



# June 2016 New Mexico Utilization Report

- Overview Summary (pg 1)
- Crisis and Access Line and NSPL (pgs 2-7)
- Peer-to-Peer Warmline (pgs 8-9)

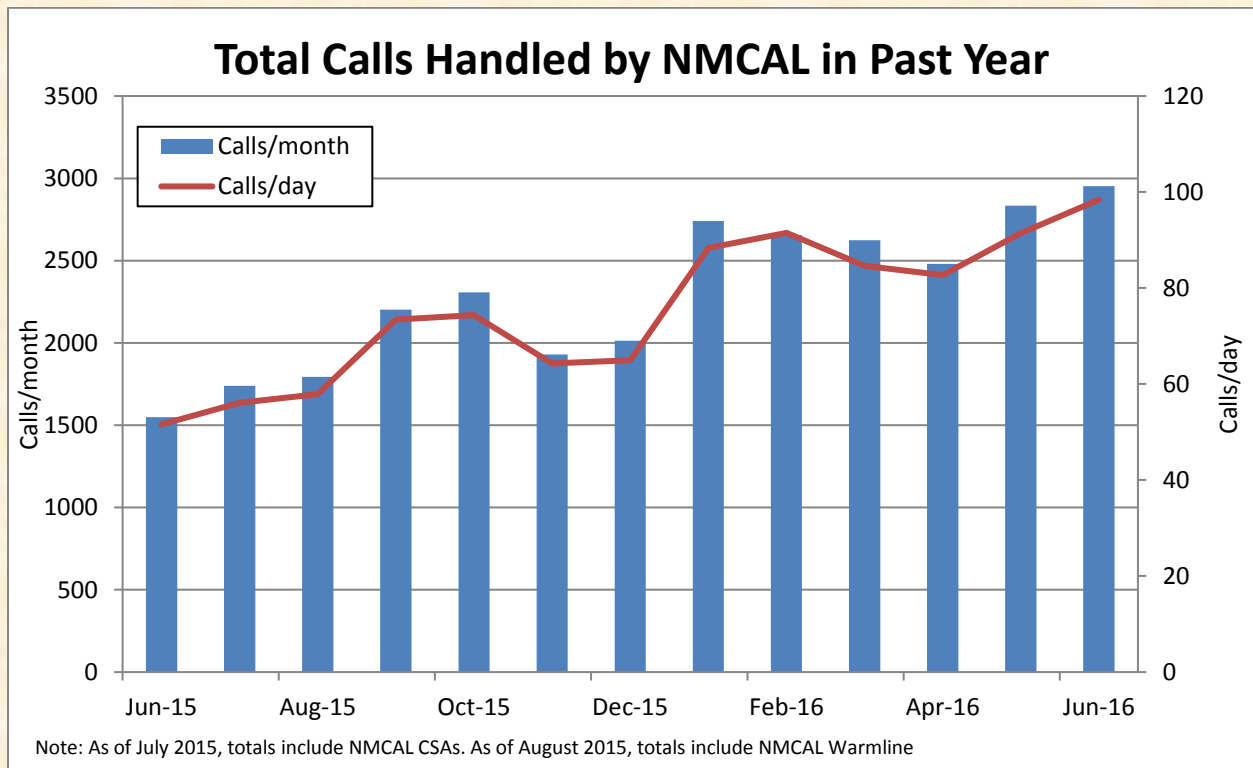
In June of 2016, the New Mexico Crisis and Access Line (NMCAL) handled 2,952 calls. This includes 1,071 calls on the Statewide Crisis and Access Line, 257 New Mexico calls for the National Suicide Prevention Lifeline (NSPL), 826 calls for the Peer-to-Peer Warmline, and 798 after-hours calls forwarded from New Mexico's Behavioral Health Core Service Agencies (CSA's).

