

New Mexico Crisis and Access Line & Peer to Peer Warmline: 2016 Bi-Annual Report

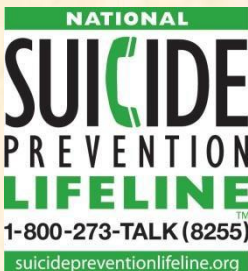


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Overview

New Mexico Crisis and Access Line & Peer to Peer Warmline

Between January and June of 2016, the New Mexico Crisis and Access Line (NMCAL) handled 16,279 calls. This includes 6,868 calls on the Statewide Crisis and Access Line, 903 New Mexico calls for the National Suicide Prevention Lifeline (NSPL), 4,079 calls for the Peer-to-Peer Warmline, and under separate contracts, an additional 4,429 after-hours calls were answered for New Mexico Behavioral Health Core Service Agencies (CSA's) in the first half of 2016.

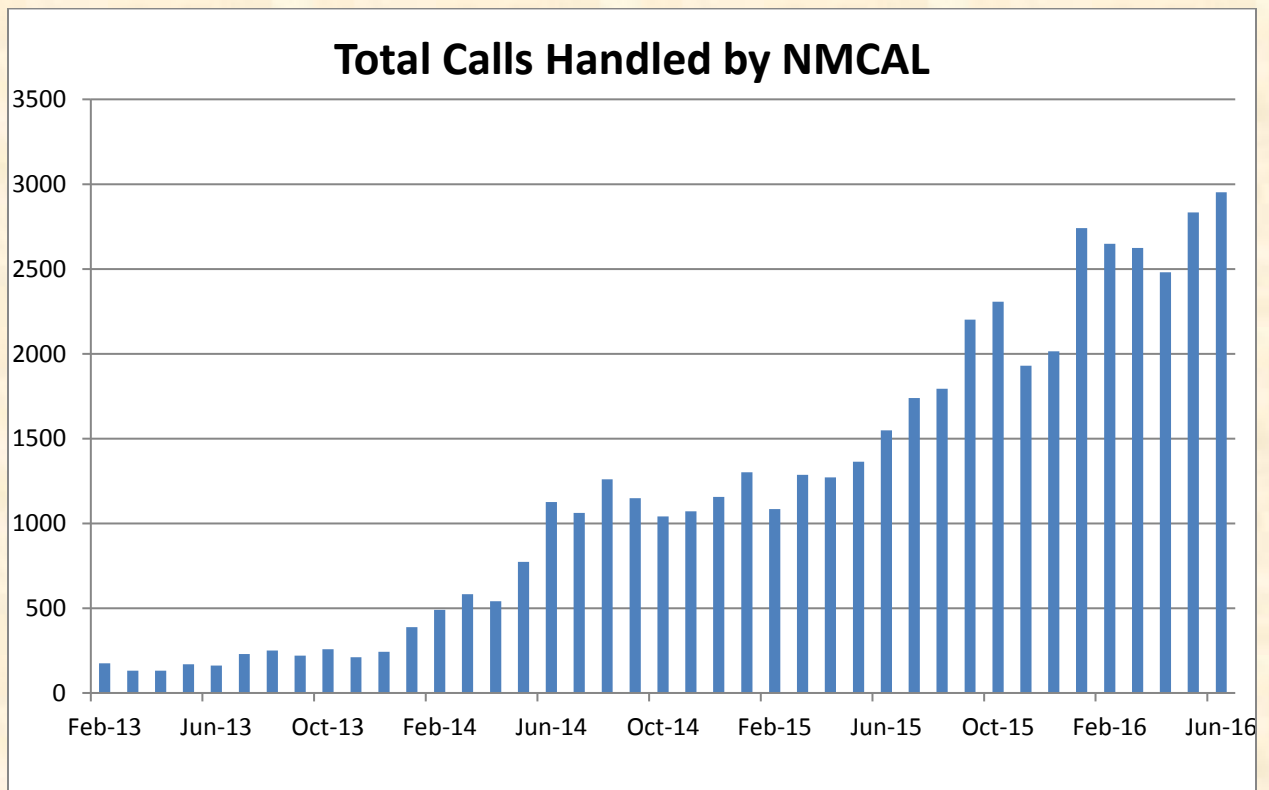
January - June 2016: Calls Answered by Type	
Total Statewide Crisis and Access Line + NSPL Calls	7,771
Total Inbound Clinical Calls	6,173
Calling about Self	5,360
Calling about a Child	159
Calling about another Adult	654
Outbound Calls	605
Information/Referral Calls	318
Seeking information about NMCAL	149
Public Safety/Law Enforcement Calls	23
Administrative	83
Other	420
Warmline Calls	4,079
Calls Answered For CSA Crisis Lines	4,429
TOTAL CALLS ANSWERED FOR NEW MEXICO	16,279



