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Substance Abuse Prevention and Treatment Agency 2017 Epidemiologic Profile

June 2018



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Department of Health and Human Services*

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Data Sources/Limitations

Avatar

Avatar, a Netsmart product, is a database containing demographic, treatment, billing, and financial information for Nevada mental health facilities throughout the state of Nevada. This data is representative of Nevada state funded mental health facilities and is not generalizable to the rest of the population.

Behavioral Risk Factor Surveillance System (BRFSS)

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

Hospital Emergency Department Billing (HEDB)

The Hospital Emergency Department Billing data provides health billing data for emergency room patients for Nevada's non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada to report 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.

Monitoring the Future Survey

Monitoring the future survey since 1975 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.

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. Through the interactive Nevada Report Card website, you may access state, district and school level reports in three categories: "school and district information," "assessment and accountability" and "fiscal and technology."

Nevada State Demographer Office

The Nevada State Demographers 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.

Nevada Syndromic Surveillance

The Syndromic Surveillance Program oversees the collection and analysis of health-related data that precede diagnosis and may warrant a public health response because it signals a sufficient probability of a case, an outbreak of disease or other public health emergency. Current syndromic surveillance systems include the National Syndromic Surveillance Platform, ESSENCE, and the National Retail Data Monitor for Public Health Surveillance. This data does not account frequent user visits or updates for the same patient, each record in this data is for one patient, for one visit.

United States Census Bureau

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

Web-Enabled Vital Records Registry Systems (WEVRRS)

Software utilized by physicians, registered nurses, midwives, informants or funeral directors, and other individuals to collect and consolidate birth and death related information.

Youth Risk Behavior Survey (YRBS)

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

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diseases, and unintended pregnancy; (3) Tobacco use; (4) Alcohol and other drug use; (5) Unhealthy dietary behaviors; and (6) Physical inactivity.

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Executive Summary

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

The population of Nevada has increased with a percentage change of about 10, from the 2010 estimate. About 14% of the population live below the poverty line. Majority (14%) of the population are aged 65+. This is expected to change as the State continues with its industrial thrive. About 52% of the population are white not of Hispanic origin. Of the 13,702 Nevada residents who received mental health services from the Division of Public and Behavioral Health (DPBH), Schizophrenia was the number one mental health disorder. More females access mental health services than males. Another finding is number of visits to the emergency room (ER) by residents of Nevada for major mental health disorders, alcohol and other drug related issues have increased. Methamphetamines and marijuana continue to be the number drug related emergency department encounters and inpatient admissions.

The 2017 prevalence of Nevada high school students considering suicide is 16.6%. 14.4% planned to commit suicide and 8.5% attempted suicide as compared to 21.3% of middle school students considered suicide. 15.3% planned suicide and 8.2% attempted suicide. Depression was the most common mental health disorder for Nevada inpatient admissions between 2009 and 2017. Anxiety disorder is the most common mental health disorder case that was treated at the emergency department among Nevada residents between 2009 and 2017. This was followed by depression. As of 2017, 26.5% of Nevada high school students currently drink alcohol and 11.1% have participated in binge drinking. Binge drinking is drinking at least five or more drinks of alcohol in a row for males and four or more for females within a couple of hours. 37% of Nevada high school students have ever used marijuana and 19.5% currently use marijuana in 2017 respectively. 8.8% used marijuana before the age of 13. Alcohol was the number one drug related emergency room encounter between 2009-2017 (Primary diagnosis).

The number of habitual truants in Nevada for class cohorts 2010-2017 has consistently reduced over the years. The rate at which 9th graders graduate by the end of the 12th grade (graduation rate) has consistently increased between 2010-2017 with Nevada high schools posting their highest graduation rate ever of 80.9% for the class of 2017. Of the Nevada mothers who self-reported using substances while pregnant gave between 2010 and 2017, alcohol and marijuana had the highest prenatal substance abuse birth rate at 5.6 per 1,000 births and 8.4 per 1,000 births in 2017 respectively.

Demographic Snapshot

Figure 1. Selected Demographics for Nevada.

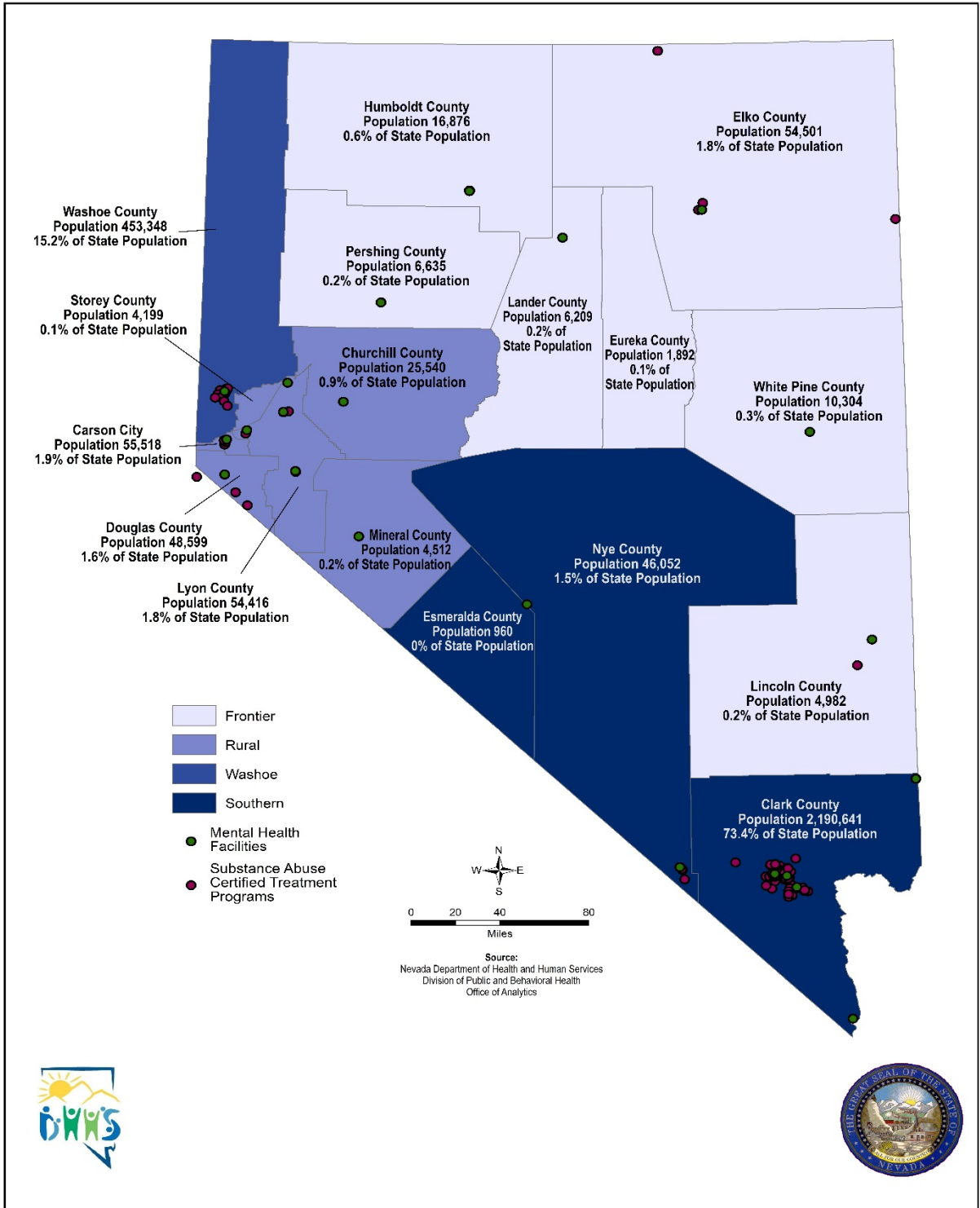
	Nevada
Population, 2017 estimate*	2,985,184
Population, 2010 estimate*	2,705,845
Population, percentage change*	10.3%
Male persons, 2017 estimate*	1,497,711 (50.2%)
Female Persons, 2017 estimate*	1,487,473 (49.8%)
Median household income (in 2016), 2012-2016**	\$53,094
Per capita income in the past 12 months (in 2016), 2012-2016**	\$27,253
Persons in poverty, percent (2016)**	13.8%
With a disability, under the age 65 years, percent, 2012-2016**	9.2%
Land area (square miles), 2016**	109,806

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



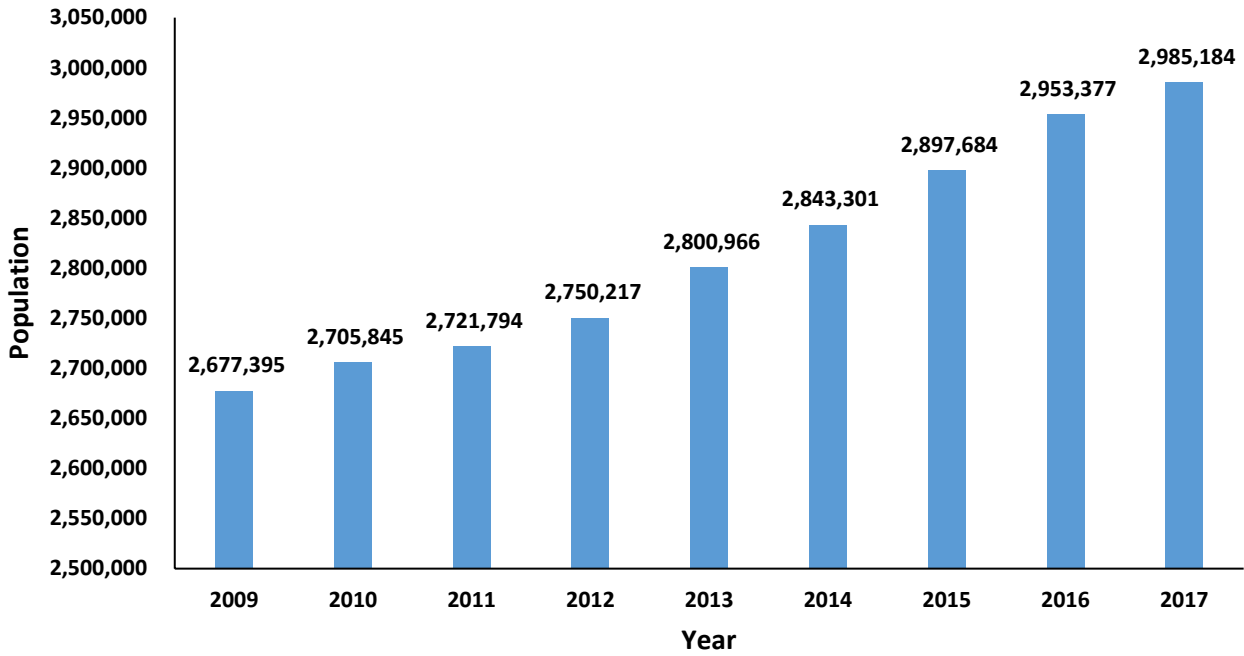
In 2017, the estimated population for Nevada was 2,985,184, a 10.3% increase from the 2010 estimated population. The population is made up of approximately equal percentages of females and males. The median household income is \$53,094. Nevada's land area is approximately 109,806 square miles.

Figure 2. Nevada Population Distribution by County, 2017.



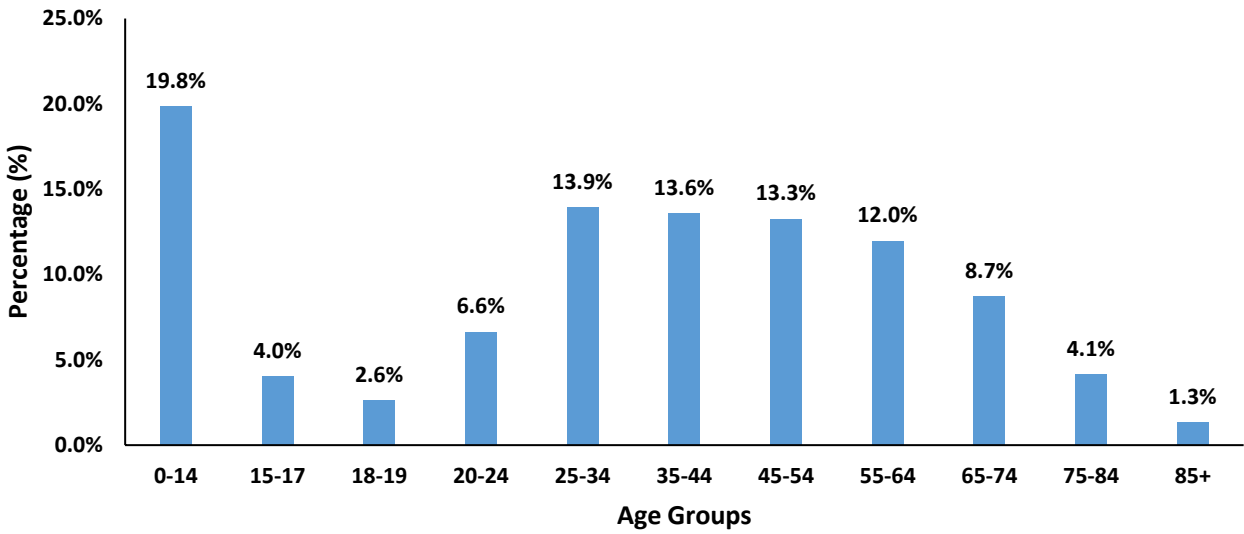
Source: Nevada State Demographer, Vintage 2017; **Frontier:** Elko, Eureka, Humboldt, Lincoln, Pershing, and White Pine; **Rural Nevada:** Carson City, Churchill, Douglas, Lyon, Mineral and Storey; **Southern Nevada:** Clark, Esmeralda, and Nye.

Figure 3. Nevada Population, 2009-2017.



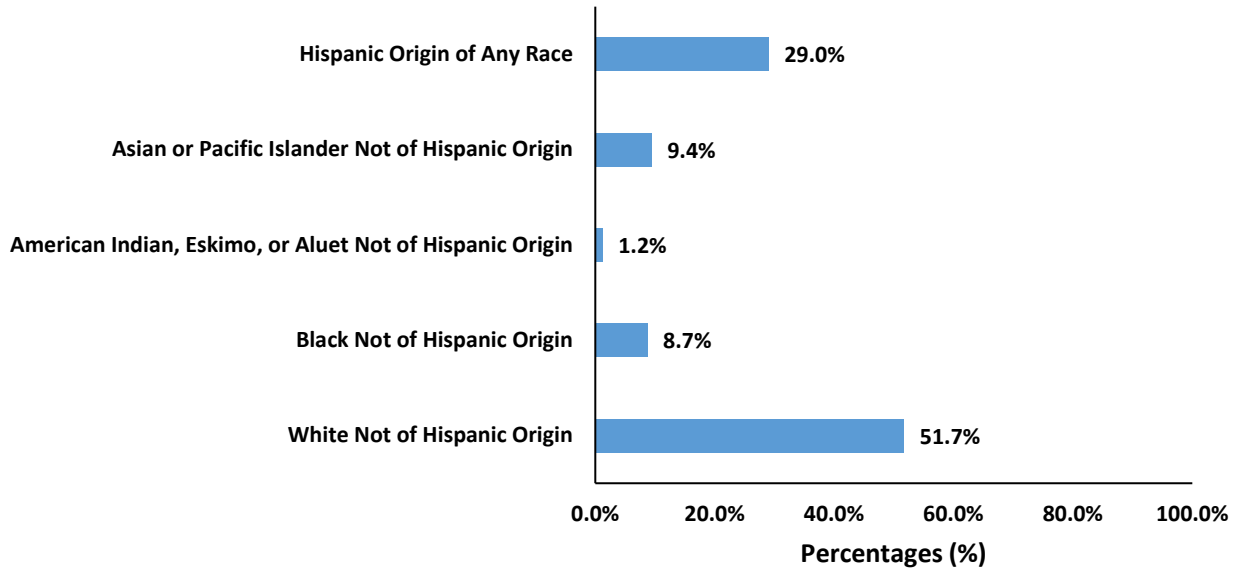
Source: Nevada State Demographer, Vintage 2017.

Figure 4. Nevada Population by Age Group, 2017.



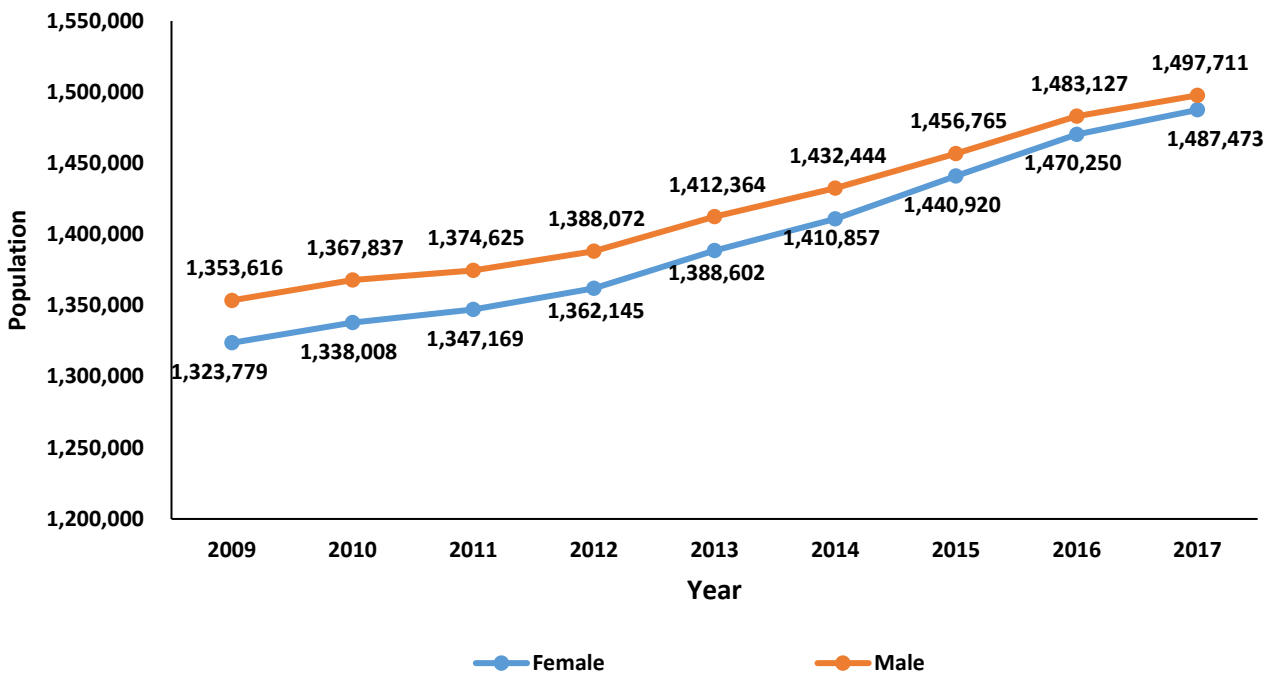
Source: Nevada State Demographer, Vintage 2017.
Chart scaled to 25% to display differences among groups.

Figure 5. Nevada Population by Race/Ethnicity, 2017.



Source: Nevada State Demographer, Vintage 2017.

Figure 6. Nevada Population Distribution by Sex, 2009-2017.



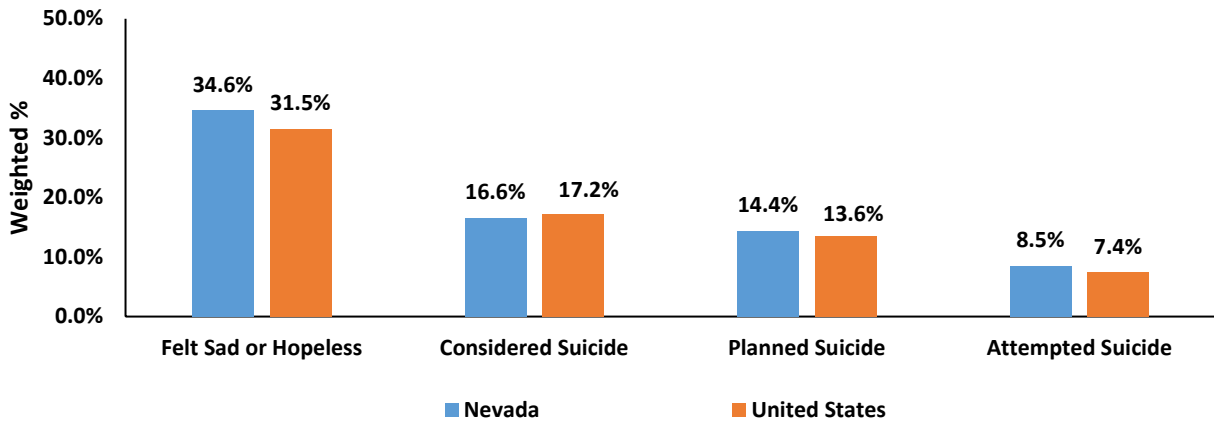
Source: Nevada State Demographer, Vintage 2017.

Mental Health

Youth Risk Behavior Survey (YRBS)

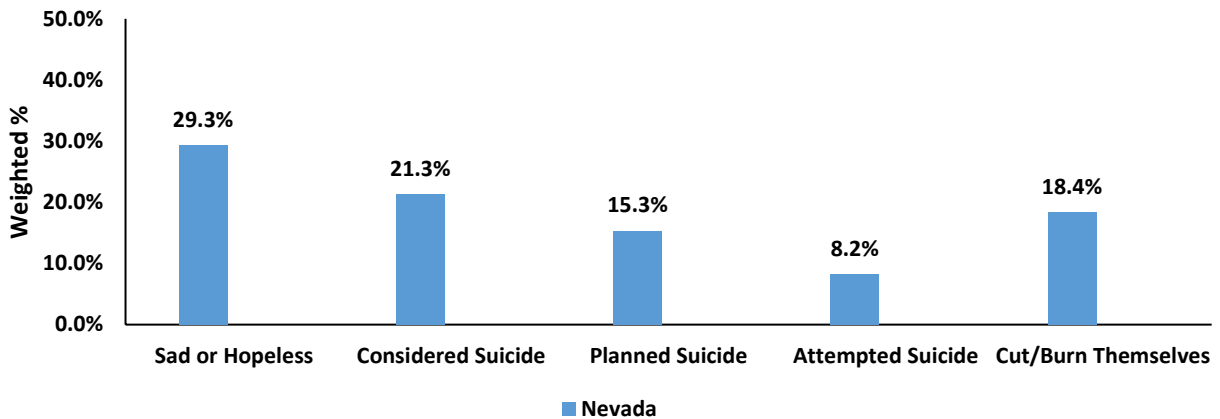
The YRBS survey monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults.

Figure 7. Emotional Health Summary, Nevada High School Students, 2017.



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

Figure 8. Emotional Health Summary, Nevada Middle School Students, 2017.



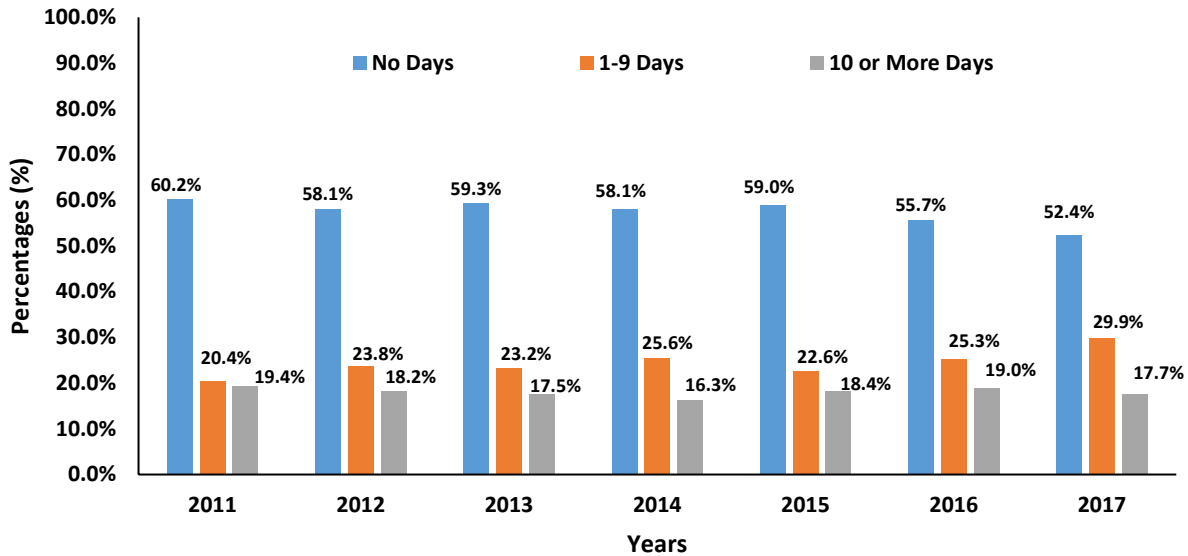
Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 50% to display differences among groups.

Approximately 34.6% of Nevada high school students and 29.3% of Nevada middle school students have felt sad or hopeless in the last 12 months. Additionally, 18.7% of high school students and 18.4% of middle school students intentionally cut or burned themselves without wanting to die in the past 12 months. About 16.6% high school students have considered suicide, while 14.4% have planned to commit suicide in the past 12 months. About 8.5% of Nevada students have attempted suicide in the past 12 months.

Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS collects information on adult health-related risk behaviors.

Figure 9. Percentages of Adult Residents Who Experienced Poor Mental or Physical Health that Prevented them from Doing Usual Activities, 2011-2017.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
2017 data is preliminary and subject to changes.

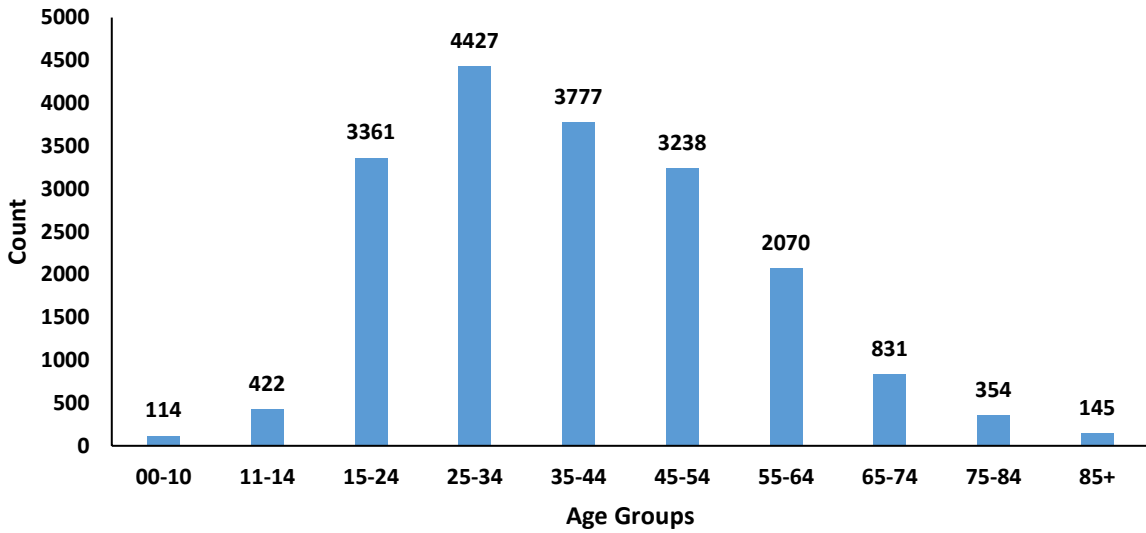
Nevada residents were asked how many days, if any, did a mental health condition or emotional problem keep them from doing their work duties or other usual activities. In 2016, 55.7% reported missing no day or work or activities, 25.3% misses 1-9 days, and 19.0% missed 10 or more days of work or usual activities. In 2017, 52.4% reported missing no day or work or activities, 29.9% misses 1-9 days, and 17.7% missed 10 or more days of work or usual activities.

Syndromic Surveillance

The data contained in this section came from DPBHs ESSENCE, a syndromic surveillance system that tracks chief complaints in emergency departments. Currently, syndromic surveillance does not cover the following counties: Eureka, Storey, Mineral, and Esmeralda since these counties do not have emergency departments.

There were slightly more male patients (52%) among mental health chief complaints in Nevada. The percentage of males continue to increase, and that of females also continue to decrease. In 2016, there were 56.6% males and 43.4% females for mental health chief complaints.

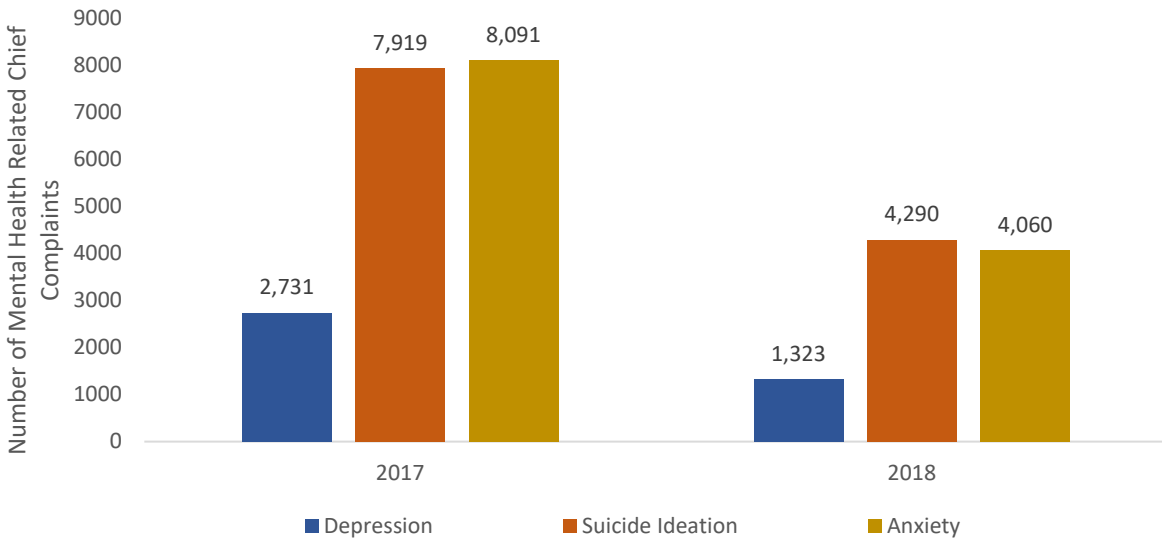
Figure 10. Mental Health Related Chief Complaints by Age Group, Nevada Facilities, 2017.



Source: Division of Public and Behavioral Health, ESSENCE.

Age group 25-34 years had the most complaint in 2017. They had a total complaint of 4,427. Followed by age group 35-44 years who had a total complaint of 3,777. Age group 0-10 years had the least complaint of 114.

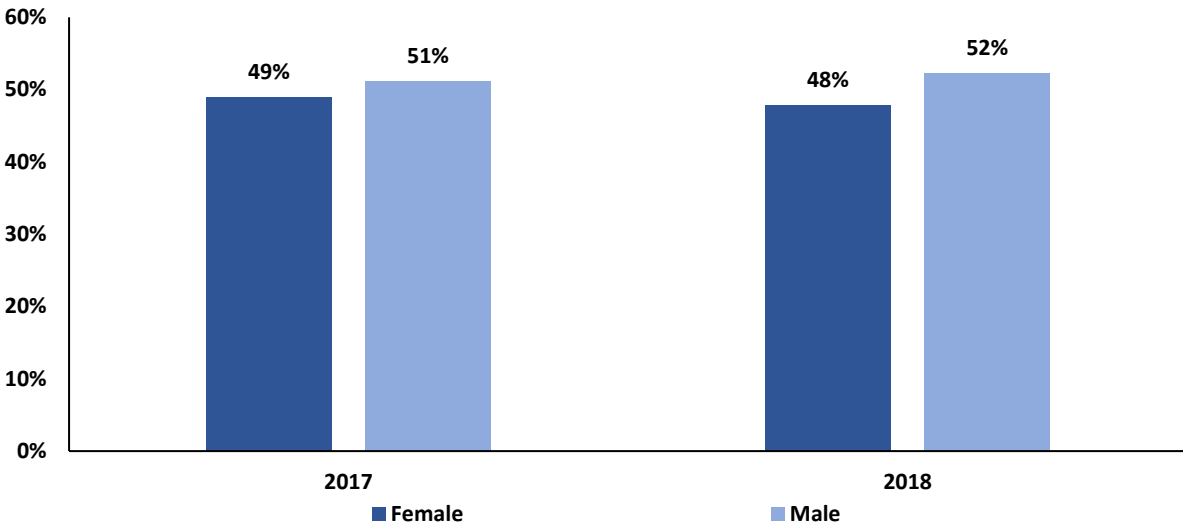
Figure 11. Mental Health Related Chief Complaints, 2017-2018*.



Source: Division of Public and Behavioral Health ESSENCE.
2018 Data is January to May.

The largest mental health related diagnosis among patients was anxiety, then closely followed by suicide ideation. Not enough information was available to provide race/ethnicity patient demographics.

Figure 12. Mental Health Related Chief Complaints by Sex, 2017-2018*.

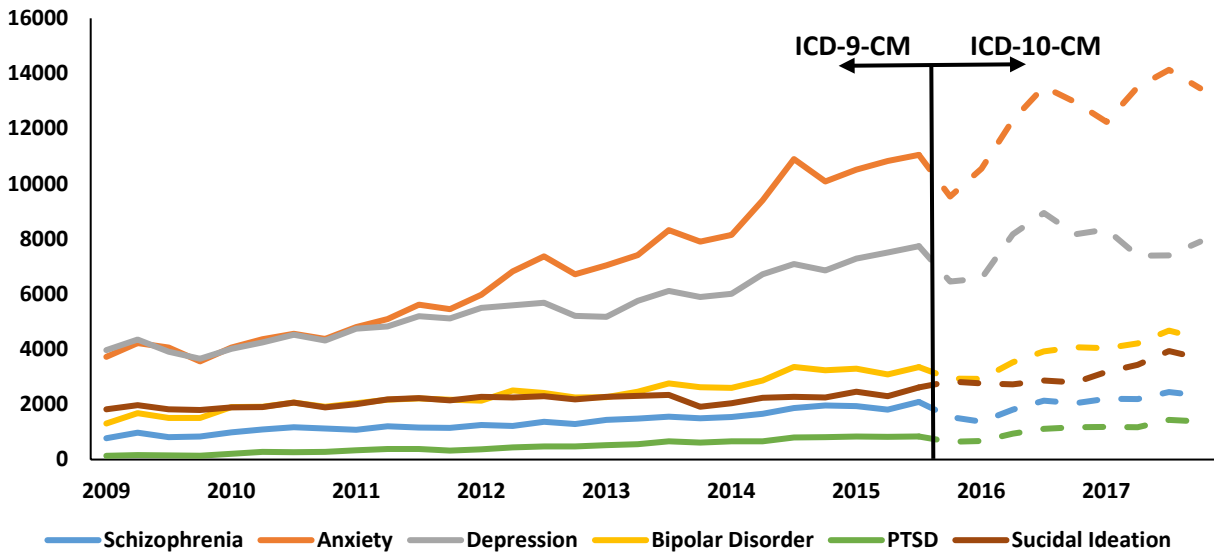


Source: Division of Public and Behavioral Health, ESSENCE.
 Chart scaled to 50% to display differences among groups.
 *2018 Data is January to May

Hospital Emergency Department Encounters

The Hospital Emergency Department Billing data provides health billing data for emergency room patients for Nevada's non-federal hospitals. There was a total of 130,252 visits related to mental health disorders among Nevada residents in 2017 for the mental health disorders. Since an individual can have more than one diagnosis during a single ER visit, the following numbers reflect the number of times a diagnosis in each of these categories was given, and therefore the following numbers are not mutually exclusive.

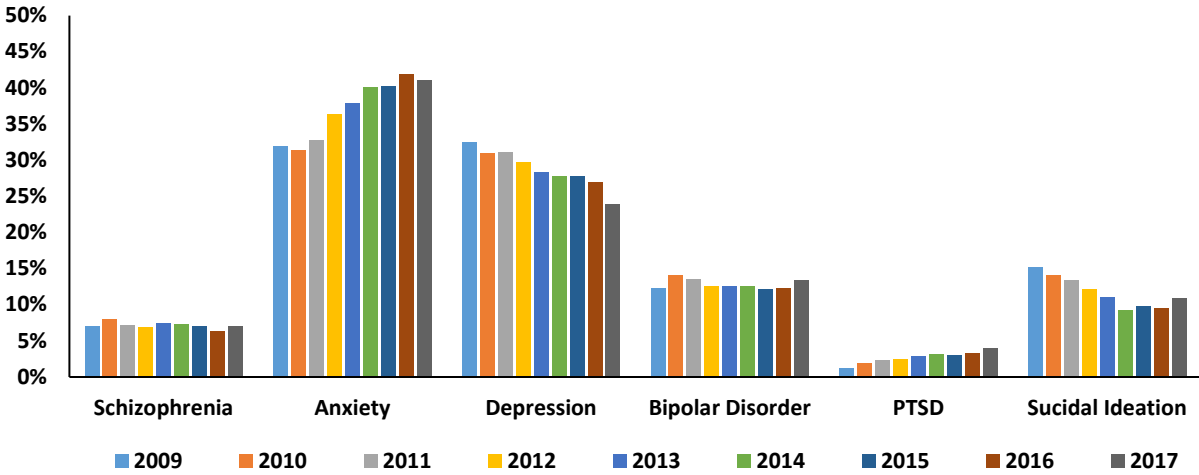
Figure 13. Mental Health Related Emergency Department Encounters, by Quarter and Year, 2009-2017.



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

Anxiety disorder is the most common mental health disorder case that was treated at the Emergency department (ED) among Nevada residents. In 2017, 53,345 ED visits were related to anxiety. There were 31,033 related to depression, and, 17,319 were related to bipolar disorder. Another 5,184 visits were related to post traumatic stress disorder (PTSD) and 14,210 visits were related to suicidal ideation.

Figure 14. Percentage of Mental Health Related Emergency Room Visits, Nevada Residents, 2009-2017.

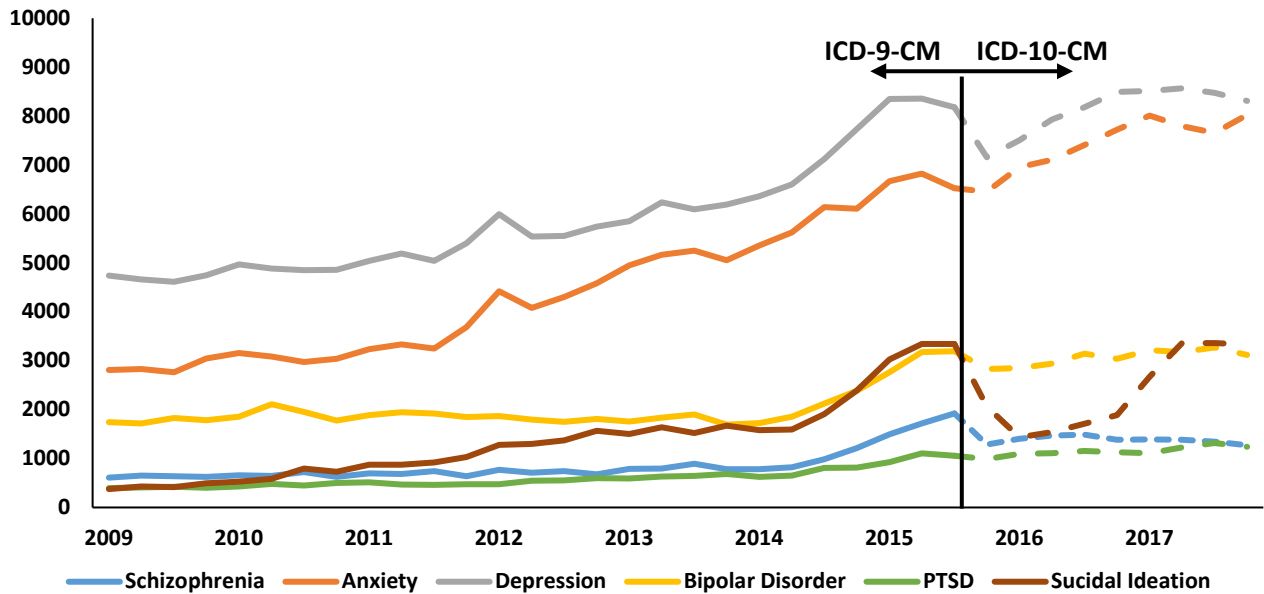


Source: Hospital Emergency Room Billing.
 ICD-10 codes replaced ICD-9 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
 Charts scaled to 50% to display differences among groups.

