

NorthStar's Mental Health Outreach Program
2024 ANNUAL REPORT
July 1, 2023 - June 30, 2024

Since the inception of NorthStar's Mental Health Outreach Program in 2017 we have been committed to integrating clinical services into already existing systems. Since the education system is one of the largest public systems in the United States, it only makes sense to start there. We are happy to report that we continued our partnership with Nativity Preparatory School for the 2023-24 academic year. This work is crucial as in 2021 the U.S. Surgeon General report indicated that one in five children and adolescents will face a significant mental health condition during their school years. With this in mind, NorthStar's MHOP is intentional about combating these statistics with healing-centric, culturally competent care that does not place financial or time restrictions on families. In August 2023 we onboarded a local, experienced clinician to take on the role as school-based clinician at Nativity Preparatory School. Our clinician conducted 15 hours a week of clinical sessions, observations, and educational recommendations within the school. She attended graduations, sports events, and community recognition nights in support of her students, her community, and her promotion of equitable mental health services. During the academic year our clinician worked with 16 young men and their families to increase their coping skills, their self-control, and their outlook on life. In the year prior NorthStar's clinician provided 20 hours of school-based services, thus impacting a greater number of students. Our reduced contract hours for the 2023-24 academic year is due to staffing limitations at MHOP. Despite this, Nativity has communicated that they are committed to our partnership and have made requests to eventually increase our contract hours to 25 hours a week as soon as we find the right fit for our team.

MHOP paused our school-based services within NorthStar's EEC programs as another result of staffing challenges. It is important to note that while MHOP is creatively assessing ways to increase clinical staff onboarding and tenure, we are faced with a national mental health provider shortage affecting the United States. A 2023 survey conducted by the Association For Behavioral Healthcare found that across the state there is a 35% total position vacancy rate across the behavioral and mental health field which is resulting in increased wait times for individuals seeking care. This is disproportionately impacting nonprofit clinics as a result of lower wages and increased demands to meet the needs of our most vulnerable community members. NorthStar is mindful about how these larger system gaps can trickle down into our own system delivery, which is why we intend on adjusting our wages, increasing staff benefits, and promoting streamlined onboarding from clinical interns to full-time staff.

MHOP continues to hold contracts with various insurance panels, the most frequently utilized being Blue Cross Blue Shield and Carelon. For FY24, MHOP insurance driven services were provided by Jimmy Owens. Over the course of the fiscal year, we provided insurance driven outpatient services to 20 individuals to support their mental and behavioral health goals. This number has increased slightly since FY23 despite the various challenges we face including strict clinician licensing requirements, extensive insurance paneling timelines, and various hiring concerns.

One of our program areas that underwent the most expansion this year is our Diversion and Assistance Program (DAP). In FY24 our program clinicians engaged in 579 diversionary services with 384 New Bedford community members. In contrast, we engaged in 309 diversionary interventions in FY23, yielding an almost 100% increase in services rendered in a one year span. This increase is aligned with the concerning uptick of individuals experiencing mental health challenges across the New Bedford community, as referenced in the 2024 New Bedford Community Health Assessment. This data also revealed 3 main barriers that are keeping New Bedford residents from receiving the care they need, one of which was “equity in mental health, including access and stigma.” This barrier is one that NorthStar is quite familiar with combatting by means of grant funded service delivery models, which is the case with DAP. We are grateful to be supported in this by our fiscal sponsors, The Island Foundation and the Department of Public Health by way of the Equitable Approaches to Public Safety grant, who value our mission and see the benefit in removing financial burdens placed upon those in pursuit of improved health.

