



Our Mission: The Right Door's mission is to be the premier behavioral health care provider in our service area.

Our Vision: Our Vision is to be an integral and valued partner in a community committed to the wellness and full participation of its citizens.

Our Values: We value and pledge to provide quality accessible care, healing, wellness and recovery throughout our service area. We will provide solutions, education and alternatives to give you hope for today, tomorrow and in the future.

Wellness

We are committed to treating the whole person: body, mind and spirit.

Accessibility

We possess a strong sense of urgency and are committed to providing an immediate response to the needs of the community.

Best Value

We are committed to providing the highest quality services and programs in the most effective and efficient manner.

Respect and Dignity in a Culture of Gentleness

Every person shall be treated with respect and dignity in a gentle, welcoming and listening environment.

Recovery

The Right Door promises to foster recovery by instilling hope, empowering individuals to reach their potential, and providing support and education.

Trauma-Informed

We are committed to being trauma informed and responsive.

FY26 OUTCOMES
Calendar Year 2026 – Q1
1/1/26 – 3/31/26

1) The Right Door will be responsive to the service access needs of the community it serves.

75% of persons requesting services receive a face-to-face bio-psycho-social assessment within 14 days of the request (Required MDHHS Performance Indicator 2 for all non-CCBHC persons served).

In the first quarter (Q1) of fiscal year 2026 (October 1, 2025 – December 31, 2025), 63.6% (7/11) of non-CCBHC people were seen within 14 calendar days of their request for service. **MET at 63.6%**

- a. Person served no showed: 2
- b. Person served rescheduled: 2

2) The Right Door will be a competitive partner in the PIHP as measured by Penetration rate.

The Right Door will remain at an average penetration rate that is at or above average of PIHP affiliation penetration rates. (Average Percentage is based on combined Healthy Michigan Plan and Medicaid)

The Right Door can no longer compare competitiveness against PIHP CMHPs due to changes in billing for the CCBHC program. Claims go directly to MDHHS preventing comparison with MSHN. Below is FY25 local penetration rate data compared to FY26 Penetration rates (10/1/25 – 3/31/26).

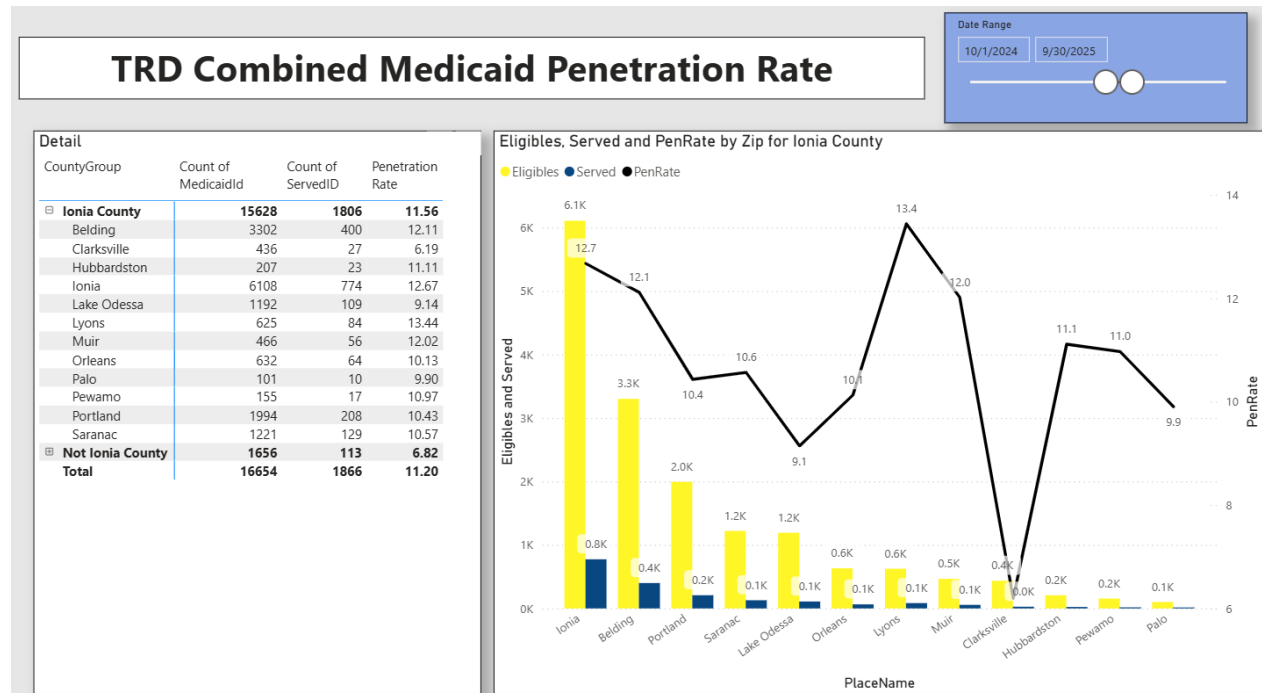
FY25 Combined Medicaid Penetration Rate by Zip Code

