Substance Abuse Prevention and Treatment Agency Behavioral Health Region Washoe County 2018 Epidemiologic Profile

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On behalf of the Division of Public and Behavioral Health

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Data Sources/Limitations

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.

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.

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 individual states may include and pay for their own questions in the survey. While the survey's focus is chronic disease and injury, topics covered by the survey include car safety, obesity, and exercise among many others. Since state-added questions are not asked nationwide, these questions are not comparable.

Hospital Emergency Department Billing (HEDB)
The Hospital Emergency Department Billing data provides health billing data for emergency room patients for Nevada's non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada 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 are for patients who were seen in the emergency room setting. 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.

Hospital Inpatient Billing (HIB)
The Hospital Inpatient Billing data provides health billing data for patients discharged from Nevada's non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada 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 are for patients who were admitted for at least 24 hours as an inpatient, but do not include patients who were discharged from the emergency room. The data includes demographics such as age, gender, race/ethnicity and uses International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnoses codes and International Classification of Diseases-10-Clinical

Modification (ICD-10-CM) diagnoses (up to 33 diagnoses respectively). ICD-10-CM diagnoses codes replaced ICD-9-CM diagnoses codes in the last quarter of 2015. Therefore, data prior to last quarter of 2015 may not be directly comparable to data thereafter. In addition, the data includes billed hospital charges, procedure codes, length of hospital stay, discharge status, and external cause of injury codes. The billing data information is for billed charges and not the actual payment received by the hospital.

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.

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.

Executive Summary

This report is intended to provide an overview of Statewide Epidemiology status and behavioral health in Washoe County respectively. The analysis can be used to identify and address issues of concern and areas that may need to be addressed.

Key Findings:

- Washoe County's population has grown by an estimated 8.6% since 2010.
- While mental health utilizations for state fund facilities has decreased since 2009, hospital visits both the emergency department and inpatient have increased, especially for depression and anxiety.
- From 2011 to 2017, the Black non-Hispanic population in Washoe County had a higher rate of utilization of state-funded mental health clinics than other races and ethnicities.
- Between 2011 and 2017, the average prevalence for suicide consideration in Washoe County is 3.3%.
- Substance use is the most common method of suicide attempts in Washoe County with 286 emergency department encounters, and 266 admissions.
- The highest age-adjusted suicide rate for Washoe County was in 2016 at 26.6 per 100,000 age-specific population. In 2017 the rate dropped to 20.0 per 100,000 age specific population.
- Mental health-related deaths have increased in Washoe County significantly from 2009 to 2017 at 25.2 per 100,000 age-specific population.
- Of Washoe County high school students 13.5% reported having ever used tobacco products which is slightly higher than Nevada (12.0%).
- Washoe county youth reported having ever used marijuana. Both high school (12.5%) and middle school students (3.2%) are higher than Nevada.
- Emergency department and inpatient visits for marijuana use (not overdose) were more prevalent than methamphetamine, opioid and cocaine use in 2017.
- Drug-related deaths have increased significantly from 2009, 469 deaths to 706 deaths in 2017.
- Among Washoe County high school students in 2017, 35.9% have reported ever having sex, which is lower than Nevada at 36.8%.
- Washoe County's numbers of habitual truant students have been decreasing since the 2010-2011 school year.
- Self-reported marijuana and cannabis use in pregnant women have increase from 1.9 per 1,000 live births in 2011 to 8.6 per 1,000 live births in 2017.
- Neonatal abstinence syndrome has increased significantly from 1.3 per 1,000 live birth in 2011 to 8.0 per 1,000 live births in 2017.
- The Lesbian/Gay/Bisexual and Transgender (LGBT) population have higher responses to health risk behaviors including binge drinking and being told they have a depressive disorder.

Demographic Snapshot

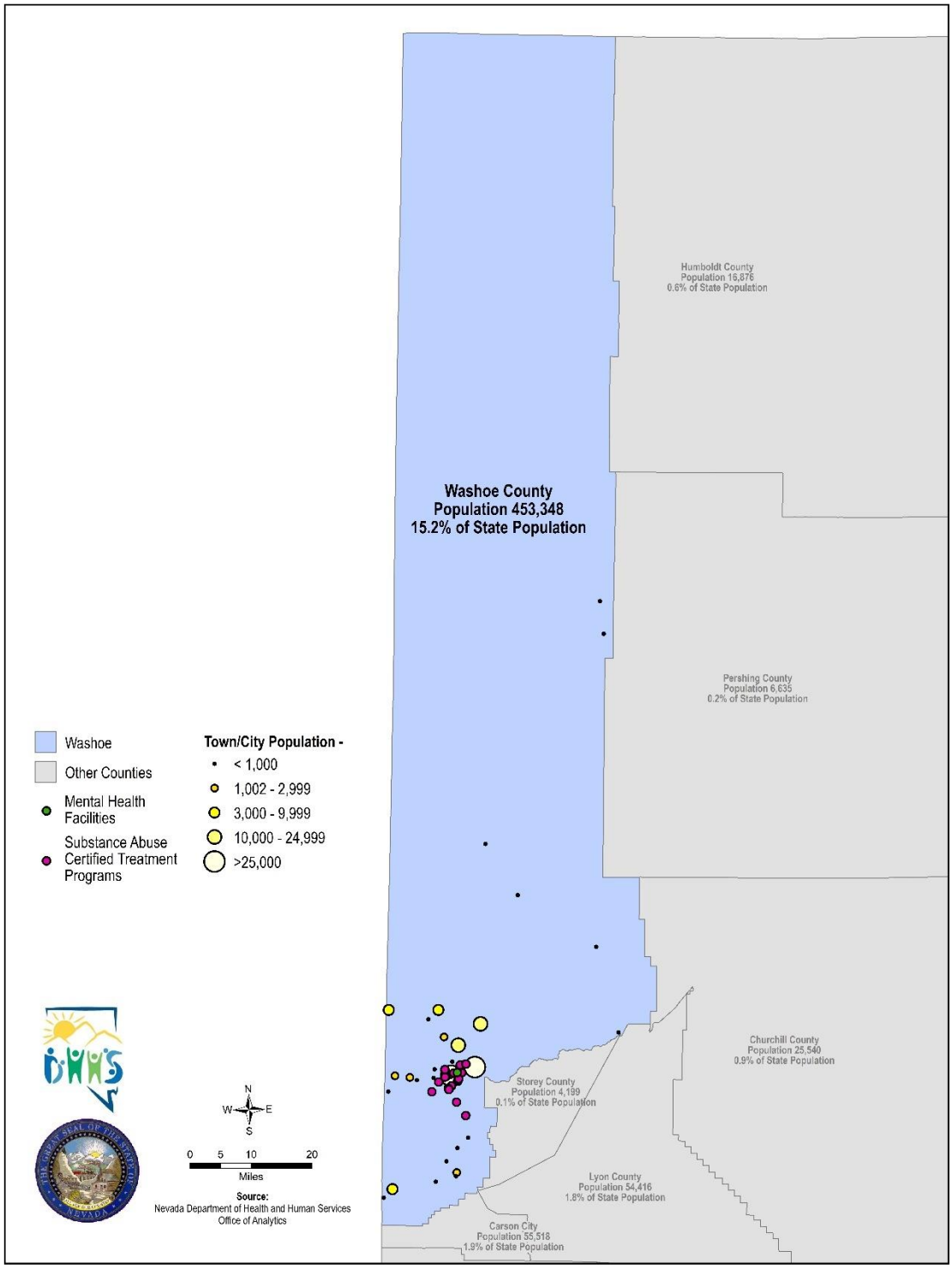
Figure 1. Selected Demographics for Washoe County, Nevada.

	Washoe County
Population, 2017 estimate*	453,348
Population, 2010 estimate*	417,336
Population, percentage change*	8.60%
Male persons, 2017 estimate*	228,073 (50.3%)
Female Persons, 2017 estimate*	225,275 (49.7%)
Median household income (in 2016), 2012-2016**	54,995
Per capita income in the past 12 months (in 2016), 2012-2016**	29,942
Persons in poverty, percent (2016)**	12.20%
With a disability, under the age 65 years, percent, 2012-2016**	7.50%
Land area (square miles), 2016**	6,542

*Source: *Nevada State Demographer, Vintage 2017 and **US Census Bureau.*

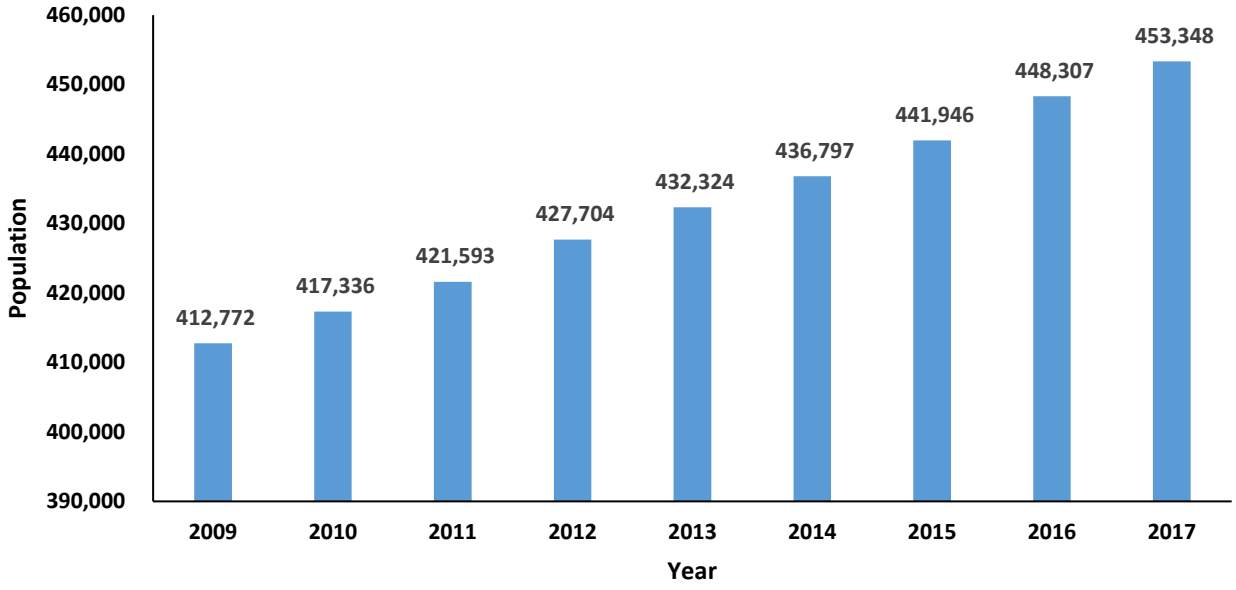
In 2017, the estimated population for Washoe County was 453,348, an 8.6% increase from the 2010 estimated population. The population is made up of approximately equal percentages of females and males. The median household income is $54,995. Washoe's land area is approximately 6,542 square miles.

Figure 2. Washoe County Population Distribution, 2017.



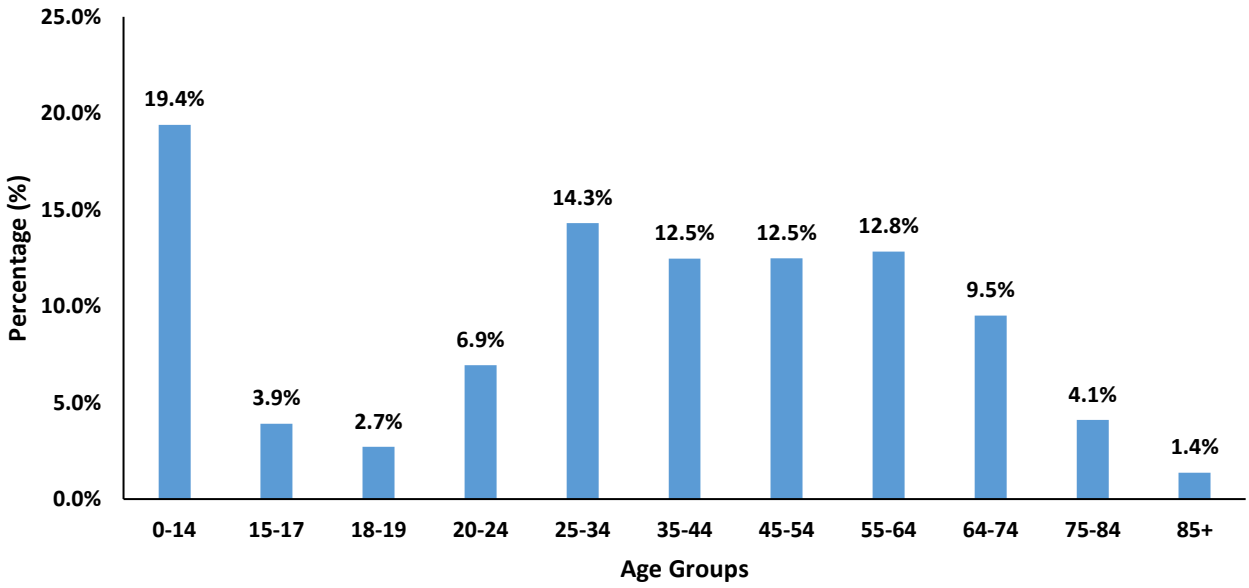
Source: Nevada State Demographer, Vintage 2017.

Figure 3. Washoe County Population, 2009-2017.



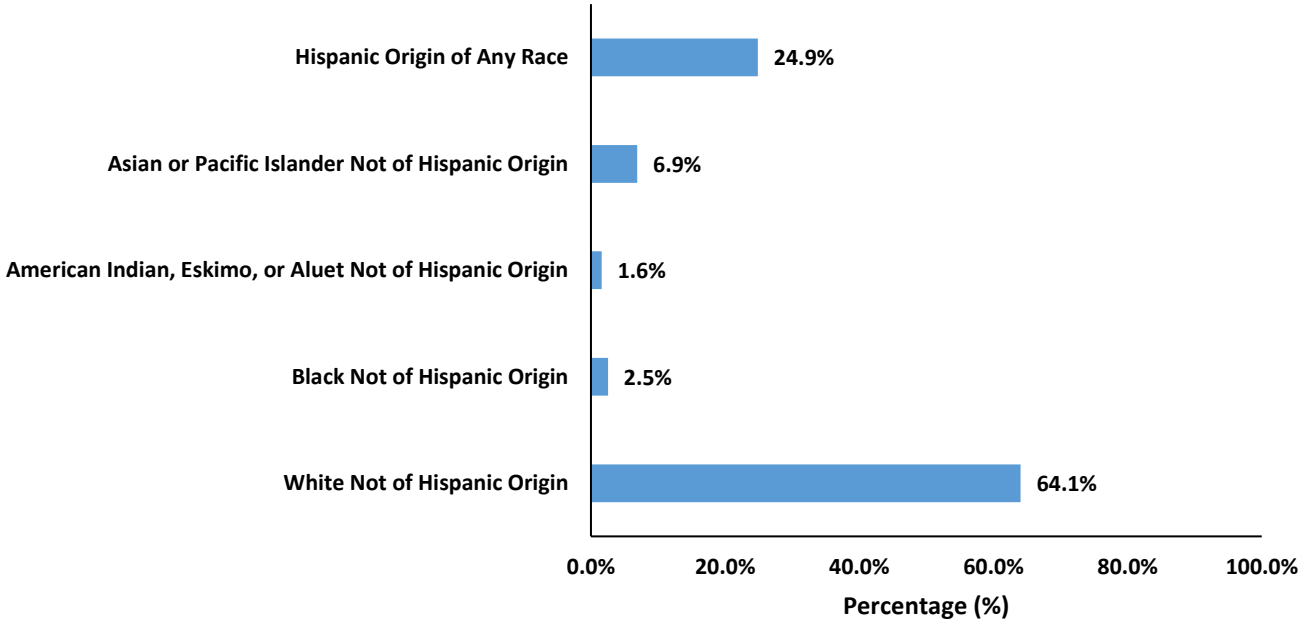
Source: Nevada State Demographer, Vintage 2017.
Chart scaled to display differences among years.

Figure 4. Washoe County Population by Age Group, 2017.



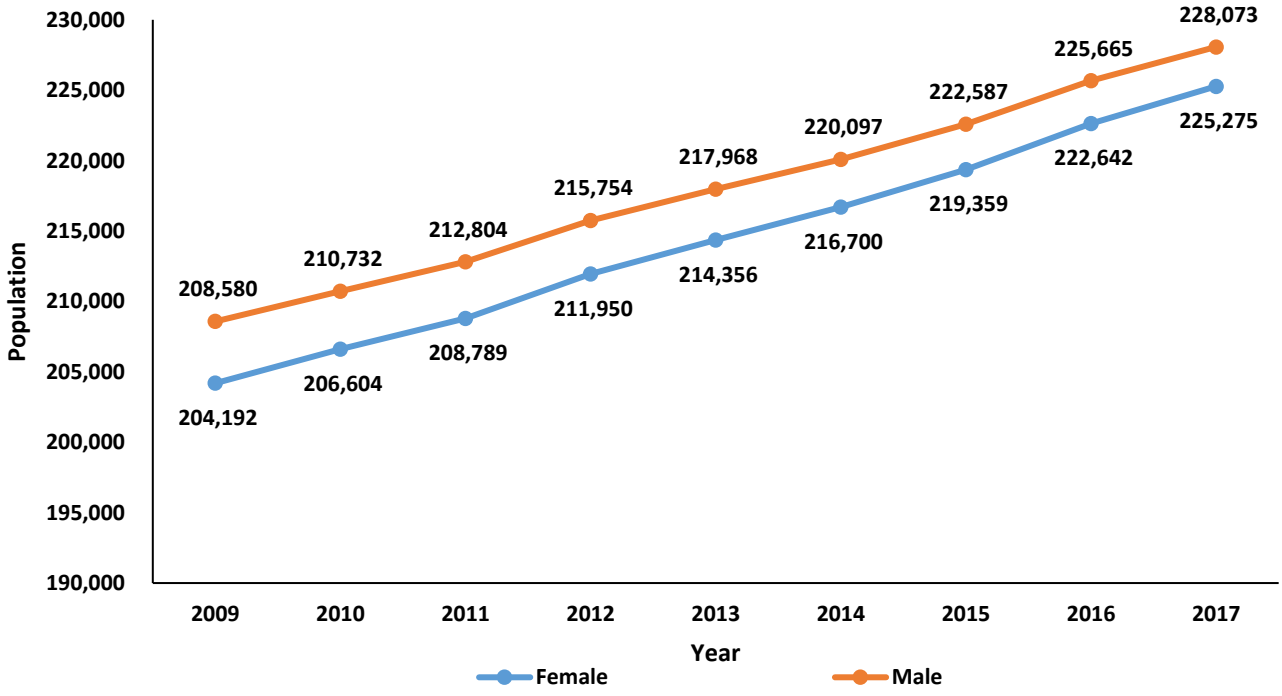
Source: Nevada State Demographer, Vintage 2017.
Chart scaled to 25% to display differences among groups.

Figure 5. Washoe County Population by Race/Ethnicity, 2017.



Source: Nevada State Demographer, Vintage 2017.

Figure 6. Washoe County Population Distribution by Sex, 2009-2017.



Source: Nevada State Demographer, Vintage 2017.
Chart scaled to display differences among years.

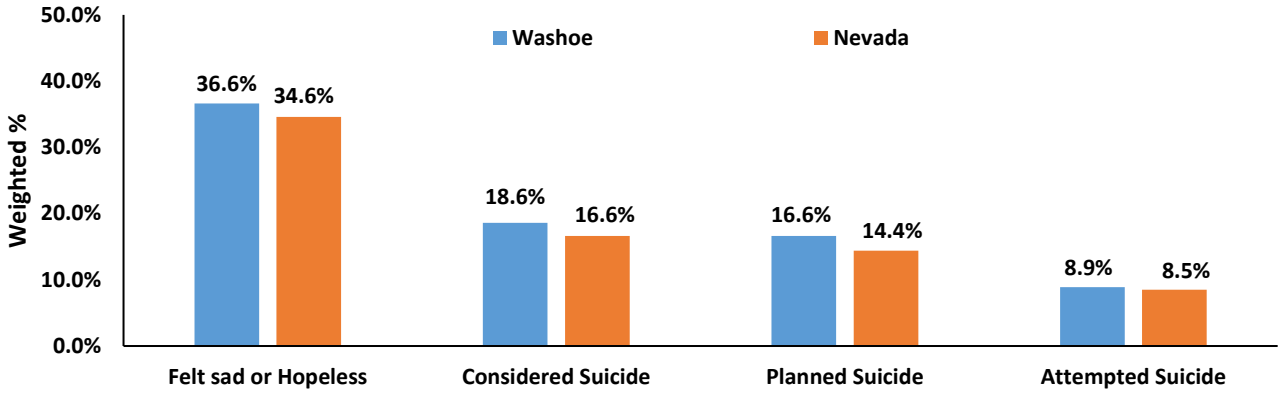
Mental Health

Mental health data are collected by numerous data sources in Nevada. The YRBS, BRFSS, Hospital billing data, State Funded Mental Facilities and vital records data.

Youth Risk Behavior Survey

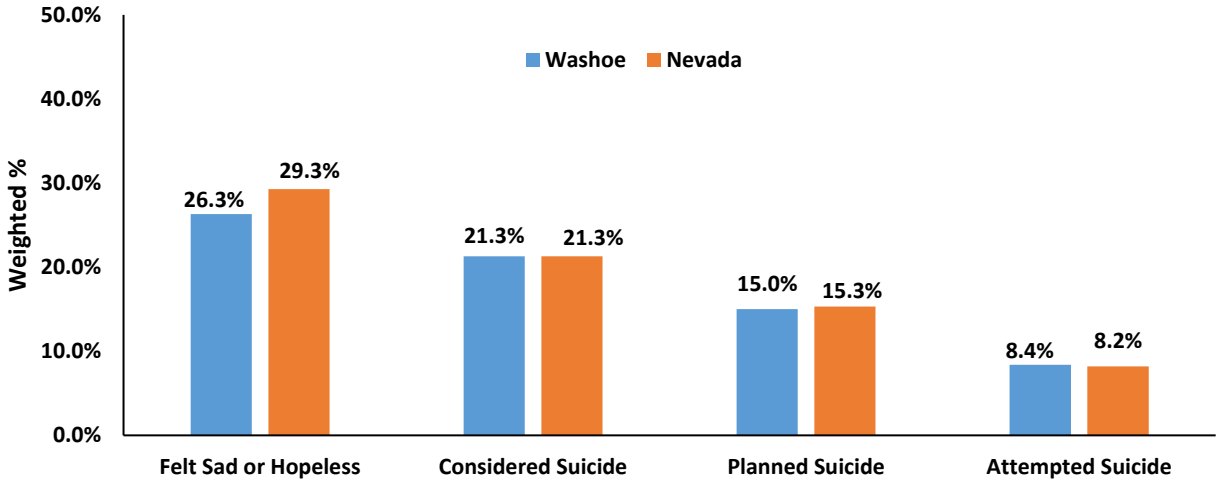
The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. Nevada high school and middle school students are surveyed during the odd years. In Washoe County for 2017, 1,310 high school, and 1,253 middle school students participated in the survey.

Figure 7. Mental Health Risk Behaviors, High School Students, 2017.



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

Figure 8. Mental Health Risk Behaviors, Middle School Students, 2017.



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

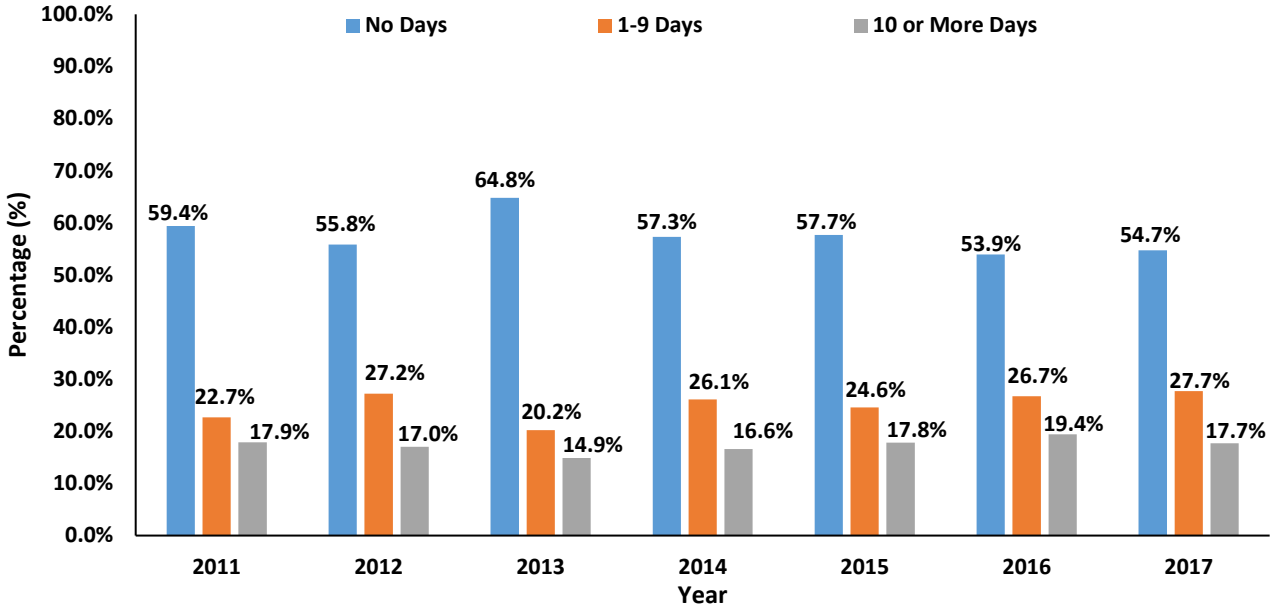
Approximately 36.6% of Washoe County high school students and 26.3% of Washoe County middle school students have felt sad or hopeless in the last 12 months. About 19% of high school students have considered suicide, while 17% have planned to commit suicide in the past 12 months. About 8% of Washoe County high school and middle school students have attempted suicide in the past 12 months.

Behavioral Risk Factor Surveillance System (BRFSS)

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.

Washoe County residents were asked how many days, if any, did a mental health condition or emotional problem keep them from doing their work duties or other usual activities.

Figure 9. Percentages of Adults Who Experienced Poor Mental or Physical Health that Prevented them from Doing Usual Activities by Days Effected, Washoe County, 2011-2017.



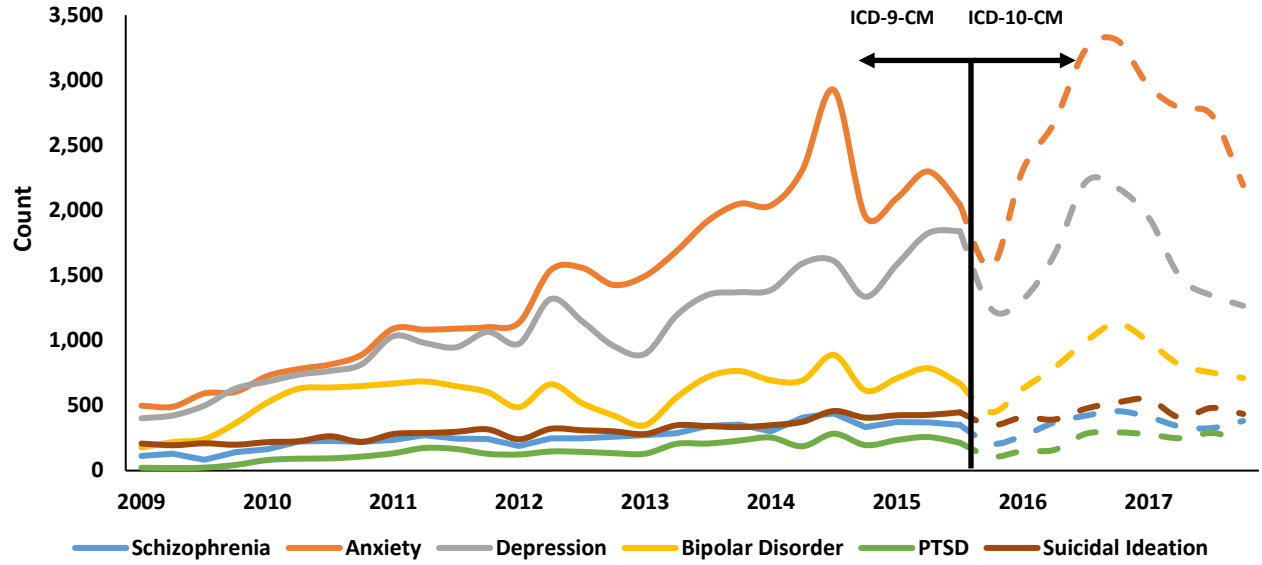
Source: Behavioral Risk Factor Surveillance System (BRFSS).

In 2016, 53.7% Washoe County residents reported missing no days of work or activities, 26.7% missed 1-9 days, and 19.4% missed 10 or more days of work or usual activities. In 2017, 54.7% reported missing no days of work or activities, 27.7% missed 1-9 days, and 17.7% missed 10 or more days of work or usual activities, which Washoe County is similar to Nevada.

Hospital Emergency Department Encounters

The Hospital Emergency Department Billing data includes data for emergency room patients for Nevada's non-federal hospitals. There were 18,341 visits related to mental health disorders among Washoe County residents in 2017. Since an individual can have more than one diagnosis during a single emergency department encounters, 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 10. Mental Health-Related Emergency Department Encounters, by Quarter and Year, Washoe County Residents, 2009-2017.



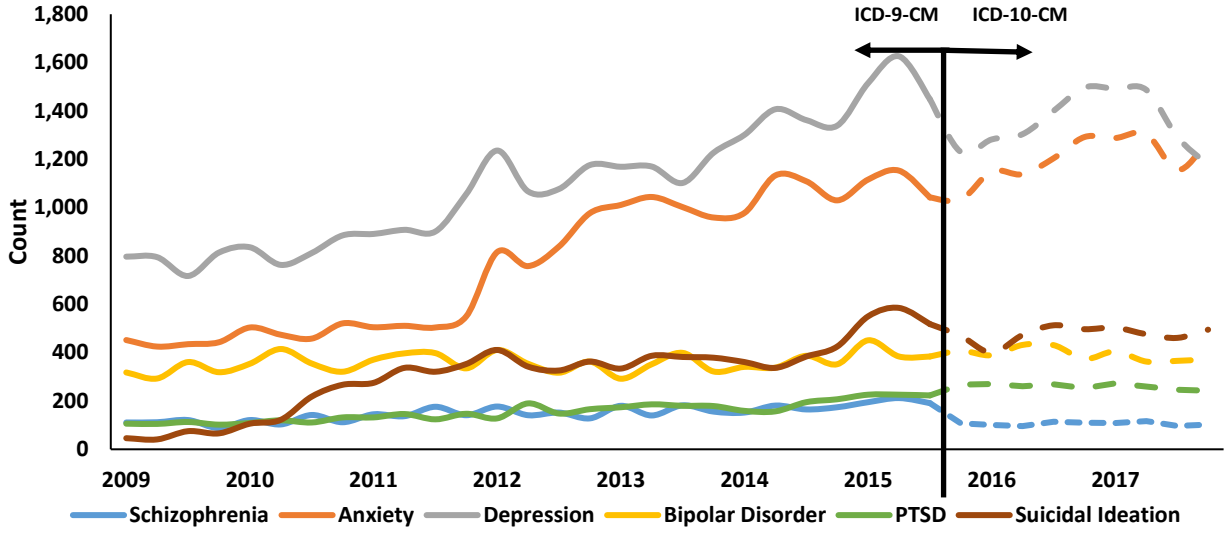
Source: Hospital Emergency Department Billing.
ICD-10 codes replaced ICD-9 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
A person can be included in more than category and therefore the counts above are not mutually exclusive.

Anxiety has been the leading mental health-related diagnosis since 2011 in emergency department encounters. Anxiety-related encounters increased significantly from 2009 to 2017 in both counts and rates, except for 2015 when the numbers of encounters were not significant. When adjusted for population growth, 2009 had 2,189 (530.3 per 100,000 Washoe County residents) emergency department encounters and 2017 had 10,670 (2,353.6 per 100,000 Washoe County residents) encounters. Emergency department encounters related to depression also increased from 2009 to 2017 significantly, from 1,958 (474.4 per 100,000 Washoe County residents) to 6,046 (1,333.6 per 100,000 Washoe County residents).

Hospital Inpatient Admissions

Hospital Inpatient Billing data includes data for patients discharged from Nevada's non-federal hospitals. There were 10,335 inpatient admissions related to mental health disorders among Washoe County residents in 2017. 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 11. Mental Health-Related Inpatient Admissions, by Quarter and Year, Washoe County Residents, 2009-2017.



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

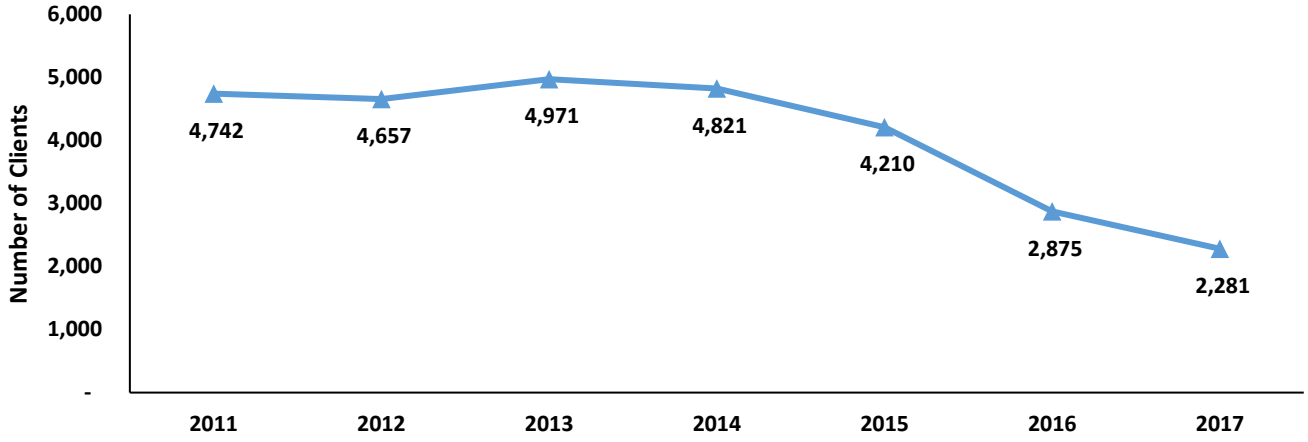
Unlike emergency department encounters, depression is the leading diagnosis for mental health-related inpatient admissions. Depression has increased significantly from 2009 to 2017 both in counts and rates. When adjusted for population growth, 2009 had 3,123 (756.6 per 100,000 Washoe County residents) inpatient admissions and 2017 had 5,446 (1,201.3 per 100,000 Washoe County residents) admissions. Inpatient admissions related to anxiety increased significantly from 2009 to 2017 from 1,755 (1,107.3 per 100,000 Washoe County residents) to 5,020 (1,107.3 per 100,000 Washoe County residents).

