



President and CEO Report to the Board

June 2025

James E. White

LEGISLATIVE EFFORTS

DWIHN is receiving 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. DWIHN leadership and board members attended the 2025 Mackinac Policy Conference, where meetings with top elected officials, corporate executives, and civic leaders to discuss healthcare, talent development, infrastructure, innovation, and economic development.

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 changes throughout our region, state, and country.

The Michigan House Oversight Public Health Subcommittee met and shed light on the pressing challenges faced by the Department of Health and Human Services and community mental health facilities in Michigan regarding inpatient care systems. Key takeaways included:

1. **High Volume of Individuals Served:** In fiscal year 2023-24, the Department reported serving 290,000 individuals, including 217,000 adults and 71,000 children, through prepaid inpatient health plans. They utilize residential treatment facilities, crisis stabilization units, and community transition services.
2. **Crisis Stabilization Units and Capacity Issues:** The two crisis stabilization units in Kent and Wayne Counties have assisted 2,900 individuals in the past year. The inpatient facilities, particularly the four state-owned hospitals, are primarily focused on managing severe behavioral cases, with only 660 psychiatric beds available statewide.
3. **Proposed Transition to a New Facility:** The Department is advocating for a \$15.2 million investment to facilitate the transition from Walter P. Reuther Psychiatric Hospital to the Southeast Michigan Psychiatric Hospital, expected to provide 264 beds and significantly increasing the capacity from the current state hospital.
4. **Broader Infrastructure Needs:** Mental health leaders like Rick Compton and Chris Pinter have emphasized that the issue isn't merely the lack of beds but rather the admission criteria and the reluctance of private facilities to accept severe cases. They suggest that effective solutions must encompass better coordination of care, increased stabilization units, and streamlined processes to manage difficult cases.

5. Call for Policy Changes: Meghan Groen highlighted a potential policy opportunity for a Medicaid benefit targeting individuals with intellectual and developmental disabilities, which would require state plan approval and funding.

MDHHS Competitive Bid for PIHP Services

The Michigan Department of Health and Human Services (MDHHS) has initiated a competitive procurement process to bid out contracts for Prepaid Inpatient Health Plans (PIHPs) in Michigan. This move aims to enhance the accessibility and quality of behavioral health care services within the state. The primary goal is to create a more accessible and person-centered system of care, ensuring that Michigan Medicaid beneficiaries receive necessary behavioral health services efficiently and effectively.

Population Served: The specialty behavioral healthcare system covers approximately 300,000 Michiganders, including those with serious mental illness, substance use disorders, and intellectual and developmental disabilities. PIHPs handle evaluations and treatment for severe conditions, while other evaluations and screenings may be covered by Medicaid Fee-for-Service (FFS) or other entities

- Initiative Launch: The initiative included an online survey to gather public input and improve access to quality behavioral healthcare services
- Future Proposals: MDHHS plans to request proposals for new PIHP contracts likely in late 2025 or early 2026 to administer specialty behavioral health services

This competitive procurement process reflects the department's commitment to improving the behavioral health care system in Michigan by enhancing member choice and access to services while preserving existing community programs. However, critics of the proposal have raised several concerns, reflecting various perspectives on the potential implications for mental health services in the state.

DWIHN will work with all stakeholders, advocacy groups, and community partners to ensure that we continue to collaborate in the best interest of the people we serve.

ADVOCACY AND ENGAGEMENT

In their third Annual fundraiser, the Roncelli Family Foundation selected DWIHN youth services, in addition to other local organizations, to receive over \$25,000. The funds will go towards scholarships, educational programs, and other youth activities.

CMHAM Summer Conference Elections:

- Legislative & Policy Committee – Comm. Jonathan Kinloch
- Contracts Committee – Bernard Parker
- Nominating Committee – James White
- Bylaws Committee – Kevin McNamara

CMHAM Regional Board Appointments

- Comm. Jonathan Kinloch (Member)
- Bernard Parker (alternate)

Upcoming Events

June 26: Wayne County Fatherhood Initiative at Greater Grace Temple

July 10: DWIHN's 11th Annual Faith-Based Conference at Madonna University

INTEGRATED HEALTH PILOT UPDATE

The Detroit Wayne Integrated Health Network (DWIHN) continues its partnership with Medicaid Health Plans to provide integrated care. Below is a list of updates for our collaborations with Medicaid Health Plan Partners One, Two and Three.

