# *Substance Abuse Prevention and Treatment Agency*

# *2016 Epidemiologic Profile*

*June 2017*

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*Division of Public and Behavioral Health*
*Department of Health and Human Services*


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# Data Sources/Limitations

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

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

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

**Nevada Health Information Provider Performance System (NHIPPS)**
Web based computer application used to collect and store information about clients or participants in funded treatment and prevention programs. The data are used to satisfy the reporting requirements for the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Nevada State Legislature, and the Substance Abuse Prevention & Treatment Agency (SAPTA). This data is representative of Nevada State funded substance use treatment facilities and is not generalizable to the rest of the population.

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

**Nevada State Demographer Office**
The Nevada State 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.

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

**Web-Enabled Vital Records Registry Systems (WEVRRS)**
Software utilized by physicians, registered nurses, midwives, informants or funeral directors, and other individuals to collect and consolidate birth and death related information.

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

**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 9$^{th}$ through 12$^{th}$ grade in traditional, public high schools that monitors the prevalence of health risk behaviors among youth. The survey asks students to self-report their behaviors in six major areas of health that directly lead to morbidity and mortality, these include: (1) Behaviors that contribute to unintentional injuries and violence; (2) Sexual behaviors that contribute to human immunodeficiency virus (HIV) infection, other sexually transmitted diseases, and unintended pregnancy; (3) Tobacco use; (4) Alcohol and other drug use; (5) Unhealthy dietary behaviors; and (6) Physical inactivity.

# Executive Summary

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

One finding is that of the 57,920 Nevada residents who received mental health services from the Division of Public and Behavioral Health, 17% received a diagnosis of schizophrenic disorder and 14% for major depressive disorder. Another finding is number of visits to the ER by residents of Nevada for seven mental disorders, and alcohol- and other drug-related issues have all increased during the time period from 2009 to 2014. The ER visits for mental health disorders and treatment in SAPTA facilities appear to be sex-specific. For example, females made up a majority of ER visits for anxiety, depression, bipolar disorder and PTSD, while males made up the majority of ER visits for schizophrenia. In SAPTA-funded treatment facilities, an overwhelming majority of patients in treatment for alcohol abuse (35%), amphetamines/methamphetamines (28%), and marijuana/hashish (13%), and are males (62%).

Two additional trends are the decrease in death rates in mental health and substance-related deaths. Mental health-related deaths has decreased from 130.4 to 128.2 deaths per 100,000 in Nevada. Substance-related death rates have decreased slightly in Nevada from 48.0 to 45.9 deaths per 100,000.

For more information and additional publications, please visit Nevada Division of Public and Behavioral Health at http://dpbh.nv.gov/.

# Demographic Snapshot

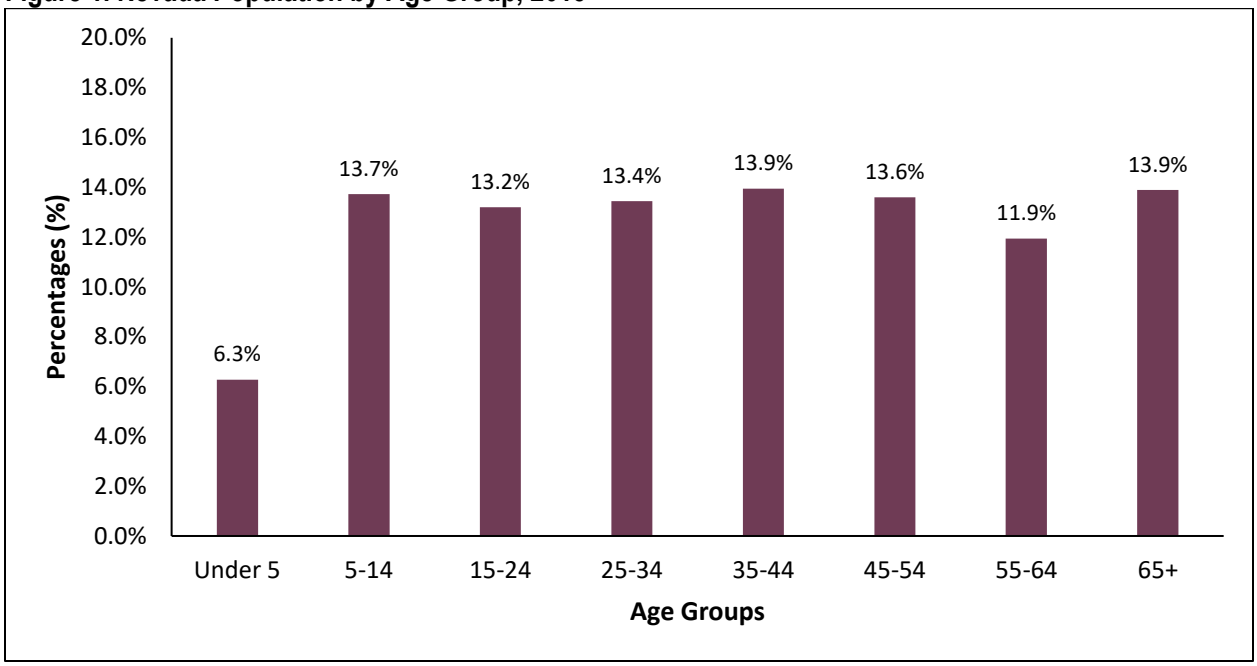
**Table 1. Selected Demographics for Nevada.**

| | Nevada |
|---|---|
| Population, 2015 estimate* | 2,874,075 |
| Population, 2010 estimate* | 2,705,845 |
| Population, percent change* | 6.2% |
| | |
| Male persons, estimated percent 2015* | 50.3% |
| Female persons, estimated percent 2015* | 49.7% |
| | |
| Land area (square miles), 2010** | 109,781 |
| | |
| Median household income** | $52,800 |
| Persons below poverty level, percent** | 15.0% |

*Source: *Nevada State Demographer, Vintage 2015 and **US Census Bureau*

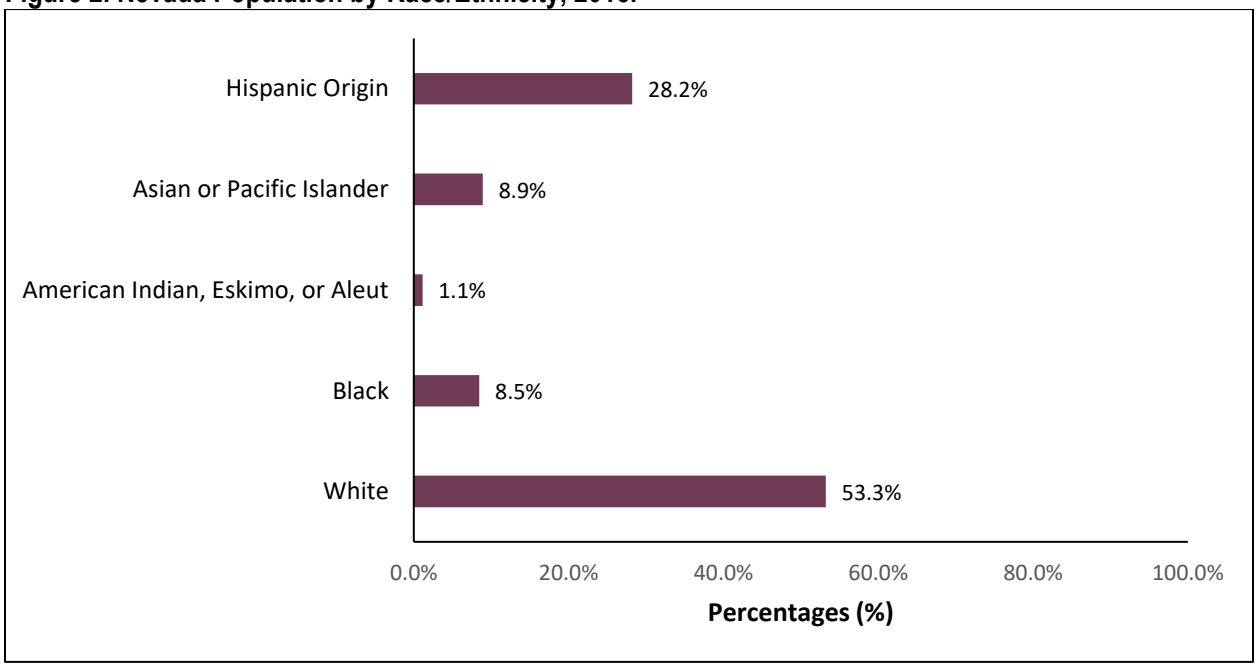
In 2015, the estimated population for Nevada was 2,874,075, a 6.2% increase from the 2010 estimated population. The population is made up of approximately equal percentages of females and males. The median household income is $52,800. Over 15% of the population in Nevada live below the poverty level. Nevada's land area is approximately 109,781 square miles.

**Figure 1. Nevada Population by Age Group, 2015**




*Source: Nevada State Demographer, Vintage 2015*

**Figure 2. Nevada Population by Race/Ethnicity, 2015.**

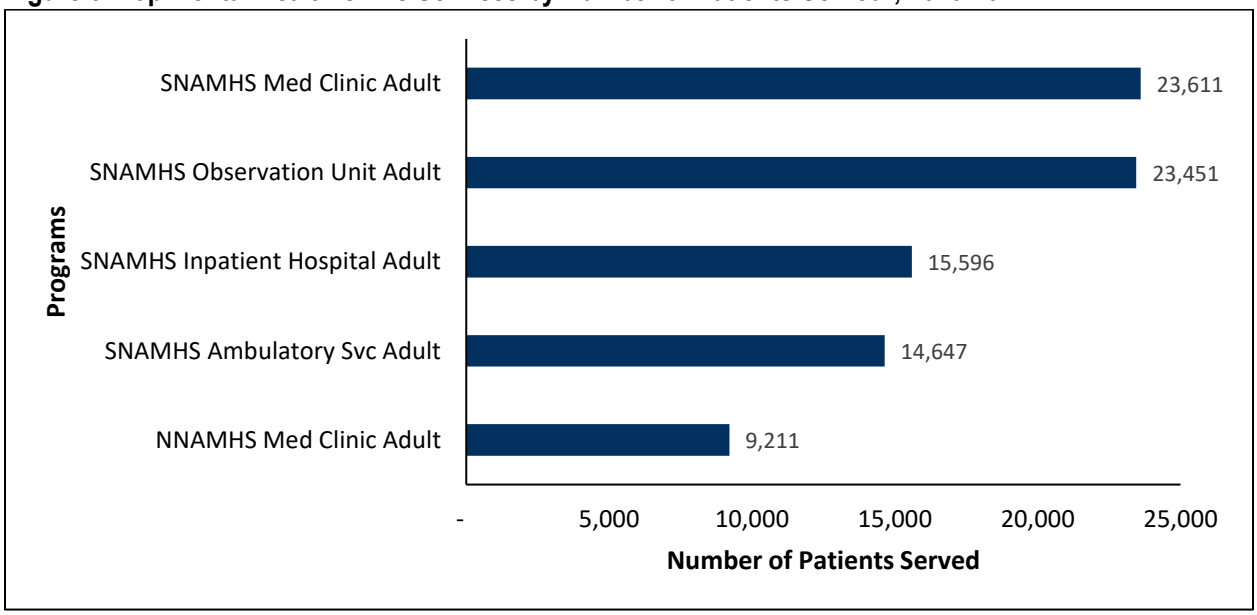



*Source: Nevada State Demographer, Vintage 2015*

# Mental Health Clinics

The data in this section comes from Avatar, an electronic mental health medical record system used by the Division of Public and Behavioral Health (DPBH). DPBH is the largest provider of mental health services in Nevada. In Northern Nevada, DPBH clinics are categorized as Northern Nevada Adult Mental Health Services (NNAMHS). In Southern Nevada, DPBH clinics are categorized as Southern Nevada Adult Mental Health Services (SNAMHS).

**Figure 3. Top Mental Health Clinic Services by Number of Patients Served*, 2010-2014.**

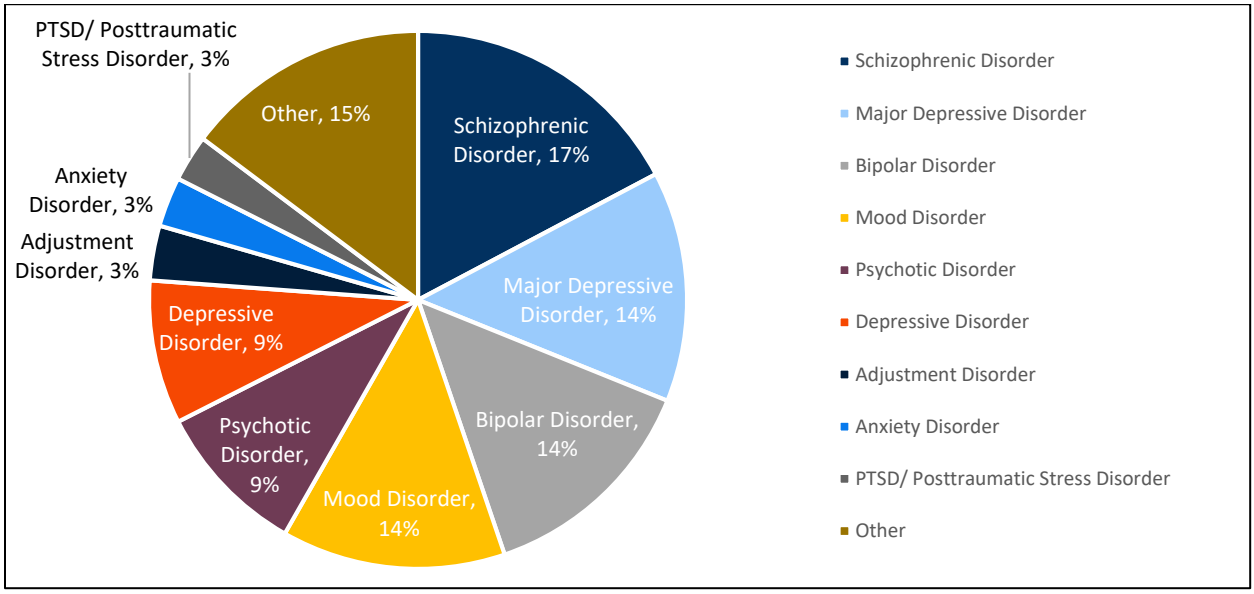



*Source: Division of Public and Behavioral Health, Avatar*

**Patient counts per service were de-duplicated, however, a patient can be counted in more than one service.*

During the time from 2010 to 2014, 57,920 Nevada adults received mental health services from DPBH. Overall services totaled 161,817, as many patients used multiple services.

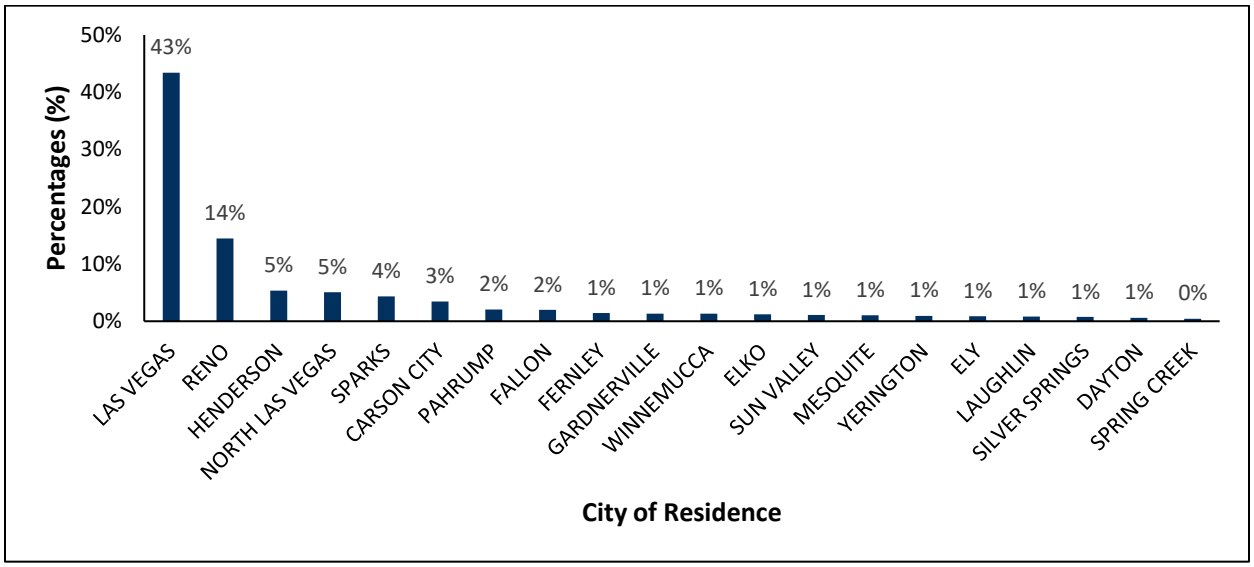
**Figure 4. Most Common Mental Health Diagnoses, 2010-2014.**




*Source: Division of Public and Behavioral Health, Avatar*

During the period of 2010 to 2014, the most common primary mental health diagnoses for a Nevada resident was schizophrenic disorder, major depressive disorder, bipolar disorder, and mood disorder. It is important to note, that patients may have multiple primary diagnoses noted during each episode.

**Figure 5. State Funded Mental Health Clinics Utilization by City of Residence, 2010-2014.**




*Source: Division of Public and Behavioral Health, Avatar*

Of the Nevada residents accessing DPBH mental health services between 2010 and 2014, 43% lived in Las Vegas.

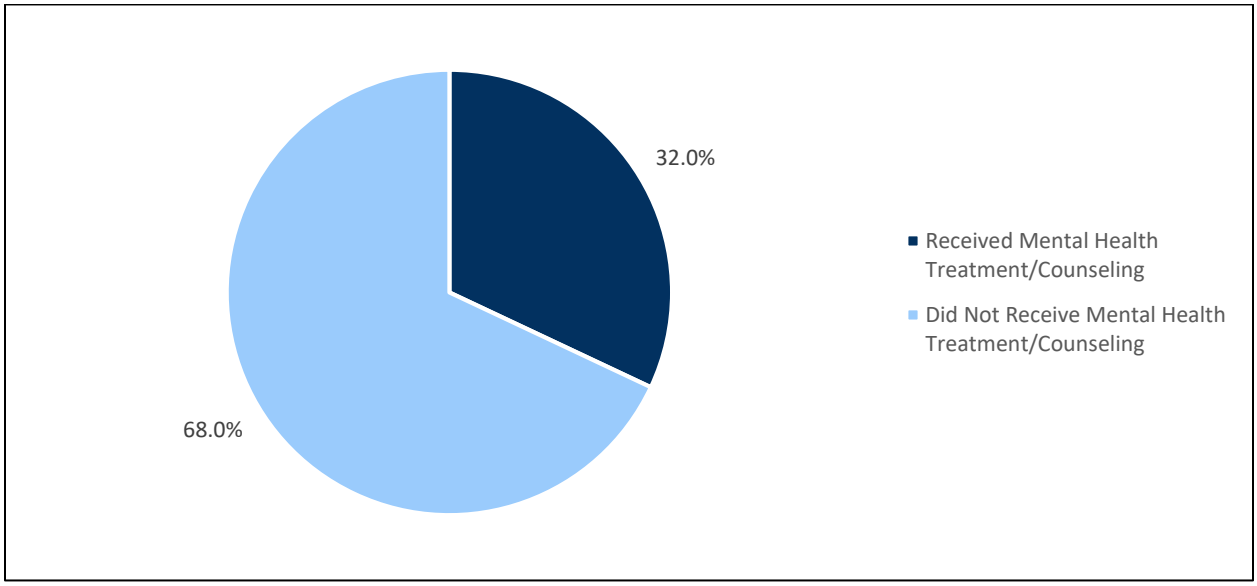
**Table 2. Demographics of State Funded Mental Health Clinics Utilization, 2010-2014.**

| Sex | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|
| Female | 18,349 | 17,887 | 16,749 | 16,709 | 14,776 |
| Male | 15,582 | 14,965 | 14,029 | 14,157 | 12,598 |
| Unknown | 160 | 162 | 83 | 204 | 110 |
| Total | 34,091 | 33,014 | 30,861 | 31,070 | 27,484 |
| **Age** | | | | | |
| 0-17 | 995 | 1,017 | 959 | 1,002 | 1,162 |
| 18-30 | 7,967 | 7,370 | 6,758 | 6,655 | 5,460 |
| 31-50 | 15,870 | 15,239 | 14,097 | 13,943 | 11,978 |
| 51-65 | 8,540 | 8,715 | 8,424 | 8,800 | 8,111 |
| 66-100 | 701 | 659 | 614 | 661 | 756 |
| Unknown | 18 | 14 | 9 | 9 | 17 |
| Total | 34,091 | 33,014 | 30,861 | 31,070 | 27,484 |
| **Race** | | | | | |
| White | 22,099 | 20,961 | 19,511 | 18,763 | 16,342 |
| Black | 3,904 | 3,701 | 3,498 | 3,621 | 3,025 |
| Hispanic | 3,508 | 3,449 | 3,487 | 3,565 | 2,886 |
| Asian/PI | 874 | 860 | 858 | 823 | 693 |
| American Indian/Alaskan | 377 | 350 | 333 | 336 | 336 |
| More Than 1 Race Reported | 478 | 450 | 419 | 425 | 418 |
| Other | 780 | 750 | 728 | 743 | 750 |
| Unknown | 2,071 | 2,493 | 2,027 | 2,794 | 3,034 |
| Total | 34,091 | 33,014 | 30,861 | 31,070 | 27,484 |
| **Education** | | | | | |
| No Formal Education | 196 | 216 | 185 | 162 | 155 |
| <= 12th Grade - No Diploma | 7,312 | 6,783 | 6,328 | 6,281 | 5,515 |
| High School Graduate | 8,535 | 8,198 | 7,768 | 7,814 | 6,793 |
| GED | 2,973 | 2,858 | 2,628 | 2,677 | 2,239 |
| Some College | 7,311 | 6,910 | 6,669 | 6,424 | 5,483 |
| College Undergraduate Degree | 1,622 | 1,559 | 1,430 | 1,314 | 1,217 |
| Some Graduate School | 227 | 213 | 192 | 193 | 157 |
| Graduate Degree | 601 | 582 | 560 | 560 | 472 |
| Other | 1,884 | 1,703 | 1,574 | 1,551 | 1,343 |
| Unknown | 3,430 | 3,992 | 3,527 | 4,094 | 4,110 |
| Total | 34,091 | 33,014 | 30,861 | 31,070 | 27,484 |

*Source: Division of Public and Behavioral Health, Avatar*

During the 5-year period of 2010 to 2014, there were 57,920 Nevadans who accessed mental health services from DPBH. The totals in Table 2 above equal 156,520, reflecting that the some individuals used DPBH services during more than one year. Females comprised 54% of the patient population and males comprised 46%. White non-Hispanics made up 62% of the population. The most populous age group was the 31-50 year olds, accounting for 45% of the patients. High school graduates accounted for 25% of the patients, followed by "some college" (20%) and "less than 12$^{th}$ grade, no diploma" (20%).

**Figure 6. Past Year Mental Health Treatment/Counseling Among Adults Aged 18 or Older with Any Mental Illness (AMI) in Nevada, 2010-2014.**




*Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010-2014.*

In Nevada, about 113,000 adults aged 18 or older with AMI (32.0% of all adults with AMI) per year from 2010 to 2014 received mental health treatment/counseling within the year prior to being surveyed.

# Hospital Emergency Room

The data provided in this section are from the hospital emergency room (ER) billing data compiled by the University of Nevada, Las Vegas, Center for Health Information Analysis (CHIA). The data are based on visits, not patients, therefore a single person may represent multiple visits. The ER data are broken into three parts: mental health (depression, anxiety, PTSD, suicidal ideations, etc.), suicide attempts by method (hanging, jumping, firearms, etc.) and alcohol- and other drug-related visits.

The following ICD-9 codes were used for analysis of mental disorders:

- Anxiety: 300.0;
- Depression: 296.20-296.36, and 311;
- Bipolar Disorder: 296.40-296.89;
- PTSD: 309.81;
- Schizophrenia: 295 and V11.0;
- Suicidal Tendencies: 300.90;
- Suicidal Ideation: V62.84.

The following ICD-9 codes were used for analysis of suicide attempts by method:

- Suicide by solid or liquid: E950;
- Suicide by gases in domestic use: E951;
- Suicide by other gases and vapors: E952;
- Suicide by hanging, strangulation and suffocation: E953;
- Suicide by drowning: E954;
- Suicide by firearms, air guns and explosives: E955;
- Suicide by cutting and piercing instrument: E956;
- Suicide by jumping from high place: E957;
- Suicide by other unspecified means: E958.

