

September 2015 Utilization Report

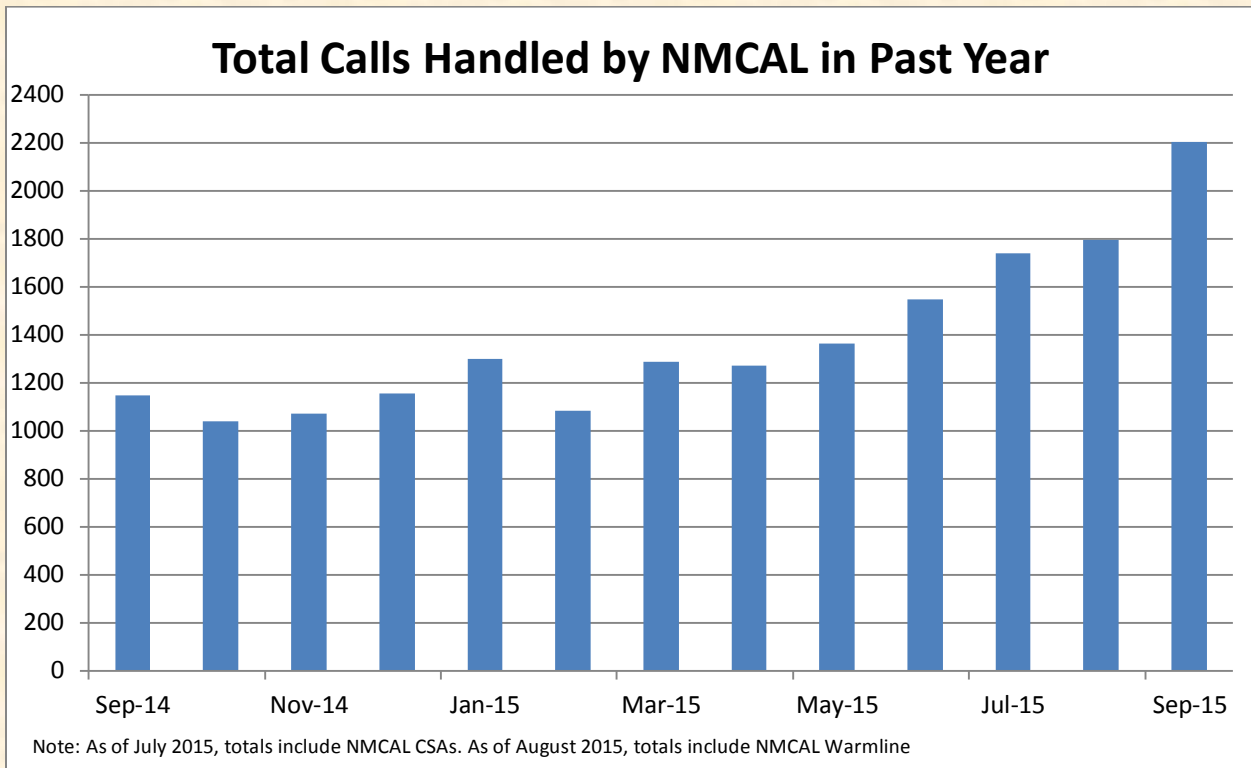
- New Mexico Crisis and Access Line (pgs 1-7)
- Peer-to-Peer Warmline (pgs 8-9)

In September 2015, NMCAL handled 1367 calls. This includes 125 calls connected to us by the National Suicide Prevention Lifeline. Under separate contracts, an additional 264 calls were answered for CSA crisis lines in New Mexico.

September 2015: Calls Answered by Type	
NMCAL Calls	1367
Inbound Clinical Calls	1156
- Calling about Self	1011
- Calling about a Child	27
- Calling about another Adult	118
Outbound Calls	105
Information/Referral Calls	48
Seeking information about NMCAL	41
Administrative	17
Calls Answered For CSA Crisis Lines	264
Warmline Calls	571
TOTAL CALLS ANSWERED FOR NEW MEXICO	2202

September 2015: NMCAL Utilization	
Total Calls Handled	1367
Service Level (answered under 30 sec)	91.9%
Abandonment Rate	2.1%
Average Speed of Answer	13 sec
Average Call Length (all calls)	9.7 min
Average Call Length (Clinical calls)	13.6 min





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.