Care Coordination is completed monthly with Health Plans One and Two. DWIHN and the Health Plans work together to actively search out and consult on members who have physical and behavioral health gaps in care. The goal of care coordination is to close 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.

DWIHN continues to exceed the MDHHS standard of having at least 25% of care plans open or completed in CC360 when the risk stratification tab is used. DWIHN has established our own goal to open 40% of members who are in the easy risk stratification tab, as these members have a higher need for care and could benefit from care coordination. In reviewing the CC360 risk stratification over the last 7 months, there are 529 members who could benefit from care coordination and 516 (97%) of them have an open or completed case with DWIHN care coordination.

To date, in FY 2025, 319 members have been served in the 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 in May to coordinate care and opened fifteen (15) members for care coordination. Twelve (12) of those were opened jointly with Health Plan One. Three (3) were opened only by DWIHN based on a psychiatric hospitalization or emergency room visit. Ten (10) gaps in care were resolved in May. Five (5) members did not have an assigned provider and were connected to services.

Health Plan Partner Two

Health Plan Two had thirty-nine (39) members reviewed in the May Care Coordination meeting. Twenty-one (21) were opened with Health Plan Two. Eighteen (18) of those were opened by DWIHN only as they had an emergency room visit. Nine (9) members did not have an assigned provider and were able to be connected to services.

Health Plan Partner Three

Health Plan Three and DWIHN met on May 19, 2025 to discuss the credentialing of the primary care doctors at the FQHC with Health Plan Three. Health Plan Three will give DWIHN the number of members referred to the FQHC and what type of services they were given. DWIHN met with the first FQHC One on June 6 to discuss their referral process. DWIHN will meet with FQHC 2 on July 11 to discuss how many members had A1C labs completed and referrals to the diabetes clinic.

DWIHN is actively discussing potential care coordination partnerships with other providers. Our Integrated Health Care Director and Executive Vice President of Operations spoke to another Health Plan in April, and they have agreed to meet for further discussion. An update will be provided once the meeting is scheduled.

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 Michigan Department of Health and Human Services claims warehouse CC360. DWIHN is following the guidelines set by the National Committee for Quality Assurance (NCQA) for 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. An

The HEDIS 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 May, validation was started for the new SUD data to be added to the HEDIS Scorecard.

During the month of May, the HEDIS scorecard was reviewed at nine (9) CRSP monthly meetings. DWIHN also trained two new providers on HEDIS.

CCBHC UPDATE

Certified Community Behavioral Health Clinic (CCBHC):

On May 9 and May 30, 2025, DWIHN responded to a request from MDHHS to provide additional clinical information regarding crisis services, clarification on DWIHN's catchment area and a new cost report. On May 30, 2025, the DWIHN Outpatient Clinic received notification from the MDHHS-CCBHC team that they submitted all required documents to CMS and SAMHSA for approval of DWIHN CCBHC application. DWIHN has not yet received any additional communication and is awaiting a response on full certification.

LONG TERM RESIDENTIAL CARE UPDATE

The DWIHN team is still working through the permit process and has gone through the fire and safety checks. We expect the permit to be issued during the month of June.

ADULT INITIATIVES

Adult Initiatives:

Clubhouse is an accredited service, reviewed every 3 years by Clubhouse International, and provides daily activities to members with persistent mental illness. Members choose how to utilize the clubhouse, including participation in varying activities, roles, and responsibilities within the clubhouse, and who they wish to interact with. Clubhouse offers varying opportunities, applicable to individuals with varying cognitive capabilities, including working within administration, enrollment, hiring, training, supported employment, public relations, and advocacy. All the Clubhouses within DWIHN's provider network are accredited. The following data is based on the total number of members attending Clubhouse during May 2025:

| | | | | |
|-----------------------------|---|---------------------------------------|--------------------------------|---|
| ACCESS <i>Hope House</i> | DCI (MiSide) <i>New Direction</i> | Goodwill <i>A Place of Our Own</i> | Hegira <i>Turning Point</i> | Lincoln Behavioral Services <i>The Gathering Place</i> |
| 192 | 47 | 122 | 118 | 126 |

