

New Mexico Crisis and Access Line - September 2013 Utilization Report

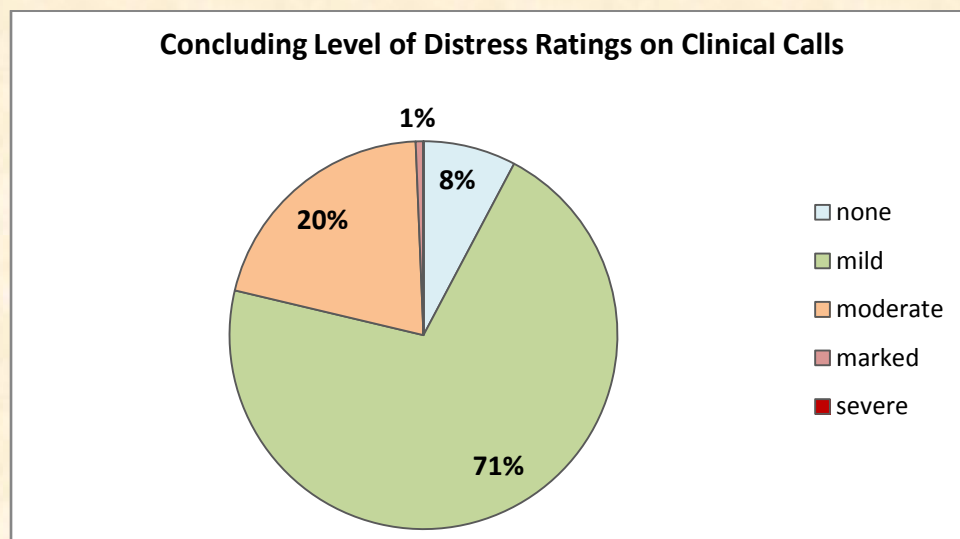
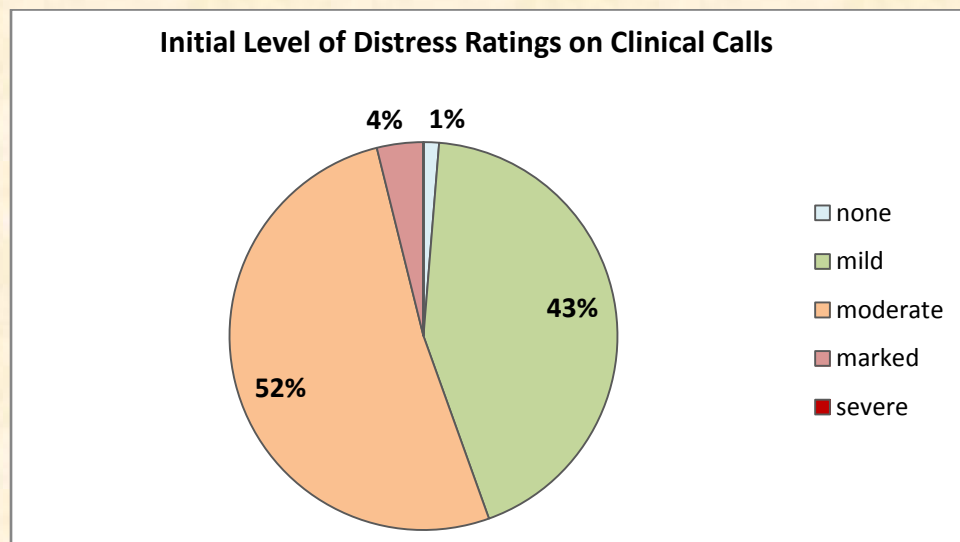
In September 2013, NMCAL handled 293 calls. Under separate contracts, an additional 282 calls were answered for CSA crisis lines in New Mexico.

September 2013: Calls Answered by Type	
NMCAL CALLS	293
Inbound Clinical Calls	171
- Calling about Self	126
- Calling about a Child	15
- Calling about another Adult	30
Outbound Calls	17
Information/Referral Calls	19
Seeking information about NMCAL	7
Administrative	7
Hang-ups/Wrong #s/Internal Test Calls	72
CALLS ANSWERED FOR CSA CRISIS LINES	282
TOTAL CALLS ANSWERED FOR NEW MEXICO	575

September 2013: NMCAL Utilization	
Total Calls Handled	293
Service Level (answered under 30 sec)	87.8%
Abandonment Rate	3.1%
Average Speed of Answer	15 sec
Average Call Length (all calls)	8.7 min
Average Call Length (Clinical calls)	15.2 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 56% 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	70%
Urgent	27%
Emergent	3%

Primary Presenting Problem in Calls	
Alcohol/Drugs	8%
Anger Management	1%
Anxiety	35%
Child	2%
Depression	7%
Family	10%
Grief/Loss	3%
Medication	3%
Relationship/Marital	3%
Suicide	5%
Other	23%