The following ICD-9 codes were used for analysis of alcohol-related admissions:

- Alcohol-Induced Mental Disorders: 291;
- Alcohol Dependence Syndrome: 303;
- Nondependent Alcohol Abuse: 305.0;
- Alcoholic Polyneuropathy: 357.5;
- Alcoholic Cardiomyopathy: 425.5;
- Alcohol Gastritis: 535.3;
- Chronic Liver Disease and Cirrhosis (Alcohol Related): 571.0-571.3;
- Excessive Blood Level of Alcohol: 790.3;

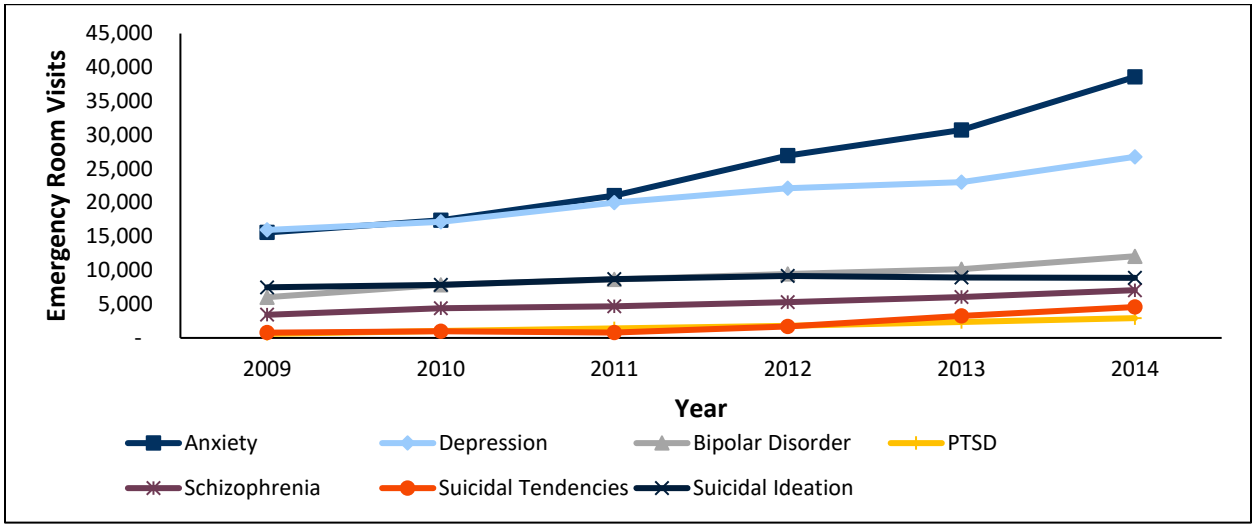
- Toxic Effect of Alcohol: 980;
- Accidental Poisoning by Alcohol: E860.

The following ICD-9 codes were used for analysis of substance-related admissions:

- Drug-Induced Mental Disorders: 292;
- Drug Dependence: 304;
- Nondependent Abuse of Drugs (excluding Alcohol, Tobacco, and Cannabis): 305.2-305.9;
- Poisoning by Analgesics Antipyretics and Antirheumatics: 965;
- Poisoning by Sedatives and Hypnotics: 967;
- Poisoning by Other Central Nervous System Depressants and Anesthetics: 968;
- Poisoning by Psychotropic Agents: 969;
- Poisoning by Central Nervous System Stimulants: 970.

There were a total of 523,667 visits related to mental health and substance use disorders among Nevada residents between 2009 and 2014 for the reasons listed above. Since an individual can have more than one diagnosis during a single ER visit, the following numbers reflect the number of times a diagnosis in each of these categories was given, and therefore the following numbers are not mutually exclusive. Diagnoses related to mental disorders occurred in 341,084 ER visits, there were 147,314 ER visits related to alcohol-related issues, 114,689 ER visits with diagnoses for other drug-related issues, and 19,747 ER visit with diagnoses codes related to suicide attempts.

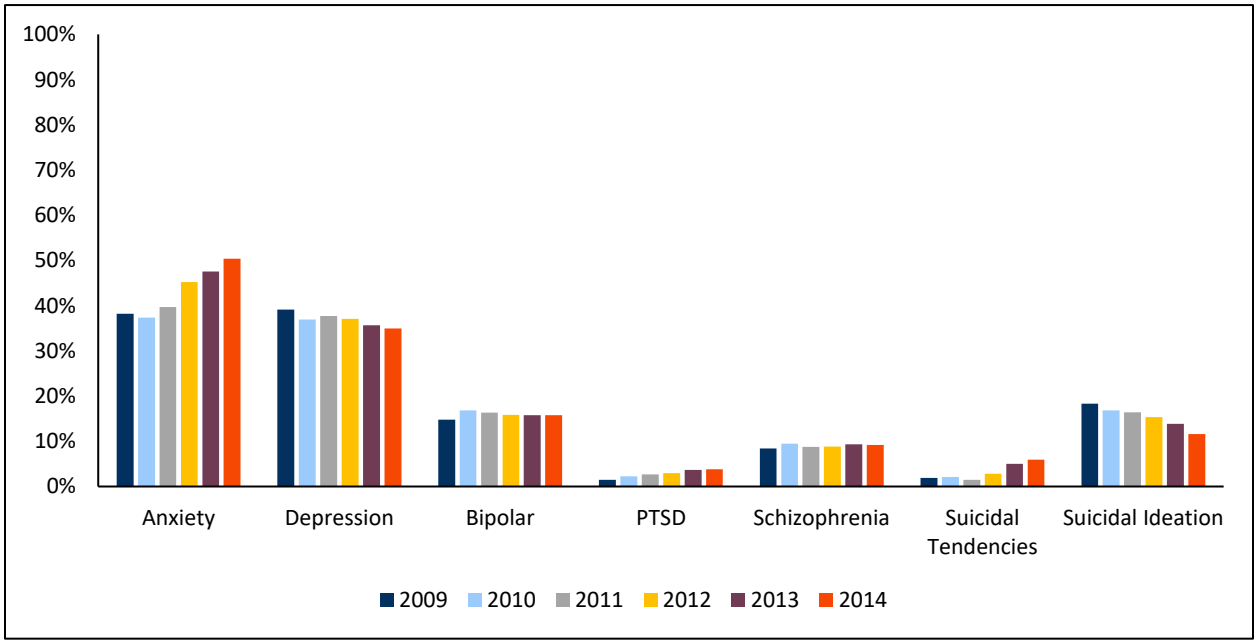
**Figure 7. Select Mental Health Related Emergency Room Visits, Nevada Residents, 2009-2014.**




*Source: Division of Public and Behavioral Health, Hospital Emergency Room Discharge*

Anxiety disorder is the most common mental disorder seen in the ER among Nevada residents, present in 50% of the 76,623 ER visits related mental health in 2014. The number of anxiety-related ER visits increased 321% from 2009 to 2014. All visits for the selected mental disorders increased over the six year period. The rise in mental health related disorders may be due to better data collection, better coding of diagnosis codes, or general increases in mental health related disorders in Nevada.

**Figure 8. Proportion of Select Mental Health Related Emergency Room Visits, Nevada Residents, 2009-2014**




*Source: Division of Public and Behavioral Health, Hospital Emergency Room Discharge*

Figure 8 depicts the proportion of inpatient admissions of each mental health indicators of all mental health related inpatient admissions of that year.

**Table 3. Select Behavioral Health Related Emergency Room Visits by Gender, Nevada Residents, 2009-2014.**

| Condition | Female | | Male | | Unknown | | Total |
|---|---|---|---|---|---|---|---|
| | N | Row % | N | Row % | N | Row % | |
| Anxiety | 100,076 | 66.6 | 50,190 | 33.4 | 3 | 0.0 | 150,269 |
| Depression | 76,860 | 61.5 | 48,185 | 38.5 | 2 | 0.0 | 125,047 |
| Bipolar | 32,057 | 59.1 | 22,142 | 40.9 | 1 | 0.0 | 54,200 |
| PTSD | 5,655 | 56.0 | 4,443 | 44.0 | 0 | 0.0 | 10,098 |
| Schizophrenia | 11,609 | 37.6 | 19,243 | 62.4 | 1 | 0.0 | 30,853 |
| Suicidal Tendencies | 5,814 | 48.4 | 6,206 | 51.6 | 0 | 0.0 | 12,020 |
| Suicidal Ideation | 22,402 | 44.0 | 28,558 | 56.0 | 0 | 0.0 | 50,960 |
| Alcohol Related | 45,230 | 30.7 | 102,078 | 69.3 | 6 | 0.0 | 147,314 |
| Other Drug Related | 52,040 | 45.5 | 62,645 | 54.6 | 4 | 0.0 | 114,689 |
| Suicide - Solid or Liquid | 7,862 | 66.0 | 4,052 | 34.0 | 0 | 0.0 | 11,914 |
| Suicide - Gases in Domestic Use | 2 | 28.6 | 5 | 71.4 | 0 | 0.0 | 7 |
| Suicide - Other Gases and Vapors | 38 | 32.5 | 79 | 67.5 | 0 | 0.0 | 117 |
| Suicide - Hanging, Strangulation, & Suffocation | 147 | 33.4 | 293 | 66.6 | 0 | 0.0 | 440 |
| Suicide - Cutting & Piercing Instrument | 3,256 | 59.0 | 2,266 | 41.0 | 1 | 0.0 | 5,523 |
| Suicide - Firearms, Air Guns, & Explosives | 33 | 18.9 | 142 | 81.1 | 0 | 0.0 | 175 |
| Suicide - Jumping from High Place | 29 | 33.0 | 59 | 67.0 | 0 | 0.0 | 88 |
| Suicide - drowning | 7 | 58.3 | 5 | 41.7 | 0 | 0.0 | 12 |
| Suicide - Other Unspecified Means | 726 | 41.5 | 1,022 | 58.5 | 0 | 0.0 | 1,748 |
| **Total Behavioral Health Visits*** | **266,328** | **50.9** | **257,319** | **49.1** | **15** | **0.0** | **523,662** |

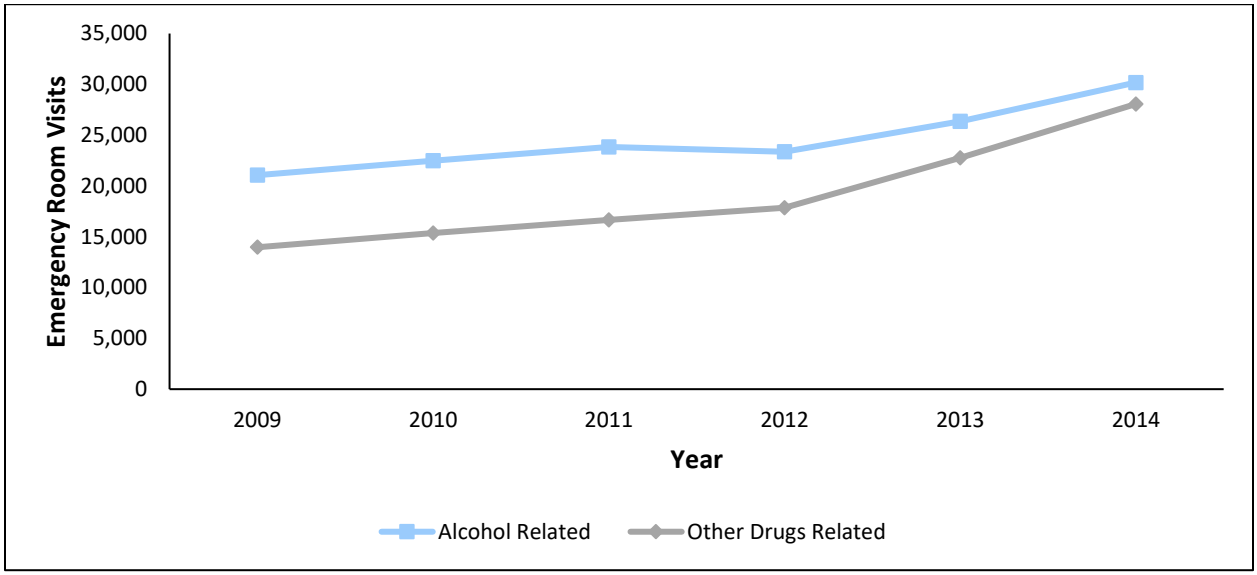
*Source: Division of Public and Behavioral Health, Hospital Emergency Room Discharge*
**Categories are not mutually exclusive.*

**Table 4. Specific Schizophrenia Diagnoses, Emergency Room Visits by Gender, Nevada Residents, 2009-2014**

| Condition | Female | | Male | | Unknown | | Total |
|---|---|---|---|---|---|---|---|
| | N | Row % | N | Row % | N | Row % | |
| Unspecified schizophrenia | 6,769 | 37.6% | 11,253 | 62.4% | 1 | 0.0% | 18,023 |
| Personal history of schizophrenia | 1,935 | 37.9% | 3,176 | 62.1% | 0 | 0.0% | 5,111 |
| Schizoaffective disorder | 1,159 | 47.0% | 1,305 | 53.0% | 0 | 0.0% | 2,464 |
| Other specified types of schizophrenia | 727 | 33.3% | 1,458 | 66.7% | 0 | 0.0% | 2,185 |
| Paranoid type schizophrenia | 594 | 31.9% | 1,266 | 68.1% | 0 | 0.0% | 1,860 |
| Schizophreniform disorder | 200 | 33.8% | 391 | 66.2% | 0 | 0.0% | 591 |
| Schizophrenic disorder, residual type | 191 | 34.5% | 362 | 65.5% | 0 | 0.0% | 553 |
| Catatonic type schizophrenia | 29 | 27.6% | 76 | 72.4% | 0 | 0.0% | 105 |
| Simple type schizophrenia | 24 | 61.5% | 15 | 38.5% | 0 | 0.0% | 39 |
| Disorganized type schizophrenia | 9 | 36.0% | 16 | 64.0% | 0 | 0.0% | 25 |
| Latent schizophrenia | 7 | 33.3% | 14 | 66.7% | 0 | 0.0% | 21 |
| **Total Schizophrenia** | 11,609 | 37.6% | 19,243 | 62.4% | 1 | 0.0 | 30,853 |

*Source: Division of Public and Behavioral Health, Hospital Emergency Room Discharge*
**Categories are not mutually exclusive.*

**Figure 9. Alcohol and Other Drug Related Emergency Room Visits, Nevada Residents, 2009-2014.**




*Source: Division of Public and Behavioral Health, Hospital Emergency Room Discharge*

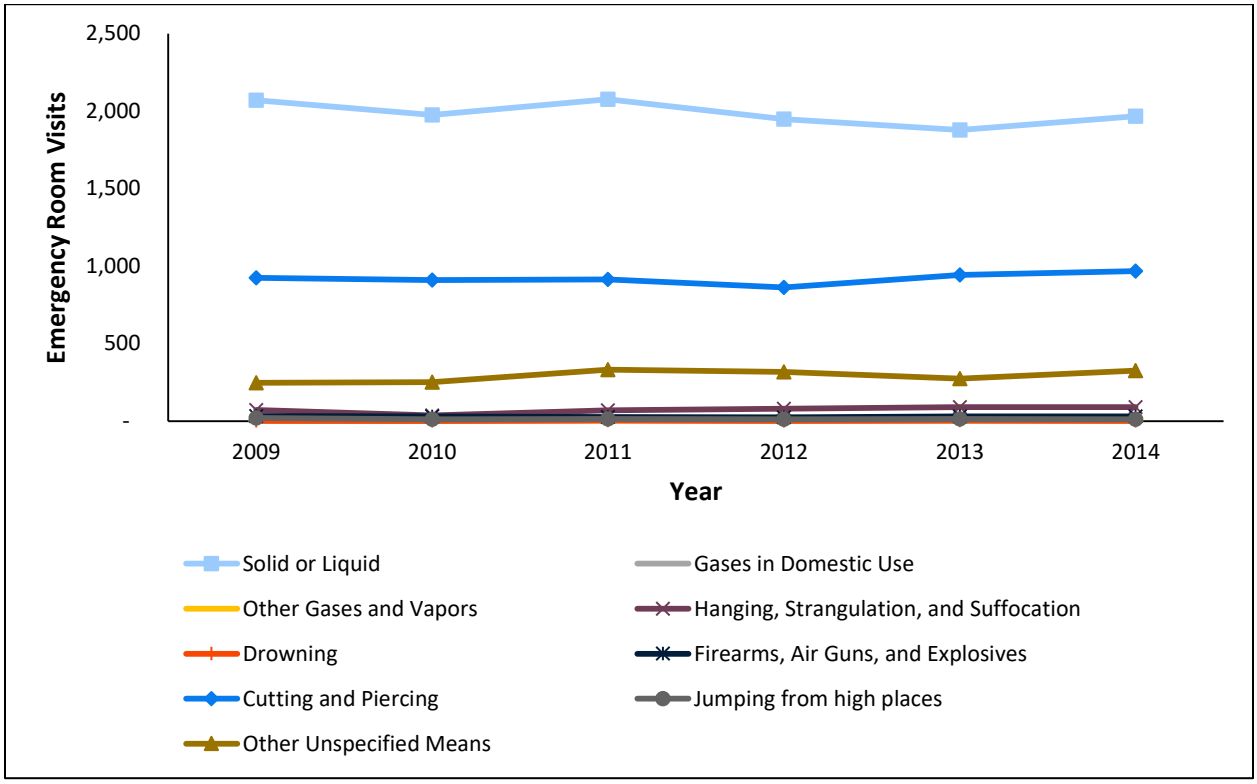
ER visits related to alcohol and other drug use from 2009 to 2014. Alcohol-related visits increased from 21,063 visits in 2009 to 30,180 visits in 2014, a 43% increase. Visits related to other drugs followed the same trend, with a low of 13,969 visits in 2009 to a high of 28,065 visits in 2014, a 101% increase.

**Table 5. Demographics of Substance Related Emergency Room Visits, Nevada Residents, 2009-2014.**

| | Alcohol-Related | | Other Substance - Related | |
|---|---|---|---|---|
| | N | Column % | N | Column % |
| **Sex** | | | | |
| Female | 45,230 | 30.7 | 52,040 | 45.4 |
| Male | 102,078 | 69.3 | 62,645 | 54.6 |
| **Race** | | | | |
| White | 98,291 | 66.7 | 74,686 | 65.1 |
| Native American | 4,409 | 3.0 | 1,790 | 1.6 |
| Hispanic | 18,033 | 12.2 | 12,566 | 11.0 |
| Asian/Pacific | 2,231 | 1.5 | 1,724 | 1.5 |
| Black | 14,937 | 10.1 | 17,862 | 15.6 |
| Other | 5,341 | 3.6 | 3,921 | 3.4 |
| Unknown | 4,072 | 2.8 | 2,140 | 1.9 |
| **Age** | | | | |
| 0-14 | 514 | 0.3 | 2,217 | 1.9 |
| 15-24 | 15,437 | 10.5 | 23,250 | 20.3 |
| 25-34 | 25,137 | 17.1 | 30,144 | 26.3 |
| 35-44 | 29,287 | 19.9 | 23,212 | 20.2 |
| 45-54 | 42,420 | 28.8 | 21,411 | 18.7 |
| 55-64 | 24,248 | 16.5 | 10,519 | 9.2 |
| 65-74 | 7,824 | 5.3 | 2,879 | 2.5 |
| 75-84 | 1,913 | 1.3 | 757 | 0.7 |
| 85+ | 518 | 0.4 | 299 | 0.3 |

*Source: Division of Public and Behavioral Health, Hospital Emergency Room Discharge*

**Figure 10. Suicide Related Emergency Room Visits, Nevada Residents, 2009-2014.**




*Source: Division of Public and Behavioral Health, Hospital Emergency Room Discharge*

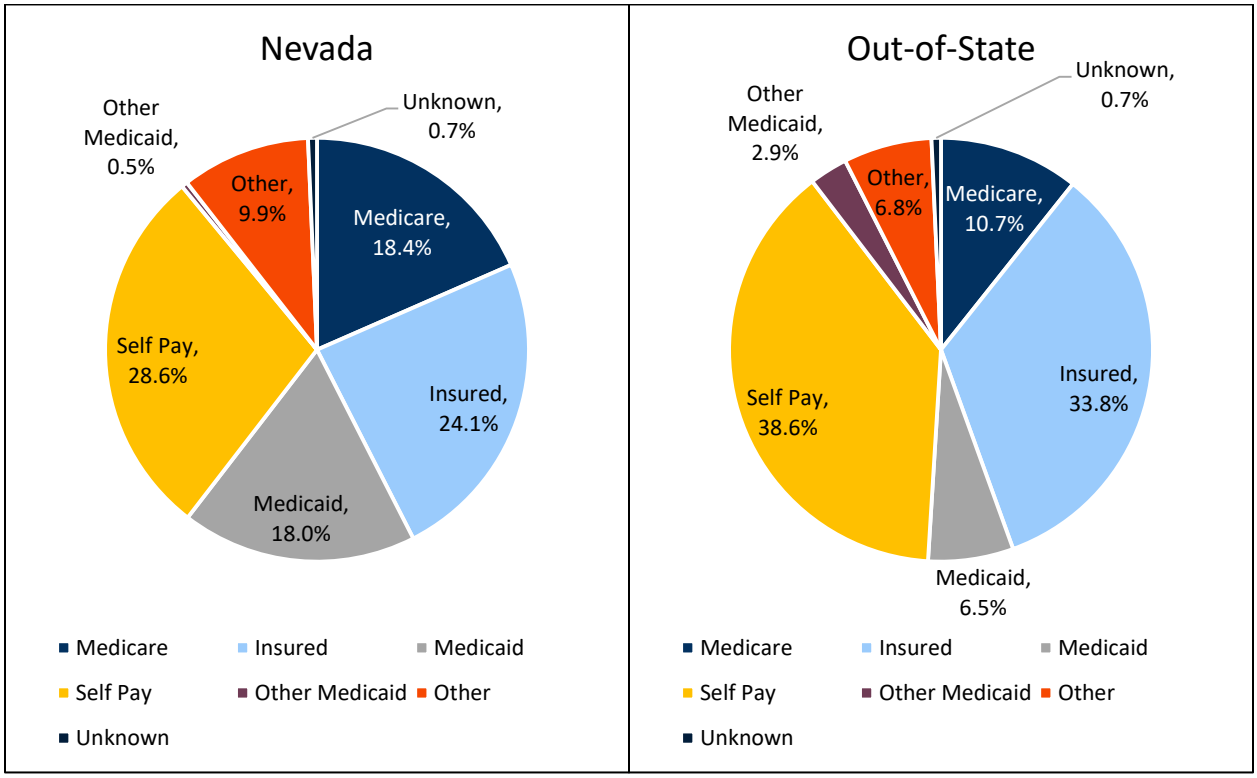
Overall number of visits to the ER for suicide among Nevada residents showed no increasing or decreasing trend from 2009 to 2014, with 3,351 visits in 2009 to 3,360 in 2014.

Suicide by solid or liquid remains the top method of suicide and suicide attempts which resulted in an ER visit in Nevada, related to 59% of all suicide-related ER visits in 2014. Suicide by solid or liquid includes all suicides where an individual entered liquid into his or her body, such as alcohols (ethanol, butanol, propanol, and methanol), fuel, oil, petroleum, pesticides, herbicides, paints, dyes, and glues; or solids such as prescription pills and illegal drugs.

The second most common suicide related cause of ER visits was for those involving cutting and piercing instruments, which was indicated on 29% of all suicide-related visits in 2014.

It is important to note that these data are reflective of suicide attempts that were not immediately successful.

**Figure 11. Payer Distribution of Mental Health and Substance Use Related Emergency Room Visits by Residence Status, 2009-2014.**




*Source: Division of Public and Behavioral Health, Hospital Emergency Room Discharge*

Payer was consolidated into the following format:

- Medicare: Medicare, Medicare HMO
- Insured: CHAMPUS OR CHAMVA, Commercial Insurer, Negotiated Discounts e.g. PPO, HMO, All Workers Compensation
- Medicaid: Nevada Medicaid, Nevada Medicaid HMO
- Self-Pay: Self Pay
- Other Medicaid: Out of State Medicaid
- Other: Charity, Miscellaneous, County Indigent Referral
- Unknown: Unknown, Blank

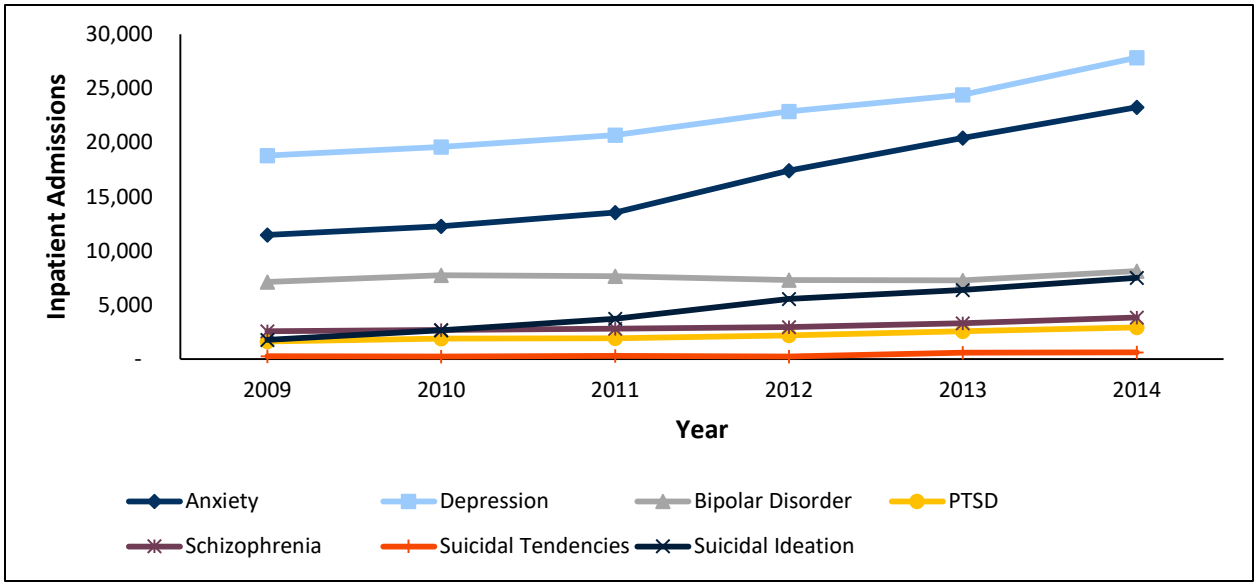
A majority of mental health and substance-related ER visits for Nevada residents was paid by Self-pay (29%), followed by “Insured” (24%), Medicare (18%), and Medicaid (18%).

