



News, programs and training opportunities / Distributed to all members

# CCBHC Success Stories



with



and



**CENTERSTONE**



see pages 10 - 19

**Also this issue:**



State & Federal updates  
Pages 22 - 25



Our Member Award winners  
Pages 28 - 33



## Letter from Zoe

PRESIDENT & CEO, INDIANA COUNCIL OF COMMUNITY MENTAL HEALTH CENTERS

**As we move through May - Mental Health Awareness Month - and into the summer months ahead, I want to take a moment to express my gratitude to the council's staff, board, lobbyist team, each of our members, partners, advocates, and collaborators across Indiana who continue to show up every day to serve Hoosiers with compassion, innovation, and hope.**

This year's **Mental Health Awareness Month** feels especially meaningful as we continue to navigate historic transformation within Indiana's behavioral health system. Across our state, community mental health centers, behavioral health providers, peers, crisis teams, recovery organizations, and countless community partners are working tirelessly to ensure that individuals and families have access to the care, support, and recovery services they deserve. Your work matters deeply, and it is changing lives every single day.

I also want to extend heartfelt congratulations to all of our **Indiana Council award nominees and recipients** recognized at our Spring Conference. It was an incredible opportunity to celebrate the dedication, leadership, and impact happening throughout our field. To learn more about our nominees and winners **see pages 28 - 29**.

**A special congratulations to Senator Greg Goode**, recipient of the Indiana Council Legislator of the Year Award. Senator Goode has been a strong advocate for behavioral health services and community mental health, and we are grateful for his leadership and partnership in advancing policies that strengthen care across Indiana. You can learn more about this award on **page 30**.

We also proudly recognized **Sheriff Noah Robinson** with the Indiana Council Criminal Justice Advocate Award for his visionary leadership and commitment to "rehabilitation, not incarceration." Sheriff Robinson's groundbreaking partnerships around jail-based competency restoration, crisis response, mental health care, and reentry supports continue to serve as a model for communities across Indiana and demonstrate the power of collaboration between behavioral health and criminal justice systems. This award was a surprise for the sheriff, which is hard to pull off surprising a sheriff but with the help of **Katy Adams at Southwestern Behavioral Health** we did it! (**see page 31**)

Speaking of Katy, I realize by the next time our newsletter comes out she will be leaving her role at Southwestern. I want to extend my **heartful appreciation and gratitude** for Katy's leadership not only at Southwestern but also with the Indiana Council of Community Mental Health Centers. Katy was on the council's board and was board chair for a couple of years and under her leadership

and vision has helped lead the council and our members to where we are today. Thank you for your vision and steadfast leadership, you will be greatly missed.

Our **Spring Conference and Member Awards celebration** reminded all of us of the incredible people who make up Indiana’s behavioral health community. Thank you to everyone who attended, presented, sponsored, and helped make the event such a success. See photos of these events on **pages 32 - 33**.

As we look ahead to the busy months ahead, we are excited to continue our advocacy and collaboration efforts through **Federal Hill Day** in Washington, D.C., our upcoming **CEO Member Retreat and Board Retreat**, and our **July Conference in Fort Wayne**. These gatherings provide important opportunities for connection, strategic planning, leadership development, and continued collaboration as we work together to strengthen Indiana’s behavioral health system. We look forward to engaging with many of you throughout the summer as we continue advancing our shared mission and supporting communities across our state.

Thank you again for your partnership, your advocacy, and your unwavering commitment to improving behavioral health care across Indiana. **Together, we are building a stronger, healthier future for our communities.**

With gratitude,

**Zoe Frantz** President, CEO  
[zfrantz@indianacouncil.org](mailto:zfrantz@indianacouncil.org)

Letter from Zoe	<b>2 - 3</b>
Indiana Council News	<b>4 - 6</b>
<b>Mental Health Awareness Month</b>	<b>7 - 9</b>
<b>CCHBC Success Stories - with Centerstone &amp; Adult &amp; Child Health</b>	<b>10 - 19</b>
ASAM Training	<b>20-21</b>
State Updates	<b>22</b>
Federal Updates	<b>23 - 25</b>
HOSA 50th Anniversary	<b>26 - 27</b>
<b>Member Awards and Spring Conference</b>	<b>28 - 33</b>
Our Providers Map <i>Indiana Council member providers - serving all 92 Indiana counties</i>	<b>34 - 35</b>
Calendar	<b>36</b>

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



© 2026 Indiana Council of  
 Community Mental Health Centers

[indianacouncil.org](http://indianacouncil.org)

[LinkedIn](#) [Twitter](#)

[Facebook](#)

 Design by  
 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 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 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.

**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**  
**15,340** Total Jobs  
13,511 HOOSIER DIRECT    1,829 DIRECT

**How can you support Indiana CMHCs?**

CMHCs face many challenges: the biggest of which are securing 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, during the first year of any 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](http://indianacouncil.org)

or scan this QR code:



### KEY CONTACTS:

**Zoe Frantz**  
 President, CEO  
 812-298-4533 [zfrantz@indianacouncil.org](mailto:zfrantz@indianacouncil.org)

**Denise Wade**  
 Chief Administration Officer  
 317-684-3684 [dwade@indianacouncil.org](mailto:dwade@indianacouncil.org)

**Lee Ann Jordan**  
 Director of Communication & Membership  
 317-650-4972 [ljordan@indianacouncil.org](mailto:ljordan@indianacouncil.org)

**Nancy Henry**  
 Data Quality Assurance Manager  
[nhenry@indianacouncil.org](mailto:nhenry@indianacouncil.org)

**Sydney Moulton**  
 Director of State & Local Government Affairs –  
[smoulton@indianacouncil.org](mailto:smoulton@indianacouncil.org)

**Amanda Deaton**  
 Reimbursement & Revenue Compliance Manager  
[adeaton@indianacouncil.org](mailto:adeaton@indianacouncil.org)

### LOBBYISTS:

**Kelli Waggoner**  
 1816 Public Affairs Group  
 317-213-3876

**Grant Waggoner**  
 1816 Public Affairs Group  
 317-430-9860

**Lou Belch**  
 The Corydon Group  
 317-213-3884

**Devon Anderson**  
 The Corydon Group  
[danderson@thecorydongroup.com](mailto:danderson@thecorydongroup.com)  
 317-634-5963

**Abigail Kaercher**  
 Federal Lobbyist  
 Hall & Render  
[akaericher@hallrender.com](mailto:akaericher@hallrender.com)  
 202-742-9674



# 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](mailto:smoulton@indianacouncil.org)



## CALL FOR NEW AFFILIATE MEMBERS

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

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

- 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!](#)**

## Key Legislative and Policy Timeframes | 2026 – 2028

### JANUARY 2026

- **SEA 1:** Rural Health Transformation Fund
- **SEA 1:** Supplemental Nutritional Assistance Program (SNAP) purchase restrictions
- **Presumptive Eligibility (Q1 2026):** Addition of program metrics, quarterly performance standards and corrective action

### JULY 2026

- **SEA 1:** Work requirements for SNAP and Healthy Indiana Plan (HIP)
- **SEA 76:** Immigration enforcement
- **SEA 285:** Public Camping and Emergency Detention Order (EDO) changes
- **HEA 1249:** Healthcare workforce protections and reporting requirements