While it was not always the presenting issue, concerns related to suicidal ideation were reported on 27% of clinical calls. Concerns related to drug or alcohol abuse were reported on 23% 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



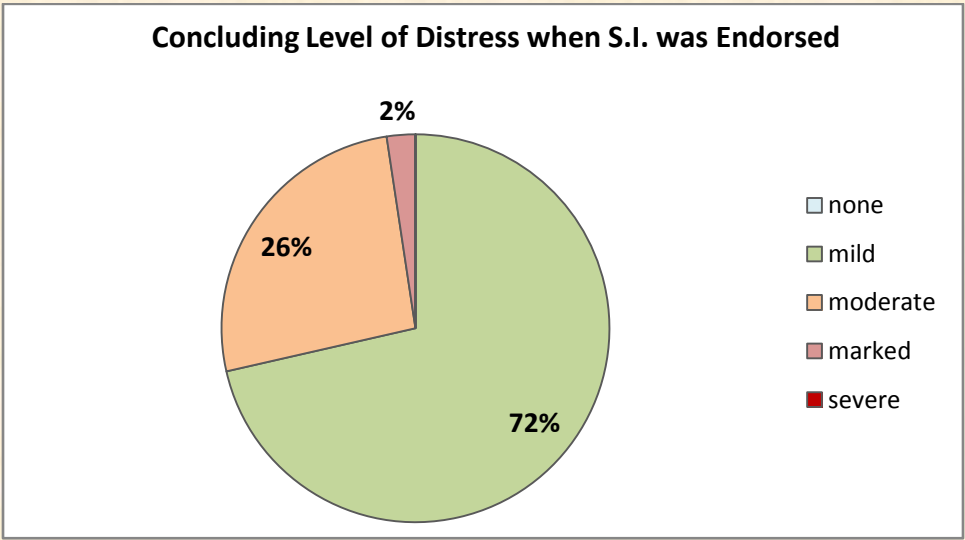
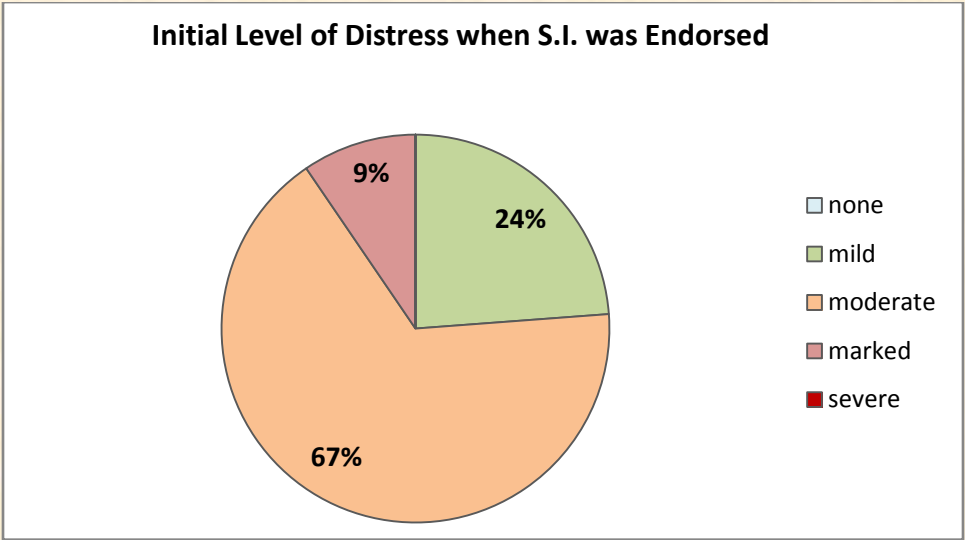
without caller’s consent). These are the clinical outcomes of the NMCAL calls for September.

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.	1%
Caller agreed to take person of concern to the hospital.	2%
Caller conferenced to 911 due to immediate danger.	1%
Caller agreed to call 911 regarding immediate danger to a third party.	1%
Clinician contacted police without caller’s consent.	1%

In September, 42 NMCAL callers endorsed suicidal ideation for the person of concern. In 27 of these cases, the caller endorsed suicidal ideation for him or herself. In 8 cases, the caller was relaying concerns about another adult. In 7 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.	84%
Caller agreed to go to the hospital.	2%
Caller agreed to take person of concern to the hospital.	5%
Caller conferenced to 911 due to immediate danger.	2%
Caller agreed to call 911 regarding immediate danger to a third party.	2%
Clinician contacted police without caller’s consent.	5%





In 76% of clinical calls where suicidal ideation was endorsed, the 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.