# Hospital Inpatient Admissions

The data provided in this section are from the hospital inpatient billing data, collected by the University of Nevada, Las Vegas, Center for Health Information Analysis (CHIA). The data are based on admissions, not patients, therefore a single person may represent multiple admissions. The inpatient data are broken into three parts: mental conditions (depression, anxiety, PTSD, suicidal ideations, etc.), suicide attempts by method (hanging, jumping, firearms, etc.) and alcohol- and drug-related admissions. The same ICD-9 codes were used for analysis as were used in hospital ER visit analysis.

There were a total of 356,538 inpatient admissions related to mental health and substance use disorders among Nevada residents between 2009 and 2014 for the reasons listed above. Since an individual can have more than one diagnosis during a single inpatient admission, the following numbers reflect the number of times a diagnosis was given and therefore the following numbers are not mutually exclusive. Diagnoses related to mental disorders occurred in 260,047 inpatient admissions, there were 90,474 inpatient admissions related to alcohol-related issues, 88,204 inpatient admissions for other drug-related issues, and 7,913 inpatient admissions with diagnoses codes related to suicide attempts.

**Figure 12. Select Mental Health Related Inpatient Admissions, Nevada Residents, 2009-2014.**




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

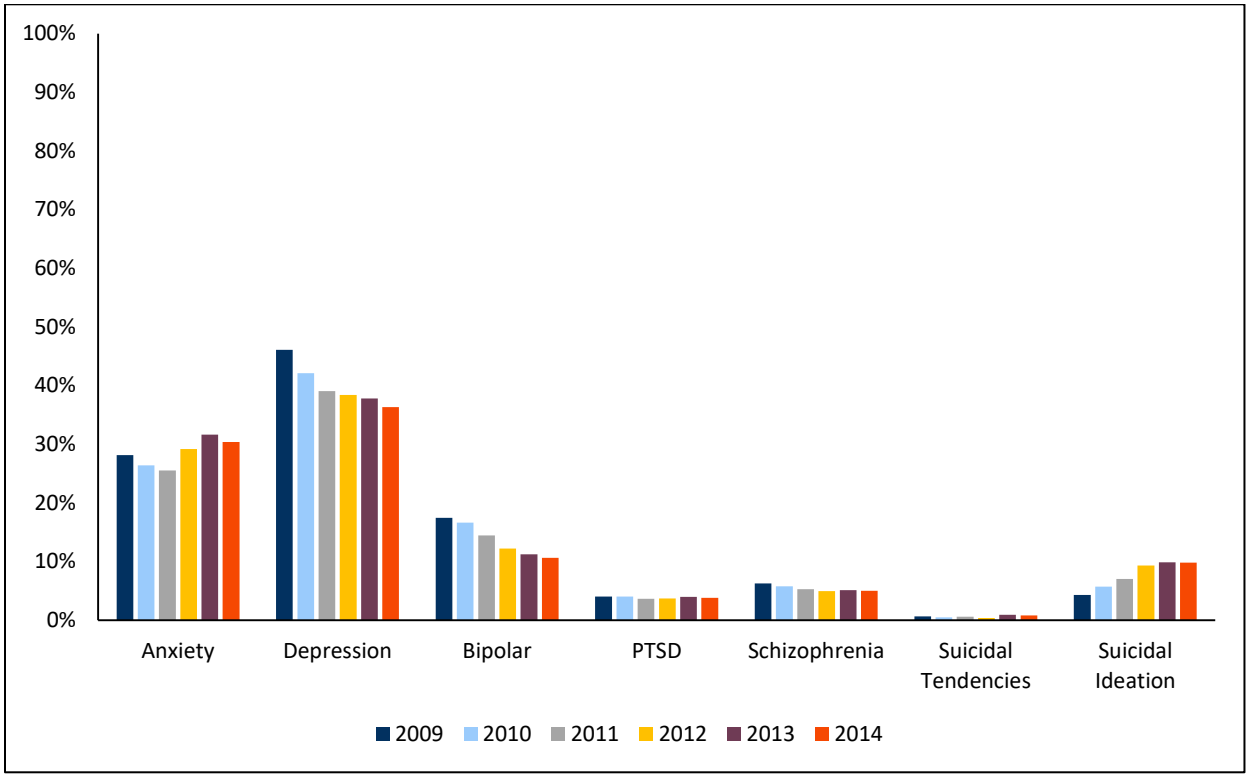
Depression was the most common mental health disorder for inpatient admissions for Nevada residents between 2009 and 2014, related to for 54% of the admissions from the disorders listed above in Figure 11. Depression inpatient admissions have increased consistently over the four year period, from 18,794 admissions in 2009 to 27,843 in 2014, a 48% increase.

Anxiety was the second most common mental health disorder seen in inpatient admissions. Inpatient admissions has increased steadily over the four year period, from 11,466 admissions in 2009 to 23,266 in 2014, a 103% increase.

Bipolar disorder is the third most common mental health disorder seen in inpatient admissions among Nevada residents, related to 16% of admissions for the mental health conditions listed in Figure 10.

Inpatient admissions for suicidal ideation experienced the greatest percent change from 2009 to 2014 with a 328% increase. The inpatient admission counts increased from 1,753 in 2009 to 7,501 in 2014.

**Figure 13. Proportion of Select Mental Health Related Inpatient Admissions by Year, Nevada Residents, 2009-2014**




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

Figure 13 depicts the proportion of inpatient admissions of each mental health indicators of all mental health related inpatient admissions of that year.

**Table 6. Demographics of Select Mental Health Related Inpatient Admissions, Nevada Residents, 2009-2014.**

| Inpatient | Depression | | Anxiety | | Bipolar | | Suicidal Ideation | |
|---|---|---|---|---|---|---|---|---|
| | N | Column % | N | Column % | N | Column % | N | Column % |
| **Sex** | | | | | | | | |
| Female | 85,848 | 64.0 | 65,900 | 67.0 | 27,099 | 60.0 | 14,167 | 51.4 |
| Male | 48,329 | 36.0 | 32,438 | 33.0 | 18,084 | 40.0 | 13,389 | 48.6 |
| **Race** | | | | | | | | |
| White | 97,886 | 73.0 | 73,676 | 74.9 | 30,806 | 68.2 | 14,808 | 53.7 |
| Black | 11,259 | 8.4 | 7,981 | 8.1 | 4,987 | 11.0 | 2,443 | 8.9 |
| Native American | 1,197 | 0.9 | 797 | 0.8 | 920 | 2.0 | 475 | 1.7 |
| Asian/Pacific | 2,653 | 2.0 | 1,930 | 2.0 | 575 | 1.3 | 400 | 1.5 |
| Hispanic | 8,847 | 6.6 | 6,763 | 6.9 | 2,127 | 4.7 | 1,616 | 5.9 |
| Other | 4,399 | 3.3 | 2,696 | 2.7 | 1,256 | 2.8 | 1,903 | 6.9 |
| Unknown | 7,937 | 5.9 | 4,496 | 4.6 | 4,512 | 10.0 | 5,911 | 21.5 |
| **Age** | | | | | | | | |
| 0-14 | 2,953 | 2.2 | 795 | 0.8 | 1,450 | 3.2 | 2,098 | 7.6 |
| 15-24 | 11,290 | 8.4 | 4,662 | 4.7 | 5,352 | 11.8 | 6,014 | 21.8 |
| 25-34 | 9,310 | 6.9 | 7,976 | 8.1 | 5,352 | 11.8 | 3,395 | 12.3 |
| 35-44 | 13,084 | 9.8 | 10,970 | 11.2 | 7,299 | 16.2 | 3,960 | 14.4 |
| 45-54 | 20,814 | 15.5 | 17,309 | 17.6 | 10,320 | 22.8 | 4,943 | 17.9 |
| 55-64 | 26,089 | 19.4 | 19,424 | 19.8 | 8,924 | 19.8 | 4,006 | 14.5 |
| 65-74 | 25,257 | 18.8 | 19,368 | 19.7 | 4,664 | 10.3 | 1,992 | 7.2 |
| 75-84 | 16,802 | 12.5 | 12,237 | 12.4 | 1,477 | 3.3 | 809 | 2.9 |
| 85+ | 8,579 | 6.4 | 5,598 | 5.7 | 345 | 0.8 | 339 | 1.2 |

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

**Table 7. Demographics of Select Methods of Suicide Attempts Inpatient Admissions, Nevada Residents, 2009-2014.**

| Inpatient | Solid or Liquid | | Cutting and Piercing Instrument | | Firearms, Air Guns and Explosives | |
|---|---|---|---|---|---|---|
| | N | Column % | N | Column % | N | Column % |
| **Sex** | | | | | | |
| Female | 4,023 | 60.8 | 345 | 44.3 | 40 | 22.3 |
| Male | 2,593 | 39.2 | 434 | 55.7 | 139 | 77.7 |
| **Race** | | | | | | |
| White | 4,783 | 72.3 | 513 | 65.9 | 139 | 77.7 |
| Black | 428 | 6.5 | 49 | 6.3 | 6 | 3.4 |
| Native American | 118 | 1.8 | 13 | 1.7 | 4 | 2.2 |
| Asian/Pacific | 179 | 2.7 | 20 | 2.6 | 1 | 0.6 |
| Hispanic | 707 | 10.7 | 102 | 13.1 | 19 | 10.6 |
| Other | 237 | 3.6 | 50 | 6.4 | 2 | 1.1 |
| Unknown | 164 | 2.5 | 32 | 4.1 | 8 | 4.5 |
| **Age** | | | | | | |
| 0-14 | 136 | 2.1 | 28 | 3.6 | | - |
| 15-24 | 1,277 | 19.3 | 185 | 23.7 | 23 | 12.8 |
| 25-34 | 1,277 | 19.3 | 151 | 19.4 | 33 | 18.4 |
| 35-44 | 1,303 | 19.7 | 131 | 16.8 | 31 | 17.3 |
| 45-54 | 1,303 | 19.7 | 126 | 16.2 | 28 | 15.6 |
| 55-64 | 831 | 12.6 | 91 | 11.7 | 28 | 15.6 |
| 65-74 | 316 | 4.8 | 35 | 4.5 | 17 | 9.5 |
| 75-84 | 121 | 1.8 | 22 | 2.8 | 11 | 6.1 |
| 85+ | 52 | 0.8 | 10 | 1.3 | 8 | 4.5 |

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

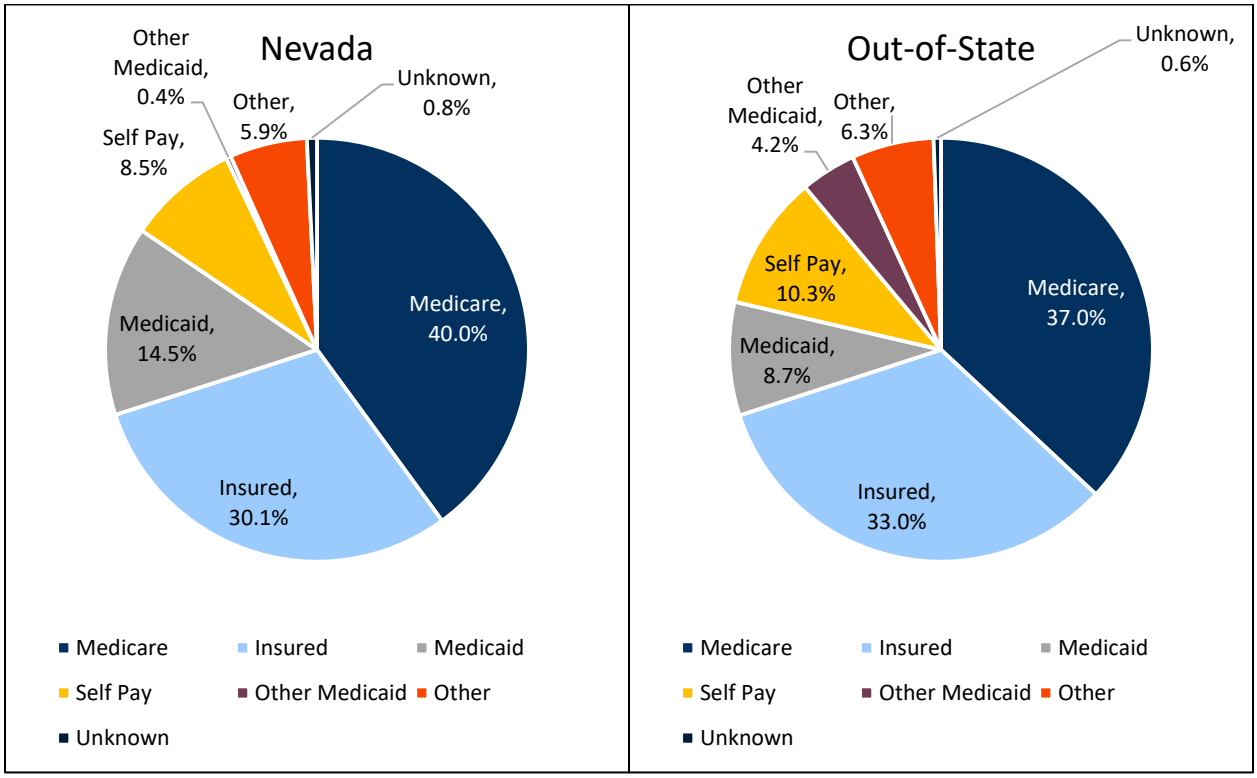
**Table 8. Specific Schizophrenia Diagnoses, Inpatient Admissions by Gender, Nevada Residents, 2009-2014**

| Condition | Female | | Male | | Total |
|---|---|---|---|---|---|
| | N | Row % | N | Row % | |
| Unspecified schizophrenia | 2,915 | 43.4% | 3,808 | 56.6% | 6,723 |
| Schizoaffective disorder | 3,055 | 45.8% | 3,621 | 54.2% | 6,676 |
| Paranoid type schizophrenia | 1,326 | 36.9% | 2,264 | 63.1% | 3,590 |
| Personal history of schizophrenia | 203 | 43.0% | 269 | 57.0% | 472 |
| Other specified types of schizophrenia | 148 | 35.2% | 272 | 64.8% | 420 |
| Schizophrenic disorder, residual type | 119 | 41.5% | 168 | 58.5% | 287 |
| Catatonic type schizophrenia | 42 | 42.9% | 56 | 57.1% | 98 |
| Schizophreniform disorder | 40 | 44.4% | 50 | 55.6% | 90 |
| Disorganized type schizophrenia | 20 | 40.0% | 30 | 60.0% | 50 |
| Simple type schizophrenia | 8 | 42.1% | 11 | 57.9% | 19 |
| Latent schizophrenia | 7 | 63.6% | 4 | 36.4% | 11 |
| **Total Schizophrenia** | **7,749** | **42.8%** | **10,344** | **57.2%** | **18,093** |

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

**Categories are not mutually exclusive.*

**Figure 14. Payer Distribution of Mental Health and Substance Use Related Inpatient Admissions by Resident Status, 2009-2014.**



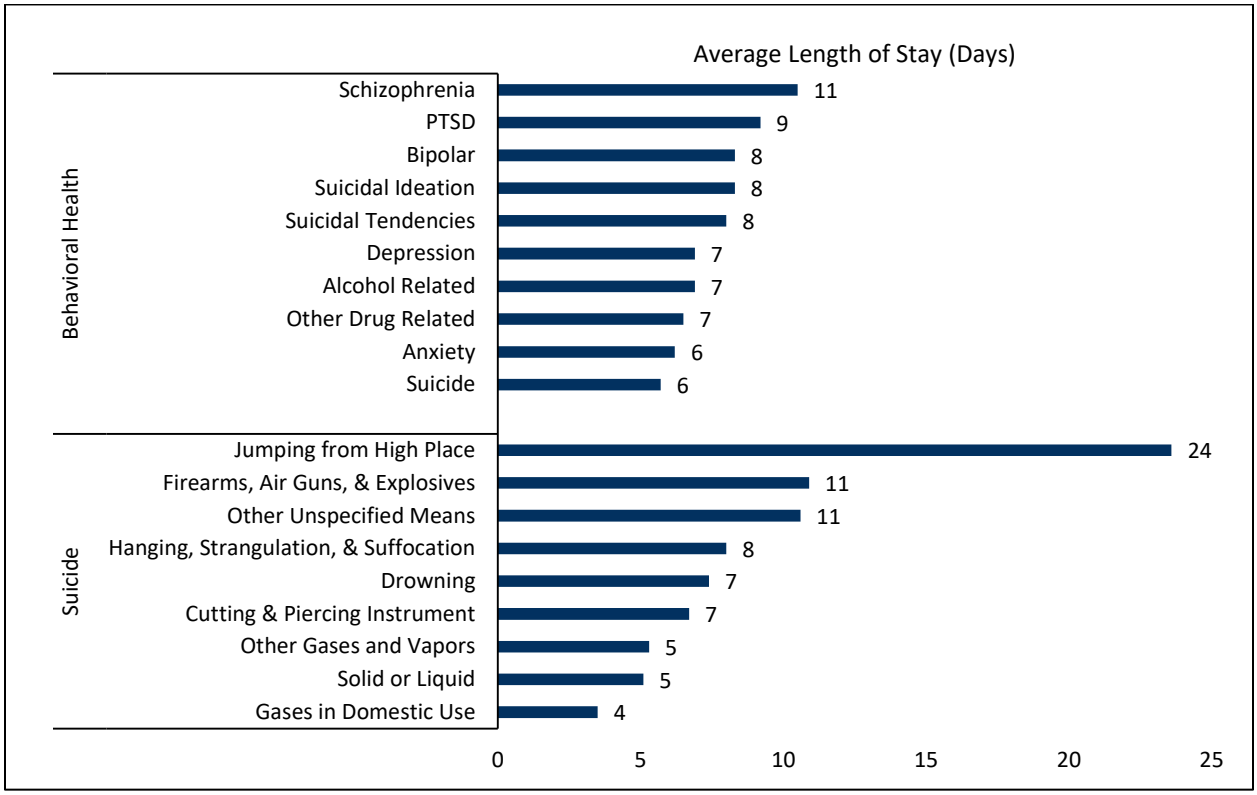

*Source: Division of Public and Behavioral Health, Hospital Inpatient Billing*

Payer was consolidated into the following format:

- Medicare: Medicare, Medicare HMO
- Insured: CHAMPUS OR CHAMVA, Commercial Insurer, Negotiated Discounts e.g. PPO, HMO, All Workers Compensation
- Medicaid: Nevada Medicaid, Nevada Medicaid HMO
- Self-Pay: Self Pay
- Other Medicaid: Out of State Medicaid
- Other: Charity, Miscellaneous, County Indigent Referral
- Unknown: Unknown, Blank

A majority of mental health and substance-related inpatient admissions for Nevada residents was paid by Medicare (40%). HMOs accounted for 14% of payment types for inpatient admissions. Medicaid accounted for 15%, and Self Pay accounted for 9% of payments.

**Figure 15. Average Length of Stay for Mental Health and Substance Related Disorders in Inpatient Admissions, Nevada Residents, 2009-2014.**




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

Note: Since an individual can have more than one of the above diagnoses during an inpatient admission, a single hospitalization may be included in multiple categories, and would contribute to the average length of stay in each of these categories.

Inpatient admissions for suicide attempts by jumping from a high place had the longest average length of stay for the period from 2009 to 2015 at 24 days, but was not included in the previous figure due to small counts. Suicide attempts by gases in domestic use had the shortest length of stay at an average of four days.

# Substance Abuse Treatment

The data in this section is reflective of services received by Nevada residents at treatment facilities funded by the DPBH's Substance Abuse Prevention and Treatment Agency (SAPTA). This is not a comprehensive accounting of all Nevada residents who receive substance use treatment. The data are based on admissions, not patients, therefore a single person may represent multiple admissions.

**Table 9. Top Primary Substances of Admissions to Nevada Substance Abuse Treatment Facilities, Nevada Residents, 2014.**

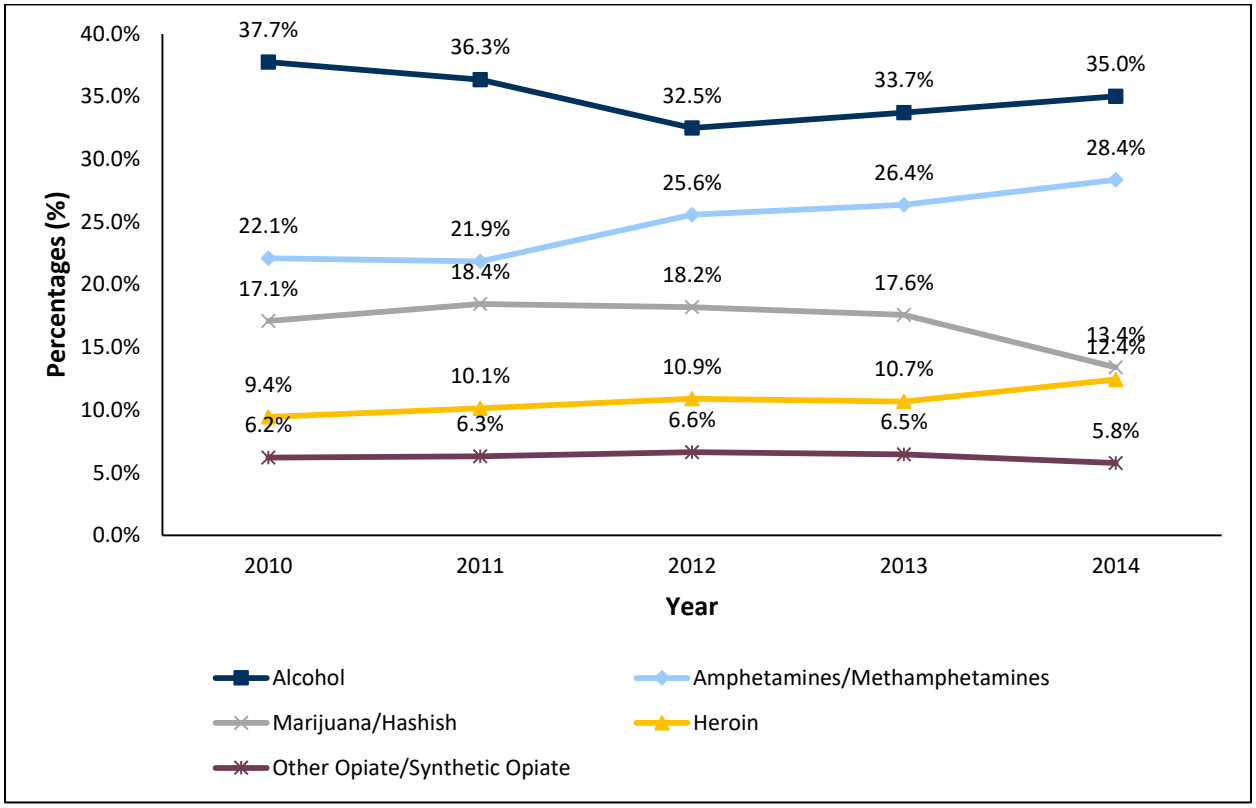
| Rank | Substance | Percent |
|---|---|---|
| 1 | Alcohol | 35.0 |
| 2 | Amphetamines/Methamphetamines | 28.4 |
| 3 | Marijuana/Hashish | 13.4 |
| 4 | Heroin | 12.4 |
| 5 | Other Opiates/Synthetic Opiates | 5.8 |

*Source: Division of Public and Behavioral Health, Nevada Health Information Provider Performance System*

Of the Nevada residents who received substance abuse treatment services from a SAPTA provider in 2014, alcohol was the most common substance abused (35.0%), followed by amphetamines/methamphetamines (28.4%), marijuana (13.4%), and heroin and other opiates (12.4% and 5.8% respectively).

It is highly important to ensure that appropriate detoxification services are provided to persons who are under the influence of a substance. Many of the substances will cause withdrawal that can range from anxiety, hallucinations, seizures or even death.

**Figure 16. Top Primary Substances of Admission to Nevada Substance Abuse Treatment Facilities, Nevada Residents, 2010-2014.**




*Source: Division of Public and Behavioral Health, Nevada Health Information Provider Performance System*

Figure 13 shows trends for the top five most common primary substances, and the percentages of patients admitted into a treatment facility for that substance. Alcohol is the dominant substance seen in treatment facilities and represents a 37.7% of patients seeking treatment at a SAPTA-funded treatment facility in 2010 and 35.0% of patients in 2014.

Methamphetamines (Meth-/Amphetamines) is the next common substance abused by Nevada residents who underwent treatment between 2010 and 2014. The percentage of patients seeking treatment for Meth-/Amphetamines abuse peaked in 2014 (28.4%).

