



President and CEO Report to the Board May 2025 James E. White

LEGISLATIVE EFFORTS

DWIHN continues to receive ongoing support from PAA as we look at the changes taking place in Lansing with lawmakers working to educate key governmental stakeholders on DWIHN's policy priorities and ensuring access to care after construction of our 7 Mile Behavioral Health Campus. Meetings include: MDHHS Director Hertel, Rep. Farhat, Rep. Glanville, Rep. Whitsett, Sen. Anthony, Sen. Majority Leader Brinks, Sen. Wojno, and Sen. McMorrow.

Excitement is growing as we plan for the 2025 Mackinac Policy Conference, set for May on Mackinac Island, with a growing list of influential leaders confirmed to attend, including top elected officials, corporate executives and civic leaders who will lead discussions on talent development, infrastructure, innovation and economic competitiveness. We are working with PAA to schedule many meetings for our leadership team and board members while on the island.

DWIHN is speaking with legislators, seeking support to ensure there is no interruption of behavioral health supports in our schools, youth programs, crisis care, mental health outreach initiatives, and community law enforcement mental health support initiatives which are critical now more than ever. Conversations are to address our immediate needs, knowing that future discussions would likely be necessary as the landscape continues to change throughout our region, state and country.

On April 17, 2025 Governor Gretchen Whitmer issued an Executive Director that outlined the Impact of Federal Medicaid Cuts as summarized below:

The cuts would be the largest in Medicaid in history, terminating healthcare for millions of Americans. It would force providers in Michigan to close their doors, reduce the quality of services, and strip coverage from millions of the most vulnerable Americans, including children and pregnant and postpartum women. We must understand as many specifics about the impact that terminating healthcare will have on Michiganders who get their insurance through Medicaid.

Medicaid is the largest health insurance program in the U.S., providing coverage for one in five individuals. In Michigan, the coverage rate is even higher: one in four Michiganders receive their health insurance through Medicaid. That coverage enables individuals across the state to access health care so that they can continue to live healthy, productive lives.

Jointly funded by the state and federal government, Michigan's Medicaid program affords health coverage to over 2.6 million Michiganders each month, including: 1 million children; 300,000 people living with disabilities; and 168,000 seniors. Additionally, 45% of births in Michigan are covered by Medicaid.

More than 70% of Michigan's Medicaid budget comes from federal funding. Cuts to federal funding will jeopardize coverage for more than 2.6 million Michiganders and threaten Michigan's

hospitals, community health centers, and nursing homes with closure. These threats are especially acute in small towns and rural communities, where coverage rates are higher than in other parts of the state. 37.3% of small town and rural Michiganders are covered by Medicaid.

ADVOCACY AND ENGAGEMENT

DWIHN leaders and board members attended the recent NatCon Conference in Philadelphia, PA.

Crain's Detroit Magazine recognized Stacie Durant, VP of Financial Services, as a Notable Leader in Finance. Jody Connally, VP of Human Resources Jody Connally, has been recognized as one of the Michigan Chronicle's Men of Excellence for 2025.

UPCOMING ITEMS

CMHA Summer Conference Elections (Metro Region):

1. Malkia Newman, OCHN - Term Expires 6/30/25
2. Linda Busch, MCCMH - *Term Expires 6/30/26 (Vacancy – Retired)*
3. Dana Lasenby, OCHN - Term Expires 6/30/27
4. Traci Smith, MCCMH - Term Expires 6/30/25 (Alternate)
5. Jonathan Kinloch, DWIHN - Term Expires 6/30/25 (Alternate)

CCBHC UPDATE

DWIHN is continuing its effort to receive full certification for the Certified Community Behavioral Health Clinic. The State requested an update on the initial clinical information submitted with the application as well as a new cost report. Both items were required to be submitted to the MDHHS team by May 9, 2025, and were submitted successfully. If any additional clarification is required, DWIHN will have 48 hours to return additional evidence. If full certification is granted, the target date to enter the demonstration would be July 1, 2025.

The Direct Services team has been invited to participate in the state lead cohort for Trauma Focused-Cognitive Behavioral Therapy. This evidence-based practice (EBP) is for youth and adolescents and is a required EBP for the CCBHC certification. Adding this EBP to the DWIHN outpatient service array will help improve outcomes for children and families by addressing the anchor trauma and will also contribute to the 51% requirement of direct service delivery for CCBHC.

INTEGRATED HEALTH PILOT UPDATE

The Detroit Wayne Integrated Health Network (DWIHN) continues to make progress with integrating with Medicaid Health Plans. Below is a list of updates of the collaborations with Medicaid Health Plan Partners One, Two, and Three.

Care Coordination is completed monthly with Health Plan One and Two. DWIHN and the Health Plans actively search out and consult on members who have physical and behavioral health gaps in care. The goal of care coordination is to close the identified gaps in care within 90 days. Examples of gaps in care include not engaging with a primary care provider, untreated diabetes and on antipsychotics, high hospitalization rates (medical and psychiatric), not taking medications as prescribed, or not engaged with CRSP agency.

