



News, programs and training opportunities / Distributed to all members

Expanding Care, Saving Lives



OAKLAWN

Oaklawn's Open Access Model

Read more: pages 12 - 15

Also this issue:



State & Federal updates
Pages 16 - 20



Recent Events
Pages 26 - 27



Letter from Zoe

PRESIDENT & CEO, INDIANA COUNCIL OF COMMUNITY MENTAL HEALTH CENTERS

As we move into the spring months, I want to take a moment to reflect on the incredible work happening across our network and the progress we continue to make together in strengthening Indiana’s behavioral health system.

This spring marks one year since the launch of Indiana’s Certified Community Behavioral Health Clinic (CCBHC) demonstration, and the impact has been significant. Through the dedication of our demonstration sites, thousands of Hoosiers are receiving more timely access to crisis care, integrated treatment, and coordinated behavioral health services. The CCHBC sites continue to demonstrate what is possible when we invest in comprehensive, community-based care that meets people where they are. To learn more, **read our feature from member CCHBC site Oaklawn on pages 10-13.**

At the same time, many of our members have continued to expand services, hire staff, and build infrastructure in anticipation of broader CCBHC implementation. These investments reflect the deep commitment of Indiana’s Community Mental Health Centers to ensuring that individuals and families have access to care in their communities.

Celebrating Our Behavioral Health Workforce

March is National Social Work Month, and I want to extend my gratitude to the social workers across our network who provide compassionate care, advocacy, and support every day. Their work is foundational to the services our centers provide and to the wellbeing of the communities we serve.

We also recognize **National Physicians Week**, including **National Doctors’ Day on March 30**, as an opportunity to celebrate the psychiatrists and medical providers who are essential members of our behavioral health teams. Their expertise, dedication, and partnership are critical to addressing the complex needs of individuals living with mental illness and substance use disorders.



LETTER FROM ZOE

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March-April 2026

Advocacy and Policy Progress

February was an exciting month for the Council as we hosted our **Legislative Day** on February 17 at the Statehouse. It was inspiring to see members, partners, and policymakers come together to discuss the future of behavioral health in Indiana. Also on this day the Indiana Council and Hamilton Center received public recognition from the Senate floor from Senator Greg Goode. **You can see this video here.**

Thank you to everyone who participated and helped highlight the importance of community-based care for Hoosiers across the state. To see more about this day **see page 24-25** - and you can watch **our video of the day here!**

We also continue to closely monitor several significant state and federal developments that may impact our system.

State Updates

The **Grow Rural Health Initiative** is moving forward with regional planning efforts across Indiana. The initiative is designed to strengthen the broader rural health system through investments in areas such as:

- technology and interoperability
- workforce development
- innovation and new care models
- transportation access
- food insecurity and social needs
- chronic disease management
- sustainable care delivery infrastructure

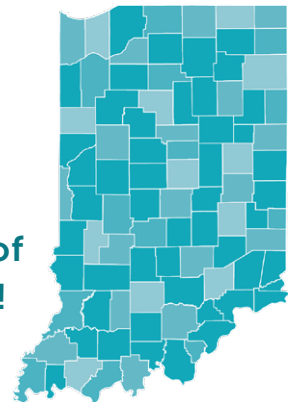


While mental health remains a priority, the program is focused on long-term system solutions, particularly

Zoe's letter continues on page 5

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



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John Fordham Design

because funding is limited to a six-year window. Members are encouraged to think about regional partnerships and collaborative solutions that strengthen the overall health system.

Regional coalitions are currently meeting to identify local needs and priorities.

Additional information on the **regional grant structure can be found here.**

We are pleased to share that several of our member organizations have been asked to serve on executive committees, though these appointments have not yet been publicly announced. We will share additional details once the selections are finalized.

Members who were not selected are still strongly encouraged to participate through their regional coalitions and planning discussions.

Medicaid and State Policy

The Family and Social Services Administration (FSSA) has begun the process for what has been called the “Mother of All Procurements,” rebidding approximately **\$68 billion in Medicaid managed care contracts** across Indiana’s programs, including HIP, Hoosier Healthwise, Hoosier Care Connect, and Pathways. We look forward to working with our Managed Care Entities partners in lifting up the importance of mental health and substance use disorder needs as part of this proposal process.

Additionally, Secretary Mitch Roob recently announced the hiring of **Audrey Frenzel as Medicaid Director** to lead the Office of Medicaid Policy and Planning. This comes at a critical time as the state undertakes several major initiatives including managed care procurement and the Rural Health Transformation Program.

*To learn more about these state updates, please see **page 14***

Federal Policy and Funding Updates

At the federal level, the Centers for Medicare & Medicaid Services (CMS) recently issued guidance implementing provisions of **H.R.1**, including new requirements for Medicaid eligibility redeterminations for expansion populations beginning in 2027.

Other developments include:

- New guidance for **Community Project Funding requests under the FY27 Labor-HHS appropriations process**, which could support facility improvements and equipment investments for behavioral health providers.
- **Department of Justice and Department of Labor funding opportunities totaling more than \$150 million**, including funding for crisis response and behavioral health services.
- A newly released **Assisted Outpatient Treatment (AOT) grant opportunity through SAMHSA.**

The Council continues to monitor these opportunities and advocate for resources that support our members and the individuals we serve.

We are also encouraging members of Congress to support the **PEERS in Medicare Act**, which would expand Medicare coverage for peer support services in community-based settings, including CMHCs and CCBHCs.

