

New Mexico Crisis and Access Line: 2014 Biannual Report

During the first 6 months of 2014, The New Mexico Crisis and Access Line (NMCAL) handled nearly 4,500 calls. This total includes 3,795 calls made directly to NMCAL, 323 crisis calls from New Mexicans forwarded to us by the National Suicide Prevention Lifeline, and 375 outbound calls made by our clinicians to New Mexicans potentially at risk.

Under separate contracts, an additional 1531 calls were answered for CSA crisis lines in New Mexico.

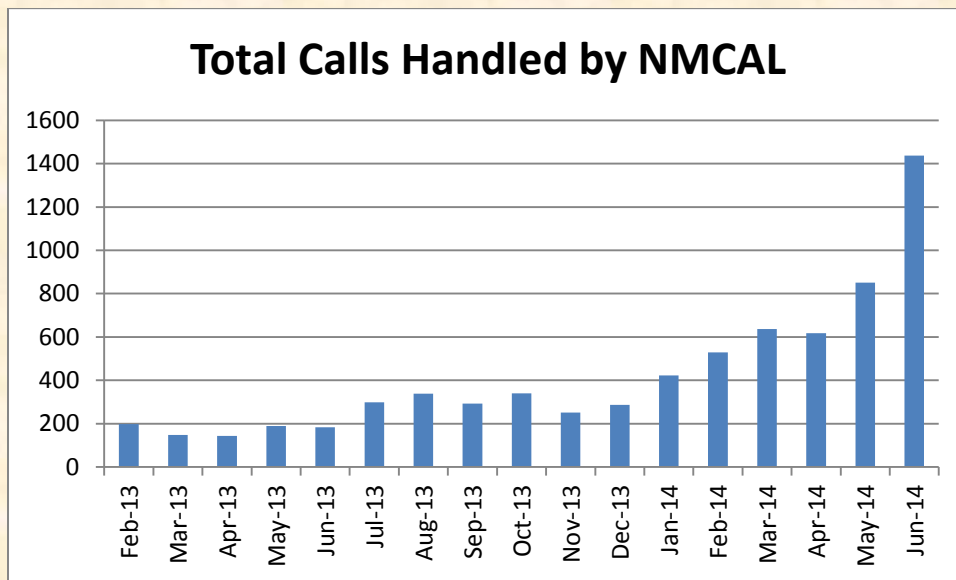
Jan - Jun 2014: Calls Answered by Type	
NMCAL CALLS	4493
Inbound Clinical Calls	3137
- Calling about Self	2672
- Calling about a Child	86
- Calling about another Adult	379
Outbound Calls	375
Information/Referral Calls	284
Seeking information about NMCAL	58
Administrative	45
Hang-ups/Wrong #s/Internal Test Calls	594
CALLS ANSWERED FOR CSA CRISIS LINES	1531
TOTAL CALLS ANSWERED FOR NEW MEXICO	6024



Jan - Jun 2014: NMCAL Performance	
Service Level (answered within 30 sec)	92.3%
Abandonment Rate	1.4%
Average Speed of Answer	13 sec
Average Call Length (all calls)	11 min
Average Call Length (clinical calls)	15 min

