IPHCA™ Indiana Primary Health Care Association

Monthly September 2026

All the latest news and resources - distributed to IPHCA members

In this month's magazine ...

5 weeks to go!

Counting down to 5AC26

pages 7 - 11

Also this month ...

pages 12 - 17

A happy visit with Knox Winamac Community Health Center p30

plus lots more!

Letter from Sean

It's almost time to come together to Learn, Connect and Lead!

Hello Healthcare Champions!

As summer begins to fade, we're fast approaching our highly anticipated annual conference, **Leading the Way: Advancing the Future of High-Quality Care**. With just a few weeks left until the event, October 5th and 6th in Muncie, it's time to prepare for an unforgettable experience.

Our theme, Leading the Way: Advancing the future of High-Quality Care, focuses us on the fact that health centers are the cornerstone of primary care today and will be even more so in the future, regardless of the current environment, and that health centers must continue leading the transformation of health care in Indiana.

While we come together to learn and build our community, we also take time to celebrate our healthcare champions at the **Champions of Health Care Luncheon**. To make this recognition possible, we need award nominations from you and our healthcare community.

The categories are:

- **Provider of the Year**
- **Employee of the Year**
- **Legislator of the Year**
- **Volunteer of the Year**
- **Special Exemplary Project Award**
- **Debra Meers Grassroots Advocacy Award**
- **Philip L Morphew Health Center Dedication Award**

The deadline for nominations is Friday, September 11th.

All the information you need to participate can be found on ***page 10***.

I look forward to your nominations to honor and recognize individuals in your organizations and communities. I can't wait to see you in Muncie!

Sean

Sean Herbold, IPHCA CFO

Contact Sean

IPHCA™ Monthly September 2026

Indiana Primary Health Care Association

Jane Pauley Community Health Center

Aspire Indiana Health

KNOX WINAMAC Community Health Center

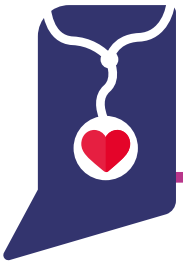
In this month's issue ...

Health Center Program HEALTH CENTER QUALITY LEADER 2026 Awardee

Dates to note for September

(Click links for info)

- **National HIV/AIDS & Aging Awareness Day**
- **National Recovery Month**
- **National Preparedness Month**
- **Suicide Prevention Awareness Month**
- **National Childhood Obesity Awareness Month**
- **Newborn Screening Awareness Month**
- **Sports Eye Safety Awareness Month**
- **World Alzheimer's Month**



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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!

Magazine design & production by *John Fordham Design*

Our member organizations

IPHCA™ Policy & Advocacy

UPDATES & NEWS

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

Julia Ketner, MPA

or call: 317.630.0845

National Health Center Week

Valley Professionals Legislator Brunch

Valley Professionals Health Center hosted a legislator brunch during National Health Center Week, at their Clinton location. Legislators and Congressional staff gathered to hear a presentation from Valley staff and board members. **This is what advocacy in action looks like!**

Taking it to the people!

Jane Pauley staff welcome Congressman Shreve

Representative Jefferson Shreve attended Jane Pauley CHC for a visit and tour. Congressman Shreve sits on the House Appropriations committee which will influence the funding CHCs receive. Jane Pauley staff did an amazing job welcoming the Congressman and discussing the services CHCs provide to community members.

Jane Pauley Community Health Center

Right: Nancy Curd from Jane Pauley shows Congressman Shreve the clinic's food pantry.

Below left: Jane Pauley Staff and Board members along with IPHCA staff pose with Congressman Shreve

IPHCA™ Policy & Advocacy

UPDATES & NEWS


Health Policy Committee
Federal Policy Update and Report
August 25, 2026

IPHCA

CHC Funding

340B Update

indianahpca.org

Health Policy Committee - Federal Policy Update and Report
from the regular HPC meeting on August 25, 2026.

Click here to read more.

- You can also read previous reports **here**

>>> See all Policy and Advocacy resources

*** Board Member/Volunteer registration for the Advocacy Track on Monday 5 October.**

Includes lunch, three sessions, and an evening reception.
Only Health Centers may register these attendees.

>>> Click here to register

New for 2026

AC26

Advocacy track

An Investment in Your Health Center's Voice

AC26 Reminder:

Annual Conference Advocacy Track

for Health Center Board Members and Volunteers

Bring Your Board. Strengthen Your Voice. Shape the Future of Community Health.

This year, IPHCA is introducing a **new Advocacy Track** designed specifically for health center board members and volunteers. **Invite your board members and volunteers** to join us for lunch, participate in two engaging advocacy education sessions, receive a timely federal policy update, and connect with health center leaders from across Indiana during our evening networking reception. ***See below left for details.***

Attendees will gain a deeper understanding of how health centers are funded, the public policy issues shaping primary care, and how they can become confident, effective advocates for their communities. This is an excellent opportunity to invest in your board's development while strengthening your organization's advocacy efforts. We encourage every health center to bring board members and volunteers to take advantage of this new learning experience.

Advocacy starts with education. Join us and help build the next generation of health center champions.

See next page for all the conference news and register links.

IPHCA™

AC26

... is getting very close!

We are just five weeks away from #IPHCA2026, and now is the time to make plans to join Indiana's community health center community in Muncie.

Leading the Way: Advancing the Future of High-Quality Primary Care brings together health center leaders, staff, partners, and advocates for two days focused on the issues shaping community health centers today and what comes next.

What Awaits You:

The IPHCA Conference is more than just a series of sessions; it's an immersive journey that will leave you inspired, enlightened, and equipped with new tools to enhance your practice. Here's a glimpse of what awaits you ...

Register

Join us for the
2026 IPHCA Annual Conference,
October 5- 6 at the
Horizon Convention Center, Muncie!

What Awaits You:

- ***New Advocacy Track:*** Targeted to health center board members and volunteers, they will join us for the lunch, two practical advocacy sessions, a Federal Legislative Update, and the evening networking reception. They'll leave with a better understanding of the issues affecting community health centers, how they can be effective advocates, and kick off their preparation for Indiana legislative session Statehouse Day and Hill Day in Washington, D.C., both in February.
- ***Inspiring Speakers:*** Our lineup of keynote speakers, from opening to closing sessions, is nothing short of exceptional. Get ready to be inspired by individuals who will motivate you to continue transforming the healthcare landscape.
- ***Interactive Sessions:*** Learning is best when it's hands-on. Engage in sessions that delve into topics such as patient engagement strategies, leveraging technology for improved outcomes, the financial sustainability of existing and new service offerings, retaining and optimizing patient engagement, whole-person care approaches, and a glimpse into the emerging AI technologies in health care.
- ***Community Building at its Best:*** The conference is your chance to meet fellow healthcare professionals who share your passion. Share stories, exchange ideas, and maybe even find your next collaborator or mentor.
- ***Exhibition Extravaganza:*** From innovative services to groundbreaking software solutions, the exhibitor showcase will introduce you to the latest tools that can help you elevate your practice.
- ***Policy Insights:*** Stay informed about the policies that impact your practice and patients. Indiana legislators will host a panel discussion about the latest changes to healthcare in the state.

Last-Minute Preparations:

With the conference just around the corner, here's a quick checklist to ensure you're ready to make the most of this opportunity:

- **Complete your registration** - if you haven't already
- **Make your hotel reservations** at one of the conference hotels for the special group rate:
- **Courtyard Marriott at Horizon Convention Center** – 765-287-8550, **by September 7**
- **Download the WHOVA app**, review the conference schedule, and sign up for the sessions, workshops, and presentations you want to attend.

- **Prepare your questions.** The interactive nature of the conference provides ample opportunities for you to engage with speakers and peers.
- **Pack your enthusiasm!** The IPHCA Conference is a chance to rejuvenate your passion for healthcare and leave with a renewed sense of purpose.

The countdown has begun, and we can't wait to welcome you to **#IPHCA2026** - **Leading the Way: Advancing the future of High-Quality Care** at Horizon Center, Muncie.

Let's come together, learn from each other, and create a healthier and brighter future for all Hoosiers.

HORIZON CONVENTION CENTER

OUR FULL AGENDA!

Monday, October 5

7:45 - 8:45 **Check In & Continental Breakfast**

8:45 - 10:30 **Keynote Session**

Dr. Lindsay Weaver,
State Health Commissioner

Sponsored by **Pointcare**

10:45 - 11:45 **Concurrent Sessions**

- Navigating Medicare Wrap Around for CHCs
- Reinvesting in Community Health, Wellness, & Prosperity
- Dealing with Physician / Provider Burnout
- Bridging Policy and Practice: Volunteer Solutions to Medicaid Requirements
- Addressing Health Center Physician Shortages Through International Medical Graduates
- IDOH Initiative 3: Growing Improved Patient Outcomes Through Enhanced Interoperability and Technology

11:45 - 1:30 **Lunch & Presentation**

Sponsored by **Exact Science is now Abbott**

1:30 - 2:30 **Concurrent Sessions**

- Building an Advocacy Framework: How Your Organization Can be Ready to Fight Any Battle
- Revenue Cycle Role in Financial Sustainability
- Using Value Based Care to Increase Financial Sustainability
- Patient-Centered Approaches to Substance Use, Consent, and Harm Reduction in Primary Care
- One Call. One Click. One Indiana: Indiana 211 Connecting Hoosiers to Resources

2:45 - 3:45 **Concurrent Sessions**

- From Classroom to Clinic: Growing Tomorrow's Primary Care Workforce
- Integrated Behavioral Healthcare: The Road Toward Increased Provider Satisfaction and Better Patient Outcomes
- Community Collaboration: The "New" Essential Tool for Enrollment Success
- From the inside out: engaging your board clients and community in advocacy
- Health Coaching and Tobacco Cessation in the Clinical Space

4:00 - 5:00 **Policy Pulse:**

- Federal Policy Insight and Updates - **Joe Dunn**

5:00 - 6:30 **Welcome Reception**

Sponsored by **Assort Health**

Tuesday, October 6

7:30 -8:45 **Breakfast**

8:45 - 9:45 **Concurrent Sessions**

- Expanding Access Through Sustainable Vision Care Programs
- IPV Screening and Referral Workflow in a Clinical Setting
- Implementing Dental Direct Access in Public Health via an APA
- Leveraging AI to Boost Workforce Efficiency, Care Coordination and Patient Engagement in Value-Based Care
- Roadmap to Perinatal Mental Health
- Medicaid Enrollment Engagement & Management

10:00 - 11:00 **Concurrent Sessions**

- The Impacts of Health Coverage Changes on Indiana's Immigrant Communities
- Bridging the Gaps: Care Coordination as a Value-Based Care Strategy
- Transforming Your Contraceptive Care: Honing Strategies to Improve Access to Patient-Centered Care in Primary Care
- The AI-Embedded Health Center™: Governance, Workforce Sustainability, and Responsible AI Integration
- Succession Planning
- Beyond Geography: The FQHC Role in Serving Rural and Urban Communities Facing Payer Shockwaves

11:15 - 12:15 **Concurrent Sessions**

- Transforming Rural Health Through Data-Driven Transitions of Care: Leveraging Azara DRVS for Population Health Impact
- Expanding Access, Improving Outcomes: The PIPBHC Initiative at VPCHC
- Embedding Motivational Interviewing in your Practice Philosophy
- AI in Healthcare: What Leaders Need to Know to Move Forward
- Growing Talent from Within: The Windrose/Valparaiso University medical assistant training Initiative

12:30 - 2:00 **Champions of Health Care Awards Luncheon**

2:00 - 5:00 **CINI / MHN VCB ACO Session**

- OPERATIONS / FINANCE
- CLINICAL
- WORKFORCE
- VALUE BASED CARE
- NMDOH
- POLICY / ADVOCACY
- HC / BOARD MEMBER / VOLUNTEER
- INFORMATION TECHNOLOGY

IPHCA Annual Awards

Don't miss your chance!

Nominate your Champions of Healthcare and Quality

Nominations close September 11, 2026.

