

New Mexico Crisis and Access Line: 2013 Annual Report

The New Mexico Crisis and Access Line completed its first year of operation on January 31st, 2014. In that year, 3093 calls have been answered on NMCAL. Under separate contracts, an additional 3711 calls were answered for CSA crisis lines in New Mexico during that time.

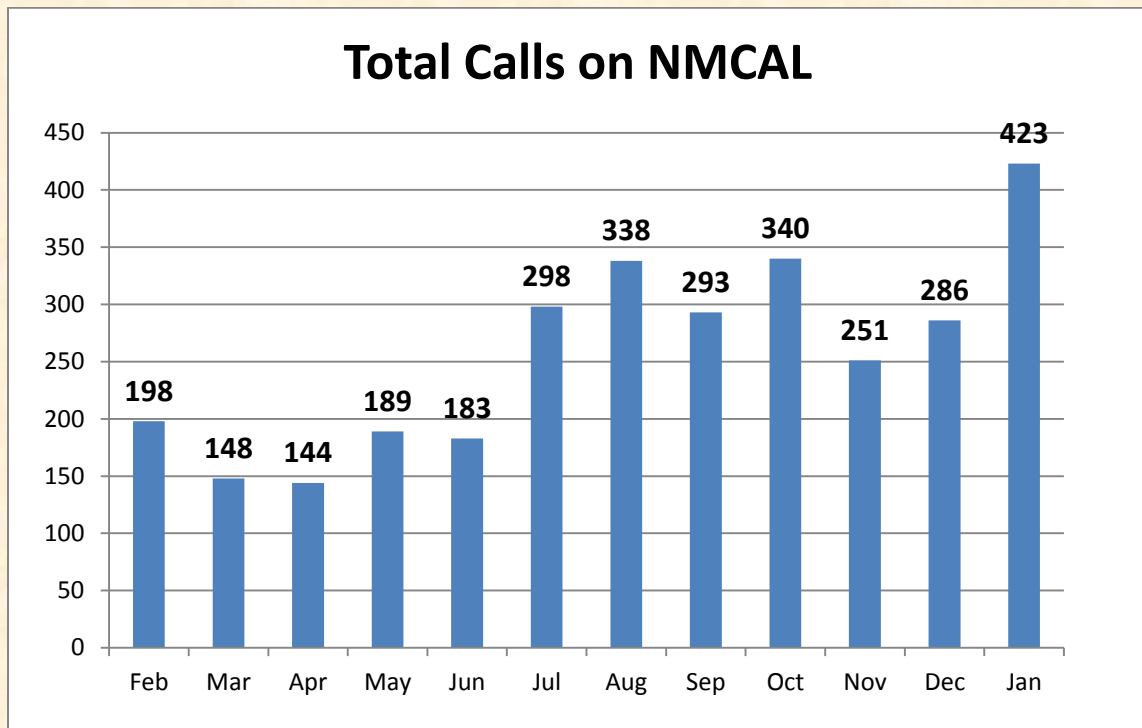
Feb 2013 - Jan 2014: Calls Answered by Type	
NMCAL CALLS	3093
Inbound Clinical Calls	1974
- Calling about Self	1522
- Calling about a Child	84
- Calling about another Adult	368
Outbound Calls	226
Information/Referral Calls	193
Seeking information about NMCAL	113
Administrative	69
Hang-ups/Wrong #s/Internal Test Calls	518
CALLS ANSWERED FOR CSA CRISIS LINES	3711
TOTAL CALLS ANSWERED FOR NEW MEXICO	6804

The following tables and charts provide specific information about the calls handled on the New Mexico Crisis and Access Line from February 2013 through January 2014.



