Behavioral Health Summary – PACT Coalition

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Department of Health and Human Services

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Demographic Snapshot

Table 1. Selected demographics for Clark County, Nevada.

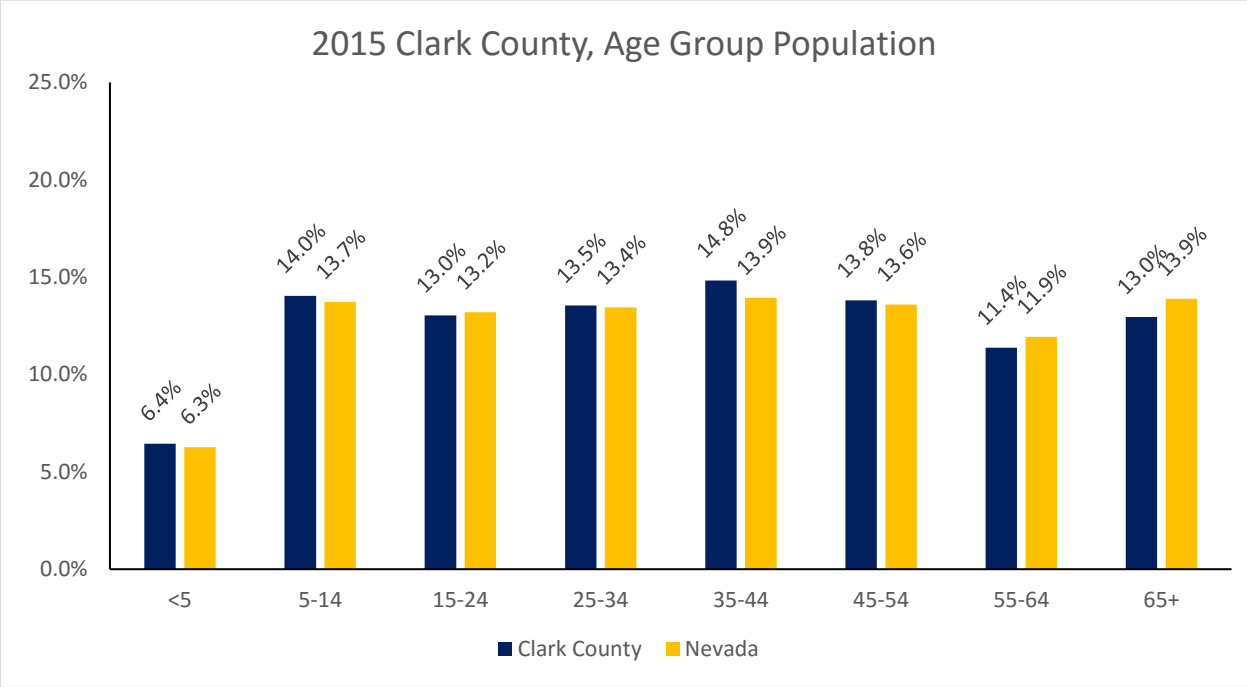
	Clark	Nevada
Population, 2015 estimate*	2,095,843	2,874,075
Population, 2010 estimate*	1,959,491	2,705,845
Population, percent change*	7.0%	6.2%
Male persons, estimated percent 2015*	50.2%	50.3%
Female persons, estimated percent 2015*	49.8%	49.7%
Land area (square miles), 2010**	7,891	109,781
Median household income**	$52,070	$52,800
Persons below poverty level, percent**	15.6%	15.0%

*Source: Nevada State Demographer's Office

**Source: US Census Bureau

In 2015, the estimated population for Clark County, Nevada was 2,095,843, a 7.0% increase from the 2010 estimated population. The population is made up of approximately 50.2% males and 49.8% females. The median household income is $52,070, resembling Nevada's median household income of $52,800. 15.6% of the population in Clark County live below the poverty level, compared to 15.0% of the population in Nevada. Clark County land area is approximately 7,891 square miles and represents 7.2% of Nevada's total land area.

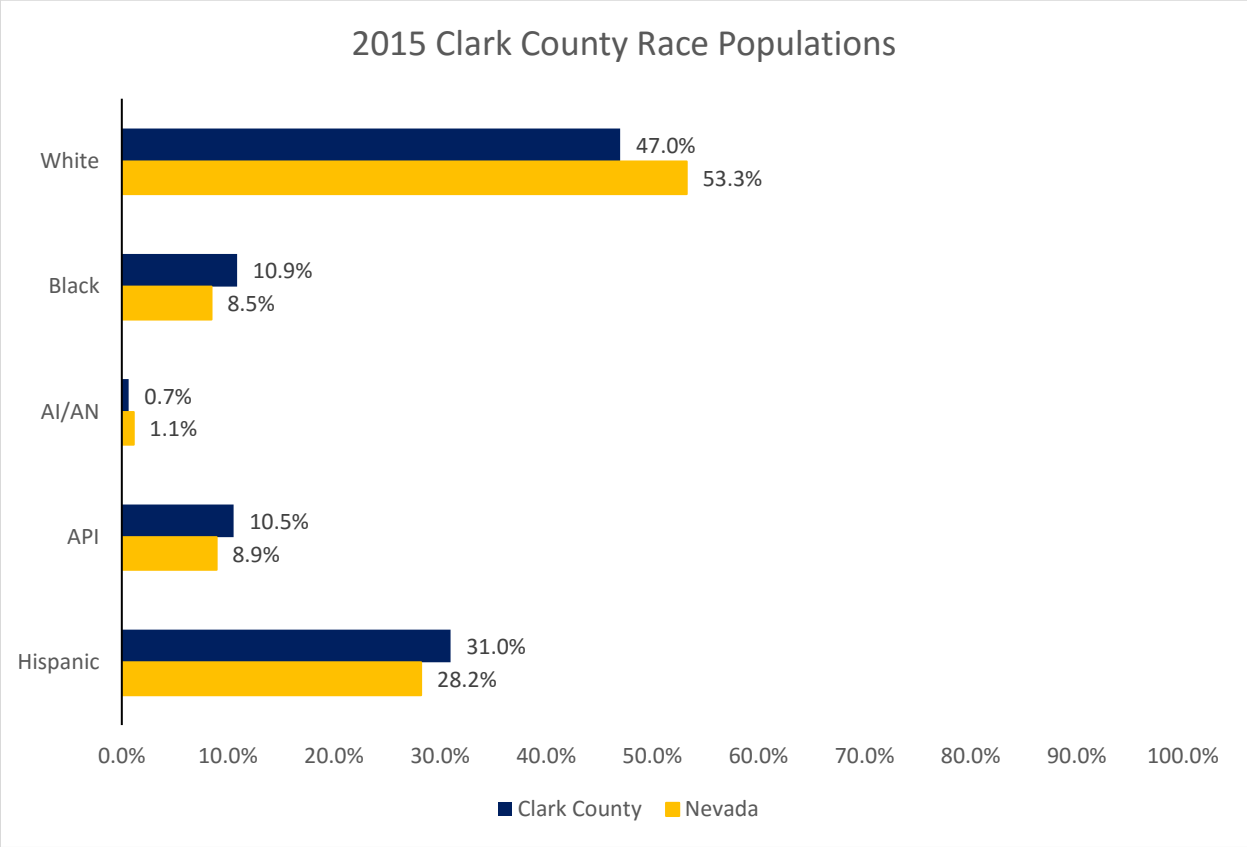
Figure 1. Clark County, Nevada populations by age group.



Source: Nevada State Demographer

Age population breakdowns for Clark County closely resemble Nevada's age population breakdown in every age group. All age groups of the Clark County population were within one percent of those of Nevada's population.

Figure 2. Clark County, Nevada racial/ethnic breakdowns for 2015.



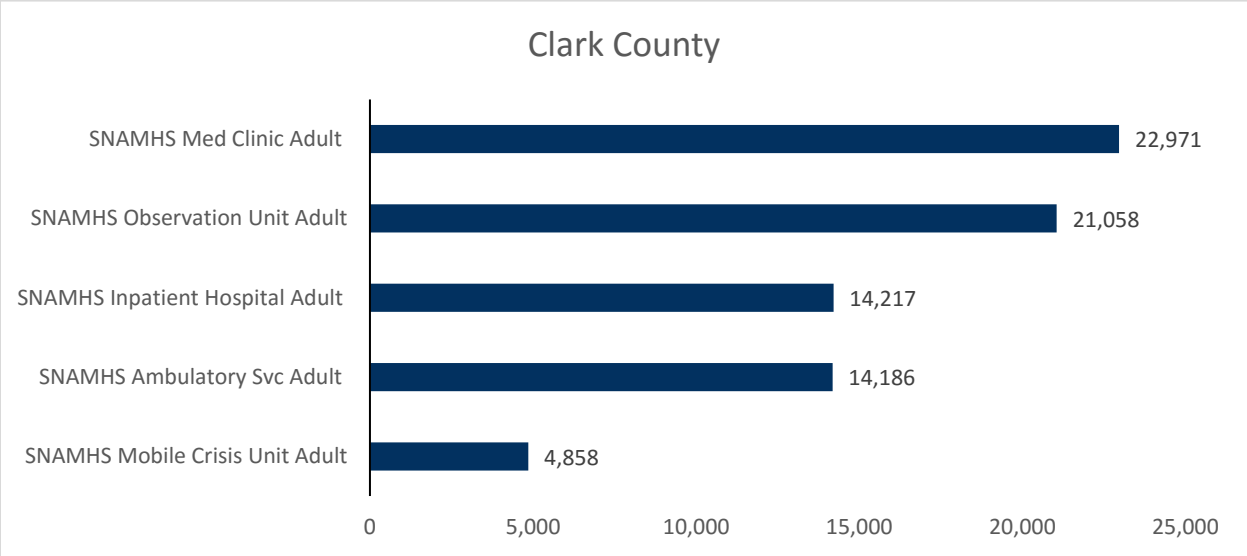
Source: Nevada State Demographer

Clark County race/ethnicity breakdown compared to Nevada's shows that Clark has a smaller proportion of White and a larger proportion of Black, Hispanic, and Asian individuals.

Mental Health Clinics

The data in this section comes from Avatar, an electronic mental health medical record system used by the Division of Public and Behavioral Health (DPBH). DPBH is the largest provider of mental health services in Nevada. In Southern Nevada, DPBH clinics are categorized as Southern Nevada Adult Mental Health Services (SNAMHS).

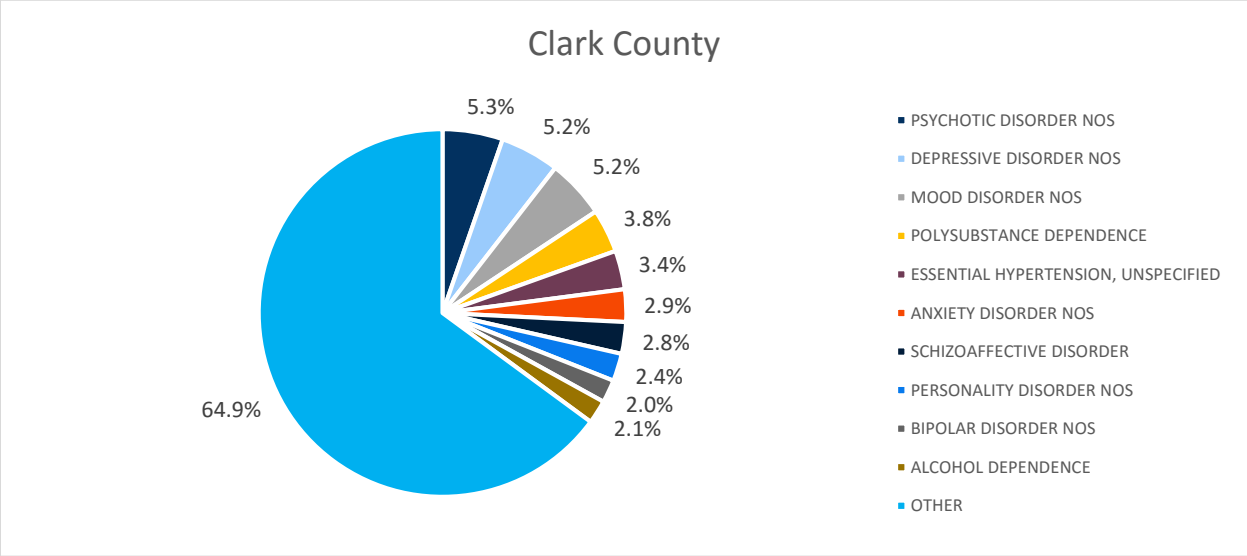
Figure 3. Top 5 mental health clinic services for Clark County residents with number of patients served, 2010-2014.



*Source: Nevada Avatar. De-duplicated patients. However, a patient can use more than one service during one admission period; while the services are de-duplicated, a patient can occur in more than one service.

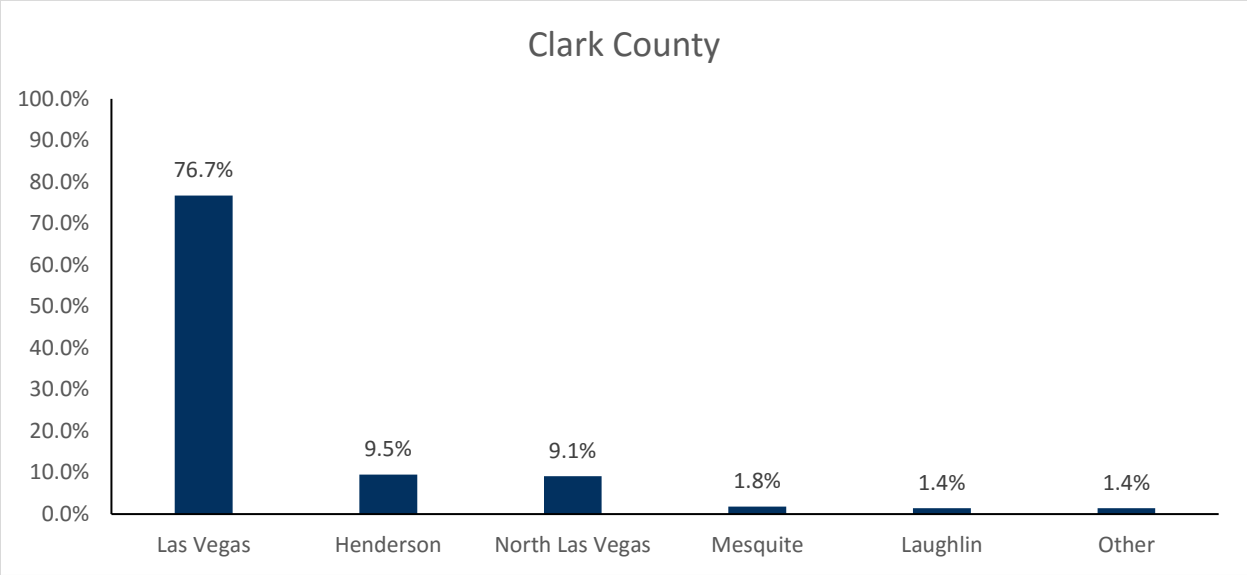
During the time from 2010 to 2014, 32,292 PACT coalition residents received mental health services from the DPBH. As many received multiple services, the overall services totaled 90,886. The most common service provided, between 2010 and 2014, was at SNAMHS Medication Clinic.