State Funded Mental Health Facilities (Avatar)

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. Different services that mental health facilities provide include inpatient acute psychiatric, mobile crisis, outpatient counseling, service coordination, and case management.

Of the total Nevada residents accessing DPBH mental health services in 2017, 16.6% lived in Washoe county.

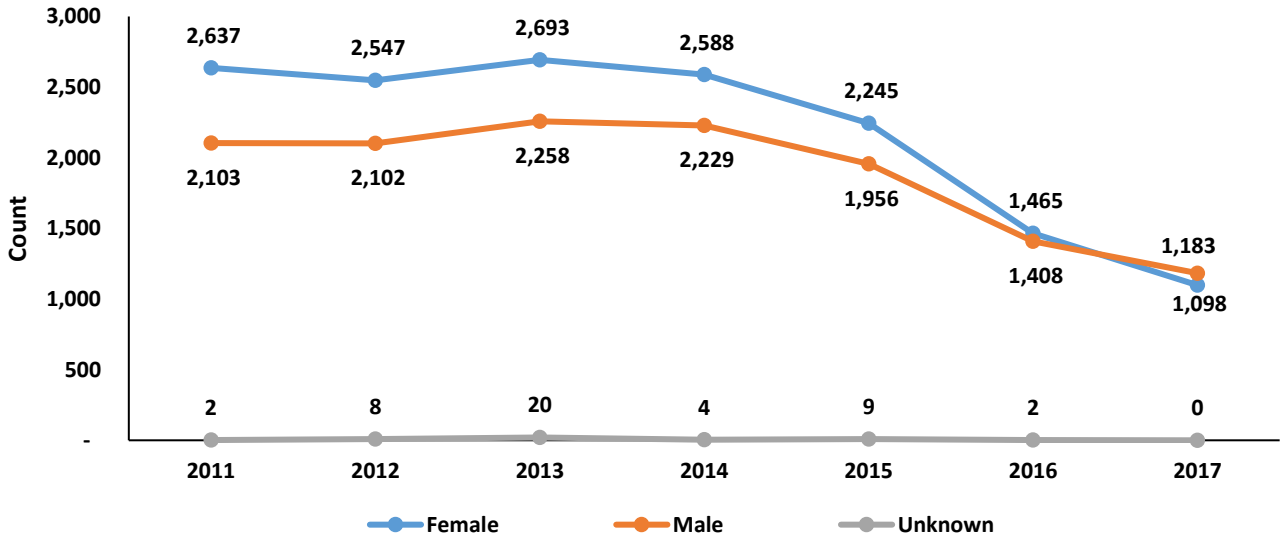
Figure 12. State Mental Health Clinics* by Number of Unique Clients Served*, Washoe County Residents, 2011-2017.



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

The number of unique clients served* by State-Funded Mental Health facilities continues to decline. The Affordable Care Act (ACA) went into effect in 2014. Therefore, many Nevada residents are now able to access non-state-funded facliites through the expansion of Medicaid. This likely contributes to the decline of the clients represtented in the above chart. There were 2,281 in 2017 clients served in 2017, which has decreased from 2011 (4,742).

Figure 13. State Mental Health Clinics Utilization* by Gender, Washoe County Residents, 2011-2017.

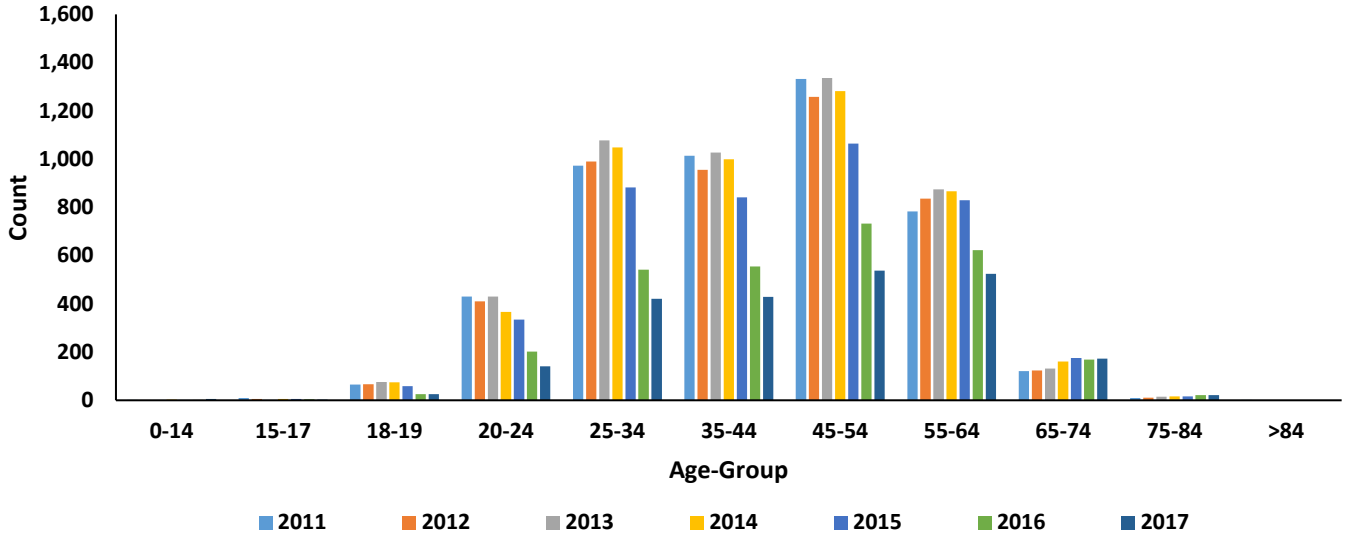


Source: Avatar.
**A client is counted only once per year. Clients may be counted more than once across years.*

From 2011 to 2015, females have significantly utilized the state-funded mental health clinics more than males, in 2016 and 2017 the difference between male and female is not significant (95% confidence

interval). In 2017, 489.1 per male 100,000 population utilized the state-funded mental health clinics, compared females at 487.4 per 100,000 female population.

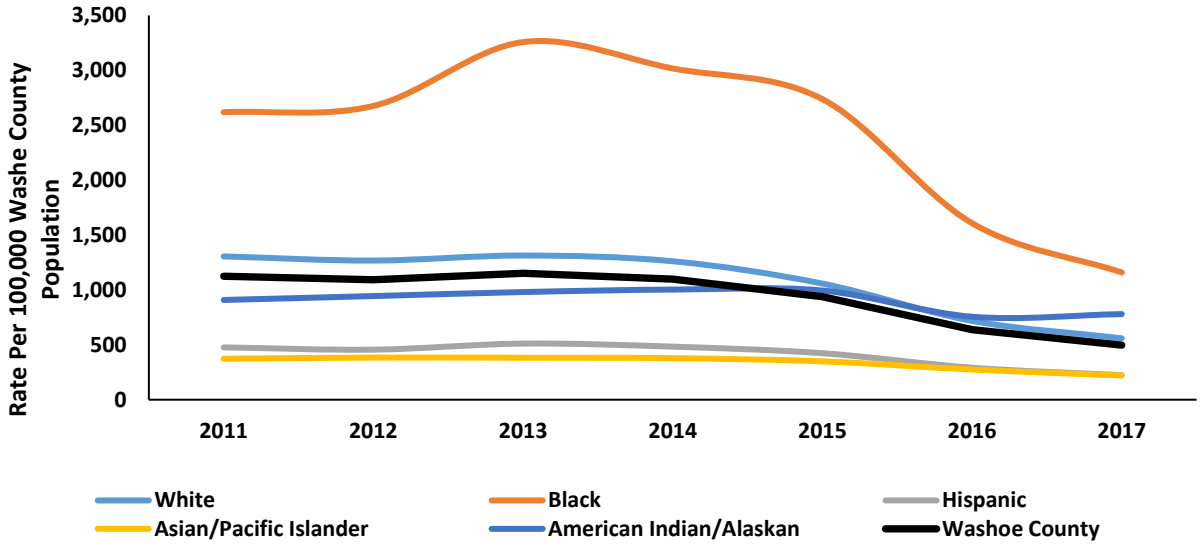
Figure 14. State Mental Health Clinics Utilization* by Age-Group, Washoe County Residents, 2011-2017.



Source: Avatar.
Age "Unknown" not included in analysis.
**A client is counted only once per year. Clients may be counted more than once across years.*

Of Washoe County residence that were patients who utilized state-funded mental health clinics, the most common age group was 45-54-year olds, on average accounting for 26% of the patients.

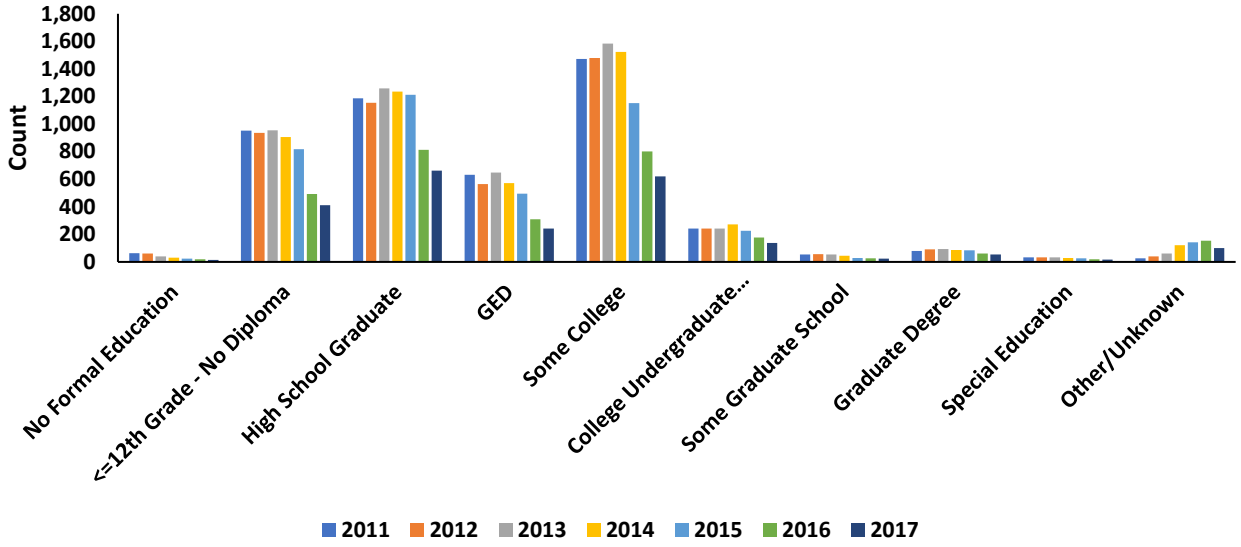
Figure 15. State Mental Health Clinics Utilization* by Race/Ethnicity, Washoe County Residents, 2011-2017.



Source Avatar and the Nevada State Demographer (vintage 2017).
Race "Unknown" not included in analysis. Client county is used in identifying location, not the facility location.
**A client is counted only once per year. Clients may be counted more than once across years.*

The Affordable Care Act (ACA) went into effect in 2014. Therefore, many Nevada residents are now able to access non-state-funded facliites through the expansion of Medicaid. This likely contributes to the decline of the clients represtented in the above chart. The patient utilization rate has gone down significantly across all races from 2011 to 2017. The Black non-Hispanics had the highest rate over the seven-year period at the highest in 2013 with 3,257.1 per 100,000 population.

Figure 16. State Mental Health Clinics Utilization* by Education, Washoe County, 2010-2017.



Source: Avatar
Education "Unknown" not included in analysis. Client county is used in identifying location, not the facility location.
**A client is counted only once per year. Clients may be counted more than once across years.*

High school graduates accounted for 30% of the patients, followed by those with some college at 28%, and then those with less than 12th grade, no diploma education at 18% in 2017 for Washoe County.

Figure 17. Top Mental Health Clinic Services by Number of Patients Served*, 2012-2017.

Program	Year						
	2011	2012	2013	2014	2015	2016	2017
NNAMHS Medication Clinic Adult	3,495	3,412	3,574	3,254	2,918	2,123	1,763
NNAMHS Ambulatory Service Adult	1,259	1,413	1,687	1435	1,192	513	52
NNAMHS Observation Unit Adult~	837	774	605	~	~	~	~
NNAMHS Outpatient Counseling Adult	772	740	675	712	539	249	196
NNAMHS Co-Occurring Disorder Adult	571	559	541	562	318	119	~
NNAMHS Service Coordination Adult	532	509	556	523	255	184	175
NNAMHS Inpatient Hospital Adult	329	298	406	795	485	430	365
NNAMHS Mental Health Court Adult	269	309	372	327	321	273	212

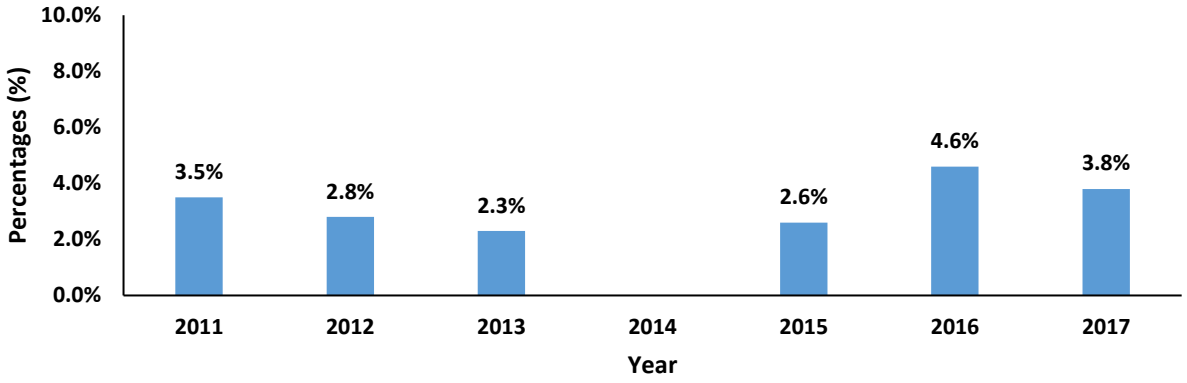
Source: Avatar.
~Program no longer active.
**A client is counted only once per year. Clients may be counted more than once across years.*

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.

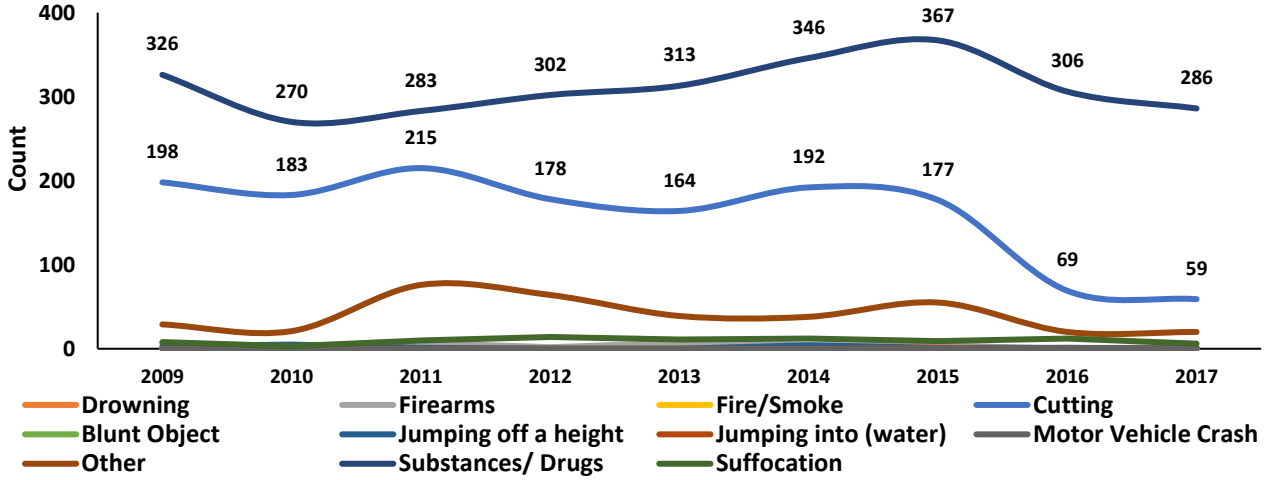
Figure 18. Percentages of Adult Washoe County Residents Who Have Seriously Considered Attempting Suicide, 2011- 2017.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
Charts scaled to 10% to display differences among groups.
Indicator was not measured in 2014.

When asked "have you seriously considered attempting suicide during the past 12 months," 3.8% of Washoe County residents said yes in 2017. Between 2011 and 2017, the average prevalence for suicide consideration in Washoe County is 3.3%. This indicator was not measured in 2014.

Figure 19. Suicide Attempts Emergency Department Encounters by Method, Washoe County Residents, 2009- 2017.

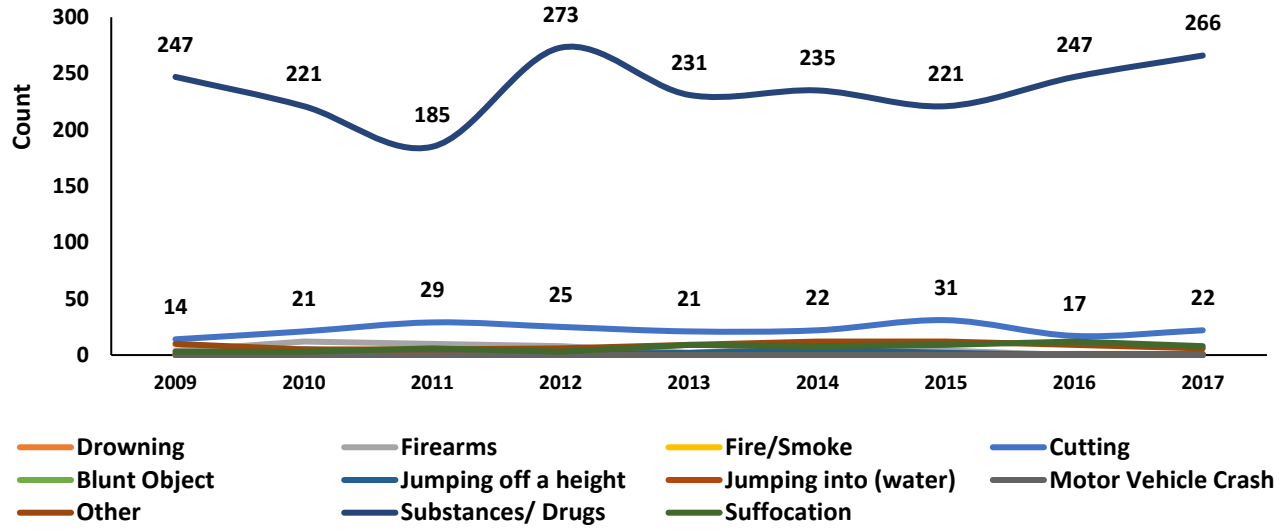


Source: Hospital Emergency Room Billing.
ICD-10 codes replaced ICD-9 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
A person can be included in more than category and therefore the counts above are not mutually exclusive.

Emergency department encounter for attempted suicides, where the patient did not expire at the hospital, have remain steady from 2009-2017. The most common method for attempted suicides is a

substance or drug overdose attempts. During 2017, 377 emergency encounters were for suicide attempts, of those 286 were for substance/drug overdose, or 76% of the suicide attempts.

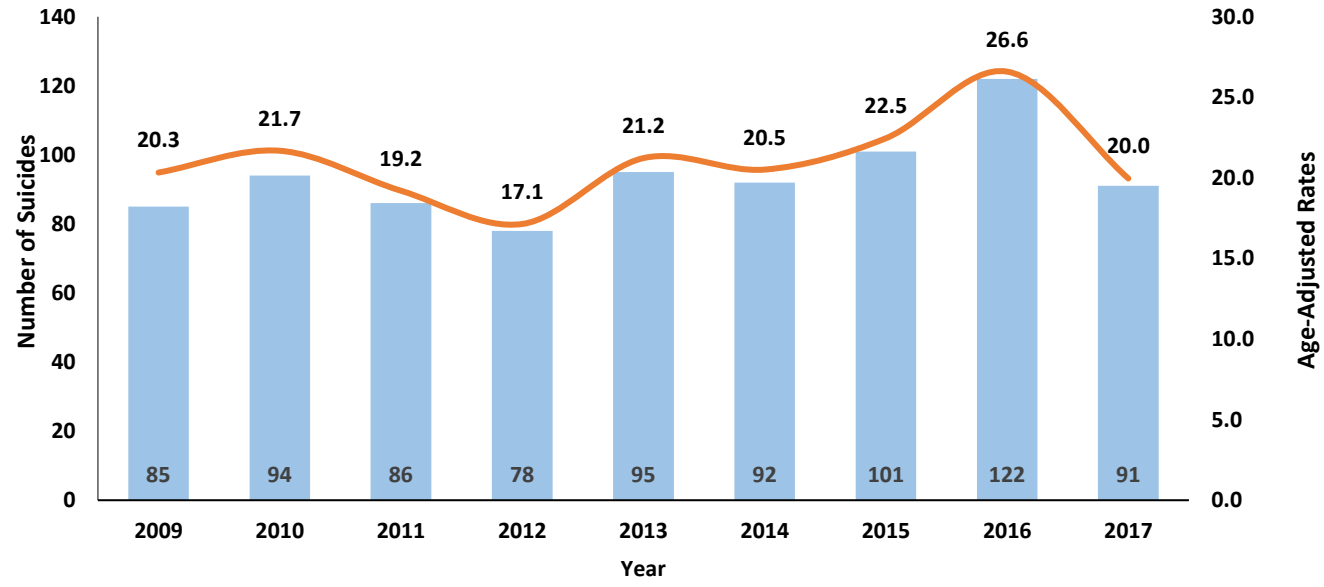
Figure 20. Suicide Attempts Inpatient Admissions by Method, Washoe County Residents, 2009-2017.



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

In 2017, there were 293 inpatient admissions in Washoe County for attempted suicides where the patient was admitted and did not expire at the hospital. Of those, 89% were for substance and drugs overdoses.

Figure 21. Number of Suicides and Age-Adjusted Rates, Washoe County Residents, 2009-2017.

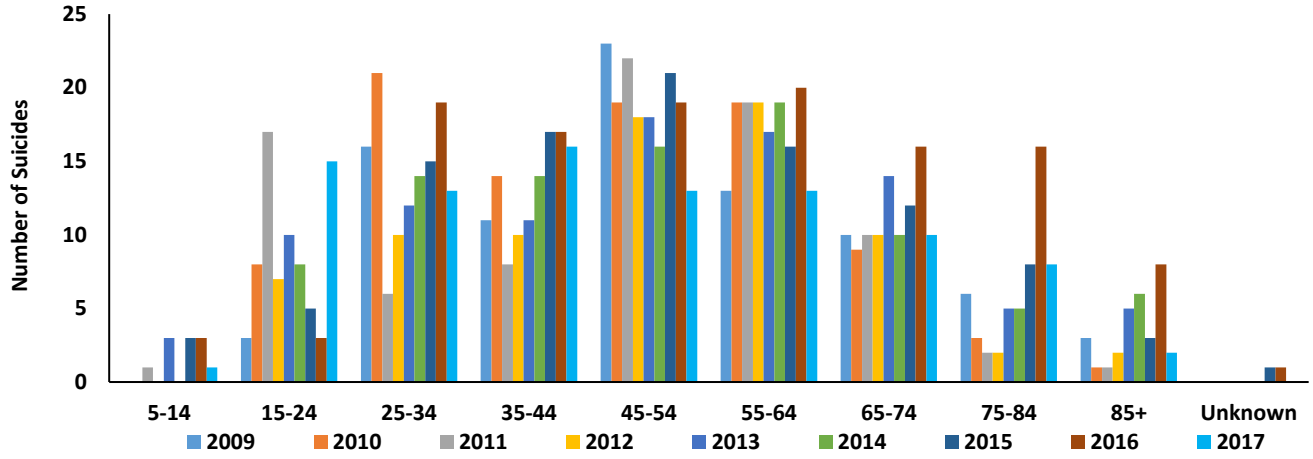


Source: Electronic Death Registry System.

The age-adjusted suicide rate for 2017 was 20.0 per 100,000 age-specific population, the same as Nevada's age-adjusted rate. Between 2009 and 2017, Washoe had its highest age-adjusted suicide rate in

2016, at 26.6 per 100,000 age-specific population and the lowest rate in 2012, with 17.1 per 100,000 age-specific population. From 2009 - 2017 there have been 844 suicides in Washoe, an average of 94 suicides each year.

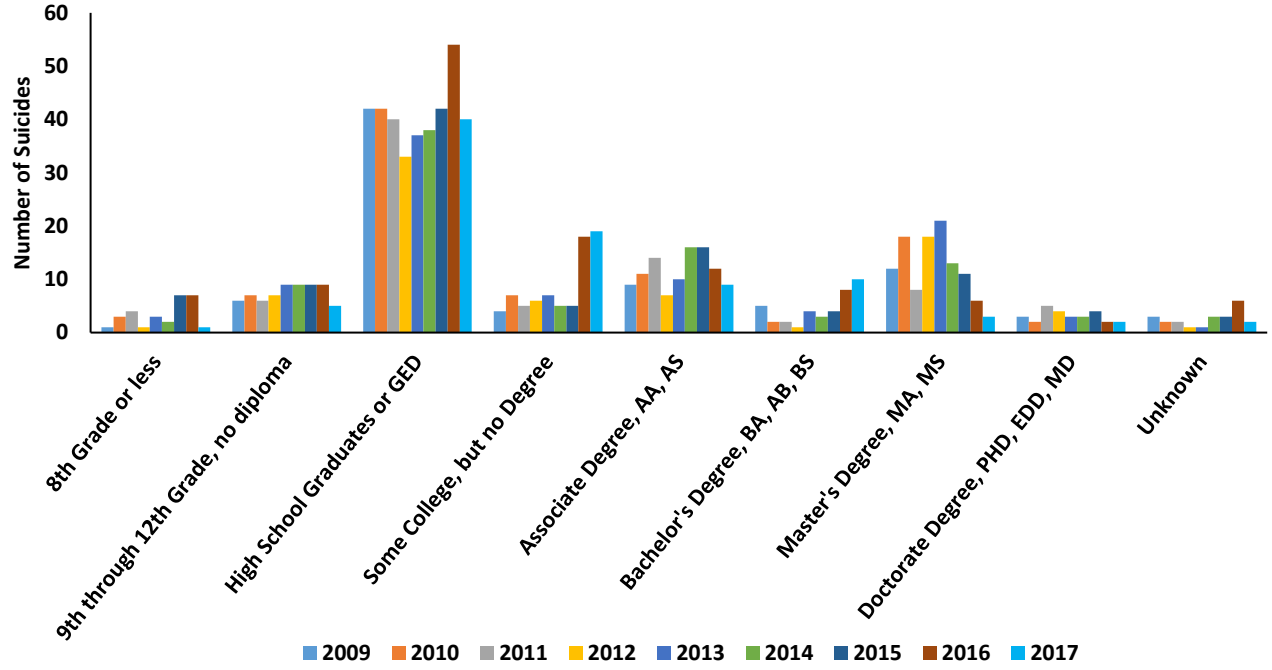
Figure 22. Suicides by Age Group, Washoe County Residents, 2009-2017.



Source: Electronic Death Registry System.

Suicides in Washoe County are most common among the 45-54 age group with 13 suicides in 2017.

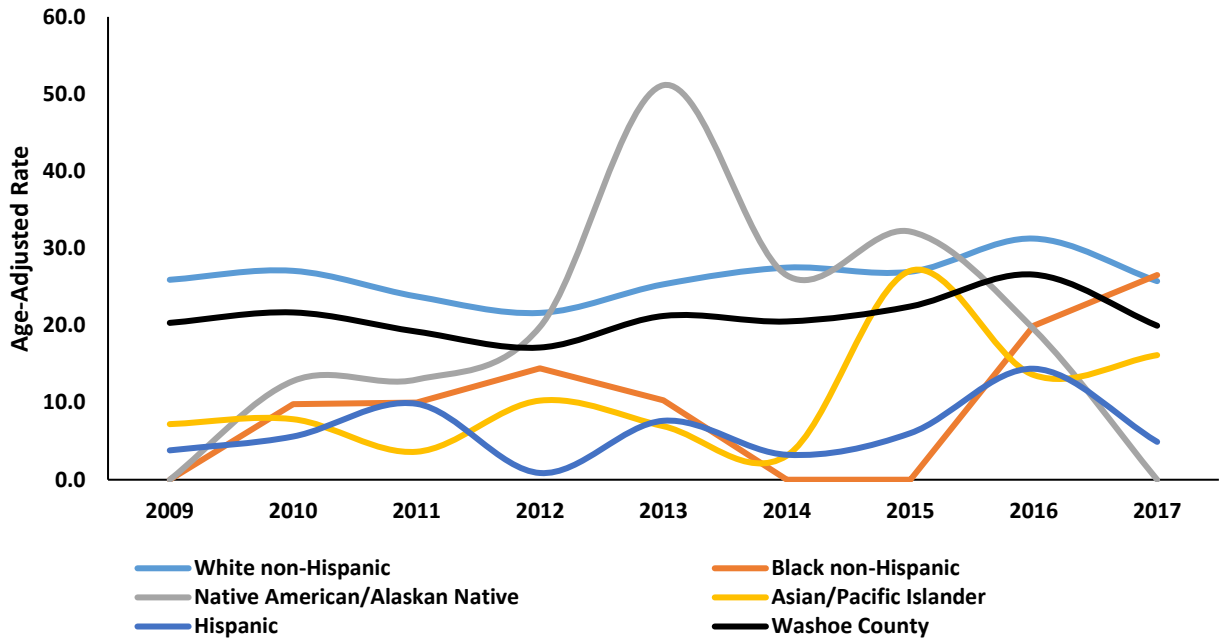
Figure 23. Suicides by Level of Education, Washoe Residents, 2009-2017.



Source: Electronic Death Registry System.

Suicides among Washoe County residents are most common among high school gradutes, with 40 suicides in 2017.

Figure 24. Race/Ethnicity Suicides by Age-Adjusted Rates, Washoe County Residents, 2009-2017.



Source: Electronic Death Registry System.

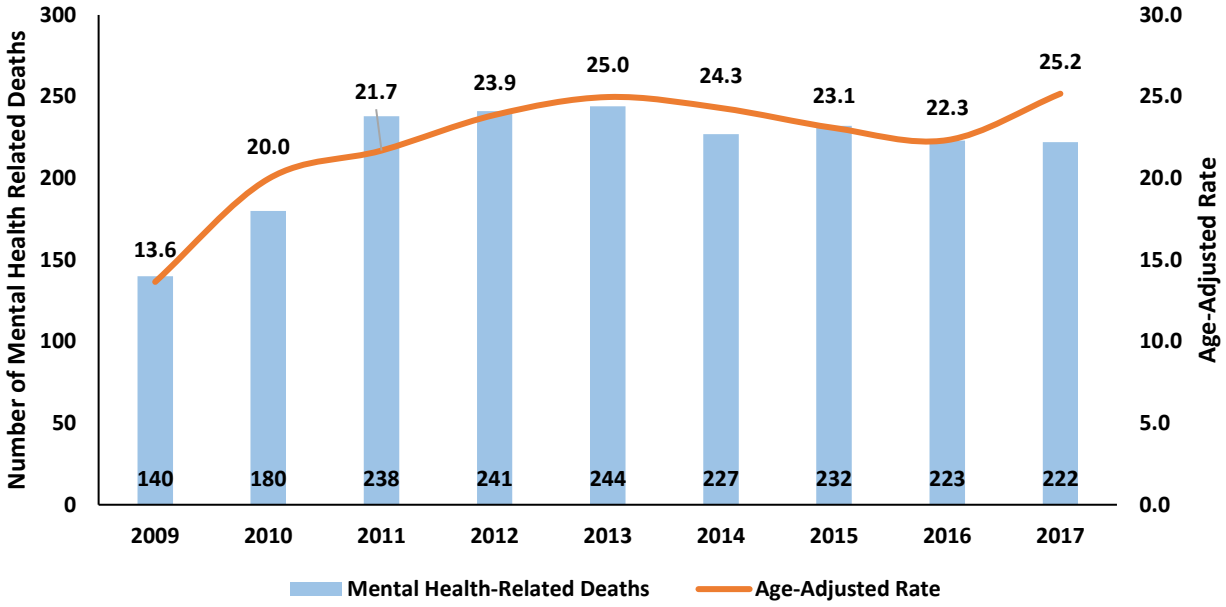
The age-adjusted suicide rates were significantly higher for White non-Hispanics when compared to Washoe County, for each year, with 25.7 per 100,000 age-specific population in 2017. The Native American age-adjusted rate rose above the total Washoe County rate in 2013 and 2015, but was not significantly higher based on 95% confidence intervals. Hispanics are significanlty lower than the total Washoe rate over most years (2009, 2012, 2013, 2014, 2015, and 2017).