Marijuana is the third most common drug among Nevada residents seen in substance abuse treatment facilities, at 13.4% in 2014.

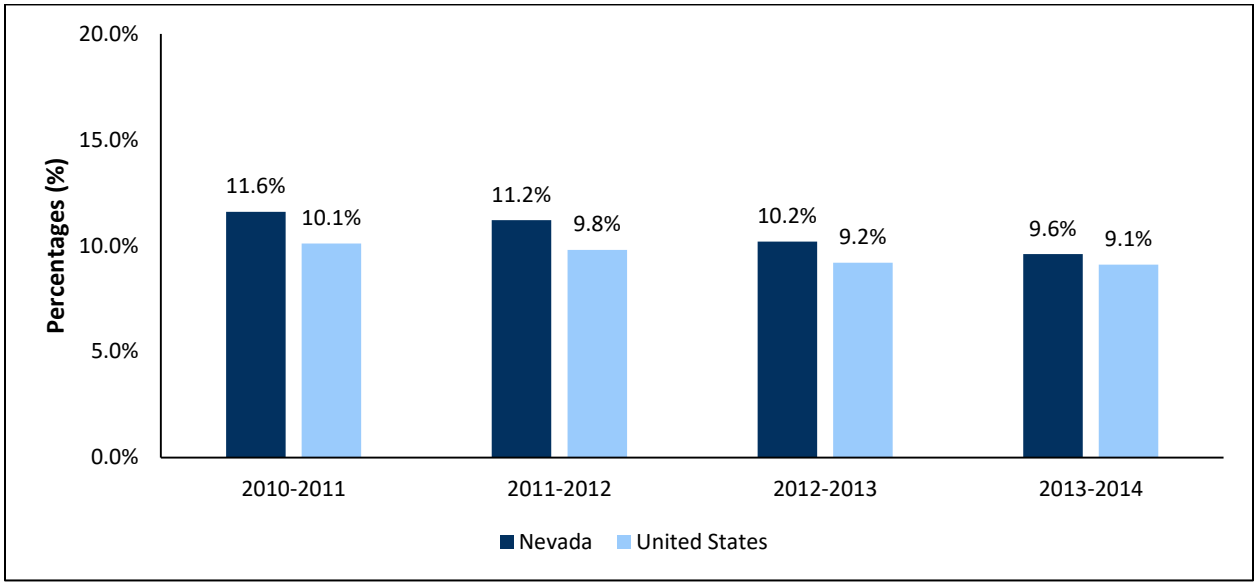
Heroin is the fourth most common drug among Nevada residents seen in substance abuse treatment facilities, at 12.4 in 2014.

**Table 10. Demographics of Unduplicated Persons in Nevada State Funded Substance Abuse Treatment Facilities, SFY 2011-2015.**

| | SFY 2011 | SFY 2012 | SFY 2013 | SFY 2014 | SFY 2015 |
|---|---|---|---|---|---|
| **Sex** | | | | | |
| Male | 5,659 | 6,688 | 6,662 | 4,660 | 5,677 |
| Female | 2,912 | 3,834 | 3,974 | 2,853 | 3,788 |
| Pregnant Woman | 133 | 190 | 192 | 139 | 190 |
| **Age** | | | | | |
| 0-17 | 928 | 1,060 | 1,038 | 574 | 605 |
| 18-24 | 1,788 | 2,189 | 2,176 | 1,384 | 1,632 |
| 25-44 | 3,845 | 4,832 | 5,100 | 3,787 | 5,048 |
| 45-64 | 1,950 | 2,366 | 2,236 | 1,705 | 2,119 |
| 65+ | 60 | 75 | 86 | 63 | 61 |
| **Race/Ethnicity** | | | | | |
| White | 5,790 | 7,074 | 7,208 | 5,064 | 6,625 |
| Black or African American | 1,021 | 1,191 | 1,135 | 845 | 1,005 |
| Native Hawaiian/Other Pacific Islander | 66 | 75 | 99 | 63 | 91 |
| Asian | 64 | 111 | 107 | 56 | 68 |
| American Indian/Alaska Native | 222 | 280 | 274 | 221 | 272 |
| Multiple | 383 | 481 | 521 | 347 | 391 |
| Unknown | 1,025 | 1,310 | 1,292 | 917 | 1,013 |
| **Total** | **8,571** | **10,522** | **10,636** | **7,513** | **9,465** |

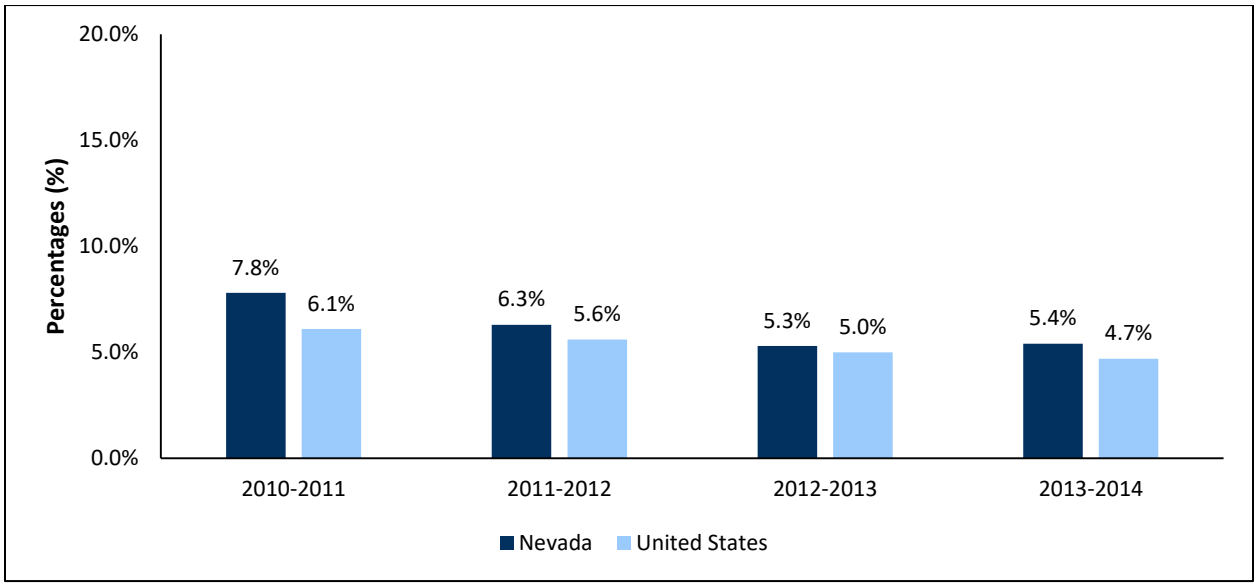
*Source: SAMHSA Block Grants, WebBGAS*

**Figure 17. Past Month Illicit Drug Use Among Adolescents Aged 12-17 in Nevada and the United States, 2010-2011 to 2013-2014.**



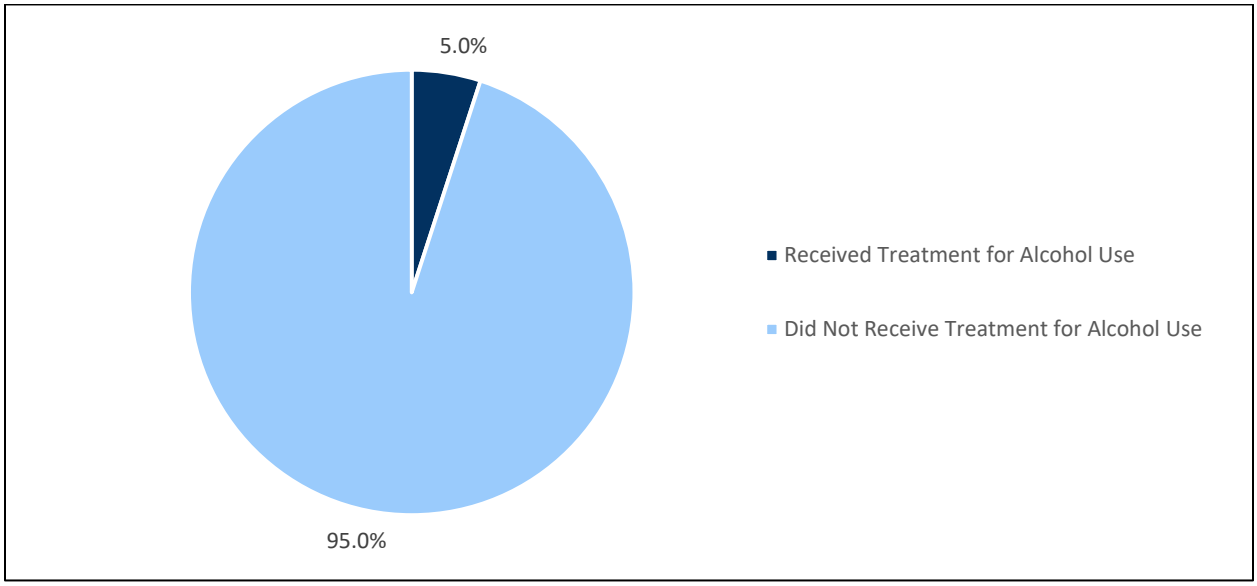

*Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010-2011 to 2013-2014.*

**Figure 18. Past Year Nonmedical Use of Pain Relievers Among Adolescents Aged 12-17 in Nevada and the United States 2010-2011 to 2013-2014.**



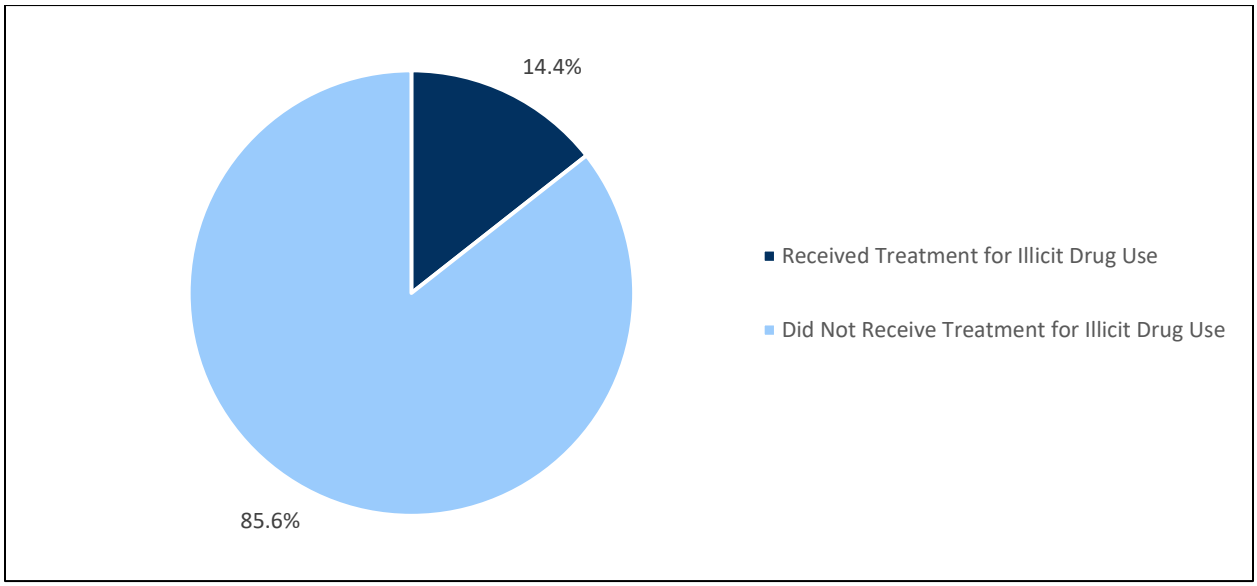

*Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010-2011 to 2013-2014.*

**Figure 19. Past Year Treatment for Alcohol Use Among Individuals Aged 12 or Older with Alcohol Dependence or Abuse in Nevada, 2010-2014.**




*Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010--2014.*

**Figure 20. Past Year Treatment for Illicit Drug Use Among Individuals Aged 12 or Older with Illicit Drug Dependence or Abuse in Nevada, 2010-2014.**




*Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010--2014.*

**Table 11. Health Disparities-Related Activities by Coalition, October 2016 – March 2017**

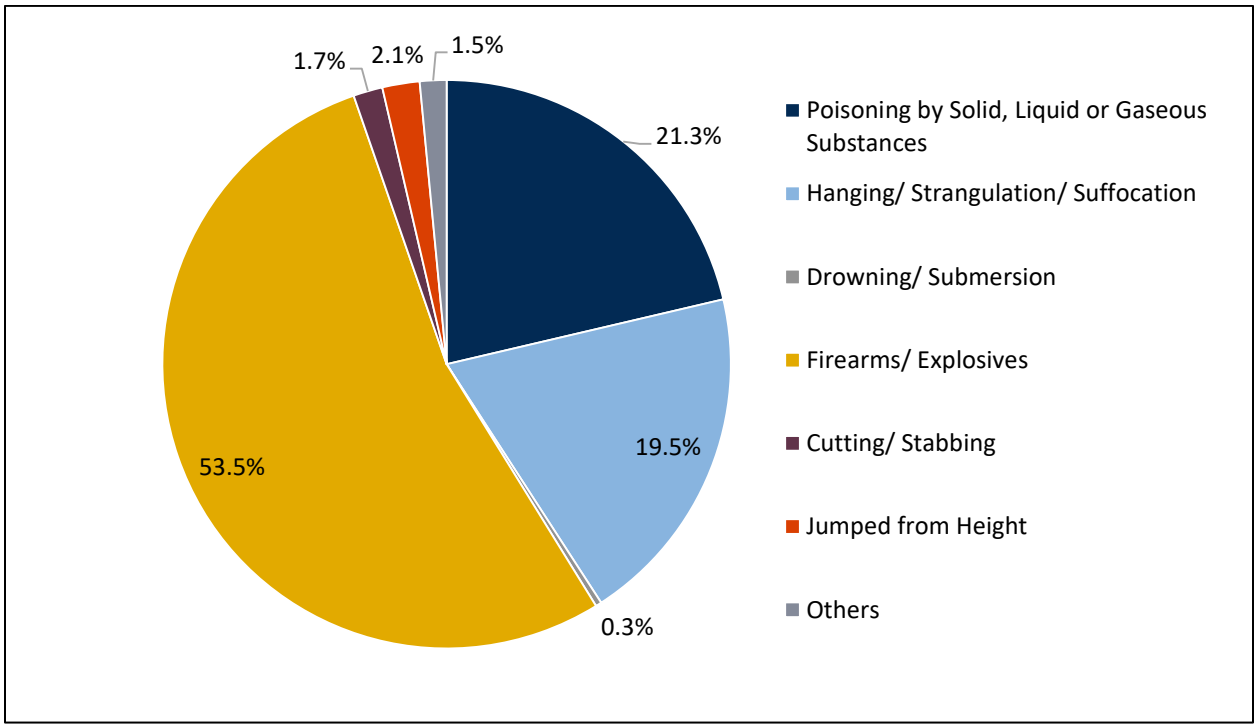
| | CARE Coalition | Churchill Community Coalition | Frontier Community Coalition | Healthy Communities Coalition | Join Together Northern Nevada | Nevada Community Prevention Coalition | Nevada Statewide Coalition Partnership | Nye Communities Coalition | PACT Coalition | Partners Allied for Community Excellence | Partnership Carson City | Partnership of Community Resources |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Defined specific health disparities subpopulations | X | | | | | | X | | | | X | X |
| Identified specific substance use-related health disparities faced by your selected subpopulations | X | | | | | | X | | | | X | |
| Obtained substance use-related data specific to the high-needs subpopulations | | X | | X | | | X | | | | X | |
| Considered health disparities in your PFS planning process | | X | | X | | | X | | | X | X | |
| Involved subpopulations experiencing health disparities in your PFS activities | X | X | X | | | | | X | | X | | X |
| Received training to increase your capacity related to substance use health disparities | X | | X | X | X | | X | X | | | X | |
| Developed partnerships with agencies, organizations, or key stakeholders to address the health disparities | X | X | X | X | X | X | X | X | X | X | X | |
| Implemented interventions specifically for health disparities subpopulations | X | X | X | | X | X | | X | X | | X | |
| Adapted interventions to make them apply to specific health disparities subpopulations | | | | | | | | X | | | X | |
| Increased the availability of substance use prevention services to health disparities subpopulations | X | | X | | | X | | X | | | X | |
| Increased access to substance use prevention services for health disparities subpopulations | X | X | | | | X | X | X | | X | X | |
| Evaluated outcomes by subpopulations that face substance use health disparities | | | | | | | | | | | | |
| Evaluated changes in the number of individuals served or reached by subpopulations that face substance use health disparities | | | | | | | | | | | | |
| Developed a plan to sustain progress made in addressing substance use-related health disparities beyond the Partnerships for Success Initiative | X | X | X | | | | | | X | | X | |
| Other | | | | | | | | | | | | |
| None of the Above | | | | | | | | | | | | |

Health disparities subpopulations refer to specific demographic, language, age, socioeconomic status, sexual identity, or literacy groups that experience limited availability of or access to substance use prevention services or who experience worse substance use prevention outcomes. Table 11 indicates the health disparities-related activities each subrecipient organization conducted from October 2016 – March 2017.

# Mental and Substance Abuse Deaths

The data in this section are from the electronic death registry at DPBH. The Substance Abuse and Mental Health Service Administration (SAMHSA) reports suicide and mental illness are highly correlated with as many as 90% of those persons who die of suicide completion having a diagnosable mental illness.

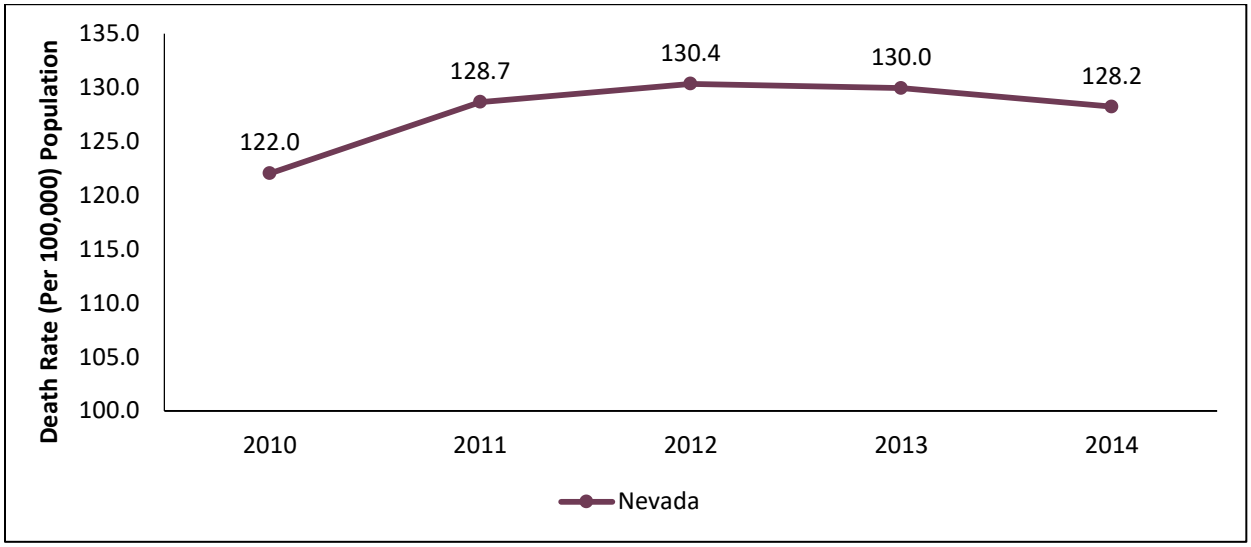
**Figure 21. Percent of Suicides (Immediate Cause) by Method, Nevada, 2010-2014 (n=2,639).**




*Source: Division of Public and Behavioral Health, WEVRRS*

Among Nevada residents who died of a suicide between 2010 and 2014, the most common method of suicide was firearms/explosives (53.5%), followed by poisonings from solid, liquid, or gaseous substances (21.3%) and hanging, strangulation and suffocation (19.5%).

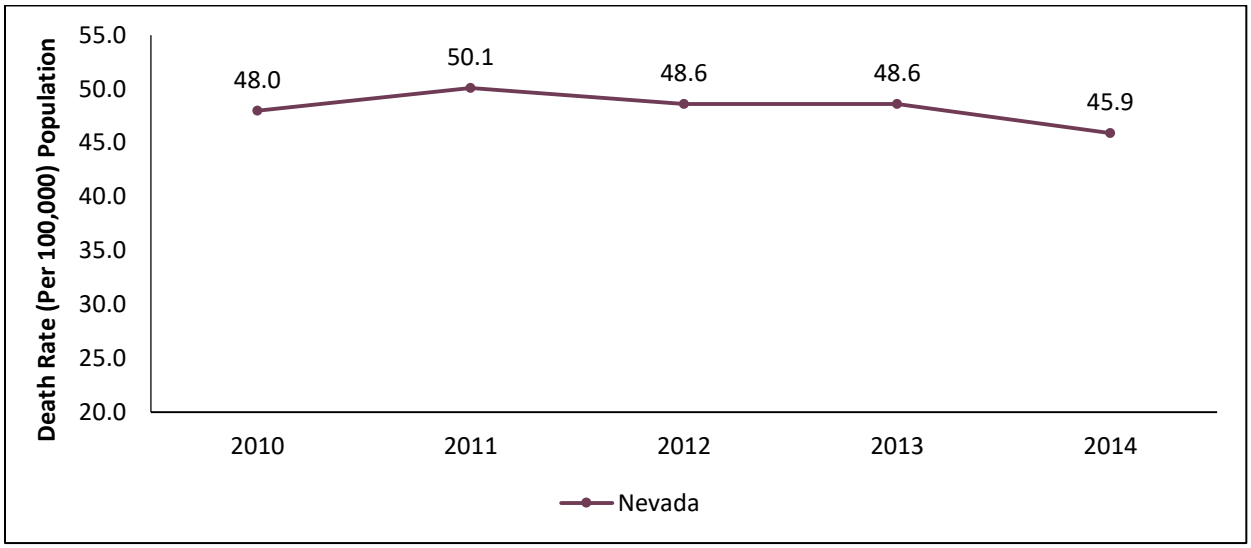
**Figure 22. Mental Health and Substance-Related Deaths, Nevada, 2010-2014**




*Source: Division of Public and Behavioral Health, WEVRRS*

There were 17,675 deaths related to mental health and substance-related disorders in Nevada between 2010 and 2014. Nevada's death rate for behavioral related deaths (defined by ICD10 codes F00-F99) 122.0 per 100,000 in 2010. There was an overall 5.1% increase between 2010 and 2014 when the rate had increased to 128.2 per 100,000.

**Figure 23. Substance-Related Deaths, Nevada, 2010-2014**




*Source: Division of Public and Behavioral Health, WEVRRS*

There were 6,664 substance-related deaths in Nevada between 2010 and 2014. During that timeframe the death rate varied between from 45.9 deaths per 100,000 and 50.1 deaths per 100,000.

Note: the following codes were used to define substance-related deaths: ICD10 codes G312, G621, I426, G721, K292, K70, K860, R78, Y90, Y91, X40-X49, T36-T60, T65, F10, X60-X69, E244, K852, O354, Y10-Y19, P043, Q860, Z721, R781-R786, F11-F16, F18, X85-X90, O355, D521, P961, T96-T97, Y40-Y59, K711, N141, P044.

**Table 12. Demographics of Substance Related Deaths, Nevada 2010-2014**

| | N | Column % |
|---|---|---|
| **Sex** | | |
| Female | 2,384 | 35.8 |
| Male | 4,280 | 64.2 |
| **Race** | | |
| White | 5,317 | 79.8 |
| Black | 423 | 6.3 |
| Native American | 118 | 1.8 |
| Hispanic | 588 | 8.8 |
| Asian/Pacific | 114 | 1.7 |
| Other | 6 | 0.1 |
| Unknown | 98 | 1.5 |
| **Age** | | |
| <1 | 15 | 0.2 |
| 1-4 | 12 | 0.2 |
| 5-14 | 12 | 0.2 |
| 15-24 | 293 | 4.4 |
| 25-34 | 660 | 9.9 |
| 35-44 | 974 | 14.6 |
| 45-54 | 1,899 | 28.5 |
| 55-64 | 1,700 | 25.5 |
| 65-74 | 767 | 11.5 |
| 75-84 | 254 | 3.8 |
| 85+ | 77 | 1.2 |

*Source: Division of Public and Behavioral Health, WEVRRS*

In Nevada, the most common demographic groups to die of a substance-related death included: males (64.2%), White non-Hispanics (79.8%), and those aged 45 to 64 years of age (54.0%).