Figure 4. Most Common Diagnosis among Clark County residents, 2010-2014



During the period of 2010 to 2014, the most common primary mental health diagnosis for a Clark County resident was Psychotic Disorder NOS (Not otherwise specified) (5.3%), followed by Depressive Disorder NOS (5.2%), and Mood Disorder NOS (5.2%). The top ten diagnoses also included Polysubstance Dependence (3.8%), Essential Hypertension, Unspecified (3.4%), Anxiety Disorder NOS (2.9%), Schizoaffective Disorder NOS (2.8%), Personality Disorder NOS (2.4%), Bipolar Disorder NOS (2.0%), and Alcohol Dependence (2.1%).

Figure 5. Clark County residents who access mental health clinics city of residence, 2010-2014.



Of the Clark County residents accessing DPBH mental health services between 2010 and 2014, most residents resided in Las Vegas (76.7%), followed by Henderson (9.5%) and North Las Vegas (9.1%).

Table 2. Demographics of Clark County residents who accessed state funded adult mental health clinics, 2010-2014.

	2010	2011	2012	2013	2014
Sex					
Female	7,084	6,904	6,392	6,244	5,058
Male	6,701	6,607	6,077	5,990	5,007
Unknown	111	134	33	89	66
Total	13,896	13,645	12,502	12,323	10,131
Age					
0-17	44	59	93	94	88
18-30	3,687	3,463	3,064	2,942	2,161
31-50	6,656	6,563	6,004	5,800	4,737
51-65	3,282	3,349	3,158	3,287	2,931
66-100	225	207	180	198	213
Unknown	2	4	3	2	1
Total	13,896	13,645	12,502	12,323	10,131
Race					
White	7,910	7,467	6,855	6,323	5,019
Black	2,370	2,312	2,159	2,168	1,791
Asian	351	359	371	344	276
Alaskan Native/American Indian	91	86	95	84	79
Native Hawaiian/Pacific Islander	94	77	67	69	62
Two or more races	301	270	290	294	289
Other	1,565	1,556	1,518	1,434	1,203
Unknown	205	169	152	161	123
No Entry	1,009	1,349	995	1,446	1,289
Total	13,896	13,645	12,502	12,323	10,131
Ethnicity					
Hispanic or Latino	1,663	1,645	1,678	1,665	1,291
Not Hispanic or Latino	10,824	10,159	9,432	8,807	6,576
Unknown/No Entry	1,409	1,841	1,392	1,851	2,264
Total	13,896	13,645	12,502	12,323	10,131
Education					
=< 12th Grade - No Diploma	2,905	2,605	2,454	2,378	1,960
High School Graduate	3,588	3,443	3,230	3,113	2,546
GED	1,038	992	918	885	733
Some College	2,870	2,801	2,649	2,494	2,000
Undergraduate Degree	668	598	551	484	428
Graduate Degree	232	235	226	217	175
No Formal Education	26	28	23	23	28
Other	2,569	2,943	2,451	2,729	2,261
Total	13,896	13,645	12,502	12,323	10,131

During the 5-year period of 2010 to 2014, there were 51,907 Clark County adult residents that accessed mental and/or behavioral health services from DPBH state funded facilities. The totals in Table 2 above equal 64,497, reflecting that some individuals used DPBH services during more than one year. Females comprised 50.7% of the patient population and males comprised 48.6%. White non-Hispanic made up 53.7% of the patient population. The most populous age group was the 31-50 year olds, accounting for 47.6% of the patients. Patients whose highest level of education was "High School Graduate" accounted for 25.5% of the patients, followed by "other" (20.7%) and "Some College" (20.5%).

Hospital Emergency Room Data

The data provided in this section are from the hospital emergency room (ER) billing data compiled by the University of Nevada, Las Vegas, Center for Health Information Analysis (CHIA). The data are based on visits, not patients, therefore a single person may represent multiple visits. The ER data are broken into three parts: mental conditions (anxiety, PTSD, suicidal ideations, etc.), suicide attempts by method (hanging, jumping, firearms, etc.) and alcohol and drug-related visits.

The following ICD-9 codes were used for analysis of mental disorders: anxiety 300.00-300.09; depression 296.20-296.36, and 311.00; bipolar disorder 296.40-296.89; PTSD 309.81; schizophrenia 295.00-295.90 and V11.0; suicidal tendencies 300.90; suicidal ideation V62.84.

The following ICD-9 codes were used for analysis of suicide attempts by method: suicide by solid or liquid E950-E950.9; suicide by gases in domestic use E951-E951.8; suicide by other gases and vapors E952-E952.9; suicide by hanging, strangulation and suffocation E953-E953.9; suicide by drowning E954; suicide by firearms, air guns and explosives E955-E955.9; suicide by cutting and piercing instrument E956; suicide by jumping from high place E957-E957.9; suicide by other unspecified means E958-E958.9.

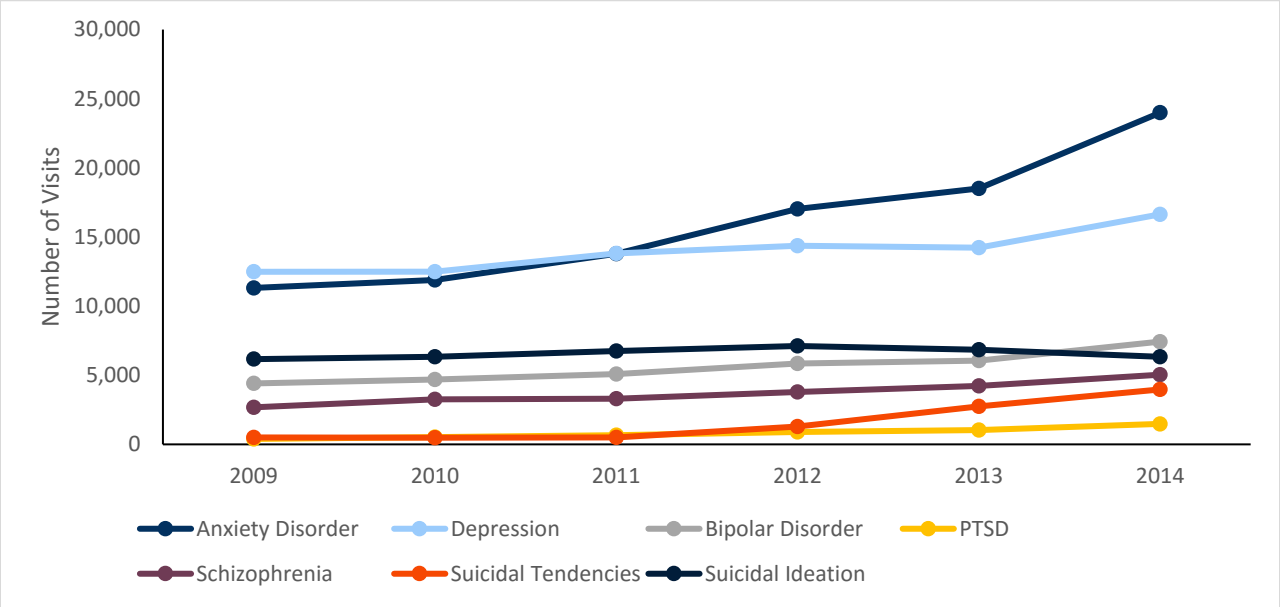
The following ICD-9 codes were used for analysis of alcohol-related admissions: 291-291.9, 303-303.93, 305.0-305.03, 535.3-353.31, 571-571.3, 980-980.9, 357.5, 425.5, 790.3, and E860-E860.9.

The following ICD-9 codes were used for analysis of substance-related admissions: 292-292.9, 304-304.93, 305.2-305.93, 965-965.99, and 967-970.99

There were a total of 351,005 visits related to mental health and substance use disorders among Clark County residents between 2009 and 2014 for the reasons listed above. Since an individual can have more than one diagnosis during a single ER visit, the following numbers reflect the number of

times a diagnosis in each of these categories was given, and therefore the following numbers are not mutually exclusive. Diagnoses related to mental disorders occurred in 224,782 ER visits, there were 99,169 ER visits related to alcohol-related issues, 80,801 ER visits with diagnoses for drug-related issues, and 14,035 ER visit with diagnoses codes related to suicide attempts.

Figure 6. Number of Visits per Year for Select Mental Disorders Clark County, 2009-2014.



Anxiety is the most common mental disorder seen in the emergency rooms (ER) among Clark County residents, related to 42.9% of the 224,782 visits in the categories listed in Figure 6. The number of anxiety-related ER visits increased 112% from 2009 to 2014, representing the largest percent increase over the six year period. All visits for the selected mental disorders increased over the six year period.

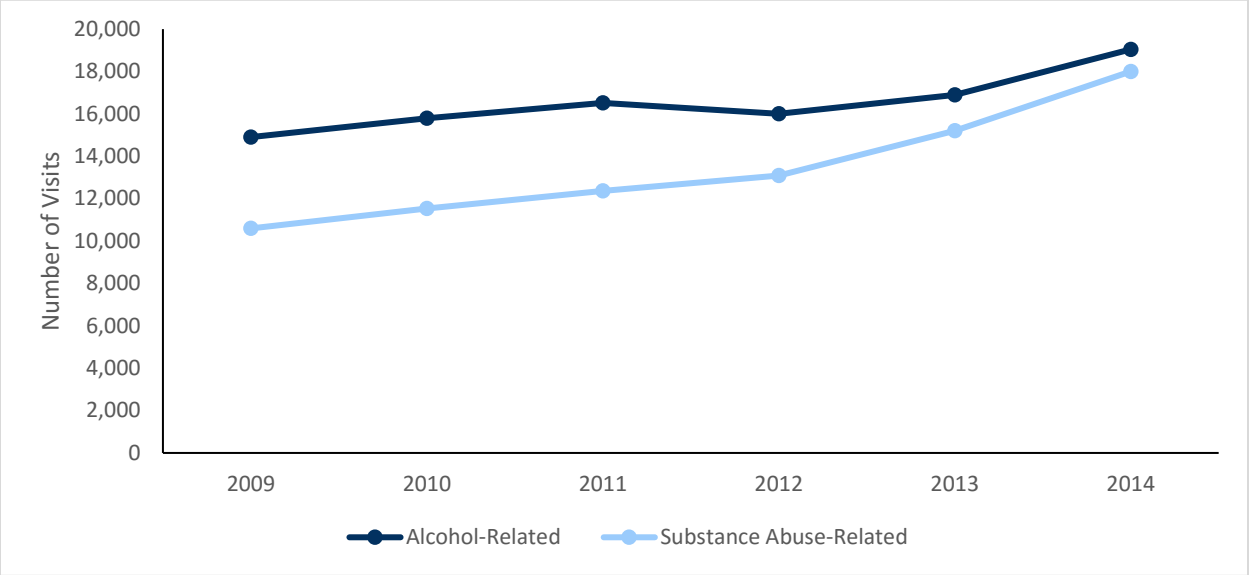
Table 3. Demographics of Clark County resident visits to the ER for select behavioral disorders 2009-2014.

Condition*	Female		Male		Unknown		Total
	N	Row %	N	Row %	N	Row %	
Anxiety	63,454	65.8%	33,051	34.2%	0	0.0%	96,505
Depression	49,461	58.9%	34,539	41.1%	0	0.0%	84,000
Bipolar	18,572	55.4%	14,926	44.6%	0	0.0%	33,498
PTSD	2,494	49.8%	2,510	50.2%	0	0.0%	5,004
Schizophrenia	8,028	36.0%	14,277	64.0%	0	0.0%	22,305
Suicidal Tendencies	4,384	46.2%	5,099	53.8%	0	0.0%	9,483
Suicidal Ideation	17,194	43.5%	22,353	56.5%	0	0.0%	39,547
Alcohol Related	28,835	29.1%	70,334	70.9%	0	0.0%	99,169
Substance Abuse Related	35,266	43.6%	45,535	56.4%	0	0.0%	80,801
Suicide - Solid or Liquid	5,646	65.1%	3,023	34.9%	0	0.0%	8,669
Suicide - Gases in Domestic Use	1	25.0%	3	75.0%	0	0.0%	4
Suicide - Other Gases and Vapors	27	36.5%	47	63.5%	0	0.0%	74
Suicide - Hanging, Strangulation, & Suffocation	104	32.8%	213	67.2%	0	0.0%	317
Suicide - Cutting & Piercing Instrument	2,106	57.7%	1,541	42.3%	0	0.0%	3,647
Suicide - Firearms, Air Guns, & Explosives	20	18.5%	88	81.5%	0	0.0%	108
Suicide - Jumping from High Place	25	36.8%	43	63.2%	0	0.0%	68
Suicide - Other Unspecified Means	554	42.1%	763	57.9%	0	0.0%	1,317

*Categories are not mutually exclusive.

Females made up the majority of Clark County residents who visited the ER for anxiety (65.8%), depression (58.9%), bipolar (55.4%), while the majority who visited for PTSD (50.2%), schizophrenia (64%), suicidal tendencies (53.8%) and suicidal ideation (56.4%) were males.

Figure 7. Trend of Clark County visits to ER for alcohol and drug-related issues, 2009-2014.



Clark County ER visits increased for both alcohol related and substance abuse-related issues from 2009 to 2014. Alcohol related visits jumped from a low of 14,904 visits in 2009 to 19,043 visits in 2014, a 27.8% increase. Drug-related increased from 10,596 visits in 2009 to a high of 18,000 visits in 2014, a 69.9% increase.

