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Substance Abuse Prevention and Treatment Agency 2020 Epidemiologic Profile

Nevada
December 2020

Office of Analytics on behalf of

Nevada Department of Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

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Data Sources/Limitations/Terminology

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

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

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

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

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

International Gaming Institute
The University of Nevada, Las Vegas International Gaming Institute (IGI) has provided cutting-edge research and insights to global gaming leaders. The IGI with Department of Health and Human

Services prepared an annual report on Nevada Problem Gambling Study. A quick summary is taken from this report and included in this profile.

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

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

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

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

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

SAPTA Prevention Coalitions
SAPTA the coalitions are: Churchill Community Coalition (CCC), Frontier Community Coalition (FCC), Health Communities Coalition (HCC), Join Together Northern Nevada (JTNN), Nye Community Coalition (NCC), Partners Allied for Community Excellence (PACE), PACT Coalition for Safe and Drug-Free Communities/CARE, Partnership Carson City (PCC), and Partnership Douglas County (PDC).

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

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

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

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

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

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

Executive Summary

Purpose

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

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

Key Findings

Mental Health

- Both female high school and middle school students have significantly higher percent of feeling sad/hopeless, and suicide thoughts including considering, planning and attempting suicide (YRBS).
- For emergency department encounters, anxiety is the leading mental health-related diagnosis. Females have significantly higher visits for anxiety, depression, bipolar disorder and PTSD, whereas males are significantly higher encounters for schizophrenia and suicide ideation. The Churchill Community Coalition (CCC) region, and Partners Allied for Community Excellence (PACE) region had significantly higher visits for anxiety, and depression (Emergency). Clark county hard significantly higher emergency department encounters for schizophrenia, anxiety, depression, bipolar disorder, and suicide ideation.
- For inpatient admissions unlike emergency department encounters, depression is the leading diagnosis for mental health-related inpatient admissions. The Clark county has significantly higher admissions for schizophrenia and suicide ideation, whereas CCC and Nye Community Coalition (NCC) county regions have significantly higher admissions from anxiety (Inpatient).
- Unduplicated clients served at state-funded mental health clinics have declined significantly since 2011. The Affordable Care Act (ACA) went into effect in 2014. Therefore, many Nevada residents are now able to access non-state-funded facilities through the expansion of Medicaid (AVATAR).
- When asked “Have you seriously considered attempting suicide during the past 12 months,” 4.8% of Nevada residents responded yes in 2019, and increase from 3.5% in 2018. (Suicides)
- The PACE county regions have a significantly higher age-adjusted rate for suicide in 2019 (Suicides).
- The Partnership Carson City coalition (PCC) and Join Together Northern Nevada (JTNN), Healthy Communities Coalition (HCC), and CCC coalition county regions have significantly higher rates for mental health related deaths (Deaths).
- The LGBT community have significantly higher percent of depressive disorder diagnoses and more days of poor mental health (LGBT).

Substance Use

- Nevada is comparable to the nation with marijuana use among youth (YRBS).
- Drug use among teens is higher in Nevada than the nation (YRBS).
- There was no significantly higher coalition county region with reported higher marijuana/hashish use, but reported use has continued to rise since to 2017 (BRFSS).
- Emergency department and inpatient admissions due to drugs or alcohol continue to increase in both count and rate (Emergency).
- Males had significantly higher emergency department encounters than females for cocaine, methamphetamines, marijuana/cannabis, and hallucinogens use for 2019 (Emergency).
- The PACT/CARE coalition region both in Clark County had significantly lower rate of drug and alcohol deaths then the remainder of the state (Deaths).
- In roughly 33% of the unintentional or undetermined overdose deaths in 2019, the deceased had been identified as currently having a mental health problem (Deaths).
- The most common substance listed in cause of death is opioid (type not specified, 57.5%), followed by methamphetamine (51.4%) [Deaths].
- Since marijuana has been legalized in 2017, reported marijuana use during pregnancy has more than doubled and has surpassed all other substances (MCH).
- Tobacco use during pregnancy has decrease for all mothers ages since 2016 (MCH).
- The adult LGBT community have significantly higher percent of current marijuana use (LGBT).

Demographic Snapshot

Figure 1. Selected Demographics for Nevada.

	Nevada
Population, 2019 estimate*	3,101,368
Population, 2010 estimate*	2,705,845
Population, percentage change*	14.6%
Male persons, 2019 estimate*	1,552,917 (50.1%)
Female Persons, 2019 estimate*	1,548,451 (49.9%)
Median household income (2019) **	$63,276
Per capita income in the past 12 months (2019)**	$33,575
Persons in poverty, percent (2019) **	12.5%
With a disability, under the age 65 years, percent (2019)**	8.0%
Land area (square miles)**	110,567 sq miles

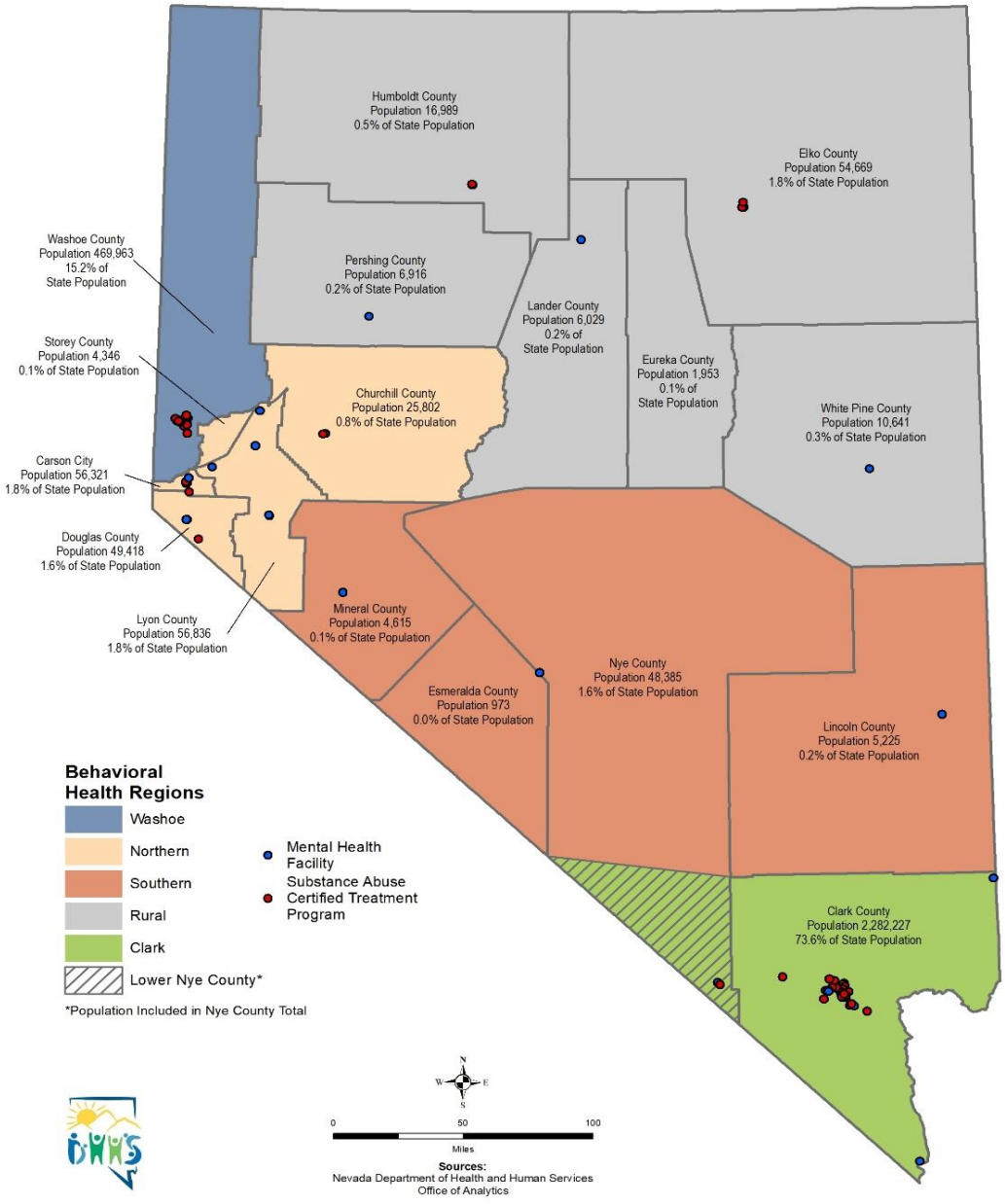
*Source: *Nevada State Demographer, Vintage 2019 and **US Census Bureau.*

In 2019, the estimated population for Nevada was 3,101,368, a 14.6% increase from the 2010 estimated population. The population is made up of approximately equal percentages of females and males. The median household income is $63,276. Nevada's land area is approximately 110,567 square miles.

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

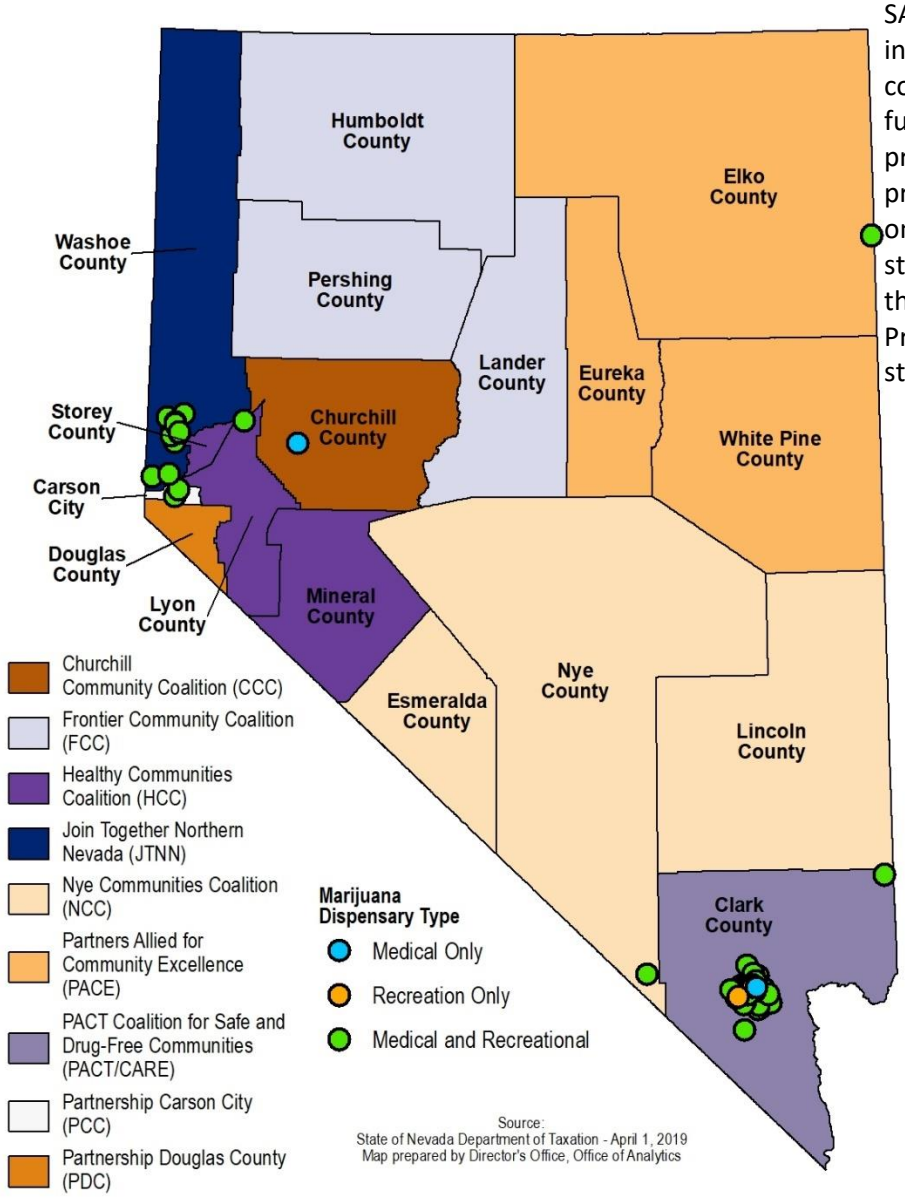
With 73.6% of Nevada's population living in Clark County, it is the most populous area in the state, with an estimated 2,251,175 persons. Esmeralda County is the least populous county, with less than a percent of Nevada's population, an estimated 969 persons.

Figure 2. Nevada Population Distribution by County, 2019.



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

Figure 3. SAPTA Prevention Coalitions and Marijuana Dispensary Locations.

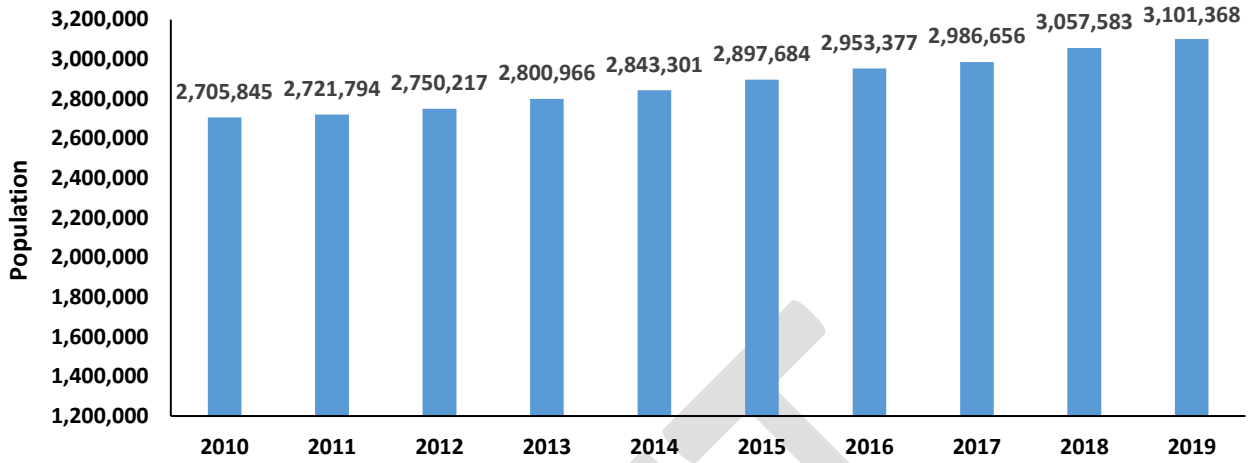


SAPTA currently supports 10 (2 in Clark County) community coalitions that pass-through the funding for direct services to providers for prevention. The programs are funded to provide one or more prevention strategies that are promoted by the Center for Substance Abuse Prevention (CSAP). Those strategies are:

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

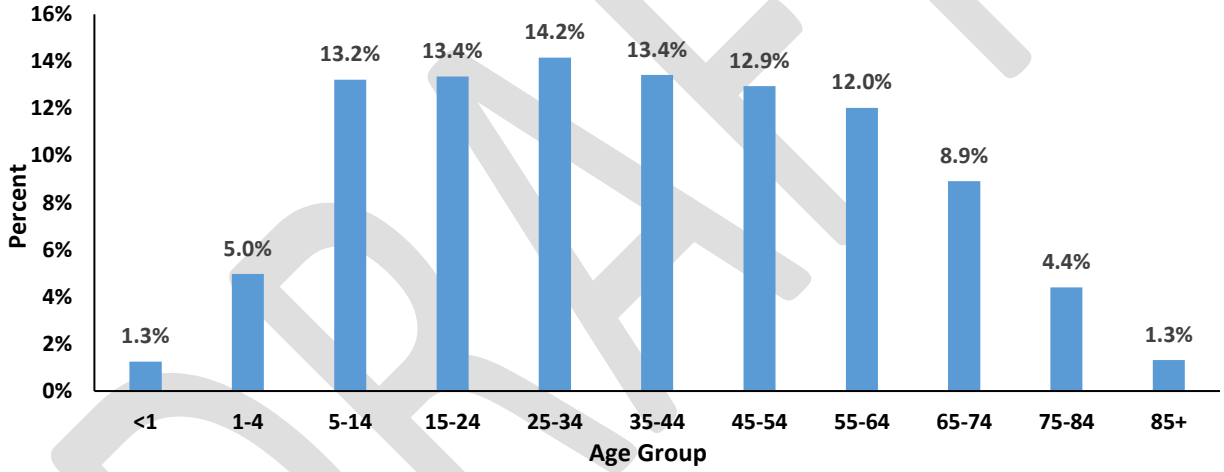
Source: State of Nevada Department of Taxation, April 1, 2020.

Figure 4. Nevada Population, 2010-2019.



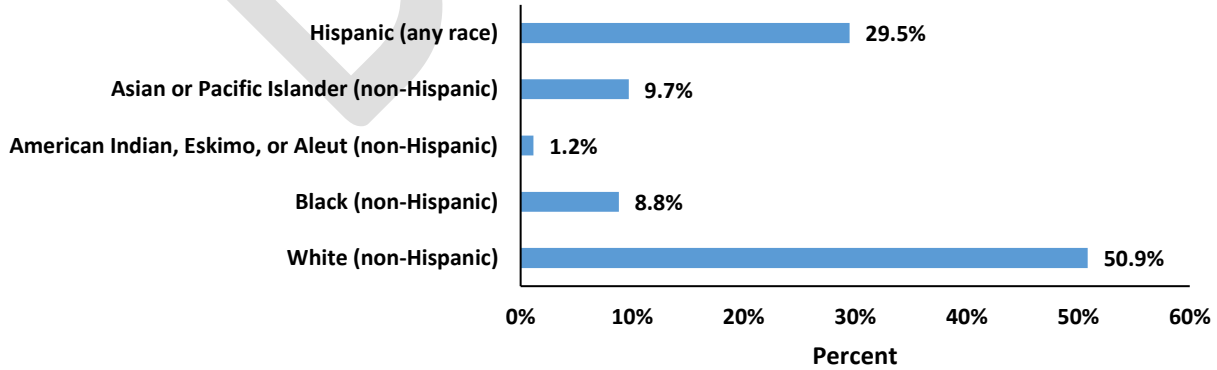
Source: Nevada State Demographer, Vintage 2020.
Chart scaled to display differences among groups.

Figure 5. Nevada Population by Age Group, 2019.



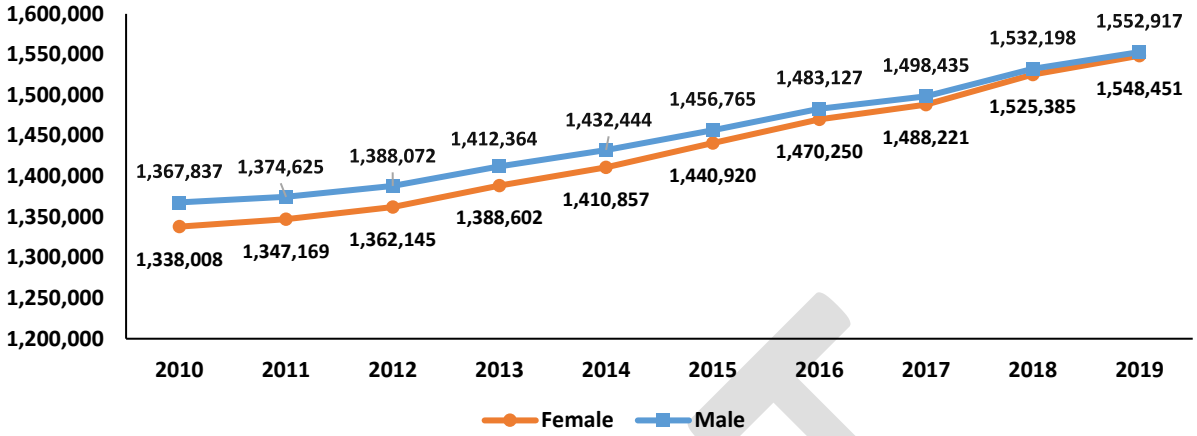
Source: Nevada State Demographer, Vintage 2020.
Chart scaled to 16% to display differences among groups.

Figure 6. Nevada Population by Race/Ethnicity, 2019.



Source: Nevada State Demographer, Vintage 2020.
Chart scaled to 60% to display differences among groups.

Figure 7. Nevada Population Distribution by Sex, 2010-2019.



Source: Nevada State Demographer, Vintage 2020.
Chart scaled to display differences among years.

In 2019, the estimated population for Nevada was 3,101,368, a 14.6% increase from the 2010 estimated population. The population is made up of approximately equal percentages of females and males.

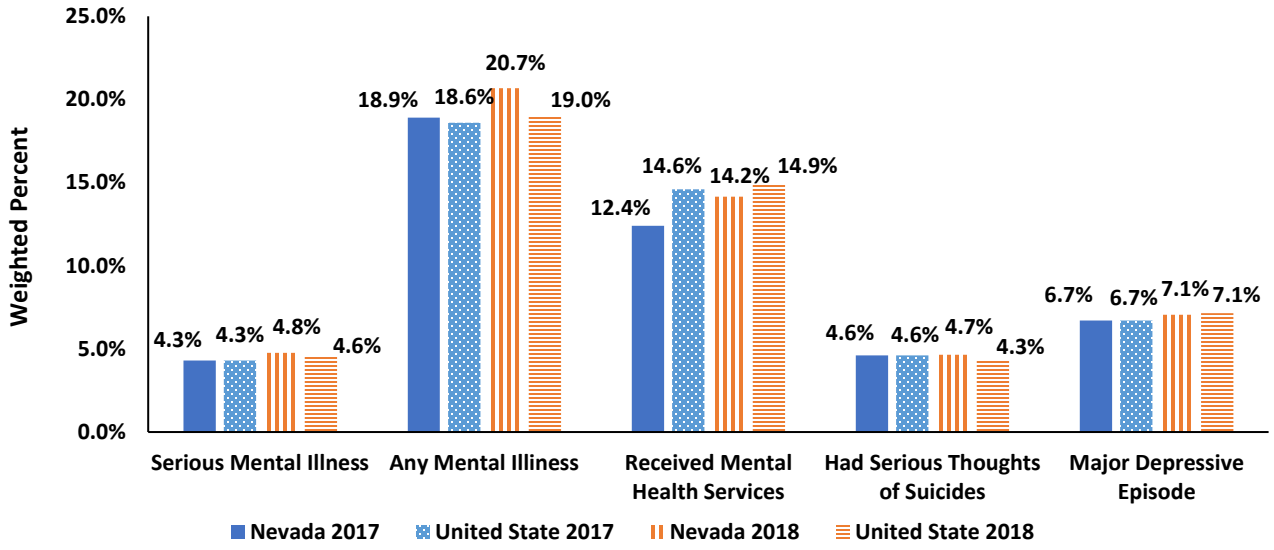
Mental Health

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

National Survey of Drug Use and Health

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

Figure 8. Percent of Mental Health Measures, Nevada and United States, 2017-2018.



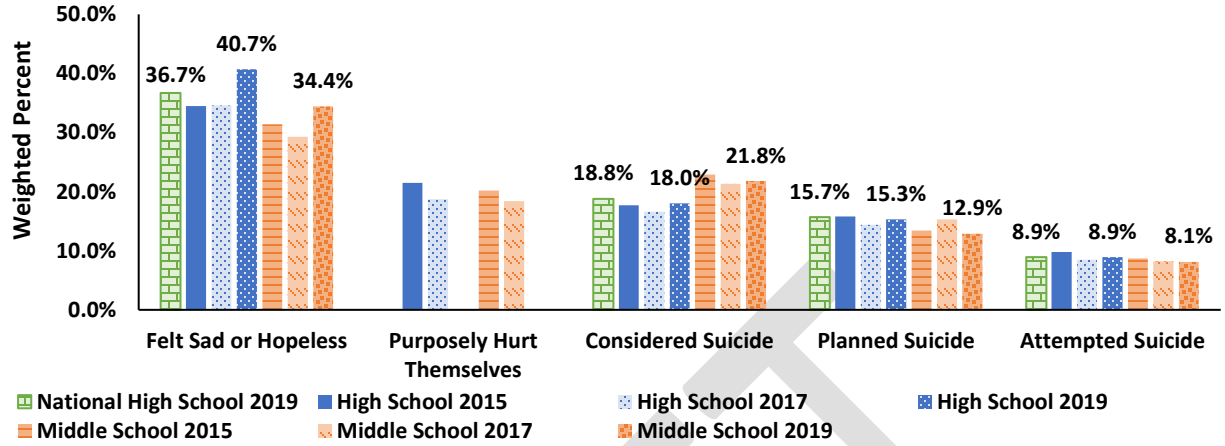
SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2017-2018.
Chart scaled to 20% to display differences among groups.

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

Youth Risk Behavior Survey

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

Figure 9. Mental Health Behaviors, Nevada Middle and High School Students, 2015, 2017, and 2019 and National High School Students, 2019.



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

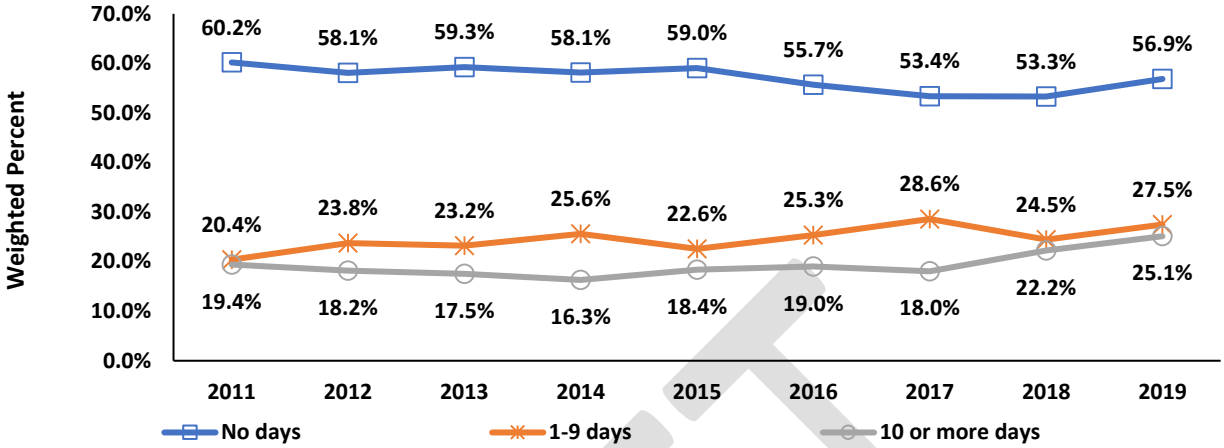
Female high school students are significantly higher for having felt sad or hopeless almost every day for two or more weeks than males, at 50.1% and 31.4% respectively. Likewise, females have a significantly higher percent for considering suicides (22.9%), planning a suicide (18.7%), and purposely hurting themselves (25.9%).

Similarly, female middle school students are significantly higher for having felt sad or hopeless almost every day for two or more weeks (44.8%), purposely hurting themselves (27.9%), considering suicide (28.9%), planning suicide (17.4%), and attempting suicide (10.9%).

Behavioral Risk Factor Surveillance System

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

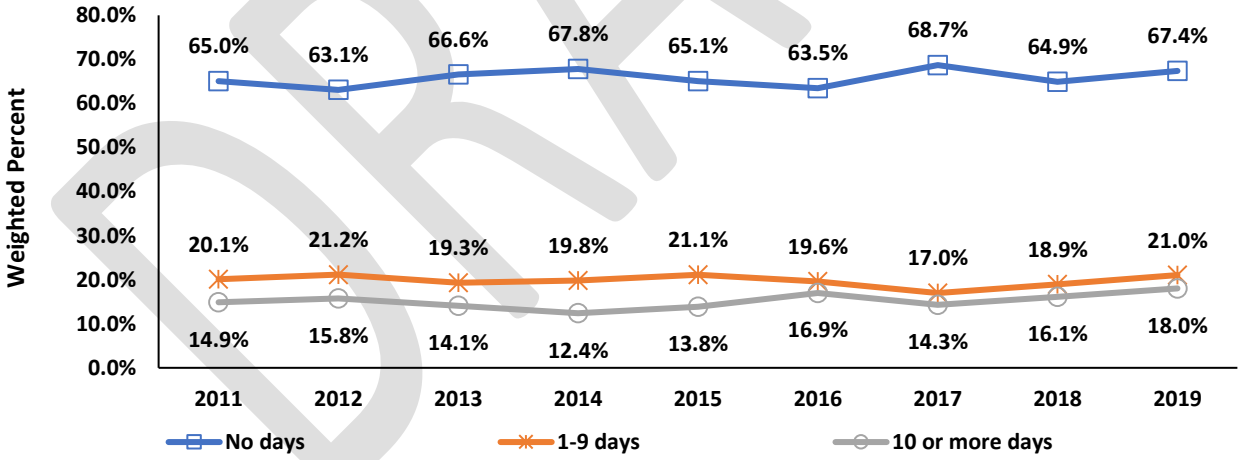
Figure 10. Percentages of Adults Who Experienced Poor Mental or Physical Health that Prevented Them from Doing Usual Activities by Days Affected in Past Month, Nevada Residents, 2011-2019.



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

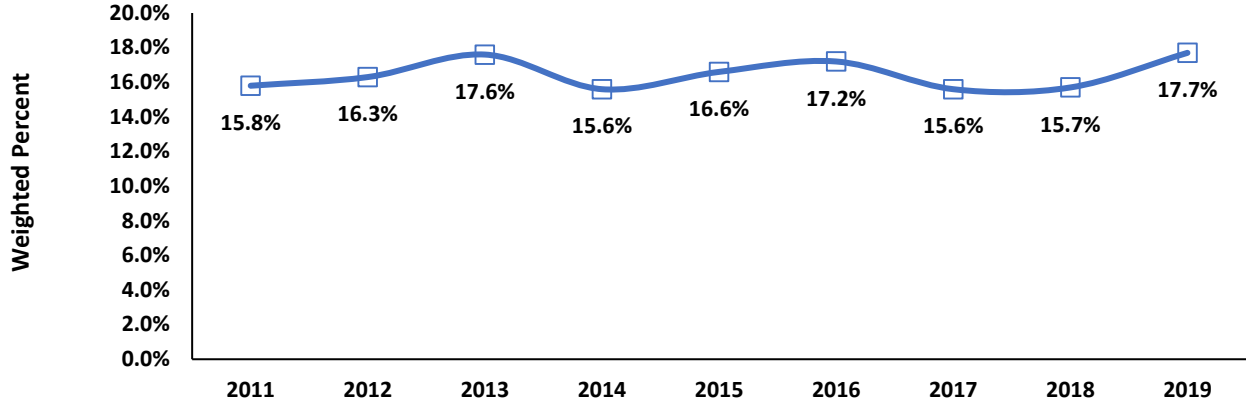
There has been an increase in days where poor mental health or physical health prevented those surveyed from doing usual activities.

Figure 11. Percentages of Adults in which Their Mental Health was Not Good by Number of Days Experienced in the Past Month, Nevada Residents, 2011-2019.



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

Figure 12. Percentages of Adults Who Have Ever Been Told They have a Depressive Disorder, Including Depression, Major/Minor Depression, or Dysthymia, Nevada Residents, 2011-2018.



Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 20% to display differences among groups.
Specific question asked in survey: "(Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?"

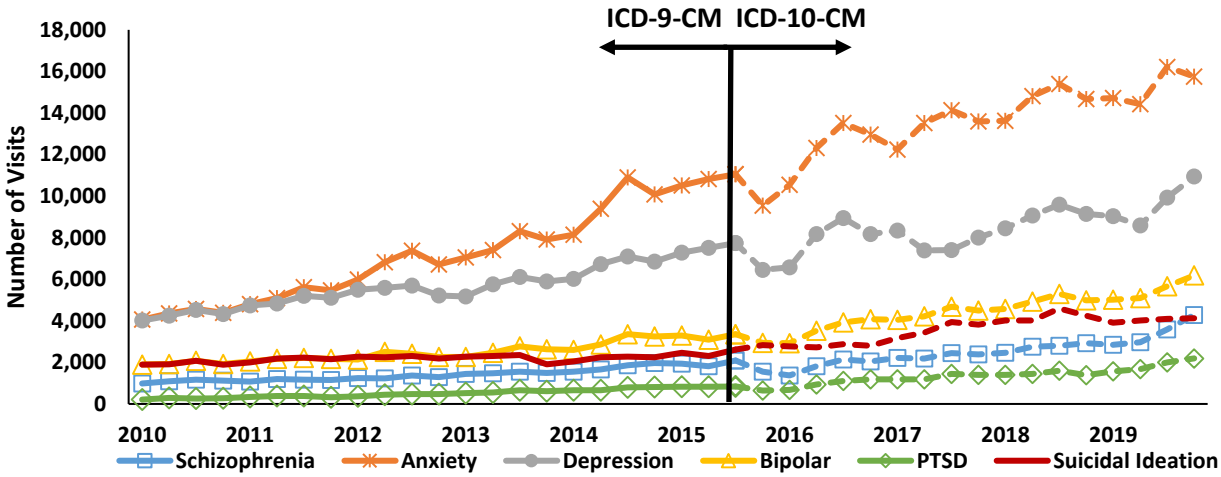
Roughly 18% of Nevadans have been told they have a depressive disorder in 2019.

Nevada 211 is a phone number that helps Nevadans connect with services they need including mental health-related services. During the 2020 fiscal year (July 1, 2019 - June 30, 2020), Nevada 211 received 3,614 calls relating to mental health, excluding suicide-related calls. The most calls received were for general counseling services (n=1,284).

