2020 Northern Behavioral Health Profile

Carson City, Churchill, Douglas, and Lyon Counties
February 2021

Office of Analytics on behalf of

Nevada Department of Health and Human Services

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Steve Sisolak
Governor
State of Nevada

Richard Whitley, MS
Director
Department of Health and Human Services

Lisa Sherych
Administrator
Division of Public and Behavioral Health

Ihsan Azzam Ph.D., M.D.
Chief Medical Officer
Division of Public and Behavioral Health

Accessibility Disclosure

We understand the importance of making reports accessible to everyone and if you have any problems related to the accessibility or you need any enhanced accessibility, please email data@dhhs.nv.gov.

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Acknowledgements

Data Sources/Limitations/Terminology

Age-Adjusted Rates

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

Behavioral Risk Factor Surveillance System (BRFSS)

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

Crude Rates

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

Hospital Billing Data (Emergency Department Encounter and Inpatient Admissions)

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

Nevada Report Card

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

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

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

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

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

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

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

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

Demographic Snapshot

Figure 1. Selected Demographics for Northern Region.

|	
Population, 2019 estimate*	192,723
Population, 2010 estimate*	183,903
Population, percentage change*	3.6%
Male persons, 2019 estimate*	94,768 (49.3%)
Female persons, 2019 estimate*	97,955 (50.7%)
Median household income (2019), Northern Region**	$60,704
Persons in poverty, percent (2019), Northern Region **	10.6%
With a disability, under the age 65 years, percent, Northern Region, 2015-2019**	9.4%
Land area (square miles), 2019**	11,973.95

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

In 2019, the estimated population for the Northern Region was 192,722, a 3.6% increase from the 2010 estimated population. The population is made up of approximately equal percentages of females and males. The median household income in the Northern Region is 60,704. The Northern Region's land area is approximately 11,976.95 square miles.

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

Figure 2. Nevada Population Distribution by County, 2019.
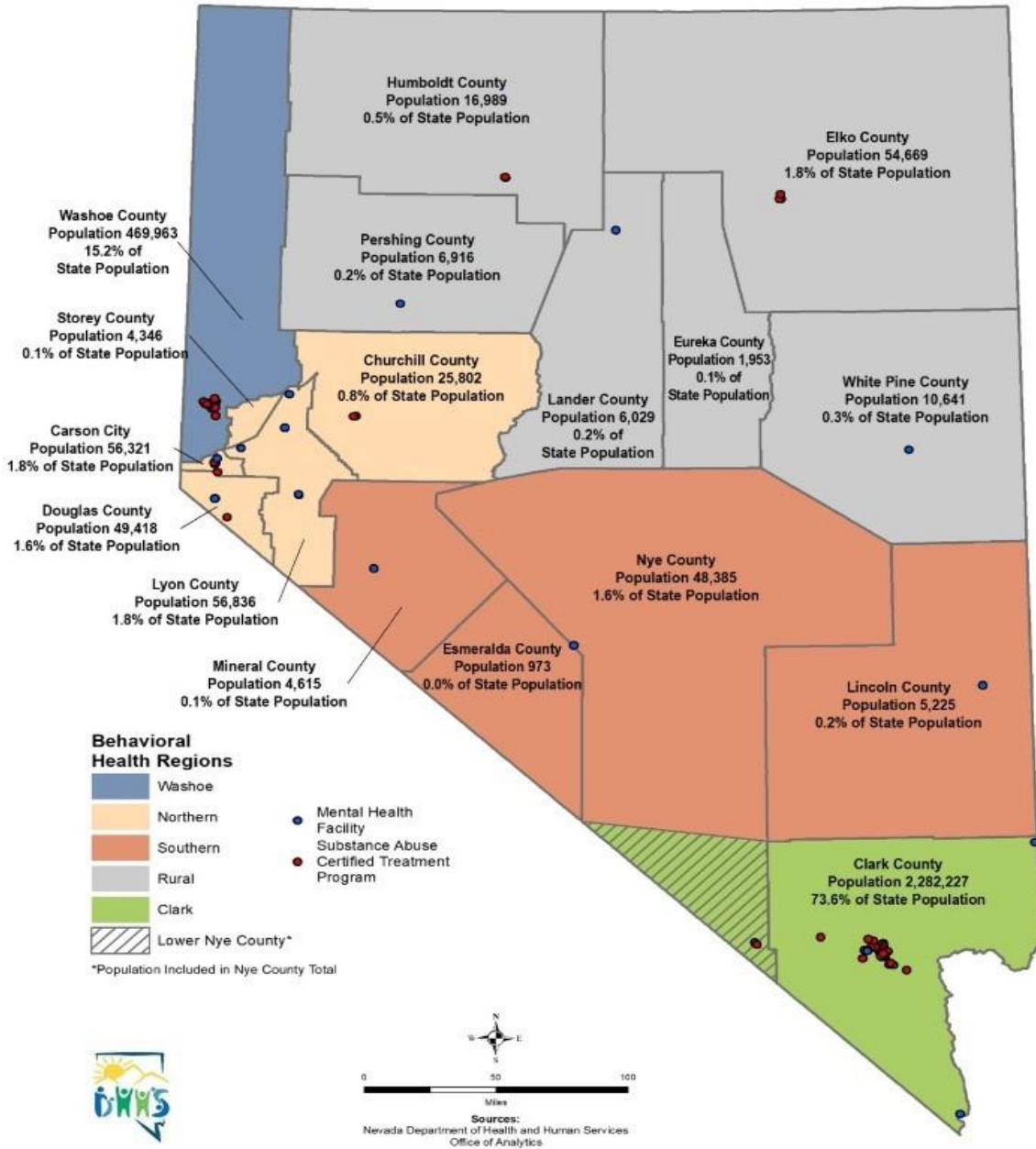
Source: Nevada State Demographer, vintage 2019.
Clark Region: Clark County and southern Nye County.
Northern Region: Carson City, Churchill, Douglas, Lyon, and Storey Counties.
**Rural Region:** Elko, Eureka, Humboldt, Lander, Pershing, and White Pine Counties.
Southern Region: Esmeralda, Lincoln, Mineral, and northern Nye Counties.
Washoe Region: Washoe County.
Nye County: Northern Nye County is included in Southern Region and southern Nye County is in part of Clark County Region. For data purposes, Nye County data is included in Southern Region Report and not in the Clark County Region report.

Figure 3. Northern Region Population, 2010-2019.
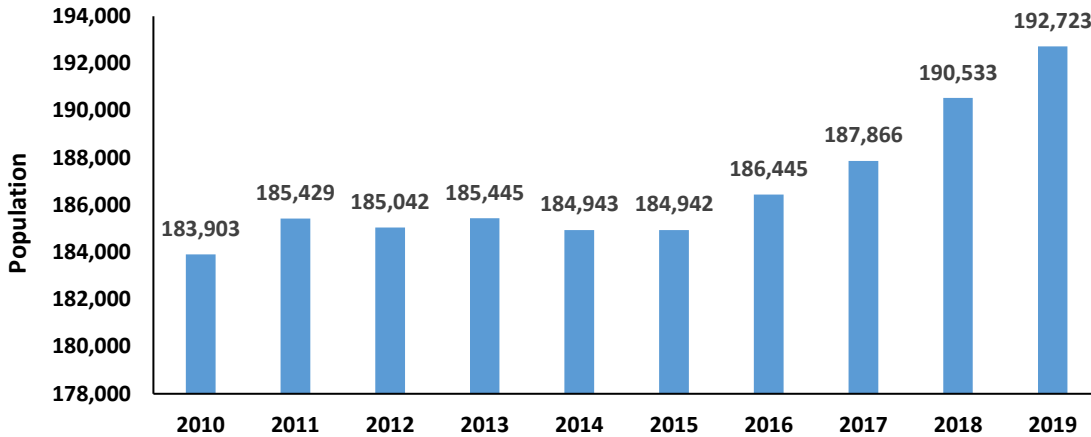
Source: Nevada State Demographer, vintage 2019.
Chart scaled to display differences among groups.

Figure 4. Northern Region Population by Age Group, 2019.
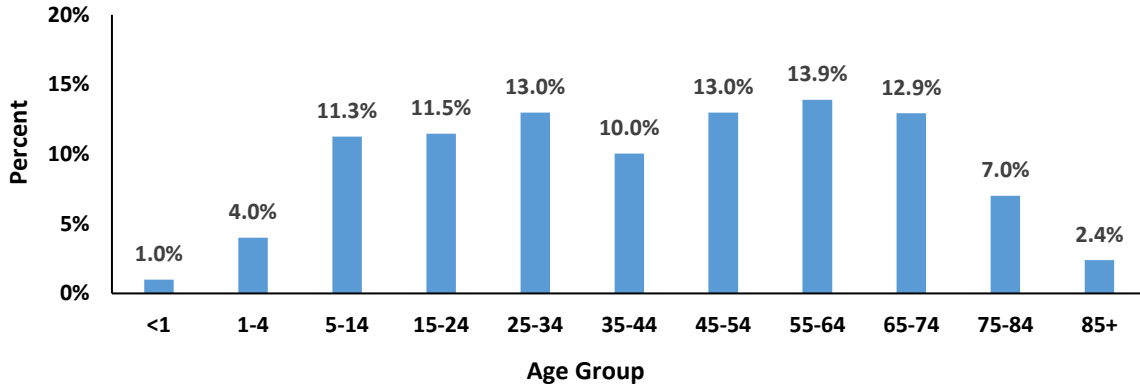
Source: Nevada State Demographer, vintage 2019.
Chart scaled to 20% to display differences among groups.

Figure 5. Northern Region Population by Race/Ethnicity, 2019.
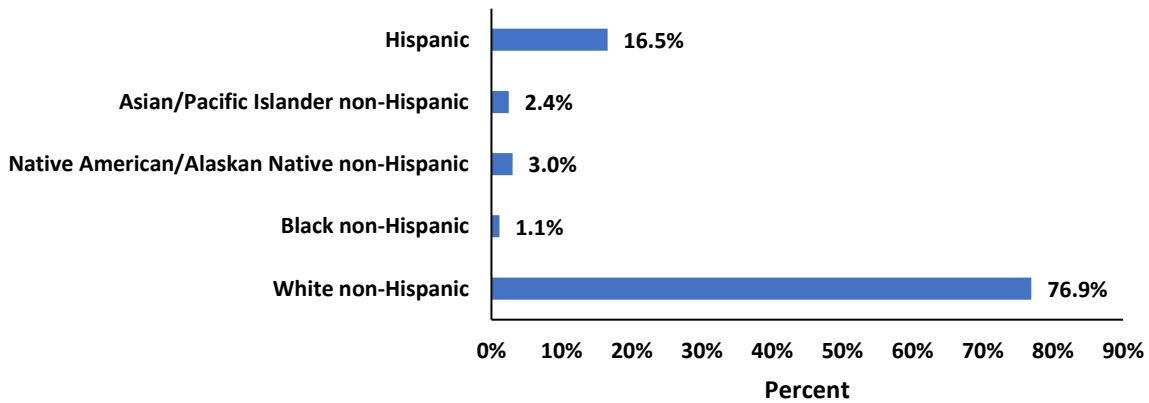
Source: Nevada State Demographer, vintage 2019.
Chart scaled to 90% to display differences among groups.

Figure 6. Northern Region Population Distribution by Sex, 2010-2019.
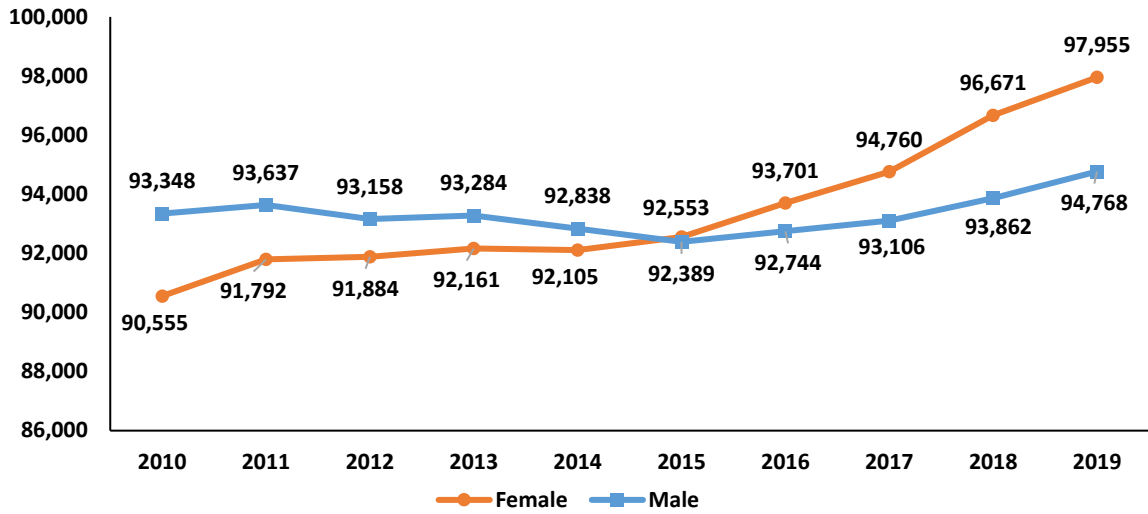
Source: Nevada State Demographer, vintage 2019.
Chart scaled to display differences among years.

In 2019, the estimated population for Northern Region was made up of approximately equal percentages of females and males. In 2015, the female population surpassed the male population.
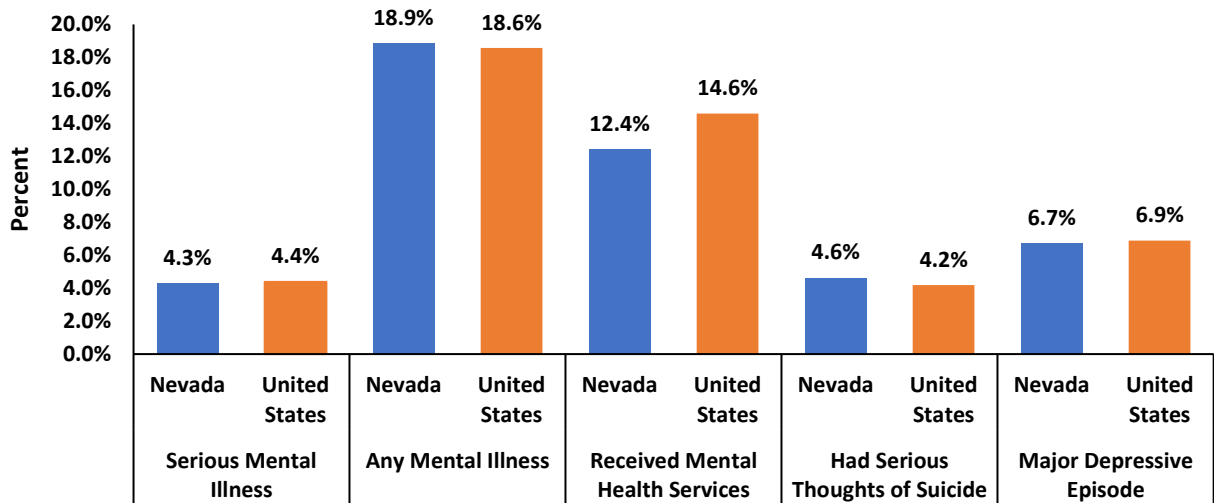
Mental Health

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 Nation Survey on Drug Use and Health (NSDUH). The survey tracks trends of illicit drug, alcohol, and tobacco use, as well as mental health issues throughout the United States.

