

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

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**PROCEDURES BY DATE OF ACTION.....**

# Chapter 1. General Provisions

## Article 10. Authority and Scope

### History:

**Sec. 1.10.010. Authority.** The Portland Area Community Health Aide Program Certification Board is established under the authority of the Act of November 2, 1921 (25 U.S.C. § 13, popularly known as the Snyder Act) pursuant to 25 U.S.C. § 1616I (Section 119 of Pub. L. 94-437), the Indian Health Care Improvement Act, as amended, including the permanent reauthorization and amendments in Section 10221 of the Patient Protection and Affordable Care Act, Pub. L. 111-148, which incorporated by reference, as amended by Section 10221, S. 1790 as reported by the Senate Committee on Indian Affairs in December 2009 and directives and circulars of the United States Department of Health and Human Services, Public Health Service, Indian Health Service, and Portland Area Indian Health Service.

### History:

**Sec. 1.10.020. Scope.** The Portland Area Community Health Aide Program Certification Board sets standards for the community health aide program and certifies individuals as community health aides and practitioners, dental health aides (including primary dental health aides, dental health aide hygienists, expanded function dental health aides, and dental health aide therapists), and behavioral health aides and practitioners. Each of these individuals is subject to specific requirements and engages in a specific scope of practice set forth in these *Standards*, which may also be referred to as the Portland Area Standards and Procedures (PASP). For historical reasons, these various health aides are often referred to generically as “community health aides” or Tribal Community Health Providers.”

### History:

## Article 20. Definitions

### Sec. 1.20.010. Definitions.

(a) In these *Standards and Procedures*:

- (1) “ART” means atraumatic restorative treatment;
- (2) “Atraumatic restorative treatment” means a maximally preventive and minimally invasive approach to stop further progression of dental caries. It involves the removal of soft, completely demineralized carious tooth tissues with hand instruments and is followed by restoration of the cavity with an adhesive dental material that simultaneously seals the remaining tooth structure that remains at risk;
- (3) “Behavioral health aide” means a behavioral health aide I, II, and III, except when the level is specified;
- (4) “Behavioral health professional” means a person who:
  - (A) has at least a master’s degree in psychology, social work, counseling, marriage and family therapy, substance abuse or addiction, nursing with a psychiatric mental health specialty, or a related field; and
  - (B) satisfies the requirements of section 2.40.010(a)(2) [supervision of BHA/Ps; clinical oversight; qualifications];
- (5) “BHA” means behavioral health aide;
- (6) “BHAP” or “BHP” means behavioral health aide practitioner;
- (7) “BHAM” means the Behavioral Health Aide Manual, or its successor if approved by this

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- Board;
- (8) “BHA/P” means behavioral health aide or behavioral health practitioner;
- (9) “BHA/P Curriculum” means a curriculum for training behavioral health aides on the subjects, topics and lessons comprising the course of study of the BHA/P training program approved by the Board pursuant to Article 20 [BHA curricula] of Chapter 8 [certification of BHA training and curriculum];
- (10) “BLS” means Basic Life Support certification, which must include certification in cardiopulmonary resuscitation (CPR) techniques based upon training equivalent to that required for completion of a CPR course certified by the American Heart Association or American Red Cross;
- (11) “Board” means the Portland Area Community Health Aide Program Certification Board (Board);
- (12) “CHAM” means the Community Health Aide/Practitioner Manual, or its successor if approved by this Board;
- (13) “CHA/P” means community health aide or community health practitioner;
- (14) “CHA/P Curriculum” means a curriculum for training community health aides approved by the Board pursuant to Article [RESERVED] of Chapter 6 [certification of CHA/P training and curriculum];
- (15) “CHP” means community health practitioner;
- (16) “Community health aide” means a community health aide I, II, III, and IV, except when the level is specified;
- (17) “Contact hour” means no less than 50 minutes of instructional or clinical time, provided that:
- (A) a course, seminar, or workshop offered or approved by an organization from which educational or continuing education requirements may be obtained will be accepted for the number of continuing education credits designated by the organization offering it; and
- (B) academic credit will be converted to contact hours, as follows:
- (i) one semester academic credit equals 15 contact hours;
- (ii) one quarter academic credit equals 10 contact hours;
- (18) “Dental health aide” means primary dental health aides I and II, dental health aide hygienists, expanded function dental health aides I and II, and dental health aide therapists, except as used in Article 30 of Chapter 2 [DHA standards] regarding requirements for special classes of dental health aides;
- (19) “Dental hygienist” means a person licensed as a dental hygienist under applicable law, or a dental hygienist in the employ of the federal government in the discharge of official duties who is a dental hygienist licensed in one of the states or territories of the United States;
- (20) “Dentist” means a person licensed as a dentist under applicable law or a dentist in the employ of the federal government in the discharge of official duties who is licensed in one of the states or territories of the United States;
- (21) “DHA” means dental health aide;
- (22) “DHA Advanced Dental Procedures” means the curriculum set forth in section 7.20.040 [DHA advanced dental procedures];
- (23) “DHA Core Curriculum” means the curriculum set forth in section 7.20.010 [DHA core curriculum];
- (24) “DHA Curriculum” means a curriculum for training dental health aides approved by the Board pursuant to Article 20 [DHA curricula] of Chapter 7 [certification of DHA training and curriculum];

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- (25) “DHAH” means dental health aide hygienist;
- (26) “DHAT” means dental health aide therapist (which, outside of CHAP, is sometimes referred to as “dental therapist”);
- (27) “DHAT Curriculum” means a curriculum for training dental health aide therapists approved by the Board pursuant to Article 20 [DHA curricula] of Chapter 7 [certification of DHA training and curriculum];
- (28) “EFDHA” means expanded function dental health aide;
- (29) “EHR” means electronic health record;
- (30) “eLearning” means formal instruction where students and instructors are separated by geography, time, or both for the majority of the instructional period;
- (31) “EMT” means Emergency Medical Technician;
- (32) “ETT” means Emergency Trauma Technician;
- (33) “ISDEAA” means the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638, as amended, 25 U.S.C. § 5301 et seq.;
- (34) “Licensed and/or certified behavioral health clinician” means a person who:
- (A)
- (i) is a medical doctor who has completed a postgraduate residency or is Board certified in psychiatry;
- (ii) is a registered nurse who has completed a master’s degree with a psychiatric mental health specialty; or
- (iii) has completed either a doctorate or master’s degree in psychology, social work, counseling, marriage and family therapy, substance abuse or addiction, or a related field;
- (B) is authorized to diagnose disorders contained within the *Diagnostic and Statistical Manual of Mental Disorders*;
- (C) is fully or provisionally licensed or certified under applicable law, or is in the employ of the federal government and is fully or provisionally licensed or certified in one of the states or territories of the United States; and
- (D) satisfies the requirements of section 2.40.010(a)(2) [supervision of BHA/Ps; clinical oversight; qualifications];
- (35) “PACCB” means the Portland Area Community Health Aide Program Certification Board (*see also* “Board”).
- (36) “PASP” means Portland Area Standards and Procedures, which are sometimes referred to as “Standards.”
- (37) “PDHA” means primary dental health aide;
- (38) “Satisfactory performance” means the community health aide, community health practitioner, dental health aide, behavioral health aide, or behavioral health practitioner can do the skill using the CHAM or other materials for reference without other assistance. “Satisfactory performance” is measured by having the community health aide or practitioner, or dental health aide, or behavioral health aide or practitioner demonstrate the skill with sufficient expertise to meet the standard of care in a daily work situation;
- (39) “SDF” means silver diamine fluoride; and
- (40) “Session” means a course offered by a CHA/P Training Center providing a curriculum approved by the Board.
- (41) “THO” means Tribal health organization;
- (42) “THS” means Tribal health system.

**History:**

**Article 30. Designation and Citation**

**Sec. 1.30.010. Designation and Citation.** The Standards and Procedures of the Board may be cited as “PASP” followed by the number of the chapter, article, and section, separated by periods. For example, this chapter may be cited as “PASP 1” or “chapter 1”; this article may be cited as “PASP 1.30” or “article 30 of this chapter”; this section may be cited as “PASP 1.30.010” or “section 1.30.010”. Except as otherwise indicated by the context, citations in accordance with this section include amendments and reenactments of the provisions cited.

**History:**

**Article 40. Intent**

**Sec. 1.40.010. Intent.** The goals and intent of the PACCB include the following:

- (a) The intent of the Portland Area Community Health Aide Program is to address social determinants of health while improving access to integrated healthcare by:
  - (1) Providing education for tribal community health providers in the CHAP;
  - (2) Breaking down barriers to health education for AI/AN people;
  - (3) Ensuring AI/AN people receive integrated healthcare by their own peers and community members whom have a richer understanding of their individual needs;
  - (4) Increasing retention and longevity of providers in tribal health organizations so that AI/AN communities build trust with their healthcare professionals;
  - (5) Providing trauma informed education;
  - (6) Increasing availability of AI/AN providers in tribal health organizations;
  - (7) Supporting AI/AN providers and developing their leadership skills;
  - (8) Increasing access to primary care;
  - (9) Increasing access to trauma informed care;
  - (10) Prioritizing tribal, cultural, and indigenous traditions, priorities, and values in education and health care promotion and delivery;
  - (11) Creating a wraparound health system that can be tailored by tribal health organizations to better meet the needs of their distinct communities and cultures;
  - (12) Fostering a culture of health and healing within tribal communities;
  - (13) Harnessing the strength and resilience of tribal communities in healing the wounds of historical trauma, intergenerational trauma, poverty, and genocide; and
  - (14) Creating a framework for health aides and practitioners to work with other health professionals while providing health care, health promotion, and disease prevention services.
- (b) The community health aide program was authorized by Congress to promote the achievement of the health status objectives in the Indian Health Care Improvement Act. These objectives are broad in scope and address virtually every aspect of health care, access, delivery, and status. Specialized training (medical, dental, and behavioral health) and certification furthers those objectives by creating opportunities for community health aides to focus their training and practice on particular health issues and delivery strategies. Regardless of the specific title, everyone certified under the community health aide program has the same basic responsibility: to improve health status among American Indians /Alaska Natives nationwide.
- (c) Therefore, the intent of the PACCB is to support the overarching goals of the Portland Area

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Community Health Aide Program by:

- (1) Executing its duties in the context of identifying and breaking down structural and systemic inequities, including racism;
- (2) Continually examining the Portland Area CHAP for opportunities to reconcile structural racism within the program and leads to transformative justice;
- (3) Supporting education and continuing education programs that provide alternatives to mainstream education and health care and elevate tribal, cultural, and indigenous traditions, priorities, and values; and
- (4) Supporting tribal health systems with culturally responsive standards, policies, and procedures.

**History:**

## **Chapter 2. Certification of Community Health Aides, Community Health Practitioners, Dental Health Aides, Behavioral Health Aides, and Behavioral Health Practitioners**

**History:**

### **Article 10. Initial Qualifications**

#### **Sec. 2.10.010. Initial Qualifications.**

- (a) General Requirements.** The Board shall issue a community health aide, community health practitioner, dental health aide, or behavioral health aide or behavioral health practitioner certificate to a person who:
- (1) applies on forms provided by the Board;
  - (2) pays the application fees required;
  - (3) furnishes evidence satisfactory to the Board that the person has not engaged in conduct that is a ground for imposing disciplinary sanctions under Chapter 4; and
  - (4) [RESERVED]
  - (5) furnishes evidence satisfactory to the Board that the person has completed the training and education requirements for the highest level of certification being sought, as follows:
    - (A) [RESERVED FOR CHA/P]
    - (B) for a dental health aide, the requirements are those under section 2.30.100 [PDHA I training & education requirements], 2.30.200 [PDHA II training & education requirements], 2.30.220(c) [sealant requirements; training, education, & preceptorship], 2.30.230(c) [dental prophylaxis requirements; training & education] and (d) [preceptorship], 2.30.240(c) [dental radiology requirements; training, education, & preceptorship], 2.30.250(c) [dental assistant function requirements; training, education, & preceptorship], 2.30.260(c) [ART requirements; training & education] and (d) [preceptorship], 2.30.270(c) [SDF requirements; training & education] and (d) [preceptorship], 2.30.280(c) [Antimicrobials requirements; training & education] and (d) [preceptorship], and 2.30.300 [DHAH training, education, and licensure requirements], 2.30.400 [EFDHA I supervision, training, and education requirements], 2.30.500 [EFDHA II training & education requirements], 2.30.550(c) [stainless steel crown placement requirements; training & education] and (d) [preceptorship] and 2.30.600 [DHAT training & education requirements];

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- (C) for a behavioral health aide or practitioner, the requirements are those under sections 2.40.100 [BHA I training, competency, and experience requirements], 2.40.200 [BHA II training, competency, and experience requirements], 2.40.300 [BHA III training, competency, and experience requirements] or 2.40.400 [BHP training, competency, and experience requirements];
- (6) furnishes evidence satisfactory to the Board that at the time of consideration of the application the person is employed by the Indian Health Service or a tribe or tribal health program operating a community health aide program in the Portland Area under the ISDEAA;
- (7) furnishes evidence satisfactory to the Board that the person will practice as a community health aide, community health practitioner, dental health aide, or behavioral health aide or practitioner only when employed by the Indian Health Service or a tribe or tribal health program operating a community health aide program in the Portland Area under the ISDEAA;
- (8) furnishes evidence satisfactory to the Board that the person will practice as a community health aide, community health practitioner, dental health aide, behavioral health aide, or behavioral health practitioner only within the scope of practice, as well as certifications granted to the person as specified in subparagraphs (A), (B) and (C) of this paragraph, except as required to satisfy the conditions for achieving the next level of certification or when practice would be permitted under section 4.10.010(i)(2) [grounds for discipline; (unprofessional conduct; assumed duties & responsibilities)];
- (A) [RESERVED FOR CHA/P]
- (B) or a dental health aide, the scopes of practice are defined in sections 2.30.110(b) [PDHA I competencies], 2.30.210(b) [PDHA II supervision & competencies; competencies], 2.30.220(d) [sealant requirements; competencies], 2.30.230(e) [dental prophylaxis requirements; competencies], 2.30.240(d) [dental radiology requirements; competencies], 2.30.250(d) [dental assistant function requirements; competencies], 2.30.260(e) [ART requirements; competencies], 2.30.270 (e) [SDF requirements; competencies], 2.30.280(e) [Antimicrobials requirements; competencies], 2.30.310(b) [DHAH supervision & competencies; competencies], 2.30.410(b) [EFDHA I supervision & competencies; competencies], 2.30.510(b) [EFDHA II supervision & competencies; competencies], 2.30.550(e) [stainless steel crown placement requirements; competencies], and 2.30.610(b) [DHAT supervision & competencies; competencies]; and
- (C) for a behavioral health aide or behavioral health practitioner, the scopes of practice are defined in sections 2.40.500(b) [BHA/P knowledge, skills, & scope of practice; scope of practice];
- (9) furnishes evidence satisfactory to the Board that:
- (A) the person will practice only under supervision and day-to-day direction of individuals who are:
- (i) familiar with the community health aide program, the PASP, and the CHAM; and
- (ii) employed by the federal government or employed by or under contract with a tribal health program operating a community health aide program in the Portland Area under the ISDEAA; and
- (B) provided; that:
- (i) [RESERVED FOR CHA/P]
- (ii) a dental health aide may practice only under the direct, indirect, or general supervision required under article 30 [standards for DHAs] of this Chapter



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- [certification of CHAs, CHPs, DHAs, BHAs, & BHPs]; and
- (iii) a behavioral health aide or behavioral health practitioner may practice only under the direct, indirect, or general supervision required under section 2.40.010 [supervision of BHA/Ps]; and
- (C) notwithstanding the requirements under paragraphs (9)(B), other physicians, dentists, mid-level providers, licensed and/or certified behavioral health clinicians, and behavioral health professionals may direct the day-to-day activities of a community health aide, community health practitioner, dental health aide, or behavioral health aide or behavioral health practitioner, as appropriate; and
- (10) furnishes evidence satisfactory to the Board that the person meets continuing education requirements as defined in Chapter 3 [continuing education], as applicable.

**(b) Special Conditions.**

**(1) Community Health Aides or Practitioners**

(A) **Prior Practice.** [RESERVED FOR CHA/P]

(B) **Existing CHA/P Certification or Licensure.** Until such time as this PASP includes standards and procedures for the PACCB to certify CHA/Ps, the Board may, in its discretion, recognize the certification or licensure of a person who maintains a current tribal or state-issued medical license or has an existing CHA/P Certification issued by another Area Community Health Aide Program Certification Board, and the person has (1) submitted an affidavit that they have fully reviewed and will abide by the PASP; and (2) have demonstrated to their supervising provider that they hold all of the competencies otherwise required for certification or licensure by the state in which certified or licensed or for certification by the Area CHAP Certification Board who issued the certification. Such applicants will be issued a certification by the PACCB to practice as a community health aide or community health practitioner within the Portland Area.

**(2) Behavioral Health Aide's or Practitioner's**

(A) **Prior Practice.** A person who applies for certification as a behavioral health aide or behavioral health practitioner may be certified as a behavioral health aide or behavioral health practitioner without having met all of the applicable requirements of section 2.40.100 [BHA I training, competency, and experience requirements], 2.40.200 [BHA II training, competency, and experience requirements], 2.40.300 [BHA III training, competency, and experience requirements], or 2.40.400 [BHP training, competency, and experience requirements], provided the applicant provides evidence satisfactory to the Board that he or she:

- (i) meets the general requirements under section 2.10.010(a)(1), (2), (3), (6), (7), (8) and (9) [initial qualifications; general requirements];
- (ii) within 24 months prior to applying for certification under this section, has completed no fewer than 48 contact hours of training, education, or continuing education, which may include training intended for qualification at the next behavioral health aide or practitioner level, but must include:
- (I) a general orientation equivalent to that described in section 8.20.050 [general orientation] and an orientation to community-based behavioral health services that equivalent to that described in section 8.20.100 [orientation to community-based behavioral health services to include integrated care and working within Tribal Communities]; and
- (II) no fewer than four contact hours each in ethics and consent and in confidentiality and privacy;

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- (iii) demonstrates the knowledge and performance required of an individual seeking certification at the level for which certification is sought as described in section 2.40.500 [BHA/P knowledge, skills, and scope of practice];
- (iv) has related work experience:
  - (I) equivalent to no less than 20 hours a week for a period no less than:
    - (a) 18 months within the 5 years prior to application if applying for certification as a behavioral health aide I;
    - (b) 24 months within the 5 years prior to application if applying for certification as a behavioral health aide II;
    - (c) 36 months within the 6 years prior to application if applying for certification as a behavioral health aide III;
    - (d) 48 months within the 7 years prior to application if applying for certification as a behavioral health practitioner; and
    - (e) provided, the minimum hours of work, period of work experience, and the period in which it must have occurred prior to application set forth in subparagraphs (a), (b), (c), or (c) of this subparagraph (I) may be waived upon review and recommendation of the Behavioral Health Academic Review Committee based on a finding of exceptional circumstances; and
  - (II) that includes community-based behavioral health services and a range of the activities a person certified at the level of certification being sought by the applicant is expected to perform;
- (v) provides a statement from a licensed and/or certified behavioral health clinician or behavioral health professional attesting that the applicant has the knowledge and skills required under section 2.40.500 [BHA/P knowledge, skills, and scope of practice];
- (vi) provides two letters of positive reference from supervisors or others with whom the applicant has worked within the two-year period prior to application;
- (vii) has demonstrated the ability to provide culturally resonant services in a tribal setting; and
- (viii) has completed the examination as provided for in section 2.40.030 [BHA/P trial examination].

**(B) Existing BHA/P Certification or Licensure.** The Board may, in its discretion, recognize the certification or licensure of a person who maintains a current tribal or state-issued behavioral health certification or license or has an existing BHA/P Certification issued by another Area Community Health Aide Program Certification Board. The Board may issue BHA/P Certification under the PASP to such a recognized practitioner upon application and:

- (i) Submission of an affidavit that the provisional applicant has fully reviewed and will abide by the PASP; and
- (ii) A demonstration of the core competencies required of BHA/Ps described in Article 40 of this Chapter. [Standards for Behavioral Health Aides and Practitioners].

**(3) Dental Health Aides and Dental Health Aide Therapists**

**(A) Prior or Existing DHA/T Certification or Licensure.** The Board may, in its discretion, recognize the certification or licensure of a person who holds or has held a state-issued or tribal-issued dental health aide or dental therapist license or certification issued by another Area Community Health Aide Program Certification Board, provided that such license or certification is current or has lapsed no more

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than six months before the date of application for certification. The Board may issue a DHA/T Certification under the PASP to such a recognized practitioner upon application and:

- (i) Submission of an affidavit that the provisional applicant has fully reviewed and will abide by the PASP; and
- (ii) provides two letters of positive reference from supervisors or others with whom the applicant has worked within the two-year period prior to application; and
- (iii) A demonstration of the core competencies required of DHA/Ts described in Article 30 of this Chapter. [Standards for Dental Health Aides]
  - (I) If license/certification is current or lapsed less than 6 months before application date, applicant may be eligible for certification with preceptorship equal to that of certification renewal for unexpired certificate as described in 3.10.050(a)(1)(B)(i) [DHA Continuing Education Requirements, Unexpired Certificate]
  - (II) If license/certification has lapsed more than 6 months before application date, applicant must complete preceptorship equal to that of initial certification

- (4) Delayed Application.** An applicant for certification as a community health aide, community health practitioner, dental health aide, or behavioral health aide or behavioral health practitioner who obtained the required training more than two years prior to submitting an application for certification to the Portland Area Board must provide evidence satisfactory to the Board that he or she:
- (A) meets all the requirements for initial certification by this Board; and
  - (B) in the two-year period preceding the application for initial certification by this Board has met the applicable requirements for continuing education set forth in Chapter 3.

**History:**

**Sec. 2.10.015. Certifications as CHA/P, DHA, and BHA/P.** A person who meets all of the applicable requirements of the PASP may be certified as a community health aide or community health practitioner, as a dental health aide, and as a behavioral health aide or behavioral health practitioner. *See also* section 2.30.030 [multiple certifications].

**History:**

**Sec. 2.10.020. Surrender of a Certificate.** A person certified under articles 20 [standards for CHA/Ps], 30 [standards for DHAs], or 40 [standards for BHA/Ps] of this chapter shall surrender the certificate to their employer or send the certificate to the Board if, at any time during the period in which it would otherwise be in effect, the person no longer meets any requirement of initial certification under section 2.10.010 [initial qualifications] except subsection 2.10.010(a)(6) [initial requirements; general requirements; (employment)].

**History:**

**Article 20.**

[RESERVED FOR CHA/P]

**Article 30. Standards for Dental Health Aides**

**History:**

**Sec. 2.30.010. Supervision of Dental Health Aides.<sup>1</sup>**

- (a) **Generally.** The supervision of a dental health aide may be general, indirect, or direct, as defined in section 2.30.010(b) [supervision of DHAs; (definitions of levels of supervision)], provided that:
- (1) the person providing the supervision must satisfy the criteria provided under section 2.10.010(a)(9) [initial qualifications; general requirements (supervision & day-to-day direction)];
  - (2) the dental health aide must be supervised at whatever level of supervision is required for the specific care being provided;
  - (3) a dentist or dental health aide therapist providing supervision may impose a higher level of supervision on the dental health aide than that provided in this article; and
  - (4) when a dental health aide therapist requires supervision, the supervision must be provided by a dentist.
- (b) **Definitions of Levels of Supervision.** For the purposes of this article:
- (1) “Direct supervision” means the dentist or dental health aide therapist in the dental office personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient evaluates the performance of the dental health aide;
  - (2) “General supervision” means the dentist or dental health aide therapist has authorized the procedures and they are being carried out in accordance with standing orders issued to a specific dental health aide; and
  - (3) “Indirect supervision” means a dentist or dental health aide therapist is in the facility, authorizes the procedures via the standing orders, and remains in the dental facility while the procedures are being performed by the dental health aide.

**History:**

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

- (a) **Minimum Requirements.** A person who satisfies the requirements of subsection 2.30.020(b) [scope of practice prior to certification as a DHA; (employment)] may perform services of a certified dental health aide prior to being certified under this article to the extent the services are performed:
- (1) as part of training required for certification;
  - (2) as part of a required preceptorship under sections 2.30.100(b) [PDHA I training & education requirements; (preceptorship)], 2.30.220(c)(1)(B) [sealant requirements; training, education & preceptorship; (sealants during training)] or (c)(2) [sealant requirements; training, education & preceptorship; (preceptorship)], 2.30.230(d) [dental prophylaxis requirements; (preceptorship)]; 2.30.240(c)(1)(D) [dental radiology requirements; training, education & preceptorship; (radiographs during training)] or (c)(2) [dental radiology requirements; training, education & preceptorship; (minimum number radiographs)], 2.30.250(c) [dental assistant function requirements; (training, education & preceptorship)], 2.30.260(d) [ART requirements; (preceptorship)], 2.30.270

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<sup>1</sup> The supervision (at whatever level is required) of a dental health aide who provides services for which a Medicaid claim will be made must be provided by a dentist.

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- (d) [SDF requirements; (preceptorship)], 2.30.280(d) [Antimicrobials requirements; (preceptorship)], 2.30.400(b) [EFDHA I supervision, training and education requirements; (preceptorship)], 2.30.500(b) [EFDHA II training & education requirements; (preceptorship)], 2.30.550(d) [stainless steel crown placement requirements; (preceptorship)], 2.30.600(c) [DHAT training & education requirements; (preceptorship)]; or
- (3) while an application for certification is pending before the Board after successful completion of all required training and preceptorship.

**(b) Employment.** To be eligible to perform services under subsection 2.30.020(a) [scope of practice prior to certification as a DHA; (minimum requirements)], the person must be employed or sponsored by the Indian Health Service or a tribe or tribal program operating a community health aide program in the Portland Area under the ISDEAA.

**History:**

**Sec. 2.30.030. Multiple Certification.** Under this article a person may be certified under more than one section.

**History:**

**Sec. 2.30.050. Certification by Credentials.** The Board may waive one or more of the requirements of Article 30 of this Chapter [Standards for Dental Health Aides] for a person who provides evidence satisfactory to the Board that the person has health care training, education, and experience at least equivalent in scope, quality, and difficulty to those imposed under these sections, provided the applicant demonstrates to the satisfaction of the Board that the applicant is adequately familiar with the CHA/P program and will limit their practice to the scope of practice of dental health aide under the PASP.

**History:**

**Sec. 2.30.100. Primary Dental Health Aide I Training and Education Requirements.** A person meets the training and education requirements to be a certified primary dental health aide I upon successful completion of the requirements set forth in subsections (a) [training] and (b) [preceptorship] of this section.

**(a) Training.**

- (1) A dental health aide must complete:
- (A) A pre-session or Session I training course provided by a CHA/P Training Center, provided that a Presession training course must address at a minimum all of the topics identified in section 7.20.010 [DHA core curriculum]; or
- (B) a Board-approved DHA core curriculum course that satisfies the requirements of section 7.20.010 [DHA core curriculum];
- (2) a Board-approved primary oral health promotion and disease prevention course that satisfies the requirements of section 7.20.020 [primary oral health promotion & disease prevention];
- (3) a Board-approved basic dental procedure course that satisfies the requirements of section 7.20.030 [basic dental procedures]; and
- (4) Basic Life Support certification.

