



# April 2017 New Mexico Utilization Report

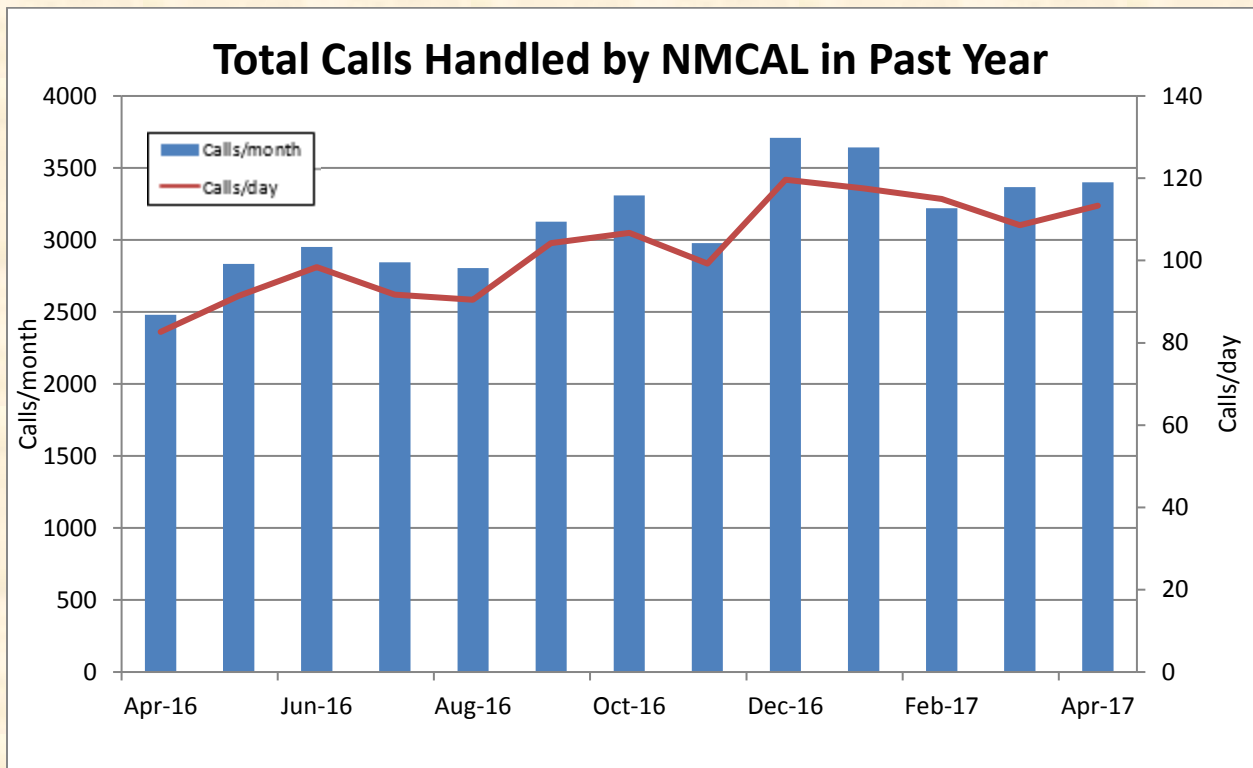
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In April of 2017, the New Mexico Crisis and Access Line (NMCAL) programs handled 3,401 calls. This includes 1,638 calls on the Statewide Crisis and Access Line, 259 New Mexico calls for the National Suicide Prevention Lifeline (NSPL), 921 calls for the Peer-to-Peer Warmline, and 583 after-hours calls forwarded from New Mexico's Behavioral Health Core Service Agencies (CSA's).

<b>April 2017: Calls Answered by Type</b>	
<b>Total Statewide Crisis and Access Line + NSPL Calls</b>	<b>1,638</b>
Inbound Clinical Calls	1,536
Calling about Self	1,146
Calling about a Child	26
Calling about another Adult	90
Outbound Clinical Calls	72
Information/Referral Calls	27
Seeking information about NMCAL	9
Public Safety Calls	3
Administrative	15
Other	235
<b>Warmline Calls</b>	<b>921</b>
<b>Calls Answered For CSA Crisis Lines</b>	<b>583</b>
<b>TOTAL CALLS ANSWERED FOR NEW MEXICO</b>	<b>3,401</b>



There is always someone here to hear you at NMCAL and the Warmline.



