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2020 Clark County Behavioral Health Profile

*Clark County
February 2021*

Office of Analytics on behalf of



Nevada Department of Health and Human Services

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH



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Clark County Behavioral Health Epidemiologic Profile

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Data Sources/Limitations/Terminology

Age-Adjusted Rates

A rate is a measure of the frequency of a specific event over a given period of time, divided by the total number of people within the population over the same period of time. An age-adjusted rate is a rate that has been adjusted, or weighted, to the same age distribution as a “standard” population. Throughout this report, rates are adjusted to the 11 standard age groups of the U.S. population in the year 2000 (Census table P25-1130). Rates are age-adjusted in order to eliminate any potential confounding effects, or biases, that may be a result of health factors that are associated with specific ages.

Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, chronic health conditions, and use of preventive services. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. For many states, the BRFSS is the only available source of timely and accurate data on health-related behaviors. The survey consists of a set of federally grant funded core questions and states may include and pay for their own questions in the survey. While the survey’s focus is chronic disease and injury, topics covered by the survey include car safety, obesity, and exercise among many others. Since state-added questions are not asked nationwide, these questions are not comparable.

Crude Rates

The crude rate is the frequency with which an event or circumstance occurs per unit of population.

Hospital Billing Data (Emergency Department Encounter and Inpatient Admissions)

The hospital billing data provides health billing data for emergency department encounters and inpatient admissions for Nevada’s non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada report information as prescribed by the director of the Department of Health and Human Services. The data are collected using a standard universal billing form. The data includes demographics such as age, gender, race/ethnicity, and uses International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnoses codes and International Classification of Diseases-10-Clinical Modification (ICD-10-CM) diagnoses. ICD-10-CM diagnoses codes replaced ICD-9-CM diagnoses codes in the last quarter of 2015. Therefore, data prior to last quarter in 2015 may not be directly comparable to data thereafter. In addition, the data includes billed hospital charges, procedure codes, discharge status, and external cause of injury codes. The billing information is for billed charges and not the actual payment received by the hospital.

Nevada Report Card

The Nevada Report Card is the accountability reporting website of the Nevada Department of Education. In compliance with federal and state law, it assists community members (parents, educators, researchers, lawmakers, etc.) in locating a wealth of detailed information pertaining to K-12 public education in Nevada. The web site has three categories: “school and district information,” “assessment and accountability” and “fiscal and technology.”

Nevada State Demographer

The Nevada State Demographer's office is funded by the Nevada Department of Taxation and is part of the Nevada Small Business Development Center. It is responsible for conducting annual population estimates for Nevada's counties, cities, and towns.

State-Funded Mental Health Services (Avatar)

Avatar is a database containing demographic, treatment, billing, and financial information for Nevada mental health facilities throughout the state of Nevada. These data are representative of Nevada state-operated mental health facilities and are not generalizable to the rest of the population.

Substance Abuse and Mental Health Data

The National Survey of Drug Use and Health (NSDUH) is a survey on the use of illicit drugs, alcohol, tobacco, and mental health issues in the United States. The study includes those who are 12 years of age or older at the time of the survey. For more information on the survey: [SAMHSA](#).

United States Census Bureau

The United States Census Bureau is responsible for the United States Census, the official decennial (10-year period) count of people living in the United States of America. Collected data are disseminated through web browser-based tools like the American Community Survey, which provides quick facts on frequently requested data collected from population estimates, census counts, and surveys of population and housing for the nation, states, counties, and large cities. The Bureau also offers the American Fact Finder, which profiles the American population and economy every five years.

Web-Enabled Vital Records Registry Systems (WEVRRS)

Statewide births and deaths are collected by the Office of Vital Records, in the Division of Public and Behavioral Health. WEVRRS is a software utilized by physicians, registered nurses, midwives, informants or funeral directors, and other individuals to collect and consolidate birth and death-related information.

Youth Risk Behavior Survey (YRBS)

The purpose of the YRBS is to provide Nevada data to assess trends in priority health-risk behaviors among high school students, measure progress toward achieving national health objectives for Healthy People 2020 and other program and policy indicators and evaluate the impact of broad school and community interventions at the national, state, and local level. The YRBS is a biennial, anonymous, and voluntary survey of students in 9th through 12th grade in traditional, public high schools that monitors the prevalence of health risk behaviors among youth. The survey asks students to self-report their behaviors in six major areas of health that directly lead to morbidity and mortality; these include: (1) Behaviors that contribute to unintentional injuries and violence; (2) Sexual behaviors that contribute to human immunodeficiency virus (HIV) infection, other sexually transmitted diseases, and unintended pregnancy; (3) Tobacco use; (4) Alcohol and other drug use; (5) Unhealthy dietary behaviors; and (6) Physical inactivity. For more information on YRBS: [UNR YRBS](#).

Purpose

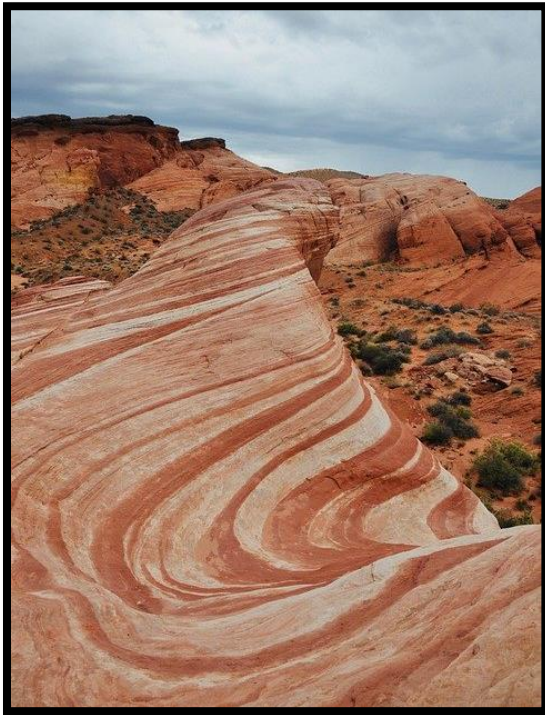
This report is intended to provide an overview of behavioral health in Nevada for the prevention coalitions, public health authorities, Nevada legislators, behavioral health boards, and the public. The analysis can be used to identify issues of concern and areas that may need to be addressed.

Demographic Snapshot

Figure 1. Selected Demographics for Clark County.

Population, 2019 estimate*	2,282,226
Population, 2010 estimate*	1,959,491
Population, percentage change*	16.5%
Male persons, 2019 estimate*	1,140,743 (50.0%)
Female persons, 2019 estimate*	1,141,483 (50.0%)
Median household income (2019), Clark County, 2019**	\$62,107
Per capita income in the past 12 months, Clark County, 2019**	\$32,511
Persons in poverty, percent, Clark County, 2019**	13.7%
With a disability, under the age 65 years, percent, Nevada (2015-2019), 2019**	7.0%
Land area (square miles), 2019**	7,889.6

Source: *Nevada State Demographer, vintage 2019 and **US Census Bureau.

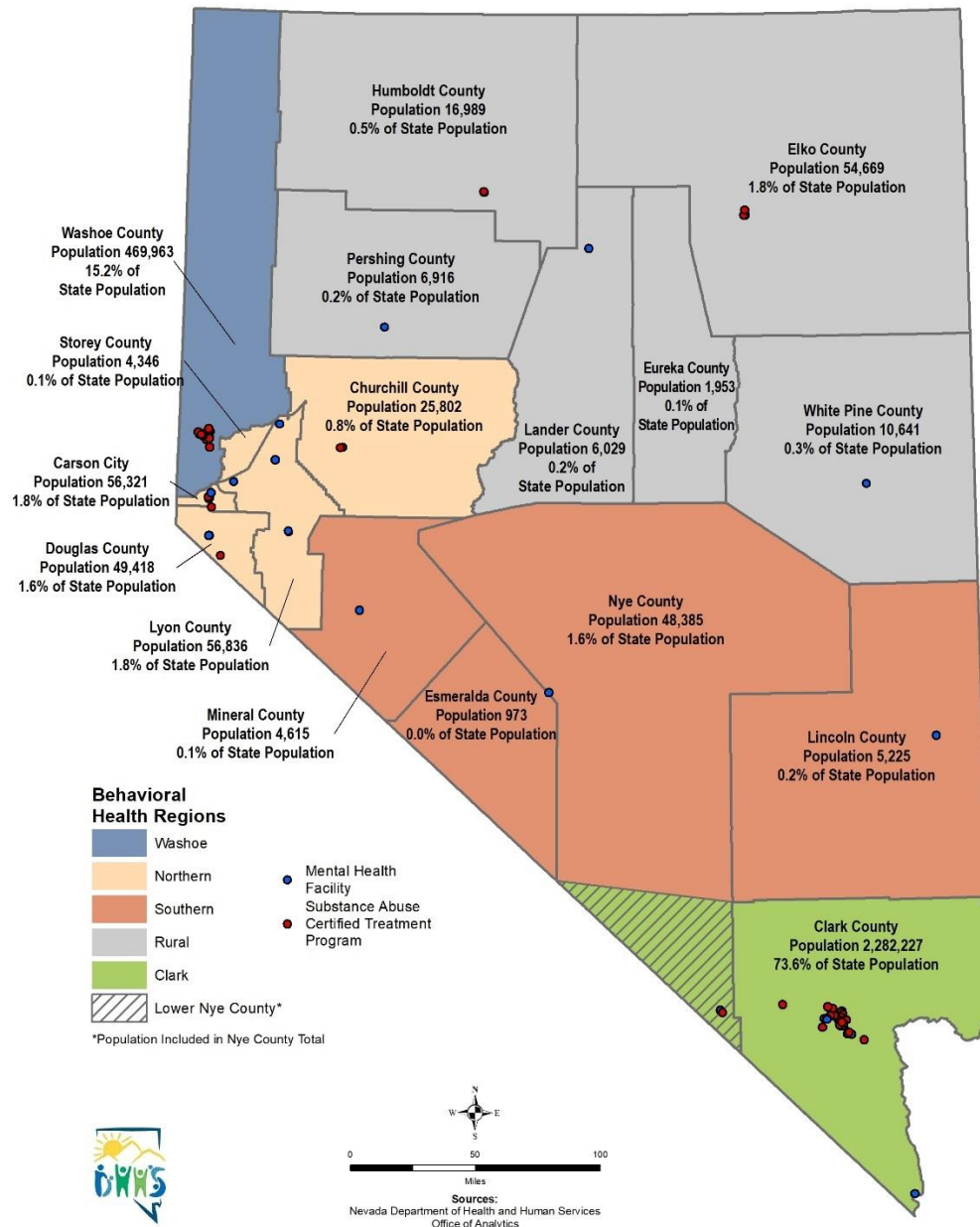


In 2019, the estimated population for Clark County was 2,282,226, a 16.5% increase from the 2010 estimated population. The population is made up of approximately equal percentages of females and males.

During the 2017 session, regional behavioral health boards were formed to address behavioral health in Nevada. The regions were redrawn during the 2019 session and Nye County was split into regions. The northern half of Nye County is part of the Southern Region and the southern half is part of the Clark County Region. For data purposes, Nye County data is included in the Southern Region.

With 73.6% of Nevada's population living in Clark County, it is the most populous area in the state.

Figure 2. Nevada Population Distribution by County, 2019.



Source: Nevada State Demographer, vintage 2019.

Clark Region: Clark County and southern Nye County.

Northern Region: Carson City, Churchill, Douglas, Lyon, and Storey Counties.

Rural Region: Elko, Eureka, Humboldt, Lander, Pershing, and White Pine Counties.

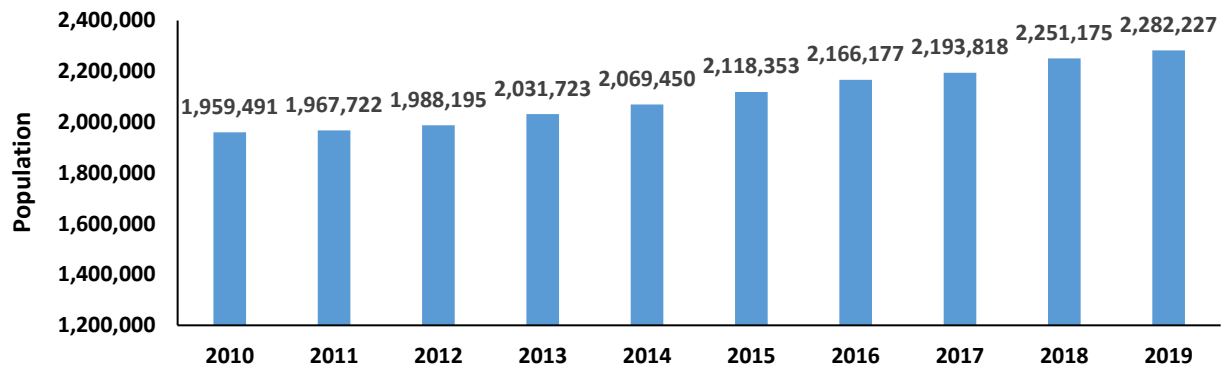
Southern Region: Esmeralda, Lincoln, Mineral, and northern Nye Counties.

Washoe Region: Washoe County.

***Nye County:** Northern Nye County is included in Southern Region and southern Nye County is in part of Clark County Region. For data purposes, Nye County data is included in Southern Region report and not in the Clark County Region report.

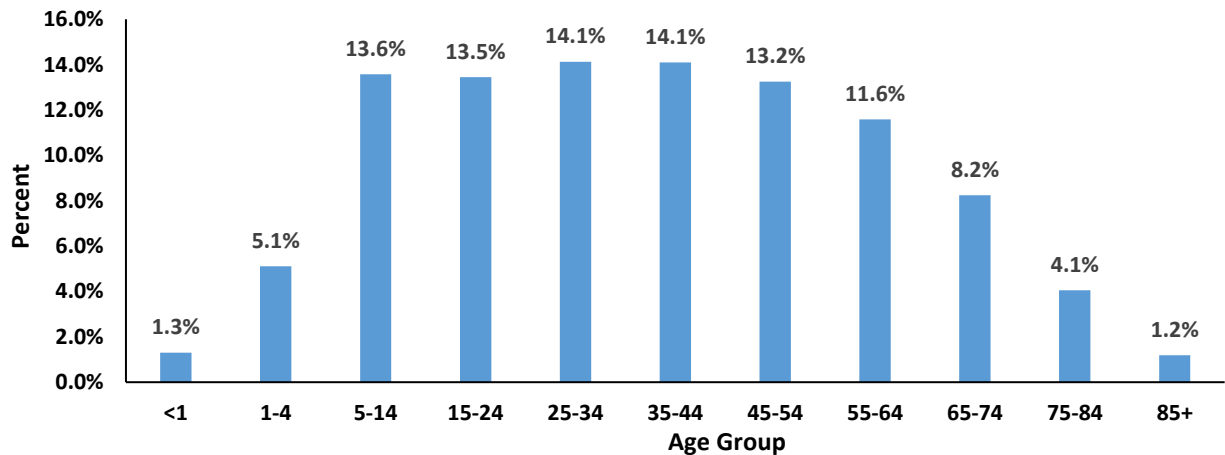
Clark County Behavioral Health Epidemiologic Profile

Figure 3. Clark County Population, 2010-2019.



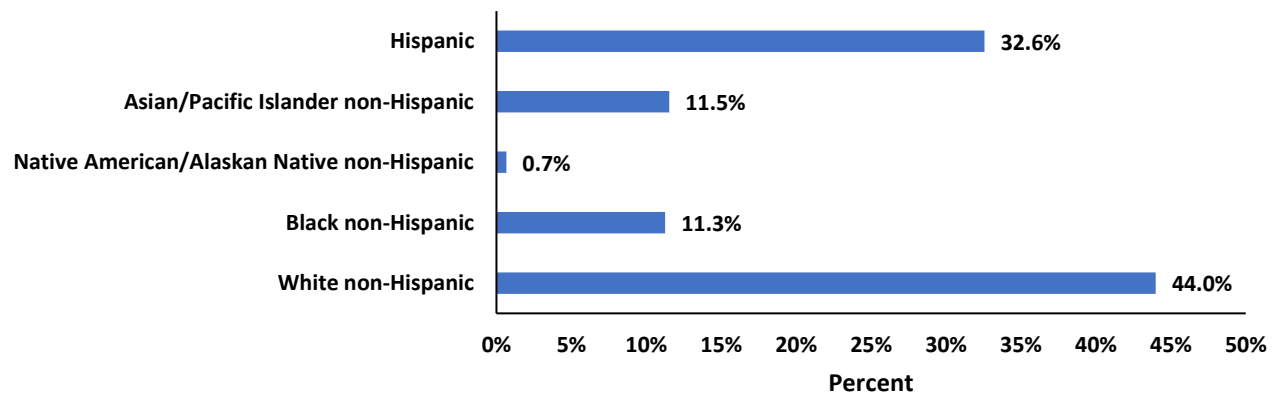
Source: Nevada State Demographer, vintage 2019.
Chart scaled to display differences among groups.

Figure 4. Clark County Population by Age Group, 2019.



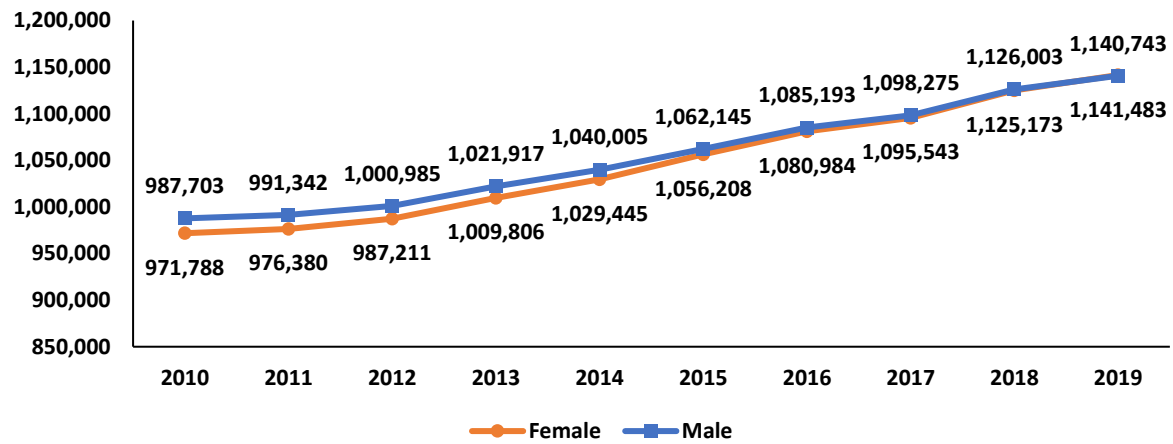
Source: Nevada State Demographer, vintage 2019.
Chart scaled to 16% to display differences among groups.

Figure 5. Clark County Population by Race/Ethnicity, 2019.



Source: Nevada State Demographer, vintage 2019.
Chart scaled to 50% to display differences among groups.

Figure 6. Clark County Population Distribution by Sex, 2010-2019.



Source: Nevada State Demographer, vintage 2019.
Chart scaled to display differences among years.

The Clark County population is made up of approximately equal percentages of females and males since 2015, with 1,140,743 males and 1,141,483 females in 2019.

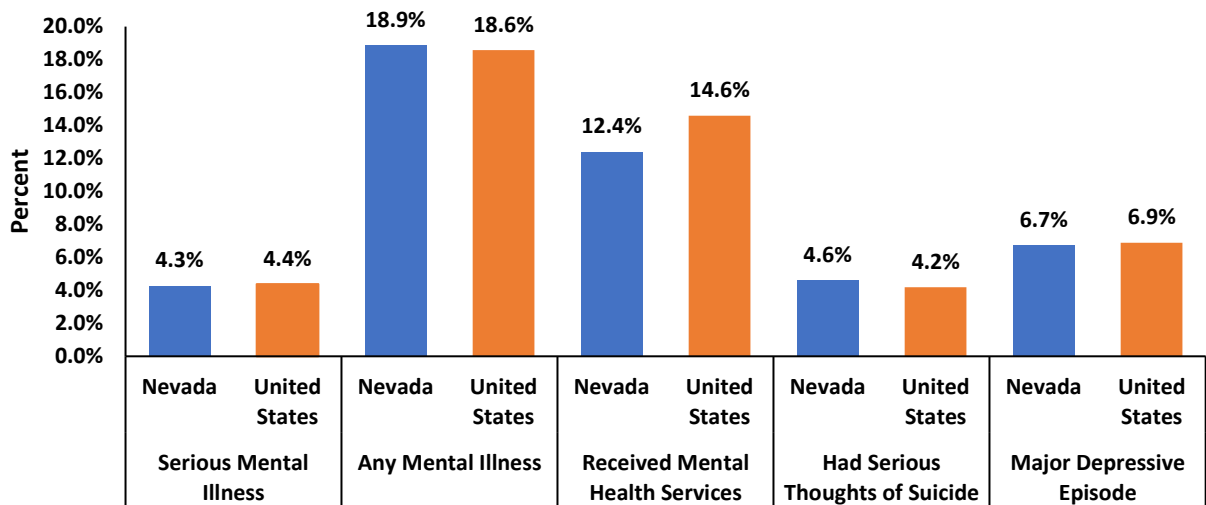
Mental Health

Mental health data are collected by numerous data sources in Nevada, including YRBS, BRFSS, hospital billing, state-funded mental health facilities, and vital records.

National Survey of Drug Use and Health

The Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors the National Survey on Drug Use and Health (NSDUH). The survey tracks trends of illicit drug, alcohol, and tobacco use, as well as mental health issues throughout the United States.

