

# Tribal Community Health Provider and Community Health Aide Program Projects

CRIHB/NPAIHB Quarterly Board Meeting  
July 17, 2019  
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## Goals for Today

- Provide a brief history of CHAP in Alaska
- Discuss the Draft Interim Policy, CHAP TAG and the President's proposed budget
- Review CHAP and CHR programs, how they complement each other
- Inform about the Portland Area CHAP Board Advisory Workgroup
- Familiarize about the Dental Health Aide Therapist (DHA/T); Behavioral Health Aide Practitioner BHA/P; and Community Health Aide Practitioner CHA/P
- Conclude with Why CHAP Matters!

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## What is CHAP?

The Community Health Aide Program (CHAP) is a multidisciplinary system of mid-level behavioral, community, and dental health professionals working alongside licensed providers to offer patients increased access to quality care in tribal communities.

- Community Health Aide/Practitioners are primary care, mid level providers who provide full spectrum, wrap around care for oral, behavioral and medical health in the clinic or in the home. This can include patient history, vitals, diagnostics, assessments, dispensing of medications and follow up care.

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## What is CHAP?

### Inception

- Remote Alaska access by air or water
- IHS physician visits
- Traditional healers
- Physician extenders
  - CHA/P, BHA/P and DHAT
- TB epidemic
- High rate of infant mortality
- High rate of unintentional injury

### Providers

- Typically Tribal or Village Member
- Often Generational
- Role model for the village
- Understands and may also speak the language
- Understands and participates in ceremonies
- Is familiar with and open to Tribal based or best practices understanding that evidence based is not always preferred

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## National Policy on CHAP (May 2019)

- As a result of Tribal Consultation in 2016, where Tribes overwhelmingly supported CHAP expansion outside of Alaska, IHS began putting in motion the necessary step to implement CHAP.
- The Indian Health Service, as a result of the 2016 consultation formed the CHAP Tribal Advisory Workgroup (TAG) IHS Circular 18-01
- The CHAP TAG in partnership with IHS released a draft interim National Policy on CHAP for Tribal Consultation
- This policy development included Tribal and IHS representation
- The CHAP TAG does not support eliminating or defunding the CHR program

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## National Policy on CHAP

- The Purpose of this Interim National Policy on CHAP
  - To permit those Areas, that do have Resources and Infrastructures to Implement CHAP, to move forward with CHAP expansion at their own expense
  - This Policy does not require Tribes or Areas to implement CHAP or hire CHAP providers
  - This policy does not affect CHR program or its funding
  - Congress has not yet provided funding for this policy implementation
  - There has been NO consultation on the elimination of the CHR program which is separate from the current tribal consultation on CHAP policy.

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 **CHR and CHAP**

- Legislative Authority-** CHAP is authorized under 25 USC § 1616 a-d while the CHR Program is authorized under IHCIA PL. 100-713.
- Funding Sources-** The Alaska CHAP is funded through the hospital and health clinics (H&HC) line item in the IHS budget and CHRs are funded through a specific CHR line item.
- Scopes of Work-** While the "community health" portion of the names are similar, the scope of work for a Community Health Aide and Community Health Representative are vastly different. CHAs are mid-level primary medical providers who can provide basic medical attention and can connect a patient to clinical care. CHRs provide health promotion, prevention, and outreach to community members.

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 **Complementary Programs**

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| <p><b>CHR</b></p> <ul style="list-style-type: none"> <li>• CHRs fill critically important roles to the health of their communities</li> <li>• Longstanding presence in some communities</li> <li>• Trained from the community</li> <li>• May include indigenous knowledge informed systems of care</li> <li>• Experience navigating patients to care and services in that specific community</li> <li>• Deep understanding of culture, community, and existing health care infrastructure</li> </ul> | <p><b>CHAP</b></p> <ul style="list-style-type: none"> <li>• Broad scope of practice, provides routine, preventative, and emergent care</li> <li>• Respects the knowledge and resources in the tribal community and grows providers from that source.</li> <li>• Trains AI/AN community members who speak the native languages and provide culturally appropriate care</li> <li>• Breaks down barriers to care and barriers to training;</li> <li>• Training minimizes time away from communities and families.</li> <li>• Brings care to communities;</li> <li>• Fosters a team approach to delivering health care services.</li> </ul> |
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 **Complementary Programs**

- CHR is a great place to recruit for CHAP providers
- Thriving CHR program supports the entire health delivery system
- CHR and CHAP providers work together with the rest of the medical/dental team to improve the health of the community

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### President's FY 2020 proposed budget (March 2019)

The President's FY 2020 proposed budget includes a cut of \$39 million from the CHR program and at the same time creates a new \$20 million line item for CHAP nationalization.

