

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

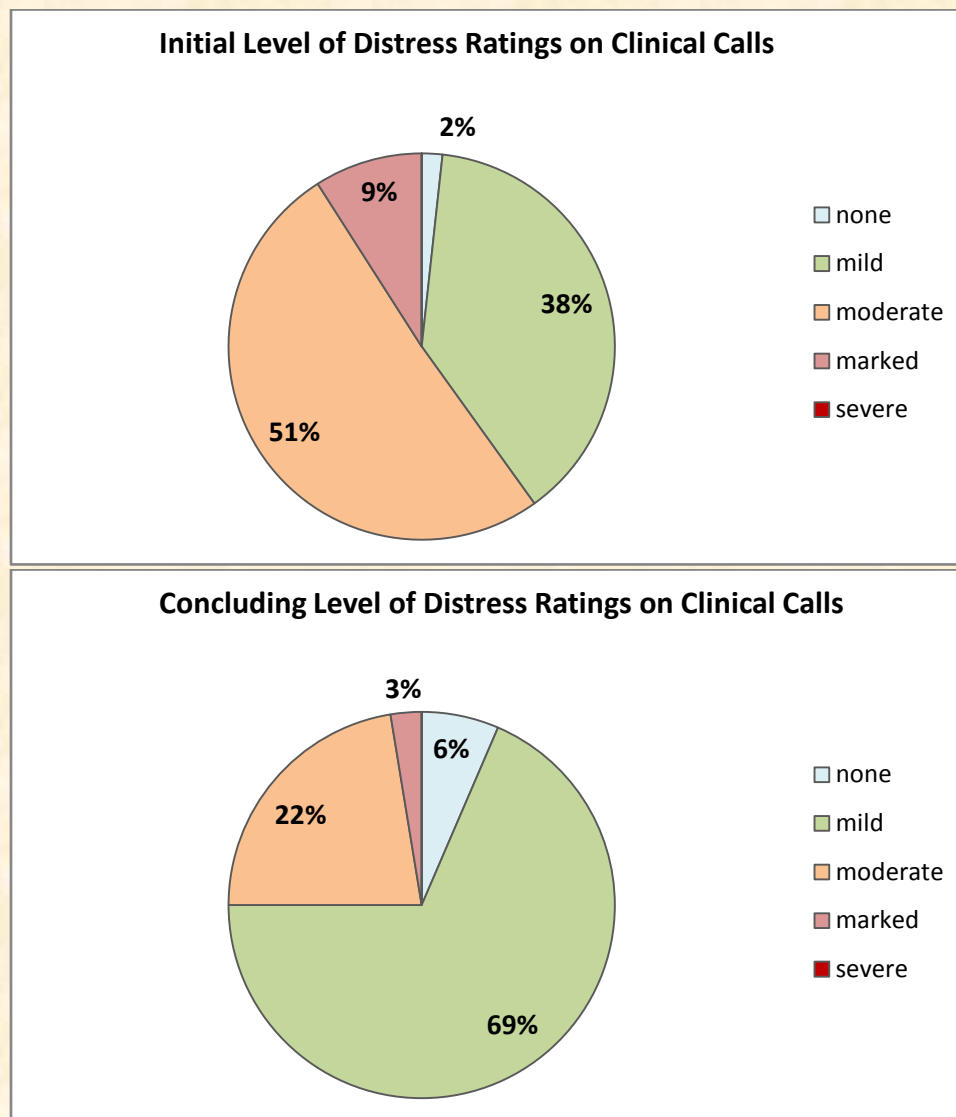
In January 2014, NMCAL handled 423 calls. Under separate contracts, an additional 285 calls were answered for CSA crisis lines in New Mexico.

<b>January 2014: Calls Answered by Type</b>	
<b>NMCAL CALLS</b>	<b>423</b>
Inbound Clinical Calls	270
- Calling about Self	203
- Calling about a Child	12
- Calling about another Adult	55
Outbound Calls	44
Information/Referral Calls	56
Seeking information about NMCAL	12
Administrative	8
Hang-ups/Wrong #s/Internal Test Calls	35
<b>CALLS ANSWERED FOR CSA CRISIS LINES</b>	<b>285</b>
<b>TOTAL CALLS ANSWERED FOR NEW MEXICO</b>	<b>708</b>

<b>January 2014: NMCAL Utilization</b>	
Total Calls Handled	423
Service Level (answered under 30 sec)	87.5%
Abandonment Rate	3.0%
Average Speed of Answer	16 sec
Average Call Length (all calls)	10 min
Average Call Length (Clinical calls)	16 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 68% of those calls, the level of distress was reduced by the end of the call.