Table 4. Demographics of Clark County resident visits to the ER for alcohol and drug-related disorders, 2009-2014.

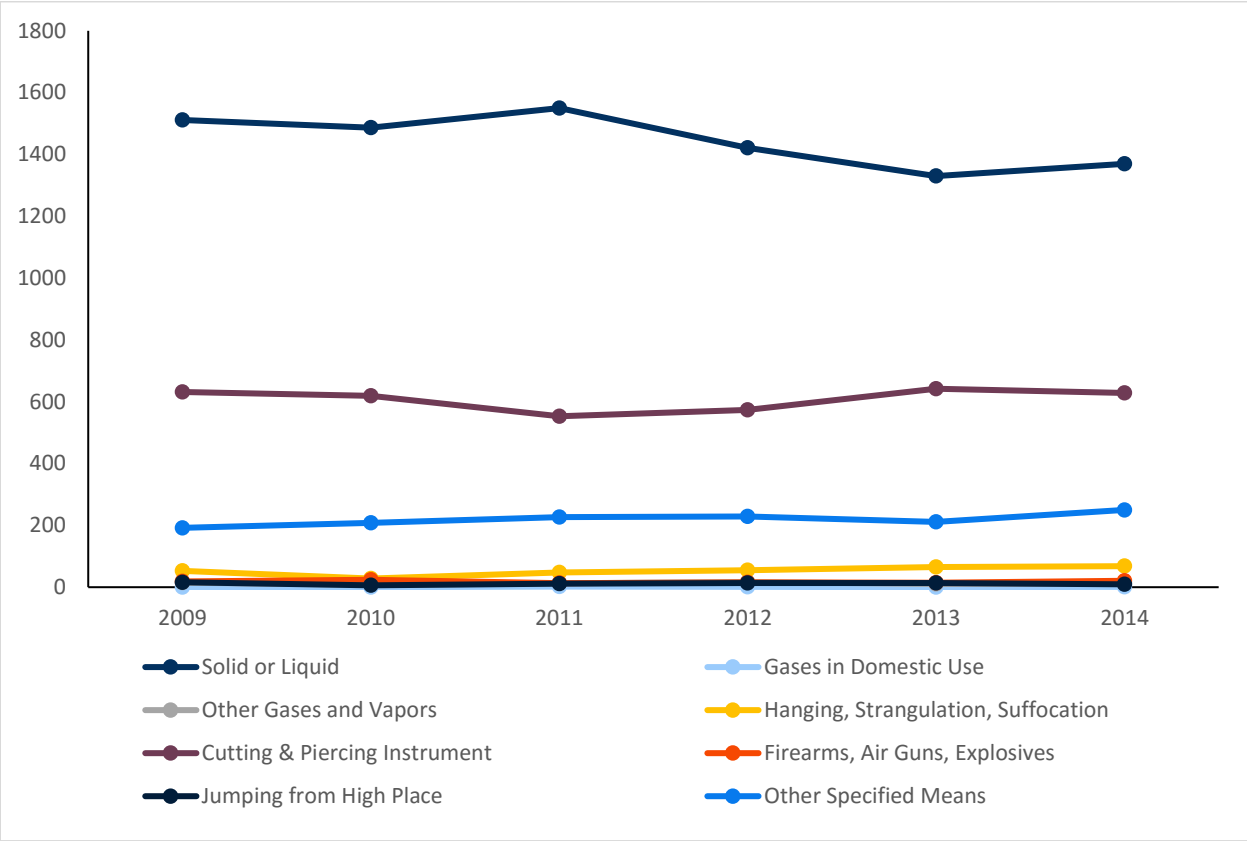
	Alcohol-Related		Drug- Related	
	N	Column %	N	Column %
Sex				
Female	28,835	29.1%	35,266	43.6%
Male	70,334	70.9%	45,535	56.4%
Race				
White	61,958	62.5%	48,406	59.9%
Native American	1,938	2.0%	764	0.9%
Hispanic	14,187	14.3%	10,155	12.6%
Asian/Pacific	1,886	1.9%	1,456	1.8%
Black	12,820	12.9%	15,768	19.5%
Other	4,513	4.6%	3,377	4.2%
Unknown	1,867	1.9%	875	1.1%
Age				
0-14	322	0.3%	1,527	1.9%
15-24	10,217	10.3%	16,591	20.5%
25-34	17,178	17.3%	21,493	26.6%
35-44	20,011	20.2%	16,654	20.6%
45-54	28,785	29.0%	14,852	18.4%
55-64	16,562	16.7%	7,114	8.8%
65-74	4,750	4.8%	1,886	2.3%
75-84	1,015	1.0%	480	0.6%
85+	316	0.3%	203	0.3%

Males accounted for a greater percentage over females for alcohol related (70.9%) and drug-related ER visits (56.4%) among Clark County residents between 2009 and 2014.

The majority of those visiting the ER for alcohol and substance abuse were white, 62.5% and 59.9% of visits, respectively.

Alcohol related ER visits were highest among the 45-54 (29%) year age group. of the 25-35 year old age group accounted for the most drug-related ER visits (26.6%).

Figure 8. Trend of Clark County visits to the ER for suicides, 2009-2014.

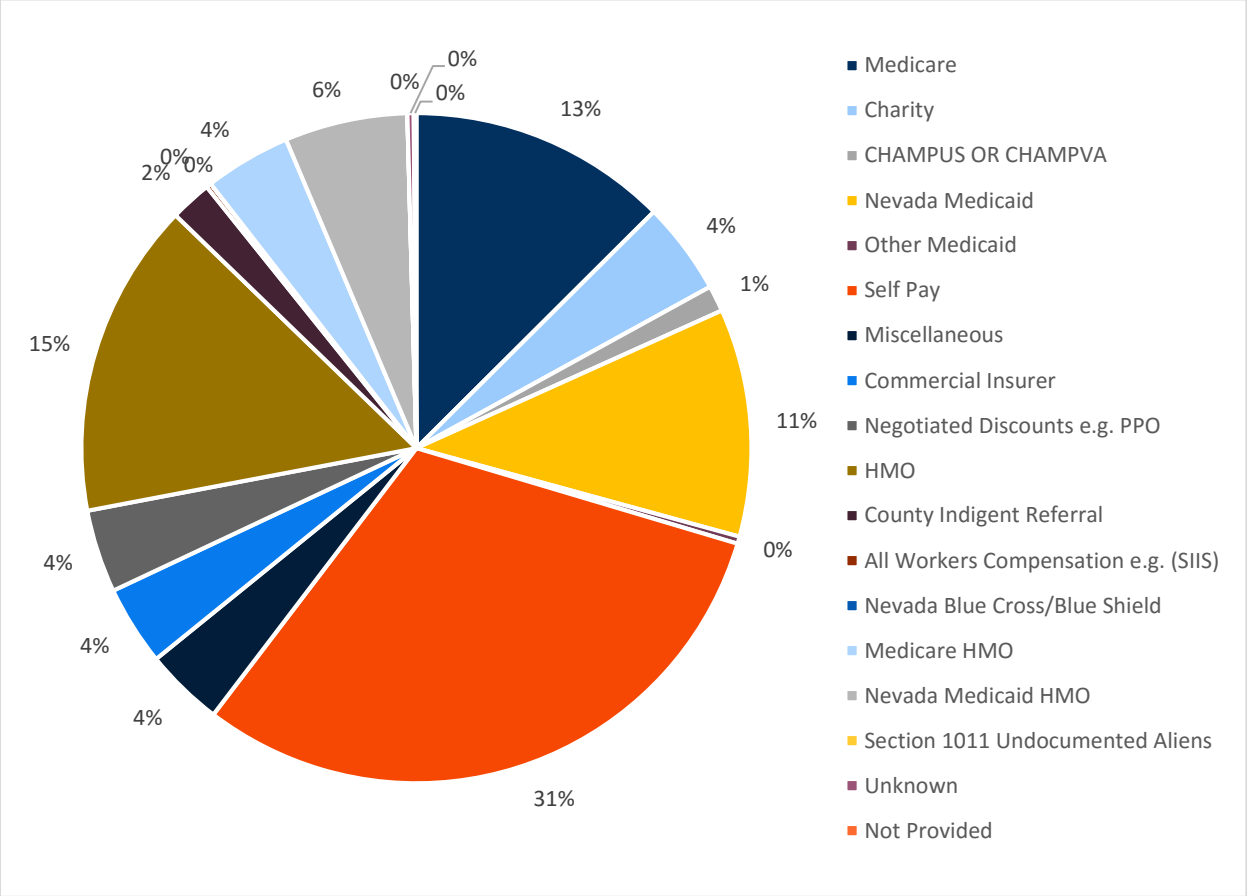


Overall number of visits to the ER for suicide among Clark County residents has decreased by 3.6% from 2009-2014, from 2,406 visits in 2009 to 2,320 in 2014. The lowest number was in 2013 with 2,259 visits.

Suicide by solid or liquid was the top method of suicide and suicide attempts resulting in an ER visit in Clark County, accounting for 61% of all suicide-related ER visits from 2009-2014. In 2009, there were 1,511 ER visits resulting from suicide by solid or liquid and 1,370 visits in 2014, a decrease of 9.3%. The high was in 2011 with 1,550 visits. Suicide by solid or liquid includes all suicides where an individual entered liquid into his or her body, such as alcohols (ethanol, butanol, propanol, and methanol), fuel oil, petroleum, pesticides, herbicides, paints, dyes, and glues; or solids such as prescription pills and illegal drugs.

The second most common suicide ER visit was for those involving cutting and piercing instruments, accounting for 25.7% of all suicide-related visits from 2009-2014. The high was 631 visits in 2009 and the low was 553 visits in 2011.

Figure 9. Percentages of Clark County resident visits to the ER for mental health and substance-related disorders by payment source, 2009-2014 (n=351,005).



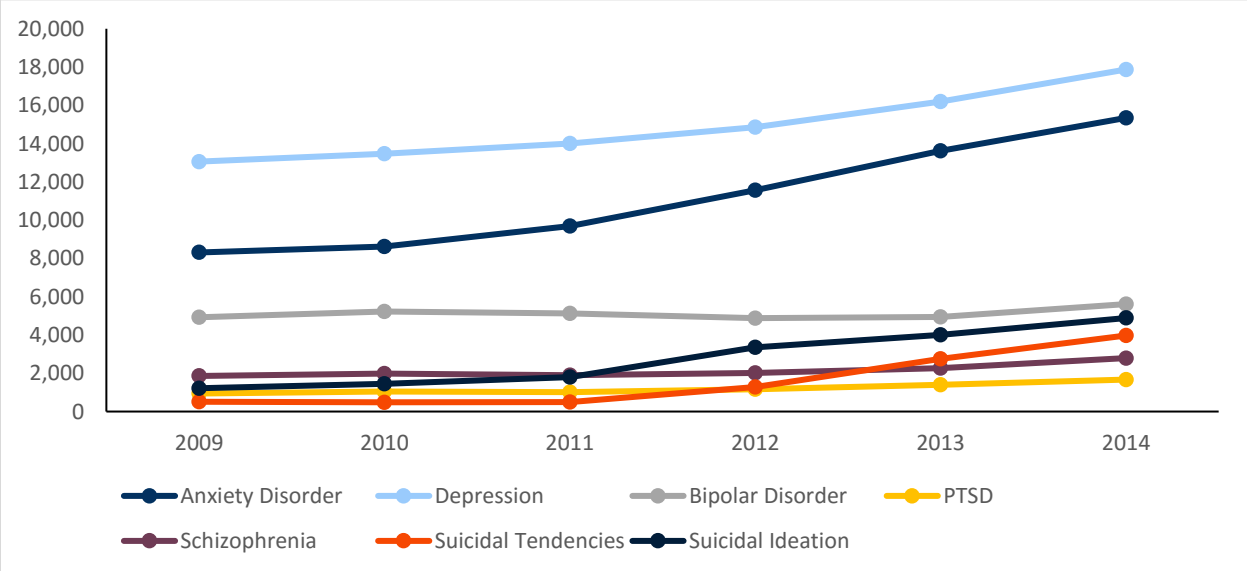
Self-pay accounted for 30.8% of sources of payment for ER visits among Clark County residents with mental health and substance-related disorders. HMO accounted for 15.2% of payment types, Medicare represented 12.5%, Nevada Medicaid represented 11%, and Nevada Medicaid HMO represented 5.9% of total claims. Ten other payment types covered 5% or less individually and 23% of the total.

Hospital Inpatient Admissions

The data provided in this section are from the hospital inpatient billing data, collected by the University of Nevada, Las Vegas, Center for Health Information Analysis (CHIA). The data are based on admissions, not patients, therefore a single person may represent multiple admissions. The inpatient data are broken into three parts: mental conditions (anxiety, PTSD, suicidal ideations, etc.), suicide attempts by method (hanging, jumping, firearms, etc.) and alcohol and drug-related admissions. The same ICD-9 codes were used for analysis as were used in hospital ER visit analysis.

There were a total of 247,518 inpatient admissions related to mental health and substance use disorders among Clark County residents between 2009 and 2014 for the reasons listed above. Since an individual can have more than one diagnosis during a single inpatient admission, the following numbers reflect the number of times a diagnosis was given and therefore the following numbers are not mutually exclusive. Diagnoses related to mental disorders occurred in 179,477 inpatient admissions, there were 56,631 inpatient admissions related to alcohol related issues, 62,566 inpatient admissions for drug-related issues, and 5,119 inpatient admissions with diagnoses codes related to suicide attempts.

Figure 10. Trend of Clark County inpatient admissions for select mental health disorders, 2009-2014.



Depression was the most common mental health disorder for inpatient admissions for Clark County residents between 2009 and 2014, of the admissions from the disorders listed above in Figure 10. Depression inpatient admissions has increased consistently over the four year period, from 13,058 admissions in 2009 to 17,870 in 2014, a 36.9% increase.

Anxiety was the second most common mental health disorder seen in inpatient admissions. Inpatient admissions has increased steadily over the four year period, from 8,311 admissions in 2009 to 15,341 in 2014, an 84.6% increase.

Bipolar disorder is the third most common mental health disorder seen in inpatient admissions among Clark County residents. There was a 14% increase from 2009 to 2014.