*To learn more about these federal policies and advocacy opportunities see **pages 15 - 21-***

Council News and Opportunities to Engage

There are many exciting opportunities for members to stay engaged in the coming months:



from NATIONAL
COUNCIL FOR
MENTAL
WELLBEING

2026
APRIL 27-29
DENVER

- **Nat Con Indiana Council Member Networking Event**– Tuesday, April 28, 2026, 5:30 pm- 6:30pm, Mineral F on third floor at the Hyatt Regency Denver, Colorado Convention Center. Partners if you would like to sponsor, please let Denise know.
- **Council Spring Conference** – May 6 and 7 in Muncie. [Register here](#) -
- **Susan Li Conference on Mental Health and Addiction** – April 17. [For more information click here](#)
- **National Council Hill Day**- June 2 and 3 - [Secure your spot using this link,](#)
- **Connect Hub Webinar** took place on March 19- if you missed this, you can [view the recording here](#)

We are also excited to open **nominations for our member awards**, which recognize the incredible leadership and innovation happening across our network.

Please nominate members in your organization or those that you work with in others by clicking here -

[2026 Member Awards Nomination Form Survey](#)

- Additionally, please take a few minutes to complete **our member survey**, which helps guide the Council's advocacy and strategic priorities. [Click here to start the survey](#)

Looking Ahead

The months ahead will continue to bring both opportunities and challenges for behavioral health in Indiana. From federal developments to state system transformation efforts, the work we are doing together has never been more important.

I remain deeply grateful for the dedication of our members, partners, and stakeholders who work every day to improve the lives of Hoosiers living with mental illness and substance use disorders.

Together, we are building a stronger, more accessible behavioral health system for Indiana.

Thank you for your continued collaboration.

Warm regards,

With gratitude and resolve,

Zoe Frantz

President, CEO

zfrantz@indianacouncil.org



See pages 8-9

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 2025.

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.

Indiana's Community Mental Health Centers (CMHCs) 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**.
- 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
 \$510,369,303 HOOSIER DIRECT
 \$872,070,068 DIRECT

Tax Revenue Generated
\$186 Million Annually
 \$25.5 Million STATE & LOCAL
 \$150.6 Million FEDERAL

Employment
15,3040 Total, 2025
 13,511 HOOSIER DIRECT
 11,829 DIRECT

CMHCs directly employ 11,829 Hoosiers and indirectly support the jobs of an additional 3,511 Hoosiers through the supply chain, and via income generated by the CMHCs.

How can you support Indiana CMHCs?

CMHCs face many challenges: the biggest of which are **scarcity and retention of 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, to during the first year of the Covid-19 pandemic.
- Continue and expand the Certified Community Behavioral Health Clinics (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 removing barriers 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, 201 West Ohio Street, Suite 610, Indianapolis, IN 46204, (317) 684-3884, indianacouncil.org

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



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!](#)

Call for Nominations!

We are excited to host our
third annual Member Awards!

In times of change and challenges, our members of
continue to serve, with dedication and innovation, to
help provide Hoosiers with the best care they deserve.

Here's your opportunity to acknowledge
and celebrate those achievements!

- Nominations must be received by close of business on **April 7th, 2026** to be considered.
- If you have any questions or need additional information, please contact **Lee Ann Jordan**
- Award winners will be chosen by a panel of members from our marketing committee.



Scan the QR code
to complete a
nomination form



Member Survey

YOUR VOICE
MATTERS!

It's that time again!

Indiana Council's member survey is
now open, and we need YOUR input.

By completing the survey, you'll help us continue
to make membership with the Council BETTER!

Please take a few minutes and complete our
2026 Member Survey. Just scan the QR code,
or click here.

***Those who complete the survey will be entered
in a draw to win a \$100 visa gift card!*



Award Categories

INNOVATION / COLLABORATION OF THE YEAR!

This award honors a notable project by a CMHC/CCBHC member organization that has demonstrated excellence through:

- Advocacy
- Innovative programs/ services/systems that have increased access, improved care services to the community, or decreased disparities; or
- Collaborative efforts to reach high-risk populations in the community.



CMHC/CCBHC ADVOCATE OF THE YEAR!

This award recognizes an individual who has championed the advancement of CMHC & CCBHC's' mission to deliver high quality, culturally competent, comprehensive behavioral health care services regardless of patients' ability to pay. They have demonstrated a steadfast commitment to supporting the growth of the CMHC/CCBHC through education, partnership or service.



STUDENT/INTERN OF THE YEAR!

This awards an outstanding student or Intern who has demonstrated excellence through:

- Advocates raising mental health awareness in communities, school or within CMHC/CCBHC
- Innovative programs for peers in their communities, school or within CMHC/CCBHC
- Work collaboratively with CMHC/CCBHC and programming



EMPLOYEE OF THE YEAR!

This award recognizes an employee (non-practitioner & practitioner) who has demonstrated excellence through:

- Patient advocacy
- Innovative programs/services/ systems or
- Collaborative efforts.

Southwestern Behavioral Healthcare is Excited to Announce Dr. Suliman EL-Amin as the New Chief Medical Officer

Dr. EL-Amin is a triple board-certified psychiatrist (general psychiatry, child and adolescent psychiatry, and addiction psychiatry), and has years of experience as a physician, teacher, and leader.

He graduated from Georgetown University School of Medicine in Washington, D.C. Prior to attending medical school, Dr. EL-Amin earned bachelor's and master's degrees in biology from Morehouse College in Atlanta, GA and University of Saint Joseph in West Hartford, CT. He then completed a general psychiatry residency and child and adolescent psychiatry fellowship at Mayo Clinic in Rochester, MN.

Dr. EL-Amin has worked in and led multidisciplinary teams in most treatment settings including the Indiana State Hospital and Veteran Affairs Health Systems. He has also held faculty positions at Nova Southeastern University and UMass Chan Medical School and remains passionate about teaching and mentoring learners at all levels. Dr. EL-Amin's research interests include diagnostic accuracy in psychiatry, mood disorders, neurodevelopment, physician wellbeing, and professionalism.



