

Tribal Self-Governance Advisory Committee (TSGAC)

CHAP Overview and Implementation

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Tribal Community Health Provider Team

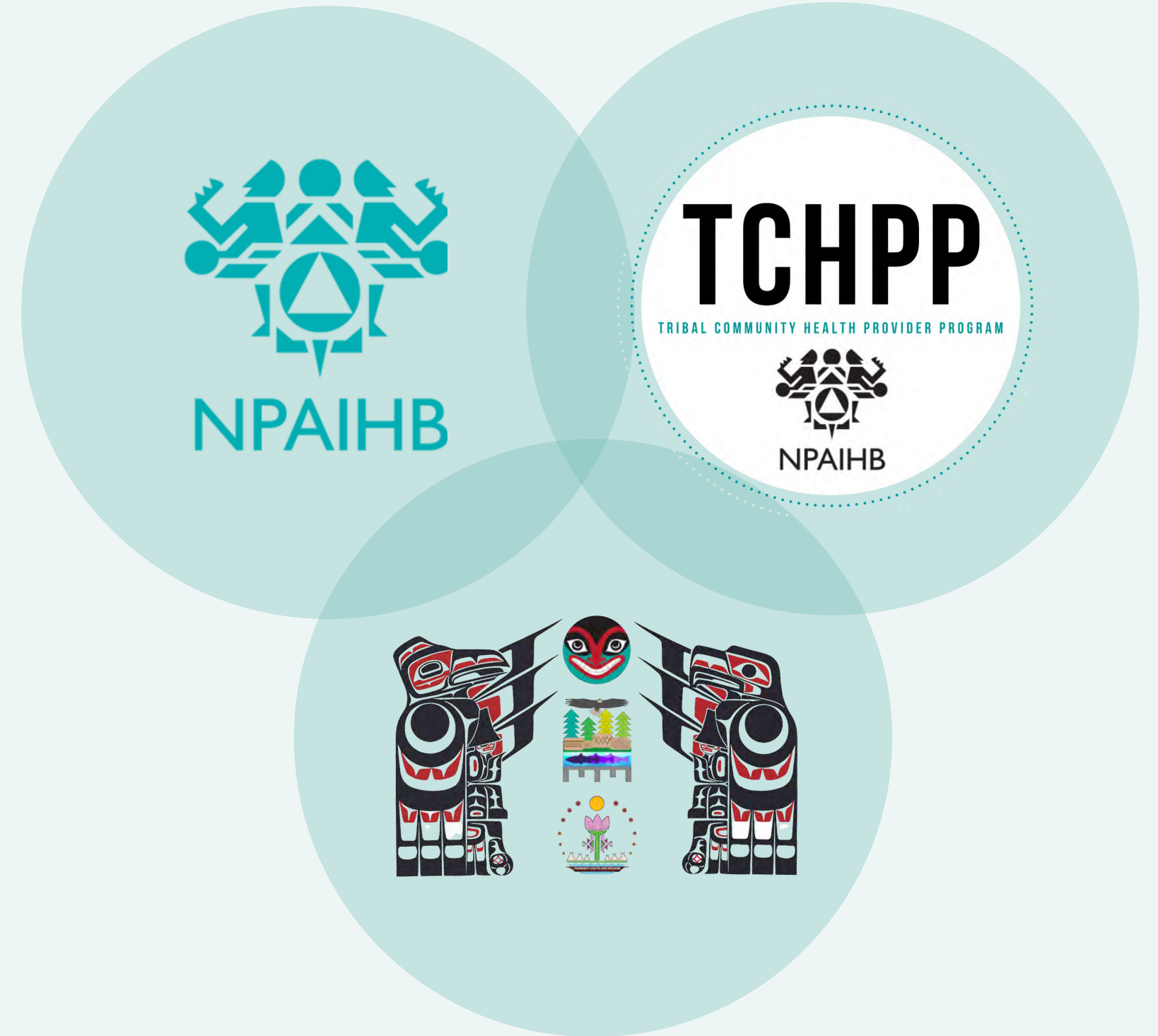


WELCOME

As we take you on a tour of the development of the PACCB, we would like to share what the Community Health Aide Program (CHAP) represents in the Northwest.

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- 2 Intro to CHAP Disciplines
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- 6 CHAP Advocacy
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WHY CHAP?

CHAP is building a new tribal health system that integrates into an existing health system.

CHAP can be a viable solution to providing long-term sustainability for providers who:

- are culturally knowledgeable & homegrown
- are rooted within their community
- deliver community-based care
- will promote cultural safety in wraparound services
- capability of retaining employees



Historical Trauma and Lack of Culturally Competent Providers

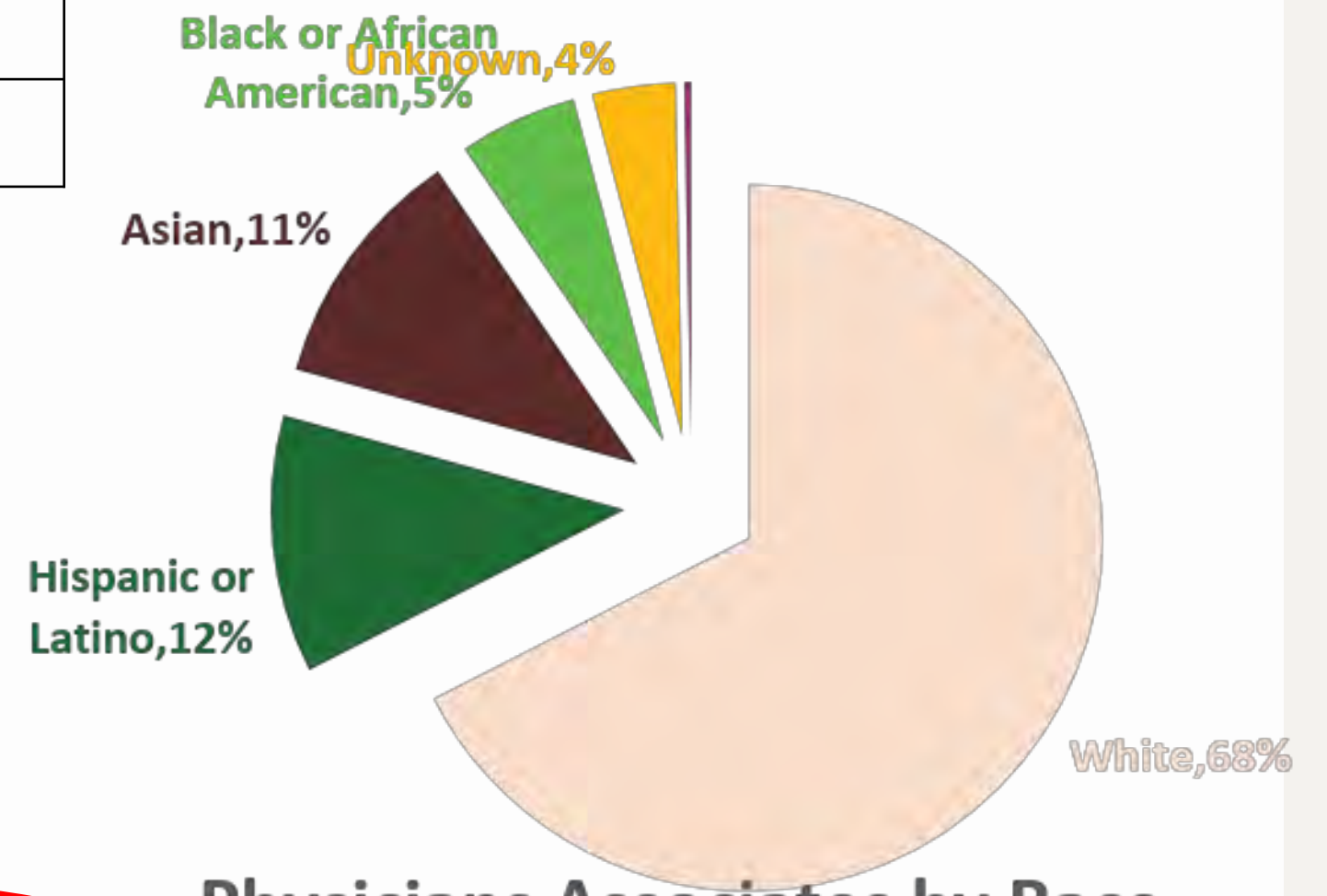
Dentists in the US by Race	
Native American	0.1%
Asian/Pacific Islander	7%
Black/African American	3.5%
Hispanic/Latino	3.5%
White/Caucasian	86%

Source: American Dental Association, Bureau of Health Professions, HRSA

Therapists in the US by Race	Percentages
White	76.4%
Asian	10.6%
Hispanic or Latino	6.3%
Black or African American	4.1%
Unknown	2.2%
American Indian and Alaska Native	0.4%

Source: <https://www.crossrivertherapy.com/therapist-statistics>

Out of the estimated 5.2 million American Indians and Alaska Natives (AI/ANs) in the U.S., about 3,400 are physicians, just 0.4% of the physician workforce, according to a 2018 AMA Council on Medical Education report, "Study of Declining Native American Medical Student Enrollment."



Physicians Associates by Race

Source: <https://www.zipppia.com/physician-assistant-jobs/demographics/>



WHY CHAP?

CHAP was developed to **sit outside state regulatory environments** to give tribes and tribal health programs the ability to tailor both the education and regulation of providers in their communities

- The current system of health care has not been fully meeting the healthcare needs of tribal citizens for centuries – CHAP is an opportunity for tribes to shape a system of provider education and regulation to truly meet their needs
- CHAP **addresses important social determinants of health** such as education attainment and financial security
- CHAP was designed to circumvent structural barriers to education and healthcare that tribal communities have worked hard to overcome

CHAP Addresses Social Determinants of Health



COMMUNITY HEALTH REPRESENTATIVE PROGRAM
Powered by NPAIHB

- Accessible care
- Provider stability
- Improve systems of care



- Accessible Education



- Healthier communities



- Trauma-informed care
- Social influence
- Culturally competent workforce



- Healthcare careers



<https://www.cdc.gov/publichealthgateway/sdoh/index.html>



WHY CHAP?

The implementation of CHAP:

- is Self Governance in healthcare
- reaches remote areas otherwise ignored
- reduces travel for routine and preventative care
- strengthens communities by improving healthcare access
- enhances clinic efficiency
- offers employment opportunities and education pathways
- addresses social determinants of health
- removes structural barriers to education and care

PROGRAMS





What are the components of CHAP? (a summary)

- **Community outreach and engagement**
 - Tribal leadership
 - Tribal Health Programs
 - Advocacy (federal, state, tribal)
 - ECHO
- **Student and Supervising provider support**
 - Support for students through the education program
 - Support for providers as they integrate a new provider type into their health programs
- **Regulatory Infrastructure**
 - Federal/State advocacy
 - Working with states on integration of CHAP providers into Medicaid programs
 - CHAP TAG
 - Certification Boards
 - Standards and Procedures
 - Academic Review Committees
 - Administrative Support
- **Clinic Implementation Support**
 - Support for tribal administrators as they integrate the program into their health organizations
- **Education Programs**
 - Development and ongoing support of education programs
 - Curriculum Development
 - Health Aide Manuals
 - Partnerships with education institutions
- **Providers**
 - Community Health Aides
 - Dental Health Aides
 - Behavioral Health Aides
 - Community Health Representative Programs as gateways to CHAP careers
- **Implementation Funding**
 - Grants, grant administration
- **Long-term Program Sustainability**
 - Federal/State Advocacy for funding
 - State Medicaid Program Collaboration
 - State Medicaid Billing Infrastructure
- **Area Office Collaboration**



Dental Health
Aide Program
(DHA/P)



Behavioral Health
Aide Program
(BHA/P)



Community Health
Aide Program
(CHA/P)



Dental Health Aide Program (DHA/P)

Dental Health Aides (DHAs) are primary dental providers that focus on prevention and basic oral health procedures.

There are four categories of dental health aides, all of which work under the direct, indirect, or general supervision of a licensed dentist.

DHAs focus on prevention in clinic and through outreach and can provide procedures such as fluoride treatments, dental assistant functions, and coronal prophylaxis



Behavioral Health Aide Program (BHA/P)



Community Health Aide Program (CHA/P)



Dental Health Aide Program (DHA/P)

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Behavioral Health Aide Program (BHA/P)

Behavioral Health Aides (BHAs) are counselors, health educators, and advocates. They help address individual and community-based behavioral health needs, including those related to alcohol, drug, and tobacco misuse.

They also provide trauma-informed approaches to mental and spiritual health care such as depression and anxiety resources, suicide prevention, grief support, and self-care tools.



Community Health Aide Program (CHA/P)



Dental Health Aide Program (DHA/P)

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Community Health Aide Program (CHA/P)


Community Health Aides (CHAs) are certified primary and emergency care clinicians who have close cultural ties and connections to the communities they serve.

CHAs practice under the supervision of a licensed clinical provider, such as a physician or advanced practice provider. Examples of CHA duties includes physical exams, taking vital signs, medication management and family planning.


EDUCATION PATHWAYS

there are many different pathways into the CHAP program, such as:

-  Community Health Representative (CHR)
- certified medical assistant
- high school diploma/GED
- dental assistant
- peer support



Dental Health Aide Program (DHA/P)



Behavioral Health Aide Program (BHA/P)



Community Health Aide Program (CHA/P)

Primary Dental Health Aide I (PDHA I)

PDHA II

Expanded Function DHA I (EFDHA I)

EFDHA II

BHA I

BHA II

BHA III

BHA IV/Practitioner (BHP)

CHA (CHA I and II)

CHA/P (CHA III and IV)

DHA/Hygienist (DHAH)

DHA/Therapist (DHAT)

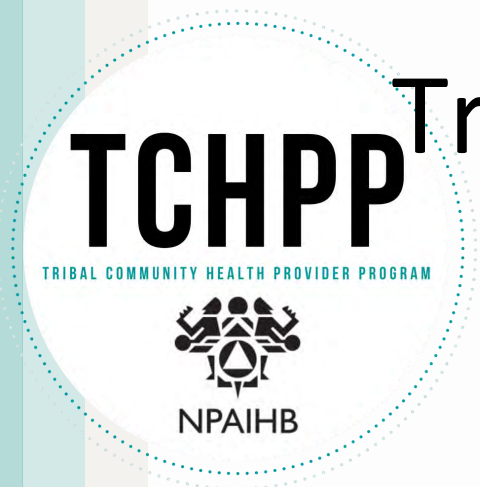


HOW WE GOT HERE



How we got here - Funding

- **NW Tribes**
- **Foundations 2013 to present**
 - **Northwest Health Foundation 2013-2014**
 - Northwest Health Foundation provided early seed funding for the exploration of creating a DHAT project in the Portland Area to expand DHATs in the region.
 - **W.K. Kellogg Foundation 2015-2021**
 - **Pew Charitable Trusts 2015-2019**
 - **Arcora Foundation 2017-2025**
 - **Group Health Foundation**
 - **Community Catalyst**
 - **CareQuest 2021-2024**
 - **Roundhouse Foundation 2023-2024**
- **Health Insurance Plans 2017 to present**
 - **Amerigroup (Anthem Foundation) *now called WellPoint 2017-2025**
 - Small scholarships for BHA, and DHA students
 - **Pacific Source 2024**
- **Accountable Communities of Health (Medicaid Transformation Funding)**
 - **North Sound Behavioral Health Organization 2017-2018**
- **Federal Sources**
 - **HRSA 2018-2026**
 - **SAMSHA 2020-2024**
 - **IHS 2022-2025**
- **Partnerships (for example Northwest Native American Center of Excellence at OHSU) 2021-2026**
- **State Sources 2018-2027**
 - **Oregon HOWTO**
 - **Health Education Coordinating Commission**
 - **Youth Development Division - Future Ready Oregon**
 - **WA State Accountable Communities of Health Funding**



Tribes in Portland Area developing CHAP and/or utilizing CHAP Providers

Tribes with Education Programs partnerships in operation or development

- Coeur d'Alene Tribe (ID)
- Confederated Tribes of the Umatilla Indian Reservation (OR)
- Port Gamble S'Klallam (WA)*
- Shoshone Bannock Tribes (ID)
- Swinomish Indian Tribal Community (WA)*
- Yakama Nation (WA)*

Tribes Outside of the Portland Area with students in CHAP education Programs

- Sault Ste. Marie Tribe of Chippewa Indians
- Wichita Kiowa Navajo
- Assiniboine Sioux Crow
- White Mountain Apache

* Tribes developing or utilizing CHAP providers

- Colville Confederated Tribes (WA)
- Confederated Tribes of Coos Lower Umpqua, and Siuslaw Indians (OR)
- Coquille Tribe (OR)
- Cowlitz (WA)
- Jamestown S'Klallam Tribe (WA)
- Klamath Tribes (OR)
- Lower Elwha Klallam Tribe (WA)
- Lummi Nation (WA)
- Makah Tribe (WA)
- Nooksack (WA)
- Port Gamble S'Klallam Tribe (WA)
- Shoshone-Bannock Tribe (ID)
- Tulalip Tribes (WA)
- Yakama Nation (WA)



PROGRAM STAFF



TCHPP Admin
Team



Dental Health
Aide Program



Behavioral Health
Aide Program



Community Health
Aide Program



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CHAP Certification
Board Expert

Ellie Barber
PACCB Specialist



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Aide Program

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DDS

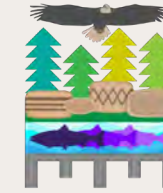
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Behavioral Health
Aide Program

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Dr. Danica Brown
Behavioral Health Expert

Dr. Jeff King
Clinical Supervisor



Community Health
Aide Program

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Physician Associate

Kathy Pickering
Physician Associate

Linda Curda
Nurse Midwife

Jim Ferguson
Physician Associate

The background of the image features several dried thistle heads on thin, spiny stems, arranged in a slightly scattered pattern against a light, neutral background. The thistles are a pale, golden-brown color, suggesting they have been dried. The stems are thin and have small, sharp spines along their length. The overall aesthetic is clean and minimalist.

QUESTIONS?

COMMENTS?

Native
Dental
Therapy
Initiative

Initiated 2015

Northwest
Dental
Health Aide
Program

Initiated 2022




Dental Health Aides


DHAs are primary providers that focus on prevention and basic oral health procedures. There are four categories of DHAs.

All DHA provider types work under the direct, indirect or general supervision of a licensed dentist.






AI/AN Population Representation in Dental Workforce



Increasing the number of
AI/AN providers is an important
strategy to reduce health
disparities

- 
- Having a shared identity
between a healthcare provider
and a patient has a positive
effect on patient care
- More preventive care
 - Shared decision making

Why do we need Dental Health Aide Providers?



01

AI/AN people experience disproportionately high oral disease

02

By the age of 5, AI/AN children experience triple the incidence of caries that white children experience

03

83% of AI/AN people 40-64 suffer tooth loss

04

80% of AI/AN children 6-9 have a history of caries, compared to 45% of the general U.S. population

05

Severe periodontal disease affects 17% AI/AN adults over the age of 35 (28% for those who smoke)

06

Almost half of AI/AN children have untreated dental caries compared to just 17% of general U.S. population

Dental Health Aide/Therapist (DHA/T)



Dental Health Aide Program

PDHA I & II

- OHI, motivational interviewing
- Fluoride and topical treatments
- Dental Assisting
- Coronal prophylaxis

EFDHA I & II

- PDHA I & II Skills
- Simple and Complex Restoration
- Coronal prophylaxis

DHAH

- RDH Procedures including Local Anesthetic

DHAT

- PDHA and EFDHA Skills
- Prep teeth and place restorations
- Non-surgical extractions
- Exams

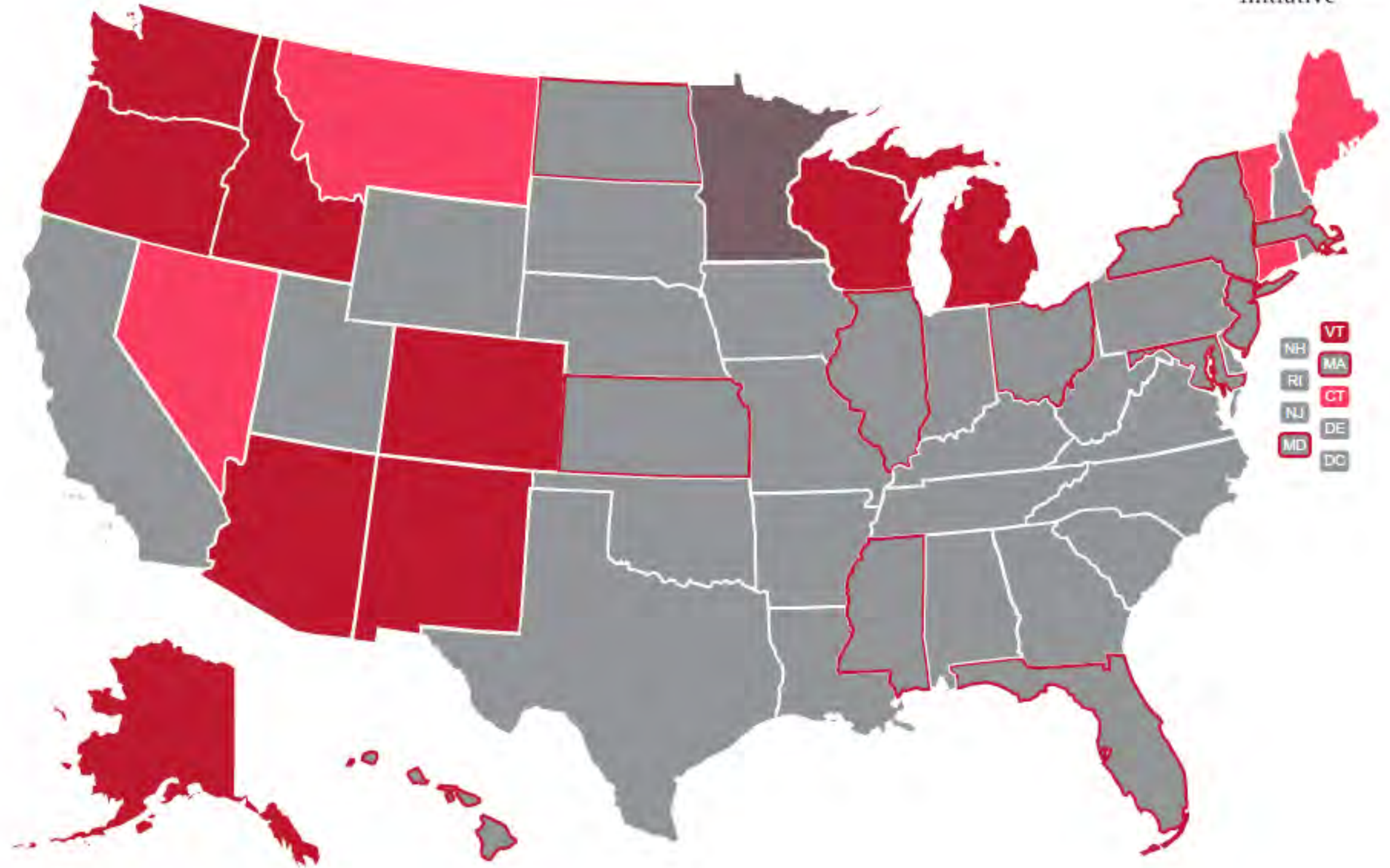
Tribal Dental Therapy Legislation in the States





As sovereign nations, Tribes should have the ability to determine their own oral healthcare delivery models independent of state supervision. Unfortunately, a provision of federal law presents a barrier.


[Click here](#) to read Section 25 U.S.C. § 1616l (d).


As the law states, Tribes must get permission from their states if they wish to hire a dental therapist under the expanded CHAP. This puts Tribes in an unusual position: Tribal health care is a federal responsibility, not a state one. On this issue, Congress has inappropriately delegated responsibility for Tribal healthcare to the states with no Tribal input. Despite the law's ambiguity and the burden it places on Tribes, a remedy by Congress is unlikely in the short term.



 State Authorizes Tribal Dental Therapy with CODA Standards

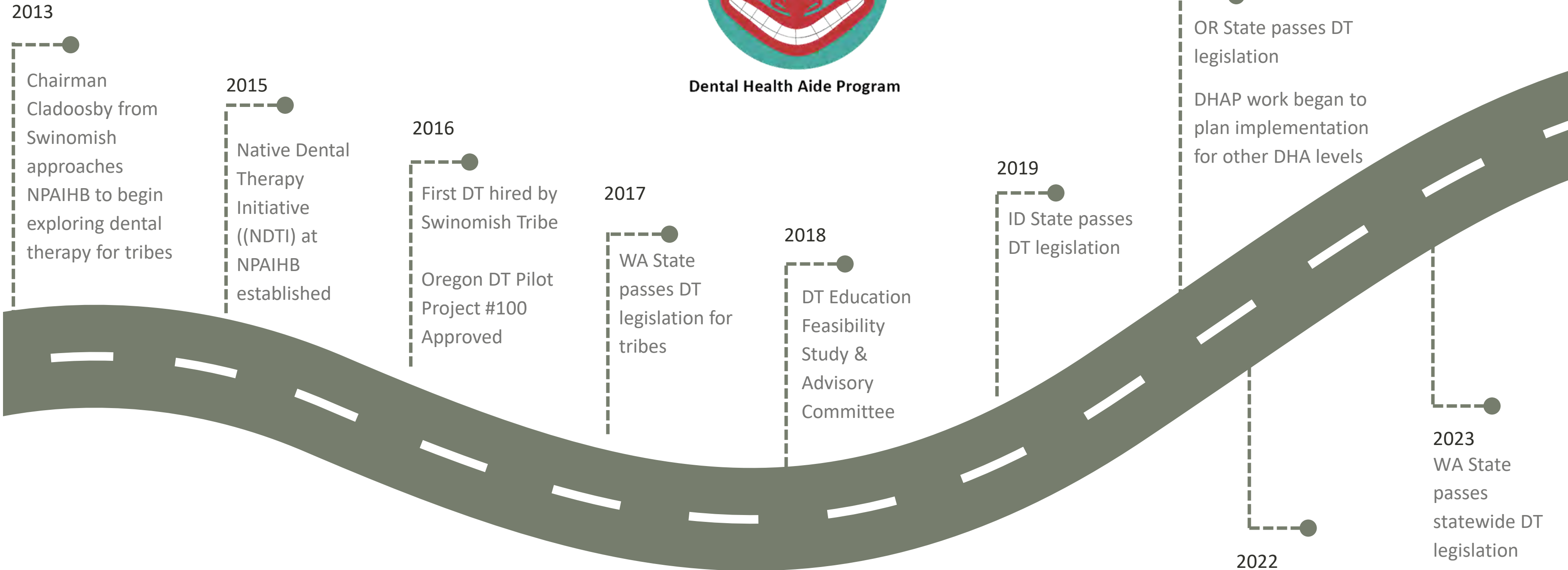
 State Authorizes Tribal Dental Therapy with Additional Requirements or Limitations

 State is Considering Authorizing Dental Therapy

 State Does Not Authorize Dental Therapy



Dental Health Aide Program



DENTAL HEALTH AIDE HISTORY AT NPAIHB

dax^wḥayəbus DT Education Program launches in partnership with Swinomish Indian Tribe -- CODA Accreditation

Celebrating Native Heroes In Oral Health



“We must break the cycle of poor oral health, and while it may take a generation, we must start now.”