# Syndromic Surveillance

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

**Table 13. Behavioral Health Related Chief Complaints Demographics, Nevada Facilities, 2015.**

| | N | Percent |
|---|---|---|
| **Sex** | | |
| Female | 12,775 | 47.5% |
| Male | 14,093 | 52.4% |
| Unknown | 39 | 0.1% |
| **Age** | | |
| 0-5 | 104 | 0.4% |
| 6-12 | 111 | 0.4% |
| 13-19 | 1,429 | 5.3% |
| 20-39 | 12,926 | 48.0% |
| 40-59 | 7,871 | 29.3% |
| 60-79 | 2,796 | 10.4% |
| 80+ | 421 | 1.6% |
| Unknown | 1,249 | 4.7% |
| **Total** | **26,907** | **100.0%** |

*Source: Division of Public and Behavioral Health, BioSense*

**Table 14. Behavioral Health Related Chief Complaints, Nevada Facilities, 2015.**

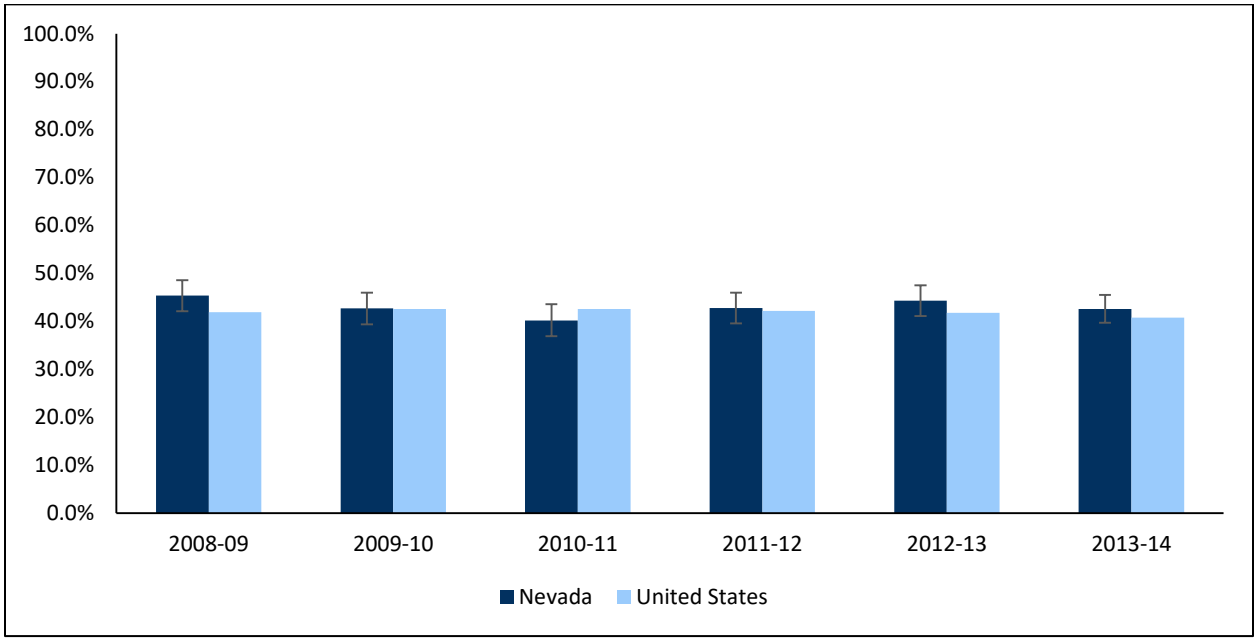
| | N |
|---|---|
| **Chief Complaint** | |
| Alcohol Use* | 11,325 |
| Depression Disorder** | 3,591 |
| **Suicidal Ideation** | 2,636 |
| **Overdose*** ** | 2,287 |
| Anxiety | 7,150 |
| Alcohol Withdrawal | 251 |
| | |

*Includes: alcohol abuse, intoxication, alcoholic, ETOH, acute alcohol intoxication, alcohol dependence
**Includes: depression, major depression, mental disorder
***Includes: overdose, drugs

There were slightly more male patients (52%) among mental health and substance-related chief complaints in Nevada. The largest age group among patients were those aged 20-39 (48%). Not enough information was available to provide race/ethnicity patient demographics.

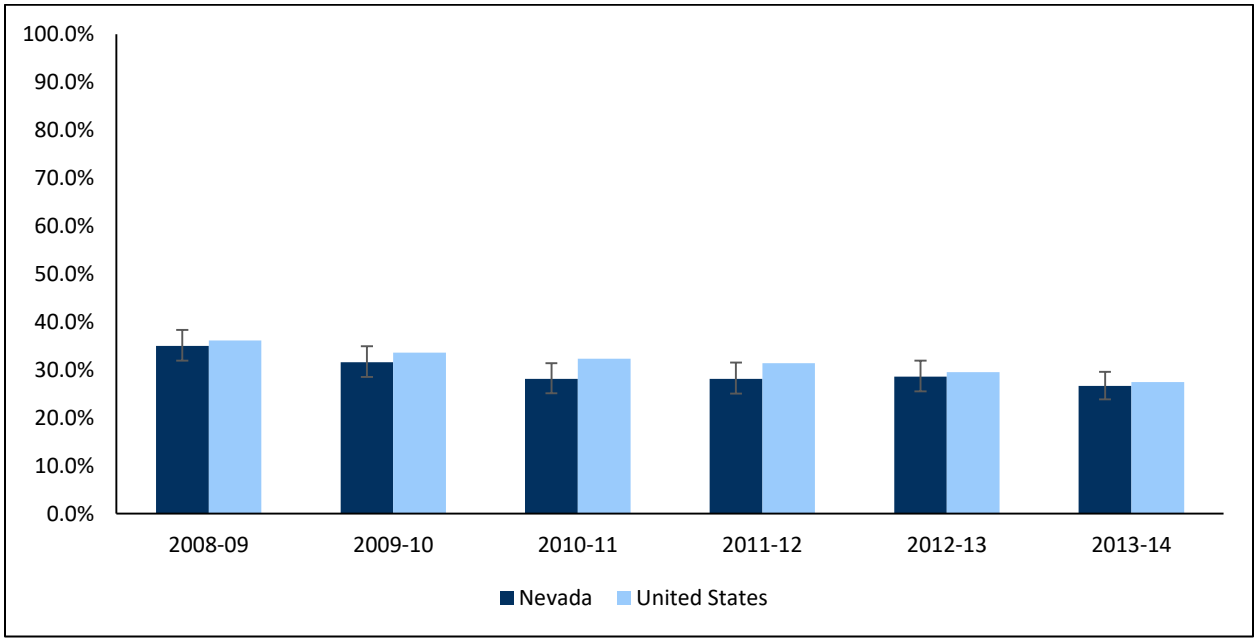
# Perceived Risk

**Figure 24. Percentage of Persons Aged 12 or Older Perceiving Great Risk from Five or More Drinks of an Alcoholic Beverage Once or Twice a Week: 2008-09 to 2013-14**



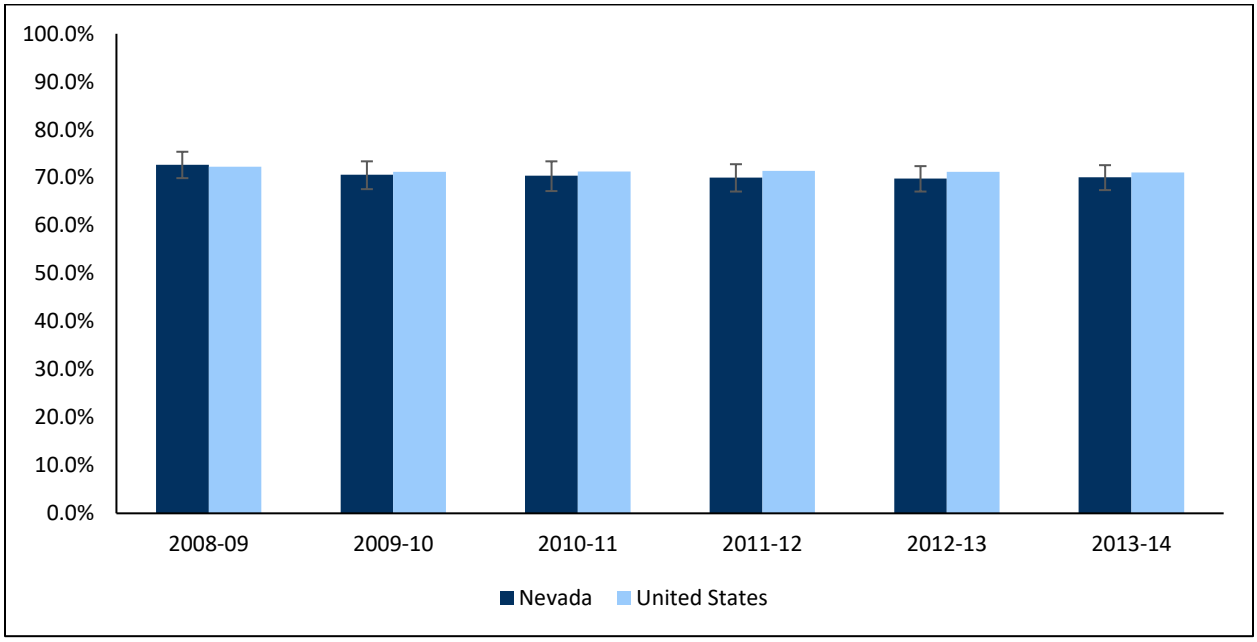

*Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2008--2014.*

**Figure 25. Percentage of Persons Aged 12 or Older Perceiving Great Risk from Smoking Marijuana Once a Month: 2008-09 to 2013-14**



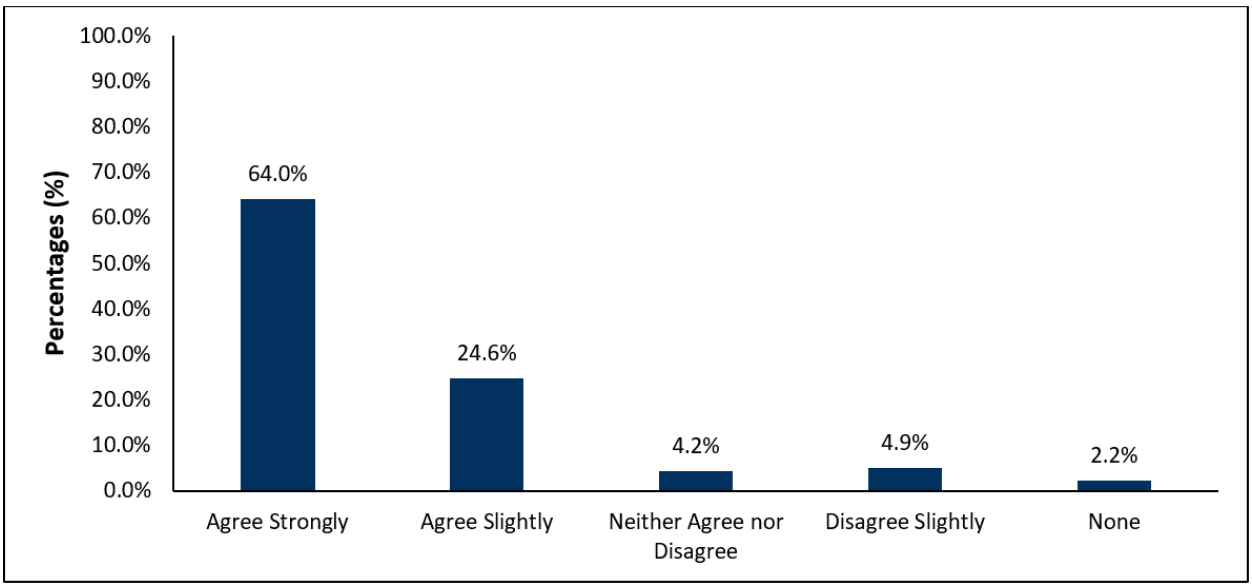

*Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2008--2014.*

**Figure 26. Percentage of Persons Aged 12 or Older Perceiving Great Risk from Smoking One or More Packs of Cigarettes Per Day: 2008-09 to 2013-14**




*Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2008--2014.*

**Figure 27. Percentages of Adult Nevada Residents Who Agree that with Treatment, People with a Mental Illness Can Live Normal Lives, 2012 – 2014.**



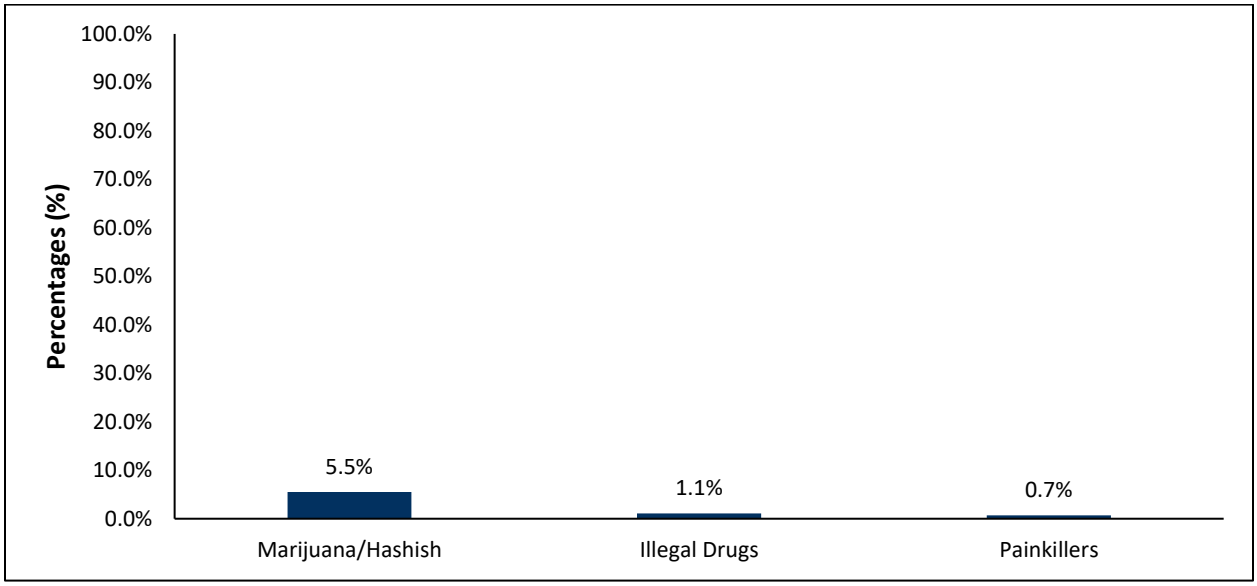

*Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System*

From 2012 to 2014, BRFSS data was collected on perception related to the efficacy of mental health treatment. In Nevada, over 90% of adults surveyed agreed in some capacity that those with mental health disorders can live a normal life with treatment. Only 4.9% of adults disagree that those with mental disorders could live a normal life, with treatment.

# Adult Behavioral Risk Factors

Data in this section are from Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS collects data for adults aged 18 years and older.

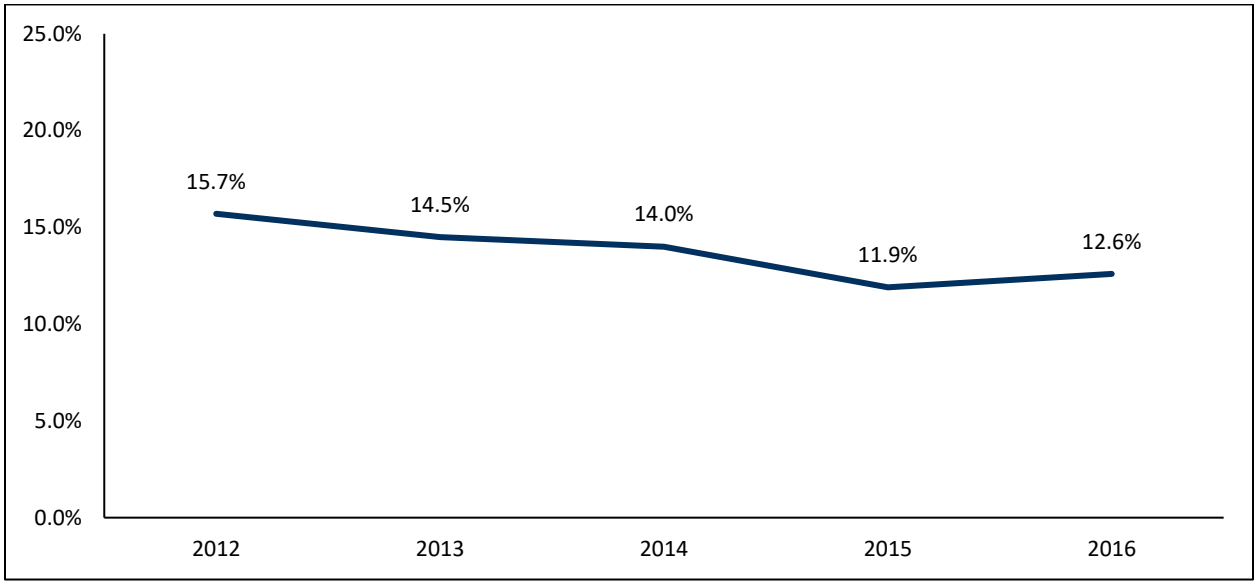
**Figure 28. Percentage of Adult Nevada residents Who Used Illegal Substances or Painkillers to Get High in the Last 30 days (Aggregate 2011-2014 data).**




*Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System*

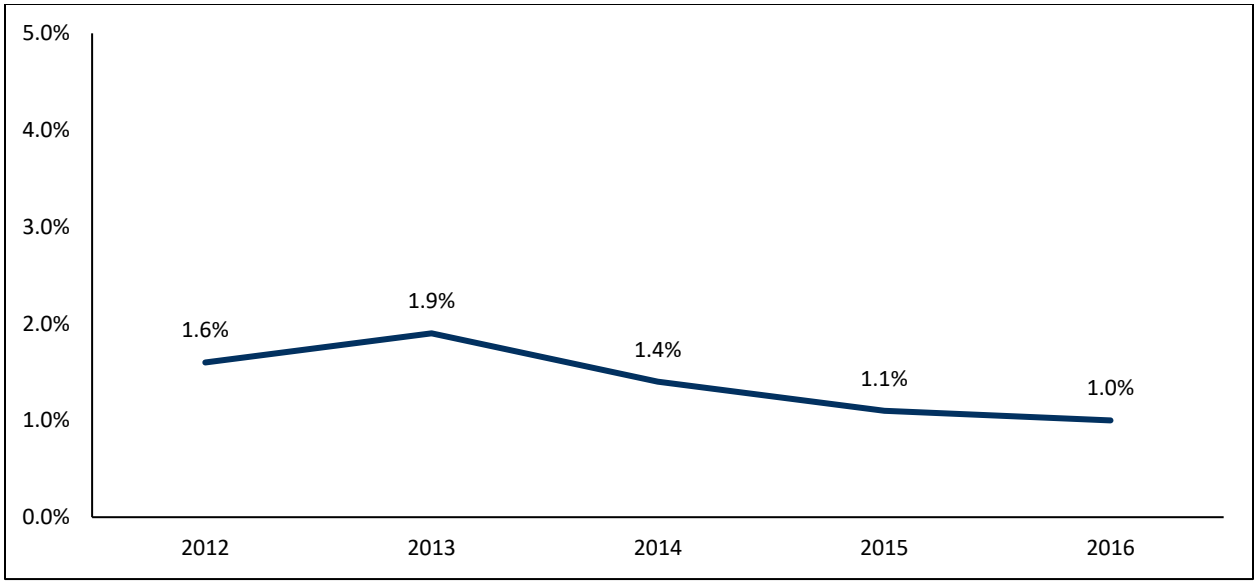
Between 2011-2014, over 5% of 17,366 Nevada adults surveyed reported through the BRFSS using marijuana or hashish in the last 30 days. By gender, 8.3% adult males reported using marijuana and 2.7% of adult females reported using marijuana. Males also reported using illegal drugs at a higher percent than females at 1.3% and .8%, respectively, and painkillers at 0.9% for males and 0.6% females.

**Figure 29. Driving after Drinking Any Alcohol*, United States Undergraduate, Graduate, Professional Students, 2012-2016.**



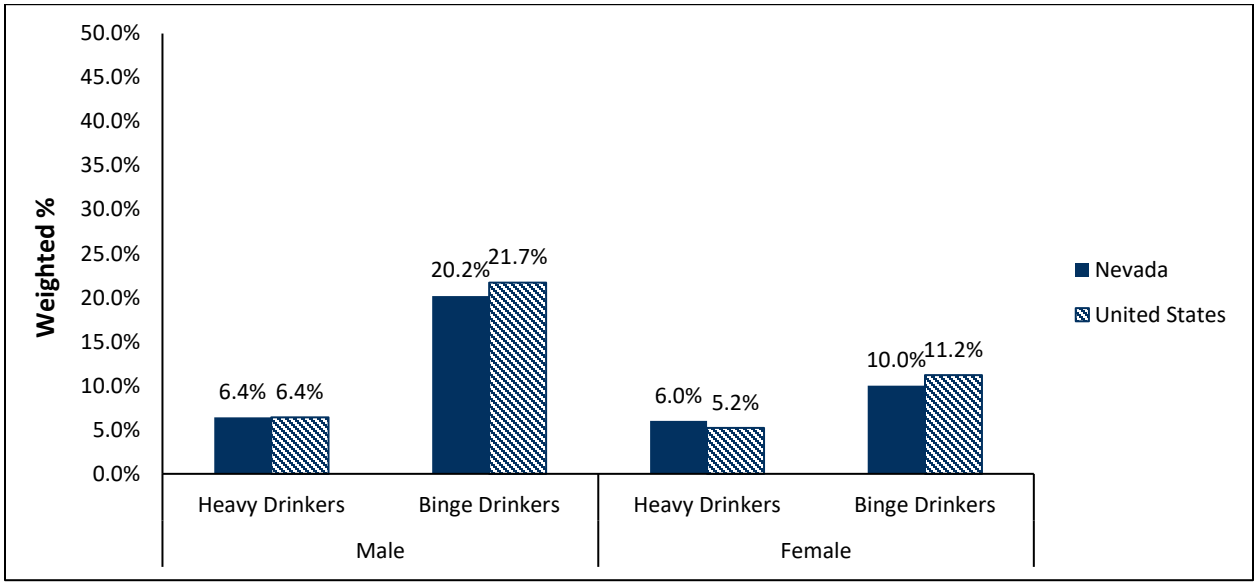

*Source: American College Health Association, National College Health Assessment.*
**Within the last thirty days*

**Figure 30. Driving after Drinking Five or More Drinks*, United States Undergraduate, Graduate, Professional Students, 2012-2016.**




*Source: American College Health Association, National College Health Assessment.*
**Within the last thirty days*

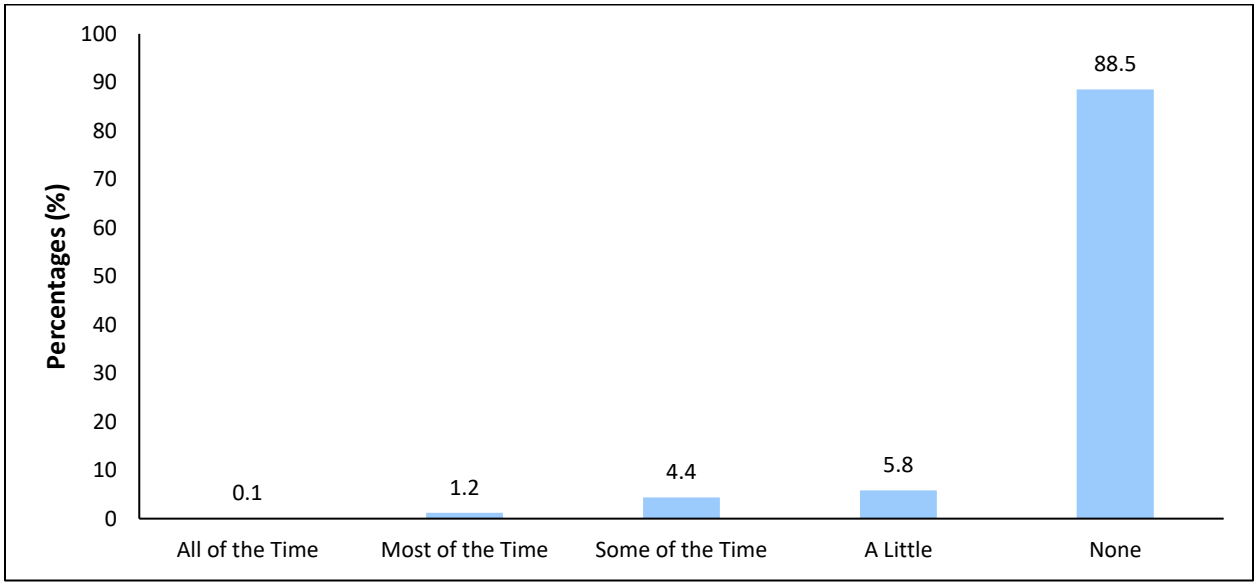
**Figure 31. Percentages of Adult Residents Who are Considered Heavy/Binge Drinkers, 2015**




*Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System*

Over 6% of adult Nevada males and females reported being heavy drinkers. Heavy drinking consists of males consuming more than two alcoholic beverages a day and females consuming more than one alcoholic beverage a day.

