



October 2017 New Mexico Utilization Report

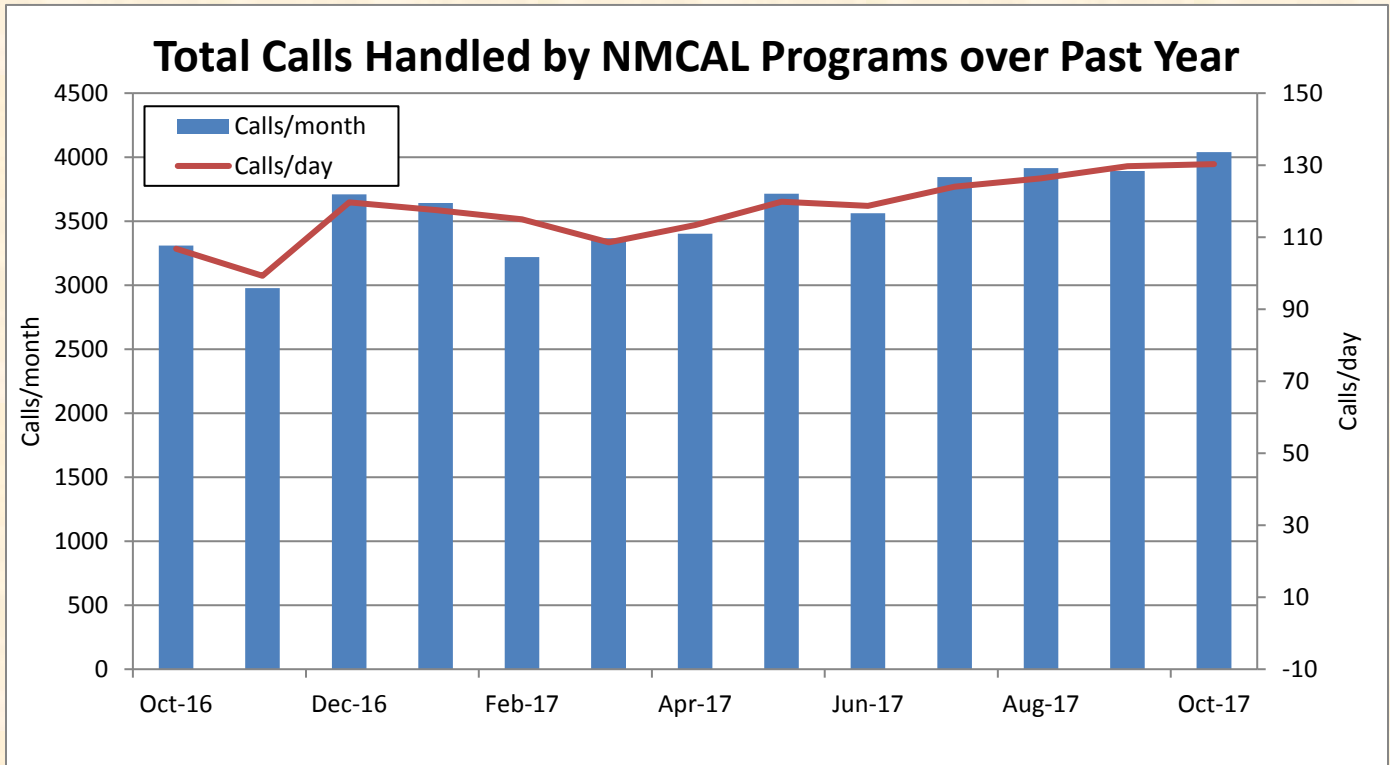
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In October of 2017, the New Mexico Crisis and Access Line (NMCAL) programs handled 4,039 calls. This includes 1,796 calls on the Statewide Crisis and Access Line, 421 New Mexico calls for the National Suicide Prevention Lifeline (NSPL), 1,157 calls for the Peer-to-Peer Warmline, and 665 after-hours calls forwarded from New Mexico's Behavioral Health Core Service Agencies (CSA's).