## Community Outreach and Engagement

	# of participants	# of encounters
Participation in Community Events		14
NMCAL Presentations to the Community	202	7
Prevention Trainings Sponsored by NMCAL	174	4
Participation in Community Meetings		24
Media Encounters		0
Media Mentions		<i>an estimated 56+</i>
<b>TOTALS</b>	<b>376</b>	<b>105</b>



# 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 April 2017.

<b>April 2017: Crisis Line Utilization</b>	
Total Calls Handled on the crisis line	1,638
Service Level (answered under 30 sec)	84.4%
Abandonment Rate	2.6%
Average Speed of Answer	18 sec
Average Call Length (all calls)	3.3 min
Average Call Length (Clinical calls)	18.1 min

<b>Level of Care<sup>1</sup> - Clinical Calls</b>	
Routine	66.5%
Urgent	31.8%
Emergent	1.7%

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<sup>1</sup> Please contact NMCAL program manager for more information on NMCAL level of care clinical definitions.

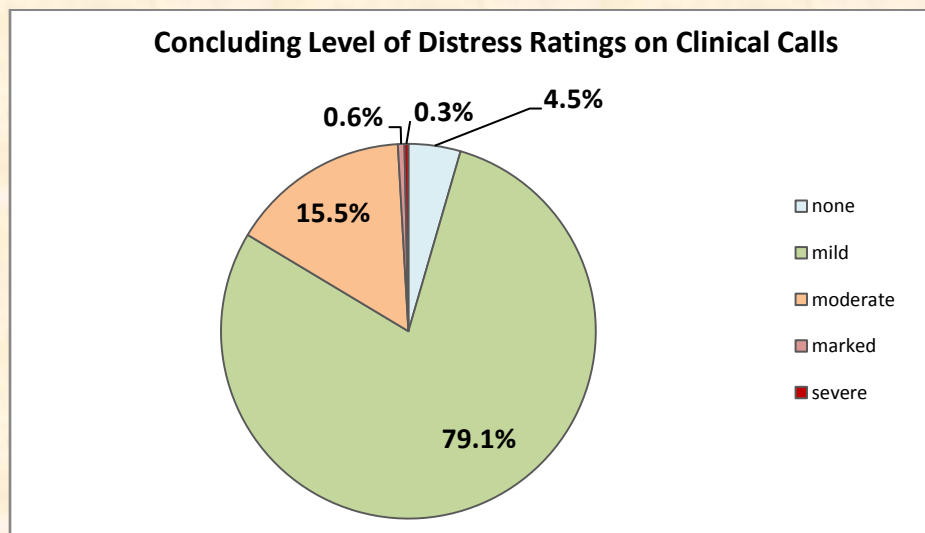
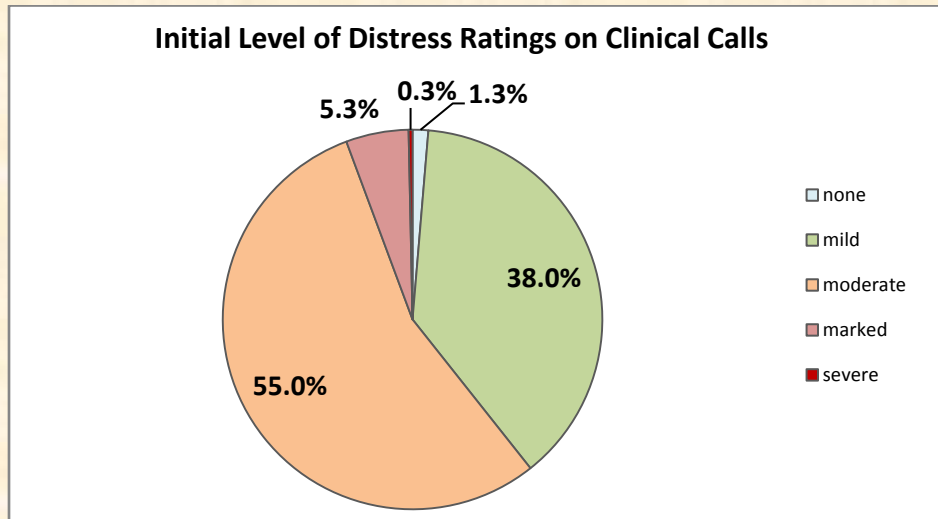


