

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/Suppor	ts Coordination	n		
Specify all HCPCS and CPT Codes included in this category h				
Number on waiting list as of date above	0	0	ol	C
Added during the time period covered	0	0	0	C
Removed during the time period covered- service provided	0	0	0	(
Removed during time period covered - all other reasons	0	0	0	C
Number left at the end of the time period covered	0	0	0	C
Intensive Interventions/Intensi	ve Community	Services		
Specify all HCPCS and CPT Codes included in this category h	ere: H0039, H003	6		
Number on waiting list as of date above	0	0	0	C
Added during the time period covered	0	0	0	С
Removed during the time period covered- service provided	0	0	0	C
Removed during time period covered - all other reasons	0	0	0	C
Number left at the end of the time period covered	0	0	0	C
Clinic Serv	ices			
Specify all HCPCS and CPT Codes included in this category h	ere: 9083X, 9084X	(, 992XX		
Number on waiting list as of date above	0	0	0	C
Added during the time period covered	0	0	0	(
Removed during the time period covered- service provided	0	0	0	C
Removed during time period covered - all other reasons	0	0	0	(
Number left at the end of the time period covered	0	0	0	C
Supports for Resid	ential Living			
Specify all HCPCS and CPT Codes included in this category h	ere: T1020, H2016	5		
Number on waiting list as of date above	0	0	0	C
Added during the time period covered	0	0	0	C
Removed during the time period covered- service provided	0	0	0	(
Removed during time period covered - all other reasons	0	0	0	(
Number left at the end of the time period covered	0	0	0	(
Supports for Comn	nunity Livina			
Specify all HCPCS and CPT Codes included in this category h	ere:			
	H2015	ما	٥١	
Number on waiting list as of date above	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 Number left at the end of the time period covered	0	0	0	0
Number left at the end of the time period covered	J U	υ <u>l</u>	0	(
NARRATIVE: How do you assure that service needs are met a	t an individual l	evel as we	ell as fron	n a program
capacity level?				. J

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.

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	DD MI Adult		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
	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 enrollee include this information.
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 servic and increased staffing to meet our commuinity's needs.

