



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

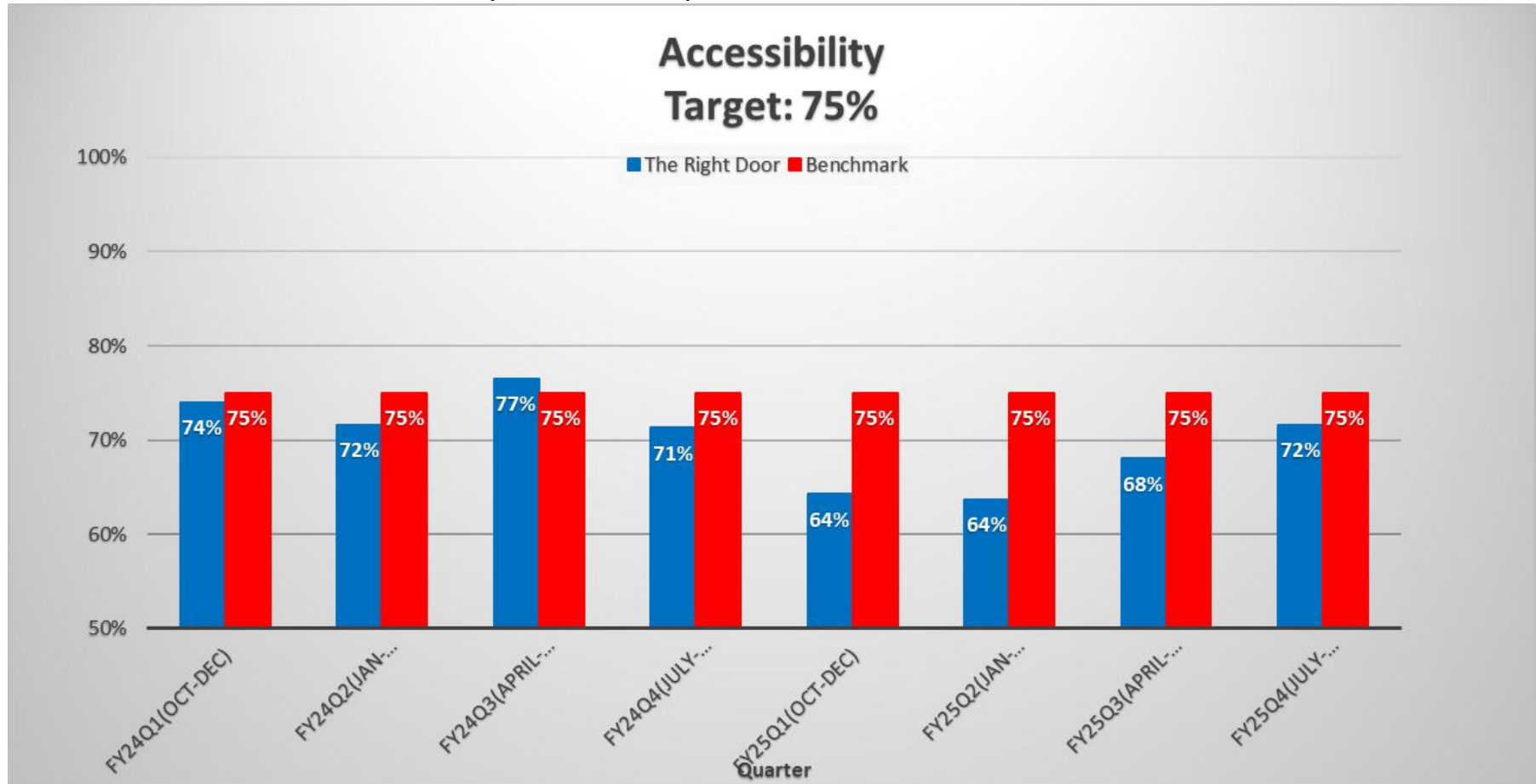
We are committed to being trauma informed and responsive.

FY25 OUTCOMES

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).

In the fourth quarter of fiscal year 2025 (July 1, 2025 – September 30, 2025), 71.59% (252/352) of people were seen within 14 calendar days of their request for service.



