

This report contains data collected from the Behavioral Health Advocates (BHAs) for Program Year 2024/2025, during which there were 10 BHAs employed by EDSI across Pennsylvania and Michigan. The majority of BHAs work in Pennsylvania's Employment Advancement and Retention Network (EARN) Program, although they may serve participants from other programs and PA CareerLink customers, such as Workforce Innovation and Opportunity Act (WIOA), Adult and Dislocated Worker, Opioid Recovery Grant, Reentry, or Out-of-School Youth. The BHA services were recently expanded into Michigan in a pilot initiative for their PATH (Partnership. Accountability. Training. Hope.) Program.

Participant Meeting Numbers

Every BHA has a customized spreadsheet created by the BHA Performance Specialist, which records the name and participant identification number for every participant with whom they meet. The date of each meeting is also entered, which is used to calculate the total number of meetings for each BHA.

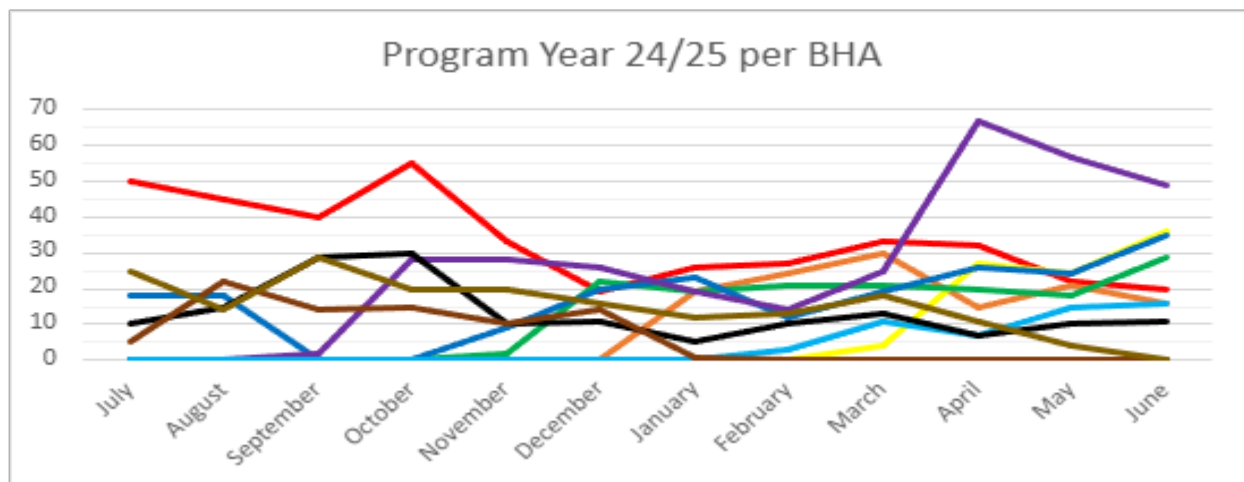
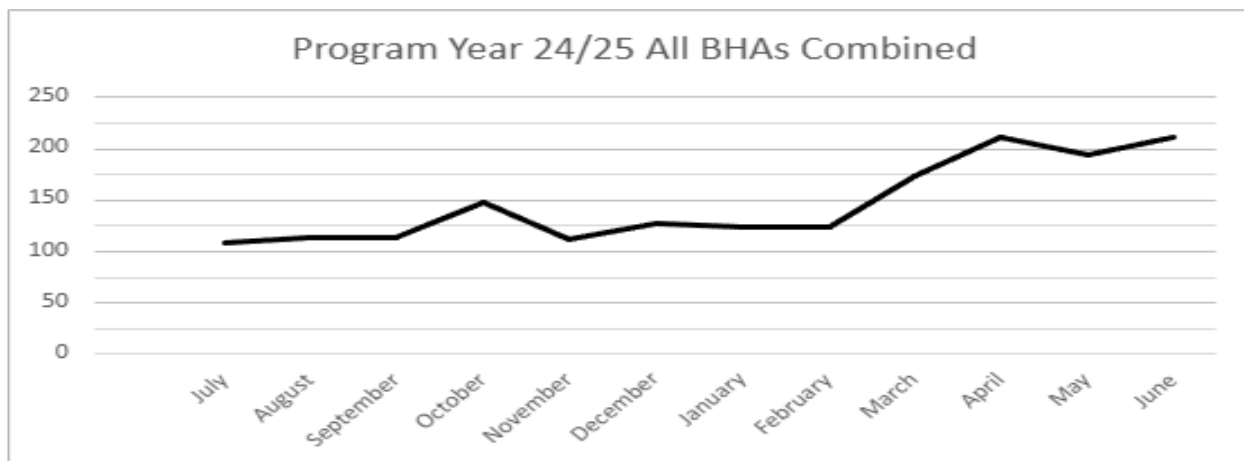
Results