Mental Health-Related Deaths

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

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

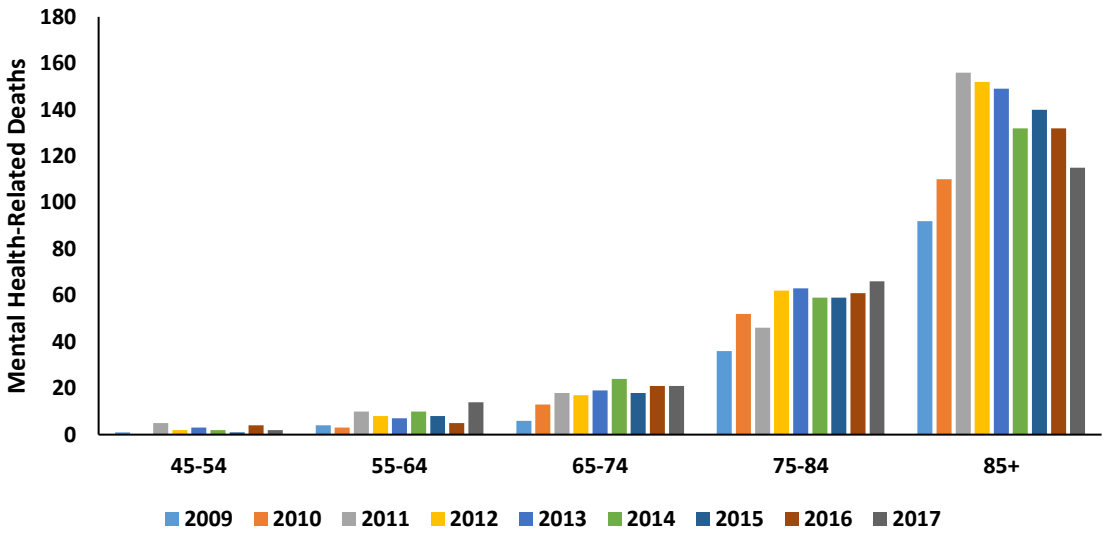
Figure 25. Mental Health-Related Deaths and Age-Adjusted Rates, Washoe County Residents, 2009-2017.



Source: Electronic Death Registry System.

The number of mental health-related significantly increase from 2009 at 140 (13.6 per 100,000 age-specific population) to 222 (25.2 per 100,00 age-specific population) in 2017.

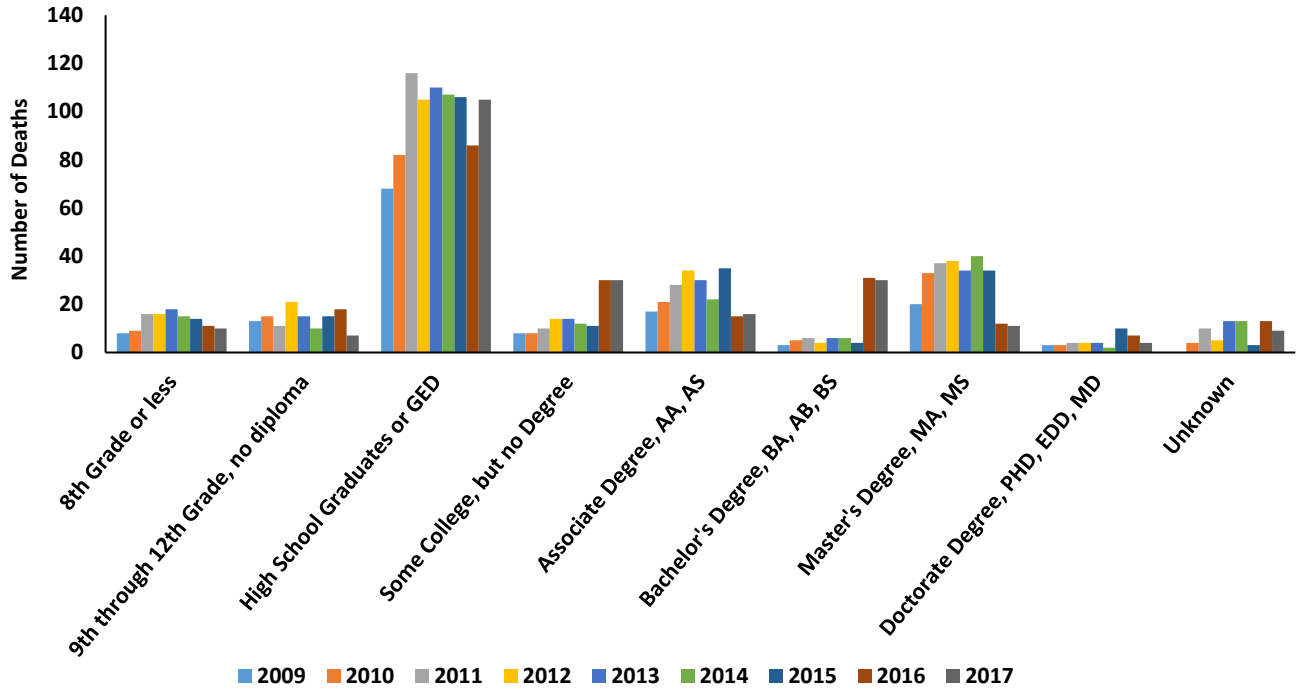
Figure 26. Mental Health-Related Deaths by Age Group, Washoe County Residents, 2009-2017.



Source: Electronic Death Registry System.
Chart scaled to display differences among age groups.

There were 19 mental health-related deaths to those less than 45 years old in the 9-year span (2009-2017), and therefore were not displayed in the figure above. The most common age group for mental health-related deaths were those ages 85 and older with 115 in 2017.

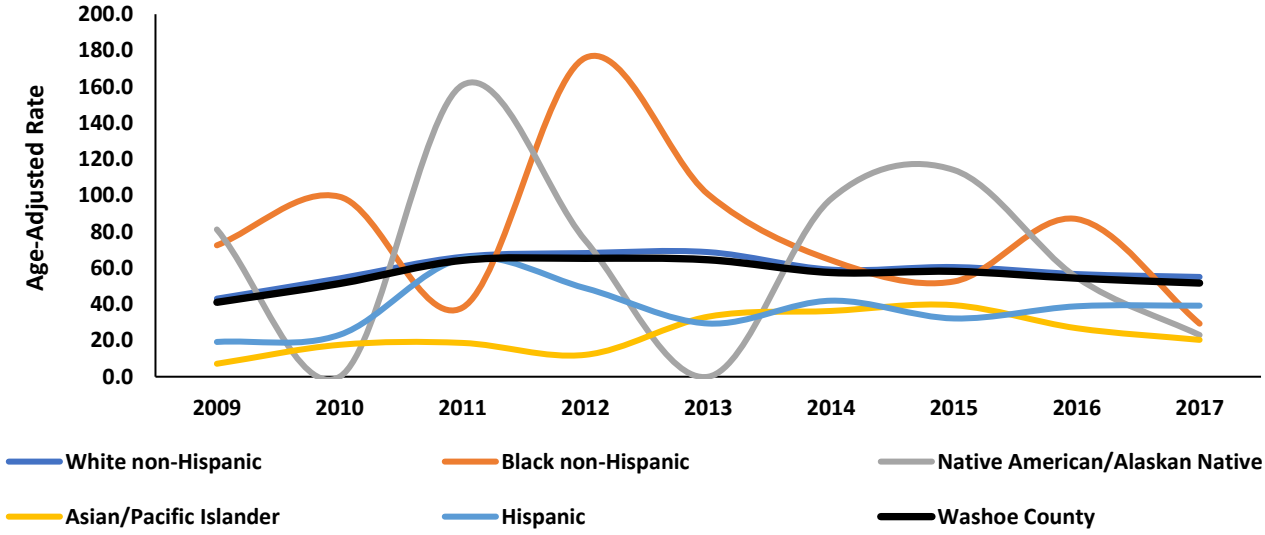
Figure 27. Mental Health-Related Deaths by Education, Washoe County Residents, 2009-2017.



Source: Electronic Death Registry System.

Mental health-related deaths were highest in Washoe County among individuals who had high school diplomas with 115 mental health-related deaths in 2017.

Figure 28. Mental Health-Related Deaths by Race/Ethnicity, Washoe County Residents, 2009-2017.



Source: Electronic Death Registry System.

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

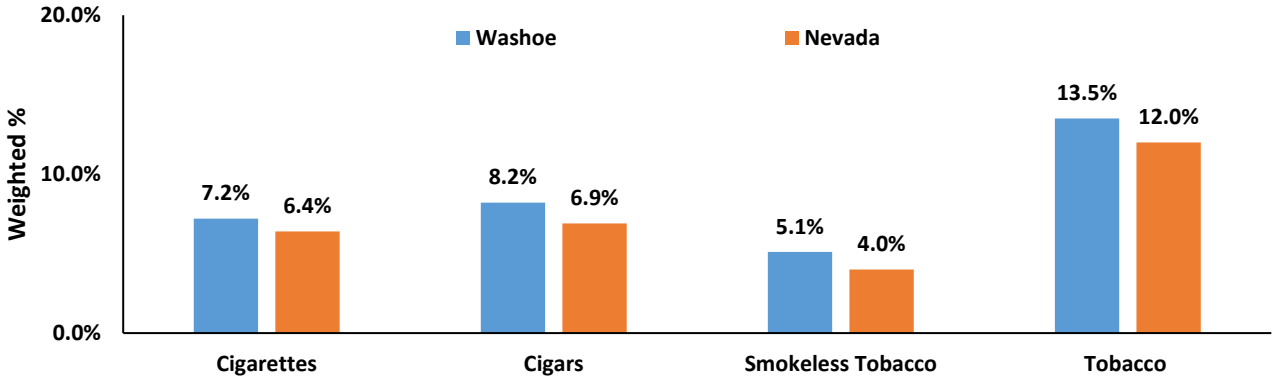
Substance Abuse

Substance use data are collected from hospital billing data, vital records data, and through national survey data including BRFSS and YRBS.

Youth Risk Behavior Surveillance System (YRBSS)

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 Washoe County for 2017, 1,310 high school, and 1,253 middle school students participated in the YRBS.

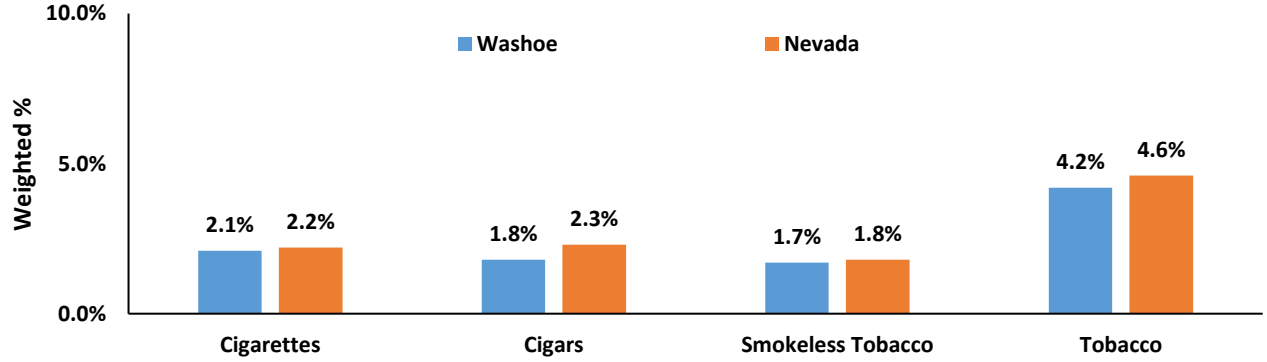
Figure 29. Current Tobacco Use, High School Students, 2017.



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

Of Washoe County high school students, 7.2% in Washoe County reported using cigarettes in the past 30 days and 13.5% have used tobacco at one time, this is higher than Statewide, which is 12.0% in 2017.

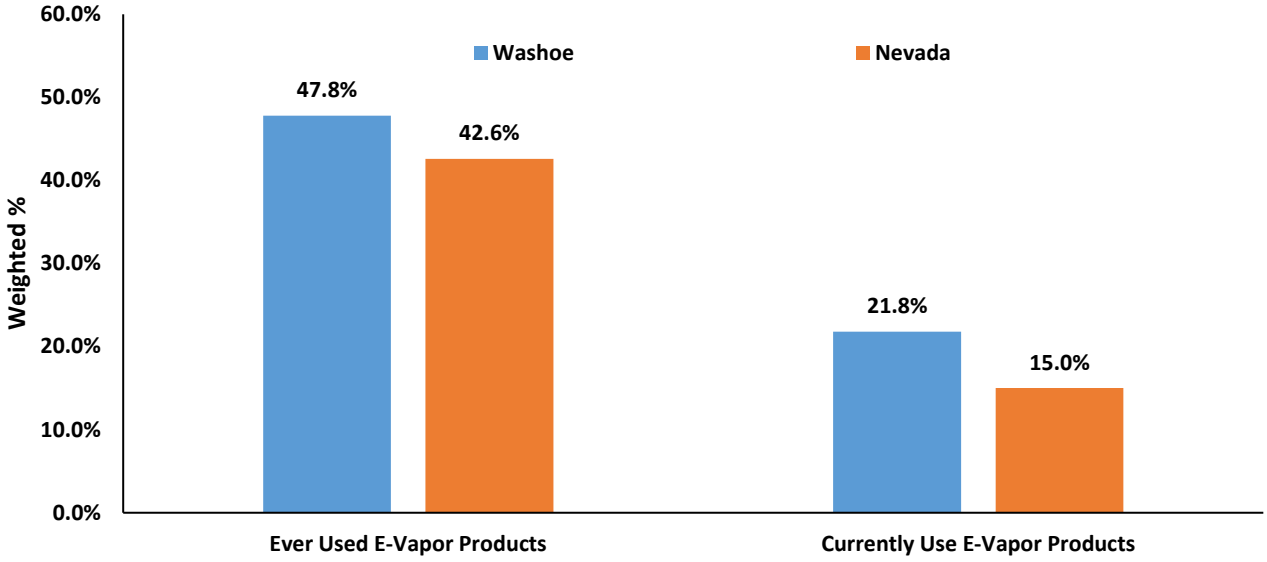
Figure 30. Current Tobacco Use, Middle School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 10% to display differences among groups.

Of Washoe County middle school students, 4.2% reported use of tobacco in the past 30 days (lower then Nevada 4.6%); 2.1% reported use of cigarettes in the past 30 days and 1.8% used cigars in the past 30 days.

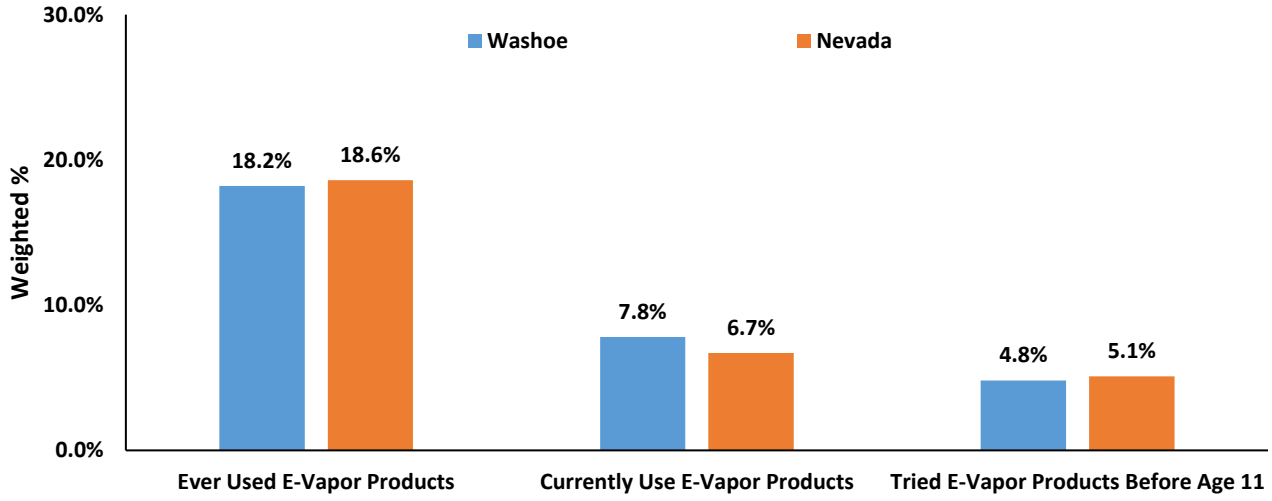
Figure 31. Electronic Vapor Product Use, High School Students, 2017.



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

In Washoe County, 47.8% report having ever used electronic vapor (E-vapor) products and 21.8% reported they are currently using E-vapor products, which is higher than state of Nevada (15.0%) for high school students.

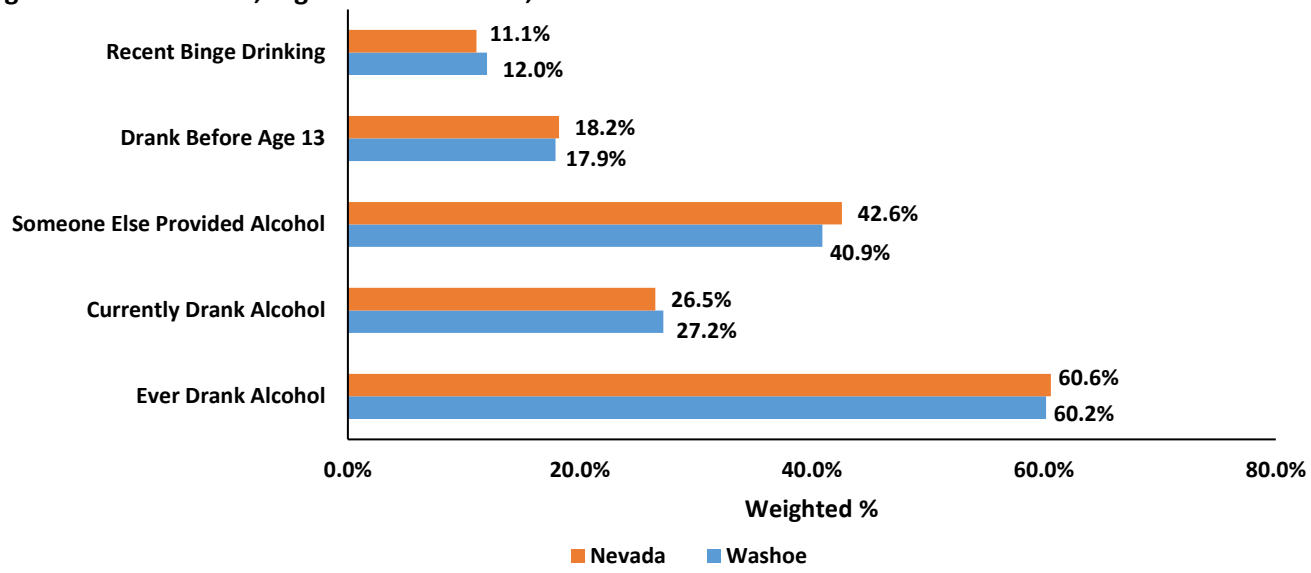
Figure 32. Electronic Vapor Product Use, Middle School Students, 2017



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

In Washoe County, 18.2% have used E-vapor products, and 7.8% are currently using E-vapor products among middle school students.

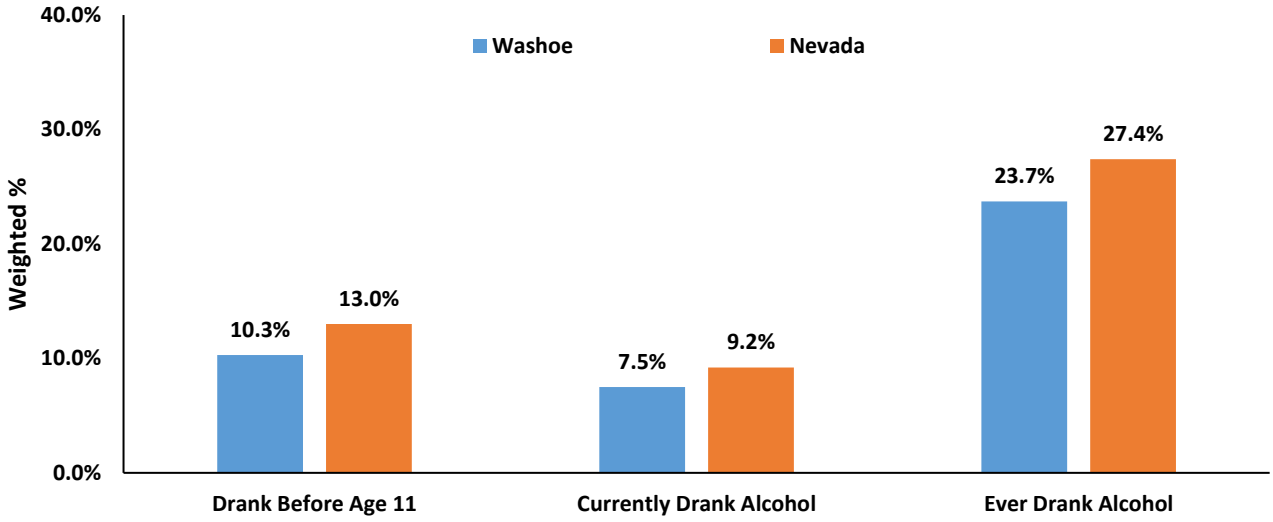
Figure 33. Alcohol Use, High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
Binge Drinking: Had five or more drinks of alcohol in a row for males, four or more for females within a couple of hours.
Chart scaled to 80% to display differences among groups.

At least, 6 out of 10 Washoe County high school students have ever drank alcohol (60.2%). About 27.2% currently drink alcohol and 40.9% of Washoe county high school students have had alcohol provided to them by someone else. Of Washoe County high school students 17.9% had alcohol before the age of 13 years and 12.0% have had a recent binge drinking experience (had at least five or more drinks of alcohol in a row for males and four or more for females within a couple of hours).

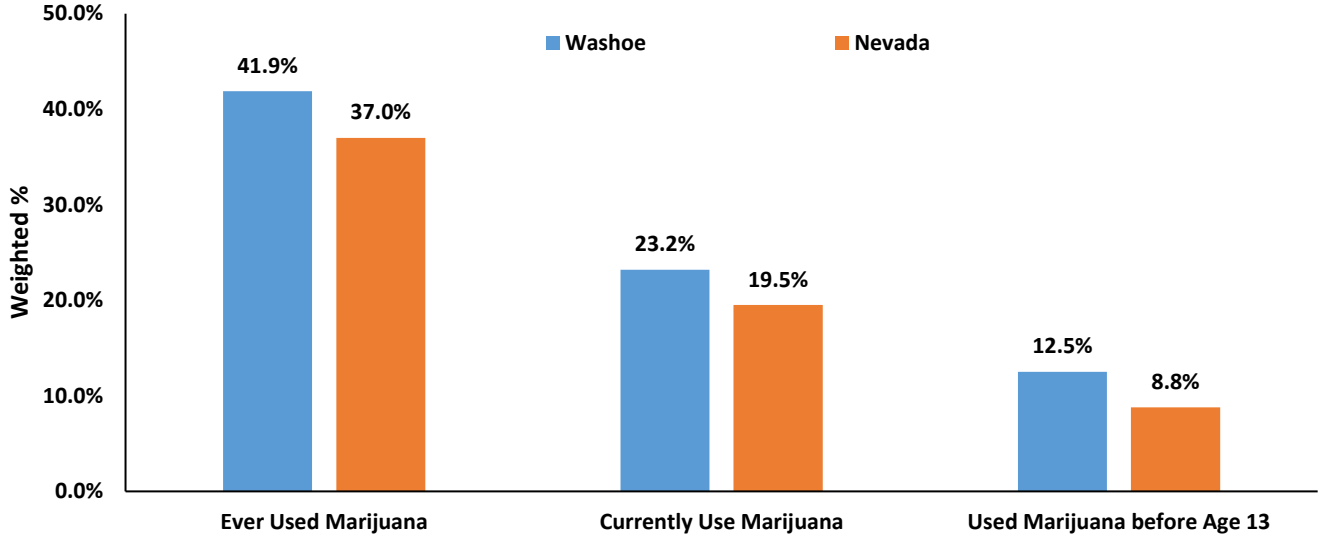
Figure 34. Alcohol Use, Middle School Students, 2017.



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

One out of ten Washoe county middle school students (10.3%) drank alcohol before age 11. Also, 7.5% currently drink alcohol and at least two out of ten had drank alcohol before (23.7%).

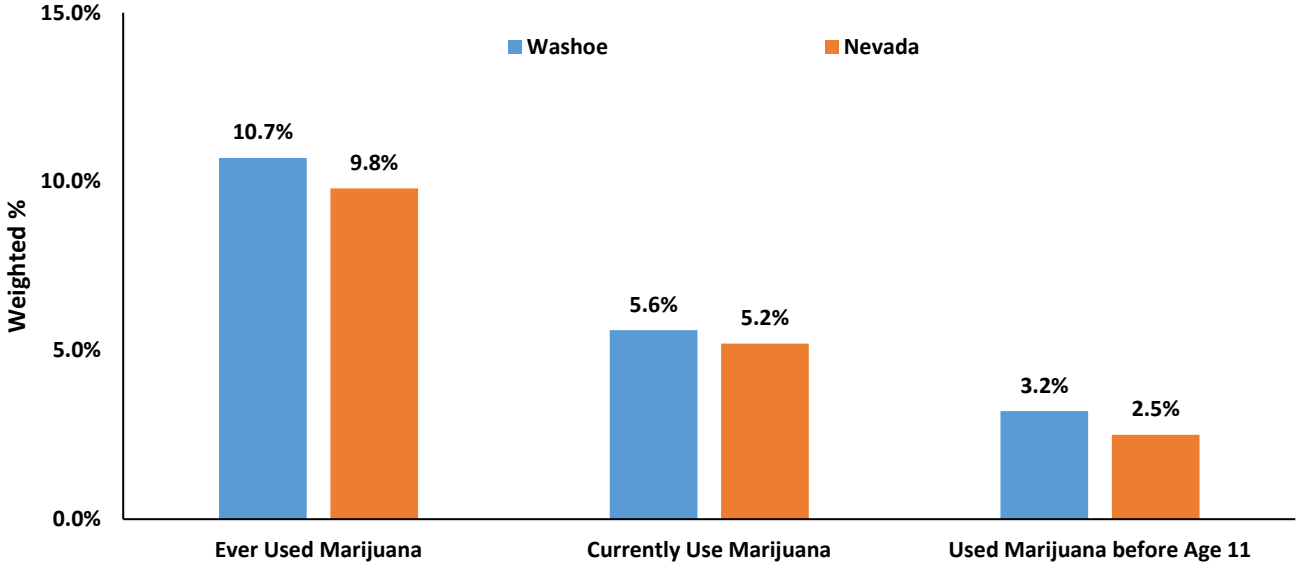
Figure 35. Marijuana Use, High School Students, 2017.



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

In Washoe County, 41.9% of high school students reported trying marijuana, which is higher than Nevada (37.0%) and 23.2% currently use marijuana. One out of ten high school students (12.5%) used marijuana before age 13.

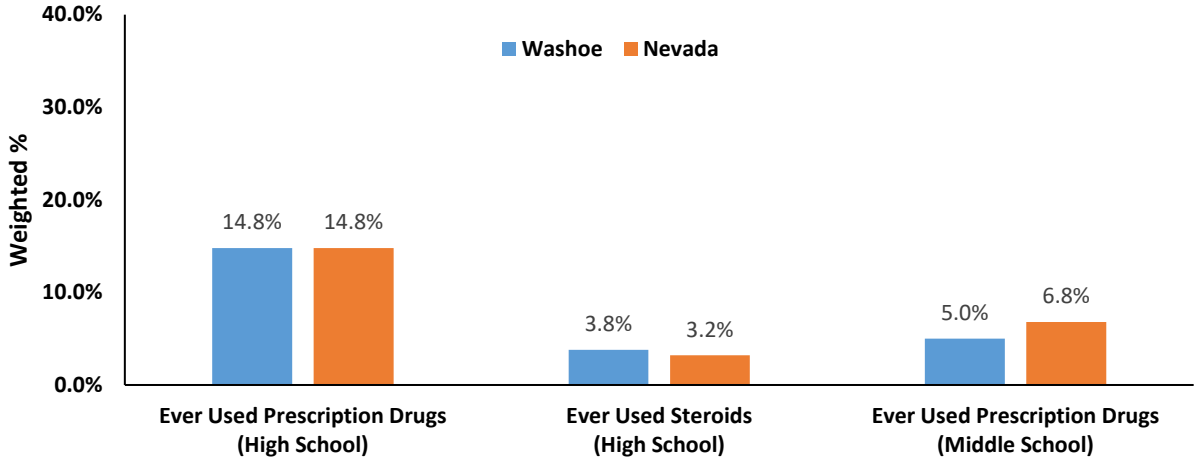
Figure 36. Marijuana Use, Middle School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 15% to display differences among groups.

About 3% of middle school students in Washoe County have tried marijuana before they turned 11 years. Of Washoe County middle school students, 10.7% have tried marijuana and 5.6% currently use marijuana, which is higher than Nevada (9.8% and 5.2% respectively).

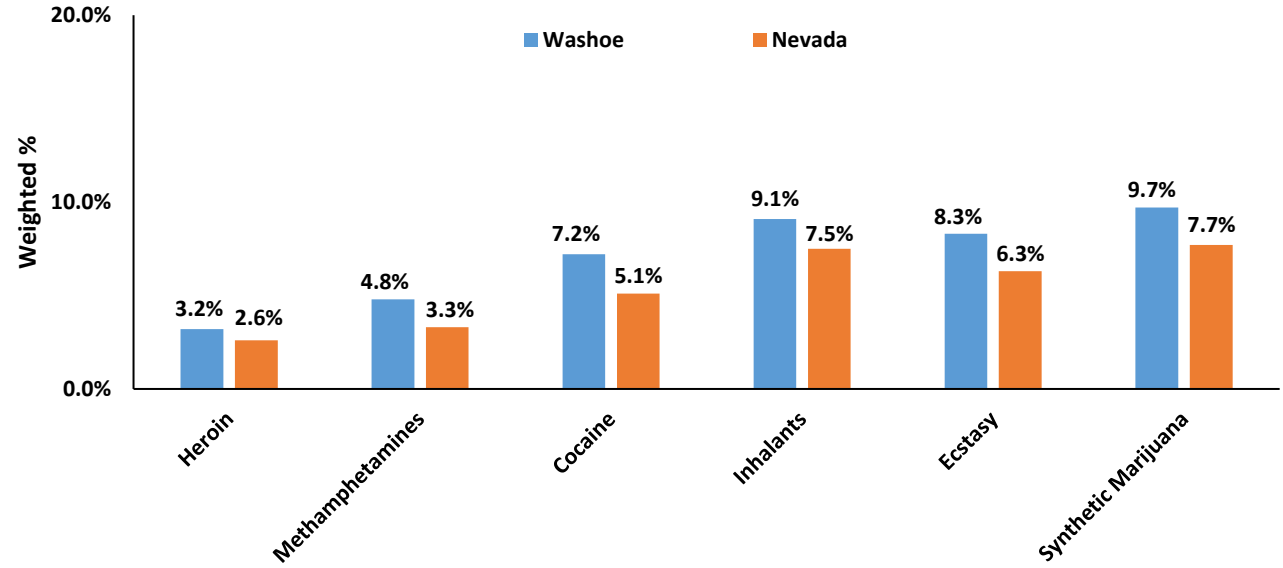
Figure 37. Nonprescription Substance Use, Middle and High School Students, 2017.



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

Approximately 15% of high school students in Washoe County have used prescription drugs that were not prescribed to them in their lifetime, while 5.0% of middle school students have reported ever taking prescription drugs that were not prescribed to them, which is lower than Nevada at 6.8%. Of high school students 3.8% have tried non-prescribed steroids.

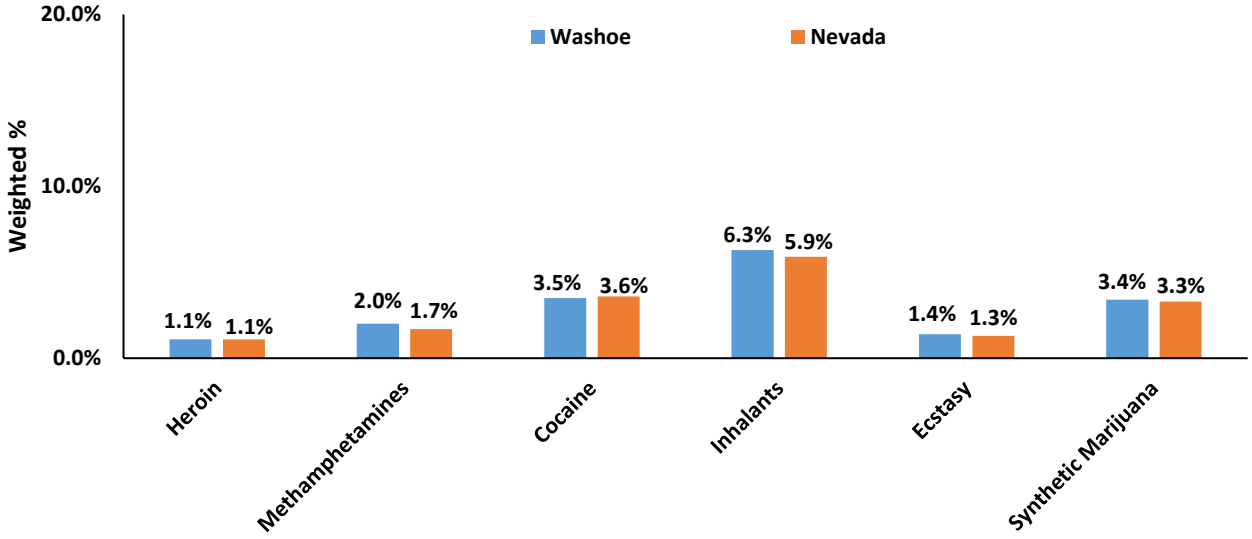
Figure 38. Lifetime Drug Use, High School Students, 2017.



