



**Celebrating
CCHBC
milestones
with
Southwestern
Behavioral Healthcare, Inc.**



Read more on pages 8 - 12

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Letter from Zoe

PRESIDENT & CEO, INDIANA
COUNCIL OF COMMUNITY
MENTAL HEALTH CENTERS



As we begin in 2026, Indiana's community mental health system stands at an important moment of both opportunity and responsibility. Across our state, Community Mental Health Centers and Certified Community Behavioral Health Clinics (CCBHCs) are delivering life-saving care, stabilizing communities, and proving, through data, that access, quality, and fiscal responsibility can go hand in hand.

Nowhere is that clearer than in **our CCBHC demonstration sites**. In just one year, centers like **Southwestern Behavioral Healthcare** have shown how the CCBHC model improves access, shortens wait times, strengthens crisis response, and helps people stay connected to care rather than cycling through emergency rooms, jails, and inpatient beds. These results are not theoretical; they are happening right now in Indiana communities.

To learn more about this great work, the council **will highlight each of our demo sites for the next 8 newsletters**. From there we will highlight the other great work being done in the crisis services space in our network. To learn more about this great work **see pages 8 - 11.**

That is why the **federal Ensuring Excellence in Mental Health Act** is so critical. This bipartisan legislation would create a permanent Medicaid payment option for CCBHCs, expand integrated care, and establish long-term stability for the model nationwide. This bill gives Indiana the opportunity to move from demonstration to sustainability, and your voice matters in making that happen.

I strongly encourage every member, partner, and stakeholder to act in support of this legislation and

to engage by reaching out to your federal legislators to support and by attending two key advocacy moments this winter:

- **January 29, 2026 – CCBHC "One Year of Impact" Webinar** Join us to hear directly from demonstration sites, partners, and state leaders about what the CCBHC model has delivered for Indiana in its first year, and what comes next. **You can [register here](#). To learn more about this webinar [see page 12](#).**
- **February 17, 2026 – Indiana Council State Hill Day** This is our opportunity to take a unified message to the Statehouse: that CCBHCs, crisis services, and community-based behavioral health are not only clinically essential but fiscally responsible investments that help Indiana manage costs while improving outcomes. **Please [register here](#), to learn more [see page 24](#).**

The fiscal environment we are operating in has changed. Indiana is entering a period of restraint, not expansion. CMS' new guidance on provider taxes and federal financing means every dollar matters more than ever. In this environment, our message must be clear and disciplined: **community-based behavioral health saves money by preventing the highest-cost care.**

We know where the savings come from:

- Emergency room diversion
- Avoided inpatient stays
- Reduced jail involvement
- Faster transitions back to the community
- Stronger continuity of care.

Our Council is working closely with the Board, committees, and members to finalize a sustainability and cost-savings framework that we will bring to state leadership this spring. This work is about protecting the system we have built and positioning it to survive and thrive in a very different financial landscape.

OUR FIRST NEWSLETTER OF 2026

At the same time, federal developments are creating both new opportunities and new risks. CMS has launched a **\$50 billion Rural Health Transformation Program** to strengthen rural care nationwide, including behavioral health. The new **Office of Rural Health Transformation** will oversee this work and provide technical assistance to states. We are already engaged to ensure Indiana's rural CMHCs are fully represented as these dollars flow into the state.

CMS is also advancing several major payment and pricing reforms, including **new drug cost models (GLOBE and GUARD)**, expanded access to **GLP-1 medications through the BALANCE model**, and stronger price transparency rules designed to make health care costs clearer and more accountable. Meanwhile, **HHS** has proposed new policies affecting hospital care for minors, and **SAMHSA** is using **Substance Use Disorder Treatment Month** to promote access to evidence-based recovery services nationwide. **To learn more about all these federal policy updates see pages 14 - 17**

Taken together, these changes underscore a simple truth: behavioral health is now central to both federal health policy and fiscal strategy. Our role as CMHCs and CCBHCs is to ensure Indiana leads with data, compassion, and accountability.

I also wanted to take a moment to welcome our newest staff member, **Amanda Deaton**, Reimbursement & Revenue Compliance Manager. Amanda joins us with an extensive managed medicaid background with this expertise she will be instrumental in navigating reimbursement and revenue needs of our members. She will also be managing the council's grants that we administer to our members. **Please join me in welcoming Amanda! You can learn more on page--**

Thank you for everything you do for Hoosiers every day. I look forward to standing with you on January 29 and February 17 as we continue building a stronger, more sustainable behavioral health system for Indiana.

With gratitude and resolve,

Zoe Frantz President, CEO

zfrantz@indianacouncil.org

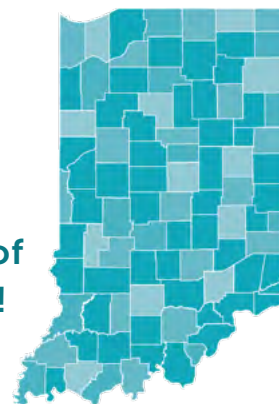
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*Indiana Council member providers -
serving all 92 Indiana counties*

**Together,
building the
health and
well-being of
all Hoosiers!**



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Community Mental Health Centers

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John Fordham Design

The Indiana Council of Community Mental Health Centers

represents the collective interests of all community mental health centers (CMHCs) currently certified and accredited to provide community-based behavioral health services across all ninety-two counties in Indiana.

CMHCs in Indiana served over 300,000 behavioral health consumers in 2023.

CMHCs provide services primarily to those suffering from severe behavioral health and substance abuse conditions which further reduce additional costs to society by directing coordinated care to our most vulnerable citizens.

Click the image below to view / download our flyer on the benefits provided to our communities by our network of CMHCs.



How do CMHCs benefit their communities?

Indiana's Community Mental Health Centers (CMHCs) all provide comprehensive mental health care to persons of all ages who suffer from mental illness or substance use disorders.

