

New Mexico Crisis and Access Line - April 2014 Utilization Report

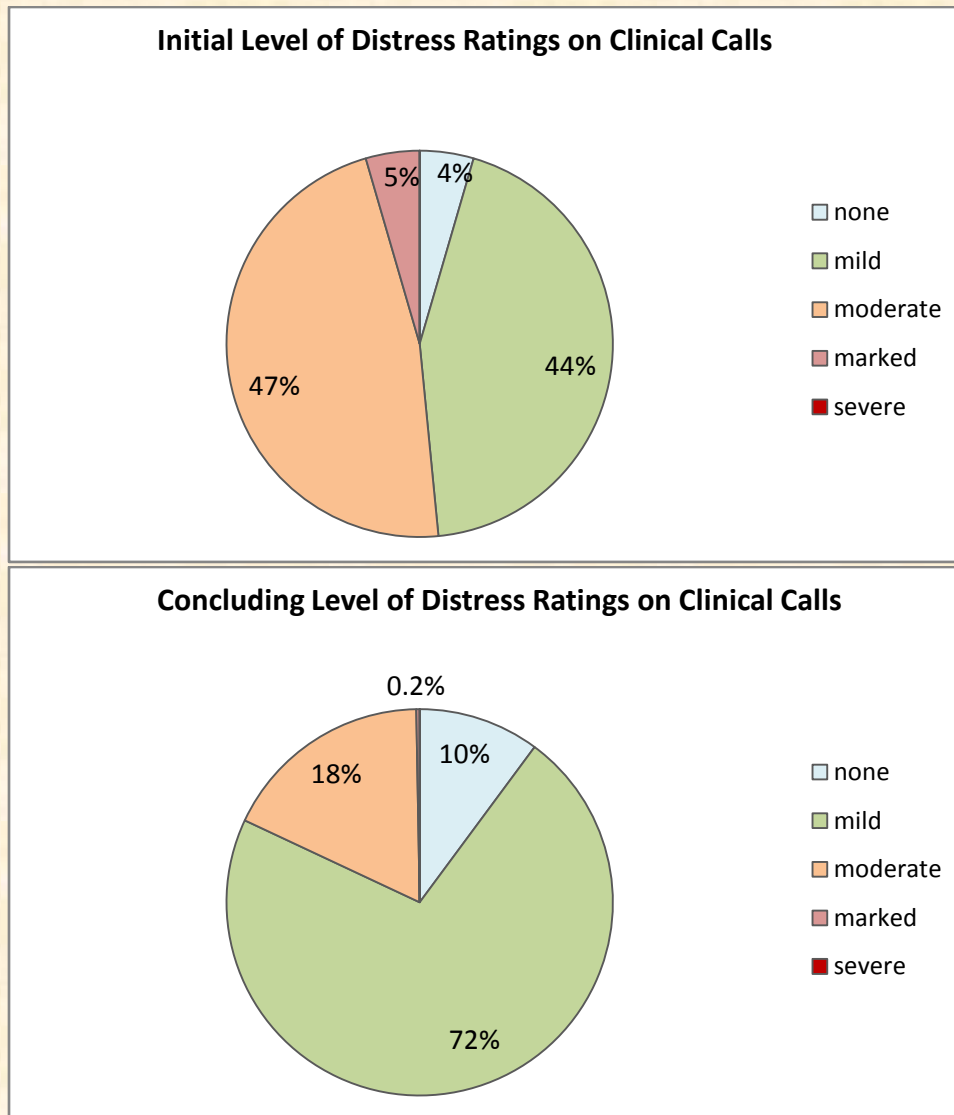
In April 2014, NMCAL handled 617 calls. Under separate contracts, an additional 210 calls were answered for CSA crisis lines in New Mexico.

April 2014: Calls Answered by Type	
NMCAL CALLS	617
Inbound Clinical Calls	406
- Calling about Self	338
- Calling about a Child	15
- Calling about another Adult	53
Outbound Calls	46
Information/Referral Calls	70
Seeking information about NMCAL	13
Administrative	5
Hang-ups/Wrong #s/Internal Test Calls	77
CALLS ANSWERED FOR CSA CRISIS LINES	210
TOTAL CALLS ANSWERED FOR NEW MEXICO	827

April 2014: NMCAL Utilization	
Total Calls Handled	617
Service Level (answered under 30 sec)	95.4%
Abandonment Rate	1.5%
Average Speed of Answer	11 sec
Average Call Length (all calls)	9 min
Average Call Length (Clinical calls)	12 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 52% of clinical calls, level of distress was initially rated as moderate or higher. In 70% of those calls, the level of distress was reduced by the end of the call.



