

Washoe County Behavioral Health Profile

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2020 Washoe County Behavioral Health Profile

*Nevada
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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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 Washoe County.

Population, 2019 estimate*	469,963
Population, 2010 estimate*	417,336
Population, percentage change*	10.3%
Male persons, 2019 estimate*	236,205 (50.3%)
Female persons, 2019 estimate*	233,758 (49.7%)
Median household income (2019), Washoe County**	\$64,791
Persons in poverty, percent (2019) Washoe County**	11.3%
With a disability, under the age 65 years, percent, 2015-2019**	7.2%
Land area (square miles), 2019**	6,551

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



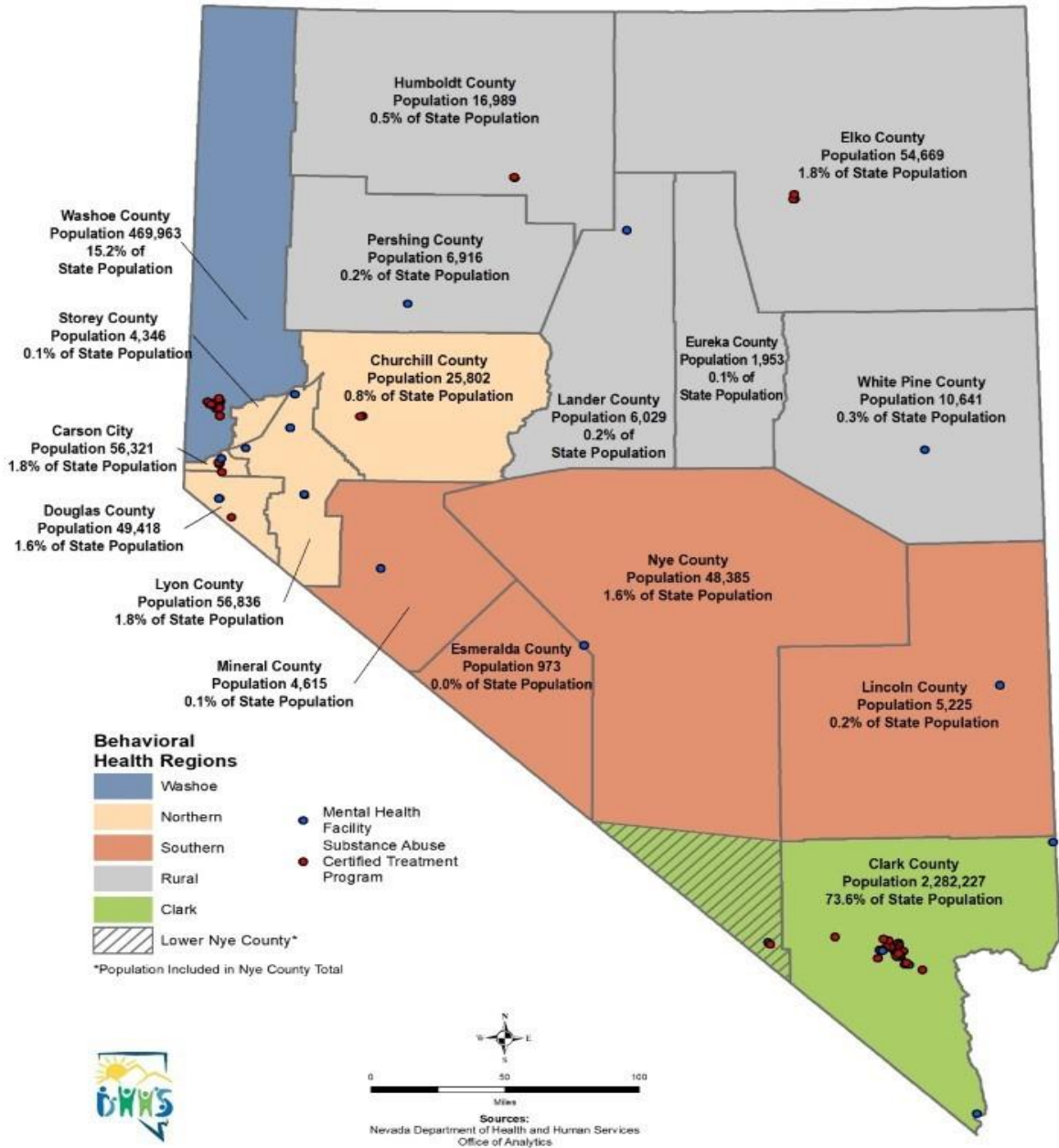
In 2019, the estimated population for Washoe County was 469,963, a 10.3% increase from the 2010 estimated population. The population is made up of approximately equal percentages of females and males.

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 15.2% of Nevada’s population living in Washoe County, it is the second most populous area in the state, with an estimate 469,963 persons.

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.

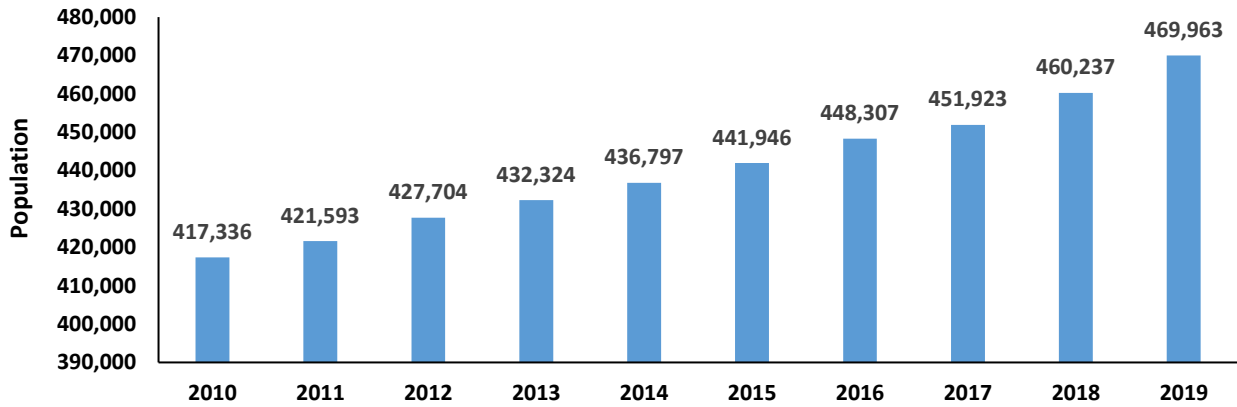
Southern Region: Esmeralda, Lincoln, Mineral, and northern Nye Counties.

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.

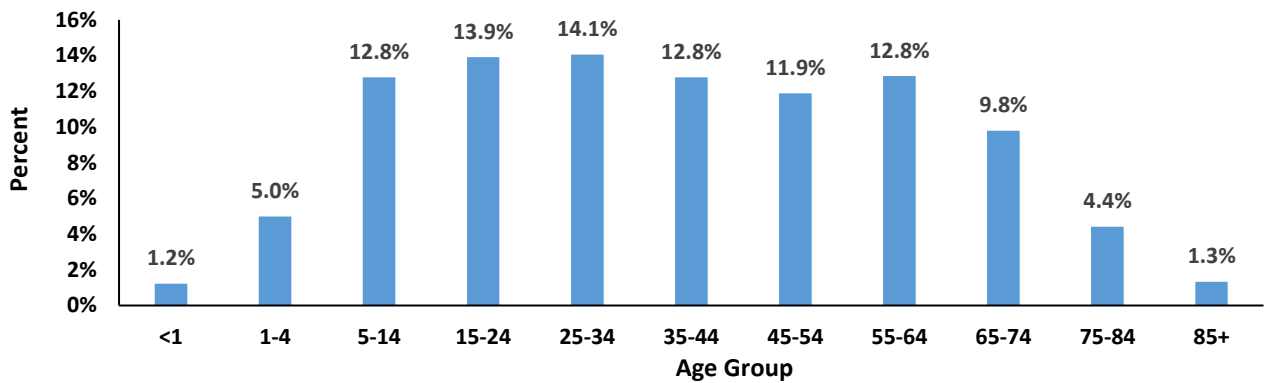
Washoe County Behavioral Health Profile

Figure 3. Washoe County Population, 2010-2019.



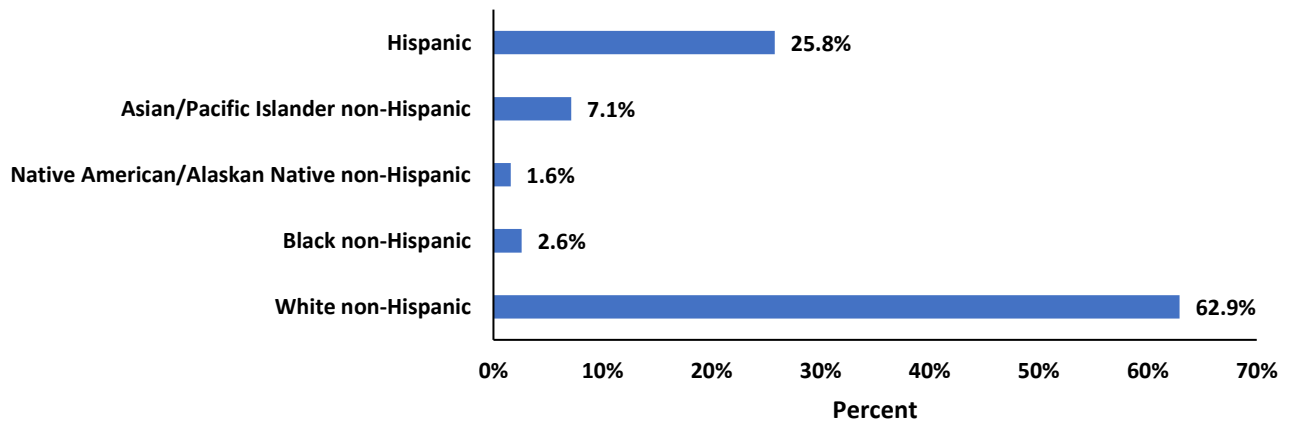
Source: Nevada State Demographer, vintage 2019.
 Chart scaled to display differences among groups.

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



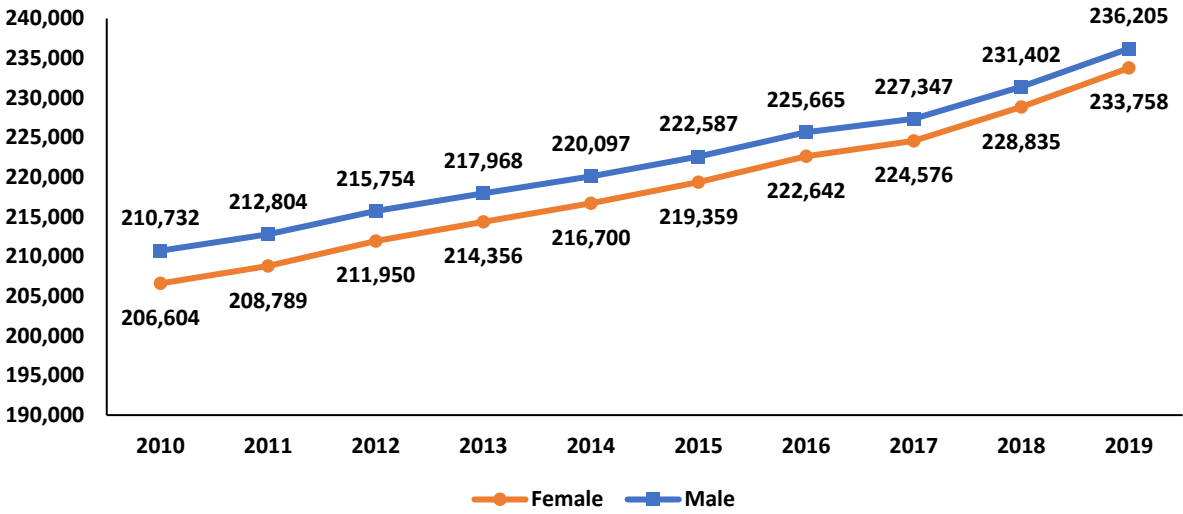
Source: Nevada State Demographer, vintage 2020.
 Chart scaled to 16% to display differences among groups.

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



Source: Nevada State Demographer, vintage 2019.
 Chart scaled to 70% to display differences among groups.

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



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

The male population has remained above the female population from 2010 to 2019. There were 236,206 males and 233,758 females residing in Washoe County in 2019.

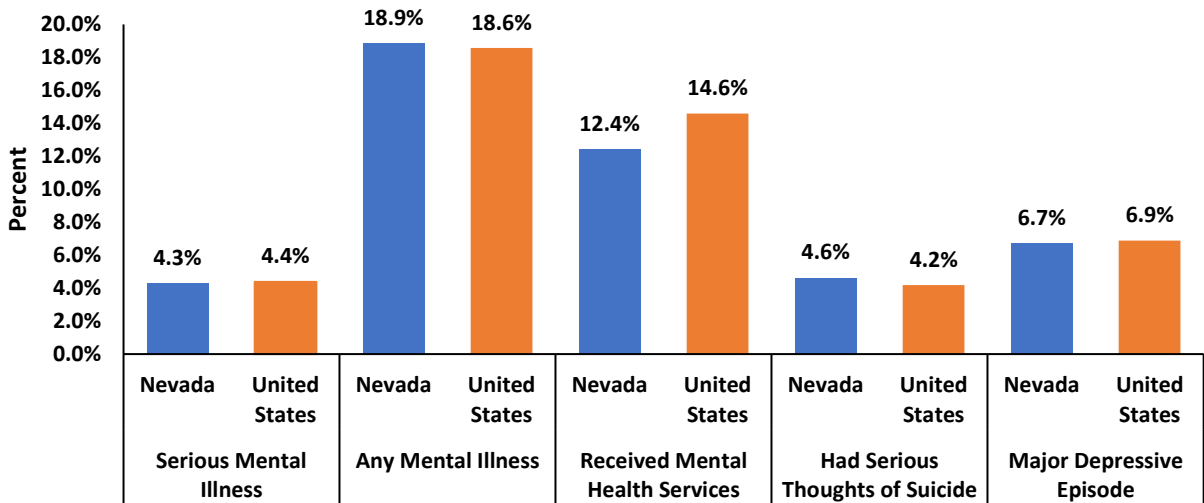
Mental Health

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.



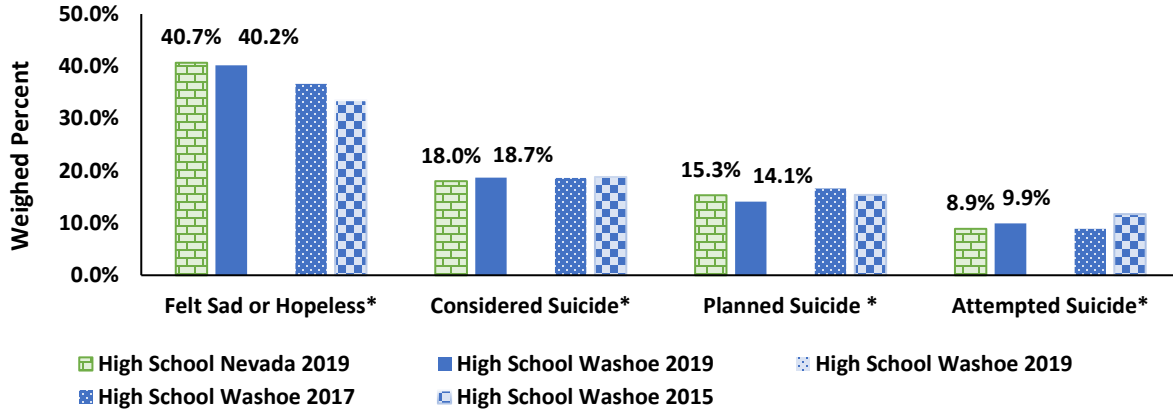
SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2016-2017. Chart scaled to 20% to display differences among groups.