**(b) Preceptorship.** A dental health aide must, after completion of the requirements in subsection (a) of this section and under the direct supervision of a dentist, dental health aide therapist, or

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dental hygienist, (supervision duties may be distributed among multiple providers)  
satisfactorily complete a preceptorship, which must include satisfactory performance in the:

- (1) delivery of a minimum of 20 fluoride treatments;
- (2) delivery of a minimum of 40 oral hygiene sessions of which:
  - (A) a minimum of 10 must be with children under 6 years of age;
  - (B) a minimum of 10 must be with patients between ages 6 and 14; and
  - (C) a minimum of 10 must be with patients over age 14;
- (3) delivery of a minimum of 20 diet education sessions, including a minimum of:
  - (A) 10 provided to the primary caregiver of children under age 6; and
  - (B) 5 provided to an adult regarding the adult's own diet; and
- (4) delivery of a minimum of 20 antimicrobial treatments,
- (5) an additional 40 hours of relevant work experience.

- (c) **Waiver.** A person who has equivalent education, training, or experience may be deemed by the Board to meet the requirements in subsections (a)(2) [PDHA I training & education requirements; (oral health promotion disease prevention course)] and (3) [PDHA I training & education requirements; (basic dental procedure course)] and (b) [PDHA I training & education requirements; (preceptorship)] of this section.

**History:**

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

**(a) Dental Supervision.** A certified primary dental health aide I may provide services under the general supervision of a dentist or dental health aide therapist.

**(b) Competencies.** A certified primary dental health aide I must successfully demonstrate and maintain:

- (1) an understanding of:
  - (A) basic dental anatomy;
  - (B) caries disease process;
  - (C) periodontal disease process;
  - (D) infection control;
  - (E) health care system access, including access to Medicaid and other third-party resources;
  - (F) scheduling;
  - (G) theory of prevention; and
  - (H) fluoride as a drug and related issues;
- (2) competency in the following subjects:
  - (A) fluoride treatments, including gels, foams, varnish, and mouth rinse;
  - (B) diet education;
  - (C) oral hygiene instruction;
  - (D) identification of potential dental problems and appropriate referrals;
  - (E) [RESERVED for CHA/P]
  - (F) dental health aide's general scope of work; and
  - (G) basic life support; and
- (3) satisfactory performance of the following skills:
  - (A) [RESERVED future CHAM];
  - (B) general medical history taking;
  - (C) patient education including:

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- (i) oral hygiene instruction;
- (ii) diet education; and
- (iii) explanation of prevention strategies, including fluoride and sealants;
- (D) tooth brush prophylaxis;
- (E) providing topical fluorides, including gels, foam, varnish, and rinses;
- (F) clean/sterile techniques;
- (G) universal precautions; and
- (H) hand hygiene.

**History:**

**Sec. 2.30.150. [RESERVED]**

**Sec. 2.30.160. [RESERVED]**

**Sec. 2.30.200. Primary Dental Health Aide II Training and Education Requirements.** A person meets the training and education requirements to be a certified primary dental health aide II upon successful completion of:

- (a) Either subparagraph (1) or (2) below:
  - (1) Completion of Subparagraphs (A)–(C) below:
    - (A) all requirements under sections 2.30.100 [PDHA I training & education requirements] through 2.30.110 [PDHA I supervision & competencies];
    - (B) a Board-approved DHA Advanced Dental Procedures training session that satisfies the requirements of section 7.20.040 [DHA advanced dental procedures]; and
    - (C) one or more certifications under 2.30.220 [sealant requirements], 2.30.230 [dental prophylaxis requirements], 2.30.240 [dental radiology requirements], 2.30.250 [dental assistant function requirements], or 2.30.260 [ART requirements]; or
  - (2) the requirements of section 2.30.300(b)(1) and (2) [DHAH training, education, & licensure requirements; (education options)]; and
- (b) a Board-approved DHA community-based dental practice course that satisfies the requirements of section 7.20.050 [community-based dental practice].

**History:**

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

- (a) **Dental Supervision.** A certified primary dental health aide II may provide the services under paragraph (b)(2) [competencies; (satisfactory performance)] under the general supervision of a dentist or dental health aide therapist.
- (b) **Competencies.** In addition to meeting the requirements of section 2.30.110 [PDHA I supervision & competencies], a certified dental health aide II must successfully demonstrate and maintain:
  - (1) The following skills:
    - (A) an understanding and knowledge of dental anatomy;
    - (B) an understanding and knowledge of caries and the periodontal disease process;
    - (C) identification and knowledge of dental instruments and equipment;
    - (D) an understanding of telemedicine technology;
    - (E) dental charting;

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- (F) problem-specific medical and dental history taking;
- (G) basic knowledge of relationship between medical conditions and oral health;
- (H) basic management of dental emergencies;
- (I) proper handling and sterilization of instruments; and
- (J) disinfection of the operatory;
- (2) satisfactory performance of the following skills:
  - (A) problem-specific medical and dental history taking;
  - (B) recognition of medical and dental conditions that may require direct dental supervision or services;
  - (C) recognition of relationship between medical conditions and oral health;
  - (D) dental charting and patient record documentation;
  - (E) instrument handling and sterilization procedures;
  - (F) intra- and extra-oral photographs, if equipment is available; and
- (3) meeting the requirements of one or more of the following sections:
  - (A) 2.30.220 [sealant requirements];
  - (B) 2.30.230 [dental prophylaxis requirements];
  - (C) 2.30.240 [dental radiology requirements];
  - (D) 2.30.250 [dental assistant function requirements]; or
  - (E) 2.30.260 [ART requirements]
  - (F) 2.30.270 [SDF requirements].

**History:**

**Sec. 2.30.220. Sealant Requirements.**

- (a) **Prerequisites.** A dental health aide may be certified under this section to perform sealants under the conditions set forth in subsections (b) through (d) of this section provided the dental health aide satisfies the requirements of sections:
  - (1) 2.30.200 [PDHA II training & education requirements] and 2.30.210 [PDHA II supervision & competencies];
  - (2) 2.30.400 [EFDHA I supervision, training, & education requirements] and 2.30.410 [EFDHA I supervision & competencies]; or
  - (3) 2.30.500 [EFDHA II training & education] and 2.30.510 [EFDHA II supervision & competencies].
- (b) **Dental Supervision.**
  - (1) The sealant procedure must have been ordered by a dentist prior to the sealant procedure.
  - (2) Sealants may be performed under this section by a dental health aide under the general supervision of a dentist, provided the dental health aide has met the requirements of this section, including successful completion of the requirements of section 2.30.200(b) [PDHA II training & education requirements; (community-based dental practice course)].
  - (3) An expanded function dental health aide I or II who has not completed the requirements of section 2.30.200(b) [PDHA II training & education requirements; (community-based dental practice course)] may perform sealants under this section only under the direct or indirect supervision of a dentist.



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- (c) **Training, Education, and Preceptorship.** The dental health aide must have satisfactorily completed:
- (1) The following:
    - (A) a course in sealants that is:
      - (i) approved by the Board that satisfies the requirements of section 7.20.100 [sealants];
      - (ii) offered by an accredited school of higher education; or
      - (iii) offered by IHS; and
    - (B) under the direct supervision of a dentist, dental health aide therapist, or licensed dental hygienist, (supervision duties may be distributed among multiple providers) satisfactory performance of a minimum of 25 sealant procedures including:
      - (i) a minimum of 10 on molars;
      - (ii) a minimum of 5 on children under 7 years of age; and
      - (iii) a minimum of 10 on second molars; or
  - (2) under the direct supervision of a dentist, dental health aide therapist, or licensed dental hygienist, satisfactory performance of a minimum of 50 sealant procedures including:
    - (A) a minimum of 20 on molars;
    - (B) a minimum of 10 on children under 7 years of age; and
    - (C) a minimum of 10 on second molars.
- (d) **Competencies.** In addition to meeting all other requirements of this section, the dental health aide must understand and successfully demonstrate and maintain the following competencies and skills:
- (1) understanding and following dental orders;
  - (2) reviewing medical history and identifying contraindications for sealant treatment;
  - (3) explaining sealant procedure and responding to questions from patient regarding sealants;
  - (4) proper patient and provider safety procedures;
    - (A) proper use and safety procedures related to curing light;
    - (B) proper use of etchant material;
  - (5) isolating and drying teeth to be sealed;
  - (6) identifying and correcting occlusal discrepancies caused by excess sealant; and
  - (7) ensuring retention of the sealant.

**History:**

**Sec. 2.30.230. Dental Prophylaxis Requirements.**

- (a) **Prerequisites.** A dental health aide may be certified under this section to perform dental prophylaxis under the conditions set forth in subsections (b) through (d) of this section, provided the dental health aide satisfies the requirements of sections:
- (1) 2.30.200 [PDHA II training & education requirements] and 2.30.210 [PDHA II supervision & competencies];
  - (2) 2.30.400 [EFDHA I supervision, training, & education requirements] and 2.30.410 [EFDHA I supervision & competencies]; or
  - (3) 2.30.500 [EFDHA II training & education requirements] and 2.30.510 [EFDHA II supervision and competencies].
- (b) **Dental Supervision.**
- (1) The dental prophylaxis procedure must have been ordered by a dentist or dental health

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aide therapist prior to the performance of the procedure.

- (2) Dental prophylaxis performed under this section must be carried out under the direct or indirect supervision of a dentist or dental health aide therapist unless the dental health aide has successfully completed the requirements of section 2.30.200(b) [PDHA II training & education requirements; (community-based dental practice course)].

**(c) Training and Education.** The dental health aide must have satisfactorily completed one of the following:

- (1) a Board-approved course in dental prophylaxis that satisfies the requirements of section 7.20.110 [dental prophylaxis];  
(2) a course in dental prophylaxis offered by an accredited school of higher education; or  
(3) a course in dental prophylaxis offered or approved by IHS, including “Clinical Periodontics for the Dental Assistant.”

**(d) Preceptorship.** A dental health aide must, after completion of the requirements in subsection (c) of this section and under the direct supervision of a dentist, dental health aide therapist, or licensed dental hygienist, satisfactorily complete a preceptorship during which the dental health aide satisfactorily performs a minimum of 40 dental prophylaxis of which:

- (1) a minimum of 10 must be performed on children under 8 years of age; and  
(2) a minimum of 10 must be performed on adults with supra-gingival calculus.

**(e) Competencies.** In addition to meeting all other requirements of this section, the dental health aide must understand and successfully demonstrate and maintain the following competencies and skills:

- (1) understanding and following dental orders;  
(2) reviewing medical history and identifying contraindications for performing prophylaxis;  
(3) understanding when the patient should be referred to a dentist prior to carrying out prophylaxis;  
(4) explaining prophylaxis procedure and respond to questions from patient regarding prophylaxis;  
(5) proper patient and provider safety procedures;  
(A) proper use of dental instruments for safety of patient and provider; and  
(B) proper use of ultrasonic scalers; and  
(6) scaling and polishing to remove plaque, calculus, and stains from the coronal or exposed surface of the tooth.  
(7) [RESERVED]

**History:**

**Sec. 2.30.240. Dental Radiology Requirements.**

**(a) Prerequisites.** A dental health aide may be certified under this section to perform dental radiology under the conditions set forth in subsections (b) through (d) of this section provided the dental health aide satisfies the requirements of sections:

- (1) 2.30.200 [PDHA II training & education requirements] and 2.30.210 [PDHA II supervision & competencies];  
(2) 2.30.400 [EFDHA I supervision, training, & education requirements] and 2.30.410 [EFDHA I supervision & competencies]; or  
(3) 2.30.500 [EFDHA II training & education requirements] and 2.30.510 [EFDHA II

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supervision & competencies].

(b) **Dental Supervision.** Dental radiology may be performed under this section by a dental health aide under the general supervision of a dentist or dental health aide therapist provided the dental health aide has met the requirements of all of the requirements of this section.

(c) **Training, Education, and Preceptorship.**

(1) The dental health aide must have satisfactorily completed one of the following:

(A) a Board-approved course in dental radiology that satisfies the requirements of section 7.20.120 [dental radiology];

(B) a course in dental radiology offered by an accredited school of higher education;

(C) a course in dental radiology offered or approved by IHS, including “Basic Radiology for Dental Staff”; or

(D) satisfactory performance in exposing and developing a minimum of 75 dental radiographs under the direct supervision of a dentist, dental health aide therapist, or licensed dental hygienist including:

(i) a minimum of 10 sets of bitewing radiographs, provided that a minimum of 5 sets of the bitewings must be on children under 7 years of age, and

(ii) a minimum of 20 periapicals and 3 occlusals.

(2) If in the course under Subsection (1)(A) through (C) the dental health aide did not satisfactorily expose radiographs on at least 10 patients, then after the completion of the course, the dental health aide must complete, under direct supervision of a dentist, dental health aide therapist, or licensed dental hygienist, enough additional radiographs to have satisfactorily completed exposures on no less than 10 patients.

(d) **Competencies.** In addition to meeting all other requirements of this section, a dental health aide may only perform dental radiology, if the dental health aide successfully demonstrates and maintains an understanding of and competency in:

(1) The Safe Use of ionizing radiation, including proper use of safety precautions for patients and providers;

(2) Factors affecting the diagnostic quality of radiographs;

(3) Infection control with radiograph equipment

**History:**

**Sec. 2.30.250. Dental Assistant Function Requirements.**

(a) **Prerequisites.** A dental health aide may be certified under this section to perform the functions of a dental assistant under the conditions set forth in subsections (b) through (c) of this section provided the dental health aide satisfies the requirements of 2.30.200 [PDHA II training & education requirements] and 2.30.210 [PDHA II supervision & competencies].

(b) **Dental Supervision.** A dental health aide certified under this article who satisfies the requirements of this section may perform the functions of a dental assistant only under the direct or indirect supervision of a:

(1) dentist;

(2) dental health aide therapist;

(3) licensed dental hygienist; or

(4) [RESERVED]

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- (5) primary dental health aide II or expanded function dental health aide I or II who is performing procedures under the general supervision of a dentist.

(c) **Training, Education, and Preceptorship.** In addition to performing functions as provided for the level of certification achieved by the dental health aide, a dental health aide may perform the functions of a dental assistant, if the dental health aide has successfully completed one of the following:

- (1) an accredited dental assisting program;
- (2) a Board approved dental assisting program that satisfies the requirements of section 7.20.130 [dental assisting]; or
- (3) a program provided by a dentist who directly supervised the person carrying out a sufficient number of patient encounters for the person to develop satisfactory skills, as determined by the supervising dentist, in each of the functions identified in Subsection (d) of this section [dental assistant function requirements; (competencies)].

(d) **Competencies.** In addition to meeting all other requirements of this section, the dental health aide must understand and successfully demonstrate and maintain the ability to satisfactorily perform the following functions:

- (1) applying topical anesthetic agents;
- (2) placing and removing isolation devices, including rubber dams;
- (3) basic knowledge of dental materials, instruments, and procedures;
- (4) four-handed instrument transfer;
- (5) dental charting and patient record documentation;
- (6) proper handling and sterilization of instruments; and
- (7) disinfection of operatory.
- (8) [RESERVED]

**History:**

**Sec. 2.30.260. Atraumatic Restorative Treatment (ART) Requirements.**

(a) **Prerequisites.** A dental health aide may be certified under this section to perform atraumatic restorative treatment (ART) under the conditions set forth in subsections (b) through (d) of this section provided the dental health aide satisfies the requirements of sections:

- (1) 2.30.200 [PDHA II training & education requirements] and 2.30.210 [PDHA II supervision & competencies];
- (2) 2.30.300 [DHAH training, education, & licensure requirements] and 2.30.310 [DHAH supervision & competencies];
- (3) 2.30.400 [EFDHA I supervision, training, & education requirements] and 2.30.410 [EFDHA I supervision & competencies]; or
- (4) 2.30.500 [EFDHA II training & education requirements] and 2.30.510 [EFDHA II supervision & competencies], and 2.30.220 [sealant requirements], 2.30.230 [dental prophylaxis requirements], and 2.30.240 [dental radiology requirements].

(b) **Dental Supervision.**

- (1) The dental health aide may perform ART only after consultation with a dentist or dental health aide therapist (exception is the dental health aide hygienist who must be supervised by a dentist) who has reviewed appropriate dental records regarding the patient, which may include radiographs and intra-oral photographs.
- (2) ART may be performed under this section by a dental health aide under the general

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supervision of a dentist or dental health aide therapist (exception is the dental health aide hygienist who must be supervised by a dentist) provided the dental health aide has met the requirements of all of the requirements of this section, including successful completion of the requirements of section 2.30.200(b) [PDHA II training & education requirements; (community-based dental practice course)].

- (c) An expanded function dental health aide I or II who has not completed the requirements of section 2.30.200(b) [PDHA II training & education requirements; (community-based dental practice course)] may perform ART under this section only under the direct or indirect supervision of a dentist or dental health aide therapist.

- (d) **Training and Education.** The dental health aide must have satisfactorily completed one of the following:

- (1) a Board-approved course in ART that satisfies the requirements of section 7.20.140 [ART];
- (2) a course in ART offered by an accredited school of higher education; or
- (3) a course in ART offered or approved by IHS, including the course “Early Childhood Caries (ECC) and Midlevel Providers: An Expanded Role for Hygienists and Therapists.”

- (e) **Preceptorship.** A dental health aide must, after completion of the requirements in subsection (c) of this section and under the direct supervision of a dentist, satisfactorily complete a preceptorship during which the dental health aide satisfactorily performs ART on:

- (1) a minimum of 10 patients of whom a minimum of 5 must be children under 4 years of age; and
- (2) a minimum of 50 teeth.

- (f) **Competencies.** In addition to meeting all other requirements of this section, a dental health aide may only perform ART if the dental health aide successfully demonstrates and maintains:

- (1) an understanding of and following dental orders;
- (2) reviewing medical history and identifying contraindications for performing ART;
- (3) identify cases appropriate for ART;
- (4) understanding when the patient should be referred to a dentist;
- (5) explaining ART procedure and responding to questions from patient regarding ART;
- (6) proper patient and provider safety procedures, including proper use dental instruments;
- (7) isolating the tooth/teeth;
- (8) removing gross caries with hand instruments;
- (9) mixing, placing, and contouring appropriate restorative material; and
- (10) recognizing potential and actual procedural complications and consulting appropriately with the dentist.

**History:**

**Sec. 2.30.270. Silver Diamine Fluoride (SDF) Treatment Requirements.**

- (a) **Prerequisites.** A dental health aide may be certified under this section to perform SDF treatment under the conditions set forth in subsections (b) through (d) of this section, provided the dental health aide satisfies the requirements of sections:

- (1) 2.30.200 [PDHA II training & education requirements] and 2.30.210 [PDHA II supervision & competencies];

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- (2) 2.30.300 [DHAH training, education, & licensure requirements] and 2.30.310 [DHAH supervision & competencies];
- (3) 2.30.400 [EFDHA I supervision, training, & education requirements] and 2.30.410 [EFDHA I supervision & competencies]; or
- 2.30.500 [EFDHA II training & education requirements] and 2.30.510 [EFDHA II supervision & competencies], and 2.30.220 [sealant requirements], 2.30.230 [dental prophylaxis requirements], and 2.30.240 [dental radiology requirements].

**(b) Dental Supervision.**

- (1) The dental health aide may perform SDF only after consultation with a dentist or dental health aide therapist (exception is the dental health aide hygienist who must be supervised by a dentist) who has reviewed appropriate dental records regarding the patient, which may include radiographs and intra-oral photographs.
- (2) SDF may be performed under this section by a dental health aide under the general supervision of a dentist or dental health aide therapist (exception is the dental health aide hygienist who must be supervised by a dentist) provided the dental health aide has met the requirements of all of the requirements of this section, including successful completion of the requirements of section 2.30.200(b) [PDHA II training & education requirements; (community-based dental practice course)].
- An expanded function dental health aide I or II who has not completed the requirements of section 2.30.200(b) [PDHA II training & education requirements; (community-based dental practice course)] may perform ART under this section only under the direct or indirect supervision of a dentist or dental health aide therapist.

**(c) Training and Education.** The dental health aide must have satisfactorily completed one of the following:

- (1) a Board-approved course in SDF that satisfies the requirements of section 7.20.150 [SDF];
- (2) a course in SDF offered by an accredited school of higher education; or
- a course in SDF offered or approved by IHS, including the course “Early Childhood Caries (ECC) and Midlevel Providers: An Expanded Role for Hygienists and Therapists.”

**(d) Preceptorship.** A dental health aide must, after completion of the requirements in subsection (c) of this section and under the direct supervision of a dentist, satisfactorily complete a preceptorship during which the dental health aide satisfactorily performs SDF on

- (1) a minimum of 10 patients, of whom a minimum of 5 must be children under 4 years of age; and
- (2) a minimum of 50 teeth.

**(e) Competencies.** In addition to meeting all other requirements of this section, a dental health aide may only perform SDF if the dental health aide successfully demonstrates and maintains:

- (1) an understanding of and following dental orders;
- (2) reviewing medical history and identifying contraindications for performing SDF;
- (3) identifying cases appropriate for SDF;
- (4) understanding when the patient should be referred to a dentist;
- (5) explaining SDF procedure and responding to questions from patient regarding SDF;
- (6) proper patient and provider safety procedures, including proper use dental instruments;
- (7) isolating and drying the tooth/teeth;
- (8) placing SDF; and

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- (9) recognizing potential and actual procedural complications and consulting appropriately with the dentist.

**History:**

**Sec. 2.30.280. Antimicrobial Treatments.**

**(a) Prerequisites.** A dental health aide may be certified under this section to perform antimicrobial treatments under the conditions set forth in subsections (b) through (d) of this section, provided the dental health aide satisfies the requirements of sections:

- (1) 2.30.200 [PDHA II training & education requirements] and 2.30.210 [PDHA II supervision & competencies];
- (2) 2.30.400 [EFDHA I supervision, training, & education requirements] and 2.30.410 [EFDHA I supervision & competencies]; or
- (3) 2.30.500 [EFDHA II training & education requirements] and 2.30.510 [EFDHA II supervision and competencies].

**(b) Dental Supervision.**

- (1) The antimicrobial treatment procedure must have been ordered by a dentist or dental health aide therapist prior to the performance of the procedure.
- (2) Antimicrobial treatment performed under this section must be carried out under the direct or indirect supervision of a dentist or dental health aide therapist unless the dental health aide has successfully completed the requirements of section 2.30.200(b) [PDHA II training & education requirements; (community-based dental practice course)].

**(c) Training and Education.** The dental health aide must have satisfactorily completed one of the following:

- (1) a Board-approved course in antimicrobial treatments that satisfies the requirements of section 7.20.110 [dental prophylaxis];
- (2) a course in antimicrobial treatments offered by an accredited school of higher education; or
- (3) a course in antimicrobial treatments offered or approved by IHS, including “Clinical Periodontics for the Dental Assistant.”

**(d) Preceptorship.** A dental health aide must, after completion of the requirements in subsection (c) of this section and under the direct supervision of a dentist, dental health aide therapist, or licensed dental hygienist, satisfactorily complete a preceptorship during which the dental health aide satisfactorily performs a minimum of 40 antimicrobial treatments of which:

- (1) a minimum of 10 must be performed on children under 8 years of age; and
- (2) a minimum of 10 must be performed on adults.

**(e) Competencies.** In addition to meeting all other requirements of this section, the dental health aide must understand and successfully demonstrate and maintain the following competencies and skills:

- (1) understanding and following dental orders;
- (2) reviewing medical history and identifying contraindications for performing antimicrobial treatments;
- (3) understanding when the patient should be referred to a dentist prior to carrying out antimicrobial treatments;

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- (4) explaining antimicrobial treatment procedure and respond to questions from patient regarding antimicrobial treatment;
- (5) proper patient and provider safety procedures; and
- (6) proper use of antimicrobials for safety of patient and provider;
- (7) [RESERVED]

**History:**

**Sec. 2.30.300. Dental Health Aide Hygienist Training, Education, and Licensure Requirements.**

- (a) A person meets the requirements to be a certified dental health aide hygienist if the person:
  - (1) Has successfully completed the following training and education requirements:
    - (A) all requirements under sections 2.30.100(a)(1) [PDHA I training & education requirements; training (presession)] and (4) [PDHA I training & education requirements; training; (BLS)];
    - (B) Either of the following trainings:
      - (i) an accredited school of dental hygiene; or
      - (ii) a dental hygiene training and education program approved by the Board; and
      - (iii) if not covered in the training under (B)(i) or (ii) of this subsection or if the training has not been kept up to date through practice or continuing education, a course in local anesthetic that is:
        - (I) approved by the Board that satisfies the requirements of section 7.20.400 [local anesthetic administration];
        - (II) offered by an accredited school of higher education; or
        - (III) offered or approved by IHS; and
  - (2) is licensed as a dental hygienist under applicable law or is a dental hygienist in the employ of the federal government in the discharge of official duties who is a dental hygienist licensed in one of the states or territories of the United States.

**History:**

**Sec. 2.30.310. Dental Health Aide Hygienist Supervision and Competencies.**

**(a) Dental Supervision.**

- (1) Dental hygiene services may be performed under this section by a dental health aide hygienist under the general supervision of a dentist provided the dental health aide hygienist has met all of the requirements of this section.
- (2) a dental health aide hygienist may perform services identified in section 2.30.260 [ART requirements] under general supervision of a dentist upon successful completion of all of the requirements of the applicable section and requirements of section 2.30.200(b) [PDHA II training and education requirements; (community-based dental practice)].

- (b) **Competencies.** In addition to demonstrating the competencies identified in section 2.30.110(b) [PDHA I supervision & competencies; (competencies)], 2.30.210(b) [PDHA II supervision & competencies; (competencies)], 2.30.220(d) [sealant requirements; (competencies)], 2.30.230(e) [dental prophylaxis requirements; (competencies)], 2.30.240(d) [dental radiology requirements; (competencies)], and after satisfying the requirements of 2.30.300 [DHAH training, education, & licensure requirements], a certified dental health aide hygienist must successfully demonstrate and maintain satisfactory performance of the



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following skills:

- (1) removing calculus deposits, accretions, and stains from the surfaces of teeth by scaling and polishing techniques;
- (2) non-surgical periodontal therapy;
- (3) placing sulcular medicinal or therapeutic materials;
- (4) periodontal probing; and
- (5) administration of local anesthetics and identification and responding to the side effects of local anesthetics.

**History:**

**Sec. 2.30.400. Expanded Function Dental Health Aide I Training and Education Requirements.**

**(a) Training and Education.** A person meets the training and education requirements to be a certified expanded function dental health aide I upon successful completion of:

- (1) all requirements under sections 2.30.100(a) [PDHA I Training and Education Requirements; (Training)] and meeting requirements of Sec. 2.30.250(c) and (d) [Dental Assistant Function Requirements; Training, Education and Preceptorship; and Competencies];
- (2) One of the following:
  - (i) a Board-approved course in basic restorative functions that satisfies the requirements of section 7.20.200 [basic restorative functions];
  - (ii) a course in basic restorative functions offered by an accredited school of higher education; or
  - (iii) a course in basic restorative functions offered or approved by IHS, including “Restorative Functions – Basic”; or
  - (iv) training that meets the requirements under section 2.30.230 [dental prophylaxis requirements]; and
- (3) a preceptorship that satisfies the requirements in subsection (b) [EFDHA I; preceptorship] of this section.

