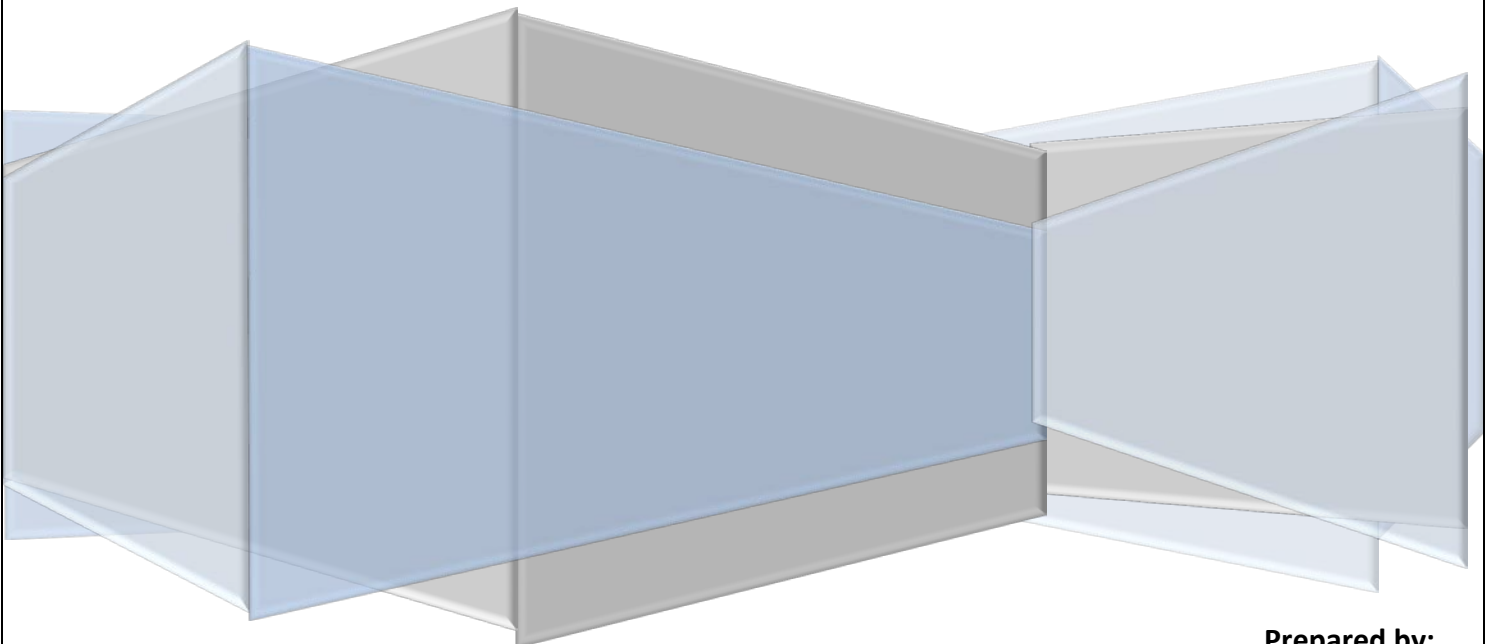


Washoe County Health District



Washoe Regional Behavioral Health Profile

2019



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Acknowledgements

Prepared by and Additional Information:

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Thank you to the following individuals and organizations for providing valuable information, data, and support that made this profile possible:

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Nevada Report Card, Nevada Department of Education

University of Nevada, Reno, School of Community Health Sciences

U.S. Census Bureau

U.S. Department of Veteran Affairs

Washoe Regional Behavioral Health Policy Board

Washoe County Regional Medical Examiner's Office

EXECUTIVE SUMMARY

The Washoe Regional Behavioral Health Policy Board operates with the intention of addressing the importance and necessity of substance use, mental health, and behavioral health services for Washoe County residents. This profile aims to outline key indicators associated with Washoe County residents, and to identify trends in available data. By using a wide range of data sources, we are able to identify key problem areas within Washoe County, and use this information to help guide the policy board towards focusing on the areas deemed to be the most at-risk. Significant findings during our data collection have been outlined below.

Demographics

- The Washoe County population has grown approximately 10.5% since 2010.
- In 2017, Washoe County's inflation-adjusted household income level was 5.7% higher than Nevada and 1.6% higher than the United States.
- In 2017, the total percent of individuals experiencing poverty in Washoe County was 0.9% lower than Nevada and 1.3% lower than the United States.
- Among individuals aged 18 to 34 years, living below the poverty level was 2.5% higher in Washoe County compared to Nevada.
- From 2015 to 2017, the percent of persons under the age of 65 years without health insurance in Washoe County has increased 3.9%.

Substance Use

- Among Washoe County high school students, alcohol use decreased 8.3% from 2015 to 2017.
- Marijuana use among UNR students has shown an 8.9% increase between 2010 and 2018.
- In 2018, reported binge drinking among UNR students showed a 6.1% decrease from 2016.
- From 2008 to 2017, the average rate of alcohol-induced deaths in Washoe County (16.7 persons per 100,000 population) was higher than Nevada (11.5) and the United States (7.7).
- From 2008 to 2017, the average rate of drug-induced deaths in Washoe County (22.6 persons per 100,000 population) was higher than Nevada (20.7) and the United States (14.9).

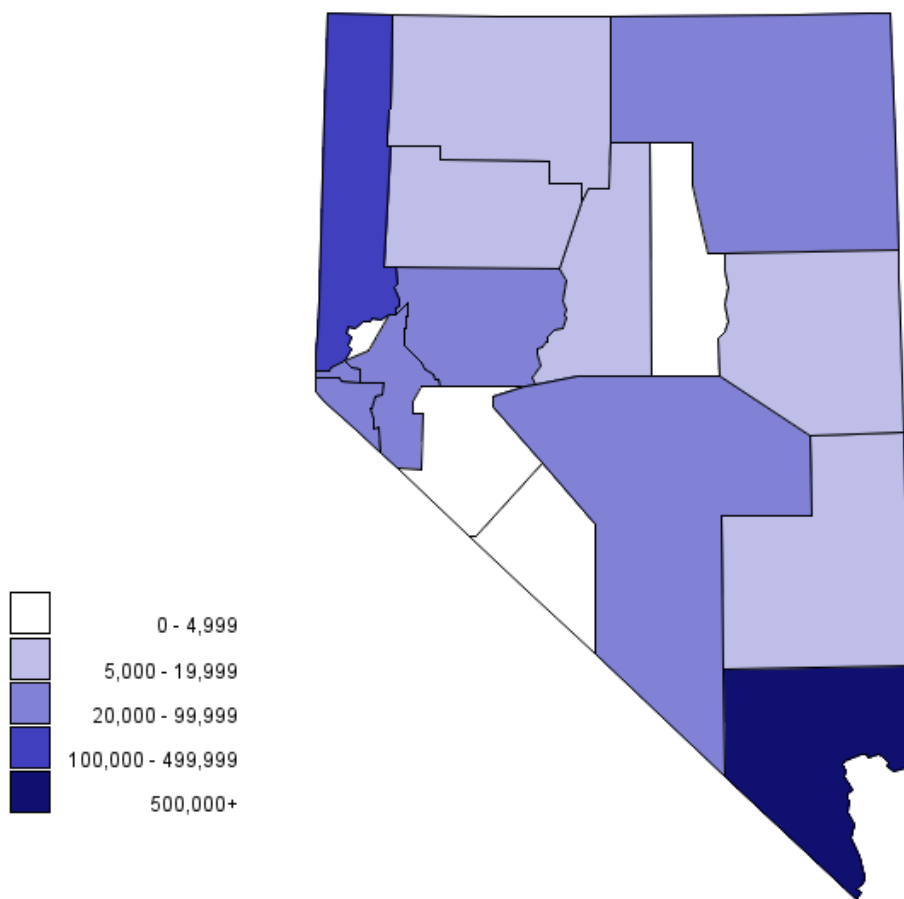
Mental Illness

- From 2015 to 2017, the percentage of Washoe County middle school students who reported attempting suicide one or more times during their life decreased by 4.2%, while Nevada increased by 1.9%.
- From 2013 to 2017, the percentage of Washoe County high school students who reported attempting suicide one or more times over the previous 12 months decreased by 4.8%, Nevada decreased by 3.3%, and the United States decreased by 0.6%.
- Both Washoe County and the United States have experienced their largest spikes in depression diagnoses from 2016 to 2018. Washoe County has increased 4.9%, while the United States has increased 4.2%.
- Between 2016 and 2018, there was a 1.8% increase in suicide attempts among UNR students.
- As of 2018 reports, suicide attempts within the prior 12 months are 1.2% higher among UNR students when compared to the United States.
- Between 2016 and 2017, Washoe County showed a dramatic change in deaths due to suicide, decreasing by 5.9 deaths per 100,000 population.
- The rate of death due to suicide among those aged 85+ in Washoe County was more than three times the rate for the United States (71.1% vs. 19.3%).
- In 2016, Nevada had a veteran suicide rate of 48.2 (per 100,000 population), while the Western Region had a rate of 35.0 and the United States a rate of 30.1.

GEOGRAPHY AND DEMOGRAPHICS

Recently, Nevada has experienced a substantial population explosion. As a result of migration and the expansion of industries into Nevada, experts estimate that Nevada is expected to reach a population of over 3.3 million by 2030. With such substantial growths in population, Nevada has been struggling to expand their infrastructure to help account for these population estimates. Access to, and the quality of healthcare is one of the largest issues throughout the nation, especially among growing populations.

**Figure 1: Nevada Population Size
By County
2018 Estimates**



Nevada covers approximately 109,781 square miles with a population density of only 27.4 persons per square mile in 2018. The second most populous county in Nevada, Washoe County, was reported to have a population of approximately 455,000 and a population density of 72.2 persons per square mile in 2018. Within the next five years, Washoe County alone is expected to have a 6.1% population increase, approximately 28,000 people.

GEOGRAPHY AND DEMOGRAPHICS

**Table 1: Population in Nevada
2018 Estimates**

	Population	Square Land Miles	Population Per Square Mile	Percent of Total Population
Urban Counties				
Washoe County	454,857	6,302	72.2	15.1
Carson City	55,945	145	385.8	1.9
Clark County	2,232,176	7,891	282.9	74.1
Rural/Frontier Counties	269,161	95,443	2.8	8.9
Nevada	3,012,139	109,781	27.4	-

**Table 2: Estimated Population Growth by Selected Demographics
Washoe County, 2018 & 2023**

	2018		2023		Change from 2018-2023	
	(n)	(%)	(n)	(%)	(n)	(%)
Age Group						
0-9	56,004	12.3	59,289	12.3	3,285	5.9
10-19	61,777	13.6	62,676	13.0	899	1.5
20-29	62,712	13.8	67,841	14.1	5,129	8.2
30-39	62,834	13.8	65,918	13.7	3,084	4.9
40-49	53,962	11.9	58,818	12.2	4,856	9.0
50-59	57,977	12.7	55,601	11.5	-2,376	-4.0
60-69	54,465	12.0	57,711	12.0	3,246	6.0
70-79	32,187	7.1	38,301	7.9	6,114	19.0
80+	12,939	2.8	16,412	3.4	3,473	26.8
Race/Ethnicity						
African-American*	11,495	2.5	12,713	2.6	1,218	10.6
AI / AN*	7,319	1.6	7,479	1.6	160	1.4
Asian / PI*	31,637	7.0	35,304	7.3	3,667	11.6
White*	289,752	63.7	295,928	61.3	6,176	2.1
Hispanic	114,653	25.2	131,142	27.2	16,489	14.4
Total Population	454,857		482,566		27,709	6.1

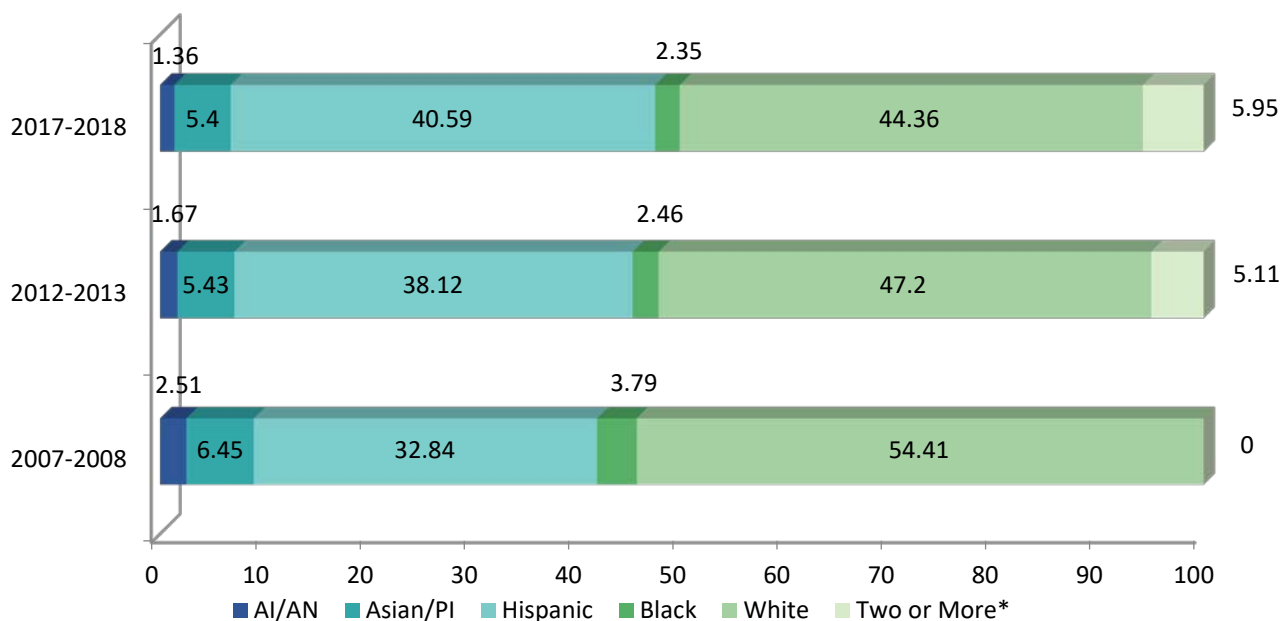
*Non-Hispanic

AI = American Indian AN = Alaska Native PI = Pacific Islander

- In 2018, non-Hispanic whites accounted for 63.6% of Washoe County's population, followed by 25.3% Hispanic, 7% Asian or Pacific Islander, 2.6% African American, and 1.6% American Indian or Alaskan Native.
- From 2018 to 2023, the Washoe County population is expected to increase 8.1%.
- The largest population increase predicted is 26.6% among individuals aged 80 years and over.
- The age group of 50-59 years is expected to have a population decrease of 2.7%, the lowest among all demographics.

GEOGRAPHY AND DEMOGRAPHICS

Figure 2: Washoe County School District Student Enrollment by Ethnicity, Ten-Year Trend



*Category "Two or More Races" not an option for 2007-2008 survey.

- During the 2017-2018 school year, Washoe County had a total enrollment of 64,240 students.
- Looking at the trend in enrollment ethnicity, Washoe County has become more diverse since the 2007-2008 school year.
- As the White population has decreased approximately 10% since 2007, the Hispanic population has increased by almost 8%.

**Table 3: Primary Language Spoken at Home
Washoe County, 2016 & 2017**

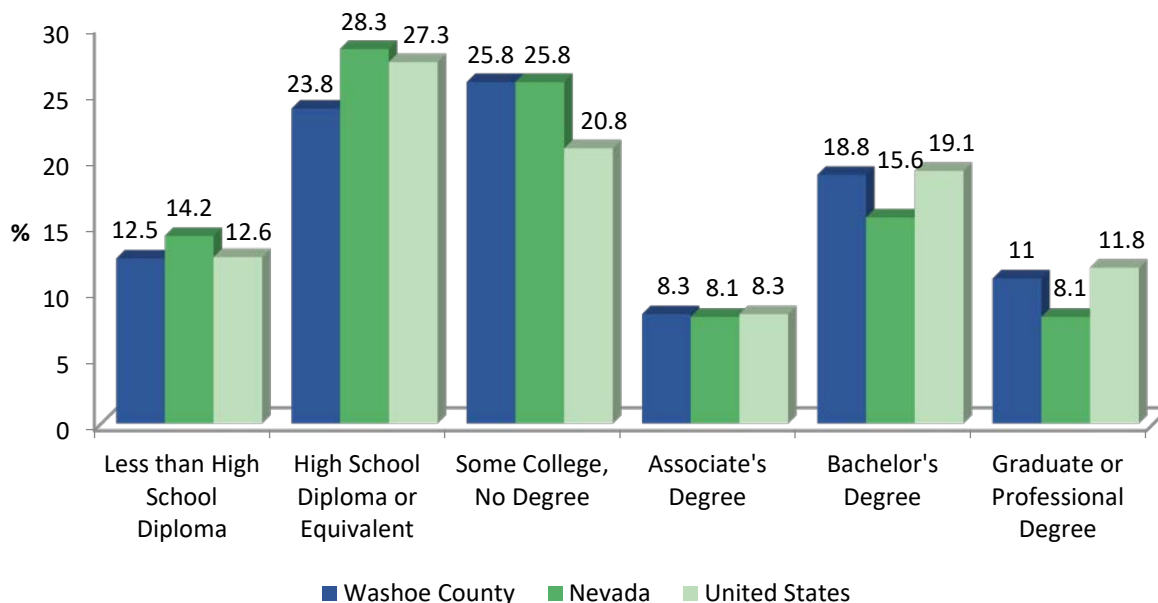
Language	2016		2017		Change from 2016-2017	
	(n)	(%)	(n)	(%)	(n)	(%)
English	328,202	77.0	329,041	76.0	839	-1.0
Spanish	74,523	17.5	75,752	17.5	1,229	0.0
Indo-European	9,894	2.3	7,533	1.7	-2,361	-0.6
Asian & PI	12,332	2.9	17,008	3.9	4,676	1.0
Other Languages	1,356	0.3	3,580	0.8	2,224	0.5

PI = Pacific Islander

- According to the 2017 American Community Survey, 23.9% of Washoe County residents primarily spoke a language other than English.
- Between 2016 and 2017, the percentage of households who primarily spoke English decreased by 1% while all languages other than English had a combined increase of 0.9%.

GEOGRAPHY AND DEMOGRAPHICS

Figure 3: Educational Attainment of Residents Age 25 and Older, 2017



- In 2017, 38.1% of Washoe County residents 25 years and older received a college degree. Although Washoe County was still below the United States college attainment of 39.2%, we are beginning to see an increase in college degree attainment in Washoe County.

**Table 4: Inflation-Adjusted Incomes and Housing Costs
Washoe County, Nevada & United States, 2017**

	Washoe County	Nevada	United States
Median Household Income	\$58,595	\$55,434	\$57,652
Median Annual Income for Males*	\$47,687	\$45,466	\$50,859
Median Annual Income for Females*	\$38,949	\$37,184	\$40,760
Median Monthly Housing Cost	\$1,057	\$1,065	\$1,022
Percent of Households with Monthly Rent of 30% or More of Household Income	47.3	48.8	50.6
Percent of Households with Monthly Mortgage of 30% or More of Household Income	30.8	31.7	29.5

*Full-time, year-round workers

- In 2017, Washoe County's inflation-adjusted household income level was 5.7% higher than Nevada and 1.6% higher than the United States.
- For Washoe County, the median annual income for males and females was higher than Nevada, but lower than the United States.
- The percentage of Washoe County residents who paid more than 30% of their gross monthly income for rent was lower than Nevada and the United States, but the percentage of Washoe County residents who paid more than 30% of their gross monthly income for mortgage was higher than the United States.

GEOGRAPHY AND DEMOGRAPHICS

Figure 4: Household Annual Income Distribution, Washoe County, 2017

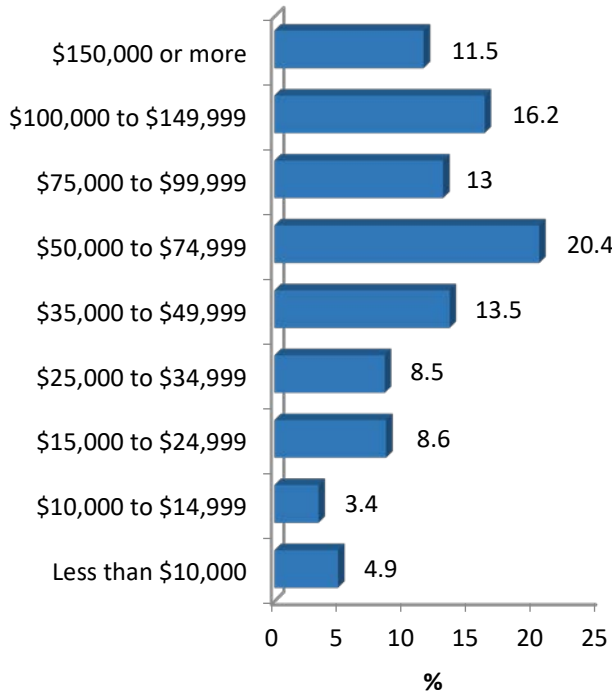


Figure 5: Household Annual Income Distribution, Nevada, 2017



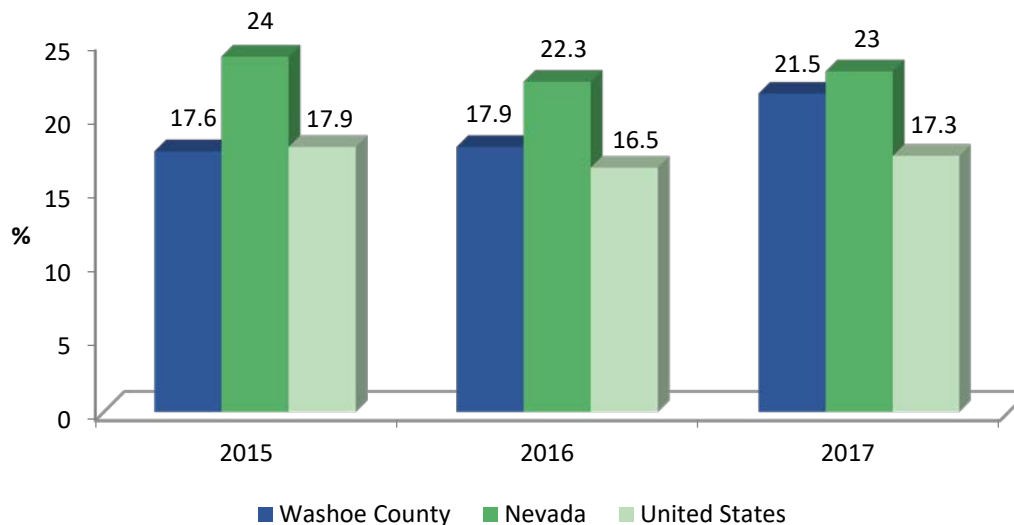
- In Nevada, approximately 18.8% of households of 4 people were living at or below the poverty line.
- In 2017, the Federal Poverty Level for a household of 4 people was \$24,600. In Washoe County, approximately 16.9% of the population was at or below the poverty line.

