



March 2017 New Mexico Utilization Report

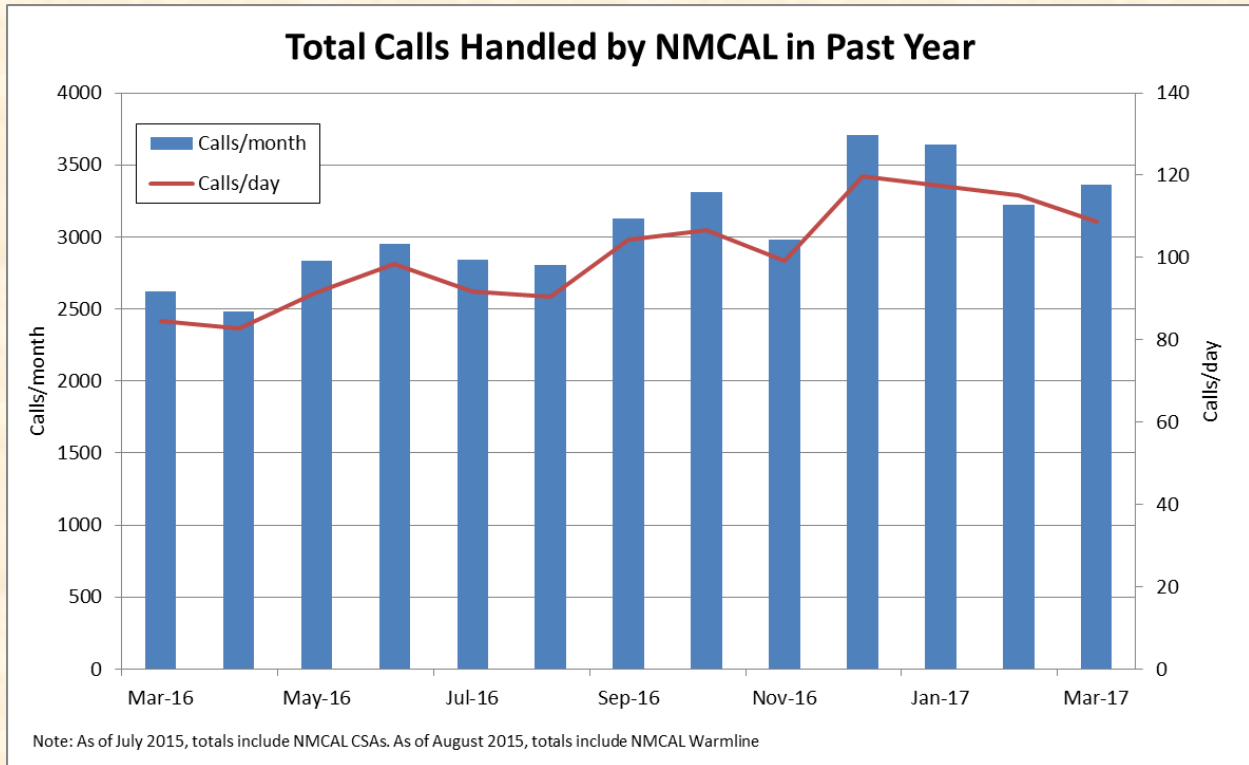
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In March of 2017, the New Mexico Crisis and Access Line (NMCAL) programs handled 3,366 calls. This includes 1,342 calls on the Statewide Crisis and Access Line, 235 New Mexico calls for the National Suicide Prevention Lifeline (NSPL), 1,129 calls for the Peer-to-Peer Warmline, and 660 after-hours calls forwarded from New Mexico's Behavioral Health Core Service Agencies (CSA's).

March 2017: Calls Answered by Type	
Total Statewide Crisis and Access Line + NSPL Calls	1,577
Inbound Clinical Calls	1,278
Calling about Self	1,146
Calling about a Child	38
Calling about another Adult	98
Outbound Clinical Calls	97
Information/Referral Calls	29
Seeking information about NMCAL	14
Public Safety Calls	6
Administrative	17
Other	136
Warmline Calls	1,129
Calls Answered For CSA Crisis Lines	660
TOTAL CALLS ANSWERED FOR NEW MEXICO	3,366



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		7
NMCAL Presentations to the Community	159	6
Prevention Trainings Sponsored by NMCAL	56	4
Participation in Community Meetings		21
Media Encounters		1
Media Mentions		<i>an estimated 38+</i>
TOTALS	215	77



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 March 2017.