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

Drug use among high school students is slightly higher in Washoe than Nevada. Washoe County high school students have 9.1% use of inhalants while the state of Nevada is 7.5%.

Figure 39. Lifetime Drug Use, Middle School Students, 2017.



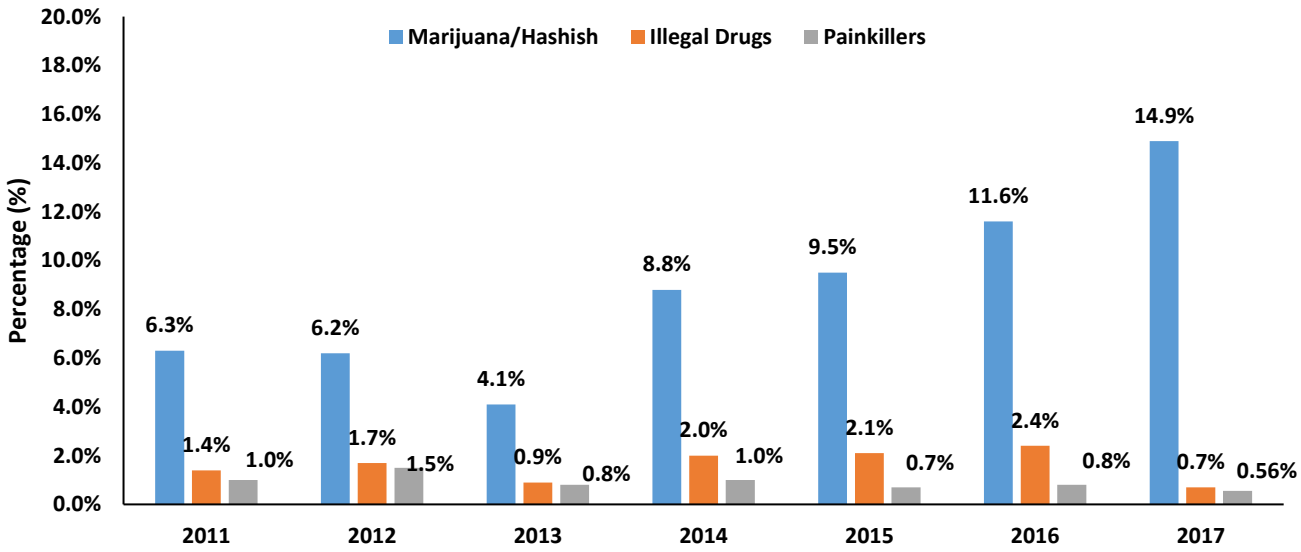
Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 20% to display differences among groups.

Use of inhalant among Washoe County middle school students in 2017 was 6.3% and slightly higher than Nevada at 5.9%. Cocaine and synthetic marijuana use among middle school students is about 3.5% and use of methamphetamines is at 2.0% which is higher than Nevada (1.7%).

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.

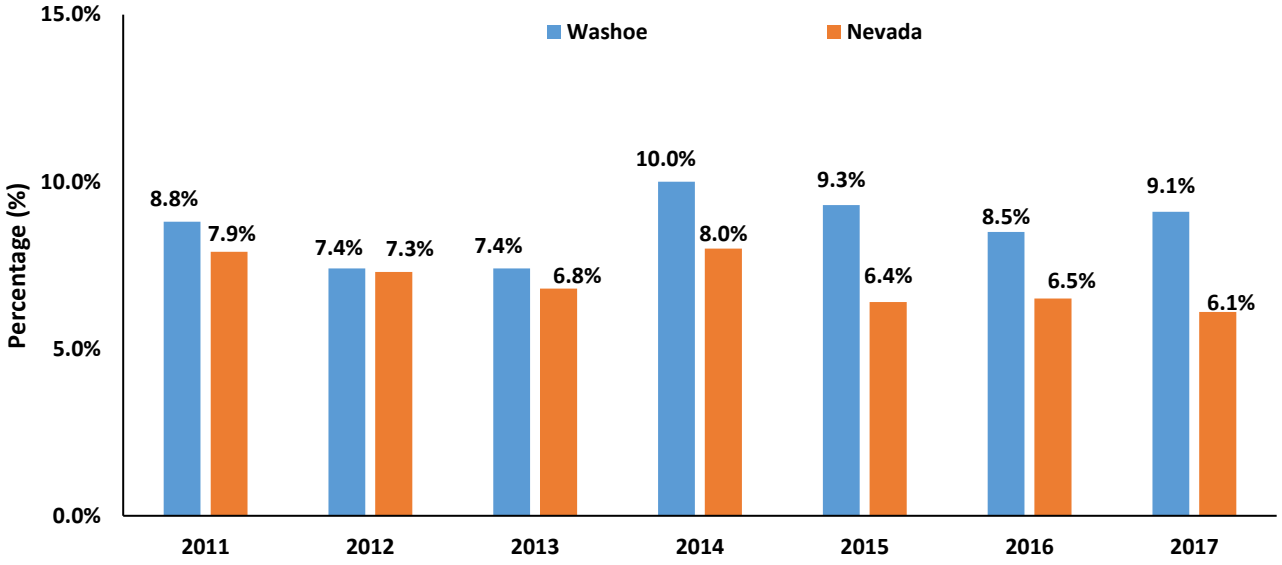
Figure 40. Adult Washoe County Residents Who Used Illegal Substances or Marijuana/Hashish or Painkillers to Get High in the Last 30 days, 2011-2017.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
Chart scaled to 20% to display differences among groups.

Between 2011and 2017, on an average, 8.8% of 23,664 Washoe County adults surveyed reported through the BRFSS, used marijuana or hashish in the last 30 days which is higher than Nevada (7.5%). Marijuana use has increased consistently since 2014 and is expected to increase as marijuana was legalized in Nevada in 2017. Of Washoe County residents surveyed, 0.9% (on average) used painkillers to get high in the last 30 days and 1.6% used other illegal drugs to get high in the last 30 days.

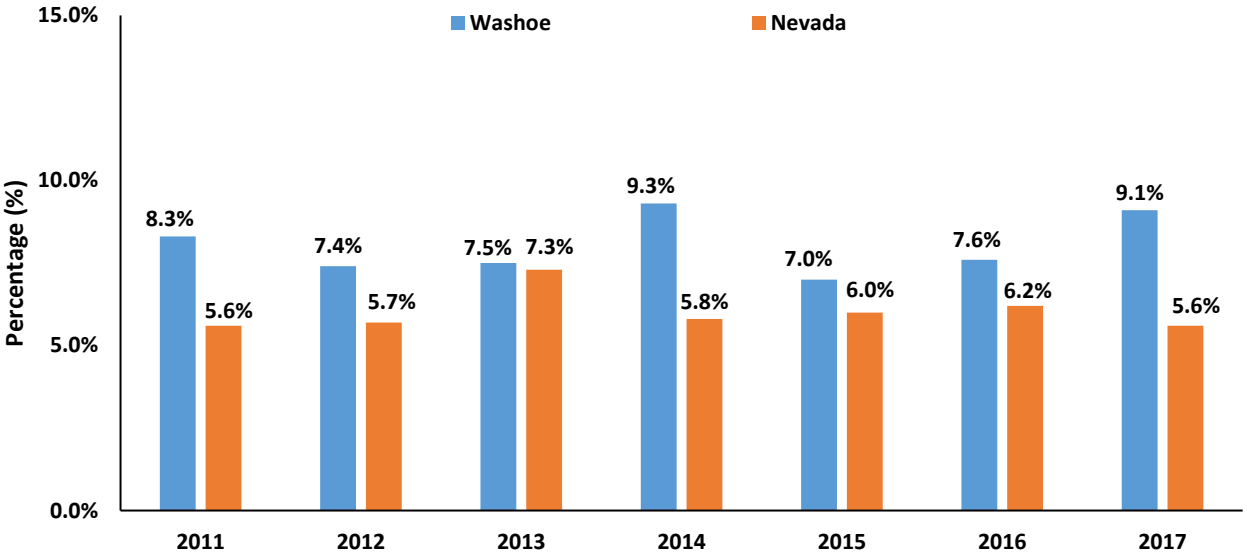
Figure 41. Percentage of Adult Men Who are Considered Heavy Drinkers, 2011-2017.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
Chart scaled to 15% to display differences among groups.

Men who considered themselves heavy drinkers in Washoe County is 9.1% in 2017. For men, heavy drinking is defined by consuming more than two alcoholic beverages per day.

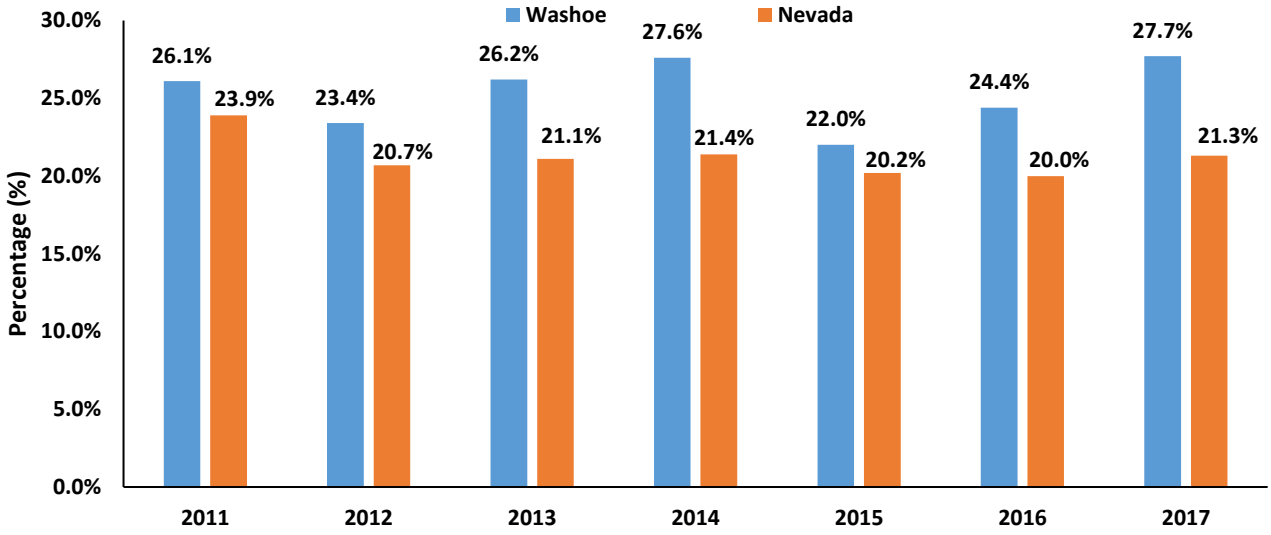
Figure 42. Percentage of Adult Women Who are Considered Heavy Drinkers, 2011-2017.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
Chart scaled to 15% to display differences among groups.

Women who are considered heavy drinkers has remain steady from 2011 to 2017, at 9.1%. For women, heavy drinking is defined by consuming more than one alcoholic beverage per day.

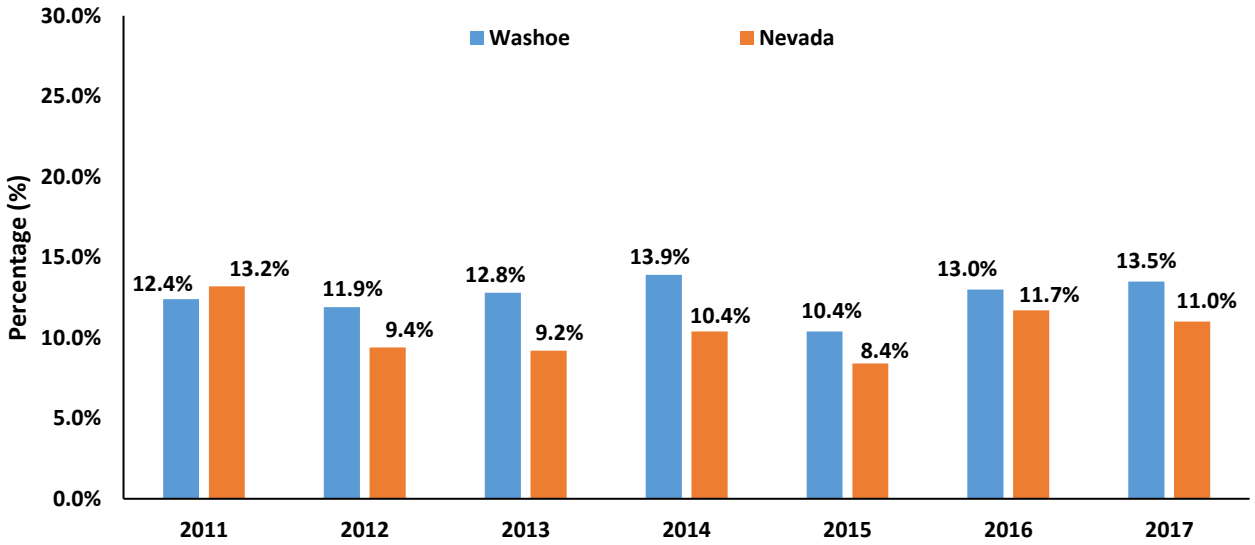
Figure 43. Percentage of Adult Men Who are Considered Binge Drinkers, 2011-2017.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
Chart scaled to 30% to display differences among groups

Binge drinking is defined in men as having five or more alcoholic beverages on an occasion. Binge drinking has remained steady in Washoe County, from 2011 to 2017, from 26.1% to 27.7%. Men reported the lowest binge drinking percentage, 22.0%, in 2015 for Washoe County.

Figure 44. Percentage of Adult Women Who are Considered Binge Drinkers, 2011-2017.



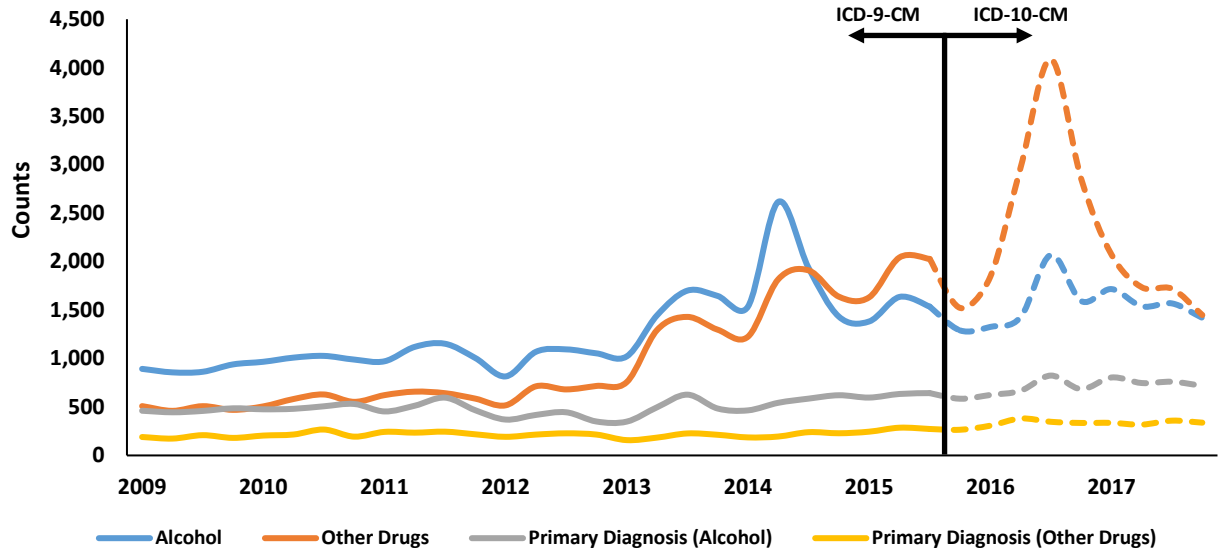
Source: Behavioral Risk Factor Surveillance System (BRFSS).
Chart scaled to 30% to display differences among groups.

Binge drinking is defined by women having four or more alcoholic beverages on an occasion. Washoe County women reported the highest binge drinking percentage in 2014, which was 13.9%. Washoe County women reported binge drinking in 2017 at 13.5%, whereas Nevada women reported 11%.

Hospital Emergency Department Encounters

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

Figure 45. Alcohol and/or Drug-Related Emergency Department Encounters by Quarter and Year, Washoe County, 2009-2017.

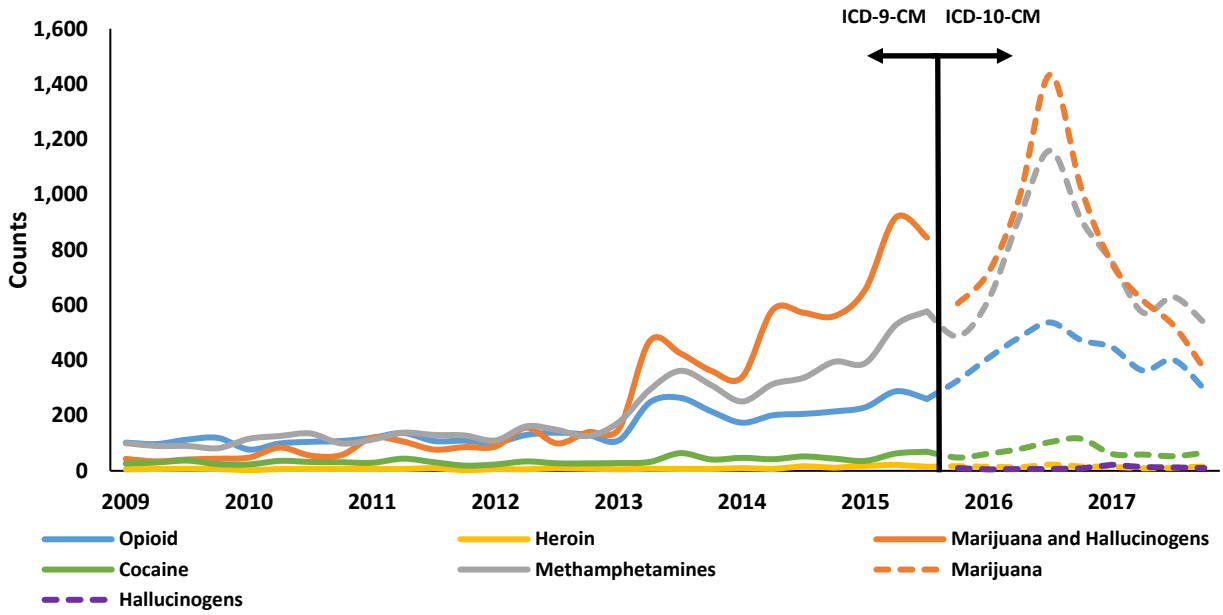


Source: Hospital Emergency Department.
ICD-10 codes replaced ICD-9 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
A person can be included in more than category and therefore the counts above are not mutually exclusive.

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

Alcohol visits were more common than drug visits until 2015, where drug visits to the emergency department encounters surpassed alcohol and have remained higher through 2017. In 2017, there was a total of 13,215 alcohol and drug-related emergency department encounters. Out of this number, 3,029 were related to alcohol (primary diagnosis) and 1,351 were drug-related (primary diagnosis).

Figure 46. Drug-Related Emergency Department Encounters by Quarter, Drug Type and Year, Washoe County, 2009-2017.



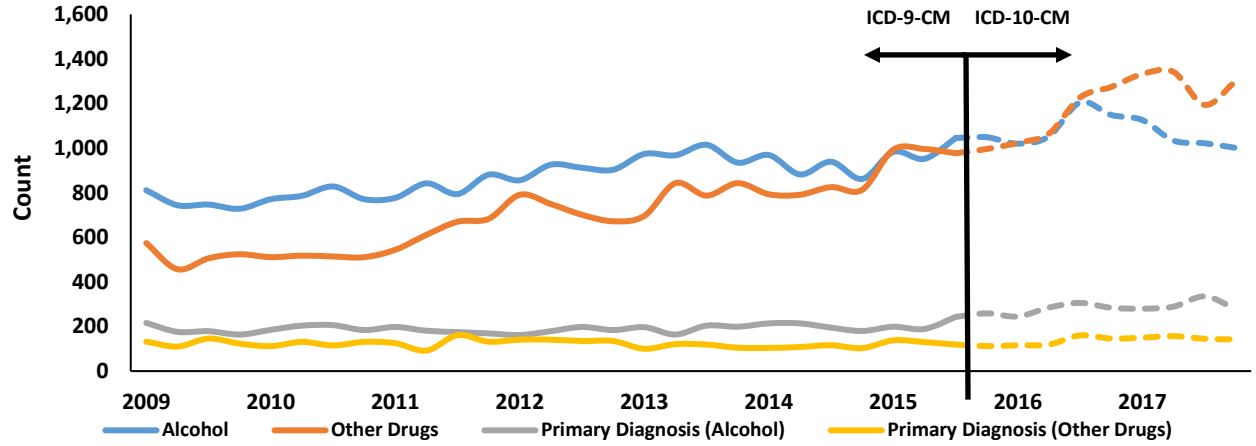
Source: Hospital Emergency Room Discharge.
ICD-10 codes replaced ICD-9 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
A person can be included in more than category and therefore the counts above are not mutually exclusive.

Hallucinogens and marijuana were grouped together for ICD-9-CM, but in 2015 were separated into their own groups in the ICD-10-CM codes. In 2015 (October), marijuana/cannabis use alone is more common for emergency department encounters than hallucinogens, opioids, and heroin. This includes all diagnoses and most of the marijuana visits are for marijuana/cannabis-related disorders and not for overdose or poisoning. In 2017, there were 2,495 emergency department encounters for methamphetamine-related visits, followed by 2,263 marijuana-related visits.

Hospital Inpatient Admissions

The inpatient admission billing data provides health billing data for patients admitted to hospital for longer than a 24-hour period. In 2017, more people were admitted into Nevada hospitals for drug-related issues than alcohol-related issues. Of the 9,351 alcohol and/or drug-related admissions, 4,183 was alcohol-related and 5,168 were drug-related.

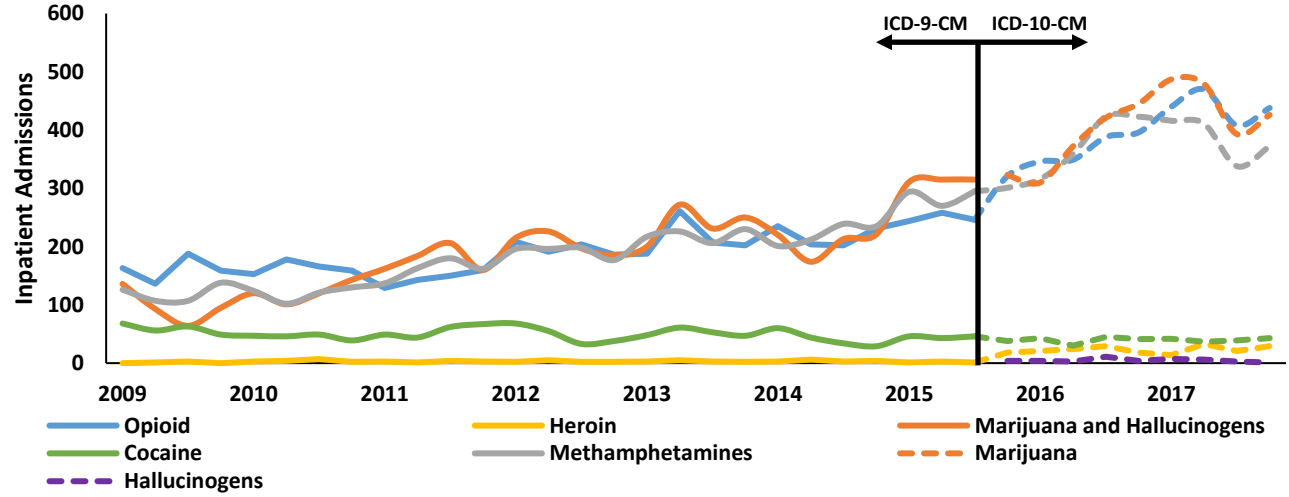
Figure 47. Alcohol and/or Drug-Related Inpatient Admissions by Quarter and Year, Washoe County, 2009-2017.



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

Alcohol-related admissions were more common than drug visits until 2015 where drug-related admissions surpassed alcohol for Washoe County. In 2017, there was a total of 1,777 alcohol and/or drug-related inpatient admissions. Out of this number, 1,183 were related to alcohol (primary diagnosis) and 594 were drug-related (primary diagnosis).

Figure 48. Drug-Related Inpatient Admissions by Quarter, Drug Type and Year, Washoe County, 2009-2017.



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

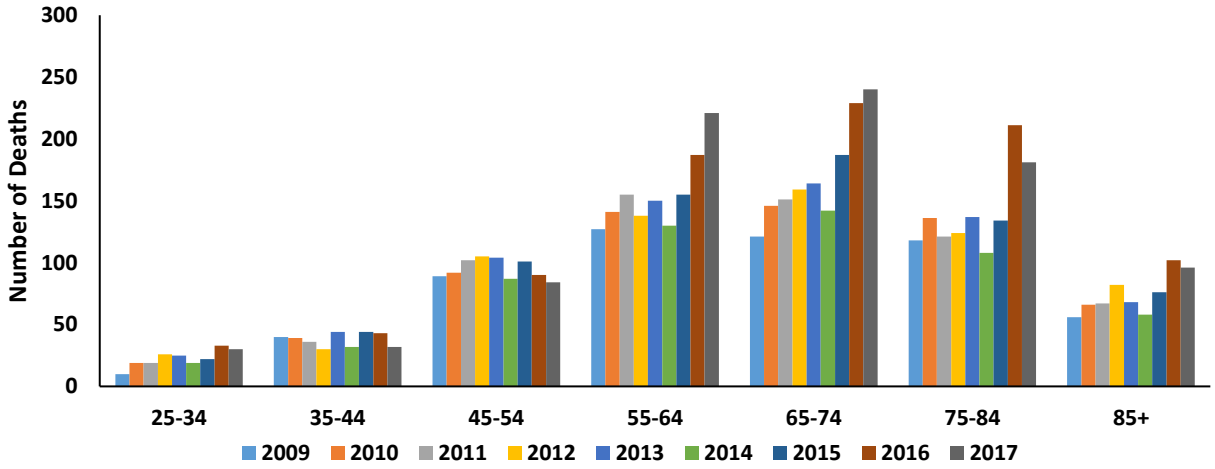
Inpatient admissions for drug use have risen significantly since 2009 for Washoe County. In 2017, there was an increase in inpatient admissions where marijuana/cannabis-related disorders were listed on the

diagnosis (n= 1,785) and methamphetamines also increased from 478 patient admissions in 2009 to 1,537 in 2017.

Alcohol and/or Substance-Related Deaths

Alcohol and/or drug-related deaths include deaths where alcohol/drugs are listed as either the cause of death or as a contributing cause of death; therefore, the main cause of death may not be due alcohol or drugs but a contributing to the cause of death. In 2017, 893 deaths were related to alcohol and drugs in Washoe County.

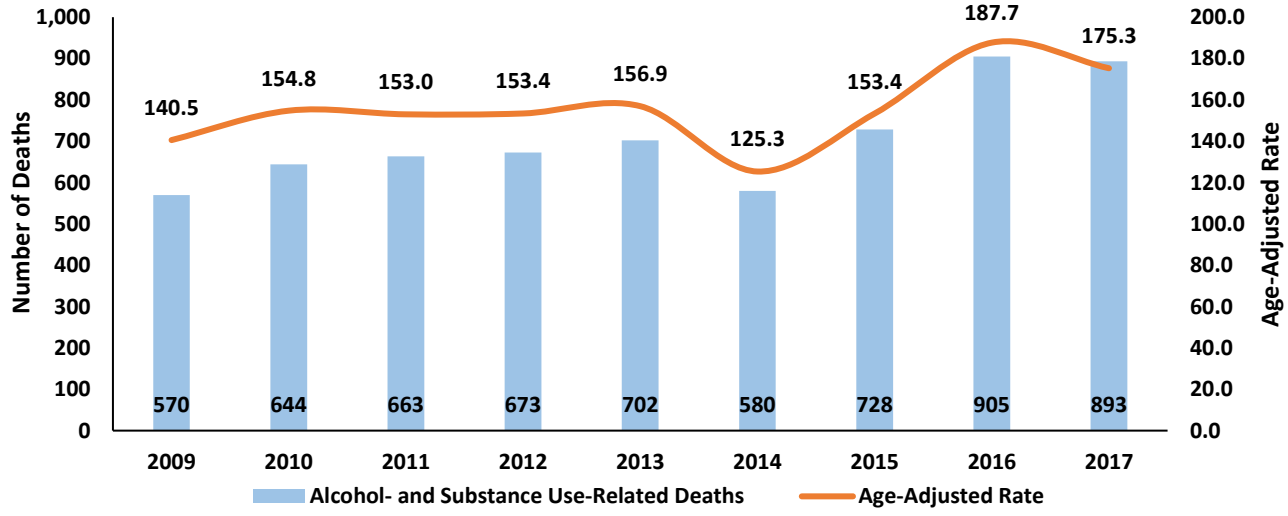
Figure 49. Alcohol and/or Drug-Related Deaths by Age Group, Washoe County, 2009-2017.



Source: Electronic Death Registry System.

In 2016, the 65-74 age group had a significant increase in deaths from previous years and in 2017 had the most alcohol and/or drug-related deaths from previous years with 240 deaths reported. This was followed by 55-64 age group with 221 drug and/or alcohol-related deaths.

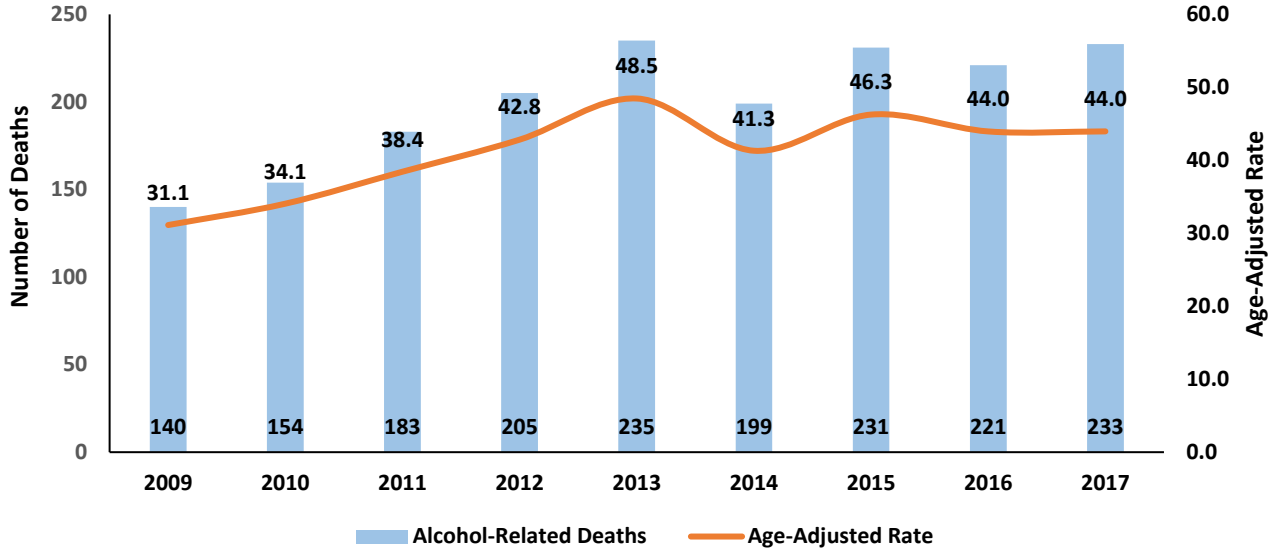
Figure 50. Alcohol and/or Drug-Related Deaths and Age-Adjusted Rates, Washoe County, 2009-2017.



Source: Electronic Death Registry System

The alcohol and/or drug-related age-adjusted rate increased significantly in 2015 from previous years (95% confidence interval) and has remained at a higher rate through 2017 for Washoe County at 44.0 per 100,000 age-specific population.

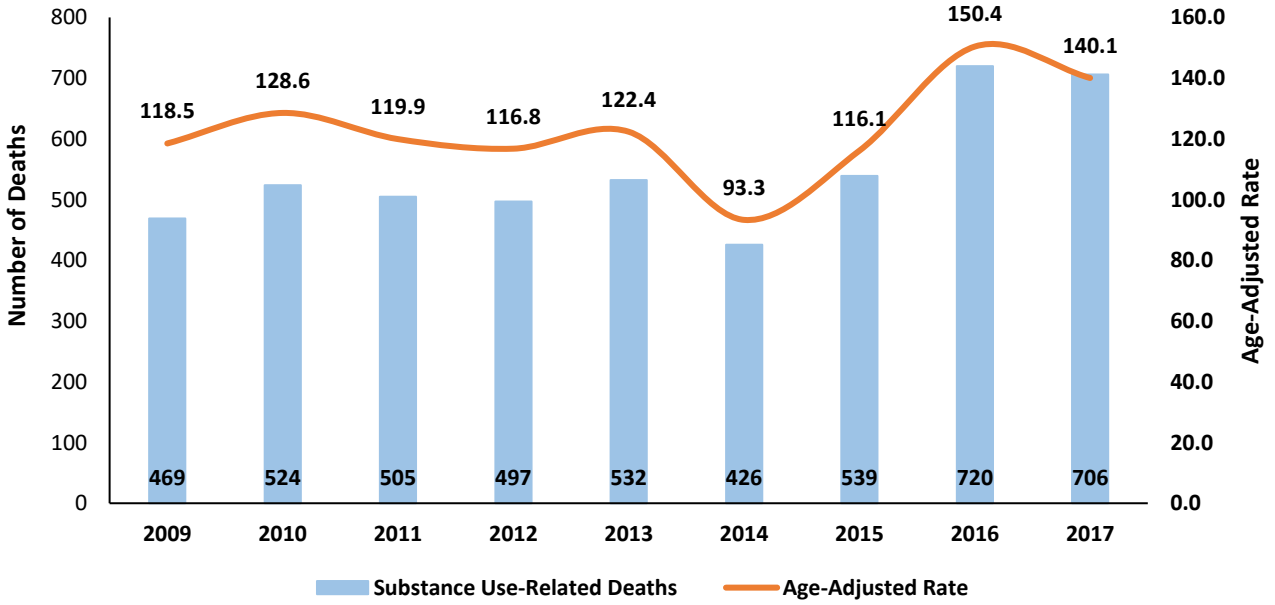
Figure 51. Alcohol-Related Deaths and Age-Adjusted Rates, Washoe County, 2009-2017.