BRIAN CLADOOSBY

CHAIRMAN, SWINOMISH INDIAN TRIBAL COMMUNITY

#NativeHeroes



Over 50 organizations, including health care associations, consumer advocates, dentists, dental hygienists, senior groups, Tribal governments and educational institutions, have come together in support of increasing access to oral health care in Washington.



Washington
DENTAL ACCESS
Campaign

OREGON TRIBES DENTAL HEALTH AIDE THERAPIST PILOT PROJECT



Kari Douglass, Chickasaw Nation (NARA) | Alexandria Jones, Coquille | Naomi Petrie, CTCLUSI | Jason Mecum, Coquille | Marissa Gardner, CTCLUSI

ABOUT THE PILOT

Project #100, the Oregon Tribes Dental Health Aide Therapist Pilot Project, is sponsored by the Northwest Portland Area Indian Health Board in partnership with the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians (CTCLUSI), the Coquille Indian Tribe, and the Native American Rehabilitation Association (NARA). The pilot educates and employs dental therapists to serve American Indian/Alaska Native patients, increasing access to care in those communities. The project was approved by the Oregon Health Authority in February 2016, and has recently been extended to operate through May 2022.

Five dental therapists graduated from the Alaska Dental Therapy Education Program, from 2017 to 2019. Two dental therapists are working at the CTCLUSI dental clinic, one at NARA, and two are working outside of the pilot until the new Coquille dental clinic opens in 2021.

The pilot operates under substantial monitoring and oversight by the Oregon Health Authority (OHA). Every quarter the project submits extensive data from our evaluation and monitoring plan that measures access outcomes, patient satisfaction, costs, and patient safety and quality of care. Chart reviews are completed weekly by the supervising dentist, monthly by an external evaluator, and yearly by qualified members of OHA's Pilot Project #100 Advisory Committee.

NAOMI PETRIE, CTCLUSI

I became a dental therapist in order to pursue a profession that intertwined my tribal heritage with providing healthcare services. Dental therapy provides that unique opportunity that teaches people how to provide culturally competent dental care in their unique tribal communities.

PILOT PROJECT #100 FINDINGS: SPOTLIGHT ON CONFEDERATED TRIBES OF COOS, LOWER UMPQUA AND SIUSLAW INDIANS DENTAL CLINIC

All data compiled from quarterly reports submitted by Mekinal Consulting to the Oregon Health Authority in accordance with Pilot Project #100 Evaluation and Monitoring Plan.

Shorter Wait Times

Dentist average wait time went from 10 to under 8 weeks in first 3 years. Dental therapist wait times have averaged 1.5 weeks throughout. Dentist wait time is expected to improve now that both dental therapists have completed preceptorship, and clinic has expanded from 3 to 7 chairs.

High Quality Care

99% of chart reviews rated acceptable by supervising dentist and external evaluating dentist. There have been no adverse events reported, and patients are either very confident (86%) or confident (14%) in the dental therapy services.

More Care Delivered

Since dental therapists joined the clinic, productivity has increased 70%, a clinic expansion was completed, and a community outreach program to serve tribal members outside of the clinic was developed (on hold during COVID).

Good Jobs Created

Two members of the Tribe completed the CODA-accredited Alaska Dental Therapy Education Program. They now have full-time, professional wage jobs serving their Tribe, and are building a culturally relevant dental care workforce in Coos Bay.

Population Served

The clinic serves the tribal populations for the CTCLUSI Indian Tribe as well as members of other Tribes that live in the Coos Bay area. Eighty percent of patient care is billed to Medicaid or Indian Health Service Contract Purchases.

For more information contact:
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Director, Native Dental Therapy Initiative
Northwest Portland Area Indian Health Board
mdavis@npaihb.org

Oregon Dental Pilot Project #100 (2016 - 2023)

OREGON DENTAL ACCESS CAMPAIGN

Expand Access to Basic Dental Care Across Oregon with Dental Therapy

One in four Oregonians don't have access to dental care—dental therapy will help

Dental therapists are primary oral health care professionals with the training to provide the basic dental care that many Oregonians can't get today — exams, fillings, and simple extractions. Oregon HB 2528 allows Oregon to license dental therapists to practice in the state.

Oregon can't wait—we need dental therapy now

- More than one million Oregonians live in areas that have a shortage of dentists.
- Low-income families in Oregon often lack access to basic dental care: **Less than half of children, and about one in four adults**, covered by Medicaid see a dentist each year.
- COVID-19 has made it even more difficult for people—especially low-income families and people of color—to access dental care.
- Increasing access to basic dental care **reduces preventable cavities** and other problems that turn into expensive trips to the emergency room, and long-term health problems.

Dental therapy addresses unmet oral health care needs in rural and underserved communities and provides huge savings to the overall health system

- Only 40% of Oregon dentists** accepted Medicaid patients before COVID-19 and the pandemic will likely decrease this further. Dental therapists provide cost savings, meaning dental offices employing therapists can serve more people, including those on Medicaid.
- Dental therapy is a rewarding profession with a good salary. Dental therapists often practice in rural and underserved communities where they grew up.
- Dental therapists are now authorized to provide care in **12 U.S. states**, and have **practiced across the world for decades**.
- Evidence shows that dental therapy prevents problems caused by untreated dental issues, **improves people's overall health**, and provides huge savings to the entire health system.

Support HB 2528 and expand dental care access in Oregon

- HB 2528 allows the state to license qualified dental therapists, expanding access statewide.
- HB 2528 requires all dental therapists to graduate from an approved education program before being licensed.
- HB 2528 requires dental therapists to work under the supervision of a dentist.

A priority of the 2021 Children's Agenda

SUPPORTERS

HB 2528

A broad coalition of Oregon health and dental care groups, children's advocates, educators, consumers and tribes support HB 2825 to expand access to dental care for more Oregonians:

Learn more at <https://odac.nationbuilder.com/>

Native Dental Therapy Initiative Guidance: NW Tribes and Subject Matter Experts

DT Education
Program
Feasibility
Study

DT Education
Program
Advisory Committee

Oregon
Pilot Project
#100 Advisory
Committee

NW Tribal Dental Therapists:

2015-2017: 1 student from CTCLUSI in AK

2016: Swinomish hires DT from AK

2016-2018: 3 students from NW Tribes in AK

2018: Port Gamble S'Klallam Tribe hires DT from AK

2017-2019: 7 students from NW Tribes in AK

2018-2020: 1 student from NW Tribes in AK

2022-2024: 6 students at dəx^wǰayəbus program

2023-2026: 5 students at dəx^wǰayəbus program





DHAT/DT ACADEMIC INSTITUTIONS



<https://www.ilisagvik.edu/>

Dr. Sarah Shoffstall-Cone
Program Director
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- Tribal College in Utqiaġvik, AK
- Partnership: ANTHC
- Anchorage (pre-clinic) and Bethel (clinic)
- Associate in Applied Sciences degree
- 3 academic years in 2 calendar years
- CODA Accreditation 2020



<https://skagit.edu/>

Dr. Cheyanne Warren
Program Director
Cheyanne.Warren@skagit.edu

- State college in Mt. Vernon, WA
- Partnership: Swinomish Tribe
- Clinical: Swinomish Clinic
- Associate in Applied Sciences degree
- 9 quarters (28 months)
- CODA Accreditation 2022



dəx^wǰayəbus-Dental Therapy Program



Become a Dental Therapist!

- Classes start in September
- Applications due **May 1st**
- 3 academic years (9 quarters)
 - AAS degree in 28 months
- CODA Accredited

Contact: Miranda Davis at mdavis@npaihb.org for more information



Skagit Valley College

Dental Health Aide/Therapist (DHA/T)



Dental Health Aide Program

PDHA I & II

- OHI, motivational interviewing
- Fluoride and topical treatments
- Dental Assisting
- Coronal prophylaxis

EFDHA I & II

- PDHA I & II Skills
- Simple and Complex Restoration
- Coronal prophylaxis

DHAH

- RDH Procedures including Local Anesthetic

DHAT

- PDHA and EFDHA Skills
- Prep teeth and place restorations
- Non-surgical extractions
- Exams

NW TRIBAL INPUT: DHA Program



DHA CHAP
Analysis



DHA Advisory
Workgroup



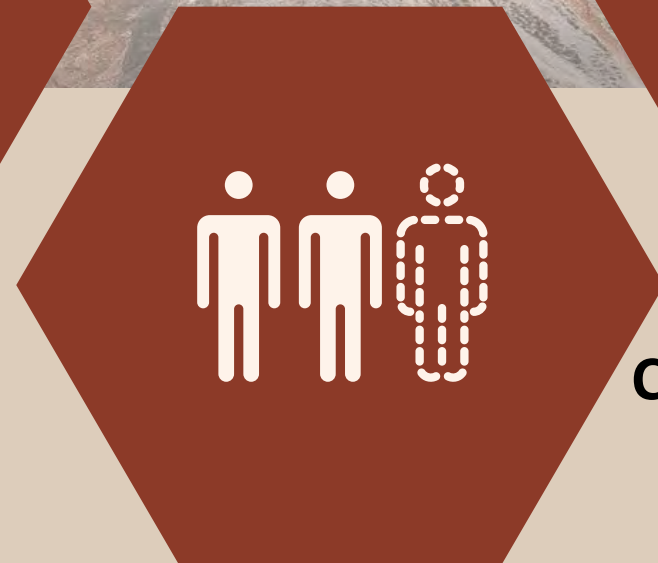
TCU Feasibility
Study

DHA CHAP Analysis



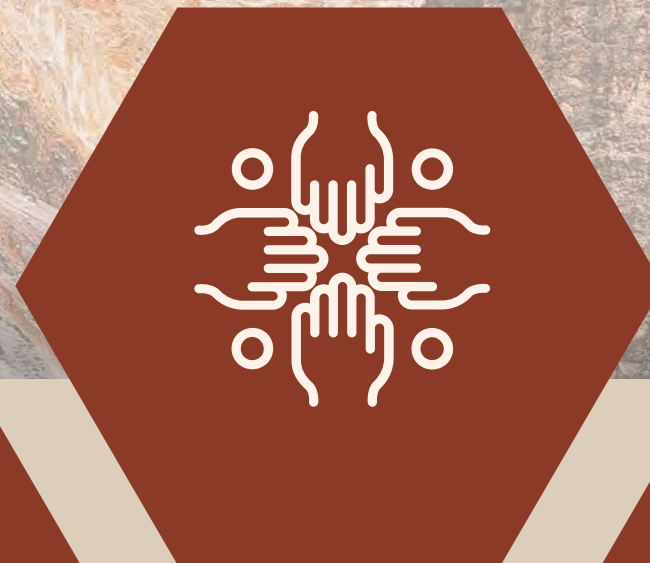
Recruitment/ Retention

Location
Vaccination
requirements
Lack of flexibility in
reference to work/life
balance



Staffing Shortage

Shortage of dental
assistants and
dental hygienists



Community Outreach

Many clinics do not
have the capacity to
provide community
outreach



Limited Procedures

Providers limited
on scope of
procedures



Capacity

Some dental clinics
do not have the
capacity to train
their own
providers

PDHA Training Pathways

PDHA I

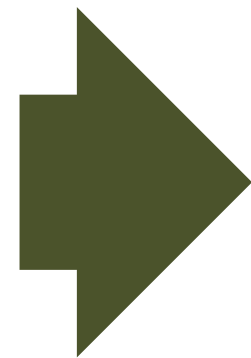
Virtual didactic education	72 hours
On site lab/clinic hours	60 hours
Basic Life Support	4 hours
Preceptorship	100 procedures + 40 hours

PDHA II

Training will vary based on which skill set the PDHA II takes -
PDHA IIs must take ONE or MORE skill sets ~

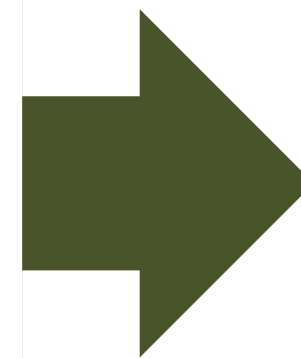
Virtual Didactic Education

- Advanced Dental Procedures
- Community-Based Dental Practice



Skill Sets Hybrid - Virtual & In-Person

- Sealant Procedure
- Dental Assistant Functions
- Radiology
- Prophylaxis
- Atraumatic Restorative Treatment



Preceptorship

- Based on Skill Set Taken
- Completed in student's dental clinic
- Based on number of procedures

Dental Assistant

- Can be trained in clinic or DA program
- Can be state licensed
- Works under direct supervision of a dentist
- Procedures limited by state practice laws

Dental Health Aide Levels

PDHA & EFDHA

- Trained in community
- Certified by CHAP
- Many procedures can be done under general supervision
- Work outside of state practice laws, allowing them to provide more procedures for Tribal communities

Providing quality care for our communities

**BEHAVIORAL HEALTH
AIDE PROGRAM**



THE PACIFIC NORTHWEST'S

**BHA
EDUCATION
PROGRAM**



BEHAVIORAL HEALTH AIDE (BHA)

A BACKGROUND

BHAs have a wide variety of skills, knowledge, and talents. They are advocates, natural healers, counselors, empaths, and natural helpers who are responsive to the need for mental/behavioral health services in their Tribal communities. They are individuals whom are committed to providing individual and community support to address the challenges that Native peoples face in regards to substance misuse, mental health struggles and other health disparities.

THE CREATION OF THE NW BEHAVIORAL HEALTH AIDE (BHA) EDUCATION PROGRAM



- The creation of this program is rooted in the guidance, expertise, input, and voices of tribal communities and leaders
- Tribal consultation across 3 NW states
 - BHA Advisory Workgroup -> Behavioral Health Academic Review Committee
- Grant funding that supports Indigenous approaches and strategies
 - Evidence-based practice transforming to practice-based evidence



BHA STUDENT OVERVIEW OF ALL COHORTS

COMMUNITY IMPACT AND NUMBERS



Total BHAs = 56



States Represented =
Oregon, Idaho, and
Washington, Oklahoma,
Montana



PACCB Certification
Eligible BHA Students =
34

ANTHC PILOT

Timeline

2019

Tribes become a part of BHA Advisory Workgroup to assist in development and recruitment of NW programming. 2 students recruited to attend Ilisagvik College.

2020

8 students from YNBH are recruited through a site visit to pursue schooling at ANTHC at various BHA levels.

2021

- 6 students progress deeper into schooling at ANTHC.
- 2 students near finish line at Ilisagvik College

2023

BHAs at ANTHC and Ilisagvik College (8 students total) complete AK's BHA Program and honored/blanketed at CHAP Symposium.



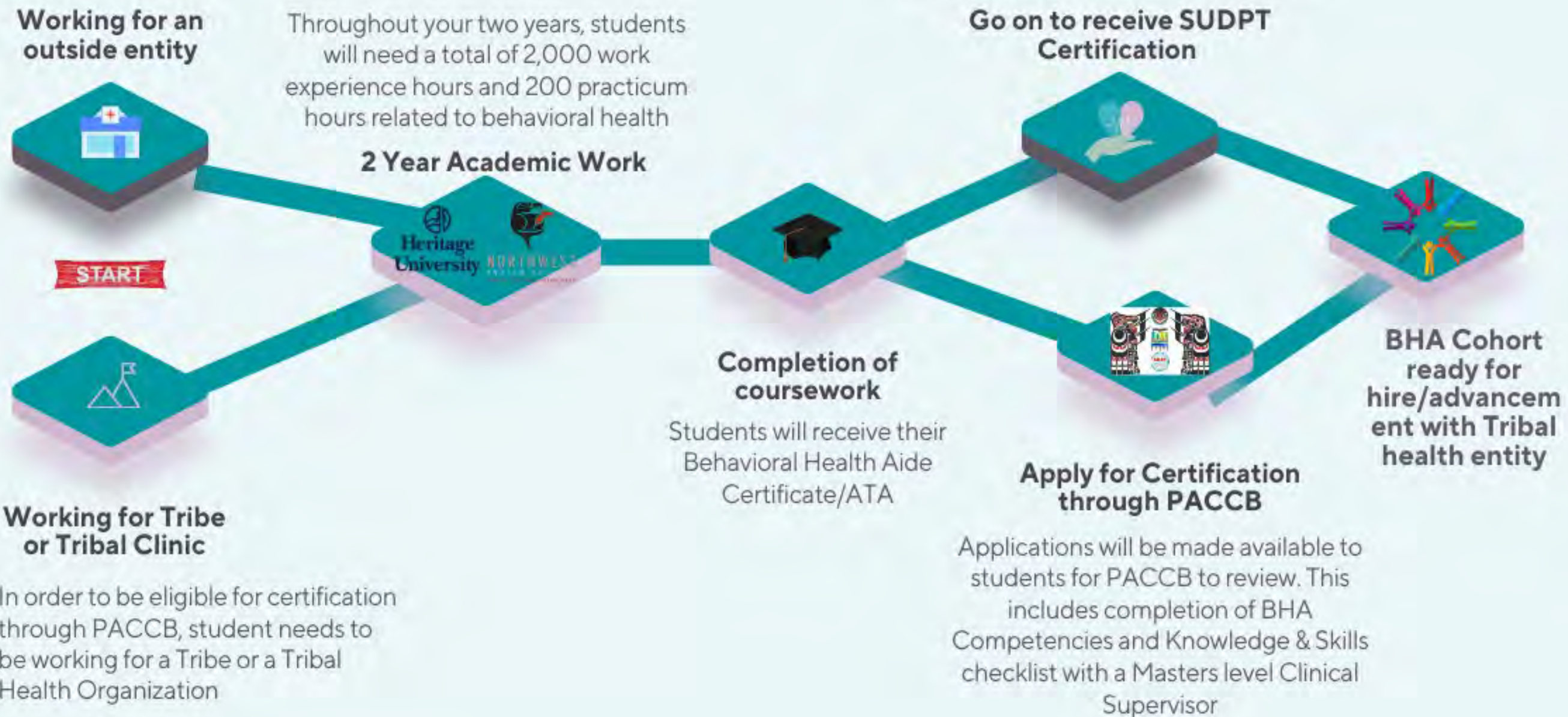
VISUAL REPRESENTATION OF 2 YEAR BHA EDUCATIONAL PATHWAY



BHA Route : 2022-2028

Those working for an outside entity need to have a signed contract with a local Tribe to complete work experience hours through their mental health or behavioral health department

An additional SUDPT Certification is available to you for an additional semester through Heritage University and NWIC



*Note: PACCB stands for Portland Area CHAP Certification Board
BHA stands for Behavioral Health Aide
SUDPT stands for Substance Use Disorder Professional Trainee

BHA SCOPE OF PRACTICE

BHA levels 1-4/P vary depending on coursework, work experience, and incoming credits for higher education. All work must be completed under a Master's level or above clinician.

01

- Wellness promotion
- Education advocacy
- Community needs assessment
- Screening/initial/late risk
- Crisis management
- Case management
- Orientation to services
- Life skills development
- Psycho-education
- Individual & group interventions

02

- Substance use disorder (SUD) assessment
- SUD diagnosis
- SUD treatment planning
- SUD treatment implementation
- Community readiness assessment
- Individual/group/family counseling

03

- Treatment planning & implementation for co-occurring disorders
- Child/youth services
- Clinical case review
- Quality assurance case review

04

- BHA mentoring
- Child-centered interventions

BHA/P 1-4 Clinical Practicum Requirements

Level	Hours	Details
BHA 1	1.25 hours 2.25 hours 3.35 hours	<ol style="list-style-type: none"> 1. Providing initial intake and client orientation to services, including screening and initial intake paperwork with appropriate case documentation. 2. Providing case management and referral with appropriate case documentation. 3. Providing Tribal based community education, prevention, & early intervention with appropriate case documentation.
BHA 2	1.35 hours 2.30 hours 3.25 hours	<ol style="list-style-type: none"> 1. Providing client substance use assessment and treatment planning using DSM patient placement criteria with appropriate case documentation. 2. Providing rehabilitative services with appropriate case documentation. 3. Providing community readiness evaluation & prevention plan development with appropriate case documentation.
BHA 3	1.25 hours 2.25 hours 3.35 hours	<ol style="list-style-type: none"> 1. Providing initial intake and client orientation to services, including screening and initial intake paperwork with appropriate case documentation. 2. Providing case management and referral with appropriate case documentation. 3. Providing Tribal based community education, prevention, & early intervention with appropriate case documentation.
BHA 4 (Practitioner)	1.20 hours 2.25 hours 3.30 hours	<ol style="list-style-type: none"> 1. Engaging, mentoring and supporting, as well as participating in supervision and evaluation of BHA 1, 2, and 3s based on their understanding of supervisee's level of knowledge and skills, professional goals, and behavior. 2. Providing clinical team leadership by leading clinical team case review. 3. Building cultural competence and relationality by learning about Native Tribal cultural context and developing a wellness framework within which positive therapeutic relationships can be developed.

NOTE: All BHA trainees must be supervised by a Master's level Clinical Supervisor. Clinical Practicum hours may be completed through their academic institution practicum, as well as their behavioral work within their Tribal Health Organization.

NORTHWEST BHA EDUCATION PROGRAM

HERITAGE UNIVERSITY

- Private university in Toppenish, Washington near Yakama Nation
- Behavioral Health Aide Certificate
- Semester-Based
- Some in-person classes with some online sessions
- 2 year program



NORTHWEST INDIAN COLLEGE

- Tribal College on Lummi Nation in Bellingham, Washington
- Associate in Technical Arts in Behavioral Health Aide
- Quarter/Term-based
- Mostly online courses
- 2 year program



HERITAGE UNIVERSITY



BHA Certificate outcomes:

1. Understand the history and culture of the indigenous population in which the BHA intends to work and live.
2. Develop intervention programs rooted in indigenous culture.
3. Identify and analyze appropriate resources for individuals, families, and the indigenous community as a whole.
4. Develop indigenous community evaluation and prevention plan.
5. Collaborate with the indigenous community to develop community-based education plans and access behavior health resources.
6. Implement interventions from an ethical perspective for the individual, family, and community.
7. Utilize effective written and oral communication and professional behaviors to foster shared decision-making and accountability among the indigenous population.
8. Articulate applicable confidentiality, privacy, and consent laws and regulations.
9. Evaluate client needs and treatment planning using DSM & ASAM criteria.
10. Prioritize removing barriers to the provision of culturally inclusive behavioral health care.



NORTHWEST INDIAN COLLEGE



Program Catalog Description:

The Behavioral Health Aide Associates of Technical Arts embodies a holistic competency-based instruction, with emphasis in clinical instruction and skills, awareness of cultural influences, emphasis on a positive learning environment, and respect for the unique needs of the adult learner while promoting self-directed leadership, communal responsibility, indigenous value, ethics and responsibility. The Behavioral Health Aide Associates of Technical Arts Degree reflects the nature of enhancing quality Tribal Health Care to create diverse economic opportunities within Tribal Communities.



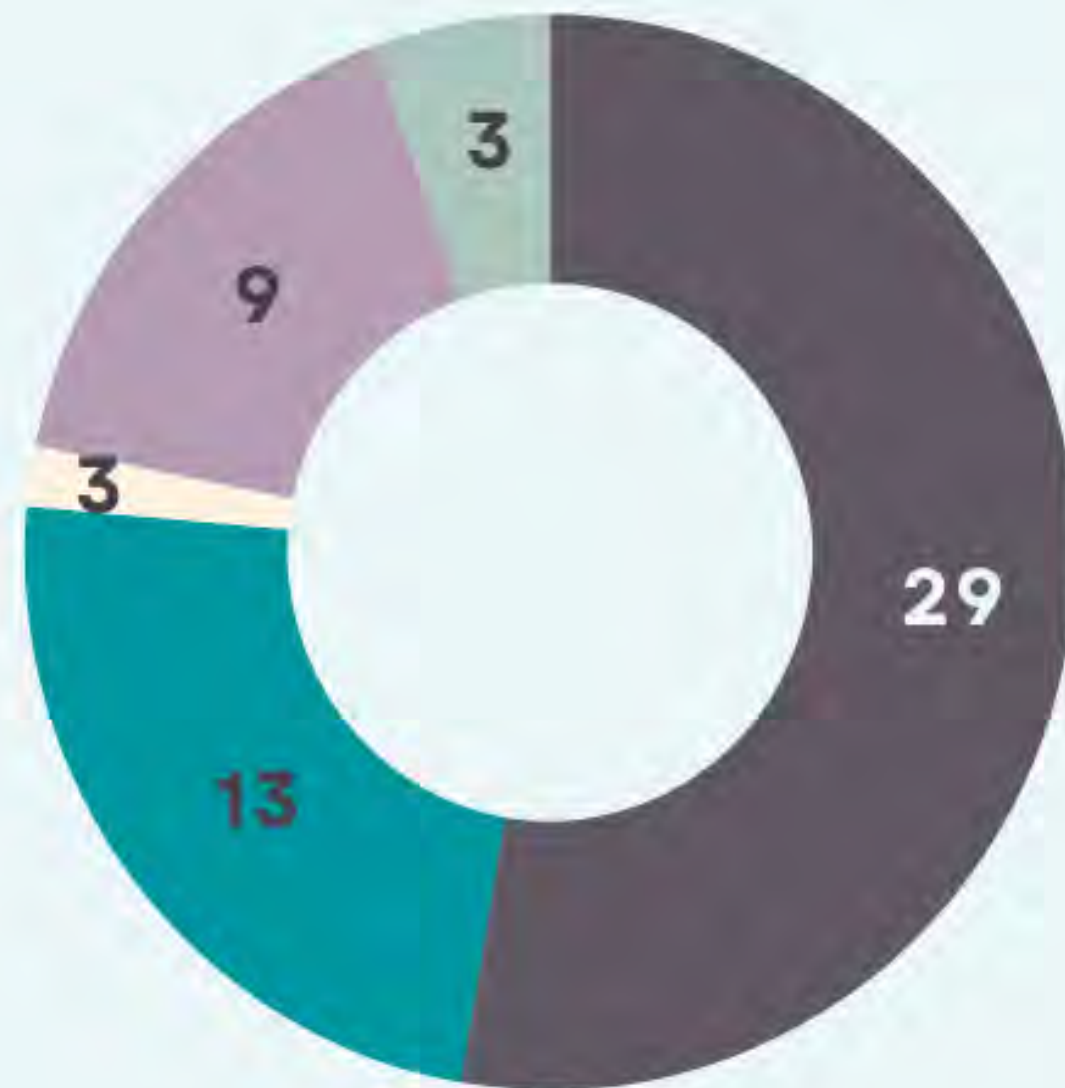
SAVE THE DATE
Commencement Ceremony



Friday, June 21 @ 2 pm
NWIC Lummi Main Campus, Health & Wellness Center
Bellingham, WA

Pie Chart of Student Retention

2020-2024



- STUDENTS CURRENTLY IN SCHOOL
- STUDENTS WHO HAVE GRADUATED
- STUDENTS WHO HAVE BEEN NATIONALLY CERTIFIED TO DATE
- STUDENTS WHO HAVE STEPPED OUT
- STUDENTS WHO HAVE TAKEN A BREAK FROM SCHOOL FOR WORK

TOTAL # OF STUDENTS: 55

An Example of BHAs in the State of Washington:

- Serving “womb to tomb” – pregnant women, children’s mental health systems of care, school based mental health, elders programs, SUD, crisis support, domestic violence, warming centers/shelters.
- WA has a tribal option for their 988 line, a BHA is among the responders.

