

Disrupting the Cycle: CHWs at the Front Lines of Community Based Overdose Prevention

Presented by:
Kyle Burnett, CCHW



Learning Objectives

- List at least three specific components of the Project RISE training and apprenticeship model and describe how each prepares workers for rural overdose prevention roles.
- Identify at least two ways that dually certified Community Health Workers and Peer Support Specialists paraprofessionals can become a sustainable solution in overdose prevention and help to strengthen the public health workforce.
- Explain at least two measurable ways Community Health Workers and Peer Support Specialists paraprofessionals foster family-centered support and improve local capacity to respond to substance use in rural communities.

Center of Excellence in Rural Health

- **Established in 1990**
- **Address health disparities, workforce shortages, and health policy in rural Kentucky**
- **Responsible for Research, academics, medical residency, services, programs, outreach and engagement**



Mission: To improve the health and well-being of rural
Kentuckians

Center of Excellence in Rural Health



**KYLE BURNETT,
CCHW**

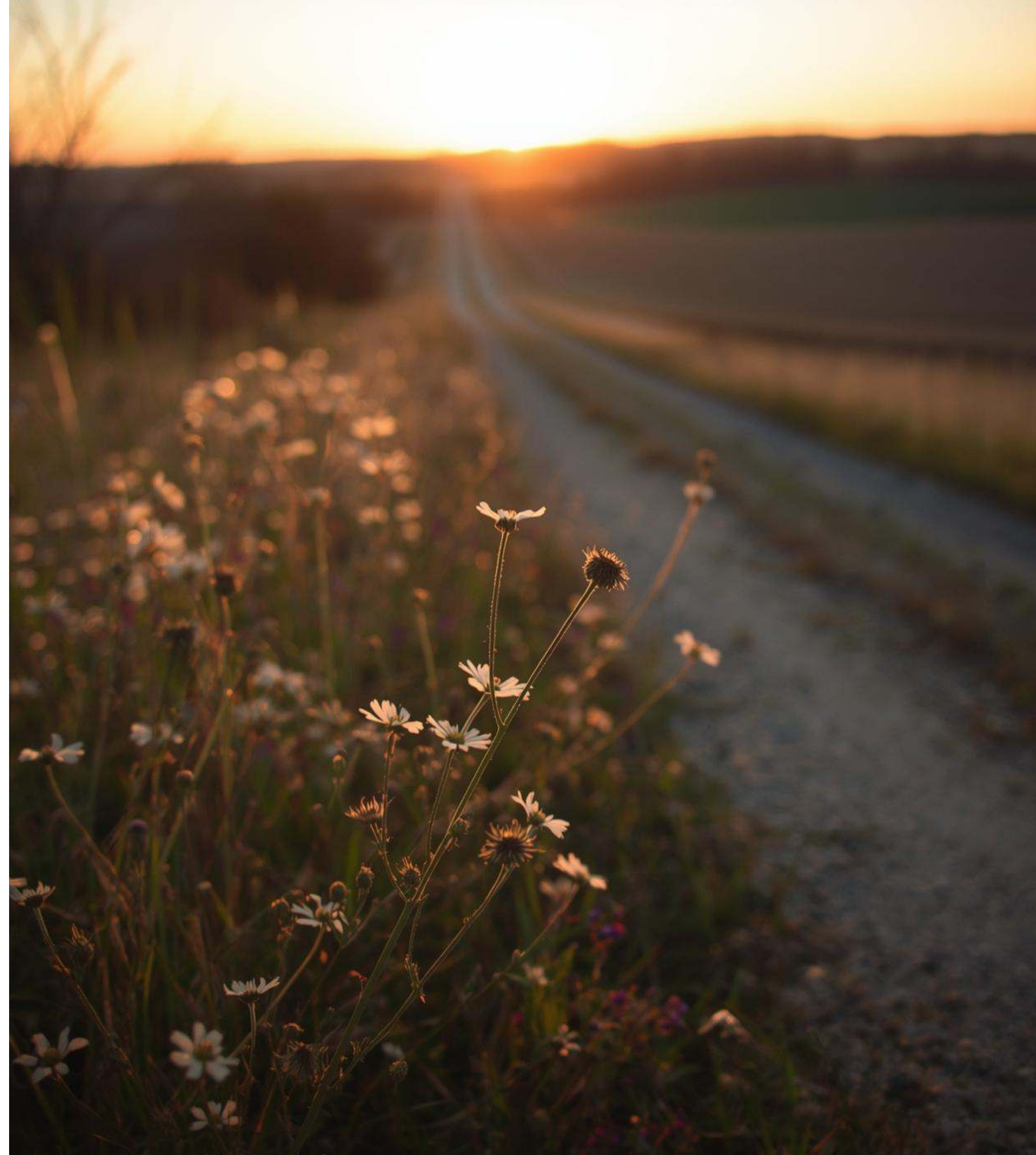
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Opioid Crisis

Statistical Evidence of the Opioid Crisis in Rural Kentucky

- **Eastern KY remains one of the hardest hit by the opioid epidemic**
- **1,410 Kentucky overdose deaths in 2024**
- **113.4 opioid overdose emergency department visits per 100,000 residents**
- **Limited access to treatment and recovery services**