<b>June 2016: Calls Answered by Type</b>	
<b>Total Statewide Crisis and Access Line + NSPL Calls</b>	<b>1328</b>
Total Inbound Clinical Calls	1026
Calling about Self	906
Calling about a Child	21
Calling about another Adult	99
Outbound Calls	106
Information/Referral Calls	67
Seeking information about NMCAL	29
Public Safety Calls	11
Administrative	12
Other	77
<b>Warmline Calls</b>	<b>826</b>
<b>Calls Answered For CSA Crisis Lines</b>	<b>798</b>
<b>TOTAL CALLS ANSWERED FOR NEW MEXICO</b>	<b>2952</b>



## June 2016: Crisis Line Call Data

Total Calls Handled	1328
Service Level (answered under 30 sec)	88.3%
Abandonment Rate	3.1%
Average Speed of Answer	16 sec
Average Call Length (all calls)	8.8 min
Average Call Length (Clinical calls)	17.3 min

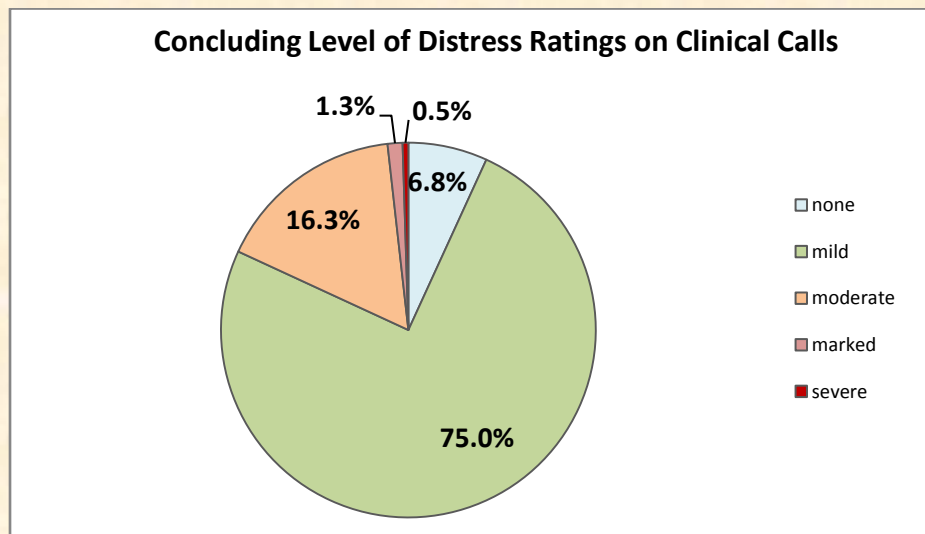
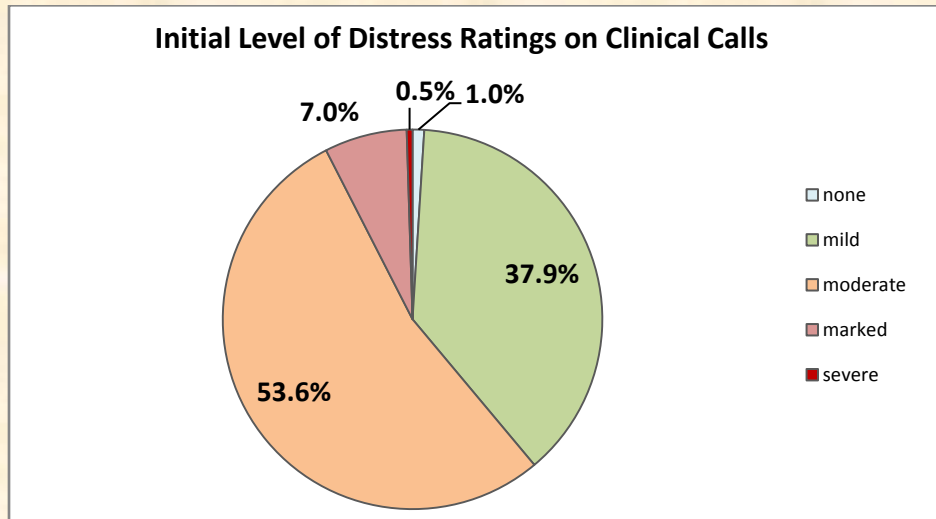


Callers are asked for their county of residence; these responses cannot be independently verified. This data is not necessarily predictive of an overall need for services in each county, as small numbers of callers contact NMCAL quite frequently.