Source: Electronic Death Registry System

Alcohol-related deaths made up 26% of alcohol and/or drug deaths in 2017. They have increased significantly since 2009 31.1 per 100,000 age-specific populations (95% confidence interval).

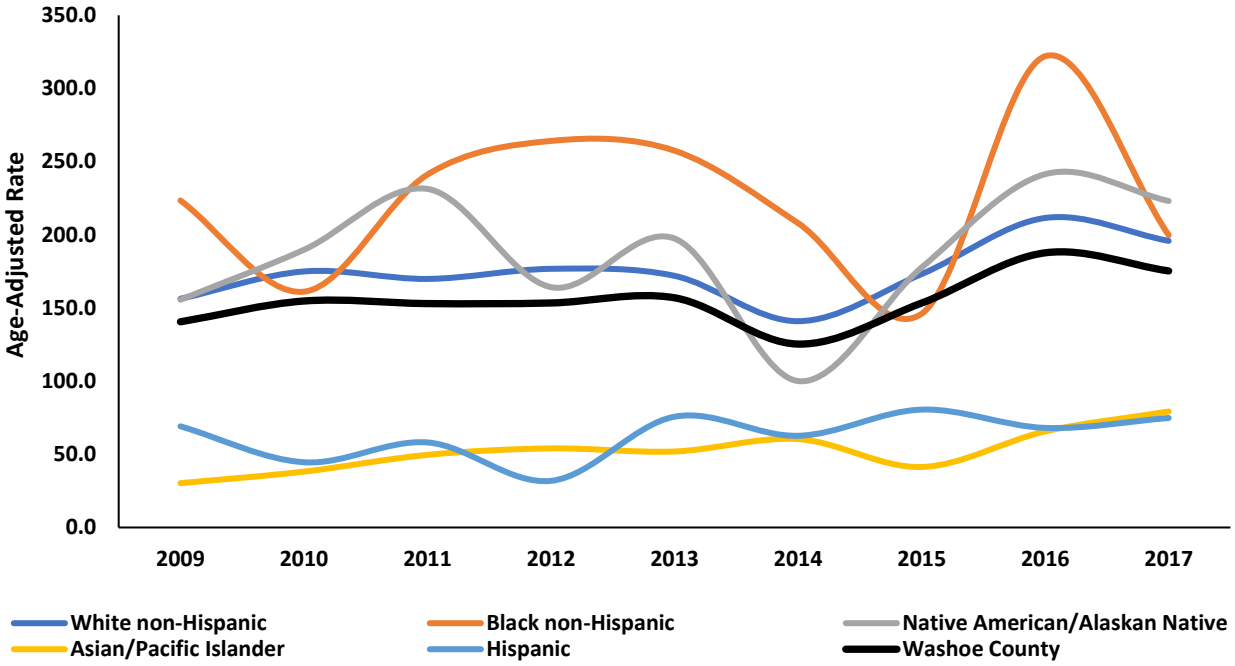
Figure 52. Drug-Related Deaths and Age-Adjusted Rates, Washoe County, 2009-2017.



Source: Electronic Death Registry System.

Drug-related deaths have increased significantly for 2016 (95% confidence interval) for Washoe County, the 2017 age-adjusted rate is 140.1 per 100,000 age-specific population in 2017, which is significantly higher than 2009 (118.5 per 100,000 age-specific population).

Figure 53. Alcohol and/or Drug-Related Deaths by Race by Age-Adjusted Rates, Washoe County, 2009-2017.



Source: Electronic Death Registry System.

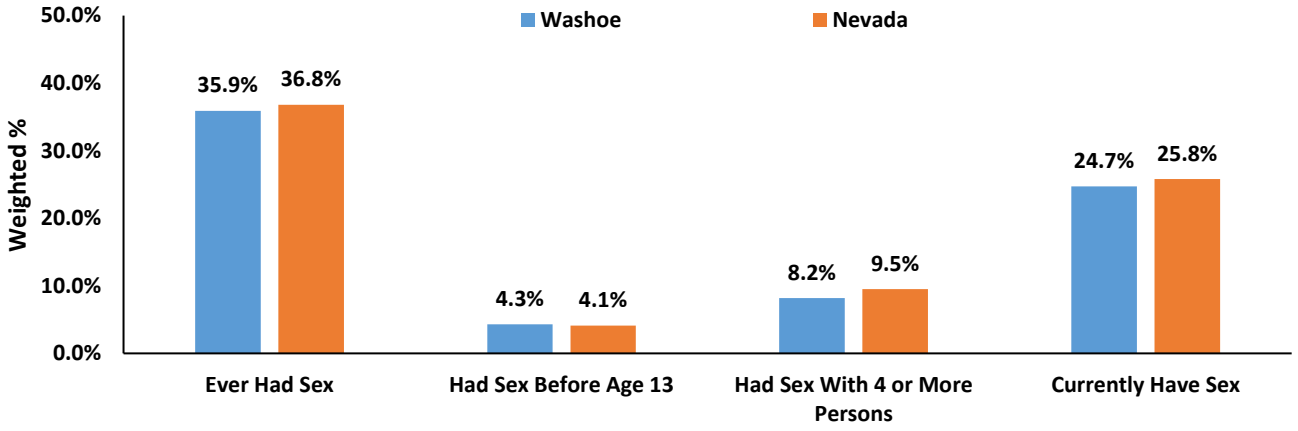
In 2017, there were no significant differences between the race/ethnicities of Washoe County residents for alcohol and/or drug-related deaths.

Special Population: Youth

Youth Risk Behavior Surveillance System (YRBSS)

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 Washoe County for 2017, 1,310 high school, and 1,253 middle school students participated in the YRBS.

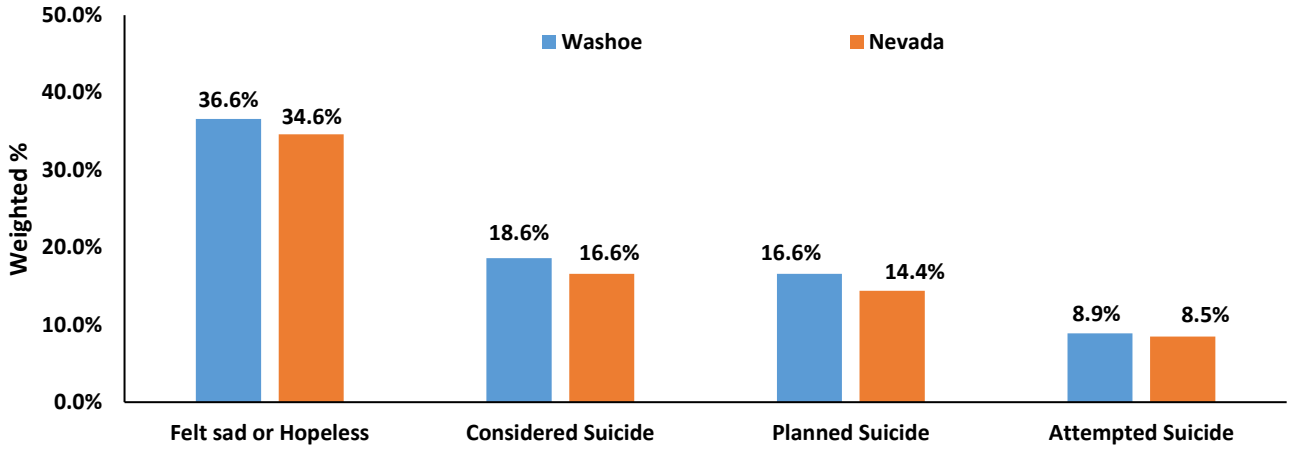
Figure 54. Sexual Intercourse among Students, High School Students, 2017.



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

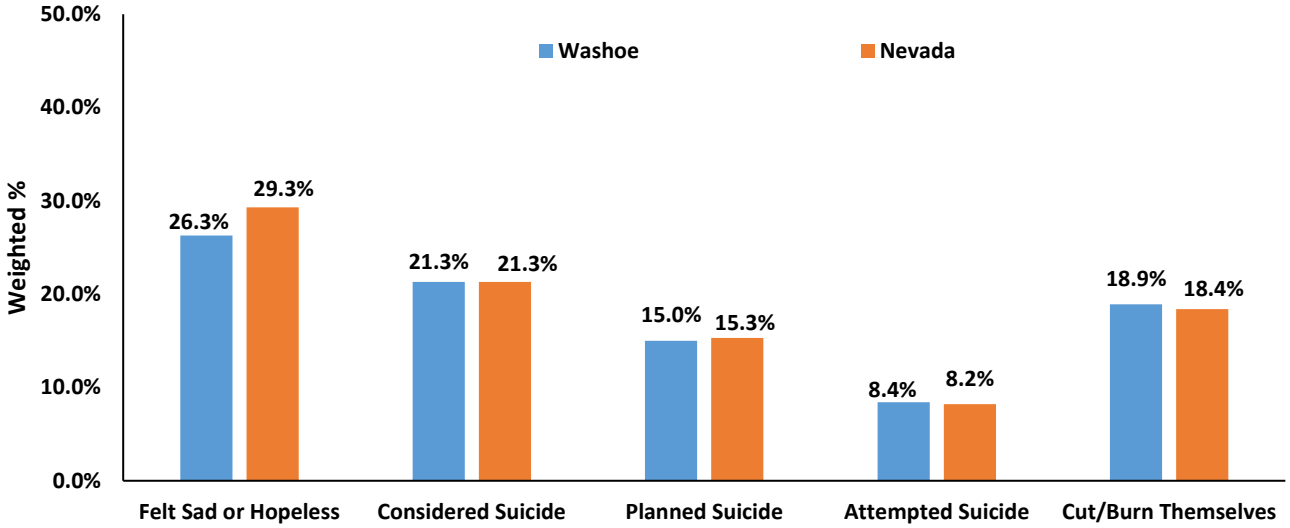
Among Washoe County high school students in 2017, 35.9% have reported ever having sex, which is lower than Nevada at 36.8%, and 4.3% reported having sex before the age 13. Approximately 8.2% of high school students have had sex with more than 3 partners and nearly 25% of high school students are currently having sex. These percentages among Washoe high schoolers are comparable to the Nevada percentages.

Figure 55. Mental Health Risk Behaviors, High School Students, 2017.



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

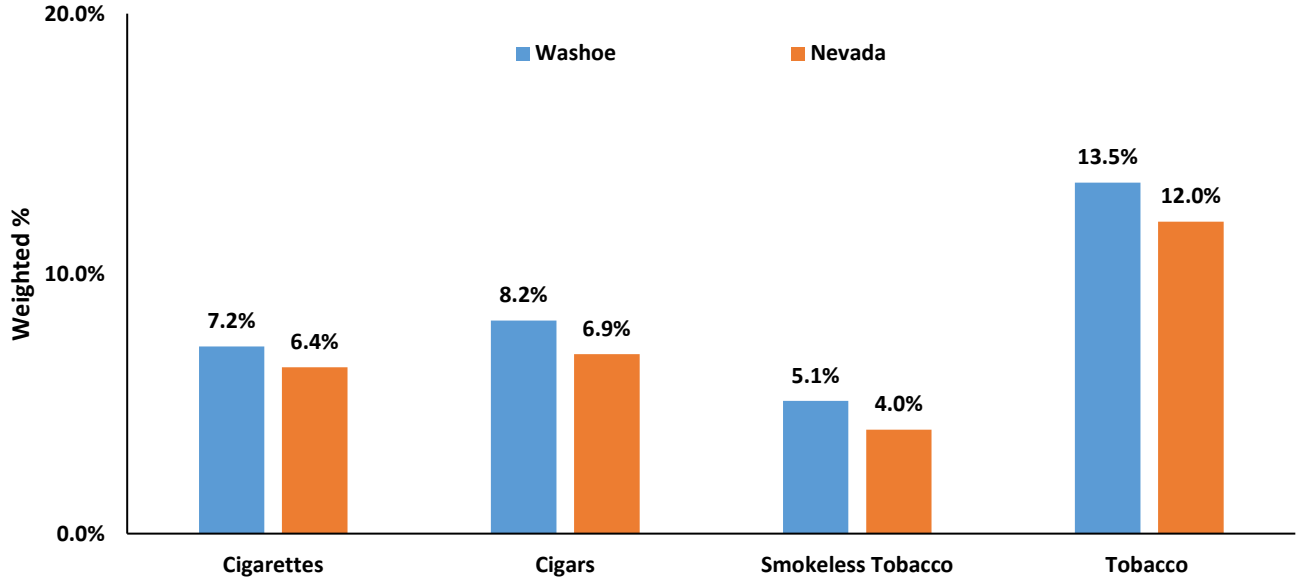
Figure 56. Mental Health Risk Behaviors, Middle School Students, 2017.



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

Approximately 36.6% of Washoe County high school students and 26.3% of Washoe County middle school students have felt sad or hopeless in the last 12 months. About 19% high school students have considered suicide, while 17% have planned to commit suicide in the past 12 months. About 8% of Washoe County high school and middle school students have attempted suicide in the past 12 months.

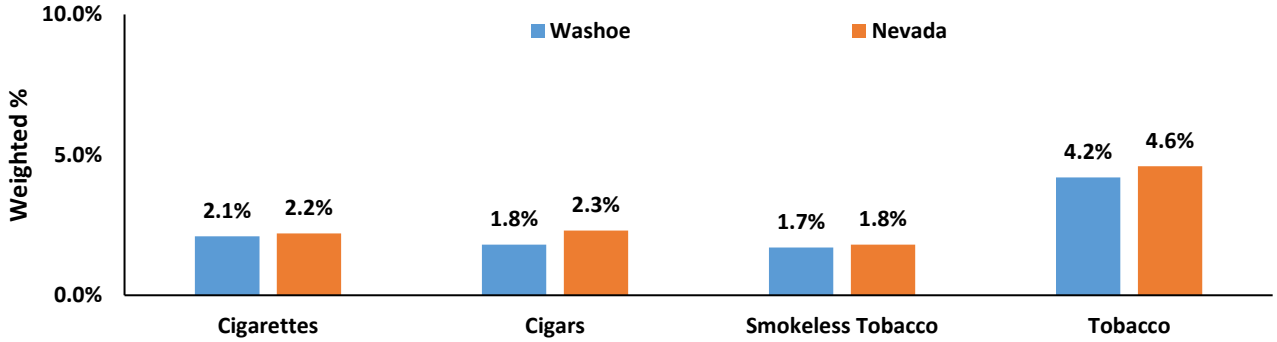
Figure 57. Current Tobacco Use, High School Students, 2017.



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

Of all high school students in 2017, 7.2% in Washoe County reported using cigarettes in the past 30 days and 13.5% have used tobacco at one time, this is higher than Nevada, which is 12.0%.

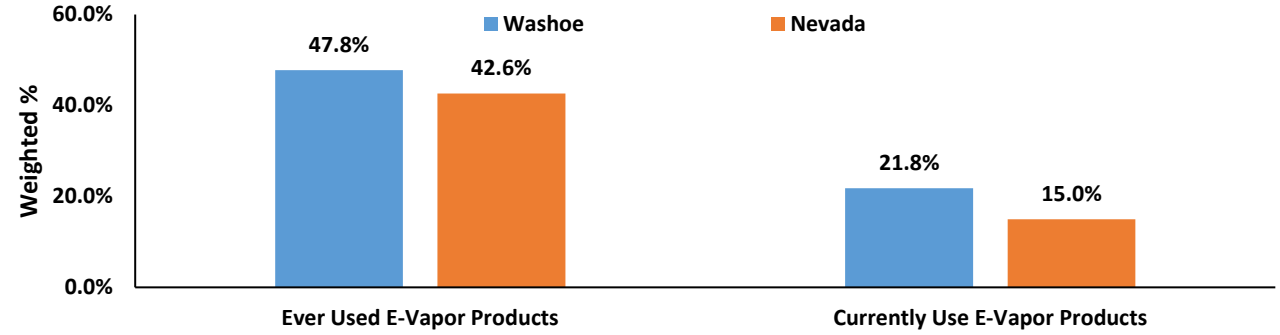
Figure 58. Current Tobacco Use, Middle School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 10% to display differences among groups.

Of Washoe County middle school students, 4.2% reported use of tobacco in the past 30 days (lower then Nevada 4.6%) for 2017; 2.1% reported use of cigarettes in the past 30 days and 1.8% used cigars in the past 30 days.

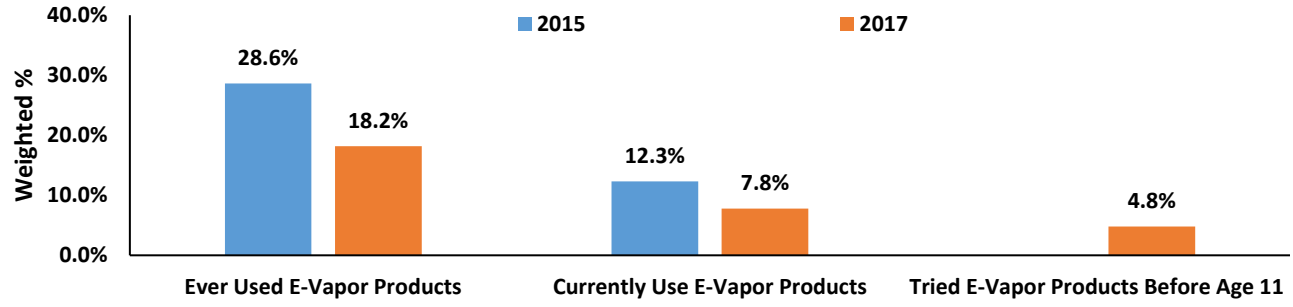
Figure 59. Electronic Vapor Product Use, High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 80% to display differences among groups.

In Washoe County, 47.8% report having ever used electronic vapor (E-vapor) products and 21.8% reported they currently using E-vapor products, which is higher than Nevada (15.0%) for high school students.

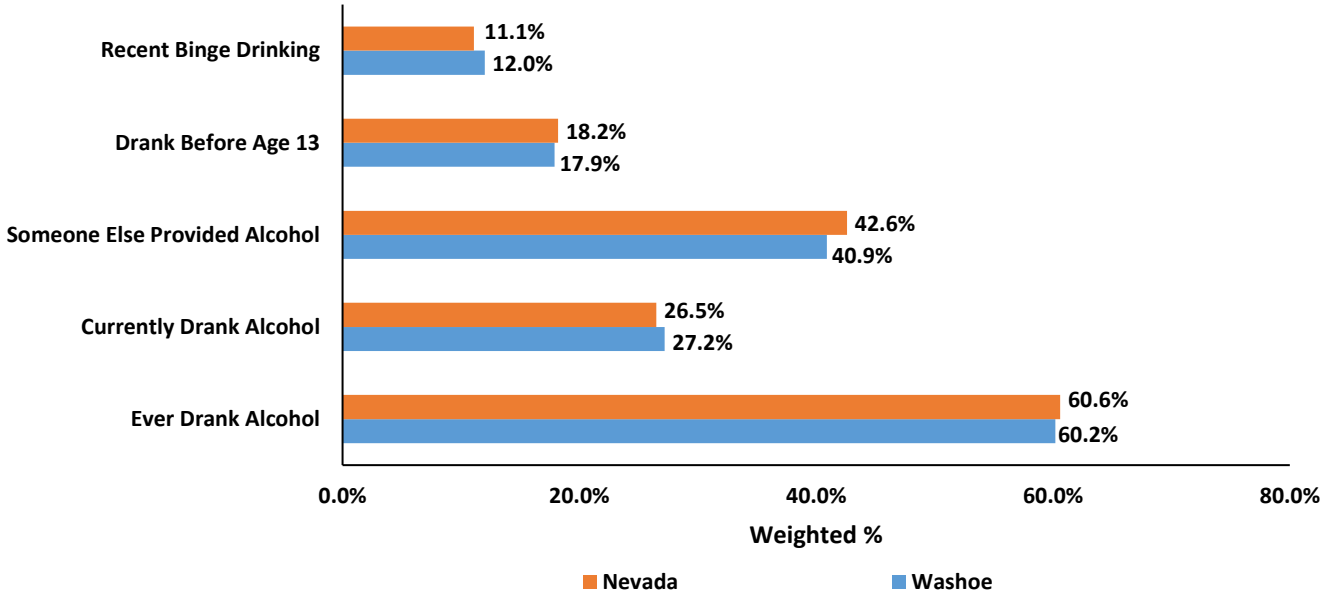
Figure 60. Electronic Vapor Product Use Summary, Washoe County Middle School Students, 2015 and 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 40% to display differences among groups.
Indicator "tried e-vapor products before age 11" not measured in 2015.

Of Washoe County middle school students, 18.2% reported to have used electronic vapor products in 2017 compared to 2015 28.6%. and 7.8% students currently use electronic vapor products.

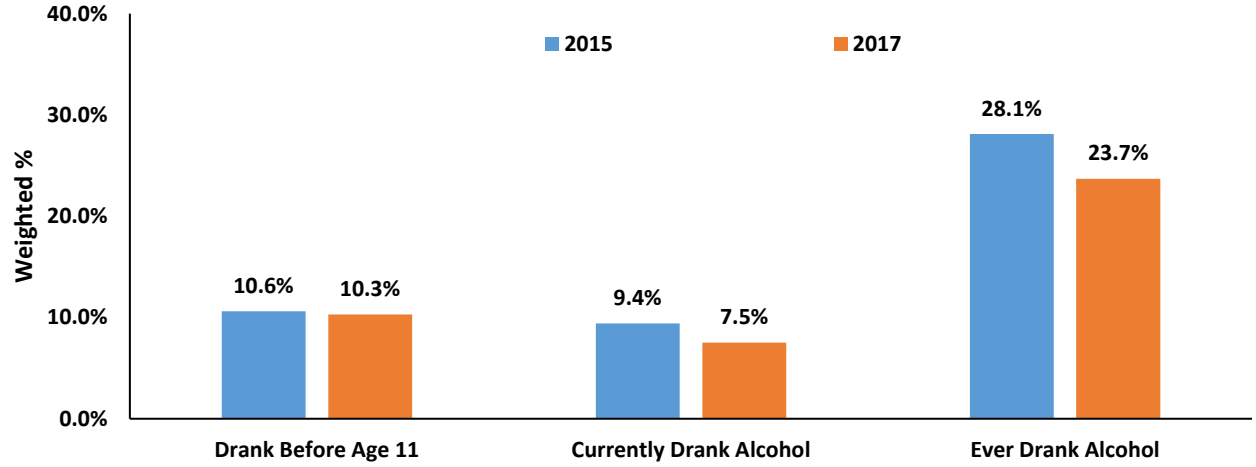
Figure 61. Alcohol Use, High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
Binge Drinking: Had five or more drinks of alcohol in a row for males, four or more for females within a couple of hours.
Chart scaled to 80% to display differences among groups.

At least, 6 out of 10 Washoe County high school students have reported ever drinking alcohol (60.2%). About 27.2% currently drink alcohol and 40.9% of Washoe county high school students had alcohol provided to them by someone else. Of Washoe County high school students 17.9% had alcohol before the age of 13 years and 12.0% of Washoe county high school students had a recent binge drinking experience (had at least five or more drinks of alcohol in a row for males and four or more for females within a couple of hours).

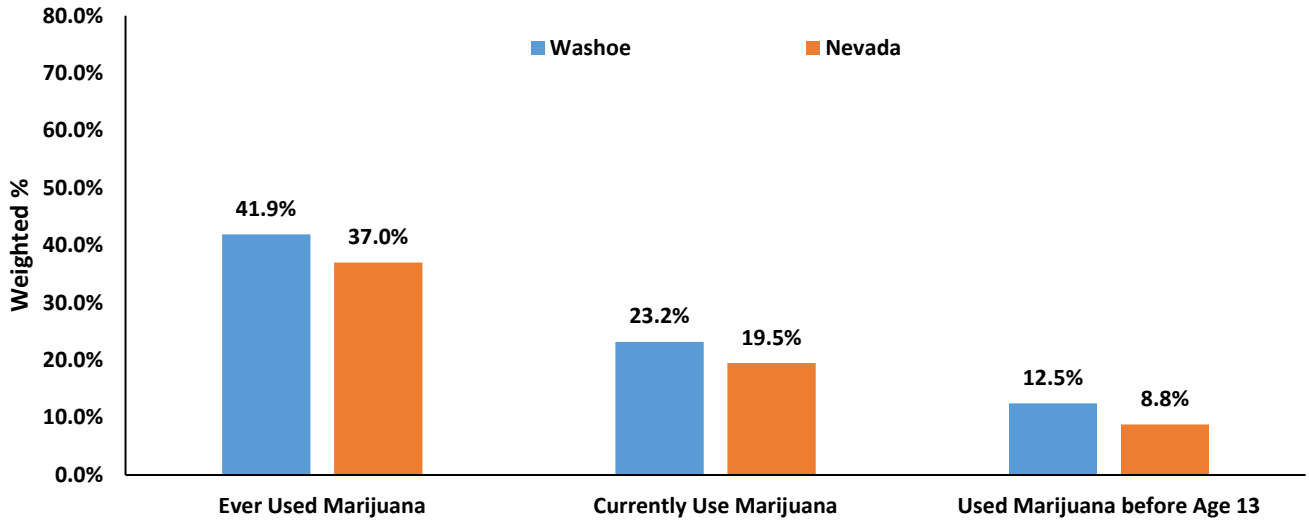
Figure 62. Alcohol Use, Washoe County Middle School Students, 2015 and 2017.



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

Every one out of ten middle school students drank alcohol before age 11. Also, 7.5% currently drink alcohol and at least two out of five had drank alcohol before.

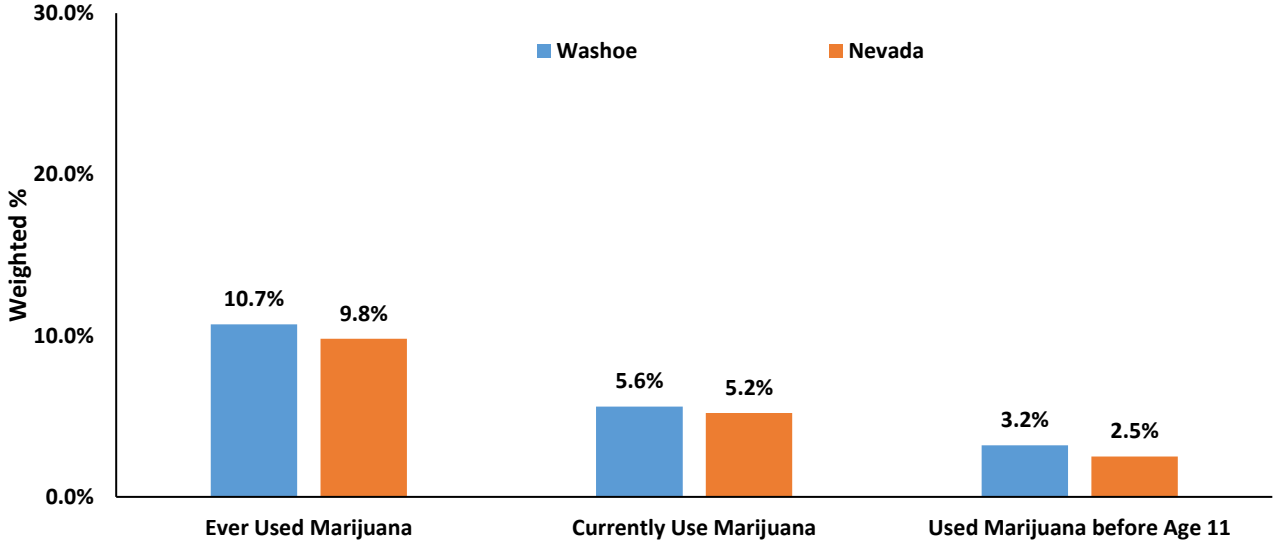
Figure 63. Marijuana Use, High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 80% to display differences among groups.

In Washoe County, 41.9% of high school students reported trying marijuana, and 23.2% currently use marijuana in 2017. One out of ten high school students (12.5%) used marijuana before age 13.

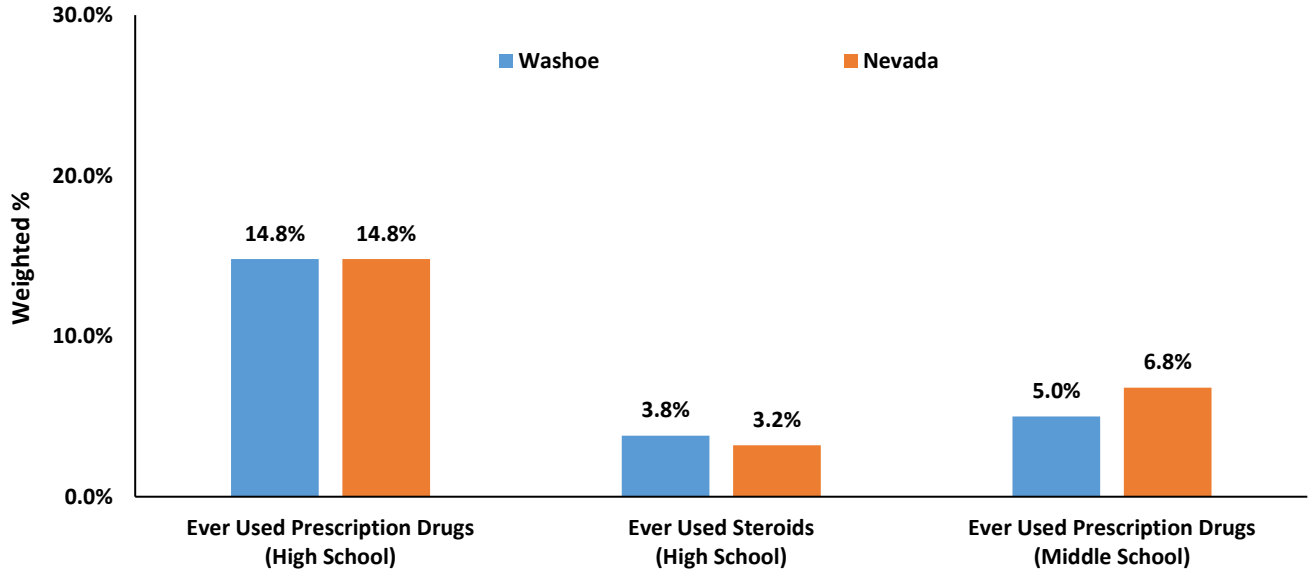
Figure 64. Marijuana Use, Middle School Students, 2015 and 2017.



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

About 3% of Washoe County middle school students have tried marijuana before they turned 11 years, 10.7% middle school students have ever tried marijuana and 5.6% currently use marijuana.

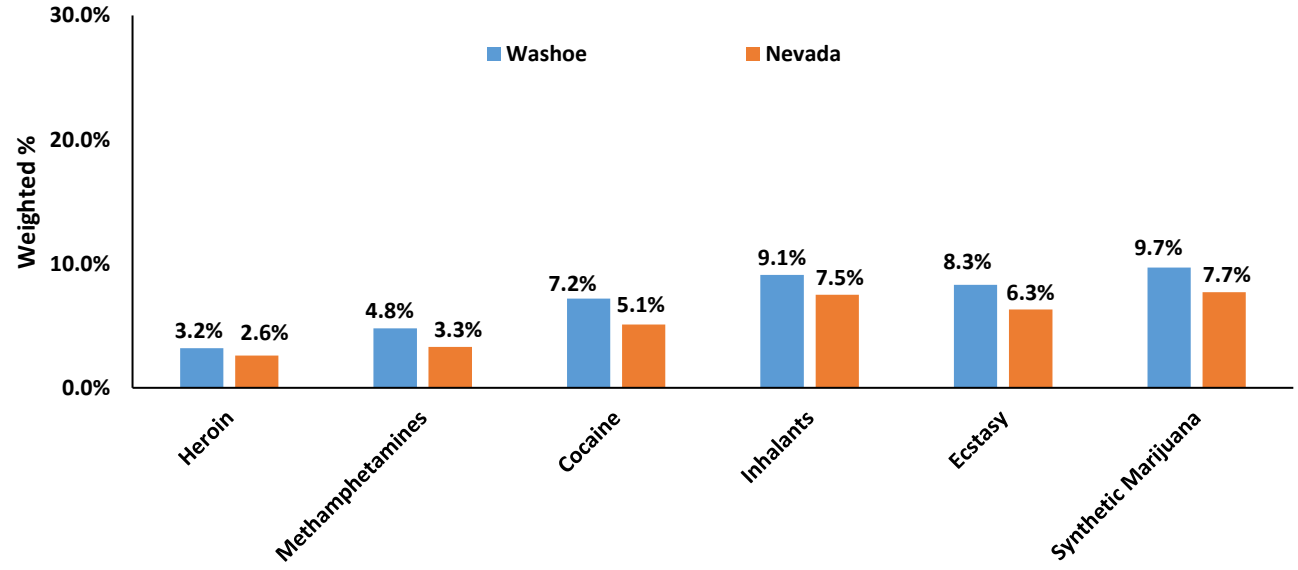
Figure 65. Nonprescription Substance Use, Middle and High School Students, 2017.