**(b) Preceptorship.** An expanded function dental health aide I must, after completion of the requirements in subsection (a) [EFDHA I training & education] of this section, satisfactorily complete a preceptorship, which must:

- (1) be under the direct supervision of a dentist (supervision duties may be distributed among multiple dentists);
- (2) continue after completion of the training under subsection (a)(2) for a minimum of six months or 800 hours, whichever is longer; and
- (3) include satisfactory performance in the dental health aide’s clinical setting under direct supervision of a dentist of a minimum of 50 restorations, of which a minimum of 5 must be in each classification of amalgam class I, class II, and class V and composite class I, class III and class V.

**History:**

**Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.**

**(a) Dental Supervision.**

- (1) An expanded function dental health aide I may perform the functions identified for a

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dental assistant under sections 2.30.250(d) [dental assistant function requirements; (competencies)] and 2.30.410(b) [EFDHA I supervision & competencies; (competencies)] only under the direct or indirect supervision of a dentist or dental health aide therapist.

(2) An expanded function dental health aide I may perform the services identified in section 2.30.550 [stainless steel crown placement requirements] under the direct or indirect supervision of a dentist or dental health aide therapist upon successful completion of all the requirements of the applicable section.

(3) An expanded function dental health aide I may perform the services identified in section 2.30.410(b)(1) [EFDHA I supervision & competencies; (competencies)] under general supervision of a dentist or dental health aide therapist upon completion of the requirements of section 2.30.200(b) [PDHA II training & education requirements; (community-based dental practice course)].

(4) An expanded function dental health aide I may perform services as provided for under sections 2.30.220 [sealant requirements], 2.30.230 [dental prophylaxis requirements], 2.30.240 [dental radiology requirements], and 2.30.260 [ART requirements], under the general supervision of a dentist or dental health aide therapist, upon successful completion of all of the requirements of the applicable section and the requirements of section 2.30.200(b) [PDHA II training & education requirements; (community-based dental practice course)].

(b) **Competencies.** In addition to satisfying the requirements of 2.30.400 [EFDHA I supervision, training, & education requirements], a certified expanded function dental health aide must successfully demonstrate and maintain the following:

(1) 2.30.110(b) [PDHA I competencies], 2.30.210(b) [PDHA II supervision & competencies; competencies];

(2) for an expanded function dental health aide I who has satisfied the requirements of section 2.30.400(a)(2)(A) [EFDHA I supervision, training, & education requirements; training & education; (basic restorative functions course)] and (b) [EFDHA I supervision, training, & education requirements; (preceptorship)]:

(i) Both of the following:

(I) advanced understanding of tooth morphology, structure, and function; and

(II) an ability to discriminate between acceptable and unacceptable restoration; and

(ii) competency in and satisfactory performance of the following skills:

(I) placement and finishing of Class I, II, and V dental amalgams (simple fillings) after preparation by the dentist or dental health aide therapist;

(II) dental composite placement Class I, III, and V (simple fillings) after preparation by a dentist or dental health aide therapist; and

(III) provide appropriate post-procedure instructions; and

(3) for an expanded function dental health aide I who has satisfied the requirements of section 2.30.400(a)(2)(B) [EFDHA I supervision, training, & education requirements; training and education; (prophylaxis training)] and the requirements of section 2.30.230(e) [dental prophylaxis requirements; (competencies)].

**History:**

**Sec. 2.30.500. Expanded Function Dental Health Aide II Training and Education Requirements.**

(a) **Training and Education.** A person meets the training and education requirements to be a

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- certified expanded function dental health aide II upon successful completion of:
- (1) all requirements under sections 2.30.100(a)(1) and (a)(4) [PDHA I training & education requirements; training; (pre-session) & (BLS)], 2.30.400(a)(2)(A) and (b)(1) [EFDHA I supervision, training, and education requirements; training and education; (basic restorative course) & preceptorship], and 2.30.410 [EFDHA I supervision & competencies];
  - (2) One of the following:
    - (A) a Board-approved course in advanced restorative functions that satisfies the requirements of section 7.20.210 [advanced restorative functions];
    - (B) a course in advanced restorative functions offered by an accredited school of higher education; or
    - (C) a course in advanced restorative functions offered or approved by IHS, including “Restorative Functions – Advanced”; and
  - (3) a preceptorship that satisfies the requirements in subsection (b) [EFDHA II preceptorship] of this section.

**(b) Preceptorship.** An expanded function dental health aide II must, after completion of the requirements in subsection (a) [EFDHA II training & education] of this section, satisfactorily complete a preceptorship, which must:

- (1) be under the direct supervision of a dentist (supervision duties may be distributed among multiple dentists);
- (2) continue after completion of the training under subsection (a)(2) [EFDHA II training & education; (advanced restorative functions course)] for a minimum of six months or 800 hours whichever is longer; and
- (3) include satisfactory performance in the dental health aide’s clinical setting under direct supervision of a dentist of a minimum of 50 complex restorations.

**History:**

**Sec. 2.30.510. Expanded Function Dental Health Aide II Supervision and Competencies.**

**(a) Dental Supervision.**

- (1) An expanded function dental health aide II may perform the functions identified for a dental assistant under sections 2.30.250(d) [dental assistant function requirements; (competencies)] and 2.30.510(b) [EFDHA II supervision & competencies; (competencies)] only under the direct or indirect supervision of a dentist or dental health aide therapist.
- (2) An expanded function dental health aide II may perform the services identified in section 2.30.550 [stainless steel crown placement requirements] under the direct or indirect supervision of a dentist or dental health aide therapist upon successful completion of all of the requirements of the applicable section.
- (3) An expanded function dental health aide II may perform the services identified in section 2.30.410(b)(1) [EFDHA I supervision & competencies; (competencies)] under general supervision of a dentist or dental health aide therapist upon completion of the requirements of section 2.30.200(b) [PDHA II training & education requirements; (community-based dental practice course)].
- (4) An expanded function dental health aide II may perform services as provided for under sections 2.30.220 [sealant requirements], 2.30.230 [dental prophylaxis requirements], 2.30.240 [dental radiology requirements], and 2.30.260 [ART requirements] under the

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general supervision of a dentist or dental health aide therapist, upon successful completion of all of the requirements of the applicable section and the requirements of section 2.30.200(b) [PDHA II training & education requirements; (community-based dental practice)].

(b) **Competencies.** In addition to satisfying the requirements of 2.30.500 [EFDHA II training & education requirements], a certified expanded function dental health aide must demonstrate and maintain the following:

(1) the satisfactory performance of the competencies identified in sections:

(A) 2.30.240(d) [dental radiology requirements; (competencies)];

(B) 2.30.250(d) [dental assistant function requirements; (competencies)]; and

(C) 2.30.410(b) [EFDHA I supervision & competencies; (competencies)];

(2) understanding of:

(A) the basics of occlusion as they apply to restorative dentistry; and

(B) current state-of-the-art dentinal bonding agents; and

(3) competency in and satisfactory performance of the following skills:

(A) placement and finishing of cusp protected amalgam and complex Class II amalgams (complex fillings);

(B) placement and finishing of dental composite Class II and IV (complex fillings); and

(C) provide appropriate post-procedure instructions.

**History:**

**Sec. 2.30.550. Stainless Steel Crown Placement Requirements.**

(a) **Prerequisites.** An expanded function dental health aide may be certified under this section to place stainless steel crowns under the conditions set forth in subsections (b) through (e) of this section, provided the expanded function dental health aide satisfies the requirements of:

(1) sections 2.30.400(a)(1), (a)(2)(A), (a)(3), and (b) [EFDHA I training & education requirements; training & education; preceptorship] and 2.30.410 [EFDHA I supervision & competencies]; or

(2) sections 2.30.500 [EFDHA II training & education requirements] and 2.30.510 [EFDHA II supervision & competencies].

(b) **Dental Supervision.** An expanded function dental health aide I or II may perform stainless steel crown placement only under the direct or indirect supervision of a dentist or dental health aide therapist.

(c) **Training and Education.** A person meets the training and education requirements to place stainless steel crowns upon successful completion of:

(1) all requirements under sections 2.30.400(a)(1), (a)(2)(A), (a)(3), and (b) [EFDHA I supervision, training, & education requirements; training & education; preceptorship] and 2.30.410 [EFDHA I supervision & competencies] or 2.30.500 [EFDHA II training & education requirements] and 2.30.510 [EFDHA II supervision & competencies];

(2) One of the following:

(A) a Board-approved course in stainless steel crown placement that satisfies the requirements of section 7.20.220 [stainless steel crowns];

(B) a course in stainless steel crown placement offered by an accredited school of higher education; or

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(C) a course in stainless steel crown placement offered or approved by IHS, which includes “Advanced Pediatric Restorative Techniques for Expanded Function Dental Assistants”; and

(3) a preceptorship that satisfies the requirements of subsection (d) [preceptorship] of this section.

**(d) Preceptorship.** A dental health aide must, after completion of the requirements in subsection (a) of this section, satisfactorily complete a preceptorship, which must:

(1) be under the direct supervision of a dentist; and

(2) include satisfactory performance under the direct supervision of a dentist in the expanded function dental health aide’s clinical setting of placing a minimum of 20 stainless steel crowns.

**(e) Competencies.** In addition to meeting all other requirements of this section, the expanded function dental health aide must understand and successfully demonstrate and maintain the following competencies and skills:

(1) selecting the appropriate stainless steel crown;

(2) modifying the crown, as necessary;

(3) checking and correcting occlusion, contact, and margins of stainless steel crown;

(4) cementing and removing excess cement;

(5) reverifying the occlusion; and

(6) providing appropriate post-procedure instructions.

**History:**

**Sec. 2.30.600. Dental Health Aide Therapist Training and Education Requirements.**

(a) A person meets the training and education requirements to be a certified dental health aide therapist upon successful completion of:

(1) the requirements of section 2.30.100(a)(1) and (a)(4) [PDHA I training & education requirements; training; (presession) & (BLS)];

(2) One of the following:

(A) an accredited school of dental therapy or its equivalent; or

(B) a Board-approved course of dental therapy that satisfies the requirements of section 7.20.500 [DHAT educational program]; and

(3) a clinical preceptorship under the direct supervision of a dentist wherein each procedure in scope of practice is demonstrated with competence a minimum of three times. The preceptorship should encompass all competencies required of a dental health aide therapist outlined in section 2.30.610(b)(1), (2) and (3) [DHAT supervision and competencies; (competencies)], and students should demonstrate each procedure or service independently to the satisfaction of the preceptor dentist. Supervision of the preceptorship may be distributed among multiple supervising dentists.

(4) A supervising dentist may choose to allow procedures, for which competence has been demonstrated three times, to be performed under indirect or general supervision, as determined by the supervising dentist.

(5) Supervisory duties may be performed by dentist(s) other than the dentist who signed the standing orders, as delegated by the DHAT’s supervisor.

**History:**

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**Sec. 2.30.610. Dental Health Aide Therapist Supervision and Competencies.**

- (a) Dental Supervision.** Dental health aide therapist services may be performed under this section by a dental health aide therapist under the general supervision of a dentist, provided the dental health aide therapist has met the requirements of this section. Pulpal therapy (not including pulpotomies on deciduous teeth) or extraction of adult teeth can be performed by a dental health aide therapist only after consultation with a licensed dentist.
- (b) Competencies.** In addition to meeting the requirements of section 2.30.100(a)(1) and (a)(4) [PDHA I training & education requirements; training; (pre-session) & (BLS)] and 2.30.600 [DHAT training & education requirements], a certified dental health aide therapist must successfully demonstrate and maintain:
- (1) an understanding of
    - (A) medical evaluation,
    - (B) dental evaluation,
    - (C) periodontic techniques,
    - (D) clinic management and supervision,
    - (E) restorative dentistry,
    - (F) oral surgery and local anesthesia,
    - (G) infection control, and
    - (H) community and preventive dentistry.
  - (2) competency in the above subjects to the level of performance required at the time of meeting the requirements of section 2.30.600(2)(A) [DHAT training & education requirements; (education options)]; and
  - (3) satisfactory performance under general supervision of a dentist of:
    - (A) all of the skills identified in sections 2.30.110 [PDHA I supervision & competencies], 2.30.210 [PDHA II supervision & competencies], 2.30.220 [sealant requirements], 2.30.230 [dental prophylaxis requirements], 2.30.240 [dental radiology requirements], 2.30.250 [dental assistant function requirements], 2.30.260 [ART requirements], 2.30.410 [EFDHA I supervision & competencies], 2.30.510 [EFDHA II supervision & competencies], and 2.30.550 [stainless steel crown placement requirements];
    - (B) diagnosis and treatment of caries;
    - (C) performance of uncomplicated extractions of primary and permanent teeth;
    - (D) response to emergencies to alleviate pain and infection;
    - (E) administration of local anesthetic;
    - (F) recognition of and referring conditions needing space maintenance;
    - (G) development of and carrying out community health prevention and education program; and
    - (H) performance of pulpotomies on primary teeth.

**History:**

**Article 40.**

**Standards for Behavioral Health Aides and Practitioners**

**History:**

**Sec. 2.40.010. Supervision of Behavioral Health Aides and Behavioral Health Practitioners.**

**(a) Clinical Oversight.**

(1) **Program Responsibility.** A behavioral health aide or practitioner may only practice in a program in which clinical oversight of the behavioral health program is provided and responsibility is taken by a licensed and/or certified behavioral health clinician who must be

(A) familiar with the BHA/P program, the PASP and the BHAM; and

(B) employed by the federal government or employed by or under contract with a tribal health program operating a community health aide program in the Portland Area under the ISDEAA.

(2) **Qualifications.** A licensed and/or certified behavioral health clinician or behavioral health professional providing clinical oversight or clinical supervision:

(A) must have demonstrated the ability to provide culturally resonant services; and

(B) if providing direct supervision of behavioral health aides or practitioners:

(i) must have demonstrated the ability to provide such services in a tribal setting; and

(ii) through education and experience, be able to supervise community-based behavioral health aides and practitioners.

(b) **Levels of Supervision.** The clinical supervision of a behavioral health aide or practitioner may be direct, indirect, or general as defined in section 2.40.010(c) [supervision of BHA/Ps; (definitions of level of supervision)], provided that:

(1) the person providing clinical supervision must either be a licensed and/or certified behavioral health clinician or behavioral health professional, provided that a behavioral health practitioner acting within the scope of their certification may provide day-to-day support and mentoring of behavioral health aides;

(2) the behavioral health aide or practitioner must be supervised at whatever level of supervision is required for the specific service or care being provided;

(3) the supervisor may impose a higher level of supervision on the behavioral health aide or practitioner than that provided in this article; and

(4) the supervisor may develop an individualized protocol under which the behavioral health aide or practitioner is permitted to engage in a wider range of activities than that allowed under this article, provided:

(A) the individualized protocol is in writing signed by the behavioral health aide or practitioner and a licensed and/or certified behavioral health clinician who is both familiar with the work of the behavioral health aide or practitioner and the setting in which the authorized services will be provided;

(B) the level of supervision and level of performance required for each service to be provided under the individualized protocol is specified; and

(C) the individualized protocol must be reviewed and updated upon re-certification of the behavioral health aide or practitioner.

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(c) **Definitions of Level of Supervision.** For the purposes of this article:

- (1) “Direct supervision” means that a licensed and/or certified behavioral health clinician or a behavioral health professional:
  - (A) consults in advance with the behavioral health aide or practitioner prior to the behavioral health aide or practitioner performing the service;
  - (B) is available in person or through the use of telehealth, which for the purposes of supervision and consultation with behavioral health aides and practitioners includes the use of interactive audio and video technology, text messaging, instant messaging and telephone communications, while the behavioral health aide or practitioner performs the service; and
  - (C) reviews the outcome of specific services performed with the behavioral health aide or practitioner on a relatively contemporaneous basis after their completion.
- (2) “Indirect supervision” means that a licensed and/or certified behavioral health clinician or a behavioral health professional:
  - (A) consults in advance with the behavioral health aide or practitioner with regard to the plan for performing services; and
  - (B) routinely reviews with the behavioral health aide or practitioner the services provided.
- (3) “General supervision” means, with regard to:
  - (A) direct client services, that a licensed and/or certified behavioral health clinician or behavioral health professional has authorized and or planned with the behavioral health aide or practitioner and client a treatment, case management, or services plan that is intended to be carried out by a specific behavioral health aide or practitioner subject to regular case review by the supervisor; or
  - (B) outreach (including initial contacts with individuals who may seek or be referred for services, community-based education and prevention activities, and community organization work), that a licensed and/or certified behavioral health clinician or a behavioral health professional has consulted with and authorized the behavioral health aide or practitioner to perform such activities independently, so long as the behavioral health aide or practitioner is within the scope of practice for which the behavioral health aide or practitioner is certified and will be reported to and periodically reviewed by the supervisor.

**History:**

**Sec. 2.40.020. Scope of Practice Prior to Certification as a Behavioral Health Aide or Practitioner.**

- (a) **Minimum Requirements.** A person who satisfies the requirements of subsection 2.40.020(b) [scope of practice prior to certification as a BHA/P; (employment)] may perform services of a certified behavioral health aide or practitioner prior to being certified to the extent the services are performed:
  - (1) as part of the required training for certification;
  - (2) as part of a clinical practicum;
  - (3) to satisfy work experience requirements required for certification; or
  - (4) after the application for certification has been submitted to the Board, while certification is pending, after successful completion of all training, clinical practicum, and work experience requirements.



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- (b) **Employment.** To be eligible to perform services under subsection 2.40.020(a) [scope of practice prior to certification as a BHA/P; (minimum requirements)], the person must:
- (1) be employed by the Indian Health Service or a tribe or tribal health program operating a community health aide program in the Portland Area under the ISDEAA;
  - (2) provide only those services for which the person has been trained and has demonstrated successful performance; and
  - (3) provide services only under the direct, indirect, or general supervision as required under section 2.40.010 [supervision of BHA/Ps] and other relevant sections of this article 40 [standards for BHAs] of this Chapter.

**History:**

**Sec. 2.40.030. Behavioral Health Aide/Practitioner Trial Examination [RESERVED].**

**History:**

**Sec. 2.40.100. Behavioral Health Aide I Training, Competency, and Experience**

**Requirements.** A person meets the training and education, competency, and experience requirements to be a certified behavioral health aide I upon successful completion of the requirements set forth in subsections (a) [BHA I specialized training program] or (b) [BHA I alternative training] and the requirements of (c) [BHA I competency] and (d) [BHA I work experience] of this section.

- (a) **Behavioral Health Aide I Specialized Training Program.** The specialized behavioral health aide I training program is comprised of Board-approved courses, or their equivalent, that satisfy the requirements of sections:
- (1) 8.20.050 [general orientation];
  - (2) 8.20.100 [orientation to community-based behavioral health services to include integrated care and working within Tribal Communities];
  - (3) 8.20.110 [ethics and consent];
  - (4) 8.20.115 [confidentiality and privacy];
  - (5) 8.20.125 [introduction to behavioral health];
  - (6) 8.20.135 [introduction to counseling];
  - (7) 8.20.140 [introduction to documentation];
  - (8) 8.20.145 [survey of community resources and case management];
  - (9) 8.20.150 [working with diverse populations];
  - (10) 8.20.155 [introduction to group counseling];
  - (11) 8.20.160 [crisis intervention and planning; suicide prevention; interpersonal violence; and other crises];
  - (12) 8.20.170 [community approach to promoting behavioral health];
  - (13) 8.20.175 [family systems I];
  - (14) 8.20.180 [recovery, health, wellness, and balance];
  - (15) 8.20.185 [trauma informed care]; and
  - (16) 8.20.190 [self-care of the provider].

(b) **Behavioral Health Aide I Alternative Training.**

- (1) **Required Content.** In lieu of completing one or more of the specialized training courses described in subsection (a) [BHA I specialized training program], a person may satisfy the course requirements for certification as a behavioral health aide I by successfully completing courses of study determined by the Board under section 8.20.010 [equivalent

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courses] to be equivalent to those required under subsection (a) [BHA I specialized training].

**(c) Behavioral Health Aide I Competency.** In addition to the coursework listed in subsection (a) [BHA I specialized training program] or (b) [BHA I alternative training] of this section, the applicant must complete a 100-hour clinical practicum or equivalent under the direct supervision of a licensed and/or certified behavioral health clinician or behavioral health professional. The applicant must complete a competency-based checklist for each of the following:

- (1) no fewer than 25 hours of providing client orientation to services including screening and initial intake, with appropriate case documentation;
- (2) no fewer than 25 hours of providing case management and referral with appropriate case documentation;
- (3) no fewer than 35 hours of providing community-based education, prevention, and early intervention services with appropriate case documentation; and
- (4) the balance of the hours must be related to practicum components listed in subsections (c)(1) through (c)(3) of this section.

**(d) Behavioral Health Aide I Work Experience.**

- (1) Minimum Experience.** Prior to being certified as a behavioral health aide I, a person who seeks certification based on training or education described in subsections (a) [BHA I specialized training] or (b) [BHA I alternative training] must have provided tribal-based behavioral health services for no fewer than 1,000 hours under the direct supervision of a licensed and/or certified behavioral health clinician or behavioral health professional.
- (2) Exceptions and Substitutions.** An applicant who demonstrates that they satisfy the applicable requirements of section 2.40.500 [BHA/P knowledge, skills, and scope of practice] and has the capacity to provide culturally resonant services in a tribal setting may substitute experience, or be exempted from the experience requirement, as provided in subparagraphs (A) and (B) of this paragraph.

(A) An applicant with experience providing behavioral health services other than that described in subsection (d)(1) [minimum experience] or who has education and training beyond that required for this level of certification may substitute such training and education.

(B) Relevant practice experience acquired while obtaining the education or training required under subsection (a) [BHA I specialized training] or subsection (b) [BHA I alternative training] may be relied upon to satisfy the requirement under subsection (d)(1) [minimum experience] on an hour-for-hour basis.

**History:**

**Sec. 2.40.110. Clinical Supervision Requirement for Behavioral Health Aide I.** Except as provided in section 2.40.010(b) [supervision of BHA/Ps; (levels of supervision)], a behavioral health aide I requires the direct supervision by a licensed and/or certified behavioral health clinician or a behavioral health professional when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of sections:

- (a) 2.40.510 [foundational skills in client and community engagement];
- (b) 2.40.515 [foundational knowledge to be applied in all activities];
- (c) 2.40.520 [foundational professional readiness];
- (d) 2.40.525 [prevention, community education, and community organizing];

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- (e) 2.40.530 [routine contact, screening, assessment, and evaluation];
- (f) 2.40.535 [treatment planning];
- (g) 2.40.540 [community resources and referral];
- (h) 2.40.545 [case management, coordination, and monitoring treatment plans];
- (i) 2.40.550 [medication management];
- (j) 2.40.555 [counseling];
- (k) 2.40.560 [crisis management]; and
- (l) 2.40.565 [supervision, training, and professional development].

**History:**

**Sec. 2.40.200. Behavioral Health Aide II Training, Competency, and Experience**

**Requirements.** A person meets the training and education, competency, and experience requirements to be a certified behavioral health aide II upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHA II specialized training program] or (c) [BHA II alternative training], and subsections (d) [BHA II competency] and (e) [BHA II work experience] of this section.

- (a) **Prerequisites.** A behavioral health aide II must satisfy all requirements applicable to a BHA I under sections 2.40.100 [BHA I training, competency, & experience requirements] and 2.40.500 [BHA/P knowledge, skills, and scope of practice].

- (b) **Behavioral Health Aide II Specialized Training Program.** The behavioral health aide II specialized training program is comprised of Board approved courses, or their equivalent, that satisfy the requirements of sections:

- (1) 8.20.220 [psycho-physiology and behavioral health];
- (2) 8.20.225 [introduction to co-occurring disorders];
- (3) 8.20.228 [principles of substance misuse];
- (4) 8.20.230 [DSM practice application];
- (5) 8.20.235 [advanced interviewing skills];
- (6) 8.20.240 [ASAM patient placement criteria practice application];
- (7) 8.20.245 [case studies and clinical case management];
- (8) 8.20.250 [traditional health-based practices];
- (9) 8.20.255 [intermediate therapeutic group counseling];
- (10) 8.20.260 [applied crisis management];
- (11) 8.20.270 [community development approach to prevention];
- (12) 8.20.275 [family systems II];
- (13) 8.20.280 [documentation, care notes, and plans]; and
- (14) 8.20.395 [Substance Misuse Treatment].

- (c) **Behavioral Health Aide II Alternative Training.**

- (1) **Required Content.** In lieu of completing one or more of the specialized training courses described in subsection (b) [BHA II specialized training program], a person may satisfy the course requirements for certification as a behavioral health aide II by successfully completing courses of study determined by the Board under section 8.20.010 [equivalent courses] to be equivalent to those required under subsection (b) [BHA II specialized training].

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(A) Such course of study must have included the content equivalent to that described in subsection (b) [BHA II specialized training program]; or

(B) to the extent it did not, the person successfully completed the courses listed in subsection (b) as necessary to fill any gaps.

- (d) **Behavioral Health Aide II Competency.** In addition to meeting the requirements of subsection (a) [prerequisites] and completion of the training listed in subsection (b) [BHA II specialized training] or (c) [BHA II alternative training] of this section, the applicant must complete a 100 hour clinical practicum or equivalent under the direct supervision of a licensed and/or certified behavioral health clinician or behavioral health professional. The applicant must complete a competency-based checklist for each of the following:
- (1) no fewer than 35 hours of providing client substance use assessment and treatment planning using the *Diagnostic and Statistical Manual* and American Society of Addiction Medicine patient placement criteria with appropriate case documentation;
  - (2) no fewer than 30 hours of providing rehabilitative services (*e.g.*, comprehensive community support services or therapeutic behavioral health service) with appropriate case documentation;
  - (3) no fewer than 25 hours of providing community readiness evaluation and prevention plan development with appropriate case documentation; and
  - (4) the balance of the hours must be related to practicum components listed in subsections (d)(1) through (d)(3) of this section.

(e) **Behavioral Health Aide II Work Experience.**

- (1) **Minimum Experience.** Except as provided in paragraph (2) [exceptions and substitutions] of this subsection, prior to being certified as a behavioral health aide II, a person who seeks certification based on training or education described in subsections (b) [BHA II specialized training] or (c) [alternative training] must have provided tribal-based behavioral health services for no fewer than 2,000 hours under the direct or indirect (as applicable) supervision of a licensed and/or certified behavioral health clinician or behavioral health professional.
- (2) **Exceptions and Substitutions.** An applicant who demonstrates that he or she satisfies the applicable requirements of section 2.40.500 [BHA/P knowledge, skills, & scope of practice] and has the capacity to provide culturally appropriate services in a tribal setting may substitute experience or be exempted from the experience requirement as provided in subparagraphs (A) and (B) of this paragraph.
  - (A) An applicant with experience providing behavioral health services other than that described in subsection (e)(1) [minimum experience] or who has education and training beyond that required for this level of certification may substitute such training and education.
  - (B) Relevant practice experience acquired while obtaining the education or training required under subsections (b) [BHA II specialized training] or (c) [BHA II alternative training] and in meeting the experience requirements for certification as a behavioral health aide I may be relied upon to satisfy the experience requirement under subsection (e)(1) [minimum experience] on an hour-for-hour basis.