Hospital Emergency Department Encounters

The hospital emergency department billing data includes data for emergency room patients for Nevada's non-federal hospitals. There were 114,443 visits related to mental health disorders among Nevada residents in 2019. Since an individual can have more than one diagnosis during a single emergency department visit, the following numbers reflect the number of times a diagnosis in each of these categories was given, and therefore the following numbers are not mutually exclusive.

Figure 13. Mental Health-Related Emergency Department Encounters, by Quarter and Year, 2010-2019.



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

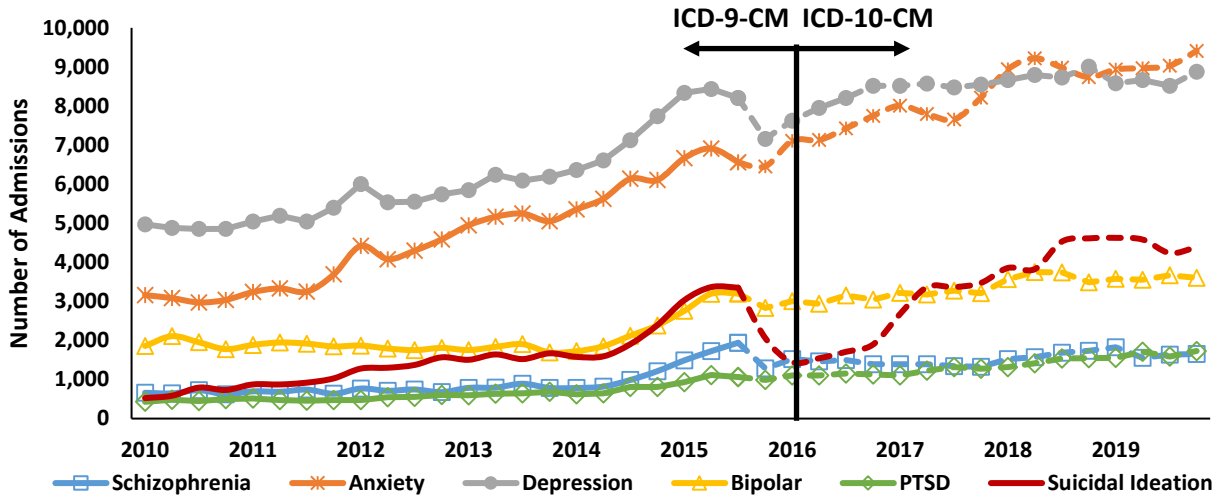
Anxiety has been the leading mental health-related diagnosis since 2012 in emergency department encounters. Anxiety-related encounters increased significantly from 2010 to 2019 in both counts and rates. Males have significant higher visits for schizophrenia (66%) and suicide ideation (62%), whereas females have significant higher visits for anxiety, depression, bipolar disorder, and PTSD (65%, 61%, 54%, and 55% respectively).

The counties in CCC and PACE coalition regions had significantly higher rates for emergency department visits for anxiety and depression. Clark County (PACT/CARE) had significantly higher emergency department encounters for schizophrenia, anxiety, depression, bipolar, and suicide ideation. The PCC coalition region had a significantly higher rate for bipolar, and NCC county coalition regions for suicide ideation.

Hospital Inpatient Admissions

Hospital Inpatient Billing data includes data for patients discharged from Nevada's non-federal hospitals. There were 75,569 inpatient admissions related to mental health disorders among Nevada residents in 2019. Since an individual can have more than one diagnosis during a single inpatient admission, the following numbers reflect the number of times a diagnosis was given, and therefore the following numbers are not mutually exclusive.

Figure 14. Mental Health-Related Inpatient Admissions, by Quarter and Year, 2010-2019.



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

Unlike emergency department encounters, depression is the leading diagnosis for mental health-related inpatient admissions from 2010-2018, but in 2019 there were more admissions related to anxiety. All the mental health-related diagnosis for hospital inpatient admissions increased significantly from 2010 to 2019. Females inpatient admissions for anxiety, depression, PSTD, and bipolar disorders were significantly higher than males, whereas males have significantly higher admissions for suicidal ideation and schizophrenia.

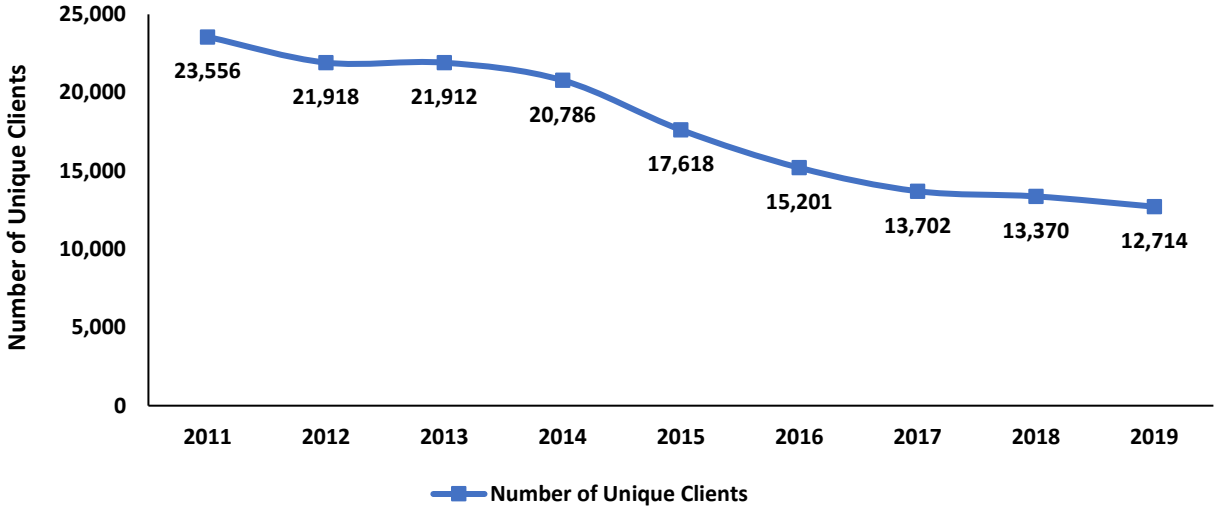
Suicidal ideation also increased from 2009 to 2017 but should be noted that in 2016 inpatient admissions statewide dropped and then increased in 2017. This may be due to ICD-9-CM conversion to ICD-10-CM or another change in medical billing.

The PACT/CARE coalition county regions had significantly higher admissions for schizophrenia and suicidal ideation. The PCC county regions have significantly higher admissions for all mental health-related admission except schizophrenia. The CCC and NCC county regions have significantly higher admissions from anxiety. The JTNN coalition area has significantly higher admissions for PTSD.

State-Funded Mental Health Services

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

Figure 15. Unique Clients* Served at State-Funded Mental Health Clinics, 2011-2019.

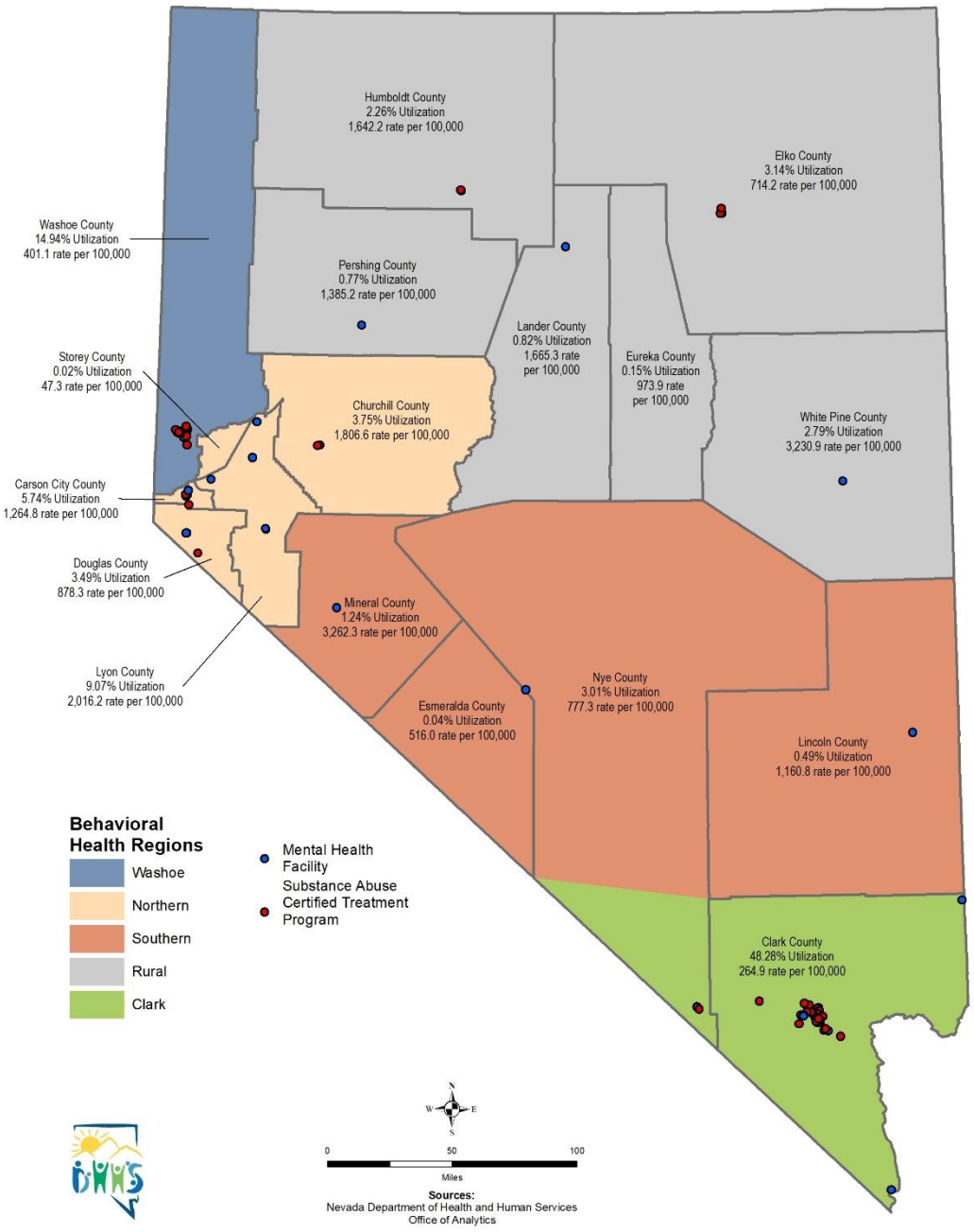


Source: State Funded Mental Health: Avatar.
**A client is counted only once per year. Clients may be counted more than once across years.*

The number of unique clients served by state-funded mental health facilities continues to decline. There were 12,714 clients served in 2019, which has decreased significantly from 2011 (23,556). The Affordable Care Act (ACA) went into effect in 2014. Therefore, many Nevada residents are now able to access non-state-funded facilities through the expansion of Medicaid. This likely contributes to the decline of the clients represented in the above chart.

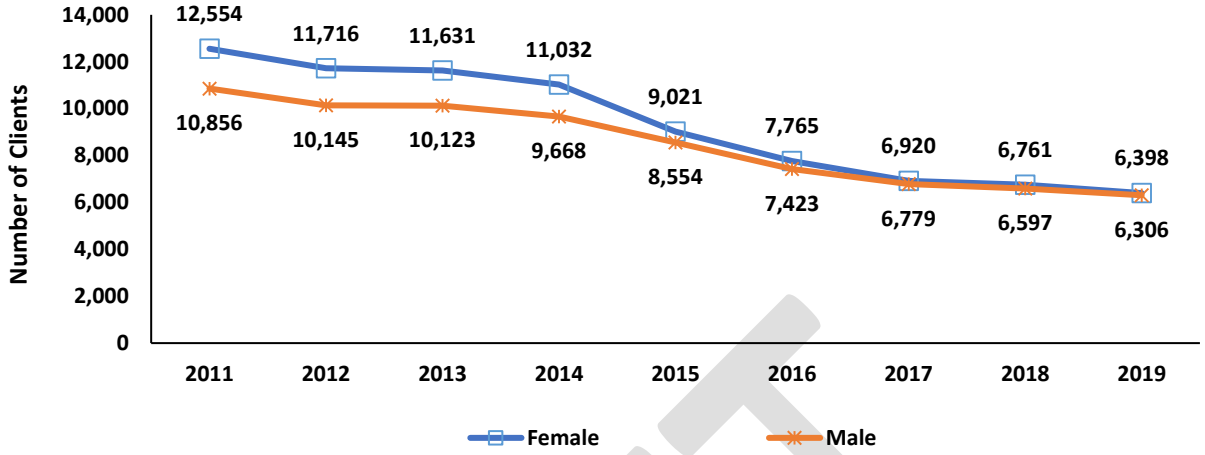
Of the Nevada residents accessing DPBH mental health services in 2019, 48.2% lived in Clark County and 14.9% lived in Washoe County. Mineral County had the highest rate of adults accessing state mental health services, 3,315.6 per 100,000 population.

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



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

Figure 17. State-Funded Mental Health Clinics Utilization* by Gender, 2011-2019.

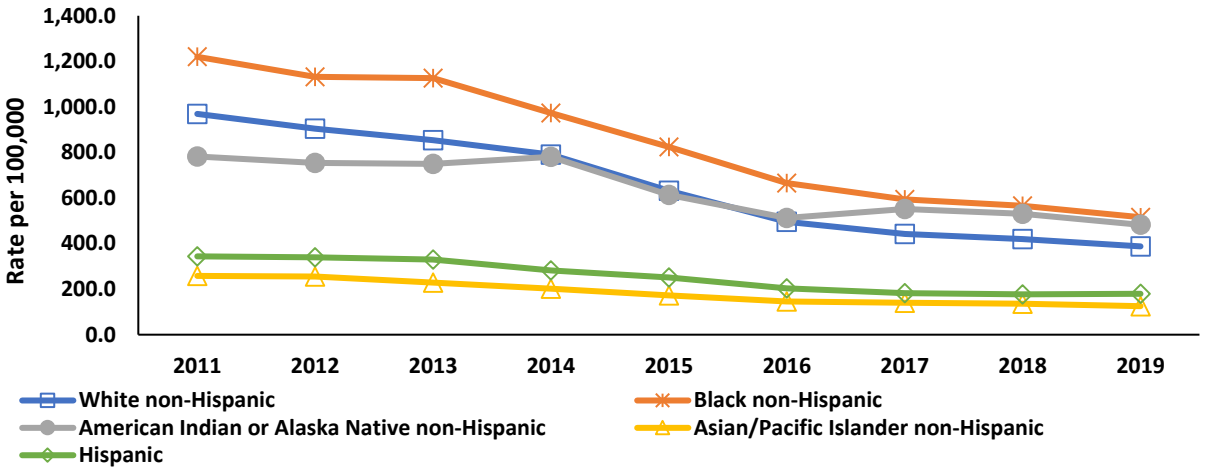


Source: State Funded Mental Health: Avatar.
**A client is counted only once per year. Clients may be counted more than once across years.*

From 2011 to 2015, females significantly utilized the state-funded mental health clinics more than males except in 2017 and 2018, where the difference between male and female is not significant (95% confidence interval). In 2019, 406.1 per 100,000 male population utilized the state-funded mental health clinics, compared females at 413.2 per 100,000 female population.

Of patients that utilized state-funded mental health services, the most common age group was 25-34 years old, on average accounting for 20.1% of patients. High school graduates accounted for 32.1% of patients, followed by those with those with less than 12th grade, no diploma education at 26.8% in 2019.

Figure 18. State-Funded Mental Health Clinics Utilization* by Race/Ethnicity Crude Rates, 2011-2019.



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

The patient utilization crude rate has gone down significantly across all races from 2011 to 2019. The Black non-Hispanic population had the highest rate over the seven-year period at 515.6 per 100,000 population, whereas Asian and Pacific Islander non-Hispanic have a significantly lower rate at 125.1 per 100,000 population.

Figure 19. Top Mental Health Clinic Services by Number of Patients Served*, 2011-2019.

Program	2011	2012	2013	2014	2015	2016	2017	2018	2019
SNAMHS Medication Clinic Adult	8,492	8,081	8,481	8,082	5,500	4,307	3,891	3,397	2,590
NNAMHS Medication Clinic Adult	3,790	3,678	3,838	3,508	3,149	2,310	1,920	1,922	1,532
SNAMHS Inpatient Hospital Adult	2,106	2,222	2,359	2,592	2,685	1,960	1,881	1,842	1,090
SNAMHS Ambulatory Service Coordination Adult	3,331	3,137	2,711	1,520	823	1,843	1,517	1,234	539
SNAMHS Observation Unit Adult~	4,458	4,736	3,106	~	~	~	~	~	~
NNAMHS Ambulatory Service Adult	1,369	1,537	1,822	1,560	1,326	692	56	16	10
SNAMHS Service Coordination Adult	698	742	1,052	1,051	867	644	521	631	493
SNAMHS Outpatient Counseling Adult	1,061	967	673	649	526	575	566	448	240

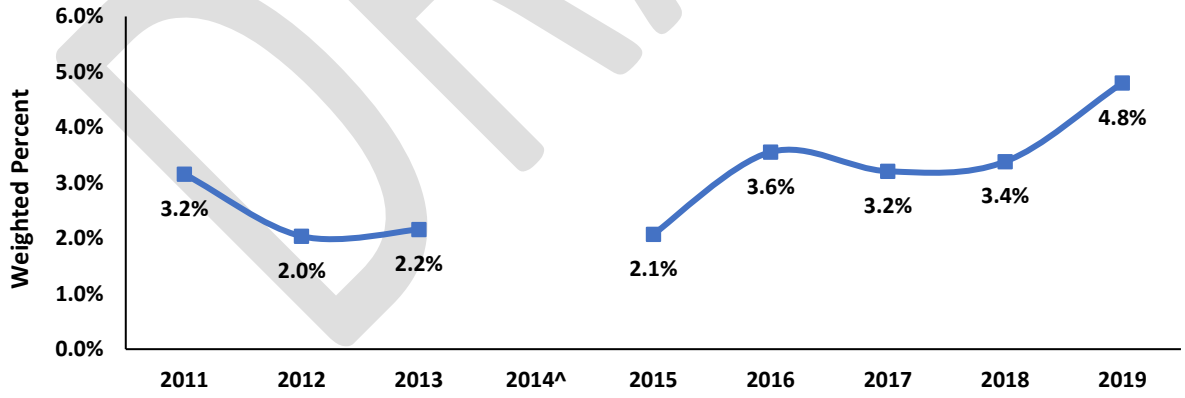
Source: State Funded Mental Health: Avatar.
~Program no longer active.
**A client is counted only once per year. Clients may be counted more than once across years.*

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

Suicide

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

Figure 20. Percentage of Adult Nevada Residents Who Have Seriously Considered Attempting Suicide, 2011-2019.

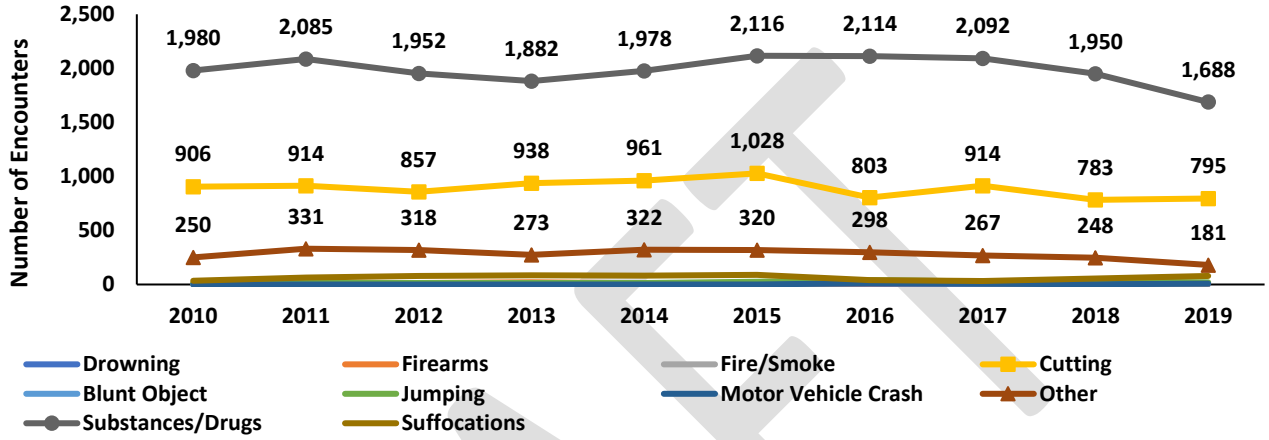


Source: Behavioral Risk Factor Surveillance System (BRFSS).
Chart scaled to 20% to display differences among groups.
^Indicator was not measured in 2014.
Specific question asked in survey: "During the past 12 months have you ever seriously considered attempting suicide?"

When asked "Have you seriously considered attempting suicide during the past 12 months," 4.8% of Nevada residents responded yes in 2019. Between 2011 and 2019, the average prevalence for suicide consideration in the state of Nevada is 3.0%.

Nevada 211 is a phone number that helps Nevadans connect with services they need. During the 2020 fiscal year (July 1, 2019 -June 30, 2020), Nevada 211 received 504 calls relating to suicide. This included referrals to suicide survivors support groups (n=6), prevention hotlines (n= 264), in-person intervention (n=25), and mobile response teams (n=209).

Figure 21. Suicide Attempt Emergency Department Encounters by Method, Nevada Residents, 2010-2019.

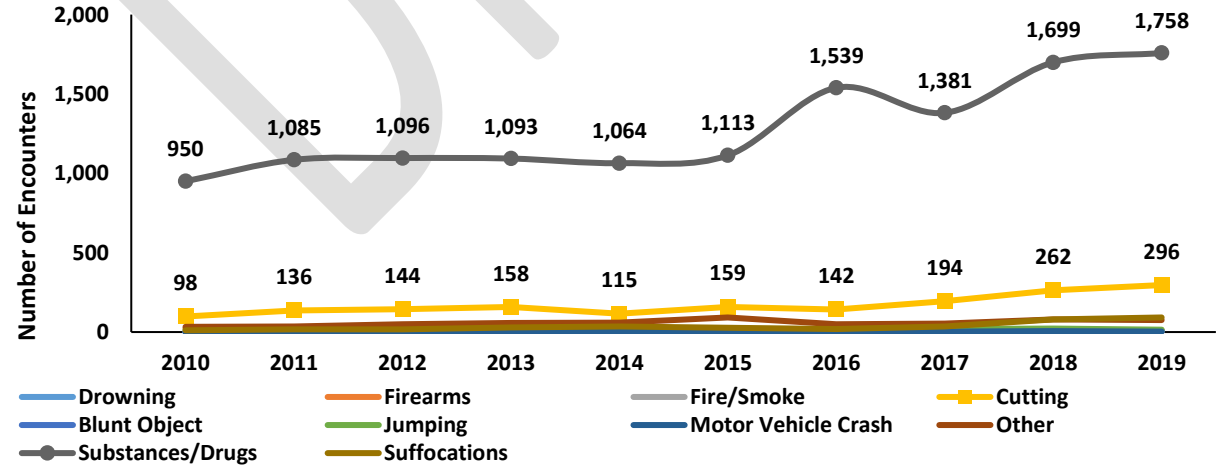


Source: Hospital Emergency Department Billing.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
A person can be included in more than category and therefore the counts above are not mutually exclusive.

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

The NCC and PACE coalitions county regions have significantly higher emergency department encounters for substance use and cutting suicide attempts.

Figure 22. Suicide Attempt Inpatient Admissions by Method, Nevada Residents, 2011-2019.

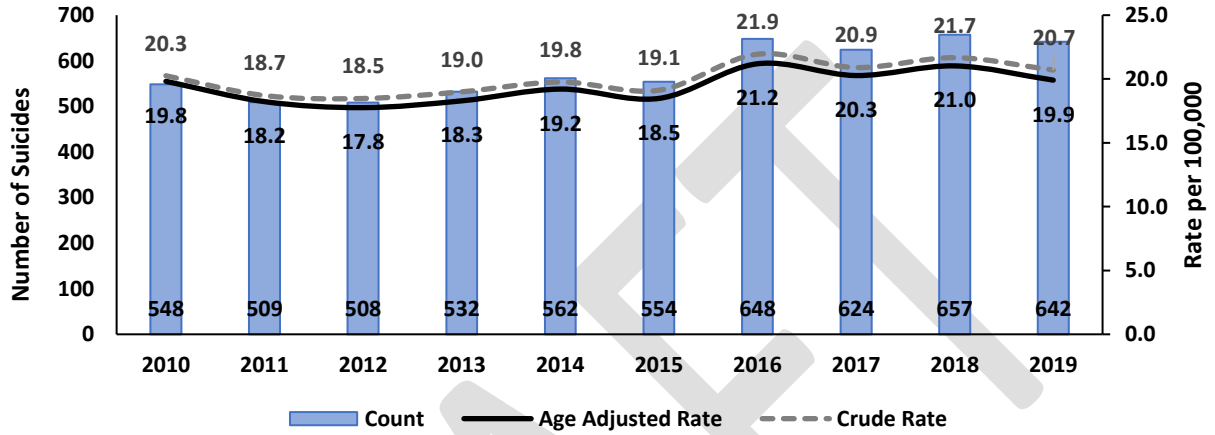


Source: Hospital Inpatient Billing.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
A person can be included in more than category and therefore the counts above are not mutually exclusive.

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

The HCC, PCC, and JTNN coalitions county regions were significantly higher for inpatient admissions relating to suicide attempts.

Figure 23. Number of Suicides and Rates, Nevada Residents, 2010-2019.

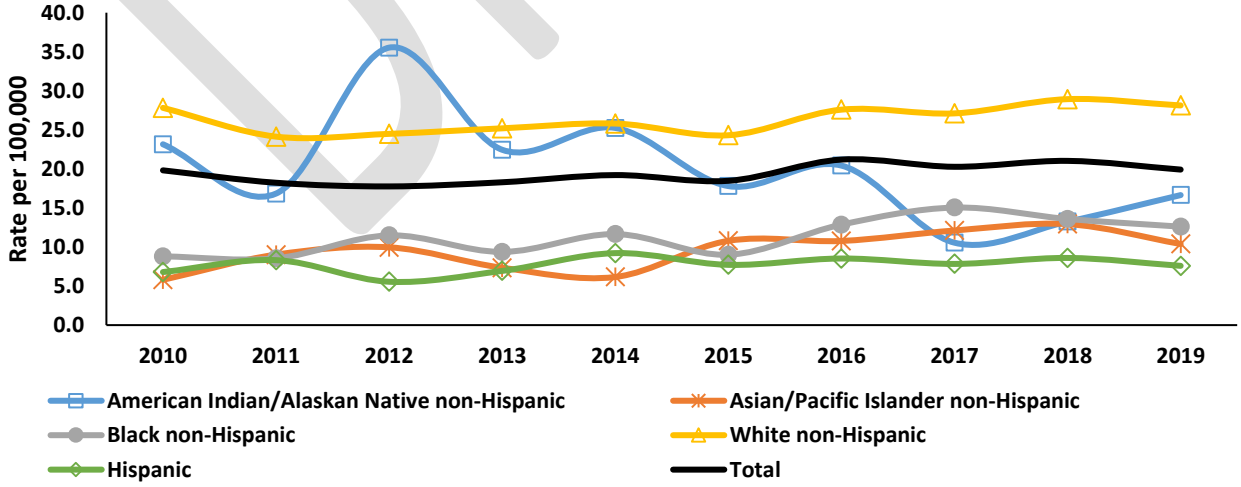


Source: Nevada Electronic Death Registry System.

The age-adjusted suicide rate for 2019 in Nevada was 20.7 per 100,000 population. Suicides in Nevada are highest among those in the 25-34 age group, with 114 suicides in 2019 which is different from past year where the 45-54 age group had the highest number of suicides. Suicides are highest among persons with a high school degree, with 281 suicides in 2019, which has been similar in past years.

The PACE coalition county regions have a significantly higher crude rate for suicide in 2019 at 37.2 per 100,000 population.

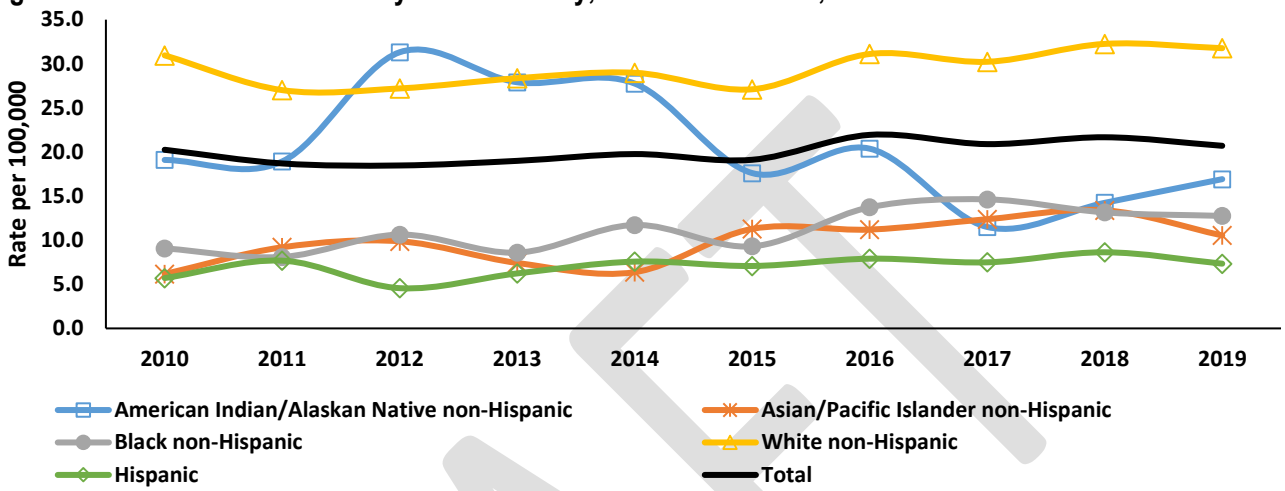
Figure 24. Age-Adjusted Suicides Rates by Race/Ethnicity, Nevada Residents, 2010-2019.



Source: Nevada Electronic Death Registry System.

The age-adjusted suicide rates for White non-Hispanics were significantly higher than the Nevada overall rate for each year from 2010 to 2019 with 28.1 per 100,000 population in 2019. The age-adjusted suicide rate for American Indian/Alaskan Native non-Hispanic was above the total Nevada rate (2010, 2012, 2013, 2014), but was not significantly higher based on 95% confidence intervals. Rates among Hispanics are significantly lower than overall Nevada rates for all years.

Figure 25. Crude Suicides Rates by Race/Ethnicity, Nevada Residents, 2010-2019.



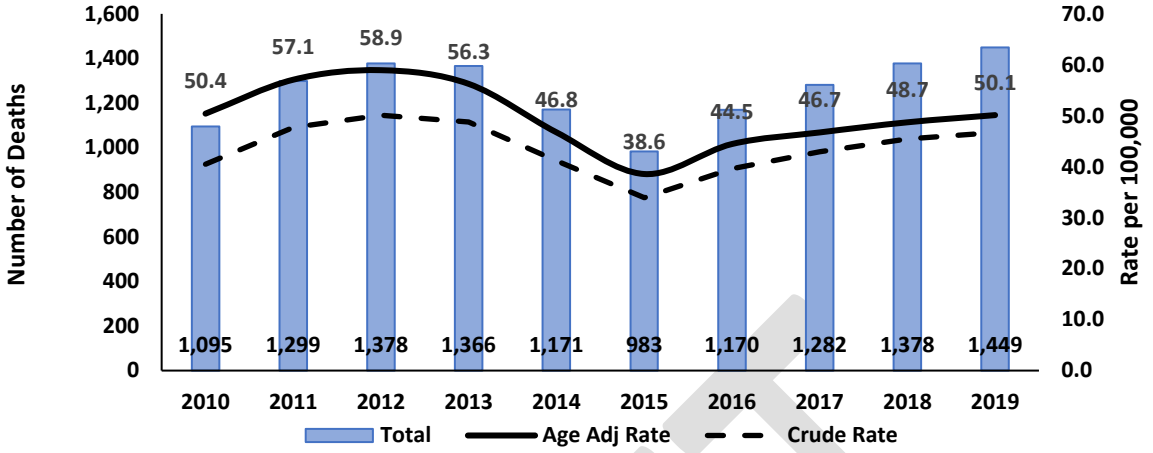
Source: Nevada Electronic Death Registry System.

Mental Health-Related Deaths

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

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

Figure 26. Mental Health-Related Deaths and Rates, Nevada Residents, 2010-2019.