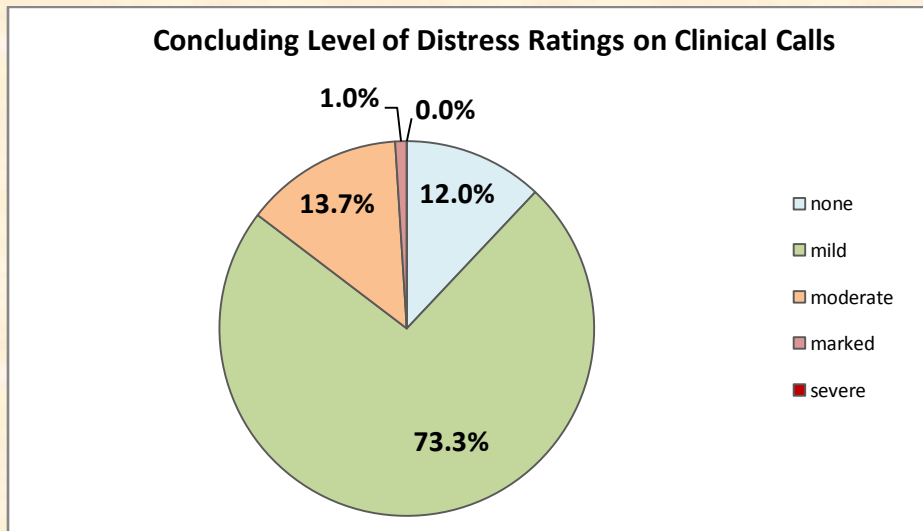
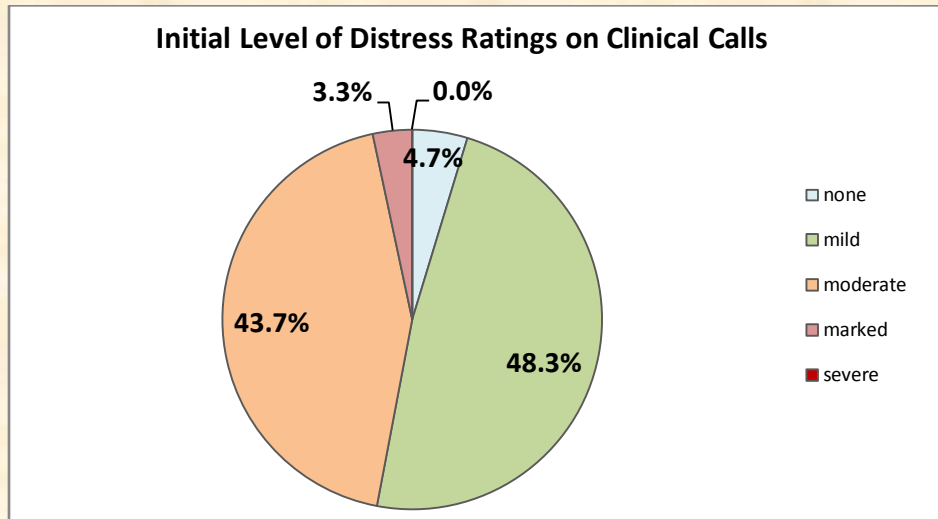
County of Residence	Total Calls
Bernalillo	306
Catron	1
Chaves	7
Cibola	8
Colfax	1
Curry	10
De Baca	0
Dona Ana	314



Eddy	25
Grant	183
Guadalupe	1
Harding	0
Hidalgo	0
Lea	8
Lincoln	7
Los Alamos	4
Luna	5
McKinley	30
Mora	0
Otero	14
Quay	2
Rio Arriba	14
Roosevelt	7
San Juan	5
San Miguel	9
Sandoval	37
Santa Fe	67
Sierra	2
Socorro	10
Taos	6
Torrance	13
Union	2
Valencia	15
(outside New Mexico)	19



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.



Level of Care of Clinical Calls	
Routine	72.4%
Urgent	25.7%
Emergent	1.9%



Primary Presenting Problem in Calls	
Alcohol/Drugs	6.1%
Anger Management	1.0%
Anxiety	33.8%
Child	0.7%
Cognitive Concerns/Psychosis	1.8%
Danger to Others	0.3%
Depression	7.2%
Domestic Violence	0.7%
Family	4.3%
Grief/Loss	1.3%
Intentional Self Injury	0.5%
Medication	1.2%
Relationship/Marital	6.1%
Sexual Assault	0.2%
Situational Stress	5.6%
Suicide	10.6%
Workplace Issue	0.0%
Other	18.4%

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 September.