Data Analysis:

In Quarter 4 of FY25 (July 1, 2025 – September 30, 2025), 71.59% or 252 people received a full assessment within 14 calendar days of the request. The Access department has seen a decrease in requests for service this year which can be seen in the Request for Service data chart. Access also took over request for service calls in Q4 and that allowed them to more easily see where they could fit people into the assessment schedule. Access was fully staffed in quarter 4.

- Out of Compliance Reasons: 100 Total

- **Consumer chose not to pursue services: 4**
- **Consumer no showed for an appointment: 70**
- **Consumer refused an appointment offered that would have occurred within the timeframe: 11**
- **Consumer rescheduled the appointment: 7**
- **No appointment available within 14 days with any staff: 7**
- **Staff cancel/reschedule: 1**

The chart below shows the comparison of percent in compliance over the fiscal year 2025 as well as the numbers of persons who requested services for the reported quarter.

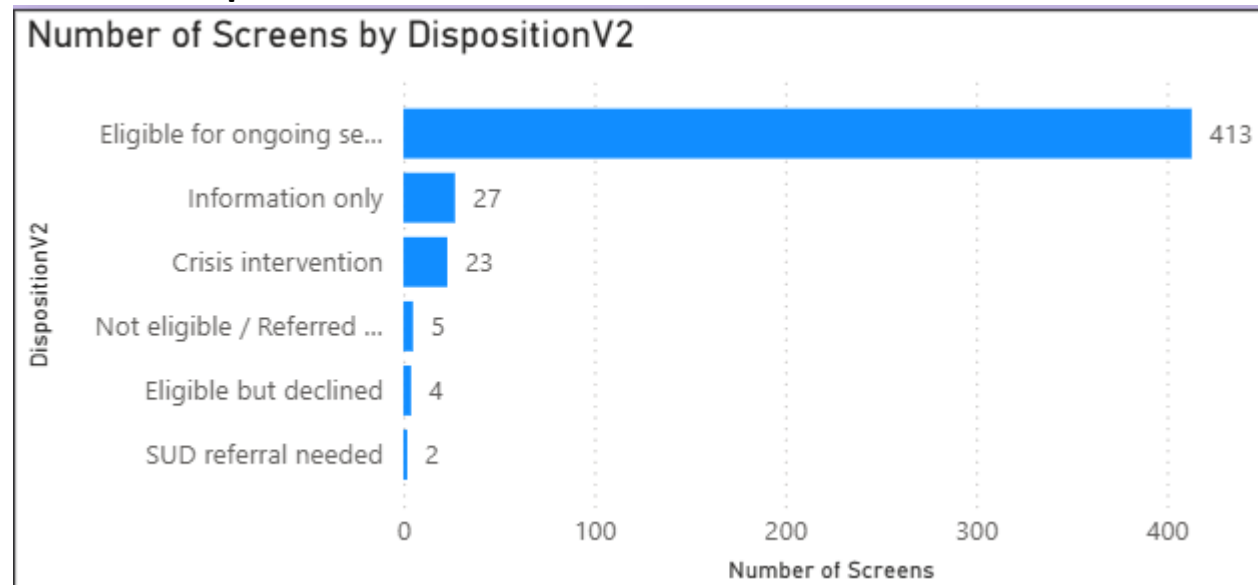
Population	Q4 # of New Persons who requested services and referred for assessment	Q4 # received assessment within 14 calendar days of request	Q1 Percent in Compliance	Q2 Percent in Compliance	Q3 Percent in Compliance	Q4 Percent in Compliance
MI/Child	122	79	64.03%	65%	63.30%	64.75%
MI/Adult	212	157	63.64%	62.95%	70.20%	74.06%

DD/Child	11	10	71.43%	66.67%	71.43%	90.9%
DD/Adult	7	6	83.33%	62.5%	100%	85.71%
Total	352	252	64.29%	63.71%	68.04%	71.59%

Request for Service (RFS) Comparison since beginning CCBHC:

