

February 2017 New Mexico Utilization Report

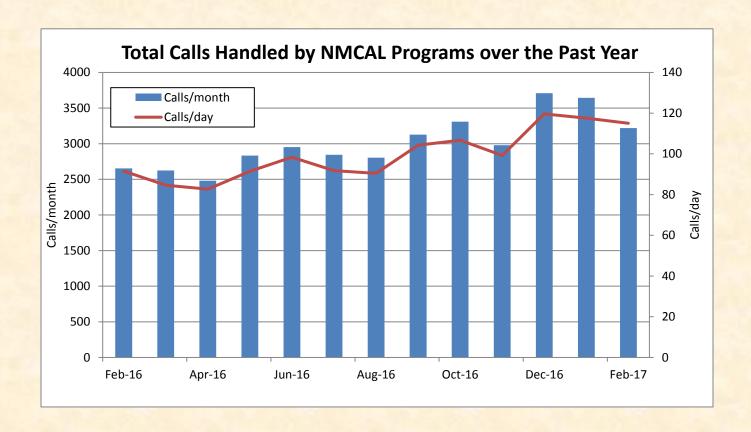
- Program Overview Summary (p. 1-2)
- Crisis and Access Line and NSPL Data (p. 3-8)
- Peer-to-Peer Warmline (p. 9-10)

In February of 2017, the New Mexico Crisis and Access Line (NMCAL) programs handled 3,220 calls. This includes 1,347 calls on the Statewide Crisis and Access Line, 290 New Mexico calls for the National Suicide Prevention Lifeline (NSPL), 955 calls for the Peer-to-Peer Warmline, and 628 after-hours calls forwarded from New Mexico's Behavioral Health Core Service Agencies (CSA's).

February 2017: Calls Answered by T	ype
Total Statewide Crisis and Access Line + NSPL Calls	1,637
Inbound Clinical Calls	1,320
Calling about Self	1,181
Calling about a Child	31
Calling about another Adult	108
Outbound Clinical Calls	102
Information/Referral Calls	36
Seeking information about NMCAL	26
Public Safety Calls	15
Administrative	23
Other	115
Warmline Calls	955
Calls Answered For CSA Crisis Lines	628
TOTAL CALLS ANSWERED FOR NEW MEXICO	3,220



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	N/A	6
NMCAL Presentations to the Community	102	7
Prevention Trainings Sponsored by NMCA	AL 74	4
Participation in Community Meetings	N/A	17
Media Encounters	N/A	2
Media Mentions	N/A	an estimated 4 7 +
TOTALS	176	83



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 February 2017.

February 2017: Crisis Line Utilization		
Total Calls Handled on the crisis line	1,637	
Service Level (answered under 30 sec)	78.5%	
Abandonment Rate	5.5%	
Average Speed of Answer	21 sec	
Average Call Length (all calls)	6.0 min	
Average Call Length (Clinical calls)	16.9 min	

Level of Care for Clir	nical Calls
Routine	62.8%
Urgent	34.3%
Emergent	2.9%

NOTE:

Please contact the NMCAL program manager for more information about NMCAL's clinical definitions.

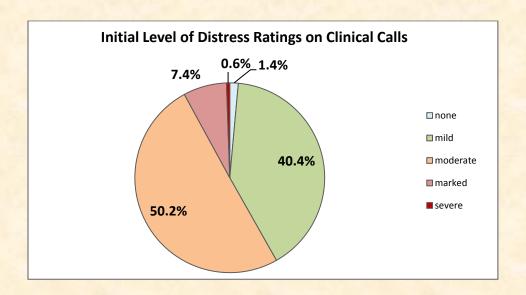


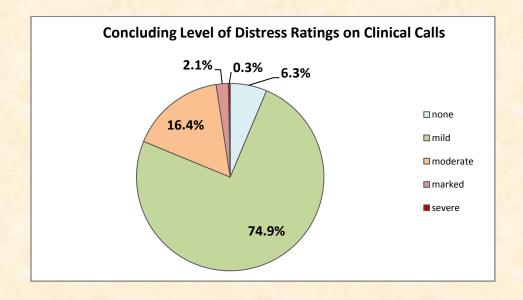
Callers are asked for their county of residence; these responses cannot be independently verified. It is important to note that this data is not necessarily predictive of an overall need for services in each county. Some things to keep in mind when reviewing demographic information of crisis line callers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