March 2017: Crisis Line Utilization	
Total Calls Handled on the crisis line	1,577
Service Level (answered under 30 sec)	81.1%
Abandonment Rate	4.1%
Average Speed of Answer	21 sec
Average Call Length (all calls)	4.4 min
Average Call Length (Clinical calls)	16.2 min

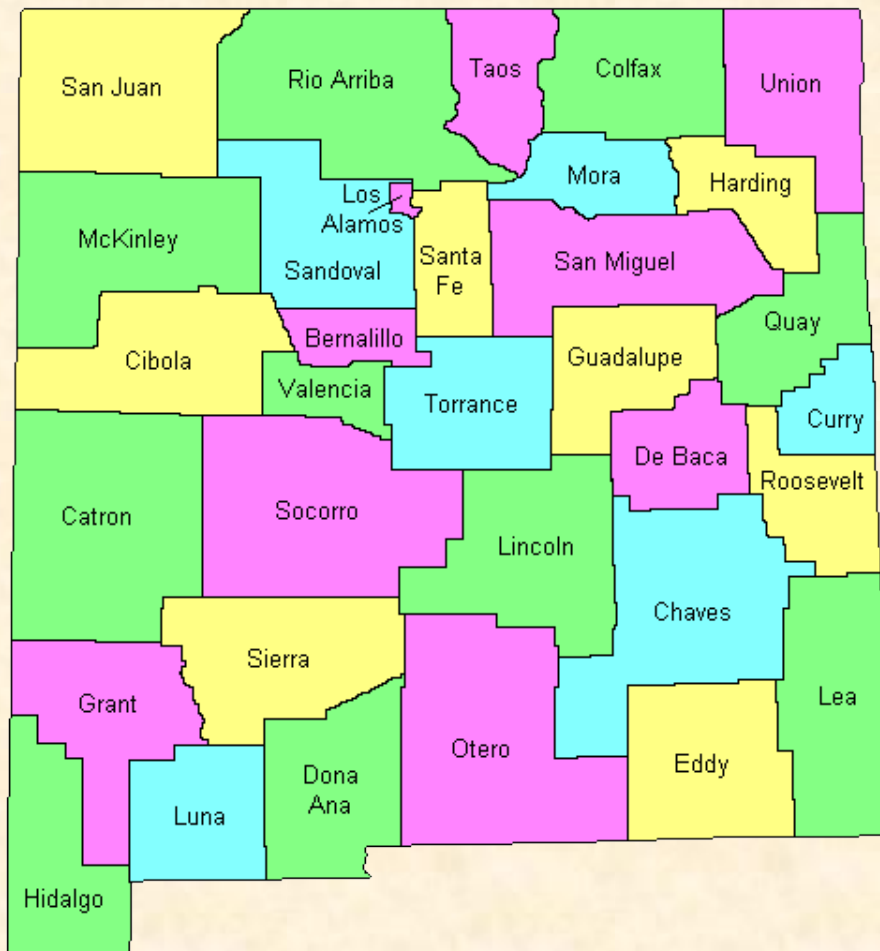
* Level of Care for Clinical Calls	
Routine	67.5%
Urgent	30.2%
Emergent	2.3%

*NOTE: Please contact the NMCAL program manager if you need more information regarding NMCAL's clinical definitions.

