

New Mexico Crisis and Access Line: 2015 Biannual Report

Between January and June of 2015, NMCAL handled 7,853 calls. This includes over 1,500 calls connected to us by the National Suicide Prevention Lifeline. Under separate contracts, an additional 1,416 calls were answered for CSA crisis lines in New Mexico in the first half of 2015.

Jan - Jun 2015: NMCAL Calls Answered by Type	
NMCAL CALLS	7,853
Inbound Clinical Calls	6,797
- Calling about Self	5,942
- Calling about a Child	148
- Calling about another Adult	707
Outbound Calls	627
Information/Referral Calls	250
Seeking information about NMCAL	110
Administrative	69
CALLS ANSWERED FOR CSA CRISIS LINES	1,416
TOTAL CALLS ANSWERED FOR NEW MEXICO	9,269

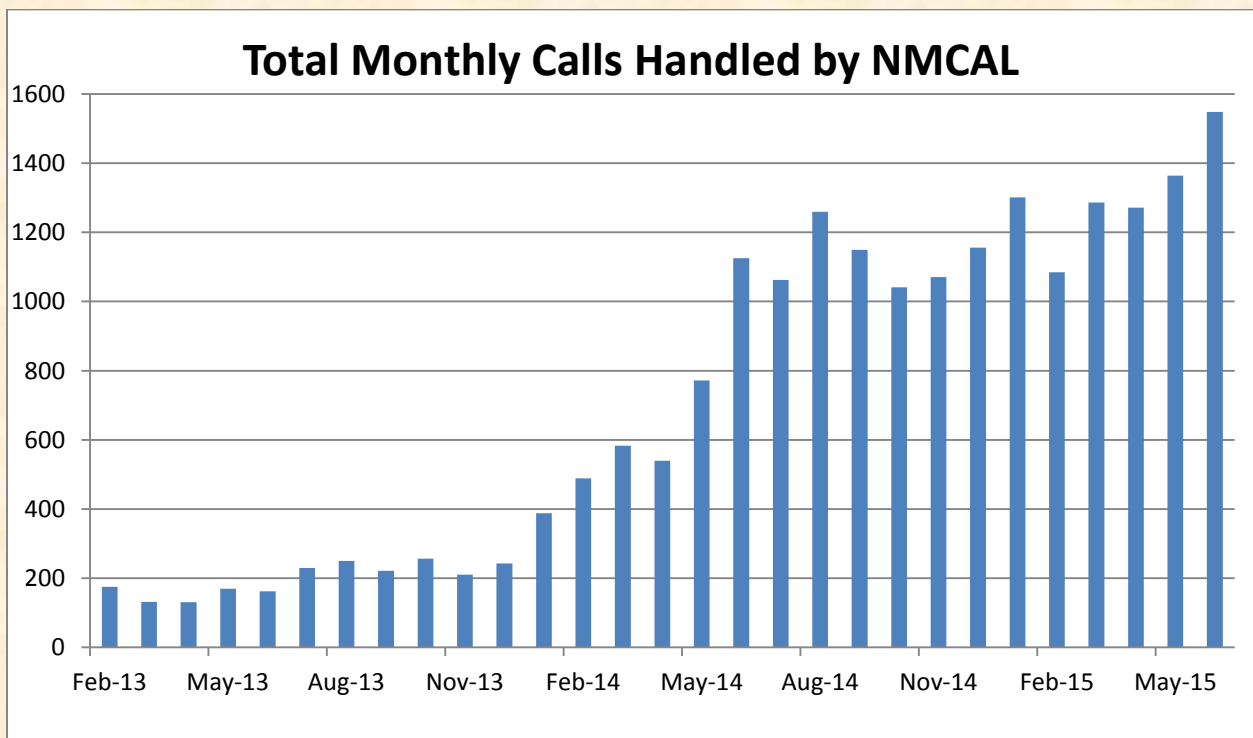
Jan - Jun 2015: NMCAL Utilization	
Total Calls Handled	7,853
Service Level (answered under 30 sec)	89.4%
Abandonment Rate	3.1%
Average Speed of Answer	15 sec
Average Call Length (all calls)	10 min
Average Call Length (Clinical calls)	14 min



The following tables and charts provide information about the calls handled on the New Mexico Crisis and Access in the first half of 2015.