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 the odd numbered years. In 2019, 1,038 high school, and 1,373 middle school students participated in the YRBS in Washoe 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, Washoe County High School Students 2015, 2017, and 2019, and Nevada High School Student, 2019.



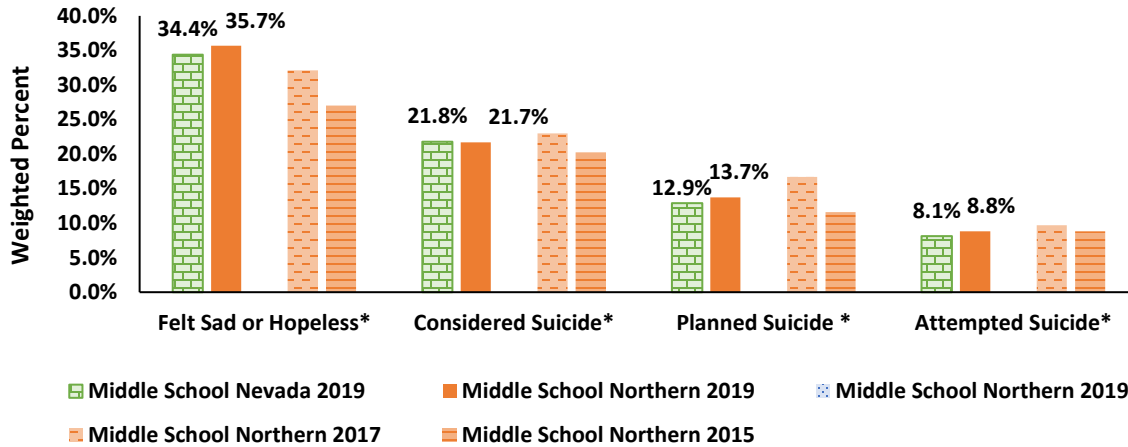
Source: Nevada Youth Risk Behavior Survey (YRBS).

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. In 2019, Washoe high school and middle school students were comparable the state with issues relating to suicide.

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



Source: Nevada Youth Risk Behavior Survey (YRBS).

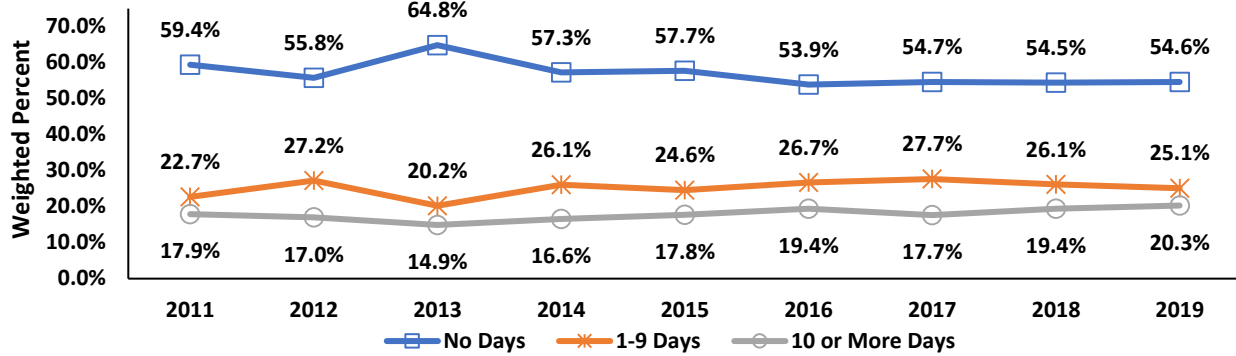
Chart scaled to 40% to display differences among groups.

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.

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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, Washoe County, 2011-2019.



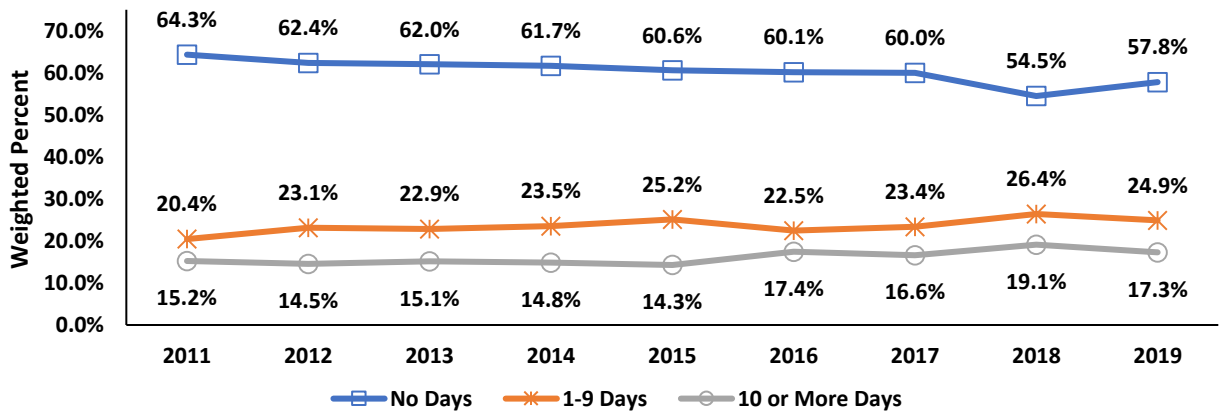
Source: Behavioral Risk Factor Surveillance System.

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 2019, the percent of adults in Washoe County who experience poor mental health or physical health preventing them from doing their usual activities more than 10 days in a month increased from 19.4% (2018) to 20.3% (2019).

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



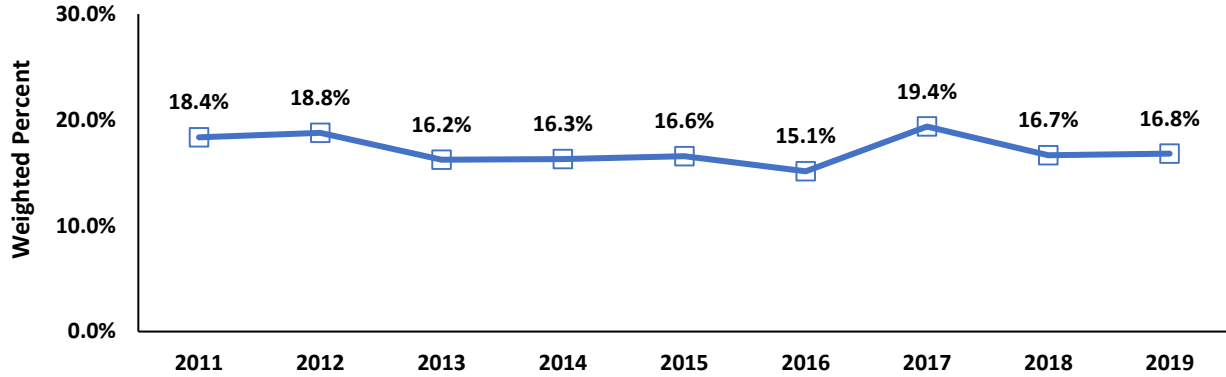
Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 70% 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 Washoe County, adults who had no days of their mental health that was not good increased from 54.5% in 2018 to 57.7% in 2019.

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



Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 30% to display differences among groups.

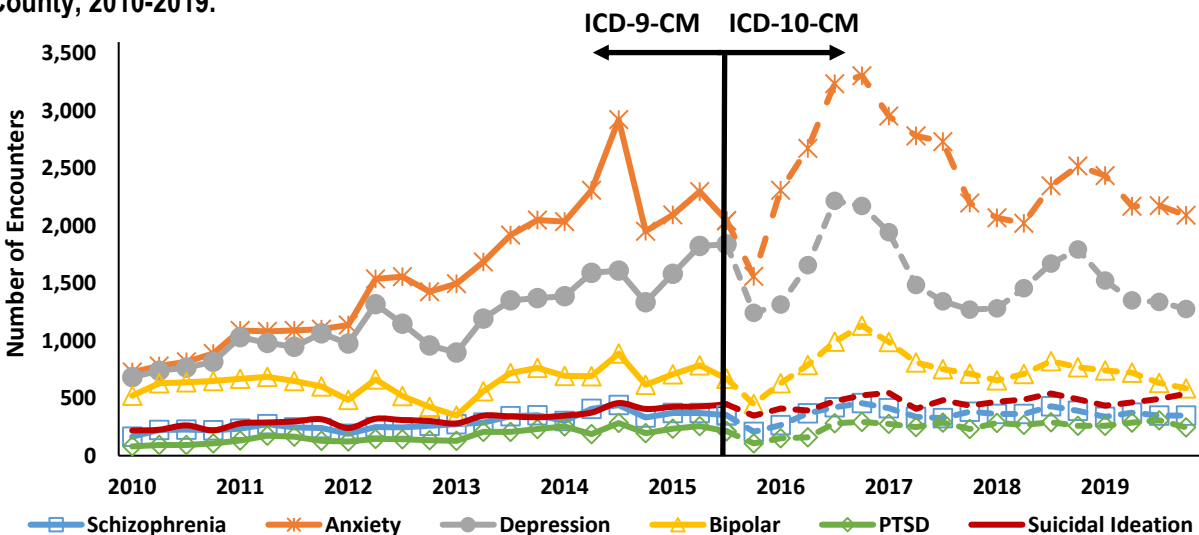
Specific question asked in survey: “(Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?”

Roughly 17% of Washoe County residents were told they have a depressive disorder in 2019, similar to the previous year.

Hospital Emergency Department Encounters

The hospital emergency department billing data includes data for emergency room patients for Nevada’s non-federal hospitals. There were 108,318 visits related to mental health disorders among Nevada residents in 2018. 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, Washoe County, 2010-2019.



Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

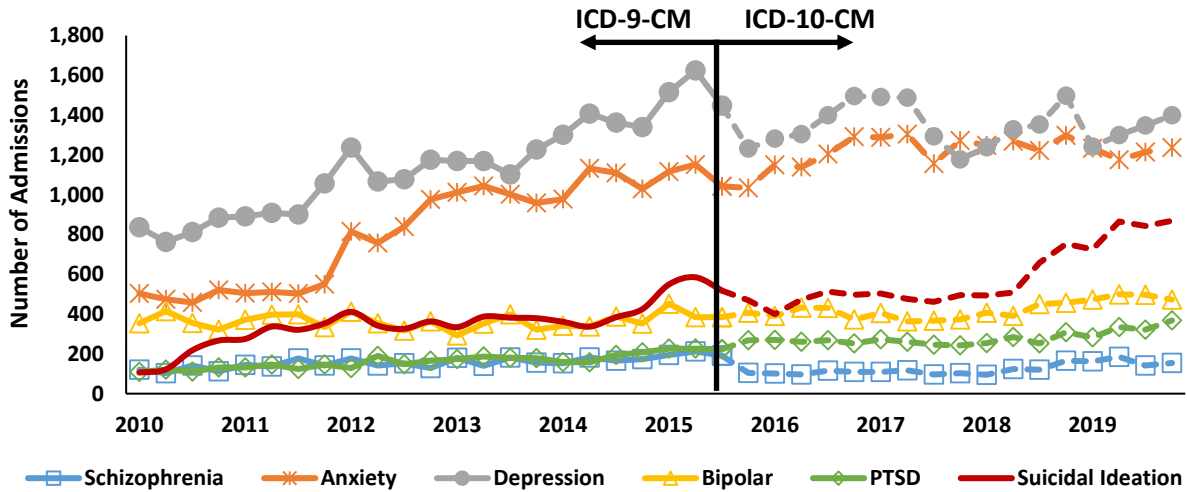
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Anxiety has been the leading mental health-related diagnosis since 2012 in emergency department encounters. Emergency department encounters have declined in Washoe County since the third quarter of 2016.

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, Washoe 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.

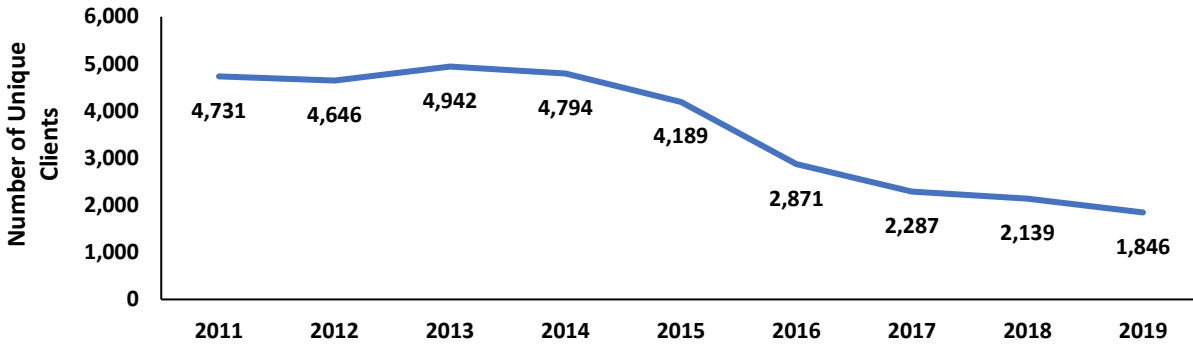
Unlike emergency department encounters, depression is the leading diagnosis for mental health-related inpatient admissions. All the mental health-related diagnosis for hospital inpatient admissions increased significantly from 2010 to 2019.

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.

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

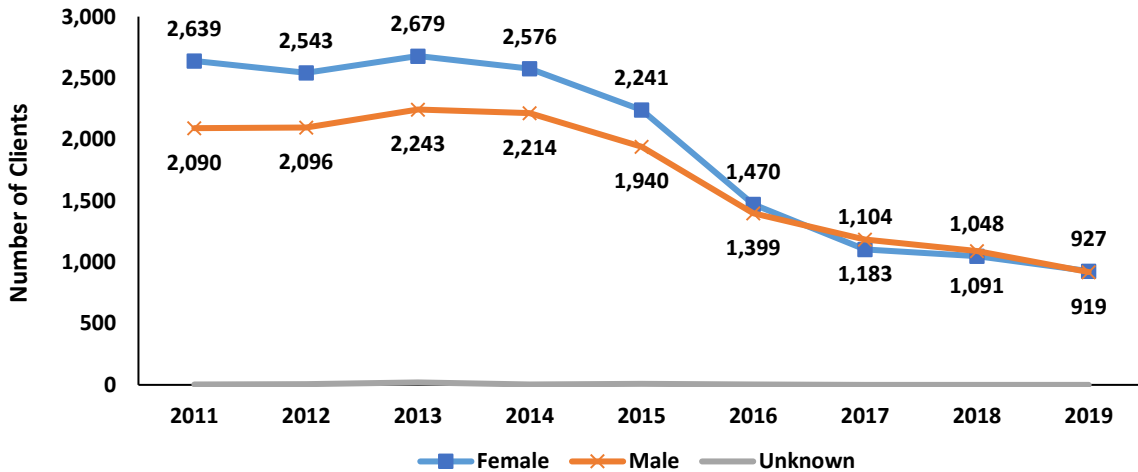


Source: State-Funded Mental Health: Avatar.

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

The number of unique clients served by state-funded mental health facilities continues to decline for Washoe County. There were 1,846 clients served in 2019, a significant decrease from 2011 (4,731). 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. Washoe County region had an overall utilization rate for DPBH mental health services of 397.1 per 100,000 population.