Table 5: Poverty Status During Prior 12 Months Washoe County, Nevada & United States, 2017			
	Washoe County	Nevada	United States
Age	%	%	%
Under 18 years	16.9	20.3	20.3
18 to 34 years	18.8	16.3	18.1
35 to 64 years	10.1	11.6	11.2
65 years and over	7.8	8.5	9.3
Total	13.3	14.2	14.6

- In 2017, the total percent of individuals experiencing poverty in Washoe County was 0.9% lower than Nevada and 1.3% lower than the United States.
- Among individuals aged 18 to 34 years, living below the poverty level was 2.5% higher in Washoe County compared to Nevada.

GEOGRAPHY AND DEMOGRAPHICS

Figure 6: Persons Under the Age of 65 Years Without Health Insurance, Washoe County, Nevada & United States, 2015-2017



- From 2015 to 2017, the percent of persons under the age of 65 years without health insurance in Washoe County has increased 3.9%.
- Both Washoe County and Nevada have had higher percentages of uninsured persons under the age of 65 when compared to the United States.

Summary

By 2023, Washoe County's population is expected to increase by approximately 28,000 people, with the largest increases estimated to be approximately 3,500 individuals aged 80+, and approximately 16,500 among the Hispanic/Latino population. In the Washoe County School District, the percentage of enrolled students has increased only among Hispanic/Latino and Two or more races in the past 10 years. Washoe County had a median household income approximately \$1,000 greater than the United States and over \$3,000 greater than Nevada in 2017. Similarly, Washoe County has approximately 2% fewer individuals living below the Federal Poverty Level compared to Nevada. Both Washoe County and Nevada have a total poverty percentage lower than the United States in 2017. However, in 2017 Washoe County was 4.2% higher than the United States for persons under the age of 65 years without health insurance.

Substance Use

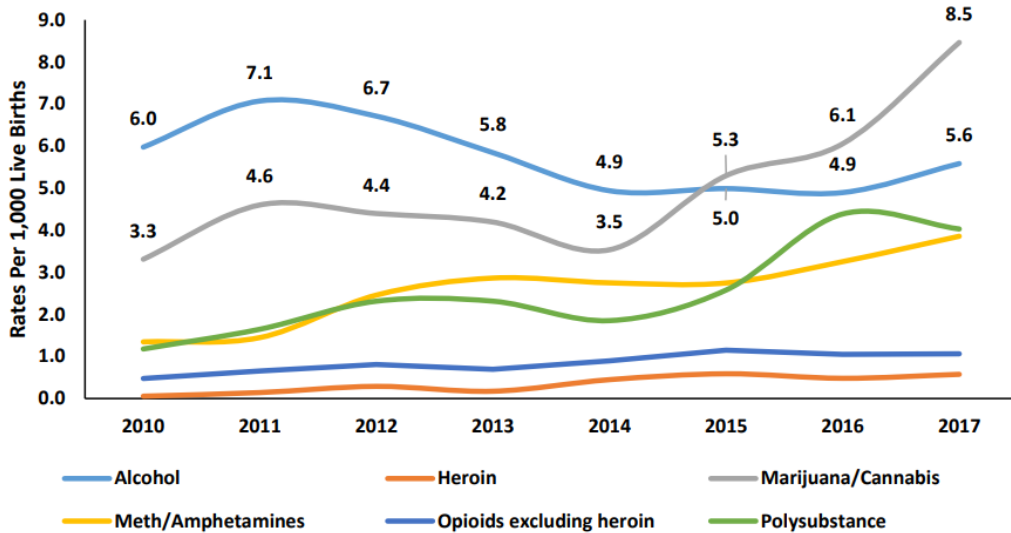
Legislation that Potentially Impacts Statistics

- On July 1st, 2017, recreational Marijuana use became legal to purchase for persons 21 and over.
- AB 474, the Controlled Substance Abuse Prevention Act, went into effect on January 1st, 2018.
 - This is a comprehensive measure that addresses misuse, abuse, and diversion through enacting prescribing protocols at appropriate levels, increases oversight of prescribing, and improves data collection efforts.
 - Providers will need to run a report and check the state database to look up the patient's history of using controlled medications. Informed consent will also need to be signed by the patient. Finally, the provider will evaluate the patient's risk of addiction or dependency.
 - Initial prescriptions for acute pain can only be provided for 14 days. Pain medications for more than 30 days require the patient to sign a Prescription Medication Agreement. If medications continue after 90 days, patients will need to go in for reevaluation and assessment of abuse risk.
- SB 459 was signed into law on May 5th, 2015. This bill allows for: Mandated utilization of the Prescription Drug Monitoring Program (PDMP), enacts the Good Samaritan Immunity Law, and expands access to Naloxone.
 - Through the PDMP, prescribing physicians are required to obtain a patient utilization report from the PDMP before they initiate a prescription for a controlled schedule II, III, and IV prescription drug.
 - The Good Samaritan Immunity Law applies to an individual who acting in good faith and with reasonable care administers an opioid antagonist to someone experiencing an opioid-related drug overdose, or who seek medical help. Good Samaritan immunity allows them to evade prosecution for minor drug offences related to being in possession of, or consuming illegal drugs (with limitations).
 - Under this bill, providers are now allowed to prescribe opioid antagonists to individuals in the position to help another person at risk of an overdose. It also allows law enforcement and EMS personnel to carry and administer Naloxone.
- AB 428 went into effect on July 1, 2017, which authorizes a pharmacist to furnish an opioid antagonist without a prescription from a health care professional.
 - This prohibits the development of standardized procedures and protocols that prevent a pharmacist from dispensing an opioid antagonist without a prescription.

SUBSTANCE USE

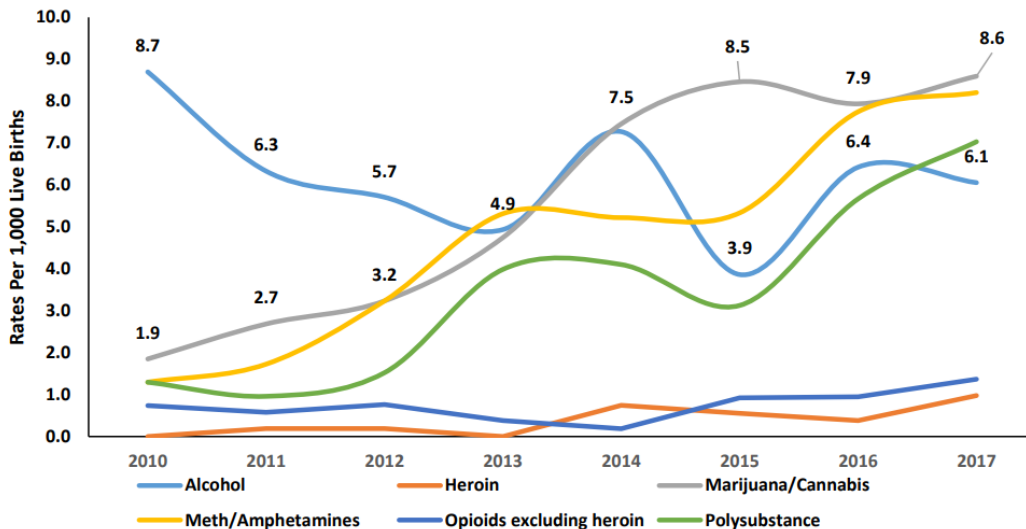
Prenatal

Figure 7: Prenatal Substance Abuse Birth Rates (self-reported) for Select Substances, Nevada, 2010-2017



- In 2017, self-reported prenatal Marijuana abuse birth rates increased by 2.4 per 1,000 live births, being the largest increase among all substances reported.

Figure 8: Prenatal Substance Abuse Birth Rates (self-reported) for Select Substances, Washoe County, 2010-2017

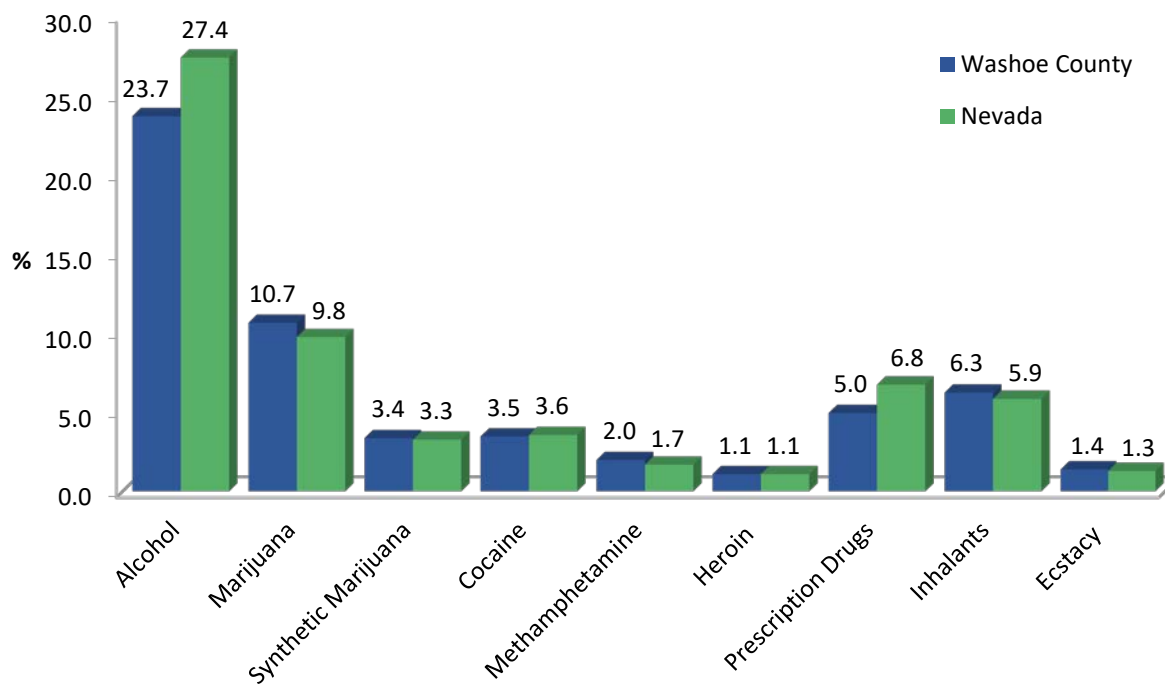


- Marijuana, Methamphetamine, Polysubstance, and Alcohol prenatal abuse birth rates are higher in Washoe County than in Nevada.
- In Washoe County and Nevada, prenatal Marijuana abuse births reached their highest rates in 2017 since 2010.

SUBSTANCE USE

Middle School Students

Figure 9: Lifetime* Substance Use Among Middle School Students, Washoe County & Nevada, 2017

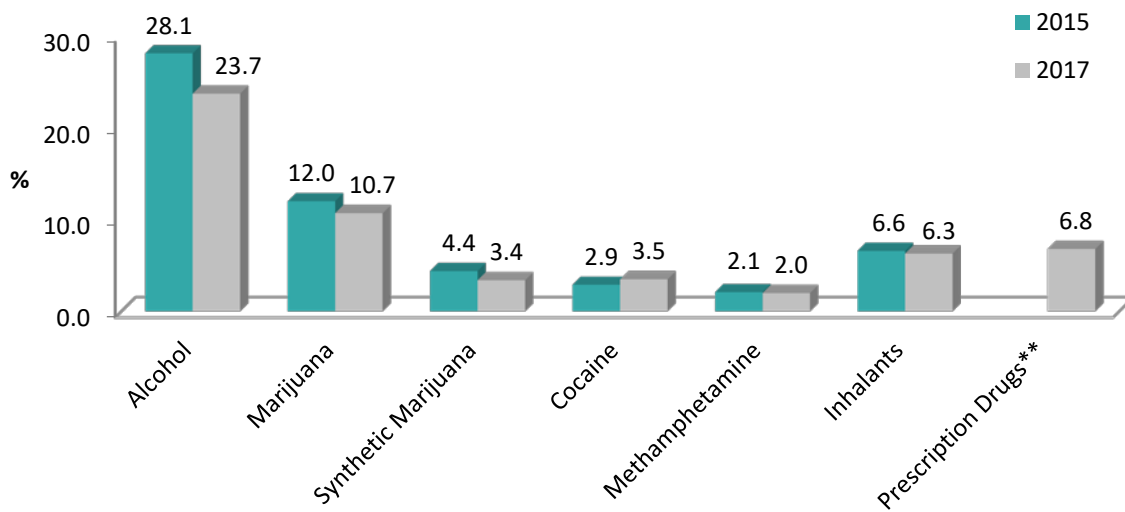


*One or more times during their life.

- A lower percentage of middle school students reported having ever tried alcohol, cocaine, and prescription drugs in Washoe County compared to Nevada.
- The percentage of middle school students who reported having ever used heroin in 2017 was 1.1% for Washoe County and Nevada.

SUBSTANCE USE

Figure 10: Lifetime* Substance Use Among Middle School Students, Washoe County, 2015 & 2017

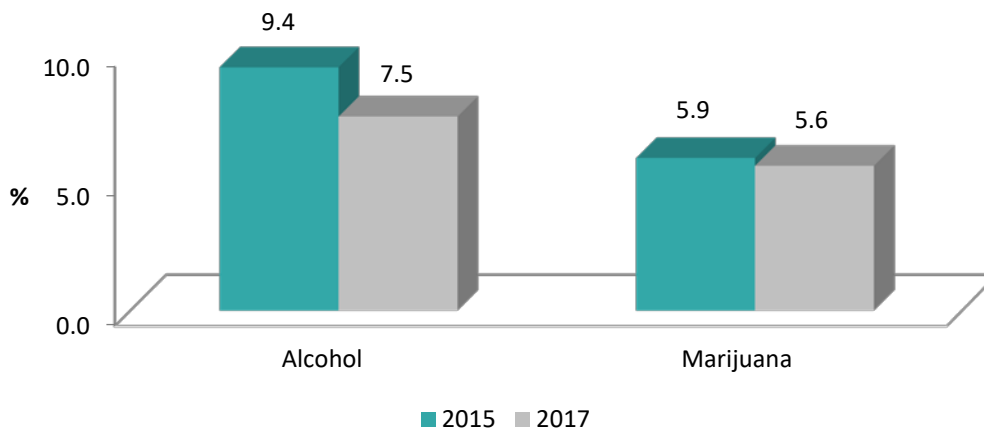


*One or more times during their life.

**2015 data for lifetime prescription drug use is not included because the wording of the question changed in 2017, therefore data are not comparable to previous years.

- From 2015 to 2017, the percent of middle school students who reported having ever tried the substances identified in Fig. 5 decreased across all categories with the exception of cocaine, which increased from 2.9% to 3.5%.

Figure 11: Percentage of Middle School Students to Report Current* Use of Alcohol and Marijuana, Washoe County, 2015 & 2017



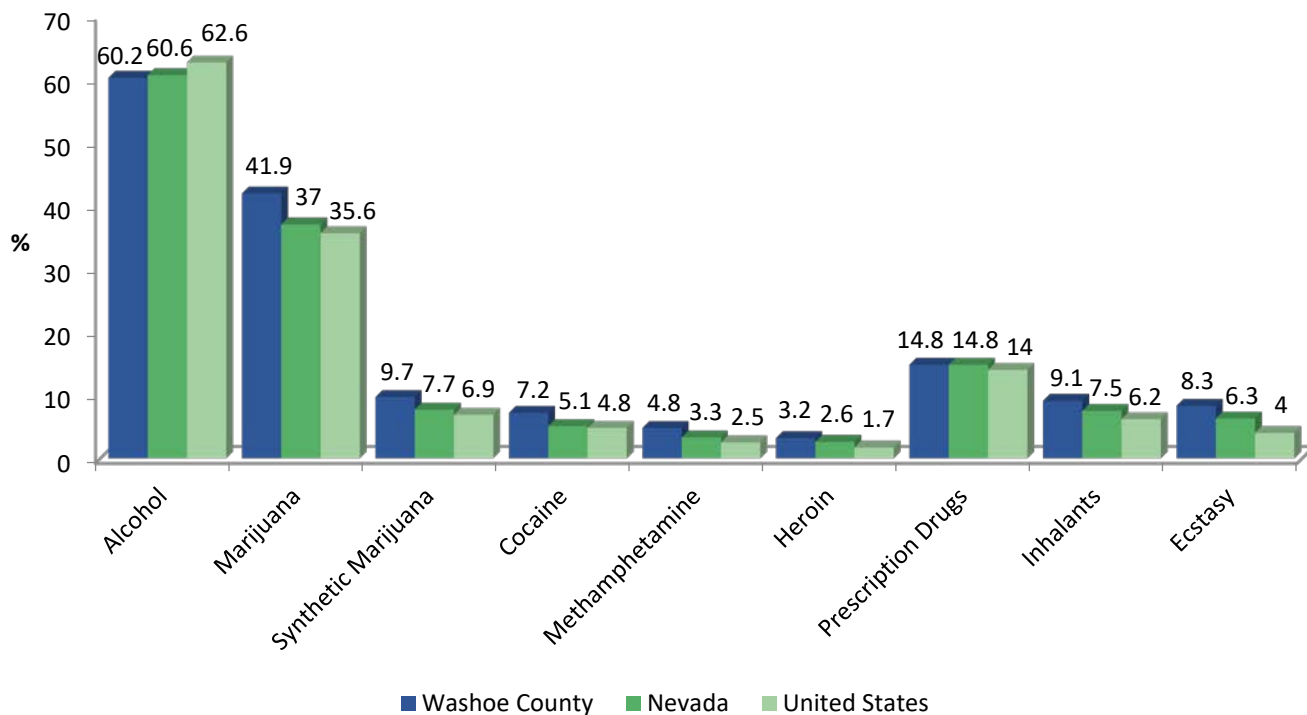
*Used at least once on at least 1 day during the 30 days before the survey.

- Alcohol use among Washoe County middle school students decreased 1.9% between 2015 and 2017.
- Marijuana use among Washoe County middle school students decreased 0.3% between 2015 and 2017.

SUBSTANCE USE

High School Students

Figure 12: Lifetime* Substance Use Among High School Students, Washoe County, Nevada, and United States, 2017

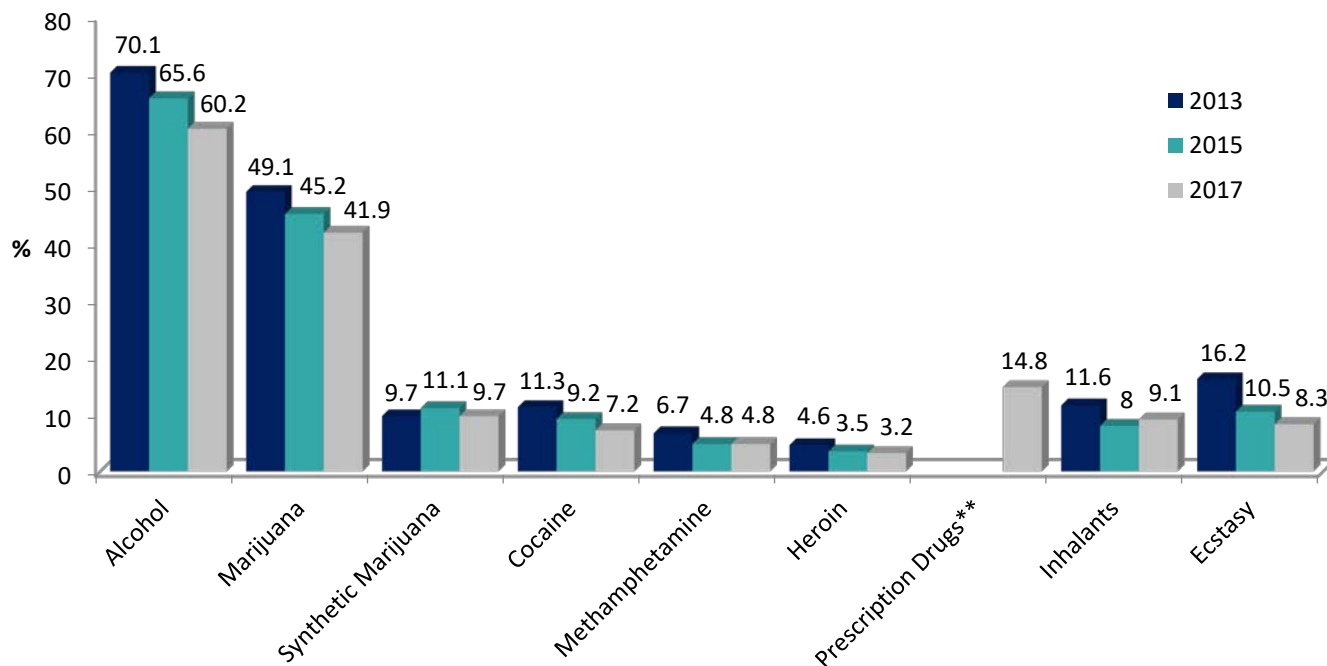


*One or more times during their life

- Lifetime alcohol use among high school students was lower in Washoe County (60.2%) than in both Nevada (60.6%) and the United States (62.6%).
- Lifetime prescription drug use among high school students in Washoe County was equal to Nevada (14.8%), but greater than the United States (14.0%).