Callers are asked for their county of residence; these responses cannot be independently verified. It is important to note that this data is not necessarily predictive of an overall need for services in each county. Some things to keep in mind when reviewing demographic information of crisis line callers 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	351	McKinley	6
Catron	0	Mora	0
Chaves	20	Otero	9
Cibola	3	Quay	0
Colfax	1	Rio Arriba	4
Curry	1	Roosevelt	1
De Baca	0	San Juan	33
Dona Ana	114	San Miguel	2
Eddy	2	Sandoval	27
Grant	2	Santa Fe	26
Guadalupe	0	Sierra	3
Harding	0	Socorro	6
Hidalgo	0	Taos	8
Lea	4	Torrance	1
Lincoln	3	Union	1
Los Alamos	4	Valencia	19
Luna	3	(outside NM)	16



Crisis and Access Line 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 an assessment of the caller's clinical situation. Even if a caller is not emotional or upset, their level of distress is rated higher if their specific clinical situation is acute.



Primary Presenting Problem During Clinical Calls	
Alcohol/Drugs	4.2%
Anger Management	1.3%
Anxiety	27.8%
Child	0.9%
Cognitive Concerns/Psychosis	4.1%
Danger to Others	0.2%
Depression	12.4%
Domestic Violence	0.7%
Family	4.6%
Grief/Loss	2.2%
Intentional Self Injury	1.9%
Medication	1.0%
Relationship/Marital	2.6%
Sexual Assault	0.6%
Situational Stress	14.7%
Suicide	12.6%
Workplace/Career Assistance	0.3%
Other	7.8%

Although it is not always the primary presented problem on a call, concerns related to drug or alcohol use were reported on 103 (11.4%) of the clinical calls.



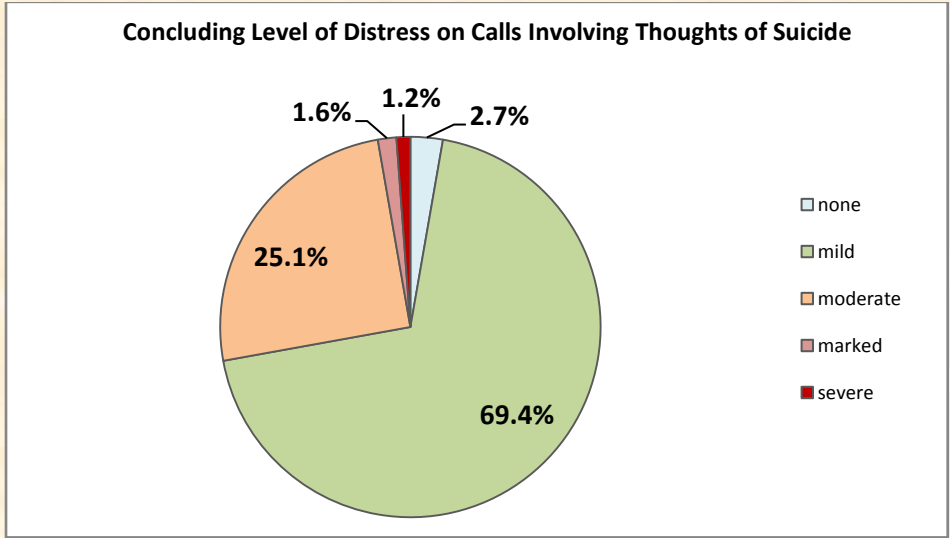
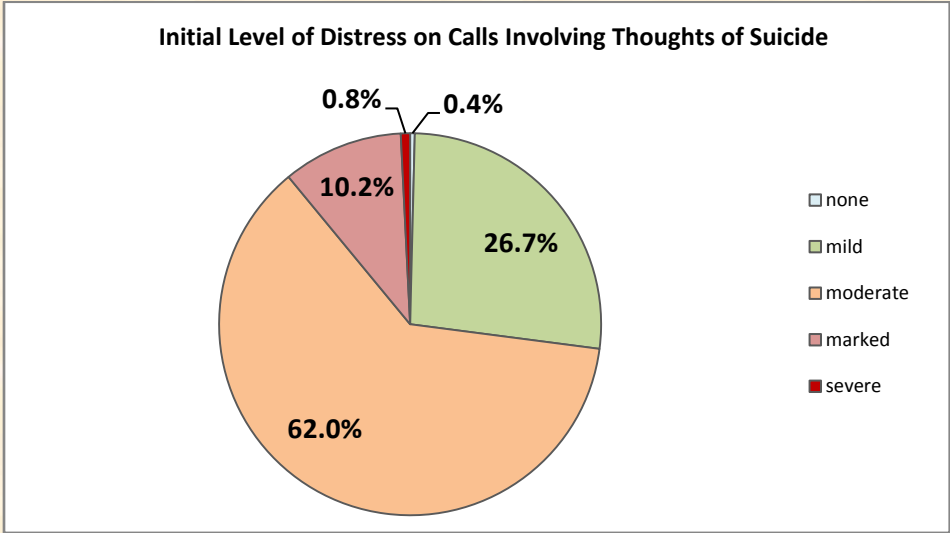
On every crisis line call, the NMCAL clinician assesses the current situation and evaluates how the caller can be supported through the call. The clinician determines if the matter can be resolved on that call, or if a higher level of response is necessary.

