



January 2016

New Mexico Utilization Report

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In January of 2016, the New Mexico Crisis and Access Line (NMCAL) handled 2,740 calls. This includes 1,273 calls on the Statewide Crisis and Access Line, 137 New Mexico calls for the National Suicide Prevention Lifeline (NSPL), 681 calls for the Peer-to-Peer Warmline, and 649 after-hours calls forwarded from New Mexico's Behavioral Health Core Service Agencies (CSA's).

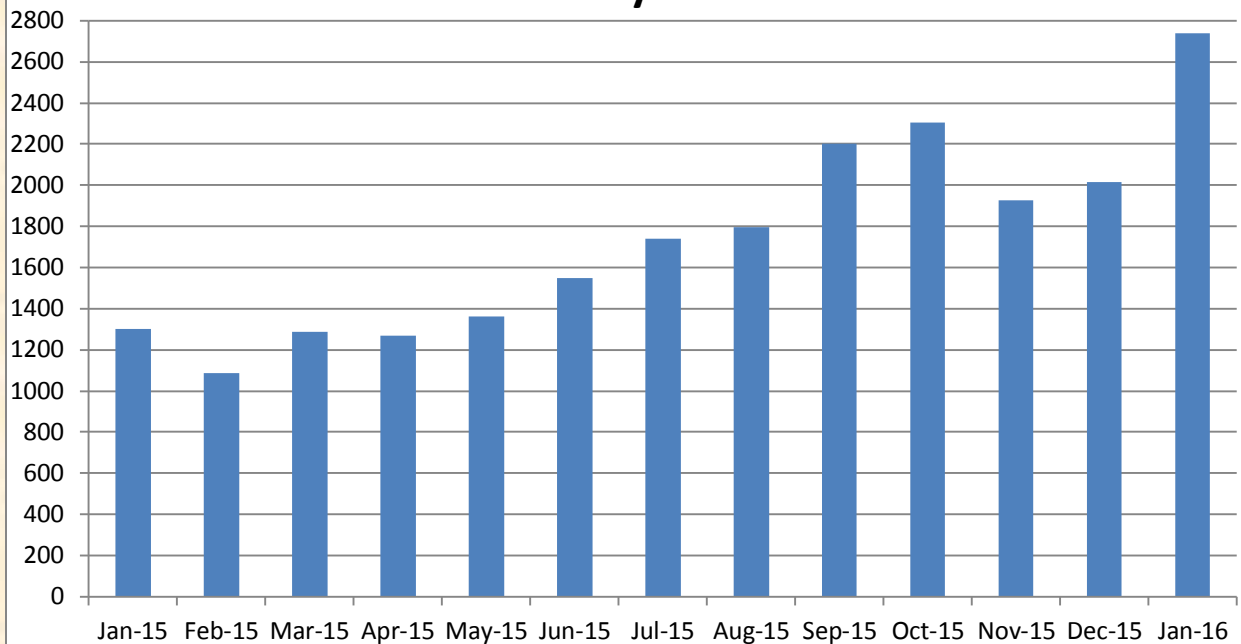
January 2016: Calls Answered by Type	
Statewide Crisis and Access Line + NSPL Calls	1410
Inbound Clinical Calls	1163
- Calling about Self	1006
- Calling about a Child	24
- Calling about another Adult	133
Outbound Calls	91
Information/Referral Calls	55
Seeking information about NMCAL	29
Administrative	9
Other	63
Warmline Calls	681
Calls Answered For CSA Crisis Lines	649
TOTAL CALLS ANSWERED FOR NEW MEXICO	2740



January 2016: Crisis Line Call Data

Total Calls Handled	1410
Service Level (answered under 30 sec)	95.8%
Abandonment Rate	0.8%
Average Speed of Answer	11 sec
Average Call Length (all calls)	10.3 min
Average Call Length (Clinical calls)	16.7 min