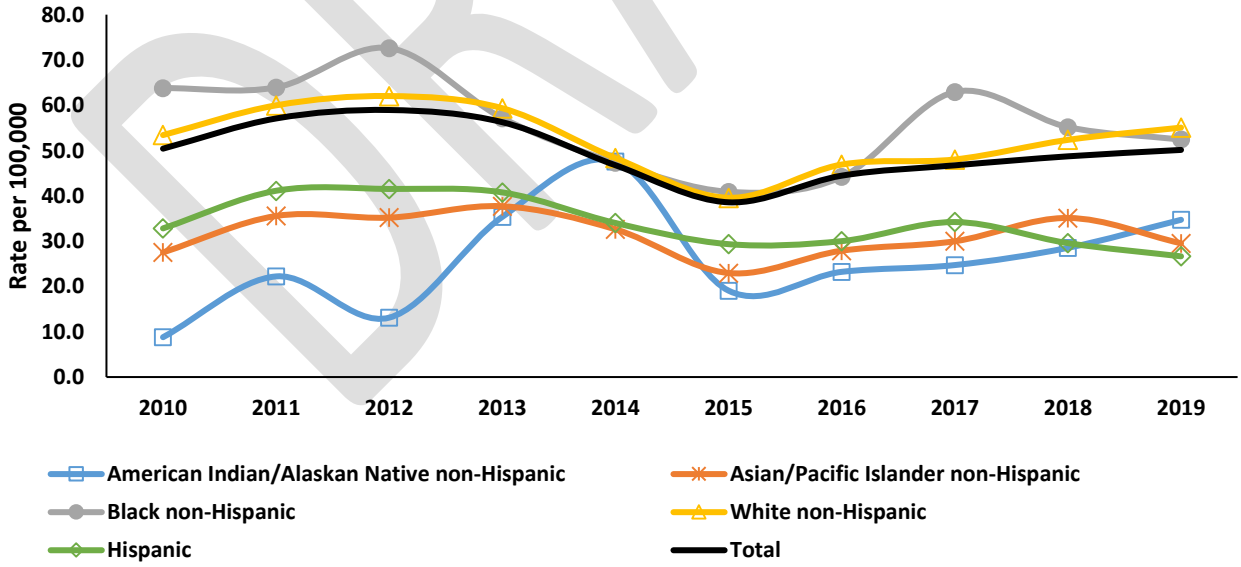


Source: Nevada Electronic Death Registry System.

There were 12 mental health-related deaths among individuals under 45 years old in 2019. The most common age group for mental health-related deaths were those aged 85 and above with 800 deaths in 2019. Mental health-related deaths were highest among individuals who had high school diplomas.

The CCC, HCC, JTNN, and PCC coalition county's region mental health-related deaths are significantly higher than the state at the age-adjusted rate of 91.0, 72.5, 71.7, and 109.7 per 100,000 population (respectively). The PACE and PACT/CARE coalition county's regions have a significantly lower age-adjusted rate at 26.5 and 42.0 per 100,000 population (respectively).

Figure 27. Age-Adjusted Mental Health-Related Death Rates by Race/Ethnicity, Nevada Residents, 2010-2019.



Source: Nevada Electronic Death Registry System.

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

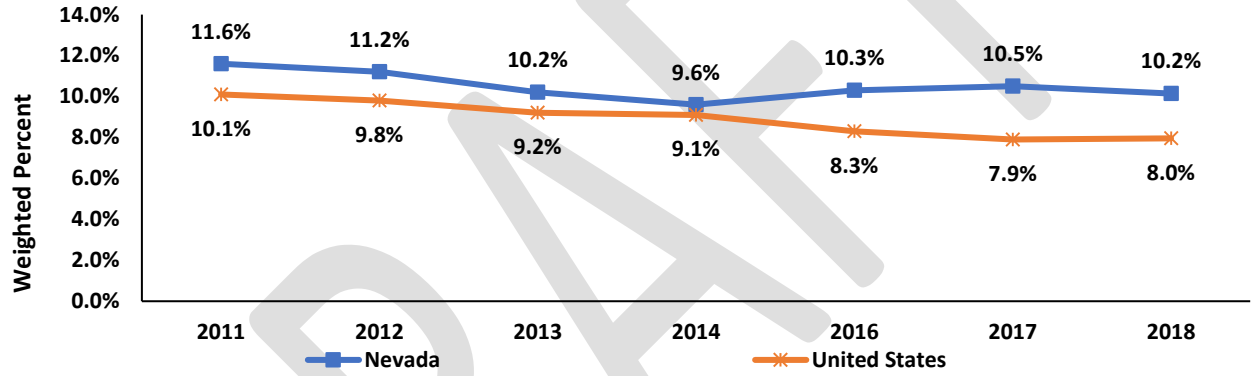
Substance Use

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

National Survey on Drug Use and Health

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

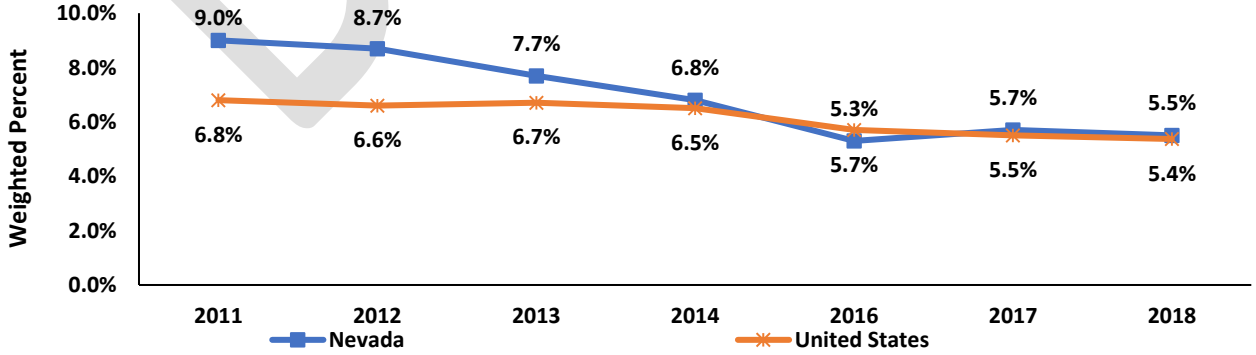
Figure 28. Illicit Drug Use Among Adolescents in the Past Month, Aged 12-17, Nevada and the United States, 2011-2018.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health.
Chart scaled to 14% to display differences among groups.

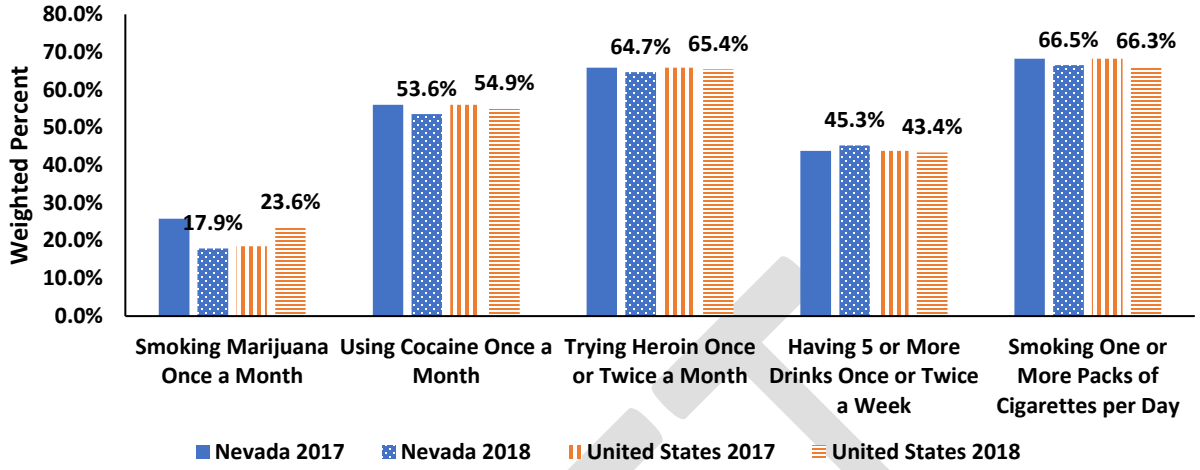
Nevada adolescents illicit drug use has remained within 2% from 2011 to 2018, 10.2% reported illicit drug use in 2018. Alcohol use disorder in the past year has decreased from 9.0% in 2011 to 5.5% in 2018.

Figure 29. Alcohol Use Disorder in the Past Year Aged 12 and Above, Nevada and the United States, 2011-2018.



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

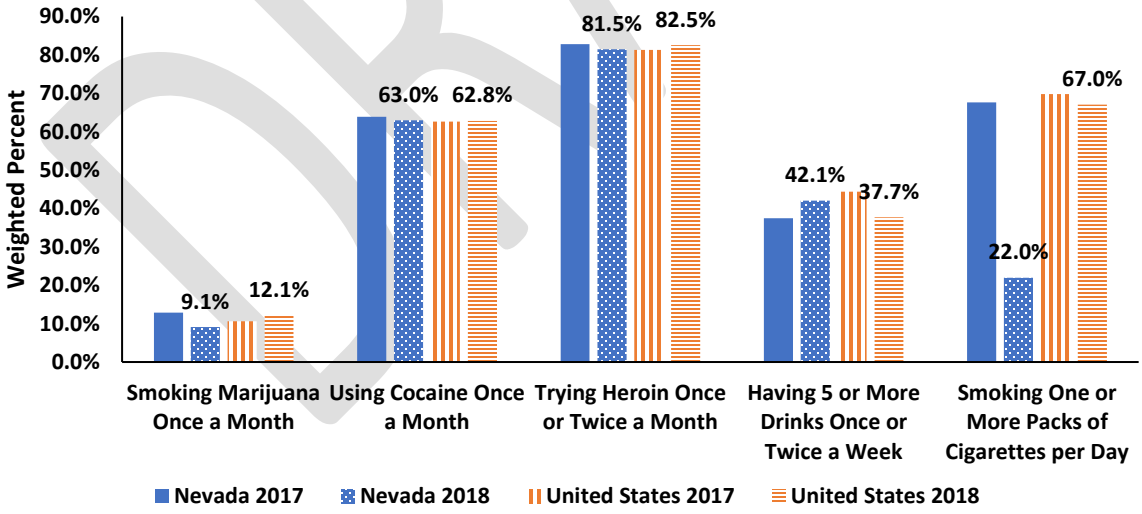
Figure 30. Perceptions of Great Risk from Alcohol or Substance, Aged 12-17, Nevada and the United States, 2018.



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

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

Figure 31. Perceptions of Great Risk from Alcohol or Substance, Aged 18-25, Nevada and the United States, 2018.

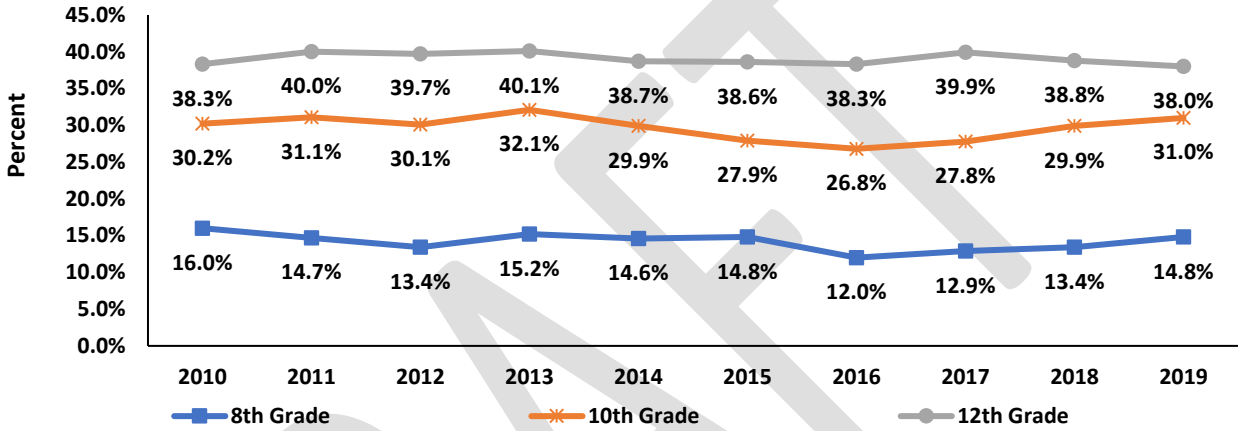


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health.
Chart scaled to 90% to display differences among groups.
Table in the Appendix.

Monitoring the Future Survey

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

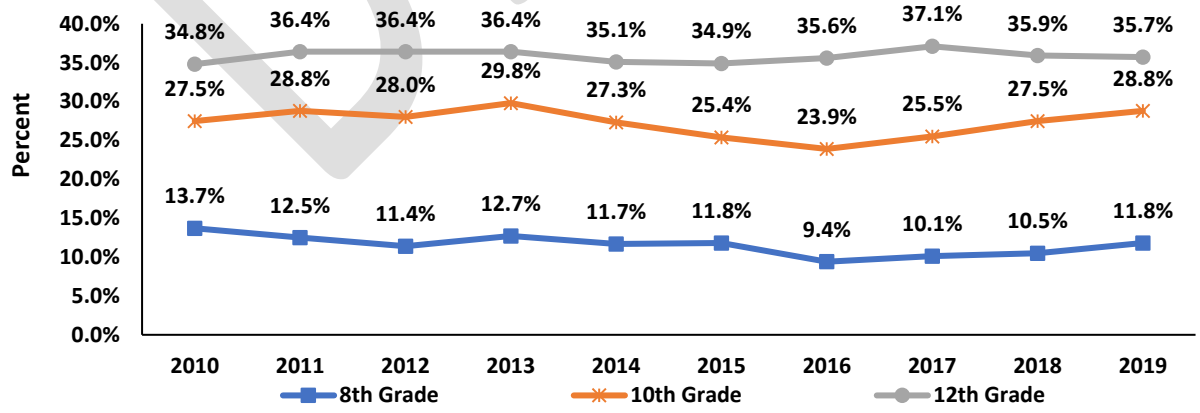
Figure 32. Annual Prevalence of Any Illicit Drug Use, United States, 2010-2019.



Source: Monitoring the Future Survey.
Chart scaled to 50% to display differences among groups.

On average, approximately 40% of 12th graders, 30% of 10th graders, and 14% of 8th graders in the United States have reported using any form of illicit drugs from 2010-2018. Lifetime illicit drug use has remained steady as wells. In 2019, the lifetime illicit drug for 12th graders was 47.4%, 10th graders was 37.5%, and 8th graders was 20.4%.

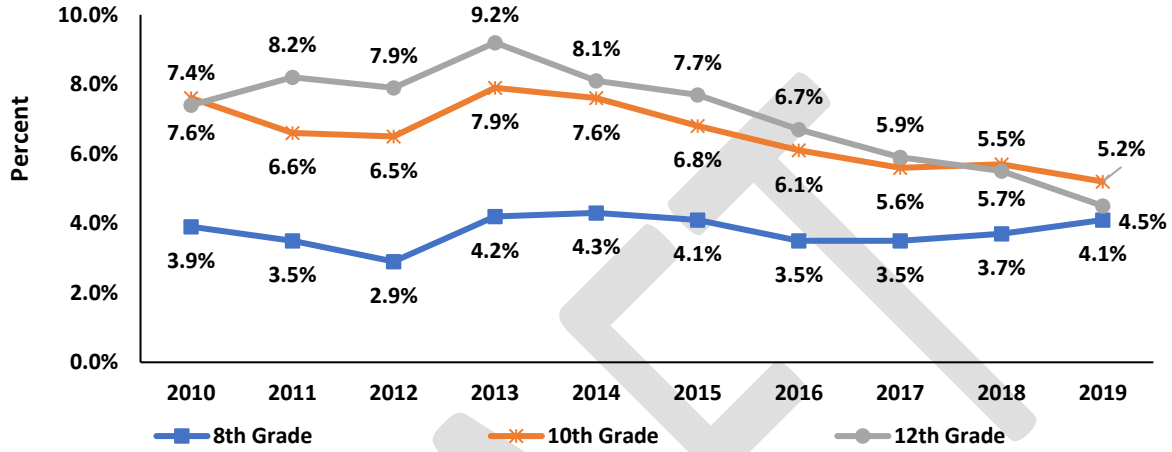
Figure 33. Annual Prevalence of Marijuana/Hashish Use, United States, 2010-2019.



Source: Monitoring the Future Survey.
Chart scaled to 50% to display differences among groups.

On average, approximately 36% of 12th graders, 27% of 10th graders, and 12% of 8th graders have reported using marijuana/hashish in the United States. Lifetime marijuana/hashish use has remained steady for all grades from 2010 to 2019. In 2019, the lifetime marijuana/hashish use for 12th graders was 43.7%, for 10th was 34.0%, and for 8th graders was 15.2%.

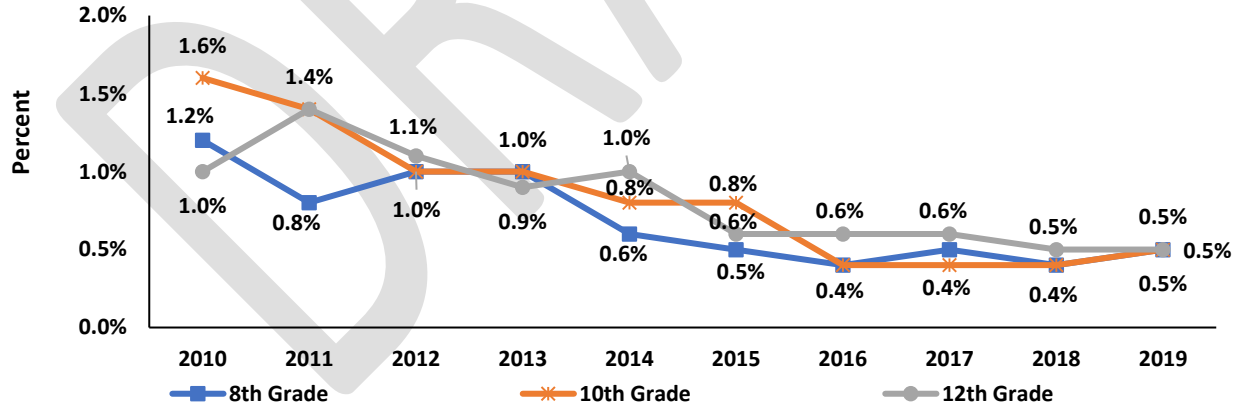
Figure 34. Annual Prevalence of Amphetamine Use, United States, 2010-2019.



Source: Monitoring the Future Survey.
Chart scaled to 10% to display differences among groups.

The annual prevalence of amphetamine use decreased from 2010 to 2019 for 12th from 7.4% to 5.2% respectively. In contrast, the 8th grade prevalence has increased from 3.9% to 4.1%.

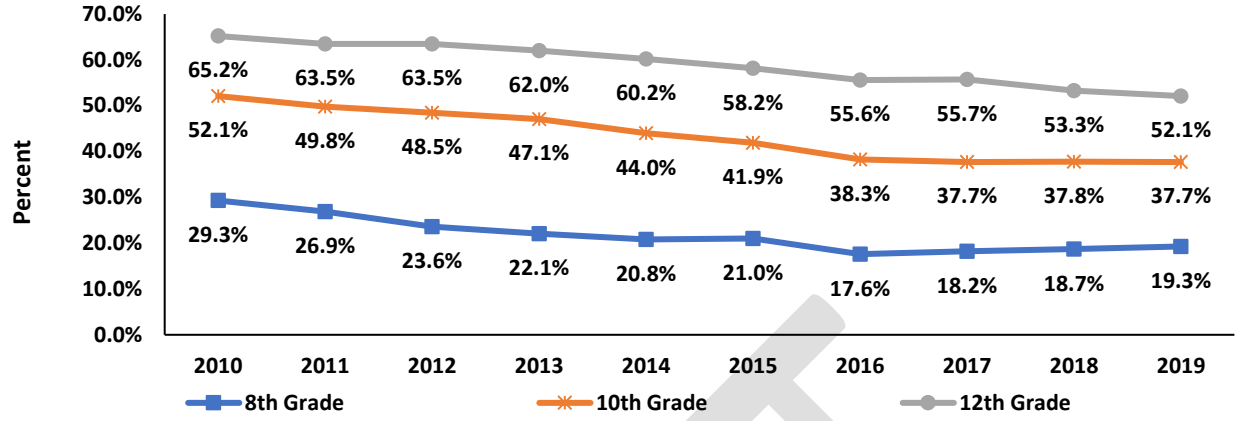
Figure 35. Annual Prevalence of Methamphetamine Use, United States, 2010-2019.



Source: Monitoring the Future Survey.
Chart scaled to 2% to display differences among groups.

Methamphetamine use has decreased by an average of 59% among all three surveyed grades since 2010 in the United States. Lifetime prevalence has decreased as well. In 2019, the lifetime use among 12th graders was 0.8%, 10th graders was 0.7%, and 8th graders was 0.9%.

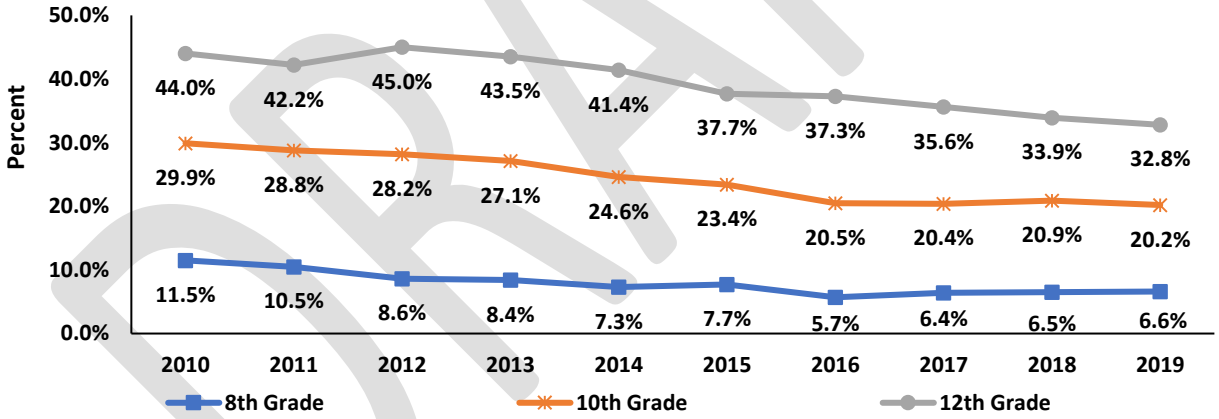
Figure 36. Annual Prevalence of Alcohol Use, United States, 2010-2019.



Source: Monitoring the Future Survey.
Chart scaled to 70% to display differences among groups.

The prevalence of alcohol use including being drunk from alcohol has decreased in all grades since 2010 through 2015 in the United States. Since 2015, the prevalence has remained steady among all grades. The lifetime prevalence of any alcohol use has remained steady as well, from 2010 to 2019. In 2019, lifetime alcohol use was 58.5% for 12th graders, 43.1% for 10th graders, and 24.5% for 8th graders.

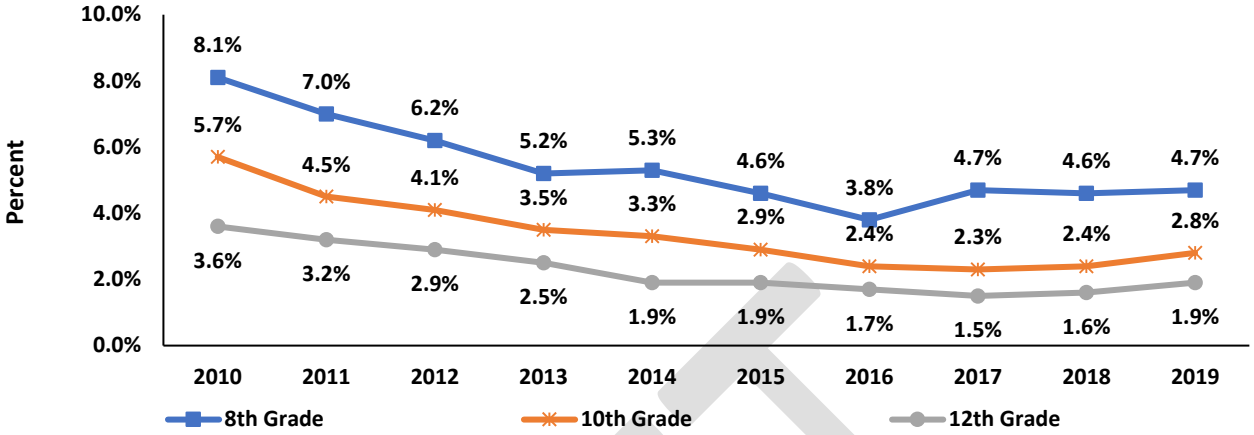
Figure 37. Annual Prevalence of Being Drunk from Alcohol, United States, 2010-2019.



Source: Monitoring the Future Survey.
Chart scaled to 50% to display differences among groups.

On average, approximately 39% of 12th graders, 24% of 10th graders, and 8% of 8th graders in the United States have reported being drunk from 2010 to 2018. Lifetime use for ever been drunk for 12th graders decreased from 42.9% in 2018 to 40.8%. In contrast, among 8th graders, the number increased from 9.2% to 10.1% which is the first increase in this indicator since 2015.

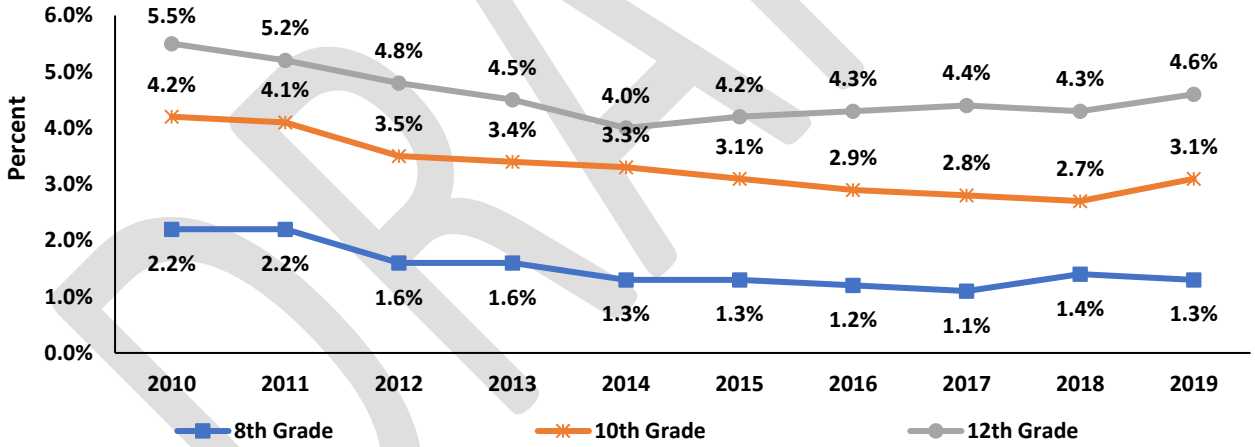
Figure 38. Annual Prevalence of Inhalant Use, United States, 2010-2019.



Source: Monitoring the Future Survey.
Chart scaled to 10% to display differences among groups.

The prevalence of inhalant use has decreased among all grades since 2010 through 2015 in the United States and then has increased slightly since 2016. The lifetime use is higher than the annual prevalence for all age groups in 2019, with 5.3% for 12th graders, 6.8% for 10th graders, and 9.5% for 8th graders.

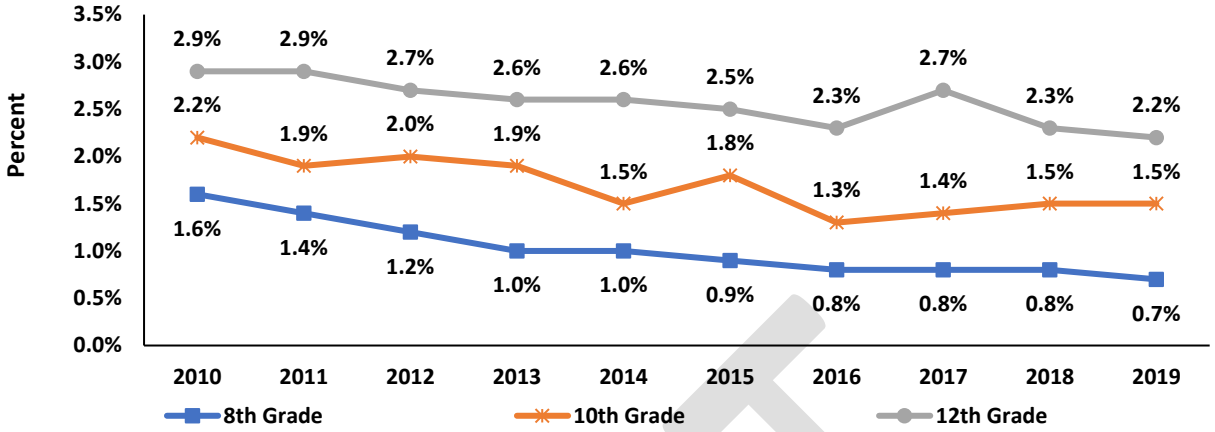
Figure 39. Annual Prevalence of Hallucinogen Use, United States, 2010-2019.



Source: Monitoring the Future Survey.
Chart scaled to 10% to display differences among groups.

On average, approximately 3% of the grades surveyed have reported using hallucinogens in the United States from 2010 to 2019. The lifetime use for hallucinogen use in 2019 increased for all grades from 2018, with 6.9% up .2% from 2018 for 12th graders, 4.7% up .8% from 2018 for 10th graders, and 2.4% up from 2.2% in 2018, for 8th graders.

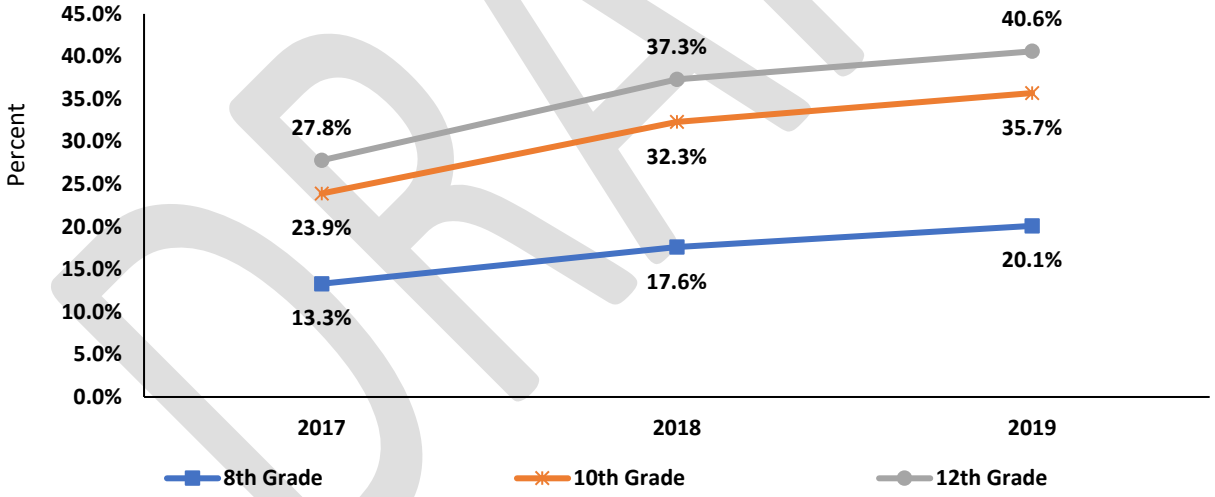
Figure 40. Annual Prevalence of Cocaine Use, United States, 2010-2019.



Source: Monitoring the Future Survey.
Chart scaled to 5% to display differences among groups.

The annual prevalence cocaine use on average for 12th grade is 2.2%, 1.5% for 10th grade, and 0.7% for 8th grade. The lifetime prevalence use of cocaine for 12th grade is 3.8%, 2.5% for 10th grade, and 1.2% for 8th grade.

Figure 41. Annual Prevalence of Vaping Use, United States, 2010-2019.



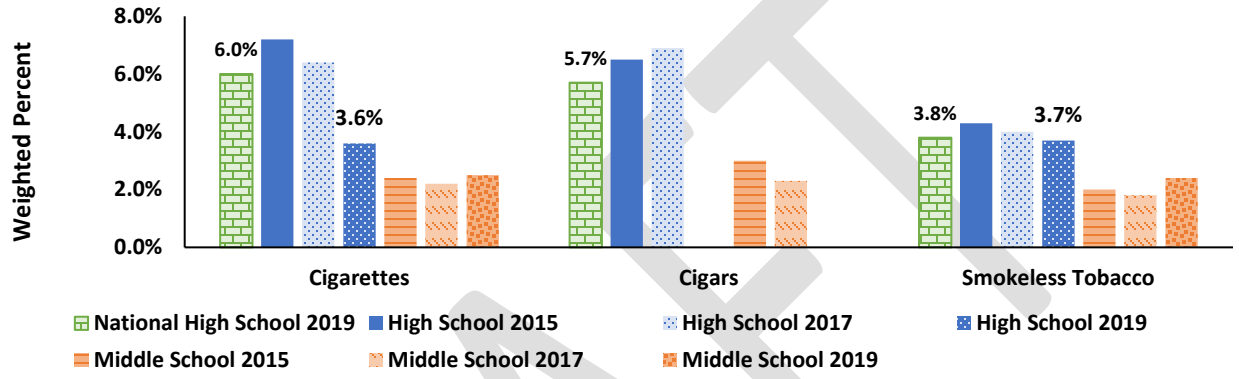
Source: Monitoring the Future Survey.
Chart scaled to 5% to display differences among groups.

The annual prevalence for vaping has continued to increase from each year. The lifetime increased from 2018 to 2019 in all grades, 45.6% for 12th grade, 41.0% for 10th grade, and 24.3% for 8th grade. In 2018, 42.5% 36.9% and 21.5% respectively.