Figure 7. Percent of Mental Health Measures, Nevada and United States, 2016-2017.



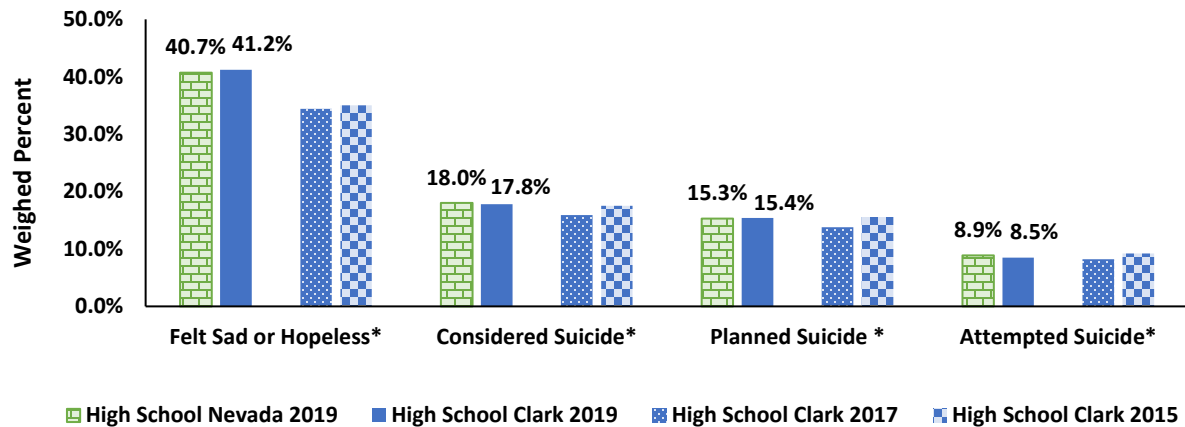
*SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016-2017.
Chart scaled to 20% to display differences among groups.*

Nevada has remained within a percent of the Nation for most mental health issues. Nevada was slightly higher than the nation for the measure with “any mental illness” and “had serious thoughts of suicide.”

Youth Risk Behavior Survey (YRBS)

The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. Nevada high school and middle school students are surveyed during odd numbered years. In 2019, 1,898 high school, and 1,984 middle school students participated in the YRBS in Clark County. The University of Nevada, Reno maintains the YRBS data and publishes data on each survey. For more information on the YRBS survey, please go to the following site: [UNR YRBS](#)

Figure 8a. Mental Health Behaviors, Clark County High School Students 2015, 2017, and 2019, and Nevada High School Students, 2019.



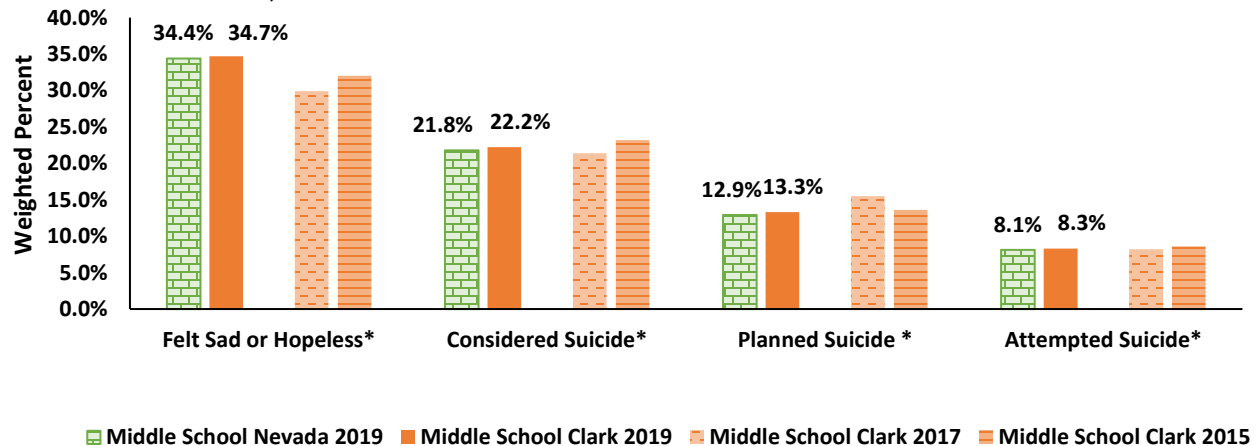
Source: Nevada Youth Risk Behavior Survey (YRBS).

Chart scaled to 50% to display differences among groups.

*Questions worded differently in 2019 and therefore not comparable to previous years.

The questions relating to suicide and feelings of sadness and hopelessness were worded differently from 2019 to past years and therefore should not be compared. Clark County high school student percentages were comparable to Nevada high school student percentages.

Figure 8b. Mental Health Behaviors, Clark County Middle School Students 2015, 2017, and 2019, and Nevada Middle School Students, 2019.



Source: Nevada Youth Risk Behavior Survey (YRBS).

Chart scaled to 40% to display differences among groups.

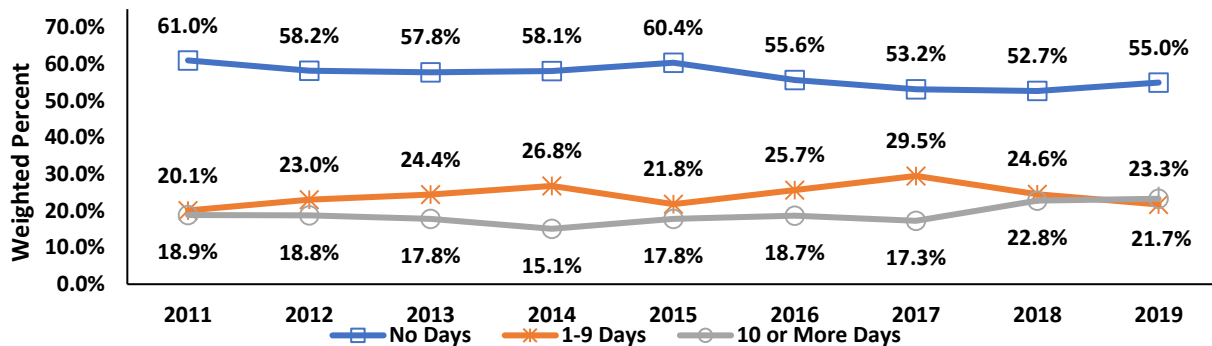
*Questions worded differently in 2019 and therefore not comparable to previous years.

Clark County middle school student percentages were comparable to Nevada middle school student percentages.

Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS collects information on adult health-related risk behaviors. According to the Centers for Disease Control and Prevention (CDC), BRFSS is a powerful tool for targeting and building health promotion activities.

Figure 9. Percentages of Adults Who Experienced Poor Mental or Physical Health that Prevented Them from Doing Usual Activities by Days Affected in Past Month, Clark County Residents, 2011-2019.



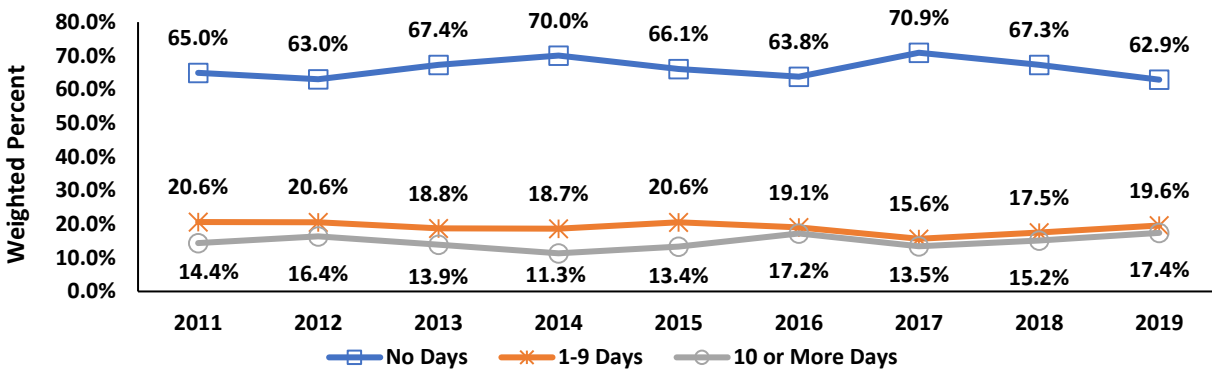
Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 70% to display differences among groups.

Specific question asked in survey: "During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?"

In Clark County, 23.3% of adults reported 10 or more days of poor mental or physical health that prevented them from doing their usual activities. This is slightly higher than 2018 at 22.8%.

Figure 10. Percentages of Adults in which Their Mental Health was Not Good by Number of Days Experienced in the Past Month, Clark County Residents, 2011-2019.



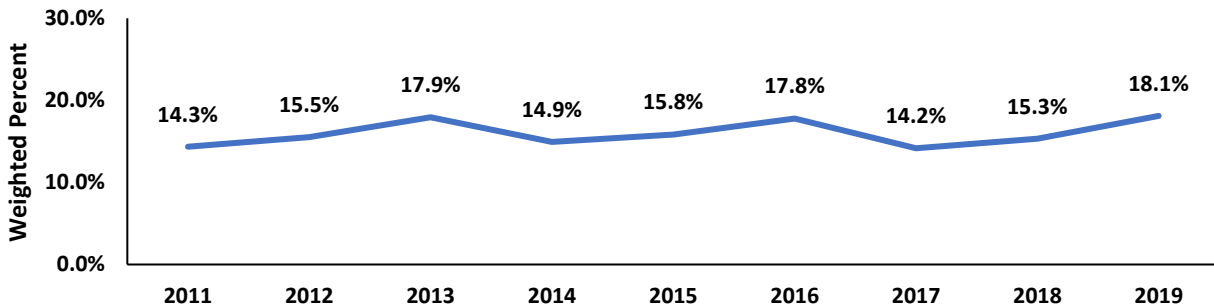
Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 80% to display differences among groups.

Specific question asked in survey: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

In 2019, 17.4% of Clark County residents reported 10 or more days of poor mental health. This is a slight increase in those who have experienced no days of poor mental health from 15.2% in 2018.

Figure 11. Percentages of Adults Who Have Ever Been Told They have a Depressive Disorder, Including Depression, Major/Minor Depression, or Dysthymia, Clark County Residents, 2011-2019.



Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 30% to display differences among groups.

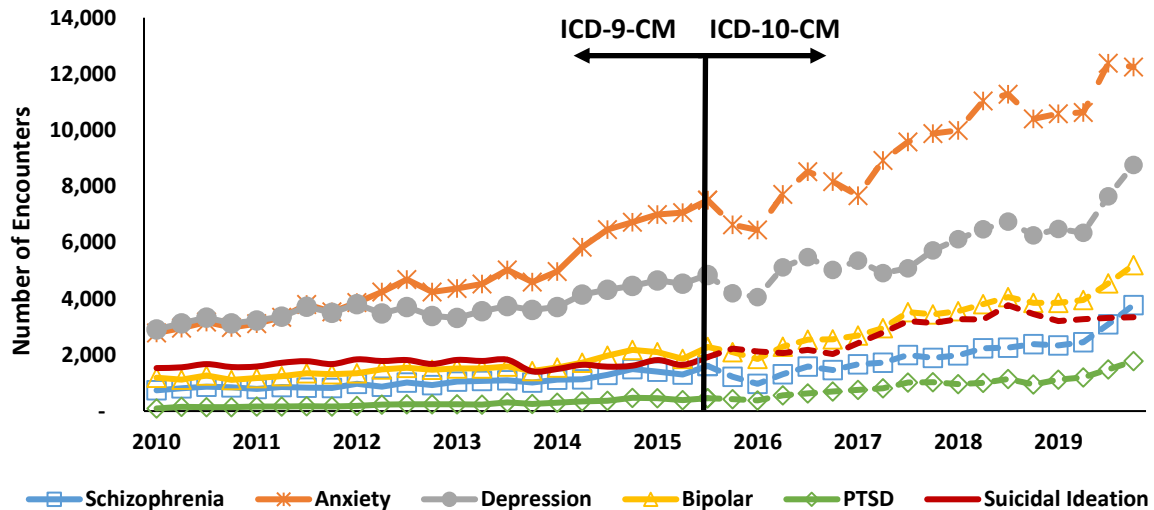
Specific question asked in survey: "(Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?"

Roughly 18% of Clark County residents were told they have a depressive disorder in 2019 compared to 15.3 in 2018%.

Hospital Emergency Department Encounters

The hospital emergency department billing data includes data for emergency room patients for Nevada's non-federal hospitals. Since an individual can have more than one diagnosis during a single emergency department 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.

Figure 12. Mental Health-Related Emergency Department Encounters, by Quarter and Year, 2010-2019.



Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

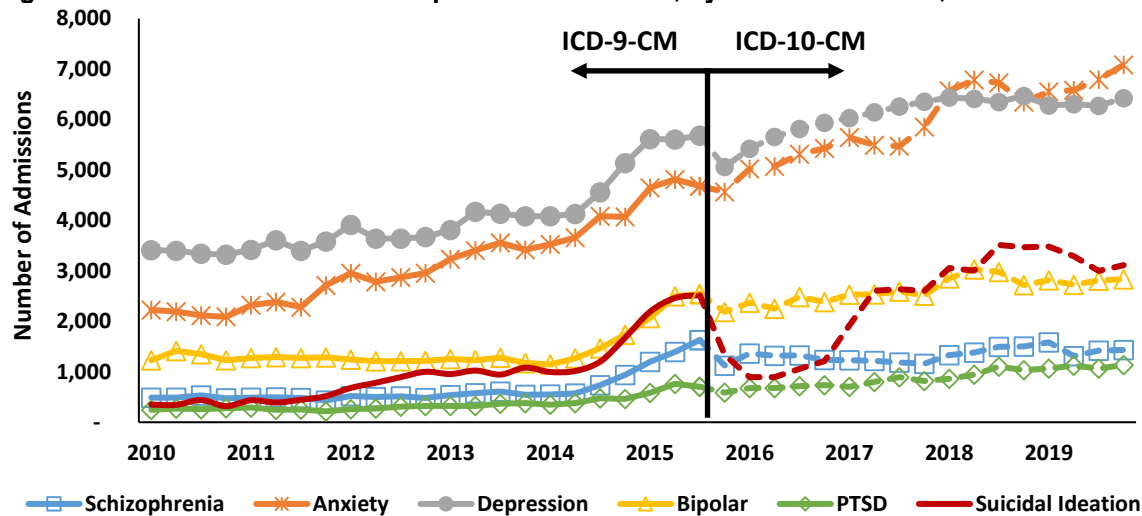
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Anxiety has been the leading mental health-related diagnosis since 2012 in emergency department encounters. Anxiety- and depression-related encounters increased significantly from 2010 to 2019 in both counts and rates.

Hospital Inpatient Admissions

Hospital Inpatient Billing data includes data for patients discharged from Nevada's non-federal hospitals. 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.

Figure 13. Mental Health-Related Inpatient Admissions, by Quarter and Year, 2010-2019.



Source: Hospital Inpatient Billing.

Categories are not mutually exclusive.

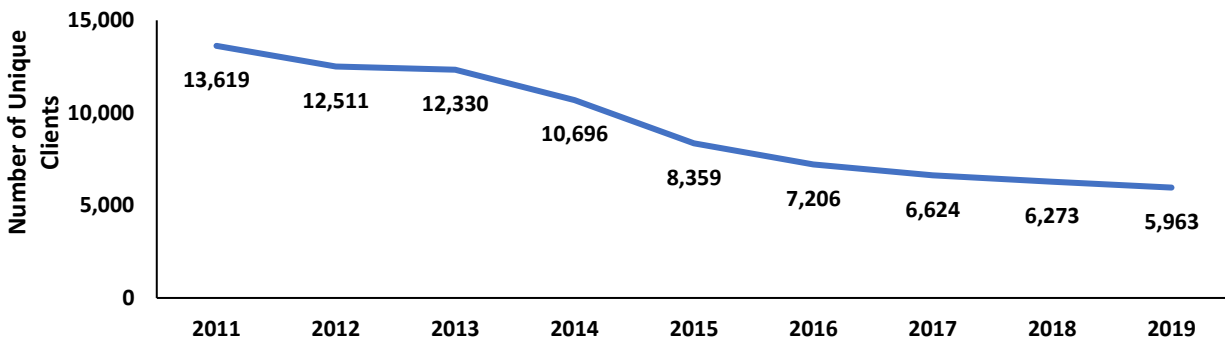
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Unlike emergency department encounters, depression was the leading diagnosis for mental health-related inpatient admissions until 2018, when anxiety lead inpatient admissions. All the mental health-related diagnosis for hospital inpatient admissions have increased from 2010 to 2019.

Suicidal ideation also increased from 2009 to 2019 but should be noted that in 2016 inpatient admissions statewide decreased and then increased in 2017. This may be due to ICD-9-CM conversion to ICD-10-CM or another change in medical billing.

State-Funded Mental Health Services

State-funded mental health facilities are divided into Northern Nevada Adult Mental Health Services (NNAMHS), Southern Nevada Adult Mental Health Services (SNAMHS) and Rural Clinic and Community Health Services. Services that state-funded mental health facilities provide include inpatient acute psychiatric, mobile crisis, outpatient counseling, service coordination, and case management.

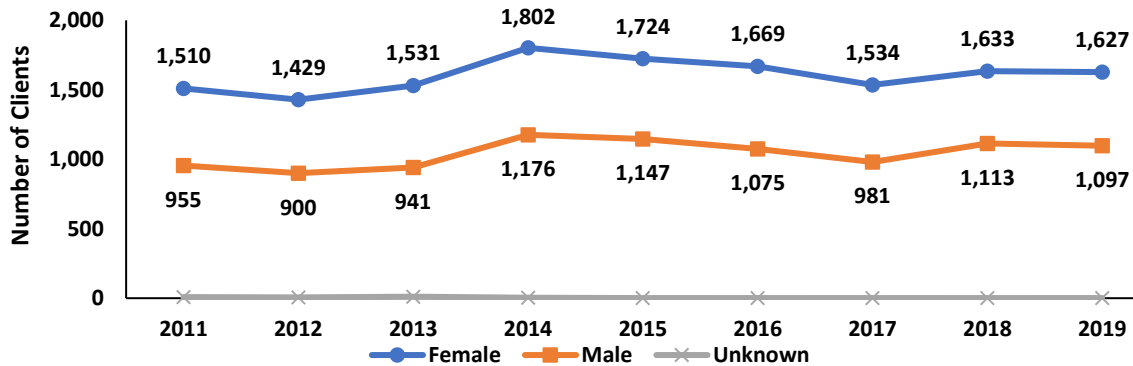
Figure 14. Unique Clients* Served at State-Funded Mental Health Clinics, Clark County Residents, 2011-2019.

Source: State-Funded Mental Health: Avatar.

*A client is counted only once per year. Clients may be counted more than once across years.

The number of unique clients served by state-funded mental health facilities continues to decline. There were 5,963 clients served in 2019, which has decreased significantly from 2011 (13,619). The Affordable Care Act (ACA) went into effect in 2014. Therefore, many Nevada residents are now able to access non-state-funded facilities through the expansion of Medicaid. This likely contributes to the decline of the clients represented in the above chart.

Clark County residents accessed DPBH mental health services at a rate of 264.9 people per 100,000 population in 2019, the lowest among all regions.

Figure 15. State-Funded Mental Health Clinics Utilization* by Gender, Clark County, 2011-2019.

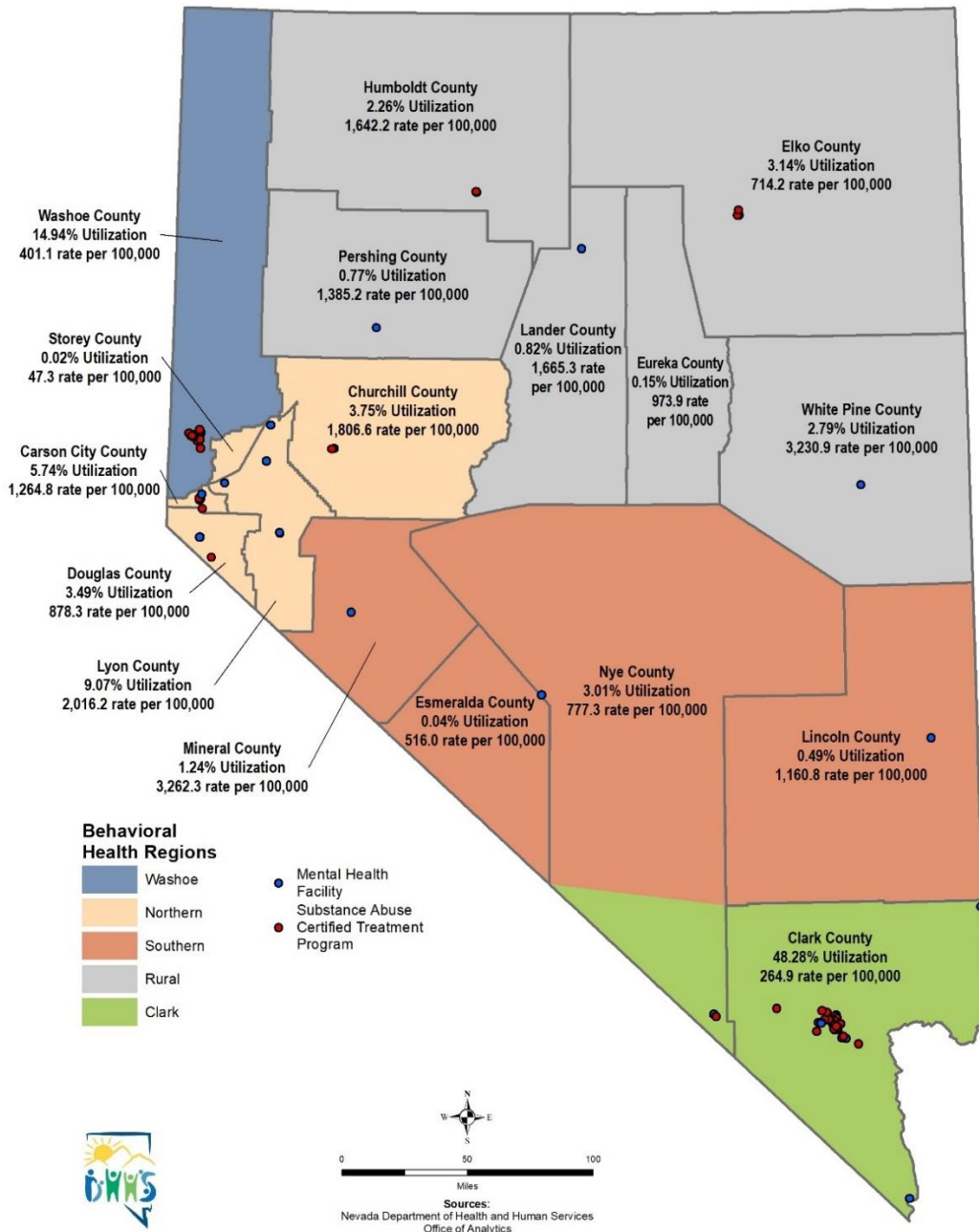
Source: State-Funded Mental Health: Avatar.