- Providing students with an Elder/Mentor, Knowledge Holder, Culture Keeper to walk alongside them throughout their journey
- Cultural Connection for knowledge exchange of behavioral health strategies for implementation
 - Horse medicine
 - Acudetox
 - Basket weaving // talking circles
 - Approaches to care with Elders and youth
- Creating spaces to connect with Elder/Mentors and other BHAs

ELDER/MENTOR



NW Elders, Knowledge holders & Culture keepers ECHO

Join our multidisciplinary team focused on creating space for Elders and knowledge keepers to connect and support one another.



Built to bring together and broaden a community of support to share stories, receive kinship support, and build relations.



Health Aide students have an opportunity to submit a case for guidance utilizing a wellness wheel.



Honor and celebrate our tribal traditional tools and weave in time to connect with one another.

OPEN TO EVERYONE

Designed for Health Aides, Elders, Knowledge Keepers, clinicians, I/T/U staff, dental providers, medical providers, medical students, clinicians serving AI/AN people, advisory groups, DHAs, BHAs, community health students and providers, and others are welcome.

JOIN OUR SAFE SPACE

WWW.INDIANCOUNTRYECHO.COM



Lessons Learned

- Student support is essential
- Value of relationship building
- Trauma Informed Care
- Change is inevitable
- "Nothing About Us Without Us"
- Social marketing and Community Readiness
- Tribal Based Practices
- Celebrate the wins
- Birthing a new paradigm
- Decolonizing





NORTHWEST COMMUNITY
HEALTH REPRESENTATIVE
TRAINING



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD

PRESENTERS



Stephannie Christian
TCHP Education Director



MorningRose Louie
TCHP Education Data Coordinator

COMMUNITY HEALTH REPRESENTATIVE INTRODUCTION

- ▮ CHRs are considered the original CHW workforce program
- ▮ CHR Program is a unique concept for providing health care, health promotion, and disease prevention services
- ▮ CHRs have demonstrated how they assist and connect with the community, and their work has become essential to the spectrum of Tribal community-oriented primary healthcare services
- ▮ CHRs are great advocates, in part, because they come from the communities they serve and have tribal cultural competence
- ▮ Their dedicated work has assisted many in meeting their healthcare needs. By providing health education and reducing hospital readmissions, CHRs have contributed to lowering mortality rates. The demand for CHRs continues to grow



WHAT IS THE CHR PROGRAM?

The Community Health Representative (CHR) Program is a unique concept for providing health care, health promotion, and disease prevention services. CHRs have demonstrated how they assist and connect with the community, and their work has become essential to the spectrum of Tribal community-oriented primary health care services. CHRs are great advocates, in part because they come from the communities they serve and have tribal cultural competence. Their dedicated work has assisted many to meet their healthcare needs. The health promotion and disease prevention efforts that CHRs provide have also helped people from the community improve and maintain their health. By providing health education and reducing hospital readmissions, CHRs have contributed to lowering mortality rates. The demand for CHRs continues to grow. **CHR are frontline public health workers who are trusted members of the community with a close understanding of the community, language, and traditions.**

EXAMPLES OF CHR TASKS

- ▶ Provides health screenings and basic medical care
- ▶ Helps patients fill out medical forms
- ▶ Transports patients to and from appointments
- ▶ Advocates for individuals and communities
- ▶ Home checks for elders
- ▶ Coordinates care for community members
- ▶ Provides patient outreach

LEARN MORE

Please don't hesitate to reach out with questions!



Stephannie Christian
TCHP Education Director
schristian@npaihb.org



MorningRose Louie
TCHP Education Data Coordinator
mlouie@npaihb.org

BENEFITS



**Career
Advancement**

Apply your knowledge as a CHR to advance in any discipline in the community health field! CHR topics apply to students of any age and a wide spectrum of health career paths.



**Education
Pathways**

CHR is a great place to advance in the Community Health Program. Recruiting for Community Health Aides, Behavioral Health Aides, and Dental Health Aides often happens through the CHR program.



**Community
Health**

Keep indigenous talent in your community and Tribal Health Organization rather than having it drawn out of the community. A thriving CHR program supports the entire health delivery system.



CORE COURSE



AT A GLANCE

Designed for students who are new to the medical field and are looking for an entry level position.

- Students receive educational supplies as part of student support.
- Northwest students receive priority enrollment.

Course Information:

Start Date: **October 3rd, 2024**

Completed over **8 weeks**

37 hours of online coursework

9 hours of interactive live Zoom sessions

6 live Zoom sessions on **Thursdays, 3-4:30pm PT**

Get paid while you learn!

New students are eligible to receive up to **\$1,000** in scholarship funding

COURSE TOPICS

Boundaries in Health Care

Cultural Competency

Communication Skills

Health Disparities

Outreach and Advocacy

Health Literacy

Interviewing

Health Insurance

Tribal Health Systems

Self-Care

Health Equity

For more information or questions contact:



MorningRose Louie
TCHP Education Data Coordinator

mlouie@npaihb.org



Now recruiting!
Apply by **September 19th**

ADVANCED COURSE



Eligible for 40 hours of CEUs

AT A GLANCE

Designed for students who are already CHR's looking to advance their education into becoming a **Community Health Aide (CHA), Behavioral Health Aide (BHA), or Dental Health Aide (DHA)**.

- Students receive educational supplies as part of student support.
- Northwest students receive priority enrollment.

Course Information:

Start Date: **August 6th, 2024**

Completed over **6 weeks**

38 hours of online coursework

14 hours of interactive live Zoom sessions

9 live Zoom sessions on **Tuesdays and Thursdays, 3-4:30pm PT**

Get paid while you learn!

New students and returning students from the CHR Core Course will receive **\$1k-3k** in scholarship funding

COURSE TOPICS

Introduction to CHA, BHA, and DHA

Ethics and Professionalism

Medical-Legal Informations

Indigenous Oral Health

Healing from Historical Trauma

Health & Wellness

Vital Signs

Emergency Preparedness

Aging and Elder Issues

Diabetes

For more information or questions contact:



MorningRose Louie
TCHP Education Data Coordinator

mlouie@npaihb.org



Now recruiting!
Apply by **July 23rd**



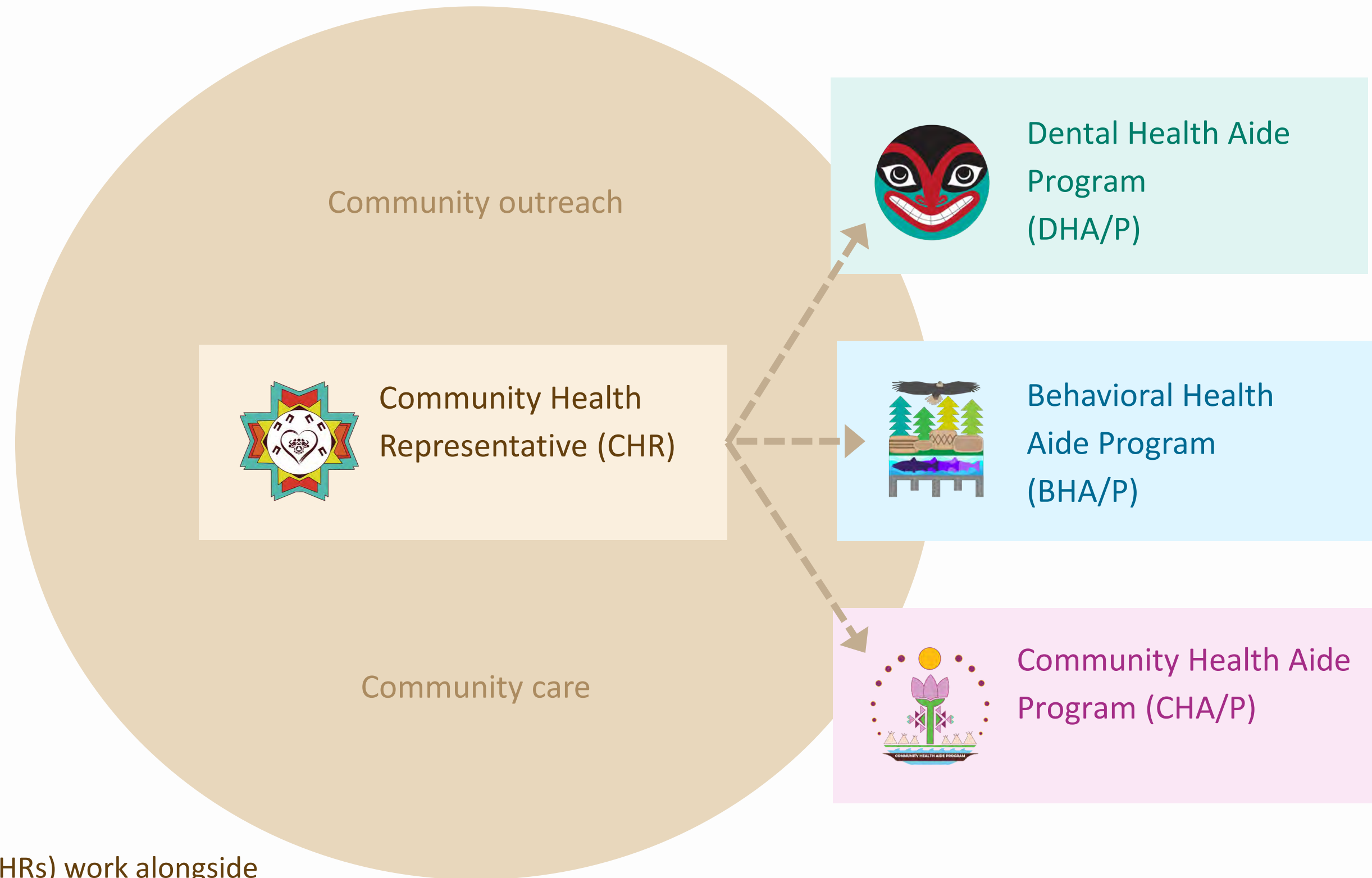
Idaho State
University

Now Recruiting!

Start date of October 3, 2024!

- ▣ NPAIHB is offering the CHR core course through Idaho State University
- ▣ Training offers a culturally specific curriculum designed for Indigenous students
- ▣ Students taking only the Core Course will be eligible for up to \$1,000, students who continue onto the Advanced Course will receive an additional \$3,000
- ▣ Northwest students (ID, OR, WA) will receive priority enrollment

EDUCATION PATHWAYS

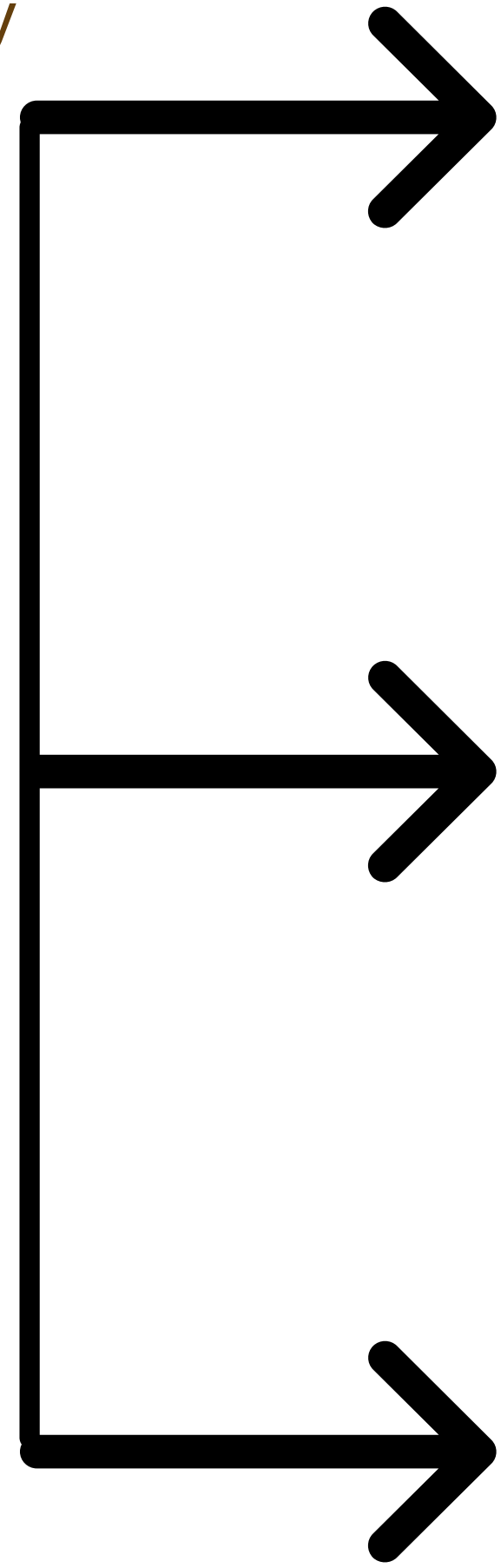


Community Health Representatives (CHRs) work alongside and between these three programs to improve the health of the entire community.

CHR Education Pathway Student Retention



COMMUNITY HEALTH
REPRESENTATIVE PROGRAM
Powered by NPAIHB



Dental Health Aide Program

▣ Students have not yet entered the DHA Program



BEHAVIORAL HEALTH
AIDE PROGRAM

▣ 3 students have entered the BHA Program



COMMUNITY HEALTH AIDE PROGRAM

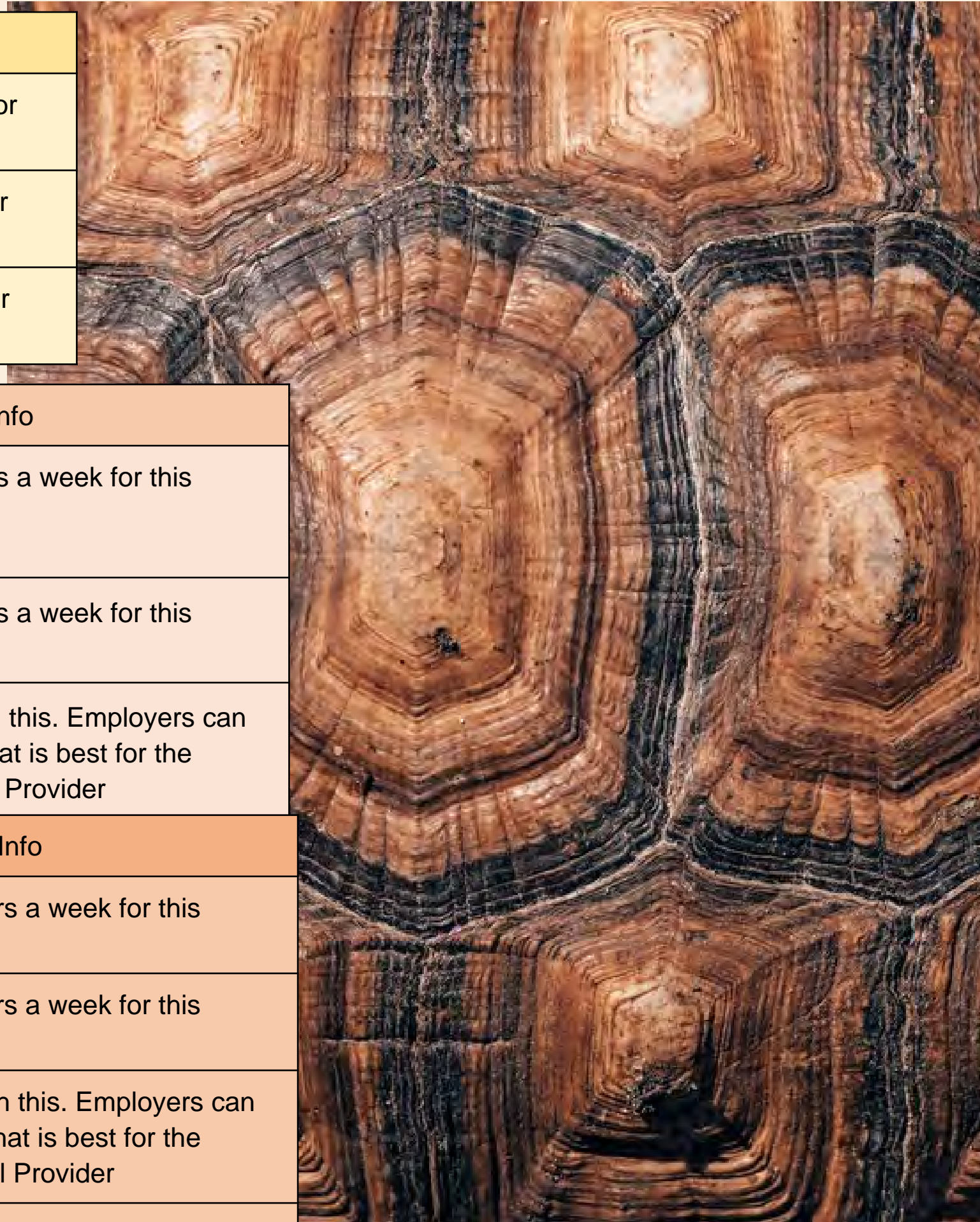
▣ 8 students will be selected for CHA Program
2 from each Pilot site

CHR to CHA Pathway Breakdown

Course Title	Hour Commitment	Additional Info
CHR Core May 23, 2024	52 hours over an 8-weeks Thursday's 3:30-5:00pm	Employer should allow 1.5 hours a week for live zoom courses
CHR Advanced August 6, 2024	52 hours over a 6-weeks Tues and Thurs 3:30-5:00pm	Employers should allow 3 hours a week for live zoom courses
CHA Foundations	60-80 hrs over a 6-8 weeks	Employer should allow 10 hours a week for this course

Course Title	Hour Commitment	Additional Info
CHA 101	186 hrs online coursework + 30 hrs onsite skills + 24 hrs clinicals. Total of 240 hours over 12 weeks	Employer should allow 20 hours a week for this course
CHA 102	112 hrs online coursework + 56 hrs onsite skills + 72 hrs clinicals. Total of 240 hours over 12 weeks	Employer should allow 20 hours a week for this course
CHA Internship	200 hours of clinicals that includes being an active participant* and the primary provider*	CHA/P's have 5 weeks to finish this. Employers can decide how to arrange hours that is best for the CHA/P and Consulting Medical Provider

Course Title	Hour Commitment	Additional Info
CHP 201	80 hrs online coursework + 40 hrs onsite skills + 120 hrs clinicals. For a total of 240 hours over 12 weeks	Employer should allow 20 hours a week for this course.
CHP 202	72 hrs online coursework + 48 hrs onsite skills + 120 hrs clinicals. For a total of 240 hours over 12 weeks	Employer should allow 20 hours a week for this course
CHP Internship	200 hours of clinicals that includes being an active participant* and the primary provider*	CHA/P's have 5 weeks to finish this. Employers can decide how to arrange hours that is best for the CHA/P and Consulting Medical Provider
CHP Preceptorship	60 Hours (combined assessment, skills & clinicals) over a 2-week time period	Additional 5 hours of written testing will be proctored by NPAIHB staff



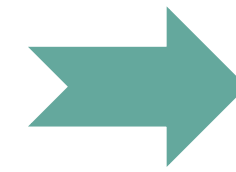
Northwest Community Health Representative Training

Training Outline

Core training- 48 hours coursework, 12 hours of live Zoom

Advanced Training- 48 hours online course, 12 hours live Zoom

Total: 120 hours total to earn a CHR Advanced Completion



CHR

Community Health Representative

CHA

Community Health Aide

CHP

Community Health Practitioner

Scope of Work

Care Coordination

Outreach and Advocacy

Community Support

Assessment and Evaluation

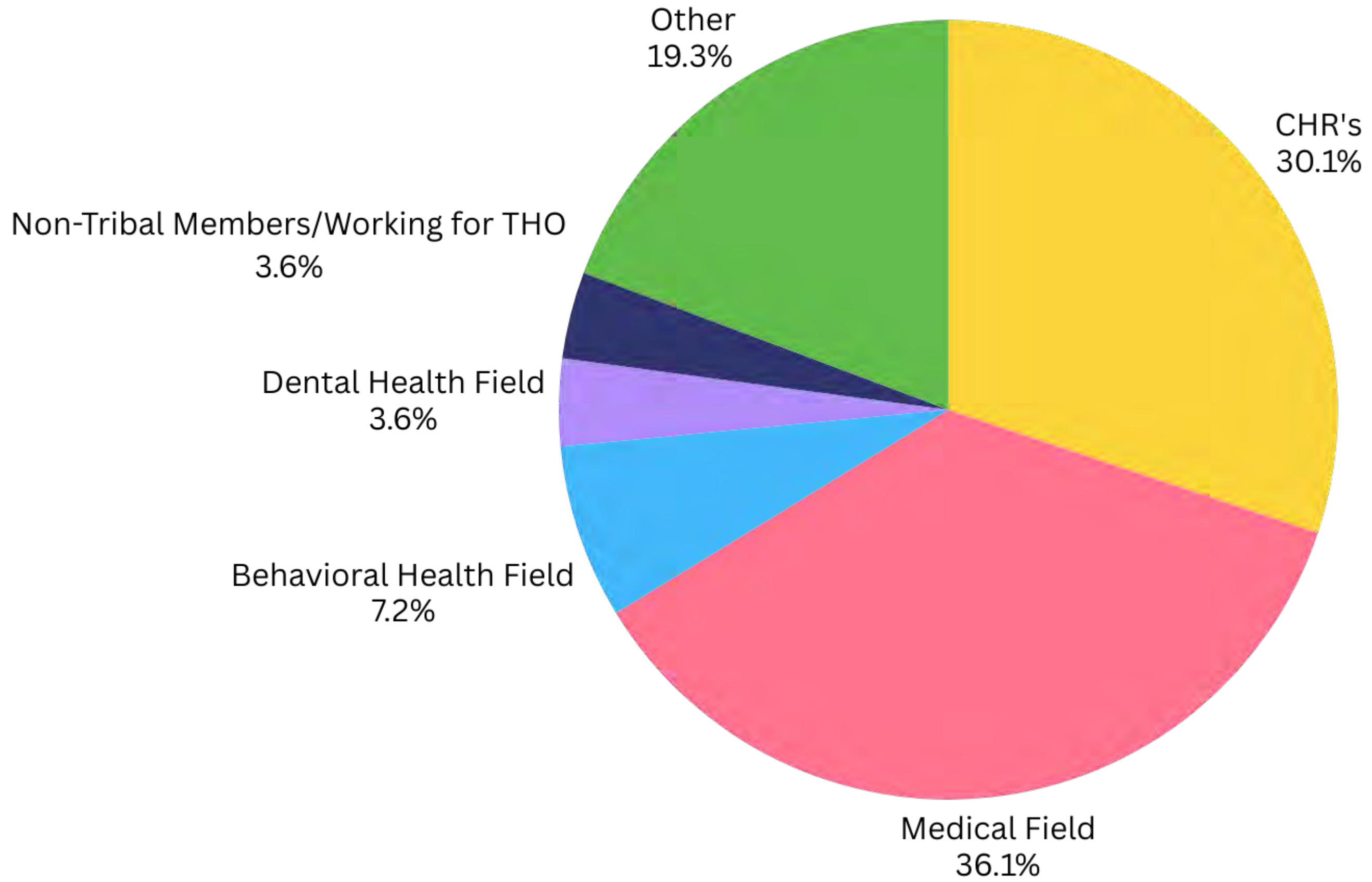
Home Visits

Transportation



84 Students have completed
both the core and upskill
training since August 2023





Student Recruitment

Student Tribal Representation

Northwest Tribes

- ▣ Ceour'd Alene
- ▣ Lummi
- ▣ CTUIR
- ▣ Puyallup
- ▣ Sauk-Sauiatle
- ▣ Shoshone-Bannock
- ▣ Shoshone-Paiute
- ▣ Yakama
- ▣ Quinalt
- ▣ Colville
- ▣ Warm Springs
- ▣ Tulalip
- ▣ Quileute

Tribes Outside Northwest

- ▣ Navajo
- ▣ Assiniboine-Sioux
- ▣ Salish-Kootenai
- ▣ Blackfeet
- ▣ Cherokee
- ▣ Pueblo
- ▣ Wichita
- ▣ Choctaw
- ▣ Kiowa
- ▣ Apache
- ▣ Paiute
- ▣ Cheyenne Arapaho
- ▣ Chickasaw
- ▣ Northern Cheyenne
- ▣ White Mountain Apache

Tribal Health Organization Student Representation

Northwest THO's

- ▣ Marimn Tribal Health
- ▣ Shoshone Bannock Tribes HH&S
- ▣ Shoshone Bannock Community Health Center
- ▣ Yellowhawk Tribal Health
- ▣ Port Gamble S'Kallam Clinic
- ▣ Stillaguamish Tribes Wellness Clinic
- ▣ Fort Hall IHS Dental Clinic
- ▣ Warm Springs Health & Wellness Clinic
- ▣ Owyhee Community Health Facility
- ▣ Quileute Health Center
- ▣ Siletz Community Health Clinic
- ▣ Klamath Tribal Health
- ▣ Roger Saux Health Center- Quinault
- ▣ Sauk Suiattle Indain Health