Level of Care of Clinical Calls	
Routine	74%
Urgent	25%
Emergent	1%

Primary Presenting Problem in Calls	
Alcohol/Drugs	11%
Anger Management	1%
Anxiety	34%
Child	2%
Danger to Others	0.3%
Depression	8%
Family	4%
Grief/Loss	0.3%
Medication	1%
Relationship/Marital	3%
Suicide	6%
Workplace Issue	0.3%
Other	29%

While it was not always the presenting issue, concerns related to suicide were reported on 19% of clinical calls. Concerns related to drug or alcohol abuse were reported on 21% 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



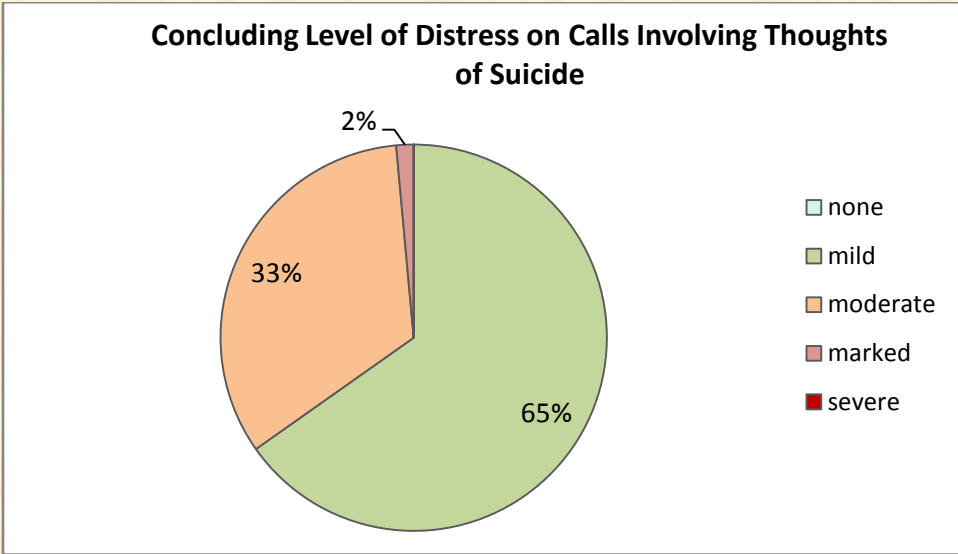
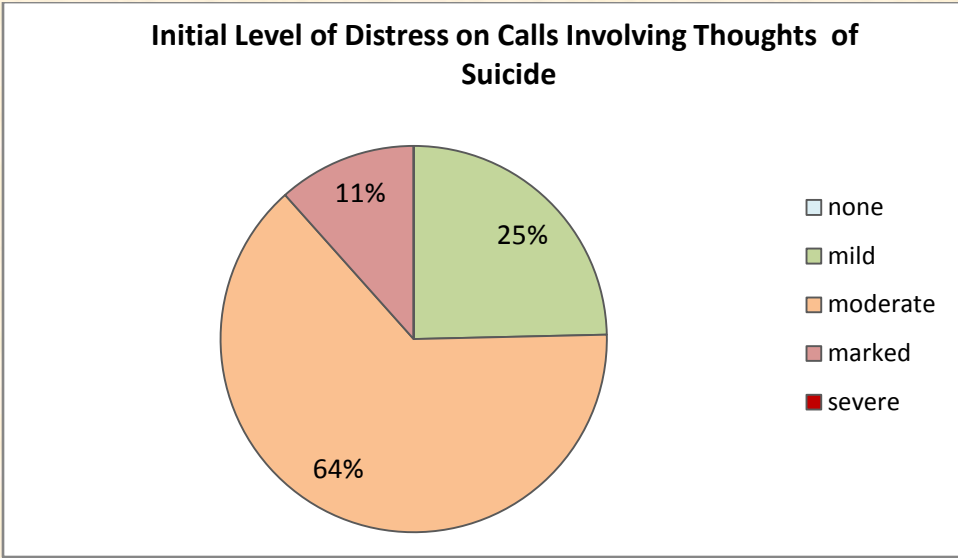
services, making an abuse report, or dispatching police (with or without caller’s consent). These are the clinical outcomes of the NMCAL calls for April.

Clinical Disposition For All Counseling Calls	
Caller stabilized by clinician, and referred to community resources if appropriate.	98%
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.	.3%

In April, 69 NMCAL callers reported concerns about suicide – either for themselves, or for the person of concern. In 46 of these cases, the caller reported thoughts of suicide for him or herself. In 16 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.	90%
Caller will take the person of concern to the hospital.	6%
Caller agreed to go to the hospital.	3%
Caller agreed to call 911 regarding immediate danger to a third party.	1.4%





In 75% of calls involving thoughts of suicide, the level of distress was initially rated as moderate or higher. In 67% of those calls, the level of distress was reduced by the end of the call.