MDHHS has set a standard that all PIHP are to have 25% of care plans open in CC360 when the easy risk stratification tab is used. DWIHN has aimed to open 40% of members who are in the easy risk stratification tab as these members have a higher need of care and could benefit from care coordination. Currently in the risk stratification in CC360 for the past six months there are 244 members that could benefit from care coordination, 134 of them have an open case with DWIHN care coordination.

For FY 2025, 265 members were served in care coordination program with Health Plan One and Health Plan Two.

Health Plan Partner One

Health Plan Partner One and Integrated Health Care Services (IHC) met for care coordination in April. DWIHN opened thirty-six (36) members for care coordination. Thirteen (13) of those were opened jointly with Health Plan One. Twenty-three (23) were opened only by DWIHN based on a psychiatric hospitalization or emergency room visit. Twenty-eight (28) had gaps in care resolved in April. The seven (7) cases that carried over from March made their follow-up appointment with the CRSP in April.

Health Plan Partner Two

Health Plan Two had twenty-eight (28) members discussed in the April care coordination meeting. Fourteen (14) were opened with Health Plan Two. Fourteen (14) of those were opened by DWIHN only as they had an emergency room visit. Three (3) of them were given resources on housing, food, and transportation. The eight (8) members that carried over from March attended their follow-up appointments in April.

Health Plan Partner Three

DWIHN met with Health Plan Three on 4/7/2025 and it was discussed that if the primary care doctors at the FQHC are credentialled with Health Plan Three then the number of referrals can be tracked. Health Plan Three can tell us how many members from the two FQHC's attended appointments at the diabetes clinic and what type of services were provided. DWIHN met with two local FQHCs who work with DWIHN's Clinically Responsible Service Provider (CRSP) in April. Both FQHCs agreed to work with DWIHN on diabetes monitoring.

DWIHN is actively discussing potential care coordination partnerships with other providers. Integrate Health Care Director and Executive Vice President of Operations, Mr. Singla, has spoken to another Health Plan in April, and they have agreed to meet.

Shared Platform and HEDIS Scorecard

Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by health plans to measure performance on important areas of care. DWIHN has developed an HEDIS scorecard based on claims from our CRSPs, and claims pulled from the MDHHS claims warehouse CC360. DWIHN is following the guidelines set by the National Committee for Quality Assurance (NCQA) as to the behavioral health HEDIS measures to monitor and report on. These measures are a combination of medical interventions and behavioral health interventions that affect one's recovery and independence in the community.

The HEIDS Scorecard is also used to track HEDIS Measures needed for Certified Behavioral Health Clinics (CCBHC) and Behavioral Health Homes (BHH). DWIHN and Vital Data are

working on adding substance abuse data to the Scorecard in the next few months for Substance Use Disorder Health Home (SUDHH). In April it was decided that the SUD data will only be able to be added in the HEDIS Scorecard for DWIHN to see.

During the month of April, the HEDIS scorecard was reviewed at seventeen (17) CRSP monthly meetings. In these meetings, and through emails, DWIHN shared HEDIS scores from 2023-2024 with CRSPs. Each CRSP was asked for a plan of action by the new HEDIS Specialist on how they will meet the measures in 2025. All CRSPs but one submitted a plan.

LONG TERM RESIDENTIAL CARE UPDATE

Project Milestones and Status Updates: The city permit walkthrough was successfully completed with no changes required. The review by the State Health Engineering Section, including walkthrough, has now been completed as well and was approved with no modifications. These are significant milestones that help minimize delays related to reviews and permit issuance.

Upcoming Activities: Permit will be issued within three weeks of the walkthrough. The general contractor is finalizing a detailed project timeline with key due dates.

CHIEF MEDICAL OFFICER

DWIHN has completed its Joint Commission Accreditation Process and had minimal findings. The surveyor was impressed at how well the programs were prepared for its first year. We are working on addressing the small areas of low/medium areas of findings that we had so we could receive our Certificate.

DWIHN has been working with MDHHS to go through our re-certification. We have submitted all the documentation and have been receiving feedback on it. Our site visit is scheduled at the end of the month. The State has appreciated DWIHN on several of our policies and protocol, many of them are related to Substance use withdrawal management at a Crisis Center and have asked our permission to include them in their Best Practice Handbook.

To improve the discharge process for members with elevated risk, Intensive Crisis Stabilization Services through our Mobile Crisis Teams have been incorporated within the Crisis Center where those cases would be referred to the ICSS teams to help them stabilize and connect with outpatient services until follow-up is established which is one of allowable scope of ICSS in Michigan.