MHOP believes our momentous growth in DAP this year is a result of our increase in flexible funding as well as our commitment to working within another major national system, public policing. By integrating a clinician within the New Bedford Police Department we are increasing community members' access to short-term mental health assessment and treatment without them having to schedule an appointment, sit on a waiting list, or worry about how they will get to their appointment. Over the past year the DAP clinicians worked tirelessly to stabilize a medically compromised individual who was experiencing homelessness, substance misuse, mental health challenges, and overall lack of basic needs. Our DAP clinicians and their NBPD counterparts would look for this community member around the city if they had not seen her in a while. When they did see her they would meet her with kindness and nonjudgmental holding which was expressed by providing her with a warm meal, means to contact pre existing providers, and advocacy in community meetings for equitable care. The clinicians and officers shared stories of how this community member would refer to them as her family and how she always had a positive outlook, despite her circumstances. After 10 months of intensive wraparound support and endless referrals, this individual finally received the level of care she needed to meet her medical and mental health needs instead of being judged for her circumstances, appearance, and over utilization of 911 and emergency rooms as she did for decades prior. This community member still reaches out to the clinicians occasionally to thank them and the officers for the opportunities they helped her to reach.

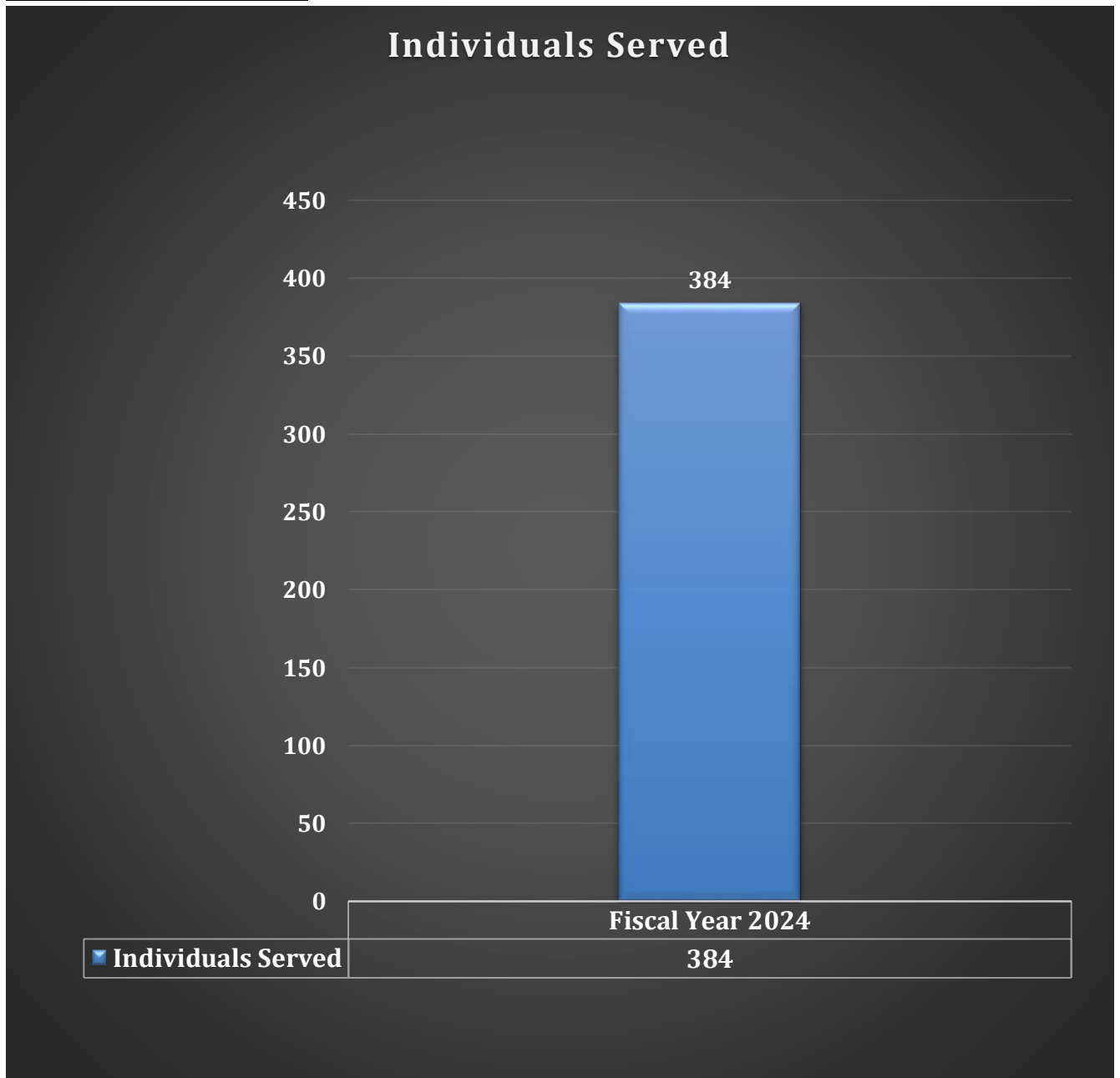
The Diversion and Assistance Program is intentional about assessing our ability to reach marginalized and oppressed individuals, including people of color. In reviewing our data, we noted that of the 579 services provided, the race/ethnicity of the community members engaged with is as follows: 135 black (23%), 56 Latinx (10%), 5 other(1%), 46 unknown (8%), and 337 white (58%). This breakdown is closely aligned with the percentages of race prevalent within the New Bedford community, as noted in the 2024 New Bedford Community Health Assessment. This consistency in data is important for us to review as we want to ensure our services are reflective of the community we work within. As a minority nonprofit, NorthStar is committed to increasing the rates of minority populations receiving DAP services by assessing how staggering clinical support to different shifts or areas of the