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

Approximately 15% of high school students in Washoe County have used prescription drugs that were not prescribed to them in their lifetime, while 5.0% of middle school students have reported ever taking a prescription drugs that were not prescribed to them. Of high school students 3.8% have tried non-prescribed steroids.

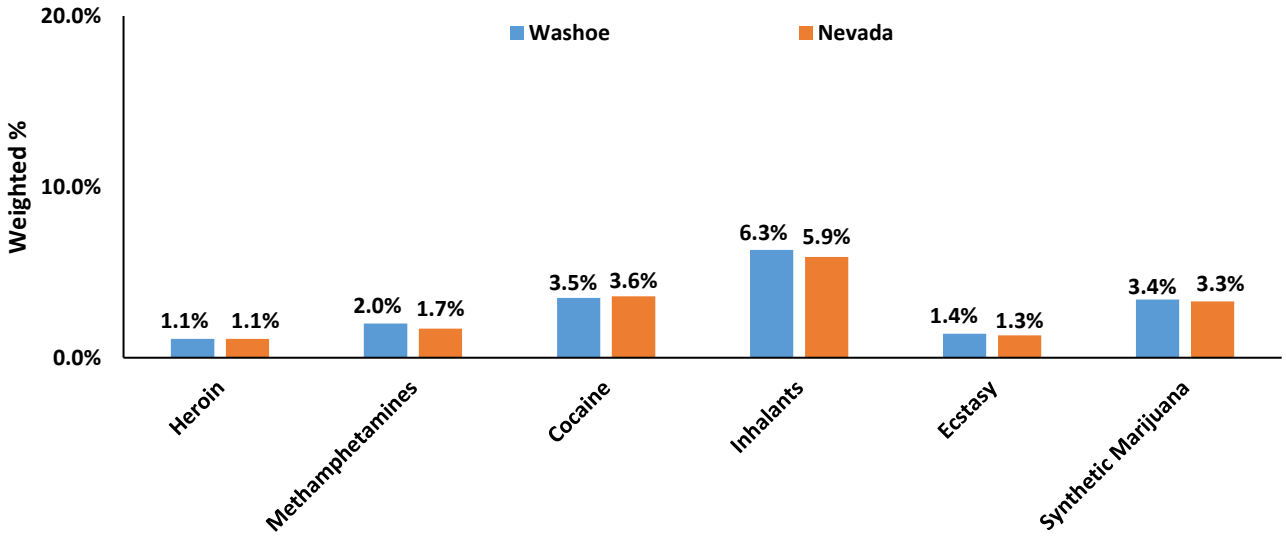
Figure 66. Lifetime Drug Use, High School Students, 2017.



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

Drug use among high school students is slightly higher in Washoe than Nevada. Washoe County high school students have 9.1% use of inhalants while the state of Nevada is 7.5%.

Figure 67. Lifetime Drug Use, Middle School Students, 2017.



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

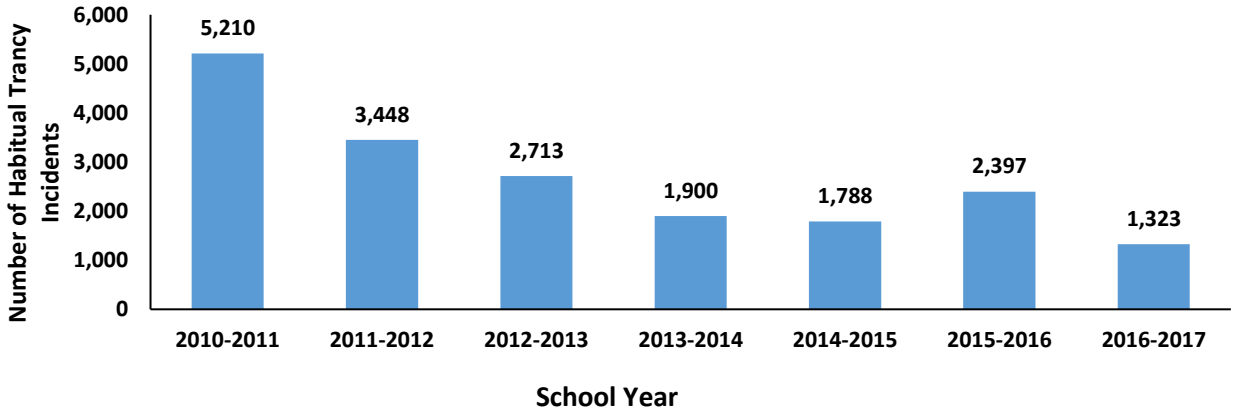
Use of inhalant among Washoe County middle school students in 2017 was 6.3% and slightly higher than Nevada at 5.9%. Cocaine and synthetic marijuana use among middle school students is about 3.5% and use of methamphetamines is at 2.0% which is higher than Nevada (1.7%).

Nevada Report Card (School Success)

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 suspensions, expulsions, dropouts, and truancy, as well as lower grades. Nationally, 50% of students age 14 and older who are living with a mental illness drop out of high school. This is the highest dropout rate of any disability group.

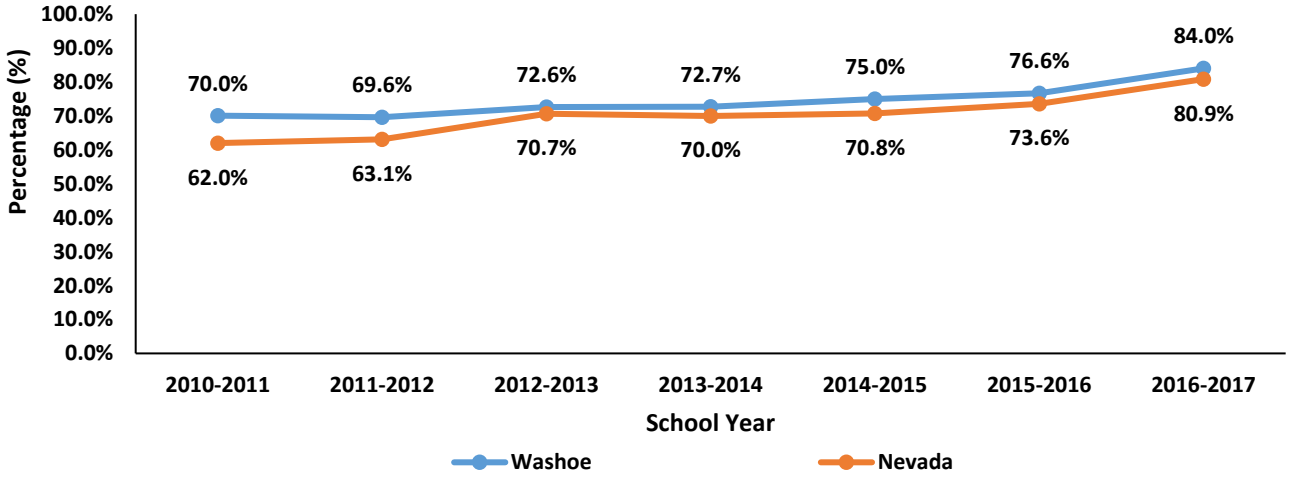
Figure 80. Number of Habitual Truants, Washoe County, Class Cohorts 2010–2017.



Source: Department of Education, Report Card.

Washoe County's numbers of habitual truant students have been decreasing since the peak of 5,210 truant students during the 2010-2011 school year. Washoe County recorded the least number of 1,323 for truant students during the 2016-2017 school year.

Figure 68. High School Graduation Percentage, Washoe County, Class Cohorts 2010–2017.



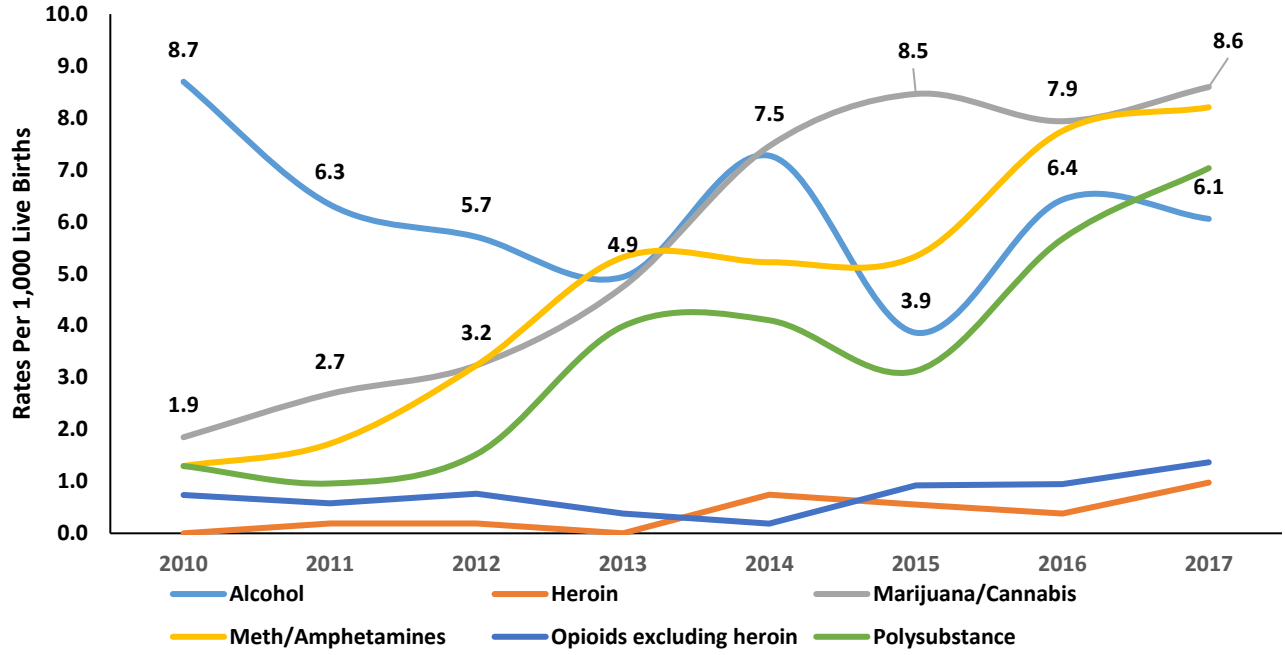
Source: Department of Education, Report Card.

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 who from the adjusted cohort for the graduation class). Washoe high schools posted their highest graduation rate at 84.0% for the Class of 2017.

Special Population: Newborns

The data in this section is reflective of self-reported information provided by the mother on the birth record. On average, there are 5,293 live births per year to Washoe County residents between 2010 and 2017. In 2017, 31 birth certificates indicated alcohol use, 44 birth certificates indicated marijuana use, 42 indicated meth/amphetamine use, 7 indicated opiate use, and 5 indicated heroin use during pregnancy.

Figure 69. Prenatal Substance Abuse Birth Rates (self-reported) for Select Substances, Washoe County, 2010-2017.



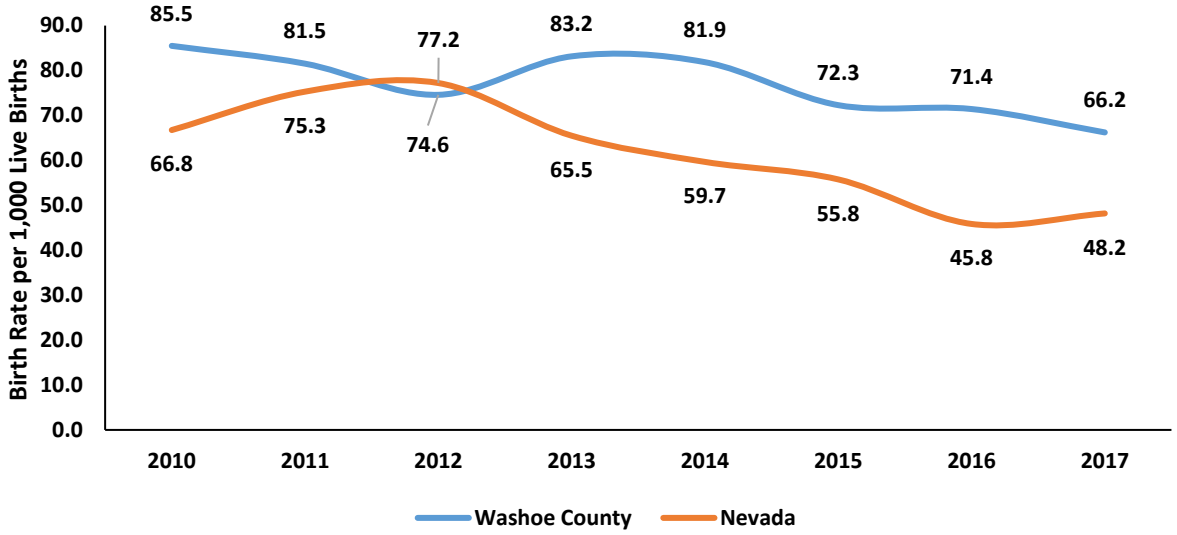
Source: Electronic Birth Registry System.

Of the self-reported substance use during pregnancy among Washoe County mothers, who gave birth between 2010 and 2017, the highest rate was with marijuana use in 2017, at 8.6 per 1,000 live births.

Since 2015, marijuana use rate has surpassed alcohol use rate, which was 6.1 per 1,000 births in 2017. In 2017, a rate of 8.2 per 1,000 live births was reported for meth/amphetamines, and 7.9 per 1,000 live births reported for polysubstance use. Self-reported polysubstance use has been increasing 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.

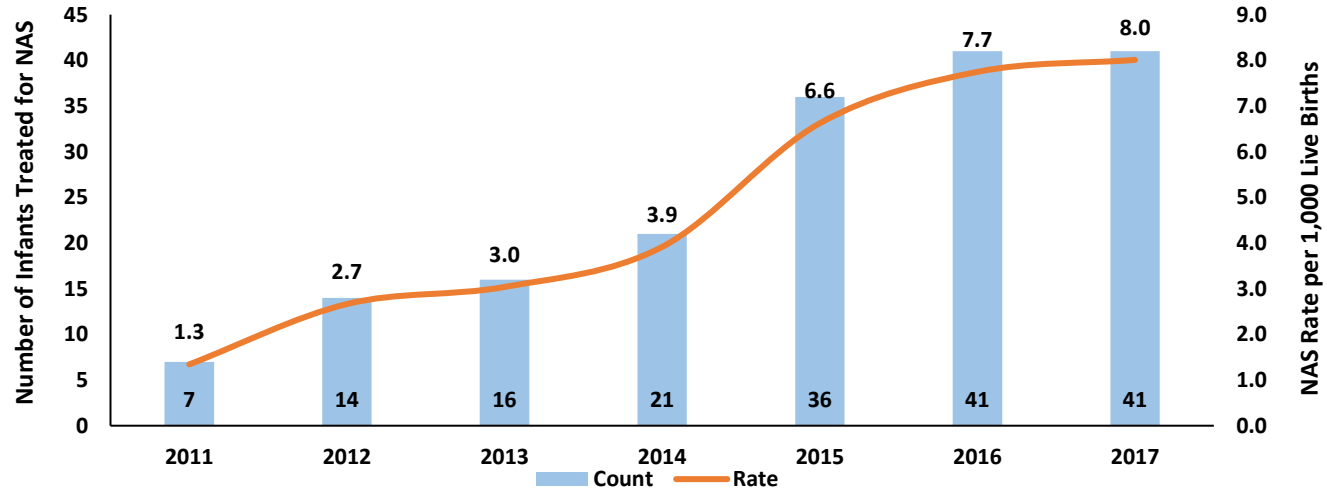
Figure 70. Tobacco Abuse Birth Rates (self-reported), Washoe County, 2010-2017.



Source: Nevada Electronic Birth Registry System.

Mothers who self-reported tobacco use, has decreased from 85.5 to 66.2 per 1,000 live births in Washoe County.

Figure 71. Neonatal Abstinence Syndrome, Washoe County, 2010-2017.

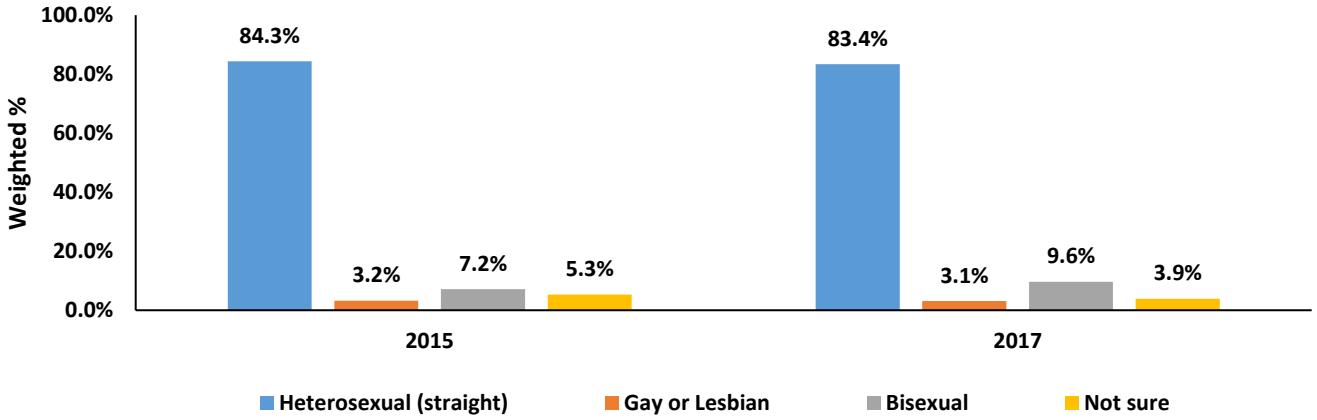


Source: Hospital Inpatient Department Billing and Nevada Electronic Birth Registry System.
ICD-10 codes replaced ICD-9 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

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. Withdraw or abstinence symptoms develop shortly after birth. Inpatient admissions for NAS increased significantly since 2011, from 7 newborns admitted to 41 newborns admitted in 2017.

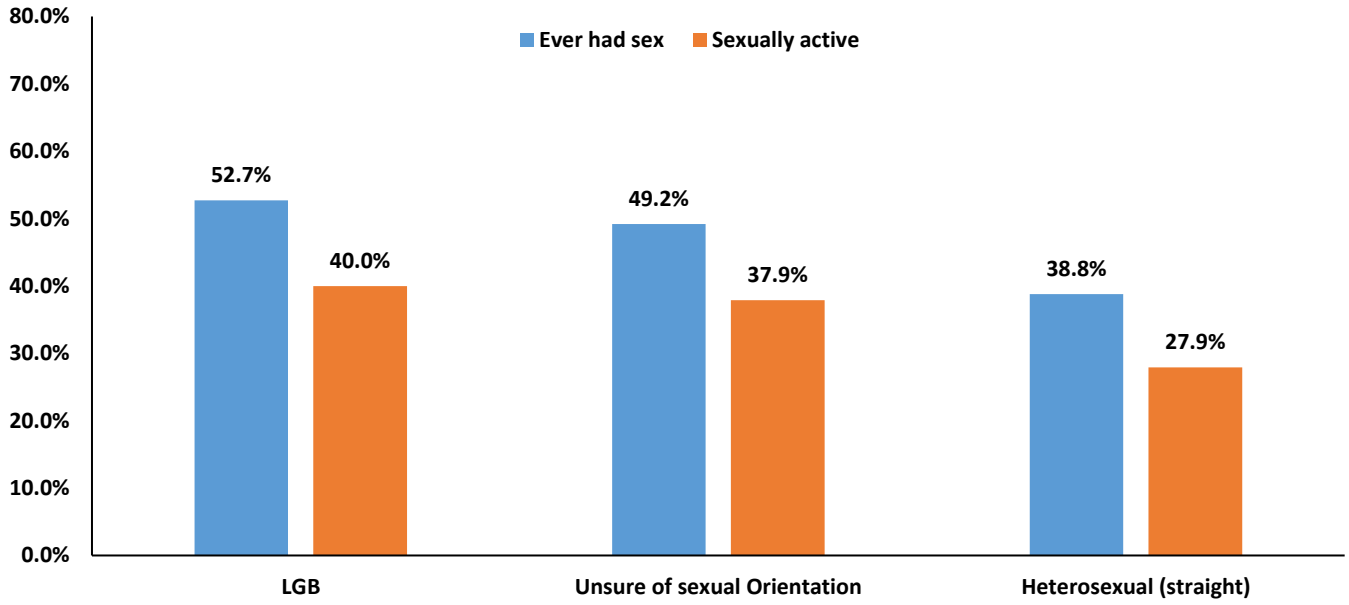
Special Population: Lesbian, Gay, Bisexual, and Transgender

Figure 72. Sexual Orientation, Washoe County High School Population, 2015 and 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).

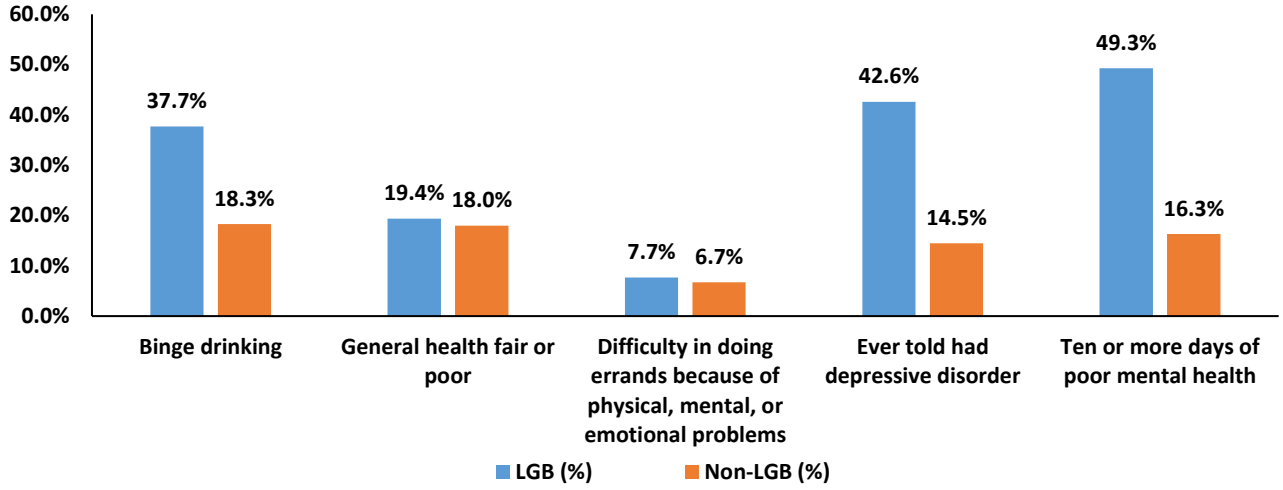
Figure 73. Prevalence Estimates of Health Risk Behaviors, by LGB – Washoe Youths, 2015



Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 80% to display differences among groups.

Of the Washoe County high school students who participated in the Youth Risk Behavior Survey (YRBS) in 2017, 83.4% identified as heterosexual (straight), 3.1% gay or lesbian, 9.6% bisexual and 3.9% not sure about their sexual orientation. In 2015, 40% of Lesbian/Gay/Bisexual (LGB) high school students were sexually active and 52.79% had previously engaged in sex.

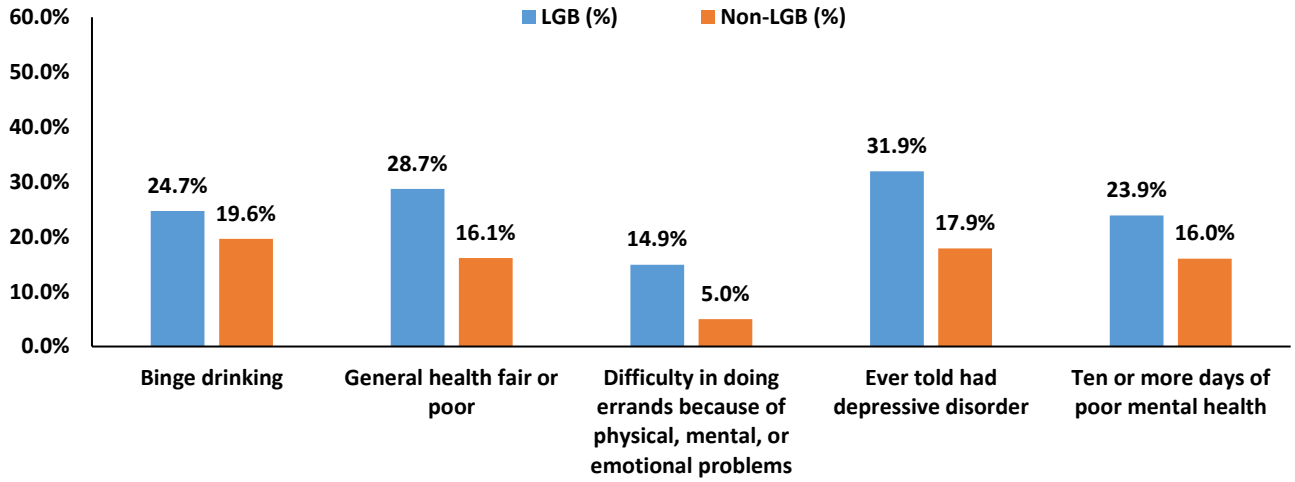
Figure 74. Prevalence Estimates of Health Risk Behaviors, by LGB – Washoe County Adults, 2016.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
Chart scaled to 60% to display differences among group.

Among the LGB population, 37.7% participated in binge drinking in 2016, compared to 18.3% of the non-LGB population. When the LGB population was asked how their general health was, 19.4% said their general health was fair or poor in 2016 as compared to non-LGB at 18.%. When asked if they were ever told that they had depressive disorder, 42.6% responded yes, compared to non-LGB at 15.4%.

Figure 76. Prevalence Estimates of Health Risk Behaviors, by LGB – Washoe County Adults, 2017.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
Chart scaled to 60% to display differences among groups.
Transgender counts small. Numbers may not be reliable.

In the transgender population, 24.7% participated in binge drinking in 2016, and 28.7% said their general health is fair or poor. When asked if they have been told before that they have depressive disorder, 14.97% responded yes, and 31.9% had ten or more days of poor mental health. However, counts for transgender population are very small. Therefore, data may not be reliable.

Appendix

Hospital billing data (emergency department encounters and inpatient admissions) and mortality data both utilize International Classification of Diseases codes (ICD). Hospital billing uses ICD-CM which is a 7-digit code 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 for mental health-related hospital encounters and admissions:

Anxiety: 300.0 (9); F41 (10)
Bi-Polar: 296.40-296.89 (9); F32.89, F31 (10)
Depression: 296.20-296.36 (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: 300.0 (9); F20, Z65.8 (10)
Suicidal Ideation: V62.84 (9); R45.851 (10)
Suicide Attempts: E95.0-E95.9 (9); X71-X83, T36-T50, T71 (10)

The following ICD-CM codes where used for substance-related hospital encounters and admissions:

Alcohol: 291, 303, 980, 305.0, 357.5, 425.5, 535.3, 571.0, 571.1, 571.2,571.3, 790.3 (9); F10, K70, G62.1, I42.6, K29.2, R78.0, T51 (10).

Drug: 292, 304, 965, 967, 968, 969, 970, 305.2, 305.3, 305.4, 305.5, 305.6, 305.7, 305.8, 305.9 (9); F11- F16, T39, T40, T43, F18, F19 T41.0, T41.1, T41.2, T41.3, T41.4, T42.3, T43.4, T42.6, T42.7, T42.8 (10) .

The following ICD-10 codes where used for suicide-related deaths:

Suicide: X60-X84.

The following ICD-10 codes where used for mental health-related deaths:

Mental and Behavioral Disorders: F00-F09, and F20-F99.

The following ICD-10 codes where used for alcohol and drug-related deaths:

Alcohol: F10, 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.

Drug: F11-F19, X40-X44, X60-S64, X85, Y10-Y14, Y40-Y59, G72.0', 'K85.3, R78.1, R78.2, R78.3, R78.4, R78.5, R78.6, E24.2, O35.5, P04.4, P96.1, P96.2, K71.1, N14.1, N14.0, N14.2, D52.1, T96, Z72.2, and T36-T50.

Table 1. Population Distribution, Washoe, 2009 - 2017.

Sex	2009	2010	2011	2012	2013	2014	2015	2016	2017
Female	204,192	206,604	208,789	211,950	214,356	216,700	219,359	222,642	225,275
Male	208,580	210,732	212,804	215,754	217,968	220,097	222,587	225,665	228,073
Race									
White	279,704	280,744	281,817	283,789	284,964	286,042	287,346	289,219	290,403
Black	9,814	10,020	10,122	10,354	10,562	10,740	10,996	11,258	11,472
Native American	6,925	7,002	7,047	7,100	7,140	7,181	7,243	7,280	7,313
Asian/Pacific Islander	26,059	26,562	27,119	27,912	28,514	29,103	29,787	30,613	31,297
Hispanic	90,270	93,008	95,487	98,548	101,145	103,730	106,575	109,937	112,863
Age									
0-14	84,740	85,262	85,633	86,365	86,772	87,068	87,576	87,943	87,951
15-17	15,875	15,970	15,918	15,961	16,008	16,261	16,511	17,100	17,684
18-19	11,279	11,195	11,324	11,792	11,791	11,588	11,653	12,090	12,269
20-24	30,830	30,569	30,270	30,176	30,186	30,420	30,670	31,112	31,460
25-34	57,516	58,752	60,058	61,160	62,038	62,794	63,585	64,366	64,888
35-44	53,501	53,238	52,947	53,268	53,463	53,879	54,595	55,474	56,503
45-54	59,512	59,047	58,678	58,554	58,265	57,980	57,477	57,132	56,586
55-64	50,180	51,716	53,215	54,452	55,579	56,230	56,977	57,766	58,147
65-74	30,501	32,207	33,535	35,816	37,423	39,042	40,501	41,873	43,125
75-84	13,462	13,859	14,355	14,437	14,985	15,591	16,363	17,354	18,573
85+	5,376	5,521	5,661	5,723	5,814	5,943	6,038	6,097	6,162
Total	**412,772**	**417,336**	**421,593**	**427,704**	**432,324**	**436,797**	**441,946**	**448,307**	**453,348**

Source: Nevada State Demographer, Vintage 2017.

Table 2. Middle School and High School Indicators, Washoe County 2017.

Indicator	Middle School		High School	
	Percent (%)	Confidence Interval (95%)	Percent (%)	Confidence Interval (95%)
Felt sad or hopeless	26.3%	(23.5-29.1)	36.6%	(33.5-39.8)
Considered committing suicide	21.3%	(18.7-23.8)	18.6%	(15.9-21.3)
Planned suicide	15.0%	(12.7-17.4)	16.6%	(13.9-19.2)
Attempted suicide	8.4%	(6.6-10.2)	8.9%	(6.6-11.2)
Cut or burn themselves**	18.9%	(16.6-21.2)	**	-
Currently smoke cigarettes	2.1%	(1.2-3.0)	7.2%	(5.4-9.0)
Currently smoke cigars	1.8%	(1.0-2.7)	8.2%	(6.4-10.1)
Currently use smokeless tobacco	1.7%	(0.8-2.6)	5.1%	(3.3-6.8)
Currently use tobacco	4.2%	(2.8-5.6)	13.5%	(10.7-16.2)
Ever used E-vapor products	18.2%	(14.3-22.0)	47.8%	(43.7-51.8)
Currently use E-vapor products	7.8%	(5.6-10.1)	21.8%	(18.7-24.9)
Tried E-vapor products before age 11	4.8%	(3.6-6.0)	**	-
Drank alcohol before age 11 (MS) / age 13 (HS)	10.3%	(7.9-12.6)	60.2%	(56.2-64.1)
Someone else provided alcohol	*	-	40.9%	(35.3-46.5)
Recent binge drinking	*	-	12.0%	(9.9-14.2)
Currently drank alcohol	7.5%	(5.5-9.5)	27.2%	(23.6-30.8)
Ever drank alcohol	23.7%	(19.5-28.0)	17.9%	(15.3-20.5)
Ever used marijuana	10.7%	(7.6-13.8)	41.9%	(37.3-46.5)
Currently use marijuana	5.6%	(3.9-7.3)	23.2%	(19.4-26.9)
Used marijuana before age 11	3.2%	(1.9-4.5)	12.5%	(9.6-15.3)
Ever used prescription drugs (in HS)*	*	-	14.8%	(11.8-17.9)
Ever used steroids (in HS)*	*	-	3.8%	(2.7-5.0)
Ever used prescription drugs (in MS)*	*	-	5.0%	(3.7-6.3)
Ever used heroin	1.4%	(0.6-2.2)	3.2%	(2.1-4.3)
Ever used methamphetamines	2.0%	(1.1-2.9)	4.8%	(3.2-6.3)
Ever used cocaine	3.5%	(2.1-5.0)	7.2%	(5.0-9.4)
Ever used inhalants	6.3%	(4.6-7.9)	9.1%	(7.0-11.3)
Ever used ecstasy	1.4%	(0.5-2.2)	8.3%	(6.1-10.5)
Ever used synthetic marijuana	3.4%	(2.4-4.3)	9.7%	(6.9-12.5)
Ever had sex*	*	-	35.9%	(31.4-40.4)
Had sex before age 13*	*	-	4.3%	(2.7-5.9)
Had sex with 4 or more persons*	*	-	8.2%	(6.2-10.3)
Currently have Sex*	*	-	24.7%	(20.9-28.4)

Source: Nevada Youth Risk Behavior Survey (YRBS).
**Data not collected from Middle School Students*
***Data not collect from High School Students*

Table 3. Prevalence Estimates of Health Risk Behaviors, Washoe County Adults, 2011-2017.