October 2017: Calls Answered by Type	
Total Statewide Crisis and Access Line + NSPL Calls	2,217
Inbound Clinical Calls	1,751
Calling about Self	1,549
Calling about a Child	33
Calling about another Adult	169
Outbound Clinical Calls	105
Information/Referral Calls	44
Seeking information about NMCAL	11
Public Safety Calls	5
Administrative	13
Other	288
Warmline Calls	1,157
Calls Answered For CSA Crisis Lines	665
TOTAL CALLS ANSWERED FOR NEW MEXICO	4,039



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		19
Job Fair		0
NMCAL Presentations to the Community	203	6
Prevention Trainings Sponsored by NMCAL		0
Participation in Community Meetings		8
Media Encounters		2
Media Mentions		<i>an estimated 172+</i>
TOTALS	203	207



CLINICAL CALL INFORMATION

New Mexico Crisis and Access Line

NMCAL, NSPL, Rio Grande Gorge Bridge, 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 during the month of October 2017.

October 2017: Crisis Line Utilization	
Total Calls Handled on the Crisis Line	2,217
Service Level (answered under 30 sec)	83.2%
Abandonment Rate	3.3%
Average Speed of Answer	24 sec
Average Call Length (all calls)	4.4 min
Average Call Length (Clinical calls)	15.6 min

Level of Care¹ - Clinical Calls	
Routine	67.0%
Urgent	30.4%
Emergent	2.6%

¹ 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	679	McKinley	17
Catron	0	Mora	1
Chaves	29	Otero	24
Cibola	9	Quay	1
Colfax	0	Rio Arriba	21
Curry	7	Roosevelt	1
De Baca	1	San Juan	120
Dona Ana	139	San Miguel	7
Eddy	13	Sandoval	36
Grant	15	Santa Fe	67
Guadalupe	0	Sierra	5
Harding	0	Socorro	24
Hidalgo	0	Taos	51
Lea	9	Torrance	4
Lincoln	6	Union	0
Los Alamos	2	Valencia	38
Luna	5	(outside NM)	31

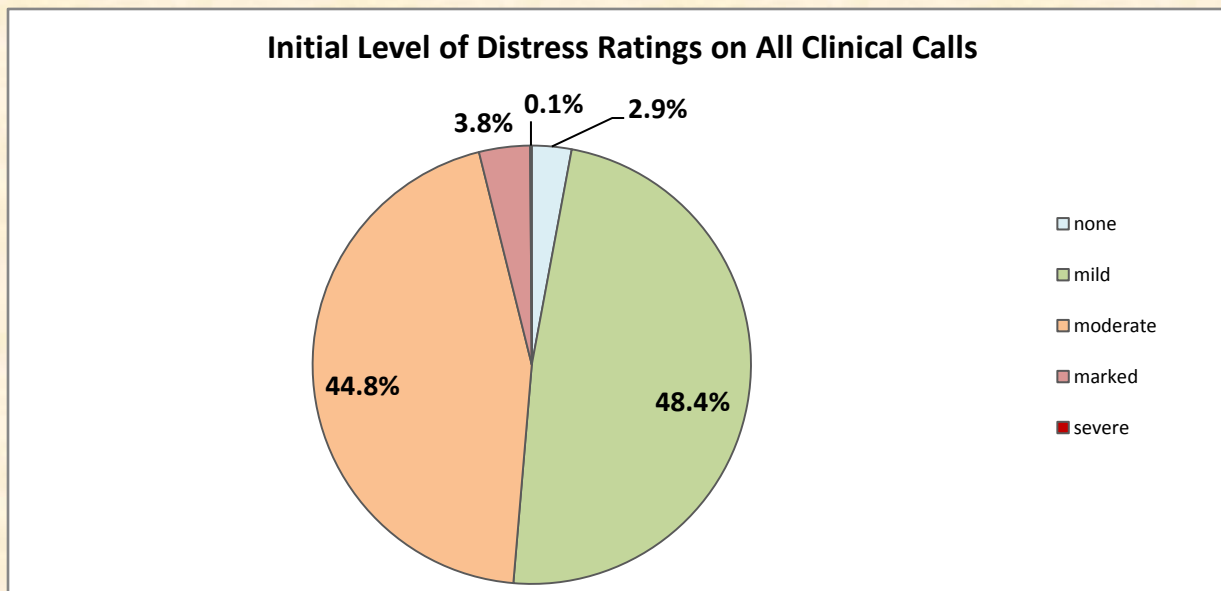


Primary Presenting Problem During Clinical Calls	
Alcohol/Drugs	5.4%
Anger Management	1.0%
Anxiety	20.8%
Child	1.1%
Cognitive Concerns/Psychosis	12.1%
Danger to Others	0.3%
Depression	10.5%
Domestic Violence	0.2%
Family	2.5%
Grief/Loss	1.6%
Intentional Self Injury	1.0%
Medication	0.8%
Relationship/Marital	2.6%
Sexual Assault	0.1%
Situational Stress	17.1%
Suicide	15.0%
Workplace Issue/Career Assistance	0.3%
Other	7.5%

We understand that concerns related to mental health often co-occur with substance use. Callers endorsed that their call to the crisis line was related to drug and/or alcohol use on 279 (16.5%) of the clinical calls.