### OCTOBER 2026

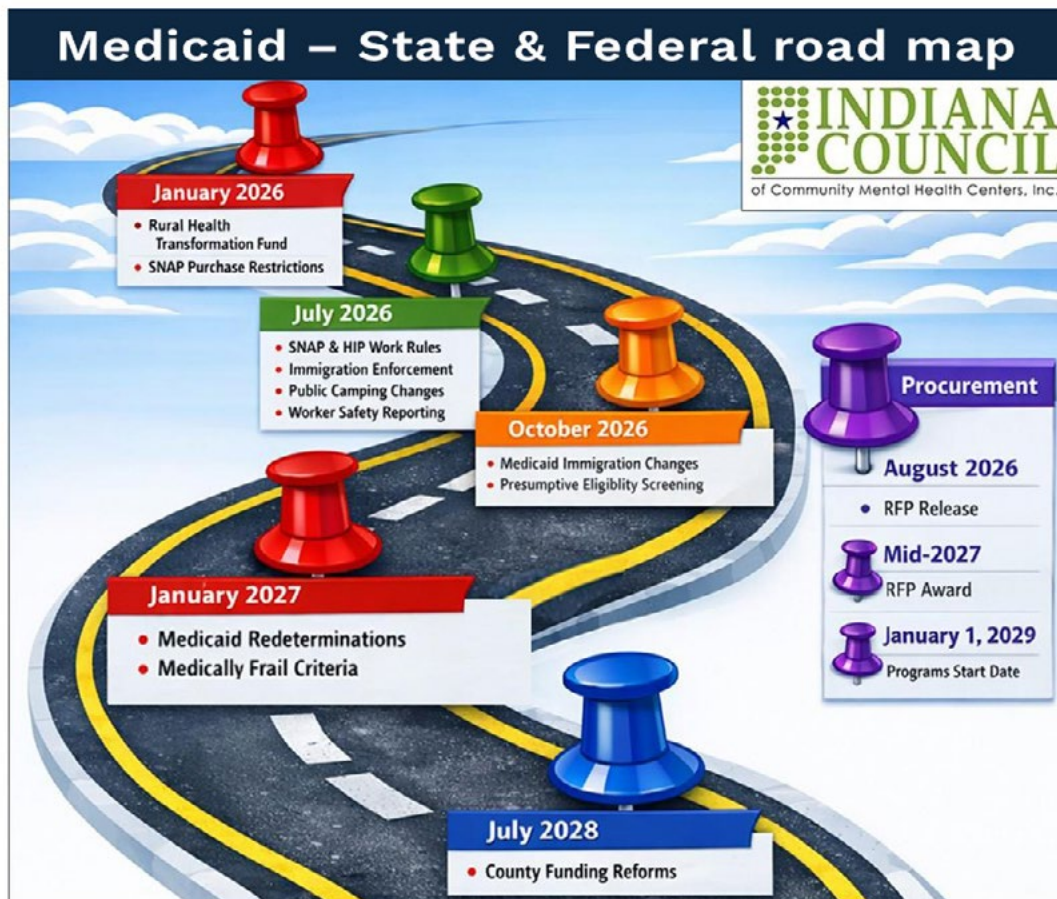
- **SEA 1:** Medicaid immigration requirements

### JANUARY 2027

- **SEA 1:** Medicaid redeterminations
- **SEA 1:** Changes to Medically Frail criteria requirements and process

### JULY 2028

- **SEA 4:** County funding changes and service area limits



**MAY IS MENTAL HEALTH MONTH:**

# Prioritizing Mental Wellness Together

**May is Mental Health Month — a time to raise awareness, reduce stigma, and remind our communities that mental health is just as important as physical health. Established in 1949, Mental Health Month encourages conversations about emotional well-being, access to care, recovery, and the importance of supporting one another.**

Every person experiences challenges, stress, and difficult moments. Mental health conditions affect millions of Americans each year, yet many individuals still struggle in silence because of stigma or lack of access to services. This month serves as an opportunity to normalize conversations about mental health and highlight the resources available in our communities.

Community mental health centers across Indiana play a vital role in ensuring individuals and families have access to compassionate, high-quality care close to home. From crisis services and therapy to addiction treatment, school-based programs, and peer support, these services help people of all ages live healthier and more fulfilling lives.

Mental Health Month is also a reminder that small actions can make a meaningful difference. Checking in on a friend, taking time to care for your own mental wellness, learning the signs of emotional distress, or encouraging someone to seek help can all have a lasting impact.

**This May, we encourage everyone to:**

- Start conversations about mental health
- Practice self-care and stress management
- Support friends, family members, and colleagues
- Learn about local mental health resources
- Advocate for greater access to mental health services

Mental health affects us all, and together we can build stronger, healthier communities where everyone feels supported and valued.

**If you or someone you know needs support, help is available. Contact your local community mental health center or call/text 988 for immediate crisis support.**



# Redefining the mental health conversation

*By Steve Howell, CEO, Northeastern Center, Indiana Council Board Chair*

**What if we redefine mental health? Or, put another way, what if we more clearly define what we mean when we have conversations about mental health?**

May is Mental Health Awareness Month, which provides an ideal opportunity to face long-standing stigmas, typically the result of misunderstandings and stereotypes. To better understand the topic and, in turn, better help our friends and neighbors, let's more clearly define what we mean when we talk about mental health.

## MENTAL WELLNESS

You've likely heard that your mental wellness, or well-being, is just as important as your physical, emotional and spiritual health. Yet, mental wellness is often underappreciated and harder to recognize than the other health dimensions.

Mental wellness or well-being involves participation in a balanced, multi-dimensional life that we often define with the five C's:

- **Connection:** Relationships with family, friends, and community.
- **Compassion:** Empathy and kindness toward others and yourself.
- **Coping:** Healthy, sustainable skills to manage life stressors and emotions.
- **Community:** Developing a sense of belonging, becoming a part of something bigger than yourself through social support systems.
- **Care:** Routines that incorporate the whole person (physical, mental, emotional, spiritual).

Successful navigation in these areas results in resiliency, satisfying relationships and overall happiness.



## MENTAL UNWELLNESS

Mental unwellness occurs when your thinking and/or emotions result in unhealthy behaviors, often the result of an imbalance among the five C's. Specific examples may include over or under-eating, social isolation, increased self-absorption (lack of empathy), or neglect of exercise or spiritual development. Patterns of these or similar behaviors may begin to emerge. Mental unwellness is different than mental illness.

## MENTAL ILLNESS

Mental unwellness may develop into mental illness and is typically distinguished by duration (how long it lasts) and impact on functioning and quality of life. Mental illness can develop as a result or combination of genetics/heredity, psychological and/or social factors.

Remember that mental illnesses are real medical conditions, which means they can be diagnosed, understood, treated and managed. Stigmas continue to exist around these conditions; but rather than list them and therefore give them power, let's focus on courage in the face of fear and shed light on the dark.

*Steve Howell is CEO of Northeastern Center and current board chair of the Indiana Council of Community Mental Health Centers.*

*With more than 30 years of experience in the mental health field, he is a licensed mental health counselor and clinical addiction counselor, and he has a master's degree in human services and a post-graduate certificate in educational psychology.*

## RECOVERY

Recovery is about restoring mental wellness. It is a personal, unique and nonlinear process that varies in the amount of time it may take. Actually, the fact that someone may always be in recovery is a distinguishing factor in recovery for mental health vs. physical health. Treatments for mental health also vary, and may include therapy, medication and /or integrated care (mental and physical health).

## KEEP THE CONVERSATION GOING

**Throughout May, and throughout the year, it's important we continue to talk about mental health and clear up common misconceptions. Northeastern Center is proud to be a part of the conversation in our community, and we're always a call or click away if you have questions.**





# CENTERSTONE HEALTH SERVICES

## OVERVIEW OF THE CENTERSTONE CCHBC JOURNEY

Since becoming a CCBHC demonstration site, Centerstone has been able to hire more staff, improve employee retention, provide better training, and strengthen our “no-wrong-door” approach to crisis care.

Additionally, CCBHC has allowed us to open the Wayne County Crisis Diversion Center, launch 24/7 mobile crisis services, improve coordination of care among teams within Centerstone, and engage in more community outreach. Centerstone also expanded our ACT teams by adding a 3rd team and all are meeting fidelity. We have been able to increase in-person access at all locations thanks to our ability to hire more therapists. We have also expanded Dialectical Behavioral Therapy and Integrated Dual Disorder Treatment to our locations and added additional peer support staff to our teams.

All clients are scheduled at intake for post-intake orientation. This ensures clients have a follow-up session before leaving the building. The person completing post intake orientation ensures the chart has all necessary documentation as well as ensures the client is fully oriented to their unique plan of care, all their questions are answered, and their input/preferences are reflected. Clients leave post-intake appointment with a scheduled therapy session and are contacted within two business days for all



*Ribbon cutting ceremony at Centerstone's Stride Center in Richmond*

other services. The person completing post-intake orientation follows along with the new client until they are fully connected to their ongoing treatment team to ensure no client slips through the cracks. Post-intake orientation hours are offered morning, afternoon, and evening to ensure that all schedules are accommodated. We have also increased the frequency of services we provide clients, recognizing the power of repetition when practicing new skills and the importance of feeling connected and a sense of belonging.