Level of Care of Clinical Calls	
Routine	61%
Urgent	36%
Emergent	3%

Primary Presenting Problem in Calls	
Alcohol/Drugs	13%
Anger Management	1%
Anxiety	25%
Child	4%
Danger to Others	1%
Depression	10%
Family	3%
Grief/Loss	1%
Medication	3%
Relationship/Marital	6%
Suicide	10%
Other	23%

While it was not always the presenting issue, concerns related to suicide were reported on 28% of clinical calls. Concerns related to drug or alcohol abuse were reported on 29% 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



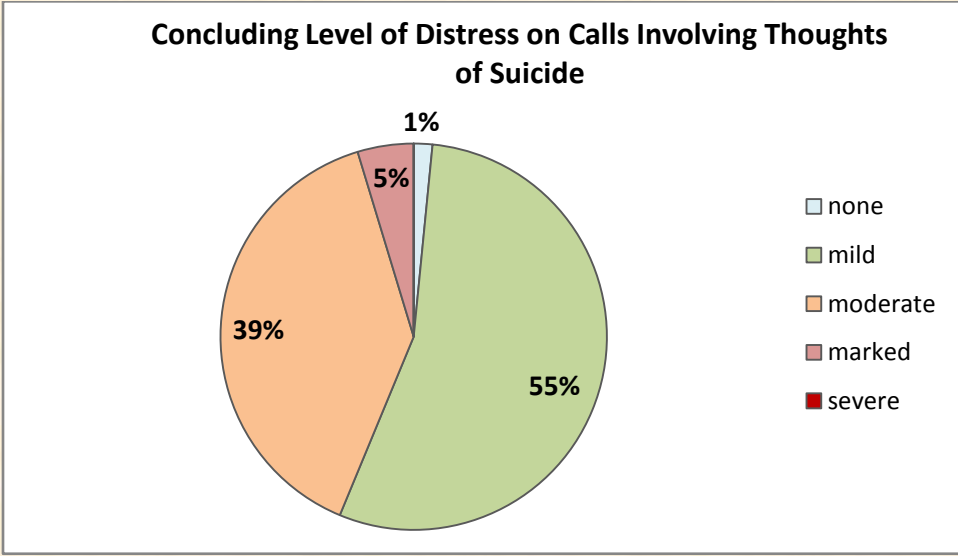
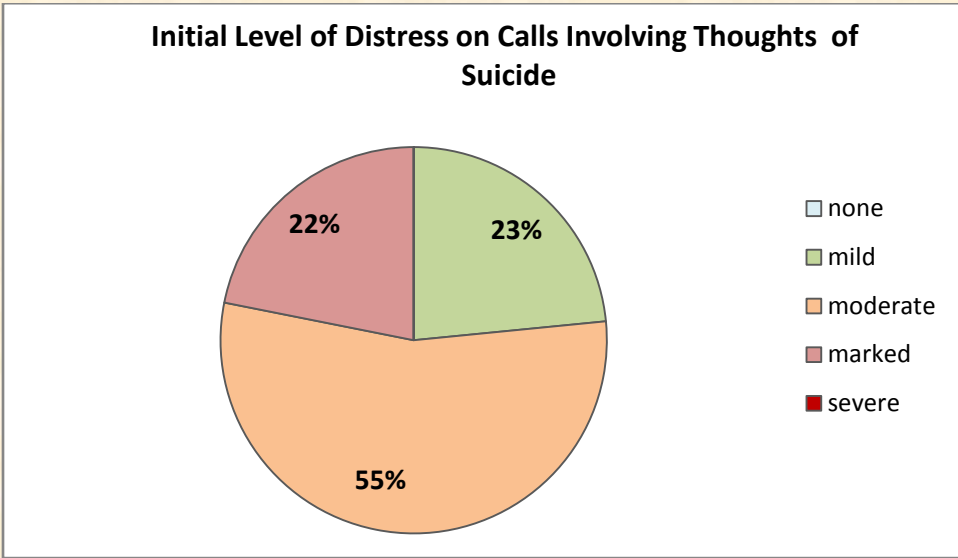
without caller’s consent). These are the clinical outcomes of the NMCAL calls for January.

<b>Clinical Disposition For All Counseling Calls</b>	
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 January, 64 NMCAL callers reported concerns about suicide – either for themselves, or for the person of concern. In 37 of these cases, the caller reported thoughts of suicide for him or herself. In 22 cases, the caller was relaying concerns about another adult. In 5 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.	85%
Caller will take the person of concern to the hospital.	2%
Caller agreed to go to the hospital.	5%
Caller agreed to call 911 regarding immediate danger to a third party.	3%
Caller conferenced to 911 due to immediate danger.	3%
Clinician contacted police without caller’s consent.	2%





In 77% of calls involving thoughts of suicide, the level of distress was initially rated as moderate or higher. In 65% of those calls, the level of distress was reduced by the end of the call.