Adult Initiatives attended the grand opening of Motor City Clubhouse on April 30th. In attendance were administrative and clinical staff from CNS Healthcare, DWIHN, and several outside agencies, as well as representatives from state agencies. Members provided tours and shared successes at clubhouse. Motor City Clubhouse will begin promoting services to increase member attendance.

Adult Initiatives met with Wayne State University to begin discussion of a collaboration between Wayne State and Clubhouse. The outcome appears that Wayne State will be looking to assist in obtaining data to assist with comparing PHQ-9 and GAD-7 scores to Clubhouse engagement. Adult Initiatives and Hope House Clubhouse attended the May ACT Forum to promote and discuss clubhouse benefits for members, how the models work together to mutually benefit both programs and encourage recidivistic members to potentially reduce hospitalization which is a reoccurring goal for ACT services.

AUTISM SERVICES

Effective May 31, 2025, Chitter Chatter discontinued providing Applied Behavioral Analysis, Speech Therapy, and Occupational Therapy services for DWIHN members due to a contract non-renewal. A Crisis Management Team was established to support this transition planning of 172 members to ensure they continue to receive medically necessary services without any gap in care.

Eight Clinically Responsible Service Provider (CRSP) meetings were held to review member transfer status and confirm whether families intended to proceed with the assigned provider or explore alternative options. Each member's chart was thoroughly reviewed for updates, with an emphasis on family preferences or referral actions noted by Support Coordinators. To facilitate progress, the provider and Support Coordinators were contacted via email to clarify the referral status and outline next steps. In addition, the charts were carefully examined to ensure that corresponding authorizations were present. As of May 31, all members have been successfully transitioned to alternative DWIHN providers or opted to use a private insurance benefit.

CHIEF MEDICAL OFFICER

MDHHS Updates/Highlights:

Preliminary 2024 State death data indicates that Michigan has seen reductions in Opioid Overdose deaths consecutively for three years in a row, which puts it in the top five States for greatest reduction in overdose death. This has been achieved through the work of State task force and local Community mental health systems. With the ongoing funding through Opioid Settlements, this is anticipated to continue to decline.

PIHP Oversight Updates:

Lack of member engagement and recidivism are two major clinical risk areas for members served by DWIHN and the Severe Mentally Ill as well as Co-occurring Substance Use population in

general. With that, two Evidence Based Practice Guidelines have been created that include steps that CRSP could and should take to help our members in those respective group improve care:

- Practice Guidelines for Persons Served Who Are Non-Engaging and Non-Adherent to Treatment
- Practice Guideline for Recurrent Hospitalization and Recidivism

These guidelines were presented to Improving in Practice Leadership Team meeting in June and shared with members for feedback and comments. They were also presented to CRSP Medical Directors Meeting in June 2025 and shared with them for feedback and comments. Additional comments will be added, and final version will be presented to IPLT in July for approval by the Committee.

Direct Service Updates:

- DWIHN received three years of full accreditation by the Joint Commission for the Crisis Stabilization Unit, Mobile Crisis and Outpatient Clinic.
- June marks the one year anniversary of the Crisis center. Being able to see a psychiatrist and getting a psychiatric evaluation and follow-up is a valuable but difficult resource to find. During year one from June 10, 2024-June 10, 2025, our Crisis Center Psychiatrists and APPs completed:
 - Case reviews on all member presentations and dispositions.
 - Full Psychiatric evaluations on 1746 members
 - Follow Up Progress Notes on 3637 members

CHILDREN'S INITIATIVES

Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC) issued a Request for Information (RFI) among children providers resulting in five (5) providers and DWIHN staff having the opportunity to participate in postpartum depression training this year. In addition, three (3) providers were selected to pilot HT2. HT2 is an e-screening, brief intervention, and connection to care for behavioral health services during pregnancy. Michigan State University is offering gift cards to cover the cost for diapers for pregnant mothers who participate in the pilot screening program.

