

# *Behavioral Health Wellness and Prevention 2022 Epidemiologic Profile: Washoe County, Nevada*

---

*April 2023*



*Department of Health and Human Services  
Office of Analytics*

**Joe Lombardo**  
*Governor  
State of Nevada*

**Richard Whitley, MS**  
*Director  
Department of Health and Human Services*

## Table of Contents

Acknowledgements.....	2
Executive Summary.....	3
Purpose .....	3
Data Sources .....	3
Terminology .....	6
Data and Equity.....	7
Demographic Snapshot.....	8
Mental Health .....	14
National Survey of Drug Use and Health .....	14
Youth Risk Behavior Survey (YRBS) .....	14
Behavioral Risk Factor Surveillance System (BRFSS).....	16
Hospital Emergency Department Encounters .....	18
Hospital Inpatient Admissions .....	18
State-Funded Mental Health Services .....	19
Suicide .....	23
Mental Health-Related Deaths .....	26
Substance Use.....	28
National Survey on Drug Use and Health .....	28
Youth Risk Behavior Survey (YRBS) .....	30
Behavioral Risk Factor Surveillance System.....	35
Hospital Emergency Department Encounters .....	37
Hospital Inpatient Admissions .....	38
Alcohol-Related and/or Drug-Related Deaths .....	40
Youth (Adverse Effects from Youth) .....	42
Youth Risk Behavior Survey (YRBS) .....	42
Maternal and Child Health.....	45
Substance Use Among Pregnant Nevadans (Births) .....	45
Neonatal Abstinence Syndrome .....	46
Appendix .....	47
Data Tables.....	48

# Acknowledgements

---

**Prepared by and Additional Information:**

Office of Analytics  
Department of Health and Human Services  
State of Nevada

**Thank you to following for providing leadership, data, and technical support for this report:**

Amy Lucas, MS  
Health Program Specialist II  
Office of Analytics  
Department of Health and Human Services  
State of Nevada

Jen Thompson  
Health Program Manager II  
Office of Analytics  
Department of Health and Human Services  
State of Nevada

James Hunt  
Biostatistician II  
Office of Analytics  
Department of Health and Human Services  
State of Nevada

Adam Ernst, MPH  
Health Resource Analyst II  
Office of Analytics  
Department of Health and Human Services  
State of Nevada

Leena Ho, MPH  
Health Resource Analyst II  
Office of Analytics  
Department of Health and Human Services  
State of Nevada

Alexia Benshoof, MS  
Health Bureau Chief  
Office of Analytics  
Department of Health and Human Services  
State of Nevada

Sandra Atkinson  
Health Resource Analyst II  
Office of Analytics  
Department of Health and Human Services  
State of Nevada

Aidan Hernandez  
Health Resource Analyst  
Office of Analytics  
Department of Health and Human Services  
State of Nevada

Praseetha Balakrishnan, MS  
Biostatistician II  
Office of Analytics  
Department of Health and Human Services  
State of Nevada

Meghan Anderson, PhD Student  
YRBS & School Health Profiles Coordinator  
School of Public Health  
University of Nevada, Reno

Statewide Epidemiologic Organizational Workgroup

**Recommended Citation**

Office of Analytics. Department of Health and Human Services. Bureau of Behavioral Health Wellness and Prevention 2022 Epidemiologic Profile: Washoe County. Carson City, Nevada. April 2023.

[For more information on this report, please contact data@dhhs.nv.gov](mailto:data@dhhs.nv.gov)

# Executive Summary

---

## Purpose

This report is intended to provide an overview of behavioral health in Nevada for 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.

## Data Sources

---

### **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 400,000 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.

### **Hospital Emergency Department Billing (HEDB)**

The Hospital Emergency Department Billing data provides health billing data for emergency room patients for Nevada's non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada to report all patients discharged in a form prescribed by the director of the Department of Health and Human Services. The data are collected using a standard universal billing form. The data in this report are for patients who used emergency room and inpatient services. 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 (up to 33 diagnoses respectively). 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, length of hospital stay, discharge status, and external cause of injury codes. The billing data information is for billed charges and not the actual payment received by the hospital.

### **Hospital Inpatient Billing (HIB)**

The Hospital Inpatient Billing data provides health billing data for patients discharged from Nevada's non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada to 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 is for patients who spent at least 24 hours as an inpatient, but do not include patients who were discharged from the emergency room. 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 (up to 33 diagnoses respectively). ICD-10-CM diagnoses codes replaced ICD-9-CM

## Washoe County Behavioral Health Profile

diagnoses codes in the last quarter of 2015. Therefore, data prior to last quarter of 2015 may not be directly comparable to data thereafter. In addition, the data includes billed hospital charges, procedure codes, length of hospital stay, discharge status, and external cause of injury codes. The billing data information is for billed charges and not the actual payment received by the hospital.

### **Monitoring the Future Survey**

Since 1975 Monitoring the Future Survey has measured alcohol and drug use and related attitudes among adolescent students nationwide. Survey participants report their drug use behaviors across three-time periods: lifetime, past year, and past month. Students from both public and private schools participate in the survey. The survey is funded by the National Institute on Drug Abuse (NIDA), a component of the National Institutes of Health (NIH) and conducted by the University of Michigan.

For more information: [Monitoring the Future](#)

### **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.” For more information: [Nevada Report Card](#).

### **Nevada State Demographer – Nevada Population Data**

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. These data are representative of clients served at 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. It is conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the US Department of Health and Human Services that focuses on behavioral health. For more information on the survey: [SAMHSA NSDUH](#).

### **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. For more information: [United States Census Bureau](#).

**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 Youth Risk Behavior Survey (YRBS) is a national surveillance system that was established by the Centers for Disease Control and Prevention (CDC) to monitor the prevalence of health risk behaviors among youth. Every two years, little over 30 high schools from Nevada were randomly chosen by the CDC to represent Nevada. However, to ensure greater representation from schools in all Nevada districts, the Nevada Division of Public and Behavioral Health contracted with the University of Nevada, Reno School of Public Health to conduct the YRBS in all high schools throughout the state. The Nevada High School YRBS is a biennial, anonymous, and voluntary survey of students in 9th through 12th grade in regular public, charter, and alternative schools. Students 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
6. Physical inactivity

Nevada is among few states that collect data in middle schools. The Nevada Middle School YRBS is biennial, anonymous and voluntary survey of students in 6<sup>th</sup> through 8<sup>th</sup> grade in regular public, charter, and alternative schools. Students self-report their behaviors in five major areas of health that directly lead to morbidity and mortality, these include:

1. Behaviors that contribute to unintentional injuries and violence
2. Tobacco use
3. Alcohol and other drug use
4. Unhealthy dietary behaviors
5. Physical inactivity

For more information on CDC’s Youth Risk Behavior Surveillance System (YRBSS): [CDC YRBSS](#)

For more information on Nevada YRBS: [Nevada YRBS](#)

# Terminology

---

## **Age-Adjusted Rate**

A rate is a measure of the frequency of a specific event over a given period, 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 [Population Projections and Standard Age Groups](#)). 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.

## **Crude Rate**

A rate is a measure of the frequency of a specific event over a given period, divided by the total number of people within the population over the same period of time. A crude rate is the frequency with which an event or circumstance occurs per unit of population.

# Data and Equity

---

Demographic language may differ throughout this report depending on the sources from which data were retrieved. To report the data accurately, variables such as race, ethnicity, and sex are described in the data as they were in the source data. Every effort has been made to be inclusive and equitable across every demographic to provide a fair and accurate representation of the people of Nevada. We recognize the terms “female” and “woman” do not include all birthing people but used as descriptors presented in source data.

# Demographic Snapshot

**Figure 1. Select Demographics for Washoe County, Nevada 2021.**

	<b>Nevada</b>
Population, Washoe County, 2021 estimate*	482,146
Population, Washoe County, 2012 estimate*	427,704
Population, Washoe County, percentage change*	12.7%
Male persons, Washoe County, 2021 estimate*	242,043 (50.2%)
Female persons, Washoe County, 2021 estimate*	240,103 (49.8%)
Median household income, Washoe County (2017-2021)**	\$74,292
Per capita income in the past 12 months, Washoe County (2017-2021)**	\$40,301
Persons in poverty, percent, Washoe County (2021) **	11.0%
With a disability, under the age 65 years, percent, Washoe County (2017-2021)**	7.8%
Land area in square miles, Washoe County (2020)**	6,315.9 sq miles

Source: \*Nevada State Demographer, Vintage 2020 and \*\*US Census Bureau.



In 2021, the estimated population for Washoe County was 482,146, a 12.7% increase from the 2012 estimated population. The population is made up of approximately equal percents of females and males (49.8% and 50.2%, respectively).

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

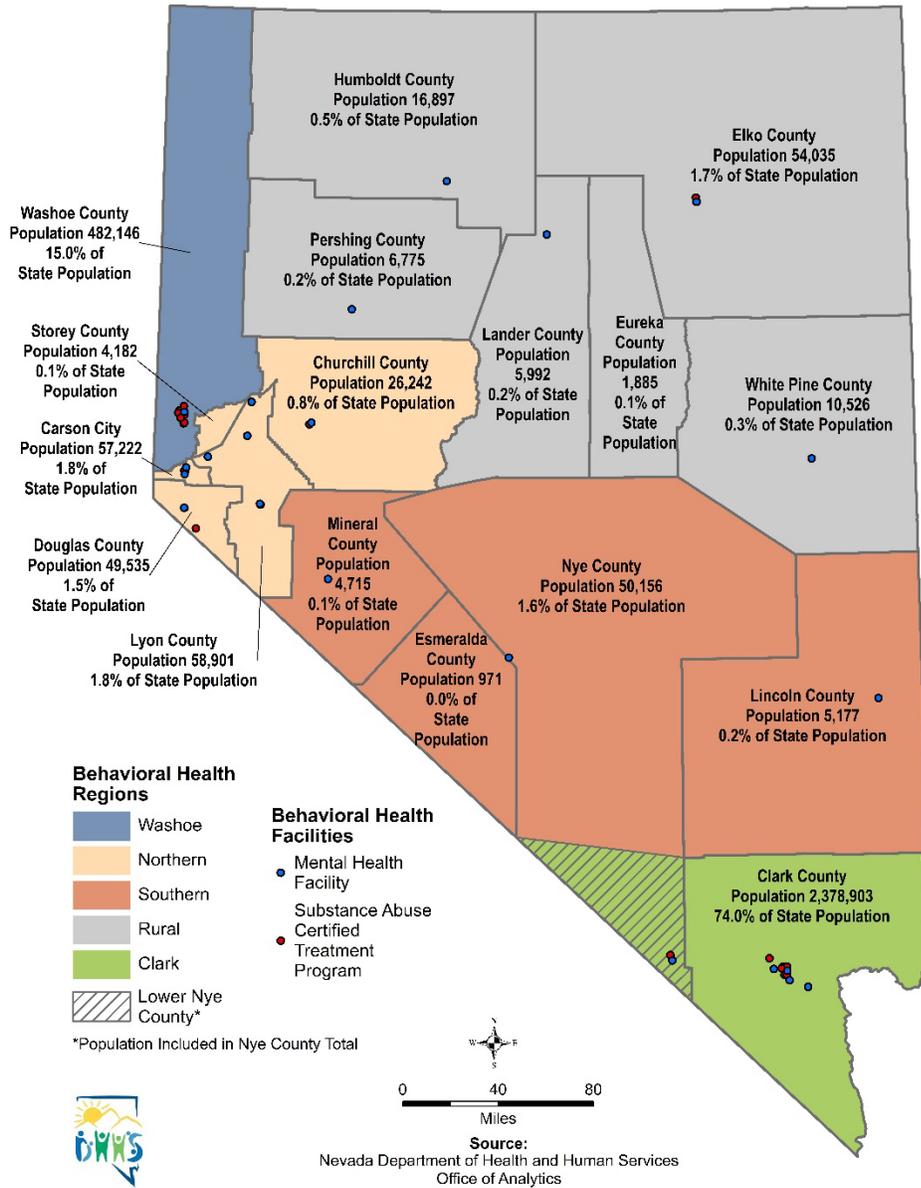
part of the southern region, and the south half is part of the Clark County region. For data purposes, Nye County data is included in the southern region.

With 15.0% of Nevada’s population living in Washoe County, it is the second most populous area in the state after Clark County, at 74.1%. Esmeralda County is the least populous county, with less than one percent of Nevada’s population, an estimated 971 persons.

Figure 2 below shows the population for each of Nevada’s 17 counties, the percent of Nevada population each county represents, the behavioral health regions, and the locations of mental health and substance abuse facilities.

# Washoe County Behavioral Health Profile

Figure 2. Nevada Population Distribution by County, 2021.



Source: Nevada State Demographer, Vintage 2020.

**Clark Region:** Clark County and southern Nye County.

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

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

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

**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 Nevada Region Report and not in the Clark County Region report.

Legislation to allow licensed cannabis sales in Nevada was approved in 2013, the first medical cannabis dispensary opened in Nevada in 2017, and cannabis became legal for recreational use in Nevada on January 1, 2017. Figures 3a and 3b below display the locations of the State of Nevada licensed cannabis dispensaries. Licensing is done through the State of Nevada Cannabis Compliance Board (see [NV CCB](#) for

## Washoe County Behavioral Health Profile

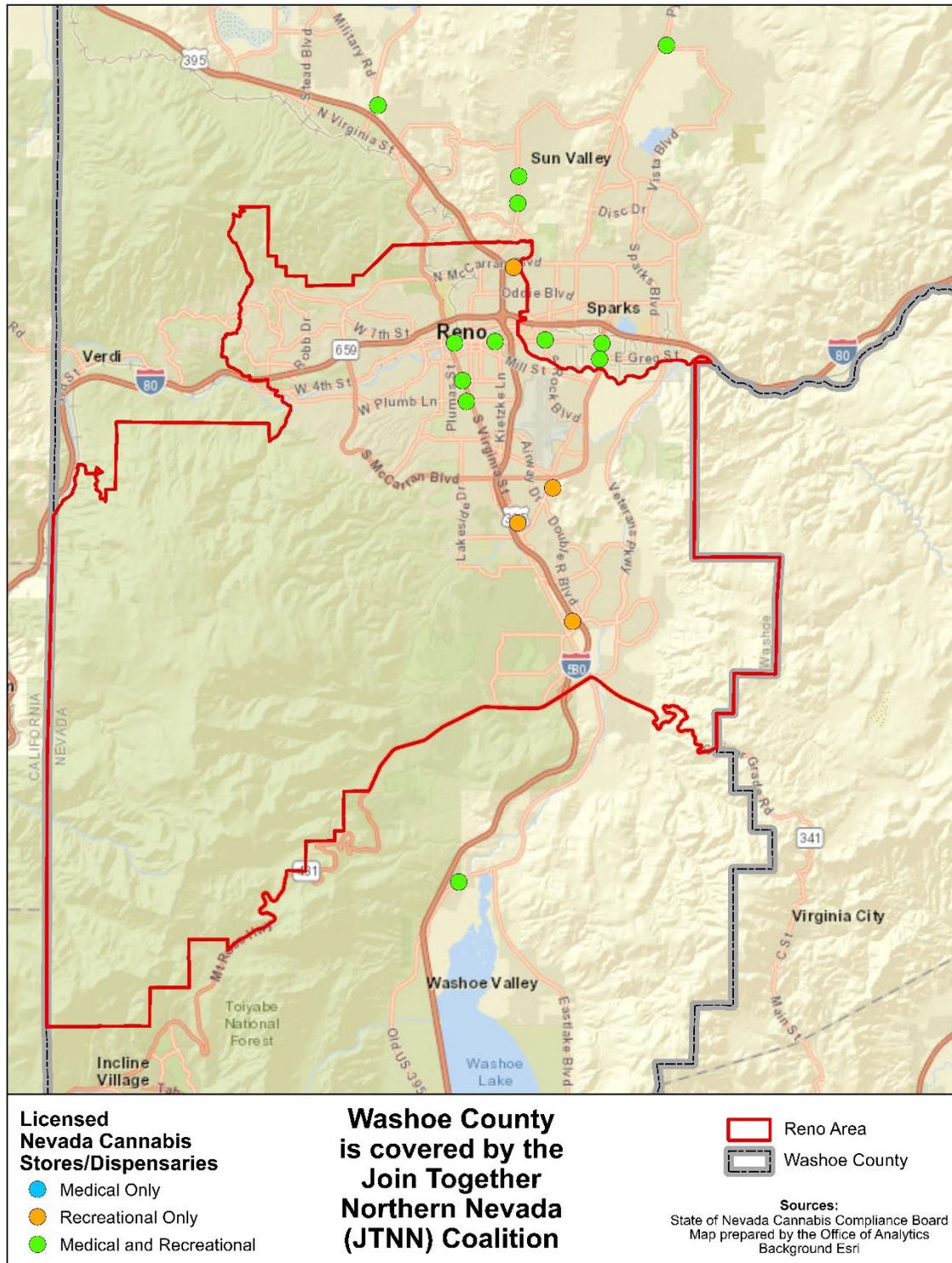
more information). Note that there are tribal cannabis establishments in Nevada; these establishments are not licensed through the State of Nevada Cannabis Compliance Board and therefore are not shown on the maps.

While cannabis is legal in Nevada, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), its use can have negative and long-term effects on brain health, mental health, and infant and fetal health and development. For more information: [SAMHSA Marijuana](https://www.samhsa.gov/marijuana)

**Figure 3a. Prevention Coalitions and Licensed Cannabis Dispensary Locations.**

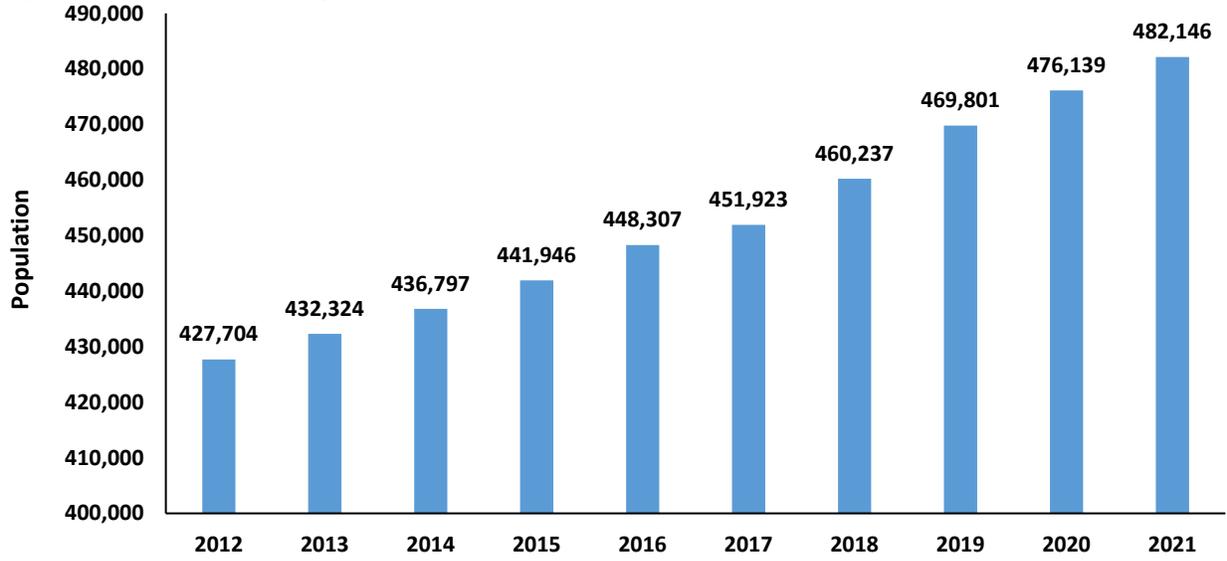


Figure 3b. Washoe County, Nevada Licensed Cannabis Dispensary Locations.



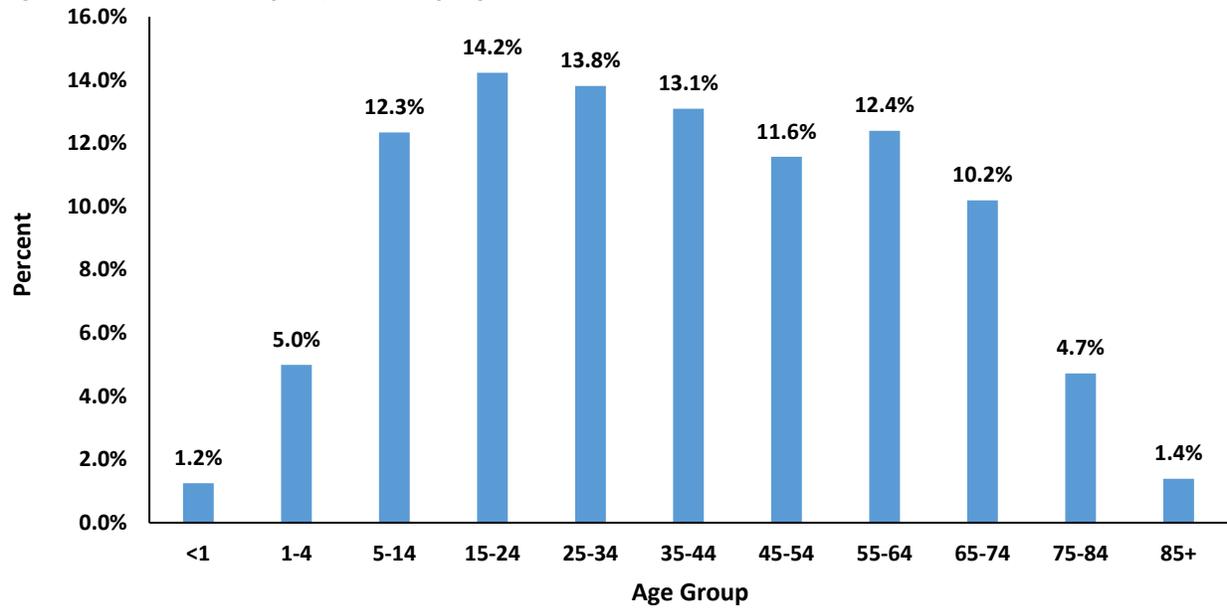
# Washoe County Behavioral Health Profile

**Figure 4. Washoe County Population, 2012-2021.**



Source: Nevada State Demographer, Vintage 2020.  
Chart scaled to display differences among groups.

