Behavioral Health Wellness and Prevention
2022 Epidemiologic Profile: Nevada

December 2022

Department of Health and Human Services
Office of Analytics

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For more information on this report, please contact data@dhhs.nv.gov

Data Sources

Behavioral Risk Factor Surveillance System (BRFSS)
BRFSS is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, chronic health conditions, and use of preventive services. More than 400,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. For many states, the BRFSS is the only available source of timely and accurate data on health-related behaviors. The survey consists of a set of federally grant funded core questions and states may include and pay for their own questions in the survey. While the survey's focus is chronic disease and injury, topics covered by the survey include car safety, obesity, and exercise among many others. Since state-added questions are not asked nationwide, these questions are not comparable.

Enhanced HIV/AIDS Reporting System
The Enhanced HIV/AIDS Report System (eHARS) is a Centers for Disease Control and Prevention (CDC) developed application used by Nevada Division of Public and Behavioral Health for data management, reporting, and analysis of HIV/AIDS in Nevada.

Hospital Emergency Department Billing (HEDB)
The Hospital Emergency Department Billing data provides health billing data for emergency room patients for Nevada's non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada to report information as prescribed by the director of the Department of Health and Human Services. The data are collected using a standard universal billing form. The data is for patients who used the emergency room service. The data includes demographics such as age, gender, race/ethnicity and uses International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnoses codes and International Classification of Diseases-10-Clinical Modification (ICD-10-CM) diagnoses (up to 33 diagnoses respectively). ICD-10-CM diagnoses codes replaced ICD-9-CM diagnoses codes in the last quarter of 2015. Therefore, data prior to last quarter in 2015 may not be directly comparable to data thereafter. In addition, the data includes billed hospital charges, procedure codes, length of hospital stay, discharge status, and external cause of injury codes. The billing data information is for billed charges and not the actual payment received by the hospital.

Hospital Inpatient Billing (HIB)
The Hospital Inpatient Billing data provides health billing data for patients discharged from Nevada's non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada to report information as prescribed by the director of the Department of Health and Human Services. The data are collected using a standard universal billing form. The data is for patients who spent at least 24 hours as an inpatient, but do not include patients who were discharged from the emergency room. The data includes demographics such as age, gender, race/ethnicity and uses International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnoses codes and International Classification of Diseases-10-Clinical Modification (ICD-10-CM) diagnoses (up to 33 diagnoses respectively). ICD-10-CM diagnoses codes replaced ICD-9-CM 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.

International Gaming Institute
The University of Nevada, Las Vegas International Gaming Institute (IGI) has provided cutting-edge research and insights to global gaming leaders. The IGI with Department of Health and Human Services prepared an annual report on Nevada Problem Gambling Study. A quick summary is taken from this report and included in this profile.

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

Medicaid Claims Data
The Division of Health Care Financing and Policy (DHCFP) data warehouse is comprised of claims data submitted by over 28,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make every effort to validate these data through continuous provider education and the use of highly experienced audit staff, the Division relies heavily on providers to submit accurate and complete information on Medicaid patients. It should therefore be understood by the users of DHCFP reports on disease morbidity and patient health that the data source for these reports are based solely on patient claims data and may not be a complete and comprehensive health record.

Nevada 211
Nevada 211 is a phone number that helps Nevadans connect with services they need including mental health-related services, substance abuse and prevention, suicide crisis intervention, and pregnancy-related concerns and help. For more information: Nevada 211

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

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

Prevention Coalitions
The Bureau of Behavioral Health and Wellness and Prevention fund the following coalitions:

- Churchill Community Coalition (CCC): Churchill County
- Frontier Community Coalition (FCC): Humboldt, Lander, and Pershing Counties
- Health Communities Coalition (HCC): Lyon, Mineral and Storey Counties
- Join Together Northern Nevada (JTNN): Washoe County
- Nye Community Coalition (NCC): Esmeralda, Lincoln, and Nye Counties

- Partners Allied for Community Excellence (PACE): Elko, Eureka, and White Pine Counties
- PACT Coalition for Safe and Drug-Free Communities/CARE: Clark County
- Partnership Carson City (PCC): Carson City
- Partnership Douglas County (PDC): Douglas County

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

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

Treatment Episode Data Sets
Treatment Episode Data Sets (TEDS) are a compilation of demographic, substance use, mental health, clinical, legal, and socioeconomic characteristics of persons who are receiving publicly funded substance use and/or mental health services. State administrative data systems, claims, and encounter data are the primary data sources. The state role in submitting TEDS to the Substance Abuse and Mental Health Services Administration (SAMHSA) is critical, since TEDS is the only national data source for client-level information on persons who use substance use treatment services. TEDS also provide a mechanism for states to report treatment admissions and discharges of persons receiving mental health services. This reporting framework supports SAMHSA's initiative to build a national behavioral health data set accessible (with appropriate confidentiality protection) by the public; local, state, and federal policymakers; researchers; and many others for comparisons and trends on the characteristics of persons receiving substance use and/or mental health treatment services. TEDS provides outcomes data in support of SAMHSA's program, performance measurement, and management goals.

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

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

Youth Risk Behavior Survey (YRBS)
The 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 2030 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, and in Nevada charter schools and public middle schools that monitors the prevalence of health risk behaviors among youth. The survey asks students to self-report their behaviors in six major areas of health that directly lead to morbidity and mortality; these include: (1) Behaviors that contribute to unintentional injuries and violence; (2) Sexual behaviors that contribute to human immunodeficiency virus (HIV) infection, other sexually transmitted diseases, and unintended pregnancy; (3) Tobacco use; (4) Alcohol and other drug use; (5) Unhealthy dietary behaviors; and (6) Physical inactivity. For more information on YRBS: YRBS

Terminology

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

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

Data and Equity

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

Executive Summary

Purpose

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

The Nevada Bureau of Behavioral Health and Wellness supports 10 community coalitions that pass-through the funding for direct services to providers for prevention. The programs are funded to provide one or more prevention strategies that are promoted by the Center for Substance Abuse Prevention. The strategies are: information dissemination, prevention education, alternative activities, problem identification and referral, community-based processes, and environmental strategies. This report groups the data by prevention coalition region to provide a more detailed analysis of significant findings in the counties the coalitions support.

Key Findings 2021

Mental Health

- The percentages of high school and middle school students who self-reported feeling sad or hopeless and the percentages of high school students who self-reported purposely hurt themselves, considered suicide, planned suicide, or attempted suicide are all at the highest since 2017 (NSDUH).
- For emergency department encounters, anxiety is the leading mental health-related diagnosis. In 2021, Clark County (PACT/CARE service area) had significantly higher emergency department encounters for schizophrenia and counties served by PACE coalition had significantly higher age-adjusted rates for emergency department visits for anxiety, depression, and PTSD. The PCC service area had the highest age-adjusted rate of emergency department encounters for bipolar and NCC service area had the highest age-adjusted rate of emergency department encounters for suicidal ideation, but neither rate was significantly higher than other coalitions (Emergency Department Encounters).
- For inpatient admissions, anxiety is the leading diagnosis for mental health-related inpatient admissions since 2019 (depression was the leading diagnosis in prior years). In 2021, the PCC service area had significantly higher admissions for all mental health-related inpatient admission except for schizophrenia. Clark County (PACT/CARE coalition service area) had significantly higher inpatient admissions for schizophrenia, and the HCC, JTNN, NCC, and PCC coalitions had significantly higher inpatient admissions for PTSD (Inpatient Admissions).
- Unduplicated clients served at state-funded mental health clinics have declined significantly since 2011. The Affordable Care Act (ACA) went into effect in 2014. Therefore, many Nevada residents are now able to access non-state-funded facilities through the expansion of Medicaid (Mental Health Services).
- The adult Black non-Hispanic population had the highest rate of mental health utilization from 2013 to 2021 when compared to other race/ethnicities (Mental Health Services).
- When asked “During the past 12 months have you seriously considered attempting suicide,” 4.5% of Nevada residents responded “yes” in 2021, an increase from 3.7% in 2020. (Suicides)

- The PACE and PCC coalition areas have a significantly higher rates than Nevada for suicides in 2021 (Suicides).
- The CCC, HCC, JTNN, PCC, and PDC coalition areas have significantly higher rates than Nevada for mental health-related deaths (Mental Health-Related Deaths).
- The LGBT community has a significantly higher percent of depressive disorder diagnoses, suicide consideration, and more days of poor mental health (LGBT).

Substance Use

- Alcohol use disorder among ages 12 and above reached a high in Nevada and the United States in 2021 (NSDUH).
- Nevada high school and middle school students who self-report currently drinking alcohol is at the lowest percent since 2017 (YRBS).
- Nevada high school and middle school students who self-report currently using marijuana is at the lowest percent since 2017 (YRBS).
- Nevada Adult BRFSS survey respondents reported marijuana/hashish use has continued to rise since 2013 (BRFSS).
- The NCC coalition area had significantly higher age-adjusted opioid and marijuana emergency department encounter use rates compared to Nevada rates. Additionally, the PACT/CARE coalition area had significantly higher age-adjusted opioid, cocaine, methamphetamine, marijuana, and hallucinogen emergency department encounter use rates compared to Nevada rates, and PCC had a significantly higher marijuana emergency department encounter use rate (Emergency Department Encounters).
- Both age-adjusted and crude rates for alcohol and/or drug-related deaths in Nevada is at the highest since 2012 (Deaths).
- In roughly 34% of the unintentional or undetermined overdose deaths in 2021, the deceased was identified as currently having a mental health problem (Deaths).
- The most common substance listed in cause of death in 2021 is opioid, type not specified, followed by methamphetamine (Deaths).
- Since marijuana has been legalized in 2017, reported marijuana use during pregnancy has nearly tripled and has surpassed all other substances. Polysubstance use (more than one substance) has increased from 3.6 per 1,000 live births in 2018 to 6.3 per 1,000 live births in 2021. (MCH).
- Tobacco use during pregnancy has decreased for almost all age groups of pregnant Nevadans since 2018. The exception includes those aged 10 to 14; there has been an increase in tobacco use in 10- to 14-year-olds for the years 2019 (83.3 per 1,000 live births) and 2021 (111.1 per 1,000 live births) (MCH).
- Adult LGBT-identifying persons have a significantly higher percent of current marijuana use than the non-LGBT identifying (LGBT).
- Nearly 63% of PATH (Projects for Assistance in Transition from Homelessness) participants in 2021 had a co-occurring substance use disorder (PATH).

Demographic Snapshot

Figure 1. Selected Demographics for Nevada, 2021.

	Nevada
Population, 2021 estimate*	3,214,260
Population, 2012 estimate*	2,750,217
Population, percentage change*	16.9%
Male persons, 2021 estimate*	1,606,764 (50.0%)
Female Persons, 2021 estimate*	1,607,496 (50.0%)
Median household income (2016-2020) **	$62,043
Per capita income in the past 12 months (2016-2020)**	$32,629
Persons in poverty, percent, (2020) **	14.1%
With a disability, under the age 65 years, percent (2016-2020)**	8.5%
Land area in square miles (2020)**	109,781 sq miles

*Source: *Nevada State Demographer, vintage 2020 and **U.S. Census Bureau.*

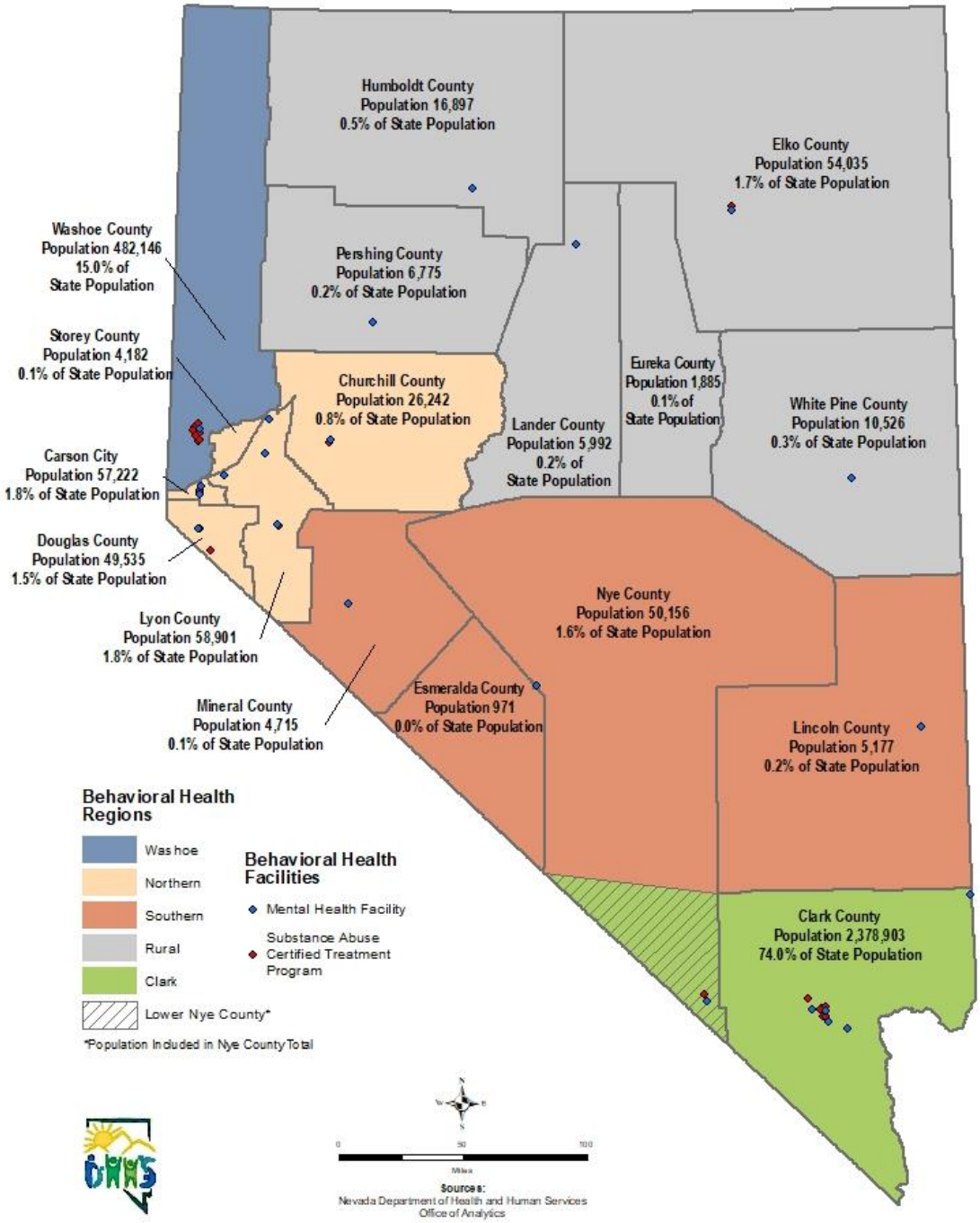
In 2021, the estimated population for Nevada was 3,214,260, a 16.9% increase from the 2012 estimated population. The population is made up of approximately equal percentages of females and males. The median household income is $62,043. Nevada's land area is approximately 109,781 square miles. The latest available U.S. Census Bureau data is for 2020.

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

With 74.1% of Nevada's population living in Clark County, it is the most populous area in the state, with an estimated 2,378,903 persons. Esmeralda County is the least populous county, with less than one percent of Nevada's population, an estimated 971 persons.

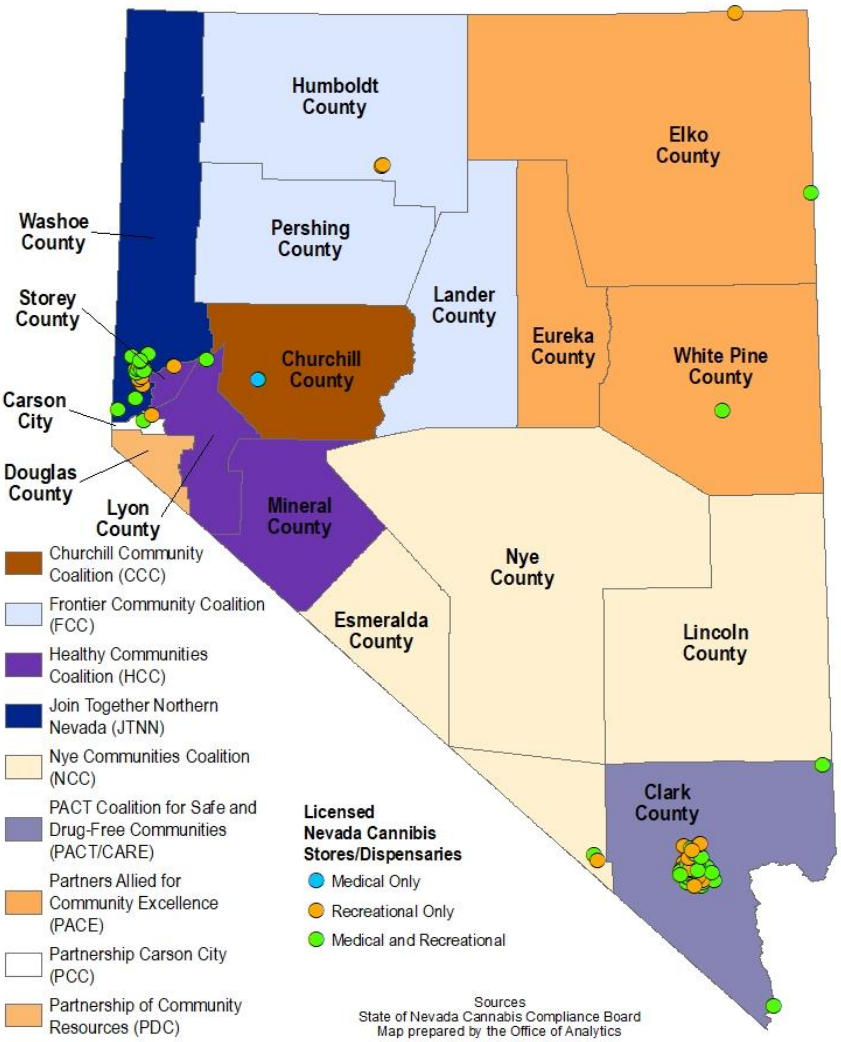
Figure 2 below shows the population for each of Nevada's 17 counties, the percentage of Nevada population each county represents, the behavioral health regions, and the locations of mental health and substance abuse facilities.

Figure 2. Nevada Population Distribution by County, 2021.



Source: Nevada State Demographer, vintage 2020.
***Clark Region**: Clark County and southern Nye County.*
***Northern Nevada Region:** Carson City, Churchill, Douglas, Lyon, and Storey Counties.*
***Rural Nevada Region:** Elko, Eureka, Humboldt, Lander, Pershing, and White Pine Counties.*
***Southern Nevada Region:** Esmeralda, Lincoln, Mineral Counties, and northern Nye County.*
***Washoe Region**: Washoe County.*
**Nye County: Northern Nye County is included in Southern Region and southern Nye County is in part of Clark County Region. For data purposes, Nye County data is included in Southern Nevada Region Report and not in the Clark County Region report.*

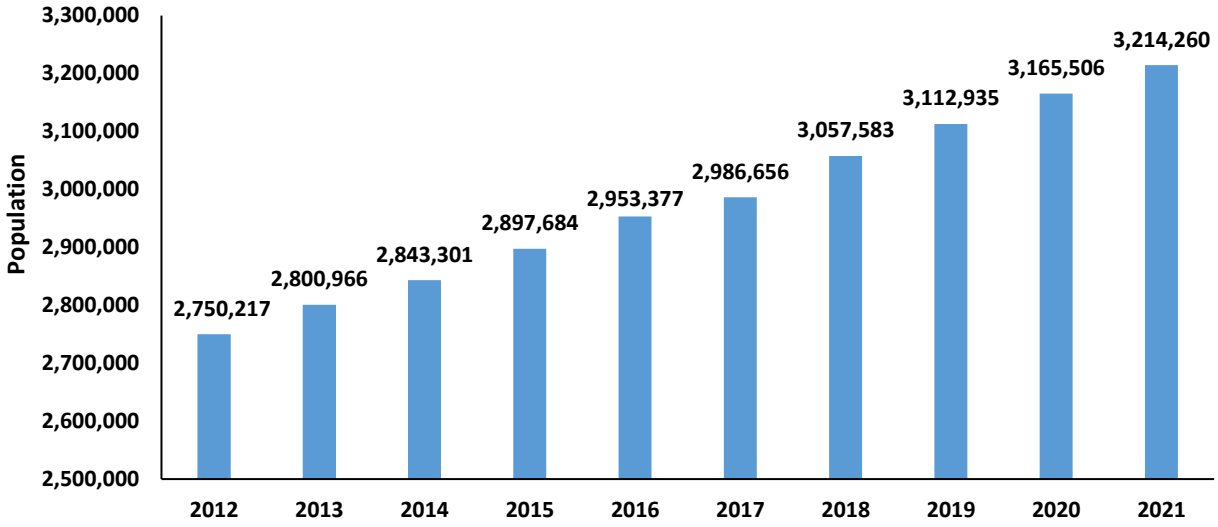
Figure 3. Prevention Coalitions and Marijuana Dispensary Locations.



The Bureau of Behavioral Health and Wellness currently supports 10 (two in Clark County) community coalitions that pass-through the funding for direct services to providers for prevention. The programs are funded to provide one or more prevention strategies that are promoted by the Center for Substance Abuse Prevention (CSAP). The strategies are:

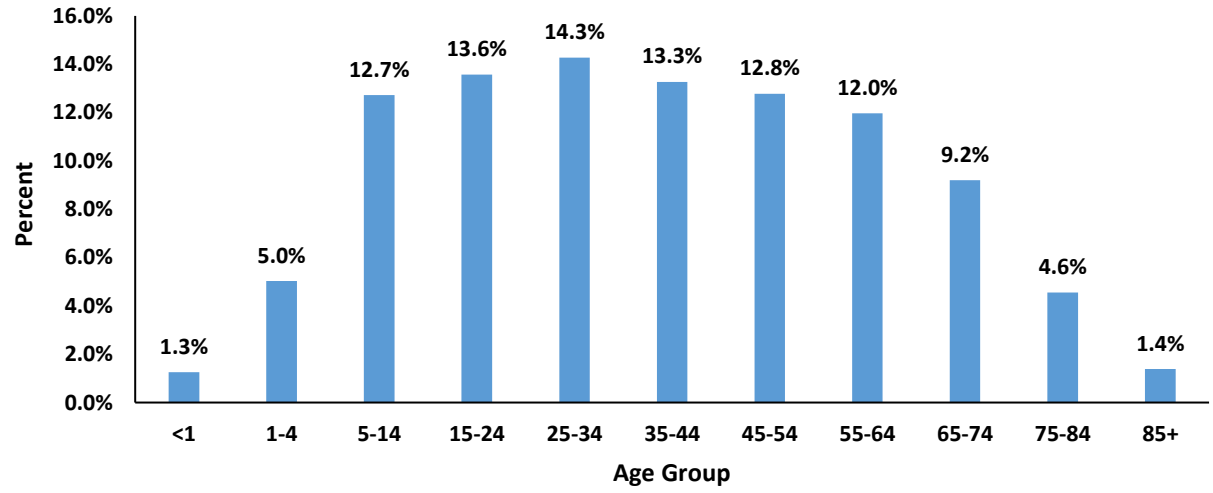
- Information dissemination
- Prevention education
- Alternative activities
- Problem identification and referral
- Community-based processes
- Environmental strategies

Figure 4. Nevada Population, 2012-2021.



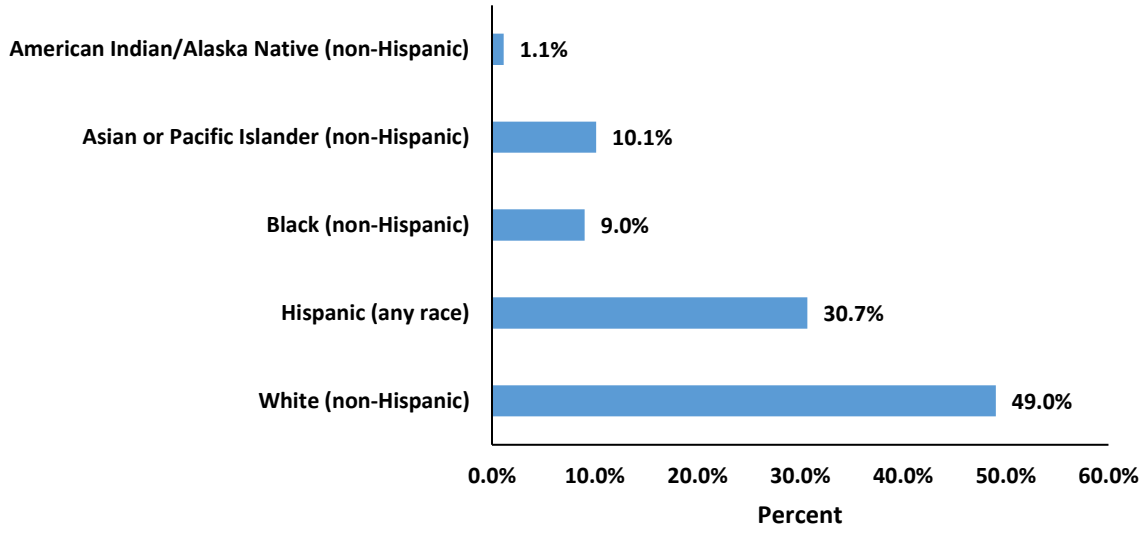
Source: Nevada State Demographer, vintage 2020.

Figure 5. Nevada Population by Age Group, 2021.



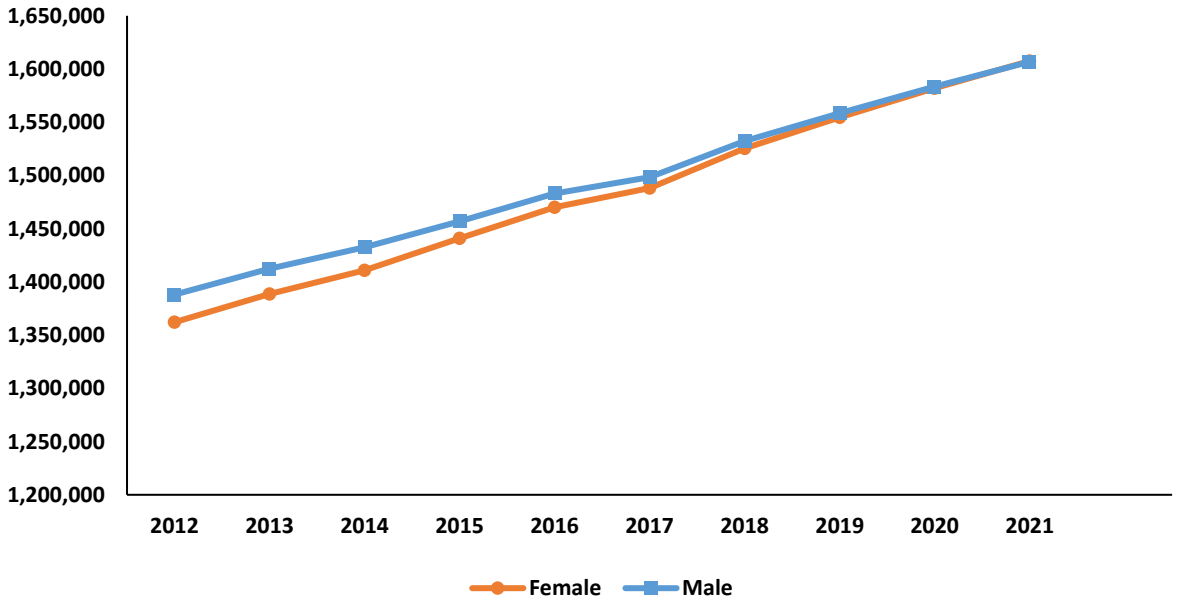
Source: Nevada State Demographer, vintage 2020.
Chart scaled to 16.0% to display differences among groups.

Figure 6. Nevada Population by Race/Ethnicity, 2021.



Source: Nevada State Demographer, vintage 2020.
Chart scaled to 60.0% to display differences among groups.

Figure 7. Nevada Population Distribution by Sex, 2012-2021.



Source: Nevada State Demographer, vintage 2020.

In 2021, the estimated population for Nevada was 3,214,260, a 16.9% increase from the 2012 estimated population. The population is made up of approximately equal percentages of females and males. The largest age group is the 25-34 age group, comprising 14.3% of Nevada's population, followed by the 15-24 age group (13.6%) and the 35-44 age group (13.3%).

White non-Hispanics comprise 49.0% of Nevada's population, followed by Hispanic, any race (30.7%), Asian/Pacific Islander non-Hispanic (10.9%), Black non-Hispanic (9.0%), and American Indian/Alaska Native (1.1%).

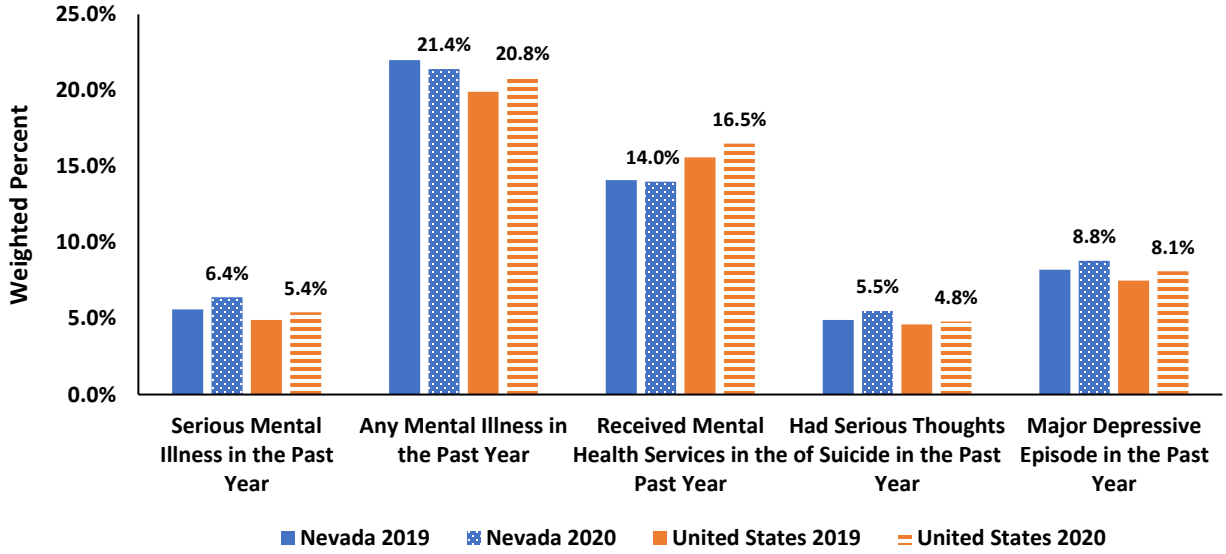
Mental Health

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

National Survey of Drug Use and Health

The Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors the National Survey on Drug Use and Health (NSDUH). The survey tracks trends of illicit drug, alcohol, and tobacco use, as well as mental health issues throughout the United States.

Figure 8. Percent of Mental Health Measures, Nevada and United States, 2019-2020, Ages 18+.



SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2018-2019 and 2019-2020.
Chart scaled to 25.0% to display differences among groups.

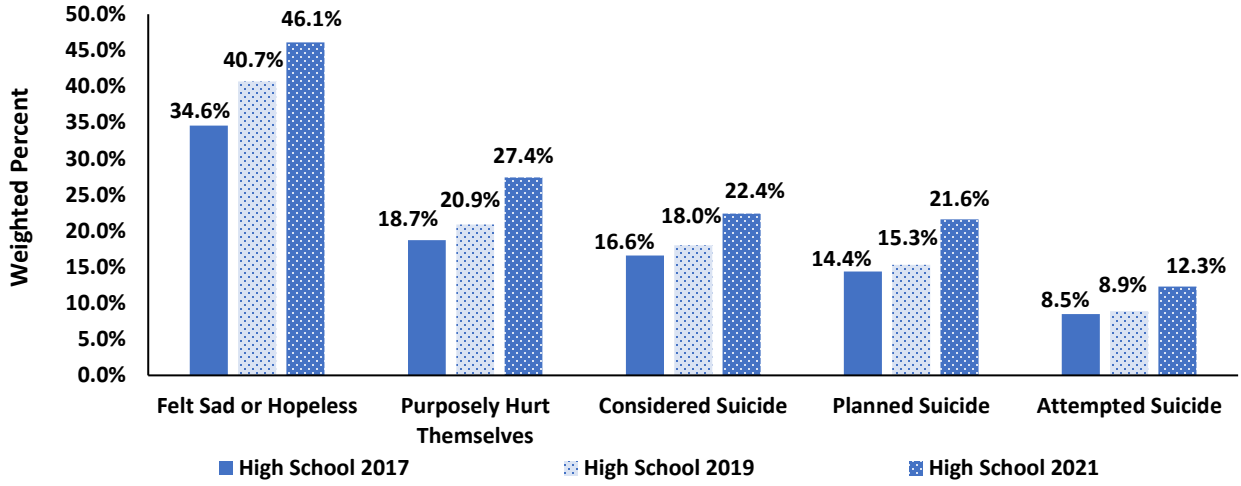
Nevada has remained within a percent of the Nation for most mental health issues. Nevada was slightly higher than the nation for the measure with "serious mental illness in the past year," "any mental illness in the past year," "had serious thoughts of suicide in the past year," and "major depressive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

Youth Risk Behavior Survey

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 2021, 4,827 high school, and 5,777 middle school students participated in the

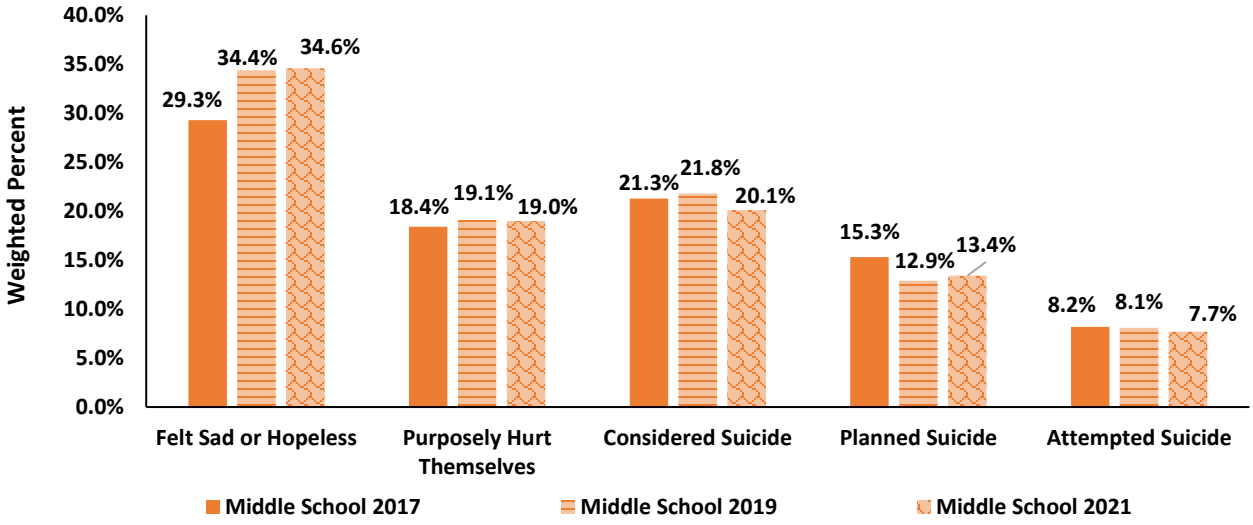
YRBS in Nevada. All data are self-reported. The University of Nevada, Reno maintains the YRBS data and publishes data on each survey. For more information on the YRBS survey, please go to the following site: UNR YRBS.

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



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

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



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

From 2017 to 2021, there have been increases in the percentage of Nevada high school students reporting that they felt sad or hopeless, that they purposely hurt themselves, or that they considered suicide, planned suicide, or attempted suicide.

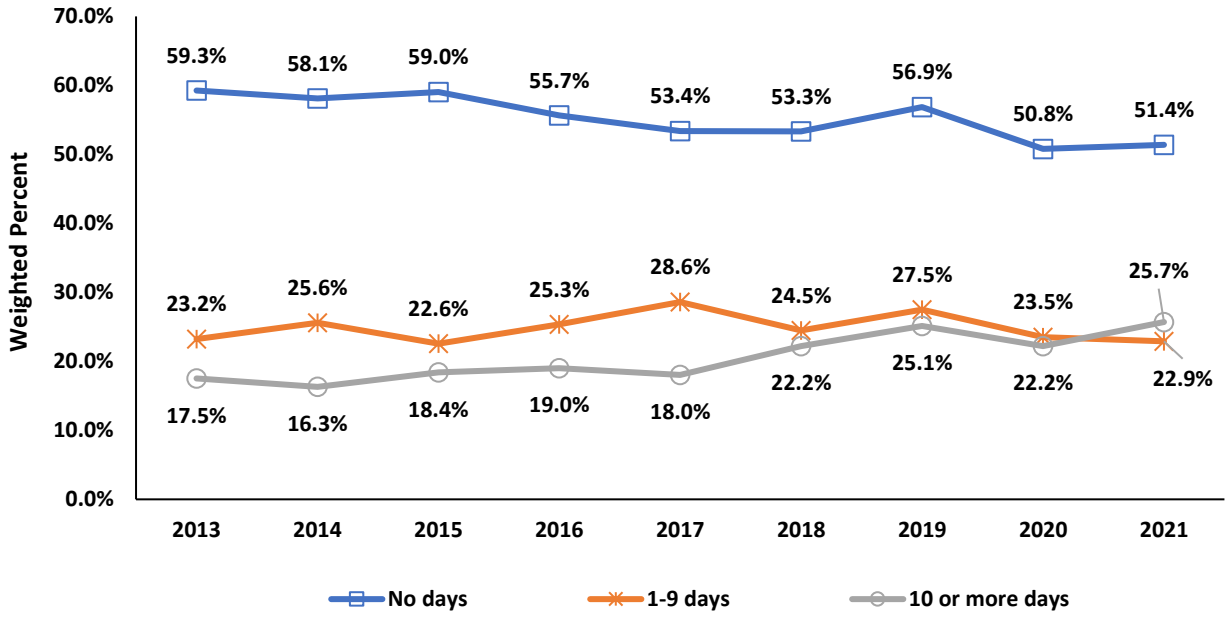
In 2021, Nevada female high school students reported at significantly higher percentage over male high school students that they felt sad or hopeless (59.4% and 32.9%, respectively), purposely hurt themselves (36.7% and 17.3%, respectively), considered suicide (30.2% and 14.1%, respectively), planned suicide (27.3% and 15.3%, respectively), or attempted suicide (14.9% and 9.0%, respectively).

From 2017 to 2021, the percentage of Nevada middle school students who felt sad or hopeless increased from 29.3% to 34.6%, while the percent change remained within two percent for purposely hurt themselves, considered suicide, planned suicide, or attempted suicide.

Behavioral Risk Factor Surveillance System

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

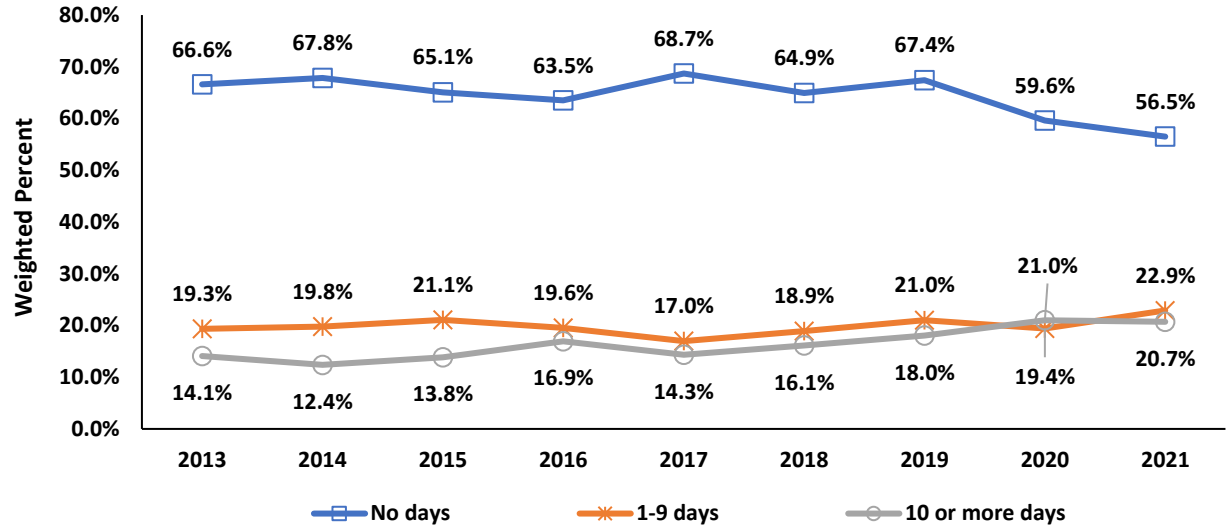
Figure 10. Percent of Adult BRFSS Respondents Who Experienced Poor Mental or Physical Health that Prevented Them from Doing Usual Activities by Days Affected in Past Month, Nevada Residents, 2013-2021.



Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 70.0% to display differences among groups.
Specific question asked in survey: "During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?"

There has been an increase from 2013 to 2021 in the percentage of adults who experienced 10 or more days in the past month in which poor mental health or physical health prevented them from doing usual activities, from 17.5% to 25.7%.

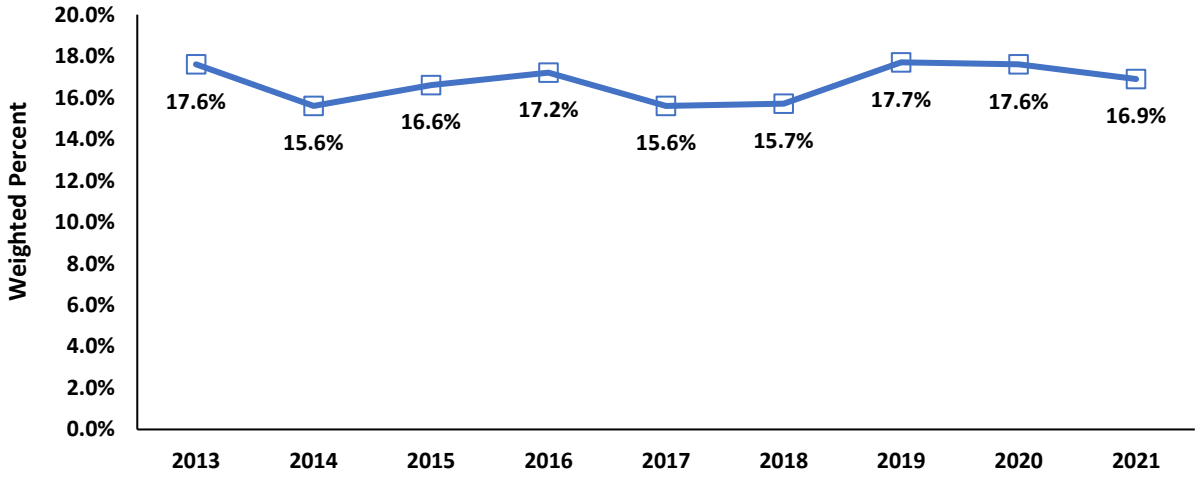
Figure 11. Percent of Adult BRFSS Respondents Whose Mental Health was Not Good by Number of Days Experienced in the Past Month, Nevada Residents, 2013-2021.



Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 80.0% to display differences among groups.
Specific question asked in survey: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

There has been an increase from 2013 to 2021 in the percentage of adults who experienced 10 or more days in the past month in which their mental health was considered to them as "not good," from 14.1% to 20.7%, with a high on 21.0% in 2020.

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



Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 20.0% to display differences among groups.
Specific question asked in survey: "(Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?"

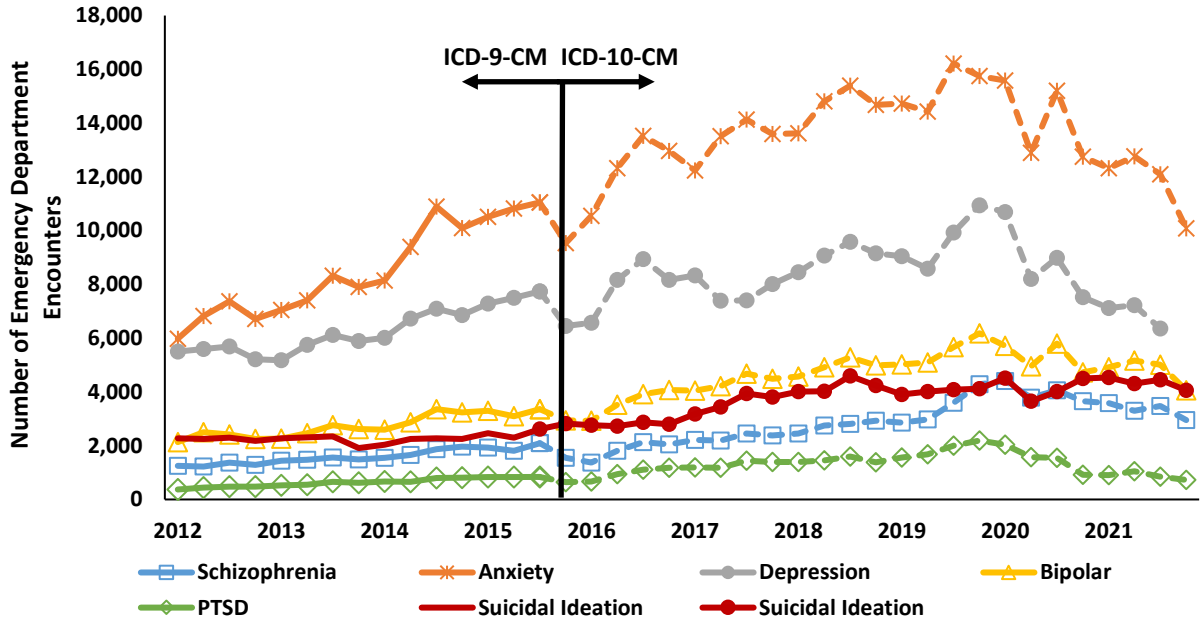
Approximately 17% of Nevadans had ever been told they have a depressive disorder in 2021. This percentage has remained roughly the same since 2013.

Nevada 211 is a phone number that helps Nevadans connect with services they need including mental health-related services. During the 2022 fiscal year (July 1, 2021 - June 30, 2022), Nevada 211 completed 9,862 interactions relating to mental health, excluding suicide-related interactions. The most requested resources were for General Counseling Services (n=1,581).

Hospital Emergency Department Encounters

The hospital emergency department billing data includes data for emergency room patients of all ages for Nevada's non-federal hospitals. There were 123,087 visits related to mental health disorders among Nevada residents in 2021. Since an individual can have more than one diagnosis during a single emergency department encounter, the following numbers reflect the number of times a diagnosis in each of these categories was given, and therefore the following numbers are not mutually exclusive.

Figure 13. Mental Health-Related Emergency Department Encounters by Quarter and Year, 2012-2021.



Source: Hospital Emergency Department Billing.
Categories are not mutually exclusive.
Rates were calculated to account for population growth and are included in the Appendix.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
Note: Data for depression 2021 quarter four not available.

Anxiety has been the leading mental health-related diagnosis since 2012 in emergency department encounters, followed by depression. Anxiety-related encounters increased significantly from 2012 to 2019 in both counts and rates, but then decreased significantly from 2019-2021. However, the number of total emergency department encounters for all diagnoses decreased 18.7% from 2019 to 2020, most likely due to the impact of COVID-19.

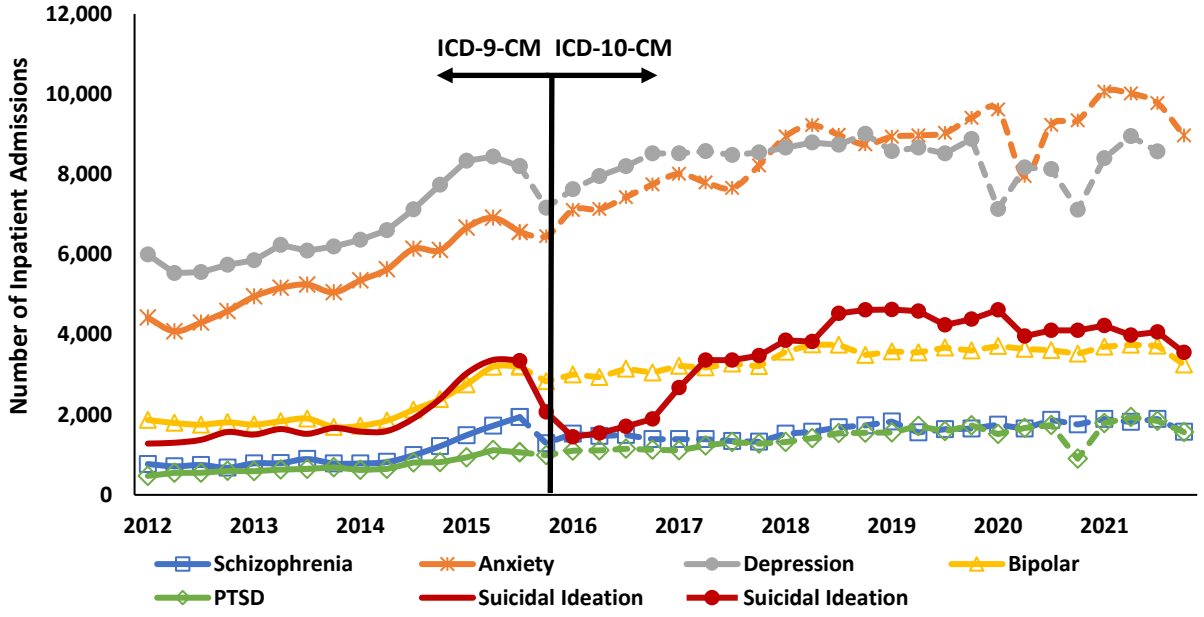
Males have significantly higher visits for schizophrenia (66%) and suicidal ideation (62%), whereas females have significantly higher visits for anxiety, depression, bipolar disorder, and PTSD (65%, 61%, 54%, and 55% respectively).

In 2021, Clark County (PACT/CARE service area) had significantly higher emergency department encounters for schizophrenia and counties served by PACE coalition had significantly higher age-adjusted rates for emergency department visits for anxiety, depression, and PTSD. The PCC service area had the highest age-adjusted rate of emergency department encounters for bipolar and NCC service area had the highest age-adjusted rate of emergency department encounters for suicidal ideation, but neither rate was significantly higher than other coalitions (Appendix Tables 4a and 4b).

Hospital Inpatient Admissions

Hospital Inpatient Billing data includes data for patients of all ages discharged from Nevada's non-federal hospitals. There were 73,330 inpatient admissions related to mental health disorders among Nevada residents in 2021. 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 and do not represent unique visits.

Figure 14. Mental Health-Related Inpatient Admissions, by Quarter and Year, 2012-2021.



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

Anxiety and depression are the top two diagnoses for mental health-related inpatient admissions from 2012 to 2021. All the mental health-related diagnosis for hospital inpatient admissions increased significantly from 2012 to 2019. From 2019 to 2021 there were decreases in mental health-related admissions. However, the number of total inpatient admissions for all diagnoses decreased 6.9% from 2019 to 2020, most likely due to the impact of COVID-19.

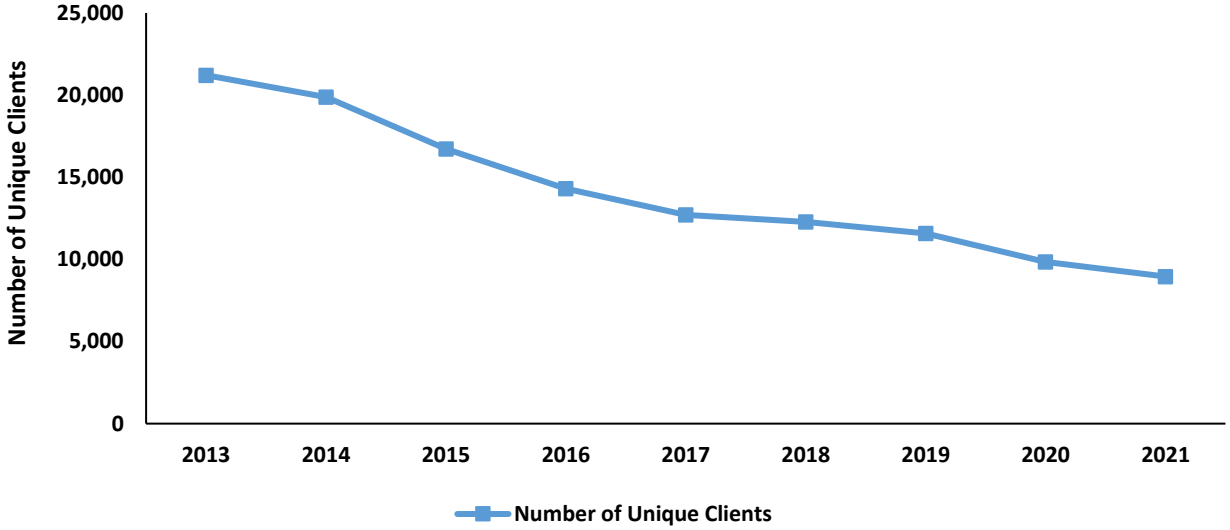
Suicidal ideation also increased from 2009 to 2017, but it should be noted that in 2016, inpatient admissions statewide dropped and then increased in 2017. This may be due to ICD-9-CM conversion to ICD-10-CM or other changes in medical billing.

In 2021, the PCC service area had significantly higher admissions for all mental health-related inpatient admission except for schizophrenia. Clark County (PACT/CARE coalition service area) had significantly higher inpatient admissions for schizophrenia, and the HCC, JTNN, NCC, and PCC coalitions had significantly higher inpatient admissions for PTSD (Appendix Tables 5a and 5b).

State-Funded Adult Mental Health Services

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

Figure 15. Unique Adult Clients Aged 18+* Served at State-Funded Mental Health Clinics, 2013-2021.



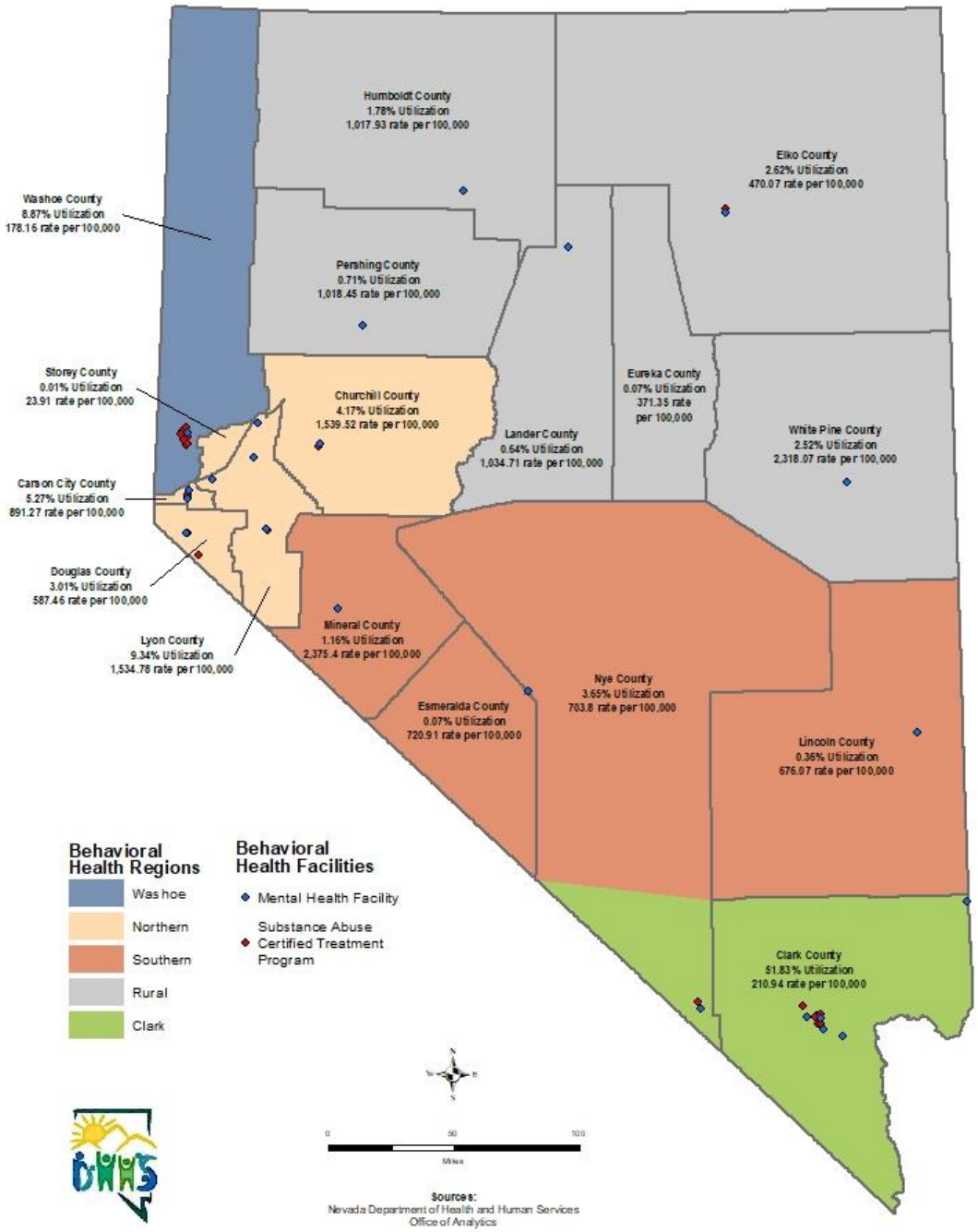
Source: State Funded Mental Health: Avatar.
**A client is counted only once per year. Clients may be counted more than once across years.*

The number of unique adult clients served by state-funded mental health facilities continues to decline. There were 8,954 clients aged 18 and older served in 2021, which has decreased significantly from 2013 (21,209). The Affordable Care Act (ACA) went into effect in 2014. Therefore, many Nevada residents are now able to access non-state-funded facilities through the expansion of Medicaid. This likely contributes to the decline of the clients represented in the above chart.

Of the Nevada residents accessing DPBH adult mental health services in 2021, 51.3% lived in Clark County and 8.9% lived in Washoe County. Mineral County had the highest rate of adults accessing state mental health services at 2,375.4 per 100,000 population.

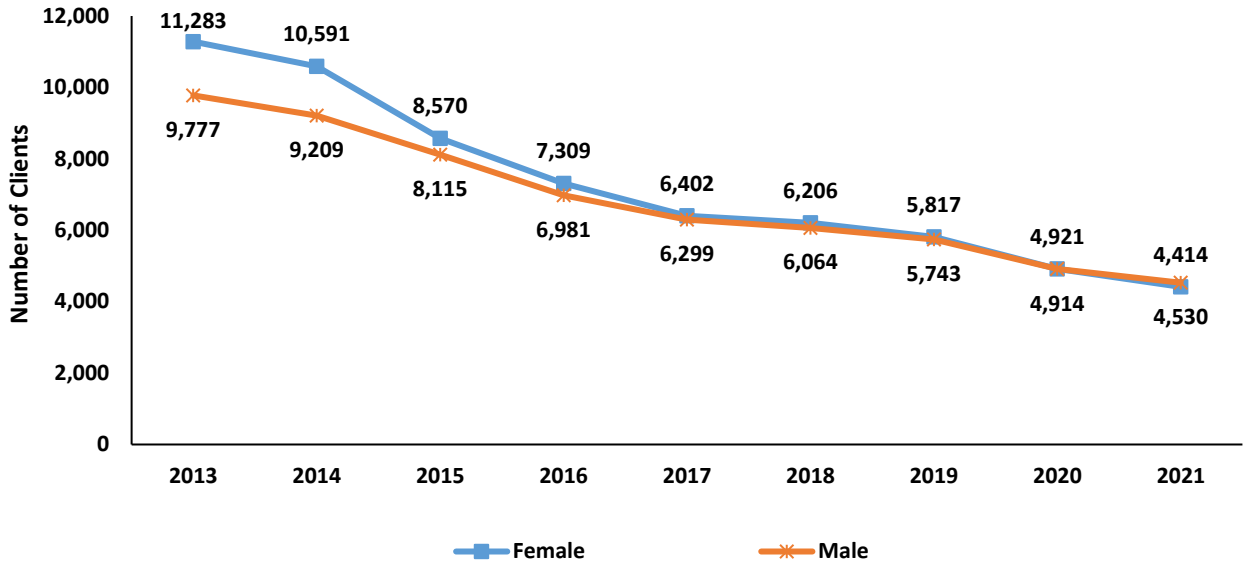
Figure 2 below shows the percentage of Nevada state-funded adult mental health utilization each county represents, the rate of utilization (per 100,000 population), the behavioral health regions, and the locations of mental health and substance abuse facilities.

Figure 16. State-Funded Adult Mental Health Clinic Utilization by County, 2021.



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

Figure 17. State-Funded Adult (Aged 18+) Mental Health Clinic Utilization* by Gender, 2013-2021.

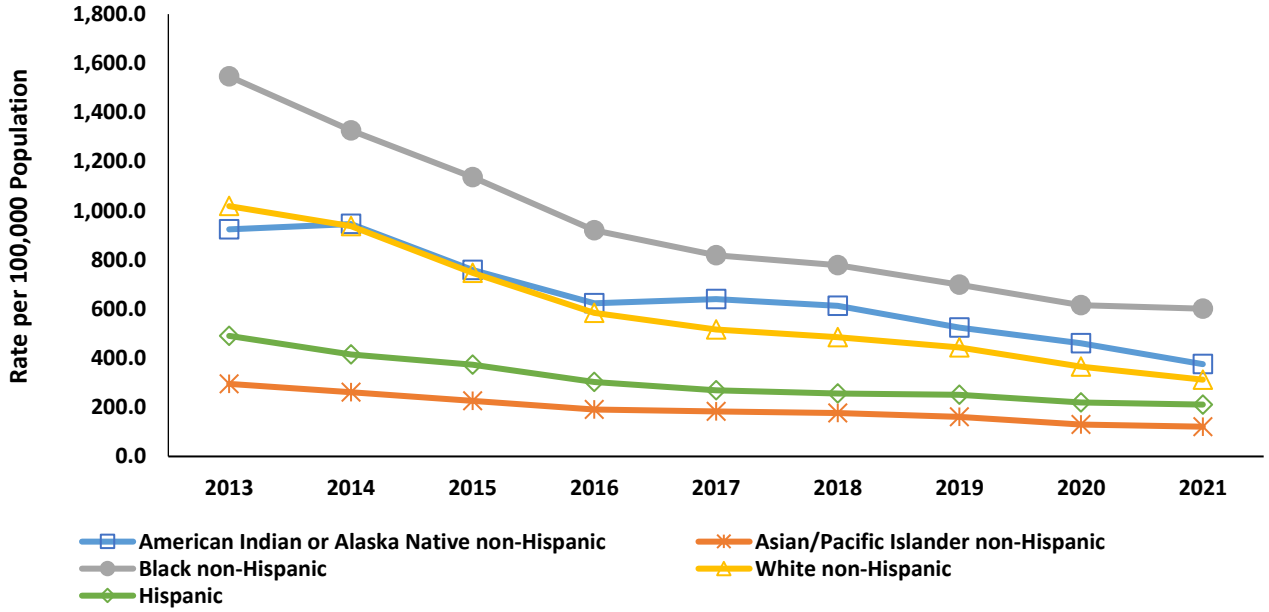


Source: State Funded Mental Health: Avatar.
**A client is counted only once per year. Clients may be counted more than once across years.*

From 2013 to 2015, females significantly utilized the state-funded adult mental health clinics more than males except in 2017 and 2018, where the difference between male and female is not significant (95% confidence interval). In 2021, 355.0 per 100,000 adult female population utilized the state-funded mental health clinics, compared to adult males at 369.8 per 100,000 female population.

Of adult patients that utilized state-funded mental health services in 2021, the most common age group was 25-34 years old, on average accounting for 23.5% of patients. High school graduates accounted for 25.3% of patients, followed by those with those with some college at 14.7% in 2021.

Figure 18. State-Funded Adult (Aged 18+) Mental Health Clinic Utilization* by Race/Ethnicity Crude Rates, 2013-2021.



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

The adult patient utilization crude rate has gone down significantly across all races from 2013 to 2021. In 2021, the adult Black non-Hispanic population had a significantly higher rate of admissions at 601.3 per 100,000 adult population, whereas adult Asian and Pacific Islander non-Hispanics had a significantly lower rate at 121.1 per 100,000 adult population.

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

Program	Year								
	2013	2014	2015	2016	2017	2018	2019	2020	2021
SNAMHS Medication Clinic - Adult	10,979	11,014	7,616	5355	4,711	3,993	3,826	3,607	3,396
NNAMHS Medication Clinic - Adult	5,034	4,937	4,296	3,310	2,489	2,325	2,101	1,365	653
SNAMHS Inpatient Hospital - Adult	2,360	2,585	2,681	1,984	2,011	1,848	1,753	1,314	1,406
SNAMHS Ambulatory Service - Adult	6,106	5,142	3,910	2,897	2,047	1,918	1,903	1,598	1,594
SNAMHS Observation Unit - Adult~	3,106	~	~	~	~	~	~	~	~
NNAMHS Ambulatory Service - Adult	2,221	2,319	1,948	1,781	1,284	1,151	1,074	493	260
SNAMHS Service Coordination - Adult	1,071	1,110	895	658	528	639	562	480	322
SNAMHS Outpatient Counseling - Adult	951	969	728	705	702	579	572	530	399

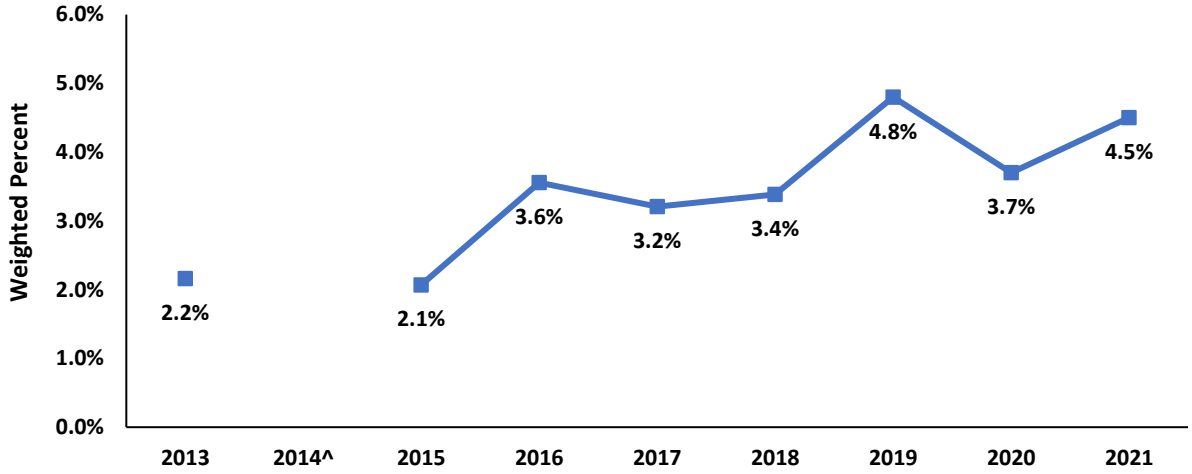
Source: State Funded Mental Health: Avatar.
~Program no longer active.
**A client is counted only once per year. Clients may be counted more than once across years.*

Patients were counted only once per program per year. Since a patient can receive services in more than one program, the counts above are not mutually exclusive. The SNAMHS medication clinic for adults continuously has the highest client count.

Suicide

Mental health issues, along with factors such as adverse childhood experiences and substance use disorders, may disproportionally affect those who die by suicide. If you or anyone you know is experiencing mental health-related distress or are in crisis, please call or text 988, or visit Lifeline (988lifeline.org).

Figure 20. Percentage of Adult BRFSS Respondents Who Have Seriously Considered Attempting Suicide, Nevada Residents, 2013-2021.

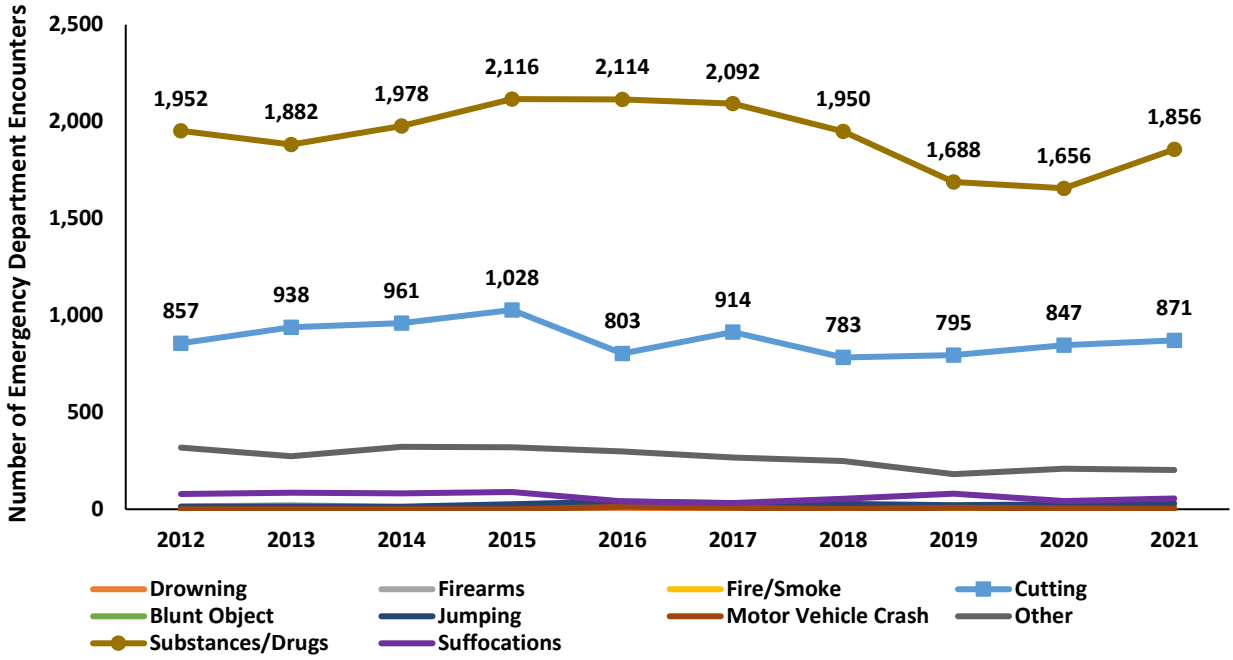


Source: Behavioral Risk Factor Surveillance System (BRFSS).
Chart scaled to 6.0% to display differences among groups.
^Indicator was not measured in 2014.
Specific question asked in survey: "During the past 12 months have you ever seriously considered attempting suicide?"

When asked "Have you seriously considered attempting suicide during the past 12 months," 4.5% of Nevada residents responded "yes" in 2021. Between 2013 and 2021, the average prevalence for suicide consideration in the state of Nevada was 3.4%.

Nevada 211 is a phone number that helps Nevadans connect with services they need. During the 2022 fiscal year (July 1, 2021 - June 30, 2022), Nevada 211 completed 299 interactions directly relating to suicide. This included connecting Nevadans to Suicide Prevention Hotlines (n= 291) and Suicide Prevention Programs (n=8).

Figure 21. Suicide Attempt Emergency Department Encounters by Method, All Ages, Nevada Residents, 2012-2021.

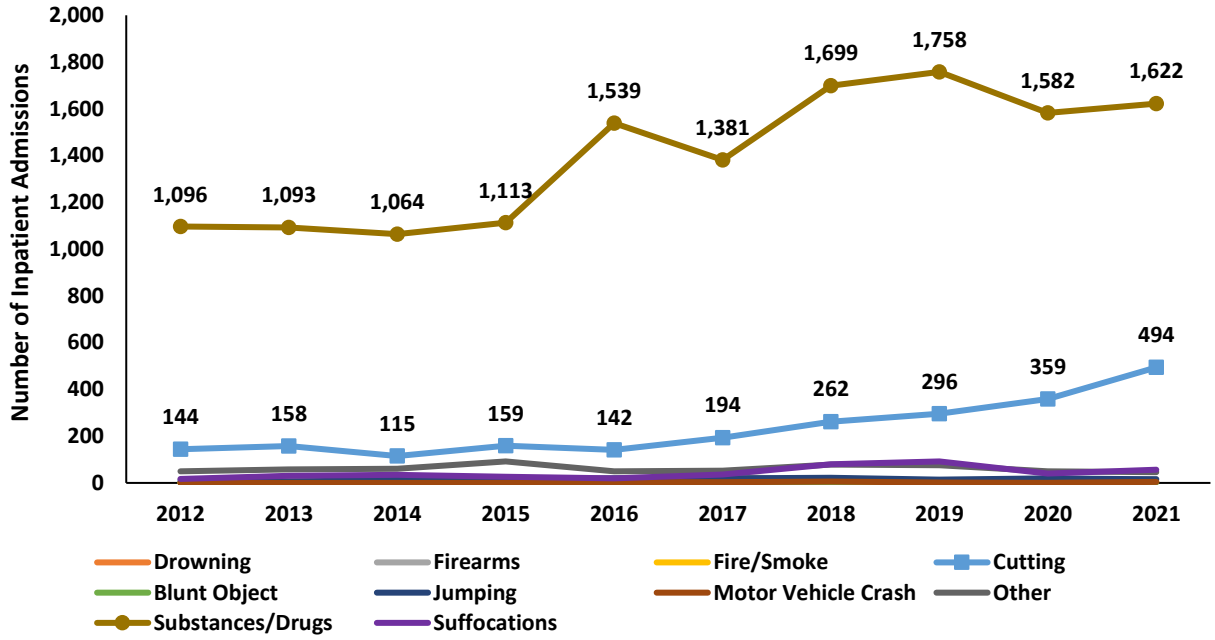


Source: Hospital Emergency Department Billing.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
A person can be included in more than category and therefore the counts above are not mutually exclusive.

Emergency department encounters related to suicide attempt, where the patient did not expire at the hospital, have remained steady from 2012 to 2021. The most common method for attempted suicide is substance or drug overdose, followed by cutting.

The counties served in the CCC, HCC, and PCC coalition regions have a significantly higher rate for emergency department encounters for substance use suicide attempts than Nevada, and the PACT coalition region has a significantly higher rate for emergency department encounters for cutting suicide attempts than Nevada (Appendix Table 8).

Figure 22. Suicide Attempt Inpatient Admissions by Method, All Ages, Nevada Residents, 2012-2021.

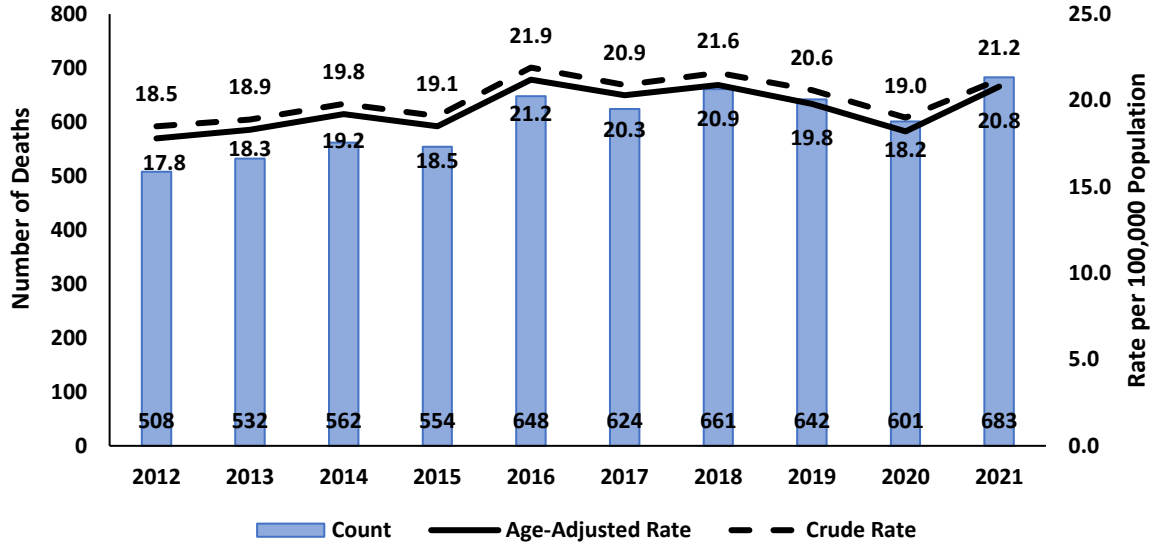


Source: Hospital Inpatient Billing.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
A person can be included in more than category and therefore the counts above are not mutually exclusive.

Inpatient admissions for attempted suicide where the patient was admitted and did not expire at the hospital have increased where the method was substances or drugs.

The counties served in the HCC coalition region have a significantly higher rate for emergency department encounters for substance use suicide attempts than Nevada, and the PACT coalition region has a higher rate for emergency department encounters for cutting suicide attempts than Nevada, but not significantly (Appendix Table 8).

Figure 23. Number of Suicides and Rates, All Ages, Nevada Residents, 2012-2021.

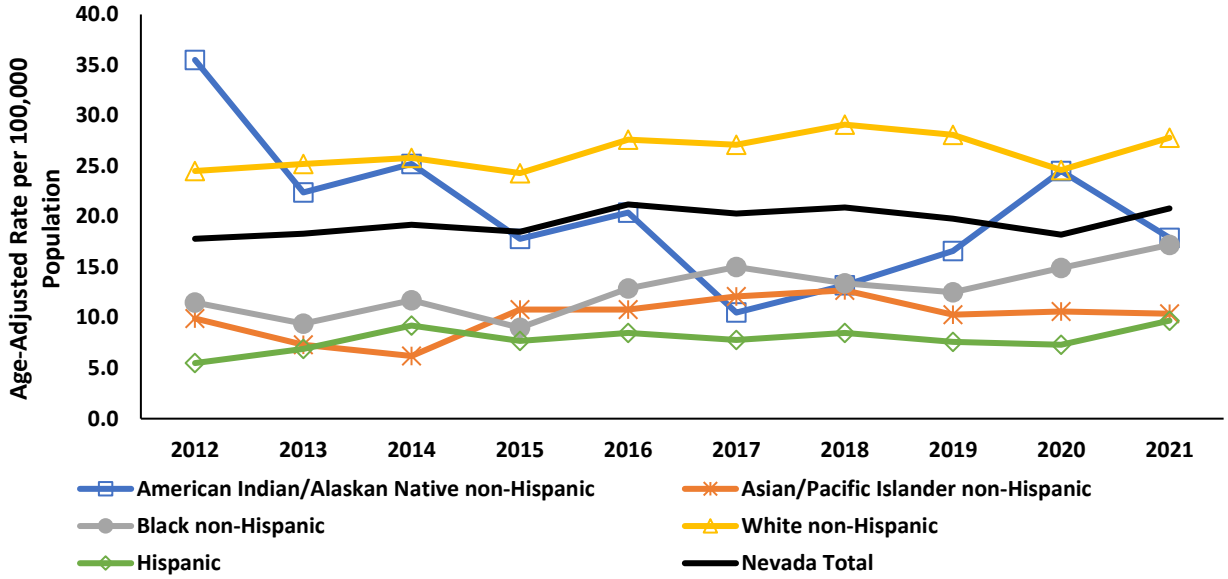


Source: Nevada Electronic Death Registry System.

The age-adjusted suicide rate for 2021 in for Nevada was 20.8 per 100,000 population. The highest rate was in 2016, at 21.2 per 100,000 population, while the lowest rate was in 2012, at 17.8 per 100,000 per population.

The PACE and PCC coalition areas have a significantly higher crude rates than Nevada for suicide deaths in 2021 (Appendix Table 9).

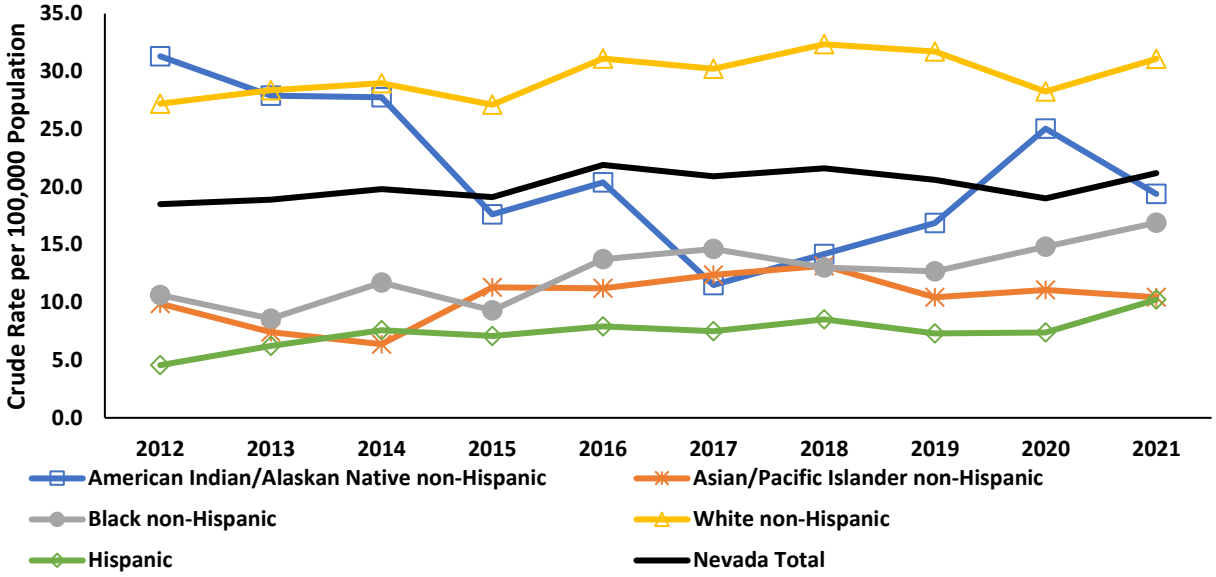
Figure 24. Age-Adjusted Suicide Rates by Race/Ethnicity, Nevada Residents, 2012-2021.



