April 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 April of 2016, the New Mexico Crisis and Access Line (NMCAL) handled 2,480 calls. This includes 1,041 calls on the Statewide Crisis and Access Line, 132 New Mexico calls for the National Suicide Prevention Lifeline (NSPL), 595 calls for the Peer-to-Peer Warmline, and 712 after-hours calls forwarded from New Mexico's Behavioral Health Core Service Agencies (CSA's).

<table>
<thead>
<tr>
<th>April 2016: Calls Answered by Type</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Statewide Crisis and Access Line + NSPL Calls</strong></td>
</tr>
<tr>
<td>Total Inbound Clinical Calls</td>
</tr>
<tr>
<td>Calling about Self</td>
</tr>
<tr>
<td>Calling about a Child</td>
</tr>
<tr>
<td>Calling about another Adult</td>
</tr>
<tr>
<td>Outbound Calls</td>
</tr>
<tr>
<td>Information/Referral Calls</td>
</tr>
<tr>
<td>Seeking information about NMCAL</td>
</tr>
<tr>
<td>Administrative</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td><strong>Warmline Calls</strong></td>
</tr>
<tr>
<td><strong>Calls Answered For CSA Crisis Lines</strong></td>
</tr>
<tr>
<td><strong>TOTAL CALLS ANSWERED FOR NEW MEXICO</strong></td>
</tr>
</tbody>
</table>
### April 2016: Crisis Line Call Data

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Calls Handled</td>
<td>1173</td>
</tr>
<tr>
<td>Service Level (answered under 30 sec)</td>
<td>94.7%</td>
</tr>
<tr>
<td>Abandonment Rate</td>
<td>0.8%</td>
</tr>
<tr>
<td>Average Speed of Answer</td>
<td>11 sec</td>
</tr>
<tr>
<td>Average Call Length (all calls)</td>
<td>9.1 min</td>
</tr>
<tr>
<td>Average Call Length (Clinical calls)</td>
<td>15.9 min</td>
</tr>
</tbody>
</table>

### Total Calls Handled by NMCAL in Past Year

![Graph showing total calls handled by NMCAL in past year](chart.png)

- **Calls/month**
- **Calls/day**

Note: As of July 2015, totals include NMCAL CSAs. As of August 2015, totals include NMCAL Warmline.
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.

<table>
<thead>
<tr>
<th>County of Residence</th>
<th>Total Calls</th>
<th>County of Residence</th>
<th>Total Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bernalillo</td>
<td>344</td>
<td>McKinley</td>
<td>24</td>
</tr>
<tr>
<td>Catron</td>
<td>1</td>
<td>Mora</td>
<td>0</td>
</tr>
<tr>
<td>Chaves</td>
<td>9</td>
<td>Otero</td>
<td>25</td>
</tr>
<tr>
<td>Cibola</td>
<td>2</td>
<td>Quay</td>
<td>2</td>
</tr>
<tr>
<td>Colfax</td>
<td>2</td>
<td>Rio Arriba</td>
<td>17</td>
</tr>
<tr>
<td>Curry</td>
<td>3</td>
<td>Roosevelt</td>
<td>4</td>
</tr>
<tr>
<td>De Baca</td>
<td>0</td>
<td>San Juan</td>
<td>12</td>
</tr>
<tr>
<td>Dona Ana</td>
<td>214</td>
<td>San Miguel</td>
<td>9</td>
</tr>
<tr>
<td>Eddy</td>
<td>8</td>
<td>Sandoval</td>
<td>59</td>
</tr>
<tr>
<td>Grant</td>
<td>12</td>
<td>Santa Fe</td>
<td>47</td>
</tr>
<tr>
<td>Guadalupe</td>
<td>0</td>
<td>Sierra</td>
<td>3</td>
</tr>
<tr>
<td>Harding</td>
<td>0</td>
<td>Socorro</td>
<td>14</td>
</tr>
<tr>
<td>Hidalgo</td>
<td>0</td>
<td>Taos</td>
<td>12</td>
</tr>
<tr>
<td>Lea</td>
<td>26</td>
<td>Torrance</td>
<td>9</td>
</tr>
<tr>
<td>Lincoln</td>
<td>11</td>
<td>Union</td>
<td>0</td>
</tr>
<tr>
<td>Los Alamos</td>
<td>3</td>
<td>Valencia</td>
<td>25</td>
</tr>
<tr>
<td>Luna</td>
<td>3</td>
<td>(outside NM)</td>
<td>16</td>
</tr>
</tbody>
</table>
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.