CALL VOLUME

New Mexico Crisis and Access Line & Peer to Peer Warmline

Call volume continues to increase on the Crisis and Access Line and Peer to Peer Warmline. We attribute this growth to our concerted outreach and engagement efforts; our public awareness campaign; continual and ongoing partnerships with the community, advocacy groups, healthcare providers (both physical health and behavioral health), & multiple state agencies dedicated to mental health crisis prevention; as well as our sustained partnership with the National Suicide Prevention Lifeline as a provider answering calls for suicide prevention services.



CLINICAL CALL INFORMATION

New Mexico Crisis and Access Line

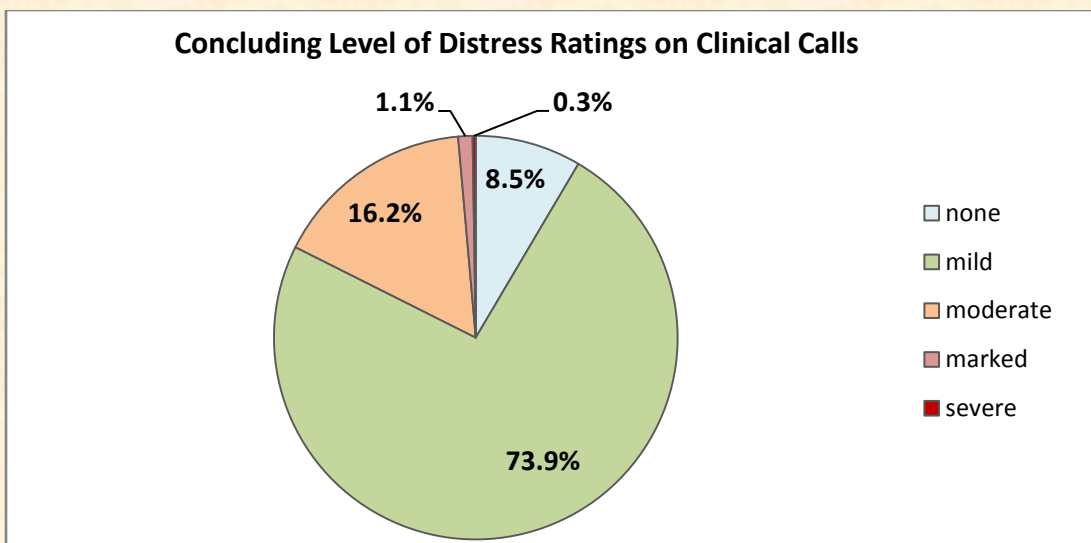
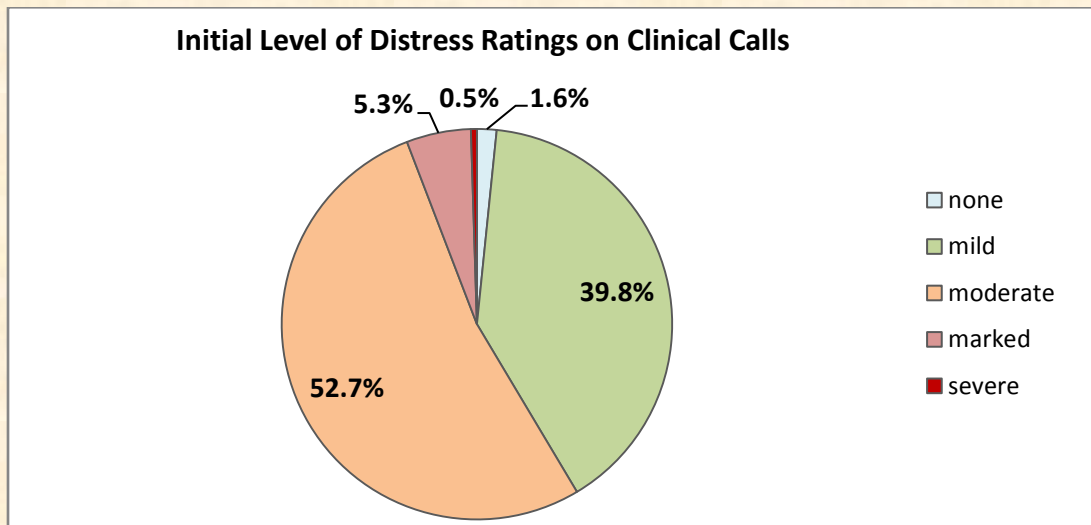
The following tables and charts provide information about the calls handled by mental health clinicians on the New Mexico Crisis and Access Line during the first half of 2016.

