New Mexico Crisis and Access Line - March 2014 Utilization Report

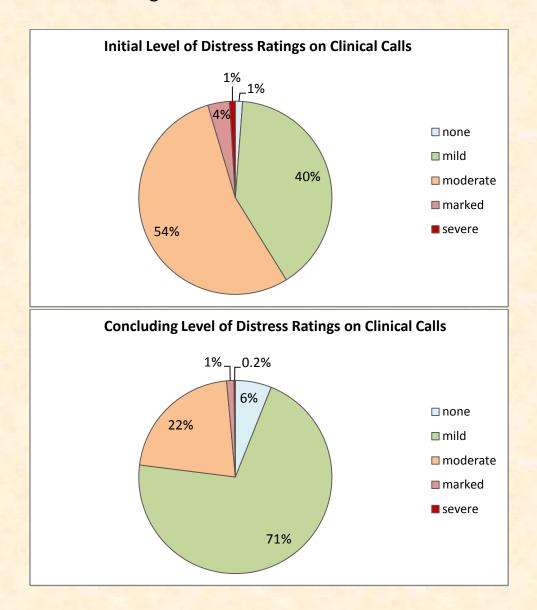
In March 2014, NMCAL handled 636 calls. Under separate contracts, an additional 261 calls were answered for CSA crisis lines in New Mexico.

March 2014: Calls Answered by Type	
NMCAL CALLS	636
Inbound Clinical Calls	461
- Calling about Self	381
- Calling about a Child	11
- Calling about another Adult	69
Outbound Calls	52
Information/Referral Calls	49
Seeking information about NMCAL	10
Administrative	11
Hang-ups/Wrong #s/Internal Test Calls	53
CALLS ANSWERED FOR CSA CRISIS LINES	261
TOTAL CALLS ANSWERED FOR NEW MEXICO	897

March 2014: NMCAL Utilization		
Total Calls Handled	636	
Service Level (answered under 30 sec)	91.0%	
Abandonment Rate	1.5%	
Average Speed of Answer	14 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 59% 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	75%	
Urgent	24%	
Emergent	1%	

Primary Presenting Probl	em in Calls
Alcohol/Drugs	8%
Anger Management	2%
Anxiety	34%
Child	2%
Danger to Others	0%
Depression	9%
Family	6%
Grief/Loss	3%
Medication	2%
Relationship/Marital	2%
Suicide	5%
Workplace Issue	0.2%
Other	27%

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 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 March.

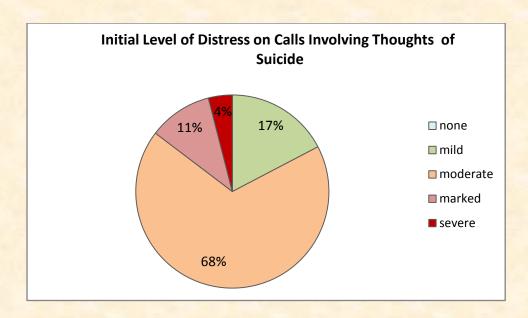
Clinical Disposition For All Counseling Calls		
Caller stabilized by clinician, and referred to community	95%	
resources if appropriate.	33/0	
Clinician made an abuse report.	1%	
Caller will take the person of concern to the hospital.	1%	
Caller agreed to go to the hospital.	1%	
Caller agreed to call 911 regarding immediate danger	1%	
to a third party.	170	
Caller conferenced to 911 due to immediate danger.	1%	
Clinician contacted police without caller's consent.	0.2%	

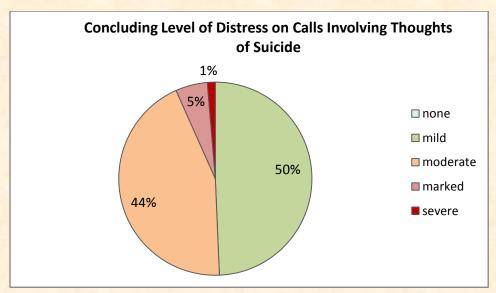
In March, 75 NMCAL callers reported concerns about suicide — either for themselves, or for the person of concern. In 39 of these cases, the caller reported thoughts of suicide for him or herself. In 30 cases, the caller was relaying concerns about another adult. In 6 cases, the caller was relaying concerns about a child.

Clinical Disposition on Calls Involving Thoughts of Suicide		
Caller stabilized by clinician, and referred to	91%	
community resources if appropriate.	91/0	
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	3%	
to a third party.	370	



Caller conferenced to 911 due to immediate danger.	3%
Clinician contacted police without caller's consent.	1%





In 83% of calls involving thoughts of suicide, the level of distress was initially rated as moderate or higher. In 52% of those calls, the level of distress was reduced by the end of the call.