Sources: Kentucky Office of Drug Control Policy (2025);
Kentucky Cabinet for Health and Family Services (2025)



Disproportionate Impact

Understanding the unique challenges faced by rural communities in Kentucky

- Higher opioid overdose rates
- Limited access to healthcare
- Stigma surrounding SUD
- Workforce shortages in treatment services
- Community isolation and resource scarcity



Barriers in Rural Settings

Understanding systemic challenges to addressing the opioid crisis in Kentucky

- Workforce shortages limit access to care
- Stigma prevents individuals from seeking help
- Geographic isolation hinders service delivery
- Economic disparities worsen the crisis



Community-Led Solutions

Addressing the opioid crisis through local engagement and strategies

“If the problem is in the community, the solution is in the community.”

- Gil Friedell, M.D.

“There’s a world of service out there, but there’s a chasm as wide as the Grand Canyon between access and availability.”

- Rep. Paul Mason



Our Approach

Dual Certification for CHW/PSS Paraprofessionals

Community Health Workers

- Focus on SDOH interventions, insurance navigation, prevention, and care coordination
- Reduce emergency department use and improve chronic disease management

Peer Support Specialists

- Focus on recovery engagement and treatment retention
- Increase treatment pathway activation for individuals with SUD

Together, these roles create a complementary workforce model where CHWs address structural barriers (transportation, housing, healthcare access) and PSS address behavioral health engagement and recovery support.

ELEVATE

EDUCATE • LEAD • EMPOWER • VALUE • ACCESS • TRAIN • EQUITY

COMMUNITY HEALTH WORKERS

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in Rural Health

Project Goals:

- **3 year project** (2022–2025)
- **180** New CHWs trained across KY
- **60** existing CHWs and other Health Support Workers to obtain certification
- **45** new CHWs have opportunity to complete 2000-hour RAP as a CHW
- Participants receive stipend support to remove barriers

RISE

RESILIENCE IN AN OPIOID STRICKEN ENVIRONMENT



11 County Service Area

Bath, Breathitt, Estill, Floyd, Johnson, Knott, Lee, Leslie, Letcher, Perry, and Pike

Project Goals:

- **4 year project** (2024–2028)
- **125** dual certified paraprofessionals
- PSS and CHW certifications combined
- Support children and families of those who suffer from OUD/SUD
- **43** Dual Certified PSS/CHW have opportunity to complete 2000-hour registered apprenticeship
- Participants receive support in the form of stipends, tuition, fees, and supplies

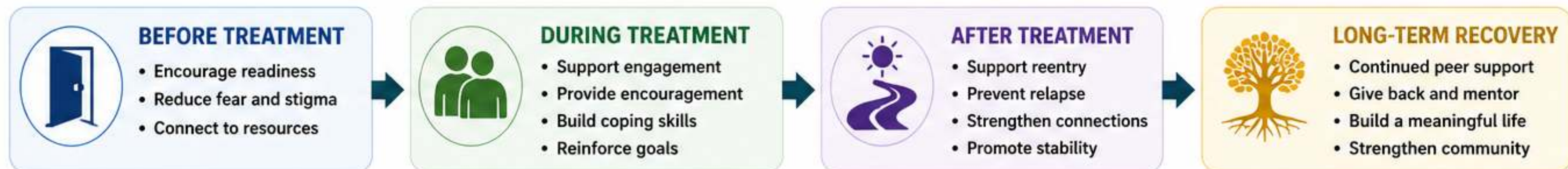
WHAT PEER SUPPORT SPECIALISTS DO

Lived Experience. Practical Support. Lasting Recovery.

Peer Support Specialists use their lived experience and training to walk alongside individuals and families on their journey of hope and recovery.



ACROSS THE RECOVERY JOURNEY



What can CHWs do?



- Improve access to healthcare by removing barriers
- Connect patients to resources
- Health Systems Navigation
- Improve communication between patient and provider
- Health Coaching and Education
- Advocate on behalf of the patient



COMMUNITY HEALTH WORKER (CHW)

- Health Education & Prevention
- SDOH Screening
- Care Coordination
- Resource Linkage (Housing, Food, Insurance)
- Population Health Focus
- **Live Where They Work**

SHARED ABILITIES

- Client Advocacy
- Relationship & Trust Building
- **Behavioral Change Interviewing**
- Trauma-Informed Approach
- Cultural Humility
- Referral & Linkage to Services
- Crisis De-Escalation
- Confidentiality & Ethics
- Community-Based Support



PEER SUPPORT SPECIALIST (PSS)

- Lived Experience in Recovery
- Recovery Coaching & Mentorship
- Support Groups & Relapse Prevention
- WRAP & Wellness Planning
- Focus on Individual Recovery
- Live Experience Required

BRIDGING THE GAP IN RURAL KENTUCKY

CHWs assist with Medicaid enrollment, transportation, and basic needs.

PSS provide lived experience, recovery coaching, and relapse support.

Together, they strengthen the rural SUD workforce.