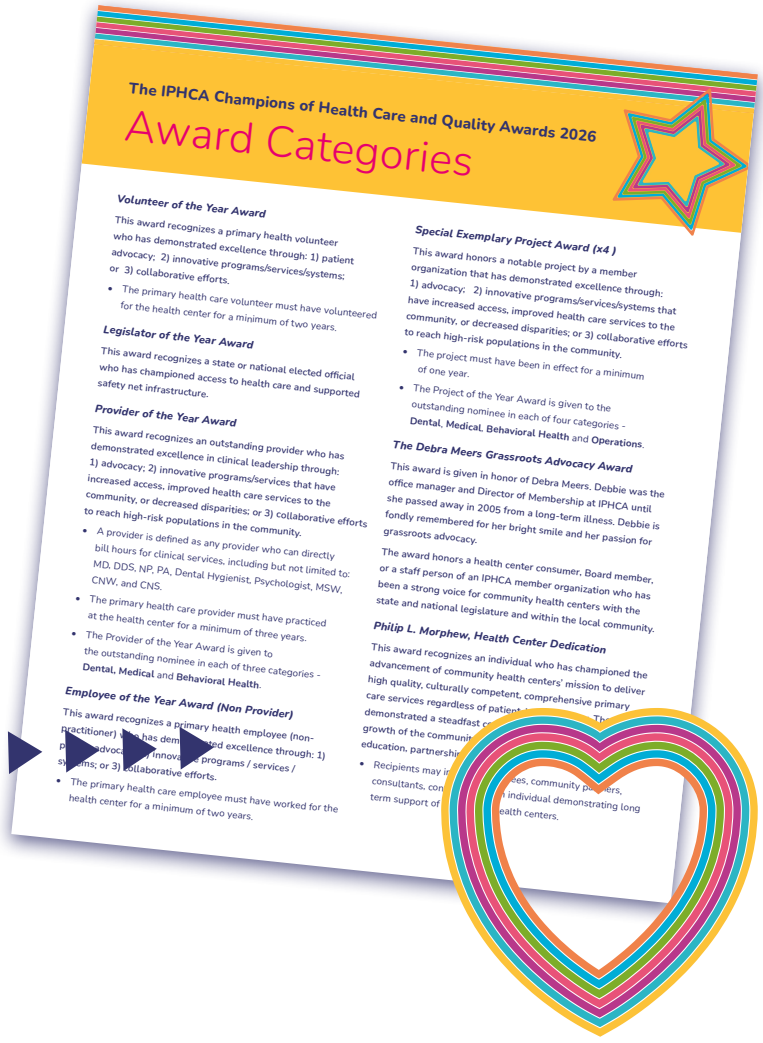
Don't leave it too late!

Click here to start your nomination form

The Annual IPHCA Champions of Health Care and Quality Awards acknowledge and celebrate the amazing people, providers and projects that make our community.

Every one of you is a healthcare champion, day in and day out. Your diligent work continues to improve the health of all Hoosiers and is moving the needle regarding healthcare quality in Indiana. Every year we have the honor of recognizing a few of the champions among us who make a difference in the lives of Hoosiers.

The Awards ceremony takes place in the closing session of our Annual Conference, to honor individuals and organizations that have demonstrated exceptional leadership, innovation, and commitment to community health in Indiana.


The IPHCA Champions of Health Care and Quality Awards 2026

Award Categories

Volunteer of the Year Award

This award recognizes a primary health volunteer who has demonstrated excellence through: 1) patient advocacy; 2) innovative programs/services/systems; or 3) collaborative efforts.

- The primary health care volunteer must have volunteered for the health center for a minimum of two years.

Legislator of the Year Award

This award recognizes a state or national elected official who has championed access to health care and supported safety net infrastructure.

Provider of the Year Award

This award recognizes an outstanding provider who has demonstrated excellence in clinical leadership through: 1) advocacy; 2) innovative programs/services that have increased access, improved health care services to the community, or decreased disparities; or 3) collaborative efforts to reach high-risk populations in the community.

- A provider is defined as any provider who can directly bill hours for clinical services, including but not limited to: MD, DDS, NP, PA, Dental Hygienist, Psychologist, MSW, CNW, and CNS.
- The primary health care provider must have practiced at the health center for a minimum of three years.
- The Provider of the Year Award is given to the outstanding nominee in each of three categories - **Dental, Medical** and **Behavioral Health**.

Employee of the Year Award (Non Provider)

This award recognizes a primary health employee (non-practitioner) [illegible] has demonstrated excellence through: 1) [illegible] innovative programs / services / systems; or 3) collaborative efforts.

- The primary health care employee must have worked for the health center for a minimum of two years.

Special Exemplary Project Award (x4)

This award honors a notable project by a member organization that has demonstrated excellence through: 1) advocacy; 2) innovative programs/services/systems that have increased access, improved health care services to the community, or decreased disparities; or 3) collaborative efforts to reach high-risk populations in the community.

- The project must have been in effect for a minimum of one year.
- The Project of the Year Award is given to the outstanding nominee in each of four categories - **Dental, Medical, Behavioral Health** and **Operations**.

The Debra Meers Grassroots Advocacy Award

This award is given in honor of Debra Meers. Debbie was the office manager and Director of Membership at IPHCA until she passed away in 2005 from a long-term illness. Debbie is fondly remembered for her bright smile and her passion for grassroots advocacy.

The award honors a health center consumer, Board member, or a staff person of an IPHCA member organization who has been a strong voice for community health centers with the state and national legislature and within the local community.

Philip L. Morphew, Health Center Dedication

This award recognizes an individual who has championed the advancement of community health centers' mission to deliver high quality, culturally competent, comprehensive primary care services regardless of patient [illegible] demonstrated a steadfast [illegible] growth of the [illegible] education, partnership [illegible]

- Recipients may [illegible] consultants, [illegible] term support of [illegible] individual demonstrating long [illegible] ealth centers.

Click image to view full details of the categories.

Your nomination form can be found here.

Please submit before **September 11, 2026.**

>>> Visit our Award pages

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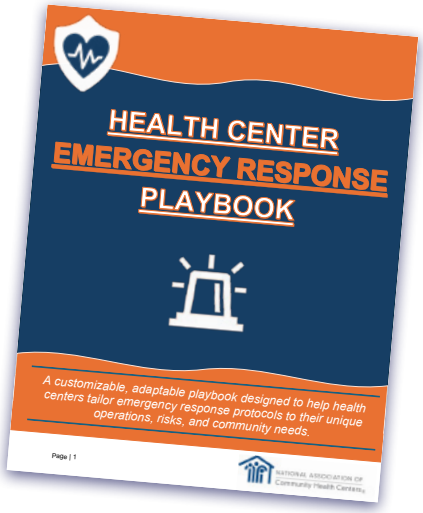
IPHCA™ *Emergency Preparedness*

NEWS & UPDATES

If you would like to contribute articles or other resources for this section please contact: **Scott Huffman**, *IPHCA Emergency Preparedness Project Manager or call: 317.630.0845*



National Preparedness Month

When Storms Disrupt Care:

How Indiana Health Centers Strengthen Community Resilience

Recent severe storms across Indiana, including tornadoes, flooding, power outages, and road closures, disrupted daily life and health care operations for many communities. These events reinforced an important reminder for health centers: emergency preparedness is more than a regulatory requirement; it is a community commitment.

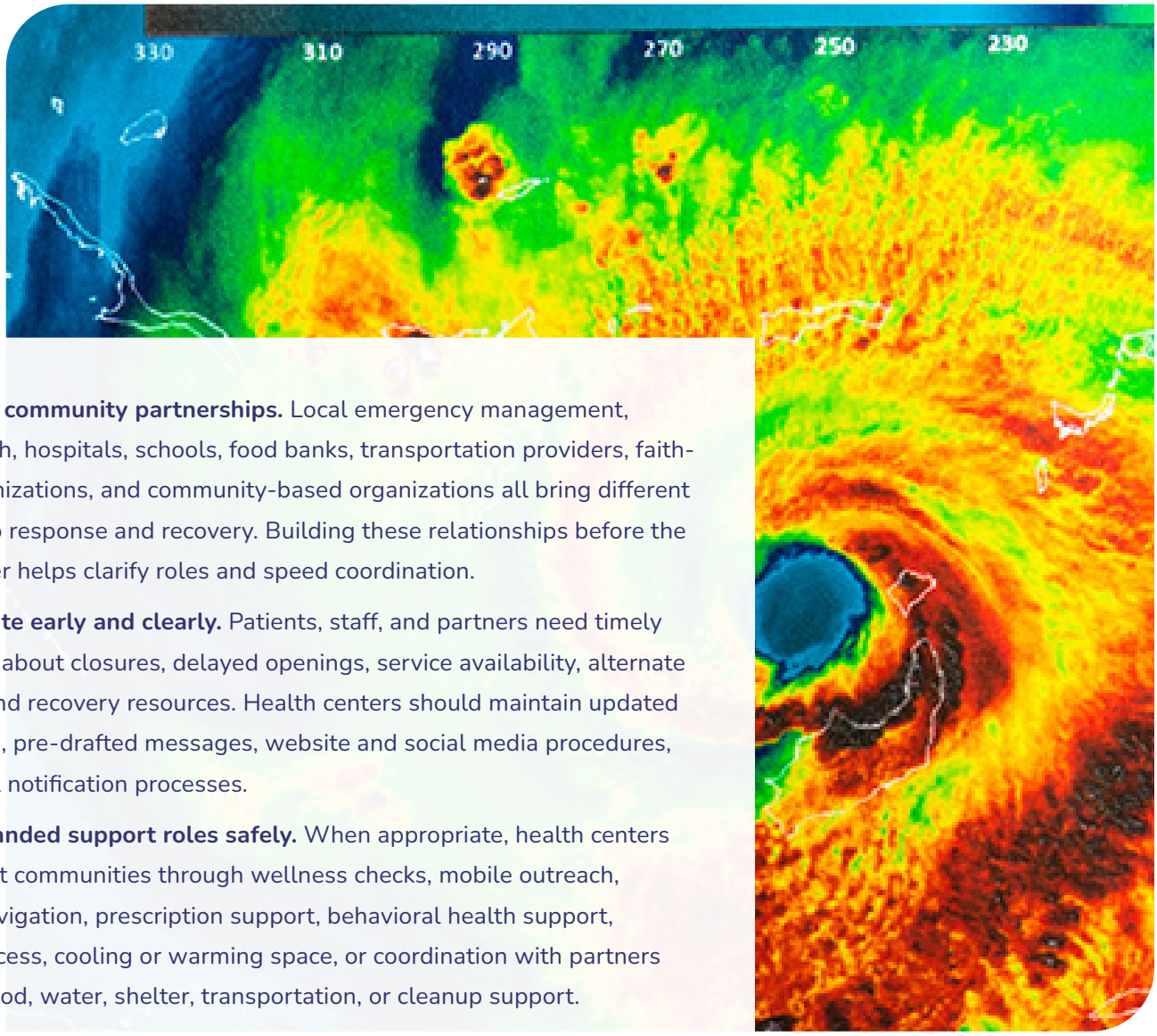
During these disruptions, Indiana's community health centers adapted quickly, communicated with partners, and supported patients and neighbors. Many coordinated with local government, emergency management, faith-based organizations, community-based organizations, and other trusted partners to help maintain access to care and connect people with essential resources.

The Community Health & Power Hub Playbook and **Health Center Emergency Response Playbook** from the **National Association of Community Health Centers** highlight practical steps health centers can take before, during, and after disasters. Key lessons include planning beyond the clinic walls, building strong community partnerships, and preparing health centers to serve as trusted anchors during response and recovery.

Key Practices for Severe Weather Readiness

Review plans and capture lessons learned. Use recent storm impacts to review Emergency Operations Plans, Continuity of Operations Plans, staffing procedures, supply needs, and communication workflows. After-action reviews should identify what worked, what gaps appeared, and what actions need follow-up.

Prepare for power, communications, and continuity needs. Health centers should consider how outages may affect refrigeration, phones, internet access, durable medical equipment, charging needs, and safe facility operations. Clear triggers can help teams know when to activate alternate workflows or expanded support.



Strengthen community partnerships. Local emergency management, public health, hospitals, schools, food banks, transportation providers, faith-based organizations, and community-based organizations all bring different strengths to response and recovery. Building these relationships before the next disaster helps clarify roles and speed coordination.

Communicate early and clearly. Patients, staff, and partners need timely information about closures, delayed openings, service availability, alternate locations, and recovery resources. Health centers should maintain updated contact lists, pre-drafted messages, website and social media procedures, and internal notification processes.

Define expanded support roles safely. When appropriate, health centers may support communities through wellness checks, mobile outreach, resource navigation, prescription support, behavioral health support, charging access, cooling or warming space, or coordination with partners providing food, water, shelter, transportation, or cleanup support.

Train, exercise, and improve. Severe weather scenarios should be built into staff training, tabletop exercises, communication drills, and continuity planning discussions. Improvement items should be assigned, tracked, and incorporated into updated plans.