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



Source: State-Funded Mental Health: Avatar.

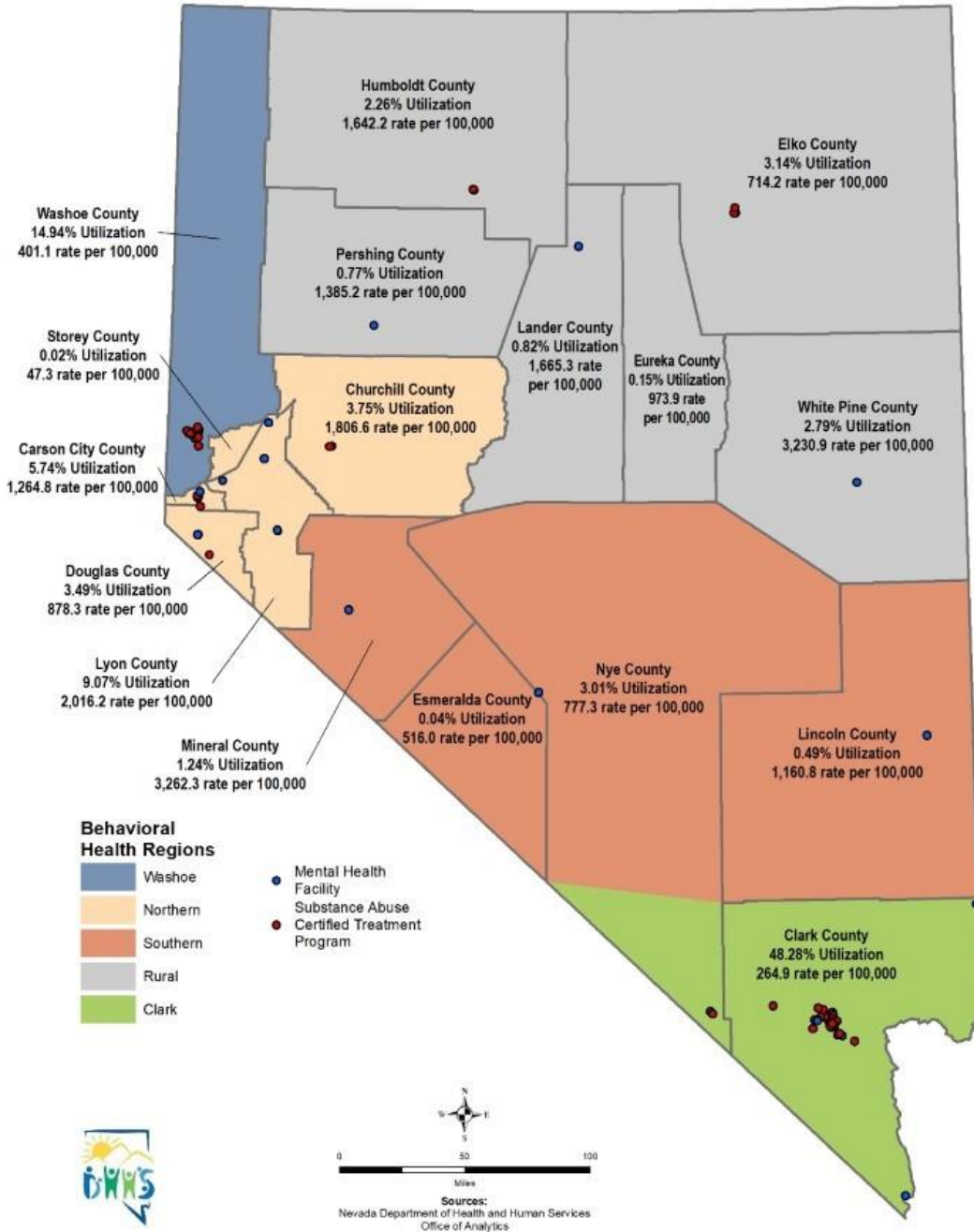
*A client is counted only once per year. Clients may be counted more than once across years.

From 2011 to 2016, Washoe County females utilized the state-funded mental health clinics more than males. From 2016 to 2019 they have utilized these services in similar counts; however, females have used them at a higher rate. In 2019, 1,843 per 100,000 male population utilized the state-funded mental health clinics, compared to females at 2,159 per 100,000 female population.

Of Washoe County patients that utilized state-funded mental health services, the most common age group was 55-64 years old, on average accounting for 24.4% of patients. High school graduates accounted for 33.3% of patients, followed by those with some college 21.7% in 2019.

Washoe County Behavioral Health Profile

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



Source: State-Funded Mental Health: Avatar.

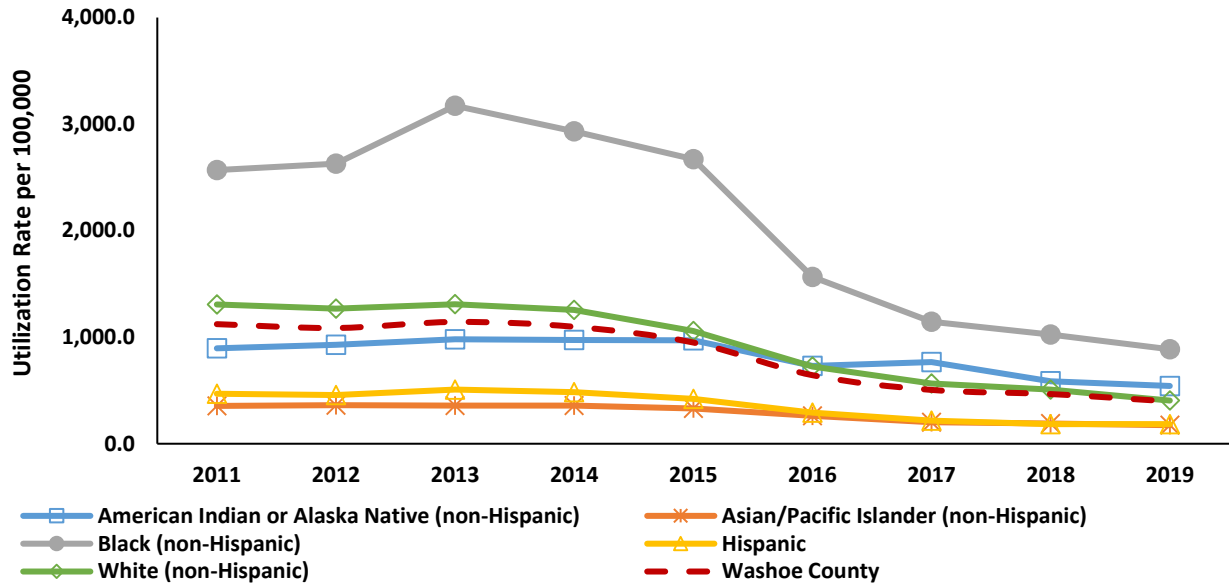
*A client is counted only once per year. Clients may be counted more than once across years.

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.

Washoe County Behavioral Health Profile

Figure 17. State-Funded Mental Health Clinics Utilization* by Race/Ethnicity Crude Rates, Washoe 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 maintained the highest rate since 2011 and in 2019 had 886.5 per 100,000 population utilize state mental health services. Asian and Pacific Islander non-Hispanic have the lowest rate in 2019 at 173.8 per 100,000 population.

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

Program	Year									
	2011	2012	2013	2014	2015	2016	2017	2018	2019	
NNAMHS MED CLINIC ADULT	3,490	3,403	3,560	3,239	2,905	2,118	1,763	1,794	1,453	
NNAMHS AMBULATORY SERVICE ADULT	1,255	1,408	1,677	1,422	1,181	505	51	13	10	
NNAMHS OP COUNSELING ADULT	772	737	671	707	532	245	193	159	92	
NNAMHS INPATIENT HOSPITAL ADULT	328	299	405	793	479	426	350	264	102	
NNAMHS SVC COORD ADULT	535	511	559	527	258	187	179	126	41	
NNAMHS CO-OCCURRING DISORDER ADULT	570	559	537	556	316	119	0	0	0	
NNAMHS MENTAL HEALTH COURT ADULT	268	312	372	323	316	267	207	170	102	
NNAMHS OBSERVATION UNIT ADULT	835	771	604	~	~	~	~	~	~	

Source: State-Funded Mental Health: Avatar.

~Program no longer active.

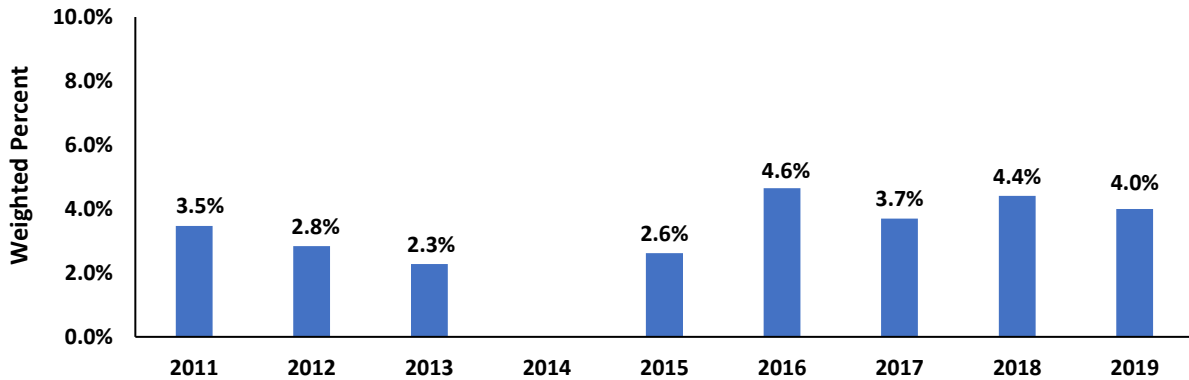
*A client is counted only once per year. Clients may be counted more than once across years.

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 Adults in Washoe County Who Have Seriously Considered Attempting Suicide, Washoe County, 2011-2019.



Source: Behavioral Risk Factor Surveillance System (BRFSS).

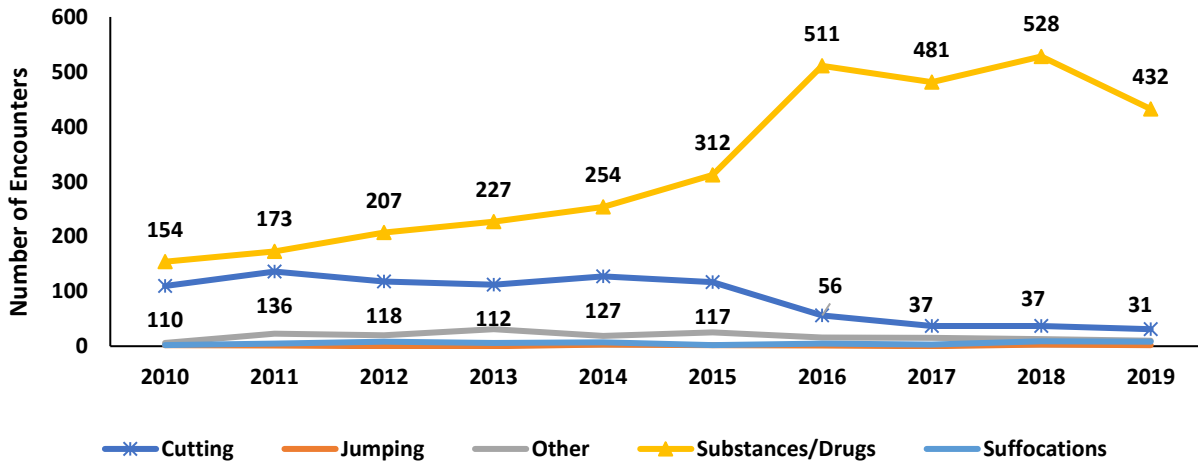
Chart scaled to 10% to display differences among groups.

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," four percent of Washoe County residents responded "yes" in 2019. Between 2011 and 2019, the average prevalence for suicide consideration in the state of Nevada is 3.4%.

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



Source: Hospital Emergency Department Billing.

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

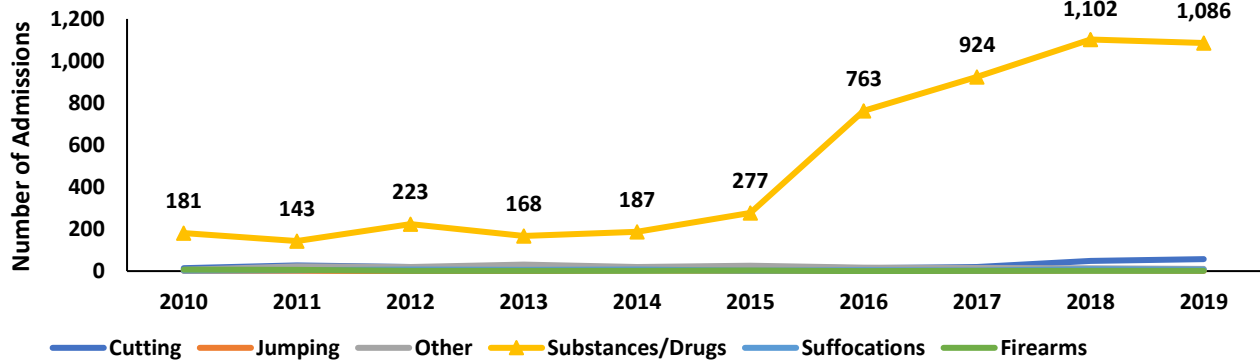
Some methods are not listed due to counts totaling less than five for 2010-2019.

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

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Emergency department encounters related to suicide attempt, where the patient did not expire at the hospital, have remained steady for all methods from 2010 to 2019. The most common method for attempted suicide is a substance or drug overdose attempt with 432 emergency department encounters to Washoe County residents in 2019. Encounters related to drug overdoses has declined from the previous year, at 528 in 2018.

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



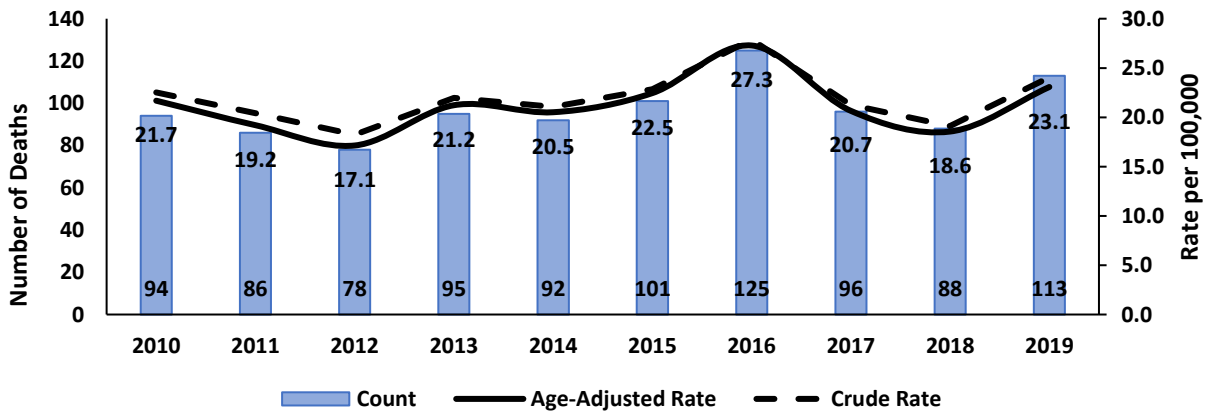
Source: Hospital Inpatient Billing.

