

# BEHAVIORAL HEALTH SERVICES IN SOUTHERN NEVADA



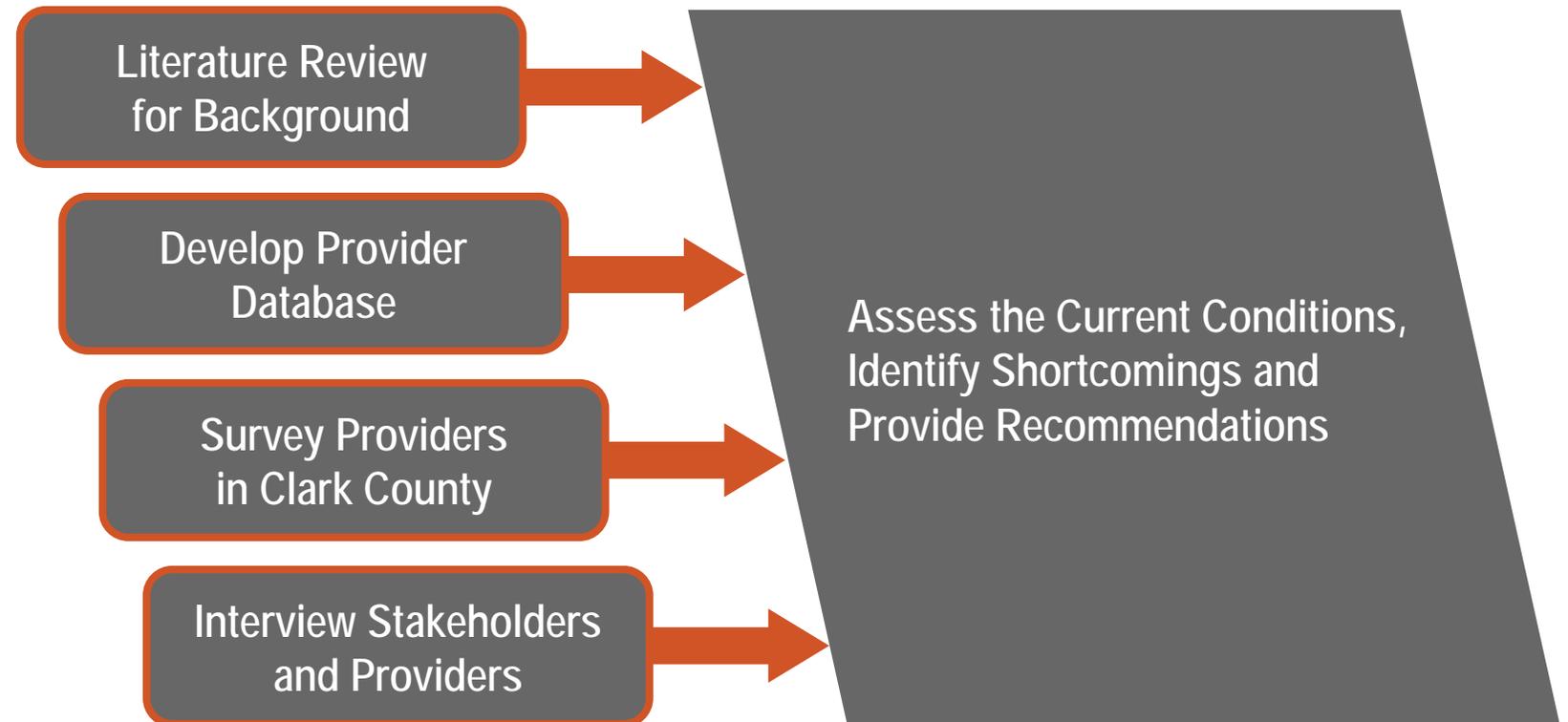
# Project Overview and Objectives

This particular analysis is designed to provide baseline research to assist with the following:

- Identifying the specific mental and behavioral health needs of the Clark County community;
- Consider the effectiveness of the system in treating those needs; and
- Identifying areas of the system that are in particular need of improvement in order to meet those needs.



# Research Approach and Methodologies



# Research Approach and Methodologies

*Conduct Provider Survey*



**1,700+**  
Total Providers  
in Database



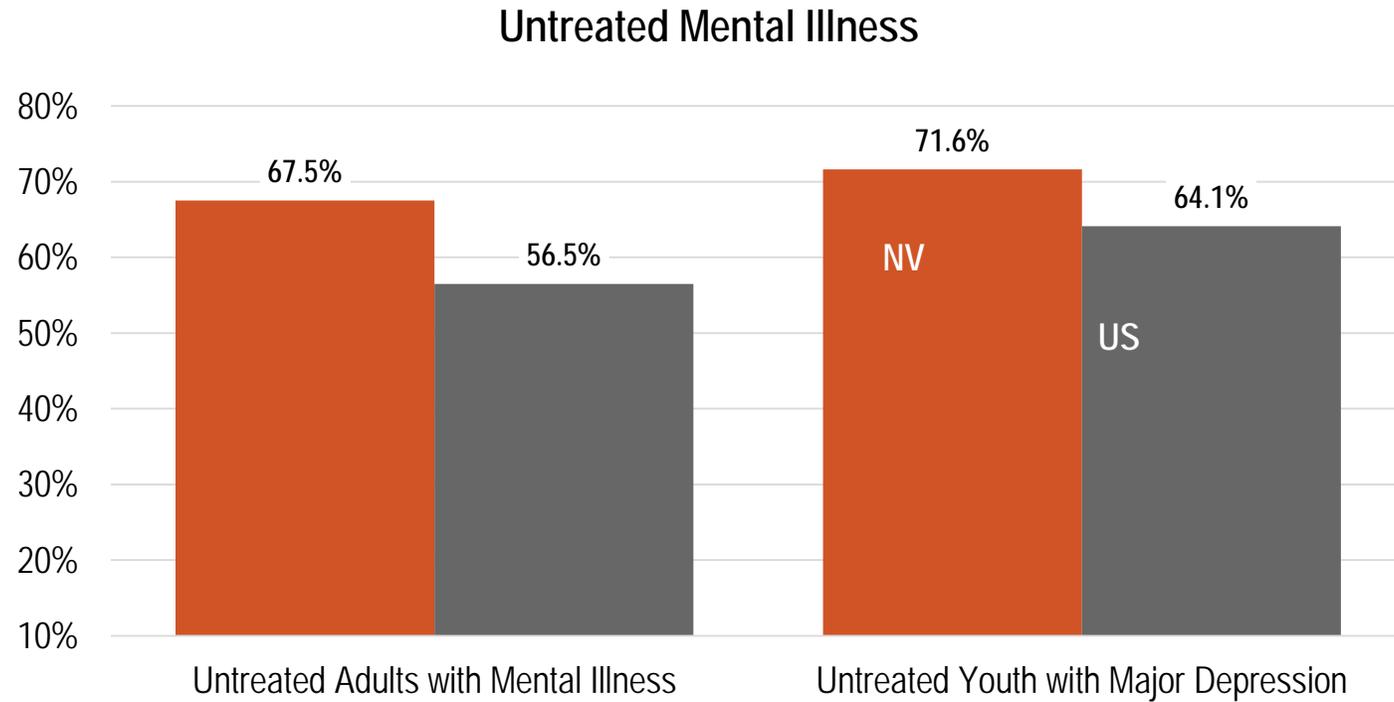
**7,422**  
Total Phone  
Calls Made  
(including callbacks)