Inpatient admissions for suicidal tendencies experienced the greatest percent change from 2009 to 2014 with a 688% increase. The inpatient admission counts increased from 504 in 2009 to 3,972 in 2014. Admissions for suicidal ideation also increased from 1,217 in 2009 to 4,885 in 2014, an increase of 301%.

Table 5. Demographics of Clark County resident inpatient admissions for top four mental health disorders, 2009-2014.

Inpatient	Depression		Anxiety		Bipolar		Suicidal Ideation	
	N	Column %	N	Column %	N	Column %	N	Column %
Sex								
Female	56,540	63.2%	44,576	66.4%	17,855	58.2%	8,068	48.3%
Male	32,919	36.8%	22,580	33.6%	12,845	41.8%	8,643	51.7%
Race								
White	63,619	71.1%	49,038	73.0%	21,221	69.1%	10,365	62.0%
Black	10377	11.6%	7356	11.0%	4648	15.1%	2280	13.6%
Native American	566	0.6%	410	0.6%	687	2.2%	305	1.8%
Asian/Pacific	2337	2.7%	1720	2.6%	512	1.7%	340	2.1%
Hispanic	7,343	8.2%	5751	8.6%	1848	6.0%	1375	8.2%
Other	3748	4.2%	2256	3.4%	1034	3.4%	1598	9.6%
Unknown	1,469	1.6%	625	0.9%	750	2.4%	448	2.7%
Age								
0-14	1812	2.0%	344	0.5%	905	2.9%	1147	6.9%
15-24	7,529	8.4%	2,646	3.9%	3,470	11.3%	3,314	19.8%
25-34	6,202	6.9%	5,284	7.9%	3,490	11.4%	2068	12.4%
35-44	8,801	9.8%	7,364	11.0%	4,837	15.8%	2389	14.3%
45-54	13,825	15.5%	11,752	17.5%	6,860	22.3%	2,972	17.8%
55-64	17,302	19.3%	13,610	20.3%	6,390	20.8%	2657	15.9%
65-74	16,990	19.0%	13,621	20.3%	3361	10.9%	1361	8.1%
75-84	11,360	12.7%	8,687	12.9%	1141	3.7%	564	3.4%
85+	5,638	6.3%	3848	5.7%	246	0.8%	239	1.4%

Females accounted for a greater percent of inpatient admissions over males for most mental health disorders in Clark County, ranging from 48% of admissions for suicidal ideations to 66% of anxiety admissions.

A majority of inpatient admissions were white, with depression admissions (71.1%), anxiety admissions (73%), Bipolar (69.1%) and suicidal ideation (62%).

The largest age group for depression inpatient admissions are those aged 55-64 years old. For anxiety, 55-64 year olds and 65-74 year old ages groups both comprised 20.3% of admissions. The dominant age groups for bipolar inpatient admissions were those aged 45 to 54 years. The largest age group for suicidal ideation were those aged 15-24 years.

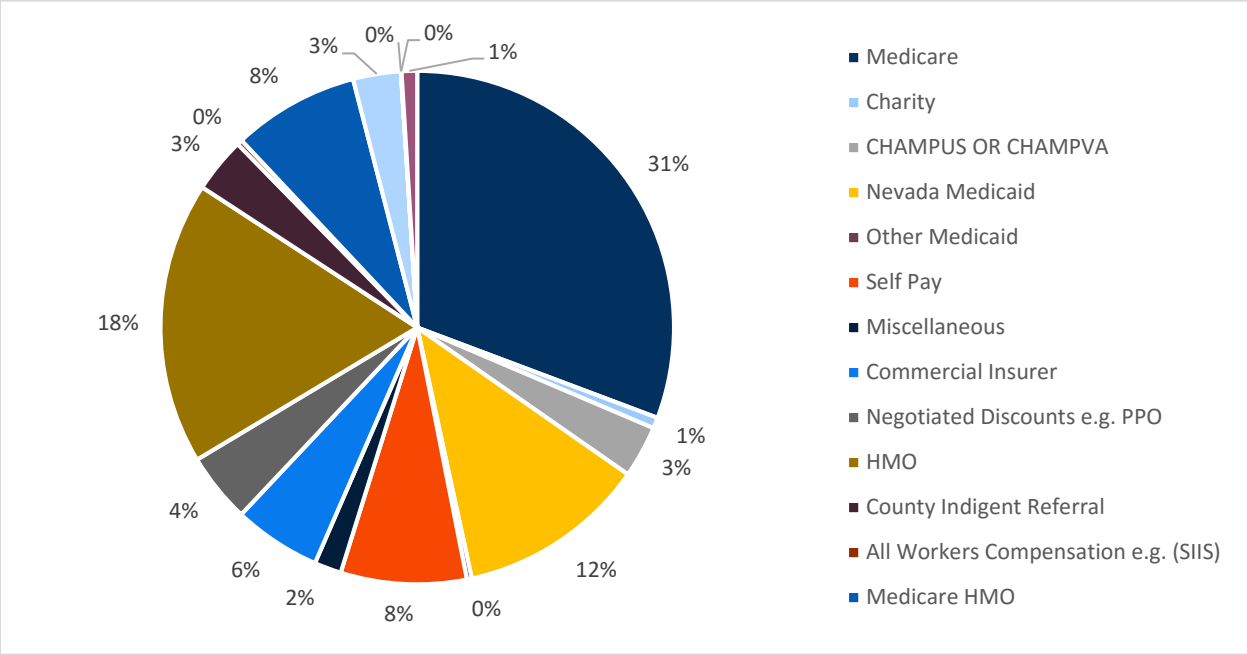
Table 6. Demographics of Clark County residents inpatient admissions by suicide attempts, 2009-2014.

Inpatient	Solid or Liquid		Cutting and Piercing Instrument		Firearms, Air Guns and Explosives	
	N	Column %	N	Column %	N	Column %
Sex						
Female	2533	58.9%	209	40.4%	16	16.3%
Male	1770	41.1%	308	59.6%	82	83.7%
Race						
White	2,867	66.6%	314	60.7%	71	72.4%
Black	383	8.9%	42	8.1%	6	6.1%
Native American	48	1.1%	2	0.4%	1	1.0%
Asian/Pacific	155	3.6%	19	3.7%	1	1.0%
Hispanic	583	13.5%	80	15.5%	15	15.3%
Other	205	4.8%	47	9.1%	2	2.0%
Unknown	62	1.4%	13	2.5%	2	2.0%
Age						
0-14	98	2.3%	27	5.2%	14	13.9%
15-24	851	19.8%	128	24.8%	17	16.8%
25-34	871	20.2%	94	18.2%	14	13.9%
35-44	839	19.5%	87	16.8%	15	14.9%
45-54	797	18.5%	86	16.6%	20	19.8%
55-64	517	12.0%	52	10.1%	8	7.9%
65-74	208	4.8%	20	3.9%	6	5.9%
75-84	83	1.9%	17	3.3%	4	4.0%
85+	39	0.9%	6	1.2%	3	3.0%

Females led in suicide attempts by solid or liquid (58.9%) while males made up 59% of admissions due to suicide attempts by cutting and piercing instrument (59.6%) and by firearms, air guns and explosives (83.7%). Whites represent 66.6% of suicide inpatient admissions by solid or liquid, 60.7% of suicide by cutting and piercing instrument and 72.4% of suicide by firearms, air guns and explosives.

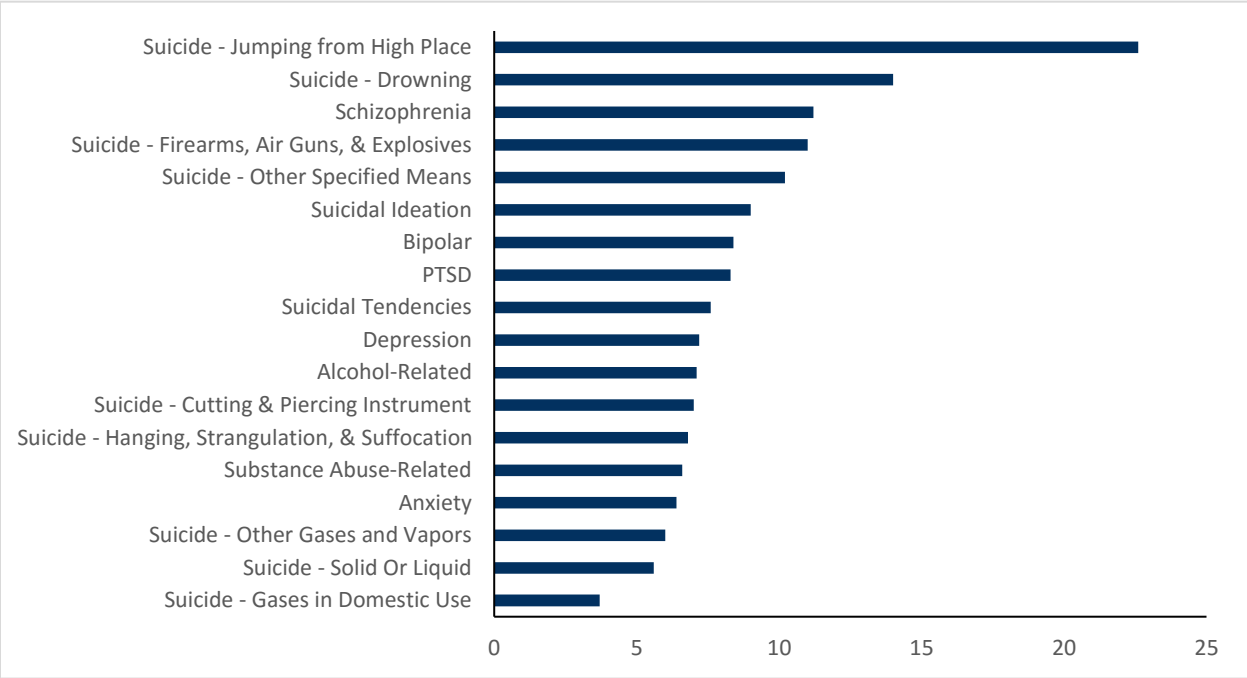
The largest age group representing suicide-related inpatient admissions by solid or liquid is 25 to 34 (20.2%). The age group representing the most admissions due to suicide attempts by cutting and piercing instrument 15-24 age group (24.8%).

Figure 11. Percentages of Clark County resident inpatient admissions for mental health and substance-related disorders by payment type, 2010-2014 (n=247,518).



The most common payment source of mental health and substance-related inpatient admissions for Clark County residents was Medicare (30.1%). HMO accounted for 17.8%, Nevada Medicaid accounted for 11.9%, Medicaid HMO (8%), Self Pay (7.9%) and Commercial Insurer (5.5%). The remaining payment methods each accounted for 5% or less of inpatient admissions.

Figure 12. Average length of stay for Clark County resident inpatient admissions for mental health and substance-related disorders, 2009-2014.



Note: Since an individual can have more than one of the above diagnoses during an inpatient admission, a single hospitalization may be included in multiple categories, and would contribute to the average length of stay in each of these categories.

From 2009 to 2015, inpatient admissions for suicide attempts by jumping had the longest average length of stay at 22.6 days. Suicide attempts by drowning had an average length of stay of 14 days, Schizophrenia 11.2 days, suicide attempt by firearm, air gun or explosive 11 days, and suicide attempt by other or unspecified means 10.2 days round out the top 5.

Substance Abuse Treatment Facilities

The data in this section is reflective of services received by Clark County residents at treatment facilities funded by the DPBH's Substance Abuse Treatment and Prevention Agency (SAPTA). This is not a comprehensive accounting of all Clark County residents who receive substance use treatment. The data are based on admissions, not patients, therefore a single person may represent multiple admissions.

Table 7. Top 5 substances by admissions to Nevada substance abuse treatment facilities, Clark County **residents, 2010-2014.**

Clark County (2014 Only)		
Rank	**Substance**	**Percent**
1	Alcohol	29.9%
2	Amphetamines/Methamphetamines	28.4%
3	Heroin	14.5%
4	Marijuana/Hashish	12.6%
5	Other Opiates/Synthetic Opiates	6.4%

Of the Clark County residents who received substance abuse treatment services from a SAPTA provider in 2014, alcohol was the most common substance abused (29.9%), followed closely by amphetamines/methamphetamines (28.4%), heroin (14.5%), and marijuana (12.6%) and other opiates (6.4%). It is highly important to ensure that appropriate detoxification services are provided to persons who are under the influence of a substance. Many of the substances will cause withdrawal that can range from anxiety, hallucinations, seizures or even death.

Figure 13. Trends of Clark County residents in Nevada State funded substance abuse treatment facilities by select substances, 2010-2014.

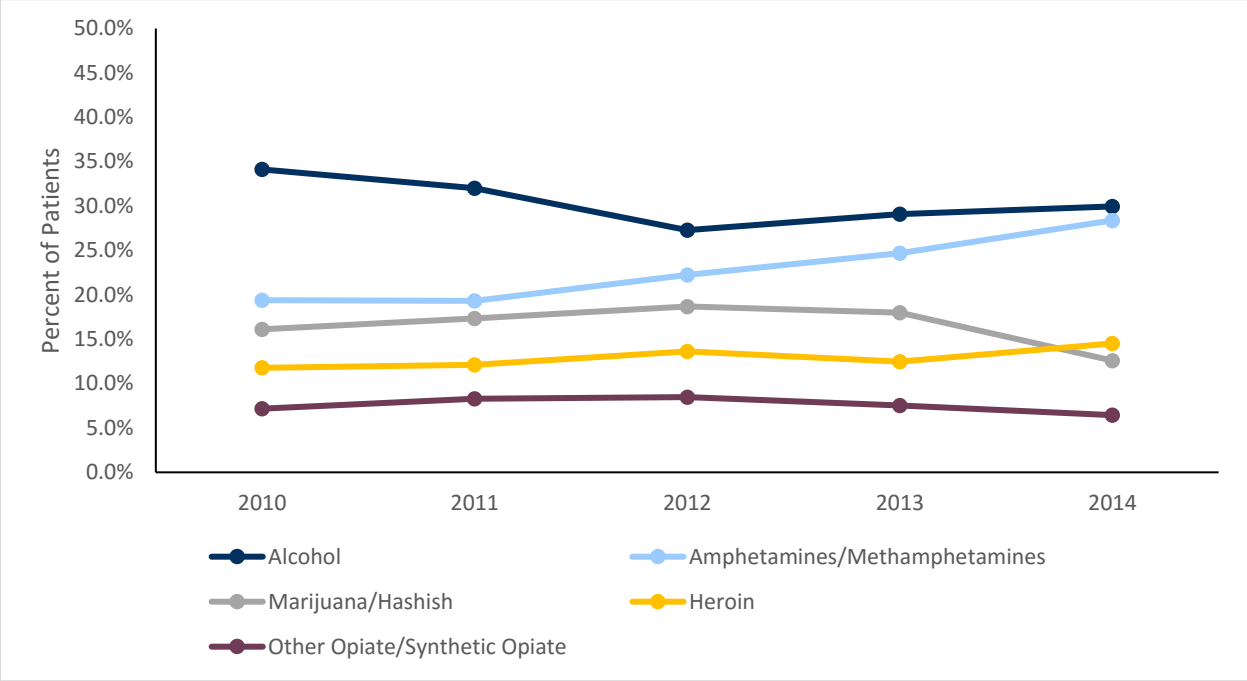


Figure 13 shows the percentages of the top five most common substances of Clark County patients admitted into a treatment facility for that substance. Alcohol is the dominant substance seen in treatment facilities in Clark County with a low of 27.3% of patients seeking treatment at a SAPTA-funded treatment facility in 2012 and a high of 34.1% of patients in 2010.