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. Due to ICD-10-CM codes replacing ICD-9-CM codes, this may account for the increase in suicide attempts related to drug overdose increasing.

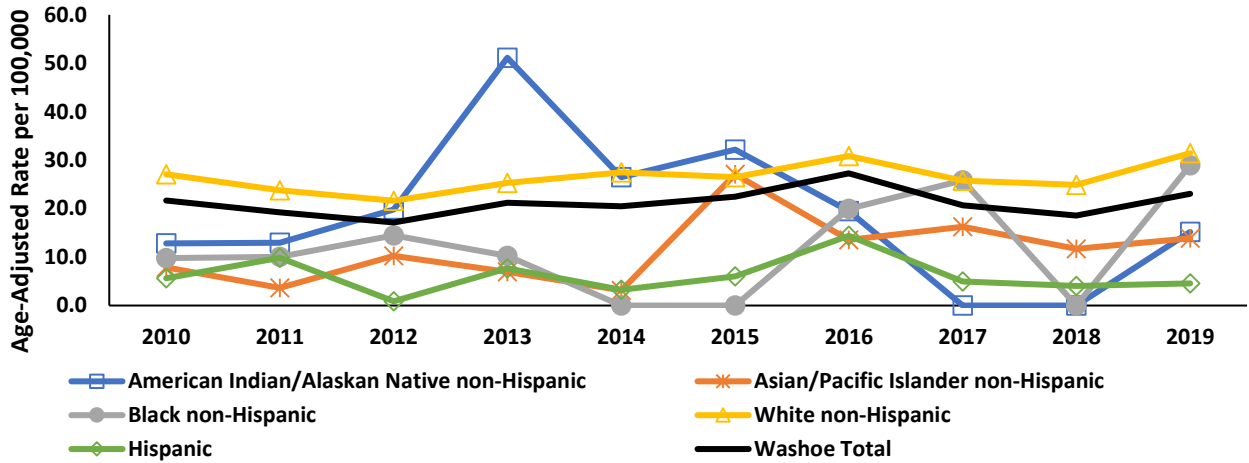
Figure 22. Number of Suicides and Rates, Washoe County Residents, 2010-2019.



Source: Nevada Electronic Death Registry System.

The age-adjusted suicide rate for 2019 in Washoe County was 23.1 per 100,000 population, which is an increase from 2018, but is not significantly significant.

Figure 23. Age-Adjusted Suicides Rates by Race/Ethnicity, Washoe County, 2010-2019.



Source: Nevada Electronic Death Registry System.

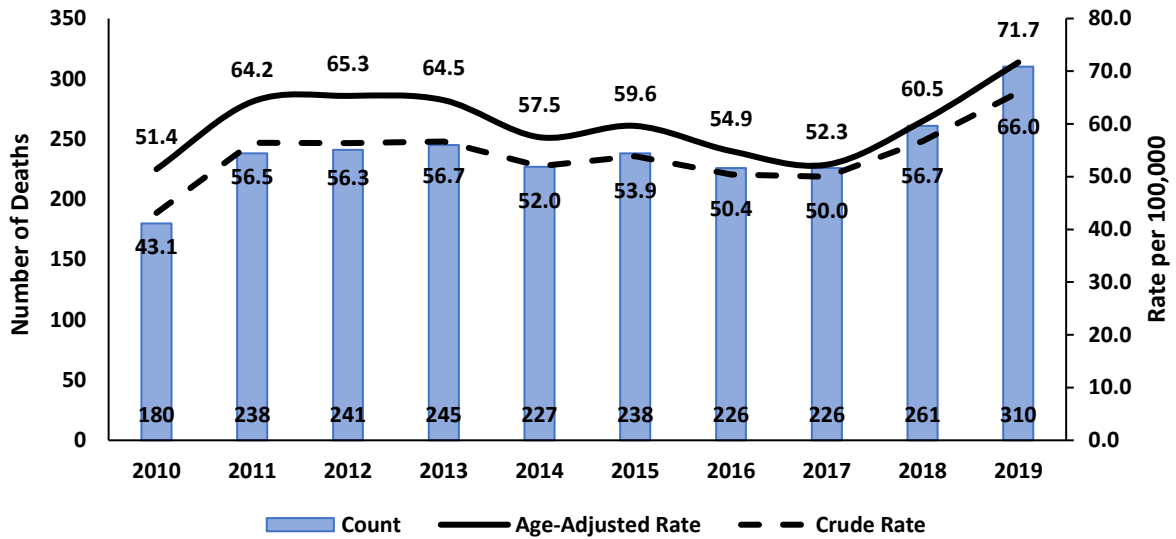
The age-adjusted suicide rates for White non-Hispanics slightly increased in Washoe County from 2018 to 2019, with 31.4 per 100,000 population in 2019. The age-adjusted suicide rate for American Indian/Alaskan Native non-Hispanic was above the total Nevada rate (2010, 2012, 2013, 2014), but was not significantly higher based on 95% confidence intervals. Rates among Hispanics are significantly lower than overall Nevada 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

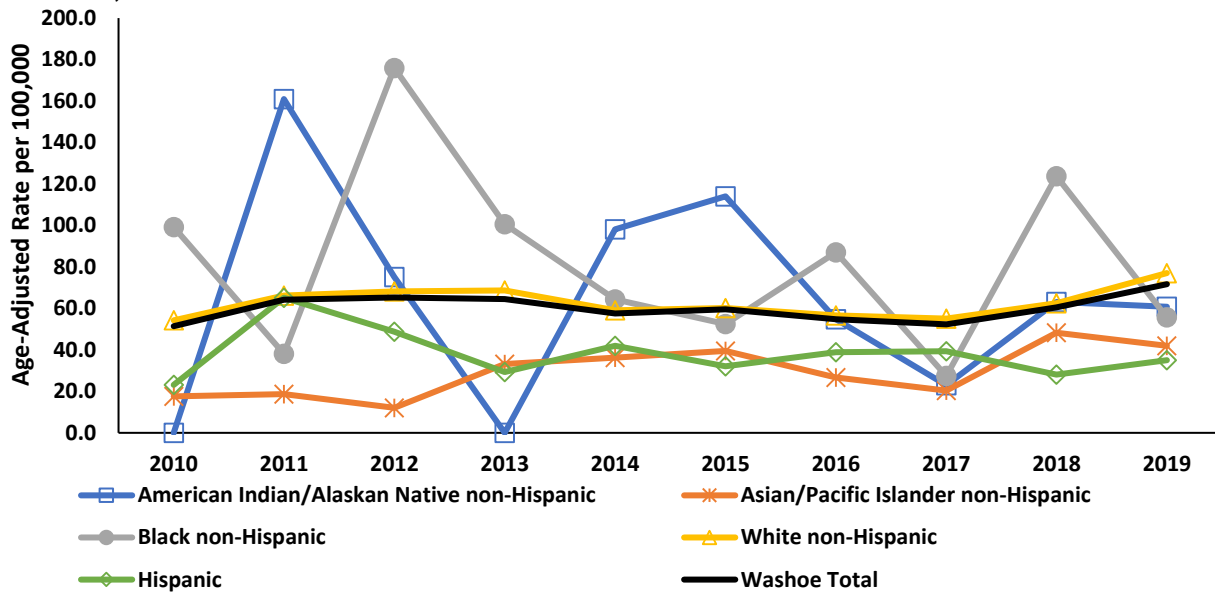
Figure 24. Mental Health-Related Deaths and Rates, Washoe County Residents, 2010-2019.



Source: Nevada Electronic Death Registry System.

There were 71.7 per 100,000 mental health related deaths in Washoe County (age-adjusted) in 2019. The rate of deaths has been steadily climbing since 2017.

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



Source: Nevada Electronic Death Registry System.

Age adjusted mental health-related death rates for Black non-Hispanics in Washoe County have decreased from 2018 to 2019. There are no other significant differences between the age-adjusted mental health-related death rates among races/ethnicities for 2019.

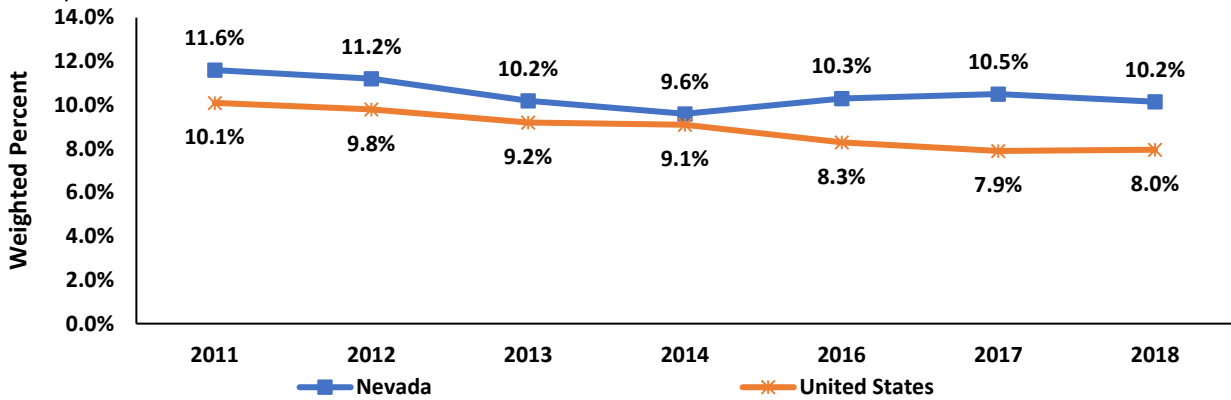
Substance Use

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/2k18).

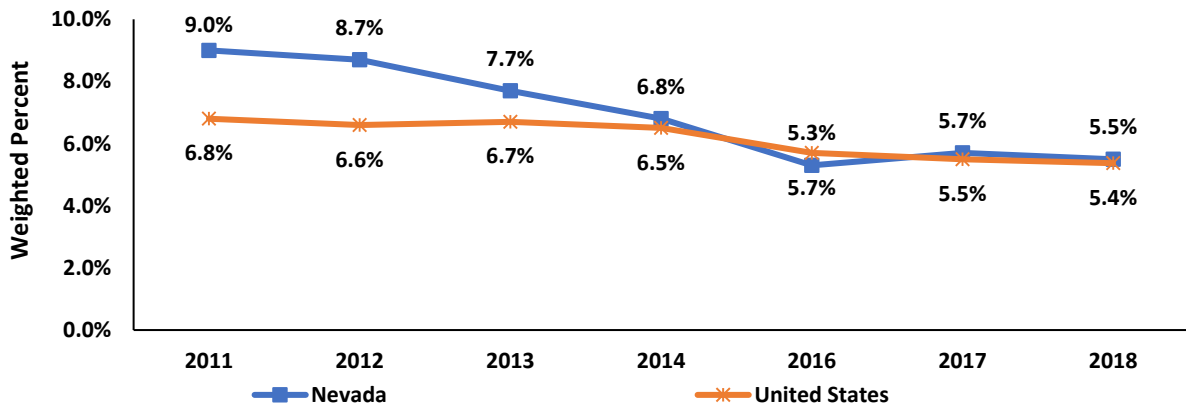
Figure 26. Illicit Drug Use Among Adolescents in the Past Month, Aged 12-17, Nevada and the United States, 2018.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health. Chart scaled to 15% to display differences among groups.

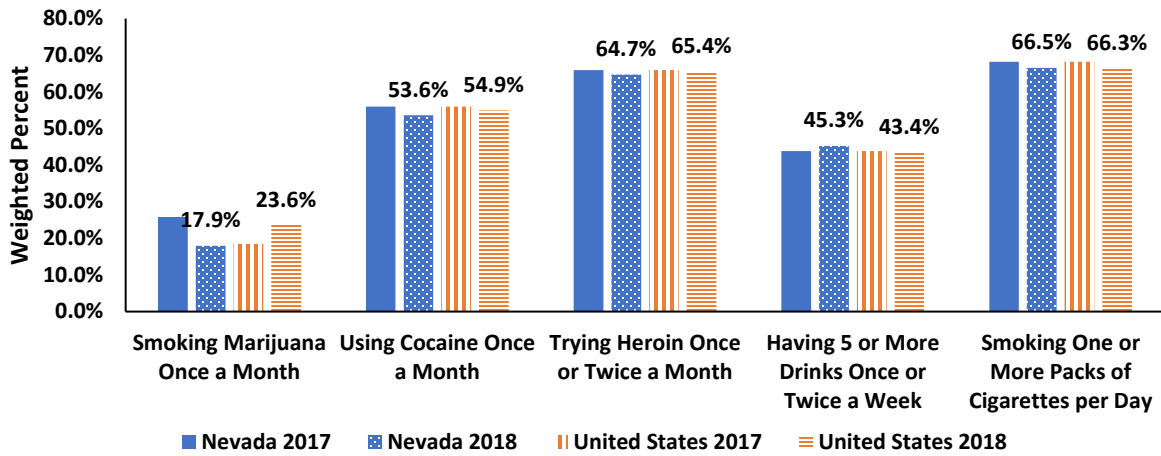
Nevada adolescents illicit drug use has remained within 2% from 2011 to 2018, when 10.2% reported illicit drug use in 2018. Alcohol use disorder in the past year has decreased from 9.0% in 2011 to 5.5% in 2018.

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.

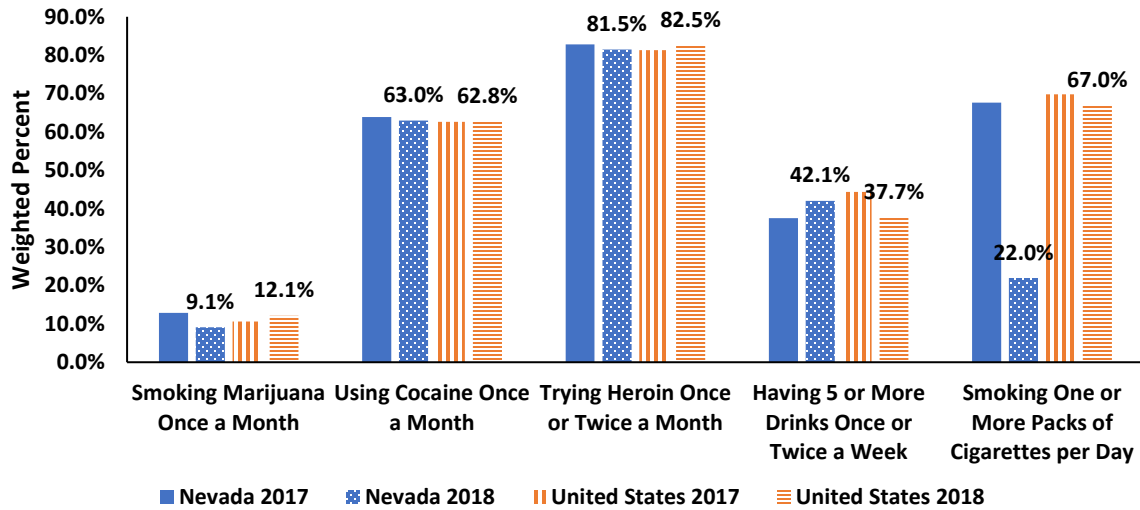
Figure 28. Perceptions of Great Risk from Alcohol or Substance, Aged 12-17, Nevada and the United States, 2018.



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 percent the more the person perceives there is a risk from it. Nevadans perceived risk among both teens (Figure 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.