**174**  
Providers Completing  
the Survey

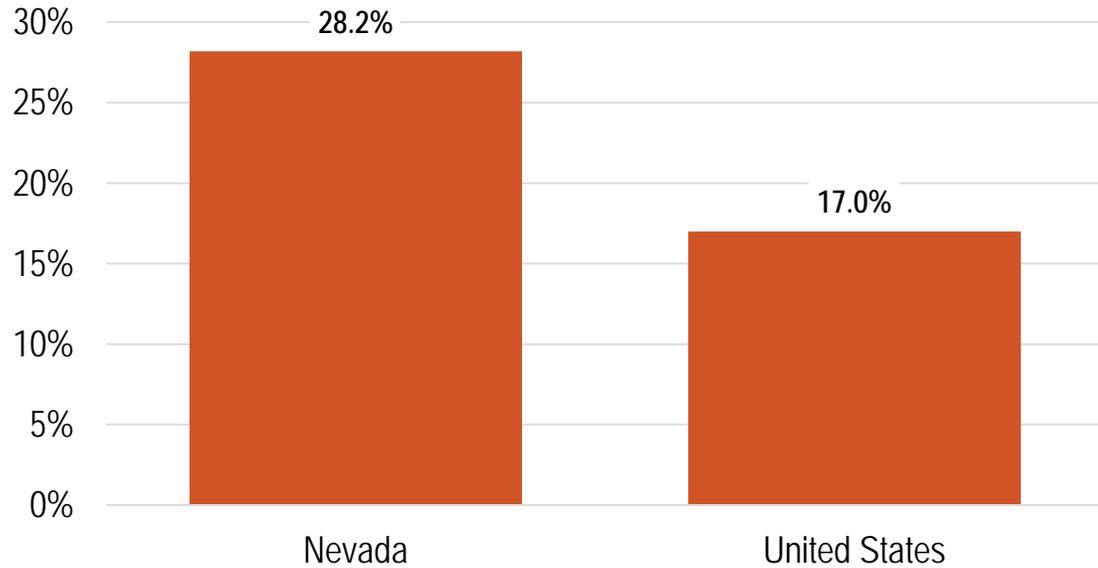
Note: Additional details and parameters of the survey are contained later in this analysis.

# Mental Health and Behavioral Landscape

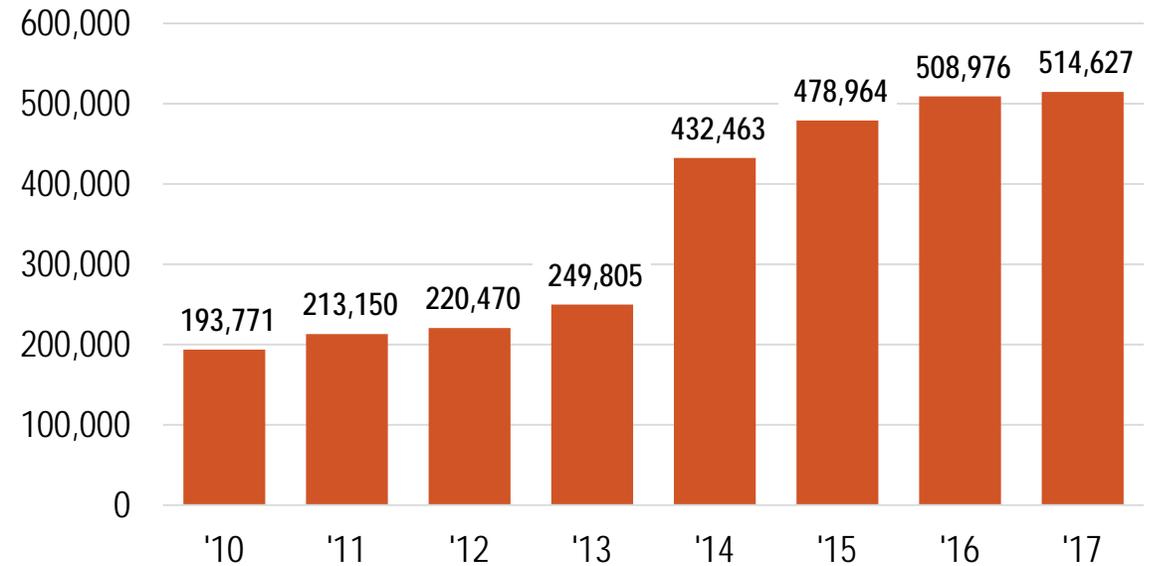


# Mental Health and Behavioral Landscape

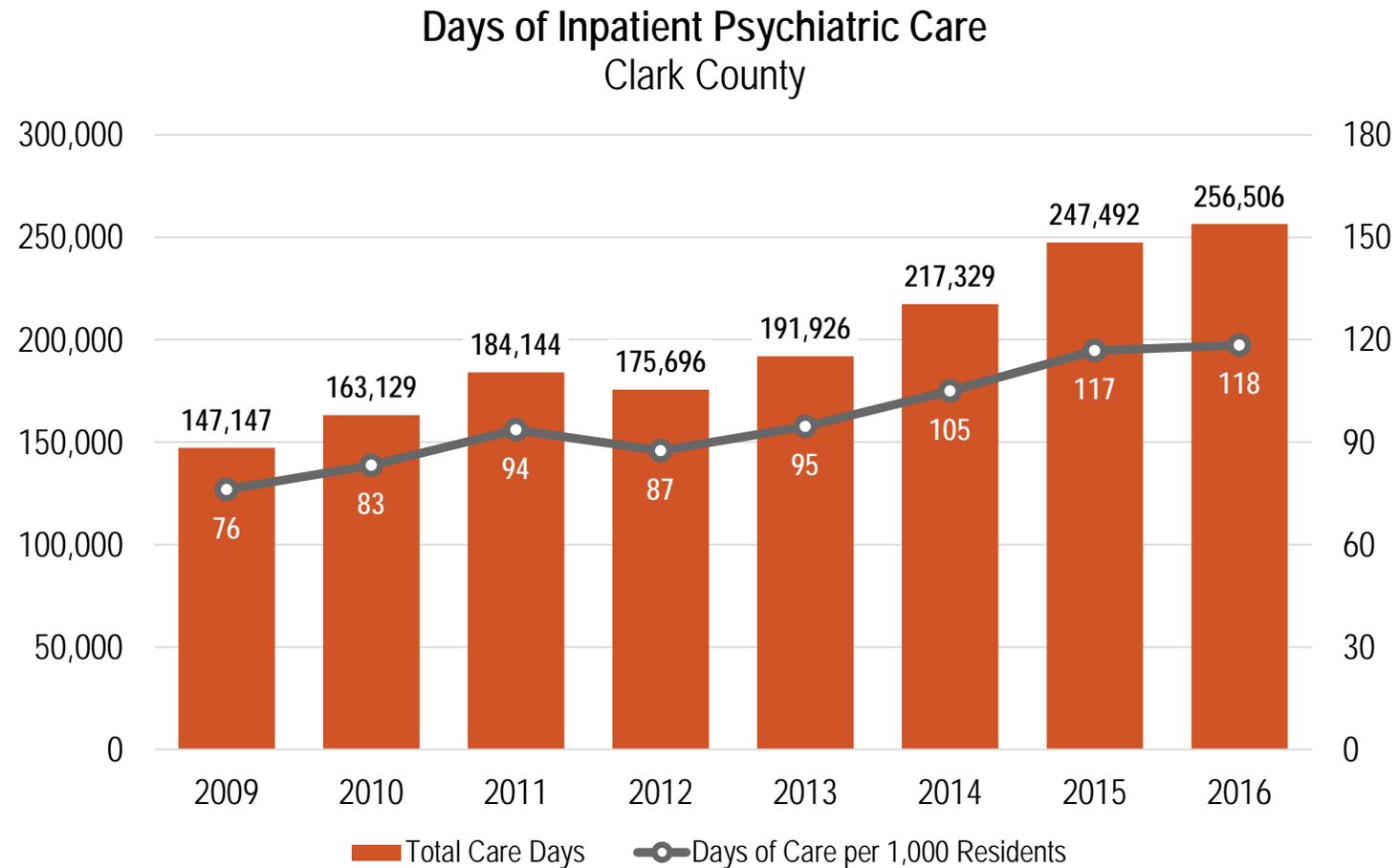
### % of Adults with Mental Illness Who Are Uninsured



