



August 2016 New Mexico Utilization Report

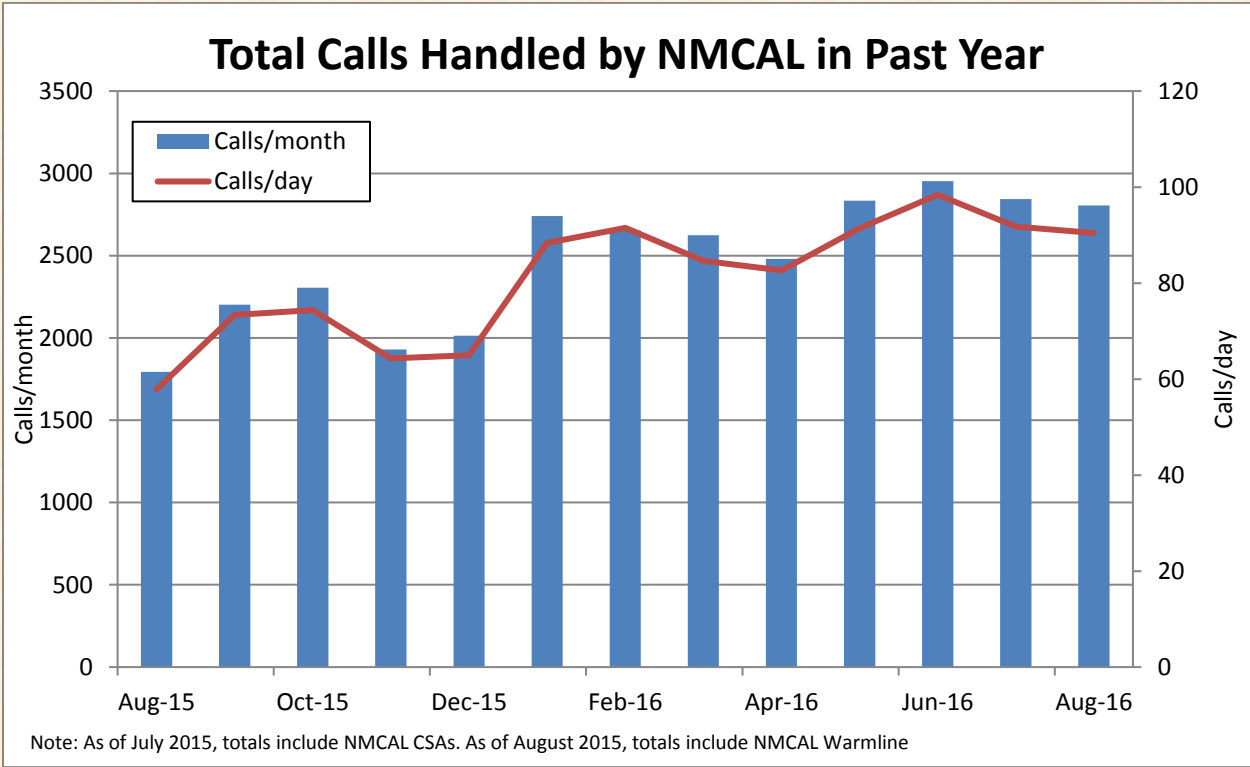
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In August of 2016, the New Mexico Crisis and Access Line (NMCAL) handled 2,804 calls. This includes 1,130 calls on the Statewide Crisis and Access Line, 253 New Mexico calls for the National Suicide Prevention Lifeline (NSPL), 721 calls for the Peer-to-Peer Warmline, and 700 after-hours calls forwarded from New Mexico's Behavioral Health Core Service Agencies (CSA's).

August 2016: Calls Answered by Type	
Total Statewide Crisis and Access Line + NSPL Calls	1383
Total Inbound Clinical Calls	1085
Calling about Self	951
Calling about a Child	31
Calling about another Adult	103
Outbound Calls	106
Information/Referral Calls	58
Seeking information about NMCAL	18
Public Safety Calls	5
Administrative	12
Other	99
Warmline Calls	721
Calls Answered For CSA Crisis Lines	700
TOTAL CALLS ANSWERED FOR NEW MEXICO	2804



August 2016: Crisis Line Call Data	
Total Calls Handled	1383
Service Level (answered under 30 sec)	81.6%
Abandonment Rate	2.7%
Average Speed of Answer	21 sec
Average Call Length (all calls)	9.4 min
Average Call Length (Clinical calls)	18 min