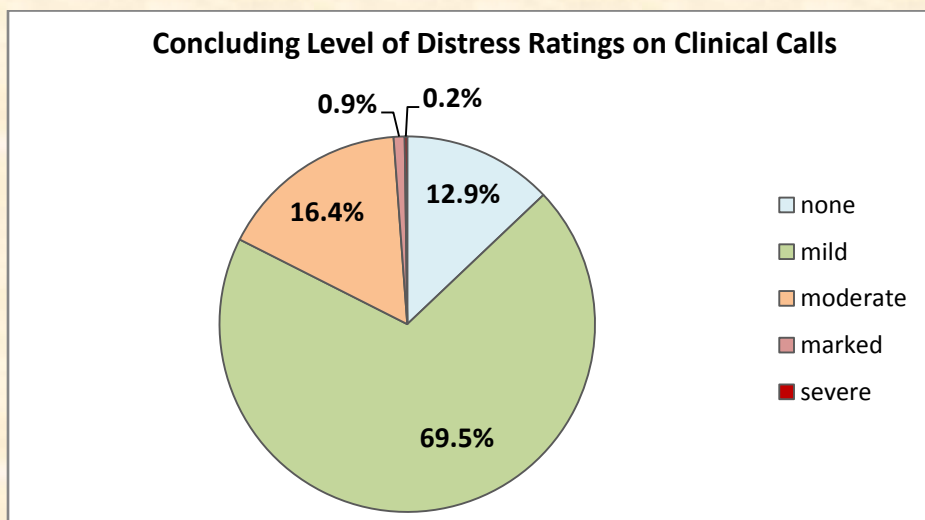
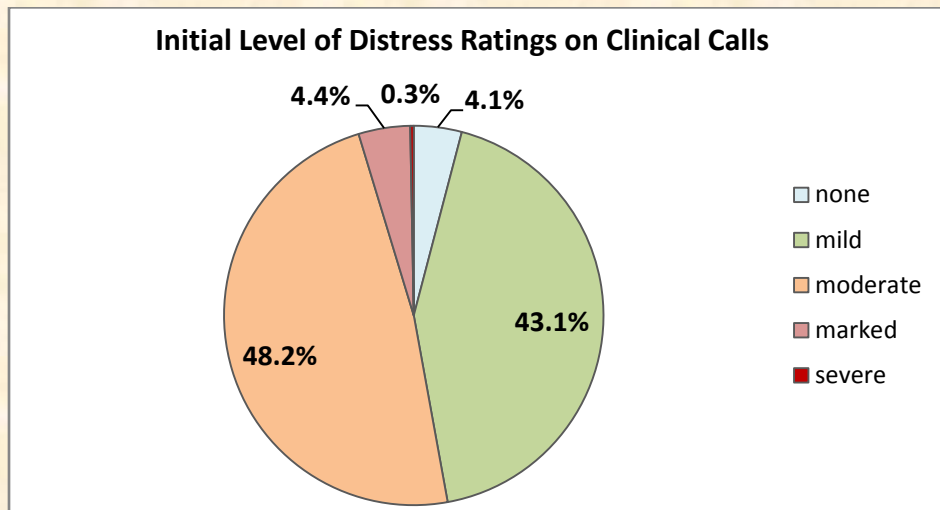
CALL VOLUME

NMCAL call volume has increased significantly since our launch in February 2013. 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 our acceptance into the National Suicide Prevention Line as a provider of suicide prevention services.



CLINICAL INFORMATION: JANUARY - JUNE 2015

NMCAL 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.



Level of Care of Clinical Calls	
Routine	69.0%
Urgent	28.9%
Emergent	2.1%

Primary Presenting Problem in Calls	
Alcohol/Drugs	7.8%
Anger Management	1.7%
Anxiety	31.9%
Child	0.9%
Cognitive Concerns/Psychosis	1.5%
Danger to Others	0.4%
Depression	10.2%
Domestic Violence	0.4%
Family	5.1%
Grief/Loss	1.1%
Intentional Self Injury	0.6%
Medication	0.9%
Relationship/Marital	3.7%
Sexual Assault	0.1%
Situational Stress	3.1%
Suicide	12.4%
Workplace Issue	0.1%
Other	18.1%



While it was not always the presenting issue, concerns related to suicidal thoughts were reported on 27.8% of clinical calls. Concerns related to drug or alcohol abuse were reported on 19.3% 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. These are the clinical outcomes of the NMCAL calls answered from January to June 2015.