Youth Risk Behavior Survey

The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. Nevada high school and middle school students are surveyed during the odd years. In 2019, 4,980 high school, and 5,31 middle school students participated in the YRBS in Nevada. The University of Nevada, Reno maintain the YRBS data and publishes data on each survey. For more information on the YRBS survey, please go to the following site: UNR YRBS.

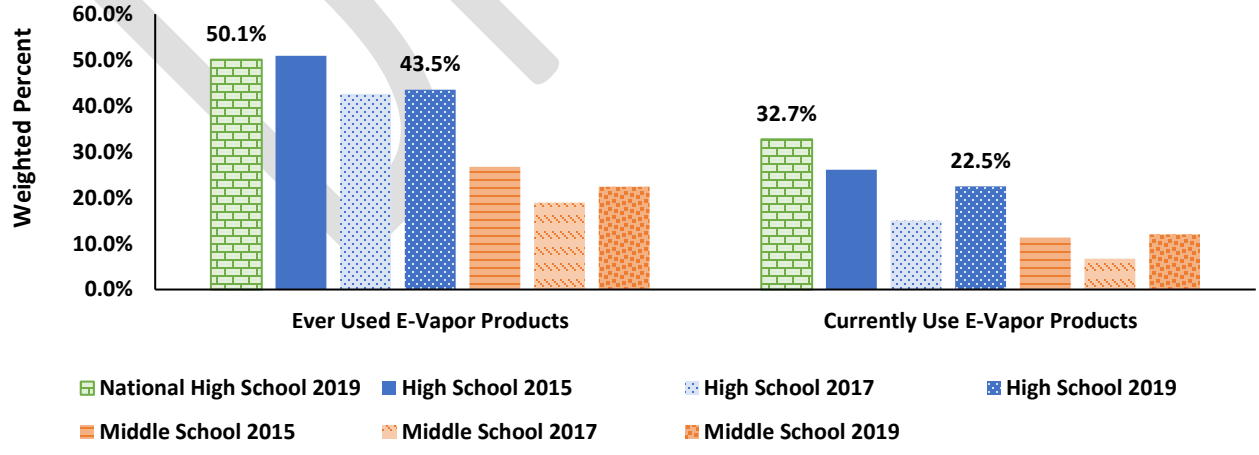
Figure 42. Tobacco Use, Nevada Middle and High School Students, 2015, 2017, 2019, and National High School Students, 2019.



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

Of Nevada high school students in 2019, 3.6% have smoked cigarettes, which is lower than the national reported at 6.0%. Churchill, Humboldt, Pershing, and Lander counties combined have a significantly higher tobacco use at 12.7%, and Nye and Lincoln county combine at 9.3%. Among middle school students to have smoked cigarettes, those 14 or older are significantly higher than other ages.

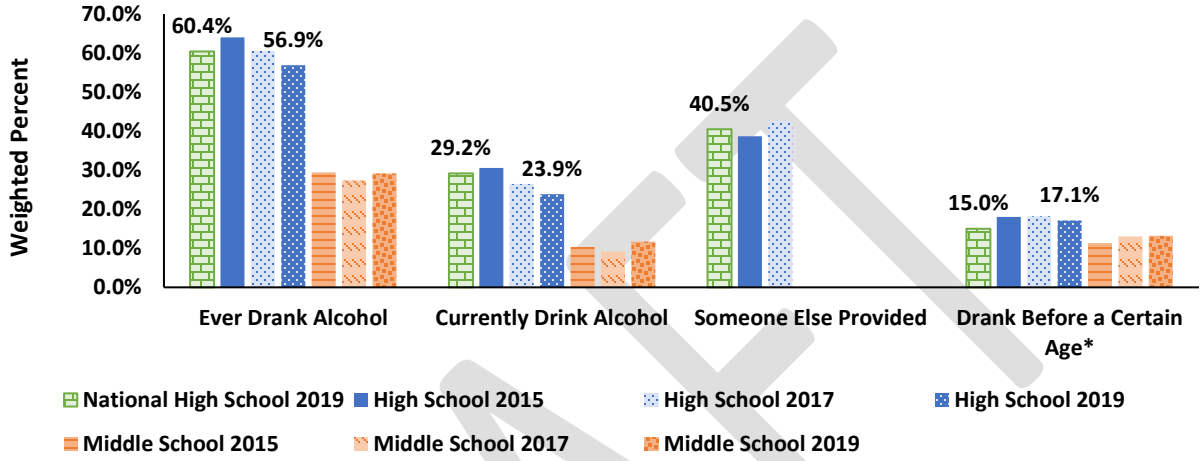
Figure 43. Electronic Vapor Product Use, Nevada Middle and High School Students, 2015, 2017, 2019, and National High School Students, 2019.



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

In Nevada, 22.5% of high school students reported using E-vapor products, which is lower than the nation (32.7%). High school students from the Carson City; Douglas County, Elko, White Pine and Eureka counties combined; Churchill, Humboldt, Pershing, and Lander counties combined; and Lyon, Mineral, and Storey, counties combined have significantly higher reports of using electronic cigarettes. Among middle school students, those 14 years or older were significantly higher than younger ages, at 36.3% who reported ever using an electronic cigarette.

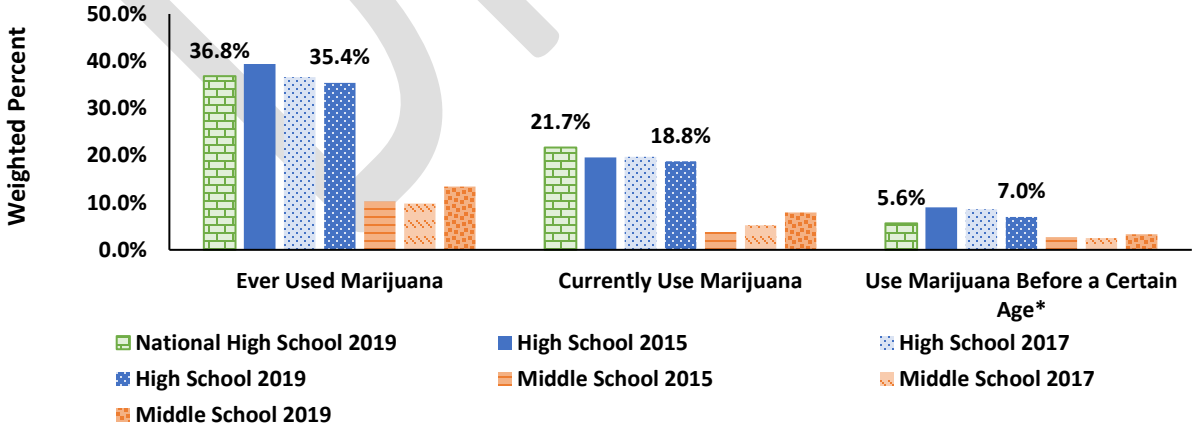
Figure 44. Alcohol Use, Nevada Middle and High School Students, 2015, 2017, 2019, and National High School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 70% to display differences among groups.
**In high school students, if they ever drank before age 13, and in middle school students if they ever drank before age 11.*

There was a significant decrease in high school students from both ever drinking alcohol and current use of alcohol. In high school students, Douglas County had a significantly higher percent of students who ever drank alcohol (69.3%). The Churchill, Humboldt, Pershing, and Lander counties combined (66.4%) for high school and 43.0% for middle school.

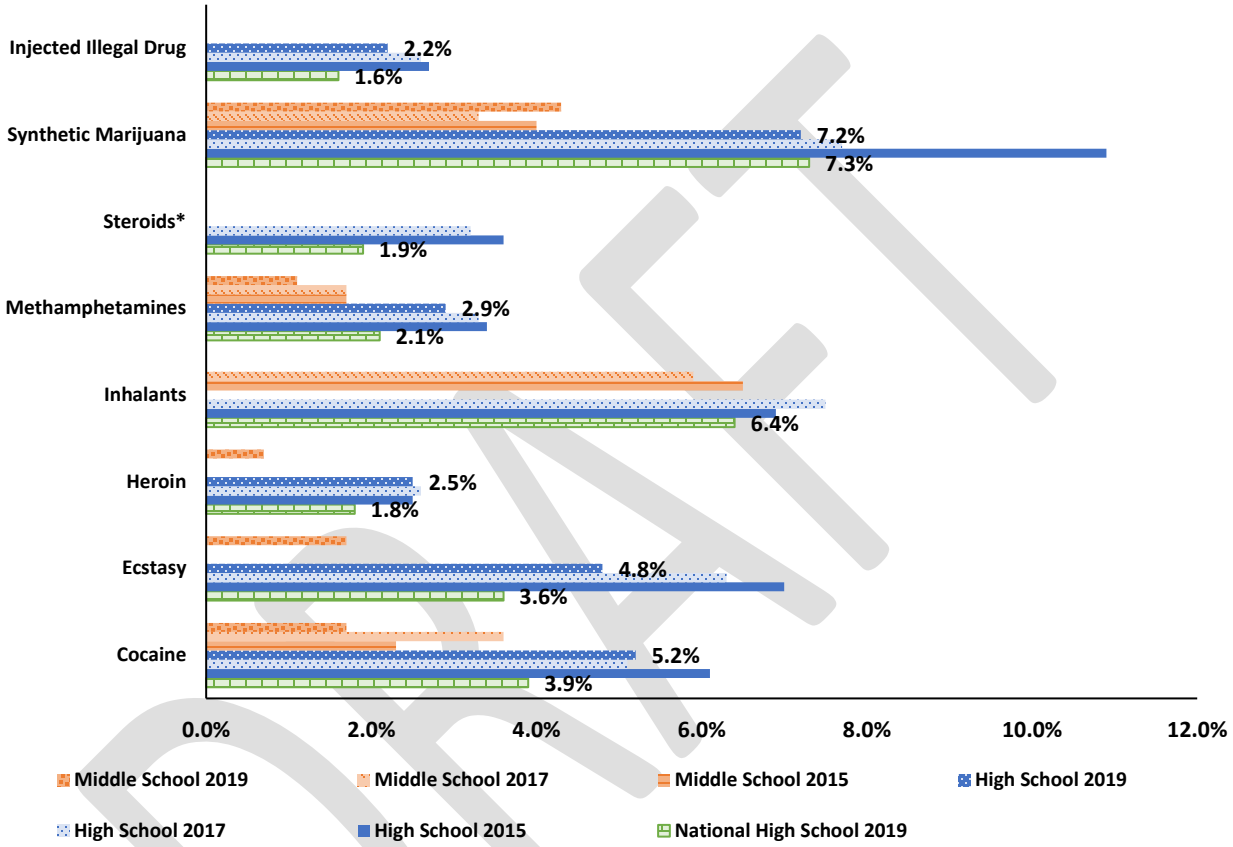
Figure 45. Marijuana Use, Nevada Middle and High School Students, 2015, 2017, 2019, and National High School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 45% to display differences among groups.
**In high school students, if they ever used marijuana before age 13, and in middle school students if they ever used marijuana before age 11.*

Nevada is comparable to the nation, which is 35.4% for marijuana use in high school students. Older high school students, 12th grade, and 18 years or older have a significantly higher percent for ever using marijuana before, 44.1%, and 44.0% respectively which is lower from 2017. Middle school students in 8th grade and those 14 years or older have a significantly higher percent for ever using marijuana before, 22.3% and 26.5% respectively which has increased from 2017.

Figure 46. Lifetime Drug Use, Nevada Middle and High School Students, 2015, 2017, 2019, and National High School Students, 2019.



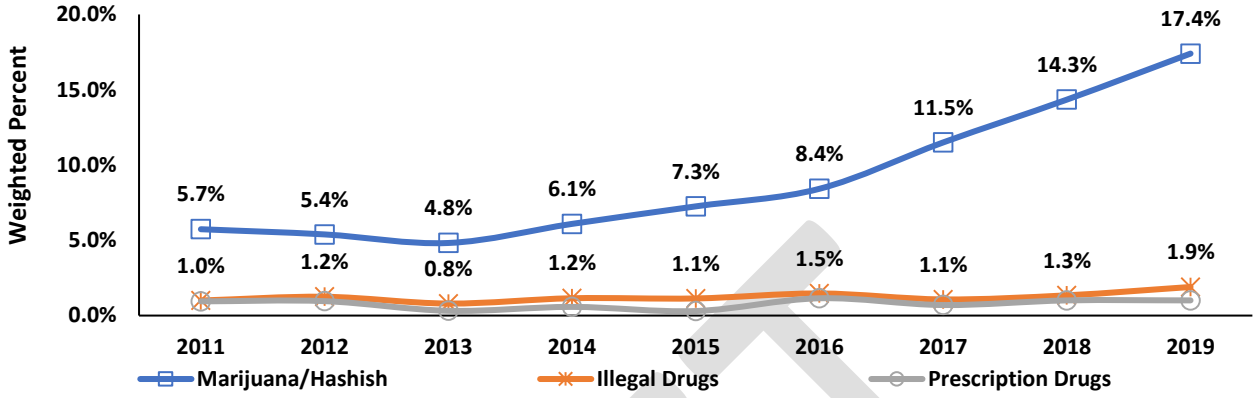
Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 12% to display differences among groups.

There was a significant decrease for synthetic marijuana use from 2015 to 2017. Drug use among high school students is higher in Nevada than the nation. Of Nevada high school students, 7.2% have used synthetic marijuana, while the national percentage is lower at 7.3%. Churchill, Humboldt, Pershing, and Lander counties combine have significantly higher lifetime use for cocaine (9.4%).

Behavioral Risk Factor Surveillance System

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

Figure 47. Adult Nevada Residents Who Used Marijuana/Hashish, Illegal Substances, or Painkillers to Get High in the Last 30 Days, 2011-2019.

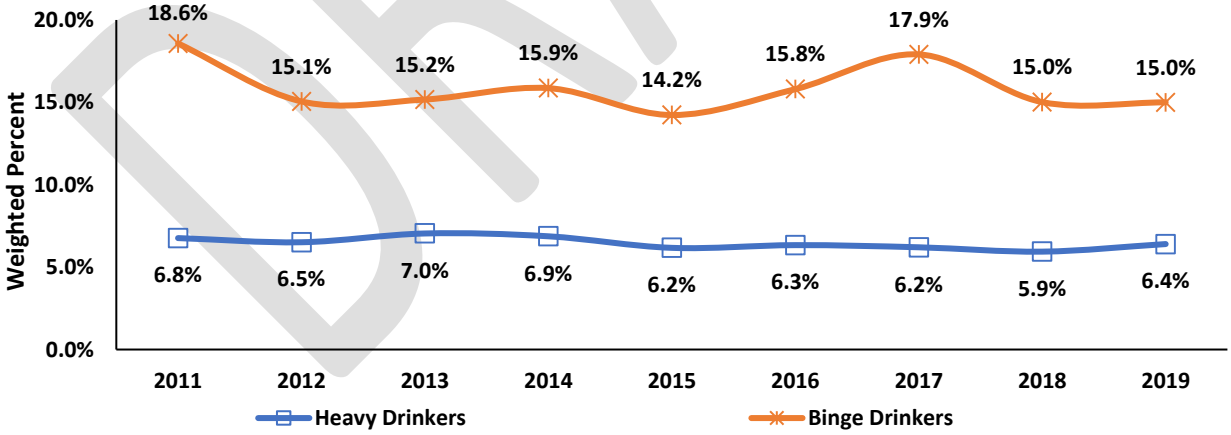


Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 10% to display differences among groups.
Specific question asked in survey: "During the past 30 days, on how many days did you use marijuana or hashish / any other illegal drug / prescription drugs without a doctor's order, just to "feel good," or to "get high"?"

Marijuana use has more than doubled since 2011. In 2018, 17.4% have used marijuana in the past 30 days, up from 5.7% in 2011. Self-reported use of marijuana is expected to increase as marijuana was legalized in Nevada in 2017. Of Nevadans surveyed, 1.0% (on average) used painkillers to get high in the last 30 days and 1.9% used other illegal drugs to get high in the last 30 days.

There was no significantly higher coalition county region with reported higher marijuana/hashish use, but FCC had the most reported use at 29.3%.

Figure 48. Percentage of Adults Who are Considered Binge Drinkers or Heavy Drinkers, 2011-2019.

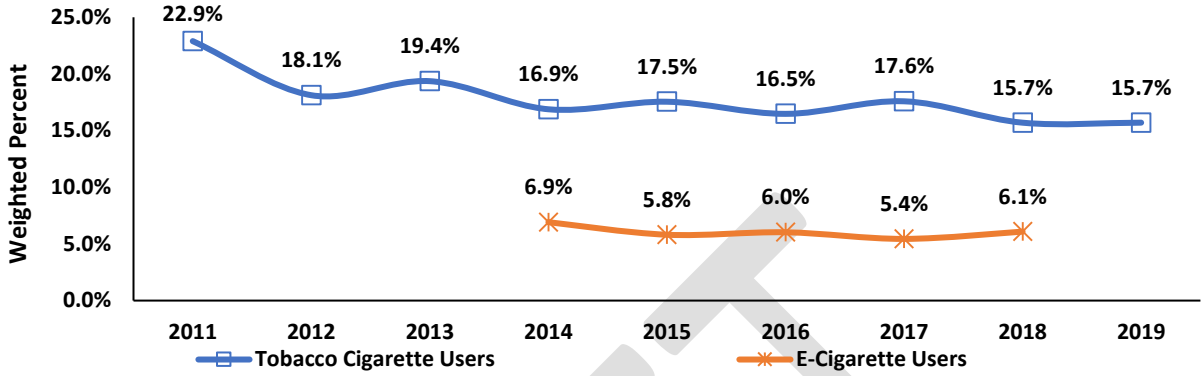


Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 20% to display differences among groups.
Heavy drinkers (adult men having more than 14 drinks per week and adult women having more than seven drinks per week).
Binge drinkers (adult men having five or more drinks on one occasion, adult women having four or more drinks on one occasion).

Binge drinking is defined in men as having five or more alcoholic beverages and woman having four or more alcoholic beverages on the same occasion. Heavy drinking is defined in men as consuming more than two alcoholic beverages, and in women as consuming more than one alcoholic beverage per a day.

Binge drinking is significantly higher among the PDC coalition county region at 25.6% in 2019.

Figure 49. Percentage of Adults Who are Current Cigarette or E-Cigarette Smokers, 2011-2019.



Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 20% to display differences among groups.
E-cigarette use was not collected until 2014 and was not collected in 2019.
Current cigarette smokers are defined as individuals who have smoked at least 100 cigarettes in their lifetime and currently smoke. Current e-cigarette smokers are defined as individuals who currently have smoked on at least one day in the past 30 days or who currently report using e-cigarettes or other electronic "vaping" products every day or some days.

In 2019, 15.7% of adults were current cigarette smokers, which has decreased significantly since 2011, at 22.9%. E-cigarette use is higher among those never married and among young adults aged 18-24 at 16.5% in 2018. This question was not asked in 2019.

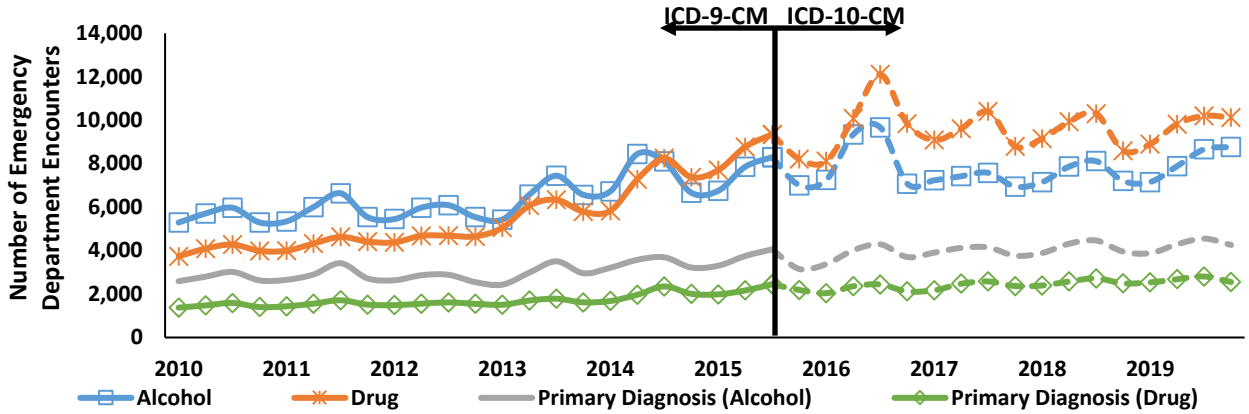
Reported cigarette use was higher in the HCC coalition county region, at 23.1%.

Nevada 211 is a phone number that connects Nevadans with needed services. Substance use services including alcohol support and medication-assisted treatment for opioid disorders. During the 2019 fiscal year (July 1, 2019 -June 30, 2020), Nevada 211 received 1,342 calls relating to substance use services, including 415 for drug detoxification support.

Hospital Emergency Department Encounters

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

Figure 50. Alcohol and Drug-Related Emergency Department Encounters by Quarter and Year, 2010-2019.

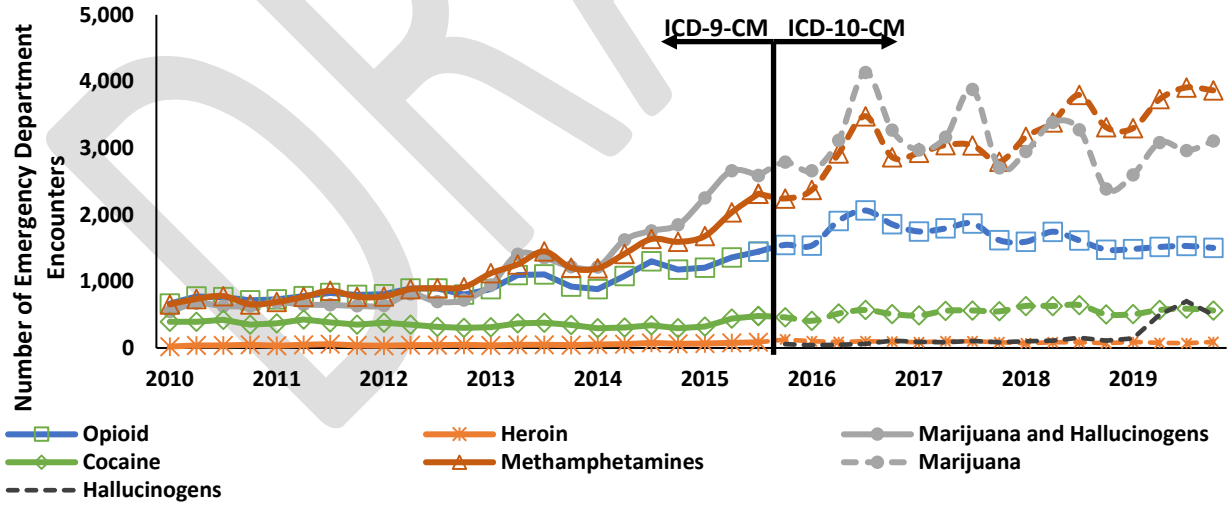


Source: Hospital Emergency Department Billing.
Categories are not mutually exclusive.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

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

Alcohol visits were more common than drug visits until 2014 where drug-related visits to the emergency department surpassed alcohol and have remained higher through 2019. In 2019, there were a total of 67,405 alcohol and drug-related emergency department encounters. Out of these encounters, 16,979 were related to alcohol (primary diagnosis) and 10,576 were drug-related (primary diagnosis).

Figure 51. Drug-Related Emergency Department Encounters by Drug and Quarter and Year, 2010-2019.



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

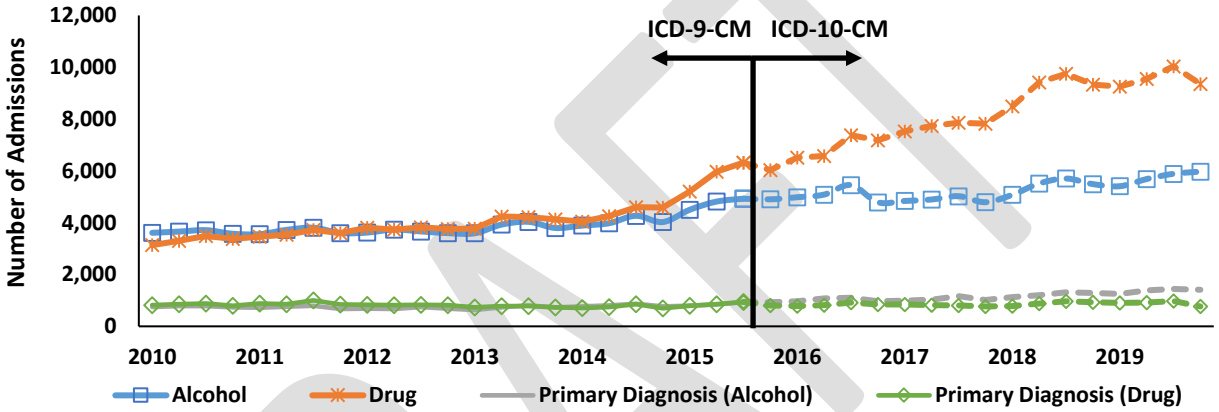
Hallucinogens and marijuana were grouped together in the ICD-9-CM, but in 2015 were separated into different groups in the ICD-10-CM codes. Methamphetamines, and hallucinogens drug use rates were significantly higher in 2019 than in 2018. Males had significantly higher emergency department encounters for cocaine, methamphetamines, marijuana/cannabis, and hallucinogens use for 2019.

The following coalitions county regions had significantly higher marijuana use compared to the state: JTNN, PACT/CARE, and PDC. Other drugs that had had significantly higher use were hallucinogens and cocaine in the PACT/CARE coalition county region, and opioid use in NCC coalition county region.

Hospital Inpatient Admissions

The hospital inpatient admission billing data provides health billing data for patients admitted to hospitals for longer than a 24-hour period. Of the 54,385 alcohol and drug-related admissions, 22,953 were alcohol-related and 38,184 were drug-related.

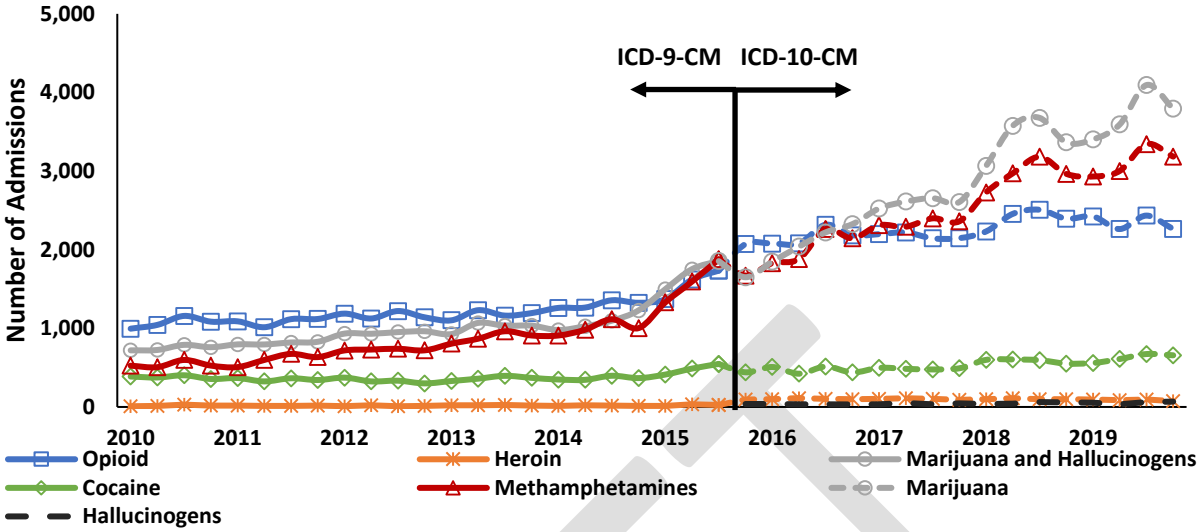
Figure 52. Alcohol and/or Drug-Related Inpatient Admissions by Quarter and Year, 2010-2019.



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

Alcohol-related admissions were more common than drug-related admissions until 2011 where drug-related admissions surpassed alcohol and have remained higher through 2019. There were 5,489 admissions related to alcohol as a primary diagnosis and 3,567 were drug-related as primary diagnosis.

Figure 53. Drug-Related Inpatient Admissions by Quarter and Year, 2010-2019.



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

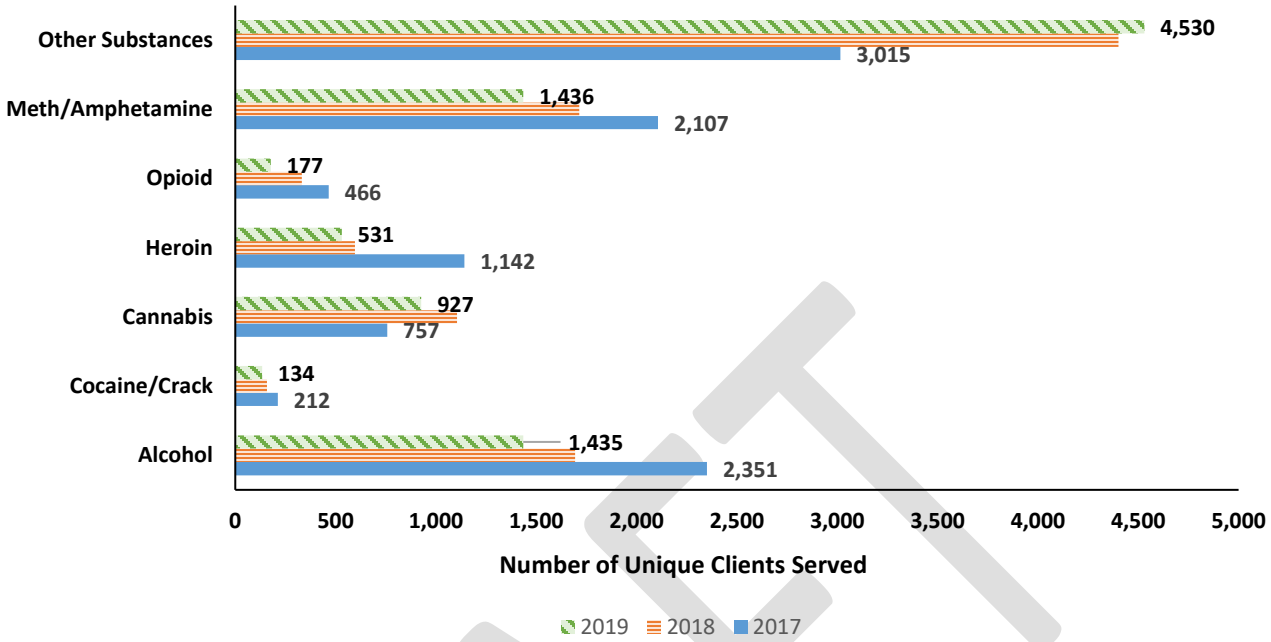
Hallucinogens and marijuana were grouped together in the ICD-9-CM, but in 2015 were separated into different groups in the ICD-10-CM codes. Inpatient admission for males in 2019 were significantly higher than females overall, as well as for cocaine, methamphetamines, hallucinogens, and marijuana-related admissions.

The PCC coalition county region had significantly higher inpatient admission rates compared to Nevada for opioid, methamphetamine, and marijuana use. The JTNN coalition county region had significantly higher inpatient admission rates for opioid, heroin, and methamphetamines use. Similarly, the HCC coalition county region had significantly higher rates for opioid and heroin use. Finally, PACT/CARE coalition county region had a significantly higher inpatient admission rate for cocaine use.

Substance Treatment Centers

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

Figure 54. Primary Substance Used for Clients at Substance Abuse Treatment Centers, 2017-2019.



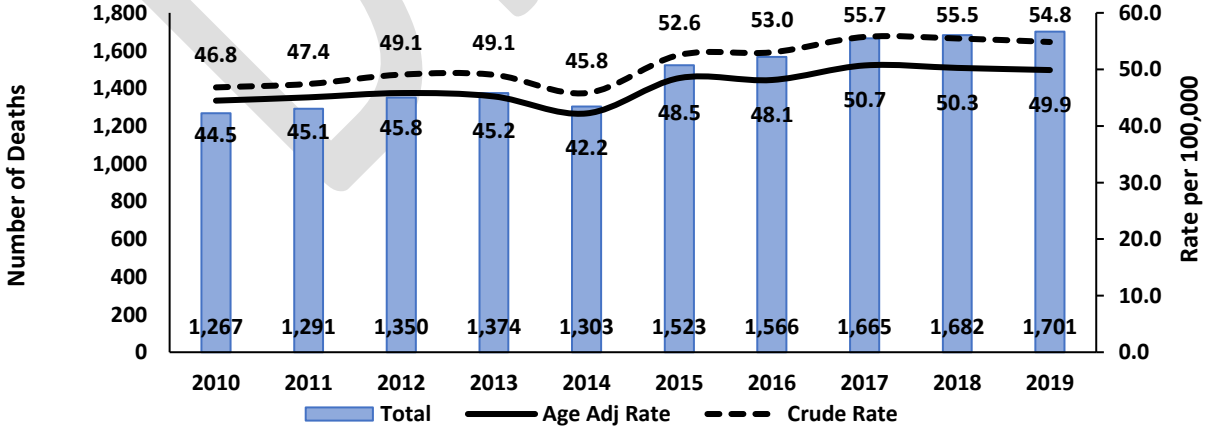
Data Source: Treatment Episode Data Sets.