THO's outside the NW

- ▣ Wichita Health Program
- ▣ CSKT Tribal Health
- ▣ Four Corners Detox & Recovery
- ▣ Hopi Tribe Community Health
- ▣ Clinton Indian Health Center
- ▣ Cibola Family Health Center
- ▣ Navajo Public Health
- ▣ Navajo IHS
- ▣ Taos Pueblo Health & Community Services



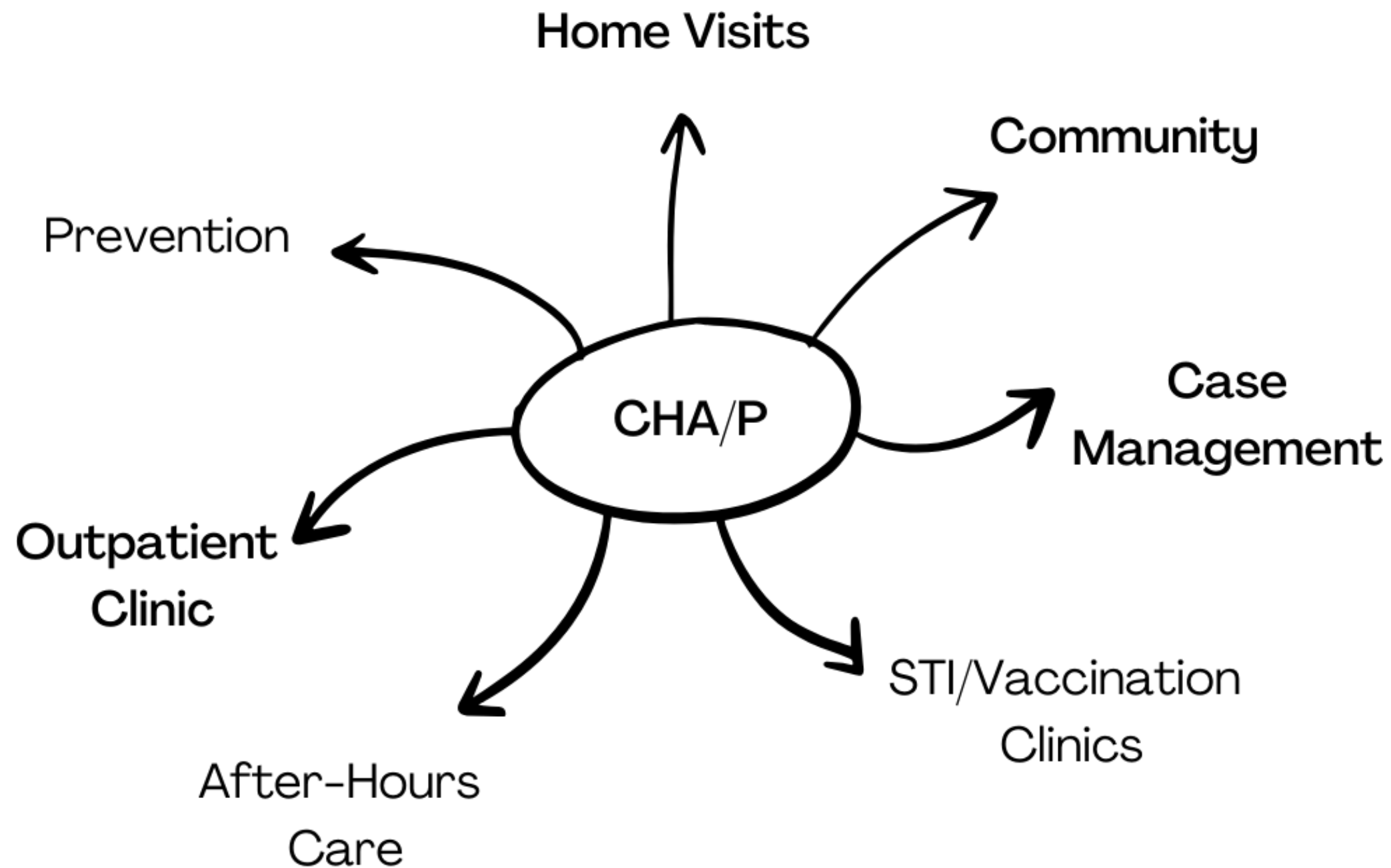
Community Health Aide/Practitioner

Community Health Aide Practitioners (CHA/P) are certified primary care clinicians who have close cultural ties and connections to the communities they serve. In Oregon, Washington, and Idaho they are community members of AI/AN communities who attend CHA/P educational programs approved by the Portland Area CHAP Certification Board and work within the Tribal Health and Human systems.

- *A CHA/P practices under the supervision of a licensed clinical provider, such as a physician or advanced practice provider (PA, NP).*
- *Basic education for CHA/P includes didactic learning, skills practice and training, and clinical time providing patient care with the guidance of an advanced practice provider or physician.*

Where can a CHA/P work?

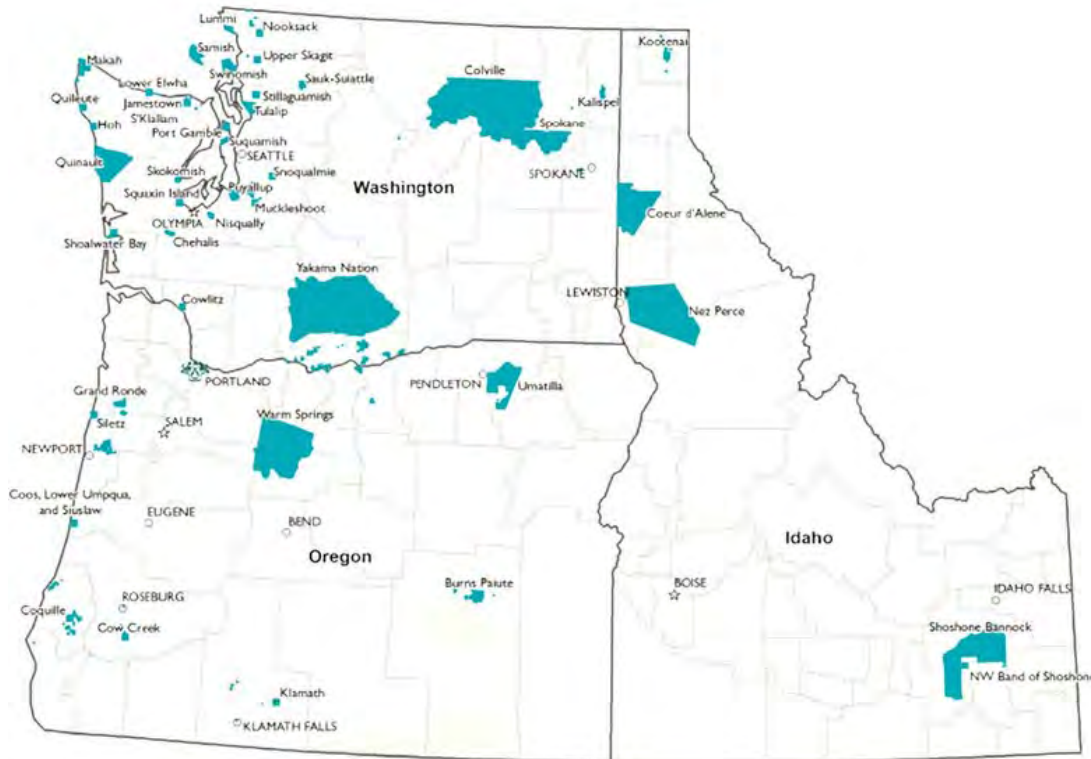
Tribal Health Organization or Indian Health Service Clinic implementing the CHA/P program and employing a CHA/P.



Northwest Tribal Needs Assessment

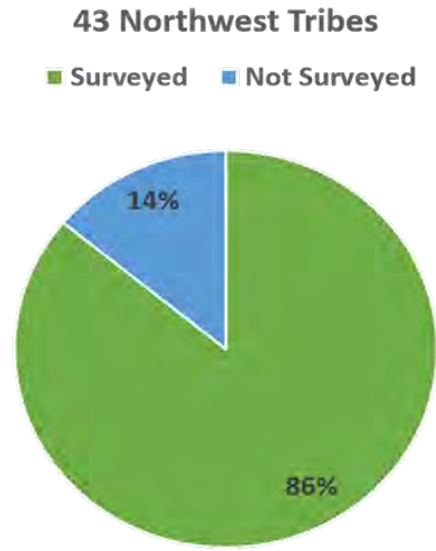


Purpose



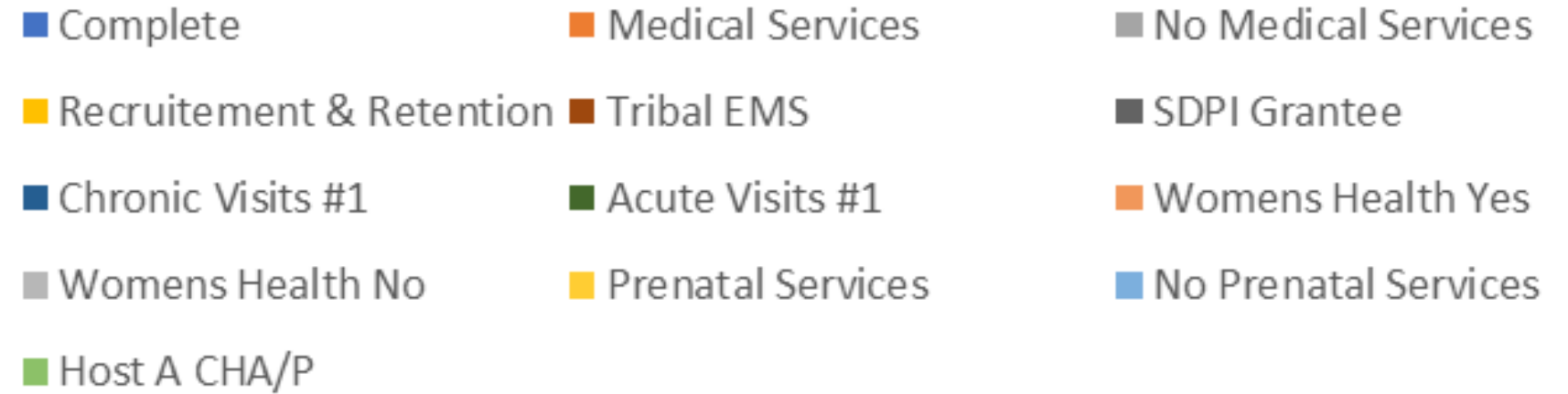
- Current health care services offered in the Northwest tribal health systems.
- Is there a need for Community Health Aide Practitioners in the Northwest tribes.
- What are the current gaps in health care services.
- Identify tribal health organizations who have the capacity and interest in implementation.
- What do tribes know about CHA/P.

86 % of NW tribes who have medical services have completed the survey.



- Recruitment & Retention challenges include
 - 1. Location
 - 2. Salary
 - 3. Housing
- User population ranged from 400-9,000.
- Provider-to-patient ratio ranges from 1:150 to 1:2,250
- Routine visits average 30 minutes.

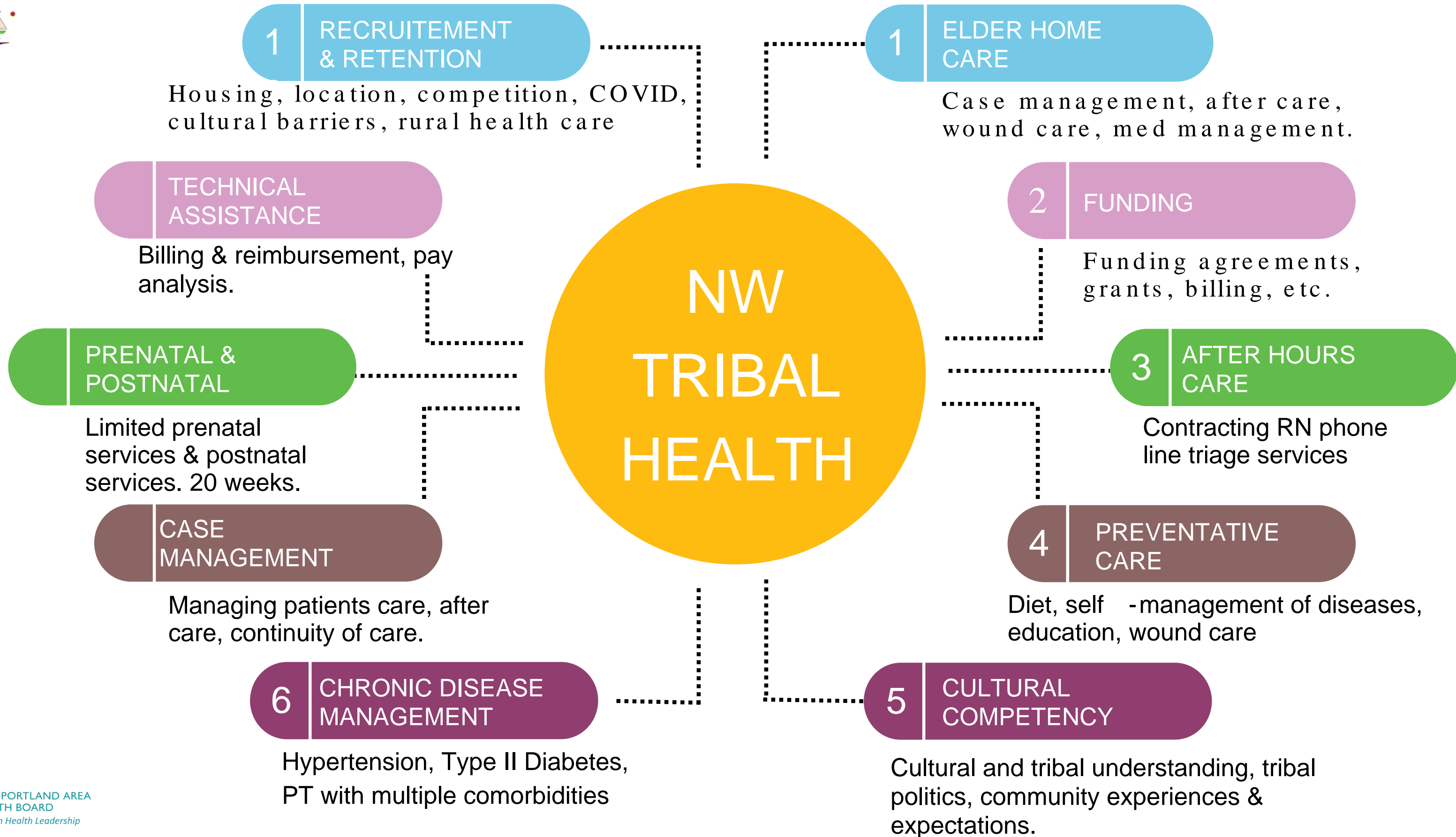
2022 NEEDS ASSESSMENT SUMMARY





NORTHWEST TRIBAL HEALTH NEEDS

MARCH 2022 - CURRENT



Community Health Aide/Practitioner Scope of Practice

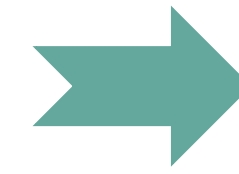
Scope of Practice	Community Health Representative	Community Health Aide	Community Health Practitioner
Care Coordination	X	X	X
Outreach & Advocacy	X	X	X
Community Support	X	X	X
Assessment & Evaluation	X	X	X
Home Visits	X	X	X
Transportation	X	X	X
Acute Care Visits		X	X
Chronic Care Visits		X	X
Diabetic and HTN		X	X
Elder Care		X	X
STI Screening		X	X
Recheck Visits		X	X
Emergency Triage		X	X
Emergency Care			X
Prenatal Care			X
Well Child Care			X
Addiction Medicine			X
Preventative Visits			X

Northwest Community Health Aide Training

Training Outline

- 320 hours of didactic training
- 200 hours of clinical
- 80 patient encounters

Total: 520 hours total to earn a CHA Completion



CHR

Community Health Representative

CHA

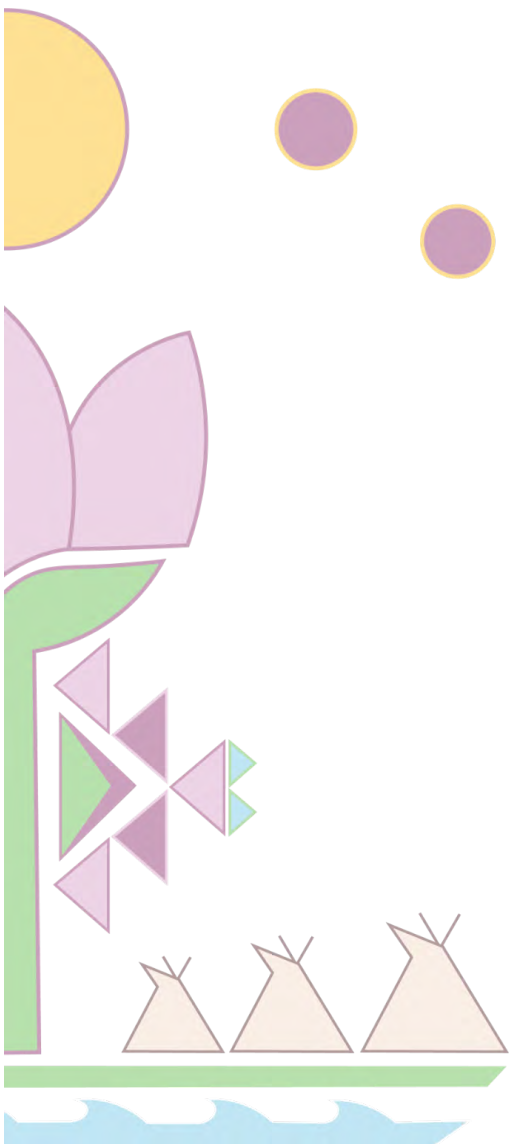
Community Health Aide

CHP

Community Health Practitioner

Scope of Work:

- Acute Care Visits
- Chronic Care Visits
- Diabetic and HTN
- Elder Care
- STI Screening
- Recheck Visits
- Emergency Triage



Northwest Community Health Practitioner Training

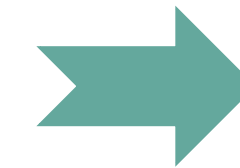
Training Outline

- 320 hours of didactic training
- 400 hours clinicals
- 132 patient encounters

Total: 720 hours total to earn a Community Health Practitioner Certification

Scope of Work:

- Acute Care Visits
- Chronic Care Visits
- Diabetes and HTN
- Elder Care
- STI Screening
- Recheck Visits
- Emergency Care
- Prenatal Care
- Well Child Care
- Addiction Medicine
- Preventative Visits



CHR

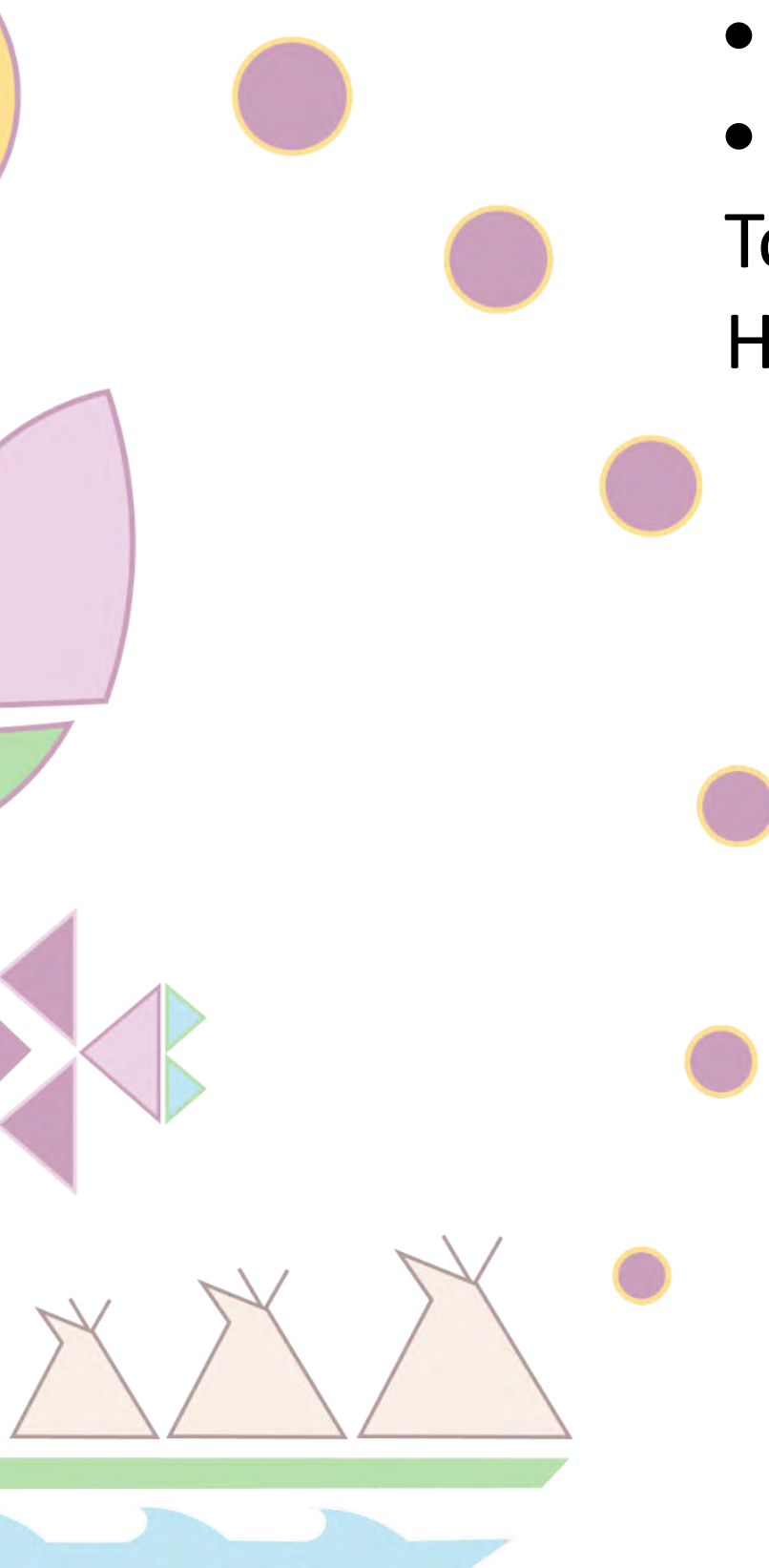
Community Health Representative

CHA

Community Health Aide

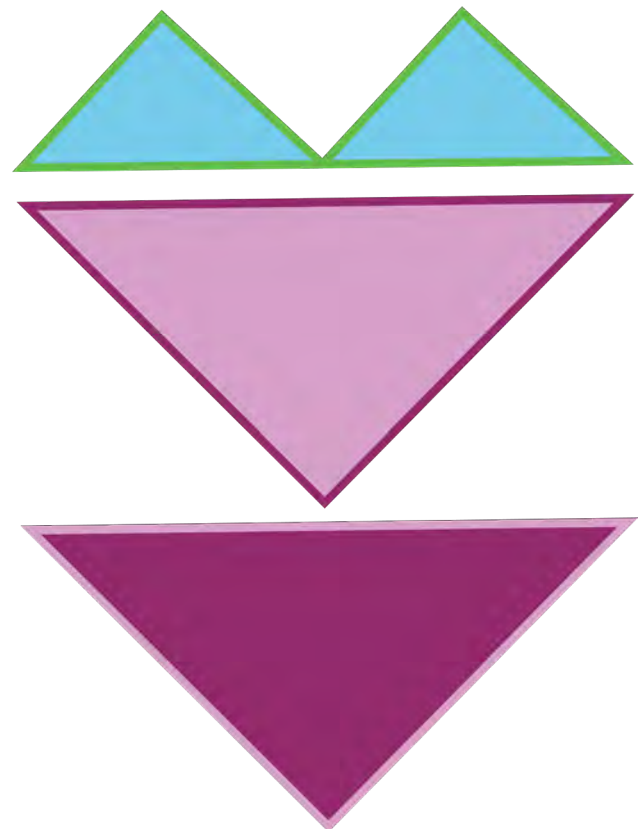
CHP

Community Health Practitioner



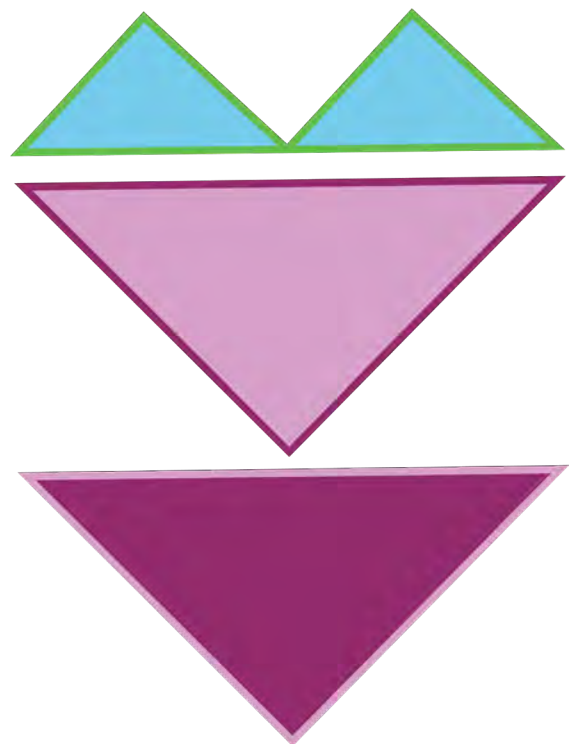
Comparison to Medical Providers

	<u>Physicians</u>	<u>Nurse Practitioners & Physician Associates</u>	<u>Community Health Aide Practitioners</u>
Practices under their own license	Yes	Yes	No
Visit length	15-30 minutes	15-30 minutes	1 hour
Training in Primary Care, Emergency Medicine, Women's Health/Prenatal Care, Elder Care, Pediatrics.	Yes	Yes	Yes
Certification requires Continuing Medical Education	~ 100 hours every two years	~ 100 hours every two years	~ 40 hours every two years
Take call	Yes	Yes	Yes
Work in clinic alone	Yes	Yes	Yes
Services can be billed with Medicare and Medicaid	Yes	Yes	Yes
Services can be billed with third party insurances	Yes	Yes	Some
Administers Vaccinations	Yes	Yes	Yes
Education	HS Diploma Bachelor's Degree Medical Degree Varying residency Certification/Board Exam(s)	HS Diploma Bachelor's Degree Master's or Doctoral Degree Varying residency Certification/Board Exam(s)	HS Diploma 6-8 grade reading/math proficiency 3 training sessions Post Session pt visit # & type req't 2 Week Preceptorship/Cert Exam
Medication privileges	Prescribes	Prescribes	Dispenses
Diagnostic skills	Make Diagnoses	Make Diagnoses	Make Assessments
Performs sports physicals	Yes	Yes	No
Interprets complex labs (CBC, CMP, HgA1c, etc.)	Yes	Yes	No
Interprets basic labs (UA, Pregnancy Test, Rapid Strep or Flu Test, etc.)	Yes	Yes	Yes
Performs pap smears	Yes	Yes	After additional training with supervising physician



Comparison To Members of Healthcare Team

	<u>Medical Assistant</u>	<u>Nurse</u>	<u>Community Health Aide Practitioner</u>
Takes Vital Signs	Yes	Yes	Yes
Pushes IV Meds	No	Yes	No
Places Urinary Catheters	No	Yes	No
Draws Blood	Yes	Yes	Yes
NG Tubes	No	Yes	No
Patient Education	Yes	Yes	Yes
Required Continuing Medical Education	No	Yes	Yes
Administers Vaccinations	Yes	Yes	Yes
Interpret Simple Labs (UA, Pregnancy Test, Blood Sugar, etc)	Some	Yes	Yes
Interpret Complex Labs (CBC, CMP, HgbA1c, etc)	No	Some	No
History Taking Skills	Basic	Nursing Model	Medical Model
Physical Exam Skills	Basic	Nursing Model	Medical Model
Diagnostic Skills	No	Nursing Model	Assessments
Education	HS Diploma One semester program	HS Diploma AD, BS, MS Board Certification	HS Diploma 6-8 grade reading/math proficiency 4 training session 3-4 weeks each Post Session pt visit # & type req't 2 week preceptorship/cert exam



How to become a CHA/P?