CALL VOLUME

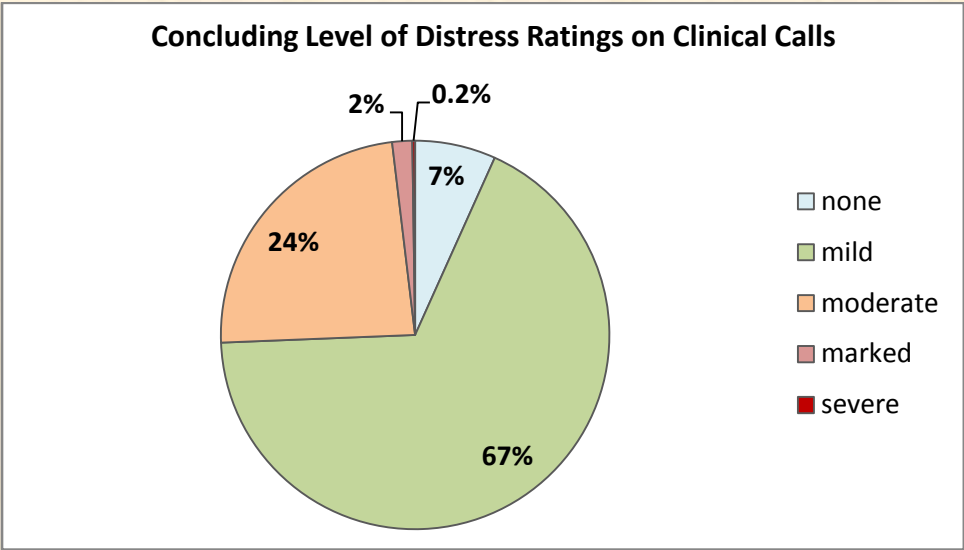
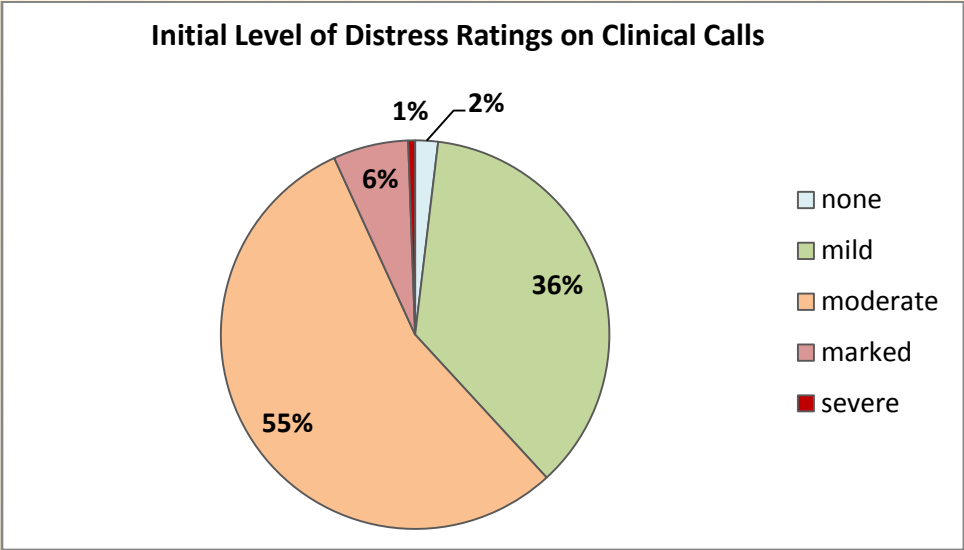
NMCAL call volume has increased significantly over the past year, with spikes in calls corresponding with NMCAL outreach efforts. It seems likely that call volume will continue to increase as more consumers learn about the availability of the New Mexico Crisis and Access Line.



CLINICAL INFORMATION

Our clinicians rate initial and concluding level of distress on every clinical call. Level of distress is based on both the caller's presentation or overt behavior, and on an assessment of their clinical situation. Even if a caller is not emotional or upset, their level of distress is rated higher if their clinical situation is acute.





In 62% of clinical calls, level of distress was initially rated as moderate or higher. In 67% of those calls, the level of distress was reduced by the end of the call.



Level of Care of Clinical Calls	
Routine	65%
Urgent	32%
Emergent	3%

Primary Presenting Problem in Calls	
Alcohol/Drugs	10%
Anger Management	1%
Anxiety	30%
Child	3%
Danger to Others	1%
Depression	11%
Family	5%
Grief/Loss	2%
Medication	2%
Relationship/Marital	4%
Suicide	7%
Other	24%

While it was not always the presenting issue, concerns related to suicidal thoughts were reported on 29% of clinical calls. Concerns related to drug or alcohol abuse were reported on 28% of clinical calls.