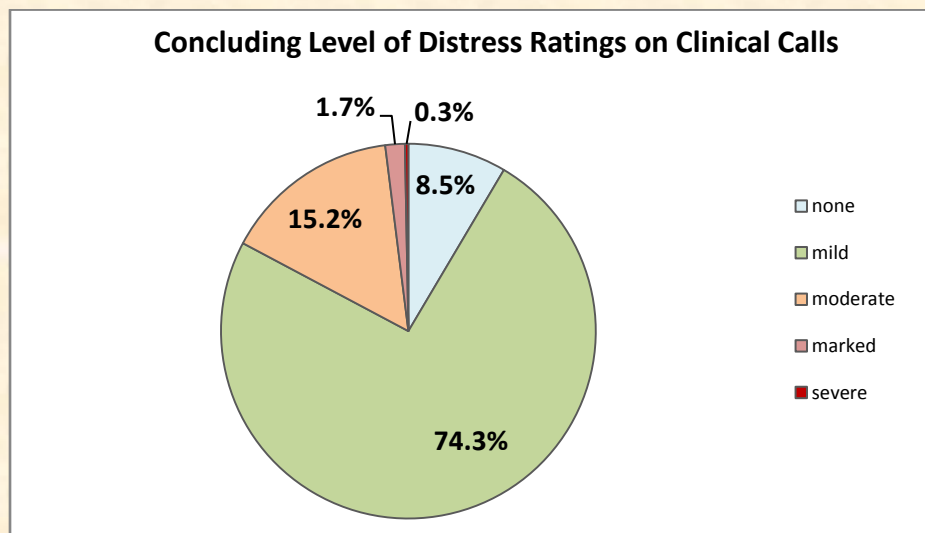
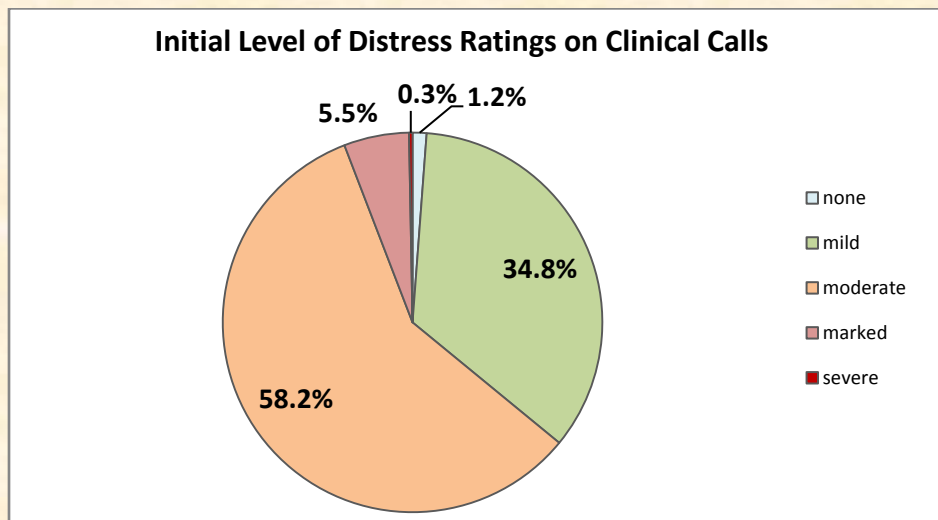


Callers are asked for their county of residence; these responses cannot be independently verified. This data is not necessarily predictive of an overall need for services in each county, as small numbers of callers contact NMCAL quite frequently.

County of Residence	Total Calls	County of Residence	Total Calls
Bernalillo	512	McKinley	11
Catron	0	Mora	0
Chaves	12	Otero	33
Cibola	0	Quay	3
Colfax	0	Rio Arriba	9
Curry	5	Roosevelt	2
De Baca	0	San Juan	12
Dona Ana	224	San Miguel	3
Eddy	6	Sandoval	30
Grant	11	Santa Fe	68
Guadalupe	0	Sierra	13
Harding	0	Socorro	8
Hidalgo	2	Taos	8
Lea	14	Torrance	5
Lincoln	11	Union	1
Los Alamos	1	Valencia	35
Luna	2	(outside NM)	16



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	58%
Urgent	38%
Emergent	4%

Primary Presenting Problem in Calls	
Alcohol/Drugs	7.9%
Anger Management	2.2%
Anxiety	30.3%
Child	2.1%
Cognitive Concerns/Psychosis	4.0%
Danger to Others	0.8%
Depression	1.1%
Domestic Violence	0.9%
Family	5.3%
Grief/Loss	2.3%
Intentional Self Injury	1.4%
Medication	0.9%
Relationship/Marital	4.1%
Sexual Assault	0.3%
Situational Stress	8.8%
Suicide	18.4%
Workplace/Career Assistance	0.2%
Other	9.0%