Of the total treatment episodes for males, 20% are for alcohol whereas for females visits only 16% are for alcohol-related use and 20% for methamphetamines. Alcohol is the primary substance for use among all races, except Asian/Pacific Islanders, where the primary substance is methamphetamines.

Alcohol and/or Drug-Related Deaths

Alcohol and/or drug-related deaths include deaths where alcohol/drugs are listed as the cause of death. In previous reports, contributing causes of death for alcohol/drugs were included; therefore, counts will be lower than in the previous report. In 2019, 1,702 deaths were related to alcohol and drugs.

Figure 55. Alcohol and/or Drug-Related Deaths and Rates, 2010-2019.

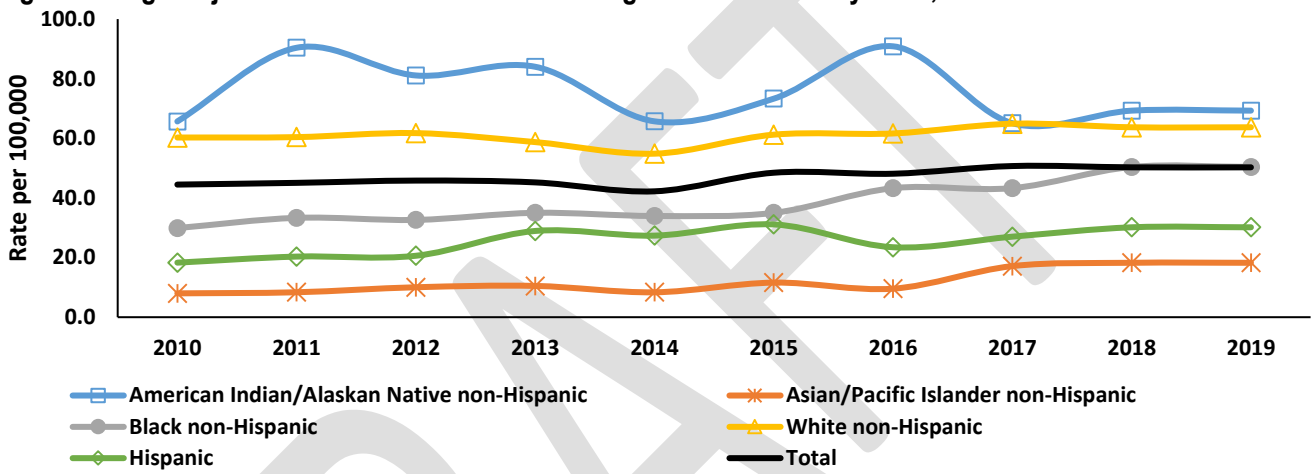


Source: Electronic Death Registry System.

The alcohol and/or drug-related age-adjusted rate increased significantly in 2015 from previous years (95% confidence interval) and has remained at a significantly higher rate through 2019. Males have a significantly higher death rate than females, with 72.1 per 100,000 age specific population and 32.9 per 100,000 age specific population, respectively. The 55-64 and 65-74 age groups have the highest rates and are significantly higher than all other age groups at 128.9 and 117.5 (respectively) deaths per 100,000 population.

The PCC, JTNN, HCC and CCC coalition county regions had a significantly higher rate for alcohol/drug-related deaths in 2019, and the PACT/CARE and the PACE coalition county regions had significantly lower rates for 2019.

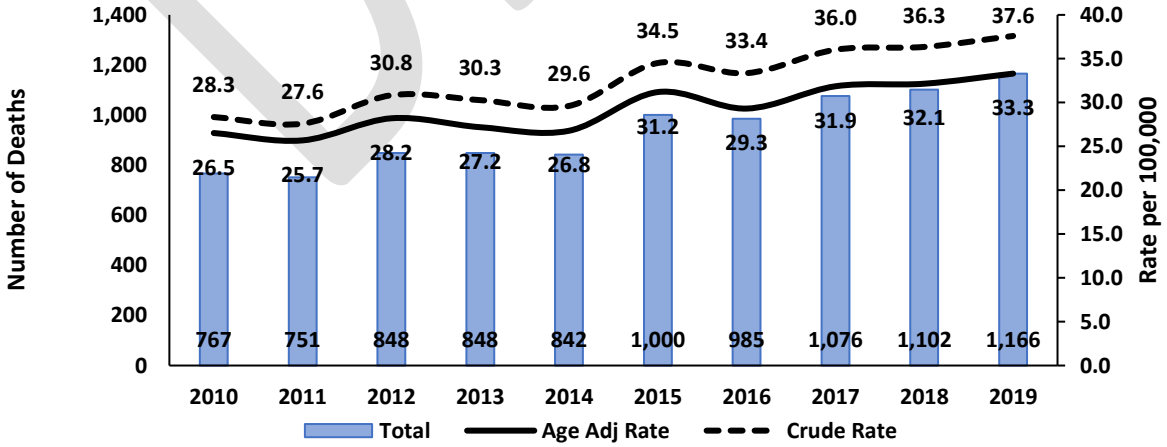
Figure 56. Age-Adjusted Rate for Alcohol and/or Drug-Related Deaths by Race, 2010-2019.



Source: Electronic Death Registry System.

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

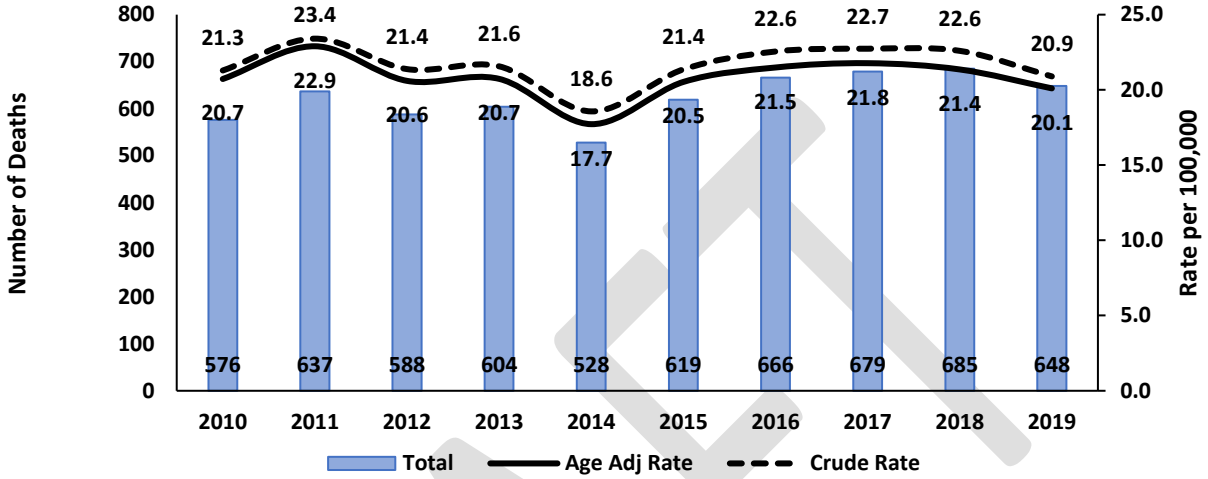
Figure 57. Alcohol-Related Deaths and Rates, 2010-2019.



Source: Electronic Death Registry System.

Alcohol-related deaths have not increased significantly between 2010 to 2018. Females have significantly lower rates than males. The age groups between 45-84 were significantly higher for alcohol-related deaths. The JTNN coalition county region had a significantly higher rate than other coalitions for alcohol-related deaths.

Figure 58. Drug-Related Deaths and Rates, 2010-2019.



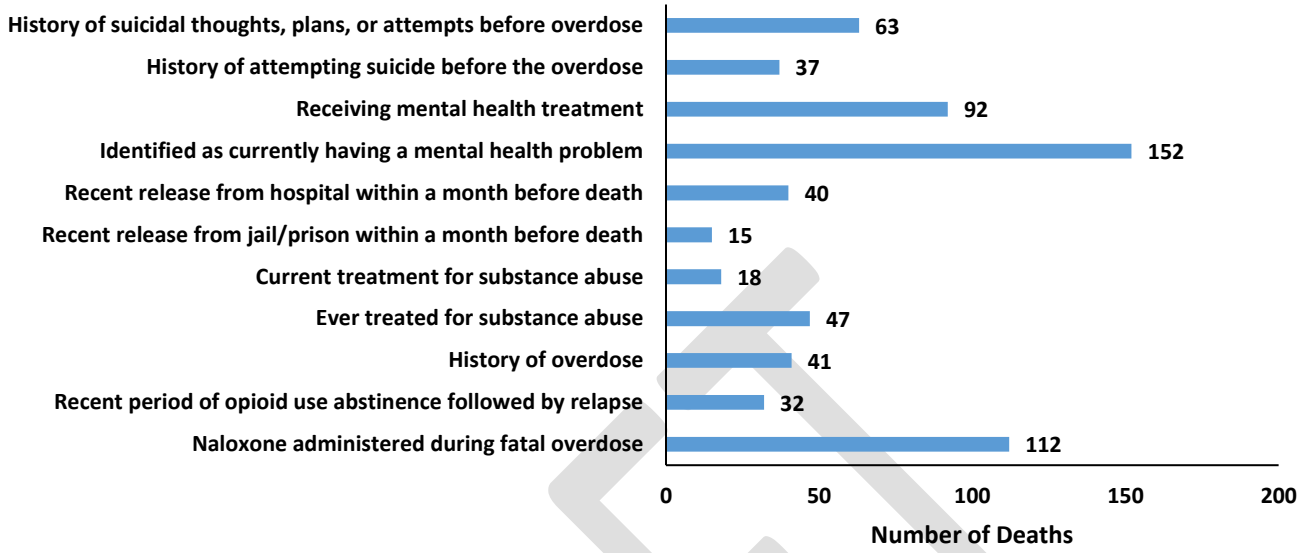
Source: Electronic Death Registry System.

In 2019, males had significantly higher deaths due to drugs than females, at 25.2 and 15.0 per 100,000 age-specific population respectively. The JTNN county region had significantly higher drug-related death rates at 33.6 per 100,000 age-specific population.

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

Of the 510 total drug overdose deaths of unintentional/undetermined intent among Nevada residents in 2019, decedents were mostly male, white, had a high school education or less, and between the ages of 35-64. Opioids were listed in the cause of death for over half of cases. Prescription opioids were listed in the cause of death in about 21% of cases, heroin was listed in about 20% of cases, and fentanyl was listed in about 16% of cases. Methamphetamine was listed as one of the substances in the cause of death in over half of cases reported. Approximately 33% of cases had a documented mental health problem prior to death. About 9% of cases had a documented prior history of overdose, and about 8% of cases were recently released from a hospital prior to death.

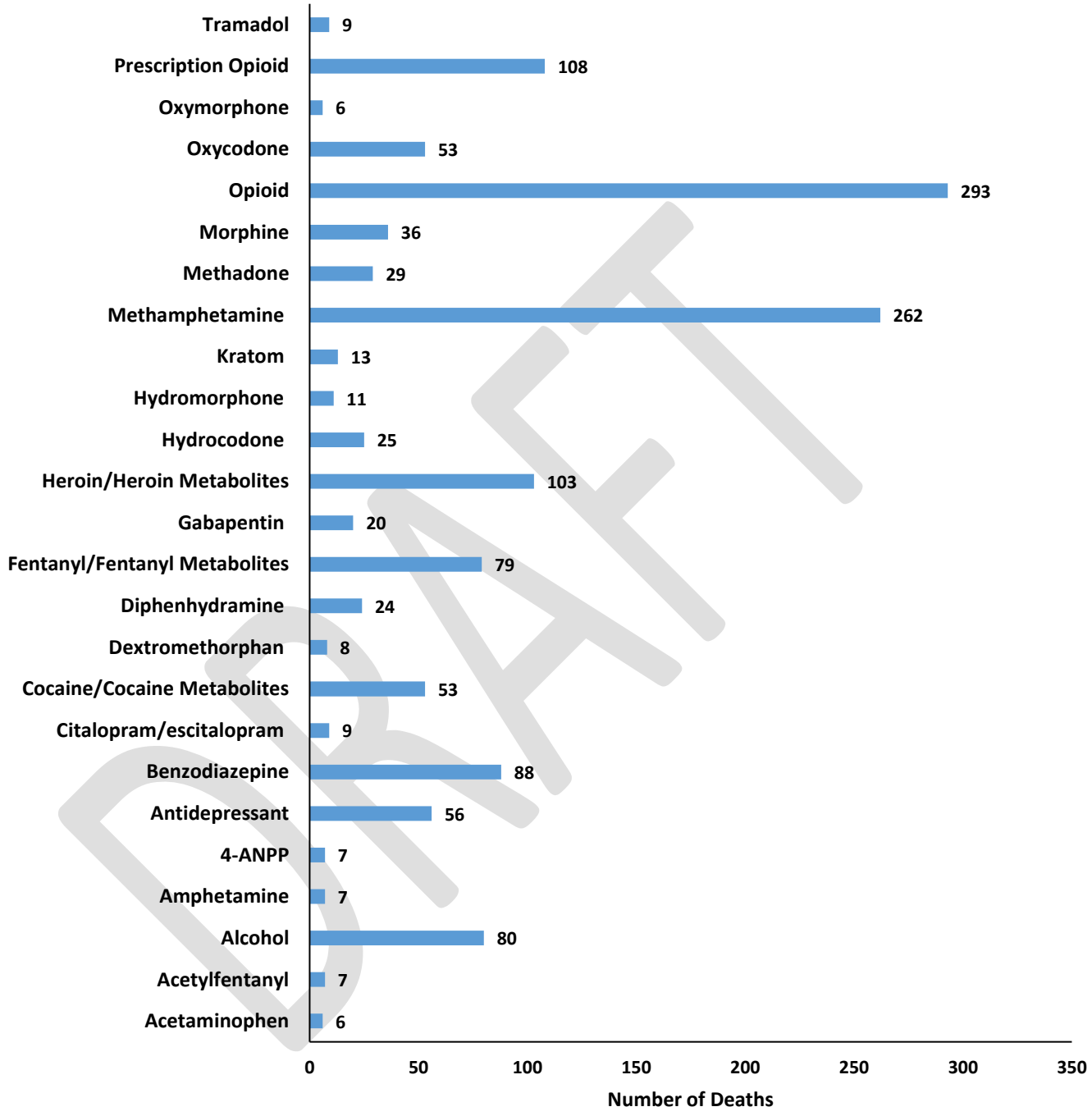
Figure 59. Circumstances Preceding Death Among unintentional/undetermined Overdose Deaths, Nevada, 2019.



Source: SUDORS.

In 2019, in roughly 33% of the unintentional or undetermined overdose deaths, the deceased had been identified as currently having a mental health problem. Roughly 24% had Naloxone administered during the fatal overdose. The most common substance listed in cause of death is opioid (type not specified, 57.5%), methamphetamine (51.4%). Since a person can have more than one drug in their system, these counts are not mutually exclusive.

Figure 60. Substances Listed in the Cause of Death Among unintentional/undetermined Overdose Deaths, Nevada, 2019.

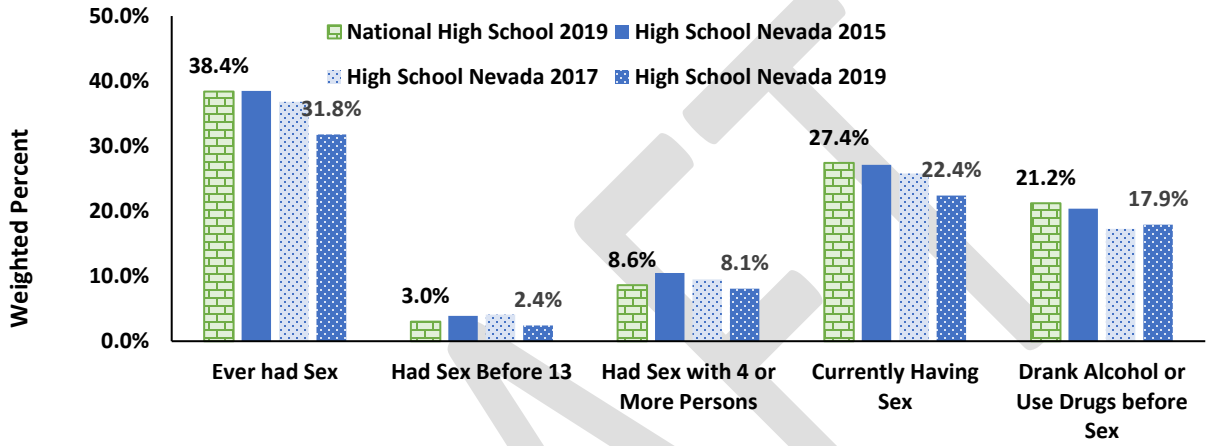


Source: SUDORS.

Youth

Youth Risk Behavior Survey (YRBS)

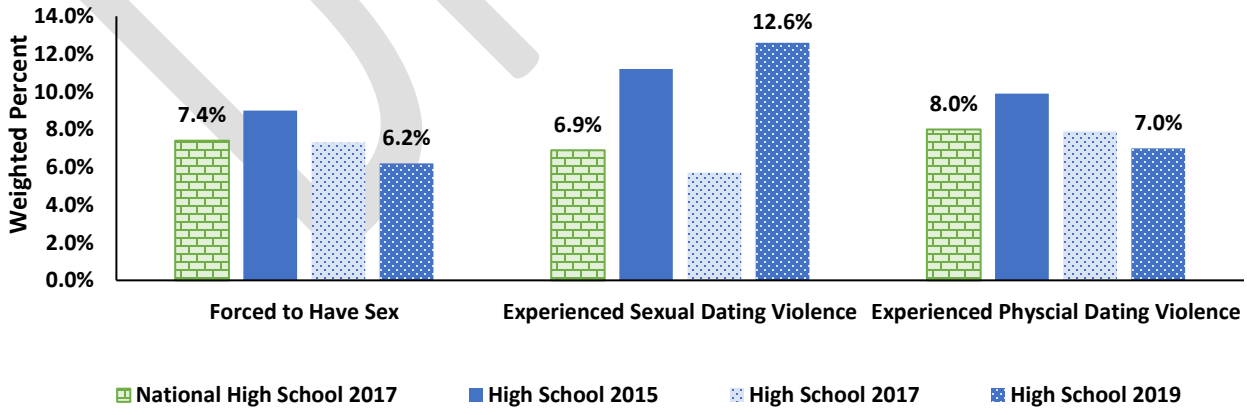
Figure 61. Sexual Behaviors Among Students, Nevada High School Students, 2015, 2017, 2019, and National High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 45% to display differences among groups.

High school students from Churchill, Humboldt, Pershing, and Lander Counties (grouped) have significantly high percent of ever having sexual intercourse and currently having intercourse, 45.6% and 32.4% respectively.

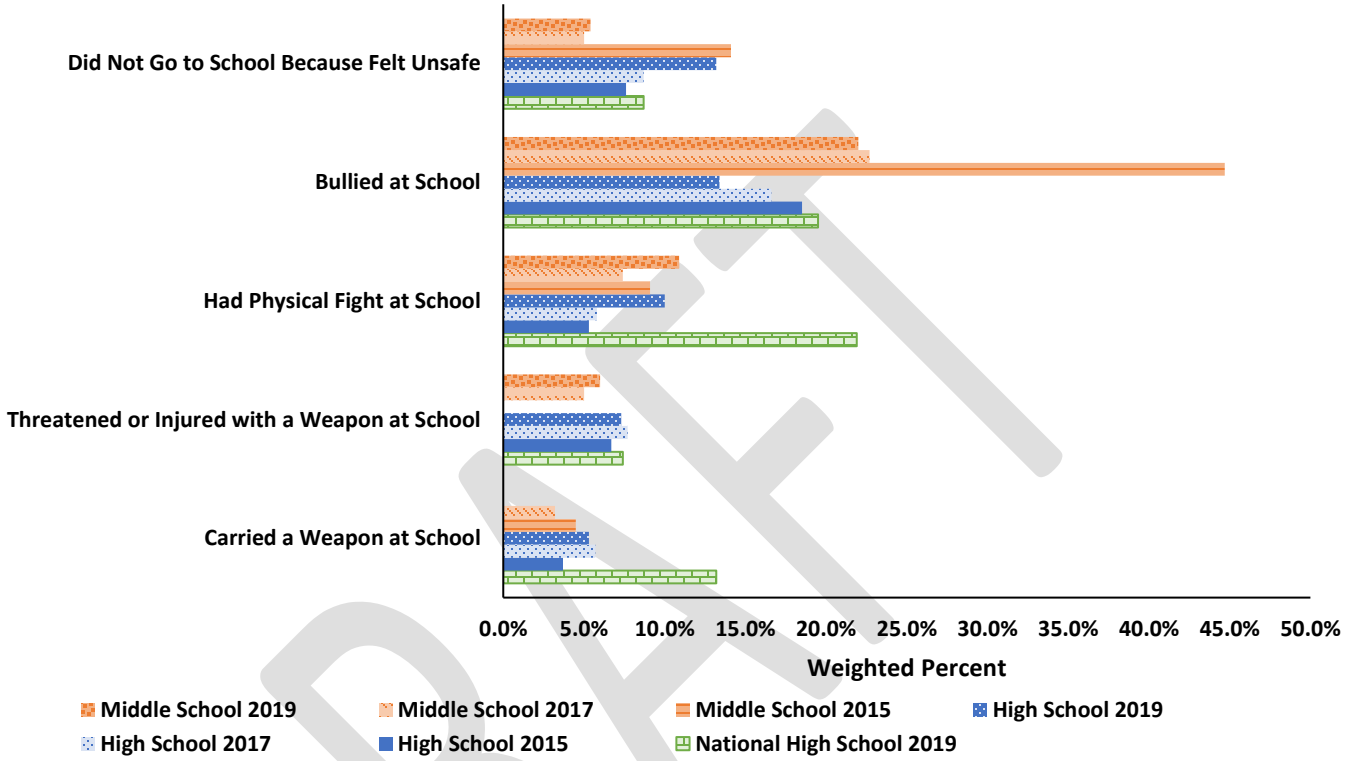
Figure 62. Sexual Violence Among Students, Nevada High School Students, 2015, 2017, 2019, and National High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 14% to display differences among groups.

In 2019, 6.2% of Nevada high school students reported being forced to have sex, which is lower than the nation at 7.4%. Additionally, 12.6% of Nevada high school students report experiencing sexual dating violence and 6.9% for the national high school students.

Figure 63. Violence Among Students, Nevada Middle School and High School Students, 2015, 2017, 2019 and National High School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 25% to display differences among groups.
Carried a weapon at school in 2019 survey is carried a gun during the 12 months before the survey.

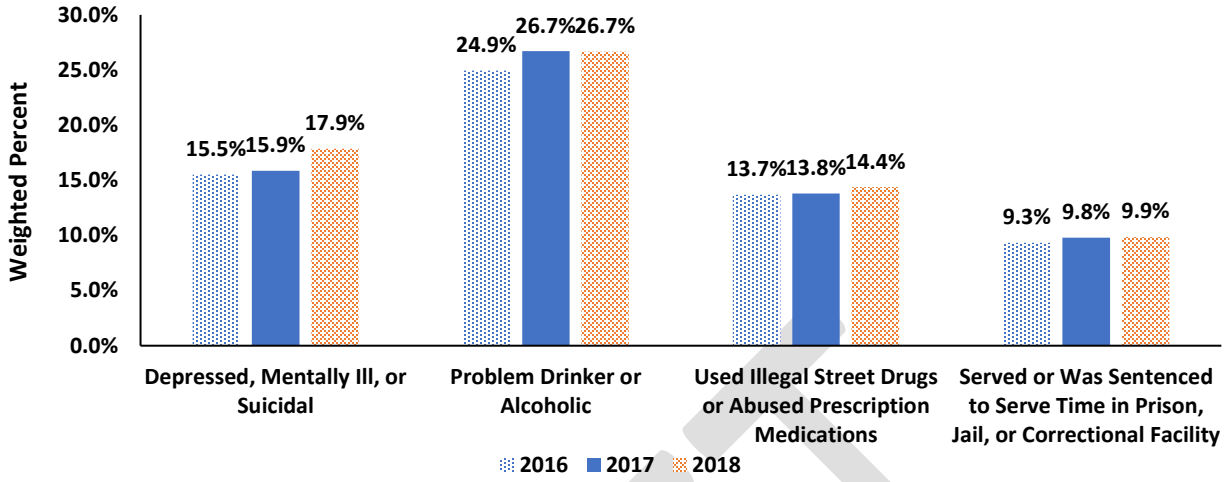
The high school students in Churchill, Eureka, and White Pine (grouped), Carson City, Lyon, Counties had significantly higher percents for being bullied at school. The middle school students in Lyon, Mineral and Storey Counties (grouped) have significantly higher percents for being bullied at school.

Behavioral Risk Factor Surveillance System

In 2018, according to the BRFSS, 33.7% of Nevada adults reported their parents being separated or divorced during their childhood, before they were 18 years of age. The 2019 BRFSS did not ask these questions.

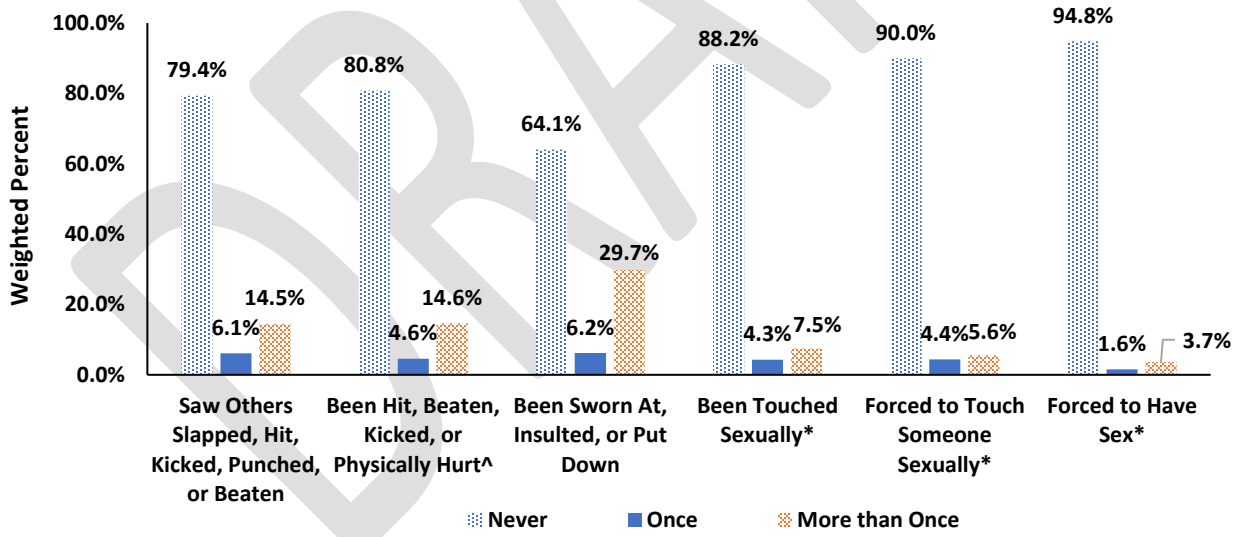
The following charts are from state added BRFSS questions about events that happened during childhood. This information is to better understand problems that may occur early in life and may help others in the future. The question refers to living with a person and not to the actual person being interviewed.

Figure 64. Adults Childhood Experiences, Nevada Residents, 2016-2018.



Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 30% to display differences among groups.
Childhood refers to before the age of 18
Questions: "Did you live with anyone who was depressed, mentally ill, or suicidal?"
"Did you live with anyone who was a problem drinker or alcoholic?"
"Did you live with anyone who used illegal street drugs or who abused prescription medications?"
"Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?"

Figure 65. Adults with Adverse Childhood Experiences, Nevada Residents, 2018.



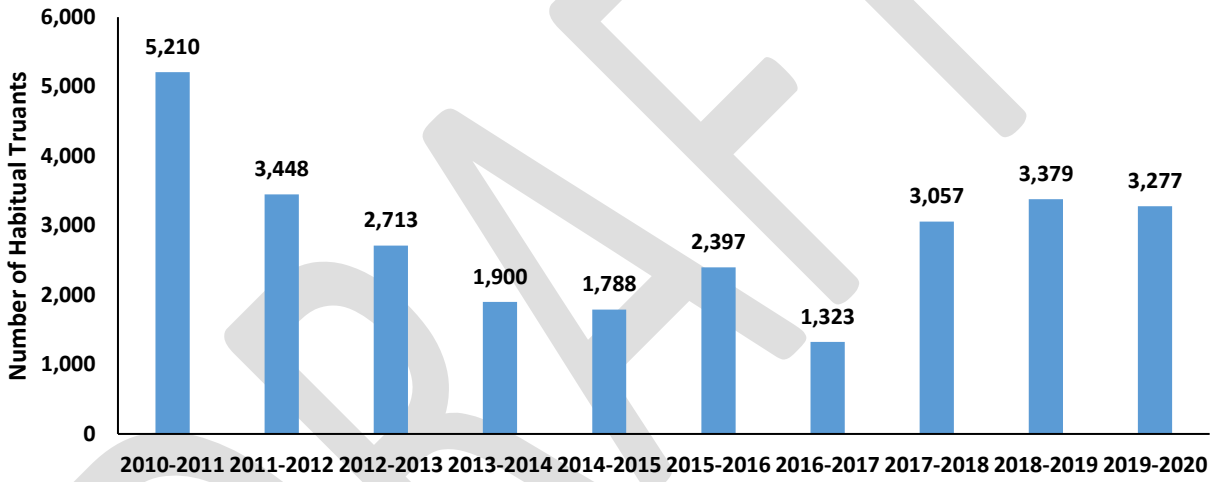
Source: Behavioral Risk Factor Surveillance System.
Childhood refers to before the age of 18.
Questions: "How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?"
"Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically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

Nevada Report Card

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

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

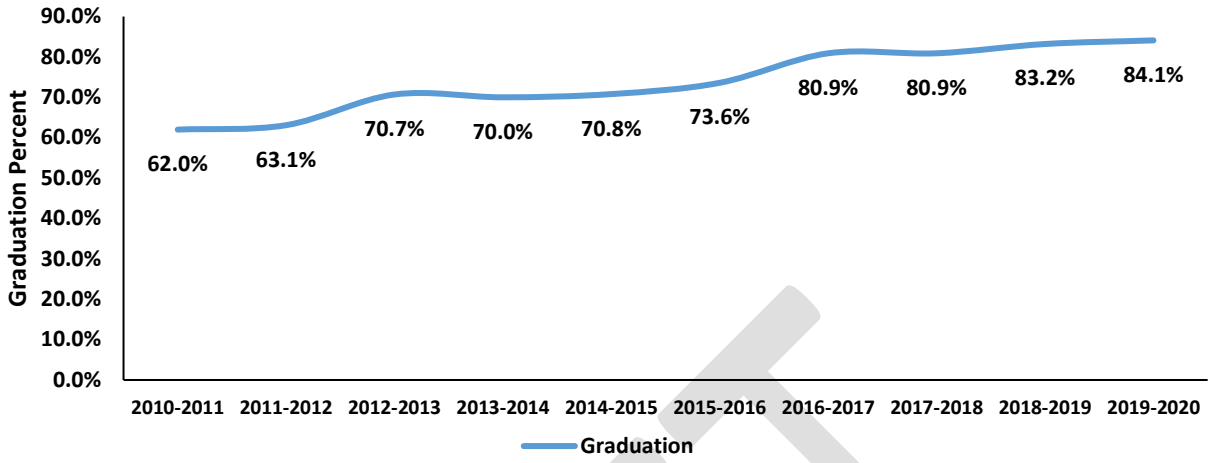
Figure 66. Number of Habitual Truants, Nevada, Class Cohorts 2010–2020.



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 lowest number of 1,323 truant students during the 2016-2017 school year. In 2019-2020 school year the number of truants was similar to the previous school year at 3,277.

Figure 67. High School Graduation Percentage, Nevada, Class Cohorts 2010–2020.



Source: Nevada Department of Education, Report Card.

Graduation rate is defined as the rate at which 9th graders graduate by the end of the 12th grade (number of students who graduate in four years with a regular high school diploma divided by the number of students from the adjusted cohort for the graduation class). Nevada high schools posted the highest graduation rate at 84.1% for the class of 2020.

Figure 68. Bullying and Cyber Bullying by Demographics, 2019-2020.

	Bullying		Cyber Bullying	
	N	%	N	%
Total	3,912		470	
Race/Ethnicity				
American Indian	21	0.5%	0	0.0%
Asian	50	1.3%	11	2.3%
Black	1,135	29.0%	100	21.3%
Pacific Islander	43	1.1%	0	0.0%
Two or More	256	6.5%	21	4.5%
White	1,060	27.1%	117	24.9%
Hispanic	1,258	32.2%	173	36.8%
Sex				
Female	1,188	30.4%	283	60.2%
Male	2,724	69.6%	187	39.8%
Other				
Economically Disadvantaged	2,465	63.0%	288	61.3%
English Learners	392	10.0%	34	7.2%
Homeless	37	0.9%	0	0.0%
In Foster Care	62	1.6%	0	0.0%
Individuals with Disabilities	729	18.6%	44	9.4%
Migratory Children	0	0.0%	0	0.0%
Parents in the Military	23	0.6%	0	0.0%

Source: Nevada Department of Education, Report Card.

