2020 Southern Behavioral Health Profile

Esmeralda, Lincoln, Mineral, and Nye Counties
February 2021

Office of Analytics on behalf of

Nevada Department of Health and Human Services

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

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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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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 the Southern Region.

Population, 2019 estimate*	59,198
Population, 2010 estimate*	54,902
Population, percentage change*	7.0%
Male persons, 2019 estimate*	30,066 (50.9%)
Female persons, 2019 estimate*	29,132 (49.1%)
Median household income (2019), Southern Region**	$44,736
Persons in poverty, percent (2019), Southern Region **	12.5%
With a disability, under the age 65 years, percent, 2015-2019, Southern Region, 2019**	12.7%
Land area (square miles), 2019**	110,567

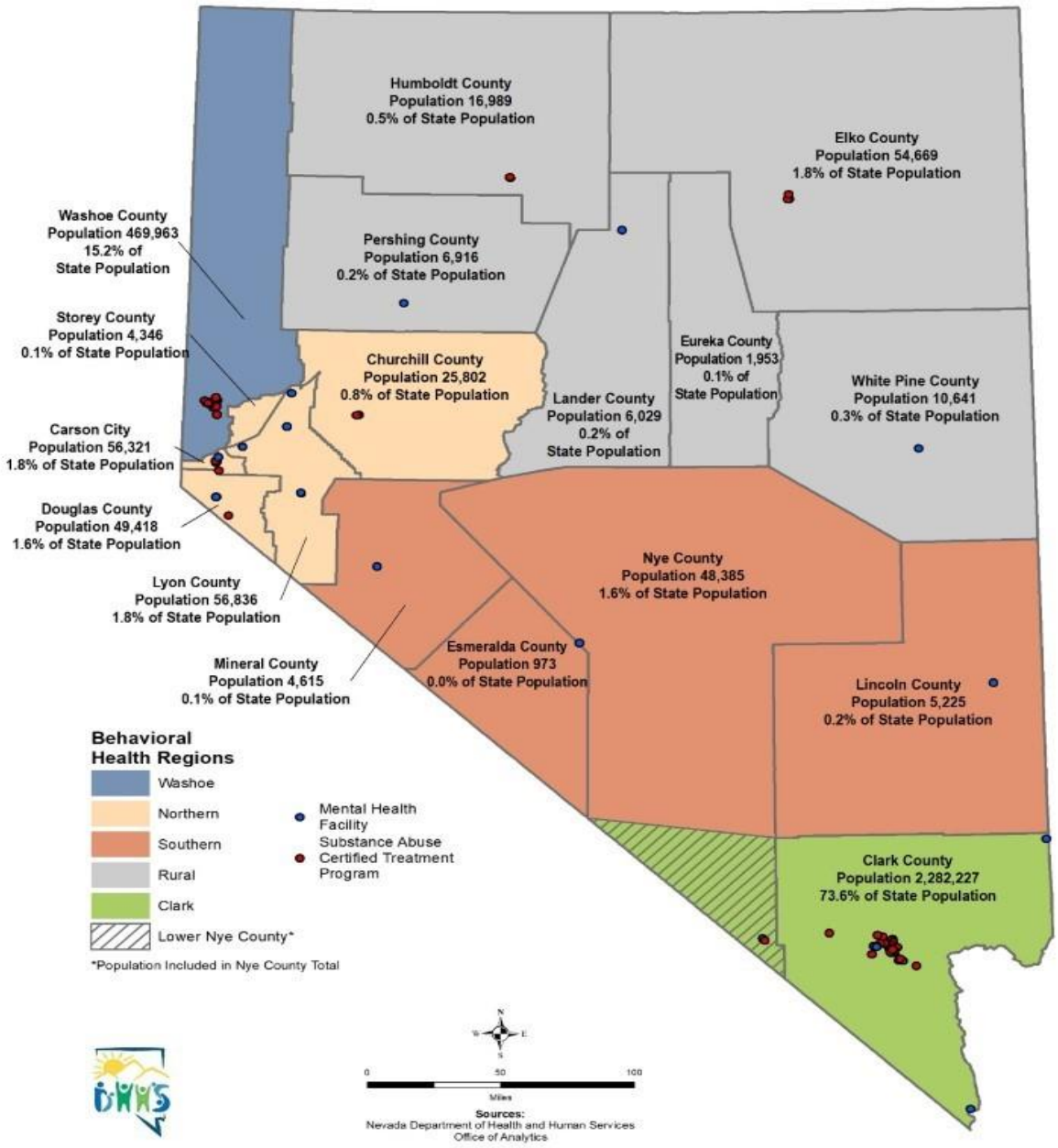
*Source: *Nevada State Demographer, vintage 2019 and **US Census Bureau.*

In 2019, the estimated population for the Southern Region was 59,198, a 7.0% increase from the 2010 estimated population. The population is made up of approximately equal percentages of females and males.

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

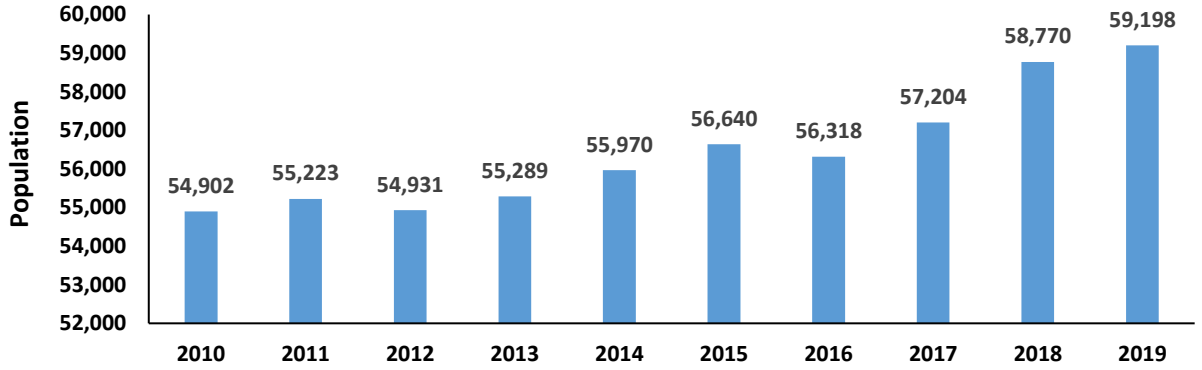
Esmeralda County is the least populous county in the Southern Region, with less than a percent of Nevada's population, an estimated 973 persons.

Figure 2. Nevada Population Distribution by County, 2019.



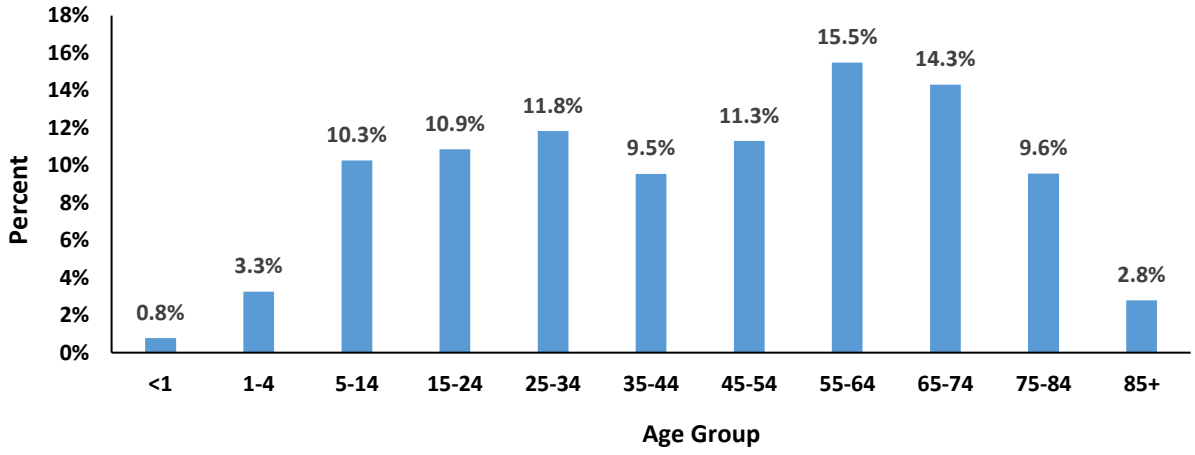
Source: Nevada State Demographer, vintage 2019.
***Clark Region**: Clark County and southern Nye County.*
***Northern Region:** Carson City, Churchill, Douglas, Lyon, and Storey Counties.*
***Rural Region:** Elko, Eureka, Humboldt, Lander, Pershing, and White Pine Counties.*
***Southern Region:** Esmeralda,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

Figure 3. Southern Region Population, 2010-2019.



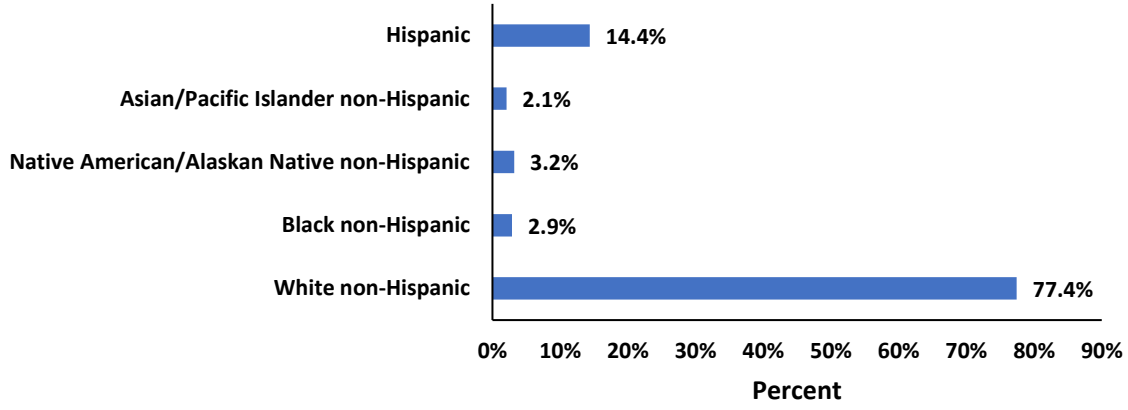
Source: Nevada State Demographer, vintage 2019.
Chart scaled to display differences among groups.

Figure 4. Southern Region Population by Age Group, 2019.



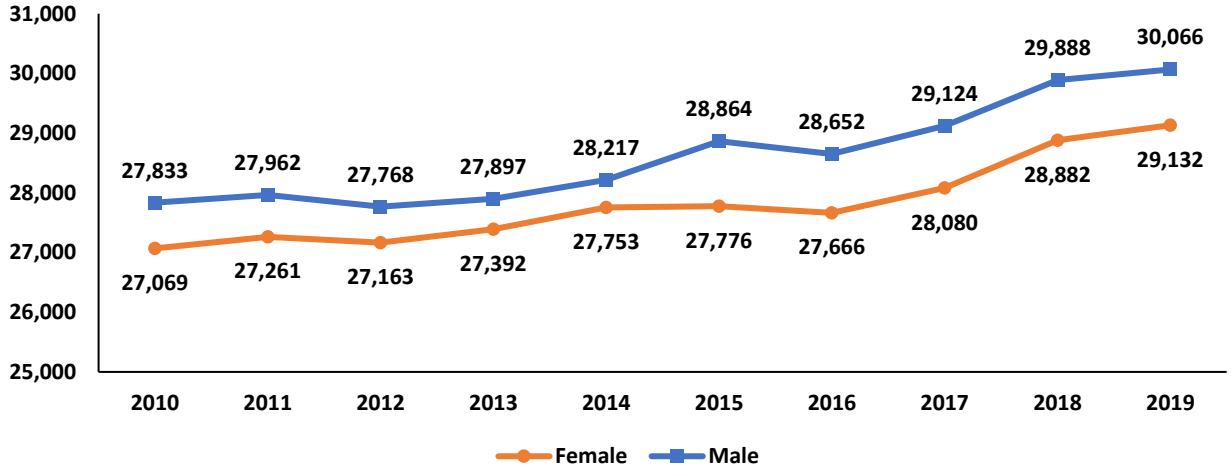
Source: Nevada State Demographer, vintage 2019.
Chart scaled to 18% to display differences among group.

Figure 5. Southern Region Population by Race/Ethnicity, 2019.



Source: Nevada State Demographer, vintage 2019.
Chart scaled to 90% to display differences among groups.

Figure 6. Southern Region Population Distribution by Sex, 2010-2019.



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

The male population has been slightly above the female population since 2010, with 30,066 males and 29,132 females in 2019.

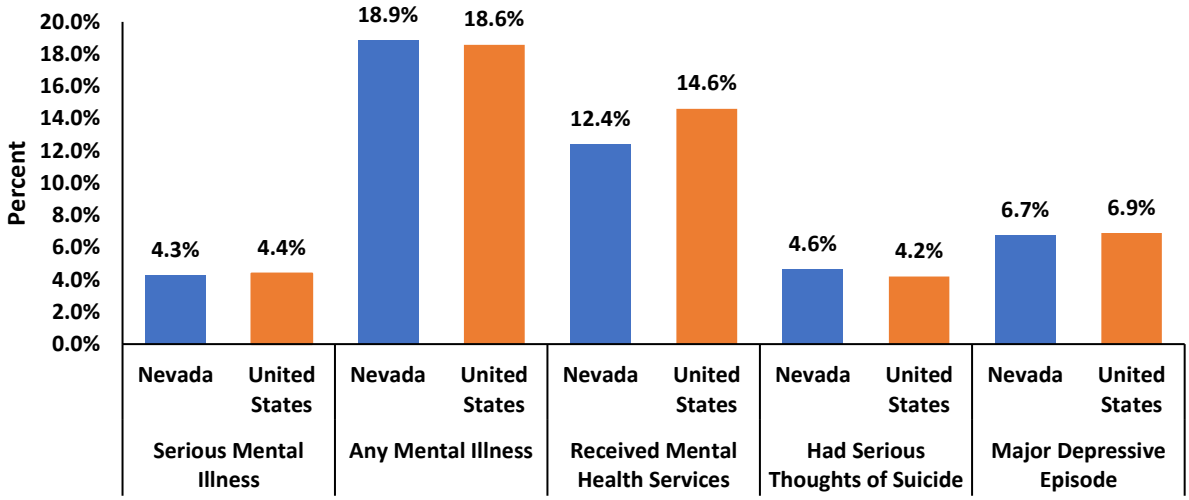
Mental Health

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

National Survey of Drug Use and Health

The Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors the 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.



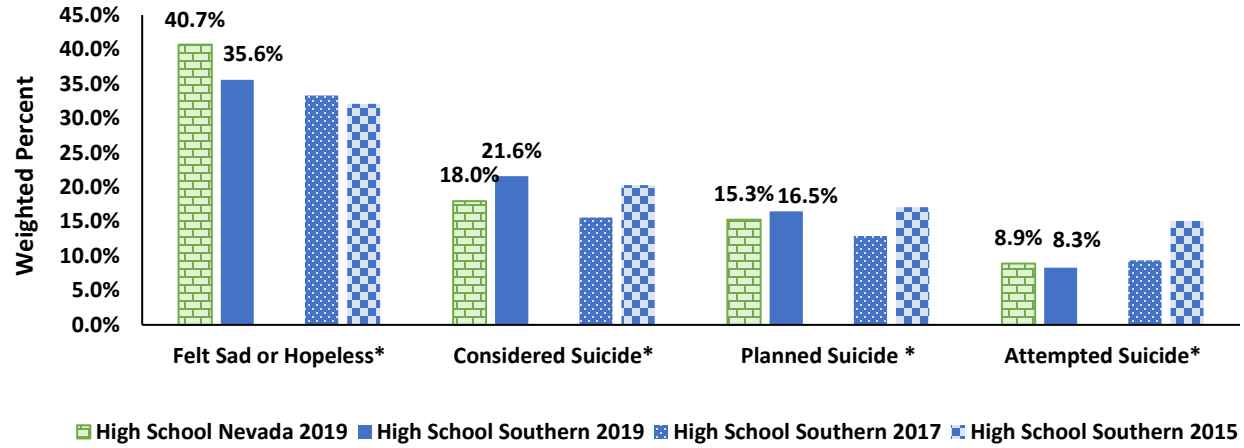
SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2016-2017.
Chart scaled to 20% to display differences among groups.