Source: Nevada Electronic Death Registry System.

The age-adjusted suicide rates for White non-Hispanic were significantly higher than the Nevada overall rate for each year from 2012 to 2021 with 27.8 per 100,000 population in 2021. The age-adjusted suicide rate for American Indian/Alaskan Native non-Hispanic was above the total Nevada rate (2012, 2013, 2014, 2020), but was not significantly higher based on 95% confidence intervals. Rates among Hispanics are significantly lower than overall Nevada rates for all years.

Figure 25. Crude Suicide Rates by Race/Ethnicity, Nevada Residents, 2012-2021.



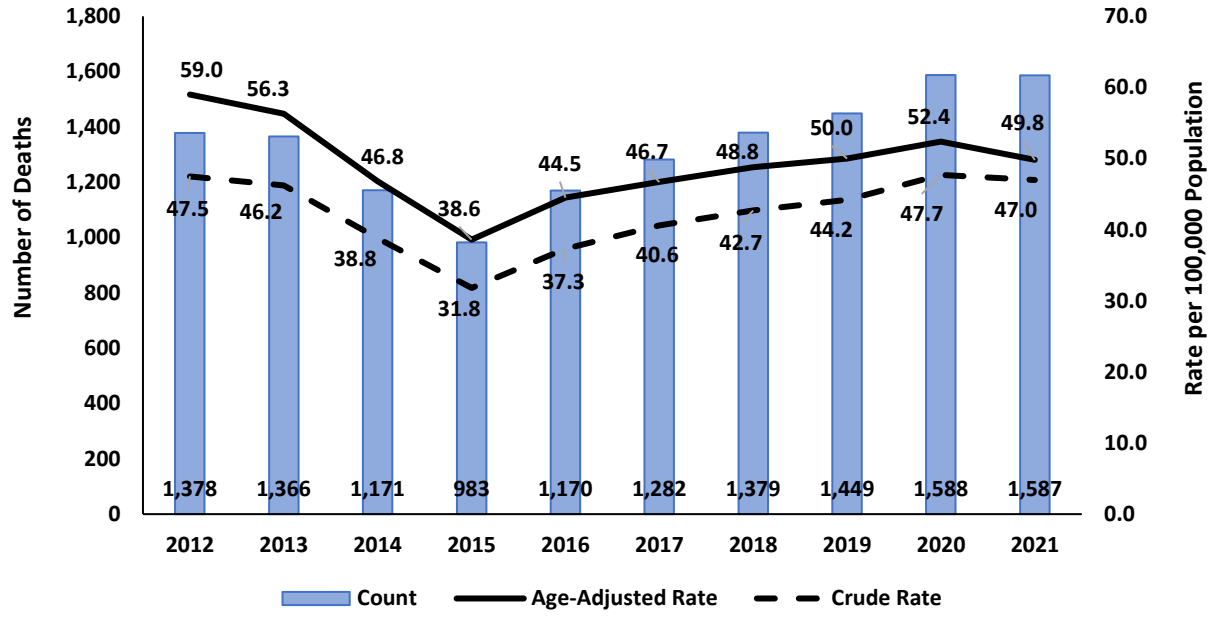
Source: Nevada Electronic Death Registry System.

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

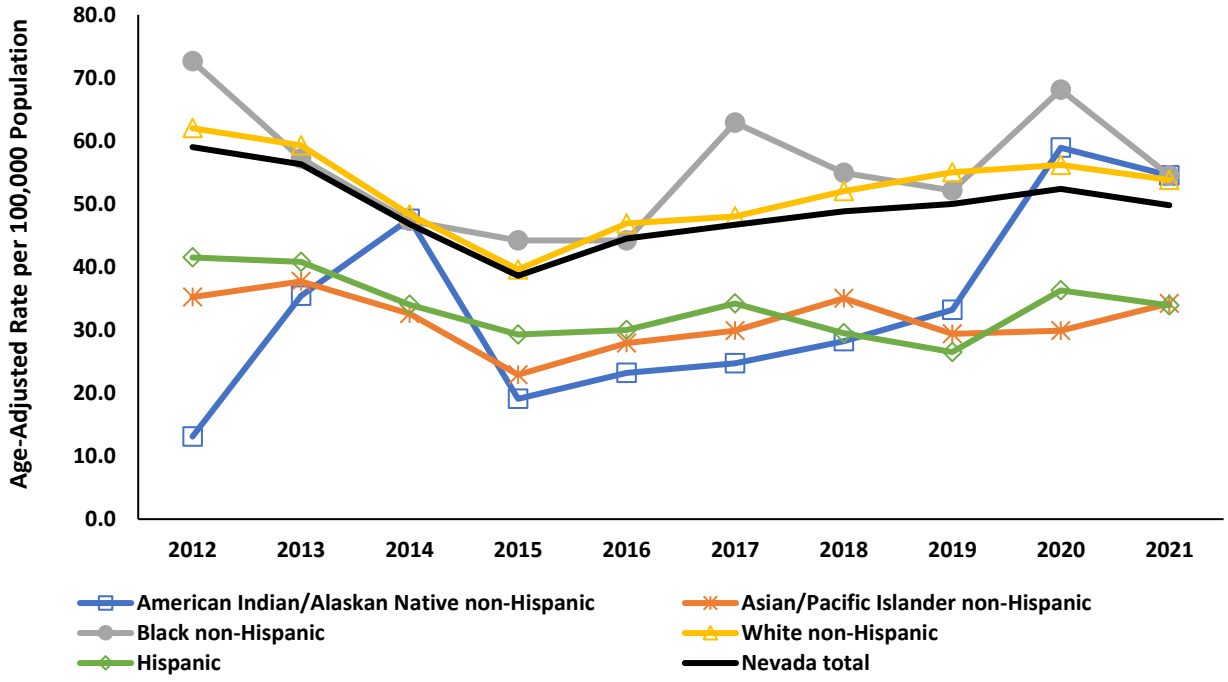
Figure 26. Mental Health-Related Deaths and Rates, Nevada Residents, 2012-2021.



Source: Nevada Electronic Death Registry System.

Mental health-related deaths in Nevada for 2021 occurred at an age-adjusted rate of 49.8 per 100,000 population, with a death count of 1,587 persons.

Figure 27. Age-Adjusted Mental Health-Related Death Rates by Race/Ethnicity, Nevada Residents, 2012-2021.



Source: Nevada Electronic Death Registry System.

There are no significant differences between the age-adjusted mental health-related death rates among races/ethnicities for 2021.

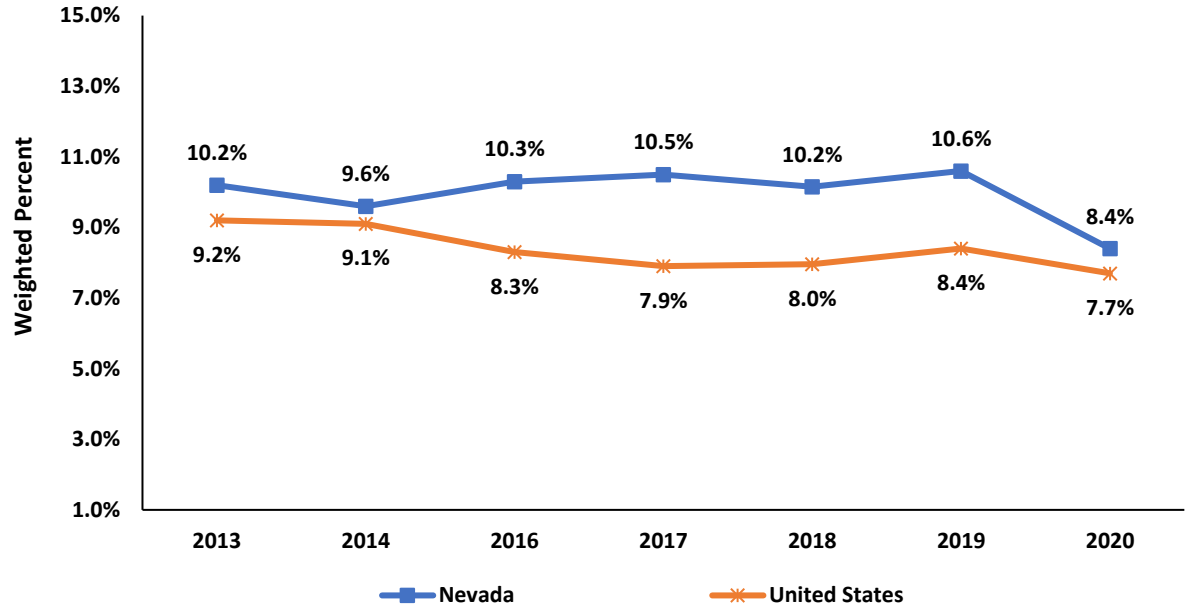
Substance Use

Substance use data are collected from hospital billing data, vital records data, and through national survey data including the National Survey on Drug Use and Health, BRFSS, and YRBS.

National Survey on Drug Use and Health

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

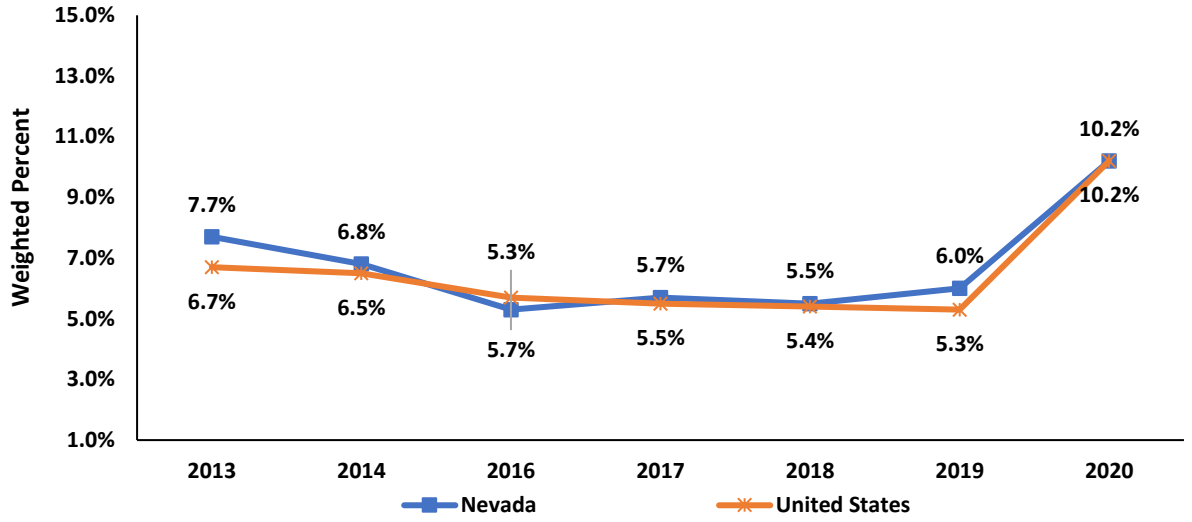
Figure 28. Illicit Drug Use Among Adolescents in the Past Month, Aged 12-17, Nevada and the United States, 2013-2020.



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

Nevada adolescents illicit drug use has remained within 2% from 2013 to 2020, with 8.4% of adolescents reporting illicit drug use in 2020. This percentage is higher than the illicit drug use among adolescents in the United States in 2020 (7.7%).

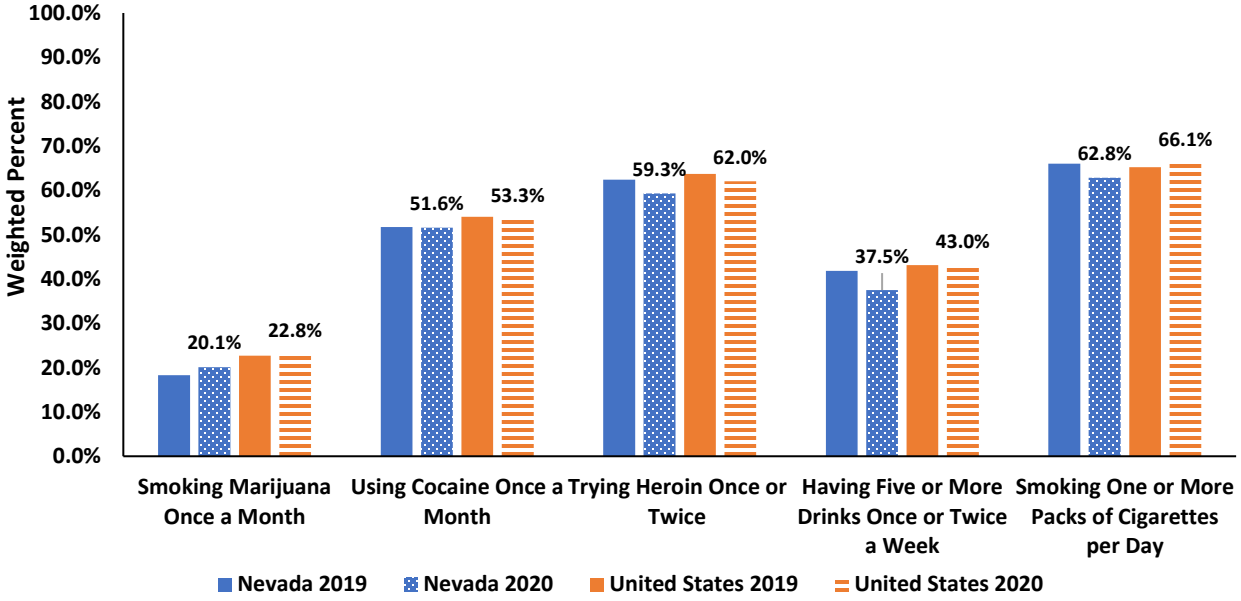
Figure 29. Alcohol Use Disorder in the Past Year, Aged 12 and Above, Nevada and the United States, 2013-2020.



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

Alcohol use disorder among adolescents and adults in the past year increased from 6.0% in 2019 to 10.2% in 2020 for Nevada. This increase is also seen in the United States from 5.3% in 2019 to 10.2% in 2020.

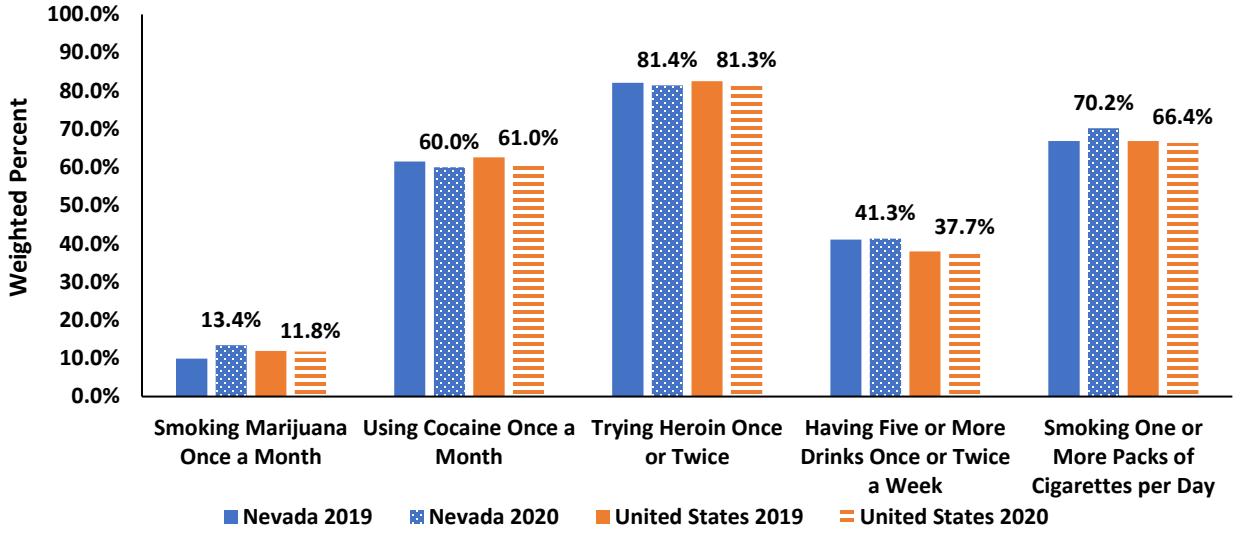
Figure 30. Perceptions of Great Risk from Alcohol or Substance Use, Among Adolescents, Aged 12-17, Nevada and the United States, 2019-2020.



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

For perceived risks, the higher the percentage, the more the person perceives there is a risk from it. Nevadans' perceived risk among teens aged 12-17 is lower than the nation for most alcohol or substance use, including having five or more drinks once or twice a week at 37.5% and the United States at 43.0% in 2020.

Figure 31. Perceptions of Great Risk from Alcohol or Substance Use Among Young Adults, Aged 18-25, Nevada and the United States, 2019-2020.



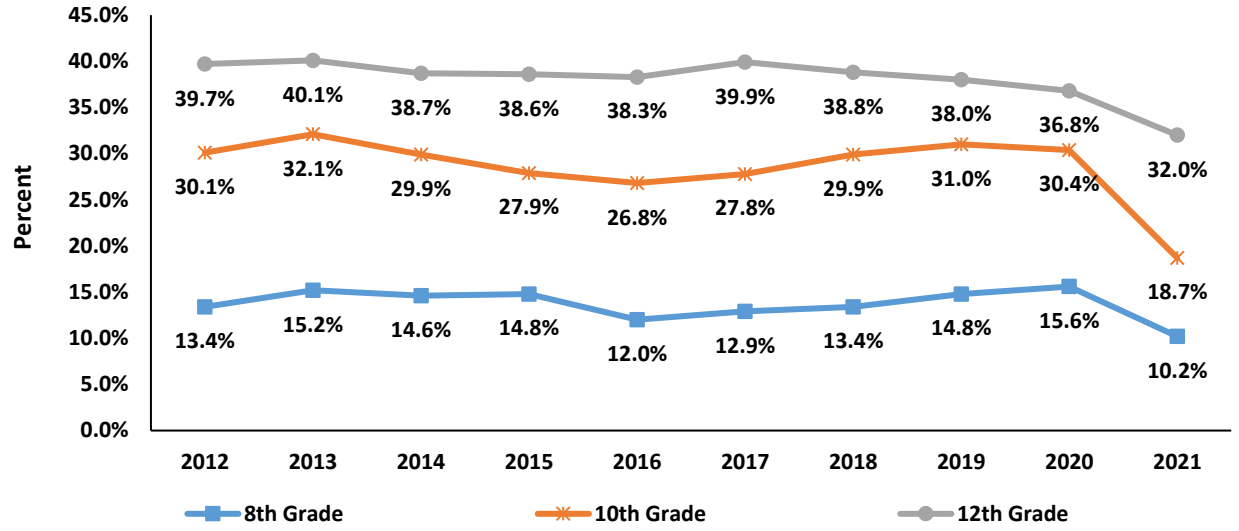
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health.

Nevadans' perceived risk among persons aged 18-28 is higher than the nation for all alcohol or substance use except for using cocaine once a month, with only a 0.1% difference from the United States (60.0% and 60.1%, respectively).

Monitoring the Future Survey

Monitoring the Future is an ongoing study of the behaviors, attitudes, and values of American secondary school students and young adults. Each year, a total of approximately 50,000 students in 8th, 10th and 12th grades are surveyed. The Monitoring the Future Study (annual prevalence) is funded under a series of investigator-initiated competing research grants from the National Institute on Drug Abuse, a part of the National Institutes of Health. Monitoring the Future Survey is conducted at the Survey Research Center in the Institute for Social Research at the University of Michigan. This data is collected nationally, and state level is not provided.

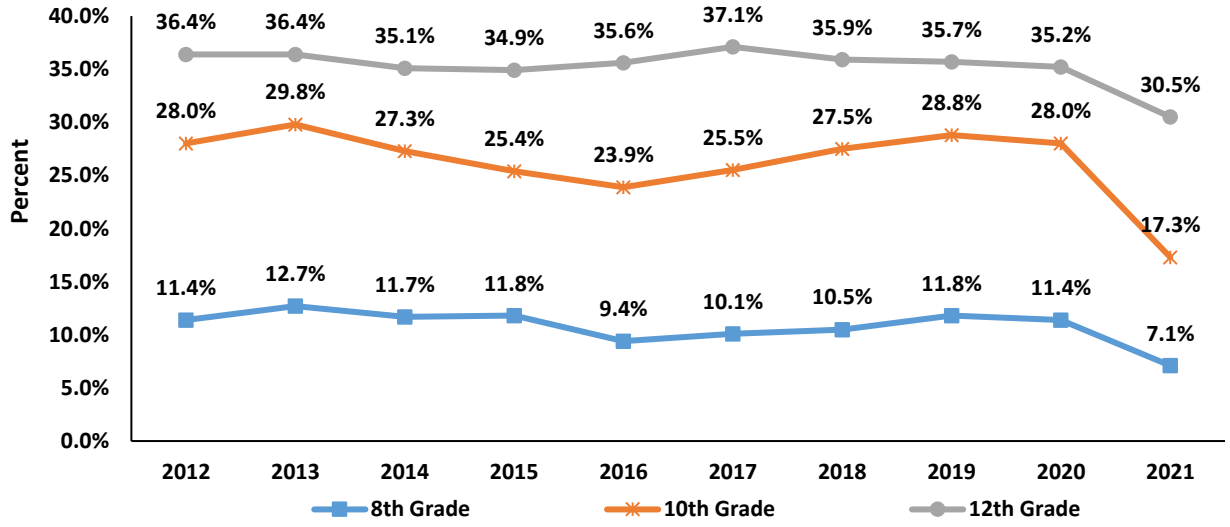
Figure 32. Annual Prevalence of Any Illicit Drug Use Among 8th, 10th, and 12th Grade Students, United States, 2012-2021.



Source: Monitoring the Future Survey.
Chart scaled to 45.0% to display differences among groups.

On average, approximately 38% of 12th graders, 30% of 10th graders, and 14% of 8th graders in the United States have reported using any form of illicit drugs from 2012-2021. The annual prevalence of any illicit drug use decreased for all grades from 2020 to 2021. For 12th grade, the prevalence decreased from 36.8% to 32.0%, 30.4% to 18.7% for 10th grade, and 15.6% to 10.2% for 8th grade.

Figure 33. Annual Prevalence of Marijuana/Hashish Use Among 8th, 10th, and 12th Grade Students, United States, 2012-2021.

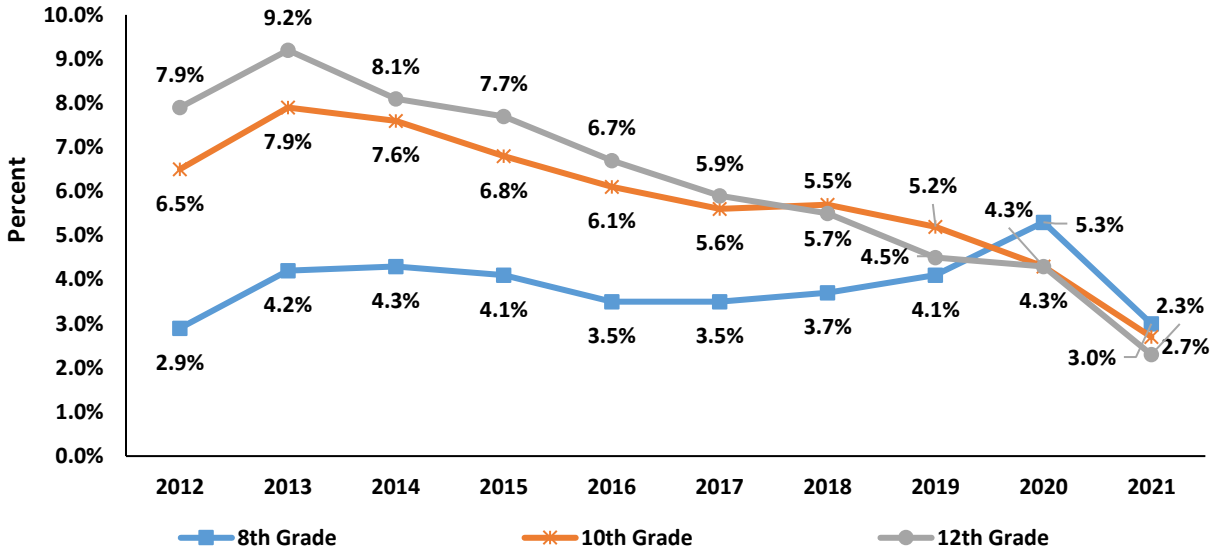


Source: Monitoring the Future Survey.
Chart scaled to 40.0% to display differences among groups.

On average, approximately 35% of 12th graders, 26% of 10th graders, and 11% of 8th graders have reported using marijuana and hashish in the United States. The annual prevalence of marijuana and

hashish use decreased for all grades from 2020 to 2021. For 12th grade, the prevalence decreased from 35.2% to 30.5%, 28.0% to 17.3% for 10th grade, and 11.4% to 7.1% for 8th grade.

Figure 34. Annual Prevalence of Amphetamine Use Among 8th, 10th, and 12th Grade Students, United States, 2012-2021.

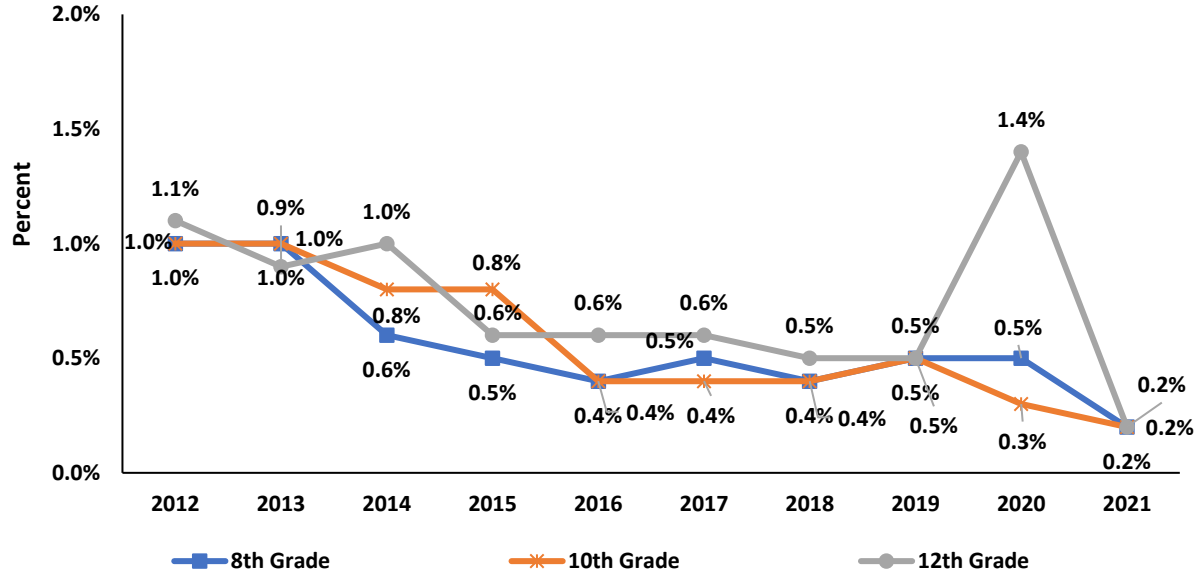


Source: Monitoring the Future Survey.

Chart scaled to 10.0% to display differences among groups.

The annual prevalence of amphetamine use among 12th graders decreased from 7.9% in 2012 to 2.3% in 2021. In contrast, the annual prevalence among 8th graders increased from 2.9% in 2012 to a high of 5.3% in 2020. However, the prevalence did decrease to 3.0% in 2021.

Figure 35. Annual Prevalence of Methamphetamine Use Among 8th, 10th, and 12th Grade Students, United States, 2012-2021.

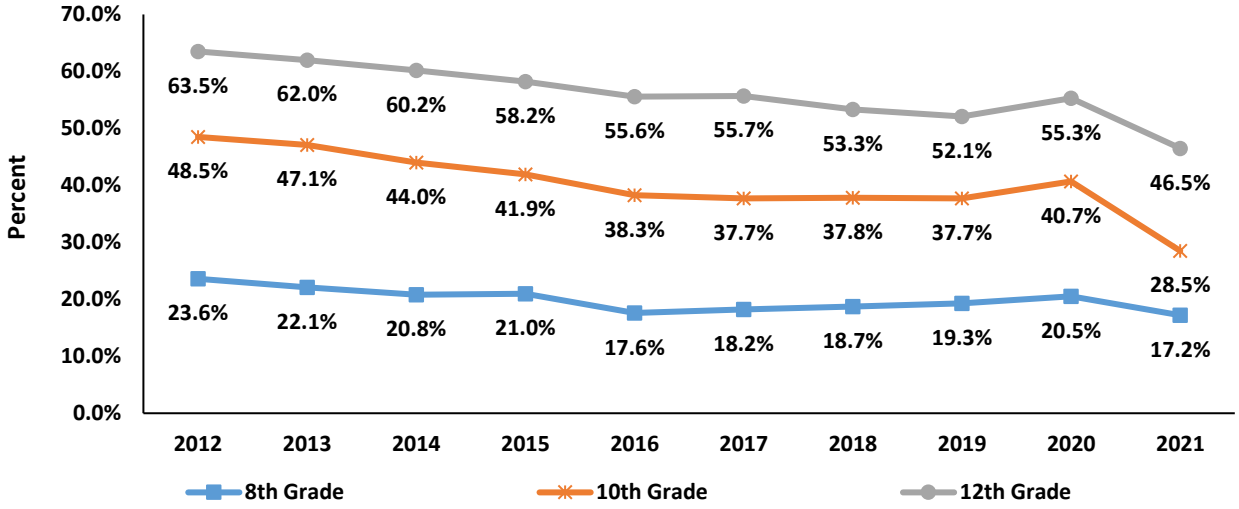


Source: Monitoring the Future Survey.

Chart scaled to 2.0% to display differences among groups.

The annual prevalence of methamphetamine use among 12th graders decreased steadily from 2012 to 2019, before increasing to 1.4%, then decreasing to 0.2% in 2021. The annual prevalence among both 8th and 10th graders decreased from 1.0% in 2012 to 0.2% in 2021.

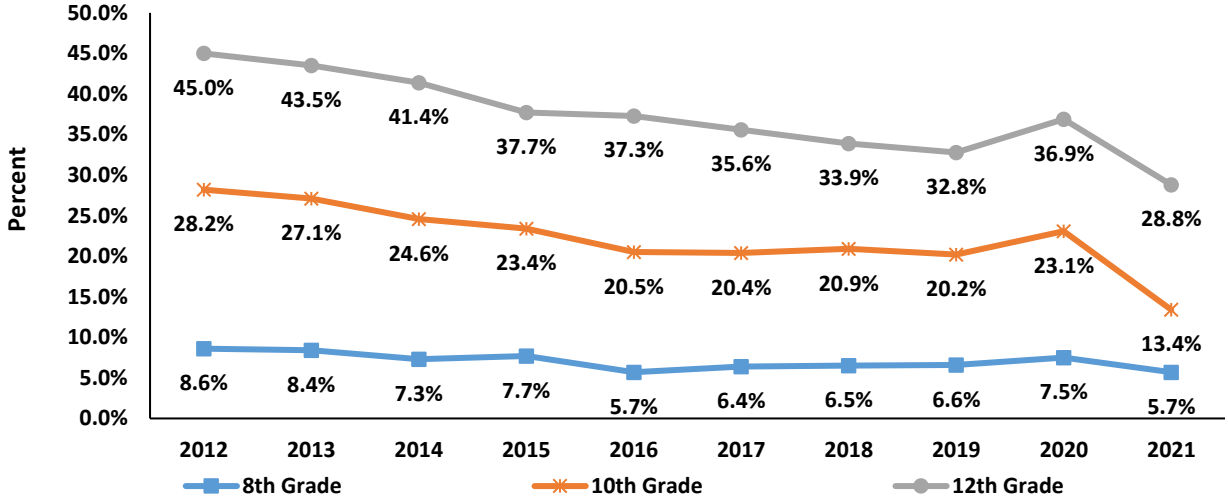
Figure 36. Annual Prevalence of Alcohol Use Among 8th, 10th, and 12th Grade Students, United States, 2012-2021.



Source: Monitoring the Future Survey.
Chart scaled to 70.0% to display differences among groups.

The prevalence of alcohol use including being drunk from alcohol has decreased in all grades since 2012 through 2016 in the United States. From 2016 to 2020, the prevalence remained steady among all grades. The annual prevalence of alcohol use then decreased from 2020 to 2021 for all grades.

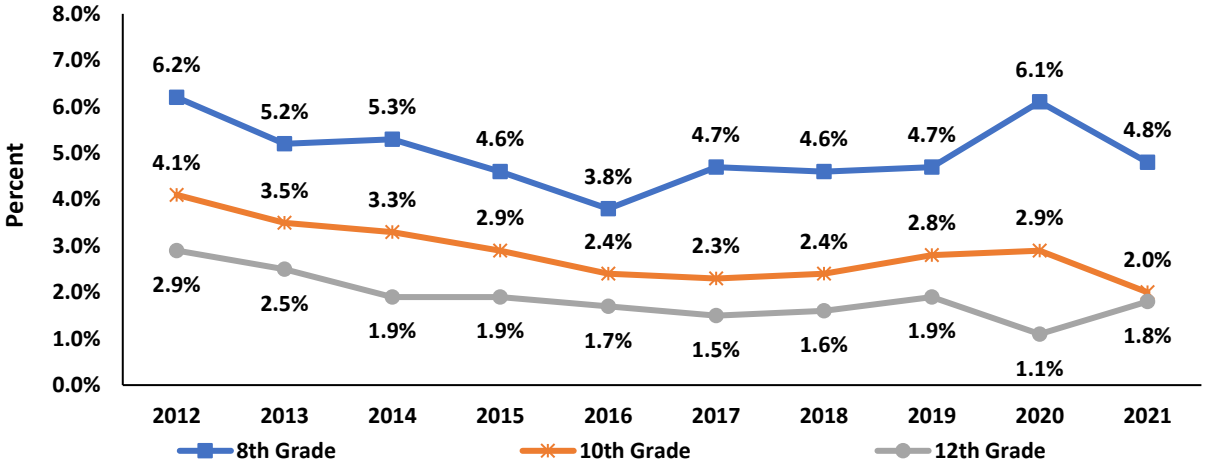
Figure 37. Annual Prevalence of Being Drunk from Alcohol Among 8th, 10th, and 12th Grade Students, United States, 2012-2021.



Source: Monitoring the Future Survey.
Chart scaled to 50.0% to display differences among groups.

On average, approximately 37% of 12th graders, 22% of 10th graders, and 7% of 8th graders in the United States have reported being drunk from 2012 to 2021. The annual prevalence of being drunk from alcohol decreased from 2020 to 2021 for all grades.

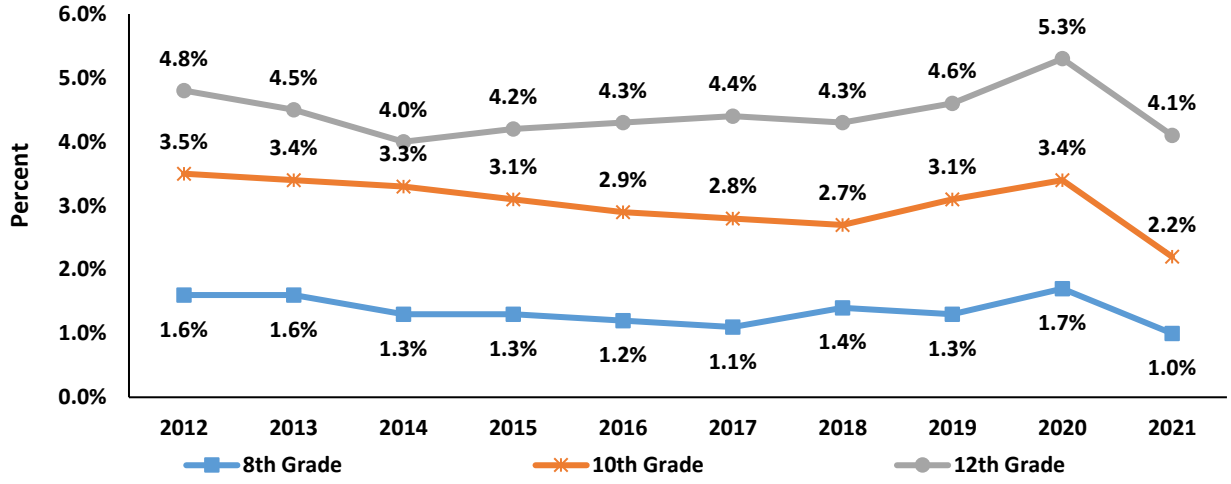
Figure 38. Annual Prevalence of Inhalant Use Among 8th, 10th, and 12th Grade Students, United States, 2012-2021.



Source: Monitoring the Future Survey.
Chart scaled to 8.0% to display differences among groups.

Unlike other drug use prevalence where the percentages are highest among 12th graders, inhalant use is highest among 8th graders. The prevalence of inhalant use decreased among all grades from 2012 to 2016 in the United States before increasing. From 2020 to 2021, the annual prevalence of inhalant use decreased for both 8th and 10th grade. In contrast, the prevalence increased among 12th graders from 2020 to 2021.

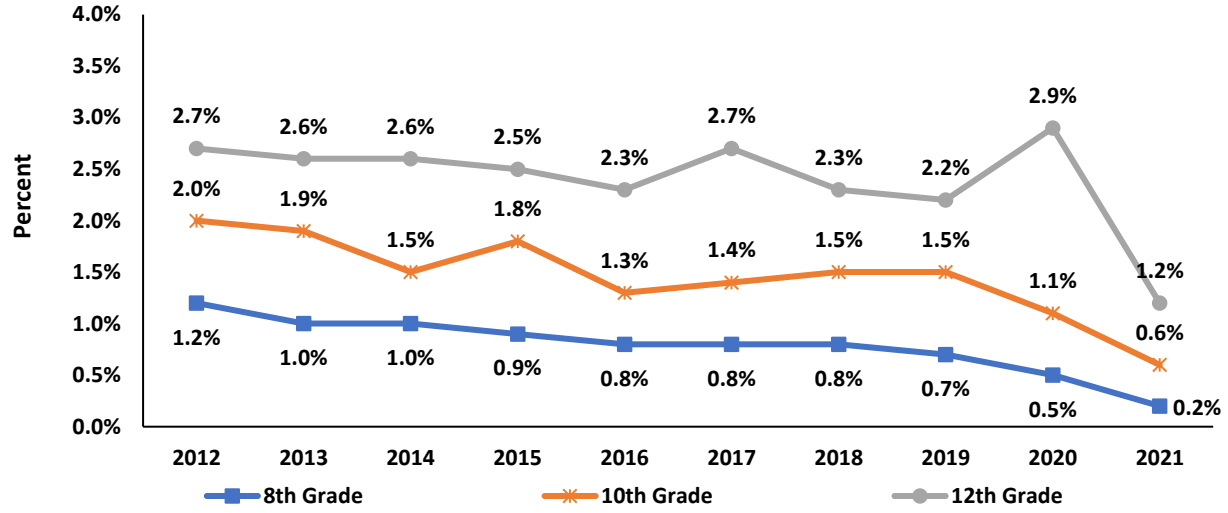
Figure 39. Annual Prevalence of Hallucinogen Use Among 8th, 10th, and 12th Grade Students, United States, 2012-2021.



Source: Monitoring the Future Survey.
Chart scaled to 6.0% to display differences among groups.

On average, approximately 3% of the grades surveyed have reported using hallucinogens in the United States from 2012 to 2021. From 2020 to 2021, the annual prevalence of hallucinogen use decreased for all grades. For 12th grade, the prevalence decreased from 5.3% to 4.1%, 3.4% to 2.2% for 10th grade, and 1.7% to 1.0% for 8th grade.