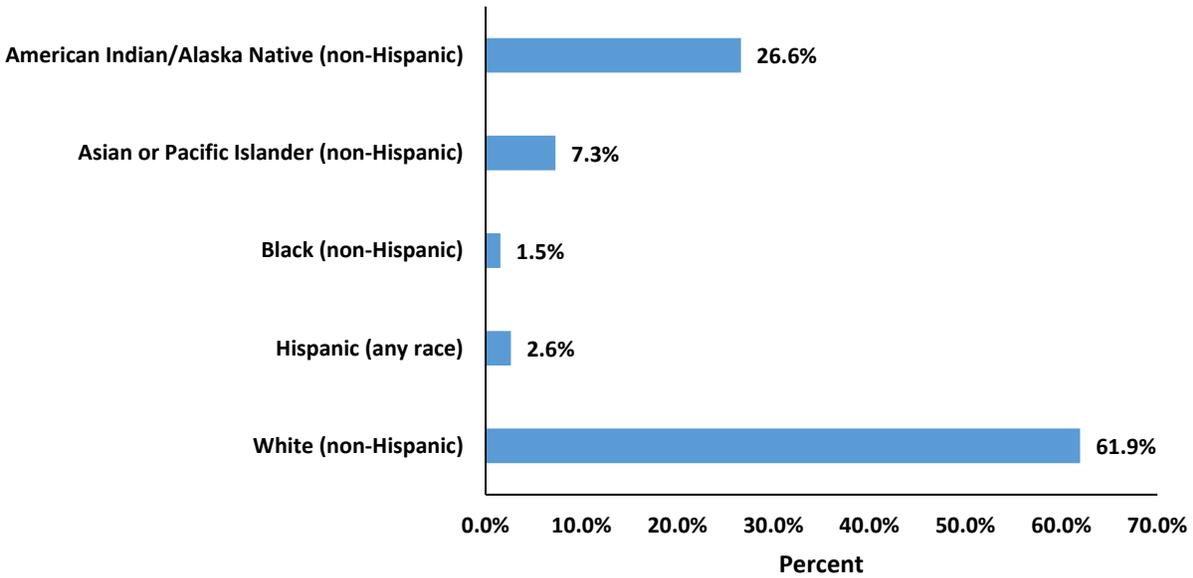
**Figure 5. Washoe County Population by Age Group, 2021.**



Source: Nevada State Demographer, Vintage 2020.  
Chart scaled to 16.0% to display differences among groups.

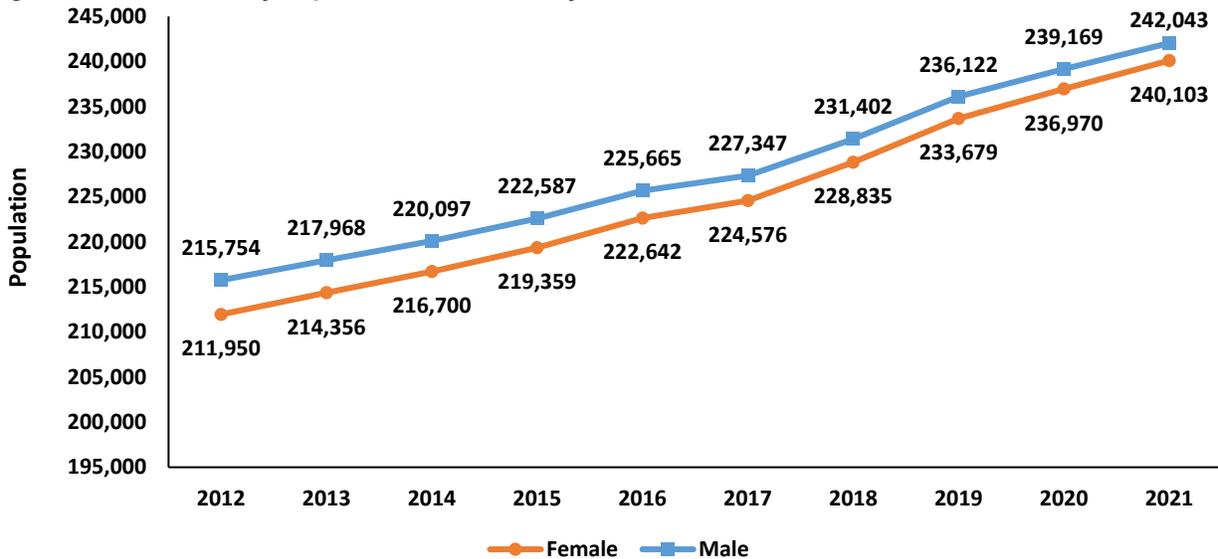
Washoe County Behavioral Health Profile

Figure 6. Washoe County Population by Race/Ethnicity, 2021.



Source: Nevada State Demographer, Vintage 2020.  
 Chart scaled to 70.0% to display differences among groups.

Figure 7. Washoe County Population Distribution by Sex, 2012-2021.



Source: Nevada State Demographer, Vintage 2020.  
 Chart scaled to display differences among years.

Washoe County has the highest population in the 15-24 age group (14.2%), followed by the 25-34 age group (13.8%), while Nevada has the highest percent of the population in the 25-34 age group, followed by the 15-24 age group,

White non-Hispanics comprise 61.9% of Washoe County’s population, followed by Hispanic, any race (26.6%), Asian/Pacific Islander non-Hispanic (7.3%), Black non-Hispanic (2.6%), and American Indian/Alaska Native (1.5%).

# Mental Health

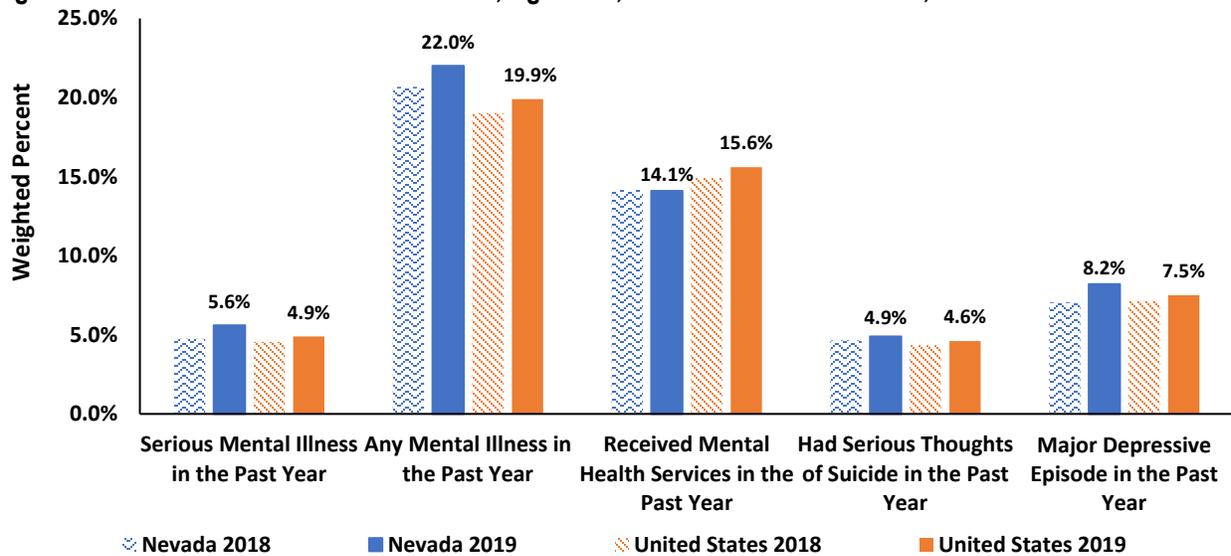
Mental health data are collected by numerous data sources in Nevada, including YRBS, BRFSS, hospital billing, state-funded mental health facilities, and vital records.

## 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.

According to SAMHSA’s website, state data tables and reports from the 2019-2020 NSDUH “are no longer available due to methodological concerns with combining the 2019 and 2020 data”. Therefore, data in this report are from the NSDUH surveys are from the 2017-2018 and 2018-2019 reports. For more information, please visit [SAMHSA 2019-2020 State Reports](#)

**Figure 8. Percent of Mental Health Measures, Aged 18+, Nevada and United States, 2018-2019.**



*SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2017-2018 and 2018-2019. Chart scaled to 25.0% 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 “serious mental illness in the past year,” “any mental illness in the past year,” “had serious thoughts of suicide in the past year,” and “major depressive episode in the past year.”

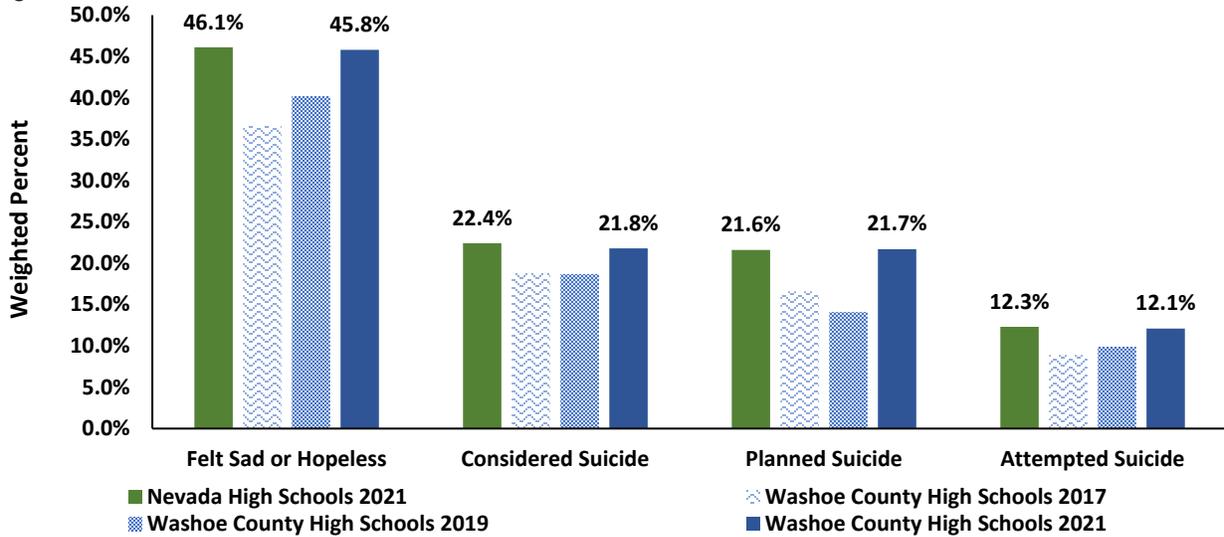
## Youth Risk Behavior Survey (YRBS)

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

## Washoe County Behavioral Health Profile

during the odd numbered years. In 2021, 1,103 high school and 2,149 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](https://www.unr.edu/yrb)

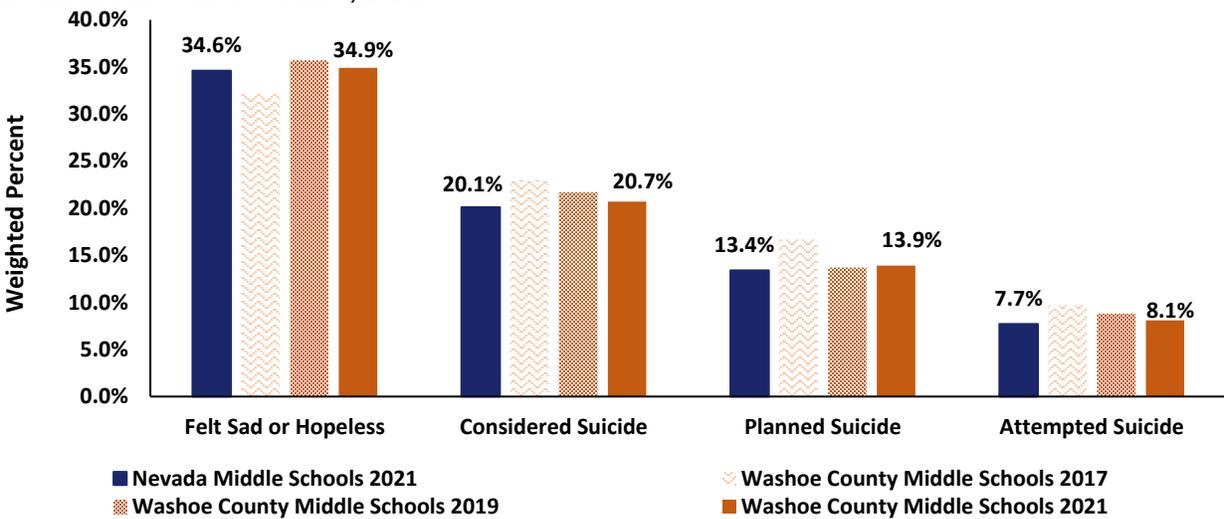
**Figure 9a. Mental Health Behaviors, Washoe County High School Students 2017, 2019, and 2021, and Nevada High School Students, 2021.**



Source: Nevada Youth Risk Behavior Survey (YRBS).  
 Chart scaled to 50.0% to display differences among groups.

From 2017 to 2021, there has been a steady increase in the percent of Washoe County high school students reporting that they felt sad or hopeless or that they attempted suicide. The percent who reported that they considered suicide or planned suicide decreased from 2017 to 2019 before increasing in 2021 to percents higher than in 2017. The 2021 Washoe County high school percents are within 1.0% of the 2021 Nevada high school percents.

**Figure 9b. Mental Health Behaviors, Washoe County Middle School Students 2017, 2019, and 2021, and Nevada Middle School Students, 2021.**



Source: Nevada Youth Risk Behavior Survey (YRBS).  
 Chart scaled to 40.0% to display differences among groups.

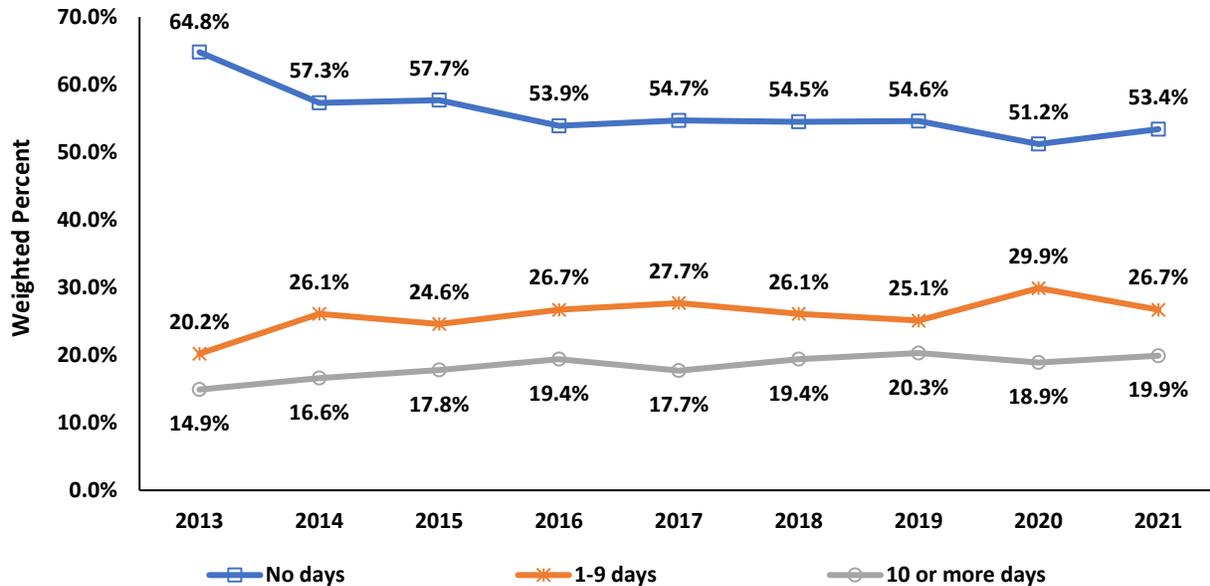
## Washoe County Behavioral Health Profile

From 2017 to 2021, there have been steady decreases in the percent of Washoe County middle school students reporting that they considered suicide or attempted suicide. The percent who felt sad or hopeless or planned suicide increased from 2017 to 2019 before decreasing in 2021. The Washoe County 2021 middle school percents are within 1.0% of Nevada 2021 middle school percents.

### 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 10. Percent of Adult BRFSS Respondents Who Experienced Poor Mental or Physical Health that Prevented Them from Doing Usual Activities by Days Affected in Past Month, Washoe County Residents, 2013-2021.**



Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 70.0% to display differences among groups.

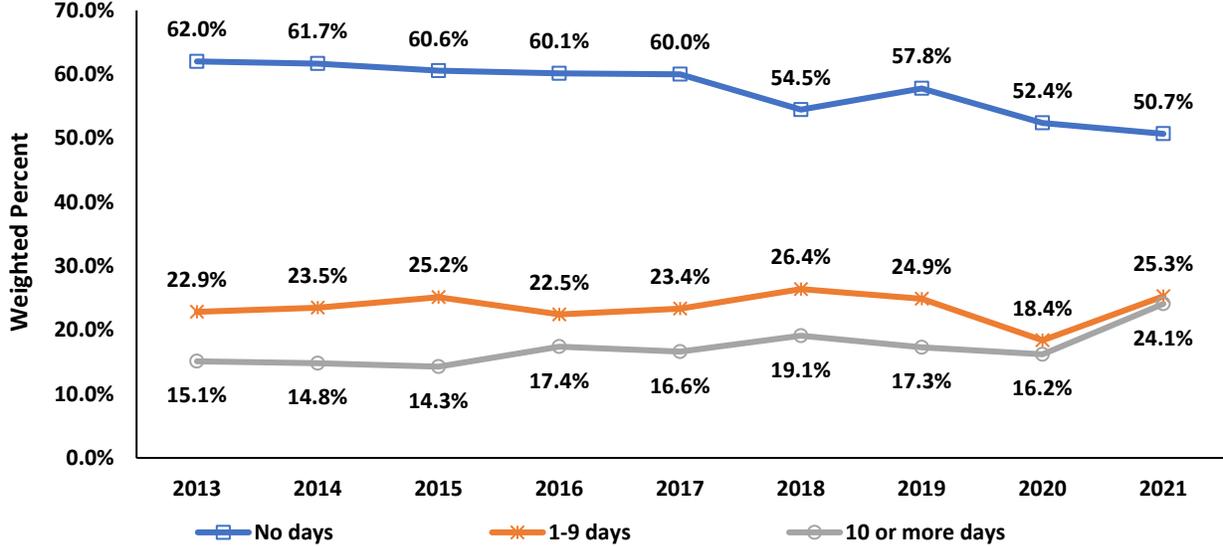
Specific question asked in survey: "During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?"

The percent of BRFSS adult respondents in Washoe County who experienced no days of poor mental health or physical health preventing them from doing their usual activities has been roughly declining from 2013 to 2020 before increasing by more than 2% in 2021. The highest percent was in 2013 (64.8%) and the lowest was in 2020 (51.2%).

In contrast, the percent of BRFSS adult respondents in Washoe County who reported experiencing 10 or more days of poor mental health or physical health that prevented them from doing usual activities was highest in 2021 (19.9%) in 2021 and lowest in 2013 (14.9%).

Washoe County Behavioral Health Profile

**Figure 11. Percent of Adult BRFSS Respondents Whose Mental Health was Not Good by Number of Days Experienced in the Past Month, Washoe County Residents, 2013-2021.**



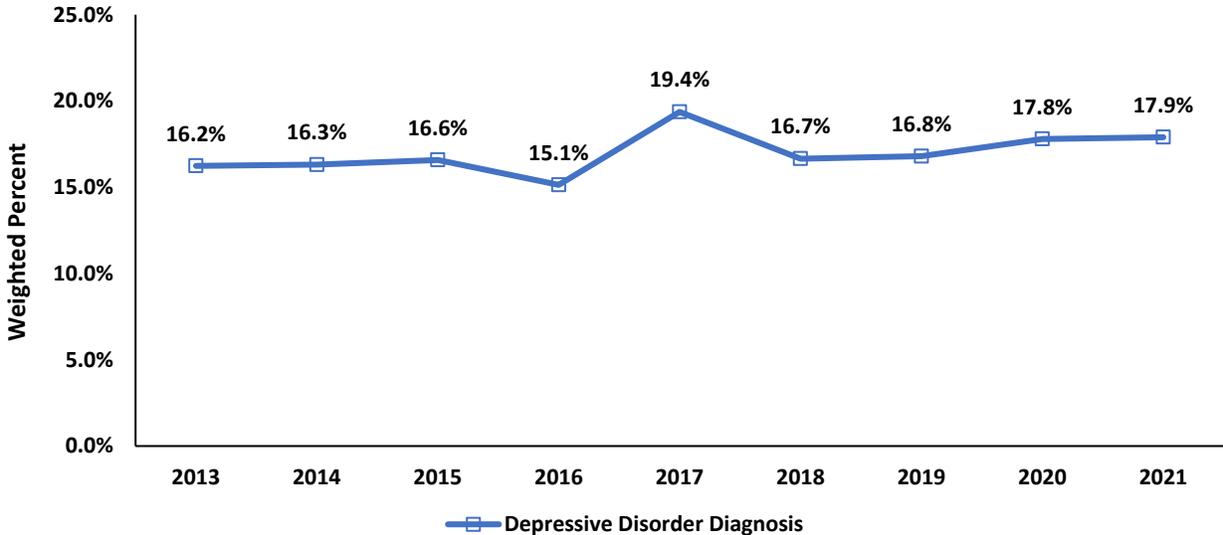
Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 70.0% 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, adult BRFSS respondents who had no days of their mental health that was not good has been decreasing since 2013 (62.0%), reaching a low in 2021 (50.7%). Both percent of experiencing 1-9 days and experiencing zero days of not good mental health were fairly stable before a decrease in 2020 followed by a sharp increase in 2021.

**Figure 12. Percent of Adult BRFSS Respondents Who Have Ever Been Told They have a Depressive Disorder, Including Depression, Major/Minor Depression, or Dysthymia, Washoe County Residents, 2013-2021.**



Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 25.0% 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)?”

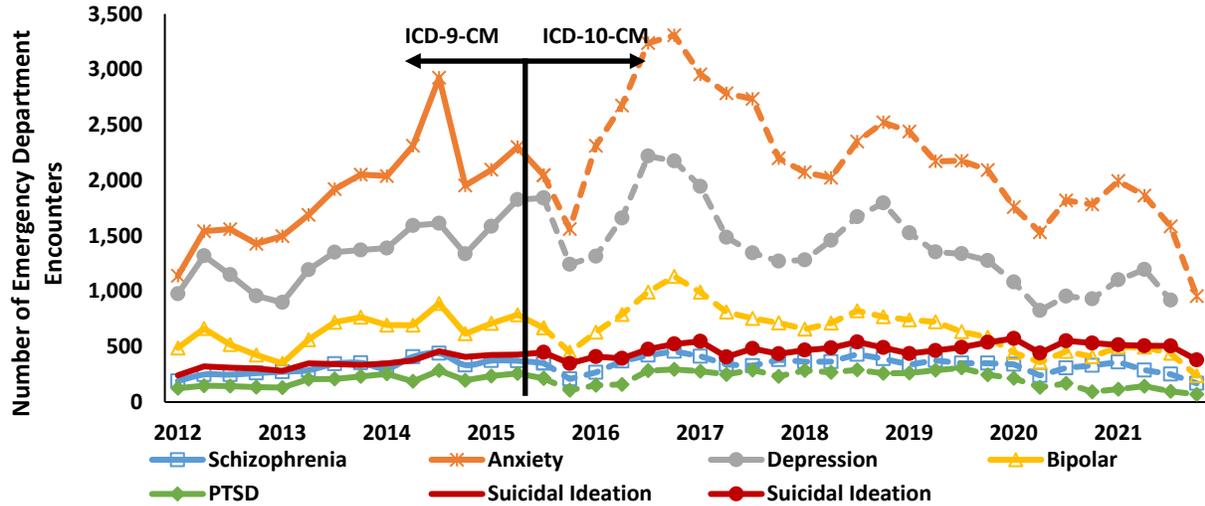
## Washoe County Behavioral Health Profile

Roughly 18% of Washoe County adult BRFSS respondents were told they have a depressive disorder in 2021, similar to the previous year. The high was in 2017 (19.4%), and the low was in 2016 (15.1%).