- All Time (Dec 2018 through 6/30/25)
 - 5,593 Meetings for all BHAs combined
 - 2,185 Introduction Meetings
 - 3,408 Follow-up Meetings
- PY24/25
 - 1,734 Meetings for all BHAs combined (up 25% YoY)
 - 731 Introduction Meetings (up 32% YoY)
 - 1,003 Follow-up Meetings (up 19% YoY)
 - 173 Average (per BHA)
 - 73 Introduction Meetings (down 22% YoY)
 - 100 Follow-Up Meetings (down 15% YoY)
- Meetings by Program

| Program | Intro | Follow Up | Total |
|-----------|-------|-----------|-------|
| EARN/PATH | 528 | 570 | 1098 |
| Re-Entry | 77 | 237 | 314 |
| Recovery | 28 | 24 | 52 |
| RESEA | 5 | 6 | 11 |
| WIOA | 48 | 105 | 153 |

| | | | |
|-------------|----|----|-----|
| Young Adult | 43 | 68 | 111 |
|-------------|----|----|-----|

It should be noted that there is significant variation between BHAs and sites. Some BHAs cover one county or program, while some cover as many as 11. Below are two graphs showing the number of meetings completed by BHAs each month in PY24/25. The first chart shows the total number of meetings from all BHAs collectively, and the second shows the total of each BHA individually.



It is helpful to maintain awareness of the workload of all BHAs on an individual and departmental level to identify patterns in meeting requests throughout the year. This allows the BHA department to better prepare for cyclical increases in meeting requests. In addition, the BHA department regularly receives requests for support from programs and sites that do not have a designated BHA. Real-time workload information is used to identify BHAs who may have

the bandwidth to fulfill such requests and enables leadership to more effectively advocate for the addition of a BHA into sites that demonstrate a need for one.

Discussion

The total number of meetings increased by 25% from PY23/24 to PY24/25, which may be because there were three additional full time BHAs (for a total of 10) employed by EDSI during PY24/25 compared to 7 in PY23/24. Another contributing factor is that BHAs were incorporated into new programs and new contracts, which created additional opportunities for BHAs to provide services. This is bolstered by the fact that the average number of Introduction and Follow-Up Meetings decreased by 22% and 15%, respectively. It is noteworthy that the number of Introduction Meetings also increased by 32% and Follow-Up Meetings increased by 19%. The rise in Follow-Up Meetings reflects the same factors driving overall meeting growth, while the increase in Introduction Meetings appears tied to higher EARN enrollments.

It should be noted that there were regulatory changes implemented at the start of PY23/24 which removed the longstanding requirement for participants enrolled in an EARN program to learn about the BHA service through an Introduction Meeting and made that initial contact point voluntary. Following this change in PY23/24, some counties still had all newly enrolled participants learn about the BHA service through an introduction meeting with the BHA, while some only did so for those who have expressed interest. In addition, some BHAs introduced themselves to participants in a group setting during program orientation, which decreased the number of introduction meetings recorded. This regulatory change was seen as a potential contributing factor to the decrease in BHA introduction meetings observed in PY23/24 (relative to PY22/23); given that this aspect of the regulations remains intact, it may be that individual sites are utilizing the BHA more often, that participants are opting to meet with the BHA, or some combination thereof.

