



The New Mexico Crisis and Access Line: Crisis Assessment, Intervention and Facilitating Access to Mental Health Services
 24 hours a day, 7 days a week, 365 days a year for New Mexicans

The New Mexico Crisis & Access Line

- www.nmcrisisline.com; tel: 1-855-662-7474 (NMCAL)
- Established as a result of recommendations from the New Mexico House Joint Memorial 17 Task Force
- Behavioral Health Collaborative-created during 2004 Legislature (represents 15 state agencies)-collaborated with ProtoCall to bring NMCAL to New Mexico
- Centralized, statewide mental health crisis and mental health access line established for New Mexicans
- Provides a single telephone number, answered 24 hours a day, 7 days a week, 365 days a year by professional clinicians



The New Mexico Crisis & Access Line

- **Goal:** to close any existing gaps in access to crisis help when New Mexicans need it most - Began 2/1/13
- We stabilize, refer, and coordinate with local provider agencies, respite, warm lines, emergency rooms, law enforcement agencies and correctional facilities
- NMCAL complements and supports existing Core Service Agencies
- Our clinicians have access to local emergency workers, are trained in multiple clinical modalities as well as in assessing a crisis in order to effectively respond with the least restrictive alternative



The New Mexico Crisis & Access Line

- **Mission Statement** To provide timely, effective assessment and intervention to people in times of crisis, and ensure continuous, quality access to professional behavioral and health and wellness services.
- **Vision Statement** To lead the Behavioral Health world in providing continuous access to care, bringing light and hope to those in need during their darkest hour.



The New Mexico Crisis & Access Line

- Is accredited by CARF which provides accreditation services worldwide at the request of health and human service providers. Providers that meet CARF standards have demonstrated their commitment to being among the best available.
- Is accredited by American Association of Suicidology (AAS). Validating that our service delivery is performing according to nationally-recognized standards.
- Was recently honored to be accepted as member of the National Suicide Prevention Line, and will soon be accepting calls from New Mexicans who call this nationally recognized support at 1-800-273-TALK.



Who Answers the Line?

Quality Professional Clinicians who:

- Have at least a Master's degree in a behavioral health-related field (e.g., Social Work, Counseling, Psychology)
- Are licensed or registered with their state board as an approved post-graduate supervised clinician working towards independent licensure
- Answer to their state licensing board and their professional code of ethics



Who Answers the Line?

Quality Professional Clinicians who:

- Undergo rigorous background checks and drug screenings that surpass industry standards
- Are highly trained in administering crisis assessment and intervention and in all relevant HIPAA compliance practices
- Are covered by liability insurance that surpasses industry standards



Types of Client Presentations

- Situational Distress
- Worried Well
- Mood Disorders
- Chemical Dependency/Substance Abuse
- Domestic Violence
- Abuse
- Active Psychosis
- Suicidal Ideation/Self-Harm
- Homicidal Ideation/Harm to Others
- Mania
- Medication Concerns



How Do We Conduct the Work

- Stages of a Call
- Clinical Approach
- Assessment
- Intervention
- Level of Care based on Level of Presentation



5 Stages of a Call

- Pre-Assessment/Pre-education
- Rapport Building
- Assessment
- Intervention
- Termination



Our Clinical Approach

Solution Focused Brief Therapy Techniques

Solution-focused brief therapy (SFBT) targets what works rather than what's wrong. It is based on a non-pathology model that emphasizes the strengths and resources of client(s) in a collaborative effort to reach goals and resolve problems rapidly.

(Corey, 2012)



Additional Clinical Approaches

- Dialectical Behavior Therapy Techniques
 - Callers are doing the best they can with what they have and . . .
 - Callers can do better
- DBT Skills
 - Mindfulness, Distress Tolerance, Self-soothing, Acceptance, Turning the Mind
 - Skills List
 - Crisis Plan
 - Crisis Line = part of the plan



Additional Clinical Approaches

- Motivational Interviewing Techniques
 - Stages of Change
 - Precontemplation, Contemplation, Preparation, Action, Maintenance
 - Empathy
 - Meeting Client Where They Are
 - Rolling With Resistance
 - Working With Ambivalence
 - Developing Discrepancies



Clinical Interventions for Each Stage

Pre-education First!