### Medicaid Recipients in Clark County



# Mental Health and Behavioral Landscape



# Provider Feedback:

## *Summary of Biggest Challenges Facing the System*

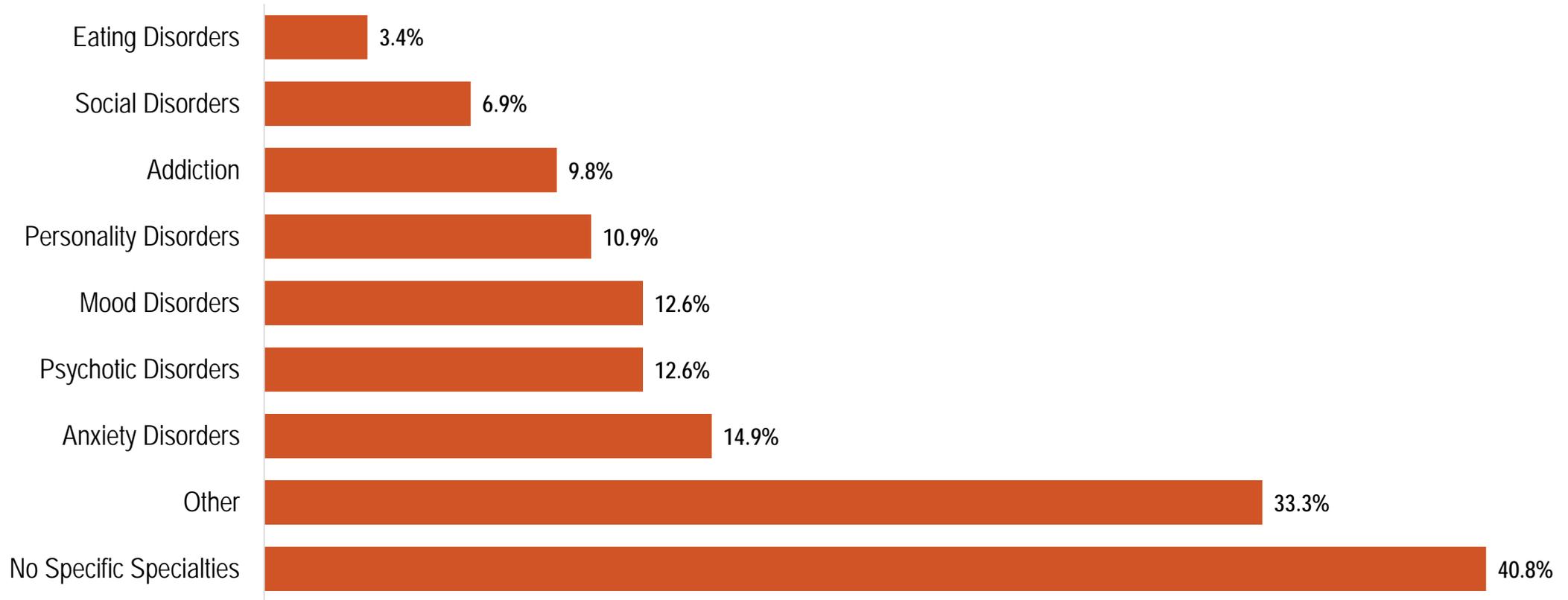
The following provides a brief summary of the major challenges facing the behavioral health community in Southern Nevada:

- Lack of quality providers to meet the sizeable demand in Southern Nevada
- Inadequate insurance coverage and difficult treatment approval processes
- Lack of funding and resources
- Limited inpatient care or temporary housing for people with severe illness
- Focus is too often on short-term solutions and care
- Education, awareness and getting children care early