FY25 10/1/2024 – 9/30/2025: 11.20%

FY24 10/1/2023 – 9/30/2024: 10.51%

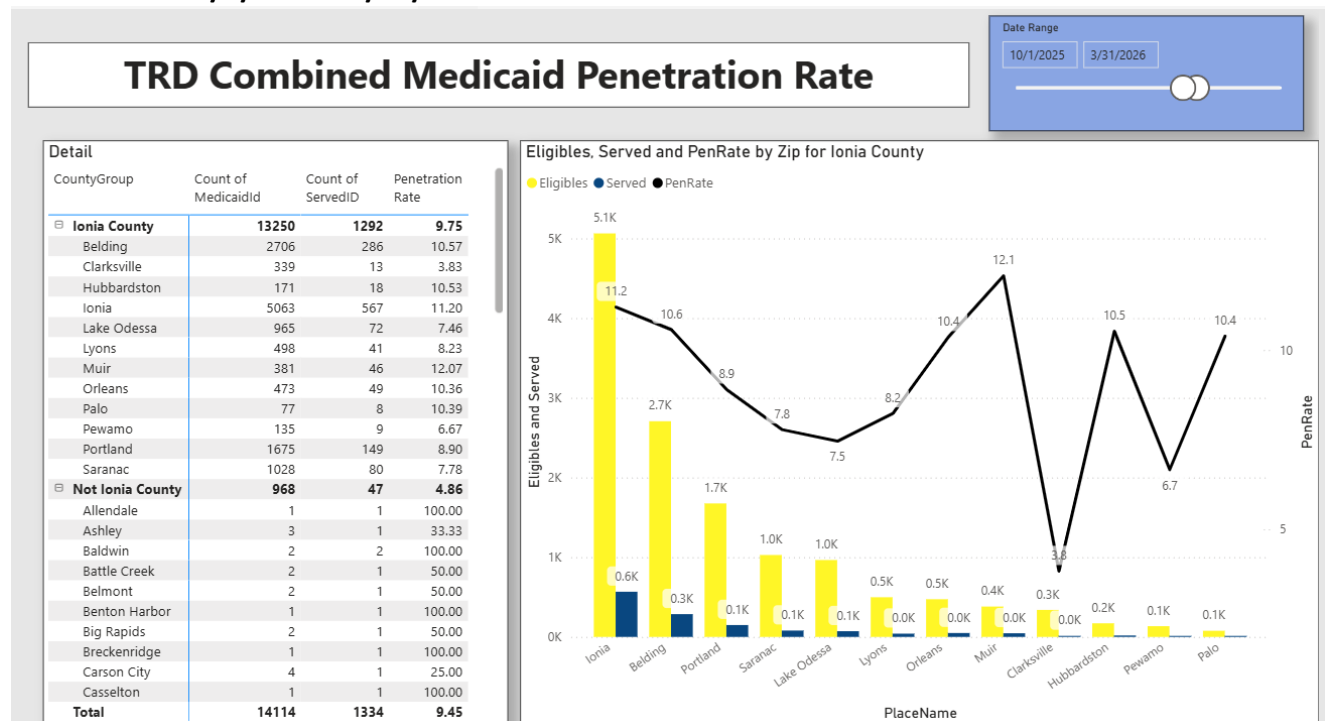
FY23 10/1/2022 – 9/30/2023: 10.68%

FY22 10/1/2021 – 9/30/2022: 9.52%



FY26 Combined Medicaid Penetration Rate by Zip Code

FY26 10/1/2025 – 3/31/2026: 9.45%



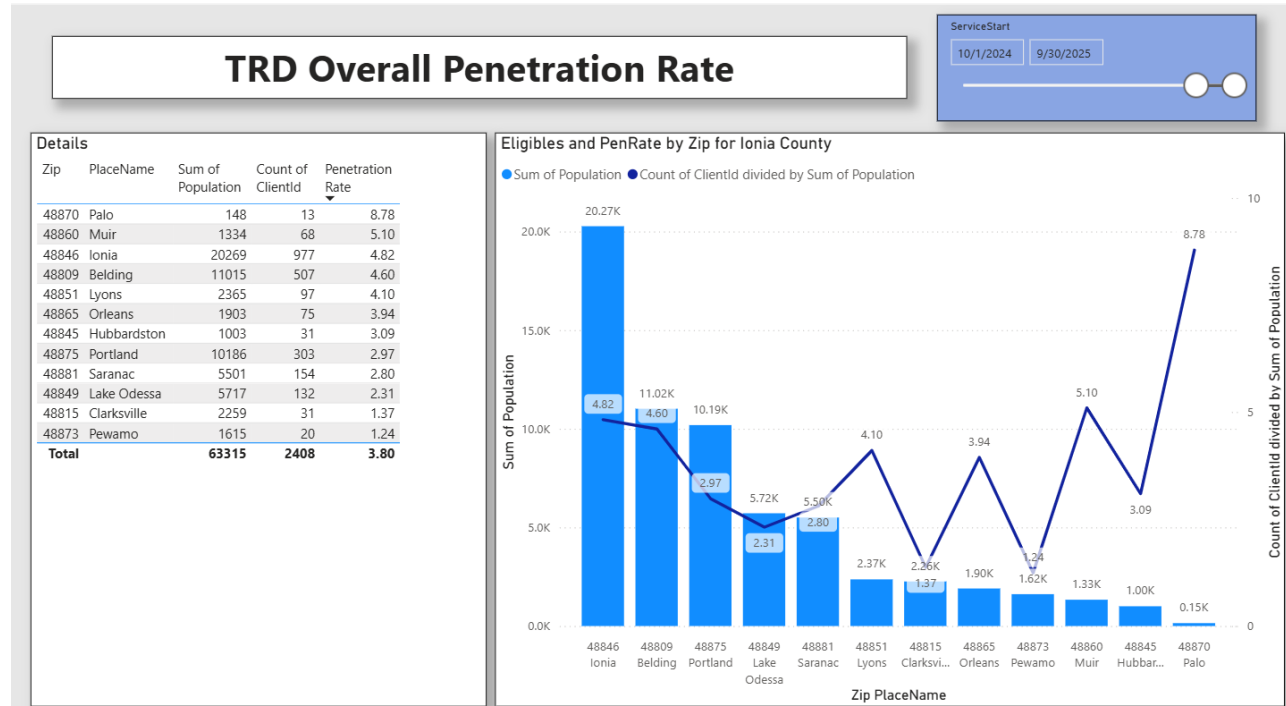
FY25 Overall Penetration Rate

FY25 10/1/2024 – 9/30/2025: 3.8%

FY24 10/1/2023 – 9/30/2024: 4.07%

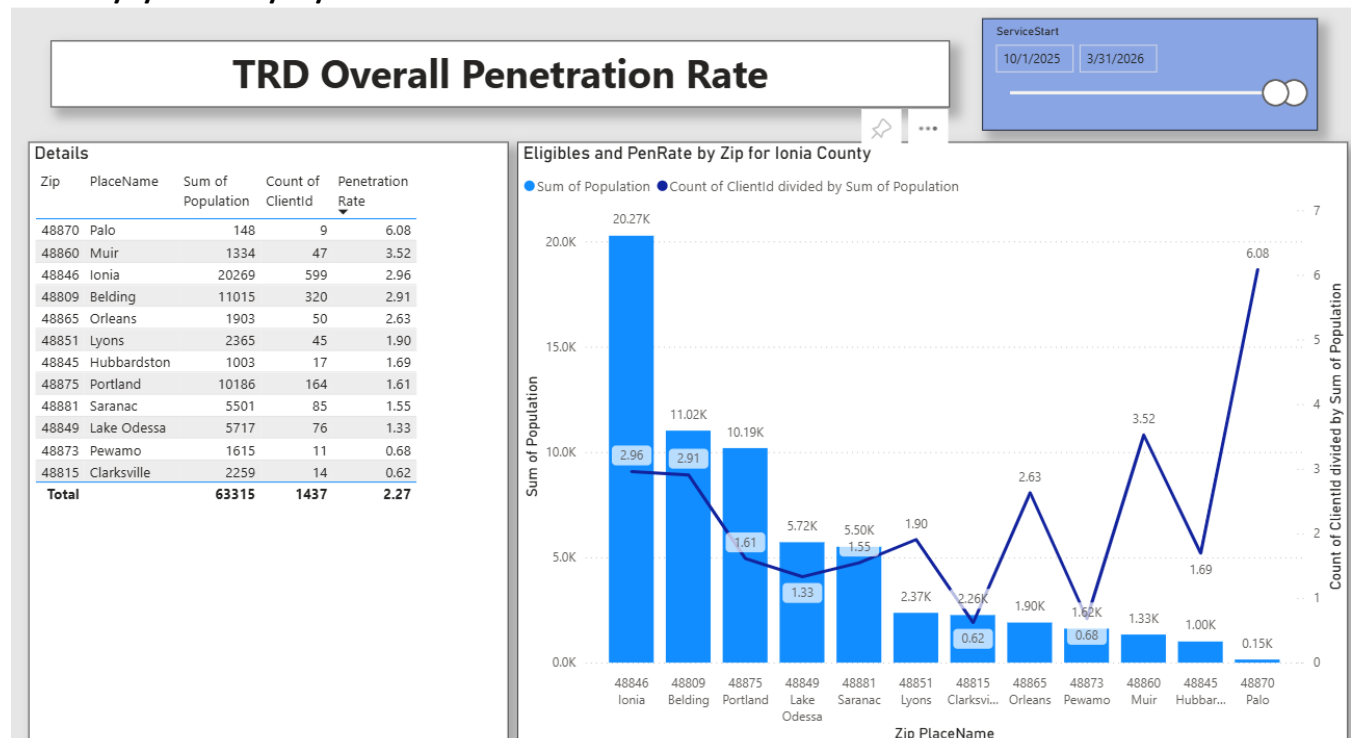
FY23 10/1/2022 – 9/30/2023: 4.12%

FY22 10/1/2021 – 9/30/2022: 3.78%



FY26 Overall Penetration Rate

FY25 10/1/2025 – 3/31/2026: 2.27%



3) The Right Door will ensure satisfaction of persons served.

1. 85% of persons served report satisfaction on the agency satisfaction surveys.
2. 85% of stakeholders report services provided met their needs and expectations.

No report

4) The Right Door will provide a health screen to 65% of the FY26 eligible CCBHC served population.

Calendar Year 2026 Admissions: 231 people. Total % complete (screens and decline): 83.1% OR 192/231 of persons admitted to The Right Door CCBHC in **Q1 of Calendar Year 2026** received or declined a health screen.

- o Health screens completed: 129
- o Health screens declined: 63
- o No health screens: 39

5) The Right Door will meet the Quality Bonus Payment (QBP) measures for Certified Community Behavioral Health Clinics (CCBHCs). If not meeting the required benchmark, quality improvement plans will be completed. The Right Door will also continue to monitor the Michigan Performance Based Indicator System (MPBIS) Measures for indicator #1 and Indicator #2 as these will continue to be reported to MDHHS.

