



October 2016 New Mexico Utilization Report

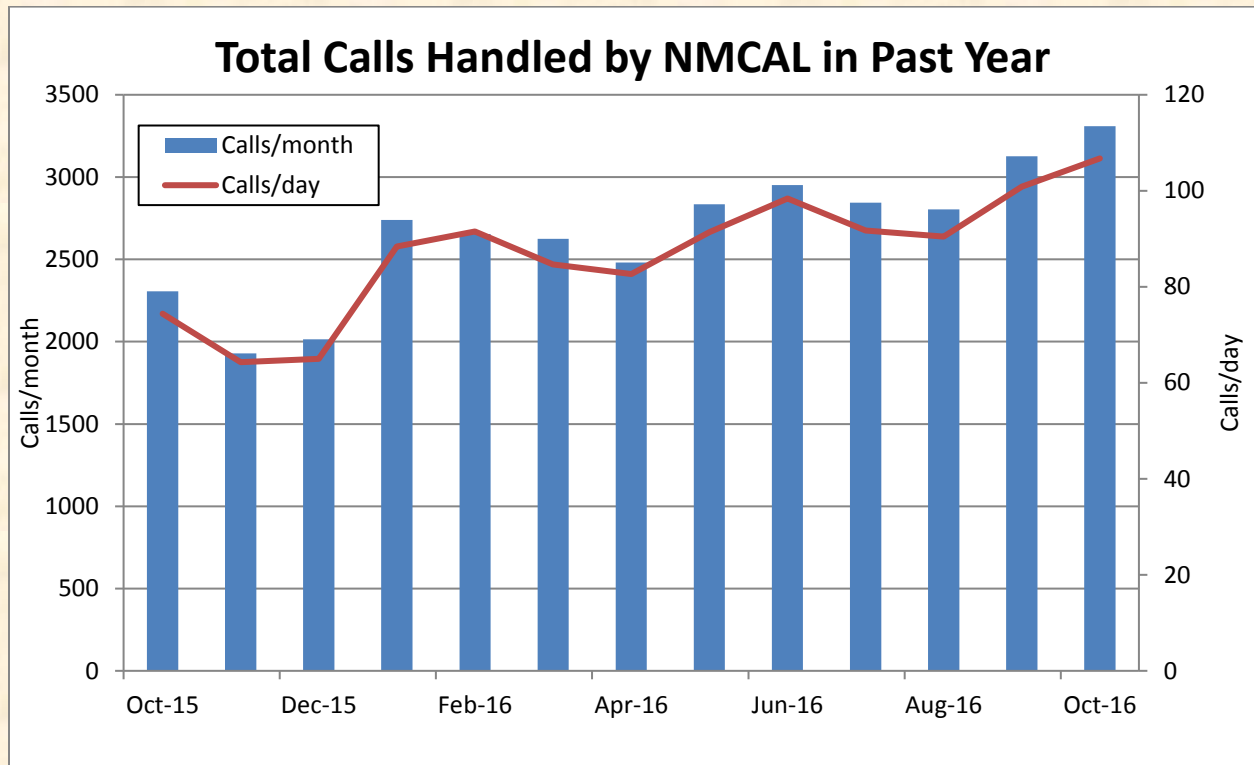
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In October of 2016, the New Mexico Crisis and Access Line (NMCAL) handled 3,309 calls. This includes 1,194 calls on the Statewide Crisis and Access Line, 196 New Mexico calls for the National Suicide Prevention Lifeline (NSPL), 1073 calls for the Peer-to-Peer Warmline, and 846 after-hours calls forwarded from New Mexico's Behavioral Health Core Service Agencies (CSA's).

October 2016: Calls Answered by Type	
Total Statewide Crisis and Access Line + NSPL Calls	1390
Inbound Clinical Calls	1063
Calling about Self	935
Calling about a Child	35
Calling about another Adult	93
Outbound Clinical Calls	115
Information/Referral Calls	58
Seeking information about NMCAL	22
Public Safety Calls	32
Administrative	7
Other	93
Warmline Calls	1073
Calls Answered For CSA Crisis Lines	846
TOTAL CALLS ANSWERED FOR NEW MEXICO	3309



Community outreach efforts, and the great support NMCAL staff give to callers, have contributed to an increase in public awareness of the program within the state of New Mexico. These efforts are reflected in the increased call volume, new Memorandums of Understandings (MOU), and additional Statements of Work (SOW).



