

INNOVATION NOW

Innovation Now reimagines how we can address addiction as a nation. A project of Addiction Policy Forum, the initiative showcases innovative programs and interventions from every sector that are actively transforming the field of addiction across the nation.

Many thanks to our partners for their support.

- Pharmaceutical Research and Manufacturers of America (PhRMA)
- Faces & Voice of Recovery (FAVOR)
- The National District Attorneys Association (NDAA)
- The National Association for Children of Addiction (NACoA)
- Young People in Recovery (YPR)
- The Police, Treatment, and Community Collaborative (PTACC)
- Casey Family Programs
- Treatment Alternatives for Safe Communities (TASC)

By engaging entrepreneurs, leaders, healthcare providers, and experts across the country, the Innovation Now initiative aims to increase transformative ideas to prevent and treat substance use disorders and support recovery.



Dear Reader,

Iowa is recognized as the center of the Heartland, a special place that personifies all that's good and wholesome about America. Yet, it faces the same challenge confronting the rest of the country as it's also a place wrought with serious addiction issues.

But there's a reason for hope, because the Hawkeye State is summoning its innovative spirit and devising new ways to help people seeking to overcome addiction. Innovators across the state are tackling it with fresh ideas and a can-do attitude. And that's producing inspiring results.

"Proven evidence-based practices are required to successfully address addiction and save lives, but new and promising approaches are also necessary to improve upon the status quo," says Dale Woolery, Director of the Governor's Office of Drug Control Policy. "Innovation is especially key to how we respond to emerging challenges involving addiction, some of which seem to be changing with increasing speed and frequency."

The Innovations Now initiative recognizes innovators across the multiple sectors needed at the table to address addiction – prevention, treatment, recovery, child welfare, criminal justice, law enforcement and health professionals – leaders who are creating solutions and driving change. As the founder of Addiction Policy Forum, it's my pleasure to work with patients, families, community members, and state and local leaders who are passionate about solving addiction. As a person whose family has been devastated by this disease, I share the Addiction Policy Forum's mission to eliminate addiction as a major health concern.

It's an honor to recognize these innovators in Iowa who are leading the way. In the following pages, you'll learn about their outstanding work that's improving our response to addiction and saving lives.



A handwritten signature in black ink that reads "Jessica Nickel". The signature is fluid and cursive, with a large initial 'J'.

Jessica Hulsey Nickel

Founder,
Addiction Policy Forum



CRUSH OF IOWA

(COMMUNITY RESOURCES UNITED TO STOP HEROIN)

LINN, BLACK HAWK, JOHNSON
AND CLINTON COUNTY, IA

Rod Courtney came to CRUSH out of a parent's crushing pain. His son Chad died of a fentanyl overdose in November 2016. A few months later, while he was still, in his own words, "walking wounded," he listened to CRUSH founder Officer Al Fear speak at a town hall meeting. With Chad's death still fresh, Courtney couldn't accept the thought of his son being just another statistic.

He later heard Mr. Fear talk again at another town hall and was surprised by how much he learned. He discovered addiction is a multifaceted issue, a disease and not a moral failing. "You can do grief counseling," he says, "But there's something different about finding people with similar experiences."

Courtney now runs those meetings in Cedar Rapids and Iowa City. Anyone can attend, and between 20 and 30 people do. They sit in a circle: parents, people in recovery, those who want to be in recovery, therapists, clergy and support workers. Together, they share what Courtney calls collective wisdom. "None of us has the answer," he says. "No one person has the answer but as a community, we do. We have one job and that's to lift each other up. I don't know how it works, but it does. Our mantra is *no judgment*."

Meetings happen twice every month in Cedar Rapids and once in nearby Iowa City. CRUSH is a grassroots, community-based organization that's focused on helping those who've fallen victim to opioid addiction. Its mission is educating communities statewide and working to prevent additional loss of life. CRUSH of Iowa does that by making public presentations, offering family support, providing information on treatment resources, and sharing personal stories.

Courtney shares Chad's story; how he had a lot of barriers to treatment and was unsuccessful



INNOVATIVE APPROACHES TO RECOVERY SUPPORT

A community that is recovery ready provides the entire continuum of support for people in or seeking recovery and their families. A community focused on recovery also promotes prevention by having a variety of substance-free community events and activities to promote health and well-being for all ages. Twenty-three million Americans are in recovery from a substance use disorder today.

The top portion of the image features a solid orange background with several white, semi-transparent icons. These include a target symbol, a pie chart, an envelope, a smartphone, and a cluster of hexagons. There are also several white arrowheads pointing to the left, some of which are part of a larger graphic element resembling a circuit board or network diagram.

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– Rod Courtney



RECOVERY
IS

BY WHATEVER



on his own. There were periods of sobriety during which his parents repeatedly hoped, “Maybe this time; maybe this time will be different.” He recalls the conversations father and son shared with Chad saying, “You know dad, I want to do what you do. I want to help people.” Courtney even dreamed of father and son teaming up and taking on the opioid epidemic together. “Every day, I hoped the phone wouldn’t ring. But when the call finally came, I couldn’t recognize my wife’s voice. We both fell apart; it was a stunning blow.”

Now Chad’s story gives extra meaning to CRUSH’s efforts. And it gives it purpose, too. “We want to provide training and get more recovery coaches on the street,” Courtney concludes. “As long as my health allows, I’m going to stay in this and get as many boots on the ground as I can. I can’t stand the thought of Chad’s death being in vain.”

NUMBERS:

- Meetings are held twice monthly in Linn County and once monthly in adjacent Johnson County.
- CRUSH also reaches people in Black Hawk and Clinton Counties.
- Approximately 20-30 people attend each meeting.

SUMMARY:

- CRUSH of Iowa is a grassroots, community-based organization that’s focused on helping those who’ve fallen victim to opioid addiction.
 - Its mission is educating communities statewide and working to prevent additional loss of life.
 - CRUSH makes public presentations, offers family support, and provides information on treatment resources.
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Medicine Abuse in Iowa

A FAMILY GUIDE
TO PREVENTION



ALLIANCE OF COALITIONS
FOR CHANGE
STATEWIDE

Marijuana IN IOWA



WHAT YOU SHOULD KNOW ABOUT

MARIJUANA CONCENTRATES
(THE EXTRACTS)

“Connected Communities. Effective Coalitions. Healthy Iowans.” Those six words capture the essence of what the Alliance of Coalitions for Change (AC4C) does in Iowa every day. Its mission is to unite substance misuse prevention coalitions’ work in order to affect positive change through learning, advocating, networking, and building capacity.

Its story stretches back to 2005 when the Drug-Free Communities grant program was in its infancy. “There were many people in the state back then who received funding and were unsure how to navigate through it,” recalls AC4C Director Angie Asa-Lovstad. “So, we changed direction and started supporting one another. Instead of trying to do it alone, we did it together.”

AC4C was the result. Its purpose is, “Unifying Iowans to reduce substance misuse on a state and community level.” But as grant funding ended and the number of coalitions began decreasing, they looked for a way to sustain their efforts.