When looking at the meetings by program, there seems to be a difference in the way services are utilized. In the EARN, PATH, Recovery, and RESEA programs, BHAs completed relatively even numbers of introduction meetings and follow up meetings. However, the difference between introduction meetings and follow up meetings is significantly more asymmetrical for the other programs; Re-Entry (25% and 75%), WIOA (31% and 69%); and Young Adult (39% and 61%). This asymmetry suggests a difference in service utilization, wherein the participants in these programs engage with the BHA more often beyond the introduction meeting. This could

be due to a greater need for follow-up and ongoing services. Another factor is that some programs, such as EARN, Recovery, and Re-Entry encourage BHAs to complete introduction meetings with 100% of participants, while in other programs participants self-select to meet with the BHA. In PY24/25, BHA services were integrated into the Out of School Youth Programs in Luzerne/Schuylkill. It should be noted that Youth Adult Programs (participants aged 18-24) do not currently have a state requirement for access to behavioral health services, although we have observed a need for this support within this demographic. EDSI has secured a contract to hire a full-time BHA in Michigan who will provide behavioral health services specifically to a Youth Adult Program. We plan to use the data from this initiative to advocate for the expansion of similar services to other programs and areas.

In the chart labelled “Program Year 24/25 for All BHAs Combined,” there are two significant increases in the number of meetings. The first increase takes place in October 2024, where the number of meetings increases from about 100 to about 150 before returning to the baseline average of 100 the next month. In March 2025, the total number of meetings increases from about 125 to about 150 and continues to rise to about 200 in April 2025, after which the new average remains around 200. These increases are likely due to the fact that there were 5 new hires in PY24/25, with one starting in November and two in February. In addition to that, one BHA was out on parental leave in late summer and returned in early Fall.

Initial Contact Form

After completing an Introduction Meeting with a participant, each BHA completes a form created by the Performance Specialist that captures the meeting date, program name, presenting concerns (barriers), whether an outside referral was made, and if a follow-up meeting was scheduled. By tracking the frequency with which participants report presenting concerns, patterns of need can be recognized to develop strategies and identify resources to address those needs. This allows BHAs to identify areas of need that might otherwise go unnoticed, quantify and compare the volume of reporting between presenting concerns within and across counties, share that information across the BHA department to further develop best practices, and proactively address the needs of participants. The Initial Contact Form is updated every program year to balance relevant data collection with efficiency. At the outset of PY24/25, version 3.0 was introduced. In this version, BHAs no longer record participants’ age ranges and now only record the program type (EARN, Re-Entry, Recovery, RESEA, WIOA, Work Ready,

Youth), rather than both program and county. These data points were removed as they were not supporting the overall data picture and negatively impacted the data collection process.

Results

- Top 5 Presenting Concerns
 1. Employment 75%
 2. Financial 64%
 3. Education/Training 59%
 4. Mental Health/Counseling 40%
 5. Transportation 28%
- Referrals to outside agencies: 42%
- Participants who requested a follow-up meeting with the BHA: 58%

Discussion

It is noteworthy that Mental Health/Counseling (MH/C) continues to be one of the most frequently reported and/or observed presenting concerns. For the fourth consecutive program year, MH/C was one of the top 5 most frequently occurring presenting concerns during Introduction Meetings with the BHA. This is significant because it reaffirms the need for mental health services within workforce development. In PY24/25, MH/C fell in rank from 2 to 4, decreasing from 54% in PY23/24 to 40% in PY24/25 (-14%). Employment, Financial, and Education/Training were ranked 1, 2, and 3, respectively. This is likely due to an increasingly challenging and crowded job market, along with inflation. Transportation surpassed Housing/Homelessness as the fifth most common presenting concern increasing, from 13% in PY23/24 to 28% in PY24/25. This may be due to the increased cost of purchasing and maintaining a vehicle, as well as reductions in funding for public transportation. It should be noted, however, that housing was ranked 6th and increased from 24% to 26%. This may be attributable to the increase in housing prices and the general lack of affordable housing.