MPBIS Indicator #1 (CMHSP & PIHP) The percentage of persons during the quarter receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. Standard = 95%

Q1 (Oct – Dec 2025): 100/101 – MET at 99.01%

INDICATOR #1 - PRE-ADMISSION SCREENING WITHIN 3 HOURS						
<i>The percentage of persons during the quarter receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours</i>						
Population	# of Emergency Referrals for Inpatient Screening During the Time Period	Exceptions	Net of Emergency Referrals for Inpatient Screening During the Time Period	# of Dispositions about Emergency Referrals Completed within 3 Hours	Out-of-Compliance	%
Child	26	0	26	26	0	100.00%
Adult	75	0	75	74	1	98.67%
Total	101	0	101	100	1	99.01%

MPBIS Indicator #2 (PIHP & CMHSP) The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. Standard = 62%

Q1 (Oct – Dec 2025): 7/11 – MET at 63.6%

1. No showed: 2
2. Consumer Rescheduled: 2

CCBHC QBP #1: I-SERV. Benchmark: Rate is less than or equal to the 75th percentile of all CCBHC demonstration site performance rates at year end (The Right Door's goal is to be in the top 25% of all CCBHCs in the state).

- 1.A Average number of days until Initial Evaluation for New Clients
- 1.B Average number of days until Initial Clinical Service for New Clients
- 1.C Average number of hours until Provision of Crisis Services following a first Crisis Episode contact

Additional Guidance:

- To align with other Michigan Reporting requirements, CCBHCs should deviate from the specifications as written and use calendar days to calculate the I-SERV measures.
- Reporting for children age 0-11 is a Michigan requirement, not a demonstration requirement. Although CCHBCs are required to report I-SERV measures for the 0-11 population, only rates for age 12+ will be included in federal reporting and quality bonus payment calculations.
- For I-SERV 1.A and I-SERV 1.B, The clock should start at first contact. First contact is defined in the I-SERV specifications as: the first time that an individual and/or guardian contacts a CCBHC to obtain services for the individual in a six-month period. First contact may be by telephone and should include the required preliminary screening and risk assessment questions and collection of basic data, including insurance information. Contact must be between a prospective client and/or guardian and the CCBHC.
- CCBHCs must report the number Exclusions on the I-SERV (MI Supplemental) tab of the metric reporting template, including:
 1. Number of Eligible New Clients presenting with routine needs that did not receive an Initial Evaluation.
 2. Number of Eligible New Clients presenting with emergency needs that did not receive Crisis Services.
 3. Evaluation and Crisis Services include those provided by either a CCBHC or DCO.

Calendar Year 2026 Q1: January – March

Submeasure 1 – Request for Service to Intake Assessment

SUBMEASURE 1:

Average Time to Initial Evaluation

The measure is stratified to report by (1) age, (2) payer, (3) ethnicity, and (4) race.

Stratification by Age and Total Eligible Population

Measure ¹	Numerator ⁱ	Denominator	Denominator Exclusion ⁱ	Rate
Age 0-11 years	424	58	16	7.3
Age 12-17 years	511	68	14	7.5
Age 18 years and older	1434	214	42	6.7
Totals:	2369	340	72	7.0

Submeasure 2 – Request for Service to First Service

SUBMEASURE 2:

Average Time to Initial Clinical Services

The measure is stratified to report by (1) age, (2) payer, (3) ethnicity, and (4) race.

Stratification by Age and Total Eligible Population

Measure ¹	Numerator ⁱ	Denominator	Denominator Exclusion ⁱ	Rate
Age 0-11 years	617	36	39	17.1
Age 12-17 years	754	47	35	16.0
Age 18 years and older	2397	150	108	16.0
Totals:	3768	233	182	16.2

Submeasure 3 – Time to responding to a Crisis (time is in hours)

SUBMEASURE 3:

Average Time to Crisis Services

The measure is stratified to report by (1) age, (2) payer, (3) ethnicity, and (4) race.

