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









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Overview



New Mexico Crisis and Access Line & Peer to Peer Warmline

From January through December of 2016, the New Mexico Crisis and Access Line (NMCAL) programs handled a total of 35,050 calls.

Of the 35,050 calls we handled: 14,327 calls were on the Statewide Crisis and Access Line, 2,339 New Mexico calls for the National Suicide Prevention Lifeline (NSPL), 9,410 calls on the Peer-to-Peer Warmline, and under separate contracts, an additional 8,974 after-hours calls were answered for New Mexico Behavioral Health Core Service Agencies (CSA's) and other BHSD approved agencies.

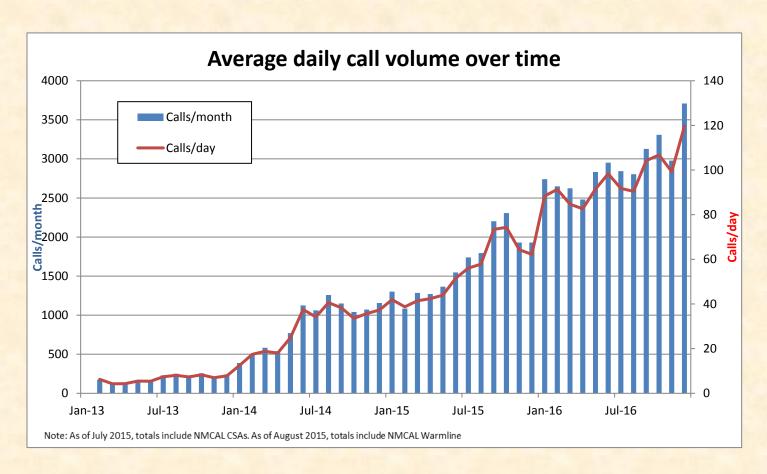
January - December 2016: Calls Answered by Type			
Total Statewide Crisis and Access Line + NSPL Calls	16,666		
Total Inbound Clinical Calls	13,171		
Calling about Self	11,557		
Calling about a Child	343		
Calling about another Adult	1,271		
Outbound Calls	1,308		
Information/Referral Calls	643		
Seeking information about NMCAL	280		
Public Safety/Law Enforcement Calls	111		
Administrative	141		
Other	1,012		
Warmline Calls	9,410		
Calls Answered For CSA Crisis Lines	8,974		
TOTAL CALLS ANSWERED for NEW MEXICO in 2016	35,050		



CALL VOLUME

Call volume continues to increase in the New Mexico Crisis and Access Line programs. We attribute this growth to consistent availability over the last 4 years, increasing trust and awareness within the community, and the expanding partnerships throughout the community, which include:

- Statements of Work with behavioral health agencies
- Concerted outreach and engagement efforts
- "Here to Hear You" public awareness campaign
- Sustained partnership with the National Suicide Prevention Lifeline, answering calls for the suicide prevention services in New Mexico





CLINICAL CALL INFORMATION

New Mexico Crisis and Access Line

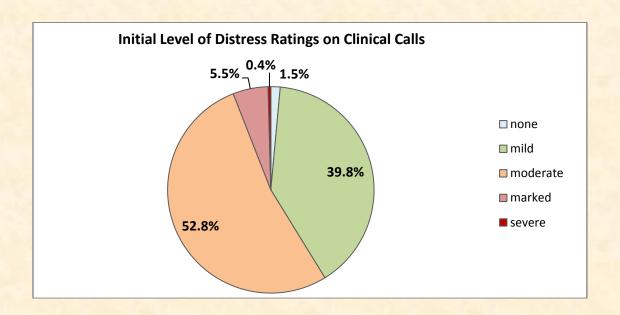
The following tables and charts provide information about the calls handled by mental health counselors on the New Mexico Crisis and Access Line and National Suicide Prevention Lifeline during 2016.