There were 3,912 reports of bullying during the 2019 school year and 470 incidents of cyber bullying. Roughly 60% of these incidents involved students that were economically disadvantaged. Most of the bullying involved males, whereas cyber bullying involved a higher percent of females.

Figure 69. Suspensions by Demographics, 2019-2020.

	Due to Violence to Other Students		Due to Violence to School Staff		Due to Possession of Weapons		Due to Possession or Use of Alcoholic Beverages		Due to Possession or Use of Controlled Substances	
Total	9,487		612		433		384		3,067	
Race/Ethnicity										
American Indian	68	0.7%	0	0.0%	0	0.0%	0	0.0%	28	0.9%
Asian	118	1.2%	14	2.3%	0	0.0%	0	0.0%	46	1.5%
Black	3,432	36.2%	167	27.3%	76	17.6%	20	5.2%	590	19.2%
Pacific Islander	122	1.3%	0	0.0%	0	0.0%	0	0.0%	33	1.1%
Two or More	661	7.0%	61	10.0%	19	4.4%	23	6.0%	182	5.9%
White	1,576	16.6%	167	27.3%	102	23.6%	97	25.3%	629	20.5%
Hispanic	3,474	36.6%	176	28.8%	190	43.9%	193	50.3%	1,462	47.7%
Sex										
Female	3,050	32.1%	103	16.8%	95	21.9%	192	50.0%	1,078	35.1%
Male	6,437	67.9%	509	83.2%	338	78.1%	192	50.0%	1,989	64.9%
Other										
Economically Disadvantaged	6,699	70.6%	416	68.0%	269	62.1%	198	51.6%	1,845	60.2%
English Learners	1,205	12.7%	69	11.3%	71	16.4%	68	17.7%	492	16.0%
Homeless	130	1.4%	0	0.0%	0	0.0%	0	0.0%	47	1.5%
In Foster Care	197	2.1%	25	4.1%	0	0.0%	0	0.0%	46	1.5%
Individuals with Disabilities	2,020	21.3%	299	48.9%	83	19.2%	55	14.3%	479	15.6%
Migratory Children	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Parents in the Military	65	0.7%	0	0.0%	0	0.0%	0	0.0%	17	0.6%

Source: Nevada Department of Education, Report Card.

Suspensions in students is highest among those in economically disadvantaged situations. Suspensions relating to violence occur more among males than females.

Suicide

Figure 70. Suicide and Suicide Attempts by Year, 18 years and Younger, Nevada Residents 2010-2019.

Of the emergency department encounters and inpatient admissions, females comprise nearly 75% of the visits, whereas among completed suicide, 78% are males.

Year	Emergency Department Encounter		Inpatient Admission		Suicides	
	N	Rate	N	Rate	N	Rate
2010	525	74.6	123	17.5	11	1.6
2011	579	82.4	128	18.2	27	3.8
2012	601	85.3	135	19.2	8	1.1
2013	643	90.5	163	22.9	18	2.5
2014	724	101.0	145	20.2	16	2.2
2015	820	111.2	211	28.6	24	3.3
2016	775	103.7	236	31.6	21	2.8
2017	802	106.7	257	34.2	21	2.8
2018	780	103.0	410	54.1	32	4.2
2019	741	96.2	490	63.6	23	3.0

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

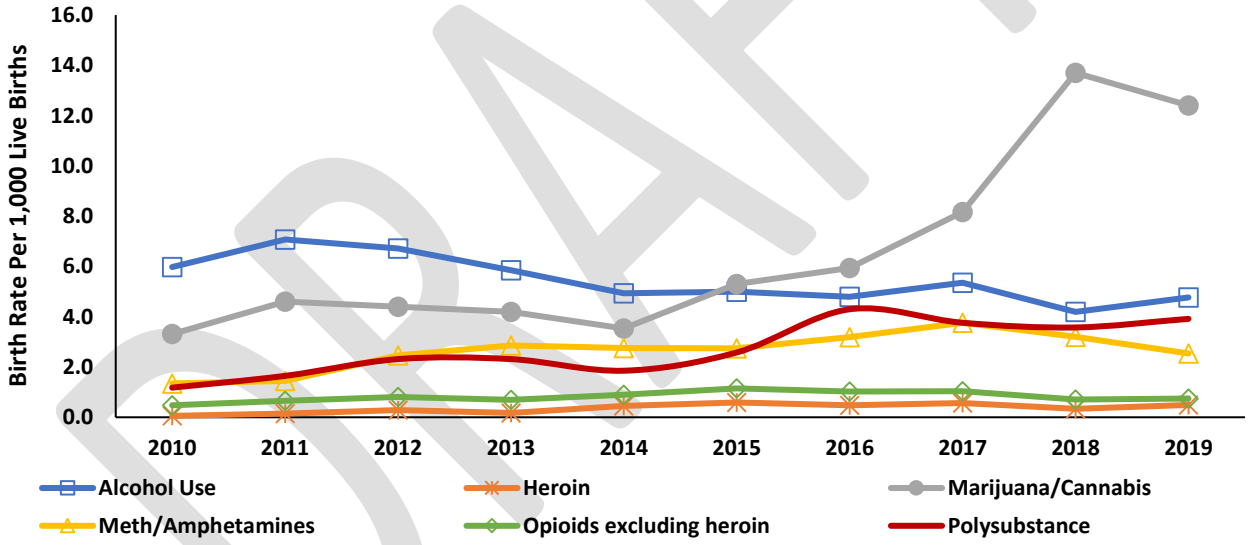
Maternal and Child Health

Nevada 211 is a phone number that helps Nevadans connect with services they need, including pregnancy-related mental health services. During the 2020 fiscal year (July 1, 2019 -June 30, 2020), Nevada 211 received 30 calls relating to mental health similarly to fiscal year 2019 with 33 call. The most calls received were for information regarding parent support groups and parent counseling.

Substance Use Among Pregnant Women (Births)

The data in this section is reflective of self-reported information provided by the mother on the birth record. On average, there were 35,352 live births per year to Nevada residents between 2010 and 2019. In 2019, 167 birth certificates indicated alcohol use, 434 birth certificates indicated marijuana use, 89 indicated meth/amphetamine use, 26 indicated opiate use, and 17 indicated heroin use during pregnancy.

Figure 71. Prenatal Substance Use Birth Rates (Self-Reported) for Select Substances, Nevada Residents, 2010-2019.



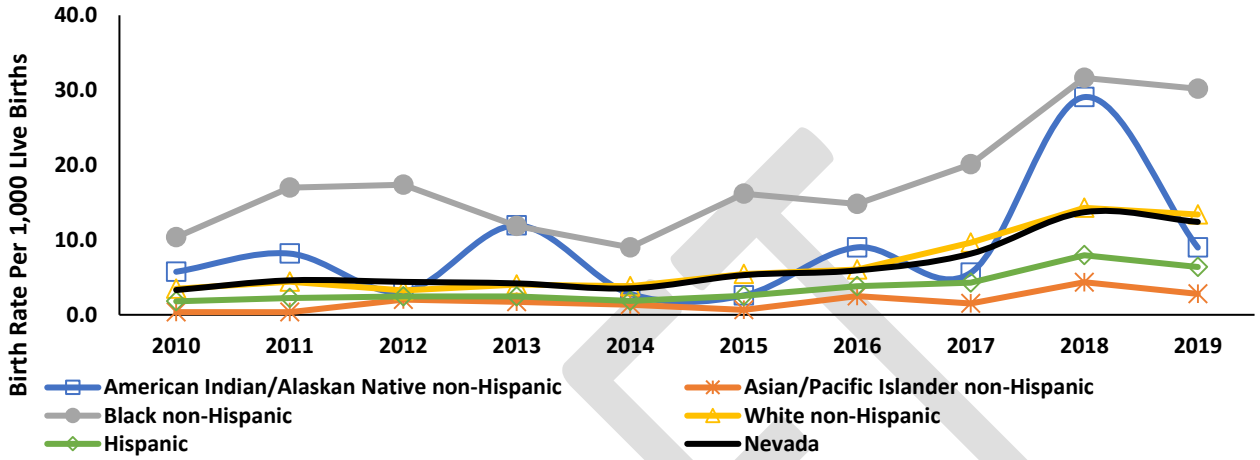
Source: Nevada Electronic Birth Registry System.

Of the self-reported substance use during pregnancy among Nevada mothers who gave birth between 2010 and 2019, the highest rate was with marijuana use in 2018, at 13.7 per 1,000 live births. Since 2015, the marijuana use rate has surpassed the alcohol use rate, which was 4.8 per 1,000 births in 2019. In 2019, a rate of 2.5 per 1,000 live births was reported for meth/amphetamines, which is lower than the previous year at 3.2 per 1,000 live births. Polysubstance use (more than one substance) has increased from 2.6 per 1,000 live births in 2015 to 3.9 per 1,000 live births in 2019.

Marijuana/cannabis use among pregnant females was significant in the 20-24 age group, at 24.7 per 1,000 live births (age specific). There is a significant increase in marijuana /cannabis use for the PACT/CARE coalition county region from 2017 to 2019, at 8.2 to 12.4 women using marijuana/cannabis per 1,000 live births.

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

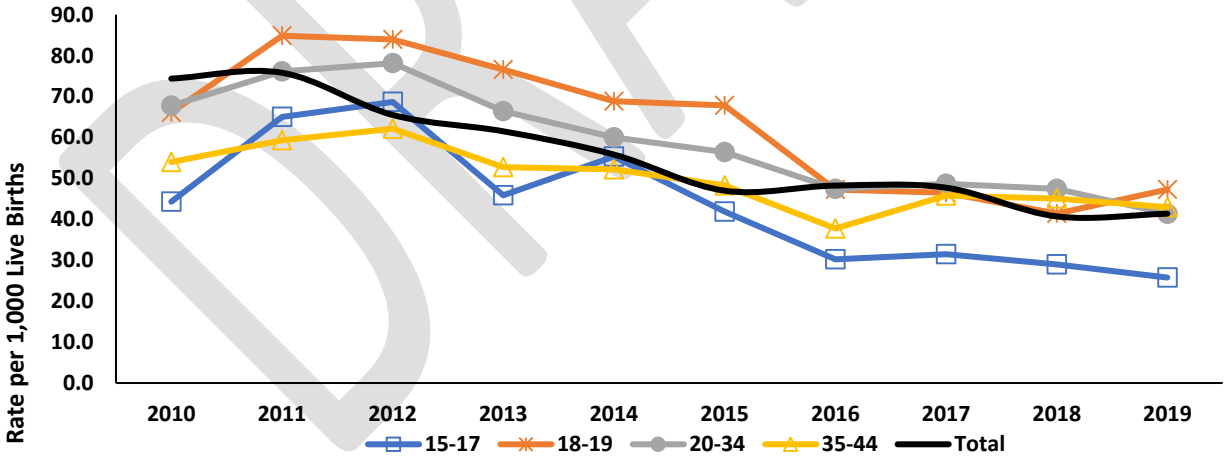
Figure 72. Prenatal Marijuana Use by Race/Ethnicity Birth Rates (Self-Reported), Nevada Residents, 2010-2019.



Source: Nevada Electronic Birth Registry System.

Black non-Hispanic mothers self-reported marijuana use was significantly higher than Nevada at 30.2 per 1,000 live births.

Figure 73. Prenatal Tobacco Use Birth Rates by Mother' Age (Self-Reported), Nevada Residents, 2010-2019.



Source: Nevada Electronic Birth Registry System.

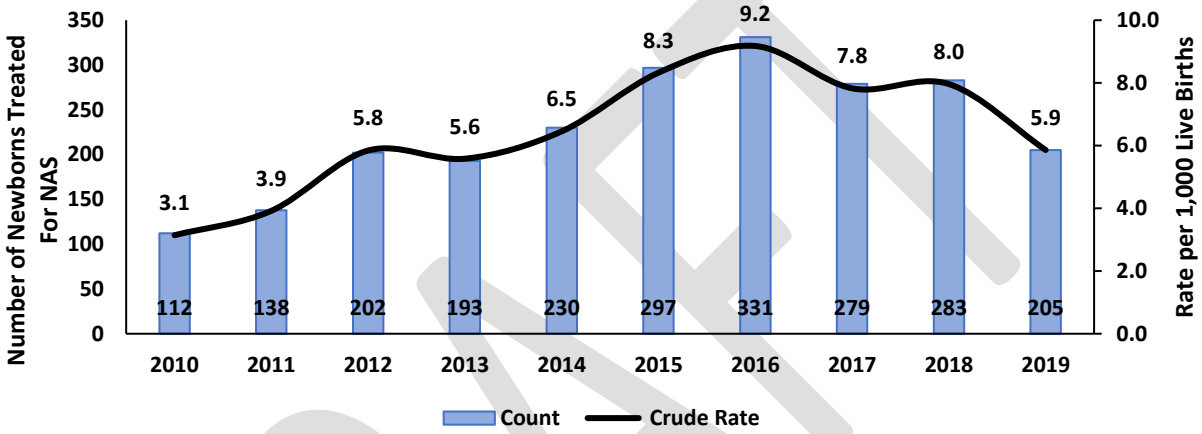
Woman over 45 were not included in the above graph but did have a significant decrease in tobacco use during pregnancy from 2010-2015 (244.8 to 189.4 per 1,000 live birth respectively). In 2019, the tobacco use during pregnancy was 86.5 per 1,000 live births for woman over 45. Tobacco use during pregnancy has decrease for all mothers ages since 2016.

In 2019, there were 17 pregnant women (out of a total of 1,464 women) surveyed in BRFSS. When pregnant women were surveyed for BRFSS, they had significantly higher use for tobacco smoking, at 21.4%, from non-pregnant women 13.7%.

Neonatal Abstinence Syndrome

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

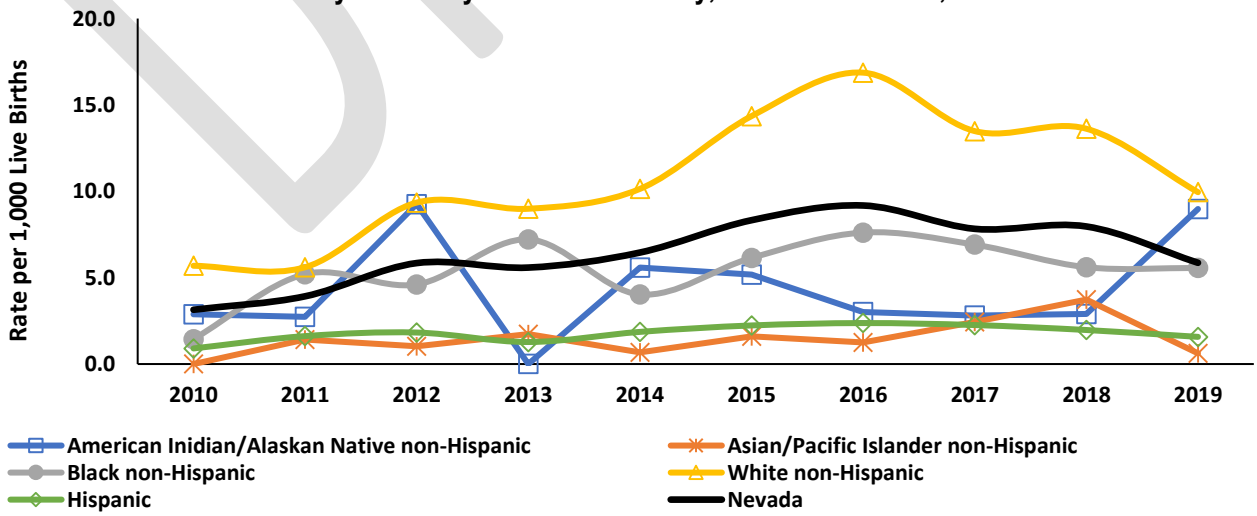
Figure 74. Neonatal Abstinence Syndrome, Nevada Residents, 2010-2019.



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

Inpatient admissions for NAS has doubled since 2011, from 112 newborns admitted to 205 newborns admitted in 2019 but has significantly decreased from 2018. White non-Hispanic have significantly higher NAS rate compare all other races. The average length of stay for newborns with NAS in 2019 was 19 days.

Figure 75. Neonatal Abstinence Syndrome by Race and Ethnicity, Nevada Residents, 2010-2019.



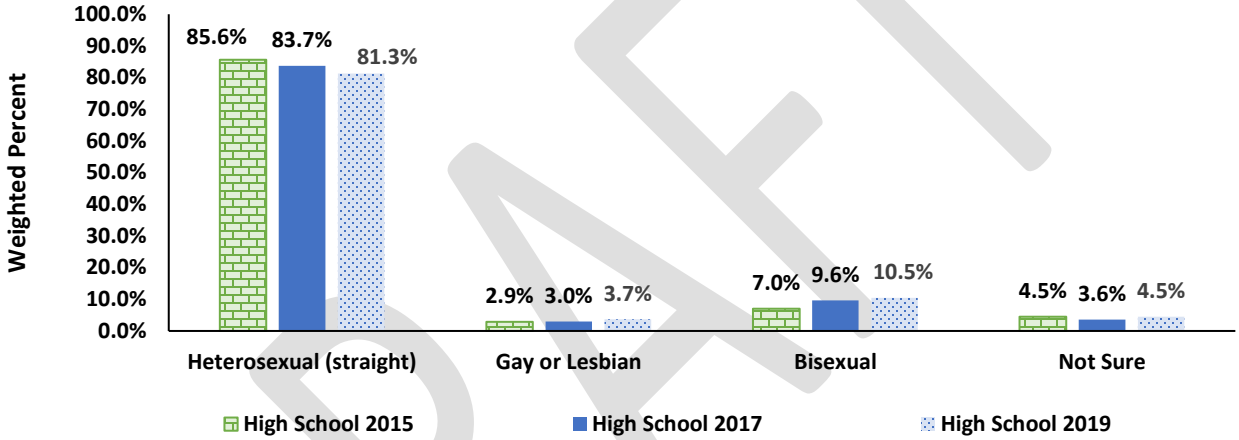
Source: Hospital Inpatient Department Billing and Nevada Electronic Birth Registry System.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Lesbian, Gay, Bisexual, and Transgender

Youth Risk Behavior Survey (YRBS)

The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. For more detail information about YRBS and sexual orientation and gender identity, UNR has a Sexual and Gender Minority Special Report. Of the students surveyed, 902 (18.8%) are LGB or not sure, and 165 (3.5%) are transgender or not sure.

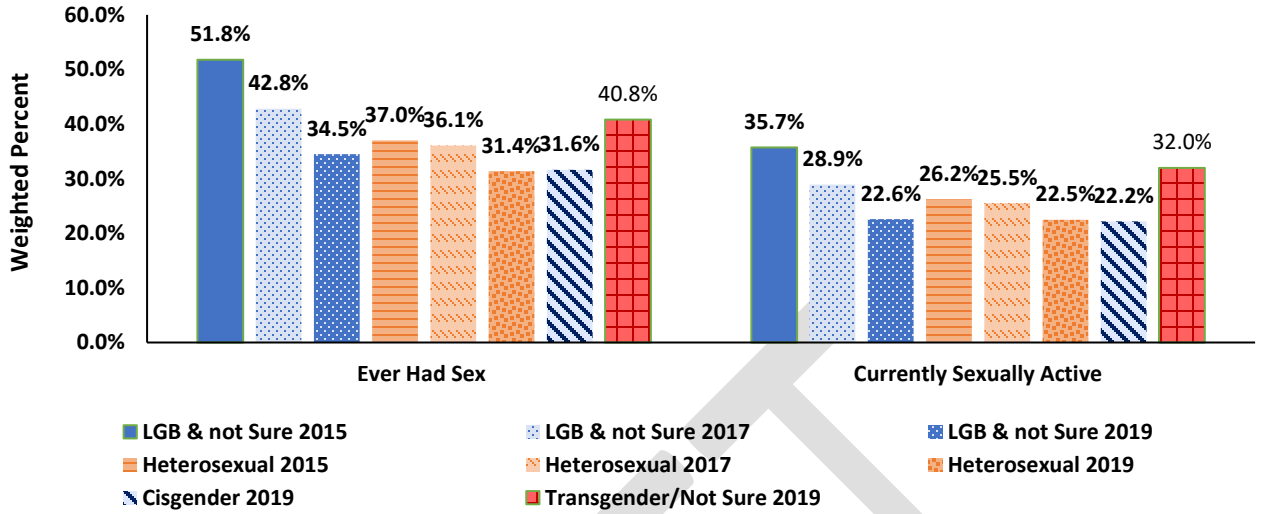
Figure 76. Sexual Orientation, Nevada High School Population, 2015, 2017, and 2019.



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

In Nevada high schools, 3.7% of the students identify as gay or lesbian, 10.5% bisexual, and 4.5% are not sure of their sexual orientation, which is a slight increase from the 2017 survey.

Figure 77. Sexual Behaviors Among Students, Nevada High School Students, 2015, 2017, and 2019.



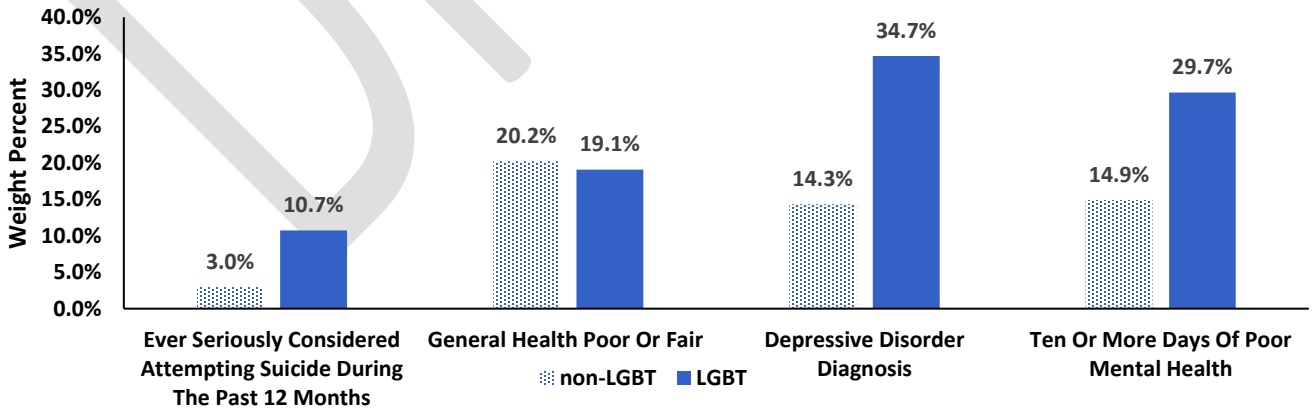
Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 60% to display differences among groups.

In 2019, 34.5% of gay, lesbian, or bisexual (LGB) high school students have previously had sex, and 22.6% LBG students are currently having sex. Transgender have highest percent of ever had intercourse at 40.8% but it is not significantly higher.

Behavioral Risk Factor Surveillance System

BRFSS collects information on adult health-related risk behaviors. According to the Centers for Disease Control and Prevention, BRFSS is a powerful tool for targeting and building health promotion activities. The survey has questions focusing on substance use including illegal drug use, e-cigarettes, and drunkenness. The LBGT questions were not asked on the 2019 survey.

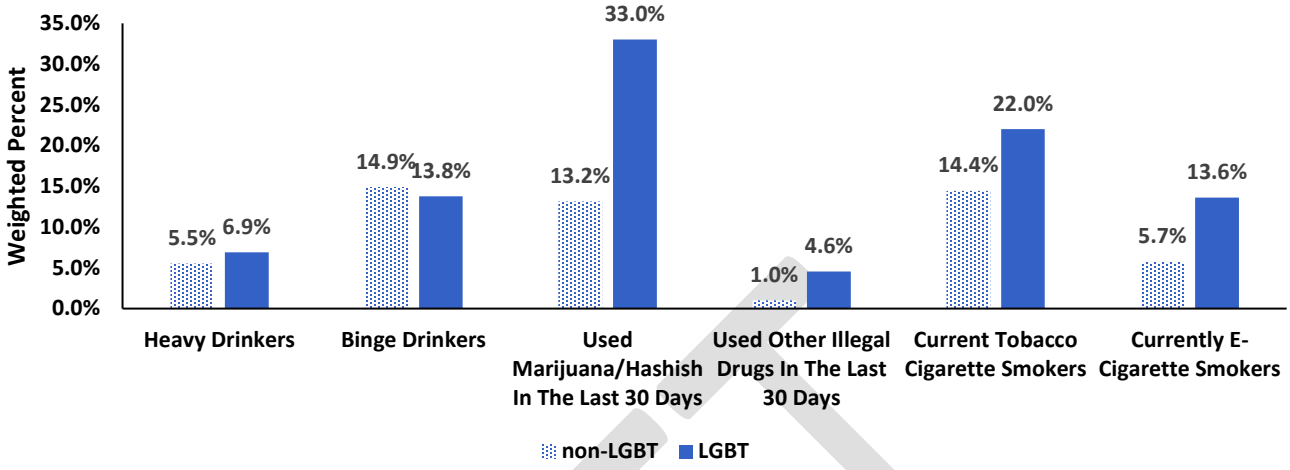
Figure 78. Mental Health Behaviors, by LGBT and non-LGBT Nevada Adults, 2018.



Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 40% to display differences among groups.

The LGBT population had significantly higher percents for both depressive disorder diagnoses and days of poor mental health.

Figure 79. Substance Use-Related Risk Factors, by LGBT and non-LGBT Nevada Adults, 2018.



Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 35% to display differences among groups.

The LGBT population had a significantly higher percent of current marijuana/hashish use.

Gambling

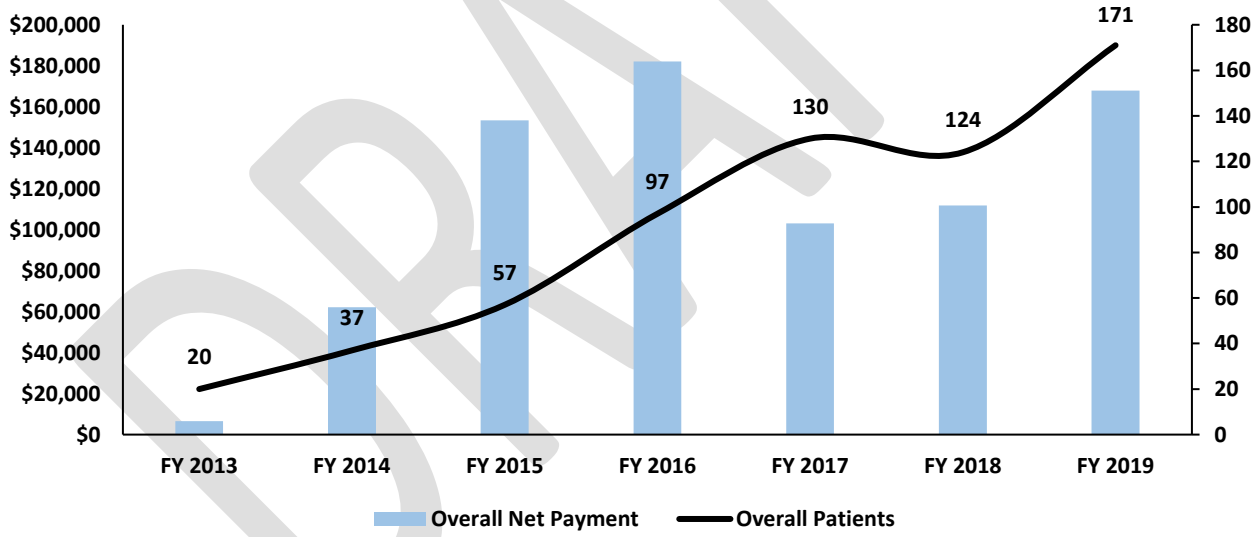
In 2018, the BRFSS survey added two questions relating to gambling:

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

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

Medicaid patients can access services for pathological gambling.

Figure 80. Clients with Pathological Gambling Diagnosis, Clients and Payment, Fiscal Year 2013-2019.



Sources: DSS and Medicaid Data Warehouse.
This includes the costs for all claims that had a Pathological Gambling Diagnosis. Net Payment represents only paid claims.

The following figure is from the University of Nevada, Las Vegas, Nevada Problem Gambling Study.

Figure 81. Treatment System Summary.

TREATMENT SYSTEM SUMMARY QUICK GLANCE

Total number of people receiving a **problem gambling evaluation** in FY20	436
Outpatient Services	
Number of **gamblers** entering outpatient treatment	290
Average number of sessions per client treatment episode	17.4
Average cost per client treatment episode	$1,259
Number of **concerned others** entering outpatient treatment	47
Average number of sessions per client treatment episode	9.9
Average cost per client treatment episode	$731
Over the past year, **percent change** in the number of clients (see Figure 2)	-23.1%
Residential Services	
Number of clients entering **residential gambling treatment**	63
Average length of stay in residential treatment	25.4 days
Maximum length of stay in residential treatment	55 days
Average cost per client treatment episode	$2,826
Over the past year, **percent change** in the number of clients (see Figure 2)	+5%
Number of clients receiving assessment only	36
Number of clients receiving court-mandated treatment	44
Access	
Average number of days between first contact and first available service	1
Average number of days between first contact and treatment entry	1.5
Average number of days between first available date and treatment entry	.7
Successful Completion of Treatment Program	
Total non-adjusted percent of successfully discharged clients	34.4%
Percent of successfully discharged clients, adjusted for external factors.	50%
Client Satisfaction	
"I would recommend this agency to a friend or family member."	95%
Improvements in Functioning and Well-Being after 90 days	
"I am getting along better with my family."	92%
"I do better in school and/or work."	89%
"I have reduced my problems related to gambling."	97%
"I am meeting my goal to stop or control my gambling."	94%
Improvements in Functioning and Well-Being after 12 months	
"I am getting along better with my family."	84%
"I do better in school and/or work."	79%
"I have reduced my problems related to gambling."	87%
"I am meeting my goal to stop or control my gambling."	90%

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

For more information on problem gambling: UNLV International Gaming Institute.

Appendix

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

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

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

All Diagnosis:

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

Primary and All Diagnosis:

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

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

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

Suicide-related deaths: X60-X84, Y87.0 (Initial cause of death is suicide).
Mental and Behavioral-related deaths: F00-F09, and F20-F99 (Initial or contributing cause of death).
Alcohol-related deaths: K70, Y90, Y91, X45, X65, Y15, T51, K73, K74, G31.2, G62.1, I42.6, K29.2, K86.0, K85.0, R78.0, E24.4, O35.4, Q86.0, and Z72.1 (Initial cause of death).
Drug-related Deaths: X40-X44, X60-S64, X85, Y10-Y14 (Initial cause of death).
*The 218 EPI Profile utilized contributing cause of death for drug and alcohol related deaths, this methodology is changed to only the initial cause of death in this report, numbers will have decreased due to this change.

Data Tables

Table 1. Population Distribution, Nevada, 2010-2019.