For every clinical call, we track whether the situation could be stabilized by the clinician, or if a more restrictive level of care was necessary. Restrictive outcomes include a caller voluntarily going to a hospital or calling 911, our transferring a caller to emergency services, making an abuse report, or dispatching police (with or without caller's



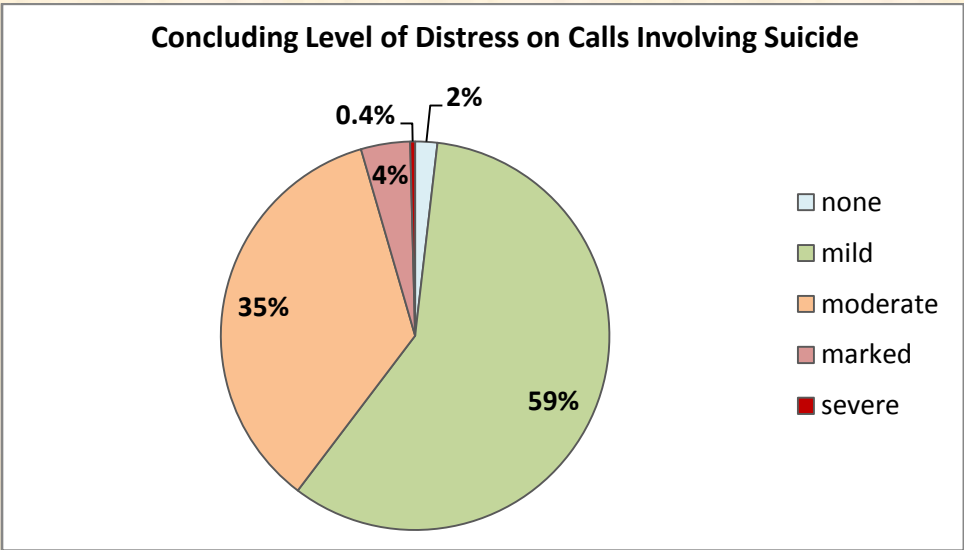
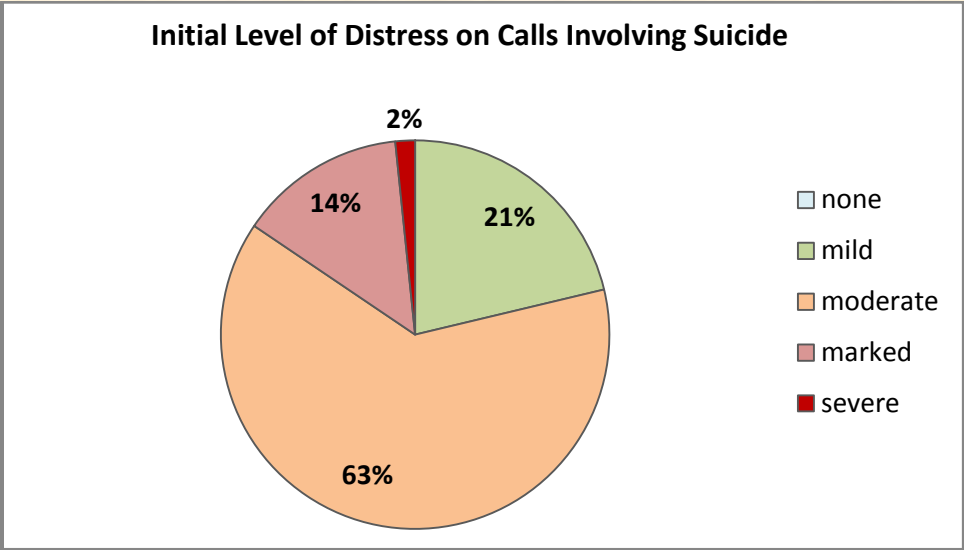
consent). These are the clinical outcomes of the NMCAL calls taken over the past year.