### 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 13. Mental Health-Related Emergency Department Encounters, by Quarter and Year, Washoe County Residents, 2012-2021.**



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.

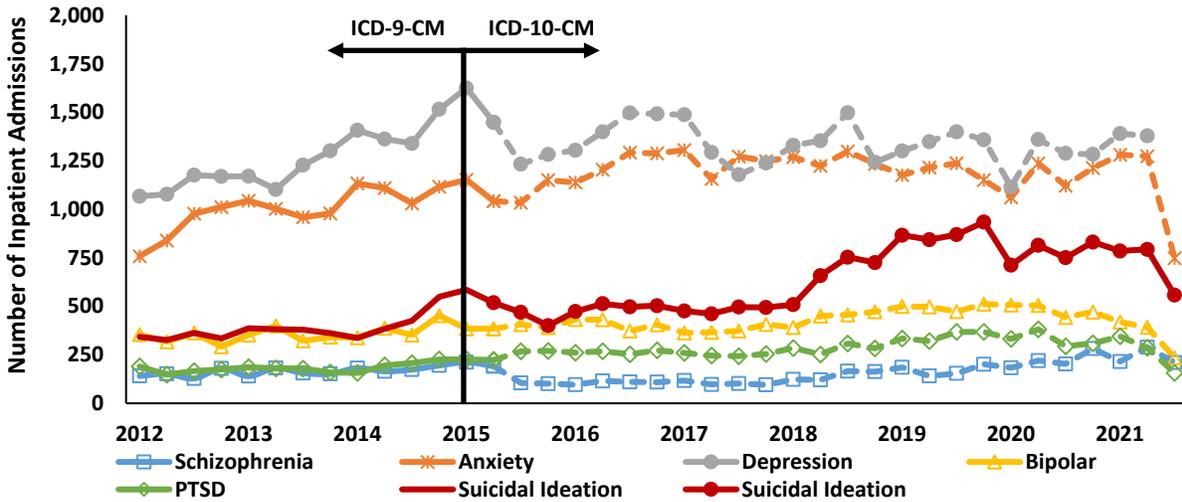
Note: Data for depression 2021 quarter four not available.

Anxiety has been the leading mental health-related diagnosis among Washoe County residents since 2012 for emergency department encounters, followed by depression. Emergency department encounters have declined among Washoe County residents 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 14. Mental Health-Related Inpatient Admissions, by Quarter and Year, Washoe County Residents, 2012-2021.



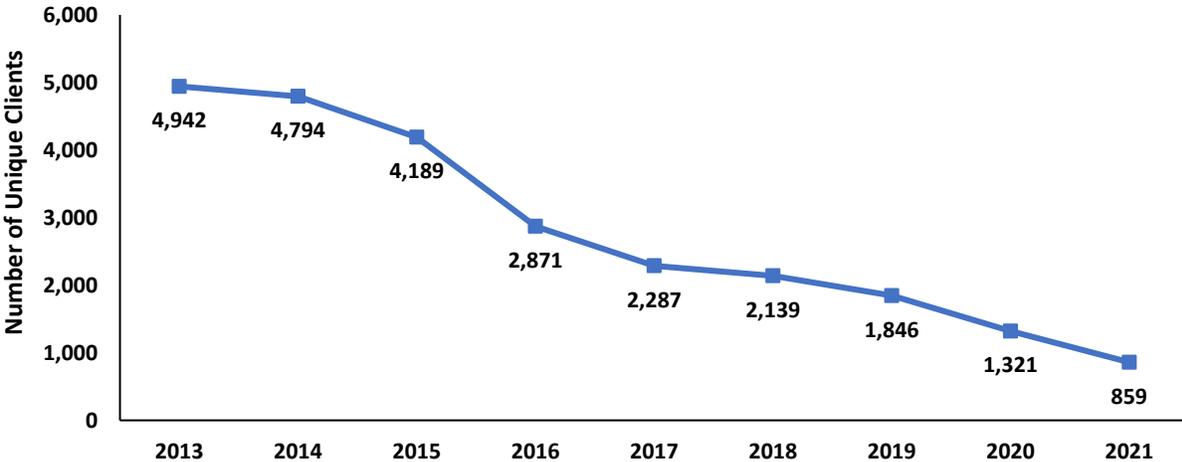
Source: Hospital Inpatient Billing.  
 Categories are not mutually exclusive.  
 ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.  
 Note: Data for depression 2021 quarter four not available.

Unlike emergency department encounters, depression has been the leading diagnosis for mental health-related inpatient admissions from 2012-2021, followed by anxiety. The number of admissions for suicidal ideation increased nearly twofold from 2018 through 2019 before decreasing.

### 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 15. Unique Clients\* Served at State-Funded Mental Health Clinics, Washoe County Residents, 2013-2021.

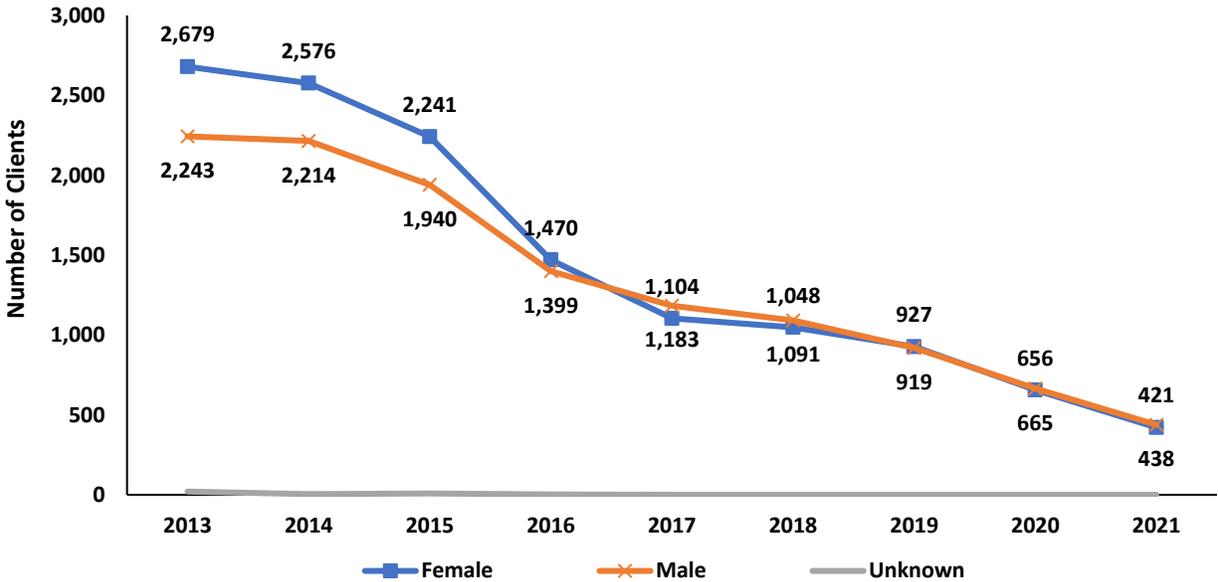


Source: State-Funded Mental Health: Avatar.  
 \*A client is counted only once per year. Clients may be counted more than once across years.

## Washoe County Behavioral Health Profile

The number of unique clients served by state-funded mental health facilities continues to decline for Washoe County. There were 859 clients served in 2021, a significant decrease from 2013 (4,942). Washoe County had an overall utilization rate for DPBH mental health services of 176.7 per 100,000 population in 2021.

**Figure 16. State-Funded Mental Health Clinics Utilization\* by Gender, Washoe County Residents, 2013-2021.**



Source: State-Funded Mental Health: Avatar.

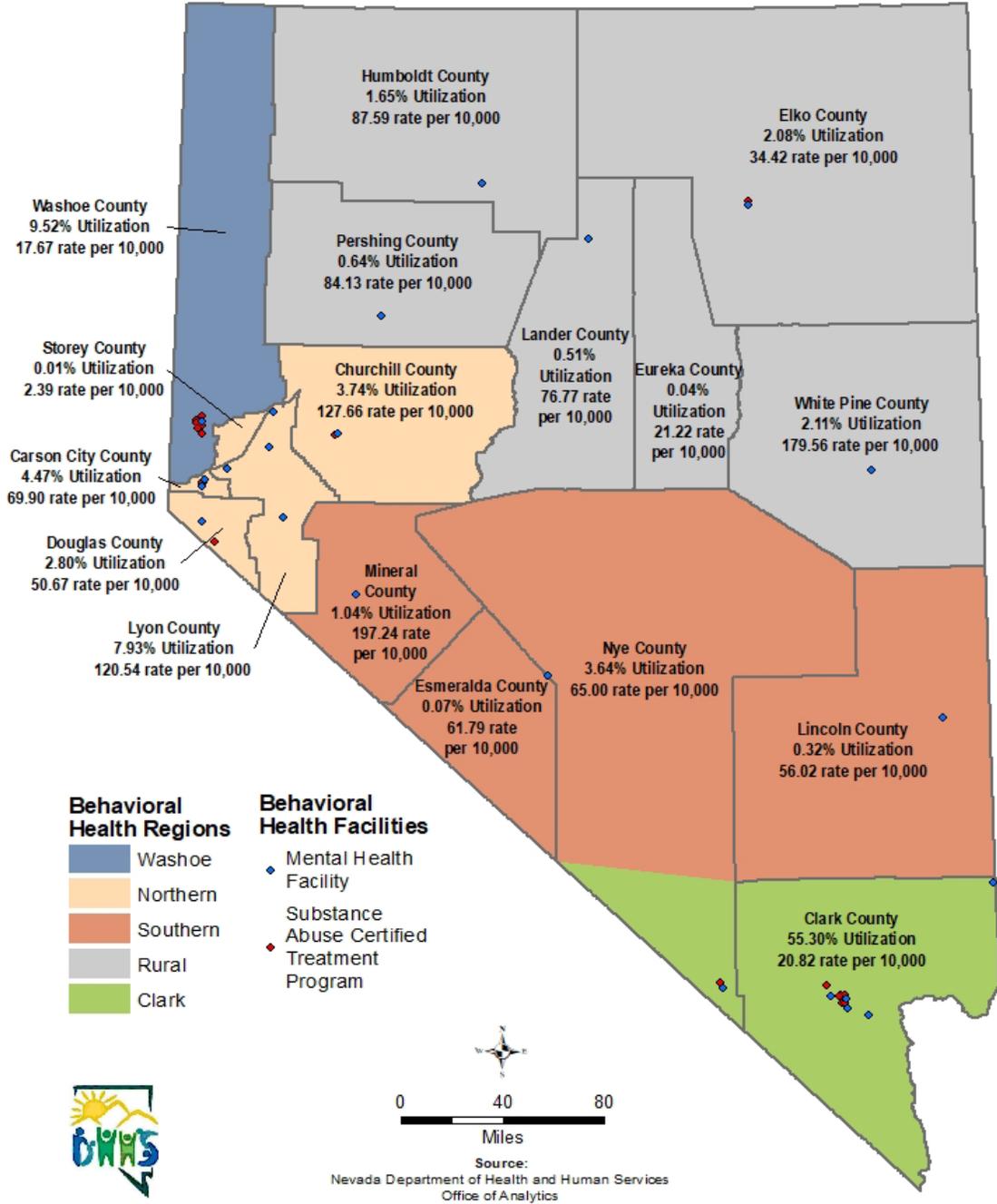
\*A client is counted only once per year. Clients may be counted more than once across years.

From 2013 to 2016, Washoe County female residents utilized the state-funded mental health clinics more than males. From 2016 to 2021 females and males have utilized these services in similar counts. In 2021, 181.0 per 100,000 Washoe County male population utilized the state-funded mental health clinics, compared to females at 175.3 per 100,000 Washoe County 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 those with some college 21.7% in 2019.

Figure 17 below shows the percent of Nevada state-funded adult mental health utilization each county represents, the rate of utilization (per 10,000 population), the behavioral health regions, and the locations of mental health and substance abuse facilities.

Figure 17. State-Funded Mental Health Clinics Utilization by County, 2021.



Source: State-Funded Mental Health: Avatar.

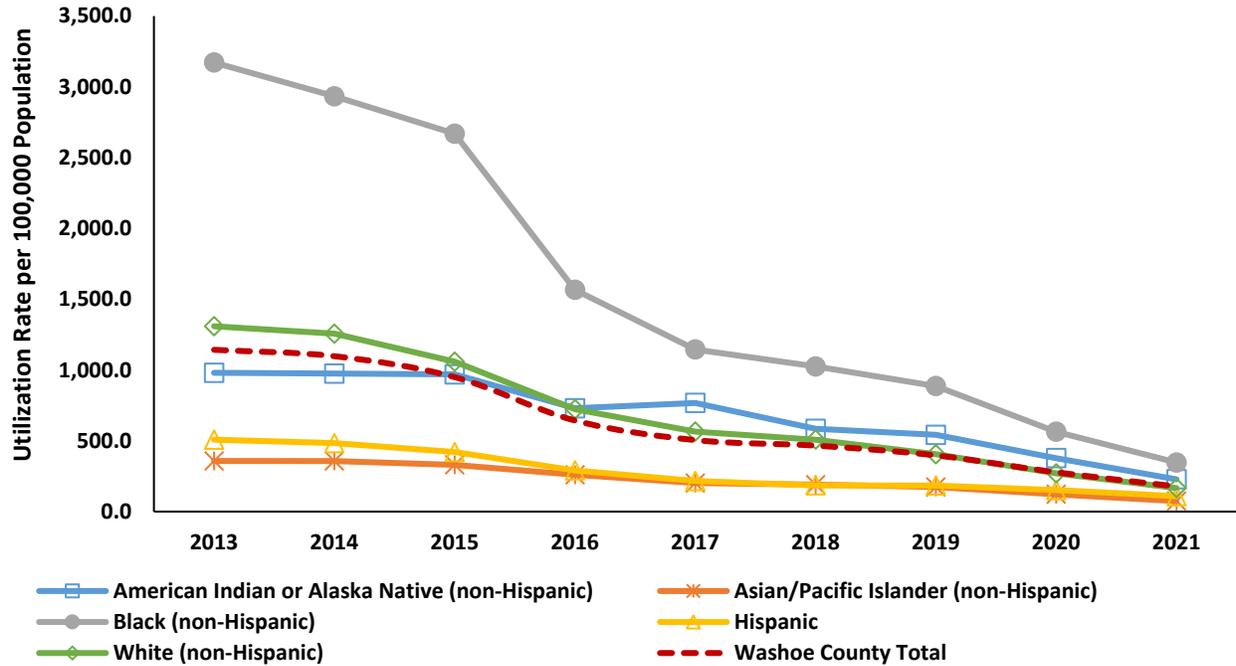
\*A client is counted only once per year. Clients may be counted more than once across years.

**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 18. State-Funded Mental Health Clinics Utilization\* by Race/Ethnicity Crude Rates, Washoe County Residents, 2013-2021.



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 2013 to 2021. The Black non-Hispanic population had the highest utilization rate since 2013, with a rate of 346.9 per 100,000 population in 2021. Asian and Pacific Islander non-Hispanics have the lowest rate in 2021 at 74.1 per 100,000 population.

Figure 19. Top Mental Health Clinic Services by Number of Patients Served\*, Washoe County, 2013-2021.

NNAMHS Program	Year									
	2013	2014	2015	2016	2017	2018	2019	2020	2021	
Medication Clinic - Adult	3,560	3,239	2,905	2,118	1,763	1,794	1,453	1,365	653	
Ambulatory Service - Adult	1,677	1,422	1,181	505	51	13	10	493	260	
Outpatient Counseling - Adult	671	707	532	245	193	159	92	129	42	
Inpatient Hospital - Adult	405	793	479	426	350	264	102	308	246	
Service Coordination - Adult	559	527	258	187	179	126	41	146	116	
Co-Occurring Disorder - Adult	537	556	316	119	0	0	0	0	0	
Mental Health Court - Adult	372	323	316	267	207	170	102	118	93	
Observation Unit - Adult~	604	~	~	~	~	~	~	~	~	

Source: State-Funded Mental Health: Avatar.

~Program no longer active.

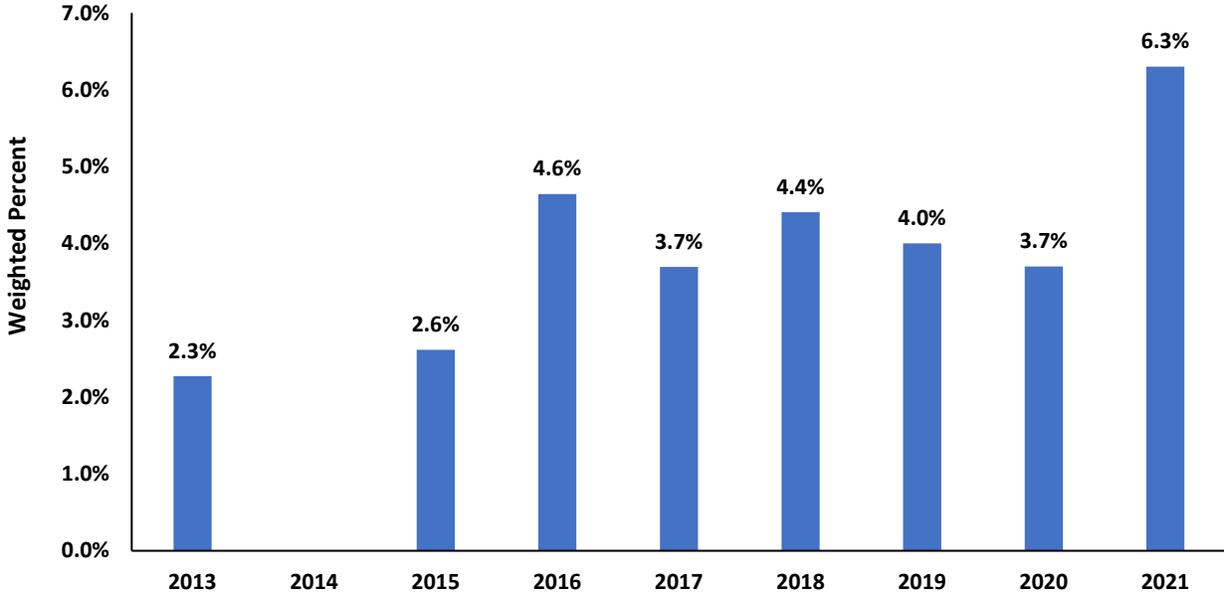
\*A client is counted only once per year. Clients may be counted more than once across years.

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. Northern Nevada Adult Mental Health Services (NNAMHS) Medication Clinic continuously had the highest number of patients served from 2013-2021.

## Suicide

Mental health issues, along with factors such as adverse childhood experiences and substance use disorders, may disproportionately affect those who die by suicide.

**Figure 20. Percent of Adult BRFSS Respondents Who Have Seriously Considered Attempting Suicide, Washoe County Residents, 2013-2021.**



Source: Behavioral Risk Factor Surveillance System (BRFSS).

Chart scaled to 7.0% to display differences among groups.

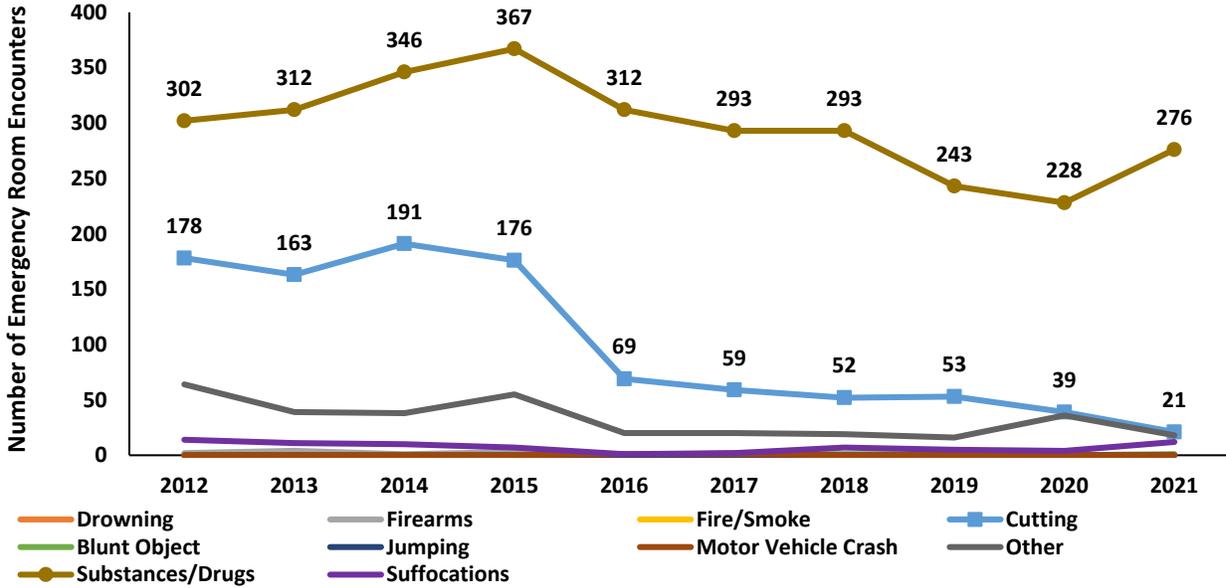
Indicator was not measured in 2014.

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," over six percent of Washoe County residents responded "yes" in 2021. Between 2013 and 2021, the average prevalence for suicide consideration in the state of Nevada is 4.5%.

Washoe County Behavioral Health Profile

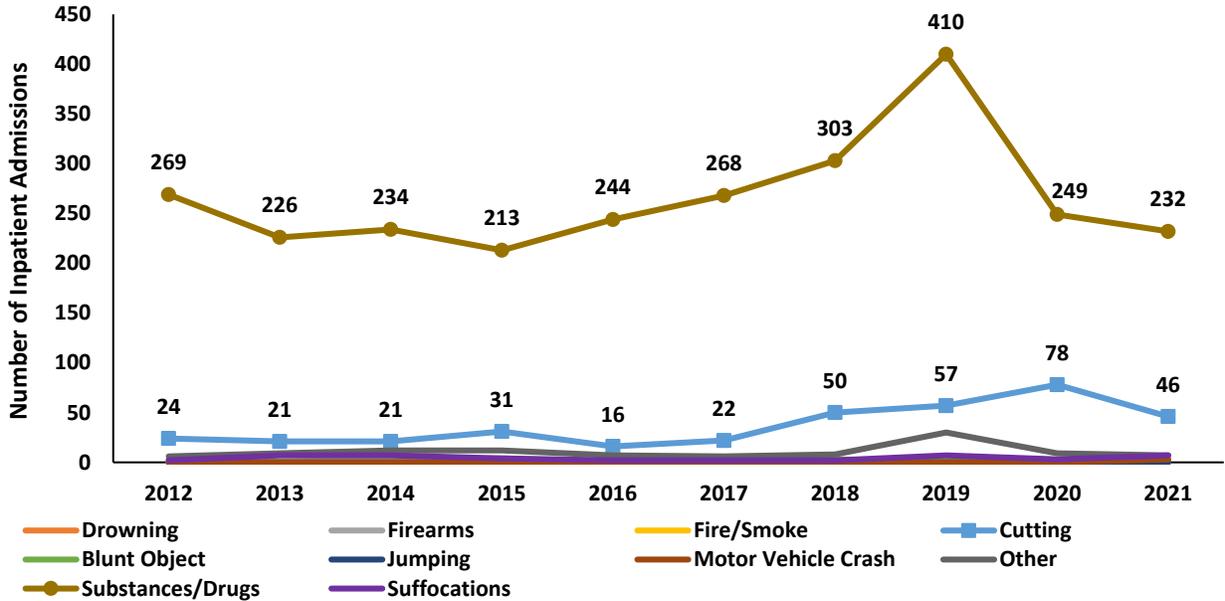
Figure 21. Suicide Attempt Emergency Department Encounters by Method, Washoe County Residents, 2012-2021.



