



IPHCA™
Indiana
Primary Health Care
Association

Monthly February 2026

All the latest news and resources - distributed to IPHCA members

Coming soon ...



**See
page 5!**

Book your place for

★ **Navigator Monday 2026**

See page 28

also this month ...

February is
**American
Heart Month**

see pages 10 -12,
20, 22-23, 33

CHC Highlights:

Tobacco cessation
with SICHC



see page 6

Demonstrating
CCHBC at
Hamilton Center



see page 30

Our member organizations

219Health
NETWORK

ADULT & CHILD
HEALTH

Alliance
HEALTH CENTERS

Ascension
St. Vincent

Aspire
Indiana Health

BH BOWEN HEALTH

CENTERSTONE
HEALTH SERVICES

CHN
Community HealthNet
Health Centers

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DAMIEN CENTER

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health

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Health
Center

Family Health Centers
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family
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Physical, Mental, Social Well-Being

Neighborhood
Health Center
Our Community, Our Neighbors, Our Patients

neighborhood
HEALTH

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OPENDOOR
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community health center
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SOUTHERN INDIANA
Community
Health Care

TCA | HEALTH

TULIP TREE
FAMILY HEALTH CARE

Valley Oaks
HEALTH

Valley Professionals
Community Health Center

WVHC
WABASH VALLEY HEALTH CENTER

Well Care
Community Health

WindRose
Health Network



Welcome to the February Issue

Amid a season shaped by the tradition of Valentine's Day, which traces back to ancient Roman festivals and later to St. Valentine as a symbol of compassion and connection, we find ourselves amid **American Heart Month**. While this observance has no Roman festival roots, it does date back to 1963, when Congress sought to place a permanent spotlight on cardiovascular disease, the leading cause of death then and still today.

At its core, both themes remind us that care is more than a sentiment. It is a daily practice. In primary care, love shows up in prevention, early detection, and the consistent relationships that build trust between patients and care teams. From blood pressure checks and nutrition counseling to care coordination and follow-up, these everyday actions form the foundation of healthier hearts and stronger communities.

What would the season of heart be without a 'Save the Date' or two? No weddings to report, but we do have a couple of events that are just as exciting: **Navigator Monday, May 11th, in Indianapolis**, and our **2026 Annual Conference on October 5th and 6th in Muncie**. Both of these events will show our attendees the love for the amazing care they provide for all Hoosiers and provide opportunities for them to gain knowledge and skills to continue to advance the future of high-quality primary care in Indiana.

As we move through this season of heart, we invite you to carry its spirit beyond the page, into your teams, your clinics, and the communities you serve. We look forward to connecting with you in the months ahead as we continue this shared work of leading with both purpose and heart.

Happy Heart Month!

Sean

Sean Herbold, IPHCA CFO

Contact Sean

IPHCA Monthly February 2026 CONTENTS

IPHCA AC26	5
CHC Highlight with SICHC	6 - 7
IPHCA Policy	8
Eli Lilly Grant Award	9
IPHCA Clinical	10 - 13
MCH Corner	14 - 15
IPHCA Oral Health	16 - 21
IQIN	24 - 27
IPHCA O&E	28 - 33
CHC Highlight with Hamilton Center	30 - 31

>>> **Clickable links** are provided throughout this newsletter - please notify us of any missing or incorrect links.

Any comments or suggestions please contact **Sean Herbold**, IPHCA CFO.

If you have not done so already,
please follow us on Facebook!



Also **visit our website** to find links to **previous issues**, an **events calendar**, our **resource center** and more!

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John Fordham Design



Customized benefit solutions for CHCollective members

CHCollective is thrilled to announce a dynamic new offering, the CHCollective Insurance Program, administered by Lockton Affinity.

Through this partnership, community health centers can now access exclusive perks on essential ancillary benefit coverages—including life, disability, accident and critical illness, hospital indemnity, and more—ensuring your employees have the best possible protection and benefits:

- A meaningful discount. Get an average of 10% or more off your current employer-paid benefit rate.
- Matched Terms: Your current coverage terms will be matched or upgraded.
- 4-Year Rate Guarantee: Your rate will be locked in for four years, compared to the two-year industry average—offering stability for your budget and protection from market fluctuations.

See how Lockton Affinity's solutions compare to your current benefits offerings today.

Explore the solutions



Contact Alex Vactor for more information

avactor@chcollective.com 412.612.0593

chcollective.com



Advancing the Future of High-Quality Primary Care



Save the date for AC26!

We're excited to announce that our Annual Conference 2026 will take place on **October 5 & 6**, at the Horizon Convention Center, in Muncie, IN.

Our theme this year is: **Leading the Way:**
Advancing the Future of High-Quality Primary Care

Full details will be coming your way very soon, but you can reserve your space right now!

You can **register** to attend, or be a **sponsor** or **exhibitor** using the buttons below.



CHC Highlight - Tobacco Cessation



Big Ideas, Friendly Competition, and a Lot of Heart

By Nancy Radcliff, CEO, Southern Indiana Community Health Care



Nancy Radcliff, CEO, Southern Indiana
Community Health Care

How does one achieve lasting and beneficial change? At our rural community health center, we've learned a simple truth over the last 50 years: when people feel supported, connected, and maybe have a little fun along the way, real change can happen. That mindset has powered our recent tobacco cessation efforts, and the results have been inspiring.

This fall, we were privileged to receive an award from the **Indiana Quitline** recognizing our increase in referrals. To put it in perspective, in times past we typically saw only two or three referrals a month. In October alone, we sent 130 people to the Quitline. **Yes, 130.**

What sparked this change? A friendly competition and a whole lot of teamwork.

From October through December, our provider teams competed to see who could make the most Quitline referrals. The prize wasn't flashy (just in-office massages), but the impact was huge. Suddenly, conversations about quitting tobacco were happening more often, referrals became second nature, and providers were cheering each other on. Everyone wins when patients get extra encouragement to take that first step.



Making quitting possible

We also focused on making quitting easier and more accessible. Quit Kits are now available at all of our locations to anyone who wants one, no questions asked. We also extended this reach beyond our clinic walls through a partnership with local school nurses to distribute Quit Kits to students and families.

The inflatable lungs 'out in the wild' - at a Paoli high school basketball game.

Pictured are the Paoli Rams' mascot with recently retired school Superintendent Greg Walker.



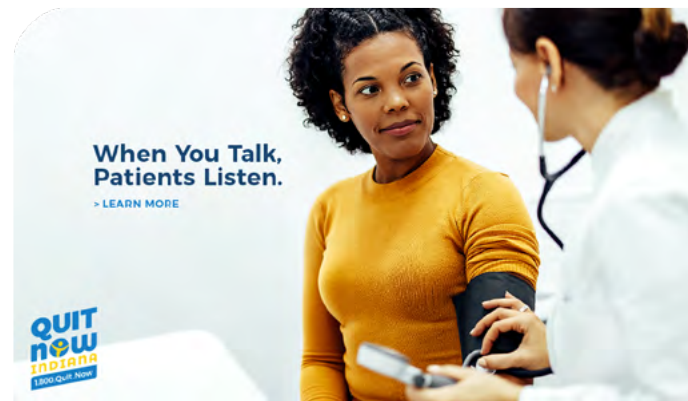
Meeting young people where they live

Reaching young people has been especially important. We hosted an anti-vaping video contest for teens, giving them a creative platform to speak to their peers. We also brought a speaker to every area high school to have honest, real conversations about vaping, nicotine, and long-term health. And because education doesn't have to be boring, we're taking our giant inflatable lungs on the road. Starting in January, you'll find them at local basketball games, where we'll be handing out Quit Kits and information in a way that's hard to miss, and even harder to forget.

None of this would be possible without support from the **Indiana Department of Health's Healthy Issues and Challenges** grant.

As we celebrate 50 years of serving rural communities, we're proud to keep finding creative, community-centered ways to help people live healthier lives - one conversation, one referral, and sometimes one massage at a time.

- Nancy Radcliff, CEO, Southern Indiana Community Health Care



One of Indiana Quitline's educational images
- [more are available here](#)



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NEWS & UPDATES



To give feedback or provide resources for this section please contact

Julia Ketner MPA
or call: 317.630.0845

Julia Ketner is currently on maternity leave (congratulations Julia!).

If you have any Policy questions **please use our contact form** and we will get back to you asap.



>>> Visit our Policy and Advocacy pages

Policy and Advocacy resources

New IPHCA Hill Day brochure

The 2026 IPHCA Hill Day booklet serves as a comprehensive resource highlighting the impact and importance of Indiana's Community Health Centers (CHCs).

This packet includes an overview of CHCs, their role in providing affordable and accessible healthcare to underserved communities, and key statistics on patient demographics, services offered, and economic contributions.