- Define our role
- Scope of how we can help
- Explain how the call will proceed

Rapport Building precedes Intervention

- Validate and acknowledge distress



Clinical Interventions for Each Stage

Assessment defines purpose of the call

- What is client's need?
- What is goal for this call?
- Clinician keeps client focused on Here and Now
- Summarize problem using client's words
- Assess for any safety concerns



Assessment

- Presenting Concern
- Suicidal and Self Harm Ideation
- Homicidal and Harm to others Ideation
- Chemical Dependency
- Domestic Violence
- Abuse
- Level of Care



Presenting Concern

- Essential elements of the interaction
- What is the purpose for the call?
- Anxiety, depression, suicidal thoughts, family concerns, etc.



Suicidal Ideation/Self-Harm

- Ideation
- Intention
- Plan (means, lethality and accessibility)
- Precipitating event
- History of attempts (including possible attempt in progress)
- Present physical circumstances
- Recent use of substances/failure to take medication
- Reasons for living/protective factors



Homicidal Ideation

- Ideation
- Intent
- Plan
- History of violence or impulsiveness
- Intended victim



Chemical Dependency

- Name of substance used
- Frequency of use, and amount used
- Last use, duration of use
- Treatment history
- Current symptoms (from sober to withdrawal)
- How has the use impacted this call



Domestic Violence

- Nature of the abuse
- Current danger of abuse or violence
- A discussion of current safety planning
- Current need for medical attention or emergency services



Abuse

- Nature of the abuse
- Current danger of abuse or violence
- When the abuse occurred
- Demographic information regarding the perpetrator and victim
- A discussion of current safety planning
- Current need for medical attention or emergency services (assess whether this person needs help NOW)



Level of Care

- Routine: Call is resolved with de-escalation if necessary, and referral to local resources. Caller initiates next steps.
- Urgent: Call requires de-escalation and a determination has been made with consultation from clinical supervisor that an outbound call will be scheduled for follow up. Referral to local resources.
- Emergent: Call requires immediate emergency attention. Assessment of natural supports and least restrictive measures are determined. Voluntary movement toward emergency care is ideal but not always possible.



Routine Interventions

- With routine Level of Care, there will be no immediate safety concerns
- Connect with internal and external resources
- Connect to a past experience of successful coping, elicit competence; find what works
- Who else can help?
- What is one thing they can try right now?



Urgent

- Endorsed Safety Concerns
- Mindfulness exercise
- De-escalation
- Contingency Planning/
Risk mitigation (Model)
- Applicable SFBT/DBT/MI techniques
- Continue to draw on internal and external resources – (facilitating Client's Own Resources to Help Themselves Remain Safe)



Emergent

- Endorsed Safety Concerns & Client unable/unwilling to remain safe
- American Association of Suicidology Statement
- Least Restrictive Alternatives
- Coordinating with emergency services



Termination and Documentation

- Encouraging commitment
- Summarizing call
- Developing action steps
- Reconfirm any safety plan
- All calls are documented and maintained with highest standards of HIPAA and HITECH compliance.



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.