**Initial Level of Distress Ratings on Clinical Calls**

- **None**: 38.6%
- **Mild**: 53.8%
- **Moderate**: 1.2%
- **Marked**: 0.5%
- **Severe**: 5.9%

**Concluding Level of Distress Ratings on Clinical Calls**

- **None**: 74.8%
- **Mild**: 16.7%
- **Moderate**: 0.5%
- **Marked**: 6.5%
- **Severe**: 1.5%
Statewide Crisis and Access Line (including NSPL Calls)

<table>
<thead>
<tr>
<th>Primary Presenting Problem in Calls</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol/Drugs</td>
<td>7.1%</td>
</tr>
<tr>
<td>Anger Management</td>
<td>1.6%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>27.4%</td>
</tr>
<tr>
<td>Child</td>
<td>0.9%</td>
</tr>
<tr>
<td>Cognitive Concerns/Psychosis</td>
<td>2.2%</td>
</tr>
<tr>
<td>Danger to Others</td>
<td>0.7%</td>
</tr>
<tr>
<td>Depression</td>
<td>9.2%</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>1.6%</td>
</tr>
<tr>
<td>Family</td>
<td>4.5%</td>
</tr>
<tr>
<td>Grief/Loss</td>
<td>2.7%</td>
</tr>
<tr>
<td>Intentional Self Injury</td>
<td>1.4%</td>
</tr>
<tr>
<td>Medication</td>
<td>1.4%</td>
</tr>
<tr>
<td>Relationship/Marital</td>
<td>5.7%</td>
</tr>
<tr>
<td>Sexual Assault</td>
<td>0.1%</td>
</tr>
<tr>
<td>Situational Stress</td>
<td>8.7%</td>
</tr>
<tr>
<td>Suicide</td>
<td>14.2%</td>
</tr>
<tr>
<td>Workplace/Career Assistance</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other</td>
<td>10.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of Care of Clinical Calls</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine</td>
<td>65.4%</td>
</tr>
<tr>
<td>Urgent</td>
<td>31.3%</td>
</tr>
<tr>
<td>Emergent</td>
<td>3.2%</td>
</tr>
</tbody>
</table>
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 April.

<table>
<thead>
<tr>
<th>Clinical Outcome For All Counseling Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caller stabilized by clinician, and referred to community resources if appropriate.</td>
</tr>
<tr>
<td>Clinician made an abuse report.</td>
</tr>
<tr>
<td>Caller will take the person of concern to the hospital.</td>
</tr>
<tr>
<td>Caller agreed to go to the hospital.</td>
</tr>
<tr>
<td>Caller agreed to call 911 regarding immediate danger to a third party.</td>
</tr>
<tr>
<td>Caller conferenced to 911 due to immediate danger.</td>
</tr>
<tr>
<td>Clinician contacted police with caller’s consent.</td>
</tr>
<tr>
<td>Clinician contacted police without caller’s consent.</td>
</tr>
</tbody>
</table>

While it was not always the presenting issue, concerns related to suicide were reported on 30.5% of clinical calls. Concerns related to drug or alcohol abuse were reported on 18.3% of clinical calls.

In April, 263 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.

<table>
<thead>
<tr>
<th>Clinical Outcome on Calls Involving Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caller stabilized by clinician, and referred to community resources if appropriate.</td>
</tr>
<tr>
<td>Caller will take the person of concern to the hospital.</td>
</tr>
<tr>
<td>Caller agreed to go to the hospital.</td>
</tr>
<tr>
<td>Caller agreed to call 911 regarding immediate danger to a third party.</td>
</tr>
<tr>
<td>Caller conferenced to 911 due to immediate danger.</td>
</tr>
<tr>
<td>Clinician contacted police with caller’s consent.</td>
</tr>
<tr>
<td>Clinician contacted police without caller’s consent.</td>
</tr>
</tbody>
</table>
Initial Level of Distress on Calls Involving Thoughts of Suicide

- **63.1%**: None
- **22.4%**: Mild
- **12.5%**: Moderate
- **1.1%**: Marked
- **0.8%**: Severe

Concluding Level of Distress on Calls Involving Thoughts of Suicide

- **68.1%**: None
- **25.9%**: Mild
- **3.0%**: Moderate
- **1.9%**: Marked
- **1.1%**: Severe
Peer-to-Peer Warmline

In April 2016, the Peer-to-Peer Warmline handled 595 calls during its operating hours of 3:30pm to 11:30pm MT.

<table>
<thead>
<tr>
<th>April 2016: Warmline Utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Calls Handled</td>
</tr>
<tr>
<td>Average Call Length</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome For Warmline Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caller was supported by the call.</td>
</tr>
<tr>
<td>Caller received referrals.</td>
</tr>
<tr>
<td>Caller was transferred to NMCAL.</td>
</tr>
<tr>
<td>Emergency call</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Calls Transferred between Warmline and NMCAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls transferred from NMCAL to Warline</td>
</tr>
<tr>
<td>Calls transferred from Warmline to NMCAL</td>
</tr>
<tr>
<td>Primary Presenting Problem in Warmline Calls</td>
</tr>
<tr>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Abuse/Neglect</td>
</tr>
<tr>
<td>Administrative Call</td>
</tr>
<tr>
<td>Employment/Education</td>
</tr>
<tr>
<td>Family</td>
</tr>
<tr>
<td>Finances</td>
</tr>
<tr>
<td>Food/Nutrition</td>
</tr>
<tr>
<td>Friends</td>
</tr>
<tr>
<td>Healthcare</td>
</tr>
<tr>
<td>Housing</td>
</tr>
<tr>
<td>Legal</td>
</tr>
<tr>
<td>Mental Health</td>
</tr>
<tr>
<td>Relationships</td>
</tr>
<tr>
<td>Spirituality</td>
</tr>
<tr>
<td>Substance Use</td>
</tr>
</tbody>
</table>