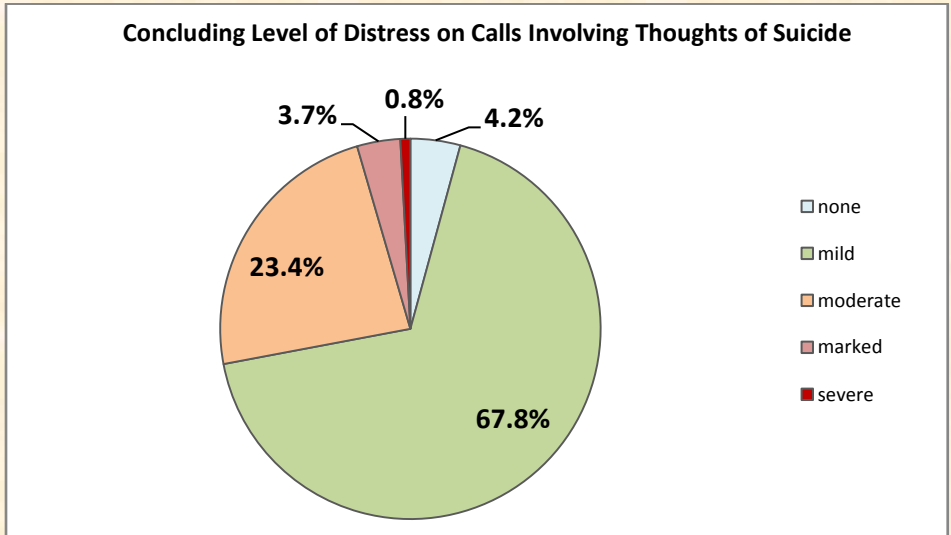
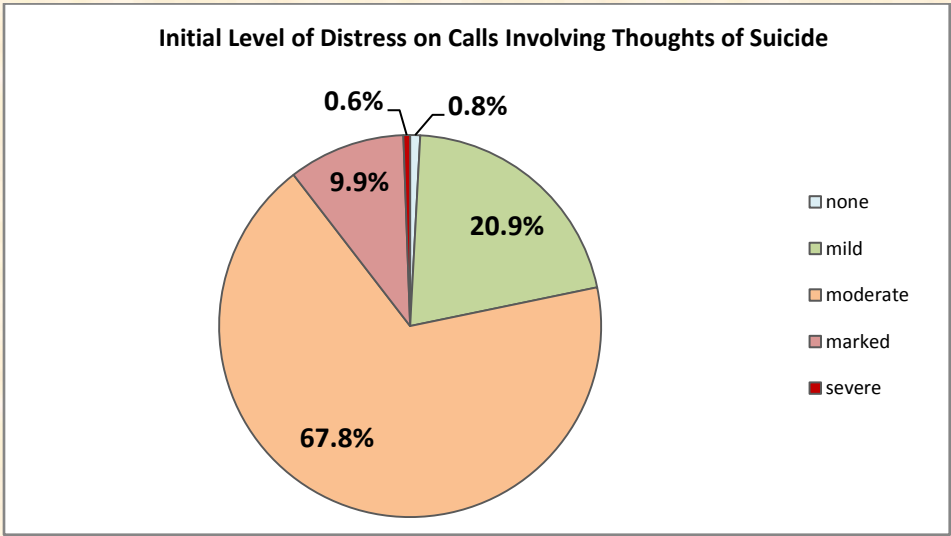
For every clinical call, we track whether the situation could be stabilized by the clinician, or if a more restrictive level of care was necessary. These are the clinical outcomes of the NMCAL calls for August.

Clinical Outcome For All Counseling Calls	
Caller stabilized by clinician, and referred to community resources if appropriate.	94.8%
Clinician made an abuse report.	0.8%
Caller will take the person of concern to the hospital.	0.5%
Caller agreed to go to the hospital.	0.3%
Caller agreed to call 911 regarding immediate danger to a third party.	0.7%
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.	1.5%

While it was not always the presenting issue, concerns related to suicide were reported on 35% of the clinical calls. Concerns related to drug or alcohol abuse were reported on 7.9% of the clinical calls. In August, 354 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.	90.1%
Caller will take the person of concern to the hospital.	1.4%
Caller agreed to go to the hospital.	0.8%
Caller agreed to call 911 regarding immediate danger to a third party.	1.4%
Caller conferenced to 911 due to immediate danger.	2.3%
Clinician contacted police with caller's consent.	0.8%
Clinician contacted police without caller's consent.	3.1%





Peer-to-Peer Warmline

In August 2016, the Peer-to-Peer Warmline handled 721 calls during its operating hours of 3:30pm to 11:30pm MT.

August 2016: Warmline Utilization Call Data	
Total Calls Handled	721
Average Call Length (all Warmline calls)	15.9 min

Outcome For Warmline Calls	
Caller was supported by the call.	91.5%
Caller received referrals.	1.0%
Caller was transferred to NMCAL.	1.8%
Emergency call	0.0%
Other	5.7%

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	5
Calls transferred from Warmline to NMCAL	13



Primary Presenting Problem in Warmline Calls	
Abuse/Neglect	0.0%
Administrative Call	0.6%
Employment/Education	1.2%
Family	5.0%
Finances	1.1%
Food/Nutrition	0.5%
Friends	1.1%
Healthcare	11.0%
Housing	2.3%
Legal	1.4%
Mental Health	64.4%
Relationships	7.2%
Spirituality	3.5%
Substance Use	1.1%