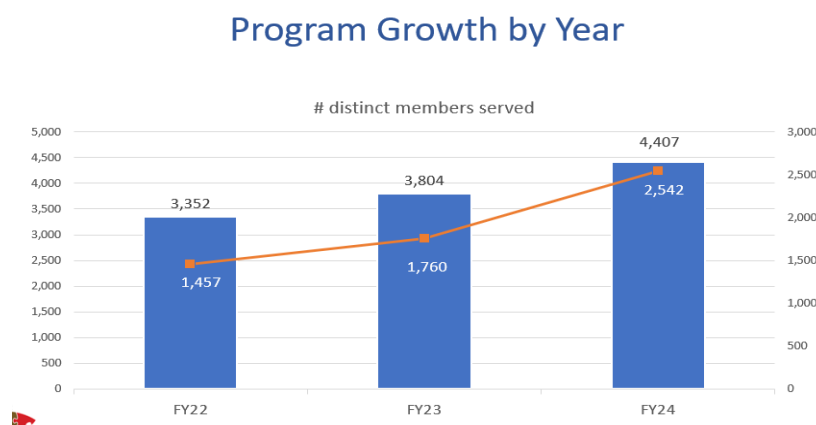
ADULT INITIATIVES

Assisted Outpatient Treatment (AOT) is court-ordered treatment for members with a mental illness. DWIHN, in partnership with PCE, re-designed the court service module in MHWIN which will greatly increase DWIHN's ability to track deferrals and court orders and to identify and address trends. This provides more real-time data to ensure individuals are connected to services and following treatment orders. DWIHN and PCE hosted three training sessions with our Clinically Responsible Service Provider Network and officially launched this module on May 1, 2025.

AUTISM SERVICES

The Autism Service Department completed a budget analysis to assess and establish a baseline of program growth by year. Autism Services can be provided multiple hours a day, several days throughout the week. The member participates in services with a trained behavior technician who is supervised by a behaviorist. The behaviorist may observe the member's program multiple times a week depending on the complexity of treatment, skill range of member, and/or emergent challenging behaviors. In one day, the Applied Behavioral Analysis (ABA) provider may bill anywhere between 1 to 6 different ABA service types (ABA treatment, observation, parent guidance, behavioral assessment for progress review, social skill group).

There has been a 31% increase in members receiving treatment (blue bar) and a 74% increase in members evaluated for autism (red line) from FY22 through FY24. In response to the rising need of autism services in Wayne County, DWIHN launched a Request for Qualification in 2023 to expand Autism Services over the next five years. As a result, the ABA provider network has grown from 13 to 26 providers.



A thorough analysis of fiscal year 2022 to fiscal year 2024 payments to providers across all Autism Service lines was conducted. Each Autism Service type was evaluated to determine if the growth in payments was due to members served or cost/utilization. In relation to diagnostic evaluations the increase of cost was directly related to the significant increase in members served. Whereas the modifications made by Michigan Department of Health and Human Services (MDHHS) to the CPT code 97151 had an impact on the cost/utilization of this service line item. Alternatively, the increase observed within ABA direct therapy was directly related to the increase in members served and not cost/utilization. Similarly, the increase in cost/utilization occurred for parent guidance, not due to the increase in members served, but rather due to DWIHN requiring a higher rate of parent guidance. Further discussion is needed to proactively plan for capacity needs and budget alignment for FY26 and beyond.

CHILDREN'S INITIATIVES

Children's Initiatives Youth United participated in a variety of events this month including:

- Youth Mental Health First Aid training hosted by The Children's Center.
- Hezekiah Kidz Paints the D Blue Autism awareness event.
- Spectrum Chat podcast to discuss DWIHN services.
- Phase 4 of the Youth Under Construction Training focusing on Strategic Storytelling.
- Youth MOVE Detroit facilitated Art Therapy class at The Children's Center

- Neutral Zone's 8th Annual Youth Driven Spaces Conference at Eastern Michigan University in Ypsilanti, MI.

There are currently four evidence-based practice cohorts offered through MDHHS and seven of our children's providers are participating. This includes Trauma-focused Cognitive Behavioral Therapy (Starfish, ACC, Ruth Ellis, DWIHN), Motivational Interviewing (Team Wellness, Black Family Development), Caregiver Education (Assured Family Services), and Dialectical Behavioral Therapy (Black Family Development, Team Wellness, The Guidance Center). These cohorts provide training on clinical best practices and strategies to improve quality of care for our members.

CLINICAL OPERATIONS

DWIHN was notified in April that Hegira will be closing their Crisis Stabilization Unit (CSU) on May 9, 2025. Hegira's CSU provided up to 72 hours of intensive clinical supports in a secure setting to assist in de-escalating a crisis. This location had 7 beds available for this specific use.

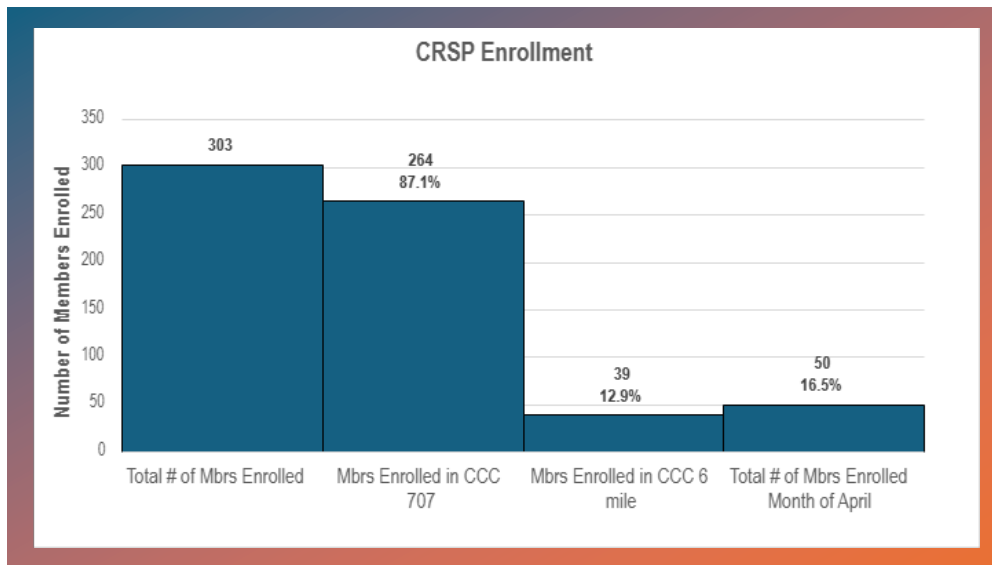
DWIHN held meetings with both Hegira and Team Wellness, which is the closest alternative CSU location in Westland, Mi., to support this overall transition. Team Wellness has 12 CSU beds available to assist in providing this intensive crisis intervention. DWIHN provided information and notification of this closure and transition to local hospitals, police departments, internal staff, and stakeholders. This information was posted on the DWIHN website. In addition, The DWIHN Mobile Crisis Unit will be stationed onsite at Hegira's CSU during this transition to offer and provide additional support.