Suliman EL-Amin, M.D.

Chief Medical Officer, Southwestern Behavioral Healthcare



INDIANA COUNCIL NEWS –

Rebecca Buhner Honored as Indiana Council's Mental Health Advocate of the Year

The Indiana Council for Community Mental Health Centers has named Rebecca Buhner as its 2025 Mental Health Advocate of the Year, recognizing her outstanding leadership, tireless dedication, and transformative impact on behavioral health care across the state.

Buhner, a long time champion for equitable access to behavioral health services, was selected for her unwavering commitment to improving outcomes for individuals and families affected by mental illness. Her advocacy has helped expand community based services, strengthen cross agency collaboration, and elevate the voices of Hoosiers whose needs are too often overlooked.

"Rebecca's work embodies the spirit of this award," said Zoe Frantz, President & CEO. "Her passion, persistence, and ability to bring people together have made a measurable difference in the lives of countless Indiana residents. She is a force for positive change."

Throughout her career, Buhner has been instrumental in advancing initiatives that support early intervention, crisis response, and long term recovery. Colleagues describe her as a thoughtful strategist, a compassionate advocate, and a trusted partner to providers, policymakers, and community organizations alike.

The Mental Health Advocate of the Year Award is presented annually to an individual who demonstrates exceptional leadership in promoting mental health awareness, expanding access to services, and championing policies that strengthen Indiana's behavioral health system.



Rebecca Buhner

*Deputy Director/Chief of Staff at
FSSA Division of Mental Health
and Addiction*

Oaklawn's Open Access Model: Expanding Care, Saving Lives

Since launching its **Open Access model** on May 2, 2022, Oaklawn Behavioral Health has transformed how individuals access mental health services—eliminating long wait times and dramatically increasing engagement in care.



OAKLAWN

Prior to Open Access, individuals seeking services often faced significant barriers. In the year before implementation, Oaklawn scheduled 9,354 initial intake assessments, but only 4,986 were completed—a 53% show rate. Like many providers across the country, delays in access contributed to missed appointments and gaps in care, with national averages estimating wait times as long as 48 days.

Open Access changed that.

By allowing individuals to walk in and receive same-day screenings, Oaklawn removed the traditional scheduling bottleneck. In just the first six months, **4,555 individuals** came in for services, and 4,165—an impressive 91%—met with staff to discuss next steps. By the end of the first year, **9,004 individuals** had accessed care, with 8,021 receiving screenings, marking a 37% increase compared to the previous model.

Goshen Crisis Center Ribbon Cutting – Oaklawn president and CEO Laurie Nafziger cuts the ribbon on the Goshen crisis center, joined by (from left) Ancon President Doug VonGunten, former Goshen Mayor Jeremy Stutsman, Elkhart Superior Court Judge Teresa Cataldo, Goshen Mayor Gina Leichy, Elkhart Mayor Rod Roberson and Goshen Health Chief Nursing Officer Julie Crossley. The Goshen crisis center opened in October 2024 and moved to 24/7 services just two months later.





That impact has remained strong. In calendar year 2025, 7,436 individuals came through Open Access, and 6,300 were seen by staff—sustaining roughly a 20% increase in access compared to pre-Open Access operations.

In addition to improving access, Oaklawn has expanded its continuum of care by adding crisis services. Today, some individuals are able to go directly to a crisis center for immediate assessment and support, ensuring they receive the right level of care at the right time.



Open Access Desk – From left: Access Center coordinator Kathy Palmer, Access Center specialist Yendira Hernandez Rodriguez and administrative assistant Bri Leonard are ready to welcome new clients during daily walk-in hours. The national average wait time for a behavioral health appointment is about 48 days. At Oaklawn, clients can meet with a therapist same-day through Open Access.



Goshen Crisis Center staff – Members of Oaklawn’s crisis services team celebrate the opening of Oaklawn’s Goshen crisis center in October 2024.

Oaklawn’s innovative approach has gained broader recognition, including a recent feature by ABC57 highlighting how the Open Access model is saving lives. The story underscores what these numbers clearly show: when barriers to care are removed, more people show up—and more people get help.

By eliminating wait times, increasing engagement, and expanding crisis response, Oaklawn Behavioral Health continues to lead the way in creating faster, more accessible, and more responsive mental health care for the communities it serves.

Read more:

Courier & Press

Op-Ed: Program helps responders deal with public’s mental health needs



How Oaklawn’s ‘Open-Access’ model is saving lives



• *Crisis Center – From left: Medical assistant Leann Brevard, nurse Robyn Harbaugh and peer support professional Jason Wilder consult at Oaklawn’s crisis center in South Bend.*

Oaklawn operates crisis centers in South Bend and Goshen, and more than 2,200 people have received help since the first center opened in March 2024.



OAKLAWN

Oaklawn Psychiatric Center, Inc. CCBHC DEMO

330 Lakeview Drive, Goshen IN 46527

Designated in: **ELKHART, ST. JOSEPH**



OAKLAWN

Toward Health & Wholeness

HOW OAKLAWN'S OPEN ACCESS MODEL

IS SAVING LIVES

No More Waitlists

Same-Day Access to Behavioral Health Care.

BEFORE OPEN ACCESS

(Year prior to 5/2/22)



VISITS & ENGAGEMENT



9,354 INITIAL INTAKE ASSESSMENTS



4,986 completed
53% showed up

AFTER OPEN ACCESS

(Since 5/2/22)

60% MORE PEOPLE SERVED IN YEAR 1!

