



March 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)

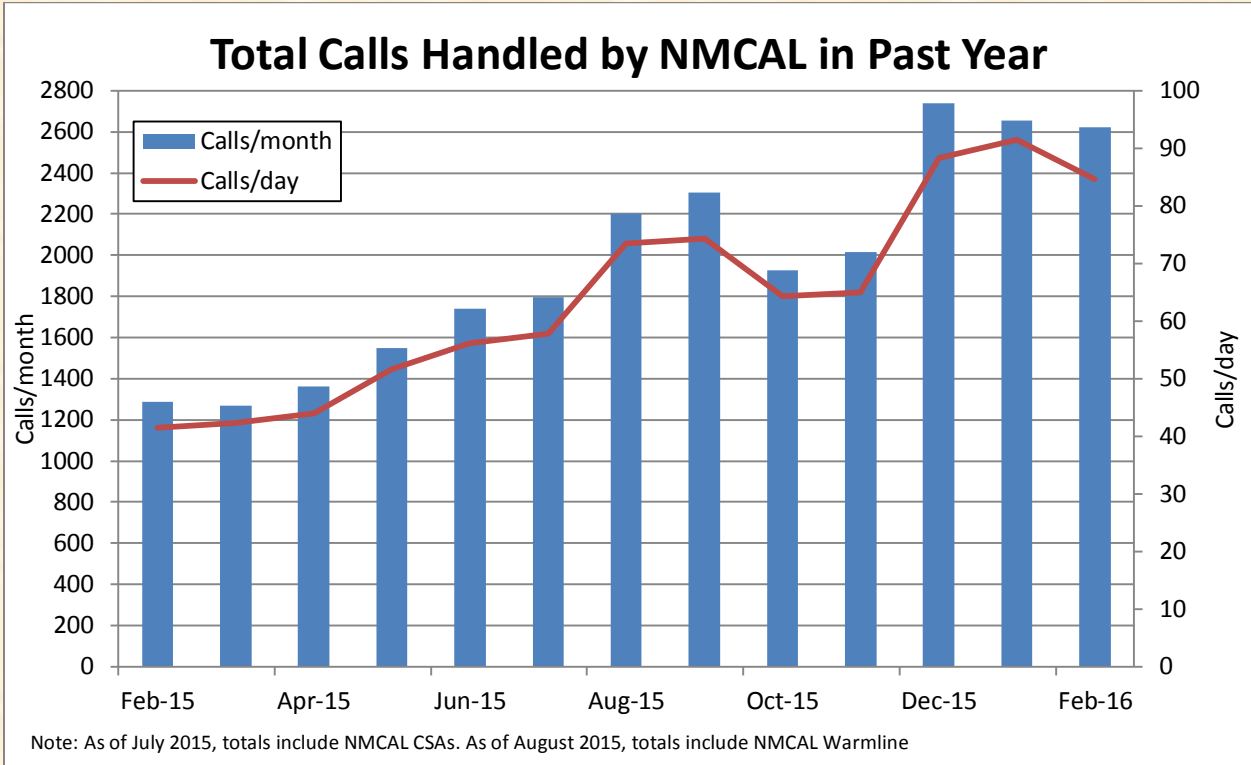
In March of 2016, the New Mexico Crisis and Access Line (NMCAL) handled 2,624 calls. This includes 1,254 calls on the Statewide Crisis and Access Line, 109 New Mexico calls for the National Suicide Prevention Lifeline (NSPL), 626 calls for the Peer-to-Peer Warmline, and 635 after-hours calls forwarded from New Mexico's Behavioral Health Core Service Agencies (CSA's).

March 2016: Calls Answered by Type	
Total Statewide Crisis and Access Line + NSPL Calls	1363
Total Inbound Clinical Calls	1077
Calling about Self	946
Calling about a Child	25
Calling about another Adult	106
Outbound Calls	96
Information/Referral Calls	52
Seeking information about NMCAL	21
Administrative	19
Other	98
Warmline Calls	626
Calls Answered For CSA Crisis Lines	635
TOTAL CALLS ANSWERED FOR NEW MEXICO	2624



March 2016: Crisis Line Call Data

Total Calls Handled	1363
Service Level (answered under 30 sec)	92.8%
Abandonment Rate	1.1%
Average Speed of Answer	12 sec
Average Call Length (all calls)	9.0 min
Average Call Length (Clinical calls)	15.2 min