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.

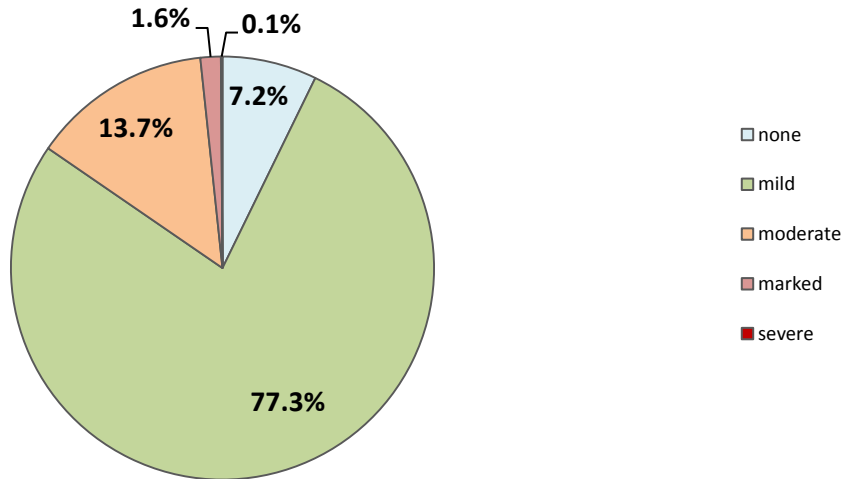


On every crisis line call, the NMCAL clinician assesses the current situation, and evaluates how the caller can be supported through the call. The clinician determines if the matter can be resolved on that call, or if a higher level of response is necessary.

Clinical Disposition of All Crisis Line Clinical Calls	
Caller stabilized by clinician, and referred to community resources if appropriate	96.4%
Clinician made an abuse report	0.4%
Caller will take the person of concern to the hospital	0.6%
Caller agreed to go to the hospital	0.4%
Caller agreed to call 911 regarding immediate danger	0.3%
Caller conferenced to 911 due to immediate danger	0.5%
Clinician contacted police with caller’s consent	0.1%
Clinician contacted police without caller’s consent	1.3%



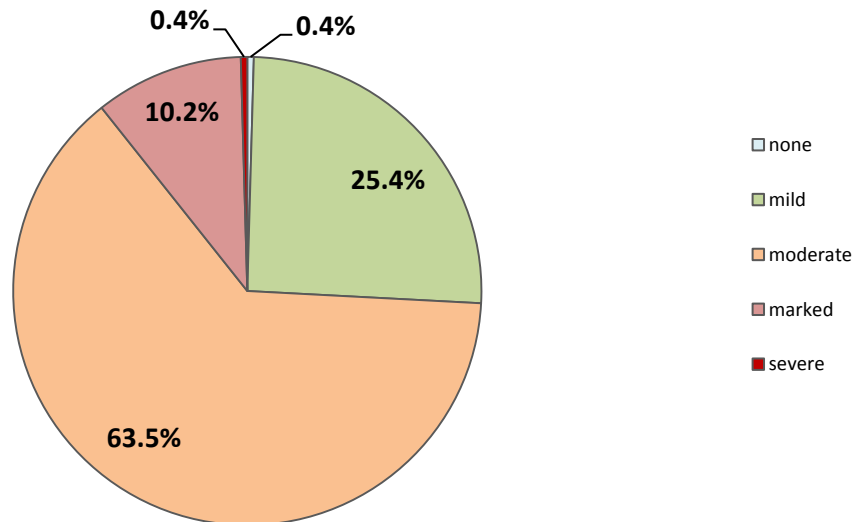
Concluding Level of Distress Ratings on All Clinical Calls