- The 24 CMHCs focus on serving economically disadvantaged Hoosiers and those who typically encounter difficulties accessing care.
- The services CMHCs provide to their communities include: inpatient and outpatient treatment, crisis services, services for children and adolescents, elderly people, substance use services, residential services, peer-led services and more.
- CMHCs provide life-improving, critical mental health services to Hoosiers who otherwise might never receive care, including the economically disadvantaged, persons involved in the criminal justice system, and persons who are experiencing homelessness.

CMHCs have a positive impact on Indiana's economy.

- The overall economic footprint of CMHCs statewide is nearly **\$1.4 billion**.
- CMHCs directly employ **11,629** Hoosiers, and indirectly support the jobs of an additional **3,511** Hoosiers through the supply chain, and via income generated by the CMHCs.
- Every **\$1.00** invested by CMHCs generates another **\$0.59** in additional economic activity.
- CMHCs help improve the state's mental healthcare workforce by providing internships to graduate students to learn skills needed to work in a community mental health environment.

Total Economic Impact for Indiana
\$1,382,440,371 annually
 \$510,369,305 HOUSING DIRECT
 \$872,000,068 DIRECT

Tax Revenue Generated
\$186 Million annually
 \$35.5 Million STATE & LOCAL
 \$150.6 Million FEDERAL

Employment
15,3040 TOTAL JOBS
 3,511 HOUSING DIRECT
 11,629 DIRECT

How can you support Indiana CMHCs?

CMHCs face many challenges, the biggest of which are acquiring and retaining a quality workforce, lack of adequate funding, and administrative burdens. The following measures would assist CMHCs to provide Hoosiers with more effective and timely services...

- Continue telehealth supports, alongside face-to-face services, as during the first year of the COVID-19 pandemic.
- Continue and expand the Certified Community Behavioral Health Clinic (CCBHC) grantee program; implement Prospective Payment System rate methodology.
- Increase Medicaid reimbursement rates to reflect the true cost of services.
- Provide incentives to work at CMHCs, such as student loan repayment or tuition reimbursement.
- Improve the licensure process by streamlining licensure to get a license more quickly.
- Reduce the administrative burden on CMHC staff by streamlining processes and reducing paperwork.
- Allow reimbursement of support services for consumers, such as transportation to and from the CMHC.
- Improve Hoosiers' mental health literacy to help them recognize, manage and prevent mental health and substance use disorders.

Text adapted from The Impact Of Indiana's Community Mental Health Centers by the Center For Health Policy.
 View/download the full report here

Indiana Council of Community Health Centers,
 120 West Ohio Street, Suite 610 Indianapolis, IN 46204
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or scan this QR code:



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Friends of Indiana Council PAC

WHAT IS THE CMHC-PAC?

The Friends of Indiana Council-PAC is a political action committee made up of representatives from community mental health centers across the state of Indiana. Its sole purpose is to advance community mental health providers' position in the Indiana General Assembly.

Friends of Indiana Council-PAC does just what its name says: takes action on the political issues that matter to you and the people you serve.

OUR PURPOSE:

To serve as the voice of behavioral healthcare in the Indiana General Assembly.

OUR MISSION:

- To inform elected officials about policies, programs and initiatives that impact the public behavioral healthcare system.
- To build relationships with public officials and candidates for state elected office.

WHY IS CMHC-PAC NEEDED?

Government activity at both state and federal levels has a direct impact on behavioral healthcare providers. A strong political action committee is an essential tool for any effective governmental relations effort. Your individual participation in the political action process can shape public policy that is responsive to the needs of CMHCs and the communities they serve.

WHO CAN CONTRIBUTE?

Voluntary contributions to the Friends of Indiana Council-PAC may be accepted from any U.S. citizen.

WHERE WILL MY CONTRIBUTION GO?

A contribution to the Friends of Indiana Council-PAC fundraising campaign will help your voice be heard across the state of Indiana. Funds raised are used to present issues of concern to candidates for state elected offices. This support is given to candidates and elected state office holders that share the goals of CMHCs. Contribution decisions are made by the Indiana Council Board members and public policy committee members.

HOW DO I CONTRIBUTE?

Contributions can be made by a direct donation via our website:

- [Click here to go to our donation page.](#)

Otherwise, checks can be made out to **Friends of Indiana Council-PAC** and sent to: PO Box 609 Jeffersonville, IN 47131.

IS MY CONTRIBUTION TAX DEDUCTIBLE?

Contributions to PACs, including Friends of Indiana Council-PAC, are not deductible for income tax purposes.

If you have any questions please reach out to Sydney Moulton:

smoulton@indianacouncil.org

Donate to the PAC and get our new Indiana Council scarf!

CALL FOR NEW AFFILIATE MEMBERS

The Indiana Council invites government agencies, nonprofits, healthcare partners, and academic institutions, to join us as Affiliate Members.

As an Affiliate Member, you'll:

- Connect with leaders from across Indiana's mental health landscape and collaborate on statewide initiatives and policy efforts

Join the Indiana Council as an Affiliate Member and be part of Indiana's leading voice for behavioral health.

- Access exclusive events, trainings, and data insights
- Support the advancement of behavioral health services across Indiana

Your membership strengthens a statewide network committed to improving lives through accessible, quality mental health and addiction services.

Interested? [Click here to visit our Member Application page!](#)

Welcoming Amanda Deaton!

We are pleased to welcome Amanda Deaton to the Indiana Council team as Reimbursement & Revenue Compliance Manager.

Prior to joining the Council, Amanda served as a Provider Relations Supervisor with a Managed Care Entity, where she developed extensive expertise in reimbursement analysis, revenue cycle operations, compliance and policy interpretation, and provider relations and education.