## KEY SUCCESSES AND MILESTONES

**Crisis Program:** Since becoming a CCBHC, Centerstone has expanded Wayne County crisis services, acquired vehicles for mobile crisis response, secured a large donation for a public awareness campaign in Monroe County, and received the “Most Outstanding Social Services Agency Award” from MHA in Monroe County.

**Adult & Family Services Program:** Because of CCBHC, Centerstone has been able to significantly impact access to care. We have done this by reducing wait times for intakes and from intake

to first appointment. Over the past year we have increased the number of clients seen by 27% and the number of services provided by 44%. We have been able to improve the clinical infrastructure, standardized care, stronger care coordination and more support and training for evidence-based treatments. We have also been able to build stronger and more productive relationships with our community partners, such as our Cook Medical partnership that allowed us to secure a large donation for a public awareness campaign in Monroe County.

**Child & Family Services Program:** Since becoming a CCBHC, Centerstone has been able to offer more crisis services, with the help of STRIDE, in place of individuals going to the Emergency Department. We have also seen an increase in access to care with insurance no longer being a barrier. We have added/expanded several Evidence Based Practices (EBPs) such as Dialectical Behavioral Therapy (DBT), Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Behavioral Therapy (CBT), Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), The Parent Project, and Functional Communication Training (FCT). We have also been able to hire health coaches that meet with clients to address their physical health needs, taking that whole health approach.

**Supportive Housing:** Since becoming a CCBHC, Centerstone has diversified our staff by adding Peer Support Specialists, Therapists, and Health Coaches. This allows our residents to have more rounded treatment modalities to meet their needs. Additionally, with having therapists on staff now, we can more easily complete intakes for residents of our Permanent Supportive Housing locations to engage them in meaningful services.

**IMPACT DATA**

**Number of individuals served**

- Services increased from 709,891 to 774,892 - 9.16% increase
- Clients increased from 22,719 to 23,190 - 2.07% increase
- Crisis Program clients served 1,535 - 71% increase
- Crisis Program services 4,431 - 63% increase

**Percentage increase in access to care -7.53%**

**Average wait time for first appointment - 5 days and decreasing**

**Number of staff added - 520**

43 of these staff are licensed therapists

**Crisis Runs for 2025 1,776**

**Crisis numbers -** In December 2025, we had 317 individuals utilize crisis services.

**IMPACT ON HIRING**

CCBHC has significantly impacted hiring at Centerstone in a very positive way. As of November 2025, total CCBHC hires outpaced non-CCBHC hires by 170%.

The main contributor to these results is the higher compensation being offered for CCBHC positions. We have also seen a positive correlation between lower turnover rates of CCBHC positions than non-CCBHC positions. As of November 2025, total CCBHC terminations were 20% lower than non-CCBHC terminations.



*Stride campaign promoted by Cook Medical Group in Monroe County*

## CASE STUDIES

**Crisis Program:** When we first met this woman, she was homeless, overwhelmed with severe anxiety, and struggling with paranoia that made accepting help feel impossible. She had been brought into Stride by Bloomington Police Department after facing eviction, untreated opioid dependence, and a constant fear that someone was out to get her. At first, she was weary accepting help; years of trauma and being taken advantage of made every interaction feel unsafe. We met her where she was, moved slowly, and showed her through consistency and compassion that Stride was a safe place. Over time, she opened up and allowed us into her world, sharing her fears, her past, and the weight she had been carrying alone. With gentle encouragement, she eventually agreed to treat her opioid use, and we helped her connect with a center she felt comfortable with. From there, she began engaging in broader Centerstone services and actively working on resources with determination and hope. Today, she has secured stable housing and moves into her new home tomorrow, an extraordinary transformation that reflects her resilience and the power of patient, trauma-informed support.

A guest with a history of frequent IU Behavioral Health inpatient visits often presents to Stride requesting transportation to the hospital. The team would support her on this, as at the time this was the most appropriate plan due to her symptoms. Supporting her through this plan helped the client trust in Stride staff for when she is experiencing crisis, so instead of going to the hospital, she began requesting transportation to Stride. Stride and Mobile continued working with the guest and was able to motivate her to use the bus as opposed to using Mobile for her transportation needs. This created a great sense of independence within the client that she had not experienced before. The client still utilizes Stride, occasionally staying when she needs a safe place. Due to the motivation of staff and the clients gained resiliency, she has not had a behavioral health hospital stay in three months

**Adult & Family Services Program:** A young female client was being seen in one of the East Region Spoke counties to address her MH symptoms of severe PTSD w/ paranoia and experiences with domestic violence in her current relationship. She showed up to the local office in Crisis and accepted collaboration with Richmond Stride and MCRT. She

was transported to Stride Center by MCRT. She remained in the Richmond community for several days, utilizing local women’s shelter and Stride to support her stabilization. While engaged with Stride her symptoms continued to worsen and our teams were able to coordinate with English Manor, a subacute facility, to increase her services and supports. The client remained at English Manor for a few weeks, was able to complete an application for an open apartment at Redwood Terrace apartments. The client’s MH symptoms improved significantly while at English Manor. She was able to successfully move into an apartment and establish services within our Richmond ACT Team.

**Child & Family Services Program:** A family who expressed several needs: transportation, a job, food resources, managing/supporting child mental health needs, and support for utilities, was connected to a peer. This family was able to secure a job, secure food, secure utility coverage, and secure all needs to make a smooth moving transition with the help and support of peer support services. The family is not only no longer needing support but thriving in their

new environment with little no needed support any longer. This would have been very difficult to provide services for until Peer Support services were an option under the new CCBHC model.

**Outpatient Services:** Using EMDR, client has made significant progress processing his trauma. He is having fewer dissociative episodes, nightmares, no longer avoids dealing with his trauma, is making friends and learning to trust others, learning to forgive others who have wronged him (especially his perpetrator), has started going to church and identified strengthening his relationship with God. The individual is seeing a health coach regularly which has also improved his management of chronic physical health problems....he has been able to complete dental work (by getting all his teeth pulled and getting new dentures), see a nutritionist, maintaining more consistent contact and appointments with psychiatric prescriber with Centerstone Health Services (FQHC). His most recent PHQ9 score was a 2 and GAD7 was also a 2 in December, showing significant improvement during his time in treatment.



*A grand re-opening which we held at Centerstone’s Seymour outpatient office to share with the community about our new CCBHC behavioral healthcare model*

## CHALLENGES AND “LESSONS LEARNED”

**Crisis Program:** Some challenges we have faced are trainings to support staff wellness and team cohesion, developing our culture with intention, planning for staff safety, and finding needed resources in the community. Additionally, working with community stakeholders and staff to ensure they are part of the crisis infrastructure and knowing how to refer clients to the program.

**Adult & Family Services Program:** A couple of challenges faced include shifting staff’s approach from a fee for service system along with the volume of change required to implement the model. Navigating the changes with processes, expectations, and paperwork has been a significant lift and culture shift for staff. With these changes, we have added to staff workload, added additional resources, added more clinical training and on-site support.

**Child & Family Services Program:** Training staff to track CCBHC outcomes and finding the time in their day to pull the information. A key lesson learned would be to identify clear KPIs prior for a more seamless transition from fee-for-service to CCBHC.

## LOOKING AHEAD

**Crisis Program:** Our goals are to fully staff our programs, attract supplemental staff, retain staff, balance our budget, establish Mobile Response and Stabilization Service response, and further develop robust policies and procedures.

**Adult & Family Services Program:** Our goals are to continue providing services and quality of care to clients in a way we could not before CCBHC and to increase the number of clients served.

**Child & Family Services Program:** Our goals are to continue to hire staff, enhance access to services for families through outreach initiative in schools and community centers and expand integrated care models by integrating more primary care services with behavioral health care for our clients. Additionally, we would like to implement more Evidence Based Practices (EBPs) designed for children and families. We plan to obtain data related to our ongoing Parent Project group to secure ongoing funding which can increase our ability to meet the needs of parent engagement in the community. We aim to continue strengthening our partnerships with local schools, healthcare providers, and community organizations.



