

New Mexico Crisis and Access Line - July 2013 Utilization Report

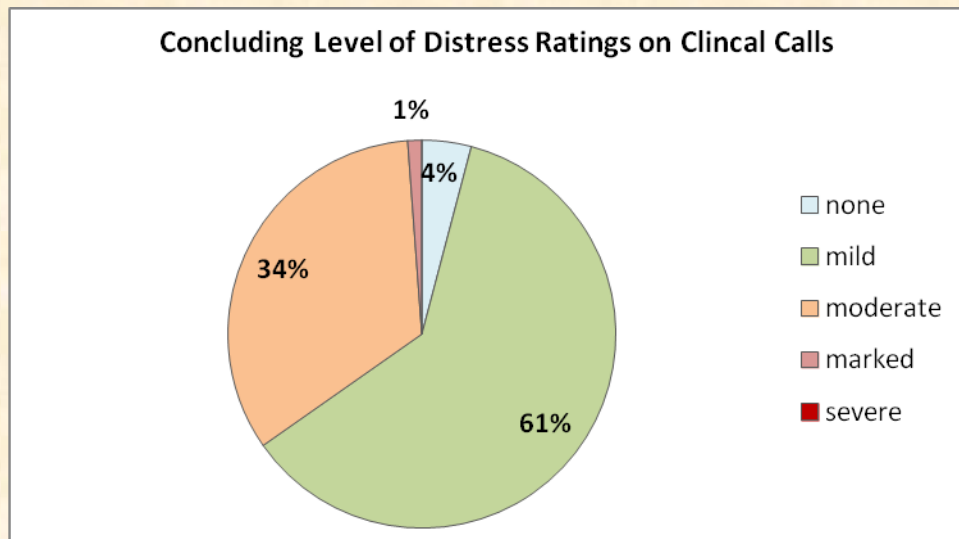
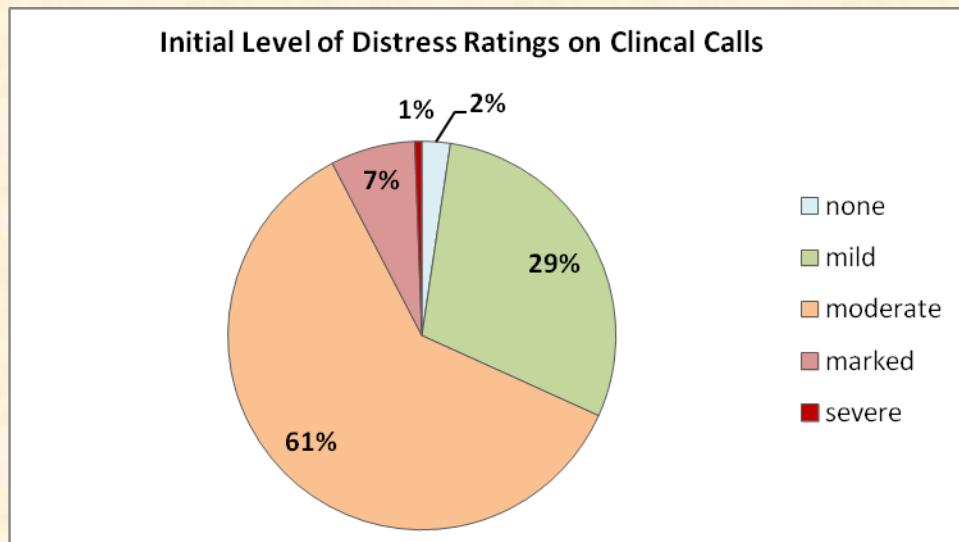
In July 2013, NMCAL handled 298 calls from 211 different callers. Under separate contracts, an additional 548 calls were answered for CSA crisis lines in New Mexico.

July 2013: Calls Answered by Type	
NMCAL CALLS	298
Inbound Clinical Calls	181
- Calling about Self	144
- Calling about a Child	5
- Calling about another Adult	32
Outbound Calls	15
Information/Referral Calls	7
Seeking information about NMCAL	17
Administrative	10
Hang-ups/Wrong #s/Internal Test Calls	68
CALLS ANSWERED FOR CSA CRISIS LINES	548
TOTAL CALLS ANSWERED FOR NEW MEXICO	846

July 2013: NMCAL Utilization	
Total Calls Handled	298
Service Level (answered under 30 sec)	85.3%
Abandonment Rate	4.7%
Average Speed of Answer	14 sec
Average Call Length (all calls)	10.6 min
Average Call Length (Clinical calls)	18.1 min



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.



In 68% of clinical calls, level of distress was initially rated as moderate or higher. In 60% of those calls, the level of distress was reduced by the end of the call.



Level of Care of Clinical Calls	
Routine	58%
Urgent	41%
Emergent	1%

Primary Presenting Problem in Calls	
Alcohol/Drugs	14%
Anger Management	1%
Anxiety	37%
Child	2%
Depression	12%
Family	1%
Grief/Loss	1%
Medication	1%
Relationship/Marital	2%
Suicide	9%
Other	20%

While it was not always the presenting issue, concerns related to suicidal ideation were reported on 37% of clinical calls. Concerns related to drug or alcohol abuse were reported on 32% of clinical calls.