Fiscal Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	FINAL RFS
FY22 (329 more than FY21)	371	373	375	340	1459
FY23 (506 more than FY22)	346	491	572	556	1965
FY24 (102 more than FY23)	542	522	511	492	2067
FY25 (183 less than FY24)	465	515	430	474	1884

FY25 Q4 Request for Services breakdown



Corrective Action:

1) A review of the out of compliance reasons

- a. **4:** Consumer chose not to pursue services – The Right Door cannot provide remediation for persons who decide not to pursue services.
- b. **70 (66 in Q1, 78 in Q2, 57 in Q3):** Consumer no showed for an appointment – This is the largest group of out of compliance appointments. The Right Door implemented reminder calls prior to intake appointments. The Director of Quality Improvement will continue reviewing this for any concerning trends. The Right Door continues to provide reminder calls for all intake appointments. The Right Door leadership and supervisors are discussing same day service models to help improve no shows.
 - i. No shows by diagnosis category:
 1. MI Child: 29
 2. DD Child: 0
 3. MI Adult: 41
 4. DD Adult: 0
- c. **11:** Consumer refused an appointment offered that would have occurred within the timeframe. The Right Door cannot force a person served to select an offered appointment.
 - i. Refused an appointment by diagnosis category:
 1. MI Child: 7
 2. DD Child: 1
 3. MI Adult: 3
 4. DD Adult: 0
- d. **7:** Consumer rescheduled the appointment. The Right Door cannot control persons rescheduling.
 - i. Rescheduled appointment by diagnosis category:
 1. MI Child: 3
 2. DD Child: 0
 3. MI Adult: 4

4. DD Adult: 0

e. **7:** No appointment available within 14 days with any staff – The Access Program Manager monitors these for quality concerns.

1. MI Child: 1

2. DD Child: 0

3. MI Adult: 5

4. DD Adult: 1

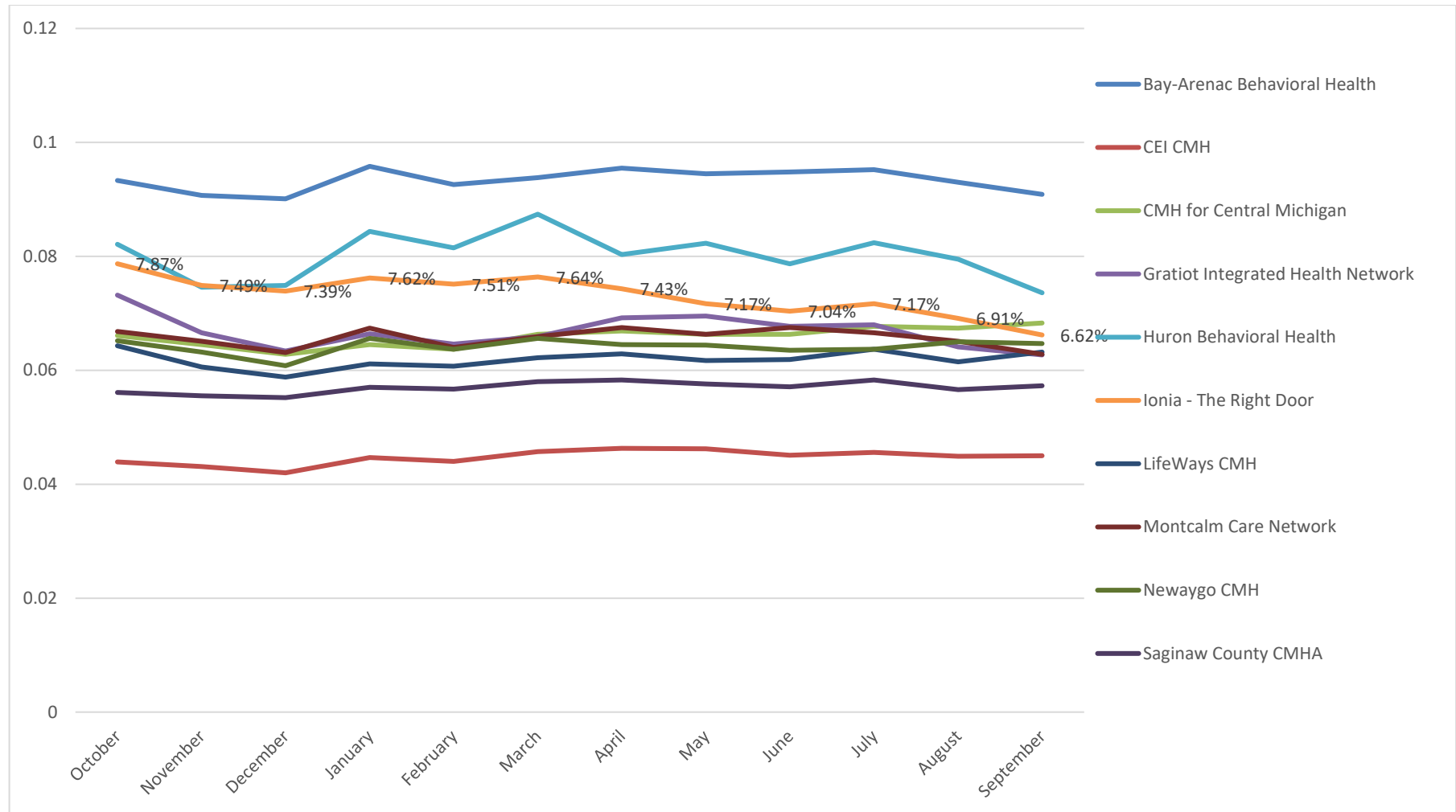
f. **1:** Staff cancel/reschedule –These are reviewed by the Access Program Manager for quality concerns.

