



LINKAGE TO OUTREACH REFERRALS  
AND ENGAGEMENT (LORE) PILOT  
PROJECT: **INITIAL REPORT**  
*(September 2021-September 2022)*

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## Background

### What are Peer Recovery Coaches?

Peer recovery coaches (PRCs) are people with lived experience of substance use that use specialized training and their own experiences to engage and provide recovery support services to people in need of support. In Iowa, PRCs are trained and certified through the [Iowa Peer Workforce Collaborative](#) that provides the “Recovery Coach Academy” through the Connecticut Community for Addiction Recovery (CCAR).

The use of PRCs has increased over recent years as a critical intervention to assist individuals on the road to and through self-defined recovery. PRCs fill a gap that formal case management or treatment services can fall short due to the complex nature of substance use. PRCs are used in many settings related to substance use and mental health including emergency departments, the criminal legal system (e.g. jail diversion programs), treatment settings and more. [Research shows](#) peer recovery coaching provides numerous positive outcomes, including:

- Decreased criminal justice involvement
- Improved relationships with treatment providers, increased treatment retention and increased satisfaction with the treatment experience
- Decreased emergency service utilization and re-hospitalization rates
- Reduced substance use and return to use
- Increased housing stability and access to social supports

[Learn more about peer recovery coaching.](#)

### Linkage to Outreach, Referrals, and Engagement (LORE)

Linkage to Outreach, Referrals, and Engagement (LORE) is a pilot project supported and funded by the Overdose Data to Action (OD2A) grant from the Centers for Disease Control and Prevention (CDC) and the State Opioid Response (SOR) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded to the Iowa Department of Health and Human Services (Iowa HHS), Bureau of Substance Use Prevention, Treatment and Recovery.

One strategy of the OD2A grant focused on establishing linkages to care for people using substances (Strategy 6). The strategy involved identifying systems-level strategies in healthcare, community programs, public safety and courts to support care linkages with improved awareness, coordination, and technology. To develop the pilot project, SOR and OD2A staff collaborated to braid funding and implement the LORE pilot project with community partners. Three substance use prevention and treatment agencies were identified as pilot sites across Iowa. The Opioid Response Network (ORN) provided technical assistance, connecting the Iowa team to the [Engaging Patients in Care Coordination \(EPICC\)](#) program in Missouri. EPICC was developed based on Rhode Island’s [AnchorED](#) evidence-based program. These were the models used to develop and implement the LORE pilot project. The LORE pilot project began in September 2021 and the integrated team within the Bureau of Substance Use Prevention, Treatment and Recovery continues to plan for expansion and sustainability of the project.

**LORE Mission:** To reduce the number of drug overdoses and deaths due to opioid and stimulant use through peer recovery coach outreach.

**LORE Goals:**

- Provide overdose education and access to naloxone for individuals at risk of opioid or stimulant overdose
- Provide linkages to care for support services
- Increase access to substance use treatment and medication for opioid use disorder (MOUD) through outreach and engagement
- Increase engagement and retention in substance use disorder (SUD) treatment for opioids and stimulants
- Improve participant's self-efficacy in maintaining treatment and recovery

The LORE pilot project aims to address the opioid and stimulant overdose crisis in Iowa by utilizing trained and certified Peer Recovery Coaches (PRCs) housed at substance use prevention and treatment agencies. The PRCs conduct outreach services and linkages to care through community referral partnerships for people at risk for opioid or stimulant related overdoses. Local partners such as hospitals/emergency departments, EMS/first responders, and other community agencies call the LORE referral line if they identify an individual who has experienced or is at risk for an opioid or stimulant overdose. In addition, individuals can make a self-referral. PRCs then conduct outreach, using motivational interviewing, crisis intervention tactics and their own lived experience to connect with the participant and provide referrals to substance use treatment and other support services. PRCs also provide education on overdose prevention and assist the participant in obtaining naloxone. PRCs offer the client different "pathways," including recovery coaching, recovery support services (SOR-funded), and treatment services, including medication for opioid use disorder (MOUD) (SOR-funded).