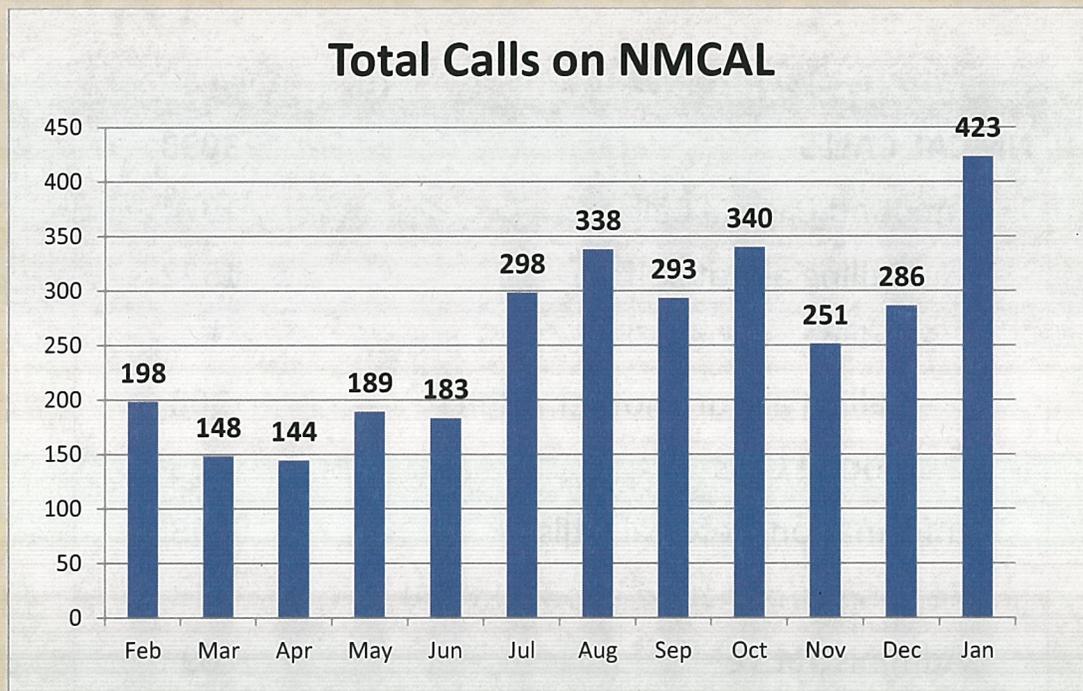
Feb 2013 - Jan 2014: Calls Answered by Type	
NMCAL CALLS	3093
Inbound Clinical Calls	1974
- Calling about Self	1522
- Calling about a Child	84
- Calling about another Adult	368
Outbound Calls	226
Information/Referral Calls	193
Seeking information about NMCAL	113
Administrative	69
Hang-ups/Wrong #s/Internal 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.

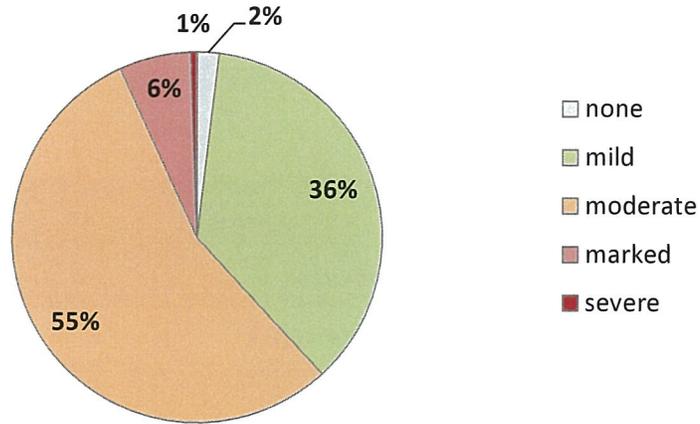


CLINICAL INFORMATION

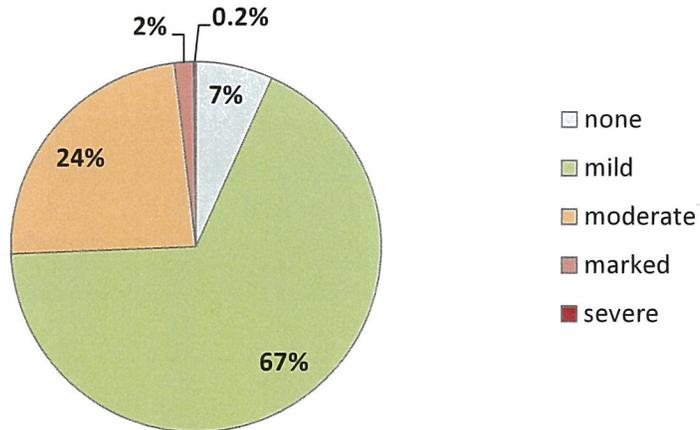
Our clinicians rate initial and concluding level of distress on every clinical call. Level of distress is based on both the caller's presentation or overt behavior, and on an assessment of their clinical situation. Even if a caller is not emotional or upset, their level of distress is rated higher if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