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Nevada	2,705,845	2,721,794	2,750,217	2,800,966	2,843,301	2,897,684	2,953,377	2,986,656	3,031,919	3,101,368
Sex										
Female	1,338,008	1,347,169	1,362,145	1,388,602	1,410,857	1,440,920	1,470,250	1,488,221	1,512,700	1,548,451
Male	1,367,837	1,374,625	1,388,072	1,412,364	1,432,444	1,456,765	1,483,127	1,498,435	1,519,219	1,552,917
Age										
<1	36,579	35,112	34,516	34,389	35,964	35,453	36,460	37,252	37,731	38,862
1-4	160,891	155,936	149,531	146,081	144,034	145,106	146,339	146,925	149,642	154,053
5-14	361,591	368,234	376,669	386,142	391,533	405,007	407,823	408,426	408,361	409,928
15-24	363,570	364,218	368,737	375,934	379,820	387,182	394,928	395,471	400,823	414,275
25-34	377,553	374,494	372,983	376,947	381,591	396,649	407,260	416,478	425,942	439,173
35-44	387,788	387,069	389,725	395,766	399,542	398,838	403,408	405,872	410,862	416,233
45-54	372,166	373,149	375,197	379,995	385,828	387,647	394,646	396,403	397,010	401,498
55-64	310,919	318,128	323,370	331,756	338,075	344,172	351,960	356,916	362,800	373,125
65-74	207,114	212,292	223,092	233,677	241,857	248,456	254,595	260,147	268,415	276,648
75-84	95,725	99,748	101,759	104,280	108,183	111,916	117,805	123,615	130,392	136,706
85+	31,950	33,416	34,638	35,998	36,876	37,258	38,153	39,151	39,941	40,867
Race/Ethnicity										
White non-Hispanic	1,508,507	1,510,392	1,514,399	1,523,159	1,528,666	1,530,902	1,539,684	1,541,655	1,547,186	1,554,968
Black non-Hispanic	220,374	222,186	225,778	232,837	238,788	247,229	254,921	259,779	266,109	268,945
Native American/Alaskan Native non-Hispanic	31,417	31,707	31,941	32,250	32,424	34,075	34,353	34,787	35,115	35,291
Asian/Pacific Islander non-Hispanic	227,115	228,367	232,862	242,606	250,934	265,838	276,711	282,653	291,200	296,201
Hispanic	718,432	729,142	745,238	770,113	792,488	819,641	847,708	867,782	892,309	902,178
Behavioral Health Region										
Clark County	1,959,491 72.4%	1,967,722 72.3%	1,988,195 72.3%	2,031,723 72.5%	2,069,450 72.8%	2,118,353 73.1%	2,166,177 73.3%	2,193,818 73.5%	2,232,176 73.6%	2,282,227 73.6%
Northern Region	183,903 6.8%	185,429 6.8%	185,042 6.7%	185,445 6.6%	184,943 6.5%	184,942 6.4%	186,445 6.3%	187,866 6.3%	190,228 6.3%	192,723 6.2%
Rural Region	90,213 3.3%	91,827 3.4%	94,345 3.4%	96,185 3.4%	96,141 3.4%	95,803 3.3%	96,130 3.3%	95,845 3.2%	95,919 3.2%	97,257 3.1%
Southern Region	54,902 2.0%	55,223 2.0%	54,931 2.0%	55,289 2.0%	55,970 2.0%	56,640 2.0%	56,318 1.9%	57,204 1.9%	57,558 1.9%	59,198 1.9%
Washoe County	417,336 15.4%	421,593 15.5%	427,704 15.6%	432,324 15.4%	436,797 15.4%	441,946 15.3%	448,307 15.2%	451,923 15.1%	456,038 15.0%	469,963 15.2%
Coalition										
Churchill Community Coalition (CCC)	25,055 0.9%	25,136 0.9%	25,238 0.9%	25,322 0.9%	25,103 0.9%	25,126 0.9%	25,256 0.9%	25,387 0.9%	25,816 0.9%	25,802 0.8%
Frontier Community Coalition (FCC)	29,141 1.1%	29,970 1.1%	30,618 1.1%	30,682 1.1%	30,662 1.1%	30,054 1.0%	29,767 1.0%	29,921 1.0%	29,673 1.0%	29,994 1.0%
Healthy Communities Coalition (HCC)	61,056 2.3%	61,167 2.2%	61,027 2.2%	61,639 2.2%	61,902 2.2%	61,859 2.1%	62,343 2.1%	63,415 2.1%	64,164 2.1%	65,797 2.1%
Join Together Northern Nevada (JTNN)	417,336 15.4%	421,593 15.5%	427,704 15.6%	432,324 15.4%	436,797 15.4%	441,946 15.3%	448,307 15.2%	451,923 15.1%	456,038 15.0%	469,963 15.2%
Nye Communities Coalition (NCC)	50,137 1.9%	50,622 1.9%	50,252 1.8%	50,627 1.8%	51,386 1.8%	52,101 1.8%	51,744 1.8%	52,530 1.8%	52,946 1.7%	54,583 1.8%
Partners Allied for Community Excellence (PACE)	61,072 2.3%	61,857 2.3%	63,727 2.3%	65,503 2.3%	65,479 2.3%	65,749 2.3%	66,363 2.2%	65,924 2.2%	66,246 2.2%	67,263 2.2%
PACT Coalition for Safe and Drug Free Communities/CARE	1,959,491 72.4%	1,967,722 72.3%	1,988,195 72.3%	2,031,723 72.5%	2,069,450 72.8%	2,118,353 73.1%	2,166,177 73.3%	2,193,818 73.5%	2,232,176 73.6%	2,282,227 73.6%
Partnership Carson City (PCC)	55,360 2.0%	56,066 2.1%	55,441 2.0%	54,668 2.0%	53,969 1.9%	54,273 1.9%	55,183 1.9%	55,438 1.9%	55,945 1.8%	56,321 1.8%
Partnership Douglas County (PDC)	47,197 1.7%	47,661 1.8%	48,015 1.7%	48,478 1.7%	48,553 1.7%	48,223 1.7%	48,237 1.6%	48,300 1.6%	48,915 1.6%	49,418 1.6%

Source: Nevada State Demographer, Vintage 2019.

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

Indicator	CCC	FCC	HCC	JTNN	NCC	PACE	PACT/CARE (Clark County)	PCC	PDC	Nevada
Ever seriously considered attempting suicide during the past 12 months	1.2% (0.0-03.7)	6.8% (0.0-14.8)	3.6% (0.0-07.3)	4.1% (2.6-05.5)	0.0% (0.0-13.4)	5.7% (0.2-11.2)	4.8% (3.2-06.5)	8.4% (2.9-14.1)	5.6% (0.0-12.8)	4.8% (3.5-06.1)
Heavy Drinkers	0.3% (0.0-00.6)	10.1% (0.0-20.5)	4.7% (0.0-09.6)	6.8% (4.8-08.8)	0.0% (0.2-06.8)	6.1% (2.1-10.0)	6.2% (4.6-07.9)	9.4% (4.1-14.8)	17.1% (7.1-27.0)	6.4% (5.1-07.7)
Binge Drinkers	9.2% (1.9-16.5)	20.5% (7.0-34.0)	14.1% (6.5-21.7)	18.3% (15.2-21.4)	0.0% (4.6-22.6)	22.6% (14.4-30.9)	16.4% (13.8-19.0)	16.9% (9.4-24.5)	25.6% (13.9-37.4)	16.8% (14.8-18.8)
General Health Poor or Fair	19.4% (9.9-28.8)	25.9% (15.2-36.8)	22.4% (14.7-30.1)	19.5% (16.3-22.8)	0.0% (16.9-36.2)	17.4% (9.8-24.9)	21.4% (18.5-24.3)	22.5% (13.8-31.2)	24.0% (12.9-35.2)	20.9% (18.7-23.1)
Depressive Disorder Diagnosis	12.5% (3.9-21.2)	18.4% (6.6-30.3)	22.0% (15.0-29.0)	16.8% (13.8-19.9)	0.0% (8.7-24.3)	13.7% (7.3-20.1)	18.0% (15.4-20.5)	20.5% (12.7-28.3)	15.0% (5.9-24.1)	17.7% (15.7-19.7)
Ten or more days of poor mental health	12.0% (4.5-19.5)	14.7% (3.7-25.6)	23.4% (14.9-32.0)	17.3% (14.4-20.2)	0.0% (10.0-29.5)	21.8% (13.5-30.1)	17.4% (14.8-20.1)	19.0% (11.5-26.5)	13.1% (3.8-22.1)	17.6% (15.5-19.6)
Ten or more days of poor mental or physical health kept from usual activities	23.5% (11.7-35.4)	23.1% (2.8-43.6)	17.1% (9.7-24.6)	20.3% (16.1-24.5)	0.0% (19.7-43.2)	25.0% (12.6-37.5)	23.4% (19.3-27.3)	213.0% (10.8-31.9)	25.1% (6.8-43.5)	22.9% (19.8-25.9)
Used marijuana/hashish in the last 30 days	15.7% (6.8-24.5)	29.3% (14.5-44.1)	17.6% (10.0-25.3)	18.6% (15.4-21.9)	0.0% (13.8-34.0)	17.7% (9.2-26.2)	16.4% (13.7-19.1)	22.5% (13.9-31.0)	24.0% (11.3-36.7)	17.3% (15.3-19.4)
Used other illegal drugs in the last 30 days	2.4% (0.0-05.7)	0.0% (0.0-00.0)	3.1% (0.0-07.5)	3.1% (1.6-04.6)	0.0% (0.0-03.1)	0.0% (0.0-00.0)	1.7% (0.8-02.6)	0.6% (0.0-01.5)	0.0% (0.0-00.0)	1.9% (1.2-02.6)
Used prescription drugs/pain killer to get high in last 30 days	1.1% (0.0-03.3)	2.8% (0.0-06.8)	1.7% (0.0-05.0)	0.9% (0.3-01.5)	0.0% (0.0-00.0)	0.0% (0.0-00.0)	0.6% (0.0-01.1)	0.7% (0.0-02.2)	0.0% (0.0-00.0)	0.7% (0.2-01.1)
Current tobacco cigarette smokers	14.9% (6.5-23.4)	21.9% (8.7-35.1)	23.1% (14.2-31.9)	15.7% (12.7-18.8)	0.0% (16.5-37.6)	23.7% (14.6-32.7)	14.9% (12.5-17.3)	11.8% (6.3-17.3)	22.3% (11.2-33.4)	15.7% (13.8-17.5)
Difficulty doing errands alone because of physical, mental, or emotional condition	8.9% (2.8-14.9)	4.3% (0.2-08.4)	13.9% (6.7-21.1)	7.5% (5.5-09.5)	0.0% (2.7-14.2)	8.6% (3.1-14.0)	8.7% (6.7-10.8)	10.9% (4.6-17.2)	9.4% (0.5-18.4)	8.6% (7.1-10.2)
Serious difficulty concentrating, remembering, or making decisions because of physical, mental, or emotional condition	9.8% (1.5-18.1)	19.8% (6.9-32.6)	16.7% (9.1-24.3)	11.1% (8.4-13.7)	0.0% (6.8-21.1)	12.0% (5.0-18.9)	13.0% (10.7-15.3)	17.2% (9.4-24.9)	6.6% (0.0-13.2)	12.8% (11.0-14.6)

Source: Behavioral Risk Factor Surveillance System (BRFSS).

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

Table 3a. Age-Adjusted Rates per 100,000 of Mental Health-Related Emergency Department Encounters by Year, Nevada Residents, 2010-2019.

Year	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicide Ideation
2010	161.5 (156.7-166.3)	643.2 (633.6-652.7)	631.4 (622.0-640.9)	288.6 (282.2-295.0)	37.9 (35.6-40.2)	288.1 (281.7-294.5)
2011	169.8 (164.9-174.7)	769.3 (758.9-779.7)	726.6 (716.5-736.7)	316.3 (309.7-323.0)	51.7 (49.0-54.4)	317.2 (310.5-323.9)
2012	187.6 (182.5-192.8)	972.5 (960.8-984.1)	793.3 (782.9-803.8)	339.4 (332.5-346.3)	63.1 (60.2-66.1)	331.2 (324.4-338.1)
2013	213.6 (208.2-219.1)	1,091.1 (1,078.9-1,103.4)	808.2 (797.7-818.6)	361.8 (354.8-368.9)	83.4 (80.0-86.8)	318.7 (312.1-325.4)
2014	248.3 (242.5-254.1)	1,345.4 (1,332.0-1,358.9)	924.4 (913.3-935.4)	423.9 (416.3-431.4)	102.8 (99.0-106.5)	312.2 (305.7-318.7)
2015	256.3 (250.5-262.2)	1,439.2 (1,425.4-1,453.0)	985.2 (973.9-996.6)	439.1 (431.5-446.8)	108.2 (104.4-112.0)	354.9 (348.0-361.7)
2016	251.7 (246.0-257.5)	1,658.2 (1,643.6-1,672.9)	1,058.1 (1,046.5-1,069.7)	489.7 (481.7-497.7)	132.1 (128.0-136.3)	381.6 (374.5-388.7)
2017	378.0 (371.0-385.0)	312.0 (305.7-318.4)	1,777.1 (1,762.0-1,792.2)	1,023.3 (1,011.9-1,034.6)	586.8 (578.1-595.5)	176.6 (171.8-181.4)
2018	361.5 (354.7-368.3)	1,912.7 (1,897.2-1,928.2)	1,172.1 (1,160.0-1,184.1)	654.1 (645.0-663.2)	194.1 (189.1-199.0)	566.7 (558.2-575.3)
2019	445.4 (438.0-452.9)	1,945.8 (1,930.3-1,961.2)	1,212.8 (1,200.7-1,224.9)	707.6 (698.2-717.0)	242.9 (237.4-248.5)	527.8 (519.6-535.9)

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

Table 3b. Crude Rates per 100,000 of Mental Health-Related Emergency Department Encounters by Year, Nevada Residents, 2010-2019.

Year	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicide Ideation
2010	161.7 (156.9-166.4)	641.6 (632.0-651.1)	631.9 (622.5-641.4)	288.3 (281.9-294.7)	38.1 (35.8-40.5)	286.6 (280.2-293.0)
2011	169.0 (164.1-173.9)	770.4 (759.9-780.8)	730.6 (720.5-740.8)	315.9 (309.2-322.6)	52.3 (49.6-55.0)	314.5 (307.8-321.1)
2012	186.8 (181.7-191.9)	977.3 (965.6-989.0)	799.6 (789.0-810.1)	338.3 (331.5-345.2)	63.8 (60.8-66.8)	327.4 (320.6-334.2)
2013	213.0 (207.6-218.4)	1,095.4 (1,083.2-1,107.7)	818.8 (808.2-829.4)	361.1 (354.1-368.2)	83.9 (80.5-87.3)	315.8 (309.2-322.4)
2014	247.3 (241.5-253.1)	1,354.7 (1,341.1-1,368.2)	938.2 (926.9-949.5)	424.1 (416.5-431.7)	102.8 (99.1-106.5)	309.6 (303.1-316.1)
2015	254.5 (248.7-260.3)	1,446.8 (1,433.0-1,460.7)	1,000.2 (988.7-1,011.7)	437.3 (429.7-445.0)	108.6 (104.8-112.4)	352.3 (345.5-359.2)
2016	249.4 (243.7-255.1)	1,670.7 (1,656.0-1,685.4)	1,078.3 (1,066.4-1,090.1)	489.1 (481.2-497.1)	131.8 (127.6-135.9)	377.7 (370.7-384.7)
2017	373.5 (366.6-380.4)	309.0 (302.7-315.3)	1,790.6 (1,775.5-1,805.8)	1,042.4 (1,030.8-1,054.0)	583.2 (574.5-591.9)	174.0 (169.3-178.7)
2018	360.5 (353.8-367.3)	1,929.5 (1,913.9-1,945.2)	1,195.8 (1,183.5-1,208.1)	652.0 (642.9-661.1)	192.1 (187.2-197.0)	556.4 (548.0-564.8)
2019	441.9 (434.5-449.3)	1,970.2 (1,954.6-1,985.8)	1,241.4 (1,229.0-1,253.8)	708.0 (698.6-717.3)	239.8 (234.3-245.2)	520.2 (512.1-528.2)

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

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

Coalition	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicide Ideation
Churchill Community Coalition (CCC)	312.2 (242.9-381.5)	2,279.1 (2,094.9-2,463.3)	1,490.7 (1,343.2-1,638.3)	743.6 (635.0-852.3)	238.8 (176.8-300.8)	475.0 (387.8-562.2)
Frontier Community Coalition (FCC)	148.3 (101.7-194.8)	1,051.0 (934.0-1,168.0)	878.0 (768.7-987.3)	301.0 (235.9-366.2)	142.2 (99.2-185.2)	323.1 (256.0-390.2)
Healthy Communities Coalition (HCC)	114.8 (88.3-141.4)	1,339.8 (1,252.1-1,427.6)	588.4 (531.8-644.9)	330.9 (285.8-376.0)	111.4 (85.9-137.0)	201.0 (164.6-237.5)
Join Together Northern Nevada (JTNN)	309.6 (293.5-325.8)	1,876.0 (1,837.0-1,915.0)	1,142.6 (1,112.3-1,172.8)	565.8 (544.4-587.2)	238.6 (224.5-252.7)	415.0 (396.5-433.5)
Nye Communities Coalition (NCC)	226.7 (182.5-270.9)	1,668.4 (1,559.7-1,777.1)	900.1 (819.6-980.5)	523.0 (457.9-588.1)	237.4 (195.1-279.7)	641.8 (569.0-714.5)
Partners Allied for Community Excellence (PACE)	287.2 (246.3-328.1)	3,502.0 (3,358.5-3,645.6)	2,738.9 (2,611.6-2,866.1)	769.9 (702.6-837.2)	613.8 (548.6-679.1)	410.1 (361.2-459.0)
PACT Coalition for Safe and Drug Free Communities/CARE	508.6 (499.4-517.9)	1,983.1 (1,964.9-2,001.2)	1,254.6 (1,240.2-1,269.0)	763.0 (751.7-774.3)	245.3 (238.9-251.7)	577.9 (568.1-587.8)
Partnership Carson City (PCC)	242.1 (198.2-285.9)	1,828.8 (1,710.5-1,947.1)	575.1 (509.8-640.4)	863.8 (779.9-947.7)	174.6 (136.8-212.4)	192.8 (152.8-232.9)
Partnership Douglas County (PDC)	50.1 (30.8-69.4)	847.1 (767.6-926.6)	226.5 (187.8-265.1)	138.6 (104.7-172.6)	58.5 (36.4-80.6)	152.0 (113.5-190.5)
Nevada	445.4 (438.0-452.9)	1,945.8 (1,930.4-1,961.3)	1,212.8 (1,200.7-1,224.9)	707.6 (698.3-717.0)	242.9 (237.4-248.5)	527.8 (519.7-535.9)

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

Table 4b. Crude Rates per 100,000 of Mental Health-Related Emergency Department Encounters by Coalition, Nevada Residents, 2019.

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

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

Table 5a. Age-Adjusted Rates per 100,000 of Mental Health-Related Inpatient Admissions by Year, Nevada Residents, 2010-2019.

Year	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicide Ideation
2010	94.1 (90.5-97.6)	449.3 (441.4-457.3)	718.9 (708.9-729.0)	278.6 (272.4-284.8)	67.4 (64.3-70.4)	96.6 (92.9-100.3)
2011	97.5 (93.9-101.1)	485.9 (477.7-494.1)	747.8 (737.6-758.0)	270.7 (264.6-276.8)	69.2 (66.1-72.3)	134.7 (130.4-139.1)
2012	100.3 (96.6-103.9)	612.0 (602.9-621.1)	806.0 (795.6-816.5)	252.5 (246.7-258.3)	76.8 (73.6-80.1)	199.7 (194.5-205.0)
2013	110.0 (106.2-113.7)	699.7 (690.1-709.3)	839.5 (828.9-850.0)	246.6 (240.9-252.3)	88.9 (85.4-92.3)	224.4 (218.9-230.0)
2014	127.6 (123.6-131.7)	777.6 (767.6-787.6)	935.3 (924.3-946.3)	270.7 (264.8-276.6)	98.5 (94.9-102.0)	258.6 (252.7-264.5)
2015	219.5 (214.1-224.8)	877.2 (866.7-887.8)	1,065.8 (1,054.1-1,077.4)	404.7 (397.5-411.9)	139.7 (135.4-144.0)	407.0 (399.6-414.3)
2016	196.5 (191.5-201.5)	943.5 (932.7-954.3)	1,043.5 (1,032.1-1,054.8)	401.0 (393.9-408.1)	149.9 (145.6-154.3)	223.0 (217.6-228.4)
2017	177.8 (173.1-182.5)	999.2 (988.2-1,010.2)	1,086.2 (1,074.7-1,097.8)	419.8 (412.6-427.1)	161.8 (157.3-166.4)	431.2 (423.7-438.6)
2018	210.3 (205.2-215.4)	1,117.2 (1,105.6-1,128.8)	1,102.0 (1,090.4-1,113.5)	466.2 (458.6-473.8)	189.5 (184.7-194.4)	556.8 (548.4-565.2)
2019	210.4 (205.4-215.5)	1,104.3 (1,093.0-1,115.7)	1,056.9 (1,045.8-1,068.1)	448.8 (441.5-456.2)	209.0 (203.9-214.0)	575.5 (567.1-584.0)

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

Table 5b. Crude Rates per 100,000 of Mental Health-Related Inpatient Admissions by Year, Nevada Residents, 2010-2019.

Year	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicide Ideation
2010	98.1 (94.4-101.9)	452.8 (444.8-460.9)	722.9 (712.7-733.0)	284.4 (278.1-290.8)	68.8 (65.7-71.9)	97.4 (93.7-101.1)
2011	101.5 (97.7-105.3)	496.3 (487.9-504.6)	759.4 (749.1-769.8)	279.2 (272.9-285.5)	70.5 (67.4-73.7)	135.8 (131.4-140.2)
2012	105.6 (101.7-109.4)	632.1 (622.7-641.5)	829.9 (819.2-840.7)	262.6 (256.6-268.7)	79.1 (75.8-82.4)	200.8 (195.5-206.1)
2013	116.2 (112.2-120.2)	728.7 (718.7-738.7)	870.1 (859.1-881.0)	256.6 (250.7-262.5)	91.5 (87.9-95.0)	226.4 (220.8-231.9)
2014	133.8 (129.5-138.0)	816.7 (806.2-827.2)	978.6 (967.1-990.1)	284.3 (278.1-290.5)	101.9 (98.1-105.6)	262.7 (256.8-268.7)
2015	222.3 (216.9-227.7)	917.6 (906.6-928.7)	1,108.9 (1,096.7-1,121.0)	413.6 (406.2-421.0)	141.4 (137.1-145.8)	407.5 (400.1-414.8)
2016	198.9 (193.8-204.0)	995.8 (984.5-1,007.2)	1,093.5 (1,081.5-1,105.4)	411.1 (403.8-418.4)	152.1 (147.6-156.5)	223.3 (217.9-228.7)
2017	182.4 (177.6-187.3)	1,060.4 (1,048.7-1,072.1)	1,142.2 (1,130.1-1,154.4)	431.1 (423.6-438.5)	165.0 (160.4-169.6)	431.1 (423.7-438.6)
2018	214.8 (209.6-220.1)	1,183.6 (1,171.4-1,195.9)	1,160.7 (1,148.6-1,172.8)	479.8 (472.0-487.6)	192.1 (187.1-197.0)	554.8 (546.4-563.2)
2019	215.3 (210.2-220.5)	1,171.8 (1,159.7-1,183.8)	1,116.6 (1,104.9-1,128.4)	464.3 (456.7-471.9)	212.6 (207.4-217.7)	574.7 (566.3-583.2)

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

Table 6a. Age-Adjusted Rates per 100,000 of Mental Health-Related Inpatient Admissions by Coalition, Nevada Residents, 2019.

Coalition	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicide Ideation
Churchill Community Coalition (CCC)	162.9 (115.3-210.4)	1,663.9 (1,513.0-1,814.8)	1,143.2 (1,016.7-1,269.6)	378.7 (304.5-452.9)	338.1 (267.1-409.1)	568.0 (472.5-663.4)
Frontier Community Coalition (FCC)	33.9 (12.9-55.0)	609.0 (521.7-696.3)	887.4 (781.7-993.1)	161.2 (115.1-207.3)	139.2 (96.0-182.3)	352.1 (281.6-422.5)
Healthy Communities Coalition (HCC)	80.9 (60.0-101.7)	1,140.4 (1,062.7-1,218.1)	1,226.4 (1,145.8-1,307.1)	382.9 (335.8-430.0)	336.0 (289.4-382.6)	622.5 (558.8-686.2)
Join Together Northern Nevada (JTNN)	132.9 (122.7-143.2)	988.0 (960.2-1,015.7)	1,077.1 (1,048.1-1,106.1)	402.8 (384.9-420.7)	281.9 (266.6-297.1)	713.4 (689.0-737.7)
Nye Communities Coalition (NCC)	100.3 (73.6-127.1)	1,430.4 (1,343.9-1,517.0)	991.4 (916.1-1,066.6)	573.4 (508.0-638.7)	249.6 (208.8-290.4)	429.6 (373.1-486.2)
Partners Allied for Community Excellence (PACE)	29.9 (18.0-41.9)	558.6 (502.0-615.2)	571.8 (514.4-629.3)	161.7 (130.5-193.0)	115.9 (89.7-142.1)	261.2 (222.3-300.1)
PACT Coalition for Safe and Drug Free Communities/CARE	245.6 (239.2-251.9)	1,135.3 (1,121.7-1,148.8)	1,066.8 (1,053.6-1,079.9)	473.5 (464.7-482.2)	187.4 (181.8-192.9)	559.7 (550.1-569.4)
Partnership Carson City (PCC)	130.0 (99.1-160.9)	1,966.9 (1,846.9-2,086.8)	1,895.1 (1,778.4-2,011.7)	700.7 (626.9-774.5)	464.9 (404.4-525.4)	925.1 (838.6-1,011.7)
Partnership Douglas County (PDC)	42.4 (24.3-60.6)	887.4 (809.4-965.4)	935.4 (853.7-1,017.2)	220.0 (178.7-261.3)	277.1 (228.1-326.0)	506.5 (435.3-577.8)
Nevada	210.4 (205.4-215.5)	1,104.4 (1,093.1-1,115.8)	1,057.0 (1,045.9-1,068.2)	448.8 (441.5-456.2)	209.0 (203.9-214.0)	575.5 (567.1-584.0)

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

Table 6b. Crude Rates per 100,000 of Mental Health-Related Inpatient Admissions by Coalition, Nevada Residents, 2019.

Coalition	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicide Ideation
Churchill Community Coalition (CCC)	174.5 (123.5-225.5)	1,811.0 (1,646.7-1,975.2)	1,217.7 (1,083.0-1,352.4)	387.8 (311.8-463.8)	337.4 (266.5-408.3)	527.4 (438.8-616.0)
Frontier Community Coalition (FCC)	33.4 (12.7-54.1)	624.0 (534.6-713.4)	904.3 (796.6-1,012.0)	156.8 (112.0-201.7)	133.5 (92.1-174.8)	320.3 (256.3-384.4)
Healthy Communities Coalition (HCC)	88.2 (65.5-110.9)	1,258.9 (1,173.1-1,344.6)	1,350.1 (1,261.3-1,438.9)	386.2 (338.7-433.7)	304.1 (261.9-346.2)	558.0 (500.9-615.1)
Join Together Northern Nevada (JTNN)	136.8 (126.2-147.4)	1,034.6 (1,005.5-1,063.6)	1,125.4 (1,095.1-1,155.7)	413.0 (394.6-431.4)	277.9 (262.8-293.0)	702.8 (678.9-726.8)
Nye Communities Coalition (NCC)	99.0 (72.6-125.4)	1,924.9 (1,808.5-2,041.3)	1,220.9 (1,128.2-1,313.7)	542.6 (480.8-604.5)	264.0 (220.9-307.1)	407.0 (353.4-460.5)
Partners Allied for Community Excellence (PACE)	35.7 (21.4-50.0)	556.2 (499.9-612.6)	566.7 (509.8-623.6)	153.2 (123.6-182.8)	111.5 (86.3-136.8)	257.3 (219.0-295.6)
PACT Coalition for Safe and Drug Free Communities/CARE	251.6 (245.1-258.1)	1,183.2 (1,169.1-1,197.3)	1,107.4 (1,093.7-1,121.0)	490.0 (480.9-499.1)	192.0 (186.4-197.7)	564.3 (554.6-574.1)
Partnership Carson City (PCC)	120.7 (92.0-149.4)	1,833.8 (1,722.0-1,945.6)	1,800.1 (1,689.3-1,910.9)	614.2 (549.5-678.9)	403.0 (350.6-455.4)	779.3 (706.4-852.2)
Partnership Douglas County (PDC)	42.5 (24.3-60.7)	1,005.9 (917.5-1,094.4)	1,018.1 (929.1-1,107.0)	220.6 (179.2-262.0)	249.0 (205.0-292.9)	392.7 (337.4-447.9)
Nevada	215.3 (210.2-220.5)	1,171.8 (1,159.8-1,183.9)	1,116.7 (1,104.9-1,128.4)	464.3 (456.7-471.9)	212.6 (207.4-217.7)	574.7 (566.3-583.2)

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

Table 7a. Facilities that had Mental Health Related Encounters in 2019 and Number of Psychiatric Beds.

Facility	Reported		*Number of Psychiatric Beds:	
	Emergency Department	Inpatient	Adult	Adolescent
BHC West Hills Hospital	Yes	No	63	32
Banner Churchill Community Hospital	Yes	Yes		
Battle Mountain General Hospital	Yes	Yes		
Boulder City Hospital	Yes	Yes		
Carson Tahoe Continuing Care Hospital	Yes	No		
Carson Tahoe Regional Medical Center	Yes	Yes	52	
Carson Valley Medical Center	Yes	Yes		
Centennial Hills Hospital Medical Center	Yes	Yes		
Complex Care Hospital at Tenaya	Yes	No		
Desert Parkway Behavioral Healthcare Hospital LLC	Yes	No	131	21
Desert Springs Hospital Medical Center	Yes	Yes		
Desert View Hospital	Yes	Yes		
Dignity Health - St. Rose Dominican Blue Diamond, LLC	Yes	Yes		
Dignity Health - St. Rose Dominican Craig Ranch, LLC	Yes	Yes		
Dignity Health - St. Rose Dominican Sahara, LLC	Yes	Yes		
Dignity Health - St. Rose Dominican West Flamingo, LLC	Yes	Yes		
Dignity Health Rehabilitation Hospital	Yes	No		
Elite Medical Center	No	Yes		
Encompass Health Rehabilitation (Desert Canyon)	Yes	No		
Encompass Health Rehabilitation (Henderson)	Yes	No		
Encompass Health Rehabilitation (Las Vegas)	Yes	No		
Grover C Dils Medical Center	Yes	Yes		
Henderson Hospital	Yes	Yes		
Horizon Specialty Hospital - Las Vegas	Yes	No		
Horizon Specialty Hospital of Henderson	Yes	No		
Humboldt General Hospital	Yes	Yes		
Incline Village Community Hospital	Yes	Yes		
Kindred Hospital - Las Vegas (Flamingo Campus)	Yes	No		
Kindred Hospital - Las Vegas (Sahara Campus)	Yes	No		
Kindred Hospital - Las Vegas at St Rose Dominican	Yes	No		
Las Vegas-AMG Specialty Hospital	Yes	No		
Mesa View Regional Hospital	Yes	Yes		
Montevista Hospital	Yes	No	90	44
Mount Grant General Hospital	Yes	Yes		
MountainView Hospital	Yes	Yes		
North Vista Hospital	Yes	Yes	74	
Northeastern Nevada Regional Hospital	Yes	Yes		
Northern Nevada Medical Center	Yes	Yes		
Orthopedic Specialty Hospital of Nevada	Yes	No		
Pam Rehabilitation Hospital Of Centennial Hills	Yes	No		
Pershing General Hospital	Yes	Yes		
Reno Behavioral Healthcare Hospital, LLC	Yes	No	62	21
Renown Regional Medical Center	Yes	Yes		

Source: Hospital Inpatient Billing and Health Care Quality Compliance Online Licensing System AliS (CLICS).
**Bed counts are updated daily, therefore the current bed counts are from November 2020.*

Table 7b. Facilities that had Mental Health Related Encounters in 2018 and Number of Psychiatric Beds.

Facility	Reported		*Number of Psychiatric Beds:	
	Emergency Department	Inpatient	Adult	Adolescent
Renown Rehabilitation Hospital	Yes	No		
Renown South Meadows Medical Center	Yes	Yes		
Saint Mary''s Regional Medical Center	Yes	Yes	12	
Seven Hills Behavioral Institute	Yes	No	90	18
South Lyon Medical Center	Yes	Yes		
Southern Hills Hospital and Medical Center	Yes	Yes	40	20
Spring Mountain Sahara	Yes	No	30	
Spring Mountain Treatment Center	Yes	No	82	28
Spring Valley Hospital Medical Center	Yes	Yes		
St. Rose Dominican Hospitals - Rose de Lima Campus	Yes	Yes		
St. Rose Dominican Hospitals - San Martin Campus	Yes	Yes		
St. Rose Dominican Hospitals - Siena Campus	Yes	Yes		
Summerlin Hospital Medical Center	Yes	Yes		
Sunrise Hospital and Medical Center	Yes	Yes		
Tahoe Pacific Hospitals - Meadows	Yes	No		
Tahoe Pacific Hospitals - North	Yes	No		
University Medical Center of Southern Nevada	Yes	Yes		
Valley Hospital Medical Center	Yes	Yes	48	
William Bee Ririe Hospital	Yes	Yes		
Willow Springs Center	Yes	No		116

Source: Hospital Inpatient Billing and Health Care Quality Compliance Online Licensing System AliS (CLICS).
**Bed counts are updated daily, therefore the current bed counts are from 10/22/2019.*

Table 8. Suicide Attempts and Suicides by Leading Method and Coalition, Nevada Residents, 2019.