Clinical Disposition of All Counseling Calls	
Caller stabilized by clinician, and referred to community resources if appropriate.	96.5%
Clinician made a child abuse report.	0.4%
Caller agreed to go to the hospital.	0.4%
Caller agreed to take person of concern to the hospital.	0.6%
Caller agreed to call 911 regarding immediate danger to the person of concern.	0.4%
Caller conferenced to 911 due to immediate danger.	0.9%
Clinician contacted police with caller's consent.	0.1%
Clinician contacted police without caller's consent.	0.6%

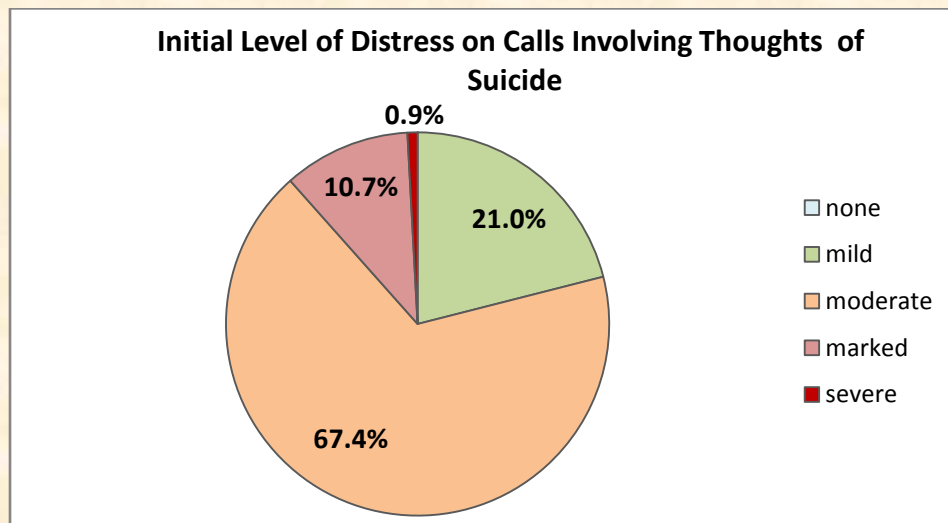
NMCAL clinicians work with our callers to try to deescalate the emergency and create safety plans. We only involve hospital or emergency services when there is no less intrusive way to keep our callers safe.

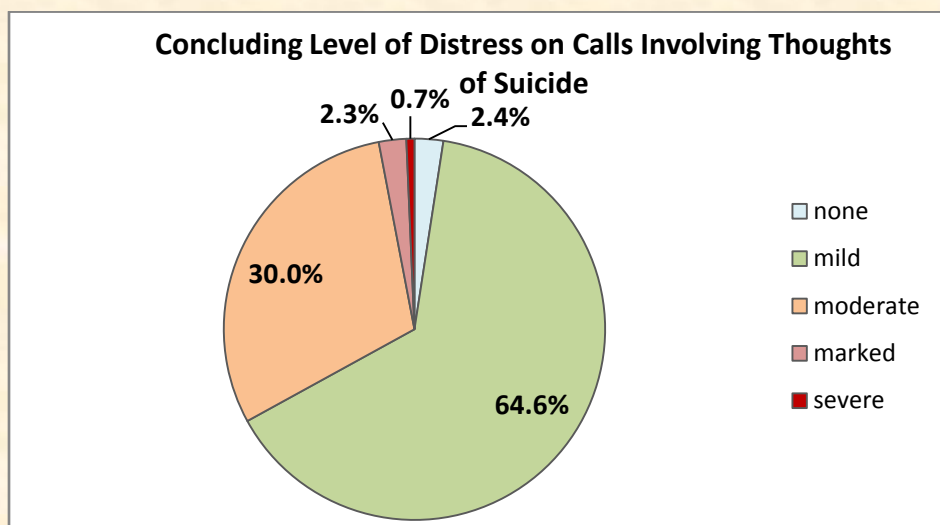
We look closely at the outcome of calls where concerns about suicide are discussed. In calls answered in the first half of 2015:



- 1,765 NMCAL callers reported concerns about suicide – either for themselves, or for another person of concern.
- In **92.5%** 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.

Clinical Disposition of Calls Involving Suicide	
Caller stabilized by clinician, and referred to community resources if appropriate.	92.5%
Caller agreed to go to the hospital.	1.1%
Caller agreed to take person of concern to the hospital.	1.1%
Caller agreed to call 911 regarding immediate danger to the person of concern.	0.7%
Caller conferenced to 911 due to immediate danger.	2.5%
Clinician contacted police with caller’s consent.	0.5%
Clinician contacted police without caller’s consent.	1.6%





DEMOGRAPHIC INFORMATION

The following tables summarize the descriptive information gathered from NMCAL callers between January and June of 2015. 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 a call. All demographic information is based on callers' self-report, and was not externally verified.