Amanda is currently working toward a bachelor's degree in healthcare informatics and holds certifications in Project Management and Six Sigma Green Belt principles. She is also trained as a Mental Health First Aider, further reflecting her commitment to the field and to those we serve.

Outside of work, Amanda is a proud mom of two—a son who recently graduated from the University of Southern Indiana and a daughter currently in high school. We are excited to have Amanda on board and look forward to the knowledge and perspective she brings to the Council.



**Click to read the Indiana Council
2026 Public Policy Platform document**





MHA invite you to join their **2026 Hoosier Idol dinner**, an evening of talent and support for mental health awareness.

Date: February 10, 2026

Time: 6:00 PM - 9:00 PM

Venue: Indiana Roof Ballroom

Click here to find out more and purchase tickets

75 YEARS OF
Mental Health America of Indiana

Hoosier Idol

February 10, 2026
6-9 PM
@ The Indiana Roof Ballroom

Scan the QR code or click the MHAIA logo to register.

For information on sponsorships please contact Chief Operating Officer, Stephanie Anderson at sanderson@mhai.net

THE ROAD TO CCBHC

Celebrating Success in our CCHBC Journeys

In a new feature, we're highlighting the progress, successes, challenges and milestones of our eight demonstration CCHBC sites.

This month, we hear from Southwestern CEO Katy Adams.



OVERVIEW

Southwestern received the SAMHSA CCBHC E grant in 2020, which led to creation of the continuum of crisis services. When this grant ended, we received the CCBHC IA grant. During this period of time, we spent significant time investing in our electronic record and data management team. In addition, we full expanded crisis services to include a newly renovated crisis stabilization unit. With the assistant of the DMHA Catalyst Grant, the Neurodevelopmental Center was created as a multidisciplinary clinic with youth with both intellectual/developmental concerns and mental health concerns. Now that this grant has ended, this clinic model is sustained through the CCBHC payment model.



Southwestern achieved CCBHC status as part of the state's demonstration, which went live in January 2025. Due to this, we have been able to engage in outreach and engagement within the counties we serve—to spread the message of 24/7 crisis services and same day access to care. The open access model was adopted across the system, with current average wait of 4 days (as of 11/25). This data is misleading, as some individuals choose to make an appointment, rather than receive services same day. Staffing was increased to meet the needs to assure that time between treatment appointments didn't increase as a result of increased access.

Southwestern continues to focus on marketing same day access to services, crisis services, and specifically services for youth and veterans.

1 year celebration of our Crisis unit

(Left to right): Former Congressman Buschon, Katy Adams (President & CEO Southwestern), Sheriff Noah Robinson, Vanderburgh County Commissioner Mike Goebel & Former Evansville Mayor Lloyd Winnecke



KEY SUCCESSES AND MILESTONES

- 2024 Number of individuals served: **8220**
- % increase in access to care: **42.86%**
- Average wait time for first appointment: 8 days in 2024, currently **4 days in 2025**. Average wait in August and September was **1 day**.
- Average response for Mobile Crisis team **18 minutes**
- **91%** of Inpatient Discharges receive a follow up service within 1 business day of discharge
- Of those receiving the 1 day follow up service after IP discharge, 93% of them received a **second service within 7 days**
- Hospital diversions **443**
- Jail Diversions **204**
- Number of staff added: **20**
- **Partnerships** with ECHO Housing, Evansville Police Department, and Southwestern's Crisis services to coordinate care for individuals with mental health concerns that are unhoused, or at risk for losing housing
- Partnership with **Peace Zone**, a peer led recovery center, to provide peer support services on behalf of Southwestern
- Partnership with **Easterseals** to provide psychological testing for CCBHC clients

SUCCESS STORIES

Brenda

Earlier in her life, Brenda had plans to become a nurse. She was an academic standout in college and received multiple scholarships and awards for her hard work. However, a diagnosis of chronic mental illness eventually led Brenda's life down a different path.

Crisis Services first had contact with Brenda in June of 2024. At the time, Brenda had recently arrived in Evansville from out of state, and police had contacted us to see what assistance we could offer her. After an overnight stay on the Crisis Stabilization Unit, we were able to transport Brenda to a local shelter, where she secured a bed.

Brenda's stay at the shelter was brief. Her persistent mental illness manifested in inappropriate behaviors, and she became homeless again. Throughout the remainder of 2024, Brenda was hospitalized multiple times and arrested twice. She also had ongoing contact with Crisis Services staff, usually through police and hospital staff who requested we speak with her. She may have been unhoused without access to showers or laundry facilities for long periods, but staff always treated Brenda with courtesy and respect, seeing only a sick individual needing help. Each time Brenda was willing to receive that help, Crisis Services was there. Giving up on Brenda was never an option.

Brenda was hospitalized at an inpatient treatment facility in December 2024 and discharged in January of this year. Immediately after her discharge, she began seeing Crisis Services therapist. She formed a bond with her therapist and scheduled regular appointments, never missing one. Crisis Services also worked alongside a Nurse Practitioner, who helped Brenda with medication management, and community partners, including Mental Health Court.



Over time, Brenda's personality started to emerge. She began taking pride in her personal appearance and became committed to her treatment. That bright young college student, obscured by the symptoms of mental illness, began shining again.

One year after Brenda's first contact with Crisis Services, she maintains her own apartment and keeps up with her medication and therapy appointments. She enjoys reading books and has a clearer understanding of her illness and how to manage it. She stands out not just as a testament to the work of Crisis Services and our community partners but as an example of how no one is ever too lost to find their way again.

A Call from Georgia

A gentleman called a suicide hotline in Georgia.

He reported living in Evansville, so they transferred the call to us at 5:15. He would not provide us with his name or any identifying information. However, he expressed suicidal intent. He said that he took 10 Tylenol, 10 Aleve, 10 Ibuprofen, and 15-20 "red pills," all while drinking alcohol. He also reported plans to shoot himself or slit his wrists. Crisis staff worked hard to keep him on the line.