Initial Level of Distress Ratings on Clinical Calls



Concluding Level of Distress Ratings on Clinical Calls



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



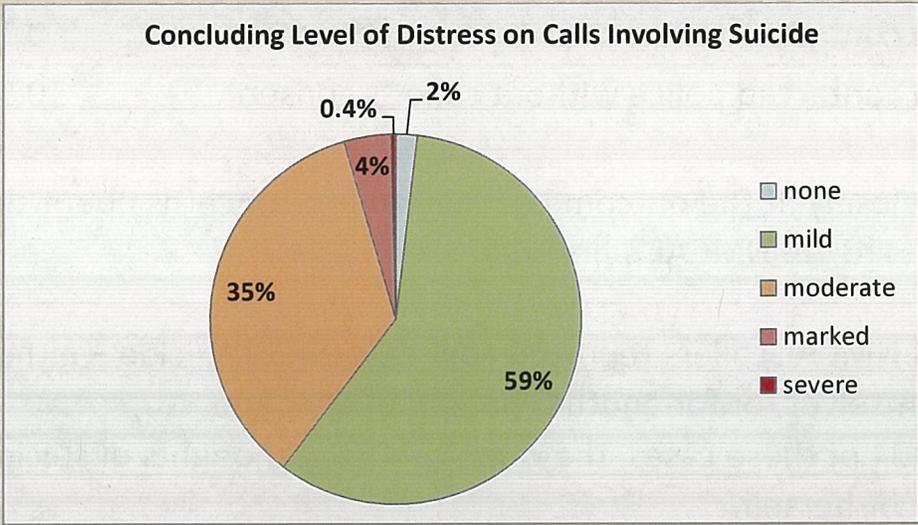
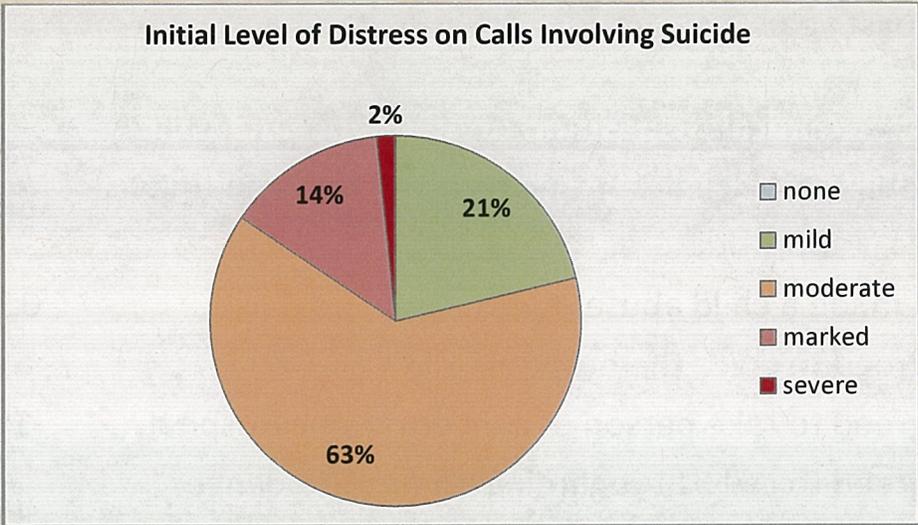
consent). These are the clinical outcomes of the NMCAL calls taken over the past year.

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.



