



**Sanilac County Community Mental Health
Authority**

Annual Submission

Fiscal Year 2023

Sanilac County Community Mental Health Authority

FY23 Annual Submission

This report covers four (4) 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 report is due to the State by 03/31/2024 and encompasses information pertaining to services provided from 10/01/2022 to 09/30/2023.

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 & Priority Needs and Planned Actions:

The Michigan Mental Health Code, and the Administrative Rules implementing it, requires that CMHSPs complete an annual written assessment of community need. These forms provide a way to identify need relative to various significant social and health needs within the community.

Reporting Period: October 1, 2022 to September 30, 2023

Waiting List Report

Program Type	MI Adult	DD	SED	Total
Targeted CSM/Supports Coordination				
<i>Specify all HCPCS and CPT Codes included in this category here:</i>	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				
<i>Specify all HCPCS and CPT Codes included in this category here:</i>	H0039 and 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				
<i>Specify all HCPCS and CPT Codes included in this category here:</i>	9083X			
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				
<i>Specify all HCPCS and CPT Codes included in this category here:</i>	T1020 and 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				
<i>Specify all HCPCS and CPT Codes included in this category here:</i>	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?

We do not have a wait list. We assure that service needs are met at an individual level as well as from a program capacity level by utilizing person-centered planning and having a subnetwork of providers to assist with capacity.

Period: October 1, 2022 to September 30, 2023

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	139	703	255	35	1132
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	139	703	255	35	1132
4	Of the # in Row 3 (People requested services the CMHSP provides), total # of people who did not meet CMHSP 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 met eligibility and were scheduled for intake/biopsychosocial assessment	139	703	255	35	1132
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	No

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.)	12	159	33	28	232
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.	72	108	73	3	256
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	72	108	73	3	256

12	Of the # in Row 5 (Scheduled for intake/biopsychosocial Assessment) - total # of people who met the CMHSP intake criteria	55	436	149	4	644
13	Of the # in Row 12 (Met CMHSP intake criteria) - total # of people who met emergency/urgent/priority conditions criteria	9	120	32	1	162
14	Of the # in Row 12 (Met CMHSP intake criteria) - total # of people who met regular/routine/usual admission criteria	46	316	117	3	482
15	Of the # in Row 12 (Met CMHSP intake 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 eligibility 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.

Our CMHSP has seen a noticeable increase in service requests. We have become a CCBHC Demonstration site this year and have been a CCBHC PDI Grant Recipient for over a year. We have had to increase our staffing and incorporate tele services to meet the increased needs.

Community Needs Assessment															
Community Data Sets															
CMHSP name:		Sanilac County CMHA													
Contact person and e-mail address:		Beth Westover bwestover@sanilaccmh.org													
ROW 1	Population (Census)-- As of September -- by county	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
County 1	Sanilac CMH	43087	42705	42306	41901	41661	41464	41405	41242	41192	41170	40619	40800	40657	40710
	Total CMHSP Population		42705	42306	41901	41661	41464	41405	41242	41192	41170	40619	40800	40657	40710
	Change from Prior Year		42705	-399	-405	-240	-197	-59	-163	-50	-22	-551	181	-143	53
	% change from Prior Year		#DIV/0!	-0.93%	-0.96%	-0.57%	-0.47%	-0.0014	-0.0039	-0.0012	-0.0005	-0.0134	0.0045	-0.0035	0.0013
	Cumulative Change since 2009		42705	42306	41901	41661	41464	41405	41242	41192	-1535	-1687	-1101	-1004	-754
	% 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
	Source:	US Census Bureau from 2019 Estimates for 2020 information													
	This will provide you numbers for 2020 years	https://www.census.gov/library/stories/state-by-state/michigan-population-change-between-census-decade.html https://datacenter.kidscount.org/data/tables/1698-total-population?loc=24&loci=5#detailed/5/3744-3826/false/1729.37.871.870.573.869.36.868.867.133/any/3603													
ROW 2	Medicaid Enrollment - Average Enrollment for September:	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
County 1	Sanilac County - both programs	10191	9938	9289	9400	9876	10287	0	0	0	0	8533	9150	9535	8504
	Sanilac County - Medicaid	0	0	0	0	0	0	7124	7309	7274	7300	0	0	0	0
	Sanilac County - Healthy Michigan	0	0	0	0	0	0	1933	2070	2047	2120	0	0	0	0
	Total CMHSP Medicaid Enrollment	10191	9938	9289	9400	9876	10287	9057	9379	9321	9420	8533	9150	9535	8504
	Change from Prior Year		-253	-649	111	476	411	-1230	322	-58	99	-887	617	385	-1031
	% change from Prior Year		-0.0248	-0.0653	0.0119	0.0506	0.0416	-0.1196	0.0356	-0.0062	0.0106	-0.0942	0.0723	0.0421	-0.1081
	Cumulative Change since 2009		-253	-902	-791	-315	96	-1134	-812	-870	-771	-1405	-139	135	-1372
	% 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
	Source:	https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-15064--,00.html													
ROW 3	Number of Children in Out of Home Care	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
	Children Ages Birth-17 in Out of Home Care-Abuse or Neglect (Number)	27	28	33	39	64	57	38	36	65	49	59	59	36	N/A
	Children ages Birth-8 in out of home care - abuse or neglect (Number)	13	20	20	24	44	38	29	27	45	29	37	39	23	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	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	68	79	140	126	94	87	148	100	124	125	72	0
	Change from Prior Year		16	5	11	61	-14	-32	-7	61	-48	24	1	-53	-72
	% change from Prior Year		34.04%	7.94%	16.18%	77.22%	-10.00%	-0.254	-0.0745	0.7011	-0.3243	0.24	0.0081	-0.424	-1
	Cumulative Change since 2009		16	21	32	93	79	47	40	101	37	56	46	-68	-126
	% cumulative change since 2009		34.04%	44.68%	68.09%	#####	#####	1	0.8511	2.1489	0.5873	0.8235	0.5823	-0.4857	-1
ROW 4	Number of Licensed Foster Care Beds in Catchment Area	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
	Adults - Enter the Total Number of Bed Capacity	233	362	361	349	343	334	335	318	318	306	300	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		
	Source	http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27719-82293--,00.html													