SUBSTANCE USE

Figure 13: Lifetime* Substance Use Among High School Students, Washoe County, 2013, 2015 & 2017



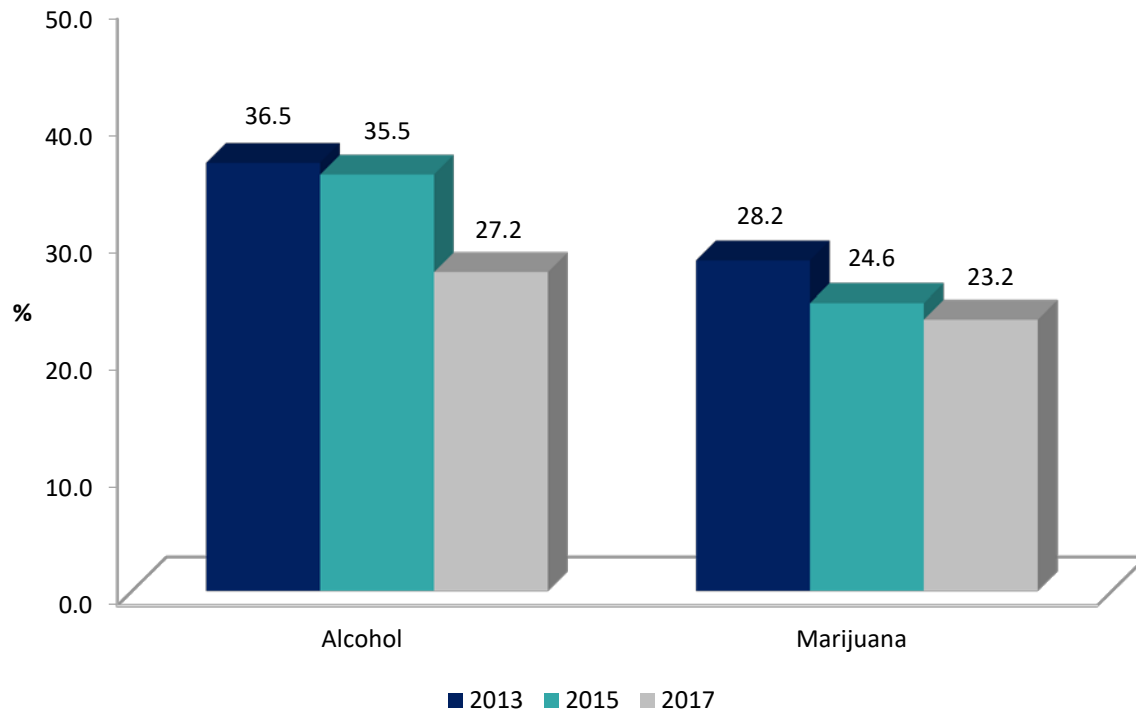
*One or more times during their life

**2015 data for lifetime prescription drug use is not included because the wording of the question changed in 2017, therefore data are not comparable to previous years.

- Between 2013 and 2017, the percentage of Washoe County high school students reporting having ever used alcohol, marijuana, cocaine, heroin, and ecstasy has shown a decrease.
- Methamphetamine showed a decrease of 14.9% between 2013 and 2015, but has not changed from 4.8% in 2017.
- Inhalant use showed a decrease of 3.6% in 2015, but then increased 1.1% in 2017.

SUBSTANCE USE

Figure 14: Percentage of High School Students to Report Current* Use of Alcohol and Marijuana, Washoe County, 2013, 2015 & 2017



*Used at least once on at least 1 day during the 30 days before the survey.

- Among Washoe County high school students, there have been reported declines in alcohol and marijuana use from 2013 to 2017.
- In 2017, alcohol use decreased 8.3% from 2015.
- From 2013 to 2017, marijuana use was reported to have a total decrease of 5%.

SUBSTANCE USE

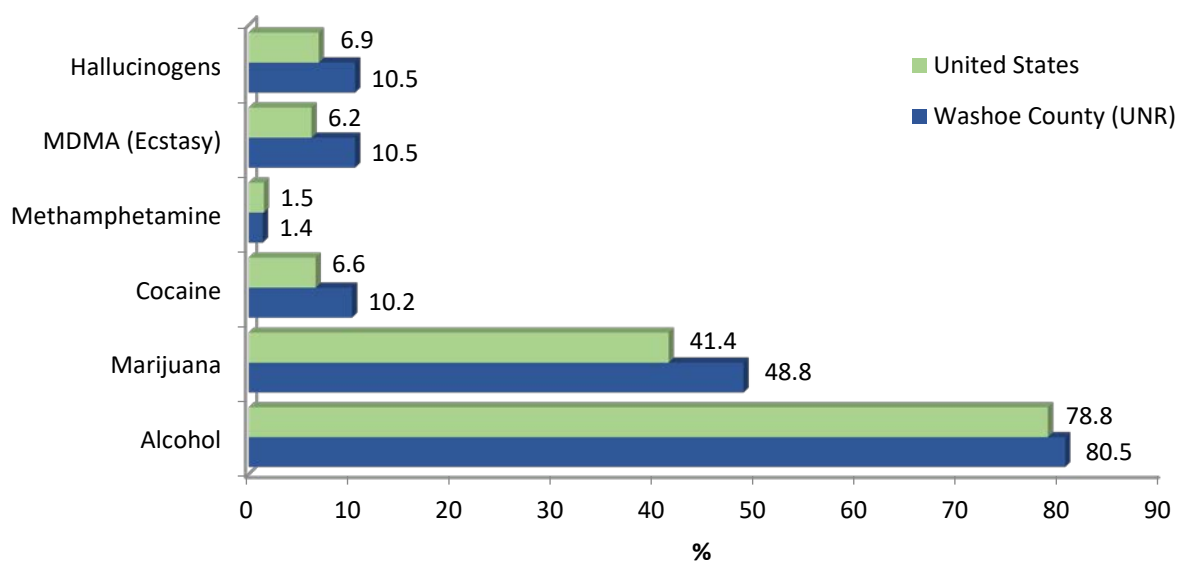
College Students

**Table 6: Racial & Gender Demographics
University of Nevada, Reno & United States, 2018**

	UNR	United States
Race/Ethnicity	%	%
White	71.8	63.5
Black	2.6	4.8
Hispanic	15.7	17.4
Asian/PI	12.9	14.2
American Indian/AN	3.4	1.8
2 or More Races	5.8	5.0
Other	1.9	2.7
Gender		
Female	70.8	70.6
Male	29.2	29.4

**Racial demographic percentages for the United States are compiled from the National College Health Assessment of American Colleges, Reference Group Data Report.*

Figure 15: Lifetime* Substance Use Among College Students, University of Nevada, Reno and United States, 2018

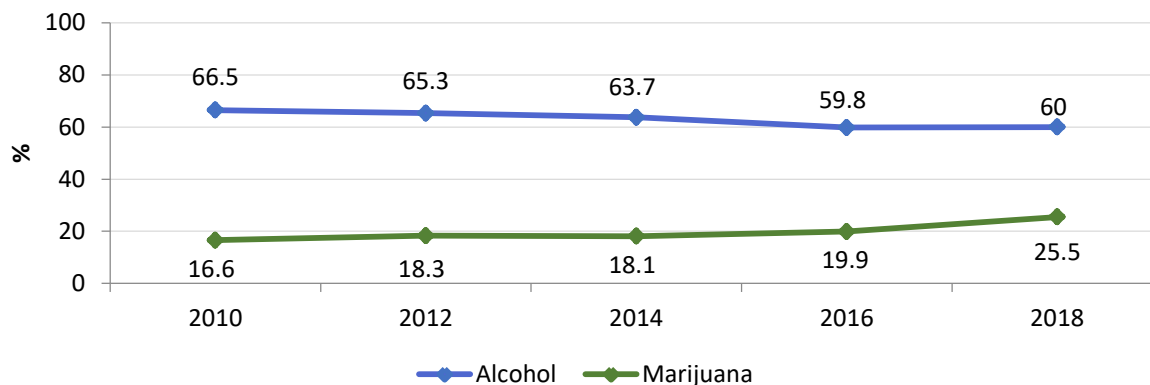


*Have used one or more times

- In 2018, the percentage of UNR students who reported lifetime alcohol, marijuana, cocaine, MDMA and hallucinogen use was greater than the average reported by other postsecondary education students in the United States
- In 2018, the largest difference we see is a 7.4% higher percentage of marijuana use among UNR students.

SUBSTANCE USE

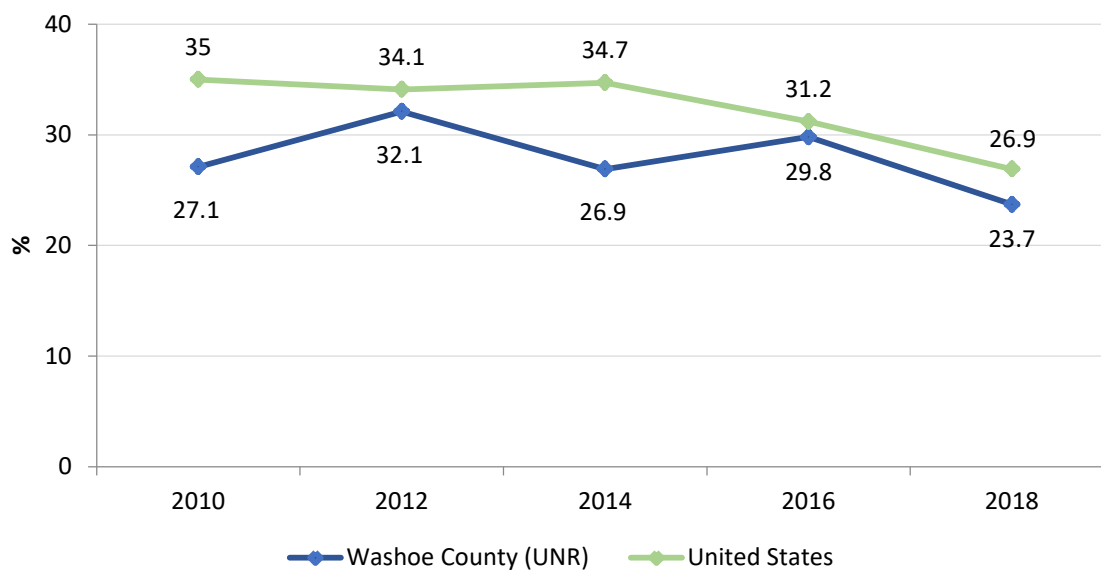
Figure 16: Current* Alcohol and Marijuana Use Among College Students, University of Nevada, Reno, 2010, 2012, 2014, 2016 & 2018



*Within the last 30 days

- The percentage of UNR students who reported having used alcohol within the last 30 days decreased by 6.5% between 2010 and 2018.
- Marijuana use among UNR students has shown an 8.9% increase between 2010 and 2018.

Figure 17: Binge Drinking* Among College Students, University of Nevada, Reno & United States, 2010, 2012, 2014, 2016 & 2018

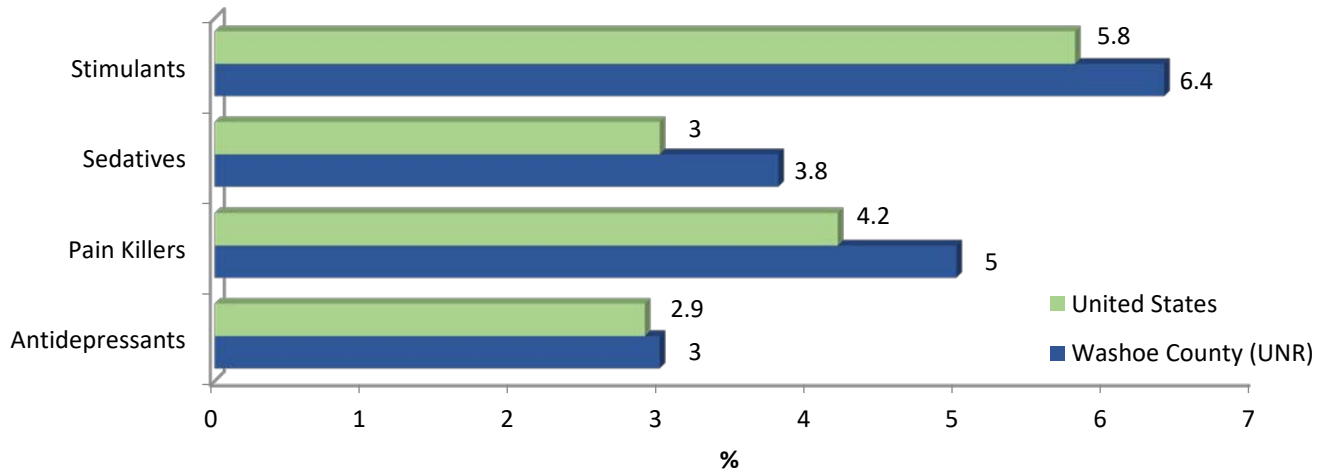


*Five or more drinks of alcohol a sitting, over the previous two weeks

- In 2018, reported binge drinking among UNR students showed a 6.1% decrease from 2016.

SUBSTANCE USE

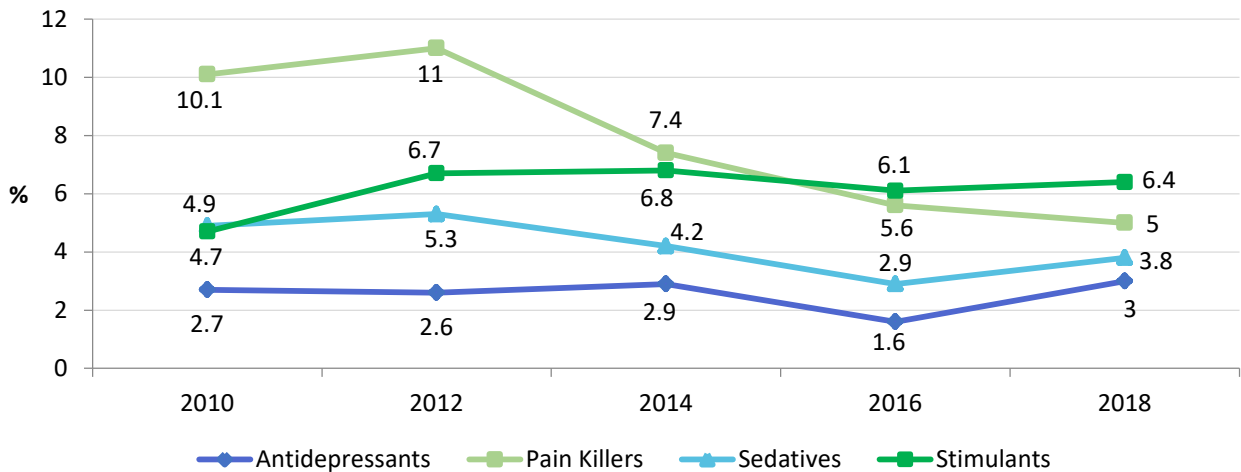
Figure 18: Prescription Drug Use* Among College Students, University of Nevada, Reno & United States, 2018



*Taken the drug without a prescription, during the previous 12 months

- UNR students reported misusing pain killers and stimulants more frequently than other prescription drugs

Figure 19: Prescription Drug Use* Among College Students, University of Nevada, Reno, 2010-2018



*Taken the drug without a prescription, during the previous 12 months

- The percentage of UNR students reporting they had taken the prescription drugs in Fig. 19 decreased from 2012 to 2018 by 4.2% (22.4% vs. 18.2%).
- In 2018, sedative use increased 1.4% from 2016, being the largest increase among types of prescription drugs.
- When comparing 2010 to 2018 data, pain killer use has decreased 5.1%, sedative use has decreased 1.1%, stimulant use has increased 1.7%, and antidepressant use has increased 0.3%.

SUBSTANCE USE

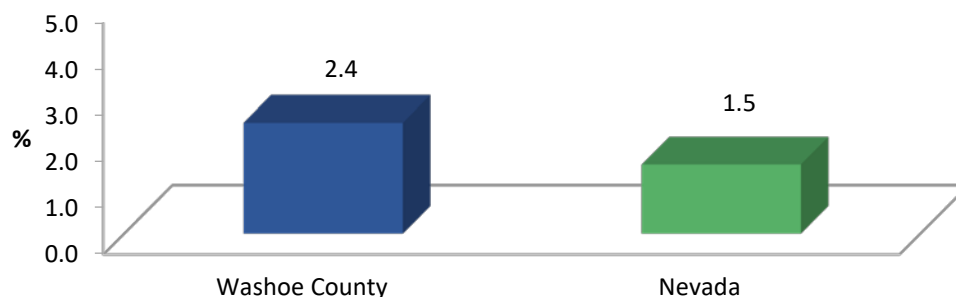
Adults

Table 7: Substance Use Among Population Aged 18 to 25 - Washoe County, Nevada, and United States, 2012-2014 Annual Averages

	Percent of Population		
	Washoe County	Nevada	United States
Alcohol Use			
Use in the past month	66.1	57.8	59.8
Binge drank in the past month	42.8	37.0	38.4
Dependence in the past year	7.1	7.1	5.7
Dependence or abuse in the past year	15.5	14.1	13.2
Needing treatment for alcoholism in the past year	15.4	13.8	12.8
Drug Use			
Cocaine use in the past year	6.5	3.8	4.6
Pain relievers nonmedical use in the past year	9.7	9.9	8.9
Illicit drug use in the past month	24.0	21.4	21.6
Illicit drug use other than marijuana in the past month	7.3	7.0	6.7
Illicit drug dependence in the past year	5.9	5.6	5.2
Illicit drug dependence or abuse in the past year	7.9	7.3	7.3
Needing treatment for illicit drug use in the past year	7.5	6.9	6.7
Dependence on or abuse of illicit drugs or alcohol in the past year	20.2	18.1	17.5

- On average from 2012 to 2014, individuals aged 18-25 years reported alcohol use, dependence, and abuse a higher percentage in Washoe County than Nevada and the United States.
- Illicit drug use in Washoe County was more prevalent compared to Nevada and the United States.

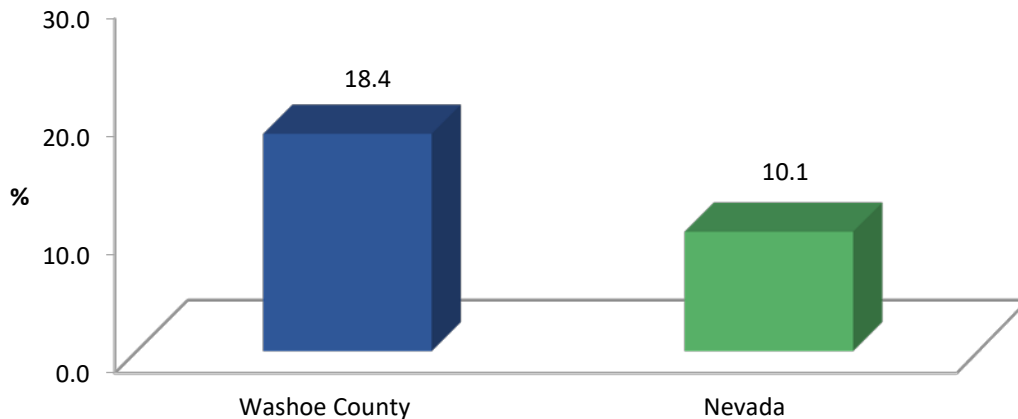
Figure 20: Percentage of Current* Illicit Drug Use Other Than Marijuana Among Adults, Washoe County and Nevada, 2016



*During the past 30 days

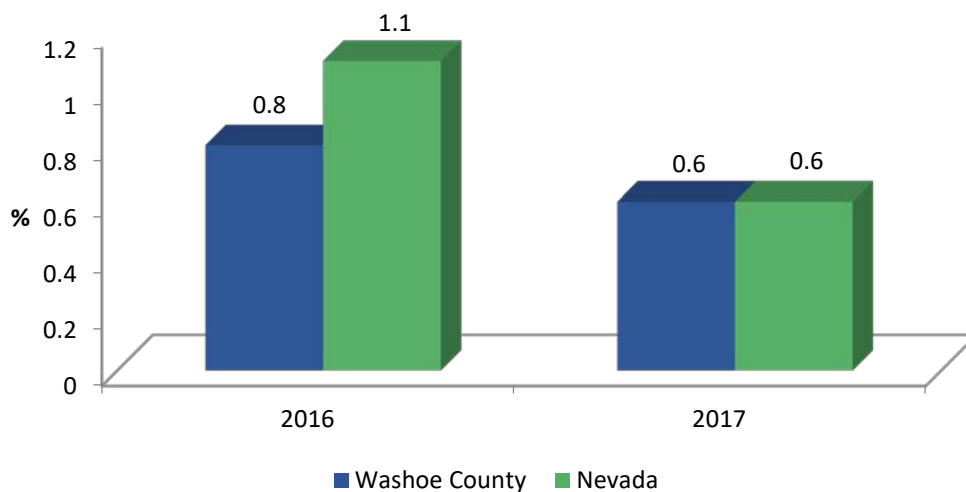
- In 2016, the percentage of adults in Washoe County who reported illicit drug use in the past month (2.4%) was higher than Nevada (1.5%).

Figure 21: Lifetime Prescription Drug Misuse Among Adults, Washoe County and Nevada, 2016



- In 2016, the percentage of adults in Washoe County who reported having ever taken a prescription drug without a doctor’s prescription (18.4%) was higher than Nevada (10.1%).