**CENTERSTONE**  
HEALTH SERVICES

### 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**

# ADULT & CHILD HEALTH

## OVERVIEW OF ADULT & CHILD'S CCBHC JOURNEY

During the first year of the CCBHC demonstration, our organization undertook a comprehensive redesign of key operational areas, including recruitment, onboarding, staff training, and the delivery of clinical and supportive services. As a CCBHC demonstration site, we expanded our workforce, improved employee retention, and strengthened our implementation of evidence-based practices. We enhanced our “no wrong door” approach, improved crisis response and safety planning, and increased coordination of care across the agency. Through expanded outreach and stronger community partnerships, we improved access to services and better aligned our offerings with community needs. Providers now offer services in the primary languages identified through the Community Needs Assessment – English, Spanish, Burmese, and Chin dialects—reducing language barriers and expanding access across screenings, intake, peer services, and CCBHC programs. The addition of new staff has increased access across all locations and reinforced our commitment to high quality, person-centered care.

We also made substantial advancements in our operational and administrative infrastructure. This included improving data collection, monitoring, and reporting processes; enhancing efficiencies



within the electronic health record (EHR); and updating clinical workflows to support integrated, high-quality care. Additionally, we refined billing practices to meet CCBHC requirements and updated organizational policies and procedures to ensure compliance, consistency, and long term sustainability.

## KEY SUCCESSES AND MILESTONES

**Crisis Programming:** Our crisis continuum has grown to include all 3 pillars of crisis: (1) care, someone to call, (2) someone to respond and (3) somewhere to go. Our crisis team grew with the addition of crisis peers, and our crisis center extended hours to expand accessibility.

• [Click here to see more information about Crisis Services on our website.](#)

We have also partnered with our **Safe Place Coordinator** (A&C is the regional coordinator for

the national Safe Place program – [click here](#) to learn more) and our supportive housing projects in Marion and Johnson County – our teams were instrumental in keeping youth safe and clients housed.

**Community Services:** Stronger partnerships were developed, and referral coordination was improved through formal MOU’s. The ACT team transitioned from grant-funded support to CCBHC funding, ensuring long-term sustainability. ACT services were expanded to include Johnson County. Peer support capacity increased, doubling the number of Certified Peer Specialist positions. Employment Specialists were added to focus on clients’ employment and educational goals. The service area continued to grow to include all of Marion County. Youth Community Service teams were expanded and doubled in size to better meet the needs of youth and families through a No Wrong Door approach.

• [Learn more about Community-Based Services.](#)

• [Learn more about Youth Community-Based Services.](#)

**School-based Services:** School-based services implemented a 3 Tier Model of service delivery, adopted from the National Center on School Mental Health. This model closely aligns with the MTSS education model and provides a structured way to meet the mental health needs of students as well as prevention efforts.

Additionally, this model significantly improved access to services and reduced wait times for families and students.

Central to this model is the use of **school-based liaisons** (SBL) who serve as the first point of contact for referred youth, streamline the registration process, and ensure timely scheduling for intakes. SBLs also triage referrals and connect high risk youth immediately with crisis services.

We also were able to implement school-based clinical evaluators that complete intakes for school-based referrals and can meet clients where they are, including in the school settings, reducing barriers related to transportation and scheduling. This model is further supported by an encounter-based approach to care, allowing services to be delivered based on the client’s immediate and presenting needs rather than a fixed length of time. As a result, the program has increased its capacity to service more clients, respond more quickly to referrals, and provide flexible care in settings that are most accessible to students and families.

• [Learn more about School-Based Services.](#)

*A&C Irvington Clinic Ribbon Cutting 2025*



**Care Coordination:** Care Coordination caseloads were expanded to include all CCBHC clients following intake. The scope of Care Coordination was broadened at both the team and agency levels, with all intakes now reviewed to determine care coordination and primary monitoring needs. These efforts elevated the agency’s level of care to meet CCBHC standards and proved instrumental in achieving federal requirements. As a result, the agency was selected by the state as a demonstration site and successfully met (and in many areas exceeded) the state’s expectations during the demonstration year.

To support this ongoing and evolving work, we developed and piloted new workflows that reached and supported every team across the agency. These workflows connected newly enrolled clients to care, facilitated post-hospital follow-up, and strengthened comorbidity tracking, all while continuing to serve thousands of clients. This level of growth required significant adaptability, creativity, and determination from our team as we navigated and improved numerous changes, particularly during the past demonstration year. While the year was exceptionally challenging, our team rose to the occasion through their strong work ethic and unwavering dedication to ensuring that clients receive the highest quality of care.

**CASE STUDIES**

**Client # 1:** For the first time following a period of significant instability, an individual in their mid-20s engaged with crisis services in 2024. Early interactions with crisis services were frequent and often resulted in emergency medical responses, suicide attempts, and psychiatric hospitalization. Prior to the client’s discharge from inpatient care,

**IMPACT DATA**

- **Number of individuals served**  
- 13940
- **Percentage increase access to care** -  
14.2% new clients to care
- **Average wait time for first appointment** -  
9 days to intake  
24 days to first clinical service
- **Number of staff added**  
- 166.5 FTEs
- **Crisis Runs for 2025** - 223
- **Current Crisis numbers** - 271 crisis interactions (December)

crisis leadership worked collaboratively with the inpatient psychiatrist to ensure continuity and coordination of care. Integrated staffing between the Assertive Community Treatment (ACT) team and crisis leadership identified the need for more intensive, ongoing support, ultimately leading to the client’s referral to community-based services and enrollment with the ACT team to support stabilization and recovery.

During the initial period with the ACT team, the client faced additional challenges, including a brief interruption in services due to incarceration. Upon release, the client re-engaged with care and was successfully readmitted to the ACT team. Since returning to services, the client has remained consistently engaged and has continued to utilize crisis supports as needed in a more preventative and coordinated manner.

Although the client continues to visit the hospital frequently, the number of visits has decreased since beginning services with the ACT team. When hospitalized in the past, the client would often decline to inform hospital staff about their connection with the treatment team. Recently, however, the client has begun notifying hospital staff of this involvement more consistently, which has enhanced collaboration and care planning. For example, during a recent hospital stay, the team was able to participate in a care plan meeting to coordinate care, and ACT staff were able to visit the client during hospitalization.

Collaboration has been a key element in the client’s care. Providers have demonstrated flexibility in meeting with the client, accommodating their needs and responding promptly when support is required. The client’s willingness to share information has also improved over time, such as contact information for family and friends, which had been previously difficult to obtain.

The ACT team nurse served as a liaison to the clinic. While the client was initially reluctant to interact with the nurse, they have come to look forward to these communications. The nurse has helped coordinate care with outside healthcare providers, addressing other health needs the client previously did not want the team involved in.

With the support of the ACT team, the client has achieved several meaningful outcomes. They have maintained stable housing and receive regular psychiatry visits, care coordination, and primary care services. Ongoing collaboration between providers

has supported increased stability, reduced reliance on emergency services, and improved continuity of care. Continued engagement reflects progress toward long-term stability and demonstrates the positive impact of coordinated community-based treatment.

**Client # 2:** The client first entered services in 2019 through the Transitional Age Youth (TAY) Grant Program in partnership with Outreach Inc. at a time when they were experiencing significant housing instability and struggling with symptoms of depression, anxiety, and difficulty managing anger.

Throughout their time in treatment, the client has navigated both challenges and meaningful growth. Despite periods of difficulty, they have remained consistently engaged in both medication management and therapy, demonstrating commitment and resilience while working to heal from their trauma history.

With support from the Adult & Child housing and resource team, the client successfully obtained Section 8 housing, marking a major milestone in stability. They also completed their high school diploma and earned certifications in QuickBooks and other areas through the Excel Center, strengthening their readiness for gainful employment.

Additionally, the client was able to have a previous



Valle Vista Community Day 2025

criminal charge expunged, removing a significant barrier and further supporting their goals related to employment and long-term stability.

The client has shared that therapy and clinical services at Adult & Child have played a key role in helping them achieve personal goals, maintain progress, and effectively manage their mental health and trauma-related symptoms.