First 6 months - 5/2/22 - 10/31/22

4,555 came in → **4,165** (91%) met with staff

First Year (by 5/1/23)

8,966 came in → **7,990** (89%) met with staff



NOW (CALENDAR YEAR 2025)



7,944 came into clinic → **6,782** 85% met with staff



20% INCREASE SUSTAINED

~ **35% MORE PEOPLE SERVED** compared to our prior model - a new, higher baseline of access

NO WAIT TIMES



BEFORE OPEN ACCESS:
~48 DAYS
(National Avg. wait for BH appts)



CRISIS SERVICES NOW AVAILABLE



2 Crisis Centers Added for immediate needs



Today: **WALK IN SAME DAY**
No appointment needed.



1,377 individuals went directly to our Crisis Centers for faster care.

OPEN ACCESS = SAVING LIVES THROUGH FASTER ACCESS.

MORE PEOPLE SERVED. NO WAITLISTS. CRISIS CARE. SAME DAY HELP.

THAT'S THE OAKLAWN DIFFERENCE.

LEARN MORE AT OAKLAWN.ORG

State Updates

The Indiana Department of Health has released the membership of the **Rural Health Transformation Program regional coalitions**, though some vacancies are still TBD. The eight coalitions are tasked with developing a comprehensive plan to submit to Indiana Health and Family Services — a joint initiative between IDOH and FSSA for the purpose of administering RHTP funds — that addresses the GROW initiatives developed through regional assessments.

The membership list for reach regional coalition **can be found here**.

IDOH announced that **applications for GROW Regional Grants were open** via RFF. The RFF documents and process have now been released and **can be found here**.

Family and Social Services Administration

The much anticipated “Mother of All Procurements” — FSSA’s rebid of \$68B in Medicaid contracts, including HIP, Hoosier Healthwise, Hoosier Care Connect, and Pathways — is officially underway with FSSA’s release of the Request for Information (RFI) due on April 15.

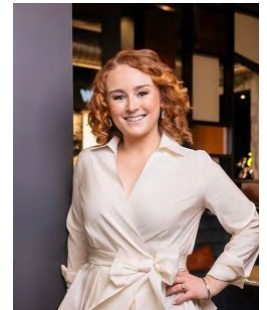
RFI documents can be found on the **IDOA Business Opportunities Portal**, and the RFI main document is linked **here**.



Medicaid Director Announcement

When the Braun administration announced the return of Gov. Daniels’ era **FSSA Secretary Mitch Roob** as the new FSSA secretary in 2025, it was also made known that Secretary Roob would take on the role of Medicaid director, too.

Secretary Roob announced the hiring of a Medicaid director for the agency. **Audrey Frenzel** (formerly Arbogast) has moved from her role as Chief of Staff to HFS Secretary Gloria Sachdev to lead FSSA’s Office of Medicaid Policy and Planning.



The move to hire a Medicaid director comes at a critical time as the agency is undertaking several significant, major projects, including managed care procurement and RHTP.

Federal Updates

CMS Unveils Guidance on H.R.1 Eligibility Redeterminations

On Friday, March 6, the Centers for Medicare & Medicaid Services (CMS) issued a **State Medicaid Director letter** instructing states on implementing a provision of H.R.1 that requires Medicaid eligibility redeterminations to occur every six months, rather than annually, for adults in the Medicaid expansion group, beginning Jan. 1, 2027. States are given two options for transitioning already-enrolled beneficiaries to the new schedule: either proactively rescheduling renewal dates starting Jan. 1, 2027, or applying the six-month cycle at each beneficiary’s next already-scheduled renewal. American Indians and Alaska Natives are exempt from the new requirement, and the letter reminds states that all existing procedural protections — including ex parte renewals, 30-day response windows, 10-day advance notice and fair hearing rights — continue to apply regardless of the new frequency. States are also urged to resolve existing application and renewal backlogs now, submit required state plan amendments by March 31, 2027, and plan for increased IT system and administrative workload costs, which may be eligible for **enhanced federal matching funds**.

Updated Estimates of H.R.1 Impact on State Budgets

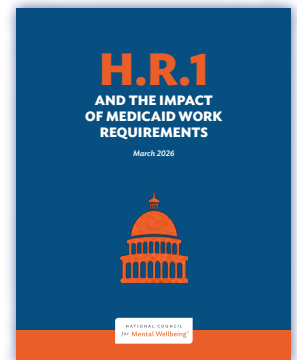
A new **RAND Corporation report** offers updated state-by-state projections of H.R.1’s impacts on Medicaid. RAND estimates the changes will reduce total state Medicaid budgets by \$665 billion and generate \$714 billion in federal savings through 2034. States that heavily rely on state-directed



payments (SDPs) and provider taxes, including Arizona, Iowa and Nevada, face some of the steepest cuts, with reductions exceeding 15% of Medicaid budgets in some cases. Conversely, states like Florida that do not use provider taxes and SDPs as extensively are projected to see minimal budgetary impacts from the provisions examined by the analysis.

National Council Releases White Paper on Work Requirements

As part of our ongoing efforts to assist you with implementation of H.R.1, the **National Council for Mental Wellbeing’s** Policy and Advocacy Team is preparing a series of white papers on several of the bill’s Medicaid provisions. The first white paper in this series, **H.R.1 and the Impact of Medicaid Work Requirements**, is now available. The white paper provides background information on the requirements delineated in H.R.1, lessons learned by several states from previous work requirement implementation efforts and implementation recommendations for both the Centers for Medicare and Medicaid Services.



DOJ and DOL Announce Funding Opportunities

The Department of Justice and Department of Labor have announced **several federal funding opportunities totaling over \$74 million**. These initiatives “address critical challenges such as adult and youth reentry, community supervision effectiveness, crisis response and behavioral health services, and support for incarcerated parents and their children.”