2) CEO and QI/Compliance Director will be following up with Access to implement a procedure for no-shows and late cancels.

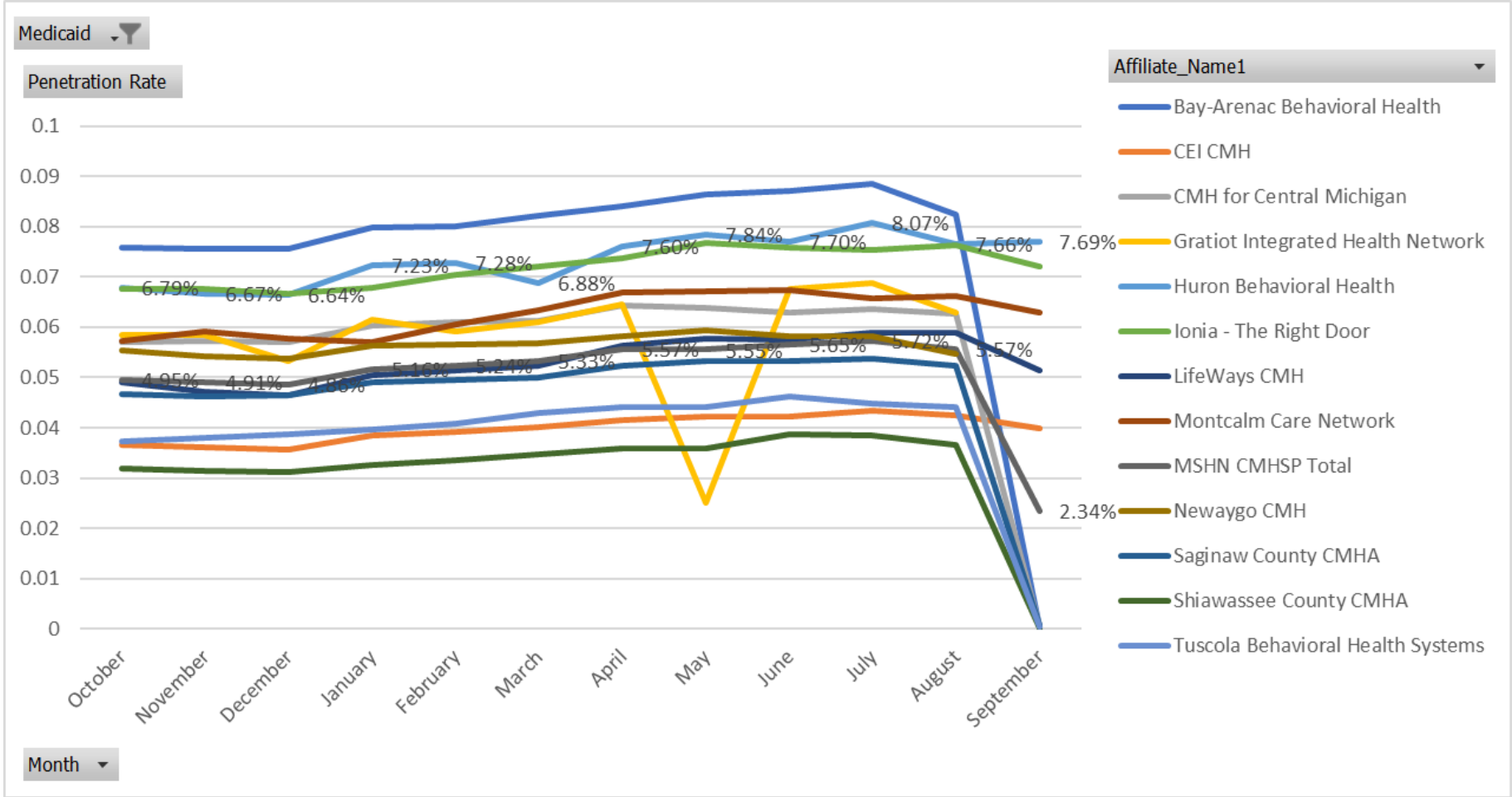
2) The Right Door will be a competitive partner in the PIHP as measured by Penetration rate.