Hospital Inpatient Admissions

The Hospital Inpatient Billing data provides health billing data for patients discharged from Nevada’s non-federal hospitals. There was a total of 101,139 inpatient admissions related to mental health disorders among Nevada residents in 2017. Since an individual can have more than one diagnosis during a single inpatient admission, the following numbers reflect the number of times a diagnosis was given and therefore the following numbers are not mutually exclusive. Diagnoses related to mental disorders occurred in 260,047 inpatient admissions from 2009 to 2017.

Figure 15. Mental Health Related Inpatient Admissions, by Quarter and Year, 2009-2017.

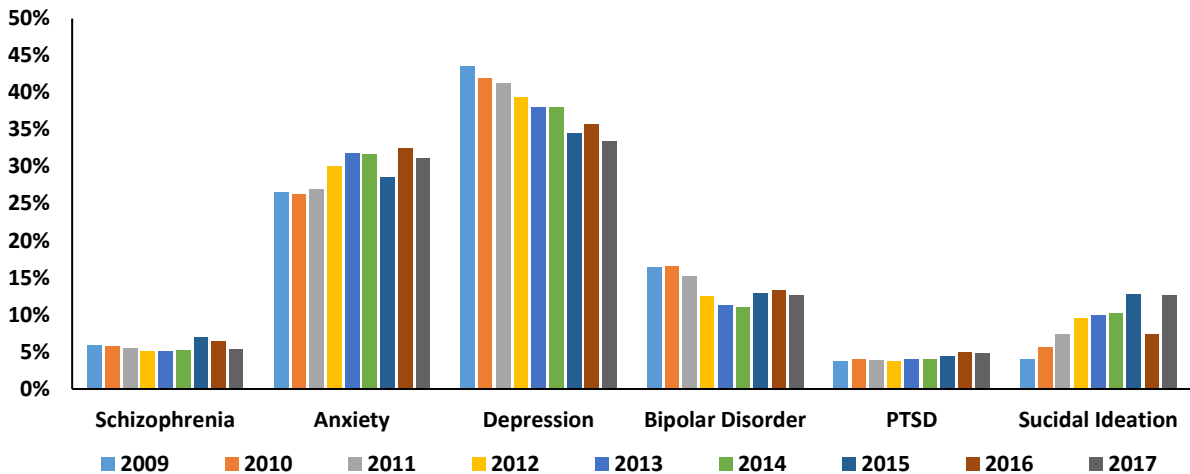


Source: Hospital Inpatient Billing.

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

Depression was the most common mental health disorder for inpatient admissions for Nevada residents between 2009 and 2017. In 2017, 33,867 admissions were related to depression. Depression inpatient admissions have increased consistently over the 9 years' period. 31,481 Nevada residents were admitted in 2017 due to anxiety. Anxiety inpatient admissions have increased consistently over the 9 years' period. 12,783 Nevada residents were admitted with a diagnosis of bipolar disorder and 4,892 were admitted with a diagnosis of post-traumatic stress disorder (PTSD). Another 12,723 Nevadans were admitted with suicidal ideation diagnosis. 5,393 were admitted due to schizophrenia diagnosis.

Figure 16. Percentage of Mental Health Related Inpatient Admissions, Nevada Residents, 2009-2017.



Source: Hospital Inpatient Billing.

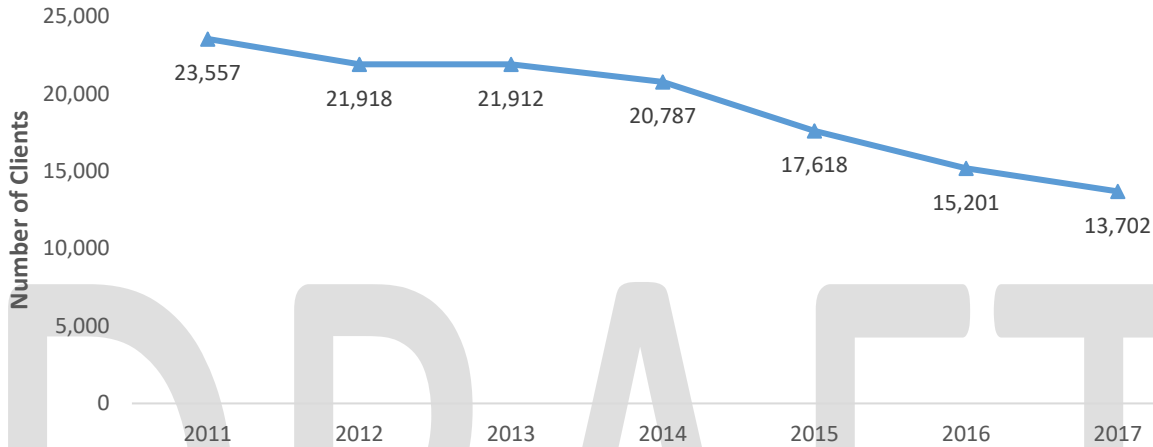
ICD-10 codes replaced ICD-9 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Charts scaled to 50% to display differences among groups.

State Funded Mental Health Facilities (Avatar)

The Division of Public and Behavioral Health is the largest provider of mental health services in Nevada, including outpatient services. In Northern Nevada, DPBH clinics are categorized as Northern Nevada Adult Mental Health Services (NNAMHS). In Southern Nevada, DPBH clinics are categorized as Southern Nevada Adult Mental Health Services (SNAMHS). Outpatient services are included

Figure 17. State Mental Health Clinics by Number of Unique Clients Served and Program, 2011-2017.

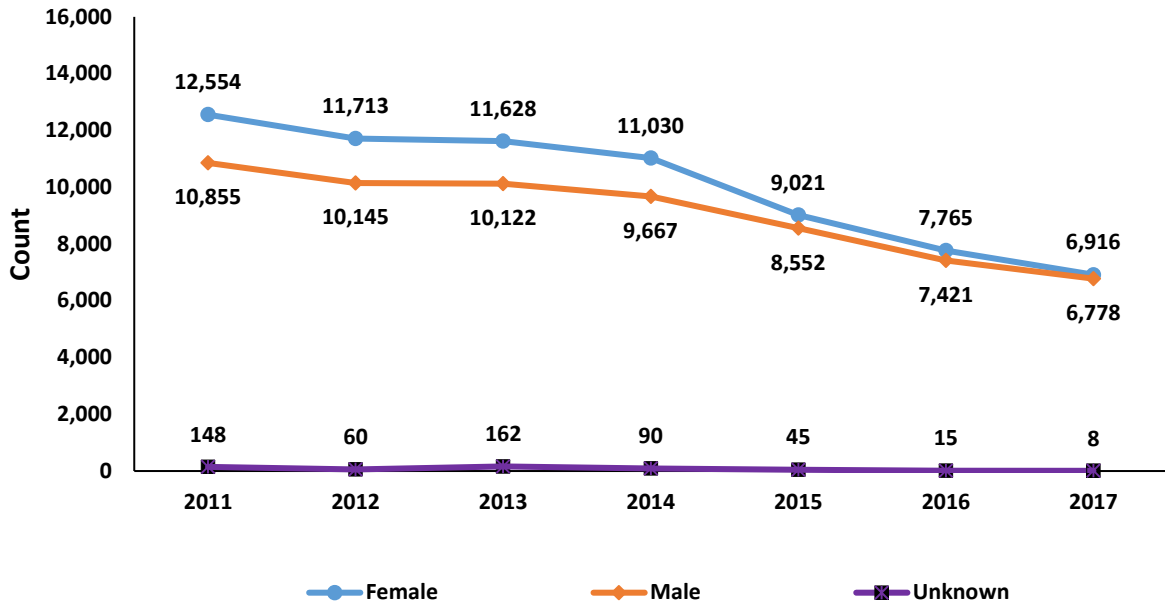


Source: Avatar.

*Patient counts were de-duplicated; a client is counted once per year.

The Affordable Care Act (ACC) went into effect during 2014, thus people were able to use non-state funded facilities through the Medicaid expansion. The number of unique clients served* by State Funded Mental Health facilities continued to drop. There were 15,201 clients served in 2016 and the number decreased to 13,702 in 2017. Client counts were de-duplicated. A client is counted only once per year. Clients may be counted more than once across years.

Figure 18. State Mental Health Clinics Utilization* by Gender, 2011-2017.



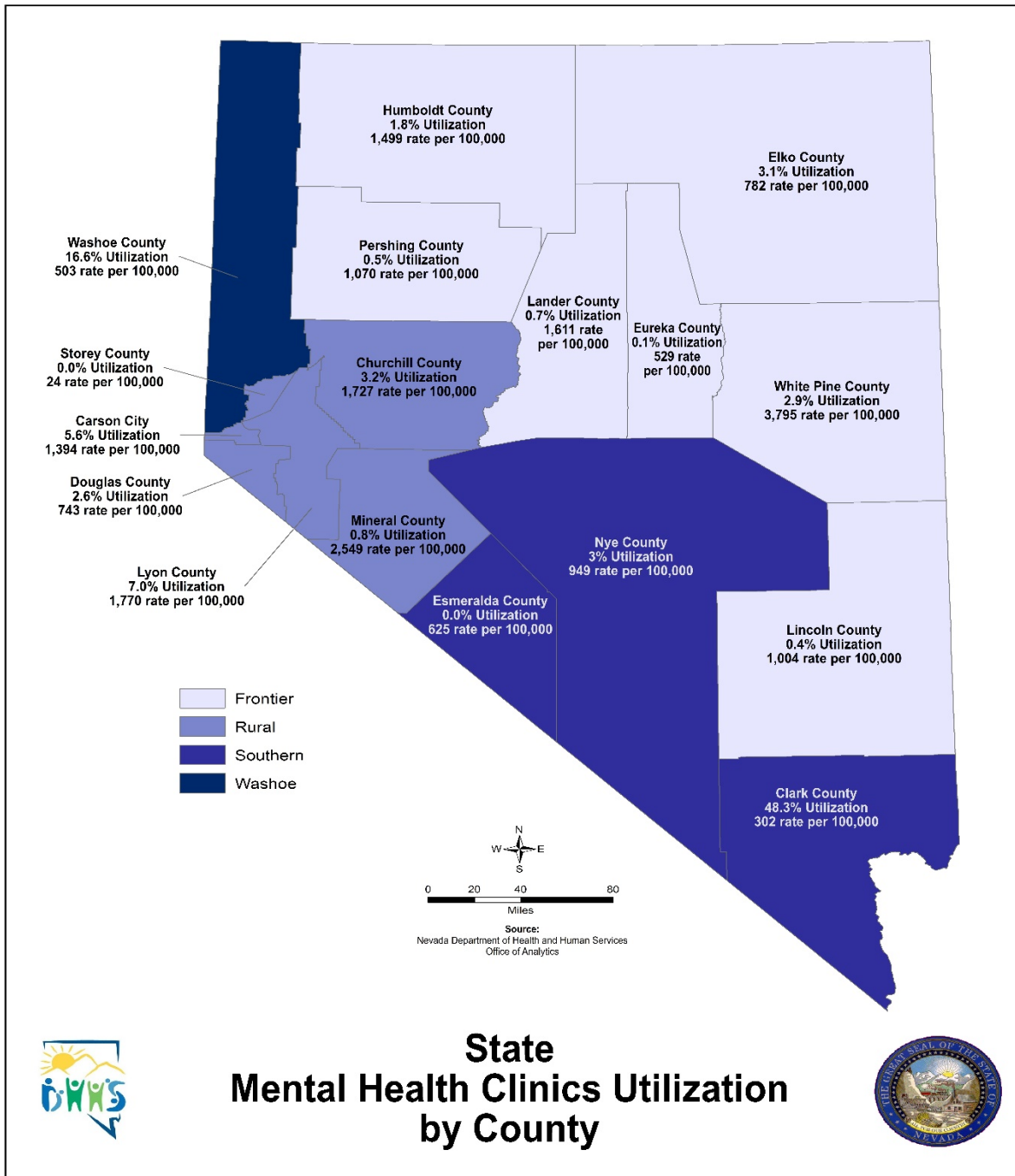
Source: Avatar.

*Clients are counted once per year.

More females than males utilized state mental health services. There 6,916 females utilized state mental health services in 2017 as compared to 6,778 males. In 2016, 7,765 females utilized services as compared to 7,421 males.

Of the Nevada residents accessing DPBH mental health services in 2017, 48.3% lived in Clark county, 16.6% lived in Washoe county and the least percentage lived in the Storey County. In 2016, 47.3% lived in Clark county, 18.9% lived in Washoe County and the least percentage lived in the Storey County. At least 2 people in Storey County accessed mental health services in 2017.

Figure 19. State Mental Health Clinics Utilization by County, 2017



Source: Avatar.

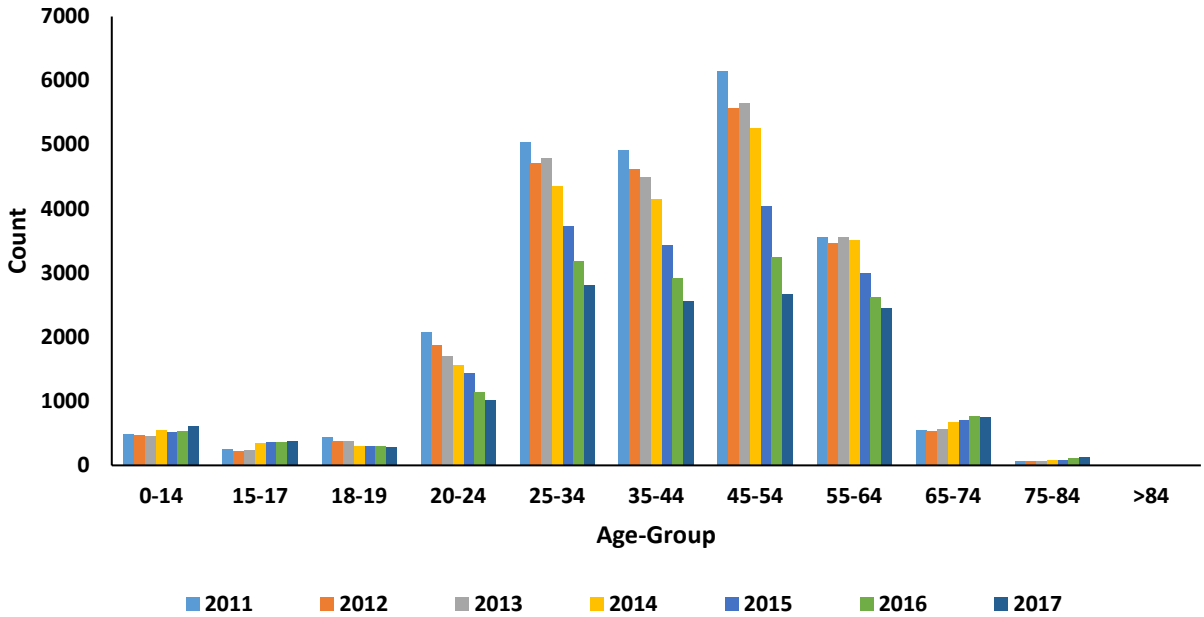
Clients are counted once per year.

Utilization: Clients who received mental health services by patient county.

Percent (%): Number of clients who utilize service in that county divided by total utilization.

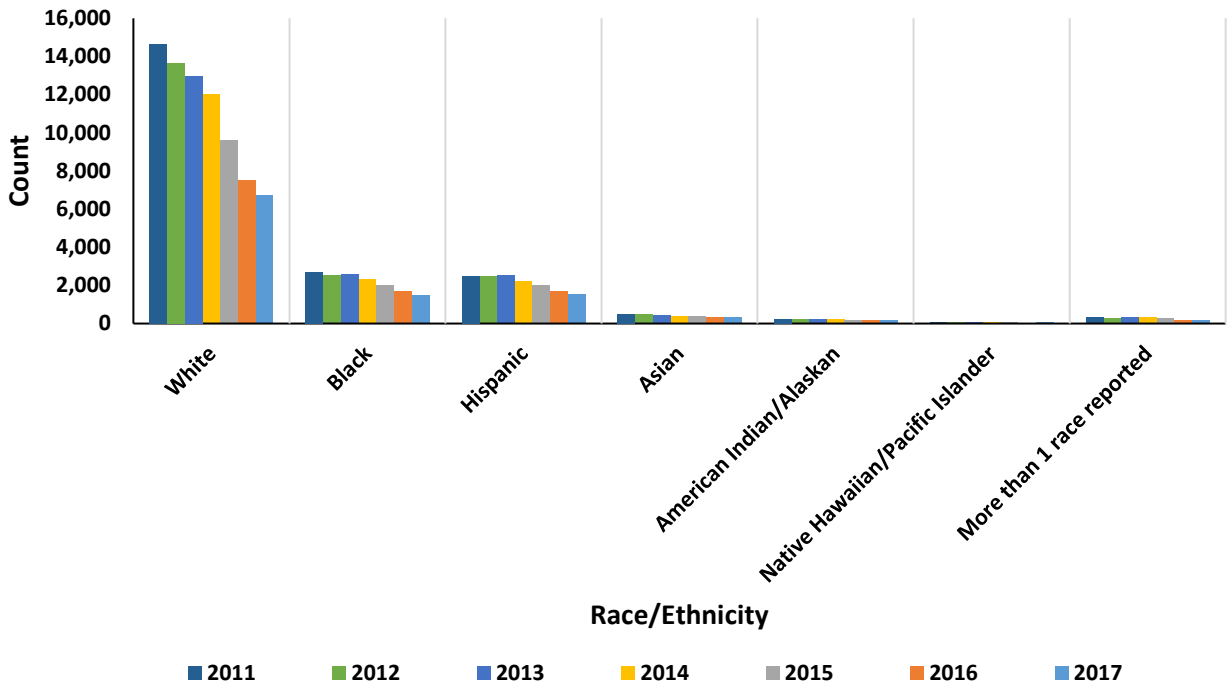
Rate: Number of clients who utilize service in that county divided by county population per 100,000 people.

Figure 20. State Mental Health Clinics Utilization* by Age-Group, 2011-2017.



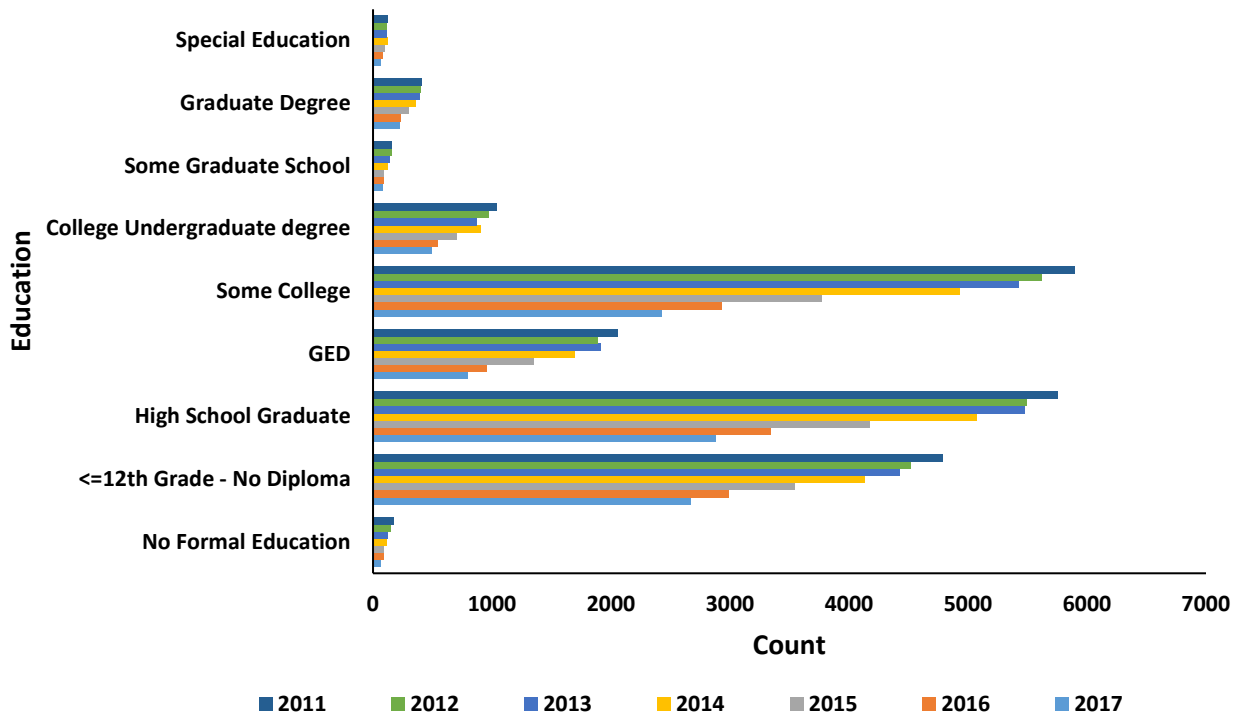
Source: Avatar.
 Age "Unknown" not included in analysis.
 *Clients are counted once per year.

Figure 21. State Mental Health Clinics Utilization* by Race/Ethnicity, 2011-2017.



Source: Division of Public and Behavioral Health, Avatar.
 Race "Unknown" not included in analysis.
 *Clients are counted once per year.

Figure 22. State Mental Health Clinics Utilization* by Education, 2010-2017



Source: Avatar
 Education "Unknown" not included in analysis.
 *Clients are counted once per year.

Figure 23. Top Mental Health Clinic Services by Number of Patients Served*, 2012-2017.

Program	Year						
	2011	2012	2013	2014	2015	2016	2017
NNAMHS Ambulatory Service Adult	1,369	1,537	1,822	1,560	1,326	692	56
NNAMHS Medication Clinic Adult	3,790	3,678	3,838	3,508	3,149	2,310	1,920
SNAMHS Ambulatory Service Coordination Adult	3,331	3,137	2,711	1,520	823	1,843	1,517
SNAMHS Inpatient Hospital Adult	2,106	1,537	2,359	2,593	2,685	1,960	1,881
SNAMHS Medication Clinic Adult	8,492	8,081	8,481	8,083	5,500	4,307	3,891
SNAMHS Out Patient Counseling Adult	1,061	967	673	649	526	575	566
SNAMHS Service Coordination Adult	698	742	1,052	1,051	867	644	521
SNAMHS Observation Unit Adult~	4,458	4,736	3,106	~	~	~	~

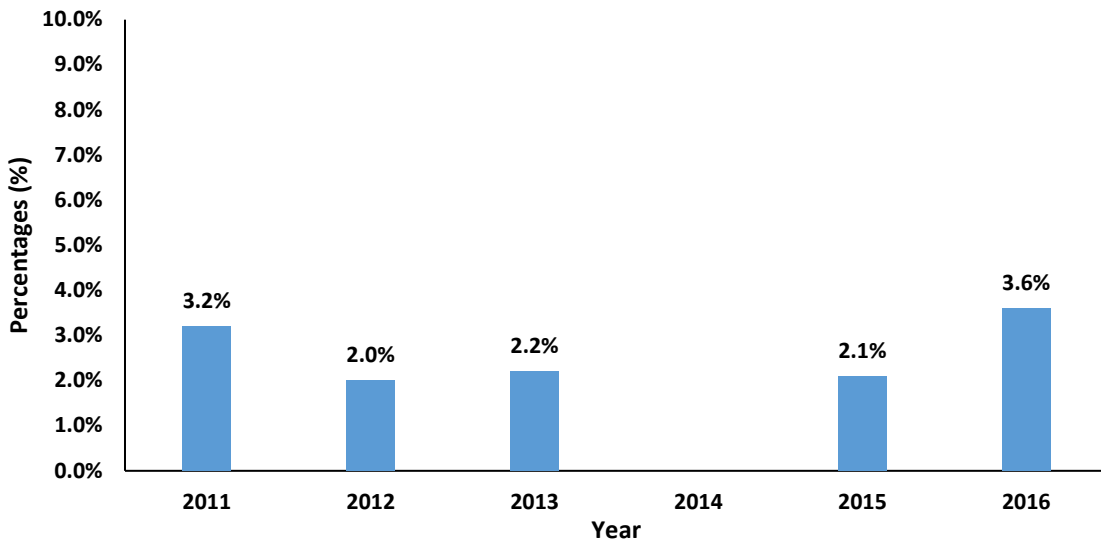
Source: Avatar.
 ~Program no longer active.
 *Clients are counted once per year.

During the 7-year period of 2011 to 2017, there were 57,920 Nevadans who accessed mental health services from DPBH. Some individuals used DPBH services more than once per year. White non-Hispanics made up 50% of the population, Blacks made up about 11.3% of the population and, Hispanics also made up about 11.3% of the population. The most populous age group was the 45-54-year old's, on the average, accounting for 24% of the patients. High school graduates accounted for 24% of the patients, followed by "some college" (23%) and "less than 12th grade, no diploma" (20%).

NNAMHS Ambulatory Service Adult served 692 clients in 2016 and only 56 people in 2017. NNAMHS Medication Clinic Adult served 2,310 and 1,920 clients in 2016 and 2017 respectively. SNAMHS Ambulatory Service Coordination Adult served 1,517 clients in 2017 and SNAMHS Inpatient Hospital Adult served 1,881 clients in 2017. SNAMHS Medication Clinic Adult served 3,891 clients in 2017. SNAMHS Out Patient Counseling Adult served 521 clients in 2017. SNAMHS Observation Unit Adult program was closed in 2013. Clients were counted only once per program. Client may receive services more than once per program. Also, a client may receive services across programs.

Suicide (Attempts) and Mortality

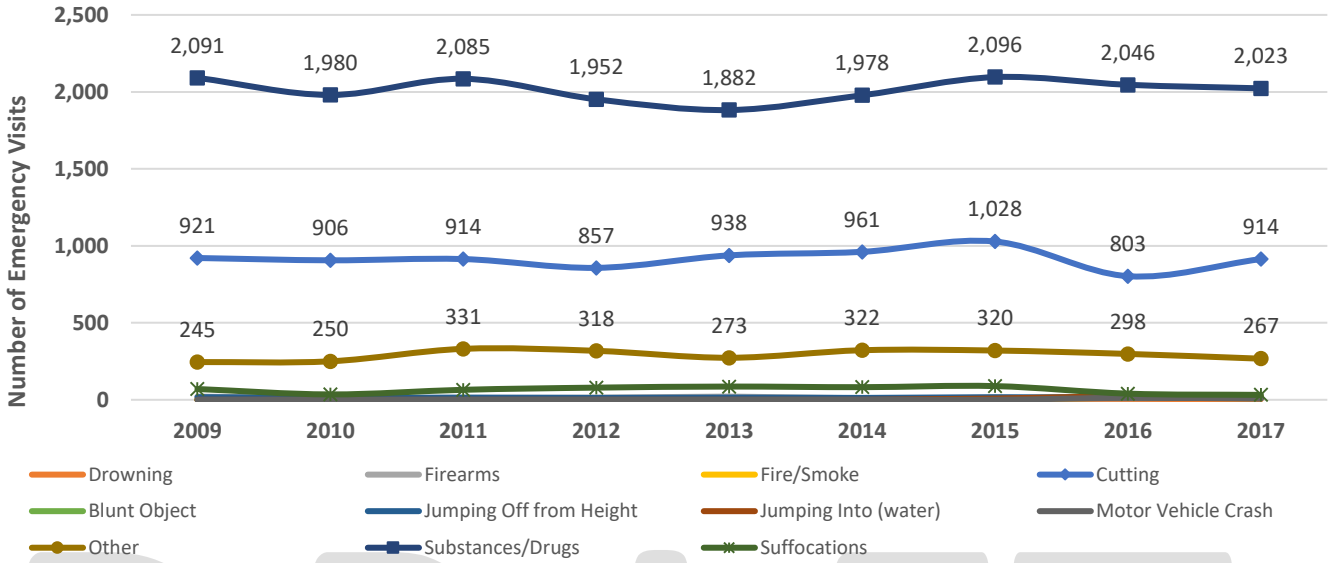
Figure 24. Percentages of Adult Nevada Residents Who Have Seriously Considered Attempting Suicide, 2011 – 2016.



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

When asked "have you seriously considered attempting suicide during the past 12 months", 3.6% of Nevada residents said yes in 2016, which is a 1.5% increase from the previous year 2015. Indicator was not measured in 2014. Between 2011-2016, the average prevalence for suicide consideration in the state of Nevada is 2.6%.

Figure 25. Suicide Attempts Emergency Department Encounters by Method, Nevada Residents, 2009-2017.

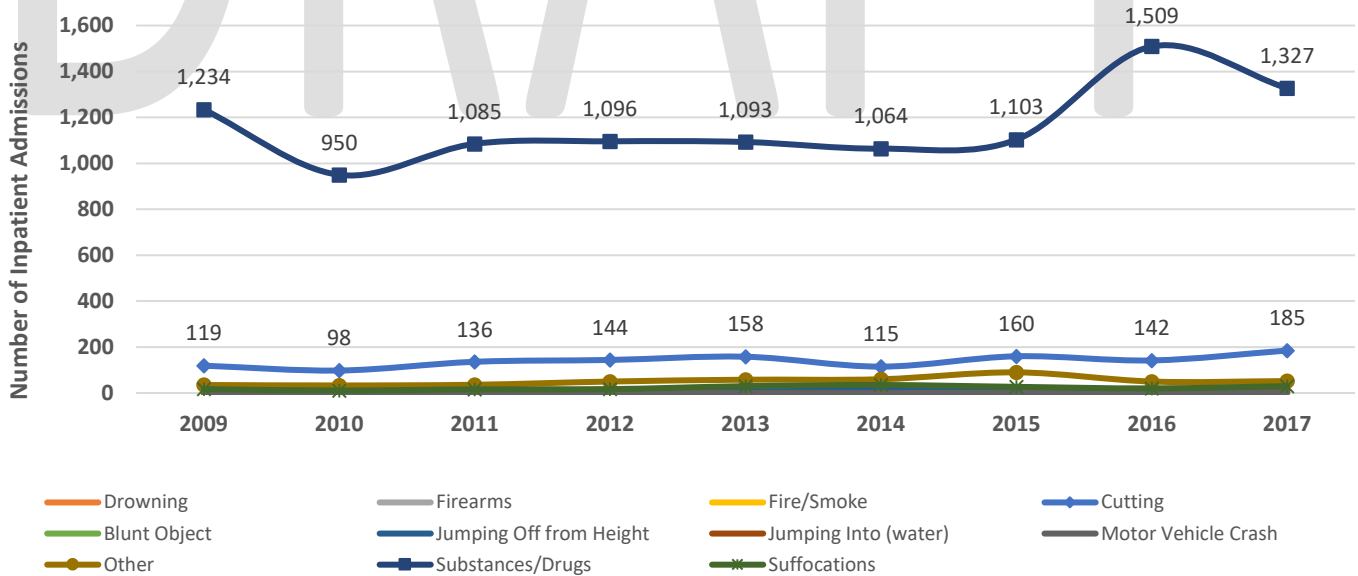


Source: Hospital Emergency Room Billing.

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

Attempted suicides where the patient did not expire at the hospital, have remain steady from 2009-2017. The most common method for attempted suicides is a substance or drug overdose attempt. During 2017, 3,247 emergency encounters were for suicide attempts, of those 2,023 were for substance/drug overdose, or 62% of the suicide attempts.

Figure 26. Suicide Attempts Inpatient Admissions by Method, Nevada Residents, 2009-2017.

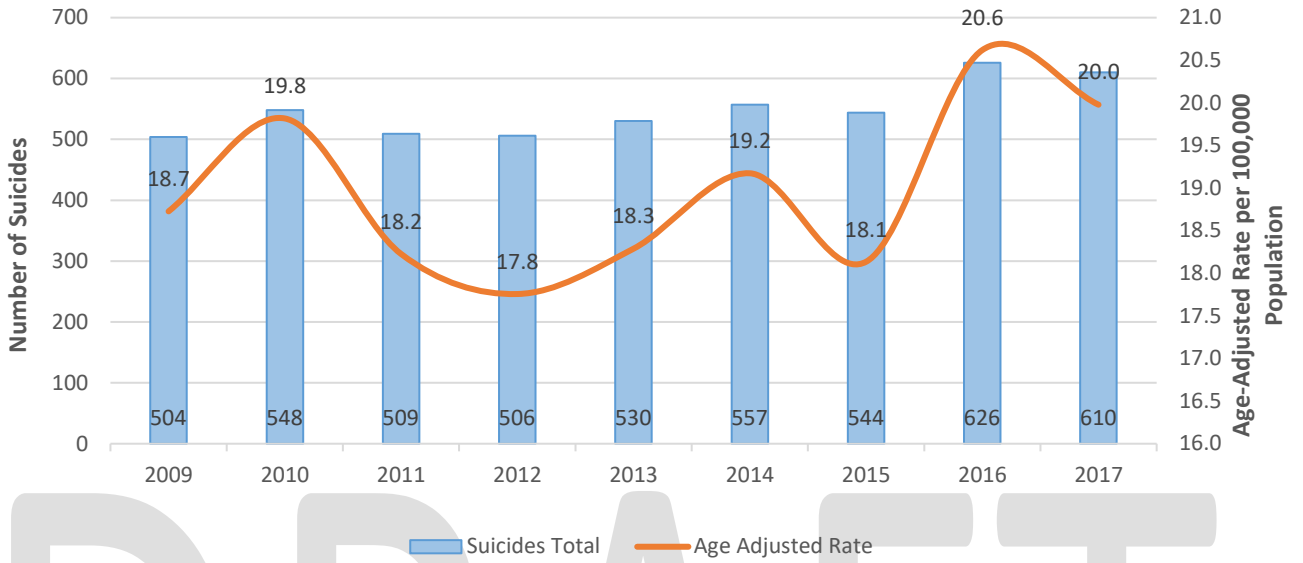


Source: Hospital Inpatient Billing.

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

In 2017, there were 1,605 inpatient admissions for attempted suicides where the patient was admitted and did not expire at the hospital. Of those, 82% were for substance and drugs overdoses, 1,327 inpatient admissions.

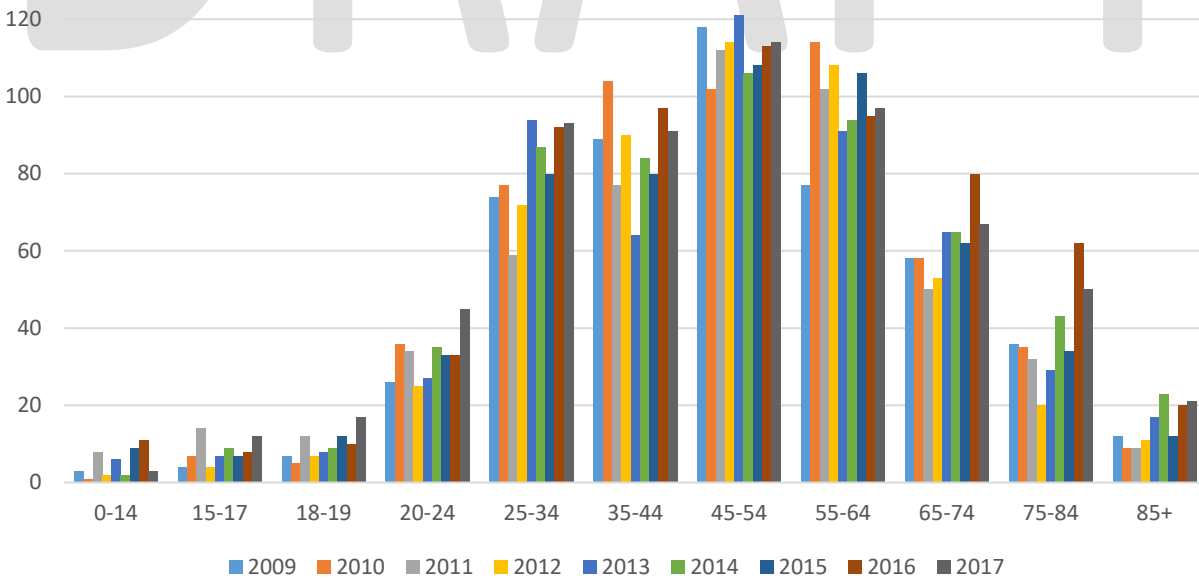
Figure 27. Number of Suicides and Age-Adjusted Rates, Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.

The age-adjusted suicide rate for 2017 was 20.0 per 100,000 population. Between 2009-2017, Nevada had its highest age-adjusted suicide rate in 2016, which was 20.6 per 100,000 population and lowest rate in 2012, with 17.8 per 100,000 population. From 2009-2017 there have been 4,934 suicides in Nevada, on average 548 suicides occur each year.

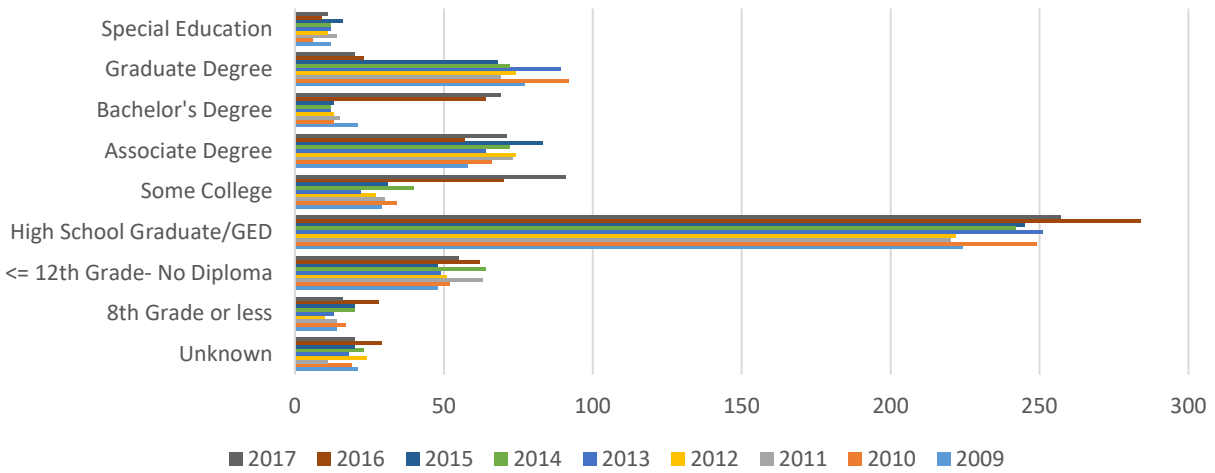
Figure 28. Suicides by Age Group, Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.