In the first half of this year, 3,166 identifiable unique callers contacted NMCAL; the average caller contacted the line twice. Like many crisis lines, NMCAL also has a small number of callers who contact us quite frequently in support of their ability to stay healthy and live independently within their communities. To control for these repeat callers, descriptive data is presented both for total calls and for identifiable unique callers.



County of Residence	Total Calls	Individual Callers
Bernalillo	2684	1026
Catron	7	6
Chaves	70	43
Cibola	43	20
Colfax	7	7
Curry	47	34
De Baca	0	0
Dona Ana	850	222
Eddy	93	59
Grant	1251	47
Guadalupe	7	7
Harding	0	0
Hidalgo	13	8
Lea	43	29
Lincoln	35	22
Los Alamos	29	24
Luna	23	20
McKinley	203	52
Mora	4	4
Otero	99	50
Quay	4	4
Rio Arriba	55	49
Roosevelt	14	10
San Juan	47	41
San Miguel	16	15
Sandoval	199	145
Santa Fe	226	160



Sierra	19	14
Socorro	78	21
Taos	54	37
Torrance	69	24
Union	6	4
Valencia	120	88
(outside New Mexico)	114	97

Consumer Receiving Behavioral Health Treatment?	Total Calls	Individual Callers
Yes	71%	40%
No	29%	60%

Consumer's Health Insurance	Total Calls	Individual Callers
Medicaid	70%	50%
Other insurance	14%	28%
Insured, but type unknown	2%	5%
None	14%	17%

Only 18% of callers without health insurance reported that they were receiving behavioral health treatment, as opposed to 42% of callers with insurance.



Consumer's Housing Status	Total Calls	Individual Callers
Has permanent housing	90%	81%
Has temporary housing	6%	10%
Resides in a residential facility	0.4%	1%
Homeless	3%	7%

26% of homeless callers reported that they were receiving behavioral health treatment, as opposed to 44% of callers with permanent housing.

How did the Caller Hear About NMCAL?	Total Calls	Individual Callers
Internet	16%	25%
Counselor/Therapist	45%	15%
Medical or Behavioral Health Facility	7%	12%
Other Crisis or Warmline	12%	9%
Family/Friend	6%	9%
Governmental or Public Service Agency	4%	6%
Insurance Provider	2%	4%
Nurseline	1%	3%
Promotional Materials	1%	2%
Media	1%	2%
Consumer Support Group	1%	1%



Phone Book	0.3%	1%
Other	5%	12%

Consumer's Primary Language	Total Calls	Individual Callers
English	96%	92%
English/Spanish Bilingual	2%	4%
Spanish	1%	2%
Other	1%	2%

Consumer's Race/Ethnicity	Total Calls	Individual Callers
Hispanic	20%	43%
White/Caucasian	47%	42%
American Indian or Alaskan	4%	7%
Multiracial	22%	3%
Black or African American	1%	3%
Asian	5%	1%
Other	0.2%	1%



Age of Consumer	Total Calls	Individual Callers
Under 18	5%	10%
18-24	15%	17%
25-34	18%	25%
35-44	10%	16%
45-54	24%	15%
55-64	6%	10%
65+	23%	6%

Gender of Consumer	Total Calls	Individual Callers
Male	51%	50%
Female	49%	49%
Other	0.3%	0.6%



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, while creating new relationships and partnerships with agencies and advocates throughout the state. This is a summary of our outreach activities for **January 2015 – June 2015:**

- I. NMCAL hired a new Program Manager who works out of the Albuquerque call center, Wendy Linebrink-Allison. Wendy came to NMCAL from UnitedHealthcare Community Plan of New Mexico and has been working directly in the community, with our community members, state stakeholders, advocacy groups, and behavioral health provider agencies. She has an extensive Community Outreach, Prevention, Advocacy, and Project Coordination background with a Bachelor of Sociology, minor in Communication.

Wendy came to us with recommendations from all over the state as a result of the great work she does in our New Mexico community. She is a New Mexico State Certified Peer Support Worker, Mental Health First Aid Instructor in the Adult/Youth/Public Safety/Higher Education/Rural Curriculums, Question Persuade Refer (QPR) Suicide Prevention Trainer, Counseling on Access to Lethal Means (CALM) Trainer, Managing your Chronic Disease (MyCD) Workshop Leader, Diabetes Self-Management Program (DSMP) Workshop Leader, Whole Health Action Management (WHAM) Facilitator, and Board Member on several State and Community Advocacy Groups/Committees

- II. NMCAL hosted a Community Presentation with Global Spokesperson Kevin Hines.

