

## New Mexico Crisis and Access Line - June 2014 Utilization Report

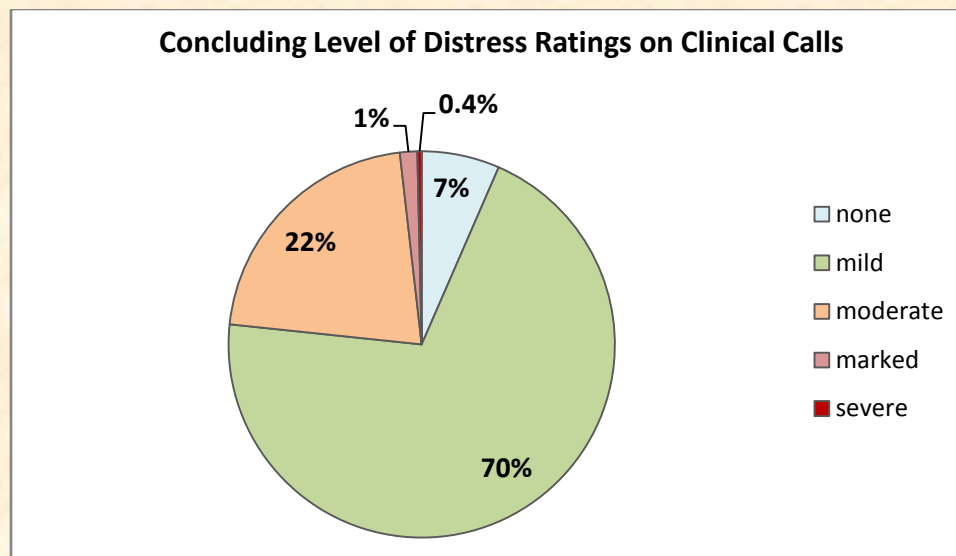
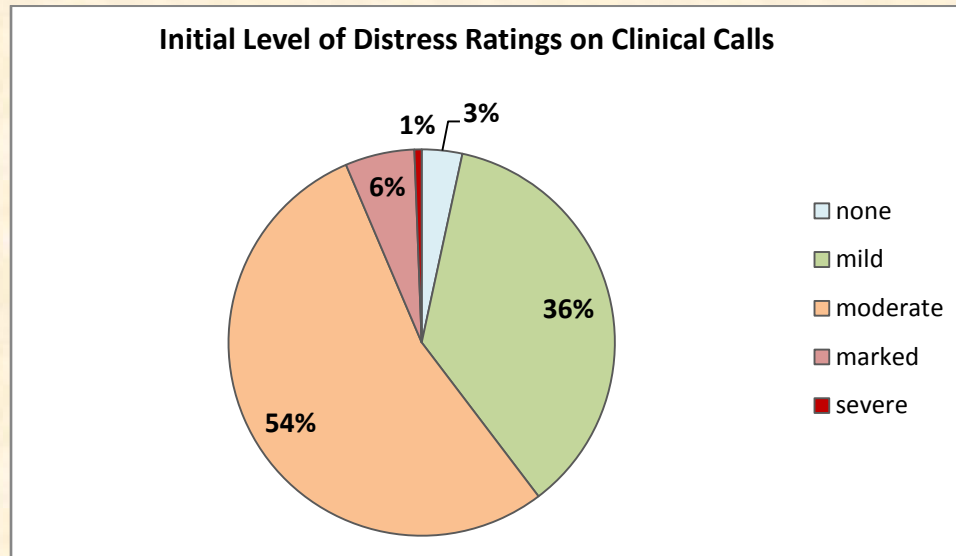
In June 2014, NMCAL handled 1437 calls. This includes 323 calls forwarded to us by the National Suicide Prevention Lifeline. Starting in June, NMCAL became one of the agencies that answers calls from New Mexicans who call this national crisis line.

<b>June 2014: Calls Answered by Type</b>	
<b>NMCAL CALLS</b>	<b>1437</b>
Inbound Clinical Calls	924
- Calling about Self	808
- Calling about a Child	21
- Calling about another Adult	95
Outbound Calls	153
Information/Referral Calls	26
Seeking information about NMCAL	9
Administrative	13
Hang-ups/Wrong #s/Internal Test Calls	312
<b>CALLS ANSWERED FOR CSA CRISIS LINES</b>	<b>217</b>
<b>TOTAL CALLS ANSWERED FOR NEW MEXICO</b>	<b>1654</b>

<b>June 2014: NMCAL Utilization</b>	
Total Calls Handled	1437
Service Level (answered under 30 sec)	91.3%
Abandonment Rate	1.8%
Average Speed of Answer	14 sec
Average Call Length (all calls)	12 min
Average Call Length (Clinical calls)	17 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 60% of clinical calls, level of distress was initially rated as moderate or higher. In 69% of those calls, the level of distress was reduced by the end of the call.