MEDICAID BILLING (KY)

CHW: Limited & Variable



PSS: Established Behavioral Health Billing



Adult Peer Support Specialist

- 30 hours didactic training
- Cost \$200
- 18+
- High School Diploma or GED
- Offered by KCTCS
- Approved for Behavioral Health Medicaid billing
- Have a current or past diagnosis of a mental health, substance use, or co-occurring mental health and substance use disorders
- Have received or currently receiving treatment
- Demonstrate a pattern of recovery from a mental health, substance use, or co-occurring mental health and substance use disorders.

Certified Community Health Worker

- 8 hour Mental Health First Aid
- 40 hours didactic training + 40 hours verifiable mentorship
- Training Cost \$1000
- Certification fee of \$50
- 18+
- High School Diploma or GED preferred
- Approved for Medicaid Billing
- Experiential track available and requires 2,500 CHW related services within three years that demonstrate achievement of a minimum of standard of proficiency in CHW core competencies.



Training

Empowering community members through comprehensive skill-building programs.



Apprenticeships

Providing real-world experience through compensated learning opportunities.



Support

Financial support in stipends, tuitions, fees, and supplies to remove barriers and ensure successful outcomes



Populations of Focus

Rural residents impacted by opioid use disorder, particularly those with lived experience, and individuals entering Community Health Worker or Peer Support Specialist roles, often facing stigma and systemic barriers to access traditional care.





96%

Participants Completed Training

66

State Registered Apprentices

219 +

State Certifications Issued

Empowerment Through Workforce Development

Transforming Rural Communities

- Instilling Hope
- Pathways to Change
- Programs to Support Resilience and Growth
- Opportunity Instead of Adversity





Becky Todd-Long

Perry

Date: 5/4/21



Record Removal

Arrest Information

Full Name: Becky Leigh Todd-Long

Date: 09/09/2021

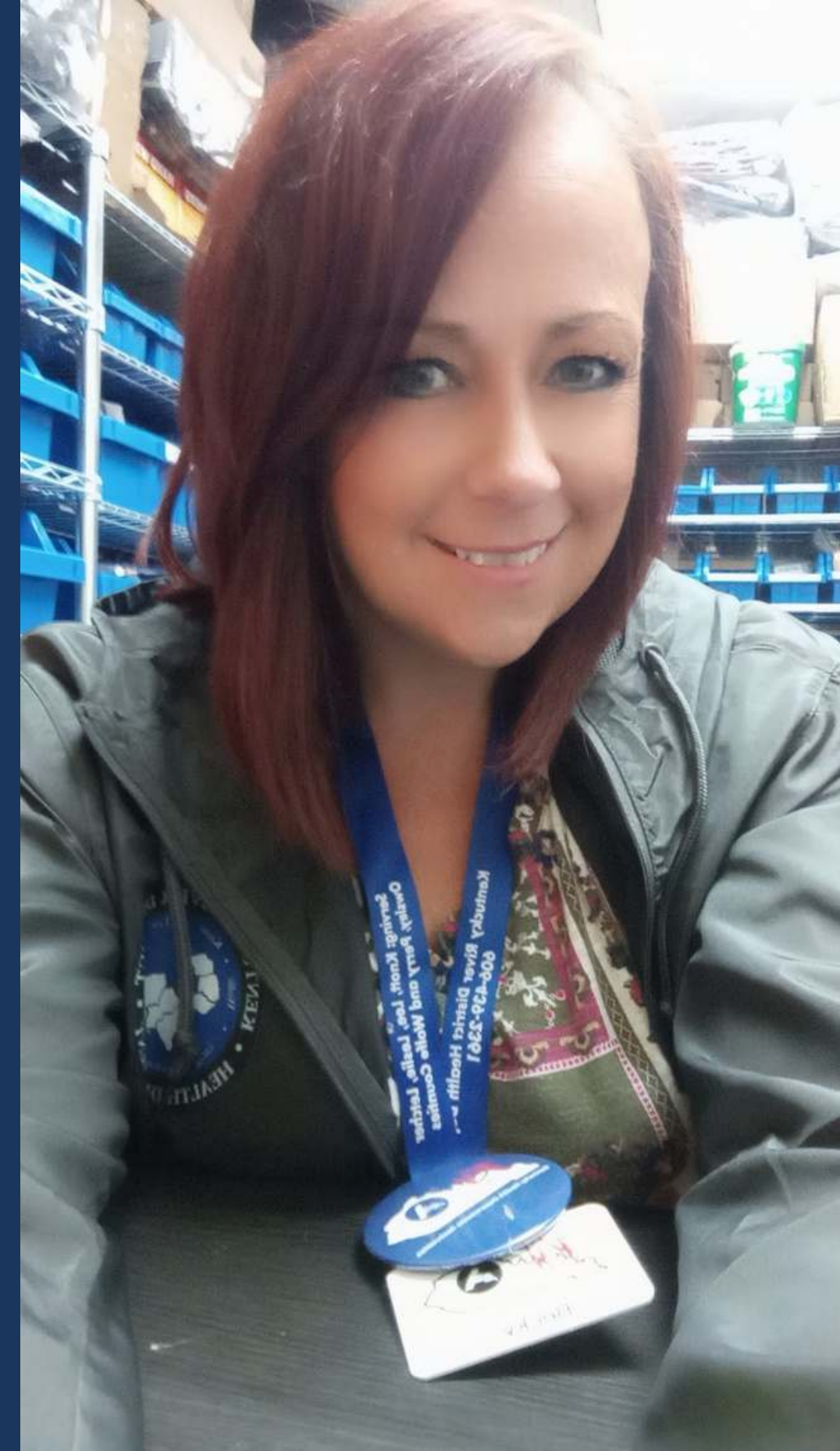
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Rebecca Todd Long