*A client is counted only once per year. Clients may be counted more than once across years.

From 2015 to 2019, females utilized the state-funded mental health clinics more than males. In 2019, 305.1 per 100,000 female population utilized the state-funded mental health clinics, compared to males at 237.1 per 100,000 male population.

Of patients that utilized state-funded mental health services, the most common age group was 25-34 years old, on average accounting for 23.4% of patients. High school graduates accounted for 32.5% of patients, followed by those with some college (22%) in 2019.

Figure 16. State-Funded Mental Health Clinics Utilization by County, 2019.

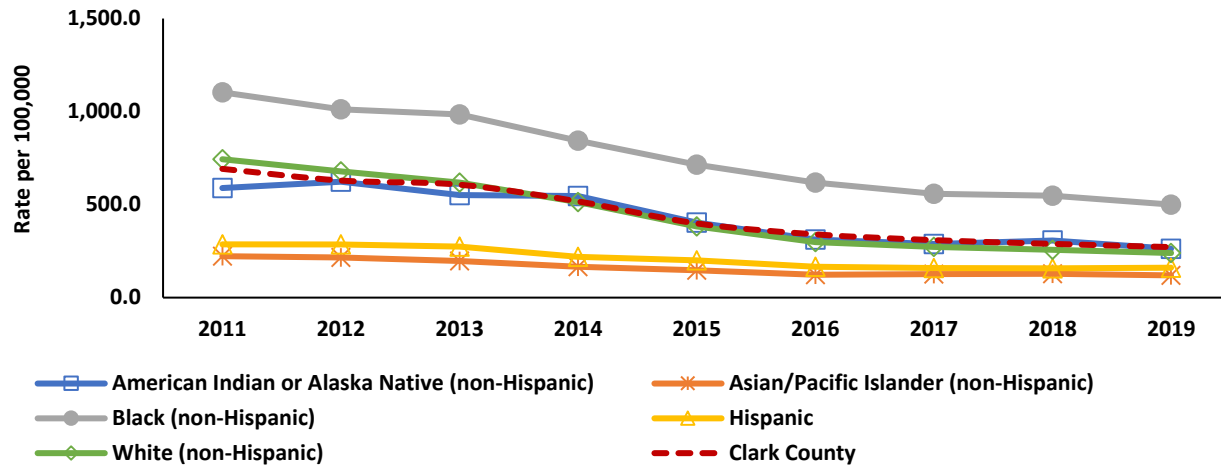


Source: State-Funded Mental Health: Avatar.

*A client is counted only once per year. Clients may be counted more than once across years.

Percent (%): Number of clients who utilize mental health services in that county divided by total utilization.

Rate: Number of clients who utilize mental health services in that county divided by county population per 100,000 people.

Figure 17. State-Funded Mental Health Clinics Utilization* by Race/Ethnicity Crude Rates, Clark County, 2011-2019.

Source: State-Funded Mental Health: Avatar.

Race "Unknown" not included in analysis.

*A client is counted only once per year. Clients may be counted more than once across years.

The patient utilization crude rate has gone down significantly across all races from 2011 to 2019. The Black non-Hispanic population had the highest rate over the seven-year period at 500.2 per 100,000 population, whereas Asian and Pacific Islander non-Hispanic had the lowest rate at 119.6 per 100,000 population.

Figure 18. Top Mental Health Clinic Services by Number of Patients Served*, Clark County, 2011-2019.

Program	2011	2012	2013	2014	2015	2016	2017	2018	2019
SNAMHS Medication Clinic Adult	8,288	7,920	8,310	7,899	5,386	4,212	3,817	3,350	2,561
NNAMHS Medication Clinic Adult	1,876	1,998	2,165	2,368	2,545	1,849	1,807	1,774	1,027
SNAMHS Inpatient Hospital Adult	3,235	3,069	2,625	1,459	796	1,781	1,463	1,199	529
SNAMHS Ambulatory Service Coordination Adult	3,972	4,179	2,810	~	~	~	~	~	~
SNAMHS Observation Unit Adult~	681	728	1,014	1,009	841	620	511	621	485
NNAMHS Ambulatory Service Adult	1,043	948	655	626	514	565	544	444	340
SNAMHS Service Coordination Adult	2,307	0	673	0	0	0	0	0	0
SNAMHS Outpatient Counseling Adult	125	151	148	181	215	209	265	244	178

Source: State-Funded Mental Health: Avatar.

~Program no longer active.

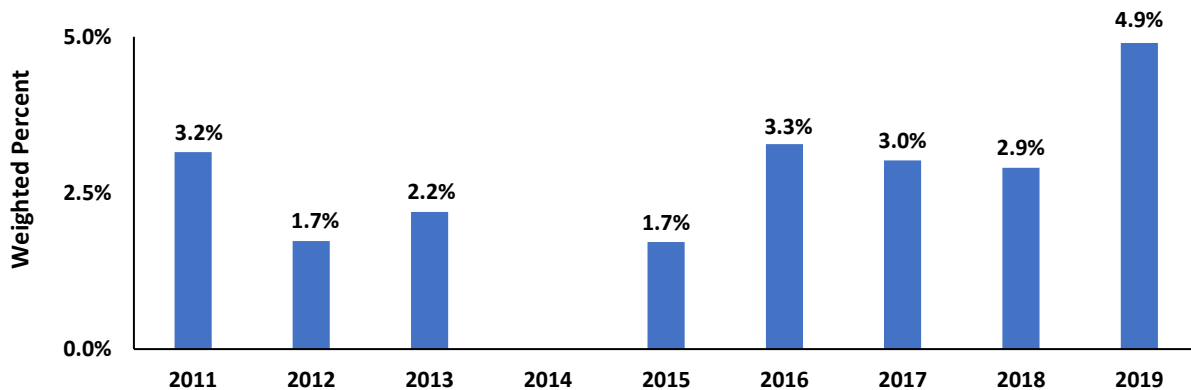
*A client is counted only once per year. Clients may be counted more than once across years.

Patients were counted only once per program per year. Since a patient can receive services in more than one program, the counts above are not mutually exclusive.

Suicide

While suicide is not a mental illness, one of the most common causes of suicide is mental illness. Risk factors for suicide include depression, bipolar disorder, and personality disorders. Of those who attempt or die from suicide, many have a diagnosed mental illness.

Figure 19. Percentage of Adult Clark County Residents Who Have Seriously Considered Attempting Suicide, 2011-2019.



Source: Behavioral Risk Factor Surveillance System (BRFSS).

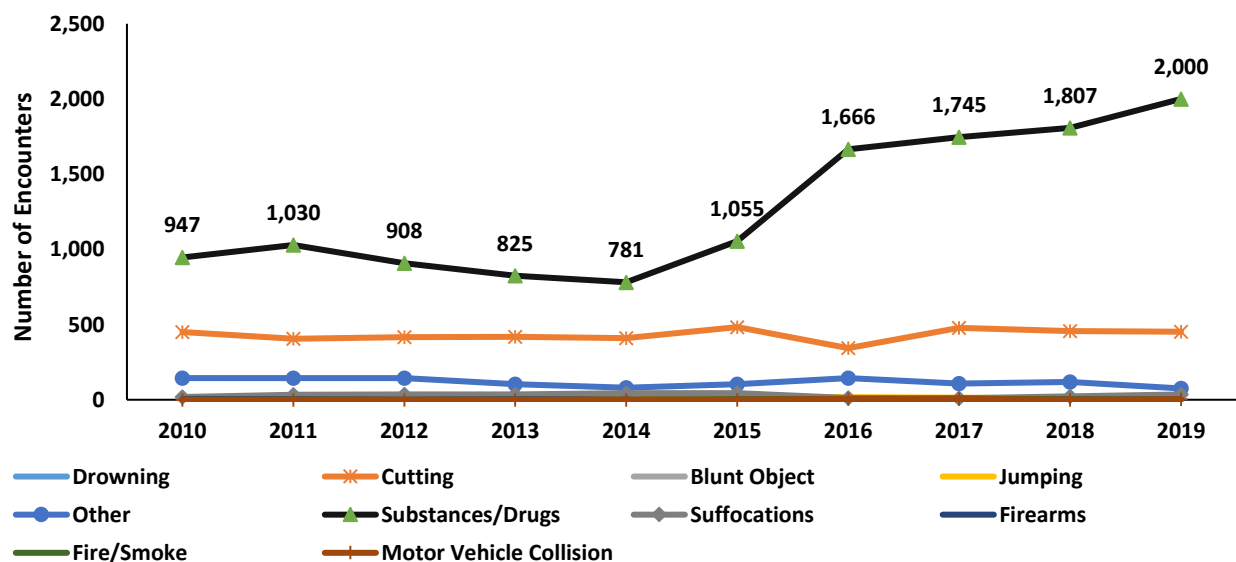
Chart scaled to 5% to display differences among groups.

Indicator was not measured in 2014.

Specific question asked in survey: "During the past 12 months have you ever seriously considered attempting suicide?"

When asked "have you seriously considered attempting suicide during the past 12 months," 4.9% of Clark County residents responded "yes" in 2019.

Figure 20. Suicide Attempt Emergency Department Encounters by Method, Clark County Residents, 2010-2019.



Source: Hospital Emergency Department Billing.

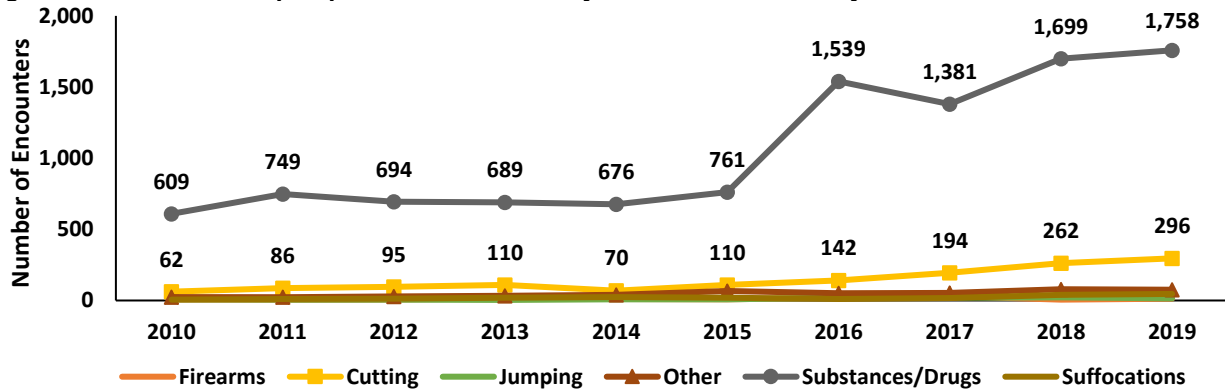
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

A person can be included in more than category and therefore the counts above are not mutually exclusive.

Clark County Behavioral Health Epidemiologic Profile

Emergency department encounters related to suicide attempt, where the patient did not expire at the hospital, have remained steady from 2010-2019 for all methods except substance or drug overdose, which has increased every year since 2014. The most common method for attempted suicide is a substance or drug overdose attempt.

Figure 21. Suicide Attempt Inpatient Admissions by Method, Clark County Residents, 2011-2019.



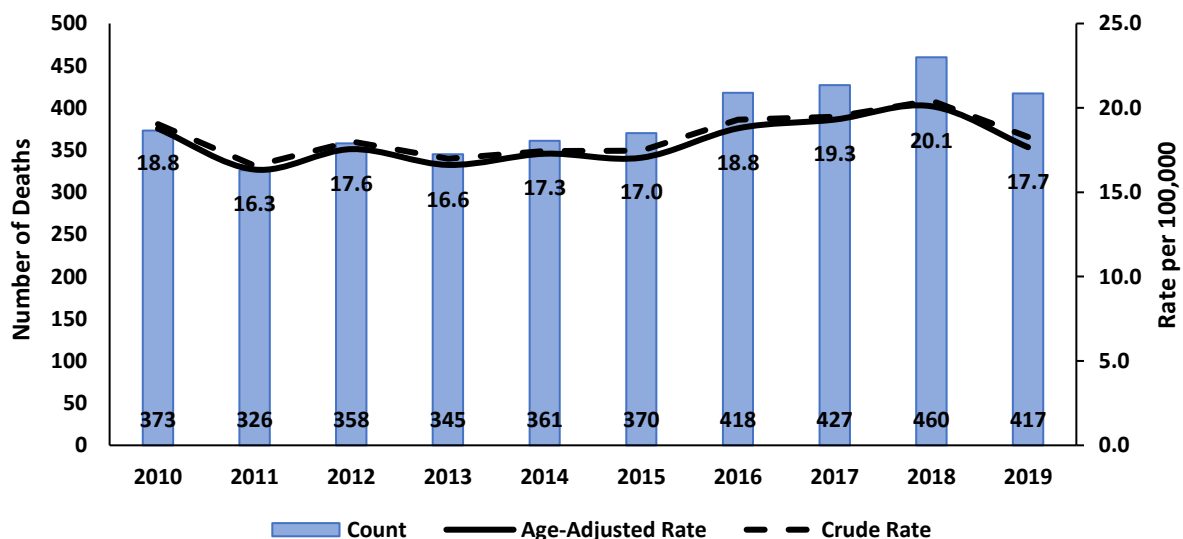
Source: Hospital Inpatient Billing.

ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

A person can be included in more than category and therefore the counts above are not mutually exclusive.

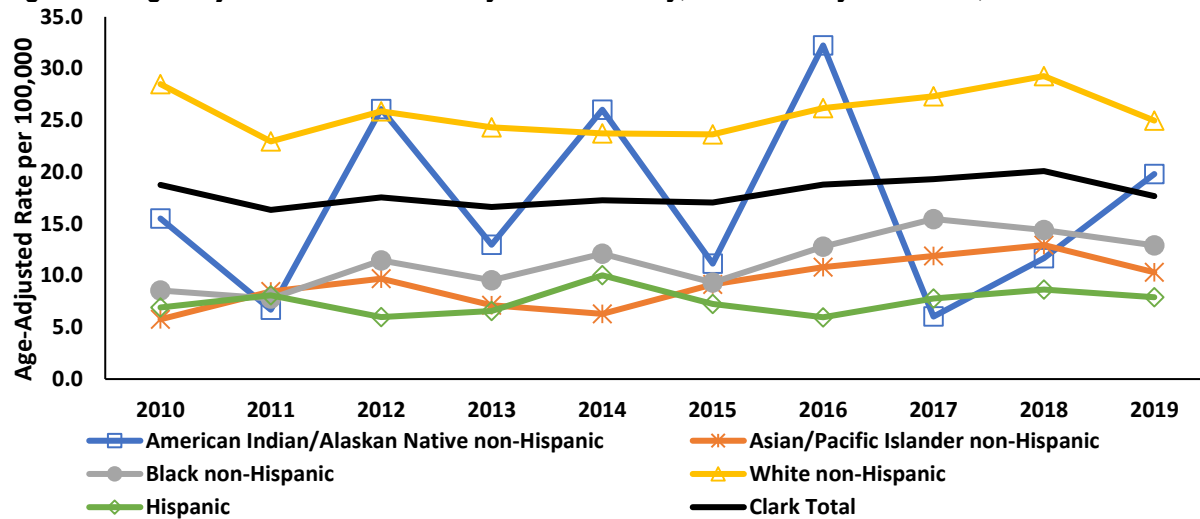
Inpatient admissions for attempted suicide where the patient was admitted and did not expire at the hospital have increased where the method was substances or drugs. The methods of drowning, fire/smoke, blunt object, and motor vehicle collision were not included in Figure 22 due to low counts. From 2010-2019, there were eight inpatient admissions relating to drowning suicide attempts, 15 for fire/smoke, 22 for blunt object, and 15 for motor vehicle collision.

Figure 22. Number of Suicides and Rates, Clark County Residents, 2010-2019.



Source: Nevada Electronic Death Registry System.

The age-adjusted suicide rate for 2019 in Clark County was 17.7 per 100,000 population. There was a slight decrease in the crude rate for suicide from 2018-2019 (20.4 to 18.3 per 100,000 population).

Figure 23. Age-Adjusted Suicide Rates by Race/Ethnicity, Clark County Residents, 2010-2019.

Source: Nevada Electronic Death Registry System.

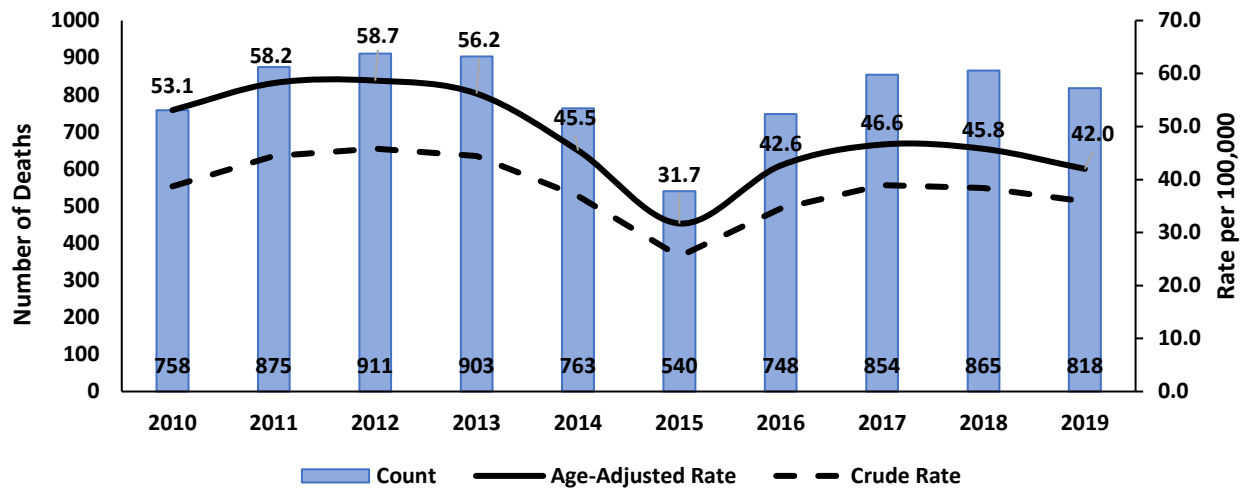
The age-adjusted suicide rates for White non-Hispanics slightly decreased in Clark County from 2018 (29.3 per 100,000 population) to 2019 (25.0 per 100,000 population). The age-adjusted suicide rate for American Indian/Alaskan Native non-Hispanic was above the total Clark County rate but was not significantly higher based on 95% confidence intervals. Rates among Hispanics are significantly lower than overall Clark County rates for all years.

Mental Health-Related Deaths

Mental health-related deaths are deaths with the following ICD-10 codes groups listed as a contributing cause of death (F00-F99 excluding F10-F19):

- Organic, including symptomatic, mental disorders
- Schizophrenia, schizotypal, and delusional disorders
- Mood [affective] disorders
- Neurotic, stress-related and somatoform disorders
- Behavioral syndromes associated with physiological disturbances and physical factors
- Disorders of adult personality and behavior
- Mental retardation
- Disorders of psychological development
- Behavioral and emotional disorders with onset usually occurring in childhood and adolescence; Unspecified mental disorder

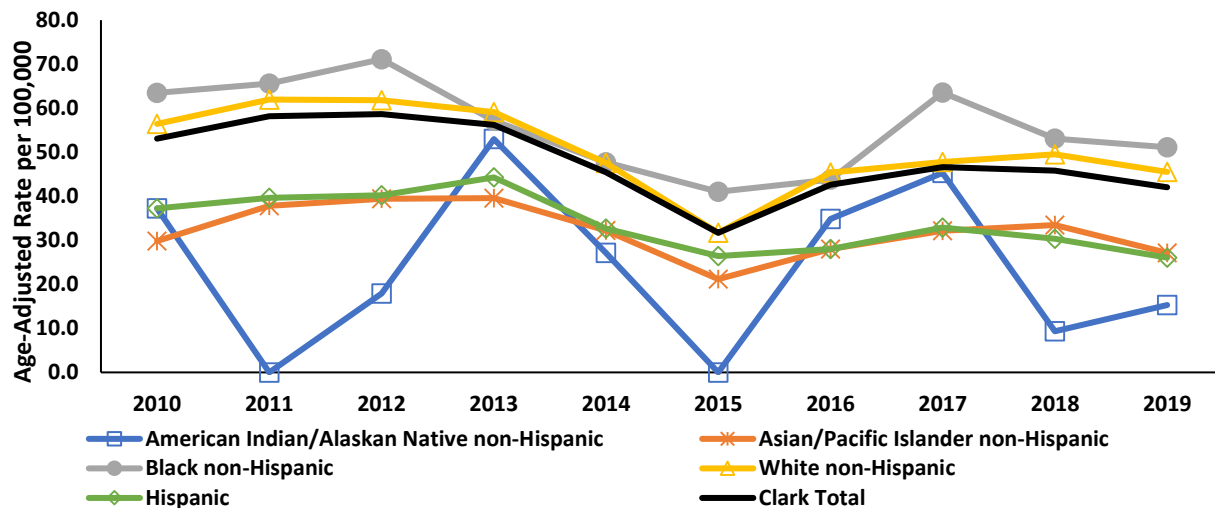
Figure 24. Mental Health-Related Deaths and Rates, Clark County Residents, 2010-2019.