A Call to Action for Indiana Health Centers

Indiana's recent storms highlighted both operational vulnerabilities and the strength of community-based response. IPHCA encourages health centers to review recent impacts, document lessons learned, engage local partners, and explore how the **Community Health & Power Hub** and **Emergency Response** Playbook concepts can be adapted locally.

Preparedness is strongest when it is practical, partner-driven, and rooted in the communities health centers serve every day.

When Storms Disrupt Care:

How Indiana Health Centers Strengthen Community Resilience

Basic After-Action Questionnaire

Health centers can use the following questions after a severe weather event, outage, closure, or other disruption to capture lessons learned and identify practical improvements.

1. **What happened, and when did the disruption begin and end?**
2. **Which sites, services, departments, or patient populations were affected?**
3. **What decisions were made during the first operational period, and who made them?**
4. **What worked well in our response, communication, staffing, and coordination?**
5. **What challenges or gaps were identified?**
6. **Were patient, staff, facility, technology, supply, transportation, or power needs adequately addressed?**
7. **How effectively did we communicate with staff, patients, partners, vendors, and local agencies?**
8. **Which external partners were involved, and what support did they provide?**
9. **What unmet community needs did we observe during response or recovery?**
10. **What actions should be taken to improve our Emergency Operations Plan, Continuity of Operations Plan, communication procedures, training, exercises, or partner coordination?**
11. **Who is responsible for each improvement action, and what is the target completion date?**

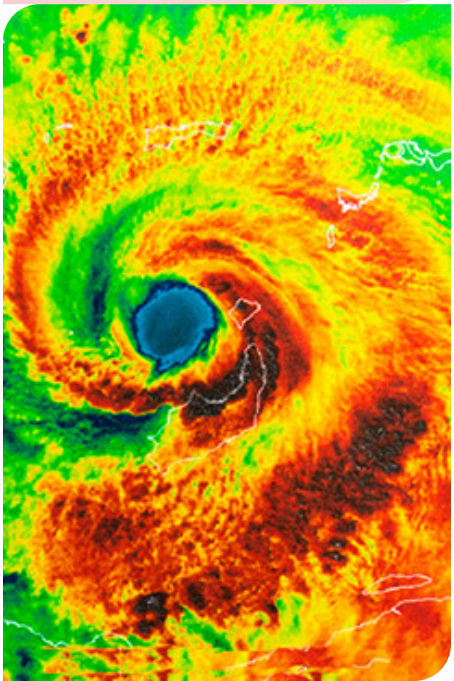
Indiana Department of Health

Indiana District Healthcare Coalition Resources

Health centers are encouraged to connect with their regional healthcare coalition before the next emergency.

Indiana's healthcare coalitions support coordination among hospitals, health centers, emergency management, public health, long-term care, emergency medical services, and other response partners.

>>> Indiana Healthcare Coalition Organization Directory



IPHCA™ *Emergency Preparedness*

NEWS & UPDATES

National Preparedness Month

Turning Plans Into Readiness

Recent severe weather across Indiana has put emergency preparedness plans to the test at several of our members' sites. Flooding, power outages and extended closures have been a timely reminder that preparedness is more than having a plan on a shelf.

A good emergency preparedness program requires regular review, strong relationships, reliable communication systems, training and exercises. Just as important, health centers need to know how they will continue operating when normal conditions are disrupted.

When an emergency occurs, Community Health Centers have two responsibilities: protect their patients, staff and operations while continuing to serve communities that may need them more than ever.

National Preparedness Month is a good time to take a practical look at where your organization stands, what has changed and what still needs attention.

CMS.gov

>>> Click here for CMS Emergency Preparedness resources

Start with the CMS Emergency Preparedness Rule

For FQHCs, the CMS Emergency Preparedness Rule provides the foundation. The rule is built around four core elements:

- **Risk Assessment and Emergency Planning:** Maintain an all-hazards emergency plan based on facility and community risks.
- **Policies and Procedures:** Establish procedures that support the emergency plan and address how the health center will respond and continue operations.
- **Communication Plan:** Maintain a system for communicating with staff, patients, emergency officials and other health care providers during an emergency.
- **Training and Testing:** Train staff and regularly exercise the plan so employees understand their roles and the organization can identify gaps before an actual emergency.

The important question is not simply whether these documents exist. **Could you demonstrate that your emergency preparedness program works in practice?**

Preparedness Is Changing

CMS requirements provide the framework, but the risks facing health centers continue to change. Three areas we have focused on recently deserve particular attention.

- **Cybersecurity and technology disruptions.** A cyberattack can quickly become an operational emergency. Health centers need to be prepared to continue essential functions when the EHR, internet, phones, payment systems or other technology is unavailable. Downtime procedures, backup communications, access to critical information and clear decision-making authority should be part of emergency preparedness, not solely an IT issue.
- **Extreme weather and utility disruptions.** Severe storms, flooding, extreme heat, winter weather and extended power outages can affect facilities, employees, patients and supply chains. Your Hazard Vulnerability Analysis should reflect current local risks and consider more than potential damage to a facility. Can employees safely get to work? Can patients reach you? What happens if a key vendor cannot make deliveries?
- **Civil unrest and community disruption.** Demonstrations, transportation disruptions, threats and other community events can affect access to a facility with little notice. Health centers should have procedures for monitoring developing situations, communicating with employees and patients, securing facilities and determining when operations need to be modified.

The specific event may change, but many of the capabilities needed to respond are the same. That is the value of the all-hazards approach.

>>> See this article and all Emergency Preparedness resources in our Resource Center

A Four-Week Preparedness Check

Use September to work through four areas of your emergency preparedness program.

Week 1: Review Your Risks and Requirements

Start with your Hazard Vulnerability Analysis, emergency plan and related policies. Do they still reflect how your health center operates today?

Consider changes in locations, services, staffing, vendors and technology. Review whether cyber threats, severe weather and other emerging risks are adequately addressed.

This week:

- Review the emergency plan and most recent risk assessment.
- Confirm the risk assessment reflects current facility and community risks.
- Review plans for vulnerable patient populations.
- Identify the essential services that must continue during an emergency.
- Confirm leadership succession, delegation of authority and emergency decision-making responsibilities.
- Identify CMS documentation or compliance gaps that need attention.

Week 2: Test Communications and Relationships

Emergencies rarely stay within the walls of a health center. Your ability to communicate with employees, patients, emergency management, public health, hospitals, vendors and other partners can make a significant difference in your response.

This week:

- Verify employee emergency contact information.
- Test mass notification and emergency communication systems.
- Confirm primary and backup communication methods.
- Review contact information for emergency management, public health, hospitals and other response partners.
- Review mutual aid agreements and MOUs and identify any that need to be renewed.

- Confirm how patients will be notified of closures, delays or changes in services.

Do not wait for an emergency to establish these relationships. Know who you will call, and make sure they know who you are.

Week 3: Focus on Continuity

One of the most useful preparedness exercises is to consider what happens when something your health center depends on is suddenly unavailable.

What happens if a facility cannot open? If employees cannot get to work? If the EHR is down? If a critical vendor cannot deliver?

This week:

- Review continuity of operations procedures.
- Identify minimum staffing requirements for essential services.
- Confirm telehealth or alternate-site capabilities where appropriate.
- Review EHR and technology downtime procedures.
- Verify backup and recovery processes for critical systems and information.
- Identify critical vendors and available contingency arrangements.
- Review medication, medical supply, fuel and other critical dependencies.
- Confirm evacuation and shelter-in-place procedures.

For each essential function, ask two questions: How long can we operate without it, and what will we do if it is unavailable?

Week 4: Exercise, Evaluate and Improve

Plans look different once they are put into practice. Exercises help identify assumptions, unclear responsibilities and operational gaps before an actual emergency does.

Review your exercise history and where the health center stands within the CMS testing requirements. Tabletop exercises can be particularly useful for scenarios such as ransomware, extended power loss, severe weather, civil unrest, communications failure or loss of access to a facility.

Actual emergencies also provide an opportunity to evaluate the plan. If your health center has responded to recent severe weather or another disruption, use that experience the same way you would use an exercise.

This week:

- Review documentation from recent exercises and actual emergency activations.
- Conduct a debrief following exercises and incidents.
- Document what worked, what did not and what needs to change.
- Assign responsibility for corrective actions.
- Establish deadlines for completing improvements.
- Update plans, procedures and training based on lessons learned.
- Confirm that required training and testing activities are documented.

The value of an exercise or real-world response is not simply completing it. The value comes from identifying what needs to change and following through.

Keep Preparedness Moving Beyond September

National Preparedness Month should be a checkpoint, not the finish line. By the end of September, health centers should have a clear understanding of their highest-priority preparedness and compliance gaps and who is responsible for addressing them.

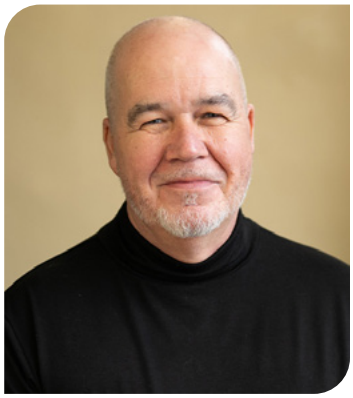
Over the next 30 to 60 days, focus on completing high-priority corrective actions, updating plans and agreements, and providing any staff training needed. Before the end of the year, review progress, complete outstanding training or exercise requirements, address findings from after-action reviews and establish the preparedness priorities that will carry into 2027.

The goal is not a perfect emergency plan. It is an organization that knows what to do, who is responsible and how it will continue serving patients when normal operations are disrupted.

IPHCA™ CEO Corner

CEO Corner with Aspire Indiana Health

Beyond the Clinic Walls – How Integrating Medical Care and Recovery Can Improve Outcomes



Antony Sheehan – President & CEO, Aspire Indiana Health

by Antony Sheehan – President & CEO, Aspire Indiana Health

When Aspire Indiana Health merged with Progress House in November 2019, it wasn't simply the union of two nonprofits with a combined century of serving Hoosiers. It represented an important step in the evolution of our approach to care: bringing primary medical care and recovery services together with Aspire's longstanding work in behavioral health.

Today, Aspire operates as both a Federally Qualified Health Center Look-Alike and an Indiana Community Mental Health Center, serving communities across six Central Indiana counties: **Boone, Hamilton, Hancock, Madison, Marion and Shelby**. Across those services, we have increasingly tried to organize care around a simple idea: people rarely experience health challenges in isolation, and our systems of care should reflect that reality.

Perhaps the clearest expression of that philosophy can be found in our **Whole Health Recovery Continuum**. For individuals living with substance use disorder (SUD), the model brings medical care, including medication-assisted treatment (MAT), into the same environment in which people receive addiction treatment and recovery support.

The premise is straightforward. Substance use disorder frequently exists alongside physical health conditions, mental illness and social challenges. Treating one while leaving the others unaddressed can make sustained recovery considerably more difficult. Our goal, therefore, is to care for the whole person within an environment firmly grounded in recovery.

September is National Recovery Month

National Recovery Month was established in 1989 to promote evidence-based treatment and recovery practices. It also celebrates the nation's vibrant recovery community and honors all those who help make recovery possible.

>>> Find out more

NATIONAL COUNCIL *for* Mental Wellbeing

Our continuum includes **Mockingbird Hill Recovery Center** in Anderson and **Progress House** in Indianapolis, both with embedded primary care services. Beyond these residential programs, Aspire operates step-down recovery residences in Marion and Hancock counties, helping individuals remain connected to medical and behavioral healthcare as they transition toward greater independence. We also provide outpatient addiction and recovery services through our health centers.

Aspire's Progress House Recovery Center in Indianapolis

From Practical Partnership to Enduring Bond

The integration of medical and recovery services was partly driven by practicality, but it also reflected an intentional evolution in our thinking: looking more closely at the range of health challenges affecting the people we serve and building integrated models around those needs.

About a decade ago, a state requirement that Level IV Recovery Residences become Medicaid providers created both a challenge and an opportunity. **Darrell Mitchell**, then Executive Director of Progress House and now Aspire's Senior Vice President of Recovery and Community Impact, helped lead the response.

"The innovative pairing of primary medical care and behavioral healthcare in a recovery residence, which addresses substance use disorder alongside the co-occurring physical and mental health issues, all in a spiritual environment, has led to best-in-class outcomes and long-term success for our clients," Mitchell says. "The combination of these services truly is whole health."

What began as a practical partnership gradually became something much deeper and ultimately contributed to the merger of Progress House and Aspire.