DWIHN Children's Initiatives Department will be posting multiple Request for Proposals for FY2026 including:

- Wayne County Youth Services (Clinical and Care Management)
- Autism Independent Evaluators
- School Based Health Quality Initiative (School Success Initiative Program and GOAL Line Program)
- Pediatric Integrated Health
- Juvenile Restorative Program

CLINICAL OPERATIONS

Crisis Services:

During the month of May, DWIHN worked closely with Hegira on a transition plan due to the closure of their Crisis Stabilization Unit (CSU) effective 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 worked with Hegira on a transition plan to ensure all members seeking Crisis Stabilization Services received appropriate care. 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. This included providing information on Team Wellness, which is the closest alternative CSU located in Westland, Mi. Team Wellness has 12 CSU beds to assist in providing this intensive crisis intervention. In addition, the DWIHN Mobile Crisis Unit was stationed onsite at Hegira's CSU for three (3) weeks during this transition to offer and provide additional support. This close-out and transition plan were successfully completed.

Health Home Initiatives:

The Certified Community Behavioral Health Clinic (CCBHC) State Demonstration currently has 20,780 enrollees. On May 22, 2025, MDHHS announced that it would be moving forward with taking over both the payment and administrative functions for the CCBHC demonstration starting October 1, 2025. MDHHS held a PIHP-CCBHC Payment Transition Meeting on May 30, 2025, to have initial discussions about this transition. This meeting left many unanswered questions and MDHHS is meeting internally to review. DWIHN's Health Home team is not interrupting or making changes to CCBHC demonstration processes at this time as more information is needed and potential changes to the MDHHS plan may occur. DWIHN's Direct Service clinic is still waiting on CMS approval to become a State certified CCBHC.

The Substance Use Disorder Health Homes (SUD-HH) currently have 754 enrollees. The program continues to show positive impacts on members' overall health. The SUD-HH Wellness Challenge has continued to yield positive results. Part of the Wellness Challenge activity for members was to go to a primary care provider and have screening labs completed. Through this initiative, New Light identified two (2) members that had undiagnosed Hepatitis, and several others had undiagnosed diabetes. This screening and identification have enabled those members to start receiving the appropriate medical care.

CRISIS CARE SERVICES

The Crisis Care team officially received Joint Commission accreditation! The accreditation is valid for three (3) years and during that time they will continue to upgrade policies as the standards continue to change and improve.

The 707 Crisis Care Center reached their one-year anniversary on June 10, 2025! We have had 2,374 presentations for service at the facility and we are excited to continue serving Wayne County.

DIRECT CLINICAL SERVICES

Joint Commission:

The DWIHN Outpatient Clinic completed the Joint Commission survey on April 14-15, 2025, in partnership with the DWIHN Crisis Care Services team and is pleased to report that DWIHN has been awarded a full three-year accreditation. This accreditation is effective April 16, 2025, and is customarily valid for 36 months.

Current Enrollment:

To date, the DWIHN outpatient clinic has an enrollment of approximately 343 individuals. The current goal is to enroll 350 by Sept 2025.

Updates:

The DWIHN Outpatient Clinic had one recent promotion. Melissa Peters was promoted to Director of Outpatient Services. In addition to that, the Outpatient Clinic welcomed and onboarded additional clinical and administrative staff to the team. Staff are actively seeing members in person and providing services. These additional staff will support program development, improved access for members, aid in ensuring members receive services they need to be successful and set the foundation to ensure program is compliant with regulatory requirements while meeting best practice qualitative standards.

Things the Department is Doing Especially Well:

- Meeting performance indicator benchmarks for FY 25 Q2.
- Improving overall electronic medical record to better capture data and performance benchmarks.
- Participation in the Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) cohort.
- Supported two staff in completing the certification for peer support specialist.