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)

FY25 Penetration Rate



FY24 Penetration Rate



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%

TRD Combined Medicaid Penetration Rate

Date Range

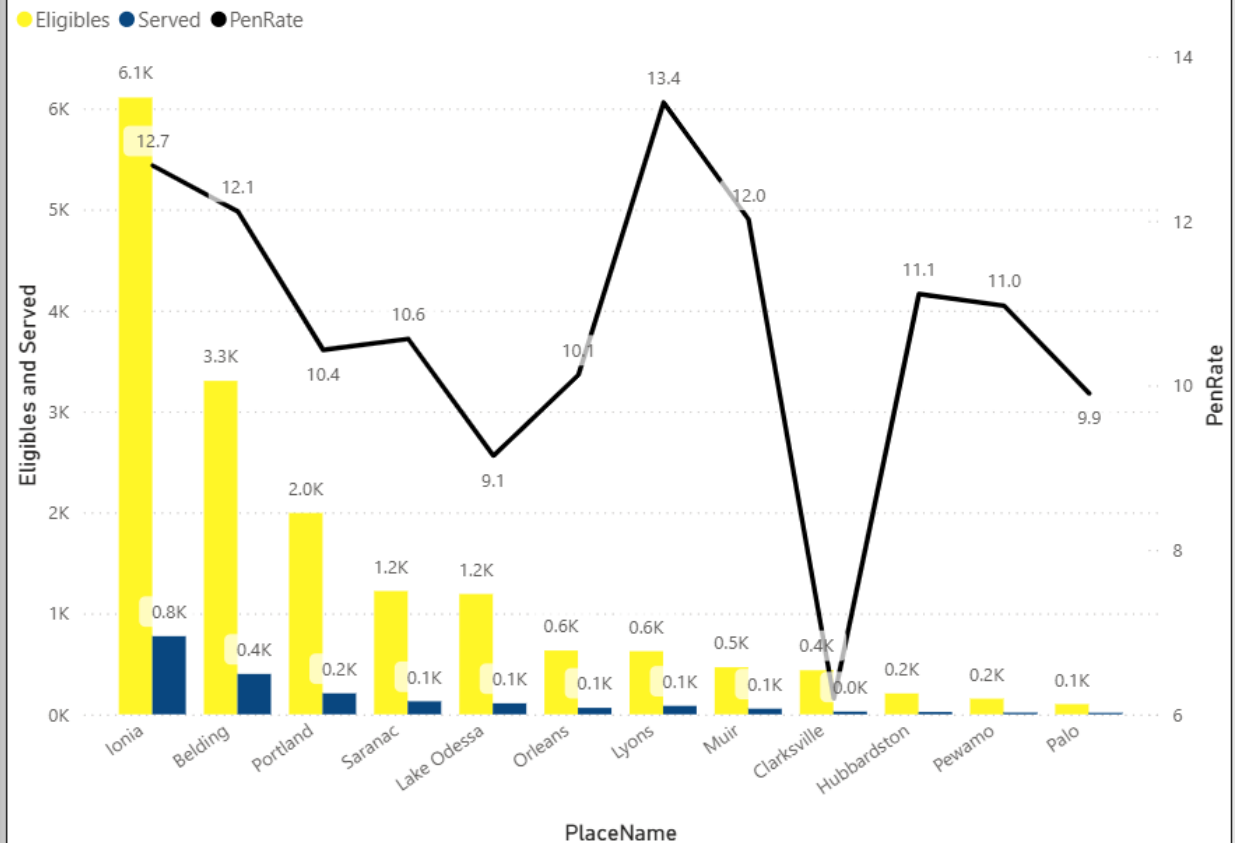
10/1/2024

9/30/2025

Detail

CountyGroup	Count of MedicaidID	Count of ServedID	Penetration Rate
Ionia County	15628	1806	11.56
Belding	3302	400	12.11
Clarksville	436	27	6.19
Hubbardston	207	23	11.11
Ionia	6108	774	12.67
Lake Odessa	1192	109	9.14
Lyons	625	84	13.44
Muir	466	56	12.02
Orleans	632	64	10.13
Palo	101	10	9.90
Pewamo	155	17	10.97
Portland	1994	208	10.43
Saranac	1221	129	10.57
Not Ionia County	1656	113	6.82
Total	16654	1866	11.20

Eligibles, Served and PenRate by Zip for Ionia County



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%

TRD Overall Penetration Rate

ServiceStart

10/1/2024

9/30/2025

Details

Zip	PlaceName	Sum of Population	Count of ClientId	Penetration Rate
48870	Palo	148	13	8.78
48860	Muir	1334	68	5.10
48846	Ionia	20269	977	4.82
48809	Belding	11015	507	4.60
48851	Lyons	2365	97	4.10
48865	Orleans	1903	75	3.94
48845	Hubbardston	1003	31	3.09
48875	Portland	10186	303	2.97
48881	Saranac	5501	154	2.80
48849	Lake Odessa	5717	132	2.31
48815	Clarksville	2259	31	1.37
48873	Pewamo	1615	20	1.24
Total		63315	2408	3.80

Eligibles and PenRate by Zip for Ionia County

● Sum of Population ● Count of ClientId divided by Sum of Population



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

1. 85% of persons served report satisfaction on the agency satisfaction surveys.
 - Persons served will receive an annual satisfaction survey.
2. 85% of stakeholders report services provided met their needs and expectations.
 - Contractor surveys will be administered twice.