Jan - Jun 2016: Crisis Line Utilization	
Total Crisis Calls Handled	7,771
Service Level (answered under 30 sec)	93.5%
Abandonment Rate	1.3%
Average Speed of Answer	12 sec
Average Call Length (all calls)	9.4 min
Average Call Length (Clinical calls)	16 min

Level of Care for Clinical Calls	
Routine	64.23%
Urgent	33.04%
Emergent	2.73%



Crisis and Access Line mental health 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 an assessment of the caller's clinical situation. Even if a caller is not emotional or upset, their level of distress is rated higher if their clinical situation is acute.



Primary Presenting Problem during Calls			
Alcohol/Drugs	7.4%	Grief/Loss	1.8%
Anger Management	2.0%	Intentional Self Injury	0.9%
Anxiety	27.8%	Medication	1.1%
Child	0.9%	Relationship/Marital	5.6%
Cognitive Concerns/Psychosis	2.6%	Sexual Assault	0.2%
Danger to Others	0.6%	Situational Stress	8.5%
Depression	10.4%	Suicide	14.8%
Domestic Violence	0.8%	Workplace Issue	0.1%
Family	4.8%	Other	9.8%

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. The following chart identifies the clinical outcomes for the Crisis and Access Line calls answered from January to June 2016.

Clinical Disposition of All Counseling Calls	
Caller stabilized by clinician, and referred to community resources if appropriate.	96.8%
Clinician made a child abuse report.	0.6%
Caller agreed to go to the hospital.	0.4%
Caller agreed to take person of concern to the hospital.	0.3%
Caller agreed to call 911 regarding immediate danger to the person of concern.	0.5%
Caller conferenced to 911 due to immediate danger.	1.1%
Clinician contacted police with caller's consent.	0.3%
Clinician contacted police without caller's consent.	0.9%



PUBLIC SAFETY CALLS

New Mexico Crisis and Access Line

NMCAL clinicians work with our callers to try to deescalate the emergency and create safety plans. NMCAL only involves hospital or emergency services when there is not a less intrusive way to keep the caller safe.

On that note, we would like to share that after many months of collaboration and partnership, NMCAL and Bernalillo County launched a warm-transfer protocol between the Bernalillo County 911 dispatch and the NMCAL mental health clinical crisis line on May 1st 2016. The purpose of this partnership is to support appropriate use of the emergency response system and help people that are experiencing a behavioral health crisis get to the right care, at the right time.