Identified Opportunities for Improvement:

- The DWIHN Outpatient Clinical team has identified opportunities to enhance clinical documentation and service delivery. To address this the outpatient clinic is developing a performance improvement plan to be measured quarterly for progress. All standards will be set to meet DWIHN-PIHP and all other certification and accreditation requirements.
- Continue enhancement of MHWIN (DWIHN's electronic medical record) to capture all encounter reporting and service activity. The outpatient clinic is also in development of a dashboard in Power BI to capture all reporting metrics for MDHHS, CCBHC and Joint Commission requirements.
- Increase enrollment of beneficiaries. To address this, the outpatient clinic has hired three (3) full time intake clinicians to offer intakes at both locations. DWIHN has also added inpatient discharge appointment to the schedule to be a choice option, for individuals discharged from the hospital that are unassigned to a clinically responsible service provider (CRSP). Lastly, DWIHN is working closely with the Communications team to inform the community of DWIHN services. On June 11, 2025, the Executive Director will participate in an interview with News Herald to provide information on the DWIHN Outpatient Clinic and its service array. This is one of many new initiatives coming soon to increase awareness of services provided by DWIHN. Additional information on outreach will be provided by the Communications team.

FINANCE

The Centers for Medicare & Medicaid Services (CMS) approved the hospital rate adjustment (HRA) payments to hospitals and increased the per diem amount from \$608 to \$728 or 20%. Prior to the approval, there were discussions that the federal government may eliminate this payment. A budget adjustment was presented to the Finance Committee on June 4th for certification of the additional revenue and offsetting expenses.

Detroit Wayne Integrated Health Network (DWIHN) is experiencing an increase in costs and utilization. DWIHN projected this increase to account for approximately \$30 million of the \$70 million Internal Service Fund (ISF) for the fiscal year ended September 30, 2025. However, the Michigan Department of Health and Human Services (MDHHS) announced a rate amendment on May 29th, that will distribute approximately \$148 million statewide due to increases in inpatient, autism and community living support services. Historically, DWIHN receives 20% (or \$29.5 million) of the funding for similar rate adjustments.

DWIHN has projected to overspend General Fund again by approximately \$12 million. DWIHN will account for the overspend by utilizing current year local funds. DWIHN will not utilize local reserves.

Effective October 1, 2025, MDHHS announced that they will directly manage and oversee all Certified Community Behavioral Health Clinics (CCBHC) statewide. DWIHN has estimated that the FY26 budget will be reduced by approximately \$50 million and \$49.1 million of capitated Medicaid and Healthy Michigan (HMP) and its pass-through supplemental Medicaid and HMP, respectively related to the seven (7) CCBHC's in our region. The expenses will be reduced by the same amount.

On May 29, 2025, the cash collateral held for the construction loans were released by Flagstar and transferred to the depository account; the funds are no longer restricted.

HUMAN RESOURCES

DWIHN HR continuing negotiations with GAA. The Supervisor Institute Group E sessions are ongoing. HR is finalizing the process of beginning the third cohort of the Harvard Business School Online (HBSO) Training Program. To date, 20 participants have participated in the leadership training and the new agreement allows HBSO to provide leadership training for ten (10) additional DWIHN staff during the period of July 1, 2025-June 30, 2026, after which they will receive program certification.

The first cohort of L.E.A.D. Initiative Leadership Program (mid-manager training) completed their training. The graduates were presented with their certificates at a reception held on May 22, 2025. We are in the process of selecting the next cohort of participants.

SUBSTANCE USE SERVICES

The SUD Department is currently working with its provider network to ensure all appropriate person-centered planning documents meet MDHHS guidelines and that they have the same expectations as required by the Mental Health provider network. DWIHN's Quality Department has completed quality reviews for the SUD network and has established Corrective Actions Plans to ensure network compliance. DWIHN is currently interviewing for the Director of Substance Use Disorder position.

UTILIZATION MANAGEMENT

Utilization Management (UM) processes are being reviewed and updated with a strong emphasis on improving efficiency. Improvements aim to optimize resource utilization and improve service delivery for both staff and providers. Director of Utilization Management established a weekly

consultation with the Director of Strategic Operations to ensure alignment of changes with regulatory standards. The remaining data required to develop Key Performance Indicators (KPI) is being collected from all UM service areas with a target date of implementation on July 7, 2025.