		Commuity	y Needs A	Assessme	ent											
		Comr	munity Da	ata Sets												
	CMHSP na	ne:						Sanila	c County (СМНА						
	Contact person and e-mail addre	ss:					Beth W	estover l	owestover	@sanilad	ccmh.org					
ROW 1	Population (Census) As of September by county	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
County 1	Sanilac CMH	43087	42705	42306	41901	41661	41464	41405	41242	41192	41170	40619	40800	40657	40710	40611
County 2																
County 3																
Sounty 4																
County 5																
County 6	Total CMHSP Population		42705	42306	41901	41661	41464	41405	41242	41192	41170	40619	40800	40657	40710	40611
	Change from Prior Year		42705		-405					-50			181	-143	53	-99
	% change from Prior Year		#DIV/0!							-0.0012					0.0013	
	Cumulative Change since 2009		42705				41464			41192				-1004	-754	-794
	% cumulative change since 2009		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-0.0359	-0.0399	-0.0263	-0.0241	-0.0182	-0.0192
	Sou	rce: US Cens	sus Burea	au from 20	19 Estima	ates for 20	020 inforn	nation								
	This will provide you numbers for 2020	https://w	ww.censu	us.gov/libra	ary/stories	s/state-by	<u>-state/mic</u>	chigan-por	oulation-ch	ange-be	tween-cen	sus-deca	de.html			
	previous years	https://data	acenter.kids	scount.org/da	ata/tables/1	698-total-p	opulation?lo	oc=24&loct=	5#detailed/5	5/3744-382	26/false/1729	,37,871,870	0,573,869,3	6,868,867,1	33/any/3603	3
ROW 2	Medicaid Enrollment - Average Enrollment for September:	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
ounty 1	Sanilac County - both programs	10191	9938	9289	9400	9876	10287		0	0	0	8533	9150	9535	8504	7410
ounty 2	Sanilac County - Medicaid	0) (0	0	0	0	7124	7309	7274		0	0	0	0	0
	Sanilac County - Healthy Michigan	0) (0	0	0	0	1933	2070	2047	2120	0	0	0	0	0
County 4 County 5																
County 6																
ounty o	Total CMHSP Medicaid Enrollment	10191	9938	9289	9400	9876	10287	9057	9379	9321	9420	8533	9150	9535	8504	7410
	Change from Prior Year		-253	-649	111	476	411	-1230	322	-58	99	-887	617	385	-1031	-1094
	% change from Prior Year		-0.0248	-0.0653	0.0119	0.0506	0.0416	-0.1196	0.0356	-0.0062	0.01062	-0.0942	0.0723	0.0421	-0.1081	-0.1286
	Cumulative Change since 2009		-253	-902	-791	-315	96	-1134	-812	-870	-771	-1405	-139	135	-1372	-2877
	% cumulative change since 2009		-0.0248	-0.0885	-0.0776	-0.0309	0.0094	-0.1113	-0.0797	-0.0854	-0.0757	-0.1414	-0.015	0.0144	-0.1389	-0.2797
	Sou	rce: https://w	<u>ww.michi</u>	gan.gov/m	idhhs/0,5	885,7-339 	<u>9-71547_</u> 4	4860-1506	<u>64,00.htm</u>	<u>1l</u>						
ROW 3	Number of Children in Out of Home Care	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	Children Ages Birth-17 in Out of Home Care-Abuse or Neglect (Number)	27			39	64	57		36	65		59		36		N/A
	Children ages Birth-8 in out of home care - abuse or neglect (Number)	13	3 20	20	24	44	38	29	27	45	29	37	39	23	24	N/A
	Children Ages Birth-5 in out of home care - abuse or neglect (Number)	7	15	15	16	32	31	27	24	38	22	28	27	13	14	N/A
Source:	http://datacenter.kidscount.org/data/bystate/Default.aspx?state=MI															
	**Some information may not be available for every year.															
	Total CMHSP	47	' 63	8 68	79	140	126	94	87	148	100	124	125	72	76	0
	Total Civiliar				11	61	-14	-32	-7	61	-48	24	1	-53	4	-76
	Change from Prior Year		16	5 5	11	01					<u> </u>					
	Change from Prior Year % change from Prior Year		34.04%	5 7.94%			-10.00%			0.7011	-0.3243	0.24		-0.424	0.0556	-1
	Change from Prior Year % change from Prior Year Cumulative Change since 2009		16	3 21	16.18% 32	77.22% 93	-10.00% 79	-0.254 47	-0.0745	0.7011	37	56	0.0081 46	-68	-50	-94
	Change from Prior Year % change from Prior Year		16		16.18% 32	77.22% 93	-10.00% 79	-0.254 47	-0.0745 40	101	37	56	0.0081 46		-50	-94

		Commuity	v Naads A	\eeeeeme	ant .											
	Commuity Needs Assessment															
		Com	munity Da	ata Sets												
CMHSP name: Sanilac County CMHA																
	Contact person and e-mail address:						Beth W	estover b	owestover	@sanilac	cmh.org					
ROW 4	Number of Licensed Foster Care Beds in Catchment Area			2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	Adults - Enter the Total Number of Bed Capacity			233	362	361	349	343	334	335	318	318	306	300	326	326
Source	http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27717-82231,00.html															
	Kids - Enter the Total Number of Licensed Facilities			1	1	1	1	1	1	1	1	1	1	1	1	1
Source	http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27719-82293,00.html															
	*This data is also provided by MDHHS on the website under "Provided Information".															
5	Prevalence Proxy Data															
		1990	2008	Change or	most rece	ent project	ion									
5-A	Adults with Serious Mental Illness (Kessler Methodology)							_								
	Trend - Kessler Prevalance Data															
	*Provided by MDHHS in 2012															
		2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
ROW 5B	Children at risk for Serious Emotional Disturbance 100% below poverty	2602	2663	2501	2316	2116	2214	2044	1931	1899	1865	1835	1824	1640	1941	N/A
Source	https://data.census.gov/cedsci/?intcmp=aff_cedsci_banner_															
		2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
ROW 5C	Persons with Developmental Disabilities: Formula Populated	0	213.53	211.53	209.51	208.31	207.32	207.03	206.21	205.96	205.85	203.1	204	203.29	203.55	203.06