- The Administration has indicated their intent to transition CHRs into the CHAP
- Congress has not yet funded this proposal
- Tribes oppose CHAP expansion at the expense of reducing or eliminating the CHR Program
- Tribes would like to preserve and strengthen the CHR program
- For those Tribes that CHOOSE to implement a transition from CHR to CHAP, then resources and technical assistance must be provided by IHS

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### CHAP Board Advisory Workgroup

#### Priorities

IHS Interim Policy for CHAP; Portland Area CHAP Certification Board (PACCB); PACCB Membership Recommendations; Portland Area Standards and Procedures for DHAT, BHA/P and CHA/P; and Dental Health Academic Review Committee (DHARC), Behavioral Health Academic Review Committee (BHARC) and Community Health Academic Review Committee (CHARC)

- Andrew Shogren, Chair - Suquamish
- Libby Cope, Co-Chair - Makah
- Kay Culbertson, Secretary - Cowlitz
- CHAP Board Advisory established 7/18/18
- 36 member workgroup
- Meets monthly via zoom and in person at QBMs

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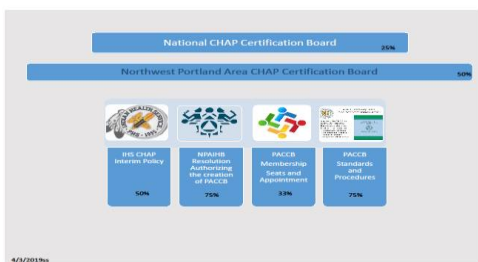


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### Progress toward PACCB




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## DHAT Education

- DHAT Curriculum
  - Year 1: basic health sciences, basic dental concepts, professional role development, introduction to clinic, patient and facilities management.
  - Year 2: clinical year, expansion of concepts learned in first year, extractions, community project, village dental rotations.

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## DHAT Scope of Practice

- Primary DHA (CDHC)
  - Oral Health Educators
- Expanded Function DHA
  - Restorations, cleanings, temporary fillings
- DHA Hygienist
  - Local anesthesia
- DHA Therapist (DHAT)
  - Prevention, operative, urgent



Supervised providers  
Teams led by Licensed Dentists

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## BHA Education & Training

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| <p><b>BHA-I</b></p> <ul style="list-style-type: none"> <li>• Screening</li> <li>• Initial intake process</li> <li>• Case management</li> <li>• Community education, prevention, early intervention</li> </ul> | <p><b>BHA-III</b></p> <ul style="list-style-type: none"> <li>• Rehabilitative services for clients with co-occurring disorders</li> <li>• Quality assurance case reviews</li> </ul> |
| <p><b>BHA-II</b></p> <ul style="list-style-type: none"> <li>• Substance abuse assessment and treatment</li> </ul>   | <p><b>BHP</b></p> <ul style="list-style-type: none"> <li>• Team leadership</li> <li>• Mentor/support BHA-I, II, and III</li> </ul>  |

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## Behavioral Health Aides / Practitioners

- Village-based counselors to provide culturally-informed, community-based, clinical services
- Provide behavioral health prevention, intervention, aftercare, and postvention
- Training and practicum requirements
- On-the-job training
- Four levels of certification

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## CHA Education & Training

- Hired, usually by village council
- **Pre-session:** Intro to CHAM/CHA role/ETT or EMT
- **Session I:** 4 weeks →60 hours in village clinic
- **Session II:** 4 weeks →200 hours in village clinic
- **Session III:** 3 weeks →200 hours in village clinic
- **Session IV:** 4 weeks →200 hours in village clinic
- **Session IV Blended:** 18 weeks (16 weeks in village via Distance Learning Network, 2 weeks at Training Center )→200 hours in village clinic, Blended Session I/II in progress
- **Preceptorship:** 1 week-skills & patient encounters; exam

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## Community Health Aides and Community Health Practitioners

### CHA/Ps

- Local people
- Initially described as “the eyes, ears and hands of the physician”
- 300,000 encounters per year
- Includes emergency, acute, chronic, and preventive health components
- Does not include differential diagnosis but does provide an assessment
- Under medical supervision of a licensed physician

### Alaska Education Includes

- CPR / AED
- Emergency Trauma Technician or Emergency Medical Technician Certification
- Remote clinics operate as 24 hour access to emergency care

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### Why CHAP Matters

Proven history of safe, quality care in Alaska for over 50 years

Uniquely developed for Alaskans by Alaskan and the same is true for Lower 48 Tribes

Tribes can tailor their programs to their needs

Decreases travel for routine or non-emergency care

Increases AI/AN local workforce

- Home grown, culturally knowledgeable and respected providers
- Competency based, skilled providers who increase access to care
- Extend the reach of services into hard to access areas
- Creates wrap around care and referral services for Tribes
- Increases the number of AI/AN providers
- Creates a career path for AI/AN providers

9/11/2019

Northwest Portland Area Indian Health Board

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### Questions?



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