2 years of training

- Pre-session
- 5 Quarters
- Mix of didactic and clinical skills training, and preceptorship

Clinical training performed at 4 pilot sites


- 2 in Idaho
- 1 in Oregon
- 1 in Washington

Certification Exam

Credential Maintenance

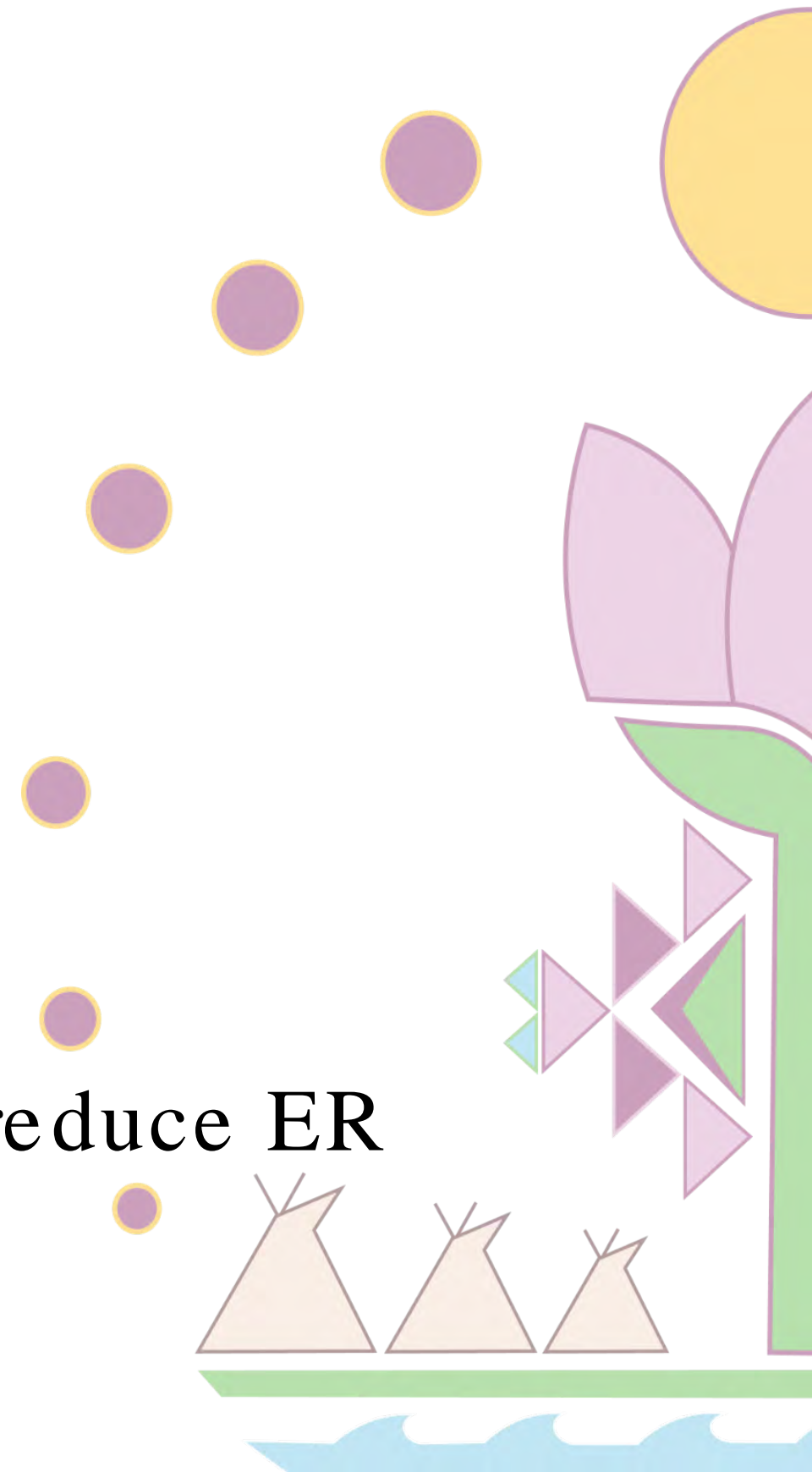
- Regular CME completion
- Renew emergency training regularly
- Retake CHA/P credentialing exam and preceptorship at regular intervals

Community Health Aide/Practitioner Pathway

Community Health Representative	CHA Foundations	Community Health Aide	Community Health Practitioner
<p><i>CHR Core</i></p> <ul style="list-style-type: none"> • 40 hrs online coursework • 12 hrs live zoom/skills <p>Total: 52 hours/8 weeks</p>	<p><i>CHA Foundations</i></p> <ul style="list-style-type: none"> • Anatomy & Physiology • Medical Math • Language of Medicine <p>Total: 80 Hours/10 weeks</p>	<p><i>Community Health Aide 101</i></p> <ul style="list-style-type: none"> • 186 hrs online coursework • 30 hrs onsite skills • 24 hrs clinical hrs <p>Total: 240 Hours/12 weeks</p>	<p><i>Community Health Practitioner 201</i></p> <ul style="list-style-type: none"> • 80 hrs online coursework • 40 hrs onsite skills • 120 hrs clinical <p>Total: 240 Hours/12 Weeks</p>
<p><i>CHR Advanced</i></p> <ul style="list-style-type: none"> • 34 hrs online coursework • 18 hrs live zoom/skills <p>Total: 52 Hours/6 weeks</p>	<p><i>BLS</i></p> <ul style="list-style-type: none"> • THO <p><i>Electronic Health Record</i></p> <ul style="list-style-type: none"> • THO will provide 	<p><i>Community Health Aide 102</i></p> <ul style="list-style-type: none"> • 112 hrs of online coursework • 56 hrs onsite skills • 72 hrs clinical <p>Total: 240 Hours/12 Weeks</p>	<p><i>Community Health Practitioner 202</i></p> <ul style="list-style-type: none"> • 72 hrs online coursework • 48 hrs onsite skills • 120 hrs clinical <p>Total 240 Hours/12 Weeks</p>
		<p><i>CHA Internship</i></p> <ul style="list-style-type: none"> • 200 clinical hours/5 Weeks 	<p><i>CHP Internship</i></p> <ul style="list-style-type: none"> • 200 Hours clinical/5 Weeks <p><i>CHP Preceptorship</i></p> <ul style="list-style-type: none"> • 60 Hours (combined assessment, skills & clinicals)/2 Weeks <p><i>Final Testing</i></p> <ul style="list-style-type: none"> • 5 Hours
TOTAL: 104 Hours	TOTAL: 80 Hours	TOTAL: 680 Hours	TOTAL: 780 Hours

Potential Methods of CHA/P Integration

- ▶▶ Acute care visits
- ▶▶ Triage/case management
- ▶▶ Basic chronic care visits
- ▶▶ Well and sick child visits
- ▶▶ Wound care visits
- ▶▶ Prenatal care visits
- ▶▶ STI clinics
- ▶▶ Vaccination Clinics
- ▶▶ Extending clinic hours
- ▶▶ Providing on-call services
- ▶▶ Seeing after-hours acute visits/phone consultations to reduce ER visits





Medical Supervision for CHA/P's

Supervisory Roles for CHA/P's

- ▶ **1. Supervising Physician**
 - ▶ Must be an MD or DO
 - ▶ Responsible for signing the Consulting Provider Agreements (CPA's)
 - ▶ Hold the license under which the Health Aides practice
 - ▶ May collaborate with the CMP

- ▶ **2. Consulting Medical Provider (CMP)**
 - ▶ Can be a Physician Associate (PA-C), Nurse Practitioner (NP/ANP), Medical Doctor (MD), or Doctor of Osteopathy (DO) that work for the tribal health organization or the Federal Government and must hold a current license in the practicing state.
 - ▶ Responsible for the day to day consultation of patients.
 - ▶ Quarterly patient chart review
 - ▶ Responsible for Individual Clinical Learning Needs (ICLN's) after each quarter
 - ▶ May offer recommendations on the CPA's to the Supervising Physician
 - ▶ Can oversee a max of 6 CHA/P's per provider

- ▶ **3. Mentors/Skills Instructors (Provided by NPAIHB CHAP Education Center)**
 - ▶ Can be a PA, NP, ND, MD, or DO that work with the NPAIHB
 - ▶ Responsible for the skills training and knowledge education of the CHA/P.
 - ▶ Provide weekly mentor check-ins.

- ▶ **4. On Sight Supervisor**
 - ▶ Someone in a managerial or human resource role at the sight the CHA/P is practicing.
 - ▶ In charge of day to day, on sight issues such as approving time sheets and leave.

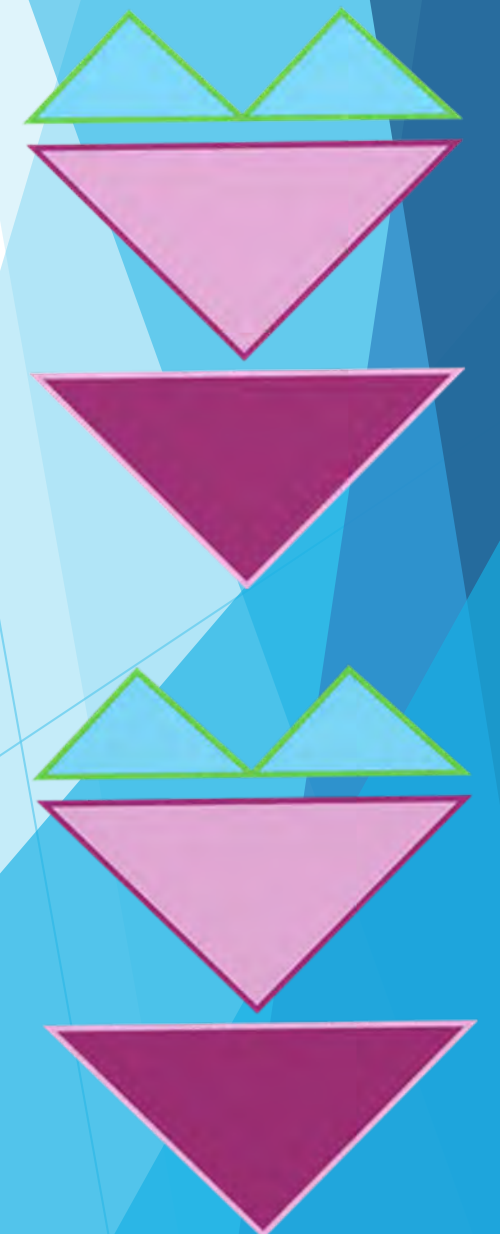
Time Commitment for Providers

- ▶ While CHA/P is going through training (see handout for full details)
 - ▶ CHA 101: About 24 hours over a 12-week time period
 - ▶ CHA 102: About 48 hours over a 12-week time period
 - ▶ CHA Internship: About 24 hours over a 5-week time period
 - ▶ CHP 201: About 24 hours over an 8-week time period
 - ▶ CHP 202: About 24 hours over an 8-week time period
 - ▶ CHP Internship: About 24 hours over a 5-week time period
 - ▶ CHP Preceptorship: About 80 hours over a 2 week period of time
- ▶ After Training is complete
 - ▶ About 30-60 minutes a day for chart review, and questions
 - ▶ This will lessen over time as the CHA/P gains knowledge and skill

**Supervising Physician's have less time requirements, unless they are holding the role of the CMP as well*

What does it mean to have a CHA/P under my license?

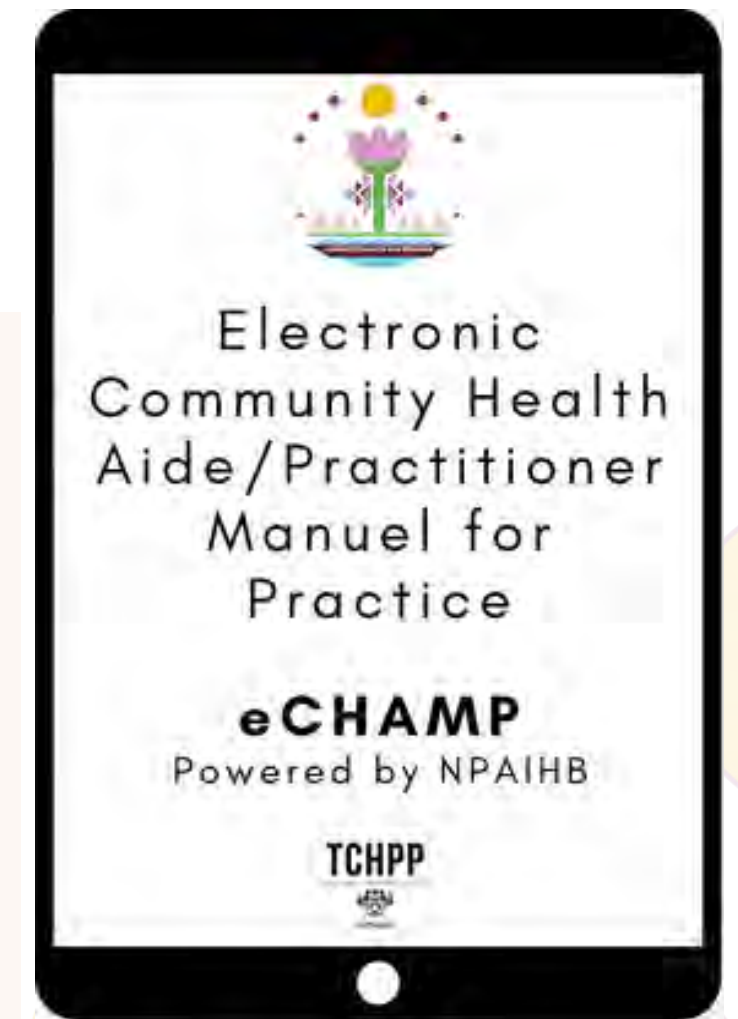
- ▶ CHA/P's will be credentialed and certified after completion of each quarter's requirements. They will not hold a license to practice medicine.
- ▶ Therefore CHA/P's will reside under the license of an eligible Supervising Physician in order to practice medicine.
- ▶ The Supervising Physician must be an MD, or DO.
- ▶ CHA/P's are covered by Federal Tort Act just like all other providers.



What is a CHA/P's Scope of Practice?

A CHA/P's Scope of Practice includes any knowledge or skill they have proven competent during training, AND that is covered in the eCHAMP, AND that their licensed Consulting Medical Provider (CMP) can perform themselves.

- The Electronic Community Health Aide Manual for Practice (eCHAMP) is a manual that guides the CHA/P through every patient encounter.
 - It must be used with every patient visit.
 - Training on how to use the eCHAMP is taught every Quarter.
 - The eCHAMP guides the Health Aide with history questions and appropriate exams for each specific patient complaint.
 - The eCHAMP provides Assessment charts to guide in the correct Assessment of patient condition.
 - Plans for each Assessment offer step-by-step care instructions.
 - The entire visit has safety protocols embedded throughout, to allow for the patient to risk out if their needs exceed the CHA/P's scope of practice and require CMP consultation.



eCHAMP Logistics

1. DCP subscription period begins at Project Kickoff (6/1/23) and expires after one year (5/31/24).
2. DCP subscription includes one DCP repository, one eHAM website and one iHAM iOS application, up-to 30 installed users of the DCP GSuite Add-On and two users of the Dakota Content Editor.
3. The total first-year cost is \$379,340. This includes the \$94,950 DCP configuration and set up, \$143,400 Annual DCP subscription, \$97,250 iOS application development, \$4,840 Remote Training and \$38,900 annual support allocation.
4. Total annual cost for subsequent years is \$182,300. This includes the \$143,400 Annual DCP subscription and \$38,900 annual support allocation.
5. Dakota will import valid DITA content into the system during the project, but additional content conversion is outside the scope of this engagement.
6. eHAM site will support up to 500 user accounts.
7. eHAM site will support management of regional notes.
8. HAM team is responsible for eHAM user management.
9. New releases of the iHAM application are outside the scope of this engagement. Releases generally require 80 to 160 hours of effort to prepare.
10. Dakota can offer iPad Pro devices with the iHAM application loaded and tested with release schedule for application updates also included.
11. Dakota will develop the iHAM application based on the most recent version of iOS available at the time the devices are purchased. We expect to use iOS version 16.x or 17.x.

Table 1. Pricing Table

PRODUCT CODE	PRODUCT DESCRIPTION	STANDARD RATE	QUANTITY	TOTAL PRICE
DAK-PLATFORM-ENHANCED-SETUP	Dakota Content Platform eHAM Setup - One Site	\$94,950.00	1	\$94,950.00
DAK-PLATFORM-TECHPUBS-SUB	Dakota Content Platform eHAM System Subscription - One Site - One Month	\$11,950.00	12	\$143,400.00
DAK-SERV-DEV-HR	Dakota iHAM Development - One Hour	\$194.50	500	\$97,250.00
DAK-TRAIN-PROJ-DAY	Dakota Training/Workshop - One Day	\$2,420.00	2	\$4,840.00
DAK-SUPPORT-C-TECH-HR	Dakota Contract Technical Support - One Hour	\$194.50	200	\$38,900.00
TOTAL				\$379,340.00

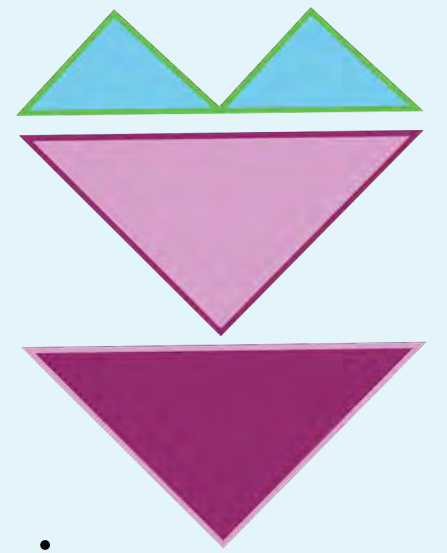
Electronic Community Health Aide Manual for Practice (eCHAMP) Video

<https://drive.google.com/drive/u/2/folders/1plcSFRjf->

[XpJ4SISqET43nDAD7kIsA0E](https://drive.google.com/drive/u/2/folders/1plcSFRjf-XpJ4SISqET43nDAD7kIsA0E)

[Tour Videos - Google Drive](https://drive.google.com/drive/u/2/folders/1plcSFRjf-XpJ4SISqET43nDAD7kIsA0E)

FRAMEWORK FOR NW Tribal-Based Community Health Aide/Practitioner (CHAP) Implementation



Formal Processes

MOU, Resolutions, Timelines, THO funding agreement discussions.

CHA/P Curriculum & CHAMP Build

Curriculum development, (May 2024), Dakota Systems.

Logistics

Training format, skills, hybrid, space, equipment, THO CHAP teams, CHAP orientation and training.

Student Recruitment

THO to recruit 2 CHA students with 1 alternate, THO will employ, Tribal or community member, to meet the minimum requirements for entry, THO will provide clinical supervision.

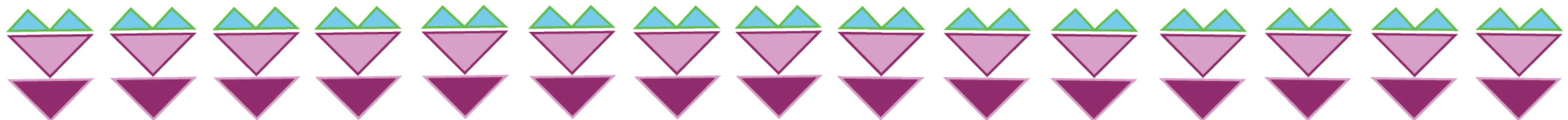
Certification Framework

THO member to participate in regulatory bodies, CHARC, PACCB review & approves training sites, PACCB review & approve provider certification.



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD

TCHP Connecting with Tribal Pilot Sites





Community Health Aide Training Site Visits

NW Indian College



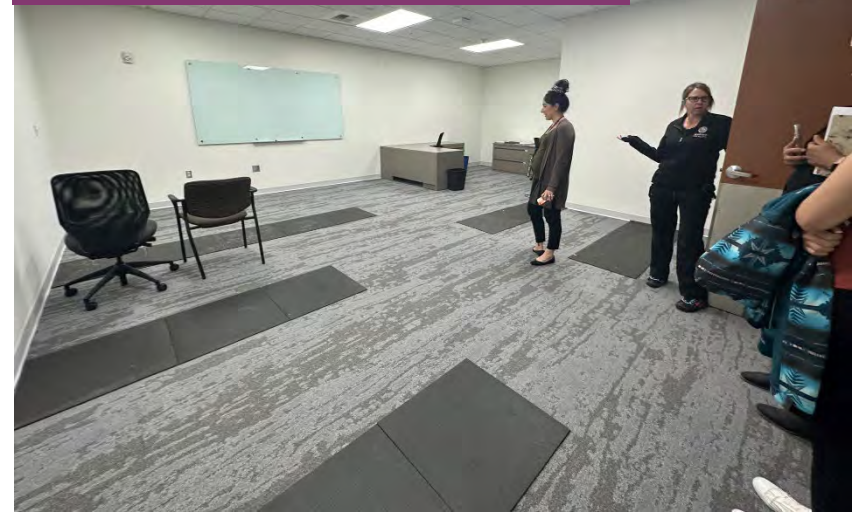
Port Gamble S'Klallam



COEUR D'ALENE



COEUR D'ALENE



SHOSHONE BANNOCK



SHOSHONE BANNOCK



UMATILLA



Steps to CHA/P Training and Collaboration

1. Understand the need for CHA/Ps in your area or organization
 1. Qualitative and Quantitative Data:
 1. GPRA, PRC
 2. Mortality
 3. Community Health Assessments
 4. RPMS Reports – type of visits, top diagnosis codes
 5. EDIE- Emergency Department Information Exchange or equivalent
 6. Patient Satisfaction Surveys, Quantros or other QI reporting programs
 2. CHA Needs Assessment
 1. 1-on-1 Q&A with Tribal Health Directors, Medical Directors, the THO “expert”
2. Funding
 1. IHS, HRSA, OMH, State Workforce funding, Foundation
 2. Staffing
3. Advocacy
 1. Present to Tribal councils, commissions, ANY health or education – Resolutions 😊
 2. Find the champions
4. Work with Experts and Build Advisory Workgroups
 1. THO experts- CHRs, Nurses, Providers, Administration
 2. CHAP experts



Steps continued

5. **Standards and Procedures**
 1. Alaska Area
 2. Portland Area
6. **Community Health Aide Manual and Curriculum**
 1. Build a curriculum team
 2. Understand and learn the intricacies and value of the manual
7. **Community Health Aide Academic Review Committee**
8. **Identify Eager Tribes**
 1. Resolutions
 2. Collaborative Funding
 3. MOU
 4. Data Sharing Agreements
 5. Mutually agreed timelines
 6. Supportive Leadership
 7. Supportive Providers
 8. Mutual goals



Yellowhawk Tribal Health Center

CHAP Journey

- **June 2022-** Collaborated on OHA Healthy Oregon Workforce Training Opportunity Grant to expand the CHA Education Program with Yellowhawk as a potential pilot site
- **August 2022-** Yellowhawk participates in site visit to CHA Training Centers in Alaska
- **December 2022-** CTUIR Health Commission approved resolution for Yellowhawk to be a CHA Education Pilot Site
- **January 2023-** CHA Curriculum/Expert Team visits Yellowhawk
- **Spring 2023-** Begin monthly NPAIHB and Yellowhawk Check-Ins for CHA/P planning
- **October 2023-** TCHPP Site Visit to Yellowhawk Open House/Health Fair and Opioid Summit
- **December 2023-** First CHR to CHA/P student completes CHR training series

CHAP Alignment with Yellowhawk Strategic Plan and CTUIR Comprehensive Plan

- **2023-2025 Strategic Plan Priority: Workforce Development**
 - To employ and develop a sustainable and diversified workforce that supports the long-term goals of Yellowhawk while preserving cultural community values.
 - **Organizational Excellence:** Training staff in areas of expertise to bring high quality and service to every patient.
- **CTUIR Comprehensive Plan**
 - **5.2 Economy:** Expand and diversity job opportunities for Tribal members on the Reservation.
 - D. CHA/P Pilot Program. A community member trained to serve as health care provider to assess and provide acute and chronic care to our community
 - E. Address emerging needs of the community by bridging potential gaps in care. Works with a provider and utilizes an electronic Community Health Aide manual that provides the framework for obtaining history, exam, and assessment.
 - F. Offer on-the-job training (internship for professional positions within Yellow hawk for CTUIR members.
 - **5.4 Workforce Development:** Expand and diversity job opportunities for Tribal members on the Reservation. Support Tribal members to pursue and excel in education by implementing educational programs that increase employability. Implement a workforce development program for Yellowhawk that includes employment, training, education and related services.