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

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

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

Youth Risk Behavior Survey (YRBS)

The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. Nevada high school and middle school students are surveyed during the odd years. In 2019, 866 high school and 969 middle school students participated in the YRBS in Northern Region. The University of Nevada, Reno maintains the YRBS data and publishes data on each survey. For more information on the YRBS survey, please go to the following site: UNR YRBS

Figure 8a. Mental Health Behaviors, Northern Region High School Students 2015, 2017, and 2019, and Nevada High School Students, 2019.
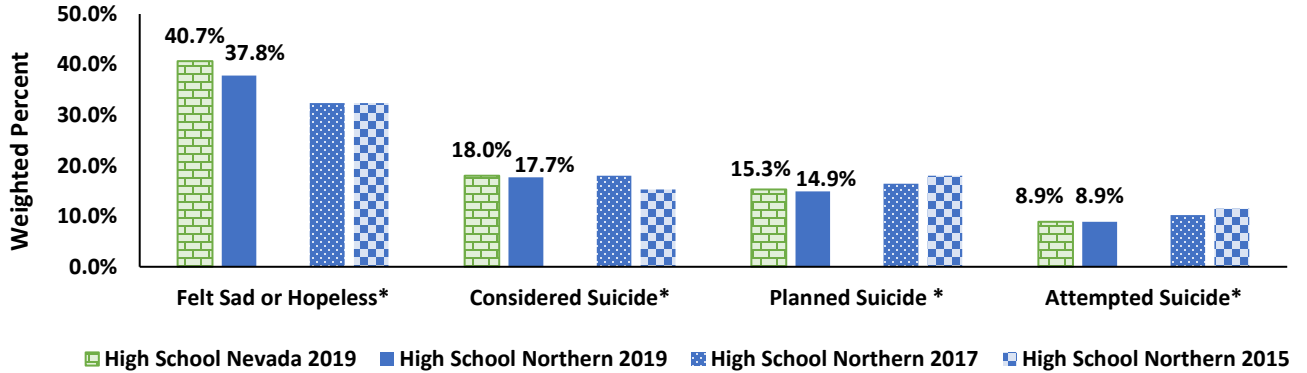
Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 50% to display differences among groups.
*Questions worded differently in 2019 and therefore not comparable to previous years.

The questions relating to suicide and feelings of sadness and hopelessness were worded differently in 2019 to past years and therefore should not be compared.

Figure 8b. Mental Health Behaviors, Northern Region Middle School Students 2015, 2017, and 2019, and Nevada Middle School, 2019.
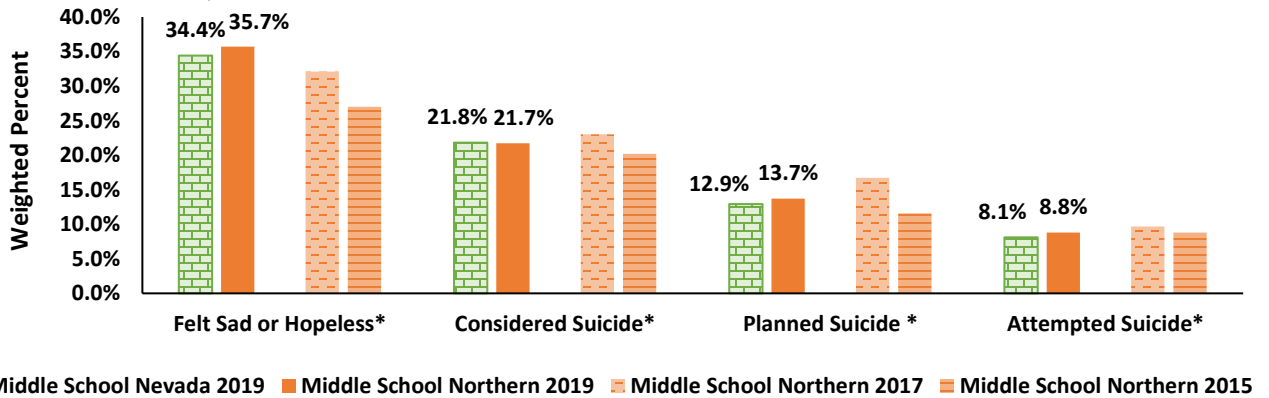
Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 40% to display differences among groups.
*Questions worded differently in 2019 and therefore not comparable to previous years.

Behavioral Risk Factor Surveillance System (BRFSS)

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

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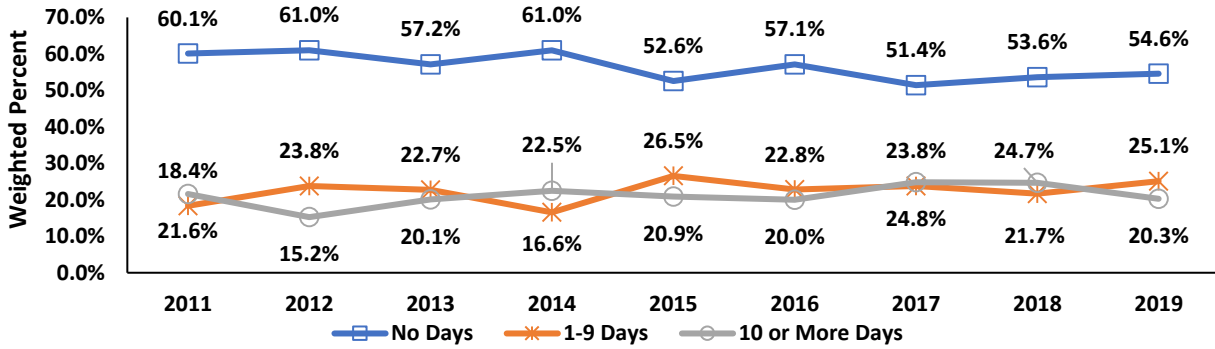

Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 70% to display differences among groups.
Specific question asked in survey: "During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?"

Of adults in the Northern Region, 54.6% reported experiencing no days of poor mental health or physical health that prevented them from doing usual activities in 2019. There was little change in adults who had reported 1-9 days as well as those who reported 10 or more days of experiencing poor mental health or physical health that prevent them from doing usual activities in 2019.

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

Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 80% to display differences among groups.
Specific question asked in survey: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

In 2019, 26.9% of the Northern Region residents reported 10 or more days of poor mental health, a significant increase from 2018 at 16.4%. Of adults in the Northern Region, 60.7% experienced no days in which their mental health was not good.

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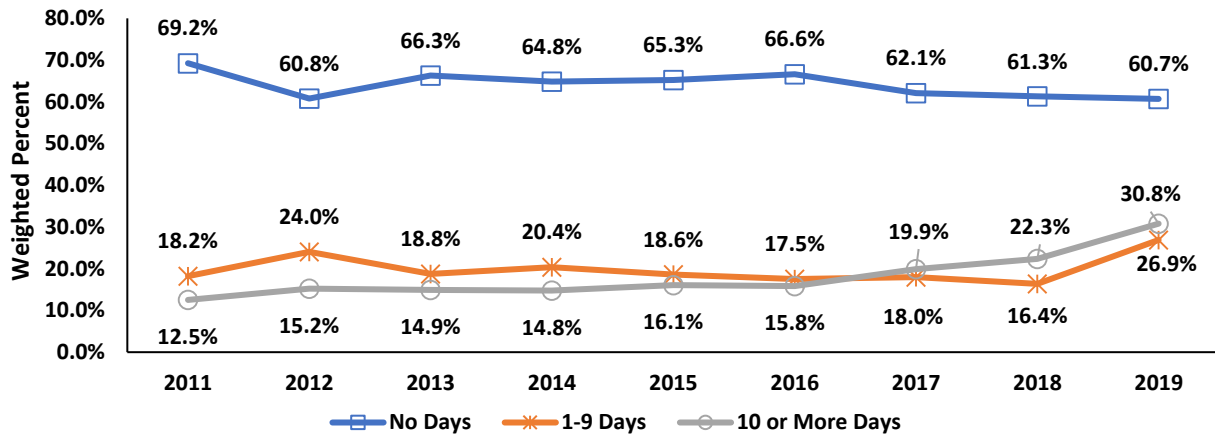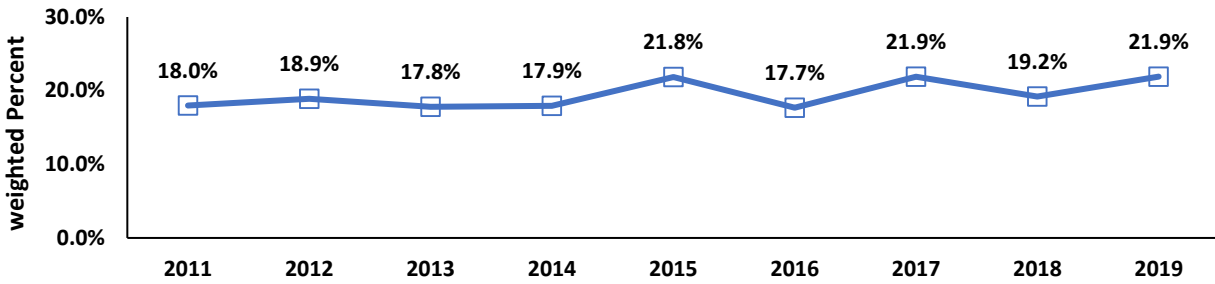

Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 30% to display differences among groups.
Specific question asked in survey: "(Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?"

In the Northern Region, 21.9% of adults were told they have a depressive disorder in 2019, in increase from 19.2% in 2018.

Hospital Emergency Department Encounters

The hospital emergency department billing data includes data for emergency room patients for Nevada's non-federal hospitals. Since an individual can have more than one diagnosis during a single emergency department visit, the following numbers reflect the number of times a diagnosis in each of these categories was given, and therefore the following numbers are not mutually exclusive.

Figure 12. Mental Health-Related Emergency Department Encounters, by Quarter and Year, Northern Region, 2010-2019.
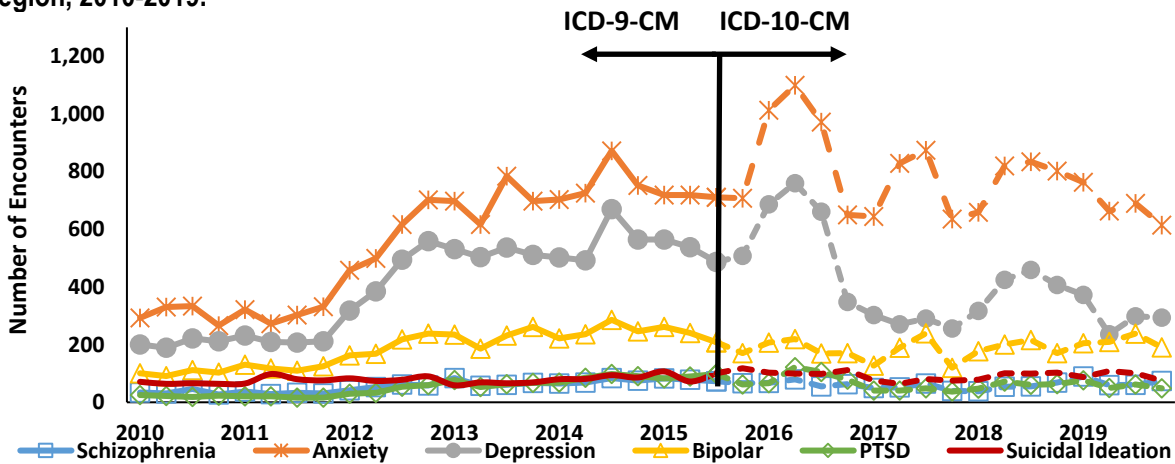
Source: Hospital Emergency Department Billing.
Categories are not mutually exclusive.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Anxiety has been the leading mental health-related diagnosis since 2010 in emergency department encounters. Anxiety-related encounters increased significantly from 2010 to 2019 in both counts and rates. However, ED encounters for depression have decreased from 2016.

Hospital Inpatient Admissions

Hospital Inpatient Billing data includes data for patients discharged from Nevada's non-federal hospitals. Since an individual can have more than one diagnosis during a single inpatient admission, the following numbers reflect the number of times a diagnosis was given, and therefore the following numbers are not mutually exclusive.

Figure 13. Mental Health-Related Inpatient Admissions, by Quarter and Year, Northern Region, 2010-2019.
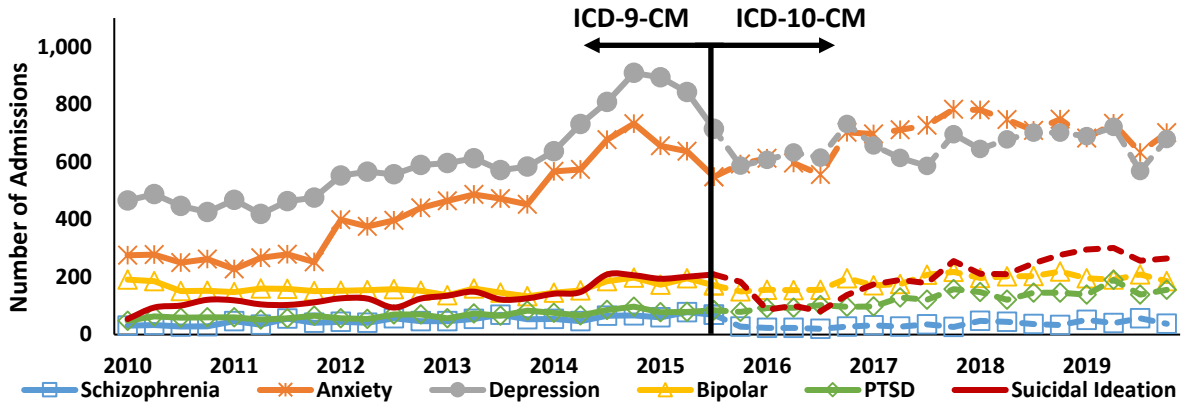
Source: Hospital Inpatient Billing.
Categories are not mutually exclusive.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Unlike emergency department encounters, depression is the leading diagnosis for mental health-related inpatient admissions.

State-Funded Mental Health Services

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

Figure 14. Unique Clients* Served at State-Funded Mental Health Clinics, Northern Region, 2011-2019.
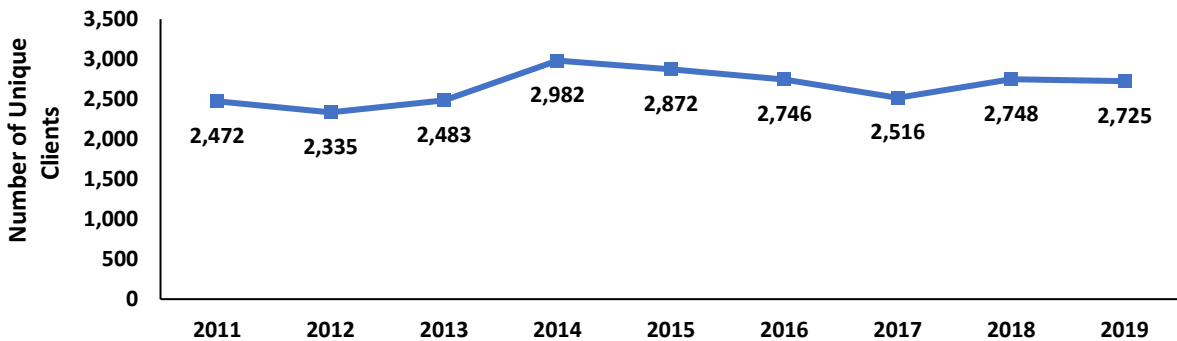
Source: State-Funded Mental Health: Avatar.
*A client is counted only once per year. Clients may be counted more than once across years.