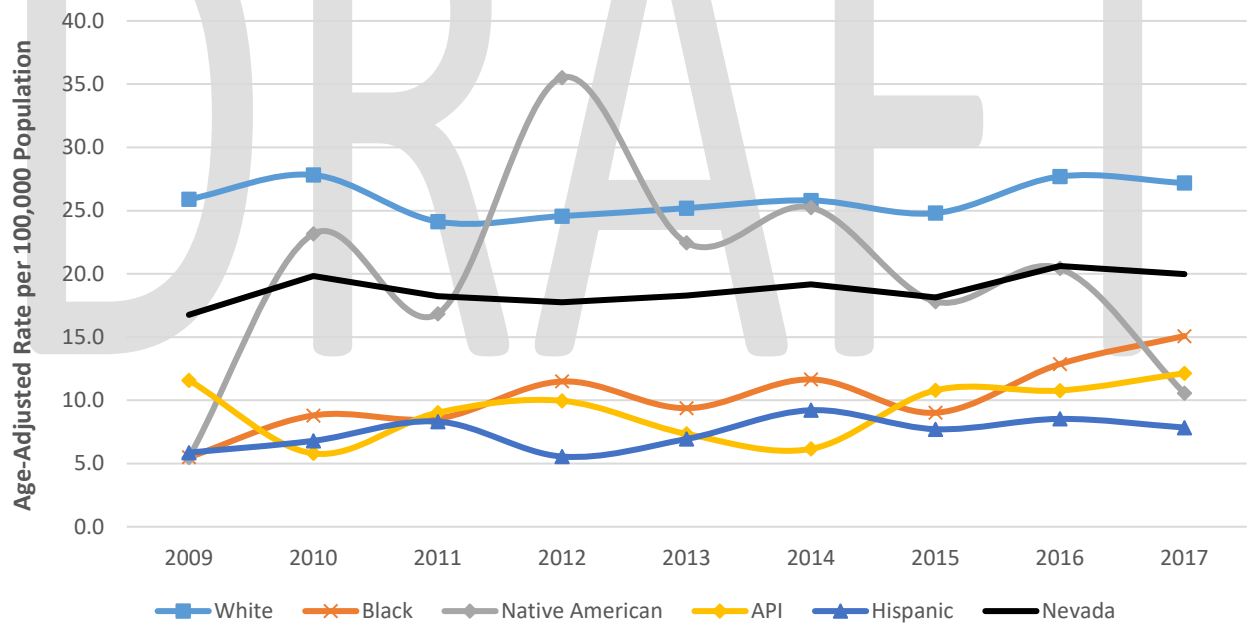
Suicides in Nevada, are most common for the 45-54 age group with 114 of the death in 2017, were of that age.

Figure 28. Suicides by Level of Education, Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.

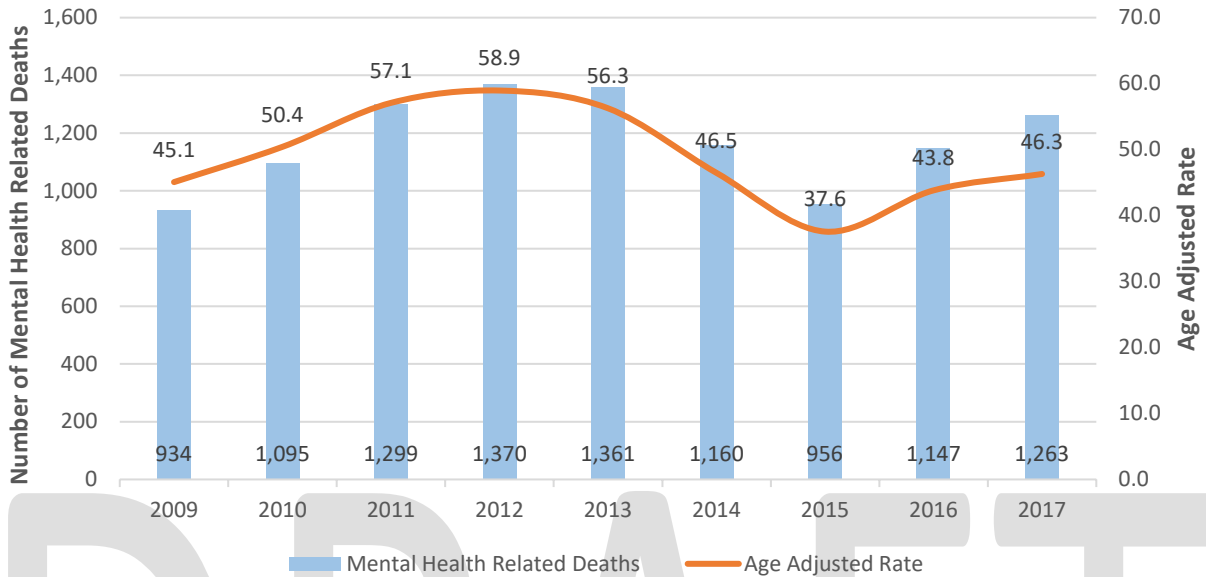
Figure 29. Race/Ethnicity Suicides by Age Adjusted Rates, Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.

Suicides by race and ethnicity, White were significantly higher than the state for each year, 27.2 per 100,000 population. The Native American age-adjusted rate was above the total Nevada rate but was not significantly higher based on 95% confidence intervals. Hispanics are significantly lower than the total Nevada population over all years.

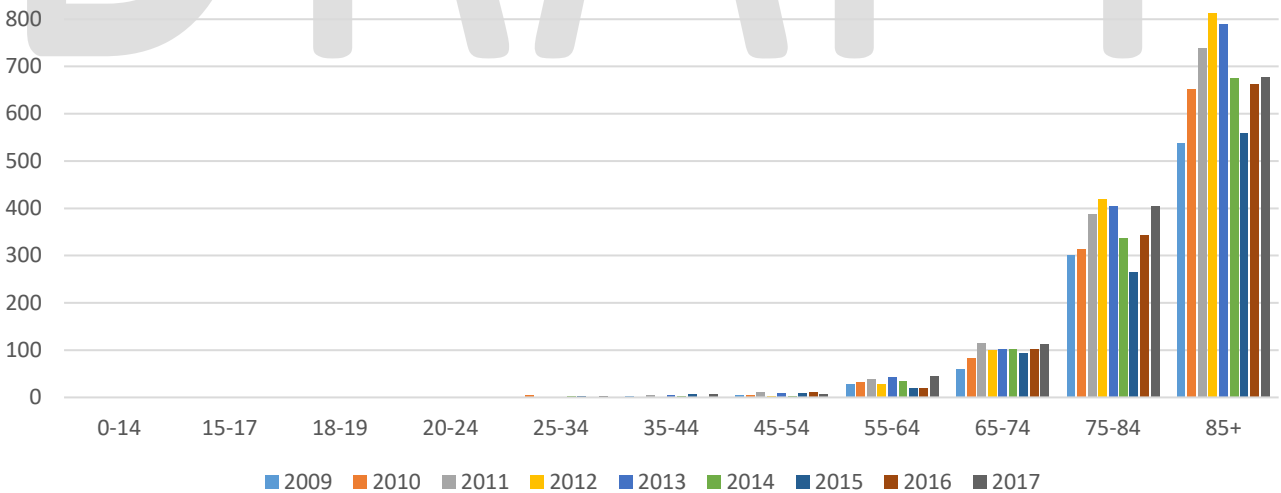
Figure 30. Mental Health Related Deaths and Age-Adjusted Rates, Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.

Mental health related deaths were highest in 2012 with 1,370 deaths. In 2015, the number of mental health related deaths dropped to 956 which was significant (95% confidence interval). In 2017, mental health deaths were 46.3 per 100,000 population, which is still significantly lower than 2012 and 2013.

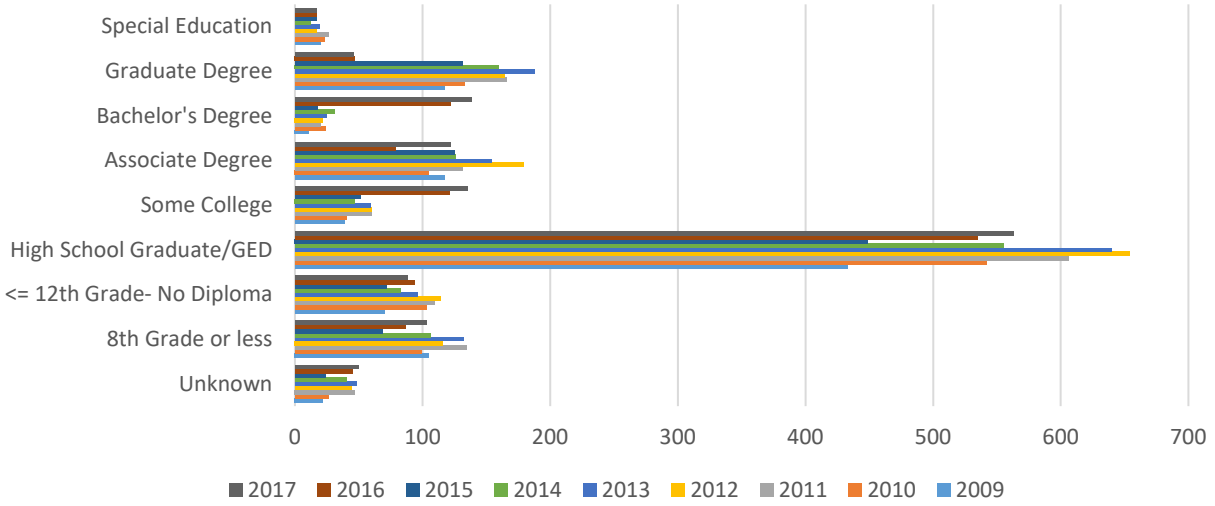
Figure 31. Mental Health Related Deaths by Age Group, Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.

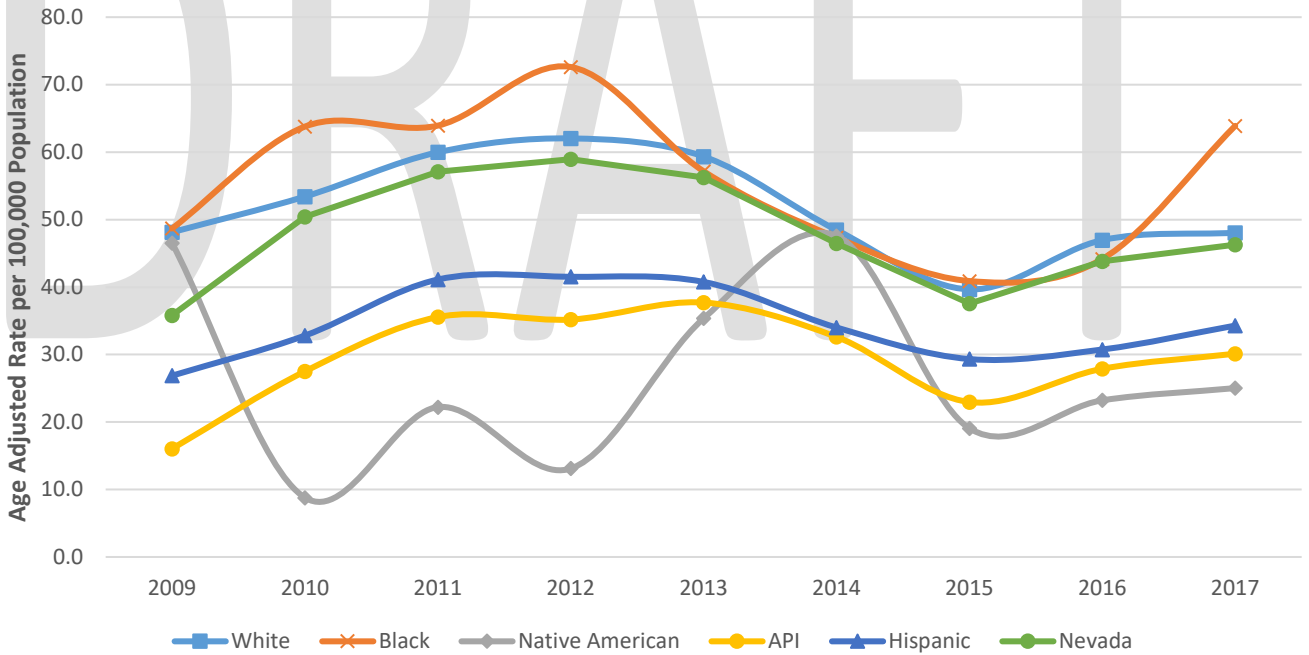
Mental health related deaths increase with age.

Figure 28. Mental Health Related Deaths by Education, Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.

Figure 32. Race/Ethnicity Mental Health Related Deaths by Race/Ethnicity, Nevada Residents, 2009-2017.



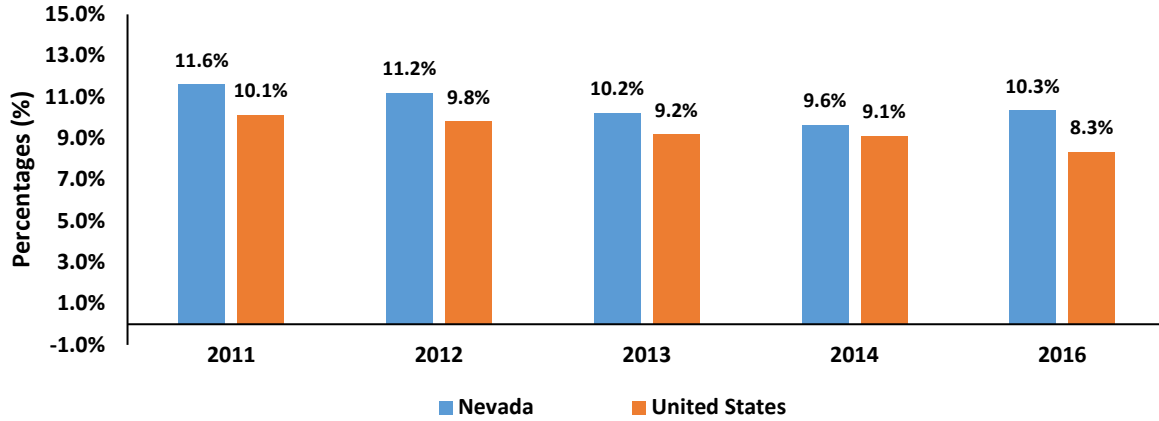
Source: Nevada Electronic Death Registry System.

The age-adjusted rates dispersed among the race and ethnicity show no significantly higher or lower group.

Substance Abuse

National Surveys on Drug Use and Health

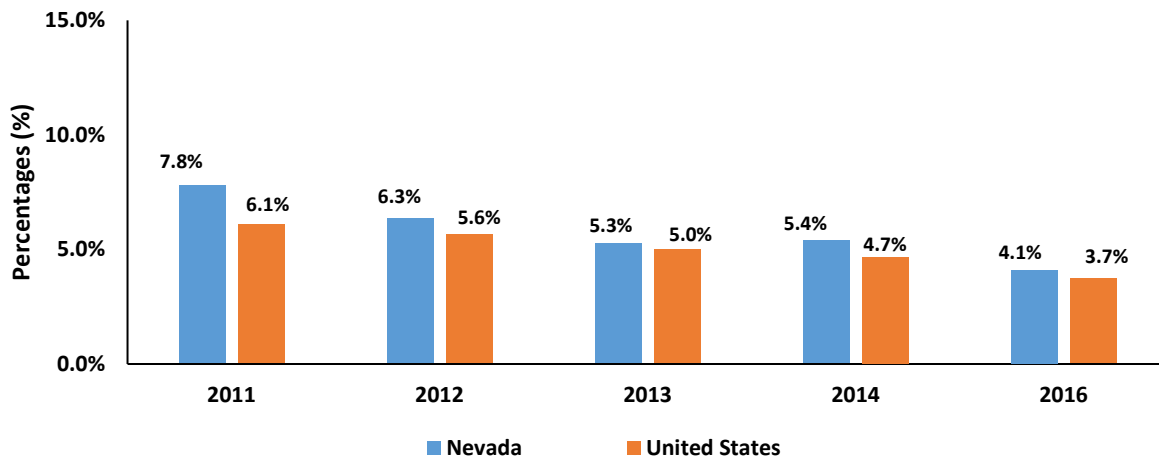
Figure 33. Past Month Illicit Drug Use Among Adolescents Aged 12-17 in Nevada and the United States, 2011-2016.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010-2016. Chart scaled to 15% to display differences among groups.

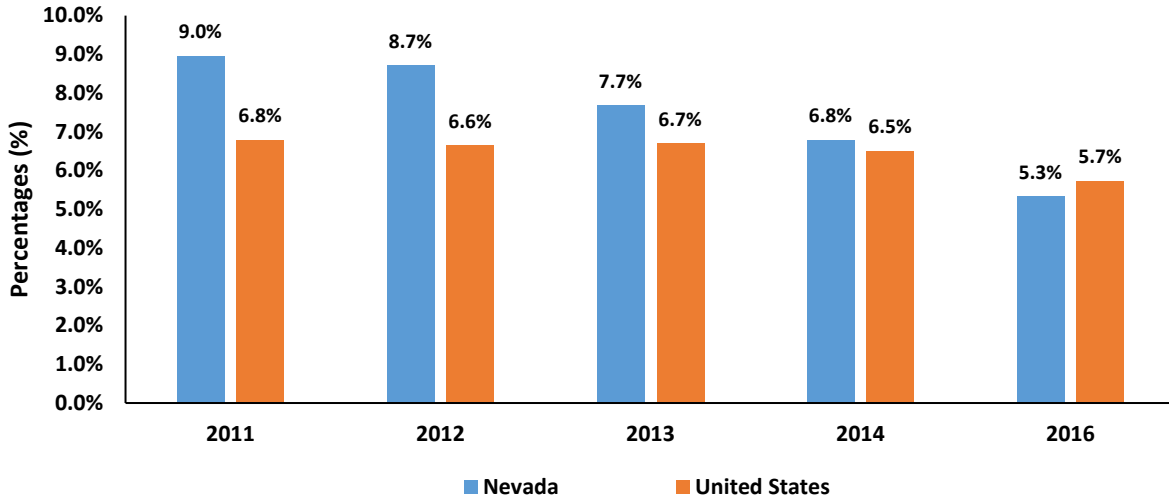
Illicit drugs are substances that either stimulate the central nervous system or cause hallucinogenic effects. Their use, is usually prohibited. 10.3% of Nevadans between the ages of 12-17 years used illicit drugs in the past month of 2016. 9.6% used illicit drugs in 2015 and another 10.2% used illicit drugs in the past month of 2014.

Figure 34. Past Non-Medical Use of Pain Relievers Among Adolescents Aged 12-17 in Nevada and the United States, 2011-2016.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010-2016. Chart scaled to 15% to display differences among groups.

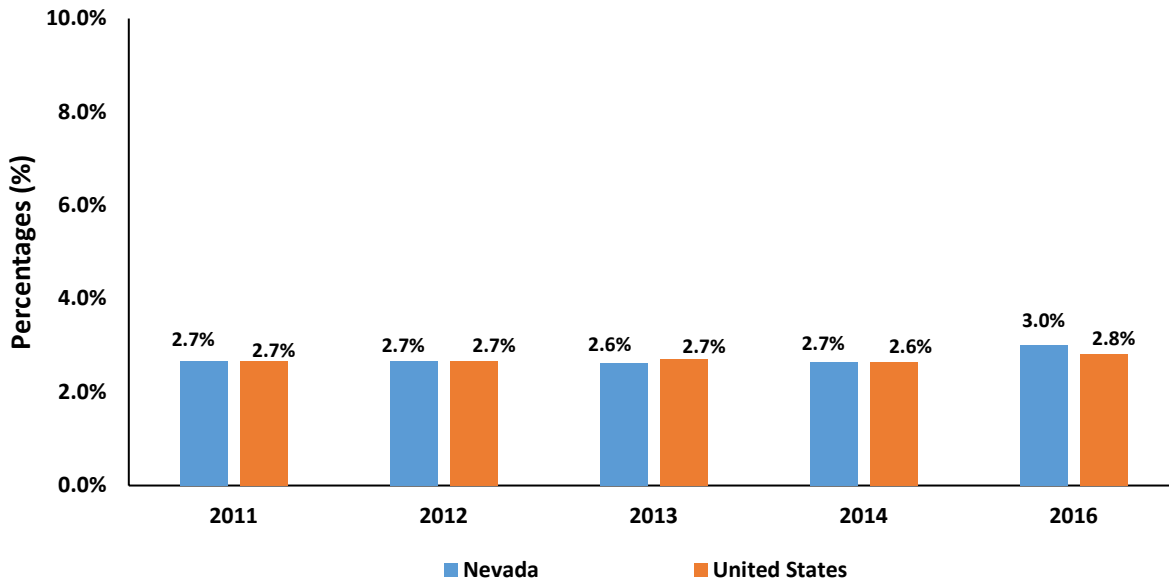
Figure 35. Alcohol Use Disorder in the Past Year in Ages 12 Years and Above, in Nevada and the United States, 2011-2016.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010-2016. Chart scaled to 10% to display differences among groups.

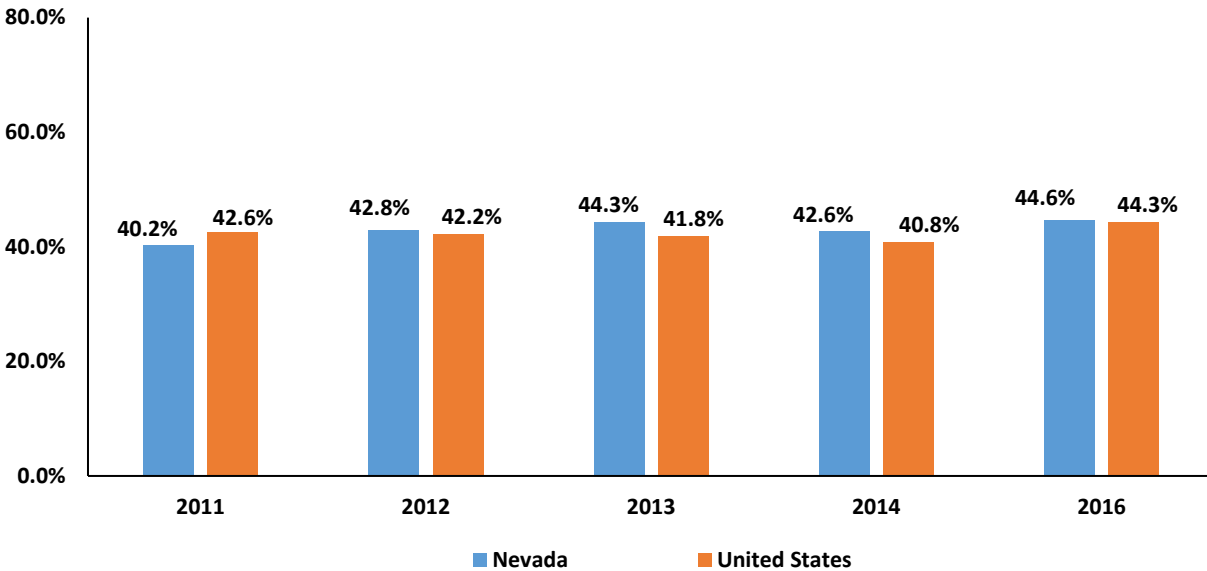
In 2016, 4.1% of adolescents between the ages of 12-17 years used pain relievers for non-medical purposes. Another 5.3% of Nevadans, aged 12 years and above were diagnosed for alcohol use disorders.

Figure 36. Illicit Drug Use Disorder in the Past Year in Ages 12 Years and Above, in Nevada and the United States, 2011-2016.



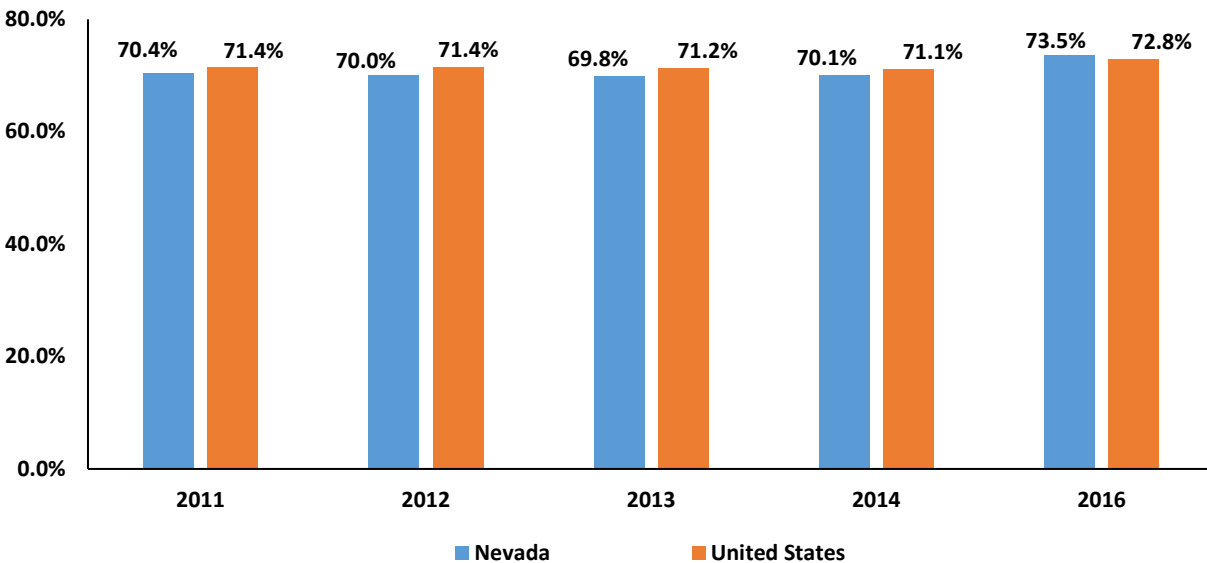
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010-2016. Chart scaled to 10% to display differences among groups.

Figure 37. Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week in the Past Year in Ages 12 Years and Above, in Nevada and the United States, 2011-2016.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010-2016. Chart scaled to 80% to display differences among groups.

Figure 38. Perceptions of Great Risk in Smoking 1-2 Packs of Cigarettes/Day in the Past Year Among 12 Years and Above, in Nevada and the United States, 2011-2016.



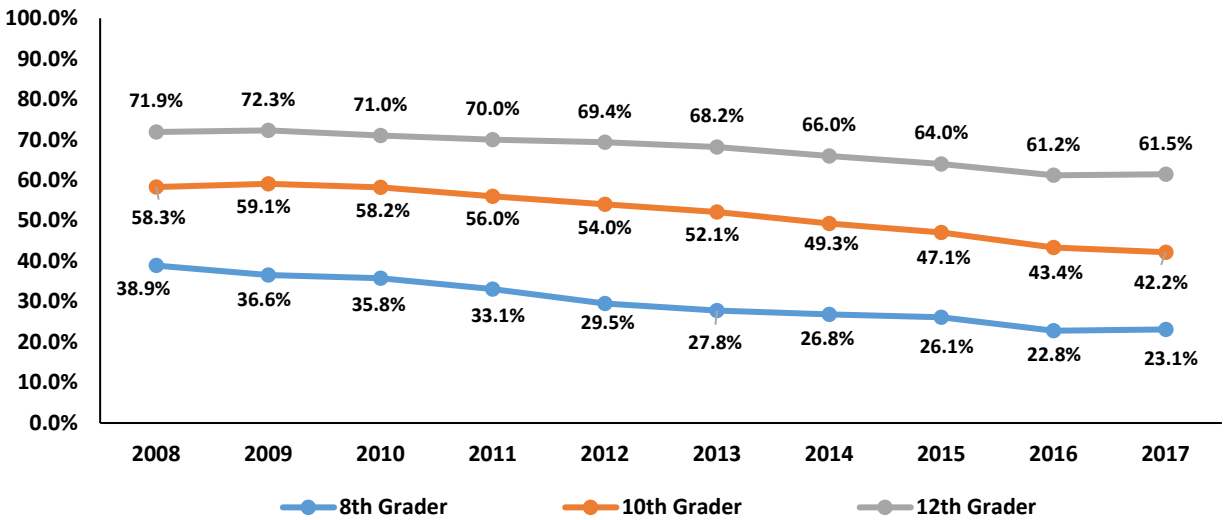
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010-2016. Chart scaled to 80% to display differences among groups.

In 2016, 44.6% of Nevadans have perceptions of great risk from having five or more drinks of an alcoholic beverage once or twice a week in the past year in ages 12 years and above. Another 73.5% have perceptions of great risk from smoking 1-2 packs of cigarettes per day among 12 years and above.

Monitoring the Future Survey

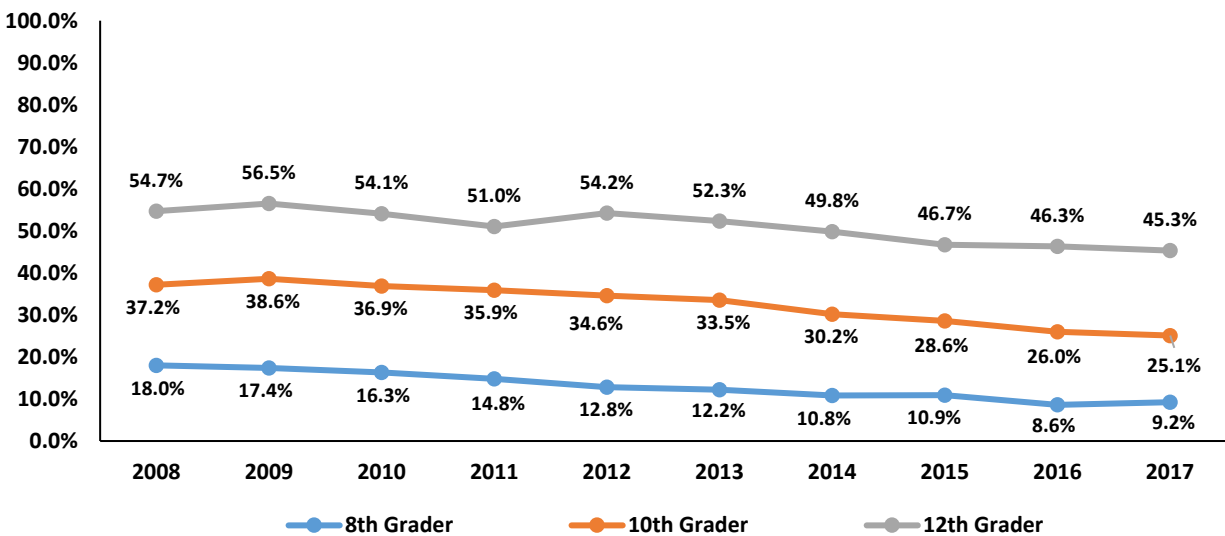
Monitoring the Future (MTF) is an ongoing study of the behaviors, attitudes, and values of American secondary school students, and young adults. Each year, a total of approximately 50,000 8th, 10th and 12th grade students are surveyed. The Monitoring the Future Study has been funded under a series of investigator-initiated competing research grants from the National Institute on Drug Abuse, a part of the National Institutes of Health. MTF is conducted at the Survey Research Center in the Institute for Social Research at the University of Michigan.

Figure 39. Trends in Annual Prevalence of Any Use of Alcohol, United States, 2008-2017.



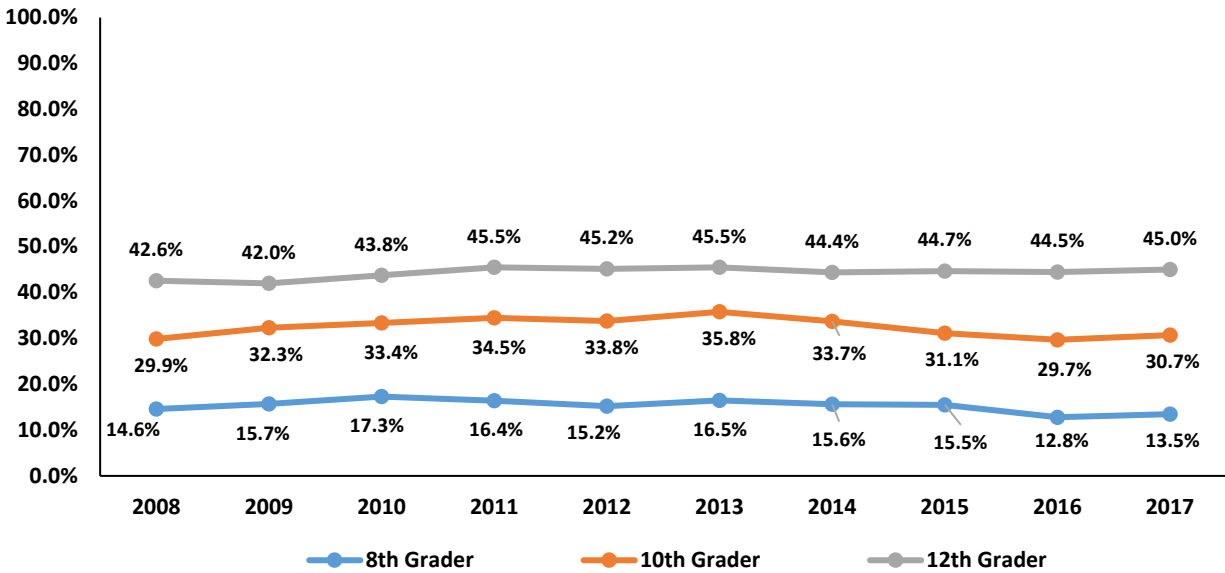
Source: Monitoring the Future Survey.

Figure 40. Trends in Annual Prevalence of Being Drunk from Alcohol, United States, 2008-2017.



Source: Monitoring the Future Survey.

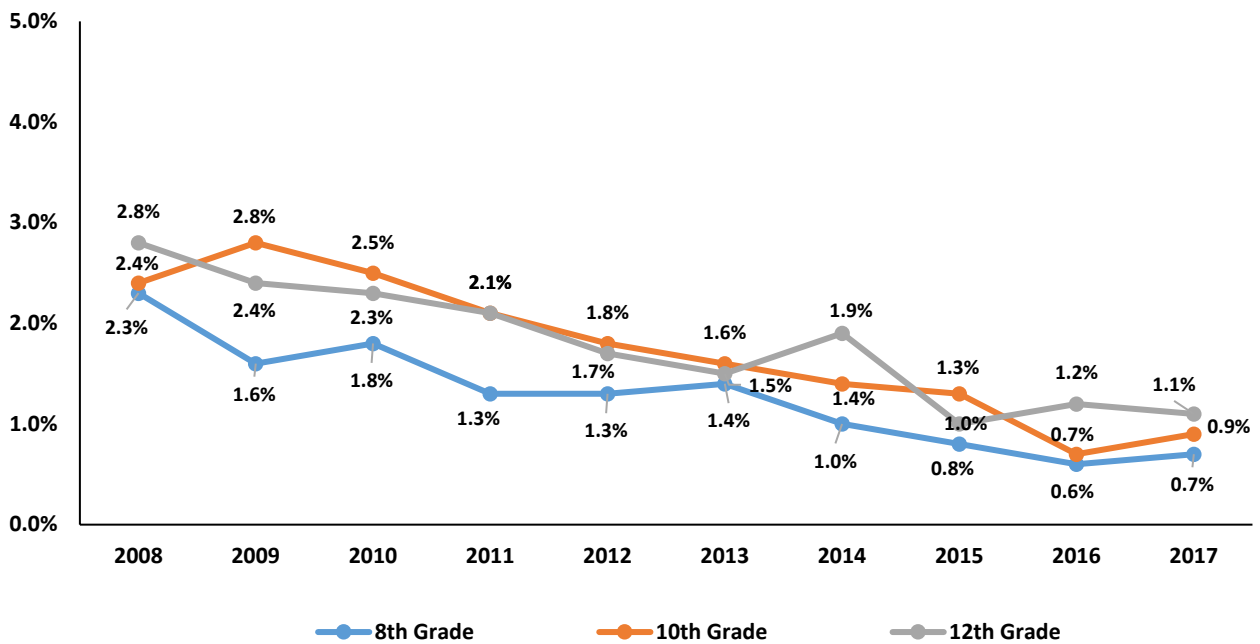
Figure 41. Trends in Annual Prevalence of Any Use of Marijuana/Hashish, United States, 2008-2017.



Source: Monitoring the Future Survey.

On the average, 44% of United States 12th graders have the prevalence of using marijuana/hashish and 1.8% have prevalence of using methamphetamines. 32% of 10th graders have the prevalence of using marijuana or hashish and 2% have the prevalence of using methamphetamines. 15% of 8th graders have the prevalence of using marijuana or hashish.

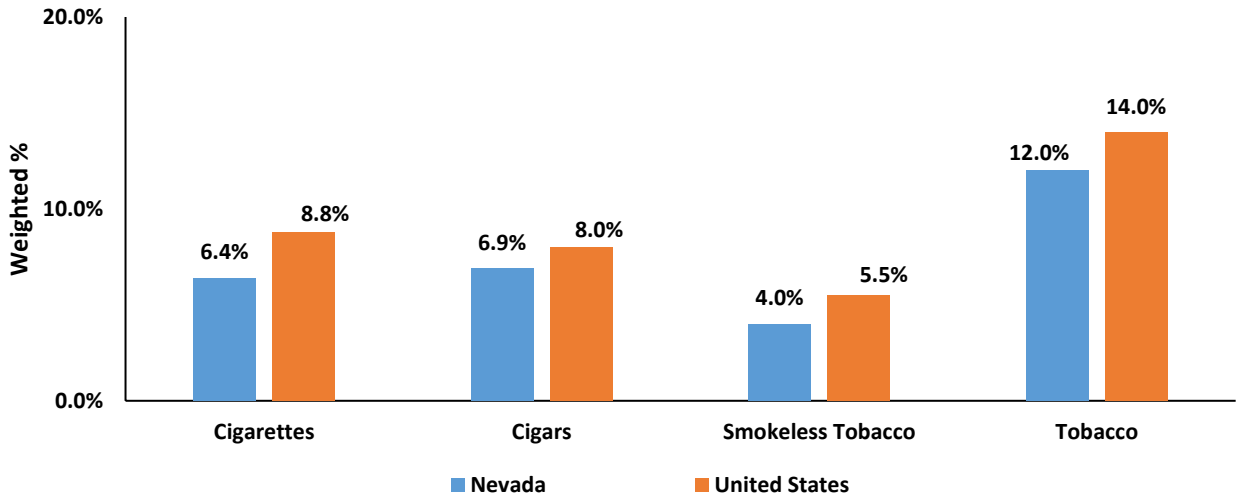
Figure 42. Trends in Annual Prevalence of Any Use of Methamphetamines, United States, 2008-2017.



Source: Monitoring the Future Survey.

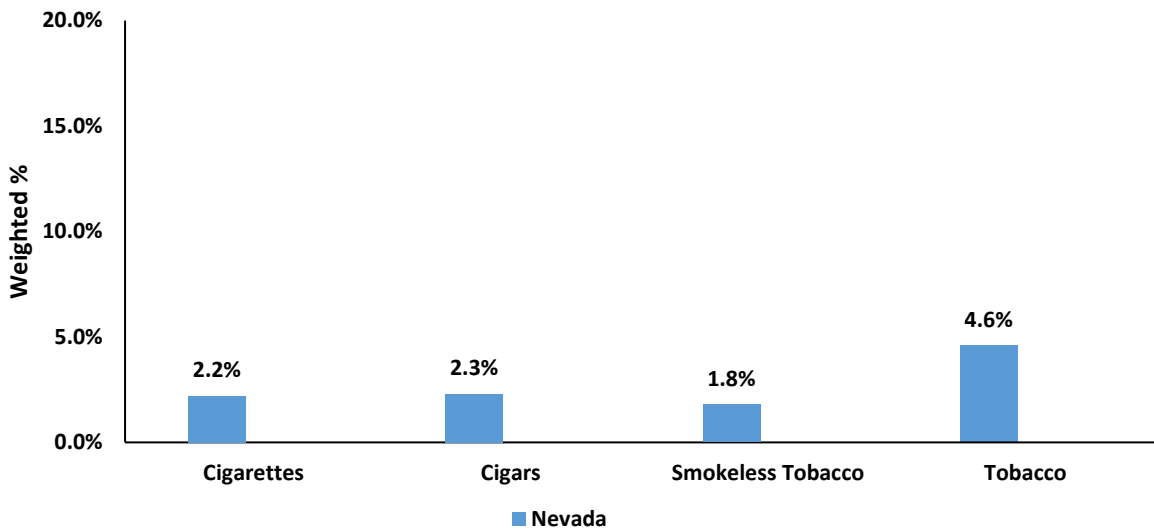
Youth Risk Behavior Survey (YRBS)

Figure 43. Current Tobacco Use Summary, Nevada High School Students, 2017.