Yellowhawk Tribal Health Center

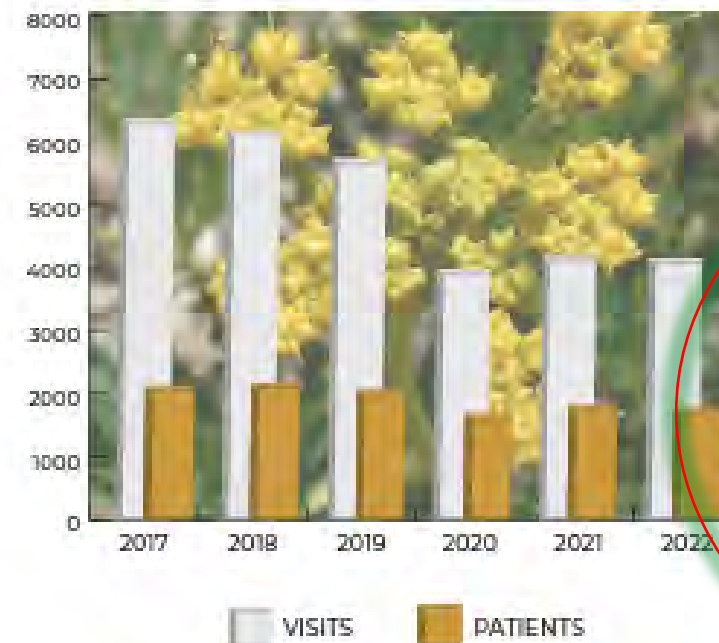
Serving the Confederated Tribes of the Umatilla Indian Reservation

CHA Highlight



Medical

MEDICAL DEPARTMENT VISITS & PATIENTS PER YEAR



Smarter CRC

We continue to collaborate with the SMARTER CRC program to deliver outreach for colorectal cancer screenings. Nursing staff have an integral responsibility in case management. Identifying cancer at an earlier stage provides important information to better treat our patients and prevent secondary cancers.

CHA/P Training

Staff were able to visit Community Health Assistant/Practitioner (CHA/P) training centers in Nome, Bethel and Anchorage, Alaska, which helped us understand the training process and the scope of practice. CHA/P planning and implementation is a program well established in Alaska to meet the health care needs of Alaskan Natives in remote villages. Community members who become a CHA/P are trained to assess and provide urgent, emergent and chronic disease care. Although our health care needs differ from Alaska, this model of care can be utilized to extend services at Yellowhawk.

PHARMACY

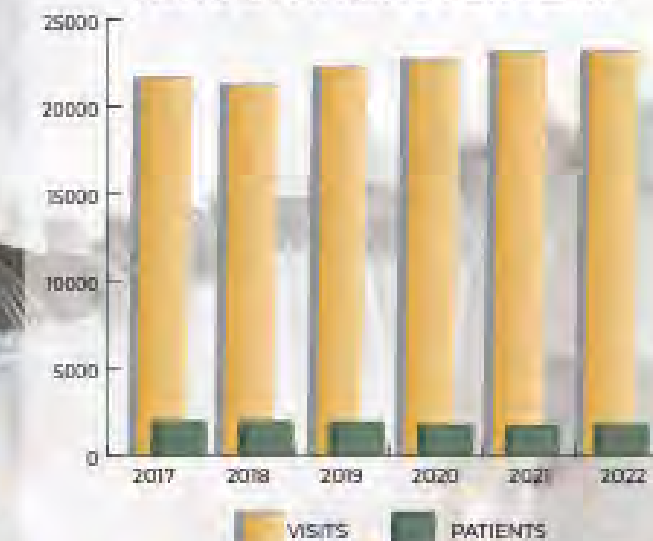
Prescription Volume

Prescription volume has continued to increase over the past few years. Compared to 2018, prescription volume increased a total of 3.5% over time.

PRESCRIPTIONS FILLED ANNUALLY



PHARMACY VISITS & PATIENTS PER YEAR



Community Health Aide Practitioner

Pilot Site Update April 2024

Confederated Tribes of Umatilla Indian Reservation – Yellowhawk Tribal Health Center

- Monthly check -in, 3rd Tuesday, local CHA team of 4 staff members and 1 future CHA student
- Sub-award recipient for CHA/P implementation needs (2 years of funding).
- TCHP & Writing team completed a site visit: January 2022 & October 2023
- TCHPP CHA Orientation visit: April 10, 2024
- TCHPP CHA Career Fair attendance: April 9, 2024
- CHR training- 1 student in core and advanced course

Shoshone -Bannock Tribes – Sho-Ban Tribal Health & Human Services

- Monthly check -in, 2nd Thursday, 5 staff members including TCHP Chair
- Resolution for participation
- TCHP team completed a site visit to SBTHHS & Idaho State University: May 2023
- TCHP team orientation to SBTHHS staff: December 2023
- CHR training- 4 students in advanced course

Coeur D'Alene Tribe – Marimn Health

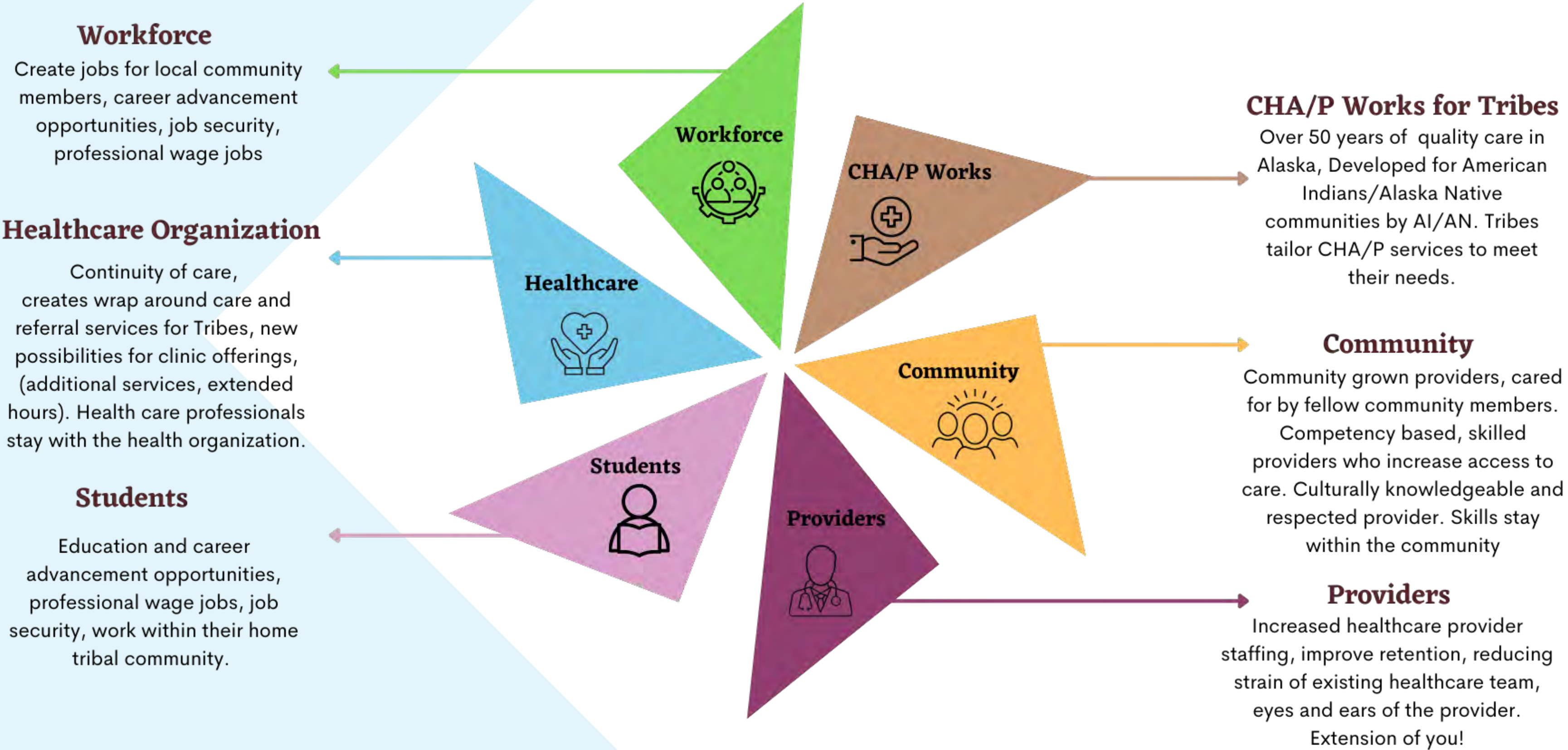
- Monthly check -in, 2nd Thursday, CHA team of 5 staff members including TCHP Vice Chair
- Resolution for participation
- Three staff members will attend the December in -person orientation at Ft. Hall, ID.
- The TCHP team completed a site visit on June 2022 and June 2023
- TCHPP CHA Orientation visit: May 7, 2024
- CHR training- 5 students completed the core course, and 4 students in the advanced course

Port Gamble S'Klallam Tribe – Port Gamble Community Health Center

- Resolution for participation approved: March 11, 2024
- TCHPP CHA Site visit: scheduled for May 16, 2024



Benefits of a Community Health Aide/Practitioner



Lessons Learned

- Don't dive into developing standards and procedures with your workgroups right away, take time to educate AND listen
- Turnover happens and plans change
- Always start information sharing from the beginning, sometimes repeated over and over
- You'll get your feelings hurt, but only let it sit for a minute
- Don't be offended. People are trying to understand and not everyone will be on board right away, or ever. This is a scary thing for some providers despite it's proven history in Alaska
- Be patient with your workgroups and subject matter experts. Many hold many roles and wear multiple hats. They can't build this overnight.
- Don't set lofty timeline goals, be flexible and adapt as needed to build something that will be worth it in the long run

SCAN ME



TO VIEW the CHA/P FAQ

COMMUNITY HEALTH AIDE/PRACTITIONER

FREQUENTLY ASKED QUESTIONS



HOW TO BECOME A COMMUNITY HEALTH AIDE PRACTITIONER?

CHA/Ps attend 614 hours of didactic education and skills of the series of six quarter and perform 836 hours of clinical time. The minimum required hours total 1450 hours.

	Course Title	Hour Commitment	Additional Info
CHR	CHR Core	52 hours over an 8-weeks	Employer should allow 1.5 hours a week for live zoom courses
	CHR Advanced	52 hours over a 6-weeks	Employers should allow 3 hours a week for live zoom courses
	CHA Foundations	60-80 hrs over a 6-8 weeks	Employer should allow 10 hours a week for this course
CHA Perp	BLS	4-12 hours depending on course	NPAIHB Approved healthcare provider BLS course. In person or hybrid online with in person skills
	E.H.R Training	Time Commitment dependent on employers usual training	
CHA	CHA 101	186 hrs online coursework + 30 hrs onsite skills + 24 hrs clinicals. Total of 240 hours over 12 weeks	Employer should allow 20 hours a week for this course
	CHA 102	112 hrs online coursework + 56 hrs onsite skills + 72 hrs clinicals. Total of 240 hours over 12 weeks	Employer should allow 20 hours a week for this course
	CHA Internship	200 hours of clinicals that includes being an active participant* and the primary provider*	CHA/P's have 5 weeks to finish this. Employers can decide how to arrange hours that is best for the CHA/P and Consulting Medical Provider
CHP	CHP 201	80 hrs online coursework + 40 hrs onsite skills + 120 hrs clinicals. For a total of 240 hours over 12 weeks	Employer should allow 20 hours a week for this course.
	CHP 202	72 hrs online coursework + 48 hrs onsite skills + 120 hrs clinicals. For a total of 240 hours over 12 weeks	Employer should allow 20 hours a week for this course
	CHP Internship	200 hours of clinicals that includes being an active participant* and the primary provider*	CHA/P's have 5 weeks to finish this. Employers can decide how to arrange hours that is best for the CHA/P and Consulting Medical Provider
	CHP Preceptorship	60 Hours (combined assessment, skills & clinicals) over a 2-week time period	Additional 5 hours of written testing will be proctored by NPAIHB staff



Questions



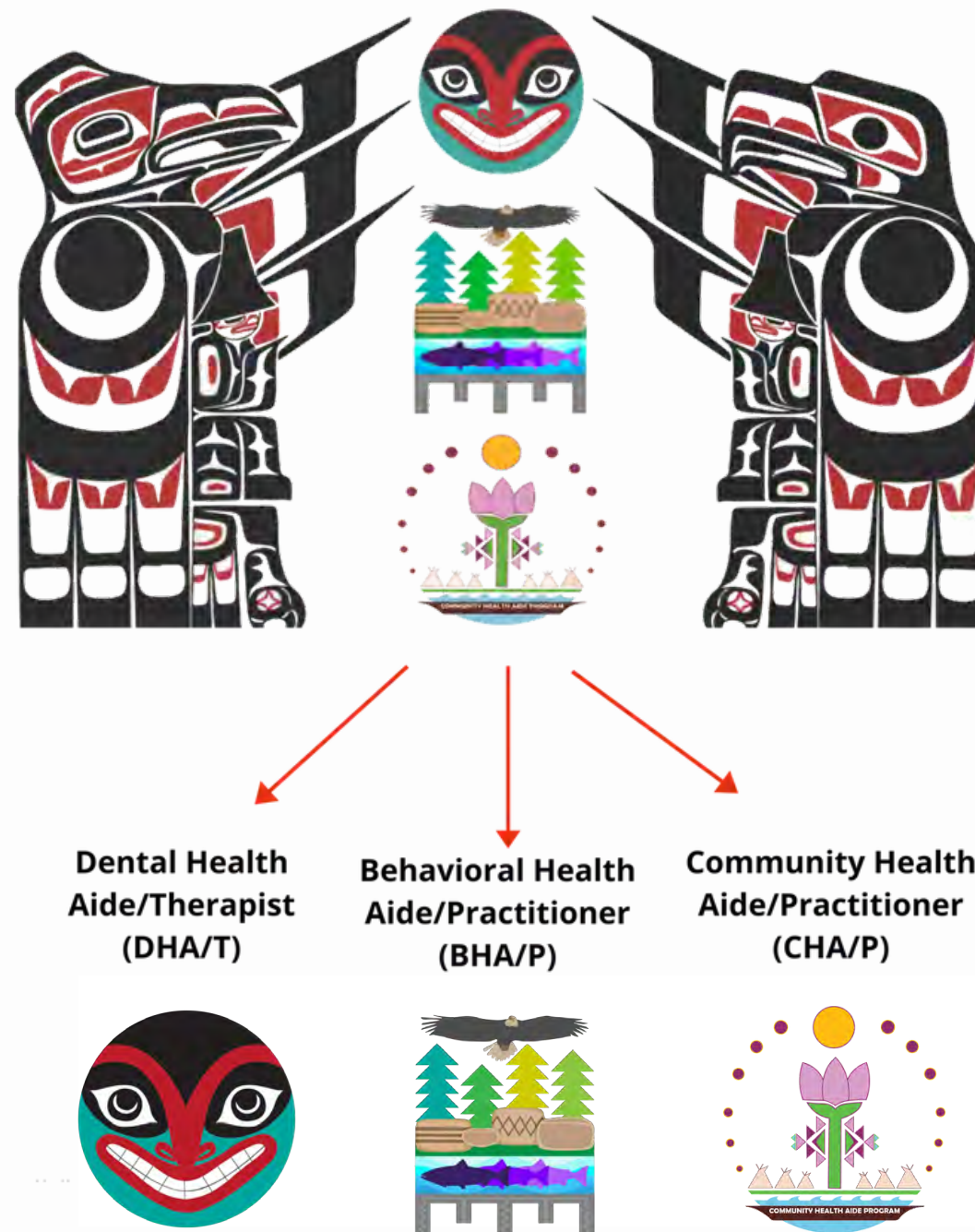
PACCB LOGO



“The Guardians of the People’s design was created to represent how the eagles watch over our indigenous peoples from the skies above, not only during rough times in life, but the good times as well. The raven and eagle together, represents the unity of clans/families. The black paint represents a warrior spirit and the red represents our medicine people.”

– Jason Allen LaClair

PACCB LOGO



“The Guardians of the People’s design was created to represent how the eagles watch over our indigenous peoples from the skies above, not only during rough times in life, but the good times as well. The raven and eagle together, represents the unity of clans/families. The black paint represents a warrior spirit and the red represents our medicine people.”

– Jason Allen LaClair

WHAT THE BOARD DOES

- Reviews applications of future providers
- Certifies providers
- Approves education programs
- Addresses health inequities
- Relies on the expertise and recommendations of Academic Review Committees



MISSION STATEMENT

To support the overarching goals of the Portland Area Community Health Aide Program by accessing social determinants of health while improving access to high quality integrated healthcare.

VISION

To identify, dismantle, and disrupt structural and systemic inequities, elevate tribal traditions and values, and support tribal health systems with cultural responsive standards, policies, and procedures.



GOALS

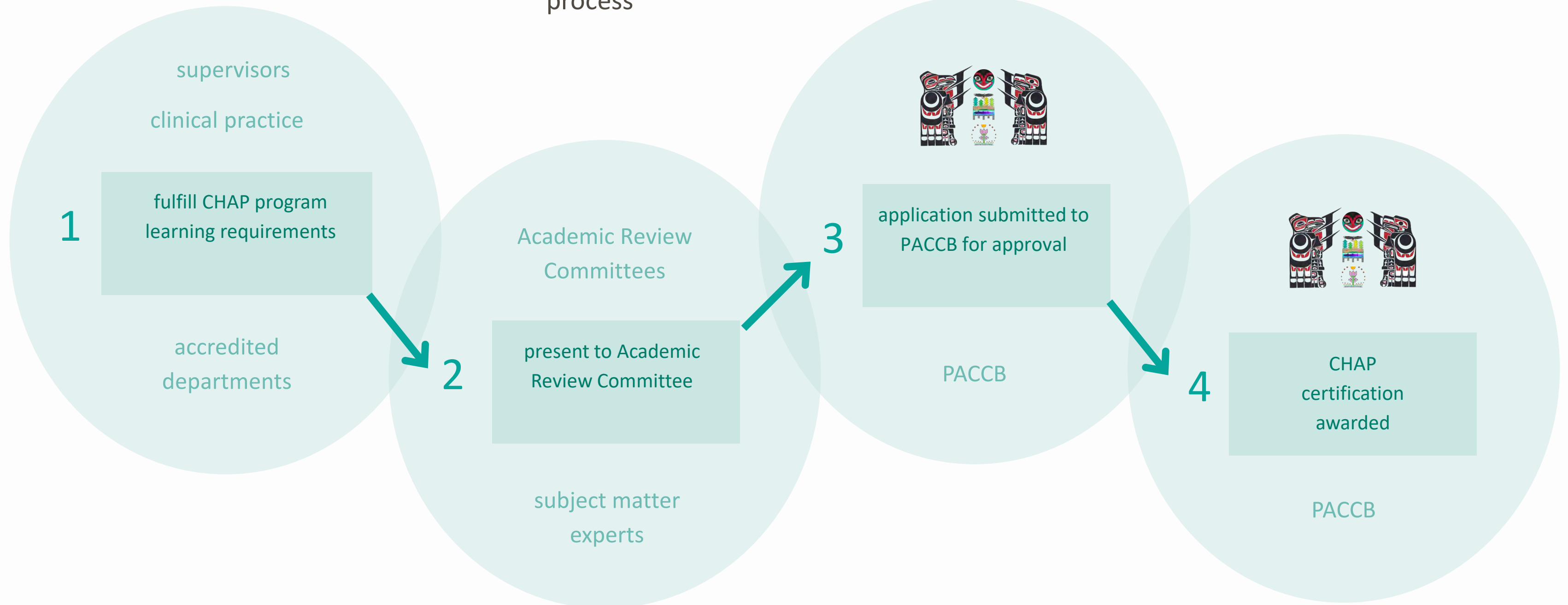
Create and develop culturally-responsive workforce providers and increase access to quality care by promoting and enhancing:

- A certification application review process that provides recommendations of health care providers to the Portland Area
- Certification of tribal education and training programs
- Approval of continuing education
- Addressing health inequities within the tribal health system by reviewing and recommending individuals, education programs, and continuing education



CERTIFICATION PROCESS

there are resources and groups that oversee each step of the certification process



INTRO TO CHAP



Raise your hand if:

1. You've lived in a rural setting and had trouble accessing health care (doctor, dentist...)
2. You've lived in an urban setting and had trouble accessing health care?
3. Lived in a rural or urban setting and felt uncomfortable seeking out care?
4. You or someone in your community has encountered barriers to higher education?

What kinds of barriers do you and your community face when trying to...

access care?

access education?



INTRO TO CHAP

CHAP = Community Health Aide Program

A health care program to meet the needs specific to American Indian/Alaska Native (AI/AN) communities

DESIGNED BY TRIBES, FOR TRIBES

- Proven history of safe, quality care in Alaska for over 70 years
- Tribes can tailor their programs to fill healthcare gaps
- Increases AI/AN providers and local workforce
- Decreases travel for routine and non-emergency care

- Home grown, culturally knowledgeable and respected providers
- Skilled providers providing wrap around care
- Extends the reach of services into hard-to-reach areas
- Creates an education and career pathway for AI/AN providers



MAIN COMPONENTS OF CHAP

TRAINING TRIBAL HEALTH CARE PROVIDERS

- Developing and Facilitating Education Programs
- Student & Provider Support during education programs and while entering the professional health field
- Facilitating Certification Infrastructure via Certification Boards & Academic Review Committees and developing standard forms & processes and quality assurance

TRIBAL HEALTH CARE ADVOCACY

- Community Outreach and Engagement
- Federal, State, and Tribal Advocacy
- Long-term Program Sustainability through seeking and advocating for existing and new funding opportunities
- Tribal Administrator Support as programs become integrated into their health organizations

HISTORY OF THE PACCB



HOW WE GOT HERE

The Community Health Aide Program (CHAP) originally started in Alaska. We were not the first to develop this program.

The Alaska CHAP program has a proven track record of providing effective tribal health care for over 70 years.

Using sovereignty rights, tribes from Oregon, Washington, and Idaho have worked together to bring Alaska's Community Health Aide Program to the Pacific Northwest.



Community Health Aide Program Certification Board

ALASKA CHAPCB

You can find out more about the Alaska
Community Health Aide Program
Certification Board (CHAPCB) here:

<https://akchap.org/chapcb/>

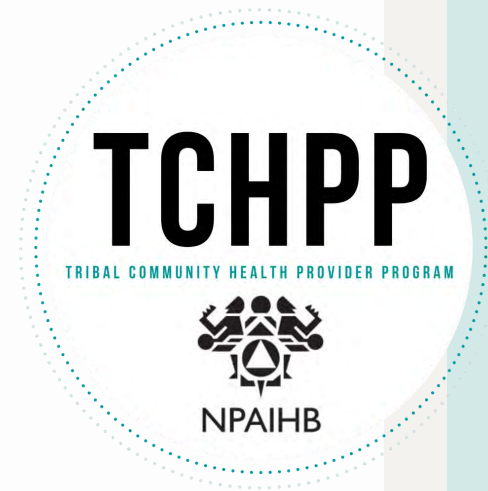
About

The Community Health Aide Program Certification Board (CHAPCB) is federally authorized by Alaska Area Native Health Service and administered by Alaska Native Tribal Health Consortium. The CHAPCB was created in 1998 by

Import

CHAPCB Application Fee Increase 2023-10

Please see attached letter from our current Community Health Aide Program Certification Board (CHAPCB) Chair regarding the upcoming CHAPCB Application Fee



PACCB TIMELINE

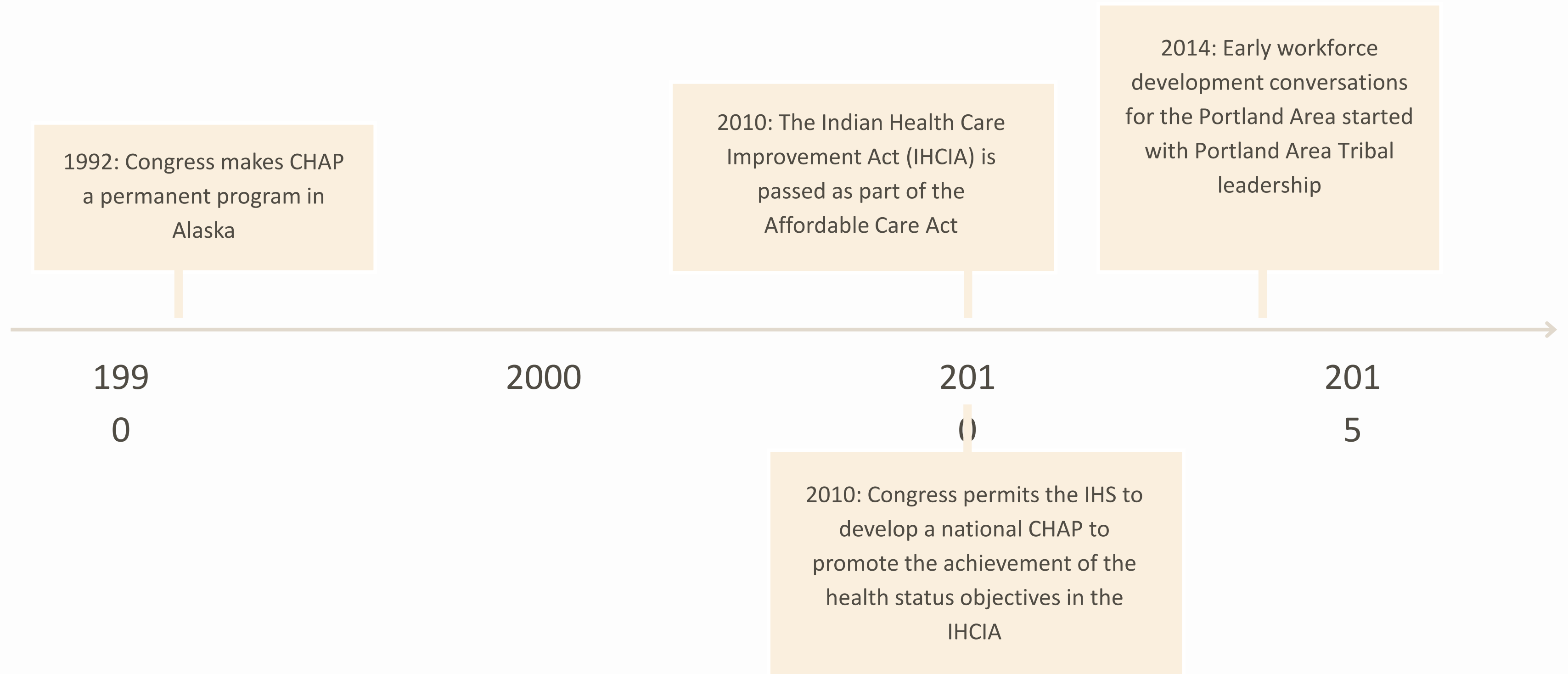
1990

From the beginning, it was important that the CHAP program was designed by tribes, for tribes, in order to meet the needs of tribal communities.