County of Residence	Total Calls	County of Residence	Total Calls
Bernalillo	607	McKinley	9
Catron	0	Mora	0
Chaves	35	Otero	38
Cibola	6	Quay	1
Colfax	4	Rio Arriba	21
Curry	8	Roosevelt	5
De Baca	0	San Juan	78
Dona Ana	209	San Miguel	1
Eddy	2	Sandoval	76
Grant	5	Santa Fe	31
Guadalupe	0	Sierra	2
Harding	0	Socorro	7
Hidalgo	0	Taos	10
Lea	7	Torrance	8
Lincoln	4	Union	2
Los Alamos	5	Valencia	41
Luna	1	(outside NM)	25



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	4.7%	
Anger Management	1.7%	
Anxiety	27.2%	
Child	1.1%	
Cognitive Concerns/Psychosis	4.6%	
Danger to Others	0.5%	
Depression	7.2%	
Domestic Violence	0.8%	
Family	3.5%	
Grief/Loss	2.2%	
Intentional Self Injury	2.5%	
Medication	1.2%	
Relationship/Marital	4.1%	
Sexual Assault	0.4%	
Situational Stress	14.4%	
Suicide	14.0%	
Workplace/Career Assistance	0.1%	
Other	9.8%	

Although it is not always the primary presented problem on a call, concerns related to drug or alcohol abuse were reported on 188 (15.1%) of the clinical calls.



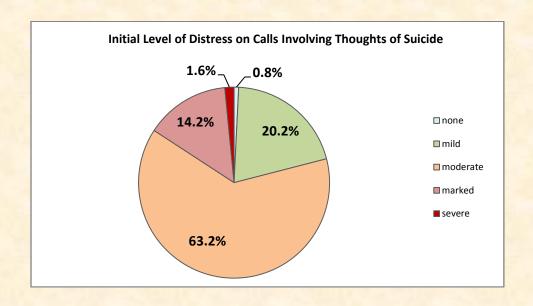
On every crisis line call, the NMCAL clinician assesses the current situation and evaluates how the caller can be supported through the call. The clinician determines if the matter can be resolved on that call, or if a higher level of response is necessary.

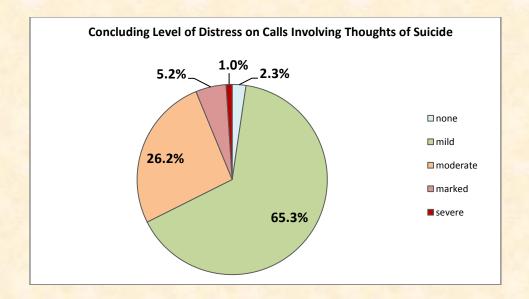
Clinical Disposition of All Crisis Line Clinical Calls		
Caller stabilized by clinician,		
and referred to community resources if appropriate	96.0%	
Clinician made an abuse report	0.3%	
Caller will take the person of concern to the hospital	0.3%	
Caller agreed to go to the hospital	0.2%	
Caller agreed to call 911 regarding immediate danger to a third party	0.6%	
Caller conferenced to 911 due to immediate danger	1.0%	
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 31% of the clinical calls. In February, 386 NMCAL crisis line 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.

Disposition of All Crisis Line Calls Involving Suicide	
Caller stabilized by clinician, and referred to community resources if	
appropriate	91.2%
Caller will take the person of concern to the hospital	0.8%
Caller agreed to go to the hospital	0.3%
Caller agreed to call 911 regarding immediate danger to a third party	1.3%
Caller conferenced to 911 due to immediate danger	2.6%
Clinician contacted police with caller's consent	0.8%
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 February 2017, the Peer-to-Peer Warmline handled 955 calls during its operating hours of 3:30pm to 11:30pm MT.

February 2017: Warmline Utilization Call Data	
Total Calls Handled	955
* during Warmline operating hours of 3:30pm to 11:30pm MT	
Average Call Length (all Warmline calls)	16.5 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	95.7%
Caller received referrals	0.5%
Caller was transferred to an NMCAL clinician	0.5%
Emergency call to Public Safety was made	0.0%
Other	3.3%

In February 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	0.0%	
Administrative Call	0.0%	
Employment/Education	0.2%	
Family	1.9%	
Finances	0.4%	
Food/Nutrition	0.5%	
Friends	0.7%	
Healthcare	4.1%	
Housing	0.8%	
Legal	1.3%	
Mental Health	85.3%	
Relationships	1.9%	
Spirituality	0.8%	
Substance Use	1.9%	

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	3
Calls transferred from Warmline to NMCAL	5