Outcomes for Bernalillo County 911 Dispatch Calls	
Calls handled by NMCAL mental health clinician, with no further intervention necessary	3
Resulted in a natural support taking the person of concern to the hospital, without police intervention	1
Crisis line clinician dispatched police to the scene	1
Total Calls Handled	5



CALLS CONCERNING SUICIDAL THOUGHTS

New Mexico Crisis and Access Line

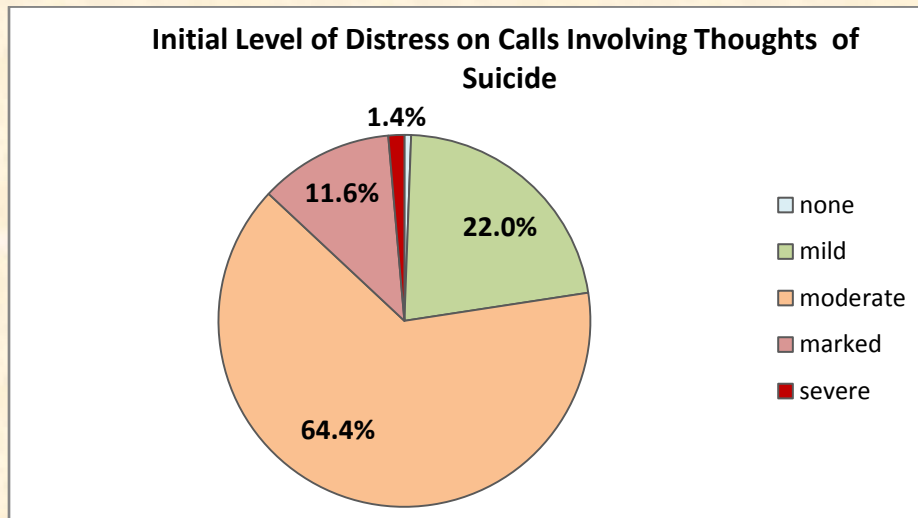
While it was not always the presenting issue, concerns related to suicidal thoughts were reported on 29.4% of clinical calls.

We look closely at the outcome of calls where concerns about suicide are discussed. In calls answered in the first half of 2016:

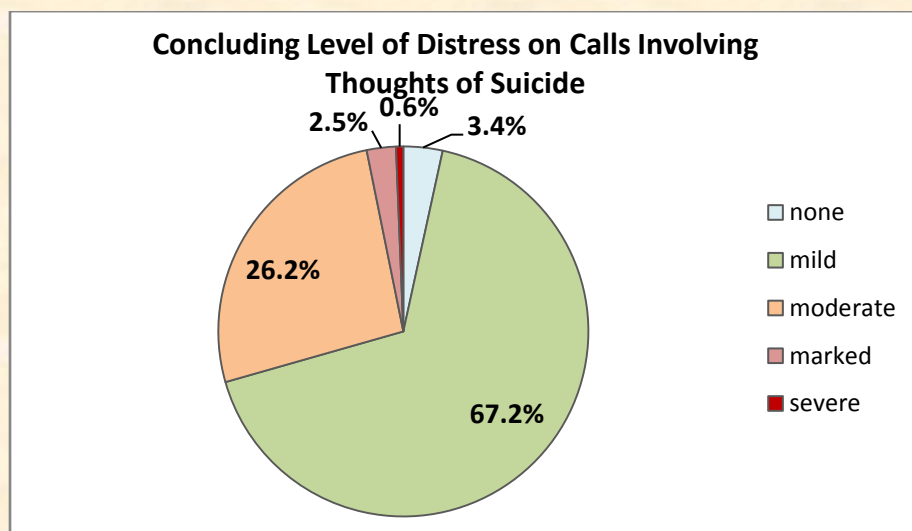
- 1,726 NMCAL callers reported concerns about suicide – either for themselves, or for another person of concern.

Clinical Disposition of Calls Involving Suicide	
Caller stabilized by clinician, and referred to community resources, if appropriate.	90.7%
Caller agreed to go to the hospital.	1.0%
Caller agreed to take person of concern to the hospital.	0.9%
Caller agreed to call 911 regarding immediate danger to the person of concern.	1.1%
Caller conferenced to 911 due to immediate danger.	3.0%
Clinician contacted police with caller's consent.	0.9%
Clinician contacted police without caller's consent.	2.5%





In 90.7% 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.