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)

and disabilities among youth and adults. Nevada high school and middle school students are surveyed during the odd numbered years. In 2019, 502 high school and 445 middle school students participated in the YRBS in the Southern Nevada 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

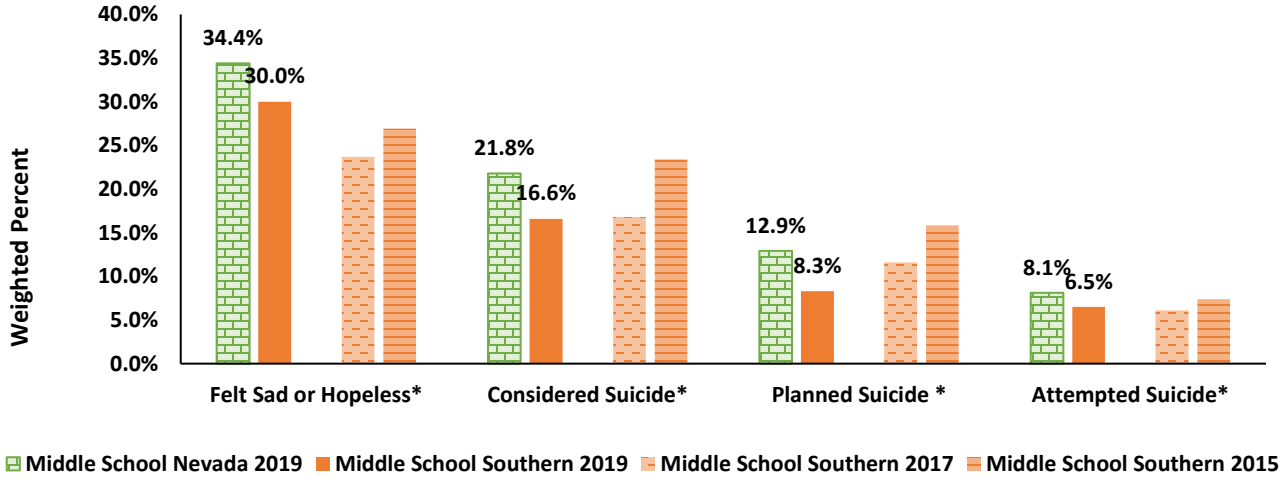
Figure 8a. Mental Health Behaviors, Southern Region High School Students 2015, 2017 and 2019 and Nevada High School Students 2019.



Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 45% to display differences among groups.
**Questions worded differently in 2019 and therefore not comparable to previous years.*

The questions relating to suicide and feelings of sadness and hopelessness were worded differently from 2019 to past years and therefore should not be compared. The Southern Region was similarly to Nevada in both middle school and high school.

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

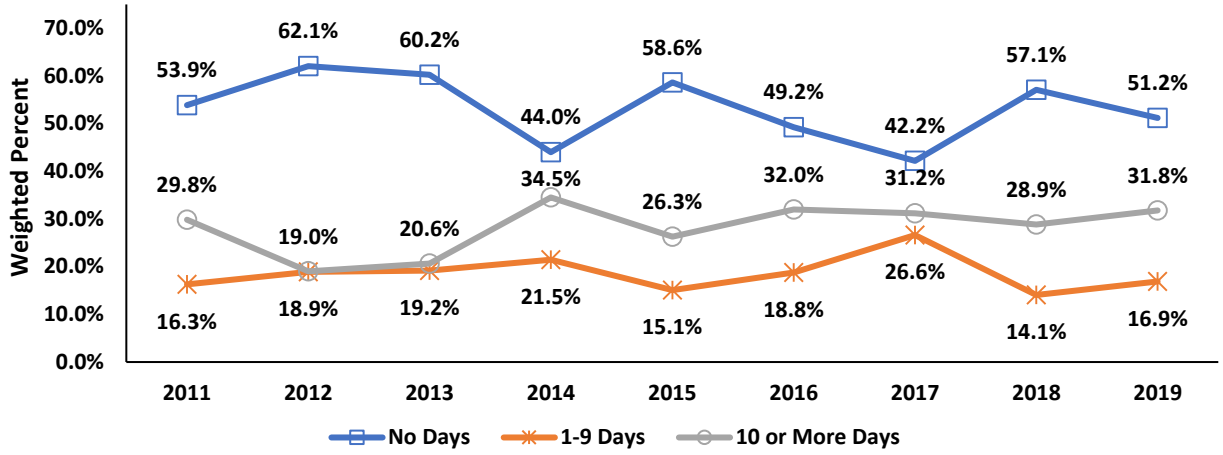


Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 40% to display differences among groups.

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.

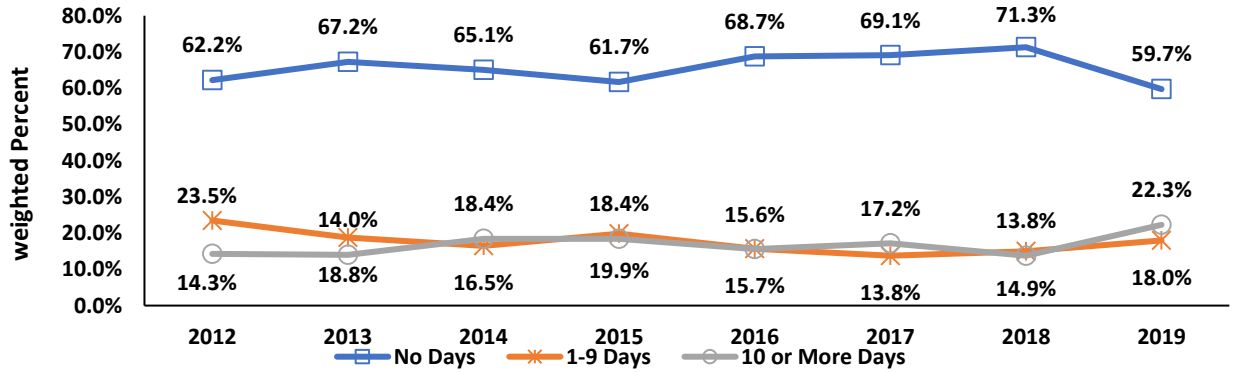
Figure 9. Percentages of Adults Who Experienced Poor Mental or Physical Health that Prevented Them from Doing Usual Activities by Days Affected in Past Month, Southern Region, 2011-2019.



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?"

There was an increase in adults who had more than 10 days of poor mental and physical health from 28.9% (2018) to 31.8% (2019). There are more adults in the Southern Region experiencing 10 or more days of poor mental or physical health compared to those with less than 10 days of poor mental or physical health.

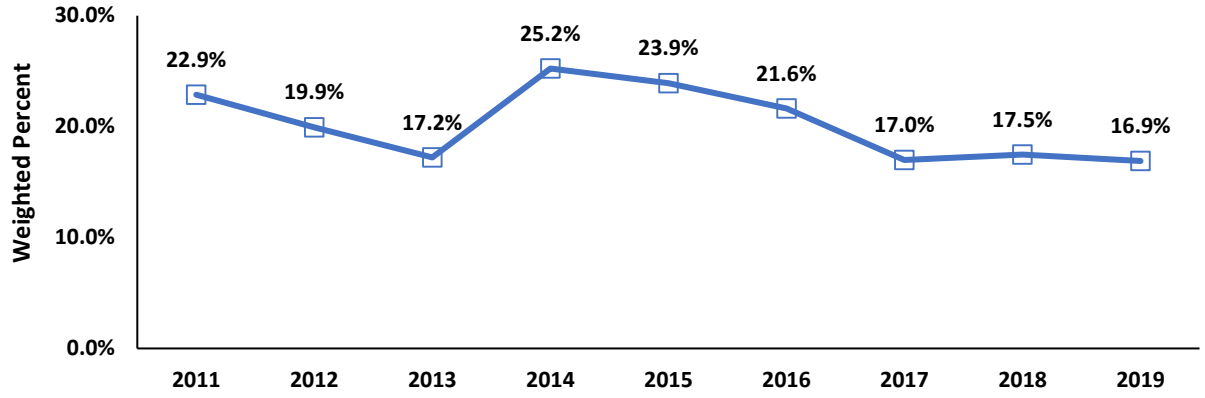
Figure 10. Percentages of Adults in which Their Mental Health was Not Good by Number of Days Experienced in the Past Month, Southern Region, 2011-2019.



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?"

There was a decrease in the percentage of adults that experienced no days of bad mental health, from 71.3% in 2018 to 59.7% in 2019 and an increase in 10 or more days, from 13.8% to 22.3% in the Southern Region.

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



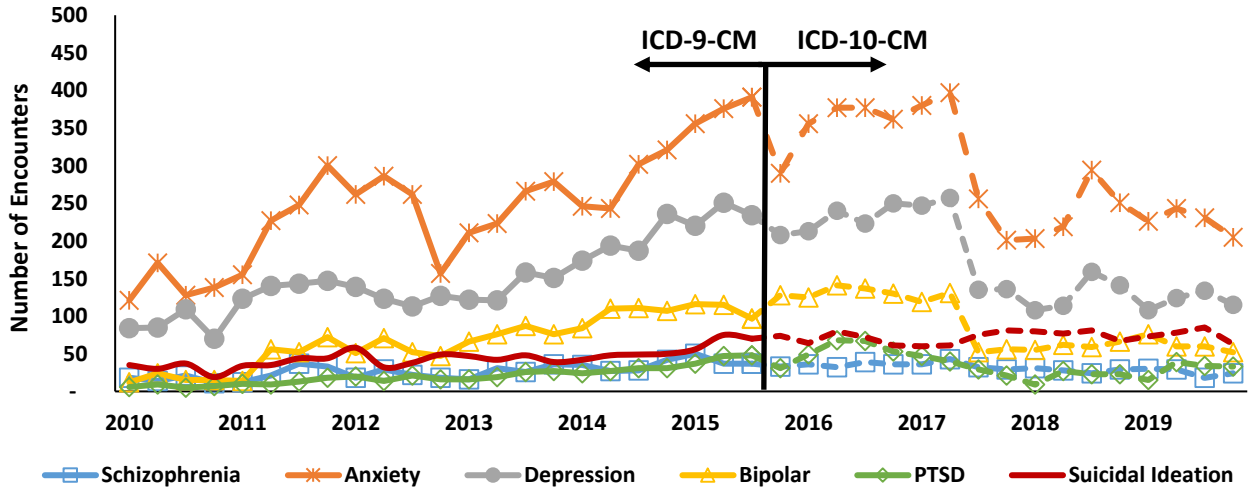
Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 30% to display differences among groups.
Specific question asked in survey: "(Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?"

Roughly 17% of the Southern Region residents have been told they have a depressive disorder in 2019, which has decreased steadily since 2015 with a high of 25.2%.

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, Southern Region, 2010-2019.



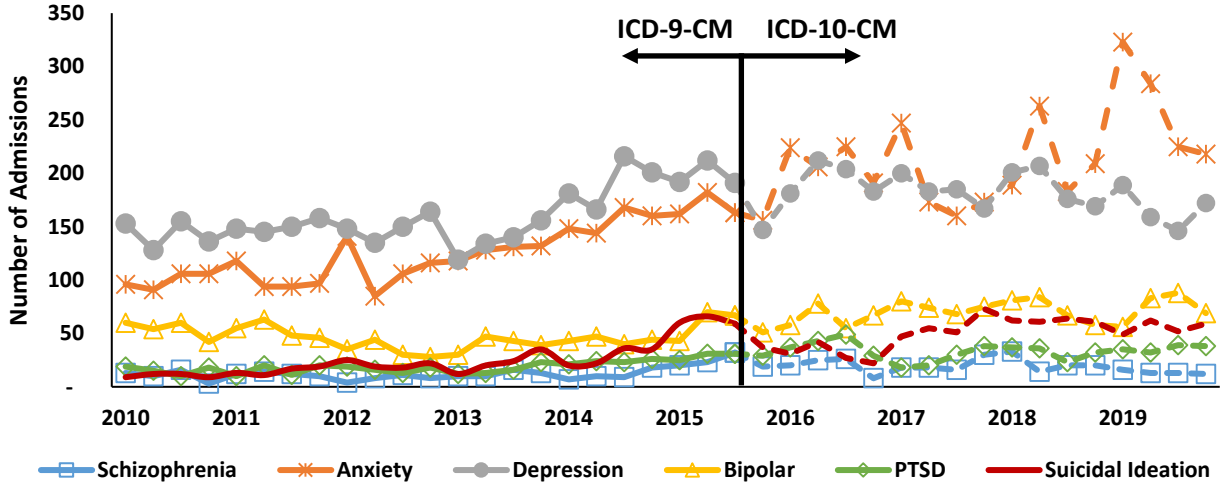
Source: Hospital Emergency Department Billing.
Categories are not mutually exclusive.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Anxiety has been the leading mental health-related diagnosis since 2010 in emergency department encounters.

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, Southern Region, 2010-2019.



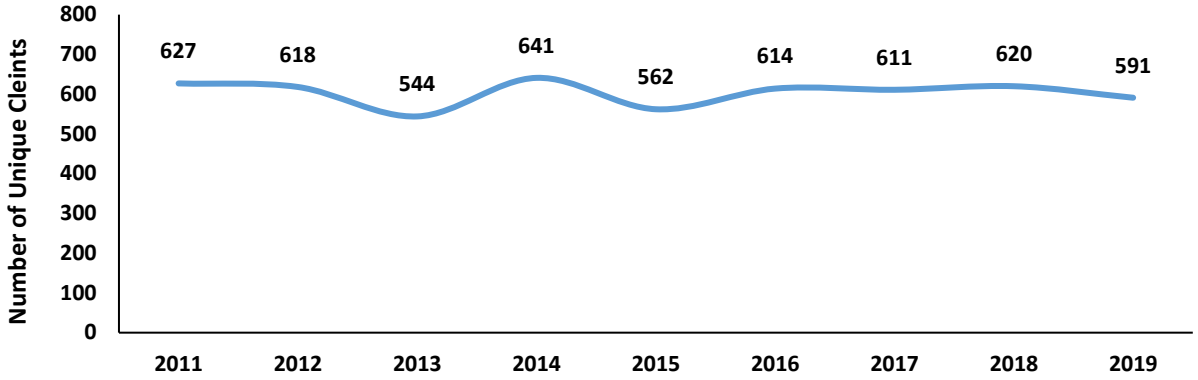
Source: Hospital Inpatient Billing.
Categories are not mutually exclusive.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Anxiety has been the leading diagnosis for mental health admissions in the Southern Region since 2016, surpassing depression.

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.

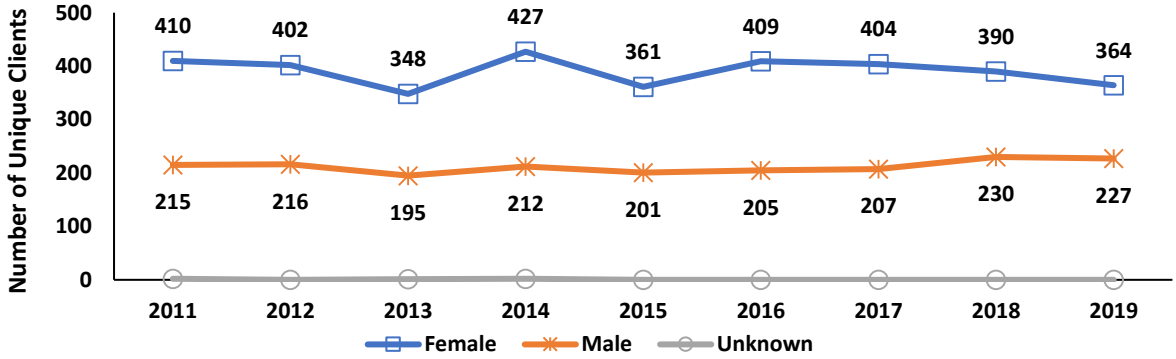
Figure 14. Unique Clients* Served at State-Funded Mental Health Clinics, Southern Region, 2011-2019.



