



Improving Lives Through Healthy Minds  
810-648-0330

**Sanilac County Community Mental Health Authority**

**Annual Submission**

**Fiscal Year 2024**

# **Sanilac County Community Mental Health Authority**

## **FY24 Annual Submission**

This report covers three (3) areas Sanilac County CMHA is required to report on based on our Michigan Department of Health and Human Services/Community Mental Health Service Provider (MDHHS/CMHSP) Managed Mental Health Supports and Services Contract. The annual submission was sent to MDHHS on 2/27/2025 and encompasses information pertaining to services provided from 10/01/2023 to 09/30/2024.

### **Wait List Information:**

The Mental Health Code, Section 330.1124 requires that CMHSPs establish and maintain waiting lists if all service needs are not met. The purpose of this form is to gather information about the use of waiting lists by Sanilac County CMHA and the people waiting for various types of services.

### **Request for Service and Disposition of Request:**

The purpose of this form is to provide information to MDHHS on the number of services that were requested by individuals in our catchment area broken down by population. It also provides data on what occurred with the requests received by our CMH.

### **Community Data Set:**

The Michigan Mental Health Code, and the Administrative Rules implementing it, requires that CMHSPs complete an annual written assessment of community needs. This form provides a way to identify needs related to various significant social and health needs within the community.

Reporting Period: October 1, 2023 to September 30, 2024

Waiting List Report

Program Type	MI Adult	DD	SED	Total
Targeted CSM/Supports Coordination				
Specify all HCPCS and CPT Codes included in this category here:	T1017			
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Intensive Interventions/Intensive Community Services				
Specify all HCPCS and CPT Codes included in this category here:	H0039, H0036			
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Clinic Services				
Specify all HCPCS and CPT Codes included in this category here:	9083X, 9084X, 992XX			
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Supports for Residential Living				
Specify all HCPCS and CPT Codes included in this category here:	T1020, H2016			
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Supports for Community Living				
Specify all HCPCS and CPT Codes included in this category here:	H2015			
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
NARRATIVE: How do you assure that service needs are met at an individual level as well as from a program capacity level?				
<div>Sanilac County CMH utilizes internal and subnetwork providers to ensure we are meeting capacity needs at both an individual and program level. We use a person/family-centered approach for each individual served. We also complete a Community Needs Assessment to help with program development and decision-making.</div>				

Period: October 1, 2023 to September 30, 2024

CMHSP: **Sanilac County CMHA**  
Contact person and email: **Beth Westover bwestover@sanilaccmh.org**

**Report on the Requests for Services and Disposition of Requests**

Row	CMHSP Point of Entry-Screening	DD	MI Adult	SED	Unknown / All Others	Total
1	Total # of all people who telephoned or walked in with any request	177	717	286	59	1239
2	Of the # in Row 1 (all people who telephoned or walked in), total # of people referred out due to non-mental health needs	0	0	0	0	0
3	Of the # in Row 1 (all people who telephoned or walked in) total # of people who requested services the CMHSP provides, irrespective of eligibility	177	717	286	59	1239
4	Of the # in Row 3 (People requested services the CMHSP provides), total # of people who did not meet eligibility through phone or other screening	0	0	0	0	0
5	Of the # in Row 3 (People requested services the CMHSP provides), total # of people who were scheduled for assessment	177	717	286	59	1239
6	Of the # in Row 3 (People requested services the CMHSP provides), total # of people with other circumstance - Describe below on line 32	0	0	0	0	0
7	Is Row 1 (all people who telephoned or walked in) an unduplicated count in each category? Answer Yes or No for each category	No	No	No	No	N/A

Row	CMHSP ASSESSMENT	DD	MI Adult	SED	Unknown / All Others	Total
8	Of the # in Row 5 (Scheduled for intake/biopsychosocial Assessment) - total # of people who did not receive intake/biopsychosocial assessment (dropped out, no show, etc.)	8	85	18	24	135
9	Of the # in Row 5 (Scheduled for intake/biopsychosocial Assessment) - total # of people who were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan)	0	0	0	0	0
10	Of the # in Row 5 (Scheduled for intake/biopsychosocial Assessment) - total # of people who were not served because they were MA HP enrolled and referred out to MA health plan	0	0	0	0	0
11	Of the # in Row 5 (Scheduled for intake/biopsychosocial Assessment) - total # of people who otherwise did not meet CMHSP non-entitlement intake/assessment criteria.	64	96	33	10	203
11a	Of the # in Row 11 (did not meet CMHSP non-entitlement intake/assessment criteria) - total # of people who were referred out to other mental health providers	0	0	0	0	0
11b	Of the # in Row 11 (did not meet CMHSP non-entitlement intake/assessment criteria) - total # of people who were not referred out to other mental health providers	64	96	33	10	203

12	Of the # in Row 5 (Scheduled for intake/biopsychosocial Assessment) - total # of people who met the CMHSP intake criteria	105	536	235	25	901
13	Of the # in Row 12 (Met CMHSP intake criteria) - total # of people who met emergency/urgent/priority conditions criteria	17	124	36	2	179
14	Of the # in Row 12 (Met CMHSP intake criteria) - total # of people who met regular/routine/usual admission criteria	88	412	199	23	722
15	Of the # in Row 12 (Met CMHSP eligibility criteria) - total # of people who were put on a waiting list	0	0	0	0	0
15a	Of the # in Row 15 (Put on a waiting list) - total # of people who received some CMHSP services, but wait listed for other CMHSP services	0	0	0	0	0
15b	Of the # in Row 15 (Put on a waiting list) - total # of people who were waitlisted for all CMHSP services	0	0	0	0	0
16	Other Requests for Service and Disposition of Requests - Report total # of people in each category and describe on Line 32.	0	0	0	0	0

**Row 6 - Of the # in Row 3 (People requested services the CMHSP provides), total # of people with other circumstance - Describe here and/or**

**Row 16 - Other Requests, total # of people - Describe here**

None Reported

**NARRATIVE:** Provide a brief description of how the CMHSP collects and maintains the data reported on this form.

The information is captured and maintained in our EMR.

**NARRATIVE:** Briefly describe the process by which the CMHSP determines eligibility [e.g., per use of assessment instrument (ID name), per telephone screen, or face-to-face assessment or combination, etc.].

Our CMHSP determines eligibilty based on a clinical assessment.

**NARRATIVE:** Provide a brief but easily understood and clear narrative describing noticeable trends and what the CMHSP response is to these trends. If trends represent an increased demand for services, explain how the CMHSP plans to manage this increased demand moving forward. If changes in eligibility rules result in termination of services to current enrollees, include this information.

Sanilac CMH is experincing noticeable increases in service requests. Sanilac CMH is both a CCBHC PDI Grant Recipient and CCBHC Demonstation site. We are utilizing tele services and increased staffing to meet our commuinity's needs.



[illegible]





[illegible]