[Click here to view online flipbook](#)

>>> Click here for all Policy and Advocacy resources

including our 2026 Legislative Agenda



Don't miss ...

NACHC P&I Forum 2026

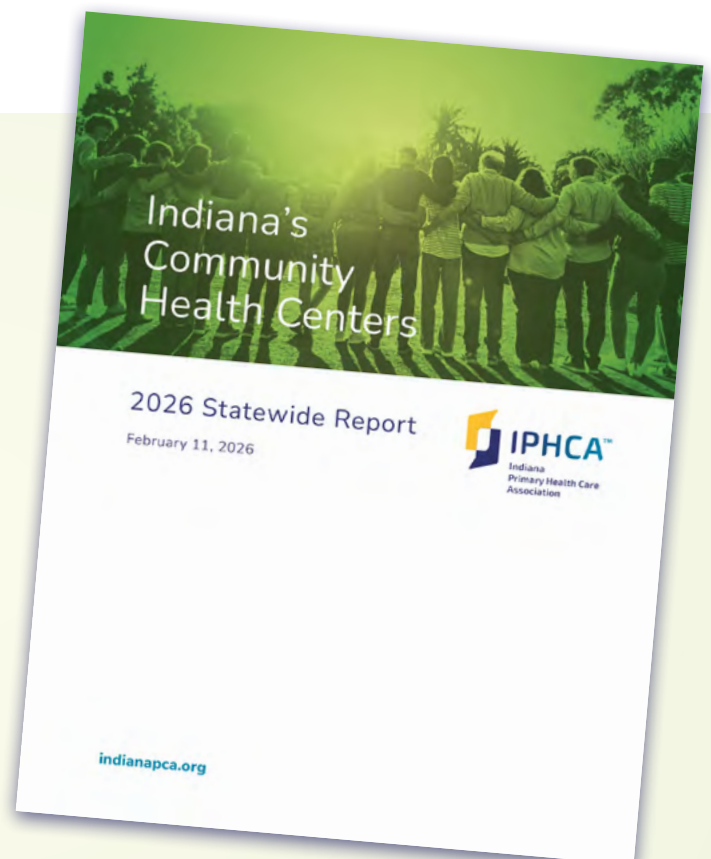
**Fueling a Movement to Forge a Healthier Future for All
Gaylord National Harbor, Washington, D.C.**

Conference: February 9-12

Join us as we celebrate 60 years of CHCs and chart the course for the next era of primary care. Connect with fellow CHC leaders, advocate directly with bipartisan lawmakers on Capitol Hill, and explore innovative strategies to build thriving communities.

Who attends: CHC executives, clinicians, and board members; leaders of state and regional primary care associations (PCAs) and health center-controlled networks (HCCNs); and other partner organizations.

>>> [Click here to find out more](#)





Announcing the Eli Lilly Lung Cancer Screening Grant Award

We are excited to share that our organization has been awarded a health care improvement grant from Eli Lilly focused on lung cancer screening.

This grant supports a collaborative pilot initiative with Eli Lilly, participating Health Centers, and Azara Healthcare aimed at improving identification of patients eligible for lung cancer screening and supporting them throughout the screening process.

This initiative represents an important step forward in strengthening care delivery and reducing barriers to early lung cancer detection.

What This Partnership Will Do

Through enhanced analytics, coordinated outreach, and Community Health Worker (CHW) support, this health care improvement initiative will help us:

- Identify patients who are eligible for lung cancer screening
- Conduct outreach and follow-up with individuals who are overdue or have not completed recommended screening
- Provide CHW assistance, including transportation support, scheduling guidance, and help navigating the lung cancer screening process

By improving workflows and patient support, this initiative makes it easier for patients to access timely, lifesaving preventive care.

Participating Health Centers

Interest in this health care improvement effort has been tremendous. Fifteen Health Centers submitted letters of support, demonstrating strong engagement and commitment across our network.

At this stage, we are pleased to share that the following Health Centers have formally confirmed their participation in the pilot project:

- Adult & Child Health
- Eskenazi Health
- Family Health Center
- Heart City Health
- Neighborhood Health Center
- North Central Nursing Clinics- Purdue University
- Open Door Health Services
- Tulip Tree Health Care
- Wabash Valley Health Center
- Well Care Community Health
- Windrose Health Network

Thank You

We extend our sincere thanks to the Health Centers and teams participating in this pilot initiative. Your collaboration and dedication are essential to advancing early lung cancer detection, strengthening care delivery, and improving outcomes for the patients and communities we serve.



RESOURCE BULLETIN

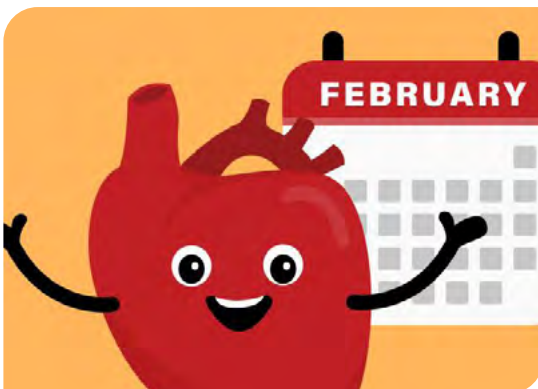


To give feedback or provide resources for this section please contact
Nicole Stilianos
or call: 317.630.0845



American **Heart** Month:

Supporting Hypertension Care in Indiana Community Health Centers



February is American Heart Month, a national observance promoting cardiovascular health. For Indiana Community Health Centers (CHCs), this month emphasizes hypertension prevention, early detection, and management—critical for improving patient outcomes.

Hypertension in Indiana:

- 32–35% of Indiana adults have high blood pressure
- ~30% of CHC patients are diagnosed with hypertension

(Source: *in.gov*, HRSA UDS)

Strengthening Hypertension Care

Key strategies for CHCs:

- Accurate screening & measurement protocols
- Team-based care integrating clinicians, nurses, care coordinators, behavioral health staff
- Patient education on medication adherence, diet, physical activity, and lifestyle changes

Population Health & Quality Improvement

- Track blood pressure control rates
- Identify high-risk patients
- Implement targeted outreach

Indiana CHCs are showing progress in controlling hypertension, with increasing percentages of patients achieving target blood pressure.



American
Heart
Association®

>>> **American Heart
Month at AHA**

Click here to browse
Clinical resources

American **Heart** Month

Quick Tools for CHCs

Resources to support hypertension care:

Standardized Blood Pressure Protocols:

- **Million Hearts® Tools & Protocols** – provides hypertension treatment protocols, action guides, and tools to help CHCs standardize clinical care processes:

Team-Based Care Strategies:

- **CDC – Team Based Care to Improve Blood Pressure Control** – outlines evidence based team care strategies, roles, and approaches to improve BP outcomes through collaboration
- **CDC's Hypertension Management Program (HMP) Toolkit** supports implementation of team based, patient centered care with interactive modules and practical guidance

Patient Education Materials

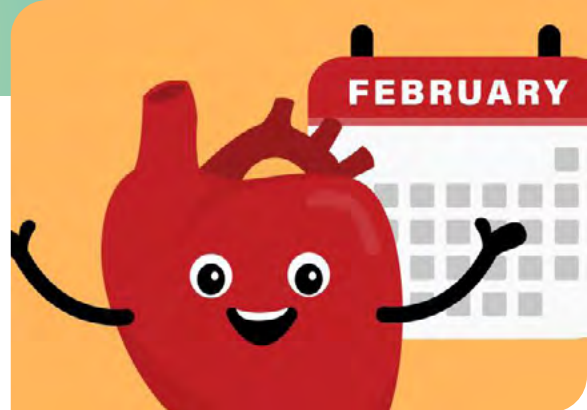
- **CDC High Blood Pressure Communications Toolkit** includes downloadable graphics, messaging, and educational materials for patients (such as how to measure BP, logs, and awareness messaging)
- **CDC's HMP Toolkit PDF** includes patient education handouts such as DASH diet guides and medication info

Quality Improvement Tools

- **Million Hearts® Hypertension Control Change Package (HCCP)** – a comprehensive QI resource with evidence based tools and change concepts to improve control in clinical settings

Population Health Approaches

- **NACHC Heart Health Hub – Hypertension Control Resources** – CHC focused tools for team training, patient engagement, and case studies tied to hypertension management
- **CDC Hypertension Management Program (HMP) Toolkit** — includes components such as self measured blood pressure, registries, and staff education that support population based care strategies



National Heart, Lung, and Blood Institute



NATIONAL ASSOCIATION OF
Community Health Centers®

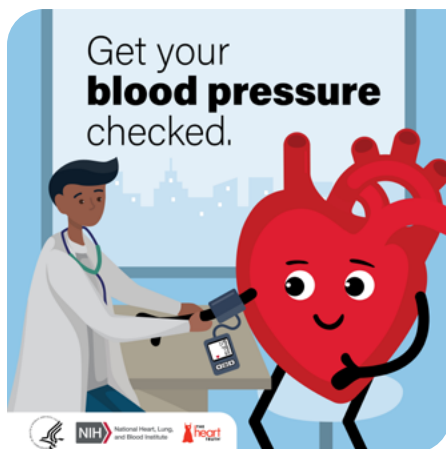
Advancing **Heart Health** in Indiana

American Heart Month reminds us that CHCs are at the forefront of improving heart health. Through evidence-based care, team collaboration, and patient education, Indiana CHCs are helping communities reduce cardiovascular risks and improve patient outcomes.

