

Community Health Aide Program

CALIFORNIA HEALTHCARE BEST PRACTICES CONFERENCE

MAY 20-23, 2024

SACRAMENTO, CALIFORNIA



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Historical Development of CHAP

1950 to 1960s - CHAP begins in response to a TB outbreak and the chemotherapy aide is created to mobilize the village medical team

1968 - Formal training & federal funding formalizing the program

1975 - Indian Self-Determination and Education Assistance Act (PL 93-638)

1998 - Alaska CHAP Certification Board (CHAPCB) authority through the Snyder Act & IH CIA

2005 - First cohort of dental health aides certified formally adding “DHA” to Alaska CHAP

2009 - First cohort of behavioral health aides certified formally adding “BHA” to Alaska CHAP



CHAP Overview

The Community Health Aide Program (CHAP) includes three (3) different health aide provider types which each include a tiered level practice.

Community Health Aide

- Community Health Aide I
- Community Health Aide II
- Community Health Aide III
- Community Health Aide IV
- Community Health Aide Practitioner

Dental Health Aide

- Primary Dental Health Aide I & II
- Expanded Function Dental Health Aide I & II
- Dental Health Aide Hygienist
- Dental Health Aide Therapist

Behavioral Health Aide

- Behavioral Health Aide I
- Behavioral Health Aide II
- Behavioral Health Aide III
- Behavioral Health Aide Practitioner



Benefits of CHAP

Community-Based Approach

- Utilizes local individuals as Health Aides
- Focus on serving within their own communities

Empowering Local Individuals

- Trains residents to become Health Aides, fostering community connections
- Creates job opportunities, enhancing economic stability

Tailored Healthcare Services

- Enables Health Aides to offer services that meet specific local needs
- Culturally sensitive and community-aligned healthcare

Impact & Ongoing Success

- Profound and transformative effects on Alaska Native communities
- Significant reduction in healthcare disparities



CHAP vs. CHR Program

Factor	Community Health Aide Program (CHAP)	Community Health Representative (CHR) Program
Primary Focus	Clinical healthcare services	Public health education and outreach
Training	In-depth clinical training, often includes EMT or similar certifications	Mostly non-clinical, focuses on public health education, outreach, and some basic health screenings
Role	Often act as primary care providers in remote or underserved areas	Serve as liaisons between their communities and healthcare providers
Tasks	Diagnosis, treatment, patient monitoring, emergency care	Health education, community outreach, basic screenings, data collection
Certification Requirements	Typically requires certification through rigorous training and testing processes	May not always require certification, but some specialized training is often provided
Scope of Practice	Defined clinical scope of practice, can administer medications, conduct exams, etc.	Non-clinical; focus on health promotion and disease prevention
Primary Work Environment	Clinics, healthcare facilities, sometimes in remote or rural settings	Community centers, schools, homes, various community locations

Community Health Aide (CHA)

THE EMERGENT & PRIMARY CARE PARAPROFESSIONAL



Role of Community Health Aides

Bridging Community Healthcare Gaps

- Linking medical professionals to the community
- Tailoring Healthcare solutions

Care in Remote Areas

- Primary healthcare providers in isolated regions
- Address basic to intermediate medical needs

Cultural Sensitivity & Trust

- Respect and integrate community traditions
- Strengthen Community Relationships



CHA Scope of Practice Overview

- Independent patient care under supervision
- Training in medical model: History, Physical, Assessment, Plan
- Conduct assessments, not diagnoses
- Utilize Community Health Aide Manual (CHAM)
- Medication dispensing (non-prescriptive)
- Qualified for standing orders