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

The number of unique clients served in state-funded mental clinics remains constant from year to year, with 591 in 2019 compared to 627 in 2011. The rate decreased slightly from 1,142.0 per 100,00 population in 2011, to 1,005.6 per 100,000 population in 2019.

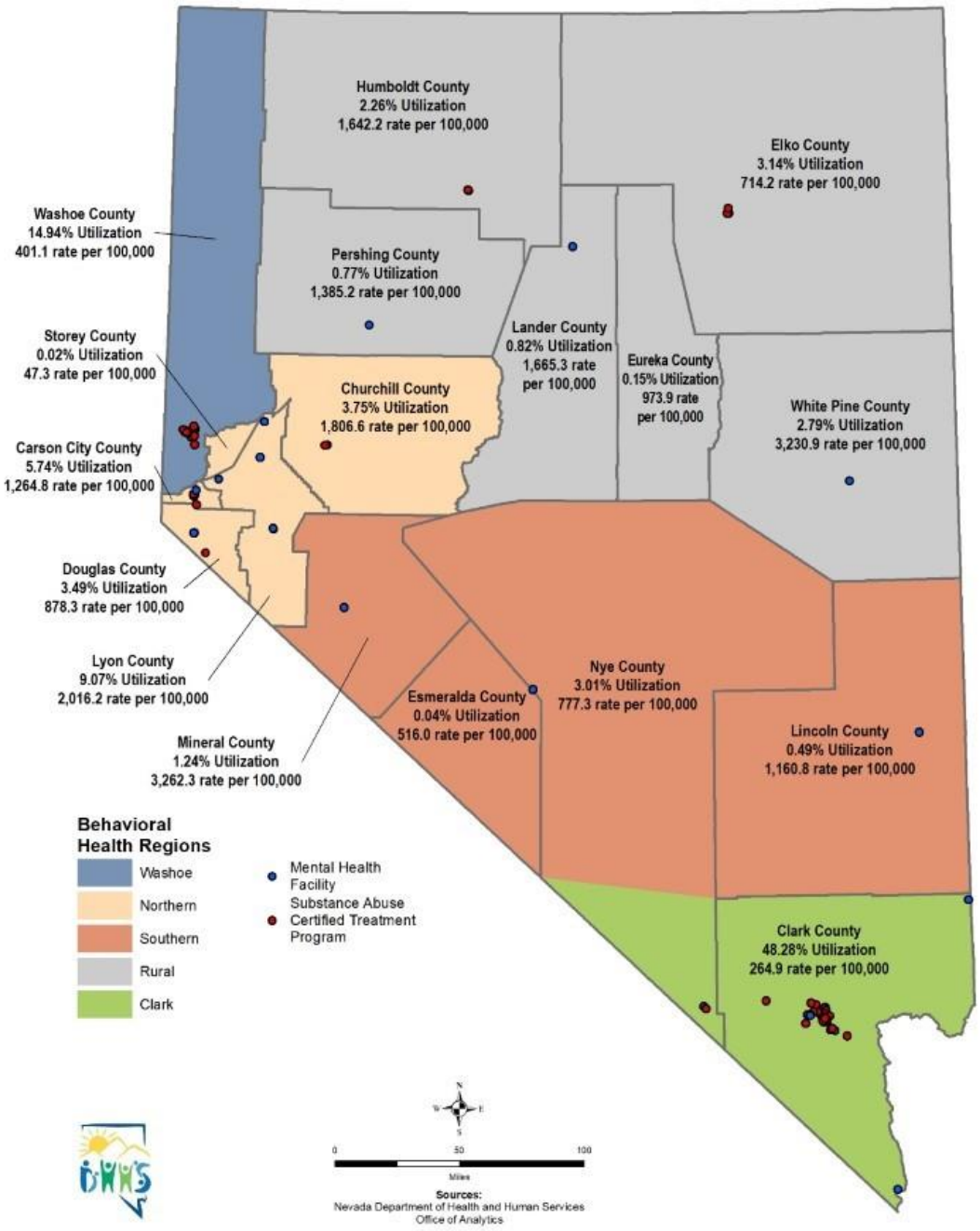
Figure 15. State-Funded Mental Health Clinics Utilization* by Gender, Southern Region, 2011-2019.



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

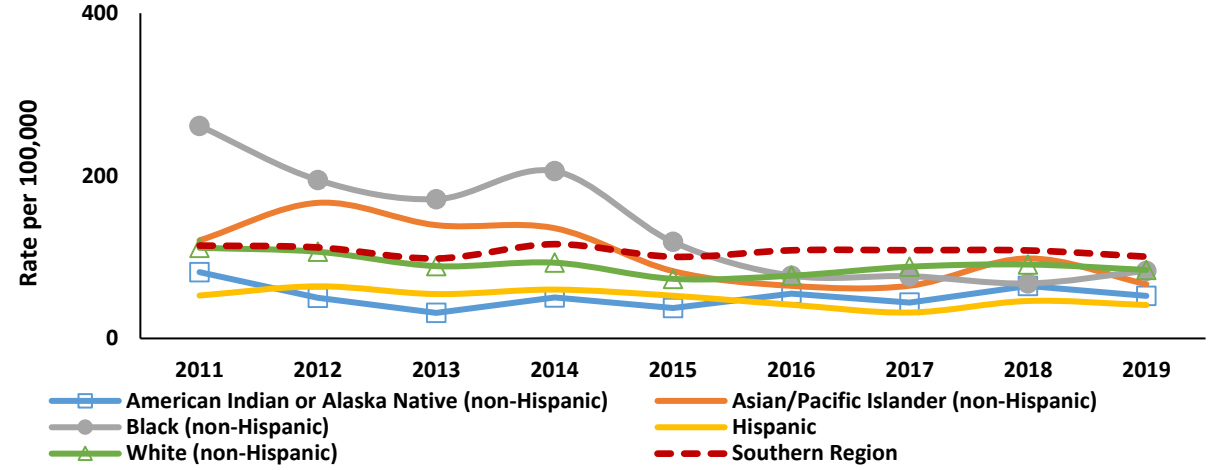
From 2011 to 2019 females significantly utilized the state-funded mental health clinics more than males. Of patients that utilized state-funded mental health services, the most common age group was 55-64 years old, on average accounting for 23.4% of patients. High school graduates accounted for 35.2% of patients, followed by those with those with some college at 16.4% in 2019.

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



Source: State-Funded Mental Health: Avatar.
**A client is counted only once per year. Clients may be counted more than once across years.*
***Percent (%)**: Number of clients who utilize mental health services in that county divided by total utilization.*
***Rate**: Number of clients who utilize mental health services in that county divided by county population per 100,000 people.*

Figure 17. State-Funded Mental Health Clinics Utilization* by Race/Ethnicity Crude Rates, Southern 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 gone down significantly for the Black non-Hispanic from 2011 to 2019. In 2019, all races had similar utilization rate in the Southern Region, with White non-Hispanic at the highest with 100.6 per 100,000 population.

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

Program	Year								
	2011	2011	2011	2011	2011	2011	2011	2011	2011
Pahrump Medication Clinic	207	218	202	240	199	250	248	233	193
Pahrump Outpatient Counseling	272	266	173	137	117	143	148	122	68
Pahrump Outpatient Screening	9	3	58	179	144	184	155	112	63
Hawthorne Outpatient Counseling	61	55	51	42	34	31	64	83	61
Hawthorne Medication Clinic	45	41	41	32	37	56	58	90	55
Pahrump Outpatient Rehabilitative Mental Health	91	80	125	54	27	13	9	25	21
Pahrump Service Coordination	79	92	48	47	30	28	27	16	24

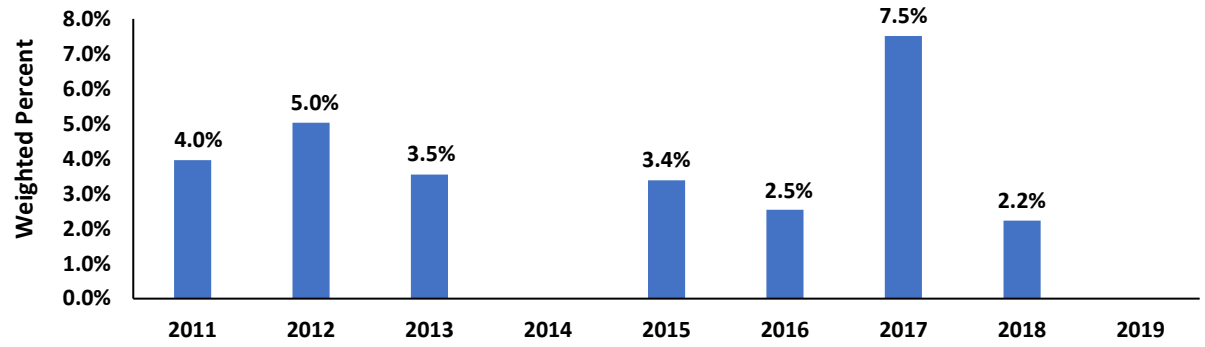
Source: State-Funded Mental Health: Avatar.
~Program no longer active.
**A client is counted only once per year. Clients may be counted more than once across years.*

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

Suicide

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

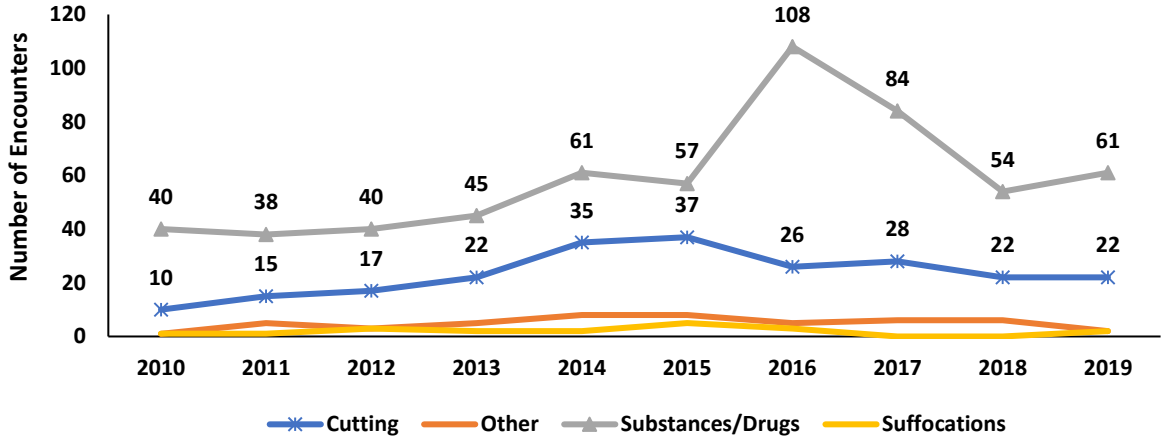
Figure 19. Percentage of Adults in Southern Region Who Have Seriously Considered Attempting Suicide, 2011-2019.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
Chart scaled to 8% to display differences among groups.
Indicator was not measured in 2014. Percent suppressed in 2019 due to small number of responses.
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," 2.2% of Nevada residents responded "yes" in 2018. While the question was asked in 2019, the Southern Region did not have enough responses to meet suppression.

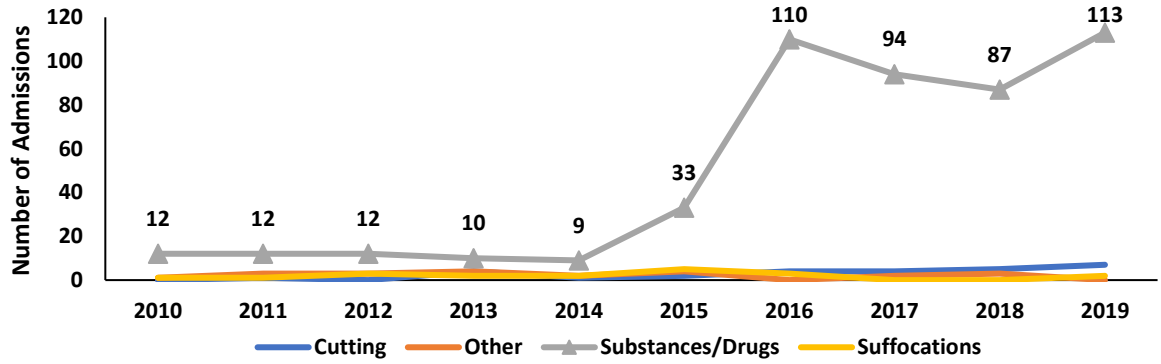
Figure 20. Suicide Attempt Emergency Department Encounters by Method, Southern Region, 2010-2019.



Source: Hospital Emergency Department Billing.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
Categories with total counts from 2010-2019 less than 5 not shown.
A person can be included in more than category and therefore the counts above are not mutually exclusive.

Emergency department encounters related to suicide attempt, where the patient did not expire at the hospital, have remained steady from 2010 to 2019. The most common method for attempted suicide is a substance or drug overdose attempt. In 2019, there 61 emergency department encounters to southern region residents.

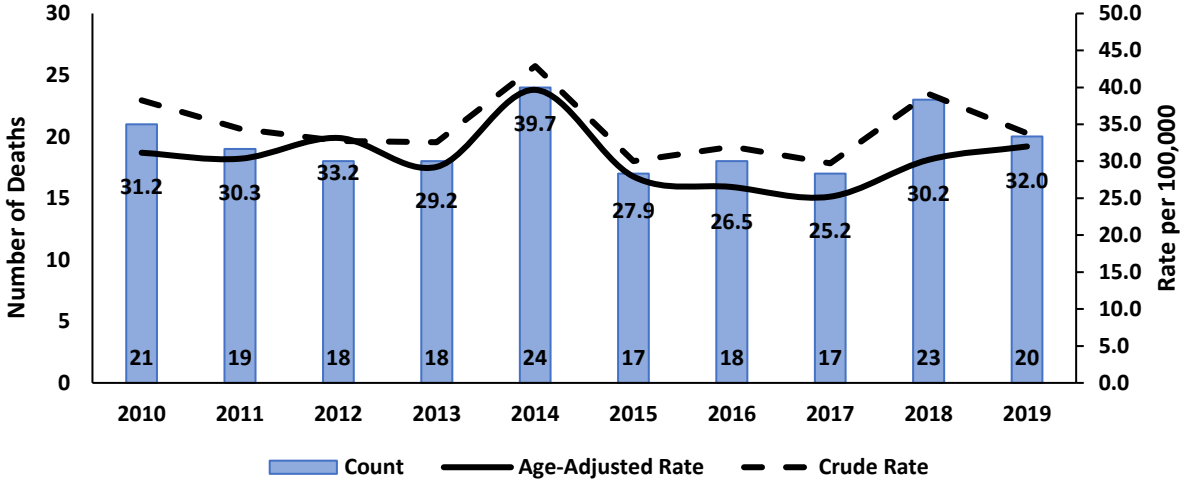
Figure 21. Suicide Attempt Inpatient Admissions by Method, Southern Region, 2011-2019.



Source: Hospital Inpatient Billing.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
Categories with total counts from 2010-2019 less than 5 not shown.
A person can be included in more than category and therefore the counts above are not mutually exclusive.

Inpatient admissions for attempted suicide where the patient was admitted and did not expire at the hospital have increased where the method was substances or drugs. Inpatient admissions related to drug overdoses increased from 87 admission in 2018 to 113 admission in 2019.

