



The New Mexico Crisis and Access Line and Peer to Peer Warmline: Crisis Assessment, Intervention, Peer Support Services, and Facilitating Access to Mental Health Services

24 hours a day, 7 days a week, 365 days a year for New Mexicans

New Mexico Crisis & Access Line (NMCAL)

A Division of ProtoCall Services

- A professional mental health crisis line, and a peer support warmline program
- Available statewide to all New Mexicans
- Free service, funded by NM Behavioral Health Services Division (BHSD)
- NMCAL was established in February of 2013
- ProtoCall Services has been:
 - doing business in NM since 2004
 - answering for behavioral health organizations nationwide since 1992

Why we are doing this?

House Joint Memorial 17

(2011 Legislative Session : HJM17)

- Offering services that provide the least restrictive environment to people in the community, while maximizing choice
- Providing a system that serves individuals with mental illness who have insight into their condition, and those who do not
- Delivering services that are available to all persons with serious mental illness, their families, and their natural supports

HJM17 : Mental Health Services Criteria

- Services provided must be:
 - Trauma informed
 - Culturally sensitive
 - Gender specific
 - Age appropriate
 - Language appropriate
 - Accessible to anyone regardless of :
 - literacy level
 - socio-economic status
 - or insured status

NMCAL : Goal, Mission, and Vision

- **Goal:** To close gaps in access to crisis help when New Mexicans need it most.

- **Mission:** To provide timely, effective assessment and intervention to people in times of crisis, and ensure continuous, quality access to professional behavioral health and wellness services.

- **Vision:** To lead the Behavioral Health world in providing continuous access to care, bringing light and hope to those in need during their darkest hour.

Who Answers the Crisis Line?

Quality Professional Clinicians who:

- Have at least a Master's degree in a behavioral health related field
- Are licensed, or registered, with their state board
 - ✓ Answer to their state licensing board
 - ✓ Adhere to their professional code of ethics
- Undergo background checks and drug screenings
- Highly trained in crisis assessment, and intervention

How Do Clinicians Assist Callers?

- Evaluate the intentions of the call
 - Using a Clinical Approach
- Define the Purpose of the Call
 - What does the caller need?
- Build Rapport
 - Active listening, asking open ended questions to solicit disclosure, utilizing the least aggressive approach necessary, gathering information
- Obtain Demographics
 - Caller disclosure only



Identify What People Call About

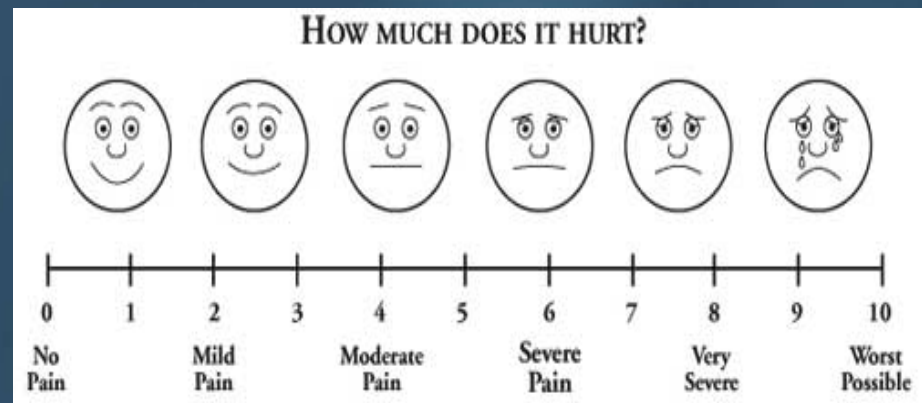
Determine the essential elements shared by the caller that will support the interaction(s)

Assessment: What is the purpose for the call?

- Suicidal Ideation
- Self Harm
- Homicidal Ideation
- Contemplating Harming Others
- Substance Use
- Abuse
- Domestic Violence
- Trauma
- Depression
- Post Traumatic Stress
- Anxiety/Stress
- Brain Injury
- Hopelessness
- Helplessness
- Worthlessness
- Family concerns
- Worried about someone else
- Just need someone to talk with

Determine the Level of Distress

- Clinicians assess the caller's distress level at the beginning, and at the end of the call
 - Assessment consists of the clinical situation, as well as the caller's affect
- Five levels include:
 - No Apparent
 - Mild
 - Moderate
 - Marked
 - Severe



Apply a Clinical Process

- Complete an Assessment
- Determine the Level of Care needs
 - Develop a safety and contingency plan
 - Connect with community resources
- Apply a solution-focused intervention supporting already established internal and external resources.
- Respond with the least restrictive alternative
- Schedule a Follow Up, when needed
- End the call and complete documentation

Decide on the Level of Care Needed



3 levels of care

Provide: Routine Interventions

Call is resolved with de-escalation if necessary, and referral to local resources. Caller initiates next steps.