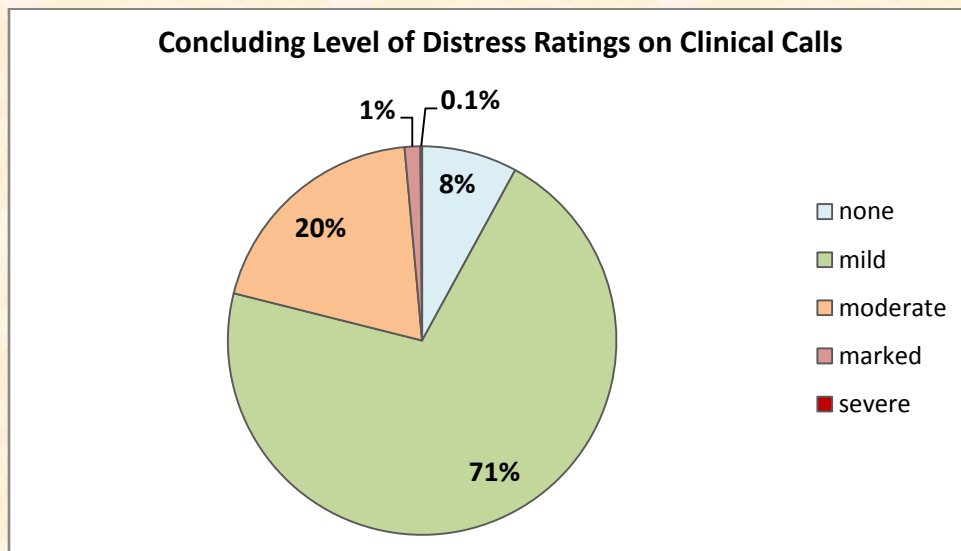
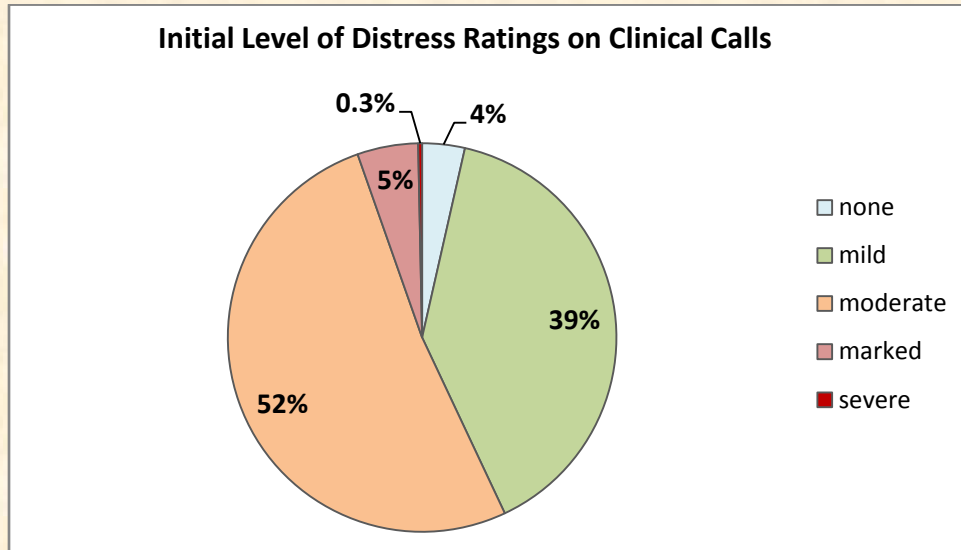
CALL VOLUME

NMCAL call volume has increased significantly since we opened in February 2013, particularly in the past several months. We attribute this growth to our concerted efforts in outreach and engagement, development of community partnerships with providers and other state agencies dedicated to crisis prevention, and most recently, our acceptance into the National Suicide Prevention Line as a provider of suicide prevention services.



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 the severity of their clinical situation.



In 57% of clinical calls, level of distress was initially rated as moderate or higher. In 70% of those calls, the level of distress was reduced by the end of the call.



Level of Care of Clinical Calls	
Routine	66%
Urgent	32%
Emergent	2%

Primary Presenting Problem in Calls	
Anxiety	31%
Depression	9%
Suicide	9%
Alcohol/Drugs	7%
Relationship/Marital	5%
Family	5%
Anger Management	2%
Child	2%
Grief/Loss	2%
Medication	1%
Danger to Others	1%
Other	26%

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 23% of clinical calls.

For every clinical call, we track whether the situation was 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 six months.

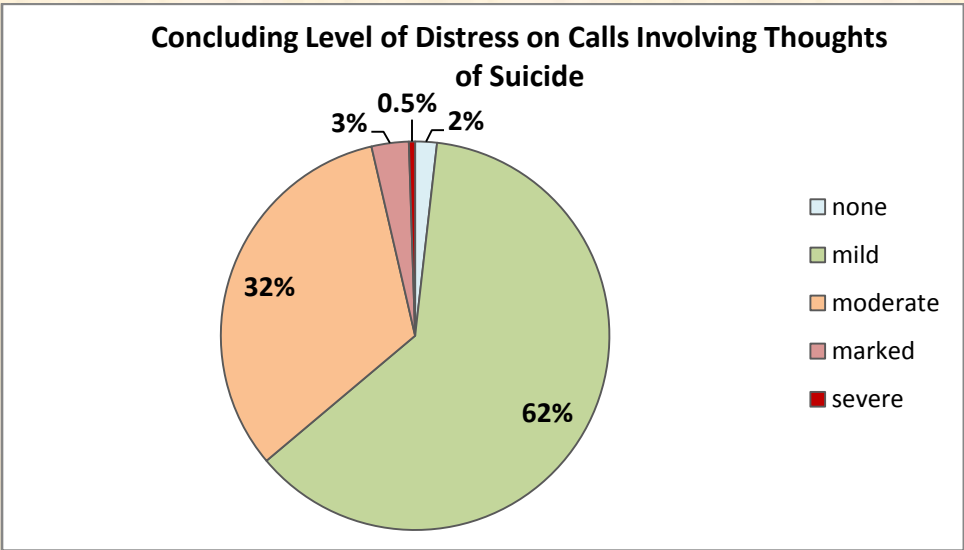
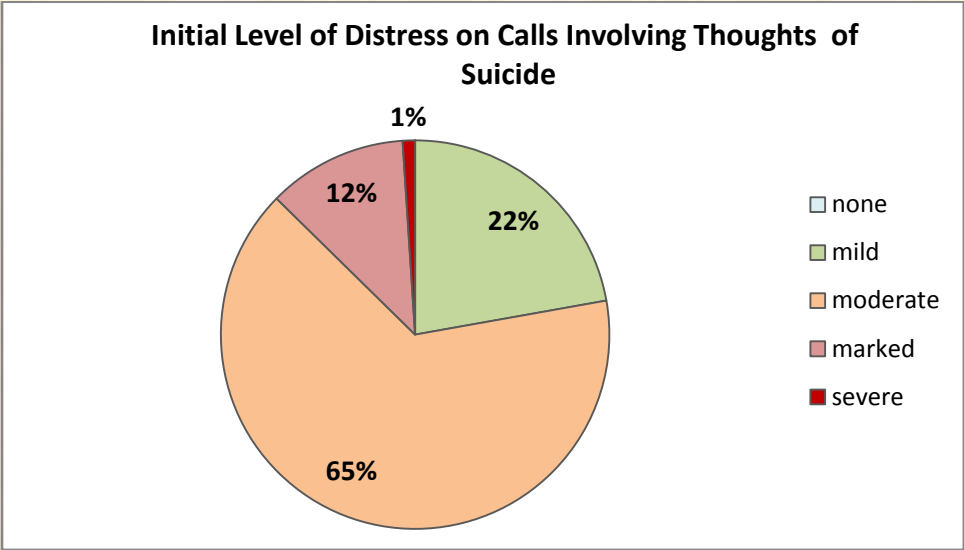