2024

Through countless hours of hard work, building awareness overtime has led to today's infrastructure development and program implementation of both CHAP and the PACCB.

PACCB TIMELINE: Early Development



PACCB TIMELINE: CHAP TAG

The CHAP Tribal Advisory Group (CHAP TAG) provides subject matter expertise, program information, innovative solutions, and advice to the Indian Health Service (IHS) to establish a National CHAP.

CHAP TAG is composed of 14 members: (1) Primary and (1) Alternate for each IHS Area, (1) Tribal Self-Governance Advisory Committee Representative, and (1) Direct Service Tribes Advisory Committee Representative.

2016: The Indian Health Service (IHS) consults with Tribes on expanding CHAP

2018: IHS forms the CHAP Tribal Advisory Group (CHAP TAG) to expand CHAP to the lower 48 states.

Tribal advisory groups have laid the groundwork for PACCB efforts

www.ihs.gov/chap/chaptag

2016

2018

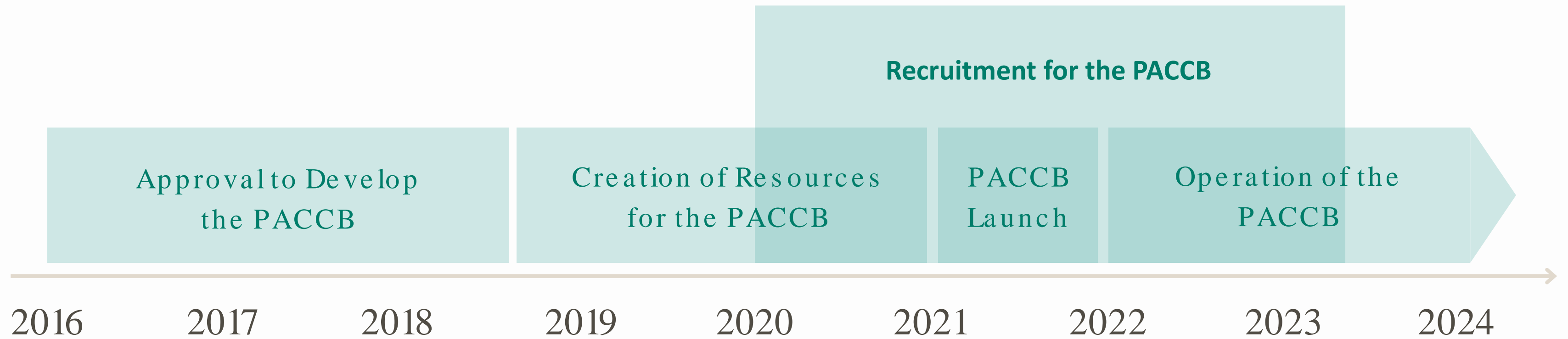
2020

2022

2024

2

PACCB TIMELINE: BOARD DEVELOPMENT



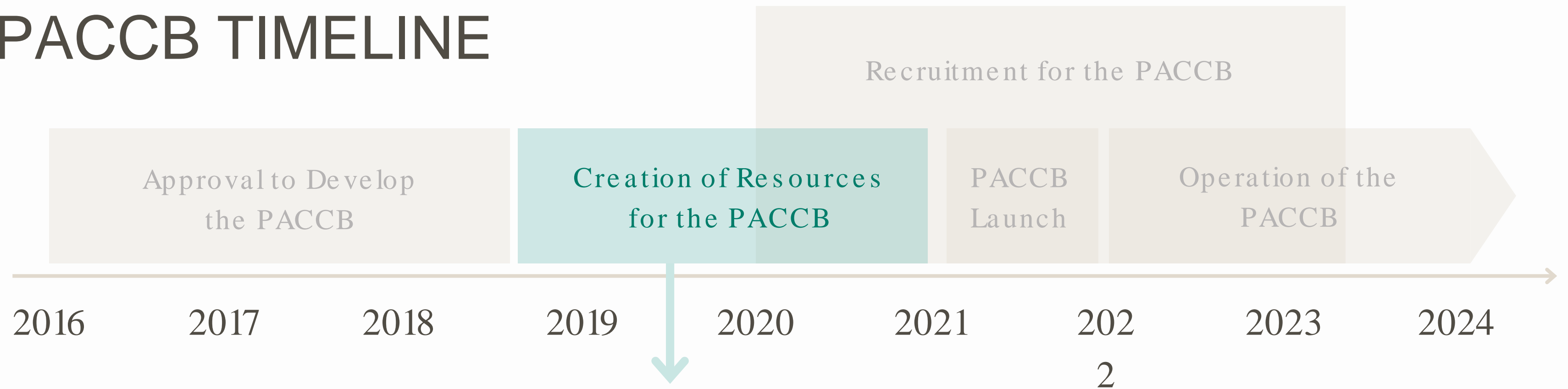
PACCB TIMELINE



Approval to Develop the PACCB (2016-2018)

- Expansion of CHAP nationally and in the Portland-Area via NPAIHB Resolution #17-01-02 (October 2016)
- Funding for planning, development, and implementation of area certification board via NPAIHB Resolution #18-03-09 (April 2018)
- Gathered tribal input and knowledge: Set up Workgroup (July 2018). Open call through NPAIHB to all interested Tribes/individuals to participate in a CHAP Certification Board Workgroup. Ensured Area Tribes were driving agenda and discussions. Workgroup met quarterly from 2018 until after the PACCB was formed.
- Provided CHAP information directly to tribal councils in a series of meetings and presentations to Tribal governments around the Portland Area.

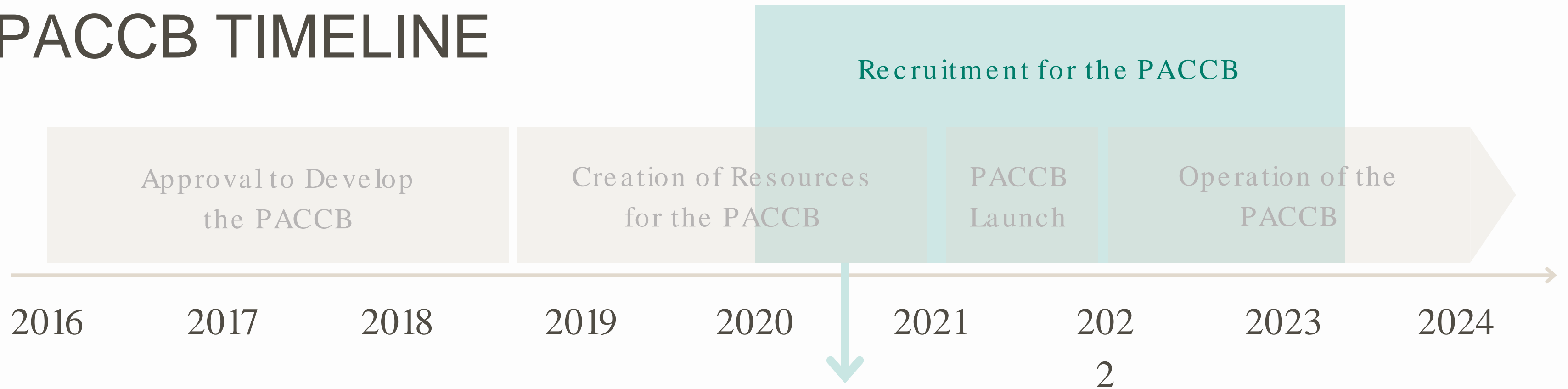
PACCB TIMELINE



Creation of Resources for the PACCB (2019-2021)

- Educate Workgroup and explored functions of CHAPCB through CHAP history, provided progress updates of CHAP in Portland Area, ensured everyone had a baseline of information, and provided opportunity at every meeting for Q&A plus clarifications.
- Certification Board Proposal for Seating Matrix White Paper drafted (2019/2020). Received Workgroup input/recommendations and shared with NPAIHB delegates and tribal councils.
- Conducted broad and deep discussions that included representation of Area Tribes, expenses, necessary expertise membership, function of Board, connection to NPAIHB, Area Office, and other Tribes, transparency, diversity representation, positions, and legal (2019 -2021).

PACCB TIMELINE



Recruitment for the PACCB (2020-2023)

- Supported the development of the PACCB with federal baseline standards for consistency of services provided by any CHAP program via NPAIHB Resolution #20 -04-02 (July 2020).
- Solicited feedback from delegates on PACCB seating matrix and prepared a resolution supporting the recommendations via a white paper.
- Conducted weekly Area Director check-ins to ensure team was working toward shared goals and outcomes.
- Conducted tribal consultation with Portland Area Tribes on the foundational elements of a Portland Area CHAP, which included the creation of an Area Certification Board (ACB).
- 24 CHAP advisory workgroup meetings (2018 to 2021) regarding the PACCB Seating Matrix.

PACCB TIMELINE



Launch of the PACCB (2021)

- PACCB conducted the first Area Certification Board meeting outside of Alaska (August 2021). Nominated and voted -in executive officers.
- PACCB completed a line -by-line review, approved, and adopted the Portland Area Standards and Procedures (November 2021).
- PACCB approved and adopted Bylaws (November 2021). Includes terms, chairmanship, quorum, meetings, duties, and transition functions (per 20 -06 requirements).

PACCB TIMELINE



Operation of the PACCB (2022-Current)

- Establishment of Portland-Area Dental and Behavioral Health Academic Review Committees (2022)
- Ongoing collaboration with TCHPP, Academic Review Committees, and PAIHS to meet area certification board requirements.
- NPAIHB authorizes the collection, storage, and archiving of data for the Portland Area IHS to continue to carry out the CHAP program in its entirety.
- IHS Director Tso formally recognizes PACCB and PAIHS Director reappoints all members of inaugural PACCB (April 2023).
- Certification Process Calibration exercise conducted with PACCB (based off Portland Area Standards and Procedures) (May 2023) to prepare PACCB members to review applications.
- First Portland Area providers certified as DHA/T and BHA III by the Alaska CHAP CB (October 2023).

The background of the image features several dried thistle heads on thin, spiny stems, arranged in a slightly scattered pattern against a light, neutral background. The thistles are a pale, golden-brown color, and their stems are thin and have small, sharp spines. The overall aesthetic is clean and minimalist.

QUESTIONS?

COMMENTS?

CERTIFICATION PROCESS



CERTIFICATION PROCESS



there are resources and groups that oversee each step of the certification process



DHA Certification Recruitment Process

- Identified potential applicants
 - Drafted email that was sent to potential applicants to gauge interest
 - Scheduled one on one zoom/phone calls with each individual that replied with interest
 - Explained application process, requirements, anticipated timeline
 - Ad Hoc meetings
 - Dental Academic Review Committee (DARC)
 - DARC calibration exercise
 - Portland Area CHAP Certification (PACCB) calibration exercise
 - Applications presented to DARC
 - Applications presented to PACCB
 - Applications sent on to Alaska's Certification Board

Guidance Process Checklist



NPAIHB/TCHPP

AK CHAP Certification Application Guidance Process

This document may be utilized by the mentor/advisor working with area certification applicants. During the first scheduled meeting (in person, zoom or other video call) with the Dental Health Aide applicant, use the following checklist to complete the application walkthrough process.

- Explanation of AK certifying Portland Area providers
- Benefits of CHAP Certification PowerPoint slide
- AK Standards and Procedures
- AK Standards and Procedures Summary
- Professional Portfolio
- AK Certification Board Dental application checklist
- AK Certification Application
- AK CHAP "How to complete" document
- AK DHA CE log- further explanation of BLS requirements
- AK signature page

- Additional documents to have available upon request not already listed:
 - o Certificate or diploma from DHAT/DT program
 - o Copy of initial preceptorship log

AK S&P Summary

ALASKA COMMUNITY HEALTH AIDE PROGRAM CERTIFICATION BOARD (AK CHAPCB)

STANDARDS AND PROCEDURES SUMMARY

<https://akchap.org/chapcb/standards-and-procedures/>



Chapter 1 – General Provisions

- Authority & Scope
- Definitions
- Designations and Citations
- and Findings

Chapter 2 – Certification of Community Health Aides, CHP, Dental Health Aides, Behavioral Health Aides, and BHP

- Initial qualifications
- Certifications
- surrender of certificate
- standards for CHA/Ps Training and Ed Requirements, Competencies
- scope of practice prior to certification of CHA I (minimum requirements and employment)
- standards for DHAs
- supervision of DHAs
- scope of practice prior to certification as a DHA (minimum requirement and employment)
- multiple certifications
- Certification by Credential
- PDHA I, II, EFDHA I, II, DHAH, and DHAT Training and Ed Requirements
- PDHA I, II, EFDHA I, II, DHAH, and DHAT Supervision and Competencies
- Standards for BHA/Ps
- Supervision of BHA/Ps
- Scope of Practice prior to certification of a BHA/P (minimum requirement and employment)
- BHA I, BHA II, BHA III, BHA P Specialized Training, Practicum, Experience
- BHA I, BHA II, BHA III, BHA P Alternative Training, Practicum, Experience
- BHA P Knowledge, Skills, and Scope of Practice
- BHA I, BHA II, BHA III, BHA P Competency
- BHA I, BHA II, BHA III, BHA P Work Experience
- Clinical Supervision Requirements for BHA I, BHA II, BHA III, BHA P
- Supervision, Training, and Professional Development
- Term of Certificate

Chapter 3 Continuing Education

- Multiple certifications
- CHA/P, DHA, BHA P continuing education requirements for lapsed and active certificates
- Approved CE programs for CHA/P, DHA and BHA/P

Chapter 4 Discipline, Suspension or Revocation of a CHA, BHA, or DHA

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- Grounds for discipline
- CHA, BHA, and DHA Sanctions
- Withdrawing probation
- Summary suspension
- Consistency

Chapter 5 CHA/P Training Centers

- Requirements for Certification
- Certification, Education Program Philosophy, Training Facilities, Training Staff, Hospital/Clinic Affiliation, Volume, Hours, Distribution of Patient Encounters, Trainees Selection Process, Training Service, CHA Curriculum and Teaching Guidelines, Field training, CHA/P training center administration and records, self-evaluation, faculty continuing education, continuing requirements, sanctions

Chapter 6 Certification of CHA/P Training Curriculum

- Continuous review
- Transition

Chapter 7 Certification of DHA Training and Curriculum

- Training Programs, Facilities, and Training Staff
- DHA training administration and records
- Dental Health Aide Curricula
- DHAH Training Program
- DHAT Education Program
- Certification of DHA training curriculum
- Curriculum Approval
- DARC membership
- Development and Transition

Chapter 8 Certification of BHA Training and Curriculum

- Training Programs, Facilities, and Training Staff
- BHA Training Administration and Records
- BHA Training Center Self-Evaluation
- Trainee Services
- BHA /P Curricula
- Certification of BHA/P Training Curricula
- BHARC Membership
- Development and Transition

Chapter 9 Hearings Requests for Reconsideration, and Appeals

Chapter 10 Transitional and Temporary Certification, Certifications for other Areas, Out of Area Education Programs

Chapter 11 Board Procedure

Chapter 12 Amendments

Chapter 13 Temporary emergency guidance

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Professional Portfolio: Table of Contents

Below is an example of what a Community Health Aide Program (CHAP) Certified Dental Health Aide/Therapist (DHA/T) may have in their professional portfolio; each applicant/provider may vary.

Professional Portfolio

Table of Contents

1.	Dental Health Aide/Therapy program certificate or degree	<input type="checkbox"/>
2.	Dental Health Aide/Therapy license	<input type="checkbox"/>
3.	Dental Health Aide/Therapy competencies, testing scores or diploma	<input type="checkbox"/>
4.	Basic Life Support (BLS) Certificate	<input type="checkbox"/>
5.	Standing Orders/Practice Agreement	<input type="checkbox"/>
6.	Portland Area Standards and Procedures (PASP)	<input type="checkbox"/>
7.	Alaska Area Standards and Procedures (AK S&P)	<input type="checkbox"/>
8.	Re-Certification Checklist (required every two years from initial certification)	<input type="checkbox"/>
9.	Continuing Education (CE) Record (24 hours)	<input type="checkbox"/>
10.	Original Preceptorship Log	<input type="checkbox"/>
11.	Position Description/ Job Description	<input type="checkbox"/>
12.	Application for Certification	<input type="checkbox"/>

AK Certification Board Dental Application Checklist

Dental Application for Certification Checklist

DHA Initial Application

- Application for Dental Health Aide Certification, Form 08-02D (Revised 01/13/2022)
- BLS must be current (see page 2).
- DHA Core Curriculum date completed and location (see page 2).
- Village-Based Dental Practice (This training is required for all PDHA II and EFDHA I or II, if they are not practicing under direct/ indirect supervision at all times, as well as, all DHAH and DHAT applicants). Date completed and location.

DHA Renewal Application

- Application for Dental Health Aide Certification, Form 08-02D (Revised 01/13/2022).

For renewal of:

EFDHA, PDHA, DHAH and DHAT certification: See [CHAPCB 3.10.050 and 3.10.200]*

- If a two-year period has passed since the DHA applied for an initial or renewal certification, attach DHA Continuing Education Log documenting 24 hours of CE. (CE is 24 contact hours of continuing education approved by the Board on varied or updated topics).
- Once every 2 years: Satisfactory performance under the direct supervision of a dentist, dental hygienist, or dental health aide therapist for a minimum of:
 - a. 80 hours, demonstrating competence in each procedure for which the dental health aide is certified
 - i. OR
 - b. 8 of each procedure for which the dental health aide is certified

DHA Upgrade or Change in Level of Certification Within Certification Period

- Application for Dental Health Aide Certification, Form 08-02D (Revised 01/13/2022).
- No application fee required for upgrades during the two-year certification period.
- A CE log is not required.

For initial and renewal of DHATP certification:

- If a two-year period has passed since the DHA applied for an initial or renewal certification, attach DHA Continuing Education Log documenting 24 hours of CE. (CE is 24 contact hours of continuing education approved by the Board on varied or updated topics).
- Attach current copy of DHATP credential document issued by the Alaska Dental Therapy Educational Program (ADTEP).

For ALL applications - Each signature line of the application must be signed and dated after all training components are completed.

AK Certification Application & "How-to" form

Community Health Aide Program Certification Board Application for DHA Certification

SUBMIT APPLICATION BY EMAIL OR HARDCOPY TO:
Community Health Aide Program Certification Board
c/o Alaska Native Tribal Health Consortium
4115 Ambassador Drive, 3rd Floor
Anchorage, Alaska 99508

Phone: (907) 729-3624, Fax: (907) 729-3629, Email: chapcb@anthc.org

INSTRUCTIONS: Please print or type information and do not use white out. Use a black or blue pen. If there is an error, please cross it out, write the correct information, initial and date any changes. This document requires the signatures of the applicant, employer and supervising dentist.

1. Applying for: Initial Certification Renewal of Certification (every 2 years)
 Change in Level or Skill set (within 2-year certification period)

2. Applicant Name: _____
(Full Legal Name) Last First MI

3. Other Names Used: _____
Last First MI

4. Date of Birth: ____/____/____ Social Security Number: ____-____-____
MM/DD/YY (Last 4 digits)

5. Gender (optional): Female Male

6. Ethnic Origin: Alaska Native Asian or Pacific Islander Caucasian
(Optional) American Indian African American Hispanic
 Other

7. Home Address: _____
City: _____ State: _____ Zip: _____

8. Employment Status: Full Time Part Time Itinerant Intermittent

9. Employer: _____

10. Employer Address: _____
City: _____ State: _____ Zip: _____

11. Work Phone #: _____

12. Work Email (optional): _____

**FOR OFFICIAL
USE ONLY**

Received

Action

AK CHAPCB

How to Complete: AK Dental Health Aide Certification Application, Form 08-02D (12/01/2023)
Read through "Instructions". Note that references to the Standards are the (Alaska) Community Health Aide Program Certification Board Standards and Procedures, as amended.

<https://akchap.org/chapcb/>

Item #	Description	Comments, Instructions
1.	Applying for	Self-Explanatory
2	Applicant Name	Full legal name
3	Other Names Used	Includes nicknames, any previously used maiden name, or prior married names
4	Date of Birth Social Security Number	Self-Explanatory Last 4 digits only
5	Gender	Optional
6	Ethnicity	Optional (Check all that apply if you chose)
7	Home Address	Self-Explanatory
8	Employment	Full Time = at least 35 hours per week (employer defines) Part Time = usually fewer than 35 hours per week (employer defines) Itinerant = An employee who works at more than one clinical site. May have multiple employers and supervisors. Each must be on record and meet employee/supervisor criteria with Alaska CHAPCB for employee to be certified. Intermittent = typically not a regular schedule, reduced hours (employer defines)
9	Employer	Full name of organization (not abbreviated, no acronyms)
10	Employer Mailing Address	Complete work address
11	Work Phone #	Include Area Code – 10 digits total
12	Work E-Mail	Optional (Self-Explanatory)
13	Basic Life Support Certification Expiration Date	Date of expiration must be AFTER the AK CHAP Certification Board meets. Verify date if you are sending application in for provisional approval.
14	DHA Core Curriculum, See [CHAPCB 7.20.010].	This is included in the first few weeks of AK DHAT curriculum and is not identified as DHA Core Curriculum per se although all topics in 7.20.010 are included. AK DHATs use their graduation date.
15	Village-Based Dental Practice. See [CHAPCB 7.20.050].	This content is included at the end of the first year of the AK DHAT curriculum and is identified as Village-Based Dental Practice. All topics in 7.20.050 are included.

AK Certification Application CE log & "How-to" form

DHA CONTINUING EDUCATION LOG

CHAPCB APPROVED CE

DHA NAME: _____ Certification #: _____

Certification Period: _____ to _____

1. Submit this form as part of your renewal application.
2. Certificates of completion do not need to be submitted with this form, but should be kept in the DHA's personal records in case the CHAPCB decides to conduct an audit of the DHA.
3. If you have questions, please refer to Chapter 3. Continuing Education (CHAPCB 3.10.050 and 3.10.200), Community Health Aide Program Certification Board – Standards and Procedures, as amended. You may also contact the CHAPCB at 729-3624.

Required: Satisfactory completion of 24 hours of continuing education approved by the CHAPCB on varied or updated topics. CE can be done online, in person, or any combination of these.

Total Hours: _____

DATE OF COMPLETION <small>All dates must be in the 24 months prior to recertification date</small>	SPONSOR <small>See sections (b), (c), (d), and (e) on the back page for approved sponsors</small>	TOPIC <small>See section (a) on the back page for approved topics</small>	HOURS <small>Must be at least 1 hour per course</small>
MM/DD/YY	Examples: ADA, AIGD, ADS, ADHS, IHS, AHA		

AK CHAPCB "How-To" CE Log for Portland Area Providers

Purpose: this certification resource guide was developed by the NPaiHB Dental Health Aide (DHA) Program to assist Portland Area DHA applicants in obtaining federal CHAP certification through Alaska's CHAP Certification Board (AK CHAPCB) during the administrative interim policy period.

Re: Alaska's Dental Health Aide Certification continuing education log (CE Log) Form 00-03D (Revised 10/12/2022).

Please read through "instructions". Note that references to the Standards are the (Alaska) Community Health Aide Program Certification Board Standards and Procedures, as amended. (<https://akchap.org/chapcb/>)

Description	Comments, Instructions
DHA Name	Full name
Certification number	Only applicable if previously certified by the AK CHAP Board; leave blank or N/A
Certification Period	The specific date range must be two years prior to the scheduled Board meeting date. CE must meet the same criteria if applicant is seeking provisional certification (between Board meetings). For example: if submitting for an October 2022 meeting, two-year CE period would need to be October 2020-October 2022. Please see Sec. 3.10.050 (a) (C) for unlapsed certificate; lapsed certificate see 3.10.50 (b)
Date of Completion	Date CE course was completed
Sponsor	Please see Sec. 3.10.200 (b) of the Alaska S & Ps
Topic	Title of CE course completed Please see Sec. 3.10.200 (a) of the Alaska S & Ps

For questions and/or clarification, please email [Kari Ann Kuntzelman](mailto:kuntzelman@npaihb.org), Northwest Portland Area Indian Health Board, Tribal Community Health Provider Program, Dental Health Aide Specialist @ kkuntzelman@npaihb.org

AK Signature Page

AKCHAPCB Signature Page

Not being able to check all these boxes does not mean that a person can't qualify for certification. It just means that more information may be needed for the AKCHAPCB to make an informed decision about certification.

____ I verify that I have completed a preceptorship that meets the AKCHAPCB requirements:

- Each critical procedure has been completed independently, with clinical competency, and checked off as "acceptable" at least once.
- The preceptorship has consisted of direct supervision lasting the minimum of three months or 400 hours, whichever is longer.

____ I verify that there has been no extended clinical absence between completion of the preceptorship and this application. An extended clinical absence is defined as a period greater than 6 months during which the individual has not worked as a DHA doing direct patient care for a minimum of 40 hours and 20 patient encounters)

____ I verify that in the 24 months prior to the application for initial certification by the AKCHAPCB that I have met the following requirements with an appropriate supervisor where I am currently employed and plan to practice once certified:

- Each critical procedure has been completed independently, with clinical competency, and checked off as "acceptable" at least once.
- 80 hours of direct supervision has been completed

____ I understand that providing false information may result in disciplinary action by the Board and may result in the surrender of my certificate as a DHAT.

If any of the boxes could not be checked, please give a brief description of why.

DHAT Applicant Signature

Date

DHAT Applicant Printed Name

The background of the image features several dried thistle heads on thin, light-colored stems. The thistles are arranged in a loose, scattered pattern across the frame. The stems are thin and have small, dark spines. The thistle heads are a light tan or beige color, showing the intricate, spiky structure of the dried flower heads. The overall lighting is soft and even, creating a clean, minimalist aesthetic.

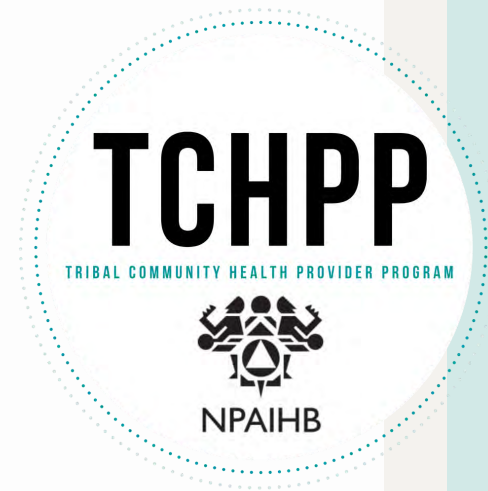
QUESTIONS?