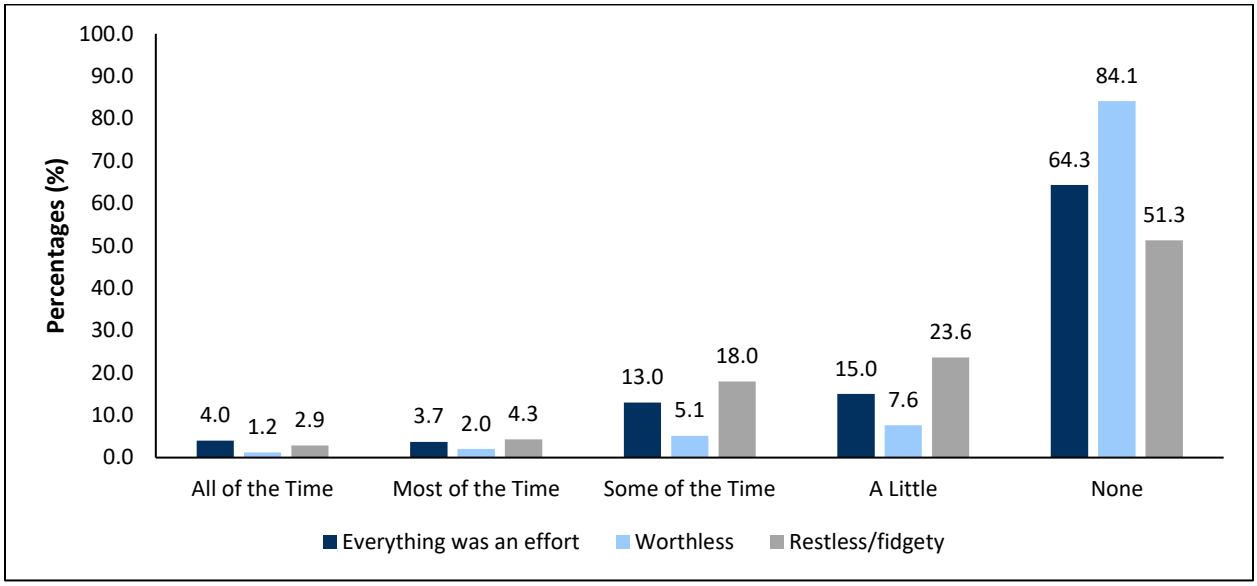
**Figure 32. Percentages of How Often Adult Nevada Residents have Felt Depressed at Least One Day in the Past 30 Days, 2012-2014.**




*Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System*

In 2012 to 2014, 88.5% of adult Nevada residents reported not experiencing depression at least one day in the last 30 days. The rest of the residents reported experiencing a little depression (5.8%), experiencing depression some of the time (4.4%), and most of the time (1.2%). A very small percentage (0.1%) reported experiencing depression all of the time.

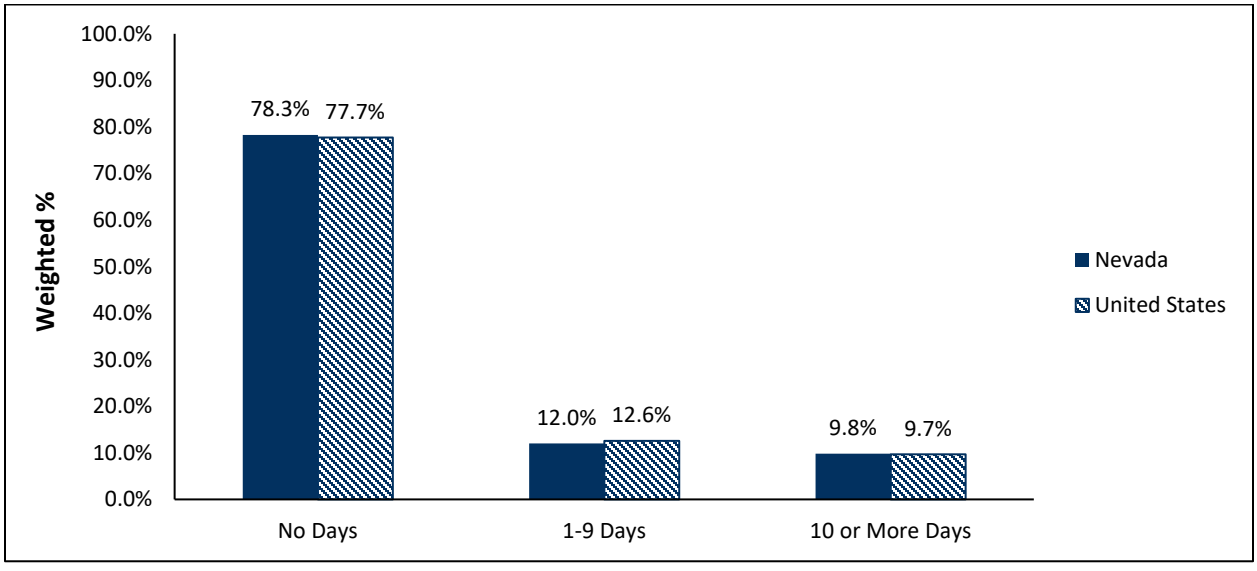
**Figure 33. Percentages of Adult Nevada Residents Who Have Experienced the Following Mental Health Concerns in the Past 30 days, 2012 – 2014.**




*Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System*

There are a number of BRFSS questions that collect data on feelings/emotions. From 2012 to 2014, nearly 24% of Nevada adults reported feeling restless and/or fidgety, almost 15% felt that everything they did took effort, and approximately 7.6% felt worthless a little bit of the time in the past 30 days.

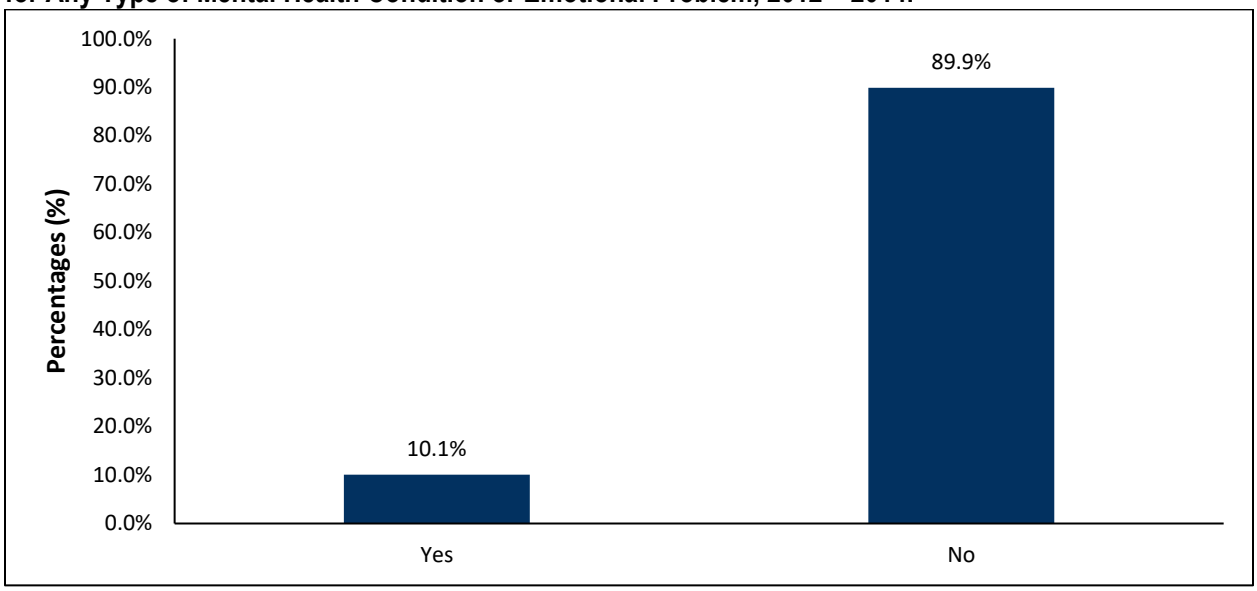
**Figure 34. Percentages of Adult Residents Who Experienced Poor (Physical or Mental) Health that Prevented them from Doing Usual Activities, 2015.**




*Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System*

Nevada adult residents were asked how many days, if any, did a mental health condition or emotional problem kept them from doing their work duties or other usual activities. Nearly 78% reported missing no day or work or activities, over 12% experienced missing 1 – 9 days, and over 10% missed 10 or more days of work or usual activities due to a mental health condition or emotional problem.

**Figure 35. Percentages of Adult Nevada Residents Who are Taking Medication or Receiving Treatment for Any Type of Mental Health Condition or Emotional Problem, 2012 – 2014.**




*Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System*

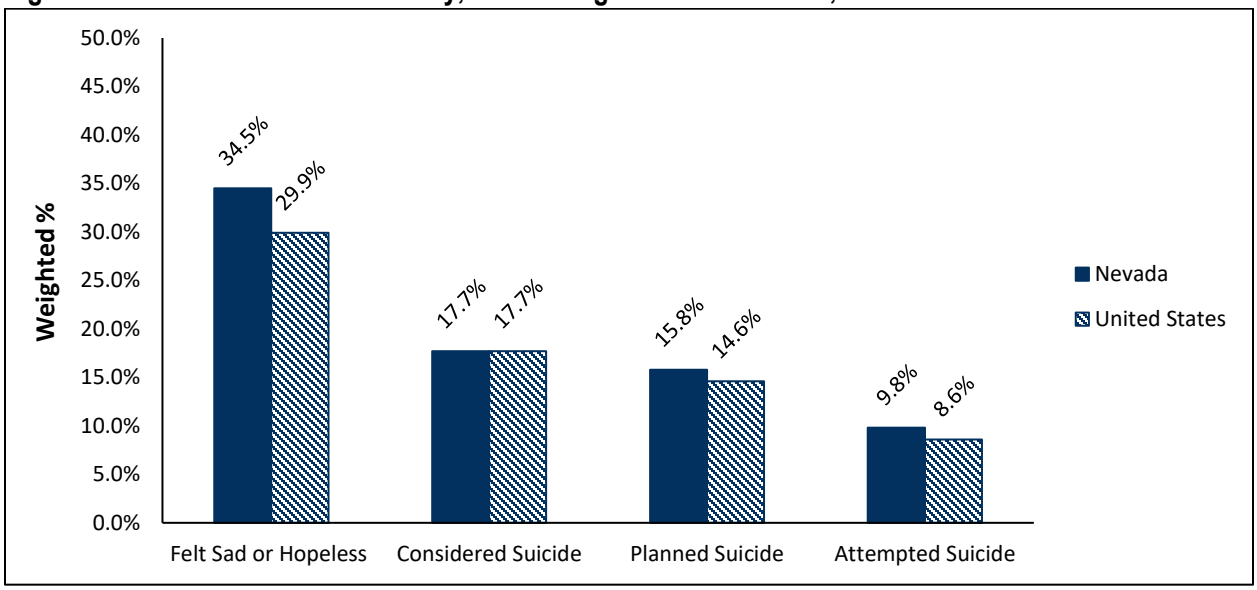
Nevada residents were asked if they were taking medication or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem. Nearly 90% reported they were not, and just over 10% reported taking medication and/or seeking treatment for a mental health condition or emotional problem.

# Youth Behavior Risk Factors

The data in this section is provided through a survey from the Youth Risk Behavior Surveillance System (YRBSS) for Nevada's high school and middle school students. YRBSS is a national surveillance system that was established in 1991 by the Centers for Disease Control (CDC) and Prevention to monitor the prevalence of health risk behaviors among youth. It is an anonymous and voluntary survey of students in grades 6 through 8 (middle school survey) and 9 through 12 (high school survey).

## High School Summary (Grades 9-12)

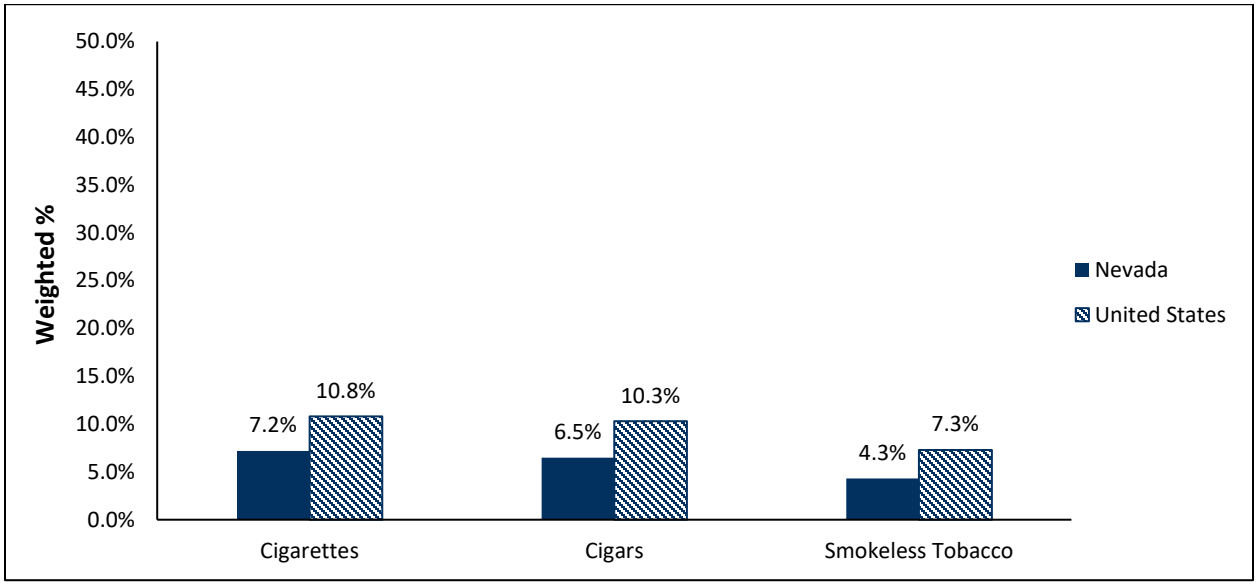
**Figure 36. Emotional Health Summary, Nevada High School Students, 2015**




*Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)*

Approximately 34.5% of Nevada high school students have felt sad or hopeless in the last 12 months. Additionally, 21.5% of students intentionally cut or burned themselves without wanting to die in the past 12 months. About 18% of students have considered suicide, while 16% have made a plan to commit suicide in the past 12 months. Almost 10% of high school students in Nevada have actually attempted suicide in the past 12 months.

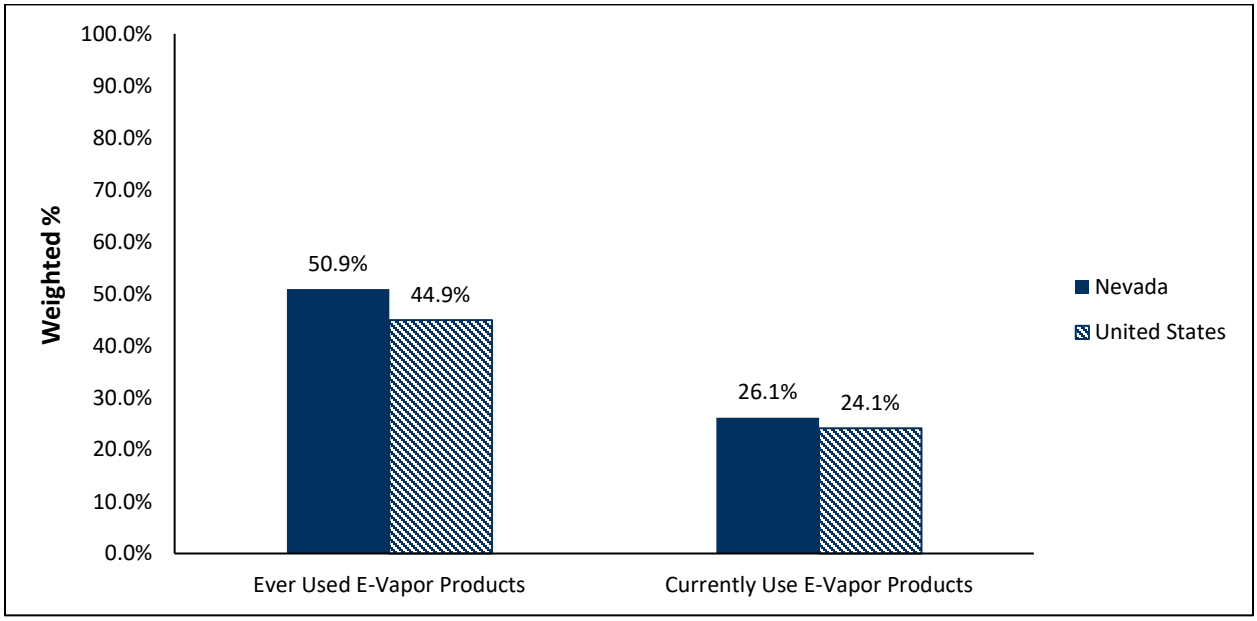
**Figure 37. Current Tobacco Use Summary, Nevada High School Students, 2015**




*Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)*

Around 14% of high school students in Nevada are currently using tobacco. About 7% of these high school students smoke cigarettes, while 6% are currently smoking cigars. About 4% are using smokeless tobacco products.

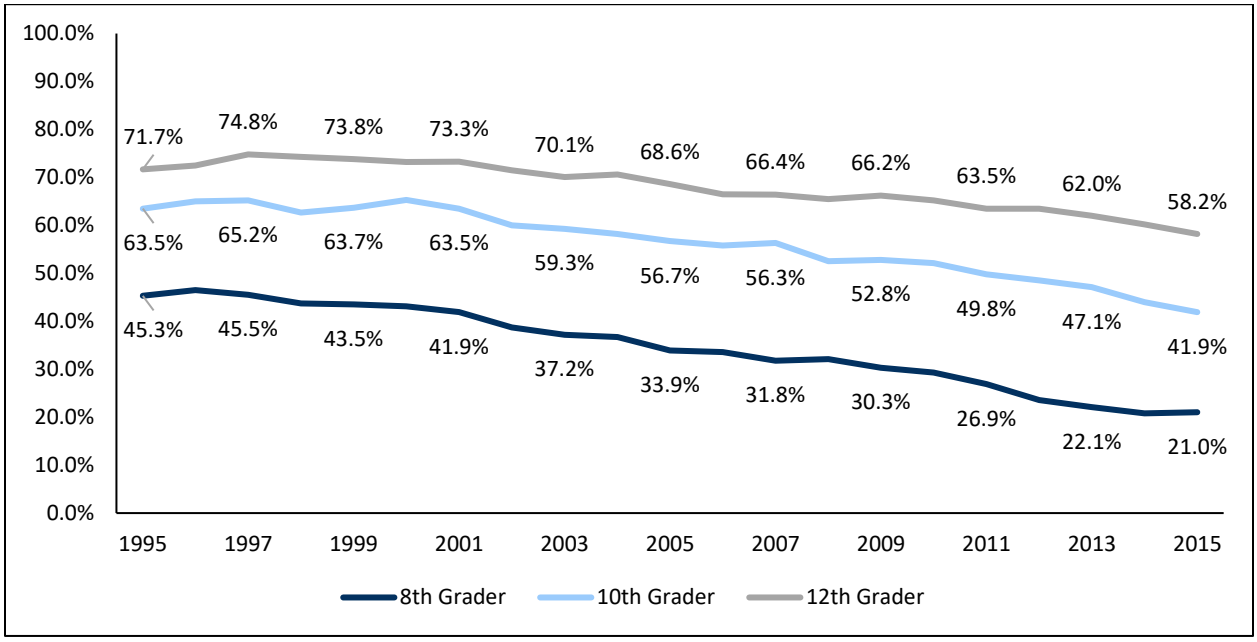
**Figure 38. Electronic Vapor Product Use Summary, Nevada High School Students, 2015**




*Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)*

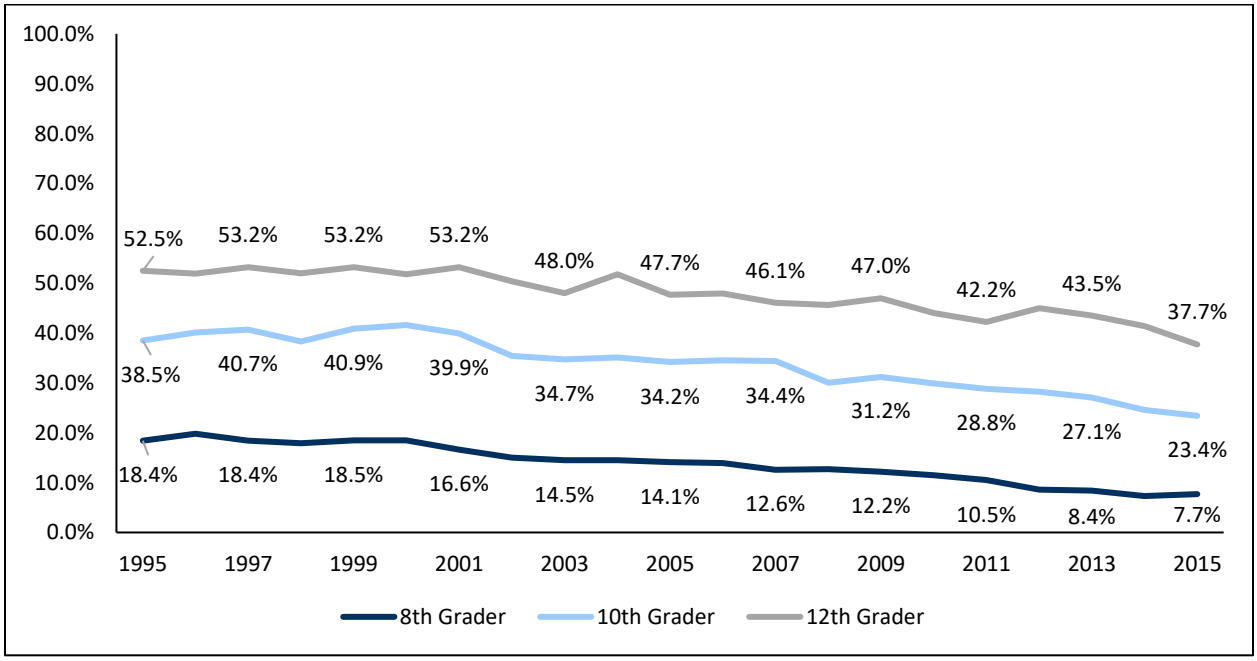
About half (50.9%) of all high school students reported ever using electronic vapor products and over one quarter (26.1%) of high school students reported using electronic vapor products in the past 30 days.