Figure 15. State-Funded Mental Health Clinics Utilization by County, 2019.

Washoe County
14.94% Utilization
401.1 rate per 100,000

Humboldt County
2.26% Utilization
1,642.2 rate per 100,000

Elko County
3.14% Utilization
714.2 rate per 100,000

Pershing County
0.77% Utilization
1,385.2 rate per 100,000

Storey County
0.02% Utilization
47.3 rate per 100,000

Lander County
0.82% Utilization
1,665.3 rate
per 100,000

Eureka County
0.15% Utilization
973.9 rate
per 100,000

White Pine County
2.79% Utilization
3,230.9 rate per 100,000

Churchill County
3.75% Utilization
1,806.6 rate per 100,000

Carson City County
5.74% Utilization
1,264.8 rate per 100,000

Douglas County
3.49% Utilization
878.3 rate per 100,000

Lyon County
9.07% Utilization
2,016.2 rate per 100,000

Nye County
3.01% Utilization
777.3 rate per 100,000

Esmeralda County
0.04% Utilization
516.0 rate per 100,000

Lincoln County
0.49% Utilization
1,160.8 rate per 100,000

Mineral County
1.24% Utilization
3,262.3 rate per 100,000

Clark County
48.28% Utilization
264.9 rate per 100,000

Behavioral Health Regions
- Washoe
- Northern
- Southern
- Rural
- Clark

• Mental Health Facility
• Substance Abuse Certified Treatment Program

N

0   50   100
Miles

Sources:
Nevada Department of Health and Human Services
Office of Analytics

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.

The number of unique clients served by state-funded mental health facilities has remained relatively stable in the Northern Region. There were 2,725 clients served in 2019, which has increased from 2,472 in 2011. The residents accessed state-funded mental health services at an overall rate of 1,417 per 100,000 population in 2019.

Figure 16. State-Funded Mental Health Clinics Utilization* by Gender, Northern Region, 2011-2019.

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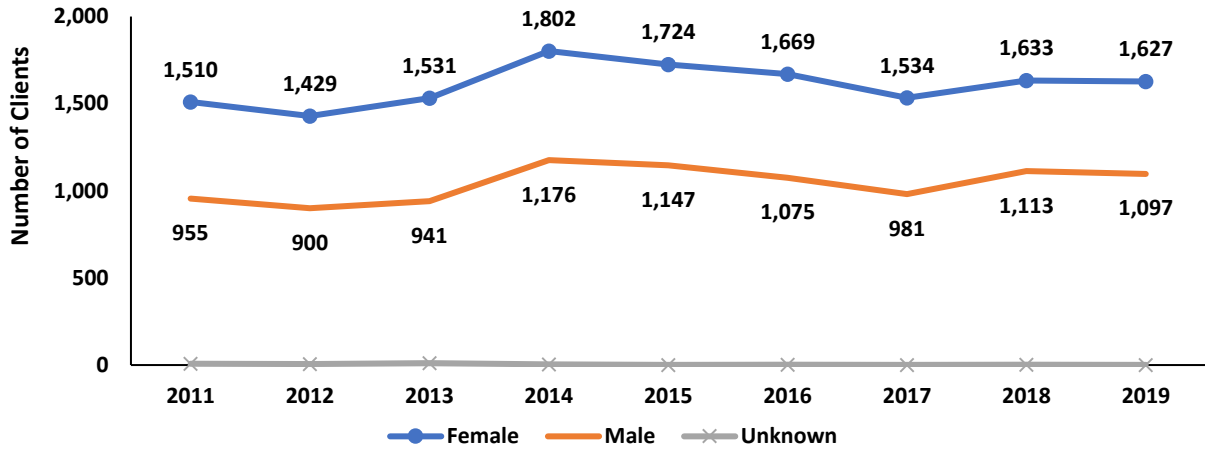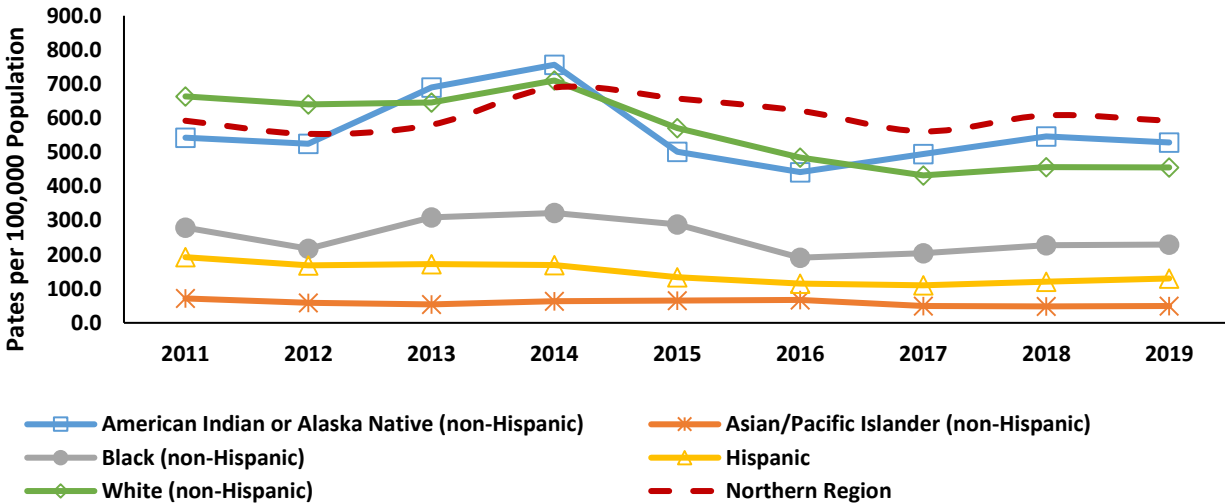*A client is counted only once per year. Clients may be counted more than once across years.

From 2011 to 2019 in the Northern Region, females significantly utilized the state-funded mental health clinics more than males. In 2019, 1,155 per 100,000 male population utilized the state-funded mental health clinics, compared to females at 1,672 per 100,000 female population. Of patients that utilized state-funded mental health services, the most common age group was 55-64 years old, on average accounting for 16.1% of patients. High school graduates accounted for 31.6% of patients, followed by those with those with some college at 16.6% in 2019.

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

Source: State-Funded Mental Health: Avatar.
Race "Unknown" not included in analysis.
*A client is counted only once per year. Clients may be counted more than once across years.

The patient utilization crude rate has remained relatively stable across all races from 2011 to 2019. The White non-Hispanic population had the highest rate over the seven-year period. The total overall Northern Region rates are higher than all races/ethnicities due to nearly 45% of the clinics having an unknown/other race listed.

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

Program	Year								
	2011	2012	2013	2014	2015	2016	2017	2018	2019
CARSON OP COUNSELING	465	437	475	536	501	389	445	373	278
CARSON MED CLINIC	368	402	343	338	447	424	446	462	322
DOUGLAS OP COUNSELING	377	372	338	315	302	284	223	177	145
DOUGLAS MED CLINIC	266	266	267	260	297	279	249	243	224
FALLON OP COUNSELING	240	231	186	247	158	254	272	245	132
FALLON MED CLINIC	197	195	156	158	159	231	265	248	224
FERNLEY MED CLINIC	90	105	128	134	173	220	261	297	250
CARSON OP SCREENING	142	94	15	46	232	278	320	305	186

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

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

Suicide

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

Figure 19. Percentage of Adult Northern Region Residents Who Have Seriously Considered Attempting Suicide, 2011-2019.
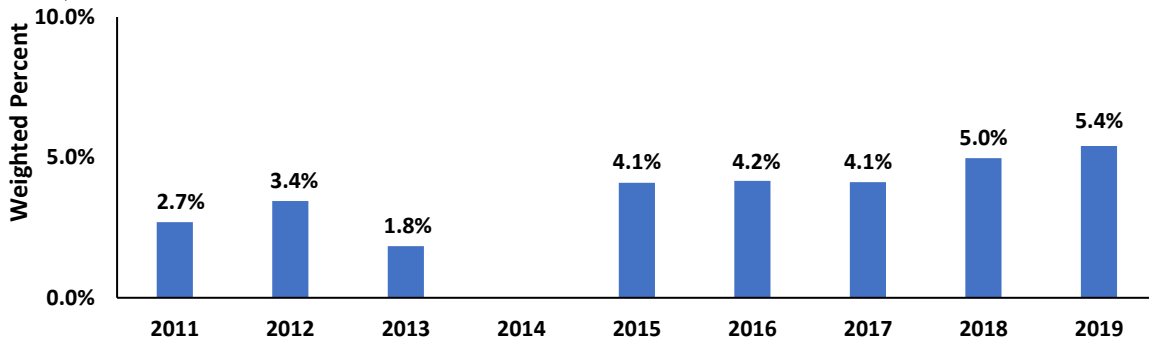
Source: Behavioral Risk Factor Surveillance System (BRFSS).
Chart scaled to 10% to display differences among groups.
Indicator was not measured in 2014.
Specific question asked in survey: "During the past 12 months have you ever seriously considered attempting suicide?"

When asked "have you seriously considered attempting suicide during the past 12 months," 5.4% of Northern Region residents responded "yes" in 2019. Between 2011 and 2019, the average prevalence for suicide consideration in the Northern Region is 3.8%.

Figure 20. Suicide Attempt Emergency Department Encounters by Method, Northern Region, 2010-2019.

Emergency department encounters related to suicide attempt, where the patient did not expire at the hospital, have remained steady for all methods except substances/drugs from 2010 to 2019. The most common method for attempted suicide is a substance or drug overdose attempt, with 136 emergency department encounters. The substance or drug overdose attempts have been decreasing since 2016.

Figure 21. Suicide Attempt Inpatient Admissions by Method, Northern Region, 2011-2019.

Inpatient admissions for attempted suicide where the patient was admitted and did not expire at the hospital have increased slightly from the previous year but have decreased significantly since 2017.

Figure 22. Number and Rate of Suicides, Northern Region, 2010-2019.
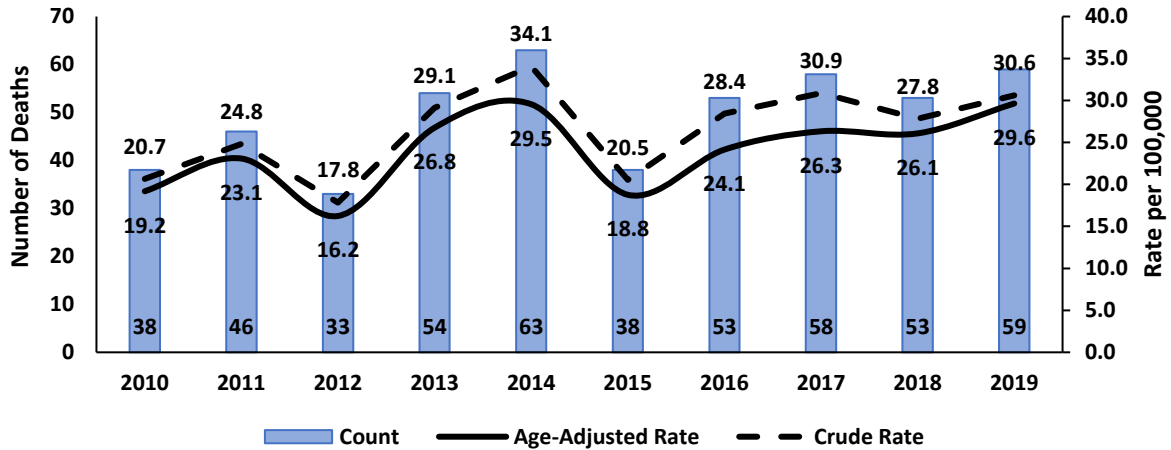
Source: Nevada Electronic Death Registry System.

The age-adjusted suicide rate for 2019 in Northern Region was 29.6 per 100,000 population. There were 59 suicides in 2019.

Figure 23. Age-Adjusted Suicides Rates by Race/Ethnicity, Northern Region, 2010-2019.
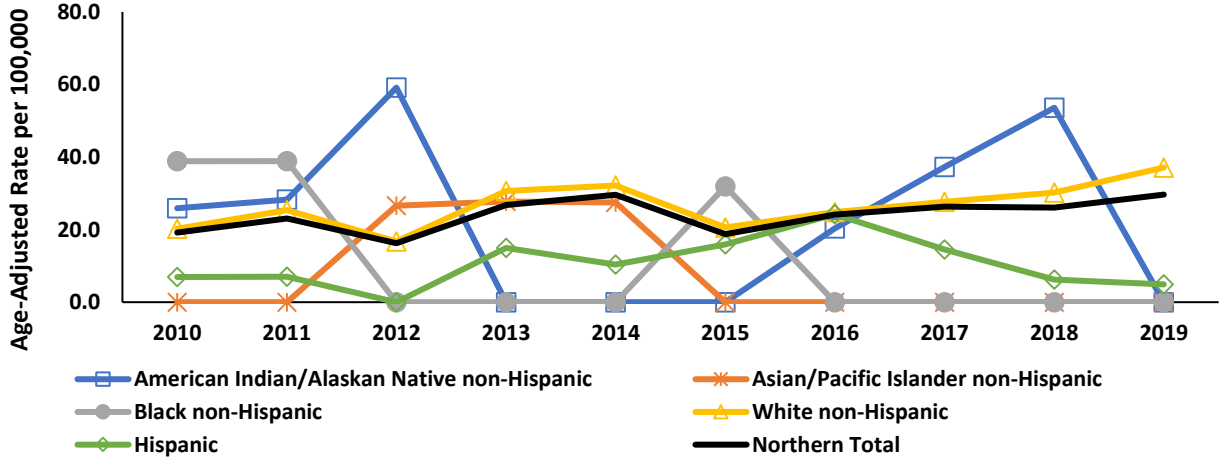
Source: Nevada Electronic Death Registry System.

Rates among Hispanics are significantly lower than overall Northern Regions rates from 2017 to 2019.

