has become all the more important as we form ties and close the gaps in resource accessibility in the midst of the COVID pandemic.

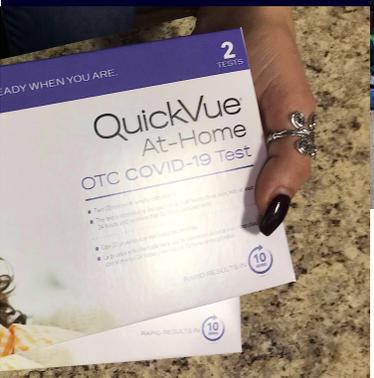
So while none of the numbers on these pages are of our own doing alone, we would be remiss to not highlight the monumental impact of some of the partner relationships that we are so immensely fortunate to have nurtured. This, in essence, is what it truly means when we say that we are a hub of community resources - that we, ourselves, are not always the resource itself, but simply the connection between.



DOWNTOWN HOUSELESS COMMUNITY OUTREACH FALL BLOCK PARTY WHICH INCLUDED...

- SHOWERS
- TESTING FOR COVID, HEP C, HIV
- VACCINATIONS
- HAIRCUTS
- HYGIENE KITS
- FOOD
- SYRINGE SERVICES

(& SO MUCH MORE!) ALONGSIDE DOZENS OF OTHER PARTNER ORGANIZATIONS



OVER A THOUSAND FREE AT-HOME COVID TESTS DISTRIBUTED AS PART OF CITY-WIDE SAY YES! TO COVID TEST INITIATIVE

Throughout 2021, we were able to help contribute to over a dozen community health events and initiatives - some by amplifying and publicizing those put on by other organizations, but primarily by showing up ourselves to bolster the potential impact of services being offered. Here are a few of those highlights...

WEST LOUISVILLE RESOURCE CONNECTION, REGULARLY THROUGH SPRING 2021 W/ KY CAREER CENTER



PLANNED VACCINATION DAY FOR THE DEAF COMMUNITY W/ LOUISVILLE METRO DEPARTMENT OF PUBLIC HEALTH & WELLNESS, CABINET FOR HEALTH & FAMILY SERVICES



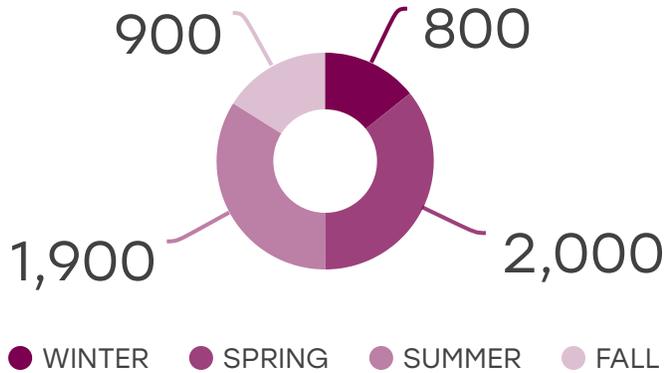
30+ COMMUNITY MEMBERS VACCINATED AGAINST COVID-19 AS A PART OF HEALTH FAIRS WITH THE HOPE BUSS & CHANGE TODAY CHANGE TOMORROW

COMMUNITY HEALTH FAIR AT THE HOPE GARDEN W/ UK HEALTH, LOUISVILLE FREE PUBLIC LIBRARY, UL HEALTH, & KY HARM REDUCTION COALITION

COMMUNITY IMPACT: CHANGE TODAY CHANGE TOMORROW



UMOJA PROJECT OUTREACH: CHANGE KIT DISTRIBUTION, 2021



One of the most impactful ways we've been able to see this theoretical approach community engagement in action is through our partnership with Change Today Change Tomorrow - namely with one of their primary initiatives, the Umoja Project. The Umoja Project was already up and running long before the LRCC ever came into the picture, with a deeply dedicated volunteer force gathering weekly to assemble Change Kits of various daily living supplies and distribute them among the camps of houseless folks downtown. Having solidified our organizational relationship, the LRCC now gets to provide a common gathering place, storage space, and room to work in for CTCT programming - with additional assistance via the MORE van for Thursday transportation and distribution. Furthermore, working alongside the Umoja Project means that the LRCC has a continuous supply of hygiene items (and sometimes food or socks or other seasonably necessary things like sunscreen) to provide for our members upon request.