Iowa is one of the few states to receive a statewide Drug-Free Communities Support grant. It’s administered by the Iowa Governor’s Office of Drug Control Policy. AC4C looks at the grant’s twelve sectors from a statewide perspective, instead of local. For example, the Iowa Pharmacy Association, an AC4C member, represents the business sector. This approach also creates leverage to continue the work once a grant expires at the end of the year.

Action teams create strategies for addressing alcohol, prescription drugs, and marijuana issues. For example, the prescription drugs team worked to help strengthen the Prescription Drug Monitoring Program and increased locations of prescription drop boxes (with at least one located in all of Iowa’s 99 counties). The alcohol misuse team works with state legislators and teaches



INNOVATIONS TO PREVENT SUBSTANCE USE DISORDER

Effective prevention contributes to significant societal cost-savings and dramatically reduces the prevalence of both substance use and mental illness. The best way to prevent the development of substance use disorders is to delay the age of drug and alcohol use initiation while the adolescent brain is still developing. It is also critical to intervene early when a person is misusing substances so that risky use does not progress into an addiction.

Evidence-based prevention programs prevent or delay the onset of substance use as well as other behavioral health problems. Prevention should also address individual and environmental factors that contribute to use disorders.



youth and communities how to successfully advocate. They recently helped secure passage of an important Social Host bill. And the marijuana team empowers local communities to make changes there, such as the small town that recently passed an ordinance limiting local dispensaries in the area. That has inspired other communities to do the same.

In fact, nearly 93 percent of AC4C coalitions have implemented at least one local ordinance or environmental policy change in their community. The group currently has 30 active coalitions operating across 35 counties. It's currently working to create 12 more.

And AC4C is making a difference in local communities. Asa-Lovstad points to Newton, a small town of 15,000 people. "It has high unemployment, and also the state's highest homelessness per capita. The police chief wanted to bring together a coalition to address homelessness and other issues. They didn't have any money, but they did create an action plan for transitional housing. It was done through the power of bringing voices together. Now those voices are creating a ripple effect to create change."

A lot has changed since the group was started 14 years ago. "We've gotten so much smarter and scientific in the world of prevention," Asa-Lovstad concludes. "We now know we can't just do an education program and think it's done. We can't just do a media campaign. You need different strategies. There has to be a formula for change. We now have an inclusive conversation, that's the evolution of prevention."

NUMBERS:

- Created in 2005.
- Nearly 93 percent of AC4C coalitions have implemented at least one local ordinance or environmental policy change in their community.
- Currently has 30 coalitions in 35 counties.

SUMMARY:

- AC4C unifies Iowa substance misuse prevention coalitions' work to affect positive change through learning, advocating, networking, and building capacity.
 - AC4C looks at the grant's twelve sectors from a statewide perspective, instead of local.
 - Action teams create strategies for addressing alcohol, prescription drugs, and marijuana issues.
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– Angie Asa-Lovstad



ALLIANCE OF
COALITIONS
FOR CHANGE
AC4C



EASTERN IOWA
HEROIN INITIATIVE
CEDAR RAPIDS, IA

For over a decade now, eastern Iowa has struggled with a serious heroin problem. As the purity of the drugs increased, so did the loss of life. In 2015, there were 25 overdose deaths in Cedar Rapids alone. Authorities recognized that there were significant challenges to combating the increased number of heroin overdoses and fatalities.

Things changed with a summit in Iowa City that year. “It was the first time they brought different sectors together to look at the problem,” says Pat Reinert, Assistant Attorney for the United States Attorney’s Office for the Northern District of Iowa. “Those sectors often don’t talk to each other. But when they did, police more and more realized, ‘we can’t arrest our way out of the problem.’ They found they needed the community and partners to bring about meaningful change.” The Eastern Iowa Heroin Initiative was created shortly thereafter.

The Initiative is a partnership among the Cedar Rapids Police Department, United States Attorney’s Office for the Northern District of Iowa, and Midwest HIDTA (the Office of National Drug Control Policy’s High-Intensity Drug Trafficking Areas section). It’s one of only two jurisdictions to receive HIDTA funding, which typically goes to law enforcement alone. Its focus is on enforcement, treatment, and prevention. Officer Lindsay Powers is the current Eastern Iowa Heroin Initiative Coordinator.

“We rolled up our sleeves and got to work,” Reinert continues. And there was much work to be done. Overdose numbers kept rising in 2016-17 largely due to the influx of fentanyl.

“Iowa is a complex state from an addiction standpoint,” explains Reinert. “If you look at a map, you have drugs coming in from many major cities such as Kansas City, the Twin Cities, Chicago and Detroit. Initially, people in rural areas would drive to bigger cities to get street drugs; now they oftentimes use the internet to

INNOVATIONS IN CRIMINAL JUSTICE RESPONSES TO ADDICTION

First responders, law enforcement and criminal justice personnel are increasingly at the center of the addiction issue—from being first at the scene of an overdose to responding to the lack of resources and limited treatment options for individuals with substance use disorders who are in our jails and criminal justice systems.

About 63 percent of people in jail, 58 percent of people in state prison, and 45 percent of people in federal prison have substance use disorders, compared to just 5 percent of the U.S. adult population.* Data indicates that law enforcement and probation see an increasing number of individuals struggling with addiction. Criminal justice systems equipped with training, services and early detection tools create opportunities to stop the progression of the disease.

* Jennifer Bronson, Jessica Stroop, Stephanie Zimmer & Marcus Berzofsky, Drug Use, Dependence, And Abuse Among State Prisoners And Jail Inmates, 2007-2009, Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice (2017), <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5966>.





The Initiative's ultimate goal is getting to a place where we all can work together effectively.

– Lindsay Powers

The Eastern Iowa Heroin Initiative

Help those suffering from addiction

**ONE LIFE...
ONE CHANCE**

try to get their drugs. So, it's no longer a traditional drug trafficking situation. It's harder to get a handle on."

So Initiative members spread out, going into communities big and small, providing support, training, and collaborative efforts. Training is made available at town halls and to civic groups, prevention specialists, even jail administrators. Best practices are collected. The initiative was instrumental in helping get drug take-back boxes, an opportunity for citizens to drop off unused, unwanted or expired medications to prevent them from being diverted into the wrong hands. There is now at least one drug take-back box in every Iowa county.

Dozens of cases have been prosecuted in court. On the treatment front, the Initiative is working hard to bring help to folks who need treatment. It's expanded medicated assisted treatment by making methadone available. The Initiative is also working closely with the Mental Health Access Center of Linn County so that individuals who are experiencing crisis can be directed towards resources for mental health or substance use disorders. The first is scheduled to open in December, with eight more to follow in the state.

From the prevention perspective, the Initiative worked with two local hospitals to develop a safe prescribing plan with the goal of keeping pills off the streets so they don't get diverted for misuse.

"The Initiative's ultimate goal," Officer Lindsay Powers says, "is getting to a place where we all can work together effectively." Based on the results produced so far, the Initiative is well on the way toward meeting that goal.

