



# May 2016 New Mexico Utilization Report

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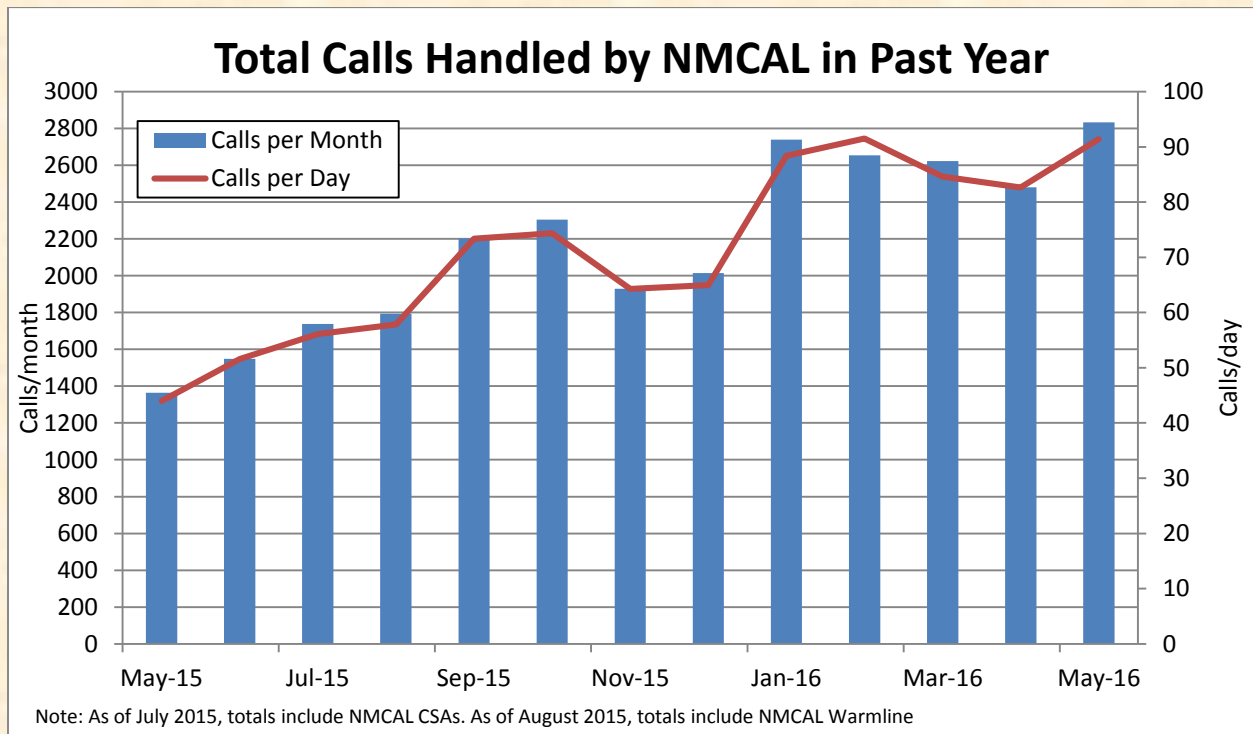
In May of 2016, the New Mexico Crisis and Access Line (NMCAL) handled 2,834 calls. This includes 968 calls on the Statewide Crisis and Access Line, 211 New Mexico calls for the National Suicide Prevention Lifeline (NSPL), 702 calls for the Peer-to-Peer Warmline, and 953 after-hours calls forwarded from New Mexico's Behavioral Health Core Service Agencies (CSA's).

<b>May 2016: Calls Answered by Type</b>	
<b>Total Statewide Crisis and Access Line + NSPL Calls</b>	<b>1179</b>
Total Inbound Clinical Calls	883
Calling about Self	721
Calling about a Child	35
Calling about another Adult	127
Outbound Calls	130
Information/Referral Calls	51
Seeking information about NMCAL	22
Public Safety Calls	12
Administrative	12
Other	69
<b>Warmline Calls</b>	<b>702</b>
<b>Calls Answered For CSA Crisis Lines</b>	<b>953</b>
<b>TOTAL CALLS ANSWERED FOR NEW MEXICO</b>	<b>2834</b>



## May 2016: Crisis Line Call Data

Total Calls Handled	1179
Service Level (answered under 30 sec)	93.5%
Abandonment Rate	1.1%
Average Speed of Answer	12 sec
Average Call Length (all calls)	10.2 min
Average Call Length (Clinical calls)	16.7 min