The model has also attracted attention beyond Indiana. In 2022, SAMHSA presented Progress House with its first **Behavioral Healthcare Innovation Award,** recognizing the integration of primary medical care with peer recovery support. Our residential recovery work has also received recognition from the **White House Office of National Drug Control Policy**.

We have seen encouraging results from the model, particularly in helping people remain engaged in recovery over time. One of the important lessons for us has been to treat substance use disorder as a chronic health condition rather than a single acute episode. That means creating supported transitions between treatment, residential recovery, recovery housing and greater independence, while maintaining access to medical and behavioral healthcare throughout.

Our Chief Medical Officer, **Dr. Holly Oh**, has also helped us think about integration as something reciprocal. Medical care strengthens recovery services, but our experience in behavioral health, addiction and social care also makes our medical teams better equipped to understand the complexity of the patients they serve.

Blood pressure testing

"Integrating physical health, behavioral health and social care, a full bio-psycho-social approach, is key to our philosophy at Aspire, and this holds true in our addiction and recovery services," Dr. Oh says. "We believe this whole-person approach is better for patients, and we see it in our outcomes. Equally important, we believe integration is better for our staff. We collaborate more effectively with each other and with our patients, sharing insights from our disciplines. It makes for a much more fulfilling professional environment."

Applying What We Have Learned

Increasingly, we are asking ourselves where else these lessons about integration might apply.

Over the past several years, Aspire has expanded its crisis continuum from a 24/7 crisis line to include mobile crisis response and, since last fall, **the Rely Center**, a psychiatric urgent care and stabilization service co-located with our Noblesville health center.

Co-location is important. People arriving in behavioral health or substance use crises may also have unmet medical needs. Conversely, someone entering Aspire through primary care may need behavioral health, addiction treatment, pharmacy, housing or other support. Our aim is increasingly to make the door through which someone enters Aspire less important than our ability to connect them with what they need next.

We are applying similar thinking to our work with people experiencing homelessness.

MACY - "Mobile Access Care for You" - Aspire's mobile clinic unit

Aspire has worked in this area for many years through outreach, housing and support services. A partnership with the City of Indianapolis that deepened during the COVID-19 pandemic has since included **Winter Contingency Shelters** and **MACY**, a mobile health clinic specifically designed to bring care to people experiencing homelessness and others who face significant barriers to traditional healthcare.

In 2027, that work will develop further with the planned opening of **Housing Hub Indy**, a low-barrier shelter for which Aspire will serve as the primary operator. An important part of that work will be connecting people not simply with a safe place to stay, but with medical care, behavioral healthcare and the other supports that can help create a pathway toward greater stability.

Architect's drawing of Housing Hub Indy, scheduled to open in 2027

None of this suggests that integration is easy. It requires different disciplines to understand one another, systems and funding streams that do not always fit neatly together, and a willingness to rethink some traditional boundaries between healthcare and social support.

But our experience has convinced us that it is worth the effort.

As primary care providers, we know that a prescription cannot solve the problem of someone having nowhere safe to sleep. As behavioral health providers, we know that mental health and addiction cannot always be separated from physical health. And through our recovery work, we have learned that sustained recovery is influenced by far more than what happens during a treatment encounter.

Perhaps that is the larger lesson.

Integration isn't really about putting more services in the same building. It is about organizing care around the person rather than asking the person to organize themselves around our systems.

At Aspire, we are still learning how to do that well. We certainly don't have all the answers. But the more we bring medical care, behavioral healthcare, recovery and social support together, the more convinced we become that traditional boundaries between these services should never become barriers for the people who need them.

For those of us serving communities across Indiana, that creates an opportunity to keep learning from one another, sharing what works and building systems that see, and serve, the whole person.

Aspire
Indiana Health

Aspire Indiana Health

9615 E. 148 Street,
Noblesville, IN 46060

aspireindiana.org

IPHCA™ Clinical

RESOURCE BULLETIN

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

September Health & Wellness Awareness Topics

Suicide Prevention Month:

The Role of Community Health Centers in Supporting Mental Health

September is Suicide Prevention Month, an opportunity to raise awareness, reduce stigma, encourage conversations about mental health, and connect individuals and families with resources and support.

For Indiana Community Health Centers, suicide prevention is closely connected to the broader work of mental health screening, early identification, and follow-up care. CHCs provide an important point of access for patients who may be experiencing depression, anxiety, stress, or other mental health challenges.

Indiana Community Health Centers are already making mental health screening part of routine care. According to the latest 2025 Uniform Data System (UDS) data, 73.06% of Indiana CHC patients aged 12 and older were screened for depression and, when appropriate, had a follow-up plan documented. This represents more than 326,000 patients. The percentage has increased steadily from 62.41% in 2021, demonstrating continued progress in integrating behavioral health screening into primary care.

While depression screening is not the same as suicide-risk screening, it can be an important part of identifying patients who may need further assessment, support, or connection to behavioral health services. Clinical teams can use these opportunities to create a safe environment for patients to discuss their mental health and to ensure that positive screenings are followed by appropriate care.

Suicide prevention requires more than screening, it requires connection. Community Health Centers can help by ensuring patients know where to turn, strengthening referral and follow-up processes, and making mental health resources available to patients, families, and staff.

Resources for CHCs and Their Communities

The **National Alliance on Mental Illness (NAMI)** provides a Suicide Prevention Month toolkit with resources that organizations can use to raise awareness, educate their communities, and encourage conversations about suicide prevention.

For Indiana's rural and underserved communities, **Mental Health America** also offers resources specifically designed for individuals and organizations supporting rural communities, including mental health screening tools, outreach materials, and resources addressing rural mental health and suicide prevention.

Crisis Support:

If you or someone you know is experiencing a mental health crisis, call or text 988 to connect with the Suicide & Crisis Lifeline.

Resources:

- **NAMI Suicide Prevention Month Resources and Toolkit**
- **Mental Health America – Resources for Those Supporting Rural Communities**
- **988 Suicide & Crisis Lifeline: Call or text 988**
- **HRSA Indiana UDS Data**

For Indiana Community Health Centers, suicide prevention is part of a larger commitment to whole-person care: identifying needs early, connecting patients to appropriate support, and making sure no one must navigate a mental health crisis alone.

PURDUE UNIVERSITY

Purdue University School of Nursing
Workforce Needs Survey

The Purdue University School of Nursing is conducting a workforce needs survey to better understand the current and future demand for graduate-prepared nurses across healthcare organizations.

For this survey, graduate-prepared nurses include nurses educated at the master's, DNP, PhD, or postgraduate certificate level, including advanced practice registered nurses and nurses in advanced specialty, leadership, education, informatics, quality, and other roles.

Your feedback will help us better align Purdue Nursing's graduate education with the evolving needs of healthcare employers. Results will inform the development and refinement of graduate degrees, certificates, micro credentials, workforce initiatives, and clinical and academic-practice partnerships.

If someone else within your organization would be better positioned to provide this perspective, please feel free to share or forward the survey to them. You are also welcome to share it with additional leaders across the organization whose perspectives on current workforce gaps, emerging roles, and future needs would be valuable.

The survey takes approximately 15 to 20 minutes to complete and can be accessed here:

>>> Graduate Nursing Workforce Needs Survey Link

Thank you for your time! We greatly value your input as we consider how best to prepare graduate-prepared nurses to meet the changing needs of Indiana's healthcare workforce.

IPHCA™ Clinical

RESOURCE BULLETIN

National Childhood Obesity Awareness Month:

Supporting Healthy Habits Through Clinical Care

September is National Childhood Obesity Awareness Month, an opportunity to highlight the important role healthcare professionals play in helping children and families build healthy habits early in life.

For Indiana Community Health Centers, childhood obesity prevention can be incorporated into routine care through screening, education, counseling, and connections to community resources. Clinical staff, including primary care providers, nurses, medical assistants, behavioral health professionals, care coordinators, and Community Health Workers, can all play a role in helping families understand the importance of nutrition, physical activity, healthy sleep, and other factors that contribute to children's overall health.

Indiana's Community Health Centers are already addressing these areas through routine care. In 2025, Indiana CHCs provided weight assessment and counseling related to nutrition and physical activity to more than 126,000 children ages 3–17, representing 66.83% of children included in this UDS measure.

This data highlights both the important work already taking place and an opportunity to continue strengthening prevention efforts. Clinical teams can use routine visits as an opportunity to have age-appropriate conversations with families, identify potential concerns early, and connect patients with additional resources when needed.

Small, consistent conversations can make a meaningful difference. Encouraging families to choose nutritious foods, stay physically active, limit sugary drinks, and establish healthy routines can help children develop habits that support their health throughout their lives.

For CHC clinical teams, childhood obesity prevention is not a single intervention, it is part of a whole-person approach to children's health.

USDA

Resource:

>>> USDA WIC Works – National Childhood Obesity Awareness Month

Sports Eye Safety:
Protecting Vision On and Off the Field

As children and teens return to school and participate in fall sports, sports eye safety is an important part of protecting their vision. According to Prevent Blindness, more than 43,300 sports-related eye injuries are treated each year, and the vast majority of these injuries can be prevented.

For Community Health Centers, optometry and primary care teams can help families understand the importance of using appropriate protective eyewear during sports activities. Protective eyewear with polycarbonate lenses is recommended for many sports, including basketball and racquet sports. Youth baseball players can benefit from batting helmets with polycarbonate face shields, while hockey players should use appropriate helmets and face protection. Regular prescription eyeglasses do not provide adequate protection from sports-related eye injuries.

Sports eye safety is also an opportunity for CHC teams to incorporate vision protection into routine health education and preventive care. Optometrists, primary care providers, schools, and CHWs can reinforce these messages with children and families throughout the school and sports seasons.

Protective eyewear is a simple step that can help young athletes protect their vision while enjoying the sports they love.

Resources:

- **Prevent Blindness – Sports Eye Safety**
- **Prevent Blindness – Recommended Sports Eye Protectors**
- **Prevent Blindness – Tips for Buying Sports Eye Protectors**

Prevent Blindness

NACHC Launches Center for Nutrition and Health

The National Association of Community Health Centers (NACHC) has launched the Center for Nutrition and Health; a new initiative focused on helping Community Health Centers integrate Food for Health (F4H) strategies into care and strengthen whole-person health.

The Center will support CHCs through education and workforce development, best-practice tools, research and data, peer learning, and policy work. Its goal is to help health centers prevent and manage nutrition-related chronic conditions while developing sustainable approaches to addressing food insecurity.

The need is significant: NACHC reports that 65% of CHCs currently offer Food for Health services, and 99% of CHCs with F4H programs connect patients experiencing food insecurity with some form of support. At the same time, workforce and financing challenges make it difficult to expand and sustain these programs.

NATIONAL ASSOCIATION OF Community Health Centers®

This initiative highlights an important opportunity for Indiana Community Health Centers to continue exploring how nutrition, food access, and healthcare can work together to improve health outcomes and advance whole-person care.

>>> Read the full NACHC announcement

IPHCA™ Clinical

WEBINARS & TRAINING

ATSU Trains the Next Generation of Community Health Providers

A.T. Still University (ATSU) and the National Association of Community Health Centers (NACHC) are working together to prepare the next generation of healthcare providers to serve patients in Community Health Centers. Their partnership, which spans two decades, integrates CHC-based clinical training into the education of physician assistants, physicians, and dentists.

ATSU's Central Coast Physician Assistant Program places students in CHCs across the country, where they gain hands-on experience in primary care, pediatrics, behavioral health, women's health, and other areas while learning to address the social and community factors that influence health. The program also focuses on recruiting students from underserved communities and health professional shortage areas.

For Indiana Community Health Centers, this model highlights the important role CHCs can play in developing and recruiting the future healthcare workforce. Clinical rotations provide students with an opportunity to experience the CHC mission firsthand and can help inspire them to return to community health after graduation.

Read the full article: **>>> ATSU Trains the Next Generation of Community Health Providers**

Upcoming Opportunity:

2026 FTCA Risk Management Virtual Conference

A Risk-Based Approach to Chronic Disease Management in Primary Care

September 16, 2026 | 11:00 a.m.–4:00 p.m. ET | Free, Live Virtual Conference

The 2026 FTCA Risk Management Virtual Conference, presented by ECRI's Clinical Risk Management Program, will explore practical strategies for health centers and free clinics to strengthen chronic disease management and reduce patient safety risks.

Sessions will address patient engagement, medication safety and polypharmacy, non-clinical risk factors, and prevention of secondary complications. The conference will also feature real-world perspectives and practical approaches that can be applied in primary care settings.

The conference is designed for clinical providers, risk management and patient safety professionals, quality improvement teams, executive leaders, administrators, and patient-facing staff.