CRISIS CARE SERVICES

In the month of April, Crisis Services saw 272 presentations to the 707 Crisis Care Center. Both the adult and children's units continue to stay busy. Our adult unit averaged 119% occupancy for the month of April and we have seen significant growth with our children's unit, averaging 49% occupancy for the month of April.

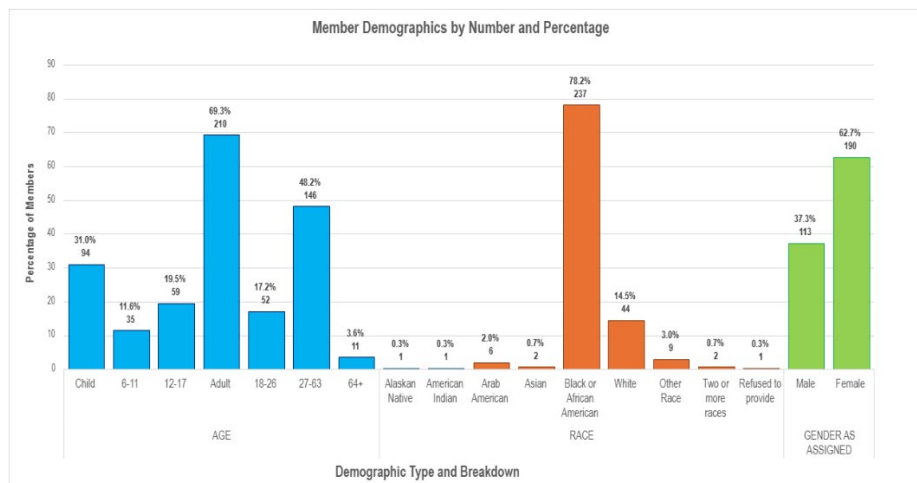
DIRECT CLINICAL SERVICES

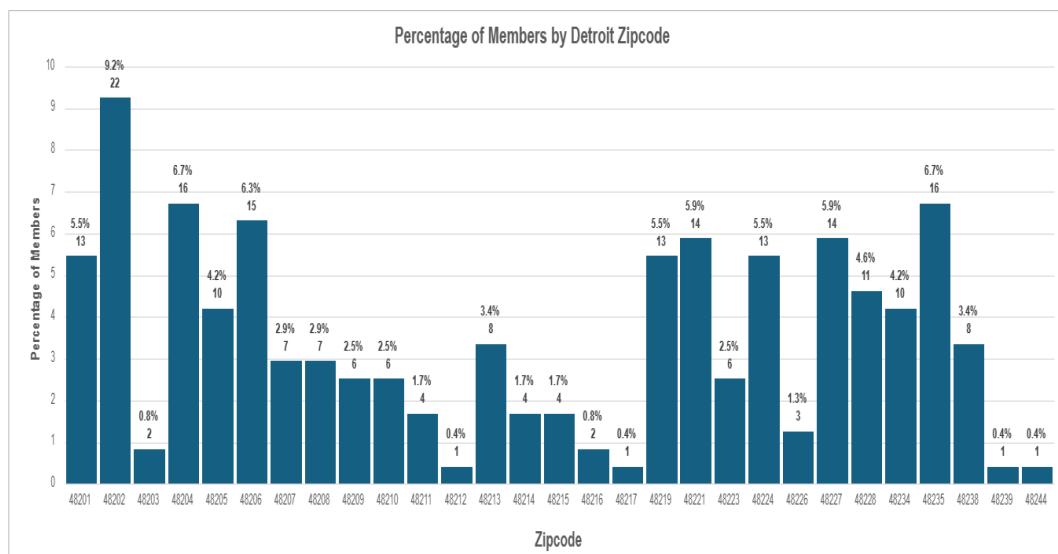
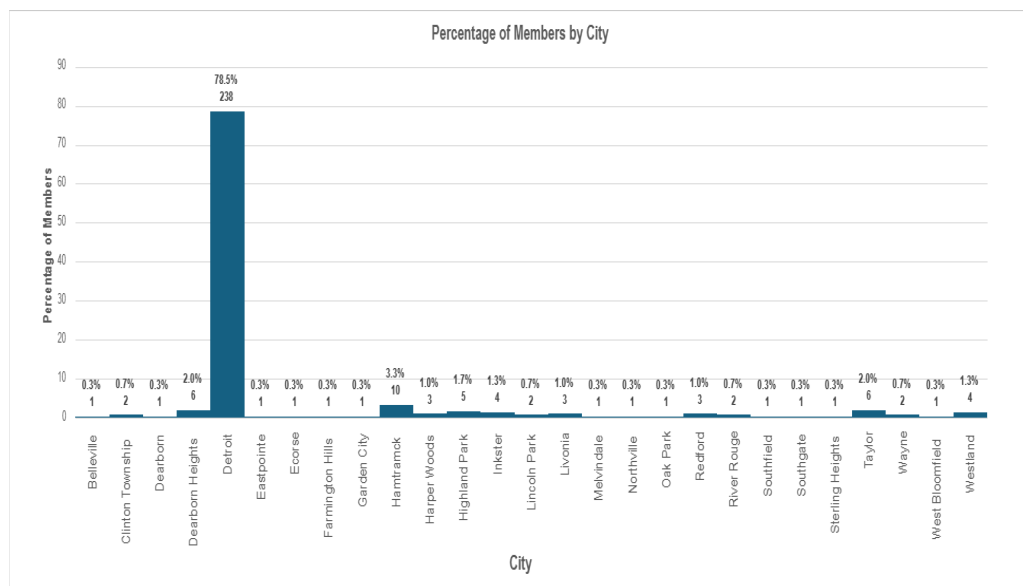
The DWIHN Outpatient Clinic is currently focused on increasing enrollment of members by increasing intake appointments at both 707 Milwaukee and the 15400 W. McNichols locations. To support this effort, the outpatient clinic has hired two full-time ongoing therapists that are now available at the 6 Mile location. The outpatient clinic now has a total of three full-time intake clinicians. Two can serve both adults and children and one intake clinician is specifically for children and families. The outpatient clinic has also increased the number of telehealth appointments as well for both locations. Current enrollment is as follows:



Community Care Clinic Data

The demographic data for DWIHN Outpatient Clinic has shown that most enrollees are adults between the ages of 27-63. This is on target with other clinically responsible service providers that serve both children and adults. Much of the population is female with African Americans being the primary ethnic group. The current enrollment is 303 members. Enrollment consists of all members assigned to the clinic from the point of access screening through discharge or transition to another program or completion of services. Please see the table below for the representation of current demographic data:





Clinical Updates

The DWIHN Outpatient Clinic is also focusing on expanding the use of case managers and peers to actively engage members and to build a talented and competent workforce. The clinic has hired and supported two peers in becoming fully certified to become certified peer support specialists. The clinic has also hired a parent support partner with lived experience, that is undergoing full certification to become a parent support partner through the State recognized Association of Children's Mental Health training cohort. Lastly, regarding peers, the outpatient clinic is focusing on recruiting a peer recovery coach to increase active engagement of the co-occurring population. Regarding case managers, the outpatient clinic has aligned them to members that need support navigating through resources to address social determinants of health.

The DWIHN Outpatient Clinic is now part of the School Success Initiative. The clinic has one full-time clinician embedded in the Old Redford Academy school district. The Outpatient Clinic Executive Director met with the Superintendent of the schools as well as the Executive Director

of Culture and Climate, to support their understanding of what the project is about. As a result, the district has asked that DWIHN participate in a panel and is now fully vested in supporting more screening and services for children in the school district. By next month, data will be provided to show progress made from this partnership.

Lastly, the outpatient clinic had one recent promotion. The outpatient direct services administrator has been promoted to Director of Outpatient Clinics.

Joint Commission

The direct services clinic completed the Joint Commission review in partnership with the crisis care services team. The review went very well with one recommendation for the outpatient clinic that is currently being addressed. The goal is to have the correction made by May 31, 2025, to submit to Joint Commission for full accreditation. This accreditation will expand DWIHN's ability to provide services to individuals with co-occurring disorders, improve member safety, quality of care and quality outcomes.

Next Steps

- The outpatient clinic will be focusing on building out the Infant Mental Health model of service by October 1, 2025. This will expand the children's services model to 0-21 years of age.
- Continue to enhance services to individuals with co-occurring disorder with peer recovery coaches and leveraging adult behavioral health clinicians with the appropriate credentials.
- The clinic is also working to obtain the ability to administer the ASAM to ensure appropriate level of care.
- Complete necessary requirement to receive Joint Commission accreditation to deliver substance use disorder services.