**There are currently three agencies piloting the LORE project, which include:**

- **Alcohol and Drug Dependency Services (ADDS)**
  - Counties Served: Wapello, Keokuk, Jefferson and Appanoose
- **Pathways Behavioral Services**
  - Counties served: Black Hawk, Bremer, Chickasaw, Buchanan and Butler
- **SIEDA Community Action**
  - Counties Served: Des Moines, Henry, Louisa and Lee

## LORE Data (September 2021-September 2022)

The following data were collected across all three agency pilot sites from the beginning of the program in September 2021 through the first year of the program, September 2022. Pilot sites use several forms to collect data including a Referral Form, Initial Contact (IC) Form, and follow-up forms at various intervals. Referral forms come from community partners and initial contact forms are filled out when the PRC first contacts the potential participant. Not all initial contacts join the program. PRCs then fill out follow-up forms with the client throughout the 6-month duration of the program. All data are self-reported from the client to the PRC who enters de-identified information into a database available to Iowa HHS staff. Some data may be duplicated as clients may repeat the program one or more times. Data collection is ongoing, so these data points do not reflect additional data collected through the present time.

Based on [Iowa's State Unintentional Drug Overdose Reporting System \(SUDORS\)](#) data from 2021, certain populations are experiencing a greater risk for overdose deaths. In 2021, males experienced overdose death rates nearly twice that of females and individuals ages 25-34 had the highest rate of overdose deaths. LORE is reaching these populations as reflected in the below data. Black individuals died from overdose over three times more than that of White individuals. LORE has not seen this specific demographic split, which could be due to a variety of factors. While opioids without stimulants represented 40% of overdose deaths, stimulants without opioids was not far behind at 33% of overdose deaths. LORE data below identifies methamphetamine (a common stimulant) as the most frequently reported substance used.

Other factors in 2021 Iowa overdose deaths included: over half had a mental health diagnosis, two-thirds had a potential bystander present, over 1 in 6 had a prior overdose, and 1 in 10 were recently released from an institutional setting (prison/jail, residential treatment, etc.). Less than a quarter of overdose deaths had naloxone administered, 1 in 10 had recently returned to use of opioids, and nearly 1 in 20 were experiencing homelessness or housing instability. These social and structural factors demonstrate the need to target interventions in certain areas and populations to prevent overdose deaths. To address these factors, LORE PRCs provide referrals to additional resources such as mental health care and housing services, and partner with these organizations and institutions to develop partnerships for referrals to the program. LORE PRCs provide overdose and naloxone education to participants and anyone close to them to ensure proper interventions can take place if an overdose occurs.

# LORE Client Characteristics

Across the three pilot project sites, there were **161 initial contacts** with LORE program participants from September 2021 to September 2022.

## Demographics

Figure 1. One-third (**34%**) of individuals who were referred to LORE were between the ages of 25-35.

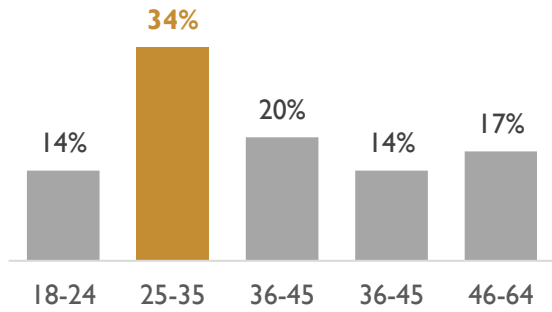


Figure 2. Over half (**63%**) of individuals who were referred to LORE were male.

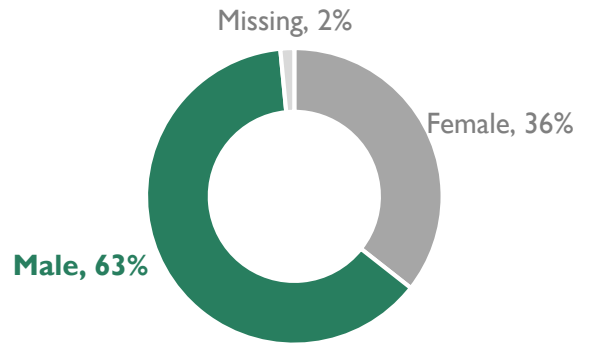
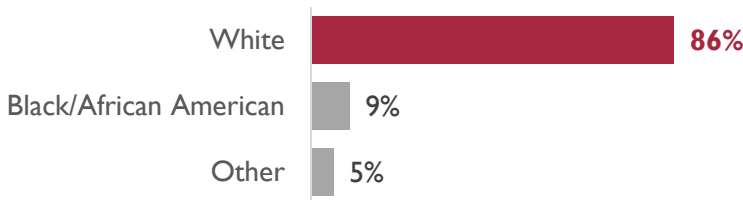


Figure 3. **86%** of individuals who were referred to LORE identified as White.