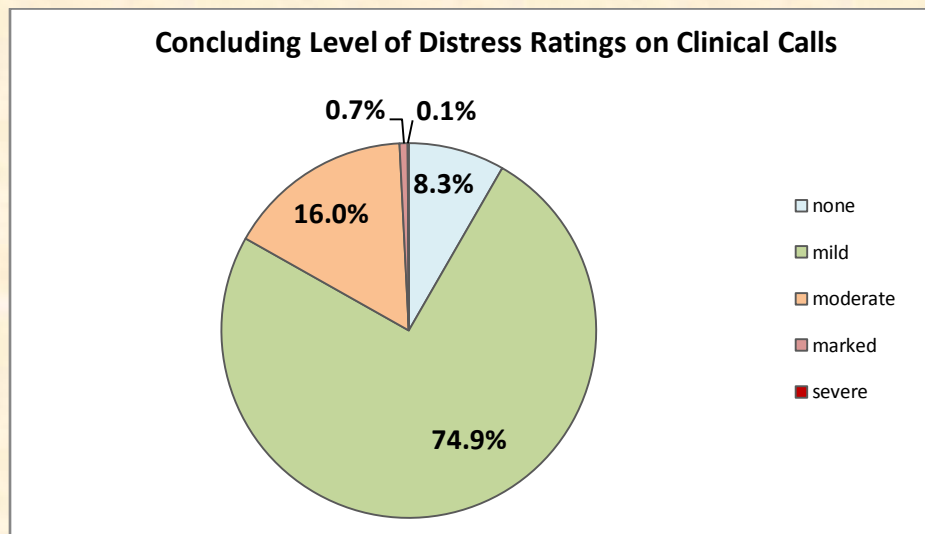
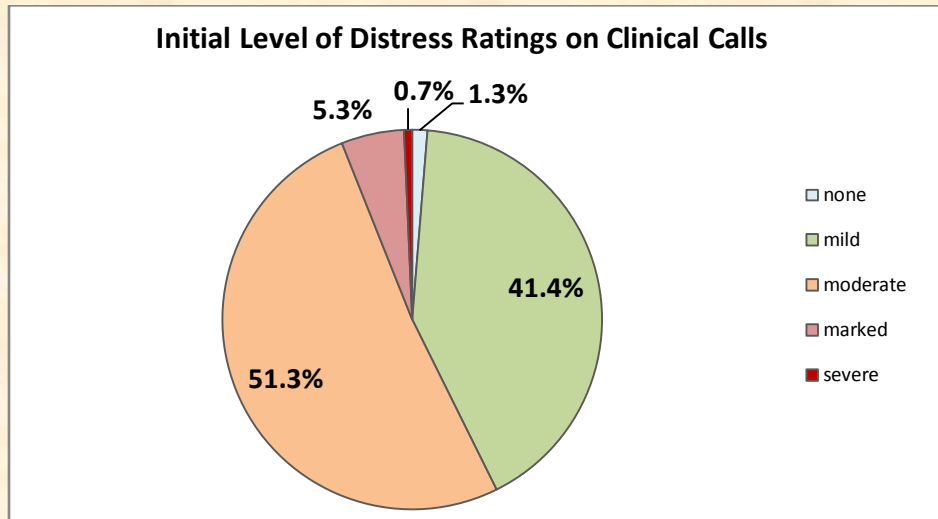


Callers are asked for their county of residence; these responses cannot be independently verified. This data is not necessarily predictive of an overall need for services in each county, as small numbers of callers contact NMCAL quite frequently.

County of Residence	Total Calls	County of Residence	Total Calls
Bernalillo	473	McKinley	12
Catron	0	Mora	2
Chaves	13	Otero	23
Cibola	1	Quay	1
Colfax	2	Rio Arriba	10
Curry	10	Roosevelt	12
De Baca	0	San Juan	11
Dona Ana	278	San Miguel	2
Eddy	8	Sandoval	32
Grant	10	Santa Fe	60
Guadalupe	0	Sierra	1
Harding	0	Socorro	28
Hidalgo	0	Taos	8
Lea	7	Torrance	12
Lincoln	6	Union	0
Los Alamos	8	Valencia	23
Luna	2	(outside NM)	12



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	68.2%
Urgent	30.2%
Emergent	1.6%

Primary Presenting Problem in Calls	
Alcohol/Drugs	7.4%
Anger Management	1.7%
Anxiety	29.3%
Child	1.1%
Cognitive Concerns/Psychosis	2.9%
Danger to Others	0.5%
Depression	9.8%
Domestic Violence	0.7%
Family	5.5%
Grief/Loss	2.2%
Intentional Self Injury	0.5%
Medication	1.2%
Relationship/Marital	5.7%
Sexual Assault	0.5%
Situational Stress	9.3%
Suicide	13.5%
Workplace/Career Assistance	0.1%
Other	8.1%