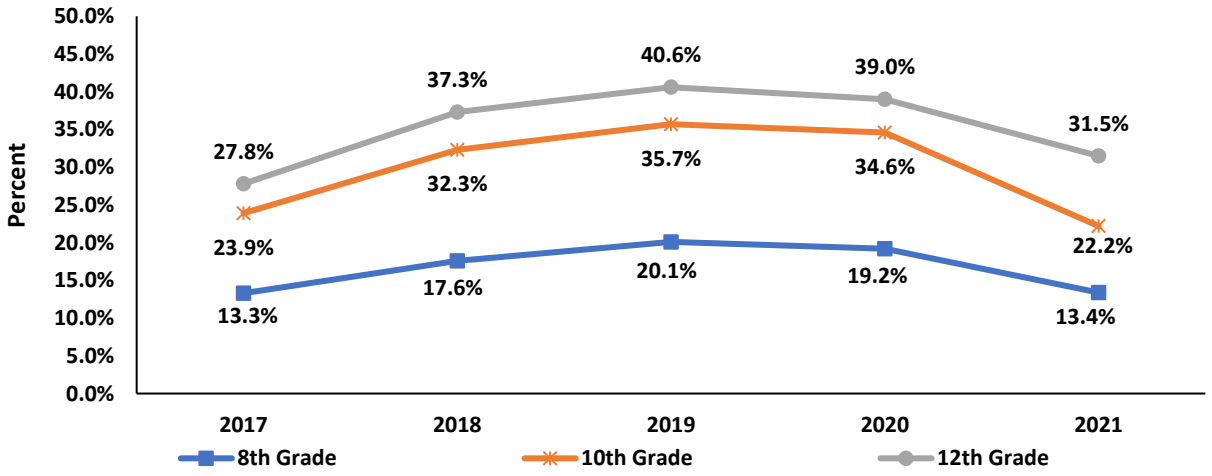
Figure 40. Annual Prevalence of Cocaine Use Among 8th, 10th, and 12th Grade Students, United States, 2012-2021.



Source: Monitoring the Future Survey.
Chart scaled to 4.0% to display differences among groups.

The annual prevalence of cocaine use on average for 12th grade is 1.2%, 0.6% for 10th grade, and 0.2% for 8th grade. From 2020 to 2021, the annual prevalence of cocaine use decreased for all grades. For 12th grade, the prevalence decreased from 2.9% to 1.2%, 1.1% to 0.6% for 10th grade, and 0.5% to 0.2% for 8th grade.

Figure 41. Annual Prevalence of Vaping* Use Among 8th, 10th, and 12th Grade Students, United States, 2017-2021.



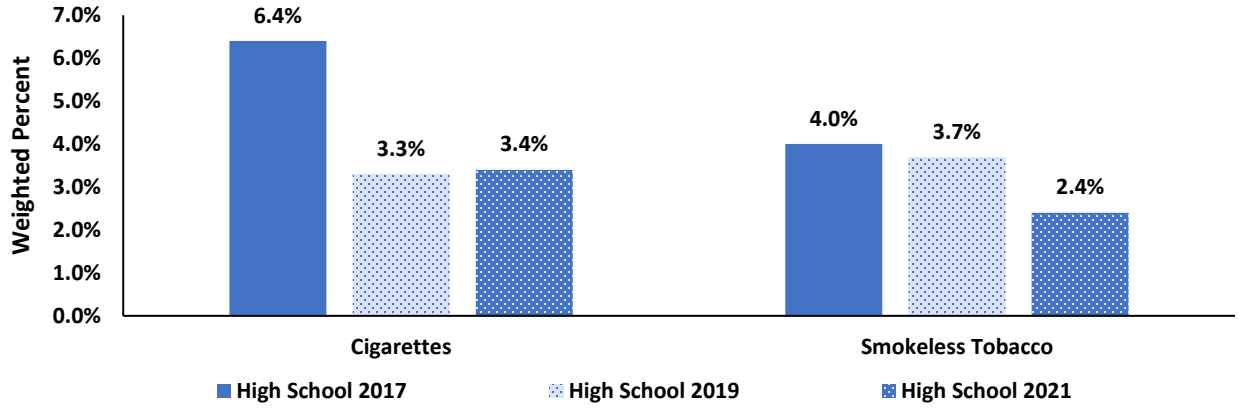
Source: Monitoring the Future Survey.
Chart scaled to 50.0% to display differences among groups.
**Vaping includes marijuana, nicotine, "just flavoring", flavoring vaping with no nicotine vaping, JUUL products.*

The annual prevalence of vaping use increased from 2017 to 2019 and then decreased from 2019 to 2021. From 2020 to 2021, the annual prevalence of vaping use decreased from 39.0% to 31.5% for 12th grade, 34.6% to 22.2% for 10th grade, and 19.2% to 13.4% for 8th grade. Vaping includes marijuana, nicotine, "just flavoring", flavoring vaping with no nicotine vaping, JUUL products.

Youth Risk Behavior Survey

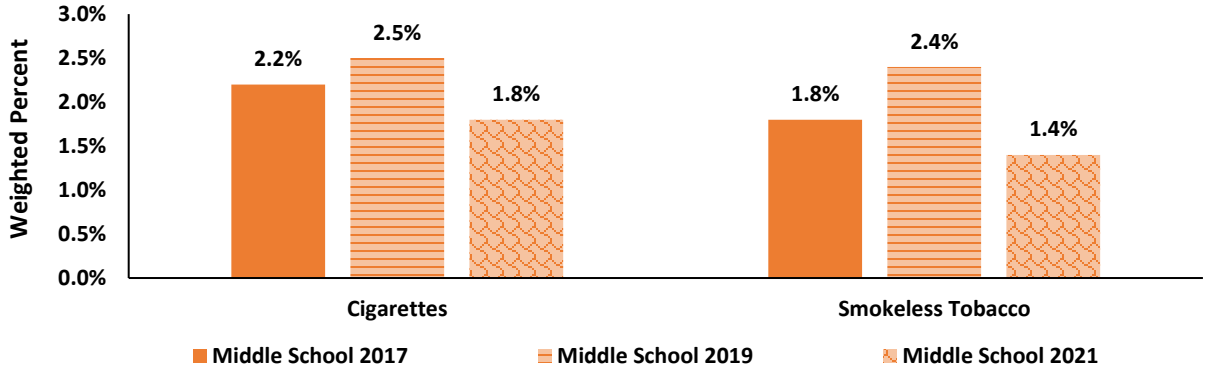
The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. Nevada high school and middle school students are surveyed during the odd years. In 2021, 4,827 high school, and 5,777 middle school students participated in the YRBS in Nevada. All data are self-reported. The University of Nevada, Reno maintains the YRBS data and publishes data on each survey. For more information on the YRBS survey, please go to the following site: UNR YRBS.

Figure 42a. Tobacco Use, Nevada High School Students, 2017, 2019, 2021.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 7.0% to display differences among groups.

Figure 42b. Tobacco Use, Nevada Middle School Students, 2017, 2019, 2021.



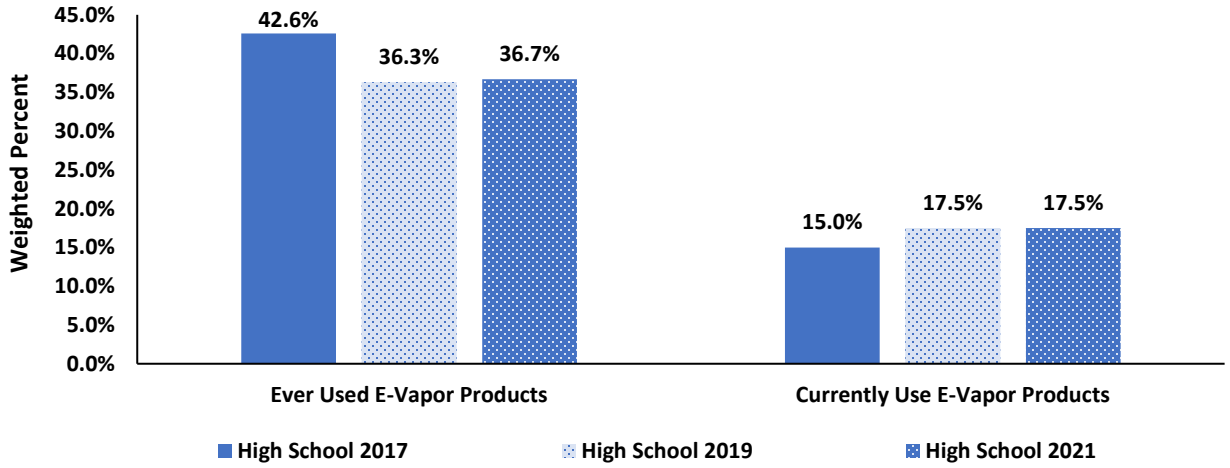
Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 3.0% to display differences among groups.

Among Nevada high school students in 2021, 3.4% have smoked cigarettes, which is significantly lower than 2017 at 6.4%. The percentage of Nevada high school students who used smokeless tobacco has decreased since 2017, but not significantly. The rural region, comprised of Elko, Eureka, Humboldt,

Lander, Pershing, and White Pine Counties, have a significantly higher tobacco use than Nevada among high school students in 2021 at 9.4%.

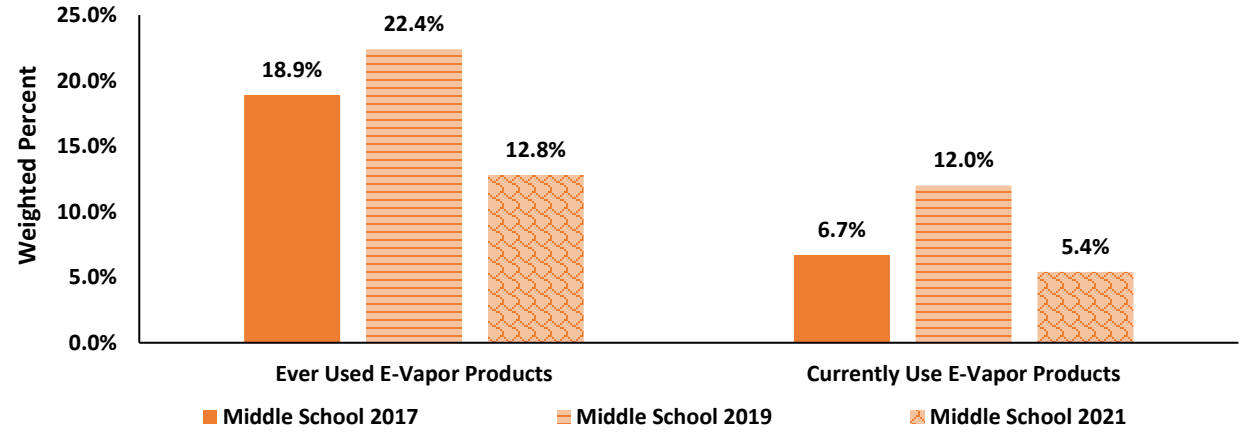
The percentage of middle school students that have either smoked cigarettes or used smokeless tobacco has decreased from 2017 to 2021.

Figure 43a. Electronic Vapor Product* Use, Nevada High School Students, 2017, 2019, 2021.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 45.0% to display differences among groups.
**Includes e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods such as 'JUUL', 'SMOK', 'Suorin', 'Vuse', and 'blu'.*

Figure 43b. Electronic Vapor Product* Use, Nevada Middle School Students, 2017, 2019, 2021.

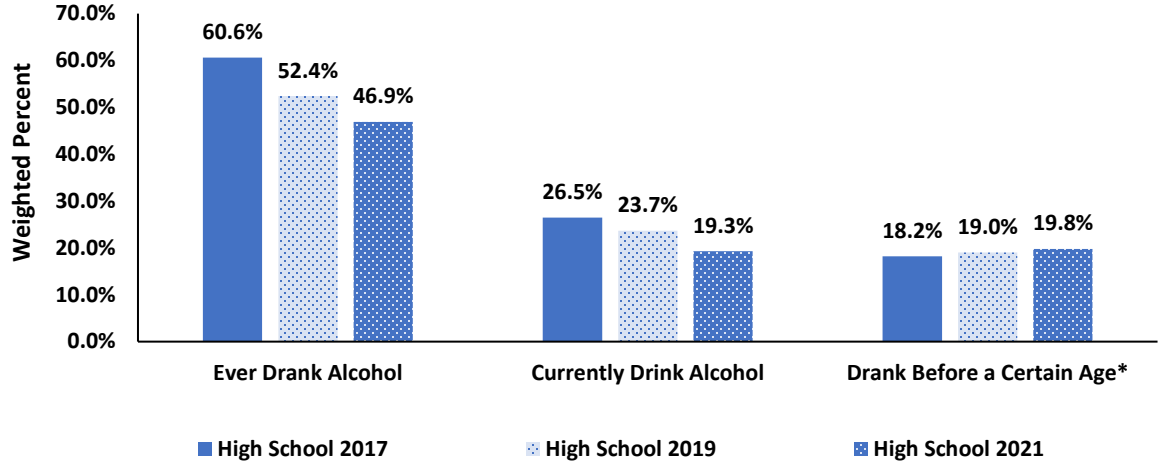


Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 25.0% to display differences among groups.
**Includes e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods such as 'JUUL', 'SMOK', 'Suorin', 'Vuse', and 'blu'.*

Among Nevada high school students in 2021, 17.5% currently use electronic vapor (E-vapor) products, which is the same percentage of students in 2019, but an increase from 2017 at 15.0%. The northern region, comprised of Carson City, Churchill, Douglas, Lyon, and Storey Counties, have a significantly higher E-vapor use than Nevada among high school students in 2021 at 28.3%.

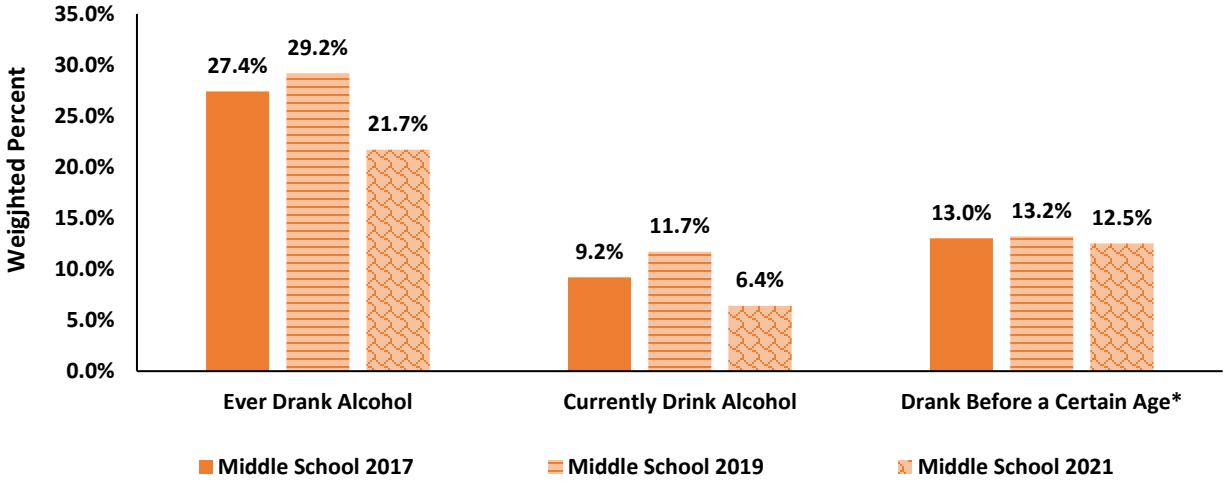
The percentage of middle school students that have either ever used E-vapor products or currently use E-vapor products has decreased from 2017 to 2021.

Figure 44a. Alcohol Use, Nevada High School Students, 2017, 2019, 2021.



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

Figure 44b. Alcohol Use, Nevada Middle School Students, 2017, 2019, 2021.

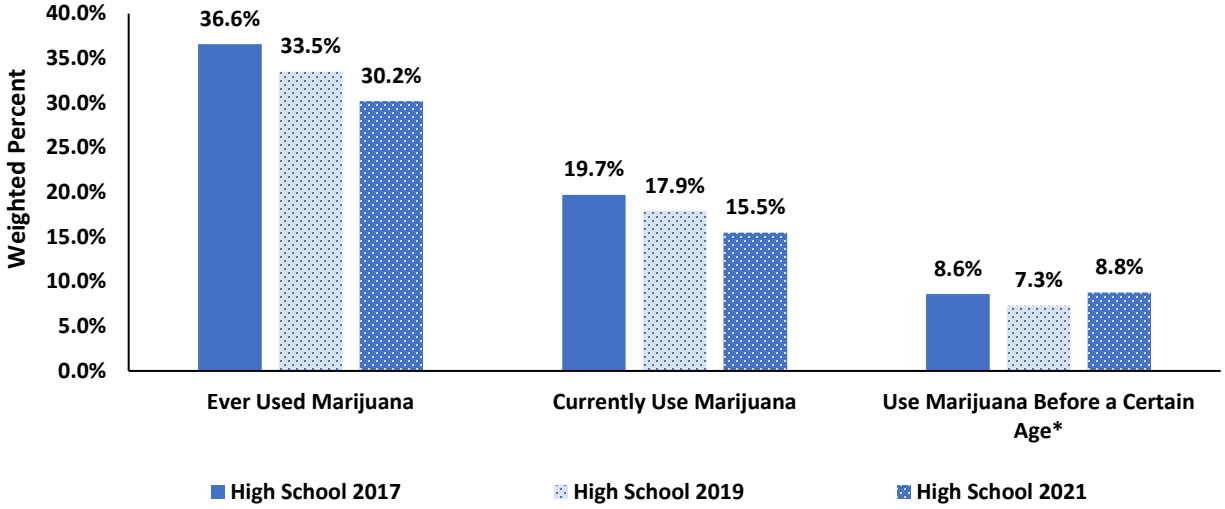


Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 35.0% to display differences among groups.
**Among middle school students, if they ever drank before age 11.*

Among Nevada high school students in 2021, 19.3% currently drink alcohol which is a significant decrease from 2017, at 26.5%. The rural region, comprised of Elko, Eureka, Humboldt, Lander, Pershing, and White Pine Counties has a significantly higher current alcohol use than Nevada among high school students in 2021 at 29.3%.

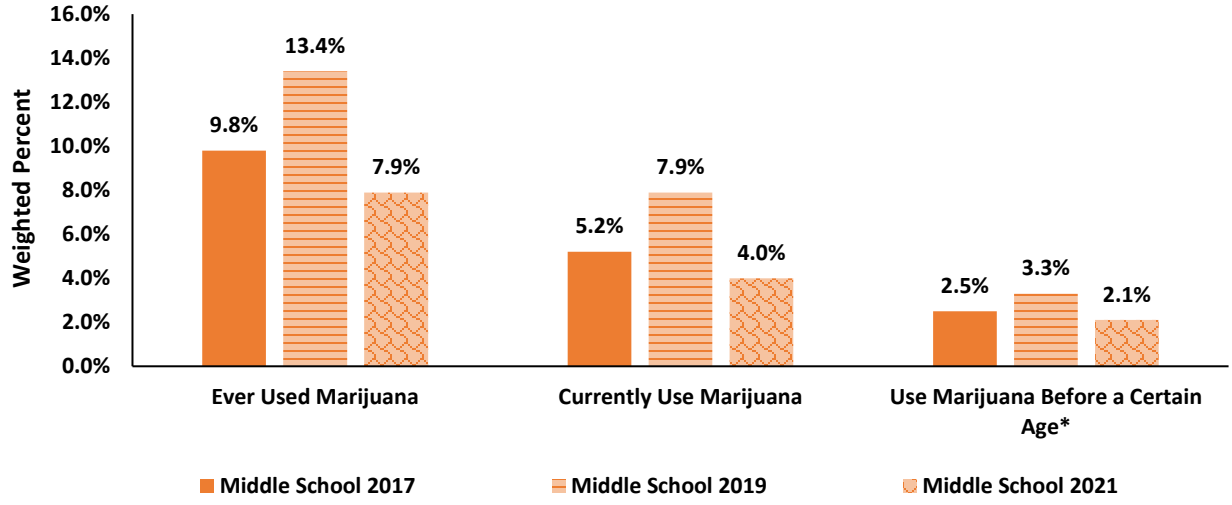
Among Nevada middle school students, the percentage who reported ever drinking alcohol significantly decreased from 29.2% in 2019 to 21.7% in 2021. The percentage who reported currently drinking alcohol also significantly decreased from 11.7% in 2019 to 6.4% in 2021.

Figure 45a. Marijuana Use, Nevada High School Students, 2017, 2019, 2021.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 40.0% to display differences among groups.
**Among high school students, if they ever used marijuana before age 13.*

Figure 45b. Marijuana Use, Nevada Middle School Students, 2017, 2019, 2021.

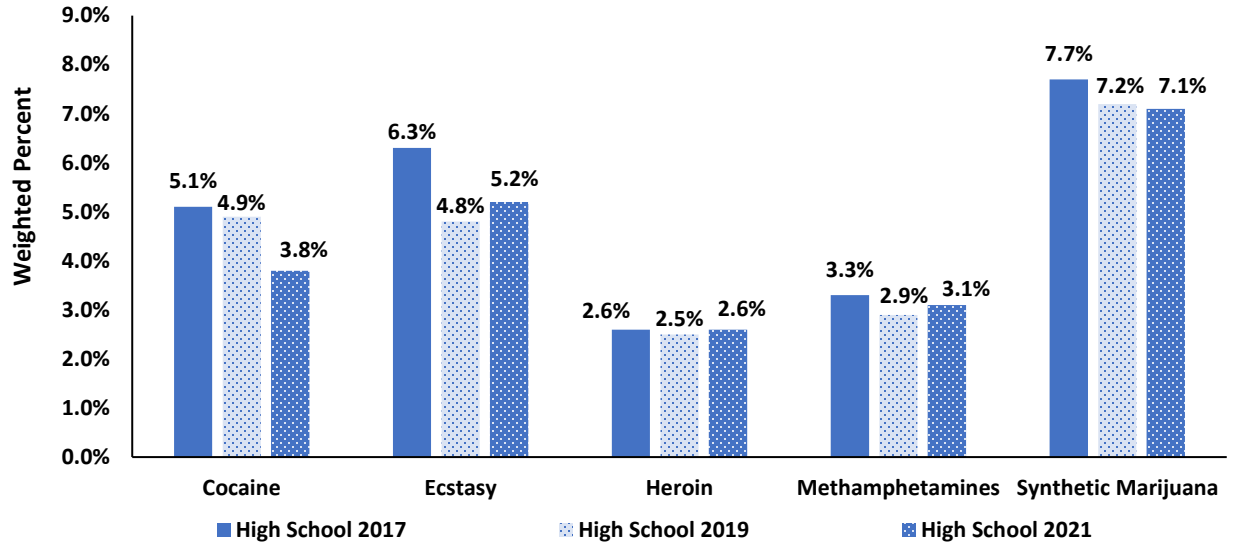


Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 16.0% to display differences among groups.
**Among middle school students, if they ever used marijuana before age 11.*

Among Nevada high school students in 2021, 30.2% have ever used marijuana, which is a significant decrease from 2017, at 36.6%. The percentage of Nevada high school students who currently use marijuana in 2021 has decreased since 2017, but not significantly (15.5% and 19.7%, respectively).

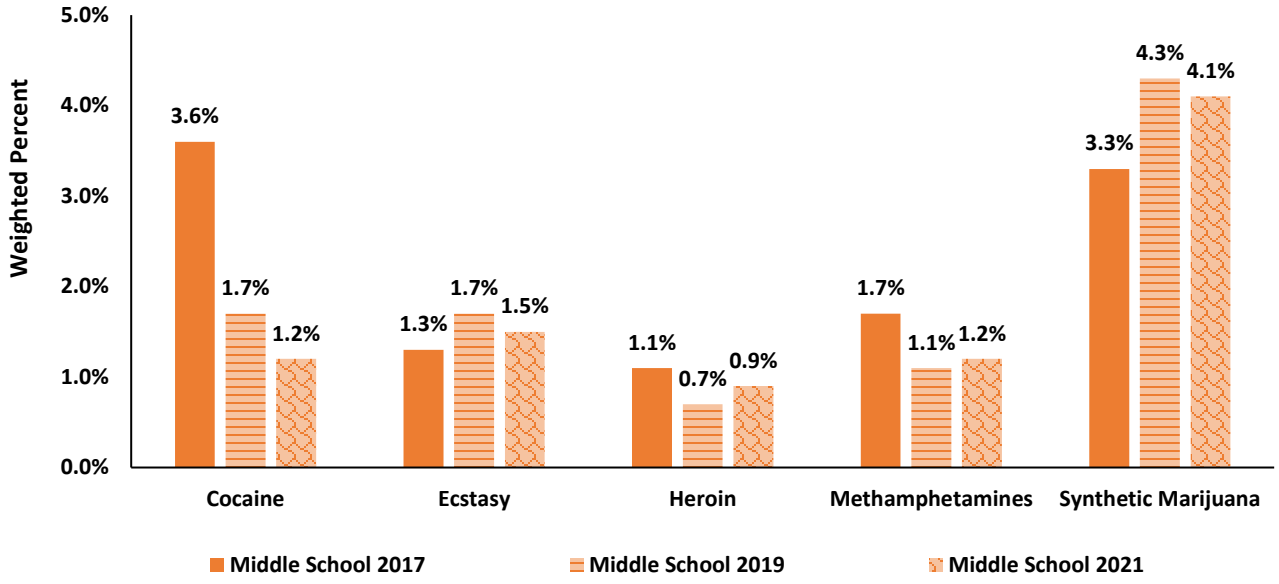
Among Nevada middle school students, the percentage who reported ever using marijuana significantly decreased from 13.4% in 2019 to 7.9% in 2021. The percentage who reported currently using marijuana also significantly decreased from 7.9% in 2019 to 4.0% in 2021.

Figure 46a. Lifetime Drug Use, Nevada High School Students, 2017, 2019, 2021.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 9.0% to display differences among groups.

Figure 46b. Lifetime Drug Use, Nevada Middle School Students, 20117, 2019, 2021.



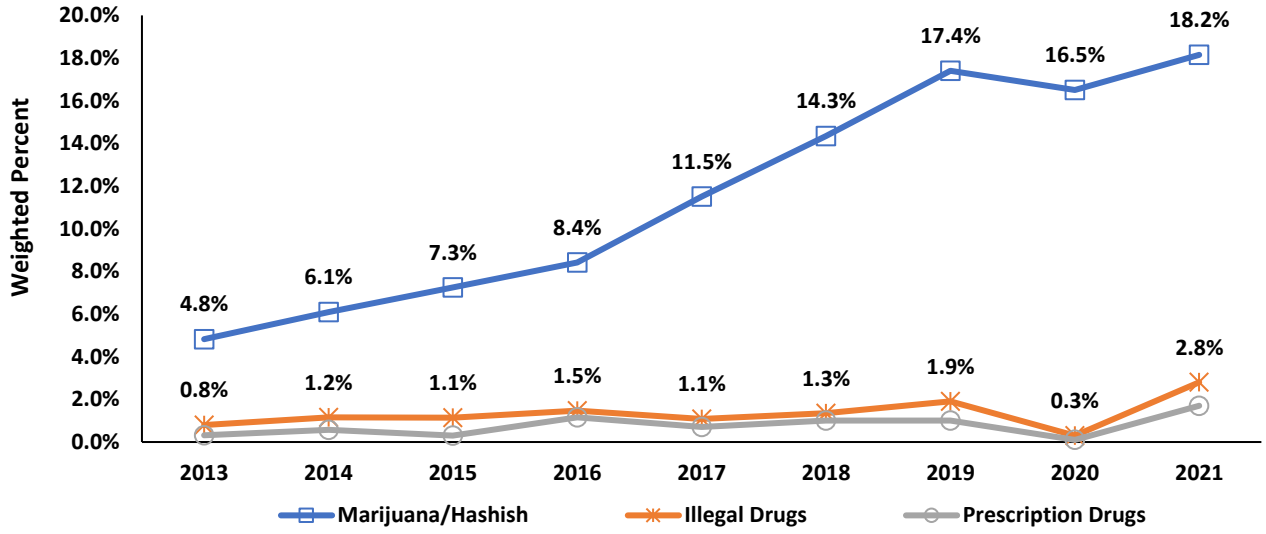
Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 5.0% to display differences among groups.

There has not been a significant decrease regarding lifetime drug use among Nevada high school students from 2017 to 2021; however, there has been a decrease in all drugs except for heroin.
Among Nevada middle school students, cocaine use has decreased significantly from 2017 to 2021 (3.6% and 1.2%, respectively).

Behavioral Risk Factor Surveillance System

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

Figure 47. Percent of Adult BRFSS Respondents Who Used Marijuana/Hashish, Illegal Substances, or Painkillers to Get High in the Last 30 Days, Nevada Residents, 2013-2021.

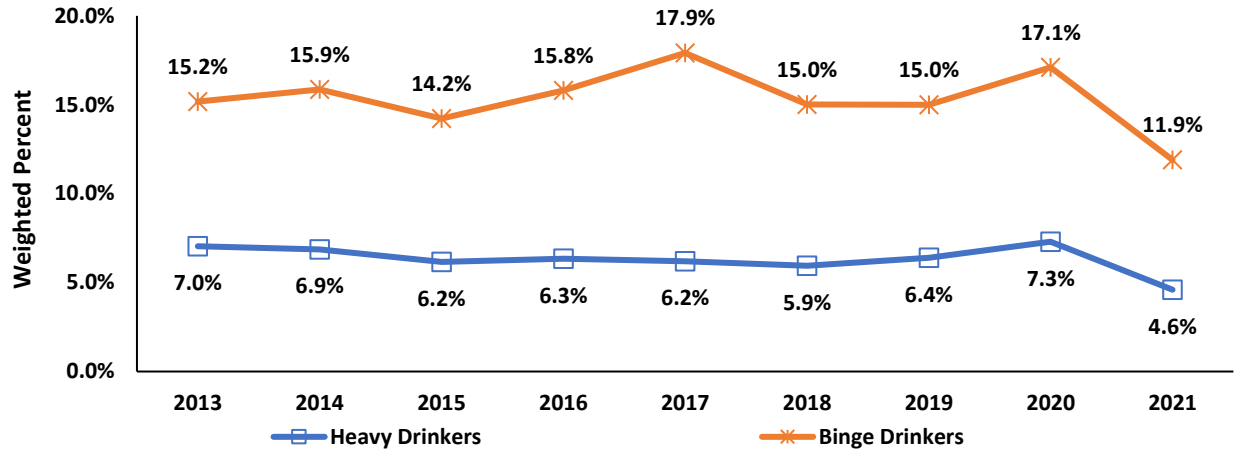


Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 20.0% to display differences among groups.
Specific question asked in survey: "During the past 30 days, on how many days did you use marijuana or hashish/any other illegal drug/ prescription drugs without a doctor's order, just to "feel good," or to "get high"?"

Marijuana use has more than tripled since 2013. In 2021, 18.2% of respondents reported to have used marijuana in the past 30 days, up from 4.8% in 2013. Self-reported use of marijuana has increased, as expected, since recreational marijuana use was legalized in Nevada in 2017. Of Nevadans surveyed, 0.8 % (on average) used prescription drugs to get high in the last 30 days and 1.3% used other illegal drugs to get high in the last 30 days.

There was no coalition region with a significantly higher reported marijuana/hashish use, but the counties served in the FCC region had the highest reported use at 36.4% (Appendix Table 2).

Figure 48. Percent of Adult BRFSS Respondents Who are Considered Binge Drinkers or Heavy Drinkers, Nevada Residents, 2013-2021.

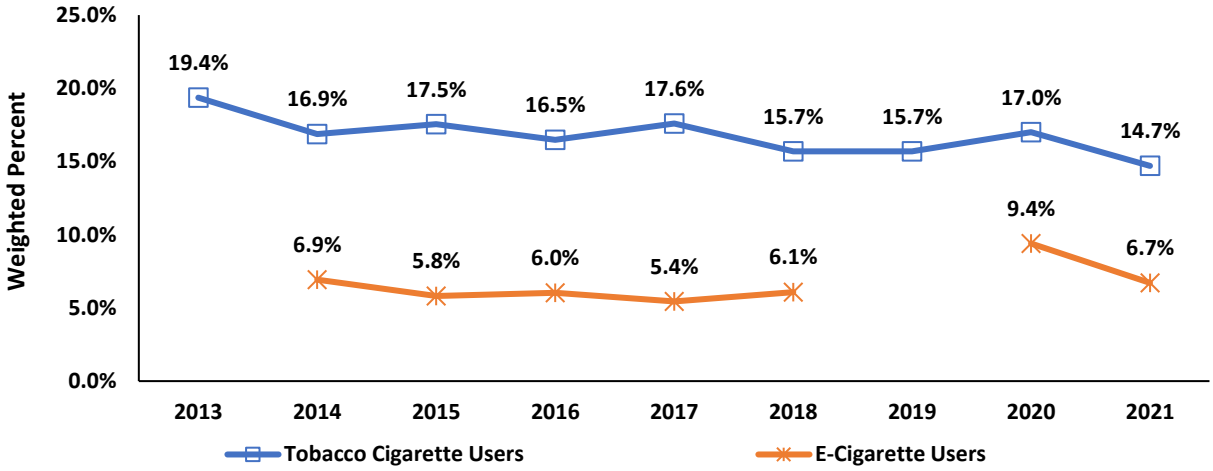


Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 20.0% to display differences among groups.
Heavy drinkers (adult men having more than 14 drinks per week and adult women having more than seven drinks per week).
Binge drinkers (adult men having five or more drinks on one occasion, adult women having four or more drinks on one occasion).

Binge drinking is defined in men as having five or more alcoholic beverages and woman having four or more alcoholic beverages on the same occasion. Heavy drinking is defined in men as consuming more than two alcoholic beverages, and in women as consuming more than one alcoholic beverage per a day. Both heavy drinking and binge drinking was reported in 2021 at the lowest percent since 2013.

The percentage of heavy drinkers was highest in the areas served by the FCC and JTNN coalitions (both at 8.2%), and percentage of binge drinkers was highest in the NCC coalition area (31.5%), but none were significantly higher than other coalition areas (Appendix Table 2).

Figure 49 Percent of Adult BRFSS Respondents Who are Current Cigarette or E-Cigarette Smokers, Nevada Residents, 2013-2021.



Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 25.0% to display differences among groups.
E-cigarette use was not collected until 2014 and was not collected in 2019.
Current cigarette smokers are defined as individuals who have smoked at least 100 cigarettes in their lifetime and currently smoke. Current e-cigarette smokers are defined as individuals who currently have smoked on at least one day in the past 30 days or who currently report using e-cigarettes or other electronic "vaping" products every day or some days.

In 2021, 14.7% of adults were current cigarette smokers, which has decreased significantly since 2013, at 19.4% (not shown, 22.9% in 2011). E-cigarette use reached a high of 9.4% in 2020, before decreasing to 6.7% in 2021.

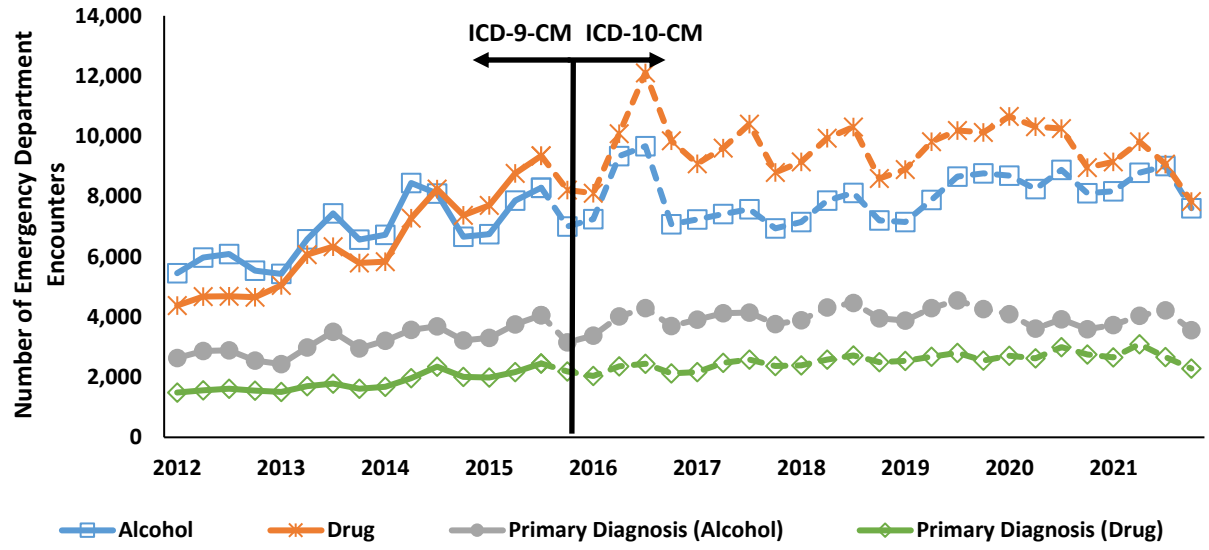
Reported tobacco cigarette use was highest in the counties served in the NCC coalition region, at 26.4% in 2021 (Appendix Table 2).

Nevada 211 is a phone number that connects Nevadans with needed services. During the 2022 fiscal year (July 1, 2021 - June 30, 2022), Nevada 211 completed 1,594 interactions related to Substance Use Disorder Services, including 762 for Detoxification, 474 Substance Use Disorder Treatment Programs, 29 Assessment for Substance Use Disorders; 3 DUI Offender Programs; 49 Supportive Substance Use Disorder Services and 277 Transitional Residential Substance Use Disorder Services.

Hospital Emergency Department Encounters

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

Figure 50. Alcohol and Drug-Related Emergency Department Encounters by Quarter and Year, 2012-2021.



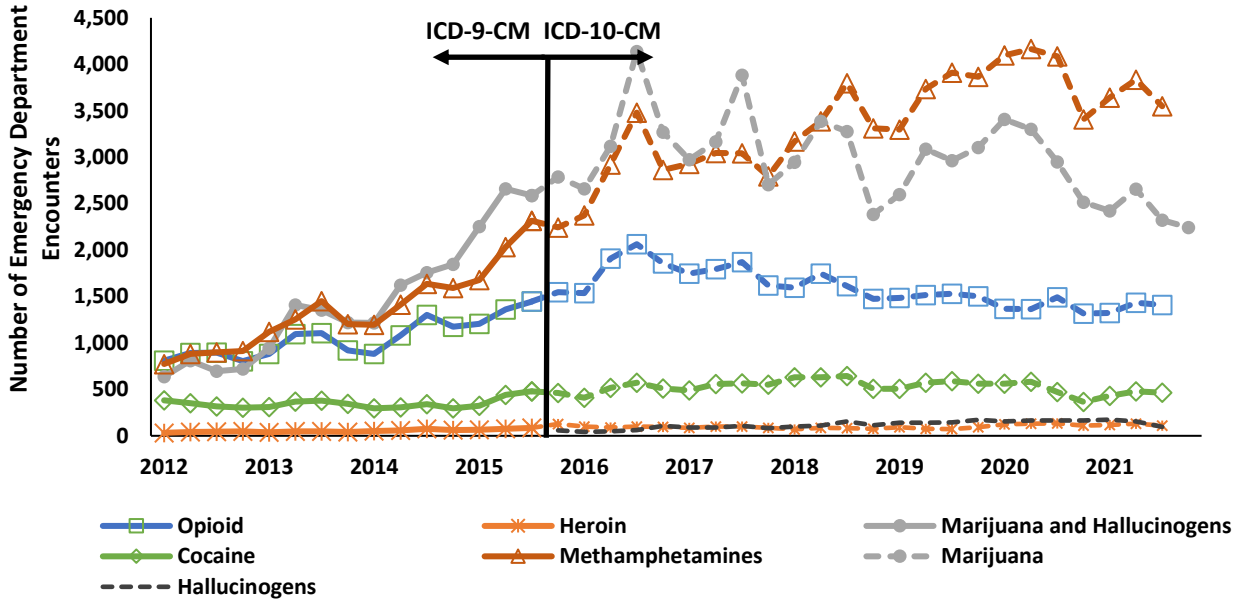
Source: Hospital Emergency Department Billing.
Categories are not mutually exclusive.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

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

Alcohol visits were more common than drug visits until 2014 where drug-related visits to the emergency department surpassed alcohol and have remained higher through 2020. In 2021, there were a total of

69,452 alcohol and drug-related emergency department encounters. Out of these encounters, 15,550 were related to alcohol (primary diagnosis) and 10,704 were drug-related (primary diagnosis).

Figure 51. Drug-Related Emergency Department Encounters by Drug and Quarter and Year, 2012-2021.



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

Hallucinogens and marijuana were grouped together in the ICD-9-CM, but in 2015 were separated into different groups in the ICD-10-CM codes. Emergency department encounters in 2021 for methamphetamines and marijuana/ hallucinogens were lower than in 2020. While opioids, cocaine, and heroin were not significantly different than in 2020.