Calls Involving Thoughts of Suicide

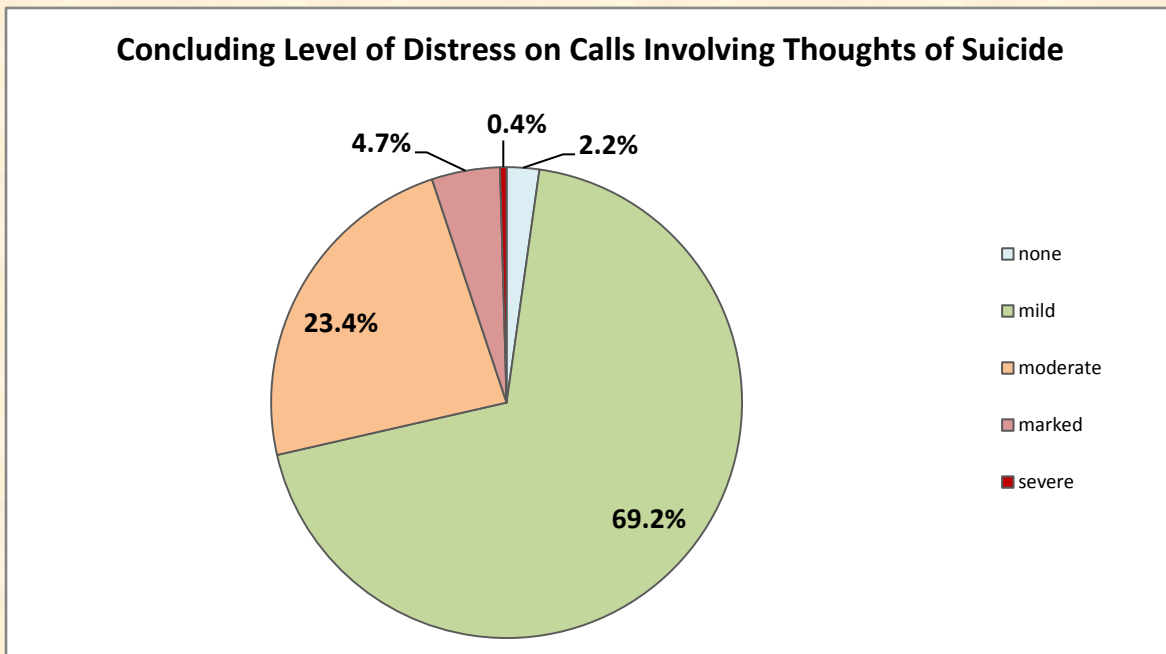
While it was not always the presenting issue, concerns related to suicide were reported on 26.8% of the clinical calls in October, 2017.

Initial Level of Distress on Calls Involving Thoughts of Suicide



The 453 callers reporting concerns about suicide on the crisis line - either for themselves, or for the person of concern they called about - were supported by clinicians through de-escalation of the emergency and when appropriate a safety plan was created. We only involve hospital or emergency services when there is not a less intrusive way to keep the caller safe.

Disposition of All Crisis Line Calls Involving Suicide	
Caller stabilized by clinician, and referred to community resources if appropriate	89.0%
Caller will take the person of concern to the hospital	2.2%
Caller agreed to go to the hospital	1.3%
Caller agreed to call 911 regarding immediate danger to a third party	1.1%
Caller conferenced to 911 due to immediate danger	1.6%
Clinician contacted police with caller's consent	0.4%
Clinician contacted police without caller's consent	4.3%



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 2017, the Peer-to-Peer Warmline handled 1,157 calls during its operating hours of 3:30pm to 11:30pm MT.

October 2017: Warmline Utilization Call Data

Total Calls Handled	1,157
* during Warmline operating hours of 3:30pm to 11:30pm MT	
Average Call Length (all Warmline calls)	13.4 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 of Warmline Calls

Caller reports feeling supported by the call	98.4%
Caller received referrals	0.4%
Caller was transferred to an NMCAL clinician	0.3%
Emergency call to Public Safety was made	0.0%
Other/None of the Above	0.9%



In October 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.

Primary Presenting Problem in Warmline Calls	
Abuse/Neglect	0.4%
Administrative Call	0.0%
Employment/Education	0.0%
Family	0.1%
Finances	0.0%
Food/Nutrition	0.0%
Friends	0.0%
Healthcare	0.3%
Housing	0.0%
Legal	0.0%
Mental Health	98.1%
Relationships	0.7%
Spirituality	0.0%
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.

Calls Transferred between Warmline and NMCAL	
Calls transferred from NMCAL to Warmline	9
Calls transferred from Warmline to NMCAL	3