Outcome of All Clinical Calls	
Caller stabilized by clinician, and referred to community resources if appropriate.	95%
Clinician made an abuse report.	0.6%
Caller agreed to go to the hospital.	1%
Caller agreed to take person of concern to the hospital.	1%
Caller agreed to call 911 regarding immediate danger to the person of concern.	1%
Caller conferenced to 911 due to immediate danger.	1%
Clinician contacted police with caller's consent.	0%
Clinician contacted police without caller's consent.	0.5%

We look closely at the outcome of calls where concerns about suicide are discussed. In the first six months of 2014:

- 775 NMCAL callers reported concerns about suicide – either for themselves, or for another person of concern.
- In 574 of these cases, the caller reported thoughts of suicide for him or herself.
- In 156 cases, the caller was relaying concerns about another adult.
- In 46 cases, the caller was relaying concerns about a child.
- In **91%** 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 78% 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.



Outcome of Calls Involving Suicide	
Caller stabilized by clinician, and referred to community resources if appropriate.	91%
Caller agreed to go to the hospital.	2%
Caller agreed to take person of concern to the hospital.	1%
Caller agreed to call 911 regarding immediate danger to the person of concern.	2%
Caller conferenced to 911 due to immediate danger.	2%
Clinician contacted police with caller's consent.	0%
Clinician contacted police without caller's consent.	2%

DEMOGRAPHIC INFORMATION

The following tables summarize the descriptive information gathered from NMCAL callers between January and June 2014. Full demographic 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 callers who contact us frequently. In fact, 1% of the individual callers account for 19% of the total NMCAL calls. Because of this, descriptive data is presented both for total calls, and for identifiable unique callers.



In its first six months of 2014, NMCAL received calls from residents of 32 of New Mexico's 33 counties.

County of Residence	Total Calls	Individual Callers
Bernalillo	1350	514
Catron	1	1
Chaves	32	23
Cibola	30	9
Colfax	7	6
Curry	27	15
De Baca	3	3
Dona Ana	218	92
Eddy	26	22
Grant	626	33
Guadalupe	2	2
Harding	0	0
Hidalgo	5	3
Lea	28	17
Lincoln	22	7
Los Alamos	8	6
Luna	11	9
McKinley	25	15
Mora	1	1
Otero	52	30
Quay	6	5
Rio Arriba	70	37
Roosevelt	11	6
San Juan	31	23



San Miguel	19	14
Sandoval	104	79
Santa Fe	143	89
Sierra	11	8
Socorro	30	16
Taos	26	9
Torrance	22	16
Union	5	4
Valencia	59	44
(outside New Mexico)	89	52

Consumer Receiving Behavioral Health Treatment?	Total Calls	Individual Callers
Yes	65%	37%
No	35%	63%

Consumer's Health Insurance	Total Calls	Individual Callers
Medicaid	44%	42%
Other insurance	39%	33%
Insured, but type unknown	1%	3%
None	16%	22%

Only 20% of callers without health insurance reported that they were receiving behavioral health treatment, as opposed to 37% of total callers.