**History:**

**Sec. 2.40.210. Clinical Supervision Requirement for Behavioral Health Aide II.** Except as provided in section 2.40.010(b) [supervision of BHA/Ps; (levels of supervision)], a behavioral health aide

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II requires supervision by a licensed and/or certified behavioral health clinician or a behavioral health professional, as provided below:

- (a) direct supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of sections:
  - (1) 2.40.535 [treatment planning];
  - (2) 2.40.550 [medication management];
  - (3) 2.40.555 [counseling];
  - (4) 2.40.560 [crisis management]; and
  - (5) 2.40.565 [supervision, training, and professional development]; and
- (b) indirect supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of sections:
  - (1) 2.40.510 [foundational skills in client and community engagement];
  - (2) 2.40.515 [foundational knowledge to be applied in all activities];
  - (3) 2.40.520 [foundational professional readiness];
  - (4) 2.40.525 [prevention, community education, and community organizing];
  - (5) 2.40.530 [routine contact, screening, assessment, and evaluation];
  - (6) 2.40.540 [community resources and referral]; and
  - (7) 2.40.545 [case management, coordination, and monitoring treatment plans].

**History:**

**Sec. 2.40.300. Behavioral Health Aide III Training, Competency, and Experience**

**Requirements.** A person meets the training and education, competency, and experience requirements to be a certified behavioral health aide III upon successful completion of the requirements set forth in subsection (a) [prerequisites], subsections (b) [BHA III specialized training program] or (c) [BHA III alternative training], and subsections (d) [BHA III competency] and (e) [BHA III work experience] of this section.

- (a) **Prerequisites.** A behavioral health aide III must satisfy all requirements applicable to a behavioral health aide I and II under sections 2.40.100 [BHA I training, competency, and experience requirements], 2.40.200 [BHA II training, competency, and experience requirements] and 2.40.500 [BHA/P knowledge, skills, and scope of practice].

- (b) **Behavioral Health Aide III Specialized Training Program.** The behavioral health aide III specialized training program is comprised of Board-approved courses, or their equivalent, that satisfy the requirements of sections:

- (1) 8.20.325 [treatment of co-occurring disorders];
- (2) 8.20.335 [advanced behavioral health clinical care];
- (3) 8.20.340 [documentation and quality assurance];
- (4) 8.20.345 [introduction to case management supervision];
- (5) 8.20.350 [applied case studies in Portland Area Native effective treatment with communities (“49 Days of Ceremony, A Gathering of Wisdoms, and Tribal Based Practices”)];
- (6) 8.20.370 [behavioral health clinical team building];
- (7) 8.20.385 [introduction to supervision];
- (8) 8.20.390 [child development]; and
- (9) 8.20.395 [Substance Misuse Treatment].

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**(c) Behavioral Health Aide III Alternative Training.**

- (1) Required Content.** In lieu of completing the specialized training courses described in subsection (b) [BHA III specialized training program], a person may satisfy the course requirements for certification as a behavioral health aide III by successfully completing courses of study determined by the Board under section 8.20.010 [equivalent courses] to be equivalent to those required under subsection (b) [BHA III specialized training].
- (A) Such course of study must have included the content equivalent to that described in subsection (b) [BHA III specialized training program]; or
- (B) to the extent it did not, the person successfully completed the courses listed in subsection (b) as necessary to fill any gaps.

- (d) Behavioral Health Aide III Competency.** In addition to meeting the requirements of subsection (a) [prerequisites] and completion of the training listed in subsection (b) [BHA III specialized training] or (c) [BHA III alternative training] of this section, the applicant must complete a 100 hour clinical practicum or equivalent under the direct supervision of a licensed and/or certified behavioral health clinician or behavioral health professional. The applicant must complete a competency-based checklist for each of the following components:
- (1) no fewer than 45 hours of providing behavioral health clinical assessment, treatment planning, and rehabilitative services for clients with issues related to co-occurring disorders;
- (2) no fewer than 20 hours of providing quality assurance case review with documentation of review activity;
- (3) no fewer than 20 hours of providing clinical team leadership by leading clinical team case reviews; and
- (4) the balance of the hours must be related to practicum components listed in subsections (d)(1) through (d)(3) of this section.

**(e) Behavioral Health Aide III Work Experience.**

- (1) Minimum Experience.** Except as provided in paragraph (2) [exceptions and substitutions] of this subsection, prior to being certified as a behavioral health aide III, a person who seeks certification based on training or education described in subsections (b) [BHA III specialized training] (c) [alternative training] must have provided tribal-based behavioral health services for no fewer than 4,000 hours under the direct or indirect supervision (as applicable) of a licensed and/or certified behavioral health clinician or behavioral health professional.
- (2) Exceptions and Substitutions.** An applicant who demonstrates that he or she satisfies the applicable requirements of section 2.40.500 [BHA/P knowledge, skills, and scope of practice] and has the capacity to provide culturally appropriate services in a tribal setting may substitute experience, or be exempted from the experience requirement, as provided in subparagraphs (A) through (B) of this paragraph.
- (A) An applicant with experience providing behavioral health services other than that described in subsection (e)(1) [minimum experience] or who has education and training beyond that required for this level of certification may substitute such training and education.
- (B) Relevant practice experience acquired while obtaining the education or training required under subsection (b) [BHA III specialized training] or (c) [alternative training] and in meeting the experience requirements for certification as a behavioral health aide I and II may be relied upon to satisfy the experience requirement under subsection (e)(1) [minimum experience] on an hour-for-hour basis.

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**History:**

**Sec. 2.40.310. Clinical Supervision Requirement for Behavioral Health Aide III.** Except as provided in section 2.40.010(b) [supervision of BHA/Ps; (levels of supervision)], a certified behavioral health aide III requires supervision by a licensed and/or certified behavioral health clinician or a behavioral health professional, as provided below:

- (a) direct supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of section 2.40.560 [crisis management];
- (b) indirect supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of sections:
  - (1) 2.40.535 [treatment planning];
  - (2) 2.40.545 [case management, coordination, and monitoring treatment plans];
  - (3) 2.40.550 [medication management];
  - (4) 2.40.555 [counseling]; and
  - (5) 2.40.565 [supervision, training, and professional development]; and
- (c) general supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of sections:
  - (1) 2.40.510 [foundational skills in client and community engagement];
  - (2) 2.40.515 [foundational knowledge to be applied in all activities];
  - (3) 2.40.520 [foundational professional readiness];
  - (4) 2.40.525 [prevention, community education, and community organizing];
  - (5) 2.40.530 [routine contact, screening, assessment, and evaluation]; and
  - (6) 2.40.540 [community resources and referral].

**History:**

**Sec. 2.40.400. Behavioral Health Practitioner Training, Competency, and Experience Requirements.** A person meets the training and education, competency and experience requirements to be a certified behavioral health practitioner upon successful completion of the requirements set forth in subsections (a) [prerequisites], subsections (b) [BHP specialized training program] or (c) [BHP alternative training], and subsections (d) [BHP competency] and (e) [BHP work experience] of this section.

- (a) **Prerequisites.** A behavioral health practitioner must satisfy all requirements applicable to a behavioral health aide I, II, and III under sections 2.40.100 [BHA I training, competency, and experience requirements], 2.40.200 [BHA II training, competency, and experience requirements], 2.40.300 [BHA III training, competency, & experience requirements], and 2.40.500 [BHA/P knowledge, skills, and scope of practice].
- (b) **Behavioral Health Practitioner Specialized Training Program.** The behavioral health practitioner specialized training program is comprised of Board-approved courses, or their equivalent, that satisfy the requirements of sections:
  - (1) 8.20.400 [issues in tribal-based behavioral health];
  - (2) 8.20.425 [special issues in behavioral health services];
  - (3) 8.20.485 [competencies for community-based supervision];
  - (4) 8.20.490 [principles and practice of clinical supervision]; and
  - (5) 8.20.495 [child-centered interventions].

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**(c) Behavioral Health Practitioner Alternative Training.**

(1) **Required Content.** In lieu of completing one or more of the specialized training courses described in subsection (b) [BHP specialized training program], a person may satisfy the course requirements for certification as a behavioral health practitioner by successfully completing courses of study determined by the Board under Sec. 8.20.010 [equivalent courses] to be equivalent to those required under subsection (b) [BHP specialized training].

(A) Such course of study must have included the content equivalent to that described in subsection (b) [BHP specialized training program]; or

(B) to the extent it did not, the person successfully completed the courses listed in subsection (b) as necessary to fill any gaps.

**(d) Behavioral Health Practitioner Competency.** In addition to meeting the requirements of subsection (a) [prerequisites] and completion of the training listed in subsection (b) [BHP specialized training] or (c) [BHP alternative training] of this section, the applicant must complete a 100 hour clinical practicum or equivalent under the direct supervision of a licensed and/or certified behavioral health clinician or behavioral health professional. The individual must complete a competency-based checklist for each of the following:

(1) no fewer than 45 hours engaging, mentoring, and supporting, as well as participating in supervision and evaluation of a behavioral health aide I, II, and III based on the understanding of the supervisee's level of knowledge and skills, professional goals, and behavior;

(2) no fewer than 25 hours of providing clinical team leadership by leading clinical team case reviews; and

(3) the balance of the hours must be related to practicum components listed in subsections (d)(1) and (d)(2) of this section.

**(e) Behavioral Health Practitioner Work Experience.**

(1) **Minimum Experience.** Except as provided in paragraph (2) [exceptions and substitutions] of this subsection, prior to being certified as a behavioral health aide practitioner, a person who seeks certification based on training or education described in subsections (b) [BHP specialized training] or (c) [BHP alternative training], must have provided tribal-based behavioral health services for no fewer than 6,000 hours under the direct or indirect (as applicable) supervision of a licensed and/or certified behavioral health clinician or behavioral health professional.

(2) **Exceptions and Substitutions.** An applicant who demonstrates that he or she satisfies the applicable requirements of section 2.40.500 [BHA/P knowledge, skills, and scope of practice] and has the capacity to provide culturally resonant services in a tribal setting may substitute experience, or be exempted from the experience requirement, as provided in subparagraphs (A) and (B) of this paragraph.

(A) An applicant with experience providing behavioral health services other than that described in subsection (e)(1) [minimum experience] or who has education and training beyond that required for this level of certification may substitute such training and education.

(B) Relevant practice experience acquired while obtaining the education or training required under subsection (b) [BHP specialized training] or (c) [BHP alternative training] and in meeting the experience requirements for certification as a behavioral health aide I, II, and III may be relied upon to satisfy the experience requirement under subsection (e)(1) [minimum experience] on an hour-for-hour basis.



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**History:**

**Sec. 2.40.410. Clinical Supervision Requirement for Behavioral Health Practitioner.** Except as provided in section 2.40.010(b) [supervision of BHA/Ps; (levels of supervision)], a certified behavioral health practitioner requires supervision by a licensed and/or certified behavioral health clinician or a behavioral health professional, as provided below:

- (a) direct supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of section 2.40.560 [crisis management];
- (b) indirect supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of sections:
  - (1) 2.40.550 [medication management]; and
  - (2) 2.40.555 [counseling]; and
- (c) general supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of sections:
  - (1) 2.40.510 [foundational skills in client and community engagement];
  - (2) 2.40.515 [foundational knowledge to be applied in all activities];
  - (3) 2.40.520 [foundational professional readiness];
  - (4) 2.40.525 [prevention, community education, and community organizing];
  - (5) 2.40.530 [routine contact, screening, assessment, and evaluation];
  - (6) 2.40.535 [treatment planning];
  - (7) 2.40.540 [community resources and referral];
  - (8) 2.40.545 [case management, coordination, and monitoring treatment plans]; and
  - (9) 2.40.565 [supervision, training, and professional development].

**History:**

**Sec. 2.40.500. Behavioral Health Aide and Practitioner Knowledge, Skills, and Scope of Practice.**

- (a) **Minimum Knowledge and Skills.** In addition to meeting all other requirements of sections 2.40.100 [BHA I training, competency, and experience requirements], 2.40.200 [BHA II training, competency, and experience requirements], 2.40.300 [BHA III training, competency, and experience requirements], and 2.40.400 [BHP training, competency, and experience requirements], as applicable to the level of certification for which the individual is applying, the behavioral health aide or practitioner must understand and successfully demonstrate and maintain the knowledge and skills listed in subsection (b) [knowledge and skills] of sections 2.40.510 [foundational skills in client and community engagement] through 2.40.565 [supervision, training, and professional development] at the applicable level of performance described in subsection (a) [level of performance] of each of these sections.
- (b) **Scope of Practice.** Except as provided in section 2.40.010(b)(4) [supervision of BHA/Ps; levels of supervision; (individualized protocols)], a certified behavioral health aide or practitioner must limit their scope of practice to performing only those activities described in subsection (b) [knowledge and skills] of the sections listed in subsection (a) [minimum knowledge and skills] of this section at the applicable level of performance described in subsection (a) [level of performance] of each of these sections.

**History:**

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**Sec. 2.40.510. Foundational Skills in Client and Community Engagement.**

- (a) **Level of Performance.** A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) [knowledge & skills] as provided in paragraphs (1) through (4) of this subsection, as applicable:
- (1) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;
  - (2) a behavioral health aide II utilizes the knowledge or skill consistently and recognizes when to seek assistance;
  - (3) a behavioral health aide III utilizes the knowledge or skills consistently as a means toward meeting treatment goals; and
  - (4) a behavioral health practitioner applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II, and III.
- (b) **Knowledge and Skills.** Client and community engagement require a behavioral health aide or practitioner to:
- (1) demonstrate client centered communication that focuses on the concerns and decisions of the client by:
    - (A) demonstrating active, reflective listening and communication skills;
    - (B) demonstrating capacities of warmth (acceptance, respect, commitment, and unconditional regard), empathy (ability to perceive and communicate, accurately and with sensitivity, the feelings of an individual and the meaning of those feelings) and genuineness (openness, spontaneity, and congruence) in communication;
  - (2) demonstrate cultural resonance by:
    - (A) valuing diversity;
    - (B) conducting self-assessment;
    - (C) managing the dynamics of difference (*e.g.*, engaging in activities that support cultural inclusion);
    - (D) acquiring and incorporating cultural knowledge in practice; and
    - (E) adapting to diversity and the cultural contexts of the tribal health programs;
  - (3) promote mutual respect by being:
    - (A) knowledgeable about cultural resonance and their impact on attitudes and behaviors;
    - (B) sensitive, understanding, and non-judgmental in dealings with others; and
    - (C) flexible in responding and adapting to different cultural contexts and circumstances, including recognizing that acculturation occurs differently and at different rates even within the same family;
  - (4) demonstrate the ability to apply critical judgment in interactions in evaluating information from the client and assessing the need to follow-up;
  - (5) demonstrate ability to communicate appropriately with client's significant others and family; and
  - (6) act professionally in client interactions and in the community.

**History:**

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**Sec. 2.40.515. Foundational Knowledge to Be Applied in All Activities.**

- (a) Level of Performance.** A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided in paragraphs (1) through (4) of this subsection, as applicable:
- (1) a behavioral health aide I recognizes issues and provides general information to clients and the community that incorporates that recognition;
  - (2) a behavioral health aide II recognizes symptoms, condition, or characteristics and responds therapeutically with support from the supervisor;
  - (3) a behavioral health aide III applies knowledge in interaction with a client in the assessment and treatment of that client; and
  - (4) a behavioral health practitioner applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II, and III.
- (b) Knowledge and Skills.** A behavioral health aide and practitioner must apply in all activities the fundamental knowledge and skills described below:
- (1) community culture, language, history, and demographics and stages of acculturation;
  - (2) intergenerational losses and trauma (*e.g.*, epidemic, boarding schools, suicide), with emphasis on experience in the Portland Area, and their application to individuals and communities, risk and experience of substance use and mental health disorders, and other disruptive or traumatic experiences (*e.g.*, child abuse, domestic violence);
  - (3) role of gender, including its role in the culture being served;
  - (4) lifespan development (*e.g.*, developmental milestones and expectations at various stages) with emphasis on differences that may occur among cultures;
  - (5) general characteristics and dynamics of families and significant others, including:
    - (A) familiarity with role of extended family and kinship within the culture (*e.g.*, cultural placement and adoption, clan systems);
    - (B) ability to develop with client genograms and sociograms (including multi-generational biological and formal and informal familial relationships and other significant relationships); and
    - (C) effect of family disruption due to illness, separation and divorce, death, abuse, legal interventions, and other causes;
  - (6) strategies for improving health (*e.g.*, how increased physical activity can reduce symptoms of depression);
  - (7) substance use and mental health disorders, co-occurring disorders, and other behavioral issues, including characteristics of addictive behavior, addiction, abuse and violence, and separation and loss;
  - (8) interaction between substance use disorders and mental health disorders;
  - (9) how to screen for medical and substance use and mental health disorders and their symptoms;
  - (10) risk factors for substance use and mental health disorders, including impact of risk behaviors (*e.g.*, infectious diseases);
  - (11) behavioral, psychological, and physical health and social effects, including symptoms associated with use of most prevalent psychoactive substances (licit and illicit);
  - (12) effects of substance use and mental health disorders on physical health (*e.g.*, diabetes, cardiac disease, cancer, etc.);
  - (13) effects of substance use and mental health disorders on families and significant others;
  - (14) Portland Area Tribal traditional communication and support and their role in

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prevention, treatment, and tribal practices (*e.g.*, storytelling, deferring to elders, talking circles, canoe journey);

(15) supporting BHP to support tribes to respond to crises;

(16) the role of research and reported experience in developing best practices; and

(17) Lived experience refers to a person who identifies as having a history of (or has successfully navigated) mental health and/or substance use issues or an individual who has been a consumer of behavioral health services.

**History:**

**Sec. 2.40.520. Foundational Professional Readiness.**

**(a) Level of Performance.** A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in:

(1) subsections (b)(1) [Ethics], (b)(2) [Consent], and (b)(3) [Confidentiality and Privacy] as provided in paragraphs (A) through (D) of this paragraph, as applicable:

(A) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;

(B) a behavioral health aide II utilizes the skill consistently and recognizes when to seek assistance;

(C) a behavioral health aide III consistently applies the principles to specific client and community situations; and

(D) a behavioral health practitioner applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II, and III; and

(2) subsection (b)(4) [Documentation] as provided in subparagraphs (A) through (D) of this paragraph, as applicable:

(A) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;

(B) a behavioral health aide II utilizes the skill consistently and recognizes when to seek assistance;

(C) a behavioral health aide III consistently applies the principles to specific client and community work; and

(D) a behavioral health practitioner applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II, and III.

**(b) Knowledge and Skills.** Professional readiness requires a behavioral health aide or practitioner to:

**(1) Ethics.**

(A) Demonstrate understanding of Behavioral Health Aide Code of Ethics and ethical considerations of helping professions;

(B) demonstrate understanding of professional standards from the perspective of laws to agency policies;

(C) demonstrate understanding of personal and professional boundaries and application of them appropriately in a tribal setting, including identification of personal relationships and potential conflicts that may make certain client interactions inappropriate;

(D) demonstrate understanding of and communicate with the client about the client's

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- rights and responsibilities;
- (E) protect and advocate client's rights;
- (F) incorporate advances in clinical practice to improve services and seeks continuing education;
- (G) seek out and accept supervision, as required or needed; and
- (H) model appropriate personal and professional behavior within the community.

**(2) Consent.**

- (A) Demonstrate understanding of client consent;
- (B) apply special rules that are applicable to:
  - (i) minors;
  - (ii) individuals subject to guardianships or other court orders that authorize others to grant consent on their behalf, and
  - (iii) individuals who may have limited capacity to understand and therefore to consent;
- (C) provide information and obtains appropriate level of consent prior to providing services; and
- (D) be aware of and respond appropriately in situations in which exceptions to the requirement for consent apply (e.g., involuntary commitments and reporting obligations).

**(3) Confidentiality and Privacy.**

- (A) Comply with applicable laws requiring confidentiality, including the privacy and security rules under the Health Insurance Portability and Accountability Act (HIPAA), the 42 C.F.R. Part 2 regulations applicable to substance use disorder treatment programs, and other laws and regulations that may be applicable based on the way in which service is delivered or the payer for the service, if any;
- (B) demonstrate understanding of laws and doctrines limiting application of confidentiality laws, including exceptions provided for in confidentiality laws, mandatory reporting laws, and situations in which there is risk of harm to an individual or others;
- (C) comply with formal requirements that must be satisfied prior to disclosure of otherwise confidential information;
- (D) accurately inform clients and others about the protections and limits of confidentiality, including those that apply in family and group counseling, when applicable;
- (E) assist clients to understand options regarding disclosure of information held by the behavioral health aide or practitioner's agency;
- (F) assist clients to appropriately authorize disclosure of confidential information held by other agencies;
- (G) obtain appropriate authority for disclosure of otherwise confidential information prior to disclosure, including information obtained from other agencies;
- (H) protect written and electronic information regarding clients from breaches of confidentiality by maintaining appropriate security, including locking cabinets and using electronic security measures;
- (I) provide telehealth services consistent with up-to-date practice standards by using only verifiably secure telehealth platforms and in locations that will ensure client privacy and confidentiality;
- (J) maintain confidences and privacy of clients and others, even when not required to do so by confidentiality laws or policies;
- (K) share information in a respectful manner;

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- (L) communicate with clients and others in a way most designed to minimize disclosures of confidential information;
- (M) protect client anonymity in provision of information for statistical reporting and research; and
- (N) assist in assuring that all individuals with working in or using the offices in which behavioral health services are provided are familiar with and abide by the requirements of this paragraph.

**(4) Documentation.**

- (A) Demonstrate understanding of professional documentation practices and appropriate use of different documentation formats, including those specific to screening, intake, treatment plans, monitoring treatment (including family and group counseling), and discharge (including dating and signing all documentation);
- (B) maintain orderly records of all client and client-related contacts;
- (C) maintain record of non-client related activities;
- (D) complete documentation on a timely basis;
- (E) respond appropriately to client requests to review records;
- (F) when reviewing records with client, do so with sensitivity and assists client to understand the information;
- (G) ensure certain traditional and spiritual activities or treatments are not recorded or described in detail because they are sacred and culturally sensitive; and
- (H) use person-first language and document in a strength-based manner.

**History:**

**Sec. 2.40.525. Prevention, Community Education, and Community Organizing.**

- (a) Level of Performance.** A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided in paragraphs (1) through (4) of this subsection, as applicable:
- (1) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;
  - (2) a behavioral health aide II utilizes the skill consistently and recognizes when to seek assistance;
  - (3) a behavioral health aide III consistently applies the skills to specific client and community situations; and
  - (4) a behavioral health practitioner applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II, and III.
- (b) Knowledge and Skills.** Prevention, community education, and community organizing require a behavioral health aide or practitioner to:
- (1) use foundational knowledge to educate clients and other individuals, including youth, parents and elders, and the community, as part of primary prevention, brief intervention, and integrated care strategies to support the client hand-off to the continuum of care to strengthen treatment strategies;
  - (2) in individual and community settings, destigmatize mental health and substance misuse/use disorders and seeking help to address these disorders;
  - (3) use community gatherings to encourage support for healthy behaviors and community stability;
  - (4) participate in community-based advocacy and in work groups that are focused on

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- prevention and early intervention efforts related to behavioral health issues;
- (5) work with community leadership, elders, knowledge holders and culture keepers to develop supports for at-risk individuals and families;
- (6) understand and communicates the difference between prevention and treatment processes;
- (7) recognize and enhance protective factors, such as:
  - (A) connection to culture, traditions, and ceremony; and
  - (B) connection to family, pro-social activities and learning and education opportunities.
- (8) recognize and engage with individuals at risk; and
- (9) assess community readiness for prevention and early intervention activities (e.g., community surveys, work with community leaders and subgroups), provided
  - (A) a behavioral health aide I may administer surveys;
  - (B) a behavioral health aide II contributes to developing survey tools and other readiness assessment strategies;
  - (C) a behavioral health aide III interacts directly with tribal leaders, elders, and wisdom keepers with regard to development of and carrying out the assessment; and
  - (D) a behavioral health practitioner is able to initiate programs and services in response to community feedback.

**History:**

**Sec. 2.40.530. Routine Contact, Screening, Assessment, and Evaluation.**

- (a) Level of Performance.** A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided in paragraphs (1) through (4) of this subsection, as applicable:
- (1) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;
  - (2) a behavioral health aide II utilizes the skill consistently and seeks additional intervention or assistance as needed to achieve the purpose of the interaction; and
  - (3) a behavioral health aide III engages the client more effectively based on an understanding of the client's information or behavior;
  - (4) a behavioral health practitioner performs the skill independently, subject to applicable restrictions, and applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of the skill in behavioral health aides I, II, and III; and
  - (5) coordinates care with the appropriate medical and behavioral health specialist.
- (b) Knowledge and Skills.** Routine contact, screening, assessment, and evaluation require a behavioral health aide or practitioner, in non-emergency situations, to
- (1) gather basic demographic information;
  - (2) demonstrate sensitivity to the client's personal level of assimilation or acculturation to include trauma informed care;
  - (3) assess client's literacy in English (oral and written), as is relevant to the client's situation or treatment, and arranges for appropriate assistance and/or services;
  - (4) assess the extent to which there are language barriers and arrange for appropriate assistance and services;
  - (5) appropriately access eBHAM and document in the EHR;
  - (6) assist clients to complete appropriate screening tools intended to initially identify

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- substance use disorders, mental health conditions, or other behavioral health issues;
- (7) score the screening tool;
- (8) identify additional evaluation that may be needed;
- (9) gather additional bio-psycho-social information through a standardized interview process, including medical history;
- (10) identify personal strengths, community involvement, and pro-social activities that strengthen resiliency within the client;
- (11) identify immediate risk of harming self or others and intervenes;
- (12) evaluate information obtained during intake, including likelihood or presence of co-occurring conditions, and determines whether additional evaluation is necessary;
- (13) communicate with client regarding need for referral for additional evaluation;
- (14) organize referral material, including written materials when required;
- (15) communicate directly with the person or agency to whom the client is being referred for additional evaluation;
- (16) complete, when appropriate, American Society of Addiction Medicine (“ASAM”) alcohol and drug screening criteria used for treatment planning and “best fit” of level of rehabilitative care; and
- (17) evaluate, when appropriate, substance use and mental health conditions using criteria contained within the current *Diagnostic and Statistical Manual* valid and reliable tools that are culturally responsible and specific to that community.