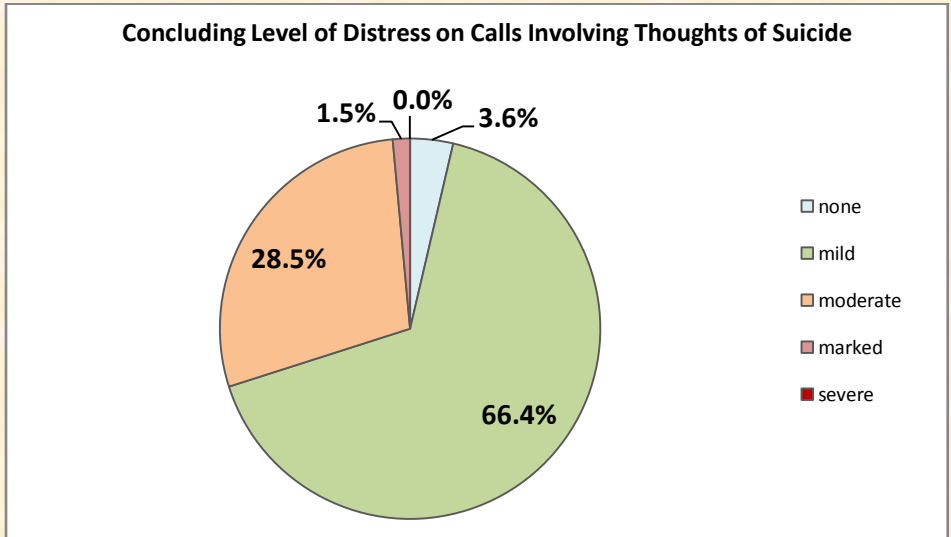
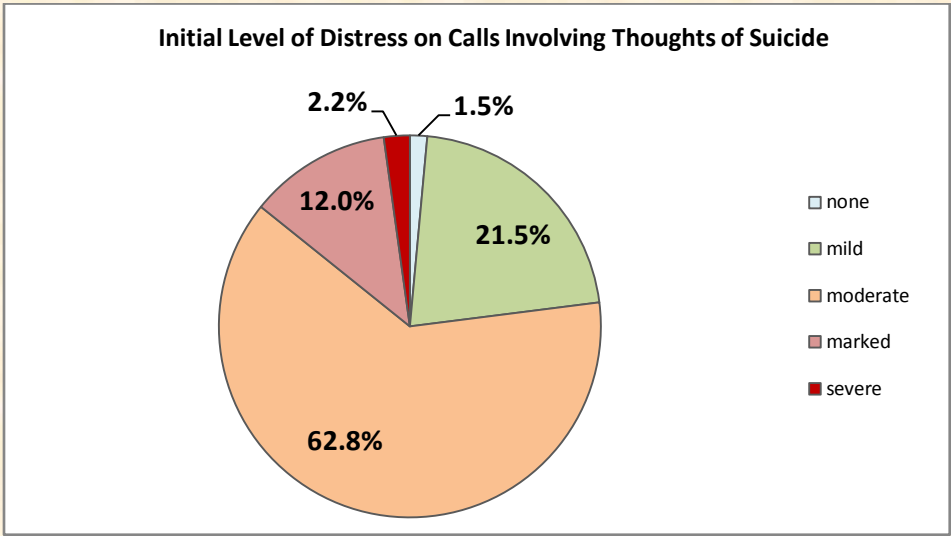
For every clinical call, we track whether the situation could be stabilized by the clinician, or if a more restrictive level of care was necessary. These are the clinical outcomes of the NMCAL calls for March.

Clinical Outcome For All Counseling Calls	
Caller stabilized by clinician, and referred to community resources if appropriate.	96.8%
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.	0.3%
Caller agreed to call 911 regarding immediate danger to a third party.	0.6%
Caller conferenced to 911 due to immediate danger.	0.5%
Clinician contacted police with caller's consent.	0.3%
Clinician contacted police without caller's consent.	0.5%

While it was not always the presenting issue, concerns related to suicide were reported on 27.1% of clinical calls. Concerns related to drug or alcohol abuse were reported on 19.9% of clinical calls. In March, 274 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 Suicide	
Caller stabilized by clinician, and referred to community resources if appropriate.	93.8%
Caller will take the person of concern to the hospital.	0.7%
Caller agreed to go to the hospital.	0.7%
Caller agreed to call 911 regarding immediate danger to a third party.	1.5%
Caller conferenced to 911 due to immediate danger.	1.5%
Clinician contacted police with caller's consent.	0.0%
Clinician contacted police without caller's consent.	1.8%





Peer-to-Peer Warmline

In March 2016, the Peer-to-Peer Warmline handled 626 calls during its operating hours of 3:30pm to 11:30pm MT.

March 2016: Warmline Utilization	
Total Calls Handled	626
Average Call Length	15.9 min

Outcome For Warmline Calls	
Caller was supported by the call.	92.7%
Caller received referrals.	2.1%
Caller was transferred to NMCAL.	0.5%
Emergency call	0.0%
Other	4.8%

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	10
Calls transferred from Warmline to NMCAL	3



Primary Presenting Problem in Warmline Calls

Abuse/Neglect	0.2%
Administrative Call	0.8%
Employment/Education	3.9%
Family	7.5%
Finances	2.9%
Food/Nutrition	0.7%
Friends	1.0%
Healthcare	5.3%
Housing	4.9%
Legal	3.2%
Mental Health	51.1%
Relationships	11.2%
Spirituality	3.4%
Substance Use	3.9%