Source: Nevada Electronic Death Registry System.

The mental health-related age-adjusted death rate from 2010 to 2019 has fluctuated from a high of 58.7 per 100,000 population in 2012 to a low of 31.7 per 100,000 population in 2015. The age-adjusted rate in 2019 was 42.0 per 100,000 population.

Figure 25. Age-Adjusted Mental Health-Related Death Rates by Race/Ethnicity, Clark County Residents, 2010-2019.



Source: Nevada Electronic Death Registry System.

There are no significant differences between the age-adjusted mental health-related death rates among races/ethnicities for 2019.

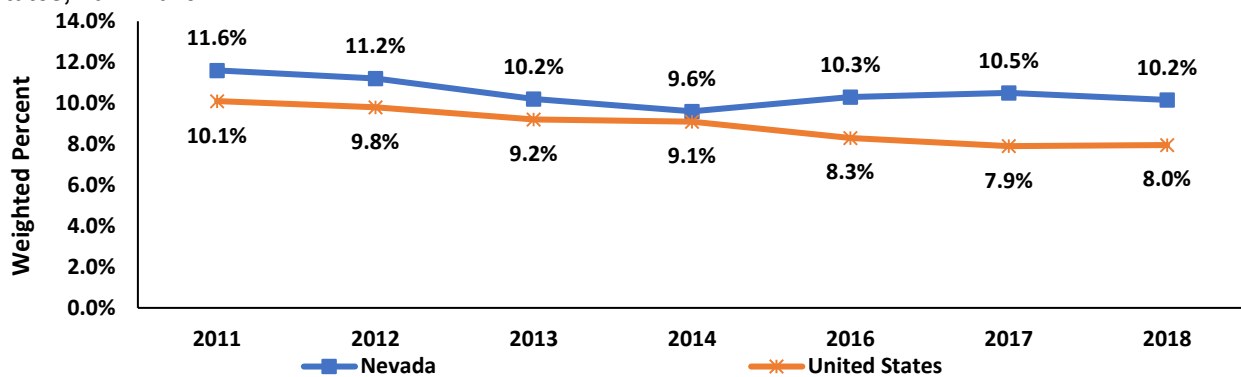
Substance Use

Substance use data are collected from hospital billing data, vital records data, and through national survey data including Substance Abuse and Mental Health Service Administration, BRFSS and YRBS.

National Survey on Drug Use and Health

The Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors the National Survey on Drug Use and Health (NSDUH). The survey tracks trends of illicit drug, alcohol, and tobacco use, as well as mental health issues throughout the United States. For more information about the national survey, please go to the following website: [SAMHSA NSDUH](https://www.samhsa.gov/2k/2k18/2k18nsduh).

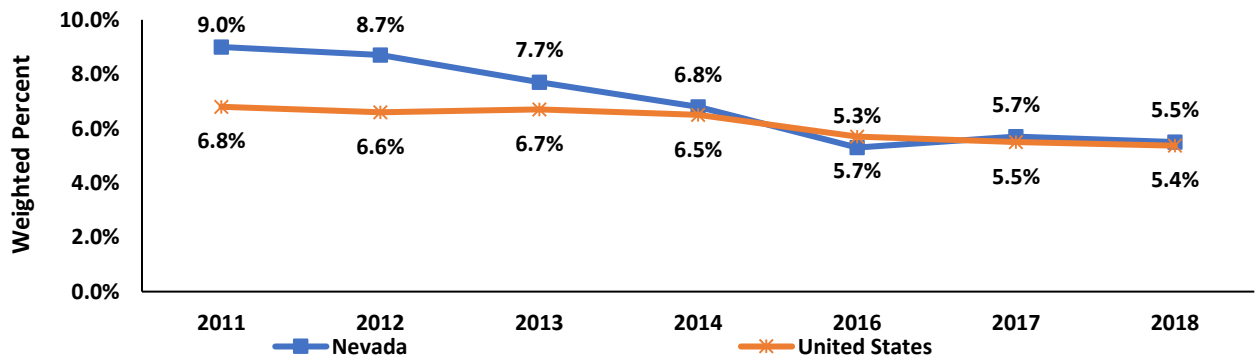
Figure 26. Illicit Drug Use Among Adolescents in the Past Month, Aged 12-17, Nevada and the United States, 2011-2018.



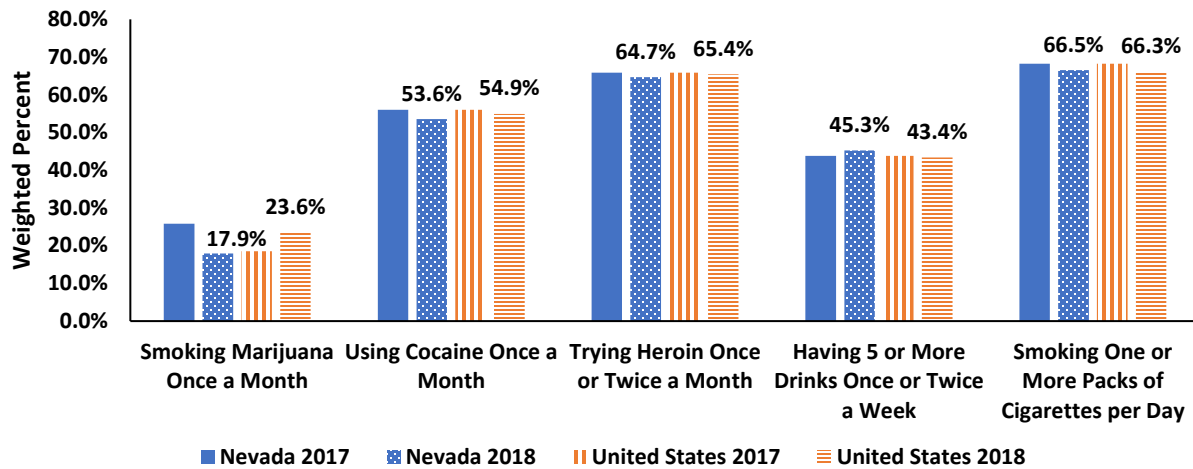
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health.
Chart scaled to 14% to display differences among groups.

Nevada adolescents illicit drug use has remained within 2% from 2011 to 2018, when 10.2% reported illicit drug use in 2018. Alcohol use disorder in the past year has decreased from 9.0% in 2011 to 5.5% in 2018.

Figure 27. Alcohol Use Disorder in the Past Year Aged 12 and Above, Nevada and the United States, 2011-2018.

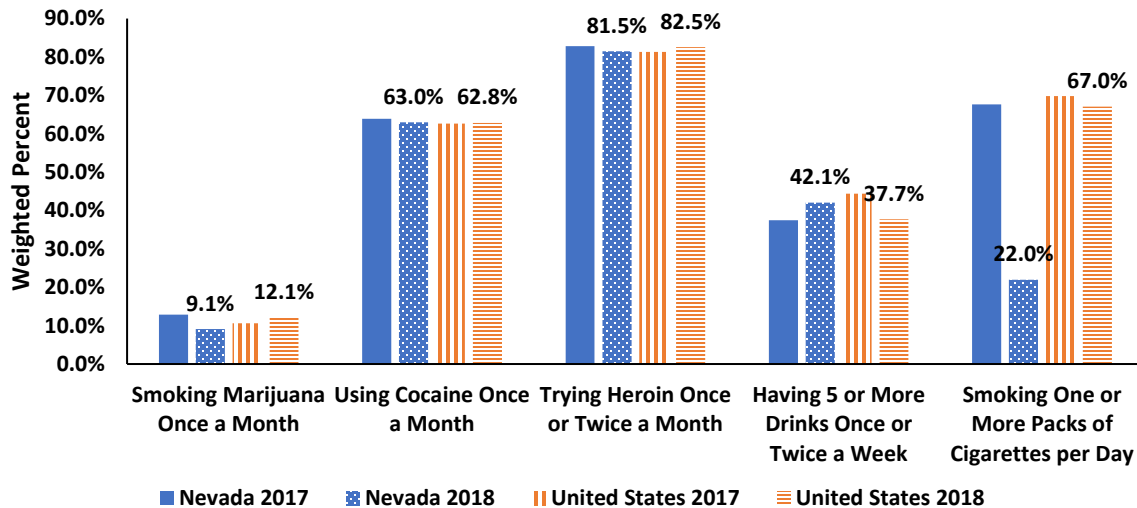


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health.
Chart scaled to 10% to display differences among groups.

Figure 28. Perceptions of Great Risk from Alcohol or Substance, Aged 12-17, Nevada and the United States, 2018.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health.
 Chart scaled to 80% to display differences among groups.

For perceived risks, the higher the percent the more the person perceives there is a risk from it. Nevadans perceived risk among both teens (Figures 30 and 31) and young adults is lower than the nation for most substance uses, including smoking one or more packs of cigarettes per day in young adults, 22.0% in Nevada and nationally at 67.0%.

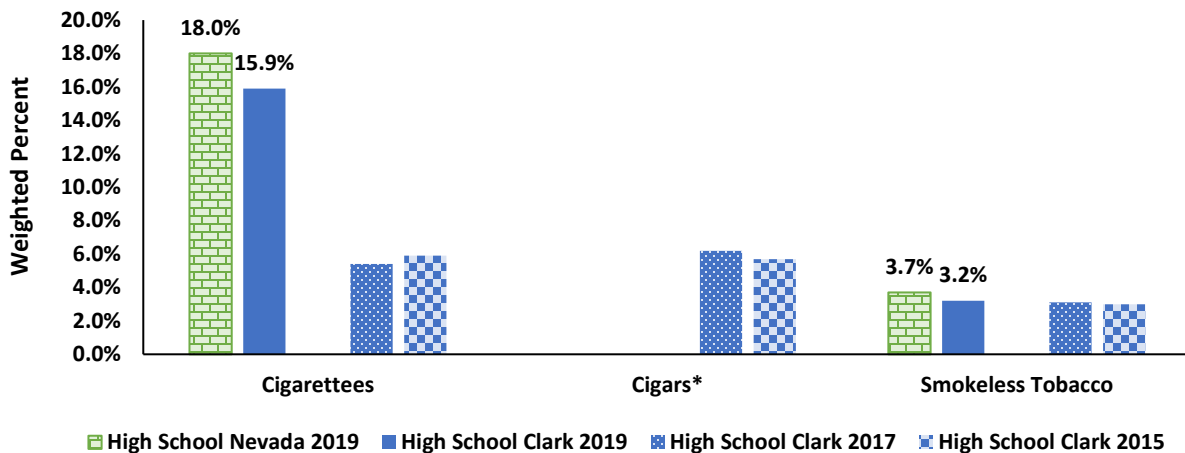
Figure 29. Perceptions of Great Risk from Alcohol or Substance, Aged 18-25, Nevada and the United States, 2018.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health.
 Chart scaled to 90% to display differences among groups.
 Table in the Appendix.

Youth Risk Behavior Survey (YRBS)

The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. Nevada high school and middle school students are surveyed during the odd numbered years. In 2019, 4,980 high school, and 5,341 middle school students participated in the YRBS in Nevada. The University of Nevada, Reno maintains the YRBS data and publishes data on each survey. For more information on the YRBS survey, please go to the following site: [UNR YRBS](#).

Figure 30a. Tobacco Use, Clark County High School Students, 2015, 2017 and 2019, and Nevada High School Students, 2019.



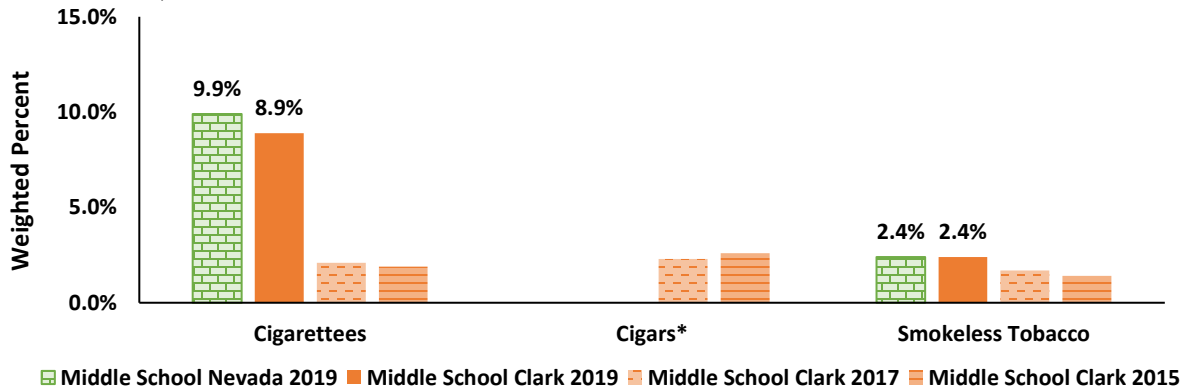
Source: Nevada Youth Risk Behavior Survey.

Chart scaled to 20% to display differences among groups.

*Questions related to cigar use are no longer asked.

High school students for the Clark County in 2019, had a slightly lower percent for ever having smoked cigarettes than Nevada at 15.9% and 18.0% respectively. The middle school students in Clark County also had a lower percent for ever trying cigarettes at 8.9% compared to 9.9% for Nevada.

Figure 30b. Tobacco Use, Clark County Middle School Students 2015, 2017, and 2019, and Nevada Middle School Students, 2019.

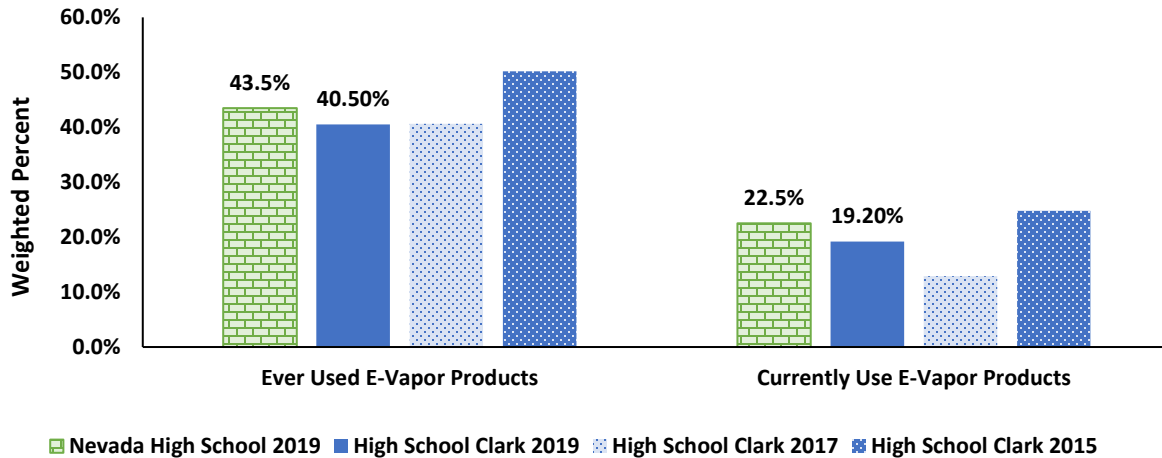


Source: Nevada Youth Risk Behavior Survey.

Clark County Behavioral Health Epidemiologic Profile

Chart scaled to 15% to display differences among groups.
 *Questions related to cigar use are no longer asked.

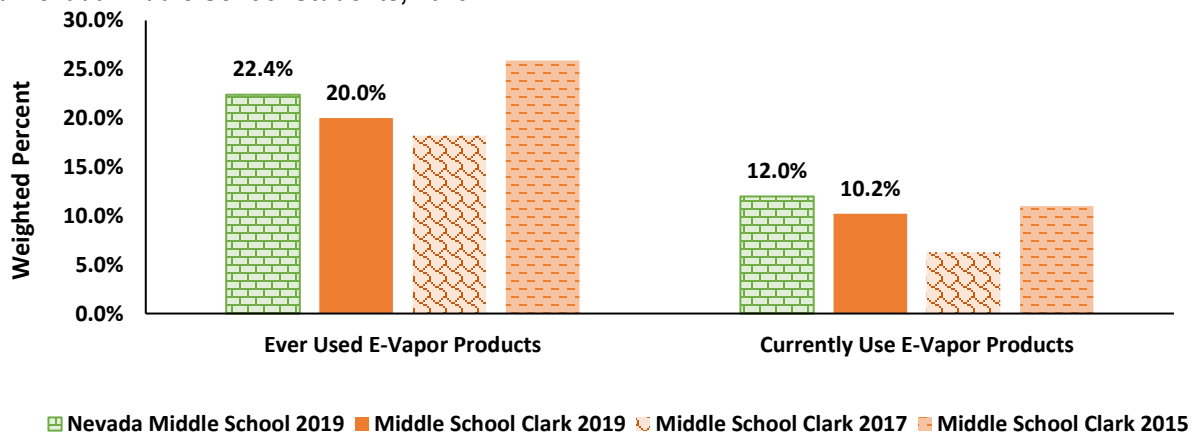
Figure 31a. Electronic Vapor Product Use, Clark County High School Students, 2015, 2017 and 2019, and Nevada High School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
 Chart scaled to 60% to display differences among groups.

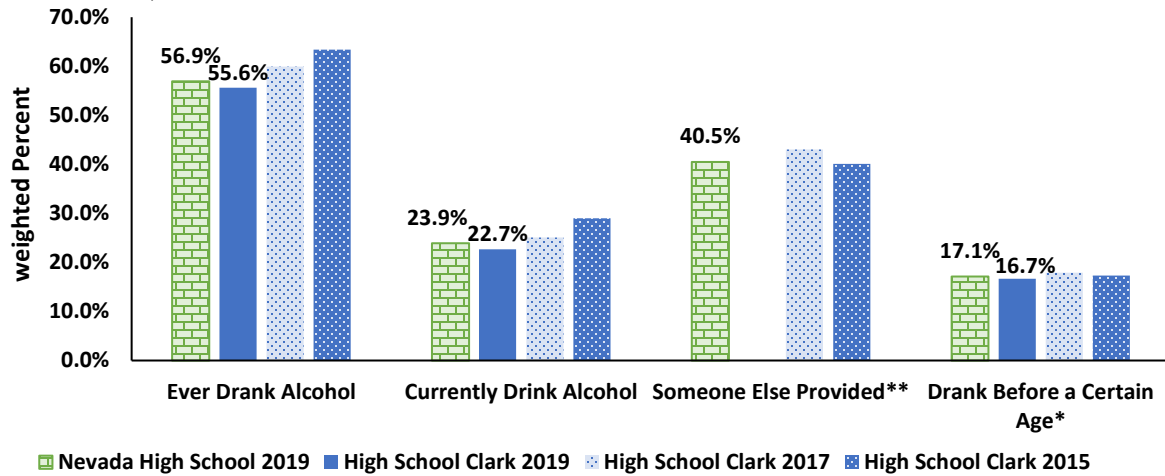
High school students in Clark County in 2019 have a significantly lower percent for ever having using an electronic vapor (e-vapor) product than Nevada at 40.5% and 43.5%, respectively. Similarly, middle school students in Clark County have a significantly lower percent for ever using an e-vapor product at 20.0%, compared to 22.4% for Nevada middle school students.

Figure 31b. Electronic Vapor Product Use, Clark County Middle School Students 2015, 2017, and 2019, and Nevada Middle School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
 Chart scaled to 30% to display differences among groups.

Figure 32a. Alcohol Use, Clark County High School Students, 2015, 2017 and 2019, and Nevada High School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.