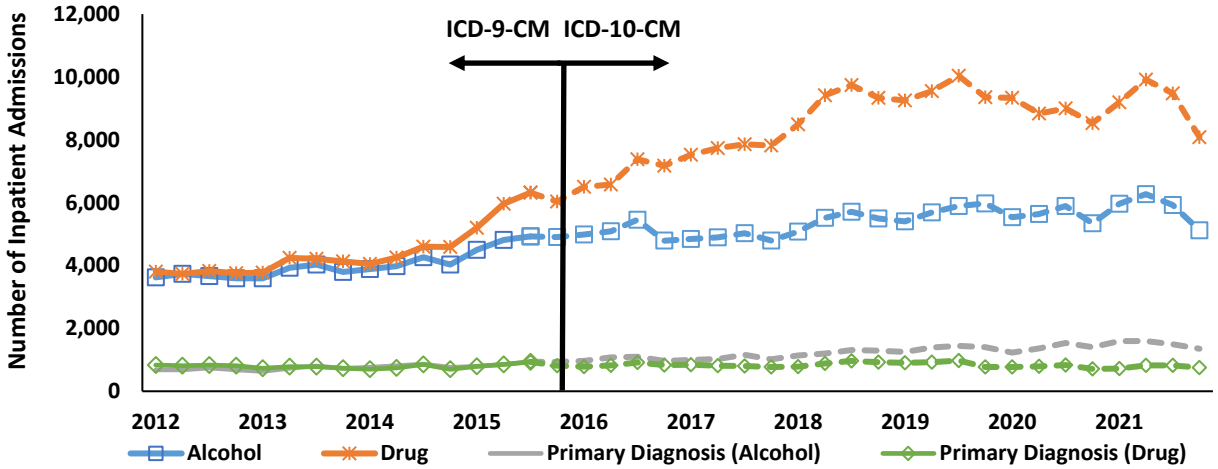
The following coalition regions had significantly lower age-adjusted emergency department encounter drug use rates compared to the Nevada rates: CCC for opioid, methamphetamine, marijuana, and hallucinogen use; FCC region for methamphetamine use; HCC for cocaine, methamphetamine, and marijuana use; JTNN for marijuana and hallucinogen use; PACE for opioid and methamphetamine use; PCC for methamphetamine use; PDC for opioid, methamphetamine, and marijuana use.

The NCC coalition area had significantly higher age-adjusted opioid and marijuana emergency department encounter use rates compared to Nevada rates. Additionally, the PACT/CARE coalition area had significantly higher age-adjusted opioid, cocaine, methamphetamine, marijuana, and hallucinogen use rates compared to Nevada rates, and PCC had a significantly higher marijuana use rate (Appendix Table 12a).

Hospital Inpatient Admissions

The hospital inpatient admission billing data provides health billing data for patients of all ages admitted to hospitals for longer than a 24-hour period. Of the 54,385 alcohol and drug-related admissions, 21,084 were alcohol-related and 33,301 were drug-related.

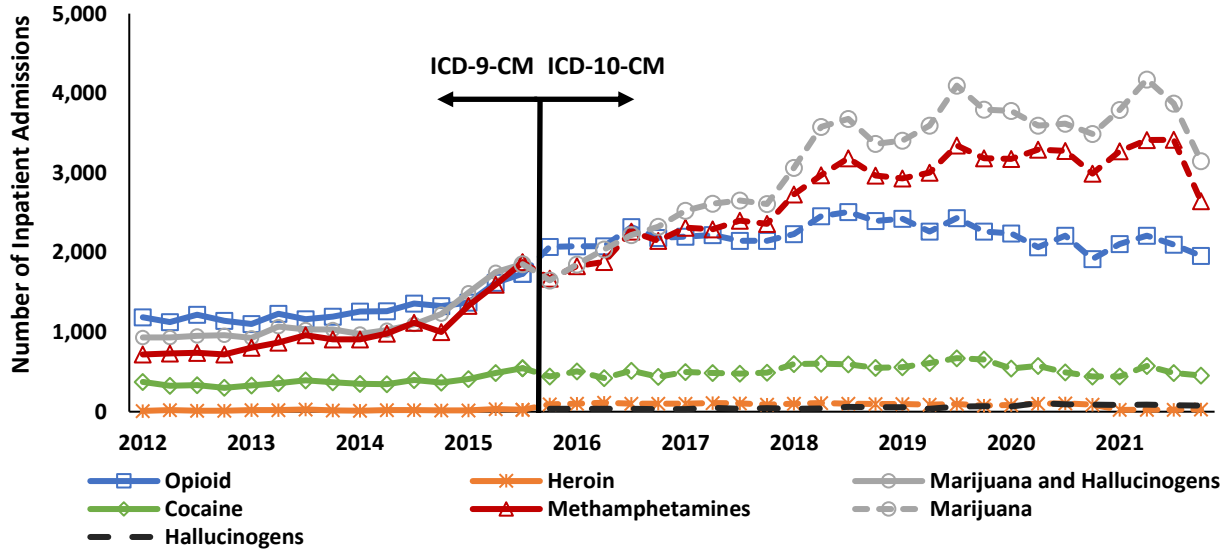
Figure 52. Alcohol and/or Drug-Related Inpatient Admissions by Quarter and Year, 2012-2021.



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

Alcohol-related admissions were more common than drug-related admissions until 2011 where drug-related admissions surpassed alcohol and have remained higher through 2021. There were 6,047 admissions related to alcohol as a primary diagnosis and 3,114 were drug-related as primary diagnosis.

Figure 53. Drug-Related Inpatient Admissions by Quarter and Year, 2012-2021.



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

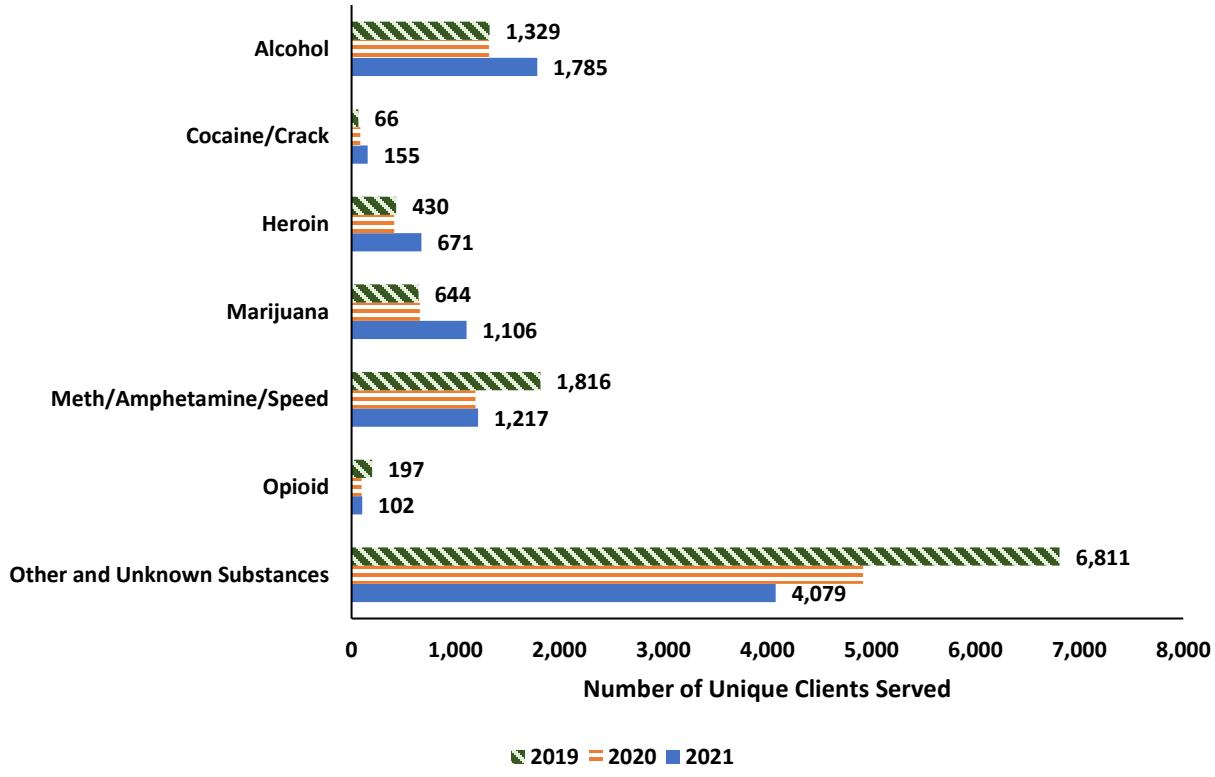
Hallucinogens and marijuana were grouped together in the ICD-9-CM, but were separated in 2015 into different groups in the ICD-10-CM codes

The Carson City area serviced by the PCC coalition had significantly higher inpatient admission age-adjusted rates compared to Nevada for opioid, methamphetamine, and marijuana use. Washoe County, the area served by the JTNN coalition, had significantly higher inpatient admission rates for opioid use. Finally, Clark County, the area served by PACT/CARE coalition, had a significantly higher inpatient admission rate for cocaine and methamphetamine use.

Substance Treatment Centers

Treatment Episode Data Sets (TEDS) are a compilation of demographic and drug history information on adult persons who are receiving publicly funded substance use and/or mental health services. The state role in submitting TEDS to the Substance Abuse and Mental Health Services Administration (SAMHSA) is critical, since TEDS is the only national data source for client-level information on persons who use substance use treatment services.

Figure 54. Primary Substance Used for Clients at Adult Substance Abuse Treatment Centers, 2019-2021.



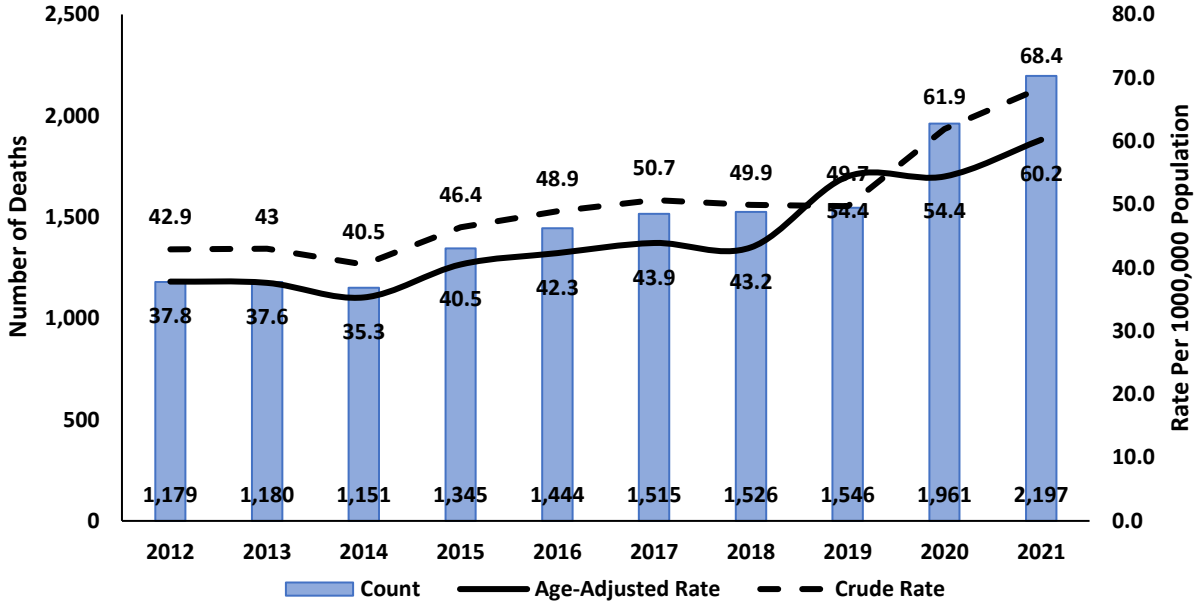
Data Source: Treatment Episode Data Sets.

Alcohol is the primary substance in 13% of total admissions and 13% of each female and male admissions, followed by methamphetamine/speed at 15% of female admissions and 11% of male admissions.

Alcohol and/or Drug-Related Deaths

Alcohol and/or drug-related deaths include deaths of all ages where alcohol/drugs are listed as the cause of death. In 2021, 2,197 deaths were related to alcohol and drugs.

Figure 55. Alcohol and/or Drug-Related Deaths and Rates, All Ages, Nevada Residents 2012-2021.

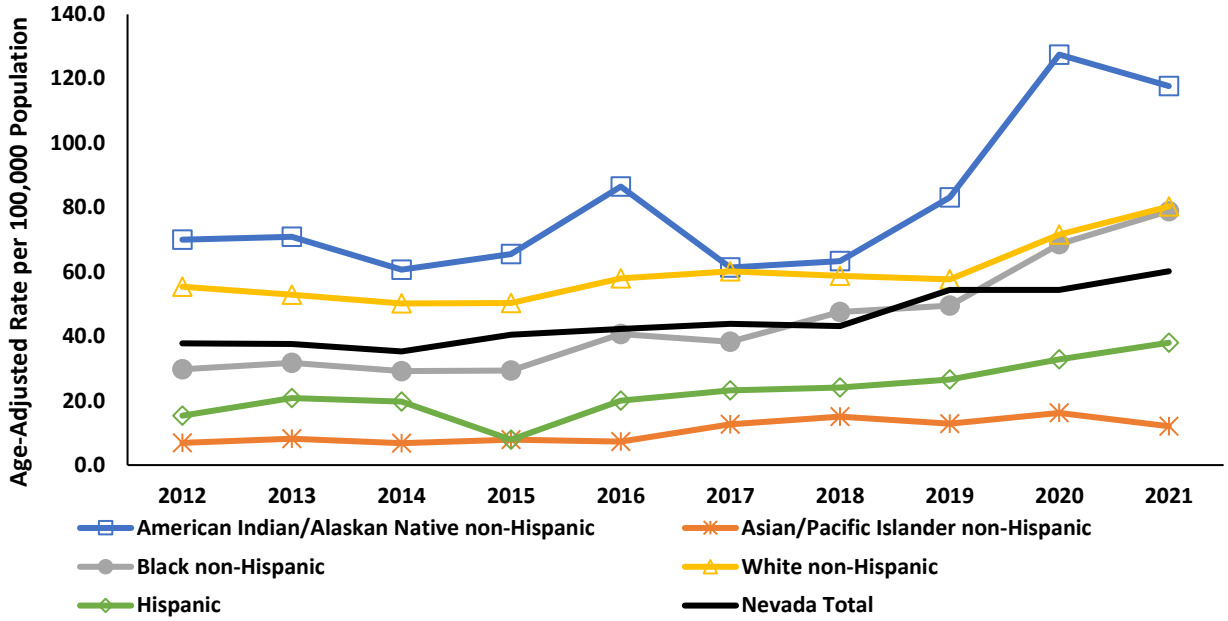


Source: Electronic Death Registry System.

The alcohol and/or drug-related age-adjusted rate increased significantly in 2015 from previous years (95% confidence interval) and has remained at a significantly higher rate through 2021, with 60.2 per 100,000 population in 2021. Males have a significantly higher death rate than females, with 93.0 per 100,000 population and 40.5 per 100,000 population, respectively. The 55-64 and 65-74 age groups have the highest rates and are significantly higher than all other age groups at 145.6 and 134.0 (respectively) deaths per 100,000 population.

The counties served in the FCC, HCC, JTNN, NCC, and PCC coalition regions had a significantly higher rate for alcohol/drug-related deaths in 2021 compared to the Nevada rate, while the PACT/CARE service area) had a significantly lower rate (Appendix Table 15).

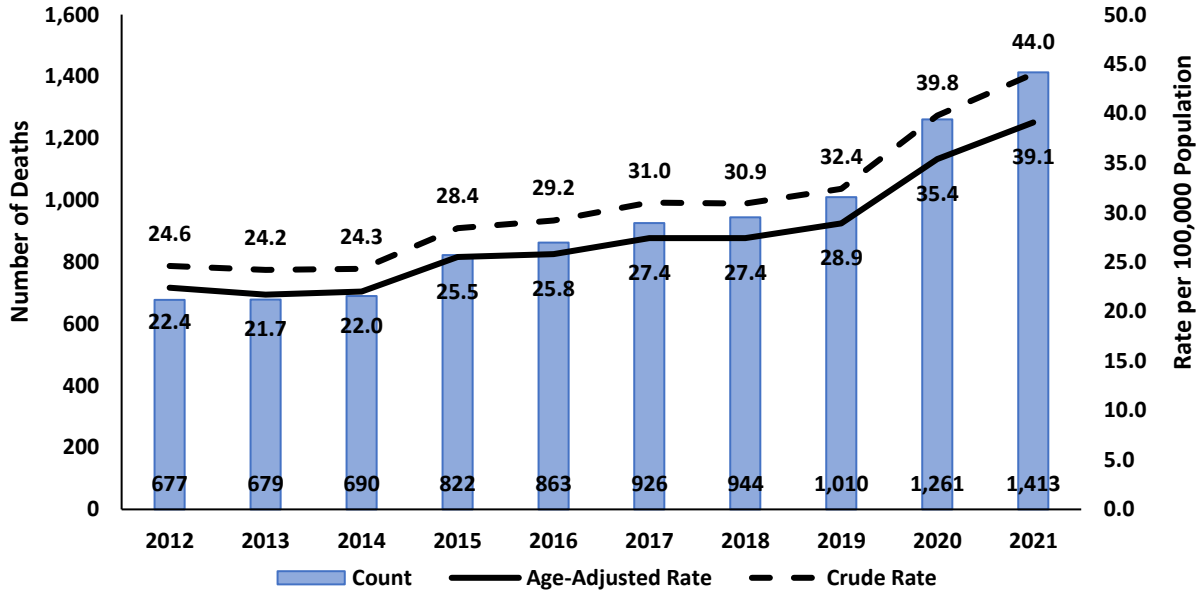
Figure 56. Age-Adjusted Rate for Alcohol and/or Drug-Related Deaths by Race, 2012-2021.



Source: Electronic Death Registry System.

The White non-Hispanic and the American Indian/Alaskan Native non-Hispanic populations had a significantly higher rate of alcohol and/or drug-related deaths in 2021. While deaths in the American Indian/Alaskan Native non-Hispanic population increased (2016, 2019, 2020) these deaths are not statistically significant (95% confidence interval) due to the relatively small population size.

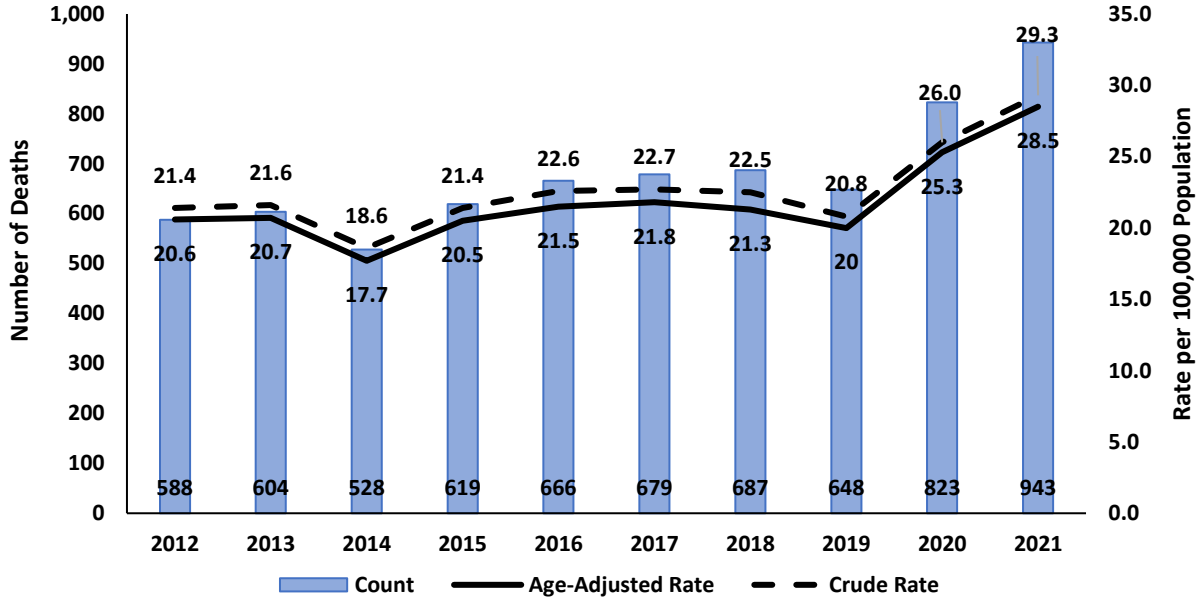
Figure 57. Alcohol-Related Deaths and Rates, 2012-2021.



Source: Electronic Death Registry System.

Alcohol-related deaths have not increased significantly between 2012 to 2019. However, there was a significant increase (95% confidence interval) in deaths from 2019 to 2021, with an age-adjusted rate of 39.1 per 100,000 population.

Figure 58. Drug-Related Deaths and Rates, 2012-2021.



Source: Electronic Death Registry System.

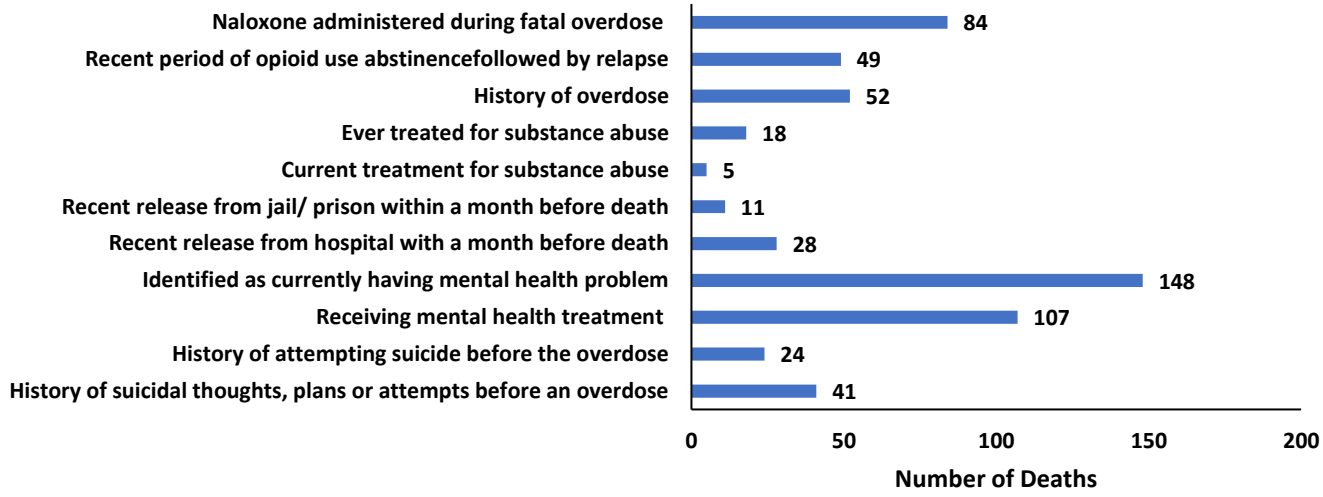
The age-adjusted rate for drug-related deaths was 28.5 per 100,000 population in 2021 in Nevada. This is the highest rate in the years from 2012 to 2021.

In 2021, males had significantly higher deaths due to drugs than females, at 38.3 and 20.3 per 100,000 population respectively. The JTNN county region had significantly higher drug-related death rates at 38.8 per 100,000 population.

The State Unintentional Drug Overdose Reporting System (SUDORS) tracks data related to fatal drug-involved overdoses in Nevada. SUDORS uses death certificates and coroner/medical examiner reports (including post-mortem toxicology testing results) to capture detailed information on toxicology, death scene investigations, route of drug administration, and other risk factors that may be associated with a fatal overdose.

Of the 768 total drug overdose deaths of unintentional/undetermined intent among Nevada residents in 2021, decedents were mostly male, white, and were a high school graduate or had a completed GED. The age was roughly 20% of each age group: 25-34, 35-44, 45-54, and 55-64 (the remaining 20% were all other ages). Opioids were listed in the cause of death for over half of cases. Prescription opioids were listed in the cause of death in about 21% of cases, heroin was listed in about 20% of cases, and fentanyl was listed in about 16% of cases. Methamphetamine was listed as one of the substances in the cause of death in over half of cases reported. Approximately 33% of cases had a documented mental health problem prior to death. About 9% of cases had a documented prior history of overdose, and about 8% of cases were recently released from a hospital prior to death.

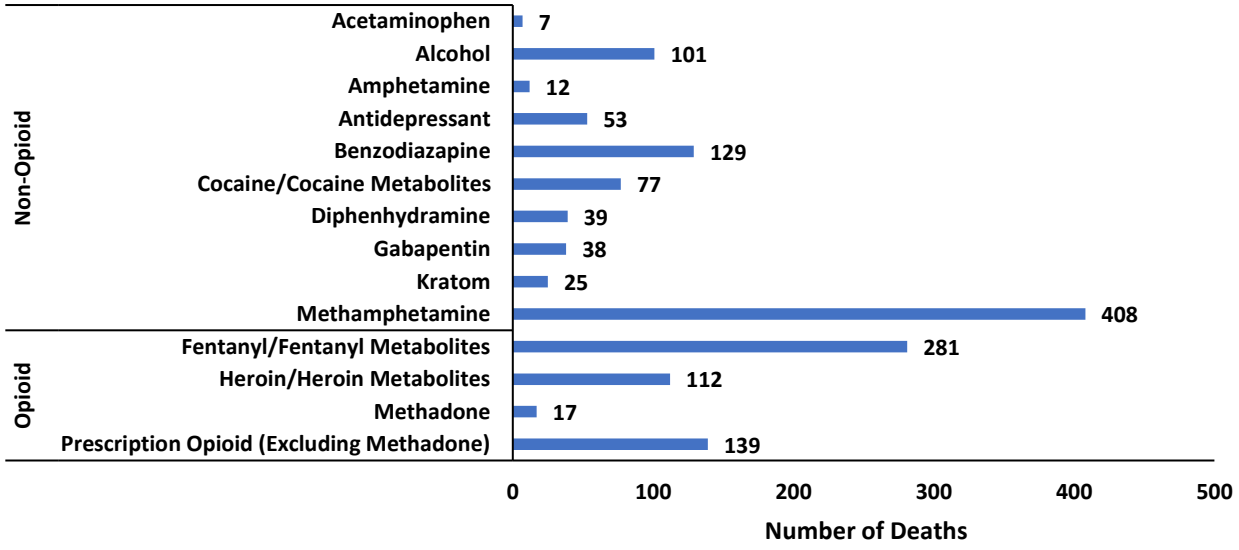
Figure 59. Circumstances Preceding Death Among Unintentional/Undetermined Overdose Deaths, Nevada, 2021.



Source: SUDORS.

For 2021, in roughly 34% of the unintentional or undetermined overdose deaths, the deceased had been identified as currently having a mental health problem, and 28% had mental health treatment. Approximately 21% had Naloxone administered during the fatal overdose. The most common substances listed in cause of death is opioid (type not specified, 63.5%), followed by methamphetamine (53.1%). Since a person can have more than one drug in their system, these counts are not mutually exclusive.

Figure 60. Substances Listed in the Cause of Death Among Unintentional/Undetermined Overdose Deaths, Nevada, 2021.



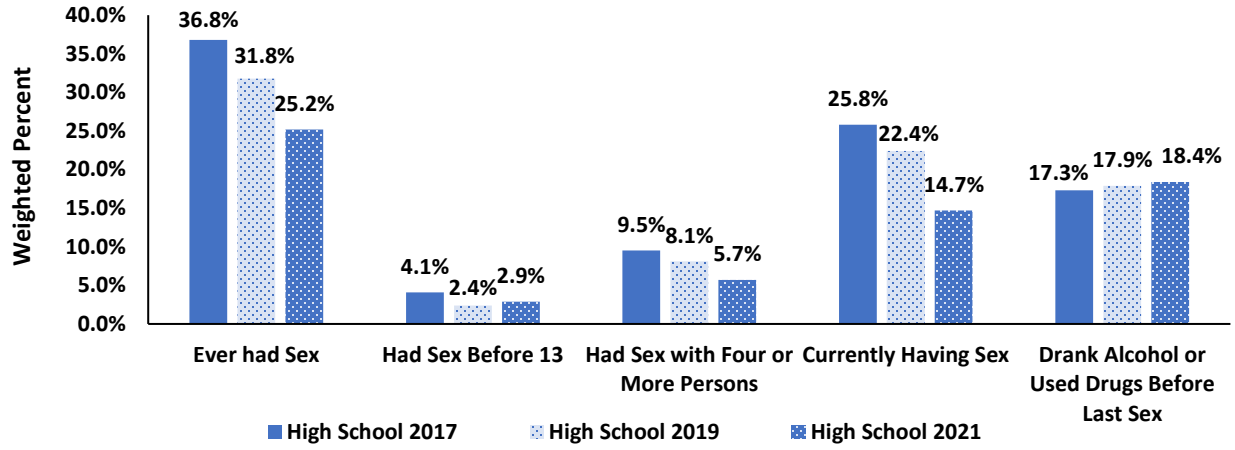
Source: SUDORS.

Youth

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

Youth Risk Behavior Survey (YRBS)

Figure 61. Sexual Behaviors Among Nevada High School Students, 2017, 2019, 2021.

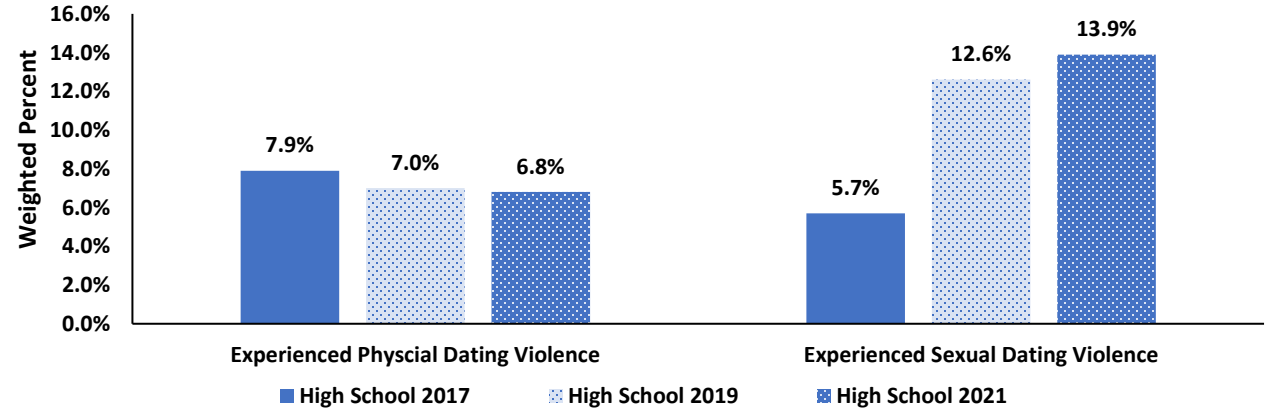


Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 40.0% to display differences among groups.

Among Nevada high school students in 2021, 25.2% have ever had sex which is a significant decrease from 2017, at 36.8%. The percentage of those currently having sex has also significantly decreased from 2017 to 2021 (25.8% and 14.7%, respectively).

The rural region, comprised of Elko, Eureka, Humboldt, Lander, Pershing, and White Pine Counties, has a significantly higher percentage of those who have ever had sex than Nevada among high school students in 2021 at 36.0%, and for those currently having sex, at 24.0%.

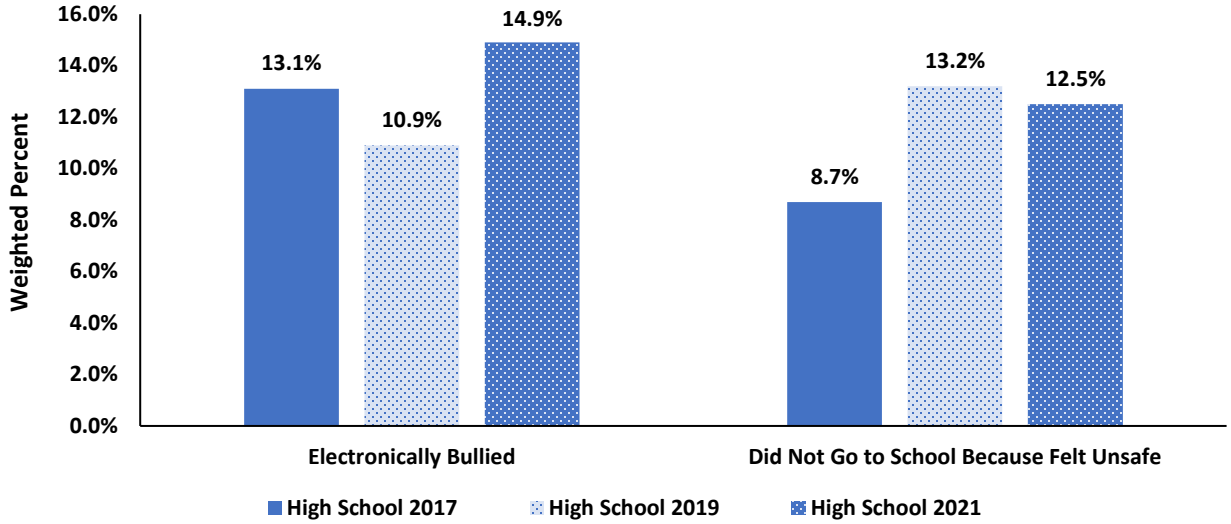
Figure 62. Sexual Violence Among Students, Nevada High School Students, 2017, 2019, 2021.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 16.0% to display differences among groups.

Among Nevada high school students in 2021, 13.9% have experienced sexual dating violence, which is a significant increase from 2017, at 5.7%.

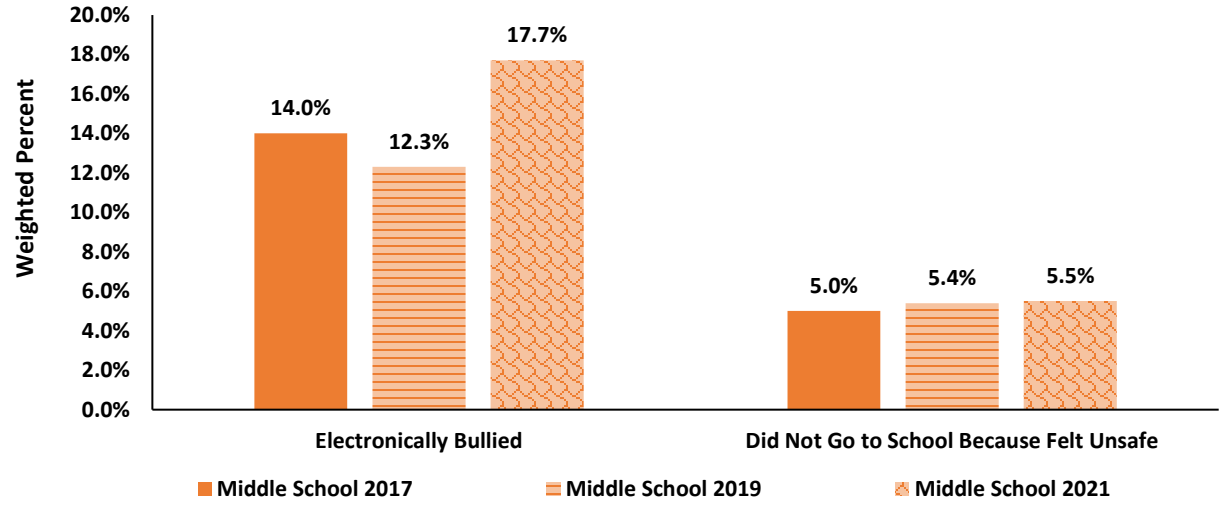
Figure 63a. Violence Among Students, Nevada High School Students, 2017, 2019, 2021.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 16.0% to display differences among groups.

The percentage of Nevada high school students who did not go to school because they felt unsafe at school or on their way to or from school due to violence increased significantly from 2017 to 2021 (8.7% and 12.5%, respectively).

Figure 63b. Violence Among Students, Nevada Middle School Students, 2017, 2019, 2021.



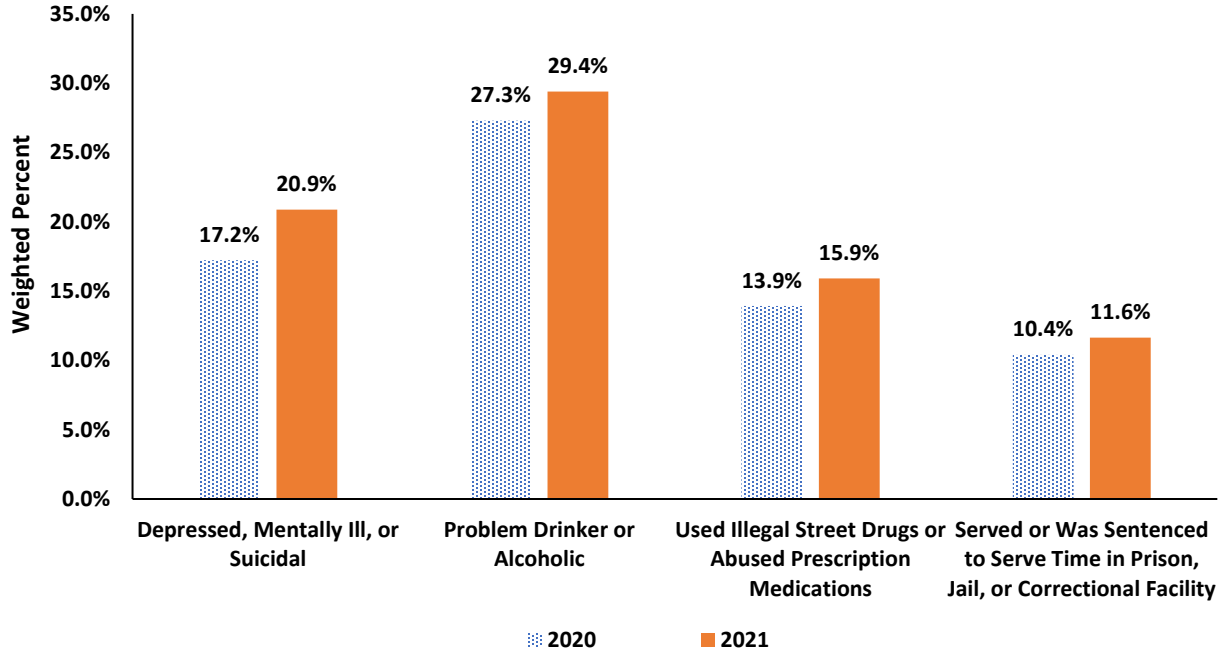
Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 20.0% to display differences among groups

The percentage of Nevada high school students who were electronically bullied increased significantly from 2017 to 2021 (14.0% and 17.7%, respectively).

Behavioral Risk Factor Surveillance System

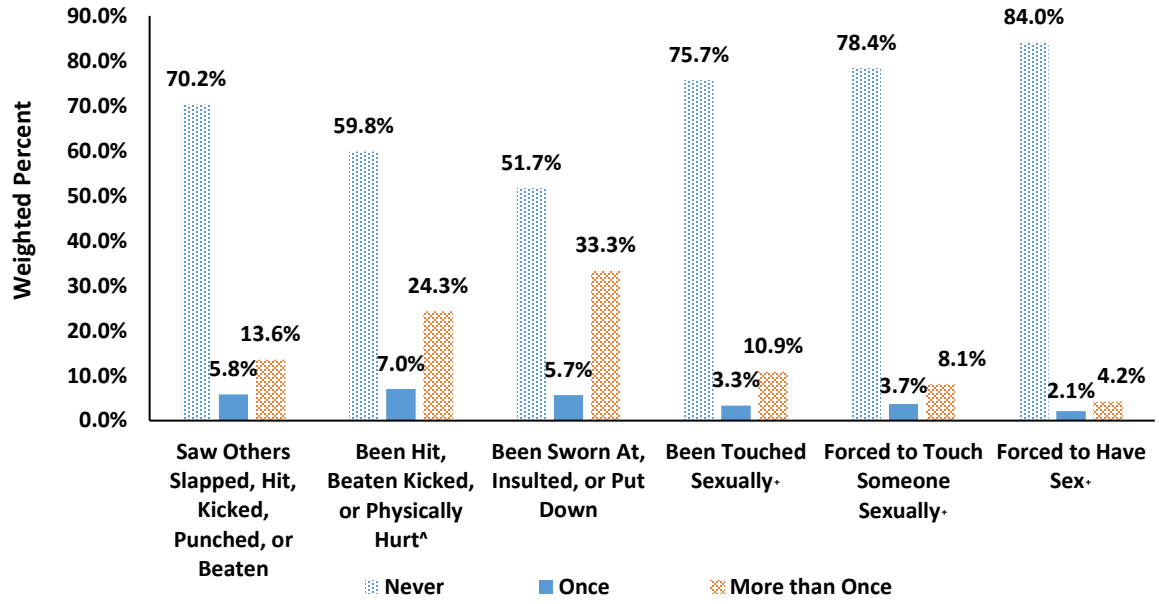
The following charts are from state added BRFSS questions about adverse events that happened during childhood. This information is to better understand issues that may occur early in life. The question refers to living with a person and not to the actual person being interviewed.

Figure 64. Adult BRFSS Respondents Who, During Childhood, Lived with Others Who Had Certain Conditions, Nevada Residents, 2020-2021.



Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 35.0% to display differences among groups.
Childhood refers to before the age of 18.
Questions: "Did you live with anyone who was depressed, mentally ill, or suicidal?"
"Did you live with anyone who was a problem drinker or alcoholic?"
"Did you live with anyone who used illegal street drugs or who abused prescription medications?"
"Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?"

Figure 65. Adult BRFSS Respondents with Adverse Childhood Experiences, Nevada Residents, 2021.