Mental Health-Related Deaths

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

- Organic, including symptomatic, mental disorders
- Schizophrenia, schizotypal, and delusional disorders
- Mood [affective] disorders
- Neurotic, stress-related and somatoform disorders
- Behavioral syndromes associated with physiological disturbances and physical factors
- Disorders of adult personality and behavior

- Mental retardation
- Disorders of psychological development
- Behavioral and emotional disorders with onset usually occurring in childhood and adolescence; Unspecified mental disorder

Figure 24. Mental Health-Related Deaths and Rates, Northern Region, 2010-2019.
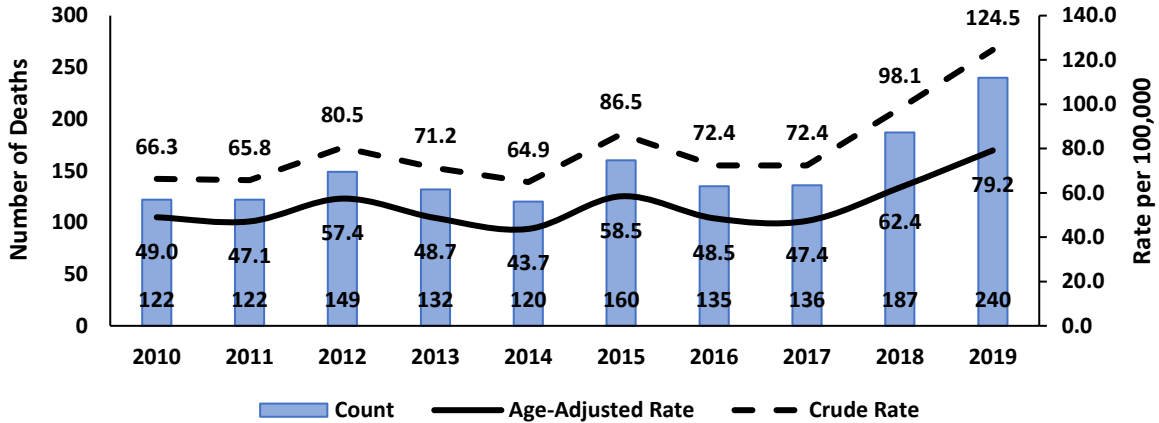
Source: Nevada Electronic Death Registry System.

Mental health-related deaths in the Northern Region in 2019 increased from the previous year from 62.4 per 100,000 age-specific population, to 79.2 per 100,000 age-specific population.

Figure 25. Age-Adjusted Mental Health-Related Death Rates by Race/Ethnicity, Northern Region, 2010-2019.
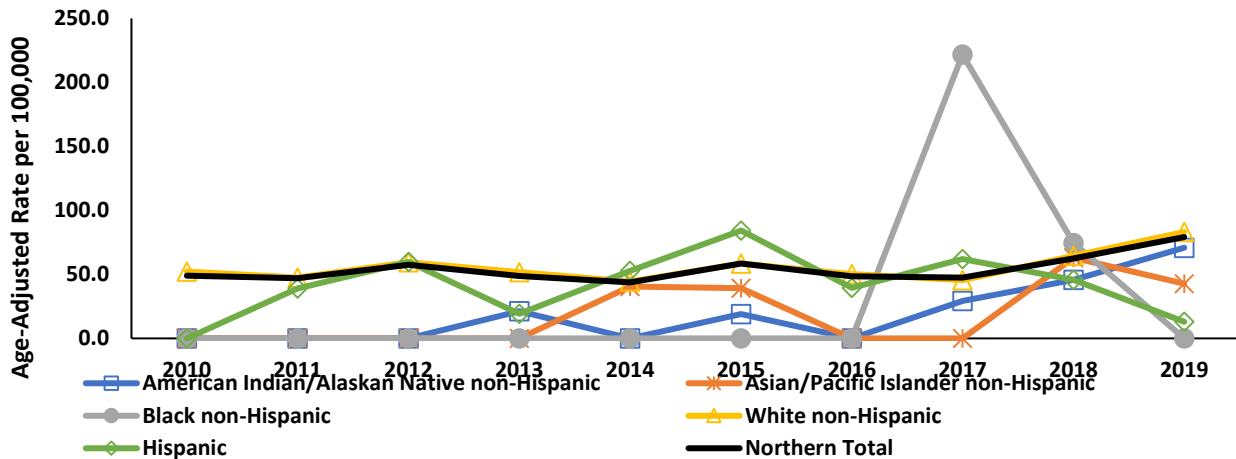
Source: Nevada Electronic Death Registry System.

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

Substance Use

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

National Survey on Drug Use and Health

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

Figure 26. Illicit Drug Use Among Adolescents in the Past Month, Aged 12-17, Nevada and the United States, 2018.
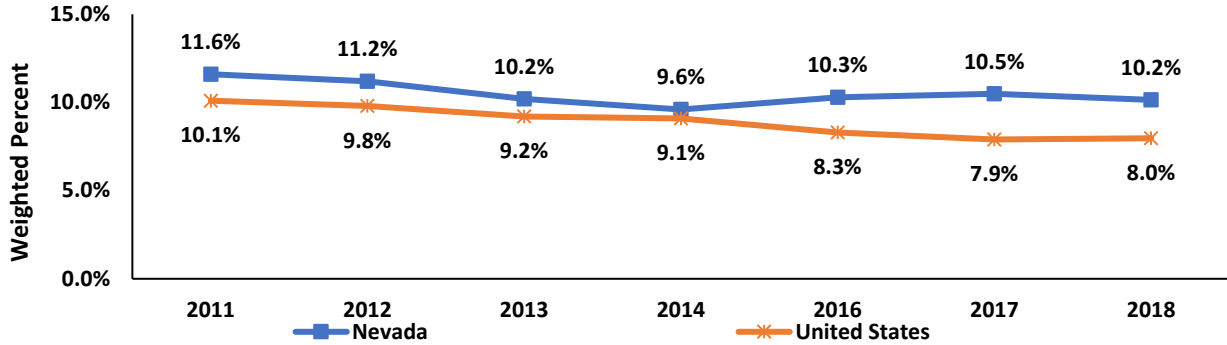
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health.
Chart scaled to 15% to display differences among groups.

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

Figure 27. Alcohol Use Disorder in the Past Year Aged 12 and Above, Nevada and the United States, 2011-2018.
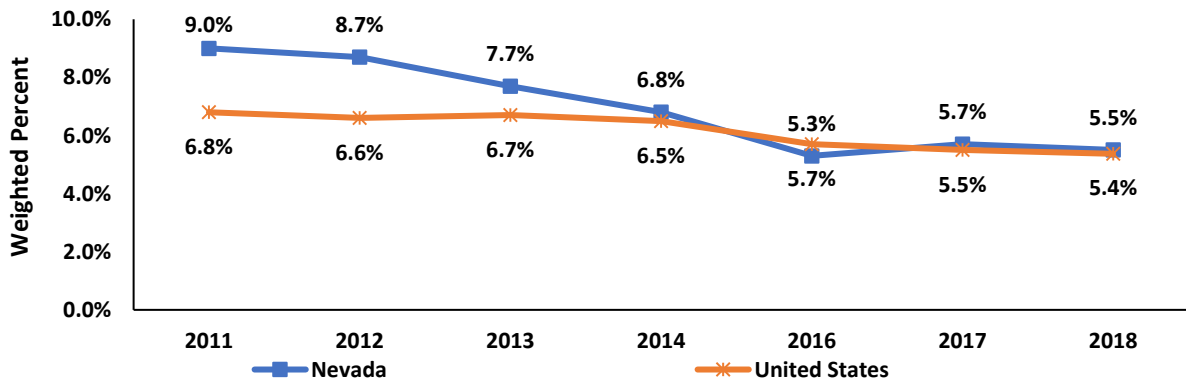
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health.
Chart scaled to 10% to display differences among groups.

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

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

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

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

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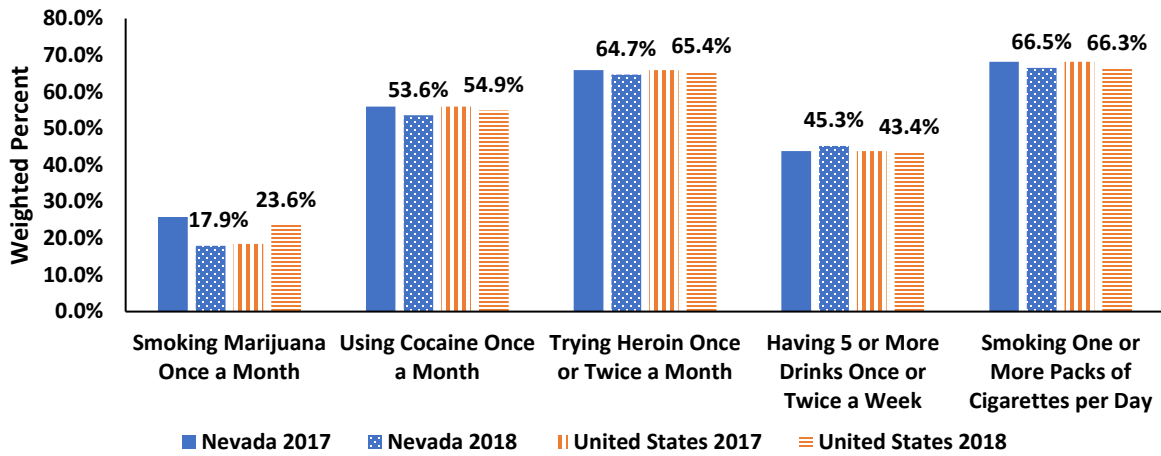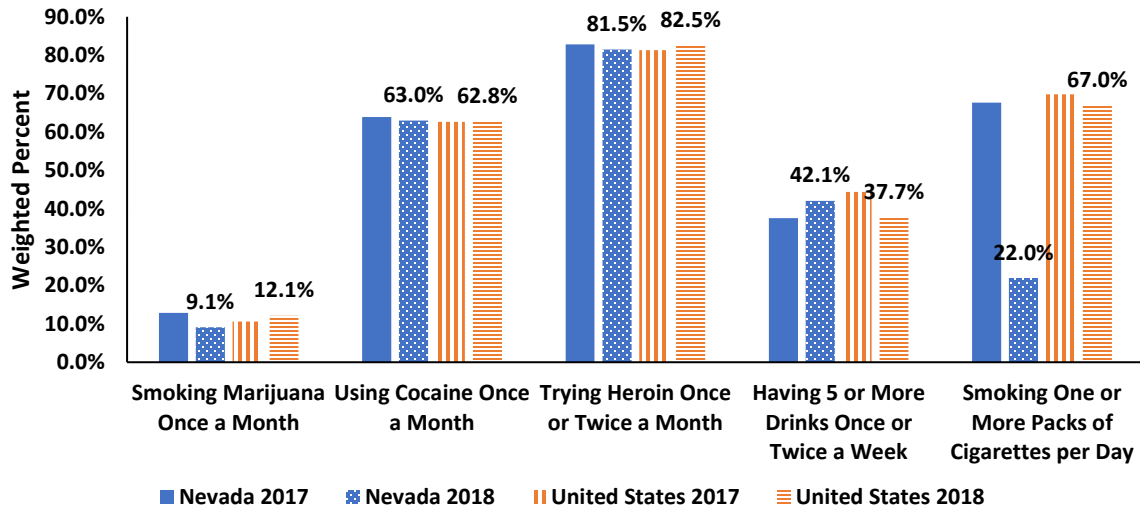*Chart scaled to 90% to display differences among groups.*

Table in the Appendix.

Youth Risk Behavior Survey (YRBS)

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

Figure 30a. Tobacco Use, Northern Region High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.
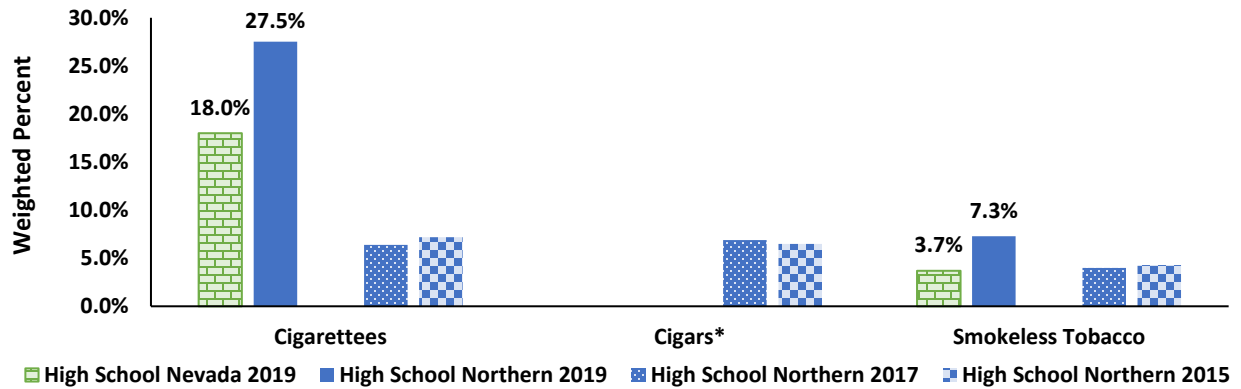
Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 30% to display differences among groups.
*Questions related to cigar use are no longer asked.

High school students for the Northern Region in 2019, had a significantly higher percent for ever having smoked cigarettes than Nevada at 27.5% and 18.0% respectively. The middle school students in the Northern Region also, had a slightly higher percent for ever trying cigarettes at 14.6% compared to 9.9% Nevada.

Figure 30b. Tobacco Use, Northern Region Middle School Students, 2015, 2017, and 2019, and Nevada Middle School Students, 2019.

Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 20% to display differences among groups.
*Questions related to cigar use are no longer asked.

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

Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 70% to display differences among groups.

High school students in the Northern Region in 2019 have a significantly higher percent for ever having using an electronic vapor (e-vapor) product than Nevada at 59.9% and 43.5%, respectively. Similarly, middle school students in the Northern Region also have a significantly higher percent for ever using an e-vapor product at 30.6%, 22.4% for Nevada.

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

Source: Nevada Youth Risk Behavior Survey.
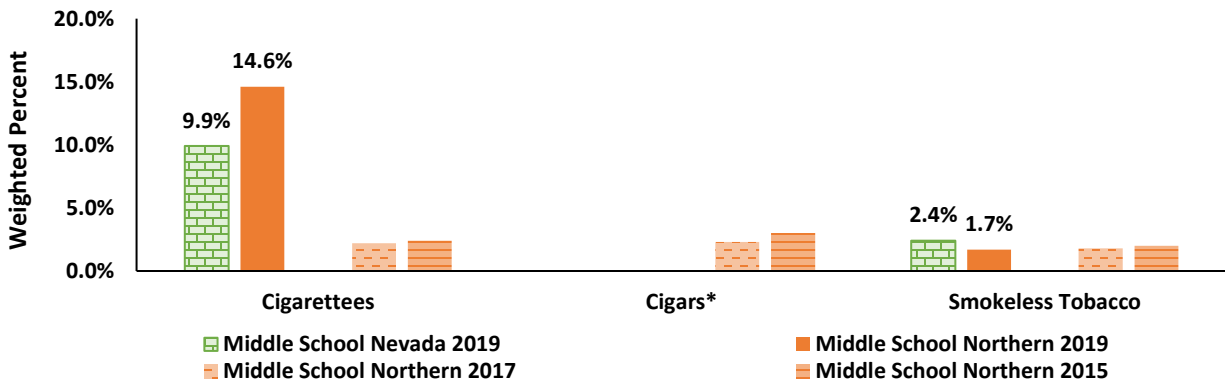*Chart scaled to 35% to display differences among groups.*

Figure 32a. Alcohol Use, Northern Region High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.

Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 70% to display differences among groups.
*In high school students, if they ever drank before age 13.
**Question 'someone else provided' is no longer asked.

High school students in the Northern Region in 2019 have a significantly higher percent for ever drinking alcohol than Nevada at 66.1% and 56.9%, respectively. The percent from previous years has decreased from 66.4% in 2017. Similarly, middle school students in the Northern Region have a slightly higher percent for ever drinking alcohol at 32.7%, compared 29.2% for Nevada.

Figure 32b. Alcohol Use, Northern Region Middle School Students, 2015, 2017, and 2019, and Nevada Middle School Students, 2019.

Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 35% to display differences among groups.
*In middle school students, if they ever drank before age 11.

Figure 33a. Marijuana Use, Northern Region Middle School Students, 2015, 2017, and 2019, and Nevada Middle School Students, 2019.
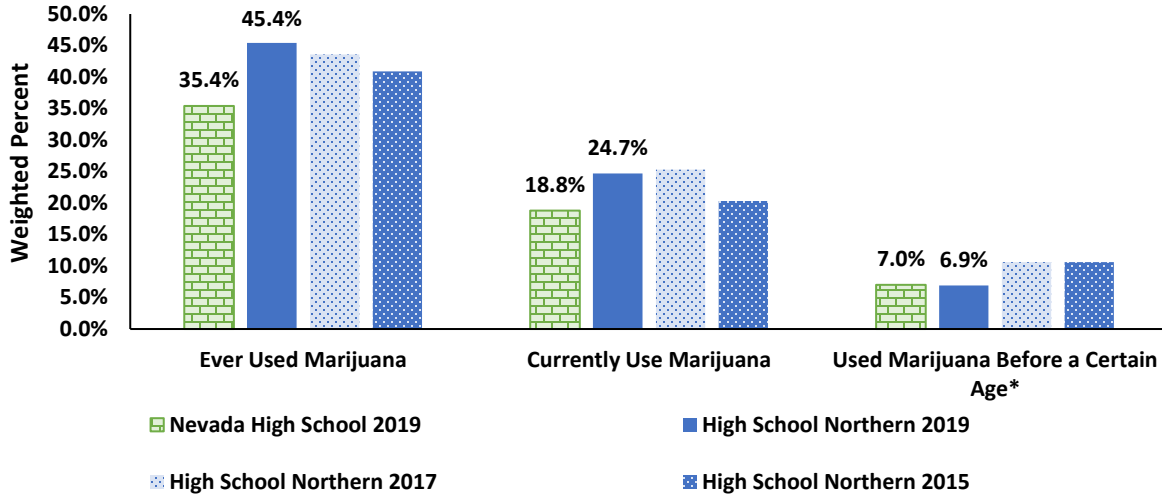
Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 50% to display differences among groups.
*In high school students, if they ever used marijuana before age 13.
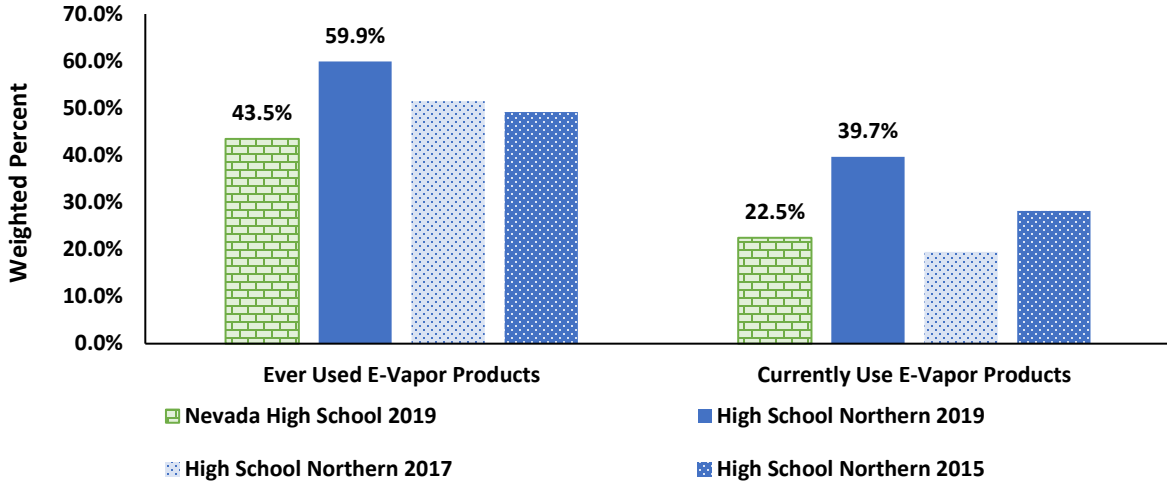
High school students in the Northern Region in 2019 have a significantly higher percent for ever using marijuana than Nevada at 45.4% and 35.4%, respectively. The percent from previous years has increased from 43.6% in 2017. Similarly, middle school students in the Northern Region have a slightly higher percent for ever using marijuana at 16.4%, compared 13.4% for Nevada.

Figure 33b. Marijuana Use, Northern Region Middle School Students, 2015, 2017, and 2019, and Nevada Middle School Students, 2019.
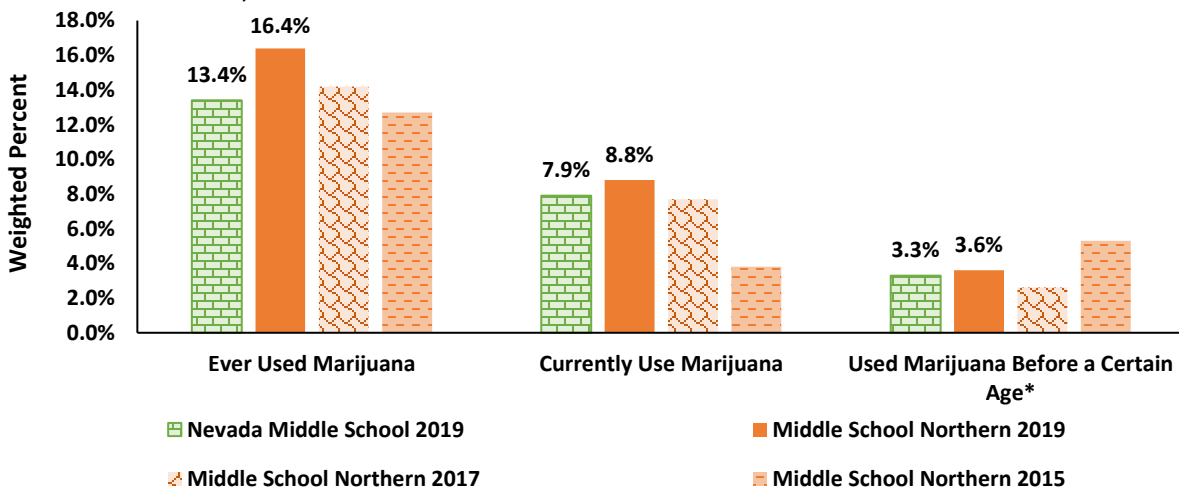
Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 20% to display differences among groups.
*In middle school students, if they ever used marijuana before age 11.

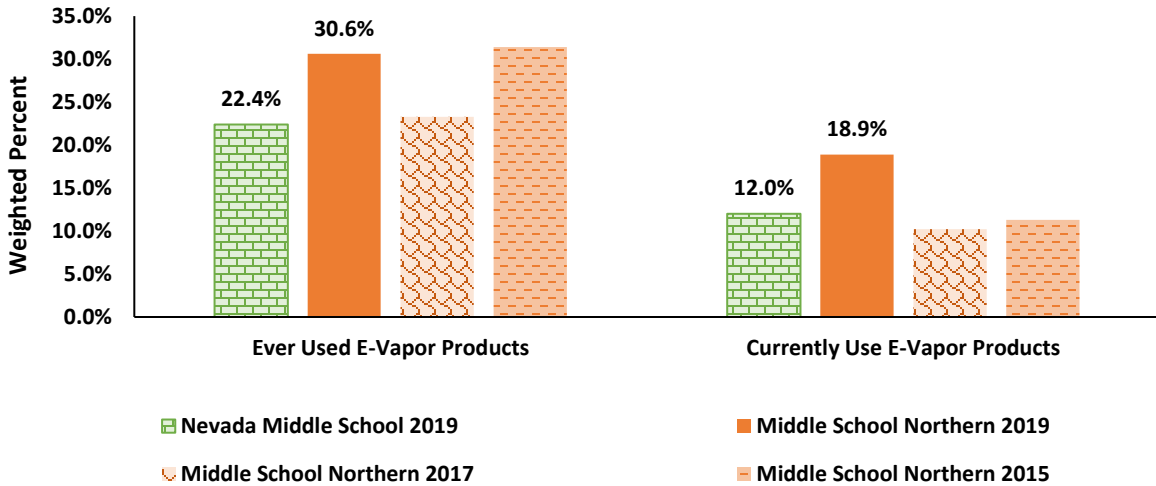**Figure 34a. Lifetime Drug Use, Northern Region High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.**
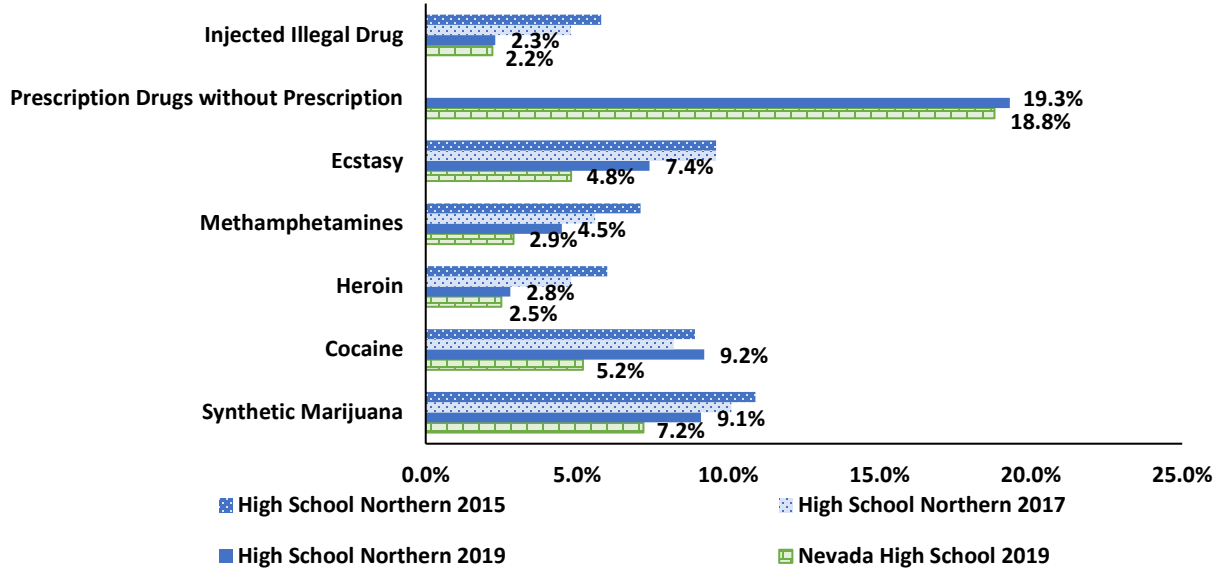
Source: Nevada Youth Risk Behavior Survey.
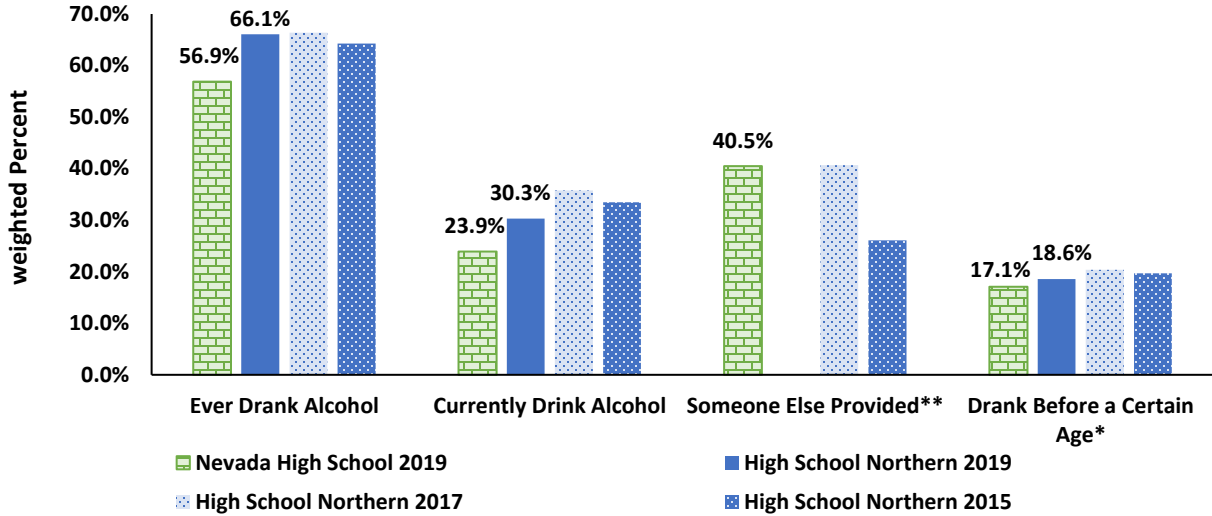*Chart scaled to 25% to display differences among groups.*

From 2017 to 2019, certain lifetime drug use decreased in the Northern Region in high school students. In 2017, lifetime methamphetamine use decreased from 5.6% to 4.5% in 2019. Lifetime cocaine use increased from 8.2% to 9.2%, which is higher than Nevada high school students at 5.2%. The middle schools for 2019 in the Northern Region are higher than Nevada for lifetime drug use in all drugs surveyed except synthetic marijuana.