The outside agencies to which BHAs refer participants include those that offer counseling, court advocates, support groups, legal aid, financial literacy, and domestic violence services. Before meeting with the BHA, participants typically complete an intake assessment with program staff; however, BHAs are specifically trained in biopsychosocial assessment and resource routing, as well as discussing and addressing such sensitive topics. It is significant that the number of participants who received a referral by the BHA to an outside agency increased from 22% in PY23/24 to 42% in PY24/25, which is a 110% increase. This may be due to participants being

more willing to identify specific needs and request referrals. It could also be that now that the BHA staff is more tenured and experienced, they may be better at identifying needs and may have a greater awareness of and connection to community agencies to which they can refer participants.

In PY24/25, 58% of participants requested a follow-up meeting with the BHA, which is a 35% increase from the 43% in PY23/24. The fact that more participants scheduled a follow-up meeting with the BHA could be attributed to the longer tenure of the majority of the currently employed BHAs, who are now more in tune with the populations they serve. This number also speaks to the ability of BHAs to quickly build rapport and demonstrate value to participants in an introduction meeting. There has also been a normalization and positive shift in attitudes towards seeking mental health services in the general population in recent years, which may contribute to participants being more receptive to the idea of seeking mental health services. Regardless of the reasons for the increase in follow-up meetings, this again highlights the importance of including mental health services within workforce development. Since most participants are single parents, scheduling and attending mental health appointments can be a challenge and a barrier to service utilization. This is because participants need to find an agency that takes their insurance and accepts new clients and then schedule and attend an appointment. Both tasks have historically been difficult due to a shortage of Medicaid providers of mental health services, and this was exacerbated during and after the COVID-19 pandemic. Even when participants find a provider, they may still face additional barriers such as childcare arrangements and transportation. By incorporating mental health professionals into workforce development programs, participants can avoid those barriers. What's more, the BHAs can also be available for scheduled meetings outside normal business hours for phone and video meetings. BHAs are also more flexible with the scheduling and rescheduling of appointments when compared to outpatient settings which often terminate services or place clients on a waitlist in response to recurrent rescheduling or cancelling of appointments.

Post-Meeting Survey

To obtain feedback from participants about their experience working with the BHAs, an anonymous customer satisfaction survey was implemented. This information is used to identify areas of strength and areas for growth related to BHA service delivery. In creating the survey, the goal was to capture as much relevant information as possible, while keeping the survey brief enough that participants would be inclined to complete it. The current version consists of 3

questions that must be completed to submit a survey response and an optional “comments” section. The first question is a star rating on a 1-5 scale (where 1 is low and 5 is high) while for questions two (“I felt heard and/or understood by the Behavioral Health Advocate”) and three (“I was able to talk about everything I wanted to during this meeting”) participants can select “agree”, “neutral”, or “disagree”. These questions were selected because they capture the participants' overall experience (Q1) and the essence of client-centered support (Q2 and Q3). The goal for all questions is to receive at least a 90% satisfaction rating. If a participant selects a rating of 3 or lower on Q1 or a “disagree” to Q2 or Q3, the BHA Coordinator and Performance Specialist will review the score with the BHA to identify potential service gaps and areas for improvement. At the end of the month, the BHA Performance Specialist pulls a list of all participants each BHA met with. This list is used to send a text message through a customer engagement platform with a link to the BHA-specific survey for the BHA that participant met with. The results of the survey are calculated each month and sent to each BHA and the BHA Lead on a quarterly basis. This gives them timely feedback about their performance and allows BHAs to enhance participant satisfaction.