Stratification by Age and Total Eligible Population

Measure ¹	Numerator ⁱ	Denominator	Denominator Exclusion ⁱ	Rate
Age 0-11 years	3	3	0	1.0
Age 12-17 years	17	23	0	0.7
Age 18 years and older	42	78	0	0.5
Totals:	62	104	0	0.6

Unofficial Calendar Year 2025 I-SERV Standings

- The Right Door is Site number 33 – Meeting as of 3/9/26

Michigan CCBHC I-SERV Relative Standings (as of 12/31/2025)														
Site ID	I-SERV #1 - Average Days to Initial Evaluation				I-SERV #2 - Average Days to Initial Clinical Services				I-SERV #3 - Average Hours to Crisis Services					
	Numerator	Denominator	Average Days	<= 75th Percentile?	Numerator	Denominator	Average Days	<= 75th Percentile?	Numerator	Denominator	Average Hours	<= 75th Percentile?		
1	7,907	344	22.99	No	10,821	285	37.97	No	0	193	0.00	Yes		
2	13,068	1,126	11.61	Yes	21,257	1,066	19.94	Yes	2,451	2,501	0.98	Yes		
3	5,413	211	25.65	No	5,723	202	28.33	No	707	590	1.20	No		
4	7,264	719	10.10	Yes	10,524	534	19.71	Yes	2,676	1,115	2.40	No		
5	17,955	878	20.45	No	27,226	745	36.54	No	1,617	3,222	0.50	Yes		
6	1,521	357	4.26	Yes	5,728	317	18.07	Yes	81	605	0.13	Yes		
7	759	410	1.85	Yes	1,796	395	4.55	Yes	320	756	0.42	Yes		
8	5,123	1,467	3.49	Yes	15,276	1,299	11.76	Yes	124	753	0.16	Yes		
9	2,565	207	12.39	Yes	2,457	185	13.28	Yes	0	0	0*	No		
10	4,238	527	8.04	Yes	6,805	425	16.01	Yes	477	2	283.50*	No		
11	2,830	257	11.01	Yes	6,582	207	31.80	No	284	580	0.49	Yes		
12	3,441	349	9.86	Yes	2,755	286	9.63	Yes	3,645	5,179	0.70	Yes		
13	4,864	413	11.78	Yes	9,309	402	23.16	Yes	0	0	0*	No		
14	7,845	618	12.69	Yes	10,231	580	17.64	Yes	0	0	0*	No		
15	2,421	521	4.65	Yes	5,003	435	11.50	Yes	22,340	1,049	21.30	No		
16	10,071	1,086	9.27	Yes	19,097	1,004	19.02	Yes	2,732	229	11.93	No		
17	7,123	795	8.96	Yes	7,152	794	9.01	Yes	0	0	0*	No		
18	4,140	262	15.80	No	4,478	260	17.22	Yes	0	0	0*	No		
19	860	1,522	0.57	Yes	15,190	1,340	11.34	Yes	1,111	3,534	0.31	Yes		
20	5,564	237	23.48	No	5,840	236	24.75	No	0	0	0*	No		
21	16,763	686	24.44	No	66809	617	108.28	No	49	31	0.28	Yes		
22	6,420	504	12.74	Yes	7,405	477	15.52	Yes	135	487	0.28	Yes		
23	14,480	861	16.82	No	17,850	791	22.57	Yes	20	202	0.10	Yes		
24	648	85	7.62	Yes	1,455	69	21.09	Yes	0	0	0*	No		
25	21,329	1,380	15.46	No	21,383	1,379	15.51	Yes	1,317	1,138	1.16	Yes		
26	27,385	1,882	14.55	Yes	16,846	1,304	12.92	Yes	138	114	1.21	No		
27	11,886	449	26.47	No	15,040	416	36.15	No	0	0	0*	No		
28	4,470	391	11.43	Yes	7,873	358	21.99	Yes	223	243	0.92	Yes		
29	25,260	2,646	9.55	Yes	25,588	2,639	9.70	Yes	9	6	1.5*	No		
30	4,906	2,281	2.15	Yes	2,148	89	24.13	Yes	385	1,205	0.32	Yes		
31	5,982	574	10.42	Yes	13,960	469	29.77	No	348	375	0.93	Yes		
32	13,870	1,228	11.29	Yes	26,198	1,061	24.69	No	134	700	0.19	Yes		
33	5,462	644	8.48	Yes	11,662	546	21.36	Yes	127	262	0.48	Yes		
34	10,895	866	12.58	Yes	11,419	863	13.23	Yes	0	40	0.00	Yes		
35	19,016	2,038	9.33	Yes	18,691	2,811	6.65	Yes	1,324	1,106	1.20	No		
			75th Percentile:	15.00				75th Percentile:	24.41				75th Percentile:	1.16
*Denominators of 0 or less than 30 are excluded from 75th percentile calculation.														
This report provides relative standings of Medicaid Only persons served with a numerator measurement period of 1/1/25 - 12/31/25.														
Disclaimer – This report reflects a snapshot of current relative performance and is subject to change. It does not represent the annual reporting data used to determine and calculate Quality Bonus Payments. Do not use these relative standings to assess whether QBP benchmarks or thresholds have been met.														
Please note that this report may contain estimated or omitted data, which may affect the accuracy of the relative standings. Standings will be updated as additional or revised data is provided to MDHHS.														