FINANCE

During the May meeting of the Board Finance Committee, Plante Moran presented the three (3) fiscal year September 30, 2024 annual audit requirements as set forth by the Michigan Department of Treasury, US Department of Health and Human Services, and the Michigan Department of Health and Human Services. The audits include (respectively): The financial statement, Single Audit of federal awards and the Compliance Examination. It should be noted that DWIHN did not have any findings reporting in all three reports. The following is a summary of the audit findings since DWIHN inception (excludes MCPN findings):

	Audit Firm	Financial Statement	Single Audit	Compliance Examination	Comment
2014	Rehmann	0	0	0	
2015	Rehmann	0	1	0	CA transition
2016	Plante	0	1	1	CFDA/ICA
2017	Plante	0	0	0	
2018	Plante	0	0	0	
2019	Plante	0	0	0	
2020	Plante	0	0	0	
2021	Plante	0	2	0	HUD review
2022	Plante	1	0	0	HAPICO
2023	Plante	0	0	0	
2024	Plante	0	0	0	

HOME HEALTH AND INTEGRATED HEALTHCARE SERVICES

Health Home and Integrated Healthcare Services:

There are currently 20,144 enrollees in the Certified Community Behavioral Health Clinic (CCBHC) State Demonstration. DWIHN's direct service clinic is still waiting on CMS approval to become a State certified CCBHC.

Behavioral Health Homes currently have 862 enrollees. The program continues to show positive impacts on member's overall health. One example of this success is when a Care Coordinator saw a member's ankle injury, but it did not seem like "just an injury". They proceeded to call the Registered Nurse to assess it. This member was found to have Venous insufficiency. This early identification and treatment will prevent the member from having a complete disability caused by untreated Venous insufficiency.

HUMAN RESOURCES

DWVHN HR is still in negotiations with GAA. The Supervisor Institute Group E held their first session on April 24, 2025. DWIHN HR is in the process of developing the third cohort of the Harvard Business School Online (HBSO) Training Program. To date, 20 participants have participated in the leadership training. The new agreement will allow HBSO to provide leadership training for ten (10) DWIHN staff during the period of June 1, 2025-May 31, 2026, after which they will receive program certification.

IT SERVICES

Grammarly

We have implemented the Grammarly writing tool system, which includes comprehensive style sheets designed to enhance our document presentation. Access to this system has been granted to team members responsible for producing outward-facing documents, with the objective of achieving a consistent and professional style across all DWIHN materials. Furthermore, this system will facilitate the creation of documents tailored to the appropriate reading level for the diverse populations we serve, in accordance with the requirements set forth by the State of Michigan. This initiative aims to improve communication clarity and ensure that our resources are accessible to everyone.

New Ticketing System

The IT department has introduced a new ticketing system designed to enhance our customer service performance for our stakeholders. This new system not only streamlines the process of handling requests and issues but also allows for more effective tracking and management of services provided. By implementing this solution, we aim to significantly improve our response times and overall satisfaction for those we serve. Furthermore, the system will generate more comprehensive Key Performance Indicators (KPIs), enabling better oversight and management of IT processes internally, which will ultimately lead to more efficient operations and improved service delivery.

TTEC/Genesys

We have partnered with TTEC to conduct a comprehensive evaluation of our utilization of the Genesys Phone system within the Access Contact Center. This project aims to enhance how we leverage the system, implement additional features, and streamline our processes for better efficiency. The engagement is projected to last between six and eight weeks, allowing us to thoroughly assess current practices and identify opportunities for improvement.

Plante Moran SOC for Cybersecurity Audit

We are in the final stages of negotiating contracts with Plante Moran to conduct a comprehensive SOC for Cybersecurity audit. This audit represents an extensive assessment of our cybersecurity program and will meticulously examine all processes and procedures that adhere to the five key trust criteria: Security, which ensures that our systems are protected against unauthorized access; Availability, which guarantees that our services are accessible when needed; Confidentiality, which safeguards sensitive information from disclosure; Processing Integrity, which ensures that data processing is accurate and complete; and Privacy, which protects the personal information of our clients and stakeholders. This thorough evaluation will help us strengthen our cybersecurity measures and enhance our overall organizational resilience.

QUALITY

DWIHN showed strong performance on key indicators, particularly crisis screening completion in 3 hours (PI#1), follow-up after hospitalization (after exceptions) (PI#4a all populations), Recidivism for children (PI#10 children), and ongoing services in 14 days after initial intake (PI#3), with ongoing efforts to support improvements in completing intake within 14 days of request for services (PI#2a) for SED children, which rose from 20–30% in FY24 to 62.06% in FY25 Q2. However, PI#2a for IDD children declined from 56.34% in FY24 Q4 to 35.84% in FY25 Q1, driven by staffing shortages and limited intake availability. DWIHN has added new IDD intake providers to address access gaps.

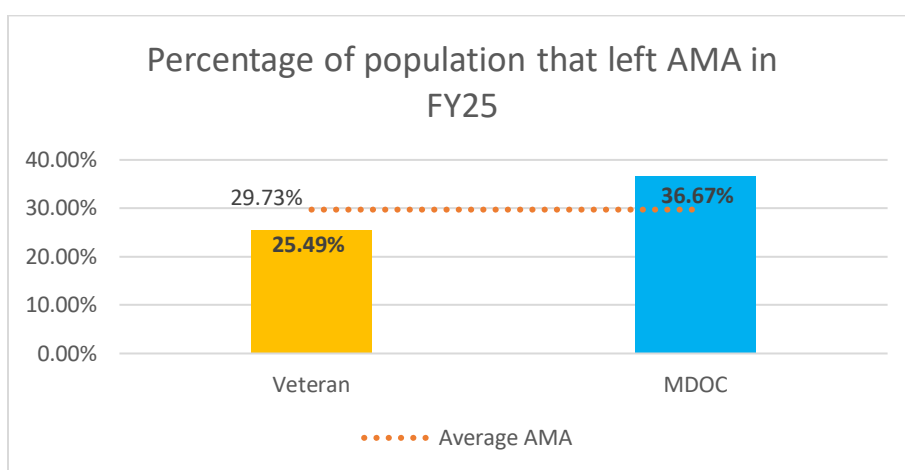
For racial disparity in Follow Up After Hospitalization rates, DWIHN made significant progress, provisionally falling below the 4.51% baseline for the first time in three years. The aftereffects of pandemics and staffing shortages in 2022 and ending of public health emergency and changes in MDHHS telemedicine policy in 2023 widened the disparity, however, targeted interventions such as transport, reinstatement of coverage, expansion of providers, and engagement efforts with providers have helped. The HSAG Compliance Review (June 13, 2025) is underway with mock audits in progress.