Results

- Responses: 258 (28%)
- Q1: Star Rating 4.82 / 96% (where 1 is low and 5 is high)
- Q2: I felt heard and/or understood by the Behavioral Health Advocate
 - Agree 93%
- Q3: I was able to talk about everything I wanted to during this meeting
 - Agree 91%
- Comments:
 - Arelis
 - She was amazing, gave me a whole new perspective on life and how to not let my emotions get the best of me. She also taught me how to not let anyone else have so much power over me by learning to control my reactions by being self aware!
 - Emily
 - Emily is such a very caring genuine person, she is very much someone who you can comfortably talk and trust to talk about any and everything and she's such a great listener and I am very happy EARN has someone like her around because she actually cares about you and your feelings

♥♥♥ thank you Ms.Emily for always being there for me when I need that shoulder I am very much appreciated to have someone like u in my life I thank you so much..... Love. L.S

- JB
 - Great program to have. It wasn't available the last time I was unemployed but is now and is a very beneficial program. Keep it going and expand it with more personnel to do that job.
- Jen
 - Jennifer is great! She was easy to talk to and came up with great coping strategies. I feel very comfortable with her.
- Matt
 - Matt is AMAZING!! He really made me feel heard, allowed me to vent and pushed me to self reflect. I enjoyed our conversation and his input. He is an asset to the EARN center in my opinion!!
- Mikhaila
 - Very helpful, would love to have her as a personal counselor
- Olivia
 - I really needed this and I appreciate it (Olivia)
- Paige
 - Paige is really helping me with my inner issues of feeling like I'm not doing enough. We dig deep into my issues. She helps me see I'm human and that what I feel and need are important. I appreciate her counseling and respect her feedback. She is honest with me and helps me work on things that will help me move on from negative things going on in my life. I'm grateful for our sessions.
- Shay
 - Shay was very professional, compassionate, and helpful in our conversations and I am very grateful for the help she provided me. I would highly suggest anyone who needs to speak with someone to speak to her. I'm not sure if she realizes how much she was able to help me. Thank you Shay!
- Sorriyah
 - She was nicest person ever not many people can get me to come out of my shell she definitely did that she went above and beyond was always

there always said hi always gave me positivity and I can't wait to work with her in the future I hope I have another chance let her know that destiny wants her back I know they closed that building and I'm really sad

Discussion

The overall response rate to the survey is 28%, which is a significant increase from the 15% response rate from PY23/24. This rate surpasses the 15% standard response rate to customer satisfaction surveys in a variety of industries and is considered high. The overall volume of responses also increased significantly, more than doubling (+226%) from 114 in PY23/24 to 258 in PY24/25. The increase in the volume of responses might be thought to be attributed to the higher number of meetings in PY24/25, but the total number of surveys sent only increased from 806 in PY23/24 to 929 in PY24/25, which is only about 15%. Moreover, this does not account for the increase in response rate, which may be due to BHAs having more follow-up meetings with participants, and therefore building more rapport in a longer standing relationship.

A star rating of 4.82 out of 5 is about a 96% satisfaction rate, which surpasses the satisfaction rate of 4.73/5 (95%) from PY23/24. This, along with 93% and 91% of participants agreeing with the statements from Q2 and Q3, respectively, exceeds the BHA departmental goal of 90% satisfaction. The ratings for Q2 and Q3 are unchanged from PY23/24. The comments from participants (Q4) speak to the benefits of including mental health services in workforce development.