Notable opportunities include \$42 million through the **Bureau of Justice Assistance’s Public Safety and Mental Health Initiative**, which funds crisis stabilization, treatment and housing access at the intersection of justice and health systems, and \$10.6 million to strengthen probation and parole agency operations. Application deadlines run from March 19 through April 6.

LHHS Community Project Funding Guidance

The Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies (LHHS) has posted its **Fiscal Year 2027 Community Project Funding (CPF) guidance**. CPFs allow members of Congress to request targeted federal investments for local projects. CPF requests under the LHHS bill will only accept requests that use the Health Resources and Services Administration (HRSA) – HRSA-Wide Activities and Program Support account, under the Health Facilities Construction and Equipment category. This includes requests for the cost of limited-scope construction, renovation or capital equipment purchases for health, mental health or substance use service facilities.

Check your lawmakers’ websites to find CPF application forms to encourage your member of Congress to make a specific request, but please note

that many offices’ deadlines vary and may be quickly approaching.

HHS Takes Over School Mental Health Grants



The Trump administration is **transferring several Education Department programs** to other agencies, with the Department of Health and Human Services (HHS) taking over school safety grants, student mental health programs, community schools and the Ready to Learn initiative. The Administration for Children and Families within HHS will administer the mental health grant programs. These programs are intended to increase the number of in-school mental health providers for students and help students recover from traumatic events.

CMS Announces Fraud Crackdown



On Thursday, Feb. 26, the Centers for Medicare and Medicaid Services (CMS) **announced a series of actions** to combat Medicare and Medicaid fraud, including deferring \$259.5 million in federal Medicaid funding to Minnesota over what the agency alleges are unsupported or potentially fraudulent claims. It also will impose a six-month nationwide moratorium on new Medicare enrollment for certain durable medical equipment suppliers. The administration says it is shifting from a “pay and chase” model to a real-time, AI-driven approach to detect and block fraudulent payments before they are made. CMS also plans to publicly disclose information on providers whose Medicare participation has been revoked. It is launching the **CRUSH (Comprehensive Regulations to Uncover Suspicious Healthcare)** initiative, which seeks stakeholder input through Friday, March 20, on new ways to strengthen fraud prevention rules.

House Appropriations Releases FY27 Guidance

House Appropriations Committee Chairman Tom Cole has **officially kicked off the fiscal year 2027 appropriations process**, releasing guidance for three types of member requests: programmatic requests (funding specific programs at a set level), language requests (bill or report language directing action without earmarking funds) and Community Project Funding requests (earmarks for local projects with a federal nexus). Of note, the **Community Project Funding guidance** allows members to submit up to 20 earmark requests for community projects that are tied to a federal authorization law, supported by evidence of community merit, publicly disclosed and certified free of any personal financial interest. For-profit entities are categorically ineligible, and funding may only flow to state, local or tribal governments and qualifying nonprofits.

GSA Proposes New Registration Certifications for Grantees

The General Services Administration has proposed requiring all federal grantees to agree to **three new certifications** when registering at **SAM.gov** and with each annual renewal.

The certifications include attesting that they don't operate programs promoting "illegal DEI" or engage in "discrimination based on race," won't knowingly hire or harbor individuals living in the country illegally, and won't fund or facilitate terrorism or threats to national security. Unlike similar certifications that some agencies have added to individual award terms, this proposal would shift certification to the outset of the registration process. The attestation would be government-wide rather than agency-specific, meaning a single SAM.gov certification would cover all future grant

applications across all agencies. The proposed DEI certification language appears to require recipients to attest to standards that may exceed existing federal antidiscrimination law, and it's unclear how the certifications would be interpreted or enforced. Public comments are due by Monday, March 30.

CMS Newsroom Summary

CMS to Lower Drug Costs and Improve Care by Extending Deadline for GENEROUS Model Application

The Centers for Medicare & Medicaid Services (CMS) announced it is extending the application deadline for prescription drug manufacturers to participate in the GENEROUS (Generating Cost Reductions for U.S. Medicaid) Model from March 31 to April 30, 2026. The model, led by the CMS Innovation Center, aims to reduce Medicaid drug spending, improve health outcomes, and expand access to critical medications by allowing participating state Medicaid programs to purchase certain drugs at prices aligned with those paid in select other countries. CMS extended the deadline based on manufacturer feedback to allow more companies—especially small and midsize manufacturers—time to apply and participate. Additional engagement opportunities include manufacturer meetings beginning April 1, 2026, and a town hall planned for Spring 2026. The final deadline for manufacturer participation remains June 30, 2026.

Medicare.gov Enhanced Log In

The Centers for Medicare & Medicaid Services (CMS) has introduced enhanced login options for **Medicare.gov** to give beneficiaries more secure and flexible ways to access and manage their Medicare information online. Individuals who choose to create or verify a Medicare.gov account

can now log in using trusted identity services including **ID.me**, **CLEAR®**, or **Login.gov**, which are also used by federal agencies such as the Social Security Administration, IRS, and VA. These options strengthen protections against fraud and identity theft through identity verification, multi-factor authentication, and strict federal security standards. Beneficiaries can still access general Medicare information without creating an account, and those with existing accounts may continue using their

current login credentials. The new login services are free, offer multiple assistance options (including phone, chat, video, and in-person verification), and do not require a smartphone or driver’s license, ensuring accessible and secure account management for Medicare users.

CMS Press Release and Fact Sheet Summaries – find all press releases and fact sheets here:

The PEERS in Medicare Act - What you should know

People in recovery need access to support from those who understand the journey firsthand – and right now, Congress can make that a reality for millions of Medicare beneficiaries.