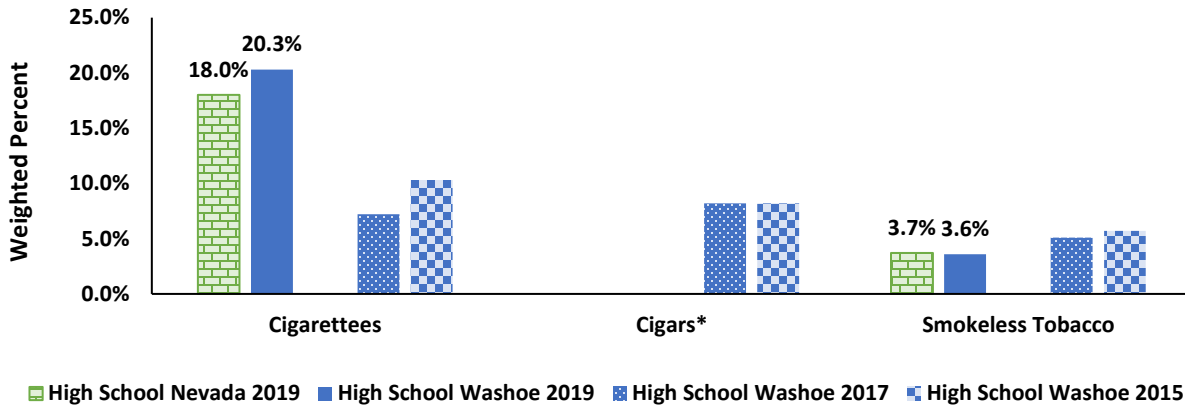
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health. Chart scaled to 90% to display differences among groups.

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](#).

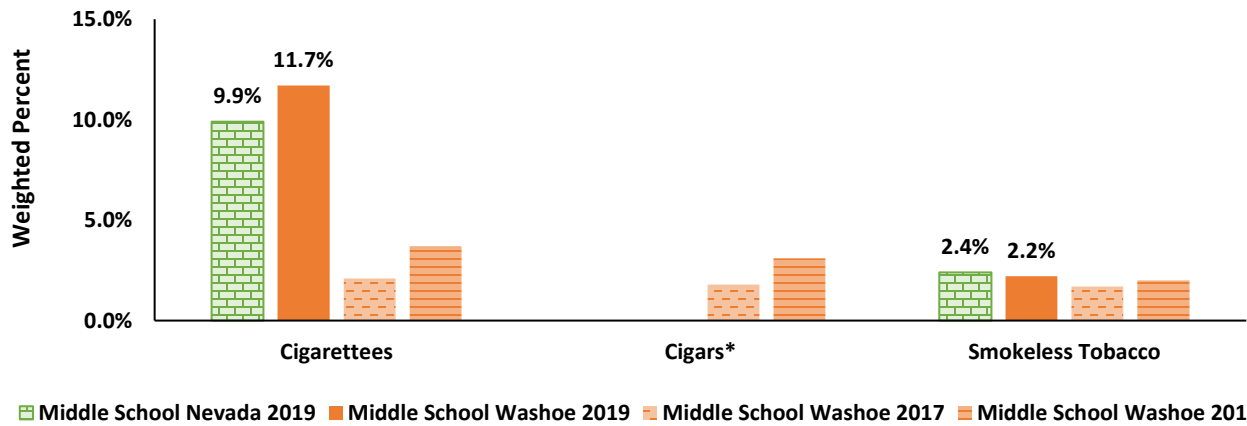
Figure 30a. Tobacco Use, Washoe County High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
 Chart scaled to 25% to display differences among groups.
 *Questions related to cigar use are no longer asked.

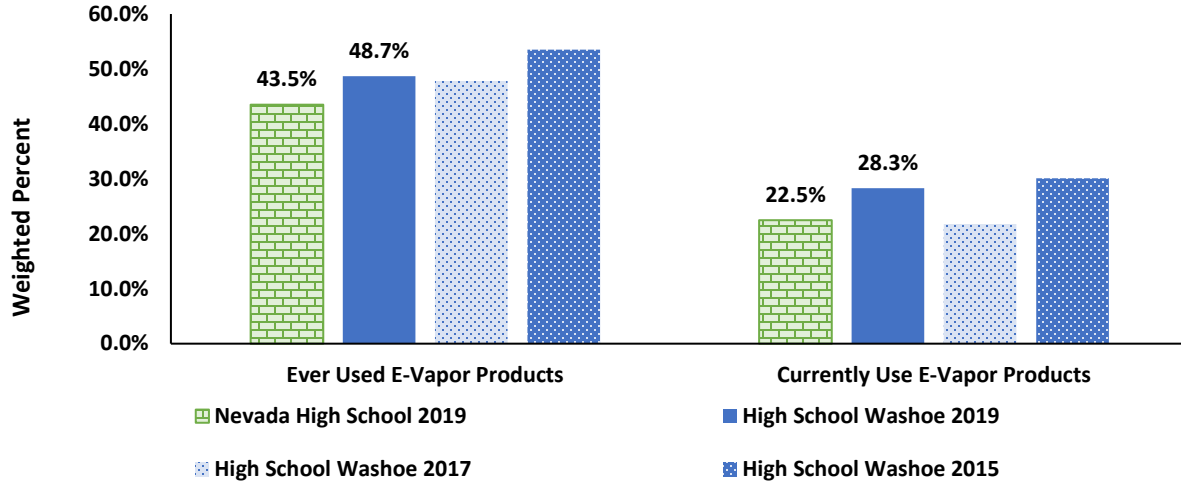
High school students in Washoe County in 2019 had a slightly higher percent for ever having smoked cigarettes than Nevada at 20.3% and 18.0% respectively. Middle school students in Washoe County also had a higher percent for ever trying cigarettes at 11.7% compared to 9.9% for Nevada.

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



Source: Nevada Youth Risk Behavior Survey.
 Chart scaled to 15% to display differences among groups.
 *Questions related to cigar use are no longer asked.

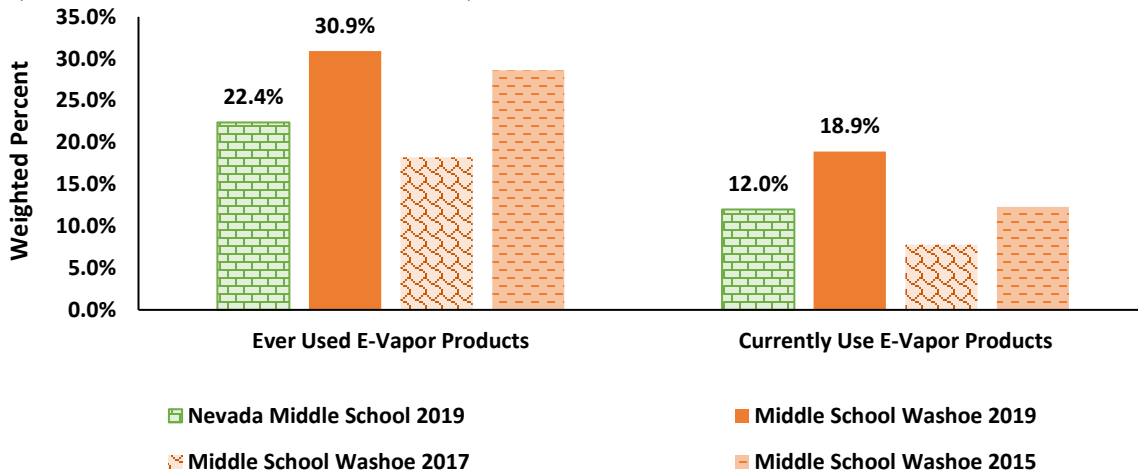
Figure 31a. Electronic Vapor Product Use, Washoe County High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.



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

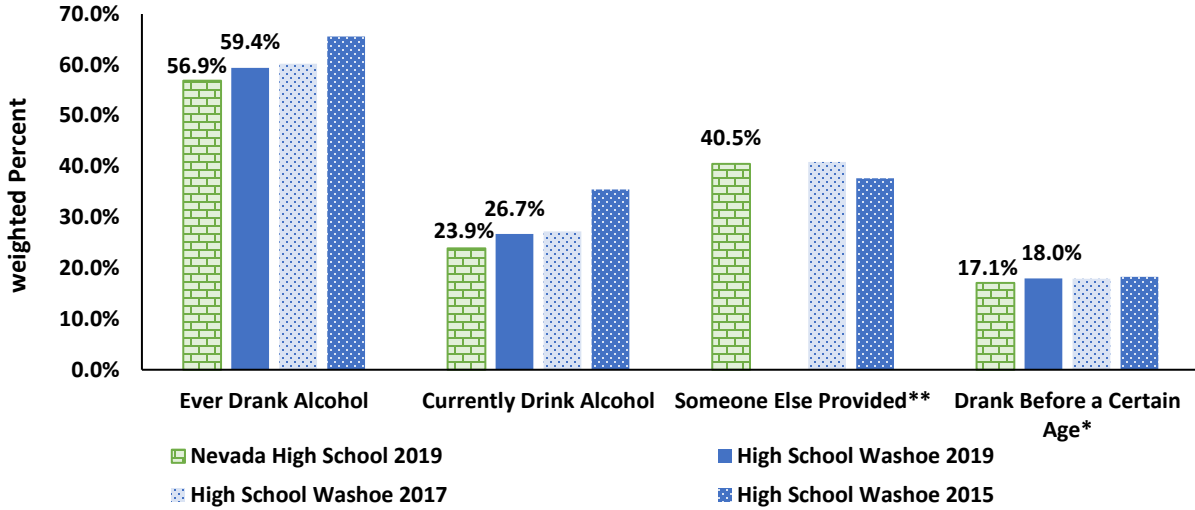
High school students in Washoe County for 2019, have slightly higher percent for ever having using an electronic vapor (e-vapor) product (48.7%) than Nevada (43.5%). Similarly, middle school students in Washoe County have a significantly higher percent for ever using an e-vapor product (30.9%) than Nevada (22.4%).

Figure 31b. Electronic Vapor Product Use, Washoe 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.

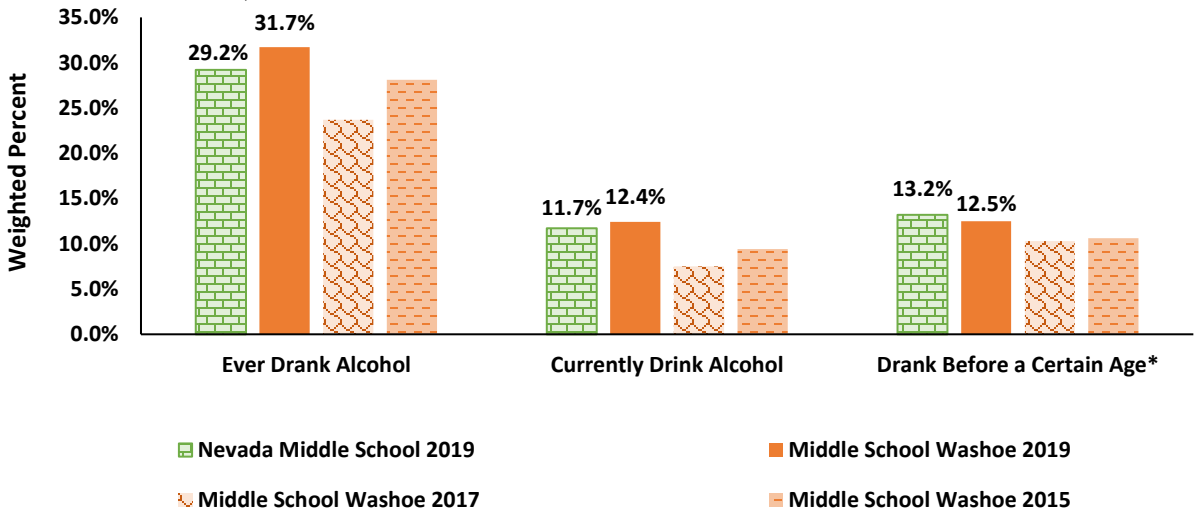
Figure 32a. Alcohol Use, Washoe County High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.



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

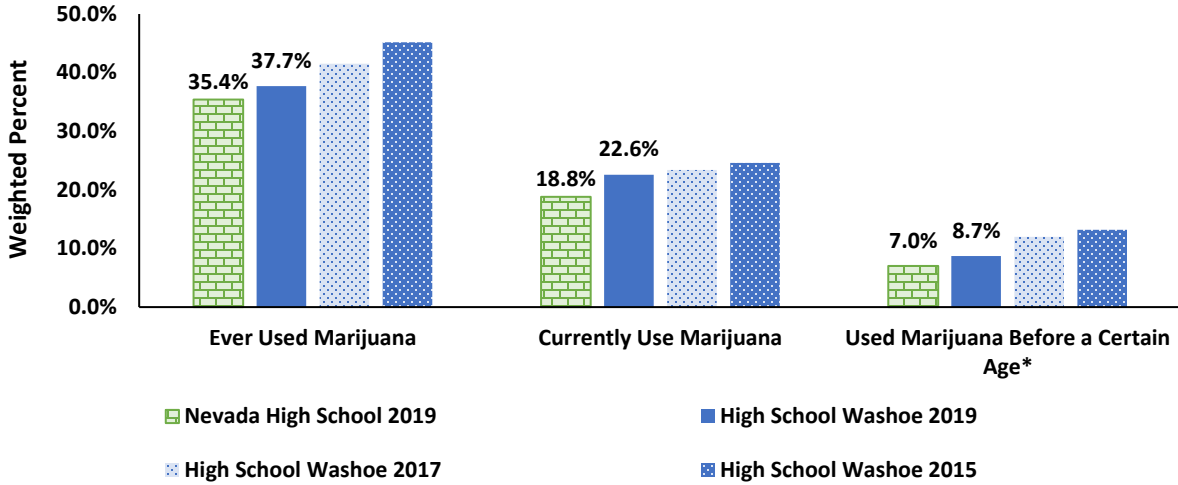
High school students in the Washoe County in 2019, have a higher percent for ever drinking alcohol than Nevada at 59.4% and 56.9%, respectively. The percent from previous years has decreased from 60.2% in 2017. Similarly, middle school students in the Washoe County have a higher percent for ever drinking alcohol at 31.7%, compared 29.2% for Nevada.

Figure 32b. Alcohol Use, Washoe 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 middle school students if they ever drank before age 11.

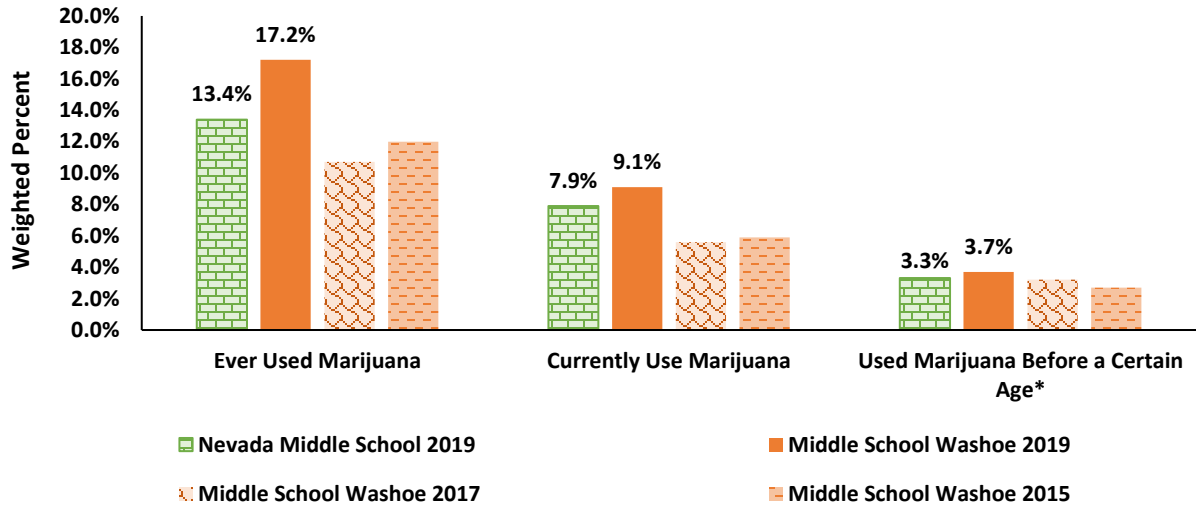
Figure 33a. Marijuana Use, Washoe County High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
 Chart scaled to 50% 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 the Washoe County high school and middle school students. In 2019, 37.7% of Washoe County high school students and 17.2% of middle school students said they had tried marijuana before. This is a decrease from 2017 in Washoe County high school students (41.5%).