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

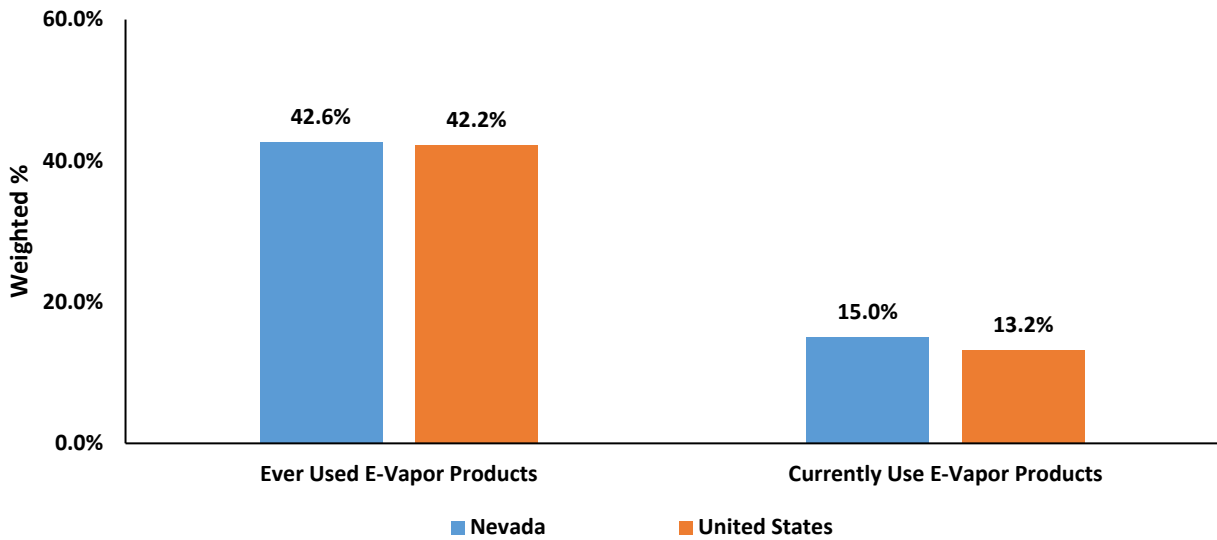
Figure 44. Current Tobacco Use Summary, Nevada Middle School Students, 2017.



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

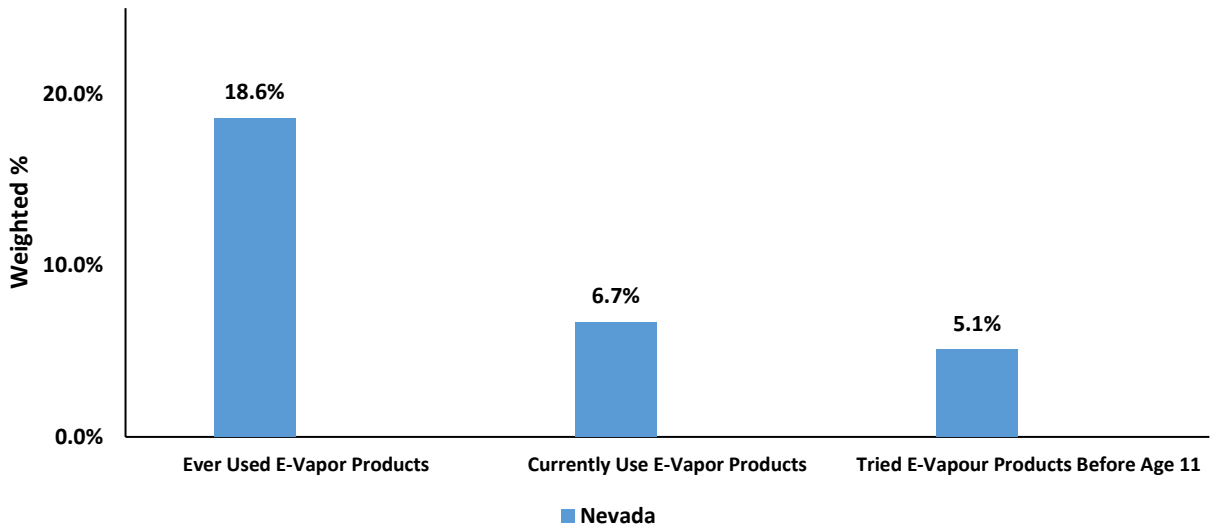
Around 6.4% of all high school students in Nevada reported using cigarettes in the past 30 days. 2.2% of middle school students smoke cigarettes in the past 30 days. 4.0% of high school students used cigars and 2.3 middle school students used cigars in the past 30 days. 12.0% of high school students used tobacco and 4.6% of middle school students used tobacco in the past 30 days.

Figure 45. Electronic Vapor Product Use Summary, Nevada High School Students, 2017.



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

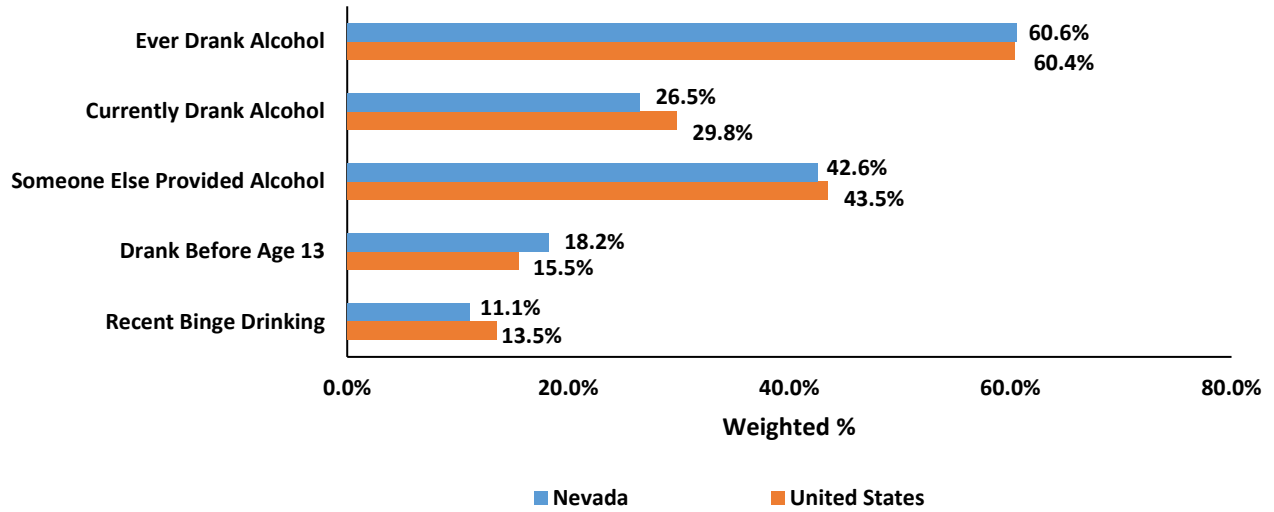
Figure 46. Electronic Vapor Product Use Summary, Nevada Middle School Students, 2017



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

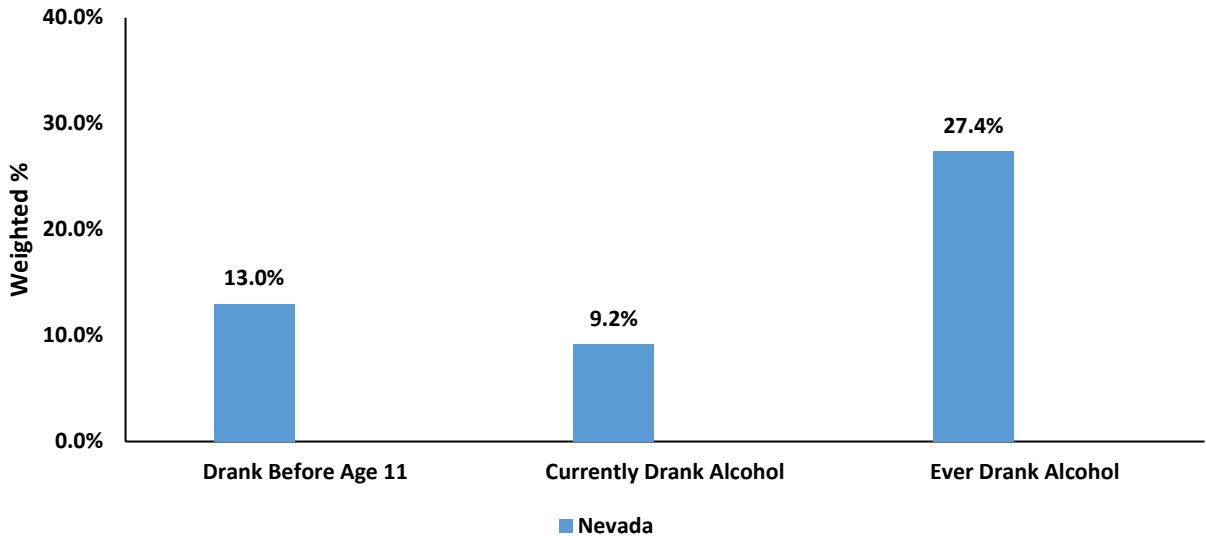
At least, 4 out of 10 high school students ever used electronic vapor products. 18.6% of middle school students reported to have ever used electronic vapor products. 15.1% of high school students use electronic vapor products while 6.7% of middle school students currently use electronic vapor products. 5.1% of middle school students tried electronic vapor products before turning 11 years old.

Figure 47. Alcohol Use Summary, Nevada High School Students, 2017.



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

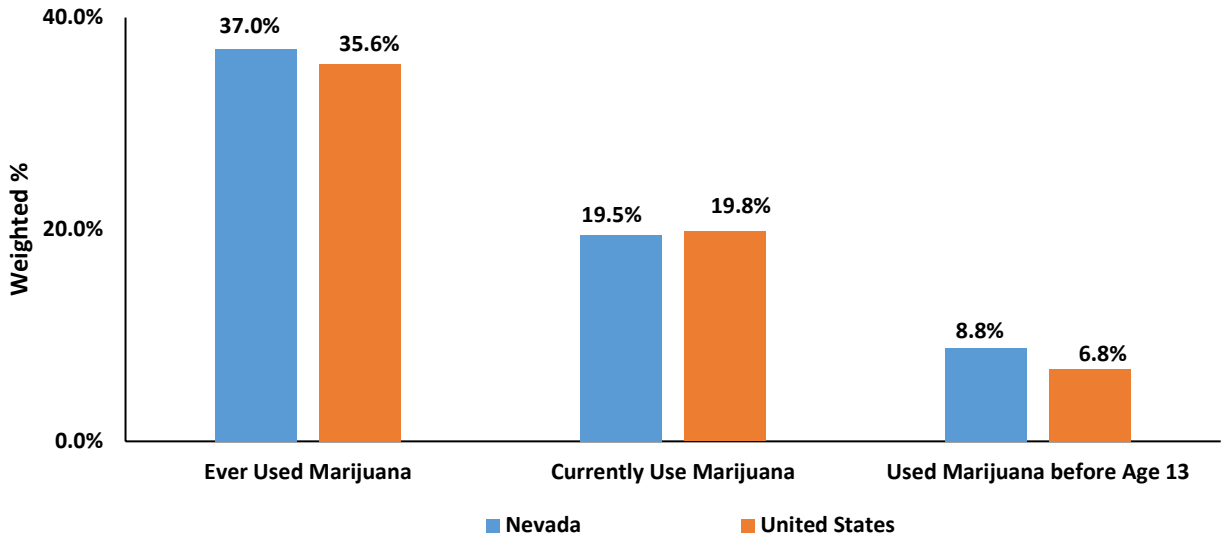
Figure 48. Alcohol Use Summary, Nevada Middle School Students, 2017.



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

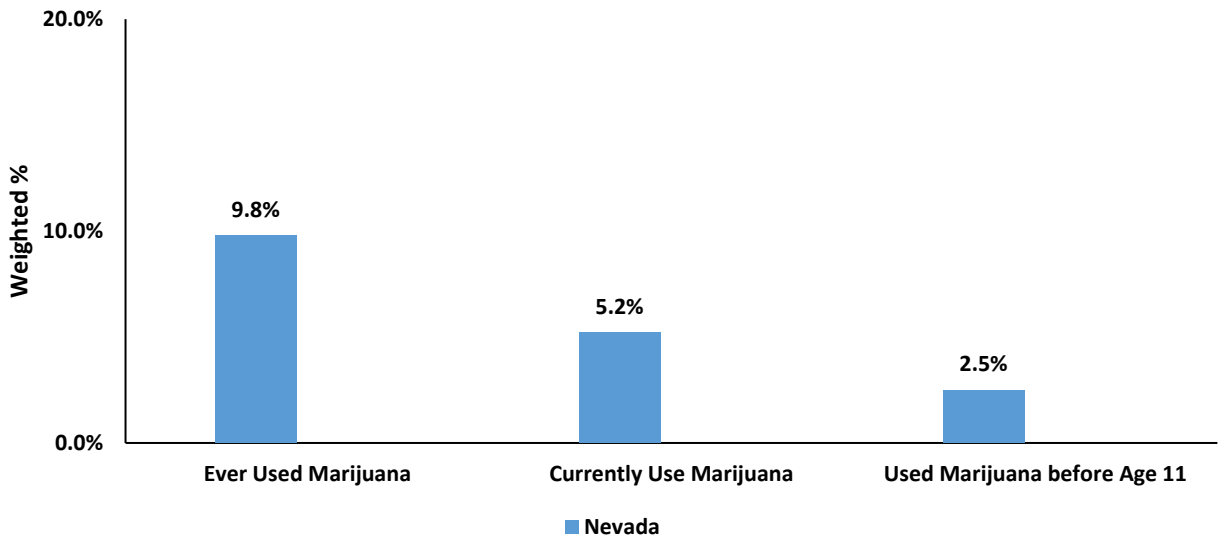
At least, 6 out of 10 high school students have had a drink of alcohol (60.6%). About 26.5% currently drink alcohol. 42.6% of high school students had alcohol provided to them by someone else. About 18.2% of Nevada high school students had alcohol before the age of 13 years and over 11.0% of high school students had recent binge drinking experience (had at least five or more drinks of alcohol in a row for males and four or more for females within a couple of hours). Every one out of ten middle school students drank alcohol before age 11. Also, 9.2% currently drank alcohol and three out of ten had drunk alcohol before.

Figure 49. Marijuana Use Summary, Nevada High School Students, 2017.



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

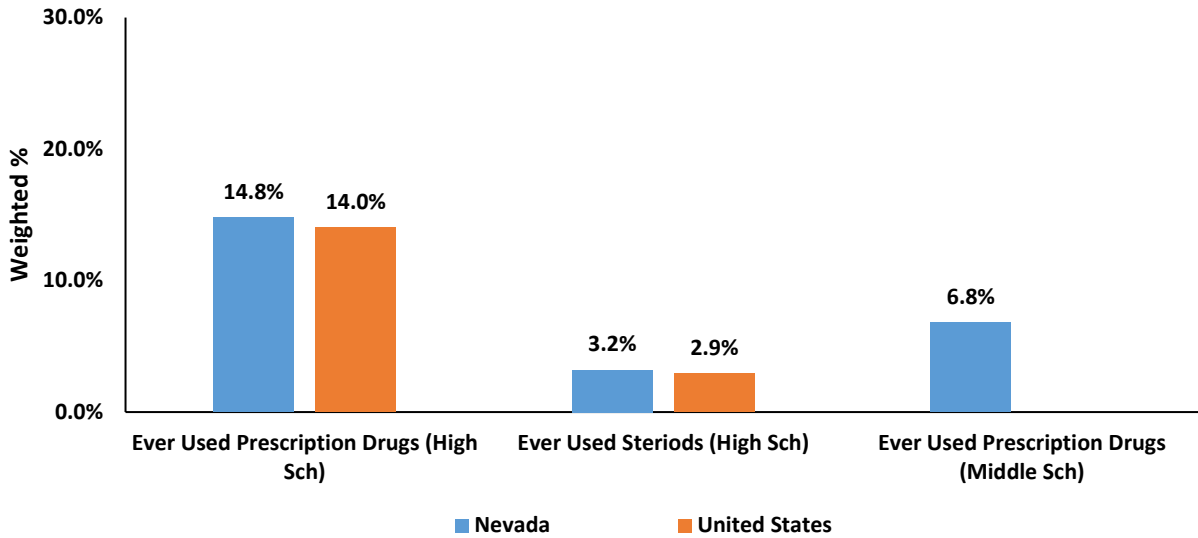
Figure 50. Marijuana Use Summary, Nevada Middle School Students, 2017.



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

Approximately 35% of high school students in Nevada reported trying marijuana, and 20% currently use marijuana. About 3% of high school students tried marijuana before they turned 13 years. About 10% of Nevada middle school students have tried marijuana before. .2% currently use marijuana and about 3% of Nevada middle school students tried marijuana before turning 11 years old.

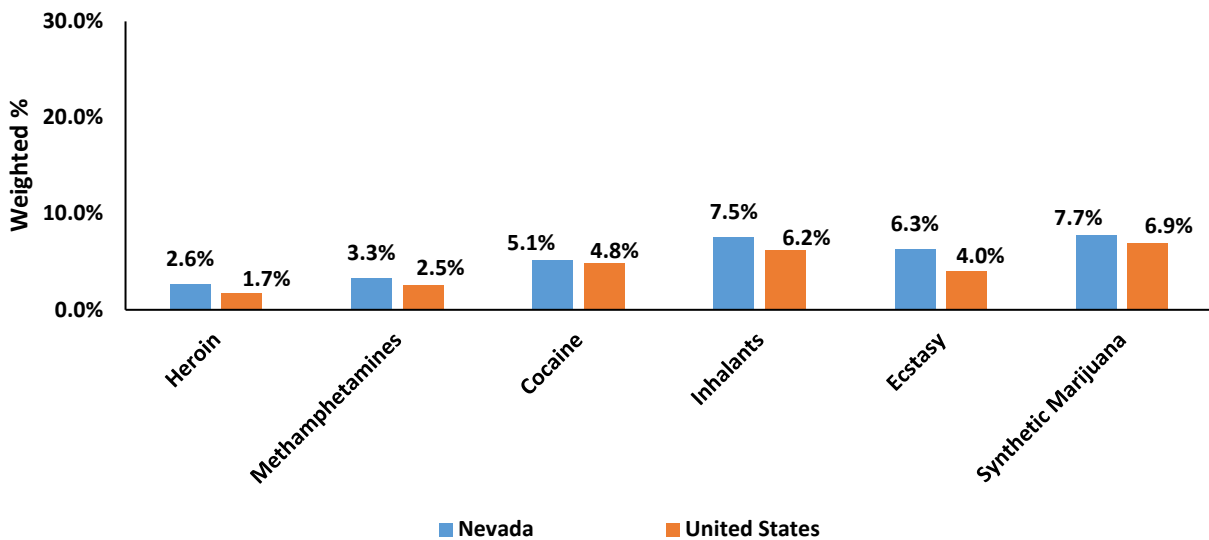
Figure 51. Nonprescription Substance Use Summary, Nevada Middle and High School Students, 2017.



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

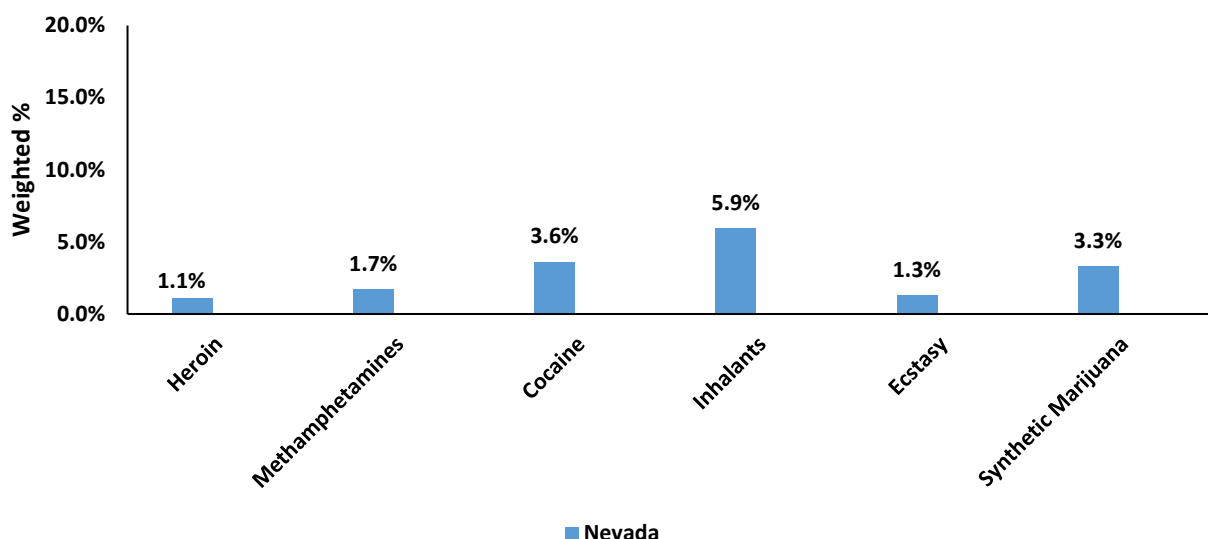
Approximately 15% of high school students in Nevada have used prescription drugs that were not prescribed to them in their lifetime, while about 7% currently take prescription drugs that were not prescribed to them. 3.2% of high school students have tried non-prescribed steroids. About 7% of middle school students have already tried prescription drugs that were not prescribed to them.

Figure 52. Lifetime Drug Use Summary, Nevada High School Students, 2017.



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

Figure 53. Lifetime Drug Use Summary, Nevada Middle School Students, 2017.

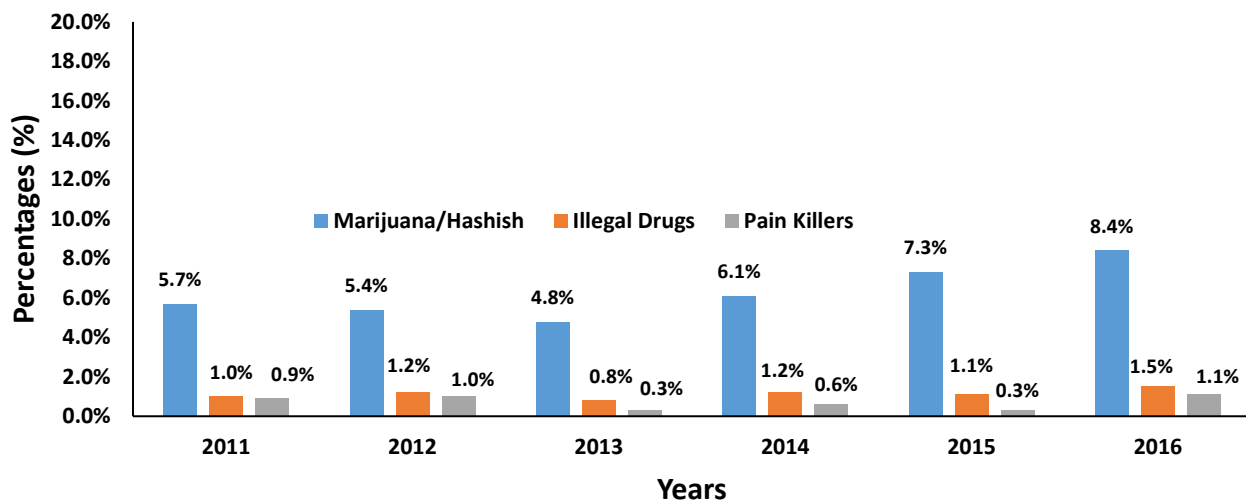


Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 20% to display differences among groups.

Nearly 8% of high school students in Nevada has used synthetic marijuana, the highest percentage of the selected substances. 7.5% have used inhalants and 6.3% have taken ecstasy. Also, another 5.1% of high school students have used cocaine, 2.6% have used heroin and, 3.3% have used methamphetamines. 5.9% of middle school students have used inhalants, 3.6% have used cocaine and, another 3.3% have used synthetic marijuana. 1.7% have used methamphetamines, 1.3% have used ecstasy and, 1.1% have used heroin.

Behavioral Risk Factor Surveillance System

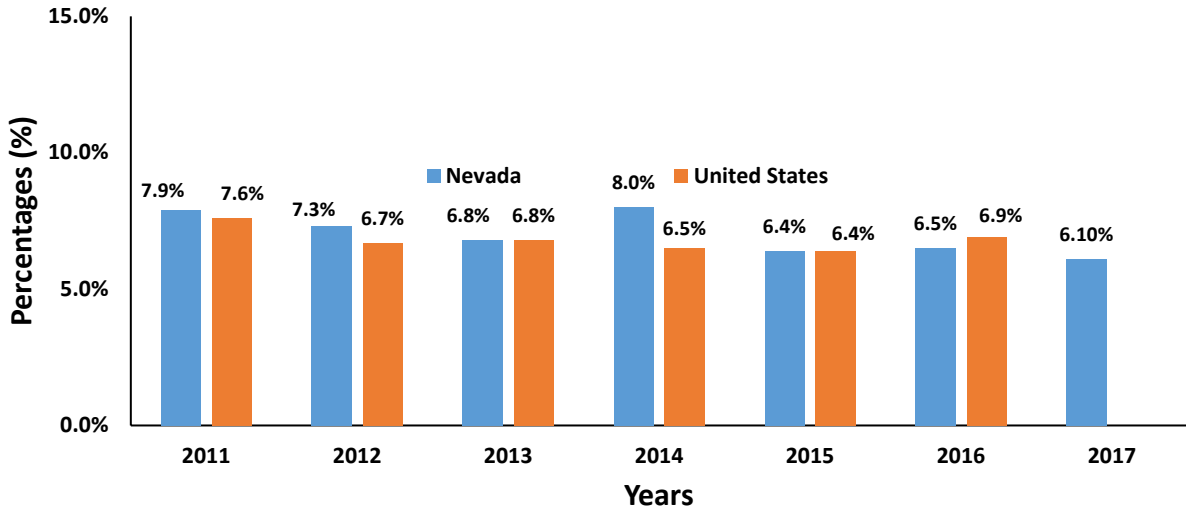
Figure 54. Adult Nevada residents Who Used Illegal Substances or Marijuana/Hashish or Pain killers to Get High in the Last 30 days, 2011-2017.



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

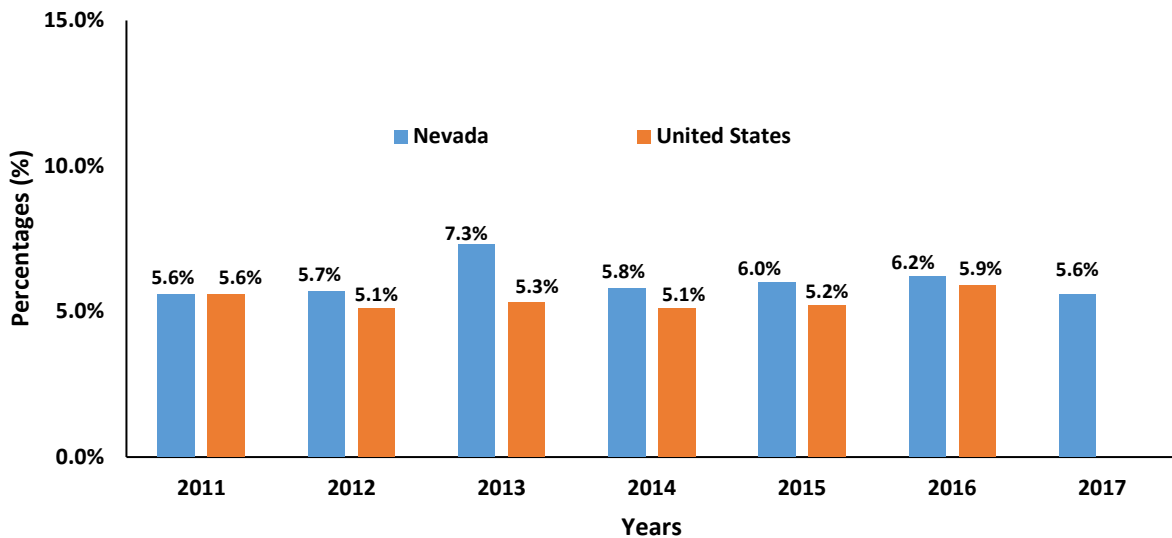
Between 2011-2016, on an average, 6.3% of 23,664 Nevada adults surveyed reported through the BRFSS used marijuana or hashish in the last 30 days. This is expected to rise soon as Marijuana has been legalized in Nevada. By gender, 9.3% adult males reported using marijuana and 3.4% of adult females reported using marijuana. 0.7% of Nevadans used Pain killers to get high in the last 30 days. 0.5% of females used pain killers to get high and 0.9% of males used pain killers to get high. 1.1% of Nevadans used other illegal drugs to get high in the last 30 days. The percentage of males that used other illegal drugs to get high in the last 30 days is 1.6 and 0.7% of females used other illegal drugs to get high.

Figure 55. Percentage of Adult Men Who are Considered Heavy Drinkers, 2011-2017.



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

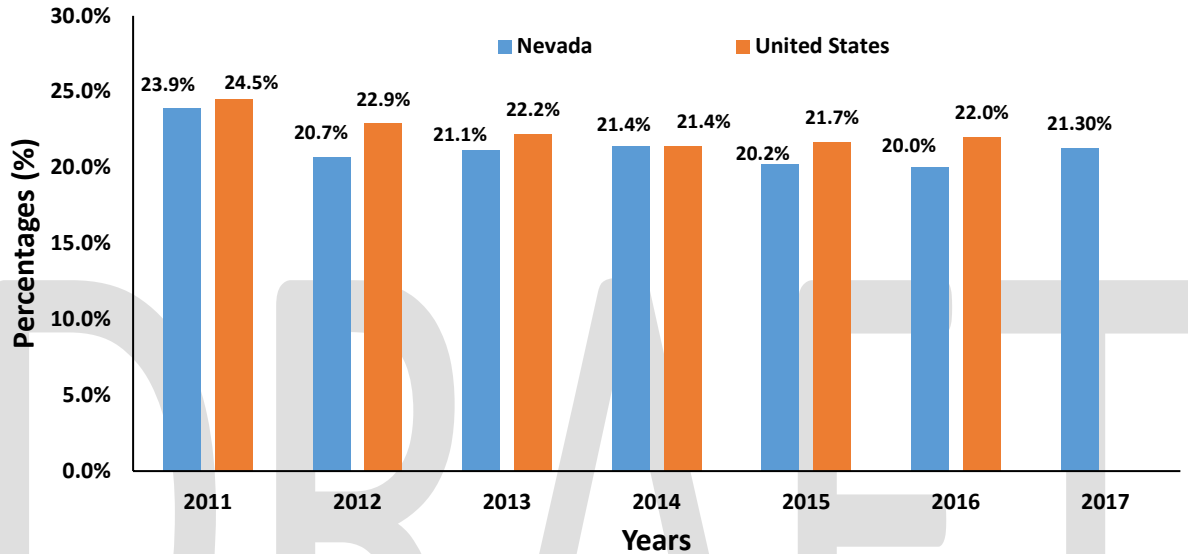
Figure 56. Percentage of Adult Women Who are Considered Heavy Drinkers, 2011-2017.



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

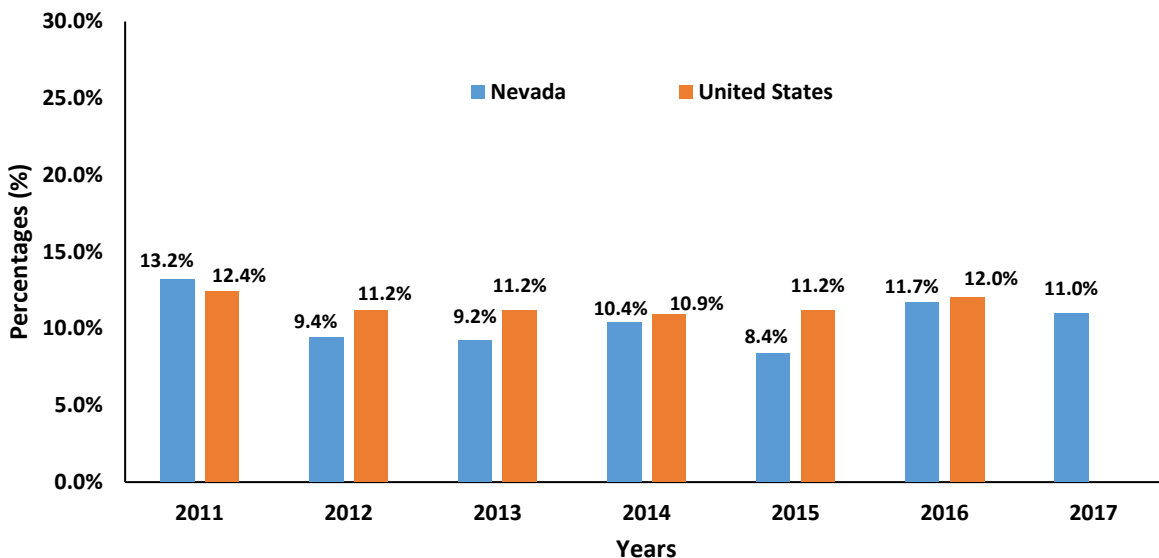
Heavy drinking consists of males consuming more than two alcoholic beverages a day and females consuming more than one alcoholic beverage a day. For the six-year period, Nevada men reported the highest heavy drinking percentage in 2014 which was 8.0%. The national percentage for that year was 6.5%. Nevada women reported the highest heavy drinking percentage in 2013 which was 7.3%. The national percentage for that year was 5.3%.

Figure 57. Percentage of Adult Men Who are Considered Binge Drinkers, 2011-2017.



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

Figure 58. Percentage of Adult Women Who are Considered Binge Drinkers, 2011-2017.



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

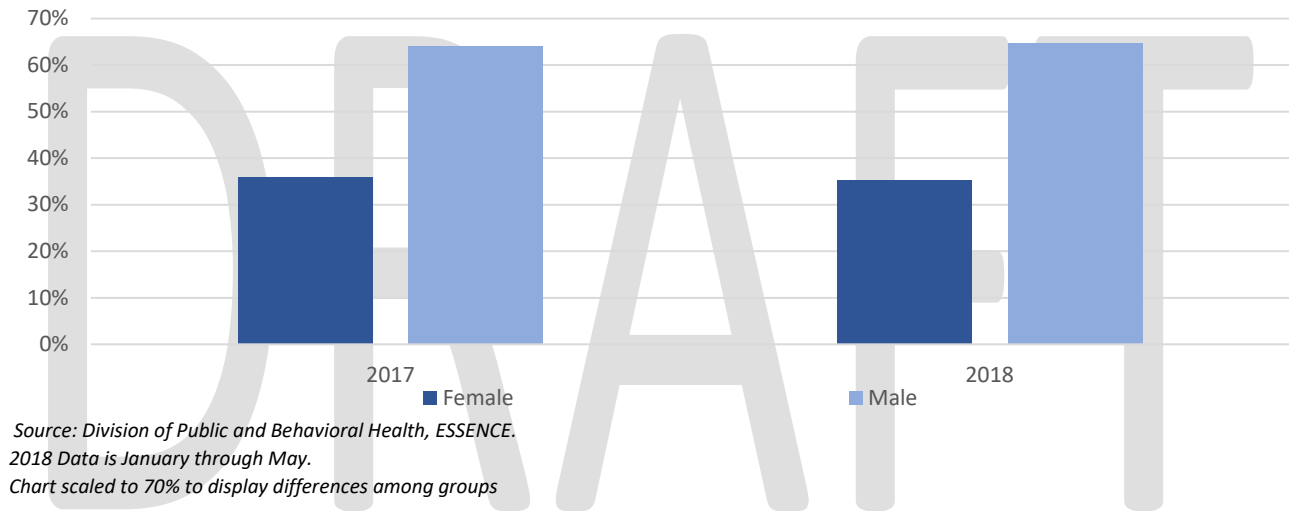
Binge drinking consists of men having five or more alcoholic beverages or women having four or more alcoholic beverages on an occasion. Between 2011-2016, Nevada men reported the highest binge drinking percentage in

2011 which was 23.9%. The national percentage for 2011 was 24.5%. Nevada men reported the lowest binge drinking percentage in 2016 which was 20.0%. The national percentage for 2016 was 22.0%. Nevada women reported the highest binge drinking percentage in 2011 which was 13.2%. The national percentage for that year is 12.4%. Nevada women reported the least binge drinking percentage in 2013 which was 8.4%. The national average for that year is 11.2%.

Syndromic Surveillance

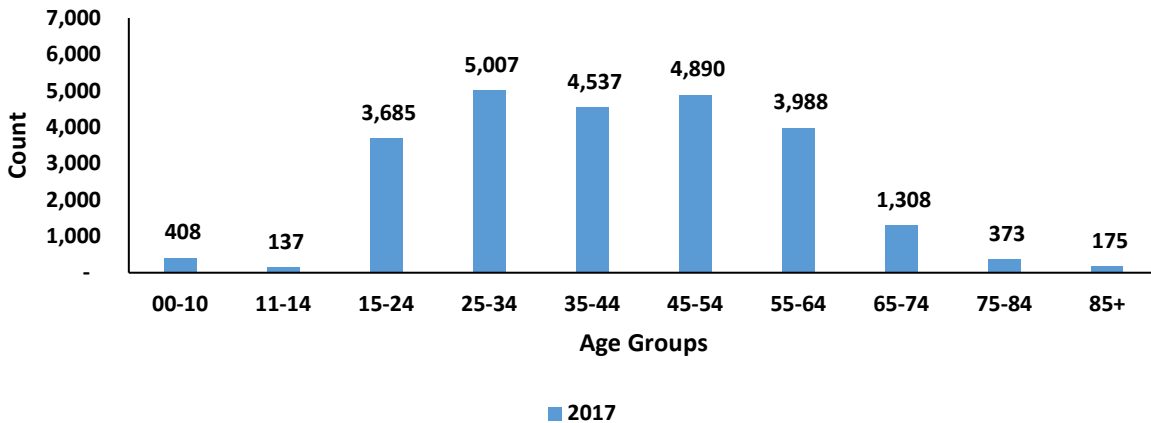
The data contained in this section came from DPBHs ESSENCE, a syndromic surveillance system that tracks chief complaints in emergency departments. Currently, syndromic surveillance does not cover the following counties: Eureka, Storey, Mineral, and Esmeralda.

Figure 59. Substance Use Related Chief Complaints by Sex, Nevada Facilities, 2017-2018.