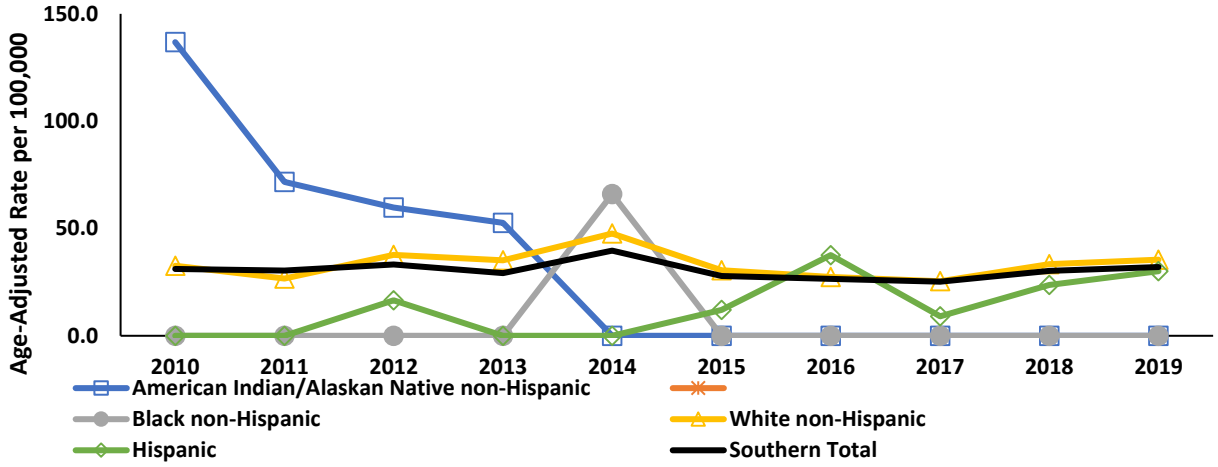
Figure 22. Number of Suicides and Rates, Southern Region Residents, 2010-2019.



Source: Nevada Electronic Death Registry System.

The age-adjusted suicide rate for 2019 for the Southern Region residents, increased slightly from 30.2 per 100,000 to 32.0 per 100,000 in 2018 and 2019, respectively.

Figure 23. Age-Adjusted Suicides Rates by Race/Ethnicity, Southern Region Residents, 2010-2019.



Source: Nevada Electronic Death Registry System.

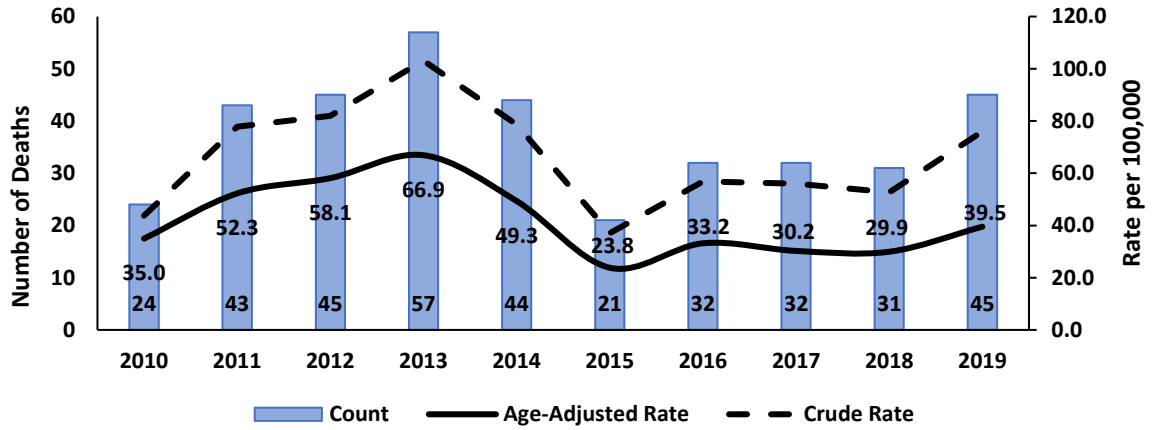
The rate for the Asian/Pacific Islander is not shown, due to a small population. The age-adjusted suicide rates for White non-Hispanics were significantly higher than the Nevada overall rate for each year from 2010 to 2019, with 35.5 per 100,000 population in 2019. Rates among Hispanics are significantly lower than overall Nevada rates for all years.

Mental Health-Related Deaths

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

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

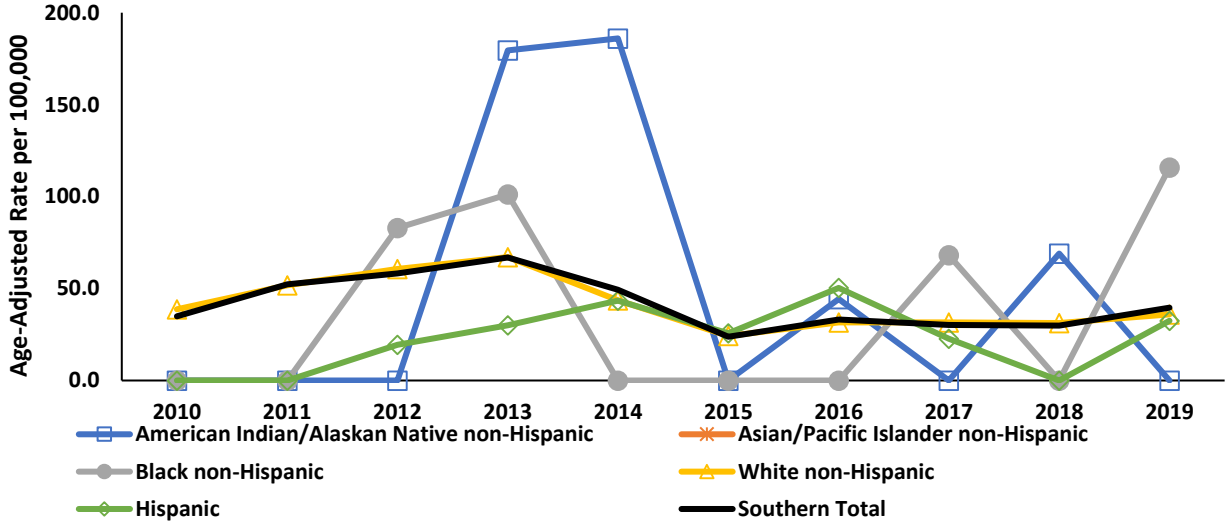
Figure 24. Mental Health-Related Deaths and Rates, Southern Nevada Residents, 2010-2019.



Source: Nevada Electronic Death Registry System.

There were 39.5 mental health-related deaths per 100,000 in 2019 for the Southern Region residents, which is a slight increase from 2018 at 29.9 per 100,000 population.

Figure 25. Age-Adjusted Mental Health-Related Death Rates by Race/Ethnicity, Southern 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.

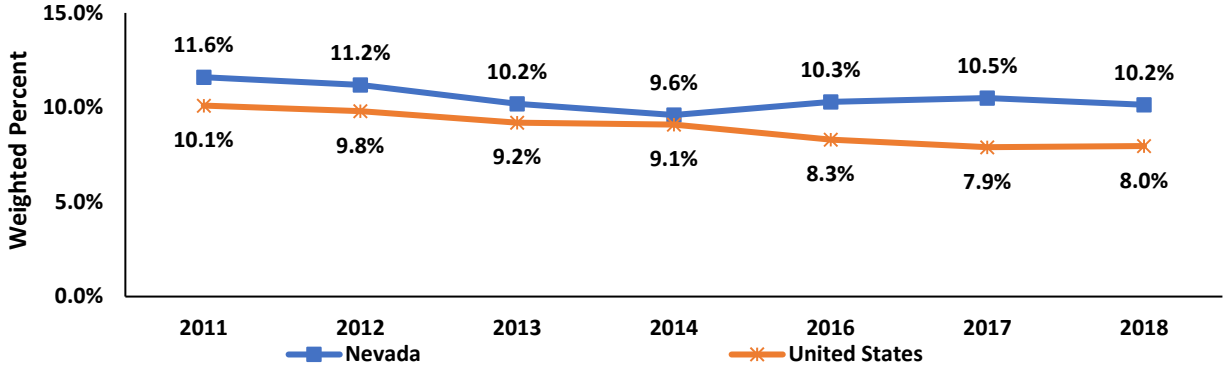
Substance Use

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.

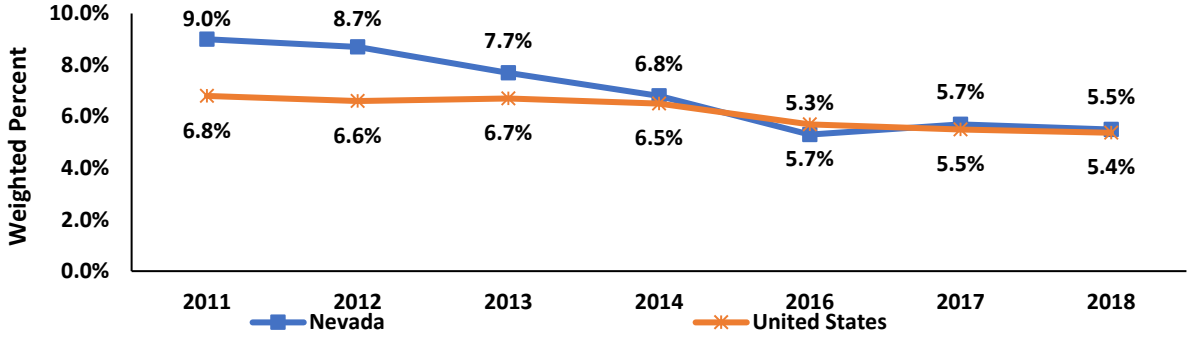
Figure 26. Illicit Drug Use Among Adolescents in the Past Month, Aged 12-17, Nevada and the United States, 2018.



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.

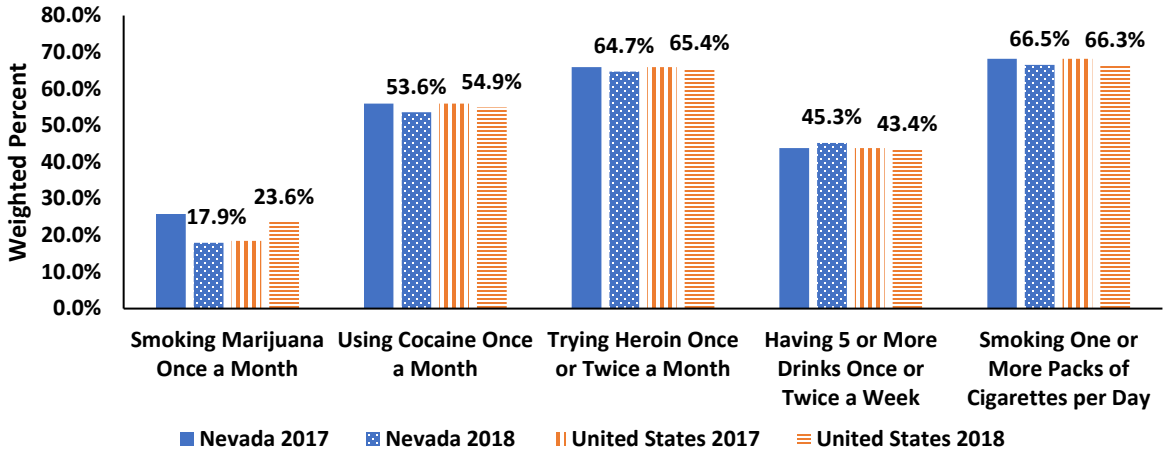
Nevada adolescents illicit drug use has remained within 2% from 2011 to 2018, when 10.2% reported illicit drug use in 2018. Alcohol use disorder in the past year has decreased from 9.0% in 2011 to 5.5% in 2018.

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.

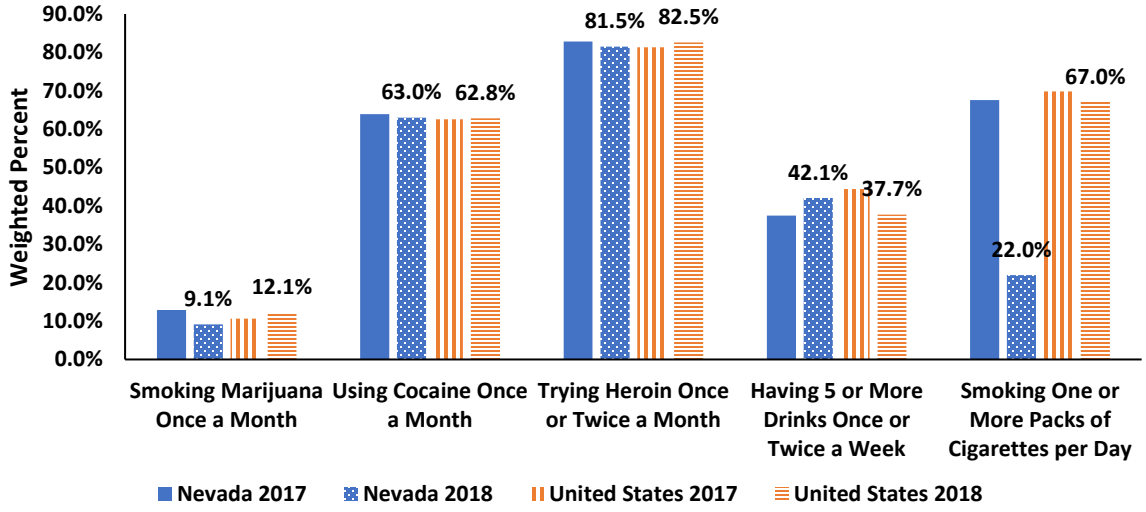
Figure 28. Perceptions of Great Risk from Alcohol or Substance, Aged 12-17, Nevada and the United States, 2018.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2017.
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.

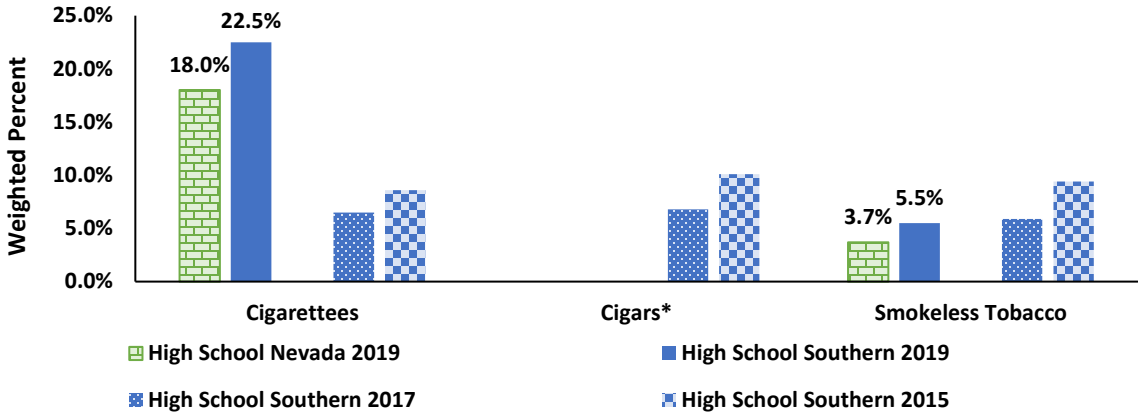


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health.
Chart scaled to 90% to display differences among groups.
Table in the Appendix.