Coalition	Suicide Attempts						Suicides		
	Emergency Department Encounters			Inpatient Admissions					
	Substance	Cutting	Hanging/ Suffocation	Substance	Cutting	Hanging/ Suffocation	Substance	Hanging/ Suffocation	Firearms/ Explosives
Churchill Community Coalition (CCC)	81.4 (46.6-116.2)	38.8 (14.7-62.8)	0.0 -	81.4 (46.6-116.2)	7.8 (0.0-18.5)	0.0 -	3.9 (0.0-11.5)	3.9 (0.0-11.5)	7.8 (0.0-18.5)
Frontier Community Coalition (FCC)	70.0 (40.1-100.0)	53.3 (27.2-79.5)	0.0 -	43.3 (19.8-66.9)	13.3 (0.3-26.4)	0.0 -	0.0 -	6.7 (0.0-15.9)	10.0 (0.0-21.3)
Healthy Communities Coalition (HCC)	53.2 (35.6-70.8)	22.8 (11.3-34.3)	3.0 (0.0-07.3)	80.6 (58.9-102.2)	15.2 (5.8-24.6)	0.0 -	4.6 (0.0-09.7)	4.6 (0.0-09.7)	18.2 (7.9-28.6)
Join Together Northern Nevada (JTNN)	51.7 (45.2-58.2)	11.3 (8.2-14.3)	3.4 (1.7-05.1)	87.2 (78.8-95.7)	12.1 (9.0-15.3)	3.0 (1.4-04.5)	3.8 (2.1-05.6)	6.4 (4.1-08.7)	13.0 (9.7-16.2)
Nye Communities Coalition (NCC)	82.4 (58.4-106.5)	66.0 (44.4-87.5)	7.3 (0.1-14.5)	49.5 (30.8-68.1)	12.8 (3.3-22.3)	0.0 -	5.5 (0.0-11.7)	5.5 (0.0-11.7)	23.8 (10.9-36.8)
Partners Allied for Community Excellence (PACE)	81.8 (60.2-103.4)	43.1 (27.4-58.8)	3.0 (0.0-07.1)	31.2 (17.9-44.6)	5.9 (0.1-11.8)	0.0 -	0.0 -	3.0 (0.0-07.1)	32.7 (19.0-46.4)
PACT Coalition for Safe and Drug Free Communities/CARE	54.4 (51.4-57.4)	27.0 (24.9-29.1)	2.3 (1.7-02.9)	49.3 (46.5-52.2)	8.2 (7.1-09.4)	3.4 (2.7-04.2)	3.2 (2.4-03.9)	3.9 (3.1-04.7)	9.6 (8.4-10.9)
Partnership Carson City (PCC)	12.4 (3.2-21.6)	19.5 (8.0-31.1)	3.6 (0.0-08.5)	104.8 (78.0-131.5)	24.9 (11.8-37.9)	0.0 -	3.6 (0.0-08.5)	14.2 (4.4-24.0)	17.8 (6.8-28.8)
Partnership Douglas County (PDC)	40.5 (22.7-58.2)	18.2 (6.3-30.1)	4.0 (0.0-09.7)	54.6 (34.0-75.2)	20.2 (7.7-32.8)	0.0 -	0.0 -	14.2 (3.7-24.7)	20.2 (7.7-32.8)
Nevada	54.4 (51.8-57.0)	25.6 (23.9-27.4)	2.6 (2.0-03.1)	56.7 (54.0-59.3)	9.5 (8.5-10.6)	3.0 (2.4-03.6)	3.2 (2.6-03.8)	4.7 (3.9-05.4)	11.4 (10.2-12.6)

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

Table 9. Suicides (Crude) Rates by Age, Race/Ethnicity and Coalition, Nevada Residents, 2019.

	CCC	FCC	HCC	JTNN	NCC	PACE	PACT/CARE (Clark County)	PCC	PDC	Nevada
Age Group										
Less then 15	0.0 -	0.0 -	0.0 -	3.3 (0.0-07.9)	0.0 -	0.0 -	0.6 (0.0-01.5)	0.0 -	20.5 (0.0-60.8)	1.2 (0.2-02.3)
15-24	0.0 -	0.0 -	0.0 -	19.9 (9.1-30.7)	0.0 -	72.2 (18.7-125.6)	13.0 (9.0-17.1)	31.0 (0.0-74.0)	43.5 (0.0-103.8)	15.4 (11.7-19.2)
25-34	77.4 (0.0-164.9)	35.9 (0.0-85.7)	23.6 (0.0-56.2)	28.8 (15.8-41.7)	48.1 (0.0-102.5)	30.2 (0.6-59.9)	24.2 (18.8-29.6)	12.4 (0.0-36.6)	37.4 (0.0-89.2)	26.0 (21.2-30.7)
35-44	0.0 -	32.4 (0.0-96.0)	42.3 (0.0-90.1)	23.3 (11.1-35.5)	78.1 (1.6-154.7)	47.6 (0.0-101.5)	17.1 (12.6-21.6)	98.4 (12.1-184.6)	40.8 (0.0-97.3)	20.9 (16.5-25.3)
45-54	0.0 -	55.8 (0.0-133.2)	47.9 (1.0-94.8)	30.4 (16.0-44.9)	31.9 (0.0-76.0)	25.0 (0.0-59.6)	23.2 (17.7-28.6)	36.5 (0.0-77.9)	86.5 (10.7-162.3)	26.4 (21.4-31.4)
55-64	0.0 -	26.2 (0.0-77.6)	33.1 (0.0-70.6)	36.4 (21.2-51.7)	34.9 (0.0-74.4)	11.9 (0.0-35.3)	27.2 (20.9-33.5)	43.1 (0.0-91.8)	12.1 (0.0-35.9)	28.4 (23.0-33.8)
65-74	0.0 -	0.0 -	48.7 (1.0-96.5)	23.9 (9.8-38.0)	50.4 (1.0-99.9)	62.1 (1.2-122.9)	29.2 (21.5-37.0)	27.7 (0.0-66.0)	12.9 (0.0-38.3)	29.3 (22.9-35.7)
75-84	72.5 (0.0-214.6)	0.0 -	22.0 (0.0-65.2)	67.7 (32.2-103.1)	18.7 (0.0-55.4)	144.7 (2.9-286.4)	35.6 (23.5-47.8)	56.6 (0.0-135.0)	45.5 (0.0-108.5)	42.4 (31.5-53.3)
85+	0.0 -	316.9 (0.0-937.9)	85.6 (0.0-253.5)	16.1 (0.0-47.5)	134.2 (0.0-320.3)	0.0 -	44.0 (19.1-68.9)	124.2 (0.0-296.2)	133.9 (0.0-319.4)	51.4 (29.4-73.4)
Race/Ethnicity										
White non-Hispanic	20.0 (0.4-39.6)	20.1 (0.4-39.7)	32.9 (17.3-48.6)	34.2 (27.5-40.8)	39.8 (20.9-58.8)	48.2 (28.5-67.9)	29.1 (25.7-32.4)	47.4 (26.1-68.7)	45.4 (24.4-66.4)	31.8 (29.0-34.6)
Black non-Hispanic	0.0 -	0.0 -	0.0 -	8.2 (0.0-24.4)	0.0 -	0.0 -	13.2 (8.8-17.7)	0.0 -	0.0 -	12.8 (8.5-17.0)
Native American/Alaskan Native non-Hispanic	0.0 -	66.4 (0.0-196.5)	0.0 -	13.5 (0.0-40.1)	0.0 -	26.6 (0.0-78.7)	19.8 (0.0-42.1)	0.0 -	0.0 -	16.9 (3.4-30.4)
Asian/Pacific Islander non-Hispanic	0.0 -	0.0 -	0.0 -	12.0 (0.2-23.7)	0.0 -	0.0 -	10.6 (6.7-14.6)	0.0 -	0.0 -	10.5 (6.9-14.2)
Hispanic	0.0 -	26.4 (0.0-63.0)	10.2 (0.0-30.2)	4.1 (0.5-07.7)	24.8 (0.0-59.3)	7.1 (0.0-21.1)	7.5 (5.6-09.5)	7.8 (0.0-23.0)	0.0 -	7.3 (5.6-09.1)
Total	15.5 (0.3-30.7)	23.3 (6.0-40.6)	27.4 (14.7-40.0)	24.0 (19.6-28.5)	34.8 (19.2-50.5)	37.2 (22.6-51.7)	18.3 (16.5-20.0)	35.5 (19.9-51.1)	36.4 (19.6-53.3)	20.7 (19.1-22.3)

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

Table 10. Mental Health-Related Deaths Age-Adjusted Rates by Coalition, Nevada Residents, 2019.

Coalition	White non-Hispanic	Black non-Hispanic	Native American/ Alaskan Native	Asian/Pacific Islander	Hispanic	Total
Churchill Community Coalition (CCC)	91.0 (56.0-125.9)	0.0 -	0.0 -	72.1 (0.0-213.5)	113.0 (0.0-334.6)	91.0 (57.9-124.1)
Frontier Community Coalition (FCC)	65.5 (32.4-98.7)	0.0 -	0.0 -	0.0 -	29.4 (0.0-87.2)	56.8 (28.9-84.6)
Healthy Communities Coalition (HCC)	71.3 (52.9-89.6)	178.0 (0.0-527.0)	145.5 (2.9-288.2)	0.0 -	26.7 (0.0-63.7)	72.5 (54.9-90.2)
Join Together Northern Nevada (JTNN)	77.1 (68.0-86.1)	55.6 (0.0-118.6)	60.8 (1.2-120.3)	42.0 (16.0-68.1)	35.1 (15.2-54.9)	71.7 (63.7-79.7)
Nye Communities Coalition (NCC)	37.0 (24.9-49.0)	81.6 (0.0-241.6)	0.0 -	95.4 (0.0-227.5)	19.8 (0.0-58.6)	38.0 (26.4-49.6)
Partners Allied for Community Excellence (PACE)	14.1 (6.7-21.6)	0.0 -	0.0 -	0.0 -	37.4 (0.0-89.2)	15.1 (7.7-22.4)
PACT Coalition for Safe and Drug Free Communities/CARE	45.5 (41.9-49.1)	51.1 (40.1-62.1)	15.3 (0.0-45.3)	27.1 (20.0-34.3)	26.1 (19.3-32.8)	42.0 (39.1-44.9)
Partnership Carson City (PCC)	114.8 (92.3-137.2)	0.0 -	76.3 (0.0-225.8)	134.4 (0.0-397.8)	0.0 -	109.7 (88.5-130.9)
Partnership Douglas County (PDC)	58.2 (41.6-74.9)	0.0 -	0.0 -	0.0 -	0.0 -	51.8 (37.0-66.6)
Nevada	55.1 (51.9-58.2)	52.3 (41.4-63.1)	33.1 (12.6-53.6)	29.5 (22.5-36.4)	26.5 (20.6-32.5)	50.1 (47.5-52.7)

Source: Electronic Death Registry System.

Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019.

Table 11a. Drug-Related Emergency Department Encounters Age-Adjusted Rates by Drug Type and Year, Nevada Residents, 2010-2019.

Year	Opioids	Heroin	Marijuana/ Hallucinogens	Cocaine	Methamphetamines	Marijuana	Hallucinogens
2010	106.6 (102.7-110.5)	5.3 (4.5-6.2)	92.9 (89.3-96.6)	57.8 (55.0-60.7)	106.4 (102.5-110.4)	- -	- -
2011	114.0 (110.0-118.0)	6.6 (5.6-7.5)	97.6 (93.9-101.4)	56.2 (53.4-59.0)	56.2 (111.7-119.8)	- -	- -
2012	122.0 (117.9-126.1)	6.1 (5.2-7.1)	105.9 (102.0-109.8)	49.2 (46.6-51.9)	129.3 (125.0-133.7)	- -	- -
2013	141.7 (137.3-146.1)	6.4 (5.4-7.3)	179.2 (174.2-184.2)	49.6 (47.0-52.2)	184.4 (179.3-189.5)	- -	- -
2014	154.0 (149.5-158.5)	8.8 (7.7-9.9)	230.1 (224.5-235.7)	43.3 (40.9-45.7)	211.1 (205.7-216.5)	- -	- -
2015	189.4 (184.4-194.4)	12.3 (11.1-13.6)	261.8 (255.9-267.8)	57.8 (55.0-60.5)	293.3 (287.0-299.6)	97.7 (94.1-101.4)	2.1 (1.5-2.6)
2016	245.0 (239.4-250.6)	12.6 (11.3-13.8)	- -	67.5 (64.5-70.4)	403.4 (396.1-410.7)	451.2 (443.5-458.9)	9.0 (7.9-10.1)
2017	231.5 (226.1-236.9)	11.8 (10.6-13.0)	- -	71.6 (68.5-74.6)	406.3 (399.0-413.6)	431.0 (423.5-438.5)	12.7 (11.4-14.0)
2018	207.4 (202.3-212.5)	10.1 (9.0-11.2)	- -	78.6 (75.5-81.8)	463.0 (455.3-470.8)	401.1 (393.9-408.2)	16.3 (14.8-17.7)
2019	200.1 (195.1-205.0)	10.4 (9.3-11.5)	- -	70.7 (67.7-73.6)	489.1 (481.2-496.9)	382.7 (375.8-389.6)	19.9 (18.3-21.5)

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

Table 11b. Drug-Related Emergency Department Encounters Crude Rates by Drug Type and Year, Nevada Residents, 2010-2019.

Year	Opioids	Heroin	Marijuana/ Hallucinogens	Cocaine	Methamphetamines	Marijuana	Hallucinogens
2010	107.6 (103.7-111.5)	5.3 (4.5-6.2)	91.4 (87.8-95.0)	57.8 (54.9-60.6)	104.3 (100.5-108.2)	- -	- -
2011	115.0 (111.0-119.0)	6.5 (5.6-7.5)	96.1 (92.4-99.8)	56.1 (53.3-59.0)	113.2 (121.9-130.3)	- -	- -
2012	123.5 (119.4-127.7)	6.0 (5.1-7.0)	104.0 (100.2-107.8)	49.2 (46.6-51.9)	126.1 (121.9-130.3)	- -	- -
2013	142.9 (138.5-147.3)	6.3 (5.4-180.7)	175.8 (170.9-180.7)	50.1 (47.5-52.7)	179.5 (174.5-184.4)	- -	- -
2014	156.2 (151.6-160.7)	8.7 (7.6-9.8)	226.6 (221.1-232.1)	43.6 (41.2-46.0)	205.3 (200.0-210.5)	- -	- -
2015	191.9 (186.8-196.9)	12.2 (10.9-13.5)	258.9 (253.0-264.7)	58.8 (56.0-61.6)	285.5 (279.3-291.6)	96.2 (92.6-99.8)	2.0 (1.5-2.5)
2016	249.3 (243.6-255.0)	13.1 (11.8-14.4)	- -	67.9 (64.9-70.8)	394.0 (386.8-401.1)	446.3 (438.7-454.0)	8.74 (7.7-9.8)
2017	235.4 (229.9-240.9)	12.4 (11.1-13.7)	- -	72.3 (69.2-75.3)	395.4 (388.3-402.5)	426.0 (418.6-433.4)	12.3 (11.1-13.6)
2018	212.0 (206.8-217.2)	10.3 (9.2-11.5)	- -	79.5 (76.3-82.7)	450.7 (443.1-458.2)	395.5 (388.4-402.6)	15.73 (14.3-17.1)
2019	200.1 (195.1-205.0)	10.4 (-9.3-11.5)	- -	70.7 (67.7-73.6)	489.1 (481.2-496.9)	382.7 (375.8-389.6)	19.9 (18.3-21.5)

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

Table 12a. Drug-Related Emergency Department Encounters Age-Adjusted Rates by Drug Type and Coalition, Nevada Residents, 2019.

Coalition	Opioids	Heroin	Cocaine	Methamphetamines	Marijuana	Hallucinogens
Churchill Community Coalition (CCC)	158.9 (110.3-207.5)	11.0 (0.0-23.4)	11.6 (0.0-27.7)	265.4 (199.9-331.0)	176.6 (126.1-227.1)	0.0 -
Frontier Community Coalition (FCC)	145.5 (103.4-187.5)	23.3 (8.1-38.6)	13.9 (0.3-27.5)	242.5 (186.5-298.5)	276.4 (216.9-335.9)	10.0 (0.0-21.2)
Healthy Communities Coalition (HCC)	168.1 (137.9-198.3)	10.6 (2.7-18.4)	30.0 (16.1-43.8)	278.0 (235.5-320.6)	440.7 (387.5-493.9)	3.2 (0.0-7.6)
Join Together Northern Nevada (JTNN)	236.2 (222.3-250.1)	18.3 (14.4-22.2)	38.5 (32.9-44.1)	525.1 (503.9-546.2)	240.5 (226.4-254.6)	7.7 (5.1-10.2)
Nye Communities Coalition (NCC)	249.0 (206.8-291.1)	20.5 (9.8-31.2)	19.4 (7.4-31.5)	414.2 (355.9-472.5)	254.5 (209.1-299.8)	9.1 (0.2-18.1)
Partners Allied for Community Excellence (PACE)	133.3 (105.9-160.7)	3.7 (0.0-8.0)	29.7 (16.0-43.4)	274.5 (234.2-314.9)	734.6 (668.9-800.4)	10.4 (2.1-18.6)
PACT Coalition for Safe and Drug Free Communities/CARE	196.5 (190.8-202.2)	8.6 (7.4-9.8)	83.6 (79.9-87.3)	507.7 (498.4-517.0)	390.3 (382.2-398.4)	24.0 (21.9-26.0)
Partnership Carson City (PCC)	227.4 (188.9-265.9)	6.8 (0.8-12.7)	43.6 (25.4-61.9)	427.1 (370.9-483.2)	1,035.3 (947.2-1,123.5)	7.6 (0.2-15.1)
Partnership Douglas County (PDC)	135.1 (101.2-169.0)	6.2 (0.0-13.2)	27.0 (9.3-44.6)	133.3 (99.3-167.4)	496.6 (430.5-562.6)	0.0 -
Nevada	200.1 (195.1-205.0)	10.4 (9.3-11.5)	70.7 (67.7-73.6)	489.1 (481.2-496.9)	382.7 (375.8-389.6)	19.9 (18.3-21.5)

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

Table 12b. Drug-Related Emergency Department Encounters Crude Rates by Drug Type and Coalition, Nevada Residents, 2019.

Coalition	Opioids	Heroin	Cocaine	Methamphetamines	Marijuana	Hallucinogens
Churchill Community Coalition (CCC)	158.9 (110.3-207.5)	11.6 (0.0-24.8)	7.8 (0.0-18.5)	244.2 (183.9-304.5)	182.2 (130.1-234.2)	0.0 -
Frontier Community Coalition (FCC)	153.4 (109.0-197.7)	30.0 (10.4-49.6)	13.3 (0.3-26.4)	240.0 (184.6-295.5)	276.7 (217.2-336.3)	10.0 (0.0-21.3)
Healthy Communities Coalition (HCC)	180.9 (148.4-213.4)	10.6 (2.8-18.5)	27.4 (14.7-40.0)	249.3 (211.1-287.4)	401.2 (352.8-449.6)	3.0 (0.0-7.3)
Join Together Northern Nevada (JTNN)	236.6 (222.7-250.5)	18.3 (14.4-22.2)	38.5 (32.9-44.1)	504.7 (484.4-525.0)	237.5 (223.5-251.4)	7.4 (5.0-9.9)
Nye Communities Coalition (NCC)	245.5 (203.9-287.1)	25.6 (12.2-39.1)	18.3 (7.0-29.7)	355.4 (305.4-405.4)	221.7 (182.2-261.2)	7.3 (0.1-14.5)
Partners Allied for Community Excellence (PACE)	135.3 (107.5-163.1)	4.5 (0.0-9.5)	26.8 (14.4-39.1)	264.6 (225.8-303.5)	713.6 (649.8-777.5)	8.9 (1.8-16.1)
PACT Coalition for Safe and Drug Free Communities/CARE	200.9 (195.1-206.7)	8.9 (7.6-10.1)	85.9 (82.1-89.7)	501.8 (492.6-511.0)	389.3 (381.2-397.4)	23.6 (21.6-25.6)
Partnership Carson City (PCC)	237.9 (197.6-278.2)	8.9 (1.1-16.7)	39.1 (22.7-55.4)	394.2 (342.3-446.0)	941.0 (860.9-1,021.2)	7.1 (0.1-14.1)
Partnership Douglas County (PDC)	123.4 (92.5-154.4)	6.1 (0.0-12.9)	18.2 (6.3-30.1)	119.4 (88.9-149.9)	439.1 (380.7-497.5)	0.0 -
Nevada	204.0 (199.0-209.1)	10.7 (9.6-11.9)	71.8 (68.9-74.8)	477.4 (469.7-485.1)	378.9 (372.1-385.8)	19.2 (17.7-20.8)

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

Table 13a. Drug-Related Inpatient Admissions Age-Adjusted Rates by Drug Type and Year, Nevada Residents, 2010-2019.

Year	Opioids	Heroin	Marijuana/Hallucinogens	Cocaine	Methamphetamines	Marijuana	Hallucinogens
2010	154.2 (149.6-158.9)	2.5 (1.9-3.1)	110.8 (106.8-114.8)	54.6 (51.8-57.3)	79.8 (76.5-83.2)	- -	- -
2011	155.1 (150.5-159.7)	2.3 (1.7-2.9)	118.9 (114.8-123.0)	49.7 (47.1-52.3)	49.7 (85.2-92.3)	- -	- -
2012	163.6 (158.9-168.3)	1.9 (1.4-2.4)	137.4 (133.0-141.8)	46.1 (43.6-48.5)	105.5 (101.7-109.3)	- -	- -
2013	160.2 (155.6-164.7)	3.1 (2.5-3.8)	145.3 (140.8-149.7)	49.5 (46.9-52.0)	126.7 (122.6-130.9)	- -	- -
2014	175.0 (170.2-179.7)	2.4 (1.9-3.0)	151.4 (146.9-155.9)	48.4 (45.9-50.8)	140.8 (136.5-145.2)	- -	- -
2015	226.7 (221.3-232.1)	5.4 (4.6-6.3)	175.7 (170.9-180.5)	62.8 (59.9-65.6)	226.5 (221.0-232.0)	56.5 (53.8-59.2)	1.2 (.8-1.6)
2016	281.8 (275.9-287.8)	12.9 (11.6-14.1)	- -	62.1 (59.3-64.9)	277.6 (271.6-283.7)	282.2 (276.2-288.2)	4.8 (4.0-5.6)
2017	278.1 (272.3-284.0)	12.3 (11.1-13.5)	- -	62.1 (59.3-64.9)	316.7 (310.3-323.1)	342.4 (335.8-349.0)	5.5 (4.6-6.3)
2018	300.1 (294.1-306.1)	12.3 (11.1-13.5)	- -	73.7 (70.7-76.6)	393.9 (386.8-401.0)	443.0 (435.6-450.4)	6.7 (5.8-7.7)
2019	293.9 (288.0-299.7)	10.3 (9.3-11.4)	- -	76.0 (73.0-79.0)	401.7 (394.7-408.8)	470.6 (463.1-478.2)	7.3 (6.3-8.2)

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

Table 13b. Drug-Related Inpatient Admissions Crude Rates by Drug Type and Year, Nevada Residents, 2010-2019.

Year	Opioids	Heroin	Marijuana/Hallucinogens	Cocaine	Methamphetamines	Marijuana	Hallucinogens
2010	158.3 (153.5-163.0)	2.6 (2.0-3.2)	110.7 (106.7-114.7)	56.2 (53.4-59.0)	79.6 (76.3-83.0)	- -	- -
2011	159.4 (154.7-164.2)	2.3 (1.7-2.9)	119.0 (114.9-123.1)	51.5 (48.8-54.2)	88.7 (101.9-109.6)	- -	- -
2012	169.9 (165.0-174.7)	1.9 (1.4-2.4)	137.4 (133.0-141.8)	48.4 (45.8-51.0)	105.8 (101.9-109.6)	- -	- -
2013	167.4 (162.6-172.2)	3.1 (2.4-149.5)	145.1 (140.6-149.5)	52.0 (49.3-54.7)	126.6 (122.4-130.7)	- -	- -
2014	183.1 (178.1-188.1)	2.4 (1.9-3.0)	152.3 (147.8-156.8)	51.3 (48.6-53.9)	141.0 (136.7-145.4)	- -	- -
2015	234.5 (229.0-240.1)	5.8 (4.9-6.6)	176.2 (171.3-181.0)	65.2 (62.2-68.1)	223.4 (218.0-228.9)	56.9 (54.2-59.7)	1.2 (.8-1.6)
2016	293.2 (287.0-299.4)	14.0 (12.6-15.3)	- -	63.8 (60.9-66.7)	274.9 (268.9-280.9)	285.5 (279.4-291.6)	4.67 (3.9-5.5)
2017	291.6 (285.5-297.7)	13.5 (12.2-14.8)	- -	65.3 (62.4-68.2)	313.5 (307.1-319.8)	348.1 (341.5-354.8)	5.4 (4.5-6.2)
2018	316.3 (310.0-322.7)	13.4 (12.1-14.7)	- -	77.5 (74.4-80.6)	390.7 (383.7-397.8)	451.3 (443.7-458.9)	6.60 (5.7-7.5)
2019	310.1 (303.9-316.3)	11.4 (10.2-12.6)	- -	80.6 (77.4-83.7)	401.8 (394.7-408.8)	479.9 (472.2-487.7)	7.2 (6.2-8.1)

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

Table 14a. Drug-Related Inpatient Admissions Age-Adjusted Rates by Drug Type and Coalition, Nevada Residents, 2019.

Coalition	Opioids	Heroin	Cocaine	Methamphetamines	Marijuana	Hallucinogens
Churchill Community Coalition (CCC)	254.9 (194.7-315.0)	6.6 (0.0-15.7)	12.8 (0.0-27.3)	330.6 (259.9-401.3)	406.0 (327.2-484.7)	5.8 (0.0-17.2)
Frontier Community Coalition (FCC)	150.6 (107.6-193.7)	8.7 (0.0-18.6)	16.8 (0.3-33.3)	208.0 (155.8-260.2)	233.1 (179.3-287.0)	7.6 (0.0-18.1)
Healthy Communities Coalition (HCC)	403.3 (357.6-449.1)	9.9 (4.0-15.8)	27.7 (14.5-40.9)	367.4 (318.5-416.3)	481.2 (426.8-535.5)	3.4 (0.0-8.0)
Join Together Northern Nevada (JTNN)	387.9 (370.4-405.3)	16.6 (13.0-20.2)	50.3 (43.8-56.8)	502.3 (481.8-522.9)	438.6 (419.8-457.4)	5.1 (3.0-7.2)
Nye Communities Coalition (NCC)	166.2 (134.8-197.5)	8.5 (1.0-15.9)	21.4 (9.8-33.0)	287.2 (240.3-334.1)	417.4 (364.2-470.7)	3.7 (0.0-8.7)
Partners Allied for Community Excellence (PACE)	108.4 (83.4-133.5)	5.7 (0.1-11.3)	20.9 (9.5-32.2)	193.7 (160.3-227.1)	213.7 (178.3-249.1)	1.4 (0.0-4.2)
PACT Coalition for Safe and Drug Free Communities/CARE	275.2 (268.6-281.9)	9.6 (8.3-10.8)	89.5 (85.8-93.3)	393.8 (385.7-401.9)	486.3 (477.4-495.2)	7.9 (6.8-9.1)
Partnership Carson City (PCC)	583.8 (524.5-643.2)	10.7 (1.3-20.1)	38.1 (21.8-54.3)	634.6 (564.8-704.5)	770.9 (696.5-845.4)	18.8 (5.8-31.8)
Partnership Douglas County (PDC)	290.9 (244.5-337.3)	7.5 (0.1-14.8)	25.4 (8.8-42.0)	222.3 (176.1-268.5)	358.9 (302.1-415.8)	2.5 (0.0-7.5)
Nevada	293.9 (288.0-299.7)	10.3 (9.3-11.4)	76.0 (73.0-79.0)	401.7 (394.7-408.8)	470.6 (463.1-478.2)	7.3 (6.3-8.2)

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

Table 14b. Drug-Related Inpatient Admissions Crude Rates by Drug Type and Coalition, Nevada Residents, 2019.

Coalition	Opioids	Heroin	Cocaine	Methamphetamines	Marijuana	Hallucinogens
Churchill Community Coalition (CCC)	267.4 (204.3-330.5)	7.8 (.0-18.5)	11.6 (.0-24.8)	325.6 (255.9-395.2)	395.3 (318.6-472.0)	3.9 (.0-11.5)
Frontier Community Coalition (FCC)	156.7 (111.9-201.5)	10.0 (.0-21.3)	13.3 (.3-26.4)	203.4 (152.3-254.4)	240.0 (184.6-295.5)	6.7 (.0-15.9)
Healthy Communities Coalition (HCC)	452.9 (401.5-504.3)	16.7 (6.8-26.6)	25.8 (13.6-38.1)	329.8 (285.9-373.7)	457.5 (405.8-509.1)	3.0 (.0-7.3)
Join Together Northern Nevada (JTNN)	403.0 (384.9-421.2)	17.4 (13.7-21.2)	49.4 (43.0-55.7)	488.5 (468.6-508.5)	446.2 (427.1-465.3)	4.9 (2.9-6.9)
Nye Communities Coalition (NCC)	197.9 (160.5-235.2)	9.2 (1.1-17.2)	23.8 (10.9-36.8)	263.8 (220.7-306.9)	432.4 (377.2-487.5)	3.7 (.0-8.7)
Partners Allied for Community Excellence (PACE)	107.0 (82.3-131.8)	5.9 (.1-11.8)	19.3 (8.8-29.8)	191.8 (158.7-224.9)	208.1 (173.7-242.6)	1.5 (.0-4.4)
PACT Coalition for Safe and Drug Free Communities/CARE	288.8 (281.8-295.8)	10.4 (9.1-11.7)	95.7 (91.7-99.7)	398.9 (390.7-407.1)	497.8 (488.7-507.0)	8.0 (6.8-9.1)
Partnership Carson City (PCC)	660.5 (593.4-727.6)	8.9 (1.1-16.7)	37.3 (21.3-53.2)	562.8 (500.9-624.8)	731.5 (660.9-802.2)	14.2 (4.4-24.0)
Partnership Douglas County (PDC)	305.6 (256.8-354.3)	8.1 (.2-16.0)	18.2 (6.3-30.1)	180.1 (142.7-217.5)	309.6 (260.5-358.7)	2.0 (.0-6.0)
Nevada	310.1 (303.9-316.3)	11.4 (10.2-12.6)	80.6 (77.4-83.7)	401.8 (394.7-408.8)	479.9 (472.2-487.7)	7.2 (6.2-8.1)

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

Table 15. Drug- and Alcohol-Related Age-Adjusted Death Rates by Race/Ethnicity and Coalition, Nevada Residents, 2019.

Coalition	White non-Hispanic	Black non-Hispanic	Native American/ Alaskan Native	Asian/ Pacific Islander	Hispanic	Total
Churchill Community Coalition (CCC)	68.8 (36.1-101.5)	0.0 -	340.6 (42.0-639.1)	0.0 -	153.6 (0.0-327.4)	89.6 (54.5-124.7)
Frontier Community Coalition (FCC)	92.4 (50.8-133.9)	0.0 -	175.7 (0.0-374.6)	0.0 -	0.0 -	72.8 (42.4-103.3)
Healthy Communities Coalition (HCC)	67.2 (47.1-87.3)	150.7 (0.0-446.1)	224.3 (27.7-420.9)	0.0 -	48.9 (6.0-91.8)	72.7 (53.3-92.1)
Join Together Northern Nevada (JTNN)	78.9 (69.7-88.1)	131.9 (65.1-198.6)	90.3 (23.4-157.2)	14.0 (1.7-26.2)	37.6 (24.8-50.5)	67.0 (59.9-74.0)
Nye Communities Coalition (NCC)	55.5 (37.6-73.4)	0.0 -	90.7 (0.0-268.4)	0.0 -	20.6 (0.0-61.1)	48.3 (33.1-63.5)
Partners Allied for Community Excellence (PACE)	33.9 (19.4-48.4)	0.0 -	0.0 -	0.0 -	18.2 (0.0-38.8)	29.4 (17.6-41.1)
PACT Coalition for Safe and Drug Free Communities/CARE	57.4 (53.3-61.6)	48.5 (39.9-57.0)	60.2 (22.9-97.5)	16.0 (11.2-20.7)	29.6 (25.2-34.0)	44.5 (41.8-47.1)
Partnership Carson City (PCC)	92.6 (68.3-116.8)	113.5 (0.0-336.0)	194.7 (3.9-385.4)	82.4 (0.0-243.9)	17.5 (0.0-41.7)	86.0 (65.1-106.9)
Partnership Douglas County (PDC)	43.4 (26.7-60.0)	0.0 -	0.0 -	0.0 -	0.0 -	35.6 (21.9-49.2)
Nevada	62.7 (59.2-66.2)	52.2 (43.7-60.8)	89.8 (60.1-119.6)	15.8 (11.4-20.2)	30.3 (26.3-34.3)	49.9 (47.5-52.3)

Source: Electronic Death Registry System.

Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019.

Table 16. The State of Mental Health in America 2020, Nevada Summary

Category	Previous Rankings (2016-2017)	Current Rankings	Percent (%) Change	Nevada	US
Overall Ranking	51	51	0%		
Adult Rankings	47	42	-11%		
Adults with Any Mental Illness (AMI)^	24	36	50%	20.7	19.0
Adults with Substance Use Disorder in the Past Year^	33	40	21%	9.0	7.7
Adults with Serious Thoughts of Suicide^	36	26	-28%	4.7	4.3
Adults with AMI who Did Not Receive Treatment~	47	44	-6%	60.3	57.0
Adults with AmI Reporting Unmet Need~	49	39	-20%	26.1	23.6
Adults with AMI who are Uninsured~	34	31	-9%	10.5	10.8
Adults with Cognitive Disability who Could Not See a Doctor Due to Costs~	34	18	-47%	25.6	28.7
Youth Rankings	51	51	0%		
Youth with At Least One Major Depressive Episode (MDE) in the Past Year^	47	39	-17%	15.1	13.8
Youth with Substance Use Disorder in the Past Year^	43	47	9%	5.1	3.8
Youth with Severe MDE^	51	39	-24%	11.8	9.7
Youth with MDE who Did Not Receive Menth Health Services~	36	51	42%	71.0	59.6
Youth with Severe MDE who Received Some Consisten Treatment~	46	51	11%	11.2	27.3
Childern with Private Insurance that Did Not Cover Mental or Emotional Problems~	49	45	-8%	12.6	7.8
Students Identified with Emotional Disturbance for an Individualized Education Program~	43	43	0%	4.4	7.6
Access to Care Rankings (made up of indicators listed abover and below, marked with ^)	51	49	-4%		
Mental Health Workforce Availablitity~	33	32	-3%	-	-
Prevalence of Mental Illness (made up of indicators listed above, marked with ~)	45	43	-4%	-	-

Source: Mental Health in America 2020.