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.

Emergency department encounters related to a suicide attempt, where the patient did not expire at the hospital, have remained steady for most methods from 2012-2021. Encounters for suicide attempt by substances/drugs and cutting decreased since 2015. Substances/drugs remained the leading method of emergency department encounters for suicide attempts.

Figure 22. Suicide Attempt Inpatient Admissions by Method, Washoe County Residents, 2012-2021.

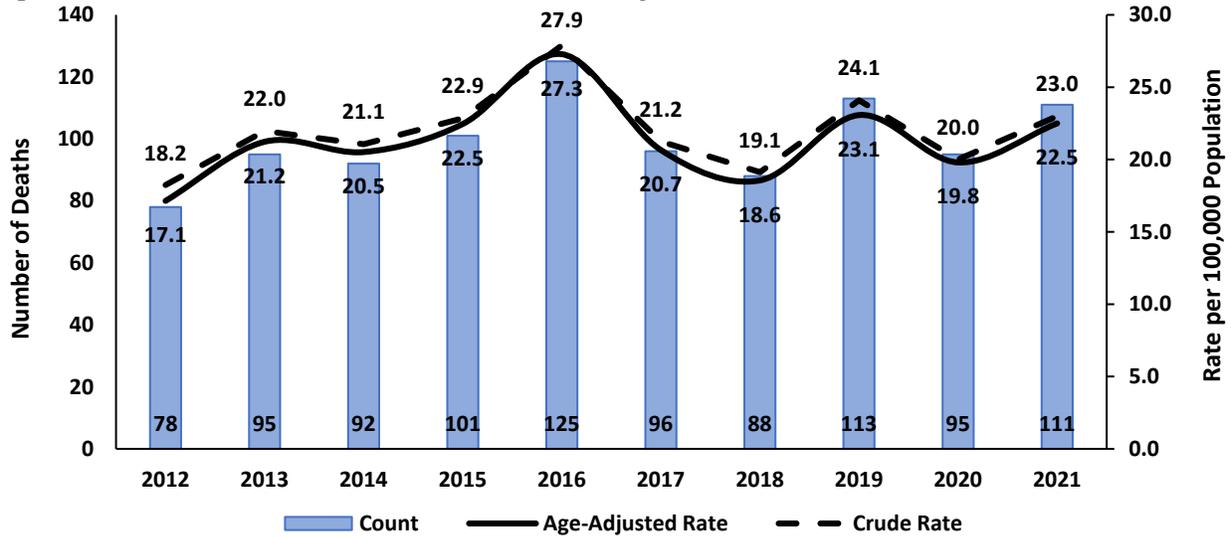


Source: Hospital Inpatient Billing.  
 ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.  
 A person can be included in more than category and therefore the counts above are not mutually exclusive.

## Washoe County Behavioral Health Profile

Inpatient admissions for attempted suicide where the patient was admitted and did not expire at the hospital mostly remained stable, with those related to substances and cutting increasing from 2016 to 2020. Suicide attempts by substances/drugs has decreased from 2019 to 2021 but remain the leading cause of admissions. 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.

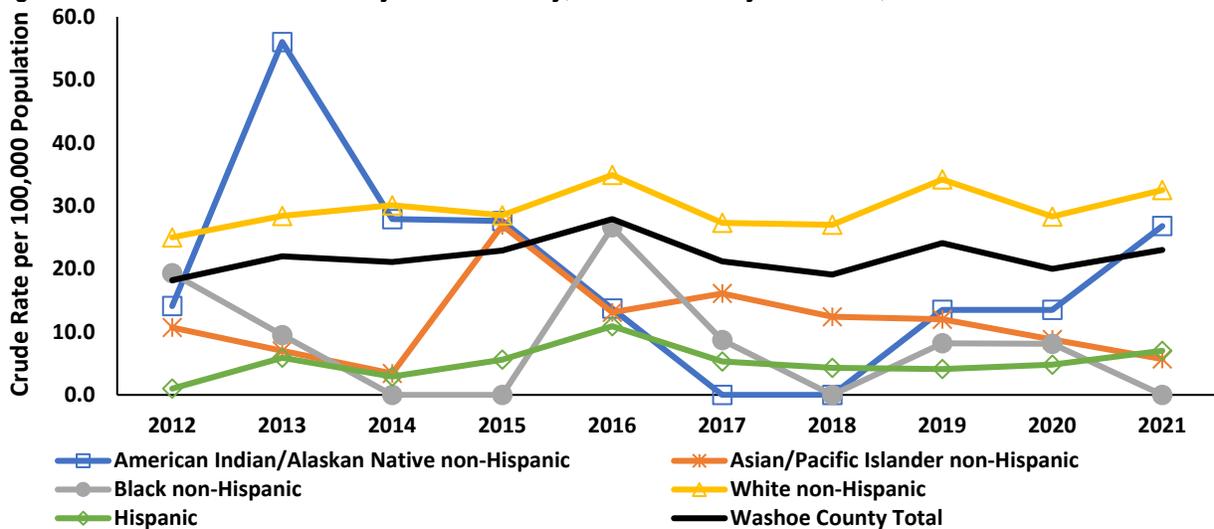
**Figure 23. Number of Suicides and Rates, Washoe County Residents, 2012-2021.**



Source: Nevada Electronic Death Registry System.

The age-adjusted suicide rate for Washoe County in 2021 was 22.5 per 100,000 population. The highest rate was in 2016, at 27.3 per 100,000 population, while the lowest rate was in 2012, at 17.1 per 100,000 population.

**Figure 24. Crude Suicides Rates by Race/Ethnicity, Washoe County Residents, 2012-2021.**



Source: Nevada Electronic Death Registry System.

Crude rates of suicide based on race/ethnicity are to be interpreted with caution due to low populations of minority groups such as American Indian/Alaskan Native non-Hispanic and Asian/Pacific Islander

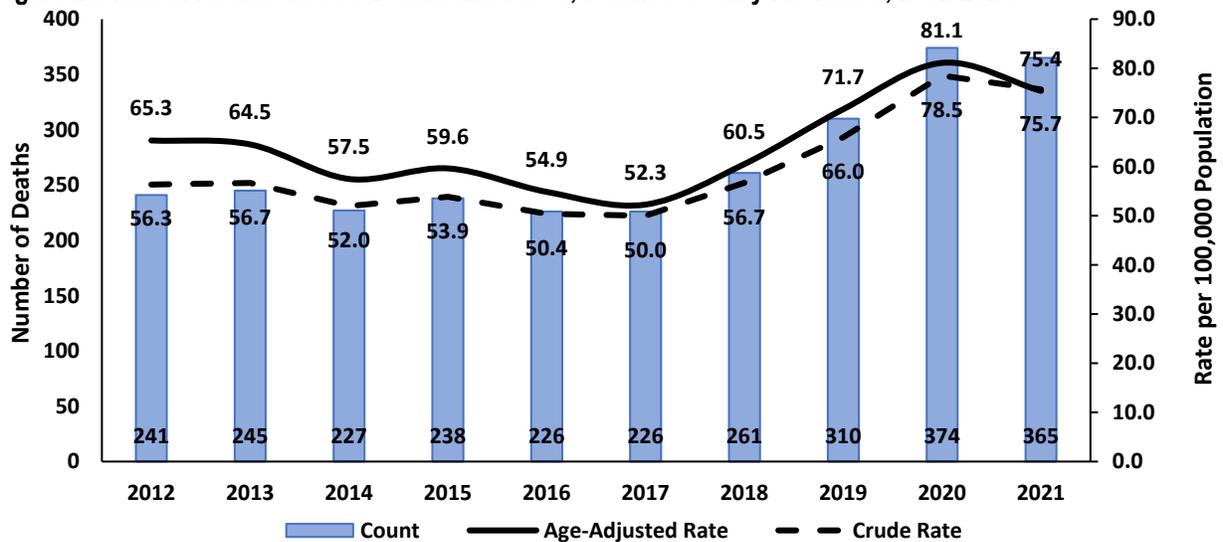
non-Hispanic. Of note however, rates among the White non-Hispanic population have historically been higher than the total Washoe County rate, and the Hispanic population historically lower.

## 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 25. Mental Health-Related Deaths and Rates, Washoe County Residents, 2012-2021.

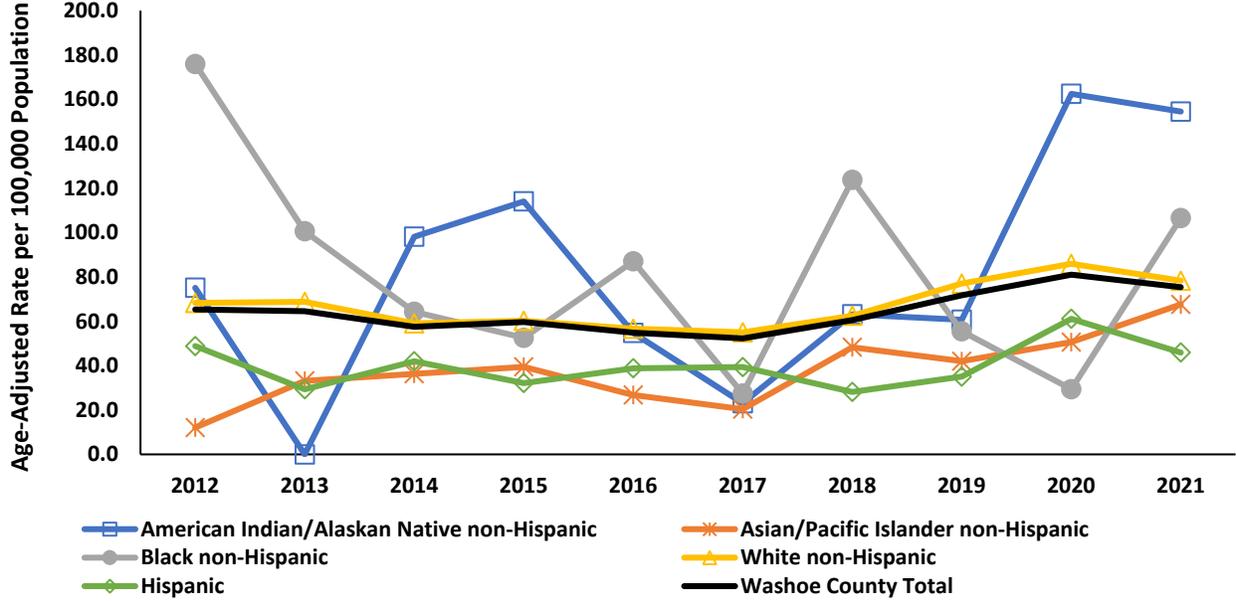


Source: Nevada Electronic Death Registry System.

There were 75.4 per 100,000 mental health related deaths in Washoe County (age-adjusted) in 2021. The rate of deaths has been steadily climbing since 2017 but fell slightly in 2021.

Washoe County Behavioral Health Profile

Figure 26. Age-Adjusted Mental Health-Related Death Rates by Race/Ethnicity, Washoe County Residents, 2012-2021.



Source: Nevada Electronic Death Registry System.

Age-adjusted mental health-related deaths based on race/ethnicity are to be interpreted with caution due to low populations of minority groups such as American Indian/Alaskan Native non-Hispanic, Asian/Pacific Islander non-Hispanic, and Black non-Hispanic. Of note, Hispanic rates are consistently lower than the Washoe County rates.

# Substance Use

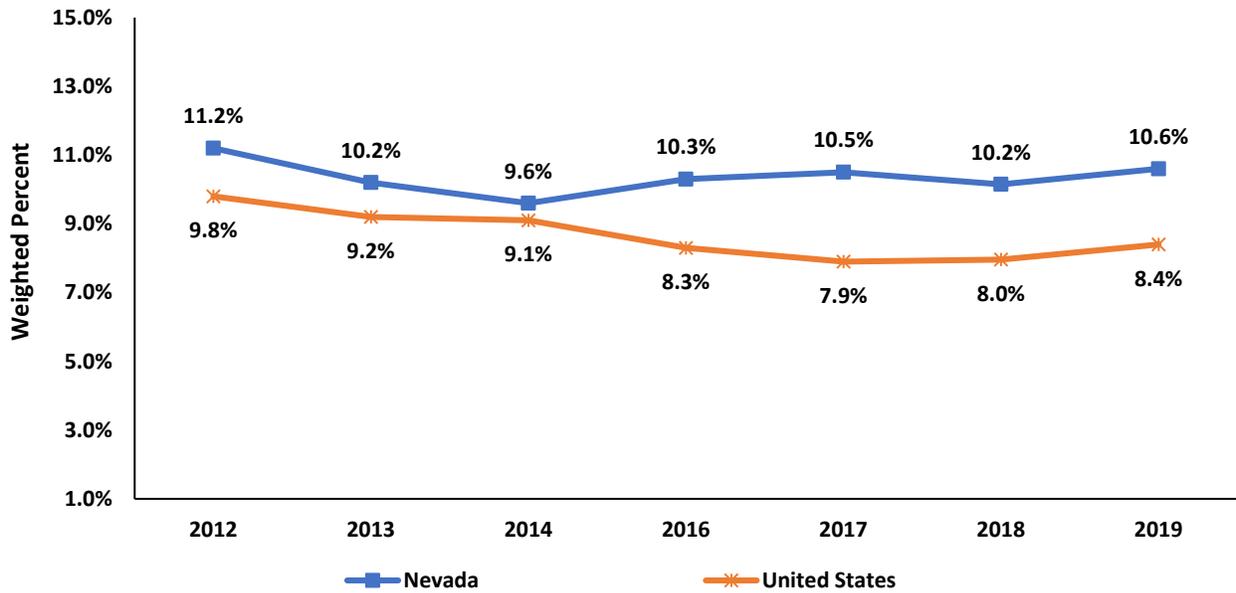
Substance use data are collected from hospital billing data, vital records data, and through national survey data including Substance Abuse and Mental Health Service Administration, BRFSS and YRBS.

## 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.

According to SAMHSA’s website, state data tables and reports from the 2019-2020 NSDUH “are no longer available due to methodological concerns with combining the 2019 and 2020 data.” Therefore, data in this report are from the NSDUH surveys are from the 2017-2018 and 2018-2019 reports. For more information, please visit [SAMHSA 2019-2020 State Reports](#)

**Figure 27. Illicit Drug Use Among Adolescents in the Past Month, Aged 12-17, Nevada and the United States, 2012-2019.**

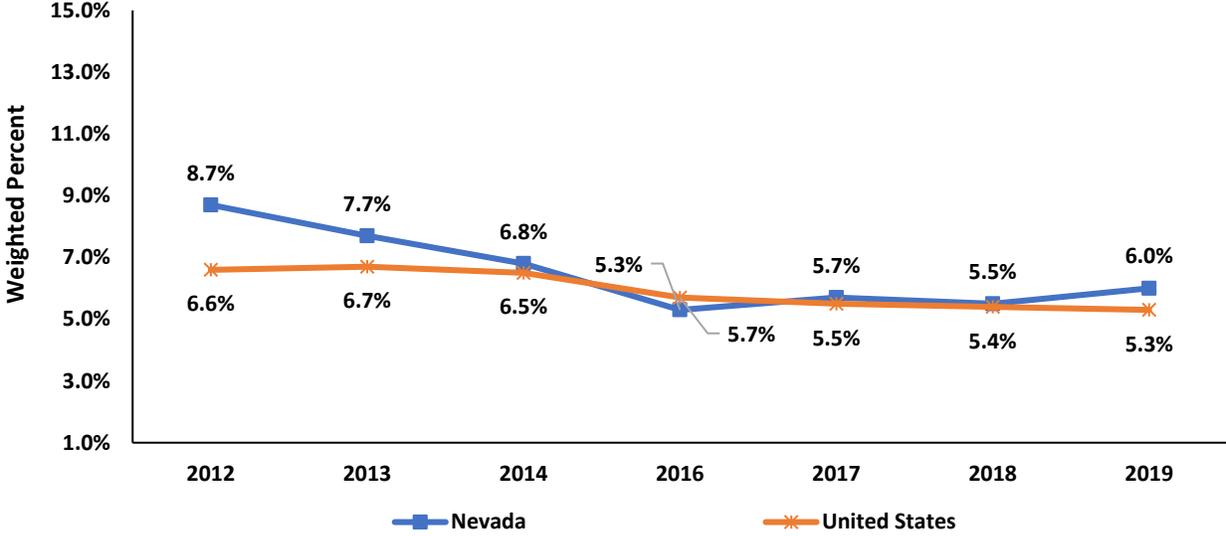


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health. Chart scaled to 15.0% to display differences among groups.

Although Nevada reported higher percents among adolescent illicit drug than the United States in every year from 2012-2019, Nevada has remained within 3% of the United States each year, with 10.6% in 2019, compared to the United States at 8.4%. Nevada percent has remained fairly steady, with a high of 11.2% in 2012 and a low of 9.6% in 2014.

Washoe County Behavioral Health Profile

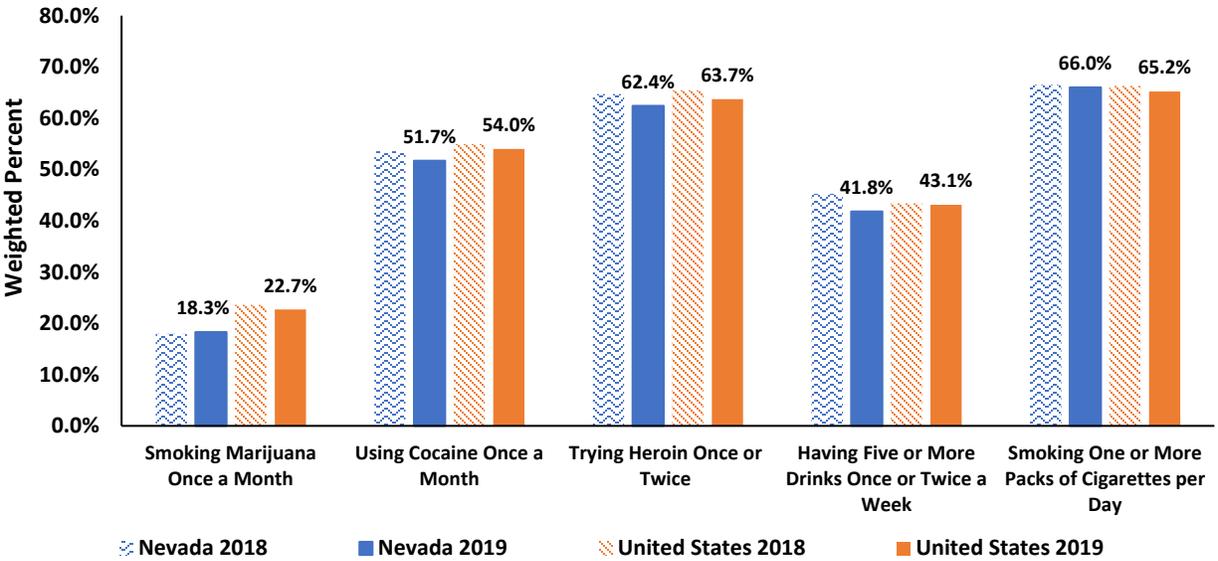
Figure 28. Alcohol Use Disorder in the Past Year, Aged 12 and Above, Nevada and the United States, 2012-2019.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health. Chart scaled to 15.0% to display differences among groups.

Alcohol use disorder among Nevadans aged 12 and above has remained within 1% from the United States, with the exception in 2012 (8.7% and 6.6%, respectively).

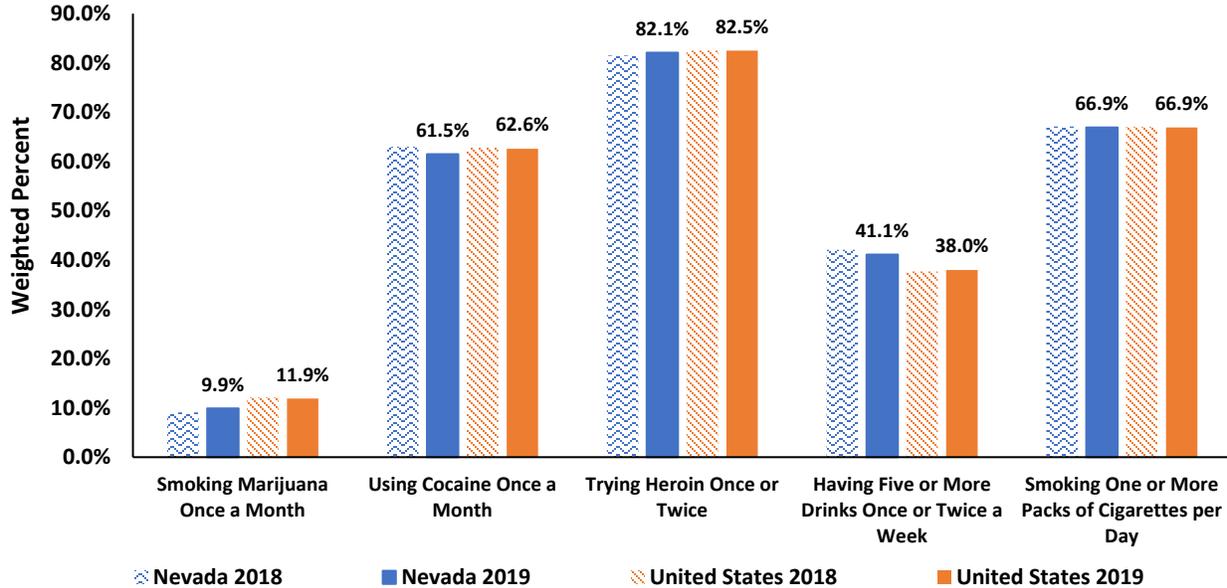
Figure 29. Perceptions of Great Risk from Alcohol or Substance, Aged 12-17, Nevada and the United States, 2018-2019.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health. Chart scaled to 80.0% to display differences among groups.

For perceived risks, the higher the percent, the more the person perceives there is a risk from it. Nevada adolescents aged 12-17 perceived risk in 2019 is lower than the United States for most alcohol or substance use, including using cocaine once a month at 51.7% and the United States at 54.0%.

Figure 30. Perceptions of Great Risk from Alcohol or Substance, Aged 18-25, Nevada and the United States, 2018-2019.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health. Chart scaled to 90.0% to display differences among groups.