We’re urging you to contact your Members of Congress and ask them to cosponsor and pass the **Promoting Effective and Empowering Recovery Services (PEERS) in Medicare Act (H.R. 6841 / S. 3521)**.

[Click here to take action](#)

Why this matters:

Peer support specialists are people with lived experience of mental health conditions or substance use disorders who are trained to help others on the road to recovery. They meet people where they are – offering emotional, informational, and social support that complements clinical care.

Despite strong evidence that peer support reduces hospitalizations, improves outcomes, and saves lives, Medicare does not currently cover peer support services in community-

based settings like community mental health centers, certified community behavioral health clinics (CCBHCs), Federally Qualified Health Centers (FQHCs), and rural health clinics.

The PEERS in Medicare Act would fix that and help to grow the behavioral health workforce amid a massive shortage.

What the bill would do:

- Expand Medicare coverage of peer support services at community mental health centers, CCBHCs, FQHCs, and rural health clinics.
- Ensure that the nearly 8 million Medicare beneficiaries under age 65 living with disabilities can access peer support closer to home.
- Fill critical gaps in rural and underserved communities where professional mental health providers are scarce.

This bipartisan legislation was introduced in the House by Reps. Judy Chu and Adrian Smith, with a companion bill in the Senate introduced by Sens. Catherine Cortez Masto and Bill Cassidy.



- **New AOT SAMHSA Funding was released** - Click for more info: **Assisted Outpatient Treatment Program for Individuals with Serious Mental Illness**



- **LHHS Community Project Funding Guidance- Year 2027 Community Project Funding (CPF) guidance.**

The Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies (LHHS) has posted its **Fiscal Year 2027 Community Project Funding (CPF) guidance**. CPFs allow members of Congress to request targeted federal investments for local projects. CPF requests under the LHHS bill will only accept requests that use the Health Resources and Services Administration (HRSA) – HRSA-Wide Activities and Program Support account, under the Health Facilities Construction and Equipment category.

This includes requests for the cost of limited-scope construction, renovation or capital equipment purchases for health, mental health or substance use service facilities. Check your lawmakers’ websites to find CPF application

forms to encourage your member of Congress to make a specific request, but please note that many offices’ deadlines vary and may be quickly approaching.

- **DOJ and DOL Announce \$155.5M in Federal Funding Opportunities for Reentry, Community Supervision, Behavioral Health, Youth, and Incarcerated Parents**

While this funding is mainly for states, I wanted you to be aware of what was released and let you know that the council sent this to DMHA, Behavioral Health Court Services Office and the Criminal Justice Institute to ask for them to apply to the crisis and mobile services funding to assist with funding these services especially with the current need we are seeing with the non demos.

Click here to read the full article from



CSG Justice Center.

More to come as I learn from the state if they will apply.



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.

- Connect with 5,000+ peers in a high-energy environment.
- And so much more!*

Click here to register!

Grow Rural Health Initiative

The State's **Grow Rural Health Initiative** is moving forward with regional planning to determine how rural health dollars will be invested across Indiana.

Key Context

Mental health remains a priority, but the initiative is designed to address broader rural health system challenges, including:

- Technology and interoperability
- Workforce shortages
- Innovation and new care models
- Transportation barriers
- Food insecurity and social needs
- Chronic disease management
- Sustainable care delivery models

Because the funding is time-limited (6 years), the state is prioritizing investments that build long-term infrastructure and sustainable solutions, rather than short-term program funding.

What This Means for CMHCs / CCBHCs

Mental health will be part of the conversation, but it will be considered within broader regional health system needs assessments.

Members should begin thinking about regional solutions, such as:

- Telehealth and technology infrastructure
- Data sharing and interoperability
- Care coordination improvements
- Workforce innovation
- Cross-sector partnerships

The goal will be solutions that strengthen the overall rural health system, not just individual provider needs.

Regional Planning Structure

Regional coalitions are currently meeting to discuss:

- local health gaps via needs assessment
- opportunities for coordination
- regional priorities for funding



The Regional Grant Committees do not control funding directly. Their role is to identify needs and make recommendations to a state steering committee.

More information on the Regional Grant Committees [can be found here.](#)

Member Representation

A couple of our member organizations have been asked to serve on Executive Committees, though these appointments have not yet been publicly announced. We will share additional information with members once those selections are finalized.

Members who were not selected for committees are still encouraged to participate through their regional coalitions.

How to Stay Engaged

Join statewide communication:

https://groupme.com/join_group/113173365/IT42QDAb

For this you need to set up an account to be on the group me!

Regional technical assistance contacts:

- **Regions 1–3**
Andy VanZee – **Indiana Hospital Association**
avanzee@ihaconnect.org
 - **Regions 4 & 6**
Ben Harvey – **Indiana Primary Health Care Association**
bharvey@indianapca.org
 - **Regions 5, 7 & 8**
Cara Veale – **Indiana Rural Health Association**
cveale@indianarha.org
-

Potential Opportunities for CMHCs

One early opportunity emerging from discussions is expanded support for health data infrastructure.

CMHCs/CCBHCs in rural areas may qualify for financial support for IHIE (Indiana Health Information Exchange) participation to strengthen:

- interoperability
- care coordination
- population health analytics

Other Emerging Concepts

Additional ideas being discussed include:

- Regional care coordination infrastructure
- Technology and interoperability investments
- A potential Medical Operations Center (MOC) model
- Rural population health infrastructure

Timeline

Important planning constraints include:

- 6-year funding window
 - Approximately 17 months to deploy initial planning funds
 - Around \$3 million in flexible funding available for certain initiatives
-

Key Takeaway

Members should begin thinking about regional, collaborative solutions that address system gaps and are sustainable beyond the six-year funding period.