Kevin Hines is a global speaker, author and mental health advocate who reaches audiences with his story of an unlikely suicide attempt survival and his strong will to live. Two years after he was diagnosed with bipolar disorder (at 19 years of age), he attempted to take his own life by jumping from the Golden Gate Bridge. He is one of only thirty-four (less than 1%) to survive the fall and he is the only Golden Gate Bridge jump survivor who is actively spreading the message of living mentally healthy around the globe.



- III. NMCAL hosted an Open House. Local community members and agencies joined NMCAL for a tour of the office, a presentation about NMCAL services and upcoming scopes of work, and a discussion with special guest speaker Kevin Hines.
- IV. NMCAL continues to distribute informational materials about NMCAL at conferences/summits, presentations, community events, advocacy walks, schools (elementary/middle/high/college/university), behavioral health and physical health clinics/hospitals/agencies, law enforcement and juvenile justice agencies, city/county/state agencies, lawyer/attorney offices, senior centers, etc. at no cost to the recipient:
- 295 posters total; 50 were in Spanish
 - 1,050 fliers total; reversible: English and Spanish
 - 9,100 magnets total; 3,000 were in Spanish
 - 16,000 brochures total; 4,500 were in Spanish
 - 13,000 informational business cards; 2,500 were in Spanish
- V. NMCAL continues to participate in conferences, summits, exhibits, workshops, trainings, and events, including:
- Mental Health First Aid Instructor Summit
 - Behavioral Health Day at the Legislature
 - Crownpoint Community Health Fair
 - Albuquerque's International District, 1st Annual Community Health Fair
 - Espanola Las Cumbres Community Services Workshop
 - New Mexico Children Youth and Families Department Healthy Transitions Program Summit
 - Head 2 Toe Conference
 - Santa Fe Sequential Intercept Mapping Workshop
 - Sandoval County Behavioral Health Coalition, 1st Annual Summit
 - Children's Mental Health Awareness Day @ Explora Discovery Center
 - Survivors of Suicide Loss Community Resource Awareness Event
 - Albuquerque Behavioral Health Initiative, Community Resource Summit with Consultants
 - Albuquerque Robert F Kennedy Charter School Health Fair
 - Albuquerque Serenity Mesa Youth Recovery Center Open House



- PsychoSocial Rehabilitation Services Association of New Mexico Conference
- New Mexico Social Security State Attorney Organizational Conference
- New Mexico Children Youth and Families Department 3rd Annual Communities of Care Summit
- BHSD/CYFD Event: Ripple Effect Training: How Trauma Affects Systems
- Santa Fe Gay Pride Festival
- New Mexico Suicide Prevention Coalition Events
- American Foundation for Suicide Prevention Board Events

VI. Through community partnerships NMCAL was represented in conferences, summits, exhibits, workshops, trainings, and events, including:

- Multiple Sclerosis Walk
- New Mexico National Association of Social Workers Conference
- Gallup Health Awareness Day Event
- New Mexico Coalition to End Homelessness Summit
- Navajo Nation Methamphetamine Suicide Prevention Initiative (MSPI) Stakeholder Conference/meeting
- Taos Battle Buddy Workshop
- Taos Pueblo Division of Health & Community Services along with IHS SDPI Healthy Heart Project Conference
- Farmington More the Merrier Walk & Roll Benefit for the Childhaven Foundation
- Las Cruces Girls Circle Facilitator Training, a Workshop Promoting Resiliency in Adolescent Girls
- Las Cruces Adolescent Mental Health Conference
- Santo Domingo Health Fair
- New Mexico Health Resources (NMHR) continuing medical & dental education conference
- Albuquerque Kids Focus Workshop
- Hobbs 1st Annual Southern NM Trauma Symposium
- Person Centered Medical Homes State Innovation Summit
- Albuquerque Gay Pride Festival
- National Alliance on Mental Health (NAMI) Events