Total Calls Handled by NMCAL in Past Year



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

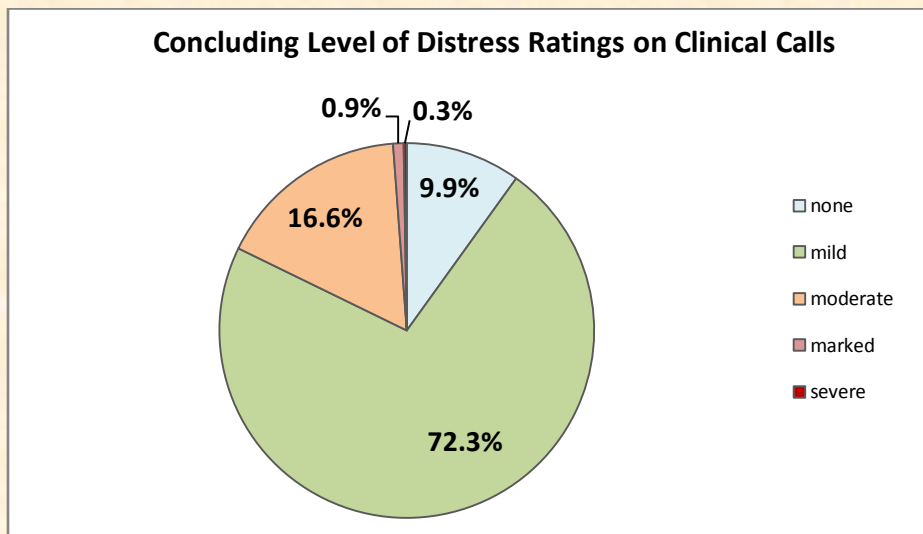
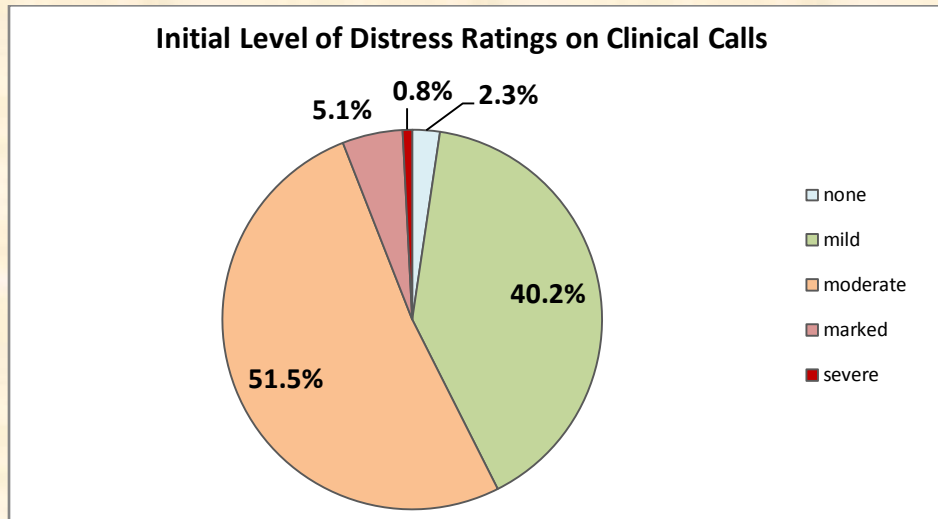


Callers are asked for their county of residence; these responses cannot be independently verified. This data is not necessarily predictive of an overall need for services in each county, as small numbers of callers contact NMCAL quite frequently.

County of Residence	Total Calls	County of Residence	Total Calls
Bernalillo	365	McKinley	24
Catron	0	Mora	1
Chaves	91	Otero	23
Cibola	3	Quay	1
Colfax	2	Rio Arriba	9
Curry	8	Roosevelt	16
De Baca	0	San Juan	9
Dona Ana	307	San Miguel	13
Eddy	10	Sandoval	31
Grant	11	Santa Fe	98
Guadalupe	2	Sierra	2
Harding	0	Socorro	4
Hidalgo	1	Taos	9
Lea	10	Torrance	5
Lincoln	43	Union	0
Los Alamos	5	Valencia	27
Luna	5	(outside NM)	15



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	60.6%
Urgent	36.7%
Emergent	2.7%

Primary Presenting Problem in Calls	
Alcohol/Drugs	6.3%
Anger Management	1.9%
Anxiety	26.7%
Child	0.9%
Cognitive Concerns/Psychosis	1.9%
Danger to Others	0.6%
Depression	11.5%
Domestic Violence	0.2%
Family	4.7%
Grief/Loss	1.4%
Intentional Self Injury	1.1%
Medication	1.3%
Relationship/Marital	7.4%
Sexual Assault	0.0%
Situational Stress	5.7%
Suicide	17.5%
Workplace Issue	0.1%
Other	11.0%