# Disorders Treated

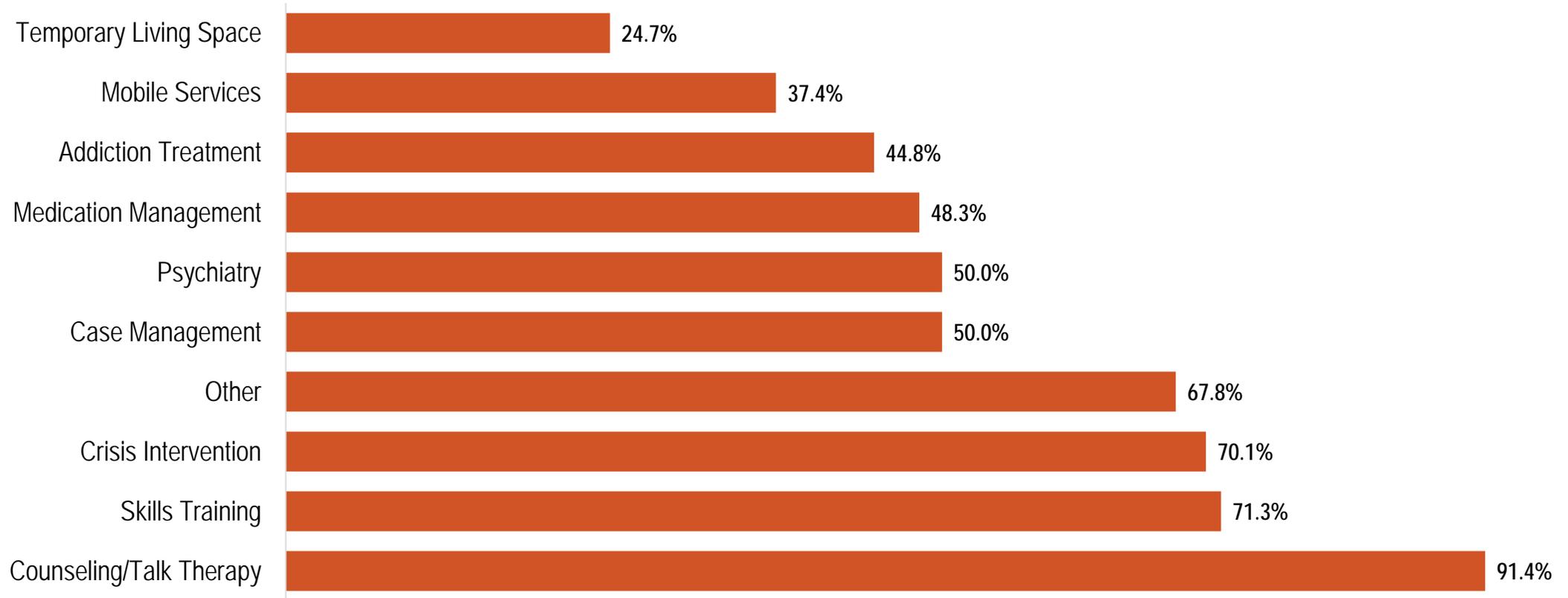
## Provider Specialties



n=253 (multiple responses allowed, percentages reflect proportion of providers giving each response)



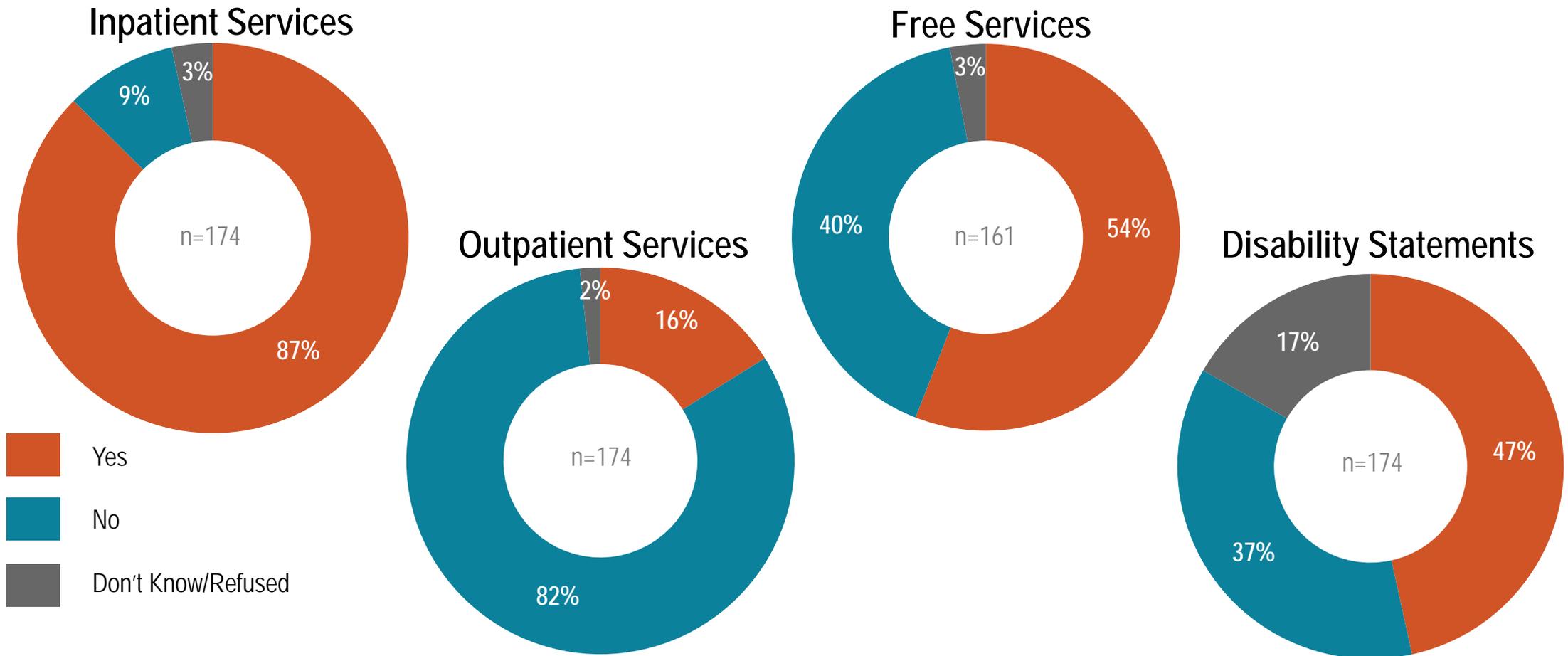
# Services Provided



n=967 (multiple responses allowed, percentages reflect proportion of providers giving each response)