**History:**

**Sec. 2.40.535. Treatment Planning.**

- (a) Level of Performance.** A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided in paragraphs (1) through (4) of this subsection, as applicable:
- (1) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;
  - (2) a behavioral health aide II utilizes the skill consistently and identifies when additional intervention or assistance may be needed to achieve the purpose of the interaction; and
  - (3) a behavioral health aide III engages the client more effectively based on an understanding of the client’s information or behavior; and
  - (4) a behavioral health practitioner performs the skill independently, subject to applicable restrictions, and applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II, and III.
- (b) Knowledge and Skills.** Treatment planning, in coordination with behavioral staff when possible, which is to be carried out with the active participation of the client to the maximum extent possible, requires the behavioral health aide or practitioner to:
- (1) be aware of a variety of treatment interventions and modalities, evaluate their appropriateness based on experience and research, and select those most appropriate to meet the client’s needs;
  - (2) encourage client willingness to participate in planning;
  - (3) develop a list of client strengths, needs, and other issues; evaluate the identified client’s:
    - (A) substance misuse/use and mental health disorder;
    - (B) other behavioral health issues, if any; and



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- (C) strengths and how to use them to improve the likelihood of positive outcomes for the client;
- (4) communicate the outcomes of the assessment;
- (5) assist the client to understand their condition and the effects on the client and others;
- (6) assess readiness for treatment;
- (7) assist the client to identify desired outcomes and the objectives necessary to achieve those outcomes;
- (8) discuss treatment options;
- (9) solicit response to options;
- (10) identify other resources for the client, including family, and services available in the community and outside the community;
- (11) identify the issues that will be addressed initially and longer term;
- (12) establish treatment goals with maximum client participation;
- (13) assist client to communicate needs to family or other significant people and, as appropriate, communicate directly with the client's family and other significant people;
- (14) plan course of initial and continued interaction; and
- (15) evaluate progress and modify the plan appropriately.

**History:**

**Sec. 2.40.540. Community Resources and Referral.**

- (a) Level of Performance.** A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided in paragraphs (1) through (4) of this subsection, as applicable:
- (1) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;
  - (2) a behavioral health aide II utilizes the skill consistently and identifies when additional intervention or assistance may be needed to achieve the purpose of the interaction;
  - (3) a behavioral health aide III applies knowledge and skills to increase access to resources and engages the client more effectively based on an understanding of the community and the client's information or behavior; and
  - (4) a behavioral health practitioner performs the skill independently, subject to applicable restrictions, and applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II, and III.
- (b) Knowledge and Skills.** Use of community resources and referral requires the behavioral health aide or practitioner to:
- (1) obtain client information from service providers who have knowledge of the client;
  - (2) know about professional, agency, volunteer, organized, or pre-existing resources that exist in the community;
  - (3) know about resources to assist client to access services, including eligibility for tribal health program and to Medicaid, Medicare, and other insurance;
  - (4) identify traditional support and intervention resources (*e.g.*, elders, traditional healers, shaman);
  - (5) access various services, including how to determine eligibility for services and to complete the intake process;
  - (6) use traditional support and intervention resources appropriately;
  - (7) identify other community resources that can be brought to bear and know how to engage

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- 1           them;
- 2           (8) if a behavioral health aide III or a behavioral health aide practitioner, identify resources
- 3           outside the community that may be needed (either to be brought in or to which the client
- 4           may be referred);
- 5           (9) support and assist client in identifying referral services and connecting to those services;
- 6           (10) ensure that each referral was accepted and the client received the services, and, if not,
- 7           make an alternative plan;
- 8           (11) if client accepted for referral services:
- 9               (A) monitor the course of treatment as it proceeds;
- 10              (B) support the client and referral provider;
- 11              (C) continue to support and assist the client's engagement in to use services, as
- 12              appropriate;
- 13              (D) participate in developing and monitoring the discharge plan;
- 14              (E) obtain the discharge plan; and
- 15              (F) use the referral agency's discharge plan in follow-up with the treatment plan;
- 16           (12) initiate collaboration with other providers, including those from other disciplines;
- 17           (13) work with treatment teams within the behavioral health aide's or practitioner's agency
- 18           and across agencies to ensure coordination of services including tribal based practices
- 19           for the client;
- 20           (14) establish routine working relationships and collaboration among agencies, programs,
- 21           and others involved in treatment and monitoring services; and
- 22           (15) assist in negotiating formal relationships with other agencies, including development of
- 23           written agreements regarding service delivery, prevention activities, and other issues of
- 24           multi-agency concern.

25

26 **History:**

27

28 **Sec. 2.40.545. Case Management, Coordination, and Monitoring Treatment Plans.**

29

- 30 **(a) Level of Performance.** A behavioral health aide or practitioner must demonstrate the
- 31 knowledge and perform the skills and competencies described in subsection (b) as provided
- 32 in paragraphs (1) through (4) of this subsection, as applicable:
- 33           (1) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks
- 34           assistance;
- 35           (2) a behavioral health aide II utilizes the skill consistently and identifies when additional
- 36           intervention or assistance may be needed to achieve the purpose of the interaction;
- 37           (3) a behavioral health aide III applies knowledge and skills to increase access to resources
- 38           and engages the client more effectively based on an understanding of the client's
- 39           information or behavior; and
- 40           (4) a behavioral health practitioner performs the skill independently, subject to applicable
- 41           restrictions, and applies knowledge to mentor and support others in the use of the skill
- 42           and to participate in supervision and evaluation of behavioral health aides I, II, and III.
- 43
- 44 **(b) Knowledge and Skills.** Case management, coordination of services, and monitoring
- 45 treatment plans require a behavioral health aide or practitioner to:
- 46           (1) implement plan (e.g., referral, begin treatment services);
- 47           (2) assess client progress on a continuous basis, including beneficial and detrimental
- 48           behaviors of the client that affect treatment progress;
- 49           (3) review treatment plan, with the client when feasible, at regular intervals and as needed

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- and adjust treatment plans, as needed;
- (4) encourage client participation in the plan and address issues that impede progress with the plan;
- (5) recognize when progress slowed and, as appropriate, address barriers and assist to motivate the client;
- (6) reach out to clients who are not following through with the plan of service;
- (7) recognize crisis events as they occur during the course of a treatment plan and intervene; and
- (8) engage in discharge planning, including identification of other services from which the client may benefit (*e.g.*, support groups, other community activities).

**History:**

**Sec. 2.40.550. Medication Management.**

- (a) Level of Performance.** A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided in paragraphs (1) through (5) of this subsection, as applicable:
- (1) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;
  - (2) a behavioral health aide II utilizes the skill consistently and identifies when additional intervention or assistance may be needed to achieve the purpose of the interaction;
  - (3) a behavioral health aide III applies knowledge and skills and engages the client more effectively based on an understanding of the client; and
  - (4) a behavioral health practitioner performs the skill independently, subject to applicable restrictions, and applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II, and III.
  - (5) Traditional medicine refers to wellness/health practices, approaches, knowledge and beliefs incorporating Tribal and cultural wellness/health while using ceremonies; plant, animal or mineral-based medicines; energetic therapies; or physical/hands on techniques to address illness, create balance and promote wellness in an individual and/or community.
- (b) Knowledge and Skills.** Medication management requires the behavioral health aide or practitioner to:
- (1) recognize biological, psychological, and social effects of medications;
  - (2) monitor the client, including:
    - (A) supporting the client to appropriately use medications;
    - (B) assisting the client to self-monitor their response to medication and to report information about the response accurately to the medical provider who prescribed the medication or who is providing ongoing medical or psychiatric care to the client;
    - (C) assisting client to cooperate with medical monitoring of use of medications, when necessary, including making and keeping appointments for follow-up testing, such as urinalysis and blood tests;
    - (D) supporting the education of the client regarding predictable course of response to medication and possible side effects; and
    - (E) coaching the client with regard to strategies for following medication regimen (*e.g.*, keeping logs, using pill boxes, soliciting family help to remember to take medication);

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- (3) assist the client to identify when there is a less-than-desirable or negative outcome and refer the client for appropriate follow-up; and
- (4) assist the family and other support systems to participate in medication monitoring, as appropriate.

**History:**

**Sec. 2.40.555. Counseling.**

**(a) Level of Performance.** A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in:

- (1) subsections (b)(1) [Individual Counseling] and (b)(2) [Family Counseling], as provided in paragraphs (A) through (D) of this paragraph, as applicable:
  - (A) a behavioral health aide I demonstrates the skill at a basic level, applies it as directed, and routinely seeks assistance;
  - (B) a behavioral health aide II utilizes the skill consistently and identifies when additional intervention or assistance is needed to achieve the purpose of the interaction;
  - (C) a behavioral health aide III applies knowledge and skills and engages the client more effectively based on an understanding of the client's information or behavior; and
  - (D) a behavioral health practitioner performs the skill independently, subject to applicable restrictions, and applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III; and
- (2) subsection (b)(3) [Group Counseling], as provided in subparagraphs (A) through (D) of this paragraph, as applicable:
  - (A) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance; a behavioral health aide I may assist in facilitating groups, but is not expected to be able to independently plan groups or facilitate them;
  - (B) a behavioral health aide II utilizes the skill consistently and identifies when additional intervention or assistance may be needed to achieve the purpose of the interaction; a behavioral health aide II may assist in facilitating groups and is expected to be able to participate in planning groups;
  - (C) a behavioral health aide III applies knowledge and skills to plan and participate in groups more effectively based on an understanding of the clients who will be in the group, but is not expected to be able to plan or carry out group treatment described in subsections (b)(3)(C)(vi) or (vii) without a co-facilitator; and
  - (D) a behavioral health practitioner performs the skill independently, subject to applicable restrictions, and applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II, and III, provided that a behavioral health practitioner is not expected to plan or carry out group treatment described in subsection (b)(3)(C)(vii) without a co-facilitator.

**(b) Knowledge and Skills.**

- (1) Individual Counseling.** The behavioral health aide or practitioner applies the knowledge described throughout this article, understands the stages of counseling, and engages in:

**(A) Problem Definition to:**

- (i) support the client in telling their story (empathy, establishing rapport,

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recognizing blocks, etc.);

(ii) help the client focus by helping them develop clarity (exploration, probing, etc.);  
and

(iii) challenge the client to develop new perspectives to encourage action  
(challenging, self-challenge, ownership, etc.).

**(B) Goal Development to:**

(i) help the client construct new scenarios;

(ii) help the client evaluate scenarios; and

(iii) help the client choose goals and commit to them.

**(C) Action to:**

(i) help the client consider possible strategies (*e.g.*, help clients with divergent thinking, brainstorming, reflection on past experiences in responding to issues; client education);

(ii) help the client choose strategies and formulate action plans (choose “best fit” strategies, planning, contingency planning, elaboration, etc.); and

(iii) help the client implement action plan (*e.g.*, improving readiness for change, overcoming external barriers, contracting, and providing feedback and training such as assertiveness training).

**(2) Family Counseling.** Family, couple, and significant other counseling requires the behavioral health aide or practitioner to apply the knowledge and skills described in subsection (b)(1) [Individual Counseling] in interactive counseling with the client and family members or significant others and to:

(A) understand family systems and theory: closed and open systems;

(B) understand family dynamics;

(C) understand and respect family roles; recognize family resiliency, including positive ancestral experiences; and help mediate and respond to substance use or mental health disorders within the family;

(D) recognize the elements of functional family units versus dysfunctional systems;

(E) recognize barriers to communications within the family;

(F) understand roles and impact of extended family;

(G) recognize the effects of housing concerns, financial status, and outside factors on family functioning;

(H) apply the knowledge described in subparagraphs (A) through (G) of this paragraph;

(I) assess family norms (*e.g.*, mealtimes, use of electronics, child care, and babysitters);

(J) understand and respond to mitigating factors in family functioning such as debilitating illnesses, substance use disorders, mental health disorders, history of molestation or violence, history and nature of deaths, etc.;

(K) recognize familial fears (inherited diseases, family grief, family self-image, family expectations);

(L) understand and implement engagement among family members in which issues are defined within safe therapeutic boundaries;

(M) understand cultural and familial roles;

(N) understand and use tribal best practices in the treatment; and

(O) understand and use emerging tribal best practices in the treatment.

**(3) Group Counseling.** Group counseling requires the behavioral health aide or practitioner to apply the knowledge and skills described in section (b)(1) [Individual Counseling] and to

(A) know about different group models;

(B) identify appropriate membership for groups by identifying individual characteristics

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- and needs of potential members to assure they can be met within the group (*e.g.*, matching individuals with similar needs, minimizing risks);
- (C) know the appropriate application and the limitations or risks associated with different types of groups, including close association of dual relationships, family, rural/frontier/reservation/village association:
- (i) educational (teaching) groups, (groups for the transmission of information—largely preventative, such as parenting, communications, alcohol, and narcotics);
  - (ii) self-help groups (*e.g.*, Alcoholics Anonymous, Al-Anon, Alateen, Narcotics Anonymous, Wellbriety);
  - (iii) support groups (*e.g.*, adult children of alcoholics, family members of people with mental health, cancer and other chronic diseases, nutrition and weight control;
  - (iv) activity groups (*e.g.*, crafts, nutrition, subsistence activities, sweat houses, movie nights, physical activities);
  - (v) skill-development groups (*e.g.*, parenting skills, couple’s communication);
  - (vi) psycho-educational groups for clients as part of a treatment plan to address specific behavioral health issues (*e.g.* anger management, parenting, substance abuse); and
  - (vii) therapeutic group treatment (*e.g.*, focused counseling);
- (D) develop cohesion among members of the group;
- (E) set therapeutic boundaries in groups, including assisting participants to make appropriate levels of disclosure;
- (F) assist group members who are in transition from one group to another;
- (G) determine criteria for ending a group or a client’s participation in a particular group and assist with regard to identifying other services, as appropriate; and
- (H) use traditional indigenous knowledge in group settings.

**History:**

**Sec. 2.40.560. Crisis Management.**

- (a) Level of Performance.** A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided in paragraphs (1) through (3) of this subsection, as applicable:
- (1) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;
  - (2) a behavioral health aide II utilizes the skill consistently and determines, with assistance, when additional intervention or assistance may be needed to achieve the purpose of the interaction;
  - (3) a behavioral health aide III and behavioral health practitioner apply knowledge and skills and engages the client more effectively based on an understanding of the client; and
  - (4) a behavioral health practitioner, subject to applicable restrictions, applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II, and III.
- (b) Knowledge and Skills.** Crisis management requires the behavioral health aide or practitioner to have knowledge of and be able to:
- (1) recognize behavioral health crisis events;

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- (2) identify the crisis and report to a licensed and/or certified behavioral health clinician or behavioral health professional regarding crisis events;
- (3) conduct assessment of risk of harm to self or others;
- (4) conduct assessment of risk associated with acute intoxication, overdose, detoxification, and withdrawal;
- (5) obtain assistance from supervisors and other community resources (*e.g.*, CHA/P, Tribal Public Safety Officer) to respond;
- (6) follow clinical instructions;
- (7) communicate with family and others regarding existence of and response to crisis;
- (8) assist with necessary steps to achieve and follow-up involuntary treatment, when required;
- (9) refer to and cooperate with authorities after deaths (including suicide and homicide), child neglect or abuse, elder abuse, and other reportable events;
- (10) assist client to report violence (*e.g.*, domestic violence, sexual assault, and bullying);
- (11) assist client to obtain immediate services after a critical event (*e.g.*, domestic violence shelter, foster care) and provide support for others immediately affected, such as family members and close friends;
- (12) assist individuals who have experienced critical event (themselves or as a family member, friend or community member) to consider behavioral health services and traditional practices; and
- (13) apply foundational and other skills, subject to direction, to assist with emergency management and critical incident response to individual events and mass casualties, whether manmade or natural.

**History:**

**Sec. 2.40.565. Supervision, Training, and Professional Development.**

**(a) Level of Performance.** A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) in their own interaction with supervisors, mentors, and trainers in pursuing their own professional development and as provided in paragraphs (1) through (3) of this subsection, as applicable:

- (1) a behavioral health aide I or II does not perform supervision, training, or professional development of other behavioral health aides or practitioners, but a BHA I may provide peer support for a person training to be a behavioral health aide I and a BHA II may provide peer support for a BHA I;
- (2) a behavioral health aide III demonstrates the skills and competencies and applies it as directed and routinely seeks assistance; and
- (3) a behavioral health practitioner applies the knowledge and skills to engage, mentor and support, and participate in supervision and evaluation of behavioral health aides I, II, and III, based on an understanding of the supervisee's level of knowledge and skills, professional goals, and behavior.

**(b) Knowledge and Skills.** Supervision and mentoring of other behavioral health aides require a behavioral health aide II or III or behavioral health practitioner to:

- (1) use supervision, peer consultation, and self-evaluation to enhance self-awareness and improve professional performance;
- (2) identify methods of health promotion, stress reduction, and burn out prevention;
- (3) use evaluations to improve professional performance and quality of services;

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- (4) assist in defining continuing education opportunities consistent with professional development needs; and
- (5) provide professional development through education and participation in regular supervision and consultation.

**History:**

**Article 50. Term of Certificate**

**History:**

**Sec. 2.50.010. Effective Date.** The effective date is the date of issuance under section 2.50.020 [date of issuance].

**History:**

**Sec. 2.50.020. Date of Issuance.** The date of issuance of a certificate shall be the date the certificate is provisionally approved by the staff of the Board or final Board approval is granted, whichever is earlier.

**History:**

**Sec. 2.50.100. Expiration.** A certificate as a community health aide, community health practitioner, dental health aide, behavioral health aide, or behavioral health practitioner expires two years from the last day of the month in which the Board took final action to approve the certificate.

**History:**

**Sec. 2.50.200. Requirements for Renewal.**

- (a)** A certified community health aide, community health practitioner, dental health aide, or behavioral health aide or practitioner applying for certificate renewal shall:
  - (1) apply on a form provided by the Board;
  - (2) pay the application fees required by the Board;
  - (3) provide evidence satisfactory to the Board that the applicant has met the continuing education requirements of the Board;
  - (4) provide evidence satisfactory to the Board that the applicant continues to demonstrate the practical professional competencies required for the level of certification sought;
  - (5) continue to meet the requirements of chapter 2 [certification of CHA/Ps, DHAs, & BHA/Ps]; and
  - (6) if seeking recertification as a community health practitioner, no less often than once every six years, the individual must re-satisfy the requirements of section 2.20.500 [CHP training & education requirements].
- (b)** An applicant who has not been employed as a community health aide, community health practitioner, dental health aide, or behavioral health aide or behavioral health practitioner an average of at least 40 percent of their FTE for at least six months of the previous 12 months prior to submission of the application must provide evidence satisfactory to the Board that they have been monitored in the performance of each required competence until they have demonstrated successful performance of each.



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**History:**

**Sec. 2.50.300. Reinstatement or Renewal of a Lapsed Certificate.** The Board will, in its discretion, reinstate or renew a certificate that has lapsed if the applicant complies with the certificate renewal requirements under section 2.50.200 [requirements for renewal], provided that the applicant must provide evidence satisfactory to the Board that the applicant has completed the continuing education requirements under chapter 3 [continuing education].

**History:**

### **Chapter 3. Continuing Education**

**Sec. 3.10.005. Multiple Certifications.** Up to 12 hours of training acquired in the previous two years and obtained to achieve initial certification, to increase the level of certification, or to satisfy continuing education requirements under this chapter 3 [continuing education] as a community health aide or practitioner, dental health aide, or behavioral health aide or practitioner may be applied to satisfying the continuing education requirements for other certificates held by the same person under the PASP.

**History:**

**Sec. 3.10.010.** [RESERVED FOR CHA/P]

**History:**

**Sec. 3.10.050. DHA Continuing Education Requirements.**

**(a) Unlapsed Certificate.**

- (1) An applicant for renewal of a certificate under article 30 of chapter 2 whose certificate has not lapsed must meet:
  - (A) any specific recertification requirements set forth therein;
  - (B) satisfactory performance under the direct supervision of a dentist, dental hygienist, or dental health aide therapist of a minimum of demonstration of competence in each procedure for which the dental health aide is certified at least once;
  - (C) if the dental health aide has not completed the requirements for another level of certification or module during the concluding two-year certification period, satisfactory completion of 24 contact hours of continuing education approved by the Board on varied or updated topics.
- (2) If the direct supervision required under subsections (1)(B) of this section is provided by anyone other than a dentist, the supervisor must have been authorized to supervise the preceptorship of the procedures being performed under the applicable provision of chapter 2, article 30 [Standards for Dental Health Aides].

**(c) Lapsed Certificate.** An applicant for renewal of a certificate under article 30 of chapter 2 whose certification has lapsed must provide evidence satisfactory to the Board that in the two years preceding recertification he or she has met the requirements for continuing education set forth in subsection (a) of this section.

**History:**

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**Sec. 3.10.070. BHA/P Continuing Education Requirements.**

- (a) **Unlapsed Certificate.** A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs] as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or as a behavioral health practitioner:
- (1) must provide evidence satisfactory to the Board that he or she has completed a minimum of 40 contact hours of continuing education approved by the Board on varied or updated topics during the concluding two-year certification period, provided that:
    - (A) no fewer than 4 of the required contact hours must be regarding ethics and consent;
    - (B) no fewer than 4 of the required contact hours must be regarding confidentiality and privacy;
    - (C) no fewer than 4 of the required contact hours must be regarding cross cultural communication and understanding and working with diverse populations:
      - (i) various ethnicities or cultural heritages, age groups, genders, lifestyles, family dynamics, or socioeconomic statuses, or diagnostic categories; or
      - (ii) effective strategies for working with diverse populations, conducting self-assessments and navigating value differences, developing cultural awareness and an understanding of the potential influence on a person's behavioral health;
    - (D) the balance of the hours must be related to the knowledge and skills identified or related to those described in section 2.40.500 [BHA/P knowledge, skills, and scope of practice]; and
    - (E) a minimum of 20 CEUs are attended via face-to-face instruction.
- (b) **Lapsed Certificate.** An applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs] whose certification has lapsed must provide evidence satisfactory to the Board that he or she has met the requirements for continuing education set forth in subsection (a)(2) [BHA/P continuing education requirements; unlapsed certificate; (required continuing education)] of this section in the two-year period prior to seeking recertification.

**History:**

**Sec. 3.10.100. [RESERVED FOR CHA/P]**

**Sec. 3.10.200. Approved Continuing Education Programs for DHA.**

- (a) **Competencies.** To be approved by the Board, a continuing education program for a dental health aide must:
- (1) cover one or more of the course of study subjects or competencies listed in sections 2.30.100 [PDHA I training & education requirements] through 2.30.610 [DHAT supervision & competencies];
  - (2) directly relate to the clinical practice of a dental health aide; and
  - (3) be no less than one hour in length.
- (b) **Sponsorship.** A continuing education program that meets the requirements of section 3.10.200(a) [approved continuing education programs for DHA; (competencies)] and is sponsored by any of the following organizations considered approved by the Board:

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- (1) a certified CHA/P Training Center;
- (2) the American Dental Association;
- (3) the Academy of General Dentistry;
- (4) the American Dental Hygienists Association;
- (5) an accredited postsecondary educational institution;
- (6) the Indian Health Service or other agencies of the Federal government; or
- (7) an emergency care course approved by Oregon, Washington or Idaho, or the Indian Health Service, American Heart Association, American Safety and Health Institute or American Red Cross.

**(c) Tribal Continuing Education Programs.** A continuing education program provided by the tribe or tribal organization's health program that meets the requirements of section 3.10.200(a) [approved continuing education programs for DHA; (competencies)] shall be approved by the Board. Submission of the plan or DHA Curriculum for the continuing education program or programs to the Board may be done prior to or after the program has been conducted. Approval may be granted for more than one program at a time. Re-approval need not be obtained for an approved program that is being repeated within a three-year period after the most recent approval.

**(d) Self-Study.** A self-study continuing education program sponsored by one of the organizations listed in subsections 3.10.200(b) [approved continuing education programs for DHA; (sponsorship)] or (c) [approved continuing education programs for DHA; (tribal continuing education programs)] that meets the requirements of section 3.10.200(a) [approved continuing education programs for DHA; (competencies)] is considered approved by the Board.

**(e) Other.** A continuing education program not sponsored by one of the organizations listed in subsections 3.10.200(b) [approved continuing education programs for DHA; (sponsorship)] or (c) [approved continuing education programs for DHA; (tribal continuing education programs)] must be individually approved by the Board. Such approval can be provided at the time of application for recertification if the applicant submits evidence sufficient to permit the Board to determine whether the training meets the requirements of this section.

**History:**

**Sec. 3.10.300. Approved Continuing Education Programs for BHA/P.**

**(a) Competencies.** To be approved by the Board, a BHA/P's continuing education plan must be created in collaboration with their clinical supervisor and the program must:

- (1) contribute to the knowledge or skills described in section 2.40.500 [BHA/P knowledge, skills, and scope of practice] or expand on content or subject matter described in chapter 8 [BHA curricula];
- (2) directly relate to the clinical practice of a BHA/P, which shall include courses related to the effects of tobacco use and the assessment of commercial versus traditional tobacco use assessment and treatment; and
- (3) be no less than one hour in length.

**(b) Sponsorship.** A continuing education program that meets the requirements of section 3.10.300(a) [approved continuing education programs for BHA/P; (competencies)] and is

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sponsored by any of the following organizations is considered approved by the Board:

- (1) a certified CHA/P Training Center;
- (2) Portland Area Commission for Behavioral Health Certification;
- (3) the Indian Health Service;
- (4) an accredited postsecondary educational institution;
- (5) American Mental Health Counselors Association (AMHCA);
- (6) American Psychiatric Association (APA);
- (7) American Psychiatric Nurses Association (APNA);
- (8) American Society of Addiction Medicine (ASAM);
- (9) American Psychological Association (APA);
- (10) American Rehabilitation Counseling Association (ARCA);
- (11) Association for Assessment in Counseling and Education (AACE);
- (12) Association for Counselor Education and Supervision (ACES);
- (13) Association for Counselors and Educators in Government (ACEG);
- (14) International Association of Addictions and Offender Counselors (IAAOC);
- (15) International Association of Marriage and Family Counselors (IAMFC);
- (16) International Certification & Reciprocity Consortium (IC&RC);
- (17) National Association of Alcohol and Drug Abuse Counselors (NAADAC);
- (18) National Association of Social Workers (NASW);
- (19) National Board of Certified Counselors (NBCC);
- (20) National Association of Direct Service Providers (NADSP);
- (21) American Counseling Association (ACA);
- (22) NPAIHB education and training program (*e.g.*, 49 Days of Ceremony, Clinical ECHOs, NARCH, Diabetes and Cancer Prevention);
- (23) Seattle Indian Health Board (SIHB);
- (24) National Indian Child Welfare Association;
- (25) Other Indian Health Boards (*e.g.*, Northwest Washington Indian Health Board (NWIHB)); or
- (26) Other Native Health Entities (*e.g.*, American Indian Health Commission (AIHC), Alaska Native Tribal Health Consortium (ANTHC)) and Tribal Health Organizations (THOs).

**(c) Tribal Continuing Education Programs.** A continuing education program provided by the tribe or tribal organization's health program that meets the requirements of section 3.10.300(a) [approved continuing education programs for BHA/P; (competencies)] shall be approved by the Board. Submission of the plan or BHA Curriculum for the continuing education program or programs to the Board may be done prior to or after the program has been conducted. Approval may be granted for more than one program at a time. Re-approval need not be obtained for an approved program that is being repeated within a three-year period after the most recent approval.

**(d) Self-Study Programs.** A self-study continuing education program sponsored by one of the organizations listed in subsections 3.10.300(b) [approved continuing education programs for BHA/P; (sponsorship)] or (c) [approved continuing education programs for BHA/P; (tribal continuing education programs)] that meets the requirements of section 3.10.300(a) [approved continuing education programs for BHA/P; (competencies)] is considered approved by the Board.

