

August 2017 New Mexico Utilization Report

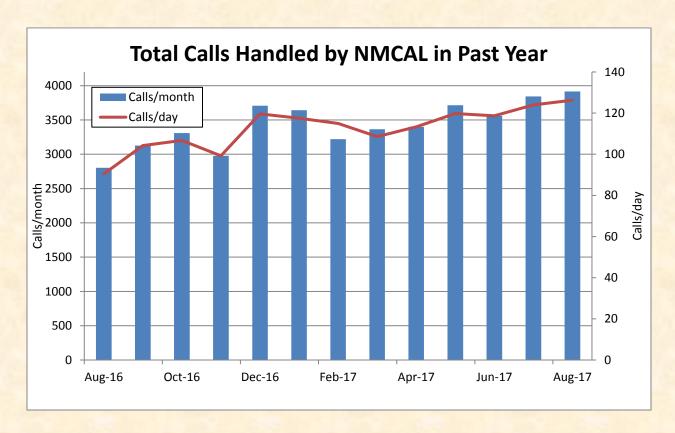
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In August of 2017, the New Mexico Crisis and Access Line (NMCAL) programs handled 3,915 calls. This includes 1,893 calls on the Statewide Crisis and Access Line, 426 New Mexico calls for the National Suicide Prevention Lifeline (NSPL), 1021 calls for the Peer-to-Peer Warmline, and 575 after-hours calls forwarded from New Mexico's Behavioral Health Core Service Agencies (CSA's).

| August 2017: Calls Answered by Type | | |
|---|-------|--|
| Total Statewide Crisis and Access Line + NSPL Calls | 2,319 | |
| Inbound Clinical Calls | 1,802 | |
| Calling about Self | 1,604 | |
| Calling about a Child | 34 | |
| Calling about another Adult | 164 | |
| Outbound Clinical Calls | 153 | |
| Information/Referral Calls | 31 | |
| Seeking information about NMCAL | 13 | |
| Public Safety Calls | 8 | |
| Administrative | 16 | |
| Other | 296 | |
| Warmline Calls | 1,021 | |
| Calls Answered For CSA Crisis Lines | 575 | |
| TOTAL CALLS ANSWERED FOR NEW MEXICO | 3,915 | |



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 | | 13 |
| NMCAL Presentations to the Community | 553 | 5 |
| Prevention Trainings Sponsored by NMC | AL 6 | 1 |
| Participation in Community Meetings | | 25 |
| Media Encounters | | 41 |
| Media Mentions | | an estimated 132+ |
| TOTALS | 559 | 217 |



CLINICAL CALL INFORMATION

New Mexico Crisis and Access Line

NMCAL, NSPL, Rio Grande Gorge Bridge, 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 during the month of August 2017.

| August 2017: Crisis Line Utiliz | ation |
|--|----------|
| Total Calls Handled on the crisis line | 2,319 |
| Service Level (answered under 30 sec) | 81.2% |
| Abandonment Rate | 4.5% |
| Average Speed of Answer | 22 sec |
| Average Call Length (all calls) | 4.4 min |
| Average Call Length (Clinical calls) | 16.7 min |

| Level of Care ¹ - Clin | ical Calls |
|-----------------------------------|------------|
| Routine | 62.5% |
| Urgent | 35.1% |
| Emergent | 2.4% |

¹ Please contact NMCAL program manager for more information on NMCAL level of care clinical definitions.

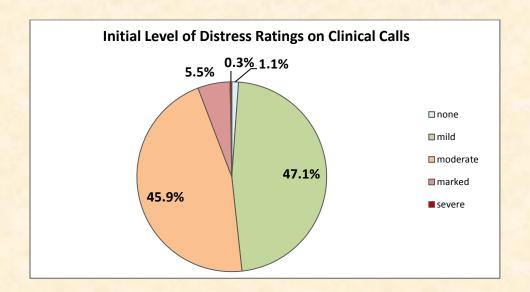


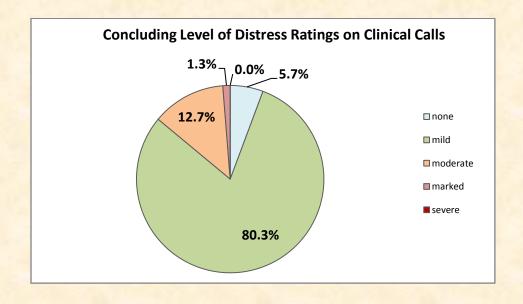
Callers are asked for their county of residence; these responses cannot be independently verified. It is important to note that this data is not necessarily predictive of an overall need for services in each county. Some things to keep in mind when reviewing demographic information of crisis line callers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

| County of Residence | Total Calls | County of Residence | Total Calls |
|------------------------|----------------|------------------------|----------------|
| Bernalillo | 672 | McKinley | 22 |
| Catron | 1 | Mora | 0 |
| Chaves | 18 | Otero | 32 |
| Cibola | 10 | Quay | 0 |
| Colfax | 4 | Rio Arriba | 11 |
| Curry | 11 | Roosevelt | 1 |
| De Baca | 1 | San Juan | 87 |
| Dona Ana | 153 | San Miguel | 4 |
| Eddy | 22 | Sandoval | 55 |
| Grant | 41 | Santa Fe | 56 |
| Guadalupe | 1 | Sierra | 7 |
| Harding | 1 | Socorro | 6 |
| Hidalgo | 0 | Taos | 24 |
| Lea | 9 | Torrance | 5 |
| Lincoln | 8 | Union | 0 |
| Los Alamos | 2 | Valencia | 51 |
| Luna | 11 | (outside NM) | 32 |