They report feeling proud of maintaining a healthy and stable relationship with their partner, reflecting meaningful growth given their history of unhealthy relationships. The client also actively utilizes Adult & Child’s health clinic for primary care and ongoing medication management.

Looking ahead, the client has expressed a strong interest in pursuing peer support certification in the coming years, reflecting their continued growth and desire to give back to others.

### CHALLENGES AND “LESSONS LEARNED”

One of the biggest lessons we’ve learned is to continue dreaming big. There is no finish line in CCBHC implementation; it is a model that is continuously evolving. During our first year, we often described the experience as “building the plane as we fly it.” Strong communication within your organization and building partnerships with other demonstration sites is essential. Connecting regularly with other CCBHCs to openly share experiences (both positive and challenging) can be incredibly helpful for navigating implementation and provides space for everyone to learn from one another. It is also important to document decisions, get processes in writing, and keep thorough notes to capture the thinking behind them at the time.

### LOOKING AHEAD

Our goals for the next year as a CCBHC demonstration site:

- Recruitment and Retention of staff to continue same day access and treatment availability within 7 days
- After submitting data to the state, review clinical quality outcomes to set goals for programming or training.
- Establish a staffing and training framework that aligns with the fidelity requirements of evidence-based practices.
- Continue reducing administrative tasks so clinicians can prioritize client care.
- Expand use of Peer Services, Employment Services and Clubhouse



A&C VP of Behavioral Health  
Laura Barrett



1 Adult & Child CCBHC DEMO

603 E. Washington St. – 9th Floor,  
Indianapolis IN 46204

Designated in: MARION, JOHNSON

## ASAM Criteria 4th Edition Foundations and Skill Building Courses Registration



# ASAMeLearning

Registration is now open for all training dates.

The Indiana Family and Social Services Administration’s Division of Mental Health and Addiction, with support from MADE @ Plainfield, Community Fairbanks Recovery Center and Johnson County Sherriff’s Office Training Facility, will offer four (4) American Society of Addiction Medicine (ASAM) Criteria 4th Edition Foundations Courses and three (3) Skills Building Courses in Indiana during 2026.

Each course will be held from 8:30 a.m. – 4 p.m. local time. Registration fee of \$35 will be collected by ASAM through their online system.

Each training session will be limited to 50 participants. Lunch will be provided and included with registration for each training.

### ABOUT THESE COURSES:

#### ASAM Criteria 4th Edition Foundations Course

This 6-hour, live course is the recommended first step to understanding the ASAM Criteria 4th Edition and covers developing patient-centered service plans as well as making objective decisions about patient admission, continuing care, and transfer/discharge for individuals with addictive, substance-related, and co-occurring conditions.

The workshop content is based on information found in The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Fourth Edition and incorporates an opportunity for participants to practice applying the information through case-based activities. Learners will have the opportunity to ask the presenter questions in real-time, participate in polling questions, and break into small groups.

The ASAM Criteria Course can also serve as a bridge to the implementation of a provider credentialing program. Providers who have completed ASAM-approved training can gain the initial skill set to deliver care in compliance with The ASAM Criteria.

The target audience for this course includes beginner, intermediate, and advanced counselors, social workers, administrators, clinical staff, utilization management, payers, and other healthcare professionals who work with individuals with addictive, substance-related, and co-

occurring conditions.

This course addresses the following ACGME Competencies: Patient Care and Procedural Skills, Medical Knowledge, Practice-Based Learning and Improvement, and Systems-Based Practice.

#### What You’ll Learn

After participating in this course, you will be able to:

- Employ the underlying principles and concepts of The ASAM Criteria 4th Edition.
- Identify key components of The ASAM Criteria 4th Edition and implement them into practice.
- Identify ASAM Criteria 4th Edition’s continuum of care treatment levels and understand how integrated care is implemented within the different levels of care.
- Conduct The ASAM Criteria 4th Edition Level of Care Assessment and apply the Dimensional Admission Criteria to make level of care recommendations.
- Utilize The ASAM Criteria 4th Edition Treatment Planning Assessment to determine treatment priorities and guide treatment planning.

#### ASAM 4th Edition Criteria Skill Building Course

This 6- hour course expands on the content discussed within The ASAM Criteria 4th Edition Foundations course. DMHA requires attendees to successfully complete the

ASAM Criteria 4th Edition Foundations course (online, virtual, or In-Person) prior to attending this course. This interactive course will follow multiple case scenarios along the patient’s journey through the continuum of care. It will provide an in-depth understanding of providing level of care recommendations, developing individualized treatment plans, and conducting reassessments for continued service or transition of care for patients with addiction and co-occurring conditions. Additionally, participants will examine implementation challenges and develop strategies to provide appropriate treatment for persons with substance use disorders (SUDs). It is strongly encouraged that attendees successfully complete the ASAM Criteria 4th Edition Foundations course, online or virtual live, before beginning this course.

**What You’ll Learn**

After taking this course, learners will be able to:

- Conduct an ASAM Criteria Level of Care Assessment by evaluating risk across the dimensions, utilizing the Dimensional Admission Criteria and Dimensional Drivers to make the level of care recommendations
- Conduct an ASAM Criteria Treatment Planning Assessment to develop individualized treatment plans for persons with substance use disorders (SUD)
- Utilize continued stay and transition criteria to make evidence-based decisions in determining the appropriate level of care
- Examine implementation challenges and develop strategies to provide appropriate treatment for persons with SUDs

Please reach out to our Member/Customer service team by email at [education@asam.org](mailto:education@asam.org) or by phone at 301-656-3920 if you have any questions or issues during the registration process!

For any questions for DMHA, please contact Dana Poirier at [Dana.Poirier@fssa.in.gov](mailto:Dana.Poirier@fssa.in.gov).

**Dates and Locations:**

**ATTENDEES MUST COMPLETE THE ASAM 4TH EDITION FOUNDATIONS COURSE TO REGISTER FOR THE SKILL BUILDING COURSES**

- **June 4, 2026 - Foundations** – Plainfield – MADE @ Plainfield - [Register Here](#)
- **June 5, 2026 – Skill Building** – Plainfield – MADE @ Plainfield - [Register Here](#)
- **July 9, 2026 –Foundations** – Franklin – Johnson County Sherriff’s Office Training Facility - [Register Here](#)
- **July 10, 2026 – Skill Building** – Franklin – Johnson County Sherriff’s Office Training Facility - [Register Here](#)
- **August 12, 2026 –Foundations** – Indianapolis – Community Fairbanks Recovery Center - [Register Here](#)
- **August 13, 2026 –Foundations**– Indianapolis – Community Fairbanks Recovery Center - [Register Here](#)
- **August 14, 2026 – Skill Building** –Indianapolis – Community Fairbanks Recovery Center - [Register Here](#)

*Each course will be held from 8:30 a.m. – 4 p.m. local time.*

*No on-site registration is available. Learners who arrive at a course unregistered, or who wish to take a colleague’s registration in their place, will be turned away.*

States and payers are adopting the 4th Edition at varying rates, and certain jurisdictions might still be in the process of implementing older versions of The ASAM Criteria textbook. If you’re unsure whether you should complete the 3rd or 4th Edition ASAM Criteria Foundations course, we recommend reaching out to your employer for guidance.

## State Updates

### Indiana Primary Election Update

**Indiana's primary elections resulted in several notable leadership changes within the State Senate, while most House incumbents were successfully reelected.** A number of Senate races drew significant statewide and national attention, particularly following last year's debate over mid-cycle redistricting and broader discussions around the future direction of the Republican caucus.

Several incumbent senators, including some committee chairs, were defeated in contested primaries, signaling continued shifts within Indiana's political landscape. At the same time, a number of incumbent lawmakers secured decisive victories, and a few races remain extremely close pending provisional ballot review and potential recounts.

Among the closely watched races, Senators Liz Brown and Spencer Deery remained in tight contests following Election Day, with unofficial margins narrow enough to potentially trigger recount activity.

The election cycle also highlighted the growing influence of outside organizations and national political figures in Indiana legislative races, particularly in targeted Senate districts. Additionally, several open-seat races resulted in former legislators returning to the Statehouse.