NUMBERS:

- Created in 2015.
- There were 25 overdose deaths in 2015 in Cedar Rapids.
- Overdose numbers kept rising in 2016-17 because of fentanyl.

SUMMARY:

- The objective of the Initiative is to help combat the opioid epidemic by providing drug awareness programs, community action organizational efforts, provide first responder training, and detoxification and treatment services.
 - The Initiative consists of the Cedar Rapids Police Department and the Northern District of Iowa United States Attorney's Office, and Midwest HIDTA (the Office of National Drug Control Policy's High-Intensity Drug Trafficking Areas) section.
 - The Initiative provides free training opportunities for first responders, community groups, city organizations, schools and town hall meetings.
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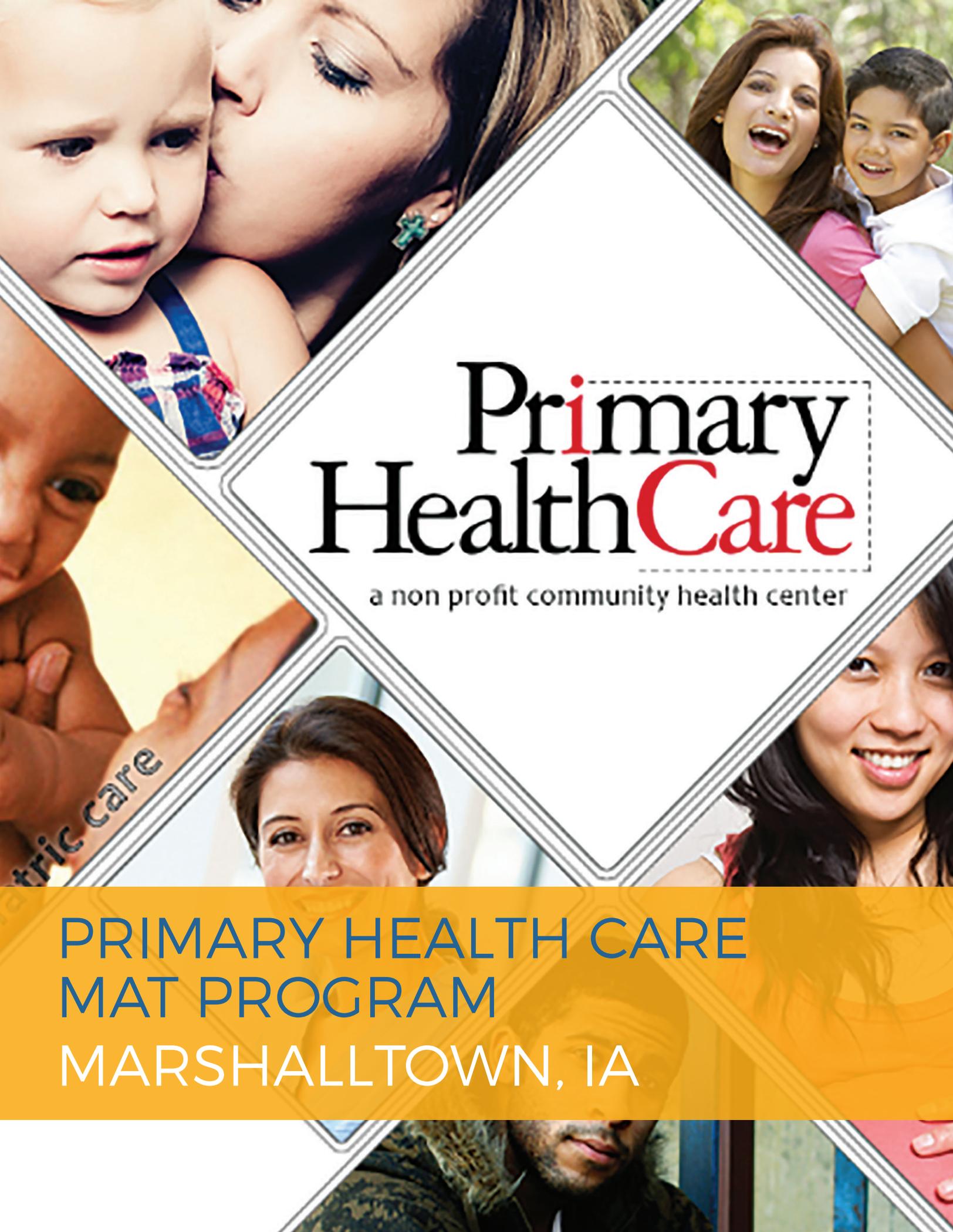
The OPIOID EPIDEMIC

A National Problem with a Community Solution



Department
Initiative
CWA





Primary HealthCare

a non profit community health center

PRIMARY HEALTH CARE
MAT PROGRAM
MARSHALLTOWN, IA

Opioid misuse is deeply pervasive, even in an all-American place like Marshalltown, Iowa. It's estimated 1 in 6 children live in a home with active addiction. "As a family doctor in the community for 20 years, I'm burying someone every week," says Dr. Tim Swinton. "I'm seeing people struggle throughout their lives and then have kids who also struggle. And they use drugs to deal with the stress of it all."

Dr. Nicole Gastala arrived in Marshalltown fresh out of medical school and a member of the National Health Service Corps (which brings health care professionals to underserved communities). She quickly noticed a lot of patients with chronic pain and chronic opioid use.

"Primary Health Care started a pain management program back in 2014," recalls program manager, Andrea Storjohann, RN. "We realized patients were in pain and many were misusing prescriptions. They were calling and yelling at me a lot. So, we decided to start a program where medication would be more closely managed." They also began screening patients for substance use disorders. "Once you start screening for addiction, you start finding it," explains Dr. Gastala.

A conversation with the head of the Substance Abuse Treatment Unit of Iowa revealed no one in the area was using medication assisted treatment (MAT) to address opioid use disorder. The nearest methadone clinic was an hour away, too far for patients in a community where transportation was already a serious problem.

INNOVATIONS IN HEALTHCARE

It is crucial for people to have access to a system of care that has adequate capacity to provide all levels of treatment and address all levels of severity for substance use disorders.

In 2016, according to the National Survey on Drug Use and Health, 201,000 Iowa residents had a substance use disorder. Of those, 189,000 did not receive treatment from a specialty substance use disorder treatment provider.* Delays in treatment access can mean an increased risk for death and other harms associated with substance misuse.