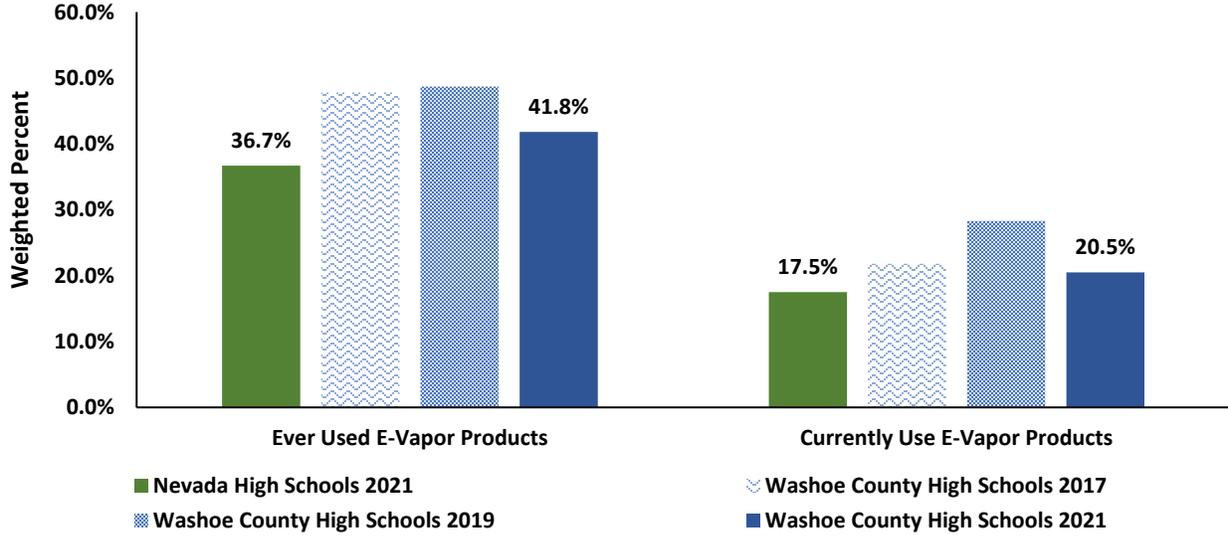
Similar to Nevada adolescents aged 12-17, Nevadans’ perceived risk among persons aged 18-25 is lower than the United States in 2019 for most alcohol or substance use except for having five or more drinks once or twice a week (41.1% and 38.0%, respectively), and both at 66.9% for smoking one or more packs of cigarettes per day.

### 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 2021, 1,103 Washoe County high school, and 2,149 Washoe County 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](#).

Washoe County Behavioral Health Profile

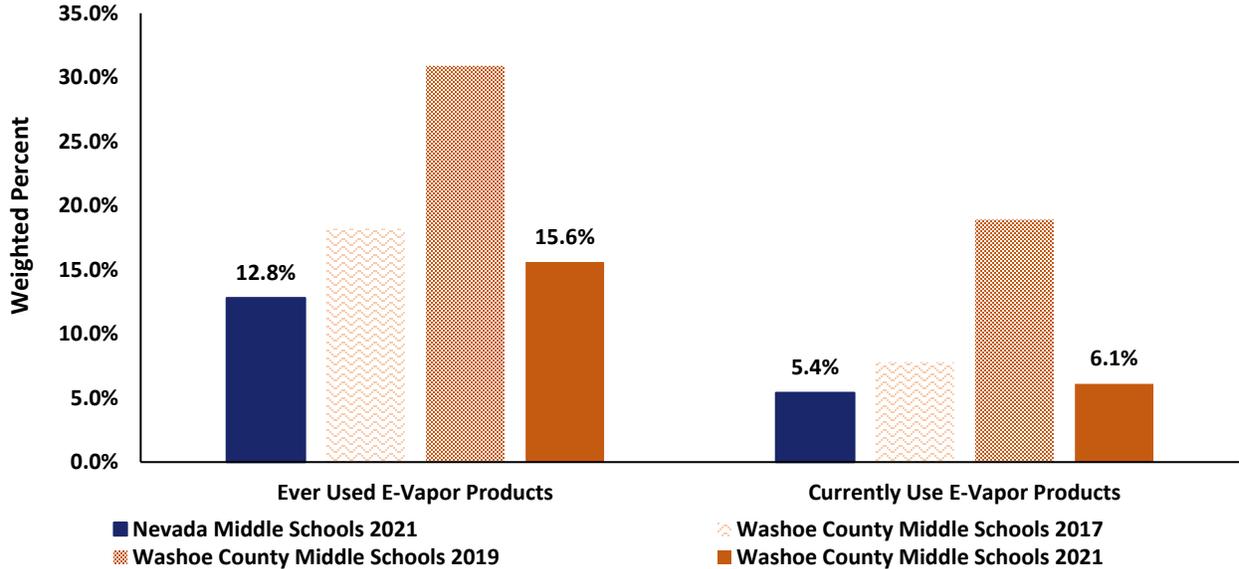
Figure 31a. Electronic Vapor Product Use, Washoe County High School Students, 2017, 2019, and 2021, and Nevada High School Students, 2021.



Source: Nevada Youth Risk Behavior Survey.  
 Chart scaled to 60.0% to display differences among groups.

The percent of Washoe County high school students who reported ever or currently using electronic vapor (E-vapor) products were highest in 2019 followed by a decrease in 2021. The 2021 Washoe County high school percents related to electronic vapor product use are higher than Nevada high school students, but not significantly.

Figure 31b. Electronic Vapor Product Use, Washoe County Middle School Students 2017, 2019, and 2021, and Nevada Middle School Students, 2021.



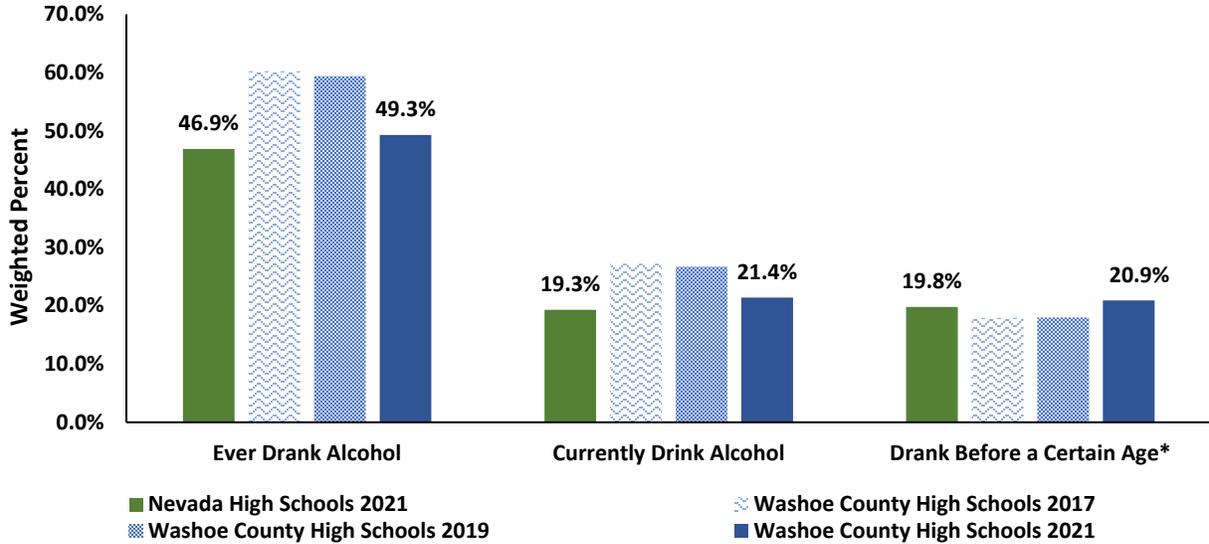
Source: Nevada Youth Risk Behavior Survey.  
 Chart scaled to 35.0% to display differences among groups.

Similar to Washoe high school students, the percent of Washoe County middle school students who reported ever or currently using electronic vapor (E-vapor) products were highest in 2019 followed by a

## Washoe County Behavioral Health Profile

decrease in 2021. The 2021 Washoe County middle school percents are higher than Nevada middle school students, but not significantly.

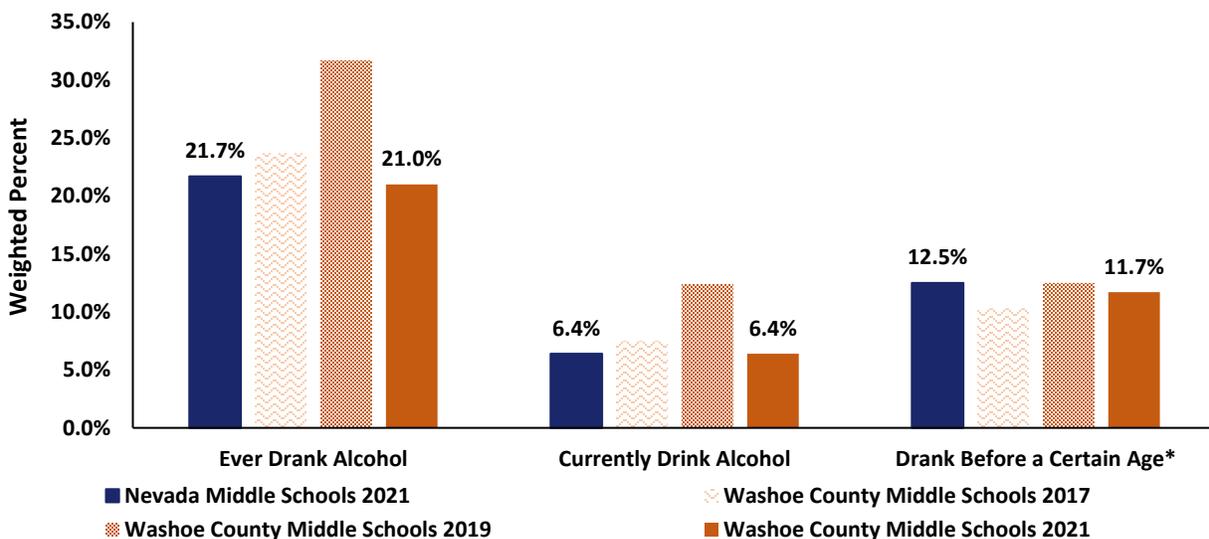
**Figure 32a. Alcohol Use, Washoe County High School Students, 2017, 2019, and 2021, and Nevada High School Students, 2021.**



Source: Nevada Youth Risk Behavior Survey.  
 Chart scaled to 70.0% to display differences among groups.  
 \*Among high school students, if they ever drank before age 13.

The percent of Washoe County high school students who ever drinking alcohol or currently drink alcohol has decreased steadily from 2017-2021; both percents in 2021 are higher than Nevada high school students, but not significantly. The percent who drank before a certain age (13 years old) has increased from 2017-2021; this percent is higher than Nevada high school students, but not significantly.

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

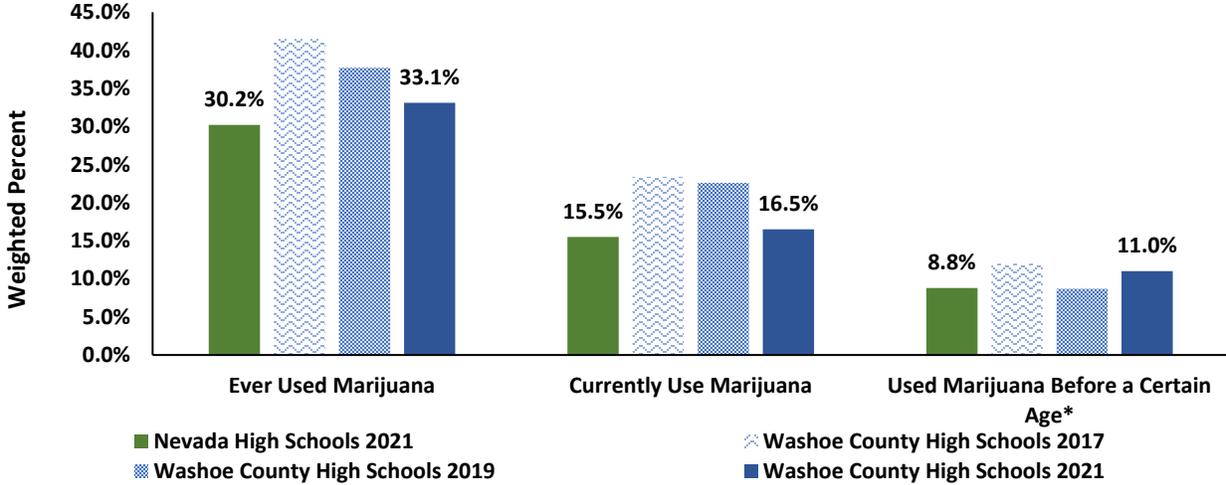


Source: Nevada Youth Risk Behavior Survey.  
 Chart scaled to 35.0% to display differences among groups.  
 \*Among middle school students, if they ever drank before age 11.

## Washoe County Behavioral Health Profile

The percent of Washoe County middle school students who reported ever drinking alcohol, currently drink alcohol, or drank before a certain age (11 years old) were highest in 2019 followed by a decrease in 2021.

**Figure 33a. Marijuana Use, Washoe County High School Students, 2017, 2019, and 2021, and Nevada High School Students, 2021.**



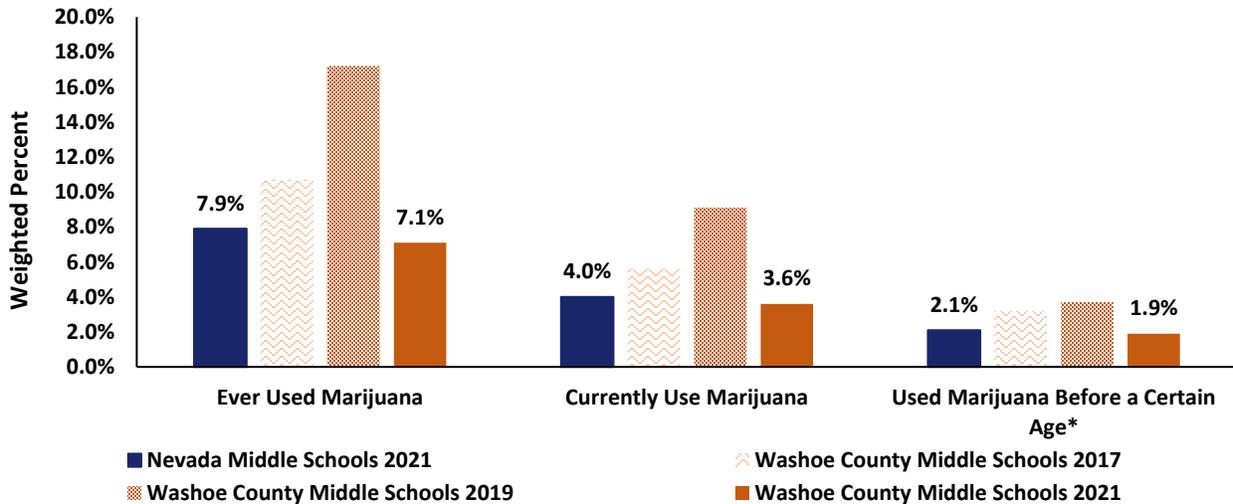
Source: Nevada Youth Risk Behavior Survey.

Chart scaled to 45.0% to display differences among groups.

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

The percent of Washoe County high school students who reported ever using marijuana or currently use marijuana have decreased steadily from 2017-2021, while the percent who used marijuana before a certain age (13 years old) were highest in 2017 followed by a decrease in 2019, and an increase in 2021. The 2021 Washoe County high school percents related to marijuana are higher than Nevada high school students, but not significantly.

**Figure 33b. Marijuana Use, Washoe County Middle School Students 2017, 2019, and 2021, and Nevada Middle School Students, 2021.**



Source: Nevada Youth Risk Behavior Survey.

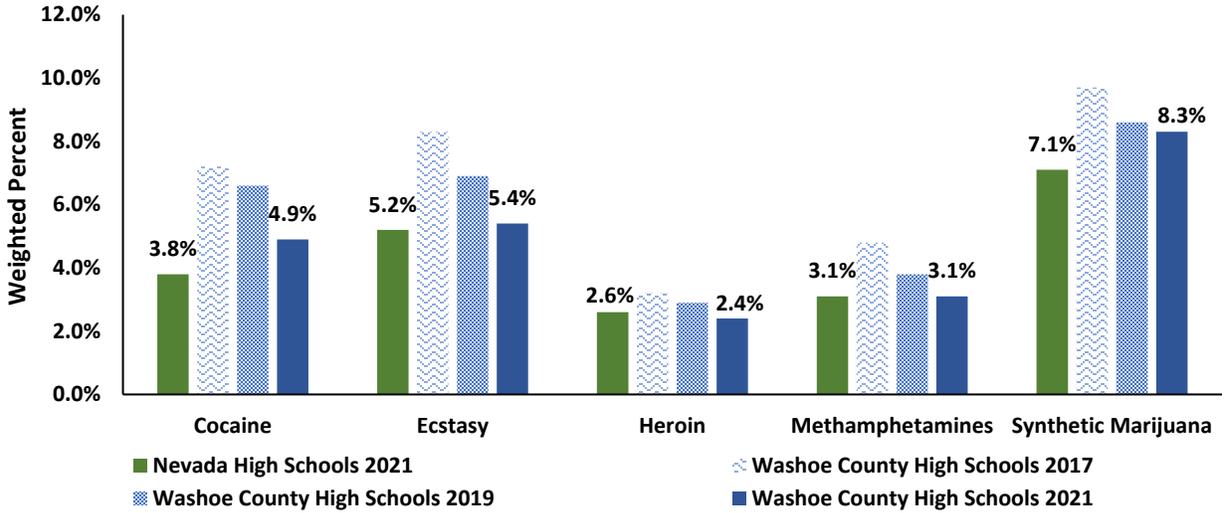
Chart scaled to 20.0% to display differences among groups.

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

## Washoe County Behavioral Health Profile

The percent of middle school students in Washoe County who ever used marijuana, currently use marijuana, or used marijuana before a certain age (11 years old) was at the lowest in 2021. The percent of Northern Region middle school students who who ever used marijuana, currently use marijuana, and used marijuana before a certain age in 2021 were all lower than the percent of Nevada middle school students, but not significantly.

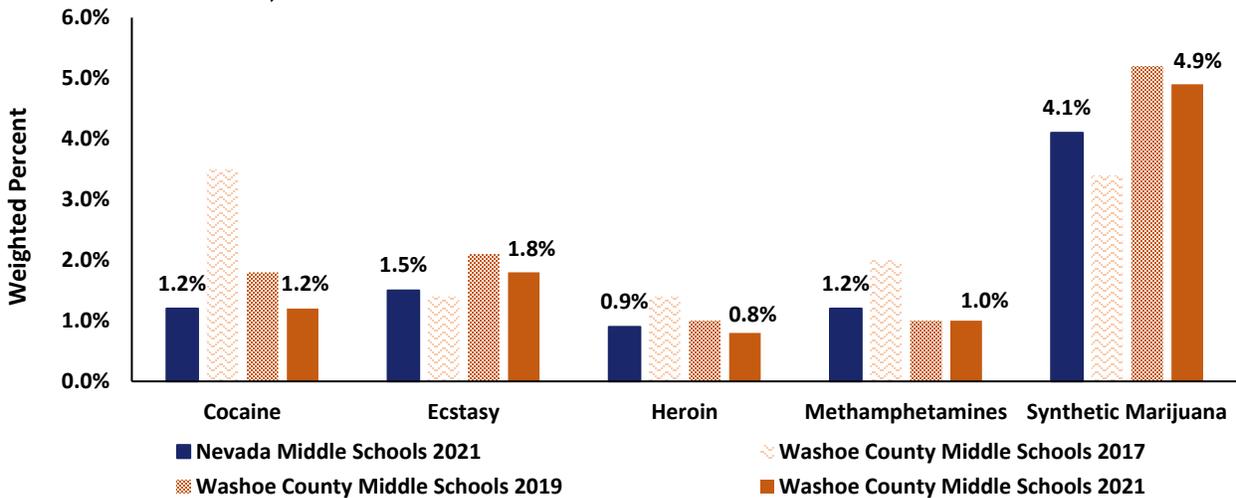
**Figure 34a. Lifetime Drug Use, Washoe County High School Students, 2017, 2019, and 2021, and Nevada High School Students, 2021.**



Source: Nevada Youth Risk Behavior Survey.  
 Chart scaled to 12.0% to display differences among groups.

All lifetime drug use listed in Figure 34a above has steadily decreased among the Washoe County high school students from 2017-2021. Lifetime cocaine, ecstasy, and synthetic marijuana use among the Washoe County high school students in 2021 are higher than Nevada high school students, but not significantly.

**Figure 34b. Lifetime Drug Use, Washoe County Middle School Students 2017, 2019, and 2021, and Nevada Middle School Students, 2021.**



Source: Nevada Youth Risk Behavior Survey.  
 Chart scaled to 6.0% to display differences among groups.

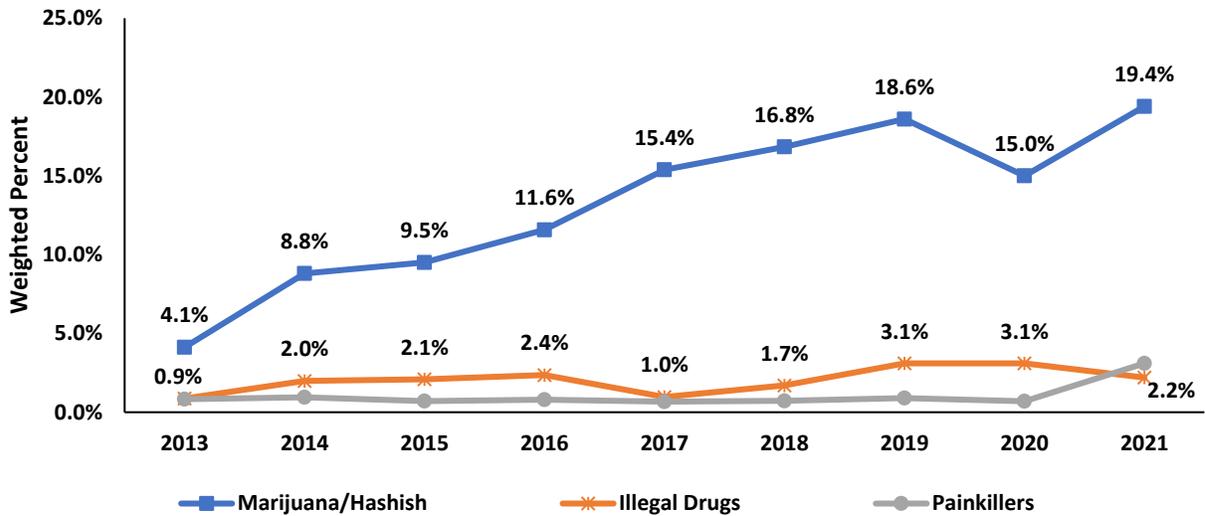
## Washoe County Behavioral Health Profile

From 2019 to 2021, all lifetime drug use listed in Figure 34b above decreased among Washoe County middle school students except for methamphetamines, which remained the same. Lifetime ecstasy and synthetic marijuana use among Washoe County middle school students in 2021 are higher than Nevada middle school students in 2021, but not significantly.