Looking ahead, the results are expected to shape future Senate leadership discussions, committee assignments, and legislative priorities as lawmakers prepare for the next session. Political observers also note that both parties will now turn their attention toward competitive general election races this fall.

The Indiana Council will continue monitoring

election outcomes and legislative developments that may impact behavioral health policy, Medicaid, workforce issues, and community mental health services statewide.

### DCS Director Role

**Jennifer Dorfmeier**, who had been serving as acting director since Director Adam Krupp **went on medical leave in January**, will now replace Krupp as head of one of the state's largest agencies, Gov. Mike Braun announced April 21.

### Rural Health Funds for Behavioral Health

**Workforce** can be found here - **SBA: State Agency Grant Opportunities**

### State DMHA Staff Changes

First, Kelly Welker will step into the role of Interim Deputy Director – Chief of Staff for DMHA, supporting leadership continuity during Becky Buhner's transition to ICJI. Kelly's experience, steady leadership, and deep understanding of DMHA operations make her well positioned to support our teams through this transition.

With Kelly moving into this interim role, Mark Loggins will serve as the Interim Division Director of Addiction, Prevention, and Recovery Services for DMHA. Mark brings strong program expertise and a commitment to our mission that will ensure continued momentum across the division's priority initiatives.

Please join me in congratulating Kelly and Mark as they assume these interim responsibilities. We appreciate their willingness to step forward and continue supporting the important work happening across DMHA every day.

## Federal Updates

**THE U.S. Department of Education finalized its rule to classify “professional” degree programs in relation to the amount eligible to borrow for federal public student loans for graduate programs.**

The rule is issued in accordance with provisions of **H.R.1.**

The rule finalizes as proposed the definition for “professional students” as individuals enrolled in one of the designated “professional degree” programs, inclusive of medicine, osteopathic medicine, dentistry, pharmacy, chiropractic, optometry, podiatry, veterinary medicine, theology, law, and clinical psychology.

Students in these professional degree programs would qualify for up to \$50,000 in federal loans per year, with a \$200,000 aggregate limit. Graduate students not in these specified programs will be eligible for up to \$20,500 in federal student loans per year, with a \$100,000 aggregate limit.

**The changes are effective July 1.**

The Indiana Council and National Council, along with our member organizations and partners in the field, raised the point that the proposal excludes graduate degrees in social work, mental health counseling, addiction counseling, marriage and family therapy, nursing, school counseling, occupational therapy and other behavioral health professions from the professional degree category and will have serious implications for our field’s workforce. We also worked closely with several members of Congress, who wrote letters to the Department of Education requesting that they include behavioral health professions in the list of those eligible for higher loan limits.



The Indiana Council and the National Council will continue to stay engaged and advocate on this issue. We will continue to provide you with updates as developments move forward.

### SAMSHA Updates

In April, the House passed a bill that provided funding for the Department of Homeland Security (DHS) — except for U.S. Immigration and Customs Enforcement (ICE) and U.S. Customs and Border Protection (CBP) — a month after the Senate passed the measure, ending the DHS shutdown after 75 days. Senate Republicans have unveiled a reconciliation package with funding for ICE and CBP. Senate leaders plan to put the reconciliation bill on the floor the week of May 18. President Trump has given Congress a deadline of June 1 for the reconciliation bill.

House appropriators have also been busy marking up FY2027 funding bills for various agencies. The **House Commerce-Justice-Science bill** made it out of its subcommittee along party lines and includes \$10M (level) for the Crisis Stabilization and Community program.

## NatCon 2026 is a Wrap!

NATIONAL COUNCIL  
for Mental Wellbeing®

Last week, thousands of behavioral health care professionals gathered in Denver for **NatCon 2026**, the National Council’s annual conference. Innovation, hope and grit were clear themes throughout the event. Implementation of H.R.1 also continued to be one of the most pressing issues top of mind for our members. To help navigate the shifting policy landscape and changes to Medicaid, we shared **our H.R.1 Hub** to provide tools, resources and guidance to prepare for H.R.1. This work is ongoing, and we will continue to stay focused and engaged to support our members and the field.

## MAHA Institute Summit and Action Plan on Overprescribing Released

On May 4, the Make America Healthy Again (MAHA) Institute held an in-person Mental Health & Overmedicalization Summit. You can watch the Summit virtually [through this link](#).

The event brought together Department of Health and Human Services (HHS) leadership, administrators, clinicians and researchers to address overmedicalization and ideas for reforms in mental health policy and practice.

After the summit, HHS launched its **MAHA Action Plan to Curb Psychiatric Overprescribing**, describing efforts to promote appropriate psychiatric prescribing and deprescribing where clinically appropriate.

Simultaneously, agencies under HHS jointly published a **Dear Colleague Letter** for providers on addressing psychiatric medication prescribing with patients. The Centers for Medicare & Medicaid (CMS)

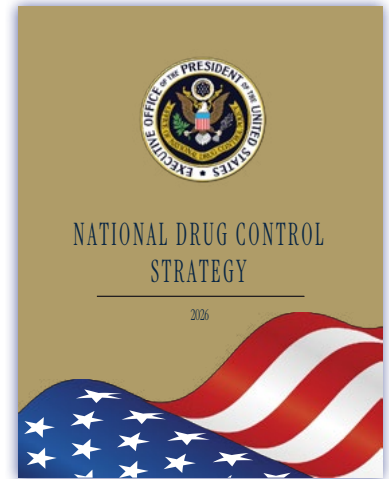
also published an FAQ for practitioners clarifying payment codes for deprescribing and related medical care under Medicare.

## ONDCP Releases Drug Policy Strategy 2026

On May 4, the Office of National Drug Control Policy (ONDCP) released the **2026 National Drug Control Strategy**.

This strategy document is prepared biennially and provides a strategic roadmap for the

Administration’s drug policy priorities. The strategy describes the importance of access to evidence-based prevention programs, inclusive of programs that are faith-based, and recovery promotion, inclusive of expanding and enhancing recovery support services and the peer support workforce. The document also discusses the importance of rapid test strips to detect fentanyl; however, a recent Dear Colleague Letter (described below) does not permit Fentanyl test strips or other substance test kits to be supported with SAMHSA funding.



## SAMHSA Issues Dear Colleague Letters on Substance Use

On April 24, SAMHSA issued two Dear Colleague Letters regarding substance use care and updated guidance for grantees. The **first letter** describes supplies and services previously defined under harm reduction that can and cannot be supported with HHS and SAMHSA funding. The letter states that no

HHS funding can be used for purchase or distribution of Fentanyl test strips or any other substance test kits, among other prohibitions. The **second letter** addresses updated guidance on Medication Assisted Treatment/Medication for Opioid Use Disorder (MOUD) with updated terms and conditions for current grantees. Additionally, SAMHSA hosted a webinar on May 14 examining the impact of revisions to Part 8 of Title 42 of the Code of Federal Regulations (42 CFR Part 8) for opioid treatment programs and access to MOUD.

### Behavioral Health NOFOs Held Up at OMB

On April 27, InsideHealthPolicy **published an article** (subscription required) on routine notice of funding opportunities (NOFO) by SAMHSA that have not yet been issued and have been pending with the White House Office of Management Budget (OMB) for months.

The article quotes National Council for Mental Wellbeing President and CEO Chuck Ingoglia: *“The federal discretionary programs administered by SAMHSA – ranging from drug courts and residential substance use treatment for women with young children to crisis de-escalation training for police officers – are the backbone of behavioral health services in communities across the United States [...] These programs depend upon a reliable notice of funding opportunity process to avoid service disruptions that could leave people without critical resources and care.”*

SAMHSA has said the review process is moving forward following the standard review and approval process and will be released once finalized.

### National Council Staff Article on H.R.1



The National Council’s Peter Delia recently **authored an article** (subscription required) published in Mental Health Weekly on community engagement, or work, requirements under H.R.1. The article highlights how careful implementation strategies will be needed to prevent states and clinics from experiencing significant fiscal and operational challenges and emphasizes the recommendations the National Council has developed for behavioral health clinics and providers to help make implementation less burdensome.