- With routine Level of Care, there will be no immediate safety concerns
- Assess functional status, substance use, and risk associated with harm to themselves or others
- 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?

Identify Community Resources

Network of Care

- Resource for individuals, families, and agencies concerned with behavioral health.
- Providing information about behavioral health services, laws, and related news, as well as communication tools and other features.
- Assists in efforts to protect our greatest human asset, our minds....and helps ensure that there is "No Wrong Door" for those who need services.



Assist: Urgent Matters

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.

- 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 the caller's own resources, to help the caller to remain safe

Help: Emergent Callers

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.

- Endorse safety concerns
- Identify that the caller is unable, and/or unwilling, to remain safe
- Follow the American Association of Suicidology standards
- Utilize least restrictive alternatives
- Coordinate with emergency services

Sometimes, People Call Because They're Worried about Someone Else

- The caller does not have to be the one in crisis to call NMCAL
- Sometimes callers are looking to find ways in which they can help someone else experiencing a mental health concern



Stages of a call are similar, whether the call is on behalf of themselves, or someone else

Ending the Call and Documentation

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



Engagement with Law Enforcement

PSPG CIT Trainings

Training public safety officials to engage NMCAL as a part of the Crisis Intervention Team (CIT) process



Engagement with Law Enforcement

On Scene Responses

First responders on scene may recognize that the person could benefit from connecting with a crisis line clinician

First Responders can provide NMCAL contact information with the individual

(Comments must be noted in the call, and appropriate disposition applied)

Professional Counselors and Peer Supports are here to hear you 24/7/365	
Crisis Line 1 (855) 662-7474	www.nmcrisisline.com
Warm Line 1 (855) 466-7100	For TTY access call 1 (855) 227-5485

Engagement with Law Enforcement

Field Officers

- Offering the community member a counselor to talk to in their moment of need
- Allows public safety officers to:
 - Provide a resource to talk to a counselor when the scene has been cleared
 - Provide contact information to people
 - cards, flyers
 - Establish a way to leave the scene, and engage the community member in a resource
 - Engage the community member with an alternate resource for future engagements

On Scene Engagement with NMCAL

First responder uses the individual's phone to connect the person with NMCAL directly

This ensures the responders ability to leave the scene once the individual has been connected to resources
(Comments must be noted in the call, and appropriate disposition applied)



Public Safety Leaving the Scene

After a few minutes, and determination that criteria is being met, the officer initiates leaving the scene:

First responder:

"If something changes during your call, be sure to call us back."



Public Safety MOUs

Memorandum of Understanding (MOU) for Bernalillo ECC Dispatch Officers to engage, if criteria is met, and transfer mental health calls to NMCAL



**No apparent risk of harm to the caller,
or other community members**

Bernalillo County Public Safety Calls

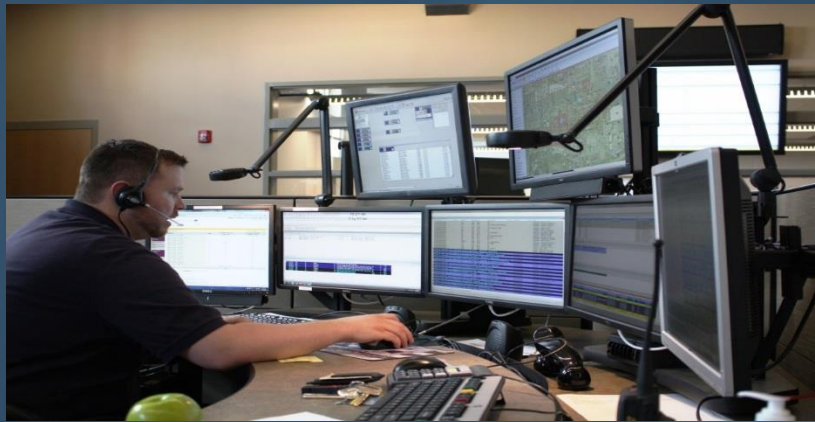
911 Emergency & Communication Center Dispatch