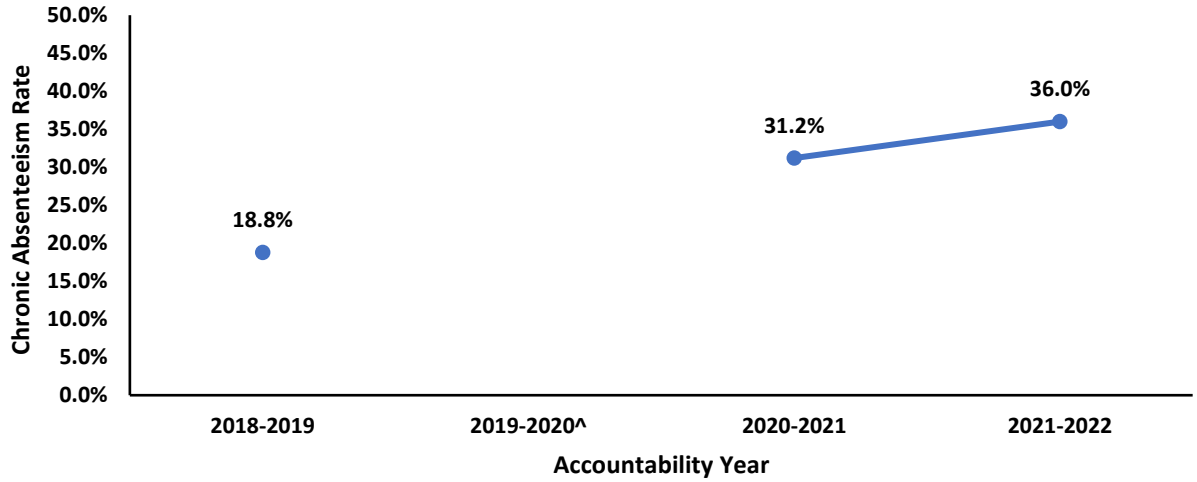
Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 90.0% to display differences among groups.
Childhood refers to before the age of 18.
Questions: "How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?"
"Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?"
"How often did a parent or adult in your home ever swear at you, insult you, or put you down?"
"How often did anyone at least 5 years older than you or an adult, touch you sexually?"
"How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?"
"How often did anyone at least 5 years older than you or an adult, force you to have sex?"
^Does not include spanking.
**Someone at least 5 years older than you or an adult.*

Nevada Report Card

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

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

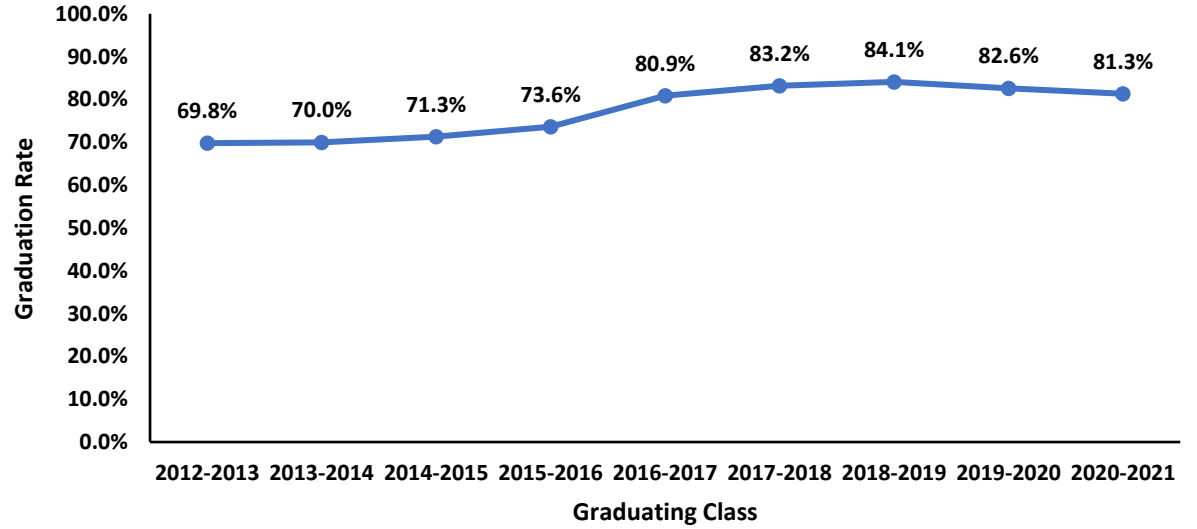
Figure 66. Chronic Absenteeism Rate, Nevada, Class Cohorts 2018–2022.



Source: Nevada Department of Education, Report Card.
^Indicator was not measured during the 2019-2020 school year.
Chart scaled to 50.0% to display differences among groups.

Nevada's rate of chronic absenteeism among students have been increasing since the 2018-2019 accountability year. Nevada recorded the lowest rate of chronic absenteeism during the 2018-2019 accountability year with a rate of 18.8%. The chronic absenteeism rate was not collected for the 2019-2020 school year, due to the US Department of Education Covid-19 waiver.

Figure 67. High School Graduation Percentage, Nevada, Class Cohorts 2012–2021.



Source: Nevada Department of Education, Report Card.

Graduation rate is defined as the rate at which 9th graders graduate by the end of the 12th grade (number of students who graduate in four years with a regular high school diploma divided by the number of students from the adjusted cohort for the graduation class). The class of 2019 had the highest graduation rate of 84.1%.

Figure 68. Bullying and Cyber Bullying by Demographics, 2021-2022.

	Bullying		Cyber Bullying	
	N	%	N	%
Total	9,745		1,016	
Race/Ethnicity				
American Indian	57	0.6%	10	1.0%
Asian	263	2.7%	61	6.0%
Black	3,113	31.9%	206	20.3%
Pacific Islander	157	1.6%	24	2.4%
Two or More	1,046	10.7%	101	9.9%
White	2,309	23.7%	278	27.4%
Hispanic	3,609	37.0%	426	41.9%
Sex				
Female	3,361	34.5%	569	56.0%
Male	6,384	65.5%	447	44.0%
Other				
Economically Disadvantaged	8,304	85.2%	818	80.5%
English Learners	1,222	12.5%	126	12.4%
Homeless	532	5.5%	42	4.1%
In Foster Care	133	1.4%	7	0.7%
Individuals with Disabilities	1,964	20.2%	138	13.6%
Migratory Children	0	0.0%	0	0.0%
Parents in the Military	97	1.0%	16	1.6%

Source: Nevada Department of Education, Report Card.

There were 9,745 reports of bullying and 1,016 incidents of cyber bullying during the 2021 school year. Roughly 80% of these incidents involved students who were economically disadvantaged. Most of the bullying involved males (65.5% for males versus 34.5% for females), whereas cyber bullying involved a higher percent of females (56.0% for females versus 44.0% for males).

Figure 69. Incidents by Demographics, 2021-2022.

	Incidents Including Weapons		Incidents Including Violence		Incidents Including Use of Alcoholic Beverages		Incidents Including Use of Controlled Substances	
Total	1,563		13,706		526		4,156	
Race/Ethnicity								
American Indian	30	1.9%	190	1.4%	12	2.3%	64	1.5%
Asian	31	2.0%	224	1.6%	15	2.9%	82	2.0%
Black	342	21.9%	4,772	34.8%	36	6.8%	881	21.2%
Pacific Islander	30	1.9%	264	1.9%	8	1.5%	89	2.1%
Two or More	109	7.0%	1,461	10.7%	28	5.3%	295	7.1%
White	318	20.3%	3,619	26.4%	179	34.0%	967	23.3%
Hispanic	712	45.6%	5,619	41.0%	259	49.2%	1,998	48.1%
Sex								
Female	495	31.7%	4,005	29.2%	310	58.9%	1,729	41.6%
Male	1,068	68.3%	9,701	70.8%	216	41.1%	2,427	58.4%
Other								
Economically Disadvantaged	1,331	85.2%	10,464	76.3%	358	68.1%	3,539	85.2%
English Learners	241	15.4%	1,919	14.0%	81	15.4%	678	16.3%
Homeless	78	5.0%	1,081	7.9%	14	2.7%	252	6.1%
In Foster Care	13	0.8%	308	2.2%	11	2.1%	71	1.7%
Individuals with Disabilities	300	19.2%	4,127	30.1%	97	18.4%	776	18.7%
Migratory Children	0	0.0%	0	0.0%	0	0.0%	2	0.0%
Parents in the Military	23	1.5%	241	1.8%	11	2.1%	30	0.7%

Source: Nevada Department of Education, Report Card.

Incidents among students are highest among those in economically disadvantaged situations. Incidents including violence occur more among males than females (70.8% for males versus 29.2% for females).

Suicide

The DHHS Office of Analytics published a report in 2022 titled "Youth Suicide: Behaviors and Circumstances". For more information, please visit: Youth Suicide report.

Figure 70. Suicide and Suicide Attempts by Year, 18 Years of Age and Younger, Nevada Residents 2012-2021.

Year	Suicide Attempts				Suicides	
	Emergency Department Encounters		Inpatient Admissions			
	N	Rate	N	Rate	N	Rate
2012	601	85.3	135	19.2	8	1.1
2013	642	90.3	163	22.9	18	2.5
2014	724	101.0	145	20.2	16	2.2
2015	820	111.2	211	28.6	24	3.3
2016	775	103.7	236	31.6	21	2.8
2017	802	106.7	257	34.2	21	2.8
2018	780	102.1	410	53.7	32	4.2
2019	743	96.1	491	63.5	23	3.0
2020	815	104.4	572	73.2	32	5.5
2021	1,077	136.5	747	94.7	29	5.0

Source: Hospital Emergency Department Billing and Inpatient Billing, and Electronic Death Registry System.
Crude rate 100,000 age-specific population.

Of the emergency department encounters and inpatient admissions, females comprise over 75% of the visits, whereas among completed suicide, 76% are males.

Figure 71. Top Causes of Death, Ages 10-17 and 18-24, Nevada Residents 2017-2021.

Youth Deaths Age 10-17				
Rank	Leading Cause of Death	N.	% of Total Deaths	Crude Rate (CI)
1	Intentional self-harm (suicide)	98	25.1%	5.7 (4.6-6.9)
2	Transport accidents	70	17.9%	4.1 (3.1-5.1)
3	Non-transport accidents	46	11.8%	2.7 (1.9-3.5)
4	Assault (homicide)	44	11.3%	2.6 (1.8-3.3)
5	Malignant neoplasms	33	8.5%	1.9 (1.3-2.6)
	Total	**390**		**22.9 (20.7-25.1)**
Young Adult Deaths Age 18-24				
Rank	Leading Cause of Death	N.	% of Total Deaths	Crude Rate (CI)
1	Intentional self-harm (suicide)	306	23.0%	21.1 (18.8-23.5)
2	Non-transport accidents	296	22.2%	20.5 (18.1-22.8)
3	Transport accidents	211	15.8%	14.6 (12.6-16.5)
4	Assault (homicide)	186	14.0%	12.9 (11.0-14.7)
5	Malignant neoplasms	63	4.7%	4.4 (3.3-5.4)
	Total	**1,332**		**92.1 (87.1-97.0)**

Source Electronic Death Registry System. Crude rate 100,000 age-specific population.

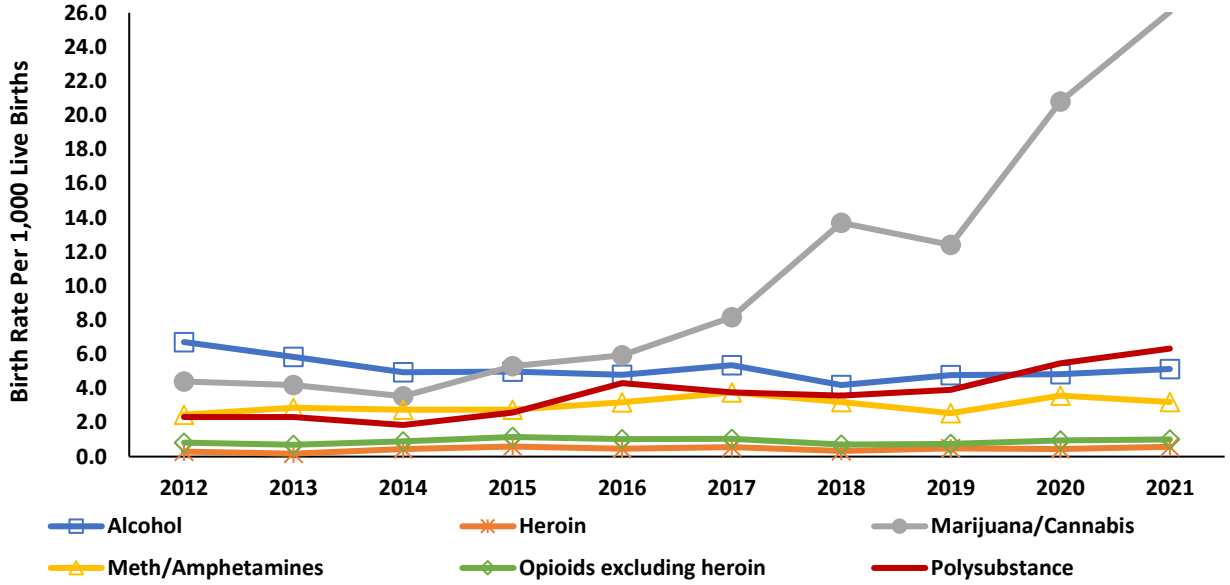
Suicide was the number one cause of death for both the 10-17 and 18-24 age groups from 2017-2021 combined.

Maternal and Child Health

Substance Use Among Pregnant Nevadans (Births)

The data in this section is reflective of self-reported information provided by the mother on the birth record. On average, there were 34,977 live births per year to Nevada residents between 2012 and 2021. In 2021, 172 birth certificates indicated alcohol use, 873 birth certificates indicated marijuana use, 107 indicated meth/amphetamine use, 34 indicated opiate use, and 19 indicated heroin use during pregnancy.

Figure 72. Self-Reported Prenatal Substance Use Birth Rates for Select Substances, Nevada Residents, 2012-2021.



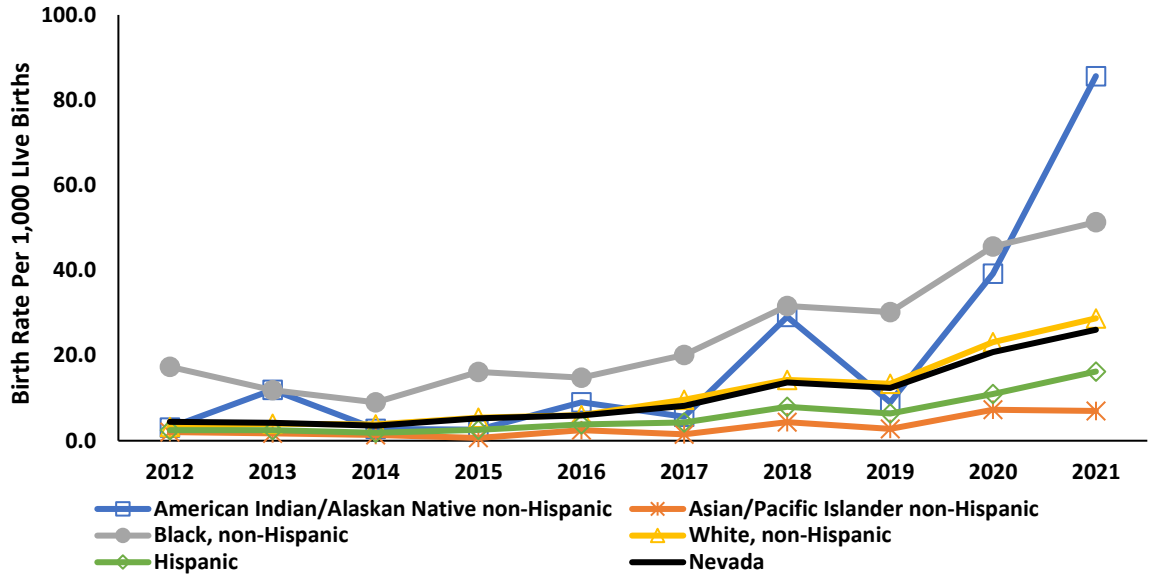
Source: Nevada Electronic Birth Registry System.

Of the self-reported substance use during pregnancy among Nevadans who gave birth between 2012 and 2021, the highest rate was with marijuana use in 2021, at 26.1 per 1,000 live births. Since 2015, the marijuana use rate has surpassed the alcohol use rate, which was 5.1 per 1,000 births in 2021. In 2021, a rate of 3.2 per 1,000 live births was reported for meth/amphetamines, which is lower than the previous year at 3.6 per 1,000 live births. Polysubstance use (more than one substance) has increased from 3.6 per 1,000 live births in 2018 to 6.3 per 1,000 live births in 2021.

Marijuana/cannabis use among pregnant Nevadans was significant in the 18-19 age group, at 65.5 per 1,000 live births (age specific). There is a significant increase in marijuana/cannabis use for the PACT/CARE coalition county region from 2019 to 2021, at 12.4 to 19.2 pregnant Nevadans using marijuana/cannabis per 1,000 live births.

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

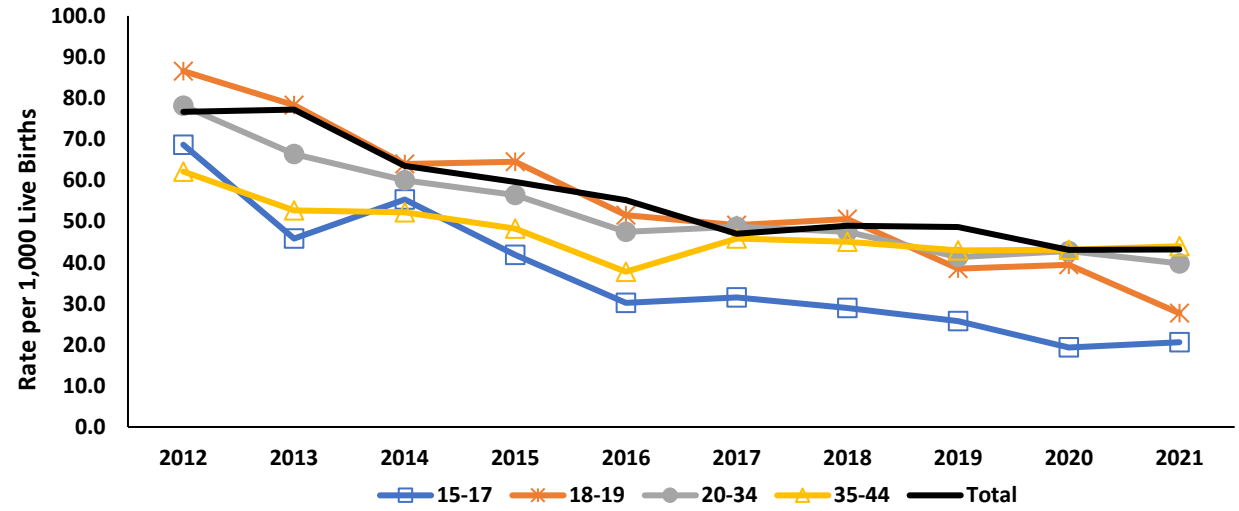
Figure 73. Self-Reported Prenatal Marijuana Use Birth Rates by Race/Ethnicity, Nevada Residents, 2012-2021.



Source: Nevada Electronic Birth Registry System.

American Indian/Alaskan Native non-Hispanic Nevadans self-reported marijuana use in 2021 was significantly higher than the overall Nevada rate at 85.6 per 1,000 live births.

Figure 74. Self-Reported Prenatal Tobacco Use Birth Rates by Maternal Age, Nevada Residents, 2012-2021.



Source: Nevada Electronic Birth Registry System.

Pregnant Nevadans over 45 were not included in the above graph but did have a significant decrease in tobacco use during pregnancy from 2012-2017 (280.4 to 42.1 per 1,000 live births respectively). In 2021, the tobacco use during pregnancy was 20.6 per 1,000 live births for pregnant Nevadans over 45.

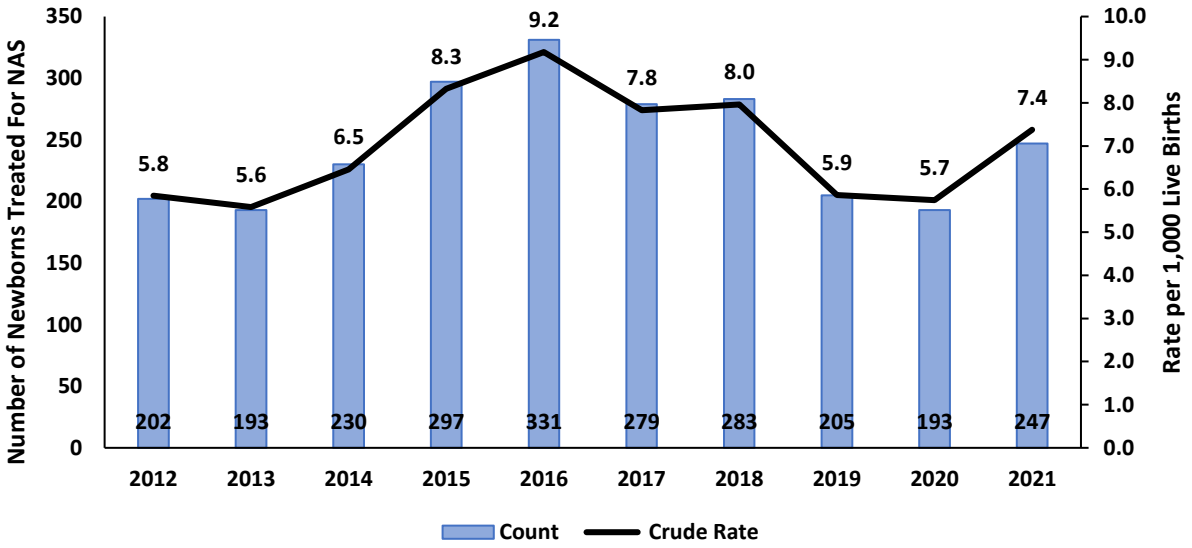
Tobacco uses during pregnancy has decreased for almost all pregnant Nevadans ages since 2018. Exception includes for age 10 to 14; there has been an increase in tobacco use in 10 to 14 years old for the years 2019 (83.3 per 1,000 live births) and 2021 (111.1 per 1,000 live births).

In 2021, there were 11 pregnant women (out of a total of 1,138 women) surveyed in BRFSS. When pregnant women were surveyed for BRFSS, none reported use for tobacco smoking, compared to non-pregnant women which 9.5% reported tobacco use.

Neonatal Abstinence Syndrome

Neonatal abstinence syndrome (NAS) is a group of issues that occur in a newborn who was exposed to addictive, illegal, or prescription drugs while in the mother's womb. Withdrawal or abstinence symptoms develop shortly after birth.

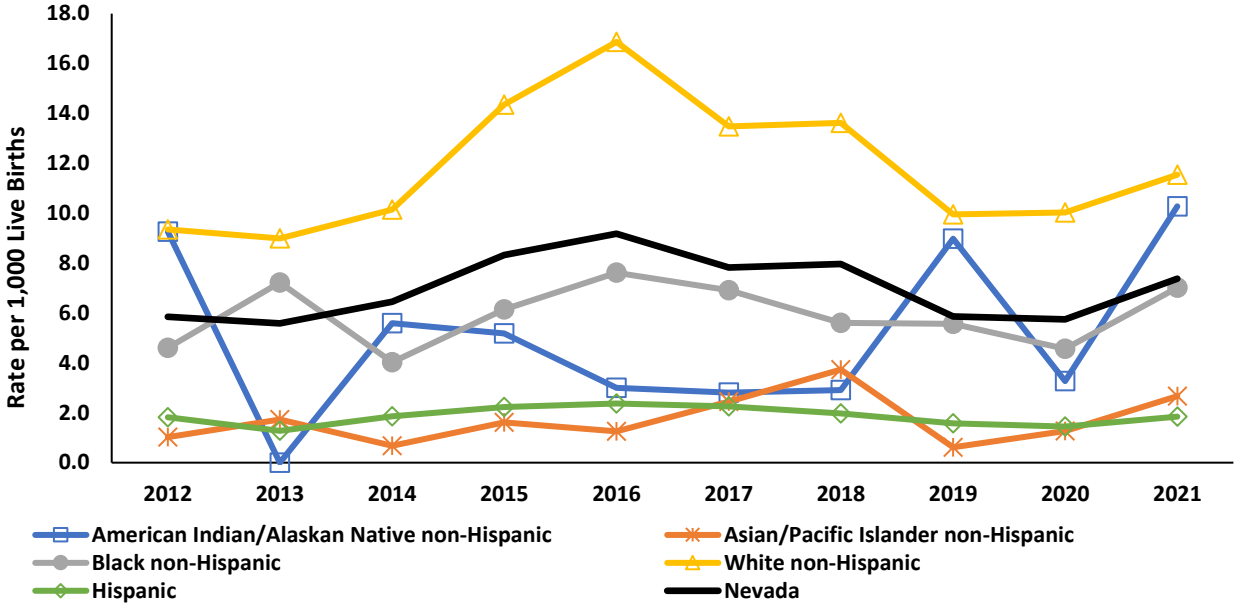
Figure 75. Neonatal Abstinence Syndrome, Nevada Residents, 2010-2019.



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

Inpatient admissions for NAS have increased since 2013, from 193 newborns admitted to 247 newborns admitted in 2021 but has significantly decreased from 2018. White non-Hispanic Nevadans have a significantly higher NAS rate compared to all other races. The average length of stay in hospitals for newborns with NAS in 2021 was 17 days.

Figure 76. Neonatal Abstinence Syndrome by Race and Ethnicity, Nevada Residents, 2012-2021.



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

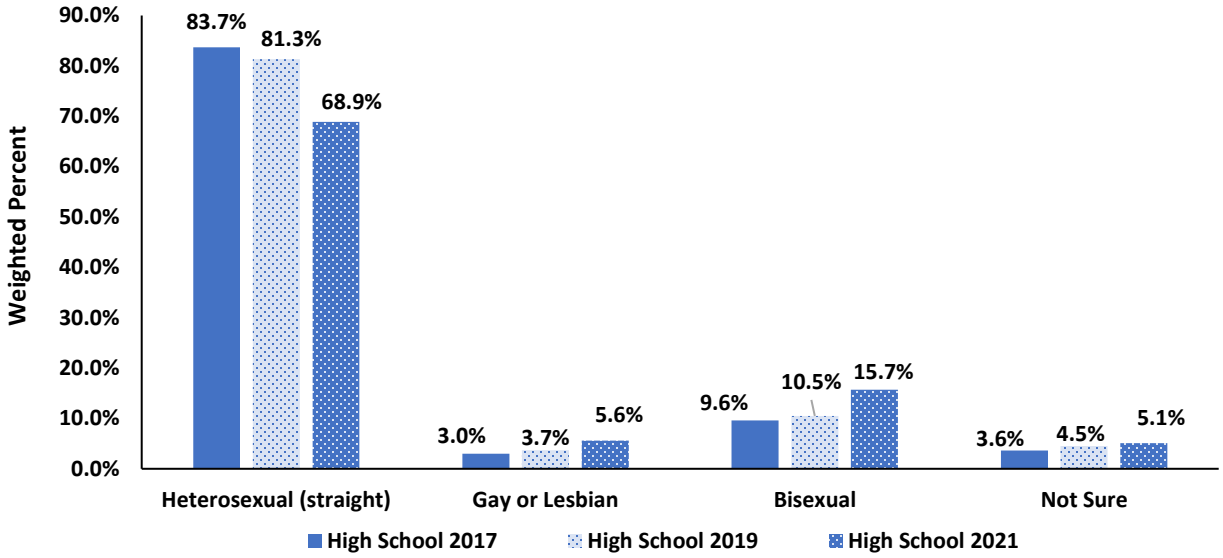
The White non-Hispanic group has been significantly higher in NAS rates compared to all other race/ethnicities, The highest NAS rate for White non-Hispanic was in 2016 at 16.0 per 1,000 live births and then started decreasing to a rate of 9.9 per 1,000 live births in 2019, followed by an increase to 11.5 per 1,000 live births.

Lesbian, Gay, Bisexual, and Transgender Health

Youth Risk Behavior Survey (YRBS)

The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. For more detail information about YRBS and sexual orientation and gender identity, UNR has a Sexual and Gender Minority Special Report that was released with 2019 data.

Figure 77. Sexual Orientation, Nevada High School Population, 2017, 2019, and 2021.



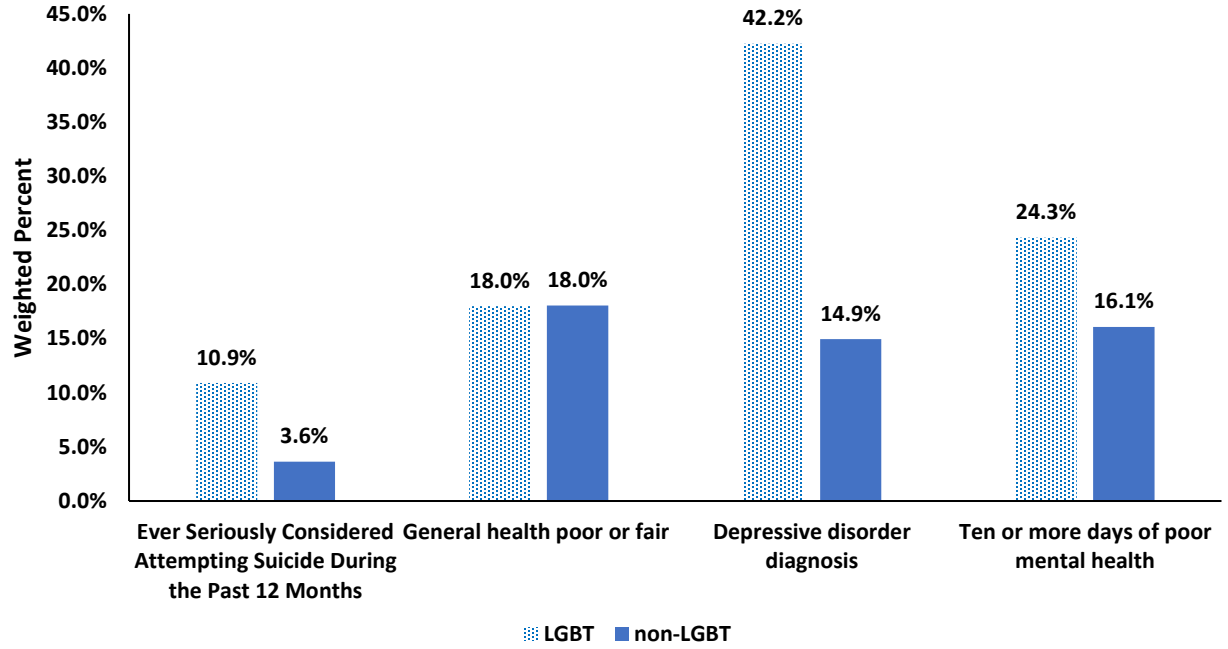
Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 90% to display differences among groups.

Among Nevada high school students, the percentage of persons identifying as heterosexual decreased significantly from 2017 to 2021 (83.7% and 68.9%, respectively), and the percentages of persons identifying as gay/lesbian or bisexual both increased significantly from 2017 to 2021.

Behavioral Risk Factor Surveillance System

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

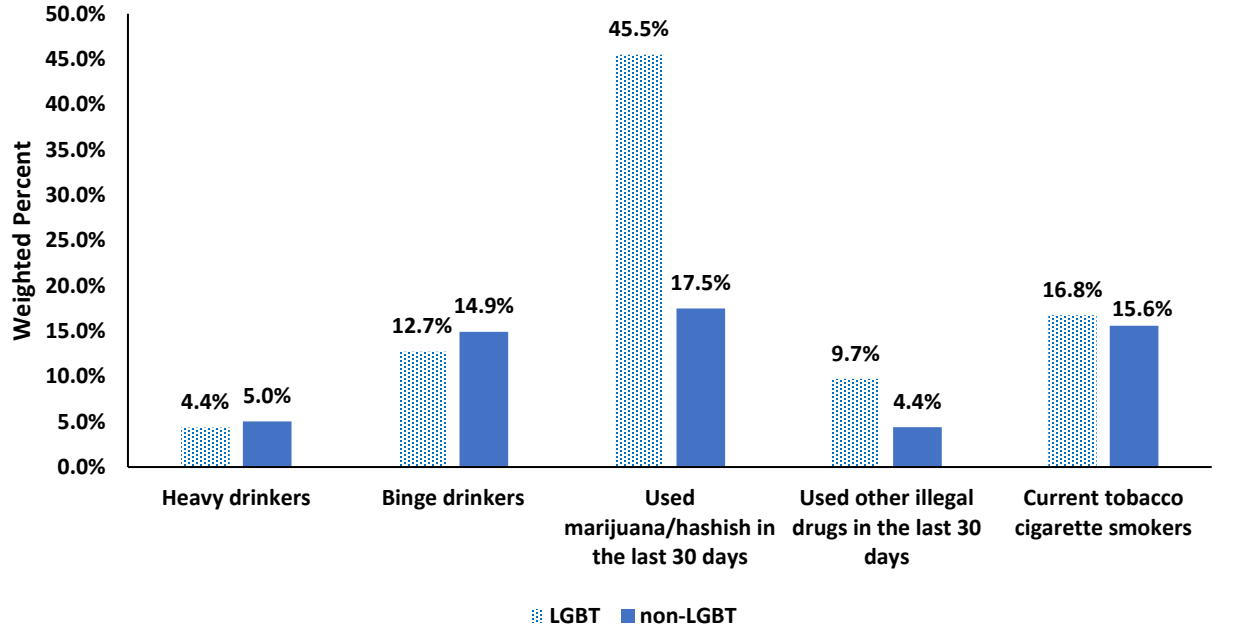
Figure 78. Mental Health Behaviors, by LGBT and non-LGBT Nevada Adult BRFSS Respondents, 2021.



Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 45.0% to display differences among groups.

The LGBT population had significantly higher percentages than the non-LGBT population of if ever seriously considered suicide, depressive disorder diagnoses, and ten or more days of poor mental health.

Figure 79. Substance Use-Related Risk Factors, by LGBT and non-LGBT Nevada Adult BRFSS Respondents, 2021.



Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 50.0% to display differences among groups.

The LGBT population had significantly higher percentages than the non-LGBT population of current marijuana/hashish use (45.5% versus 17.5%) and current e-cigarette use (15.3% versus 5.9%).

Unhoused Population in Nevada

Projects for Assistance in Transition from Homelessness (PATH)

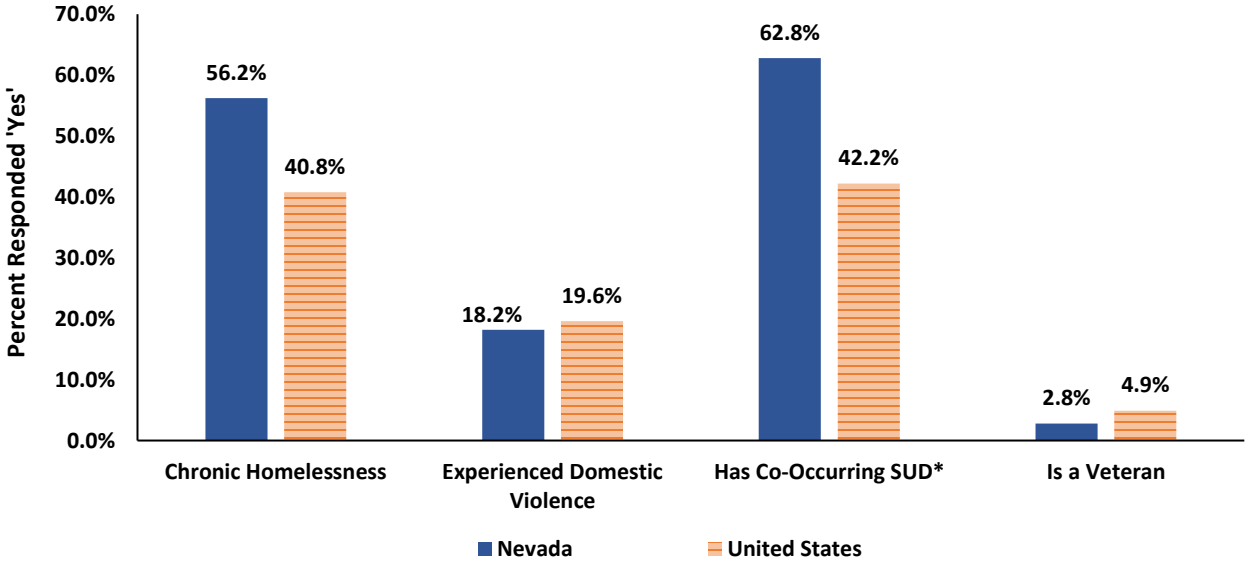
The PATH program is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), which is an agency within the US Department of Health and Human Services that focuses on behavioral health. Nationwide, the PATH program enrolled 58,821 clients in 2021 to the following services:

- Outreach
- Screening and diagnostic treatment
- Habilitation and rehabilitation
- Community mental health
- Substance use disorders treatment
- Referrals for primary health care, job training, educational services, and housing
- Housing services as specified in Section 522(b)(10) of the Public Health Service Act

For more information: PATH Program

In Nevada, there were 1,186 active enrolled persons in the PATH program during the Fiscal Year 2021 (FY21) reporting period.

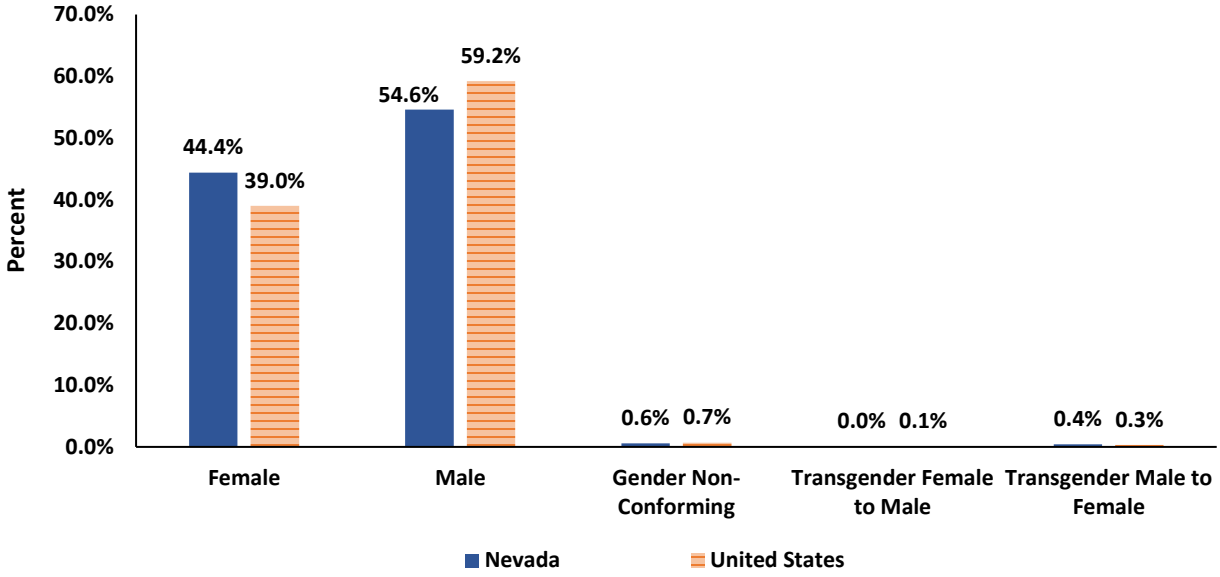
Figure 80. Percentage of Factors of PATH Participants, Nevada and National, 2021.



Source: Projects for Assistance in Transition from Homelessness (PATH).
Chart scaled to 70.0% to display differences among groups.
**SUD = Substance use disorder.*

Nevada PATH participants had higher percentages of chronic homelessness and co-occurring substance use disorders and lower percentages of experiencing domestic violence and veteran status than the national percentages.

Figure 81. Percentage of PATH Participants by Gender*, Nevada and United States, 2021.



Source: Projects for Assistance in Transition from Homelessness (PATH).
Chart scaled to 70.0% to display differences among groups.
**Don't know/refused/missing gender not included.*

Nevada PATH participants had a higher percentage of females and a slightly higher percentage of transgender male to female than the national percentages.