city and hiring culturally competent clinicians who look like those whom we seek to serve, may help us to reach our goal.

The Mental Health Outreach Program welcomed a clinical intern for the 2023-24 academic year from Bridgewater State University. This student was embedded within NorthStar's Youth Services Program and assisted in the support and stabilization of dozens of children and families. MHOP continues to provide clinical supervision to our SSYI and HEAL Center clinicians. This continued support has assisted these gun violence prevention programs in achieving their own service delivery goals whilst ensuring that the clinical services rendered are ethical, professional, and best practice. The SSYI and HEAL Center clinicians work collaboratively across programs to ensure they are not duplicating services and also building upon each other's strengths. We are assessing various ways to improve our research methods and quantify the impact of gun violence prevention program based clinical services, including group therapy exit tickets and monthly status assessments.

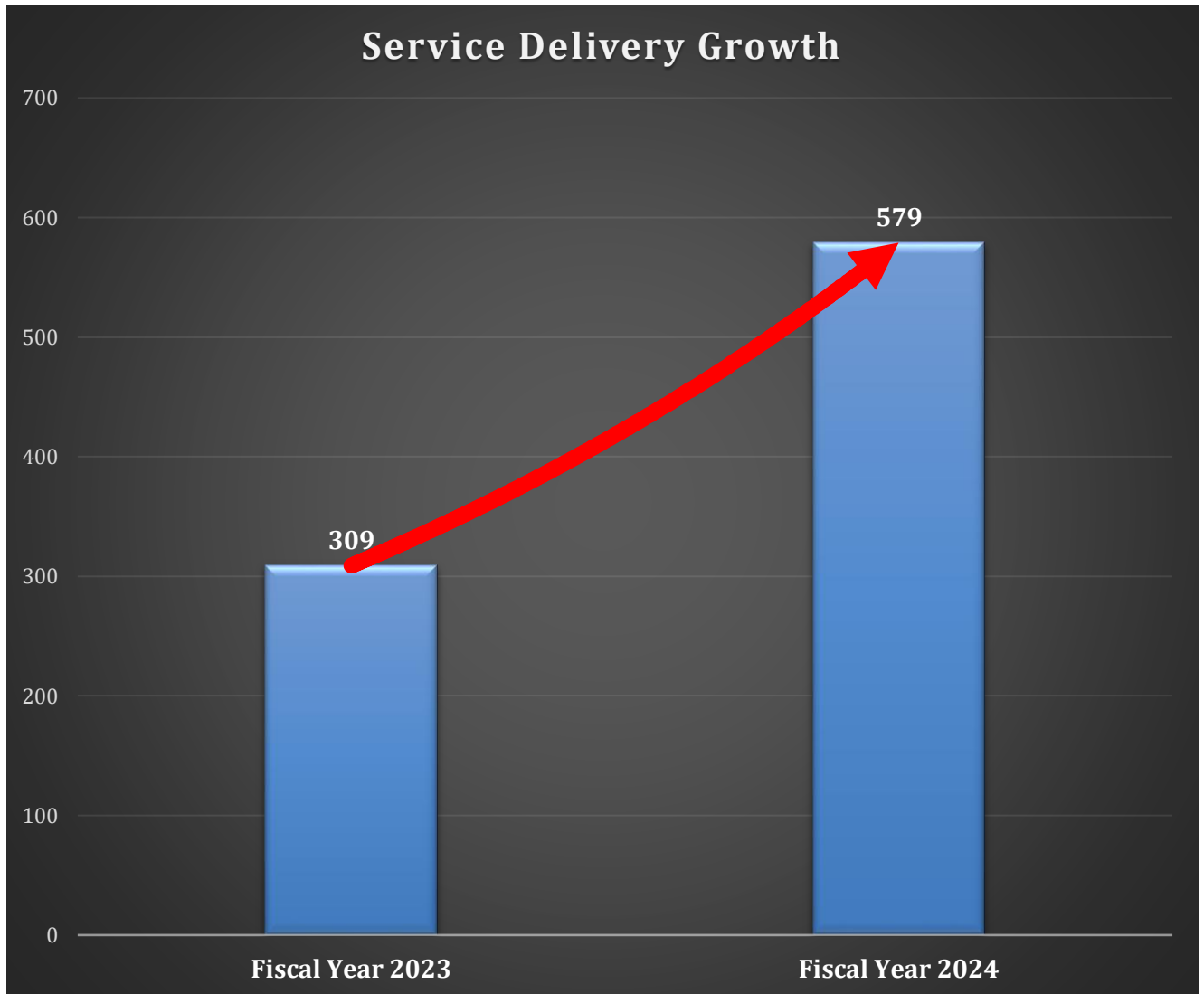
As we look forward to another year, we are grateful to reflect on the opportunity allotted to us to make a difference within our community. We will continue to evaluate the cost-benefit analysis of insurance driven services and make decisions that best align with our overall goal of making clinical care accessible and culturally competent to all.

Data Visualization Below:



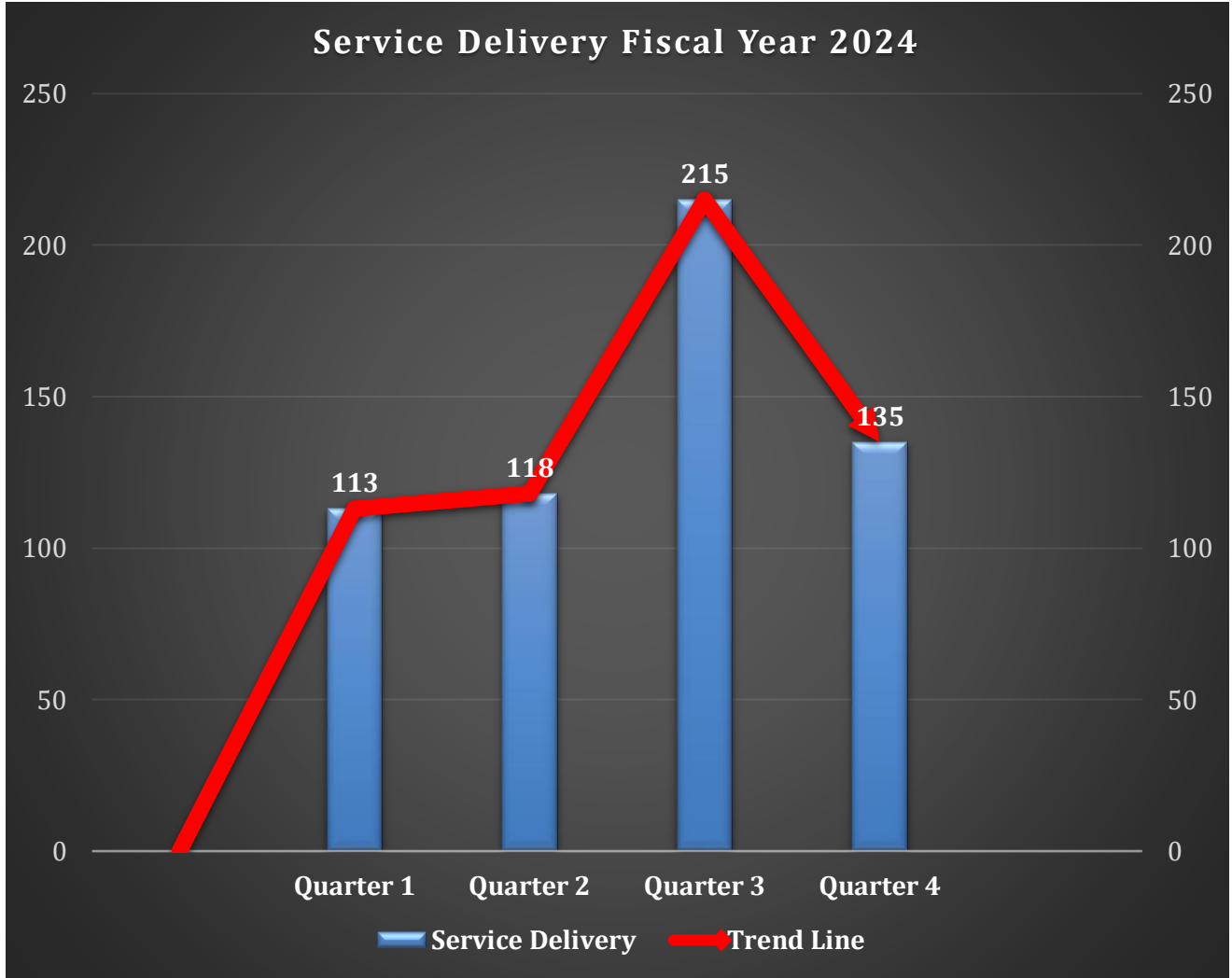
Total Individuals Served: **384**

- Of the **384** Individuals we served **116** received more than one service



The Diversionary and Assistance program experienced significant growth between Fiscal Year 23 and Fiscal 2024.

- In **FY 23**, the program delivered **309** diversionary services, which increased to **579** diversionary services delivered in **FY 24**—a remarkable growth of approximately **87%**. This increase reflects the program's expanding reach and effectiveness through additional funding to address community needs