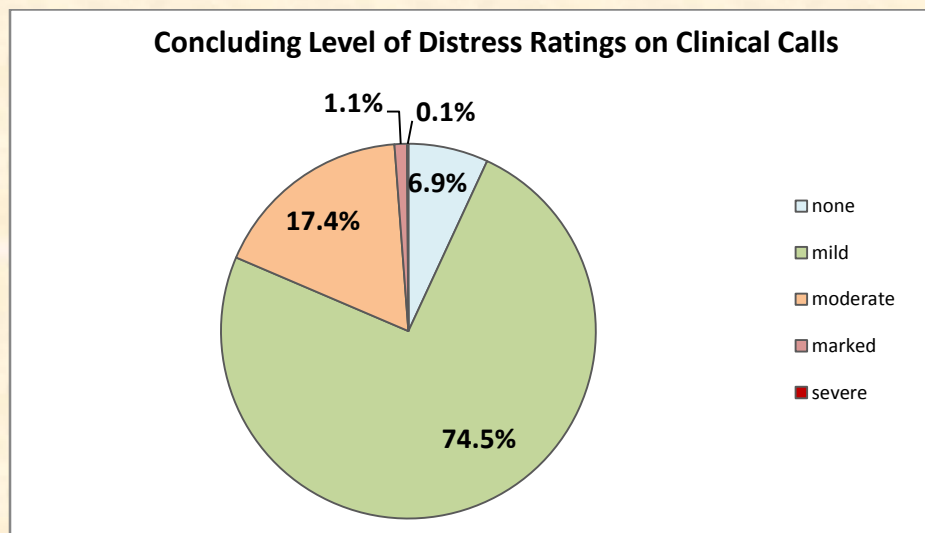
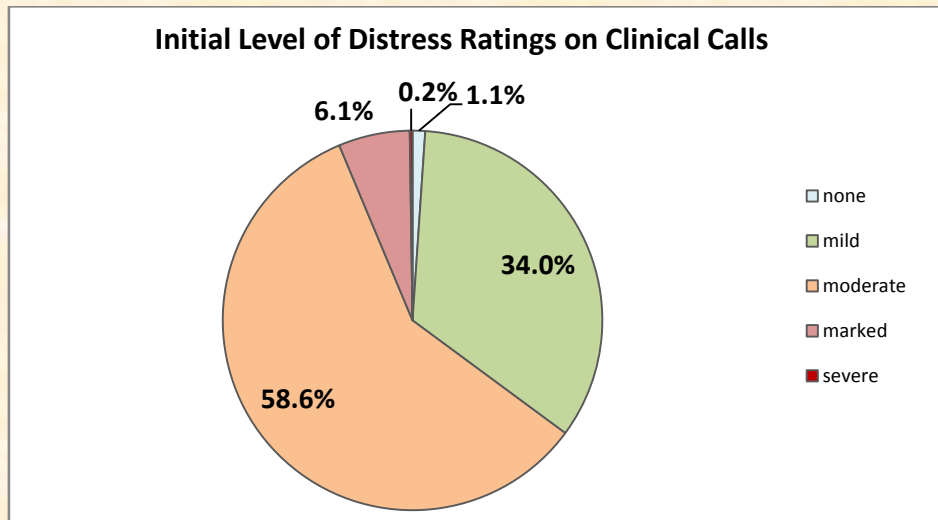


Callers are asked for their county of residence; these responses cannot be independently verified. This data is not necessarily predictive of an overall need for services in each county, as small numbers of callers contact NMCAL quite frequently.

County of Residence	Total Calls	County of Residence	Total Calls
Bernalillo	355	McKinley	19
Catron	0	Mora	0
Chaves	21	Otero	35
Cibola	3	Quay	6
Colfax	1	Rio Arriba	21
Curry	8	Roosevelt	2
De Baca	2	San Juan	13
Dona Ana	176	San Miguel	6
Eddy	7	Sandoval	56
Grant	2	Santa Fe	65
Guadalupe	0	Sierra	4
Harding	0	Socorro	6
Hidalgo	0	Taos	14
Lea	3	Torrance	7
Lincoln	5	Union	2
Los Alamos	3	Valencia	36
Luna	3	(outside NM)	20



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	62.1%
Urgent	33.7%
Emergent	4.2%

Primary Presenting Problem in Calls	
Alcohol/Drugs	7.9%
Anger Management	1.9%
Anxiety	22.4%
Child	1.1%
Cognitive Concerns/Psychosis	3.2%
Danger to Others	1.1%
Depression	13.1%
Domestic Violence	0.7%
Family	5.0%
Grief/Loss	1.3%
Intentional Self Injury	1.7%
Medication	0.6%
Relationship/Marital	6.2%
Sexual Assault	0.0%
Situational Stress	9.4%
Suicide	15.6%
Workplace/Career Assistance	0.1%
Other	8.8%



