

New Mexico Crisis and Access Line - February 2014 Utilization Report

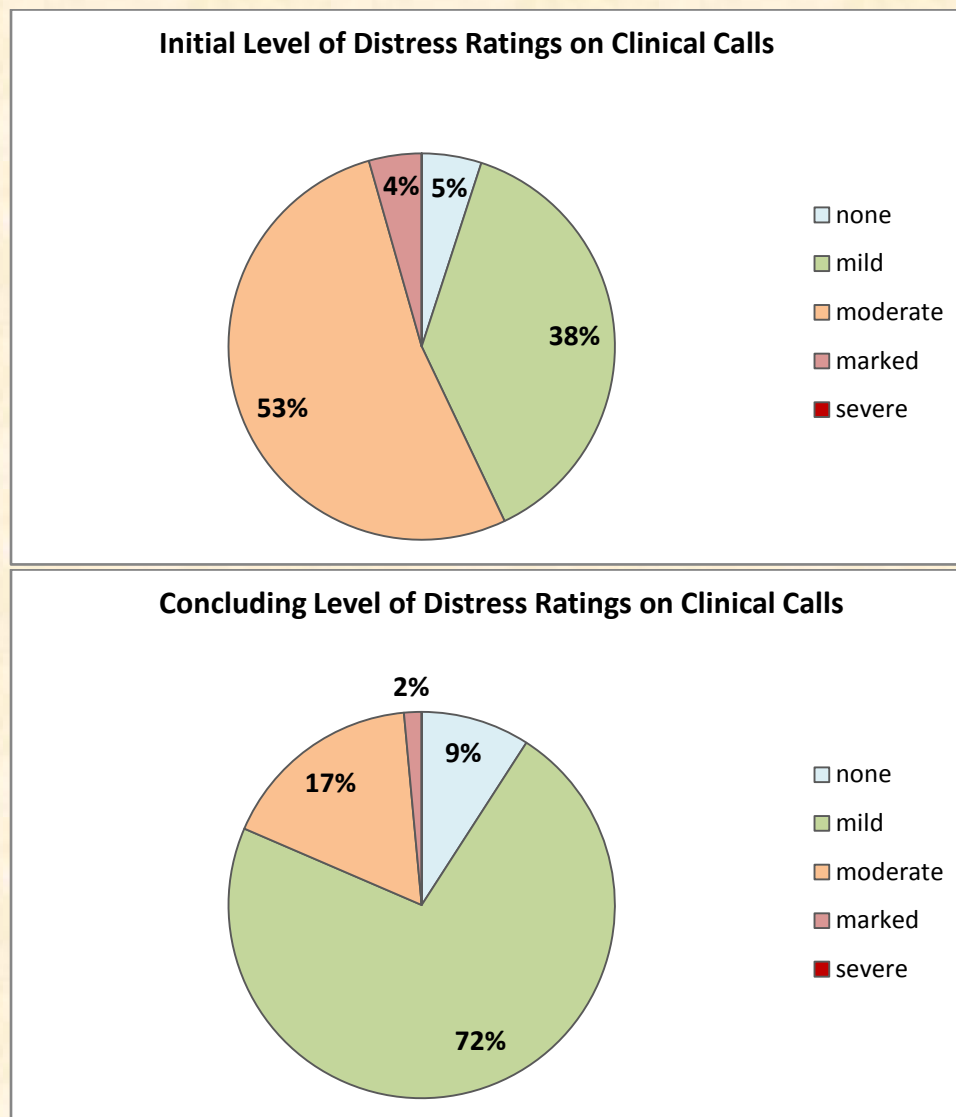
In February 2014, NMCAL handled 529 calls. Under separate contracts, an additional 251 calls were answered for CSA crisis lines in New Mexico.

February 2014: Calls Answered by Type	
NMCAL CALLS	529
Inbound Clinical Calls	393
- Calling about Self	335
- Calling about a Child	14
- Calling about another Adult	44
Outbound Calls	40
Information/Referral Calls	44
Seeking information about NMCAL	8
Administrative	4
Hang-ups/Wrong #s/Internal Test Calls	40
CALLS ANSWERED FOR CSA CRISIS LINES	251
TOTAL CALLS ANSWERED FOR NEW MEXICO	780

February 2014: NMCAL Utilization	
Total Calls Handled	529
Service Level (answered under 30 sec)	91.4%
Abandonment Rate	2.5%
Average Speed of Answer	16 sec
Average Call Length (all calls)	11 min
Average Call Length (Clinical calls)	14 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 57% of clinical calls, level of distress was initially rated as moderate or higher. In 72% of those calls, the level of distress was reduced by the end of the call.



Level of Care of Clinical Calls	
Routine	77%
Urgent	20%
Emergent	3%

Primary Presenting Problem in Calls	
Alcohol/Drugs	6%
Anger Management	1%
Anxiety	38%
Child	3%
Danger to Others	0.3%
Depression	10%
Family	4%
Grief/Loss	2%
Medication	1%
Relationship/Marital	4%
Suicide	6%
Workplace Issue	1%
Other	24%

While it was not always the presenting issue, concerns related to suicide were reported on 18% of clinical calls. Concerns related to drug or alcohol abuse were reported on 17% 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 February.