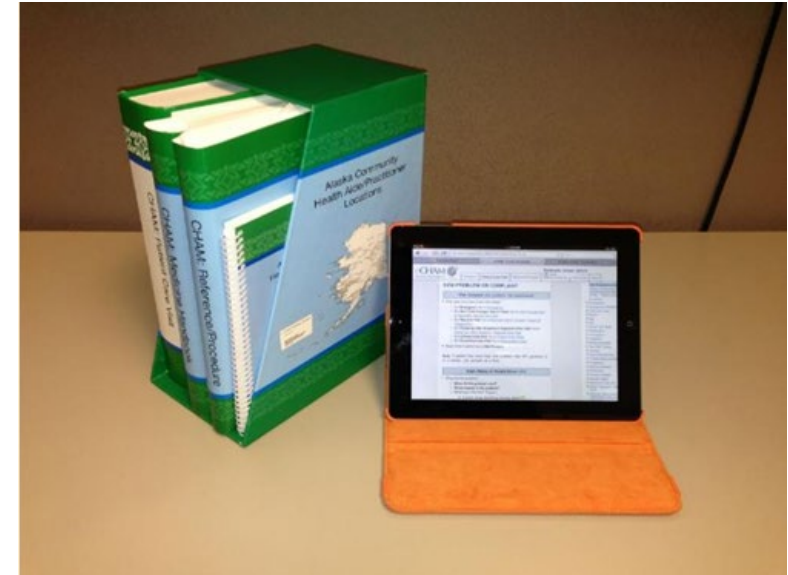


CHA Training & Education Framework

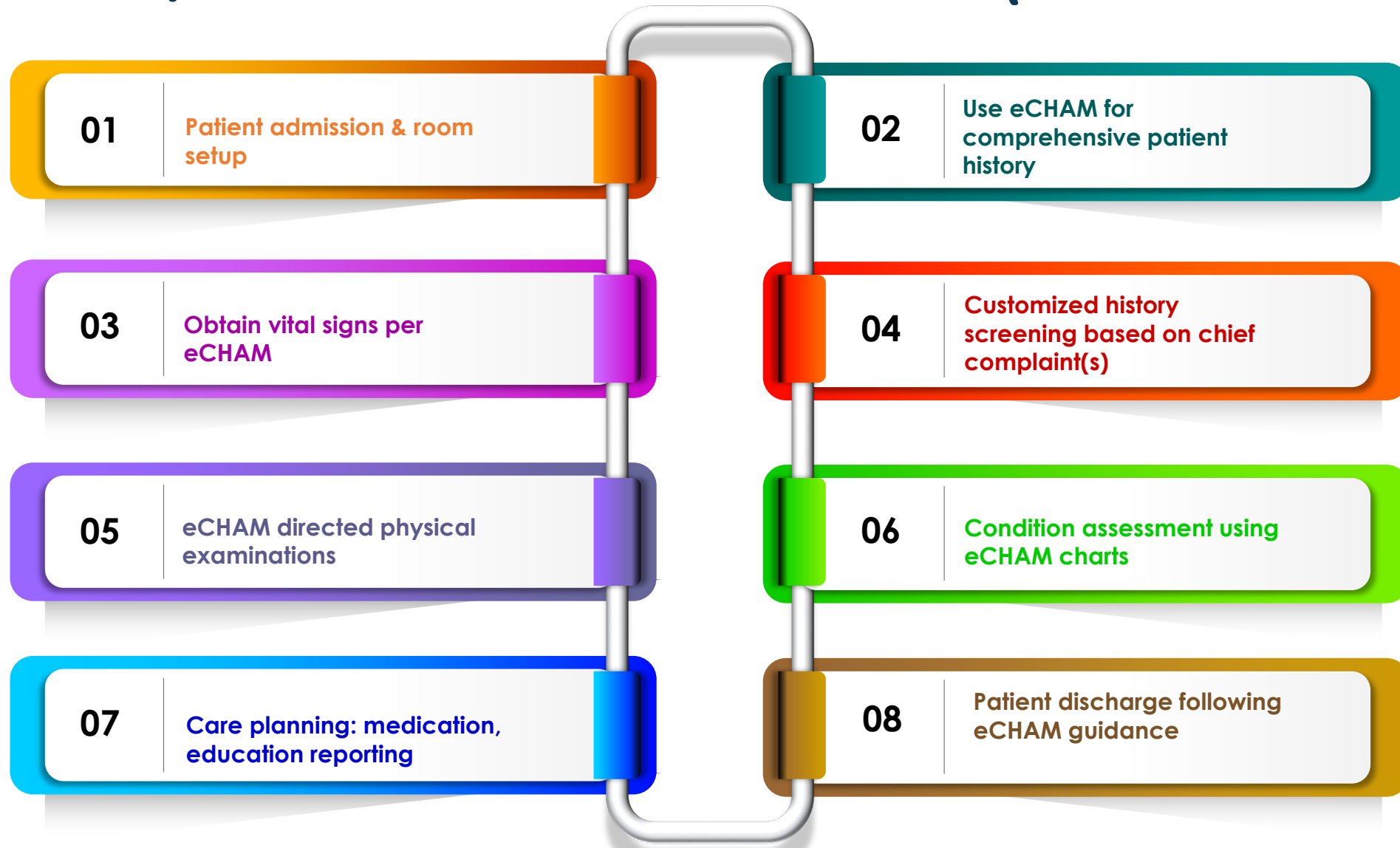
Provider Type	Training Courses	Field Work
CHA I	<ul style="list-style-type: none"> • EMT or ETT Course • Session I training at CHA/P Training Center 	<ul style="list-style-type: none"> • 200 Hours Post Session I • 20 Patient encounters
CHA II	<ul style="list-style-type: none"> • Maintain ETT or EMT certification • Session II training at CHA/P Training Center 	<ul style="list-style-type: none"> • 200 hours Post Session II • 60 patient encounters
CHA III	<ul style="list-style-type: none"> • Maintain ETT or EMT certification • Session III training at CHA/P Training Center 	<ul style="list-style-type: none"> • 200 hours Post Session III • 60 patient encounters
CHA IV	<ul style="list-style-type: none"> • Maintain ETT or EMT certification • Session IV training at CHA/P Training Center 	<ul style="list-style-type: none"> • 200 hours Post Session IV • 60 patient encounters
CHA/P	<ul style="list-style-type: none"> • Approved Preceptorship • Statewide CHA/P Program Score • Medical Math Exam 	<ul style="list-style-type: none"> • 30 hours of supervised patient care • 15 patient encounters as primary provider