Clinical Disposition of All Counseling Calls	
Caller stabilized by clinician, and referred to community resources if appropriate.	95%
Clinician made a child abuse report.	0.3%
Caller agreed to go to the hospital.	1%
Caller agreed to take person of concern to the hospital.	1%
Caller agreed to call 911 regarding immediate danger to the person of concern.	1%
Caller conferenced to 911 due to immediate danger.	1%
Clinician contacted police with caller’s consent.	0.1%
Clinician contacted police without caller’s consent.	0.5%

We look closely at the outcome of calls where concerns about suicide are discussed. In NMCAL’s first year:

- 513 NMCAL callers reported concerns about suicide – either for themselves, or for another person of concern.
- In 304 of these cases, the caller reported thoughts of suicide for him or herself.
- In 171 cases, the caller was relaying concerns about another adult.
- In 38 cases, the caller was relaying concerns about a child.
- In **88%** of calls related to suicide, the NMCAL clinician was able to stabilize the caller and plan for safety during the phone call, without needing to involve police, a hospital, or other more restrictive options.





In 79% of calls involving suicide, the level of distress was initially rated as moderate or higher. In 65% of those calls, the level of distress was reduced by the end of the call.



Clinical Disposition of Calls Involving Suicide	
Caller stabilized by clinician, and referred to community resources if appropriate.	88%
Caller agreed to go to the hospital.	2%
Caller agreed to take person of concern to the hospital.	2%
Caller agreed to call 911 regarding immediate danger to the person of concern.	3%
Caller conferenced to 911 due to immediate danger.	3.5%
Clinician contacted police with caller's consent.	0.5%
Clinician contacted police without caller's consent.	1.5%

DEMOGRAPHIC INFORMATION

The following tables summarize the descriptive information gathered from NMCAL callers between February 2013 and January 2014. All information was not gathered on all calls: information was not gathered if the caller did not wish to answer a question, if the caller didn't know the answer to a question, or if the counselor did not ask the question due to the nature of the call. All demographic information is based on callers' self-report, and was not externally verified.

Like most crisis lines, NMCAL has a small number of consumers who contact us frequently. In fact, 1% of the individual callers account for 17% of the total NMCAL calls. Because of this, descriptive data is presented both for total calls, and for identifiable unique callers.

In its first year of operation, NMCAL received calls from residents of 32 of New Mexico's 33 counties.



County of Residence	Total Calls	Individual Callers
Bernalillo	716	437
Catron	4	4
Chaves	44	17
Cibola	26	10
Colfax	2	2
Curry	7	7
Dona Ana	87	70
Eddy	46	21
Grant	351	39
Guadalupe	3	2
Harding	3	1
Hidalgo	5	3
Lea	4	2
Lincoln	70	8
Los Alamos	12	10
Luna	28	13
McKinley	33	17
Mora	1	1
Otero	35	19
Quay	2	2
Rio Arriba	19	16
Roosevelt	4	4
San Juan	57	27
San Miguel	106	24
Sandoval	70	55
Santa Fe	144	86
Sierra	9	6



Socorro	5	3
Taos	9	8
Torrance	10	6
Union	3	3
Valencia	38	28
(outside New Mexico)	17	11

Consumer Receiving Behavioral Health Treatment?	Total Calls	Individual Callers
Yes	60%	35%
No	40%	65%

Consumer's Health Insurance	Total Calls	Individual Callers
Medicare/Medicaid/VA	64%	45%
None	24%	33%
Private insurance	9%	16%
Insured, but type unknown	3%	6%

Only 15% of callers without health insurance reported that they were receiving behavioral health treatment, as opposed to 35% of total callers.



Consumer's Housing Status	Total Calls	Individual Callers
Has permanent housing	88%	86%
Has temporary housing	6%	3%
Resides in a residential facility	1%	3%
Homeless	5%	8%

12% of homeless callers reported that they were receiving behavioral health treatment, as opposed to 35% of total callers. 32% of homeless callers reported that they had health insurance coverage, as opposed to 67% of total callers.