CME: Up to 1.0 AMA PRA Category 1 Credit™ is available for eligible physicians.

>>> Register for the 2026 FTCA Risk Management Virtual Conference

For questions, contact **Clinical_RM_Program@ecri.org**

IPHCA™ Clinical

WEBINARS & TRAINING

WELLNESS alliance

Upcoming Training:

Evidence-Based Methods for Sustainable Behavior Change

September 14–October 25, 2026
Self-Paced Online Course

The Wellness Alliance is offering Evidence-Based Methods for Sustainable Behavior Change, a research-backed course focused on understanding what drives lasting behavior change and how to apply practical strategies with individuals, teams, organizations, and communities.

Participants will learn how to apply evidence-based tools to encourage healthy behaviors, increase engagement, reduce resistance, and create supportive environments. The course requires approximately 1–2 hours per week and includes seven online modules, interactive activities, optional virtual check-ins, and a final assessment.

5.0 CE credits are available for eligible CWP, CHES, HRCI, and SHRM professionals.

>>> Learn More and Register

CME / CE - Opportunities

NEJM GROUP

On-Demand CME:

Pain Management and Opioids

NEJM Group offers a free, on-demand Pain Management and Opioids CME program designed to help clinicians strengthen their knowledge of safe, evidence-based pain management and opioid prescribing.

The program includes 62 case-based questions and provides up to 10.25 CME credits. It covers pain assessment, non-opioid and opioid treatment options, safe prescribing and tapering, opioid misuse and use disorder, naloxone, and patient counseling.

The program also meets the FDA Education Blueprint and the DEA's one-time eight-hour training requirement for opioid and substance use disorder education.

>>> Learn More and Register

NEJM GROUP

On-Demand CME:

Advancing Obesity Care

Advancing Obesity Care from NEJM Group is a free, on-demand CME opportunity focused on evidence-based obesity treatment and shared decision-making.

The program includes three short learning modules and offers 1.25 CME credits, with additional credit options available for eligible healthcare professionals. Topics include diagnosing and managing obesity, addressing weight stigma and health disparities, developing individualized treatment plans, and incorporating current evidence-based treatments.

This training is a valuable opportunity for CHC clinical teams working to strengthen comprehensive, patient-centered obesity care.

>>> Learn More and Register

IPHCA™ Maternal & Child Health

NEWS & RESOURCES

To give feedback or provide resources for this section please contact

Alexis Stewart
or call: 317.630.0845

Dr. Mary Ciccarelli, MD

Indiana Aligned Care SUPPORT NETWORK

Click here to browse Maternal and Child Health resources

Supporting children and youth with special health care needs

Build Care Support and Break Down Siloes to Enhance Care for CYSHCN in Indiana

By Dr. Mary Ciccarelli, MD / Indiana University School of Medicine

In October 2025 with funding from Indiana Title V, the IU Division of General Pediatrics launched the Aligned Care Support Network. We are recruiting healthcare and social service professionals from agencies across the state to collaborate on ways to improve care supports for children with special healthcare needs. The primary goal is to help families get what they need with less fragmentations, gaps or duplications.

Participation offers two options at no cost and with no obligation other than a shared commitment to try to improve care:

1. Learn through a self-directed Canvas platform that hosts video-taped didactics and resource tip sheets with options for both digital badging and continuing education credits.
2. Join monthly online communities of practice to discuss key topics, learn new skills, and foster collaboration with options for continuing education credit.

Registration is as simple as:

1. Step one to access Canvas for didactics and resources is at: **https://redcap.link/wydqhoqc**
2. View upcoming Communities of Practice topics and register for selected sessions: **Click here**
3. Any agency leader who is interested in enrolling a group of team members from their agency can contact the Aligned Care Support Team at **ic4@iu.edu**.

IPHCA™ Maternal & Child Health

NEWS & RESOURCES

Newborn Screening Awareness Month

Suzanne M. Foley

by Suzanne M. Foley, M.S., Au.D., CCC-A

September is Newborn Screening Awareness Month, a time to highlight vital public health programs which support newborn health. Newborn screenings are designed to identify serious health conditions that require timely medical and therapeutic interventions.

Every baby born in Indiana is required by state law to receive three newborn screens that can detect over 30 disorders. The three screenings include **a hearing screen** to detect hearing loss, **pulse oximetry** to detect critical congenital heart defects (CCHD), and a **dried blood spot screen** to detect a variety of inherited metabolic, endocrine, and genetic conditions.

Each year over 400 infants in Indiana are identified with conditions from newborn screening, and more than 1,200 individuals are identified as a genetic carrier of one of the conditions. The **Public Health Genetics (PHG) team** at the Indiana Department of Health (IDOH) oversees the program to promote the earliest identification of conditions in infants and connect their families to timely and appropriate care to achieve better health outcomes. **In this short video**, you can hear directly from an Indiana family about their experience with newborn screening and the impact of early detection and intervention.

- Our team can be contacted for any questions, concerns, or potential collaboration opportunities at **NewbornScreening@health.in.gov** or 888-815-0006. You may also visit our website for more information at **in.gov/health/gnbs.**

Pregnancy Promise

The Indiana Pregnancy Promise Program is a statewide program that improves outcomes for pregnant and postpartum individuals with current or past substance use.

This free, voluntary program offers enhanced case management and care coordination to Medicaid beneficiaries with support from highly skilled nurses and social work case managers located at their Medicaid Health Plan. Pregnancy Promise Program case managers provide support from the prenatal period through 12 months postpartum for both the parent and the infant impacted by substance use disorder.

The Pregnancy Promise Program case manager connects individuals with providers for prenatal and postpartum care, SUD treatment and recovery services, mental health support and child care services, and address the health-related social needs of the family including but not limited to transportation, nutrition and parenting skills.

Anyone can make a secure, confidential referral to the Pregnancy Promise Program at www.pregnancypromise.in.gov

• *Submission from Carey Michels*

IPHCA™ Outreach & Enrollment

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

Above right , L-R: **Nichole Hasting**, *Billing Representative;* **Missy Jessie**, *Billing Manager*; **Jenny Howard**, *Community Health Worker*; **Jenny Walden**, *IPHCA O&E Program Director;* **Dawn Patrick,** *Claims specialist*; **Eileen Blanke**, *CEO*; **Marcie Cole** *Front Desk Supervisor*

Our goodie bags tailored to our patients' school supply needs

KNOX WINAMAC Community Health Center

Back to school with ...

Knox-Winamac Community Health Center

On Wednesday, July 29, 2026, Jenny Walden, Outreach and Enrollment Director, had the pleasure of visiting Knox-Winamac Community Health Center during their Back-to-School event. It was a wonderful opportunity to connect with patients, families, and the dedicated staff who work every day to improve the health and well-being of their community.

Preparing children for a successful school year starts long before the first day of class. Recognizing this, the Knox-Winamac team proactively reached out to patients in need of well-child visits and vaccinations, personally calling families and helping them schedule appointments. Their efforts ensured that children not only received the preventive care they need but were also ready to begin the school year healthy and confident.

In partnership with MHS, families attending the event received grade-specific school supplies tailored to their children's needs. To further encourage preventive care, MHS also provided gift cards to families who completed their well-child visits. These thoughtful incentives helped make healthcare more accessible while easing some of the financial burden many families face during back-to-school season.

Preventive healthcare plays a critical role in a child's academic success. Staying current on well-child visits and vaccinations helps children remain healthy, focused in the classroom, and less likely to miss school due to illness. It also helps protect the broader community by reducing the spread of preventable diseases.

Laurie from **Bella Vita**, *our community Pregnant Women's Center*

The morning was filled with meaningful conversations, new connections, and a genuine sense of community. It was inspiring to see firsthand the relationships the Knox-Winamac team has built with the families they serve. Knox, Indiana, may be a small rural community with a population of approximately 3,600 residents, but the impact of Knox-Winamac Community Health Center is anything but small. Serving more than 1,200 community members each month, the health center is truly a cornerstone of the community and an essential resource for local families.

The visit also provided an opportunity to share a meal with the entire staff, creating time to celebrate their successes and recognize the dedication they bring to their work every day.

In the afternoon, Jenny Walden and Missy Jessie spent time discussing outreach and enrollment best practices, with a particular focus on the importance of helping Hoosiers maintain Medicaid coverage. The conversation centered on innovative outreach strategies, including community outreach opportunities, pop-up enrollment events, and finding ways to meet people where they are. These discussions highlighted a shared commitment to ensuring that individuals and families have access to the healthcare coverage they need.

MHS Representatives including Jenny Klassen and Demarcus Sneed

While Knox-Winamac may be a small health center in a rural community, its impact reaches far beyond its size. The passion, dedication, and compassion demonstrated by the staff are evident in every interaction. Their commitment to caring for their neighbors and strengthening the health of their community is truly inspiring.

By the end of the day, one thing was abundantly clear: Knox-Winamac Community Health Center is more than a healthcare provider. It is a trusted partner, a community champion, and for many, a place that feels like family.

Jenny Walden

KNOX WINAMAC
Community Health Center

Knox Winamac
Community Health Center

1002 S. Edgewood Drive,
Knox, IN 46534

kwchc.net

IPHCA™ Outreach & Enrollment

NEWS & UPDATES

Valley Professionals Community Health Center

Valley Professionals Community Health Center, Inc.

777 S. Main Street, Suite 100
Clinton, IN 47842

valleyprohealth.org/

Valley Professionals Community Health Center

Back to school with ...

Valley Professionals Community Health Center

Valley Professionals Community Health Center recently hosted four back-to-school events across the four counties we serve: Montgomery, Parke, Vermillion, and Vigo. Events were held at our Crawfordsville, Rockville, Cayuga, and West Terre Haute locations, providing families with an opportunity to prepare for the upcoming school year while enjoying an evening of fun together.

Each event featured free backpacks and school supplies, including notebooks, folders, crayons, glue, and more. Our dental team was there to provide toothbrush kits for people of all ages to promote dental hygiene. Local community partners also attended to provide resources to those in attendance. However, we wanted the events to be about more than simply providing supplies and resources. We wanted to create a fun and welcoming experience for the entire family. The first 50 attendees received a free goodie bag filled with snacks and other essentials, children played at bubble stations, and everyone enjoyed a free Kona Ice.

We were thrilled with the turnout at each location, welcoming more than 500 families throughout the four events. It means so much to us to support the families in the communities we serve and give back in a meaningful way as they prepare for another school year.

IPHCA™ Outreach & Enrollment

NEWS & UPDATES

Don't miss:

Outreach and Enrollment Peer Calls

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

September dates:

- **Thursday September 3 11am EST**
- **Thursday September 17 11am EST**

>>> Visit our Events calendar

September dates to note:

National HIV/AIDS and Aging Awareness Day

On September 18, 2008, National HIV/AIDS and Aging Awareness Day was launched by The AIDS Institute to raise awareness of the alarming increase in the number of HIV diagnoses among older adults and individuals over 50 living and aging with HIV.

Each year our nation observes National HIV/AIDS and Aging Awareness Day (NHAAD) on September 18th and the national campaign highlights the complex issues related to HIV prevention, care, and treatment for older adults. NHAAD was one of the original awareness days recognized by the U.S. Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy, and www.hiv.gov.

Our goals are to emphasize the need for prevention, research and data focused on the aging community and increase medical understanding of the impact of HIV on the natural aging process. Through action, we hope to increase the quality of life for people living with HIV (PWH). Through awareness, we hope to reduce stigma surrounding HIV.

Resources:

>>> NHAAD History | the-aids-institute

>>> Educational Toolkit | the-aids-institute

Looking ahead ...

October is Domestic Violence Awareness Month

The Office on Violence Against Women (OVW), an office within the U.S. Department of Justice, provides federal leadership in developing the national capacity to reduce violence against women and administer justice for and strengthen services to victims of domestic violence, dating violence, sexual assault, and stalking.

OVW was created following the Violence Against Women Act (VAWA) of 1994; VAWA was reauthorized in March of 2022.

>>> About Law Enforcement Training & Technical Assistance Consortium (LETTAC)

Find helpful tools regarding Domestic Violence **>>> here including free downloads and resources**

IPHCA™ Outreach & Enrollment

NEWS & UPDATES

Presumptive Eligibility - Latest updates

Indiana PE Performance Standards Transition to Indiana Code Standards

An important bulletin issued by the Indiana Family and Social Services Administration (FSSA) on August 4, 2026: BT2026130 – Performance Standards for PE Qualified Providers Are Transitioning to Indiana Code Standards.