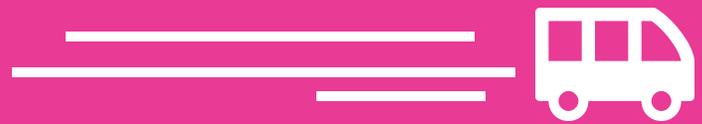
CO-HOSTED A SOLD-OUT DRAG SHOW FUNDRAISING EVENT AT NORAEBAR FEATURING 10 PERFORMERS RAISED OVER \$3000



COLLABORATED TO CREATE A POP-UP OVERNIGHT SHELTER AT THE LRCC FOR A FULL WEEK DURING FREEZING TEMPERATURES IN FEBRUARY - SERVED 137 COMMUNITY MEMBERS WHO WERE HOUSELESS



MOBILE UNITS



2500+ NARCAN KITS

1200+ cups of coffee

6000+ PREPARED MEALS

37,000+ hygiene items distributed

While we've built up momentum and foot traffic at our brick-and-mortar location downtown, we know there is still much work to be done. Many historically marginalized groups (namely communities of color, the unstably housed, and those with transportation barriers) experience the greatest need - but are not always the folks coming through our doors seeking support. Given this reality, we teamed up with Voice of Hope (a similar organization in Lexington) and envisioned what our collective work could look like moving forward. In early 2021, that vision came to fruition as we brought forth the Mobile Outreach Recovery Engagement (MORE) project.

This program is now well underway and deploys a van into specific underserved neighborhoods, five days a week, in our respective cities. Each mobile unit is equipped with certified Peer Support Specialists/Recovery Coaches as well as a wide range of supplies to distribute to any community members who need them. This approach to community engagement and its unique conception of service delivery allows for the goal of meeting people "where they are" - both literally and figuratively - to become a reality.

Additionally, this fall, we were able to launch another mobile unit with Kentucky Harm Reduction Coalition. Although this second project share the goal of eliminating barriers to support and resources for persons with substance use disorders, it focuses on linkages to care pertaining to harm reduction and medications for opioid use disorder (MOUD), like Suboxone and Vivitrol, among others. One of the primary features of this unit is providing direct contact with specific healthcare providers at UofL Health, telehealth support and access, and transportation as needed for medical appointments and prescription pickups.



WHERE TO NEXT?

The work is never done. Individually, organizationally, city-wide, as a global collective...there is still more work to do to bring forth the liberation for all peoples. While the problems may seem insurmountable, the work to dismantle them never happens in a vacuum, and none of it is meant to be done alone.

Will there be obstacles and mistakes along the way? Of course; there are sure to be many. But failure and mishap are commonly when there is the most to be learned.

Do we need support and assistance? Definitely - and for that we've already received, we are deeply grateful. Truly, the generosity of our wider community - whether it be through time spent volunteering, sharing things on social media, financial contributions, item donations, or something entirely different - continually leaves us surprised and humbled.

Obviously, none of us know what the future holds; there is a great deal of uncertainty from all angles. But we still dream for the year to come and beyond...

...restarting prosocial events like Open Mic and Art RecoveryX.

...dreaming up a temp agency specifically by and for the recovery community.

...lowering the rates of drug overdose deaths.

...bolstering the number of community education and trainings that we offer (hosted by standing local organizations as well as in-house), like computer literacy, GED prep, and expungement clinics.

...revamping our podcast studio to be put to use by anyone in our community that has an idea or a story to share.

Some of these may sound ambitious or lofty or maybe even unattainable from where we currently sit...but if we do not speak them aloud, they are even less likely to happen. Each and every one of us - drug user or not, incarcerated or not, racially profiled or not, sleeping under bridges or not - has a part to play. Maybe you are flush with cash. Maybe you're an LRCC member who spends your only dollars on some candy at the corner store to give to one of our staff members. In the words of the rapper Too Short, "Get in where you fit in."

In the meantime, we will continue to open our doors.

In the meantime, we will continue to say "YES."

In the meantime, find your "YES" and join us, in whatever ways you can.

SOME OF OUR MANY, MANY
DEDICATED PARTNERS & PALS...



Seven Counties Services