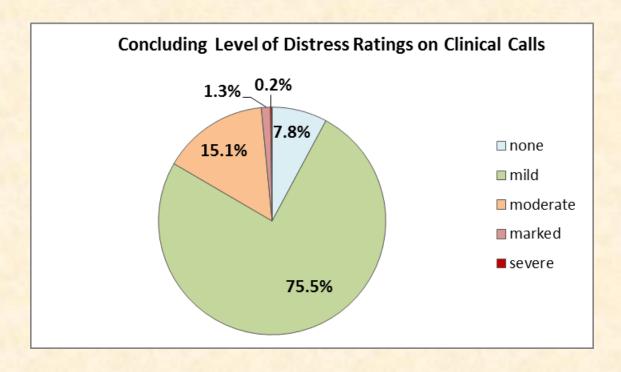
January - December 2016: Crisis Line Utilization		
Total Crisis Calls Handled	16,666	
Service Level (answered under 30 sec)	87.5%	
Abandonment Rate	2.7%	
Average Speed of Answer	16.3 sec	
Average Call Length (all calls)	9.5 min	
Average Call Length (Clinical calls)	16.6 min	

Primary Presenting Problem during Clinical Calls					
Presenting Problem	# of Calls	% of Calls	Presenting Problem	# of Calls	% of Calls
Alcohol/Drugs	818	6.6%	Grief/Loss	211	1.7%
Anger Management	210	1.7%	Intentional Self Injury	92	0.7%
Anxiety	3,526	28.4%	Medication	116	0.9%
Child	131	1.1%	Relationship/Marital	600	4.8%
Cognitive Concern/Psychosis	409	3.3%	Sexual Assault	27	0.2%
Danger to Others	78	0.6%	Situational Stress	1251	10.1%
Depression	1,140	9.2%	Suicide	1,881	15.1%
Domestic Violence	124	1.0%	Workplace Issue	17	0.1%
Family	629	5.1%	Other	1,171	9.4%



Crisis and Access Line counselors 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 specific clinical situation is acute.







On every crisis line call, the NMCAL counselor assesses the current situation and evaluates how the caller can be supported through the call. The counselor determines if the matter can be resolved on that call, or if a higher level of response is necessary. For nearly 96% of crisis line calls, the immediate situation was resolved through supportive telephone counseling. The following charts identify the outcomes of the crisis line calls answered from January to December 2016.

Level of Care for Clinical Calls			
Level of Care	# of calls	% of calls	
Routine	7,777	64.23%	
Urgent	4,377	33.04%	
Emergent	370	2.73%	

Clinical Disposition of All Crisis Line Clinical Calls				
Disposition	# of calls	% of calls		
Caller stabilized by counselor, referred to community resources.	12,007	95.9%		
Counselor made a report of abuse to CPS or APS.	65	0.5%		
Caller agreed to go to the hospital.	54	0.4%		
Caller agreed to take person of concern to the hospital.	52	0.4%		
Caller identified that they would call 911 regarding immediate danger to person of concern. 60		0.5%		
Caller conferenced to 911 due to immediate danger.	127	1.0%		
Counselor contacted police with caller's consent.	39	0.3%		
Counselor contacted police without caller's consent.	119	1.0%		



CALLS CONCERNING THOUGHTS OF SUICIDE

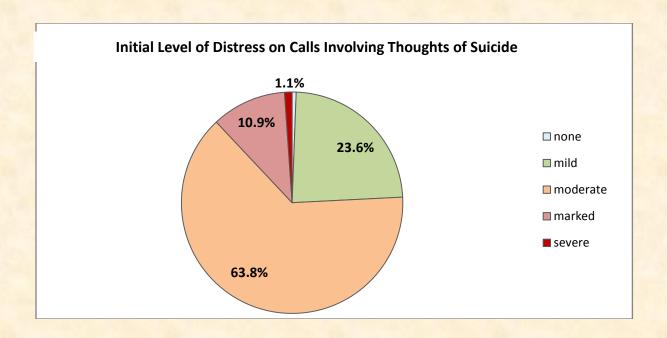
New Mexico Crisis and Access Line

While it was not always the presenting issue, concerns related to thoughts of suicide were reported on 31% of crisis line calls.

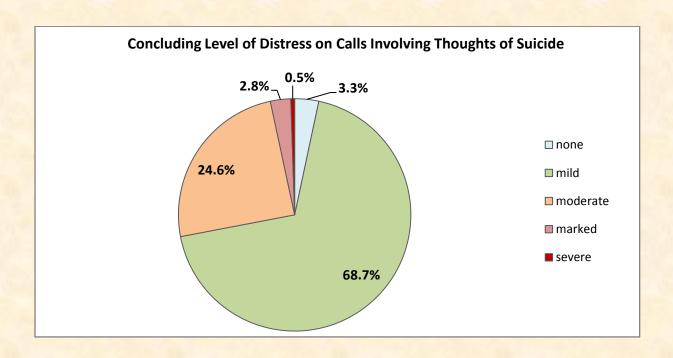
NMCAL looks closely at the outcome of calls where concerns about suicide are discussed. Of the calls answered during 2016, 3,888 crisis line callers reported concerns about suicide, either for themselves, or for another person of concern.