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 | 8.3% | |
| Anger Management | 0.7% | |
| Anxiety | 29.6% | |
| Child | 0.9% | |
| Cognitive Concerns/Psychosis | 6.2% | |
| Danger to Others | 0.3% | |
| Depression | 9.6% | |
| Domestic Violence | 0.4% | |
| Family | 2.8% | |
| Grief/Loss | 1.4% | |
| Intentional Self Injury | 1.0% | |
| Medication | 1.3% | |
| Relationship/Marital | 3.7% | |
| Sexual Assault | 0.2% | |
| Situational Stress | 11.5% | |
| Suicide | 15.4% | |
| Workplace Issue/Career Assistance | 0.3% | |
| Other | 6.4% | |

Although it is not always the primary presented problem on a call, concerns related to drug or alcohol use were reported on 324 (18.4%) of the clinical calls.



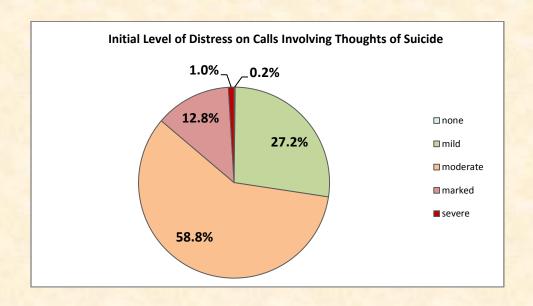
On every crisis line call, the NMCAL clinician assesses the current situation, and evaluates how the caller can be supported through the call. The clinician determines if the matter can be resolved on that call, or if a higher level of response is necessary.

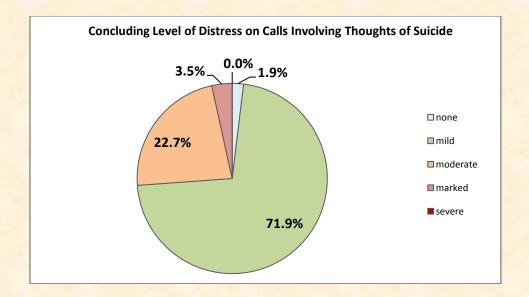
| Clinical Disposition of All Crisis Line Clinical Calls | |
|--|-------|
| Caller stabilized by clinician, | |
| and referred to community resources if appropriate | 96.5% |
| Clinician made an abuse report | 0.4% |
| Caller will take the person of concern to the hospital | 0.1% |
| Caller agreed to go to the hospital | 0.3% |
| Caller agreed to call 911 regarding immediate danger | 0.5% |
| Caller conferenced to 911 due to immediate danger | 0.6% |
| Clinician contacted police with caller's consent | 0.3% |
| Clinician contacted police without caller's consent | 1.3% |

While it was not always the presenting issue, concerns related to suicide were reported on 29.9% of the clinical calls in August, 2017. The 527 callers reporting concerns about suicide on the crisis line - either for themselves, or for the person of concern they called about - were supported by clinicians through de-escalation of the emergency and when appropriate a safety plan was created. We only involve hospital or emergency services when there is not a less intrusive way to keep the caller safe.

| Disposition of All Crisis Line Calls Involving Suicide | |
|--|-------|
| Caller stabilized by clinician, and referred to community resources if | |
| appropriate | 92.2% |
| Caller will take the person of concern to the hospital | 0.0% |
| Caller agreed to go to the hospital | 0.4% |
| Caller agreed to call 911 regarding immediate danger to a third party | 1.2% |
| Caller conferenced to 911 due to immediate danger | 1.6% |
| Clinician contacted police with caller's consent | 0.8% |
| Clinician contacted police without caller's consent | 3.9% |







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 August 2017, the Peer-to-Peer Warmline handled 1,021 calls during its operating hours of 3:30pm to 11:30pm MT.

| August 2017: Warmline Utilization Call Data | |
|---|----------|
| Total Calls Handled | 1,021 |
| * during Warmline operating hours of 3:30pm to 11:30pm MT | |
| Average Call Length (all Warmline calls) | 16.0 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 | 97.7% |
| Caller received referrals | 0.1% |
| Caller was transferred to an NMCAL clinician | 0.4% |
| Emergency call to Public Safety was made | 0.0% |
| Other/None of the Above | 1.8% |

In August 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 | 0.1% |
| Employment/Education | 0.3% |
| Family | 1.1% |
| Finances | 0.1% |
| Food/Nutrition | 0.3% |
| Friends | 0.2% |
| Healthcare | 1.3% |
| Housing | 0.3% |
| Legal | 0.2% |
| Mental Health | 92.9% |
| Relationships | 1.5% |
| Spirituality | 0.4% |
| Substance Use | 1.0% |

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 | 18 |
| Calls transferred from Warmline to NMCAL | 4 |