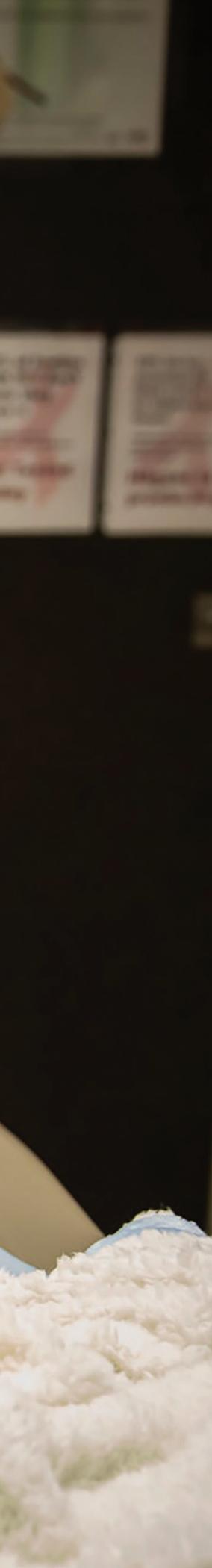
Substance use disorders (SUDs) remain one of the only illnesses that is treated outside of general health care systems. Because of this, there is very little, if any, communication between specialty SUD treatment providers and primary care doctors. This affects the overall quality of care and health outcomes of the patient.

Evidence-based SUD treatment integrated into healthcare systems helps to close the gap between the number of people who need treatment for an SUD and the number of people who actually receive it.

The innovations featured in this section show promise for accelerating our progress in improving treatment access and quality of care patients.

* Substance Abuse and Mental Health Services Administration, 2016 National Survey on Drug Use and Health, Tables 22 and 25, available at <https://www.samhsa.gov/data/sites/default/files/NSDUHsaeTotal2016/NSDUHsaeTotals2016.pdf>.





Dr. Gastala talked with her bosses at Primary Health Care, underwent training, and received a waiver to prescribe buprenorphine. Dr. Swinton received the waiver as well. Primary Health Care also received a MAT expansion grant, allowing them to treat 30 patients in the first year.

The benefit quickly became apparent. “Counseling only has a 6-10 percent efficacy rate,” Dr. Gastala explains. “With MAT, there’s 60-80 percent success rate for treatment retention. That decreases the risk of overdose. We want to normalize the use of MAT. It is a treatment, just like other diseases have treatments. When you work in public health, you have to focus on what the patients need and adapt your practice.”

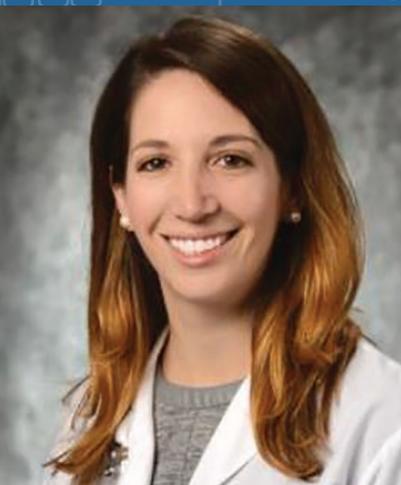
The Marshalltown program currently treats between 50 to 75 patients. Andrea Storjohann has witnessed the difference it’s making. “We work closely with the Substance Abuse Treatment Unit of Iowa to provide the counseling and behavioral health component that goes with MAT. We also work with the jail, providing MAT and giving presentations throughout the community.”

The Marshalltown MAT program is so successful, PHC now offers the program at other sites, including the Des Moines facility which has over 100 patients.

Dr. Gastala now provides similar services to a clinic in Chicago and is pleased to see the service she set in motion expanded. “Once you treat a couple of patients and see the impact and their life improving, it’s such a rewarding experience. It’s a privilege to be a part of their lives and see them benefit from care.”

NUMBERS:

- The program began in 2016.
 - 1 in 6 kids in Marshalltown lives in a home with active addiction.
 - The Marshalltown office currently has between 50 and 75 patients.
 - The program has expanded to reach over 100 patients in Des Moines.
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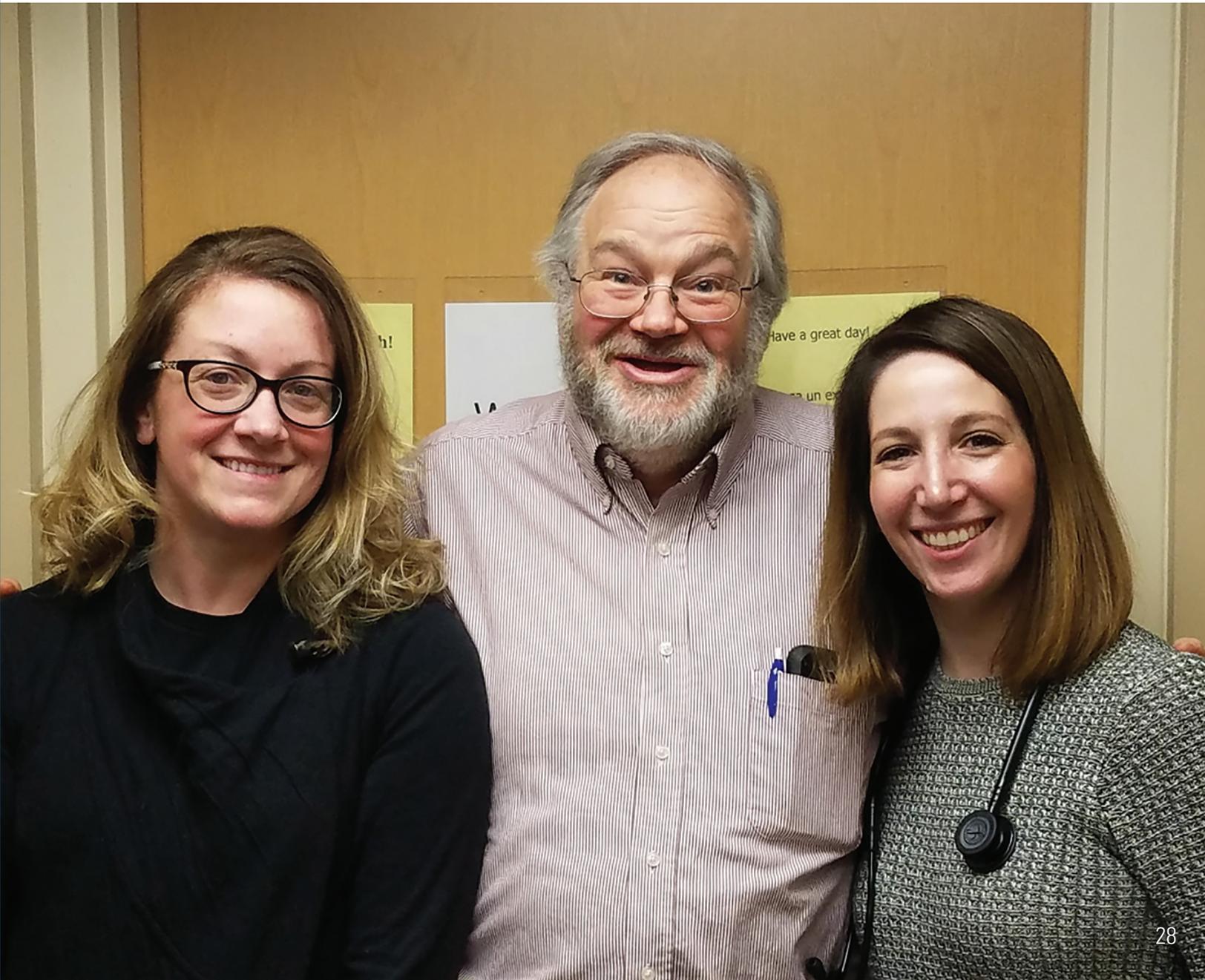


◀ Once you treat a couple of patients and see the impact and their life improving, it's such a rewarding experience. It's a privilege to be a part of their lives and see them benefit from care.