Level of Care of Clinical Calls	
Routine	59%
Urgent	37%
Emergent	4%

Primary Presenting Problem in Calls	
Alcohol/Drugs	5%
Anger Management	2%
Anxiety	24%
Child	1%
Danger to Others	1%
Depression	9%
Family	6%
Grief/Loss	3%
Medication	1%
Relationship/Marital	8%
Suicide	15%
Workplace Issue	0.1%
Other	25%

While it was not always the presenting issue, concerns related to suicide were reported on 42% of clinical calls. Concerns related to drug or alcohol abuse were reported on 26% 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 June.

<b>Clinical Disposition For All Counseling Calls</b>	
Caller stabilized by clinician, and referred to community resources if appropriate.	95%
Clinician made an abuse report.	1%
Caller will take the person of concern to the hospital.	0.1%
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 with caller’s consent.	0%
Clinician contacted police without caller’s consent.	1%

In June, 346 NMCAL callers reported concerns about suicide – either for themselves, or for the person of concern. In 285 of these cases, the caller reported thoughts of suicide for him or herself. In 46 cases, the caller was relaying concerns about another adult. In 15 cases, the caller was relaying concerns about a child.

<b>Clinical Disposition on Calls Involving Thoughts of Suicide</b>	
Caller stabilized by clinician, and referred to community resources if appropriate.	91%
Caller will take the person of concern to the hospital.	0.3%
Caller agreed to go to the hospital.	1%
Caller agreed to call 911 regarding immediate danger	2%

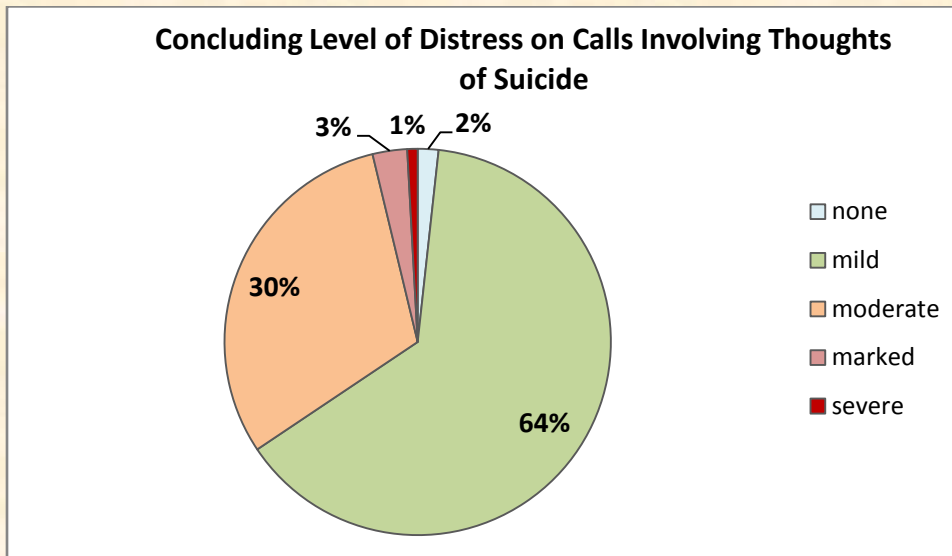
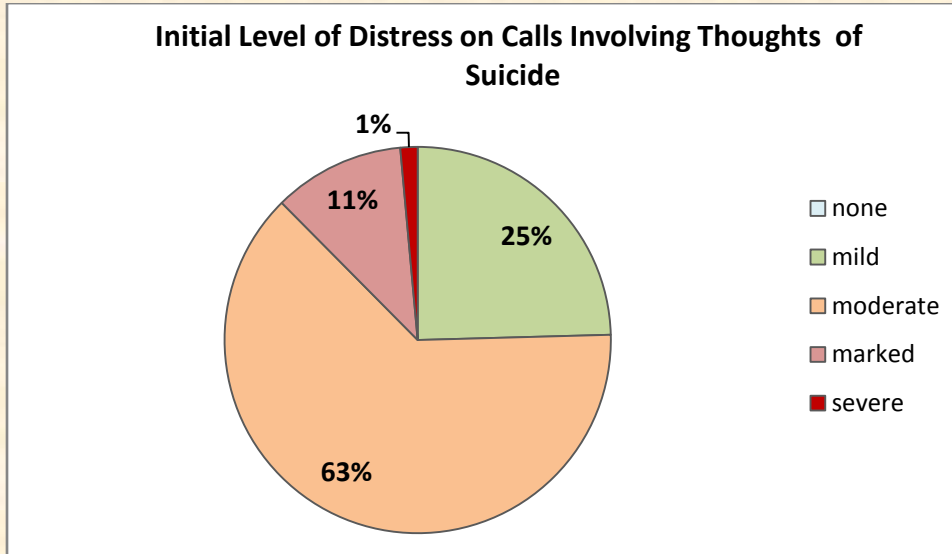


to a third party.

Caller conferenced to 911 due to immediate danger. 2%

Clinician contacted police with caller's consent. 0%

Clinician contacted police without caller's consent. 3%



In 75% of calls involving thoughts of suicide, the level of distress was initially rated as moderate or higher. In 55% of those calls, the level of distress was reduced by the end of the call.