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

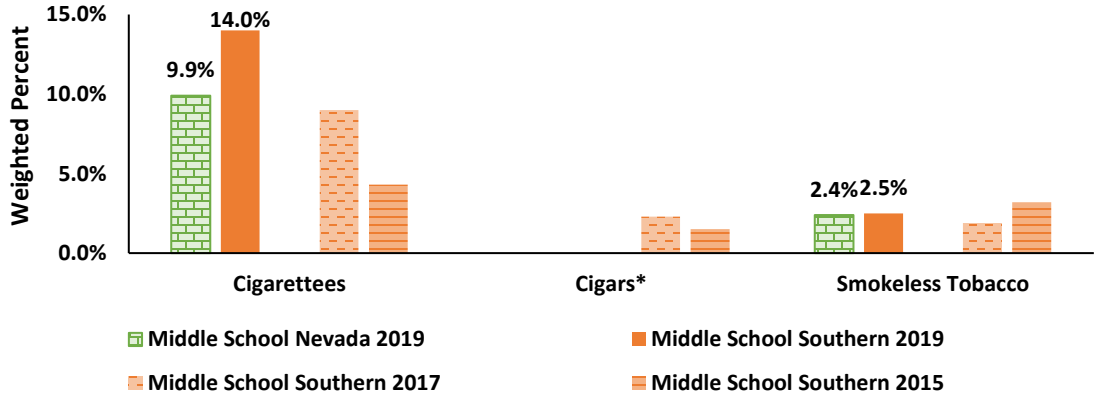
Figure 30a. Tobacco Use, Southern Region High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.



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

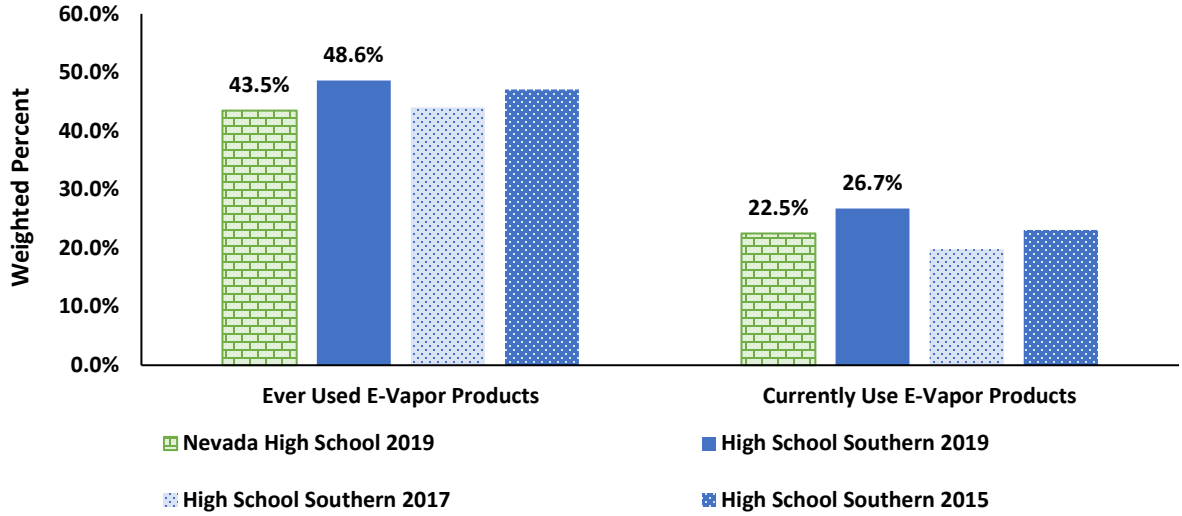
High school students for the Southern Region in 2019 had a slightly higher percent for ever having smoked cigarettes than Nevada at 22.5% and 18.0%, respectively. Middle school students in the Southern Region also had a higher percent for ever smoking cigarettes at 14.0% compared to 9.9% Nevada.

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



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

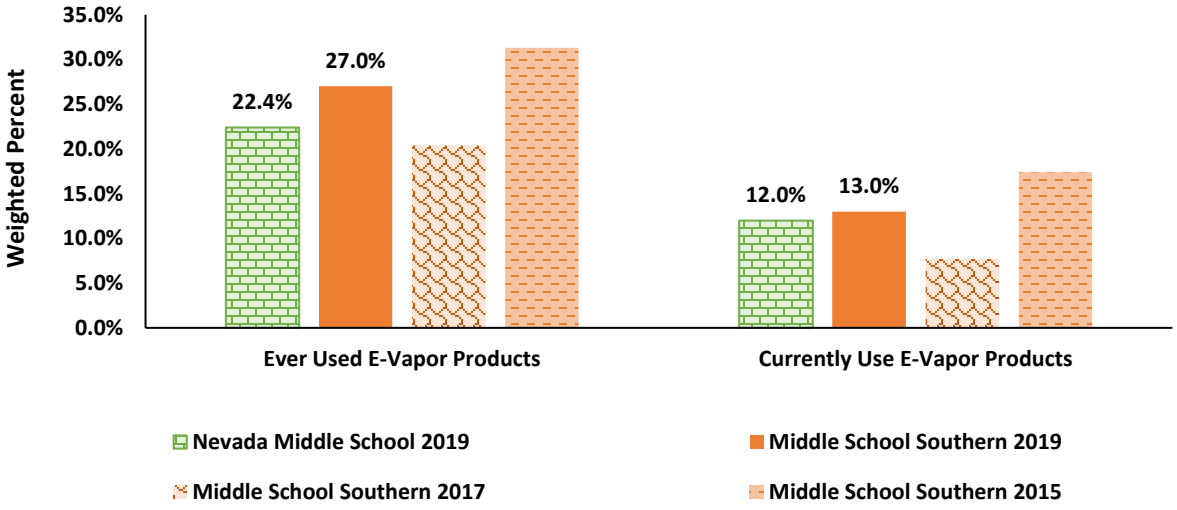
Figure 31a. Electronic Vapor Product Use, Southern Region High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.



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

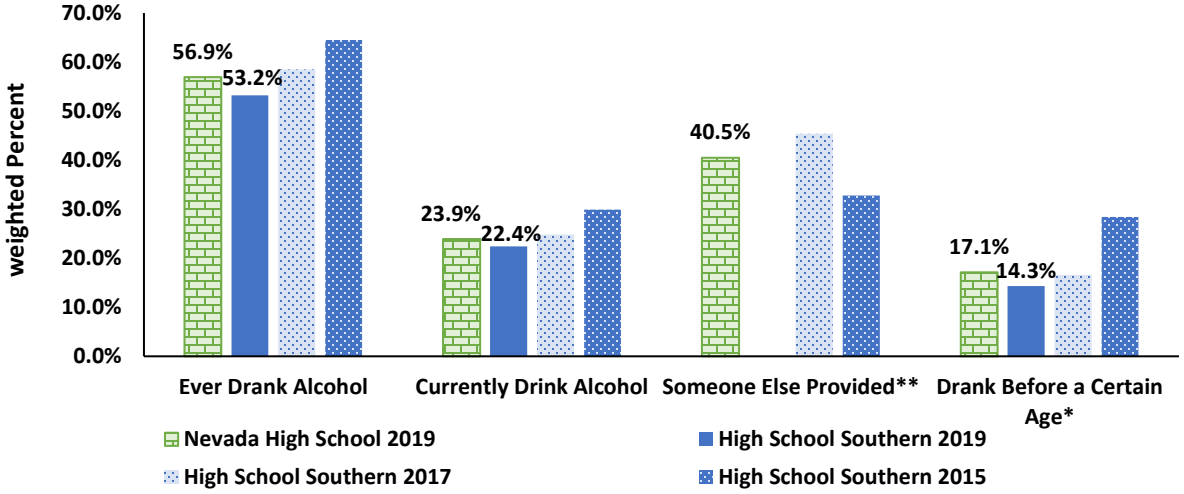
High school students in the Southern Region in 2019 are at a slightly higher percent for ever having using an electronic vapor (e-vapor) product than Nevada at 48.6% and 43.5%, respectively. Similarly, middle school students in the Southern Region were also at a higher percent for ever using an e-vapor product at 27.0%, compared to 22.4% for Nevada.

Figure 31b. Electronic Vapor Product Use, Southern 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.

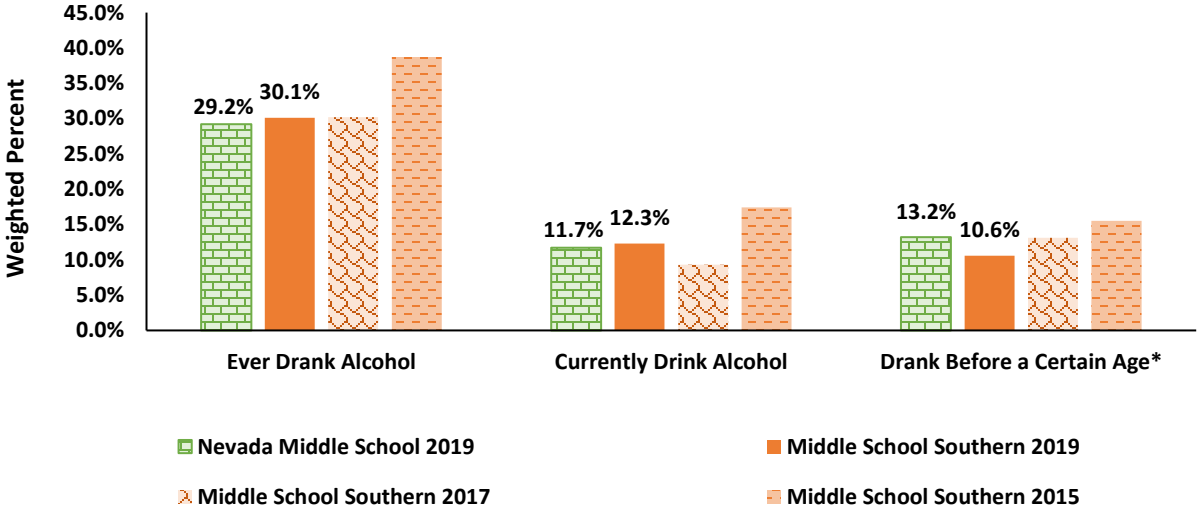
Figure 32a. Alcohol Use, Southern Region High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.



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.*

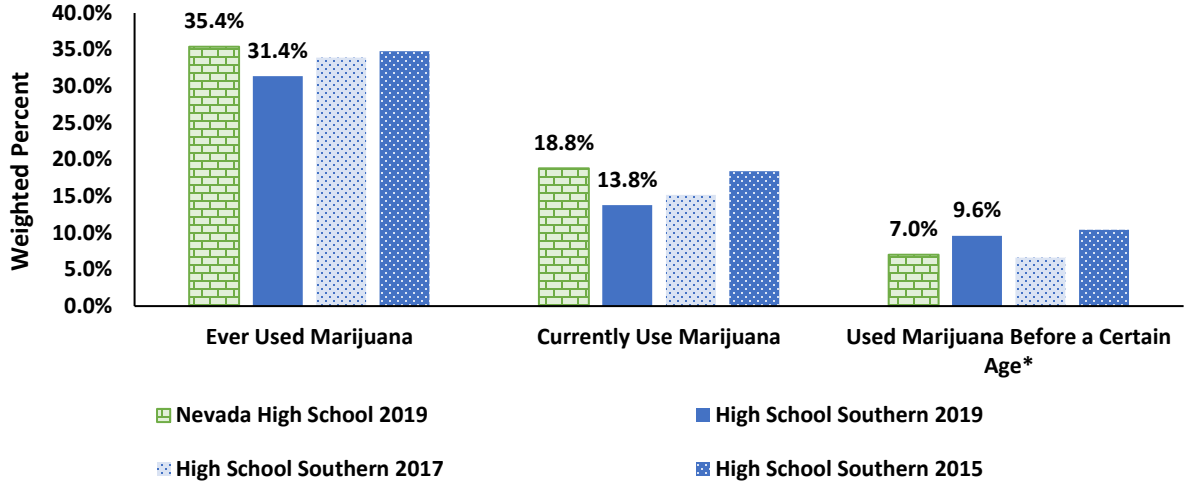
High school students in the Southern Region in 2019 have slightly lower percent for ever drinking alcohol than Nevada at 53.2% and 56.9%, respectively. The percent from previous years has decreased from 58.5% in 2017. Middle school students in the Southern Region have a slightly higher percent for ever drinking alcohol at 30.1%, compared 29.2% for Nevada.

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



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 45% to display differences among groups.
**In middle school students, if they ever drank before age 11.*

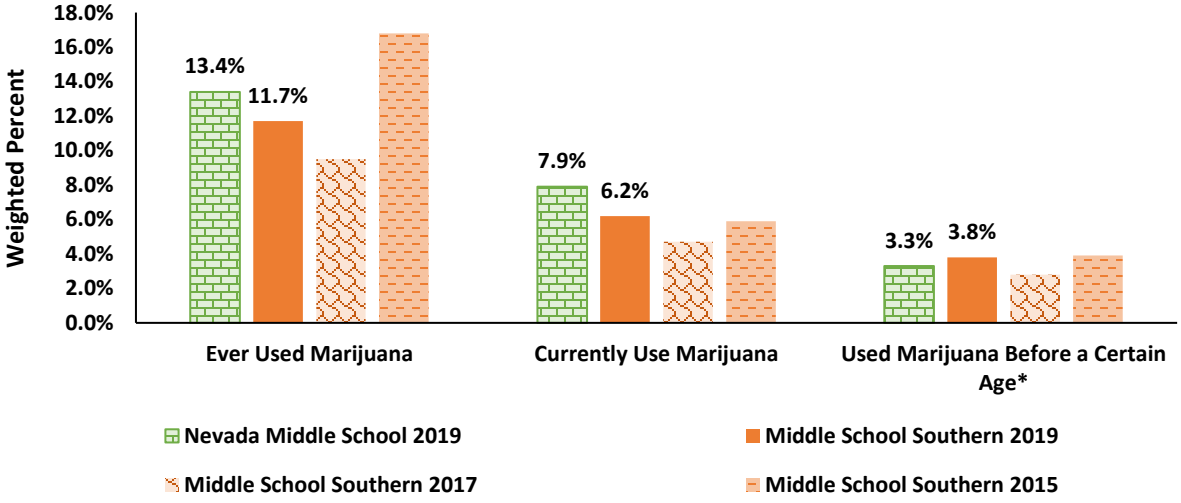
Figure 33a. Marijuana Use, Southern Region High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 40% to display differences among groups.
**In high school students, if they ever used marijuana before age 13.*

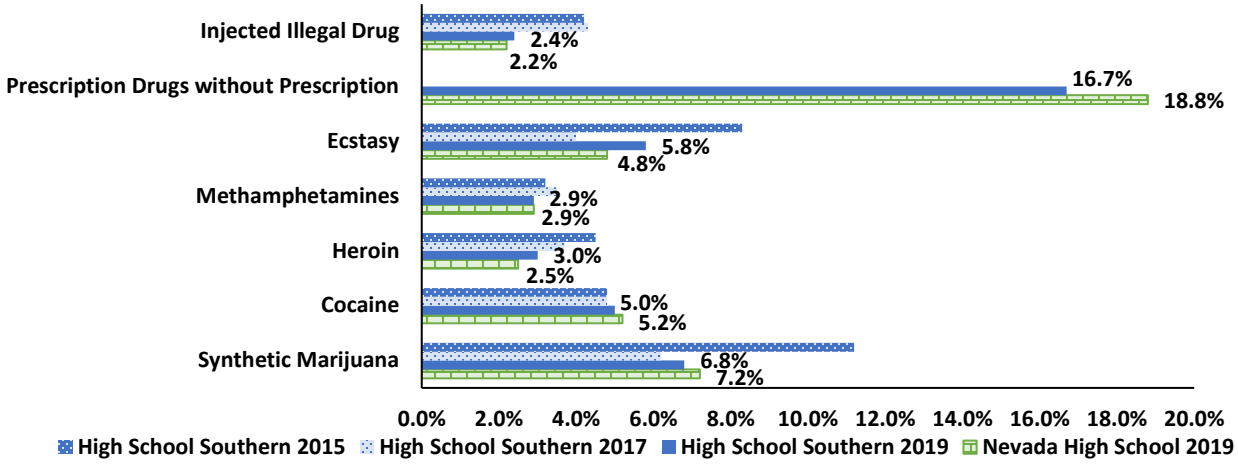
There is no significant change for marijuana use from 2017 to 2019 for the Southern Region high school and middle school students. In 2019, 31.4% of the Southern Region high school students and 11.7 % of middle school students said they had tried marijuana. This is lower from high school students in 2017 at 33.9%.