– Dr. Nicole Gastala

SUMMARY:

- In 2016, Primary Health Care in Marshalltown started a MAT program in 2016 after realizing many of their pain patients struggled with a substance use disorder.
 - Primary Health Care works closely with the Substance Abuse Treatment Unit of Iowa to provide counseling and behavioral health services to their MAT patients.
 - The program expanded to other Primary Health Care locations and also works with the jail, providing MAT and giving presentations throughout the community.
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BRIDGES OF IOWA
DES MOINES, IA

Bridges of Iowa Inc. grew from parents' love for son and has become a lifeline to thousands of Iowans struggling with substance use disorders. Founded 20 years ago by Donald and Charlene Lamberti, Bridges is a long-term program that treats the entire person, complementing intense addiction treatment and cognitive behavior change therapy with the life skills necessary for success.

With its mission statement, "We Invite You to a Better Life," Bridges helps men and women from all walks of life and economic situations. Working with a dedicated array of public and private partners, the program is unique in its collaboration with the Polk County Sheriff. The Bridges residential program is housed in the West Wing of the Polk County Jail. However, clients are not incarcerated when they enter Bridges. In fact, Bridges refers to and treats clients as guests. "We want you to be here and we treat you as we would treat a guest in our home, with dignity and respect," says Angie Rodberg, director of clinical operations.

The program is long-term and comprises three distinct phases.

The first phase is highly structured, supervised residential treatment that consists of group therapy, one-on-one counseling, health and wellness, community service and traditional support groups including AA, NA, SMART Recovery, and Celebrate Recovery.

The middle phase entails clients taking on more responsibility and

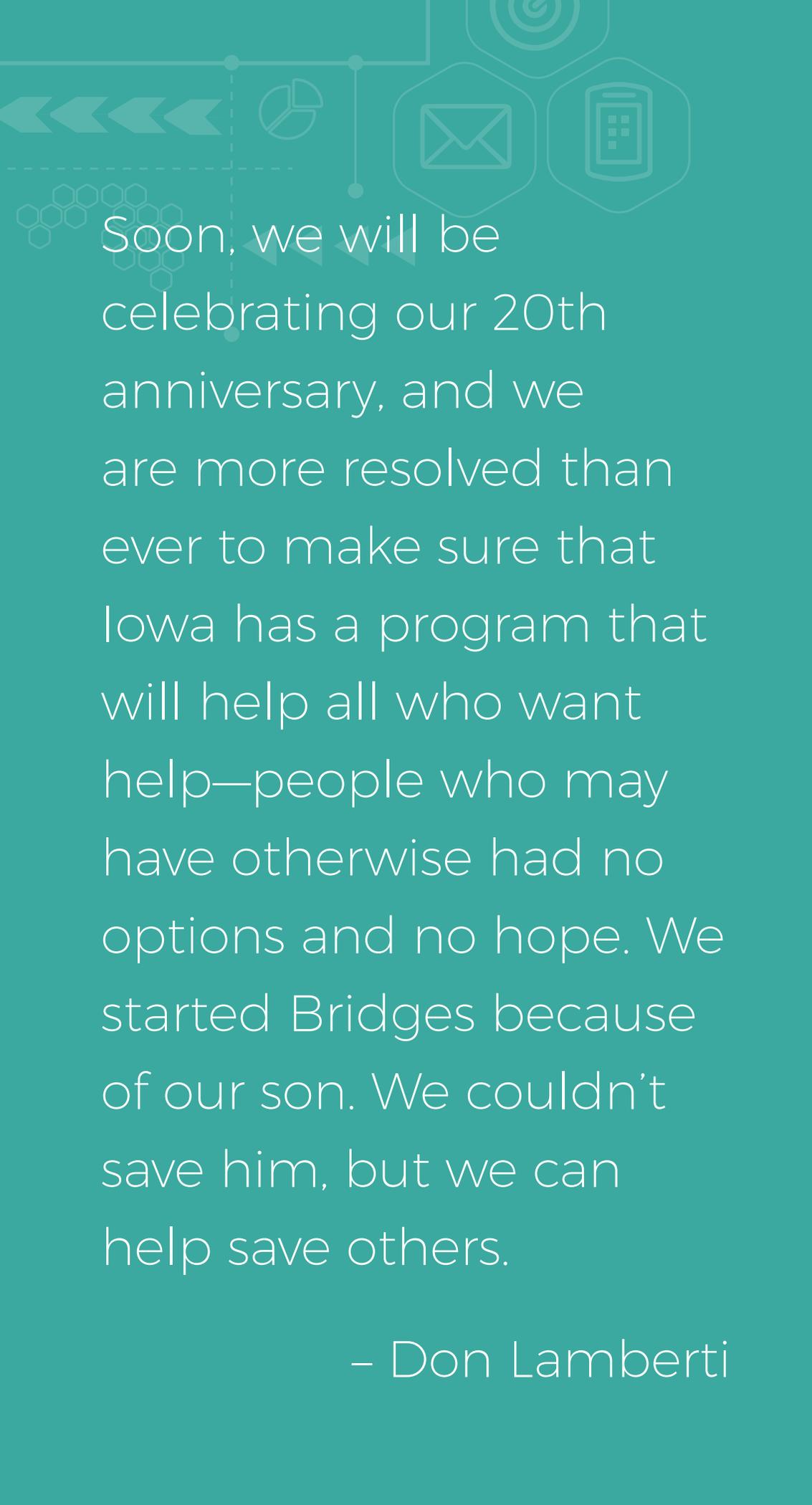


accountability while also gaining more freedom. In this phase Bridges helps clients with resumes, interviewing skills and transportation, which are all major barriers to successful change. The program partners with local employers to help clients find jobs and maintain employment. Trust accounts are established to help clients manage their money, pay fines and fees, and save money.

The final phase involves transitioning to safe, independent housing where they continue to receive outpatient treatment consisting of weekly group therapy sessions, monthly individual counseling sessions and compliance with weekly random drug screens.

Understanding that addiction affects the entire family, Bridges of Iowa involves them in treatment as much as possible. Through a partnership with St. Vincent de Paul, Bridges offers family sessions where clients learn about healthy relationships and communication skills.

"Bridges graduates are the proof that substantiates what the U.S. Surgeon



Soon, we will be celebrating our 20th anniversary, and we are more resolved than ever to make sure that Iowa has a program that will help all who want help—people who may have otherwise had no options and no hope. We started Bridges because of our son. We couldn't save him, but we can help save others.