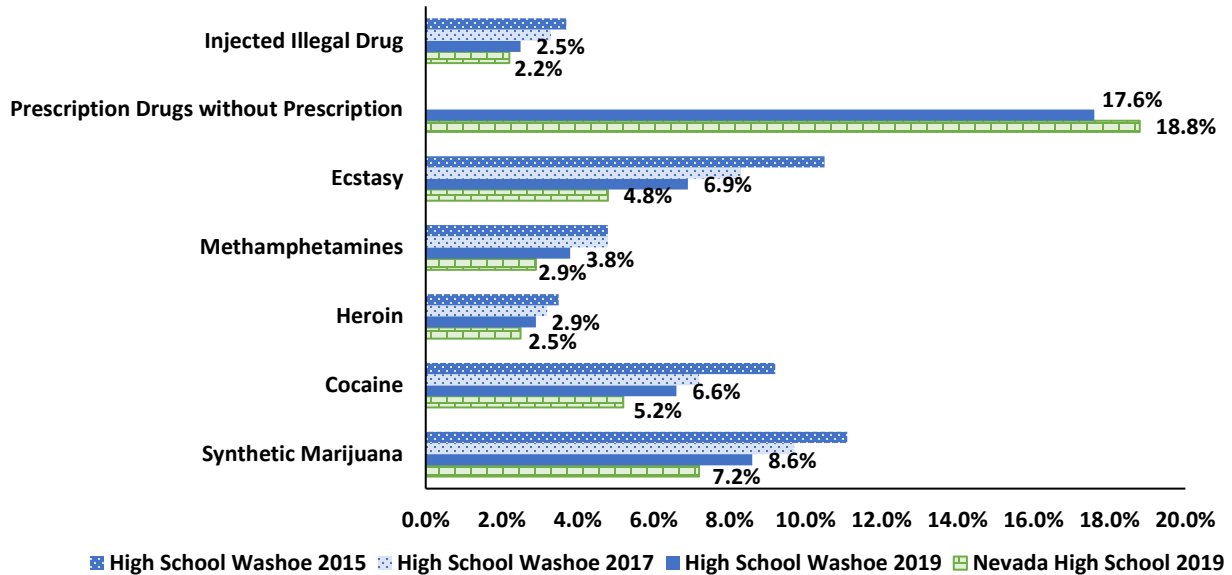
Figure 33b. Marijuana Use, Washoe County Middle School Students 2015, 2017, and 2019, and Nevada Middle School Students, 2019.



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.

Washoe County Behavioral Health Profile

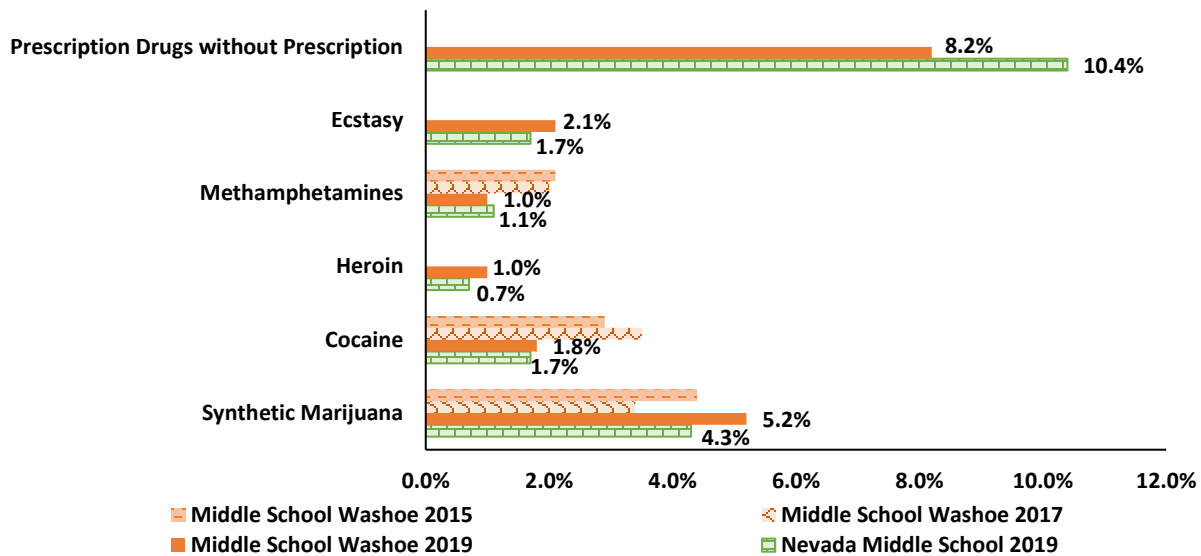
Figure 34a. Lifetime Drug Use, Washoe County High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
 Chart scaled to 20% to display differences among groups.

Lifetime methamphetamine use in Washoe County high school students decreased from 4.8% to 3.8% in 2019. Similarly, lifetime cocaine use decreased from 7.2% to 6.6%, which is higher than Nevada high school students at 5.2%. The percent of Washoe County middle school students using a prescription drug without a prescription (10.4%) is lower than Nevada (8.2%).

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

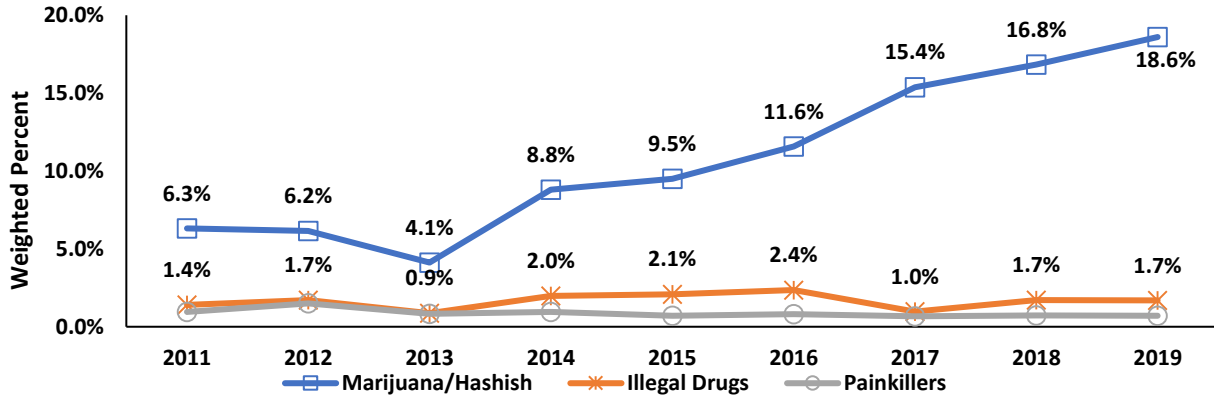


Source: Nevada Youth Risk Behavior Survey.
 Chart scaled to 12% to display differences among groups.

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 Washoe Region Residents Who Used Marijuana/Hashish, Illegal Substances, or Painkillers to Get High in the Last 30 Days, 2011-2019.



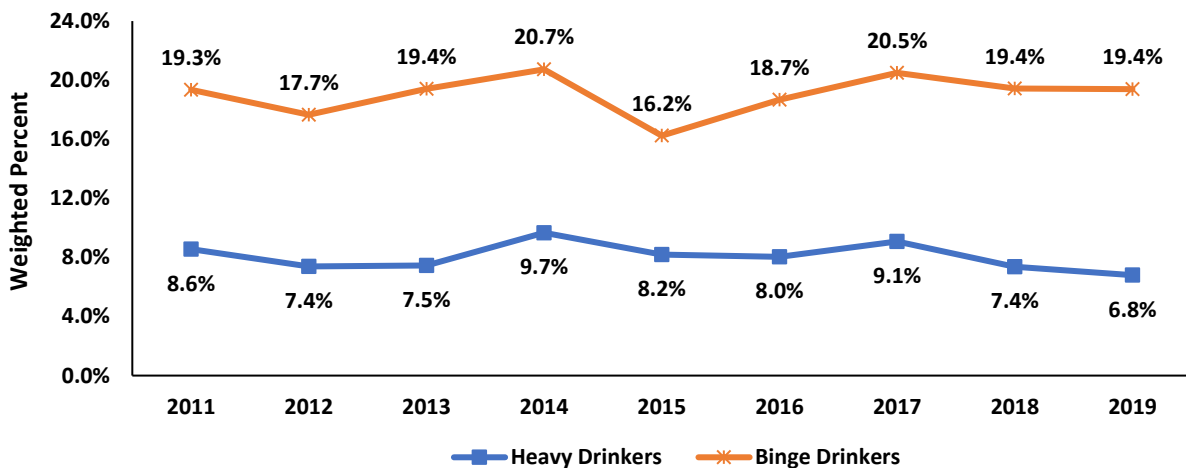
Source: Behavioral Risk Factor Surveillance System.

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 has more than doubled since 2011. In 2019, 18.6% have used marijuana in the past 30 days from 6.3% in 2011. Marijuana use is expected to increase as marijuana was legalized in Nevada in 2017. Of Washoe County residents surveyed 1.7% used other illegal drugs to get high in the last 30 days.

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



Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 24% to display differences among groups.

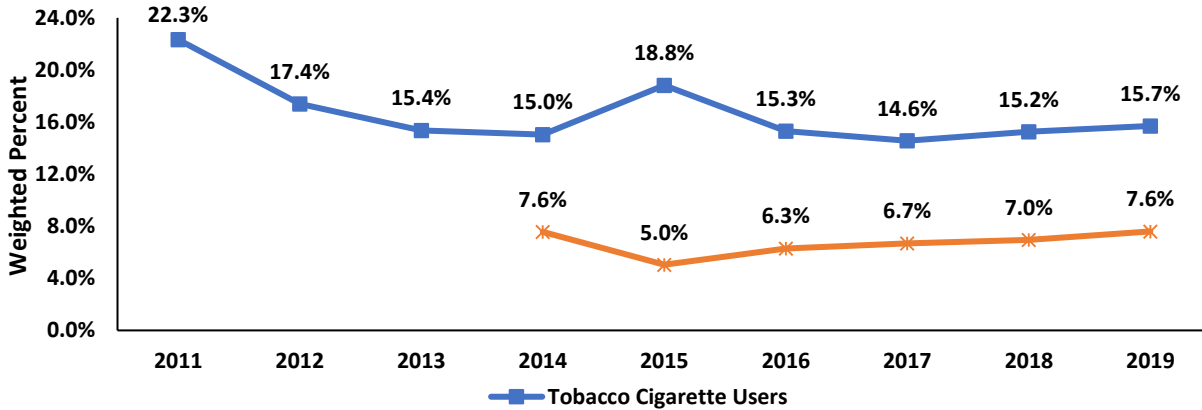
Heavy drinkers (adult men having more than 14 drinks per week and adult women having more than seven drinks per week).

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

Washoe County Behavioral Health 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 adults has not changed from 2017 to 2019; heavy drinking has slightly decreased.

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



Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 24% to display differences among groups.

E-cigarette use was not collected until 2014.

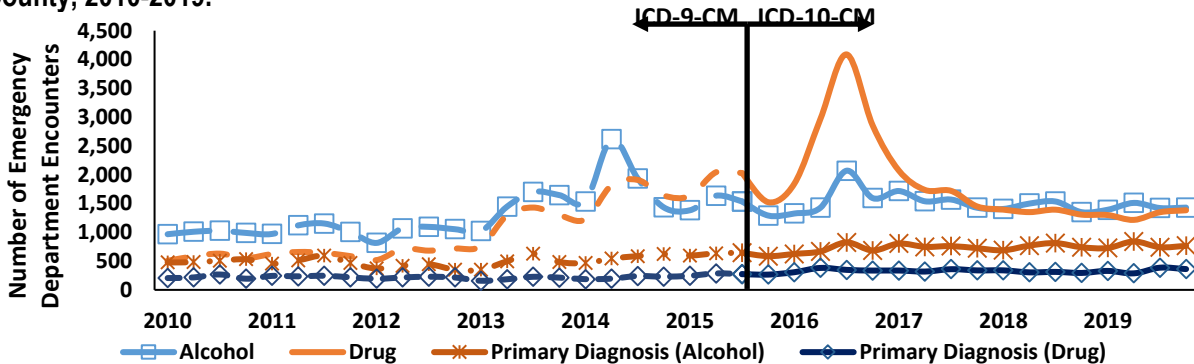
Current cigarette smokers are defined as individuals who have smoked at least 100 cigarettes in their lifetime and currently smoke. Current e-cigarette smokers are defined as individuals who currently have smoked on at least one day in the past 30 days or who currently report using e-cigarettes or other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

In 2019, 15.7% of adults were current tobacco cigarette smokers, which has decreased significantly since 2011 (22.3%).

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, Washoe County, 2010-2019.



Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

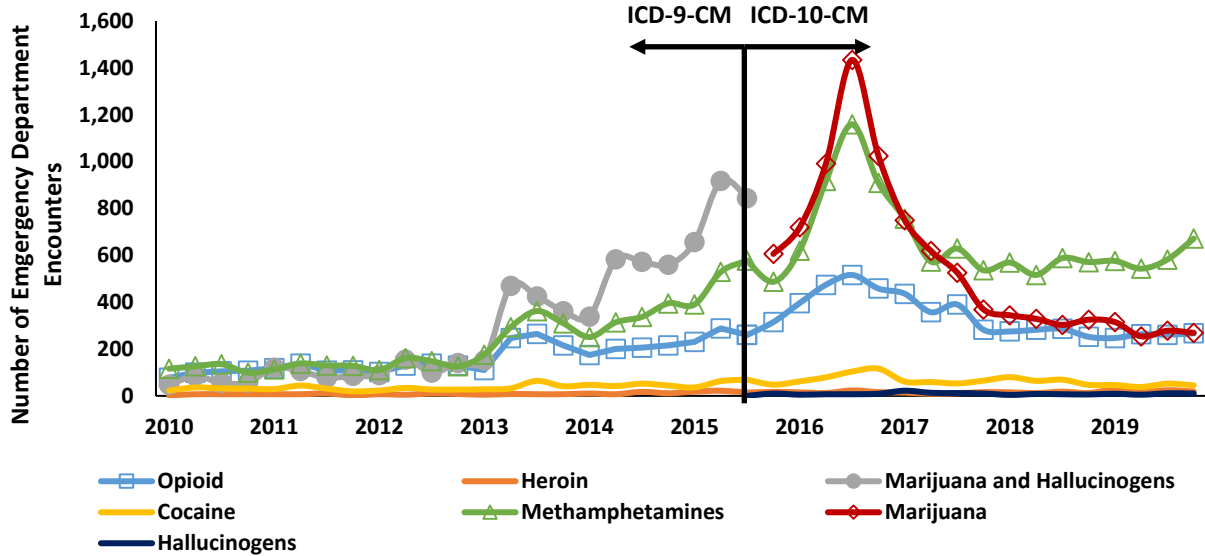
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Washoe County Behavioral Health Profile

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 when drug-related visits surpassed alcohol-related visits, then were comparable from 2017 to 2019. Alcohol visits (primary diagnosis) have been more common than drug visits (primary diagnosis) for all years from 2010 to 2019.