>>> Browse all Heart Health resources in our resource center



RESOURCE BULLETIN



American Heart Month | February

Hypertension and Depression

Strengthening Integrated Care in Indiana Community Health Centers

The Connection Between Hypertension and Depression

Hypertension and depression frequently coexist and can reinforce one another, creating complex challenges for patients and care teams alike. Individuals living with depression are more likely to develop high blood pressure due to chronic stress, reduced physical activity, poor sleep, and difficulty adhering to treatment plans. Conversely, patients diagnosed with hypertension experience higher rates of depression, particularly when managing long-term conditions, medications, and lifestyle changes.

Indiana Data Snapshot

- Nearly 1 in 3 Indiana adults has been diagnosed with hypertension
- Mental health conditions are among the most common comorbidities for patients with chronic disease
- Patients with uncontrolled blood pressure and untreated depression face higher risks of cardiovascular events and emergency department use

Why This Matters for Indiana CHCs

Indiana Community Health Centers are uniquely positioned to address the intersection of hypertension and depression through integrated, team-based care models. Aligning medical, behavioral health, and care coordination workflows improves blood pressure control, enhances patient engagement, and reduces avoidable complications while supporting value-based care goals.

>>> Click here for Resources & Tools for Integrated Hypertension + Depression Care

including:

- **CDC Team-Based Care Toolkit**
- **Million Hearts® Hypertension Change Package**
- **CDC High Blood Pressure Communications Toolkit**

Action Steps for American Heart Month

- Embed depression screening into hypertension workflows
- Use team huddles to identify high-risk patients
- Engage behavioral health consultants in chronic care planning
- Share patient education during Heart Month activities
- Review performance data to guide quality improvement efforts

Supporting Integrated, Whole-Person Care

By recognizing the strong connection between hypertension and depression, Indiana CHCs can strengthen clinical outcomes, improve patient experience, and advance care models that reflect the real needs of the communities they serve

Celebrating Hoosier Youth This February

Spotlight on Kids ENT Health & Children's Dental Health Month



As we enter February, it is a pivotal time to emphasize and enhance the health of children throughout Indiana. This month serves as a vital opportunity to focus on two significant health observances that advocate for pediatric wellness: Kids ENT Health Month and National Children's Dental Health Month. Both present a chance for families and caregivers to gain awareness and take action toward ensuring the health of their children.

Kids ENT Health Month

Kids ENT (Ear, Nose, and Throat) Health Month sheds light on the critical importance of respiratory and sensory health among children.

ENT specialists play an essential role in diagnosing and treating various health issues that may affect young individuals, including but not limited to chronic ear infections, hearing loss, tonsillitis, feeding and swallowing disorders, and airway and breathing difficulties. Each of these conditions can have profound effects on a child's physical and emotional development, academic performance, and overall quality of life.

[>>> Read more here](#)

FEBRUARY IS
**KIDS ENT
HEALTH
MONTH**



National Children's Dental Health Month

Running concurrently with Kids ENT Health Month, **National Children's Dental Health Month** is dedicated to raising awareness about the critical importance of oral hygiene for children of all ages.

Organized by the American Dental Association (ADA), this extensive annual campaign focuses on educating families, schools, and communities about preventive dental care and the establishment of healthy habits early in life.

[>>> Read more here](#)



Take Action

- Schedule pediatric ENT and dental checkups to ensure your child is on track for optimal health.
- Teach and reinforce healthy habits at home to instill a sense of responsibility for personal well-being.
- Share the significance of these observances with other families and caregivers to raise awareness within the community.

Together, let's make February a month of proactive health engagement for the youth across Indiana!

[>>> Click here for the full story!](#)

The Significance of February

By emphasizing these two important health observances throughout February, we celebrate our Hoosier youth and reinforce the crucial role that preventive care plays in fostering healthy, confident children ready to learn and grow. Whether it involves addressing a recurring ear infection or teaching a child the proper way to brush their teeth, these seemingly small milestones have a lasting impact on lifelong health and well-being.



IPHCA™

Maternal & Child Health Corner



To give feedback or provide resources for this section please contact

Alexis Stewart
or call: 317.630.0845



Which infections —can affect pregnancy?—



**>>> Click here
for more resources**

February is ...

Perinatal Infection Prevention Month

February is recognized as **Perinatal Infection Prevention Month**, a time dedicated to increasing awareness about the prevention of infections during pregnancy and their impact on both mothers and babies. Infections acquired during pregnancy can pose serious health risks, making education and early intervention especially important.

Prenatal infections occur when bacteria, viruses, parasites, or fungi enter the body during pregnancy and cause illness. These infections can affect not only the pregnant individual but also the developing baby and, in some cases, the newborn after birth. Potential outcomes range from mild illness to severe complications, including pregnancy loss, premature birth, and long-term health challenges for the child.

The risk of infection during pregnancy can be influenced by many factors, including a person's medical history, daily habits, and environmental exposures. According to **Stanford Medicine**, infections may be transmitted in several ways, such as through sexual contact, airborne exposure, blood contact, skin-to-skin contact, insect bites, contaminated food or water, and other routes.

Several infections are known to be of particular concern during pregnancy. Some include Group B Streptococcus (GBS), congenital cytomegalovirus (CMV), fifth disease, chlamydia, gonorrhea, listeriosis, toxoplasmosis, and Zika virus. If left untreated, these conditions can lead to serious complications, underscoring the importance of timely diagnosis and care.

Early detection is one of the most effective tools for protecting both mother and baby. Routine prenatal panels are a vital part of pregnancy care and often include blood tests, urine testing, vaginal and cervical swabs, and Group B Streptococcus screening. Conducted early and at appropriate intervals during pregnancy, these tests help identify infections quickly so treatment can begin as soon as possible.

Perinatal Infection Prevention Month also serves as a call to action for healthcare providers, organizations, and communities. **Preventive efforts** may include encouraging recommended vaccinations, reinforcing proper hygiene practices, and emphasizing the importance of consistent prenatal care. Through education, awareness, and proactive prevention, we can reduce the impact of perinatal infections and support healthier outcomes for mothers, babies, and families.



Want to learn more about how this initiative could benefit your health center?

Reach out to **Alexis Stewart** to set up a learning call with IPHCA and Upstream USA.

Visit: upstream.org

>>> Click here to register for the MCH Champions Call on February 25

Click here to browse Maternal and Child Health resources

IPHCA Partnership

Upstream Update

The Indiana Primary Health Care Association (IPHCA) and **Upstream USA** are actively collaborating to enhance maternal and infant health outcomes across the state. This partnership is focused on standardizing family planning efforts, thereby ensuring that a comprehensive range of contraceptive options is readily accessible within primary health care settings.

By doing so, the initiative aims to empower mothers and families with the knowledge and resources necessary to make informed decisions regarding their reproductive health. This includes providing clear and accessible educational materials that support families in planning their pregnancies at the most opportune time for them.

Since the inception of the partnership in September 2025, substantial progress has been made towards achieving these goals. To date, three health centers have officially committed to implementing Upstream USA's family planning services, and prior to our partnership four health centers have partnered with Upstream USA. This represents a significant milestone in expanding access to comprehensive family planning care throughout Indiana.

In addition to these implementations, IPHCA and Upstream USA are continuing to build momentum by engaging in introductory calls and detailed discussions with additional health centers across the state. These conversations serve as a platform for each center to assess how Upstream's innovative model can be tailored to meet their specific needs, workflows, and the unique characteristics of the patient populations they serve.

This collaboration stands as a testament to both organizations' commitment to providing patient-centered care and driving improved contraceptive care outcomes on a statewide level.

To learn more about this vital initiative, we invite you to **join us on February 25th for the MCH Champions call**. During this session, Upstream USA will present valuable insights on progress they have made and how they can assist your health center in achieving greater success in providing accessible contraceptive options to patients.

upstream USA

IPHCA is committed to supporting Oral Healthcare provision across all community health care settings for our membership and throughout Indiana.