The Behavior Treatment Advisory Committee (BTAC) continues to strengthen provider oversight with 350 open plans and expanded technical assistance. Sentinel events in April included 62

incidents with 16 suicide attempts, revealing gaps in crisis/safety plans. Root cause analysis and Improvement plans will focus on safety/crisis plan trainings. Lastly, provider reviews revealed high CAP issuance rates, especially among SUD treatment both this month and year to date, reinforcing the need for continued quality monitoring.

SUBSTANCE USE SERVICES

The SUD department completed an analysis of members leaving services against medical advice (AMA) and looked more specifically at the Michigan Department of Corrections and Veteran populations. Leaving AMA means that members chose to discontinue treatment against the recommendation of the member's treatment planning team. Leaving against medical advice can expose the member to increased risks, including the need for readmission or exacerbation of their condition. Data from 10/1/24 to 5/1/25 was reviewed, and AMA benchmarks were established for the different populations we serve.



The average rate of AMA seen in the general population for this period was 29.73%. Military veteran's AMA rate was below the average AMA rate, but MDOC members AMA rate was higher than the average AMA rate. DWIHN will be providing education for the SUD provider network on population risk factors associated with leaving AMA and what additional supports can be put in place to better serve this population. DWIHN will be working with MDOC partners specifically to ensure they have this information and work to ensure effective communication and ongoing coordination of care.

UTILIZATION MANAGEMENT

A thorough analysis of Utilization Management (UM) processes is being completed with a strong emphasis on improving efficiency and quality. Improvements aim to optimize resource utilization and improve service delivery for both staff and providers. This includes revising internal standard operating procedures to improve efficiency and compliance with regulatory standards, evidenced by updated policies and procedures for single-case agreements and prior authorization review and disposition. Key Performance Indicators (KPI) are being developed for all lines of business to track and measure improvements in timeliness and workflow efficiency. KPIs have been developed for the outpatient and SUD authorization teams. The target implementation date is June 2025, with the completion of the remaining units (continued stay reviewers and self-directing services) within UM.

COMMUNICATIONS

Mental Health Awareness Month – May 2025

In recognition of Mental Health Awareness Month, the DWIHN Communications team is actively leading and supporting a wide range of outreach, media, and branding initiatives focused on education, access, and community engagement. These efforts are visible across the county—on screens, in schools, and in neighborhoods—ensuring mental health remains a central focus throughout the month of May.

Ongoing Mental Health Awareness Month initiatives include:

Detroit Zoo Partnership: Hosting resource tables on the 10th and 17th to promote DWIHN resources, along with discounted tickets throughout the month of May.

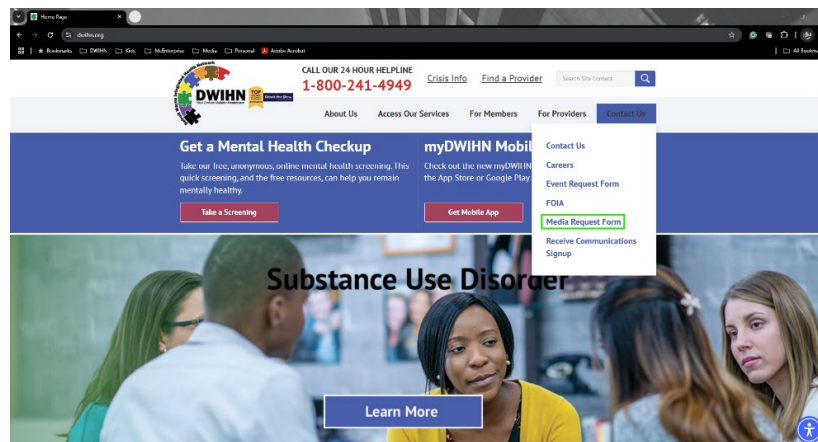
Youth United is hosting Youth Mental Health Action Day (Summit) in Lansing, May 21, 2025. Jarell Farley, a member of DWIHN's Mental Health Youth Council (MHYC), is participating in a YMHAD panel that represents youth leadership in mental health advocacy.

Community Outreach Clinic and Mental Health Mondays: The newly launched mobile clinic is actively delivering integrated care services throughout Wayne County.