Community Needs Assessment																
Community Data Sets																
CMHSP name:		Sanilac County CMHA														
Contact person and e-mail address:		Beth Westover bwestover@sanilaccmh.org														
*This data is also provided by MDHHS on the website under "Provided Information".																
5	Prevalence Proxy Data															
		1990	2011 Change or most recent projection													
5-A	Adults with Serious Mental Illness (Kessler Methodology)		484													
	Trend - Kessler Prevalance Data															
	*Provided by MDHHS in 2012															
		2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
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	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	
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	

Priority Needs and Planned Actions

Name of CMHSP: Sanilac County CMHA

Based on feedback received from stakeholder groups and data collected from this stakeholder survey process, the CMHSP must identify at least five (5) priority needs. Of these, the CMHSP must identify the areas where it intends to address and what action is being planned in that area. The table below provides a format for identifying the top issues.

Priority Issue: Please give a brief explanation of the issue, in order of priority, with 1 being highest priority.

Reasons for Priority: Identify what makes this a priority issue. For example: the issue was identified by multiple stakeholder groups; or the size of the issue; or consistency with other community efforts, etc.

CMHSP Plan: Give a brief overview of what steps the CMHSP intends to take to address the identified issue. Please include basic time frames and milestones.

Priority Issue	Reasons For Priority	CMHSP Plan Overview
1. Access to services	Responses from the Stakeholder Survey voiced many items in this area: the need for smoother transition of care for foster children, need for access for minors and those un or under insured. The many hurdles associated with accessing care to the delay going through the different steps it takes for someone to start care were also noted.	Sanilac CMH understands the need to get individuals into services swiftly and efficiently. We have become a CCBHC PDI recipient and a CCBHC Demonstration site in order to assist more individuals who would not have met the criteria we previously had to follow. Sanilac CMH is working on same day access and streamlining processes to make the path individuals have to follow to receive care as easy and quick as possible.
2. Lack of knowledge of CMH services	Many responders from the survey stated they and the community were unaware of what CMH had to offer.	Sanilac CMH has hired a new Community Relations Supervisor to enhance our presence and ensure consistency in our messaging. Education of our community remains a top priority of our Agency. It has always been our focus to participate in community events throughout the County to increase knowledge of what Sanilac CMH offers.
3. Children services	A need for enhanced children's services was another key area. Help with teens struggling with depression and anxiety, family support for children with significant behaviors, to just overall comments about the mental health needs of students.	Sanilac CMH works closely with the schools and foster care system. Ensuring no child falls through the cracks is a huge group effort. Sanilac CMH is working to educate the community on what services we provide and what resources are available.

4. Lack of knowledge of community resources	The need for coordinating resources to locating what is available were another common theme.	Sanilac CMH is working to educate the community on what services we provide and what resources are available. Sanilac CMH keeps staff updated on all new resources and available resources as they become available.
5. Drug/Substance Abuse	Substance abuse in children was noted as a concern by a few respondents.	Sanilac CMH is a provider of SUD services for adolescents.