*\*Due to small counts, the percent of those who identified as Hispanic or Latinx and those who responded Unknown are not included in this report.*

## Social/Structural Determinants

Figure 4. Almost two-thirds (**63%**) of individuals who were referred to LORE responded that they had Medicaid insurance, but one in five (**20%**) were uninsured.

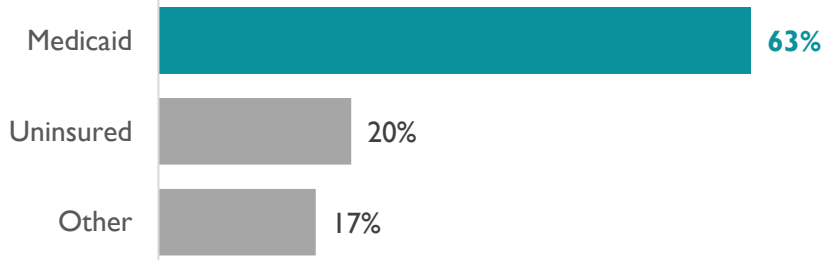
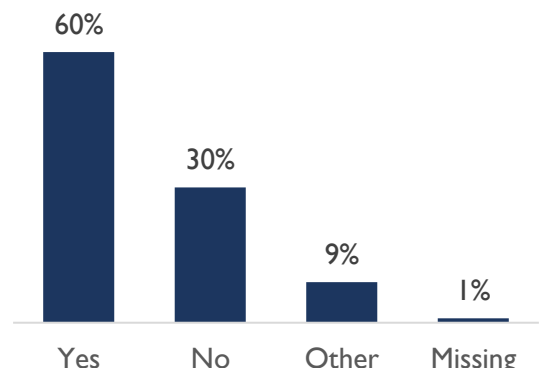


Figure 12. Nearly one-third (**30%**) of individuals reported they did not have permanent housing at initial contact.



### Substance Use and Overdose

About half (49%) of individuals reported polysubstance use at initial contact. Figure 5 shows the types of drugs used as reported by individuals at their initial contact. Note: people may report multiple substances used.

Figure 5. The most common drug used by clients was **methamphetamine** with almost 90% reporting use at their initial contact.

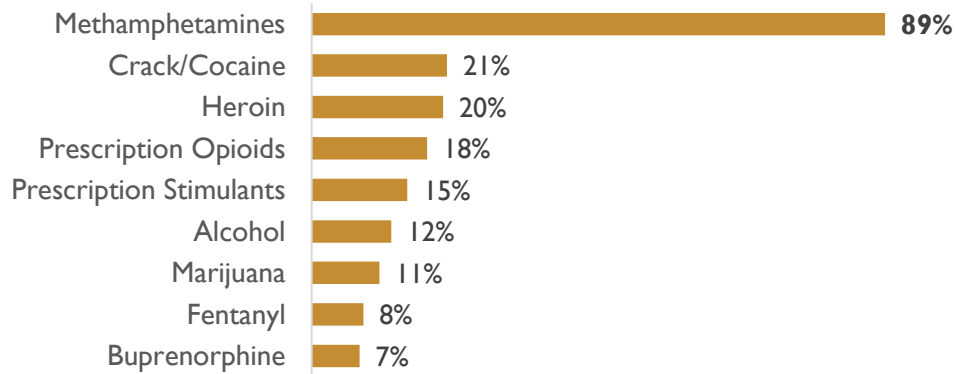
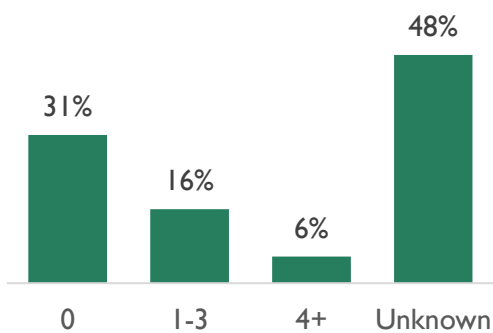
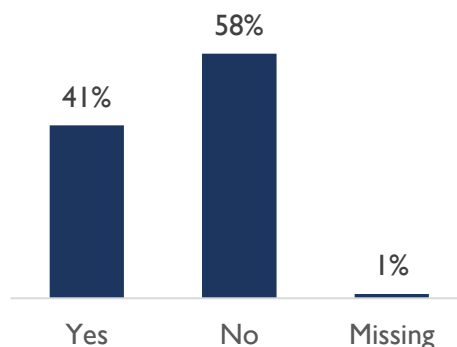


Figure 6. Number of past overdoses.