Media Outreach

For the 24/25 fiscal year, the Communications team recently acquired Critical Mention, an online media analytics, monitoring, and search tool. It is used to measure earned media impact for stories, gather clips of broadcast segments and print articles, and search for media contacts to reach more outlets. Quarterly Reports will provide a comparison of Audience, Mentions, and Publicity Values from the previous quarter in the same categories.

The Communications Department has created a new process which will provide an easier way for media to request information or interviews. With the [Media Request Form](#) link on the website which will go directly to the communications team to process, follow up, and track requests.



Media Request Form

Please complete the form in its entirety as we process your request.
 If you have a CMA request, please click here
<https://www.cma.com/CMA-44-484.html>

Contact Information

First & Last Name *

Phone *

Email *

Position/Title *

Media Outlet *

Request Details *

Deadline Date *

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Monthly Highlights

During this month the Communications department garnered multiple earned media stories including the below examples (Hyperlinks connect to stories and interviews):

Community Outreach Clinic

On Monday, May 5th DWIHN unveiled the Community Outreach Clinic and Mental Health Mondays for the month of May. The clinic is a 37-foot Ford F-550 that provides integrated care on the go. This media outreach for this campaign garnered **49 mentions** with the following total analytics provided by Critical Mention.

Lloyd Jackson, from the [WJR JR Mornings](#) team interviewed Andrea Smith to discuss the vehicle and the services it brings. [WWJ](#) also did an in-depth interview with Andrea. Channels 2, 4 and 7 all covered the news with mentions from the anchor desk throughout the day.

	844k Total TV Audience 844k Local Audience	\$145k Total TV Publicity \$145k Local Publicity	
	5.07M Total Radio Audience	\$7.669k Total Radio Publicity	
	682k Total Online Audience	\$19k Total Online Publicity	

Second Quarter Media Metrics:

(Includes earned and paid media)

Category	Mentions	Audience	Publicity Value
Radio	58	2.2M	\$3,407
Television	29	65,683	\$114,095
Print/Online	19	1.2M	\$17,390
Total	106	4.1M	\$134,892

Quarterly Comparison

(Includes earned and paid media)

Category	2 nd Quarter	1 st Quarter
Total Mentions	106	206
Total Audience	4.1M	18.4M
Total Publicity Value	\$134,892	\$582,715
Note: 1st quarter numbers are abnormally high, due to residual mentions of Mr. White connected to multiple outside stories from DPD Chief Bettison appointments.		

Access Call Center Calls Related to Outreach

Each quarter the Access Call Center asked callers "How Did you Hear About Us?" During the 1st quarter of FY '24-'25, the total number of calls managed by the Call Center. The numbers show a significant increase in awareness due to advertising.

Category	2 nd Quarter	1 st Quarter
Total Number of Calls	44,081	45,327
Callers who Answered the Question	42,774	44,125
Billboard / Bus Advertisement	123	277
Website/Online/Flyer/Hotline/TV/Radio/internet/ social media /MyDWIHNApp	538	579

Social Media- Influencer Marketing Update

Social Media Influencer	# of Posts	Engagement/Impressions 2nd Quarter	Engagement/Impressions 1st Quarter
The Capital Brand/Randi Rosario	7 Post, 10 Story Posts	330.7k total views	280k total views
Kathleen Springer	12 Posts	37.2k total views	10.5k total views

During this quarter, influencer Randi Rossario conducted a short interview with Dr. Mammo on seasonal depression, which strongly connected with both of our audiences. [The post](#) performed exceptionally well, generating high engagement and bringing in 40+ new followers to DWIHN's Instagram, further expanding our reach and impact.

Social Media Performance Report Summary

Social Media Performance (Facebook, Instagram, LinkedIn, X and YouTube)	2 nd Quarter	1 st Quarter
Total Audience Growth	21,963	20,736
Engagements	17,927	17,814
Post Click Links	5,378	6,694
Engagement Rate	2.8%	8%
Impressions	634,467	219,794

This quarter, our social media was driven by a strategic increase in content that spotlighted our involvement in the community. By consistently highlighting events, and services we boosted visibility and maintained steady engagement with our audience.

Google Analytics

Google Analytics/Business Profile	2nd Quarter	1st Quarter
Profile Interactions	6,484	3,791
People Viewed Business Profile	16,359	8,664
Searches	5,131	3,826
Website Clicks	4,631	2,669

Community Outreach

Report on community events DWIHN is requested to attend to provide resources or presentation. We will compare outreach efforts quarter to quarter as with other areas of Communications.

	2nd Quarter	1st Quarter
Community Events	23	31
Estimated Individuals Reached	970	1520

Youth Outreach – Mental Health Youth Ambassador Scholarship

As part of our youth outreach efforts, DWIHN launched its **3rd Annual Mental Health Youth Ambassador Scholarship** in March. This initiative supports youth leadership in mental health advocacy and was promoted through branded flyers, updated social media graphics, testimonial videos and targeted communication.

Branding and Visual Design

This quarter, the Communications team made significant strides in unifying DWIHN’s internal and external communications while strengthening outreach through consistent visual branding.

Outpatient Clinics Branding

New branding elements were created for DWIHN’s Outpatient Clinics, including logo development, and signage to support consistent visual identity across locations and increase recognition in the community.