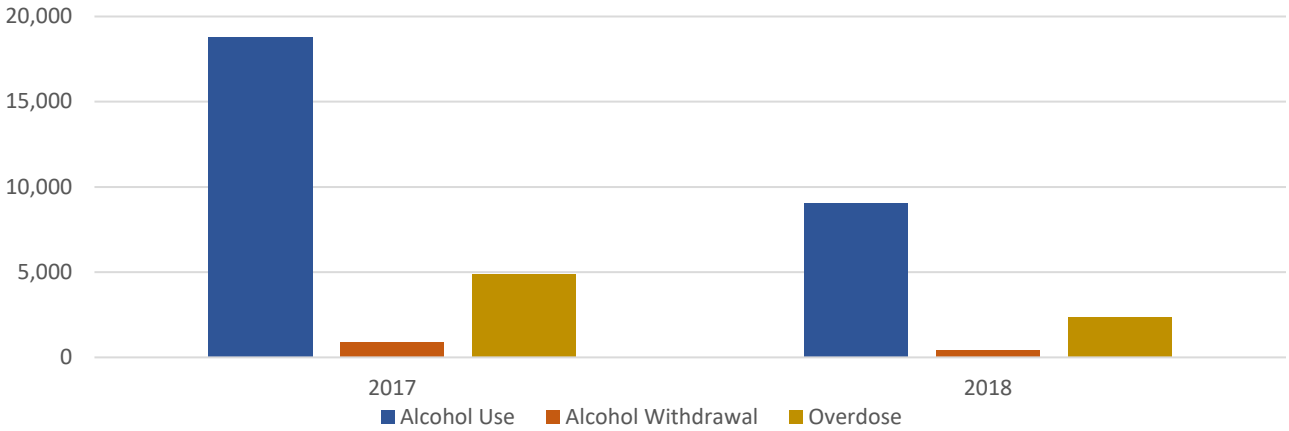
There were slightly more male patients (64%) among substance-related chief complaints in Nevada in 2017. The projected percent for males in 2018 is 65%, and that for females is 35%. In 2016, there were 64% males and 36% females. 2018 data covers January through May.

Figure 60. Substance Abuse Related Chief Complaints by Age, Nevada Facilities, 2017.



Source: Division of Public and Behavioral Health, ESSENCE.

Figure 61. Substance Abuse Related Chief Complaints, Nevada Facilities, 2016-2018.

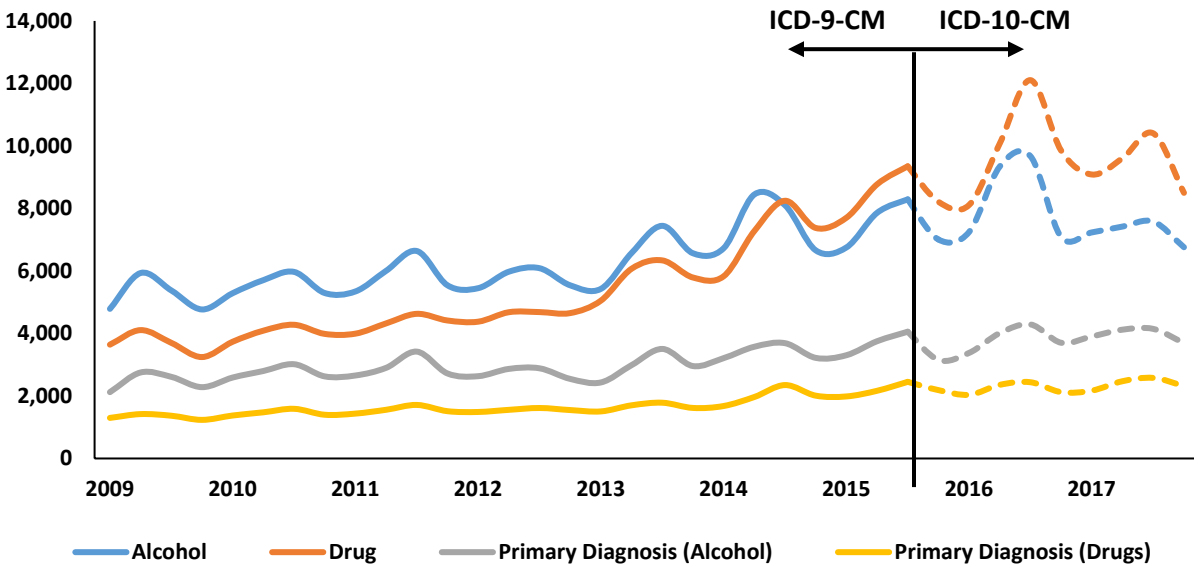


Source: Division of Public and Behavioral Health, ESSENCE.
2018 Data is January through May.

The largest age group among patients were those aged 25-34. Not enough information was available to provide race/ethnicity patient demographics. Alcohol use was the most substance abuse related chief complaint. There were 18,775 complaints in 2017.

Hospital Emergency Department Encounters

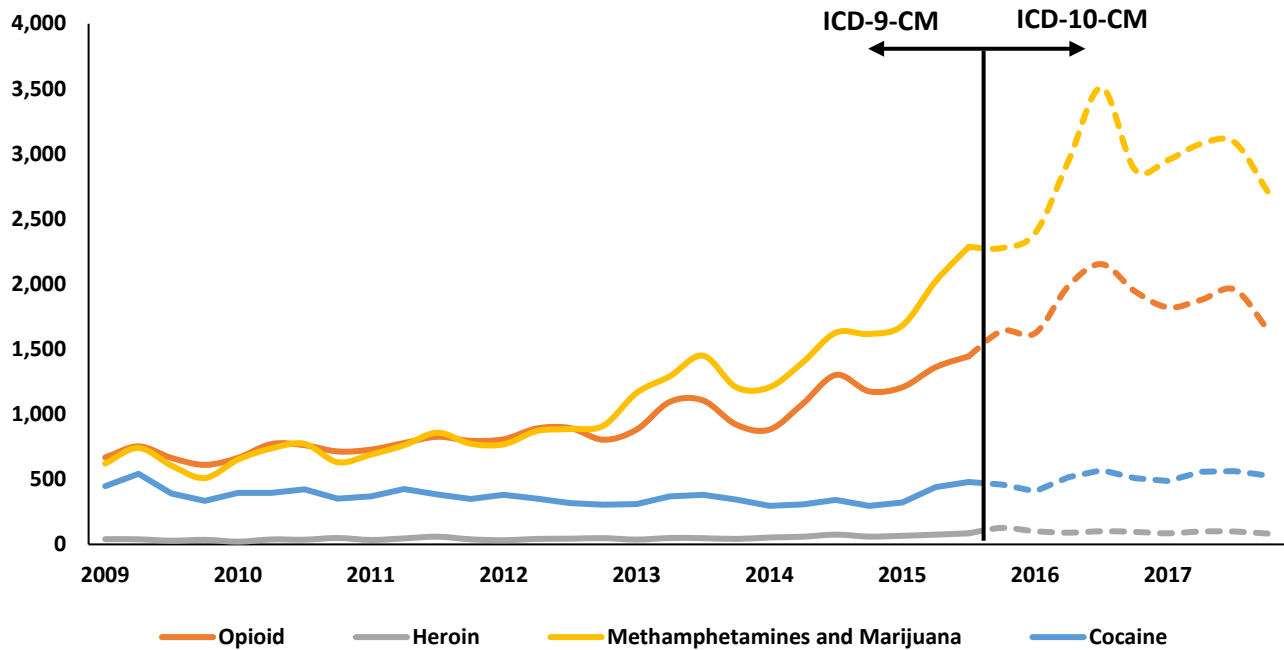
Figure 62. Alcohol and Other Drug Related Emergency Department Encounters by Quarter and Year, 2009-2017.



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

Regarding primary diagnosis, alcohol was the number one drug related emergency room encounter from 2009 to 2017. In 2017, there was a total of 66,589 alcohol and drug related emergency department encounters. Out of this number, 15,866 were related to alcohol (primary diagnosis) and 9,542 were drug related (primary diagnosis). Primary diagnosis is the condition established after study to be chiefly responsible for occasioning the admission of a patient into a hospital or care facility.

Figure 63. Drug Related Emergency Department Encounters by Quarter and Year, 2009-2017.



Source: Hospital Emergency Room Discharge.

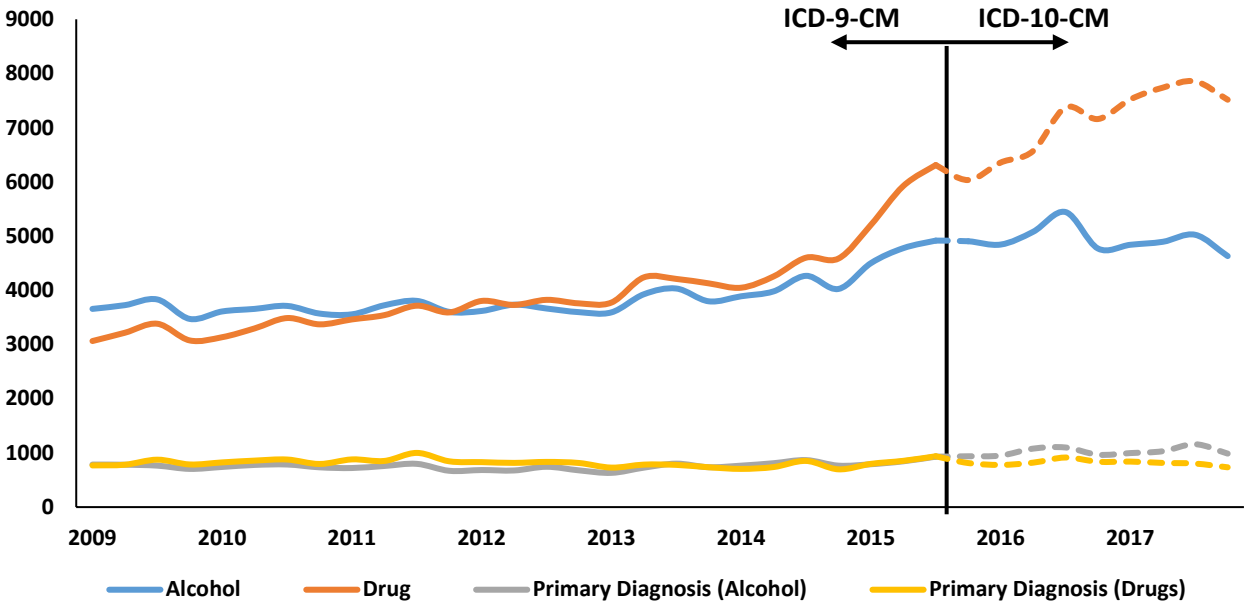
ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Methamphetamines and marijuana accounted for the main drug related emergency room visits in 2017. Out of the 21,645-emergency room encounters, 11,831 was related to methamphetamines and marijuana. 7,310 was related to opioid, 2,138 was related to cocaine and 366 was related to heroin.

Hospital Inpatient Admissions

In 2017, more people were admitted into Nevada hospitals for drug related issues than alcohol related issues. Out of the 50,022 alcohol and drug related admissions, 19,390 was alcohol related and 30,632 were drug related.

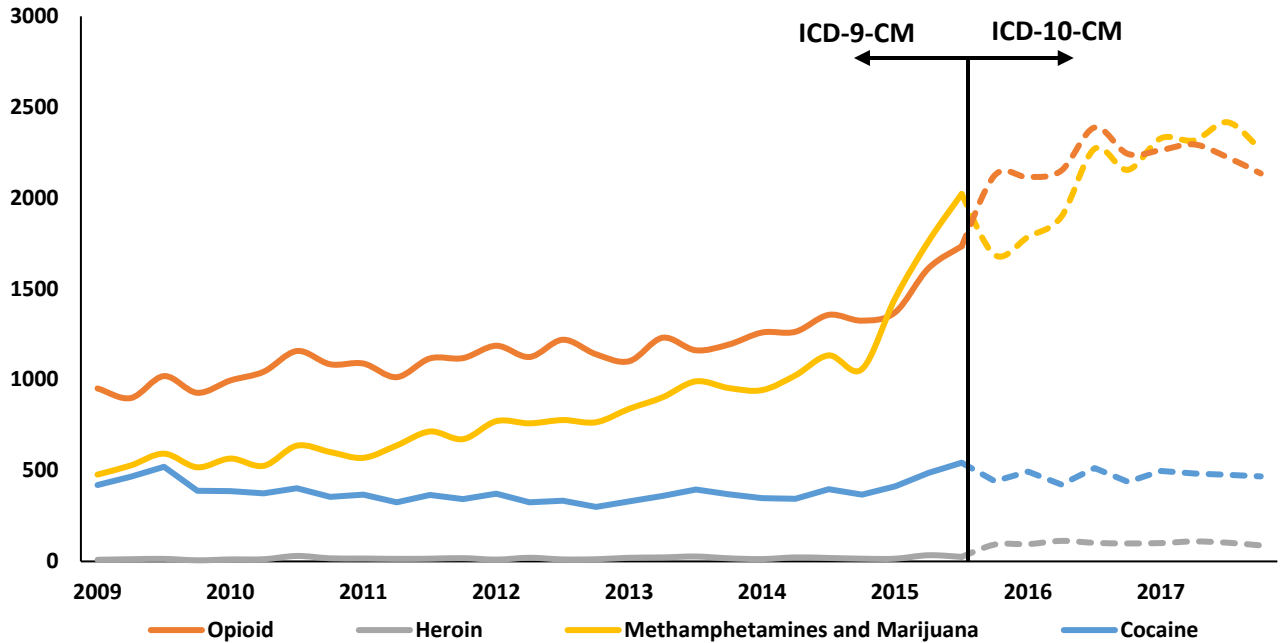
Figure 64. Alcohol and Other Drug Related Inpatient Admissions by Quarter and Year, 2009-2017.



Source: Hospital Inpatient Billing.

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

Figure 65. Drug Related Inpatient Admissions by Quarter and Year, 2009-2017.



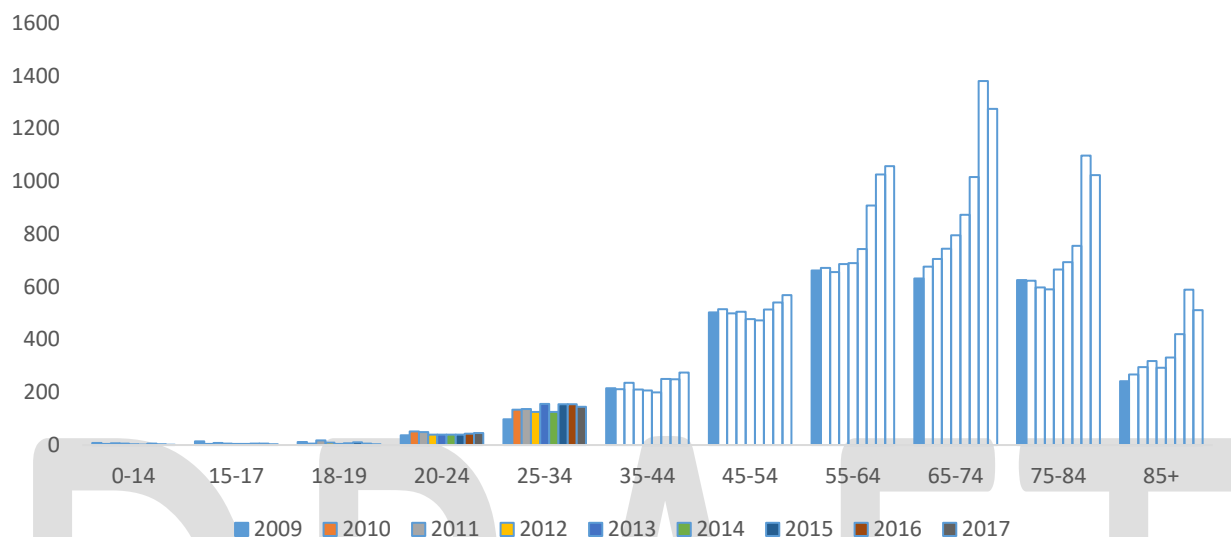
Source: Hospital Inpatient Billing.

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

In 2017, 9,331 were admitted for methamphetamines and marijuana use, 8,918 were admitted for opioid use, 1,926 were admitted for cocaine and 402 people were admitted for heroin use.

Suicide and Mortality

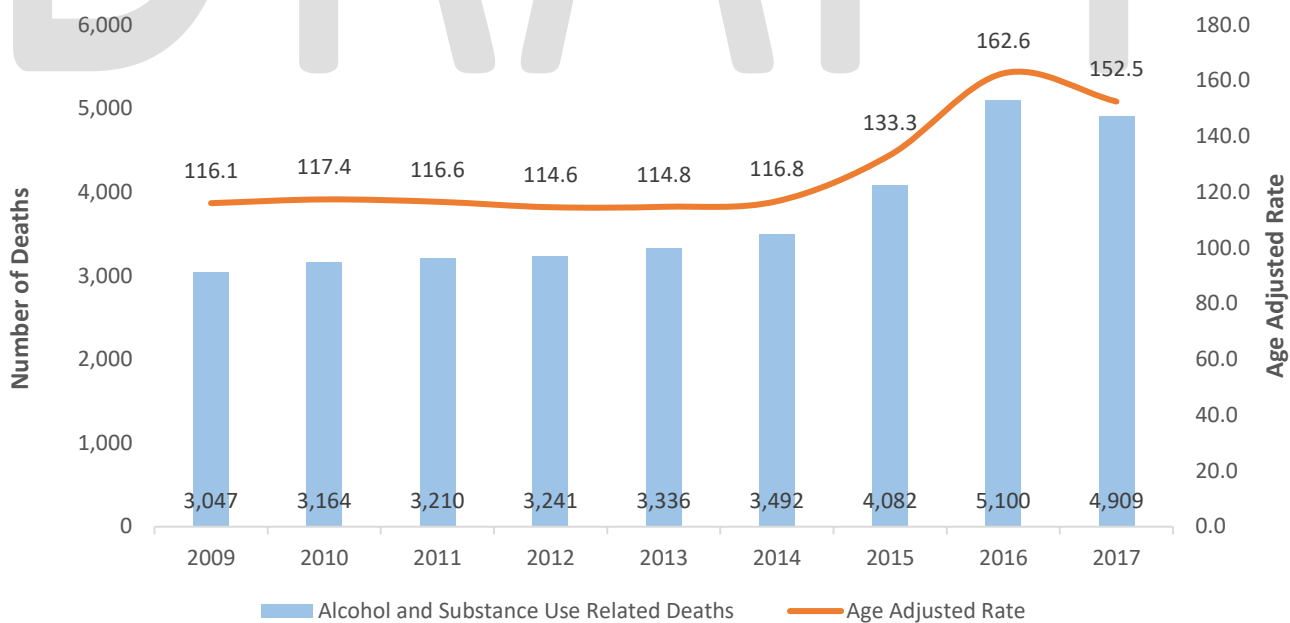
Figure 66. Alcohol and Drug Related Deaths by Age Group, 2009-2017.



Source: Electronic Death Registry System.

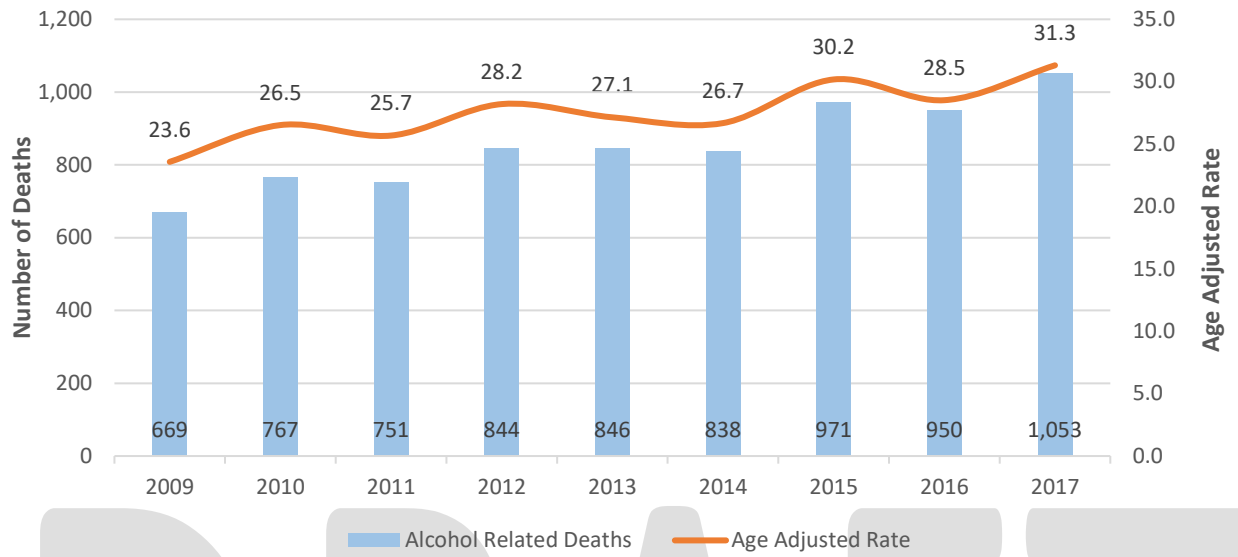
Age group 55-64 years had the most drug and related deaths with 347 deaths reported. This was followed by age group 45-54 who reported 301 drug and alcohol related deaths. There were 11 drug related deaths aged 85 and above.

Figure 67. Alcohol and Drug Related Deaths and Age Adjusted Rates, 2009-2017.



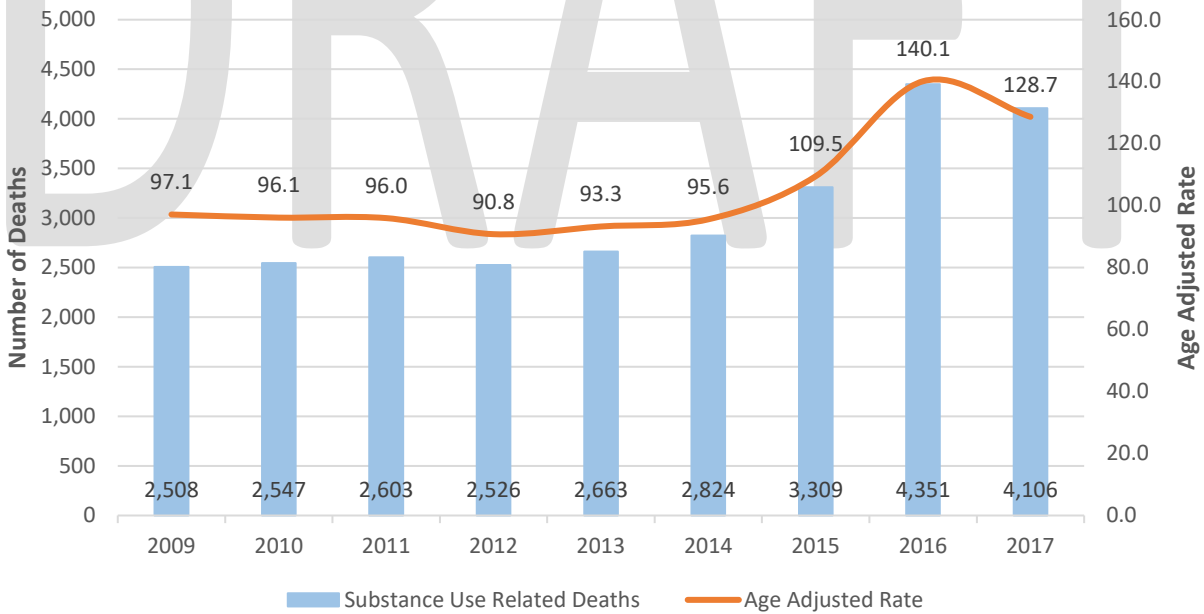
Source: Electronic Death Registry System

Figure 68. Alcohol Related Deaths and Age Adjusted Rates, 2009-2017.



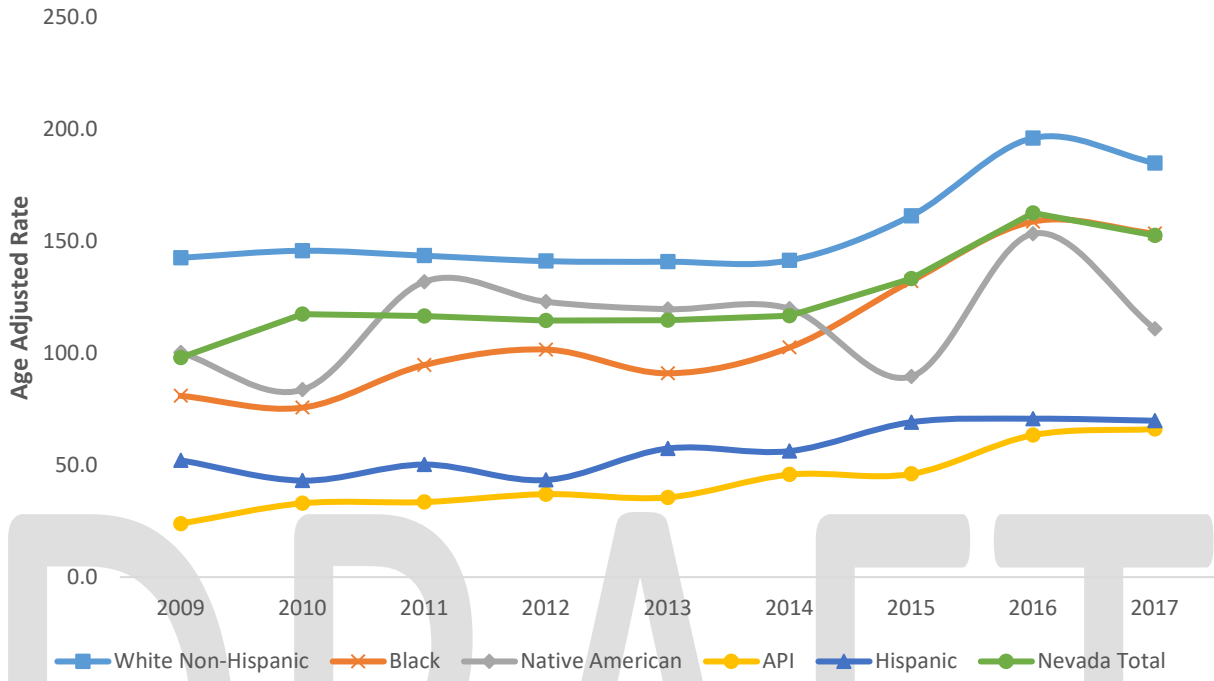
Source: Electronic Death Registry System

Figure 69. Drug Related Deaths and Age-Adjusted Rates, 2009-2017.



Source: Electronic Death Registry System.

Figure 70. Alcohol and Drug Related Deaths by Race, 2009-2017.

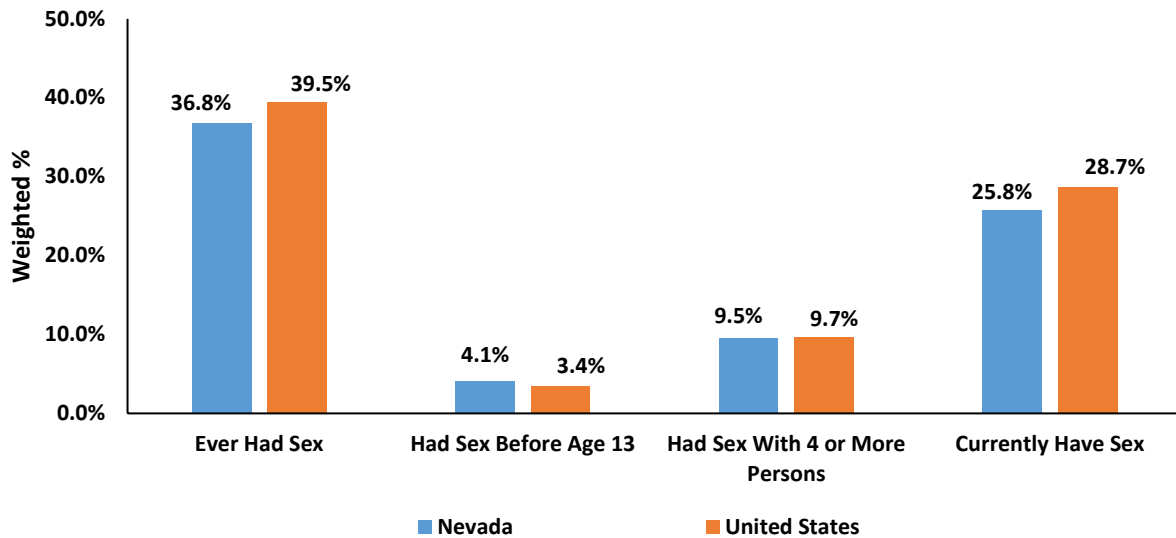


Source: Electronic Death Registry System.

Special Population: Youth

Youth Risk Behavior Survey (YRBS)

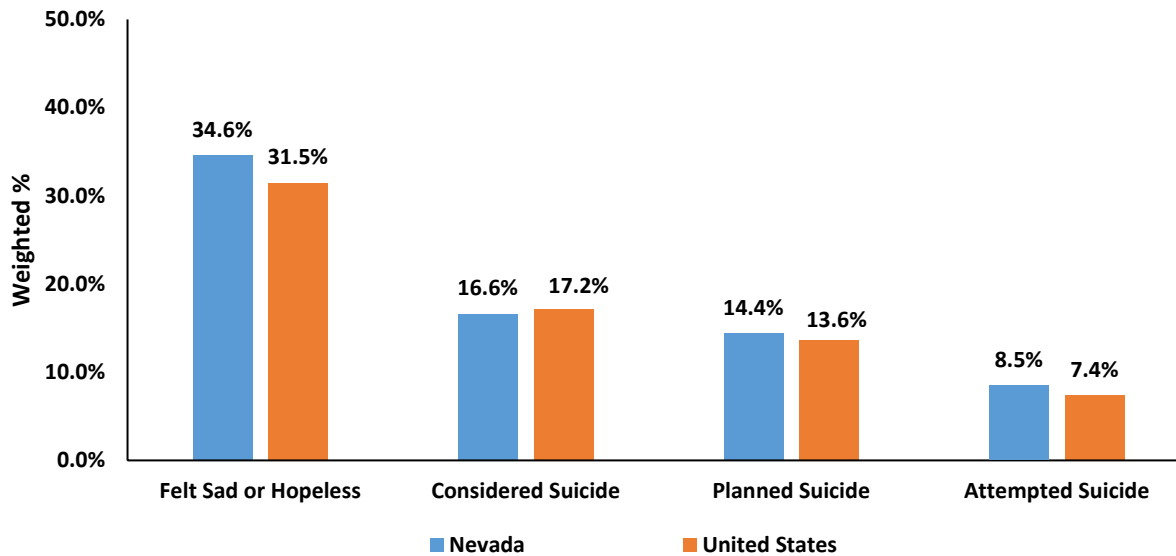
Figure 71. Sexual Intercourse Among Students, Nevada High School Students, 2017.



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

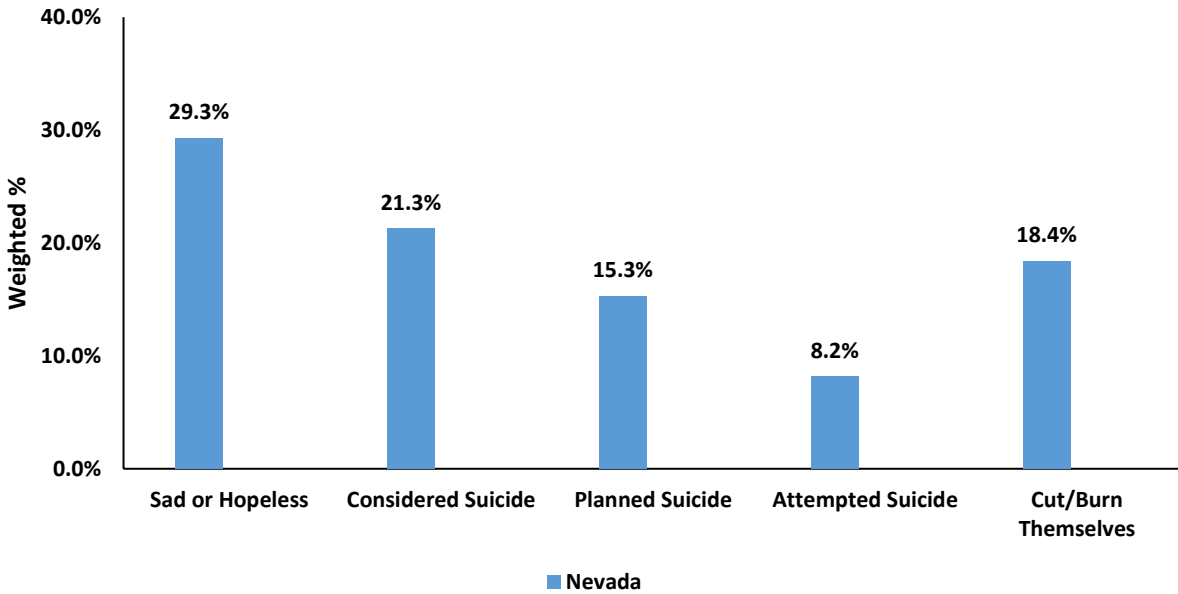
About 40% of Nevada high school students have had sex. 4.1% had sex before the age 13. Nearly 10% of high school students have had sex with more than 3 partners. About 26% of high school students currently have sex.

Figure 72. Emotional Health Summary, Nevada High School Students, 2017.



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

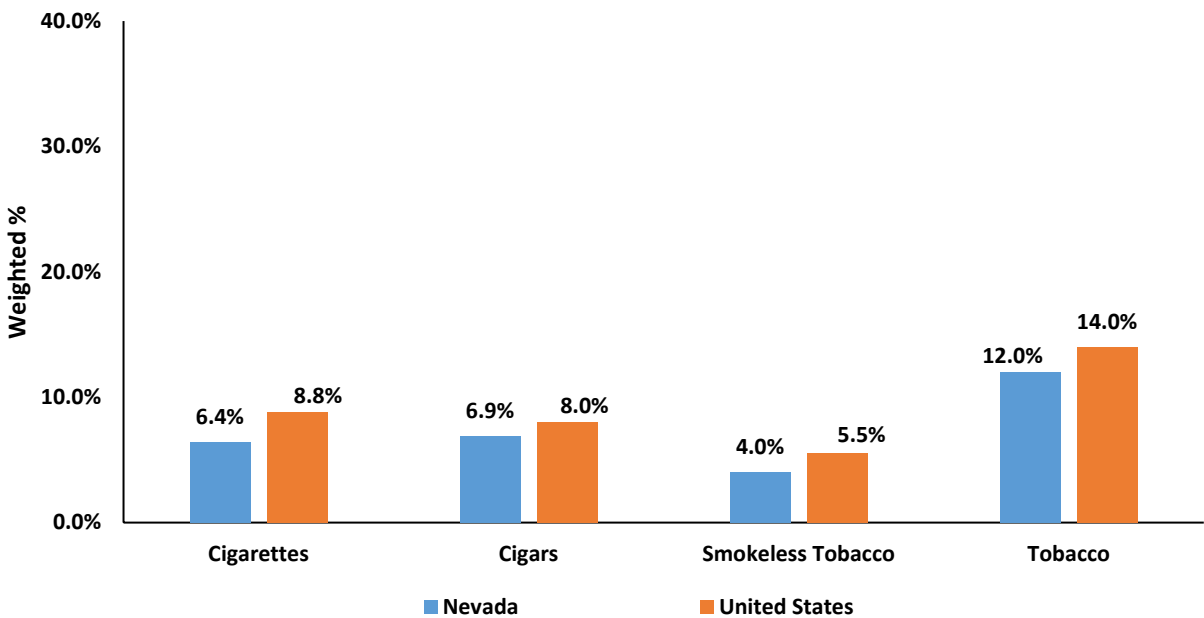
Figure 73. Emotional Health Summary, Nevada Middle School Students, 2017.



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

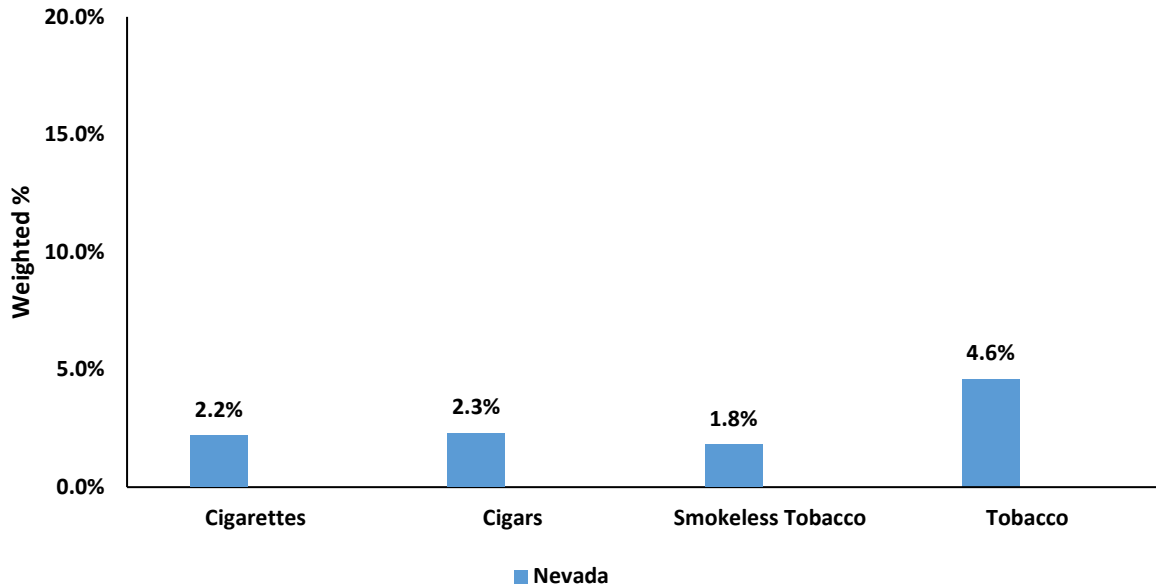
Approximately 34.6% of Nevada high school students and 29.3% of Nevada middle school students have felt sad or hopeless in the last 12 months. Additionally, 18.7% of high school students and 18.4% of middle school students intentionally cut or burned themselves without wanting to die in the past 12 months. About 16.6% high school students have considered suicide, while 14.4% have planned to commit suicide in the past 12 months. About 8.5% of Nevada students have attempted suicide in the past 12 months.

Figure 74. Current Tobacco Use Summary, Nevada High School Students, 2017.



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

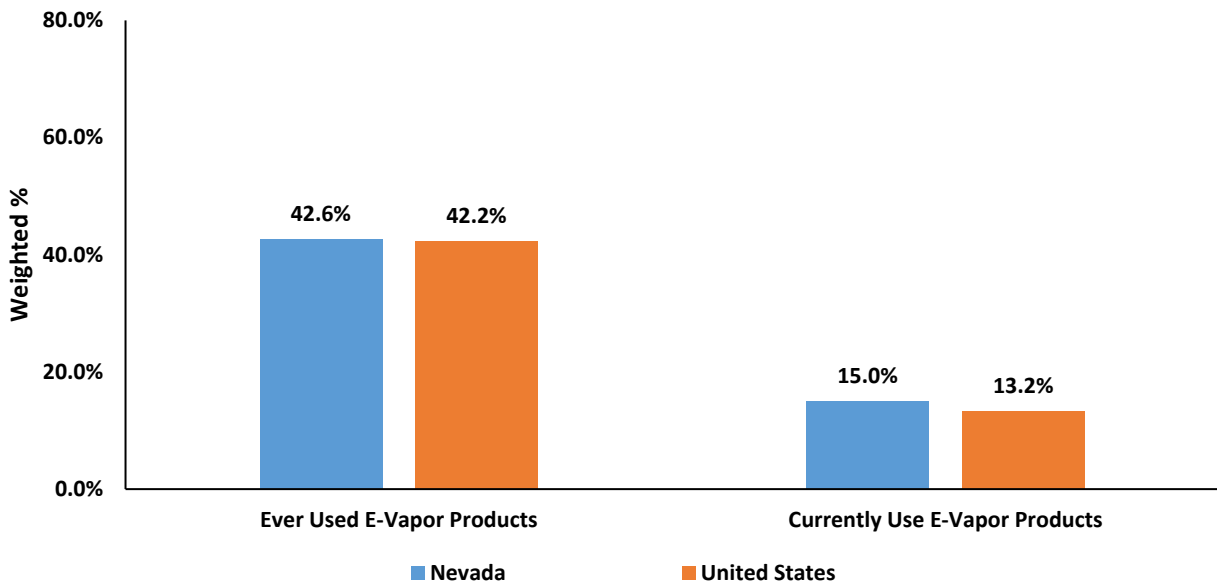
Figure 75. Current Tobacco Use Summary, Nevada Middle School Students, 2017.