Nearly half (48%) of LORE participants did not provide a response when asked about their number of previous overdoses. About **one-third (31%)** of individuals responded they have never experienced an overdose, 16% responded with one to three previous overdoses, and 6% responded they have had four or more overdoses.

Figure 13. At their initial contact, close to half (**41%**) of individuals reported they had been in substance use treatment within the past 12 months.

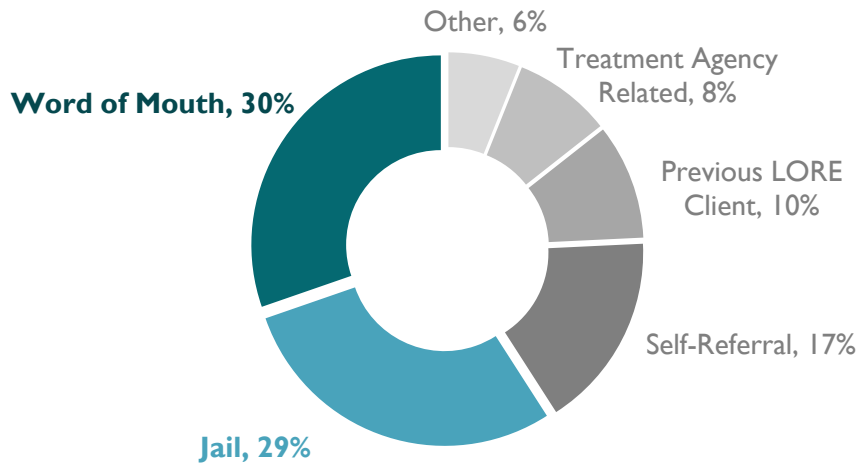


## LORE Client Outcomes

A majority of referrals to the LORE project were from jails or related to jails (e.g. drug court) and from word of mouth. LORE staff are working hard to expand partnerships, including with hospitals and emergency departments to reach people after experiencing an overdose or at risk of overdose.

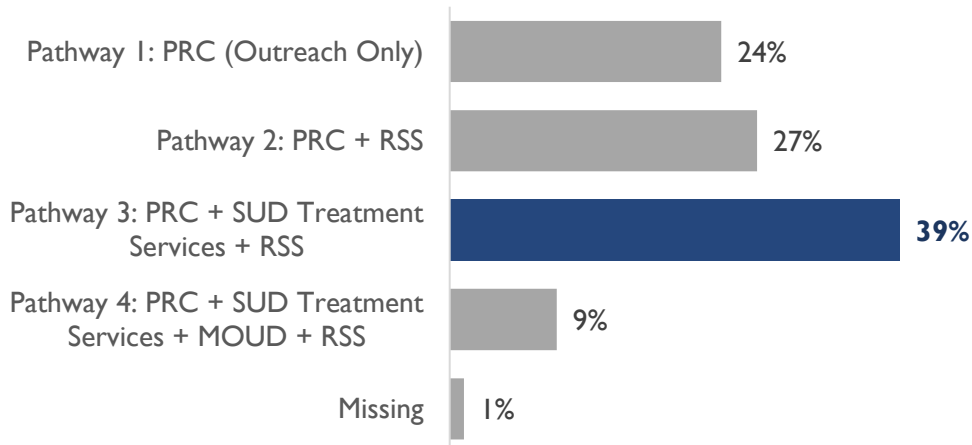
### LORE Referrals

Figure 7. **Word of mouth** and **jail-related** referrals made up nearly 60% of all referral types.



### Service “Pathways”

Figure 8. The most common “pathway” individuals started at initial contact was **Pathway 3** that includes peer recovery coaching (PRC), recovery support services (RSS), and substance use disorder (SUD) treatment services, including medication for opioid use disorder (MOUD).



### Program Engagement and Other Referrals

LORE PRCs collect follow-up information from clients at 2 weeks, 30 days, 3 months, and 6 months, when the client has completed the program if still participating. One goal of utilizing PRCs is to increase utilization of services including recovery coaching, recovery support services, and treatment for substance use disorder, as well as other needed resources.