Many comments highlight a perceived lack of social support and appreciation for having another adult outside their household or social network to vent, process feelings, and receive validation. Other comments mention an appreciation for a psychologically safe space in which participants feel free to talk about themselves and their situations without feeling judged. They also reference an appreciation for the feedback, psychoeducation, solutions, outside reading materials, and coping strategies they receive to deal with the situations they encounter. Respondents note working with the BHAs helped them identify and clarify goals, identify and challenge thought and behavioral patterns, and enhance their emotional intelligence. Another common theme is that BHAs are easily accessible, available outside of traditional business hours, and are flexible with scheduling and rescheduling meetings, especially compared to a traditional outpatient setting. These comments are significant, as participants are not required to complete the survey, and even for those who do, leaving a comment is optional. The fact that participants are taking time out of their day to articulate these thoughts underscores the impact of the BHAs and the inclusion of mental health in workforce development.

Groups/Workshops

The BHAs provide a range of group meetings and psychoeducation workshops for the participants at their sites, both virtually and in-person. These groups enable BHAs to provide services to multiple participants at the same time, while creating an opportunity for participants to engage with the BHA outside of an individual meeting. It also allows participants to support each other and share resources and information with one another. This is a potentially under-utilized opportunity, as participants are often located in similar geographical regions and tend to encounter similar challenges with comparable resources available to them. Groups are offered on a range of topics, based on the BHAs' particular expertise and the needs of the participants. Below is a list of the groups that have been offered:

- Career Connections Program Networking Group
- Forward Together Group
- Overcoming Interview Anxiety
- Parenting Power Hour
- Reducing Job Search Stress
- Reentry Support Group
- The Power of Self Love
- Wellness Power Hour
- Wellness to Work

In PY23/24, there were 151 group sessions held by BHAs for participants (up from 95), with 743 (548) attendees, an average of 5 attendees per session. This is a 59% increase in the number of sessions and a 35% increase in the number of attendees. This increase in offering and attendance of groups is likely due to the higher number of BHAs offering groups in PY24/25.

At the end of every group session, a survey was sent out to all participants requesting specific feedback. As with the individual meetings, the survey's purpose is to identify any potential improvements for the group's content and structure. The first question uses a 1-5 scale (where 1 is low and 5 is high) to rate the attendee's overall experience in the group. For questions two ("The information presented in this group was clear and easy to understand"), three ("There were ways to ask questions and provide feedback during the group"), and four ("I feel confident that I could apply the information and/or skills I learned today"), participants can select "agree", "neutral", or "disagree". The goal for all questions is at least a 90% satisfaction rating. If a

participant selects a rating of 3 or lower on Q1 or a “disagree” to Q2, Q3, or Q4, the BHA Coordinator and Performance Specialist will review the scores with the BHA to identify potential service gaps and areas for improvement. Every survey also includes an optional “comments” section where participants can write any thoughts they wish to share.

Results

Feedback Survey Results (for all BHAs combined)

- Q1 Star Rating on 1-5 Scale (where 1 is low and 5 is high)
 - 4.97 (99%)
 - Up from 4.79 (96%)
- Q2: The information presented in this group was clear and easy to understand
 - Agree 100%
 - Up from 96%
- Q3: There were ways to ask questions and provide feedback during the group
 - Agree 100%
 - Up from 99%
- Q4: I feel confident that I could apply the information and/or skills I learned today
 - Agree 100%
 - Up from 95%
- Comments
 - This class has helped me open my eyes in many ways. Helped me understand more the people around me. Thankful to have attended these sessions.
 - The topics presented in each class are very useful, necessary and have to do with our reality, she is an excellent teacher, she explains everything very clearly. The topics make total sense, connection with each other, she has been advancing and deepening in each class with us. They are very valuable to us. Thank you very much for all your dedication in each class. And in every moment you dedicate to me.
 - Great wellness workshops that are both educational & interactive. I look forward to attending the 8 dimensions of wellness.
 - I really loved this class, i learned new perspectives to take care if myself. I felt very relaxed in this class. Very interesting and very informative. Thank you!
 - The workshop was very insightful and encouraging. I really enjoyed the amount of participation and the ability to easily ask/answer questions

- I enjoyed this class I feel like it would help me in my daily routine in life and look forward to learning more
- I feel more confident about job searching
- Group was great, the BHA always makes sure to make me feel so comfortable with sharing personal info
- This was a very informative tool. It helped to talk about the loss and acknowledge that my feelings are valid.