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

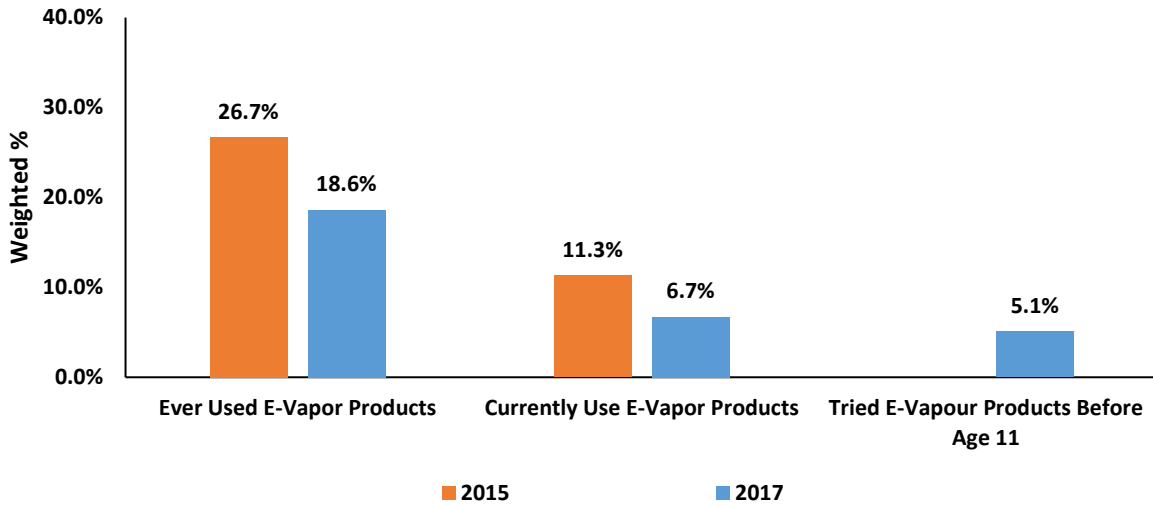
Around 6.4% of all high school students in Nevada reported using cigarettes in the past 30 days. 2.2% of middle school students smoke cigarettes in the past 30 days. 4.0% of high school students used cigars and 2.3 middle school students used cigars in the past 30 days. 12.0% of high school students used tobacco and 4.6% of middle school students used tobacco in the past 30 days.

Figure 76. Electronic Vapor Product Use Summary, Nevada High School Students, 2017.



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

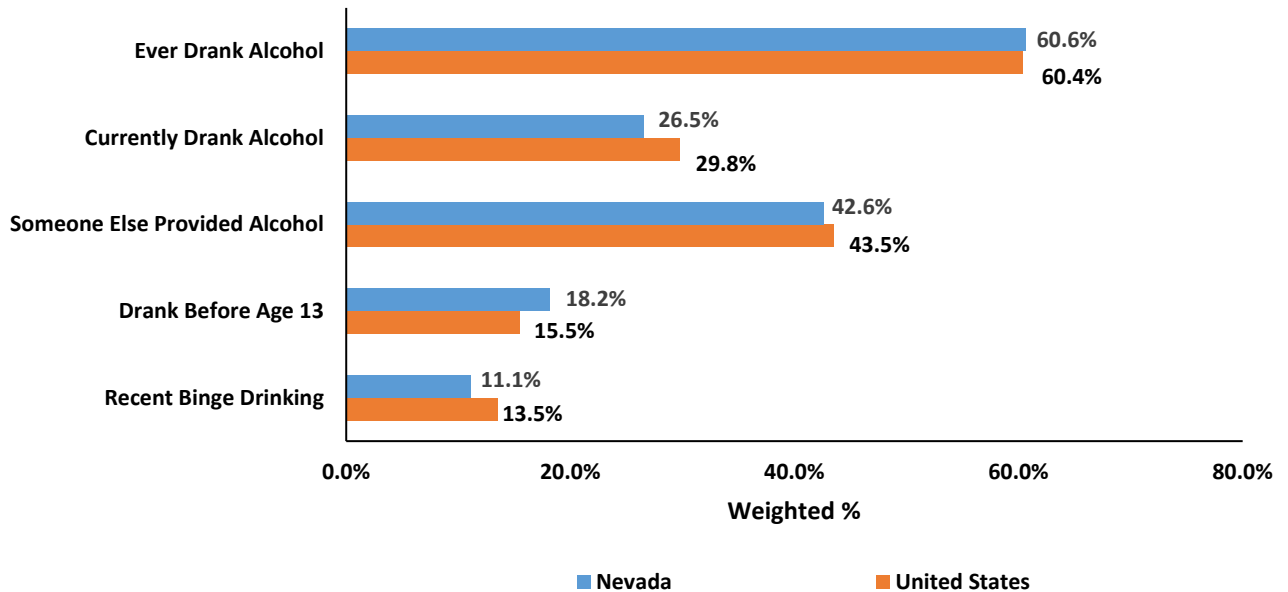
Figure 77. Electronic Vapor Product Use Summary, Nevada Middle School Students, 2015 and 2017.



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

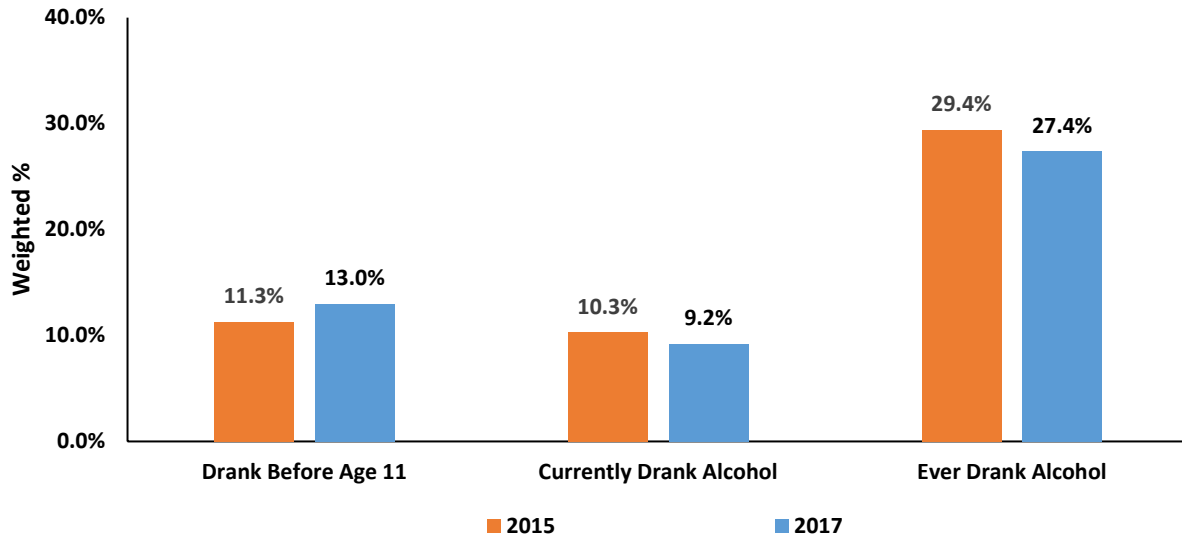
At least, 4 out of 10 high school students ever used electronic vapor products. 18.6% of middle school students reported to have ever used electronic vapor products. 15.1% of high school students use electronic vapor products while 6.7% of middle school students currently use electronic vapor products. 5.1% of middle school students tried electronic vapor products before turning 11 years old. 6.7% of Nevada middle school students currently use e-vapor products, about 4.6% decrease from 2015.

Figure 78. Alcohol Use Summary, Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Binge Drinking: Had five or more drinks of alcohol in a row for males, four or more for females within a couple of hours.
 Chart scaled to 40% to display differences among groups.

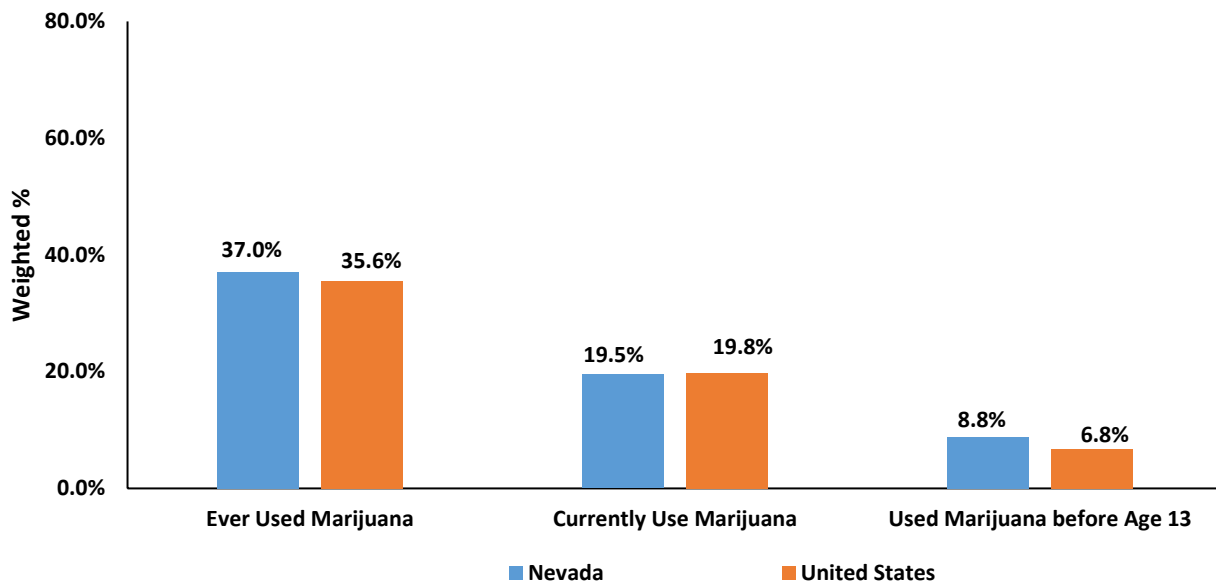
Figure 79. Alcohol Use Summary, Nevada Middle School Students, 2015 and 2017.



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

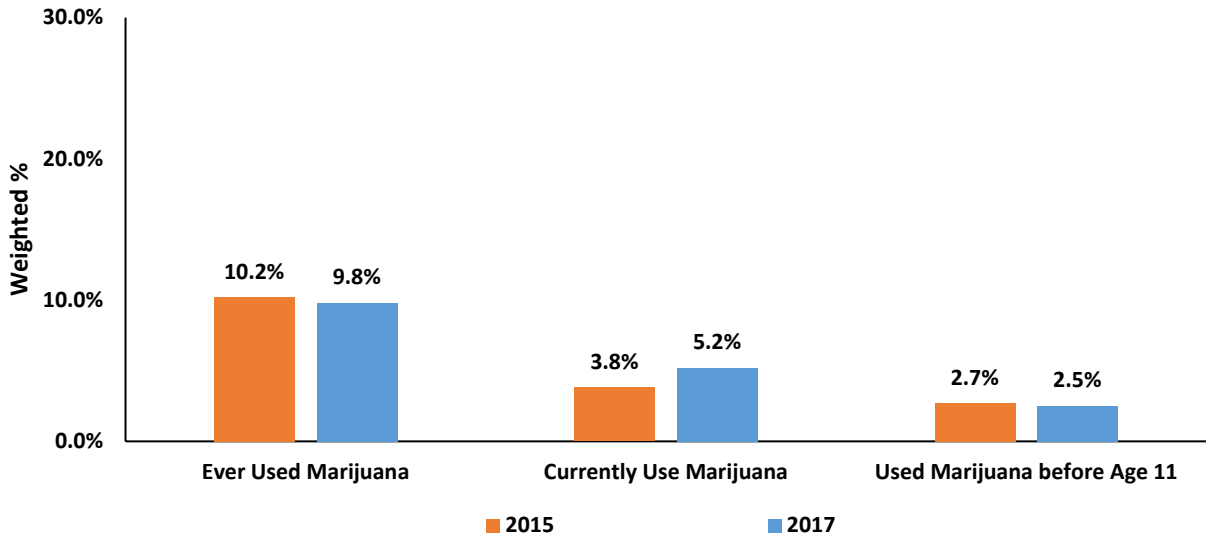
At least, 6 out of 10 high school students in Nevada have had a drink of alcohol (60.6%). About 26.5% currently drink alcohol. 42.6% of high school students had alcohol provided to them by someone else. About 18.2% of Nevada high school students had alcohol before the age of 13 years and over 11.1% of high school students had recent binge drinking experience (had at least five or more drinks of alcohol in a row for males and four or more for females within a couple of hours). Every one out of ten middle school students drank alcohol before age 11. Also, 9.2% currently drank alcohol and three out of ten had drank alcohol before.

Figure 80. Marijuana Use Summary, Nevada High School Students, 2017.



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

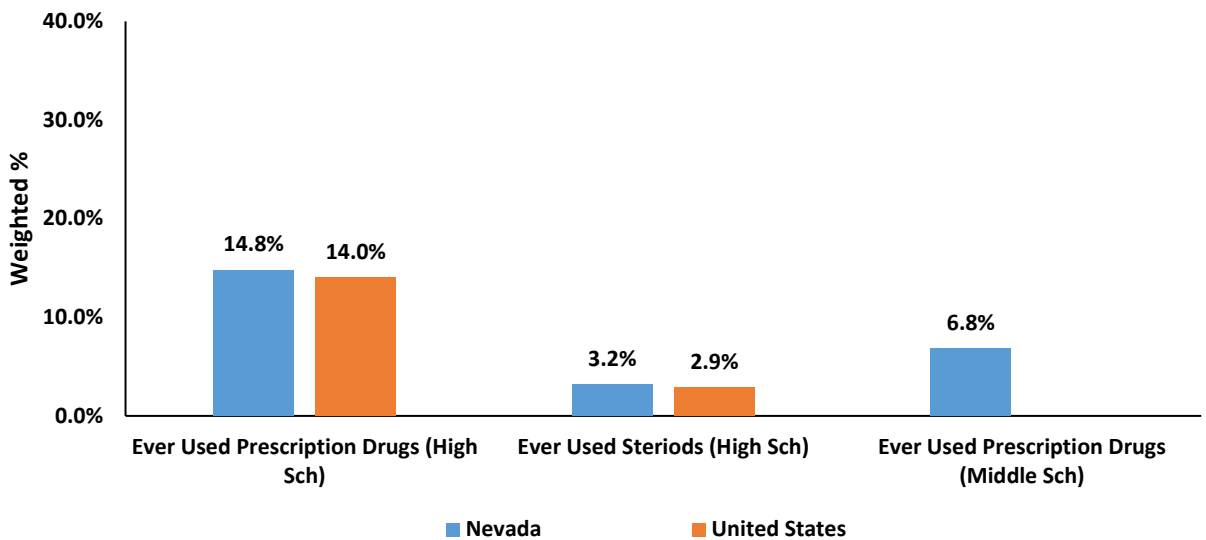
Figure 81. Marijuana Use Summary, Nevada Middle School Students, 2015 and 2017.



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

Approximately 37.0% of high school students in Nevada reported trying marijuana, and 19.5% currently use marijuana. About 8.8% of high school students tried marijuana before they turned 13 years. About 10% of Nevada middle school students have tried marijuana before. 5.2% currently use marijuana and about 2.5% of Nevada middle school students tried marijuana before turning 11 years old.

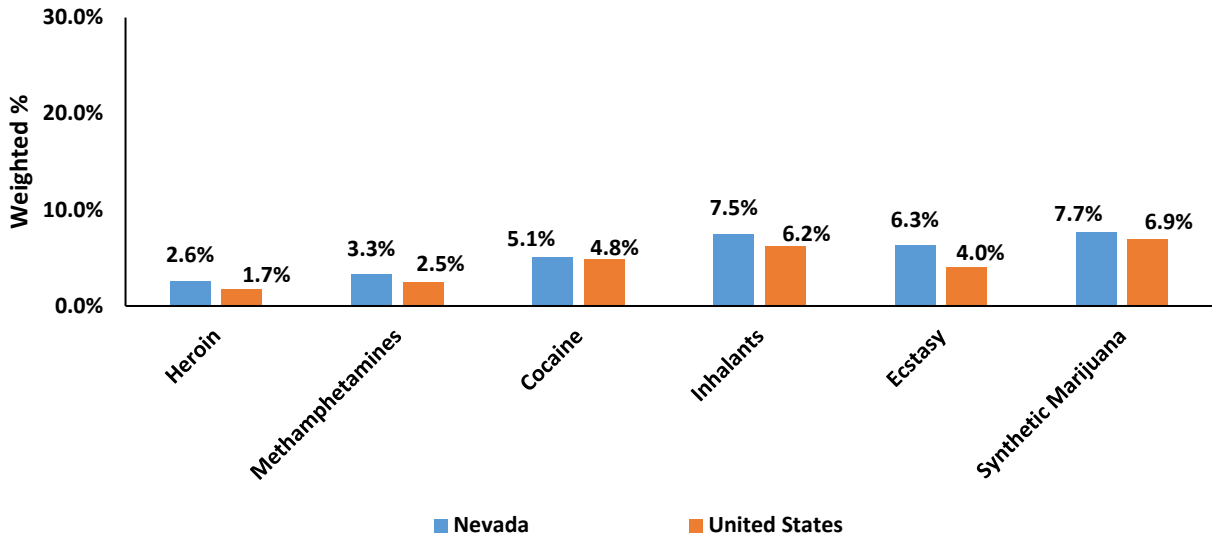
Figure 82. Nonprescription Substance Use Summary, Nevada Middle and High School Students, 2017.



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

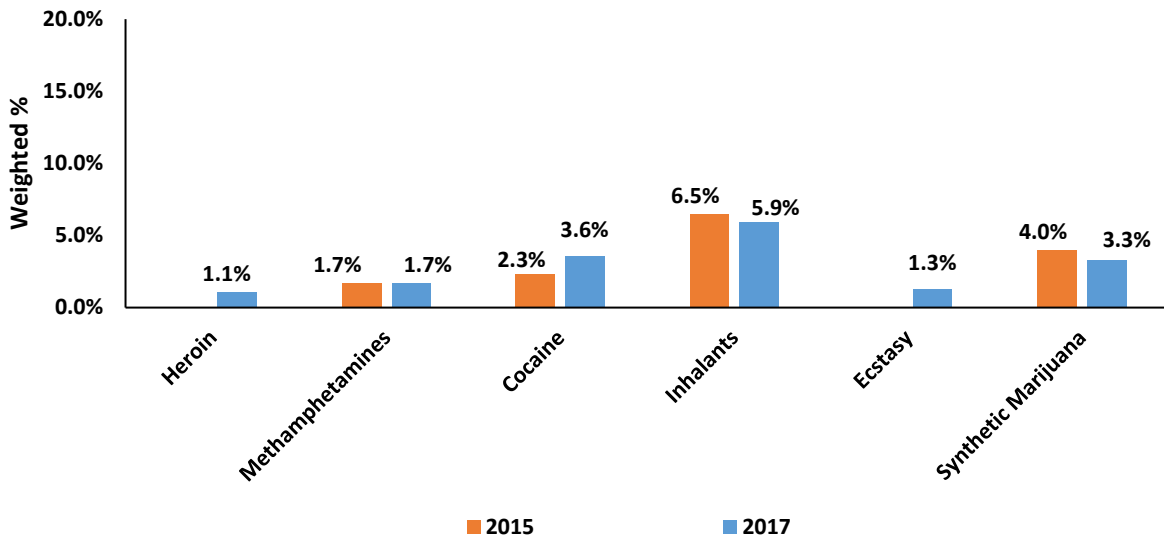
Approximately 15% of high school students in Nevada have already tried prescription drugs that were not prescribed to them in their lifetime, while about 7% currently take prescription drugs that were not prescribed to them. 3.2% of high school students have tried non-prescribed steroids. About 7% of middle school students have already tried prescription drugs that were not prescribed to them.

Figure 83. Lifetime Drug Use Summary, Nevada High School Students, 2017.



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

Figure 84. Lifetime Drug Use Summary, Nevada Middle School Students, 2015 and 2017.



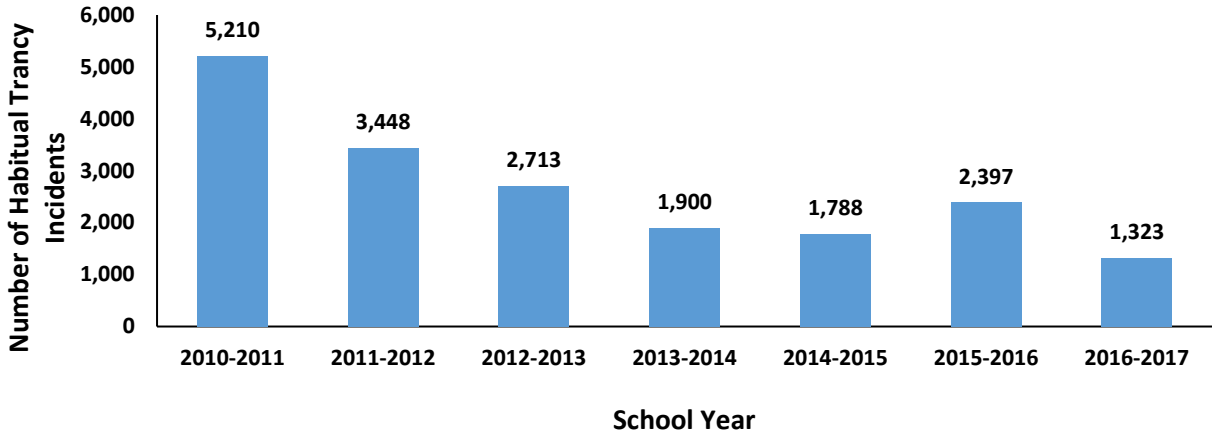
Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 20% to display differences among groups.
 Indicator for "heroin" and "ecstasy" not measured in 2015.

Nearly 8% of high school students in Nevada has used synthetic marijuana, the highest percentage of the selected substances. 7.5% has used inhalants and 6.3% has taken ecstasy. Also, another 5.1% of high school students have used cocaine, 2.6% have used heroin and, 3.3% have used methamphetamines. 5.9% of middle school students have used inhalants, 3.6% have used cocaine and, another 3.3% have used synthetic marijuana. 1.7% have used methamphetamines, 1.3% have used ecstasy and, 1.1% have used heroin.

School Success

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

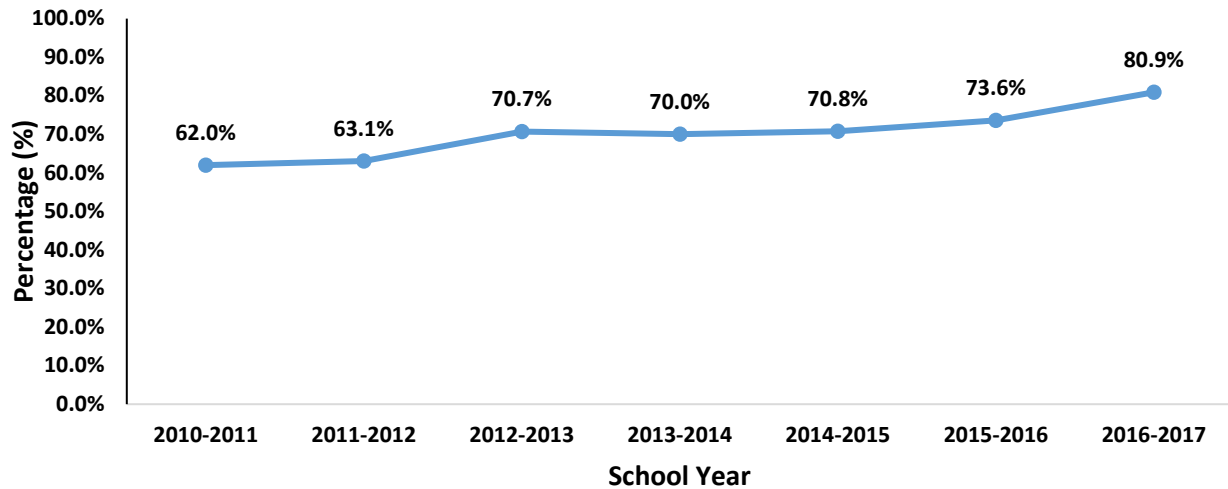
Figure 85. Number of Habitual Truants, Nevada, Class Cohorts 2010–2017.



Source: Nevada Department of Education, Report Card.

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

Figure 86. High School Graduation Percentage, Nevada, Class Cohorts 2010–2017.



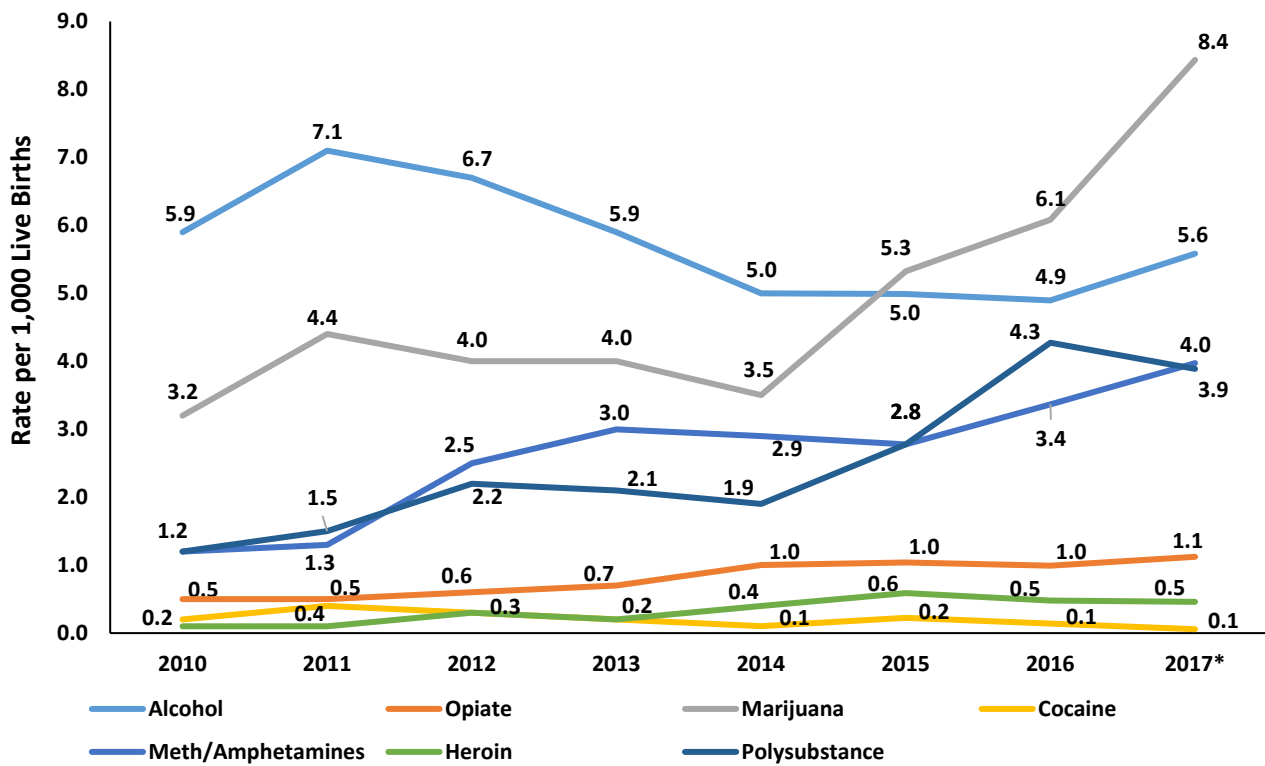
Source: Nevada Department of Education, Report Card.

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 who form the adjusted cohort for the graduation class). Nevada high schools posted their highest graduation rate ever at 80.9% for the Class of 2017 – an increase of seven percent points.

Special Population: Newborns

The data in this section is reflective of self-reported information provided by the mother on the birth record. On average, there are 35,740 live births per year to Nevada residents between 2010-2017. From 2015 to 2017, 545 had alcohol use indicated on the birth certificate. 698 birth certificates indicated marijuana use, 356 indicated meth/amphetamine use, 111 indicated opiate use, and 54 indicated heroin use during pregnancy.

Figure 87. Prenatal Substance Abuse Birth Rates (self-reported) for Select Substances, Nevada 2010-2017*.



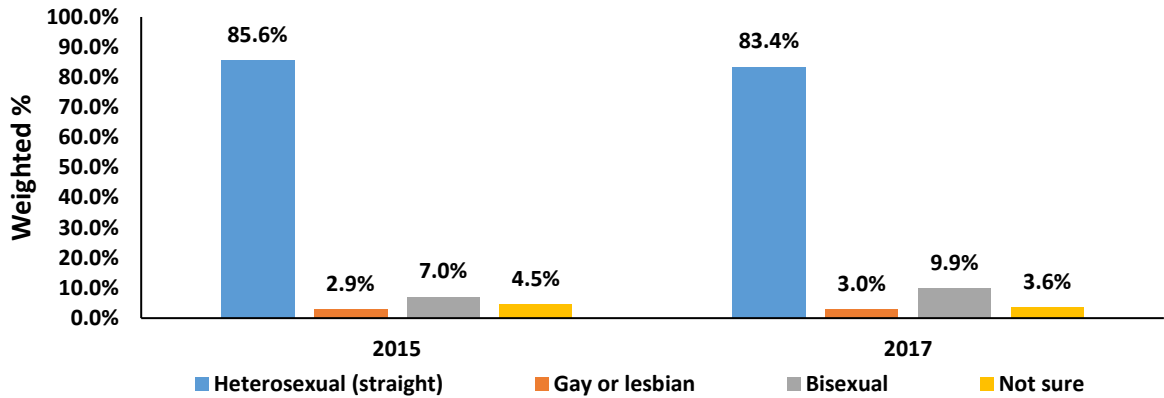
Source: Nevada Electronic Birth Registry System.

*2017 data are preliminary and subject to changes.

Of the Nevada mothers who gave birth between 2010 and 2017 that self-reported using substances while pregnant, alcohol and marijuana has the highest prenatal substance abuse birth rate, at 5.6 per 1,000 births and 8.4 per 1,000 in 2017 respectively. A rate of 4.0 per 1,000 was reported for meth/amphetamines, and 3.9 per 1,000 births reported for polysubstance use. These numbers are likely significantly underestimated because data is self-reported by the mothers, and they may be reluctant to be forthcoming on the birth record for many reasons.

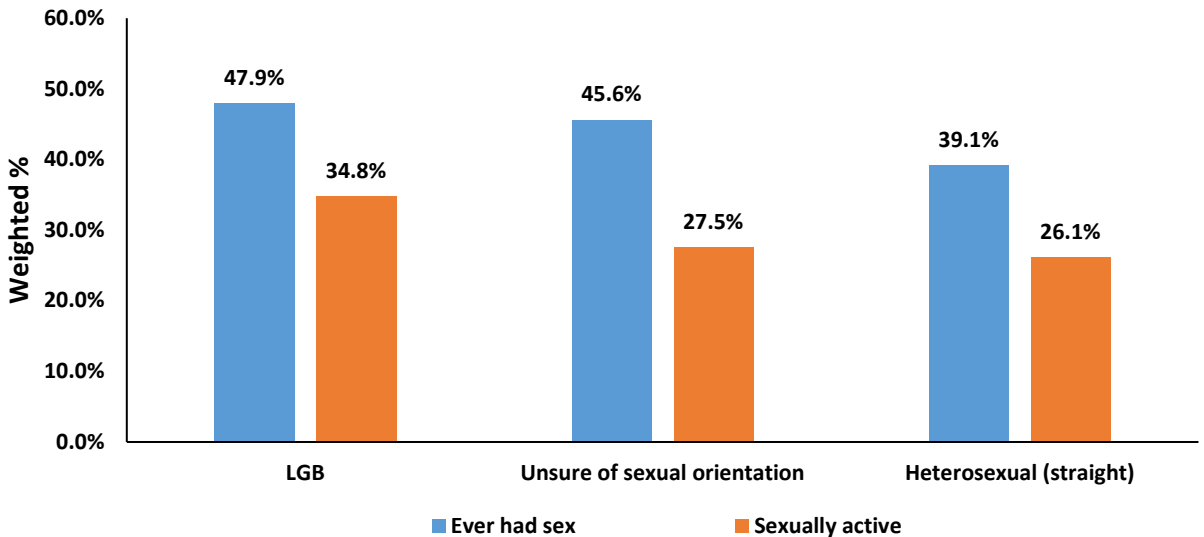
Special Population: LGBTQ

Figure 88. Sexual Orientation, Nevada High School Population, 2015 and 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).

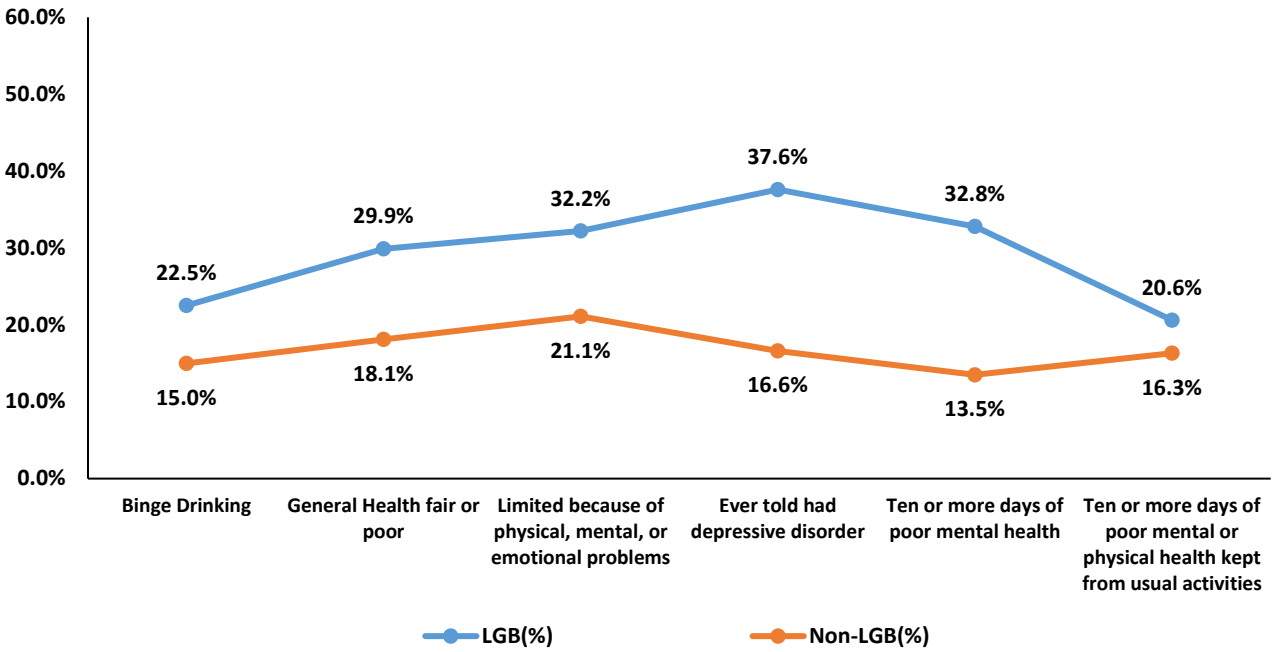
Figure 89. Prevalence Estimates of Health Risk Behaviors, by LGBTQ – Nevada Youths, 2015



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

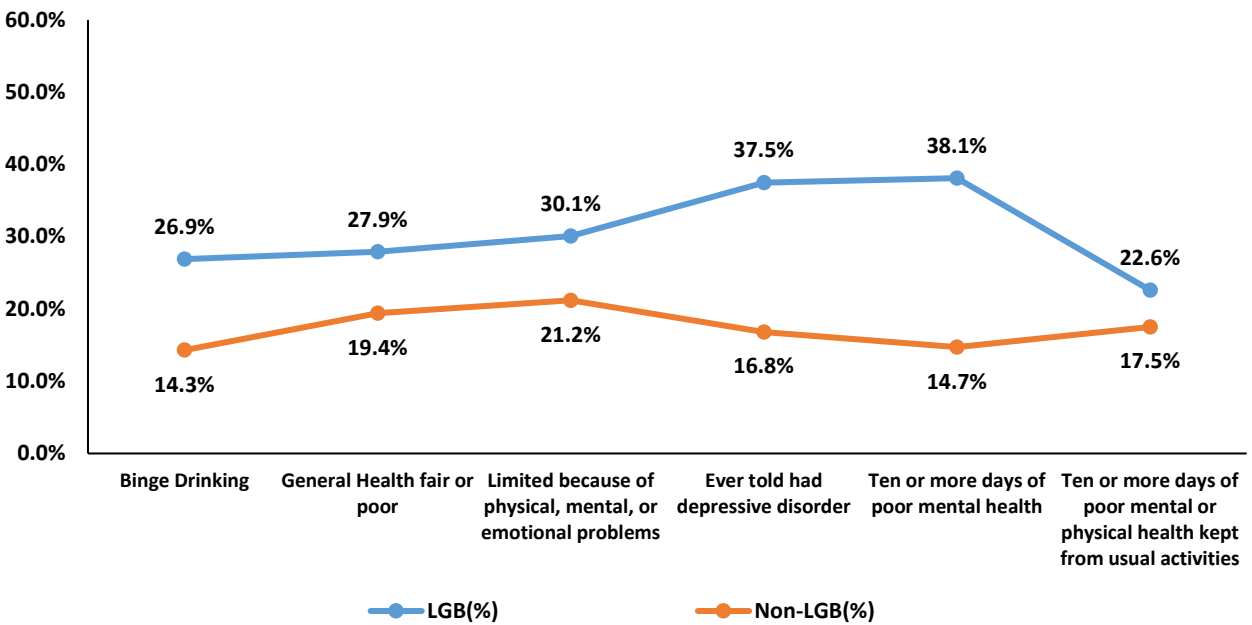
Of the Nevada, high school students who participated in the youth risk behavior survey in 2017, 83.4% were heterosexual (straight), 3% were gay or lesbian, 9.9% were bisexuals and 3.6% were not sure about their sexual orientation. In 2015, 34.8% of LGB high school students were sexually active and 47.9% had ever had sex respectively.

Figure 90. Prevalence Estimates of Health Risk Behaviors, by LGBTQ – Nevada Adults, 2015.