Figure 33b. Marijuana Use, Southern Region Middle School Students, 2015, 2017, and 2019, and Nevada Middle School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 18% to display differences among groups.
**In middle school students, if they ever used marijuana before age 11.*

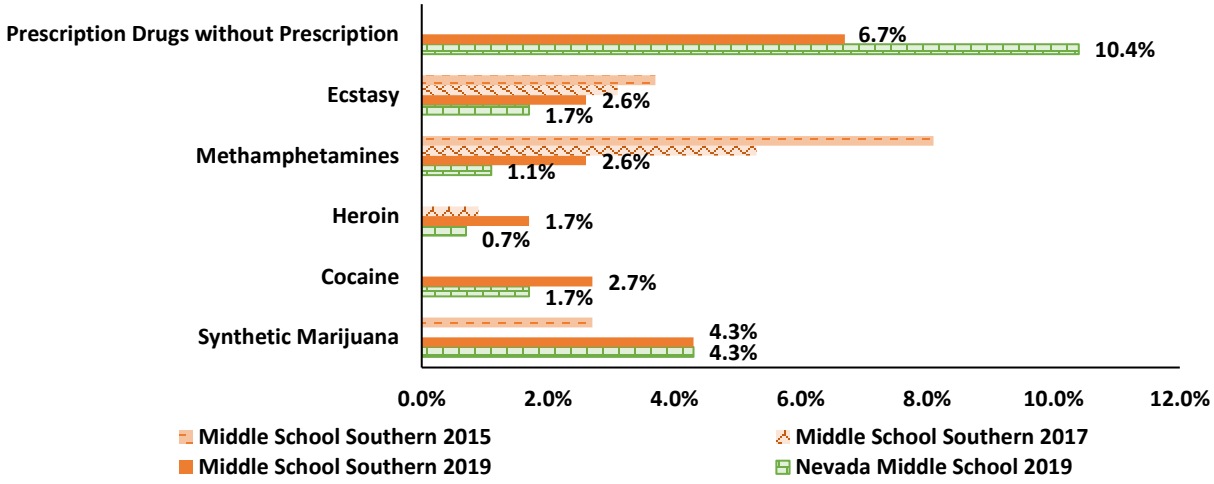
Figure 34a. Lifetime Drug Use, Southern Region High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.



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

From 2017 to 2019, certain lifetime drug use decreased in the Southern Region in high school students. Lifetime methamphetamine use decreased from 3.5% to 2.9% in 2019. Lifetime cocaine use increased from 4.8% to 5.0% but is lower than Nevada high school students at 5.2%. The middle school cocaine lifetime use in the Southern Region in 2019 is 2.7%, which is higher than Nevada 2019 at 1.7%.

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

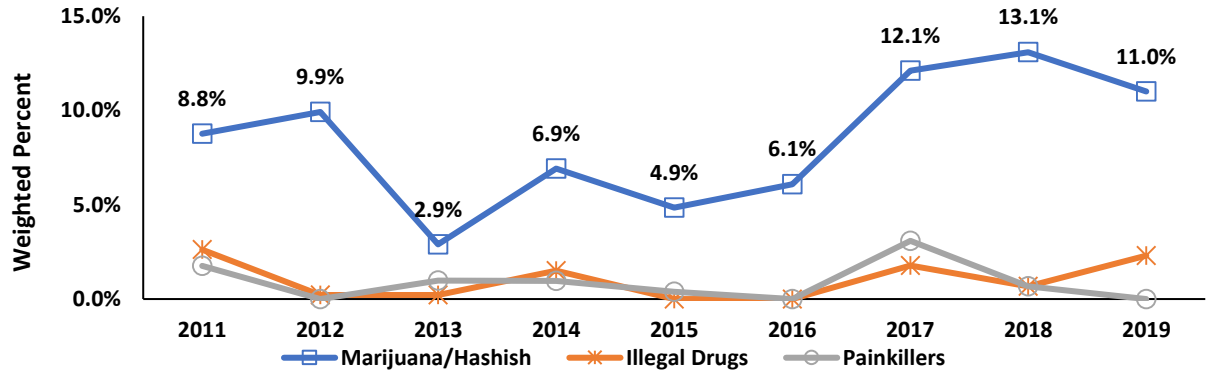


Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 12% to display differences among groups.

Behavioral Risk Factor Surveillance System

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

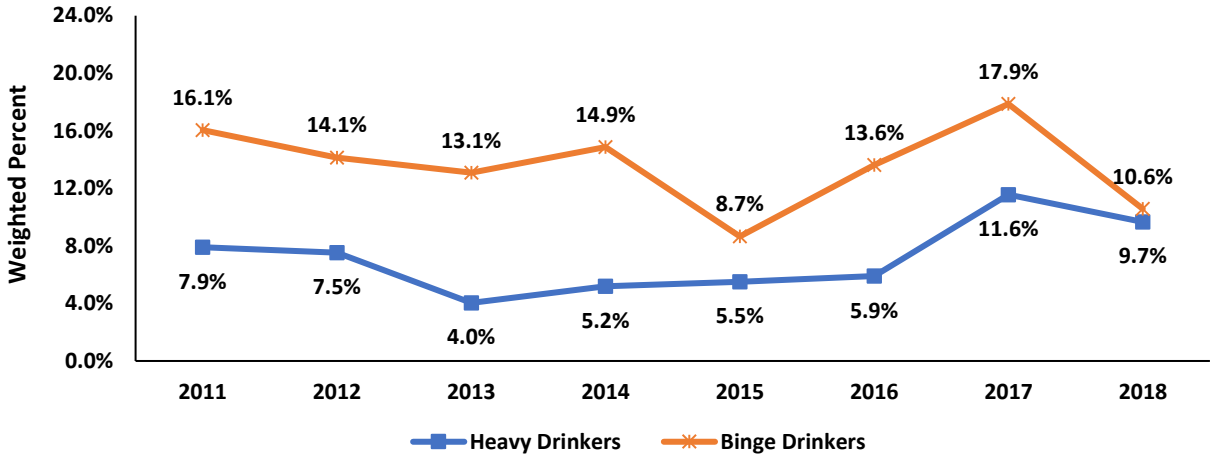
Figure 35. Adults in Southern Region Who Used Marijuana/Hashish, Illegal Substances, or Painkillers to Get High in the Last 30 Days, 2011-2019.



Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 15% 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"?"

In 2019, 11.0% of Southern Region adults have used marijuana in the past 30 days, an increase from 8.8% in 2011. Marijuana use is expected to increase as marijuana was legalized in Nevada in 2017. Of Southern Region adults surveyed, approximately 0.9% (on average) used painkillers to get high in the last 30 days and 1.0% used other illegal drugs to get high in the last 30 days.

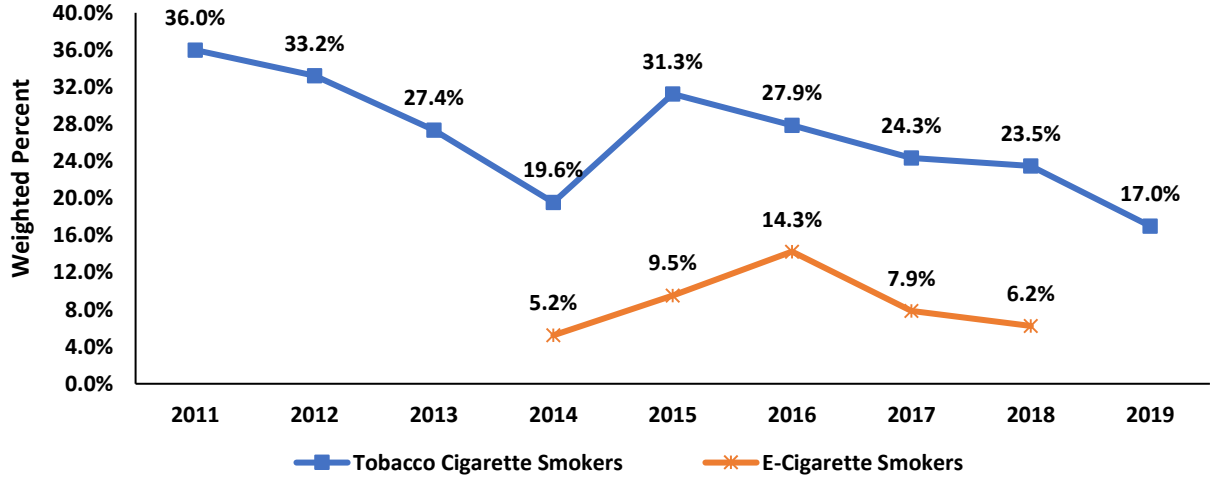
Figure 36. Percentage of Adults Who are Considered Binge Drinkers or Heavy Drinkers, Southern Region, 2011-2018.



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 decreased to 8.7% in 2015 then increased steadily until 2018. Heavy drinking decreased to a low of 4.0% in 2013 then has increased steadily until 2018.

Figure 37. Percentage of Adults Who are Current Tobacco Cigarette or E-Cigarette Smokers, Southern Region, 2011-2018.



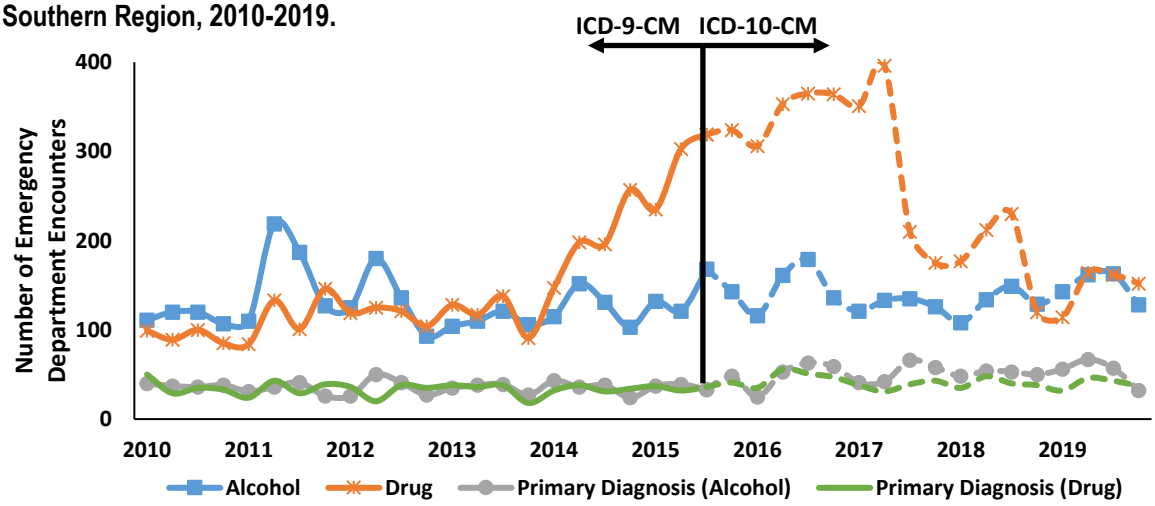
Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 40% to display differences among groups.
E-cigarette use was not collected until 2014.
Current cigarette smokers are defined as individuals who have smoked at least 100 cigarettes in their lifetime and currently smoke. Current e-cigarette 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, 17.0% of adults in the Southern Region were current tobacco cigarette smokers, which has decreased from a high of 36.0% in 2011. E-cigarette use has increased among adults in the Southern Region from 5.2% in 2014 (the first year this data was collected) to 6.2% in 2018.

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, Southern Region, 2010-2019.

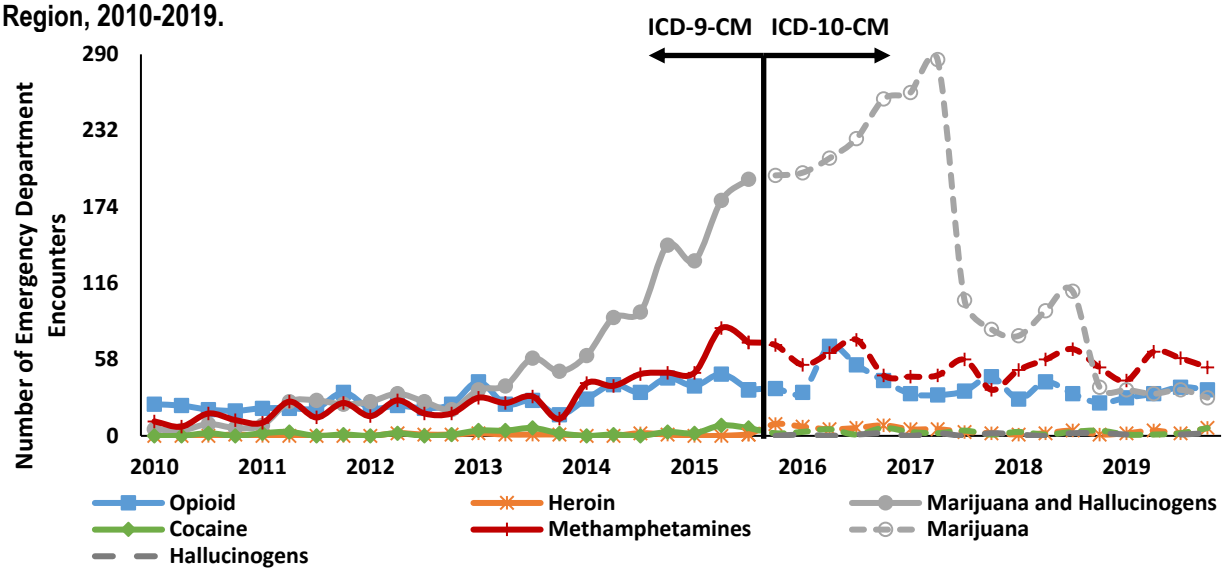


Source: Hospital Emergency Department Billing.
Categories are not mutually exclusive.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

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 for Southern Region residents were comparable to drug-related visits until 2015 when drug-related visits to the emergency department outnumbered alcohol-related visits until 2019.

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



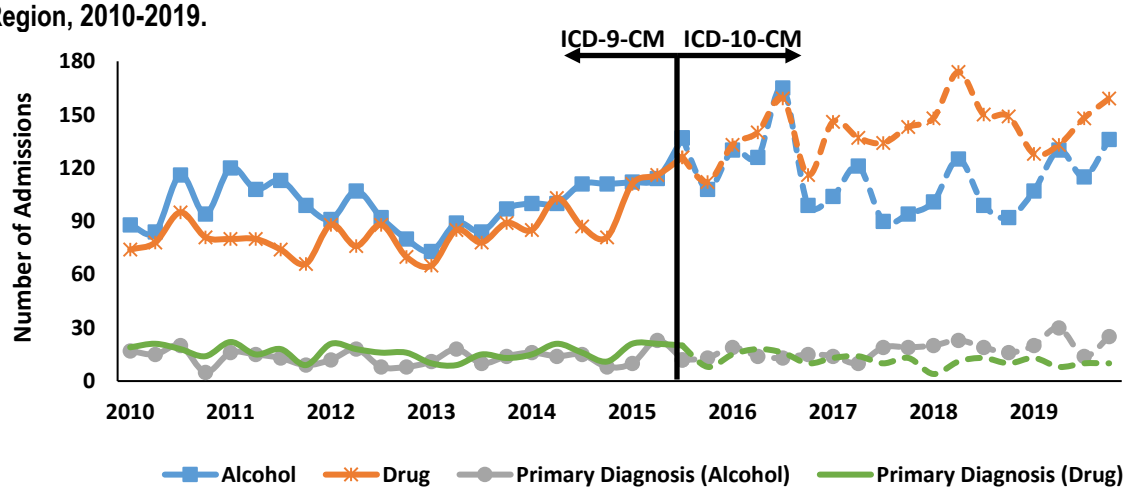
Source: Hospital Emergency Department Billing.
Categories are not mutually exclusive.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Hallucinogens and marijuana were grouped together for ICD-9-CM, but in 2015 were separated into different groups in the ICD-10-CM codes. Marijuana-related emergency department encounters have increased steadily from 2013 to 2017, then decreased.