Disposition of All Crisis Line Calls Involving Suicide			
Disposition	# of calls	% of calls	
Caller stabilized by counselor, referred to community resources.	3,540	91.0%	
Caller agreed to go to the hospital.	40	1.0%	
Caller agreed to take person of concern to the hospital.	37	1.0%	
Caller identified that they would call 911 regarding immediate danger to person of concern.	41	1.1%	
Caller conferenced to 911 due to immediate danger.	101	2.6%	
Counselor contacted police with caller's consent.	30	0.8%	
Counselor contacted police without caller's consent.	99	2.5%	





In 91% of calls related to suicide, the NMCAL counselor was able to stabilize the caller and create a safety plan 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 through December of 2016.

It is important to note that demographic information is not gathered on all calls because callers may decline providing information, or not know how to answer. In some cases, the counselor did not ask the question, due to the nature of the call

All demographic information reported below is based on a caller's choice to self-report. This data is not externally verified.

Like most crisis lines, NMCAL has a small number of callers who contact us quite frequently and often generally talk to crisis line counselors for only a minute or two. This brief contact with a crisis line counselor can support these callers in staying healthy, and living independently within their communities.

During 2016, 82.7 % of callers (13,786 of the 16,666 crisis line calls) shared demographic information. The average caller contacted NMCAL twice. Of the 13,786 calls, 4,986 (36%) were identifiably unique callers that contacted NMCAL. To control for this small number of callers in the descriptive demographic information below, data is presented for both total calls, and for individual callers (aka: identifiably unique callers).

In 2016, NMCAL was able to document services provided to callers in all 33 counties across New Mexico.



County of Residence	Total Calls	Individual Callers	•	Total Calls	Individual Callers
Bernalillo	5,917	2,272	McKinley	164	85
Catron	19	7	Mora	3	3
Chaves	371	123	Otero	421	139
Cibola	45	29	Quay	22	16
Colfax	22	20	Rio Arriba	159	111
Curry	96	52	Roosevelt	67	16
De Baca	2	2	San Juan	140	92
Dona Ana	3,164	307	San Miguel	79	55
Eddy	91	69	Sandoval	532	333
Grant	104	53	Santa Fe	748	476
Guadalupe	4	4	Sierra	51	25
Harding	3	2	Socorro	114	34
Hidalgo	9	7	Taos	126	90
Lea	132	61	Torrance	87	30
Lincoln	99	45	Union	4	4
Los Alamos	42	35	Valencia	427	163
Luna	39	26	(outside NM)	483	200

Gender of Caller	Total Calls	Individual Callers
Male	36%	47%
Female	63%	52%
Other	1.2%	0.8%



Age of Caller	Total Calls	Individual Callers
Under 18	4%	11%
18-24	9%	16%
25-34	37%	24%
35-44	14%	17%
45-54	19%	14%
55-64	13%	11%
65+	3%	5%

Callers Health Insurance	Total Calls	Individual Callers
Medicaid	68%	49%
Other insurance	16%	24%
Insured, but type unknown	8%	17%
None	9%	11%

15% of callers without health insurance reported that they were receiving behavioral health treatment, as opposed to 42% of callers with insurance.

Caller Receiving Behavioral	Total	Individual
Health Treatment?	Calls	Callers
Yes	66%	39%
No	34%	61%



Callers	Total	Individual
Housing Status	Calls	Callers
Has permanent housing	90%	77%
Has temporary housing	6%	13%
Resides in a residential facility	0.8%	2%
Homeless	4%	9%

31% of homeless callers reported that they were receiving behavioral health treatment, as opposed to 41% of callers with permanent housing.