Figure 34b. Lifetime Drug Use, Northern Region Middle School Students, 2015, 2017, and 2019, and Nevada Middle School Students, 2019.
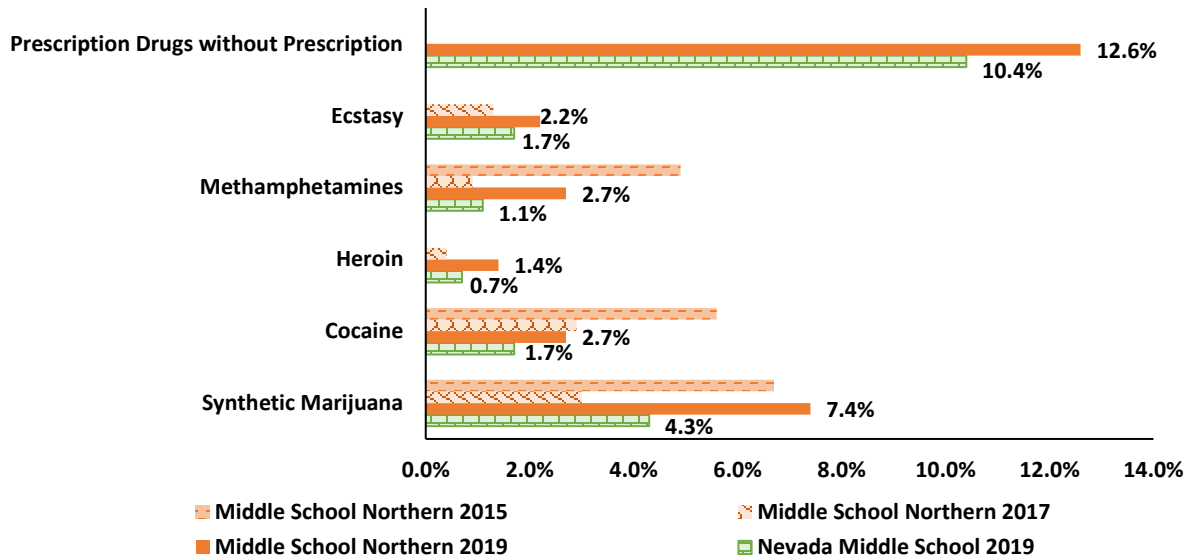
Source: Nevada Youth Risk Behavior Survey.
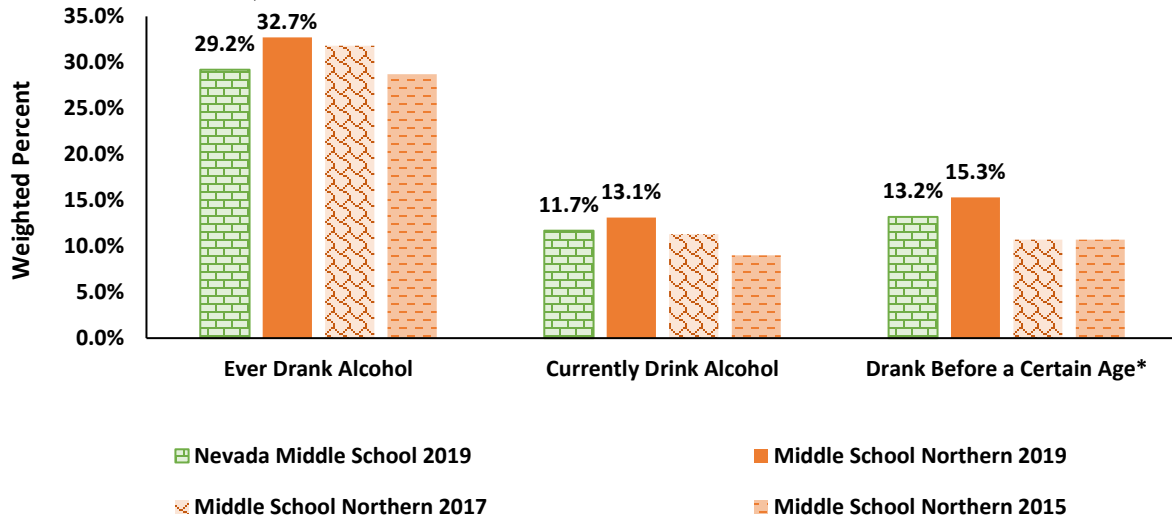*Chart scaled to 14% to display differences among groups.*

Behavioral Risk Factor Surveillance System

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

**Figure 35. Adult Northern Region Residents Who Used Marijuana/Hashish, Illegal Substances, or Painkillers to Get High in the Last 30 Days, Northern Region, 2011-2019.**
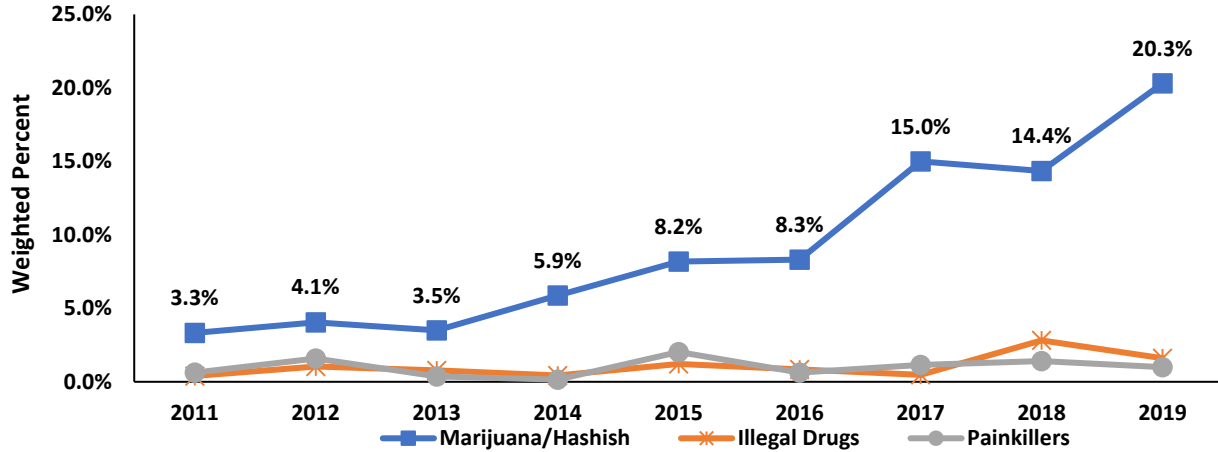
Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 25% to display differences among groups.
Specific question asked in survey: "During the past 30 days, on how many days did you use marijuana or hashish/any other illegal drug/prescription drugs without a doctor's order, just to "feel good," or to "get high"?"

Marijuana use has increased over sixfold since 2011. In 2019, 20.3% of Northern Region residents have used marijuana in the past 30 days, up from 3.3% in 2011. Marijuana use is expected to increase as marijuana was legalized in Nevada in 2017. Of the Northern Region residents surveyed, 1.0% (on average) used painkillers to get high in the last 30 days and 1.1% used other illegal drugs to get high in the last 30 days.

Figure 36. Percentage of Adults Who are Considered Binge Drinkers or Heavy Drinkers, Northern Region, 2011-2019.
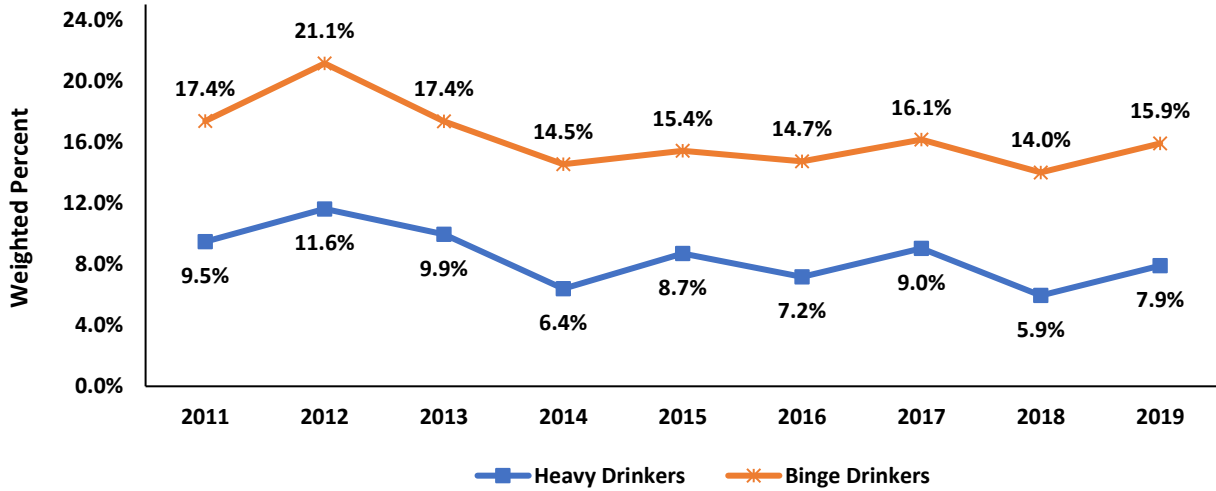
Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 24% to display differences among groups.
Heavy drinkers (adult men having more than 14 drinks per week and adult women having more than seven drinks per week).
Binge drinkers (adult men having five or more drinks on one occasion, adult women having four or more drinks on one occasion).

Binge drinking is defined in men as having five or more alcoholic beverages and woman having four or more alcoholic beverages on the same occasion. Heavy drinking is defined in men as consuming more than two alcoholic beverages, and in women as consuming more than one alcoholic beverage per a day. Binge drinking is higher among those aged 18-54. Binge drinking percentages among Northern Region residents fluctuated from a high of 21.1% in 2012 to a low of 14.0% in 2018. Heavy drinking percentages among Northern Region residents fluctuated from a high of 11.6% in 2012 to a low of 5.9% in 2018.

Figure 37. Percentage of Adults Who are Current Tobacco Cigarette or E-Cigarette Smokers, Northern Region, 2011-2019.
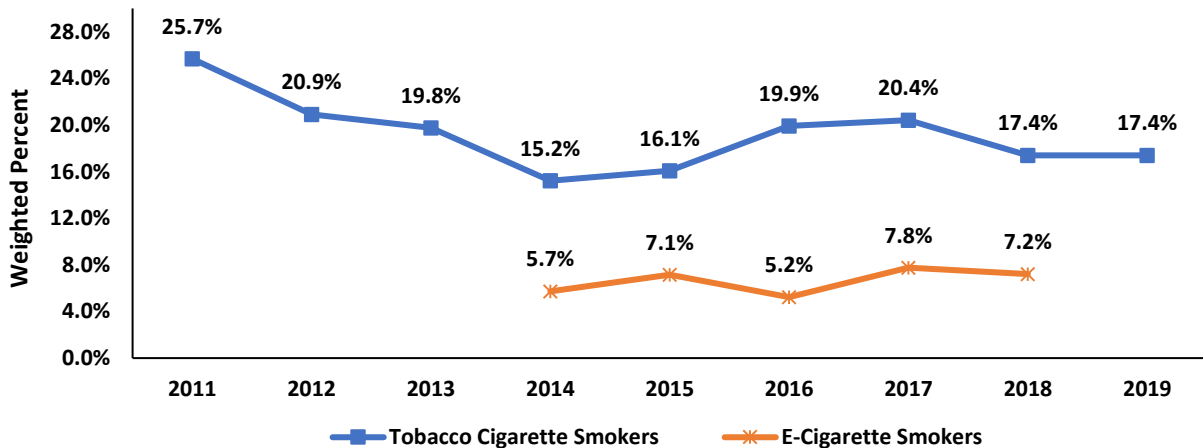
Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 28% to display differences among groups.
E-cigarette use was not collected until 2014.
Current cigarette smokers are defined as individuals who have smoked at least 100 cigarettes in their lifetime and currently smoke. Current e-cigarette smokers are defined as individuals who currently have smoked on at least one day in the past 30 days or who currently report using e-cigarettes or other electronic "vaping" products every day or some days.

In 2019, 17.4% of adults in the Northern Region were current tobacco cigarette smokers, which has decreased from a high of 25.7% in 2011. E-cigarette use has increased among adults in the Rural Region from 5.7% in 2014 (the first year this data was collected) to 7.2% in 2019.

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-Related and Drug-Related Emergency Department Encounters by Quarter and Year, Northern Region, 2010-2019.
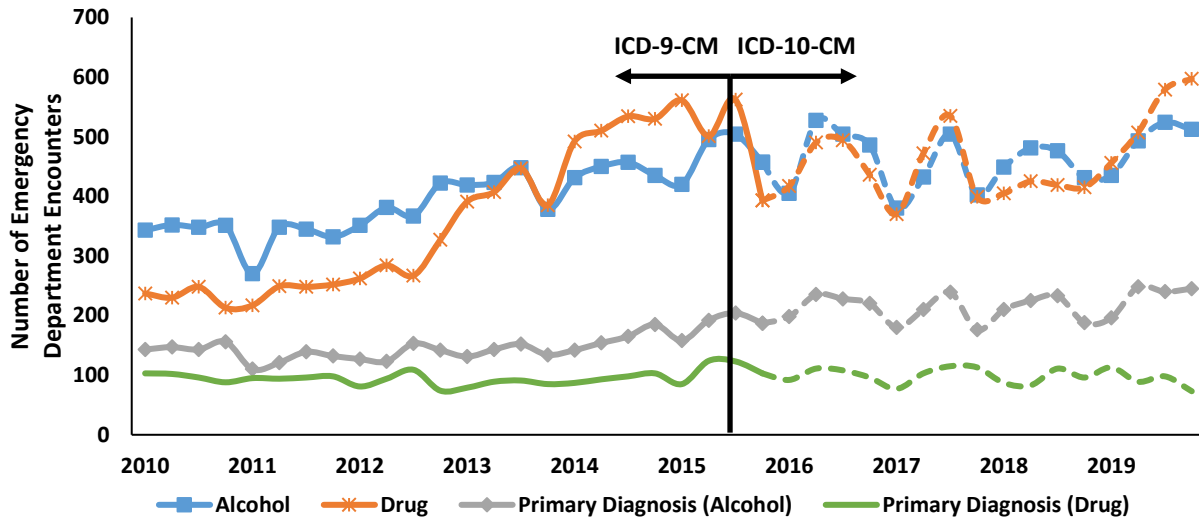
Source: Hospital Emergency Department Billing.
Categories are not mutually exclusive.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

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 to the emergency department surpassed alcohol-related and have mostly remained higher through 2019.

Figure 39. Drug-Related Emergency Department Encounters by Drug and Quarter and Year, 2010-2019.
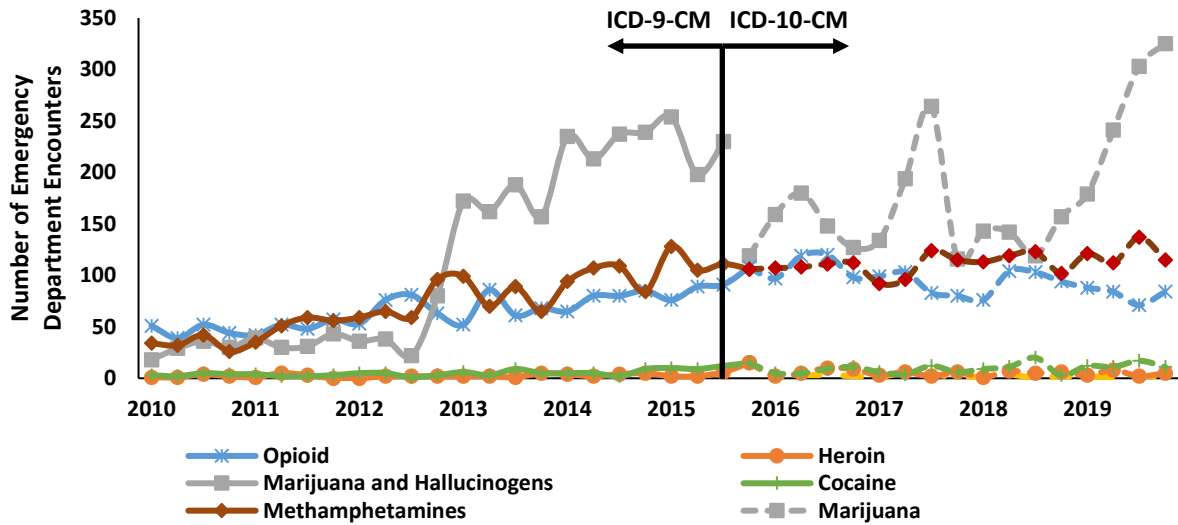
Source: Hospital Emergency Department Billing.
Categories are not mutually exclusive.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Hallucinogens and marijuana were grouped together for ICD-9-CM, but in 2015 were separated into different groups in the ICD-10-CM codes. Emergency department encounters for opioids, heroin, and marijuana rates increased from 2018 to 2019.

Hospital Inpatient Admissions

The hospital inpatient admission billing data provides health billing data for patients admitted to hospitals for longer than a 24-hour period.