Commuity Needs Assessment Community Data Sets Sanilac County CMHA **CMHSP** name: Beth Westover bwestover@sanilaccmh.org Contact person and e-mail address: ROW 6 **Community Homelessness- catchment area** 128 N/A **ROW 6A** Local Continuum of Care Bi-ennial Homeless Count N/A N/A N/A N/A N/A 0 #VALUE! ###### ###### ###### ###### ###### Change from Prior Time Period ROW 6B # served from CMHSP data- of persons that are homeless -7 Change from Prior Time Period Link to Homeless count report for some Michigan regions/counties-Source HUD.GOV 2022 AHAR: Part 1 - PIT Estimates of Homelessness in the U.S. | HUD USER ROW 6C **Community Employment** Sanilac CMH County 1 County 2 County 3 County 4 County 5 County 6 **Total CMHSP** Change from Prior Year -11 -782 -121 0.65% 0.93% 2.00% 4.84% 0.22% -0.0006 0.03023 -0.041 0.0007 -0.0066 0.024 0.0493 % change from Prior Year Cumulative Change since 2008 3.62% 8.87% 0.0887 0.088 0.0072 % cumulative change since 2008 0.65% 1.59% 8.63% 0.0887 0.1209 0.0679 0.0588 0.0312 0.0546 **Source:** State of Michigan Labor Market Information https://milmi.org/DataSearch/LAUS **Justice System** ROW 7 **ROW 7A** Jail diversions (describe data source) ROW 7B Prison discharges-number of people expected to meet SMI Criteria (describe data source) **Education System** ROW 8 **ROW 8A** Number of students aging out or graduating special education N/A ROW 9 **Graduation and Dropout Rate** Sanilac County - Graduation 401 N/A County 1 County 2 | Sanilac County - Dropout 19 N/A County 3 County 4 County 5 County 6 **CMHSP Total:** 85.5 89.1 N/A ROW 9A % graduated 86.3 85.9 83.4 86.4 84.4 83.4 81.5 85.7 84.8 85.2 90.1 87.1 **ROW 9B** % dropped out 6.2 7.4 6.9 9.7 4.8 4.4 5.8 4.6 3.3 3.7 5.6 4.2 N/A Source: The Annie E. Casey Foundation-Kids Data Count Center http://datacenter.kidscount.org/data/bystate/Default.aspx?state=MI DATE

	Commuity Needs Assessment																
	Community Data Sets																
	CMHSP name:							Sanila	ac Count	у СМНА							
	Contact person and e-mail address:						Beth V	Vestover	bwestov	er@sanila	ccmh.org						
	For primary health items, identify point in time being reported																
ROW 10	Primary Health	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024			<u> </u>
ROW 10A	% of CMHSP consumers with an identified Primary Care Physican	81.36	87.32	82.8	93.9	88.3	88.5	5 91.2	88.	89.94	89.69	91.56	89.96	93.4			
10B	CMHSP Medicaid recipients with primary care service/encounter	249	297	280	327	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
10C	# with primary care plus emergency room	133	173	153	317	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
10D	# with emergency room no primary care	10	12	10	10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
	MDHHS does not have this data (10B, 10C, 10D) available at this time.																<u> </u>
ROW 11	Optional Information			2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
	Private Providers and Public SUD Providers																
ROW 11A	·																
ROW 11B	·																
ROW 11C	Number of providers that are accepting new clients																
															_		
2024v.1																	