Indicator	Percent & Confidence Interval (95%) 2011	2012	2013	2014	2015	2016	2017
Currently use marijuana/hashish	6.3% (4.1-8.5)	6.2% (3.8-8.5)	4.1% (2.8-5.4)	8.8% (6.3-11.3)	9.5% (6.3-12.8)	11.6% (9.3-13.9)	*
Use other illegal drugs	1.4% (0.3-2.5)	1.7% (0.3-3.2)	0.9% (0.2-1.5)	2.0% (0.4-3.5)	2.1% (0.5-3.7)	2.4% (1.2-3.5)	*
Currently use pain killer to get high	1.0% (0.0-1.9)	1.5% (0.4-2.6)	0.8% (0.3-1.4)	1.0% (0.2-1.7)	0.7% (0.0-1.6)	0.8% (0.1-1.5)	*
Seriously considering suicide	3.5% (1.8-5.2)	2.8% (1.4-4.3)	2.3% (1.3-3.3)	-	2.6% (1.1-4.1)	4.6% (3.2-6.1)	*
No days of poor mental or physical health that prevented them from doing usual activities	59.4% (54.1-64.8)	55.8% (50.7-60.9)	64.8% (61.0-68.7)	57.3% (52.4-62.2)	57.7% (51.8-63.6)	53.9% (49.5-58.2)	54.7% (50.1-59.2)
1-9 days of poor mental or physical health that prevented them from doing usual activities	22.7% (17.9-27.5)	27.2% (22.4-32.1)	20.2% (17.1-23.4)	26.1% (22.0-30.2)	24.6% (19.5-29.6)	26.7% (22.9-30.5)	27.7% (23.6-31.8)
10 or more days of poor mental or physical health that prevented them from doing usual activities	17.9% (13.9-21.8)	17.0% (13.4-20.6)	14.9% (12.2-17.6)	16.6% (12.7-20.6)	17.8% (13.6-21.9)	19.4% (16.1-22.8)	17.7% (14.2-21.1)

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Table 4. Counts and Crude Rates of Selected Behavioral Health-Related Emergency Room Encounters by Gender, Washoe County Residents, 2009-2017.

2009	Female		Male		Total	
Condition	**N.**	**Rate**	**N.**	**Rate**	**N.**	**Rate**
Anxiety	1,396	683.7 (647.8-719.5)	793	380.2 (353.7-406.7)	2,189	530.3 (508.1-552.5)
Depression	1,210	592.6 (559.2-626.0)	748	358.6 (332.9-384.3)	1,958	474.4 (453.3-495.4)
Bipolar Disorder	654	320.3 (295.7-344.8)	352	168.8 (151.1-186.4)	1,006	243.7 (228.7-258.8)
PTSD	70	34.3 (26.3-42.3)	39	18.7 (12.8-24.6)	109	26.4 (21.4-31.4)
Schizophrenia	182	89.1 (76.2-102.1)	286	137.1 (121.2-153.0)	468	113.4 (103.1-123.7)
Suicidal Ideation	345	169.0 (151.1-186.8)	467	223.9 (203.6-244.2)	812	196.7 (183.2-210.2)

2010	Female		Male		Total	
Condition	**N.**	**Rate**	**N.**	**Rate**	**N.**	**Rate**
Anxiety	2,159	1,045.0 (1,000.9-1,089.1)	1,056	501.1 (470.9-531.3)	3,215	770.4 (743.7-797.0)
Depression	1,863	901.7 (860.8-942.7)	1,143	542.4 (510.9-573.8)	3,006	720.3 (694.5-746.0)
Bipolar Disorder	1,583	766.2 (728.5-803.9)	859	407.6 (380.4-434.9)	2,442	585.1 (561.9-608.3)
PTSD	231	111.8 (97.4-126.2)	144	68.3 (57.2-79.5)	375	89.9 (80.8-99.0)
Schizophrenia	322	155.9 (138.8-172.9)	513	243.4 (222.4-264.5)	835	200.1 (186.5-213.6)
Suicidal Ideation	427	206.7 (187.1-226.3)	503	238.7 (217.8-259.6)	930	222.8 (208.5-237.2)

2011	Female		Male		Total	
Condition	**N.**	**Rate**	**N.**	**Rate**	**N.**	**Rate**
Anxiety	2,966	1,420.6 (1,369.4-1,471.7)	1,401	658.4 (623.9-692.8)	4,367	1,035.8 (1,005.1-1,066.6)
Depression	2,572	1,231.9 (1,184.3-1,279.5)	1,456	684.2 (649.1-719.3)	4,028	955.4 (925.9-984.9)
Bipolar Disorder	1,611	771.6 (733.9-809.3)	995	467.6 (438.5-496.6)	2,606	618.1 (594.4-641.9)
PTSD	368	176.3 (158.2-194.3)	234	110.0 (95.9-124.0)	602	142.8 (131.4-154.2)
Schizophrenia	429	205.5 (186.0-224.9)	566	266.0 (244.1-287.9)	995	236.0 (221.3-250.7)
Suicidal Ideation	478	228.9 (208.4-249.5)	707	332.2 (307.7-356.7)	1,185	281.1 (265.1-297.1)

2012	Female		Male		Total	
Condition	**N.**	**Rate**	**N.**	**Rate**	**N.**	**Rate**
Anxiety	3,866	1,824.0 (1,766.5-1,881.5)	1,798	862.0 (822.2-901.9)	5,664	1,324.3 (1,289.8-1,358.8)
Depression	3,004	1,417.3 (1,366.6-1,468.0)	1,397	669.8 (634.6-704.9)	4,401	1,029.0 (998.6-1,059.4)
Bipolar Disorder	1,308	617.1 (583.7-650.6)	784	375.9 (349.6-402.2)	2,092	489.1 (468.2-510.1)
PTSD	381	179.8 (161.7-197.8)	168	80.5 (68.4-92.7)	549	128.4 (117.6-139.1)
Schizophrenia	403	190.1 (171.6-208.7)	542	259.9 (238.0-281.7)	946	221.2 (207.1-235.3)
Suicidal Ideation	496	234.0 (213.4-254.6)	678	325.1 (300.6-349.5)	1,174	274.5 (258.8-290.2)

2013	Female		Male		Total	
Condition	**N.**	**Rate**	**N.**	**Rate**	**N.**	**Rate**
Anxiety	4,856	2,265.4 (2,201.7-2,329.1)	2,298	1,054.3 (1,011.2-1,097.4)	7,154	1,654.8 (1,616.4-1,693.1)
Depression	3,225	1,504.5 (1,452.6-1,556.4)	1,588	728.5 (692.7-764.4)	4,813	1,113.3 (1,081.8-1,144.7)
Bipolar Disorder	1,543	719.8 (683.9-755.7)	853	391.3 (365.1-417.6)	2,396	554.2 (532.0-576.4)
PTSD	482	224.9 (204.8-244.9)	293	134.4 (119.0-149.8)	775	179.3 (166.6-191.9)
Schizophrenia	517	241.2 (220.4-262.0)	741	340.0 (315.5-364.4)	1,258	291.0 (274.9-307.1)
Suicidal Ideation	587	273.8 (251.7-296.0)	718	329.4 (305.3-353.5)	1,305	301.9 (285.5-318.2)

2014	Female		Male		Total	
Condition	**N.**	**Rate**	**N.**	**Rate**	**N.**	**Rate**
Anxiety	6,241	2,880.0 (2,808.6-2,951.5)	2,986	1,356.7 (1,308.0-1,405.3)	9,227	2,112.4 (2,069.3-2,155.5)
Depression	4,009	1,850.0 (1,792.8-1,907.3)	1,918	871.4 (832.4-910.4)	5,927	1,356.9 (1,322.4-1,391.5)
Bipolar Disorder	1,867	861.6 (822.5-900.6)	1,025	465.7 (437.2-494.2)	2,892	662.1 (638.0-686.2)
PTSD	568	262.1 (240.6-283.7)	353	160.4 (143.7-177.1)	921	210.9 (197.2-224.5)
Schizophrenia	622	287.0 (264.5-309.6)	863	392.1 (365.9-418.3)	1,485	340.0 (322.7-357.3)
Suicidal Ideation	690	318.4 (294.7-342.2)	899	408.5 (381.8-435.2)	1,589	363.8 (345.9-381.7)

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

2015	Female		Male		Total	
Condition	**N.**	**Rate**	**N.**	**Rate**	**N.**	**Rate**
Anxiety	5,484	2,500.0 (2,433.8-2,566.2)	2,515	1,129.9 (1,085.7-1,174.1)	7,999	1,809.9 (1,770.3-1,849.6)
Depression	4,137	1,885.9 (1,828.5-1,943.4)	2,354	1,057.6 (1,014.8-1,100.3)	6,491	1,468.7 (1,433.0-1,504.5)
Bipolar Disorder	1,609	733.5 (697.7-769.3)	1,005	451.5 (423.6-479.4)	2,614	591.5 (568.8-614.1)
PTSD	517	235.7 (215.4-256.0)	297	133.4 (118.3-148.6)	814	184.2 (171.5-196.8)
Schizophrenia	539	245.7 (225.0-266.5)	765	343.7 (319.3-368.0)	1,304	295.1 (279.0-311.1)
Suicidal Ideation	663	302.2 (279.2-325.3)	986	443.0 (415.3-470.6)	1,649	373.1 (355.1-391.1)

2016	Female		Male		Total	
Condition	**N.**	**Rate**	**N.**	**Rate**	**N.**	**Rate**
Anxiety	7,647	3,434.7 (3,357.7-3,511.6)	3,882	1,720.2 (1,666.1-1,774.4)	11,529	2,571.7 (2,524.7-2,618.6)
Depression	4,715	2,117.7 (2,057.3-2,178.2)	2,651	1,174.8 (1,130.0-1,219.5)	7,366	1,643.1 (1,605.5-1,680.6)
Bipolar Disorder	2,176	977.4 (936.3-1018.4)	1,368	606.2 (574.1-638.3)	3,544	790.5 (764.5-816.6)
PTSD	574	257.8 (236.7-278.9)	313	138.7 (123.3-154.1)	887	197.9 (184.8-210.9)
Schizophrenia	658	295.5 (273.0-318.1)	857	379.8 (354.3-405.2)	1,515	337.9 (320.9-355.0)
Suicidal Ideation	738	331.5 (307.6-355.4)	1,065	471.9 (443.6-500.3)	1,803	402.2 (383.6-420.7)

2017	Female		Male		Total	
Condition	**N.**	**Rate**	**N.**	**Rate**	**N.**	**Rate**
Anxiety	6,877	3,052.7 (2,980.6-3,124.9)	3,792	1,662.6 (1,609.7-1,715.5)	10,670	2,353.6 (2,308.9-2,398.3)
Depression	3,894	1,728.6 (1,674.3-1,782.8)	2,152	943.6 (903.7-983.4)	6,046	1,333.6 (1,300.0-1,367.3)
Bipolar Disorder	1,939	860.7 (822.4-899.0)	1,330	583.1 (551.8-614.5)	3,269	721.1 (696.4-745.8)
PTSD	676	300.1 (277.5-322.7)	372	163.1 (146.5-179.7)	1,048	231.2 (217.2-245.2)
Schizophrenia	571	253.5 (232.7-274.3)	889	389.8 (364.2-415.4)	1,460	322.0 (305.5-338.6)
Suicidal Ideation	701	311.2 (288.1-334.2)	1,169	512.6 (483.2-541.9)	1,871	412.7 (394.0-431.4)

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

Table 5. Counts and Crude Rates of Selected Behavioral Health-Related Inpatient Admissions by Gender, Washoe County Residents, 2009-2017.

2009	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	1,187	0,581.3 (0,548.2-0,614.4)	568	0,272.3 (0,249.9-0,294.7)	1,755	0,425.2 (0,405.3-0,445.1)
Depression	1,990	0,974.6 (0,931.8-1,017.4)	1,133	0,543.2 (0,511.6-0,574.8)	3,123	0,756.6 (0,730.1-0,783.1)
Bipolar Disorder	767	0,375.6 (0,349.0-0,402.2)	524	0,251.2 (0,229.7-0,272.7)	1,291	0,312.8 (0,295.7-0,329.8)
PTSD	270	0,132.2 (0,116.5-0,148.0)	156	74.8 (63.1-86.5)	426	0,103.2 (93.4-0,113.0)
Schizophrenia	177	86.7 (73.9-99.5)	255	0,122.3 (0,107.2-0,137.3)	432	0,104.7 (94.8-0,114.5)
Suicidal Ideation	125	61.2 (50.5-71.9)	103	49.4 (39.8-58.9)	228	55.2 (48.1-62.4)

2010	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	1,325	0,641.3 (0,606.8-0,675.9)	632	0,299.9 (0,276.5-0,323.3)	1,957	0,468.9 (0,448.2-0,489.7)
Depression	2,094	1,013.5 (0,970.1-1,056.9)	1,202	0,570.4 (0,538.1-0,602.6)	3,296	0,789.8 (0,762.8-0,816.7)
Bipolar Disorder	946	0,457.9 (0,428.7-0,487.1)	499	0,236.8 (0,216.0-0,257.6)	1,445	0,346.2 (0,328.4-0,364.1)
PTSD	303	0,146.7 (0,130.1-0,163.2)	169	80.2 (68.1-92.3)	472	0,113.1 (0,102.9-0,123.3)
Schizophrenia	212	0,102.6 (88.8-0,116.4)	266	0,126.2 (0,111.1-0,141.4)	478	0,114.5 (0,104.3-0,124.8)
Suicidal Ideation	393	0,190.2 (0,171.4-0,209.0)	320	0,151.9 (0,135.2-0,168.5)	713	0,170.8 (0,158.3-0,183.4)

2011	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	1,351	0,647.1 (0,612.6-0,681.6)	719	0,337.9 (0,313.2-0,362.6)	2,070	0,491.0 (0,469.8-0,512.1)
Depression	2,348	1,124.6 (1,079.1-1,170.1)	1,408	0,661.6 (0,627.1-0,696.2)	3,756	0,890.9 (0,862.4-0,919.4)
Bipolar Disorder	890	0,426.3 (0,398.3-0,454.3)	611	0,287.1 (0,264.4-0,309.9)	1,501	0,356.0 (0,338.0-0,374.0)
PTSD	343	0,164.3 (0,146.9-0,181.7)	206	96.8 (83.6-0,110.0)	549	0,130.2 (0,119.3-0,141.1)
Schizophrenia	260	0,124.5 (0,109.4-0,139.7)	339	0,159.3 (0,142.3-0,176.3)	599	0,142.1 (0,130.7-0,153.5)
Suicidal Ideation	658	0,315.2 (0,291.1-0,339.2)	628	0,295.1 (0,272.0-0,318.2)	1,286	0,305.0 (0,288.4-0,321.7)

2012	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	2,371	1,118.7 (1,073.6-1,163.7)	1,019	0,488.5 (0,458.5-0,518.5)	3,390	0,792.6 (0,765.9-0,819.3)
Depression	3,038	1,433.4 (1,382.4-1,484.3)	1,518	0,727.8 (0,691.2-0,764.4)	4,556	1,065.2 (1,034.3-1,096.2)
Bipolar Disorder	897	0,423.2 (0,395.5-0,450.9)	548	0,262.7 (0,240.7-0,284.7)	1,445	0,337.9 (0,320.4-0,355.3)
PTSD	429	0,202.4 (0,183.3-0,221.6)	203	97.3 (83.9-0,110.7)	632	0,147.8 (0,136.2-0,159.3)
Schizophrenia	278	0,131.2 (0,115.7-0,146.6)	320	0,153.4 (0,136.6-0,170.2)	598	0,139.8 (0,128.6-0,151.0)
Suicidal Ideation	823	0,388.3 (0,361.8-0,414.8)	619	0,296.8 (0,273.4-0,320.1)	1,442	0,337.1 (0,319.7-0,354.6)

2013	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	2,729	1,273.1 (1,225.3-1,320.9)	1,287	0,590.5 (0,558.2-0,622.7)	4,016	0,928.9 (0,900.2-0,957.7)
Depression	3,065	1,429.9 (1,379.2-1,480.5)	1,603	0,735.4 (0,699.4-0,771.4)	4,668	1,079.7 (1,048.8-1,110.7)
Bipolar Disorder	832	0,388.1 (0,361.8-0,414.5)	533	0,244.5 (0,223.8-0,265.3)	1,365	0,315.7 (0,299.0-0,332.5)
PTSD	451	0,210.4 (0,191.0-0,229.8)	268	0,123.0 (0,108.2-0,137.7)	719	0,166.3 (0,154.2-0,178.5)
Schizophrenia	266	0,124.1 (0,109.2-0,139.0)	392	0,179.8 (0,162.0-0,197.6)	658	0,152.2 (0,140.6-0,163.8)
Suicidal Ideation	789	0,368.1 (0,342.4-0,393.8)	693	0,317.9 (0,294.3-0,341.6)	1,482	0,342.8 (0,325.3-0,360.3)

2014	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	2,880	1,329.0 (1,280.5-1,377.6)	1,370	0,622.5 (0,589.5-0,655.4)	4,250	0,973.0 (0,943.7-1,002.2)
Depression	3,570	1,647.4 (1,593.4-1,701.5)	1,839	0,835.5 (0,797.4-0,873.7)	5,409	1,238.3 (1,205.3-1,271.3)
Bipolar Disorder	893	0,412.1 (0,385.1-0,439.1)	525	0,238.5 (0,218.1-0,258.9)	1,418	0,324.6 (0,307.7-0,341.5)
PTSD	492	0,227.0 (0,207.0-0,247.1)	226	0,102.7 (89.3-0,116.1)	718	0,164.4 (0,152.4-0,176.4)
Schizophrenia	313	0,144.4 (0,128.4-0,160.4)	359	0,163.1 (0,146.2-0,180.0)	672	0,153.8 (0,142.2-0,165.5)
Suicidal Ideation	829	0,382.6 (0,356.5-0,408.6)	678	0,308.0 (0,284.9-0,331.2)	1,507	0,345.0 (0,327.6-0,362.4)

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

2015	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	2,980	1,358.5 (1,309.7-1,407.3)	1,364	0,612.8 (0,580.3-0,645.3)	4,344	0,982.9 (0,953.7-1,012.2)
Depression	3,771	1,719.1 (1,664.2-1,774.0)	2,047	0,919.6 (0,879.8-0,959.5)	5,819	1,316.7 (1,282.8-1,350.5)
Bipolar Disorder	1,037	0,472.7 (0,444.0-0,501.5)	589	0,264.6 (0,243.2-0,286.0)	1,626	0,367.9 (0,350.0-0,385.8)
PTSD	591	0,269.4 (0,247.7-0,291.1)	352	0,158.1 (0,141.6-0,174.7)	943	0,213.4 (0,199.8-0,227.0)
Schizophrenia	288	0,131.3 (0,116.1-0,146.5)	417	0,187.3 (0,169.4-0,205.3)	705	0,159.5 (0,147.7-0,171.3)
Suicidal Ideation	1,113	0,507.4 (0,477.6-0,537.2)	1,009	0,453.3 (0,425.3-0,481.3)	2,122	0,480.1 (0,459.7-0,500.6)

2016	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	3,131	1,406.3 (1,357.0-1,455.6)	1,653	0,732.5 (0,697.2-0,767.8)	4,784	1,067.1 (1,036.9-1,097.4)
Depression	3,583	1,609.3 (1,556.6-1,662.0)	1,900	0,842.0 (0,804.1-0,879.8)	5,483	1,223.0 (1,190.7-1,255.4)
Bipolar Disorder	976	0,438.4 (0,410.9-0,465.9)	650	0,288.0 (0,265.9-0,310.2)	1,626	0,362.7 (0,345.1-0,380.3)
PTSD	678	0,304.5 (0,281.6-0,327.4)	375	0,166.2 (0,149.4-0,183.0)	1,053	0,234.9 (0,220.7-0,249.1)
Schizophrenia	168	75.5 (64.0-86.9)	253	0,112.1 (98.3-0,125.9)	421	93.9 (84.9-0,102.9)
Suicidal Ideation	977	0,438.8 (0,411.3-0,466.3)	906	0,401.5 (0,375.3-0,427.6)	1,883	0,420.0 (0,401.1-0,439.0)

2017	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	3,360	1,491.5 (1,441.1-1,541.9)	1,660	0,727.8 (0,692.8-0,762.9)	5,020	1,107.3 (1,076.7-1,137.9)
Depression	3,539	1,571.0 (1,519.2-1,622.7)	1,906	0,835.7 (0,798.2-0,873.2)	5,446	1,201.3 (1,169.4-1,233.2)
Bipolar Disorder	884	0,392.4 (0,366.5-0,418.3)	623	0,273.2 (0,251.7-0,294.6)	1,507	0,332.4 (0,315.6-0,349.2)
PTSD	605	0,268.6 (0,247.2-0,290.0)	416	0,182.4 (0,164.9-0,199.9)	1,022	0,225.4 (0,211.6-0,239.3)
Schizophrenia	174	77.2 (65.8-88.7)	251	0,110.1 (96.4-0,123.7)	425	93.7 (84.8-0,102.7)
Suicidal Ideation	968	0,429.7 (0,402.6-0,456.8)	968	0,424.4 (0,397.7-0,451.2)	1,936	0,427.0 (0,408.0-0,446.1)

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

Table 6. Demographics of State Funded Mental Health Clinics Utilization*, Washoe County Residents 2011-2017.

Sex	2011	2012	2013	2014	2015	2016	2017
Female	2,637	2,547	2,693	2,588	2,245	1,465	1,098
Male	2,103	2,102	2,258	2,229	1,956	1,408	1,183
Unknown	2	8	20	4	9	2	0
Total	**4,742**	**4,657**	**4,971**	**4,821**	**4,210**	**2,875**	**2,281**
Race	**2011**	**4821**	**4210**	**2875**	**2281**	**2282**	**2283**
White	3,677	3,596	3,742	3,606	3,038	2,076	1,624
Black	265	277	344	324	301	181	133
Hispanic	455	449	517	501	451	320	252
Asian	86	93	97	98	91	79	65
American Indian/Alaskan	64	67	70	72	72	55	57
Native Hawaiian/Pacific Islander	15	14	12	12	13	5	4
More than 1 race reported	77	70	86	75	74	63	49
Other/Unknown	103	91	103	133	170	96	97
Age	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**
0-14	2	1	1	3	2	2	6
15-17	10	5	1	5	6	4	3
18-19	65	66	76	75	59	26	25
20-24	430	410	430	366	334	202	141
25-34	973	990	1,077	1,048	882	541	421
35-44	1,014	955	1,027	999	841	555	429
45-54	1,332	1,258	1,336	1,282	1,064	732	537
55-64	783	836	875	866	830	622	524
65-74	121	124	132	161	175	169	173
75-84	10	11	15	16	16	22	21
>84	2	0	0	0	0	0	0
Unknown	**0**	**0**	**0**	**0**	**1**	**0**	**1**
Education	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**
No Formal Education	63	61	40	30	24	19	15
<=12th Grade - No Diploma	952	936	954	907	818	492	412
High School Graduate	1,187	1,155	1,259	1,235	1,213	812	661
GED	631	564	649	572	494	310	242
Some College	1,473	1,480	1,584	1,523	1,153	802	620
College Undergraduate degree	242	243	242	272	225	178	137
Some Graduate School	54	56	55	45	29	26	24
Graduate Degree	80	90	93	87	85	62	53
Special Education	33	32	34	29	27	20	16
Other/Unknown	27	40	61	121	141	154	100

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

Table 7a. Alcohol and Drug-Related Emergency Department Encounters, Washoe, 2009.

2009	Alcohol			Drug Use		
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	1,047	29%	512.8 (481.7-543.8)	956	49%	468.2 (438.5-497.9)
Male	2,504	70%	1,200.5 (1,153.5-1,247.5)	991	51%	475.1 (445.5-504.7)
Unknown	1	0%	-	0	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	2,345	66%	838.4 (804.5-872.3)	1,259	65%	450.1 (425.3-475.0)
Black	117	3%	1,192.1 (976.1-1,408.2)	76	4%	774.4 (600.3-948.5)
Native American	83	2%	1,198.6 (940.7-1,456.5)	44	2%	635.4 (447.7-823.2)
Asian/Pacific	60	2%	230.2 (172.0-288.5)	19	1%	72.9 (40.1-105.7)
Hispanic	229	6%	253.7 (220.8-286.5)	108	6%	119.6 (97.1-142.2)
Other/Unknown	718	20%	-	441	23%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	15	0%	17.7 (8.7-26.7)	97	5%	114.5 (91.7-137.2)
15-17	110	3%	692.9 (563.4-822.4)	95	5%	598.4 (478.1-718.8)
18-19	81	2%	718.1 (561.7-874.5)	95	5%	842.2 (672.9-1,011.6)
20-24	244	7%	791.4 (692.1-890.8)	225	12%	729.8 (634.5-825.2)
25-34	496	14%	862.4 (786.5-938.3)	419	22%	728.5 (658.7-798.2)
35-44	782	22%	1,461.7 (1,359.2-1,564.1)	389	20%	727.1 (654.8-799.3)
45-54	1,095	31%	1,840.0 (1,731.0-1,948.9)	408	21%	685.6 (619.1-752.1)
55-64	529	15%	1,054.2 (964.4-1,144.1)	157	8%	312.9 (263.9-361.8)
65-74	162	5%	531.1 (449.3-612.9)	39	2%	127.9 (87.7-168.0)
75-84	27	1%	200.6 (124.9-276.2)	17	1%	126.3 (66.2-186.3)
85+	11	0%	204.6 (83.7-325.5)	6	0%	111.6 (22.3-200.9)
Total	**3,552**	**0%**	**860.5 (832.2-888.8)**	**1,947**	**0%**	**471.7 (450.7-492.6)**

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

Table 7b. Alcohol and Drug-Related Emergency Department Encounters, Washoe County, 2010.

2010	Alcohol			Drug Use		
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	1,158	29%	560.5 (528.2-592.8)	1,099	48%	531.9 (500.5-563.4)
Male	2,833	71%	1,344.4 (1,294.9-1,393.9)	1,171	52%	555.7 (523.9-587.5)
Unknown	0	0%	-	0	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	3,287	82%	1,170.8 (1,130.8-1,210.8)	1,785	79%	635.8 (606.3-665.3)
Black	127	3%	1,267.4 (1,047.0-1,487.9)	133	6%	1,327.3 (1,101.7-1,552.9)
Native American	151	4%	2,156.5 (1,812.6-2,500.5)	47	2%	671.2 (479.3-863.1)
Asian/Pacific	57	1%	214.6 (158.9-270.3)	19	1%	71.5 (39.4-103.7)
Hispanic	293	7%	315.0 (279.0-351.1)	222	10%	238.7 (207.3-270.1)
Other/Unknown	76	2%	-	64	3%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	18	0%	21.1 (11.4-30.9)	107	5%	125.5 (101.7-149.3)
15-17	100	3%	629.9 (506.5-753.4)	106	5%	663.7 (537.4-790.1)
18-19	84	2%	744.7 (585.5-904.0)	82	4%	732.5 (573.9-891.0)
20-24	238	6%	772.0 (673.9-870.1)	300	13%	981.4 (870.3-1,092.4)
25-34	529	13%	919.7 (841.4-998.1)	503	22%	856.1 (781.3-931.0)
35-44	849	21%	1,586.9 (1,480.1-1,693.6)	459	20%	862.2 (783.3-941.1)
45-54	1,321	33%	2,219.7 (2,100.0-2,339.4)	467	21%	790.9 (719.2-862.6)
55-64	651	16%	1,297.3 (1,197.7-1,397.0)	191	8%	369.3 (316.9-421.7)
65-74	160	4%	524.6 (443.3-605.9)	24	1%	74.5 (44.7-104.3)
75-84	36	1%	267.4 (180.1-354.8)	21	1%	151.5 (86.7-216.3)
85+	5	0%	93.0 (11.5-174.5)	10	0%	181.1 (68.9-293.4)
Total	**3,991**	**0%**	**956.3 (926.6-986.0)**	**2,270**	**0%**	**543.9 (521.6-566.3)**

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

Table 7c. Alcohol and Drug-Related Emergency Department Encounters, Washoe County, 2011.

2011	Alcohol			Drug Use		
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	1,428	34%	683.9 (648.5-719.4)	1,243	50%	595.3 (562.2-628.4)
Male	2,820	66%	1,325.2 (1,276.3-1,374.1)	1,265	50%	594.4 (561.7-627.2)
Unknown	0	0%	-	0	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	3,424	81%	1,215.0 (1,174.3-1,255.7)	2,006	80%	711.8 (680.7-743.0)
Black	141	3%	1,393.1 (1,163.1-1,623.0)	149	6%	1,472.1 (1,235.7-1,708.5)
Native American	166	4%	2,355.5 (1,997.2-2,713.8)	52	2%	737.9 (537.3-938.4)
Asian/Pacific	22	1%	81.1 (47.2-115.0)	15	1%	55.3 (27.3-83.3)
Hispanic	387	9%	405.3 (364.9-445.7)	230	9%	240.9 (209.7-272.0)
Other/Unknown	108	3%	-	56	2%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	24	1%	28.0 (16.8-39.2)	96	4%	112.1 (89.7-134.5)
15-17	118	3%	741.3 (607.6-875.1)	94	4%	590.5 (471.2-709.9)
18-19	94	2%	830.1 (662.3-997.9)	107	4%	944.9 (765.8-1,123.9)
20-24	262	6%	865.5 (760.7-970.4)	340	14%	1,123.2 (1,003.8-1,242.6)
25-34	561	13%	934.1 (856.8-1,011.4)	571	23%	950.7 (872.8-1,028.7)
35-44	765	18%	1,444.9 (1,342.5-1,547.2)	481	19%	908.5 (827.3-989.6)
45-54	1,316	31%	2,242.8 (2,121.6-2,363.9)	511	20%	870.9 (795.4-946.4)
55-64	759	18%	1,426.3 (1,324.8-1,527.8)	213	8%	400.3 (346.5-454.0)
65-74	258	6%	769.4 (675.5-863.2)	64	3%	190.8 (144.1-237.6)
75-84	76	2%	529.4 (410.4-648.5)	17	1%	118.4 (62.1-174.7)
85+	15	0%	265.0 (130.9-399.0)	14	1%	247.3 (117.8-376.8)
Total	**4,248**	**0%**	**1,007.6 (977.3-1,037.9)**	**2,508**	**0%**	**594.9 (571.6-618.2)**

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

Table 7d. Alcohol and Drug-Related Emergency Department Encounters, Washoe County, 2012.

2012	Alcohol			Drug Use		
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	1,372	34%	647.3 (613.1-681.6)	1,249	48%	589.3 (556.6-622.0)
Male	2,659	66%	1,232.4 (1,185.6-1,279.3)	1,378	52%	638.7 (605.0-672.4)
Unknown	0	0%	-	1	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	3,188	79%	1,123.4 (1,084.4-1,162.4)	2,101	80%	740.3 (708.7-772.0)
Black	154	4%	1,487.3 (1,252.4-1,722.2)	136	5%	1,313.4 (1,092.7-1,534.2)
Native American	122	3%	1,718.3 (1,413.4-2,023.2)	38	1%	535.2 (365.0-705.4)
Asian/Pacific	31	1%	111.1 (72.0-150.2)	28	1%	100.3 (63.2-137.5)
Hispanic	426	11%	432.3 (391.2-473.3)	253	10%	256.7 (225.1-288.4)
Other/Unknown	110	3%	-	72	3%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	11	0%	12.7 (5.2-20.3)	93	4%	107.7 (85.8-129.6)
15-17	104	3%	651.6 (526.4-776.8)	90	3%	563.9 (447.4-680.4)
18-19	63	2%	534.3 (402.3-666.2)	97	4%	822.6 (658.9-986.3)
20-24	293	7%	971.0 (859.8-1,082.2)	354	13%	1,173.1 (1,050.9-1,295.3)
25-34	710	18%	1,160.9 (1,075.5-1,246.3)	657	25%	1,074.2 (992.1-1,156.4)
35-44	810	20%	1,520.6 (1,415.9-1,625.3)	480	18%	901.1 (820.5-981.7)
45-54	1,035	26%	1,767.6 (1,659.9-1,875.3)	473	18%	807.8 (735.0-880.6)
55-64	645	16%	1,184.5 (1,093.1-1,275.9)	284	11%	521.6 (460.9-582.2)
65-74	281	7%	784.6 (692.8-876.3)	79	3%	220.6 (171.9-269.2)
75-84	71	2%	491.8 (377.4-606.2)	13	0%	90.0 (41.1-139.0)
85+	8	0%	139.8 (42.9-236.6)	8	0%	139.8 (42.9-236.6)
Total	**4,031**		**942.5 (913.4-971.6)**	**2,628**		**614.4 (591.0-637.9)**

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

Table 7e. Alcohol and Drug-Related Emergency Department Encounters, Washoe County, 2013.