CALLER DEMOGRAPHIC INFORMATION

New Mexico Crisis and Access Line

The following tables summarize the descriptive information gathered from crisis line callers from January to June of 2016. It is important to note that demographic information was not gathered on all calls as: (1) callers have the right to opt out of answering any question if they did not wish to answer a question; (2) sometimes the caller didn't know the answer to a question; and (3) in some cases the counselor did not ask the question, due to the nature of the call. All demographic information is based on callers' self-report, and is not externally verified.

In the first half of this year, 3,409 identifiable unique callers contacted NMCAL, and the average caller contacted the line twice. Like most crisis lines, NMCAL also has a small number of callers who contact us quite frequently. These calls generally last only a minute or two, and brief contact with a clinician can support these callers in staying healthy and living independently within their communities. To control for this small number of callers, descriptive data is presented both for total calls, and for identifiable unique callers.

County of Residence	Total Calls	Individual Callers
Bernalillo	2566	1115
Catron	2	2
Chaves	204	72
Cibola	20	14
Colfax	12	10
Curry	51	26



De Baca	2	2
Dona Ana	1538	156
Eddy	44	34
Grant	55	31
Guadalupe	2	2
Harding	0	0
Hidalgo	4	2
Lea	67	30
Lincoln	111	27
Los Alamos	23	19
Luna	28	15
McKinley	93	30
Mora	3	3
Otero	175	87
Quay	10	8
Rio Arriba	81	63
Roosevelt	37	12
San Juan	78	58
San Miguel	45	31
Sandoval	263	159
Santa Fe	436	270
Sierra	19	10
Socorro	60	20
Taos	67	50
Torrance	55	20
Union	2	2
Valencia	178	81
(outside New Mexico)	347	98



Caller Receiving Behavioral Health Treatment?	Total Calls	Individual Callers
Yes	69%	41%
No	31%	59%

Callers Health Insurance	Total Calls	Individual Callers
Medicaid	70%	54%
Other insurance	17%	28%
Insured, but type unknown	3%	6%
None	10%	12%

Only 25% of callers without health insurance reported that they were receiving behavioral health treatment, as opposed to 76% of callers with insurance.

Callers Housing Status	Total Calls	Individual Callers
Has permanent housing	85%	74%
Has temporary housing	9%	14%
Resides in a residential facility	2.4%	3%
Homeless	4%	8%

31% of homeless callers reported that they were receiving behavioral health treatment, as opposed to 42% of callers with permanent housing.



How did the Caller Hear About NMCAL?	Total Calls	Individual Callers
Internet	14%	27%
Counselor/Therapist	36%	14%
Medical or Behavioral Health Facility	9%	13%
Other Crisis Line or Warmline	15%	9%
Family or Friend	6%	8%
Governmental or Public Service Agency	5%	7%
Insurance Provider	1%	2%
Nurseline	1%	1%
Public Awareness Materials	2%	4%
Media	4%	2%
Support Group	1%	1%
Phone Book	0.1%	0%
Other	6%	14%

Primary Language Of Caller	Total Calls	Individual Callers
English	94%	91%
English/Spanish Bilingual	4%	5%
Spanish	1%	3%
Other	0%	1%



Callers Race/Ethnicity	Total Calls	Individual Callers
White/Caucasian	61%	45%
Hispanic	21%	39%
American Indian or Alaskan	6%	7%
Black or African American	1%	2%
Asian	7%	1%
Multiracial	5%	4%
Other	0.4%	1.4%

Age of Caller	Total Calls	Individual Callers
Under 18	6%	11%
18-24	7%	13%
25-34	38%	25%
35-44	16%	18%
45-54	19%	16%
55-64	11%	12%
65+	4%	5%

Gender of Caller	Total Calls	Individual Callers
Male	38%	47%
Female	62%	53%
Other	0.4%	0.6%



PEER SUPPORT CALL INFORMATION

Peer to Peer Warmline

The following tables provide information about the calls handled by certified peer support specialists on the New Mexico Peer to Peer Warmline in the first half of 2016 during its operating hours of 3:30pm to 11:30pm MT.