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- (e) **Other.** A continuing education program not sponsored by one of the organization's education programs must be individually approved by the Board. Such approval can be provided at the time of application for recertification if the applicant submits evidence sufficient to permit the Board to determine whether the training meets the requirements of this section.

**History:**

**Chapter 4. Discipline, Suspension, or Revocation of a Community Health Aide, Community Health Practitioner, Dental Health Aide, Behavioral Health Aide, or Behavioral Health Practitioner Certificate**

**History:**

**Sec. 4.10.010. Grounds for Discipline.** The Board may impose a disciplinary sanction under this chapter on a person holding a certificate under the PASP if the Board finds that the person:

- (a) secured a certificate through deceit, fraud, or intentional misrepresentation;
- (b) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities, including holding himself or herself out as another health provider for which he or she has not met applicable licensing or other credentialing requirements;
- (c) failed to surrender the certificate if required to do so under section 2.10.020 [surrender of a certificate];
- (d) has been convicted of a felony or other crime after certification, or has failed to disclose a prior felony or other crime, that affects the certified community health aide or practitioner's, dental health aide's, or behavioral health aide or practitioner's ability to continue to practice competently and safely;
- (e) intentionally or negligently engaged in or permitted the performance of patient care by persons under the certified community health aide or practitioner's, dental health aide's, or behavioral health aide or practitioner's supervision that does not conform to minimum professional standards regardless of whether actual injury to a patient occurred;
- (f) failed to comply with any requirement or order of the Board applicable to the certified community health aide or practitioner, dental health aide, or behavioral health aide or practitioner;
- (g) continued to practice after becoming unfit due to:
  - (1) professional incompetence;
  - (2) failure to keep informed of current professional practices;
  - (3) addiction or dependency on alcohol or other drugs that impair the ability to practice safely;
  - (4) physical or mental disability;
- (h) engaged in lewd or immoral conduct in connection with the delivery of service to patients;
- (i) engaged in unprofessional conduct, including having:
  - (1) failed to use sufficient knowledge, skills or judgment for the community health aide or practitioner's, dental health aide's or behavioral health aide or practitioner's level of certification;
  - (2) assumed duties and responsibilities:
    - (A) without sufficient preparation;
    - (B) for which competency has not been maintained; or
    - (C) for which the community health aide or practitioner, dental health aide, or behavioral

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health aide or practitioner is not certified, provided that such duties were not assumed as part of meeting the requirements for the next level of certification;

(D) for which the community health aide or practitioner, dental health aide, or behavioral health aide or practitioner has not been trained through training described in sections [competencies], sections 2.40.100 [BHA I training, competency, and experience requirements] through 2.40.500 [BHA/P knowledge, skills, and scope of practice], as applicable, or continuing education approved under Chapter 3, provided that the community health aide or practitioner, dental health aide, or behavioral health aide or practitioner may provide services under this paragraph only at the direction of their employer; or

(E) a community health aide or practitioner or behavioral health aide or practitioner assigned to be available on-call failed to respond to an emergency;

(3) knowingly delegated a community health aide or practitioner, dental health aide, or behavioral health aide or practitioner function to another who is not certified to perform that function;

(4) violated the confidentiality of information or knowledge concerning a patient;

(5) physically or verbally abused a patient;

(6) performed duties as a community health aide or practitioner, dental health aide, or behavioral health aide or practitioner while under the influence of alcohol, illegal drugs, or any other substance likely to impair the community health aide or practitioner's, dental health aide's, or behavioral health aide's or practitioner's ability to provide competent care;

(7) violated state or federal laws regulating drugs, including but not limited to forging prescriptions or unlawfully distributing drugs or narcotics;

(8) failed to maintain a record for each patient which accurately reflects the patient encounter and interventions provided, or falsification of a patient's records or intentionally making an incorrect entry in a patient's record;

(9) left a clinic assignment without properly notifying the appropriate personnel;

(10) failed to report, through proper channels, facts known to the community health aide or practitioner, dental health aide, or behavioral health aide or practitioner regarding incompetent, unprofessional, or illegal practice of another health care provider;

(11) signed a record as a witness attesting to the wastage of controlled substances which the community health aide or practitioner, dental health aide, or behavioral health aide or practitioner did not actually witness;

(12) exploited a patient for financial gain, or offering, giving, soliciting, or receiving fees for referral of a patient;

(13) was responsible for untruthful or misleading advertisement of available services;

(14) knowingly violated laws regulating health insurance or the potential for health insurance reimbursement;

(15) been found guilty of, or entered a plea of nolo contendere or guilty to, any offense under Federal, State or Tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons within the meaning of section 408 of the Indian Child Protection and Family Violence Prevention Act, P.L. 101-630, 25 U.S.C. § 3207, or been convicted of a sex crime, an offense involving a child victim, or a drug felony, within the meaning of and as applicable under the Crime Control Act, 34 U.S.C. § 201351;

(16) failed to comply with applicable mandatory reporting laws of Oregon, Washington, or Idaho; or

(17) failed to respond to a request for services where a duty to respond existed.

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**History:**

**Sec. 4.10.100. Community Health Aide or Practitioner, Dental Health Aide, or Behavioral Health Aide or Practitioner Sanctions.** When it finds that a person holding a certificate as a community health aide or practitioner, dental health aide, or behavioral health aide or practitioner has violated one of the conditions of section 4.10.010 [grounds for discipline], the Board may impose the following sanctions singly or in combination:

- (a) permanently revoke a certificate to practice;
- (b) suspend a certificate for a determinate period of time;
- (c) censure a person holding a certificate;
- (d) issue a letter of reprimand;
- (e) place a person holding a certificate on probationary status and require the person to:
  - (1) report regularly to the Board upon matters involving the basis of probation;
  - (2) limit practice to those areas prescribed;
  - (3) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the Board to need improvement; and
- (f) impose limitations or conditions on the practice of a person holding a certificate.

**History:**

**Sec. 4.10.110. Withdrawing Probation.** The Board may withdraw probationary status if it finds that the deficiencies that required the sanction have been remedied.

**History:**

**Sec. 4.10.120. Summary Suspension.** The Board may summarily suspend a certificate before final hearing or during the appeals process if the Board finds that the person holding a certificate poses a clear and immediate danger to the public health and safety if the person continues to practice. A person whose certificate is suspended under this subsection shall be entitled to a hearing pursuant to section 9.10.010 [hearings]. The person may appeal the suspension after a hearing to the Area Director of the Portland Area Indian Health Service.

**History:**

**Sec. 4.10.130. Consistency.** The Board shall seek consistency in the application of disciplinary sanctions, and significant departure from prior decisions involving similar situations shall be explained in findings of fact or orders.

**History:**

**Chapter 5. [RESERVED FOR CHA/P]**

**Chapter 6. [RESERVED FOR CHA/P]**

## Chapter 7. Certification of DHA Training and Curriculum

History:

### Article 10. Training Programs, Facilities, and Training Staff

**Sec. 7.10.010. Facilities.** Dental health aide training may occur in:

- (a) any certified CHA/P Training Center with facilities appropriate to the training being provided;
- (b) [RESERVED];
- (c) for training requiring clinical activity, any Federal, State, university, or tribal facility with space, equipment, and materials appropriate and adequate to provide each student with a sufficient opportunity to observe and participate in the training activities; and
- (d) as necessary, other locations may be used provided they meet the standards set forth in this section.

History:

**Sec. 7.10.020. Training Staff.**

- (a) **Qualification and Roles.** Dental health aide training may be coordinated and conducted by any person who generally meets the standards of section [RESERVED] as applicable to the specific training being conducted.
- (b) **Dental Advisor.** All dental health aide training must be conducted under the general supervision of a dental advisor who must be a dentist, as defined in section 2.30.010 [supervision of DHAs], who is familiar with the CHAP Program. The dental advisor may or may not participate directly in the training, but must be familiar with and have approved the curriculum being taught and the qualifications of the training staff and be available to consult with training staff during the training session should the need arise. Such consultation may occur may occur in person or by synchronous or asynchronous communications.

History:

**Sec. 7.10.030. DHA Training Administration and Records.**

- (a) **Commitment of Administration.** The Board-approved DHA training programs must have an agreement with the PACCB, which will accept and retain records regarding training and continuing education carried out by the DHA training program.
- (b) **Secretarial Support.** A DHA training program should have administrative and secretarial support sufficient to assure timely and smooth functioning of the program and transmittal of records to the PACCB.
- (c) **DHA Training Program Files.**
  - (1) A DHA training program must have on file for review, or transmit to the PACCB for retention, DHA training outlines, learning objectives/lesson plans, session quizzes/exams, dental health aide evaluation records, application forms, student training files, quality



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assurance/continuous quality improvement files, and a training plan for employees.

- (2) A DHA training program must promptly after the conclusion of each training session, course or continuing education program transmit to the PACCB a list of each student who attended the program with information about whether the student completed the course and an evaluation of the student's performance.

**History:**

**Article 20. Dental Health Aide Curricula**

**Sec. 7.20.010. DHA Core Curriculum.**

**(a) Subject Matter.** A DHA Core Curriculum course must address the following topics:

- (1) role of community health aide and practitioner, dental health aide and behavioral health aide and practitioner in a tribal/IHS health programs;
- (2) general scope of work;
- (3) medical ethics;
- (4) legal issues;
- (5) applicable state reporting requirements;
- (6) consent for treatment;
- (7) interviewing skills;
- (8) health/disease process;
- (9) infection and communicable disease;
- (10) introductory anatomy and dental anatomy;
- (11) vocabulary and abbreviations;
- (12) documentation, including “HEAP” (history, examination, assessment and plan) and “SOAP” (subjective, objective, assessment and plan) forms of documentation;
- (13) introduction to pharmacology;
- (14) introduction to clinic management;
- (15) health care system access, including Medicaid and third-party insurance;
- (16) scheduling;
- (17) introductory medical history taking.

**(b) CHA/P Equivalency** The topics listed in subsection (a) must be addressed in a way comparable to that required under the CHA/P Curriculum for the comparable topics.

**(c) Training.** The training will include didactic instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter listed in subsection (a) of this section.

**History:**

**Sec. 7.20.020. Primary Oral Health Promotion and Disease Prevention.**

**(a) Subject Matter.** A primary oral health promotion and disease prevention course must address the following topics:

- (1) introduction to caries disease process;
- (2) introduction to periodontal disease process;
- (3) theory of oral health promotion and disease prevention;

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- (4) fluoride as a drug and related issues, including toxicity;
- (5) topical fluoride treatments, including gel, foam, varnish and rinse;
- (6) silver diamine fluoride (SDF), including benefits and esthetics;
- (7) nutritional counseling; and
- (8) oral hygiene instruction.

**(b) Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands- on practice must include a minimum of six hours of clinical encounters.

**History:**

**Sec. 7.20.030. Basic Dental Procedures.**

**(a) Subject Matter.** A Basic Dental Procedures course must address the following topics:

- (1) introductory dental anatomy;
- (2) introductory basic infection control principles, techniques and practices, including
  - (A) universal precautions; and
  - (B) hand hygiene;
- (3) introductory clean/sterile techniques;
- (4) introductory identification of dental problems;
- (5) introductory problem specific history taking; and
- (6) introductory dental charting.

**(b) Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands- on practice must include a minimum of six hours clinical encounters.

**History:**

**Sec. 7.20.040. DHA Advanced Dental Procedures.**

**(a) Subject Matter.** A DHA Advanced Dental Procedures course must address the following topics:

- (1) dental anatomy;
- (2) caries and periodontal disease process;
- (3) dental instruments and equipment;
- (4) dental charting;
- (5) handling and sterilization of instruments;
- (6) disinfection of operatory; and
- (7) patient record documentation.

**(b) Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands- on practice must include a minimum of seven hours of clinical encounters.

**History:**

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**Sec. 7.20.050. Community-Based Dental Practice.**

**(a) Subject Matter.** A Community-Based Dental Practice course must address the following topics:

- (1) use of telemedicine technology, including use of intra- and extra-oral cameras;
- (2) problem specific medical and dental history taking;
- (3) recognition of medical and dental conditions; and
- (4) recognition of relationship between medical conditions and oral health.

**(b) Training.** The Training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands-on practice must include a minimum of seven hours clinical encounters.

**History:**

**Sec. 7.20.100. Sealants.**

**(a) Subject Matter.** A course in sealants must address the following topics:

- (1) understanding sealant materials, indication for use, and placement;
- (2) understanding and following dental treatment plan;
- (3) reviewing medical history and identifying contraindications for sealant treatment;
- (4) explaining sealant procedure and responding to questions regarding sealant;
- (5) proper patient and provider safety procedures, including
  - (A) proper use and safety procedures related to curing light; and
  - (B) proper use of etchant material;
- (6) isolating and drying teeth to be sealed;
- (7) identifying and correcting occlusal discrepancies caused by excess sealant; and
- (8) ensuring retention of the sealant.

**(b) Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section.

**History:**

**Sec. 7.20.110. Dental Prophylaxis.**

**(a) Subject Matter.** A course in dental prophylaxis must address the following topics:

- (1) understanding and following dental treatment plan;
- (2) reviewing medical history and identify contraindications for performing prophylaxis;
- (3) understanding when the patient should be referred to a dentist prior to carrying out prophylaxis;
- (4) explaining prophylaxis procedure and respond to questions from patient regarding prophylaxis;
- (5) proper patient and provider safety procedures, including:
  - (A) proper use of dental instruments for safety of patient and provider; and
  - (B) proper use of ultrasonic scalers;
- (6) scaling and polishing to remove plaque, calculus, and stains from the coronal or exposed surface of the tooth.

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- (b) **Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section.

**History:**

**Sec. 7.20.120. Dental Radiology.**

- (a) **Subject Matter.** A course in dental radiology must address the following topics:
- (1) The safe use of ionizing radiation, including proper use of safety precautions for patients and providers,
  - (2) Factors affecting diagnostic quality of radiographs,
  - (3) Infection control with radiographic equipment.
- (b) **Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section.

**History:**

**Sec. 7.20.130. Dental Assisting.**

- (a) **Subject Matter.** A course in dental assisting must address the following topics:
- (1) applying topical anesthetic agents;
  - (2) placing and removing rubber dams;
  - (3) basic knowledge of dental materials, instruments, and procedures;
  - (4) four-handed dentistry;
  - (5) dental charting and patient record documentation;
  - (6) proper handling and sterilization of instruments; and
  - (7) disinfection of operatory.
- (b) **Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands-on practice must include a minimum of 20 hours of clinical encounters.

**History:**

**Sec. 7.20.140. Atraumatic Restorative Treatment (ART).**

- (a) **Subject Matter.** A course in atraumatic restorative treatment must address the following topics:
- (1) understanding and following dental treatment plan;
  - (2) reviewing medical history and identifying contraindications for performing ART;
  - (3) identify cases appropriate for ART;
  - (4) understanding when the patient should be referred to a dentist;
  - (5) explaining ART procedure and responding to questions from patient regarding ART;
  - (6) proper patient and provider safety procedures, including proper use of dental instruments;
  - (7) isolating the tooth/teeth;
  - (8) removing gross caries with hand instruments;
  - (9) mixing, placing and contouring appropriate restorative material; and

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- (10) recognizing potential and actual procedural complications and consulting appropriately with the dentist; and
- (11) explaining clinical procedure and respond to questions from patient regarding clinical procedure

**(b) Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section.

**History:**

**Sec. 7.20.150. Silver Diamine Fluoride (SDF).**

**(a) Subject Matter.** A course in SDF must address the following topics:

- (1) understanding and following dental treatment plan;
- (2) reviewing medical history and identify contraindications for use of SDF;
- (3) understanding when the patient should be referred to a dentist prior to using SDF;
- (4) explaining clinical procedure and respond to questions from patient regarding clinical procedure;
- (5) proper patient and provider safety procedures, including:
  - (A) proper use of dental instruments for safety of patient and provider; and
  - (B) proper application of SDF;
- (6) [RESERVED]
- (7) [RESERVED]

**(b) Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section.

**History:**

**Sec. 7.20.160. Antimicrobials.**

**(a) Subject Matter.** A course in antimicrobials must address the following topics:

- (1) understanding and following dental treatment plan;
- (2) reviewing medical history and identify contraindications for use of antimicrobials;
- (3) understanding when the patient should be referred to a dentist prior to use of antimicrobials;
- (4) explaining antimicrobials and respond to questions from patient regarding antimicrobials;
- (5) proper patient and provider safety procedures, including:
  - (A) proper choice of antimicrobial for safety of patient and provider; and
  - (B) proper use of each antimicrobial;
- (6) [RESERVED]
- (7) [RESERVED]

**(b) Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section.

**Sec. 7.20.200. Basic Restorative Functions.**

**(a) Subject Matter.** A course in basic restorative functions must address the following topics:

- (1) advanced tooth morphology, structure, and function;

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- (2) discrimination between acceptable and unacceptable restoration;
- (3) placement and finishing of Class I, II, and V dental amalgams (simple fillings) after preparation by the dentist or dental health aide therapist;
- (4) dental composite placement Class I, III, and V (simple fillings) after preparation by a dentist or dental health aide therapist;
- (5) appropriate post-procedure instructions; and
- (6) explaining clinical procedure and respond to questions from patient regarding clinical procedure.

**(b) Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section.

**History:**

**Sec. 7.20.210. Advanced Restorative Functions.**

**(a) Subject Matter.** A course in advanced restorative functions must address the following topics:

- (1) the basics of occlusion as they apply to restorative dentistry; and
- (2) current state-of-the-art dentinal bonding agents;
- (3) placement and finishing of cusp protected amalgam and complex Class II amalgams (complex fillings);
- (4) placement and finishing of dental composite Class II and IV (complex fillings);
- (5) appropriate post-procedure instructions; and
- (6) explaining the clinical procedure and respond to questions from patient regarding clinical procedure.

**(b) Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section.

**History:**

**Sec. 7.20.220. Prefabricated Crowns.**

**(a) Subject Matter.** A course in prefabricated crowns must address the following topics:

- (1) selecting the appropriate prefabricated crown;
- (2) modifying the crown, as necessary;
- (3) checking and correcting occlusion, contact and margins of crown;
- (4) cementing and removing excess cement;
- (5) reverifying the occlusion;
- (6) providing appropriate post-procedure instructions; and
- (7) explaining the clinical procedure and respond to questions from patient regarding procedure.

**(b) Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section.

**History:**

**Sec. 7.20.300. Dental Health Aide Hygienist Training Program.** A DHA hygienist training program must provide instruction and clinical training equivalent to that required for accreditation by the Commission on Dental Accreditation of the American Dental Association.

History:

**Sec. 7.20.400. Local Anesthetic Administration.**

**(a) Subject Matter.** A course in local anesthetic administration must address the following topics:

- (1) medical history evaluation procedures;
- (2) anatomy of the head, neck, and oral cavity as it relates to administering local anesthetic agents;
- (3) pharmacology of local anesthetic agents, vasoconstrictors, and preservatives, including physiologic actions, types of anesthetics, and maximum dose per weight;
- (4) systemic conditions which influence selection and administration of anesthetic agents;
- (5) signs and symptoms of reactions to local anesthetic agents, including monitoring of vital signs;
- (6) management of reactions to, or complications associated with, the administration of local anesthetic agents;
- (7) selection and preparation of the instruments, supplies, and equipment for administering various local anesthetic agents; and
- (8) methods of administering local anesthetic agents with emphasis on:
  - (A) technique,
  - (B) aspiration,
  - (C) slow injection; and
  - (D) minimum effective dosage.

**(b) Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands-on practice must include clinical experience sufficient to establish the dental health aide's ability to adequately anesthetize the entire dentition and supporting structure in a clinical setting.

History:

**Sec. 7.20.500. Dental Health Aide Therapist Educational Program.** A DHAT Educational Program must be approved by the Dental Academic Review Committee (DARC) within the PACCB, which may choose to follow guidelines established by the Commission on Dental Accreditation (CODA) in their accreditation standards for dental therapy education programs. The PACCB may choose to defer to the DARC of another Area's CHAP Certification Board until the PACCB DARC is established and functioning.

History:

**Article 30. Certification of DHA Training Curriculum**

**Sec. 7.30.010. Curriculum Approval.** Dental health aide training curriculum may be approved by the Board generally or on a class-by-class basis, provided each course curriculum meets the minimum content requirements set forth in article 20 of this chapter and has been reviewed and is recommended by the Dental Academic Review Committee described under section 7.30.100 [DARC].

History:

**Sec. 7.30.100. Dental Academic Review Committee (DARC).**

**(a) Membership.** The dental academic review committee satisfies the PASP if it includes:

- (1) Three dentists, as defined in section 2.30.010 [supervision of DHAs], 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 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) one certified Dental Health Aide Therapist (DHAT)
- (3) one licensed dental hygienist employed by the IHS, a tribe, or tribal organization;
- (4) to the extent feasible;
  - (A) one representative of the CHA/P Academic Review Committee; and
  - (B) one CHA/P Training Center representative currently employed by a certified CHA/P Training Center; and
- (5) provided that at least one of the members must have community health aide or dental health aide field supervision experience.

**(b) 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.

**History:**

**Sec. 7.30.200. Development and Transition.**

**(a) Development.** The Board shall use IHS training and work guidelines, standardized materials accepted in the dental practice community, materials developed by DARC and/or entities of the PACCB.

**(b) Transition.** The absence of a fully developed DHA training program and DHA curriculum standards shall not be justification for the Board deferring the review and approval of curriculum recommended by DARC or for denying certification to an individual who has otherwise met the requirements of Chapter 2 Article 30.

**History:**

## **Chapter 8.**

### **Certification of BHA Training and Curriculum**

**History:**

**Article 10. Training Programs, Facilities, and Training Staff.**

**Sec. 8.10.010. Facilities.** A BHA training center facility must provide classroom, or e-classroom, and clinical environments that are conducive to a positive learning experience for faculty and behavioral health aide trainees by ensuring that:



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- (a) Traditional classrooms have appropriate space and privacy. Specific consideration and evaluation in the areas of safety, adequacy of space, air quality, lighting, heating, and storage must be documented; and
- (b) e-classrooms have appropriate policies on Internet safety and privacy, appropriate language, emergency procedures for Internet outages, and recommendations on lighting, noise, and an ergonomic environment.

**History:**

**Sec. 8.10.020. Training Staff.**

- (a) **Qualification and Roles.** Behavioral health aide and practitioner training may be coordinated and conducted by any person who generally meets the standards of this section.

- (1) **Director/Instructor of Record.** The BHA training center Director/Instructor of Record:

- (A) must be a licensed and/or certified behavioral health clinician or behavioral health professional who will assume responsibilities for course development, evaluation and revision, and the evaluation of students and instructors.
    - (B) should be an individual with a combination of education, research, work, and/or life experience which are relevant to providing leadership in a BHA training center program, including an orientation to Portland Area Tribal cultures and traditions and be familiar with the CHA Program.
    - (C) may or may not participate directly in the training, but must be familiar with and have approved the curriculum being taught and the qualifications of the training staff and must be available to consult with training staff during the training session should the need arise. Such consultation may occur by synchronous or asynchronous communications or in person.
    - (D) should have a background in health and education and be able to administrate, serve in a statewide liaison role, uphold the mission of the statewide program, and provide program direction, development, and leadership.

- (2) **Instructor.** BHA training center instructors must consist of a majority of behavioral health professionals or licensed and/or certified behavioral health clinicians. All instructors will be monitored to assure compliance with the BHA Curriculum and competence in subject being taught. Instructors teaching BHA curriculum via eLearning must demonstrate competency in e-teaching by experience, completed coursework, or other approved measures. All instructors should be certified, licensed, or have other training in the knowledge and skills that they are teaching, including knowledge of Portland Area Tribal traditions and cultures.

**History:**

**Sec. 8.10.030. BHA/P Training Administration and Records.**

- (a) **Educational Program Philosophy.** A BHA training program must have on file a mission statement that reflects the diversity of the Portland area the goals, and objectives, which must include quality health care, competency-based instruction, emphasis on clinical instruction and skills, awareness of cultural influences, emphasis on a positive learning environment, and respect for the unique needs of the adult learner.

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- (b) **Job Descriptions.** Job descriptions must be on file for each member of the training staff which reflect the roles and responsibilities outlined in Sec. 8.10.020(a) [Qualifications and Roles].
- (c) **Orientation of New Staff.** A training program must have in place a written orientation procedure for new employees which will minimally include the BHA mission, goals, and objectives; the BHA Curriculum; the methods of instruction and function of the Portland area program; cultural diversity; the role of the BHA; and the BHA certification process.
- (d) **Commitment of Administration.** A training program must document ongoing support of staffing positions and program needs and accept and retain records regarding training and continuing education.
- (e) **Secretarial Support.** A training program should have administrative and secretarial support sufficient to assure timely and smooth functioning of the program and transmittal of records to the Certification Board, as required.
- (f) **Training Program Files.** A training program must have on file for review: training outlines, learning objectives, lesson plans, session quizzes and exams, behavioral health aide or practitioner evaluation records, application forms, student training files, quality assurance/continuous quality improvement files, and a training plan for employees.
- (g) **Continuing Education.** A training center must have a policy on continuing education requirements for the Director and Instructors. A plan should be developed annually to meet the policy goals.

**History:**

**Sec. 8.10.040. BHA Training Center Self-Evaluation.**

- (a) **BHA Training Center.** A behavioral health aide or practitioner training program must have a policy on quality assurance (QA)/continuous quality improvement (CQI). This policy must include:
- (1) BHA evaluations of training sessions and individual instructors, and
  - (2) documentation of meetings for staff evaluation of training sessions and quarterly program reviews.
- (b) **QA/CQI.** The QA/CQI process must be in effect documenting that evaluation tools are in use, trends are identified, and the continuous quality improvement process is being implemented to address and modify those identified trends.

**History:**

**Sec. 8.10.050. Trainee Services.**

- (a) **Counseling and Health Services.** A system must be in place to refer trainees to confidential counseling by a behavioral health professional or licensed and/or certified behavioral health clinician which may include having such persons available during course training. A system to provide acute care and emergency health services must also be provided.

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- (b) **Academic Advising.** A training center must provide a system for trainee academic advising pertinent to the role and certification of the BHA.
- (c) **Attrition.** A system of recording trainee attrition data including the causes and timing of attrition during training must be in place.
- (d) **Housing, Meals, and Transportation.** Housing, meals, and transportation should be available, affordable, and conveniently located to the face-to-face training site.
- (e) **Internet Connectivity.** A workstation with Internet connectivity must be accessible as an alternate to an eLearning student's own Internet service.

**History:**

**Article 20.**  
**Behavioral Health Aide and Practitioner Curricula**

**Sec. 8.20.010. Equivalent Courses.** The Behavioral Health Academic Review Committee shall maintain and provide to the Board a list of courses that the Behavioral Health Academic Review Committee has determined to contain course content equivalent to that required under this Article 20 [BHA/P curricula]. Applicants who have satisfactorily completed such courses shall be deemed to have met the applicable curricula requirements.