The percentage of patients seeking treatment for Meth-/Amphetamines abuse in Clark county peaked in 2014 (28.4%).

Percentages of patients seeking treatment for Marijuana peaked for Clark County in 2012 (18.7%).

Percentages of patients seeking treatment for heroin peaked for Clark County in 2014 (14.5). Treatment for other opiates peaked in 2012 for Clark County (8.5%).

Table 8. Demographics of Clark County residents in Nevada substance abuse treatment facilities, 2010-2014.

	N	Column %
Sex		
Female	8,680	35.1%
Male	16,026	64.9%
Age		
0-14	323	1.3%
15-24	6,447	26.1%
25-34	7,040	28.5%
35-44	4,989	20.2%
45-54	4,342	17.6%
55-64	1,454	5.9%
65+	111	0.4%
Unknown	-	0.0%
Race/Ethnicity		
White non-Hispanic	12,472	50.5%
Black non-Hispanic	4,376	17.7%
Hispanic	5,492	22.2%
American Indian/Native Am/Alaska Native non-Hispanic	289	1.2%
Asian, Hawaiian, PI non-Hispanic	495	2.0%
Other/Unknown	1,582	6.4%
Tobacco Use		
Yes	13,842	56.0%
No	8,399	34.0%
Unknown	2,284	9.2%

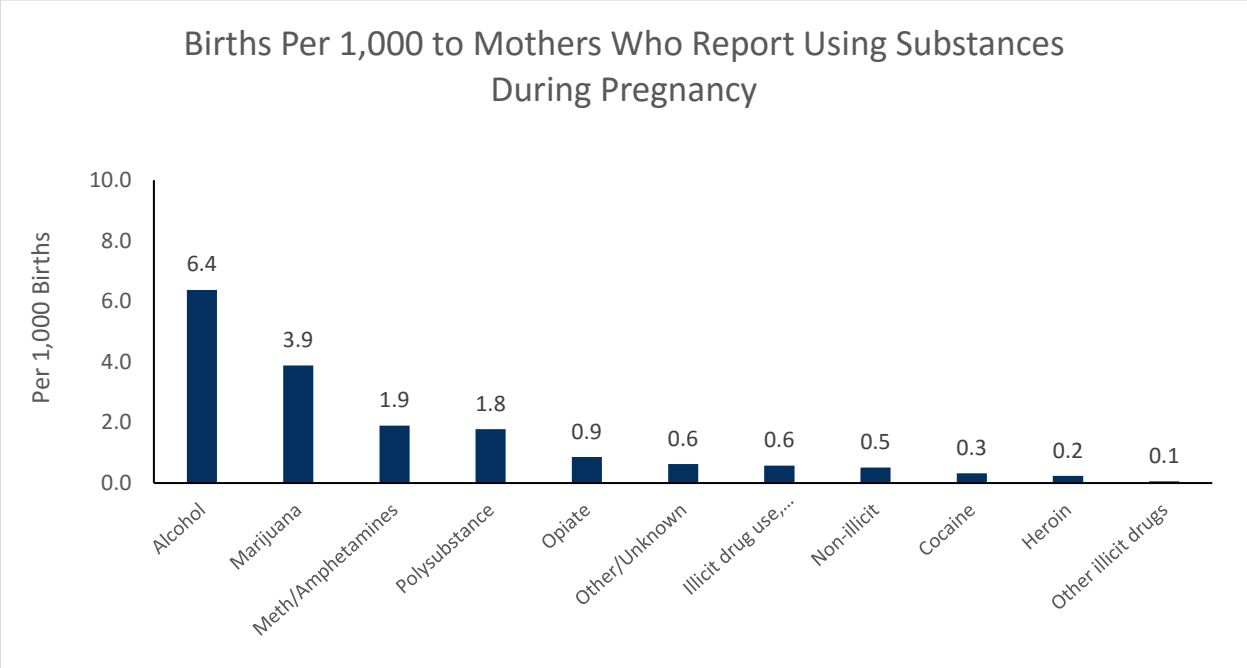
There were a total of 24,706 admissions for Clark County residents to Nevada state funded substance abuse treatment facilities from 2010-2014. This number is exclusive to SAPTA-funded facilities and does not include privately funded facilities. By age group, the most common groups that received treatment were between 25 to 34 years (28.5%). More than half were male patients (64.9%). For race/ethnicity, white non-Hispanics made up the largest proportion of admissions, with 50.5%. Tobacco use was indicated on 56% of admissions.

Since this data is exclusive to only SAPTA-funded providers, the data may not reflect statewide trends.

Prenatal Substance Use

The data in this section is reflective of self-reported information provided by the mother on the birth record.

Figure 14. Prenatal substance abuse birth rate (self-reported), PACT Coalition, 2010-2014.

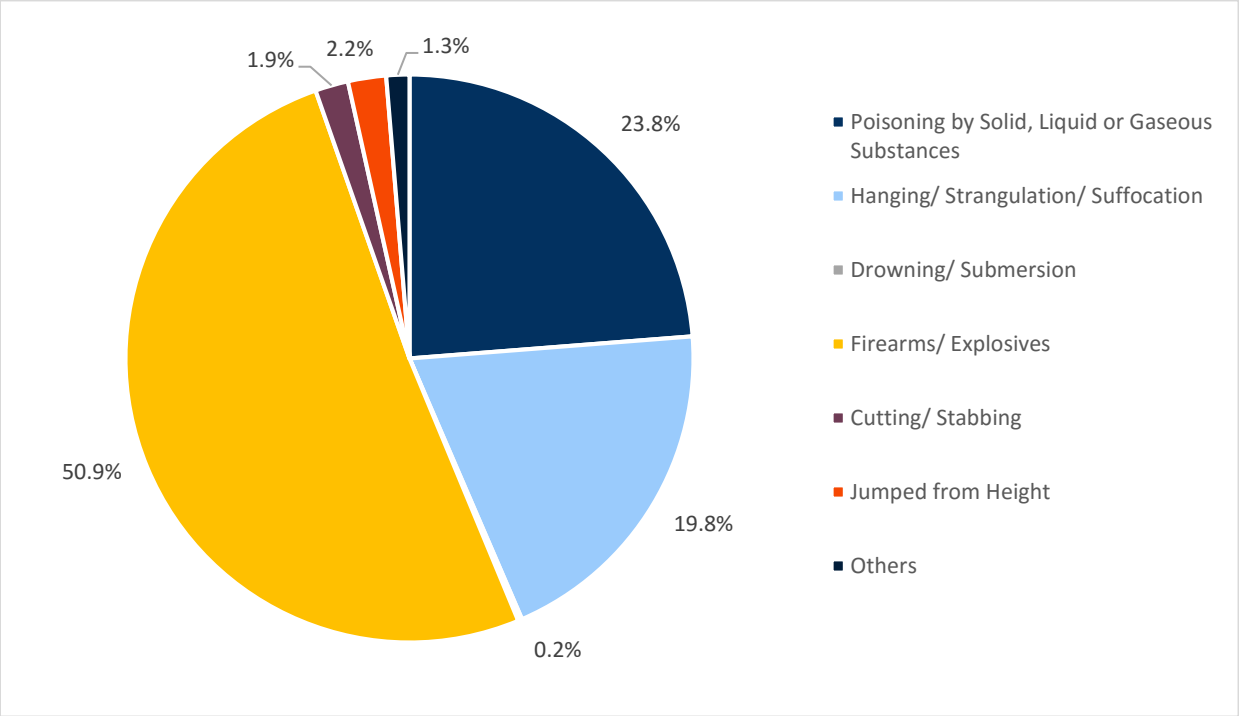


Of the PACT Coalition mothers who gave birth between 2010 and 2014 that self-reported using a substance while pregnant, alcohol has the highest prenatal substance abuse birth rate at 6.4 per 1,000 births. A rate of 3.9 per 1,000 self-reported using marijuana, 1.9 per 1,000 reported using methamphetamines, and 1.8 per 1,000 births reported using polysubstance. These numbers are grossly underestimated because data is self-reported by the mothers, and they may be reluctant to be forthcoming on the birth record for many reasons.

Mental and Substance Abuse Deaths

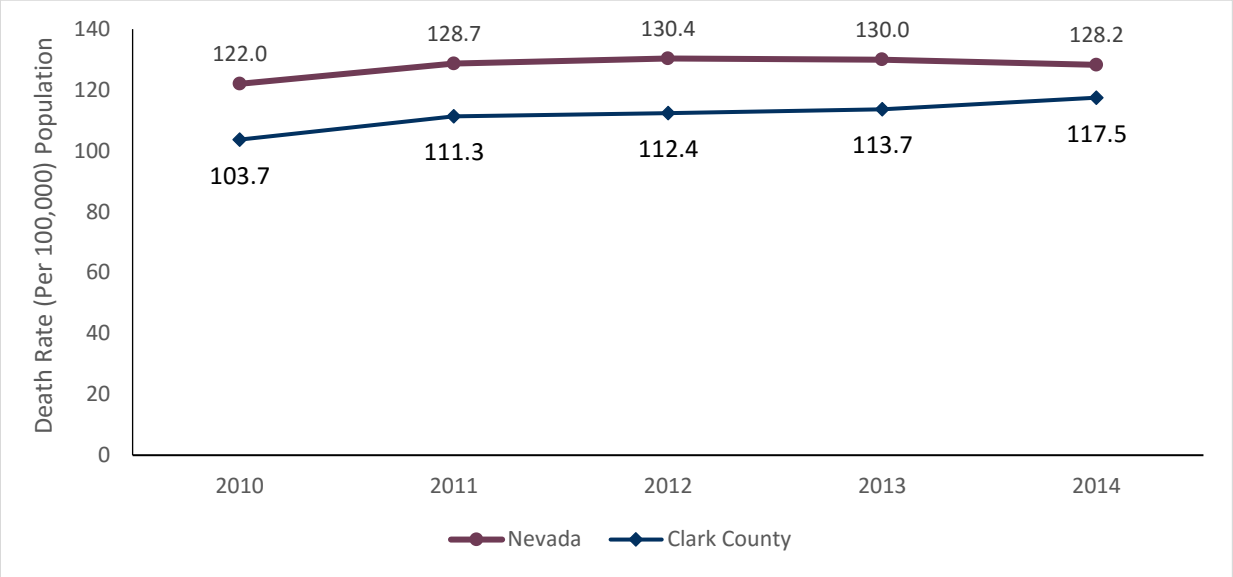
The data in this section are from the electronic death registry at DPBH. The Substance Abuse and Mental Health Service Administration (SAMHSA) reports suicide and mental illness are highly correlated with as many as 90% of those persons who die of suicide completion having a diagnosable mental illness.

Figure 15. Immediate cause of death by suicide, Clark County, 2010-2014 (n=1,751).



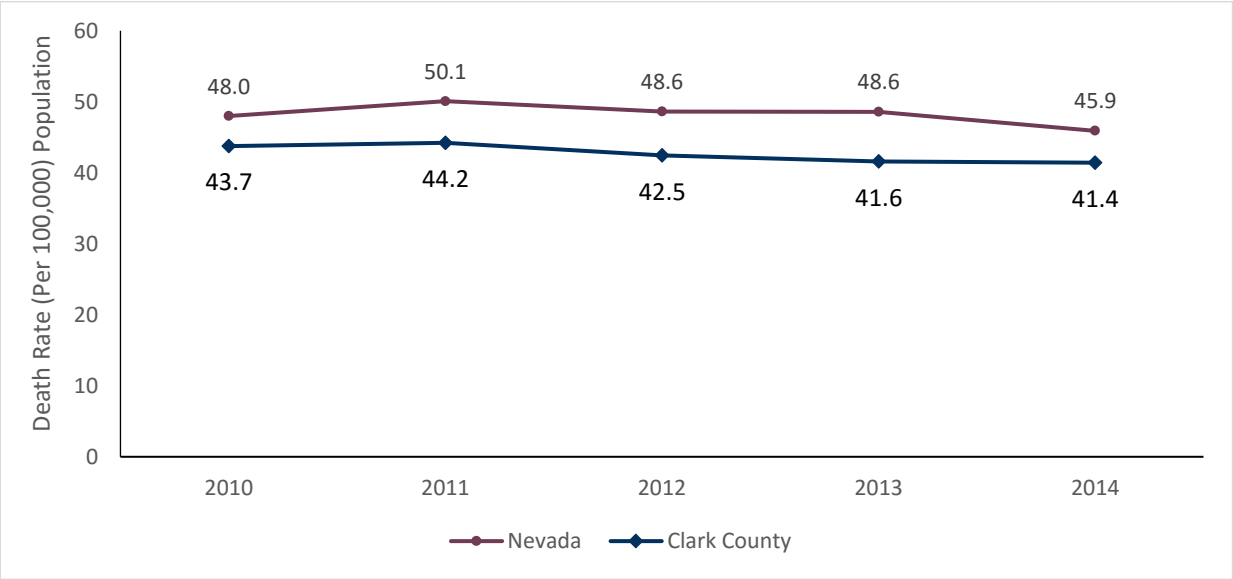
Among Clark County residents who died of a suicide between 2010 and 2014, the most common method of suicide was firearms/explosives (50.9%), followed by poisoning solid, liquid or gaseous substance (23.8%), hanging/strangulation/suffocation (19.8%), jumping (2.2%), cutting/stabbing (1.9%) and other forms of suicide (1.3%).