– Don Lamberti







Bridges
of **Iowa** Inc. 

General and Iowa Governor's Office Drug Control Policy have found and continue to prescribe: 'long-term community-based treatment works,'" said Patrick Coughlin, executive director of Bridges of Iowa. "It only makes sense."

Graduation celebrations are held every other month, and graduates are invited to join the Alumni Association, where support continues through meetings and events including Thanksgiving dinners, recreational activities and cookouts. The Alumni offer hope to new graduates and also play a major role in graduations ceremonies as they welcome newly minted grads to the other side.

Alumna Aisha Ewald has been in recovery for six years. She was facing as much as 155 years in prison when she turned to a judge and asked for help. "Your honor I suck at life, I need help." He gave her Bridges. Today, she's married, caring for her family and working as a general manager. Aisha was so moved by her experience at Bridges that she became the president of the Alumni Association. "I never knew that recovery could be so joyous. I don't look at anything as a hopeless situation anymore. Bridges was the beginning of a journey."

The stories of Aisha and other graduates are music to the ears of Don Lamberti, who describes Bridges as his calling.

NUMBERS:

- Bridged of Iowa opened for business in 2000.
- Treated more than 2,000 clients.
- 85% remain in recovery one year after graduation.

SUMMARY:

- Bridges of Iowa offers a continuum of care for the treatment of addiction and substance abuse, including high-intensity residential and outpatient therapy.
 - Bridges of Iowa is an independent treatment provider located in the West Wing of the Polk County Jail.
 - The mission is to help men and women overcome addiction, resolve their legal issues and acquire the tools they need to become healthy productive Iowans.
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asac



heart of iowa

HEART OF IOWA
CEDAR RAPIDS, IA

Undergoing residential treatment for addiction shouldn't require a family to be separated, yet all too often it does. Heart of Iowa, the Area Substance Abuse Council's (ASAC) residential treatment facility for women and their children, is changing that. ASAC is a non-profit organization offering full-service addiction treatment, along with prevention and recovery resources.

To truly understand what Heart of Iowa means to many women, just listen to Michaela's story, told in her own words:

"I've been through a lot in my 26 years. It started with mental illnesses at age 12, stemming from my years as a gymnast. The need for perfection in every area of my life caused anxiety and depression. That's when I was started on various psychological medications and eventually began smoking marijuana and drinking. They seemed to cover up the problems better than the medications, so I stuck with them. I later tried methamphetamines and went on using for two years until I learned I was pregnant. I stopped for about a week, then relapsed. I realized this wasn't something I was going to be able to do on my own. A therapist brought Heart of Iowa to my attention. I'd never heard of it."

"That's our women and children component," explains Kathy Brogla, Heart of Iowa's director. "We offer apartments to pregnant women and women with children who are receiving treatment. Children up to age 18 can stay."

Originally started in a basement, the program has grown to 36 fully-furnished

apartments now available in three buildings. Each apartment has between two and three bedrooms. To qualify for the program, women must be pregnant, currently have custody of their children, or be actively working with the Department of Human Services to reunify with their children.

On-site licensed child care is provided, and child care staff and teachers are trained in trauma-informed care and developmental issues. A commercial kitchen is staffed with an on-site cook who prepares nutritious meals and also provides cooking classes for residents.

"The women typically have programming and activities from 8:30 in the morning through 8:30 at night," Brogla says. "This program is wonderful because it's a comprehensive treatment center. Every aspect is supervised. We try to coach them on parenting as it happens. We use every aspect of life as a teachable moment."

Because many residents are victims of domestic abuse, counseling is available. Residents learn basic life skills. Community partners also provide nutrition and budgeting classes, mental health services, health screenings, and young parenting classes.

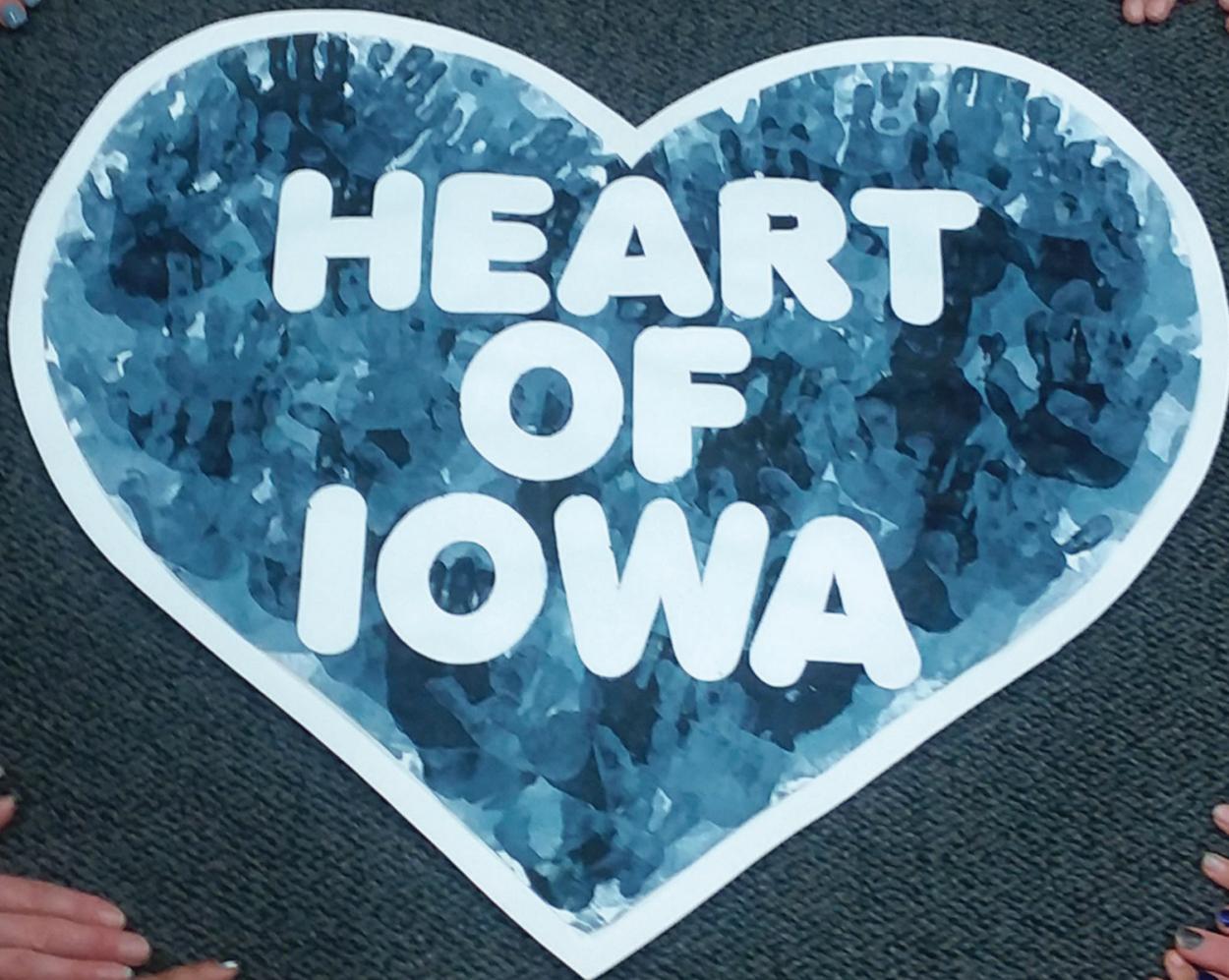
"While our immediate goal is recovery, the ultimate goal is stopping the cycle of addiction," Brogla points out.