CLINICAL CALL INFORMATION

New Mexico Crisis and Access Line

NMCAL, NSPL, Taos Gorge Bridge Intercoms, Public Safety/Law Enforcement, and CSA calls are answered by professional mental health clinicians. The following tables and charts provide information about the calls handled by mental health clinicians for NMCAL, NSPL, Taos Gorge Bridge Intercoms, and Public Safety/Law Enforcement during the month of October 2016.



October 2016: Crisis Line Call Data

Total Calls Handled on the crisis line	1390
Service Level (answered under 30 sec)	81.0%
Abandonment Rate	4.4%
Average Speed of Answer	21 sec
Average Call Length (all calls)	9.8 min
Average Call Length (Clinical calls)	17.2 min

Level of Care, Clinical Calls

Routine	57.9%
Urgent	39.2%
Emergent	2.9%



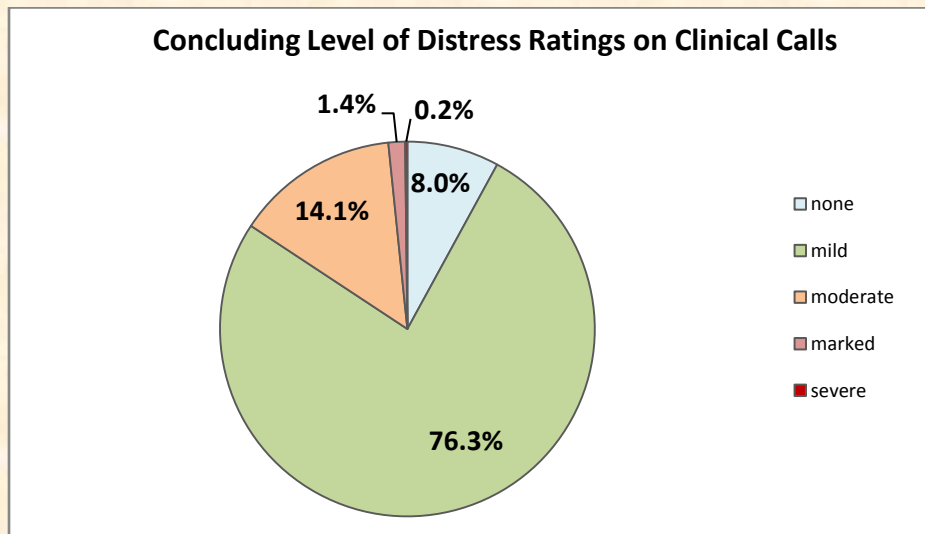
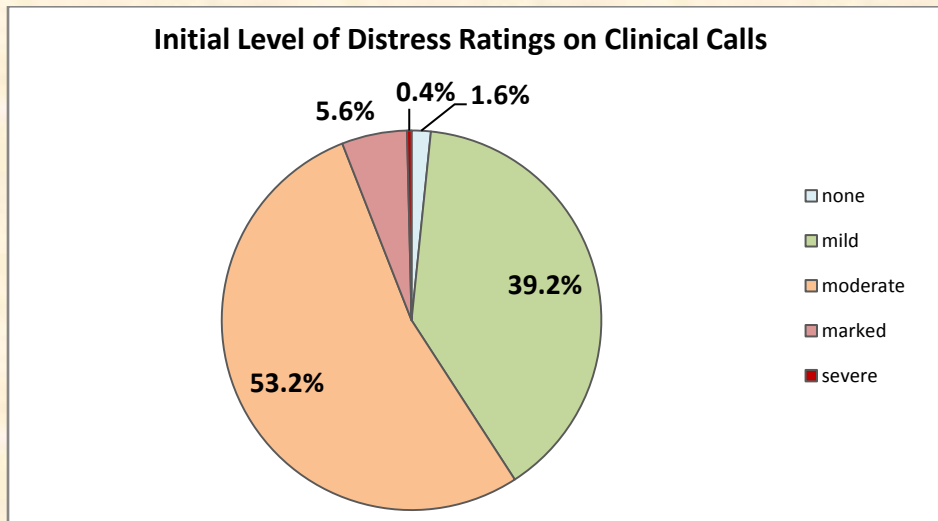
Callers are asked for their county of residence; these responses cannot be independently verified. It is important to note that this data is not necessarily predictive of an overall need for services in each county. Some things to keep in mind when reviewing demographic information of crisis line callers include: (1) a small number of callers contact NMCAL quite frequently, (2) some callers chose not to share their demographic information during the call, and (3) there are community members that do not yet know about the NMCAL resource.