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

To note, declines will be counted as completed, as people are allowed to decline a health screen.

FY25 Q1-Q4 Admissions: 955 people. Total % complete (screens and decline): 81.68% OR 780/955 admissions: **81.68% of persons admitted to The Right Door CCBHC in FY25 received or declined a health screen.**

- Health screens completed: 597
- Health screens declined: 263
- No health screens: 175

5) The Right Door will meet the Michigan Performance Based Indicator System Measures for FY25 each quarter. If not meeting the required benchmark, quality improvement plans will be completed.

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: MET at 99.17%

Q2: MET at 100%

Q3: MET at 100%

Q4: MET at 100%

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	67	0	67	67	0	100.00%
Total	93	0	93	93	0	100.00%

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: MET at 64.29%

Q2: MET at 63.71%

Q3: MET at 68.04%

Q4: MET at 71.59%

INDICATOR #2A - ACCESS/1ST REQUEST TIMELINESS						
<i>The percentage of new persons during the Period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service</i>						
Population	# of New Persons Who Requested Mental Health or I/DD Services and Supports and are Referred for a Biopsychosocial Assessment	Exceptions	Net of New Persons Who Requested Mental Health or I/DD Services and Supports and are Referred for a Biopsychosocial Assessment	# of Persons Completing the Biopsychosocial Assessment within 14 Calendar Days of First Request for Service	Out-of-Compliance	%
MI / Child	122	0	122	79	43	64.75%
MI / Adult	212	0	212	157	55	74.06%
DD / Child	11	0	11	10	1	90.91%
DD / Adult	7	0	7	6	1	85.71%
Total	352	0	352	252	100	71.59%