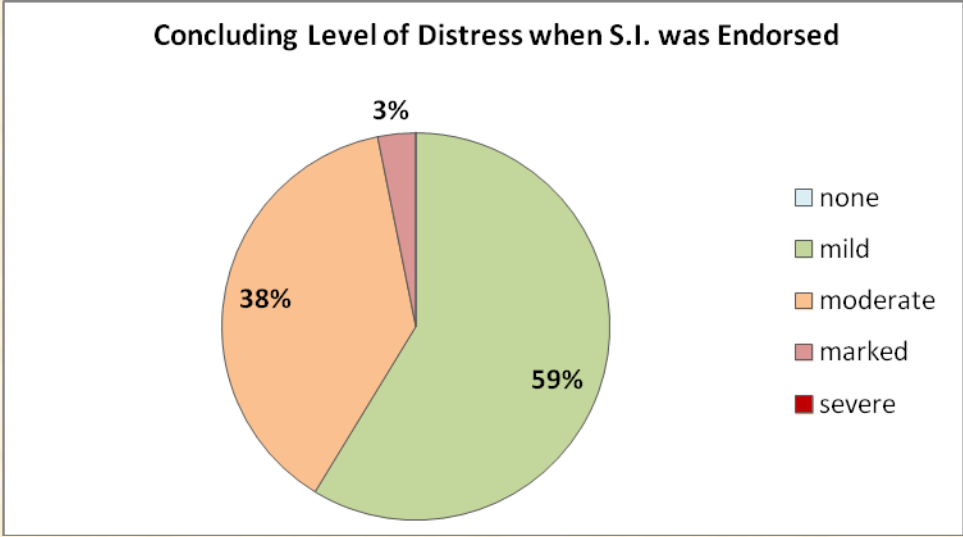
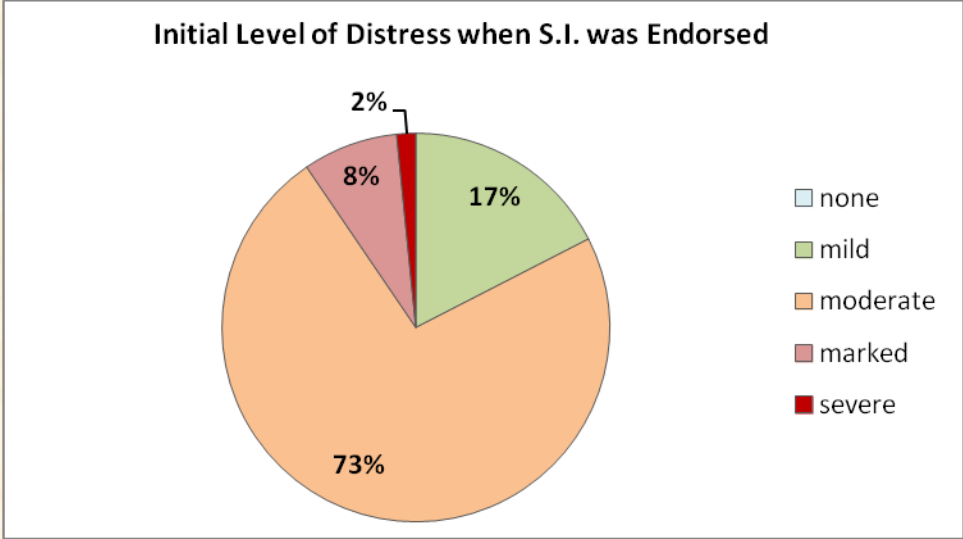
For every clinical call, we track whether the situation could be stabilized by the clinician, or if a more restrictive level of care was necessary. Restrictive outcomes include caller voluntarily going to a hospital or calling 911, our transferring a caller to emergency services, making an abuse report, or dispatching police (with or without caller’s consent). These are the clinical outcomes of the NMCAL calls for July.

Clinical Disposition For All Clinical Calls	
Caller stabilized by clinician, and referred to community resources if appropriate.	94%
Caller agreed to go to the hospital.	3%
Caller agreed to take person of concern to the hospital.	2%
Clinician contacted police with caller’s consent.	1%

In July, 63 NMCAL callers endorsed suicidal ideation for the person of concern. In 44 of these cases, the caller endorsed suicidal ideation for him or herself. In 15 cases, the caller was relaying concerns about another adult. In 4 cases, the caller was relaying concerns about a child.

Clinical Disposition When Suicidal Ideation Was Endorsed	
Caller stabilized by clinician, and referred to community resources if appropriate.	93%
Caller agreed to go to the hospital.	2%
Caller agreed to take person of concern to the hospital.	3%
Clinician contacted police with caller’s consent.	2%





In 83% of clinical calls where suicidal ideation was endorsed, the level of distress was initially rated as moderate or higher. In 58% of those calls, the level of distress was reduced by the end of the call.