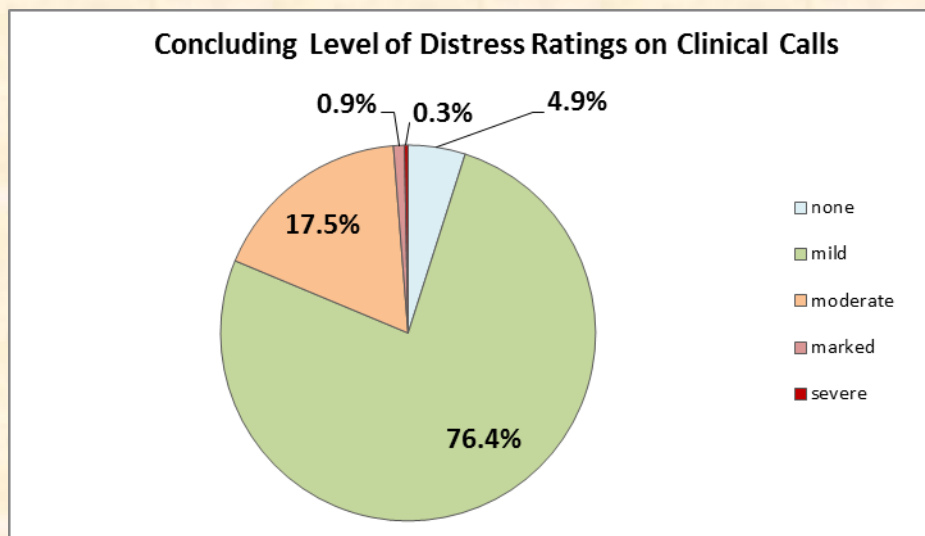
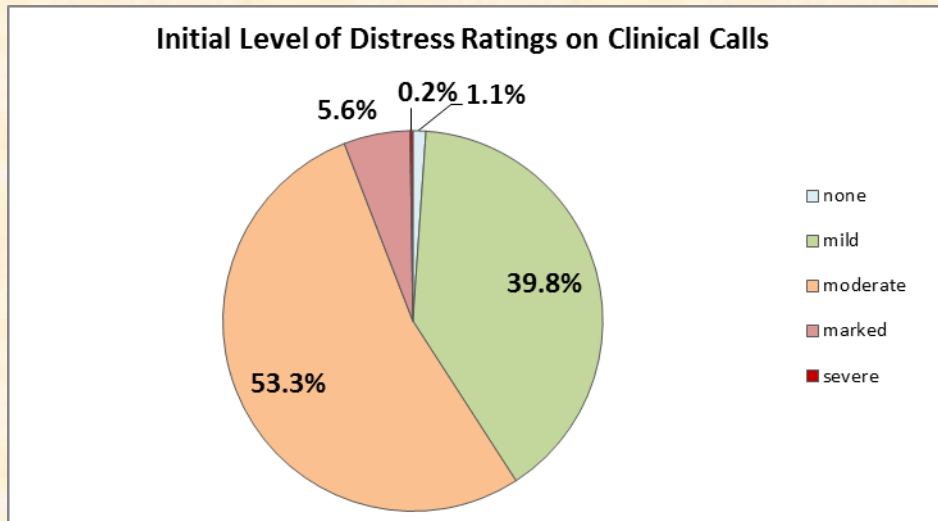


Callers are asked for their county of residence; these responses cannot be independently verified. It is important to note that this data is not necessarily predictive of an overall need for services in each county. Some things to keep in mind when reviewing demographic information of crisis line callers 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.

**NOTE: Demographic data by county is not available due to a technological transition made in March 2017.*



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	5.2%
Anger Management	2.1%
Anxiety	28.2%
Child	1.5%
Cognitive Concerns/Psychosis	5.3%
Danger to Others	0.2%
Depression	9.6%
Domestic Violence	0.5%
Family	4.0%
Grief/Loss	2.3%
Intentional Self Injury	2.3%
Medication	1.7%
Relationship/Marital	3.1%
Sexual Assault	0.4%
Situational Stress	11.1%
Suicide	13.6%
Workplace/Career Assistance	0.0%
Other	9.1%

Although it is not always the primary presented problem on a call, concerns related to drug or alcohol use were reported on 169 (13.2%) of the clinical calls.