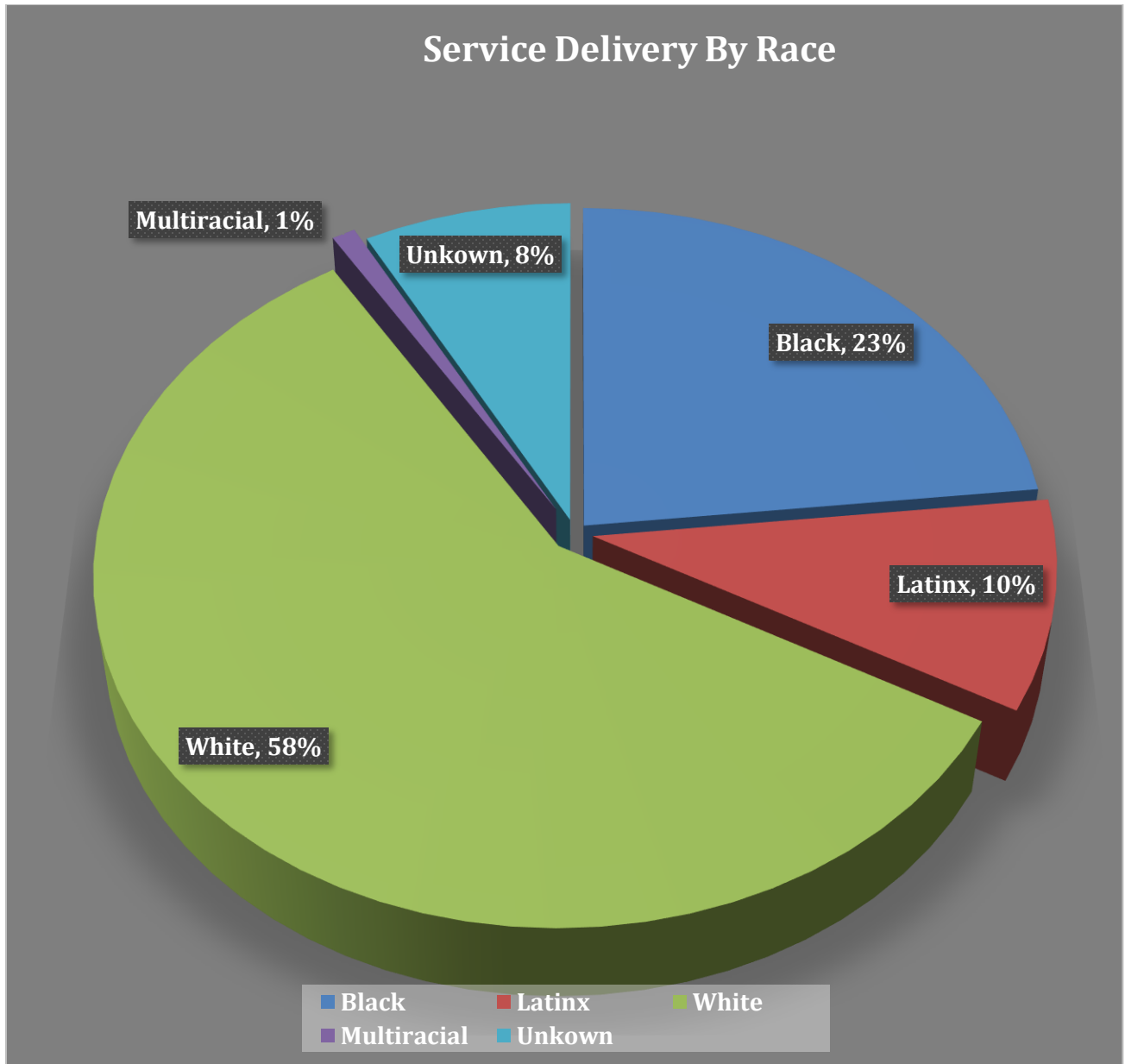


- Total Services Delivered: **579**

Quarter 1	113
Quarter 2	118
Quarter 3	215
Quarter 4	135
Total	579

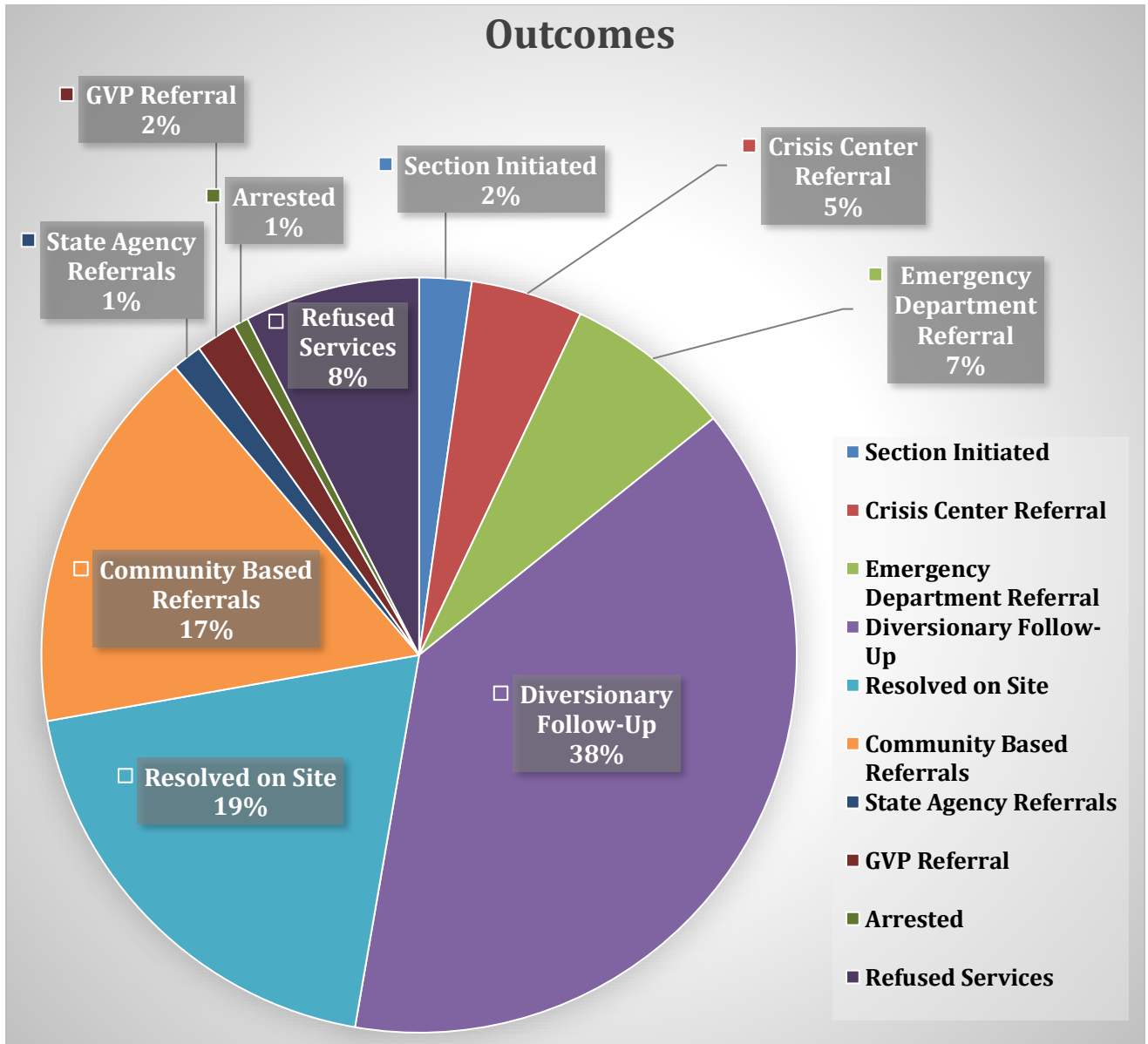
- Service Delivery Breakdown:

Diversionsary Follow-Up	375
Inbound Request for service via Telephone	131
Officer Requested Clinician	75



- Service Delivery Breakdown by Race

White	58%
Black	23%
Latinx	10%
Multiracial	1%
Unknown	8%



• Outcomes breakdown:

Diversionary Follow-Up	38%	Crisis Center Referral.....	5%
Resolved on Site	19%	GVP Referral.....	2%
Community-Based Referral.....	17%	Section Initiated.....	2%
Refused Services.....	8%	Arrested.....	1%
Emergency Department Referral.....	7	State Agency Referral.....	1%