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.

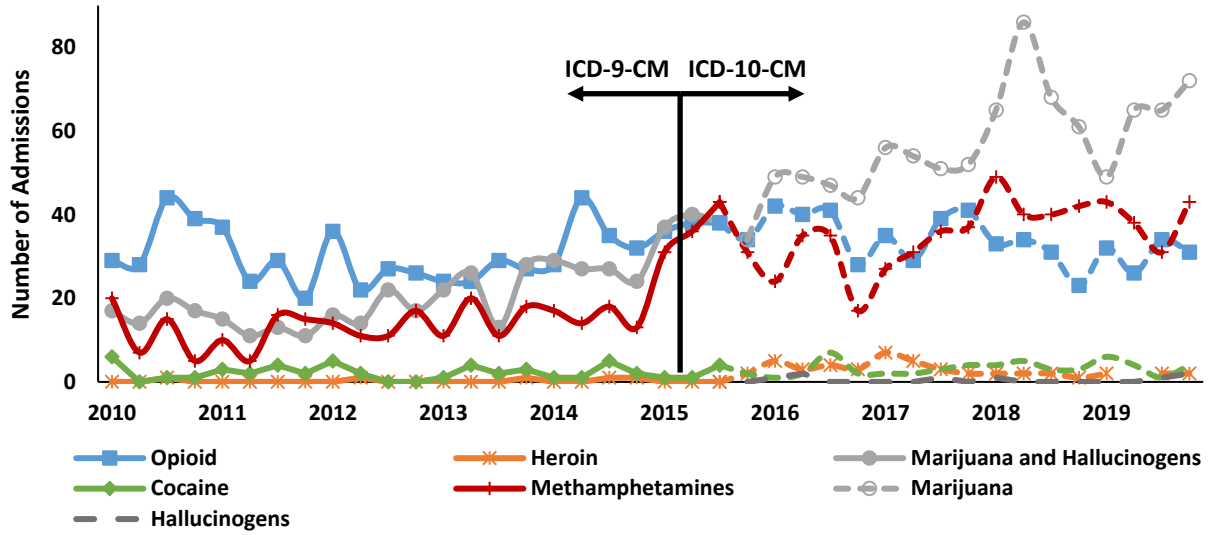
Figure 40. Alcohol-Related and/or Drug-Related Inpatient Admissions by Quarter and Year, Southern Region, 2010-2019.



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.

Alcohol-related admissions were more common than drug related admissions until 2011 where drug-related admissions surpassed alcohol and have remained higher through 2019.

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



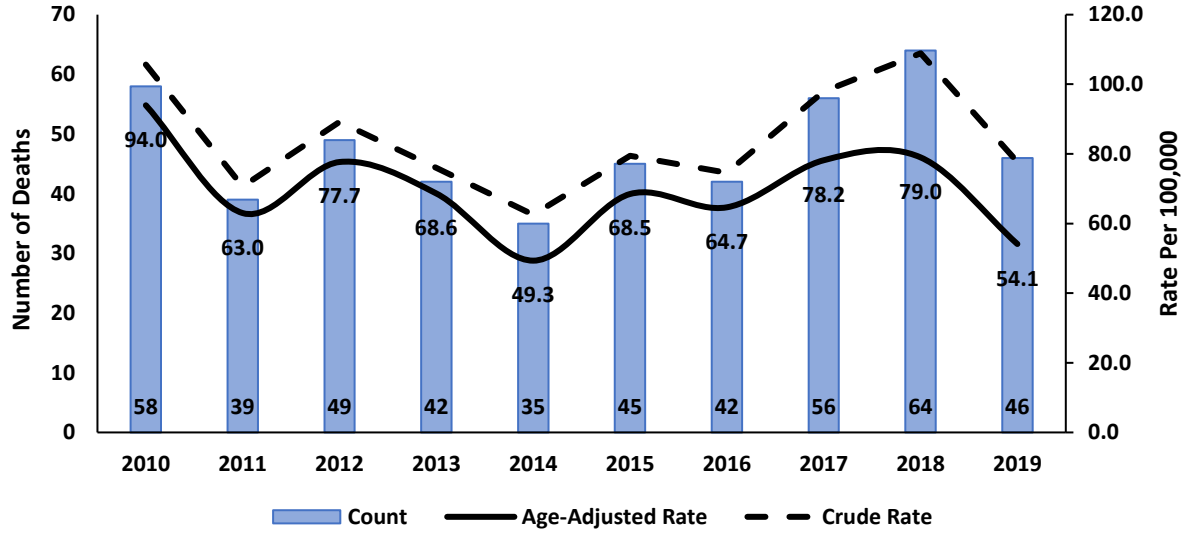
Source: Hospital Inpatient Billing.
Categories are not mutually exclusive.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Hallucinogens and marijuana were grouped together for ICD-9-CM, but in 2015 were separated into different groups in the ICD-10-CM codes. Marijuana-related inpatient admissions have increased steadily from 2015 to 2018 when the number of admissions decreased until 2019 and has since increased.

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.

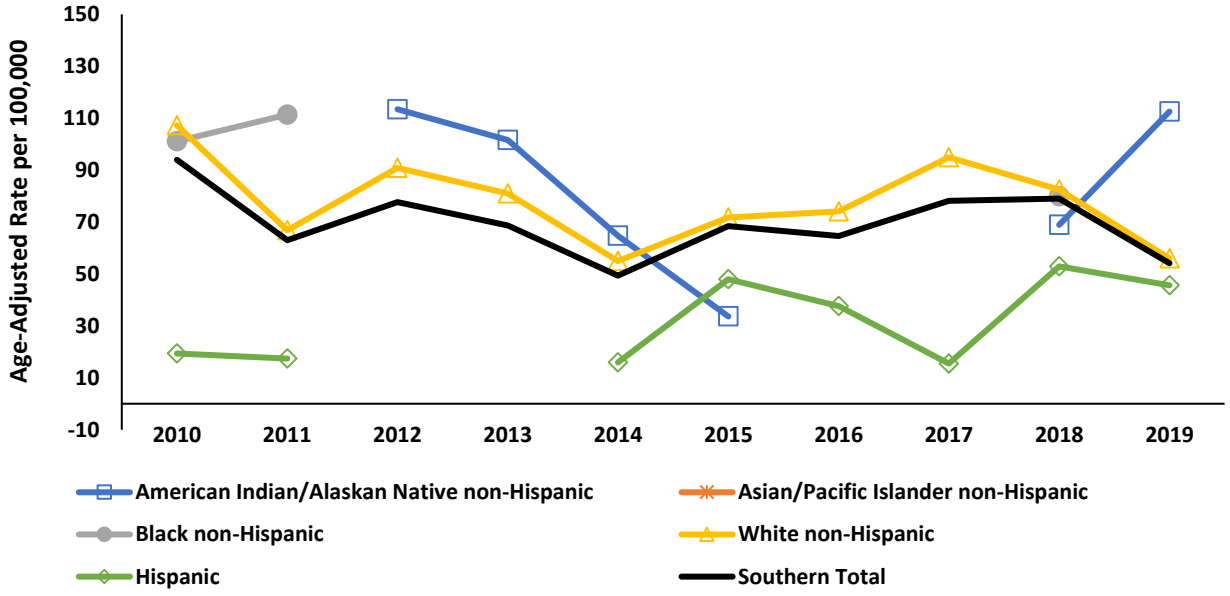
Figure 42. Alcohol-Related and/or Drug-Related Deaths and Rates, Southern Region, 2010-2019.



Source: Electronic Death Registry System.

Alcohol-related and/or drug-related age-adjusted rates have fluctuated from a high of 94.0 per 100,000 in 2010 to a low of 49.3 per 100,000 in 2014. The rate for 2019 is 54.1 per 100,000.

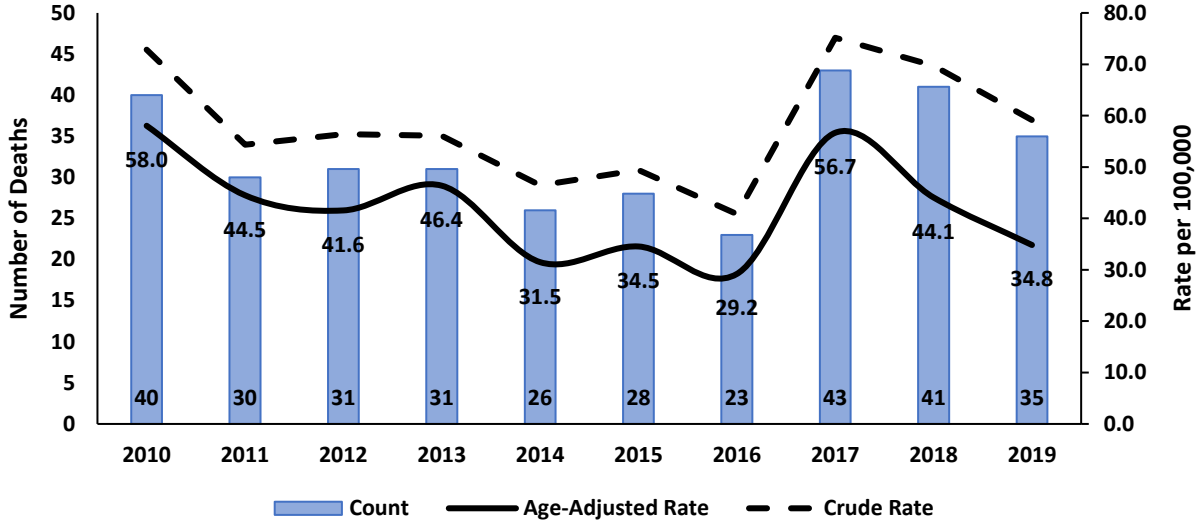
Figure 43. Age-Adjusted Rate for Alcohol-Related and/or Drug-Related Deaths by Race, Southern Region, 2010-2019.



Source: Electronic Death Registry System.

There is not a race/ethnicity that is statistically significant compared to any other race/ethnicity for alcohol-related and/or drug-related deaths in the Southern Region.

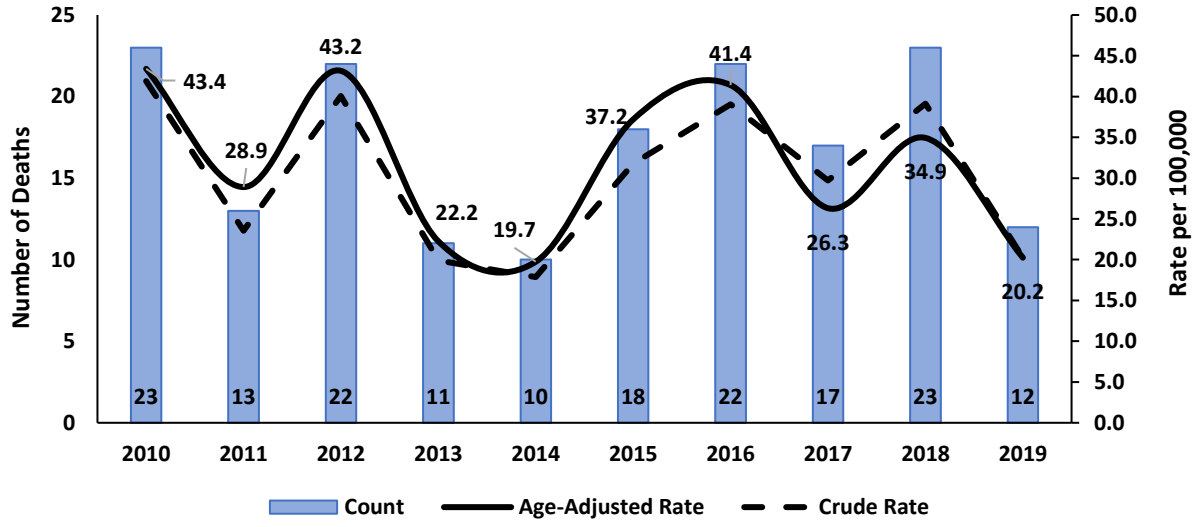
Figure 44. Alcohol-Related Deaths and Rates, Southern Region, 2010-2019.



Source: Electronic Death Registry System.

Alcohol-related age-adjusted rates have fluctuated from a high of 58.0 per 100,000 in 2010 to a low of 29.2 per 100,000 in 2016. The age-adjusted rate for 2019 is 34.8 per 100,000.

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



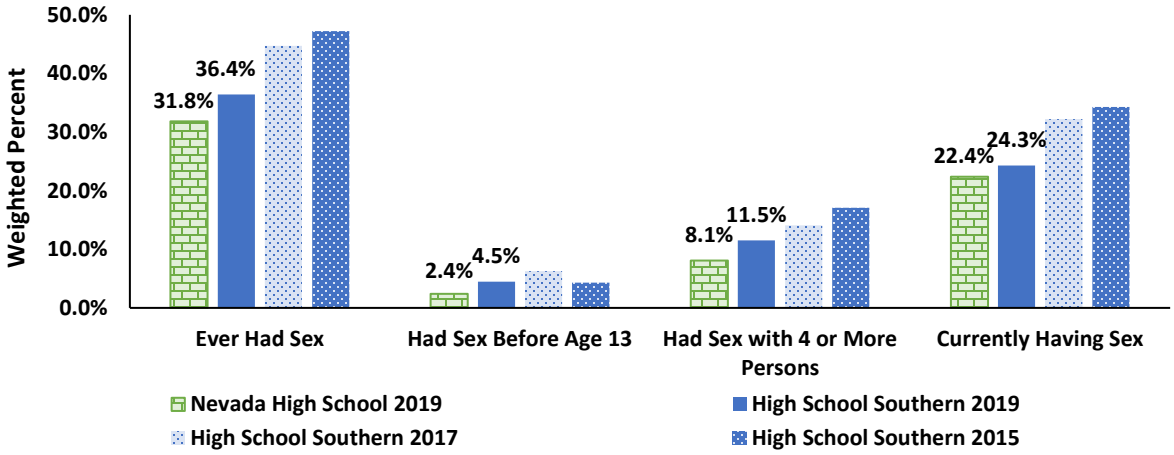
Source: Electronic Death Registry System.

Drug-related age-adjusted rates have fluctuated from a high of 43.4 per 100,000 in 2010 to a low of 19.7 per 100,000 in 2014. The age-adjusted rate for 2019 is 20.2 per 100,000.

Youth (Adverse Effects from Youth)

Youth Risk Behavior Survey (YRBS)

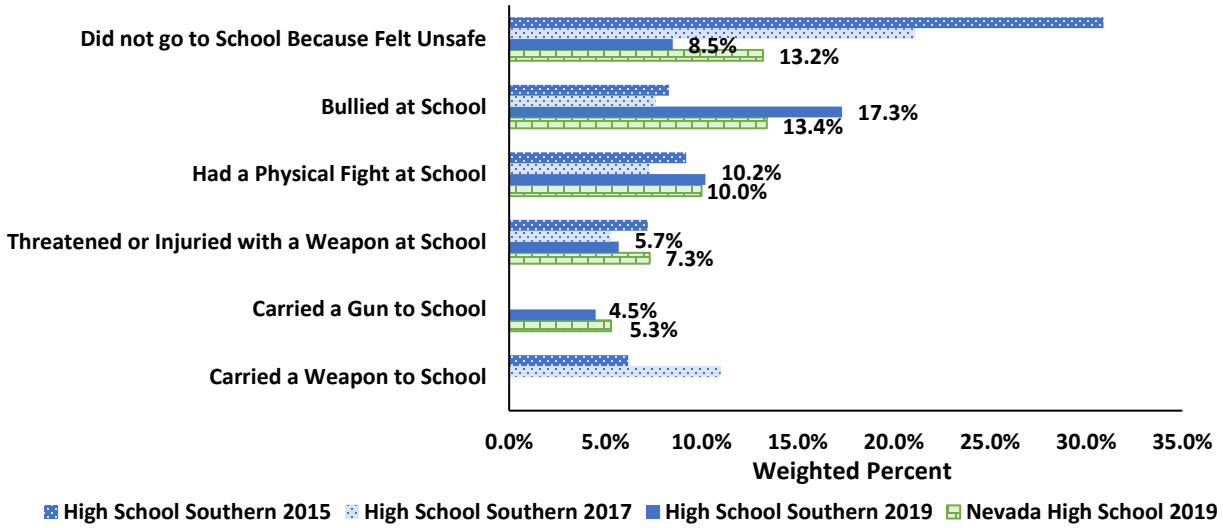
Figure 46. Sexual Behaviors Among Students, Southern Region High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 50% to display differences among groups.