- Dispatchers will answer inbound emergency and non-emergency calls from individuals who are in need of psychological help, representing abnormal behavior, or having thoughts of suicide
- If the individual is on the line, and is presenting these mental health related concerns, the dispatcher will engage NMCAL and process the call through PRO-QA

These type of calls are no longer processed
as 10-40 Law Calls

PRO QA

The dispatcher will follow Medical Priority Dispatch System (MPDS) protocol number 25 and ask all key questions appropriate to the case



In situations where circumstances do not meet specific criteria the 25B6 coding will be utilized with the appropriate sub-coding if appropriate

Guidelines for Dispatch to NMCAL

- If the calling party is deemed to be a viable candidate based on set criteria (25-A- 1, 25-A-2, 25-B-6) for NMCAL assistance, the dispatcher will transfer the caller to NMCAL for a "warm transfer"

The dispatcher will remain on the line to assure the phone line connection has been established, and ensure the conversation has been initiated



BCECC Script for Warm Hand-Off

Dispatch/Officer:

“Stay on the line while I connect you to a mental health provider”

NMCAL:

“Thanks for calling NMCAL, my name is _____.
How may I help you?”

Dispatch: “This is _____ with Bernalillo county, I have a caller on the line that would like to speak with you.”

NMCAL Gathers Information

First Responder stays as silent as possible and allows caller to do most of the talking, but dispatch/officer will provide assistance when need



NMCAL Transfers from BCECC

The dispatcher will disconnect the line only after they have assured that rapport has been established and the caller is comfortable with the NMCAL transfer

The dispatcher will verbalize they will be leaving the call to insure the success of the warm transfer



WE ANSWER



WE INFORM



WE TRANSFER

Threat Assessment

If a threat or danger has been identified by the dispatcher

- The call will be processed as a law call
- Appropriate units will respond
- NMCAL can then be introduced on scene, when and if appropriate.



BCECC will follow the appropriate response guidelines when dispatching units based on
25 Card - DISPATCHING PROTOCOL

BCFD/BCSO On-Scene Protocol

1. If the call is high acuity based on coding, field responders will follow set protocols on when to contact NMCAL

11. BCECC will be contacted if and when NM CAL contact is being made on site. This is for tracking purposes and will be documented in the CAD

111. Once first responders clear the scene, the appropriate pre-determined disposition code will be used to close the call

- Upon receiving a call meeting MPDS protocol 25, dispatchers will use gathered information to search the Bernalillo County Crisis Intervention Database for any previous engagement with the caller.
- This information will be used to best address the needs of the caller and increase first responder safety.

Comments & Dispositions

- In the event that a referral to NMCAL is made the call MUST reflect in the comments
 - FIELD REFERRAL comments must be added to the CFS by indicating the appropriate entity and key words
 - “SO” for sheriff office referral
 - “FD” for fire department referral
- Key words in the comments MUST be “Referral” or “Referred”

Comments & Dispositions

- DISPATCH REFERRAL- comments must be added to the CFS by indicating the action taken by the dispatcher

Comments of “transferred” must be included when the call is TOT'd to NMCAL without remaining on the line.

Comments of “observed” must be included when, to indicate the dispatcher has transferred the call to NMCAL but is monitoring for additional information while units are enroute.

Comments & Dispositions

The Disposition that will be used to close the dispatch call is “NMCAL”



Public Awareness Materials

English and Spanish Materials

- Wallet Cards
- Informational Brochures
- Magnets
- Posters
 - 8.5x11
 - 11x17



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<small>Warm Line</small> 1 (855) 466-7100	

Email New Mexico Program Manager to Request Materials
wendy.linebrink-Allison@nmcrisisline.com

Thank you!



Contact information:

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- E-Mail: wendy.linebrink-Allison@nmcrisisline.com
- Website: <http://www.nmcrisisline.com>

You Can Access Help Anytime at the New Mexico Crisis and Access Line **1-855-662-7474**



www.nmcrisisline.com

ProtoCall Services: NM Programs

- Crisis and Access Line
- Peer to Peer Warmline
- Rio Grande Gorge Call Boxes
- National Suicide Prevention Lifeline Provider
- Contracting with NM Behavioral Health Providers
- Providing a Core Service Agency After Hours Program
- Building Community Awareness
- Delivering Community Trainings
- Offering a Resource for CYFD Pull Together Campaign
- Collecting Data for the NM Project Aware Grant
- Conveying a Public Awareness Campaign