Consumer's Housing Status	Total Calls	Individual Callers
Has permanent housing	91%	89%
Has temporary housing	4%	2%
Resides in a residential facility	1%	1%
Homeless	4%	8%

20% of homeless callers reported that they were receiving behavioral health treatment, as opposed to 37% of total callers. 50% of homeless callers reported that they had health insurance coverage, as opposed to 78% of total callers.

How did the Caller Hear About NMCAL?	Total Calls	Individual Callers
Counselor/Therapist	38%	13%
Lifeline	10%	14%
Other Crisis Line or Warmline	11%	6%
Internet	10%	18%
Medical or Behavioral Health Facility	8%	13%
Nurseline	6%	10%
Promotional Materials	4%	5%
Family/Friend	3%	6%
Governmental or Public Service Agency	2%	4%
Consumer Support Group	1%	1%
Other	7%	10%



Consumer's Primary Language	Total Calls	Individual Callers
English	96%	93%
Spanish	2%	3%
English/Spanish Bilingual	1%	2%
Other	1%	2%

Consumer's Race/Ethnicity	Total Calls	Individual Callers
White/Caucasian	51%	46%
Hispanic	21%	40%
Multiracial	21%	3%
American Indian or Alaskan	3%	5%
Black or African American	2%	3%
Asian	1%	2%
Other	1%	1%

Age of Consumer	Total Calls	Individual Callers
Under 18	4%	10%
18-24	18%	14%
25-34	13%	22%
35-44	14%	19%
45-54	20%	17%
55-64	25%	11%
65+	6%	8%



Gender of Consumer	Total Calls	Individual Callers
Male	51%	45%
Female	49%	55%

COMMUNITY OUTREACH AND ENGAGEMENT

The last 6 months have been busy at NMCAL. Our goals continue to be increasing community awareness and utilization of NMCAL, and to create relationships with other agencies in the state. This is a summary of our outreach activities for **January 2014 – June 2014:**

I. NMCAL now answers for the National Suicide Prevention Lifeline in New Mexico. After proving that we meet the high standards The Lifeline places on being available for callers who are thinking of ending their lives, we were accepted to their network.

When someone in New Mexico calls this nationally recognized suicide prevention resource, 1-800-273-TALK or 1-800-SUICIDE, the call is routed to qualified providers in New Mexico. NMCAL is proud to be the 24/7/365 statewide back-up for the Lifeline, supporting Santa Fe Crisis Response and Agora Crisis Center in meeting this important need for New Mexico.

II. NMCAL hired a Program Manager who works out of the Albuquerque call center, Martin Rodriguez. Martin came to us from Children, Youth and Families Department (CYFD) and had been working closely with Core Service Agencies across the state as the Program Manager for Cultural and Linguistic Awareness in the New Mexico Systems of Care Project. He has a clinical background with a Master’s Degree in Clinical Psychology and a Bachelor of Business Administration.



Martin has a strong administrative and clinical science research background, is Bilingual, and comes with recommendations from all over the state as to the work he has done recently and historically.

As added significance to the work we do, Martin is a Certified Adult/Youth/Spanish Trainer in Mental Health First Aid, and is working specifically with the Native American communities of New Mexico.

III. We continue to distribute informational materials about NMCAL at conferences, presentations, community events, etc. at no cost to the recipient:

- 10,000 posters total; 2500 in Spanish
- 28,250 magnets total; 5000 in Spanish
- 26,000 brochures total; 5000 in Spanish

IV. We continue to represent NMCAL at conferences, exhibits, events, and presentations, including:

- Head 2 Toe Exhibitor and Host of: *Not Another Life to Lose! Lessons from the National Action Alliance for Suicide Prevention's Zero Suicide in Healthcare Initiative*, as presented by Mr. David Covington.
- CYFD 2nd Annual Communities of Care Summit
- New Mexico Highlands University Crisis Intervention Training
- New Mexico Highlands University Clinician Recruitment
- Mental Health First Aid Training at Pueblo de San Ildefonso
- New Mexico Suicide Prevention Coalition
- NM Behavioral Health Collaborative: Centennial Readiness Meetings
- 21st Annual Cesar Chavez Day and March
- Behavioral Health Providers Association of New Mexico
- New Mexico Board of Social Work Examiners Meetings
- Local Collaborative Alliance Meeting
- Santa Fe Gay Pride Events & Activities: NMCAL materials distribution



V. Providing NMCAL Call Center tours:

- Santa Clara Pueblo: Tribal council members, families, & students
- CSA La Frontera Behavioral Health Provider: Leadership
- Peak Behavioral Health Hospital: Staff
- Community Advocates

Coming up:

- Indian Child Welfare and Juvenile Justice Conference
- New Mexico Conference on Aging
- Out of the Darkness Walk
- Southwest Conference on Disability
- Youth Jam