Southern Region high school student percent of sexual behaviors asked were all higher than Nevada high school students.

Figure 47. Violence Among Students, Southern Region High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.



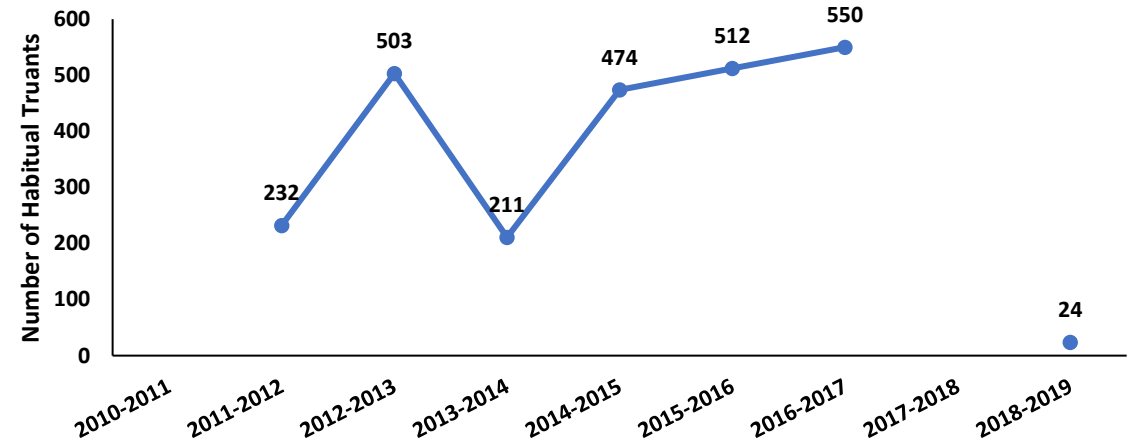
Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 35% to display differences among groups.

Nevada Report Card

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

When student behavioral health needs are not identified or not provided with the necessary attention, they are more likely to experience difficulties in school. These include higher rates of suspension, expulsion, dropout, and truancy, as well as lower grades. Nationally, 50% of students age 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.

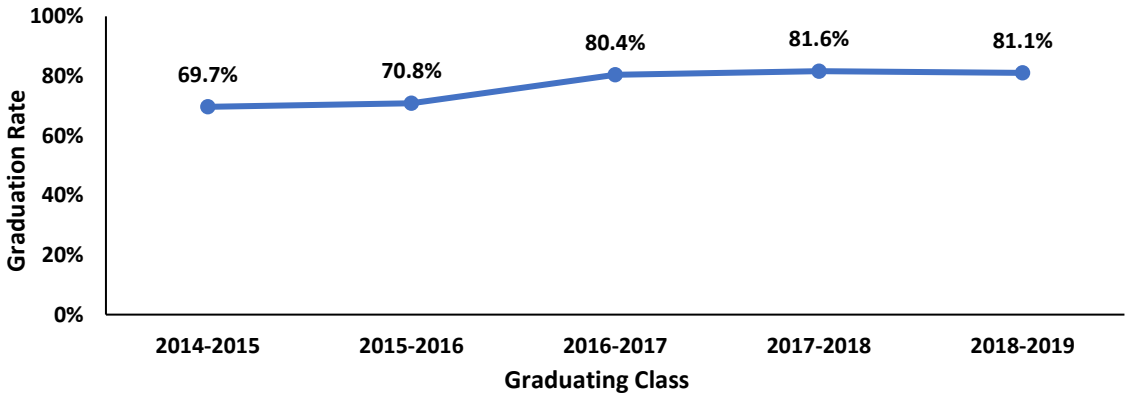
Figure 48. Number of Habitual Truants, Southern Region, Class Cohorts 2010–2019.



Source: Nevada Department of Education, Report Card.

Southern Region's number of habitual truant students has been fluctuating between the 2011-2012 and 2017-2018 school years before decreasing to 24 in the 2018-2019 school year. This data is collected from the Nevada Department of Education.

Figure 49. High School Graduation Rate, Southern Region, Class Cohorts 2014-2019.



Source: Nevada Department of Education, Report Card.

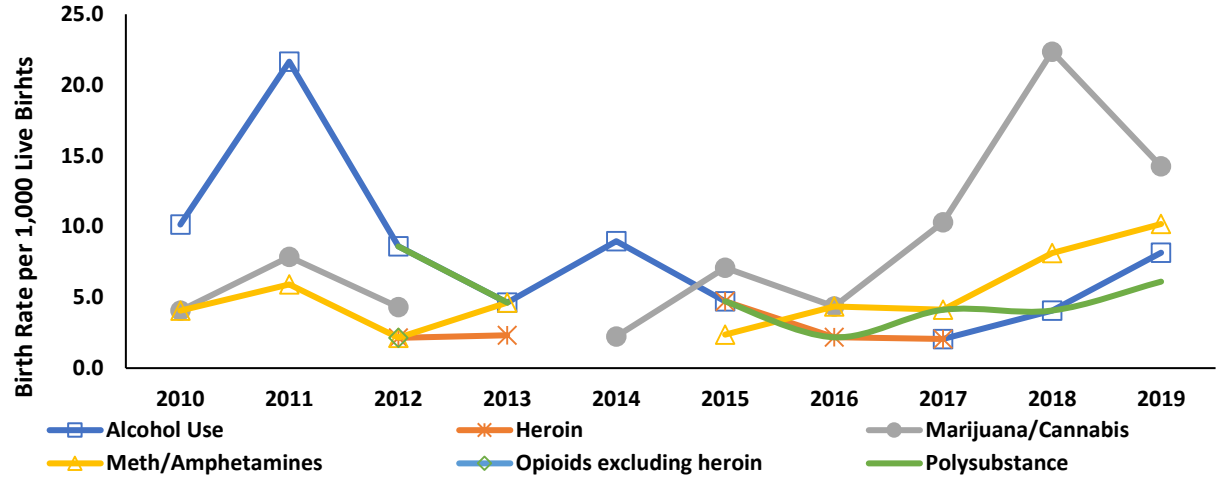
Graduation rate is defined as the rate at which 9th graders graduate by the end of the 12th grade (number of students who graduate in four years with a regular high school diploma divided by the number of students from the adjusted cohort for the graduation class). Southern Region's graduation rate decreased from 81.6% for the 2017-2018 school year to 81.1% for the 2018 to 2019 school year.

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, Southern Region, 2010-2019.



Source: Nevada Electronic Birth Registry System.

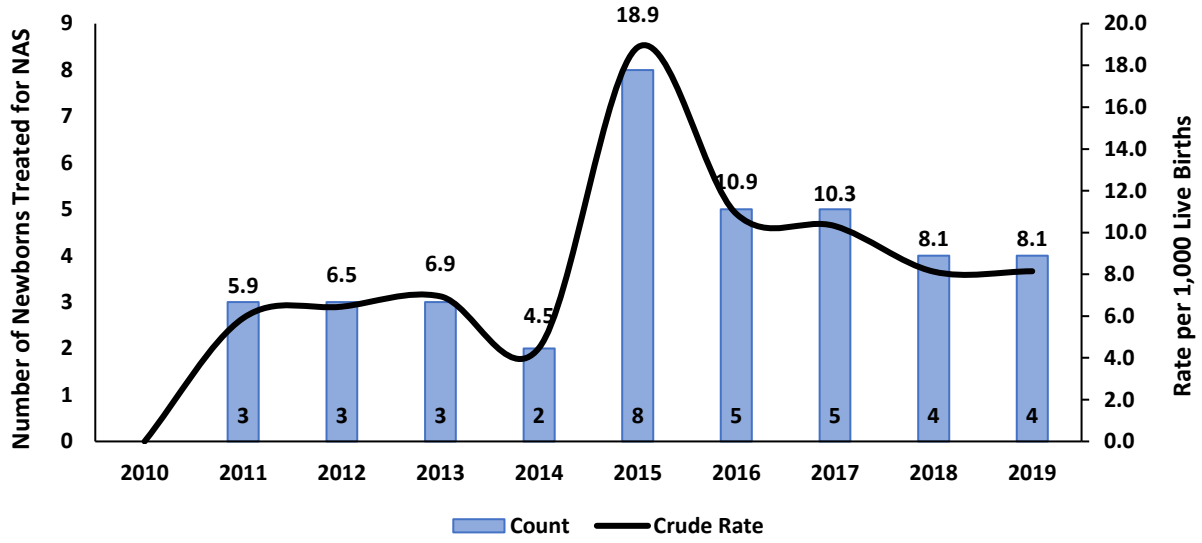
Of the self-reported substance use during pregnancy among Southern Region mothers who gave birth between 2010 and 2019, the highest rate was with marijuana use in 2018, at 22.4 per 1,000 live births. Since 2015, the marijuana use rate has surpassed the alcohol use rate, which was 8.2 per 1,000 births in 2019. In 2019, a rate of 10.2 per 1,000 live births was reported for meth/amphetamines, which is the highest rate reported since 2010.

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.

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



Source: Hospital Inpatient Department Billing and Nevada Electronic Birth Registry System.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Inpatient admissions for NAS to infants born to mothers residing in the Southern Region remained steady from 2011 to 2019, except for an increase in 2015.

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, Southern Region, 2010-2019.

	2010	2011	2012	2013	2014	2015	2016	2017	2017	2019
Southern	54,902	55,223	54,931	55,289	55,970	56,640	56,318	57,204	57,558	59,198
Sex										
Female	27,069	27,261	27,163	27,392	27,753	27,776	27,666	28,080	28,311	29,132
Male	27,833	27,962	27,768	27,897	28,217	28,864	28,652	29,124	29,247	30,066
Age										
<1	514	513	462	414	482	404	444	448	452	463
1-4	2,344	2,241	2,108	2,029	2,011	1,871	1,774	1,818	1,814	1,930
5-14	6,176	6,144	6,149	6,114	6,023	5,918	5,798	5,930	5,953	6,077
15-24	6,293	6,584	6,980	7,108	7,117	7,218	7,156	6,904	6,720	6,429
25-34	4,773	4,716	4,622	4,706	5,100	5,762	6,177	6,534	6,706	7,005
35-44	5,499	5,413	5,236	5,175	5,015	4,990	4,749	4,926	5,214	5,651
45-54	7,715	7,586	7,272	7,123	7,110	7,044	6,750	6,617	6,438	6,691
55-64	8,340	8,541	8,393	8,521	8,671	8,768	8,672	8,811	8,899	9,166
65-74	8,262	8,268	8,266	8,375	8,486	8,328	8,235	8,398	8,290	8,468
75-84	3,957	4,188	4,314	4,557	4,758	5,061	5,236	5,379	5,540	5,661
85+	1,028	1,029	1,129	1,166	1,199	1,276	1,327	1,440	1,533	1,657
Race/Ethnicity										
White non-Hispanic	44,935	44,952	44,538	44,659	45,001	44,712	44,326	44,787	44,870	45,839
Black non-Hispanic	995	1,026	1,051	1,069	1,095	1,553	1,568	1,626	1,646	1,710
Native American/Alaskan Native non-Hispanic	1,595	1,601	1,591	1,593	1,599	1,814	1,814	1,860	1,851	1,903
Asian/Pacific Islander non-Hispanic	746	779	789	811	845	1,082	1,080	1,118	1,148	1,232
Hispanic	6,632	6,865	6,962	7,157	7,429	7,478	7,530	7,812	8,044	8,514

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).

For more information about BRFSS indictors: Office of Analytics Reports.

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

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

Source: Hospital Emergency Department Billing.
Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2018.
Categories are not mutually exclusive.

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

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

Source: Hospital Emergency Department Billing.
Rates are per 100,000 population, provided by the state demographer, vintage 2018.
Categories are not mutually exclusive.

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

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

Source: Hospital Inpatient Billing.
Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2018.
Categories are not mutually exclusive.

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

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

Source: Hospital Inpatient Billing.
Rates are per 100,000 population, provided by the state demographer, vintage 2018.
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: Electronic Death Registry System.
Rates are per 100,000 age-specific 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 (0.0-01.5)	4.6 (0.0-13.6)	0.0 -	0.0 -	3.3 (0.0-07.9)	1.2 (0.2-02.3)
15-24	13.0 (9.0-17.1)	18.1 (0.4-35.8)	52.5 (13.6-91.4)	0.0 -	19.9 (9.1-30.7)	15.4 (11.7-19.2)
25-34	24.2 (18.8-29.6)	32.0 (9.8-54.1)	31.9 (6.4-57.5)	42.8 (0.0-91.3)	28.8 (15.8-41.7)	26.0 (21.2-30.7)
35-44	17.1 (12.6-21.6)	51.7 (19.6-83.7)	42.6 (0.9-84.4)	70.8 (1.4-140.2)	23.3 (11.1-35.5)	20.9 (16.5-25.3)
45-54	23.2 (17.7-28.6)	43.9 (18.0-69.9)	34.5 (0.7-68.3)	44.8 (0.0-95.6)	30.4 (16.0-44.9)	26.4 (21.4-31.4)
55-64	27.2 (20.9-33.5)	26.1 (6.8-45.5)	16.4 (0.0-39.1)	32.7 (0.0-69.8)	36.4 (21.2-51.7)	28.4 (23.0-33.8)
65-74	29.2 (21.5-37.0)	28.1 (7.3-48.8)	44.2 (0.9-87.5)	47.2 (0.9-93.5)	23.9 (9.8-38.0)	29.3 (22.9-35.7)
75-84	35.6 (23.5-47.8)	44.3 (8.9-79.8)	95.4 (1.9-188.9)	17.7 (0.0-52.3)	67.7 (32.2-103.1)	42.4 (31.5-53.3)
85+	44.0 (19.1-68.9)	108.6 (13.4-203.8)	90.1 (0.0-266.6)	120.7 (0.0-288.1)	16.1 (0.0-47.5)	51.4 (29.4-73.4)
Race/Ethnicity						
White non-Hispanic	29.1 (25.7-32.4)	38.5 (28.5-48.4)	39.9 (24.9-55.0)	39.3 (21.1-57.4)	34.2 (27.5-40.8)	31.8 (29.0-34.6)
Black non-Hispanic	13.2 (8.8-17.7)	0.0 -	0.0 -	0.0 -	8.2 (0.0-24.4)	12.8 (8.5-17.0)
Native American/Alaskan Native non-Hispanic	19.8 (0.0-42.1)	0.0 -	38.0 (0.0-90.6)	0.0 -	13.5 (0.0-40.1)	16.9 (3.4-30.4)
Asian/Pacific Islander non-Hispanic	10.6 (6.7-14.6)	0.0 -	0.0 -	0.0 -	12.0 (0.2-23.7)	10.5 (6.9-14.2)
Hispanic	7.5 (5.6-09.5)	6.3 (0.0-15.0)	13.9 (0.0-29.6)	23.5 (0.0-56.0)	4.1 (0.5-07.7)	7.3 (5.6-09.1)
Total	18.3 (16.5-20.0)	30.6 (22.8-38.4)	32.9 (21.5-44.3)	33.8 (19.0-48.6)	24.0 (19.6-28.5)	20.7 (19.1-22.3)

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

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 age-specific 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 population, provided by the state demographer, vintage 2019.