Callers housing status and if they are:Receiving treatmentWhat their insured status is	Yes	No
Homeless, and in treatment	69%	31%
Homeless, and insured	20%	80%
Housed, and in treatment	59%	41%
Housed, and insured	10%	90%

Callers	Total	Individual
Race/Ethnicity	Calls	Callers
White/Caucasian	67%	40%
Hispanic	25%	45%
American Indian or Alaskan	5%	7%
Black or African American	1%	3%
Asian	0%	1%
Multiracial	1%	4%
Other	0.6%	1.1%



Primary Language Of Caller	Total Calls	Individual Callers
English	94%	92%
English/Spanish Bilingual	5%	5%
Spanish	1%	2%
Other	0%	1%

NOTE: NMCAL is accessible to non-English speaking callers through a language interpretation service provider, and to callers that are speech or hearing impaired though TTY and Relay services.

How did the Caller Hear About NMCAL?	Total Calls	Individual Callers
Counselor/Therapist	42%	14%
Support Group	4%	1%
Medical or Behavioral Health Facility	9%	13%
Family or Friend	6%	9%
Governmental or Public Service Agency	4%	7%
Insurance Provider	1%	2%
Other Crisis Line or Warmline	11%	9%
Nurseline	1%	1%
Public Awareness Materials	2%	3%
Media	1%	2%
Internet	13%	26%
Phone Book	0.2%	0%
Other	7%	13%



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 from January through December of 2016 during Warmline operating hours of 3:30pm to 11:30pm MT.

January - December 2016: Warmline Utilization		
Total Calls Handled	9,410	
Average Call Length of Warmline Calls	15.5 min	

Outcome of Warmline Calls	# of calls	% of calls
Caller was supported by the call.	8,685	92.3%
Caller received referrals.	127	1.3%
Caller was transferred to NMCAL.	73	0.8%
Emergency call	0	0.0%
Other	518	5.5%

Warmline Peers work side by side with NMCAL's professional crisis line counselors to ensure that callers have access to the most appropriate services. To facilitate this, calls will sometimes be transferred to/from the NMCAL crisis line.

Calls Transferred between Warmline and NMCAL	# of calls	% of calls
Calls transferred from NMCAL to Warmline	103	1.09%
Calls transferred from Warmline to NMCAL	73	0.78%



Primary Presenting Problem in Warmline Calls	# of calls	% of calls
Abuse/Neglect	20	0.2%
Administrative Call	28	0.3%
Employment/Education	169	2.0%
Family	477	5.6%
Finances	110	1.3%
Food/Nutrition	94	1.1%
Friendships	97	1.1%
Healthcare	636	7.4%
Housing	237	2.8%
Legal	140	1.6%
Mental Health	5242	61.3%
Relationships	865	10.1%
Spirituality	254	3.0%
Substance Use	183	2.1%



COMMUNITY OUTREACH AND ENGAGEMENT

The New Mexico Crisis and Access Line & Peer-to-Peer Warmline continue to increase awareness of the programs throughout the state. This is a summary of the outreach and engagement activities for January through December of 2016.

STATEMENTS of WORK (SOW)

 CORE SERVICE AGENCY AFTERHOURS PROGRAM: NMCAL continues to work with Behavioral Health Core Service Agencies, and other approved Behavioral Health Medicaid Agencies, providing afterhours and weekend coverage services.

MEMORANDUMS of UNDERSTANDING (MOU)

- RIO GRANDE TAOS GORGE BRIDGE INTERCOMS: NMCAL continues to answer calls for the intercoms that are placed on the Rio Grande Taos Gorge Bridge. When an emergent call is received from the bridge intercoms NMCAL engages with local public safety, requesting an officer be dispatched to assist the person(s) of concern. NMCAL stays on the line and engaged with the caller until police officers arrive, and confirmation of the caller's safety is attained from public safety.
- NATIONAL SUICIDE PREVENTION LIFELINE (NSPL): NMCAL is one of 3 providers answering NSPL calls in New Mexico. NMCAL answered 2,339 calls for the National Suicide Prevention Lifeline in 2016.
 - 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.
- BERNALILLO COUNTY COMMUNICATION CENTER: Launched a warm-transfer protocol between Bernalillo County communication center emergency and nonemergency response dispatch center and NMCAL call center counselors on May 1, 2016. This MOU creates an avenue to support engaging people experiencing a behavioral crisis to the right care at the right time.