Because he would not provide any identifying information, Crisis Staff contacted the Georgia service that had referred the call. It took some time, but they were eventually able to pull up the number he had called from. With this information, another Crisis Staff called the police and passed along all the information.

Police worked to locate the man by his number. Crisis Staff kept him on the phone as long as she could, but he eventually hung up and wouldn't respond to our calls (now that we had the number). At one point in the call, the gentleman reported plans to use his gun to "suicide by cop." Crisis staff then relayed this new information to the police, who had just arrived at the residence. We then followed the situation by listening to police scanner.

The last report that Crisis received was that he was successfully taken to the hospital for evaluation. So, a situation that could have turned out really bad in a lot of ways ended peacefully for everyone involved.

LOOKING AHEAD

- Recruitment and Retention of staff to continue same day access and treatment availability within 7 days
- Once process of submission of data to the state is completed, focus on looking at outcomes shown from data regarding clinical care to develop goals for programming or training
- Develop staffing and training model to align with fidelity requirements of evidence based practices
- Continue to find ways to reduce administrative burden to allow for clinicians to focus on client care
- Building renovation completed fall 2026—creating a child and family clinic of excellence for children with complex needs (with Neurodevelopmental Center embedded)
- Expand use of Peer Services

**Southwestern
CRISIS SERVICES**

812.422.1100

WE ARE HERE TO HELP

24/7 • FREE • CONFIDENTIAL

SOUTHWESTERN.ORG

**SCAN THIS
TO SAVE OUR
CONTACT
INFORMATION**

**>>> Read more about
Southwestern's Crisis
Services here**

**>>> Click the image
for their Year 2 Impact
report**

**Southwestern
Behavioral Healthcare, Inc.**
Improving Lives Together

**YEAR 2
IMPACT
REPORT**

**The Future of Indiana's Mental Health
Care System is Happening NOW!**

In June, Indiana was selected in the latest round of ten (10) states to become a **Certified Community Behavioral Health Clinic (CCBHC) Demonstration State** and Southwestern Behavioral Healthcare (Southwestern) was chosen as one of **eight (8)** community mental health centers in the state to become a **pilot site**. In addition, Southwestern received the **top score** among the pilot sites with a score of 91.25 out of 100 on the Initial Management Assessment/Quality Scores indicating that our organization was not only ready but provides high quality services.

**CCBHC
FOCUS**

- Crisis Services
- Care Coordination
- Strengthening Our Workforce

“Since 1971, Southwestern has provided mental health and substance use disorder treatment services that are vital for our community. In recent years, we have expanded to include a full continuum of crisis services, drastically improved access, and enhanced our measures of quality. Because of our staff's tireless efforts to develop more quality services, our leadership team's commitment to navigating this system transformation, and the collaboration of our committed community partners, Southwestern was chosen as one of the pilots for Indiana's CCBHC Medicaid Demonstration. What this means for the Evansville region is that we can continue our expansion and innovative efforts to assure everyone has access to the care they need, when they need it.
”

Katy Adams
President and CEO of Southwestern Behavioral Healthcare

OUR IMPACT TO DATE

15,725 Clients Served

373,699 Clinical Services Provided

25% Increase in Workforce and 34% Increase in Training Budget

Data reported from July 1, 2022 - June 30, 2024.



www.southwestern.org

415 Mulberry St., Evansville, IN 47713

CCHBC - One Year of Impact

Join our webinar marking the first year of CCHBC on January 29th from 1 - 3 pm

We will be joined by key stakeholders to highlight measurable outcomes, system improvements and the return on investment - and more!

Click the flyer below for more info.

[Click here to register for this event](#)



CCBHC: ONE YEAR OF IMPACT

JANUARY 29TH 2026

1:00PM-3:00PM

ZOOM WEBINAR

join us to celebrate the impact

CCBHC IN INDIANA

This webinar will feature Senator Crider, the eight CCBHC demonstration sites, law enforcement partners, clients with lived experience, the Indiana Council, and other key stakeholders. Together we will highlight the measurable outcomes, system improvements, and the return on investment achieved in the first year and the critical advocacy needed to sustain this transformation for Indiana's communities.

REGISTER NOW!



from NATIONAL
COUNCIL FOR
MENTAL
WELLBEING

2026
APRIL 27-29
DENVER

NATCON

Early Bird Rate Ends Soon

NatCon registration will never be cheaper!

Kick off 2026 with savings by registering today to lock in the early bird rate.

Join us for the chance to:

- Enjoy three days of high-impact learning and networking.
- Discover best practices from top behavioral health leaders.
- Earn CE credits to grow your skills and advance your career.
- Explore cutting-edge services, solutions and technologies.
- Connect with 5,000+ peers in a high-energy environment.

And so much more!

The price of admission to NatCon is going up on Jan. 23 —

save \$200 by **registering now!**

NATIONAL COUNCIL
for Mental Wellbeing

HEALTHY MINDS • STRONG COMMUNITIES



Click here to register!

Federal News

- **The Rural Health Funds announcement** was made, an email was sent to all CEOs, CFOS and COOS regarding points of contacts and upcoming webinars regarding regional funding opportunities. To learn more [click here](#).
- **The DEA and HHS have issued a fourth temporary rule** extending the COVID-era telemedicine flexibilities for prescribing Schedule II–V controlled substances through December 31, 2026. The extension allows DEA-registered practitioners to continue prescribing controlled medications via telemedicine without a prior in-person visit, subject to existing safeguards and state law. The temporary rule notes that the agencies continue to work on permanent regulations, including a special telemedicine registration framework.