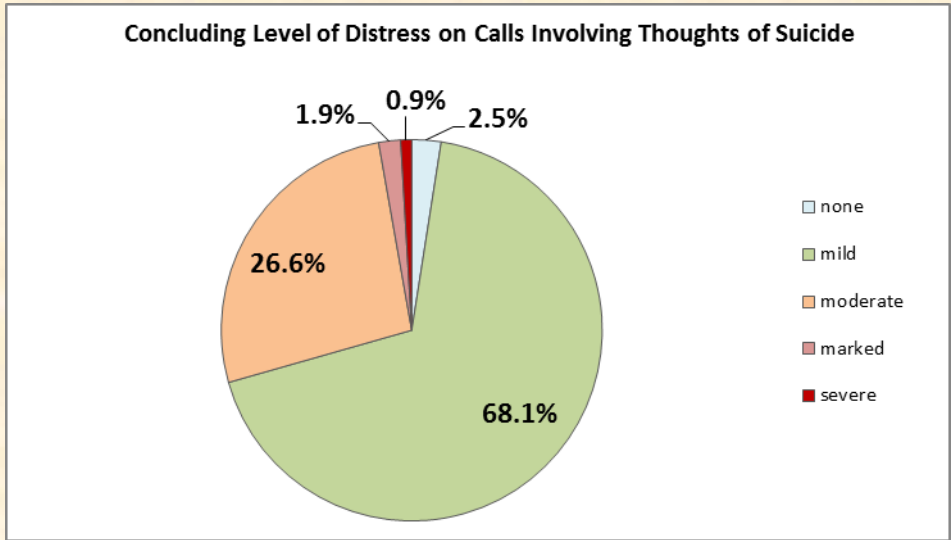
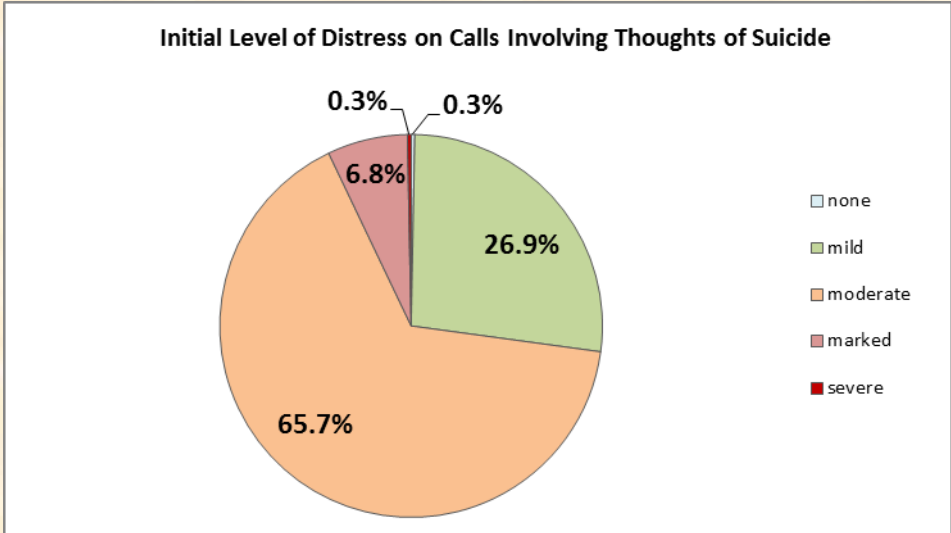
On every crisis line call, the NMCAL clinician assesses the current situation and evaluates how the caller can be supported through the call. The clinician determines if the matter can be resolved on that call, or if a higher level of response is necessary.

Clinical Disposition of All Crisis Line Clinical Calls	
Caller stabilized by clinician, and referred to community resources if appropriate	97.6%
Clinician made an abuse report	0.0%
Caller will take the person of concern to the hospital	0.2%
Caller agreed to go to the hospital	0.1%
Caller agreed to call 911 regarding immediate danger	0.2%
Caller conferenced to 911 due to immediate danger	0.8%
Clinician contacted police with caller's consent	0.3%
Clinician contacted police without caller's consent	0.9%

While it was not always the presenting issue, concerns related to suicide were reported on 25.3% of the clinical calls. In March, 324 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.

Disposition of All Crisis Line Calls Involving Suicide	
Caller stabilized by clinician, and referred to community resources if appropriate	92.6%
Caller will take the person of concern to the hospital	0.6%
Caller agreed to go to the hospital	0.3%
Caller agreed to call 911 regarding immediate danger to a third party	0.6%
Caller conferenced to 911 due to immediate danger	2.2%
Clinician contacted police with caller's consent	0.6%
Clinician contacted police without caller's consent	3.1%





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 March 2017, the Peer-to-Peer Warmline handled 1,129 calls during its operating hours of 3:30pm to 11:30pm MT.

March 2017: Warmline Utilization Call Data	
Total Calls Handled	1,129
* during Warmline operating hours of 3:30pm to 11:30pm MT	
Average Call Length (all Warmline calls)	19.5 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	96.5%
Caller received referrals	0.6%
Caller was transferred to an NMCAL clinician	0.8%
Emergency call to Public Safety was made	0.3%
Other/None of the Above	1.9%



In March 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	0.1%
Administrative Call	0.2%
Employment/Education	0.7%
Family	1.7%
Finances	0.4%
Food/Nutrition	0.2%
Friends	0.4%
Healthcare	2.5%
Housing	1.7%
Legal	0.7%
Mental Health	85.7%
Relationships	4.4%
Spirituality	0.7%
Substance Use	0.7%

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	*
Calls transferred from Warmline to NMCAL	9

*NOTE: Data for calls transferred from NMCAL to Warmline is not available due to a technological transition made in March 2017