<b>Clinical Disposition of All Crisis Line Clinical Calls</b>	
Caller stabilized by clinician, and referred to community resources if appropriate	96.8%
Clinician made an abuse report	0.8%
Caller will take the person of concern to the hospital	0.2%
Caller agreed to go to the hospital	0.3%
Caller agreed to call 911 regarding immediate danger	0.5%
Caller conferenced to 911 due to immediate danger	0.3%
Clinician contacted police with caller's consent	0.6%
Clinician contacted police without caller's consent	0.5%

While it was not always the presenting issue, concerns related to suicide were reported on 28.4% of the clinical calls. In April, 257 NMCAL crisis line callers reported concerns about suicide – either for themselves, or for the person of concern they called about. 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>Disposition of All Crisis Line Calls Involving Suicide</b>	
Caller stabilized by clinician, and referred to community resources if appropriate	93.6%
Caller will take the person of concern to the hospital	0.4%
Caller agreed to go to the hospital	1.2%
Caller agreed to call 911 regarding immediate danger to a third party	0.8%
Caller conferenced to 911 due to immediate danger	1.2%
Clinician contacted police with caller's consent	1.6%
Clinician contacted police without caller's consent	1.2%







# 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 April 2017, the Peer-to-Peer Warmline handled 921 calls during its operating hours of 3:30pm to 11:30pm MT.

<b>April 2017: Warmline Utilization Call Data</b>	
Total Calls Handled	921
* during Warmline operating hours of 3:30pm to 11:30pm MT	
Average Call Length (all Warmline calls)	14.0 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.

<b>Outcome of Warmline Calls</b>	
Caller reports feeling supported by the call	97.6%
Caller received referrals	0.5%
Caller was transferred to an NMCAL clinician	0.2%
Emergency call to Public Safety was made	0.2%
Other/None of the Above	1.5%



In April 2017 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.

<b>Primary Presenting Problem in Warmline Calls</b>	
Abuse/Neglect	0.0%
Administrative Call	0.0%
Employment/Education	0.8%
Family	3.1%
Finances	0.5%
Food/Nutrition	0.3%
Friends	1.0%
Healthcare	3.7%
Housing	1.0%
Legal	0.7%
Mental Health	81.2%
Relationships	5.7%
Spirituality	1.5%
Substance Use	0.5%

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.

<b>Calls Transferred between Warmline and NMCAL</b>	
Calls transferred from NMCAL to Warmline	22
Calls transferred from Warmline to NMCAL	2