The bulletin addresses a significant change to the performance standards applicable to providers participating in the Presumptive Eligibility (PE) program. Most notably, the bulletin no longer identifies the previous 95% approval threshold.

Historically, the PE Qualified Provider (QP) performance measures have included the following standards:

- 95% of applications completed
- 95% of applications completed correctly
- 95% of applicants determined eligible for full eligibility under an Indiana Health Coverage Program (IHCP) program, such as Traditional Medicaid or the Healthy Indiana Plan (HIP)

The current FSSA PE training materials define "completed correctly" as reporting all required information to the Division of Family Resources (DFR), including member personal information, income, and other applicable information.

These measures have been the standards providers have used to prepare for and maintain PE compliance.

What Is Changing?

Based on clarification from FSSA, the transition to Indiana Code standards is significant because providers will no longer have the same margin for error under the previous 95% performance methodology.

For PE providers, this is particularly important because PE determinations rely heavily on self-attestation. Applicants generally provide information based on their own statements, and supporting documentation is not required at the time the PE determination is made.

For example, an applicant may report an income amount that they understand to be their income, but later provide pay stubs showing that the amount reported was net income rather than gross income. If the application was submitted based on the information initially provided, that discrepancy could result in a compliance issue.

Under the prior performance framework, providers were preparing to meet a 95% approval standard across the applicable measures. The transition to Indiana Code standards create a substantially different compliance environment, particularly since individual violations are treated as noncompliance.

Why This Matters

The consequences of noncompliance can be significant. Providers should understand how the new standards will be applied and how individual errors or discrepancies will affect their PE participation.

Of particular concern is the potential for repeated noncompliance across reporting periods to result in the loss of the provider's ability to conduct PE determinations and receive reimbursement associated with PE services.

Because PE is often the first point of access to Medicaid coverage for patients, these changes have implications not only for providers but also for patients who rely on PE to obtain timely access to healthcare coverage.

Effective Date

The transition to the new standards is scheduled to take effect September 3, 2026.

Providers should review the August 4 FSSA bulletin and the current PE training materials carefully and ensure that staff responsible for PE determinations understand the applicable requirements before the new standards take effect.

Read the bulletin here:

>>> BT2026130

or click the image


IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT2026130 AUGUST 4, 2026

Performance standards for PE qualified providers are transitioning to *Indiana Code* standards

Medicaid Enrollment Trends

Enrollments were down 27,472 June 2026 to July 2026 - ending with 1,485,241 Hoosiers enrolled.

>>> Click here to view FSSA's Enrollment Dashboard

CHI 26 COMMUNITY HEALTH CONFERENCE

Pointcare

We were proud to have Jenny Walden, IPHCA Director of Outreach and Enrollment, representing Indiana's community health centers at #CHICon26! Jenny joined PointCare CEO Everett Lebherz for a conversation about upcoming changes to Medicaid eligibility and work requirements and what health centers can do now to prepare.

Thank you to Jenny and Everett for sharing practical strategies and insights to help health centers navigate these changes and continue connecting patients with the coverage and care they need.

Sean Herbold

Upcoming Events

You're invited to attend the VIRTUAL 2026 Outreach and Enrollment Summit!

September 9 / Noon EST

YOUNG INVINCIBLES

This annual summit focuses on sharing resources and providing best practices for outreach and other strategies for community members, Navigators, assisters, and advocates to help people enroll in health coverage via the Affordable Care Act Marketplace during the upcoming open enrollment period - plus a session focused on federal marketplace updates and eligibility changes. We hope assisters of all walks of life will join us for this special event!

>>> Register here!

IPHCA™ *Oral Health*

RESOURCE BULLETIN

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

Resources:

- **USDA WIC Works – National Childhood Obesity Awareness Month**
- **HRSA UDS Health Center Data**

Childhood Obesity Awareness Month:

Connecting Nutrition and Oral Health

Healthy Habits Support Healthy Smiles: Connecting Nutrition, Childhood Obesity, and Oral Health

National Childhood Obesity Awareness Month provides an opportunity to look beyond weight and recognize the connection between nutrition, overall health, and oral health.

The foods and beverages children consume can affect both their overall health and their risk for dental disease. Frequent consumption of sugary drinks and foods can contribute to excess calorie intake while also increasing the risk of tooth decay. Helping families make healthier choices can therefore support both a healthy weight and a healthy smile.

Indiana Community Health Centers are well positioned to reinforce these messages because many provide both primary care and dental services. In 2025, Indiana CHCs provided dental services to more than 92,000 patients, demonstrating the important role CHCs play in improving access to oral healthcare across the state.

Dental teams can use routine visits to reinforce nutrition messages, while medical teams can incorporate oral health into conversations about healthy habits. Simple recommendations, such as choosing water instead of sugary beverages, limiting frequent snacking on sugary foods, and encouraging balanced meals,can benefit both overall and oral health.

Preventive dental care is another important piece of the picture. In 2025, **61.46% of Indiana CHC children ages 6–9 received dental sealants**, an important preventive service that can help protect children's teeth from decay.

By connecting medical, dental, nutrition, and community-based services, Community Health Centers can help families understand that a healthy child includes a healthy body and a healthy smile.

This type of integrated approach also supports the broader mission of CHCs: providing accessible, comprehensive, and patient-centered care that addresses the many factors that influence health.

Dental Infection Control Awareness Month:

Safety Starts With Every Step

September is Dental Infection Control Awareness Month (DICAM), an opportunity for dental teams to reinforce the everyday practices that help protect patients, dental professionals, and the communities they serve.

DICAM is led by the **Association for Dental Safety (ADS)**, an organization dedicated exclusively to dental infection prevention and patient and provider safety. ADS provides evidence-based education, training, and practical resources to help oral health professionals implement infection prevention and safety standards in dental settings.

For Indiana Community Health Center dental teams, DICAM is a great opportunity to review infection prevention practices, refresh staff training, and make sure policies and procedures continue to reflect current recommendations. Infection prevention is a team responsibility, and every member of the dental team plays an important role in maintaining a safe environment for patients and staff.

DICAM is a good reminder that infection prevention is more than an annual training requirement, it is part of providing safe, high-quality dental care at every visit.

Resources for Dental Teams:

- **Association for Dental Safety – DICAM Resources**
- **Association for Dental Safety**
- **Ask ADS**
- **CDC Dental Infection Prevention and Control**
- **CDC DentalCheck Mobile App**

2026 NNOHA Annual Conference in Seattle, WA

NNOHA is delighted to invite you to the 2026 NNOHA Annual Conference, taking place October 25-28 at the Sheraton Grand Seattle, located in the heart of downtown Seattle, WA.

These 4 days of world-class continuing education are specifically developed for safety-net oral health professionals. Network with like-minded providers, learn from expert clinical and practice management presenters, and be motivated by inspiring plenary speakers.

>>> Click here to see the agenda, learn more, and register!

IPHCA™ Oral Health

WEBINARS & TRAINING

Upcoming Opportunity:

NNOHA Office Hours – Operational and Financial Metrics

September 28 | 3:00 p.m. ET

NNOHA's upcoming member-only Office Hours session will focus on operational and financial metrics that support dental program sustainability and performance.

Participants will learn how to use metrics to monitor and improve operational efficiency, evaluate financial health, and inform workflows and leadership decisions.

The Office Hours format also provides an opportunity to bring questions and receive live support and guidance from the facilitator and fellow NNOHA members.

We are especially excited to highlight Indiana dental leader **Dr. Isaac Zeckel, DDS,** Chief Dental Officer at HealthLinc, who will facilitate the session. Dr. Zeckel brings valuable experience and perspective from leading dental operations within an Indiana Community Health Center.

This session is available exclusively to NNOHA members. Membership will be verified before Zoom information is sent. Please allow 1–2 weeks to receive the Zoom information.

Dr. Isaac Zeckel, DDS,

Dental leaders and team members involved in dental program operations and financial management are encouraged to take advantage of this opportunity.

Questions: **denae@nnoha.org**

>>> Register for NNOHA Office Hours

Upcoming Opportunity:

Patient-Centered Oral Health for Individuals with Special Health Care Needs

September 24, 2026 | 3:00 p.m. ET

Oral health remains one of the most unmet healthcare needs for individuals with special health care needs (SHCN). As health centers explore ways to expand access and improve patient-centered care, understanding the barriers and successful models of care is increasingly important.

NNOHA's upcoming webinar will review findings from its 2025 SHCN Survey, and will highlight existing models of care and strategies for improving access. It will also feature one health center that has successfully expanded access to patient-centered care strategies for people with SHCN.

Learning Objectives:

- Discuss findings from NNOHA's 2025 SHCN Survey.
- Identify barriers and challenges to improving oral healthcare access for people with SHCN.
- Describe strategies to improve oral healthcare delivery and quality for individuals with SHCN.

1.0 CDE will be provided. Attendees must attend and view the webinar via their own Zoom registration link to receive CDE.

This webinar may be especially valuable for dental directors, dentists, hygienists, dental assistants, and other CHC team members involved in caring for patients with special health care needs.

>>> Register for the NNOHA Webinar

IPHCA™ Oral Health

WEBINARS & TRAINING

Upcoming Webinar:

Dental Infection Control and Prevention Is Under Attack!

September 16, 2026
4:00–5:00 p.m. ET

The Association for Dental Safety (ADS) will host a free webinar addressing the growing challenges surrounding evidence-based dental infection control and prevention. The session will explore challenges to maintaining sound infection prevention practices, strategies for responding to non-evidence-based practices, and the importance of collaboration in protecting patients, providers, and the dental profession.

Learning Objectives:

- Identify challenges to safeguarding dental infection control and prevention practices.
- Identify options for addressing non-evidence-based practices.
- Identify partners who can support evidence-based infection prevention.

1.0 CE credit will be available.
The webinar is free and recommended for all dental professionals.

>>> Register for the webinar

Upcoming Opportunity:

Dental Care Before, During, and After Head & Neck Cancer Treatment

September 23, 2026 | 7:00 p.m. ET | Online

The Head & Neck Cancer Alliance will host an educational webinar highlighting the important role of oral health throughout the head and neck cancer treatment and survivorship journey. Cancer treatments can lead to oral health challenges such as dry mouth, tooth decay, difficulty eating, jaw stiffness, and changes in oral function.

The panel will feature a dentist, dental hygienist, and head and neck cancer survivor who will discuss dental care before, during, and after treatment, strategies for managing common oral complications, and practical ways to support long-term oral health and quality of life.

For CHC dental teams, primary care providers, and other healthcare professionals involved in caring for patients with head and neck cancer.

>>> Register for the webinar here

Upcoming Opportunity:

2027 ADS Annual Conference – Call for Proposals

The Association for Dental Safety (ADS) is now accepting proposals for its 2027 Annual Conference, designed primarily for professionals with intermediate-to-advanced expertise in dental infection prevention, occupational health, and patient safety.

ADS is seeking proposals that go beyond foundational concepts and highlight:

- Advanced application of standards, guidelines, and evidence
- Practical implementation strategies
- Emerging research and scientific developments
- Complex case studies and problem-solving
- Lessons learned from real-world implementation

Proposal Deadline: September 18, 2026

Conference: June 2–4, 2027 | St. Louis, Missouri

A great opportunity for CHC dental leaders and professionals to share innovative practices with a national audience.

>>> Learn More and Download the Call for Proposals Guidelines

IPHCA™ Oral Health

RESOURCE BULLETIN

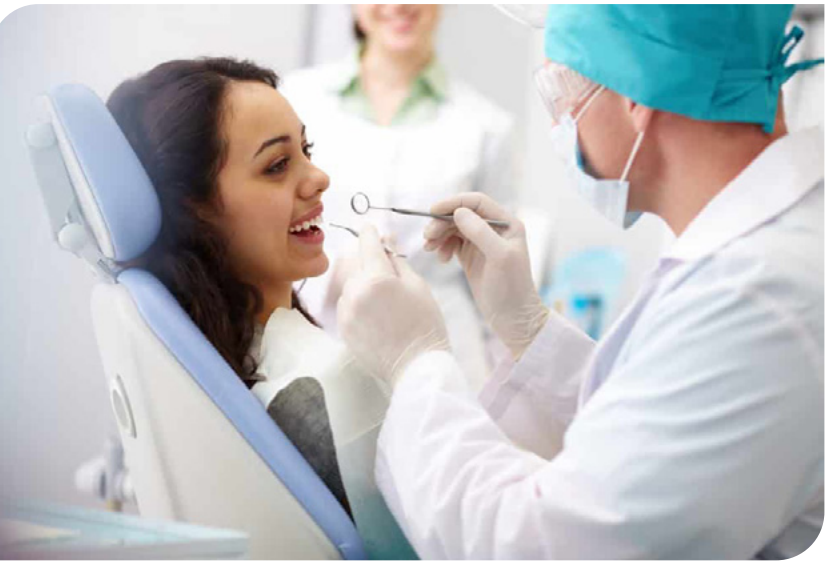
NNOHA
National Network for Oral Health Access

Oral Health Awareness:

Supporting Safe, Evidence-Based Dental Pain Management

Recent discussion about opioid prescribing in dentistry is an important reminder of the role dental professionals play in addressing the opioid crisis, but it is equally important to recognize the significant progress the dental profession has made in promoting safe, evidence-based pain management.