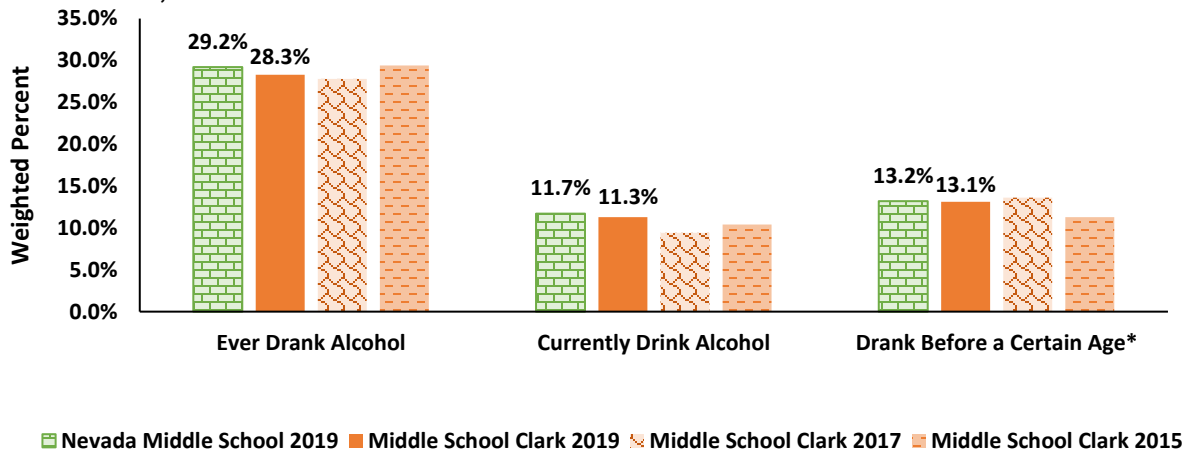
Chart scaled to 70% to display differences among groups.

*In high school students, if they ever drank before age 13, and in middle school students if they ever drank before age 11.

**Question 'someone else provided' is no longer asked.

High school students in Clark County in 2019 have a slightly lower percent for ever drinking alcohol than Nevada at 55.6% and 56.9% respectively. The percent from previous years has decreased from 59.9% in 2017. Similarly, middle school students in Clark County have a slightly lower percent for ever drinking alcohol at 28.3%, compared to 29.2% for Nevada.

Figure 32b. Alcohol Use, Clark County Middle School Students 2015, 2017, and 2019, and Nevada Middle School Students, 2019.

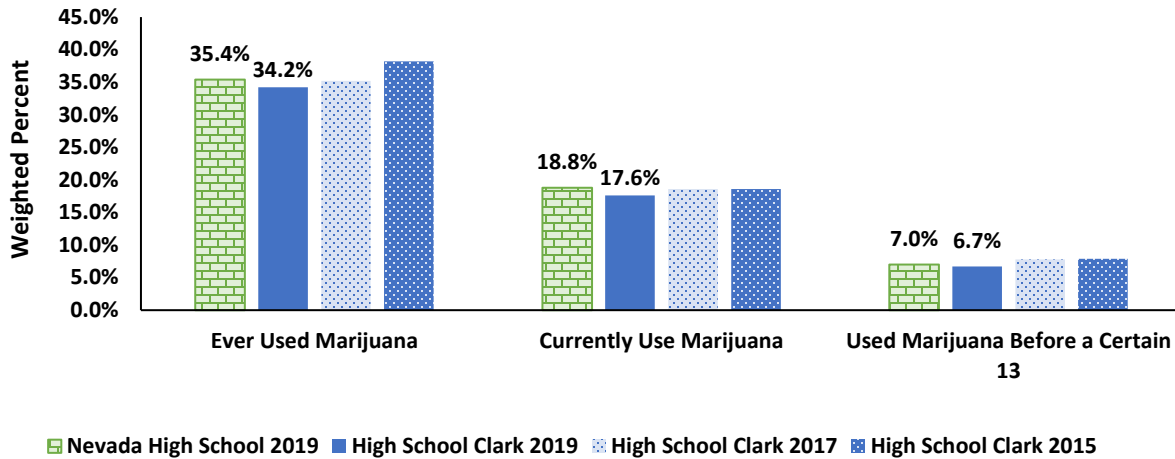


Source: Nevada Youth Risk Behavior Survey.

Chart scaled to 35% to display differences among groups.

*In high school students, if they ever drank before age 13, and in middle school students, if they ever drank before age 11.

Figure 33a. Marijuana Use, Clark County High School Students, 2015, 2017 and 2019, and Nevada High School Students, 2019.



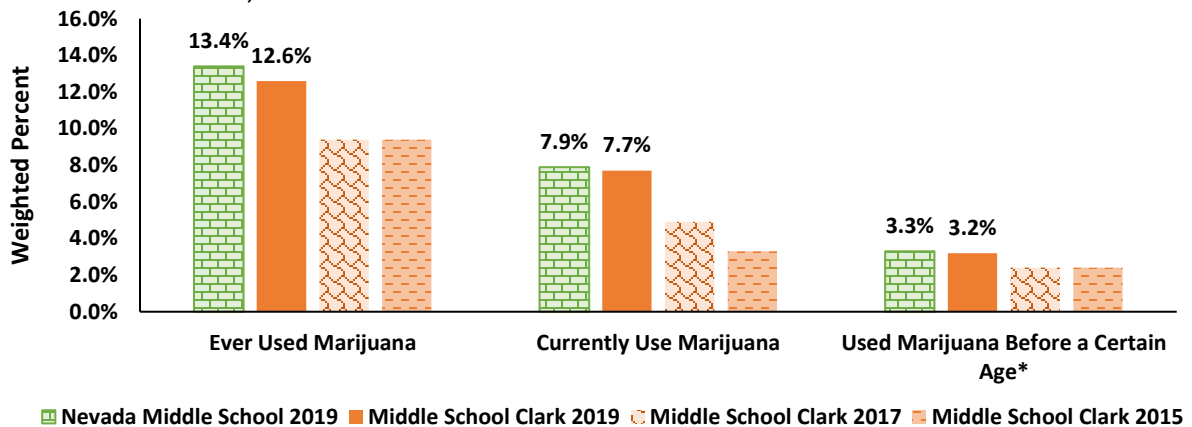
Source: Nevada Youth Risk Behavior Survey.

Chart scaled to 45% to display differences among groups.

*In high school students, if they ever used marijuana before age 13.

There is no significant change for marijuana use from 2017 to 2019 for Clark County high school and middle school students. In 2019, 34.2% of Clark County high school students and 12.6 % of middle school student said they had tried marijuana before. This is a decrease from 2017 with 35.2% of high school students.

Figure 33b. Marijuana Use, Clark County Middle School Students 2015, 2017, and 2019, and Nevada Middle School Students, 2019.

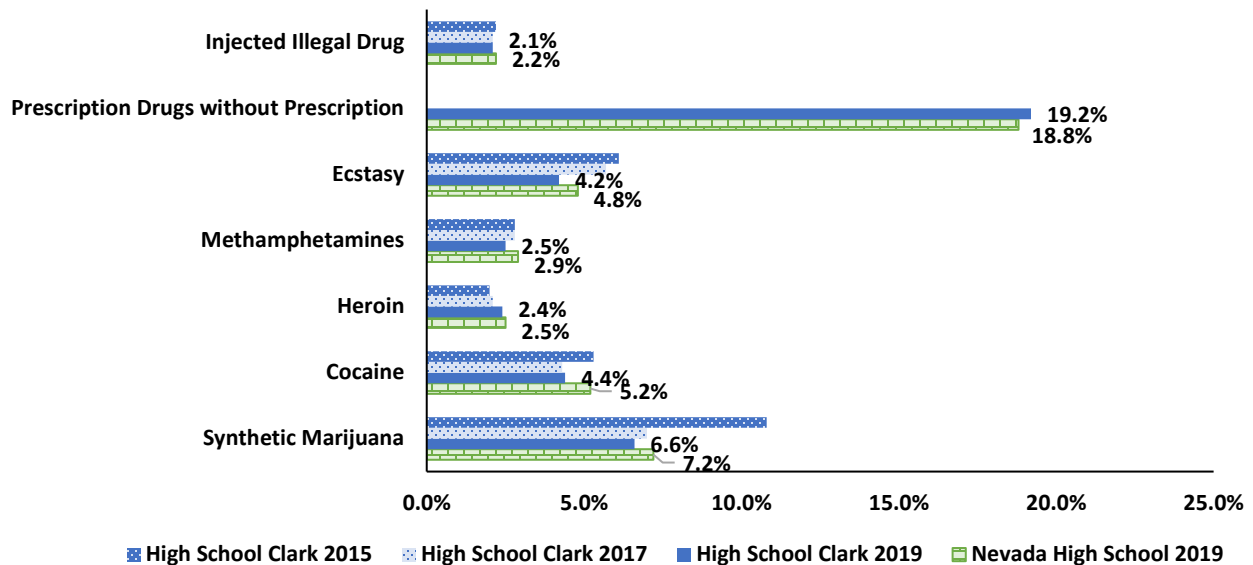


Source: Nevada Youth Risk Behavior Survey.

Chart scaled to 20% to display differences among groups.

*In middle school students, if they ever used marijuana before age 11.

Figure 34a. Lifetime Drug Use by Drug Category Clark County High School Students, 2015, 2017 and 2019, and Nevada High School Students, 2019.

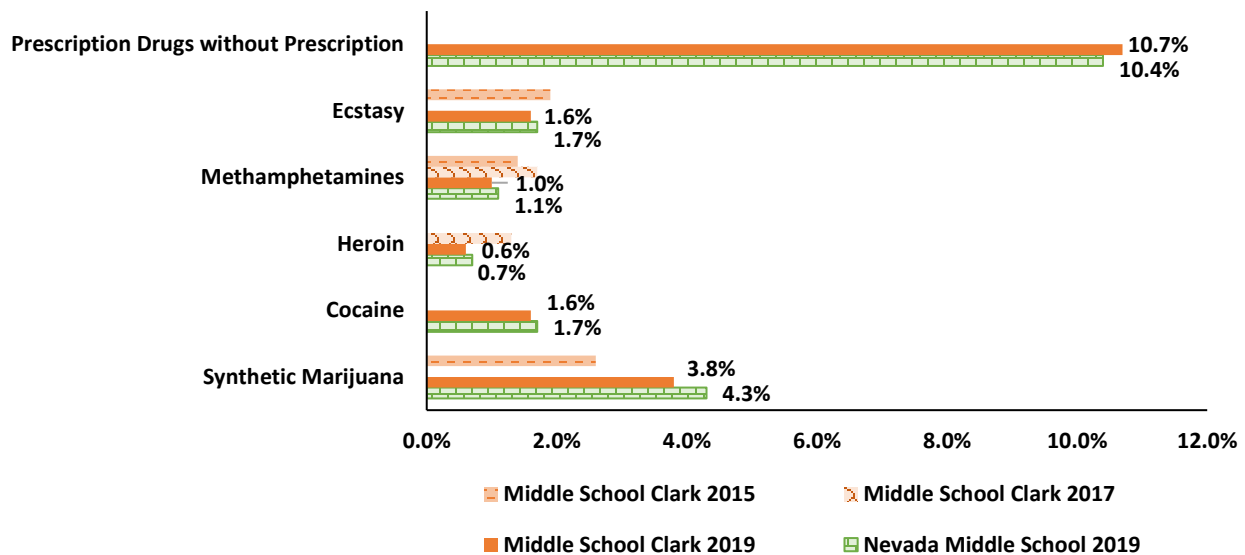


Source: Nevada Youth Risk Behavior Survey.

Chart scaled to 25% to display differences among groups.

Lifetime methamphetamine in high school students use decreased from 2.8% in 2015 to 2.5% in 2019. While lifetime cocaine use increased from 4.3% in 2015 to 4.4% in 2019, this percent is lower than Nevada high school students at 5.2%. In Clark County middle schools, 10.7% of students reported using a prescription drug without a prescription, which is higher than Nevada at 10.4%.

Figure 34b. Lifetime Drug Use, Clark County Middle School Students 2015, 2017, and 2019, and Nevada Middle School Students, 2019.



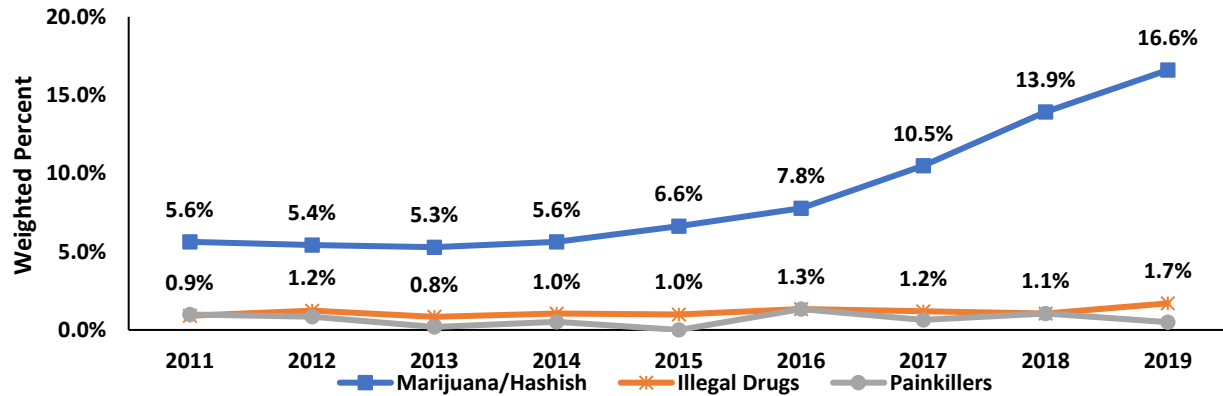
Source: Nevada Youth Risk Behavior Survey.

Chart scaled to 12% to display differences among groups.

Behavioral Risk Factor Surveillance System

BRFSS collects information on adult health-related risk behaviors. According to the Centers for Disease Control and Prevention, BRFSS is a powerful tool for targeting and building health promotion activities. The survey has questions focusing on substance use including illegal drug use, e-cigarettes, and drunkenness.

Figure 35. Adult Clark County Residents Who Used Marijuana/Hashish, Illegal Substances, or Painkillers to Get High in the Last 30 Days, Clark County, 2011-2019.



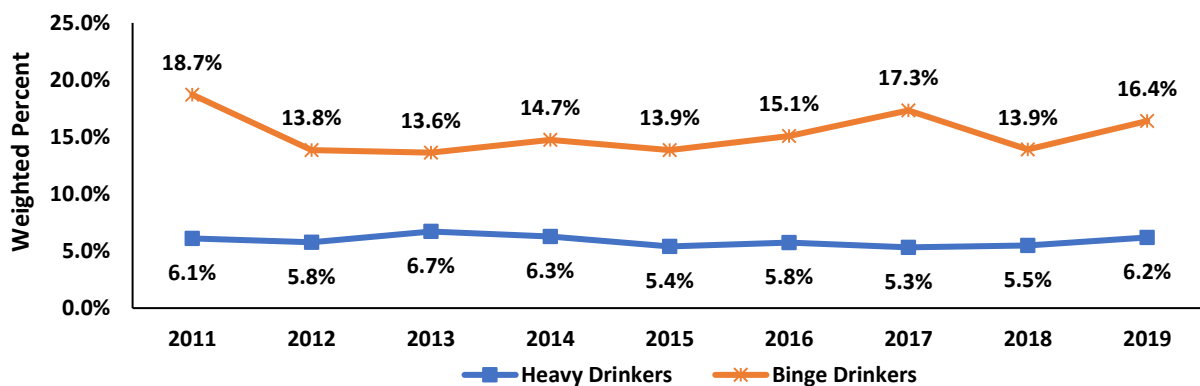
Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 20% to display differences among groups.

Specific question asked in survey: "During the past 30 days, on how many days did you use marijuana or hashish/any other illegal drug/prescription drugs without a doctor's order, just to "feel good," or to "get high"?"

Marijuana use among adult Clark County residents has more than doubled since 2011. In 2019, 16.6% reported having used marijuana in the past 30 days, up from 5.6% in 2011. Marijuana use is expected to increase as marijuana was legalized in Nevada in 2017. Of the adult Clark County residents surveyed in 2019, 0.5% (on average) used painkillers to get high in the last 30 days and 1.7% used other illegal drugs to get high in the last 30 days.

Figure 36. Percentage of Adults Who are Considered Binge Drinkers or Heavy Drinkers, Clark County, 2011-2019.



Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 25% to display differences among groups.

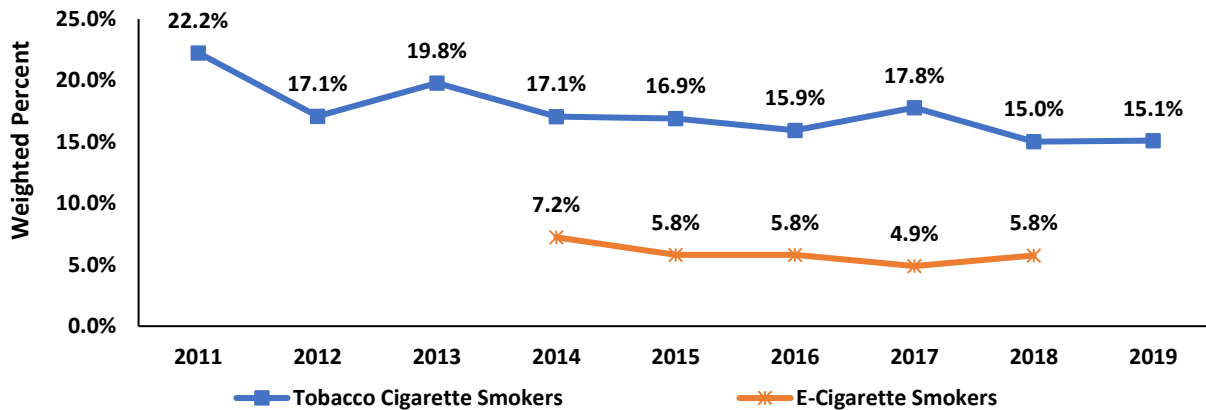
Heavy drinkers (adult men having more than 14 drinks per week and adult women having more than seven drinks per week).

Binge drinkers (adult men having five or more drinks on one occasion, adult women having four or more drinks on one occasion).

Clark County Behavioral Health Epidemiologic Profile

Binge drinking is defined in men as having five or more alcoholic beverages and woman having four or more alcoholic beverages on the same occasion. Heavy drinking is defined in men as consuming more than two alcoholic beverages, and in women as consuming more than one alcoholic beverage per a day. Binge drinking in the Clark County and Nevada were both between 16 and 17% in 2019.

Figure 37. Percentage of Adults Who are Current Tobacco Cigarette or E-Cigarette Smokers, Clark County, 2011-2019.



Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 25% to display differences among groups.

E-cigarette use was not collected until 2014 and was not collected in 2019.

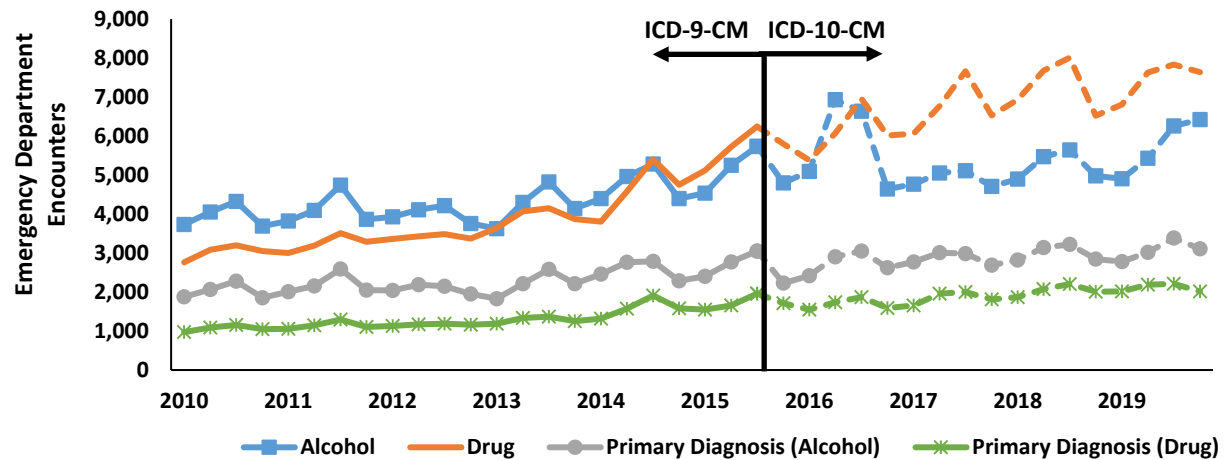
Current cigarette smokers are defined as individuals who have smoked at least 100 cigarettes in their lifetime and currently smoke. Current e-cigarette smokers are defined as individuals who currently have smoked on at least one day in the past 30 days or who currently report using e-cigarettes or other electronic "vaping" products every day or some days.

Cigarette smoking among Clark County adults has decreased significantly since 2011, from 22.2% to 15.1% in 2019. Clark County was lower than Nevada in 2019 with reported cigarette use at 15.1% and 17.5%, respectively.

Hospital Emergency Department Encounters

The hospital emergency department billing data provides health billing data for emergency departments patients for Nevada's non-federal hospitals. Since an individual can have more than one diagnosis during a single emergency department visit, the following numbers are not mutually exclusive.

Figure 38. Alcohol and Drug-Related Emergency Department Encounters by Quarter and Year, Clark County, 2010-2019.



Source: Hospital Emergency Department Billing.