For help, to give feedback or provide resources for this section contact:

Karla Marin Muskus
or call: 317.630.0845

[Click here to browse Oral Health Resources](#)

[>>> Click here to see this resource in our resource center](#)

Children's Dental Health Month Spotlight

Healthy Smiles Start with Healthy Nutrition

The **2025–2030 Dietary Guidelines for Americans**, released by the U.S. Departments of Health and Human Services and Agriculture, reinforce key messages long supported by the **American Dental Association (ADA)** about protecting children's oral health through healthy nutrition.

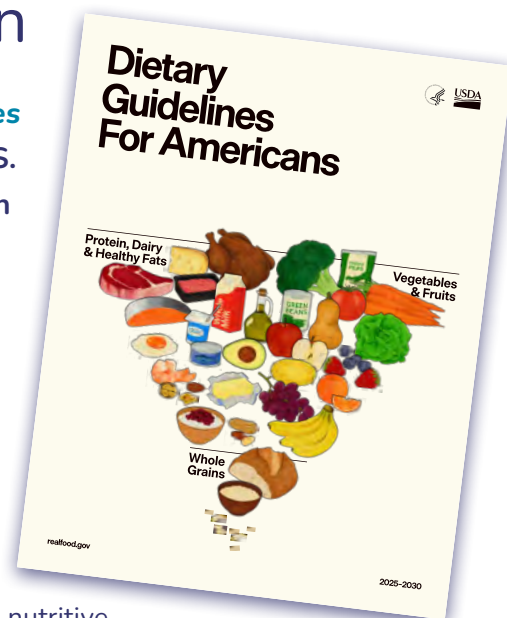
The updated guidelines take a clear stance on added sugars, stating that no amount of added sugars or non-nutritive sweeteners is considered part of a healthy diet. They strongly recommend avoiding sugar-sweetened beverages, including soda, fruit drinks, and energy drinks, and limiting added sugars to less than 10% of daily calories. Even 100% fruit juice should be limited or diluted with water.

From a dental perspective, the ADA emphasizes that **any sugar exposure increases the risk for tooth decay**, making nutrition counseling an essential part of children's preventive oral health care. Frequent sugar intake—especially through beverages and snacks—can significantly increase a child's risk for cavities.

The guidelines also encourage families to reduce highly processed foods and choose whole, nutrient-rich options that support healthy teeth and gums. By promoting water as the drink of choice and balanced meals with

minimal added sugars, families can help children build habits that support lifelong oral and overall health.

Children's Dental Health Month is an opportunity for community health centers to reinforce these messages through anticipatory guidance, nutrition education, and medical-dental collaboration, helping children start—and keep—healthy smiles.



CHC Staff Tip Box

3 Nutrition Messages for Families

1 Choose Water First

Sugary drinks are one of the biggest drivers of tooth decay in children. Encourage families to offer water between meals and at bedtime, instead of juice, soda, or sports drinks.

Indiana Data Callout:

In Indiana, tooth decay remains one of the most common chronic conditions among children, particularly in low-income and rural communities.

2 Limit Juice and Added Sugars

Even 100% fruit juice contains natural sugars that can contribute to cavities when consumed frequently. Recommend whole fruit instead of juice, and limiting juice to mealtimes only.

Indiana Data Callout:

Indiana child health data show that frequent consumption of sugar-sweetened beverages is higher among children from households with limited access to healthy foods, increasing cavity risk.

3 Snacks Matter for Healthy Smiles

Frequent snacking on sticky or sugary foods feeds cavity-causing bacteria. Suggest tooth-friendly snacks like cheese, yogurt, nuts, vegetables, and fresh fruit.

Indiana Data Callout:

Children enrolled in Medicaid in Indiana experience higher rates of untreated dental caries, highlighting the importance of nutrition counseling alongside preventive dental care.



HOOSIERS!
Give Kids a Healthy Smile



February is

National Children's Dental Health Month and Hoosiers

Give Kids a Smile (GKAS) Month!

The Indiana Department of Health is pleased to share that Indiana again topped the nation by ordering the maximum number of ADA **Give Kids A Smile** kits, a huge milestone made possible because of the incredible partners across our state.

A heartfelt thank you to the IPHCA network, schools, local health departments, dental providers, pediatricians, and community partners who helped make this happen. Your partnership helps ensure Hoosier children receive oral health education and resources that support healthier habits, fewer cavities, and brighter smiles.

Let's all come together this February to keep the momentum going—one smile at a time. Educational events are happening all month long in schools and local health departments.

The **IDOH Mobile Response Team** has been trained to support Children's Basic Oral Health Screening.

To request support, [please click here](#)

>>> Request Oral Health Screening

Join the IDOH at their in-person GKAS events, including the Children's Museum and IU events this month (flyers attached)

Need dental kits?

Please reach out to oralhealth@health.in.gov.

Need Resources?

Visit: in.gov/health/oral-health/give-kids-a-smile/

Poor Oral Health: A Risk Factor for Gastrointestinal Cancers

Growing evidence demonstrates that periodontitis and poor oral health are associated with an increased risk of several gastrointestinal malignancies,

[Click here](#) to learn more, view activities and for links to important resources.



Rooted in Community

Cultivating Oral Health Through Care and Collaboration



Mark your calendars for the 2026 NNOHA Annual Conference, taking place October 25-28 at the Sheraton Grand Seattle, located in the heart of downtown Seattle, WA. More details to come, or visit nnoha.org

Workforce briefing

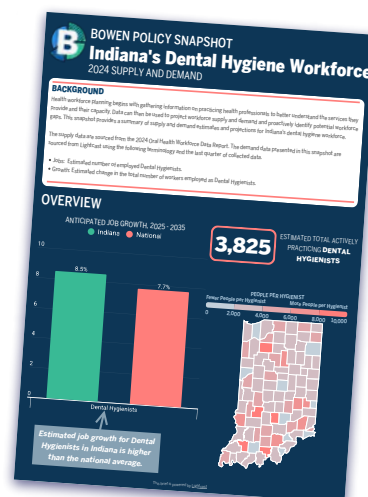
Indiana's Dental Hygiene Workforce

The Indiana General Assembly has been hard at work this session, and two dental hygiene-related bills have already advanced out of their respective health committees with amendments.

Both SB173 and HB1254 would create a pathway allowing individuals with foreign dental degrees to pursue licensure as dental hygienists in Indiana.

Our new brief highlights that show demand for dental hygienists is expected to grow. Linked below, it provides a look at current supply and projected job growth statewide as these legislative efforts move forward.

[>>> Click image to view / download](#)



ADA Releases CDT 2026 Procedure Codes

The American Dental Association (ADA) has published the [Code on Dental Procedures and Nomenclature \(CDT\) 2026](#), the national standard code set used for reporting dental services and required for all HIPAA-compliant dental claims submitted electronically or on paper.

The CDT 2026 update includes:

- 31 new procedure codes
- 14 revisions
- 6 deletions
- 9 editorial changes

Dental practices and health centers should review these updates carefully to ensure accurate billing, compliance, and alignment with current reporting requirements. The CDT manual can be ordered directly from the ADA by calling 800.947.4746 or visiting [The Code on Dental Procedures and Nomenclature \(CDT Code\)](#) | American Dental Association

Health centers are also encouraged to reference payer-specific guidance, such as Delta Dental of Kansas' [Processing Policies and Procedures Reference Guide \(PPRG\)](#), for the most current coding descriptors, national processing policies, and claim submission requirements. These guidelines outline payment standards and should not be interpreted as standards of clinical care.



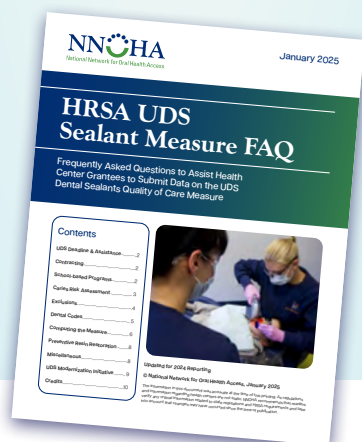
New HRSA UDS Sealant FAQ Updated for 2024 Reporting

Health centers preparing for 2024 UDS reporting can now access the newly updated **HRSA UDS Sealant FAQ**, developed by the National Network for Oral Health Access (NNOHA) in consultation with oral health experts and HRSA staff.

The resource addresses frequently asked questions related to the UDS sealant measure for children ages 6–9 who are at risk for dental caries, based on common topics raised during NNOHA trainings, technical assistance sessions, and webinars.

New for 2024, the FAQ also includes general guidance on UDS+, helping health centers better understand evolving reporting requirements and data expectations.