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

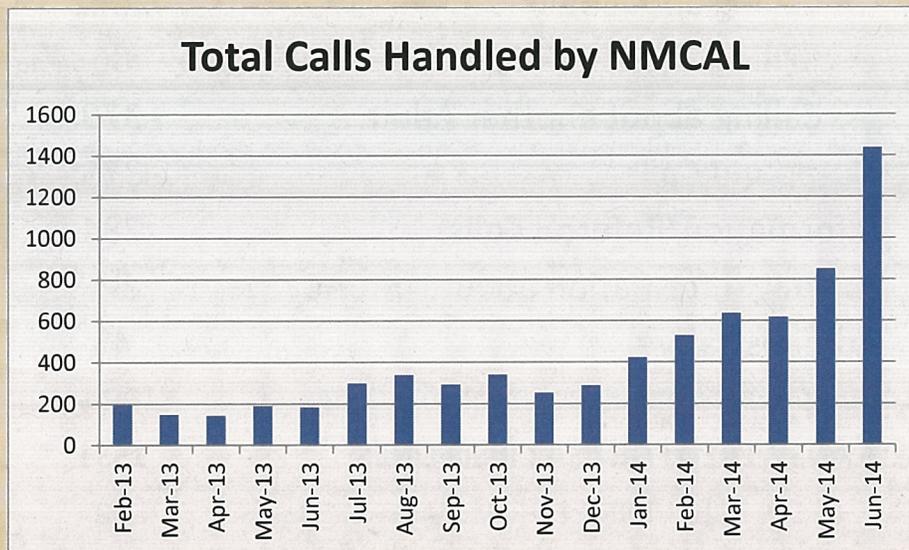


Jan - Jun 2014: NMCAL Performance

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

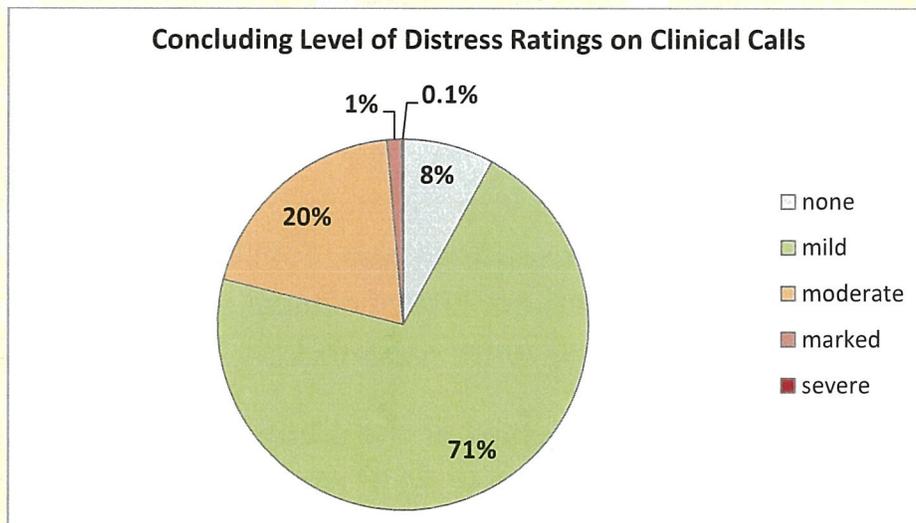
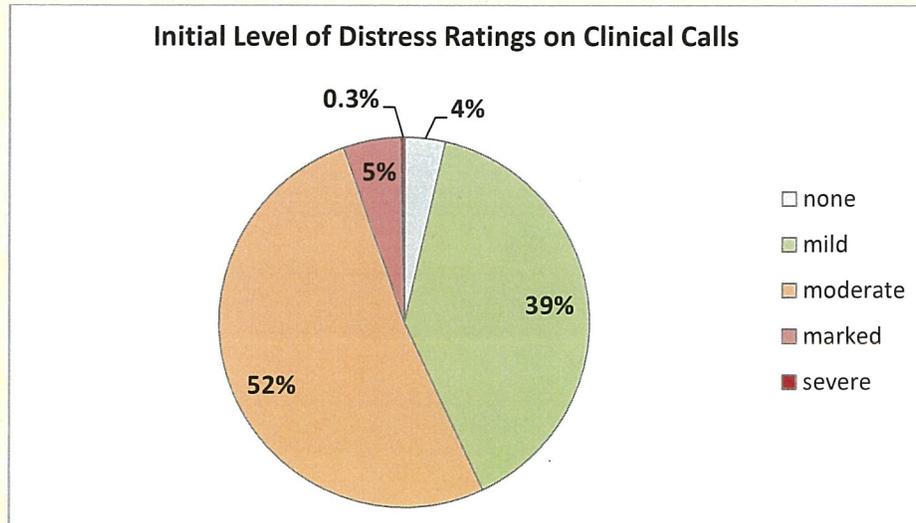
CALL VOLUME

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.