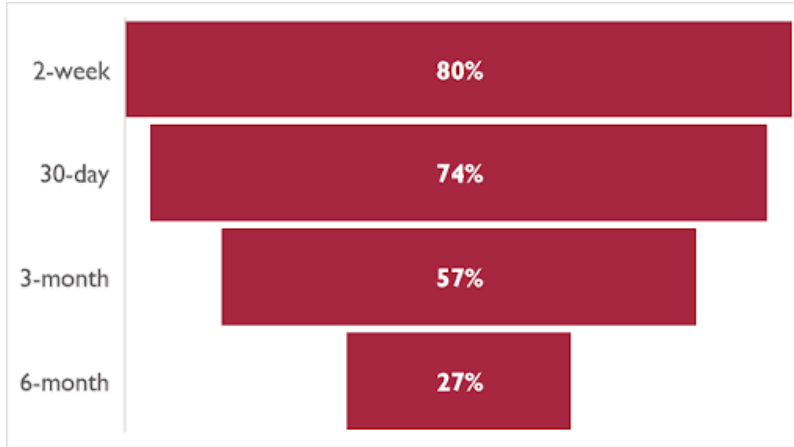


Figure 9. Participation in the LORE project decreased over time but **over half (57%)** of individuals were still involved at 3-month follow-up.

LORE PRCs attempt to provide overdose education and naloxone referrals to those individuals referred to the program. However, individuals referred to the program can decline this information for varying reasons. For example, many participants who reported using methamphetamine did not think they needed naloxone. PRCs were able to begin educating participants on the importance of naloxone regardless of substance used.

Figure 10. Two-thirds (**67%**) of individuals were provided overdose education.

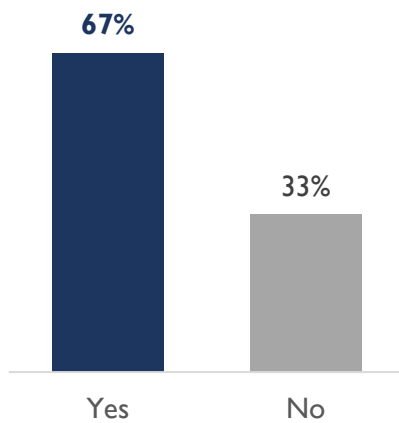
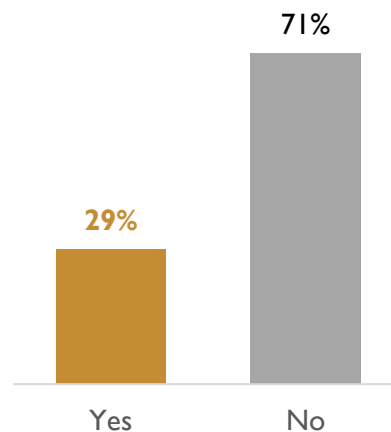


Figure 11. Almost one-third (**29%**) of individuals received a naloxone referral.



LORE PRCs respond to the needs of their clients, providing additional referrals of interest to the client beyond substance use disorder treatment services. Almost **one-third (28%)** of clients received additional referrals. Types of referrals included: Housing, Mental Health, Infectious Disease Testing/Treatment, Inpatient Services, Social/Family Services, and Foodbank Services.



## Success Stories from Agency Pilot Sites

- From all sites combined, there have been over **25 of memorandum of understandings (MOUs)** signed with community partners to provide referrals to the LORE program; this happened from peers doing outreach in their community, providing countless presentations, and attending a variety of community events to share about their lived experiences and the program itself.
- At two of the agency pilot sites, **LORE participants were hired as staff** after completing the program:
  - *“One of our recoverees became a Peer Recovery Coach. He was very determined to work on his SMART goals and was one that didn’t miss an appointment. Even when he didn’t have an appointment, he showed up to volunteer for some of the recovery events being held at the Recovery Center. Seeing his enthusiasm, he was offered a job after completion of probation.”*
  - *“One of the biggest success stories I have involves someone who went from incarceration to working here at ADDS to help people get into and stay in recovery.”*
- One peer recovery coach was invited to speak at the National Center on Substance Abuse and Child Welfare's (NCSACW) Convening to share their success stories from LORE.

## Conclusion

Based on the data evaluated from September 2021 to September 2022, LORE is reaching some of the most vulnerable populations at risk for overdose death. LORE staff have been able to develop community partnerships and complete agreements with a number of organizations to support the program. LORE peers have assisted a number of individuals in receiving anywhere from peer recovery coaching to SUD treatment services, providing services and resources to individuals in the community that may have otherwise been unreachable. LORE PRCs continue to educate participants and communities on overdose prevention and naloxone to reduce fatal overdose. As a pilot project, LORE is highlighting the need for peer recovery coaches to be integrated into services and programs across the state in multiple disciplines to reach vulnerable populations. Overall, LORE demonstrates the value of peer recovery support and provides a model to develop a network of peer programs across Iowa.