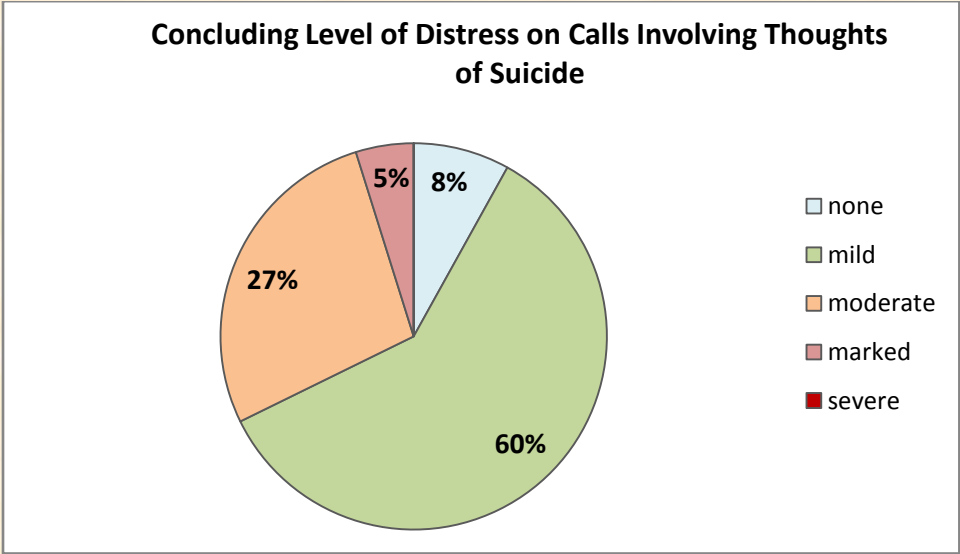
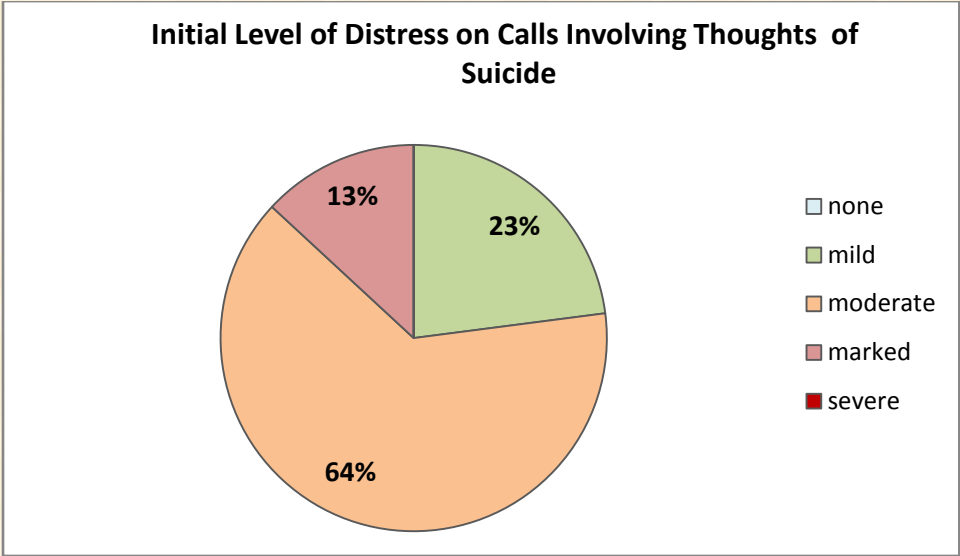
Clinical Disposition For All Counseling Calls	
Caller stabilized by clinician, and referred to community resources if appropriate.	94%
Clinician made an abuse report.	1%
Caller will take the person of concern to the hospital.	1%
Caller agreed to go to the hospital.	1%
Caller agreed to call 911 regarding immediate danger to a third party.	1%
Caller conferenced to 911 due to immediate danger.	1%
Clinician contacted police without caller’s consent.	1%

In February, 62 NMCAL callers reported concerns about suicide – either for themselves, or for the person of concern. In 38 of these cases, the caller reported thoughts of suicide for him or herself. In 17 cases, the caller was relaying concerns about another adult. In 7 cases, the caller was relaying concerns about a child.

Clinical Disposition on Calls Involving Thoughts of Suicide	
Caller stabilized by clinician, and referred to community resources if appropriate.	84%
Caller will take the person of concern to the hospital.	3%
Caller agreed to go to the hospital.	3%
Caller agreed to call 911 regarding immediate danger to a third party.	3%



Caller conferenced to 911 due to immediate danger.	5%
Clinician contacted police without caller's consent.	2%



In 76% of calls involving thoughts of suicide, the level of distress was initially rated as moderate or higher. In 64% of those calls, the level of distress was reduced by the end of the call.