Discussion

The average star rating of 4.97 out of 5 is a 99% satisfaction rate. This, along with 100% of participants agreeing with the statements in Q2, Q3, and Q4, respectively, all exceed the BHA departmental goal of 90%. These ratings are also increases from the already high numbers in PY23/24: Q1 4.79 (96%), Q2 96%, Q3 99%, and Q4 95%.

The comments from participants speak to the benefits of including mental health services in workforce development. Many express an appreciation for the safe space created for discussion and venting of feelings, the sense of community, the opportunity to provide feedback and support to peers, normalizing feelings, and finding new ways to think about and approach issues. Several comments also speak to the content of the groups, stating that they learned a lot about the topic, reference specific techniques and concepts, and how to implement them.

Staff Training

The BHAs also provide training to EDSI staff on mental health and mental health adjacent topics. These training sessions allow BHAs to share their subject matter expertise and provide new ways for staff to understand and engage with participants. The topics of training are selected by the BHA team or proposed by staff and site leadership to address an identified need. Some sites have a BHA on site who works with staff regarding their specific site and can be consulted, as needed; however, most sites do not have access to a BHA, so these training courses are a way to expand the staff knowledge, skills, and self-care when participants are presenting with challenging behaviors. Here are some of the training topics covered by BHAs:

- Breaking the Cycle (Patterns and Change)
- Case Manager's Summit: Dimensions of Wellness
- Case Manager's Summit: Motivational Interviewing Practical Applications
- Community Summit: Suicide Awareness
- Discovering Self-Identity

- Effective Communication
- Emotional Awareness & Emotional Intelligence
- From Fear to Freedom: Empowering Yourself Against Anxiety
- Human-Centered Design Approach: TEGL 10-23
- Mental Conditioning
- Mindful Minute Meetings
- Motivational Interviewing
- Problem-Solving Techniques
- Providing Trauma-Informed Workforce Services & Building Staff Resiliency
- Staff Self Care
- Stigma and SUD Discussions
- The Power of Thinking
- The Psychology of Beliefs
- Transitional Stages of Change
- Understanding and Managing Depression
- Working with Difficult Clients

Discussion

The overall staff response to these training courses has been overwhelmingly positive. The attendees often express appreciation for support from the BHA team with understanding the ways in which mental health manifests, finding new lenses through which to view the challenges participants encounter, and practical solutions for supporting participants.

Indirect Service

In addition to the previously mentioned ways in which BHAs support participants and staff, BHAs also assist in other areas. It is worth noting that these methods are by their nature sporadic, and therefore, less frequent. Some of these areas include consulting as Subject Matter Experts on Requests for Proposals, presenting on the impact of inclusion of mental health services in workforce development (most notably at the 2022 and 2024 PA Workforce Development Association annual conferences in Hershey, PA), participating in community events, attending Direct Service Team meetings to advocate for participants with the County Assistance Office, case consultation, and providing mental health support and resources to staff.

In PY22/23, EDSI created two new roles designed to provide structure and support to the BHA department: the BHA Coordinator, a Licensed Clinical Social Worker, and the BHA Performance Specialist, a Licensed Professional Counselor. Having both professional specialties represented enables different approaches to be shared to identify best practices. It also allows the BHA leadership to better serve each member of the BHA team, whether they have social work or counseling education and training. Since taking on leadership roles in the BHA department, the Coordinator and Performance Specialist have worked together to implement a series of changes towards the goal of streamlining processes, sharing best practices, and promoting the highest level of customer service. In addition to providing support to BHAs, another primary function of the BHA Coordinator role is to support the leaders who have BHAs as their direct reports. This includes being active in the BHA hiring process by sitting in on second interviews, facilitating BHA-specific training during the onboarding period, participating in quarterly reviews with data provided by the BHA Performance Specialist, and being regularly available for functional guidance throughout their employment. A detailed BHA Onboarding Guide was created and is available to assist BHAs and Leaders in understanding this role, its various responsibilities, and best practices. The BHA Coordinator and Performance Specialist continue to engage in advocacy opportunities for mental health awareness in general, and in workforce development in particular, such as when they were featured on the 5th episode of EDSI's 3 P's in a Podcast. Similarly, Integrating Mental Health First Aid into EDSI's Wellness to Work Initiative was featured in the [September 2024 issue of EDSI's National Appeal Local Feel eMagazine](#).