2013	Alcohol			Drug Use		
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	2,034	35%	948.9 (907.7-990.1)	2,379	50%	1,109.8 (1,065.2-1,154.4)
Male	3,778	65%	1,733.3 (1,678.0-1,788.6)	2,398	50%	1,100.2 (1,056.1-1,144.2)
Unknown	1	0%	-	0	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	4,125	71%	1,447.6 (1,403.4-1,491.7)	3,421	72%	1,200.5 (1,160.3-1,240.7)
Black	606	10%	5,737.8 (5,281.0-6,194.6)	633	13%	5,993.4 (5,526.5-6,460.4)
Native American	251	4%	3,515.6 (3,080.7-3,950.6)	128	3%	1,792.8 (1,482.2-2,103.4)
Asian/Pacific	81	1%	284.1 (222.2-345.9)	71	1%	249.0 (191.1-306.9)
Hispanic	560	10%	553.7 (507.8-599.5)	397	8%	392.5 (353.9-431.1)
Other/Unknown	190	3%	-	127	3%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	25	0%	28.8 (17.5-40.1)	104	2%	119.9 (96.8-142.9)
15-17	120	2%	749.6 (615.5-883.8)	117	2%	730.9 (598.5-863.3)
18-19	116	2%	983.8 (804.8-1,162.9)	171	4%	1,450.3 (1,232.9-1,667.7)
20-24	380	7%	1,258.9 (1,132.3-1,385.4)	536	11%	1,775.7 (1,625.3-1,926.0)
25-34	973	17%	1,568.4 (1,469.8-1,666.9)	1,317	28%	2,122.9 (2,008.2-2,237.5)
35-44	1,125	19%	2,104.3 (1,981.3-2,227.2)	967	20%	1,808.7 (1,694.7-1,922.7)
45-54	1,531	26%	2,627.6 (2,496.0-2,759.3)	890	19%	1,527.5 (1,427.1-1,627.9)
55-64	950	16%	1,709.3 (1,600.6-1,818.0)	497	10%	894.2 (815.6-972.8)
65-74	463	8%	1,237.2 (1,124.5-1,349.9)	132	3%	352.7 (292.5-412.9)
75-84	104	2%	694.0 (560.6-827.4)	31	1%	206.9 (134.0-279.7)
85+	26	0%	447.2 (275.3-619.1)	15	0%	258.0 (127.4-388.6)
Total	**5,813**	**0%**	**1,344.6 (1,310.0-1,379.2)**	**4,777**	**0%**	**1,105.0 (1,073.6-1,136.3)**

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

Table 7f. Alcohol and Drug-Related Emergency Department Encounters, Washoe County, 2014.

2014	Alcohol			Drug Use		
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	2,782	37%	1,283.8 (1,236.1-1,331.5)	3,070	47%	1,416.7 (1,366.6-1,466.8)
Male	4,736	63%	2,151.8 (2,090.5-2,213.1)	3,519	53%	1,604.2 (1,551.2-1,657.2)
Unknown	0	0%	-	0	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	5,591	74%	1,954.6 (1,903.4-2,005.8)	5,038	76%	1,761.3 (1,712.6-1,809.9)
Black	385	5%	3,584.6 (3,226.5-3,942.7)	444	7%	4,133.9 (3,749.4-4,518.5)
Native American	232	3%	3,230.6 (2,814.9-3,646.4)	128	2%	1,782.4 (1,473.6-2,091.2)
Asian/Pacific	44	1%	151.2 (106.5-195.9)	56	1%	192.4 (142.0-242.8)
Hispanic	716	10%	690.3 (639.7-740.8)	514	8%	495.5 (452.7-538.4)
Other/Unknown	550	7%	-	409	6%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	25	0%	28.7 (17.5-40.0)	105	2%	120.6 (97.5-143.7)
15-17	118	2%	725.7 (594.7-856.6)	156	2%	959.3 (808.8-1,109.9)
18-19	121	2%	1,044.2 (858.1-1,230.2)	179	3%	1,544.7 (1,318.4-1,771.0)
20-24	562	7%	1,847.4 (1,694.7-2,000.2)	754	11%	2,478.6 (2,301.7-2,655.5)
25-34	1,466	19%	2,334.6 (2,215.1-2,454.1)	1,758	27%	2,799.6 (2,668.8-2,930.5)
35-44	1,388	18%	2,576.1 (2,440.6-2,711.7)	1,266	19%	2,349.7 (2,220.3-2,479.1)
45-54	1,972	26%	3,401.2 (3,251.0-3,551.3)	1,338	20%	2,307.7 (2,184.0-2,431.3)
55-64	1,153	15%	2,050.5 (1,932.1-2,168.9)	739	11%	1,314.2 (1,219.5-1,409.0)
65-74	544	7%	1,393.4 (1,276.3-1,510.4)	211	3%	540.4 (467.5-613.4)
75-84	141	2%	904.4 (755.1-1,053.6)	61	1%	391.3 (293.1-489.4)
85+	28	0%	471.1 (296.6-645.6)	22	0%	370.2 (215.5-524.8)
Total	**7,518**		**1,721.2 (1,682.3-1,760.1)**	**6,589**		**1,508.5 (1,472.1-1,544.9)**

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

Table 7g. Alcohol and Drug-Related Emergency Department Encounters, Washoe County, 2015.

2015	Alcohol			Drug Use		
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	2,028	35%	924.5 (884.3-964.7)	3,319	46%	1,513.0 (1,461.6-1,564.5)
Male	3,813	65%	1,713.0 (1,658.7-1,767.4)	3,903	54%	1,753.5 (1,698.5-1,808.5)
Unknown	1	0%	-	0	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	4,643	79%	1,615.8 (1,569.3-1,662.3)	5,727	79%	1,993.1 (1,941.5-2,044.7)
Black	293	5%	2,664.6 (2,359.5-2,969.7)	539	7%	4,901.7 (4,487.9-5,315.6)
Native American	186	3%	2,568.1 (2,199.0-2,937.2)	125	2%	1,725.9 (1,423.3-2,028.5)
Asian/Pacific	43	1%	144.4 (101.2-187.5)	69	1%	231.6 (177.0-286.3)
Hispanic	452	8%	424.1 (385.0-463.2)	550	8%	516.1 (472.9-559.2)
Other/Unknown	225	4%	-	212	3%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	16	0%	18.3 (9.3-27.2)	116	2%	132.5 (108.4-156.6)
15-17	88	2%	533.0 (421.6-644.3)	173	2%	1,047.8 (891.7-1,203.9)
18-19	91	2%	780.9 (620.5-941.4)	196	3%	1,682.0 (1,446.5-1,917.5)
20-24	404	7%	1,317.2 (1,188.8-1,445.7)	879	12%	2,866.0 (2,676.5-3,055.4)
25-34	1,016	17%	1,597.9 (1,499.6-1,696.1)	1,928	27%	3,032.2 (2,896.8-3,167.5)
35-44	1,047	18%	1,917.7 (1,801.6-2,033.9)	1,390	19%	2,546.0 (2,412.2-2,679.9)
45-54	1,461	25%	2,541.9 (2,411.5-2,672.2)	1,311	18%	2,280.9 (2,157.4-2,404.4)
55-64	1,086	19%	1,906.0 (1,792.7-2,019.4)	910	13%	1,597.1 (1,493.4-1,700.9)
65-74	488	8%	1,204.9 (1,098.0-1,311.8)	248	3%	612.3 (536.1-688.5)
75-84	121	2%	739.5 (607.7-871.2)	56	1%	342.2 (252.6-431.9)
85+	24	0%	397.5 (238.5-556.5)	15	0%	248.4 (122.7-374.2)
Total	**5,842**		**1,321.9 (1,288.0-1,355.8)**	**7,222**		**1,634.1 (1,596.4-1,671.8)**

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

Table 7h. Alcohol and Drug-Related Emergency Department Encounters, Washoe County, 2016.

2016	Alcohol			Drug Use		
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	2,165	34%	972.4 (931.5-1013.4)	5,658	48%	2,541.3 (2,475.1-2,607.5)
Male	4,250	66%	1,883.3 (1,826.7-1,939.9)	6,097	52%	2,701.8 (2,634.0-2,769.6)
Unknown	0	0%	-	0	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	5,176	81%	1,789.6 (1,740.9-1,838.4)	9,106	77%	3,148.5 (3,083.8-3,213.1)
Black	346	5%	3,073.4 (2,749.5-3,397.2)	1,042	9%	9,255.6 (8,693.7-9,817.6)
Native American	233	4%	3,200.5 (2,789.6-3,611.5)	202	2%	2,774.7 (2,392.1-3,157.4)
Asian/Pacific	60	1%	196.0 (146.4-245.6)	141	1%	460.6 (384.6-536.6)
Hispanic	468	7%	425.7 (387.1-464.3)	1,089	9%	990.6 (931.7-1,049.4)
Other/Unknown	132	2%	-	175	1%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	34	1%	38.7 (25.7-51.7)	134	1%	152.4 (126.6-178.2)
15-17	86	1%	502.9 (396.6-609.2)	233	2%	1,362.6 (1,187.6-1,537.5)
18-19	84	1%	694.8 (546.2-843.4)	357	3%	2,952.9 (2,646.5-3,259.2)
20-24	411	6%	1,321.0 (1,193.3-1,448.8)	1,268	11%	4,075.6 (3,851.3-4,299.9)
25-34	1,189	19%	1,847.2 (1,742.2-1,952.2)	3,033	26%	4,712.1 (4,544.4-4,879.8)
35-44	1,120	17%	2,019.0 (1,900.7-2,137.2)	2,210	19%	3,983.8 (3,817.8-4,149.9)
45-54	1,608	25%	2,814.5 (2,677.0-2,952.1)	2,181	19%	3,817.5 (3,657.3-3,977.7)
55-64	1,285	20%	2,224.5 (2,102.9-2,346.1)	1,508	13%	2,610.5 (2,478.8-2,742.3)
65-74	455	7%	1,086.6 (986.8-1,186.5)	538	5%	1,284.8 (1,176.3-1,393.4)
75-84	122	2%	703.0 (578.3-827.8)	207	2%	1,192.8 (1,030.3-1,355.3)
85+	21	0%	344.4 (197.1-491.7)	86	1%	1,410.5 (1,112.4-1,708.6)
Total	**6,415**	**0%**	**1,430.9 (1,395.9-1,466.0)**	**11,755**	**0%**	**2,622.1 (2,574.7-2,669.5)**

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

Table 7i. Alcohol and Drug-Related Emergency Department Encounters, Washoe County, 2017.

2017	Alcohol			Drug Use		
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	2,072	33%	919.8 (880.2-959.4)	3,171	45%	1,407.6 (1,358.6-1,456.6)
Male	4,169	67%	1,827.9 (1,772.4-1,883.4)	3,803	55%	1,667.4 (1,614.5-1,720.4)
Unknown	0	0%	-	0	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	5,154	83%	1,774.8 (1,726.3-1,823.2)	5,614	80%	1,933.2 (1,882.6-1,983.7)
Black	311	5%	2,710.9 (2,409.6-3,012.2)	521	7%	4,541.5 (4,151.5-4,931.5)
Native American	233	4%	3,186.1 (2,777.0-3,595.2)	172	2%	2,352.0 (2,000.5-2,703.5)
Asian/Pacific	55	1%	175.7 (129.3-222.2)	77	1%	246.0 (191.1-301.0)
Hispanic	326	5%	288.8 (257.5-320.2)	402	6%	356.2 (321.4-391.0)
Other/Unknown	162	3%	-	188	3%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	19	0%	21.6 (11.9-31.3)	107	2%	121.7 (98.6-144.7)
15-17	97	2%	548.5 (439.4-657.7)	176	3%	995.2 (848.2-1142.3)
18-19	103	2%	839.5 (677.4-1,001.6)	220	3%	1,793.1 (1,556.2-2,030.1)
20-24	377	6%	1,198.3 (1,077.4-1,319.3)	868	12%	2,759.1 (2,575.5-2,942.6)
25-34	1,098	18%	1,692.1 (1,592.1-1,792.2)	1,921	28%	2,960.5 (2,828.1-3,092.9)
35-44	1,117	18%	1,976.9 (1,861.0-2,092.8)	1,361	20%	2,408.7 (2,280.8-2,536.7)
45-54	1,599	26%	2,825.8 (2,687.3-2,964.3)	1,156	17%	2,042.9 (1,925.1-2,160.7)
55-64	1,340	21%	2,304.5 (2,181.1-2,427.9)	837	12%	1,439.5 (1,341.9-1,537.0)
65-74	376	6%	871.9 (783.8-960.0)	229	3%	531.0 (462.2-599.8)
75-84	99	2%	533.0 (428.0-638.0)	73	1%	393.0 (302.9-483.2)
85+	16	0%	259.7 (132.4-386.9)	26	0%	421.9 (259.8-584.1)
Total	**6,241**	**0%**	**1,376.6 (1,342.5-1,410.8)**	**6,974**	**0%**	**1,538.3 (1,502.2-1,574.4)**

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

Table 8a. Alcohol and Drug-Related Inpatient Admissions by Year, 2009.

2009	Alcohol			Drug Use		
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	918	30%	449.6 (420.5-478.7)	974	47%	477.0 (447.0-507.0)
Male	2,112	70%	1,012.6 (969.4-1,055.7)	1,087	53%	521.1 (490.2-552.1)
Unknown	0	0%	-	0	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	2,060	68%	736.5 (704.7-768.3)	1,301	63%	465.1 (439.9-490.4)
Black	67	2%	682.7 (519.2-846.2)	65	3%	662.3 (501.3-823.3)
Native American	52	2%	750.9 (546.8-955.0)	37	2%	534.3 (362.2-706.5)
Asian/Pacific	14	0%	53.7 (25.6-81.9)	15	1%	57.6 (28.4-86.7)
Hispanic	144	5%	159.5 (133.5-185.6)	94	5%	104.1 (83.1-125.2)
Other/Unknown	693	23%	-	549	27%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	9	0%	10.6 (3.7-17.6)	37	2%	43.7 (29.6-57.7)
15-17	45	1%	283.5 (200.6-366.3)	82	4%	516.5 (404.7-628.3)
18-19	30	1%	266.0 (170.8-361.1)	82	4%	727.0 (569.6-884.3)
20-24	80	3%	259.5 (202.6-316.4)	144	7%	467.1 (390.8-543.4)
25-34	269	9%	467.7 (411.8-523.6)	329	16%	572.0 (510.2-633.8)
35-44	483	16%	902.8 (822.3-983.3)	364	18%	680.4 (610.5-750.3)
45-54	911	30%	1,530.8 (1,431.4-1,630.2)	564	27%	947.7 (869.5-1,025.9)
55-64	653	22%	1,301.3 (1,201.5-1,401.1)	280	14%	558.0 (492.6-623.4)
65-74	398	13%	1,304.9 (1,176.7-1,433.1)	102	5%	334.4 (269.5-399.3)
75-84	113	4%	839.4 (684.6-994.2)	50	2%	371.4 (268.5-474.4)
85+	39	1%	725.4 (497.7-953.1)	27	1%	502.2 (312.8-691.6)
Total	**3,030**	**0%**	**734.1 (707.9-760.2)**	**2,061**	**0%**	**499.3 (477.8-520.9)**

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

Table 8b. Alcohol and Drug-Related Inpatient Admissions by Year, 2010.

2010	Alcohol			Drug Use		
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	1,073	34%	519.4 (488.3-550.4)	1,032	50%	499.5 (469.0-530.0)
Male	2,083	66%	988.5 (946.0-1,030.9)	1,022	50%	485.0 (455.2-514.7)
Unknown	0	0%	-	0	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	2,158	68%	768.7 (736.2-801.1)	1,301	63%	463.4 (438.2-488.6)
Black	70	2%	698.6 (534.9-862.2)	65	3%	648.7 (491.0-806.4)
Native American	72	2%	1,028.3 (790.8-1,265.8)	35	2%	499.9 (334.3-665.5)
Asian/Pacific	13	0%	48.9 (22.3-75.5)	13	1%	48.9 (22.3-75.5)
Hispanic	143	5%	153.8 (128.6-179.0)	93	5%	100.0 (79.7-120.3)
Other/Unknown	700	22%	-	547	27%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	10	0%	11.7 (4.5-19.0)	29	1%	34.0 (21.6-46.4)
15-17	71	2%	447.2 (343.2-551.3)	120	6%	751.4 (617.0-885.9)
18-19	29	1%	257.1 (163.5-350.7)	63	3%	562.8 (423.8-701.7)
20-24	59	2%	191.4 (142.5-240.2)	167	8%	546.3 (463.4-629.2)
25-34	251	8%	436.4 (382.4-490.4)	333	16%	566.8 (505.9-627.7)
35-44	456	14%	852.3 (774.1-930.6)	341	17%	640.5 (572.5-708.5)
45-54	950	30%	1,596.3 (1,494.8-1,697.8)	502	24%	850.2 (775.8-924.5)
55-64	758	24%	1,510.6 (1,403.0-1,618.1)	313	15%	605.2 (538.2-672.3)
65-74	391	12%	1,281.9 (1,154.8-1,409.0)	100	5%	310.5 (249.6-371.3)
75-84	150	5%	1,114.2 (935.9-1,292.5)	57	3%	411.3 (304.5-518.1)
85+	31	1%	576.6 (373.6-779.6)	29	1%	525.3 (334.1-716.4)
Total	**3,156**	**0%**	**756.2 (729.8-782.6)**	**2,054**	**0%**	**492.2 (470.9-513.5)**

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

Table 8c. Alcohol and Drug-Related Inpatient Admissions by Year, 2011.

2011	Alcohol			Drug Use		
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	1,214	37%	581.4 (548.7-614.2)	1,247	50%	597.3 (564.1-630.4)
Male	2,080	63%	977.4 (935.4-1,019.4)	1,261	50%	592.6 (559.9-625.3)
Unknown	0	0%	-	0	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	2,231	68%	791.6 (758.8-824.5)	1,553	62%	551.1 (523.7-578.5)
Black	72	2%	711.4 (547.0-875.7)	115	5%	1,136.2 (928.5-1,343.8)
Native American	89	3%	1,262.9 (1,000.5-1,525.3)	34	1%	482.5 (320.3-644.6)
Asian/Pacific	7	0%	25.8 (6.7-44.9)	13	1%	47.9 (21.9-74.0)
Hispanic	161	5%	168.6 (142.6-194.7)	94	4%	98.4 (78.5-118.3)
Other/Unknown	734	22%	-	699	28%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	13	0%	15.2 (6.9-23.4)	39	2%	45.5 (31.2-59.8)
15-17	41	1%	257.6 (178.7-336.4)	77	3%	483.7 (375.7-591.8)
18-19	37	1%	326.7 (221.5-432.0)	90	4%	794.8 (630.6-958.9)
20-24	78	2%	257.7 (200.5-314.9)	217	9%	716.9 (621.5-812.3)
25-34	277	8%	461.2 (406.9-515.5)	421	17%	701.0 (634.0-767.9)
35-44	519	16%	980.2 (895.9-1,064.6)	421	17%	795.1 (719.2-871.1)
45-54	937	28%	1,596.9 (1,494.6-1,699.1)	605	24%	1,031.1 (948.9-1,113.2)
55-64	774	23%	1,454.5 (1,352.0-1,556.9)	402	16%	755.4 (681.6-829.3)
65-74	427	13%	1,273.3 (1,152.5-1,394.1)	146	6%	435.4 (364.7-506.0)
75-84	145	4%	1,010.1 (845.7-1,174.5)	66	3%	459.8 (348.9-570.7)
85+	46	1%	812.5 (577.7-1,047.4)	24	1%	423.9 (254.3-593.5)
Total	**3,294**	**0%**	**781.3 (754.6-808.0)**	**2,508**	**0%**	**594.9 (571.6-618.2)**

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

Table 8d. Alcohol and Drug-Related Inpatient Admissions by Year, 2012.

2012	Alcohol			Drug Use		
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	1,301	36%	613.8 (580.5-647.2)	1,525	52%	719.5 (683.4-755.6)
Male	2,296	64%	1,064.2 (1,020.6-1,107.7)	1,388	48%	643.3 (609.5-677.2)
Unknown	0	0%	-	0	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	2,455	68%	865.1 (830.9-899.3)	1,825	63%	643.1 (613.6-672.6)
Black	99	3%	956.1 (767.8-1,144.5)	95	3%	917.5 (733.0-1,102.0)
Native American	80	2%	1,126.7 (879.8-1,373.6)	36	1%	507.0 (341.4-672.7)
Asian/Pacific	20	1%	71.7 (40.2-103.1)	18	1%	64.5 (34.7-94.3)
Hispanic	156	4%	158.3 (133.5-183.1)	138	5%	140.0 (116.7-163.4)
Other/Unknown	787	22%	-	801	27%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	17	0%	19.7 (10.3-29.0)	45	2%	52.1 (36.9-67.3)
15-17	60	2%	375.9 (280.8-471.0)	94	3%	589.0 (469.9-708.0)
18-19	33	1%	279.8 (184.4-375.3)	67	2%	568.2 (432.1-704.2)
20-24	111	3%	367.8 (299.4-436.3)	231	8%	765.5 (666.8-864.2)
25-34	348	10%	569.0 (509.2-628.8)	503	17%	822.4 (750.6-894.3)
35-44	495	14%	929.3 (847.4-1,011.1)	487	17%	914.2 (833.0-995.4)
45-54	957	27%	1,634.4 (1,530.8-1,737.9)	668	23%	1,140.8 (1,054.3-1,227.3)
55-64	871	24%	1,599.6 (1,493.3-1,705.8)	541	19%	993.5 (909.8-1,077.3)
65-74	494	14%	1,379.3 (1,257.7-1,500.9)	181	6%	505.4 (431.7-579.0)
75-84	174	5%	1,205.2 (1,026.1-1,384.3)	65	2%	450.2 (340.8-559.7)
85+	37	1%	646.5 (438.2-854.8)	31	1%	541.6 (351.0-732.3)
Total	**3,597**		**841.0 (813.5-868.5)**	**2,913**		**681.1 (656.3-705.8)**

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

Table 8e. Alcohol and Drug-Related Inpatient Admissions by Year, 2013.

2013	Alcohol			Drug Use		
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	1,382	36%	644.7 (610.7-678.7)	1,595	50%	744.1 (707.6-780.6)
Male	2,509	64%	1,151.1 (1,106.0-1,196.1)	1,573	50%	721.7 (686.0-757.3)
Unknown	1	0%	-	1	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	2,595	67%	910.6 (875.6-945.7)	1,977	62%	693.8 (663.2-724.4)
Black	189	5%	1,789.5 (1,534.4-2,044.6)	206	7%	1,950.5 (1,684.1-2,216.8)
Native American	78	2%	1,092.5 (850.1-1,335.0)	36	1%	504.2 (339.5-669.0)
Asian/Pacific	32	1%	112.2 (73.3-151.1)	29	1%	101.7 (64.7-138.7)
Hispanic	213	5%	210.6 (182.3-238.9)	174	5%	172.0 (146.5-197.6)
Other/Unknown	785	20%	-	747	24%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	30	1%	34.6 (22.2-46.9)	69	2%	79.5 (60.8-98.3)
15-17	91	2%	568.5 (451.7-685.3)	128	4%	799.6 (661.1-938.1)
18-19	40	1%	339.2 (234.1-444.4)	79	2%	670.0 (522.3-817.8)
20-24	136	3%	450.5 (374.8-526.3)	231	7%	765.3 (666.6-864.0)
25-34	307	8%	494.9 (439.5-550.2)	522	16%	841.4 (769.2-913.6)
35-44	542	14%	1,013.8 (928.4-1,099.1)	532	17%	995.1 (910.5-1,079.6)
45-54	998	26%	1,712.9 (1,606.6-1,819.1)	733	23%	1,258.0 (1,167.0-1,349.1)
55-64	900	23%	1,619.3 (1,513.5-1,725.1)	574	18%	1,032.8 (948.3-1,117.2)
65-74	599	15%	1,600.6 (1,472.4-1,728.8)	186	6%	497.0 (425.6-568.4)
75-84	204	5%	1,361.3 (1,174.5-1,548.2)	76	2%	507.2 (393.1-621.2)
85+	45	1%	774.0 (547.9-1,000.2)	39	1%	670.8 (460.3-881.4)
Total	**3,892**	**0%**	**900.3 (872.0-928.5)**	**3,169**	**0%**	**733.0 (707.5-758.5)**

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

Table 8f. Alcohol and Drug-Related Inpatient Admissions by Year, 2014.

2014	Alcohol			Drug Use		
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	1,335	37%	616.1 (583.0-649.1)	1,688	52%	779.0 (741.8-816.1)
Male	2,317	63%	1,052.7 (1,009.9-1,095.6)	1,534	48%	699.3 (664.3-734.3)
Unknown	0	0%	-	0	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	2,800	77%	978.9 (942.6-1,015.1)	2,432	75%	850.2 (816.4-884.0)
Black	114	3%	1,061.4 (866.6-1,256.3)	194	6%	1,806.3 (1,552.1-2,060.5)
Native American	80	2%	1,114.0 (869.9-1,358.1)	59	2%	821.6 (611.9-1,031.2)
Asian/Pacific	20	1%	68.7 (38.6-98.8)	24	1%	82.5 (49.5-115.5)
Hispanic	245	7%	236.2 (206.6-265.8)	194	6%	187.0 (160.7-213.3)
Other/Unknown	393	11%	-	319	10%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	12	0%	13.8 (6.0-21.6)	50	2%	57.4 (41.5-73.3)
15-17	66	2%	405.9 (308.0-503.8)	121	4%	744.1 (611.5-876.7)
18-19	45	1%	388.3 (274.9-501.8)	75	2%	647.2 (500.7-793.7)
20-24	106	3%	348.5 (282.1-414.8)	248	8%	815.2 (713.8-916.7)
25-34	301	8%	479.3 (425.2-533.5)	525	16%	836.1 (764.6-907.6)
35-44	484	13%	898.3 (818.3-978.3)	476	15%	883.5 (804.1-962.8)
45-54	973	27%	1,678.2 (1,572.7-1,783.6)	663	21%	1,143.5 (1,056.4-1,230.5)
55-64	908	25%	1,614.8 (1,509.8-1,719.8)	629	20%	1,118.6 (1,031.2-1,206.0)
65-74	565	15%	1,447.1 (1,327.8-1,566.5)	322	10%	824.7 (734.7-914.8)
75-84	151	4%	968.5 (814.0-1,123.0)	77	2%	493.9 (383.6-604.2)
85+	41	1%	689.8 (478.7-901.0)	36	1%	605.7 (407.8-803.6)
Total	**3,652**		**836.1 (809.0-863.2)**	**3,222**		**737.6 (712.2-763.1)**

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

Table 8g. Alcohol and Drug-Related Inpatient Admissions by Year, 2015.

2015	Alcohol			Drug Use		
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	1,449	36%	660.6 (626.5-694.6)	1,940	49%	884.4 (845.0-923.7)
Male	2,579	64%	1,158.6 (1,113.9-1,203.4)	2,022	51%	908.4 (868.8-948.0)
Unknown	1	0%	-	0	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	3,349	83%	1,165.5 (1,126.0-1,205.0)	3,203	81%	1,114.7 (1,076.1-1,153.3)
Black	121	3%	1,100.4 (904.3-1,296.5)	219	6%	1,991.6 (1,727.8-2,255.4)
Native American	67	2%	925.1 (703.6-1,146.6)	72	2%	994.1 (764.5-1,223.7)
Asian/Pacific	23	1%	77.2 (45.7-108.8)	32	1%	107.4 (70.2-144.7)
Hispanic	248	6%	232.7 (203.7-261.7)	226	6%	212.1 (184.4-239.7)
Other/Unknown	221	5%	-	210	5%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	18	0%	20.6 (11.1-30.0)	57	1%	65.1 (48.2-82.0)
15-17	52	1%	314.9 (229.3-400.6)	123	3%	745.0 (613.3-876.6)
18-19	26	1%	223.1 (137.4-308.9)	66	2%	566.4 (429.7-703.0)
20-24	104	3%	339.1 (273.9-404.3)	309	8%	1,007.5 (895.2-1,119.8)
25-34	427	11%	671.5 (607.8-735.2)	724	18%	1,138.6 (1,055.7-1,221.6)
35-44	540	13%	989.1 (905.7-1,072.5)	590	15%	1,080.7 (993.5-1,167.9)
45-54	1,005	25%	1,748.5 (1,640.4-1,856.6)	835	21%	1,452.8 (1,354.2-1,551.3)
55-64	1,098	27%	1,927.1 (1,813.1-2,041.1)	763	19%	1,339.1 (1,244.1-1,434.1)
65-74	576	14%	1,422.2 (1,306.0-1,538.3)	357	9%	881.5 (790.0-972.9)
75-84	149	4%	910.6 (764.4-1,056.8)	104	3%	635.6 (513.4-757.7)
85+	34	1%	563.1 (373.8-752.4)	34	1%	563.1 (373.8-752.4)
Total	**4,029**		**911.6 (883.5-939.8)**	**3,962**		**896.5 (868.6-924.4)**

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

Table 8h. Alcohol and Drug-Related Inpatient Admissions by Year, 2016.

2016	Alcohol			Drug Use		
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	1,520	34%	682.7 (648.4-717.0)	2,170	47%	974.7 (933.6-1,015.7)
Male	2,907	66%	1,288.2 (1,241.4-1,335.0)	2,420	53%	1,072.4 (1,029.7-1,115.1)
Unknown	0	0%	-	0	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	3,738	84%	1,292.4 (1,251.0-1,333.9)	3,699	81%	1,279.0 (1,237.7-1,320.2)
Black	158	4%	1,403.4 (1,184.6-1,622.3)	315	7%	2,798.0 (2,489.0-3,107.0)
Native American	101	2%	1,387.4 (1,116.8-1,657.9)	83	2%	1,140.1 (894.8-1,385.4)
Asian/Pacific	29	1%	94.7 (60.3-129.2)	62	1%	202.5 (152.1-252.9)
Hispanic	239	5%	217.4 (189.8-245.0)	259	6%	235.6 (206.9-264.3)
Other/Unknown	162	4%	-	172	4%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	18	0%	20.5 (11.0-29.9)	55	1%	62.5 (46.0-79.1)
15-17	47	1%	274.9 (196.3-353.4)	115	3%	672.5 (549.6-795.4)
18-19	22	0%	182.0 (105.9-258.0)	76	2%	628.6 (487.3-769.9)
20-24	106	2%	340.7 (275.8-405.6)	319	7%	1,025.3 (912.8-1,137.8)
25-34	505	11%	784.6 (716.1-853.0)	850	19%	1,320.6 (1,231.8-1,409.4)
35-44	635	14%	1,144.7 (1,055.6-1,233.7)	713	16%	1,285.3 (1,190.9-1,379.6)
45-54	1,087	25%	1,902.6 (1,789.5-2,015.7)	908	20%	1,589.3 (1,485.9-1,692.7)
55-64	1,127	25%	1,951.0 (1,837.1-2,064.9)	963	21%	1,667.1 (1,561.8-1,772.4)
65-74	632	14%	1,509.3 (1,391.7-1,627.0)	404	9%	964.8 (870.7-1,058.9)
75-84	206	5%	1,187.0 (1,024.9-1,349.1)	145	3%	835.5 (699.5-971.5)
85+	42	1%	688.9 (480.5-897.2)	42	1%	688.9 (480.5-897.2)
Total	**4,427**	**0%**	**987.5 (958.4-1,016.6)**	**4,590**	**0%**	**1,023.9 (994.2-1,053.5)**

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

Table 8i. Alcohol and Drug-Related Inpatient Admissions by Year, 2017.

2017	Alcohol			Drug Use		
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	1,456	35%	646.3 (613.1-679.5)	2,492	48%	1,106.2 (1,062.8-1,149.6)
Male	2,726	65%	1,195.2 (1,150.4-1,240.1)	2,675	52%	1,172.9 (1,128.4-1,217.3)
Unknown	1	0%	-	1	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	3,522	84%	1,212.8 (1,172.7-1,252.9)	4,180	81%	1,439.4 (1,395.7-1,483.0)
Black	192	5%	1,673.6 (1,436.9-1,910.4)	354	7%	3,085.8 (2,764.3-3,407.2)
Native American	113	3%	1,545.2 (1,260.3-1,830.1)	118	2%	1,613.6 (1,322.4-1,904.7)
Asian/Pacific	34	1%	108.6 (72.1-145.2)	68	1%	217.3 (165.6-268.9)
Hispanic	163	4%	144.4 (122.3-166.6)	225	4%	199.4 (173.3-225.4)
Other/Unknown	159	4%	-	223	4%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	16	0%	18.2 (9.3-27.1)	65	1%	73.9 (55.9-91.9)
15-17	50	1%	282.7 (204.4-361.1)	129	2%	729.5 (603.6-855.4)
18-19	33	1%	269.0 (177.2-360.7)	96	2%	782.5 (625.9-939.0)
20-24	120	3%	381.4 (313.2-449.7)	364	7%	1,157.0 (1,038.2-1,275.9)
25-34	495	12%	762.9 (695.6-830.1)	895	17%	1,379.3 (1,288.9-1,469.7)
35-44	631	15%	1,116.8 (1,029.6-1,203.9)	770	15%	1,362.8 (1,266.5-1,459.0)
45-54	951	23%	1,680.6 (1,573.8-1,787.4)	959	19%	1,694.8 (1,587.5-1,802.0)
55-64	1,092	26%	1,878.0 (1,766.6-1,989.4)	1,054	20%	1,812.6 (1,703.2-1,922.1)
65-74	588	14%	1,363.5 (1,253.3-1,473.7)	561	11%	1,300.9 (1,193.2-1,408.5)
75-84	173	4%	931.5 (792.7-1,070.3)	199	4%	1,071.4 (922.6-1,220.3)
85+	34	1%	551.8 (366.3-737.2)	76	1%	1,233.4 (956.1-1,510.7)
Total	**4,183**	**0%**	**922.7 (894.7-950.7)**	**5,168**	**0%**	**1,140.0 (1,108.9-1,171.0)**

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

Table 10. Prevalence Estimates of Health Risk Behaviors, by Sexual Orientation – Washoe County Adults, 2016-2017.

2016	LGB (%)	Non-LGB (%)	Difference
Binge drinking	37.7%	18.3%	Not significantly different
General health fair or poor	19.4%	18.0%	Not significantly different
Difficulty in doing errands because of physical, mental, or emotional problems	7.7%	6.7%	Not significantly different
Ever told had depressive disorder	42.6%	14.5%	Significantly different
Ten or more days of poor mental health	49.3%	16.3%	Significantly different

2017	LGB (%)	Non-LGB (%)	Difference
Binge drinking	24.7%	19.6%	Not significantly different
General health fair or poor	28.7%	16.1%	Not significantly different
Difficulty in doing errands because of physical, mental, or emotional problems	14.9%	5.0%	Not significantly different
Ever told had depressive disorder	31.9%	17.9%	Not significantly different
Ten or more days of poor mental health	23.9%	16.0%	Not significantly different

Source: Behavioral Risk Factor Surveillance System (BRFSS)