**History:**

**Sec. 8.20.050. General Orientation**

- (a) Contact Hours: 28 (including 4 hours of communication skills, as described in subsection (B), below)
- (b) Course Objectives:
- (1) Provide an introduction to basic Tribal and behavioral health topics, including:
    - (A) Federal and state laws and policies, including:
      - (i) Trust responsibility
      - (ii) Tribal sovereign authority
      - (iii) Indian Health Service and self-regulation of health care services
      - (iv) Defining American Indian/Alaska Native people
      - (v) Indian Child Welfare Act (ICWA)
    - (B) Pacific Northwest Tribal health system
    - (C) Whose lands are we living and working on: the 43 federally recognized Tribes of the Pacific Northwest
    - (D) Northwest Portland Area Indian Health Board
    - (E) History, statutory authority for, and current status of the Community Health Aide Program
    - (F) Community Health Aide Program certification and the Community Health Aide Program Certification Board
    - (G) Community Health Aide/Practitioner Manual and the Behavioral Health Aide Manual (and their uses)
    - (H) Dental Health Aide component of the Community Health Aide Program
    - (I) Behavioral health care system in tribal communities, including:
      - (i) How individuals may access it

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- (ii) Historical and intergenerational trauma: Indigenous Trauma Care
- (iii) Traditional Indigenous Knowledge
- (iv) Tribal Based Practices, Evidence-Based Practice, and Practice-Based Evidence  
Survey of Pacific Northwest tribal service agencies
- (J) Relationship between tribal health and behavioral health within the care system  
(including individual and/or regional differences, as appropriate)
- (2) Evaluate trainee's communication skills and facilitate the development of improvement plans, if necessary.
- (3) During this general orientation, an evaluation of the trainee's communication skills (including writing skills) shall be conducted.
- (4) If the trainee's communication skills are insufficient to allow the trainee to successfully complete the remainder of the training and perform the work of a Behavioral Health Aide or Practitioner, a plan for improvement must be developed before the trainee may proceed with other courses, as follows:
  - (A) The plan must be monitored for successful achievement of skills sufficient for the trainee to successfully perform the requisite course work and, ultimately, the work required for certification at the level of certification sought by the trainee
  - (B) The communication skills improvement plan and monitoring may be required and continued throughout training and certification for each level of behavioral health aide or practitioner certification
  - (C) This requirement shall not preclude assisting the trainee to satisfy the minimum communication skills requirements through accommodations such as dictation, computer-assisted spelling programs, and other means to assist the trainee to adequately communicate necessary information

**History:**

**Sec. 8.20.100. Orientation to Tribal-Based Behavioral Health Services**

- (a) Contact Hours: 8
- (b) Course Objectives:
  - (1) Provide an introduction to tribal-based behavioral health services
    - (A) Rationale and philosophy of providing prevention, early intervention, and case management within the community of client residence
    - (B) Emergency behavioral health response protocols
    - (C) Use of clinical supervision to support quality of services
    - (D) Integrated care, systems of care, and Tribal Based Practices
  - (2) Create a Strength-Based Professional Development and Self-Care Plan
    - (A) The instructor will work with each student to design a strength-based professional development plan which identifies the student's training and supervision needs
    - (B) Student's test results will be used to identify strengths and areas for development, and incorporated into a self-care plan
    - (C) This plan will be reassessed in a subsequent Recovery, Health, Wellness, and Balance course (as described in Section 8.20.180, below)

**History:**

**Sec. 8.20.110. Ethics and Consent**

- (a) Contact Hours: 6
- (b) Course Objectives:
  - (1) Provide foundational information regarding ethics and consent

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- (A) Need for professional ethics
- (B) Difference among ethics, agency policies and procedures, and laws that govern practice
- (C) Personal and professional boundaries in a tribal-based setting, including:
  - (i) Identification of personal relationships
  - (ii) Conflicts and their effect on a professional relationship
- (D) Client's rights and the duty to protect and advocate for them
- (E) Code of ethics for Behavioral Health Aides and using it as guidance in providing client services
- (F) Duty to obtain informed consent, including its application to:
  - (i) Adults, minors, individuals with limited or impaired capacity, and individuals subject to court orders (such as guardianship)
  - (ii) Disclosure of information
  - (iii) Providers who are delivering services through tele-health modalities
- (2) Help trainees identify and develop responses to common ethical and consent issues through applied exercises

**History:**

**Sec. 8.20.115. Confidentiality and Privacy**

- (a) Contact Hours: 6
- (b) Course Objectives:
  - (1) Provide foundational information regarding confidentiality and privacy requirements
    - (A) Applicable laws and regulations and application to delivery of behavioral health services, including:
      - (i) Federal Privacy Act
      - (ii) Health Insurance Portability and Accountability Act (HIPAA)
      - (iii) Confidentiality of Substance Use Disorder Patient Records (42 C.F.R. Part 2)
    - (B) Exceptions to confidentiality requirements that occur without client consent, including:
      - (i) Reporting requirements arising from suspected child abuse, elder abuse, or other forms of abuse
      - (ii) Risk of harm to self or others
      - (iii) Other exceptions permitted by law
      - (iv) Distinguishing among types of court orders (e.g., subpoenas vs. direct judicial orders)
    - (C) Client consent, including:
      - (i) Form of and limits to authorizations
      - (ii) Special issues applicable to minors and individuals subject to guardianship
    - (D) Protecting written and electronic records
    - (E) Protecting privacy in various situations (e.g., crowded setting or family and group counseling)
    - (F) Special rules regarding infectious diseases
    - (G) Other information subject to special confidentiality or privacy rules
    - (H) Help trainees through applied confidentiality and privacy exercises
    - (I) Identify and develop responses to common confidentiality and privacy situations
    - (J) Obtain, use, and document appropriate authorizations for release of information

**History:**

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**Sec. 8.20.125. Introduction to Behavioral Health**

- (a) Contact Hours: 16 (including 8 hours of mental health and 8 hours regarding other behavioral health issues)
- (b) Course Objectives:
  - (1) Provide an introduction to core behavioral health topics
    - (A) Range of behavioral health issues experienced by individuals, families, and communities
    - (B) Comprehensive continuum of care addressing behavioral health issues of various degrees of seriousness
    - (C) Common mental health disorders, including:
      - (i) Associated risk factors and treatment options
      - (ii) Therapeutic medications
    - (D) Addictive substances, including:
      - (i) Alcohol
      - (ii) Tobacco (cigarettes, cigars, pipes, and commercial chew)
      - (iii) Psychoactive substances (stimulants, depressants, and psychedelics)
      - (iv) Opioids and other substances (e.g., inhalants, anabolic steroids, and prescription drugs)
      - (v) Associated risk factors and treatment options
    - (E) Other addictive behaviors (e.g., gambling, pornography, food), and their associated risk factors and treatment options
    - (F) Other behavioral health issues, conditions, and events that effect behavior and adjustment, including:
      - (i) Child abuse and neglect
      - (ii) Domestic violence
      - (iii) Elder abuse
      - (iv) Fetal alcohol spectrum disorder (FASD)
      - (v) Homicide
      - (vi) Disaster events
      - (vii) Attention deficit hyperactivity disorder (ADHD)
      - (viii) Developmental disabilities
      - (ix) Co-occurring disorders
  - (2) Help trainees identify and develop responses to common behavioral health issues through applied exercise

**History:**

**Sec. 8.20.135. Introduction to Counseling**

- (a) Contact Hours: 12
- (b) Course Objectives:
  - (1) Provide foundational information regarding counseling:
    - (A) Personal characteristics of an effective counselor (establishing personal counseling values and philosophy)
    - (B) Interviewing and listening skills
    - (C) Defining counselor and client roles
    - (D) How to establish a counseling relationship
    - (E) Problem identification, goal development, and action planning with a client
    - (F) Client's responsibility in counseling, and how to assist and motivate a client to discover and practice more appropriate and healthy behavior

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- (2) Help trainees practice the client-centered approach through applied counseling exercises:
  - (A) Using communication skills such as listening, attending, and reflection during intake
  - (B) Conducting assessments and evaluations
  - (C) Planning and case management

**History:**

**Sec. 8.20.140. Introduction to Documentation**

- (a) Contact Hours: 12
- (b) Course Objectives:
  - (1) Provide foundational information regarding documentation:
    - (A) Establishment and maintenance of a quality client record, including:
      - (1) Essential components of clinical/counseling records
      - (2) Assessments, treatment plans, progress notes, discharge summaries, and authorizations for disclosure
    - (B) Purpose and elements of case narrative recording, including:
      - (1) Using data, assessment, and plan (DAP)
      - (2) Subject, objective, assessment and plan (SOAP)
      - (3) Other formats for case narrative recording.
  - (2) Provide an introduction to documentation systems and requirements
    - (A) Use of standardized information management systems and screening tools widely used by tribal behavioral health programs
    - (B) Use of criteria contained in the Diagnostic and Statistical Manual (DSM) and American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PCC) to standardize documentation in relation to treatment and service planning (problem list, goals, objectives, and interventions)
    - (C) Documentation requirements specific to prevalent payers and accrediting bodies (e.g., Medicaid, Medicare, Commission on the Accreditation of Rehabilitation Facilities [CARF]),
    - (D) Special documentation issues which may arise, including:
      - (i) In family and group counseling
      - (ii) When recording information subject to special confidentiality conditions (such as information about infectious diseases)
    - (E) Administrative record keeping
  - (3) Help trainees practice documenting client-related work and consider the effect of confidentiality rules on documentation requirements through applied exercises

**History:**

**Sec. 8.20.145. Survey of Community Resources and Case Management**

- (i) Contact Hours: 8
- (ii) Course Objectives:
  - (1) Provide foundational and practice information regarding community resources and case management:
    - (A) Identification and use of available community resources (locally, regionally, statewide, and Portland area wide) related to coordinating services and case management

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- (B) Introduction to identifying and evaluating the appropriateness of potential resources for the individual client and making referrals
- (C) Emphasis on the creative use of agency-based and other community and family resources
- (D) Introduction to the role and delivery of case management services
- (2) Help trainees practice identifying appropriate resources and assisting clients to access other resources through applied exercises

**History:**

**Sec. 8.20.150. Working with Diverse Populations**

- (a) Contact Hours: 12
- (b) Course Objectives:
  - (1) Provide foundational and practice information regarding working with diverse populations
    - (A) Working with clients of different ethnic or racial heritage, age, gender, lifestyle, sexual orientation, spirituality, and socioeconomic status
    - (B) Introduction to beliefs, attitudes, knowledge, and skills generally maintained by an effective multi-culturally aware counselor
    - (C) Strategies for working in the Northwest tribal communities
    - (D) Implications of personal and cultural historical trauma
  - (2) Help trainees practice working with diverse populations through applied counseling exercises
  - (3) Develop skills associated with respectfully assessing client needs
  - (4) Identification of appropriate techniques, treatment modalities, and resources (as well as how to help diverse clients access other resources)

**History:**

**Sec. 8.20.155. Introduction to Group Counseling**

- (a) Contact Hours: 8
- (b) Course Objectives:
  - (1) Provide foundational and practice information regarding group counseling
    - (A) Types and uses of groups for education and treatment
    - (B) How to encourage and support self-help groups (e.g., Alcoholics Anonymous or Adult Children of Alcoholics)
    - (C) How to assess the potential for establishing other groups
    - (D) Group counseling dynamics, including:
      - (i) Open-ended groups
      - (ii) Closed groups
    - (E) Examine on the purpose of and best practices for conducting group counseling in different settings
      - (i) Educational/informational groups
      - (ii) Talking Circles as a therapeutic group process
    - (F) Privacy and documentation issues arising in various group models
  - (2) Help trainees practice skills associated with planning, facilitating, or leading groups through applied exercises



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**History:**

**Sec. 8.20.160. Crisis Intervention**

(a) Contact Hours: 16

(b) Course Objectives:

(1) Provide foundational and practice information regarding crisis intervention

(A) Common crisis events, including:

(i) Domestic violence, physical or sexual abuse or assault, other violence

(ii) Depression

(iii) Substance misuse relapse

(iv) Psychosis

(v) Job loss/financial problems

(vi) Passing on, journey, and culturally understanding of death

(vii) Onset of serious medical condition or injury

(viii) Loss of a relationship

(ix) Bullying

(B) Dynamics of crisis events and response, including:

(i) Assessment and evaluation of immediate risks (such as risk of harm to self or others) and protective factors

(ii) Using crisis for positive change

(iii) Working with families and communities affected by crisis events

(C) Stages and course of response to crisis events (as well as continuum of care from least to most restrictive)

(D) Applying dynamics of crisis to suicide, including:

(i) Common misconceptions regarding suicide

(ii) Age-related suicidal ideation

(iii) Evaluation of risk of harm to self or others

(iv) Working with families and communities affected by suicide

(E) Recognition of and immediate response to risk of clients who pose a risk to themselves or others

(F) Working with clinical supervisor to respond to imminent crisis

(G) The “civil commitment” process under state law

(H) Survivor (family, friends, & community) care

(I) Starting and supporting community-based suicide prevention

(2) Help trainees practice skills associated with crisis, brief intervention, and referral to treatment through applied exercises

**History:**

**Sec. 8.20.170. Community Approach to Promoting Behavioral Health**

(a) Contact Hours: 8

(b) Course Objectives:

(1) Provide foundational and practice information regarding community approaches to promoting behavioral health

(A) Community readiness assessment, community-based prevention activities, and community development

(B) Key features of prevention (universal, selective, and indicated)

(C) Identification and evaluation of community needs

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(D) Determining key stakeholders with whom to partner when addressing community issues

(2) Help trainees practice skills associated with promoting a community approach to behavioral health through applied exercises

(A) Developing community assessments and community-based prevention strategies

(B) Providing brief public presentations

**History:**

**Sec. 8.20.175. Family Systems I**

(a) Contact Hours: 8

(b) Course Objectives:

(1) Provide foundational and practice information regarding family systems, with an emphasis on American Indian family systems

(A) Family systems theory, kinship patterns, and family dynamics

(B) Family roles and effect of behavioral health disorders on individuals within the family/the family system

(C) Communication within families and assessment of barriers

(D) Common response to stresses (e.g., inadequate housing or income, job loss, and/or illness)

(E) Recognition and assessment of family norms

(F) Understanding life stages and their role in family dynamics

(G) Role of extended family

(H) Recognition of harm or risk of harm occurring within a family

(I) Effects of separation and loss due to divorce, death, foster care, or adoption

(2) Focus on supporting healthy families by identifying strengths and working with families to develop strategies to promote health and healing

(3) Help trainees practice skills associated with family systems through applied exercises

(A) Assessing family functioning

(B) Supporting healthy family functioning

(C) Improving family communication and support

(D) Responding to risks and harm occurring within a family

**History:**

**Sec. 8.20.180. Recovery, Health, Wellness, and Balance**

(a) Contact Hours: 4

(b) Course Objectives:

(1) Provide foundational and practice information regarding recovery, health, wellness, and balance

(A) How personal health, wellness, and balance affect the ability to provide behavioral health services

(B) Strategies for coping with personal and work-related stress so it does not interfere with providing appropriate services

(C) Appropriate use of supervision to address issues that arise for behavioral health service providers in rural or remote settings

(2) Help trainees practice skills associated with the maintenance of their own health and wellness through applied exercises

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- (3) Reassessment of the Strength-Based Professional Development and Self -Care Plan
  - (A) The instructor will work with each student as needed to reassess and modify the self-care plan created in the previous Orientation to Tribal-Based Behavioral Health Services course (as described in Section 8.20.100, above)

**History:**

**Sec. 8.20.185. Trauma-Informed Care: Indigenous Trauma Care**

- (a) Contact Hours: 4
- (b) Course Objectives:
  - (1) Provide foundational and practice information regarding trauma-informed care
    - (A) Overview of trauma, including:
      - (i) ACE/HOPE
      - (ii) Historical Trauma
      - (iii) Indigenous Trauma Care
    - (B) Trauma response/resilient responses to trauma
    - (C) Connection between trauma and health outcomes
    - (D) Introduction to trauma informed care
    - (E) Effective treatment for trauma
  - (2) Help trainees practice skills associated with the impact of trauma and practicing trauma-informed care through applied exercises

**History:**

**Sec. 8.20.190. Self-Care of the Provider**

- (a) Contact Hours: 4
- (b) Course Objectives:
  - (1) Improve the health and resilience of trainees by providing foundational and practice information regarding self-care for the behavioral health care provider
    - (A) Introduction to self and community care
    - (B) Introduction to vicarious trauma and burnout
    - (C) Developing wellness plans
  - (2) Develop and adopt a self-care/community care plan and build sustainable support systems
  - (3) This plan will be developed during the General Orientation course and assessed throughout the BHA training program

**History:**

**Sec. 8.20.220. Psychophysiology and Behavioral Health**

- (a) Contact Hours: 16
- (b) Course Objectives:
  - (1) Provide foundational and practice information regarding psychophysiology and behavioral health Brain-body connection
    - (A) Nervous system structure
    - (B) Neuroanatomy
    - (C) Neurotransmitter and receptor function

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(D) Drug class/medication effects, and working with medical providers regarding medication management

(2) Perform exercises in which trainees can practice applying skills associated with understanding of psychophysiological principles

(A) Understand the impact and importance of psychoactive substances (legal and illicit)

(B) Develop ability to discuss psychoactive effects/implications with clients

**History:**

**Sec. 8.20.225. Introduction to Co-Occurring Disorders**

(a) Contact Hours: 8

(b) Course Objectives:

(1) Provide foundational and practice information regarding co-occurring mental health disorders

(A) Foundational information about mental health conditions, including:

(i) Anxiety disorders

(ii) Mood disorders

(iii) Personality disorders

(iv) Conduct disorders

(v) Phobic disorders

(vi) Post-traumatic stress disorders

(vii) Thought disorders

(2) Develop a basic understanding of how mental health, substance misuse disorders, and other conditions can exist in combination, and affect treatment services and process and therapeutic medication management

(3) Examine potential causes and origins of these disorders, along with a client perspective of the symptoms and limitations

(4) Further an understanding of the process of recovery techniques for relapse prevention as they relate to both substance misuse and mental health disorders

(5) Perform exercises in which trainees can practice applying skills associated with identifying and describing these disorders

**History:**

**Sec. 8.20.228. Principles of Substance Misuse**

(a) Contact Hours: 8

(b) Course Objectives:

(1) Provide foundational and practice information regarding substance misuse

(A) Theoretical foundations of substance misuse

(B) National Institute of Drug Addiction Principles of treatment

(C) Define “addiction” with a multi systemic perspective and a social justice perspective

(D) History of substances in the U.S., including:

(i) History specifically related to Tribal communities

(ii) Historical responses to substances

(iii) Influence of marketing on substance and behavioral misuse

(E) HIV/AIDS and blood borne pathogens

(F) Understanding how people recover from substance misuse experiences

(G) Continuum of behavioral change

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- (i) Abstinence only
- (ii) Medication Assisted Recovery
- (iii) Behavioral interventions (EBT/PBT/Tribal Based Practices)
- (iv) Harm reduction
- (H) Understanding the importance of culturally appropriate care in the treatment of substances of abuse and behaviors
- (2) Develop a reflexive stance regarding the challenges associated with behavior change through a personal behavior change activity

**History:**

**Sec. 8.20.230. Diagnostic and Statistical Manual Practice Application**

- (a) Contact Hours: 12
- (b) Seminar
- (c) Course Objectives:
  - (1) Provide foundational information regarding the Diagnostic and Statistical Manual and its application in practice
    - (A) Philosophical and practice basis of evaluating behavioral health disorders using criteria contained in the Diagnostic and Statistical Manual (DSM)
    - (B) Use of DSM-derived screening tools to develop working impressions and contribute information to clinical diagnosis
  - (2) Perform exercises in which trainees can practice applying skills associated with using the DSM in case samples
  - (3) Analyze and discuss the need for and appropriate use of clinical supervision and consultation related to client evaluation

**History:**

**Sec. 8.20.235. Advanced Interviewing Skills**

- (a) Contact Hours: 16
- (b) Seminar
- (c) Course Objectives:
  - (1) Provide foundational information regarding the advanced interviewing skills
    - (A) Theoretical, evidence-based, and practical bases of various therapeutic modalities (e.g., cognitive behavioral therapy and motivational enhancement therapy)
    - (B) Stages of change as pertinent to helping clients understand the counseling process, set and reach goals, and have realistic expectations
  - (2) Perform exercises in which trainees can practice applying skills using evidence-based interviewing techniques to enhance client readiness for behavior change, screening, intake, plan development, relapse prevention, and case management

**History:**

**Sec. 8.20.240. American Society of Addiction Medicine Patient Placement Criteria Practice Application**

- (a) Contact Hours: 12
- (b) Seminar

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(c) Course Objectives:

- (1) Provide foundational information regarding the application of the American Society of Addiction Medicine (ASAM)'s patient placement criteria
  - (A) Philosophical and practice basis of evaluating behavioral health disorders
  - (B) Using criteria contained within the ASAM Patient Placement Criteria
  - (C) Guide the evaluation of client risk and/or severity associated with the six ASAM dimensions
- (2) Perform exercises in which trainees can practice applying skills associated ASAM patient placement
  - (A) Develop client placement recommendations based on what is available within the continuum of care
  - (B) Use of later changes in client risk and/or severity associated with the six ASAM dimensions to document treatment/services progress

**History:**

**Sec. 8.20.245. Case Studies and Clinical Case Management**

(a) Contact Hours: 8

(b) Course Objectives:

- (1) Apply information from case studies and clinical case management practices
  - (A) Participation in discussion and analysis of case studies with different behavioral health issues (abuse, substance misuse, child abuse, co-occurring disorders, domestic violence, mental illness, etc.)
  - (B) Focus on evaluation of service usefulness and accessibility issues that need to be considered in Tribal based practice
  - (C) More in-depth understanding of the referral process and following-up on and support referrals
- (2) Perform exercises in which trainees can practice applying skills associated with clinical case management
  - (A) Clinical case management of case studies
  - (B) Case presentation for treatment team review (as well as multi-disciplinary teams)

**History:**

**Sec. 8.20.250. Traditional Health-Based Practices**

(a) Contact Hours: 8

(b) Seminar

(c) Course Objectives:

- (1) Provide foundational information about traditional health-based practices
  - (A) Traditional lifestyles and health practices of the American Indian people prior to Western contact
  - (B) Beliefs, attitudes, and knowledge of health promotion and maintenance that were practiced historically
  - (C) Tools for seeking and employing traditional resources to promote individual and community health
  - (D) Examination of the major changes that have led to the current health status of American Indian communities
  - (E) Potential strategies for improving behavior-based health status

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- (F) Defining Traditional Indigenous Knowledge
- (2) Perform exercises in which trainees can identify Traditional Indigenous Knowledge and practice from their own Tribal community and from the Tribal communities they are working in; and to utilize the Tribal Based Practice adaptation tools

**History:**

**Sec. 8.20.255. Intermediate Therapeutic Group Counseling**

- (a) Contact Hours: 16
- (b) Seminar
- (c) Course Objectives:
- (1) Provide intermediate information and practice related to therapeutic group counseling processes
- (A) Determining the criteria for participation in groups of various types and how to screen appropriate candidates for participation
- (B) Time-limited group process
- (C) Role and function of therapeutic group leadership
- (D) Therapeutic outcomes and risks associated with group educational and treatment experiences
- (2) Perform exercises in which trainees are provided exposure to the therapeutic group process and its application in Tribal based practice

**History:**

**Sec. 8.20.260 Applied Crisis Management**

- (a) Contact Hours: 8
- (b) Seminar
- (c) Course Objectives:
- (1) Provide foundational and practice information regarding applied crisis management
- (A) Debriefing related to Tribal-based crisis events such as natural disasters, homicide, and suicide that have impact on families and other community members
- (B) Identification, prevention, and basic treatment options of Post-Traumatic Stress Disorder
- (2) Discussion and applied exercises focusing on crisis management
- (A) Evaluation of individual, family and community strengths and risks following crisis
- (B) Accessing additional resources necessary for effective response to a crisis event that occurs in a Tribal based setting
- (C) Short and long-term intervention models for responding positively to crises
- (3) Perform exercises in which trainees can practice applying skills associated with addressing crisis, brief intervention, and referral to treatment

**History:**

**Sec. 8.20.270 Community Development Approach to Prevention**

- (a) Contact Hours: 12
- (b) Seminar
- (c) Course Objectives:

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- (1) Provide foundational philosophy and practice related to community readiness and key issue evaluation for developing effective Tribal-based prevention plans
- (2) Focus on prevention (universal, selective, and indicated) plan development strategies that are appropriate and compatible with individual Tribal characteristics
- (3) Perform exercises in which trainees can practice applying skills associated with community development-based prevention approaches
  - (A) Evaluation and development of various prevention efforts targeting behavioral health issues
  - (B) Writing a community development strategy to promote community involvement in accomplishment of specific goals

**History:**

**Sec. 8.20.275. Family Systems II**

- (a) Contact Hours: 16
- (b) Seminar
- (c) Course Objectives:
  - (1) Provide review and more advanced foundational and practice information related to family systems
    - (A) Family systems work
    - (B) Child development and parenting
    - (C) Couples' issues and implications for behavioral health treatment
    - (D) Teaching basic communication, parenting, and anger management skills on an individual and group basis
  - (2) Provide information regarding special practice issues (e.g., reporting abuse or neglect, domestic violence, and ethical and confidentiality issues associated with conducting couples or family counseling)
  - (3) Examine strategies for working with disrupted families and other agencies that may be engaged with them
  - (4) Perform exercises in which trainees can practice applying skills associated with family systems
    - (A) Responding to dysfunctional family behavior
  - (5) Teaching and facilitating healthy family behavior

**History:**

**Sec. 8.20.280. Documentation, Care Notes, and Plans**

- (a) Contact Hours: 4
- (b) Seminar
- (c) Course Objectives:
  - (1) Apply information for client documentation and record keeping practices
    - (A) Client records as documents
    - (B) Client records format and content
    - (C) Legal aspects to client records, including:
      - (i) Confidentiality
      - (ii) Controlled substances act
      - (iii) DUI records
      - (iv) Levels of care



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- (2) Perform exercises in which trainees can practice applying skills and best practices associated with documentation, care notes, and plans

**History:**

**Sec. 8.20.325. Treatment of Co-Occurring Disorders**

(a) Contact Hours: 12

(b) Seminar

(c) Course Objectives:

- (1) Provide more advanced information and guidance related to the treatment of co-occurring disorders
  - (A) Services and treatment planning with clients experiencing problems
  - (B) Limitations directly related to the existence of more than one diagnosed behavioral health disorder
  - (C) How environmental issues such as family dynamics, social support or isolation, and identification of meaningful community roles can influence the course of substance misuse and mental health disorders
- (2) Perform exercises in which trainees can practice applying skills associated with developing individualized treatment/services plans addressing multiple clinical issues requiring complex evaluation and planning.