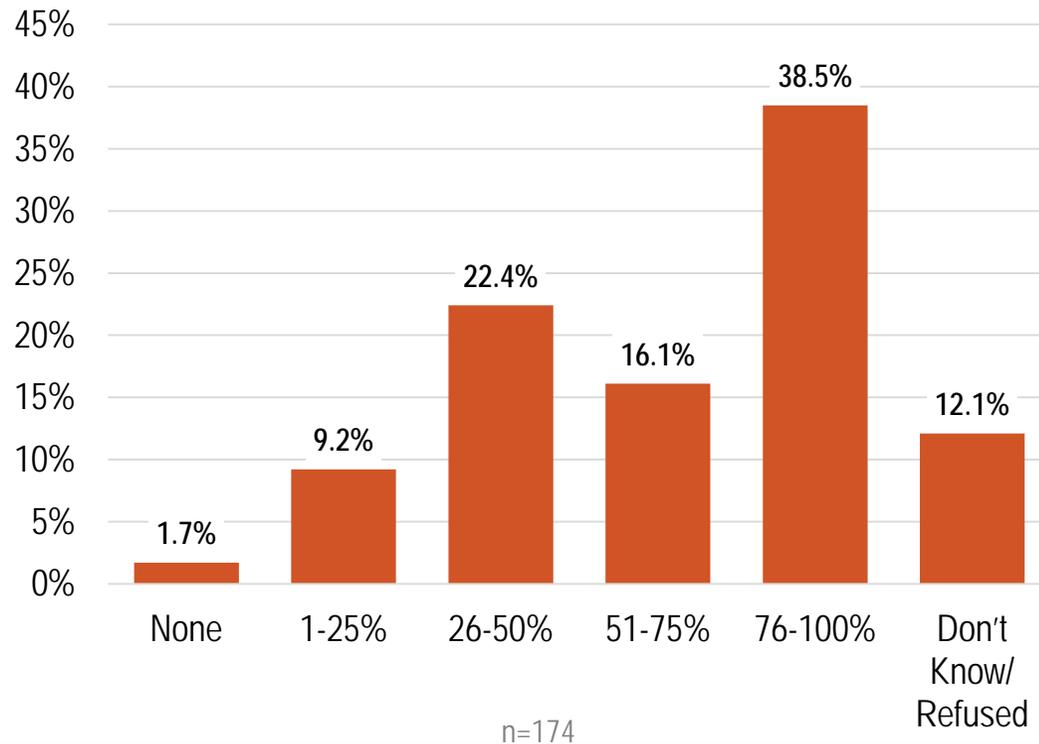


# Services Provided

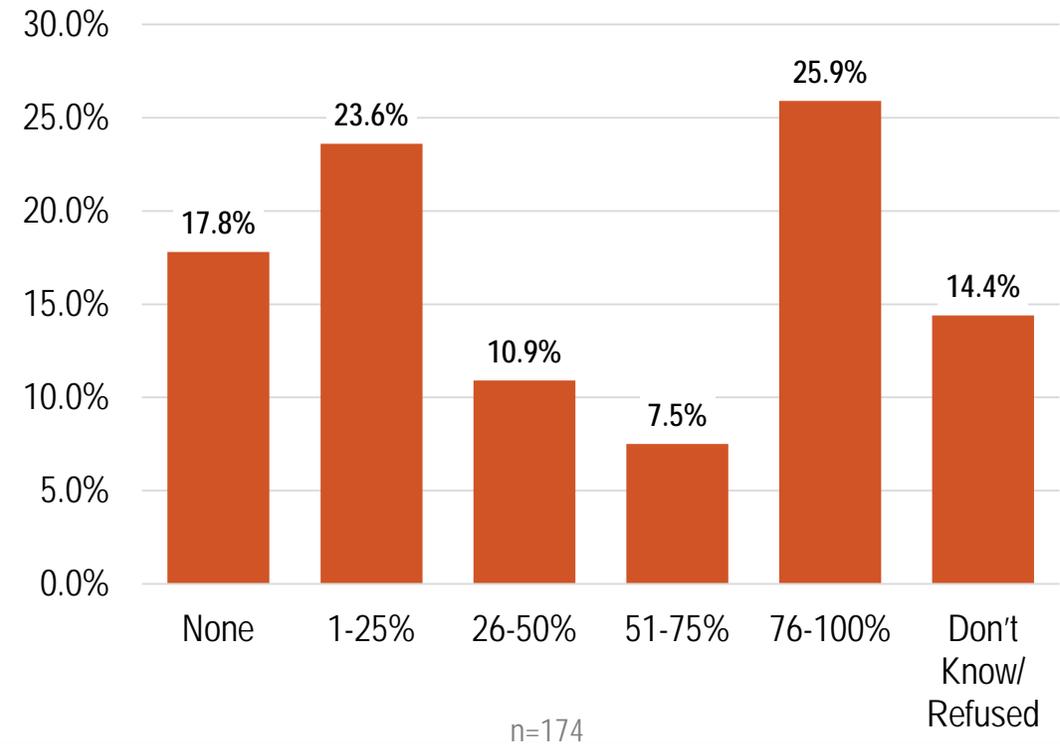


# Medication and Case Management

Proportion of Patients  
on Medication



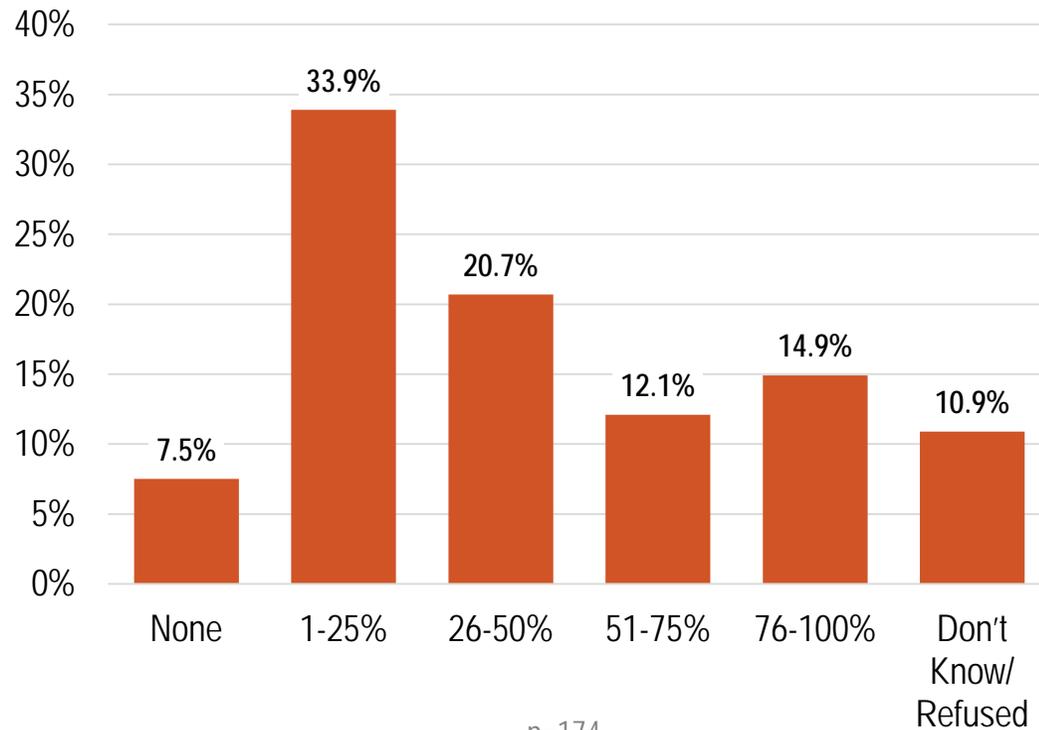
Proportion of Patients Accessing Care  
Through Case Management