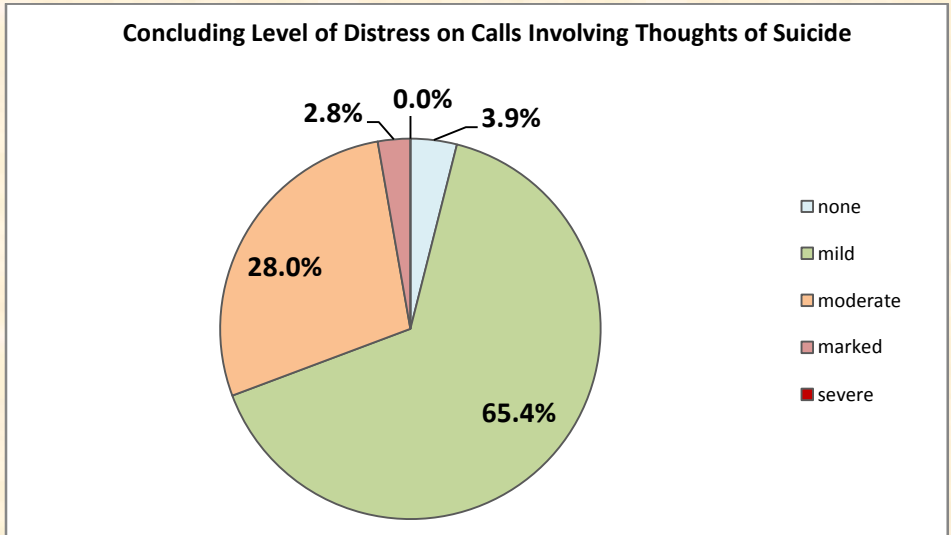
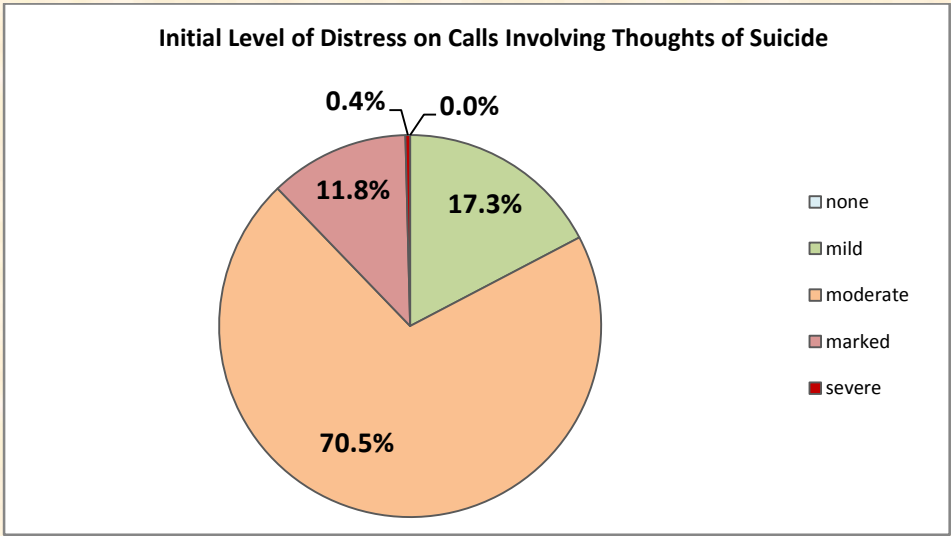
For every clinical call, we track whether the situation could be stabilized by the clinician, or if a more restrictive level of care was necessary. These are the clinical outcomes of the NMCAL calls for May.

Clinical Outcome For All Counseling Calls	
Caller stabilized by clinician, and referred to community resources if appropriate.	93.8%
Clinician made an abuse report.	0.6%
Caller will take the person of concern to the hospital.	0.6%
Caller agreed to go to the hospital.	0.7%
Caller agreed to call 911 regarding immediate danger to a third party.	0.6%
Caller conferenced to 911 due to immediate danger.	1.8%
Clinician contacted police with caller's consent.	0.5%
Clinician contacted police without caller's consent.	1.4%

While it was not always the presenting issue, concerns related to suicide were reported on 30.2% of clinical calls. Concerns related to drug or alcohol abuse were reported on 20.1% of clinical calls. In May, 254 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.	87.4%
Caller will take the person of concern to the hospital.	1.2%
Caller agreed to go to the hospital.	1.6%
Caller agreed to call 911 regarding immediate danger to a third party.	1.6%
Caller conferenced to 911 due to immediate danger.	4.7%
Clinician contacted police with caller's consent.	0.8%
Clinician contacted police without caller's consent.	2.8%







## Peer-to-Peer Warmline

In May 2016, the Peer-to-Peer Warmline handled 702 calls during its operating hours of 3:30pm to 11:30pm MT.

May 2016: Warmline Utilization	
Total Calls Handled	702
Average Call Length	16.2 min

Outcome For Warmline Calls	
Caller was supported by the call.	93.1%
Caller received referrals.	1.1%
Caller was transferred to NMCAL.	0.6%
Emergency call	0.0%
Other	5.1%

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	6
Calls transferred from Warmline to NMCAL	4





Primary Presenting Problem in Warmline Calls	
Abuse/Neglect	0.5%
Administrative Call	0.0%
Employment/Education	1.3%
Family	5.0%
Finances	0.6%
Food/Nutrition	2.5%
Friends	1.1%
Healthcare	9.8%
Housing	3.1%
Legal	1.3%
Mental Health	59.4%
Relationships	8.0%
Spirituality	5.6%
Substance Use	1.6%