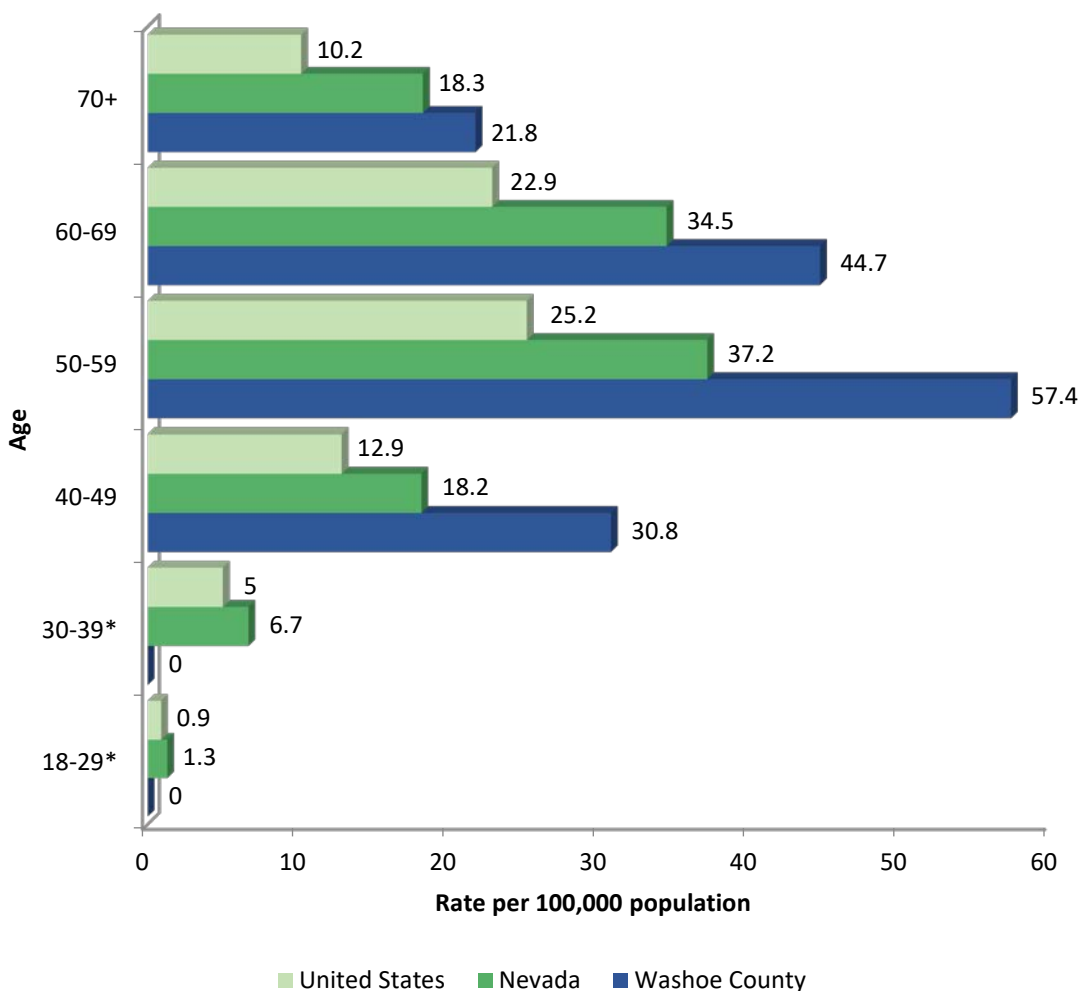
Figure 22: Prescription Drug Misuse During the Past 30 Days Among Adults, Washoe County and Nevada, 2016-2017



- The percentage of Washoe County adults who reported having used prescription drugs without a doctor’s order to “feel good” or to “get high” (0.8%) was lower than Nevada (1.1%).

SUBSTANCE USE

Figure 23: Alcohol-Induced Cause of Death by Age Group, Washoe County, Nevada, and United States, 2013-2017 Aggregate Data



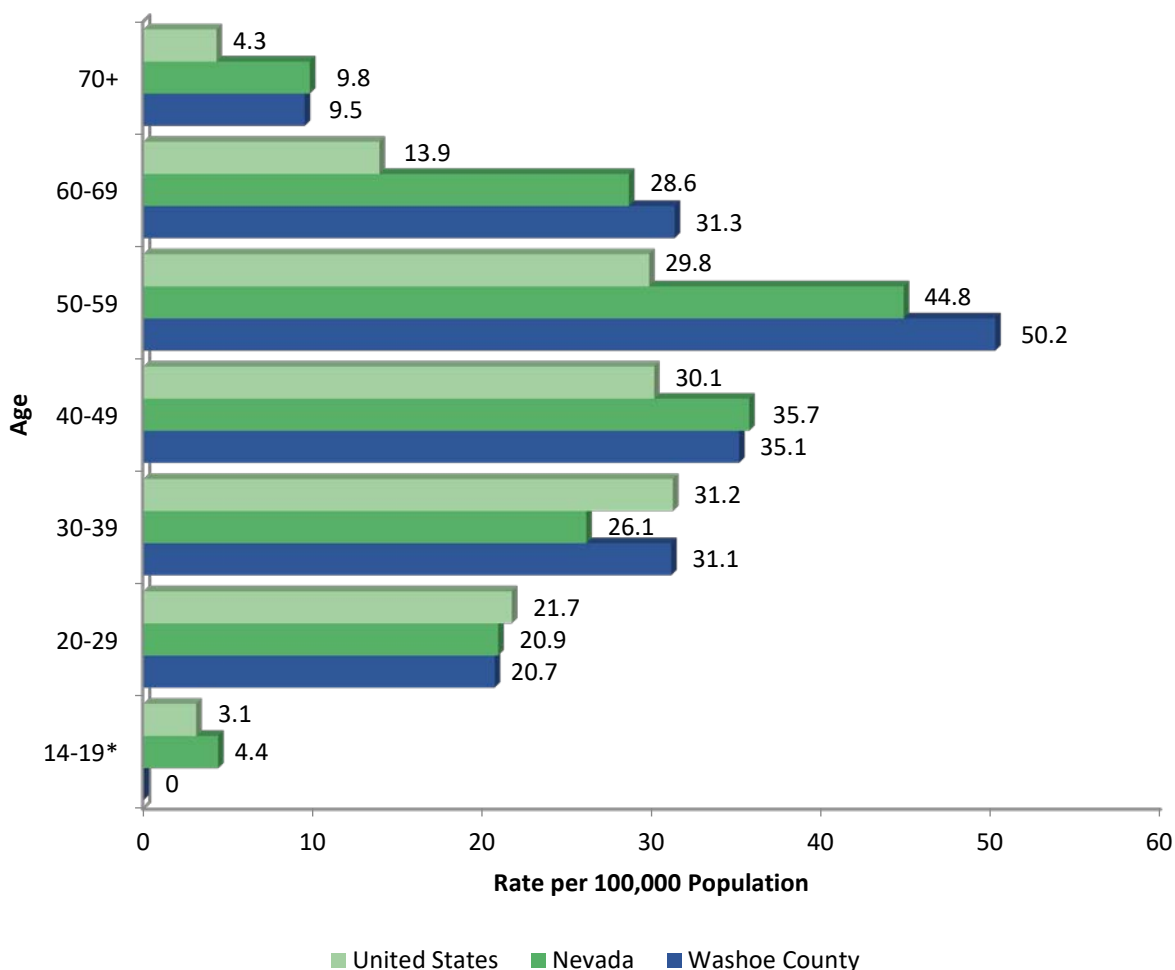
*Washoe County data not available because the data meets the criteria for confidentiality constraints.

Mental and behavioral disorders due to use of alcohol, harmful use (F10.1); Mental and behavioral disorders due to use of alcohol, dependence syndrome (F10.2); Alcoholic hepatitis (K70.1); Alcoholic cirrhosis of liver (K70.3); Alcoholic hepatic failure (K70.4); Alcoholic liver disease, unspecified (K70.9); Accidental poisoning by and exposure to alcohol (X45).

- The rate of alcohol-induced deaths in Washoe County among age groups 40-49, 50-59, and 70+ years were more than double the United States.

SUBSTANCE USE

Figure 24: Drug-Induced Cause of Death by Age Group, Washoe County, Nevada, and United States, 2013-2017 Aggregate Data



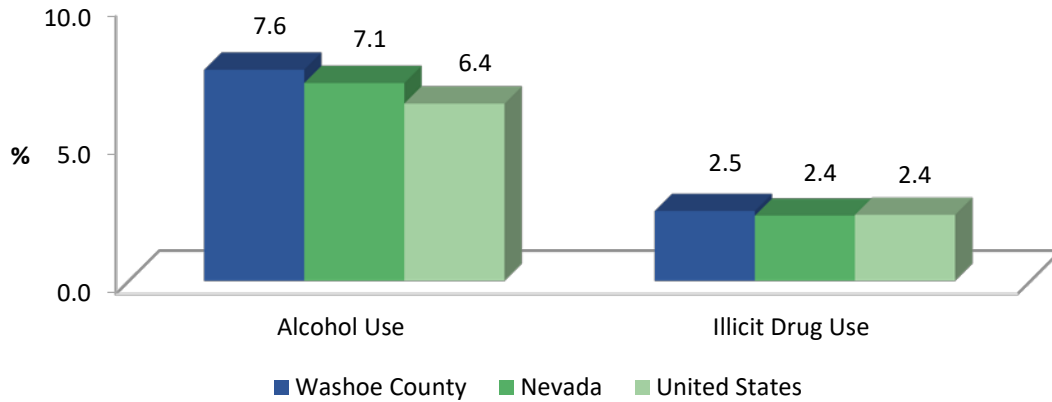
*Washoe County data not available because the data met the criteria for confidentiality constraints

Drug poisonings (overdose) unintentional (X40-X44); Drug poisonings (overdose) suicide (X60-X64); Drug poisonings (overdose) homicide (X85); Drug poisonings (overdose) undetermined (Y10-Y14).

- The five-year drug-induced cause of death rate was greater in Washoe County for age groups 30-39, 50-59, and 60-69 years compared to Nevada.

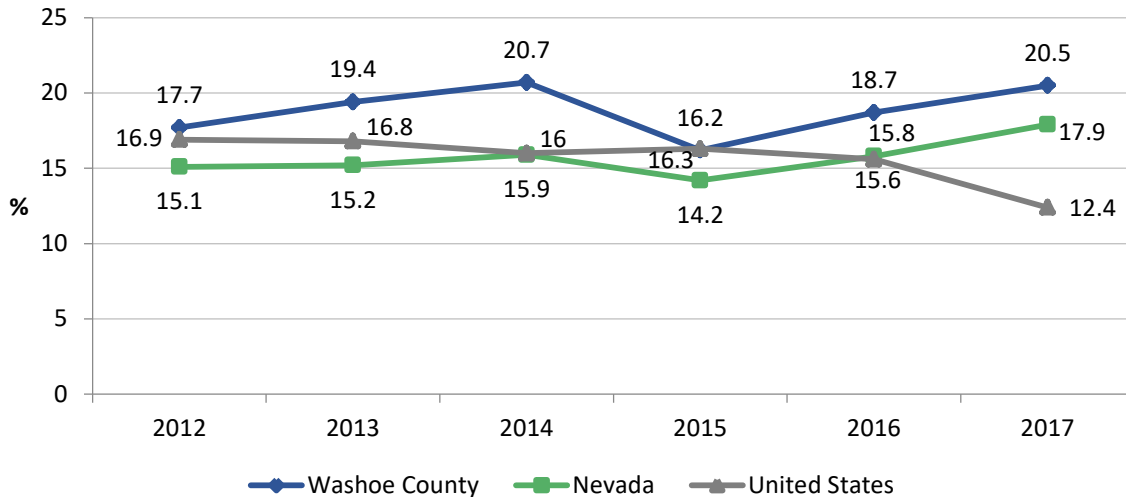
SUBSTANCE USE

Figure 25: Percentage of Adults Needing but Not Receiving Treatment in the Past Year, Washoe County, Nevada, and United States, 2012-2014 Annual Average



- On average from 2012 to 2014, the percentage of adults needing treatment for alcohol use in the past year was greater in Washoe County (7.6%) than Nevada (7.1%) and the United States (6.4%).
- The percentage of adults needing treatment for illicit drug use in the past year was slightly greater in Washoe County (2.5%) than Nevada (2.4%) and the United States (2.4%).

Figure 26: Percentage of Adults Classified as Binge Drinkers, Washoe County, Nevada, and United States, 2012-2017

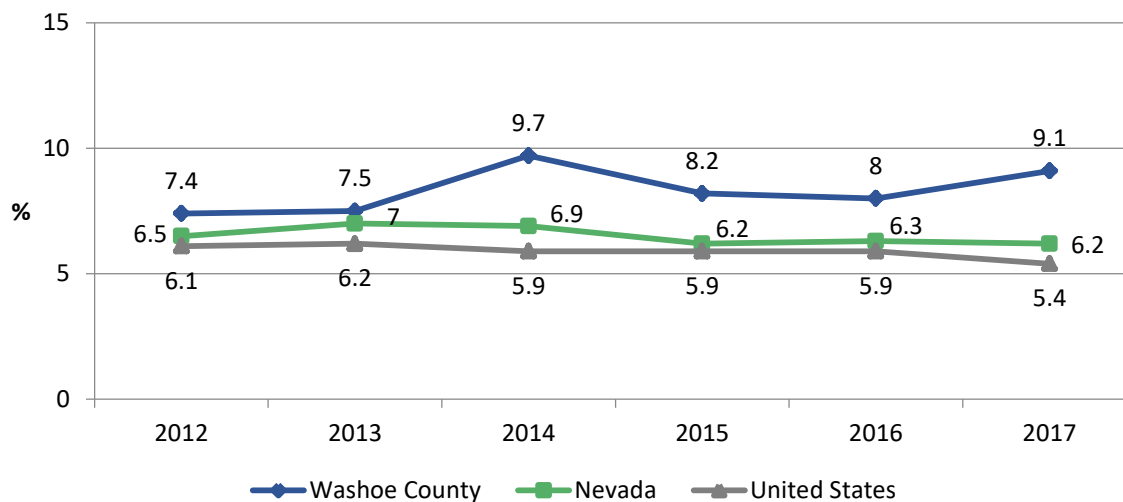


*Binge drinking is classified as men having five or more drinks on one occasion and for women having four or more drinks on one occasion

- The percentage of Washoe County adults who were classified as binge drinkers was 2.6% higher than Nevada, and 8.1% higher than the United States in 2017.
- In 2017, the percentage of Washoe County adults who were classified as binge drinkers was higher than Nevada (17.9%) and the United States (12.4%).

SUBSTANCE USE

Figure 27: Percentage of Adults Classified as Heavy Drinkers, Washoe County, Nevada, and United States, 2012-2017



*During 2012-2014 heavy drinking was classified as men having more than two drinks per day and for women having more than one drink per day.

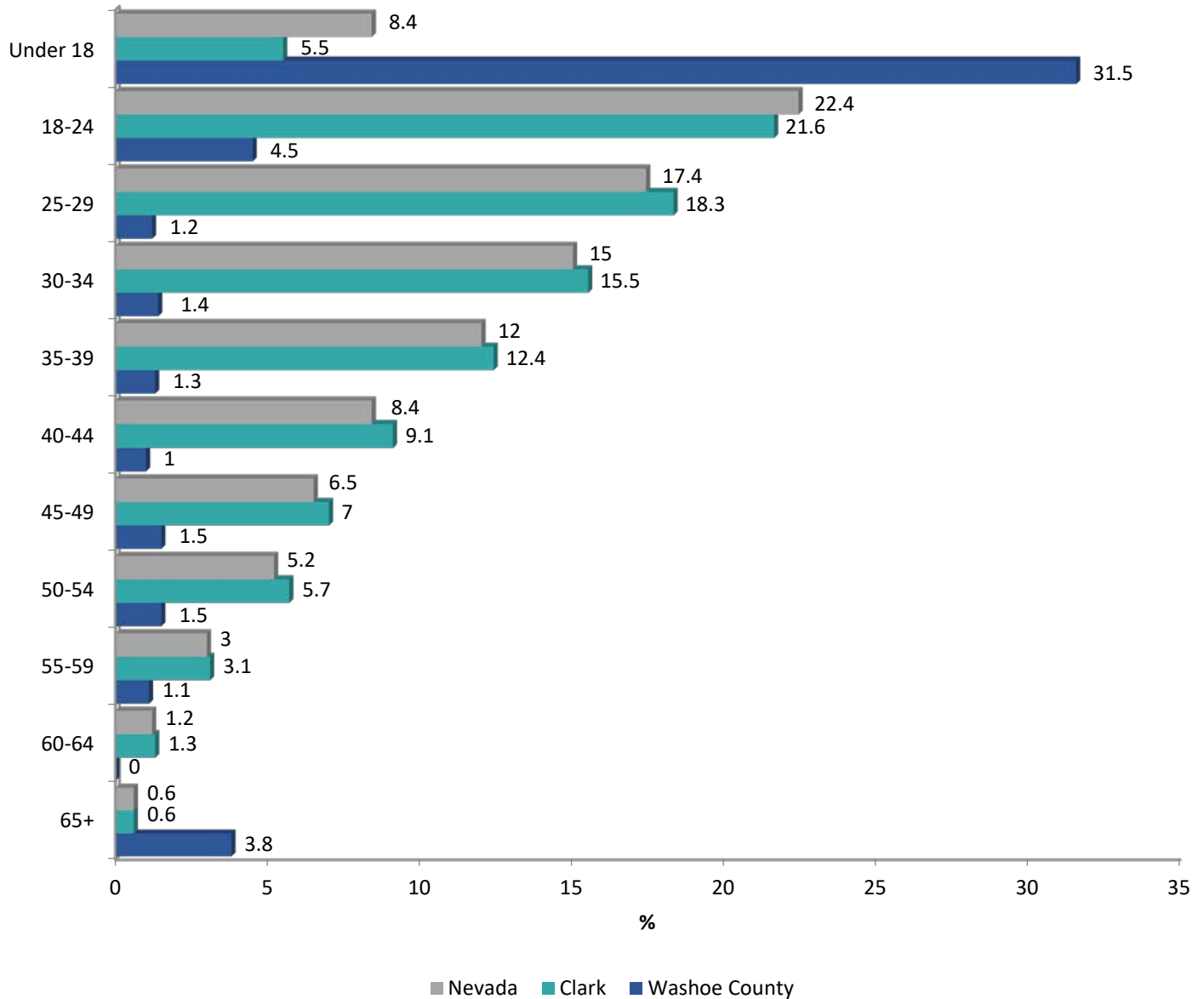
**During 2015 and 2016 heavy drinking was classified as men having more than 14 drinks per week and for women having more than seven drinks per week.

- The percentage of Washoe County adults who were classified as heavy drinkers was greater in 2017 (9.1%) than in 2012 (7.4%).
- From 2012 to 2016, the percentage of adults in Washoe County classified as heavy drinkers has remained higher than the percentage in Nevada and the United States.

SUBSTANCE USE

Arrest Data

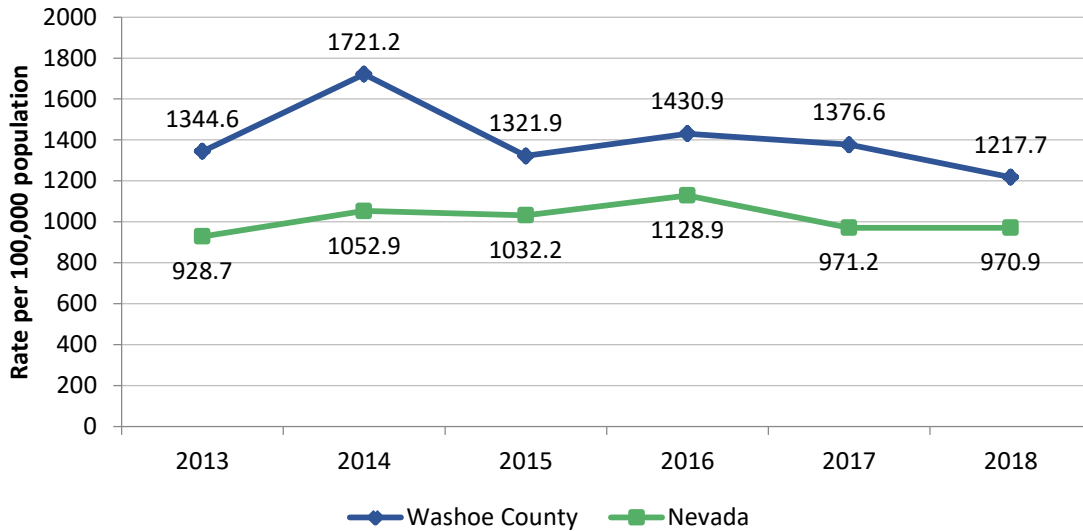
Figure 28: Percentage of Drug-Related Offences Committed by Age Group, Washoe, Clark County & Nevada, 2017



- In Nevada, there was 9,185 Drug Abuse Violations in 2017.
- Washoe County had a total of 418 Drug Abuse Violations in 2017, which makes up 4.6% of all Drug Abuse Violations made in Nevada in 2017.
- Clark County had a total of 7,458 Drug Abuse Violation in 2017, which makes up 81.2% of all Drug Abuse Violation made in Nevada in 2017.
- Drug-related offences accounted for 31.5% of all offences committed by individuals under the age of 18 for Washoe County.
- Washoe County had 3.75 times more drug-related offences among individuals under the age of 18 than Nevada, and 5.7 times more than Clark County in 2017.