CHW/PSS

Lee County HUB Site Lead

- Started as a HUB participant
- Began employment through AmeriCorps
- Completed both ELEVATE and RISE programs
- Currently completing 2000-hour RISE apprenticeship







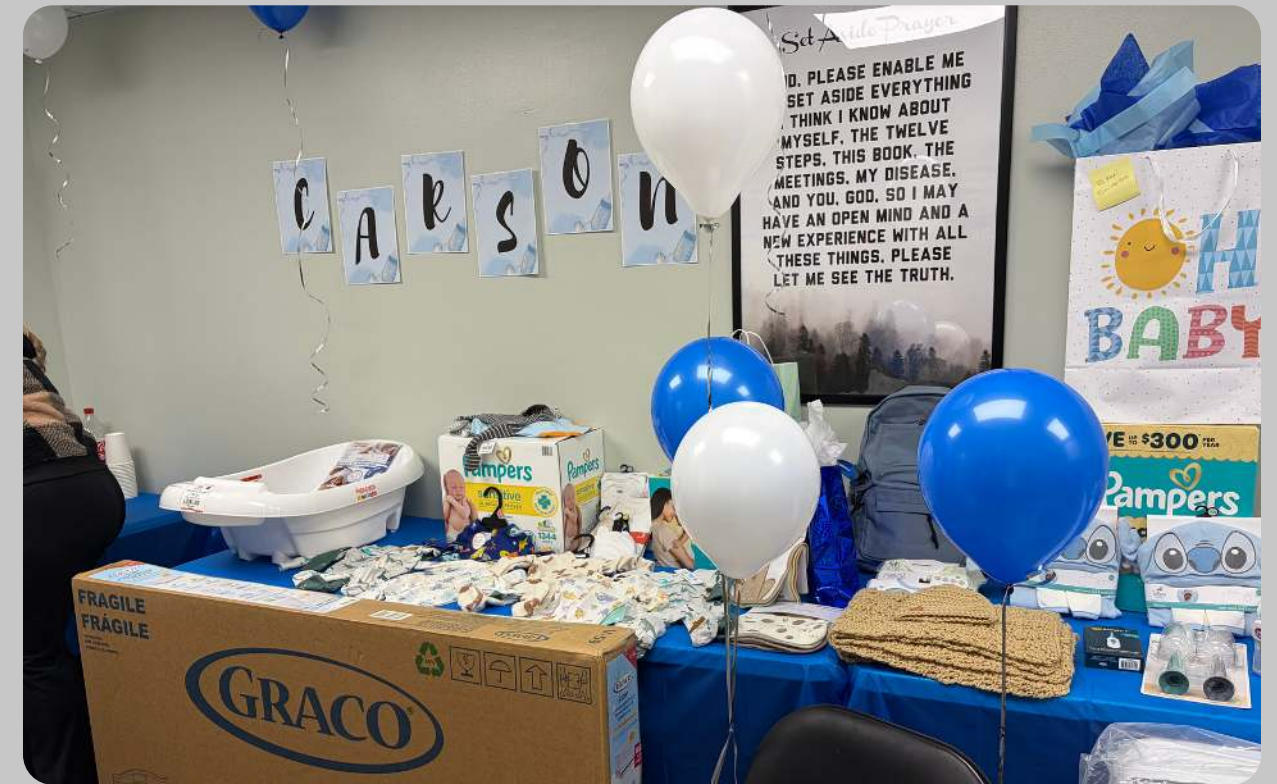
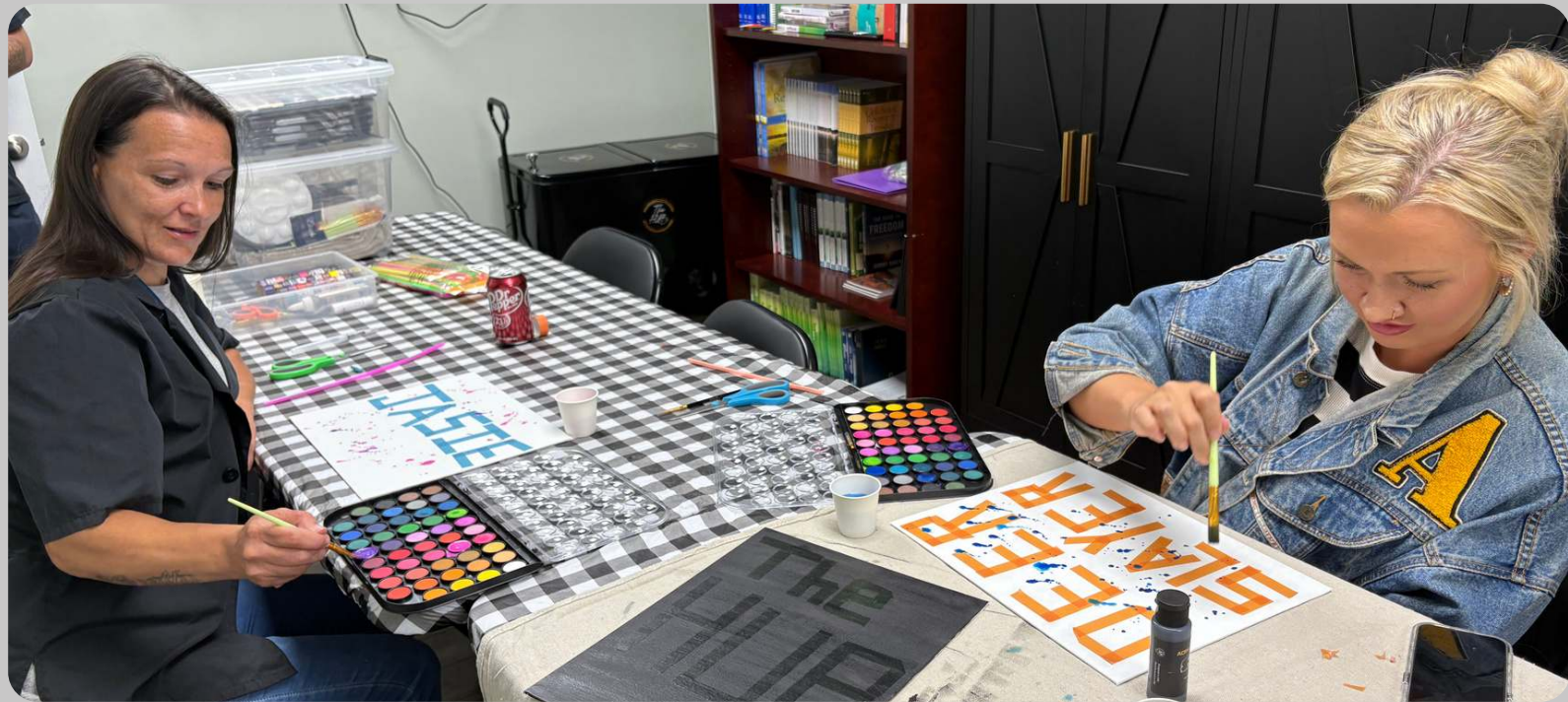
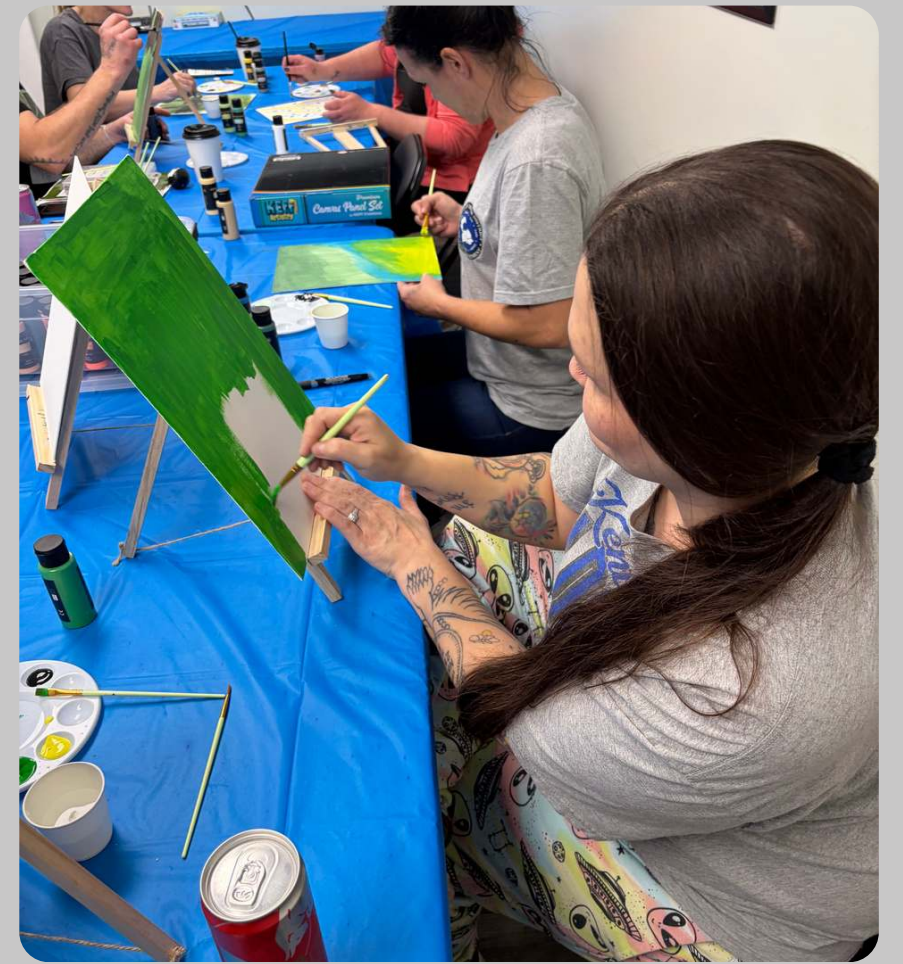