The Community Health Aide Manual (CHAM)

- Central guide for CHA/P patient encounters
- Sections for history, examination, & assessment
- Standardized plans & reporting procedures
- Accessibility: eCHAM & iCHAM (iPad App)
- Personalization: bookmarks, comments, highlights
- Includes regional specific notes



CHA/P Encounter Scenario (Acute Care)



CHA: Expansion Beyond Alaska

- Community-based approach & cultural competency proven highly effective in addressing healthcare disparities in diverse settings
- Emphasis on cultural understanding strengthens trust & acceptance in implementing the CHAP
- Flexibility & replicability of core principles allow adaptation to unique cultural contexts
- Community engagement fosters ownership & pride in the program's success



Dental Health Aide (DHA)

COMMUNITY BASED ORAL HEALTHCARE



Dental Health Aide Types

Primary Dental Health Aide I & II

Expanded Function Dental Health Aide I & II

Dental Health Aide Hygienist

Dental Health Aide Therapist



Expanded Function Dental Health Aide (EFDHA I and II)

EFDHA I

- Basic restorations
- Basic supra-gingival dental cleanings

EFDHA II

- Advanced restorations



Primary Dental Health Aides (PDHA) I & II

PDHA I

- Health Educator
- Fluoride varnish applications
- Nutritional counseling
- Oral hygiene instruction

PDHA II

- Sealants
- Atraumatic restorative treatment
- Dental radiology
- Dental Assisting



Dental Health Aide Hygienist (DHAH)

DHAH

- Allows a licensed dental hygienist, who has received additional and appropriate training, to provide anesthesia without a dentist being physically present in the clinic
- Offers patients with more advanced gum disease the ability to receive treatment in their home community during times when a dentist is not present in the community



Dental Health Aide Therapist (DHAT)

DHAT

- Requires the highest level of education and training of the Dental Health Aides
- **Three academic years compressed into 2 calendar years of education and training in dental disease prevention, restorative, relatively non-complicated extractions and basic dental treatment skills.**