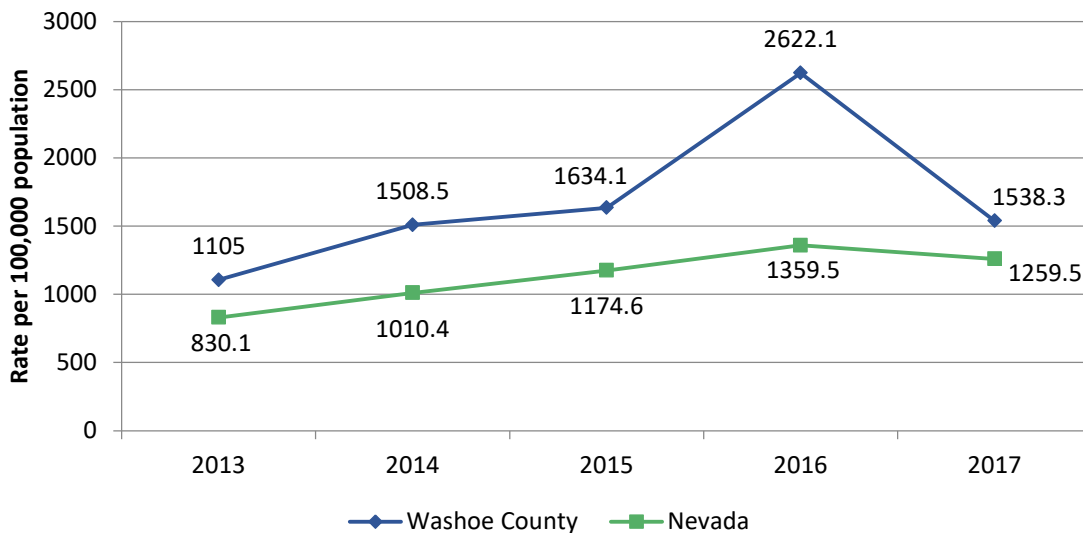
Emergency Department Encounters

Figure 29: Alcohol-Related Emergency Department Encounters, Washoe County and Nevada, 2013-2018



- In 2018, the rate in Washoe County was 246.8 higher than Nevada.

Figure 30: Drug-Related Emergency Department Encounters, Washoe County and Nevada, 2013-2017

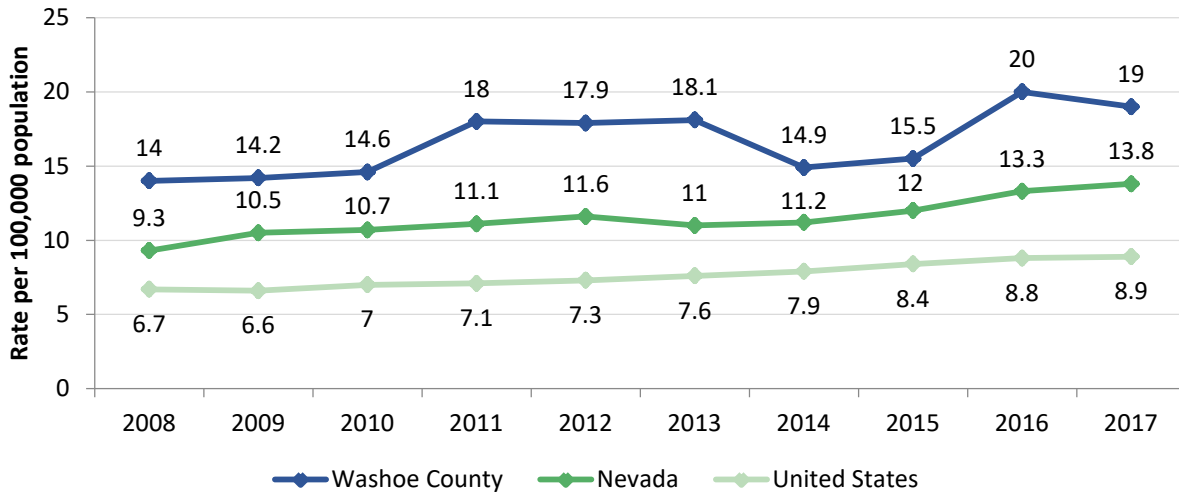


- In 2015, Washoe County began to experience more drug-related emergency department encounters than alcohol-related encounters.

SUBSTANCE USE

Mortality

Figure 31: Age-Adjusted Rate of Alcohol-Induced Cause of Death, Washoe County, Nevada, and United States, 2008-2017

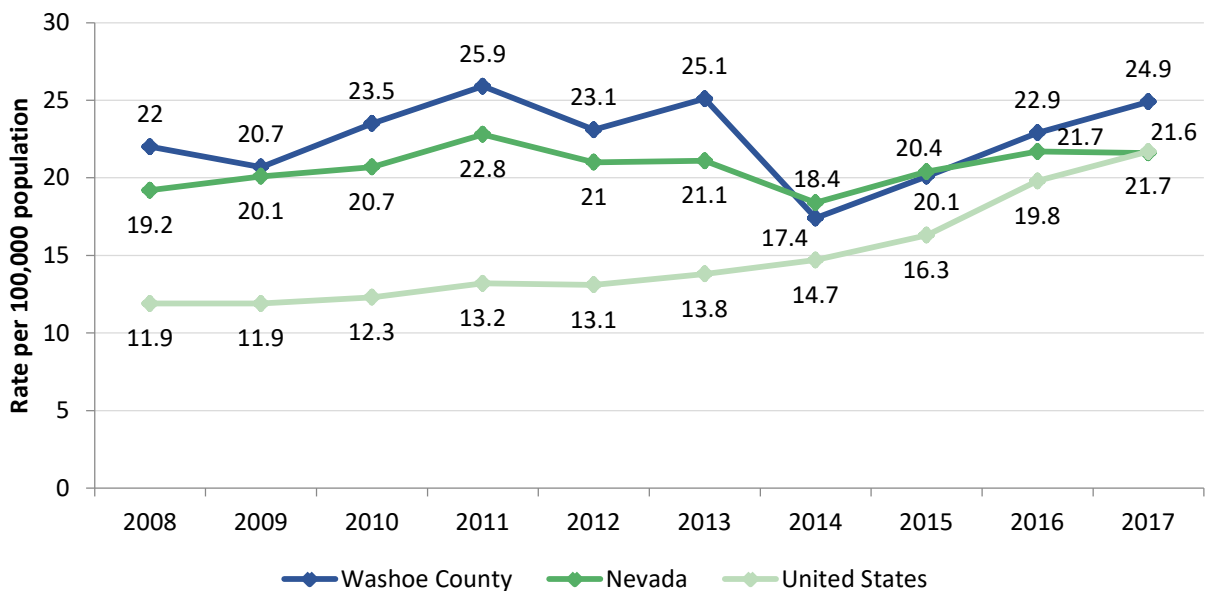


Rates do not include drunk driving cause of death.

Mental and behavioral disorders due to use of alcohol, harmful use (F10.1); Mental and behavioral disorders due to use of alcohol, dependence syndrome (F10.2); Alcoholic hepatitis (K70.1); Alcoholic cirrhosis of liver (K70.3); Alcoholic hepatic failure (K70.4); Alcoholic liver disease, unspecified (K70.9); Accidental poisoning by and exposure to alcohol (X45).

- In 2016, the age-adjusted rate of alcohol-induced deaths in Washoe County reached the highest point over the ten-year period at 20 persons per 100,000 population.
- From 2008 to 2017, Washoe County has consistently reported higher rates of alcohol-induced causes of death when compared to Nevada and the United States, while the United States has consistently reported the lowest rates.
- From 2008 to 2017, the average rate of alcohol-induced deaths in Washoe County was 16.7 persons per 100,000 population, which is greater than Nevada (11.5 persons per 100,000 population), and the United States (7.7 persons per 100,000 population).

Figure 32: Age-Adjusted Rate of Drug-Induced Cause of Death, Washoe County, Nevada, and United States, 2008-2017

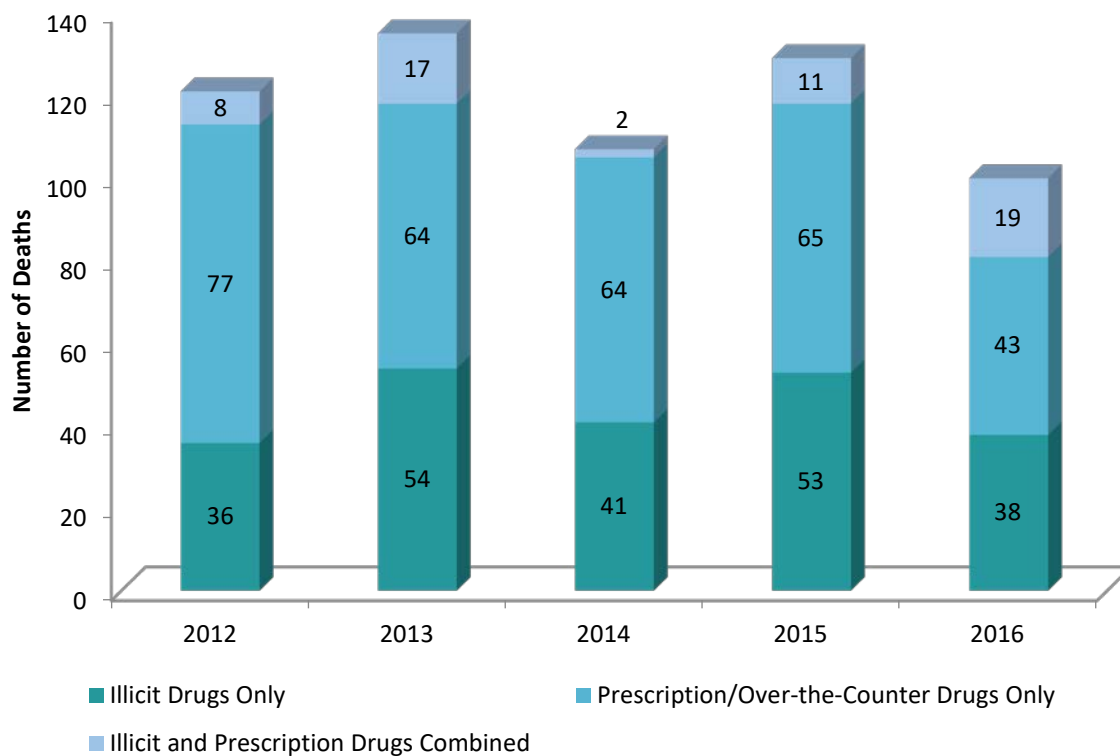


Drug poisonings (overdose) unintentional (X40-X44); Drug poisonings (overdose) suicide (X60-X64); Drug poisonings (overdose) homicide (X85); Drug poisonings (overdose) undetermined (Y10-Y14).

- In 2017, the age-adjusted rate of drug-induced deaths in Washoe County was 3.3 higher than Nevada and 3.2 higher than the United States.
- From 2008 to 2017, the average rate of drug-induced deaths in Washoe County was 22.6 persons per 100,000 population which was greater than Nevada (20.7 persons per 100,000 population) and the United States (14.9 persons per 100,000 population).

SUBSTANCE USE

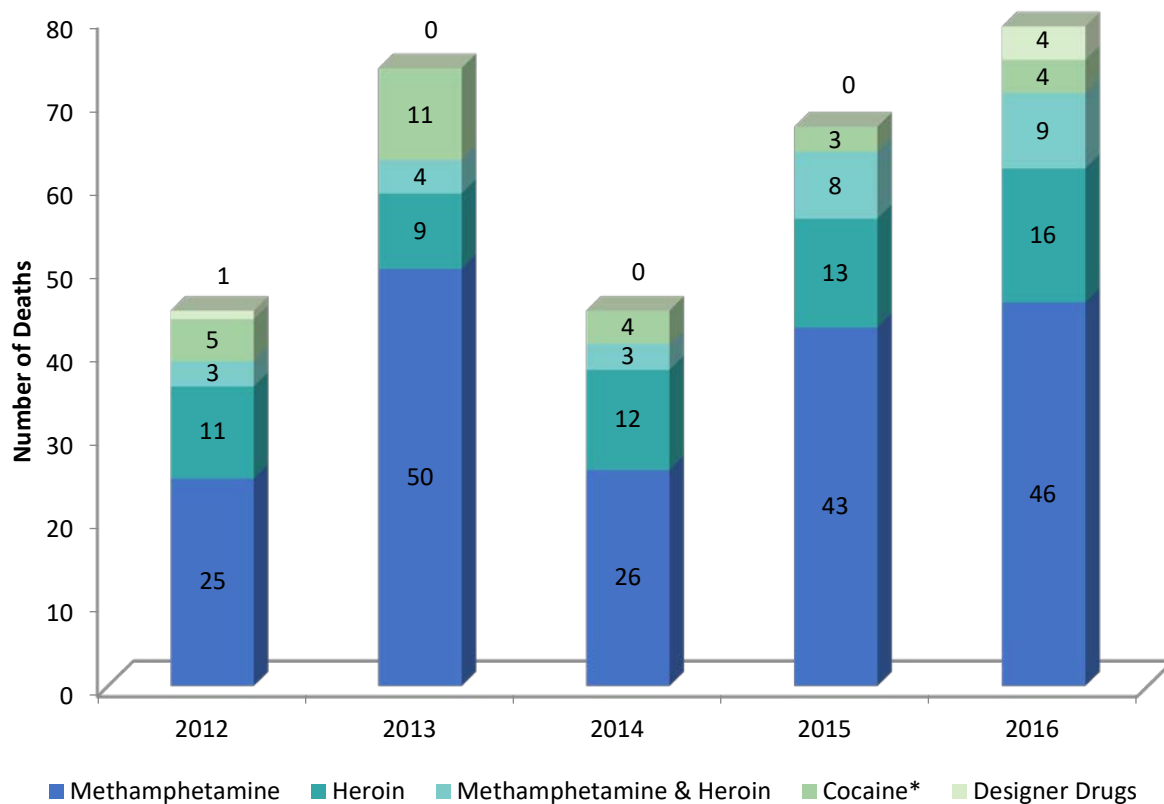
Figure 33: Washoe County Drug Intoxication Deaths, 2012-2016



- In 2016, Washoe County had a total of 110 deaths by drug intoxication.
- Although 2016 had decreases in both illicit drug deaths and prescription/over-the-counter drug deaths, combined deaths increased from 2015.

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Figure 34: Washoe County Illicit-involved Deaths by Drug, 2012-2016



*Alone or with other drugs.

- Designer drugs, also referred to as “club drugs”, include but are not limited to: MDMA (Ecstasy), ketamine, GHB, Rohypnol, and LSD. Designer drug deaths are thought to increase in Washoe County in 2016 due to U-47700, a highly potent synthetic opioid.

Opioid Specific

Opioids are typically separated into four separate categories:

Natural Opioids and Semi-Synthetic Opioids: Including Morphine and codeine, and drugs like oxycodone, hydrocodone, hydromorphone, and oxymorphone.

Methadone: A synthetic opioid.

Synthetic Opioids: Drugs other than methadone, such as tramadol and fentanyl.

Heroin: An illicit, or illegal, opioid synthesized from morphine that can be a white or brown powder, or a black sticky substance.

ICD Codes used for analysis:

Opioid Related Disorders

All Diagnosis

- 304.0 Opioid type dependence (ICD-9-CM);
- 304.7 Combinations of opioid type drug with any other drug dependence (ICD-9-CM);
- 305.5 Nondependent opioid abuse (ICD-9-CM);
- F11 Opioid related disorders (ICD-10-CM).

Opiate Poisoning – Principal Diagnosis

- 965.0 Poisoning by opiates and related narcotics (ICD-9-CM);
- T40.0 Poisoning by, adverse effect of and underdosing of opium (ICD-10-CM);
- T40.1 Poisoning by and adverse effect of heroin(ICD-10-CM);
- T40.2 Poisoning by, adverse effect of and underdosing of other opioids ICD-10-CM;
- T40.3 Poisoning by, adverse effect of and underdosing of methadone (ICD-10-CM);
- T40.4 Poisoning by, adverse effect of and underdosing of other synthetic narcotics (ICD-10-CM);
- T40.6 Poisoning by, adverse effect of and underdosing of other and unspecified narcotics (ICD-10-CM).

All Diagnosis

- E850.0-E850.2 Accidental poisoning by heroin, methadone, and other opiates (ICD-9-CM).

Deaths

Deaths with any of the following ICD-10 codes as an underlying cause of death were first selected:

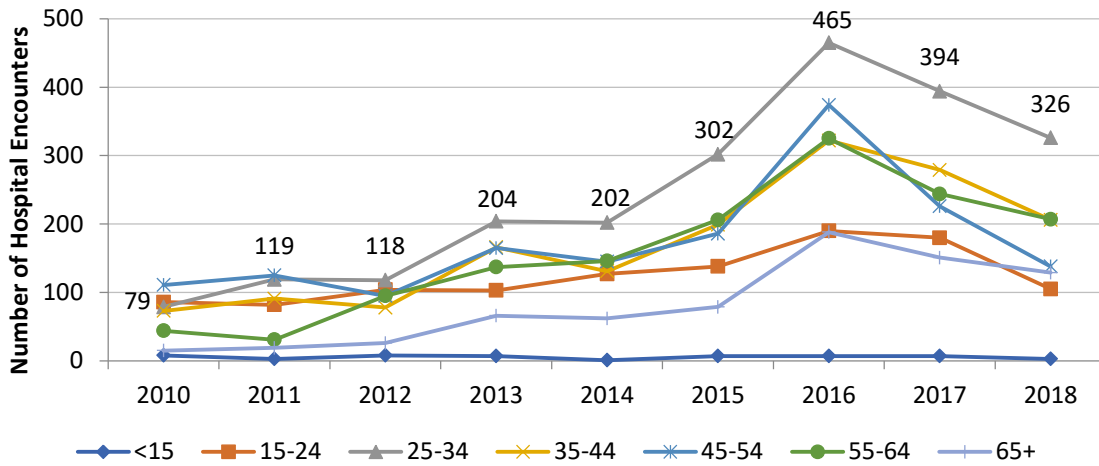
- X40-X44 Accidental poisonings by drugs;
- X60-X64 Intentional self-poisoning by drugs X85 Assault by drug poisoning;
- Y10-Y14 Drug poisoning of undetermined intent.

Opioids listed as a contributing case of death:

- T40.0 Opium;
- T40.1 Heroin;
- T40.2 Natural and semi-synthetic opioids;
- T40.3 Methadone;
- T40.4 Synthetic opioids;
- T40.6 Other and unspecified opioids.

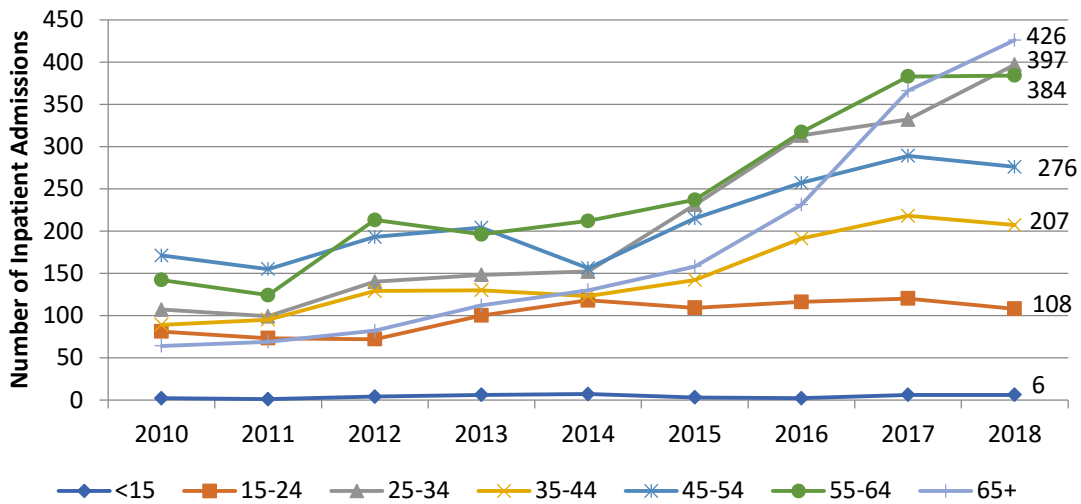
SUBSTANCE USE

Figure 35: Opioid-Related Emergency Department Encounters by Age Group, Washoe County, 2010-2018



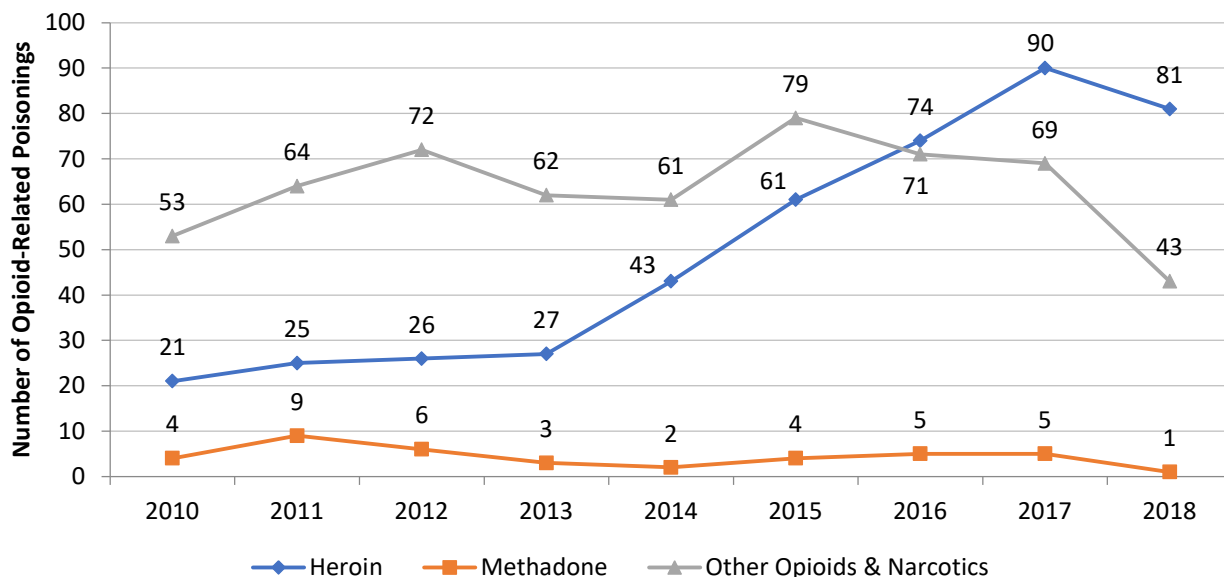
- The number of opioid-related Emergency Department encounters was highest among individuals aged 25-34 years in 2016 with 465 encounters.
- The number of opioid-related Emergency Department encounters has increased from 2010 to 2017 among all age groups except for those aged 0-14 years.