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



Source: Hospital Emergency Department Billing.
Categories are not mutually exclusive.

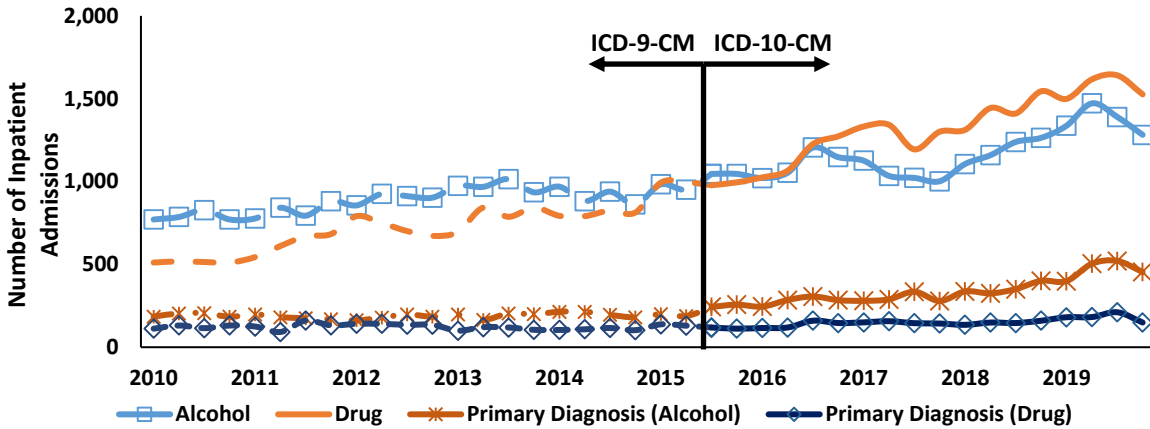
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

In 2019, emergency department encounters related to methamphetamines were significantly higher than other drugs. Opioid-related admissions have gone down significantly since 2016 in Washoe County. Hallucinogens and marijuana were grouped together for ICD-9-CM, but in 2015 were separated into different groups in the ICD-10-CM codes.

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.

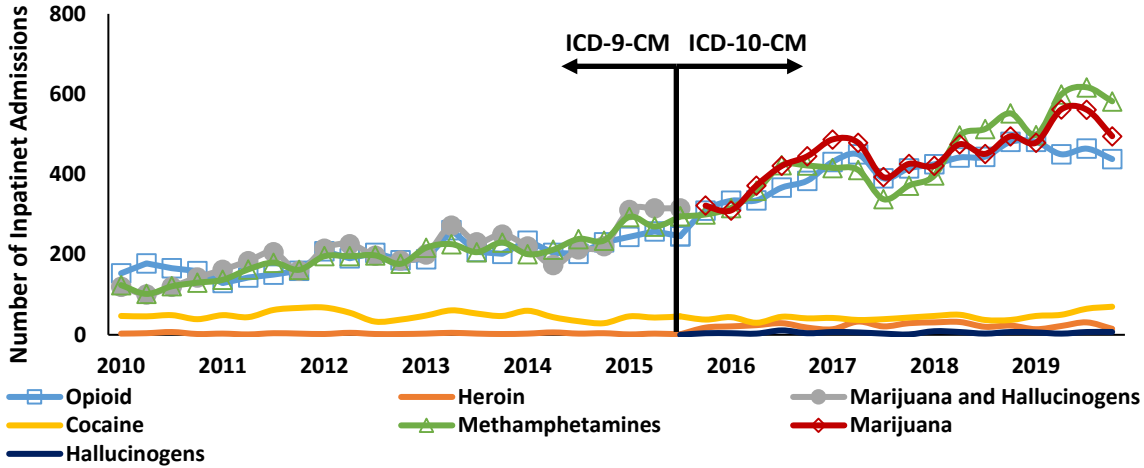
Figure 40. Alcohol-Related and/or Drug-Related Inpatient Admissions by Quarter and Year, 2010-2019.



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.

In 2019, drug-related admissions were more common than alcohol-related admissions, whereas admissions for alcohol (primary diagnosis) surpass drug admissions (primary diagnosis).

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



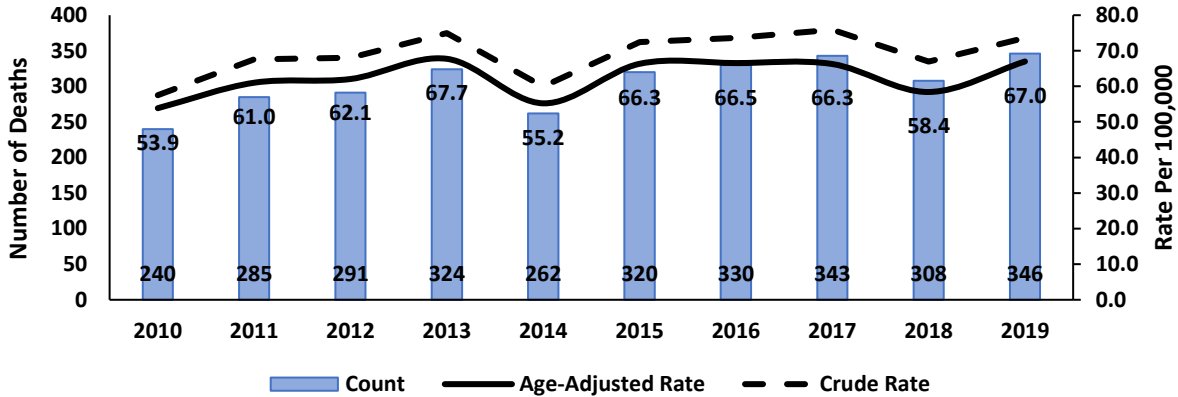
Source: Hospital Inpatient Billing.
 Categories are not mutually exclusive.
 ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Inpatient admissions for opioids, marijuana, and methamphetamines have significantly increased since 2010, with the most inpatient admissions related to methamphetamines. Hallucinogens and marijuana were grouped together for ICD-9-CM, but in 2015 were separated into different groups in the ICD-10-CM codes.

Alcohol-Related and/or Drug-Related 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.

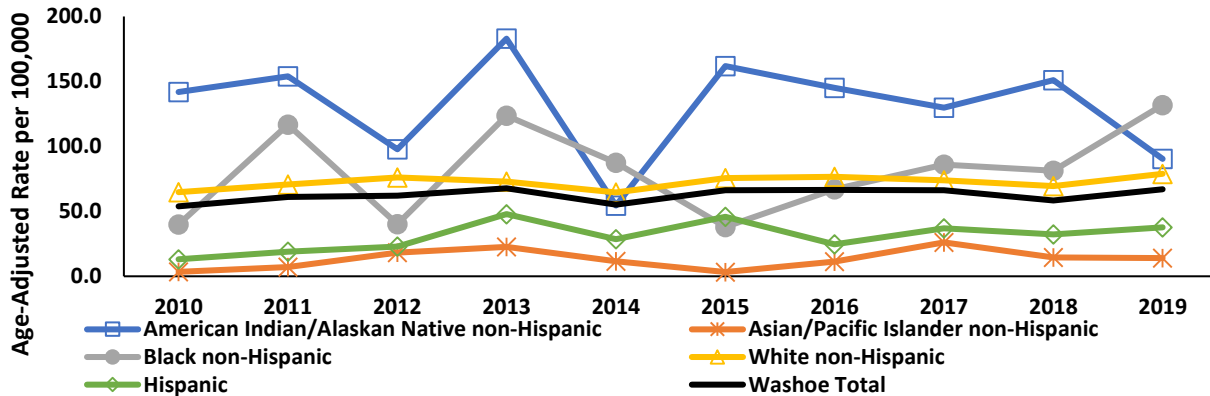
Figure 42. Alcohol-Related and/or Drug-Related Deaths and Rates, Washoe County, 2010-2019.



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) and has remained at an increasing rate through 2019. There were 67.0 alcohol-related and/or drug-related deaths per 100,00 in Washoe County in 2019.

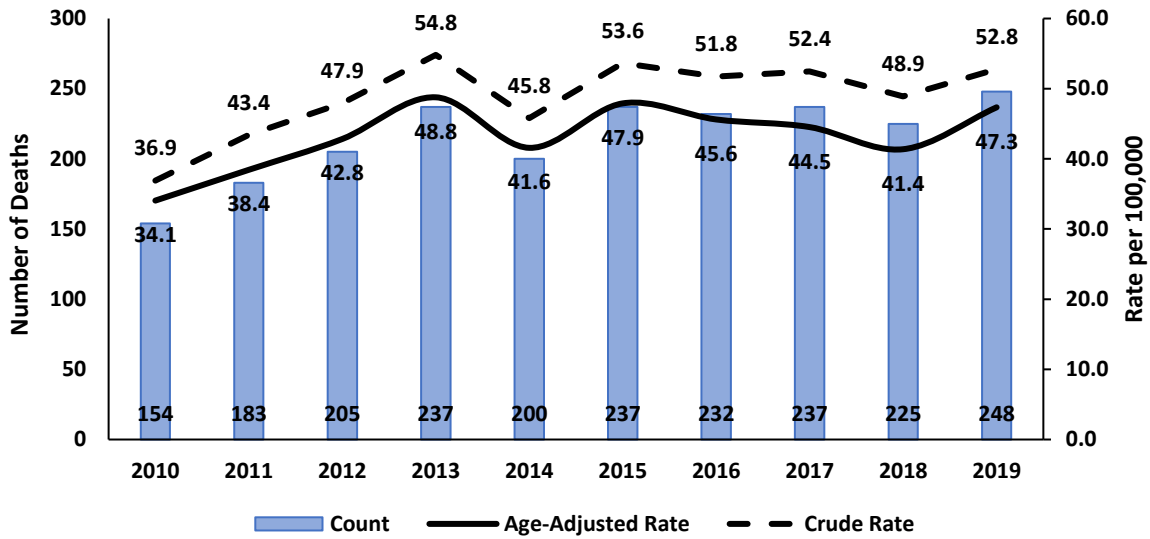
Figure 43. Age-Adjusted Rate for Alcohol-Related and/or Drug-Related Deaths by Race, Washoe County, 2010-2019.



Source: Electronic Death Registry System.

The Black non-Hispanic population had a significantly higher rate of alcohol-related and/or drug-related deaths in 2019. While deaths in the Native American population increased in 2011 and 2016, these deaths are not statistically significant (95% confidence interval) due to the relatively small population size.

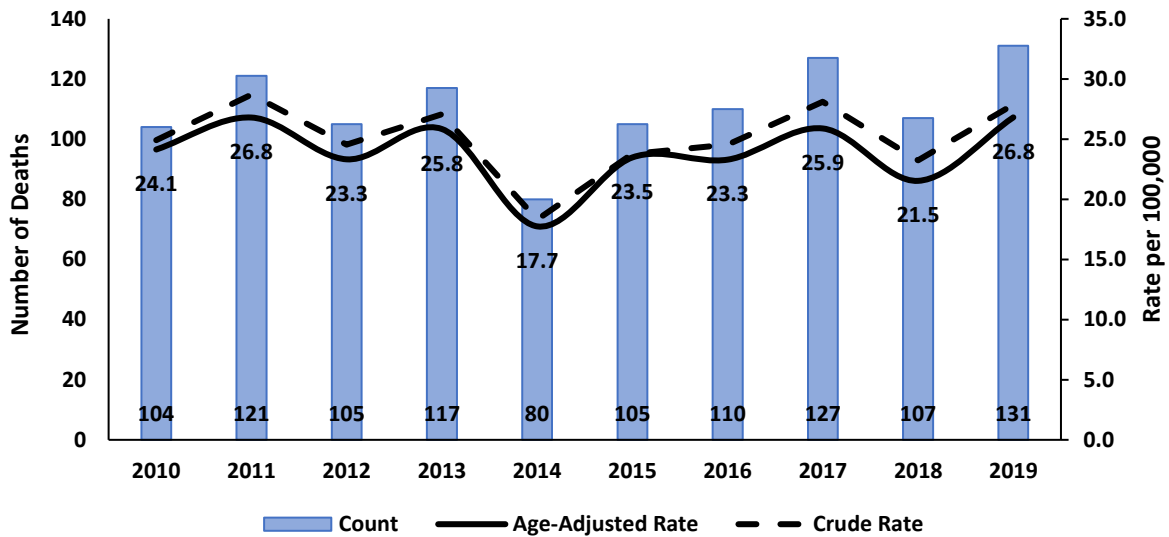
Figure 44. Alcohol-Related Deaths and Rates, 2010-2019.



Source: Electronic Death Registry System.

Alcohol-related deaths have not increased significantly between 2010 to 2019.

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



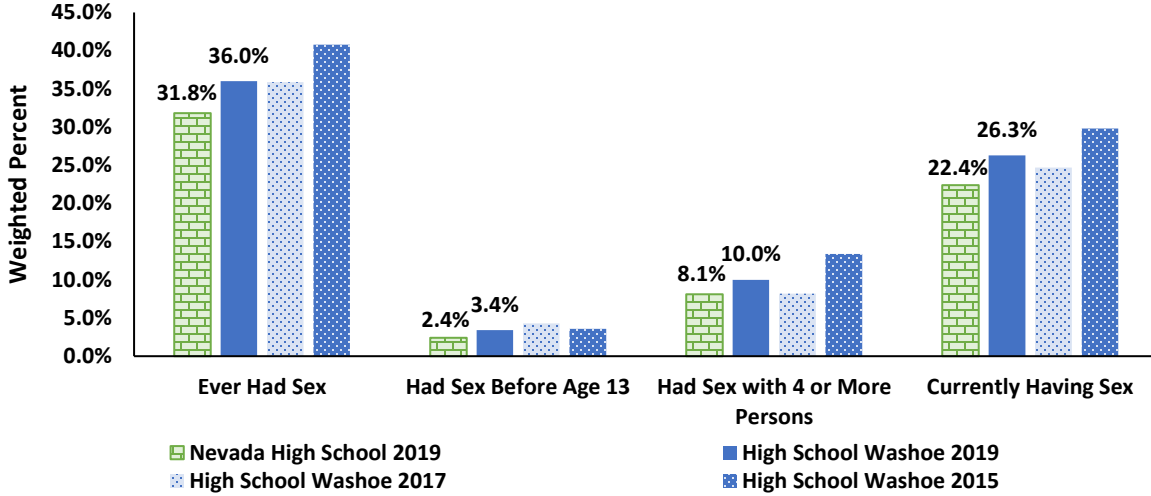
Source: Electronic Death Registry System.

In 2019 there were 26.8 drug-related deaths per 100,000 people in Washoe County (age-adjusted). The rate of drug-related deaths has remained relatively stable over time in Washoe County since 2010, with a sharp decrease in 2014 and a gradual increase from 2015-2019.