CCBHC QBP #2: Depression Remission at 6 months (DEP-REM-6) -

Percentage of clients (12 years of age or older) with Major Depression or Dysthymia who reach Remission Six Months (+/- 60 days) after an Index Event Date. **Benchmark:** Rate is greater than or equal to the 25th percentile of the CCBHC demonstration site average at year end.

- **Remission: PHQ-9 (adults) or PHQ-9M (11-17 year olds) score of less than 5. Initial score was greater than 9.**
- **PHQ-9:** a self-administered survey consisting of nine questions that evaluate the frequency and severity of depression symptoms over the past two weeks. It's commonly used by healthcare providers to screen for Major Depressive Disorder (MDD) and monitor changes in symptoms over time.

Score Range	Severity Level
0–4	Minimal or no depression
5–9	Mild depression
10–14	Moderate depression
15–19	Moderately severe
20–27	Severe depression

Calendar Year 2026 Q1: January – March

- No benchmark data available against other CCBHCs

D. Performance Measure:

The DEP-REM-6 measure calculates the Percentage of clients (12 years of age or older) with Major Depression or Dysthymia who reach Remission Six Months (+/- 60 days) after an Index Event Date.

The measure is stratified to report by (1) age, (2) payer, (3) ethnicity, and (4) race.

Stratification by Age and Total Eligible Population

Measure ¹	Numerator	Denominator	Rate
Age 12-17 years	0	51	0.0%
Age 18 years and older	0	105	0.0%
Totals:	0	156	0.0%

CCBHC QBP #3a: Adult Major Depressive Disorder (MDD): Suicide Risk

Assessment - Percentage of recipients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified. **Benchmark:** 73%

- For adults, a suicide risk assessment should be completed at every visit during which a new diagnosis of Major Depressive Disorder, single or recurrent episode, was identified during the measurement period.
- The Columbia-Suicide Severity Rating Scale is used by The Right Door

Calendar Year 2026 Q1: January – March

- **No benchmark data available against other CCBHCs**

Stratification by Payer and Total Eligible Population				
Measure  	Numerator 	Denominator 	Rate 	
Medicaid	135	147		91.8%
Non-Medicaid	42	48		87.5%
Totals:	177	195		90.8%

CCBHC QBP #3b: Child Major Depressive Disorder (MDD): Suicide Risk

Assessment - The percentage of recipient visits for those recipients aged 6 through 17 years with a diagnosis of Major Depressive Disorder (MDD) with an assessment for suicide risk. **Benchmark:** 57%

- For children, a suicide risk assessment should be completed at every visit within an episode of treatment for Major Depressive Disorder.
- The Columbia-Suicide Severity Rating Scale is used by The Right Door

Calendar Year 2026 Q1: January – March

- **No benchmark data available against other CCBHCs**

Stratification by Payer and Total Eligible Population				
Measure  	Numerator 	Denominator 	Rate 	
Medicaid	345	401		86.0%
Non-Medicaid	130	142		91.5%
Totals:	475	543		87.5%