Figure 36: Opioid-Related Inpatient Admissions by Age Group, Washoe County, 2010-2018



- In 2018, there were decreases among age groups 15-24, 35-44, and 45-54.
- The largest increases we saw were among age group 25-34 with an increase of 19.6%, and 65+ with an increase of 16.4%.

Figure 37: Opioid-Related Poisonings, Emergency Department Encounters by Type, Washoe County, 2010-2018



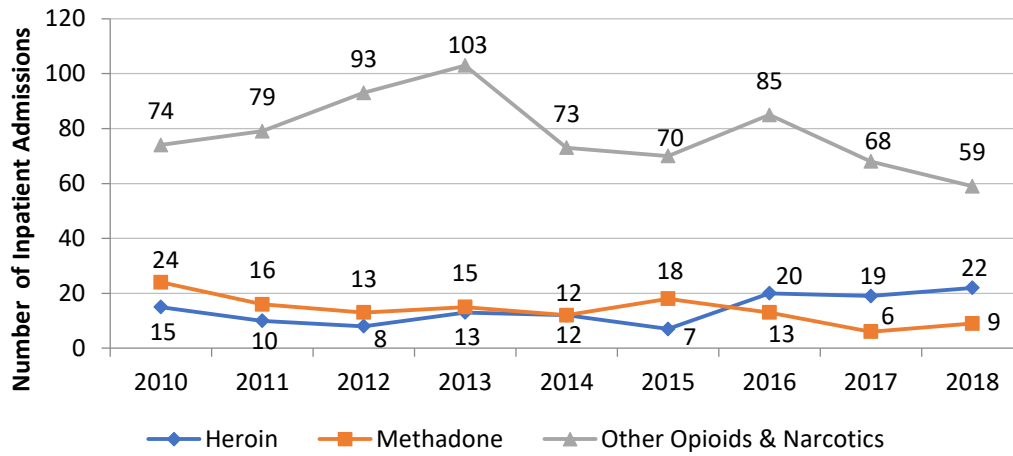
Prior to 2016, one visit could include more than one drug group. In 2016, counts became mutually exclusive.

Other Opioids/Narcotics category may include: morphine, codeine, oxycodone, hydrocodone, fentanyl, tramadol, and other Natural, Semi-Synthetic and Synthetic drugs.

- In 2018, Opioid-Related poisonings decreased from 2017, with the categories of Methadone and Other Opioids & Narcotics reaching the lowest amount of encounters since before 2010.
- From 2010 to 2017, there was approximately a 430% increase in heroin-related poisoning emergency department encounters. As of 2018, a decline in these encounters has begun for the first time in over 8 years.

SUBSTANCE USE

Figure 38: Opioid-Related Poisonings, Inpatient Admissions by Type, Washoe County, 2010-2018

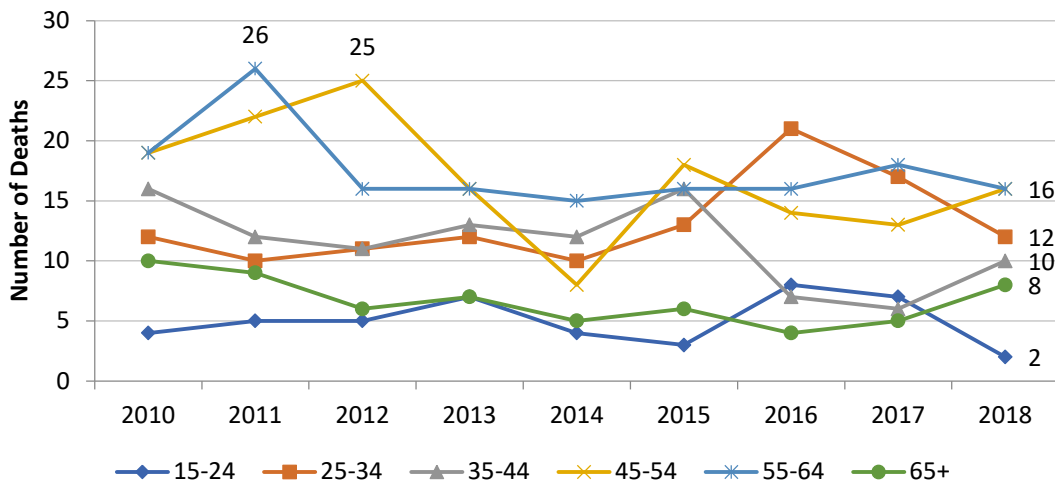


Prior to 2016, one visit could include more than one drug group. In 2016, counts became mutually exclusive.

Other Opioids/Narcotics category may include: morphine, codeine, oxycodone, hydrocodone, fentanyl, tramadol, and other Natural, Semi-Synthetic and Synthetic drugs.

- From 2010 to 2018, the average number of other opioid/narcotics inpatient admissions (78.2) was more than seven times the average number of heroin inpatient admissions (10.3) and more than five times the number of methadone admissions (14.0) in Washoe County.

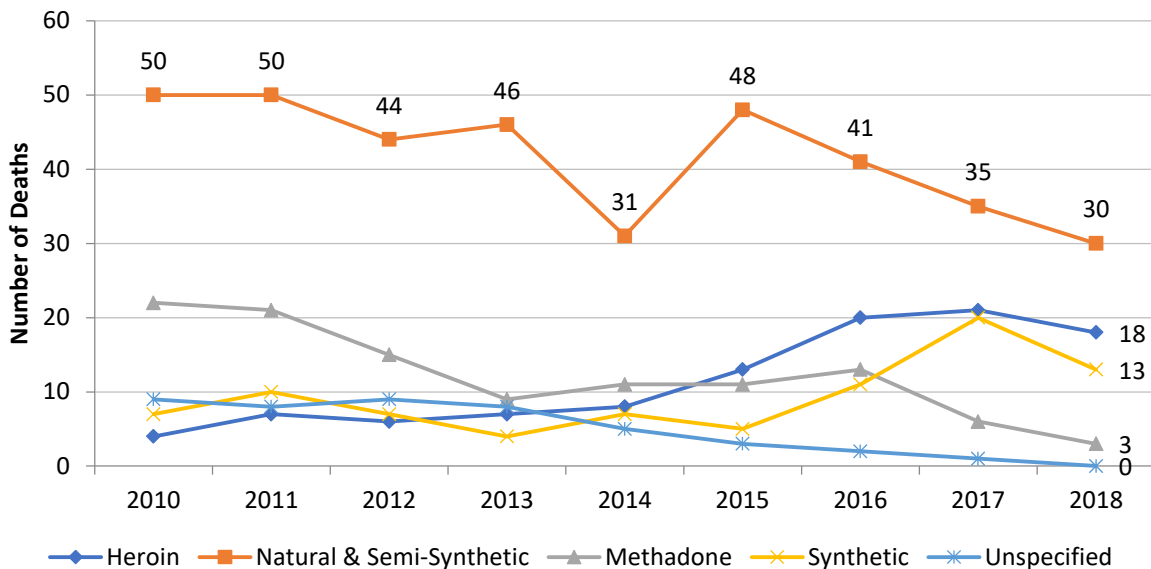
Figure 39: Opioid-Related Deaths by Age Group, Washoe County, 2010-2018



- The average number of opioid-related deaths was highest among Washoe County residents aged 55-64 with 17.6 deaths, while ages 15-24 had the lowest average of 5 deaths from 2010 to 2018.
- In 2018, both age groups 45-54 and 55-64 had 16 opioid-related deaths, the highest number among all age groups.

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Figure 40: Opioid-Related Deaths by Drug Category, Washoe County, 2010-2018



One death can include more than one drug category

- The number of deaths caused by synthetic opioids and heroin in Washoe County increased from 2010 to 2017, with declines beginning in 2018.

Summary

In 2017, the percent of Washoe County middle school students who reported using marijuana, synthetic marijuana, methamphetamine, inhalants, and ecstasy was greater than Nevada. However, rates of use for all of these alcohol and drug categories have decreased since 2015. High school students who reported ever using marijuana, synthetic marijuana, cocaine, methamphetamine, heroin, inhalants, and ecstasy was greater in Washoe County than in both Nevada and the United States in 2017. However, the percentage of Washoe County high school students reporting having ever used alcohol, marijuana, cocaine, heroin, and ecstasy has shown a decrease since 2013. From 2010 to 2018, percentages of binge drinking among UNR students have consistently stayed below the United States average, and prescription drug misuse reported by UNR students was consistently above the national average for each type of prescription drug assessed in 2018. The rate of alcohol-induced deaths in Washoe County among age groups 40-49, 50-59, and 70+ years were more than double the United States between 2013 and 2017. In 2018, the rate of alcohol-related emergency department encounters in Washoe County was 246.8 higher than Nevada. Washoe County has higher percentages of drug-related offences committed by individuals under the age of 18 than both Clark County and Nevada. Washoe County individuals under the age of 18 were arrested for 3.75 times more drug-related offences than Nevada, and 5.7 times more than Clark County in 2017. Since 2016, all age groups have experienced declines in Opioid-related Emergency Department encounters, with the largest decrease being approximately 63% among the age group 45-54. However, Washoe County saw an increase in all drug categories of Illicit-involved deaths. From 2010 to 2018, the number of opioid-related inpatient admissions was highest among individuals aged 65+ years in Washoe County with natural and semisynthetic opioids causing the most deaths, however this number decreased by 20 deaths from 2010 to 2018.

Mental Health

Mental health encompasses a person's emotional, psychological, and social well-being. A strong link has been found between mental health and physical health including elevated risk factor for incident coronary heart disease and stroke and lower engagement of physical activity.^{6,7,8} Nearly 20% of adults in the United States experience mental illness in a given year with 4% facing serious mental illness that substantially interferes with major life activities.¹⁰ On average, the life expectancy among adults in the United States living with serious mental illness is 25 years shorter than others.¹⁰ Addressing the mental health needs of Washoe County residents will likely lead to an improvement in quality of life and an increase in life expectancy.

Legislation that Potentially Impacts Statistics

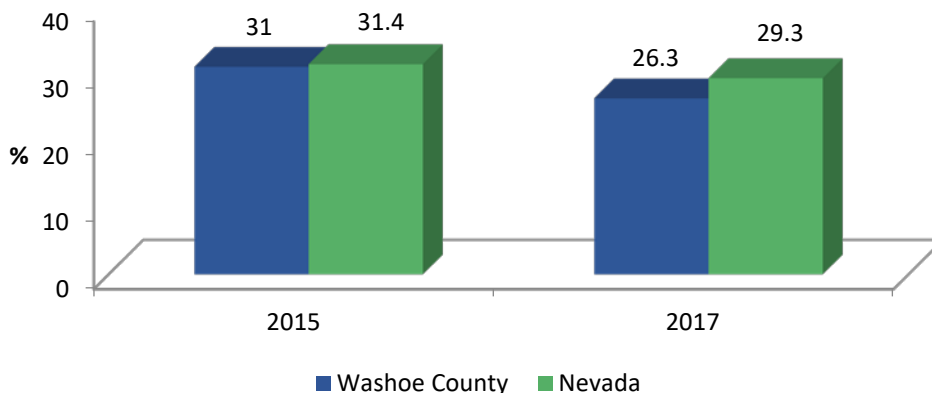
- In 2015, SB 515 allocated money towards multiple projects and programs in State Education.
 - In 2015, \$16.8 million was allocated for a block grant program to hire contract social and mental health workers for certain schools.
- In 2015, AB 490 grants authority for specific State agencies to collect and expend monies from the State General Fund and other sources, including certain tobacco Master Settlement Agreement funds.
 - \$1.5 million was allocated for suicide prevention and immunization within the Department of Health and Human Services through approving the Healthy Nevada Fund.
 - Continued funding for the Managed Care Organization payment program, which provides additional Medicaid reimbursements to safety net medical service providers for targeted services including inpatient and outpatient hospital services and mental health services provided to Medicaid recipients enrolled in a managed care organization.
 - Projected decrease in Medicaid managed care reimbursements of \$21.3 million over 2015-2017 Biennium for both NNAMHS and SNAMHS combined.
 - Provides authorization to provide \$5.5 million over the biennium in continued funding to support select behavioral health programs for both NNAMHS and SNAMHS campuses.
- In 2015, SB 514 makes appropriations from the State General Fund and the State Highway Fund for all State agencies and the Nevada System of Higher Education.
 - \$3.4 million allocated to provide monthly cash assistance to low-income families who in their homes care for relatives who have profound or severe mental disabilities or have children less than six years who have developmental delays.
- In 2017, SB 544 provides funding for K-12 public education for the 2017-2019 Biennium.
 - \$21.4 million for a block grant program to hire contract social and mental health workers for certain schools.
 - \$3.3 million allocated to provide monthly cash assistance to low-income families who in their homes care for relatives who have profound or severe mental disabilities or have children less than six years who have developmental delays.
- In 2017, SB 192 required any facility within the Division of Public and Behavioral Health, Department of Health and Human Services, that provides mobile mental health services to a county whose population is 100,000 or more to provide those services from 8am or earlier to 12am or later, seven days a week, including holidays.
 - \$2,817,608 was appropriated for this bill.

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- In 2017, AB 127 directs the Nevada’s Department of Education to provide block grants to school districts and charter schools to employ or contract social workers and other mental health workers in schools with identified needs.
- In 2017, SB 545 grants authority for specific State agencies to collect and expend monies from the State General Fund and other sources, including certain tobacco Master Settlement Agreement funds.
 - \$760,000 allocated for suicide prevention.
- In 2017, AB 105 requires certain health care providers to obtain continuing education in suicide prevention and awareness at regular intervals.
- In 2017, AB 387 clarifies that a licensed social worker must complete two hours of instruction in evidence-based suicide prevention training and awareness every two years.
- In 2017, SB 212 requires an emergency response plan for a school district or charter school—and the model plan developed by Nevada’s Department of Education—to address the suicide of a student, teacher, or other member of the school community and to include provisions related to making counseling and other services available for students and school staff after a crisis, emergency, or suicide.
 - The emergency response plan for a private school also must cover responding to a suicide.
 - A State or local agency that provides mental health services must be contacted to help respond to a crisis, emergency, or suicide at any school.
- In 2019, AB 66 was passed, which calls for the creation of crisis stabilization centers.
 - This bill also includes a provision to collect and manage data from the centers in order to help better understand where patients are going after discharge.
- The 1915 (i) Waiver allows Nevada Medicaid programs the flexibility to cover home and community-based services without the need to seek a federal waiver.
- In 2019, SB 204 passed, which requires a policy for suicide prevention to be adopted for each public and private school in Nevada.
 - Requires the Department of Education to adopt a model policy for responding to suicides.
 - Requires a plan for response
- In 2019, AB 114 passed, which requires the reporting of certain information regarding courses and training related to suicide among pupils.
 - Requires the reporting of certain information relating to suicide, attempted suicide and suicidal ideation by pupils.

Middle School Students

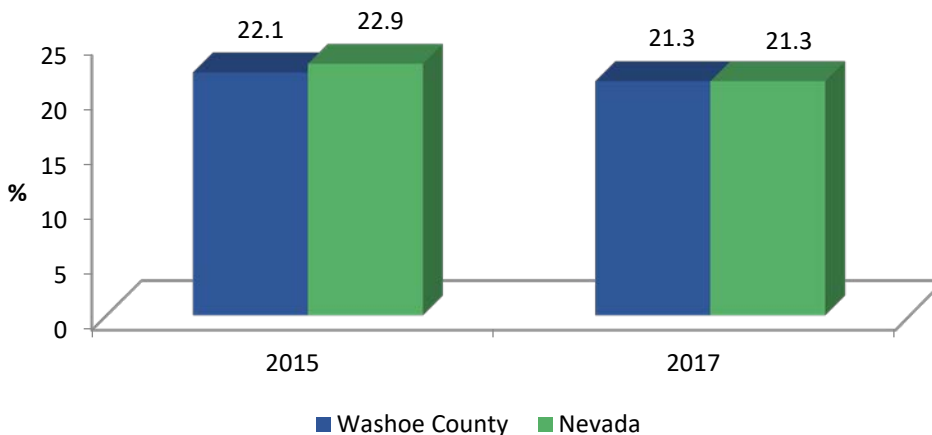
Figure 41: Percentage of Middle School Students Who Ever* Felt Sad or Hopeless, Washoe County & Nevada, 2015 and 2017 Comparison



*Almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, one or more times during their life.

- From 2015 to 2017, the percentage of Washoe County middle school students who reported feeling sad or hopeless one or more times during their life decreased 4.7%, while the Nevada decreased 2.1%.

Figure 42: Percentage of Middle School Students Who Ever* Seriously Considered Attempting Suicide, Washoe County & Nevada, 2015 and 2017 Comparison

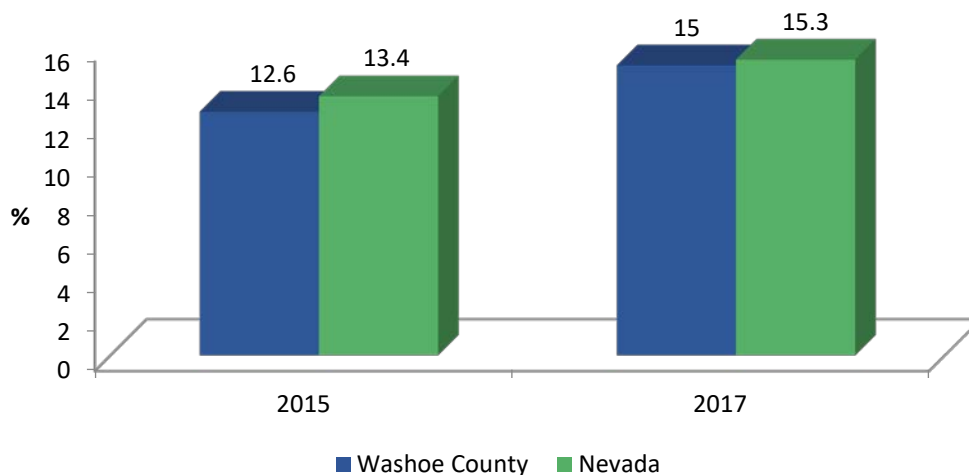


*One or more times during their life.

- From 2015 to 2017, the percentage of Washoe County middle school students who reported having ever seriously considered attempting suicide decreased 0.8%, while Nevada decreased 1.6%.

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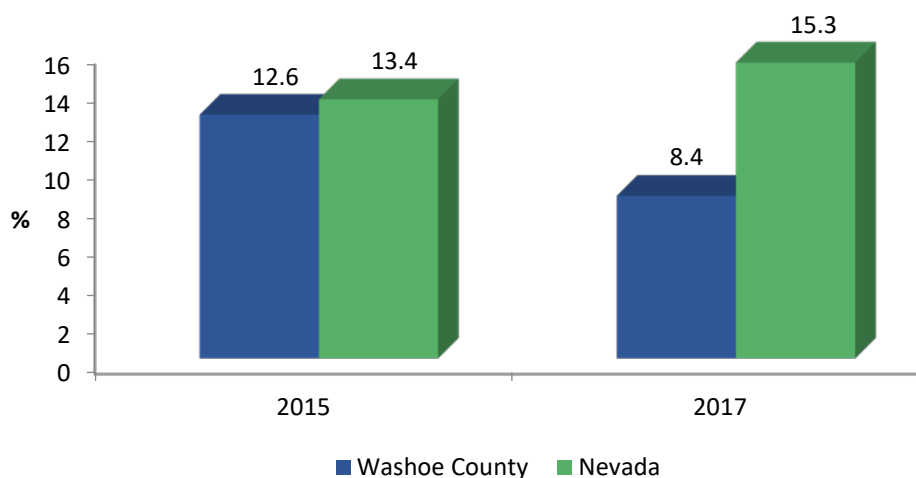
Figure 43: Percentage of Middle School Students Who Have Ever* Made a Plan About How to Commit Suicide, Washoe County & Nevada, 2015 and 2017 Comparison



*One or more times during their life

- From 2015 to 2017, the percentage of Washoe County middle school students who reported ever making a plan to commit suicide increased by 2.4%, while Nevada increased 1.9%.

Figure 44: Percentage of Middle School Students Who Ever* Attempted Suicide, Washoe County & Nevada, 2015 and 2017 Comparison

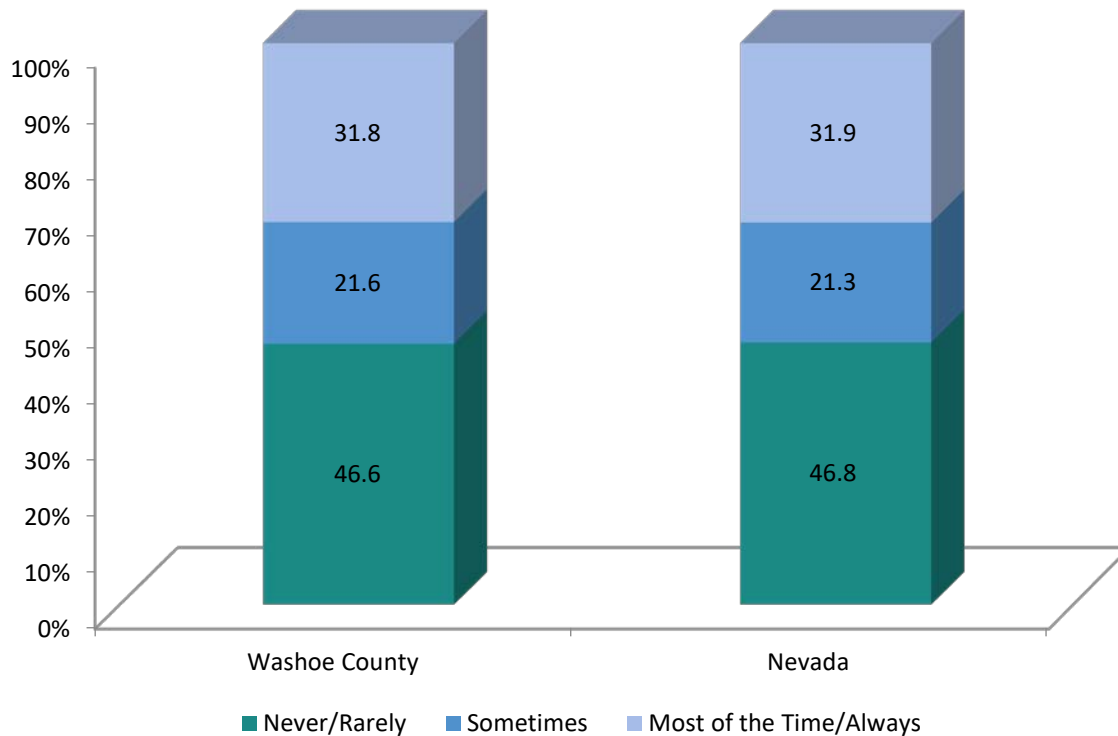


*One or more times during their life.