Figure 40. Alcohol-Related and/or Drug-Related Inpatient Admissions by Quarter and Year, 2010-2019.
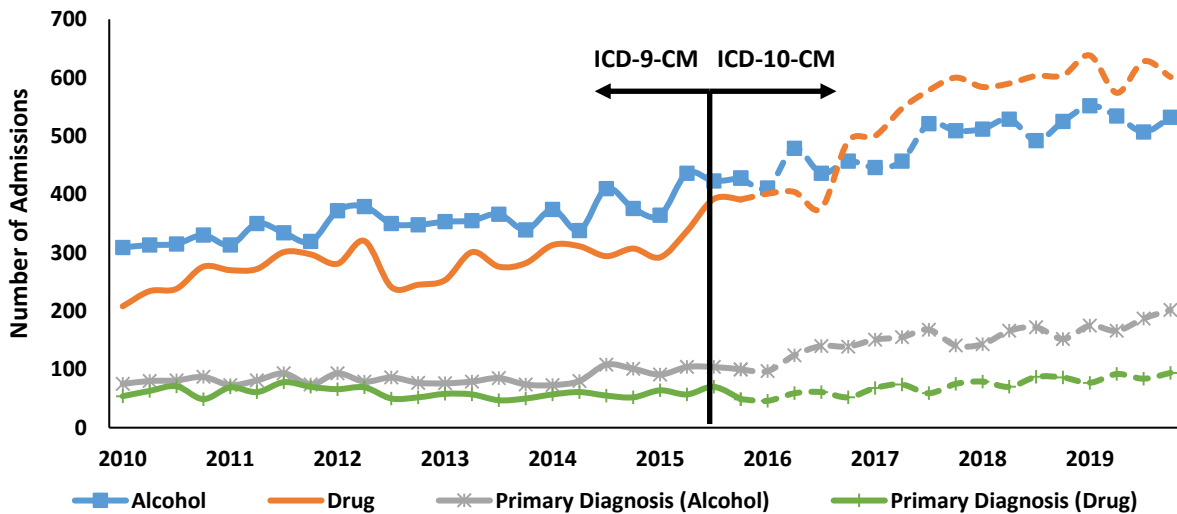
Source: Hospital Inpatient Billing.
Categories are not mutually exclusive.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Alcohol-related admissions were more common than drug related admissions until 2017 where drug-related admissions surpassed alcohol-related admissions and have remained higher through 2019.

Figure 41. Drug-Related Inpatient Admissions by Quarter and Year, 2010-2019.
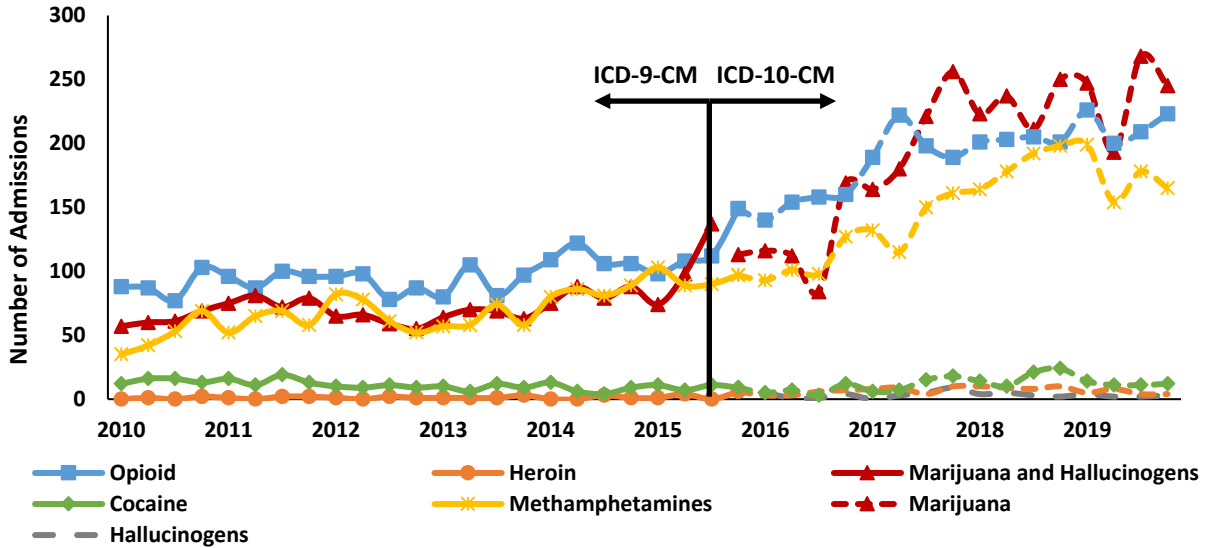
Source: Hospital Inpatient Billing.
Categories are not mutually exclusive.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

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

Opioids were the most common drug-related hospital admission reason until 2017, when they were surpassed by marijuana. Inpatient admissions for marijuana, opioids, and methamphetamines have been increasing since 2016 while other drug-related admissions have remained steady.

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, 2010-2019.
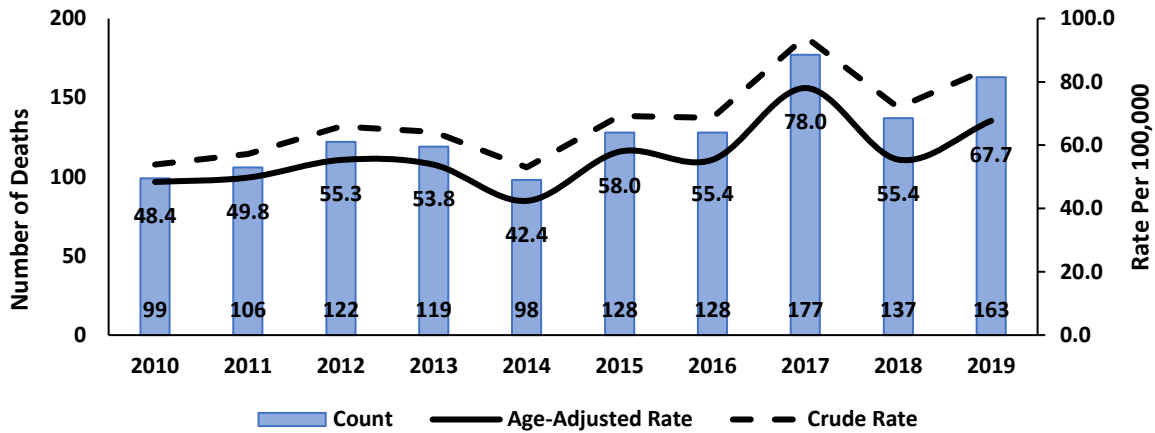
Source: Electronic Death Registry System.

The alcohol-related and/or drug-related age-adjusted rate increased significantly in 2017 from previous years (95% confidence interval) and has slightly shifted to a lower rate through 2019.

Figure 43. Age-Adjusted Rate for Alcohol-Related and/or Drug-Related Deaths by Race, 2010-2019.
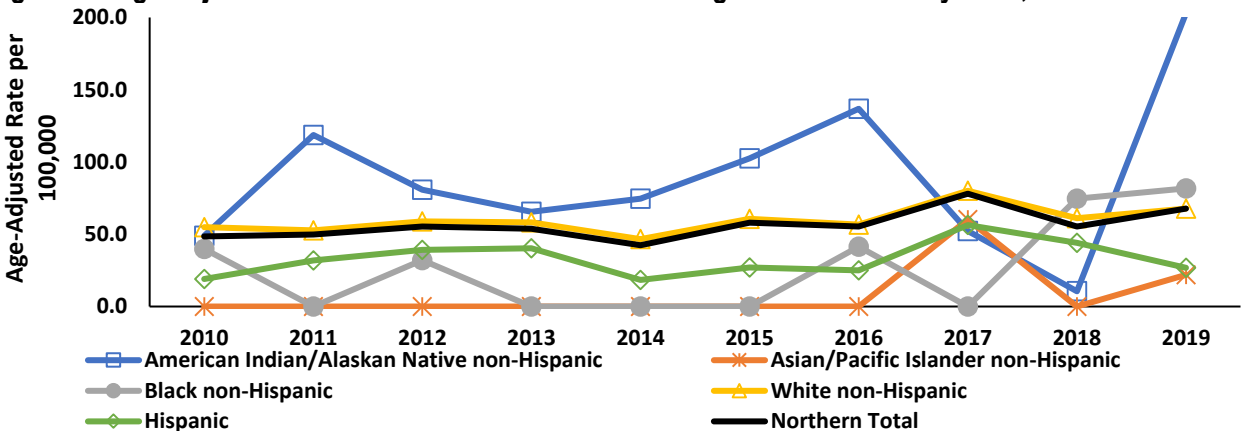
Source: Electronic Death Registry System.

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

Figure 44. Alcohol-Related Deaths and Rates, Northern Region, 2010-2019.
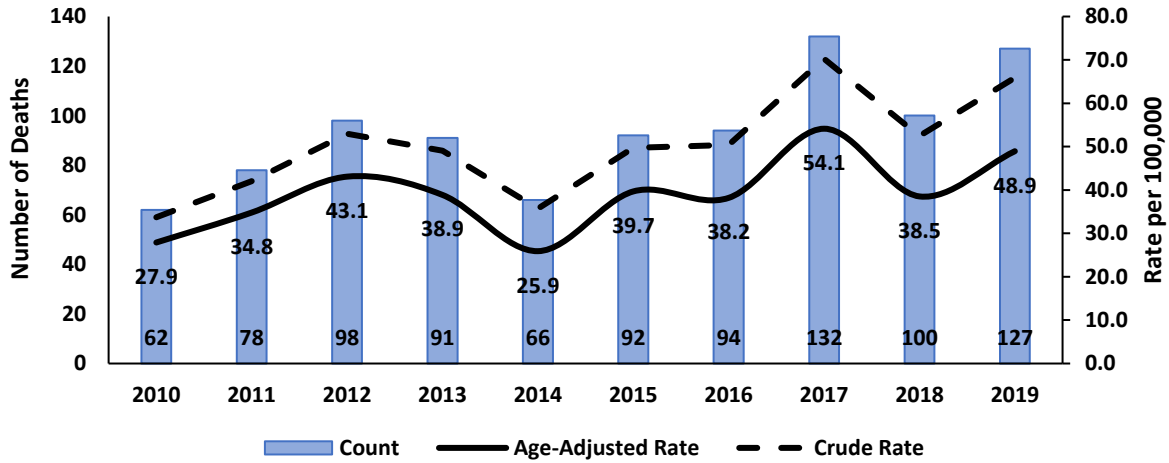
Source: Electronic Death Registry System.

Alcohol-related death rates in the Northern Region from 2010 to 2019 have fluctuated between a low of 25.9 per 100,000 in 2014 to a high of 54.1 per 100,000 in 2017.

Figure 45. Drug-Related Deaths and Rates, Northern Region, 2010-2019.
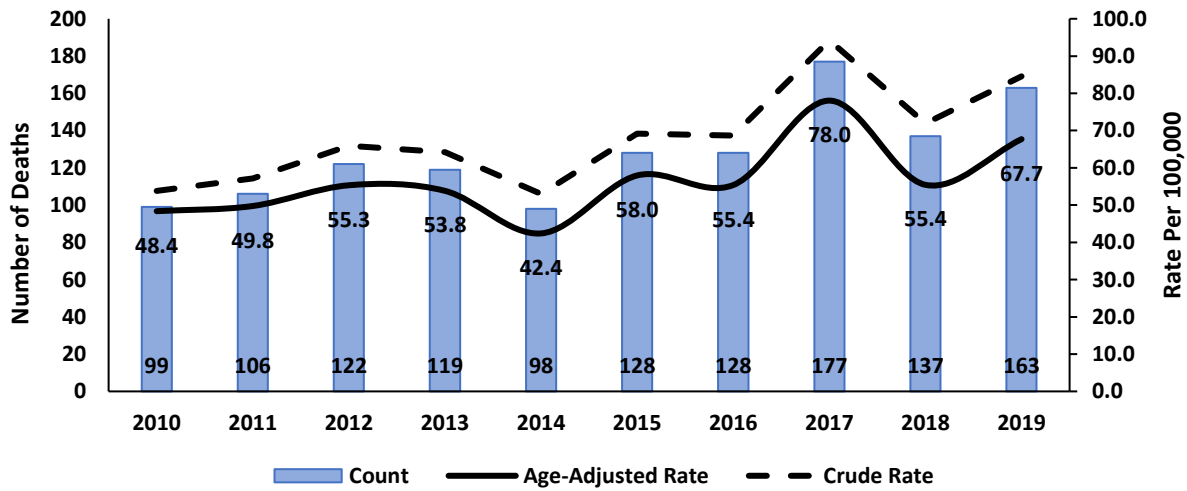
Source: Electronic Death Registry System.

In the Northern Region there were 67.7 drug-related deaths per 100,000 in 2019, which is an increase from 55.4 per 100,000 in 2018.

Youth (Adverse Effects from Youth)

Youth Risk Behavior Survey (YRBS)

Figure 46. Sexual Behaviors Among Students, Northern Region High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.
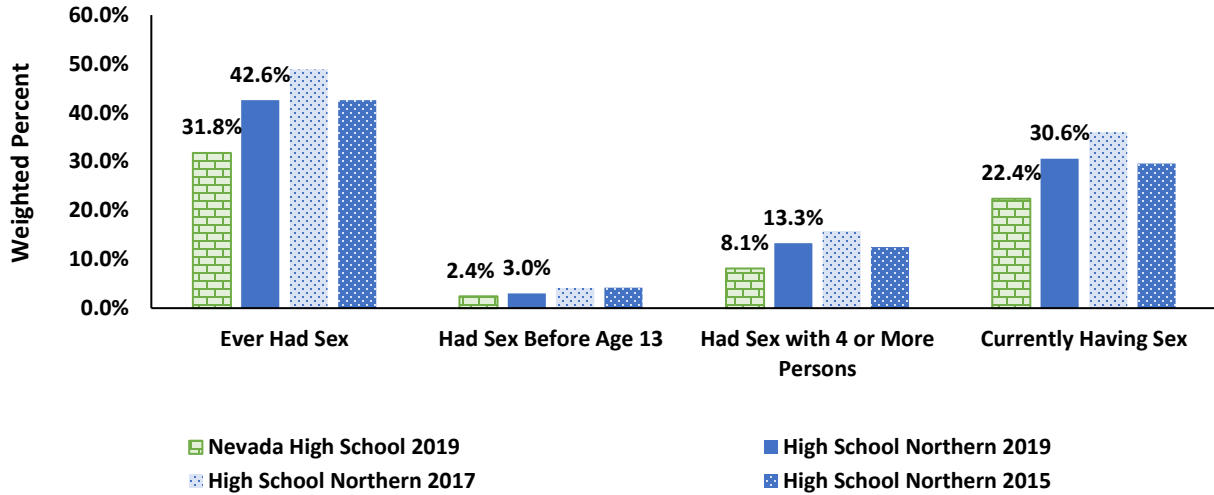
Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 60% to display differences among groups.

Nearly 37% of high school students in the Northern Region reported ever having sex.