Jamie Madden

CHW/PSS

Letcher County HUB Site Lead

- Started by attending meetings at the HUB
- Began employment through EKCEP recovery and re-entry
- Completed ELEVATE program
- Currently completing 2000-hour ELEVATE apprenticeship





Collaborative Partnerships

Building strong alliances to improve community health and community-based overdose prevention efforts

- Kentucky Homeplace
- Kentucky River District Health Department
- Local Health Departments statewide
- Workforce Development Partners (AmeriCorps, EKCEP)
- State leadership level buy-in
- Community Partners



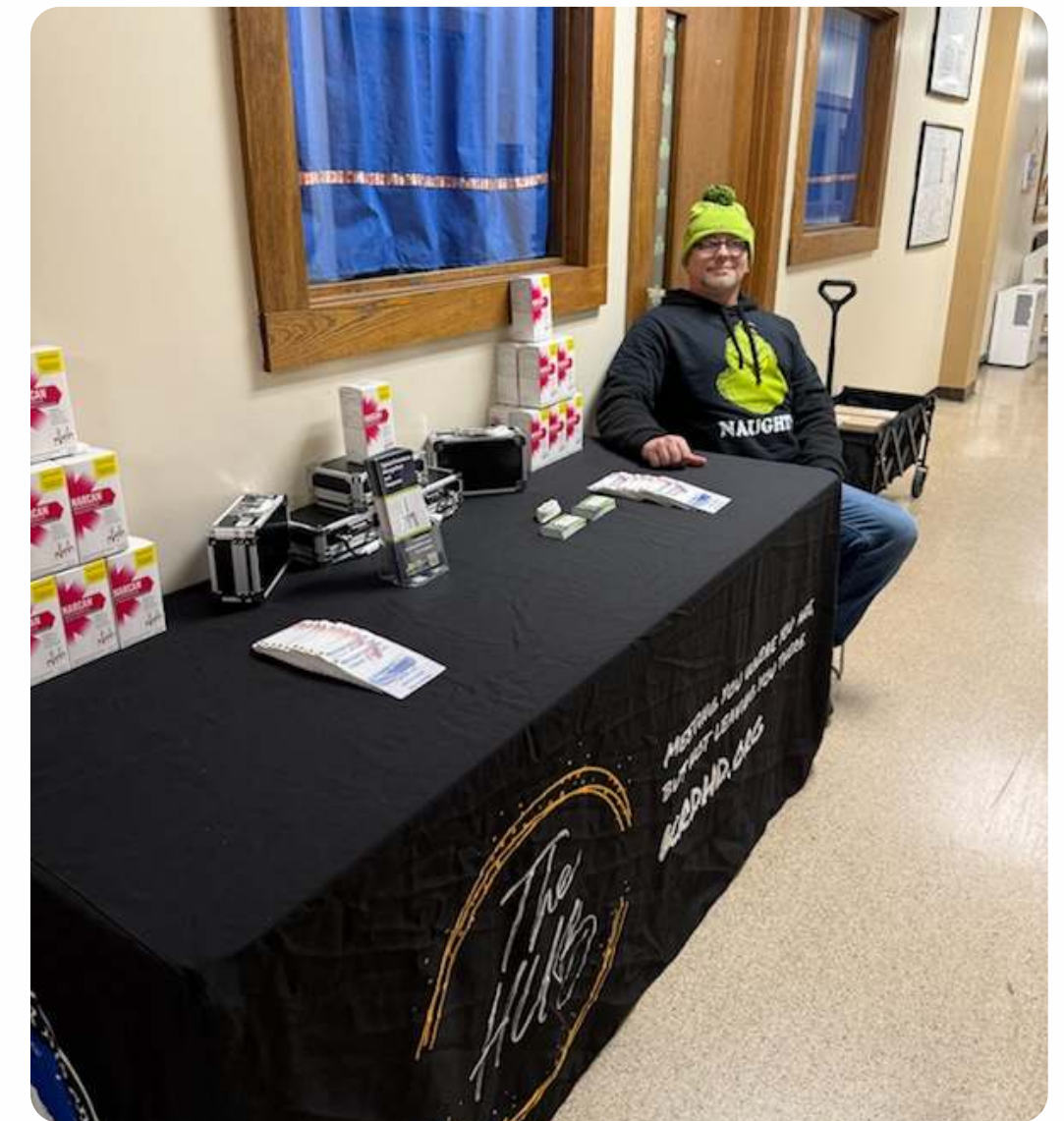


Kentucky River District Health Department

- Knott, Lee, Leslie, Letcher, Owsley, Perry, and Wolfe
- 4 HUB locations
- Launched first site (Lee Co) in 2022