National Council Policy Strategist Talks H.R. 1 Implementation

Peter Delia, federal policy and advocacy strategist for the National Council, appeared recently on **The Catalyst Podcast**, covering the implications of H.R.1 on Medicaid and mental health and substance use care. The Chicago-based podcast features conversations with thought leaders on real-world integrated health solutions and their impact on recovery, resilience and the realization of human and organizational potential.



Senate Confirms New Drug Czar

POLITICO

On Jan. 6, the Senate confirmed **Sara Carter as director of the White House Office of National Drug Control Policy** by a 52-48 vote. As “drug czar,” Carter will have a major role in shaping the administration’s drug policy agenda amid a push to address several issues, including substance use prevention, treatment and recovery.

SAMHSA Observes SUD Treatment Month



To mark January as **Substance Use Disorder (SUD) Treatment Month**, the Substance Abuse and Mental Health Services Administration (SAMHSA) is highlighting ways people experiencing substance use challenges can get treatment and support. Throughout the month, SAMHSA will emphasize that recovery is possible and aim to connect individuals and families with resources including FindTreatment.gov, evidence-based care options, and support services that help people overcome impediments to treatment. The effort also seeks to reduce stigma, encourage people to seek help early, and support health care providers and communities in offering compassionate, effective care tailored to individuals’ needs.

SAMHSA Cancels, Then Reverses, Grants Totaling Nearly \$2 Billion

On Jan. 13, the **Substance Abuse and Mental Health Services Administration (SAMHSA)** sent a **letter** to numerous agency grant recipients stating that **certain grants have been terminated**. The stated reason for the terminations provided in the letter is that SAMHSA may terminate a federal award “to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities.” Initial estimates suggested approximately 2,800 **grants totaling nearly \$2 billion had been canceled**.

On Jan. 14, the Department of Health and Human Services **rescinded its decision to cancel the grants**. **National Council for Mental Wellbeing** President and CEO Chuck Ingoglia made the following statement in response:

“The decision to rescind cuts to SAMHSA-funded

programs will save lives.

We applaud everyone

who stood up in support

of these congressionally-appropriated grants –

members of Congress and the many organizations throughout the behavioral health field. We stood up

and spoke with one voice to make it clear that the

SAMHSA programs are not wasteful. They’re vital to people who rely on medication-assisted treatment.

They’re vital to people with a serious mental illness.

And they’re vital to the communities where funding

supports mobile crisis response programs. We’re

relieved that the administration heard us and

changed its mind. But we know our work isn’t done,

so we will work with our allies on both sides of the

aisle to ensure funding continues and more lives are saved.”

NATIONAL COUNCIL
for Mental Wellbeing®

HEALTHY MINDS • STRONG COMMUNITIES

Happening on the Hill

Also this week, Speaker of the House Mike Johnson, R-La., said he is “bullish” on the prospect of a second reconciliation package coming together sometime this year. Reconciliation bills require only a simple majority (51 votes) to advance through the Senate, and while specifics on what such a package might contain are still largely unknown, the **Republican Study Committee has developed a framework** that includes “implement(ing) a 20 percent FMAP penalty for states that refuse to prohibit illegal aliens from participating in state Medicaid programs” and “reform(ing) the existing Affordable Care Act (ACA) subsidy structure so that money flows directly into the hands of patients through Health Freedom Accounts, codifying President Trump’s proposal and empowering Americans to shop for the care that meets their needs.”

The push from Speaker Johnson comes amid

reluctance from some GOP lawmakers

(subscription required) who have said they see no path forward for such a measure.

Meanwhile, lead negotiators of a bipartisan group of senators seeking to address the issue of the now-

expired Affordable Care Act premium tax credits say they are hoping to have legislative text **ready by the**

end of January. Senators had expected to unveil

legislative language this week, but the decision

to delay until after the Senate’s upcoming recess

suggests negotiators may still be grappling with

some of the most difficult issues.

CMS Newsroom Summary



•CMS Announces \$50 Billion in Awards to Strengthen Rural Health in All 50 States

CMS announced a \$50 billion investment to strengthen and modernize rural health care across all 50 states through the Rural Health Transformation Program. Beginning in 2026, states will receive significant funding to expand access to care, strengthen the rural health workforce, modernize facilities and technology, and support innovative care and payment models. Funds will be distributed over five years, with half allocated evenly across states and half based on rural health needs and impact potential. The program aims to bring care closer to home for rural residents and ensure long-term sustainability of rural health systems.

• CMS Announces Establishment of the Office of Rural Health Transformation

-CMS formally established the Office of Rural Health Transformation to oversee and support implementation of the \$50 billion Rural Health Transformation Program. The new office will guide states, provide technical assistance, coordinate partnerships, and ensure accountability throughout the five-year initiative. By creating a dedicated office, CMS aims to ensure strong leadership and consistent oversight as states carry out their rural health transformation plans. The office will serve as the central hub for advancing long-term improvements in access, quality, and sustainability of rural health care nationwide.

• CMS Proposes New Mandatory GLOBE

Model CMS is proposing a new mandatory payment model, called GLOBE, to lower the cost of certain high-priced drugs covered under Medicare Part B while maintaining quality of care for beneficiaries. The model would adjust how Medicare calculates drug rebates by referencing prices paid for the same drugs in comparable countries, addressing the large gap between U.S. drug prices and those abroad. The goal is to reduce out-of-pocket costs for seniors, improve

long-term Medicare sustainability, and prevent patients from skipping or rationing medications due to cost. The model would run for five years and apply to about 25% of Medicare beneficiaries in selected geographic areas.

• CMS Proposes New Mandatory GUARD Model

CMS is also proposing a mandatory payment model for Medicare Part D prescription drugs, called GUARD, aimed at lowering costs for seniors who rely on retail and mail-order medications. Similar to the Part B proposal, GUARD would use international drug pricing benchmarks to adjust inflation rebates while accounting for existing Part D discounts and rebates. The model is designed to reduce drug costs without harming care quality or innovation and to help beneficiaries avoid choosing between medications and basic living expenses. GUARD would begin in January 2027, last five years, and apply to roughly 25% of Part D enrollees in randomly selected areas.