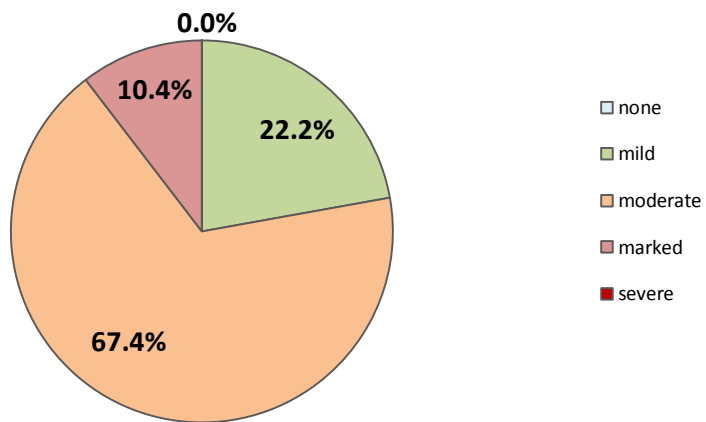
Clinical Outcome For All Counseling Calls	
Caller stabilized by clinician, and referred to community resources if appropriate.	97.1%
Clinician made an abuse report.	0.5%
Caller will take the person of concern to the hospital.	0.2%
Caller agreed to go to the hospital.	0.2%
Caller agreed to call 911 regarding immediate danger to a third party.	0.5%
Caller conferenced to 911 due to immediate danger.	0.6%
Clinician contacted police with caller's consent.	0.2%
Clinician contacted police without caller's consent.	0.6%

While it was not always the presenting issue, concerns related to suicide were reported on 20.0% of clinical calls. Concerns related to drug or alcohol abuse were reported on 16.5% of clinical calls. In September, 221 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.

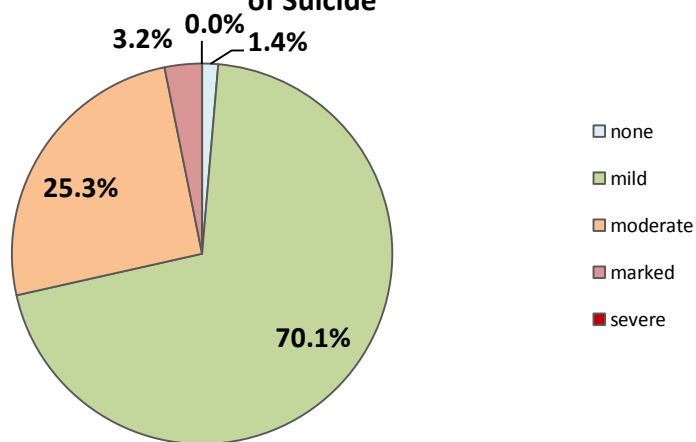
Clinical Outcome on Calls Involving Suicide	
Caller stabilized by clinician, and referred to community resources if appropriate.	93.7%
Caller will take the person of concern to the hospital.	0.5%
Caller agreed to go to the hospital.	0.0%
Caller agreed to call 911 regarding immediate danger to a third party.	0.9%
Caller conferenced to 911 due to immediate danger.	2.3%
Clinician contacted police with caller's consent.	0.5%
Clinician contacted police without caller's consent.	2.3%



Initial Level of Distress on Calls Involving Thoughts of Suicide



Concluding Level of Distress on Calls Involving Thoughts of Suicide



Peer-to-Peer Warmline

In September 2015, the Peer-to-Peer Warmline handled 571 calls during its operating hours of 3:30pm to 11:30pm MT.

September 2015: Warmline Utilization	
Total Calls Handled	571
Service Level (answered under 30 sec)	74.8%
Abandonment Rate	16.5%
Average Speed of Answer	38 sec
Average Call Length	21.7 min

Primary Presenting Problem in Warmline Calls	
Abuse/Neglect	0.2%
Family	1.2%
Healthcare	0.4%
Just Want To Talk	93.2%
Mental Health	1.6%
Relationships	1.2%
Resources/Community Referrals	0.5%
Substance Use	0.7%
Other	1.1%



Outcome For Warmline Calls	
Caller was supported by the call.	93.0%
Caller received referrals.	2.8%
Caller was transferred to NMCAL.	0.4%
Emergency call	0.0%
Other	3.9%

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	27
Calls transferred from Warmline to NMCAL	2