Indicator #3 (PIHP & CMHSP) Percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment.
Standard = 72.9%

Q1: NOT MET at 63.24%

Q2: NOT MET at 65.85%

Q3: NOT MET at 68.77%

Q4: NOT MET at 67.33%

INDICATOR #3 - ACCESS/1ST SERVICE TIMELINESS						
<i>Percentage of new persons during the Period starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment</i>						
Population	# of New Persons Who Completed a Biopsychosocial Assessment within the Period and Are Determined Eligible for Ongoing Services	Exceptions	Net of New Persons Who Completed a Biopsychosocial Assessment within the Period and Are Determined Eligible for Ongoing Services	# of Persons Who Started a Face-to-Face Service Within 14 Calendar Days of the Completion of the Biopsychosocial Assessment	Out-of-Compliance	%
MI / Child	87	0	87	50	37	57.47%

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CMHSP PI Report - The Right Door (Ionia CMH)

MI / Adult	194	0	194	135	59	69.59%
DD / Child	13	0	13	12	1	92.31%
DD / Adult	6	0	6	5	1	83.33%
Total	300	0	300	202	98	67.33%

○ **Corrective Action:**

- MDHHS has decided to not include Indicator 3 in the updated Quality Improvement Program for CMHSPs. This is potentially due to the discussions CMHSPs and PIHPS were having with MDHHS about CMHSPs getting credit for pre-planning as their first service after their

assessment. This was reported as not appropriate by MDHHS to many CMHSPs. This practice is artificially inflating our benchmark.

- Update to autism testing: As of June 23, 2025, The Right Door is not providing autism testing to those who only want autism testing and no further ongoing services. The Right Door found that people were only coming to us for the testing, but did not want to engage in services to address ongoing service needs. This was causing disengagement from referral to children's case management to the testing date. Families were not showing, ignoring staff requests to meet and in general not engaging. The Right Door updated its internal procedure, and referral process. The Right Door also helps with referrals to outside providers as well as information on advocacy and other support information to those referred out for testing who only want testing.
- Review with program supervisors in September supervisor meeting for systemic remediation if possible.
- Indicator 3 will no longer be reported to MDHHS as of FY26 (10/1/25).

Indicator #4a (PIHP & CMHSP) The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within seven (7) days. Standard = 95%

Q1: NOT MET at 91.30%

Q2: MET at 100%

Q3: MET at 96%

Q4: MET at 100%

INDICATOR #4A - HOSPITAL DISCHARGES FOLLOW-UP						
<i>The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days</i>						
Population	# of Discharges from a Psychiatric Inpatient Unit	Exceptions	Net of Discharges from a Psychiatric Inpatient Unit	# of Discharges Followed up within 7 days	Out-of-Compliance	%
Child	3	0	3	3	0	100.00%
Adult	32	5	27	27	0	100.00%
Total	35	5	30	30	0	100.00%

Indicator #10 (PIHP/CMHSP) The percentage of readmissions of children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge. Standard = 15% or less

Q1: NOT MET as 6 READMISSIONS – 23.08%

Q2: NOT MET as 6 READMISSIONS – 20%

Q3: MET at 6.25%

Q4: MET at 2.86%

INDICATOR #10 - INPATIENT RECIDIVISM					
<i>The percentage of readmissions of children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge</i>					
Population	# of Discharges from Psychiatric Inpatient Care during the Reporting Period	Exceptions	Net of Discharges from Psychiatric Inpatient Care during the Reporting Period	# of Discharges Readmitted to Inpatient Care within 30 Days of Discharge	%
Child	3	0	3	0	0.00%
Adult	32	0	32	1	3.13%
Total	35	0	35	1	2.86%