Had it not been for Heart of Iowa, I'm not sure if I'd still be alive today. I don't think I would have had such a healthy pregnancy, birth, or child. I definitely wouldn't be 457 days sober today. The program helped me become the woman I always had the capability of being and helped me become the best mother I can be for my daughter, who is happy, healthy, and thriving.

– Michaela





RECOVERY

Wins it All.



Your New Master

body

A Place to Live

Mind

Your Future

6-15

Appalachian League

EDT

Appalachian



And it has for Michaela.

My first few weeks at Heart of Iowa weren't easy. I was detoxing from the meth and six psych medications I was also on before I was pregnant. But the whole time I went through that, I was getting more support and encouraging words from the staff and other patients at Heart of Iowa than I'd ever gotten before. I felt like maybe I was going to be OK. Eventually, I started to be the person I've always been on the inside, someone not covered up by substances or medication. By the time I graduated from the residential program I had a new job, I was gaining my family's trust back, my pregnancy was healthy, and I was finally happy.

"I entered into a halfway program for seven months. When my daughter was born, we spent the first four months of her life in our apartment at Heart of Iowa. I was a first-time mom, which was scary. But we were welcomed with so much love and given so much support and praise for my accomplishments. Had it not been for Heart of Iowa, I'm not sure if I'd still be alive today. I don't think I would have had such a healthy pregnancy, birth, or child. I definitely wouldn't be 457 days sober today. The program helped me become the woman I always had the capability of being and helped me become the best mother I can be for my daughter, who is happy, healthy, and thriving."

NUMBERS:

- 36 apartments are available in three buildings.
- Children up to 18 years old can stay in the apartments.
- Furnished two and three-bedroom apartments are available.

SUMMARY:

- Heart of Iowa provides residential addiction treatment specifically designed for women with children.
 - The program is designed to help women achieve recovery, while also working to assist the children in addressing their own particular needs.
 - The program is operated by the Area Substance Abuse Council, a non-profit organization offering full-service addiction treatment, along with prevention and recovery resources.
 - While the immediate goal is providing treatment, the ultimate goal is ending the cycle of addiction.
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EMPLOYEE AND FAMILY RESOURCES DES MOINES, IA



Back in 1964, two Des Moines women had a vision. They formed a clearinghouse for resources on alcohol use disorder called the National Council on Alcoholism. A decade later, a new executive director implemented several innovative programs. In one of them, he partnered with local businesses and public officials to create an employee assistance program. That's when Employee and Family Resources was born.

While there are many employee assistance programs today, this non-profit organization is unique because it's a public and private collaboration.

Employee Family and Resource's mission has continued to evolve over the years, too. Tammy Hoyman witnessed much of it firsthand. Now the organization's CEO, she has worked there since 1996. "We expanded outside of Iowa when one employer asked us to serve employees in another state," she recalls. "We currently have 5,000 providers nationwide. We're based in little old Des Moines, Iowa but we have a nationwide reach."

Hoyman says research shows only 41 percent of people who experience depression get the help they need. The number is even lower for addiction treatment. "People don't access services for four reasons: they don't recognize their problems as being bad enough to require attention; stigma; high cost; and not knowing where to



EFR EMPLOYEE & FAMILY RESOURCES

turn for help. We address all these barriers and can serve as an entry point to long-term treatment. They can't solve everyone's problems, but this is a great place to start regardless of what your concerns are."

Employee and Family Resources also operates an independent central assessment center that works closely with courts, criminal justice organizations, and treatment centers throughout the state to make referrals. It started a small outpatient center a few years ago in response to a shortage of services that now treats about 30 clients yearly. A restorative justice program was added 15 years ago to address underage possession of alcohol and one ounce or less of marijuana. And student assistance services are also provided.

But Employee and Family Resources' core mission remains to assist workers who need help. Hoyman remembers the case of one client who was charged with alcohol-impaired driving in a company vehicle. "He was a great, long-term employee and they didn't want to fire him. He was given an opportunity to undergo the program in lieu of disciplinary action or termination.



We're based in little old Des Moines, Iowa but we have a nationwide reach.

– Tammy Hoyman



He accepted and discovered his biggest issue was actually undiagnosed and untreated anxiety. He had also been self-medicating it. He was able to resolve his legal issues, get back on track, and return to work. That, in a nutshell, is what we do.”

NUMBERS:

- Created in 1964 as a clearinghouse for information and services on alcoholism.
- Employee Assistance Program was implemented in 1975.
- Served over 70,000 individuals.

SUMMARY:

- Employee and Family Resources provides prevention, intervention, and treatment services to support and enhance the health and well-being of individuals, families, workplaces and communities.
 - EFR has operated a unique Employee Assistance Program since 1975.
 - The mission of the organization is to help people manage life’s challenges so they can reach their full potential.
-





I SUPPORT HARM REDUCTION
IN IOWA BECAUSE...

*I never want to explain OD
death to the parents of
someone my age again.*

**IOWA HARM REDUCTION
COALITION**

IOWA CITY, IA

It sounds like a movie plot: Iowa native makes good, gets an important job in Washington, DC where she learns a lot, then returns and uses that knowledge to help folks back home. But this story didn't come out of Hollywood. It's happening in Iowa City.

That's where Sarah Ziegenhorn runs the Iowa Harm Reduction Coalition (IHRC), a non-profit group that's already making a big impact on the opioid crisis in the Hawkeye State. Many days you can find her alongside IHRC volunteers handing out free harm reduction supplies in Iowa City, Des Moines, Cedar Rapids, and elsewhere. That is when she's not advocating for policy change at the state capitol. Or when she's not studying for a medical school exam. Because this full-time activist/full-time student is working toward becoming a doctor.

After Ziegenhorn received her undergraduate degree, she landed a job in Washington at the Institute of Medicine, a health policy think tank. She also worked with the syringe exchange program and harm reduction organization, HIPS, where she learned the importance of mitigating the negative consequences of drug use.

Returning to Iowa to attend medical school, she quickly realized she could apply the knowledge she had acquired in her home state where expertise on harm reduction was almost non-existent. And so IHRC officially started on January 1, 2017. It operates a drop-in center and a dozen outreach sites that give away safe supplies to prevent infections among people who use drugs. Six months later, the organization started a naloxone distribution program, and today provides a mail-based service so that naloxone may reach people across the entire state. IHRC is also actively engaged in advocacy and education.