Jan - Jun 2016: Warmline Utilization Call Data

Total Calls Handled	4079
Average Call Length of Warmline Calls	15.6 min

Outcome For Warmline Calls

Caller was supported by the call.	90.6%
Caller received referrals.	1.6%
Caller was transferred to NMCAL.	0.7%
Emergency call	0.0%
Other	7.0%

Our Warmline Peers work in conjunction with NMCAL Clinicians to ensure that our callers are receiving the most appropriate services. Therefore calls will sometimes be transferred to/from NMCAL.

Calls Transferred between Warmline and NMCAL

Calls transferred from NMCAL to Warmline	71
Calls transferred from Warmline to NMCAL	30



Primary Presenting Problem in Warmline Calls	
Abuse/Neglect	0.3%
Administrative Call	0.3%
Employment/Education	3.6%
Family	7.6%
Finances	1.7%
Food/Nutrition	1.5%
Friends	1.5%
Healthcare	7.1%
Housing	3.4%
Legal	2.8%
Mental Health	51.3%
Relationships	12.1%
Spirituality	4.4%
Substance Use	2.4%



COMMUNITY OUTREACH AND ENGAGEMENT

The New Mexico Crisis and Access Line & Peer to Peer Warmline continues to increase awareness of the programs, by creating new relationships and partnerships with agencies and advocates throughout the state, while continuing to maintain existing relationships. This is a summary of the outreach and engagement activities for January to June 2016:

- I. **BERNALILLO COUNTY 911 PROJECT:** After many months of collaboration and partnership, on May 1st 2016, NMCAL and Bernalillo County launched a warm-transfer protocol between 911 dispatch and NMCAL clinicians. The purpose of this partnership is to support appropriate use of the emergency response system and getting people with a behavioral crisis to the right care at the right time.

Collaboration included staff from NMCAL, 911 Dispatch, Non-Emergency Call Center, Sheriff's Department, other Law Enforcement, Public Safety, Fire Department and County officials. We worked with the Medical Director for the County on the protocols and training that were prepared for dispatchers to effectively engage NMCAL in appropriate situations.

We are incredibly proud of this partnership and look forward to providing more data as the warm-transfer protocols become more routine and everyday practice within the system of care. We anticipate that success from this program will result in similar endeavors with other communities across New Mexico in the future.

- II. **PUBLIC AWARENESS CAMPAIGN:** NMCAL wrapped up its public awareness campaign with global spokesperson, author, and mental health advocate Kevin Hines. Kevin reaches audiences with his story of an unlikely suicide attempt survival and his strong will to live while actively spreading the message of living mentally healthy around the globe.

- The campaign resulted in:
 - i. Millions of media impressions were made statewide.
 - ii. A 97% increase in website traffic.
 - iii. Increased call volume.
- You can view the campaign online at:
<https://www.youtube.com/watch?v=7gRYg5AS1Lg&autoplay=1>



III. **COMMUNITY PARTNERSHIPS:**

- a. **PULL TOGETHER:** NMCAL is honored to be included as a part of the CYFD Pull Together Campaign. PullTogether is about enlisting every New Mexican in the fight to make sure our children are safe, cared for, and ready to succeed by providing resources that are easy to access.
 - You can view the campaign online at: <https://pulltogether.org/>
- b. **NM AWARE:** NMCAL is proud to be a partner in the NM Aware SAMHSA Grant that was awarded to Bernalillo County, CYFD, and the New Mexico State Police. The NM Aware Program builds on local Mental Health First Aid initiatives and develops new partnerships. The target audience focuses on organizations and individuals that serve transitional age youth, including: public safety officers, child welfare workers, juvenile justice workers, and judges.
 - You can view the campaign online at: <http://www.mentalhealthfirstaid.org/cs/now-time-project-aware-mental-health-first-aid-grants/>
- c. **SANTA FE COUNTY:** NMCAL collaborated with the Santa Fe County Behavioral Health Coalition and Santa Fe County DWI Taskforce to create a radio ad. The radio ads encouraged people to call the New Mexico Crisis and Access Line when they were worried about a loved one that may need someone to talk to about substance use.
- d. **CORE SERVICE AGENCY AFTERHOURS PROGRAM:** NMCAL continues to work with, and onboard, Behavioral Health Core Service Agencies, and other approved Behavioral Health Medicaid Agencies, to provide afterhours and weekend crisis call coverage services.
- e. **COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHC):** In October 2015, the Behavioral Health Services Division was awarded a SAMHSA planning grant to establish Certified Community Behavioral Health Clinics in New Mexico. The planning grant provides support to certify clinics as certified community behavioral health clinics, establish a potential prospective payment systems for Medicaid reimbursable services, and prepare an application to be invited to participate in a two-year demonstration program.