Gambling

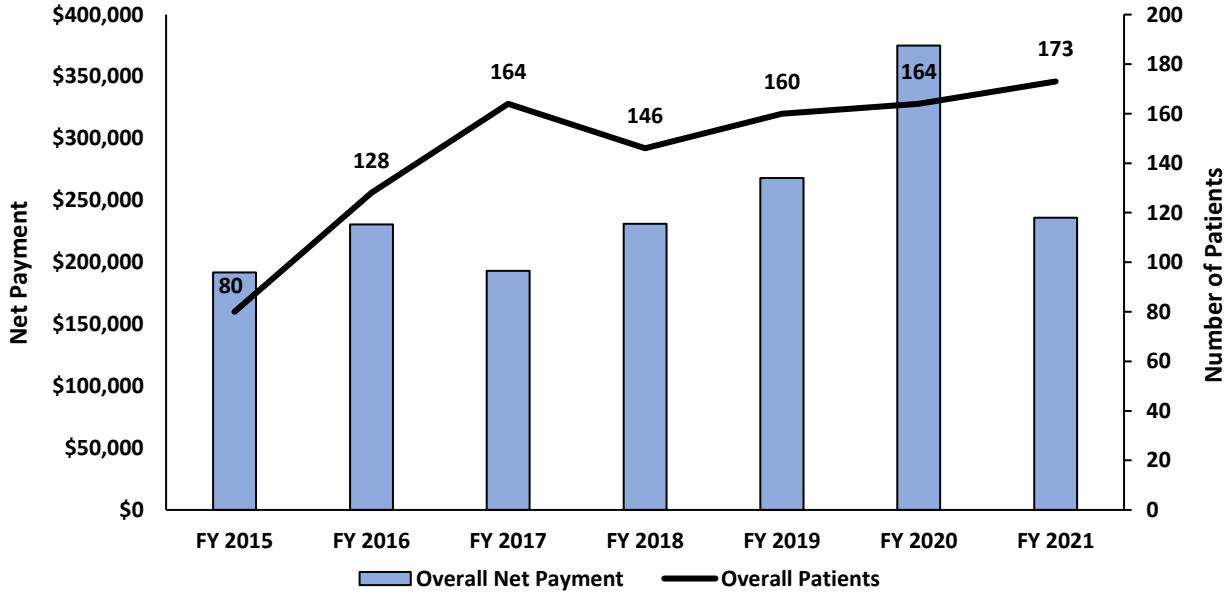
In 2018, the BRFSS survey added two questions relating to gambling:

> *In the past 12 months, how often have you bet money or possessions on any of the following activities? Casino gaming including slot machines and table games; or lottery including scratch tickets pull tabs and lotto; sports betting; internet gambling; bingo; or any other type of wagering.*
>
> *Has the money you spent gambling led to financial problems and/or has the time you spent gambling led to problems in your family, work, or personal life?*

Among adult BRFSS respondents in 2021, 8.5% participate in heavy gambling, (once a week or more). Those 65 years or older were significantly higher than the state, at 14.1%. Males are significantly higher than females, at 10.5% and 6.5% respectively.

Medicaid patients can access services for pathological gambling. Figure 82 below shows the number of Medicaid-insured patients was at a high of 173 in 2021.

Figure 82. Medicaid-Paid Patients with Pathological Gambling Diagnosis, Clients and Payment, State Fiscal Years 2015-2021.



Sources: DSS and Medicaid Data Warehouse.
This includes the costs for all claims that had a Pathological Gambling Diagnosis. Net Payment represents only paid claims.
Patients were identified using Pathological Gambling diagnosis codes 312.31 (ICD 9) and F63.0 (ICD 10) from paid claims. Patients is a unique count by plan and year. Since patients can have claims in multiple years or move between Fee For Service and MCO, the grand total of patients may be less than the sum by year or by plan.
Net Payment represents paid amount after all pricing guidelines have been applied, and all third party, co payment, coinsurance, and deductible amounts have been subtracted. Due to capitated arrangements, the Managed Care costs included in this analysis are direct costs to the Managed Care Organizations but are not reflective of the direct costs to the State.

The following figure is from the University of Nevada, Las Vegas, Nevada Problem Gambling Study, Fiscal Year 2021 (FY21).

Figure 83. Treatment System Summary.

Total number of people receiving a problem gambling evaluation in FY21	**364**
Outpatient Services	
Number of gamblers entering outpatient treatment	273
Average number of sessions per client treatment episode	24.5
Average cost per client treatment episode	$1,744
Number of concerned others entering outpatient treatment	28
Average number of sessions per client treatment episode	14.6
Average cost per client treatment episode	$1,292
Percent change in the number of clients from FY20	-19%
Residential Services	
Number of clients entering residential gambling treatment	43
Average length of stay in residential treatment	19.6 days
Maximum length of stay in residential treatment	39 days
Average cost per client treatment episode	$2,219
Percent change in the number of clients from FY20	-33%
Number of clients receiving assessment only	20
Number of clients receiving court-referred treatment	19
Access	
Average number of days between first contact and first available service	0.8
Average number of days between first contact and treatment entry	2.3
Average number of days between first available date and treatment entry	1.4
Successful Completion of Treatment Program	
Total non-adjusted percent of successfully discharged clients	43%
Percent of successfully discharged clients, adjusted for external factors	73%
Client Satisfaction	
"I would recommend this agency to a friend or family member"	97%
Improvements in Functioning and Well-Being After 90 Days	
"I am getting along better with my family"	87%
"I do better in school and/or work"	81%
"I have reduced my problems related to gambling"	95%
"I am meeting my goal to stop or control my gambling"	95%
Improvements in Functioning and Well-Being After 12 Months	
"I am getting along better with my family"	84%
"I do better in school and/or work"	96%
"I have reduced my problems related to gambling"	92%
"I am meeting my goal to stop or control my gambling"	93%

Source: University of Nevada, Las Vegas, International Gaming Institute.

Appendix

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

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

For more detailed ICD-9-CM codes: Legacy ICD-9-CM billing codes
For more detailed ICD-10-CM codes: ICD-10-CM billing codes
For more detailed ICD-10 mortality codes: ICD-10 mortality codes

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

All Diagnosis:

Anxiety: 300.0 (9); F41 (10)
Bi-Polar: 296.40-296.89 (9); F32.89, F31 (10)
Depression: 296.20-296.36, 311 (9); F32.0-F32.5, F33.0-F33.4, F32.9 (10)
Post-Traumatic Stress Disorder: 309.81 (9); F43.10, F43.12 (10)
Schizophrenia: 295 V11.0 (9); F20, Z65.8 (10)
Suicidal Ideation: V62.84 (9); R45.851 (10)
Suicide Attempts: E95.0-E95.9 (9); X71-X83, T36-T65, T71 (10)

Primary and All Diagnosis:

Alcohol: 291, 303, 980, 305.0, 357.5, 425.5, 535.3, 571.0, 571.1, 571.2,571.3, 790.3 (9); F10, K70, G62.1, I42.6, K29.2, R78.0, T51 (10).
Drug: 292, 304, 965, 967, 968, 969, 970, 305.2, 305.3, 305.4, 305.5, 305.6, 305.7, 305.8, 305.9 (9); F11- F16, T39, T40, T43, F18, F19 T410, T41.1, T41.2, T41.3, T41.4, T42.3, T43.4, T42.6, T42.7, T42.8 (10).

*Alcohol and Drug Use encounters are both Primary Diagnosis and All diagnosis were analyzed:

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

Suicide-related deaths: X60-X84, Y87.0 (Initial cause of death is suicide).
Mental and behavioral-related deaths: F00-F09, and F20-F99 (Initial or contributing cause of death).
Alcohol-related deaths: K70, Y90, Y91, X45, X65, Y15, T51, G31.2, G62.1, I42.6, K29.2, K86.0, K85.0, R78.0, E24.4, O35.4, Q86.0, and Z72.1 (Initial cause of death).
Drug-related deaths: X40-X44, X60-S64, X85, Y10-Y14 (Initial cause of death).
*The 2018 EPI Profile utilized contributing cause of death for drug and alcohol-related deaths, this methodology is changed to only the initial cause of death in this report, numbers will have decreased due to this change.

Data Tables

Table 1. Population Distribution, Nevada, 2012-2021.

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Nevada	2,750,217	2,800,966	2,843,301	2,897,684	2,953,377	2,986,656	3,057,583	3,112,935	3,165,506	3,214,260
Sex										
Female	1,362,145	1,388,602	1,410,857	1,440,920	1,470,250	1,488,221	1,525,385	1,554,484	1,582,048	1,607,496
Male	1,388,072	1,412,364	1,432,444	1,456,765	1,483,127	1,498,435	1,532,198	1,558,451	1,583,458	1,606,764
Age										
<1	34,516	34,389	35,964	35,453	36,460	37,252	37,719	38,864	39,728	40,549
1-4	149,531	146,081	144,034	145,106	146,339	146,925	151,760	154,870	158,599	161,470
5-14	376,669	386,142	391,533	405,007	407,823	408,426	410,912	411,315	411,014	408,772
15-24	368,737	375,934	379,820	387,182	394,928	395,471	406,901	416,609	425,381	436,095
25-34	372,983	376,947	381,591	396,649	407,260	416,478	430,745	441,557	451,808	458,966
35-44	389,725	395,766	399,542	398,838	403,408	405,872	413,408	417,567	422,029	426,557
45-54	375,197	379,995	385,828	387,647	394,646	396,403	399,657	402,950	406,753	410,681
55-64	323,370	331,756	338,075	344,172	351,960	356,916	366,052	374,473	379,965	384,568
65-74	223,092	233,677	241,857	248,456	254,595	260,147	269,994	277,072	286,230	295,608
75-84	101,759	104,280	108,183	111,916	117,805	123,615	130,587	136,750	141,611	146,423
85+	34,638	35,998	36,876	37,258	38,153	39,151	39,846	40,907	42,387	44,571
Race/Ethnicity										
White non-Hispanic	1,514,399	1,523,159	1,528,666	1,530,902	1,539,684	1,541,655	1,554,968	1,564,311	1,570,730	1,575,891
Black non-Hispanic	225,778	232,837	238,788	247,229	254,921	259,779	268,945	276,025	283,256	290,120
Native American/Alaskan Native non-Hispanic	31,941	32,250	32,424	34,075	34,353	34,787	35,291	35,573	35,939	36,119
Asian/Pacific Islander non-Hispanic	232,862	242,606	250,934	265,838	276,711	282,653	296,201	306,212	316,281	325,604
Hispanic	745,238	770,113	792,488	819,641	847,708	867,782	902,178	930,815	959,300	986,526
Behavioral Health Region										
Clark County	1,988,195	2,031,723	2,069,450	2,118,353	2,166,177	2,193,818	2,251,175	2,293,391	2,337,410	2,378,903
	72.3%	72.5%	72.8%	73.1%	73.3%	73.5%	73.6%	73.7%	73.8%	74.0%
Northern Region	189,721	190,107	189,527	189,481	191,019	192,540	195,223	197,005	199,193	200,797
	6.9%	6.8%	6.7%	6.5%	6.5%	6.4%	6.4%	6.3%	6.3%	6.2%
Rural Region	94,345	96,185	96,141	95,803	96,130	95,845	96,867	98,020	97,167	96,110
	3.4%	3.4%	3.4%	3.3%	3.3%	3.2%	3.2%	3.1%	3.1%	3.0%
Southern Region	50,252	50,627	51,386	52,101	51,744	52,530	54,080	54,718	55,597	56,304
	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
Washoe County	427,704	432,324	436,797	441,946	448,307	451,923	460,237	469,801	476,139	482,146
	15.6%	15.4%	15.4%	15.3%	15.2%	15.1%	15.1%	15.1%	15.0%	15.0%
Coalition										
Churchill Community Coalition (CCC)	25,238	25,322	25,103	25,126	25,256	25,387	25,628	25,832	26,154	26,242
	0.9%	0.9%	0.9%	0.9%	0.9%	0.9%	0.8%	0.8%	0.8%	0.8%
Frontier Community Coalition (FCC)	30,618	30,682	30,662	30,054	29,767	29,921	29,912	30,123	29,931	29,664
	1.1%	1.1%	1.1%	1.0%	1.0%	1.0%	1.0%	1.0%	0.9%	0.9%
Healthy Communities Coalition (HCC)	61,027	61,639	61,902	61,859	62,343	63,415	64,468	65,485	66,775	67,798
	2.2%	2.2%	2.2%	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%
Join Together Northern Nevada (JTNN)	427,704	432,324	436,797	441,946	448,307	451,923	460,237	469,801	476,139	482,146
	15.6%	15.4%	15.4%	15.3%	15.2%	15.1%	15.1%	15.1%	15.0%	15.0%
Nye Communities Coalition (NCC)	50,252	50,627	51,386	52,101	51,744	52,530	54,080	54,718	55,597	56,304
	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
Partners Allied for Community Excellence (PACE)	63,727	65,503	65,479	65,749	66,363	65,924	66,955	67,987	67,236	66,446
	2.3%	2.3%	2.3%	2.3%	2.2%	2.2%	2.2%	2.2%	2.1%	2.1%
PACT Coalition for Safe and Drug Free Communities/	1,988,195	2,031,723	2,069,450	2,118,353	2,166,177	2,193,818	2,251,175	2,293,391	2,337,410	2,378,903
	72.3%	72.5%	72.8%	73.1%	73.3%	73.5%	73.6%	73.7%	73.8%	74.0%
Partnership Carson City (PCC)	55,441	54,668	53,968	54,273	55,183	55,438	56,056	56,151	56,744	57,222
	2.0%	2.0%	1.9%	1.9%	1.9%	1.9%	1.8%	1.8%	1.8%	1.8%
Partnership Douglas County (PDC)	48,015	48,478	48,553	48,223	48,237	48,300	49,070	49,537	49,520	49,535
	1.7%	1.7%	1.7%	1.7%	1.6%	1.6%	1.6%	1.6%	1.6%	1.5%

Source: Nevada State Demographer, Vintage 2020.

Table 2: Prevalence Estimates of Health Risk Behaviors by Coalition, Nevada Adults, 2021.

Indicator	Coalition									
	CCC	FCC	HCC	JTNN	NCC	PACE	PACT/CARE	PCC	PDC	Nevada
Ever seriously considered attempting suicide during the past 12 months	3.7% (0.0-10.7)	9.2% (0.0-22.1)	3.3% (0.0-6.9)	6.3% (3.4-9.2)	6.5% (1.4-11.6)	11.2% (2.7-19.7)	3.9% (2.3-5.6)	3.4% (0.0-7.5)	3.9% (0.0-8.1)	4.5% (3.2-5.8)
Heavy drinkers	7.5% (0.0-15.5)	8.2% (1.0-15.3)	7.9% (2.4-13.4)	8.2% (6.4-10.9)	5.2% (1.1-9.3)	4.4% (0.7-8.0)	4.2% (2.8-5.5)	5.0% (1.2-8.7)	4.3% (0.0-8.7)	4.6% (3.6-5.6)
Binge drinkers	8.3% (0.0-18.2)	20.7% (5.1-36.3)	13.6% (6.7-20.4)	19.0% (14.4-23.6)	31.5% (22.2-40.7)	16.5% (9.1-23.9)	10.9% (8.7-13.0)	17.3% (6.0-28.5)	22.0% (10.3-33.7)	11.9% (10.1-13.6)
General health poor or fair	15.9% (5.4-26.4)	25.9% (9.6-42.1)	15.8% (9.6-22.0)	15.9% (12.2-19.5)	5.2% (1.1-9.3)	4.4% (0.7-8.0)	18.8% (2.8-5.5)	17.1% (8.8-25.4	23.0% (12.4-33.6)	18.5% (15.6-21.5)
Depressive disorder diagnosis	14.3% (0.3-28.3)	12.1% (2.0-22.3)	23.9% (13.8-34.1)	17.9% (14.1-21.7)	23.3% (13.9-33.0)	21.7% (13.1-30.4)	16.1% (13.5-18.6)	19.6% (9.1-30.2)	22.3% (11.4-33.3)	16.9% (14.9-18.9)
Ten or more days of poor mental health	31.5% (6.6-56.5)	16.8% (0.0-34.8)	32.3% (16.3-49.1)	19.9% (15.0-24.9)	37.2% (25.0-49.4)	34.4% (19.5-49.3)	28.0% (23.9-32.0)	18.8% (8.0-29.5)	30.2% (15.9-44.5)	20.7% (18.4-22.9)
Ten or more days of poor mental or physical health kept from usual activities	21.9% (19.7-24.2)	16.8% (0.0-34.8)	22.9% (14.6-31.2)	24.1% (19.9-28.2)	34.3% (16.6-52.0)	23.7% (14.3-33.1)	20.9% (18.0-23.7)	26.7% (14.7-38.8)	24.9% (14.0-35.8)	25.7% (22.6-28.9)
Used marijuana/hashish in the last 30 days	6.7% (0.0-14.0)	36.4% (17.9-54.9)	20.2% (10.4-30.0)	19.4% (15.2-23.7)	20.8% (12.8-28.9)	17.3% (7.8-26.9)	17.3% (14.3-20.4)	21.1% (9.6-32.6)	27.3% (13.6-41.0)	18.2% (15.8-20.5)
Used other illegal drugs in the last 30 days	0.0% (0.0-0.0)	12.0% (0.0-26.2)	0.0% (0.0-0.0)	2.2% (0.8-3.5)	3.0% (0.0-7.4)	1.1% (0.0-3.4)	2.2% (0.8-3.5)	5.9% (0.0-14.6)	3.1% (0.0-7.6)	2.8% (1.2-3.3)
Used prescription drugs without doctor's order to get high in last 30 days	0.0% (0.0-0.0)	0.0% (0.0-0.0)	0.3% (0.0-1.0)	3.1% (0.9-5.4)	0.9% (0.0-2.6)	1.1% (0.0-3.4)	1.6% (0.3-2.9)	0.0% (0.0-0.0)	0.0% (0.0-0.0)	1.7% (0.7-2.7)
Current tobacco cigarette smokers	3.1% (0.1-6.0)	18.0% (7.6-28.4)	17.5% (10.8-24.3)	15.1% (10.9-19.3)	26.4% (16.9-35.8)	21.4% (11.2-31.6)	14.2% (11.7-16.7)	10.7% (4.9-17.0)	17.8% (6.1-29.5)	14.7% (12.7-16.7)
Difficulty doing errands alone because of physical, mental, or emotional condition	6.4% (0.0-17.4)	9.7% (0.0-20.2)	8.1% (3.2-13.1)	8.9% (5.8-11.9)	16.9% (8.1-25.8)	7.9% (1.6-14.2)	8.0% (6.0-10.0)	13.7% (5.5-21.9)	9.6% (3.1-16.0)	8.4% (6.8-10.0)
Serious difficulty concentrating, remembering, or making decisions because of physical, mental, or emotional condition	20.1% (5.0-35.2)	12.0% (1.4-22.6)	17.2% (9.0-26.3)	13.2% (9.6-16.7)	17.5% (9.9-25.2)	18.4% (9.9-26.9)	13.3% (10.9-15.7)	10.0% (3.7-16.3)	21.6% (10.0-33.2)	13.6% (11.7-15.5)

Source: Behavioral Risk Factor Surveillance System (BRFSS).

Table 3a. Age-Adjusted Rates per 100,000 Population of Mental Health-Related Emergency Department Encounters by Year, Nevada Residents, 2012-2021.

Year	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
2012	187.6 (182.5-192.8)	972.5 (960.8-984.1)	793.3 (782.9-803.8)	339.4 (332.5-346.3)	63.1 (60.2-66.1)	331.2 (324.4-338.1)
2013	213.6 (208.2-219.1)	1,091.1 (1,078.9-1,103.4)	808.2 (797.7-818.6)	361.8 (354.8-368.9)	83.4 (80.0-86.8)	318.7 (312.1-325.4)
2014	248.3 (242.5-254.1)	1,345.4 (1,332.0-1,358.9)	924.4 (913.3-935.4)	423.9 (416.3-431.4)	102.8 (99.0-106.5)	312.2 (305.7-318.7)
2015	256.3 (250.5-262.2)	1,439.2 (1,425.4-1,453.0)	985.2 (973.9-996.6)	439.1 (431.5-446.8)	108.2 (104.4-112.0)	354.9 (348.0-361.7)
2016	251.7 (246.0-257.5)	1,658.2 (1,643.6-1,672.9)	1,058.1 (1,046.5-1,069.7)	489.7 (481.7-497.7)	132.1 (128.0-136.3)	381.6 (374.5-388.7)
2017	378.0 (371.0-385.0)	312.0 (305.7-318.4)	1,777.1 (1,762.0-1,792.2)	1,023.3 (1,011.9-1,034.6)	586.8 (578.1-595.5)	176.6 (171.8-181.4)
2018	361.5 (354.7-368.3)	1,912.7 (1,897.2-1,928.2)	1,172.1 (1,160.0-1,184.1)	654.1 (645.0-663.2)	194.1 (189.1-199.0)	566.7 (558.2-575.3)
2019	445.4 (438.0-452.9)	1,945.8 (1,930.3-1,961.2)	1,212.8 (1,200.7-1,224.9)	707.6 (698.2-717.0)	242.9 (237.4-248.5)	527.8 (519.6-535.9)
2020	509.7 (501.8-517.7)	1,766.2 (1,751.6-1,780.8)	1,094.3 (1,082.9-1,105.7)	674.9 (665.8-684.0)	195.1 (190.2-199.9)	538.3 (530.2-546.5)
2021	420.5 (413.4-427.7)	1,457.5 (1,444.36-1,470.6)	681.9 (672.9-690.8)	602 (593.5-610.50	110.6 (106.9-114.3)	553.3 (545.0-561.5)

Source: Hospital Emergency Department Billing.
Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2020.
Categories are not mutually exclusive.

Table 3b. Crude Rates per 100,000 Population of Mental Health-Related Emergency Department Encounters by Year, Nevada Residents, 2012-2021.

Year	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
2012	186.8 (181.7-191.9)	977.3 (965.6-989.0)	799.6 (789.0-810.1)	338.3 (331.5-345.2)	63.8 (60.8-66.8)	327.4 (320.6-334.2)
2013	213.0 (207.6-218.4)	1,095.4 (1,083.2-1,107.7)	818.8 (808.2-829.4)	361.1 (354.1-368.2)	83.9 (80.5-87.3)	315.8 (309.2-322.4)
2014	247.3 (241.5-253.1)	1,354.7 (1,341.1-1,368.2)	938.2 (926.9-949.5)	424.1 (416.5-431.7)	102.8 (99.1-106.5)	309.6 (303.1-316.1)
2015	254.5 (248.7-260.3)	1,446.8 (1,433.0-1,460.7)	1,000.2 (988.7-1,011.7)	437.3 (429.7-445.0)	108.6 (104.8-112.4)	352.3 (345.5-359.2)
2016	249.4 (243.7-255.1)	1,670.7 (1,656.0-1,685.4)	1,078.3 (1,066.4-1,090.1)	489.1 (481.2-497.1)	131.8 (127.6-135.9)	377.7 (370.7-384.7)
2017	373.5 (366.6-380.4)	309.0 (302.7-315.3)	1,790.6 (1,775.5-1,805.8)	1,042.4 (1,030.8-1,054.0)	583.2 (574.5-591.9)	174.0 (169.3-178.7)
2018	360.5 (353.8-367.3)	1,929.5 (1,913.9-1,945.2)	1,195.8 (1,183.5-1,208.1)	652.0 (642.9-661.1)	192.1 (187.2-197.0)	556.4 (548.0-564.8)
2019	441.9 (434.5-449.3)	1,970.2 (1,954.6-1,985.8)	1,241.4 (1,229.0-1,253.8)	708.0 (698.6-717.3)	239.8 (234.3-245.2)	520.2 (512.1-528.2)
2020	502.3 (494.5-510.1)	1,782.6 (1,767.9-1,797.3)	1,118.5 (1,106.8-1,130.1)	669.4 (660.4-678.4)	192.2 (187.3-196.9)	526.8 (518.8-534.8)
2021	414.7 (407.6-421.7)	1,470.3 (1,457.0-1,483.5)	698.6 (689.6-707.8)	596.0 (587.6-604.5)	109.7 (106.7-113.3)	540.1 (532.1-548.2)

Source: Hospital Emergency Department Billing.
Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2020.
Categories are not mutually exclusive.

Table 4a. Age-Adjusted Rates per 100,000 Population of Mental Health-Related Emergency Department Encounters by Coalition, Nevada Residents, 2021.

Coalition	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
Churchill Community Coalition (CCC)	312.2 (242.9-381.5)	2,279.1 (2,094.9-2,463.3)	1,490.7 (1,343.2-1,638.3)	743.6 (635.0-852.3)	238.8 (176.8-300.8)	475.0 (387.8-562.2)
Frontier Community Coalition (FCC)	148.3 (101.7-194.8)	1,051.0 (934.0-1,168.0)	878.0 (768.7-987.3)	301.0 (235.9-366.2)	142.2 (099.2-185.2)	323.1 (256.0-390.2)
Healthy Communities Coalition (HCC)	114.8 (88.3-141.4)	1,339.8 (1,252.1-1,427.6)	588.4 (531.8-644.9)	330.9 (285.8-376.0)	111.4 (85.9-137.0)	201.0 (164.6-237.5)
Join Together Northern Nevada (JTNN)	309.6 (293.5-325.8)	1,876.0 (1,837.0-1,915.0)	1,142.6 (1,112.3-1,172.8)	565.8 (544.4-587.2)	238.6 (224.5-252.7)	415.0 (396.5-433.5)
Nye Communities Coalition (NCC)	226.7 (182.5-270.9)	1,668.4 (1,559.7-1,777.1)	900.1 (819.6-980.5)	523.0 (457.9-588.1)	237.4 (195.1-279.7)	641.8 (569.0-714.5)
Partners Allied for Community Excellence (PACE)	287.2 (246.3-328.1)	3,502.0 (3,358.5-3,645.6)	2,738.9 (2,611.6-2,866.1)	769.9 (702.6-837.2)	613.8 (548.6-679.1)	410.1 (361.2-459.0)
PACT Coalition for Safe and Drug Free Communities/CARE	508.6 (499.4-517.9)	1,983.1 (1,964.9-2,001.2)	1,254.6 (1,240.2-1,269.0)	763.0 (751.7-774.3)	245.3 (238.9-251.7)	577.9 (568.1-587.8)
Partnership Carson City (PCC)	242.1 (198.2-285.9)	1,828.8 (1,710.5-1,947.1)	575.1 (509.8-640.4)	863.8 (779.9-947.7)	174.6 (136.8-212.4)	192.8 (152.8-232.9)
Partnership Douglas County (PDC)	50.1 (030.8-069.4)	847.1 (767.6-926.6)	226.5 (187.8-265.1)	138.6 (104.7-172.6)	58.5 (36.4-80.6)	152.0 (113.5-190.5)
Nevada	445.4 (438.0-452.9)	1,945.8 (1,930.4-1,961.3)	1,212.8 (1,200.7-1,224.9)	707.6 (698.3-717.0)	242.9 (237.4-248.5)	527.8 (519.7-535.9)

Source: Hospital Emergency Department Billing.
Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2020.
Categories are not mutually exclusive.

Table 4b. Crude Rates per 100,000 Population of Mental Health-Related Emergency Department Encounters by Coalition, Nevada Residents, 2021.

Coalition	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
Churchill Community Coalition (CCC)	302.5 (235.4-369.6)	2,280.2 (2,095.9-2,464.5)	1,520.1 (1,369.7-1,670.6)	698.0 (596.1-800.0)	221.0 (163.7-278.4)	442.1 (360.9-523.2)
Frontier Community Coalition (FCC)	130.1 (89.3-171.0)	1,034.4 (919.3-1,149.6)	827.5 (724.6-930.5)	273.6 (214.4-332.9)	140.1 (97.8-182.5)	297.0 (235.3-358.7)
Healthy Communities Coalition (HCC)	109.5 (84.2-134.8)	1,360.7 (1,271.6-1,449.9)	632.5 (571.7-693.2)	314.7 (271.8-357.6)	111.0 (85.5-136.4)	177.9 (145.6-210.1)
Join Together Northern Nevada (JTNN)	300.4 (284.8-316.1)	1,889.3 (1,850.0-1,928.6)	1,168.6 (1,137.7-1,199.5)	570.9 (549.3-592.5)	234.5 (220.6-248.3)	411.1 (392.8-429.4)
Nye Communities Coalition (NCC)	185.2 (149.0-221.3)	1,659.1 (1,551.0-1,767.2)	881.8 (803.0-960.6)	454.6 (398.1-511.2)	221.8 (182.3-261.3)	548.1 (486.0-610.3)
Partners Allied for Community Excellence (PACE)	281.1 (241.0-321.2)	3,401.4 (3,262.0-3,540.8)	2,645.9 (2,522.9-2,768.8)	748.1 (682.7-813.5)	505.7 (451.9-559.4)	401.6 (353.7-449.5)
PACT Coalition for Safe and Drug Free Communities/CARE	510.6 (501.3-519.8)	2,008.1 (1,989.7-2,026.5)	1,281.0 (1,266.3-1,295.7)	769.4 (758.0-780.8)	244.8 (238.3-251.2)	575.4 (565.5-585.2)
Partnership Carson City (PCC)	207.7 (170.1-245.3)	1,629.7 (1,524.2-1,735.1)	529.0 (469.0-589.1)	722.5 (652.3-792.7)	145.6 (114.1-177.1)	158.0 (125.2-190.8)
Partnership Douglas County (PDC)	52.6 (32.4-72.9)	882.5 (799.6-965.3)	267.2 (221.6-312.7)	129.5 (97.8-161.3)	54.6 (34.0-75.3)	121.4 (90.7-152.2)
Nevada	441.9 (434.5-449.3)	1,970.3 (1,954.7-1,985.9)	1,241.4 (1,229.0-1,253.8)	708.0 (698.6-717.4)	239.8 (234.4-245.3)	520.2 (512.2-528.2)

Source: Hospital Emergency Department Billing.
Rates are per 100,000 population, provided by the Nevada State Demographer, vintage 2020.
Categories are not mutually exclusive.

Table 5a. Age-Adjusted Rates per 100,000 Population of Mental Health-Related Inpatient Admissions by Year, Nevada Residents, 2012-2021.

Year	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
2012	100.3 (96.6-103.9)	612.0 (602.9-621.1)	806.0 (795.6-816.5)	252.5 (246.7-258.3)	76.8 (73.6-80.1)	199.7 (194.5-205.0)
2013	110.0 (106.2-113.7)	699.7 (690.1-709.3)	839.5 (828.9-850.0)	246.6 (240.9-252.3)	88.9 (85.4-92.3)	224.4 (218.9-230.0)
2014	127.6 (123.6-131.7)	777.6 (767.6-787.6)	935.3 (924.3-946.3)	270.7 (264.8-276.6)	98.5 (94.9-102.0)	258.6 (252.7-264.5)
2015	219.5 (214.1-224.8)	877.2 (866.7-887.8)	1,065.8 (1,054.1-1,077.4)	404.7 (397.5-411.9)	139.7 (135.4-144.0)	407.0 (399.6-414.3)
2016	196.5 (191.5-201.5)	943.5 (932.7-954.3)	1,043.5 (1,032.1-1,054.8)	401.0 (393.9-408.1)	149.9 (145.6-154.3)	223.0 (217.6-228.4)
2017	177.8 (173.1-182.5)	999.2 (988.2-1,010.2)	1,086.2 (1,074.7-1,097.8)	419.8 (412.6-427.1)	161.8 (157.3-166.4)	431.2 (423.7-438.6)
2018	210.3 (205.2-215.4)	1,117.2 (1,105.6-1,128.8)	1,102.0 (1,090.4-1,113.5)	466.2 (458.6-473.8)	189.5 (184.7-194.4)	556.8 (548.4-565.2)
2019	210.4 (205.4-215.5)	1,104.3 (1,093.0-1,115.7)	1,056.9 (1,045.8-1,068.1)	448.8 (441.5-456.2)	209.0 (203.9-214.0)	575.5 (567.1-584.0)
2020	216.4 (211.3-221.4)	1,080.90 (1,069.8-1,092.1)	952.3 (941.9-962.8)	442.4 (435.2-449.6)	207.8 (202.8-212.8)	533.4 (525.3-541.5)
2021	217.9 (212.9-223.0)	1,133.50 (1,122.2-1,144.8)	873.4 (863.5-883.3)	434.4 (427.3-441.5)	221.5 (216.4-226.7)	496.5 (488.8-504.2)

Source: Hospital Inpatient Billing.
Rates are per 100,000 age-specific population, provided by the Nevada State Demographer, vintage 2020.
Categories are not mutually exclusive.

Table 5b. Crude Rates per 100,000 Population of Mental Health-Related Inpatient Admissions by Year, Nevada Residents, 2012-2021.

Year	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
2012	105.6 (101.7-109.4)	632.1 (622.7-641.5)	829.9 (819.2-840.7)	262.6 (256.6-268.7)	79.1 (75.8-82.4)	200.8 (195.5-206.1)
2013	116.2 (112.2-120.2)	728.7 (718.7-738.7)	870.1 (859.1-881.0)	256.6 (250.7-262.5)	91.5 (87.9-95.0)	226.4 (220.8-231.9)
2014	133.8 (129.5-138.0)	816.7 (806.2-827.2)	978.6 (967.1-990.1)	284.3 (278.1-290.5)	101.9 (98.1-105.6)	262.7 (256.8-268.7)
2015	222.3 (216.9-227.7)	917.6 (906.6-928.7)	1,108.9 (1,096.7-1,121.0)	413.6 (406.2-421.0)	141.4 (137.1-145.8)	407.5 (400.1-414.8)
2016	198.9 (193.8-204.0)	995.8 (984.5-1,007.2)	1,093.5 (1,081.5-1,105.4)	411.1 (403.8-418.4)	152.1 (147.6-156.5)	223.3 (217.9-228.7)
2017	182.4 (177.6-187.3)	1,060.4 (1,048.7-1,072.1)	1,142.2 (1,130.1-1,154.4)	431.1 (423.6-438.5)	165.0 (160.4-169.6)	431.1 (423.7-438.6)
2018	214.8 (209.6-220.1)	1,183.6 (1,171.4-1,195.9)	1,160.7 (1,148.6-1,172.8)	479.8 (472.0-487.6)	192.1 (187.1-197.0)	554.8 (546.4-563.2)
2019	215.3 (210.2-220.5)	1,171.8 (1,159.7-1,183.8)	1,116.6 (1,104.9-1,128.4)	464.3 (456.7-471.9)	212.6 (207.4-217.7)	574.7 (566.3-583.2)
2020	223.5 (218.3-228.7)	1,207.3 (1,195.3-1,219.3)	926.9 (916.3-937.4)	448.4 (441.1-455.3)	222.2 (217.0-227.0)	540.1 (532.1-548.2)
2021	222.1 (216.9-227.3)	1,141.4 (1,129.6-1,153.1)	1,009.9 (998.9-1,021.1)	457.5 (450.1-464.9)	208.5 (203.5-213.5)	530.2 (522.2-538.3)

Source: Hospital Inpatient Billing.
Rates are per 100,000 population, provided by the Nevada State Demographer, vintage 2020.
Categories are not mutually exclusive.

Table 6a. Age-Adjusted Rates per 100,000 Population of Mental Health-Related Inpatient Admissions by Coalition, Nevada Residents, 2021.

Coalition	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
Churchill Community Coalition (CCC)	116.1 (74.6-157.7)	788.4 (683.9-892.8)	737.3 (636.6-837.9)	248.0 (189.1-306.9)	206.9 (153.3-260.7)	502.0 (414.0-590.1)
Frontier Community Coalition (FCC)	77.9 (46.1-109.8)	706.1 (61.4-799.8)	726.5 (631.9-820.9)	214.7 (161.6-267.6)	151.0 (105.9-196.2)	320.3 (255.2-385.5)
Healthy Communities Coalition (HCC)	71.1 (50.3-91.8)	1,115.5 (1,038.8-1,192.3)	948.0 (876.4-1,019.7)	397.6 (349.7-448.4)	332.6 (285.1-380.1)	636.9 (573.4-700.6)
Join Together Northern Nevada (JTNN)	201.4 (188.9-213.9)	892.0 (866.1-918.2)	900.8 (874.7-926.9)	303.4 (288.1-318.7)	232.3 (218.5-246.0)	628.9 (606.3-651.5)
Nye Communities Coalition (NCC)	113.0 (84.2-141.8)	1,245.5 (1,165.5-1,325.4)	974.3 (901.3-1,047.4)	430.4 (375.3-485.6)	293.6 (248.2-338.9)	404.5 (348.3-460.7)
Partners Allied for Community Excellence (PACE)	40.6 (24.7-56.5)	459.5 (408.5-510.5)	421.4 (370.9-471.7)	178.1 (145.1-211.1)	135.6 (105.3-165.8)	254.9 (214.5-295.3)
PACT Coalition for Safe and Drug Free Communities/CARE	242.1 (235.9-248.3)	1,220.3 (1,206.6-1,234.0)	888.3 (876.5-899.9)	475.6 (466.9-484.2)	214.4 (208.5-220.2)	470.3 (461.6-479.0)
Partnership Carson City (PCC)	93.6 (68.9-118.4)	1,525.4 (1,427.8-1,623.0)	1,191.0 (1,104.1-1,277.9)	575.0 (511.8-638.2)	471.0 (412.5-529.5)	933.9 (850.8-1,017.0)
Partnership Douglas County (PDC)	38.5 (20.7-56.4)	718.4 (647.4-789.5)	687.7 (615.2-760.3)	264.8 (217.6-312.0)	210.6 (167.1-254.1)	449.7 (382.5-516.9)
Nevada	217.9 (212.9-223.0)	1,133.5 (1,122.2-1,144.8)	873.4 (863.5-883.3)	434.4 (427.3-441.5)	221.5 (216.4-226.7)	496.5 (488.8-504.2)

Source: Hospital Inpatient Billing.
Rates are per 100,000 age-specific population, provided by the Nevada State Demographer, vintage 2020.
Categories are not mutually exclusive.

Table 6b. Crude Rates per 100,000 Population of Mental Health-Related Inpatient Admissions by Coalition, Nevada Residents, 2021.

Coalition	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
Churchill Community Coalition (CCC)	114.3 (73.4-155.3)	834.5 (724.1-954.1)	785.0 (677.8-892.2)	259.1 (197.5-320.7)	217.2 (160.8-273.6)	476.3 (392.8-559.8)
Frontier Community Coalition (FCC)	77.5 (45.8-109.2)	734.9 (637.3-832.4)	765.2 (665.7-864.8)	212.4 (159.9-264.8)	145.0 (101.6-188.3)	313.5 (249.8-377.2)
Healthy Communities Coalition (HCC)	66.4 (47.0-85.8)	1,196.2 (1,113.9-1,278.5)	992.7 (917.7-1067.7)	390.9 (343.8-437.9)	277.3 (237.7-316.9)	567.9 (511.1-624.3)
Join Together Northern Nevada (JTNN)	206.6 (193.7-219.4)	936.2 (908.9-963.5)	950.5 (923.0-978.1)	314.6 (298.8-330.5)	330.5 (227.5-214.1)	615.4 593.2-637.5)
Nye Communities Coalition (NCC)	104.8 (78.0-131.5)	1,654.1 (1,550.7-1,763.4)	1,214.8 (1,123.8-1,305.9)	415.6 (362.4-468.9)	285.9 (241.8-330.1)	353.4 (304.3-402.5)
Partners Allied for Community Excellence (PACE)	37.6 (22.9-52.4)	469.6 (417.5-521.7)	404.8 (356.5-453.2)	168.6 (137.3-199.8)	115.9 (90.0-141.8)	230.3 (193.8-266.7)
PACT Coalition for Safe and Drug Free Communities/CARE	249.0 (242.7-255.4)	1,279.5 (1,265.1-1,293.9)	926.6 (914.4-938.9)	491.6 (482.7-500.0)	217.2 (211.2-223.1)	471.9 (463.2-480.7)
Partnership Carson City (PCC)	96.1 (70.7-121.5)	1,534.3 (1,744.1-1,260.0)	1,260.0 (1,168.0-1,352.0)	555.7 (494.6-616.8)	435.1 (381.1-489.2)	847.6 (772.1-923.0)
Partnership Douglas County (PDC)	36.3 (19.6-53.1)	793.4 (714.9-871.8)	696.5 (622.9-769.9)	244.3 (200.7-287.8)	181.7 (144.2-219.2)	347.2 (295.3-399.1)
Nevada	222.1 (216.9-227.3)	1,141.4 (1,129.6-1,153.1)	1,009.9 (998.9-1,021.1)	457.5 (450.1-464.9)	208.5 (203.5-213.5)	530.2 (522.2-538.3)

Source: Hospital Inpatient Billing.
Rates are per 100,000 population, provided by the Nevada State Demographer, vintage 2020.
Categories are not mutually exclusive.

Table 7a. Facilities that had Mental Health-Related Encounters in 2022 and Number of Psychiatric Beds.