A recent DrBicuspid article highlighted research suggesting that opioid prescribing following some dental procedures may be associated with persistent opioid use and other adverse outcomes, particularly among certain higher-risk patient populations. The review also noted that many of the studies relied on retrospective or administrative data, which may not capture the full clinical context behind individual prescribing decisions.



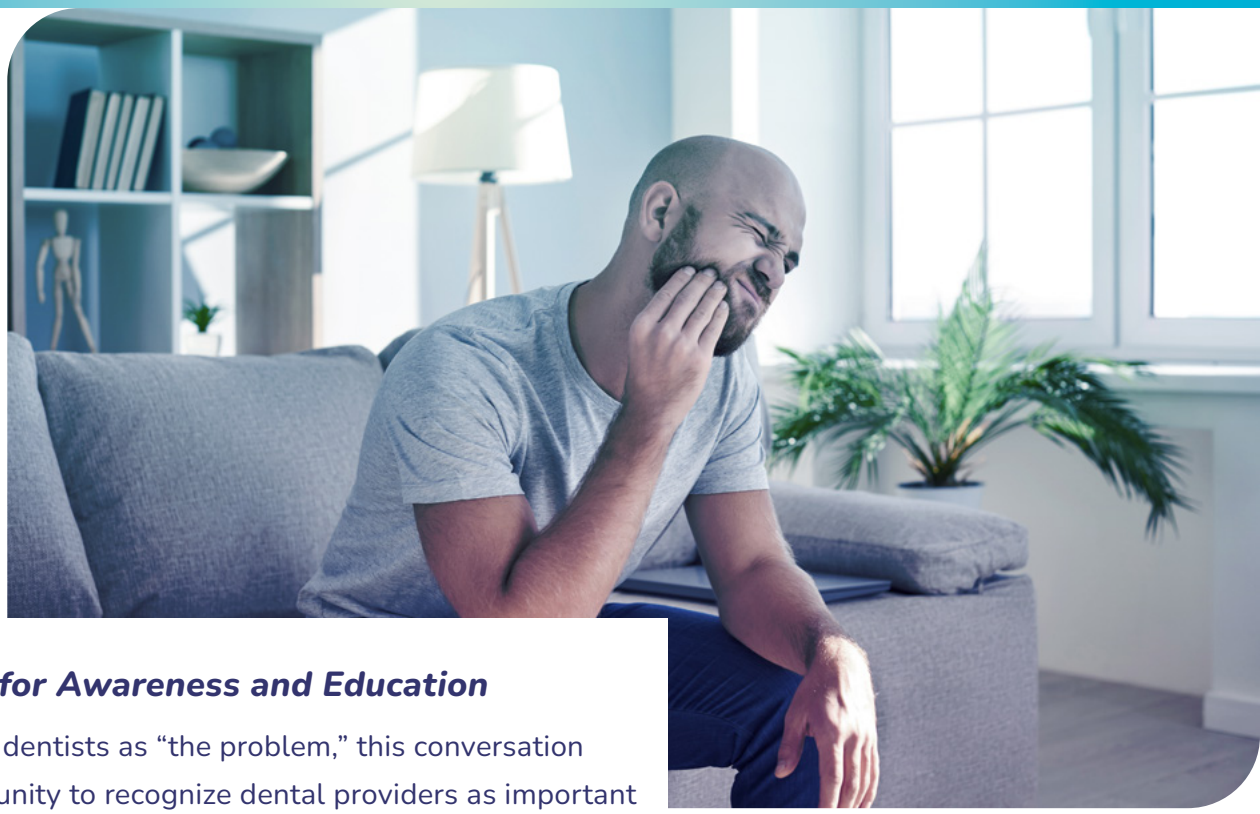
For Community Health Center dental providers, pain management is often complex. Dental teams care for patients with diverse medical histories, chronic conditions, behavioral health needs, previous substance use, and varying access to follow-up care. These factors require providers to use clinical judgment and individualized treatment planning, rather than relying on a one-size-fits-all approach.

The good news is that evidence-based guidance increasingly supports opioid-sparing approaches. The American Dental Association recommends NSAIDs, alone or in combination with acetaminophen, as first-line treatment for most acute dental pain. Opioids may have a role in selected situations when first-line therapies are insufficient or contraindicated.

The CDC similarly recommends maximizing nonopioid therapies when appropriate and, when opioids are necessary, using the lowest effective dose for no longer than the expected duration of severe pain.

Click here to see all ***Oral Health Events***

Click here to browse ***Oral Health Resources***



An Opportunity for Awareness and Education

Rather than viewing dentists as “the problem,” this conversation should be an opportunity to recognize dental providers as important partners in opioid stewardship.

CHC dental teams can continue strengthening their approach by:

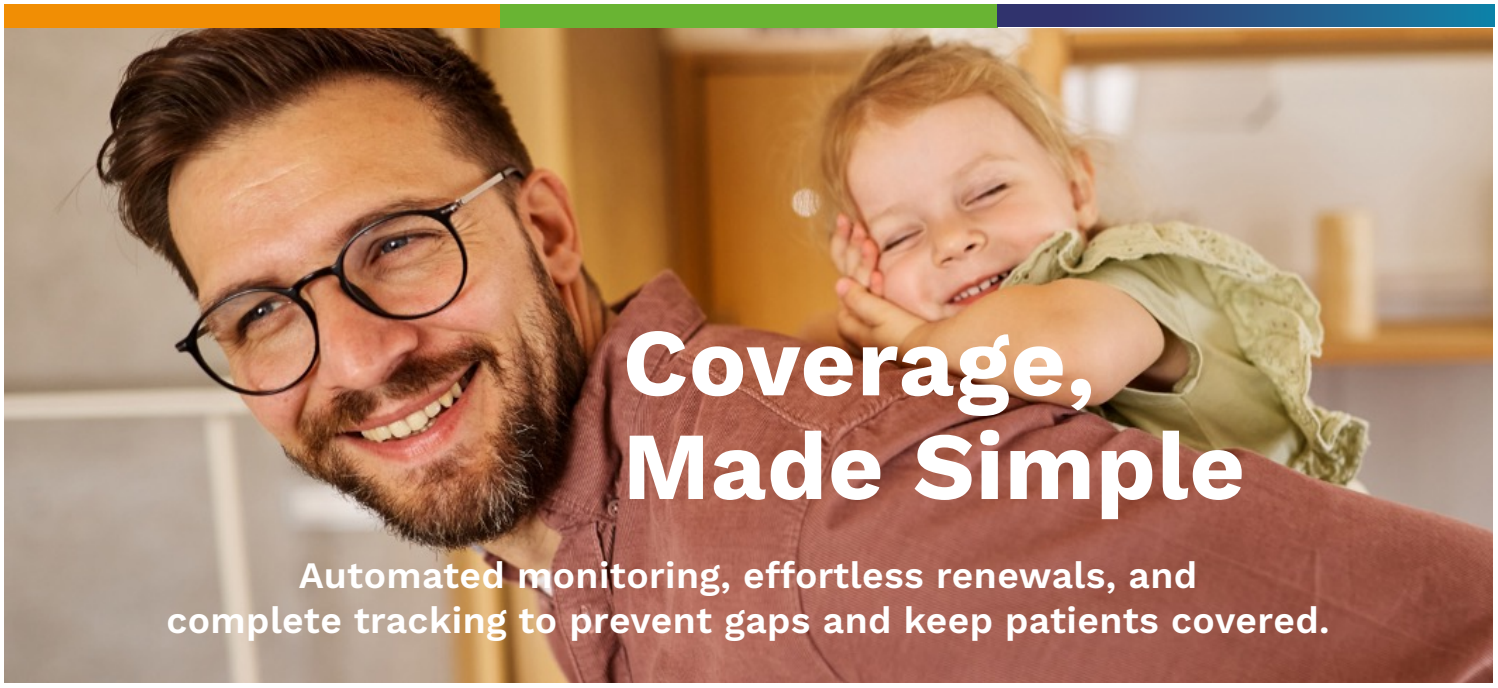
- Using evidence-based, nonopioid pain management whenever appropriate.
- Reviewing medical history, medications, and substance-use risk factors.
- Using state prescription drug monitoring programs when prescribing controlled substances.
- Educating patients about safe medication use, storage, and disposal.
- Discussing naloxone when clinically appropriate.
- Coordinating care with medical and behavioral health providers for patients with complex needs.
- Continuing education on pain management and substance use disorders.

The goal is not simply to reduce opioid prescriptions. The goal is to provide effective pain relief while minimizing unnecessary exposure and protecting patients from preventable harm. Indiana Community Health Center dental providers are uniquely positioned to advance this balanced, patient-centered approach while ensuring that patients receive the timely dental treatment they need.

Resources for CHC Dental Teams

- **ADA Acute Dental Pain Management Guidelines**
- **CDC Dental Pain Care and Opioid Prescribing Resources**
- **ADA Oral Analgesics for Acute Dental Pain**

>>> See this article in our resource center



Coverage, Made Simple

Automated monitoring, effortless renewals, and complete tracking to prevent gaps and keep patients covered.

Your patients' coverage needs don't always follow a predictable path. Our solution adapts to meet each patient where they are.

Automated outreach and manual processes protect your bottom line by maintaining high insured-patient visit rates.

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- **Protect Revenue**
- **Close Coverage Gaps**
- **Safeguard Patient Data**

Pointcare

pointcare.com

IPHCA™ Preferred Partner

IQIN
Indiana Quality Improvement Network

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

>>> Click to see all IQIN Resources

Azara Update

Enhancing Cardiovascular and Kidney Health Management with New Azara DRVS Tools

Indiana health centers are gaining new tools to help identify and manage patients at risk for cardiovascular disease and chronic kidney disease through an upcoming enhancement to Azara DRVS.

Supported through remaining **Health Center Controlled Network** (HCCN) funding, the initiative will expand Azara's population health capabilities by developing new measures and registries designed to help care teams proactively identify high-risk patients and support evidence-based treatment decisions. While the request originated through conversations with health centers participating in the **CKM (Cardiovascular-Kidney-Metabolic) Ground Breakers** initiative with the American Heart Association, the resulting tools will be **available to all IQIN health centers utilizing Azara DRVS**.

The project includes the development of custom measures to identify patients with diabetes who are at elevated cardiovascular risk and are prescribed guideline-recommended therapies such as SGLT2 inhibitors and GLP-1 receptor agonists. Additional measures will help health centers identify chronic kidney disease (CKD) patients utilizing kidney-protective therapies, including ACE inhibitors, ARBs, SGLT2 inhibitors, and finerenone.

A key feature of the project is the creation of a new registry based on the **American Heart Association's PREVENT™ Calculator**. The PREVENT model estimates both 10-year and 30-year cardiovascular disease risk, providing a more comprehensive view of a patient's long-term health outlook. By integrating PREVENT-based risk stratification into Azara DRVS, care teams will be better equipped to identify patients who may benefit from earlier intervention, targeted outreach, and preventive care strategies.

These enhancements align closely with ongoing efforts across Indiana health centers to improve management of cardiovascular disease, diabetes, and kidney disease, conditions that often overlap and significantly impact patient outcomes. The new tools will support data-driven population health management, helping organizations identify care gaps, prioritize high-risk patients, and advance quality improvement initiatives.

Once development is complete, the new functionality will be demonstrated during future HCCN Committee meetings and Azara-focused user group sessions to ensure health centers understand how to leverage the measures and registry within their population health workflows.

By expanding access to advanced risk identification and management tools, this initiative represents another step forward in supporting health centers as they work to improve outcomes, strengthen preventive care, and advance whole-person population health management.

Recognizing Indiana's 2025 CHQR Award Recipients

IPHCA would like to recognize and congratulate the following health centers for receiving Community Health Quality Recognition badges from HRSA based on 2025 UDS data.

More information, including the criteria for each badge, can be found HERE.