Looking Back at Initiatives from PY23/24:

- Certify additional instructors in the Learning and Development Team to expand access to the Mental Health First Aid certification training across the company.
 - In PY23/24, the BHA Coordinator became certified as a Mental Health First Aid instructor to promote Trauma Informed customer service. Due to this effort, two additional learning and development staff were trained as EDSI Mental Health First Aid Instructors in PY24/25. To date, over 200 EDSI staff have been certified in this internationally recognized credential.
- Collaborate with the Innovative Learning Solutions (ILS) team to explore collaboration opportunities, including streamlining and consolidating the mental health related curricula offered by EDSI, such as a structured Trauma-Informed Workforce curriculum.

- BHA leadership collaborated with ILS to begin the process of creating a generalized dimensions of wellness overview for Wellness to Work. The goal is for this to be further expanded into training for case management staff.
- Incorporate more BHA role-specific performance assessment criteria for use during quarterly check-ins and annual reviews.
 - This goal was achieved in PY24/25, as a regular cadence of meetings between the BHA Coordinator and the local leadership of each BHA was established. Each BHA receives a quarterly report of their recent work, and this data is used to facilitate a discussion during their performance review.
 - A Michigan funder specifically sought to include mental health services provided by EDSI in the form of the Wellness to Work initiative due to the recognized track record of service delivery. The BHA program was expanded into Michigan Works through their PATH (Partnership. Accountability. Training. Hope.) Program. One full-time PATH BHA was hired in Michigan. In PY25/26, a full-time BHA will be added to support the Youth Program.

Where We Are Headed

The current goals of the BHA team are to continue to provide support to all BHAs and their sites and to continue advocating for the inclusion of BHAs in more sites to further support more participants. BHAs will continue to collaborate with the EDSI Talent team to implement Trauma-Informed professional development opportunities and wellness resources for staff for the purpose of providing empathetic and effective customer service to the demographics served.

Goals and Predictions for PY25/26:

- Due to a recent regulatory change for EARN in PY25/26, BHAs will no longer be able to satisfy the requirement to introduce themselves to newly enrolled participants in a group setting. It is expected that this change will increase the number of intro meetings
- The Initial Contact Form has been updated to version four. The following presenting concerns have been revised:
 - Caregiver (Non-Parent) added
 - Employment changed to Employment/Underemployment
 - Criminal Background/Legal Issues (Parole/Probation) separated into Criminal Background/Parole/Probation and Legal Issues
 - Life Transition added

- The customer feedback survey has been updated for the first time. Version two expands the survey from three questions and an option for respondents to leave a comment to four questions and an option for comments. The star rating and comments sections are largely unchanged, but the other two questions are completely new. This change is being implemented due to occasional survey responses that indicated the questions were not fully capturing the experience of participants' interaction with the BHAs. The updated questions will hopefully more precisely and reliably capture the relevant dimensions of the participants' experience of interacting with the BHA
- EDSI secured a contract to hire a full-time BHA in Michigan who will provide behavioral health services specifically to the young adult population. We plan to use the data from this initiative to advocate for the expansion of similar services to other programs and areas.

We are looking forward to another productive year of serving participants by channeling our core values of show up, smile, and support.