Facility	Reported		*Number of Psychiatric Beds:		
	Emergency Department	Inpatient	Geriatric	Adult	Child
BHC West Hills Hospital	Yes	No			
Banner Churchill Community Hospital	Yes	Yes			
Battle Mountain General Hospital	Yes	Yes			
Boulder City Hospital	Yes	Yes	10		
Carson Tahoe Continuing Care Hospital	Yes	No			
Carson Tahoe Regional Medical Center	Yes	Yes	52	52	
Carson Valley Medical Center	Yes	Yes			
Centennial Hills Hospital Medical Center	Yes	Yes			
Complex Care Hospital at Tenaya	Yes	No			
Desert Parkway Behavioral Healthcare Hospital LLC	Yes	No	131	131	
Desert Springs Hospital Medical Center	Yes	Yes	32		
Desert View Hospital	Yes	Yes			
Dignity Health - St. Rose Dominican Blue Diamond, LLC	Yes	Yes			
Dignity Health - St. Rose Dominican Craig Ranch, LLC	Yes	Yes			
Dignity Health - St. Rose Dominican Sahara, LLC	Yes	Yes			
Dignity Health - St. Rose Dominican West Flamingo, LLC	Yes	Yes			
Dignity Health Rehabilitation Hospital	Yes	No			
Elite Medical Center	No	Yes			
Encompass Health Rehabilitation (Desert Canyon)	Yes	No			
Encompass Health Rehabilitation (Henderson)	Yes	No			
Encompass Health Rehabilitation (Las Vegas)	Yes	No			
Grover C Dils Medical Center	Yes	Yes			
Henderson Hospital	Yes	Yes			
Horizon Specialty Hospital - Las Vegas	Yes	No			
Horizon Specialty Hospital of Henderson	Yes	No			
Humboldt General Hospital	Yes	Yes			
Incline Village Community Hospital	Yes	Yes			
Kindred Hospital - Las Vegas (Flamingo Campus)	Yes	No			
Kindred Hospital - Las Vegas (Sahara Campus)	Yes	No			
Kindred Hospital - Las Vegas at St Rose Dominican	Yes	No			
Las Vegas-AMG Specialty Hospital	Yes	No			
Mesa View Regional Hospital	Yes	Yes			
Montevista Hospital	Yes	No			
Mount Grant General Hospital	Yes	Yes			
MountainView Hospital	Yes	Yes			
North Vista Hospital	Yes	Yes	74	74	
Northeastern Nevada Regional Hospital	Yes	Yes			
Northern Nevada Medical Center	Yes	Yes	28		
Orthopedic Specialty Hospital of Nevada	Yes	No			
Pam Rehabilitation Hospital Of Centennial Hills	Yes	No			
Pershing General Hospital	Yes	Yes			
Reno Behavioral Healthcare Hospital, LLC	Yes	No	20		21
Renown Regional Medical Center	Yes	Yes			

Source: Hospital Inpatient Billing and Health Care Quality Compliance Online Licensing System AliS (CLICS).
**Bed counts are updated daily, therefore the current bed counts are from November 16, 2022.*

Table 7b. Facilities that had Mental Health Related Encounters in 2022 and Number of Psychiatric Beds.

Facility	Reported		*Number of Psychiatric Beds:		
	Emergency Department	Inpatient	Geriatric	Adult	Child
Renown Rehabilitation Hospital	Yes	No			
Renown South Meadows Medical Center	Yes	Yes			
Saint Mary's Regional Medical Center	Yes	Yes	12		
Seven Hills Behavioral Institute	Yes	No	26		
South Lyon Medical Center	Yes	Yes			
Southern Hills Hospital and Medical Center	Yes	Yes	20		
Spring Mountain Sahara	Yes	No	30	30	
Spring Mountain Treatment Center	Yes	No	82	82	
Spring Valley Hospital Medical Center	Yes	Yes			
St. Rose Dominican Hospitals - Rose de Lima Campus	Yes	Yes			
St. Rose Dominican Hospitals - San Martin Campus	Yes	Yes			
St. Rose Dominican Hospitals - Siena Campus	Yes	Yes			
Summerlin Hospital Medical Center	Yes	Yes			
Sunrise Hospital and Medical Center	Yes	Yes			
Tahoe Pacific Hospitals - Meadows	Yes	No			
Tahoe Pacific Hospitals - North	Yes	No			
University Medical Center of Southern Nevada	Yes	Yes			
Valley Hospital Medical Center	Yes	Yes	48	48	
William Bee Ririe Hospital	Yes	Yes			
Willow Springs Center	Yes	No			116

Source: Hospital Inpatient Billing and Health Care Quality Compliance Online Licensing System AliS (CLICS).
**Bed counts are updated daily. The bed counts in this table are from November 16, 2022.*

Table 8. Rates of Suicide Attempts and Suicides by Leading Method and Coalition, Nevada Residents, 2021.

Coalition	Suicide Attempts				Suicides		
	Emergency Department		Inpatient Admissions				
	Substance	Cutting	Substance	Cutting	Substance	Hanging/ Suffocation	Firearms/ Explosives
Churchill Community Coalition (CCC)	102.9 (64.1-141.7)	49.5 (22.6-76.5)	38.1 (14.5-61.7)	7.6 (0.0-18.2)	0.0 --	3.8 (0.0-11.3)	11.4 (0.0-24.4)
Frontier Community Coalition (FCC)	84.3 (51.2-117.3)	37.1 (15.2-58.9)	26.9 (8.3-45.6)	3.4 (0.0-9.9)	6.7 (0.0-16.1)	0.0 --	23.6 (6.1-41.1)
Healthy Communities Coalition (HCC)	87.0 (64.8-19.2)	23.6 (12.0-35.2)	85.5 (63.5-107.6)	7.4 (1.0-13.8)	0.0 --	7.4 (0.9-13.8)	28.0 (15.4-40.6)
Join Together Northern Nevada (JTNN)	57.2 (50.5-63.9)	39.1 (22.7-55.4)	48.1 (41.9-54.3)	9.5 (6.8-12.3)	3.9 (2.2-5.7)	4.1 (2.3-6.0)	13.3 (10.0-16.5)
Nye Communities Coalition (NCC)	72.8 (50.5-95.1)	39.1 (22.7-55.4)	46.2 (28.4-63.9)	10.6 (2.2-19.1)	1.8 (0.0-5.3)	5.3 (0.0-11.4)	30.2 (15.8-44.5)
Partners Allied for Community Excellence (PACE)	28.5 (15.7-41.4)	10.5 (2.7-18.3)	22.6 (11.2-33.9)	4.5 (0.0-9.6)	4.5 (0.0-9.6)	7.5 (0.9-14.1)	30.1 (16.9-43.3)
PACT Coalition for Safe and Drug Free Communities/CARE	55.4 (52.3-58.4)	32.7 (30.4-34.9)	50.9 (48.1-53.8)	17.7 (16.0-19.4)	2.6 (2.0-3.3)	3.5 (2.7-4.2)	10.7 (9.4-12.0)
Partnership Carson City (PCC)	92.6 (67.7-117.6)	1.7 (0.0-5.2)	66.4 (45.2-87.5)	10.5 (2.1-18.9)	7.0 (0.1-13.8)	12.2 (3.2-21.3)	36.7 (21.0-52.4)
Partnership Douglas County (PDC)	70.7 (47.2-94.0)	2.0 (0.0-5.9)	42.4 (24.3-60.5)	6.1 (0.0-12.9)	2.0 (0.0-6.0)	2.0 (0.0-6.0)	10.1 (1.2-18.9)
Nevada	58.0 (55.3-60.6)	27.1 (25.3-28.9)	52.3 (49.8-54.8)	15.4 (14.1-16.8)	2.9 (2.3-3.4)	3.9 (3.2-4.6)	12.8 (11.6-14.0)

Source: Hospital Emergency Department Billing, Inpatient Billing, and the Electronic Death Registry System.
Rates are per 100,000 population, provided by the Nevada State Demographer, vintage 2020.

Table 9. Suicide (Crude) Rates by Age, Race/Ethnicity and Coalition, Nevada Residents, 2021.

	CCC	FCC	HCC	JTNN	NCC	PACE	PACT/CARE	PCC	PDC	Nevada
Age Group										
Less then 15	0.0 --	0.0 --	0.0 --	2.2 (0.0-5.3)	13.1 (0.0-38.6)	0.0 --	0.9 (0.0-1.7)	0.0 --	0.0 --	1.1 (0.3-2.0)
15-24	0.0 --	86.0 (0.0-183.4)	12.6 (0.0-37.3)	20.4 (9.7-31.1)	0.0 --	114.1 (39.6-188.7)	19.2 (14.5-24.0)	44.5 (0.0-94.8)	0.0 --	21.3 (17.0-25.7)
25-34	52.0 (0.0-124.0)	38.9 (0.0-92.8)	31.4 (0.0-67.0)	25.5 (13.4-37.7)	43.2 (0.0-92.1)	22.2 (0.0-47.3)	20.0 (15.2-24.7)	40.7 (0.0-86.8)	17.5 (0.0-86.8)	22.2 (17.9-26.5)
35-44	33.4 (0.0-98.9)	54.6 (0.0-130.3)	88.6 (17.7-159.4)	23.8 (11.7-35.8)	19.4 (0.0-57.5)	105.2 (27.3-183.1)	20.5 (15.6-25.4)	103.6 (20.7-186.6)	41.1 (0.0-98.1)	25.1 (20.3-29.8)
45-54	0.0 --	63.2 (0.0-150.8)	47.0 (0.9-93.1)	28.7 (14.6-42.7)	31.0 (0.0-73.9)	27.3 (0.0-65.2)	27.2 (21.4-33.0)	59.4 (7.3-111.5)	35.7 (0.0-85.2)	28.7 (23.5-33.9)
55-64	31.3 (0.0-92.6)	26.8 (0.0-79.4)	22.3 (0.0-53.2)	23.4 (11.2-35.7)	69.3 (13.8-124.7)	48.0 (1.0-95.0)	22.7 (17.1-28.3)	44.9 (0.0-95.7)	25.5 (0.0-60.8)	25.0 (20.0-30.0)
65-74	0.0 --	36.2 (0.0-107.1)	69.4 (13.9-125.0)	28.5 (13.6-43.4)	23.5 (0.0-56.0)	29.3 (0.0-69.9)	17.9 (12.0-23.7)	63.8 (7.9-119.7)	12.2 (0.0-36.2)	22.7 (17.2-28.1)
75-84	72.0 (0.0-213.2)	70.3 (0.0-208.0)	63.6 (0.0-135.5)	48.3 (19.8-76.9)	74.7 (1.5-147.9)	69.3 (0.0-165.4)	33.1 (21.8-44.4)	162.5 (32.5-292.6)	43.5 (0.0-103.8)	43.0 (32.4-53.7)
85+	0.0 --	0.0 --	0.0 --	119.5 (36.7-202.4)	176.3 (0.0-375.9)	0.0 --	50.4 (24.9-75.9)	229.4 (4.6-454.1)	0.0 --	67.3 (43.2-91.4)
Race/Ethnicity										
White non-Hispanic	24.8 (3.1-46.5)	41.4 (12.7-70.1)	39.7 (22.7-56.7)	32.5 (26.0-38.9)	45.9 (25.8-66.0)	51.6 (30.9-72.2)	27.0 (23.8-30.2)	79.7 (52.1-107.3)	22.9 (7.9-37.8)	31.1 (28.3-33.8)
Black non-Hispanic	0.0 --	0.0 --	251.5 (0.0-600.0)	0.0 --	0.0 --	0.0 --	17.3 (12.3-22.2)	0.0 --	0.0 --	16.9 (12.2-21.6)
Native American/Alaskan Native non-Hispanic	0.0 -	66.3 (0.0-196.2)	0.0 -	26.8 (0.0-64.0)	87.4 (0.0-258.7)	26.4 (0.0-78.1)	6.4 (0.0-19.1)	0.0 -	75.7 (0.0-224.0)	19.4 (5.0-33.7)
Asian/Pacific Islander non-Hispanic	0.0 --	0.0 --	0.0 --	5.7 (0.0-13.6)	0.0 --	108.4 (0.0-320.7)	11.0 (7.1-14.8)	0.0 --	0.0 --	10.4 (6.9-14.0)
Hispanic	0.0 --	38.3 (0.0-81.6)	9.7 (0.0-28.6)	7.0 (2.4-11.6)	11.5 (0.0-34.0)	21.0 (0.0-44.8)	10.2 (8.0-12.4)	21.9 (0.0-46.7)	0.0 --	10.2 (8.2-12.2)
Total	19.1 (2.4-35.8)	40.5 (17.6-63.3)	36.9 (22.4-51.3)	23.0 (18.7-27.3)	39.1 (22.7-55.4)	43.6 (27.8-59.5)	18.2 (16.5-20.0)	61.2 (40.9-81.4)	20.2 (7.7-32.7)	21.2 (19.7-22.8)

Source: Electronic Death Registry System.
Rates are per 100,000 population, provided by the Nevada State Demographer, vintage 2020.

Table 10. Mental Health-Related Deaths Rates by Coalition, Nevada Residents, 2021.

Coalition	White non-Hispanic	Black non-Hispanic	Native American/ Alaskan Native non-Hispanic	Asian/Pacific Islander non-Hispanic	Hispanic	Total
Churchill Community Coalition (CCC)	108.9 (63.4-154.4)	0.0 --	137.0 (0.0-326.9)	0.0 --	0.0 --	91.5 (54.9-128.0)
Frontier Community Coalition (FCC)	93.1 (50.1-136.1)	0.0 --	132.6 (0.0-316.3)	0.0 --	25.5 (0.0-60.9)	74.2 (43.2-105.2)
Healthy Communities Coalition (HCC)	113.6 (84.8-142.3)	0.0 --	39.5 (0.0-117.0)	0.0 --	9.7 (0.0-28.6)	91.4 (68.7-114.2)
Join Together Northern Nevada (JTNN)	105.1 (93.5-116.8)	55.2 (14.3-96.1)	80.4 (16.1-144.8)	48.5 (25.4-71.5)	15.6 (8.8-22.4)	75.7 (67.9-83.5)
Nye Communities Coalition (NCC)	78.0 (51.8-104.3)	61.9 (0.0-183.3)	0.0 --	0.0 --	45.9 (0.9-90.9)	69.3 (47.5-91.0)
Partners Allied for Community Excellence (PACE)	23.6 (9.7-37.6)	0.0 --	0.0 --	0.0 --	7.0 (0.0-20.7)	18.1 (7.8-28.3)
PACT Coalition for Safe and Drug fee Communities/CARE	62.9 (58.1-67.8)	38.3 (30.9-45.6)	38.7 (7.7-69.6)	24.7 (18.9-30.5)	11.0 (8.7-13.3)	38.2 (35.7-40.7)
Partnership Carson City (PCC)	246.4 (197.9-295.0)	0.0 --	0.0 --	173.3 (0.0-413.6)	21.9 (0.0-46.7)	183.5 (148.4-218.6)
Partnership Douglas County (PDC)	114.3 (80.9-147.7)	0.0 --	0.0 --	0.0 --	28.5 (0.0-68.1)	94.9 (67.8-122.0)
Nevada	78.9 (74.5-83.3)	38.6 (31.5-45.8)	47.1 (24.7-69.4)	27.3 (21.7-33.0)	12.2 (10.0-14.3)	49.4 (46.9-51.8)

Source: Electronic Death Registry System.

Rates are per 100,000 population, provided by the Nevada State Demographer, vintage 2020.

Table 11a. Drug-Related Emergency Department Encounters Age-Adjusted Rates by Drug Type and Year, Nevada Residents, 2012-2021.

Year	Opioids	Heroin	Marijuana/ Hallucinogens	Cocaine	Methamphetamines	Marijuana	Hallucinogens
2012	122.0 (117.9-126.1)	6.1 (5.2-7.1)	105.9 (102.0-109.8)	49.2 (46.6-51.9)	129.3 (125.0-133.7)	- -	- -
2013	141.7 (137.3-146.1)	6.4 (5.4-7.3)	179.2 (174.2-184.2)	49.6 (47.0-52.2)	184.4 (179.3-189.5)	- -	- -
2014	154.0 (149.5-158.5)	8.8 (7.7-9.9)	230.1 (224.5-235.7)	43.3 (40.9-45.7)	211.1 (205.7-216.5)	- -	- -
2015	189.4 (184.4-194.4)	12.3 (11.1-13.6)	261.8 (255.9-267.8)	57.8 (55.0-60.5)	293.3 (287.0-299.6)	97.7 (94.1-101.4)	2.1 (1.5-2.6)
2016	245.0 (239.4-250.6)	12.6 (11.3-13.8)	- -	67.5 (64.5-70.4)	403.4 (396.1-410.7)	451.2 (443.5-458.9)	9.0 (7.9-10.1)
2017	231.5 (226.1-236.9)	11.8 (10.6-13.0)	- -	71.6 (68.5-74.6)	406.3 (399.0-413.6)	431.0 (423.5-438.5)	12.7 (11.4-14.0)
2018	207.4 (202.3-212.5)	10.1 (9.0-11.2)	- -	78.6 (75.5-81.8)	463.0 (455.3-470.8)	401.1 (393.9-408.2)	16.3 (14.8-17.7)
2019	200.1 (195.1-205.0)	12.3 (11.1-13.6)	- -	70.7 (67.7-73.6)	489.1 (481.2-496.9)	382.7 (375.8-389.6)	19.9 (18.3-21.5)
2020	186.9 (182.2-191.7)	11.9 (10.7-13.1)	- -	62.2 (59.5-64.9)	513.5 (505.5-521.5)	388.6 (381.7-395.5)	21.4 (19.7-23.0)
2021	180.5 (175.9-185.1)	12.2 (10.9-13.4)	- -	53.7 (21.2-56.2)	454.8 (447.3-462.2)	317.3 (311.2-323.5)	17.2 (15.8-18.7)

Source: Hospital Emergency Department Billing. Categories are not mutually exclusive.
Rates are per 100,000 age-specific population, provided by the Nevada State Demographer, vintage 2020.

Table 11b. Drug-Related Inpatient Admissions Crude Rates by Drug Type and Year, Nevada Residents, 2012-2021.

Year	Opioids	Heroin	Marijuana/ Hallucinogens	Cocaine	Methamphetamines	Marijuana	Hallucinogens
2012	123.5 (119.4-127.7)	6.0 (5.1-7.0)	104.0 (100.2-107.8)	49.2 (46.6-51.9)	126.1 (121.9-130.3)	- -	- -
2013	142.9 (138.5-147.3)	6.3 (5.4-180.7)	175.8 (170.9-180.7)	50.1 (47.5-52.7)	179.5 (174.5-184.4)	- -	- -
2014	156.2 (151.6-160.7)	8.7 (7.6-9.8)	226.6 (221.1-232.1)	43.6 (41.2-46.0)	205.3 (200.0-210.5)	- -	- -
2015	191.9 (186.8-196.9)	12.2 (10.9-13.5)	258.9 (253.0-264.7)	58.8 (56.0-61.6)	285.5 (279.3-291.6)	96.2 (92.6-99.8)	2.0 (1.5-2.5)
2016	249.3 (243.6-255.0)	13.1 (11.8-14.4)	- -	67.9 (64.9-70.8)	394.0 (386.8-401.1)	446.3 (438.7-454.0)	8.74 (7.7-9.8)
2017	235.4 (229.9-240.9)	12.4 (11.1-13.7)	- -	72.3 (69.2-75.3)	395.4 (388.3-402.5)	426.0 (418.6-433.4)	12.3 (11.1-13.6)
2018	212.0 (206.8-217.2)	10.3 (9.2-11.5)	- -	79.5 (76.3-82.7)	450.7 (443.1-458.2)	395.5 (388.4-402.6)	15.7 (14.3-17.1)
2019	200.1 (195.1-205.0)	10.4 (9.3-11.5)	- -	70.7 (67.7-73.6)	489.1 (481.2-496.9)	382.7 (375.8-389.6)	19.9 (18.3-21.5)
2020	179.7 (175.0-184.4)	11.7 (10.5-12.9)	- -	62.5 (59.8-65.3)	497.6 (489.8-505.3)	384.4 (377.6-391.2)	20.6 (18.9-22.1)
2021	174.1 (169.5-178.6)	12.0 (10.8-13.2)	- -	54.4 (51.8-56.9)	440.5 (433.2-447.8)	313.7 (307.5-319.8)	16.7 (15.3-18.1)

Source: Hospital Emergency Department Billing.
Rates are per 100,000 population, provided by the Nevada State Demographer, vintage 2020.
Categories are not mutually exclusive.

Table 12a. Drug-Related Emergency Department Encounters Age-Adjusted Rates by Drug Type and Coalition, Nevada Residents, 2021.

Coalition	Opioids	Heroin	Cocaine	Methamphetamines	Marijuana	Hallucinogens
Churchill Community Coalition (CCC)	120.6 (78.8-162.4)	8.9 (0.0-21.4)	21.6 (2.6-40.5)	229.6 (171.0-288.2)	240.4 (181.1-299.8)	0.0 --
Frontier Community Coalition (FCC)	184.8 (135.9-233.7)	22.9 (5.9-39.9)	19.3 (2.4-36.2)	325.7 (260.8-390.5)	348.6 (282.2-414.9)	12.5 (0.0-26.6)
Healthy Communities Coalition (HCC)	157.8 (127.9-187.7)	18.3 (7.9-28.7)	11.6 (3.0-20.1)	280.3 (237.8-322.8)	250.8 (211.7-289.9)	3.2 (0.0-7.5)
Join Together Northern Nevada (JTNN)	178.5 (166.5-190.4)	17.2 (13.4-20.9)	28.3 (23.6-33.4)	442.3 (442.3-461.5)	216.7 (203.4-299.9)	5.3 (3.2-7.3)
Nye Communities Coalition (NCC)	300.0 (255.7-344.1)	11.1 (2.2-20.1)	46.8 (27.3-66.4)	525.3 (461.8-588.7)	401.0 (344.1-457.8)	20.9 (6.4-35.4)
Partners Allied for Community Excellence (PACE)	96.7 (73.5-119.9)	9.9 (1.9-17.8)	14.7 (4.5-24.9)	192.1 (157.5-226.6)	317.9 (273.8-362.1)	12.3 (3.2-21.4)
PACT Coalition for Safe and Drug Free Communities/CARE	183.4 (178.1-188.8)	11.1 (9.8-12.5)	63.3 (60.1-66.5)	476.9 (468.1-485.8)	334.1 (326.8-341.5)	20.6 (18.8-22.5)
Partnership Carson City (PCC)	173.1 (138.6-207.6)	10.4 (1.3-29.5)	21.0 (8.5-33.4)	384.4 (331.1-437.7)	547.3 (484.1-610.5)	12.0 (2.4-21.7)
Partnership Douglas County (PDC)	86.0 (60.9-111.2)	13.8 (1.7-25.9)	25.7 (7.9-43.5)	201.7 (156.9-246.5)	249.3 (200.5-298.2)	10.0 (0.0-21.3)
Nevada	168.3 (163.8-172.7)	12.2 (10.9-13.4)	53.7 (21.2-56.2)	454.8 (447.3-462.2)	317.3 (311.2-323.5)	17.2 (15.8-18.7)

Source: Hospital Emergency Department Billing.
Rates are per 100,000 age-specific population, provided by the Nevada State Demographer, vintage 2020.
Categories are not mutually exclusive.

Table 12b. Drug-Related Emergency Department Encounters Crude Rates by Drug Type and Coalition, Nevada Residents, 2021.

Coalition	Opioids	Heroin	Cocaine	Methamphetamines	Marijuana	Hallucinogens
Churchill Community Coalition (CCC)	114.3 (73.4-155.2)	7.6 (0.0-18.20)	19.1 (2.4-35.8)	224.8 (167.5-282.8)	240.1 (180.8-299.4)	0.0 --
Frontier Community Coalition (FCC)	168.6 (121.8-215.3)	23.6 (6.1-41.1)	16.9 (2.1-31.6)	327.0 (261.9-392.1)	357.3 (289.3-425.4)	10.1 (0.0-21.6)
Healthy Communities Coalition (HCC)	144.5 (115.9-173.2)	17.7 (7.7-27.7)	10.3 (2.7-17.9)	246.3 (208.9-283.7)	233.0 (196.7-269.4)	2.9 (0.0-7.0)
Join Together Northern Nevada (JTNN)	166.5 (155.0-178.1)	16.6 (13.0-20.2)	28.6 (23.8-33.4)	424.8 (406.4-443.2)	213.6 (200.6-226.7)	5.2 (3.2-7.2)
Nye Communities Coalition (NCC)	303.7 (258.2-349.2)	10.7 (2.1-19.2)	39.1 (22.7-55.4)	467.1 (410.7-523.6)	339.2 (291.1-387.3)	14.2 (4.4-24.1)
Partners Allied for Community Excellence (PACE)	96.3 (72.7-120.0)	9.0 (1.8-16.3)	12.0 (3.7-20.4)	179.1 (146.9-211.3)	299.5 (257.9-341.1)	10.5 (2.7-18.3)
PACT Coalition for Safe and Drug Free Communities/CARE	178.3 (172.9-183.6)	11.1 (9.8-12.4)	46.9 (45.2-47.5)	333.4 (326.1-340.8)	64.7 (61.5-67.9)	20.3 (18.5-22.1)
Partnership Carson City (PCC)	160.8 (127.9-193.6)	8.7 (1.1-16.4)	19.2 (7.9-30.6)	349.5 (301.1-397.9)	503.3 (445.2-561.4)	10.5 (2.1-18.9)
Partnership Douglas County (PDC)	84.8 (59.1-110.4)	10.1 (1.2-18.9)	16.2 (4.9-27.3)	157.5 (122.5-192.4)	201.9 (162.3-241.4)	6.1 (0.0-12.9)
Nevada	174.1 (169.5-178.6)	12.0 (10.8-13.2)	54.4 (51.8-56.9)	440.5 (433.2-447.8)	313.7 (307.5-319.8)	16.7 (15.3-18.1)

Source: Hospital Emergency Department Billing.
Rates are per 100,000 population, provided by the Nevada State Demographer, vintage 2020.
Categories are not mutually exclusive.

Table 13a. Drug-Related Inpatient Admissions Age-Adjusted Rates by Drug Type and Year, Nevada Residents, 2012-2021.

Year	Opioids	Heroin	Marijuana/Hallucinogens	Cocaine	Methamphetamines	Marijuana	Hallucinogens
2012	163.6 (158.9-168.3)	1.9 (1.4-2.4)	137.4 (133.0-141.8)	46.1 (43.6-48.5)	105.5 (101.7-109.3)	- -	- -
2013	160.2 (155.6-164.7)	3.1 (2.5-3.8)	145.3 (140.8-149.7)	49.5 (46.9-52.0)	126.7 (122.6-130.9)	- -	- -
2014	175.0 (170.2-179.7)	2.4 (1.9-3.0)	151.4 (146.9-155.9)	48.4 (45.9-50.8)	140.8 (136.5-145.2)	- -	- -
2015	226.7 (221.3-232.1)	5.4 (4.6-6.3)	175.7 (170.9-180.5)	62.8 (59.9-65.6)	226.5 (221.0-232.0)	56.5 (53.8-59.2)	1.2 (.8-1.6)
2016	281.8 (275.9-287.8)	12.9 (11.6-14.1)	- -	62.1 (59.3-64.9)	277.6 (271.6-283.7)	282.2 (276.2-288.2)	4.8 (4.0-5.6)
2017	278.1 (272.3-284.0)	12.3 (11.1-13.5)	- -	62.1 (59.3-64.9)	316.7 (310.3-323.1)	342.4 (335.8-349.0)	5.5 (4.6-6.3)
2018	300.1 (294.1-306.1)	12.3 (11.1-13.5)	- -	73.7 (70.7-76.6)	393.9 (386.8-401.0)	443.0 (435.6-450.4)	6.7 (5.8-7.7)
2019	293.9 (288.0-299.7)	3.7 (3.0-4.3)	- -	76.0 (73.0-79.0)	401.7 (394.7-408.8)	470.6 (463.1-478.2)	7.3 (6.3-8.2)
2020	260.3 (254.8-265.8)	3.5 (2.9-4.2)	- -	61.4 (58.8-64.1)	402.8 (395.8-409.8)	450.9 (443.5-458.2)	11.4 (10.2-12.6)
2021	246.9 (241.6-252.2)	2.9 (2.3-3.5)	- -	56.9 (54.4-59.4)	397.1 (390.2-404.0)	456.0 (448.6-463.2)	10.4 (9.3-11.5)

Source: Hospital Inpatient Billing.
Rates are per 100,000 age-specific population, provided by the Nevada State Demographer, vintage 2020.
Categories are not mutually exclusive.

Table 13b. Drug-Related Inpatient Admissions Crude Rates by Drug Type and Year, Nevada Residents, 2012-2021.

Year	Opioids	Heroin	Marijuana/Hallucinogens	Cocaine	Methamphetamines	Marijuana	Hallucinogens
2012	169.9 (165.0-174.7)	1.9 (1.4-2.4)	137.4 (133.0-141.8)	48.4 (45.8-51.0)	105.8 (101.9-109.6)	- -	- -
2013	167.4 (162.6-172.2)	3.1 (2.4-149.5)	145.1 (140.6-149.5)	52.0 (49.3-54.7)	126.6 (122.4-130.7)	- -	- -
2014	183.1 (178.1-188.1)	2.4 (1.9-3.0)	152.3 (147.8-156.8)	51.3 (48.6-53.9)	141.0 (136.7-145.4)	- -	- -
2015	234.5 (229.0-240.1)	5.8 (4.9-6.6)	176.2 (171.3-181.0)	65.2 (62.2-68.1)	223.4 (218.0-228.9)	56.9 (54.2-59.7)	1.2 (.8-1.6)
2016	293.2 (287.0-299.4)	14.0 (12.6-15.3)	- -	63.8 (60.9-66.7)	274.9 (268.9-280.9)	285.5 (279.4-291.6)	4.7 (3.9-5.5)
2017	291.6 (285.5-297.7)	13.5 (12.2-14.8)	- -	65.3 (62.4-68.2)	313.5 (307.1-319.8)	348.1 (341.5-354.8)	5.4 (4.5-6.2)
2018	316.3 (310.0-322.7)	13.4 (12.1-14.7)	- -	77.5 (74.4-80.6)	390.7 (383.7-397.8)	451.3 (443.7-458.9)	6.6 (5.7-7.5)
2019	310.1 (303.9-316.3)	11.4 (10.2-12.6)	- -	80.6 (77.4-83.7)	401.8 (394.7-408.8)	479.9 (472.2-487.7)	7.2 (6.2-8.1)
2020	272.9 (267.2-278.7)	3.7 (3.0-4.4)	- -	64.9 (62.1-67.7)	402.2 (395.3-409.2)	457.4 (449.9-464.8)	11.3 (10.1-12.4
2021	260.7 (267.2-278.7)	3.0 (2.4-3.7)	- -	60.9 (58.2-63.5)	396.5 (389.6-403.4)	466.1 (458.7-473.6)	10.3 (9.2-11.4)

Source: Hospital Inpatient Billing.
Rates are per 100,000 population, provided by the Nevada State Demographer, vintage 2020.
Categories are not mutually exclusive.

Table 14a. Drug-Related Inpatient Admissions Age-Adjusted Rates by Drug Type and Coalition, Nevada Residents, 2021.

Coalition	Opioids	Heroin	Cocaine	Methamphetamines	Marijuana	Hallucinogens
Churchill Community Coalition (CCC)	270.6 (207.6-333.5)	3.8 (0.0-11.3)	3.8 (0.0-11.3)	312.5 (244.8-380.1)	262.9 (200.9-324.9)	3.8 (0.0-11.3)
Frontier Community Coalition (FCC)	144.9 (101.6-188.2)	3.4 (0.0-9.9)	3.4 (0.0-9.9)	188.8 (139.3-238.2)	202.3 (151.1-253.4)	0.0 --
Healthy Communities Coalition (HCC)	255.2 (217.1-293.2)	0.0 --	8.8 (1.7-15.9)	289.1 (248.6-329.6)	371.7 (325.8-417.6)	2.9 (0.0-7.0)
Join Together Northern Nevada (JTNN)	307.6 (291.9-323.2)	2.7 (1.2-4.2)	27.6 (22.9-32.3)	379.8 (362.4-397.2)	283.3 (268.3-298.3)	3.9 (2.2-5.7)
Nye Communities Coalition (NCC)	200.7 163.7-237.7	3.6 0.0-8.5	33.7 18.6-48.9	3.6 0.0-8.5	419.2 365.7-472.6	3.6 1.4-8.5
Partners Allied for Community Excellence (PACE)	100.8 (76.7-124.9)	4.5 (0.0-9.6)	18.1 (7.8-28.3)	168.6 (137.3-199.8)	195.6 (162.0-229.3)	9.0 (1.8-16.3)
PACT Coalition for Safe and Drug Free Communities/CARE	255.4 (248.9-261.8)	3.2 (2.4-3.9)	416.1 (407.9-424.3)	522.7 (513.5-531.9)	73.4 (69.9-76.8)	12.2 (10.8-13.6)
Partnership Carson City (PCC)	356.5 (307.6-405.4)	3.5 (0.0-8.3)	47.2 (29.4-64.9)	498.1 (440.2-555.9)	545.2 (484.7-605.7)	12.2 (3.2-21.3)
Partnership Douglas County (PDC)	290.7 (243.2-338.2)	2.0 (0.0-5.9)	12.1 (2.4-21.8)	177.6 (140.5-214.8)	218.0 (176.9-259.1)	4.0 (0.0-9.6)
Nevada	260.7 (267.2-278.7)	3.0 (2.4-3.7)	60.9 (58.2-63.5)	396.5 (389.6-403.4)	466.1 (458.7-473.6)	10.3 (9.2-11.4)

Source: Hospital Inpatient Billing.
Rates are per 100,000 age-specific population, provided by the Nevada State Demographer, vintage 2020.
Categories are not mutually exclusive.

Table 14b. Drug-Related Inpatient Admissions Crude Rates by Drug Type and Coalition, Nevada Residents, 2021.

Coalition	Opioids	Heroin	Cocaine	Methamphetamines	Marijuana	Hallucinogens
Churchill Community Coalition (CCC)	270.6 (207.6-333.5)	3.8 (0.0-11.3)	3.8 (0.0-11.3)	312.5 (244.8-380.1)	262.9 (200.9-324.9)	3.8 (0.0-11.3)
Frontier Community Coalition (FCC)	144.9 (101.6-188.2)	3.4 (0.0-9.9)	3.4 (0.0-9.9)	188.8 (139.3-238.2)	202.3 (151.1-253.4)	0.0 (---)
Healthy Communities Coalition (HCC)	255.2 (217.1-293.2)	0.0 (---)	8.8 (1.7-15.9)	289.1 (248.6-329.6)	371.7 (325.8-417.6)	2.9 (0.0-7.0)
Join Together Northern Nevada (JTNN)	307.6 (291.9-323.2)	2.7 (1.2-4.2)	27.6 (22.9-32.3)	379.8 (362.4-397.2)	283.3 (268.3-298.3)	3.9 (2.2-5.7)
Nye Communities Coalition (NCC)	200.7 163.7-237.7	3.6 0.0-8.5	33.7 18.6-48.9	3.6 0.0-8.5	419.2 365.7-472.6	3.6 1.4-8.5
Partners Allied for Community Excellence (PACE)	100.8 (76.7-124.9)	4.5 (0.0-9.6)	18.1 (7.8-28.3)	168.6 (137.3-199.8)	195.6 (162.0-229.3)	9.0 (1.8-16.3)
PACT Coalition for Safe and Drug Free Communities/CARE	255.4 (248.9-261.8)	3.2 (2.4-3.9)	416.1 (407.9-424.3)	522.7 (513.5-531.9)	73.4 (69.9-76.8)	12.2 (10.8-13.6)
Partnership Carson City (PCC)	356.5 (307.6-405.4)	3.5 (0.0-8.3)	47.2 (29.4-64.9)	498.1 (440.2-555.9)	545.2 (484.7-605.7)	12.2 (3.2-21.3)
Partnership Douglas County (PDC)	290.7 (243.2-338.2)	2.0 (0.0-5.9)	12.1 (2.4-21.8)	177.6 (140.5-214.8)	218.0 (176.9-259.1)	4.0 (0.0-9.6)
Nevada	260.7 (267.2-278.7)	3.0 (2.4-3.7)	60.9 (58.2-63.5)	396.5 (389.6-403.4)	466.1 (458.7-473.6)	10.3 (9.2-11.4)

Source: Hospital Inpatient Billing.
Rates are per 100,000 population, provided by the Nevada State Demographer, vintage 2020.
Categories are not mutually exclusive.

Table 15. Alcohol- and/or Drug-Related Death Rates by Race/Ethnicity and Coalition, Nevada Residents, 2021.

Coalition	White non-Hispanic	Black non-Hispanic	Native American/ Alaskan Native non-Hispanic	Asian/Pacific Islander non-Hispanic	Hispanic	Total
Churchill Community Coalition (CCC)	99.0 (55.6-142.4)	0.0 -	0.0 -	0.0 -	97.0 (0.0-206.8)	87.6 (51.8-123.5)
Frontier Community Coalition (FCC)	139.7 (87.0-192.3)	0.0 -	66.3 (0.0-196.2)	0.0 -	63.8 (7.9-119.8)	111.2 (73.3-149.2)
Healthy Communities Coalition (HCC)	124.9 (94.8-155.1)	125.7 (0.0-372.2)	158.1 (3.2-313.0)	0.0 -	57.9 (11.6-104.3)	113.6 (88.2-138.9)
Join Together Northern Nevada (JTNN)	122.2 (109.7-134.7)	165.5 (94.7-236.4)	147.5 (60.3-234.7)	20.0 (5.2-34.7)	36.6 (26.2-47.1)	94.2 (85.5-102.8)
Nye Communities Coalition (NCC)	117.0 (84.9-149.2)	61.9 (0.0-183.3)	0.0 -	0.0 -	45.9 (0.9-90.9)	99.5 (73.4-125.5)
Partners Allied for Community Excellence (PACE)	64.4 (41.4-87.5)	0.0 -	132.0 (16.3-247.7)	0.0 -	35.0 (4.3-65.7)	60.2 (41.5-78.9)
PACT Coalition for Safe and Drug fee Communities/CARE	85.9 (80.2-91.6)	74.7 (64.4-84.9)	122.5 (67.4-177.5)	12.0 (8.0-16.0)	31.6 (27.7-35.6)	58.3 (55.2-61.3)
Partnership Carson City (PCC)	171.8 (131.2-212.3)	0.0 -	71.8 (0.0-212.6)	86.7 (0.0-256.5)	51.1 (13.2-88.9)	136.3 (106.1-166.6)
Partnership Douglas County (PDC)	83.8 (55.2-112.4)	308.4 (0.0-912.8)	151.3 (0.0-361.0)	0.0 -	28.5 (0.0-68.1)	76.7 (52.3-101.1)
Nevada	97.8 (93.0-102.7)	78.9 (68.7-89.2)	119.1 (83.5-154.6)	12.9 (9.0-16.8)	33.5 (29.8-37.1)	68.4 (65.5-71.2)

Source: Electronic Death Registry System.

Rates are per 100,000 population, provided by the Nevada State Demographer, vintage 2020.

Table 16. The State of Mental Health in America 2023, Nevada Summary and National Comparisons.

*SAMHSA has determined that the results of the 2020 NSDUH cannot compare to those of previous years. This means that the rankings presented throughout this year's State of Mental Health in America report cannot be reliably compared to the rankings of previous years' reports., and therefore should be interpreted as a snapshot in time ranking rather than a reflection of trends over time.

Category	Nevada Previous Ranking (2011-2013)	Nevada Previous Ranking (2016-2017)	Nevada Current Rankings (2019-2020/2021*)	Nevada Improvement in Rank*	Nevada Values (2019-2020)	US Values (2019-2020)
Overall Ranking	**51**	**51**	**29**	**22**		
Overall Mental Health Workforce Availability~	**40**	**33**	**32**	**1**	**420:1**	**350:1**
Adult Rankings	**46**	**47**	**42**	**5**		
Prevalence: Adults with Any Mental Illness (AMI)^	3	24	24	-	21.38	20.78
Prevalence: Adults with Substance Use Disorder in the Past Year^	47	33	16	17	14.95	15.35
Prevalence: Adults with Serious Thoughts of Suicide^	15	36	35	1	5.52	4.84
Access: Adults with AMI who Did Not Receive Treatment~	51	47	46	1	61.40	54.70
Access: Adults with AMI Reporting Unmet Need~	29	49	50	1	37.60	28.20
Access: Adults with AMI who are Uninsured~	51	34	25	9	10.00	10.80
Access: Adults reporting 14+ Mentally Unhealthy Days a Month Who Could Not See a Doctor Due to Costs~	43	34	27	7	21.80	22.87
Youth Rankings	**44**	**51**	**9**	**42**		
Prevalence: Youth with At Least One Major Depressive Episode (MDE) in the Past Year^	22	47	19	28	16.02	16.39
Prevalence: Youth with Substance Use Disorder in the Past Year^	34	43	3	40	4.65	6.34
Prevalence: Youth with Severe MDE^	12	51	35	16	13.80	11.50
Access: Youth with MDE who Did Not Receive Menth Health Services~	48	36	15	21	50.70	59.80
Access: Youth with Severe MDE who Received Some Consistent Treatment~	51	46	23	23	33.00	28.00
Access: Children with Private Insurance that Did Not Cover Mental or Emotional Problems~	35	49	9	40	7.00	10.30
Access: Students Identified with Emotional Disturbance for an Individualized Education Program~	43	43	42	1	4.39	7.18
Overall Prevalence of Mental Illness (made up of indicators above marked with ^)	**18**	**45**	**18**	**27**		
Overall Access to Care Rankings (made up of indicators above marked with ~)	**51**	**49**	**38**	**11**		

Source: Mental Health in America 2023.