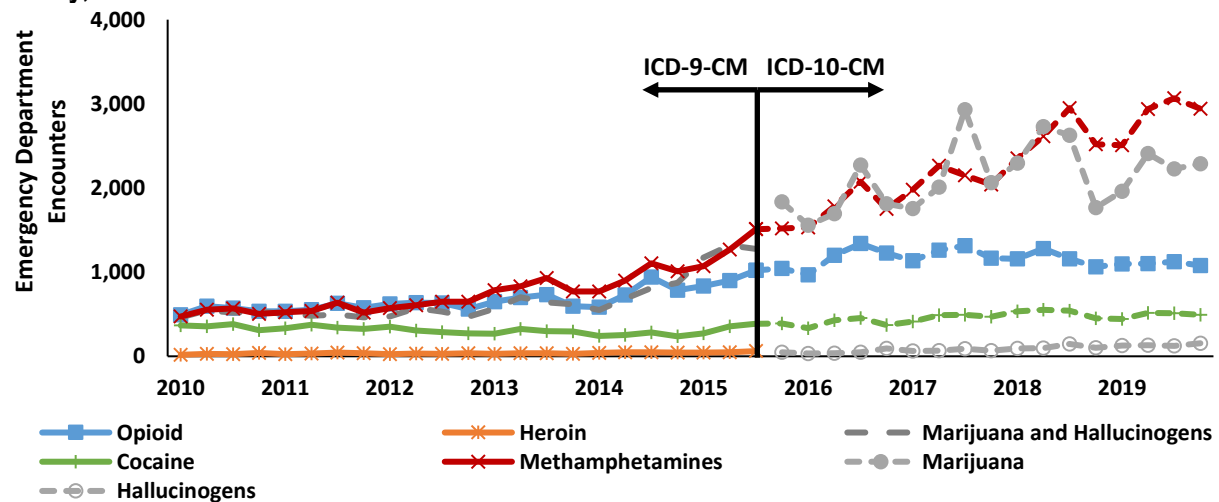
Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

The “primary diagnosis” is the condition established to be chiefly responsible for the emergency department visit. The “alcohol” and “drug” categories are for any visits where alcohol/drugs were listed in any of the diagnoses.

Alcohol-related visits were more common than drug-related visits until 2014 where drug-related visits to the emergency department surpassed alcohol-related visits and have remained higher through 2019. In 2019, there were a total of 52,939 alcohol- and drug-related emergency department encounters. Out of these encounters, 12,300 were related to alcohol (primary diagnosis) and 8,430 were drug-related (primary diagnosis).

Figure 39. Drug-Related Emergency Department Encounters by Drug and Quarter and Year, Clark County, 2010-2019.



Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

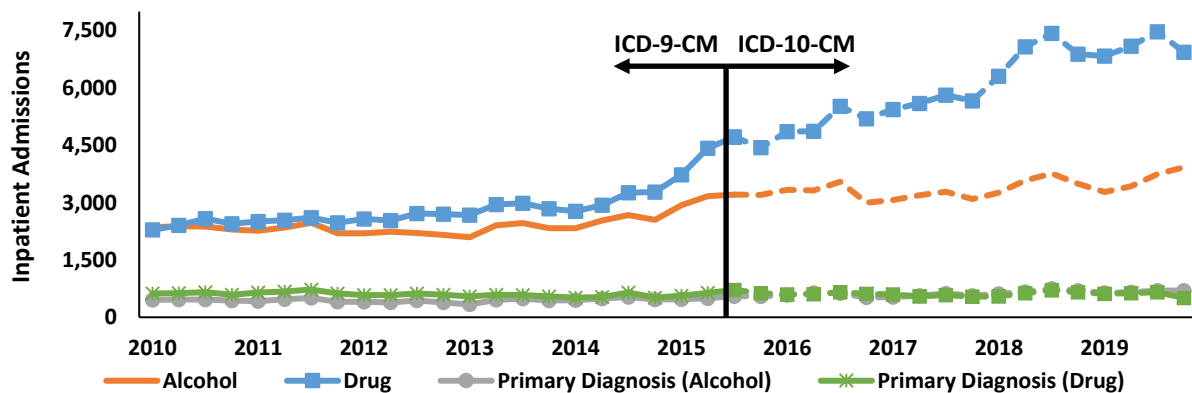
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Hallucinogens and marijuana were grouped together for ICD-9-CM, but in 2015 were separated into different groups in the ICD-10-CM codes. Heroin, cocaine, methamphetamines, and hallucinogens drug use rates were slightly higher in 2019 than in 2018.

Hospital Inpatient Admissions

The hospital inpatient admission billing data provides health billing data for patients admitted to hospitals for longer than a 24-hour period. In 2019, more people were admitted into Nevada hospitals for drug-related issues than for alcohol-related issues. Of the 38,357 alcohol and drug-related admissions, 2,696 was alcohol-related (primary diagnosis) and 2,404 (primary diagnosis) were drug-related.

Figure 40. Alcohol and Drug-Related Inpatient Admissions by Quarter and Year, Clark County, 2010-2019.



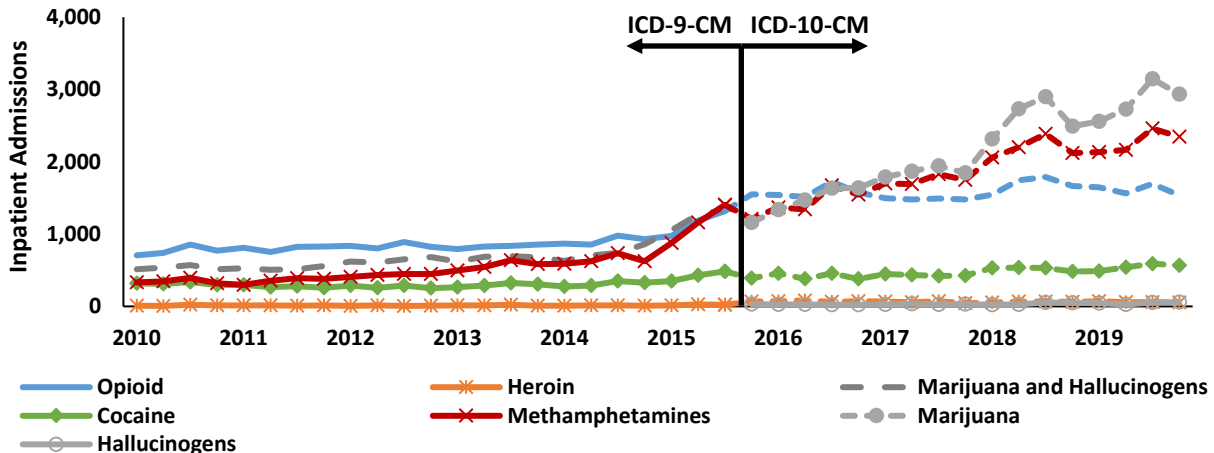
Source: Hospital Inpatient Billing.

Categories are not mutually exclusive.

ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Alcohol-related admissions were more common than drug-related admissions in 2010, but from 2011-2019, drug-related admissions have remained higher than alcohol-related.

Figure 41. Drug-Related Inpatient Admissions by Quarter and Year, Clark County, 2010-2019.



Source: Hospital Inpatient Billing.

Categories are not mutually exclusive.

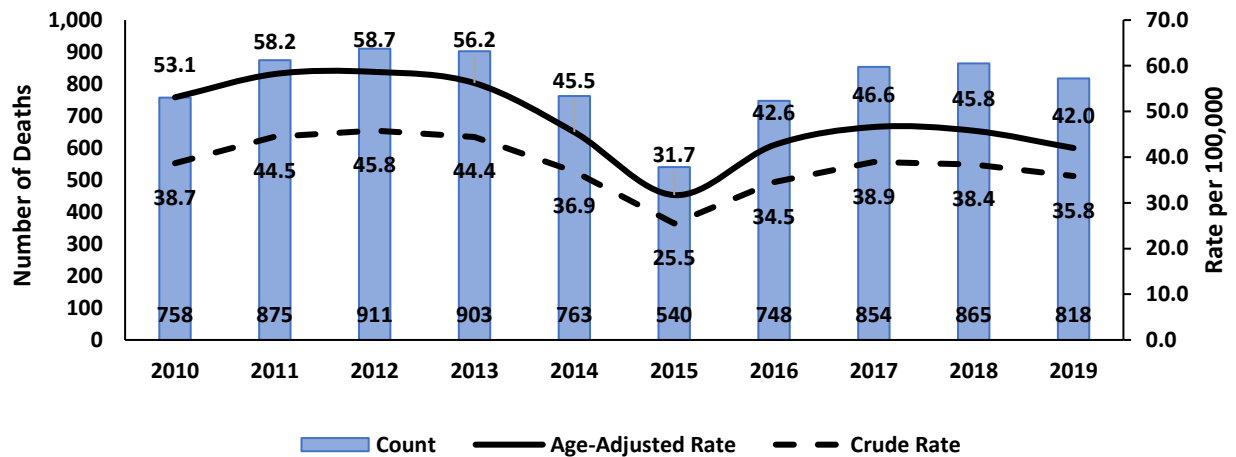
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Hallucinogens and marijuana were grouped together for ICD-9-CM, but in 2015 were separated into different groups in the ICD-10-CM codes. Opioid, cocaine, and methamphetamine inpatient admissions decreased slightly from 2018 to 2019.

Drug and Alcohol Deaths

Alcohol-related and/or drug-related deaths include deaths where alcohol/drugs are listed as the cause of death. In previous reports, contributing causes of death for alcohol/drugs were included; therefore, counts will be lower than in the previous report. In 2019, 1,092 deaths were related to alcohol and drugs in Clark County.

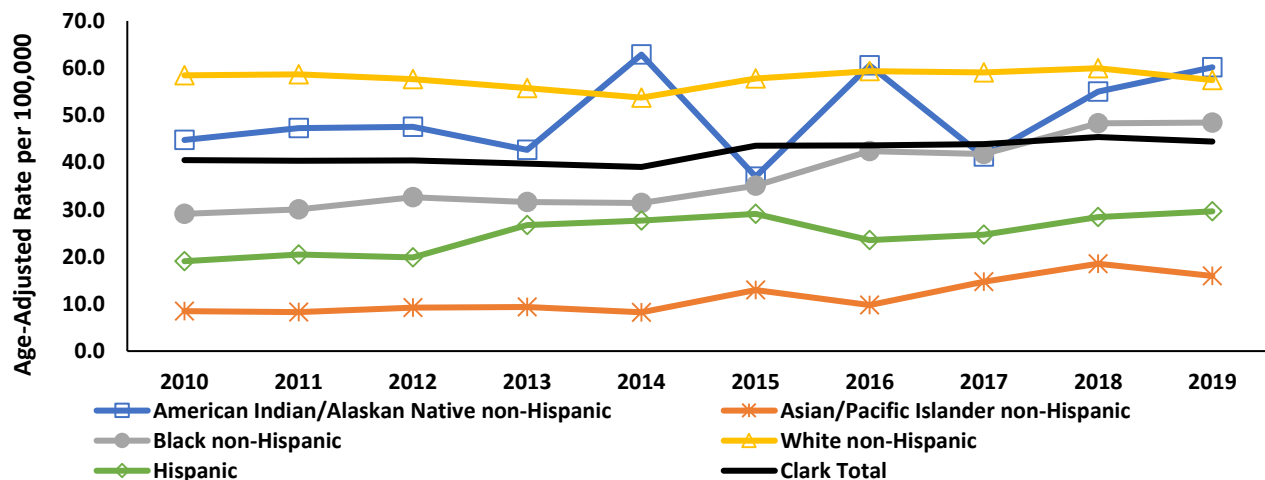
Figure 42. Alcohol-Related and/or Drug-Related Deaths and Rates, Clark County, 2010-2019.



Source: Electronic Death Registry System.

The alcohol-related and/or drug-related age-adjusted rate increased significantly in 2015 from previous years (95% confidence interval). The rate and count of drug-related and alcohol-related deaths decreased in Clark County from 38.4 per 100,000 population in 2018, to 35.8 per 100,000 in 2019.

Figure 43. Age-Adjusted Rate for Alcohol-Related and/or Drug-Related Deaths by Race, Clark County, 2010-2019.

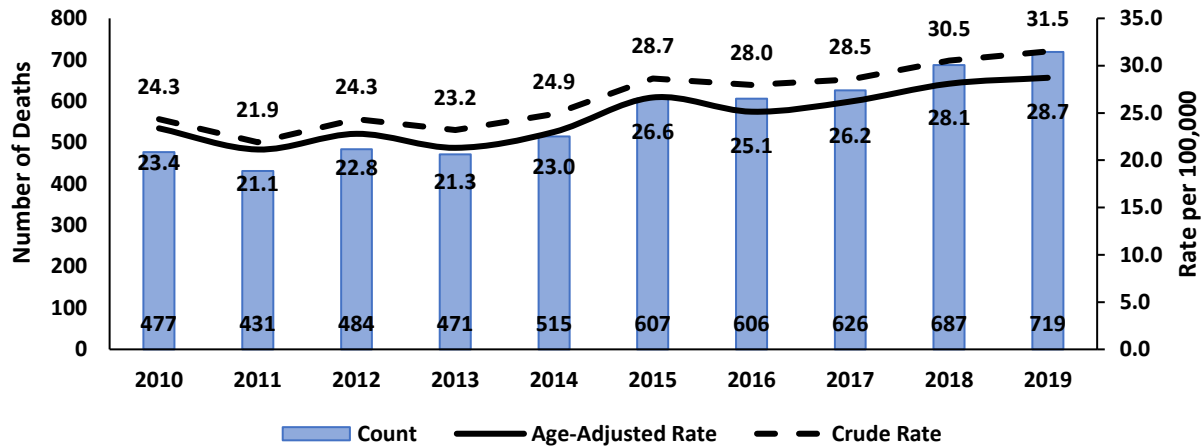


Source: Electronic Death Registry System.

Clark County Behavioral Health Epidemiologic Profile

The White non-Hispanic population had a significantly higher rate of alcohol-related and/or drug-related deaths in 2019 compared to Clark County as whole (57.4 per 100,000 and 44.5 per 100,000, respectively). While deaths in the Native American non-Hispanic population increased in 2011, 2016, and 2019, these deaths are not statistically significant (95% confidence interval) due to the relatively small population size.

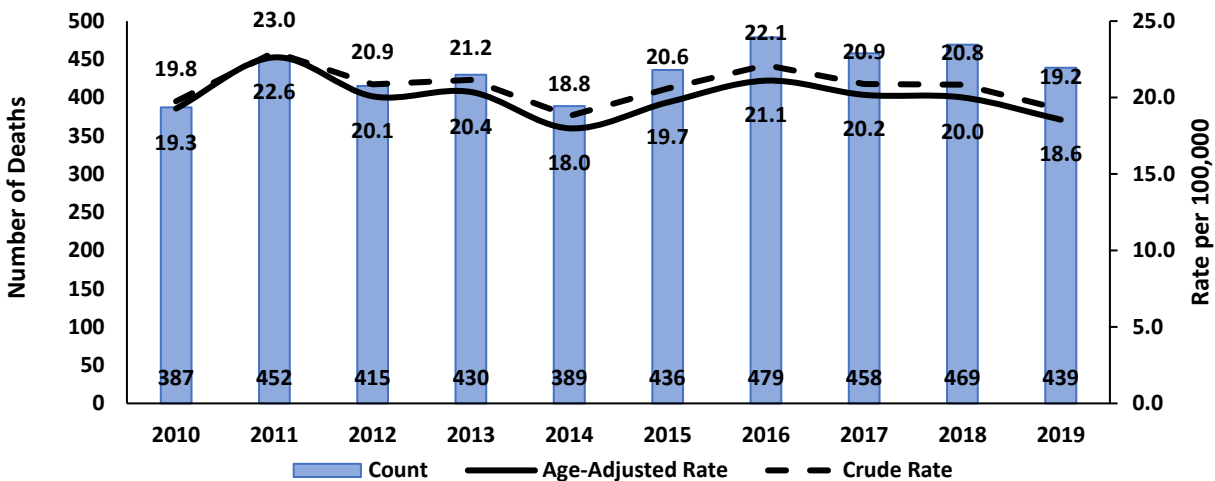
Figure 44. Alcohol-Related Deaths and Rates, 2010-2019.



Source: Electronic Death Registry System.

Alcohol-related deaths have increased from 687 in 2018 (age-adjusted rate 30.5 per 100,000), to 719 (age-adjusted rate 31.5 per 100,000).

Figure 45. Drug-Related Deaths and Rates, Clark County, 2010-2019.



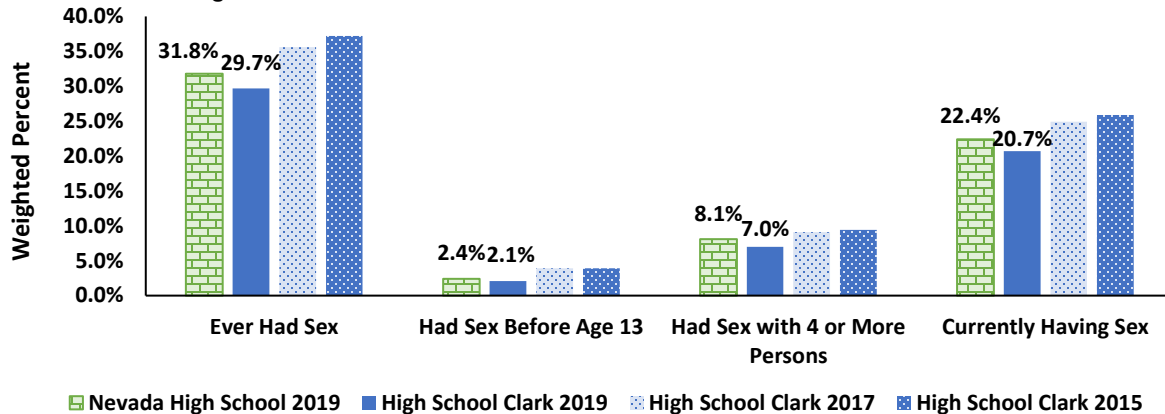
Source: Electronic Death Registry System.

In 2019, there were 439 deaths in Clark County that were drug-related (age-adjusted rate 18.6 per 100,000). This is a slight decrease from 2018.

Youth (Adverse Effects from Youth)

Youth Risk Behavior Survey (YRBS)

Figure 46. Sexual Behaviors Among Students, Clark County High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.

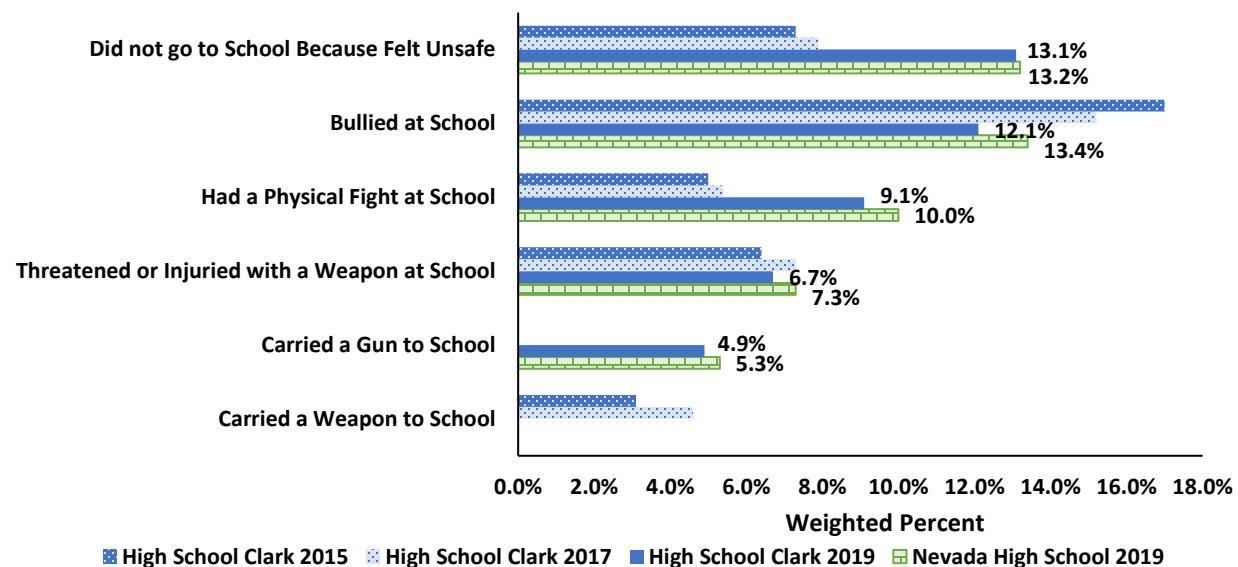


Source: Nevada Youth Risk Behavior Survey.

Chart scaled to 40% to display differences among groups.

Clark County high school students in 2019 had a lower percent of ever had sex (29.7%) compared to 2017 (37.2%). The percent of high school students currently having sex also decreased from 25.9% in 2017 to 20.7% in 2019. High school students that were over the age of 18 or 12th grade were significantly higher for ever had sex and having more than four partners.

Figure 47. Violence Among Students, Clark County High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.

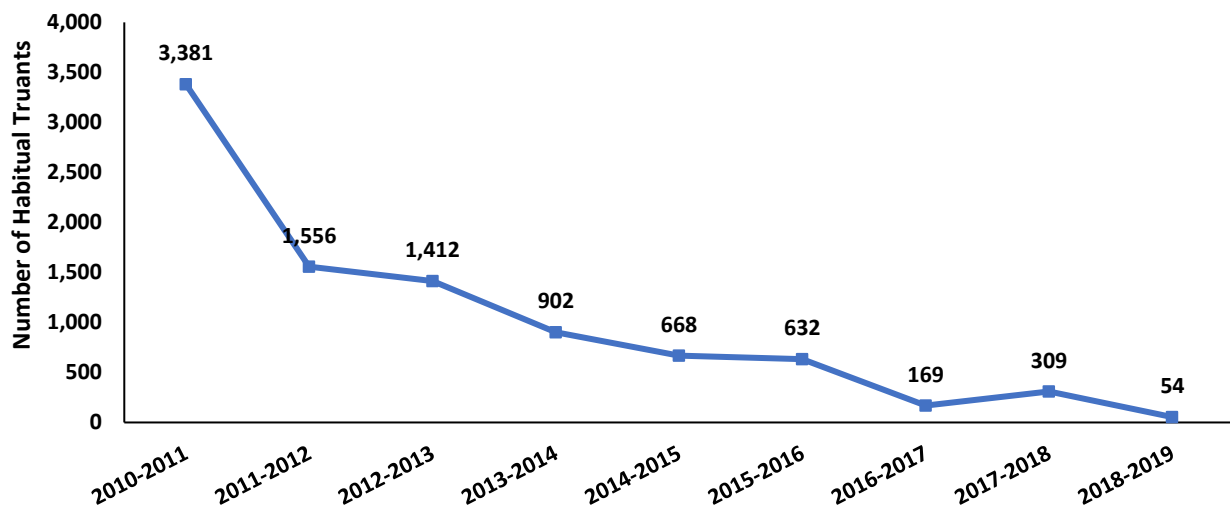
Chart scaled to 18% to display differences among groups.