County of Residence	Total Calls	County of Residence	Total Calls
Bernalillo	491	McKinley	11
Catron	0	Mora	0
Chaves	13	Otero	35
Cibola	4	Quay	2
Colfax	1	Rio Arriba	7
Curry	11	Roosevelt	9
De Baca	0	San Juan	3
Dona Ana	230	San Miguel	4
Eddy	10	Sandoval	41
Grant	7	Santa Fe	49
Guadalupe	0	Sierra	0
Harding	1	Socorro	6
Hidalgo	0	Taos	7
Lea	8	Torrance	1
Lincoln	9	Union	0



Los Alamos	2	Valencia	65
Luna	2	(outside NM)	18

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.



Primary Presenting Problem during Clinical Calls	
Alcohol/Drugs	6.1%
Anger Management	1.1%
Anxiety	27.3%
Child	1.2%
Cognitive Concerns/Psychosis	6.1%
Danger to Others	0.7%
Depression	7.6%
Domestic Violence	1.4%
Family	6.2%
Grief/Loss	1.7%
Intentional Self Injury	0.3%
Medication	1.1%
Relationship/Marital	4.0%
Sexual Assault	0.1%
Situational Stress	10.3%
Suicide	15.4%
Workplace/Career Assistance	0.0%
Other	9.6%



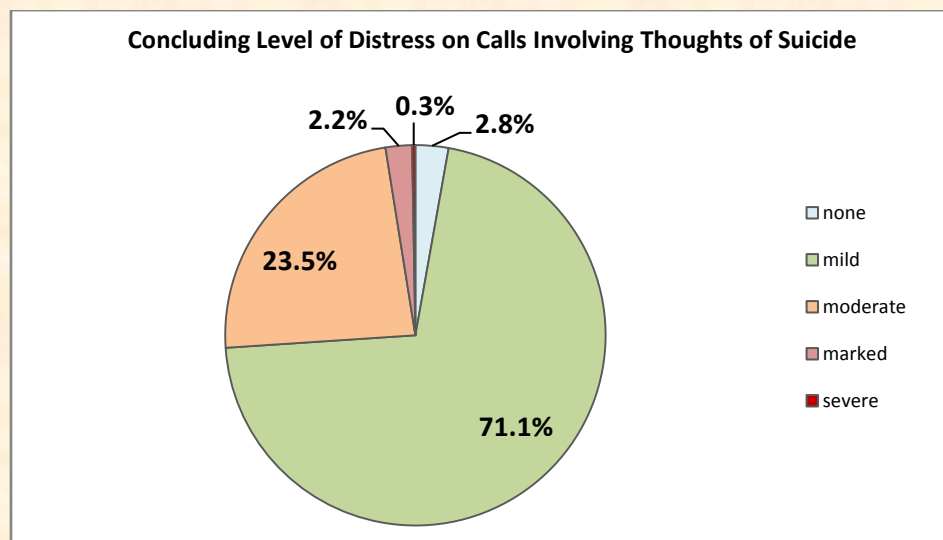
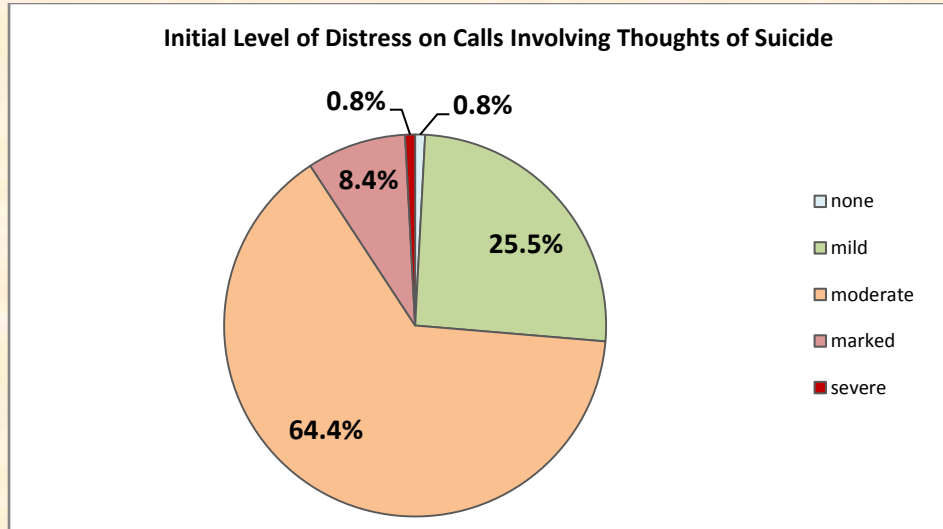
For every clinical call, we track whether the situation could be stabilized by the clinician, or if a more restrictive level of care was necessary. These are the clinical outcomes of the NMCAL calls for October.