The UM Department has participated in extensive interdepartmental collaboration in preparation for the upcoming HSAG review on June 13, 2025. DWIHN continues to exceed the MDHHS requirement of 95% program slot utilization in the Habilitation Supports Waiver (HSW) program.

COMMUNICATIONS

In May, DWIHN launched Mental Health Mondays, and also collaborated with Detroit Police Department for their Walk-A-Mile Wednesdays. The Mobile Health Clinic team has been engaged throughout the city and county, connecting individuals to care wherever they stopped.



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.

Monthly Highlights:

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

Mobile Health Clinic:

On May 6, DWIHN unveiled the Mobile Health Clinic. The media interviewed Andrea Smith, Associate Vice President of Innovation and Community Engagement, throughout the day. The team rolled out for its first drive on Cinco de Mayo, traveling through Clark Park in Southwest Detroit to Ford Field Downtown. That morning, she interviewed with [WJR](#) and [Fox 2](#). WWJ, WDIV, and WXYZ also shared with their audiences.

Over a week later story was still relevant. On May 18, [WDET](#) had Mrs. Smith in-studio to talk about the Mobile Health Clinic as well, focusing more on the units ongoing presence in the community for Mental Health Mondays and future outreach efforts.

Mackinac Policy Conference:




Our President and CEO was on "Interview Row" at the Detroit Regional Chamber's Annual Mackinac Policy Conference. He had a great dialogue with the [PBS One Detroit](#) team, DPSCD

Superintendent, Dr. Nicolai Vitti, and Laura Huot, CEO for the Guidance Center, about Children's Mental Health in Detroit Schools and communities. With the WJR team, he shared the incredible progress of the 707 Crisis Care Center on the eve of it's one year anniversary.



Monthly Metrics (provided by Critical Mention):

May's media outreach garnered 64 mentions: television with 18, radio with 35, and online/print with 11 mentions of DWIHN to their audiences and readers. The chart below shows the mention's audience numbers and publicity values with shows the advertising equivalence of the earned media.

| | | | |
|---|--|--|----|
|  | 1.06M Total TV Audience 1.06M Local Audience | \$192k Total TV Publicity \$192k Local Publicity | \$ |
|  | 5.57M Total Radio Audience | \$8.455k Total Radio Publicity | \$ |
|  | 653k Total Online Audience | \$20k Total Online Publicity | \$ |

Social Media - Influencer Marketing Update:

Randi's posts about the Youth Ambassador Scholarship were extremely popular and helped move our applicant numbers from 17 to 40+ in two days.

| Social Media Influencer | # of Posts | Engagement/Impressions |
|---------------------------------|------------|------------------------|
| The Capital Brand/Randi Rosario | 2 Post | 398k total views |

Social Media Performance Report Summary:

| Social Media Performance (Facebook, Instagram, LinkedIn, X and YouTube) | Previous Period (April 2025) | Current Period (May 2025) |
|---|---------------------------------|------------------------------|
| Total Audience Growth | 22,224 | 22,642 |
| Engagements | 8,628 | 10,218 |
| Post Click Links | 2991 | 2,092 |
| Engagement Rate | 1.2% | 1.5% |
| Impressions | 725,364 | 680,616 |

Google Analytics:

| Google Analytics/Business Profile | Previous Period (April 2025) | Current Period (May 2025) |
|--|---|--------------------------------------|
| Profile Interactions | 2,271 | 2380 |
| People Viewed Business Profile | 4795 | 4586 |
| Searches | 1363 | 1369 |
| Website Clicks | 1,554 | 1600 |

Community Outreach:

Report on community events DWIHN is requested to attend to provide resources or presentation. During the month of May, Communications attended eight (8) events reaching a potential 290 individuals.

Branding, Visual Design & Outreach Initiatives:

The Communications team continues to elevate the DWIHN brand through strategic outreach and cohesive design across internal, external, and digital platforms.