Nevada Report Card

The Nevada Report Card is the accountability reporting website of the Nevada Department of Education. In compliance with federal and state law, it assists community members (parents, educators, researchers, lawmakers, etc.) in locating a wealth of detailed information pertaining to K-12 public education in Nevada. The web site has three categories: “school and district information,” “assessment and accountability” and “fiscal and technology.”

When student behavioral health needs are not identified or not provided with the necessary attention, they are more likely to experience difficulties in school. These include higher rates of suspension, expulsion, dropout, and truancy, as well as lower grades. Nationally, 50% of students aged 14 or older who are living with a mental illness drop out of high school. This is the highest dropout rate of any disability group.

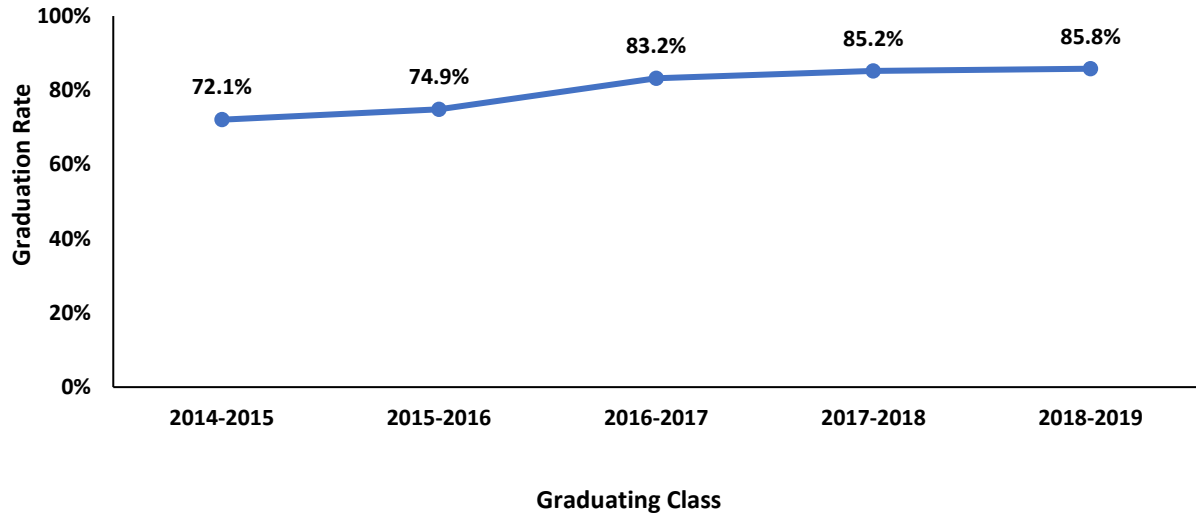
Figure 48. Number of Habitual Truants, Clark County, Class Cohorts 2010–2019.



Source: Nevada Department of Education, Report Card.

Nevada’s numbers of habitual truant students have been decreasing since the peak of 3,381 truant students during the 2010-2011 school year. This data is collected from the Nevada Department of Education.

Figure 49. High School Graduation Rate, Clark County, Class Cohorts 2014–2019.



Source: Nevada Department of Education, Report Card.

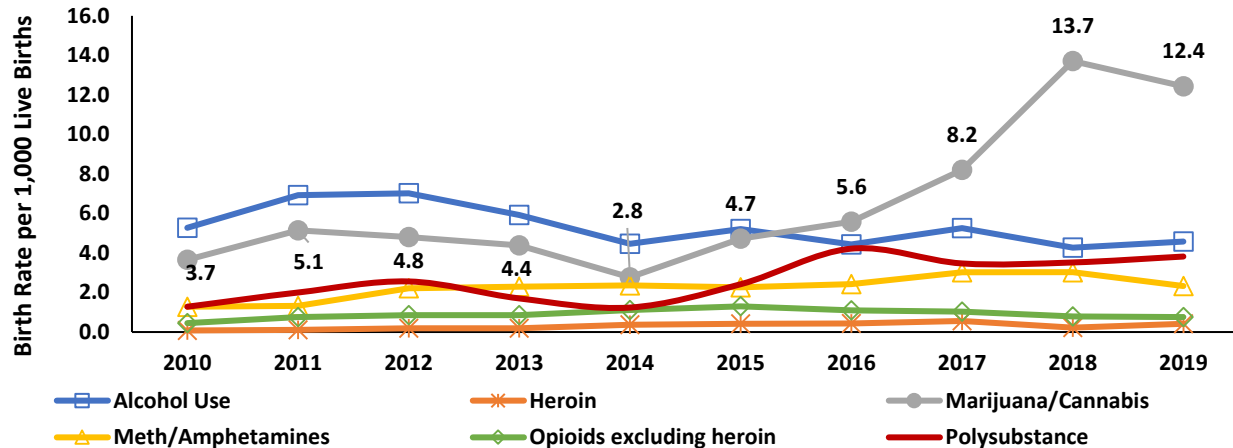
Graduation rate is defined as the rate at which 9th graders graduate by the end of the 12th grade (number of students who graduate in four years with a regular high school diploma divided by the number of students from the adjusted cohort for the graduation class). Clark County high schools posted the highest graduation rate at 85.8% for the class of 2019.

Maternal and Child Health

Substance Use Among Pregnant Women (Birth)

The data in this section is reflective of self-reported information provided by the mother on the birth record. In 2019, there were 26,210 births in Clark County.

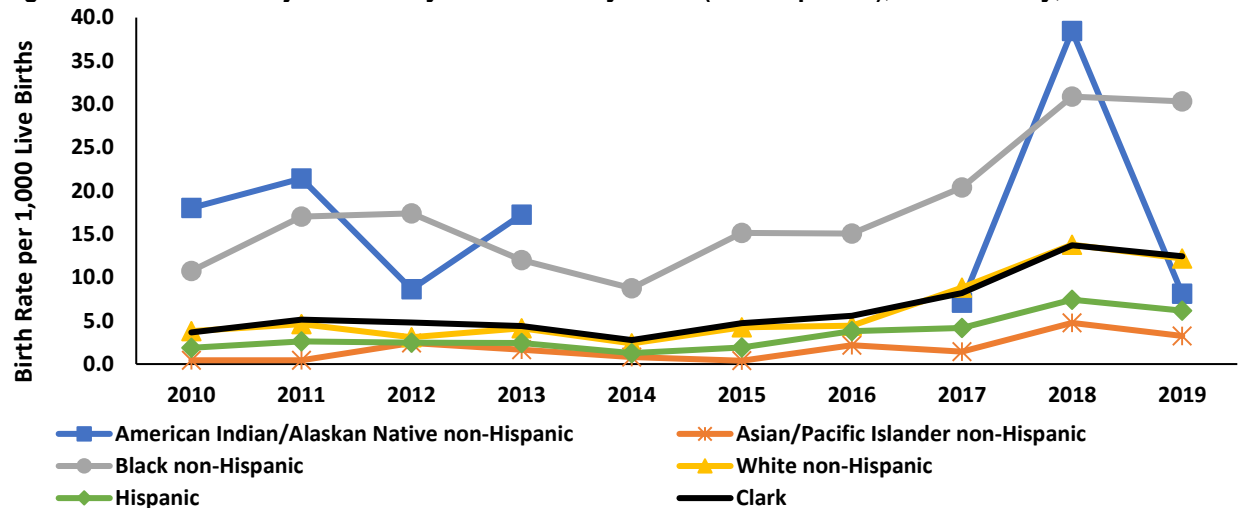
Figure 50. Prenatal Substance Use Birth Rates (Self-Reported) for Select Substances, Clark County Residents, 2010-2019.



Source: Nevada Electronic Birth Registry System.

Of the self-reported substance use during pregnancy among Clark County mothers who gave birth between 2010 and 2019, marijuana use has remained high relative to other substances at 12.4 per 1,000 live births. Since 2016, the marijuana use rate has surpassed the alcohol use rate, which was 4.6 per 1,000 births in 2019. In 2019, a rate of 2.3 per 1,000 live births was reported for meth/amphetamines, which is higher than 2010 at 1.3 per 1,000 live births. Polysubstance use (more than one substance) peaked in 2016 with 4.2 per 1,000 live births, decreased for a year, and has been gradually increasing since 2017 to the current rate of 3.8 per 1,000 live births in 2019.

Because alcohol and substance use during pregnancy is self-reported by the mothers, rates are likely lower than actual rates due to underreporting, and expectant mothers may be reluctant to be forthcoming on the birth record for a variety of reasons.

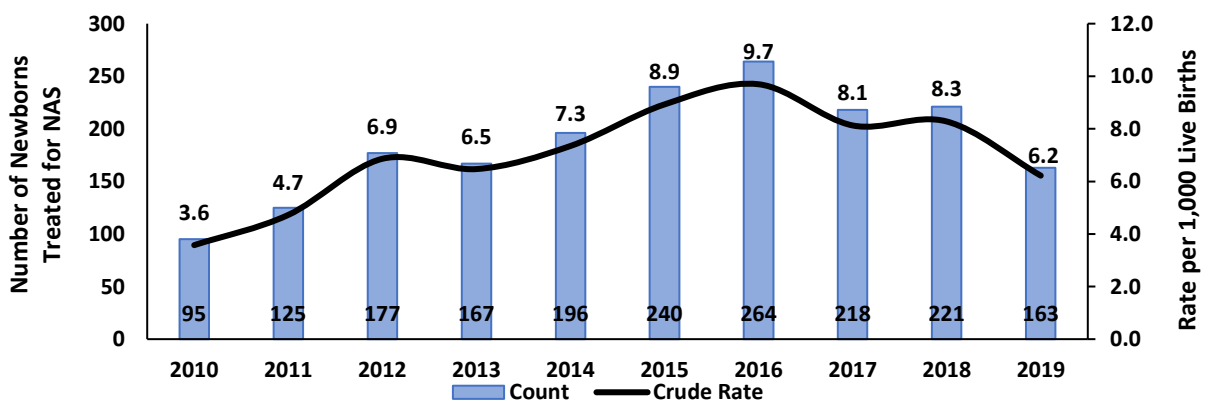
Figure 51. Prenatal Marijuana Use by Race/Ethnicity Rates (Self-Reported), Clark County, 2010-2019.

Source: Nevada Electronic Birth Registry System.

Black non-Hispanic mothers self-reported marijuana use was significantly higher than Clark County overall. Woman over 45 did have a significant decrease in tobacco use during pregnancy from 2018 to 2019 (84.3 to 24.1 per 1,000 live birth respectively). Teens aged 15-17 who gave birth had a significantly lower tobacco use rate in 2018 than all other age groups at 13.4 per 1,000.

Neonatal Abstinence Syndrome

Neonatal abstinence syndrome (NAS) is a group of problems that occur in a newborn who was exposed to addictive, illegal, or prescription drugs while in the mother's womb. Withdrawal or abstinence symptoms develop shortly after birth. The NAS rate in Clark County decreased from 8.3 in 2018 to 6.2 in 2019.

Figure 52. Neonatal Abstinence Syndrome, Clark County, 2010-2019.

Source: Hospital Inpatient Department Billing and Nevada Electronic Birth Registry System.

ICD-10-CM codes replaced ICD-9-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Appendix

Hospital billing data (emergency department and inpatient admissions) and mortality data both utilize International Classification of Diseases codes (ICD). Hospital billing uses ICD-CM which is a 7-digit code verses death where the ICD codes are 4-digit. In hospital billing data, the ICD codes are provided in the diagnosis fields, while death data the ICD codes are coded from the literal causes of death provided on the death certificate.

In October 2015, ICD-10-CM codes were implemented nationwide. Before October 2015, ICD-9-CM codes were used for medical billing. Therefore, 2015 data consists of two distinct coding schemes, ICD-9-CM and ICD-10-CM, respectively. Due to this change in coding schemes, hospital billing data from October 2015 forward may not be directly comparable to previous data.

The following ICD-CM codes were used to define hospital encounters and admissions:

All Diagnosis:

Anxiety: 300.0 (9); F41 (10)
Bi-Polar: 296.40-296.89 (9); F32.89, F31 (10)
Depression: 296.20-296.36, 311 (9); F32.0-F32.5, F33.0-F33.4, F32.9 (10)
Post-Traumatic Stress Disorder: 309.81 (9); F43.10, F43.12 (10)
Schizophrenia: 295 V11.0 (9); F20, Z65.8 (10)
Suicidal Ideation: V62.84 (9); R45.851 (10)
Suicide Attempts: E95.0-E95.9 (9); X71-X83, T36-T65, T71 (10)

Primary and All Diagnosis:

Alcohol: 291, 303, 980, 305.0, 357.5, 425.5, 535.3, 571.0, 571.1, 571.2, 571.3, 790.3 (9); F10, K70, G62.1, I42.6, K29.2, R78.0, T51 (10).
Drug: 292, 304, 965, 967, 968, 969, 970, 305.2, 305.3, 305.4, 305.5, 305.6, 305.7, 305.8, 305.9 (9); F11- F16, T39, T40, T43, F18, F19 T410, T41.1, T41.2, T41.3, T41.4, T42.3, T43.4, T42.6, T42.7, T42.8 (10).

*Alcohol and Drug Use encounters are both Primary Diagnosis and All Diagnosis were analyzed:

The following ICD-10 codes were used to define mortality causes:

Suicide-related deaths: X60-X84, Y87.0 (Initial cause of death is suicide).
Mental and Behavioral-related deaths: F00-F09, and F20-F99 (Initial or contributing cause of death).
Alcohol-related deaths: K70, Y90, Y91, X45, X65, Y15, T51, K73, K74, G31.2, G62.1, I42.6, K29.2, K86.0, K85.0, R78.0, E24.4, O35.4, Q86.0, and Z72.1 (Initial cause of death).
Drug-related Deaths: X40-X44, X60-S64, X85, Y10-Y14 (Initial cause of death).

*The 2019 Epidemiologic Profile utilized contributing cause of death for drug and alcohol related deaths, this methodology is changed to only the initial cause of death in this report, numbers will have decreased due to this change.

Clark County Behavioral Health Epidemiologic Profile

Data Tables

Table 1. Population Distribution, Clark County, Nevada, 2010-2019.

	2010	2011	2012	2013	2014	2015	2016	2017	2017	2019
Clark	1,959,491	1,967,722	1,988,195	2,031,723	2,069,450	2,118,353	2,166,177	2,193,818	2,232,176	2,282,227
Sex										
Female	971,788	976,380	987,211	1,009,806	1,029,445	1,056,208	1,080,984	1,095,543	1,115,553	1,141,483
Male	987,703	991,342	1,000,985	1,021,917	1,040,005	1,062,145	1,085,193	1,098,275	1,116,623	1,140,743
Age										
<1	27,214	26,416	25,778	25,766	27,156	26,829	27,658	28,357	28,724	29,666
1-4	120,731	116,512	111,709	109,003	107,498	109,444	110,667	111,363	113,812	116,710
5-14	264,582	269,842	277,599	286,221	291,394	304,637	307,778	308,203	308,944	309,834
15-24	258,918	258,737	260,630	266,774	271,719	280,770	288,540	291,397	297,151	307,001
25-34	288,483	282,903	279,240	281,152	282,754	292,925	299,546	305,043	312,620	322,276
35-44	294,144	294,461	298,055	304,228	308,571	307,932	313,075	314,897	318,390	321,761
45-54	266,222	268,312	270,717	276,837	283,538	286,194	293,497	295,811	297,552	302,335
55-64	212,237	216,361	220,293	227,371	233,618	239,885	246,670	251,401	257,150	264,568
65-74	140,629	144,178	151,822	159,316	164,726	169,259	173,582	177,562	182,827	188,181
75-84	65,896	68,350	69,707	71,568	74,136	75,939	79,834	83,767	88,512	92,627
85+	20,436	21,650	22,644	23,486	24,339	24,539	25,330	26,016	26,494	27,268
Race/Ethnicity										
White non-Hispanic	971,255	970,115	971,165	977,281	982,223	985,690	992,118	993,805	997,699	1,003,979
Black non-Hispanic	206,115	207,641	211,021	217,814	223,543	231,243	238,599	243,157	249,224	256,931
Native American/Alaskan Native non-Hispanic	13,200	13,255	13,324	13,413	13,548	14,553	14,727	14,851	14,998	15,176
Asian/Pacific Islander non-Hispanic	194,881	195,410	199,045	208,021	215,690	229,502	239,493	244,808	252,590	263,040
Hispanic	574,040	581,302	593,640	615,194	634,447	657,366	681,240	697,196	717,664	743,101

Source: Nevada State Demographer, vintage 2019.

Clark County Behavioral Health Epidemiologic Profile

Table 2: Prevalence Estimates of Health Risk Behaviors by Region, Nevada Adults, 2019.

Indicator	Clark	Northern	Rural	Southern	Washoe	Nevada
Ever seriously considered attempting suicide during the past 12 months	4.9% (3.2 - 6.6)	5.4% (2.7-8.1)	6.1% (1.6-10.6)	5.2% (0.0-11.9)	4.1% (2.6-5.5)	4.8% (3.6-6)
Heavy Drinkers	6.2% (4.6 - 7.8)	7.9% (4.9-10.9)	7.4% (3.1-11.6)	2.2% (0.0 - 6.6)	6.8% (4.8-8.8)	6.4% (5.1-7.7)
Binge Drinkers	16.4% (13.8 - 19.0)	15.9% (11.7-20.1)	22.0% (15-29)	11.3% (0.2 - 22.5)	18.3% (15.2-21.4)	15.0% (13.2-16.9)
General Health Poor or Fair	21.4% (18.7 - 24.4)	18.7% (14.4-23.1)	16.1% (10.2-22)	22.4% (5.3 - 36.5)	19.6% (16.3-22.8)	20.9% (18.7-23.1)
Depressive Disorder Diagnosis	18.0% (15.5 - 20.7)	21.9% (18-25.8)	15.2% (9.5-20.9)	16.9% (1.2 - 32.9)	16.8% (13.8-19.9)	17.7% (15.7-19.7)
Ten or more days of poor mental health	17.4% (15.0 - 20.3)	22.4% (17.4-27.2)	19.5% (12.9-26)	17.3% (1.3 - 25.5)	17.3% (14.4-20.2)	17.6% (15.5-19.6)
Ten or more days of poor mental or physical health kept from usual activities	23.3% (19.7 - 27.6)	20.5% (14.8-26.2)	24.4% (14-34.9)	29.1% (12.8 - 45.3)	20.3% (16.1-24.5)	22.9% (19.8-25.9)
Used marijuana/hashish in the last 30 days	16.4% (13.8 - 19.3)	20.3% (15.6-25.1)	21.5% (14-29)	11.0% (1.9 - 11.5)	18.7% (15.4-21.9)	17.4% (15.3-19.4)
Used other illegal drugs in the last 30 days	1.7% (0.8 - 2.6)	1.6% (0.1-3.1)	0.0% 0	2.3% (0.0 - 4.5)	3.1% (1.6-4.6)	1.9% (1.2-2.6)
Used prescription drugs/pain killer to get high in last 30 days	0.6% (0.5 - 1.1)	1.0% (0-2.2)	0.9% (0-2.2)	0.0% (~ - 2.9)	0.9% (0.4-1.5)	1.0% (0.2-1.1)
Current tobacco cigarette smokers	14.9% (12.7 - 17.5)	17.4% (13-21.8)	23.1% (15.7-30.4)	17.0% (3.9 - 26.5)	15.7% (12.7-18.8)	15.7% (13.8-17.5)
Difficulty doing errands alone because of physical, mental, or emotional condition	8.7% (6.8 - 10.9)	10.6% (6.9-14.3)	7.2% (3.3-11.1)	10.8% (0.0 - 25.2)	7.5% (5.5-9.5)	8.6% (7.1-10.2)
Serious difficulty concentrating, remembering, or making decisions because of physical, mental, or emotional condition	13.0% (10.8 - 15.4)	13.9% (9.8-18)	14.4% (8.2-20.7)	9.4% (1.5 - 16.9)	11.1% (8.5-13.7)	12.8% (11-14.6)

Source: Behavioral Risk Factor Surveillance System (BRFSS).

Clark County Behavioral Health Epidemiologic Profile

Table 3a. Age-Adjusted Rates per 100,000 of Mental Health-Related Emergency Department Encounters by Region, Nevada Residents, 2019.