CCBHCs provide a unique opportunity for New Mexico to design an innovative behavioral health program that can:

- Improve the behavioral health system;
- Ensure individuals with complex needs receive the right care at the right time;
- Improve outcomes for individuals with complex needs; and
- Lower costs.

NMCAL is honored to be a part of the crisis response portion of the CCBHC process. More information can be found online at: <http://www.nmccbhc.org>

- f. **RIO GRANDE TAOS GORGE BRIDGE INTERCOMS:** NMCAL continues to answer calls from the intercoms that are placed on the Rio Grande Taos Gorge Bridge.

In the first half of 2016 NMCAL received two emergent clinical calls from the bridge intercoms. Law enforcement was dispatched to assist the persons of concern and stayed engaged with the caller until police officers arrived, and the callers safety was confirmed.

- g. **NATIONAL SUICIDE PREVENTION LIFELINE:** 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.

- IV. **PUBLIC AWARENESS MATERIALS:** NMCAL continues to distribute public awareness informational materials at conferences, summits, and health fairs; during community presentations; at community events and advocacy walks; to a wide variety of schools; to behavioral health and physical health clinics, hospitals, agencies, and managed care organizations; to law enforcement, fire department, paramedics, juvenile justice, and other public safety agencies; to lawyers and attorney offices; to community centers and senior centers; & to various other community, city, county, and state agencies:



Public Awareness Materials Distributed	
Posters	1,223
English	913
Spanish	310
8.5 x 11 Fliers (Reversible English/Spanish)	2,981
Informational Brochure Cards	25,785
English	15,900
Spanish	9,885
Magnets	18,910
English	12,315
Spanish	6,595
Wallet Cards	30,465
English	19,670
Spanish	10,795
TOTAL PUBLIC AWARENESS MATERIALS	79,364

V. **COMMUNITY PRESENCE:** NMCAL participated in several conferences, summits, exhibits, workshops, trainings, and events throughout the state:

- CYFD Children’s Law Institute Conference
- Communities of Care Governance Meeting
- NAMI Connect Suicide Post-Vention Training
- Legislative Events:
 - Public Health Day at the Legislature; Lobby to End Homelessness; Survivors of Suicide Awareness Day; and Behavioral Health Day at the Legislature
- BHSD Behavioral Health Summit
- NM Safe Schools Summit
- Cottonwood School Suicide Awareness Event
- NM Board of Social Workers Conference
- New Mexico Town Hall Meeting: Building Communities of Support for Young Parents and their Children
- NM GRADS Spring Training
- Health Fair at Los Ranchos Elementary School
- New Mexico Crime Victims Reparation Commission Advocacy in Action Conference
- Health Fair at Hayes Middle School