- CYFD PULL TOGETHER: NMCAL is listed as a statewide resource for crisis line and warmline services in the CYFD Pull Together Campaign. The campaign is designed to bring resources together in an easily accessible forum for New Mexicans to access support services for families and children in the communities that they live. https://pulltogether.org/
- NM AWARE: NMCAL is listed as a statewide resource for crisis line and warmline services in the NM Aware SAMHSA Grant. The program provides Mental Health First Aid training for public safety officials in Bernalillo County, Santa Fe County, CYFD, and New Mexico State Police that serve transitional age youth 14 24.
- SANTA FE COUNTY DWI TASKFORCE: Santa Fe County Behavioral Health Coalition, Santa Fe County DWI Taskforce, and NMCAL collaborated together and created radio ads that aired in Santa Fe and Rio Arriba Counties. The public awareness ad 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.

PUBLIC AWARENESS

 MEDIA MENTIONS and ENCOUNTERS: The following chart represents the number of times where NMCAL can verify it has been mentioned in the media as a result of an interview, a published or broadcasted media story, and/or through the public awareness campaign. While NMCAL monitor news feeds closely, it is assumed that this number is underrepresented.

Media Mentions and Encounters		
Newspapers (print and online)	an estimated 167 +	
Radio Interviews	6	
Radio Mentions	an estimated 776 +	
Television Appearances	6	
Television Interviews	5	
Television Mentions	an estimated 686 +	
Other Media Encounters	151	
Total Mentions and Encounters	approximately 1,797 +	



- **CAMPAIGN:** NMCAL created the public awareness campaign "Here to Hear You," encouraging New Mexicans to call NMCAL during a mental health concern. https://www.youtube.com/watch?v=7gRYg5AS1Lg&autoplay=1
- NMCAL PUBLIC AWARENESS MATERIAL DISTRIBUTION: NMCAL distributes
 public awareness materials to the community. The distribution of materials
 increases awareness on the NMCAL resource to all New Mexicans with concerns
 about their own mental health and are seeking support, as well as those with
 concerns about someone else experiencing a mental health concern:

Public Awareness Materials Distributed				
Posters				3,602
English	1,963	Spanish	1,639	
8.5 x 11 Fliers	(Reversible Engl	lish/Spanish)		6,362
Informational	Brochure Cards			64,220
English	39,525	Spanish	24,695	
Magnets				47,535
English	31,950	Spanish	15,585	
Wallet Cards				69,265
English	45,135	Spanish	24,130	
TOTAL PUBLIC AWARENESS MATERIALS			184,622	

PROGRAM AWARENESS and COMMUNITY PREVENTION TRAININGS:

Awareness and Training Events Delivered by NMCAL Staff			
# of pa	# of participants # of trainings		
NMCAL Presentations	1,827	78	
Mental Health First Aid Trainings	693	27	
QPR Suicide Prevention Trainings	343	7	
Managing your Chronic Disease Trainings	40	2	
TOTALS	2,903	114	



• **COMMUNITY PRESENCE**: NMCAL staff attend and participate in, community-based conferences, summits, exhibits, workshops, trainings, health fairs, and other awareness events throughout the state:

January - December 2016: Community I	Events
Conferences	14
Summits	6
Health Fairs	10
Resource Fairs	8
Advocacy and Awareness Events	16
Advocacy and Awareness Walks	4
Advocacy and Awareness Motorcycle Runs	3
Town Hall Meetings	3
Governance Meetings	2
Community Based Public Trainings	9
Legislative Events	5
Special Events	2
Other Community Events	4
Total Community Events Attended	86

- **COMMUNITY INVOLVEMENT:** NMCAL staff are regular participants 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
 - a.k.a.: 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
 - New Mexico Counseling Advisory Board



- Certified Community Behavioral Health Clinics (CCBHC) Ad-Hoc 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
- Core Service Agency Transition Meetings
- Non-Profit Board Participation:
 - American Foundation for Suicide Prevention, NM Chapter
 - Psychosocial Rehabilitation Association of New Mexico
 - Peers of the Land of Enchantment

ACCREDITATIONS and CREDENTIALS

- Reaccredited by the American Association of Suicidology
- Reaccredited by CARF, International

AWARDS

- Zach Kluckman, Peer to Peer Warmline staff member, was awarded 2nd Place for his Poetry Submission at the Paul G Quinnett Lived Experience Writing Contest sponsored by the American Association of Suicidolgy Annual Conference
- Wendy Linebrink-Allison, NMCAL Program Manager, received the CPSW Person in Recovery Award at the 2016 PSRANM Conference.