Region	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
Clark	508.7 (499.4-517.9)	1,983.1 (1,964.9-2,001.2)	1,254.6 (1,240.2-1,269.0)	763.0 (751.8-774.3)	245.3 (238.9-251.7)	577.9 (568.1-587.8)
Northern	158.3 (139.9-176.7)	1,391.1 (1,338.9-1,443.2)	584.0 (551.0-617.0)	466.6 (435.1-498.1)	131.7 (114.9-148.5)	223.1 (200.4-245.8)
Rural	245.6 (213.7-277.4)	2,741.4 (2,636.0-2,846.9)	2,160.2 (2,066.2-2,254.3)	623.5 (573.0-674.1)	464.2 (417.7-510.8)	383.1 (343.4-422.7)
Southern	206.9 (166.6-247.3)	1,530.6 (1,430.9-1,630.4)	827.2 (753.3-901.1)	477.9 (418.5-537.4)	216.4 (177.9-255.0)	585.9 (519.5-652.3)
Washoe	309.6 (293.5-325.8)	1,876.0 (1,837.0-1,915.0)	1,142.6 (1,112.3-1,172.8)	565.8 (544.4-587.2)	238.6 (224.5-252.7)	415.0 (396.5-433.5)
Nevada	445.4 (438.0-452.9)	1,945.8 (1,930.4-1,961.3)	1,212.8 (1,200.7-1,224.9)	707.6 (698.3-717.0)	242.9 (237.4-248.5)	527.8 (519.7-535.9)

Source: Hospital Emergency Department Billing.

Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019.

Categories are not mutually exclusive.

Table 3b. Crude Rates per 100,000 of Mental Health-Related Emergency Department Encounters by Region, Nevada Residents, 2019.

Region	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
Clark	510.6 (501.3-519.8)	2,008.1 (1,989.7-2,026.5)	1,281.0 (1,266.4-1,295.7)	769.4 (758.0-780.8)	244.8 (238.3-251.2)	575.4 (565.5-585.2)
Northern	147.4 (130.2-164.5)	1,416.5 (1,363.4-1,469.7)	622.7 (587.4-657.9)	437.4 (407.9-466.9)	122.5 (106.8-138.1)	192.5 (172.9-212.1)
Rural	234.4 (204.0-264.9)	2,670.2 (2,567.5-2,772.9)	2,084.2 (1,993.4-2,174.9)	601.5 (552.8-650.2)	392.8 (353.4-432.2)	369.1 (330.9-407.3)
Southern	170.6 (137.3-203.9)	1,528.8 (1,429.2-1,628.4)	812.5 (739.9-885.1)	418.9 (366.8-471.1)	204.4 (168.0-240.8)	505.1 (447.8-562.3)
Washoe	300.5 (284.8-316.1)	1,889.3 (1,850.0-1,928.6)	1,168.6 (1,137.7-1,199.5)	570.9 (549.3-592.5)	234.5 (220.6-248.3)	411.1 (392.8-429.4)
Nevada	441.9 (434.5-449.3)	1,970.3 (1,954.7-1,985.9)	1,241.4 (1,229.0-1,253.8)	708.0 (698.6-717.4)	239.8 (234.4-245.3)	520.2 (512.2-528.2)

Source: Hospital Emergency Department Billing.

Rates are per 100,000 population, provided by the state demographer, vintage 2019.

Categories are not mutually exclusive.

Clark County Behavioral Health Epidemiologic Profile

Table 4a. Age-Adjusted Rates per 100,000 of Mental Health-Related Inpatient Admissions by Region, Nevada Residents, 2019.

Region	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
Clark	245.6 (239.2-251.9)	1,135.3 (1,121.7-1,148.8)	1,066.8 (1,053.6-1,079.9)	473.5 (464.7-482.2)	187.4 (181.8-192.9)	559.8 (550.1-569.4)
Northern	89.1 (76.3-102.0)	1,276.0 (1,228.3-1,323.7)	1,250.4 (1,202.8-1,297.9)	400.3 (372.2-428.4)	342.5 (315.6-369.3)	651.4 (613.2-689.5)
Rural	31.7 (21.0-42.4)	572.2 (524.9-619.6)	669.4 (618.0-720.8)	160.7 (135.0-186.4)	122.5 (100.1-144.9)	289.8 (255.1-324.4)
Southern	91.9 (67.4-116.4)	1,324.1 (1,244.0-1,404.2)	915.4 (845.9-985.0)	526.8 (466.8-586.8)	229.5 (192.0-267.0)	394.1 (342.3-446.0)
Washoe	132.9 (122.7-143.2)	988.0 (960.2-1,015.7)	1,077.1 (1,048.1-1,106.2)	402.8 (384.9-420.7)	281.9 (266.6-297.1)	713.4 (689.0-737.7)
Nevada	445.4 (438.0-452.9)	1,945.8 (1,930.3-1,961.2)	1,212.8 (1,200.7-1,224.9)	707.6 (698.2-717.0)	242.9 (237.4-248.5)	527.8 (519.6-535.9)

Source: Hospital Inpatient Billing.

Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019.

Categories are not mutually exclusive.

Table 4b. Crude Rates per 100,000 of Mental Health-Related Inpatient Admissions by Region, Nevada Residents, 2019.

Region	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
Clark	251.6 (245.1-258.1)	1,183.2 (1,169.1-1,197.3)	1,107.4 (1,093.7-1,121.0)	490.0 (480.9-499.1)	192.1 (186.4-197.7)	564.3 (554.6-574.1)
Northern	96.0 (82.2-109.8)	1,427.4 (1,374.1-1,480.8)	1,379.2 (1,326.8-1,431.6)	405.2 (376.8-433.7)	323.8 (298.4-349.2)	580.6 (546.6-614.7)
Rural	35.0 (23.2-46.7)	576.8 (529.1-624.6)	670.4 (618.9-721.9)	154.2 (129.6-178.9)	118.2 (96.6-139.9)	276.6 (243.5-309.6)
Southern	91.2 (66.9-115.6)	1,773.7 (1,666.4-1,881.0)	1,125.0 (1,039.6-1,210.5)	500.0 (443.1-557.0)	243.3 (203.5-283.0)	375.0 (325.7-424.3)
Washoe	136.8 (126.2-147.4)	1,034.6 (1,005.5-1,063.6)	1,125.4 (1,095.1-1,155.7)	413.0 (394.6-431.4)	277.9 (262.8-293.0)	702.8 (678.9-726.8)
Nevada	441.9 (434.5-449.3)	1,970.2 (1,954.6-1,985.8)	1,241.4 (1,229.0-1,253.8)	708.0 (698.6-717.3)	239.8 (234.3-245.2)	520.2 (512.1-528.2)

Source: Hospital Inpatient Billing.

Rates are per 100,000 population, provided by the state demographer, vintage 2019.

Categories are not mutually exclusive.

Clark County Behavioral Health Epidemiologic Profile

Table 5. Mental Health-Related Deaths Age-Adjusted Rates and Region, Nevada Residents, 2019.

Region	White non-Hispanic	Black non-Hispanic	Native American/ Alaskan Native	Asian/Pacific Islander	Hispanic	Total
Clark	45.5 (41.9-49.1)	51.1 (40.1-62.1)	15.3 (0.0-45.3)	27.1 (20.0-34.3)	26.1 (19.3-32.8)	42.0 (39.1-44.9)
Northern	83.1 (72.4-93.9)	0.0 (0.0-00.0)	70.8 (8.7-132.9)	42.7 (0.0-101.8)	12.9 (0.0-30.7)	79.2 (69.1-89.2)
Rural	41.5 (26.4-56.6)	0.0 (0.0-00.0)	0.0 (0.0-00.0)	0.0 (0.0-00.0)	26.5 (0.0-56.5)	36.5 (23.9-49.2)
Southern	36.0 (24.5-47.4)	115.9 (0.0-276.5)	0.0 (0.0-00.0)	90.5 (0.0-215.8)	32.4 (0.0-77.4)	39.5 (28.0-51.1)
Washoe	77.1 (68.0-86.1)	55.6 (0.0-118.6)	60.8 (1.2-120.3)	42.0 (16.0-68.1)	35.1 (15.2-54.9)	71.7 (63.7-79.7)
Nevada	55.1 (51.9-58.2)	52.3 (41.4-63.1)	33.1 (12.6-53.6)	29.5 (22.5-36.4)	26.5 (20.6-32.5)	50.1 (47.5-52.7)

Source: Electronic Death Registry System.

Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019.

Table 6. Suicide Attempts and Suicides by Leading Method and Region, Nevada Residents, 2019.

Region	Suicide Attempts				Suicides		
	Emergency Department Encounters		Inpatient Admissions		Substance	Hanging/ Suffocation	Firearms/ Explosives
	Substance	Cutting	Substance	Cutting			
Clark	49.8 (46.9-52.7)	8.2 (7.1-9.4)	54.4 (51.4-57.4)	27.0 (24.9-29.1)	3.2 (2.4-03.9)	3.9 (3.1-04.7)	9.6 (8.4-10.9)
Northern	83.5 (70.6-96.4)	18.7 (12.6-24.8)	42.0 (32.9-51.2)	22.8 (16.1-29.6)	3.1 (0.6-05.6)	9.9 (5.4-14.3)	17.1 (11.3-23.0)
Rural	78.1 (60.6-95.7)	46.3 (32.8-59.8)	35.0 (23.2-46.7)	9.3 (3.2-15.3)	0.0 -	4.1 (0.1-08.1)	25.7 (15.6-35.8)
Southern	79.4 (56.7-102.1)	62.5 (42.4-82.6)	49.0 (31.2-66.8)	11.8 (3.1-20.6)	5.1 (0.0-10.8)	5.1 (0.0-10.8)	23.6 (11.3-36.0)
Washoe	51.7 (45.2-58.2)	11.3 (8.2-14.3)	87.9 (79.4-96.4)	12.1 (9.0-15.3)	3.8 (2.1-05.6)	6.4 (4.1-08.7)	13.0 (9.7-16.2)
Nevada	54.4 (51.8-57.0)	25.6 (23.9-27.4)	56.7 (54.0-59.3)	9.5 (8.5-10.6)	3.2 (2.6-03.8)	4.7 (3.9-05.4)	11.4 (10.2-12.6)

Source: Hospital Emergency Department Billing, Inpatient Billing, and the Electronic Death Registry System.

Rates are per 100,000 population, provided by the state demographer, vintage 2019.

Clark County Behavioral Health Epidemiologic Profile

Table 7. Suicides (Crude) Rates by Age, Race/Ethnicity and Region, Nevada Residents, 2019.

	Clark	Northern	Rural	Southern	Washoe	Nevada
Age Group						
Less than 15	0.6 (0.0-01.5)	4.6 (0.0-13.6)	0.0 -	0.0 -	3.3 (0.0-07.9)	1.2 (0.2-02.3)
15-24	13.0 (9.0-17.1)	18.1 (0.4-35.8)	52.5 (13.6-91.4)	0.0 -	19.9 (9.1-30.7)	15.4 (11.7-19.2)
25-34	24.2 (18.8-29.6)	32.0 (9.8-54.1)	31.9 (6.4-57.5)	42.8 (0.0-91.3)	28.8 (15.8-41.7)	26.0 (21.2-30.7)
35-44	17.1 (12.6-21.6)	51.7 (19.6-83.7)	42.6 (0.9-84.4)	70.8 (1.4-140.2)	23.3 (11.1-35.5)	20.9 (16.5-25.3)
45-54	23.2 (17.7-28.6)	43.9 (18.0-69.9)	34.5 (0.7-68.3)	44.8 (0.0-95.6)	30.4 (16.0-44.9)	26.4 (21.4-31.4)
55-64	27.2 (20.9-33.5)	26.1 (6.8-45.5)	16.4 (0.0-39.1)	32.7 (0.0-69.8)	36.4 (21.2-51.7)	28.4 (23.0-33.8)
65-74	29.2 (21.5-37.0)	28.1 (7.3-48.8)	44.2 (0.9-87.5)	47.2 (0.9-93.5)	23.9 (9.8-38.0)	29.3 (22.9-35.7)
75-84	35.6 (23.5-47.8)	44.3 (8.9-79.8)	95.4 (1.9-188.9)	17.7 (0.0-52.3)	67.7 (32.2-103.1)	42.4 (31.5-53.3)
85+	44.0 (19.1-68.9)	108.6 (13.4-203.8)	90.1 (0.0-266.6)	120.7 (0.0-288.1)	16.1 (0.0-47.5)	51.4 (29.4-73.4)
Race/Ethnicity						
White non-Hispanic	29.1 (25.7-32.4)	38.5 (28.5-48.4)	39.9 (24.9-55.0)	39.3 (21.1-57.4)	34.2 (27.5-40.8)	31.8 (29.0-34.6)
Black non-Hispanic	13.2 (8.8-17.7)	0.0 -	0.0 -	0.0 -	8.2 (0.0-24.4)	12.8 (8.5-17.0)
Native American/Alaskan Native non-Hispanic	19.8 (0.0-42.1)	0.0 -	38.0 (0.0-90.6)	0.0 -	13.5 (0.0-40.1)	16.9 (3.4-30.4)
Asian/Pacific Islander non- Hispanic	10.6 (6.7-14.6)	0.0 -	0.0 -	0.0 -	12.0 (0.2-23.7)	10.5 (6.9-14.2)
Hispanic	7.5 (5.6-09.5)	6.3 (0.0-15.0)	13.9 (0.0-29.6)	23.5 (0.0-56.0)	4.1 (0.5-07.7)	7.3 (5.6-09.1)
Total	18.3 (16.5-20.0)	30.6 (22.8-38.4)	32.9 (21.5-44.3)	33.8 (19.0-48.6)	24.0 (19.6-28.5)	20.7 (19.1-22.3)

Source: Electronic Death Registry System.

Rates are per 100,000 population, provided by the state demographer, vintage 2019.

Clark County Behavioral Health Epidemiologic Profile

Table 8a. Drug-Related Emergency Department Encounters Age-Adjusted Rates by Drug Type and Region, Nevada Residents, 2019.

Region	Opioids	Heroin	Cocaine	Methamphetamines	Marijuana	Hallucinogens
Clark	188.7 (183.1-194.3)	8.6 (7.4-9.8)	83.6 (79.9-87.3)	507.7 (498.4-517.0)	390.3 (382.2-398.4)	24.0 (21.9-26.0)
North	165.7 (147.7-183.6)	8.4 (4.5-12.3)	30.9 (22.5-39.4)	280.3 (255.3-305.2)	594.4 (558.4-630.4)	3.4 (.7-6.2)
Rural	128.1 (105.9-150.3)	9.4 (4.1-14.8)	24.6 (14.3-34.8)	262.9 (230.3-295.5)	594.3 (545.2-643.4)	10.3 (3.6-17.0)
Southern	211.2 (173.8-248.7)	19.1 (9.1-29.1)	18.0 (6.8-29.2)	377.6 (324.4-430.7)	232.4 (191.0-273.9)	8.5 (.2-16.8)
Washoe	220.5 (207.1-233.9)	18.3 (14.4-22.2)	38.5 (32.9-44.1)	525.1 (503.9-546.2)	240.5 (226.4-254.6)	7.7 (5.1-10.2)
Nevada	200.1 (195.1-205.0)	10.4 (9.3-11.5)	70.7 (67.7-73.6)	489.1 (481.2-496.9)	382.7 (375.8-389.6)	19.9 (18.3-21.5)

Source: Hospital Emergency Department Billing.

Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019.

Categories are not mutually exclusive.

Table 8b. Drug-Related Emergency Department Encounters Crude Rates by Drug Type Region, Nevada Residents, 2019.

Region	Opioids	Heroin	Cocaine	Methamphetamines	Marijuana	Hallucinogens
Clark	192.9 (187.2-198.6)	8.9 (7.6-10.1)	85.9 (82.1-89.7)	501.8 (492.6-511.0)	389.3 (381.2-397.4)	23.6 (21.6-25.6)
North	169.7 (151.3-188.1)	9.3 (5.0-13.7)	26.5 (19.2-33.7)	251.7 (229.3-274.1)	543.8 (510.9-576.7)	3.1 (.6-5.6)
Rural	131.6 (108.8-154.4)	12.3 (5.4-19.3)	22.6 (13.2-32.1)	257.1 (225.2-288.9)	578.9 (531.1-626.7)	9.3 (3.2-15.3)
Southern	206.1 (169.5-242.7)	23.6 (11.3-36.0)	16.9 (6.4-27.4)	327.7 (281.6-373.8)	204.4 (168.0-240.8)	6.8 (.1-13.4)
Washoe	220.9 (207.4-234.3)	18.3 (14.4-22.2)	38.5 (32.9-44.1)	504.7 (484.4-525.0)	237.5 (223.5-251.4)	7.4 (5.0-9.9)
Nevada	204.0 (199.0-209.1)	10.7 (9.6-11.9)	71.8 (68.9-74.8)	477.4 (469.7-485.1)	378.9 (372.1-385.8)	19.2 (17.7-20.8)

Source: Hospital Emergency Department Billing.

Rates are per 100,000 population, provided by the state demographer, vintage 2019.

Categories are not mutually exclusive.

Clark County Behavioral Health Epidemiologic Profile

Table 9a. Drug-Related Inpatient Admissions Age-Adjusted Rates by Drug Type and Region, Nevada Residents, 2019.

Region	Opioids	Heroin	Cocaine	Methamphetamines	Marijuana	Hallucinogens
Clark	269.0 (262.5-275.6)	9.6 (8.3-10.8)	89.5 (85.8-93.3)	393.8 (385.7-401.9)	486.3 (477.4-495.2)	7.9 (6.8-9.1)
North	401.5 (374.6-428.3)	8.6 (4.9-12.2)	28.1 (20.1-36.0)	405.6 (375.5-435.8)	528.2 (494.6-561.7)	7.3 (3.0-11.6)
Rural	118.2 (96.7-139.7)	6.5 (1.7-11.3)	19.9 (10.4-29.3)	197.6 (169.5-225.7)	216.9 (187.7-246.1)	3.2 (-.4-6.9)
Southern	147.3 (119.1-175.5)	7.9 (1.0-14.9)	19.7 (9.0-30.4)	263.0 (220.0-305.9)	382.9 (334.1-431.8)	3.3 (-1.3-8.0)
Washoe	375.7 (358.5-393.0)	16.6 (13.0-20.2)	50.3 (43.8-56.8)	502.3 (481.8-522.9)	438.6 (419.8-457.4)	5.1 (3.0-7.2)
Nevada	293.9 (288.0-299.7)	10.3 (9.3-11.4)	76.0 (73.0-79.0)	401.7 (394.7-408.8)	470.6 (463.1-478.2)	7.3 (6.3-8.2)

Source: Hospital Inpatient Billing.

Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019.

Categories are not mutually exclusive.

Table 9b. Drug-Related Inpatient Admissions Crude Rates by Drug Type and Region, Nevada Residents, 2019.

Region	Opioids	Heroin	Cocaine	Methamphetamines	Marijuana	Hallucinogens
Clark	282.2 (275.3-289.1)	10.4 (9.1-11.7)	95.7 (91.7-99.7)	398.9 (390.7-407.1)	497.8 (488.7-507.0)	8.0 (6.8-9.1)
North	445.2 (415.4-475.0)	10.9 (6.2-15.6)	24.9 (17.9-32.0)	361.1 (334.3-388.0)	494.5 (463.1-525.9)	5.7 (2.3-9.1)
Rural	119.3 (97.6-141.0)	7.2 (1.9-12.5)	17.5 (9.2-25.8)	195.4 (167.6-223.1)	218.0 (188.6-247.3)	3.1 (-.4-6.6)
Southern	177.4 (143.4-211.3)	8.4 (1.0-15.9)	22.0 (10.0-33.9)	243.3 (203.5-283.0)	398.7 (347.8-449.5)	3.4 (-1.3-8.1)
Washoe	390.0 (372.2-407.9)	17.4 (13.7-21.2)	49.4 (43.0-55.7)	488.5 (468.6-508.5)	446.2 (427.1-465.3)	4.9 (2.9-6.9)
Nevada	310.1 (303.9-316.3)	11.4 (10.2-12.6)	80.6 (77.4-83.7)	401.8 (394.7-408.8)	479.9 (472.2-487.7)	7.2 (6.2-8.1)

Source: Hospital Inpatient Billing.

Rates are per 100,000 population, provided by the state demographer, vintage 2019.

Categories are not mutually exclusive.

Clark County Behavioral Health Epidemiologic Profile

Table 10. Drug- and Alcohol-Related Age-Adjusted Death Rates by Race/Ethnicity and Region, Nevada Residents, 2019.

Region	White non-Hispanic	Black non-Hispanic	Native American/ Alaskan Native	Asian/ Pacific Islander	Hispanic	Total
Clark	57.4 (53.3-61.6)	48.5 (39.9-57.0)	60.2 (22.9-97.5)	16.0 (11.2-20.7)	29.6 (25.2-34.0)	44.5 (41.8-47.1)
Northern	67.8 (56.5-79.1)	81.7 (0.0-195.0)	202.9 (92.6-313.2)	21.9 (0.0-64.8)	26.8 (8.2-45.3)	67.7 (57.3-78.1)
Rural	51.7 (35.7-67.7)	0.0 (0.0-00.0)	52.7 (0.0-112.3)	0.0 (0.0-00.0)	11.6 (0.0-24.7)	43.0 (30.6-55.5)
Southern	56.0 (38.9-73.2)	0.0 (0.0-00.0)	112.5 (0.0-268.4)	0.0 (0.0-00.0)	45.7 (0.0-97.3)	54.1 (38.5-69.8)
Washoe	78.9 (69.7-88.1)	131.9 (65.1-198.6)	90.3 (23.4-157.2)	14.0 (1.7-26.2)	37.6 (24.8-50.5)	67.0 (59.9-74.0)
Nevada	62.7 (59.2-66.2)	52.2 (43.7-60.8)	89.8 (60.1-119.6)	15.8 (11.4-20.2)	30.3 (26.3-34.3)	49.9 (47.5-52.3)

Source: Electronic Death Registry System.

Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019.