- From 2015 to 2017, the percentage of Washoe County middle school students who reported attempting suicide one or more times during their life decreased by 4.2%, while Nevada increased by 1.9%.

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Figure 45: Percentage of Middle School Students* Who Got the Kind of Help They Need When They Felt Sad, Empty, Hopeless, Angry, or Anxious, Washoe County & Nevada, 2017



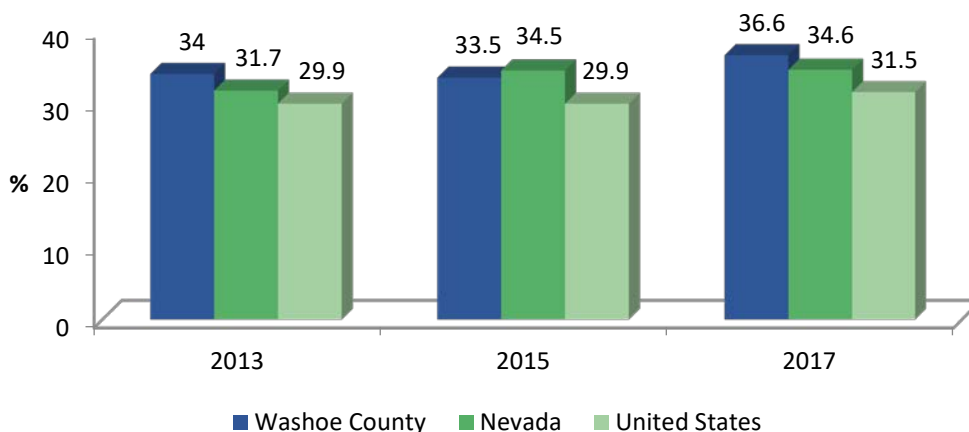
*Among those who reported feeling sad, empty, hopeless, or anxious.

- Among Washoe County middle school students who reported feeling sad, empty, hopeless, or anxious, 46.6% reported never or rarely receiving the help they needed, while Nevada reported 46.8%.

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High School Students

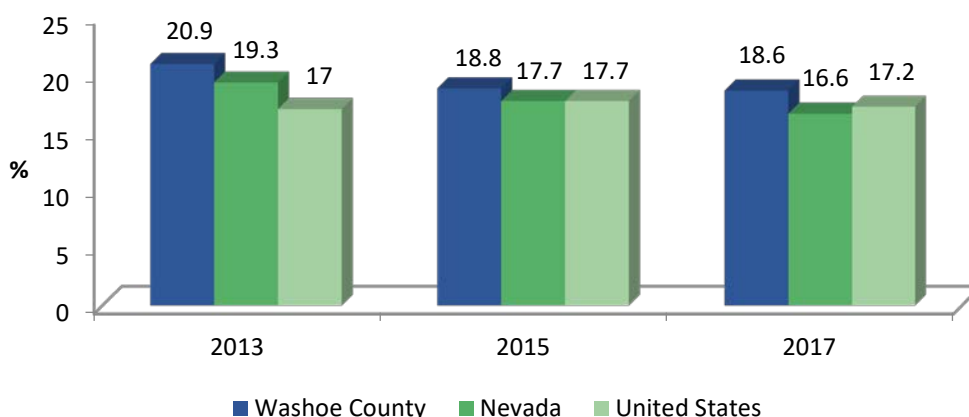
Figure 46: Percentage of High School Students Who Felt Sad or Hopeless*, Washoe County, Nevada & United States, 2013, 2015, & 2017



*Almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, during the 12 months before the survey.

- From 2013 to 2017, the percentage of Washoe County high school students who reported feeling sad or hopeless almost every day for two or more weeks increased 2.6%, Nevada increased 2.9%, and the United States increased 1.6%.

Figure 47: Percentage of High School Students Who Seriously Considered Attempting Suicide*, Washoe County, Nevada, & United States, 2013, 2015 & 2017

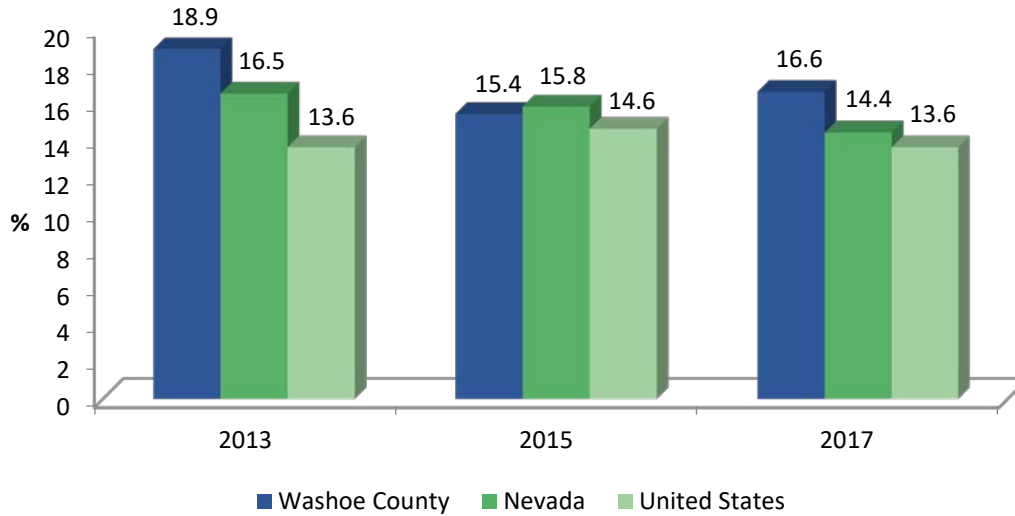


*During the 12 months prior to the survey

- From 2013 to 2017, the percentage of Washoe County high school students who reported they had seriously considered attempting suicide during the previous 12 months decreased 2.3%, Nevada decreased 2.7%, and the United States increased 0.2%.

MENTAL HEALTH

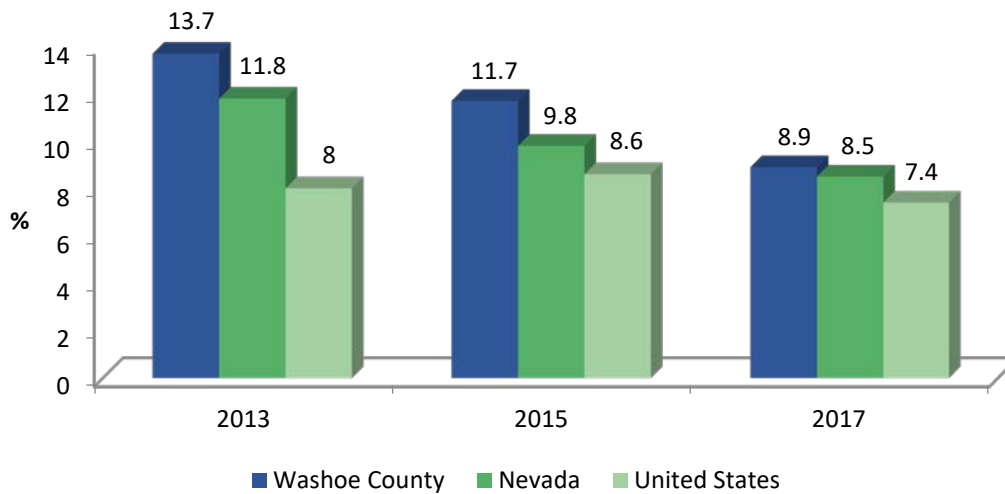
Figure 48: Percentage of High School Students Who Made a Suicide Plan*, Washoe County, Nevada & United States, 2013, 2015 & 2017



*During the 12 months prior to the survey

- From 2013 to 2017, the percentage of Washoe County high school students who reported making a plan to commit suicide during the previous 12 months decreased by 2.3%, Nevada decreased by 2.1%, and the United States remained at 13.6%.

Figure 49: Percentage of High School Students Who Attempted Suicide*, Washoe County, Nevada & United States, 2013, 2015, and 2017

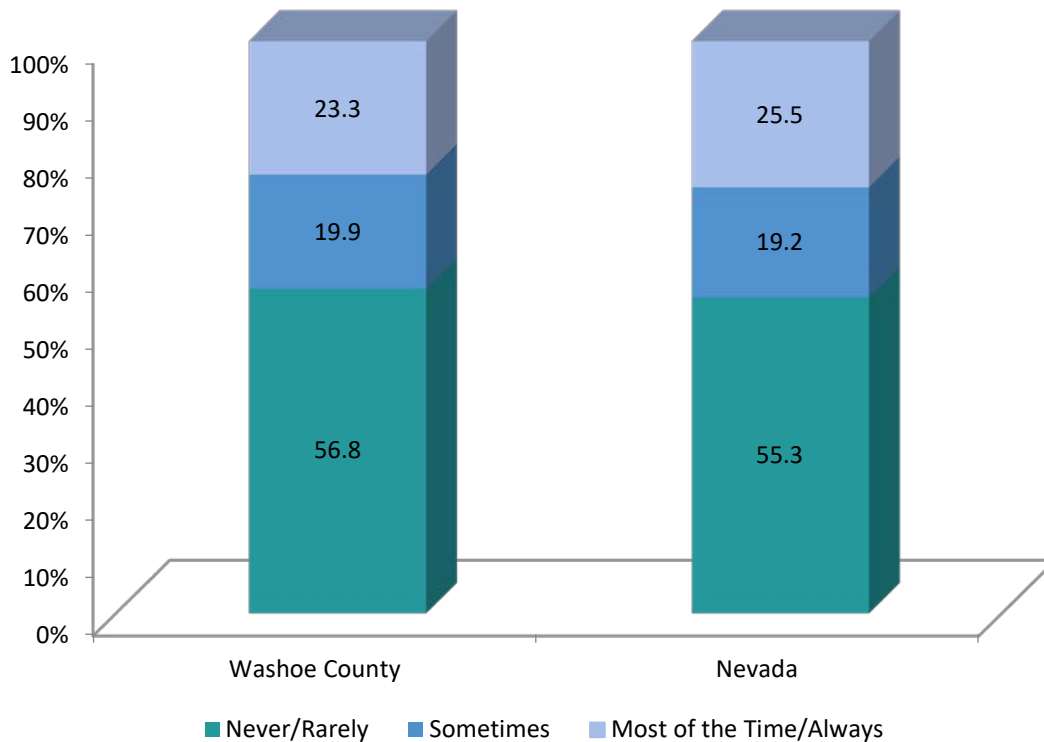


*One or more times during the 12 months prior to the survey

- From 2013 to 2017, the percentage of Washoe County high school students who reported attempting suicide one or more times over the previous 12 months decreased by 4.8%, Nevada decreased by 3.3%, and the United States decreased by 0.6%.

MENTAL HEALTH

Figure 50: Percentage of High School Students* Who Got the Kind of Help They Need When They Felt Sad, Empty, Hopeless, Angry, or Anxious, Washoe County & Nevada, 2017



*Among those who reported feeling sad, empty, hopeless, or anxious

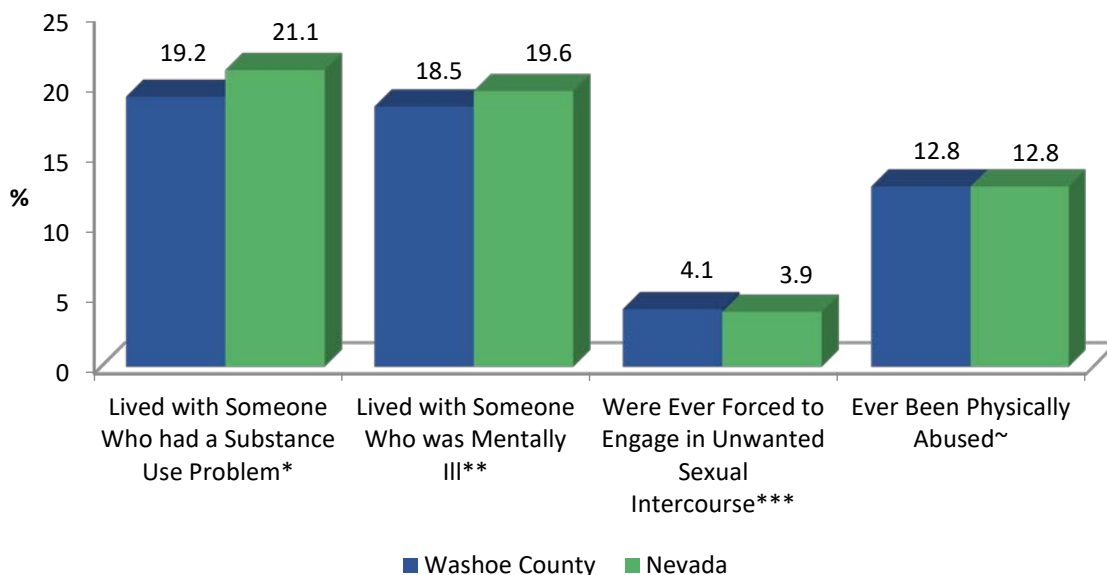
- In 2017, among Washoe County high school students who reported feeling sad, empty, hopeless, or anxious, 56.8% reported never or rarely receiving the help they needed, while Nevada reported 55.3%.

MENTAL HEALTH

Lifetime Prevalence Factors of Adverse Childhood Experiences (ACEs)

The Nevada Youth Risk Behavior Survey incorporated five state-added questions designed to assess the lifetime prevalence of adverse childhood experiences (ACE) of high school students in Nevada. These five questions explore 1) household substance use; 2) household mental illness; 3) forced sexual intercourse; 4) physical abuse by an adult; and 5) household domestic violence.

Figure 51: Percentage of Middle School Adverse Childhood Experiences (ACEs), Washoe County & Nevada, 2017



Middle School ACEs data only available for Washoe County and Nevada in 2017; ACEs data not available on the National level.

*Who ever lived with someone who was a problem drinker, alcoholic, or abused street or prescription drugs.

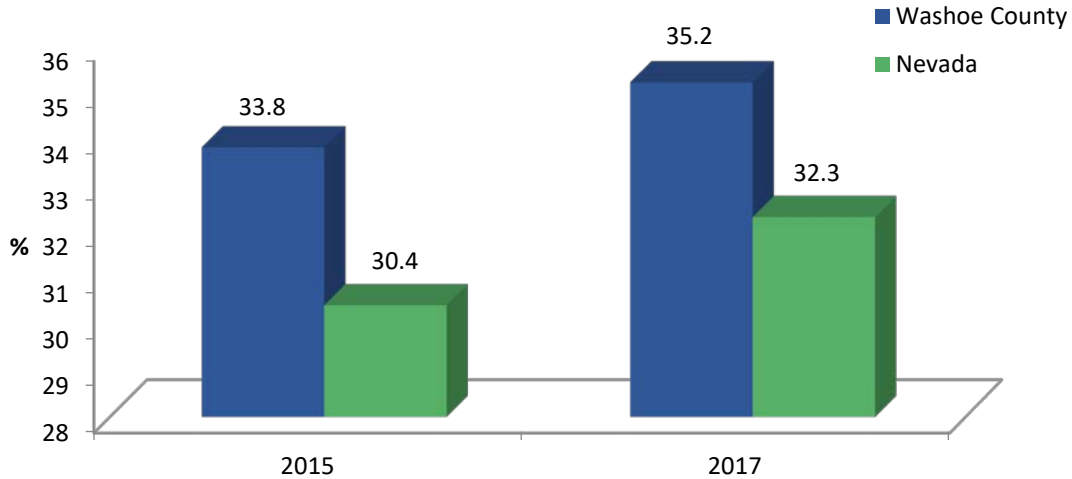
**Who ever lived with someone who was depressed, mentally ill, or suicidal.

***Who have ever been physically forced to have sexual intercourse when they did not want to.

~Who have ever been hit, beaten, kicked, or physically hurt in any way by an adult, not including spanking.

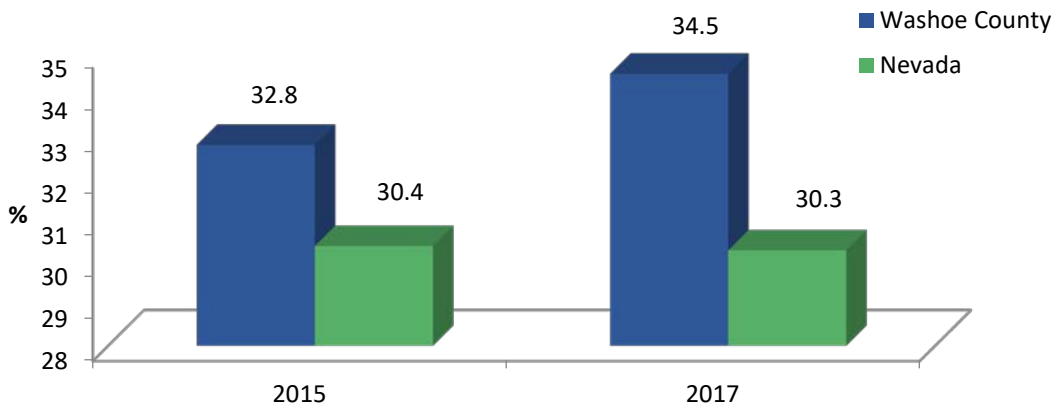
MENTAL HEALTH

Figure 52: Percentage of High School Students Who Ever Lived with Someone Who Had a Substance Use Problem, Washoe County & Nevada, 2015 & 2017



- The percentage of high school students who ever lived with someone who was a problem drinker, alcoholic, or abused street or prescription drugs increased in both Washoe County and Nevada between 2015 and 2017.
- Washoe County high school students had a 1.4% increase, while Nevada has a 1.9% increase in 2017.

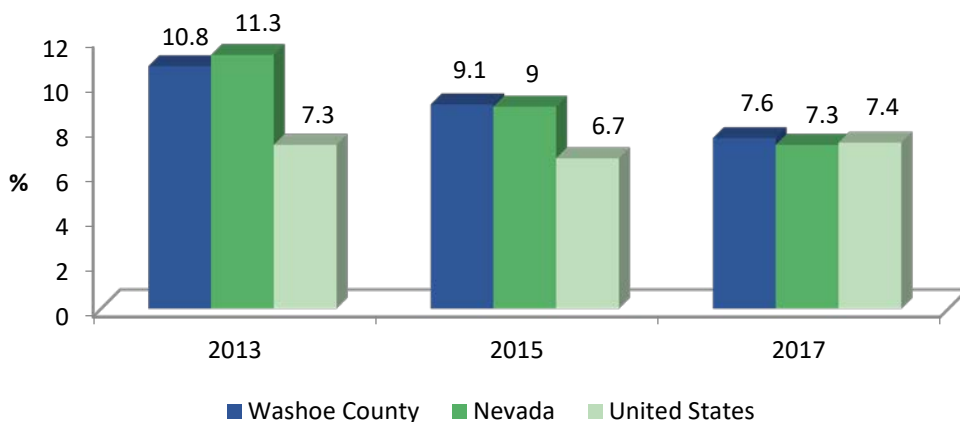
Figure 53: Percentage of High School Students Who Ever Lived with Someone Who Was Mentally Ill, Washoe County & Nevada, 2015 & 2017



- In 2017, the percentage of high school students who ever lived with someone who was depressed, mentally ill, or suicidal was 4.2% higher in Washoe County compared to Nevada.
- Between 2015 and 2017, the percentage of Washoe County high school students who ever lived with someone who was mentally ill increased 1.7%, while Nevada decreased 0.1%.

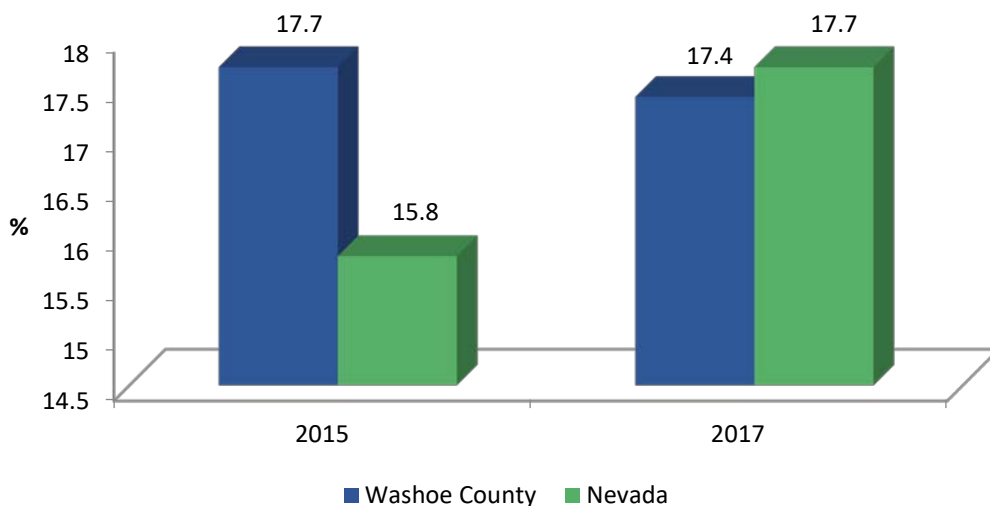
MENTAL HEALTH

Figure 54: Percentage of High School Students Who Were Ever Forced to Engage in Unwanted Sexual Intercourse, Washoe County, Nevada & United States, 2013, 2015 & 2017



- In 2017, the percentage of Washoe County high school students who reported ever being physically forced to have sexual intercourse when they did not want to was 0.3% higher than Nevada, and 0.2% higher than the United States.
- Reported 2017 percentages show major improvements when compared to 2013. When looking at 2013 and 2017 percentages, Washoe County has decreased by 3.2%, and Nevada has decreased 4%.