### 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. Percent of Adult BRFSS Respondents Who Used Marijuana/Hashish, Illegal Substances, or Painkillers to Get High in the Last 30 Days, Washoe County Residents, 2013-2021.**



Source: Behavioral Risk Factor Surveillance System.

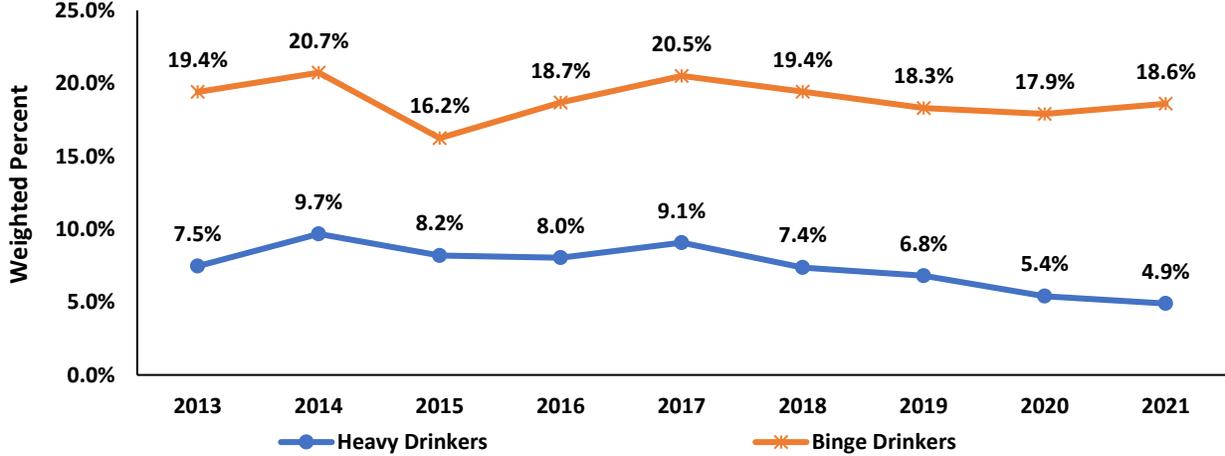
Chart scaled to 25.0% to display differences among groups.

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"?"

Reported marijuana use has more than tripled since 2013. In 2021, 19.4% of Washoe County adult BRFSS respondents reported to have used marijuana in the past 30 days, up from 4.1% in 2013. Marijuana use is expected to increase as marijuana was legalized in Nevada in 2017. Of the Washoe County adult residents surveyed in 2021, 2.2% used other illegal drugs and 3.1% used painkillers to get high in the last 30 days. The percent of persons using marijuana or painkillers to get high in the last 30 days were the highest in 2021.

Washoe County Behavioral Health Profile

Figure 36. Percent of Adult BRFSS Respondents Who are Considered Binge Drinkers or Heavy Drinkers, Washoe County Residents, 2013-2021.



Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 25.0% to display differences among groups.

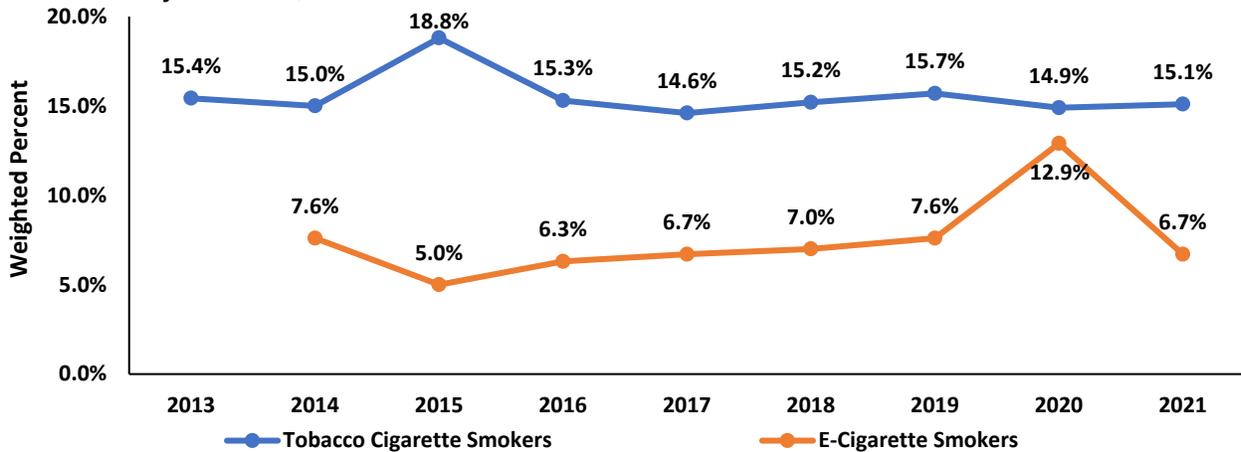
Heavy drinkers (adult men having more than 14 drinks per week and adult women having more than seven drinks per week).

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

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 15 or more alcoholic beverages per week, and women as consuming eight or more alcoholic beverages per week ([CDC Binge and Heavy Drinking](#)).

Binge drinking among Washoe County adult BRFSS respondents has fluctuated between a low of 16.2% in 2015 to a high of 20.7% in 2014. The percent has remained fairly consistent since 2018. Heavy drinking among Washoe County adult BRFSS respondents has steadily decreased from 9.1% in 2017 to 4.9% in 2021, which is the lowest percent since 2013.

Figure 37. Percent of Adult BRFSS Respondents Who are Current Tobacco Cigarette or E-Cigarette Smokers, Washoe County Residents, 2013-2021.



Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 20.0% 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.

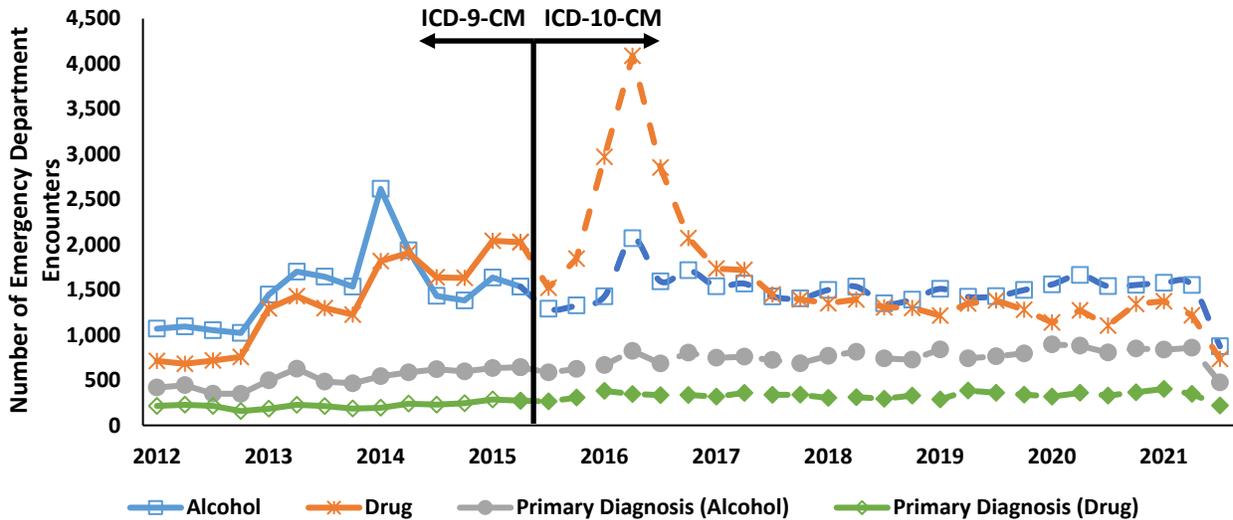
## Washoe County Behavioral Health Profile

In 2021, 15.1% of Washoe County adult BRFSS respondents were current tobacco cigarette smokers, which has decreased since a high of 18.8% in 2015. E-cigarette use among Washoe County adult BRFSS respondents reached a high in 2020 (12.9%) before decreasing to 6.7%, which is within the range before 2020.

### 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 Residents, 2012-2021.**



Source: Hospital Emergency Department Billing.

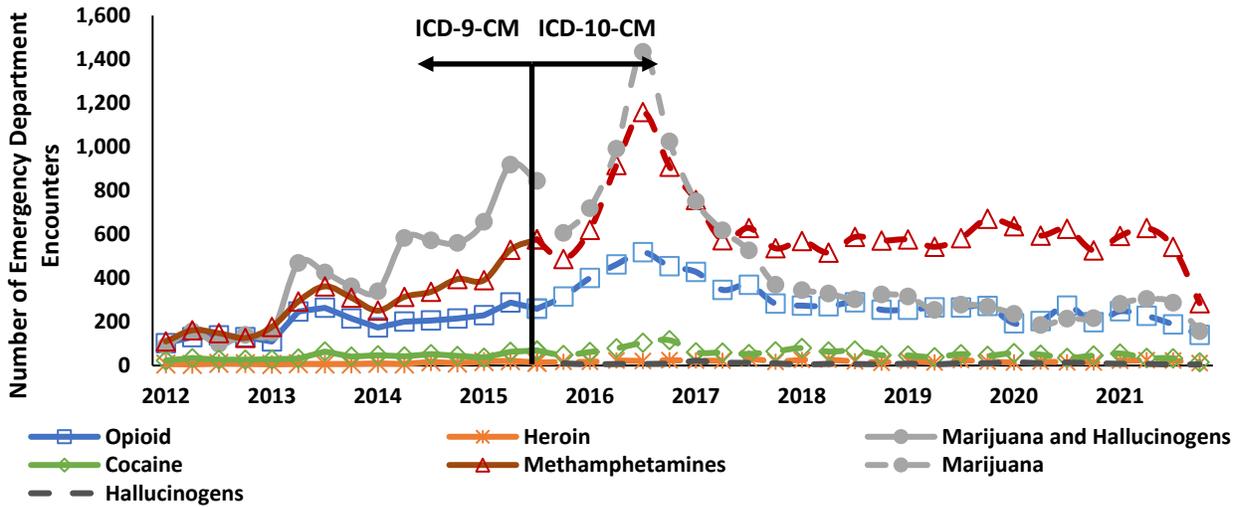
Categories are not mutually exclusive.

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.

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, were comparable from 2017 to 2019, and since 2020 alcohol-related visits have been more common. Alcohol visits (primary diagnosis) have been more common than drug visits (primary diagnosis) for all years from 2012-2021.

Figure 39. Drug-Related Emergency Department Encounters by Drug and Quarter and Year, Washoe County Residents, 2012-2021.



Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

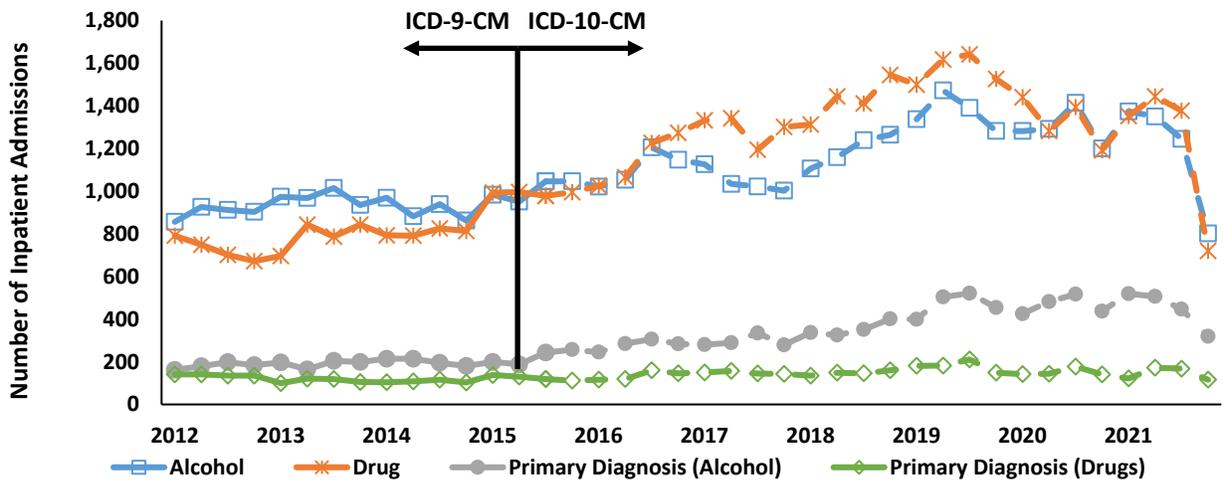
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

In 2021, emergency department encounters related to methamphetamines among Washoe County residents were significantly higher than other drugs. Opioid-related admissions have decreased significantly since 2016 among Washoe County residents. 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, Washoe County Residents, 2012-2021.



Source: Hospital Inpatient Billing.

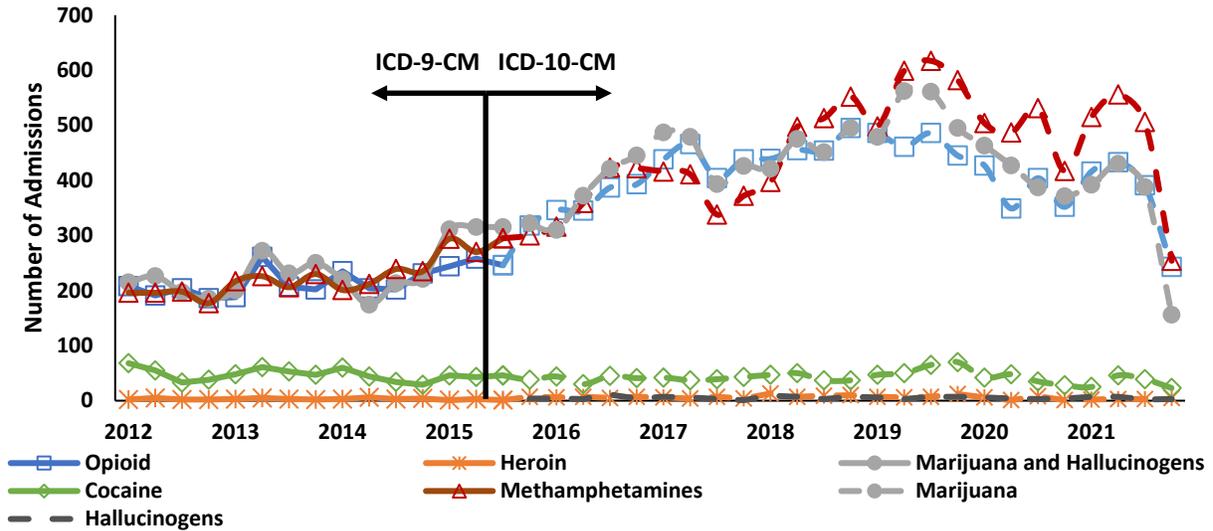
Categories are not mutually exclusive.

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.

## Washoe County Behavioral Health Profile

In 2015, drug-related inpatient admissions became more common than alcohol-related among Washoe County residents. Since 2020, alcohol and drug-related admissions have been comparable. However, primary alcohol diagnosis admissions have been higher than primary drug diagnosis admissions for all years from 2012-2021.

**Figure 41. Drug-Related Inpatient Admissions by Quarter and Year, Washoe County Residents, 2012-2021.**



Source: Hospital Inpatient Billing.

Categories are not mutually exclusive.

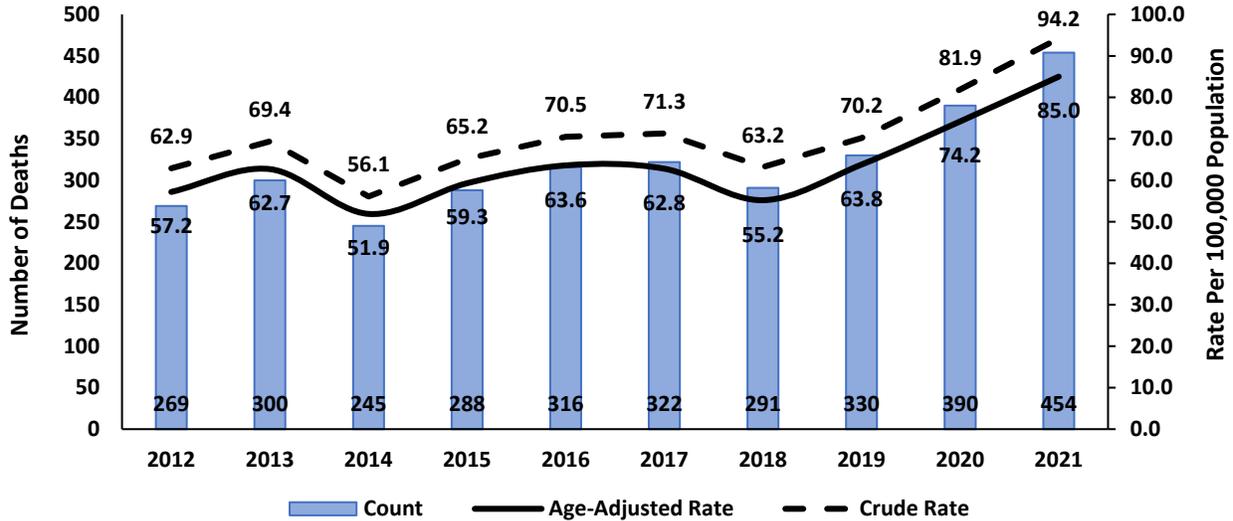
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Inpatient admissions for opioids, marijuana, and methamphetamines have significantly increased from 2012-2019 before decreasing. 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.

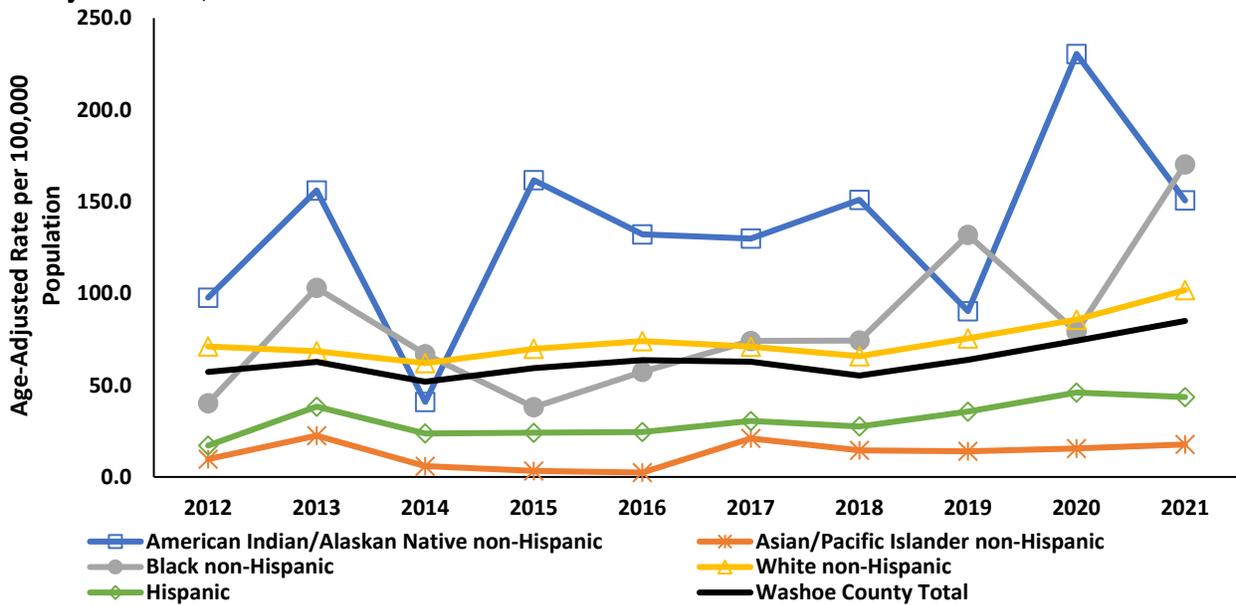
Figure 42. Alcohol-Related and/or Drug-Related Deaths and Rates, Washoe County Residents, 2012-2021.



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 2021. There were 85.0 alcohol-related and/or drug-related deaths per 100,000 population in Washoe County in 2021.

Figure 43. Age-Adjusted Rate for Alcohol-Related and/or Drug-Related Deaths by Race/Ethnicity, Washoe County Residents, 2012-2021.

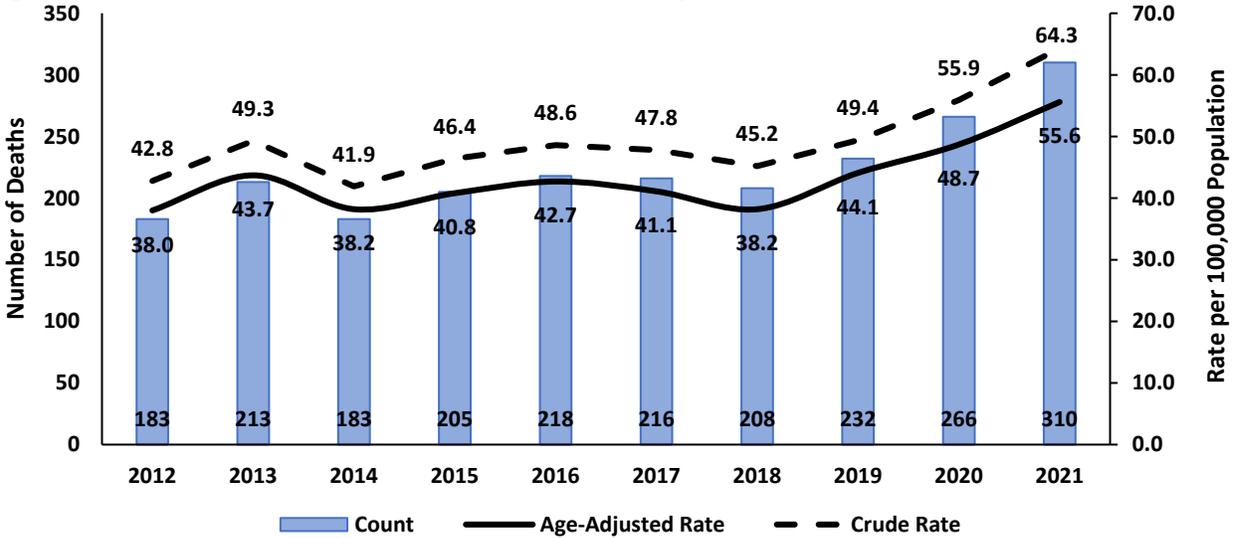


Source: Electronic Death Registry System.

## Washoe County Behavioral Health Profile

The Black non-Hispanic population had a significantly higher rate of alcohol-related and/or drug-related deaths in 2021 than Washoe County. 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.