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

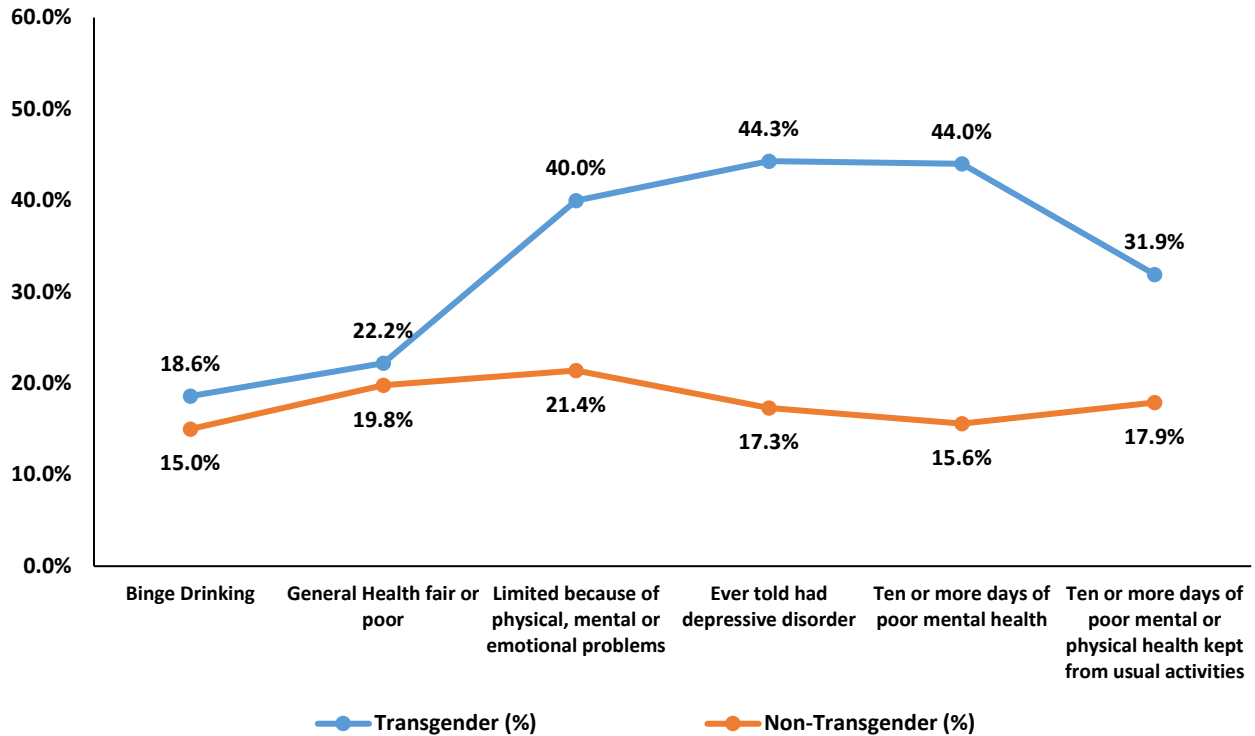
Figure 90. Prevalence Estimates of Health Risk Behaviors, by LGBTQ – Nevada Adults, 2016.



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

26.9% of Lesbian/Gay/Bisexual (LGB) population participated in binge drinking in 2016 as compared to 22.5% in 2015. When this population was asked how their general health was, 27.9% said their general health was fair or poor in 2016 as compared to 29.9% in 2015. 37.5% were told they had depressive disorder on 2016.

Table 91. Prevalence Estimates of Health Risk Behaviors, by Transgender – Nevada Adults, 2016.

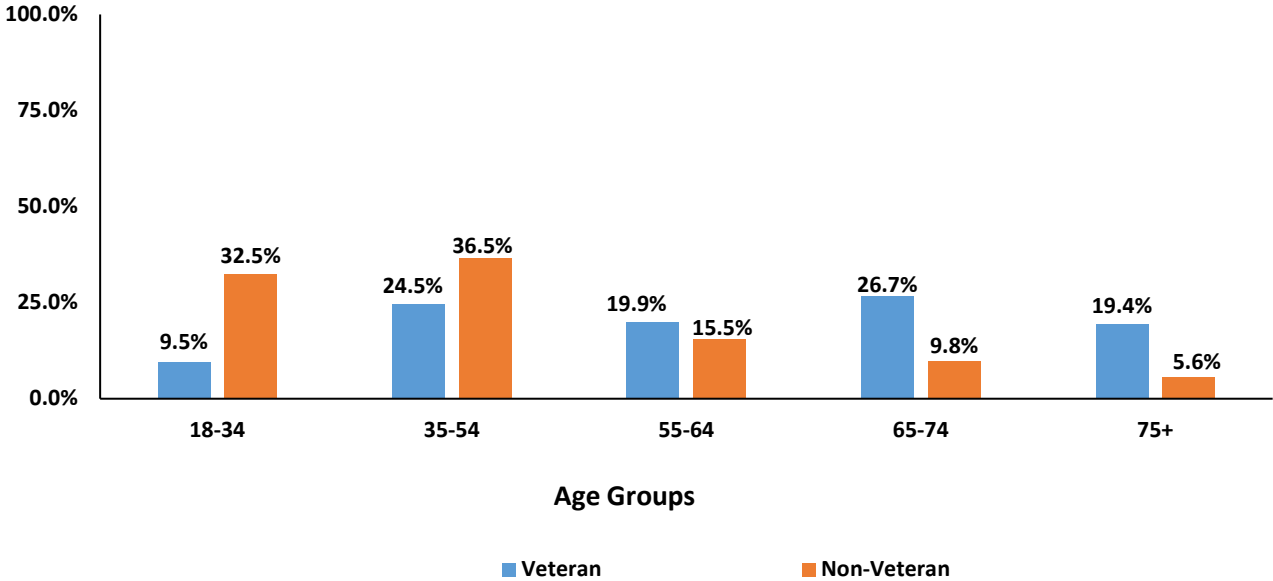


Source: Behavioral Risk Factor Surveillance System (BRFSS).
 Chart scaled to 60% to display differences among groups.
 Transgender counts small. Numbers may not be reliable.

18.6% of transgender population participated in binge drinking in 2016. 22.2% said their general health is fair or poor. 44.3% have been told before they have depressive disorder and 44% had ten or more days of poor mental health. However, counts for transgender population is very small. Therefore, data may not be reliable.

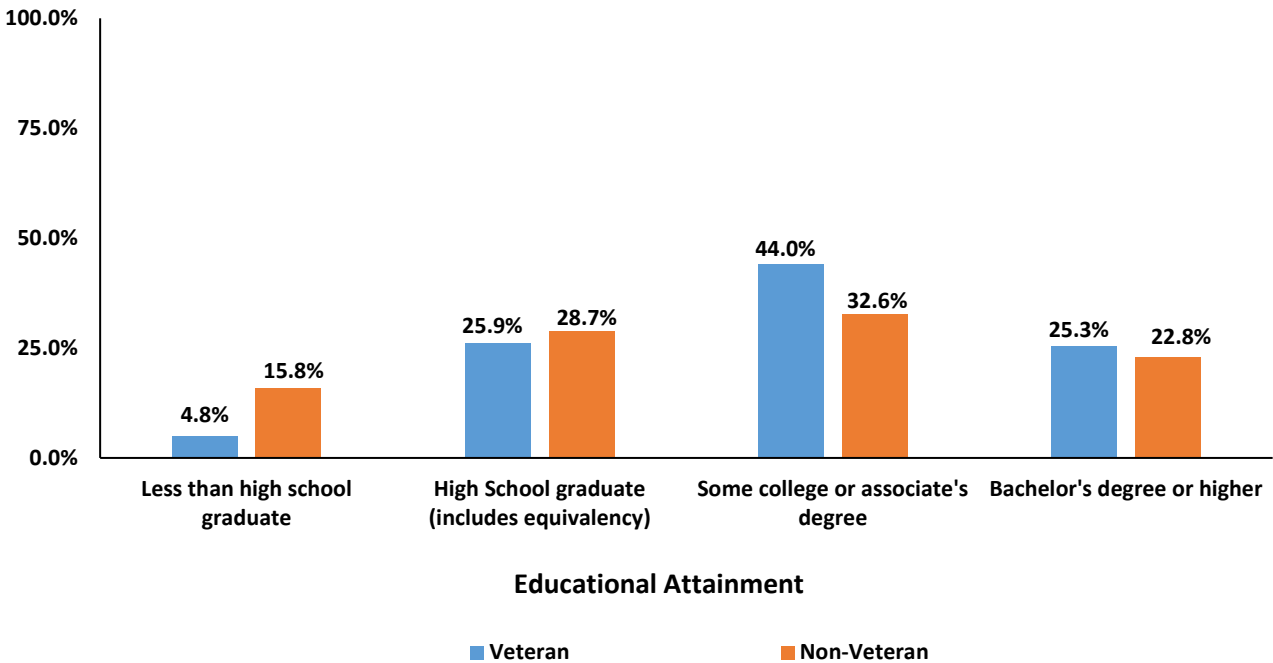
Special Population: Veterans

Figure 92. Age Distribution of Nevada Veterans, 2016.



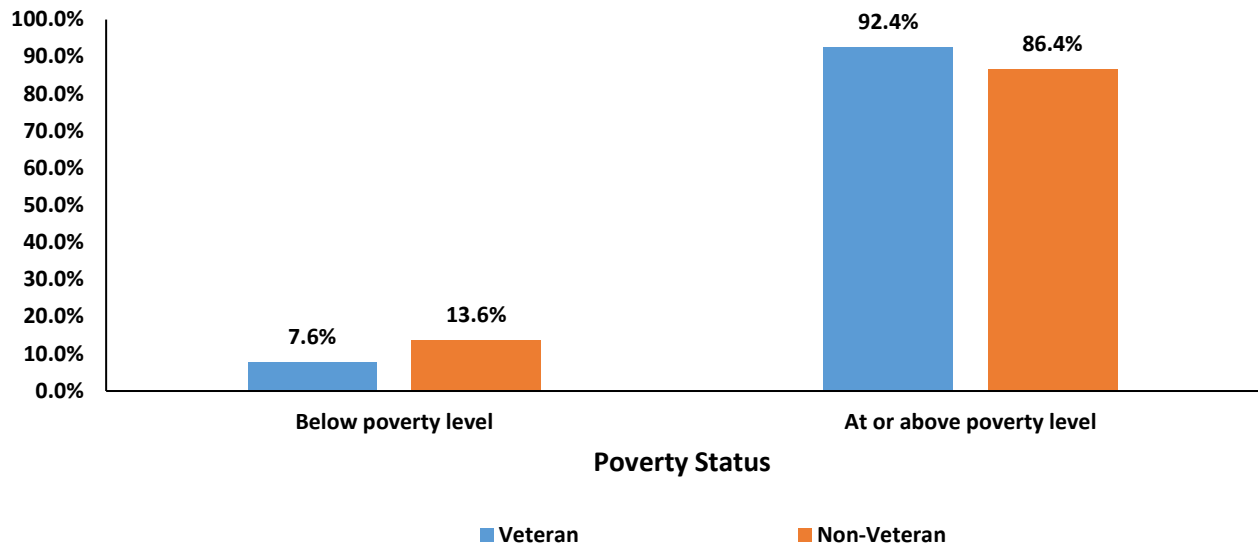
Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates.

Figure 93. Education Distribution of Nevada Veterans, 2016.



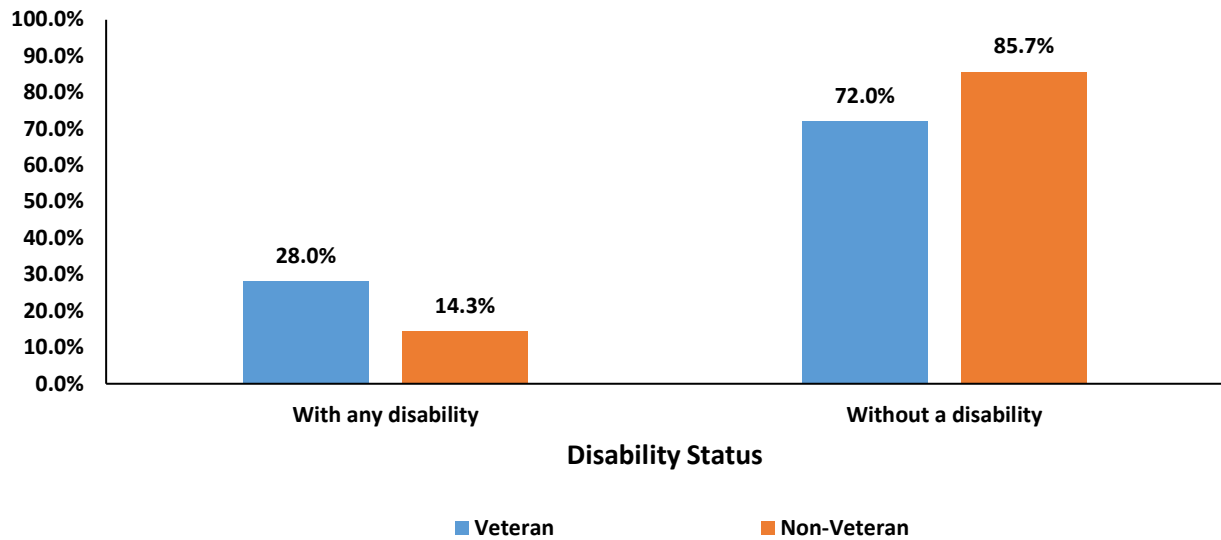
Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Figure 94. Poverty Status of Nevada Veterans, 2016.



Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates.
* U.S. Dept. Housing and Urban Development (HUD). (2016) "Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations: Nevada."
Accessed: https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_State_NV_2016.pdf
Accessed: https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_State_NV_2017.pdf

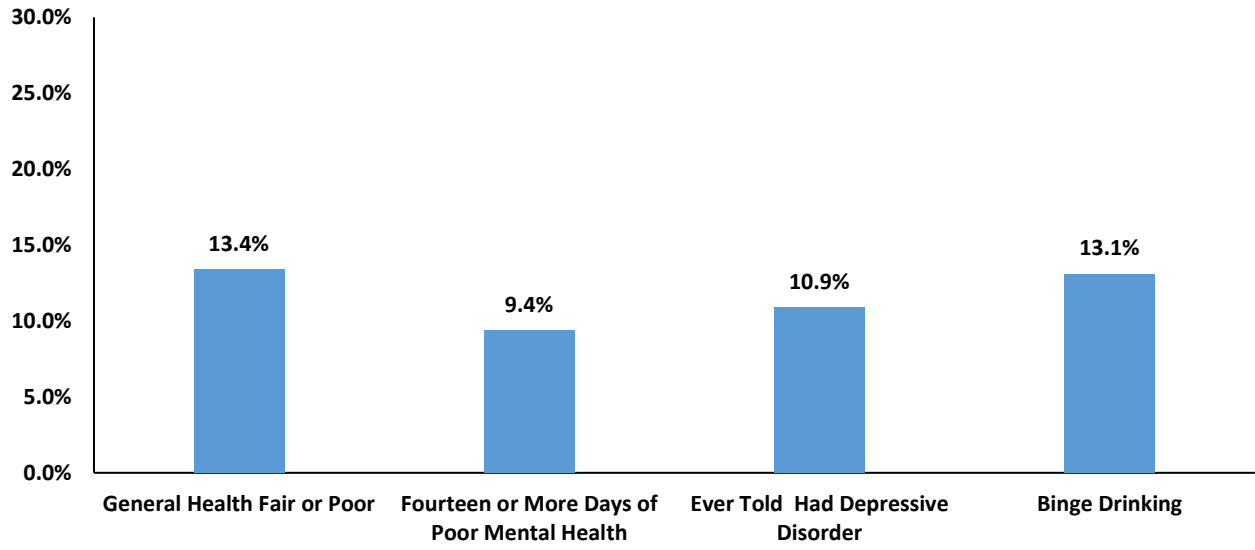
Figure 95. Disability Status of Nevada Veterans, 2016.



Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates.
* U.S. Dept. Housing and Urban Development (HUD). (2016) "Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations: Nevada."
Accessed: https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_State_NV_2016.pdf
Accessed: https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_State_NV_2017.pdf

There were 832 veterans who were homeless in Nevada during a point-in-time survey* in 2017, as compared to 851 in 2016. 59.1% were sheltered and 40.9% were unsheltered in 2017.

Table 96. Prevalence Estimates of Health Risk Behavior Status of Veterans – Nevada Adults, 2016.



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

13.4% of veterans has reported having fair or poor general health in 2016. 13.1% participated in binge drinking and 10.9% has been ever told they have a depressive disorder. 9.4% have had fourteen or more days of poor mental health.

Appendix

Hospital billing data (ED and Inpatient) and mortality data both utilize International Classification of Diseases codes (ICD). Hospital billing use the ICD-CM which is a 7-digit code versus death the ICD codes are 4-digits. In hospital billing data, the ICD codes are provided in the diagnosis fields, while death data the ICD codes are coded from the literal causes of death provided on the death certificate. In October 2015, ICD-10-CM codes were implemented nationwide. Before October 2015, ICD-9-CM codes were used for medical billing. Therefore, 2015 data consists of two distinct coding schemes, ICD-9-CM and ICD-10-CM respectively. Due to this change in coding schemes, hospital billing data from October 2015 forward may not be directly comparable to previous data.

The following ICD-CM codes were used for mental health related hospital encounters and admissions:

Anxiety: 300.0 (9), F41.10
 Bi-Polar: 296.40-296.89 (9), F32.89, F31 (10)
 Depression: 296.20-296.36 (9), F32.0-F32.5, F33.0-F33.4, F32.9 (10)
 Post-Traumatic Stress Disorder: 309.81 (9), F43.10, F43.12 (10)
 Schizophrenia: 300.0 (9), F20, Z65.8 (10)
 Suicidal Ideation: V62.84 (9), R45.851 (10)
 Suicide Attempts: E95.0-E95.9 (9), X71-X83, T36-T50

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

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

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

Suicide X60-X84

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

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

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

Alcohol: F10, K70, Y90, Y91, X45, X65, Y15, T51, K73, K74, G31.2, G62.1, I42.6, K29.2, K86.0, K85.0, R78.0, E24.4, O35.4, Q86.0, and Z72.1.

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

Table 1. Mental Health Related Chief Complaints, 2017-2018.

Year	Depression		Anxiety		Suicidal	
	2017	2018	2017	2018	2017	2018
Female	1,333	672	4,784	2,382	3,039	1,566
Unknown	0	0	0	0	2	1
11-14	79	50	111	64	232	211
25-34	577	284	2,022	1,061	1,828	1,010
45-54	451	229	1,261	676	1,526	719
65-74	132	85	472	255	227	127
75-84	57	34	241	112	56	
85+	23	6	104	0	18	9
Unknown	0	0	0	0	2	

Source: Division of Public and Behavioral Health ESSENCE
2018 Data is January to May.

Table 2. Proportion (%) of Selected Behavioral Health Related Emergency Room Visits, Nevada Residents, 2009-2017.

	Schizophrenia	Anxiety	Depression	Bipolar Disorder	PTSD	Suicidal Ideation	Total
2009	7%	32%	33%	12%	1%	15%	100%
2010	8%	31%	31%	14%	2%	14%	100%
2011	7%	33%	31%	13%	2%	13%	100%
2012	7%	36%	30%	13%	2%	12%	100%
2013	7%	38%	28%	13%	3%	11%	100%
2014	7%	40%	28%	13%	3%	9%	100%
2015	7%	40%	28%	12%	3%	10%	100%
2016	6%	42%	27%	12%	3%	9%	100%
2017	7%	41%	24%	13%	4%	11%	100%

Source: Hospital Emergency Room Discharge.

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

Table 3. Counts and Crude Rates per 100,000 of Selected Behavioral Health Related Emergency Room Encounters by Gender, Nevada Residents, 2009-2017.

Anxiety						
Year	Female		Male		Total	
	N.	Rate	N.	Rate	N.	Rate
2009	10,129	765.2 (750.3-780.1)	5,437	401.7 (391.0-412.3)	15,567	581.4 (572.3-590.6)
2010	11,536	862.2 (846.4-877.9)	5,824	425.8 (414.8-436.7)	17,360	641.6 (632.0-651.1)
2011	14,115	1,047.8 (1,030.5-1,065.0)	6,852	498.5 (486.7-510.3)	20,968	770.4 (759.9-780.8)
2012	18,155	1,332.8 (1,313.4-1,352.2)	8,723	644.4 (630.9-657.9)	26,878	977.3 (965.6-989.0)
2013	20,225	1,456.5 (1,436.4-1,476.6)	10,456	740.3 (726.1-754.5)	30,682	1,095.4 (1,083.2-1,107.7)
2014	25,765	1,826.2 (1,803.9-1,848.5)	12,752	890.2 (874.8-905.7)	38,517	1,354.7 (1,341.1-1,368.2)
2015	28,027	1,945.1 (1,922.3-1,967.8)	13,897	954.0 (938.1-969.8)	41,924	1,446.8 (1,433.0-1,460.7)
2016	32,599	2,217.2 (2,193.2-2,241.3)	16,725	1,127.7 (1,110.6-1,144.8)	49,342	1,670.7 (1,656.0-1,685.4)
2017	34,970	2,351.0 (2,326.3-2,375.6)	18,371	1,226.6 (1,208.9-1,244.3)	53,345	1,787.0 (1,771.8-1,802.2)
Depression						
Year	Female		Male		Total	
	N.	Rate	N.	Rate	N.	Rate
2009	9,424	711.9 (697.5-726.3)	6,467	477.8 (466.1-489.4)	15,891	593.5 (584.3-602.8)
2010	10,181	760.9 (746.1-775.7)	6,919	505.8 (493.9-517.8)	17,100	632.0 (622.5-641.4)
2011	12,121	899.7 (883.7-915.8)	7,765	564.9 (552.3-577.4)	19,886	730.6 (720.5-740.8)
2012	13,759	1,010.1 (993.2-1,027.0)	8,231	608.1 (594.9-621.2)	21,990	799.6 (789.0-810.1)
2013	14,339	1,032.6 (1,015.7-1,049.5)	8,594	608.5 (595.6-621.3)	22,934	818.8 (808.2-829.4)
2014	16,860	1,195.0 (1,177.0-1,213.1)	9,815	685.2 (671.6-698.7)	26,676	938.2 (926.9-949.5)
2015	17,828	1,237.3 (1,219.1-1,255.4)	11,155	765.7 (751.5-779.9)	28,983	1,000.2 (988.7-1,011.7)
2016	19,827	1,348.5 (1,329.8-1,367.3)	11,999	809.0 (794.6-823.5)	31,845	1,078.3 (1,066.4-1,090.1)
2017	19,079	1,282.6 (1,264.4-1,300.8)	11,951	798.0 (783.6-812.3)	31,033	1,039.6 (1,028.0-1,051.1)
Bipolar Disorder						
Year	Female		Male		Total	
	N.	Rate	N.	Rate	N.	Rate
2009	3,489	263.6 (254.8-272.3)	2,517	185.9 (178.7-193.2)	6,006	224.3 (218.6-230.0)
2010	4,687	350.3 (340.3-360.3)	3,113	227.6 (219.6-235.6)	7,800	288.3 (281.9-294.7)
2011	5,135	381.2 (370.7-391.6)	3,463	251.9 (243.5-260.3)	8,598	315.9 (309.2-322.6)
2012	5,566	408.6 (397.9-419.4)	3,738	276.1 (267.3-285.0)	9,305	338.3 (331.5-345.2)
2013	5,973	430.1 (419.2-441.1)	4,142	293.3 (284.3-302.2)	10,115	361.1 (354.1-368.2)
2014	7,065	500.8 (489.1-512.4)	4,994	348.6 (339.0-358.3)	12,059	424.1 (416.5-431.7)
2015	7,298	506.5 (494.9-518.1)	5,375	369.0 (359.1-378.8)	12,673	437.3 (429.7-445.0)
2016	8,325	566.2 (554.1-578.4)	6,114	412.2 (401.9-422.6)	14,446	489.1 (481.2-497.1)
2017	9,586	644.4 (631.5-657.3)	7,729	516.1 (504.5-527.6)	17,319	580.2 (571.5-588.8)

Source: Hospital Inpatient Billing.

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

*Categories are not mutually exclusive

Post Traumatic Stress Disorder						
Year	Female		Male		Total	
	N.	Rate	N.	Rate	N.	Rate
2009	282	21.3 (18.8-23.8)	306	22.6 (20.1-25.1)	588	22.0 (20.2-23.7)
2010	577	43.1 (39.6-46.6)	455	33.3 (30.2-36.3)	1,032	38.1 (35.8-40.5)
2011	753	55.9 (51.9-59.9)	671	48.8 (45.1-52.5)	1,424	52.3 (49.6-55.0)
2012	1,032	75.8 (71.1-80.4)	723	53.4 (49.5-57.3)	1,755	63.8 (60.8-66.8)
2013	1,344	96.8 (91.6-102.0)	1,005	71.2 (66.8-75.6)	2,349	83.9 (80.5-87.3)
2014	1,649	116.9 (111.2-122.5)	1,274	88.9 (84.1-93.8)	2,923	102.8 (99.1-106.5)
2015	1,775	123.2 (117.5-128.9)	1,371	94.1 (89.1-99.1)	3,146	108.6 (104.8-112.4)
2016	2,223	151.2 (144.9-157.5)	1,664	112.2 (106.8-117.6)	3,892	131.8 (127.6-135.9)
2017	2,884	193.9 (186.8-201.0)	2,300	153.6 (147.3-159.8)	5,184	173.7 (168.9-178.4)

Suicidal Ideation						
Year	Female		Male		Total	
	N.	Rate	N.	Rate	N.	Rate
2009	3,186	240.7 (232.3-249.0)	4,235	312.9 (303.4-322.3)	7,421	277.2 (270.9-283.5)
2010	3,423	255.8 (247.3-264.4)	4,333	316.8 (307.3-326.2)	7,756	286.6 (280.3-293.0)
2011	3,823	283.8 (274.8-292.8)	4,736	344.5 (334.7-354.3)	8,559	314.5 (307.8-321.1)
2012	4,066	298.5 (289.3-307.7)	4,938	364.8 (354.6-375.0)	9,004	327.4 (320.6-334.2)
2013	3,867	278.5 (269.7-287.3)	4,978	352.5 (342.7-362.2)	8,845	315.8 (309.2-322.4)
2014	3,910	277.1 (268.4-285.8)	4,893	341.6 (332.0-351.2)	8,803	309.6 (303.1-316.1)
2015	4,084	283.4 (274.7-292.1)	6,125	420.5 (409.9-431.0)	10,209	352.3 (345.5-359.2)
2016	4,550	309.5 (300.5-318.5)	6,598	444.9 (434.1-455.6)	11,155	377.7 (370.7-384.7)
2017	5,485	368.7 (359.0-378.5)	8,720	582.2 (570.0-594.4)	14,210	476.0 (468.2-483.8)

Schizophrenia						
Year	Female		Male		Total	
	N.	Rate	N.	Rate	N.	Rate
2009	1,283	96.9 (91.6-102.2)	2,112	156.0 (149.4-162.7)	3,395	126.8 (122.5-131.1)
2010	1,532	114.5 (108.8-120.2)	2,842	207.8 (200.1-215.4)	4,374	161.7 (156.9-166.4)
2011	1,803	133.8 (127.7-140.0)	2,796	203.4 (195.9-210.9)	4,599	169.0 (164.1-173.9)
2012	2,031	149.1 (142.6-155.6)	3,105	229.4 (221.3-237.5)	5,137	186.8 (181.7-191.9)
2013	2,203	158.6 (152.0-165.3)	3,763	266.4 (257.9-274.9)	5,966	213.0 (207.6-218.4)
2014	2,648	187.7 (180.5-194.8)	4,384	306.1 (297.0-315.1)	7,032	247.3 (241.5-253.1)
2015	2,634	182.8 (175.8-189.8)	4,741	325.4 (316.2-334.7)	7,375	254.5 (248.7-260.3)
2016	2,792	189.9 (182.9-196.9)	4,573	308.3 (299.4-317.3)	7,367	249.4 (243.7-255.1)
2017	3,226	216.9 (209.4-224.4)	5,934	396.2 (386.1-406.3)	9,161	306.9 (300.6-313.2)

Source: Emergency Department Billing.

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

*Categories are not mutually exclusive.

Table 4. Counts and Crude Rates per 100,000 of Selected Behavioral Health Related Inpatient Admissions by Gender, Nevada Residents, 2009-2017.

Anxiety						
Year	Female		Male		Total	
	N.	Rate	N.	Rate	N.	Rate
2009	7,748	585.3 (572.3-598.3)	3,704	273.6 (264.8-282.4)	11,453	427.8 (419.9-435.6)
2010	8,201	612.9 (599.7-626.2)	4,052	296.2 (287.1-305.4)	12,253	452.8 (444.8-460.9)
2011	9,035	670.7 (656.8-684.5)	4,472	325.3 (315.8-334.9)	13,507	496.3 (487.9-504.6)
2012	11,824	868.0 (852.4-883.7)	5,560	410.8 (400.0-421.5)	17,389	632.3 (622.9-641.7)
2013	13,666	984.2 (967.7-1000.7)	6,744	477.5 (466.1-488.9)	20,411	728.7 (718.7-738.7)
2014	15,376	1089.8 (1072.6-1107.1)	7,844	547.6 (535.5-559.7)	23,220	816.7 (806.2-827.2)
2015	17,565	1219.0 (1201.0-1237.0)	8,909	611.6 (598.9-624.3)	26,474	913.6 (902.6-924.6)
2016	19,113	1300.0 (1281.6-1318.4)	10,078	679.5 (666.2-692.8)	29,209	989.0 (977.7-1000.3)
2017	20,499	1378.1 (1359.2-1397.0)	10,981	733.2 (719.5-746.9)	31,484	1054.7 (1043.0-1066.3)

Bipolar Disorder						
Year	Female		Male		Total	
	N.	Rate	N.	Rate	N.	Rate
2009	4,313	325.8 (316.1-335.5)	2,766	204.3 (196.7-212.0)	7,079	264.4 (258.2-270.6)
2010	4,733	353.7 (343.7-363.8)	2,963	216.6 (208.8-224.4)	7,696	284.4 (278.1-290.8)
2011	4,627	343.5 (333.6-353.4)	2,972	216.2 (208.4-224.0)	7,599	279.2 (272.9-285.5)
2012	4,395	322.7 (313.1-332.2)	2,828	208.9 (201.2-216.6)	7,223	262.6 (256.6-268.7)
2013	4,249	306.0 (296.8-315.2)	2,938	208.0 (200.5-215.5)	7,190	256.7 (250.8-262.6)
2014	4,681	331.8 (322.3-341.3)	3,403	237.6 (229.6-245.5)	8,084	284.3 (278.1-290.5)
2015	6,518	452.3 (441.4-463.3)	5,447	373.9 (364.0-383.8)	11,965	412.9 (405.5-420.3)
2016	6,483	440.9 (430.2-451.7)	5,486	369.9 (360.1-379.7)	11,976	405.5 (398.2-412.8)
2017	6,797	456.9 (446.1-467.8)	5,983	399.5 (389.4-409.6)	12,784	428.2 (420.8-435.7)

Depression						
Year	Female		Male		Total	
	N.	Rate	N.	Rate	N.	Rate
2009	12,018	907.9 (891.6-924.1)	6,745	498.3 (486.4-510.2)	18,764	700.8 (690.8-710.9)
2010	12,385	925.6 (909.3-941.9)	7,175	524.6 (512.4-536.7)	19,560	722.9 (712.7-733.0)
2011	13,153	976.3 (959.7-993.0)	7,517	546.8 (534.5-559.2)	20,671	759.5 (749.1-769.8)
2012	14,672	1,077.1 (1,059.7-1,094.6)	8,153	602.3 (589.2-615.4)	22,826	830.0 (819.2-840.7)
2013	15,744	1,133.8 (1,116.1-1,151.5)	8,626	610.7 (597.9-623.6)	24,372	870.1 (859.2-881.1)
2014	17,806	1,262.1 (1,243.5-1,280.6)	10,018	699.4 (685.7-713.1)	27,825	978.6 (967.1-990.1)
2015	19,929	1,383.1 (1,363.9-1,402.3)	12,112	831.4 (816.6-846.2)	32,041	1,105.7 (1,093.6-1,117.9)
2016	19,716	1,341.0 (1,322.3-1,359.7)	12,389	835.3 (820.6-850.0)	32,124	1,087.7 (1,075.8-1,099.6)
2017	20,515	1,379.2 (1,360.3-1,398.1)	13,350	891.4 (876.2-906.5)	33,868	1,134.5 (1,122.5-1,146.6)

Source: Hospital Inpatient Billing.

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

*Categories are not mutually exclusive

Post Traumatic Stress Disorder						
Year	Female		Male		Total	
	N.	Rate	N.	Rate	N.	Rate
2009	891	67.3 (62.9-71.7)	734	54.2 (50.3-58.1)	1,625	60.7 (57.7-63.6)
2010	1,090	81.5 (76.6-86.3)	771	56.4 (52.4-60.3)	1,861	68.8 (65.7-71.9)
2011	1,055	78.3 (73.6-83.0)	865	62.9 (58.7-67.1)	1,920	70.5 (67.4-73.7)
2012	1,207	88.6 (83.6-93.6)	968	71.5 (67.0-76.0)	2,176	79.1 (75.8-82.4)
2013	1,393	100.3 (95.0-105.6)	1,169	82.8 (78.0-87.5)	2,563	91.5 (88.0-95.0)
2014	1,566	111.0 (105.5-116.5)	1,330	92.8 (87.9-97.8)	2,896	101.9 (98.1-105.6)
2015	2,232	154.9 (148.5-161.3)	1,852	127.1 (121.3-132.9)	4,084	140.9 (136.6-145.3)
2016	2,485	169.0 (162.4-175.7)	1,997	134.6 (128.7-140.6)	4,487	151.9 (147.5-156.4)
2017	2,641	177.5 (170.8-184.3)	2,250	150.2 (144.0-156.4)	4,891	163.8 (159.3-168.4)

Schizophrenia						
Year	Female		Male		Total	
	N.	Rate	N.	Rate	N.	Rate
2009	1,124	84.9 (79.9-89.9)	1,402	103.6 (98.2-109.0)	2,526	94.3 (90.7-98.0)
2010	1,163	86.9 (81.9-91.9)	1,492	109.1 (103.5-114.6)	2,655	98.1 (94.4-101.9)
2011	1,203	89.3 (84.3-94.3)	1,559	113.4 (107.8-119.0)	2,762	101.5 (97.7-105.3)
2012	1,289	94.6 (89.5-99.8)	1,614	119.2 (113.4-125.1)	2,903	105.6 (101.7-109.4)
2013	1,370	98.7 (93.4-103.9)	1,885	133.5 (127.4-139.5)	3,255	116.2 (112.2-120.2)
2014	1,556	110.3 (104.8-115.8)	2,248	156.9 (150.4-163.4)	3,804	133.8 (129.5-138.0)
2015	2,397	166.4 (159.7-173.0)	4,022	276.1 (267.6-284.6)	6,419	221.5 (216.1-226.9)
2016	2,089	142.1 (136.0-148.2)	3,652	246.2 (238.3-254.2)	5,743	194.5 (189.4-199.5)
2017	2,019	135.7 (129.8-141.7)	3,374	225.3 (217.7-232.9)	5,394	180.7 (175.9-185.5)

Suicidal Ideation						
Year	Female		Male		Total	
	N.	Rate	N.	Rate	N.	Rate
2009	860	65.0 (60.6-69.3)	858	63.4 (59.1-67.6)	1,718	64.2 (61.1-67.2)
2010	1,358	101.5 (96.1-106.9)	1,278	93.4 (88.3-98.6)	2,636	97.4 (93.7-101.1)
2011	1,924	142.8 (136.4-149.2)	1,772	128.9 (122.9-134.9)	3,696	135.8 (131.4-140.2)
2012	2,945	216.2 (208.4-224.0)	2,577	190.4 (183.0-197.7)	5,522	200.8 (195.5-206.1)
2013	3,260	234.8 (226.7-242.8)	3,080	218.1 (210.4-225.8)	6,340	226.4 (220.8-231.9)
2014	3,785	268.3 (259.7-276.8)	3,685	257.3 (248.9-265.6)	7,470	262.7 (256.8-268.7)
2015	5,512	382.5 (372.4-392.6)	6,265	430.1 (419.4-440.7)	11,777	406.4 (399.1-413.8)
2016	3,137	213.4 (205.9-220.8)	3,431	231.3 (223.6-239.1)	6,575	222.6 (217.2-228.0)
2017	5,545	372.8 (363.0-382.6)	7,178	479.3 (468.2-490.4)	12,728	426.4 (419.0-433.8)

Source: Hospital Inpatient Billing.

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

*Categories are not mutually exclusive

Table 5. Demographics of State Funded Mental Health Clinics Utilization*, 2011-2017.

Sex	2011	2012	2013	2014	2015	2016	2017
Female	12,554	11,713	11,628	11,030	9,021	7,765	6,916
Unknown	148	60	162	90	45	15	8
Age							
0-14	493	472	452	544	526	531	611
18-19	445	382	375	302	295	297	289
25-34	5,047	4,709	4,786	4,352	3,723	3,179	2,814
45-54	6,145	5,576	5,651	5,261	4,037	3,244	2,666
55-64	3,555	3,466	3,561	3,508	2,992	2,627	2,458
65-74	547	534	568	678	708	764	761
75-84	64	60	64	75	82	111	129
>84	10	10	8	5	14	10	7
Unknown	14	9	8	17	11	6	7
Race							
White	14,622	13,670	12,978	12,050	9,615	7,528	6,711
Black	2,701	2,548	2,618	2,311	2,023	1,676	1,518
Hispanic	2,495	2,511	2,531	2,213	2,038	1,699	1,544
Asian	484	498	465	414	375	344	324
American Indian/Alaskan	249	242	242	254	209	175	190
Native Hawaiian/Pacific Islander	107	100	93	91	82	59	64
More than 1 race reported	329	313	323	357	283	210	190
other/Unknown	2,570	2,036	2,662	3,097	2,993	3,510	3,161
Education							
No Formal Education	171	145	120	117	84	85	62
<=12th Grade - No Diploma	4,787	4,514	4,424	4,134	3,543	2,986	2,666
High School Graduate	5,751	5,495	5,476	5,074	4,173	3,338	2,878
GED	2,059	1,889	1,914	1,694	1,347	955	795
Some College	5,892	5,619	5,422	4,924	3,765	2,926	2,424
College Undergraduate degree	1,037	967	869	901	701	540	487
Some Graduate School	155	151	140	119	90	86	77
Graduate Degree	408	403	392	356	296	234	225
Special Education	124	117	111	122	98	81	64
Other/Unknown	3,173	2,618	3,044	3,346	3,521	3,970	4,024

Source: Division of Public and Behavioral Health, Avatar.

*Clients are counted once per year.

Table 6. Substance Abuse Related Chief Complaints, 2017-2018.

Year	Alcohol Use		Overdose		Alcohol Withdraw	
	2017	2018	2017	2018	2017	2018
Total	18,775	9,070	4,873	2,325	867	418
Female	6,019	2,820	2,535	1,213	270	132
Male	12,755	6,249	2,338	1,112	597	286
Unknown	1	1	0	0	0	0
0-10	68	31	340	154	0	0
11-14	41	29	96	64	0	0
15-24	2,849	1,351	793	390	43	13
25-34	3,949	1,940	889	413	169	110
35-44	3,616	1,677	705	363	216	91
45-54	3,969	1,763	699	337	222	91
55-64	3,171	1,719	649	293	168	87
65-74	843	423	423	190	42	21
75-84	181	84	186	79	6	4
85+	81	51	93	0	1	0
Unknown	7	2	1	1		

Source: Division of Public and Behavioral Health ESSENCE
2018 Data is January to May.

Table 7. Alcohol and Drug Related Emergency Department Encounters by Year, 2009-2017.