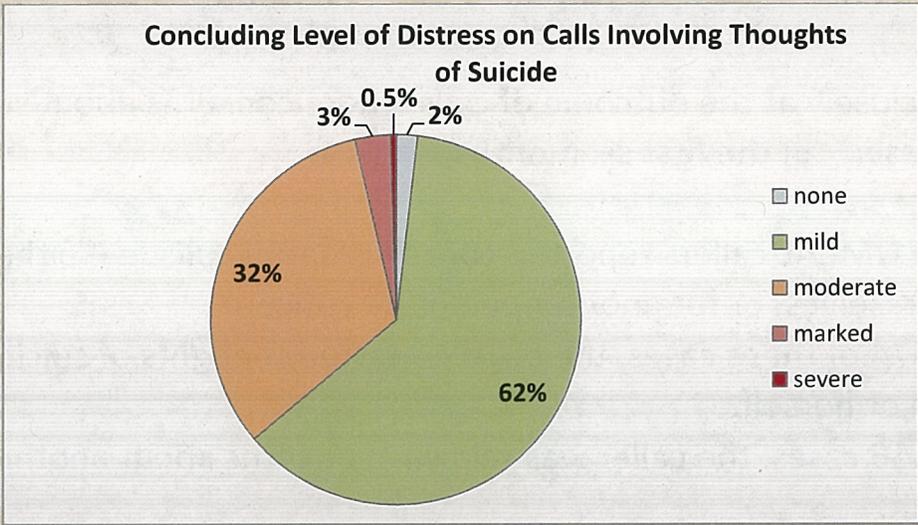
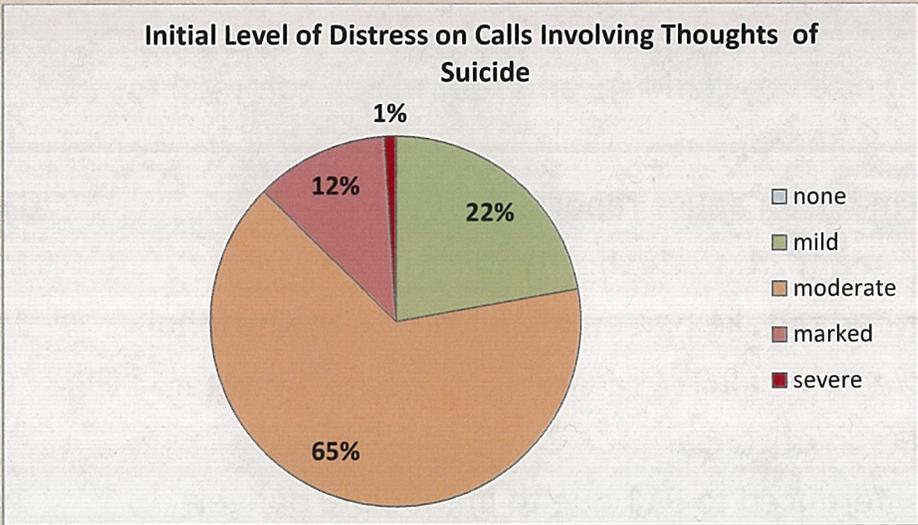
Outcome of All Clinical Calls