**Figure 39. Trends in Annual Prevalence of Any Use of Alcohol, United States, 1995-2015.**



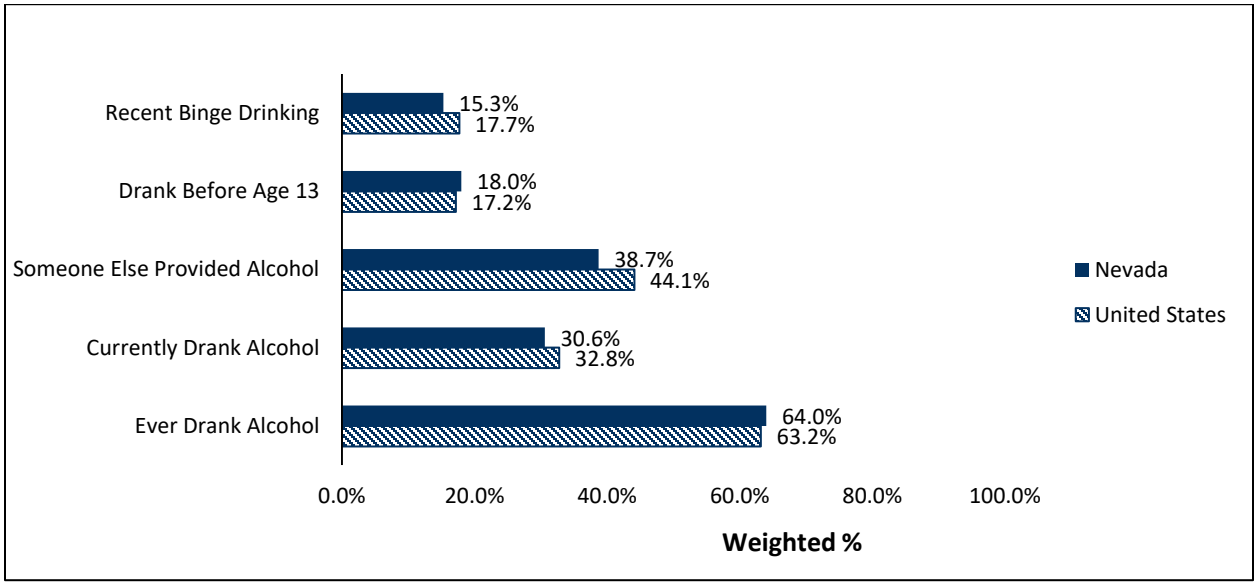

*Source: Monitoring the Future Survey*

**Figure 40. Trends in Annual Prevalence of Being Drunk from Alcohol, United States, 1995-2015**




*Source: Monitoring the Future Survey*

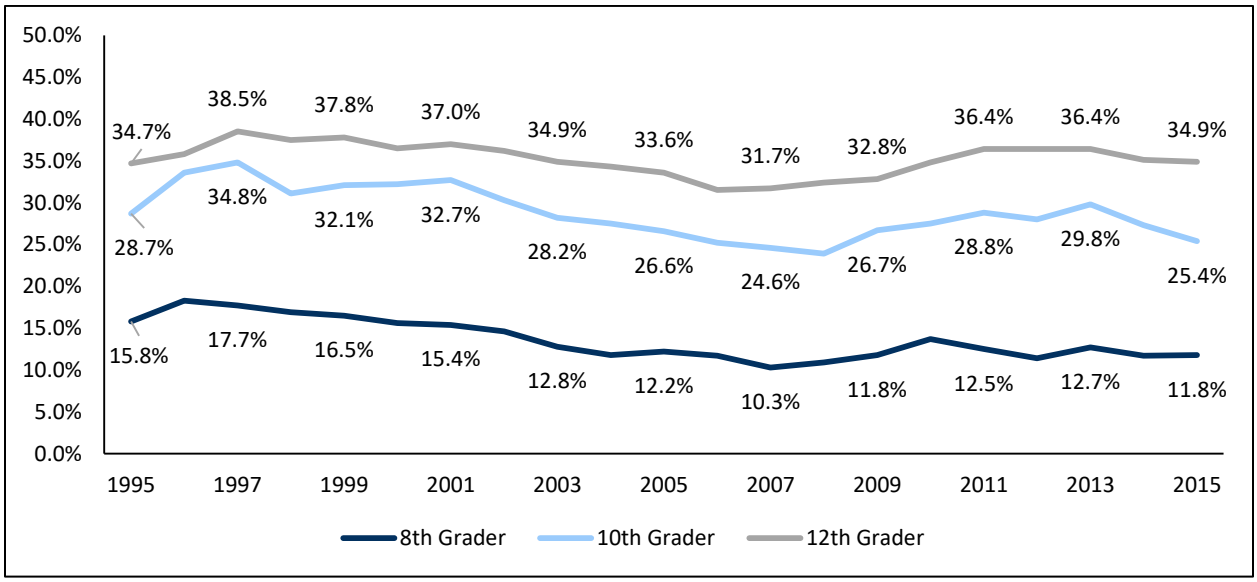
**Figure 41. Alcohol Use Summary, Nevada High School Students, 2015**




*Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)*

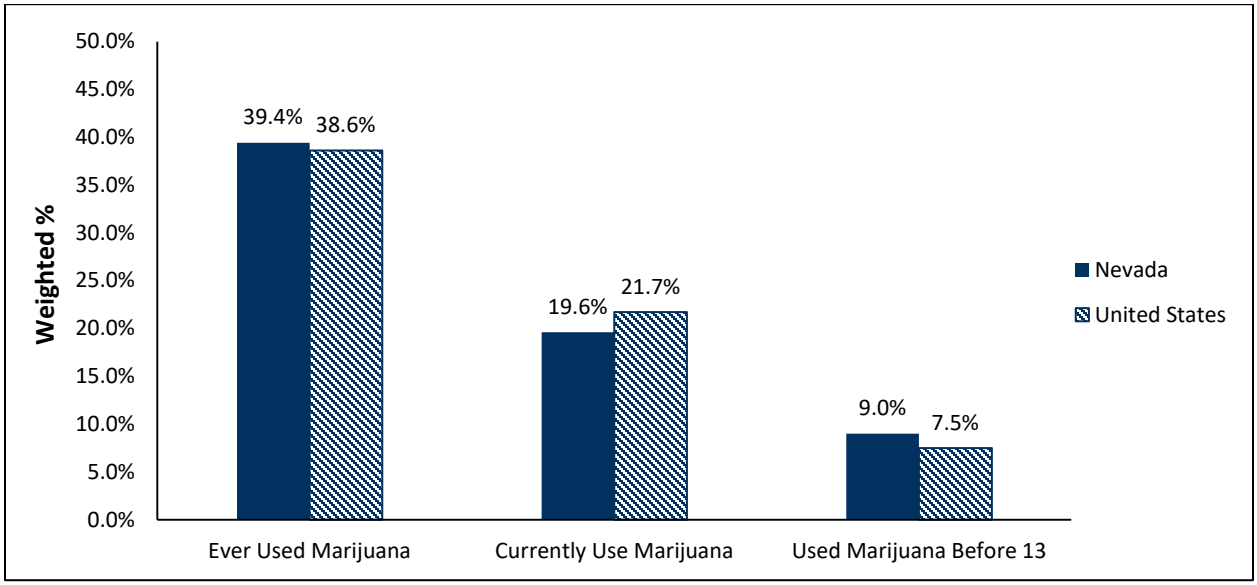
Approximately two-thirds (64%) of high school students in Nevada have had at least one drink of alcohol (more than a few sips). About 31% of high school students currently drink. Nearly 40% of high school students had alcohol provided to them by someone else. About 18% of Nevada high school students had alcohol before the age of 13 years, and over 15% of students had a recent binge drinking experience (had at least 5 drinks in a couple of hours in the past 30 days).

**Figure 42. Trends in Annual Prevalence of Any Use of Marijuana/Hashish, United States, 2015.**




*Source: Monitoring the Future Survey*

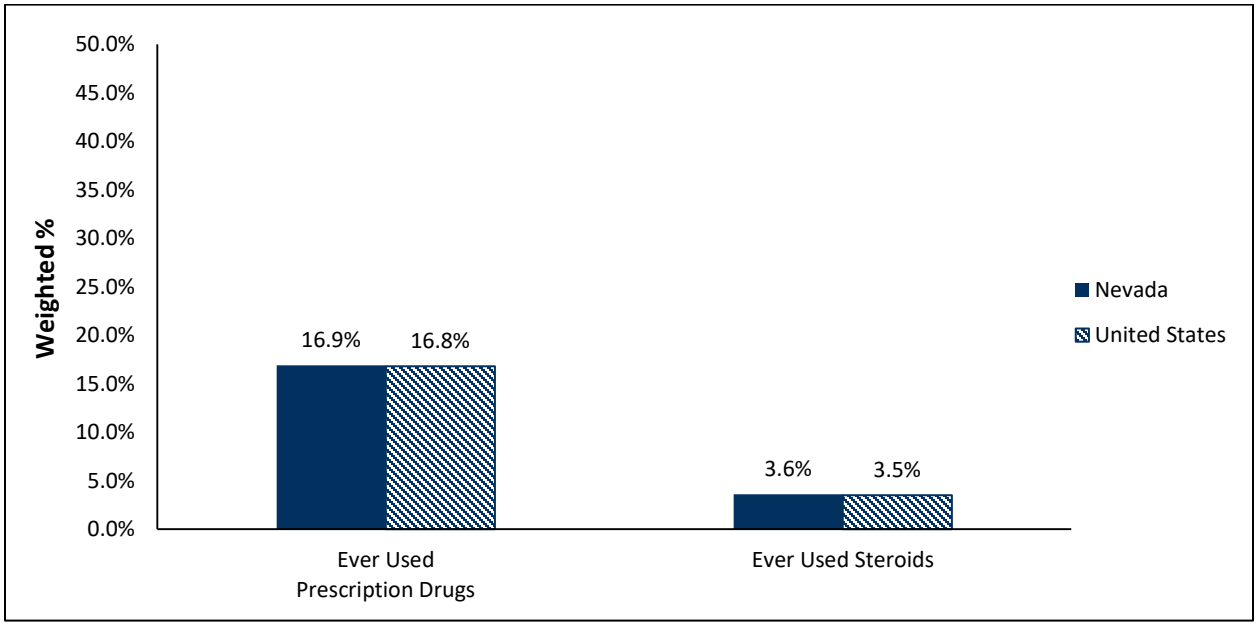
**Figure 43. Marijuana Use Summary, Nevada High School Students, 2015**




*Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)*

Approximately 40% of high school students in Nevada reported trying marijuana, and 20% have used marijuana in the past 30 days. Approximately 10% of high school students have tried marijuana before the age of 13 years.

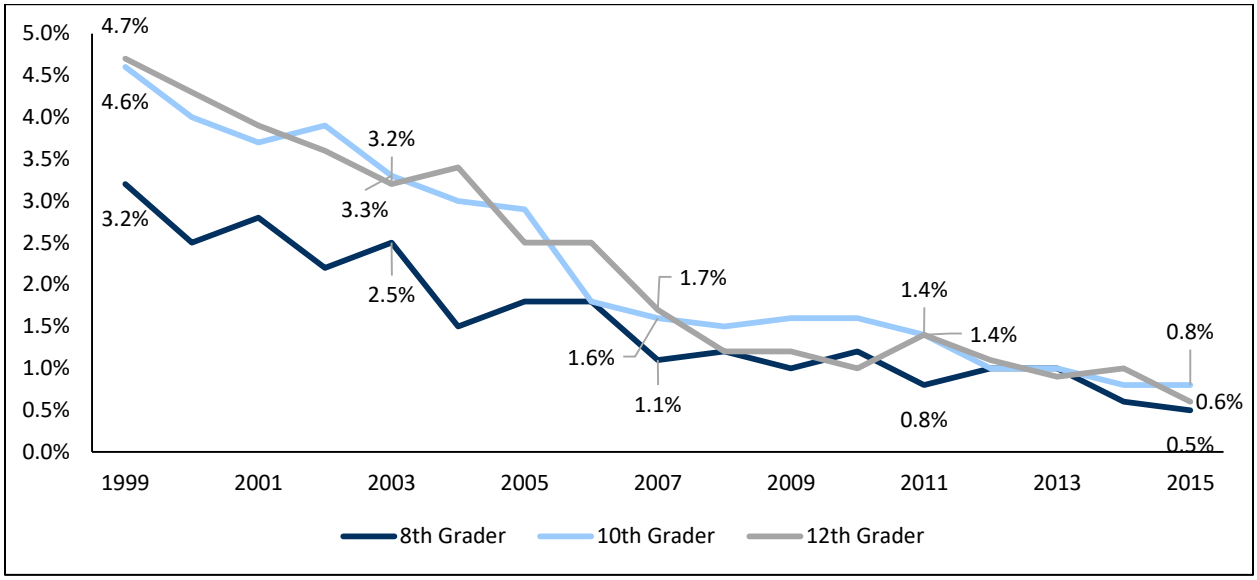
**Figure 44. Nonprescription Substance Use Summary, Nevada High School Students, 2015**




*Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)*

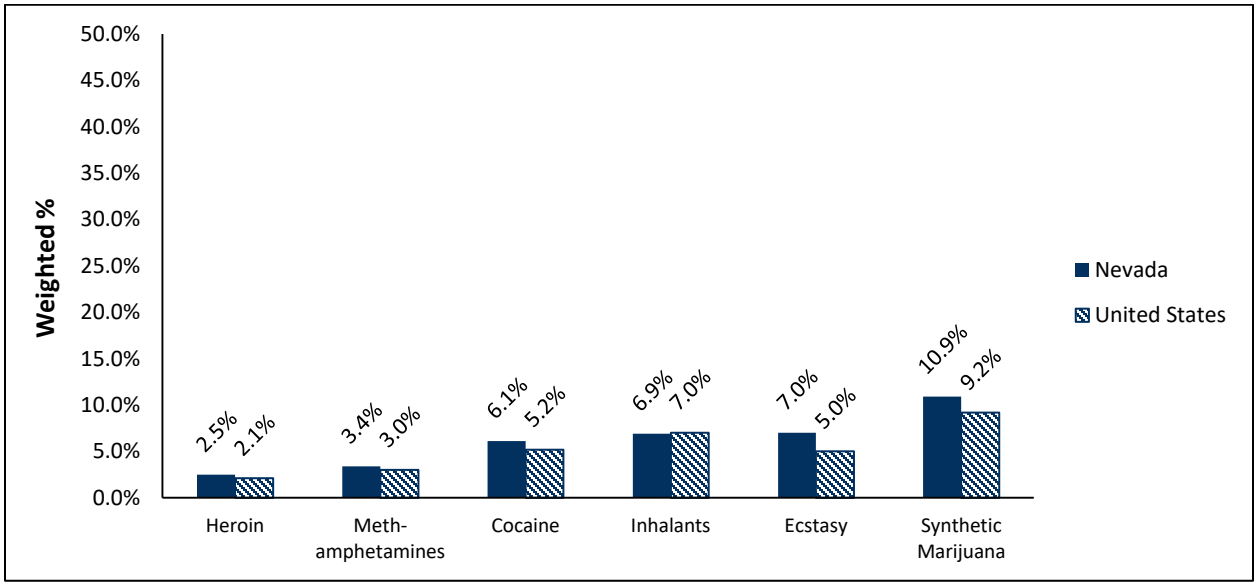
Approximately 17% of high school students in Nevada have already tried prescription drugs that were not prescribed to them in their lifetime, while about 10% of students have used them in the past 30 days. About 4% have tried non-prescribed steroids.

**Figure 45. Trends in Annual Prevalence of Any Use of Methamphetamines, United States, 1999-2015.**




*Source: Monitoring the Future Survey*

**Figure 46. Lifetime Drug Use Summary, Nevada High School Students, 2015**

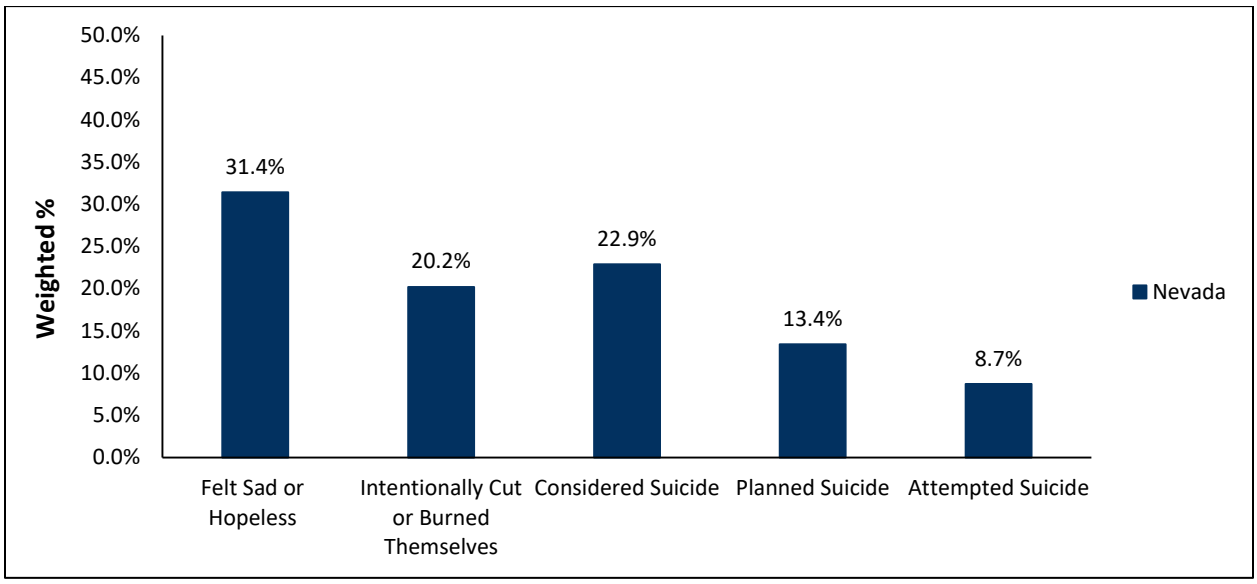



*Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)*

In terms of substance abuse among high school students in Nevada, nearly 11% have used synthetic marijuana, the highest percentage of the select substances. About 7% have taken ecstasy, and 7% of students have tried inhalants. About 6% of students have used cocaine, 3% have used methamphetamines, and almost 3% have used heroin.

## Middle School Summary (Grades 6-8)

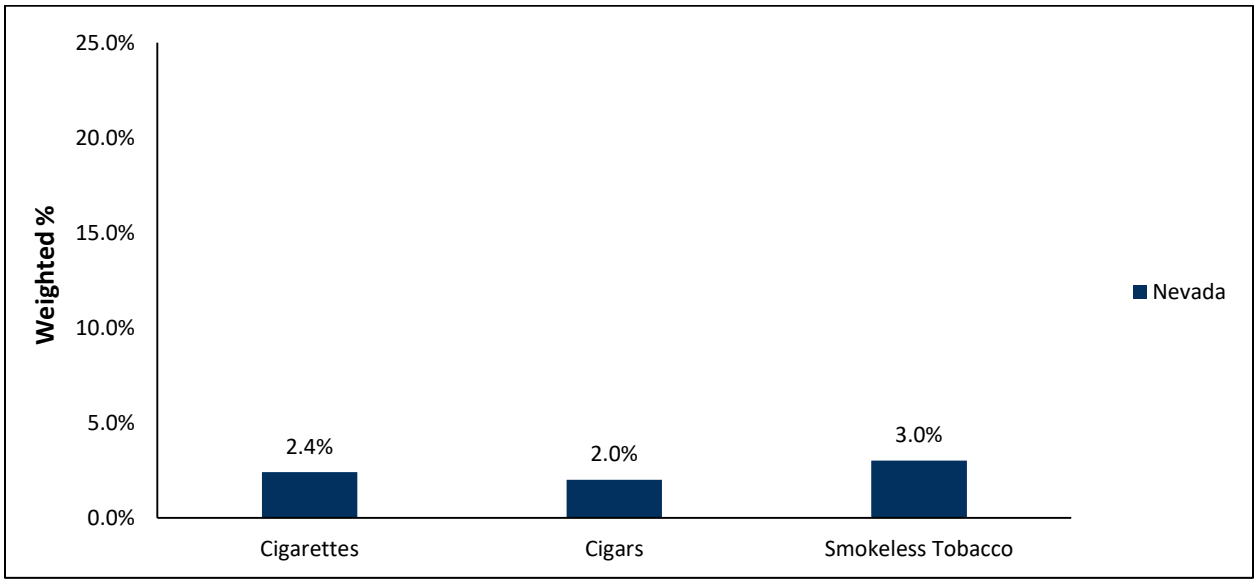
**Figure 47. Emotional Health Summary, Nevada Middle School Students, 2015**




*Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)*

Approximately 32% of Nevada middle school students have felt sad or hopeless in the last 12 months. Additionally, 21% of students ever intentionally cut or burned themselves without wanting to die. About 23% of students have considered killing themselves, while 13% have made a plan to kill themselves. Almost 9% of middle school students in Nevada have ever tried to kill themselves.

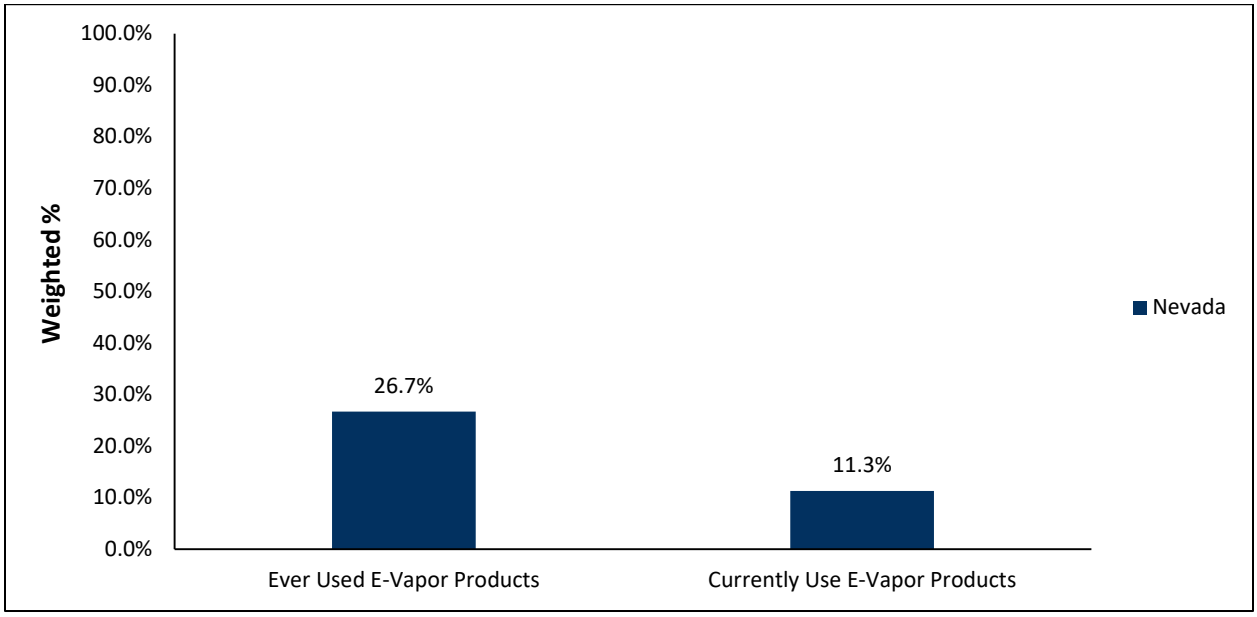
**Figure 48. Current Tobacco Use Summary, Nevada Middle School Students, 2015**




*Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)*

Around 4% of middle school students in Nevada are currently using tobacco. About 2% of these middle school students smoke cigarettes, while 3% are currently smoking cigars. About 2% are using smokeless tobacco products.

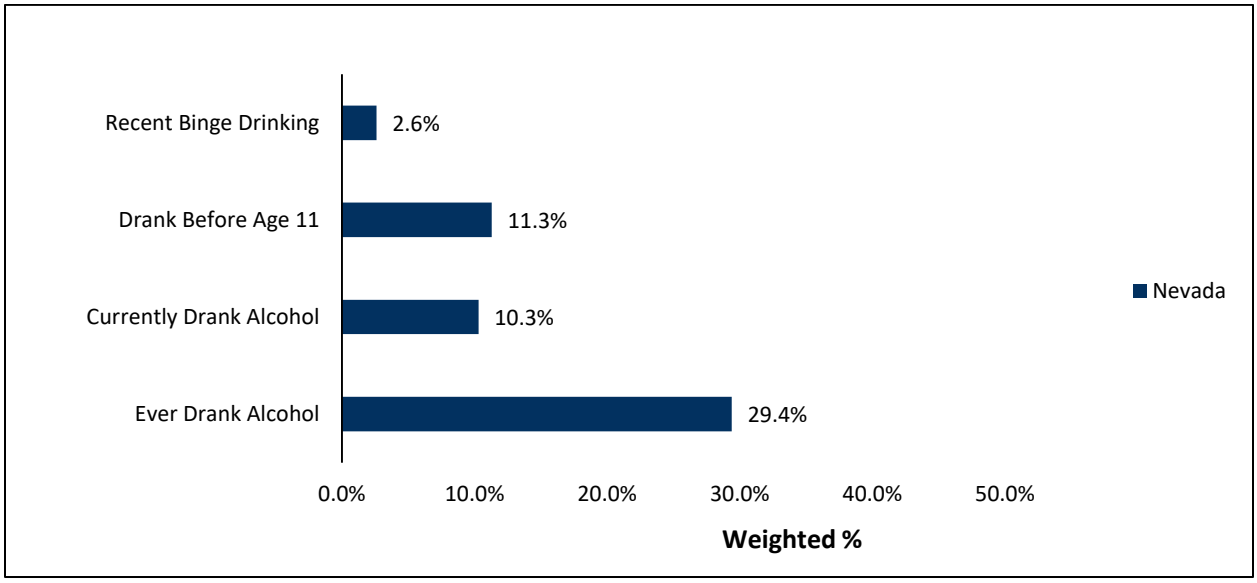
**Figure 49. Electronic Vapor Product Use Summary, Nevada Middle School Students, 2015**




*Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)*

About one quarter (26.7%) of all middle school students reported ever using electronic vapor products and more than one-tenth (11.3%) of middle school students reported using electronic vapor products in the past 30 days.

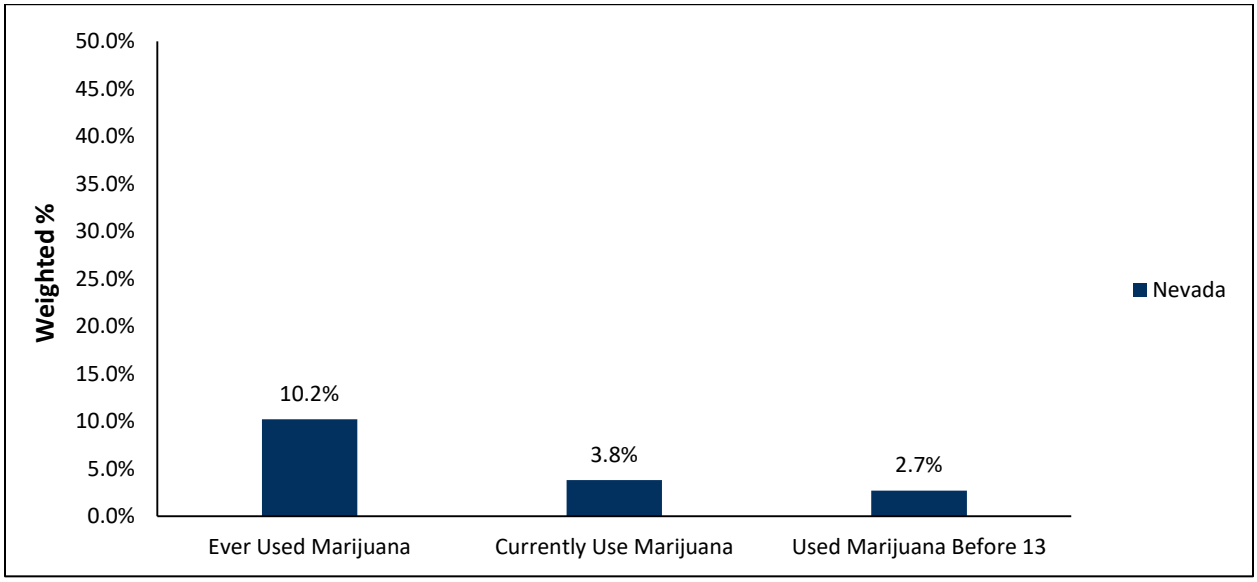
**Figure 50. Alcohol Use Summary, Nevada Middle School Students, 2015**




*Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)*

Approximately one third (29.4%) of middle school students in Nevada have had at least one drink of alcohol (more than a few sips). About 10% of middle school students currently drink. About 11% of Nevada middle school students had alcohol before the age of 11 years, and over 2% of students had a recent binge drinking experience (had at least 5 drinks in a couple of hours in the past 30 days).