**HOSA-Future Health Professionals is thrilled to be hosting its 50th Anniversary Celebration in conjunction with the 2026 HOSA International Leadership Conference in Indianapolis. In just four weeks, we will welcome more than 15,000 of the brightest and best future health professionals from around the globe. Our healthcare partners and volunteers have been absolutely incredible, and we are working hard to ensure these HOSA members have an unforgettable experience.**

One of the most important parts of the conference is our competitive events program, and we want to ensure members are evaluated by the very best judges possible. Many of these members have worked hard all year, raised their own funds to attend, and earned the opportunity to compete on the international stage. We do not want to disappoint them by not having enough qualified judges.

**This is where we would like your help. We have had to recruit 750 judges!**

If you are available to serve as a judge, we would be deeply grateful. If you do not have expertise in a listed area or are unavailable, we ask that you please help us identify colleagues or professionals who may be willing to volunteer.

Current judging needs include:

### **THURSDAY, JUNE 18 EVENT NEEDS**

*For Community Awareness, Job Seeking Skills, Health Education, Researched Persuasive Speaking, and Biomedical Debate, you do not need a specific area of expertise.*

- **Community Awareness** —  
4 judges needed — 8:00 AM
- **Clinical Specialty** —  
6 judges needed — 8:30 AM
- **Personal Care** —  
3 judges needed — 9:00 AM
- **Job Seeking Skills** —  
9 judges needed — 9:00 AM
- **Health Education** —  
9 judges needed — 1:30 PM
- **Mental Health Promotion** —  
10 judges needed — 3:00 PM
- **RPS** — 1 judge needed — 4:00 PM
- **Home Health Aide** — 2 judges needed —  
10:30 AM (Indiana University Nursing)
- **Dental Science** — 1 judge needed —  
8:30 AM (Indiana University Dental School)
- **Biomedical Debate** —  
8 judges needed — 4:30 PM

If you are able to attend a VIP Function, please check this link so we can make sure we have a place for you. **Click [VIP RSVP](#)**

If you have already volunteered to be a judge, workshop presenter, exhibitor, or HOSA supporter, we extend a heartfelt thank you. Your dedication to future health professionals continues to make a tremendous impact.

## FRIDAY, JUNE 19 EVENTS

*For Prepared Speaking, Life Threatening Situations, Dynamic Decisions, HOSA Bowl, Exploring Medical Innovation, or Public Service Announcement, you do not need a specific area of expertise.*

- **Prepared Speaking** —  
10 judges needed — 8:30 AM
- **Life Threatening Situations** —  
1 judge needed — 9:00 AM
- **Dynamic Decisions** —  
1 judge needed — 8:00 AM
- **HOSA Bowl/Foundations of HB** —  
3 judges needed — 9:00 AM
- **Exploring Medical Innovation Round 2** —  
2 judges needed — 10:15 AM
- **Medical Innovation** —  
2 judges needed — 10:15 AM
- **Public Service Announcement** — 7  
judges needed — 12:30 PM

**To volunteer or recommend someone,  
please sign up at: [hosa.org/judges/](https://hosa.org/judges/)**

If you have questions regarding the judging process or a specific event, please contact Priya at [priya@hosa.org](mailto:priya@hosa.org).

**We look forward to reconnecting with you in Indianapolis. Thank you for believing in HOSA-Future Health Professionals and for helping us inspire and support the next generation of healthcare leaders.**

**Please let us know how we can assist, and we hope you will join us in celebrating this historic milestone!**

## ILC CONFERENCE SPECIAL INVITATION

**We would like to extend a special invitation for you to join us as our guest for HOSA's 50th Anniversary Celebration.**

Highlights include:

### Wednesday, June 17, 2026

- 11:00 AM – 1:00 PM — VIP Luncheon
- 9:00 AM – 5:00 PM HOSA Expo with 170 exhibitors & HOSA-HUB Experience, including Pickleball
- 7:30 PM – 9:30 PM —  
Opening General Session at Lucas Oil Stadium (Special VIP seating provided)

## ADDITIONAL CONFERENCE OPPORTUNITIES BESIDES JUDGING

### Thursday, June 18, 2026

- HOSA Expo with 170 exhibitors & HOSA-HUB Experience, including Pickleball (9 AM – 5 PM)
- 50th Anniversary Time Capsule Presentations

### Friday, June 19, 2026

- 9:00 AM – 2:00 PM — HOSA Expo with 170 exhibitors & HOSA-HUB Experience, including Pickleball
- 6:45 PM Former Surgeons Generals Panel & HOSA General Recognition Session (Special VIP seating provided)

### Saturday, June 20, 2026

- 7:30 PM Awards Sessions on Saturday evening (Special VIP seating provided)

**[hosa.org](https://hosa.org)**

## OUR 2026 MEMBER AWARD NOMINEES AND WINNERS

# Honoring excellence, leadership, innovation, and dedication across Indiana’s behavioral health system

MUNCIE, Ind. – The Indiana Council of Community Mental Health Centers proudly recognized outstanding professionals, leaders, and organizations during the 2026 Indiana Council Member Awards celebration, honoring individuals whose work continues to strengthen behavioral health services and improve the lives of Hoosiers across the state.

The annual Member Awards recognize excellence in community mental health and behavioral health services, highlighting the extraordinary commitment, compassion, and innovation demonstrated by providers and partners throughout Indiana.

“This year’s nominees and award recipients represent the very best of Indiana’s community mental health network,” said Zoe Frantz. “Every nominee has made a meaningful impact within their organization and community, and we are proud to celebrate their dedication to serving individuals and families across our state.”

The Indiana Council extends its heartfelt congratulations to all nominees and winners

recognized during the 2026 awards program. Their work reflects the mission and values of Indiana’s community mental health centers and demonstrates the critical role behavioral health professionals play in supporting healthier communities.

### This year’s award winners are:

- **2026 Innovation Collaboration of the Year** – Adult & Child – Community Services Line
- **2026 CMHC Advocate of the Year** – Dr. Greg Unfried – Southwestern Behavioral Health
- **2026 Employee of the Year (non-practitioner)** - Cynthia Kennedy – Regional Health
- **2026 Employee of the Year (practitioner)** - Dr. Christine Negendank – Adult & Child
- **2026 Student/Intern of the Year** – Vanessa Tirbassi – Regional Health

*(see pictures on page 33)*



Awards presented during the ceremony recognized excellence in areas including leadership, clinical care, innovation, advocacy, peer support, community partnership, and outstanding employee achievement.

The Indiana Council also expressed appreciation to member organizations, colleagues, and community partners who submitted nominations and helped highlight the incredible work happening every day throughout Indiana's community mental health network.

"The stories shared through these nominations remind us of the compassion, resilience, and commitment that define our field," said Zoe Frantz. "We celebrate not only the award winners, but every individual nominated for their exceptional service and dedication."

### **Congratulations to all our 2026 Member Award Nominees (pictured above)**

The Indiana Council of Community Mental Health Centers remains committed to supporting Indiana's behavioral health and substance use disorder workforce and advancing access to high-quality mental health and addiction services statewide.



## Indiana Council Honors Senator Greg Goode as Legislator of the Year

**The Indiana Council of Community Mental Health Centers, along with Hamilton Center, Inc., are proud to recognize Senator Greg Goode as the recipient of the 2026 Legislator of the Year Award, honoring his unwavering commitment to strengthening Indiana’s behavioral health system and championing access to care across the state.**

Senator Goode has been a dedicated advocate for policies that support behavioral health services, ensuring that individuals and families have access to the care they need in their communities. His leadership at the Statehouse has helped advance critical initiatives that improve outcomes, expand services, and reinforce the vital role of community mental health centers.

“Community mental health impacts everyone and as the son of Galen Goode, a pioneer of the community mental health movement, this recognition deeply touches me,” said Senator Greg Goode. “I am so grateful for the Indiana Council and the Hamilton Center for their work in serving others. I am their partner at the Indiana statehouse.”

The Indiana Council presents the Legislator of the Year Award annually to a lawmaker who demonstrates exceptional leadership and advocacy in support of behavioral health services throughout the State. Senator Goode’s longstanding dedication and collaborative approach have made a meaningful difference for providers and the individuals they serve throughout Indiana.