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



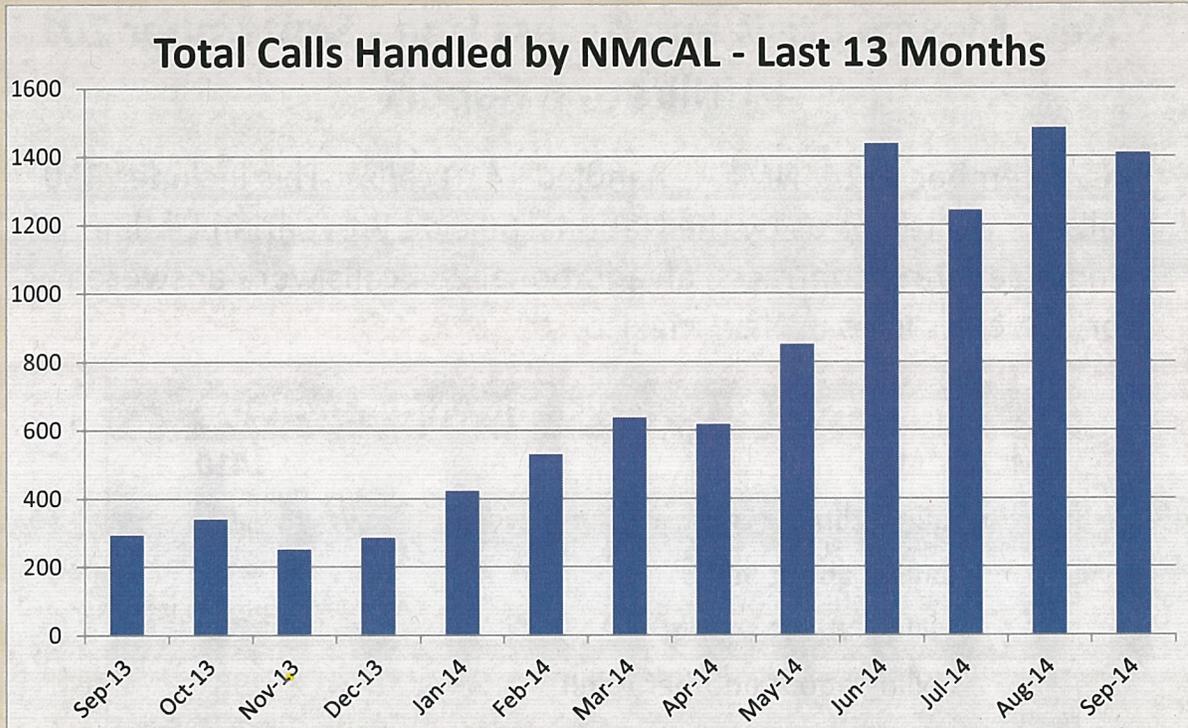
New Mexico Crisis and Access Line - September 2014 Utilization Report

In September 2014, NMCAL handled 1410 calls. This includes 350 calls connected to us by the National Suicide Prevention Lifeline. Under separate contracts, an additional 284 calls were answered for CSA crisis lines in New Mexico.

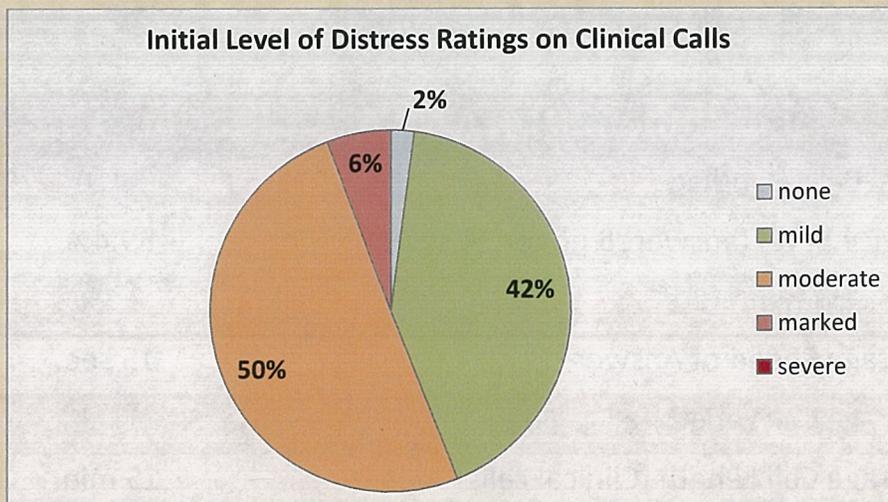
September 2014: Calls Answered by Type	
NMCAL CALLS	1410
Inbound Clinical Calls	958
- Calling about Self	835
- Calling about a Child	25
- Calling about another Adult	98
Outbound Calls	131
Information/Referral Calls	38
Seeking information about NMCAL	13
Administrative	9
Hang-ups/Wrong #s/Internal Test Calls	261
CALLS ANSWERED FOR CSA CRISIS LINES	284
TOTAL CALLS ANSWERED FOR NEW MEXICO	1694