Figure 16. Trend of Mental and Behavioral Disorders Deaths, Clark County, 2010-2014.



Clark County's death rate for mental and behavioral related deaths in 2010 was 103.7 per 100,000. This means that for every 100,000 deaths, around 103.7 deaths are primarily related to mental and behavioral health disorders. There was an overall percent increase of 13.3% between 2010 and 2014 when the rate rose to 117.5. Overall, Clark County mental and behavioral related death rate is lower than the Nevada average.

Figure 17. Trend of substance-related deaths, Clark County, 2010-2014.



There were 4,273 substance-related deaths in Clark County between 2010 and 2014. Between 2010 and 2014 the rate decreased from 43.7 deaths per 100,000 to 41.4 deaths per 100,000. Clark County's combined substance-related death rates are lower than Nevada's rate every year between 2010 and 2014.

Table 9. Demographics of Substance Related Deaths, Clark County, 2010-2014.

	N	Column %
Sex		
Female	1,534	35.9%
Male	2,739	64.1%
Race		
White	3,254	76.2%
Black	378	8.8%
Native American	33	0.8%
Hispanic	463	10.8%
Asian/Pacific	97	2.3%
Other	3	0.1%
Unknown	45	1.1%
Age		
<1	12	0.3%
1-4	8	0.2%
5-14	6	0.1%
15-24	218	5.1%
25-34	468	11.0%
35-44	699	16.4%
45-54	1,230	28.8%
55-64	1,019	23.8%
65-74	441	10.3%
75-84	128	3.0%
85+	43	1.0%

In Clark County, the most common demographic groups to die of a substance-related death included: males (64.1%), Whites (76.2%), and those aged 45 to 54 years of age (28.8%).

Syndromic Surveillance

The data contained in this section came from DPBH's BioSense, a syndromic surveillance system that tracks chief complaints in emergency departments, and the National Emergency Medical Services Information System (NEMSIS).

Table 10. BioSense: Mental health and substance-related chief complaints at select PACT Coalition facilities, patient demographics, January 1, 2011-November 6, 2015.

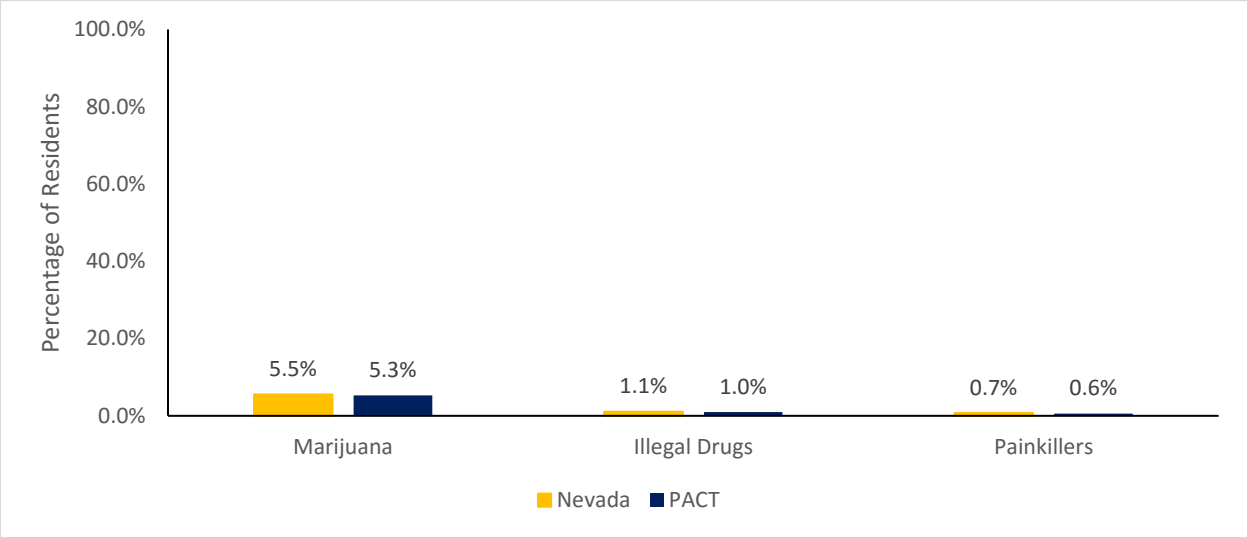
	N	Percent
Sex		
Female	16,216	46.5%
Male	18,664	53.5%
Unknown	1	0.0%
Age		
Under 13	319	0.9%
14-19	1,661	4.8%
20-29	11,486	32.9%
30-39	7,664	22.0%
40-49	5,621	16.1%
50-59	4,549	13.0%
60+	3,373	9.7%
Unknown	208	0.6%

There were slightly more male (53.5%) than female (46.5%) patients among mental health and substance-related chief complaints in the PACT Coalition. The largest age group among patients were those aged 20-29 (32.9%). Not enough information was available to provide race/ethnicity patient demographics.

Behavioral Risk Factor Surveillance System

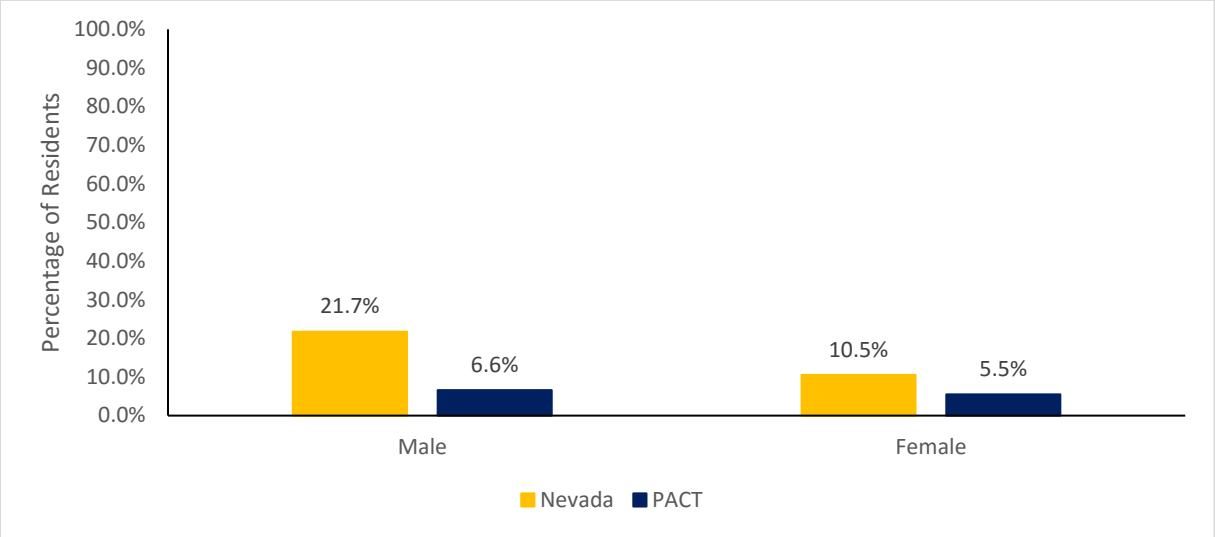
Data in this section are from Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS collects data for adults aged 18 years and older. It allows for representative data to be analyzed at the county-level for many indicators.

Figure 18. 2011-2014 BRFSS: Percentage of adult PACT Coalition residents who used illegal substances, or painkillers 'to get high,' in the last 30 days (aggregate 2011-2014 data).



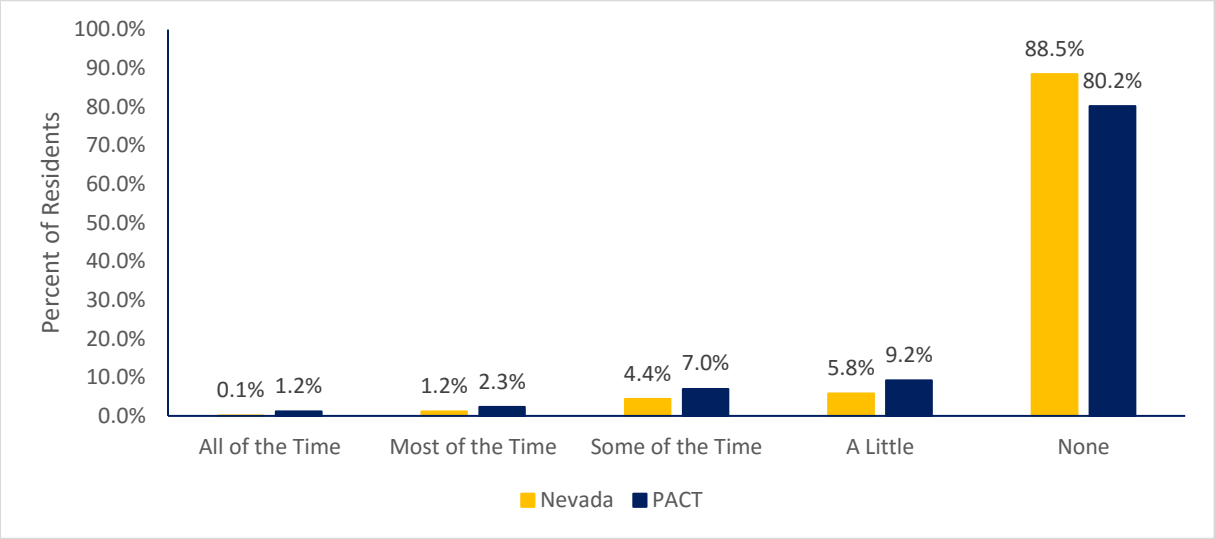
Although 5.5% of adults in Nevada reported using marijuana illegally in the last 30 days, 5.3% of adults in PACT Coalition reported doing the same.

Figure 19. 2011-2014 BRFSS: Percentages of adult PACT Coalition residents who are considered "heavy drinkers" - more than one drink (females) or two drinks (males) per day.



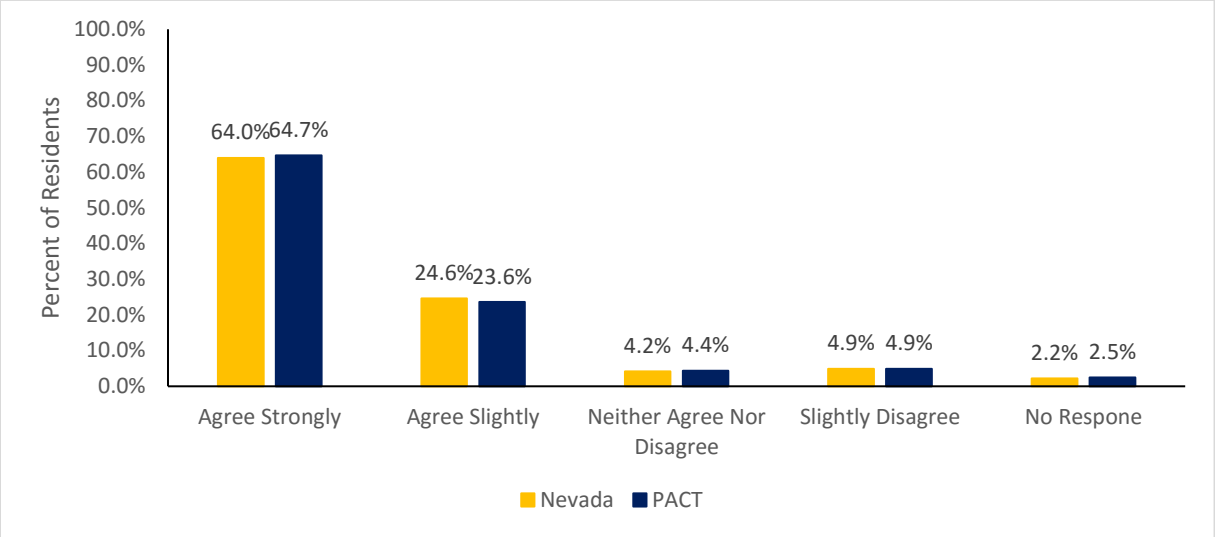
Nevada adult males and females more often reported being heavy drinkers compared to males and females in the PACT Coalition. Heavy drinking consists of males consuming more than two alcoholic beverages a day and females consuming more than one alcoholic beverage a day.

Figure 20. Percentages of how often adult PACT Coalition residents have felt depressed in the past 30 days, 2012-2014.