County of Residence	Total Calls	County of Residence	Total Calls
Bernalillo	416	McKinley	0
Catron	0	Mora	0
Chaves	19	Otero	43
Cibola	8	Quay	0
Colfax	4	Rio Arriba	13
Curry	15	Roosevelt	1
De Baca	0	San Juan	14
Dona Ana	240	San Miguel	5
Eddy	5	Sandoval	42
Grant	9	Santa Fe	72
Guadalupe	0	Sierra	8
Harding	0	Socorro	9
Hidalgo	0	Taos	12
Lea	15	Torrance	10
Lincoln	15	Union	0
Los Alamos	0	Valencia	29
Luna	8	(outside NM)	182



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.



## Statewide Crisis and Access Line (including NSPL Calls)

Level of Care of Clinical Calls	
Routine	59.1%
Urgent	37.8%
Emergent	3.1%

Primary Presenting Problem in Calls	
Alcohol/Drugs	6.3%
Anger Management	1.2%
Anxiety	27.5%
Child	0.3%
Cognitive Concerns/Psychosis	2.9%
Danger to Others	0.3%
Depression	10.7%
Domestic Violence	1.4%
Family	4.0%
Grief/Loss	2.2%
Intentional Self Injury	0.6%
Medication	1.1%
Relationship/Marital	5.3%
Sexual Assault	0.3%
Situational Stress	9.4%
Suicide	17.2%
Workplace/Career Assistance	0.1%
Other	9.2%



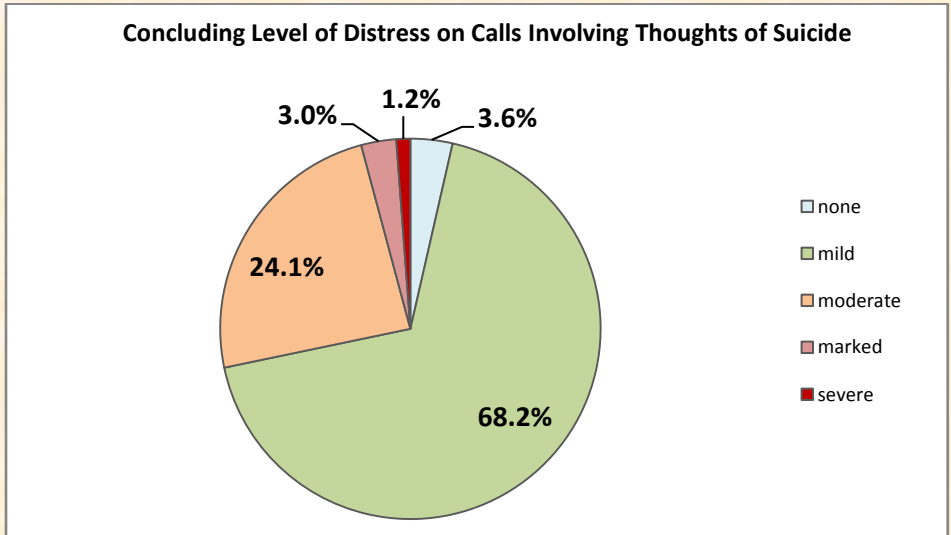
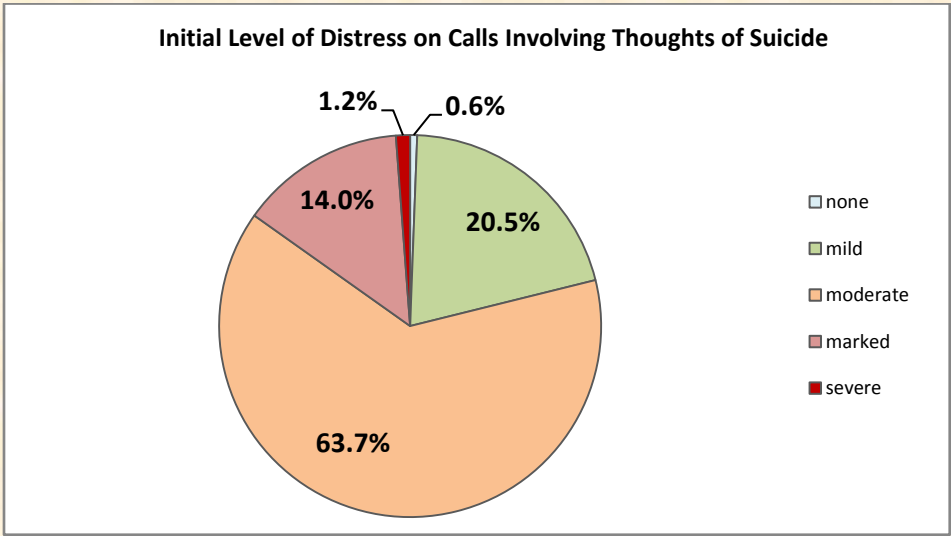
For every clinical call, we track whether the situation could be stabilized by the clinician, or if a more restrictive level of care was necessary. These are the clinical outcomes of the NMCAL calls for June.