Click image below to view



Important Compliance Update:

New HIPAA Rules on Substance Use Disorder Records

Beginning February 16, HIPAA-covered dental practices must update their Notice of Privacy Practices (NPP) to reflect new federal requirements governing the use and disclosure of substance use disorder (SUD) treatment records protected under 42 CFR Part 2.

The new **federal requirements** are the result of a final rule modifying the **Part 2** rules published Feb. 16, 2024.

The **American Dental Association (ADA)** has released an **updated sample Notice of Privacy Practices** to help dental practices meet these requirements while clearly communicating patients' privacy rights. Under federal law, Part 2 records—related to federally assisted substance use disorder diagnosis, treatment, or referral—receive heightened confidentiality protections. Dental practices may encounter these records through patient health histories or care coordination with other providers.

The updated notice explains:

- How Part 2 records may be used or disclosed with patient consent or under limited exceptions
- That Part 2 records generally cannot be used against a patient in legal proceedings without proper authorization or a qualifying court order
- That certain information, including SUD, HIV-related, genetic, and mental health records, may be subject to special confidentiality protections

What CHCs and Dental Practices Should Do Now:

- Update the Notice of Privacy Practices with the new Part 2 language
- Provide the revised notice to new patients and make it available onsite and online
- Review policies, consent forms, and workflows related to SUD records
- Train clinical and administrative staff on updated HIPAA and confidentiality requirements

This update does not change other core HIPAA obligations, such as safeguarding protected health information or breach notification requirements.

For more information about the HIPAA Privacy Rule for professionals, **visit this webpage**.

For more information about the final rule, check out the **online fact sheet**.

>>> Click here to view this resource in our resource center



WEBINARS & TRAINING

[Click here to browse
Oral Health Resources](#)

[Click here to see all
Oral Health Events](#)



American
Heart
Association®

New Scientific Statement: Periodontal Disease & ASCVD

The American Heart Association has released an updated scientific statement on Periodontal Disease and Atherosclerotic Cardiovascular Disease (ASCVD), a cornerstone of the Healthy Smiles, Healthy Hearts™ initiative. The statement reinforces the importance of advancing equitable, integrated care by equipping dental and primary care teams with tools for prevention and early detection, while helping patients and the public understand the critical connection between oral health and heart health.

[>>> Read more here](#)



IPHCA 2026 Webinar Series

The **IPHCA 2026 Webinar Series on Dental Financial and Operations** focused on strengthening oral health programs through effective revenue cycle and scheduling strategies.

Health Center Dental Clinics Revenue Cycle

This three-part virtual webinar series includes three one-hour sessions designed to strengthen the dental revenue cycle through a team-based approach, improve understanding of the key components of an effective dental schedule, and support the development of productive scheduling models that enhance patient access and revenue.

Webinar Sessions:

1. **A Team-Based Approach to Revenue Cycle Excellence**
Friday, January 23, 2026 | 12:00–1:00 p.m. EST
[Register for Session #1](#)
2. **What's the Big Deal with the Dental Schedule?**
Friday, February 20, 2026 | 12:00–1:00 p.m. EST
[Register for Session #2](#)
3. **From Chaos to Clarity: Let's Design an Effective Dental Schedule!**
Friday, March 6, 2026 | 12:00–1:00 p.m. EST
[Register for Session #3](#)

Presenters:

Andrea Dickhaut and Melinda Diggan, co-founders of D&D Dental Consulting LLC, are nationally recognized experts in safety-net dental practice management.

Please use the registration links above for each session's date and time. We encourage the dental, operations, and finance team members to attend together to maximize the impact of this series. Feel free to forward this invitation to anyone at your health center who would benefit from attending. For questions about this series, please contact **Karla Marin**, IPHCA Oral Health Program Director.

We look forward to your participation.

Webinar:

***Caring for Patients
with Trauma and Stress***

Thursday, February 19
7–8 p.m. ET

Join CareQuest Institute on
for a webinar that will share
practical, person-centered
strategies providers can use to
support individuals who have
experienced traumatic events.

***Click here for more info
& to register***

Course Update:

***Caring for Individuals
with Disabilities***

Explore an updated self-paced
course that shares practical ways
providers can improve access
to care for individuals with
disabilities. (Bonus: Look for a
new downloadable “Appointment
Strategies” document.)

>>> Find out more here



Delta Dental Funding Opportunities for Dental Workforce:

Applications Open February 1



The Delta Dental Foundation and Delta Dental of Michigan, Ohio, and Indiana are now accepting applications for scholarships and loan repayment programs designed to support the dental workforce and improve access to care in underserved communities.

Available opportunities include:

- **Loan repayment for private practice dentists** serving underserved communities (up to **\$40,000/year** for up to five years)
- **Loan repayment for dentists** working in nonprofit clinics (up to **\$25,000/year** for up to three years)
- **Loan repayment for dental hygienists** working in nonprofit clinics (up to **\$5,000/year** for up to three years)
- **Scholarships for dental hygiene students** to support tuition costs (up to **\$15,000/year** for up to two years)

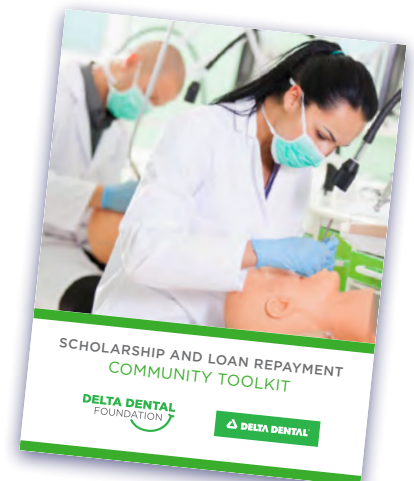
These programs are an important opportunity to recruit, retain, and support dental professionals serving communities with the greatest need.

Applications open February 1

>>> Learn more and apply here

Health centers are encouraged to share this opportunity with current staff, students, and partners. You can download a community toolkit, which includes social media content, flyers, and a newsletter article, by **clicking the image >>>**

***>>> Click here to see this
resource on our site***





RESOURCE BULLETIN

IQIN is a constituent network of community health centers within IPHCA, who work together to improve the quality and value of care provided to Indiana's most vulnerable residents.

By using health information technology and data, health centers are able to change the way they deliver care to produce better health outcomes for their patients.



For further help or to give feedback or provide resources for IQIN please contact:

Laura Totten

or call: 317.630.0845

February is Heart Health Month



Digital Health Tools to Enhance Cardiovascular Care in Health Centers

By Devan Busenbark, Health Information Program Director

Cardiovascular disease remains a leading cause of morbidity within community health center populations, particularly among patients with hypertension, diabetes, and multiple chronic conditions. Digital health technologies offer practical, scalable solutions to support earlier detection, tighter control of risk factors, and improved continuity of care. Integrating these tools into routine workflows can strengthen clinical decision making and patient self management.

Remote Patient Monitoring (RPM)

Remote patient monitoring has become an important adjunct to chronic disease management, especially for hypertension and heart failure. Connected devices—such as Bluetooth enabled blood pressure cuffs, weight scales, and pulse oximeters—allow clinicians to capture physiologic data at home and act on changes before symptoms escalate.

Clinical advantages include:

- **Early identification of uncontrolled hypertension**
- **Improved medication titration**, using trend data to guide adjustments
- **Reduced acute care utilization**, including ED visits and readmissions
- **More frequent touchpoints** for high risk patients without requiring in person visits

For patients, RPM reinforces adherence, increases awareness of cardiovascular risk factors, and provides reassurance through regular monitoring.

Telehealth for Cardiovascular Follow Up

Telehealth has proven effective for routine cardiovascular management, particularly for stable patients who require ongoing monitoring or medication adjustment. Virtual visits allow clinicians to evaluate symptoms, review home blood pressure logs, assess treatment response, and provide counseling without the burden of transportation or long wait times.

Clinical benefits include:

- Maintaining continuity of care for patients with hypertension, coronary artery disease, or heart failure
- Supporting post hospitalization follow up, which is critical during high risk periods
- Enhancing access for patients with mobility limitations or limited resources
- Allowing multidisciplinary care teams—pharmacists, behavioral health, nursing—to support patients through coordinated virtual care

Telehealth complements in person care by enabling flexible, patient centered management that improves treatment adherence and engagement.

Automated Patient Visit Reminders and Care Gap Alerts

Automated reminders—delivered via text message, phone, or patient portals—play a key role in reducing care gaps associated with cardiovascular disease. Missed appointments can delay treatment adjustments, lab monitoring, and medication reconciliation.

Effective reminder systems support:

- Regular blood pressure follow ups
- Timely medication management visits
- Statin therapy monitoring
- Completion of essential labs, such as lipid panels or kidney function tests
- Chronic care management enrollment or follow ups

For patients with multiple chronic conditions, automated alerts help ensure consistent contact with the care team, reducing no show rates and improving clinical outcomes.