# Co-Occurring Disorders

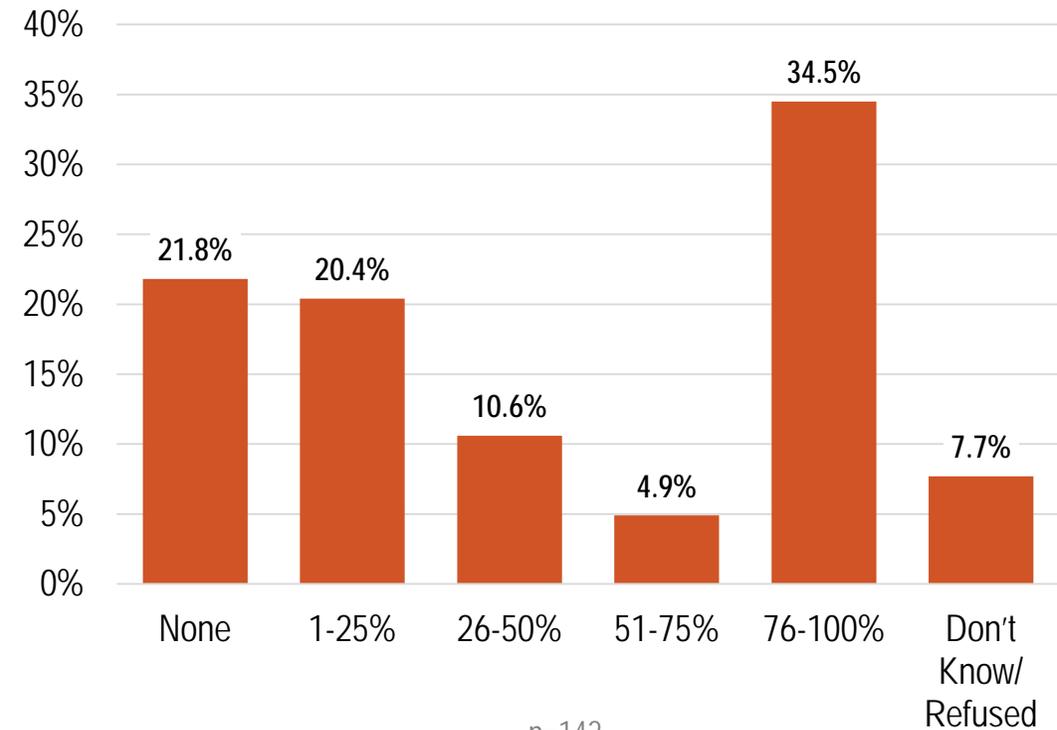
## Substance Abuse and Mental Disorder

Percentage of Patients with Co-Occurring Disorders



n=174

Patients Receiving Treatment for Co-Occurring Disorders at Single Provider

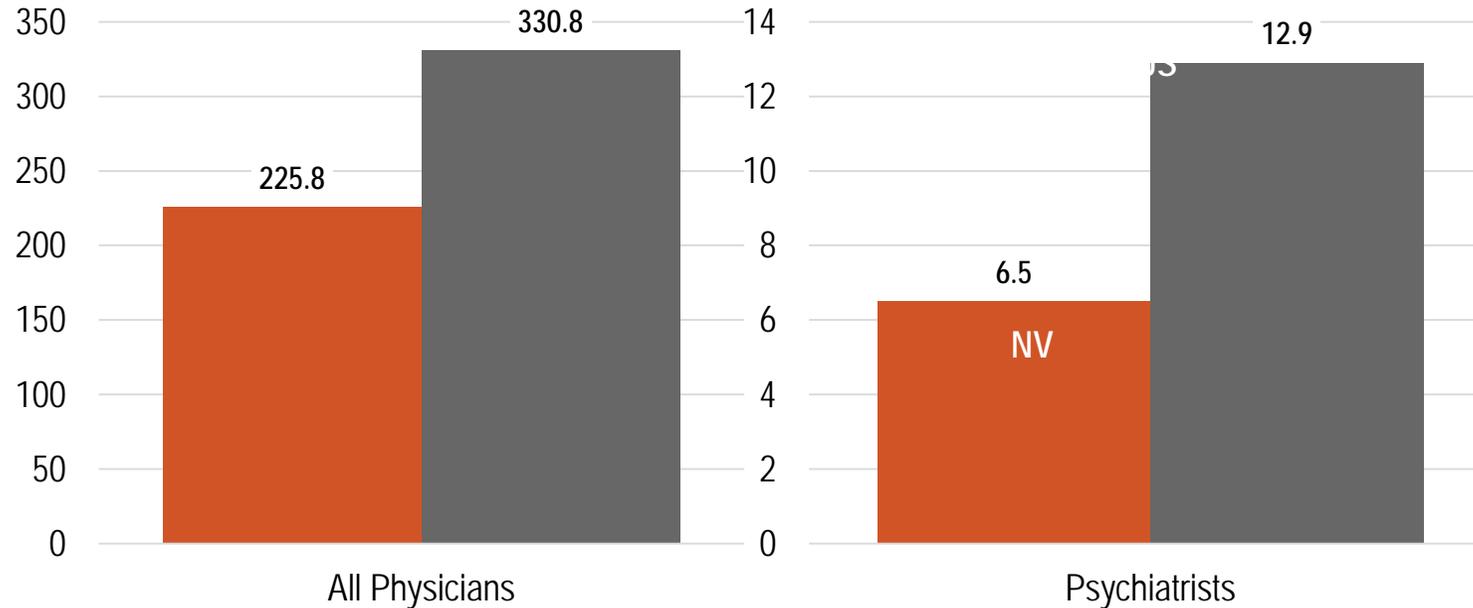


n=142



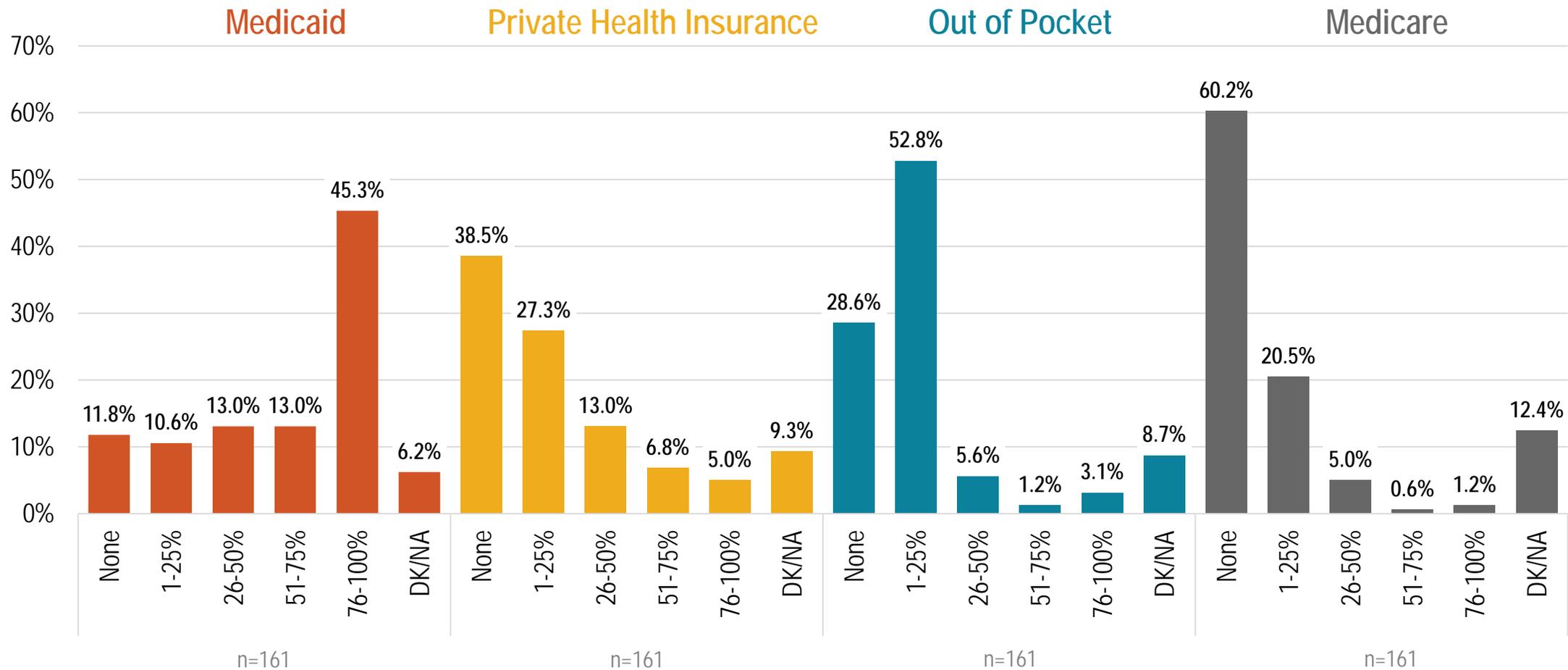
# Provider Feedback: Responsiveness of the System