VII. NMCAL continues to participate in community meetings, including:

- Behavioral Health Providers Association of New Mexico
- New Mexico Behavioral Health Purchasing Collaborative
- New Mexico Behavioral Health Provider Association
- New Mexico Office of Peer Recovery and Engagement (OPRE) Board
- Core Service Agency Transition Meetings
- Local Collaborative Alliances
- Community Health County Councils
- Communities of Care County Councils
- New Mexico Suicide Prevention Coalition
- American Foundation for Suicide Prevention Board
- Adult Substance Abuse Committee
- Children and Adolescent Subcommittee
- New Mexico Recovery Oriented Systems of Care
- New Mexico Native American Subcommittee
- New Mexico Children Youth and Families Department Healthy Transitions Program
 - Santa Fe County Community Program
 - Valencia County Community Program
- Santa Fe Crisis Team
- Santa Fe Behavioral Health Association Community
- Santa Fe Behavioral Health Treatment Team
- Person Centered Medical Homes State Innovation Committee

VIII. NMCAL hosted prevention trainings in the community, including:

- Mental Health First Aid Adult Curriculum:
 - Albuquerque Career Enrichment Center
 - Nursing Students and Teachers
 - Nursing Assistant Students and Teachers
 - Albuquerque Center for Hope and Recovery
 - Community Members
- Mental Health First Aid Youth Curriculum:
 - Farmington
 - Childhaven Behavioral Health Staff
 - Albuquerque Career Enrichment Center



- Nursing Students and Teachers
 - Los Alamos
 - Community Members
 - Albuquerque Center for Hope and Recovery
 - Community Members
 - Hobbs
 - Community Members
- QPR Suicide Prevention:
 - Estancia Juvenile Justice and Juvenile Probation Officers
 - Mescalero Behavioral Health Center
- Managing Your Chronic Disease Workshop:
 - Albuquerque Los Volcanes Senior Center
- Diabetes Self-Management Workshop:
 - Albuquerque Palo Duro Senior Center

IX. NMCAL hosted presentations on how the NMCAL program works, at:

- Los Alamos Family Council Behavioral Health Agency
- Albuquerque Robert F Kennedy Charter School
- Espanola El Centro Family Health
- Estancia Juvenile Justice and Juvenile Probation Office
- New Mexico Social Security State Attorney Organization
- UNM Albuquerque Community Behavioral Health Agencies
 - ACT
 - PSR
 - CCSS
 - Forensic Case Management

X. NMCAL Call Center tours were provided to:

- Kevin Hines
- New Mexico Office of Peer Recovery and Engagement (OPRE)
- American Foundation for Suicide Prevention Board Members
- Breaking the Silence Board Members
- Agora Crisis Center Staff
- National Alliance on Mental Illness (NAMI) staff
- Valle del Sol staff
- Peanut Butter and Jelly staff



- St. Martin’s Hospitality Center staff
- Therapeutic Living Services Community Mental Health Center staff
- The LifeLink staff
- UnitedHealthcare Community Plan staff
- TheraPeace Massage staff
- Straight Scoop for Vets staff
- City of Albuquerque Managing your Chronic Disease trainer
- Compassionate Touch Network staff
- UNM staff
- New Mexico Behavioral Health Services Division staff
- Community Advocates

XI. NMCAL continues to answer for the National Suicide Prevention Lifeline in New Mexico.

The Lifeline places high standards on ensuring contracted network providers are available for callers who are contemplating suicide. When someone in New Mexico calls the 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 Mexicans.

XII. NMCAL is excited about the upcoming activities happening in the second half of 2015, including:

- Answering afterhours calls for New Mexico Core Service Agencies
- Implementing a New Mexico Peer to Peer Warmline
- Attending:
 - New Mexico Youth Risk and Resiliency Survey (YRRS) Review Committee
 - Santa Fe Adolescent Mental Health Day Block Party
 - New Mexico School Nurses Association Summit
 - Tesuque Community Health Fair
 - Attorney Generals Summit on Community Violence
 - Mothers Against Drunk Driving (MADD) Walk
 - New Mexico Forensic Intervention Consortium Executive Board



- NIWRC Sex Trafficking of Native Women and Children Institute Workshop
- Santa Fe Celebrate Recovery Celebration
- National Recovery Month Celebration Events
- Native American Summit on Traumatic Brain Injury
- New Mexico Conference on Aging
- VA Community Summit on Caregivers
- American Foundation for Suicide Prevention Out of the Darkness Walk
- Alzheimer's Association Family and Caregiver Conference
- Youth Jam
- Prevention Trainings, including
 - Mental Health First Aid Trainings
 - QPR Trainings
 - MyCD Trainings
 - NMCAL Presentations