Digital health tools are increasingly becoming integral to cardiovascular care within community health settings. When combined—RPM, telehealth, and automated reminders create a connected system of proactive, datainformed care. For highrisk patients, this approach helps close gaps, slows disease progression, and enhances longterm health outcomes.

>>> [Click here to read this article in our resource center](#)

UDS Data Spotlights: Each month, IQIN will highlight metrics from the recently released UDS 2024 data. In honor of Heart Health Month, we are highlighting data on Statin Therapy [Click to view data](#). See the full dashboard [here](#).



Statin Therapy for CVD (UDS 2024)



Context: This graph shows the percentage of patients ages 21 years and older who are high risk for cardiovascular events who were on statin therapy during 2024. The denominator includes patients 21 and older with one of the following: 1) active diagnosis of ASCVD, 2) a fasting or direct lab result LDL-C greater or equal to 190 mg/dL, or 3) a current or previous diagnosis of familial or pure hypercholesterolemia. In addition, patients 40-75 with Type 1 or 2 diabetes and an LDL-C of 70-189 mg/dL as their highest fasting or direct lab result in the measurement year or the two years prior are included in the denominator. Patients in the denominator must have had a medical visit in 2024. The numerator includes those patients who are actively using or received a prescription for statin therapy during 2024. Patients who were pregnant, breastfeeding, or receiving palliative care were excluded along with patients with a diagnosis of rhabdomyolysis, liver disease, hepatic disease, insufficiency, end-stage renal disease, or patients 40 through 75 years of age with diabetes whose most recent fasting or direct LDL-C laboratory test result was less than 70 mg/dL and who are not taking statin therapy.

To view more UDS data at the center level, [visit the PowerBI Dashboard](#)



RESOURCE BULLETIN



HITEQ Highlights:

TEFCA – Transforming Healthcare

Interoperability: What Health Centers Need to

Know provides a practical, easy to understand

overview of the Trusted Exchange Framework and Common Agreement (TEFCA) and its rapidly growing impact on health centers.

This presentation breaks down how TEFCA differs from earlier interoperability initiatives, explains the role of Qualified Health Information Networks (QHINs), and outlines how it establishes a universal baseline for nationwide information exchange. Readers will learn about the benefits for providers—including more complete patient records, improved care coordination, and reduced redundant testing—as well as enhancements to the patient experience through more seamless access to their health information.

The session also offers actionable guidance for organizational readiness, implementation planning, and insight into upcoming developments such as the three year roadmap for FHIR integration. This introduction is ideal for healthcare administrators, IT leaders, compliance officers, and clinical leadership preparing for TEFCA's next phase.

[View the full presentation here](#)

HEALTH INFORMATION TECHNOLOGY,
HITEQ
EVALUATION, AND QUALITY CENTER



Telehealth and Chronic Care Management

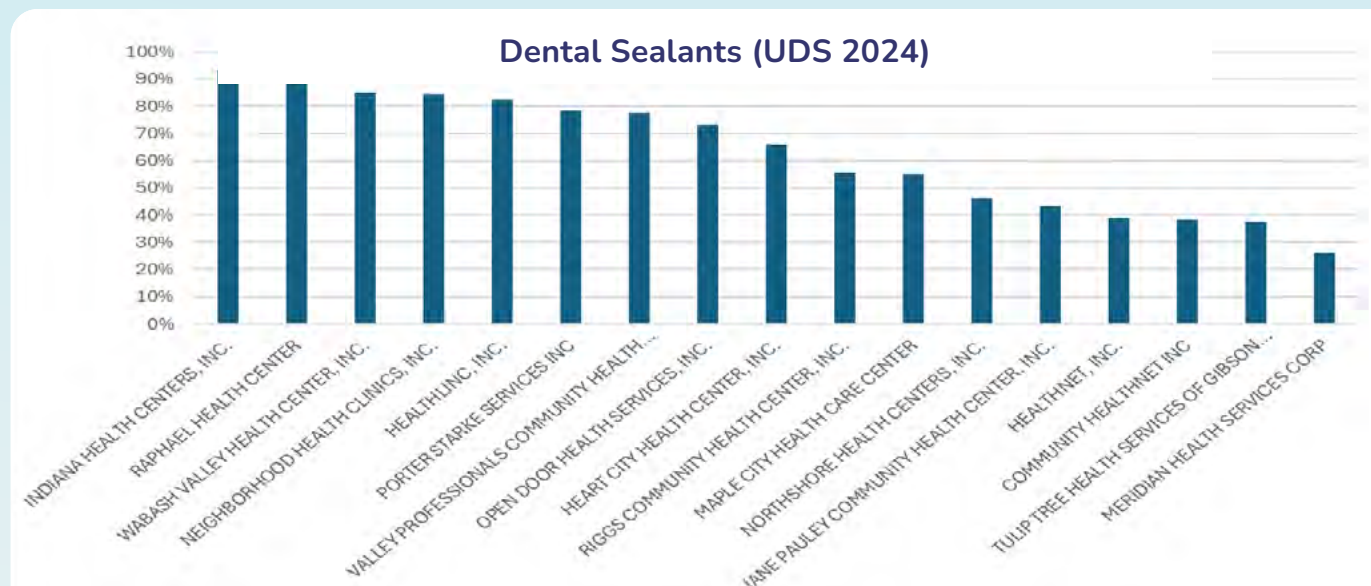
This toolkit provides a clear, accessible overview of Chronic Care Management (CCM) and telehealth—designed to support both patients and providers in navigating ongoing care for chronic conditions. It highlights the fundamentals of CCM, the growing role of telehealth and remote monitoring, and the lasting impact of COVID 19 on care delivery. Readers will also find practical examples of synchronous and asynchronous telehealth use, insights from recent studies, and guidance on billing, reimbursement, and preparing for the future of virtual chronic care. Whether you're implementing CCM services or expanding telehealth workflows, this toolkit offers a grounded starting point with actionable information.

[>>> Access the full toolkit here](#)



UDS Data Spotlights: Each month, IQIN will highlight metrics from the recently released UDS 2024 data. In honor of Children's Dental Health Month, we are highlighting data on Dental Sealants. [Click to view data.](#)

See the full dashboard [here](#).



Context: This graph shows the percentage of children 6-9 at a moderate to high risk for caries who received a sealant in 2024. The denominator includes all children 6-9 with an oral assessment or comprehensive or periodic oral evaluation dental visit during 2023 who were at a moderate to high risk for caries. The numerator only includes those patients who received a sealant on a permanent first molar in 2024. Any children whose first permanent molars were non-sealable were excluded.

The KLAS Corner

Register using your community health center's provided email address, and you will have access to all the resources KLAS provides.

[>>> Click here for more](#)

Key Drivers of EHR Improvement 2025 - Arch Report

In the article Key Drivers of EHR Improvements 2025, we examine how healthcare organizations are working to enhance clinicians' experiences with their EHR systems. Leaders can struggle to determine which metrics matter most and where to begin. The KLAS Arch Collaborative offers clarity through the newly introduced EHR Experience Levels—a framework designed to help identify high impact areas, and set meaningful goals for improvement.

[>>> Read more here](#)



Using Personalization & Creativity to Transform Physician Training 2025 - Arch Case Study

Building on the themes highlighted in Key Drivers of EHR Improvements 2025, this case study showcases how Parkview Health transformed physician EHR training through personalization, creativity, and data driven coaching. Parkview moves beyond traditional education by leveraging Epic Signal data, interactive learning methods, and peer led content to meaningfully reduce documentation burden and boost satisfaction. Their innovative approach resulted in measurable improvements, and a more efficient, engaging EHR experience for clinicians.

[Read the full case study:](#)





Help Shape the Future of Pharmacy Prescription Communication

As part of our ongoing IQIN grant work, we are launching an important exploration into how pharmacy prescription (Rx) communication is currently functioning within our health centers. This effort aims to better understand the tools, workflows, and communication channels used today—and how they can be improved to better support staff, pharmacies, and patients. And your participation is key to making this exploration meaningful.

What This Survey Is All About

To get a clear picture of today's Rx communication landscape, IQIN will be collecting insights directly from the people who experience these workflows every day. Through this survey and optional interviews, we aim to identify gaps, challenges, and opportunities, along with bright spots where processes are already working well.

As part of this project, we will be:

- Gathering input from health center staff engaged in Rx-related work
- Evaluating current digital tools and workflows
- Collaborating with pharmacy partners and EHR vendors
- Reviewing existing Rx communication platforms, including capabilities, integration, and costs
- Identifying best practices from other healthcare networks

Your feedback will help inform future improvement strategies and highlight what health centers need most moving forward.