Mental health will remain an important part of the discussion, but proposals will likely need to demonstrate how they strengthen the broader rural health system.

RISE (formerly REL) Committee

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

Dr. Gina is offering a learning series as part of the RISE Connect Hub. The series is entitled **Leading Where It's Hard: Building Trust, Safety, and Collaboration in Complex Care Systems**. In March she presented the first of three sessions on Generational Leadership.

The next session is on Psychological Safety and is scheduled for Thursday, June 25, 2026 at 10am EST.

RISE committee contacts:

gina.forrest@aspireindiana.org
nhenry@indianacouncil.org

Data Analytics

Chair Ron Guidotti, Jr. (Porter-Starke) guides the committee in maintaining ongoing conversations with DMHA to ensure that all members are up-to-date on the latest state data reporting requirements. This proactive approach helps the committee stay informed and prepared for any changes that may impact their operations.

During the February Data Analytics meeting, Wendy Harrold, DMHA, provided an overview of upcoming modifications to the required DARMHA data for the state fiscal year 2027. For

additional information about these changes, committee members can review the DARMHA documents available on the DMHA website DARMHA. The new requirements will take effect beginning July 1, 2026.

Data Analytics Committee contacts:

rguidotti@porterstarke.org
nhenry@indianacouncil.org

Quality Improvement Committee

The Quality Improvement Committee, chaired by Emily Neufeld with Meghan Creech as Deputy Chair, continues to advance quality initiatives by distributing practical resources, monitoring updates to the Indiana Administrative Code (IAC), and exchanging insights gained from trainings, audits, and surveys. Current key focuses include reducing administrative burden by addressing issues with the DMHA portal and recertification; a subcommittee is working on a summary of these issues to bring to DMHA for consideration.

Committee members are currently monitoring additional topics such as ICE procedures, Joint Commission analysis of worksite violence, and policies related to non-custodial parents.

QI committee contacts:

emily.neufeld@oaklawn.org
mcreech@hamiltoncenter.org
nhenry@indianacouncil.org

Indiana Council Grant Updates

Staffing Updates

- **Amanda Deaton** joined the Indiana Council on January 20 as **Reimbursement & Revenue Compliance Manager**. Amanda will support members with reimbursement and payer related issues and will oversee grants activities.
- Thank you to **Nancy Henry** for serving as **Interim Grants Manager** and for her support in transitioning grant management activities to Amanda.

Group Home Grant

- **Group Home Renovation Grant projects** continue. The project end date remains **June 30, 2026**. Grantees are encouraged to submit claims as soon as possible to allow for timely processing. All final claims must be submitted within 40 days of the end date.
- **Reallocated Group Home Renovation Grant** funds have been awarded to participating grantees. All original grant terms remain in effect, and grantees should continue to use the

standard claims submission process. Formal grant amendments reflecting the reallocated funds are in development and will be sent to participating grantees for signature once finalized.

Q2 CCBHC Bridge Grant

- Q3 Bridge Grant funds are currently in process and will be disbursed soon for the 16 non-demonstration sites. The Bridge Grant end date remains **June 30, 2026**.

Humana/Boston University Grant

- Indiana Council continues to receive enrollment forms for the Humana/Boston University Grant – Behavioral Health in Aging Certificate for CMHC staff.

Please contact **Amanda Deaton** for additional information. Thank you to Denise Wade for her assistance with this grant during Amanda's transition.





1 Indiana Council members on Indiana Statehouse day for our Legislative Day

2, 3, 4 Congratulations to Rebecca Buhner of DMHA – she was selected as Indiana Council’s Mental Health Advocate of the Year.





5 Indiana Council staff setting up for a successful Legislative Day!

6 Thank you to all of our members, lobbyist team and Indiana legislators who joined us for our Legislative Day!

7 Thank you to Senator Greg Goode for speaking at our Legislative Day

8 Hamilton Center staff with Senator Greg Goode





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!](#)

2026 dates

April
14

May
12

June
9

July
14

August
11

September
8

October
13

November
10

December
8

UPCOMING EVENTS

- Indiana Council Spring Conference**
May 6-8 Horizon Center, Muncie
See facing page - [Click here for details](#)
- 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

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

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

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CONFERENCE

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of Community Mental Health Centers, Inc.

- 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 Community Fairbanks Behavioral Health