• CMS Launches Voluntary Model to Expand Access to Life-Changing Medicines, Promote Healthier Living

CMS announced a new voluntary model, called BALANCE, to expand access to GLP-1 medications used for weight management and metabolic health for Medicare Part D and Medicaid beneficiaries while controlling costs. The model combines negotiated lower drug prices with standardized coverage rules and evidence-based lifestyle supports, such as nutrition and healthy living programs, to improve long-term outcomes. Participation is voluntary for drug manufacturers, states, and health plans. The model will launch in Medicaid as early as May 2026 and in Medicare Part D in January 2027, with a short-term Medicare demonstration beginning in July 2026 that allows eligible beneficiaries to access GLP-1 medications for a fixed monthly cost.



- **HHS Acts to Bar Hospitals from Performing Sex-Rejecting Procedures on Children**

The U.S. Department of Health and Human Services (HHS) announced proposed actions to prevent hospitals from performing certain medical and surgical procedures on children that are intended to change or suppress a child's biological sex. Under the proposal, hospitals participating in Medicare and Medicaid would be prohibited from performing these procedures on minors, and federal Medicaid and CHIP funds would no longer cover them. HHS stated these actions are based on concerns about irreversible physical harm and a lack of evidence supporting safety or effectiveness. Additional steps include FDA enforcement against the illegal marketing of medical devices to children and proposed civil rights rule changes to clarify that policies limiting these procedures do not violate federal disability laws. Public comment will be part of the regulatory process before final decisions are made.

- **Transparency in Coverage Proposed Rule (CMS 9882-P)**

CMS, along with the Departments of Labor and Treasury, proposed updates to health insurance price transparency rules to make health care cost information easier to access, understand, and use. The proposal would reduce the size and complexity of pricing data files, standardize how information is reported, and align insurer disclosures with hospital price transparency requirements. Key changes include reporting prices by provider network rather than by individual plans, increasing usable out-of-network pricing data, adding context such as plan type and enrollment, and creating change-log files to track updates. The rule would also make pricing data easier to find online, reduce reporting frequency from monthly to quarterly, and ensure consumers can receive the same cost information online, by phone, or in print. If finalized, the changes would take effect 12 months after publication.

- **Administration Proposes Significant**

- **Updates to Disclosure Requirements to Make Health Care Prices Clear, Accurate, and Actionable for Americans**

The Administration proposed significant updates to existing health care price transparency rules to help Americans better understand what they will pay for care before receiving it. The proposal focuses on simplifying large and complex pricing files, eliminating unnecessary data, and improving consistency so consumers, employers, and researchers can more easily compare costs across plans and providers. It also strengthens requirements for price comparison tools, ensuring cost-sharing information is available online, by phone, or in writing, and reflects consumer protections under the No Surprises Act. These updates aim to make pricing data more accurate, accessible, and actionable, supporting informed decision-making and increased competition in the health care system. Stakeholders have 60 days to submit public comments.

- **Final Local Coverage Determinations (LCDs) for Certain Skin Substitutes Withdrawn**

CMS announced that Medicare contractors are withdrawing previously issued Local Coverage Determinations related to certain skin substitute products for treating diabetic foot ulcers and venous leg ulcers. These policies were scheduled to take effect January 1, 2026, but will no longer move forward at this time. CMS noted that this action is effective immediately and aligns with broader efforts to improve payment accuracy and reduce wasteful spending. Existing coverage policies will remain in place unless and until new guidance is issued.


- **CMS Press Release and Fact Sheet Summaries –**



[Click here for all press releases and fact sheets](#)

Holiday Break Catchup

- **A federal judge upheld President Trump's \$100,000 fee on new H-1B visas** on Dec. 23, rejecting a legal challenge from the U.S. Chamber of Commerce and other business groups who argued the charge exceeded his authority and would hurt employers that rely on skilled foreign workers. Judge Beryl Howell ruled that the steep increase will stand while critics continue their appeals and separate lawsuits press forward.
- **The Drug Enforcement Administration (DEA) issued a rule Dec. 31, "Fourth Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Substances."** The rule extends COVID-19 Public Health Emergency (PHE) telemedicine flexibilities for prescribing controlled substances via the practice of telemedicine until Dec. 31, 2026. During the PHE, DEA originally suspended a federal requirement that patients receive an initial in-person visit before being prescribed certain controlled substances via telemedicine. The rule extends that waiver for a fourth time.
- **CMS announced plans to issue more detailed guidance clarifying how new budget-neutrality requirements in H.R. 1 will apply** (subscription required) to existing and future Section 1115 Medicaid waivers, according to November guidance from the agency. As of Jan. 1, 2027, all new, amended, or renewed 1115 demonstrations must be certified as not increasing federal Medicaid spending compared to what would have occurred without the waiver.
- **A federal judge ruled on Dec. 29 that the government can resume sharing limited Medicaid data with Immigration and Customs Enforcement (ICE) for use in immigration enforcement,** overturning an earlier block sought by states on privacy grounds. The court's order allows the Department of Health and Human Services and CMS to provide ICE with basic biographical and contact information, including citizenship and immigration status and contact data, for people believed to be living in the U.S. unlawfully starting Jan. 6. However, the judge blocked the sharing of sensitive medical records or data on U.S. citizens or lawful residents and limits broader information transfers while the case continues.
- CMS also issued an **informational bulletin Dec. 23** stating that, "Effective January 1, 2026, states must ensure they do not terminate Medicaid eligibility for an individual or CHIP eligibility for any targeted low-income child or pregnant woman when only due to their status as an inmate of a public institution." The bulletin "reminds states of operational strategies, including suspension of eligibility or benefits, available to effectuate these requirements ... while ensuring appropriate claiming of federal financial participation for services provided to individuals who are incarcerated."