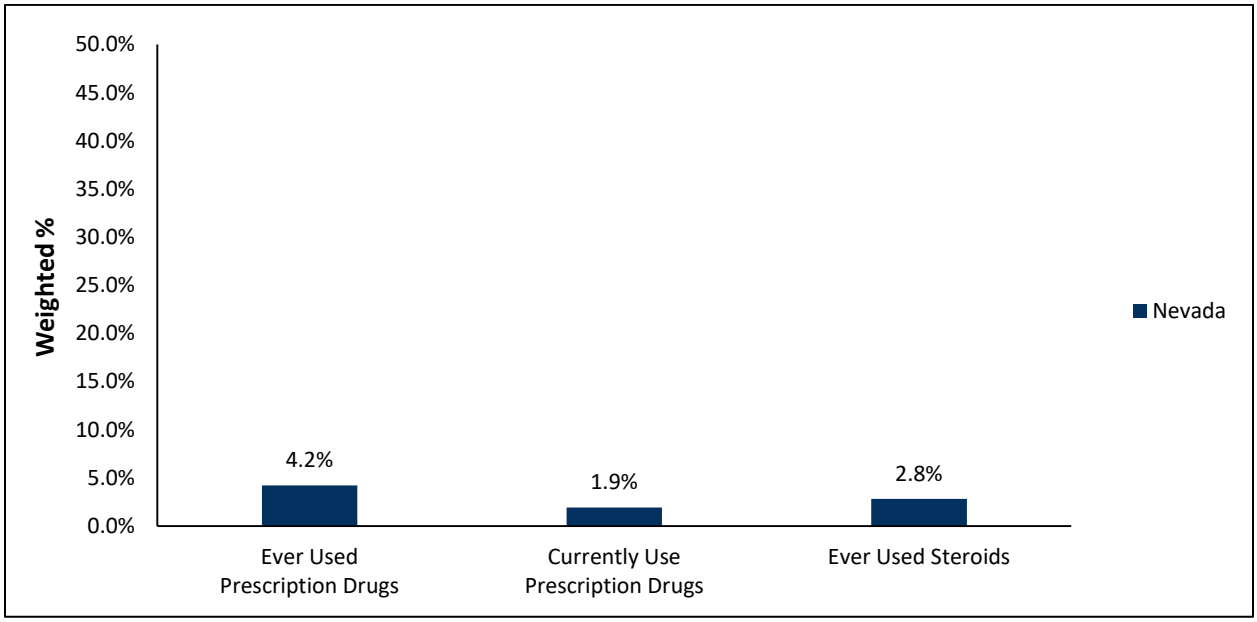
**Figure 51. Marijuana Use Summary, Nevada Middle School Students, 2015**




*Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)*

Approximately 10% of middle school students in Nevada reported trying marijuana, and 4% have used marijuana in the past 30 days. Approximately 3% of middle school students have tried marijuana before the age of 11 years.

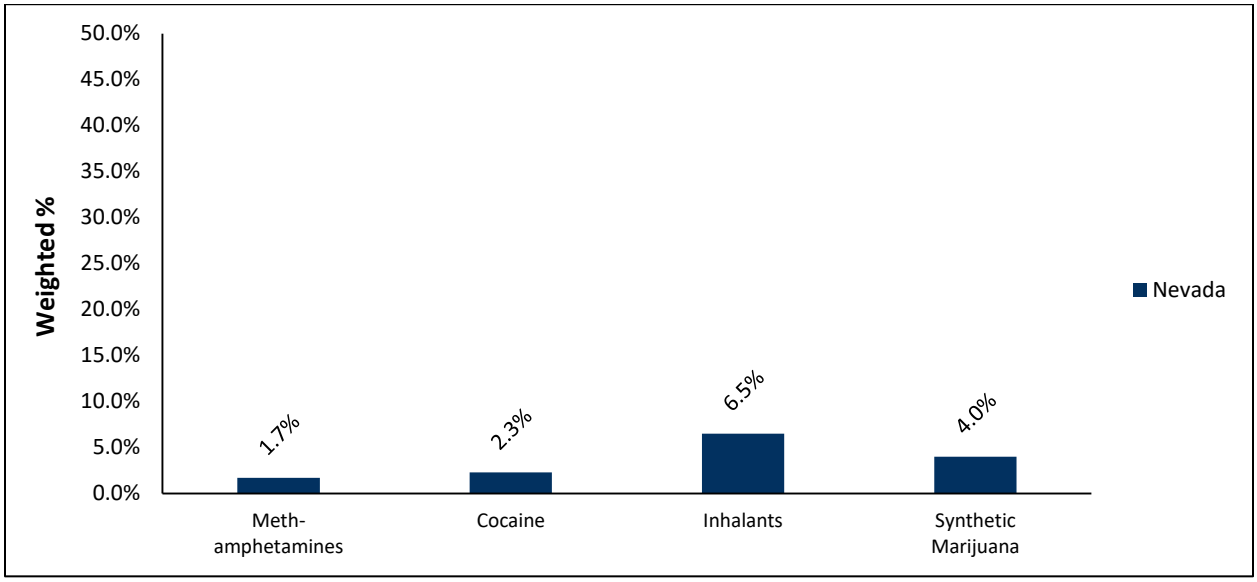
**Figure 52. Nonprescription Substance Use Summary, Nevada Middle School Students, 2015**




*Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)*

Approximately 4% of middle school students in Nevada have already tried prescription drugs that were not prescribed to them in their lifetime, while about 2% of students have used them in the past 30 days. About 3% have tried non-prescribed steroids.

**Figure 53. Lifetime Drug Use Summary, Nevada Middle School Students, 2015**



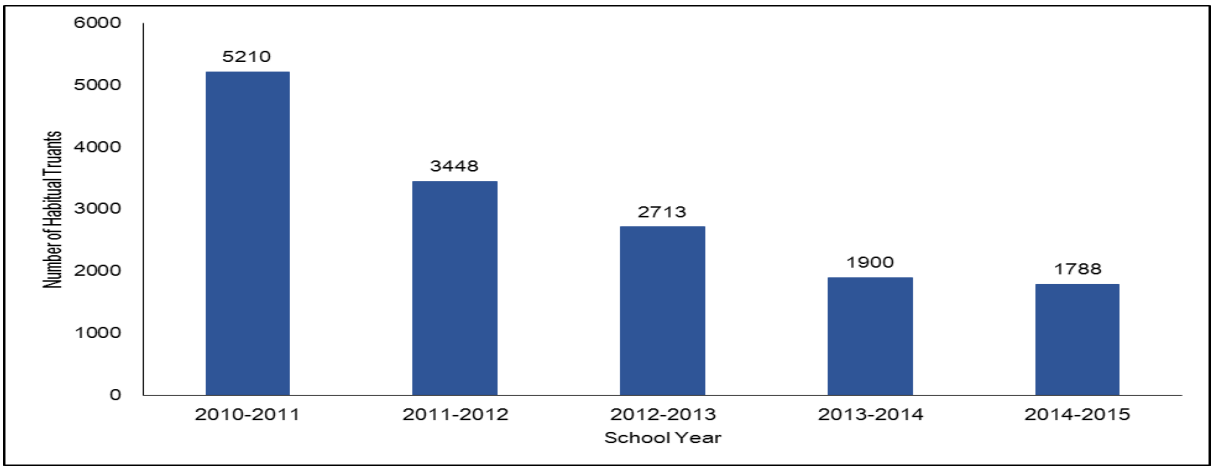

*Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)*

In terms of substance abuse among middle school students in Nevada, nearly 7% have used inhalants, the highest percentage of the select substances. About 2% of students have used cocaine, 2% have used methamphetamines, and 4% have used synthetic marijuana.

# School Success

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

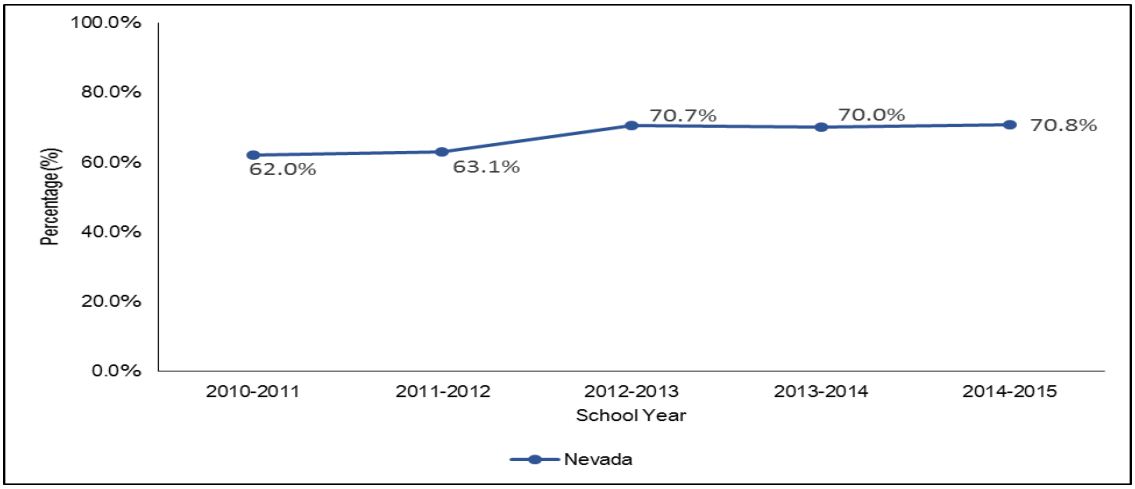
**Figure 54. Number of Habitual Truants, Nevada, Class Cohorts 2010 - 2014**




*Source: Nevada Department of Education, Report Card*

Nevada's numbers of habitual truant students has consistently been decreasing since the peak of 5,210 truant students during the 2010 – 2011 school year.

**Figure 55. High School Graduation Percentage, Nevada, Class Cohorts 2010 – 2014**




*Source: Nevada Department of Education, Report Card*

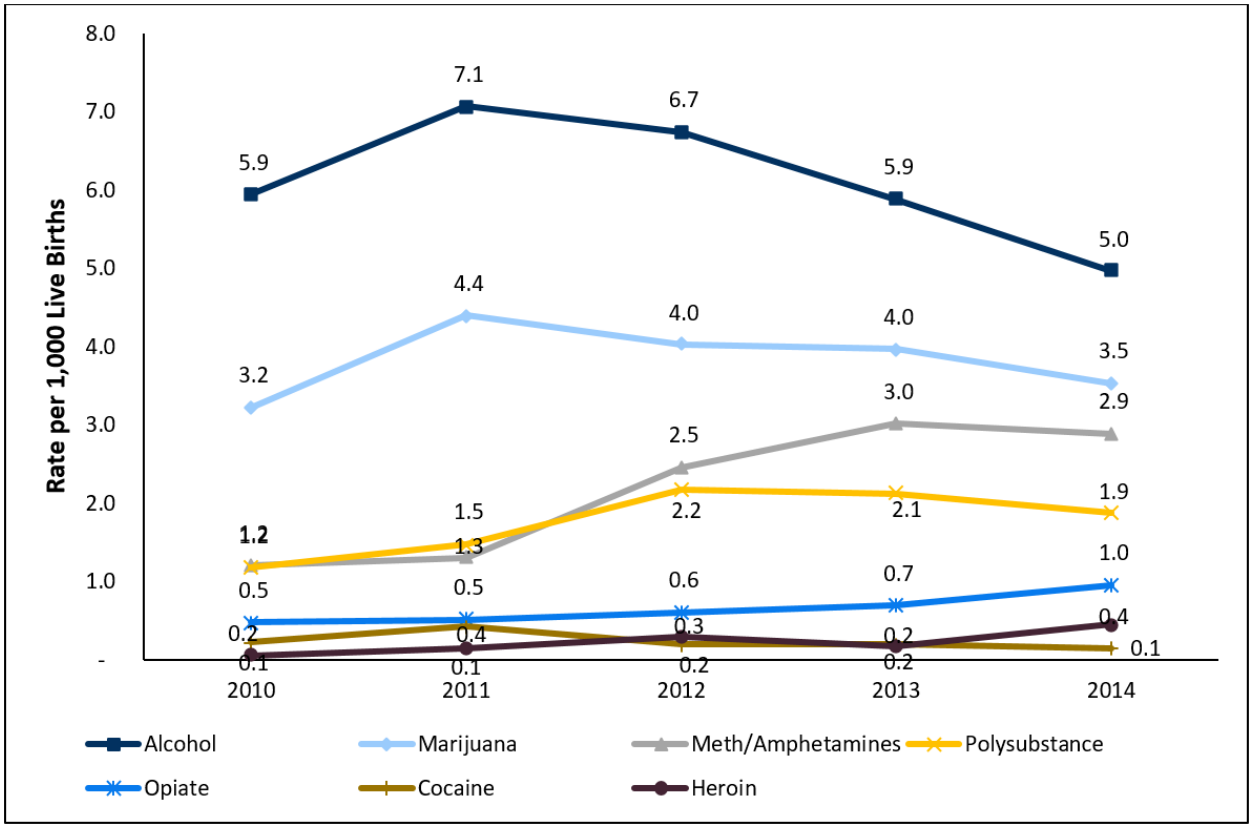
Graduation rate is defined as the rate at which 9th graders graduate by the end of the 12th grade. (number of students who graduate in four years with a regular high school diploma divided by the number of students who form the adjusted cohort for the graduating class.) Nevada's graduation rate has increased between the 2010 and 2014 class cohorts. In 2010, Nevada's graduation rate was 62.0% and increased to 70.8% in 2014.

# Special Populations

## Newborns

The data in this section is reflective of self-reported information provided by the mother on the birth record. On average there are 35,126 live births per year to Nevada residents. From 2010 to 2014, 1,074 had alcohol use indicated on the birth certificate. 672 birth certificates indicated marijuana use, 381 indicated meth/amphetamine use, 114 indicated opiate use, and 3 indicated heroin use during pregnancy.

**Figure 56. Prenatal Substance Abuse Birth Rates (self-reported) for Select Substances, Nevada 2010-2014.**




*Source: Division of Public and Behavioral Health, WEVRRS*

Of the Nevada mothers who gave birth between 2010 and 2014 that self-reported using a substances while pregnant, alcohol has the highest prenatal substance abuse birth rate, at 5.0 per 1,000 births in 2014. A rate of 3.5 per 1,000 was reported for marijuana, 2.9 per 1,000 reported for meth/amphetamines, and 1.9 per 1,000 births reported multiple drug use. These numbers are likely significantly underestimated because data is self-reported by the mothers, and they may be reluctant to be forthcoming on the birth record for many reasons.

**Table 15. Birth Defect Prevalence Rates, Nevada, 2010-2014**

| Category | Indicator | Prevalence Rate Per 10,000 Live Births |
|---|---|---|
| **Cardiovascular** | Aortic valve stenosis | 1.31 (1.04-1.58) |
| | Atrioventricular septal defect (endocardial cushion defect) | 1.94 (1.61-2.27) |
| | Coarctation of aorta | 6.04 (5.45-6.63) |
| | Common truncus | 0.46 (0.29-0.62) |
| | Double outlet right ventricle (DORV) | 1.03 (0.78-1.27) |
| | Ebstein anomaly | 0.40 (0.25-0.55) |
| | Hypoplastic left heart syndrome | 1.82 (1.50-2.15) |
| | Interrupted aortic arch (IAA) | 0.63 (0.44-0.82) |
| | Pulmonary valve atresia and stenosis | 9.17 (8.45-9.90) |
| | Single ventricle | 0.40 (0.25-0.55) |
| | Tetrology of Fallot (TOF) | 2.91 (2.50-3.31) |
| | Total anomalous pulmonary venous connection (TAPVC) | 0.57 (0.39-0.75) |
| | Transposition of the great arteries | 0.34 (0.20-0.48) |
| | Tricuspid valve atresia and stenosis | 0.63 (0.44-0.82) |
| **Central Nervous System** | Anacephaly | 0.34 (0.20-0.48) |
| | Encephalocele | 0.68 (0.49-0.88) |
| | Holoprosencephaly | 4.45 (3.94-4.95) |
| | Spina Bifida without Anecephalus | 2.11 (1.76-2.46) |
| **Chromosomal** | Trisomy 13 (Patau Syndrome) | 0.85 (0.63-1.08) |
| | Trisomy 18 (Edwards syndrome) | 1.08 (0.83-1.33) |
| | Trisomy 21 (Down syndrome) | 12.20 (11.36-13.03) |
| | Turner syndrome | 0.57 (0.39-0.75) |
| **Ear** | Anotia/microtia | 0.51 (0.34-0.68) |
| **Eye** | Anophthalmia/microphthalmia | 1.31 (1.04-1.58) |
| | Congenital cataract | 0.80 (0.58-1.01) |
| **Gastrointestinal** | Biliary atresia | 0.57 (0.39-0.75) |
| | Cloacal exstrophy | 2.79 (2.39-3.19) |
| | Esophageal atresia/tracheoesophageal atresia/stenosis | 1.82 (1.50-2.15) |
| | Rectal and large intestinal atresia/stenosis | 3.31 (2.87-3.74) |
| | Small intestinal atresia/stenosis | 3.19 (2.76-3.62) |
| **Genitourinary** | Bladder extrophy | 0.28 (0.16-0.41) |
| | Congenital posterior urethral valves | 0.46 (0.29-0.62) |
| | Hypospadias | 18.86 (17.83-19.90) |
| | Renal agenesis/hypoplasia | 3.48 (3.03-3.92) |
| **Musculoskeletal** | Clubfoot | 11.97 (11.14-12.79) |
| | Craniosynostosis | 7.07 (6.43-7.70) |
| | Diaphragmatic hernia | 1.99 (1.66-2.33) |
| | Gastroschisis | 3.93 (3.46-4.41) |
| | Omphalocele | 1.14 (0.88-1.39) |
| | Reduction defects | 2.74 (2.34-3.13) |
| **Orofacial** | Cleft lip only | 2.45 (2.08-2.82) |
| | Cleft lip with cleft palate | 6.38 (5.78-6.99) |
| | Cleft palate only | 4.22 (3.73-4.71) |
| | Cloanal atresia | 0.97 (0.73-1.20) |
| **Substance Abuse** | Anti Infectives | 0.06 (0.00-0.11) |
| | Cocaine | 0.85 (0.63-1.08) |
| | Fetus/Newborn affected by maternal alcohol use | 0.11 (0.03-0.19) |
| | Narcotics | 7.24 (6.60-7.88) |
| | Other Substances Affecting Fetus | 7.69 (7.03-8.36) |

*Source: Division of Public and Behavioral Health, Nevada Birth Outcomes Monitoring System*

## Lesbian, Gay, Bisexual (LGB)

### Table 16. Prevalence Estimates of Health Risk Behaviors, by Sexual Orientation – Nevada Adults, 2014-2015

| Indicator | LGT (%) | Bisexual (%) | Straight |
|---|---|---|---|
| Binge drinking | 17.0% | 26.6% | 15.0% |
| General health fair or poor | 21.7% | 39.3% | 18.0% |
| Limited because of physical, mental, or emotional problems | 25.6% | 38.4% | 21.1% |
| Ever told had depressive disorder | 29.4% | 45.6% | 16.6% |
| Ten or more days of poor mental health | 23.4% | 42.9% | 13.1% |
| Ten or more days poor mental or physical health kept from usual activities | 13.7% | 17.0% | 8.4% |

*Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System*

### Table 17. Prevalence Estimates of Health Risk Behaviors, by Sexual Orientation — Nevada High School Students, 2015

| Indicator | LGB (%) | Non-LGB (%) | Difference |
|---|---|---|---|
| Drove when drinking alcohol. | 10.6% | 5.9% | Significantly Higher |
| Did not go to school because they felt unsafe at school or on their way to or from school. | 13.1% | 6.3% | Significantly Higher |
| Were ever physically forced to have sexual intercourse | 24.4% | 6.8% | Significantly Higher |
| Were electronically bullied | 26.8% | 11.9% | Significantly Higher |
| Felt sad or hopeless | 63.5% | 30.3% | Significantly Higher |
| Seriously considered attempting suicide | 41.5% | 13.9% | Significantly Higher |
| Made a plan about how they would attempt suicide | 37.2% | 12.7% | Significantly Higher |
| Attempted suicide | 28.5% | 6.8% | Significantly Higher |
| Ever tried cigarette smoking | 51.7% | 29.6% | Significantly Higher |
| Currently smoked cigarettes | 21.3% | 5.1% | Significantly Higher |
| Ever drank alcohol | 78.1% | 62.1% | Significantly Higher |
| Currently drank alcohol | 46.8% | 28.1% | Significantly Higher |
| Ever used marijuana | 57.1% | 37.0% | Significantly Higher |
| Currently used marijuana | 34.7% | 17.5% | Significantly Higher |
| Ever used cocaine | 13.8% | 4.7% | Significantly Higher |
| Ever used heroin | 7.3% | 1.5% | Significantly Higher |
| Ever took prescription drugs without a doctor's prescription | 32.1% | 14.5% | Significantly Higher |
| Currently use prescription drugs without a doctor's prescription | 21.3% | 7.1% | Significantly Higher |

*Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)*

## American Indian/Alaskan Native

### Table 18. Prevalence Estimates of Health Risk Behaviors, by Race/Ethnicity Status — Nevada High School Students, 2015

| Indicator | AI/AN (%) | Nevada (%) | Difference* |
|---|---|---|---|
| Drove when drinking alcohol. | 30.5% | 21.4% | Not significantly different |
| Did not go to school because they felt unsafe at school or on their way to or from school. | 16.2% | 7.6% | Not significantly different |
| Were ever physically forced to have sexual intercourse | 12.0% | 9.0% | Not significantly different |
| Were electronically bullied | 22.3% | 13.8% | Not significantly different |
| Felt sad or hopeless | 36.4% | 34.5% | Not significantly different |
| Seriously considered attempting suicide | 21.1% | 17.7% | Not significantly different |
| Made a plan about how they would attempt suicide | 16.4% | 15.8% | Not significantly different |
| Attempted suicide | 18.0% | 9.8% | Not significantly different |
| Ever tried cigarette smoking | 53.1% | 32.4% | Significantly Higher |
| Currently smoked cigarettes | 22.4% | 7.2% | Significantly Higher |
| Ever drank alcohol | 46.6% | 26.1% | Significantly Higher |
| Currently drank alcohol | 44.3% | 30.6% | Not significantly different |
| Ever used marijuana | 59.1% | 39.4% | Significantly Higher |
| Currently used marijuana | 36.9% | 19.6% | Significantly Higher |
| Ever used cocaine | 17.9% | 6.1% | Significantly Higher |
| Ever used heroin | 9.2% | 6.9% | Not significantly different |
| Ever took prescription drugs without a doctor's prescription | 11.9% | 3.6% | Not significantly different |
| Currently use prescription drugs without a doctor's prescription | 28.5% | 16.9% | Not significantly different |

*Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)*
**While most of these differences are not statistically significant due to small sample size, the highlighted risk behaviors are reflective of questions related to behavioral health among Nevada high school students.*

### Table 19. Opioid Related Indicators by Race/Ethnicity Status – Nevada Residents, 2015

| Indicator | AI/AN | Nevada |
|---|---|---|
| Opioid Related Emergency Room Encounter | 236.8 | 244.8 |
| Opioid Related Inpatient Hospitalization | 522.9 | 286.4 |
| Opioid Related Overdose (Death) | 21.5 | 16.2 |

*Source: Division of Public and Behavioral Health, Hospital Emergency Room Discharge, Hospital Inpatient Billing, WEVRRS*

# Additional Resources

- Coalition Behavioral Health Reports: http://dpbh.nv.gov/Programs/OPHIE/dta/Publications/Public_Health_Informatics_and_Epidemiology_(OPHIE)_-_Publications/
- Nevada Minority Health Report: http://dpbh.nv.gov/Programs/OPHIE/Docs/Minority_Health_Report_2015/
- Nevada Naloxone Emergency Department Encounters: http://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Programs/OPHIE/dta/Publications/Naloxone%20by%20Age.pdf
- Nevada Opioid Surveillance: http://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Programs/OPHIE/dta/Publications/Nevada%20Opioid%20Surveillance%20(2010-2015)%20(2).pdf
- YRBS: Nevada 2015: http://dhs.unr.edu/Documents/dhs/chs/yrbs/2015-YRBS-Reports/2015-Nevada-HS-YRBS-Final.pdf
- YRBS: Nevada Native American 2015: http://dhs.unr.edu/Documents/dhs/chs/yrbs/2015-YRBS-Reports/AIAN%20HS%20Final%20Report%201_13_ADA.pdf
- YRBS: Nevada Sexual Identify Analysis 2015: http://dhs.unr.edu/Documents/dhs/chs/yrbs/2015-YRBS-Reports/2015%20Nevada%20HS%20YRBS%20Sexual%20Identity%20Analysis.pdf