Clinical Outcome For All Counseling Calls	
Caller stabilized by clinician, and referred to community resources if appropriate	96.5%
Clinician made an abuse report	0.4%
Caller will take the person of concern to the hospital	0.3%
Caller agreed to go to the hospital	0.7%
Caller agreed to call 911 regarding immediate danger to a third party	0.5%
Caller conferenced to 911 due to immediate danger	0.8%
Clinician contacted police with caller's consent	0.2%
Clinician contacted police without caller's consent	0.7%

While it was not always the presenting issue, concerns related to suicide were reported on 34.2% of the clinical calls. Concerns related to drug or alcohol abuse were reported on 17.2% of the clinical calls. In October, 357 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	93.3%
Caller will take the person of concern to the hospital	0.6%
Caller agreed to go to the hospital	1.1%
Caller agreed to call 911 regarding immediate danger to a third party	0.8%
Caller conferenced to 911 due to immediate danger	2.0%
Clinician contacted police with caller's consent	0.6%





PEER SUPPORT CALL INFORMATION

Peer to Peer Warmline

The Peer-to-Peer Warmline is answered by certified peer support specialists 7 days a week, 365 days a year. In October 2016, the Peer-to-Peer Warmline handled 1073 calls during its operating hours of 3:30pm to 11:30pm MT.

October 2016: Warmline Utilization Call Data

Total Calls Handled	1073
* during Warmline operating hours of 3:30pm to 11:30pm MT	
Average Call Length (all Warmline calls)	16.2 min

Community members select to call the Peer-to-Peer Warmline because they want to talk to someone that has “been there”, has lived experience with some of the same things they, or a loved one, may be going through, and/or the peer support can offer callers information and support on how to take the next step in recovery and resiliency from a mental health concern.

Outcome For Warmline Calls

Caller reports feeling supported by the call	93.7%
Caller received referrals	0.8%
Caller was transferred to an NMCAL clinician	0.5%
Emergency call to Public Safety was made	0.0%
Other	5.0%



In October 2016 peer supports answered calls for people seeking support for themselves, or someone else, struggling with health concerns which relate to their mental, behavioral, emotional, social, and/or well being.

Primary Presenting Problem in Warmline Calls	
Abuse/Neglect	0.2%
Administrative Call	0.1%
Employment/Education	0.3%
Family	3.2%
Finances	0.5%
Food/Nutrition	0.5%
Friends	0.5%
Healthcare	7.1%
Housing	2.1%
Legal	0.4%
Mental Health	67.3%
Relationships	15.3%
Spirituality	0.3%
Substance Use	2.1%

Warmline Peers work in conjunction with NMCAL Clinicians to ensure that callers are receiving the most appropriate services. Therefore calls will sometimes be transferred to or from NMCAL.

Calls Transferred between Warmline and NMCAL	
Calls transferred from NMCAL to Warmline	5
Calls transferred from Warmline to NMCAL	5