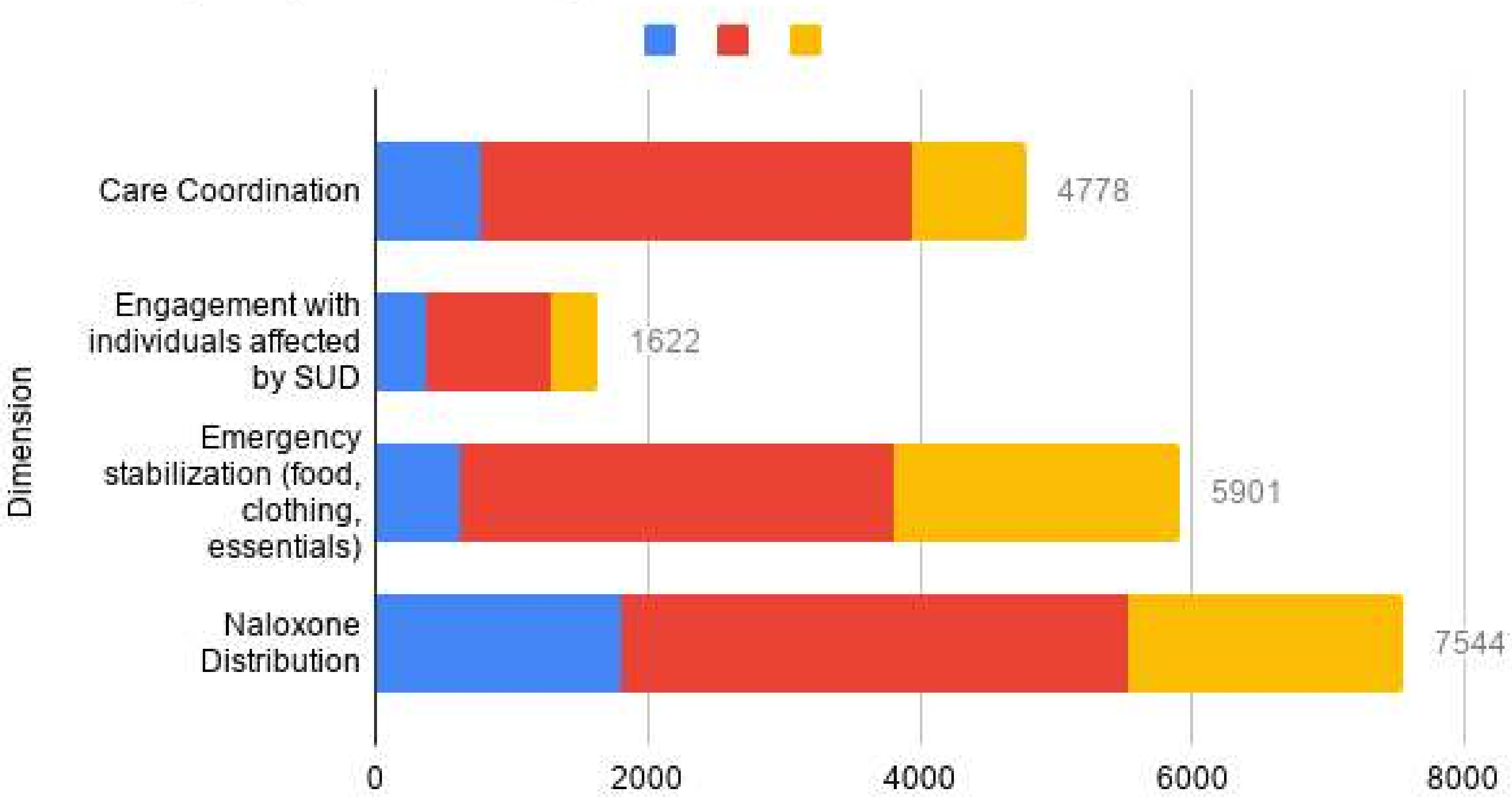
“Interagency, interdisciplinary center where any individual impacted directly or indirectly by SUD can get assistance”