SOLUTIONS TO ADDRESS INFECTIOUS DISEASES IN SUD POPULATIONS

People who engage in drug use or high-risk behaviors associated with drug use put themselves at risk for contracting or transmitting infections such as hepatitis or HIV/AIDS.

Syringe exchange programs and other public health strategies to address infectious diseases among individuals with substance use disorders play a key role in the prevention and treatment of these diseases.

Programs can connect the population of IV drug users with healthcare, provide HIV screening and treatment, and provide an opportunity engage individuals in substance use disorder treatment.

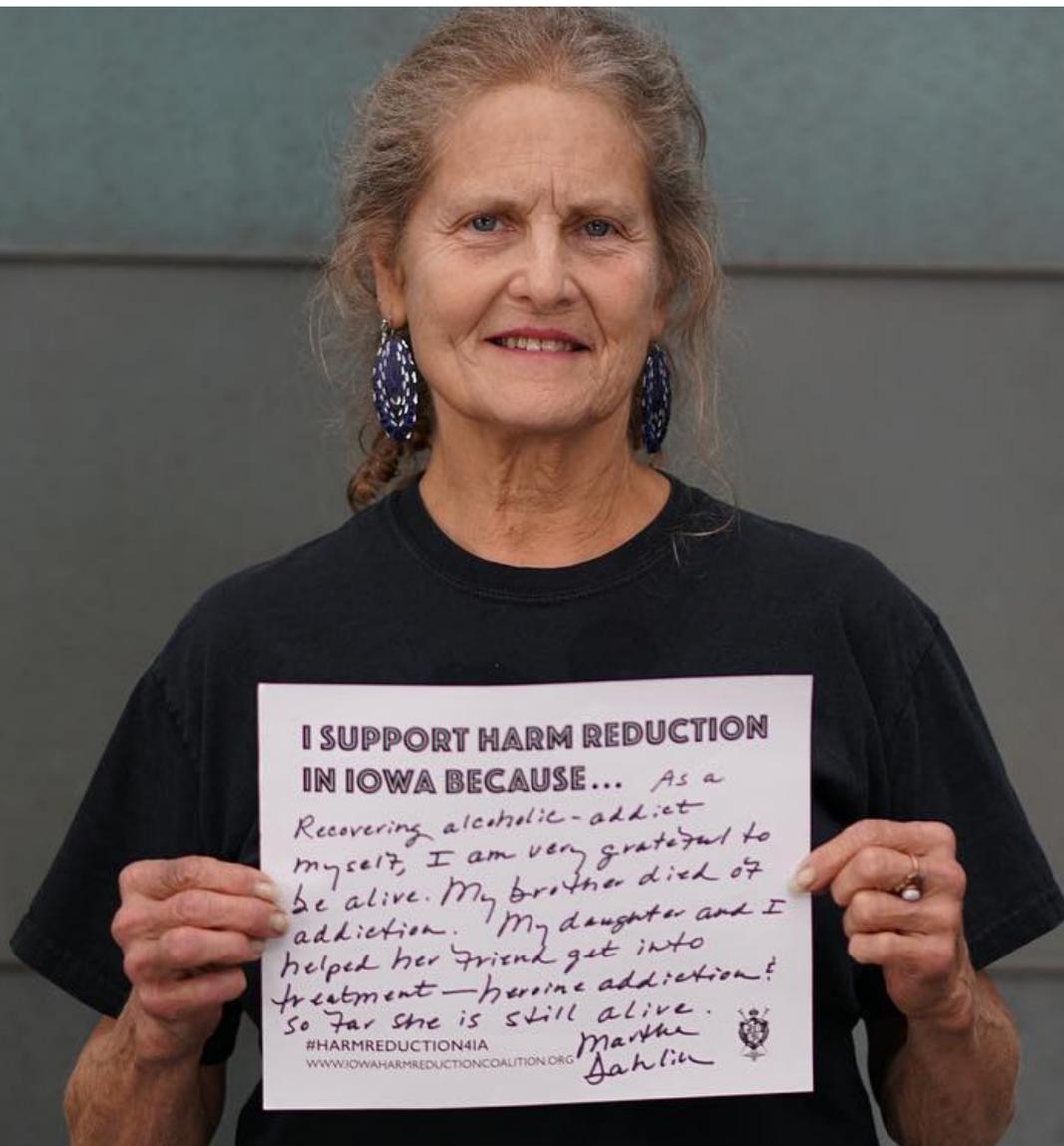


"There's not robust familiarity with harm reduction in this state," Ziegenhorn says. "We fill a need by providing basic naloxone training for people who use drugs." That fits with the group's motto: Meet people where they're at.

"Our approach to substance use focuses on mitigating the harms, morbidity and mortality associated with drug use. Rather than condemn, harm reduction recognizes drug use is something that's part of our world. Instead of ignoring consequences, we take a realistic, pragmatic approach. It's a set of tools and approaches that people practice and apply every day."

That approach is bearing fruit. Within IHRC's first year of operating, drug overdoses in Iowa dropped 18 percent. While IHRC does not take all of the credit for this, she notes, "There's probably some connection between the decreases and what we're doing."

Ziegenhorn remembers meeting a long-time IV heroin and meth user in his 20s more than two years ago. "We interacted with him a dozen times over 6-8 months



and at first he was hostile and suspicious of our organization. However, he kept coming back for more and more naloxone and eventually reversed 24 overdoses. This helped him to develop a sense of personal power and self-efficacy, and eventually, we were able to help him access treatment. He became an advocate and public speaker addressing academics and legislators. Now he's doing well and helps take care of his mother and his relationship with others has improved. He's had a huge shift in his quality of life."



That, Ziegenhorn says, is the payoff for IHRC's efforts. "People are so overwhelmed to be treated like human beings. Giving naloxone takes a minute out of my day; but to people who use drugs who have never seen naloxone before, it's like Christmas Day. We help people realize their inherent worth and value."

NUMBERS:

- The organization started in 2017.
- Distributed 20,000 doses of naloxone.
- Over 800 opioid overdoses reversed with naloxone kits distributed.

SUMMARY:

- The Iowa Harm Reduction Coalition works to create health equity in Iowa communities through advocacy, education, and drug user health services.
 - IHRC operates office-based, outreach, and home delivery services that provide people with safe injection materials in order to prevent the spread of costly viral and bacterial infections.
 - Comprehensive drug user health services provided by IHRC include safer injection supplies, naloxone kits, HIV and hepatitis C testing, case management for hepatitis C treatment and drug treatment, linkage to housing and homelessness services, wound care, support groups and so much more.
-

DRIVING CHANGE

Imagine a world where these promising innovations are accelerated, scaled up, and accessible to the communities most in need. How many more lives could we save if we took the best, brightest and most innovative ideas to scale nationwide? Together we can solve this by shining a light on high-impact innovative solutions and helping to make sure they're adopted across the country.



INNOVATION NOW

INNOVATION NOW PROJECT TEAM

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