Physicians per 100,000 Residents



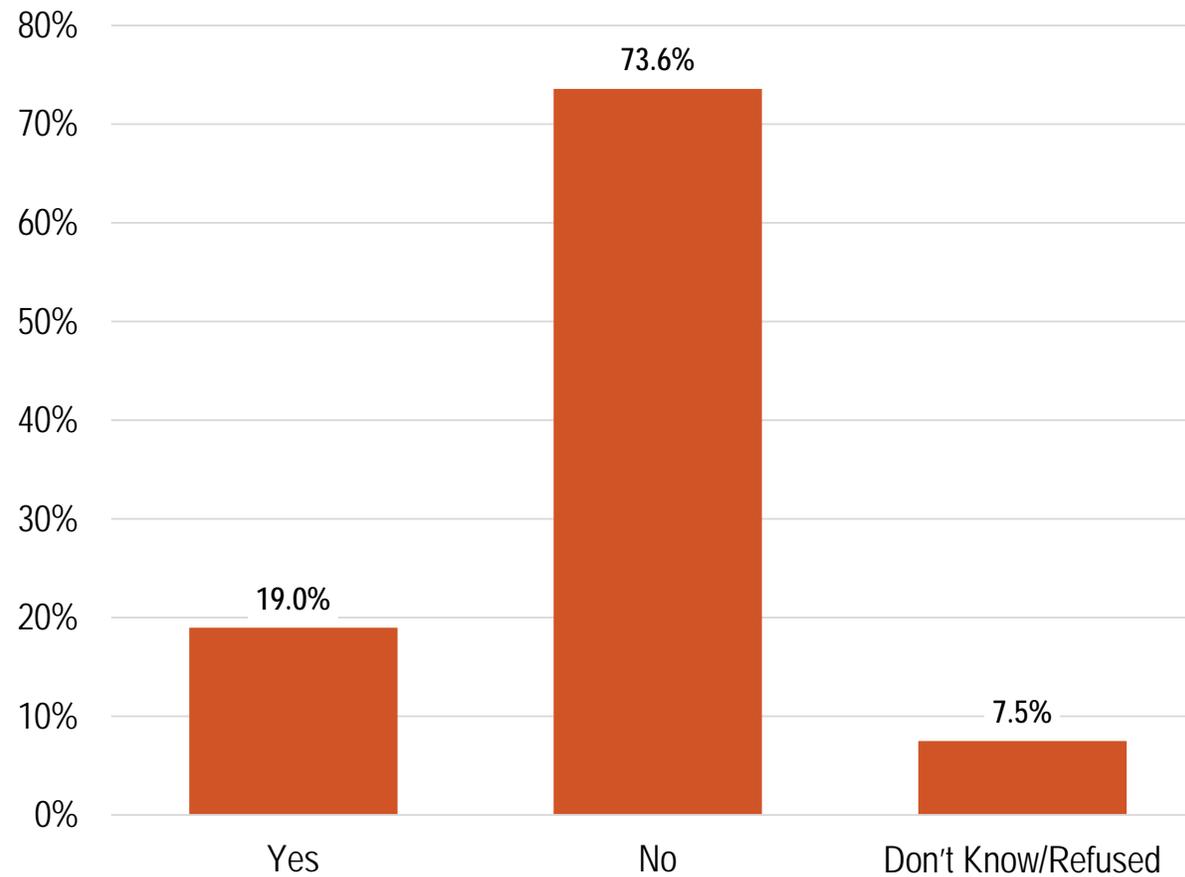
# Paying for Services

## Percentage of Patients Paying Through...



# Paying for Services

## Funding Sources Beyond Patient Fees

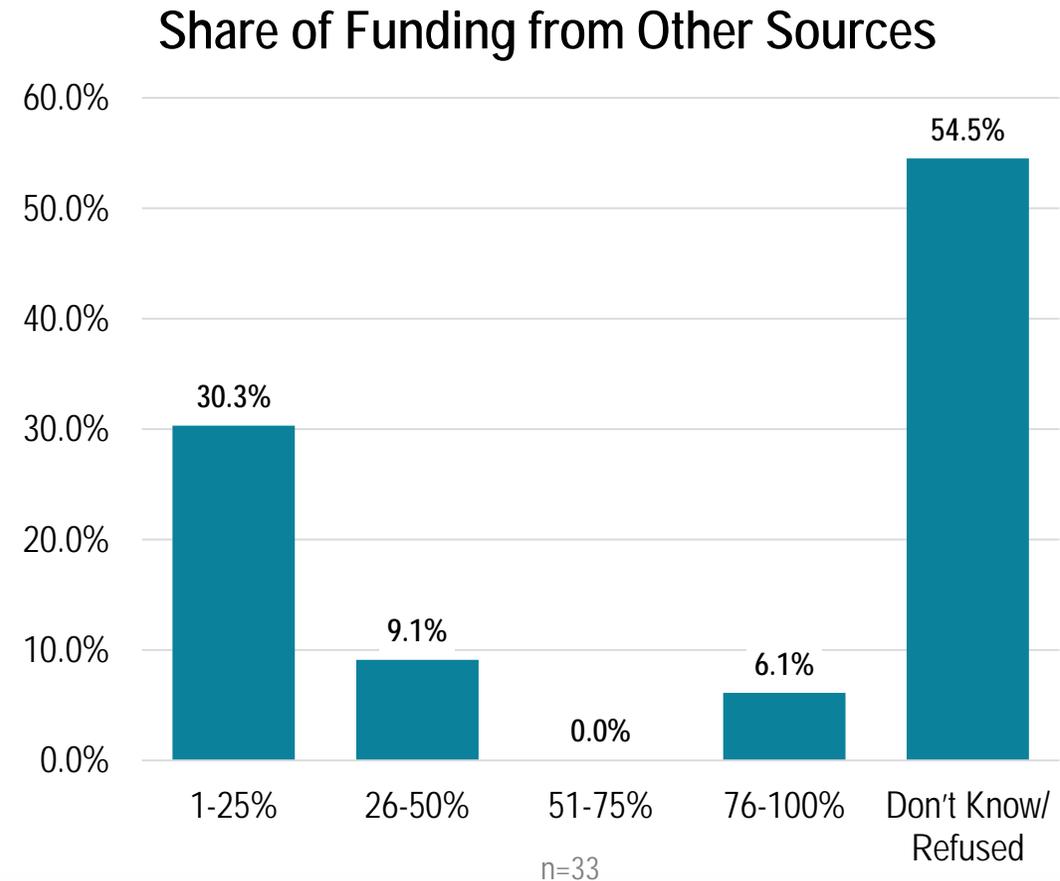
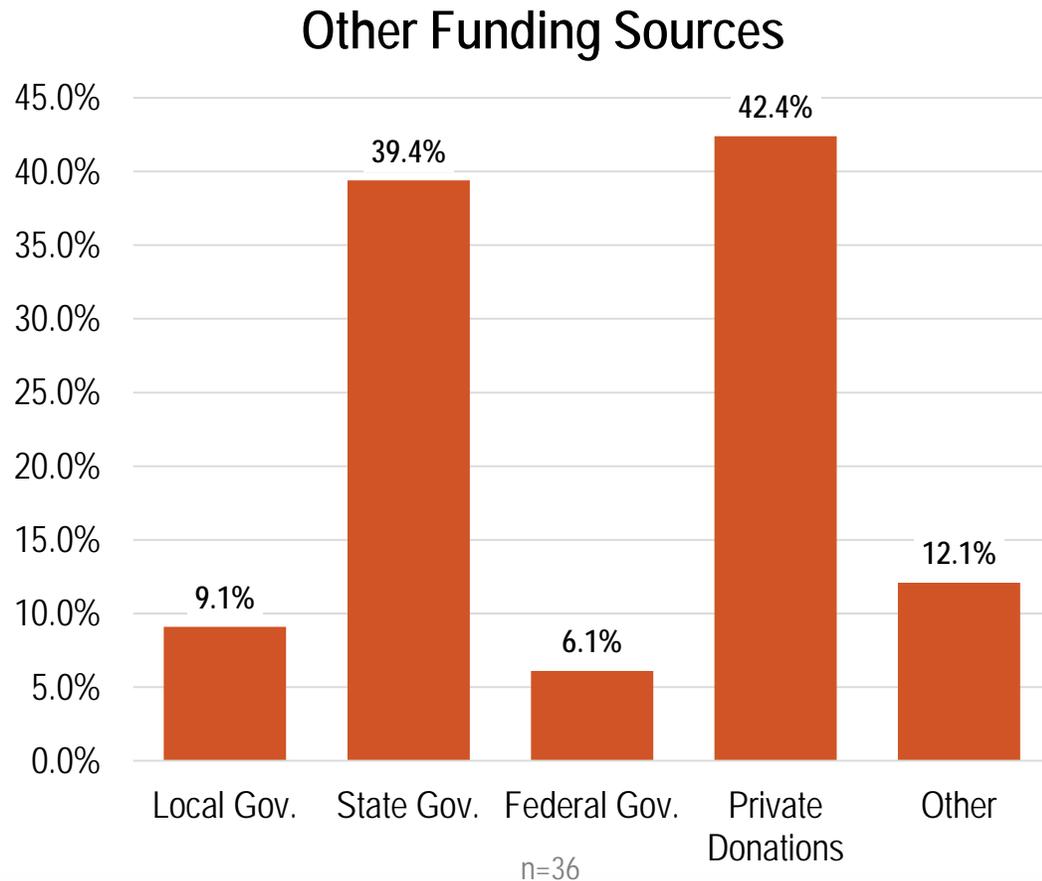


n=174



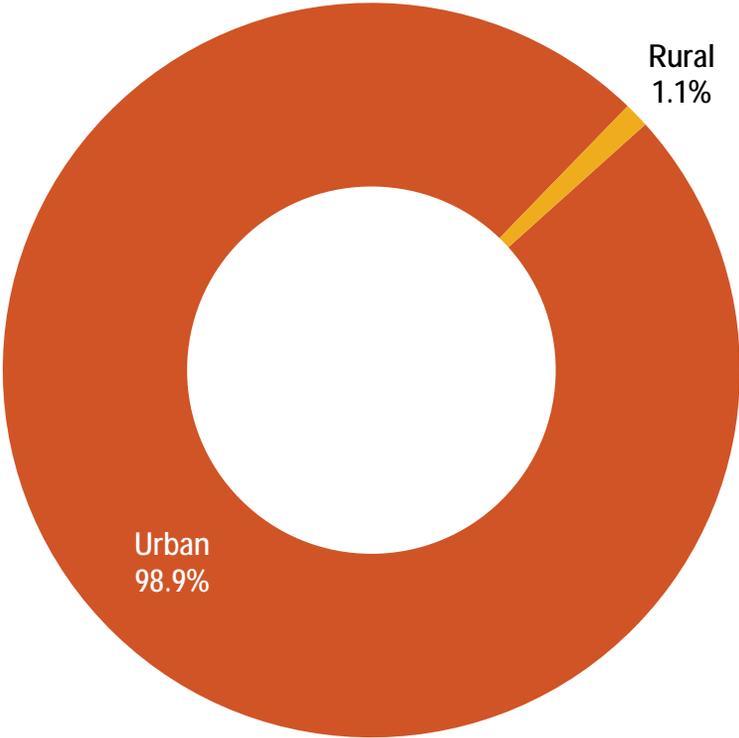
# Paying for Services

## Funding Sources Beyond Patient Fees



# Provider Location

## Urban Vs. Rural

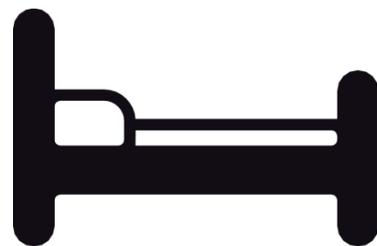


n=174



# Key Areas Identified for Long-term Success in the Behavioral Health System

*Structural Improvements*



Mental Health Infrastructure Investment



Growing the Pool of Medical Professionals



Targeted Funding Increases



# Key Areas Identified for Long-term Success in the Behavioral Health System

*Existing System Improvements*



Increased Awareness



Transitional Service Improvement

# Study Limitations and Key Considerations

- Sample size, composition
  - Limited to who responded and sampling technique
  - various stakeholders (e.g., NAMI, LVMPD, CCDC) beyond the survey sample were contacted directly
- Mixed methods (quantitative and qualitative) used to develop overall analysis and recommendations
  - data collected and anecdotal evidence were determined to be consistent with one another
- Time sensitive, evolving environment
  - the findings of this report and recommendations made reflect a specific period of time and set of circumstances

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