Alcohol Related Emergency Department Encounters										
Year	2009		2010		2011		2012		2013	
	N	Crude Rate (CI)	N	Crude Rate (CI)	N	Crude Rate (CI)	N	Crude Rate (CI)	N	Crude Rate (CI)
Total	20,866	779.3 (768.8-789.9)	22,259	822.6 (811.8-833.4)	23,527	864.4 (853.3-875.4)	23,053	838.2 (827.4-849.0)	26,012	928.7 (917.4-940.0)
Female	6,316	477.1 (465.4-488.9)	6,310	471.6 (460.0-483.2)	7,234	537.0 (524.6-549.4)	7,374	541.4 (529.0-553.7)	8,076	581.6 (568.9-594.3)
Male	14,548	1,074.8 (1,057.3-1,092.2)	15,948	1,165.9 (1,147.8-1,184.0)	16,292	1,185.2 (1,167.0-1,203.4)	15,679	1,129.6 (1,111.9-1,147.2)	17,935	1,269.9 (1,251.3-1,288.4)
White	13,664	906.5 (891.3-921.7)	15,309	1,014.8 (998.8-1,030.9)	16,319	1,080.4 (1,063.9-1,097.0)	15,803	1,043.5 (1,027.2-1,059.8)	16,872	1,107.7 (1,091.0-1,124.4)
Black	2,109	974.4 (932.9-1,016.0)	2,040	925.7 (885.5-965.9)	2,191	986.1 (944.8-1,027.4)	2,135	945.6 (905.5-985.7)	3,030	1,301.3 (1,255.0-1,347.7)
Native American	525	1,686.3 (1,542.1-1,830.6)	597	1,900.3 (1,747.8-2,052.7)	599	1,889.2 (1,737.9-2,040.5)	654	2,047.5 (1,890.6-2,204.4)	951	2,948.9 (2,761.5-3,136.3)
Asian/Pacific	442	198.8 (180.2-217.3)	323	142.2 (126.7-157.7)	341	149.3 (133.5-165.2)	359	154.2 (138.2-170.1)	357	147.2 (131.9-162.4)
Hispanic	2,565	366.4 (352.2-380.6)	2,876	400.3 (385.7-414.9)	2,983	409.1 (394.4-423.8)	2,990	401.2 (386.8-415.6)	2,971	385.8 (371.9-399.7)
0-14	91	16.4 (13.0-19.7)	89	15.9 (12.6-19.2)	96	17.2 (13.7-20.6)	76	13.6 (10.5-16.6)	83	14.6 (11.5-17.8)
15-17	480	443.4 (403.8-483.1)	479	442.5 (402.9-482.1)	468	438.1 (398.4-477.8)	428	401.1 (363.1-439.1)	439	407.6 (369.4-445.7)
18-19	386	527.8 (475.2-580.5)	432	590.7 (535.0-646.4)	426	576.8 (522.0-631.5)	377	506.8 (455.6-558.0)	363	487.6 (437.5-537.8)
20-24	1,558	876.3 (832.7-919.8)	1,526	858.3 (815.2-901.3)	1,547	842.9 (800.9-884.9)	1,715	914.0 (870.7-957.2)	1,873	966.6 (922.8-1,010.4)
25-34	3,463	914.1 (883.6-944.5)	3,476	917.5 (887.0-948.0)	3,761	1,004.3 (972.2-1,036.4)	3,992	1,070.3 (1,037.1-1,103.5)	4,539	1,204.1 (1,169.1-1,239.2)
35-44	4,742	1,225.3 (1,190.4-1,260.1)	4,736	1,223.7 (1,188.8-1,258.6)	4,647	1,200.6 (1,166.0-1,235.1)	4,505	1,155.9 (1,122.2-1,189.7)	4,721	1,192.9 (1,158.8-1,226.9)
45-54	6,172	1,672.3 (1,630.6-1,714.0)	6,871	1,861.7 (1,817.7-1,905.7)	6,987	1,872.4 (1,828.5-1,916.3)	6,516	1,736.7 (1,694.5-1,778.9)	7,396	1,946.3 (1,902.0-1,990.7)
55-64	2,769	911.7 (877.7-945.6)	3,455	1,137.5 (1,099.6-1,175.4)	4,078	1,281.9 (1,242.5-1,321.2)	3,806	1,177.0 (1,139.6-1,214.4)	4,535	1,367.0 (1,327.2-1,406.8)
65-74	889	444.0 (414.8-473.2)	862	430.5 (401.8-459.3)	1,154	543.6 (512.2-575.0)	1,265	567.0 (535.8-598.3)	1,602	685.6 (652.0-719.1)
75-84	219	236.0 (204.7-267.2)	219	236.0 (204.7-267.2)	295	295.7 (262.0-329.5)	321	315.5 (280.9-350.0)	379	363.4 (326.9-400.0)
85+	94	309.8 (247.2-372.4)	109	359.3 (291.8-426.7)	67	200.5 (152.5-248.5)	48	138.6 (99.4-177.8)	81	225.0 (176.0-274.0)

Source: Division of Public and Behavioral Health, Hospital Inpatient Billing.

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

Categories are not mutually exclusive.

Alcohol Related Emergency Department Encounters								
Year	2014		2015		2016		2017	
	N	Crude Rate (CI)	N	Crude Rate (CI)	N	Crude Rate (CI)	N	Crude Rate (CI)
Total	29,936	1,052.9 (1,040.9-1,064.8)	29,909	1,032.2 (1,020.5-1,043.9)	33,342	1,128.9 (1,116.8-1,141.1)	28,992	971.2 (960.0-982.4)
Female	9,551	677.0 (663.4-690.5)	9,369	650.2 (637.0-663.4)	11,123	756.5 (742.5-770.6)	9,316	626.3 (613.6-639.0)
Male	20,385	1,423.1 (1,403.6-1,442.6)	20,539	1,409.9 (1,390.6-1,429.2)	22,216	1,497.9 (1,478.2-1,517.6)	19,676	1,313.7 (1,295.4-1,332.1)
White	19,542	1,278.4 (1,260.4-1,296.3)	19,024	1,242.7 (1,225.0-1,260.3)	20,378	1,323.5 (1,305.3-1,341.7)	18,698	1,212.1 (1,194.7-1,229.4)
Black	3,117	1,305.3 (1,259.5-1,351.2)	3,602	1,456.9 (1,409.4-1,504.5)	5,021	1,969.6 (1,915.1-2,024.1)	3,382	1,304.4 (1,260.4-1,348.4)
Native American	958	2,954.6 (2,767.5-3,141.7)	1,101	3,231.1 (3,040.3-3,422.0)	746	2,171.6 (2,015.7-2,327.4)	708	2,048.1 (1,897.2-2,198.9)
Asian/Pacific	395	157.4 (141.9-172.9)	416	156.5 (141.4-171.5)	430	155.4 (140.7-170.1)	368	130.5 (117.1-143.8)
Hispanic	3,403	429.4 (415.0-443.8)	3,673	448.1 (433.6-462.6)	4,051	477.9 (463.2-492.6)	3,450	398.1 (384.8-411.4)
0-14	78	13.6 (10.6-16.7)	70	12.0 (9.2-14.8)	111	18.8 (15.3-22.3)	107	18.1 (14.6-21.5)
15-17	373	342.1 (307.4-376.9)	347	302.4 (270.6-334.2)	377	318.5 (286.4-350.7)	350	292.8 (262.1-323.5)
18-19	387	529.2 (476.5-581.9)	394	530.5 (478.1-582.8)	403	528.4 (476.9-580.0)	337	430.6 (384.6-476.6)
20-24	2,065	1,044.7 (999.6-1,089.7)	2,134	1,076.9 (1,031.2-1,122.6)	2,499	1,247.6 (1,198.6-1,296.5)	2,035	1,025.7 (981.1-1,070.2)
25-34	5,669	1,485.6 (1,447.0-1,524.3)	5,208	1,313.0 (1,277.3-1,348.7)	6,395	1,570.2 (1,531.8-1,608.7)	5,136	1,236.2 (1,202.4-1,270.0)
35-44	5,584	1,397.6 (1,360.9-1,434.3)	5,505	1,380.3 (1,343.8-1,416.7)	6,360	1,576.6 (1,537.8-1,615.3)	5,820	1,435.3 (1,398.4-1,472.2)
45-54	7,917	2,051.9 (2,006.7-2,097.1)	7,559	1,950.0 (1,906.0-1,993.9)	8,076	2,046.4 (2,001.8-2,091.0)	6,937	1,751.9 (1,710.7-1,793.2)
55-64	5,288	1,564.2 (1,522.0-1,606.3)	5,906	1,716.0 (1,672.2-1,759.8)	6,399	1,818.1 (1,773.6-1,862.7)	5,882	1,647.8 (1,605.7-1,689.9)
65-74	2,004	828.6 (792.3-864.9)	2,073	834.4 (798.4-870.3)	2,060	809.1 (774.2-844.1)	1,824	701.2 (669.0-733.3)
75-84	473	437.2 (397.8-476.6)	579	517.4 (475.2-559.5)	518	439.7 (401.8-477.6)	436	352.4 (319.3-385.4)
85+	98	265.8 (213.1-318.4)	134	359.7 (298.8-420.5)	144	377.4 (315.8-439.1)	126	321.9 (265.7-378.1)

Source: Hospital Inpatient Billing.

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

Categories are not mutually exclusive.

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Drug Related Emergency Department Encounters										
Year	2009		2010		2011		2012		2013	
	N	Crude Rate (CI)	N	Crude Rate (CI)	N	Crude Rate (CI)	N	Crude Rate (CI)	N	Crude Rate (CI)
Total	14,694	548.8 (539.9-557.7)	16,088	594.6 (585.4-603.8)	17,359	637.8 (628.3-647.3)	18,393	668.8 (659.1-678.4)	23,250	830.1 (819.4-840.7)
Female	6,808	514.3 (502.1-502.1)	7,594	567.6 (554.8-554.8)	8,167	606.2 (593.1-593.1)	8,624	633.1 (619.8-619.8)	10,426	42.8 (42.0-42.0)
Male	7,886	582.6 (569.7-569.7)	8,493	86.6 (84.7-84.7)	9,192	668.7 (655.0-655.0)	9,768	703.7 (689.8-689.8)	12,823	91.2 (89.6-89.6)
White	9,737	646.0 (633.1-658.8)	10,713	710.2 (696.7-723.6)	11,669	772.6 (758.6-786.6)	12,075	797.3 (783.1-811.6)	14,712	965.9 (950.3-981.5)
Black	2,155	995.7 (953.7-1,037.7)	2,354	1,068.2 (1,025.0-1,111.3)	2,513	1,131.0 (1,086.8-1,175.3)	2,843	1,259.2 (1,212.9-1,305.5)	3,886	1,669.0 (1,616.5-1,721.5)
Native American	133	427.2 (354.6-499.8)	131	417.0 (345.6-488.4)	166	523.5 (443.9-603.2)	149	466.5 (391.6-541.4)	505	1,565.9 (1,429.3-1,702.5)
Asian/Pacific	293	131.8 (116.7-146.8)	248	109.2 (95.6-122.8)	268	117.4 (103.3-131.4)	298	128.0 (113.4-142.5)	317	130.7 (116.3-145.0)
Hispanic	1,470	210.0 (199.2-220.7)	1,954	272.0 (259.9-284.0)	2,079	285.1 (272.9-297.4)	2,301	308.8 (296.1-321.4)	2,443	317.2 (304.6-329.8)
0-14	664	119.4 (110.3-128.5)	675	120.7 (111.6-129.8)	682	121.9 (112.8-131.1)	666	118.8 (109.8-127.8)	637	112.4 (103.7-121.2)
15-17	647	597.7 (551.7-643.8)	728	676.2 (627.1-725.3)	737	689.9 (640.0-739.7)	666	624.2 (576.8-671.6)	798	740.8 (689.4-792.2)
18-19	623	851.9 (785.0-918.8)	650	882.6 (814.8-950.5)	741	1,003.3 (931.0-1,075.5)	731	982.7 (911.5-1,053.9)	868	1,166.0 (1,088.4-1,243.6)
20-24	1,800	1,012.4 (965.6-1,059.1)	2,020	1,108.3 (1,059.9-1,156.6)	2,217	1,208.0 (1,157.7-1,258.3)	2,413	1,285.9 (1,234.6-1,337.2)	2,894	1,493.5 (1,439.1-1,547.9)
25-34	3,408	899.6 (869.4-929.8)	3,939	1,043.3 (1,010.7-1,075.9)	4,285	1,144.2 (1,110.0-1,178.5)	4,566	1,224.2 (1,188.7-1,259.7)	6,286	1,667.6 (1,626.4-1,708.8)
35-44	3,015	779.0 (751.2-806.8)	3,249	837.8 (809.0-866.6)	3,311	855.4 (826.3-884.5)	3,512	901.1 (871.3-931.0)	4,479	1,131.7 (1,098.6-1,164.9)
45-54	2,942	797.1 (768.3-825.9)	3,059	821.9 (792.8-851.1)	3,192	855.4 (825.7-885.1)	3,267	870.7 (840.9-900.6)	4,114	1,082.6 (1,049.6-1,115.7)
55-64	1,149	378.3 (356.4-400.2)	1,252	402.7 (380.4-425.0)	1,509	474.3 (450.4-498.3)	1,849	571.8 (545.7-597.9)	2,199	662.8 (635.1-690.5)
65-74	272	135.8 (119.7-152.0)	357	172.4 (154.5-190.2)	463	218.1 (198.2-238.0)	509	228.2 (208.3-248.0)	719	307.7 (285.2-330.2)
75-84	124	133.6 (110.1-157.1)	112	117.0 (95.3-138.7)	162	162.4 (137.4-187.4)	166	163.1 (138.3-187.9)	184	176.4 (151.0-201.9)
85+	50	164.8 (119.1-210.5)	46	144.0 (102.4-185.6)	60	179.6 (134.1-225.0)	48	138.6 (99.4-177.8)	72	200.0 (153.8-246.2)

Source: Hospital Inpatient Billing.

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

Categories are not mutually exclusive.

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Drug Related Emergency Department Encounters								
Year	2014		2015		2016		2017	
	N	Crude Rate (CI)	N	Crude Rate (CI)	N	Crude Rate (CI)	N	Crude Rate (CI)
Total	28,730	1,010.4 (998.8-1,022.1)	34,036	1,174.6 (1,162.1-1,187.1)	40,150	1,359.5 (1,346.2-1,372.8)	37,597	1,259.5 (1,246.7-1,272.2)
Female	12,679	48.9 (48.1-48.1)	14,404	46.0 (45.3-45.3)	17,643	52.4 (51.6-51.6)	16,191	43.0 (42.3-42.3)
Male	16,050	100.1 (98.6-98.6)	19,632	98.1 (96.7-96.7)	22,495	102.3 (101.0-101.0)	21,401	88.9 (87.8-87.8)
White	18,369	1,201.6 (1,184.3-1,219.0)	21,304	1,391.6 (1,372.9-1,410.3)	25,613	1,663.5 (1,643.2-1,683.9)	22,859	1,481.8 (1,462.6-1,501.0)
Black	4,425	1,853.1 (1,798.5-1,907.7)	5,989	2,422.5 (2,361.1-2,483.8)	6,972	2,735.0 (2,670.8-2,799.2)	7,150	2,757.7 (2,693.8-2,821.6)
Native American	692	2,134.2 (1,975.2-2,293.2)	843	2,474.0 (2,307.0-2,641.0)	416	1,211.0 (1,094.6-1,327.3)	369	1067.4 (958.5-1176.3)
Asian/Pacific	425	169.4 (153.3-185.5)	464	174.5 (158.7-190.4)	618	223.3 (205.7-240.9)	628	222.7 (205.2-240.1)
Hispanic	2,906	366.7 (353.4-380.0)	3,707	452.3 (437.7-466.8)	4,537	535.2 (519.6-550.8)	4,262	491.8 (477.0-506.6)
0-14	716	125.3 (116.1-134.5)	696	118.9 (110.0-127.7)	532	90.1 (82.4-97.7)	577	97.5 (89.5-105.4)
15-17	817	749.4 (698.0-800.8)	882	768.6 (717.9-819.3)	941	795.1 (744.3-845.9)	903	755.4 (706.1-804.7)
18-19	869	1,188.3 (1,109.3-1,267.4)	1,016	1,367.9 (1,283.8-1,452.0)	1,260	1,652.2 (1,561.0-1,743.5)	1,131	1,445.2 (1,360.9-1,529.4)
20-24	3,447	1,743.8 (1,685.6-1,802.0)	4,213	2,126.1 (2,061.9-2,190.3)	4,792	2,392.3 (2,324.5-2,460.0)	4,429	2,232.3 (2,166.5-2,298.0)
25-34	7,789	2,041.2 (1,995.9-2,086.5)	9,572	2,413.2 (2,364.9-2,461.6)	11,106	2,727.0 (2,676.3-2,777.7)	10,872	2,616.9 (2,567.7-2,666.0)
35-44	5,765	1,442.9 (1,405.7-1,480.1)	6,770	1,697.4 (1,657.0-1,737.9)	7,915	1,962.0 (1,918.8-2,005.3)	7,730	1,906.3 (1,863.8-1,948.8)
45-54	5,133	1,330.4 (1,294.0-1,366.8)	5,815	1,500.1 (1,461.5-1,538.6)	6,946	1,760.1 (1,718.7-1,801.5)	6,148	1,552.7 (1,513.9-1,591.5)
55-64	2,936	868.4 (837.0-899.9)	3,551	1,031.8 (997.8-1,065.7)	4,414	1,254.1 (1,217.1-1,291.1)	3,948	1,106.0 (1,071.5-1,140.5)
65-74	886	366.3 (342.2-390.5)	1,097	441.5 (415.4-467.7)	1,533	602.1 (572.0-632.3)	1,340	515.1 (487.5-542.7)
75-84	256	236.6 (207.6-265.6)	310	277.0 (246.2-307.8)	502	426.1 (388.9-463.4)	392	316.8 (285.4-348.2)
85+	116	314.6 (257.3-371.8)	114	306.0 (249.8-362.1)	209	547.8 (473.5-622.1)	126	321.9 (265.7-378.1)

Source: Hospital Inpatient Billing.

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

Categories are not mutually exclusive.

Table 8. Specific Drug Related Emergency Department Encounters, Nevada Residents, 2009-2017.

Year	Opioid		Heroin		Methamphetamines and Marijuana		Cocaine	
	N.	% of Drug Visits	N.	% of Drug Visits	N.	% of Drug Visits	N.	% of Drug Visits
2009	2,696	18%	142	1%	2,478	17%	1,714	12%
2010	2,912	18%	144	1%	2,793	17%	1,563	10%
2011	3,130	18%	178	1%	3,084	18%	1,528	9%
2012	3,397	18%	166	1%	3,439	19%	1,353	7%
2013	4,003	17%	176	1%	5,113	22%	1,403	6%
2014	4,440	15%	247	1%	5,848	20%	1,240	4%
2015	5,653	17%	353	1%	8,265	24%	1,703	5%
2016	7,703	19%	387	1%	11,727	29%	2,003	5%
2017	7,310	19%	366	1%	11,831	31%	2,138	6%

Source: Hospital Inpatient Billing.

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

Year	Opioid		Heroin		Methamphetamines and Marijuana		Cocaine	
	N.	% of Drug Visits	N.	% of Drug Visits	N.	% of Drug Visits	N.	% of Drug Visits
2009	2,696	18%	142	1%	2,478	17%	1,714	12%
2010	2,912	18%	144	1%	2,793	17%	1,563	10%
2011	3,130	18%	178	1%	3,084	18%	1,528	9%
2012	3,397	18%	166	1%	3,439	19%	1,354	7%
2013	4,003	17%	176	1%	5,113	22%	1,403	6%
2014	4,440	15%	247	1%	5,848	20%	1,240	4%
2015	5,653	17%	353	1%	8,265	24%	1,703	5%
2016	7,706	19%	388	1%	11,727	29%	2,004	5%
2017	7,310	19%	366	1%	11,831	31%	2,138	6%

Table 9. Specific Drug Related Inpatient Admissions, Nevada Residents, 2009-2017.

Year	Opioid		Heroin		Methamphetamines and Marijuana		Cocaine	
	N.	% of Drug Visits	N.	% of Drug Visits	N.	% of Drug Visits	N.	% of Drug Visits
2009	2,696	18%	142	1%	2,478	17%	1,714	12%
2010	2,912	18%	144	1%	2,793	17%	1,563	10%
2011	3,130	18%	178	1%	3,084	18%	1,528	9%
2012	3,397	18%	166	1%	3,439	19%	1,353	7%
2013	4,003	17%	176	1%	5,113	22%	1,403	6%
2014	4,440	15%	247	1%	5,848	20%	1,240	4%
2015	5,653	17%	353	1%	8,265	24%	1,703	5%

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2016	7,703	19%	387	1%	11,727	29%	2,003	5%
2017	7,310	19%	366	1%	11,831	31%	2,138	6%

Source: Hospital Inpatient Billing.

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

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Table 10. Alcohol Related Inpatient Admissions by Year, 2009-2017.

Year	Alcohol Related Inpatient Admissions									
	2009		2010		2011		2012		2013	
	<i>N</i>	<i>Crude Rate (CI)</i>	<i>N</i>	<i>Crude Rate (CI)</i>	<i>N</i>	<i>Crude Rate (CI)</i>	<i>N</i>	<i>Crude Rate (CI)</i>	<i>N</i>	<i>Crude Rate (CI)</i>
Total	14,686	548.5 (539.6-557.4)	14,550	537.7 (529.0-546.5)	14,688	539.6 (530.9-548.4)	14,615	531.4 (522.8-540.0)	15,350	548.0 (539.4-556.7)
Female	4,309	325.5 (315.8-335.2)	4,477	334.6 (324.8-344.4)	4,721	350.4 (340.4-360.4)	4,617	339.0 (329.2-348.7)	4,801	345.7 (336.0-355.5)
Male	10,376	766.5 (751.8-781.3)	10,073	736.4 (722.0-750.8)	9,967	725.1 (710.8-739.3)	9,998	720.3 (706.2-734.4)	10,548	746.8 (732.6-761.1)
White	10,155	673.7 (660.6-686.8)	9,856	653.4 (640.5-666.3)	10,335	684.3 (671.1-697.5)	10,128	668.8 (655.8-681.8)	10,311	676.9 (663.9-690.0)
Black	1,438	664.4 (630.1-698.8)	1,477	670.2 (636.0-704.4)	1,272	572.5 (541.0-604.0)	1,320	584.6 (553.1-616.2)	1,449	622.3 (590.3-654.4)
Native American	180	578.2 (493.7-662.6)	197	627.1 (539.5-714.6)	221	697.0 (605.1-788.9)	243	760.8 (665.1-856.4)	347	1,076.0 (962.8-1,189.2)
Asian/Pacific	156	70.2 (59.1-81.2)	172	75.7 (64.4-87.1)	174	76.2 (64.9-87.5)	202	86.7 (74.8-98.7)	171	70.5 (59.9-81.0)
Hispanic	1,430	204.3 (193.7-214.8)	1,341	186.7 (176.7-196.6)	1,310	179.7 (169.9-189.4)	1,270	170.4 (161.0-179.8)	1,285	166.9 (157.7-176.0)
0-14	44	7.9 (5.6-10.2)	27	4.8 (3.0-6.7)	38	6.8 (4.6-9.0)	37	6.6 (4.5-8.7)	59	10.4 (7.8-13.1)
15-17	157	145.0 (122.4-167.7)	214	197.7 (171.2-224.2)	178	166.6 (142.1-191.1)	191	179.0 (153.6-204.4)	230	213.5 (185.9-241.1)
18-19	114	155.9 (127.3-184.5)	140	191.4 (159.7-223.1)	141	190.9 (159.4-222.4)	118	158.6 (130.0-187.3)	132	177.3 (147.1-207.6)
20-24	373	209.8 (188.5-231.1)	324	182.2 (162.4-202.1)	392	213.6 (192.5-234.7)	435	231.8 (210.0-253.6)	440	227.1 (205.8-248.3)
25-34	1,322	348.9 (330.1-367.8)	1,285	339.2 (320.6-357.7)	1,208	322.6 (304.4-340.8)	1,317	353.1 (334.0-372.2)	1,388	368.2 (348.8-387.6)
35-44	2,501	646.2 (620.9-671.5)	2,310	596.9 (572.5-621.2)	2,258	583.4 (559.3-607.4)	2,054	527.0 (504.2-549.8)	2,035	514.2 (491.9-536.5)
45-54	4,284	1,160.7 (1,126.0-1,195.5)	4,075	1,104.1 (1,070.2-1,138.0)	4,026	1,078.9 (1,045.6-1,112.3)	3,914	1,043.2 (1,010.5-1,075.9)	4,004	1,053.7 (1,021.1-1,086.3)
55-64	3,294	1,084.5 (1,047.5-1,121.5)	3,457	1,138.2 (1,100.2-1,176.1)	3,510	1,103.3 (1,066.8-1,139.8)	3,593	1,111.1 (1,074.8-1,147.4)	3,815	1,149.9 (1,113.5-1,186.4)
65-74	1,861	929.5 (887.2-971.7)	1,910	953.9 (911.1-996.7)	2,083	981.2 (939.1-1,023.3)	2,093	938.2 (898.0-978.4)	2,331	997.5 (957.0-1038.0)
75-84	616	663.8 (611.3-716.2)	685	738.1 (682.8-793.4)	716	717.8 (665.2-770.4)	723	710.5 (658.7-762.3)	752	721.1 (669.6-772.7)
85+	120	395.5 (324.7-466.3)	123	405.4 (333.8-477.0)	138	413.0 (344.1-481.9)	140	404.2 (337.2-471.1)	164	455.6 (385.8-525.3)

Source: Hospital Inpatient Billing.

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

Categories are not mutually exclusive.

Table 10. Alcohol Related Inpatient Admissions by Year, 2009-2017 (continued).

Alcohol Related Inpatient Admissions								
Year	2014		2015		2016		2017	
	N	Crude Rate (CI)	N	Crude Rate (CI)	N	Crude Rate (CI)	N	Crude Rate (CI)
Total	16,162	568.4 (559.7-577.2)	19,101	659.2 (649.8-668.5)	20,138	681.9 (672.4-691.3)	19,390	649.5 (640.4-658.7)
Female	5,151	365.1 (355.1-375.1)	6,044	419.5 (408.9-430.0)	6,388	434.5 (423.8-445.1)	6,106	410.5 (400.2-420.8)
Male	11,011	768.7 (754.3-783.0)	13,056	896.2 (880.9-911.6)	13,749	927.0 (911.5-942.5)	13,283	886.9 (871.8-902.0)
White	11,363	743.3 (729.7-757.0)	13,298	868.6 (853.9-883.4)	14,028	911.1 (896.0-926.2)	13,430	870.6 (855.9-885.3)
Black	1,428	598.0 (567.0-629.0)	1,958	792.0 (756.9-827.1)	2,103	825.0 (789.7-860.2)	1,914	738.2 (705.1-771.3)
Native American	410	1,264.5 (1,142.1-1,386.9)	600	1,760.8 (1,619.9-1,901.7)	333	969.3 (865.2-1073.5)	318	919.9 (818.8-1,021.0)
Asian/Pacific	229	91.3 (79.4-103.1)	240	90.3 (78.9-101.7)	267	96.5 (84.9-108.1)	259	91.8 (80.6-103.0)
Hispanic	1,430	180.4 (171.1-189.8)	1,654	201.8 (192.1-211.5)	1,869	220.5 (210.5-230.5)	1,688	194.8 (185.5-204.1)
0-14	34	5.9 (3.9-7.9)	40	6.8 (4.7-8.9)	50	8.5 (6.1-10.8)	50	8.4 (6.1-10.8)
15-17	197	180.7 (155.5-205.9)	154	134.2 (113.0-155.4)	152	128.4 (108.0-148.8)	139	116.3 (96.9-135.6)
18-19	128	175.0 (144.7-205.4)	105	141.4 (114.3-168.4)	91	119.3 (94.8-143.8)	103	131.6 (106.2-157.0)
20-24	425	215.0 (194.6-235.4)	561	283.1 (259.7-306.5)	621	310.0 (285.6-334.4)	470	236.9 (215.5-258.3)
25-34	1,486	389.4 (369.6-409.2)	2,090	526.9 (504.3-549.5)	2,320	569.7 (546.5-592.8)	2,112	508.4 (486.7-530.0)
35-44	2,274	569.2 (545.8-592.5)	2,765	693.3 (667.4-719.1)	3,024	749.6 (722.9-776.3)	3,036	748.7 (722.1-775.4)
45-54	4,084	1,058.5 (1,026.0-1,091.0)	4,808	1,240.3 (1,205.2-1,275.4)	4,901	1,241.9 (1,207.1-1,276.6)	4,541	1,146.8 (1,113.5-1,180.2)
55-64	4,171	1,233.8 (1,196.3-1,271.2)	4,871	1,415.3 (1,375.5-1,455.0)	4,930	1,400.7 (1,361.6-1,439.8)	5,053	1,415.5 (1,376.5-1,454.6)
65-74	2,432	1,005.6 (965.6-1,045.5)	2,719	1,094.4 (1,053.2-1,135.5)	2,957	1,161.5 (1,119.6-1,203.3)	2,810	1,080.2 (1,040.2-1,120.1)
75-84	768	709.9 (659.7-760.1)	823	735.4 (685.1-785.6)	912	774.2 (723.9-824.4)	903	729.8 (682.2-777.4)
85+	163	442.0 (374.2-509.9)	165	442.9 (375.3-510.4)	180	471.8 (402.9-540.7)	173	441.9 (376.1-507.8)

Source: Hospital Inpatient Billing.

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

Categories are not mutually exclusive.

Table 10. Drug Related Inpatient Admissions by Year, 2009-2017 (continued).

Drug Related Inpatient Admissions										
Year	2009		2010		2011		2012		2013	
	N	Crude Rate (CI)	N	Crude Rate (CI)	N	Crude Rate (CI)	N	Crude Rate (CI)	N	Crude Rate (CI)
Total	12,739	475.8 (467.5-484.1)	13,292	491.2 (482.9-499.6)	14,313	525.9 (517.3-534.5)	15,117	549.7 (540.9-558.4)	16,351	583.8 (574.8-592.7)
Female	5,931	448.0 (436.6-436.6)	6,317	472.1 (460.5-460.5)	6,867	509.7 (497.7-497.7)	7,274	534.0 (521.7-521.7)	7,754	25.6 (25.0-25.0)
Male	6,808	502.9 (491.0-491.0)	6,975	54.9 (53.6-53.6)	7,446	541.7 (529.4-529.4)	7,843	565.0 (552.5-552.5)	8,596	53.9 (52.7-52.7)
White	8,395	556.9 (545.0-568.8)	8,412	557.6 (545.7-569.6)	9,387	621.5 (608.9-634.1)	9,823	648.6 (635.8-661.5)	10,294	675.8 (662.8-688.9)
Black	2,037	941.2 (900.3-982.0)	2,209	1,002.4 (960.6-1,044.2)	2,056	925.4 (885.4-965.4)	2,203	975.7 (935.0-1,016.5)	2,457	1,055.2 (1,013.5-1,097.0)
Native American	87	279.5 (220.7-338.2)	97	308.8 (247.3-370.2)	96	302.8 (242.2-363.3)	127	397.6 (328.5-466.8)	291	902.3 (798.7-1,006.0)
Asian/Pacific	177	79.6 (67.9-91.3)	195	85.9 (73.8-97.9)	246	107.7 (94.3-121.2)	233	100.1 (87.2-112.9)	244	100.6 (88.0-113.2)
Hispanic	993	141.8 (133.0-150.7)	1,077	149.9 (141.0-158.9)	1,125	154.3 (145.3-163.3)	1,077	144.5 (135.9-153.1)	1,127	146.3 (137.8-154.9)
0-14	208	37.4 (32.3-42.5)	177	31.7 (27.0-36.3)	210	37.5 (32.5-42.6)	176	31.4 (26.8-36.0)	237	41.8 (36.5-47.2)
15-17	533	492.4 (450.6-534.2)	623	578.7 (533.2-624.1)	528	494.2 (452.1-536.4)	575	538.9 (494.8-582.9)	567	526.4 (483.1-569.7)
18-19	387	529.2 (476.5-581.9)	441	598.8 (542.9-654.7)	542	733.8 (672.1-795.6)	479	643.9 (586.3-701.6)	407	546.7 (493.6-599.9)
20-24	898	505.1 (472.0-538.1)	1,085	595.3 (559.9-630.7)	1,442	785.7 (745.2-826.3)	1,400	746.1 (707.0-785.2)	1,445	745.7 (707.3-784.2)
25-34	2,111	557.2 (533.4-581.0)	2,278	603.4 (578.6-628.1)	2,499	667.3 (641.1-693.5)	2,537	680.2 (653.7-706.7)	2,890	766.7 (738.7-794.6)
35-44	2,524	652.2 (626.7-677.6)	2,349	605.7 (581.2-630.2)	2,348	606.6 (582.1-631.1)	2,436	625.1 (600.2-649.9)	2,648	669.1 (643.6-694.6)
45-54	3,134	849.2 (819.4-878.9)	3,047	818.7 (789.6-847.8)	3,101	831.0 (801.8-860.3)	3,305	880.9 (850.8-910.9)	3,443	906.1 (875.8-936.3)
55-64	1,794	590.7 (563.3-618.0)	1,967	632.6 (604.7-660.6)	2,206	693.4 (664.5-722.4)	2,628	812.7 (781.6-843.8)	2,864	863.3 (831.7-894.9)
65-74	658	328.6 (303.5-353.7)	814	393.0 (366.0-420.0)	909	428.2 (400.3-456.0)	1,042	467.1 (438.7-495.4)	1,236	528.9 (499.4-558.4)
75-84	338	364.2 (325.4-403.0)	372	388.6 (349.1-428.1)	397	398.0 (358.9-437.2)	388	381.3 (343.4-419.2)	447	428.7 (388.9-468.4)
85+	154	507.6 (427.4-587.7)	139	435.1 (362.7-507.4)	131	392.0 (324.9-459.2)	150	433.0 (363.7-502.4)	167	463.9 (393.5-534.3)

Source: Hospital Inpatient Billing.

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

Categories are not mutually exclusive.

Table 10. Drug Related Inpatient Admissions by Year, 2009-2017 (continued).

Drug Related Inpatient Admissions								
Year	2014		2015		2016		2017	
	N	Crude Rate (CI)	N	Crude Rate (CI)	N	Crude Rate (CI)	N	Crude Rate (CI)
Total	17,492	615.2 (606.1-624.3)	23,477	810.2 (799.8-820.6)	27,460	929.8 (918.8-940.8)	30,632	1,026.1 (1,014.6-1,037.6)
Female	8,292	26.6 (26.0-26.0)	10,518	29.8 (29.3-29.3)	12,399	30.3 (29.7-29.7)	13,631	28.3 (27.8-27.8)
Male	9,200	54.3 (53.2-53.2)	12,958	62.6 (61.5-61.5)	15,061	63.5 (62.5-62.5)	16,998	60.2 (59.3-59.3)
White	11,525	753.9 (740.2-767.7)	14,893	972.8 (957.2-988.4)	17,354	1,127.1 (1,110.3-1,143.9)	19,257	1,248.3 (1,230.7-1,265.9)
Black	2,673	1,119.4 (1,077.0-1,161.8)	3,897	1,576.3 (1,526.8-1,625.8)	4,609	1,808.0 (1,755.8-1,860.2)	5,205	2,007.5 (1,953.0-2,062.1)
Native American	410	1,264.5 (1,142.1-1,386.9)	705	2,069.0 (1,916.3-2,221.7)	295	858.7 (760.7-956.7)	333	963.3 (859.8-1066.8)
Asian/Pacific	226	90.1 (78.3-101.8)	342	128.6 (115.0-142.3)	432	156.1 (141.4-170.8)	476	168.8 (153.6-183.9)
Hispanic	1,258	158.7 (150.0-167.5)	1,782	217.4 (207.3-227.5)	2,279	268.8 (257.8-279.9)	2,398	276.7 (265.6-287.8)
0-14	181	31.7 (27.1-36.3)	255	43.5 (38.2-48.9)	259	43.9 (38.5-49.2)	285	48.1 (42.5-53.7)
15-17	482	442.1 (402.6-481.6)	511	445.3 (406.7-483.9)	593	501.0 (460.7-541.4)	627	524.5 (483.4-565.6)
18-19	427	583.9 (528.5-639.3)	453	609.9 (553.7-666.1)	499	654.3 (596.9-711.7)	525	670.8 (613.4-728.2)
20-24	1,528	773.0 (734.2-811.8)	2,030	1,024.5 (979.9-1069.0)	2,312	1,154.2 (1,107.2-1,201.2)	2,320	1,169.3 (1,121.7-1,216.9)
25-34	3,085	808.5 (779.9-837.0)	4,870	1,227.8 (1,193.3-1,262.3)	5,690	1,397.1 (1,360.8-1,433.4)	6,382	1,536.1 (1,498.4-1,573.8)
35-44	2,815	704.6 (678.5-730.6)	4,119	1,032.7 (1,001.2-1,064.3)	4,746	1,176.5 (1,143.0-1,209.9)	5,337	1,316.2 (1,280.9-1,351.5)
45-54	3,554	921.1 (890.9-951.4)	4,694	1,210.9 (1,176.3-1,245.5)	5,314	1,346.5 (1,310.3-1,382.7)	5,790	1,462.3 (1,424.6-1,499.9)
55-64	3,185	942.1 (909.4-974.8)	3,919	1,138.7 (1,103.0-1,174.3)	4,643	1,319.2 (1,281.2-1,357.1)	5,311	1,487.8 (1,447.8-1,527.8)
65-74	1,577	652.0 (619.9-684.2)	1,814	730.1 (696.5-763.7)	2,300	903.4 (866.5-940.3)	2,754	1,058.6 (1,019.1-1,098.2)
75-84	482	445.5 (405.8-485.3)	614	548.6 (505.2-592.0)	840	713.0 (664.8-761.3)	1,007	813.8 (763.6-864.1)
85+	176	477.3 (406.8-547.8)	198	531.4 (457.4-605.5)	264	692.0 (608.5-775.4)	294	751.0 (665.2-836.8)

Source: Hospital Inpatient Billing.

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

Categories are not mutually exclusive.

Table 11. Prevalence Estimates of Health Risk Behaviors, by Sexual Orientation – Nevada Adults, 2015

Indicator	LGB (%)	Non LGB (%)	Difference
Binge Drinking	22.5%	15.0%	Not significantly different
General Health fair or poor	29.9%	18.1%	Significantly higher
Limited because of physical, mental, or emotional problems	32.2%	21.1%	Not significantly different
Ever told had depressive disorder	37.6%	16.6%	Significantly higher
Ten or more days of poor mental health	32.8%	13.5%	Significantly higher
Ten or more days of poor mental or physical health kept you from usual activities	20.6%	16.3%	Not significantly different

Source: Behavioral Risk Factor Surveillance System (BRFSS).

Table 12. Prevalence Estimates of Health Risk Behaviors, by Sexual Orientation – Nevada Adults, 2016

Indicator	LGB (%)	Non LGB (%)	Difference
Binge Drinking	26.9%	14.3%	Significantly higher
General Health fair or poor	27.9%	19.4%	Not significantly different
Limited because of physical, mental, or emotional problems	30.1%	21.2%	Not significantly different
Ever told had depressive disorder	37.5%	16.8%	Significantly higher
Ten or more days of poor mental health	38.1%	14.7%	Significantly higher
Ten or more days of poor mental or physical health kept you from usual activities	22.6%	17.5%	Not significantly different

Source: Behavioral Risk Factor Surveillance System (BRFSS).

Table 13. Prevalence Estimates of Health Risk Behaviors, by Sexual Orientation – Nevada Adults, 2016

Indicator	Transgender (%)	Non Transgender (%)	Difference
Binge Drinking	*18.6%	15.0%	Not Significantly different
General Health fair or poor	*22.2%	19.8%	Not significantly different
Limited because of physical, mental, or emotional problems	*40.0%	21.4%	Not significantly different
Ever told had depressive disorder	*44.3%	17.3%	Significantly higher
Ten or more days of poor mental health	*44.0%	15.6%	Not significantly different
Ten or more days of poor mental or physical health kept you from usual activities	*31.9%	17.9%	Not significantly different

Source: Behavioral Risk Factor Surveillance System (BRFSS).

*Count small and may not be reliable.

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