- NM Health System Innovation (HSI) Summit
- Multiple Sclerosis (MS) Walk – Albuquerque
- Multiple Sclerosis (MS) Walk – Las Cruces
- Community Resource Fair: Jimmy Carter Middle School
- NMSU Community Health Fair – Las Cruces
- Coalition to End Homelessness Annual Conference
- CYFD Healthy Transitions Program Summit
- Parents Reaching Out Family Leadership Conference
- Head 2 Toe Annual Conference
- Presentation to Century High School GRADS Students in Los Lunas
- NAMI Walk
- American Foundation for Suicide Prevention Bike Run
- CYFD Pull Together Campaign
 - Rio Rancho, Taos, Las Cruces, Alamogordo, Socorro, Albuquerque
- Awareness Table at UNM Southeast Heights Clinic
- Children’s Mental Health Awareness Day @ Explora Discovery Center
- NA Summit: Honoring Native Life: A Call to Action - Healing Our Communities Through Collaboration
- New Mexico Counseling Association (NMCA) Conference
- Albuquerque’s International District, 2nd Annual Community Health Fair
- NMCADV Core Advocacy Training
- Psychosocial Rehabilitation Services Association of New Mexico Conference
- Office of Attorney General Awareness and Health Summit
- CPSW Train the Trainer - Training

We are honored to have so many wonderful partnerships throughout the state that enable us to have NMCAL and Warmline materials available in multiple other conferences, summits, exhibits, workshops, trainings, and other events across the state.

VI. COMMUNITY INVOLVEMENT: NMCAL continues to participate in multiple city, county, state, and community meetings, including, but not limited to:

- New Mexico Behavioral Health Purchasing Collaborative
 - New Mexico Office of Peer Recovery and Engagement (OPRE)
 - New Mexico Recovery Communities of New Mexico
 - AKA: Recovery Oriented Systems of Care (ROSC)
- New Mexico Behavioral Health Planning Council
 - Adult Substance Abuse Committee
 - Children and Adolescent Subcommittee
 - New Mexico Native American Subcommittee
- Certified Community Behavioral Health Clinics (CCBHC) Ad-Hoc Meetings



- NM AWARE
- Core Service Agency Transition Meetings
- Local Collaborative Alliances
- County Health Councils
- New Mexico CYFD Healthy Transitions Program
- New Mexico Child Fatality Review Board
- Bernalillo County Forensic Intervention Consortium
- Behavioral Health Providers Association of New Mexico
- Non-Profit Board Participation:
 - American Foundation for Suicide Prevention, NM Chapter
 - Psychosocial Rehabilitation Association of New Mexico
 - Peers of the Land of Enchantment

VII. **TRAININGS:** Mental health and substance use disorders have a powerful effect on the overall health of individuals, families, and communities. As we work to create awareness on the NMCAL and Warmline resource in our communities, we strive to also reduce the impact of behavioral health circumstances that people experience throughout New Mexico. One way we are accomplishing this is by striving to reduce stigmas that are often associated with mental health and substance use disorders by hosting awareness and prevention trainings in the community.

Community Awareness and Prevention Trainings	
NMCAL Presentations	40
<i># of Participants</i>	954
Mental Health First Aid Trainings	19
<i># of Participants</i>	482
QPR Suicide Prevention Trainings	6
<i># of Participants</i>	290
TOTAL TRAININGS HOSTED IN NEW MEXICO	65
TOTAL # of PARTICIPANTS TRAINED	1,726

VIII. **MEDIA ENCOUNTERS:** We are building relationships and have experienced numerous media encounters with various sources throughout the state. included, but are not limited to:

- a. Multiple mentions in NM newspapers (print and online)
- b. An interview with KUNM Radio Generation Justice



IX. ACCREDITATIONS AND CREDENTIALS:

- a. Reaccredited by the American Association of Suicidology
- b. Recredentialed by CARF

X. AWARDS:

- a. Zach Kluckman, Peer to Peer Warmline staff member, was awarded 2nd Place for his Poetry Submission at the American Association of Suicidology Conference
- b. Wendy Linebrink-Allison, NMCAL Program Manager, was honored to receive the CPSW Person in Recovery Award at the PSRANM Conference. This award is given to a person in recovery who has demonstrated exemplary leadership skills as a member of a CPSW program, and has contributed to positive program outcomes, community or civic improvement, and advocacy on behalf of PSR services over the past year.

- XI. NEXT STEPS:** NMCAL is excited about the multiple upcoming activities that are happening throughout the State of New Mexico during the second half of 2016. Watch for the 2016 Annual Report in January of 2017 for details.