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As a National Council for Mental Wellbeing member, you have exclusive access to our **Group Purchasing Program (GPP)** — a proven, hassle-free way to cut costs.

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Get started today and let our GPP help your organization save money, reduce stress and focus on what matters most — your mission.

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OPTIMIZATION ALLIANCE

RISE (formerly REL) Committee

The RISE (Resilience, Inspiration, Support & Empowerment) Committee is led by Dr. Gina Forrest.

This committee continues to meet quarterly and is currently working on finalizing next Connect Hub topic and securing a speaker for the webinar. This is scheduled for Thursday, March 19, 2026 at 10am EST- please stay tuned for your-save-the-date and registration information!

RISE committee contacts:

gina.forrest@aspireindiana.org

nhenry@indianacouncil.org

Data Analytics

Chair Ron Guidotti, Jr. (Porter-Starke) leads the committee in ongoing discussions with DMHA to get clarification on data reporting requirements.

Wendy Harrold (DMHA) attends meetings regularly and recently gave updates on the new county report dashboard as well as shared a preview of state fiscal year 2027 changes for required DARMHA data -details to follow at the January meeting.

Data Analytics Committee contacts:

rguidotti@porterstarke.org

nhenry@indianacouncil.org

Quality Improvement Committee

Under the leadership of Emily Neufeld as Chairperson and Meghan Creech as Deputy Chair, this committee continues to focus on quality improvement across our system and have the following standing agenda items:

1.) sharing expertise and resources, 2.) monitoring changes in Indiana Administrative Code (IAC) regulations, 3.) discussing conferences, trainings, resources, and education, and 4.) sharing recent audit/survey experiences.

The recertification application process has been challenging for some members lately, and the committee is currently working on improvements to this system.

QI committee contacts:

emily.neufeld@oaklawn.org

mcreech@hamiltoncenter.org

nhenry@indianacouncil.org

CFO committee

- 1) Research into Crisis programs and the impact CCBHC is having on them. This is inclusive of demo and non-demo sites.
- 2) Continued monitoring of MHFRP reimbursements and trends.
- 3) Expecting future work in the cost savings group. The board will be meeting on January 5th to plan for the next phase.
- 4) HAF and inpatient units. We will be gathering info in early 2026 about occupancy.

Grant Updates with Nancy Henry, Interim Grants Manager.

- Nancy Henry continues to serve as Interim Grants Manager while we seek to fill the position.
- The Group Home Grant projects continue. As a reminder, this project's end date is June 30, 2026. Grantees are encouraged to submit all claims as soon as possible.
- CCBHC Bridge Grant end date for the Bridge Grant is June 30, 2026.
- Indiana Council continues to receive enrollment forms for the Humana Grant/ Boston University Grant - Behavioral Health in Aging Certificate for CMHC Staff. Please contact Denise Wade for information on this grant.





- 1 Indiana Council fun at Holiday outing!
- 2 Indiana Council members stop for a quick picture at MHA conference in December
- 3 Sarah Sailors, Director of DMHA & Zoe Frantz at MHA
- 4 Kimble Richardson, Community and Zoe Frantz at MHA conference



1



2



3



4

1 & 2 Thank you to Kimble Richardson and his band the Circle City Street Stompers, provide a fantastic performance!

3 Congratulations to all of the 2025 Bell Seal nominees and winners!

4 **CONGRATULATIONS IU FOOTBALL – 2025 NATIONAL CHAMPS!!**



Cup of Joe with Zoe

Half hour State leader meet and greet with our members and partners.

Second Tuesday of every month at 8:30am EST

>> [Click here for Zoom link](#)

Meeting ID: 210-953-5684 Password: ICCMHC

DID YOU KNOW? -

You can watch past Cup of Joe meetings on YouTube -

[Click here to subscribe!](#)

UPCOMING EVENTS

State Hill Day Join us for our State Hill Day
Tuesday, February 17, 2026 **Registration is now open!**

Register
before
February 17th
and get a free
t-shirt



The poster is blue with yellow text and graphics. It features the Indiana Council logo at the top center. The main title '2026 LEGISLATIVE DAY' is in large yellow letters. Below the title, it specifies 'FEBRUARY 17 2026', 'MORNING SESSION', 'HYATT REGENCY - DOWNTOWN INDIANAPOLIS', and 'TUESDAY 9:00AM'. It also mentions 'LUNCH WILL SERVED FOLLOWING AT THE STATEHOUSE - 3RD FLOOR SOUTH ATRIUM'. At the bottom, it says 'Together building the health and wellbeing of all Hoosiers'. There are two QR codes: one for registration and one for donating to the PAC. A purple circle on the right side of the poster contains the text 'Register before February 17th and get a free t-shirt'.

INDIANA COUNCIL
of Community Mental Health Centers, Inc.

2026 LEGISLATIVE DAY

FEBRUARY 17 2026

MORNING SESSION
HYATT REGENCY - DOWNTOWN INDIANAPOLIS
LUNCH WILL SERVED FOLLOWING AT THE STATEHOUSE - 3RD FLOOR SOUTH ATRIUM

TUESDAY 9:00AM

Together building the health and wellbeing of all Hoosiers

Scan here to register

Scan here to donate to our PAC

2026 dates

February
10

March
10

April
14

May
12

June
9

July
14

August
11

September
8

October
13

November
10

December
8

SAVE THE DATES

- **Indiana Council Summer meeting**

July 15 – 17, Fort Wayne, IN

Courtyard Fort Wayne & TinCaps Field

Book your discounted hotel group rate [HERE](#)

- **Indiana Council Fall meeting**

September 30 – October 2, Bloomington, IN

Hilton Garden Inn, Bloomington



DON'T MISS

CCHBC - One Year of Impact

Join our webinar marking the first year of CCHBC on January 29th from 1 - 3 pm

[Click here to register for this event](#)



For further information on all events please contact [LeeAnn Jordan](#)

[Click here to visit our event pages](#)

Our Providers - Serving all 92 Indiana Counties

Indiana Council of Community Mental Health Centers, Inc.