September 2014: NMCAL Utilization	
Total Calls Handled	1410
Service Level (answered under 30 sec)	89.4%
Abandonment Rate	2.5%
Average Speed of Answer	15 sec
Average Call Length (all calls)	11 min
Average Call Length (Clinical calls)	15 min

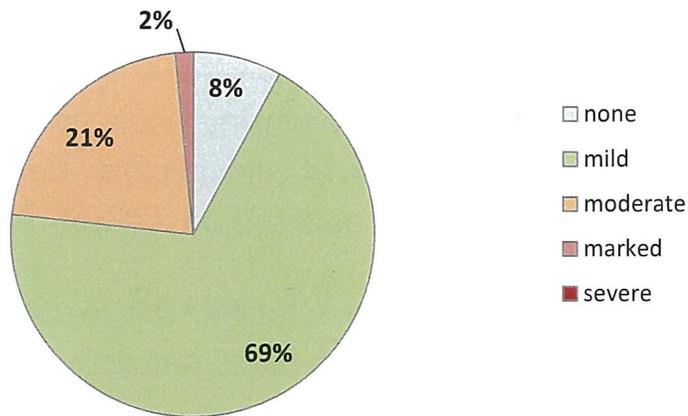




NMCAL clinicians rate initial and concluding level of distress on every clinical call. Level of distress is based on both the caller's presentation or overt behavior, and on an assessment of their clinical situation. Even if a caller is not emotional or upset, their level of distress is rated higher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



Concluding Level of Distress Ratings on Clinical Calls



Level of Care of Clinical Calls

Routine	67%
Urgent	31%
Emergent	2%

Primary Presenting Problem in Calls

Alcohol/Drugs	7%
Anger Management	2%
Anxiety	34%
Child	2%
Danger to Others	0.2%
Depression	11%
Family	5%
Grief/Loss	2%
Medication	1%
Relationship/Marital	5%
Suicide	14%



Workplace Issue	0.2%
Other	17%

While it was not always the presenting issue, concerns related to suicide were reported on 36% of clinical calls. Concerns related to drug or alcohol abuse were reported on 27% 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 for September.

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

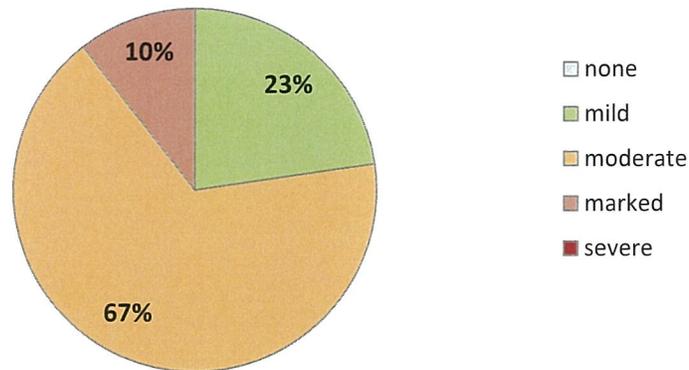
In September, 315 NMCAL callers reported concerns about suicide – either for themselves, or for the person of concern. NMCAL clinicians work with our callers to try to deescalate the emergency and create safety plans. We only involve hospital or emergency services when there is no less intrusive way to keep our callers safe.



Clinical Outcome on Calls Involving Thoughts of Suicide

Caller stabilized by clinician, and referred to community resources if appropriate.	90%
Caller will take the person of concern to the hospital.	3%
Caller agreed to go to the hospital.	2%
Caller agreed to call 911 regarding immediate danger to a third party.	1%
Caller conferenced to 911 due to immediate danger.	1%
Clinician contacted police with caller's consent.	1%
Clinician contacted police without caller's consent.	2%

Initial Level of Distress on Calls Involving Thoughts of Suicide



Concluding Level of Distress on Calls Involving Thoughts of Suicide