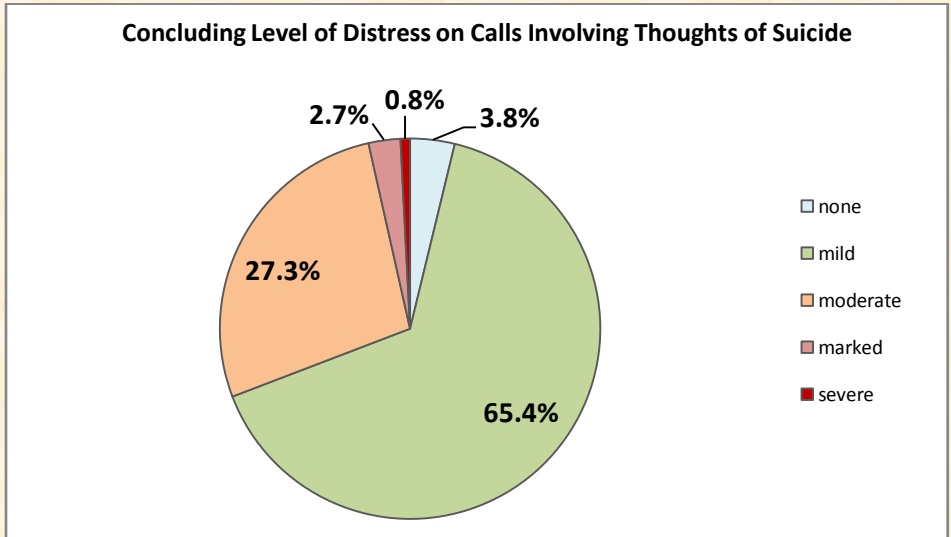
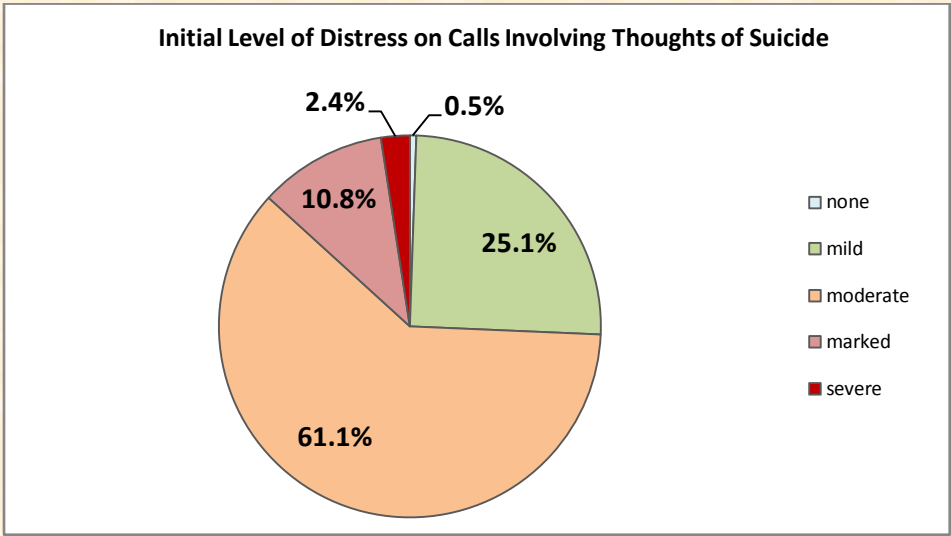
For every clinical call, we track whether the situation could be stabilized by the clinician, or if a more restrictive level of care was necessary. These are the clinical outcomes of the NMCAL calls for January.

Clinical Outcome For All Counseling Calls	
Caller stabilized by clinician, and referred to community resources if appropriate.	95.6%
Clinician made an abuse report.	0.6%
Caller will take the person of concern to the hospital.	0.7%
Caller agreed to go to the hospital.	0.3%
Caller agreed to call 911 regarding immediate danger to a third party.	0.4%
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.	1.1%

While it was not always the presenting issue, concerns related to suicide were reported on 33.3% of clinical calls. Concerns related to drug or alcohol abuse were reported on 18.4% of clinical calls. In January, 370 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.	90.5%
Caller will take the person of concern to the hospital.	1.4%
Caller agreed to go to the hospital.	0.5%
Caller agreed to call 911 regarding immediate danger to a third party.	1.1%
Caller conferenced to 911 due to immediate danger.	2.7%
Clinician contacted police with caller's consent.	1.1%
Clinician contacted police without caller's consent.	2.7%





Peer-to-Peer Warmline

In January 2016, the Peer-to-Peer Warmline handled 681 calls during its operating hours of 3:30pm to 11:30pm MT.

January 2016: Warmline Utilization	
Total Calls Handled	681
Average Call Length	15.6 min

Outcome For Warmline Calls	
Caller was supported by the call.	91.6%
Caller received referrals.	1.6%
Caller was transferred to NMCAL.	0.6%
Emergency call	0.0%
Other	6.2%

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	20
Calls transferred from Warmline to NMCAL	4



Primary Presenting Problem in Warmline Calls	
Abuse/Neglect	0.6%
Administrative Call	0.8%
Employment/Education	2.8%
Family	13.9%
Finances	1.2%
Food/Nutrition	1.6%
Friends	2.6%
Healthcare	6.7%
Housing	2.6%
Legal	4.0%
Mental Health	41.2%
Relationships	16.4%
Spirituality	3.0%
Substance Use	2.8%