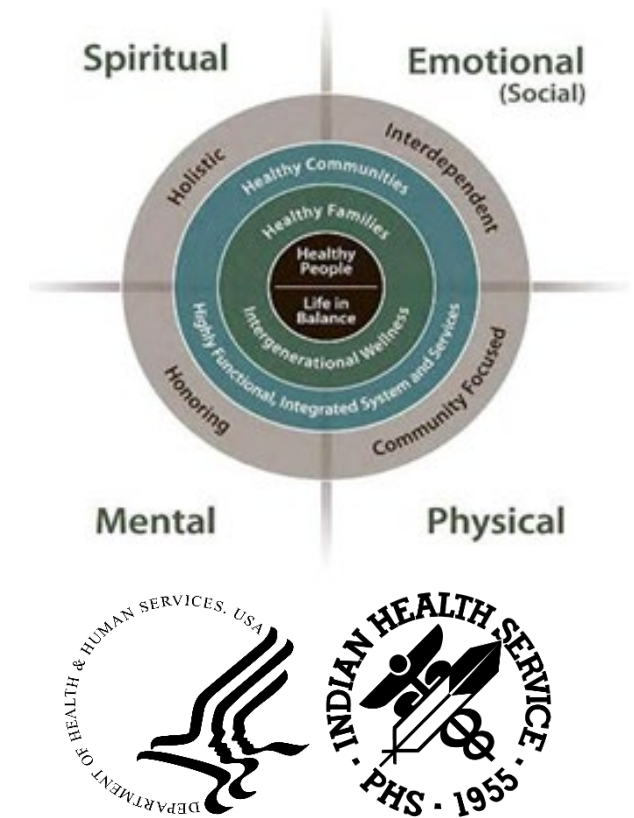
Behavioral Health Aide (BHA)

MENTAL HEALTH AND SUBSTANCE ABUSE



Behavioral Health Status

- Highest rates of suicide of any minority group within the U.S.
- Suicide rates are increasing since 2003
- High rates of substance use disorder of both illicit drugs & alcohol use
- Alcohol-related deaths from 2016 to 2020 were significantly higher rates (51.9/100,000) in comparison to the rest of the U.S. population (11.7/100,000)
- In 2019 and 2020, drug overdose death rates were highest for non-Hispanic American Indian & Alaska Native (AI/AN) people at 30.5 & 42.5 per 100,000, respectively
- From 2019-2020, the AI/AN overdose death rates increased by 39%



Role of the Behavioral Health Aide

- Utilize a combination of Western & traditional based practices to provide behavioral health prevention treatment & recovery services to our beneficiaries
- BHAs are counselors, health educators, & advocates for patients
- Find a balance between the cultural needs of a client & providing patient specialized treatment
- Added to the CHAP in 2009 & modeled after the Community Health Aides



Certification Requirements

- **BHA I:** 1000 work hours under the direct supervision of a licensed BH professional & 100 hours of clinical practicum
- **BHA II:** 1000 work hours under the direct supervision of a licensed BH professional & 100 hours of clinical practicum
- **BHA III:** 4000 work hours under the direct supervision of a licensed BH professional & 100 hours of clinical practicum
- **BHA Practitioner:** 6000 work hours under the direct supervision of a licensed BH professional & 100 hours of clinical practicum



Course Requirements

- **BHA I:** Community Needs Assessment; Screening, Intake, Referral, Crisis Management, Case Management, Orientation to Services, Life Skills Development, Psychoeducation, Individual and Group Interventions
- **BHA II:** BHA I & Substance Abuse Disorder (SUD) Assessment, SUD diagnosis, SUD treatment planning, SUD Treatment Implementation, Community Readiness Assessment, Individual, Group Family Counseling
- **BHA III:** BHA I & II and Treatment Planning & Implementation for Co-Occurring Disorders, Child/Youth Services, Clinical Case review, Quality Assurance Case Review
- **BHA Practitioner:** BHA I - III & BHA Mentoring, Child-Centered Interventions



Billing for CHAP

- Focus on becoming self-sustaining by billing for services, without requiring CHAPs to bill under an existing licensed provider's license
- Medicaid State Plan Amendments (SPAs) must be passed to bill
- Medicare would be a separate matter with potential for multiple medical billing opportunities, including chronic care management. This authorization is being pursued.
- Currently Alaska & Oregon are the only States that includes CHAP services as a billable
- WA SPA passed (limited to DHATs)
 - Some providers scopes of work may fit well under existing billable provider types
 - If not under existing provider types, new provider codes need to be developed



CHAP & Technology

- CHAP implementation may be variable from community to community, based upon local needs
- CHAPs will need portable access to their electronic health aide manuals & EHR access
- Need to be able to communicate through EHR with other providers & pharmacy quickly
- May need to request medications for patients, use pick-point, pharmacies or other means
- Need exploration for Telehealth usage via CHAPs
- Developing opportunities for real-world data & quality assessment with the shared EHR documentation between licensed provider & CHAP