Figure 47. Violence Among Students, Northern Region High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.
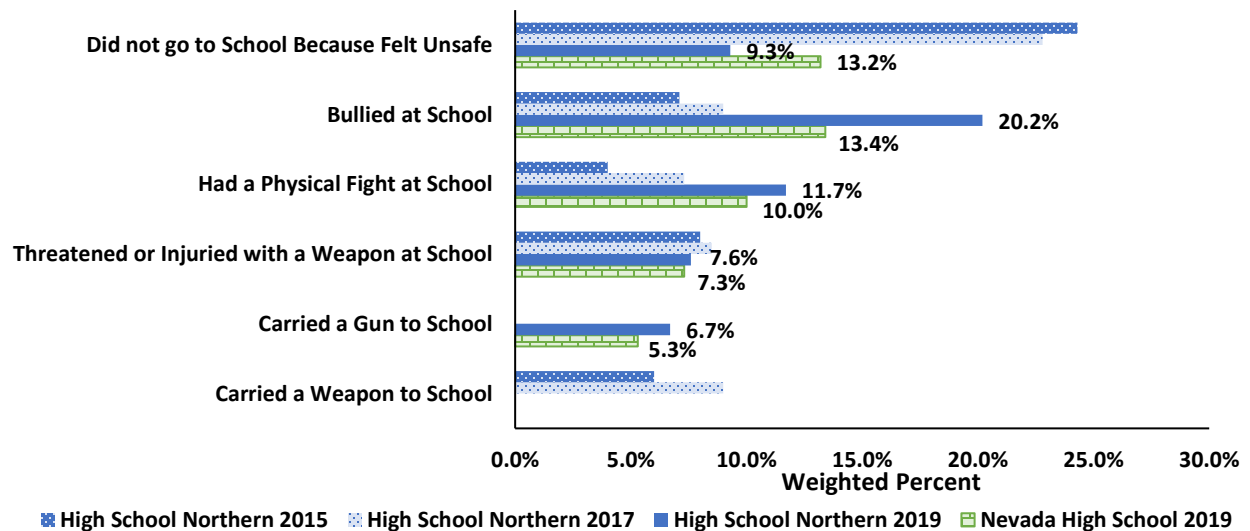
Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 30% to display differences among groups.

Approximately 9% of high schoolers in the Northern Region reported that they did not go to school because they did not feel safe. Nearly 23% of the Northern Region middle schoolers reported being bullied at school.

Nevada Report Card

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

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

Figure 48. Number of Habitual Truants, Northern Region, Class Cohorts 2010–2019.
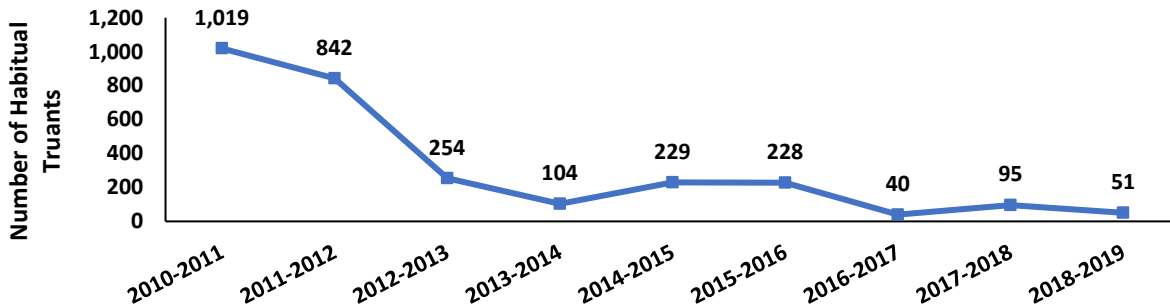
Source: Nevada Department of Education, Report Card.

The Northern Region's number of habitually truant students has decreased overall from the peak number of 1,019 truant students during the 2010-2011 school year. The Northern Region recorded the lowest number of 40 truant students during the 2016-2017 school year. In 2018-2019 school year the number of truants decreased by 46% from 2017-2018.

Figure 49. High School Graduation Rate, Northern Region, Class Cohorts 2014–2019.
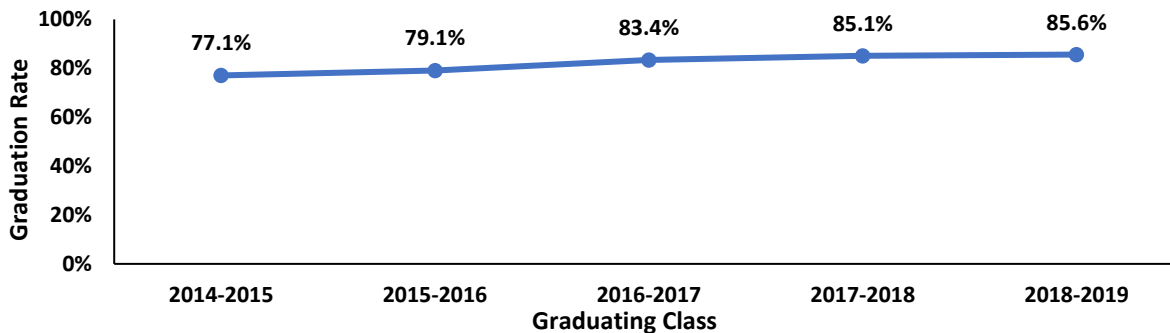
Source: Nevada Department of Education, Report Card.

Graduation rate is defined as the rate at which 9th graders graduate by the end of the 12th grade (number of students who graduate in four years with a regular high school diploma divided by the number of students from the adjusted cohort for the graduation class). Northern Region high schools posted the highest graduation rate since 2014-2015 at 85.6% for the class of 2019.

Maternal and Child Health

Substance Use Among Pregnant Women (Birth)

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

Figure 50. Prenatal Substance Use Birth Rates (Self-Reported) for Select Substances, Northern Region, 2010-2019.
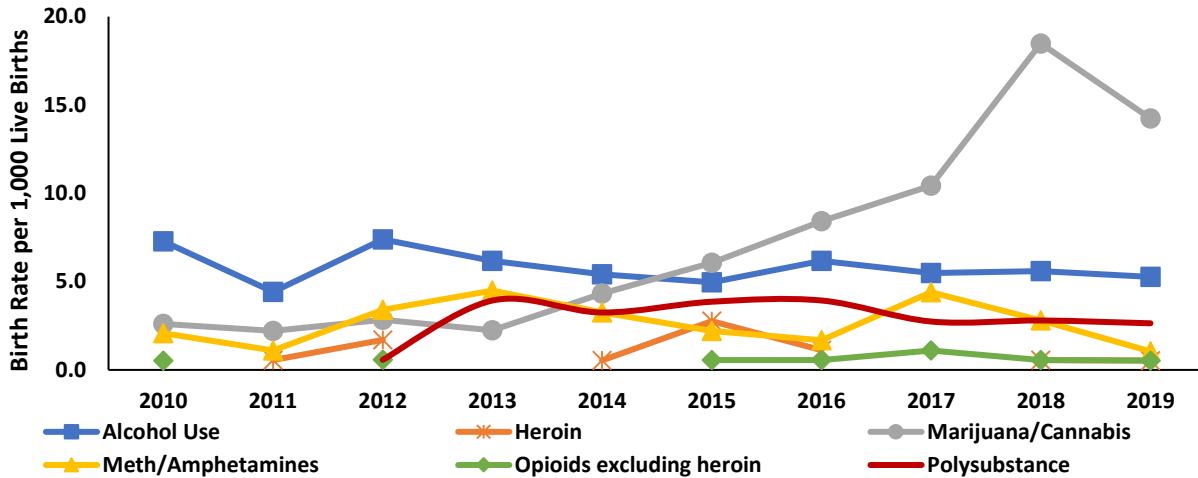
Source: Nevada Electronic Birth Registry System.

Of the self-reported substance use during pregnancy among the Northern Region mothers who gave birth between 2010 and 2019, the highest rate was with marijuana use in 2018, at 18.9 per 1,000 live births. Since 2015, the marijuana use rate has surpassed the alcohol use rate, which was at 5.3 per 1,000 births in 2019. Polysubstance use (more than one substance) has decreased from 3.9 per 1,000 live births in 2015 to 2.6 per 1,000 live births in 2019.

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

Neonatal Abstinence Syndrome

Neonatal abstinence syndrome (NAS) is a group of problems that occur in a newborn who was exposed to addictive, illegal, or prescription drugs while in the mother's womb. Withdrawal or abstinence symptoms develop shortly after birth. The NAS rate in the Northern Region decreased from a high of 9.5 in 2016 to 2.1 in 2019.

Figure 51. Neonatal Abstinence Syndrome, Northern Region, 2010-2019.

Appendix

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

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

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

> **All Diagnosis**:
>> Anxiety: 300.0 (9); F41 (10)
>> Bi-Polar: 296.40-296.89 (9); F32.89, F31 (10)
>> Depression: 296.20-296.36, 311 (9); F32.0-F32.5, F33.0-F33.4, F32.9 (10)
>> Post-Traumatic Stress Disorder: 309.81 (9); F43.10, F43.12 (10)
>> Schizophrenia: 295 V11.0 (9); F20, Z65.8 (10)
>> Suicidal Ideation: V62.84 (9); R45.851 (10)
>> Suicide Attempts: E95.0-E95.9 (9); X71-X83, T36-T65, T71 (10)
>
> **Primary and All Diagnosis:**
>> Alcohol: 291, 303, 980, 305.0, 357.5, 425.5, 535.3, 571.0, 571.1, 571.2,571.3, 790.3 (9); F10, K70, G62.1, I42.6, K29.2, R78.0, T51 (10).
>> Drug: 292, 304, 965, 967, 968, 969, 970, 305.2, 305.3, 305.4, 305.5, 305.6, 305.7, 305.8, 305.9 (9); F11- F16, T39, T40, T43, F18, F19 T410, T41.1, T41.2, T41.3, T41.4, T42.3, T43.4, T42.6, T42.7, T42.8 (10).
>
> *Alcohol and Drug Use encounters are both Primary Diagnosis and All Diagnosis were analyzed:

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

> Suicide-related deaths: X60-X84, Y87.0 (Initial cause of death is suicide).
> Mental and Behavioral-related deaths: F00-F09, and F20-F99 (Initial or contributing cause of death).
> Alcohol-related deaths: K70, Y90, Y91, X45, X65, Y15, T51, K73, K74, G31.2, G62.1, I42.6, K29.2, K86.0, K85.0, R78.0, E24.4, O35.4, Q86.0, and Z72.1 (Initial cause of death).
> Drug-related Deaths: X40-X44, X60-S64, X85, Y10-Y14 (Initial cause of death).
> *The 2019 Epidemiologic Profile utilized contributing cause of death for drug and alcohol related deaths, this methodology is changed to only the initial cause of death in this report, numbers will have decreased due to this change.

Data Tables

Table 1. Population Distribution, Northern Region, 2010-2019.

	2010	2011	2012	2013	2014	2015	2016	2017	2017	2019
Northern	183,903	185,429	185,042	185,445	184,943	184,942	186,445	187,866	190,228	192,723
Sex										
Female	90,555	91,792	91,884	92,161	92,105	92,553	93,701	94,760	96,681	97,955
Male	93,348	93,637	93,158	93,284	92,838	92,389	92,744	93,106	93,547	94,768
Age										
<1	2,064	1,831	1,768	1,794	1,804	1,797	1,828	1,818	1,874	1,886
1-4	8,565	8,670	8,301	7,880	7,761	7,355	7,366	7,288	7,328	7,701
5-14	22,884	23,437	23,024	23,182	22,780	22,659	22,329	22,345	21,738	21,704
15-24	23,670	23,291	23,963	24,319	23,804	23,056	22,294	21,851	21,995	22,120
25-34	17,625	17,689	17,430	17,506	18,510	19,914	21,611	22,805	23,777	25,039
35-44	22,549	22,350	21,626	21,929	21,743	21,471	20,650	20,438	19,933	19,352
45-54	24,970	24,586	24,802	24,390	23,949	23,988	24,586	24,843	25,334	25,032
55-64	27,705	28,857	28,729	28,240	27,707	27,110	27,194	27,153	26,883	0
65-74	19,974	20,226	20,506	21,099	21,464	21,819	22,283	22,725	24,113	26,807
75-84	9,818	10,377	10,757	10,592	10,994	11,427	11,949	12,089	12,622	24,947
85+	4,080	4,116	4,135	4,513	4,427	4,346	4,355	4,510	4,630	13,531
Race/Ethnicity										
White non-Hispanic	146,392	146,976	146,283	146,187	145,751	145,256	146,134	146,214	147,221	148,194
Black non-Hispanic	2,111	2,063	1,976	2,023	2,036	2,014	2,047	2,081	2,126	2,162
Native American/Alaskan Native non-Hispanic	5,273	5,375	5,397	5,471	5,465	5,467	5,527	5,613	5,737	5,788
Asian/Pacific Islander non-Hispanic	4,022	4,104	4,156	4,275	4,270	4,315	4,374	4,441	4,622	4,714
Hispanic	26,104	26,912	27,230	27,489	27,421	27,890	28,363	29,518	30,522	31,865

Source: Nevada State Demographer, vintage 2019.

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

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

Source: Behavioral Risk Factor Surveillance System (BRFSS).

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

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

Source: Hospital Emergency Department Billing.
Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019.
Categories are not mutually exclusive.

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

Region	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
Clark	510.6	2,008.1	1,281.0	769.4	244.8	575.4
	(501.3-519.8)	(1,989.7-2,026.5)	(1,266.4-1,295.7)	(758.0-780.8)	(238.3-251.2)	(565.5-585.2)
Northern	147.4	1,416.5	622.7	437.4	122.5	192.5
	(130.2-164.5)	(1,363.4-1,469.7)	(587.6-657.9)	(407.9-466.9)	(106.8-138.1)	(172.9-212.1)
Rural	234.4	2,670.2	2,084.2	601.5	392.8	369.1
	(204.0-264.9)	(2,567.5-2,772.9)	(1,993.4-2,174.9)	(552.8-650.2)	(353.4-432.2)	(330.9-407.3)
Southern	170.6	1,528.8	812.5	418.9	204.4	505.1
	(137.3-203.9)	(1,429.2-1,628.4)	(739.9-885.1)	(366.8-471.1)	(168.0-240.8)	(447.8-562.3)
Washoe	300.5	1,889.3	1,168.6	570.9	234.5	411.1
	(284.8-316.1)	(1,850.0-1,928.6)	(1,137.7-1,199.5)	(549.3-592.5)	(220.6-248.3)	(392.8-429.4)
Nevada	441.9	1,970.3	1,241.4	708.0	239.8	520.2
	(434.5-449.3)	(1,954.7-1,985.9)	(1,229.0-1,253.8)	(698.6-717.4)	(234.4-245.3)	(512.2-528.2)

Source: Hospital Emergency Department Billing.
Rates are per 100,000 population, provided by the state demographer, vintage 2019.
Categories are not mutually exclusive.

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

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

Source: Hospital Inpatient Billing.
Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019.
Categories are not mutually exclusive.

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

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

Source: Hospital Inpatient Billing.
Rates are per 100,000 population, provided by the state demographer, vintage 2019.
Categories are not mutually exclusive.

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

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

Source: Electronic Death Registry System.
Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019.

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

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

Source: Hospital Emergency Department Billing, Inpatient Billing, and the Electronic Death Registry System.
Rates are per 100,000 population, provided by the state demographer, vintage 2019.

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

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

Source: Electronic Death Registry System.
Rates are per 100,000 population, provided by the state demographer, vintage 2019.

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

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

Source: Hospital Emergency Department Billing.
Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019.
Categories are not mutually exclusive.

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

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

Source: Hospital Emergency Department Billing.
Rates are per 100,000 population, provided by the state demographer, vintage 2019.
Categories are not mutually exclusive.

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

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

Source: Hospital Inpatient Billing.
Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019.
Categories are not mutually exclusive.

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

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

Source: Hospital Inpatient Billing.
Rates are per 100,000 population, provided by the state demographer, vintage 2019.
Categories are not mutually exclusive.

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

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

Source: Electronic Death Registry System.
Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019.