8180 Clearvista Pkwy, Indianapolis, IN 46256

Designated in: **MARION, HANCOCK, SHELBY**
Also serving: **MADISON, JOHNSON**



6 Community Fairbanks Behavioral Health – Howard

322 N. Main St, Kokomo, IN 46901

Designated in: **CLINTON, HOWARD, TIPTON**



7 Cummins Behavioral Health Systems, Inc.

6655 East US 36, Avon IN 46123

Designated in: **HENDRICKS, PUTNAM**

Also serving: **BOONE, MONTGOMERY, MARION**



8 Edgewater Systems for Balanced Living, Inc.

1100 West Sixth Avenue, Gary IN 46402

Designated in: **LAKE** Also serving: **PORTER, LAPORTE**



9 Family Health Center

515 Bayou Street, Vincennes IN 47591

Designated in: **DAVISS, KNOX, MARTIN, PIKE**



10 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**



11 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**



12 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**



13 LifeSpring Health Systems

460 Spring Street, Jeffersonville IN 47130

Designated in: **CLARK, CRAWFORD, DUBOIS, FLOYD, HARRISON, JEFFERSON, ORANGE, PERRY, SCOTT, SPENCER, WASHINGTON**



14 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**



15 Northeastern Center, Inc.

220 South Main Street, Kendallville IN 46755

Designated in: **DEKALB, LAGRANGE, NOBLE, STEUBEN**



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

330 Lakeview Drive, Goshen IN 46527

Designated in: **ELKHART, ST. JOSEPH**



17 Park Center

909 East State Boulevard, Fort Wayne IN 46805

Designated in: **ADAMS, ALLEN, WELLS**

Also serving: **HUNTINGTON, WHITLEY**



18 Porter-Starke Services

601 Wall Street, Valparaiso IN 46383

Designated in: **PORTER & STARKE**



19 Radiant Health **CCBHC DEMO**

505 N. Wabash Avenue, Marion IN 46952

Designated in: **GRANT, BLACKFORD**



20 Regional Health Systems

8555 Taft Street, Merrillville, IN 46410

Designated in: **LAKE**



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

720 Eskenazi Avenue, Indianapolis IN 46202

Designated in: **MARION**



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

415 Mulberry Street, Evansville IN 47713

Designated in: **GIBSON, POSEY, VANDERBURGH, WARRICK**



23 Swanson Center

7224 W. 400 N., Michigan City IN 46360

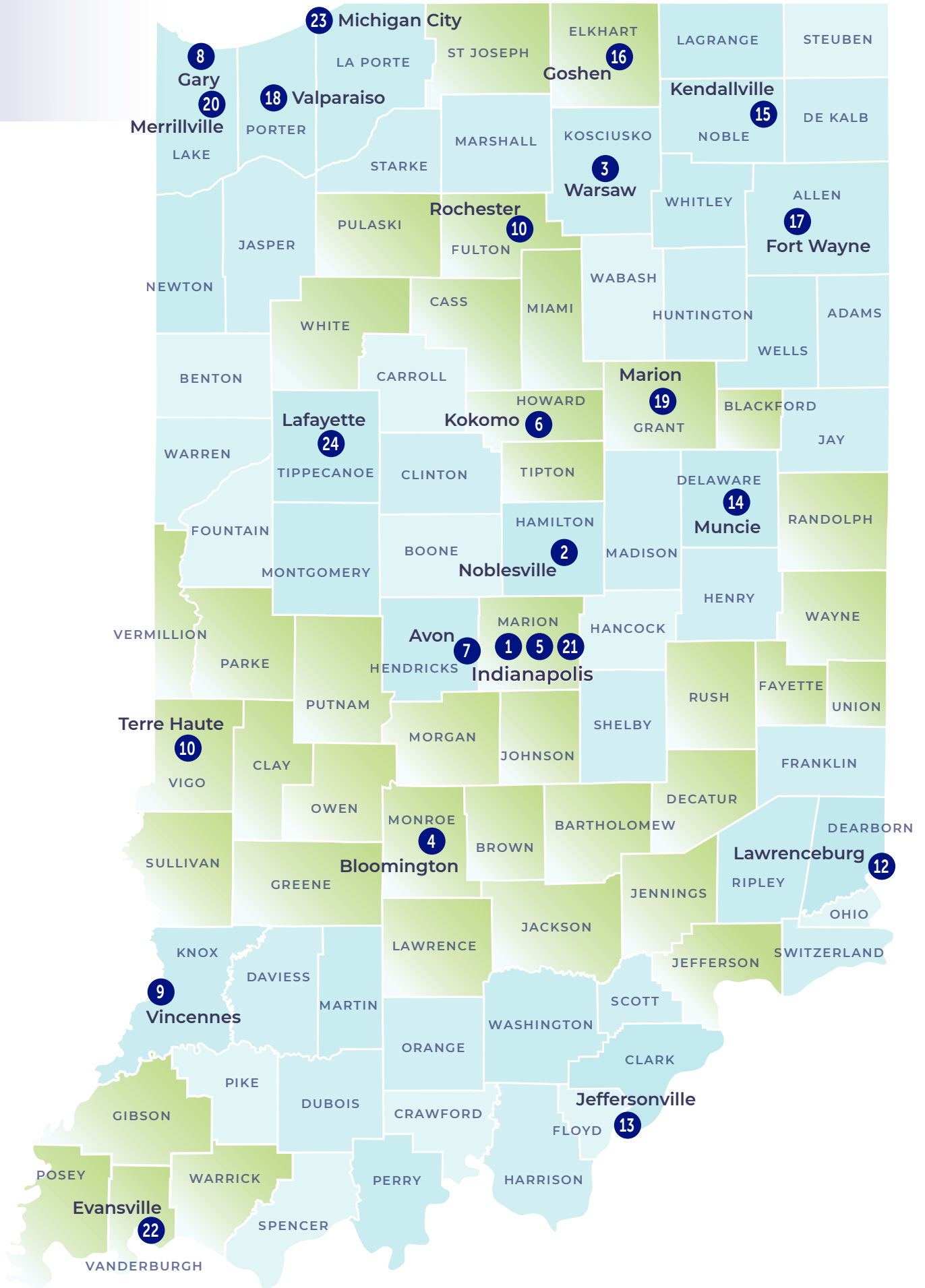
Designated in: **LAPORTE**



24 Valley Oaks

415 N. 26th Street, Lafayette, IN 47904

Designated in: **BENTON, CARROLL, FOUNTAIN, JASPER, MONTGOMERY, NEWTON, TIPPECANOE, WARREN, WHITE**





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With this new member benefit, you can enjoy significant savings without the stress of upfront fees, obligations or long-term commitments.

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- Office supplies, furniture and technology
- Facility management and maintenance
- Rehab therapy products and services

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Our program boasts an \$83 billion purchasing portfolio from over 1,460 suppliers. This means bulk purchasing power, predictable pricing and top-quality products.

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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