Why Your Voice Matters

Every health center approaches prescription communication differently. Your experiences—whether smooth, frustrating, innovative, or somewhere in between—provide valuable insight that can drive meaningful change. By participating, you are contributing directly to efforts that will enhance:

- Care team efficiency
- Pharmacy coordination
- Prescription accuracy
- Patient experience
- System wide communication

The more perspectives we gather, the clearer and more actionable the findings will be.

We Encourage All Health Centers to Participate

Your input will play a critical role in shaping the next steps of this important initiative. We're excited to work together toward stronger, more efficient, and more reliable pharmacy communication across our network.

Click the following link to get started:

>>> [IQIN Pharmacy Communication Survey](#)



IPHCA VBC Learning Series event

Friday February 27 / Noon

PCMH Concept “Care Management and Support” and the updated Azara DRVS Risk Algorithm

>>> [Click here for more info and to register](#)

Join us for an insightful session in our Value-Based Care Learning Series as we explore how patient risk is calculated and why it matters.

We’ll dive into the recently updated Azara DRVS risk algorithm, unpack its methodology, and discuss how risk stratification plays a critical role in driving positive patient outcomes. Learn practical strategies to leverage patient risk data to improve care quality and performance in value-based care models.”

Speakers -

Kara Gee, Azara DRVS

Laura Medows, IPHCA

Upcoming 2026 Learning Series Events:

- **Friday, April 24 / Noon**
PCMH Concept “Care Coordination and Care Transitions”
- **Friday, June 26 / Noon**
PCMH Concept “Knowing and Managing Your Patients”

>>> [Bookmark our Events Calendar here](#)

Value Based Care Learning: previous sessions

- **October 23, 2024**
Understanding Member Attribution and Assignment
- **February 28, 2025**
Managing Fiscal Viability during VBC Transitioning
- **April 25, 2025**
Common Elements of Total Cost of Care Arrangements
- **May 23, 2025**
Care Models that Support Responding to High Risk/Cost Patients – Care Management
- **November 24, 2025**
Financial Readiness for Value-Based Payment
- **Friday, December 19 / Noon**
Russ Kolski presents on the PCMH concept “Team-Based Care and Practice Organization”

>>> [Click here to see all past sessions and review materials / meeting recordings](#)

Navigator Monday 2026

May 11th



Breakfast, lunch, and snacks are provided, with networking opportunities and continuing education credit!

>>> [Click here for full details and to register](#)

**Get your tickets today.
Space is limited.**

*For questions / details please
contact Jenny Walden*

The Indiana Primary Health Care Association proudly
presents

Our 4th Annual Navigator Monday

Monday May 11, 2026, 8:00 am – 4 pm

**The Founders Lodge at Camp Dellwood,
7201 Girl Scout Lane, Indianapolis**

One of the cornerstones of navigator training in the state of Indiana, Navigator Monday provides the most thorough training for community health center navigators and all those working in the Medicaid arena.

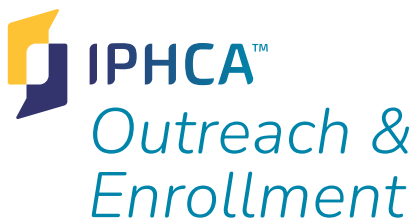
Topics we plan to cover:

- Policy Updates,
- CE Credits,
- Motivation Interviewing,
- FSSA Panel*
**pending FSSA approval.*
- Networking

Navigator Monday 2026
Navigator of the Year Award



Get your NOTY nominations ready - more info coming soon!



NEWS & UPDATES



For help, to give feedback or provide resources for the O&E section of this newsletter please contact:

Jenny Walden

or call: 317.630.0845

Action required!

Presumptive Eligibility Reports

Presumptive Eligibility Reports have been paused due to the state changing the report to no longer include denials for duplicate applications and denials that stem from non-compliance.

IPHCA is currently working with FSSA to reach the correct contacts within your organizations that should receive the PE non-compliance reports. If you have not received an inquiry, please contact

Jenny Walden at jwalden@indianapca.org

Action Required by February 6 – Presumptive Eligibility Compliance Contact

Please complete the information requested in the [form](#) for the individual at your organization responsible for receiving non-compliance letters from FSSA related to Presumptive Eligibility Standards. This individual must be knowledgeable in Presumptive Eligibility compliance.

This information is required **no later than February 6**.

Timely submission is critical to ensure compliance and avoid any potential issues.

FSSA has requested our assistance in providing this information.

Click below to get started:

>>> [Presumptive Eligibility Non-Compliance Notification](#)

If you have any questions, please reach out to

Jenny Walden at jwalden@indianapca.org



Share your success!

IPHCA would love to highlight the amazing things your center is doing.

If you have something you would love to share with us,

... [please click here](#) and complete the form.

Story Telling

Stories are vital in healthcare because they foster empathy and trust, improve communication and understanding, and empower both patients and providers.

By sharing personal experiences, patients feel heard and can lead to more personalized care, while healthcare providers gain deeper insights into their patients' lives beyond medical data, leading to better treatment plans and increased well-being for all involved.

If you would like to share a story, please **[complete the form here](#)**

Health Center Highlight

CCBHC is Here!

Advancing Behavioral Health Access Through the CCBHC Model at Hamilton Center, Inc.

The 9 Required CCBHC Services

Directly or through formal partnership, CCBHCs provide:

- Crisis Services
- Outpatient Mental Health and Substance Use Services
- Person- and Family-Centered Treatment Planning
- Community-Based Mental Health Care for Veterans
- Peer Family Support and Counselor Services
- Targeted Care Management
- Outpatient Primary Care Screening and Monitoring
- Psychiatric Rehabilitation Services
- Screening, Diagnosis and Risk Assessment

>>> Read more at SAHMA's page - What is a CCHBC

SAMHSA
 Substance Abuse and Mental Health
 Services Administration

For decades, Hamilton Center has served as a long-standing community anchor, providing behavioral health services to individuals and families across the region. In its first year as one of eight state demonstration pilot sites - **Certified Community Behavioral Health Clinic (CCBHC)** - Hamilton Center has strengthened that role by implementing a care model designed to address longstanding gaps in access, coordination, and consistency in behavioral health care.

The CCBHC model was established to respond to a historically fragmented and underfunded behavioral health system. Supported at the federal level through legislation, guidance from the Centers for Medicare & Medicaid Services (CMS), and dedicated demonstration state funding mechanisms through FSSA, the model creates a standardized framework for comprehensive behavioral health care delivery. While states operationalize the model through certification standards and oversight, core requirements remain consistent, emphasizing timely access to services, evidence-based practices, accountability, and integration across systems.

For Hamilton Center, CCBHC implementation represents a system-level shift toward readiness, coordination, and whole-person care. The following snapshots highlight how this approach translates into meaningful outcomes for individuals served in the community. HCI refers to this community focused momentum as **CCBHC is Here**.

*Hamilton Center -
 Our head office at
 Grace Clinic Health
 Professional*



- **Rapid Stabilization Through Crisis Services and Care Coordination**

Immediate access to crisis services and consistent peer support can create rapid pathways from instability to safety. This was evident when a consumer experiencing homelessness and active substance use engaged with Hamilton Center's crisis services.

A **Crisis Diversion Peer Support Specialist** provided frequent, flexible outreach—sometimes multiple times per day—to support the individual while sober living options were explored. Despite limited phone access and heightened vulnerability, consistent engagement helped the consumer remain connected to care.

When safety concerns escalated, the consumer proactively reached out for support, later sharing that they heard the peer specialist's encouragement during the moment of crisis. The crisis team coordinated transportation, facilitated timely assessment, and expedited access to transitional housing. Within 11 days, the consumer moved from homelessness and active substance use to stable housing and full-time employment.

This outcome underscores the role of crisis services, peer support, and coordination in promoting safety, stability, and **momentum toward recovery**.

- **Sustained Engagement and Prevention Through Relationship-Based Crisis Care**

Relationship-based crisis support can prevent escalation and support long-term recovery.

One consumer entered crisis services following release from jail, presenting with significant mental health symptoms and limited engagement.

Due to safety concerns, inpatient care was initially required. Following discharge, the crisis team maintained **consistent follow-up** focused on trust-building and ongoing support. Over time, engagement deepened, allowing the consumer to recognize early warning signs and proactively seek support before symptoms escalated.

With continued assistance, the consumer transitioned into ongoing care, avoided further legal involvement, and identified short- and long-term goals to support recovery, independence, and overall wellness. This experience highlights how **accessible crisis services** can extend beyond stabilization to support prevention and continuity of care.