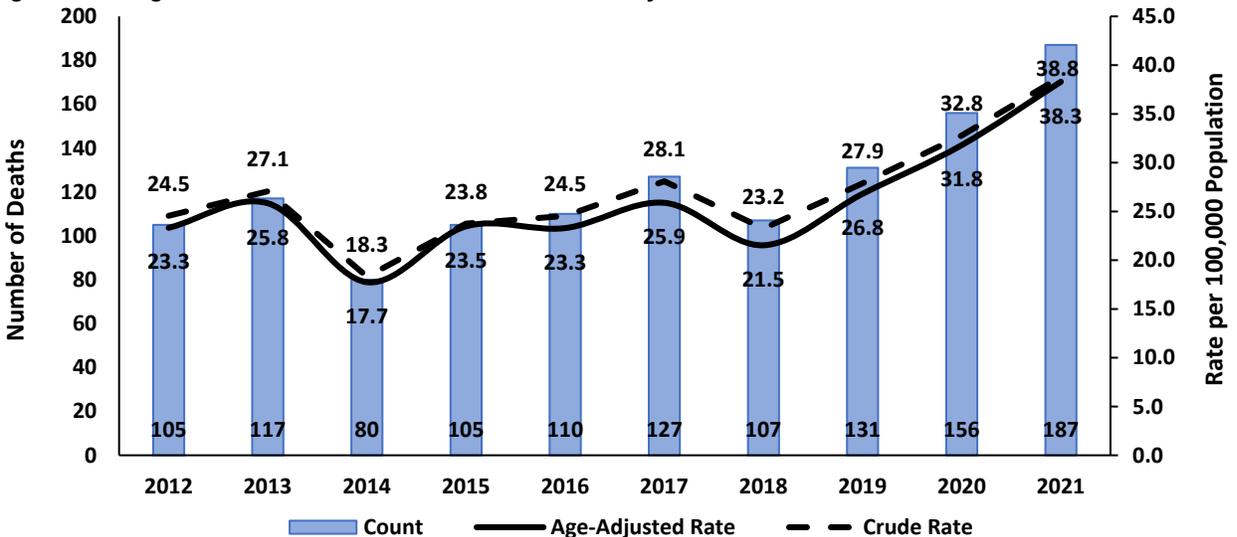
**Figure 44. Alcohol-Related Deaths and Rates, Washoe County Residents, 2012-2021.**



Source: Electronic Death Registry System.

Alcohol-related deaths counts and rates among Washoe County residents have increased and decreased since 2012, reaching a high of 310 deaths and an age-adjusted rate of 64.3 per 100,000 population in 2021.

**Figure 45. Drug-Related Deaths and Rates, Washoe County Residents, 2012-2021.**



Source: Electronic Death Registry System.

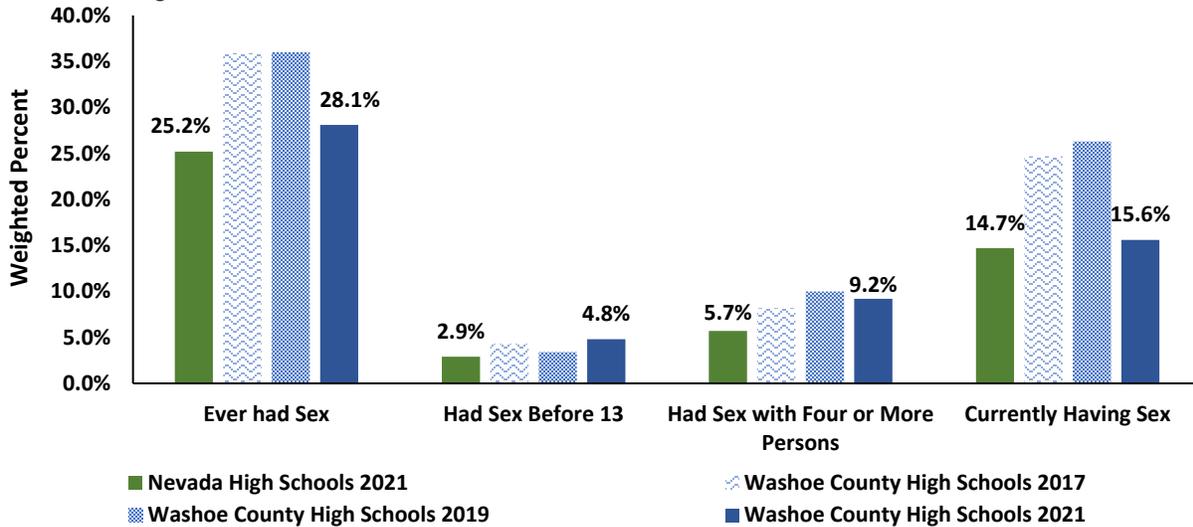
Similar to alcohol-related deaths, drug-related deaths among Washoe County residents have increased and decreased since 2012, reaching a high of 187 deaths and an age-adjusted rate of 38.8 per 100,000 population in 2021.

# Youth (Adverse Effects from Youth)

This section focuses on other factors that affect youth not directly related to substance use or mental health. All survey data are self-reported.

## Youth Risk Behavior Survey (YRBS)

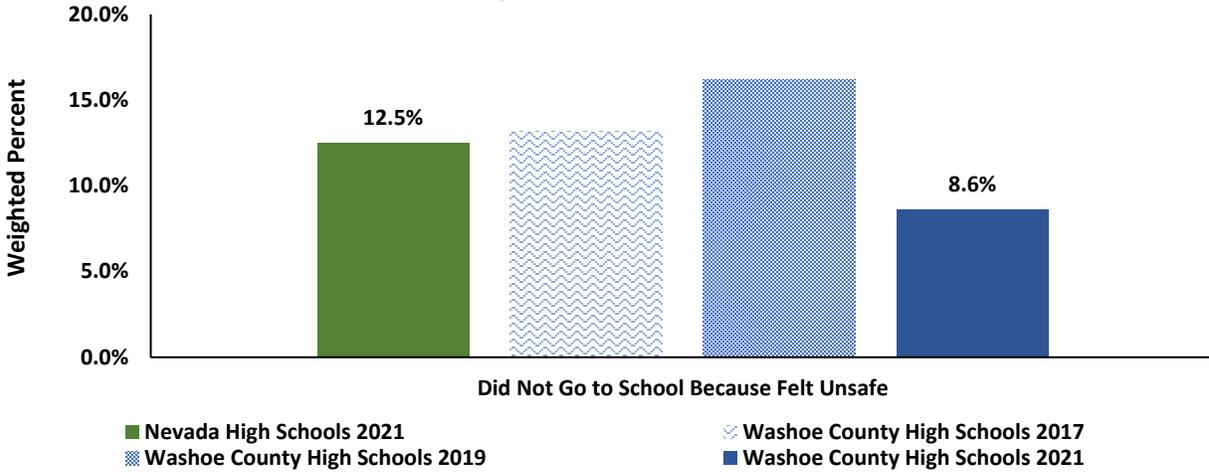
**Figure 46. Sexual Behaviors Among Students, Washoe County High School Students, 2017, 2019, and 2021, and Nevada High School Students, 2021.**



Source: Nevada Youth Risk Behavior Survey.  
 Chart scaled to 40.0% to display differences among groups.

The percent of Washoe County high school students who reported ever having sex, had sex with four or more persons, or are currently having sex was the highest in 2019. All sexual behaviors listed above in Figure 46 among Washoe County high school students were higher than Nevada high school students, but none were significantly higher.

**Figure 47. Percent of Washoe County High School Students Who Didn't Go to School Because They Felt Unsafe, 2017, 2019, and 2021, and Nevada High School Students, 2021.**



Source: Nevada Youth Risk Behavior Survey.  
 Chart scaled to 20.0% to display differences among groups.

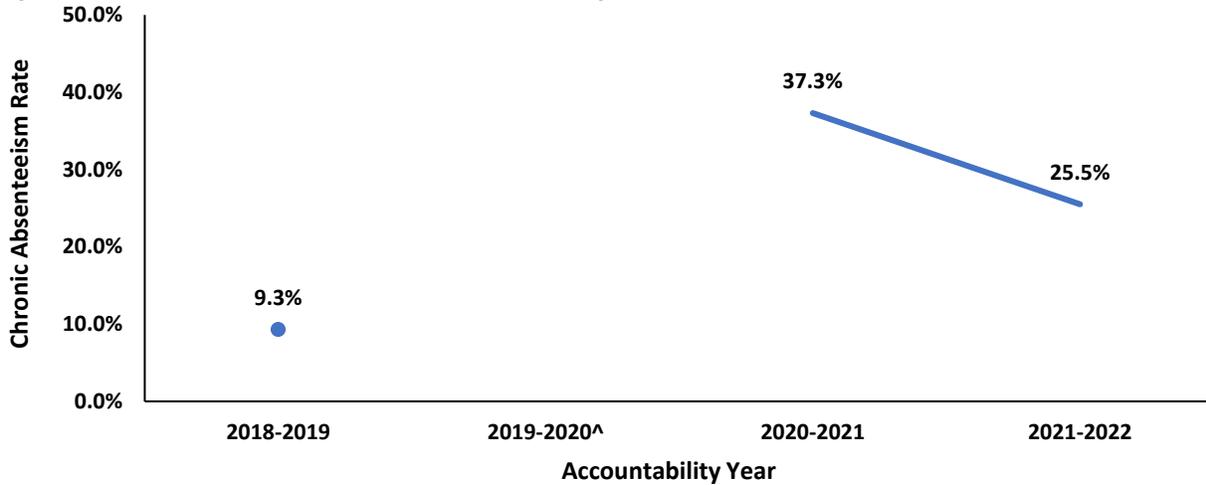
The percent of high school students in Washoe County who did not go to school because they felt unsafe declined from 2019 to 2021, reaching a percent lower than in 2017. The percent in 2021 was lower than the percent of Nevada high school students, but not significantly.

## 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 website 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.

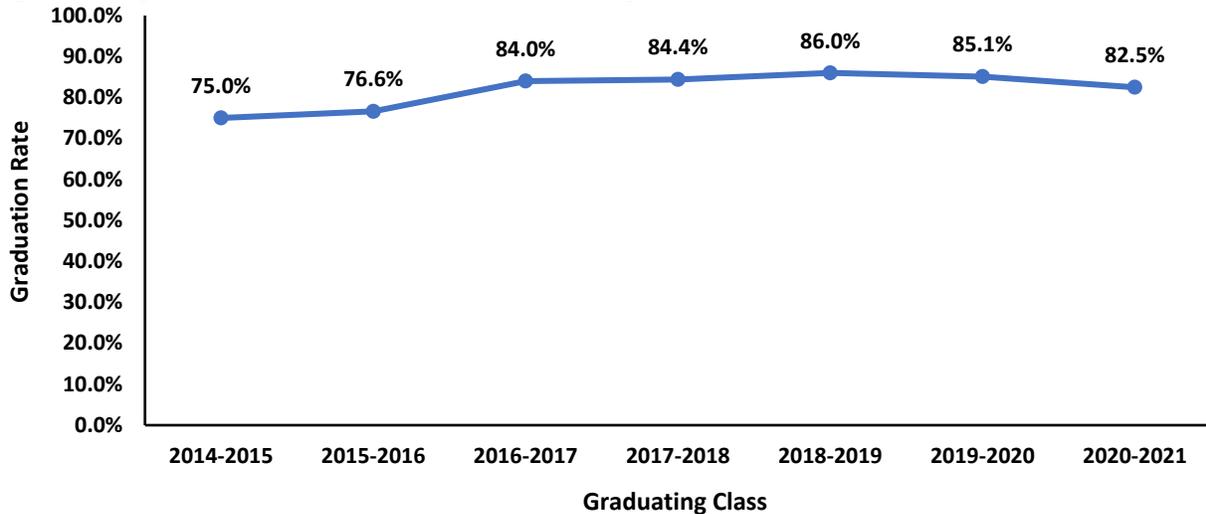
**Figure 48. Chronic Absenteeism Rate, Washoe County, Nevada, 2019-2022.**



Source: Nevada Department of Education, Report Card.  
<sup>^</sup>Indicator was not measured during the 2019-2020 school year.  
 Chart scaled to 40.0% to display differences among groups.

The chronic absenteeism rate is the percentage of students who miss 10% or more of enrolled school days per year either with or without a valid excuse. Washoe County’s rate of chronic absenteeism among students was 37.3% in 2020-2021, decreasing to 25.5% in 2021-2022. Washoe County recorded the lowest rate of chronic absenteeism during the 2018-2019 accountability year with a rate of 9.3%. The chronic absenteeism rate was not collected for the 2019-2020 school year, due to the US Department of Education Covid-19 waiver.

**Figure 49. High School Graduation Rate, Washoe County, Class Cohorts 2015-2021.**



Source: Nevada Department of Education, Report Card.

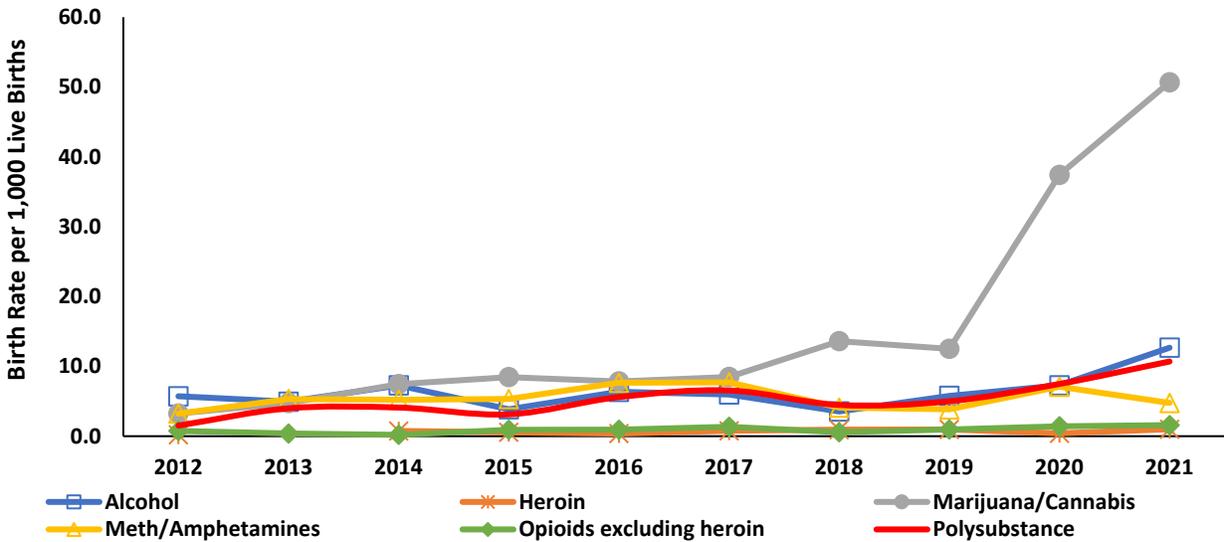
Graduation rate is defined as the rate at which 9<sup>th</sup> graders graduate by the end of the 12<sup>th</sup> grade (number of students who graduate in four years with a regular high school diploma divided by the number of students from the adjusted cohort for the graduation class). Washoe County high schools posted the highest graduation rate since in 2019 with 86.0% of students graduating, before declining to 82.5% in 2021.

# Maternal and Child Health

## Substance Use Among Pregnant Nevadans (Births)

The data in this section are reflective of self-reported information provided by the mothers on the birth record. On average, there were 5,242 live births per year to Washoe County residents between 2012 and 2021. In 2021, 64 birth certificates indicated alcohol use, 256 birth certificates indicated marijuana use, 24 indicated meth/amphetamine use, 8 indicated opiate use, and 5 indicated heroin use during pregnancy.

**Figure 50. Prenatal Substance Use Birth Rates (Self-Reported) for Select Substances, Washoe County Residents, 2012-2021.**



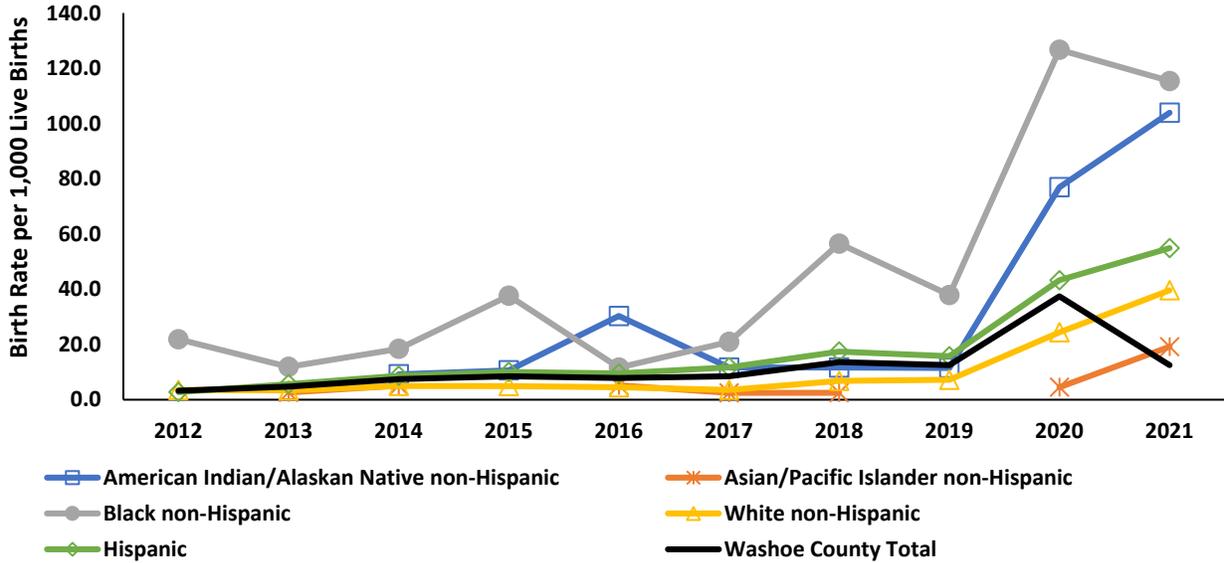
Source: Nevada Electronic Birth Registry System.

Of the self-reported substance use during pregnancy among Washoe County residents who gave birth between 2012 and 2021, marijuana had the highest rate of use at 50.7 per 1,000 live births. Since 2015, the marijuana use rate has surpassed the alcohol use rate, which was 12.7 per 1,000 births in 2021. In 2021, a rate of 4.8 per 1,000 live births was reported for meth/amphetamines, which is higher than 2012 at 3.2 per 1,000 live births. Polysubstance use (use of more than one substance) has increased from 4.5 per 1,000 live births in 2018 to 10.7 per 1,000 live births in 2021.

Marijuana/cannabis use among pregnant females was significantly high among Black non-Hispanic women at 126.7 per 1,000 live births (race-specific). Tobacco use was most common among the 40-44 age group at 86.7 per 1,000 live births (age-specific) followed by the 20-24 age group at 84.3 per 1,000 live births in 2021.

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, 2012-2021.



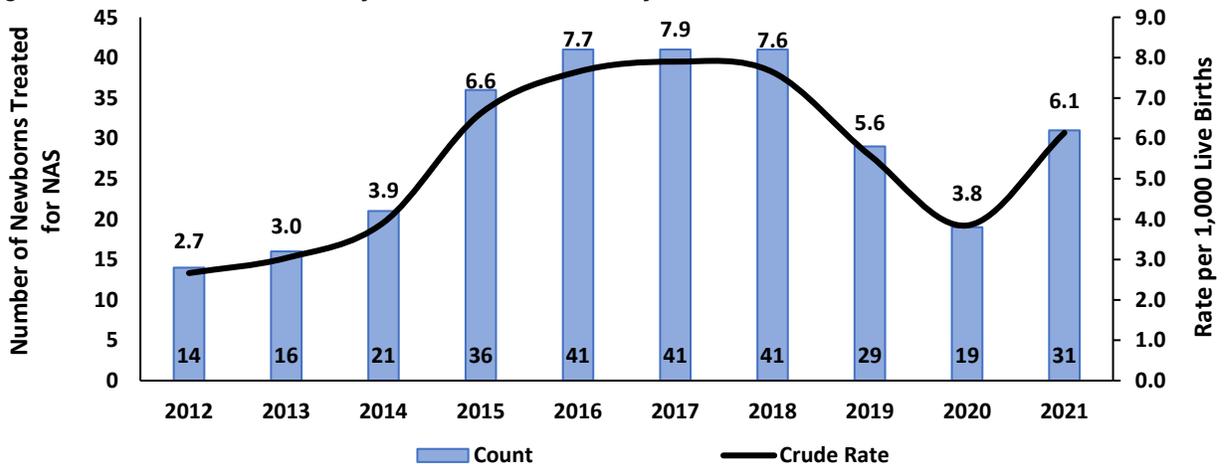
Source: Nevada Electronic Birth Registry System.

Black non-Hispanic mothers self-reported prenatal marijuana use was significantly higher than Washoe County overall. Rates increased among all races from 2019-2021.

### Neonatal Abstinence Syndrome

Neonatal abstinence syndrome (NAS) is a group of conditions 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, 2012-2021.



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 2018-2020 before increasing in 2021 to 6.1 per 1,000 live births among Washoe County resident newborns.

# Appendix

---

Hospital billing data (emergency department encounters 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 mortality where the ICD codes are 4-digit. In hospital billing data, the ICD codes are provided in the diagnosis fields, while mortality 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.

For more detailed ICD-9-CM codes: [Legacy ICD-9-CM billing codes](#)

For more detailed ICD-10-CM codes: [ICD-10-CM billing codes](#)

For more detailed ICD-10 mortality codes: [ICD-10 mortality codes](#)

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 T41.0, 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, 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).

# Washoe County Behavioral Health Profile

## Data Tables

**Table 1. Population Distribution, Washoe County, 2012-2021.**

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Washoe County	427,704	432,324	436,797	441,946	448,307	451,923	460,237	469,801	476,139	482,146
<b>Sex</b>										
Female	211,950	214,356	216,700	219,359	222,642	224,576	228,835	233,679	236,970	240,103
Male	215,754	217,968	220,097	222,587	225,665	227,347	231,402	236,122	239,169	242,043
<b>Age</b>										
<1	5,267	5,261	5,286	5,432	5,406	5,512	5,583	5,735	5,907	6,023
1-4	22,465	22,028	21,777	21,665	22,103	22,102	22,751	23,422	23,698	24,074
5-14	58,633	59,483	60,005	60,479	60,434	60,073	60,060	60,096	59,984	59,505
15-24	57,928	57,984	58,269	58,834	60,302	60,969	62,993	65,344	66,835	68,618
25-34	61,160	62,038	62,794	63,585	64,366	64,737	65,179	66,039	66,327	66,605
35-44	53,268	53,463	53,879	54,595	55,474	56,395	58,273	60,076	61,646	63,132
45-54	58,554	58,265	57,980	57,477	57,132	56,469	55,750	55,832	56,145	55,794
55-64	54,452	55,579	56,230	56,977	57,766	57,898	59,030	60,345	59,879	59,768
65-74	35,816	37,423	39,042	40,501	41,873	43,026	44,787	45,988	47,466	49,163
75-84	14,437	14,985	15,591	16,363	17,354	18,570	19,624	20,694	21,815	22,770
85+	5,723	5,814	5,943	6,038	6,097	6,173	6,206	6,230	6,436	6,693
<b>Race/Ethnicity</b>										
White non-Hispanic	283,789	284,964	286,042	287,346	289,219	289,739	292,401	295,610	297,255	298,669
Black non-Hispanic	10,354	10,562	10,740	10,996	11,258	11,433	11,774	12,150	12,415	12,685
Native American/Alaskan Native non-Hispanic	7,100	7,140	7,181	7,243	7,280	7,323	7,374	7,389	7,415	7,458
Asian/Pacific Islander non-Hispanic	27,912	28,514	29,103	29,787	30,613	31,104	32,187	33,440	34,276	35,068
Hispanic	98,548	101,145	103,730	106,575	109,937	112,324	116,501	121,211	124,778	128,266

Source: Nevada State Demographer, Vintage 2020.