How did the Caller Hear About NMCAL?	Total Calls	Individual Callers
Counselor/Therapist	37%	17%
Internet	13%	16%
Medical or Behavioral Health Facility	8%	13%
Nurseline	11%	13%
Family/Friend	10%	13%
Crisis Line or Warmline	4%	6%
Governmental or Public Service Agency	4%	6%
Magnet/Flyer/Wallet Card	5%	5%
Media	3%	5%
Consumer Support Group	4%	4%
Other	1%	2%



Consumer's Primary Language	Total Calls	Individual Callers
English	88%	94%
Spanish	3%	3%
English/Spanish Bilingual	8%	2%
Other	1%	1%

Consumer's Race/Ethnicity	Total Calls	Individual Callers
Hispanic	30%	43%
White/Caucasian	38%	43%
Multiracial	23%	4%
American Indian or Alaskan	5%	6%
Black or African American	2%	3%
Asian	1%	1%
Other	1%	1%

Age of Consumer	Total Calls	Individual Callers
Under 18	5%	10%
18-24	8%	12%
25-34	17%	22%
35-44	17%	18%
45-54	22%	19%
55-64	28%	15%
65+	3%	5%



Gender of Consumer	Total Calls	Individual Callers
Male	53%	47%
Female	47%	53%

OUTREACH INFORMATION

Over the past year, NMCAL administrative staff and clinicians have been actively involved in community outreach. Our goals have been to increase community awareness and utilization of NMCAL, and to create relationships with other agencies in the state. This is a summary of our outreach activities:

I. We have launched a website for the New Mexico Crisis and Access Line: www.nmcrisisline.com

II. We created informational materials about NMCAL: refrigerator magnets, brochures for professionals, “Concerned About a Loved One?” brochures for lay people, posters including “Reasons to Call...”, and pens. We have distributed these widely, including:

- **8250 magnets, 11,000 brochures for lay people, and 2750 brochures for professionals** have been distributed in mailing kits. These have been sent to

- All New Mexico medical facilities with emergency departments
- All New Mexico Core Services Agencies
- Behavioral health systems, state services, and consumer advocacy programs across the state.

- **7500 magnets, 5500 brochures for lay people, and 400 posters** have been distributed to many stakeholders statewide including:



- Youth Suicide Prevention Program for Department of Health
- NM Suicide Prevention Coalition
- All MCOs: United, Molina, Presbyterian, BC/BS
- NM Behavioral Health Collaborative
- CYFD
- Mental Health First Aid
- School-based Health Clinics
- Survivors of Suicide: ABQ, Los Alamos, Las Cruces
- NM Association of Counties
- NAMI Westside, ABQ, Santa Fe, NM
- Department of Indian Affairs
- Senior Health Fairs Espanola and surrounding areas
- VA Hospital ABQ
- Statewide Nurse Advise Line
- Children's Grief Center
- Prevention New Mexico
- New Day Youth and Family Services
- Albuquerque Public Schools
- Los Alamos Police Department
- Los Alamos Working Group on Suicide Awareness and Prevention
- Many individual providers of behavioral health services

III. We have represented NMCAL at conferences, exhibits, events, and presentations, including:

- Exhibit at Head 2 Toe 2013 and upcoming in May 2014
- NMCAL will host a presentation: *Not Another Life to Lose! Lessons from the National Action Alliance for Suicide Prevention's Zero Suicide in Healthcare Initiative* at Head 2 Toe, as presented by Mr. David Covington.
- NAMI Santa Fe, NAMI Walk Albuquerque



- Survivors of Suicide Albuquerque
- CYFD Seminars
- Mental Health First Aid Instructor Summit
- Court, Corrections, and Justice Committee
- Albuquerque PD Crisis Intervention Team
- Public Safety Conference
- Aging and Long-term Services Training
- New Mexico Highlands University Student Training
- UNM Psychiatric Services
- Behavioral Health Day at the Legislature
- Leadership Conference in Taos
- Communities of Care Summit
- NFSP Out of the Darkness Walk

IV. NMCAL was called upon, responded, and was immediately available to support anyone who had been affected by the recent school shooting in Las Cruces, local crises including suicides, wild fires, and provider transitions statewide.