CHAP Reset

- “Reset” of the program by IHS on March 26, 2024
- Request for identification by the TAG for minimum input required by IHS
- Maximum input from Tribes
- Direction by IHS for implementation of the program by the end of the year



ALL ONE IHS CHAP

THE HEALTH and WELFARE OF THE PEOPLE

• SOVEREIGNTY

• TRUSTEE RESPONSIBILITY

• INHERENT FEDERAL FUNCTION

- EMPLOY CHAP'S
- AREA OFFICE COLLABORATION
- STATE MEDICAID BILLING INFRASTRUCTURE
- TRIBES DRIVE CHAP
- SHARE TRIBAL BEST PRACTICES WITH ARC'S
- COMMUNITY OUTREACH AND ENGAGEMENT
- CLINICAL IMPLEMENTATION OF HEALTH AIDE PROGRAM
- DEFINE NEEDS
- FIRST LINE GOVERNANCE ADMINISTRATION
- ADVOCACY
- STUDENT SUPPORT & RECRUITMENT

OUTSTANDING QUESTIONS

- HAVE PSFA'S BEEN DEFINED?
- WHY ARE URBAN INDIAN ORGANIZATIONS EXCLUDED FROM CHAP?
- HOW REALISTIC IS THIS?

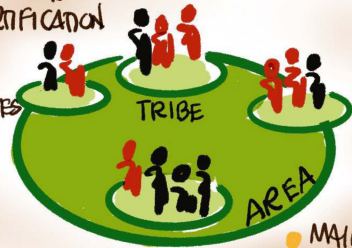
TRIBAL IHS COLLABORATION

- TRUSTEE
- APPROPRIATIONS
- ADVISORY CMTE. MODELED ON TSGAC
- AMED IHS CIRCULAR 20-06 TO REFLECT TRIBAL-FEDERAL CHAP PARTNERSHIP
- CLARIFY SOR and FEDERAL FORMS ONLY APPLY AT IHS
- ANNOUNCE POLICY TO AREA OFFICES FOR ADMINISTRATION OF FUNDING AGREEMENTS

- MINIMUM SCOPE OF PRACTICE
- MINIMUM TRAINING REQUIREMENTS
- MINIMUM SUPERVISION REQUIREMENTS

TRIBALLY ADMINISTERED AREA CERTIFICATION BOARD W/ 1 FED. REP.

• FEDERAL CERTIFICATION



• ELEVATE TRIBAL TRADITIONS and VALUES... CULTURALLY RESPONSIVE STANDARDS

• MAINTAINS STANDARDS AND PROCEDURES



• MAINTAIN ACADEMIC REVIEW CMTE'S.

• DISCIPLINARY ACTION

• RECIPROCIITY-OUT-OF-AREA PROVIDERS/ CERTIFICATION

• DRAFT and APPROVE AREA SPECIFIC ACB CHARTER



CHALLENGES

- CHAP IS EXPENSIVE
- THERE IS NO MONEY
- CHAP IN ALASKA IS UNDERFUNDED
- UNRECOGNIZED TRIBAL INVESTMENT CHAP NEEDS TO BE ADEQUATELY RESOURCED
- 5 YEARS HAVE BEEN WASTED
- ONLY A FEW MONTHS TO MAKE AN IMPACT
- PUT IN PLACE BEFORE DIR. ISO LEAVES

• BOARD ENDORSES/APPROVES - PROGRAMS - MANUALS

Current Status

- Partnership workgroup formed between the HQ Team & TAG Technical Advisors
- DTLL developed, to be issued jointly from IHS & the CHAP TAG
- HQ Responsibilities in CHAP Expansion: HQ SMEs to provide technical assistance
- Revision of Circular 20-06 underway, identification of minimal Federal input
- Maximum Tribal input will be identified in the Circular
- Development of the National Certification Board
 - Tribal representatives & 1 Federal Representative



Wrap Up/Summary & Questions

Contact the National CHAP Team

- Email: IHSCHAP@ihs.gov
- Web: www.ihs.gov/chap
- ListServe: [CHAP ListServ](#)