COMMENTS?

ENSURING INTEGRITY



ADVISORY WORKGROUPS



Tribal advisory groups have laid the groundwork for PACCB efforts.

They are:

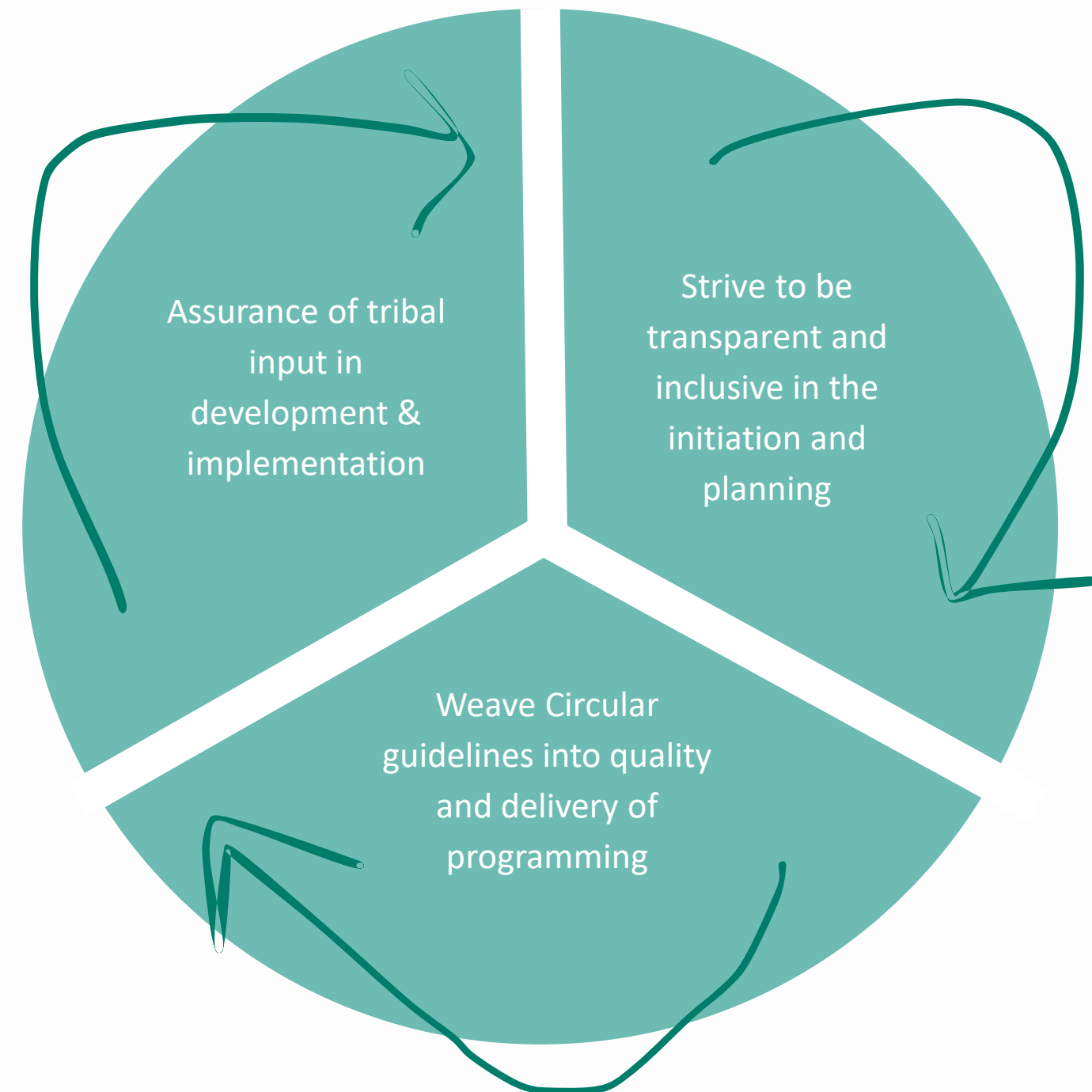
advocates

knowledge keepers

elders

grassroots

They have been, and continue to be, an integral part of CHAP development.



ADVISORY WORKGROUPS



dəx^wǰayəbus (dahf-hi-ya-buus; Lashootseed meaning “place of smiles”) also known as “Washington Dental Therapy Education Program” is formed

Tribal Community Health Aide Provider (TCHAP) Advisory Workgroup is formed to develop what a Community Health Aide/Practitioner role will look like

2016

2017

2018

2019

2020

2021

2022

2023

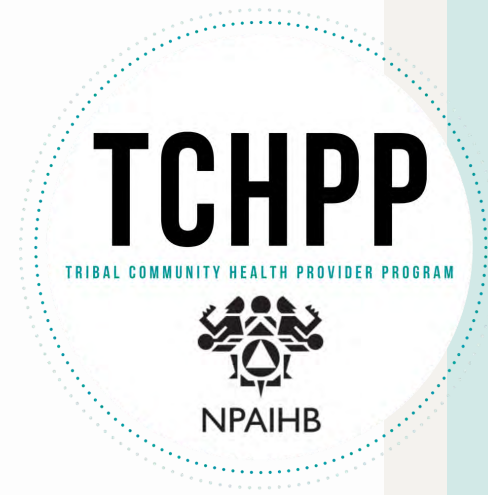
2024

CHAP Advisory Workgroup formed with the mission to support the development of the PACCB in accordance with NPAIHB Resolution and IHS Circular policy

Behavioral Health Aide (BHA) Advisory Workgroup is formed to inform and support the strategic direction and development of a Behavioral Health Aide Program in the Portland Area

Dental Health Aide (DHA) Advisory Workgroup is formed to contribute guidance, oversight, and SME in the development of the DHA program

ACADEMIC REVIEW COMMITTEES (ARCs)



Academic Review Committees (ARCs) are a specialized group of practitioners and subject-matter experts who have knowledge and experience in practice, supervision, and/or relevant educational programs

They provide:

- subject expertise
- recommendations
- cultural responsiveness
- evaluatory feedback
- academic integrity
- advice

1

fulfill CHAP program learning requirements



2

present to Academic Review Committee



3

application submitted to PACCB for approval



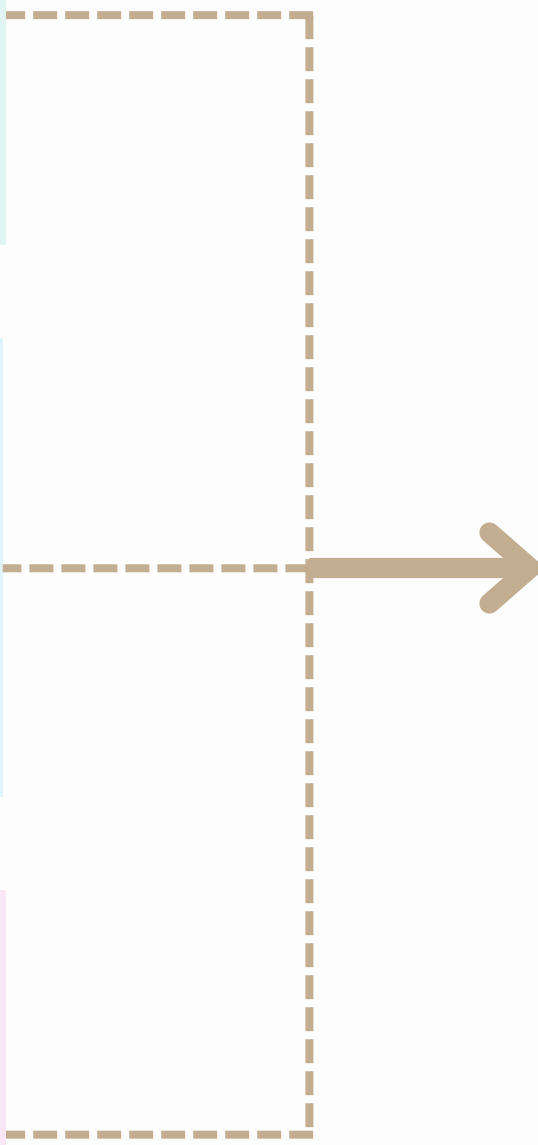
4

CHAP certification awarded

Dental Academic Review Committee (DARC)

Behavioral Health Academic Review Committee (BHARC)

Community Health Academic Review Committee (CHARC)



Portland Area CHAP Certification Board (PACCB)



DARC SEATING CHART

Dental Academic Review Committee (DARC) – Portland Area Standards and Procedures (PASP)		
Position	Details	Role on the DHARC
1 – Dentist	as defined in Sec. 2.30.010 [supervision of DHAs]	Employed by the IHS, a tribe, or tribal organization, provided that at least: (A) one must be actively involved in development and implementation of dental health aide training; (B) one must be in a supervisory role in a tribal health program, and (C) one must be actively engaged in clinical practice;
2 - Dentist		
3 - Dentist		
4 – Certified DHAT	1.20.010 (4)	Employed by the IHS, a tribe, or tribal organization
5 – Licensed dental hygienist		Employed by the IHS, a tribe, or tribal organization
6 – CHARC Representative	To the extent feasible	
7 - CHA/P Training Center Representative		
* Provided that at least one of the members must have community health aide or dental health aide field supervision experience.		

Quorum:

Recommendations for approval of curriculum under section 7.30.010 [curriculum approval] may only be made by the DARC if a quorum was first established. A quorum shall consist of a minimum of three members.



BHARC SEATING CHART

Behavioral Health Academic Review Committee (BHARC) – Seating Matrix (Portland Area Standards and Procedures)		
Position	Details	Role on the BHARC
1 – two licensed and/or certified behavioral health clinicians	As defined in section 1.20.010(30) [licensed behavioral health clinician] who are employed by the IHS, a tribe, or tribal organization, provided that at least:	A) one must be actively involved in development and implementation of behavioral health aide training; B) one must be the director of a tribal behavioral health program; or C) one must be actively engaged in clinical practice;
2 – two behavioral health professionals	As defined in section 1.20.010 (4) [behavioral health professional], employed by the IHS, a tribe, or tribal organization	
3 – one PACCB representative		
4 – four behavioral health aides	Employed by the IHS, a tribe, or tribal organization	Will be designated by the BHA/P Association
5 – one member from WA, OR, and ID		Appointed by the delegates from each state
6 – one member from the direct service tribes		Appointed by the delegates of those tribes Colville, Fort Hall, Warm Springs, Wellpinit
7 – one Tribal Liaison		Representing the States of Washington, Oregon, and Idaho Departments of Behavioral Health and/or a State designee to the BHARC
8 – invited non-voting members	Actively involved in BHA/P training, including:	A) training and development staff from the Portland Area CHAP education programs; and B) the Tribal Liaisons representing the States of Washington, Oregon, and Idaho Departments of Behavioral Health and/or a state designee to the BHARC; and C) faculty, instructors, or other staff representing academic institutions, training entities, or tribal health organizations hosting trainings for use toward BHA/P certification; and D) NPAIHB Technical Staff to include Certification Board Coordinator and CHAP Director; and E) Alaska certification board member liaison

Quorum. Recommendations for approval of curriculum under section 8.30.010 [curriculum approval] may only be made by the BHARC if a quorum was first established. A quorum shall consist of a minimum of four members at least two of whom must be licensed and/or certified behavioral health clinicians or behavioral health professionals.



CHARC SEATING CHART

	DESCRIPTION	QUALIFICATIONS
1	Certified Community Health Aide/Practitioner	CHA/P certified by the PACCB
2	Portland Area Provider	An MD, DO, ND, PA, or NP employed and in clinical practice for a Portland Area tribe
3	Portland Area Provider	An MD, DO, ND, PA, or NP employed and in clinical practice for a Portland Area tribe
4	Portland Area Provider	An MD, DO, ND, PA, or NP employed and in clinical practice for a Portland Area tribe
5	Provider with CHAP Experience	An MD, DO, ND, PA, NP with experience serving a CHAP in Portland or other areas
6	Provider engaged in CHA/P training	An MD, DO, ND, PA, NP employed or contracting with NPAIHB to develop/implement CHA/P training
7	Academic Institution Representative	Employed by a collaborating higher education institution on CHA/P training
8	Portland Area IHS Representative	Employed by the Portland Area IHS as a Chief Medical Officer
9	NPAIHB Technical Assistance Representative	Employed by NPAIHB in the Community Health Aide Program

One of the providers in seats 1-6 will sit as a representative on the Portland Area CHAP Certification Board



PACCB SEATING CHART

PACCB Member Seating Chart		
Position	Nominating Tribal Organization or Partner	Role on the PACCB
1 – PAIHS Director	IHS Area Director	This member is appointed by the Portland Area IHS Director as required by IHS Circular No. 20-06. This delegate serves as a liaison between PAIHS and PACCB.
2- NPAIHB Delegate	NPAIHB Delegates	This member is nominated by the NPAIHB delegates to also serve as a liaison between the NPAIHB Delegates and the PACCB.
3 – NPAIHB E.D.	NPAIHB Executive Director	This member is nominated by the NPAIHB Executive Director and serves as a liaison between NPAIHB and the PACCB.
4 – BHA/P Association	BHA/P Association	This member is nominated by the BHA/P Association of BHA/Ps working within a TCHP program for the Portland Area Tribes. This position serves as a liaison between the BHA/P Association and the PACCB.
5 – CHA/P Association	CHA/P Association	This member is nominated by the CHA/P Association of CHA/Ps working within a TCHP program for the Portland Area Tribes. This position serves as a liaison between the CHA/P Association and the PACCB. (This nomination is delayed until the CHA/P Association is operational).
6 – DHA/T Association	DHA/T Association	This member is nominated by the DHA/T Association of DHA/Ts working within a TCHP program for the Portland Area Tribes. This position serves as a liaison between the DHA/T Association and the PACCB.
7 - BHARC	BHARC Association	This member is nominated by the BHARC who is a LCSW or Licensed MSW working within CHAP for the Portland Area Tribes or IHS.
8 - CHARC	CHARC Association	This member is nominated by the CHARC who is a Licensed Physician (preferred) or could be a licensed Nurse Practitioner or Physician Assistant working within CHAP for the Portland Area Tribes or IHS. (nomination delayed until CHARC is operational).
9 - DHARC	DHARC Association	This member is nominated by the DHARC who is a DMD or DDS working within CHAP for the Portland Area Tribes or IHS.
10 – ID DOH	Idaho Department of Health and Welfare, Division of Medicaid	This member nominated by Idaho Department of Health and Welfare, Division of Medicaid (DOH) and serves as a liaison between the DOH and PACCB.
11 – OR OHA	Oregon Health Authority	This member is nominated by the Oregon Health Authority (OHA) and serves as a liaison between the OHA and PACCB.
12 – WA HCA	Washington Healthcare Authority	This member is nominated by the Washington State Healthcare Authority (HCA) and serves as a liaison between the HCA and PACCB.
13 – CHAP Education Program	PA CHAP Education Programs	This member is nominated by the Portland Area CHAP education programs.



Standards and Procedures

**PORTLAND AREA COMMUNITY HEALTH AIDE PROGRAM
CERTIFICATION BOARD
STANDARDS AND PROCEDURES
AMENDED [3/30/2022]**

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Sec. 1.30.010. Designation and Citation.....

Article 40. Intent.....

Sec. 1.40.010. Intent.....

CHAPTER 2. CERTIFICATION OF COMMUNITY HEALTH AIDES,
COMMUNITY HEALTH PRACTITIONERS, DENTAL HEALTH AIDES,
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PRACTITIONERS.....

Article 10. Initial Qualifications

Sec. 2.10.010. Initial Qualifications.....

 (a) General Requirements.....

 (b) Special Conditions.....

Sec. 2.10.015. Certifications as CHA/P, DHA, and BHA/P.....

Sec. 2.10.020. Surrender of a Certificate.....

Article 20. [RESERVED FOR CHA/P]

Article 30. Standards for Dental Health Aides

Sec. 2.30.010. Supervision of Dental Health Aides.....

 (a) Generally.....

 (b) Definitions of Levels of Supervision.....

Sec. 2.30.020. Scope of Practice Prior to Certification as a Dental Health Aide.....

 (a) Minimum Requirements.....

 (b) Employment.....

Sec. 2.30.030. Multiple Certification.....

Sec. 2.30.050. Certification by Credentials.....

Sec. 2.30.100. Primary Dental Health Aide I Training and Education Requirements.....

 (a) Training.....

 (b) Preceptorship.....

 (c) Waiver.....

Sec. 2.30.110. Primary Dental Health Aide I Supervision and Competencies.....

 (a) Dental Supervision.....

 (b) Competencies.....

Sec. 2.30.150. [RESERVED].....

Sec. 2.30.160. [RESERVED].....

Sec. 2.30.200. Primary Dental Health Aide II Training and Education Requirements.....

Sec. 2.30.210. Primary Dental Health Aide II Supervision and Competencies.....

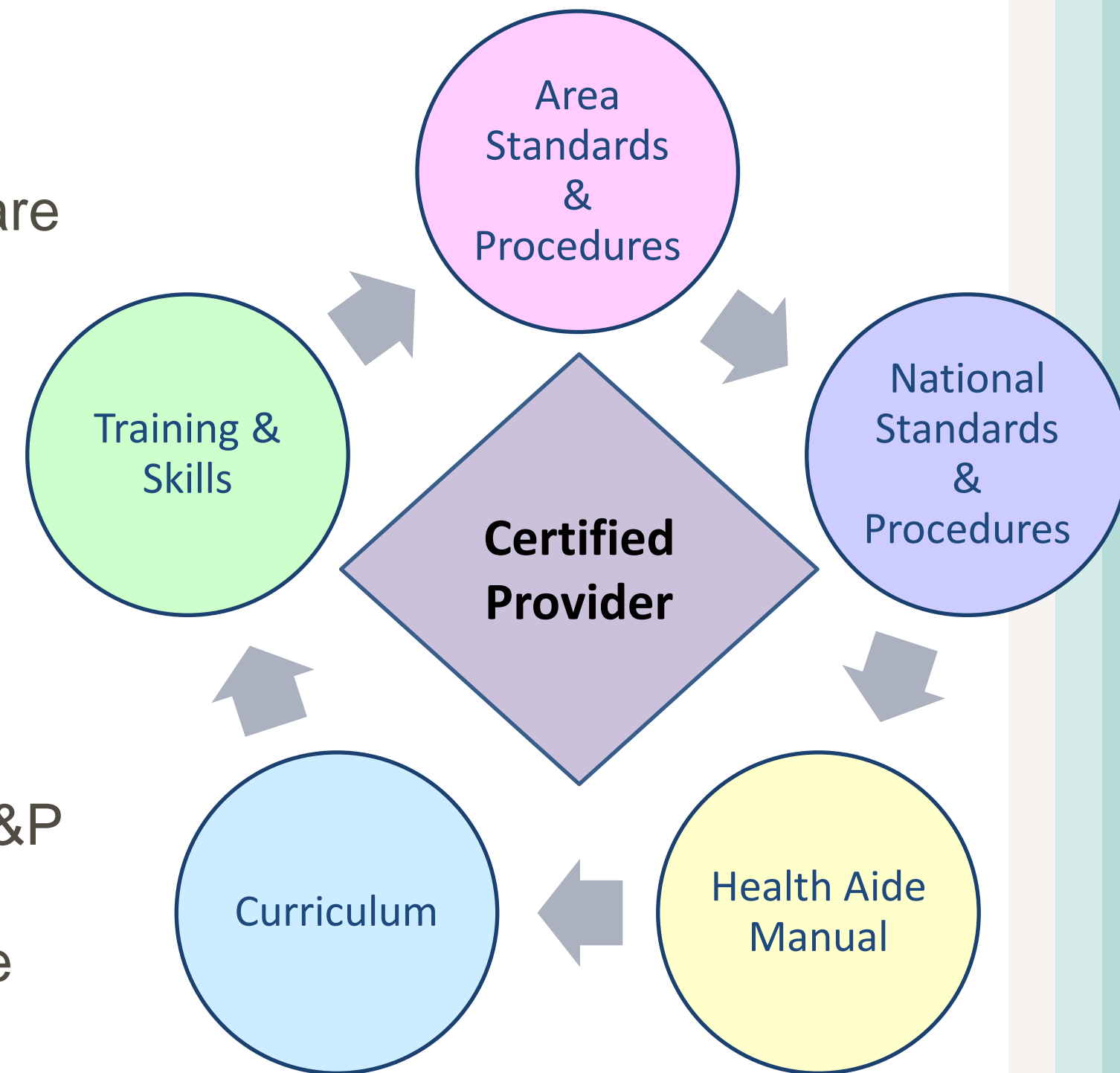


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Interconnectedness of Education Program Building

- Area Standards & Procedures
 - Informed by Alaska S&P
 - Informed by Subject Matter Experts and Tribal staff for area specific language, health systems, priority healthcare needs
- National Standards & Procedures
 - Informed by Alaska and Portland Area S&P
 - Review by CHAP Tribal Advisory Group
 - Approved by National CHAP Program Board
 - In draft form at this time
- Health Aide Manual
 - First part of program development. Essential part of training, covering components that are outlined in the S&P
- Curriculum
 - Informed by the health aide manual & run in congruence thru training with matching lesson plans
- Training & Skills
 - Completed with health aide manual and curriculum
 - Implemented in a way that works for your THO's and students





Approval of Education and Training Programs

- Education programs are developed by a multitude of subject matter experts in close alignment with the standards and procedures
- Vetted and discussed with Tribal Health Organizations and Tribal Advisory Workgroups for feedback
- Closely reviewed and evaluated by the Academic Review Committees who ultimately recommend the approval of the education programs to the Area Certification Board
- Area Certification Boards are the official approving body of all CHAP Education Programs (detailed protocol within the S&P)
- Regularly reviewed

EXPANDING CHAPTER





EXPANDING NATION-WIDE

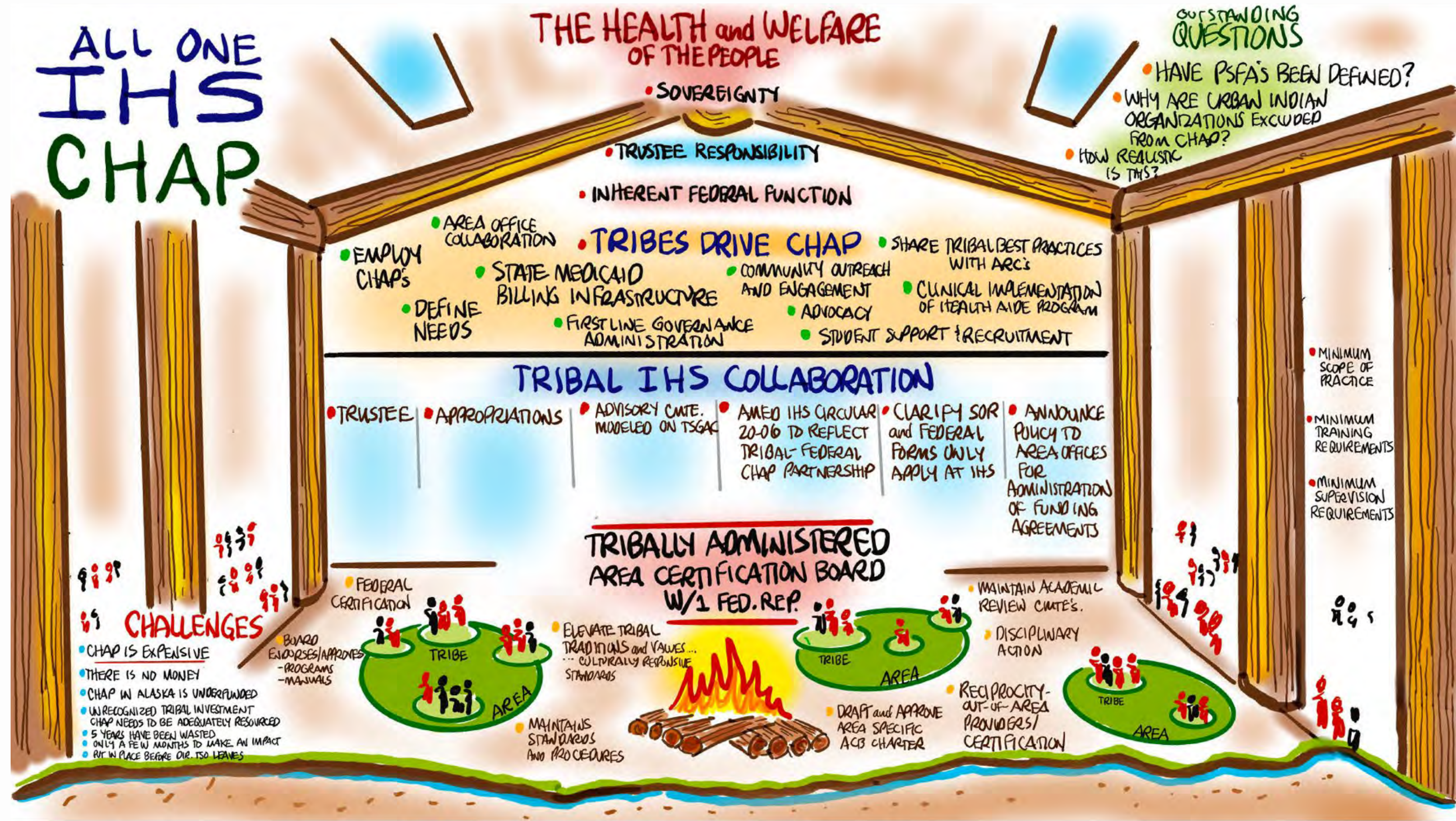
As of now, CHAP exists in Alaska and the Pacific Northwest.

There is support from the federal government to expand further across the United States.

As we expand CHAP, we are guided by maintaining these principles:

- A strong partnership between CHAP and the federal government
- A Tribally-led program with a minimal IHS footprint
- IHS Area Director has a seat on the board, but the work is done by the tribes

FEDERAL PARTNERSHIP



The background of the slide features several dried thistle heads on thin, light-colored stems, arranged in a slightly scattered pattern against a plain, light beige background. The thistles are a pale tan color, and their spiky heads are clearly visible.

QUESTIONS?

COMMENTS?

THANK
YOU!

For more information, email:

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<https://www.tchpp.org/>

TCHPP

TRIBAL COMMUNITY HEALTH PROVIDER PROGRAM



NPAIHB