P.O. Box 875, Carmel, IN 46082 (317) 684-3684

indianacouncil.org

- Numbers show head office locations
- Click provider logos to visit their sites

>> [Click here](#) to view
provider details on our site

CCBHC DEMO indicates provider is a
designated CCBHC demonstration site
in the counties shown in **GREEN** on the map >>>



1 Adult & Child **CCBHC DEMO**

603 E. Washington St. – 9th Floor,
Indianapolis IN 46204
Designated in: **MARION, JOHNSON**



2 Aspire Indiana Health, Inc.

9615 E. 148th St., Noblesville, IN 46060
Designated in: **BOONE, HAMILTON, MADISON, MARION, SHELBY, HANCOCK** Also serving: **GRANT**



3 Bowen Health

2621 E Jefferson St, Warsaw, IN 46580
Designated in: **HUNTINGTON, KOSCIUSKO, MARSHALL, WABASH, WHITLEY** Also serving: **ALLEN, DEKALB, LAGRANGE, NOBLE, STEUBEN**



4 Centerstone of Indiana, Inc. **CCBHC DEMO**

645 S. Rogers Street, Bloomington, IN 47403
Designated in: **BARTHOLOMEW, BROWN, DECATUR, FAYETTE, JACKSON, JEFFERSON, JENNINGS, LAWRENCE, MONROE, MORGAN, OWEN, RANDOLPH, RUSH, UNION, WAYNE** Also serving: **CLARK, DELAWARE, HENRY, JOHNSON, MARION, PUTNAM, SCOTT**



5 Cummins Behavioral Health Systems, Inc.

6655 East US 36, Avon IN 46123
Designated in: **HENDRICKS, PUTNAM**
Also serving: **BOONE, MONTGOMERY, MARION**



6 Edgewater Systems for Balanced Living, Inc.

1100 West Sixth Avenue, Gary IN 46402
Designated in: **LAKE** Also serving: **PORTER, LAPORTE**



7 Family Health Center

515 Bayou Street, Vincennes IN 47591
Designated in: **DAVISS, KNOX, MARTIN, PIKE**



8 4C Health **CCBHC DEMO**

401 E. 8th Street, Rochester, IN 46975
Designated in: **CASS, FULTON, MIAMI, PULASKI**
Also serving: **CARROLL, CLINTON, GRANT, MARSHALL, TIPPECANOE, WABASH HOWARD, TIPTON, WHITE**



9 Hamilton Center, Inc. **CCBHC DEMO**

620 Eighth Avenue, Terre Haute IN 47804
Designated in: **CLAY, GREENE, PARKE, SULLIVAN, VERMILLION, VIGO**
Also serving: **HENDRICKS, MARION, OWEN, PUTNAM**



10 INcompass Healthcare

285 Bielby Road, Lawrenceburg IN 47025
Designated in: **DEARBORN, FRANKLIN, OHIO, RIPLEY, SWITZERLAND** Also serving: **DECATUR, FAYETTE, HENRY, JEFFERSON, JENNINGS, RUSH, SCOTT, UNION, WAYNE**



11 LifeSpring Health Systems

460 Spring Street, Jeffersonville IN 47130
Designated in: **CLARK, CRAWFORD, DUBOIS, FLOYD, HARRISON, JEFFERSON, ORANGE, PERRY, SCOTT, SPENCER, WASHINGTON**



12 Meridian Health Services

240 N. Tillotson Avenue, Muncie IN 47304
Designated in: **DELAWARE, HENRY, JAY**
Also serving: **ALLEN, FAYETTE, HOWARD, LAPORTE, MADISON, MARION, RANDOLPH, RUSH, ST. JOSEPH, TIPPECANOE, WAYNE**



13 Northeastern Center, Inc.

220 South Main Street, Kendallville IN 46755
Designated in: **DEKALB, LAGRANGE, NOBLE, STEUBEN**



14 Oaklawn Psychiatric Center, Inc. **CCBHC DEMO**

330 Lakeview Drive, Goshen IN 46527
Designated in: **ELKHART, ST. JOSEPH**



15 Park Center

909 East State Boulevard, Fort Wayne IN 46805
Designated in: **ADAMS, ALLEN, WELLS**
Also serving: **HUNTINGTON, WHITLEY**



16 Porter-Starke Services

601 Wall Street, Valparaiso IN 46383
Designated in: **PORTER & STARKE**



17 Radiant Health **CCBHC DEMO**

505 N. Wabash Avenue, Marion IN 46952
Designated in: **GRANT, BLACKFORD**



18 Regional Health Systems

8555 Taft Street, Merrillville, IN 46410
Designated in: **LAKE**



19 Sandra Eskenazi Mental Health Center **CCBHC DEMO**

720 Eskenazi Avenue, Indianapolis IN 46202
Designated in: **MARION**



20 Southwestern Behavioral Healthcare, Inc. **CCBHC DEMO**

415 Mulberry Street, Evansville IN 47713
Designated in: **GIBSON, POSEY, VANDERBURGH, WARRICK**



21 Swanson Center

7224 W. 400 N., Michigan City IN 46360
Designated in: **LAPORTE**



22 Valley Oaks

415 N. 26th Street, Lafayette, IN 47904
Designated in: **BENTON, CARROLL, FOUNTAIN, JASPER, MONTGOMERY, NEWTON, TIPPECANOE, WARREN, WHITE**