Youth (Adverse Effects from Youth)

Youth Risk Behavior Survey (YRBS)

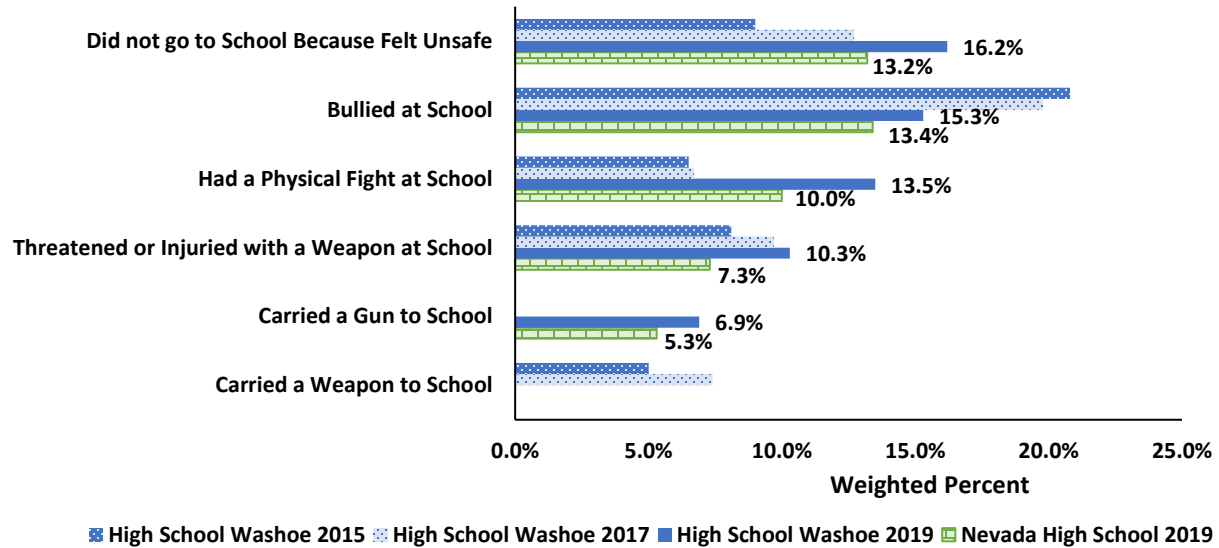
Figure 46. Sexual Behaviors Among Students, Washoe County High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
 Chart scaled to 45% to display differences among groups.

Approximately 36% of Washoe County high school students reported ever having sex in 2019. The proportion of Washoe County high school students in 2019 who reported that they were currently sexually active has decreased since 2015 but is higher than Nevada (31.8%).

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



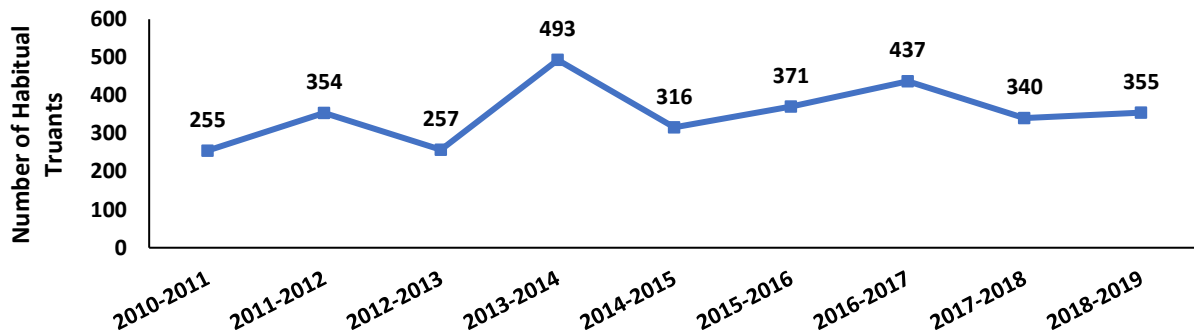
Source: Nevada Youth Risk Behavior Survey.
 Chart scaled to 25% to display differences among groups.

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.

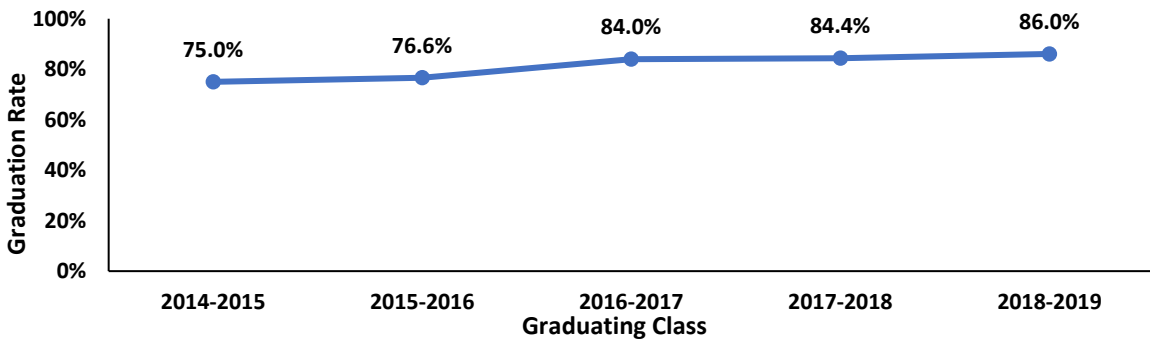
Figure 48. Number of Habitual Truants, Washoe County, Class Cohorts 2010–2019.



Source: Nevada Department of Education, Report Card.

Washoe County’s number of habitual truant students have decreased since the peak of 493 truant students during the 2013-2014 school year. Washoe county recorded the lowest number of 255 truant students during the 2010-2011 school year. In 2018-2019 school year the number of truants increased by 4.5% from the previous year.

Figure 49. High School Graduation Rate, Washoe County, Class Cohorts 2014-2019.



Source: Nevada Department of Education, Report Card.

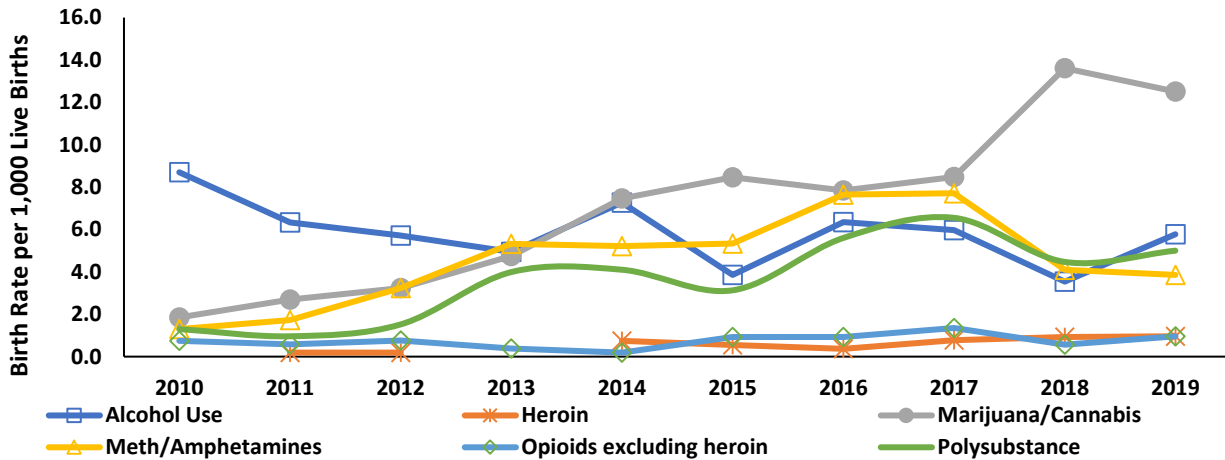
Graduation rate is defined as the rate at which 9th graders graduate by the end of the 12th grade (number of students who graduate in four years with a regular high school diploma divided by the number of students from the adjusted cohort for the graduation class). Washoe County high schools posted the highest graduation rate since 2015 in 2019 with 86% of students graduating.

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. On average, there were 35,394 live births per year to Nevada residents between 2010 and 2018. In 2018, 149 birth certificates indicated alcohol use, 487 birth certificates indicated marijuana use, 114 indicated meth/amphetamine use, 27 indicated opiate use, and 12 indicated heroin use during pregnancy.

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



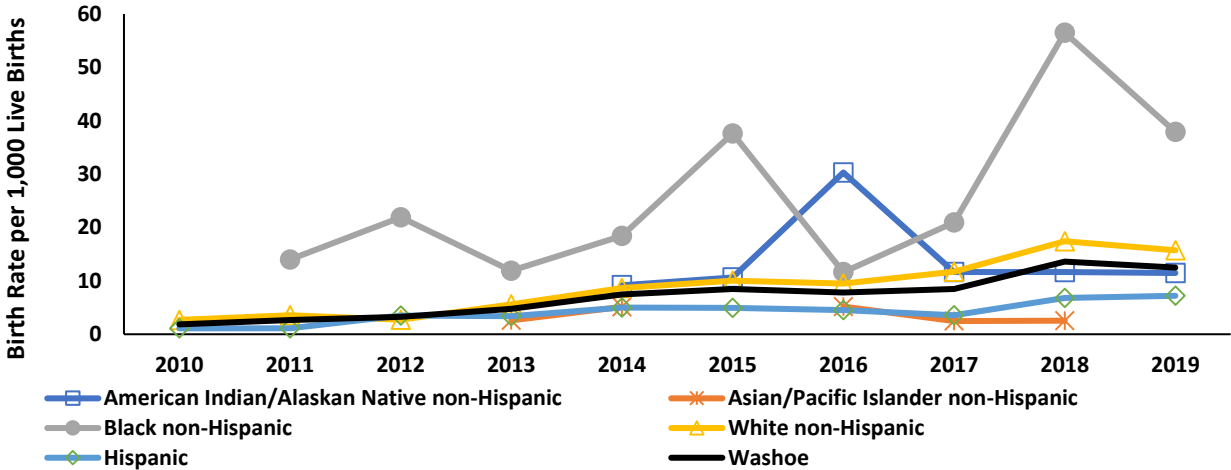
Source: Nevada Electronic Birth Registry System.

Of the self-reported substance use during pregnancy among Washoe County mothers who gave birth between 2010 and 2019, marijuana had the highest rate of use at 12.5 per 1,000 live births. Since 2015, the marijuana use rate has surpassed the alcohol use rate, which was 5.8 per 1,000 births in 2019. In 2019, a rate of 3.9 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) has increased from 1.3 per 1,000 live births in 2015 to 5.0 per 1,000 live births in 2019.

Marijuana/cannabis use among pregnant females was significant among black non-Hispanic woman at 37.9 per 1,000 live births (race-specific). Tobacco use was most common among the 35-39 age group at 67.3 per 1,000 live births (age-specific). Marijuana use is expected to increase as marijuana was legalized in Nevada in 2017.

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 Birth Rates (Self-Reported), Washoe County Residents, 2010-2019.



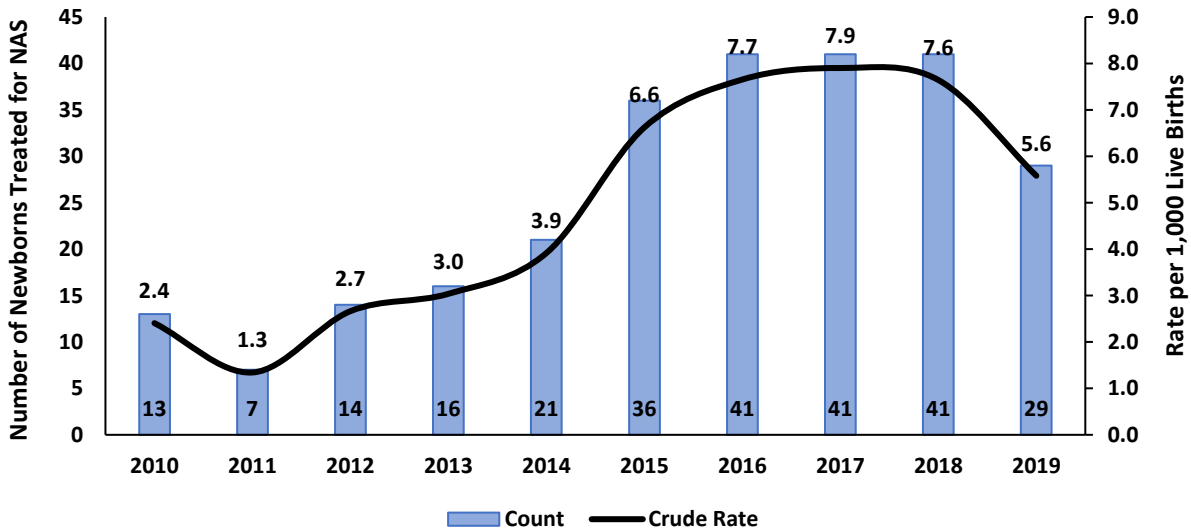
Source: Nevada Electronic Birth Registry System.

Black non-Hispanic mothers self-reported prenatal marijuana use was significantly higher than Washoe County overall.

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.

Figure 52. Neonatal Abstinence Syndrome, Washoe County Residents, 2010-2019.



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

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.

The rate of inpatient admissions for NAS decreased from 2018-2019. The rate of NAS was 5.6 per 1,000 live births in Washoe County region for 2019.

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 versus 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.

Washoe County Behavioral Health Profile

Data Tables

Table 1. Population Distribution, Washoe County, 2010-2019.

	2010	2011	2012	2013	2014	2015	2016	2017	2017	2019
Washoe	417,336	421,593	427,704	432,324	436,797	441,946	448,307	451,923	456,038	469,963
Sex										
Female	206,604	208,789	211,950	214,356	216,700	219,359	222,642	224,576	226,773	233,758
Male	210,732	212,804	215,754	217,968	220,097	222,587	225,665	227,347	229,265	236,205
Age										
<1	5,379	5,145	5,267	5,261	5,286	5,432	5,406	5,512	5,583	5,735
1-4	24,094	23,274	22,465	22,028	21,777	21,665	22,103	22,102	22,323	23,439
5-14	55,790	57,214	58,633	59,483	60,005	60,479	60,434	60,073	59,696	60,109
15-24	57,734	57,512	57,928	57,984	58,269	58,834	60,302	60,969	61,697	65,394
25-34	58,752	60,058	61,160	62,038	62,794	63,585	64,366	64,737	64,720	66,057
35-44	53,238	52,947	53,268	53,463	53,879	54,595	55,474	56,395	57,962	60,088
45-54	59,047	58,678	58,554	58,265	57,980	57,477	57,132	56,469	55,404	55,846
55-64	51,716	53,215	54,452	55,579	56,230	56,977	57,766	57,898	58,303	60,373
65-74	32,207	33,535	35,816	37,423	39,042	40,501	41,873	43,026	44,499	45,999
75-84	13,859	14,355	14,437	14,985	15,591	16,363	17,354	18,570	19,632	20,694
85+	5,521	5,661	5,723	5,814	5,943	6,038	6,097	6,173	6,219	6,229
Race/Ethnicity										
White non-Hispanic	280,744	281,817	283,789	284,964	286,042	287,346	289,219	289,739	290,456	295,686
Black non-Hispanic	10,020	10,122	10,354	10,562	10,740	10,996	11,258	11,433	11,622	12,156
Native American/Alaskan Native non-Hispanic	7,002	7,047	7,100	7,140	7,181	7,243	7,280	7,323	7,373	7,389
Asian/Pacific Islander non-Hispanic	26,562	27,119	27,912	28,514	29,103	29,787	30,613	31,104	31,649	33,461
Hispanic	93,008	95,487	98,548	101,145	103,730	106,575	109,937	112,324	114,937	121,272

Source: Nevada State Demographer, vintage 2019.

Washoe County Behavioral Health 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).

Washoe County Behavioral Health 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.

Washoe County Behavioral Health 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.

Washoe County Behavioral Health 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.

Washoe County Behavioral Health 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.

Washoe County Behavioral Health 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.

Washoe County Behavioral Health 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.

Washoe County Behavioral Health 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.