Advancing HIT

32 Recipients

- Healthnet, Inc.
- Echo Community Health Care
- Raphael Health Center
- Neighborhood Health Clinics, Inc.
- Riggs Community Health Center, Inc.
- Indiana Health Centers, Inc.
- Shalom Health Care Center, Inc
- Windrose Health Network, Inc.
- Northshore Health Centers, Inc.
- Healthlinc, Inc.
- Heart City Health Center, Inc.
- Valley Professionals Community Health Center, Inc.
- Maple City Health Care Center
- The Health And Hospital Corporation of Marion County
- Jane Pauley Community Health Center, Inc.
- Southlake Community Mental Health Center, Inc.
- Wabash Valley Health Center, Inc.
- Porter Starke Services Inc
- Southern Indiana Community Health Care Inc
- Tulip Tree Health Services of Gibson County, Inc.
- Well Care Community Health, Inc.
- Knox/Winamac Community Health Centers, Inc.
- Aspire Indiana Health Inc
- Adult & Child Mental Health Center Inc
- Neighborhood Health Center Inc
- 219 Health Network Inc
- Edgewater Systems For Balanced Living, Inc.
- Centerstone Health Services Inc
- Bowen Health, Inc.
- Alliance Health Centers Inc
- The Damien Center Inc
- Valley Oaks Health, Inc

Health Center Quality Leader - Gold

4 Recipients

- Healthlinc, Inc.
- Valley Professionals Community Health Center, Inc.
- Wabash Valley Health Center, Inc.
- Neighborhood Health Center Inc

Health Center Quality Leader - Silver

4 Recipients

- Raphael Health Center
- Family Health Center of Clark County, Inc
- Tulip Tree Health Services of Gibson County, Inc.
- 219 Health Network Inc

Health Center Quality Leader - Bronze

4 Recipients

- Riggs Community Health Center, Inc.
- Windrose Health Network, Inc.
- Maple City Health Care Center
- The Health and Hospital Corporation of Marion County

Congratulations to all our health centers!

HRSA Health Center Program

High-Value Care

6 Recipients

- Shalom Health Care Center, Inc
- Heart City Health Center, Inc.
- Porter Starke Services Inc
- Southern Indiana Community Health Care Inc
- Adult & Child Mental Health Center Inc
- The Damien Center Inc

Improving Health Care Access

10 Recipients

- Healthlinc, Inc.
- Valley Professionals Community Health Center, Inc.
- Maple City Health Care Center
- Jane Pauley Community Health Center, Inc.
- Southlake Community Mental Health Center, Inc.
- 219 Health Network Inc
- Edgewater Systems For Balanced Living, Inc.
- Bowen Health, Inc.
- Damar Services Inc
- The Damien Center Inc

National Quality Leader - Behavioral Health

5 Recipients

- Riggs Community Health Center, Inc.
- Healthlinc, Inc.
- Tulip Tree Health Services Of Gibson County, Inc.
- Neighborhood Health Center Inc
- 219 Health Network Inc

National Quality Leader - Cancer Screening

1 Recipient

- 219 Health Network Inc

National Quality Leader - Diabetes Health

4 Recipients

- Open Door Health Services, Inc.
- Riggs Community Health Center, Inc.
- Valley Professionals Community Health Center, Inc.
- Neighborhood Health Center Inc

National Quality Leader - Heart Health

8 Recipients

- Healthnet, Inc.
- Raphael Health Center
- Windrose Health Network, Inc.
- Healthlinc, Inc.
- Heart City Health Center, Inc.
- Valley Professionals Community Health Center, Inc.
- Wabash Valley Health Center, Inc.
- Tulip Tree Health Services Of Gibson County, Inc.

Preventive Health

3 Recipients

- Riggs Community Health Center, Inc.
- Healthlinc, Inc.
- 219 Health Network Inc

Indiana Quality Improvement Network

RESOURCE BULLETIN

The KLAS Corner

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

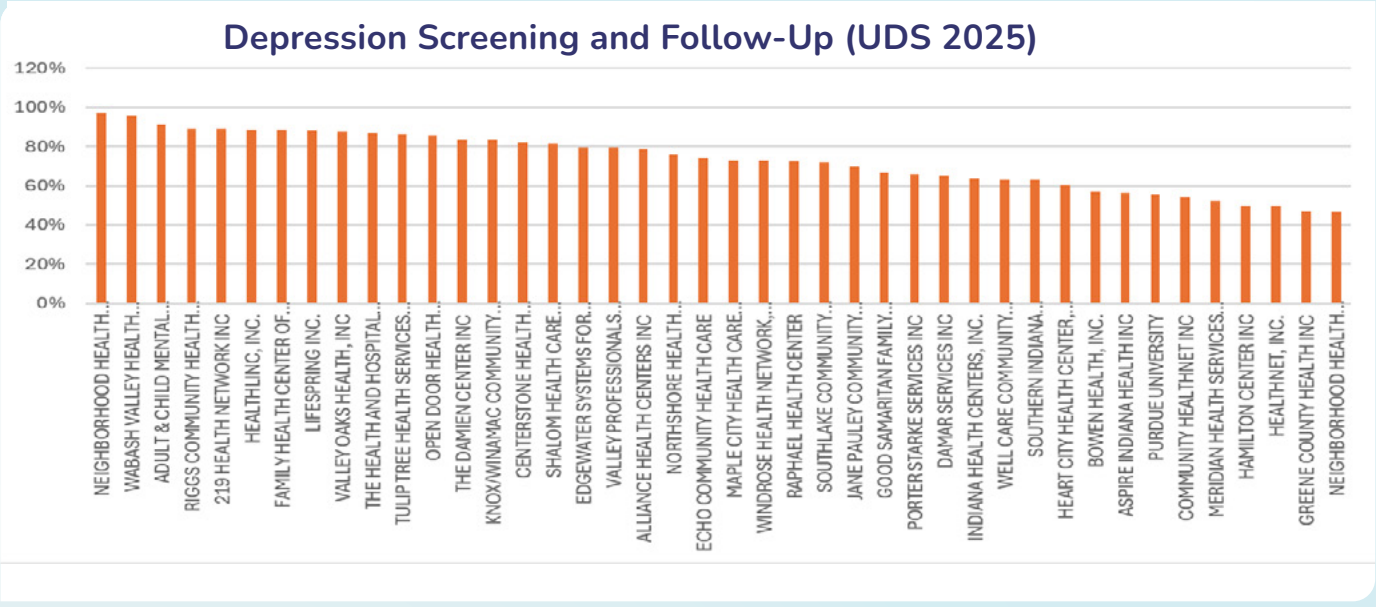
KLAS Arch Collaborative Success Pathway- Superusers

Strong superusers can make the difference between an EHR that frustrates staff and one that truly supports patient care. This article explores how healthcare organizations can build a sustainable, high-impact superuser program that improves adoption, strengthens communication, reduces support burdens, and drives ongoing optimization.

From selecting and training the right champions to integrating them into governance, upgrades, and daily operations, the article offers practical strategies for creating a superuser network that empowers frontline teams and supports long-term success. If you're looking to elevate EHR engagement and create stronger connections between clinicians, IT, and leadership, this is a must-read.

>>> Read the full article here

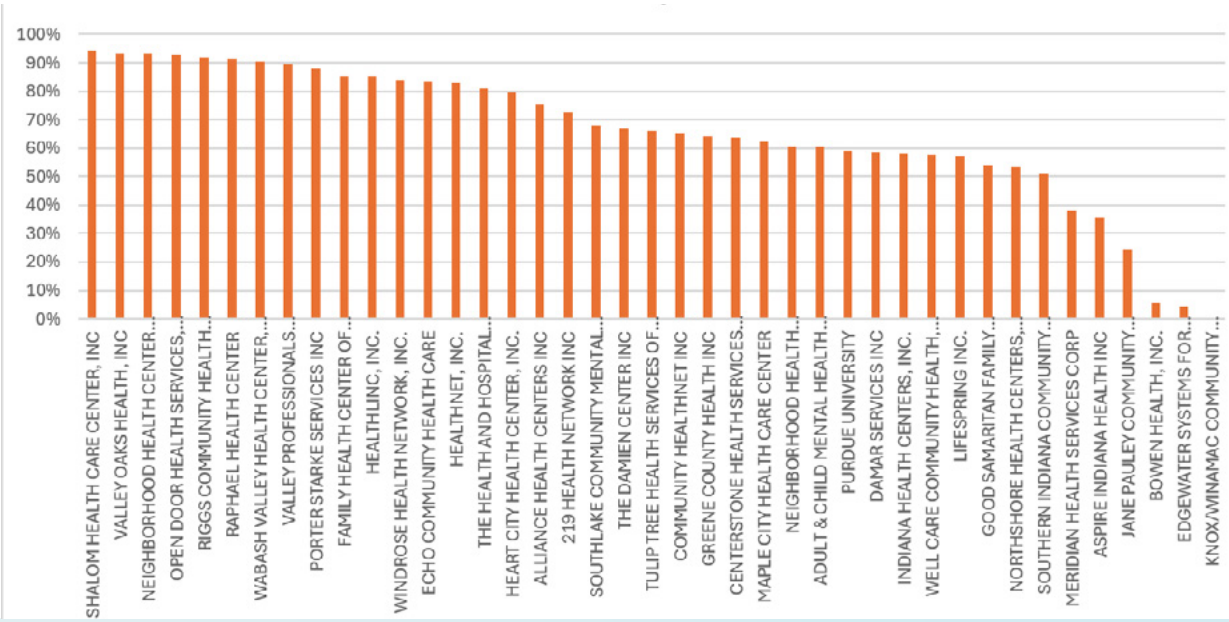
UDS Data Spotlights: Each month, IQIN will highlight metrics from the newly released UDS 2025 data. In honor of Suicide Prevention Month, this month, we are highlighting the importance of depression screening and follow-up. **Click to view data.** See the full dashboard **here.**



Context: *This graph shows the percentage of patients 12 and older who received screening for depression and had a follow-up completed if necessary. The denominator includes all patients 12 years of age and older with a medical visit in 2025. The numerator only includes patients who either: 1) were screened for depression and screened negative or 2) were screened for depression, screened positive, and had an appropriate follow-up plan document on the day of the visit. Patients with an active diagnosis of depression or BPD were excluded, along with patients who refused to participate, patients who were in urgent situations, and patients whose functional capacity may impact the results.*

UDS Data Spotlights: Each month, IQIN will highlight metrics from the newly released UDS 2025 data. In honor of Childhood Obesity Awareness Month, this month, we are highlighting the importance of child and adolescent BMI screening and counseling**Click to view data.** See the full dashboard **here.**

Child and Adolescent BMI Screening and Counseling (UDS 2025)



Context: *This graph shows the percentage of children and adolescents who had a BMI calculated and received counseling for both nutrition and physical activity during 2025. The denominator for this metric includes patients ages 3-16 with at least one medical visit in 2025. The numerator only includes children who had all three of the following in 2025: 1) a BMI recorded, 2) counseling for nutrition, and 3) counseling for physical activity. Patients who were pregnant or in hospice care during the year were excluded from this measure.*

IPHCA™ Workforce

J-1 NEWS UPDATE

indianapca.org/iphca-workforce/

2027 Indiana J-1 Visa Waiver Program Cycle Update

The 2027 Indiana J-1 Visa Waiver Program will open for application submissions on October 1, 2026.

Guidelines for the 2027 application cycle will be available on the IPHCA website on or before that date.

>>> Visit and bookmark our J-1 Visa page

For additional information or questions, please contact Natalie Morrison / **nmorrison@indianapca.org**

Financial stewardship starts with smarter purchasing decisions.

Community health centers continue to face increasing financial pressures while balancing the need to deliver exceptional patient care. Every purchasing decision impacts your bottom line, making collaboration and strategic partnerships more important than ever.That's why the **2026 CHCollective Purchasing Summit & Reverse Expo** was designed to bring together finance, purchasing, and operational leaders to identify practical solutions that strengthen financial performance.

Attend to:

- Discover supplier solutions that can help reduce organizational costs
- Learn purchasing strategies that maximize every budget dollar
- Connect with finance, purchasing, and operations leaders from community health centers nationwide
- Build relationships with trusted supplier partners
- Participate in our unique Reverse Expo, where health centers lead the conversation with vendors

November 10–11, 2026

AC Hotel Nashville, Tennessee

Registration is free for community health center attendees, and a limited number of hotel stipends remain available on a first-come, first-served basis.

Reserve Your Spot Today

chcollective.com

Contact Alex Vactor for more information

avactor@chcollective.com 412.612.0593

CHCollective