<b>Clinical Outcome For All Counseling Calls</b>	
Caller stabilized by clinician, and referred to community resources if appropriate.	95.3%
Clinician made an abuse report.	0.7%
Caller will take the person of concern to the hospital.	0.3%
Caller agreed to go to the hospital.	0.6%
Caller agreed to call 911 regarding immediate danger to a third party.	0.5%
Caller conferenced to 911 due to immediate danger.	1.0%
Clinician contacted police with caller's consent.	0.4%
Clinician contacted police without caller's consent.	1.2%

While it was not always the presenting issue, concerns related to suicide were reported on 33.3% of clinical calls. Concerns related to drug or alcohol abuse were reported on 18.8% of clinical calls. In June, 336 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.

<b>Clinical Outcome on Calls Involving Suicide</b>	
Caller stabilized by clinician, and referred to community resources if appropriate.	91.1%
Caller will take the person of concern to the hospital.	0.6%
Caller agreed to go to the hospital.	1.8%
Caller agreed to call 911 regarding immediate danger to a third party.	0.6%
Caller conferenced to 911 due to immediate danger.	1.8%
Clinician contacted police with caller's consent.	1.2%
Clinician contacted police without caller's consent.	3.0%





## Peer-to-Peer Warmline

In June 2016, the Peer-to-Peer Warmline handled 826 calls during its operating hours of 3:30pm to 11:30pm MT.

June 2016: Warmline Utilization	
Total Calls Handled	826
Average Call Length	13.5 min

Outcome For Warmline Calls	
Caller was supported by the call.	84.6%
Caller received referrals.	1.6%
Caller was transferred to NMCAL.	0.7%
Emergency call	0.0%
Other	13.1%

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	12
Calls transferred from Warmline to NMCAL	6





Primary Presenting Problem in Warmline Calls	
Abuse/Neglect	0.4%
Administrative Call	0.1%
Employment/Education	4.7%
Family	5.4%
Finances	2.0%
Food/Nutrition	0.9%
Friends	0.3%
Healthcare	8.1%
Housing	2.1%
Legal	1.4%
Mental Health	59.5%
Relationships	7.5%
Spirituality	5.7%
Substance Use	1.7%