## Washoe County Behavioral Health Profile

**Table 2: Prevalence Estimates of Health Risk Behaviors by Region, Washoe County Adults, 2021.**

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% (3.6-6.0)
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% (10.2-22.0)	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% (18.0-25.8)	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% (14.0-34.9)	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% (14.0-29.0)	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% --	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% (0.0-2.2)	0.9% (0.0-2.2)	0.0% (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% (13.0-21.8)	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% (9.8-18.0)	14.4% (8.2-20.7)	9.4% (1.5-16.9)	11.1% (8.5-13.7)	12.8% (11.0-14.6)

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, Washoe County Residents, 2021.**

Region	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
Clark	497.7 (488.7-506.6)	1,523.8 (1,508.2-1,539.4)	700.1 (689.6-710.6)	687.2 (676.7-697.8)	114.0 (109.7-118.3)	608.3 (598.3-618.3)
Northern	107.4 (92.2-122.5)	1,161.5 (1,113.9-1,209.1)	439.7 (411.1-468.3)	370.1 (342.6-397.7)	90.4 (76.9-104)	339.7 (312.4-367.0)
Rural	97.3 (77.9-116.8)	1,196.3 (1,125.8-1,266.8)	768.8 (713.1-824.6)	249.4 (218.3-280.6)	171.6 (143.9-199.2)	246.3 (214.0-278.7)
Southern	279.6 (234.1-325.1)	1,114.7 (1,030.8-1,198.5)	437.3 (384.7-489.8)	347.7 (298.2-397.1)	116.5 (87.7-145.2)	538.7 (474.9-602.5)
Washoe	224.0 (210.6-237.5)	1,318.4 (1,286.0-1,350.7)	701.1 (677.8-724.4)	345.9 (329.3-362.5)	88.2 (79.8-96.6)	406.4 (388.1-424.6)
Nevada	420.5 (413.4-427.7)	1,457.5 (1,444.3-1,470.6)	681.9 (673.0-690.8)	602.0 (593.5-610.5)	110.6 (107-114.3)	553.3 (545.0-561.5)

Source: Hospital Emergency Department Billing.

Rates are per 100,000 age-specific population, provided by the state demographer, Vintage 2020.

Categories are not mutually exclusive.

**Table 3b. Crude Rates per 100,000 of Mental Health-Related Emergency Department Encounters by Region, Washoe County Residents, 2021.**

Region	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
Clark	496.1 (487.1-505.0)	1,541.1 (1,525.3-1,556.9)	716.0 (705.2-726.8)	686.0 (675.5-696.5)	113.9 (109.6-118.2)	601.1 (591.3-611)
Northern	98.4 (84.5-112.3)	1,165.3 (1,117.5-1,213.1)	462.1 (432.0-492.1)	353.9 (327.6-380.3)	86.7 (73.7-99.7)	302.9 (278.6-327.3)
Rural	99.9 (79.9-119.9)	1,150.8 (1,082.9-1,218.6)	759.5 (704.4-814.6)	256.0 (224.0-287.9)	154.0 (129.2-178.8)	232.0 (201.6-262.5)
Southern	237.6 (199.0-276.3)	1,112.8 (1,029.1-1,196.5)	435.9 (383.5-488.3)	311.4 (267.1-355.7)	103.2 (77.8-128.7)	449.0 (395.9-502.2)
Washoe	221.5 (208.2-234.8)	1,326.2 (1,293.6-1,358.7)	720.3 (696.4-744.3)	345.7 (329.1-362.3)	88.1 (79.8-96.5)	395.7 (378.0-413.5)
Nevada	414.7 (407.6-421.7)	1,470.3 (1,457-1,483.5)	698.6 (689.5-707.8)	596.0 (587.6-604.5)	109.7 (106-113.3)	540.1 (532.1-548.2)

Source: Hospital Emergency Department Billing.

Rates are per 100,000 population, provided by the state demographer, Vintage 2020.

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, Washoe County Residents, 2021.**

Region	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
Clark	242.1 (236.0-248.3)	1,220.3 (1206.6-1234)	888.2 (876.5-900)	475.6 (467.0-484.2)	214.4 (208.5-220.2)	470.3 (461.6-479)
Northern	74.1 (61.9-86.3)	1,077.0 (1032.8-1121.1)	912.2 (871.0-953.4)	397.9 (369.6-426.3)	324.6 (298.0-351.3)	656.9 (618.8-695.1)
Rural	51.6 (37.0-66.2)	535.4 (489.8-581)	512.7 (467.6-557.8)	188.9 (160.9-216.8)	139.7 (114.7-164.7)	273.6 (239.4-307.8)
Southern	103.2 (76.8-129.5)	1,153.8 (1079.8-1227.9)	900.2 (832.8-967.7)	395.0 (344.4-445.6)	269.8 (228.1-311.5)	369.4 (318.1-420.8)
Washoe	201.4 (188.9-213.9)	892.1 (866.1-918.2)	900.8 (874.7-926.9)	303.4 (288.1-318.7)	232.3 (218.5-246.0)	628.9 (606.3-651.5)
Nevada	218.0 (212.9-223)	1,133.5 (1122.2-1144.8)	873.4 (863.5-883.3)	434.4 (427.3-441.5)	221.5 (216.4-226.7)	496.5 (488.8-504.2)

Source: Hospital Inpatient Billing.

Rates are per 100,000 age-specific population, provided by the state demographer, Vintage 2020.

Categories are not mutually exclusive.

**Table 4b. Crude Rates per 100,000 of Mental Health-Related Inpatient Admissions by Region, Washoe County Residents, 2021.**

Region	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
Clark	249.0 (242.7-255.4)	1,279.5 (1,265.1-1,293.9)	926.6 (914.4-938.9)	491.6 (482.7-500.5)	217.2 (211.2-223.1)	471.9 (463.2-480.7)
Northern	72.4 (60.5-84.3)	1,165.3 (1,117.5-1,213.1)	960.3 (916.9-1,003.7)	387.1 (359.5-414.6)	290.7 (266.8-314.6)	580.9 (547.1-614.6)
Rural	49.9 (35.8-64.1)	551.5 (504.5-598.4)	516.1 (470.7-561.5)	182.1 (155.1-209.1)	124.9 (102.5-147.2)	256.0 (224.0-287.9)
Southern	96.7 (72-121.4)	1,529.0 (1,430.9-16,27.1)	1,121.0 (1,037.0-1,205.0)	383.5 (334.4-432.6)	263.9 (223.1-304.6)	326.1 (280.8-371.4)
Washoe	206.6 (193.7-219.4)	936.2 (908.9-963.5)	950.5 (923.0-978.1)	314.6 (298.8-330.5)	227.5 (214.1-241)	615.4 (593.2-637.5)
Nevada	223.5 (218.3-228.7)	1,207.3 (1,195.3-1,219.3)	926.9 (916.3-937.4)	448.4 (441.1-455.7)	222.2 (217.0-227.3)	492.4 (484.7-500.1)

Source: Hospital Inpatient Billing.

Rates are per 100,000 population, provided by the state demographer, Vintage 2020.

Categories are not mutually exclusive.

Washoe County Behavioral Health Profile

**Table 5. Mental Health-Related Deaths Age-Adjusted Rates and Region, Washoe County Residents, 2021.**

Region	White non-Hispanic	Black non-Hispanic	Native American/ Alaskan Native	Asian/Pacific Islander	Hispanic	Total
Clark	44.3 (40.9-47.8)	53.2 (43.0-63.4)	60.9 (12.2-109.7)	30.3 (23.2-37.4)	31.3 (24.7-37.8)	42.0 (39.3-44.8)
Northern	79.5 (69.1-89.9)	0.0 (0.0-0.0)	26.7 (0.0-63.8)	47.7 (0.0-113.8)	39.7 (7.9-71.5)	74.8 (65.2-84.3)
Rural	39.0 (24.8-53.2)	0.0 (0.0-0.0)	31.1 (0.0-74.2)	0.0 (0.0-0.0)	22.7 (0.0-48.3)	36.2 (24.0-48.4)
Southern	32.6 (21.9-43.2)	73.7 (0.0-218.3)	38.6 (0.0-114.2)	0.0 (0.0-0.0)	74.0 (1.5-146.5)	34.0 (23.7-44.3)
Washoe	78.3 (69.6-87.0)	106.5 (27.6-185.4)	154.5 (30.9-278.1)	67.6 (35.4-99.7)	45.9 (25.8-66.0)	75.4 (67.7-83.2)
Nevada	53.9 (50.9-56.9)	54.5 (44.4-64.6)	54.0 (28.3-79.7)	34.2 (27.1-41.3)	33.9 (27.8-39.9)	49.8 (47.4-52.3)

Source: Electronic Death Registry System.

Rates are per 100,000 age-specific population, provided by the state demographer, Vintage 2020.

**Table 6. Suicide Attempts and Suicides by Leading Method and Region, Washoe County Residents, 2021.**

Region	Suicide Attempts				Suicides		
	Emergency Department Encounters		Inpatient Admissions		Substance	Hanging/ Suffocation	Firearms/ Explosives
	Substance	Cutting	Substance	Cutting			
Clark	55.4 (52.4-58.4)	32.7 (30.4-35)	51.2 (48.3-54.1)	17.8 (16.1-19.5)	2.6 (2.0-3.3)	3.5 (2.7-4.2)	10.7 (9.4-12.0)
Northern	88.2 (75.1-101.4)	13.3 (8.2-18.4)	63.7 (52.6-74.9)	8.2 (4.2-12.2)	2.5 (0.3-4.8)	7.1 (3.4-10.9)	24.5 (17.6-31.4)
Rural	45.8 (32.3-59.3)	18.7 (10.1-27.4)	25.0 (15.0-35.0)	4.2 (0.1-8.2)	5.2 (0.6-9.8)	5.2 (0.6-9.8)	28.1 (17.5-38.7)
Southern	67.2 (46.6-87.8)	36.1 (21.0-51.1)	42.6 (26.2-59.0)	9.8 (2.0-17.7)	1.6 (0.0-4.9)	4.9 (0.0-10.5)	27.9 (14.6-41.1)
Washoe	57.5 (50.7-64.2)	4.4 (2.5-6.2)	48.1 (41.9-54.3)	9.5 (6.8-12.3)	3.9 (2.2-5.7)	4.1 (2.3-6.0)	13.3 (10.0-16.5)
Nevada	57.8 (55.2-60.4)	27.1 (25.3-28.9)	50.7 (48.3-53.2)	15.4 (14.1-16.8)	2.9 (2.3-3.4)	3.9 (3.2-4.6)	12.8 (11.6-14.0)

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 2020.

Washoe County Behavioral Health Profile

**Table 7. Suicides (Crude) Rates by Age, Race/Ethnicity and Region, Washoe County Residents, 2021.**

	Clark	Northern	Rural	Southern	Washoe	Nevada
<b>Age Group</b>						
Less than 15	0.9 (0.0-1.7)	0.0 (0.0-0.0)	0.0 (0.0-0.0)	11.7 (0.0-34.7)	2.2 (0.0-5.3)	1.1 (0.3-2.0)
15-24	19.2 (14.5-24.0)	18.1 (0.4-35.7)	105.5 (45.8-165.2)	0.0 (0.0-0.0)	20.4 (9.7-31.1)	21.3 (17.0-25.7)
25-34	20.0 (15.2-24.7)	35.0 (12.1-57.8)	26.8 (3.3-50.3)	39.0 (0.0-83.2)	25.5 (13.4-37.7)	22.2 (17.9-26.5)
35-44	20.5 (15.6-25.4)	76.0 (37.5-114.5)	87.2 (30.2-144.2)	17.1 (0.0-50.7)	23.8 (11.7-35.8)	25.1 (20.3-29.8)
45-54	27.2 (21.4-33.0)	43.7 (17.9-69.5)	38.2 (0.8-75.5)	29.3 (0.0-69.9)	28.7 (14.6-42.7)	28.7 (23.5-33.9)
55-64	22.7 (17.1-28.3)	30.5 (9.4-51.7)	41.5 (5.1-77.8)	65.6 (13.1-118.1)	23.4 (11.2-35.7)	25.0 (20.0-30.0)
65-74	17.9 (12.0-23.7)	45.4 (19.7-71.0)	31.3 (0.0-66.7)	22.0 (0.0-52.4)	28.5 (13.6-43.4)	22.7 (17.2-28.1)
75-84	33.1 (21.8-44.4)	85.3 (37.0-133.5)	69.6 (0.0-148.5)	70.4 (1.4-139.5)	48.3 (19.8-76.9)	43.0 (32.4-53.7)
85+	50.4 (24.9-75.9)	79.6 (1.6-157.5)	0.0 (0.0-0.0)	161.2 (0.0-343.5)	119.5 (36.7-202.4)	67.3 (43.2-91.4)
<b>Race/Ethnicity</b>						
White non-Hispanic	27.0 (23.8-30.2)	44.9 (34.1-55.6)	48.6 (31.7-65.4)	42.7 (24.0-61.5)	32.5 (26.0-38.9)	31.1 (28.3-33.8)
Black non-Hispanic	17.3 (12.3-22.2)	88.6 (0.0-211.3)	0.0 (0.0-0.0)	0.0 (0.0-0.0)	0.0 (0.0-0.0)	16.9 (12.2-21.6)
Native American/Alaskan Native non-Hispanic	6.4 (0.0-19.1)	16.9 (0.0-50.1)	37.8 (0.0-90.1)	51.6 (0.0-152.7)	26.8 (0.0-64)	19.4 (5.0-33.7)
Asian/Pacific Islander non- Hispanic	11.0 (7.1-14.8)	0.0 (0.0-0.0)	77.5 (0.0-229.5)	0.0 (0.0-0.0)	5.7 (0.0-13.6)	10.4 (6.9-14.0)
Hispanic	10.2 (8.0-12.4)	11.9 (0.2-23.5)	27.1 (5.4-48.8)	10.9 (0.0-32.2)	7.0 (2.4-11.6)	10.2 (8.2-12.2)
<b>Total</b>	18.2 (16.5-20.0)	38.2 (29.6-46.9)	42.7 (29.6-55.7)	36.1 (21.0-51.1)	23.0 (18.7-27.3)	21.2 (19.7-22.8)

Source: Electronic Death Registry System.

Rates are per 100,000 population, provided by the state demographer, Vintage 2020.

Washoe County Behavioral Health Profile

**Table 8a. Drug-Related Emergency Department Encounters Age-Adjusted Rates by Drug Type and Region, Washoe County Residents, 2021.**

Region	Opioids	Heroin	Cocaine	Methamphetamine	Marijuana	Hallucinogens
Clark	174.9 (169.7-180.2)	11.1 (9.8-12.5)	63.3 (60.1-66.5)	476.9 (468.1-485.8)	334.1 (326.8-341.5)	20.6 (18.8-22.5)
Northern	130.1 (114.3-146.0)	12.4 (7.1-17.8)	19.5 (12.6-26.4)	276.9 (252.1-301.7)	332.8 (306.0-359.5)	6.5 (2.7-10.3)
Rural	115.6 (94.4-136.8)	13.7 (6.3-21.2)	16.0 (7.3-24.7)	231.0 (200.2-261.8)	325.5 (288.9-362.0)	12.3 (4.7-19.9)
Southern	264.0 (224.5-303.6)	10.2 (2.0-18.3)	42.9 (25.0-60.8)	479.8 (421.8-537.8)	366.4 (314.4-418.4)	18.9 (5.8-31.9)
Washoe	166.1 (154.6-177.6)	17.2 (13.4-21)	28.3 (23.6-33.0)	442.3 (423.1-461.5)	216.7 (203.4-229.9)	5.3 (3.2-7.3)
Nevada	171.3 (166.8-175.8)	12.2 (11.0-13.4)	53.7 (51.2-56.2)	454.8 (447.3-462.2)	317.3 (311.2-323.5)	17.2 (15.8-18.7)

Source: Hospital Emergency Department Billing.

Rates are per 100,000 age-specific population, provided by the state demographer, Vintage 2020.

Categories are not mutually exclusive.

**Table 8b. Drug-Related Emergency Department Encounters Crude Rates by Drug Type Region, Washoe County Residents, 2021.**

Region	Opioids	Heroin	Cocaine	Methamphetamine	Marijuana	Hallucinogens
Clark	178.3 (172.9-183.6)	11.1 (9.8-12.4)	64.7 (61.5-68.0)	466.9 (458.2-475.5)	333.4 (326.1-340.8)	20.3 (18.5-22.1)
Northern	131.6 (115.5-147.6)	10.7 (6.1-15.3)	15.8 (10.2-21.4)	244.3 (222.4-266.2)	303.4 (279.1-327.8)	5.6 (2.3-8.9)
Rural	118.6 (96.8-140.4)	13.5 (6.2-20.9)	13.5 (6.2-20.9)	224.7 (194.8-254.7)	317.3 (281.7-353.0)	10.4 (4.0-16.9)
Southern	280.2 (238.2-322.2)	9.8 (2.0-17.7)	36.1 (21.0-51.1)	431.0 (378.9-483.1)	313.0 (268.6-357.4)	13.1 (4.0-22.2)
Washoe	166.5 (155.0-178.1)	16.6 (13.0-20.2)	28.6 (23.8-33.4)	424.8 (406.4-443.2)	213.6 (200.6-226.7)	5.2 (3.2-7.2)
Nevada	174.1 (169.5-178.6)	12.0 (10.8-13.2)	54.4 (51.8-56.9)	440.5 (433.2-447.8)	313.7 (307.5-319.8)	16.7 (15.3-18.1)

Source: Hospital Emergency Department Billing.

Rates are per 100,000 population, provided by the state demographer, Vintage 2020.

Categories are not mutually exclusive.

Washoe County Behavioral Health Profile

**Table 9a. Drug-Related Inpatient Admissions Age-Adjusted Rates by Drug Type and Region, Washoe County Residents, 2021.**

Region	Opioids	Heroin	Cocaine	Methamphetamine	Marijuana	Hallucinogens
Clark	241.7 (235.6-247.8)	3.1 (2.4-3.8)	68.4 (65.2-71.6)	413.5 (405.4-421.7)	508.9 (499.9-517.8)	12.2 (10.8-13.6)
Northern	275.0 (252.7-297.4)	2.1 (0.0-4.2)	22.2 (15.3-29.1)	358.5 (330.4-386.6)	386.2 (357.9-414.4)	6.6 (2.7-10.6)
Rural	110.1 (89.5-130.7)	3.5 (0.1-6.9)	15.4 (7.0-23.7)	178.6 (151.6-205.6)	213.8 (183.4-244.2)	7.3 (1.5-13.2)
Southern	157.2 (128.2-186.2)	3.7 (0.0-8.9)	24.5 (13.5-35.5)	294.4 (250.9-337.9)	373.7 (337.7-414.4)	4.4 (0.0-10.4)
Washoe	297.8 (282.6-312.9)	2.7 (1.3-4.2)	27.4 (22.7-32.1)	378.7 (361.4-396.1)	277.8 (263.1-292.5)	3.8 (2.1-5.5)
Nevada	245.7 (240.5-251.0)	3.0 (2.4-3.6)	56.9 (54.4-59.4)	397.1 (390.2-404.0)	455.9 (448.6-463.2)	10.4 (9.3-11.5)

Source: Hospital Inpatient Billing.

Rates are per 100,000 age-specific population, provided by the state demographer, Vintage 2020.

Categories are not mutually exclusive.

**Table 9b. Drug-Related Inpatient Admissions Crude Rates by Drug Type and Region, Washoe County Residents, 2021.**

Region	Opioids	Heroin	Cocaine	Methamphetamine	Marijuana	Hallucinogens
Clark	255.4 (249.0-261.8)	3.2 (2.4-3.9)	73.4 (70.0-76.8)	416.1 (407.9-424.3)	522.7 (513.5-531.9)	12.2 (10.8-13.6)
Northern	297.3 (273.2-321.5)	2.0 (0.0-4.0)	20.4 (14.1-26.7)	319.3 (294.2-344.3)	366.2 (339.4-393.0)	5.6 (2.3-8.9)
Rural	114.5 (93.1-135.8)	4.2 (0.1-8.2)	13.5 (6.2-20.9)	174.8 (148.4-201.2)	197.7 (169.6-225.8)	6.2 (1.2-11.2)
Southern	185.2 (151.0-219.3)	3.3 (0.0-7.8)	31.1 (17.1-45.1)	288.4 (245.8-331.0)	386.8 (337.4-436.1)	3.3 (0.0-7.8)
Washoe	307.6 (291.9-323.2)	2.7 (1.2-4.2)	27.6 (22.9-32.3)	379.8 (362.4-397.2)	283.3 (268.3-298.3)	3.9 (2.2-5.7)
Nevada	260.7 (255.1-266.2)	3.0 (2.4-3.7)	60.9 (58.2-63.6)	396.5 (389.7-403.4)	466.1 (458.7-473.6)	10.3 (9.2-11.4)

Source: Hospital Inpatient Billing.

Rates are per 100,000 population, provided by the state demographer, Vintage 2020.

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, Washoe County Residents, 2021.**

Region	White non-Hispanic	Black non-Hispanic	Native American/ Alaskan Native	Asian/ Pacific Islander	Hispanic	Total
Clark	71.3 (66.6-76.1)	74.7 (64.4-84.9)	114.9 (63.2-166.5)	11.5 (7.6-15.3)	35.4 (31.0-39.8)	54.6 (51.8-57.5)
Northern	91.7 (78.4-104.9)	102.6 (0.0-244.7)	115.7 (23.1-208.3)	23.0 (0.0-68.0)	61.3 (32.2-90.4)	86.5 (74.8-98.2)
Rural	78.8 (58.4-99.3)	0.0 (0.0-0.0)	116.6 (23.3-209.9)	0.0 (0.0-0.0)	47.5 (18.1-77.0)	72.9 (56.2-89.7)
Southern	89.9 (65.9-113.9)	77.1 (0.0-228.2)	43.8 (0.0-129.8)	0.0 (0.0-0.0)	65.4 (8.1-122.7)	83.3 (62.4-104.2)
Washoe	101.8 (91.3-112.2)	170.3 (97.4-243.1)	150.7 (61.6-239.7)	17.7 (4.6-30.8)	43.5 (31.1-55.9)	85.0 (77.2-92.9)
Nevada	80.3 (76.3-84.3)	79.0 (68.7-89.2)	117.7 (82.5-152.9)	12.1 (8.4-15.8)	38.0 (33.9-42.1)	62.8 (60.2-65.5)

Source: Electronic Death Registry System.

Rates are per 100,000 age-specific population, provided by the state demographer, Vintage 2020.