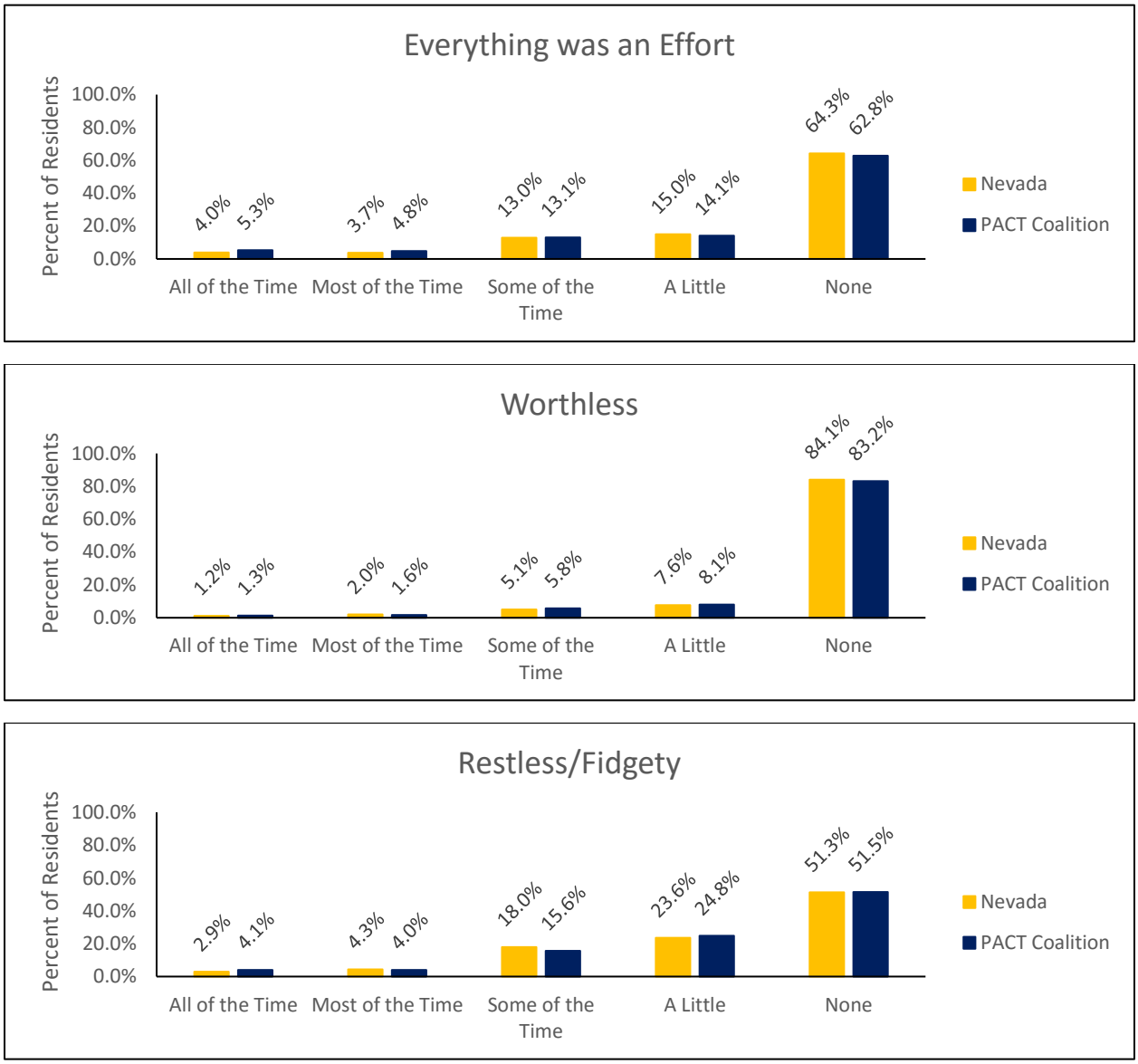
From 2012 to 2014, adult residents in Nevada (88.5%) reported not experiencing depression in the last 30 days more often than residents in the PACT Coalition (80.2%). PACT Coalition residents reported experiencing depression more often in all categories compared to all Nevada residents.

Figure 21. 2012-2014 BRFSS: Percentages of adult PACT Coalition residents who agree that with treatment, people with a mental illness can live normal lives.



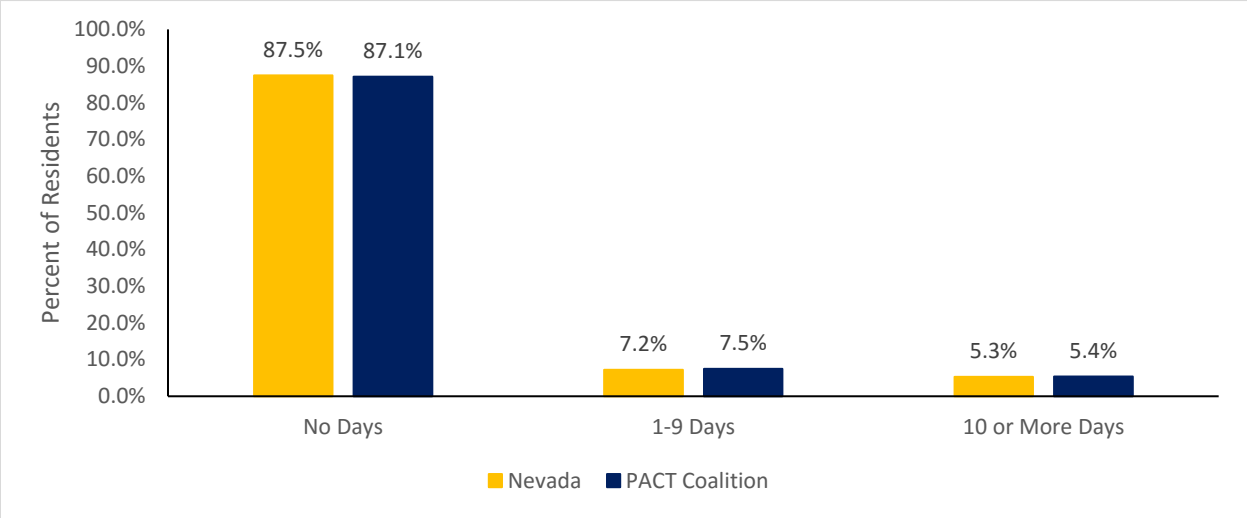
From 2012 to 2014, BRFSS data was collected on perception related to the efficacy of mental health treatment. In the PACT Coalition, approximately 88.3% of adults agreed in some capacity that those with mental disorders can live a normal life with treatment. Approximately 7.4% of adults disagree that those with mental disorders could live a normal life.

Figure 22. 2012-2014 BRFSS: Percentages of adult PACT Coalition residents who have experienced the following mental health concerns in the past 30 days.



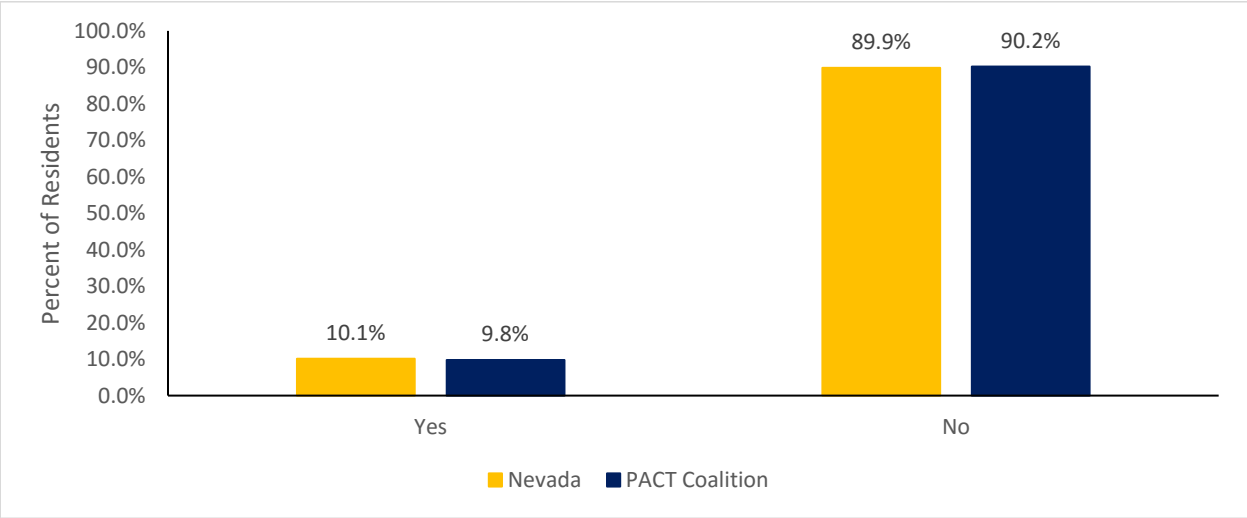
There are a number of BRFSS questions that collect data on feelings/emotions. From 2012 to 2014, 37% of adults in the PACT Coalition reported feeling everything they did took effort, 17% felt worthless, and 49% felt restless and or fidgety.

Figure 23. 2012-2014 BRFSS: Percentages of adult PACT Coalition residents who experienced that a mental health condition or emotional problem kept them from doing their work or other usual activities, by number of days.



PACT Coalition residents were asked how many days, if any, did a mental health condition or emotional problem kept them from doing their work duties or other usual activities. Approximately 87% reported missing no days of work or activities, 8% experiencing missing one to nine days, and 5% missed 10 or more days.

Figure 24. 2012-2014 BRFSS: Percentages of adult PACT Coalition residents who are taking medication or receiving treatment for any type of mental health condition or emotional problem.

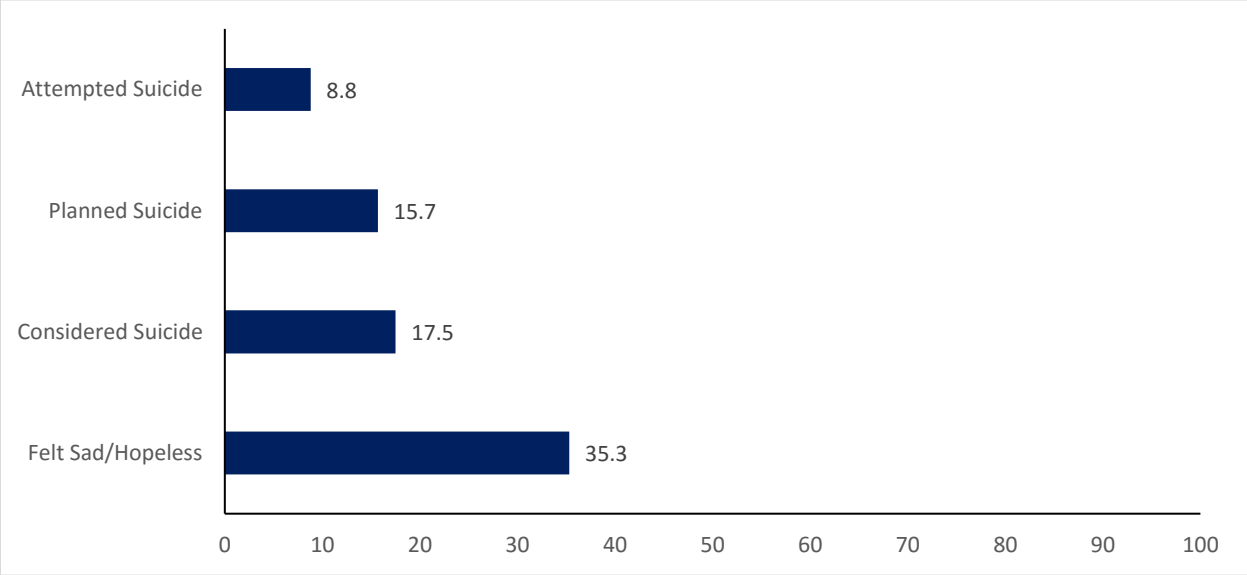


PACT Coalition residents were asked if they were taking medication or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem. Approximately 90% reported that they were not.

Youth Risk Behavior Surveillance System

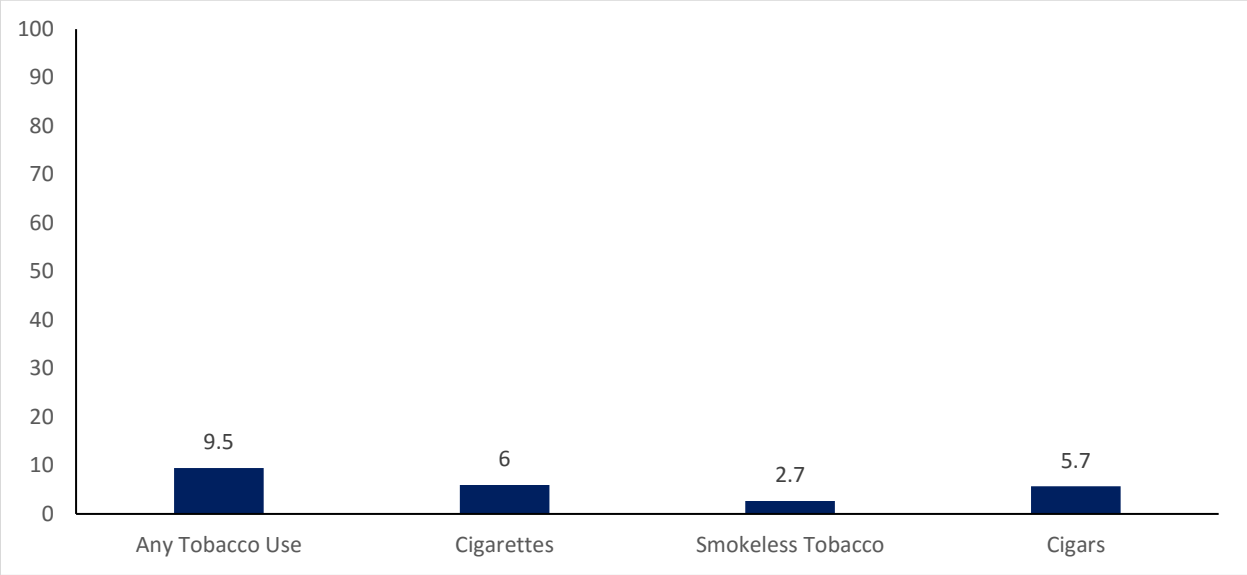
The data in this section is provided through a survey from the Youth Risk Behavioral Surveillance System (YRBSS) at a regional level for the PACT Coalition. YRBSS is a national surveillance system that was established in 1991 by the Centers for Disease Control (CDC) and Prevention to monitor the prevalence of health risk behaviors among youth. It is an anonymous and voluntary survey of students in grades 9 through 12.

Figure 25. Percentages of high school students mental health status (last 12 months), PACT Coalition, 2015.