- Scott Lockard, KRDHD Director



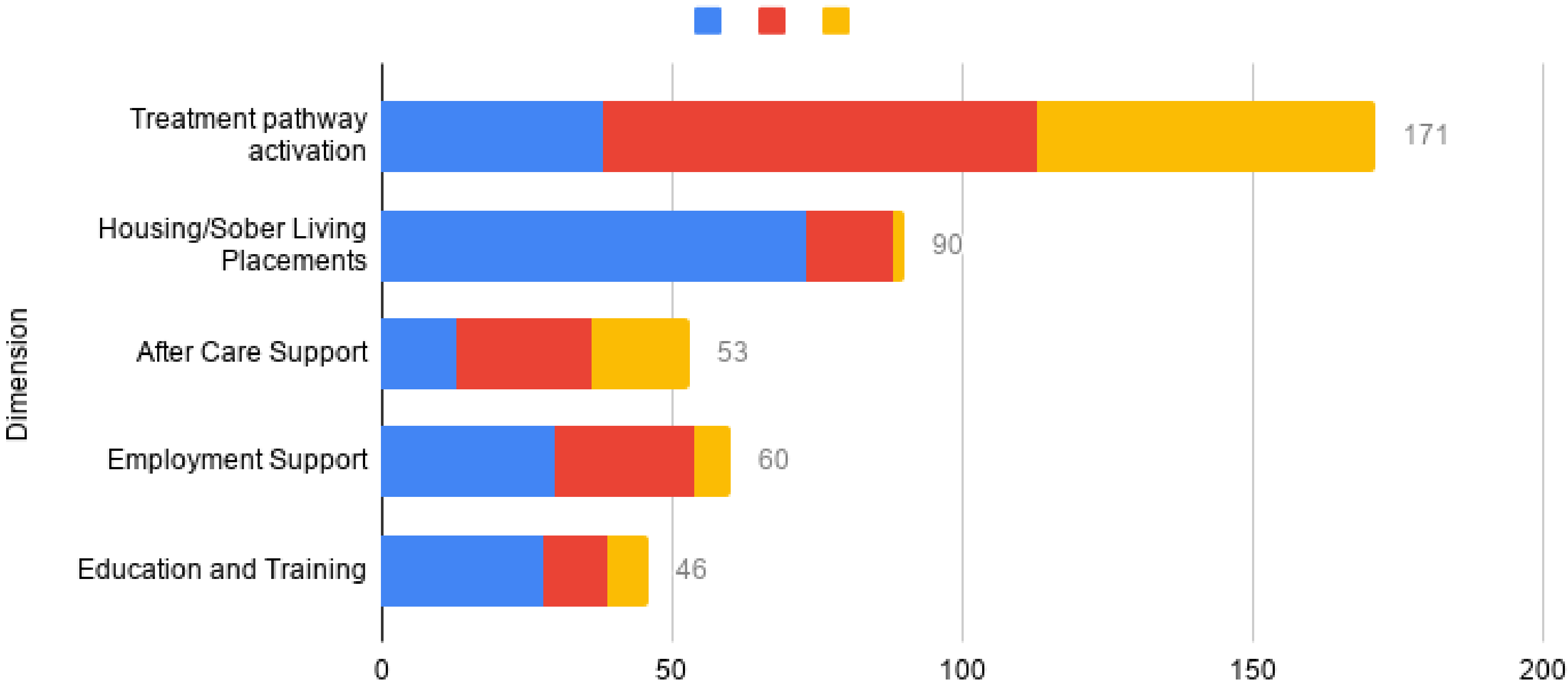
Letcher, Lee, and Owsley HUB

Source: KRDHD: The HUB, Program Impact Reports (Lee, Letcher, and Owsley Counties), 2024–2025.



Letcher, Lee, and Owsley HUB

Source: KRDHD: The HUB, Program Impact Reports (Lee, Letcher, and Owsley Counties), 2024–2025.



Impacts on Rural Communities

5 metrics of success

1. Naloxone distribution: HUBs represent 67.6% of kits distributed in Lee, Letcher, and Owsley
2. Individuals Directly Engaged: 1,622 Unique Individuals Served
3. Treatment Pathway Activation: 171 individuals connected to treatment
4. High-Intensity Support Contacts: 4,778 Care Coordination Sessions (3 per person)
5. Recovery Stabilization: 90 individuals placed in sober living or recovery housing

Source: KRDHD: The HUB, Program Impact Reports (Lee, Letcher, and Owsley Counties), 2024–2025.



Increased Confidence

Participants report higher self-esteem and a renewed sense of purpose in their roles

- Enhanced skills in overdose prevention strategies
- Strengthened community connections
- Positive feedback from peers and mentors
- Increased motivation to support others



Integrated Systems

Connecting Public Health, Behavioral Health, and Community Resources for Effective Solutions

- Collaborative care models improve accessibility for all patients
- Enhanced communication between sectors fosters trust and engagement
- Building community partnerships strengthens service delivery and outcomes



Funding Sustainability Challenges

Concerns for the future

We are currently facing **ongoing funding issues**, relying heavily on grants and limited-time programs, which raises sustainability concerns for the overdose prevention workforce development efforts in rural Kentucky.

Solutions to consider

Co-credentialing creates a more diverse and billable workforce. This helps providers to capture value for more of their time being spent to support these populations. These versatile workers are able to provide the services that are vital to successful patient outcomes and free up other members of the care team.



Thank You

We appreciate your attention and support.

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Sources

Kentucky Cabinet for Health and Family Services, Department for Behavioral Health, Developmental and Intellectual Disabilities. (2025). FY2026–FY2027 Combined Behavioral Health Block Grant Application. https://dbhdid.ky.gov/documents/dbh/kbhpac/26_27CombinedBGApplicationSubmitted.pdf

Kentucky Office of Drug Control Policy. (2025). 2024 Kentucky Drug Overdose Fatality Report. <https://odcp.ky.gov/Reports/2024%20Drug%20Overdose%20Fatality%20Report.pdf>

Kentucky River District Health Department; The HUB. Program Impact Reports: Lee County Hub (Jan 2024–Jul 2025), Letcher County Hub (Jan 2024–Jul 2025), and Owsley County Hub (Oct 2024–Jul 2025). Internal program data compiled by The Hub Recovery Community Centers, Kentucky.