**History:**

**Sec. 8.20.335. Advanced Behavioral Health Clinical Care**

(a) Contact Hours: 20

(b) Seminar

(c) Course Objectives:

- (1) Provide more advanced information and guidance related to behavioral health clinical care
  - (A) Analyze and discuss the philosophical and practice basis of the major counseling theories, including:
    - (i) Psychoanalytic
    - (ii) Adlerian
    - (iii) Existential
    - (iv) Person-centered
    - (v) Gestalt
    - (vi) Transactional
    - (vii) Behavioral
    - (viii) Rational-emotive
    - (ix) Other cognitive-behavioral theories
- (2) Present approaches having value and application within Tribal-based behavioral health services targeting individuals affected by multiple disorders
- (3) Perform exercises in which trainees can practice applying best practice models in behavioral health clinical care

**History:**

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**Sec. 8.20.340. Documentation and Quality Assurance**

- (a) Contact Hours: 16
- (b) Seminar
- (c) Course Objectives:
  - (1) Provide more advanced information and guidance related to documentation and quality assurance
    - (A) Advanced clinical/counseling records management
    - (B) Introduction to quality assurance and how to evaluate, including:
      - (i) Quality of clinical record documentation
      - (ii) Documentation to determine compliance with payer requirements and grant conditions
      - (iii) How to conduct chart audits and compile information necessary to respond to external reviews/audits
  - (2) Perform exercises in which trainees can practice applying skills associated with evaluating record documentation and potential remediation for record deficits

**History:**

**Sec. 8.20.345. Introduction to Case Management Supervision**

- (a) Contact Hours: 16
- (b) Seminar
- (c) Course Objectives:
  - (1) Provide foundational and practice information regarding supervising and supporting behavioral health aides
    - (A) Identification and support of community resources
    - (B) Assessing appropriate referrals
    - (C) Managing and following up on referrals
  - (2) Examine ways for community resources to be developed and enhanced
  - (3) Guide the appropriate handling of complaints from referral agencies and other community resources

**History:**

**Sec. 8.20.350. Applied Case Studies in American Indian Culture-Based Issues**

- (a) Contact Hours: 8
- (b) Seminar
- (c) Course Objectives:
  - (1) Provide, in the context of case studies, introductory information regarding supervising and supporting behavioral health aides
    - (A) Discussion and evaluation of how traditional lifestyles and health practices impact the American Indian communities
    - (B) Consideration of how American Indian beliefs, attitudes, and knowledge of health promotion can promote positive changes to the current health status
    - (C) Emphasis on potential strategies for improving Tribal-based behavioral health status
    - (D) Strategies for incorporating traditional ways of healing into treatment plans, as appropriate
    - (E) Strategies for improving recognition and acceptance of cultural differences that affect

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- treatment planning among clinical team members
- (F) Review of Tribally specific treatment models, including:
  - (i) GONA
  - (ii) 49 Days of Ceremony
  - (iii) didgwalic Wellness Center
  - (iv) White Bison/Wellbriety
  - (v) Healthy Native Youth

**History:**

**Sec. 8.20.370. Behavioral Health Clinical Team Building**

- (a) Contact Hours: 12
- (b) Seminar
- (c) Course Objectives:
  - (1) Provide foundational and practice information regarding building and supporting behavioral health aide teams
    - (A) Introductory understanding of and practical approaches to team building, including:
      - (i) Support of a team approach to providing Tribal-based behavioral health services
      - (ii) Collaboration and partnership among individuals with different training and work settings (especially with community health aides and practitioners and dental health aides)
      - (iii) Definition of roles when participating in multi-disciplinary and clinical teams
      - (iv) Interaction among different teams that may be involved with a single client
    - (2) Perform exercises in which trainees can practice applying skills associated with clinical team building
      - (A) Develop a team building plan
      - (B) Provide support and feedback to others regarding clinical interventions (including counseling)

**History:**

**Sec. 8.20.385. Introduction to Supervision**

- (a) Contact Hours: 8
- (b) Seminar
- (c) Course Objectives:
  - (1) Provide introductory information regarding philosophy and practical application of supervisory functions of behavioral health aides
    - (A) Various roles held by supervisors, including:
      - (i) Coach/mentor
      - (ii) Tutor/teacher
      - (iii) Consultant
      - (iv) Role model
      - (v) Evaluator
      - (vi) Administrator
    - (B) Guidance in developing a vision for supervisory relationships and defining expectations
    - (C) Skill development in nurturing counselor development, promoting development of skills and competencies, and achieving accountability

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- (D) Ethics of supervision
- (E) Administrative requirements and related supervision
- (F) Guidance in managing conflicting functions expected of supervisors
- (2) Perform exercises in which trainees can practice applying skills associated with supervision in order to develop their own supervisory approaches

**History:**

**Sec. 8.20.390. Child Development**

- (a) Contact Hours: 20
- (b) Seminar
- (c) Course Objectives:
  - (1) Provide introductory information regarding development needs of children
    - (A) Developmental needs of youth ages in utero/birth to 17
    - (B) Overview of threats to development, including:
      - (i) Domestic violence
      - (ii) Lack of social/family connection
      - (iii) Neglect
      - (iv) Related biological, emotional, and psychological distress
      - (v) Role of parenting and social supports
    - (C) Cultural influences of development
    - (D) Adaptive and maladaptive behavior
    - (E) Issues of development related to exposure to alcohol and other substances in utero to age 3
    - (F) Impact of trauma on child development, including:
      - (i) Hyper and hypo-physiological responses manifested in maladaptive behaviors
      - (ii) Traumatic brain injury (TBI)
      - (iii) Fetal alcohol spectrum disorder (FASD)
      - (iv) Preverbal versus verbal trauma and expression
      - (v) Brain and nervous system functioning
      - (vi) Social functioning

**History:**

**Sec. 8.20.395. Substance Misuse Treatment**

- (a) Contact Hours: 20
- (b) Seminar
- (c) Course Objectives:
  - (1) Provide foundational and practice information in both direct and indirect BHA practice with clients, families and communities challenged by substance misuse
    - (A) Assist students in further developing and integrating practice frameworks, with deeper understandings of:
      - (i) Psychodynamic, biological and ecological nature of substance misuse
      - (ii) Range of evidence-based practice available to address substance misuse
    - (B) Define substance misuse behavior and continuum of no use, use, problem use, and dependency

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- (C) Explore values and assumptions regarding substance misuse in the U.S. and in Tribal communities
- (D) Biochemistry of the development of substance, including:
  - (i) Exploring the connection of trauma and connection with substance misuse
  - (ii) Defining an Indigenous Trauma Response
- (E) Define principles of harm reduction: the continuum of care from abstinence, behavioral health models, Medicated Assisted Recovery, integrated care, etc.
- (F) Understand the contemporary range of substance misuse practices, including:
  - (i) Tribal Based Practices
  - (ii) Evidence-based practices
  - (iii) Practice-based evidence
- (G) Understand the role of oppression and privilege in the development of substance misuse, as well as treatment and recovery
- (H) Envision an effective linkage between traditional substance abuse intervention and the treatment community with all disaffected and vulnerable population groups to better provide adequate access, service integration and reduce disparities
- (I) HIV/AIDS and Blood Borne Pathogens.
  - (i) practice information regarding universal precautions and risk reduction;
  - (ii) health status and risk information regarding hepatitis, sexually transmitted diseases, tuberculosis, HIV, and other infectious diseases that pose common risks for individuals with substance use disorders;
  - (iii) information regarding availability of testing, counseling, and treatment for sexually transmitted diseases;
  - (iv) practice information about how to approach lifestyle or risk issues; and
  - (v) guidance in providing referral options for client pre-test/post-test counseling support for HIV testing.

**History:**

**Sec. 8.20.400. Issues in Tribal-Based Behavioral Health**

- (a) Contact Hours: 20
- (b) Seminar/Lab
- (c) Course Objectives:
  - (1) Analyze and discuss contemporary problems and issues associated with providing Tribal-based behavioral health services
    - (A) Emerging clinical issues
    - (B) Funding
    - (C) Billable services
    - (D) Staffing levels
    - (E) Workforce development
  - (2) Present and evaluate the effectiveness of individual and community intervention models in Tribal-based behavioral health services
  - (3) Analyze how to address practice challenges in Tribal-based settings
    - (A) Ethical issues
    - (B) Dual relationships
    - (C) Lack of alternative services
    - (D) Isolation
    - (E) Counselor burnout

**History:**

**Sec. 8.20.425. Special Issues in Behavioral Health Services**

- (a) Contact Hours: 16
- (b) Seminar/Lab
- (c) Course Objectives:
  - (1) Provide an opportunity for trainees to analyze and discuss special issues in behavioral health services
    - (A) Specialized evaluation, services, treatment, and case management needs of individuals affected by a variety of experiences, including:
      - (i) Child abuse, domestic violence, elder abuse, sexual assault, or other violence
      - (ii) Alcohol-related brain disorder and traumatic brain injury
      - (iii) Disasters, fires, and other traumatic events
    - (B) Specialized evaluation, services, treatment, and case management needs of individuals affected by a variety of conditions, including:
      - (i) Fetal alcohol spectrum disorder (FASD)
      - (ii) Attention deficit hyperactivity disorder (ADHD)
      - (iii) Developmental disabilities
      - (iv) Tobacco dependency, especially in patients with medical conditions (such as periodontal disease, pregnancy, diabetes, cardiovascular disease, and lung disease that are affected by tobacco use)
      - (v) Other health conditions that affect behavior or adjustment
    - (C) Participate in the development of specialized service planning to address the needs of clients with these clinical issues

**History:**

**Sec. 8.20.485. Competencies for Tribal-Based Supervision**

- (a) Contact Hours: 16
- (b) Seminar/Lab
- (c) Course Objectives:
  - (1) Provide foundational information regarding the philosophy and application of behavioral health aide competencies in the provision of Tribal Based Practice-based services
    - (A) Information regarding specific cultural issues that affect supervision
    - (B) Models of oral and written communication with supervisees regarding competencies and administrative performance, including:
      - (i) Consultation
      - (ii) Mentoring
      - (iii) Support
      - (iv) Evaluation
    - (C) Information regarding monitoring and evaluating work-related competencies, including:
      - (i) Improving supervisees' self-assessment
      - (ii) Working with supervisees in the development of individual development plans
    - (D) Advanced discussion of supervisor roles, responsibilities, and ethics

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- (2) Perform exercises in which supervisors can practice applying and enhance understanding of skills associated with conducting tribal-based employee supervision, development, and evaluation.

**History:**

**Sec. 8.20.490. Principles and Practice of Clinical Supervision**

- (a) Contact Hours: 40
- (b) Seminar/Lab
- (c) Course Objectives:
  - (1) Provide foundational and practice information regarding the philosophy and approaches to clinical supervision
    - (A) Strategies for facilitating effective participation by supervisees in individualized clinical supervision sessions
    - (B) Information regarding the use of technology, including:
      - (i) Telehealth
      - (ii) Real-time interactive e-mail
      - (iii) Other developing capacities
      - (iv) How it modifies the clinical supervision relationship
    - (C) Guidance regarding how to delineate the difference between clinical and administrative supervision
    - (D) Guidance regarding how to identify potential ethical boundary issues with supervisees
    - (E) Systematic process and strategies for evaluating client cases based on information being provided by a supervisee
    - (F) Guiding supervisees through various client and community interactions
    - (G) Application exercises in which each trainee will develop a clinical supervision plan that can be used within their individual work environment
  - (2) Perform exercises in which supervisors can practice applying and enhance understanding of skills associated with conducting clinical employee supervision, development, and evaluation

**History:**

**Sec. 8.20.495. Child-Centered Interventions**

- (a) Contact Hours: 20
- (b) Seminar/Lab
- (c) Course Objectives:
  - (1) Provide foundational and practice information regarding child-centered interventions
    - (A) Common legal and ethical issues of counseling children and adolescents (in both school and community settings), including:
      - (i) Children in state custody under the Indian Child Welfare Act, or by the Office of Children Services
      - (ii) Children of divorced parents
    - (B) Special documentation issues for certain circumstances, including:
      - (i) Group counseling sessions
      - (ii) Family counseling sessions
      - (iii) Individualized educational plan (IEP) consultations

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- (C) Working with special populations, including:
  - (i) Counseling children and adolescents with special needs
  - (ii) Treating children with FASD (as well as the waiver process, resources for parents, and how to attain a diagnosis for the client)
- (D) Defining the counselor role in the playroom
- (E) Therapeutic approaches to counseling children and adolescents, including:
  - (i) Trauma-focused Cognitive Behavioral Therapy (TF-CBT)
  - (ii) Directive and non-directive child-centered play therapy
  - (iii) Adlerian play therapy
  - (iv) Interventions for preverbal trauma
- (F) Crisis intervention appropriate to youth
- (G) Culturally competent skills
- (2) Perform exercises in which trainees can practice applying skills associated with the child-centered interventions
  - (A) Assessment and diagnosis with a treatment team
  - (B) Incorporating the appropriate school personnel as a treatment team when indicated
  - (C) Effectively engage and counsel children, youth, and their parents/legal guardians

**History:**

**Article 30. Certification of BHA/P Training Curriculum**

**Sec. 8.30.010. Curriculum Approval.** The behavioral health aide and practitioner training curriculum may be approved by the Board generally or on a class-by-class basis provided each course curriculum meets the minimum content requirements set forth in article 20 of this chapter and has been reviewed and is recommended by the Behavioral Health Academic Review Committee (BHARC) described under section 8.30.100 [BHARC].

**History:**

**Sec. 8.30.100. Behavioral Health Academic Review Committee.**

- (a) **Membership.** The behavioral health academic review committee satisfies the PASP if it includes:
- (1) two licensed and/or certified behavioral health clinicians as defined in section 1.20.010(34) [licensed and/or certified 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 one must be actively engaged in clinical practice;
    - (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 Indian Health Service, a tribe, or tribal organization will be designated by the designated by the BHA/P PACCB liaison until such time the BHA/P Association is developed;
  - (5) one member from WA, OR and ID as appointed by the delegates from each state;
  - (6) one member from the direct service tribes as appointed by the delegates of those tribes;



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- (7) one tribal liaison representing the States of Idaho, Oregon and Washington Departments of Behavioral Health and/or a State designee to the BHARC; and
- (8) invited non-voting members that are actively involved in BHA/P training, including:
  - (A) training and development staff from the Portland Area CHAP education programs;
  - (B) the Tribal Liaisons representing the States of Idaho, Oregon and Washington 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 organization hosting trainings for use towards BHA/P certification; and
  - (D) NPAIHB Technical Staff to include Certification Board Coordinator and CHAP Director; and
  - (E) Alaska certification board member liaison.

- (b) **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.

**History:**

**Sec. 8.30.200. Development and Transition.**

- (a) **Development.** The Board shall use IHS training and work guidelines; standardized materials accepted in the behavioral health practice community; materials developed by BHARC and/or entities of the PACCB; and other appropriate resource material until fully integrated behavioral health aide program center and curriculum standards are developed and reviewed and approved by the Board.
- (b) **Transition.** The absence of a fully developed behavioral health aide or practitioner training program and behavioral health aide or practitioner curriculum standards shall not be justification for the Board deferring the review and approval of curriculum recommended by BHARC or for denying certification to an individual who has otherwise met the requirements of Chapter 2 [certification of DHAs, BHA/Ps] Article 40 [standards for BHA/Ps].

**History:**

**Chapter 9. Hearings, Requests for Reconsideration, and Appeals**

**History:**

**Article 10. Hearings Conducted by the PACCB**

**Sec. 9.10.010. Hearings.** Upon written request made under section 9.10.030 [request for hearing], the Board must conduct a hearing:

- (a) prior to the imposition of any sanction, except a summary suspension;
- (b) within ten working days after a summary suspension; and

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- (c) within 30 days after the Board receives a request from a person or training center denied:
- (1) certification;
  - (2) renewal;
  - (3) reinstatement; or
  - (4) a waiver of requirements based on credentials.

**History:**

**Sec. 9.10.020. Scheduling and Audio/Visual Participation.**

- (a) **Convenience of the Parties.** To the extent possible, hearings must be scheduled at a time and place convenient to the parties. Audio/Visual participation by any participant is permitted.
- (b) **Delay.** At the request of, or with the consent of the person requesting a hearing, the hearing may be delayed to a date mutually agreed upon.

**History:**

**Sec. 9.10.030. Request for Hearing.**

- (c) **Written Request.** A party requesting a hearing must notify the Board and other interested parties by submitting a written request for a hearing within 30 days of the date upon which the party received notice of the action being appealed. The request must include a statement identifying the action being appealed, the remedy sought, and a statement explaining the facts and points of law that support the requested Board action.
- (d) **Notice of Proceeding.** At least five working days prior to a hearing under section 9.10.010 [hearings] and ten days prior to other hearings, all parties shall receive notice of:
  - (1) the time and place of the hearing; and
  - (2) their rights to:
    - (A) respond to assertions of facts and law;
    - (B) present evidence, arguments, and/or mitigating circumstances; and
    - (C) be accompanied and/or assisted by an attorney or another person.

**History:**

**Sec. 9.10.040. Information Regarding Hearing.** Parties subject to disciplinary action also receive notice of:

- (a) the nature of the hearing;
- (b) the legal authority and jurisdiction under which the hearing may be held; and
- (c) the matters of fact and law asserted.

**History:**

**Sec. 9.10.050. Written Presentation.** Parties subject to disciplinary action may submit a written response any time up to and including the date of the hearing.

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1       **Sec. 9.10.060. Conduct of Hearing.** Hearings may be conducted by the Board or a hearing  
2 officer or panel selected by the Board. Individuals who have a conflict of interest or who cannot otherwise  
3 be fair and impartial must notify the Board of their disqualification.

4  
5       **History:**

6  
7       **Sec. 9.10.070. Evidence.**

8  
9       **(a) Presentation.** A party may present oral or documentary evidence, submit rebuttal  
10 evidence, and conduct cross-examination.

11  
12       **(b) Subpoena.** Upon request of a party or its own motion, the Board, hearing officer, or panel  
13 may issue a subpoena to secure testimony or other evidence reasonably necessary for a full and fair  
14 determination of the matter in dispute.

15  
16       **(c) Audio/Visual Participation.** Audio/Visual testimony shall be accepted unless there is  
17 good cause to doubt the identity of the witness.

18  
19       **History:**

20  
21       **Sec. 9.10.080. Recommendation.** If the hearing is conducted by a hearing officer or panel, a  
22 written recommendation along with all evidence collected will be submitted to the Board for its  
23 consideration. The recommendation will include:

- 24  
25       (a) proposed findings and conclusions on all material facts and law;  
26       (b) evidence and other reasons that support the proposal; and  
27       (c) a recommendation for Board action specifying the proposed rule, order, sanction, relief,  
28       denial or conditions or limitations on certification.

29  
30       **History:**

31  
32       **Sec. 9.10.090. Decision.**

33  
34       **(a) Action by Board.** Unless the Board adopts the recommendation of the hearing officer or  
35 panel “in toto,” it must issue a written decision that contains an explanation of the grounds for  
36 the decision.

37       **(b) Notice of Decision.** In any case, parties must be notified in writing of the decision within 30  
38 days.

39  
40       **History:**

41  
42       **Article 20. Reconsideration**

43  
44       **Sec. 9.20.010. Requests for Reconsideration.**

45  
46       **(a) Generally.** Upon request or upon its own motion, the Board may reconsider all or part of a  
47 decision.

48  
49       **(b) Timing of Request.** A request for reconsideration must be filed with the Board within 15  
50 days of receipt of the decision and must include:

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- (1) a statement of the law, facts, and/or mitigating circumstances that support the Board action requested; and
- (2) notice of any additional argument or evidence the requesting party intends to submit for consideration.

(c) **Additional Argument and Evidence.** The Board may consider additional argument or evidence provided all parties are notified and afforded:

- (1) a chance to respond to new argument and/or evidence; and
- (2) a chance to submit additional argument and/or evidence.

(d) **Mitigating Circumstances.** The Board may consider mitigating circumstances.

(e) **Deadline for Action.** If the Board does not act on the request for reconsideration within 30 days after receipt, the request is deemed denied.

**History:**

### **Article 30. Appeals**

**Sec. 9.30.010. Notice of Right of Appeal by Community Health Aides, Community Health Practitioners, Dental Health Aides, Behavioral Health Aides, Behavioral Health Practitioners, CHA/P Training Centers, DHA Course Providers and Training Programs, and BHA/P Course Providers and Training Programs.** The Board shall provide notice to each person entitled to appeal an adverse decision made under Article 20 of this chapter about their right of appeal and the conditions under which it may be exercised.

**History:**

**Sec. 9.30.020. Notice of Appeal to the Board.** A person, including a Board member, who appeals a decision of the Board shall provide notice of the appeal to the Board.

**History:**

**Sec. 9.30.030. Board Appeals.** The Board may convene to decide appeals of denied requests for reconsideration properly filed under this Article. Appeals must be filed within thirty (30) days of a denial of a request for reconsideration under Article 20 of this chapter.

**History:**

**Sec. 9.30.040. Standard of Review.** Appeals under this section will be limited only to review of clear error, a subsequent change in relevant law or applicable policy, or other circumstances suggesting manifest injustice resulted from the Board's denial of a request for reconsideration. The Board must provide appellants an opportunity to be heard and present arguments, and must issue a written decision explaining its decision to grant or deny an appeal within ninety (90) days of said hearing. Denial of an appeal under this Article is final and may not be further appealed.

**History:**

## **Chapter 10.**

**Transitional and Temporary Certification, Certifications for Other Areas,  
Out of Area Education Programs**

**Article 10. Transitional and Temporary Certification**

**History:**

**Sec. 10.10.010 Practice after completion of any CHAP Certified Education Program.** An individual who has completed any CHAP Certified training or education program from any IHS Area as a community health aide or practitioner, dental health aide or dental health aide therapist, or behavioral health aide or practitioner may provide services under direct supervision until they become eligible to apply for CHAP Certification.

**History:** March 30, 2022 Sec. 10.10.010 added

**Sec. 10.10.015. Practice Pending Certification.** An individual who has completed the training, education, and clinical practice or preceptorship as a community health aide or practitioner, dental health aide, or behavioral health aide or practitioner may continue to provide services on the same basis as during their training period while final action to approve or deny the application for certification is pending.

**History:**

**Sec. 10.10.020. Between Board Meetings.** Under rules developed by the Board, staff assigned to the Board may issue temporary certifications between Board meetings provided the staff has fully evaluated the application and has determined that the staff would recommend approval of the application to the Board. Such temporary certification is effective only until formal action is taken by the Board on the application.

**Article 20. Certifications for Other Areas**

**Sec. 10.20.010. Authority.** Under Section 119(d) of the Indian Health Care Improvement Act, 25 U.S.C. § 1616(d), which authorizes a national CHAP, and the Indian Health Service's national Community Health Aide Program Policy IHS Circular No. 20-06 Section (4)(N), in the absence of a CHAP Area Certification Board (ACB), an IHS Area Director may enter into a relationship with another IHS Area that has an ACB or with the Alaska CHAPCB for the purposes of certifying its CHAP providers. The PACCB is authorized to enter into relationships with IHS Areas outside of Alaska to certify and oversee their community health aides.

**Sec. 10.20.020. [RESERVED]**

**Sec. 10.20.030. CHAP Providers.** When an IHS Area has entered into a relationship with the Portland Area IHS that meets the requirements of Section 10.20.020, the following shall apply:

- (a) Certification.** The PACCB may issue an individual a community health aide, community health practitioner, dental health aide, dental health aide therapist, behavioral health aide, or behavioral health practitioner certificate, for practice in the Area with which the PACCB has an established relationship, so long as the individual--

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- (1) Meets all of the applicable, minimum requirements for certification set forth in chapter 2, including having obtained training and education in a PACCB-certified or approved training center or program, or otherwise meeting the minimum training and education requirements equivalent to those required by chapter 2; and
- (2) Is employed by or under contract with the federal government, or a tribe or tribal health program operating a community health aide program under the ISDEAA, in an Area with which the PACCB has an established relationship, to practice as a community health aide, community health practitioner, dental health aide, behavioral health aide, or behavioral health practitioner;

**(b) Oversight.** An individual certified by the PACCB under section 10.20.030(a) is subject to all applicable provisions of the following: chapter 3 (continuing education); chapter 4 (discipline, suspension, revocation); chapter 9 (hearings, requests for reconsideration, appeals); chapter 10, article 10 (transitional and temporary certifications).

**(c) Waivers.** In certifying and overseeing providers under this section, the PACCB may waive one or more Portland Area-specific requirements when inapplicable or when an individual provides evidence satisfactory to the PACCB that the individual has the relative training, education, background, and experience at least equivalent in scope, quality, and difficulty as those imposed by the PASP.

**Sec. 10.20.040. CHAP Education Programs.** When an IHS Area has entered into a relationship with the Portland Area IHS that meets the requirements of section 10.20.020, the following shall apply:

**(a) Certification.** The PACCB may issue an education or training program for a community health aide, community health practitioner, dental health aide, dental health aide therapist, behavioral health aide, or behavioral health practitioner for education/training of CHAP providers in the Area with which the PACCB has an established relationship, so long as the education/training program meets all of the applicable, minimum requirements for certification set forth in—

- (1) CHA/P Chapter 6 [Certification of CHA Training and Curriculum]
- (2) DHA/T Chapter 7 [Certification of DHA Training and Curriculum]
- (3) BHA/P Chapter 8 [Certification of BHA Training and Curriculum]

**History:**

**Article 30 Out of Area Education Programs**

**Sec. 10.30.010. Education Programs Certified by CHAP Certification Boards in other Areas.** For the purposes of certifying CHA/BHA/DHA providers educated in CHAP Certified Education and Training programs in other Areas, the PACCB recognizes the certification by that Area CHAP Certification Board.

**(a) Substantially Equivalent Education Programs.** If the education program certified by another Area CHAP Certification Board is substantially equivalent to the education programs certified by the PACCB, the PACCB may issue an individual a community health aide, community health aide practitioner, dental health aide, dental health aide therapist, behavioral health aide, or behavioral health practitioner certificate if that individual meets all of the applicable, minimum requirements for certification set forth in chapter 2.

**(b) Significantly Different Education Programs.** If the education program certified by another Area CHAP Certification Board does not meet the minimum federal standards required by the

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national CHAP Standards and Procedures, the PACCB may issue an individual a limited community health aide, community health aide practitioner, dental health aide, dental health aide therapist, behavioral health aide, or behavioral health practitioner certificate restricting the individual to practice only within the scope of that education program if that individual meets all of the applicable, minimum requirements for certification set forth in chapter 2.

**History:**

## **Chapter 11. Board Procedure**

**Sec. 11.10.010. Procedures.** The Board shall follow the structure and procedures outlined in the Board's Bylaws, as they may be amended from time to time.

**History:**

## **Chapter 12. Amendments**

**History:**

**Sec. 12.10.010. Effective Date.** Amendments to the PASP may be adopted by this Board and shall become effective on the later of the effective date adopted by the Board or thirty days after the date upon which the amendment was adopted by the Board.

**History:**

**Sec. 12.10.020. Consideration at More Than One Meeting.** The Board shall not take action on a proposed amendment to the PASP at the first meeting at which the amendment was proposed unless it first determines that:

- (a) an emergency or other exigent circumstance exists;
- (b) the amendment is necessary to correct an error in the PASP;
- (c) the amendment does not have a substantive effect; or
- (d) the amendment is necessary to assure compliance with law or regulation to which tribal health programs are subject.

**History:**

**History of**  
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1 March 30, 2022, **Sec. 10.10.010 Practice after completion of any CHAP Certified Education**  
2 **Program** was approved and adopted, as follows:  
3

4 An individual who has completed any CHAP Certified training or education program from any IHS Area  
5 as a community health aide or practitioner, dental health aide or dental health aide therapist, or behavioral  
6 health aide or practitioner may provide services under direct supervision until they become eligible to  
7 apply for CHAP Certification.