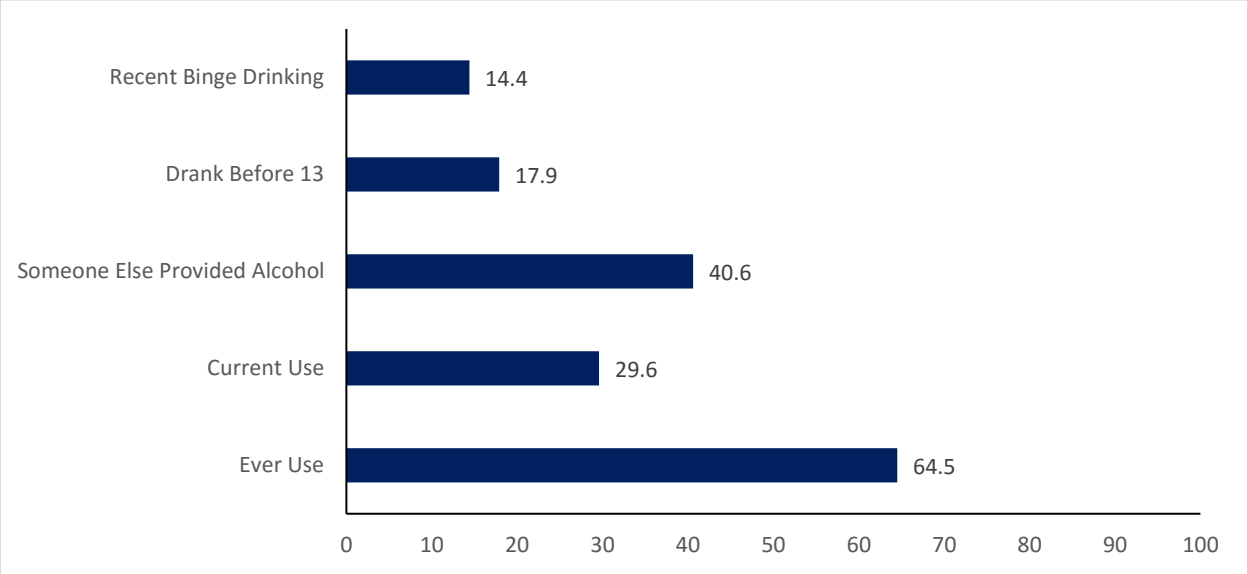
Approximately 35% of PACT Coalition high school students have felt sad or hopeless in the last 12 months. About 18% of students have considered suicide, while 16% have actually planned their suicide. 9% of high school students have actually attempted suicide.

Figure 26. Percentages of High School Students Current Tobacco Use, PACT Coalition, 2015.



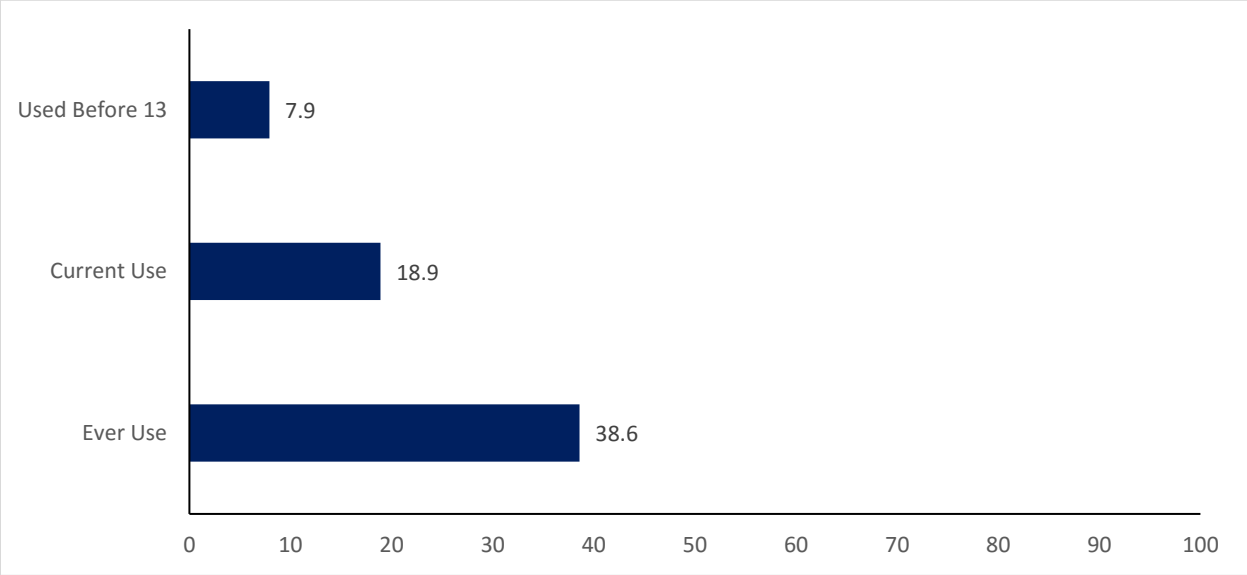
Around 9.5% of high school students in PACT Coalition are currently using tobacco. About 6.0% of these high school students smoke cigarettes, while 5.7% are currently smoking cigars. About 2.7% are using smokeless tobacco products.

Figure 27. Percentages of High School Students - Alcohol Behavior Summary, PACT Coalition, 2015.



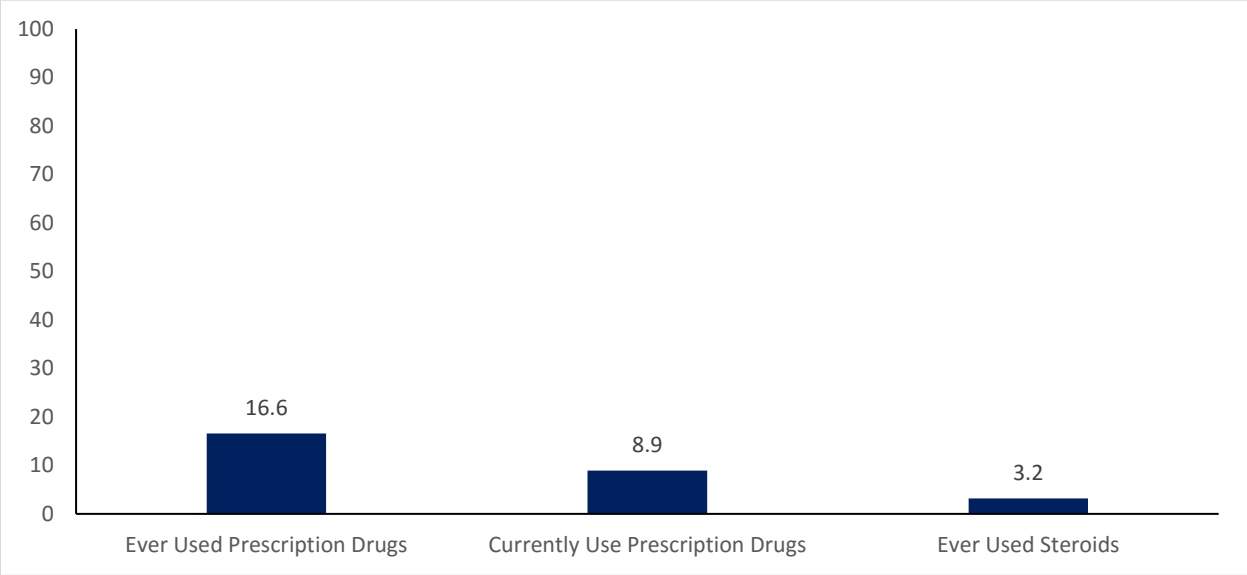
Approximately 64.5% of high school students in PACT Coalition have had at least one drink of alcohol (more than a few sips). About 29.6% of high school students currently drink. Nearly 41% of high schools students had alcohol provided to them by someone else. About 17.9% of high school students had alcohol before the age of 13 years, and approximately 14% of students had a recent binge drinking experience (had at least 5 drinks in a couple of hours in the past 30 days).

Figure 28. Percentages of High School Students - Marijuana Behavior Summary, PACT Coalition, 2015.



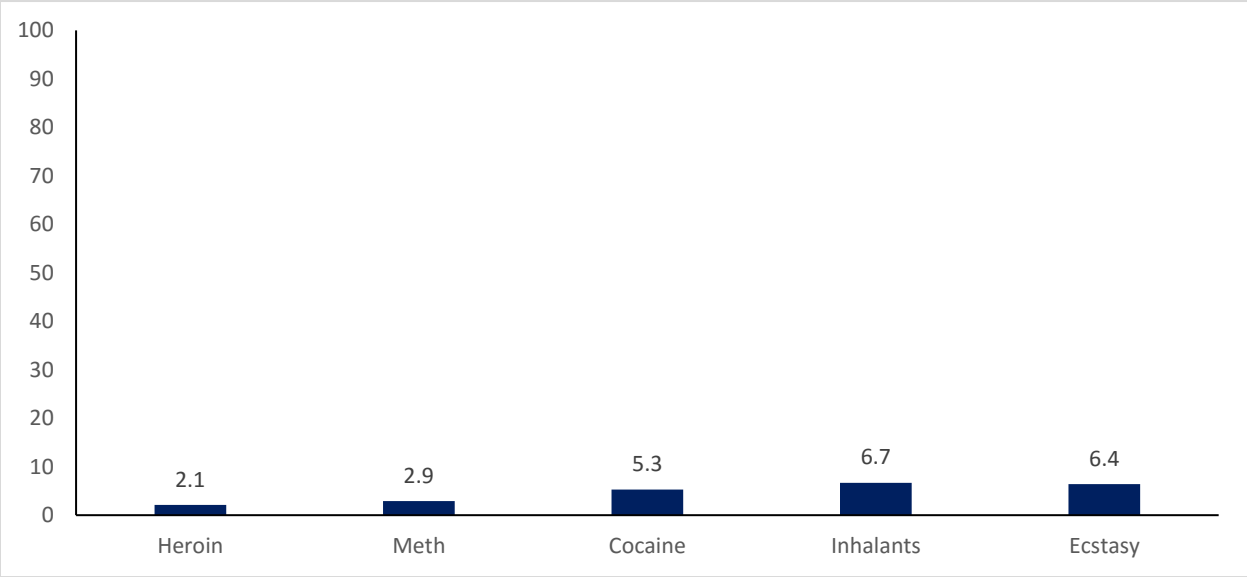
Approximately 39% of high school students in PACT Coalition reported trying marijuana, and 19% are currently using. Approximately 8% of high school students have tried marijuana before the age of 13 years.

Figure 29. Percentages of High School Students Nonprescription Substance Use Summary, PACT Coalition, 2015.



Approximately 17% of high school students have already tried prescription drugs that were not prescribed to them in their lifetime and 9% reported current prescription drug use. About 3% have tried non-prescribed steroids.

Figure 30. Percentages of High School Students - Substance Abuse Summary, PACT Coalition, 2015.

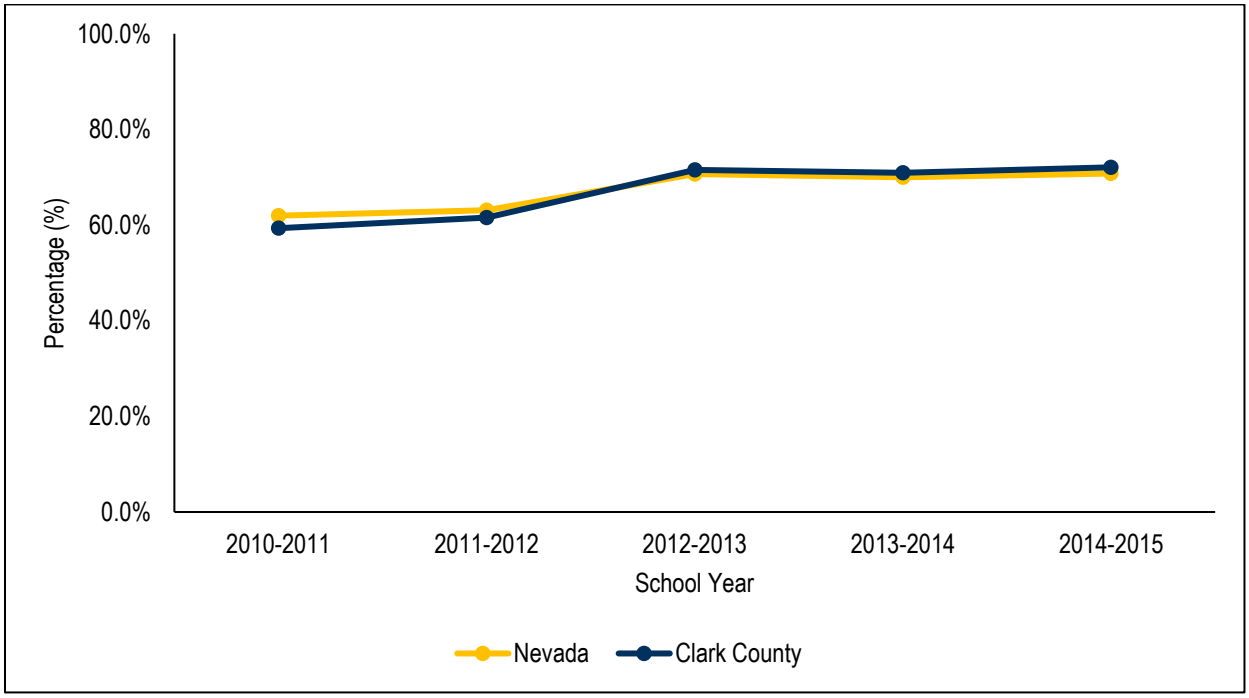


In terms of substance abuse among high school students in PACT Coalition, 6.7% have used inhalants, 6.4% have used ecstasy, 5.3% have used cocaine, 2.9% have used meth and 2.1% have reported using heroin.

School Success

When students' behavioral health needs are not identified, they are more likely to experience difficulties in school, including higher rates of suspensions, expulsions, dropouts, and truancy, as well as lower grades. Nationally, 50% of students age 14 and older who are living with a mental illness drop out of high school. This is the highest dropout rate of any disability group.

Figure 31. High School Graduation Rates, Clark County, 2011 – 2015 by Class Cohort.



Similar to Nevada, graduation rates have increased in Clark County from 2010-2011 class cohort to the 2014-2015 class cohort. Graduation rates in Clark County were lower than the state average for 2010-2011 and 2011-2012 cohorts but higher for all other cohorts.

Conclusion

This report is intended to provide an overview of behavioral health in Clark County, Nevada and the PACT Coalition. The analysis could be used to identify issues of concern and areas that may need to be addressed.

One finding is the number of visits to the ER by residents of Clark County for most mental disorders, and alcohol and drug-related issues have all increased during the time period from 2009 to 2014. Visits for anxiety had a percent change of 112%, the largest increase among the seven disorders. The ER visits for mental health disorders and treatment in SAPTA facilities appear to be sex-specific. For example, females made up a majority of ER visits for anxiety, depression, and bipolar disorder, while males made up the majority of ER visits for schizophrenia.

The trend for death rates in mental and behavioral health-related deaths has slightly increased from 2009 to 2014. Similar to Nevada, mental and behavioral health-related deaths has increased from 103.7 to 117.5 deaths per 100,000 in Clark County.

For more information and additional publications, please visit Nevada Division of Public and Behavioral Health at http://dpbh.nv.gov/.