**620 Eighth Avenue,
Terre Haute, IN 47804**
(800) 742-0787

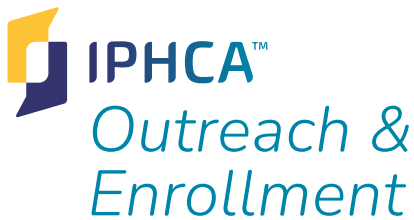
Read more:

>>> [HCI press release on becoming a CCHBC](#)

Looking Ahead

As Hamilton Center completes its first year as a CCBHC Demonstration Pilot Site, these experiences reflect the broader value of the model. While implementation details may vary by state, CCBHC's core principles—comprehensive services, accountability, coordination, and sustainable financing—remain consistent.

For long-standing community providers, the CCBHC framework strengthens system readiness and reinforces integration across behavioral health, primary care, and community supports. Hamilton Center's experience illustrates how intentional design can move behavioral health care beyond episodic response toward a more connected, reliable, and integrated future.



NEWS & UPDATES

Medicaid Enrollments

Indiana Medicaid Enrollments down 26,030 from November to December 2025.

[Click here to view FSSA's Enrollment Dashboard](#)

Latest news

Marketplace 2026 Open Enrollment Period Report: National Snapshot

The **Centers for Medicare & Medicaid Services (CMS)** reports that 22.8 million

consumers have signed up for 2026 individual market health insurance coverage through the Marketplaces since the start of the 2026 Marketplace Open Enrollment Period (OEP) on November 1, 2025.

CMS.gov

This includes 15.6 million Marketplace plan selections in the 30 states using the **HealthCare.gov** platform for the 2026 plan year and 7.2 million plan selections in the 20 states and the District of Columbia with state-based Exchanges (SBEs) that are using their own eligibility and enrollment platforms. Total nationwide plan selections include 2.8 million consumers who are new to the Marketplaces for 2026, and 20.0 million consumers who had active 2025 coverage and selected a plan for 2026 coverage or were automatically re-enrolled. This number is down from the 2025 benefit year, which was 24.2 million. 3.9 million were new to Marketplace and 20.2 million had coverage in 2024 that auto renewed.

[>>> Click here to read the full article](#)

Upcoming events:

Outreach and Enrollment Call

Feb 5th / 11:00 am

This is a bi-weekly call that includes Navigators, SHIP Counselors, CHW and Certified Application Counselors who share best practices.

[>>> Click here for info and to register](#)

Contact: Jenny Walden O&E Director jwalden@indianapca.org

Outreach and Enrollment Peer Call

February 19 / 11:00 am

This is a bi-weekly call that includes Navigators, SHIP Counselors, CHW and Certified Application Counselors who share best practices.

[>>> Click here for info and to register](#)

[>>> Visit our Outreach and Enrollment pages](#)



>>> [Click here for all O&E resources](#)

>>> [See this article in our resource center](#)



February is National Heart Month

Depression can lead to heart disease

Community Health Workers (CHWs) prevent depression-related heart disease by bridging mental and physical care: they build trust to encourage healthy habits (diet, exercise, quitting smoking), connect people to mental health services (therapy, support groups) and primary care, monitor patients, educate on risks, and help overcome barriers like stigma or access issues, improving adherence to care and reducing risk factors through tailored support.

How CHWs Address the Link Between Depression & Heart Disease

1. Education & Awareness:

- **Culturally Tailored Messaging:** Deliver information on heart-healthy living (low sodium, healthy fats, physical activity) in ways that resonate with the community.
- Risk Identification: Help individuals understand their personal risk factors for heart disease and depression.

2. Behavior Change Support:

- **Lifestyle Coaching:** Work one-on-one or in groups to help people adopt healthier eating, increase physical activity, and quit smoking.
- Motivational Interviewing: Use active listening and goal-setting to empower individuals to make sustainable changes.

3. Connecting to Care (Navigation):

- Bridging Gaps: Link patients with mental health providers for therapy, support groups, and medication management.
- Healthcare Access: Help people enroll in insurance, find clinics, and overcome transportation or financial barriers to care.

4. Monitoring & Follow-Up:

- Patient Navigation: Guide individuals through the healthcare system and ensure continuity of care.
- Health Monitoring: Track progress, check for worsening symptoms (mental or physical), and provide ongoing support.

5. Addressing Social Concerns:

- **Reducing Isolation:** Combat social isolation, a major factor in depression, by connecting people to community resources

• **Overcoming Stigma:**

Normalize discussions about mental health to encourage help-seeking behavior.

6. Provider-Patient Communication:

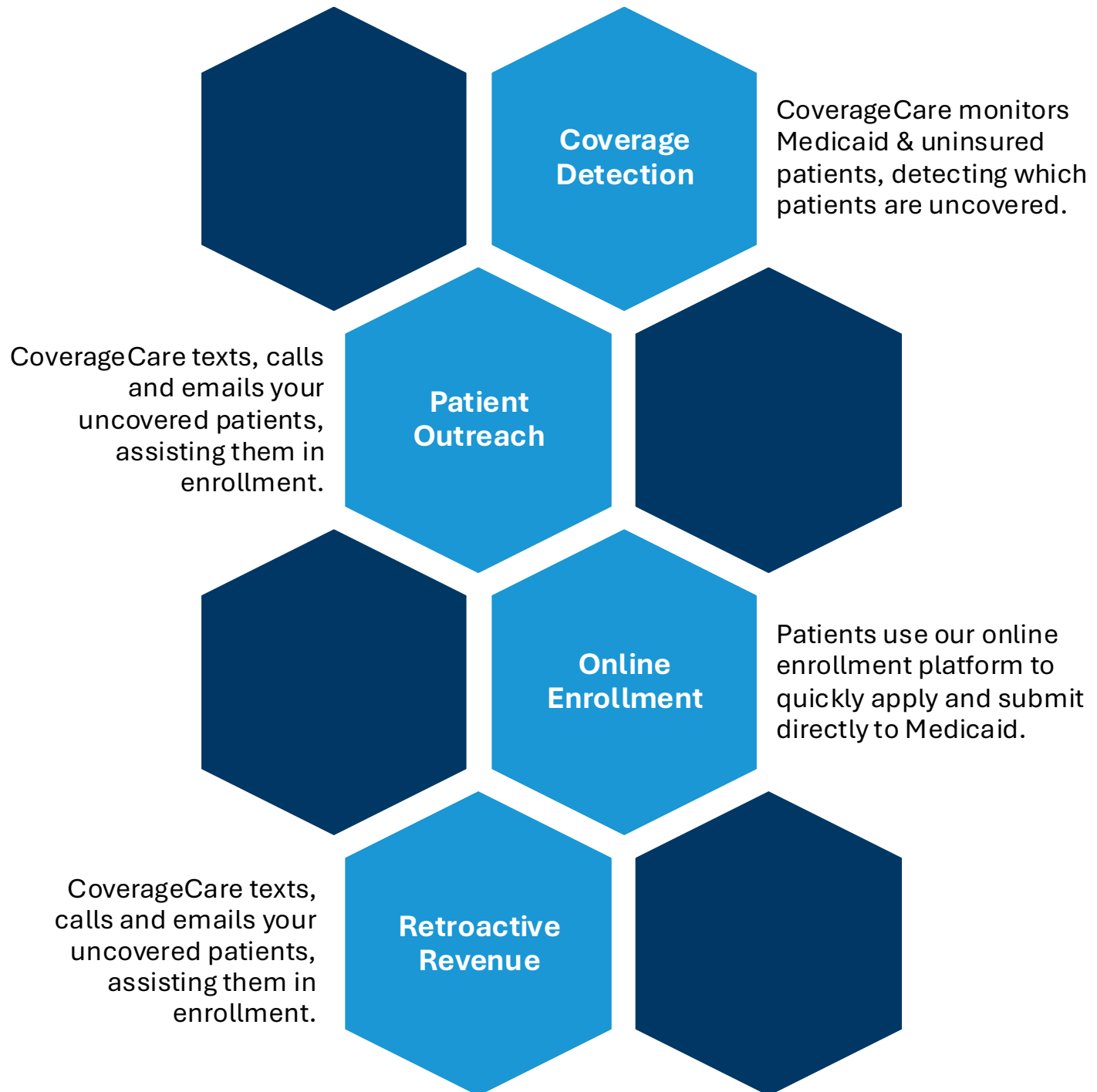
- **Liaison Role:** Improve communication between patients and their primary care providers and mental health specialists.

By acting as trusted community members, CHWs provide holistic support, addressing the mental and physical health needs that often intertwine to increase cardiovascular risk.

Read more here:

[Heart Disease and Stroke Prevention: Interventions Engaging Community Health Workers](#)

CoverageCare by PointCare



Marisa Williams

450.550.6245

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pointcare.com