“Senator Goode has been a true champion for community mental health,” said Zoe Frantz, President & CEO, Indiana Council of Community Mental Health Centers. “His leadership, passion, and partnership have helped move our system forward and ensure that Hoosiers receive the care and support they deserve.”

The Indiana Council extends its sincere congratulations and gratitude to Senator Goode for his continued service and commitment to improving the lives of Hoosiers.

## Sheriff Noah Robinson Receives Indiana Council's 2026 Justice Advocate of the Year Award



**The Indiana Council of Community Mental Health Centers is proud to recognize Vanderburgh County Sheriff Noah Robinson as the recipient of the 2026 Justice Advocate of the Year Award for his outstanding leadership and commitment to advancing behavioral health and public safety initiatives in Indiana.**

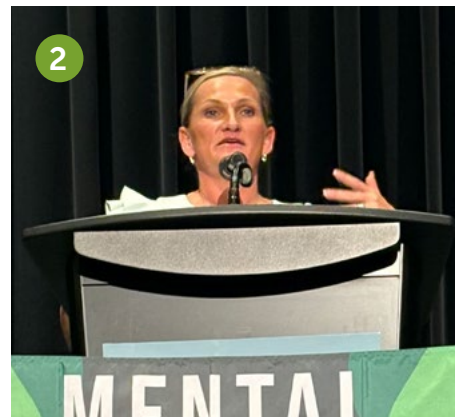
The Justice Advocate of the Year Award honors individuals who have demonstrated exceptional dedication to improving outcomes for individuals involved in the justice system, particularly those living with mental health and substance use challenges. Sheriff Robinson was selected for his collaborative approach, advocacy for treatment-focused solutions, and commitment to strengthening partnerships between law enforcement and behavioral health providers.

Under Sheriff Robinson's leadership, Vanderburgh County has continued to prioritize innovative approaches that connect individuals in crisis with appropriate care and support services while enhancing community safety. His work reflects a deep understanding of the important role mental health services play within the criminal justice system and the value of collaboration between community stakeholders.

"Sheriff Robinson's leadership has made a meaningful impact on both public safety and behavioral health efforts in Vanderburgh County," said Zoe Frantz. "His dedication to building partnerships and promoting compassionate, effective responses for individuals experiencing mental health challenges exemplifies the spirit of this award."



1



2



3



4



5



4

- 1 **Thank you to our members and partners for making our Spring Conference a success!**
- 2 **Katharine Norris** of DMHA at the Spring conference
- 3 **Peter Delia** – National Council of Mental Wellbeing providing a Federal Medicaid update
- 4 Zoe Frantz congratulates **Katy Adams** of Southwestern Behavioral Health on her upcoming retirement
- 5 **Katy Adams** – Southwestern Behavioral Health
- 6 Our “Hollywood walk of FAME” to celebrate all of our nominees for this years Member Awards ceremony



**1 & 4 Congratulations to ALL of our member award nominees and winners!**

- 2 Thank you to our **Judges panel** for providing an update from the Indiana Supreme Court –
- 3 Congratulations to **Cynthia Kennedy** of Regional Health – 2026 Employee of the Year (non-practitioner)
- 5 Thank you to our panel of experts – **Bill Trowbridge** (Regional Health), **Vanessa Pataky** (Aspire), and **Dr. Christine Negendank** (Adult & Child) for providing an informative session on Person-Centered staff safety.
- 6 Congratulations to our Winner of the 2026 Innovation Collaboration of the Year award – **Adult & Child Community Services Line** – Jennifer Disbro pictured receiving award
- 7 Congratulations to our Winner of the 2026 CMHC Advocate of the Year award - **Dr. Greg Unfried** – Southwestern Behavioral Health
- 8 Congratulations to our Winner of the 2026 Employee of the Year (practitioner) award – **Dr. Christine Negendank** – Adult & Child
- \*\*Not pictured – Congratulations to our Winner of the 2026 Student/Intern of the Year award – **Vanessa Tirabassi** – Regional Health

- 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**



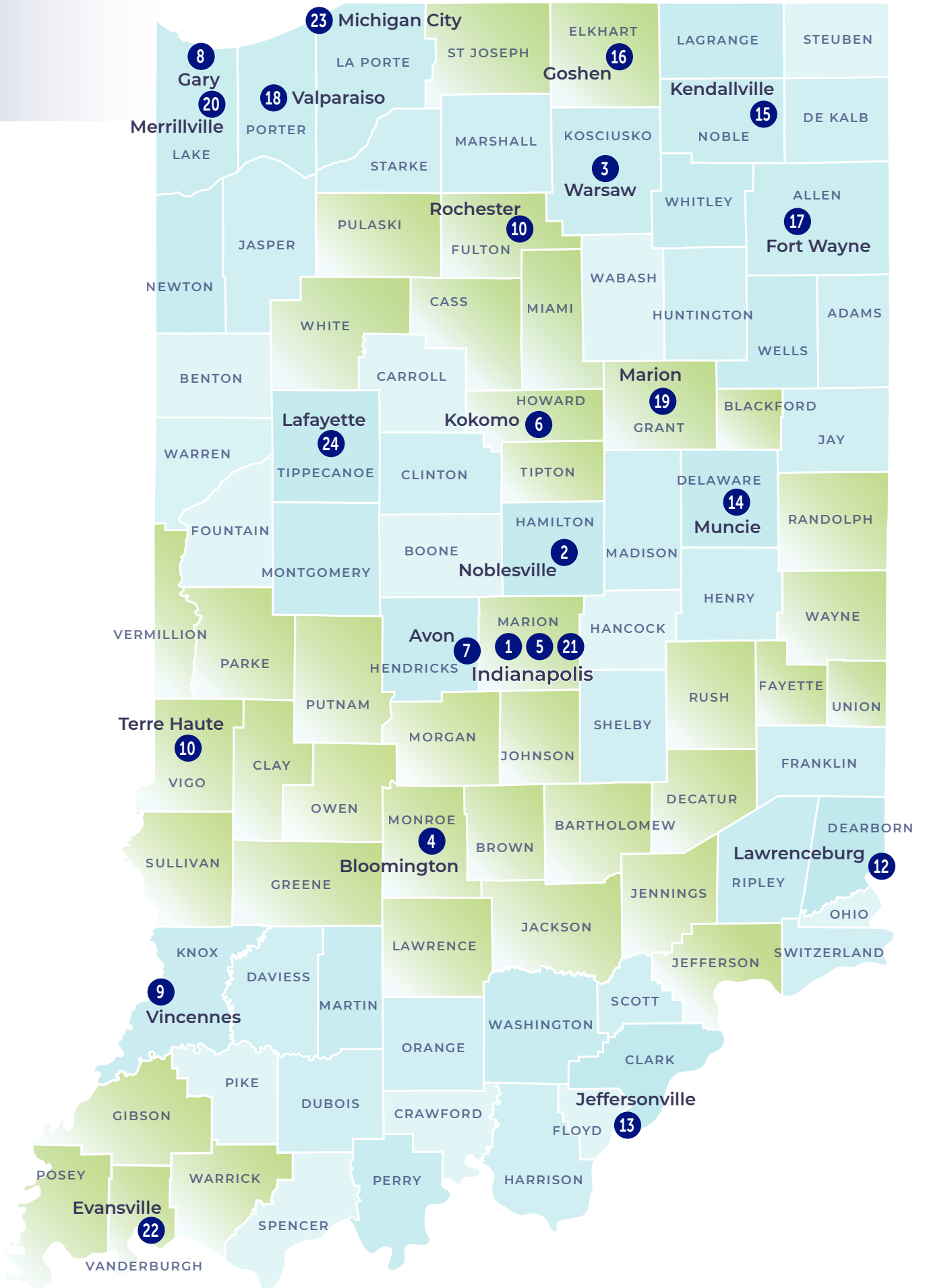
**23 Swanson Center**

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**





## 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

June  
9

July  
14

August  
11

September  
8

October  
13

November  
10

December  
8

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

## UPCOMING EVENTS

- June 2 & 3 – Hill Day, Washington DC
- June 18 & 19 – CEO & Board retreat, Indianapolis (reach out to [Denise Wade](#) for additional information)
- June 25th – RISE Connect Hub – “Leading Where it’s Hard” with Gina Forrest [click here to register](#)
- 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

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