Figure 55: Percentage of High School Students Who Have Ever Been Physically Abused* by an Adult, Washoe County & Nevada, 2017

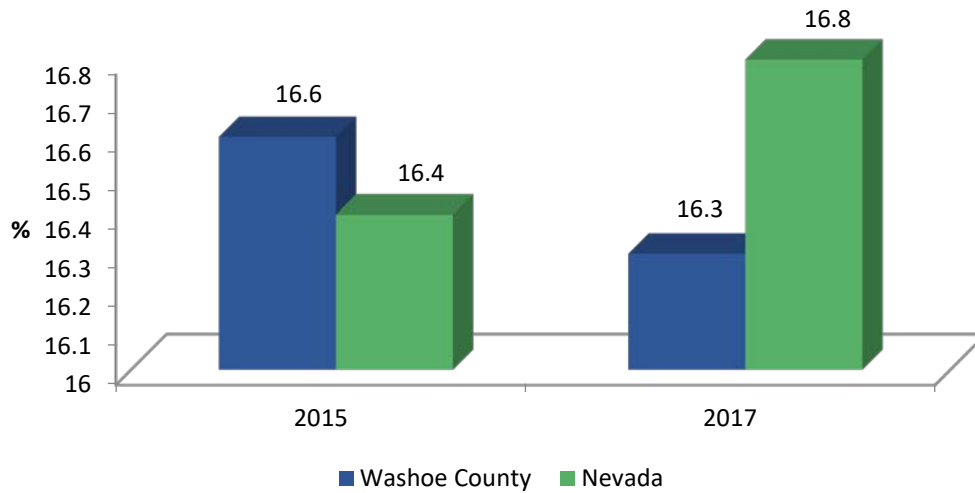


* Excluding spanking for bad behavior

- In 2017, the percentage of Washoe County high school students who have ever been hit, beaten, kicked, or physically hurt in any way by an adult was 0.3% lower than Nevada.
- Between 2015 and 2017, Nevada percentages have increased 1.9%.

MENTAL HEALTH

Figure 56: Percentage of High School Students Who Have Ever Experienced Household Domestic Violence, Washoe County & Nevada, 2015 & 2017

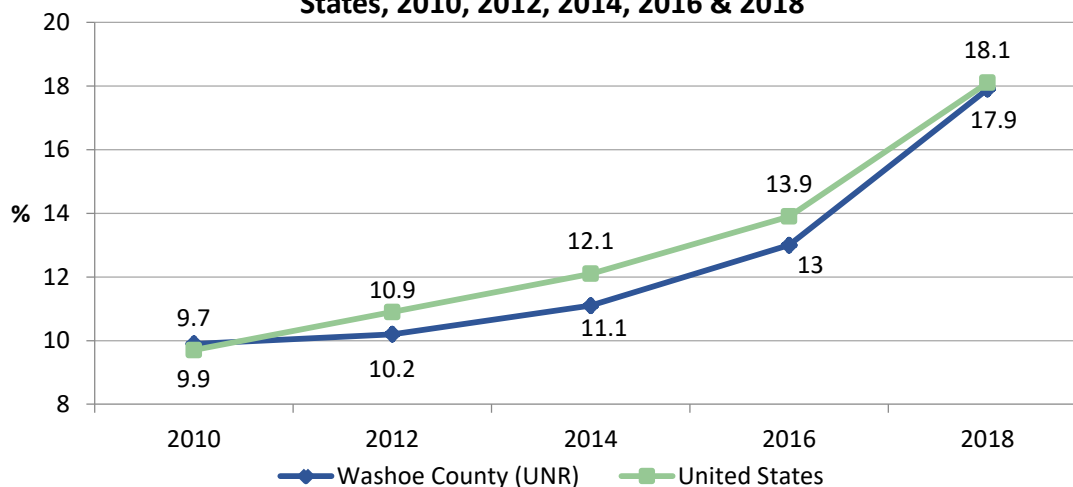


- In 2017, the percentage of Washoe County high school students who have ever seen adults in their home slap, hit, kick, punch, or beat each other up was 0.5% lower than Nevada.
- Between 2015 and 2017, Washoe County percentages have decreased 0.3%, while Nevada has increased 0.4%.

MENTAL HEALTH

College Students

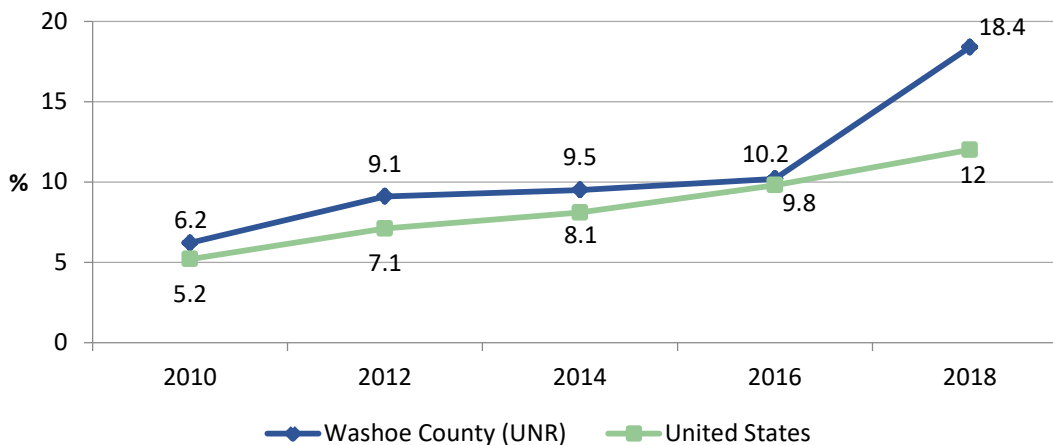
Figure 57: Percentage of College Students Who Have Been Diagnosed with Depression*, University of Nevada, Reno & United States, 2010, 2012, 2014, 2016 & 2018



*During the 12 months prior to the survey.

- Both Washoe County and the United States have experienced their largest spikes in depression diagnoses from 2016 to 2018. Washoe County has increased 4.9%, while the United States has increased 4.2%.

Figure 58: Percentage of College Students Who Have Seriously Considered Suicide*, University of Nevada, Reno & United States, 2010, 2012, 2014, 2016 & 2018

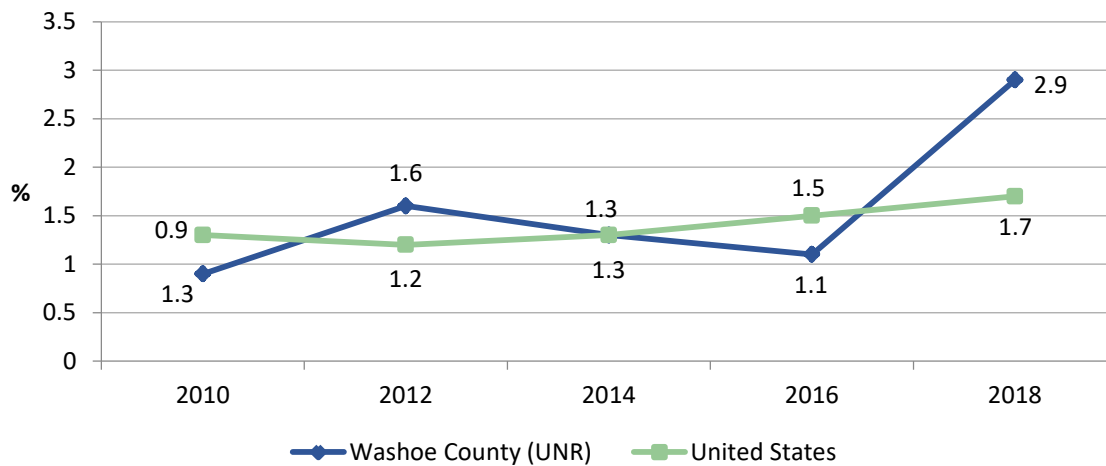


*During the 12 months prior to the survey.

- UNR students have consistently reported higher percentages of suicide consideration than the United States since 2010.
- Between 2016 and 2018, suicide consideration among UNR students has increased 8.2%, while the United States has increased only 2.2%.

MENTAL HEALTH

Figure 59: Percentage of College Students Who Have Ever Attempted Suicide*, University of Nevada, Reno & United States, 2010, 2012, 2014, 2016 & 2018



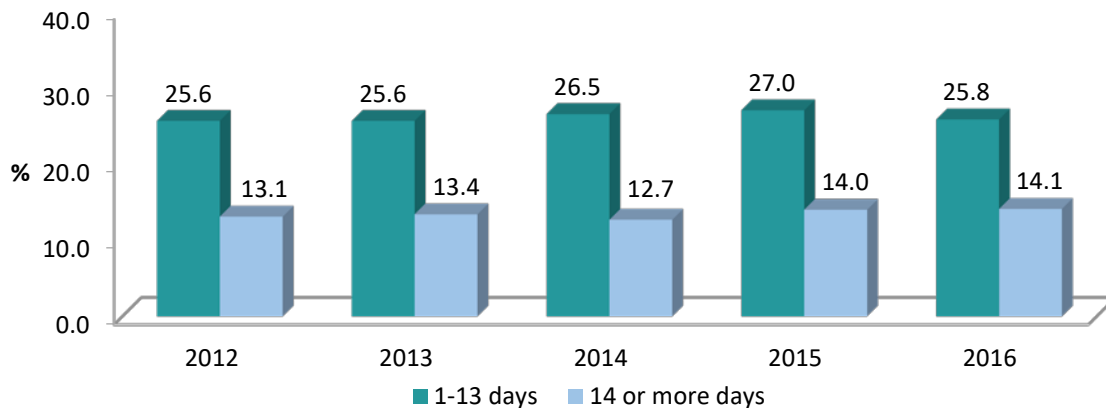
*During the 12 months prior to the survey

- From 2010 to 2016, UNR students have reported percentages of suicide attempts roughly between 0.4% if the national average.
- Between 2016 and 2018, there was a 1.8% increase in suicide attempts among UNR students.
- As of 2018 reports, suicide attempts within the prior 12 months are 1.2% higher among UNR students when compared to the United States.

MENTAL HEALTH

Adults

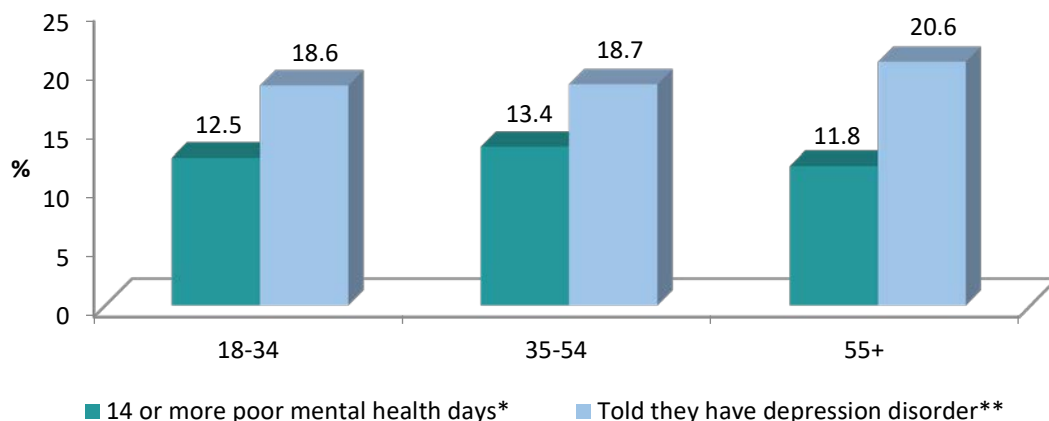
Figure 60: Percentage of Adults Reporting Poor Mental Health Days*, Washoe County, 2012-2016



*During the prior 30 days

- The percentage of Washoe County adults who report having experienced 14 or more poor mental health days during the prior 30 days has increased from 2012 (13.1%) to 2016 (14.1%).

Figure 61: Poor Mental Health Days and Depression Among Adults by Age Group, Washoe County, 2016



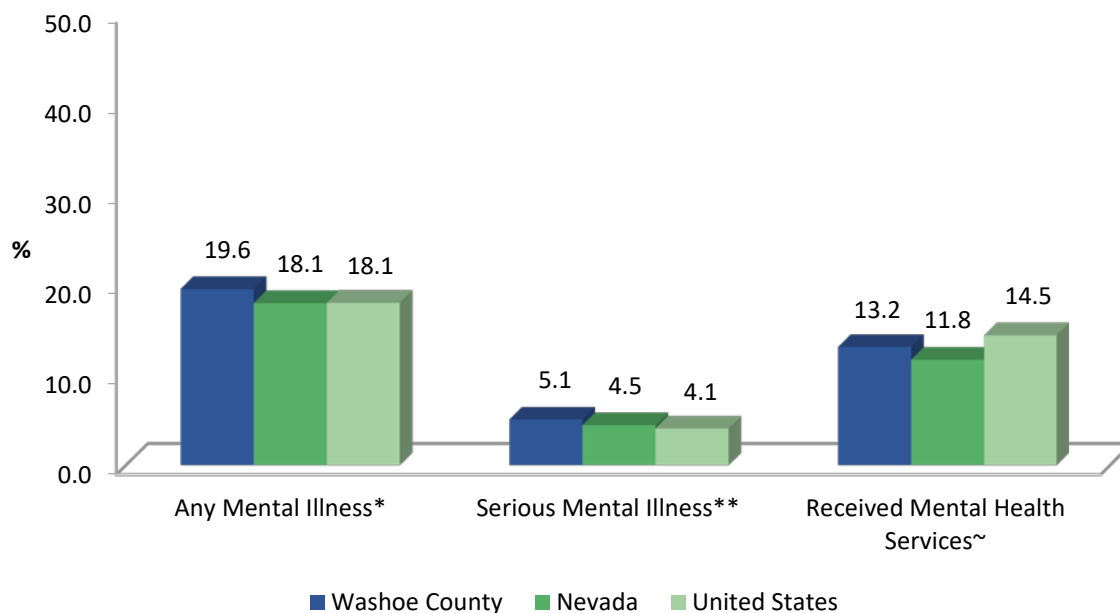
*During prior 30 days

**Including depression, major depression, dysthymia, or minor depression

- In 2016, Washoe County residents who reported experiencing 14 or more poor mental health days during the prior 30 days was highest among residents aged 18 to 24 years (24.3%) followed by residents aged 55 to 64 years (16.8%).
- Washoe County adults who have ever been told by a doctor, nurse, or other health care professional they have a depression disorder was highest among those aged 35 to 44 (19.4%) followed closely by those aged 55 to 64 years (19.3%) and 18 to 24 years (19.1%).

MENTAL HEALTH

**Figure 62: Any Mental Illness, Serious Mental Illness, and Received Mental Health Services in the Past Year Among Adults, 2014-2016
Aggregate Data**



*Any mental illness (AMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, assessed by the Mental Health Surveillance Study (MHSS) Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition—Research Version—Axis I Disorders (MHSS-SCID).

**Serious mental illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, assessed by the Mental Health Surveillance Study (MHSS) Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition—Research Version—Axis I Disorders (MHSS-SCID).

~Mental health services are defined as having received inpatient treatment/counseling or outpatient treatment/counseling or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use.

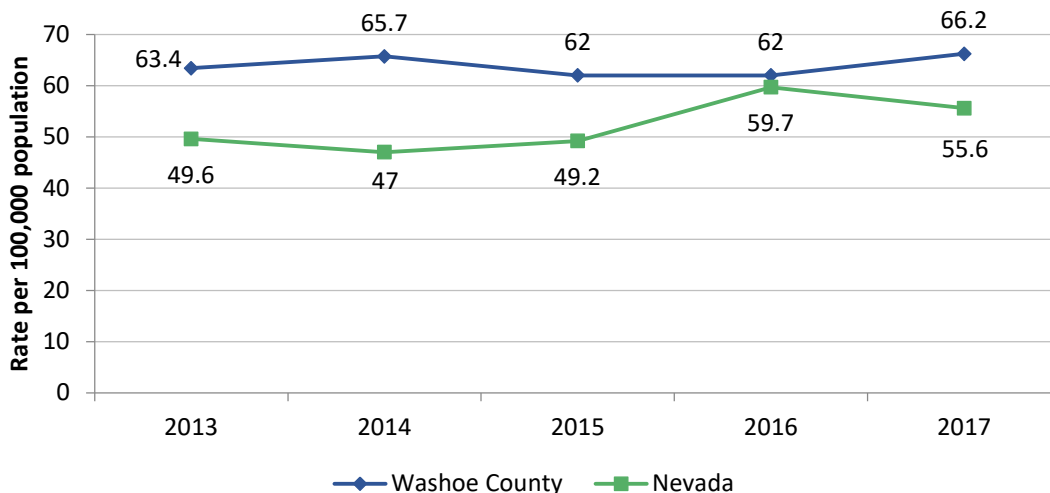
- On average from 2014 to 2016, the percentage of adults in Washoe County who experienced any mental illness was 1.5% higher than both Nevada and the United States.

MENTAL HEALTH

Suicide

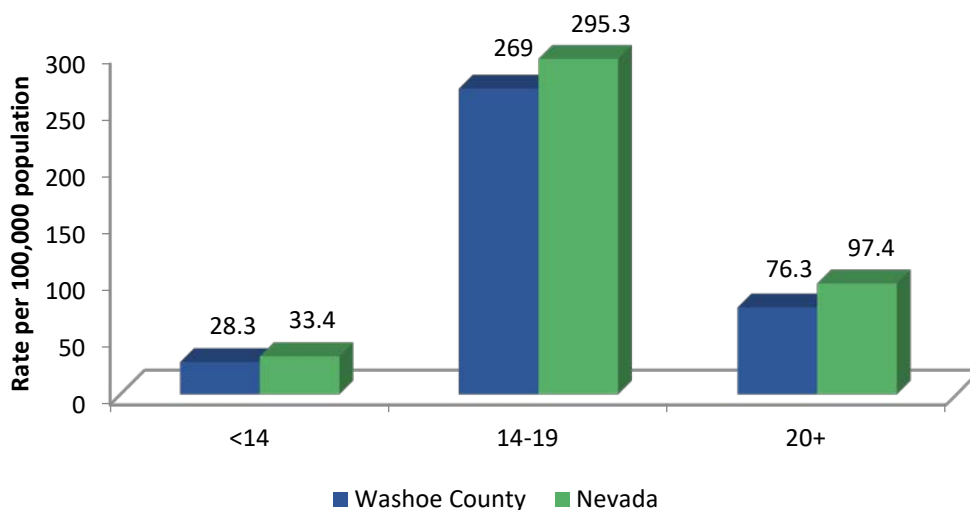
Suicide was the 8th leading cause of death among residents in Nevada in 2017, which is an improvement from it being at 7th place in 2016. However, suicide is the 10th leading cause of death among residents in the United States.

Figure 63: Rates of Suicide Attempts Hospital Admissions, Washoe County & Nevada, 2013-2017



- The rate of suicide attempts resulting in a hospital admission in Washoe County increased from 2013 (63.4 per 100,000 population) to 2017 (66.2 per 100,000 population).
- From 2013 to 2017, the rate of suicide attempts resulting in a hospital admission in Washoe County was higher than in Nevada.

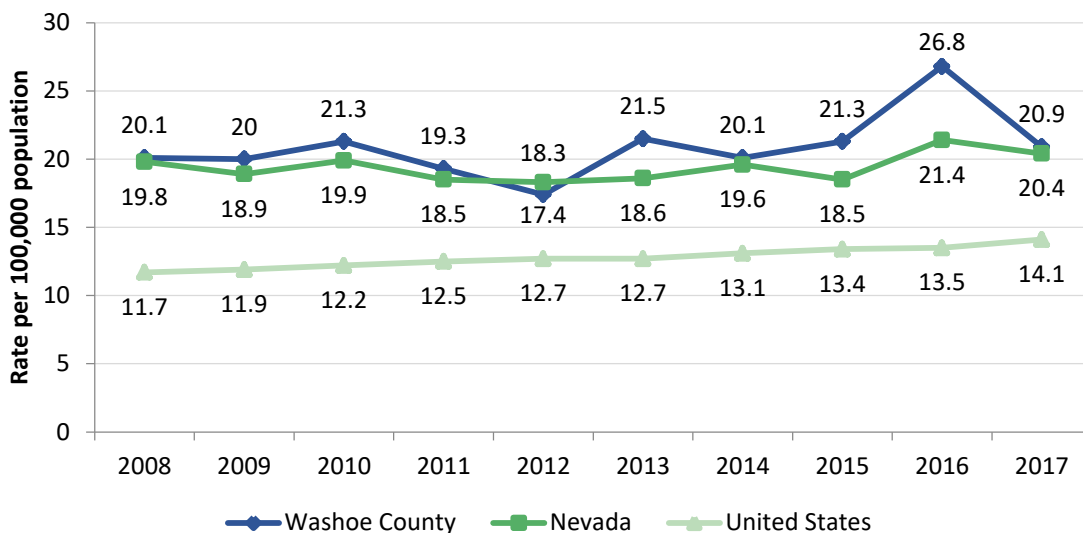
Figure 64: Rates of Suicide Attempts by Age Group, Washoe County & Nevada, 2018



- In 2018, suicide rates in Nevada were higher than Washoe County in all age groups.

MENTAL HEALTH

Figure 65: Age-Adjusted Rates of Death Due to Suicide/Intentional Self-Harm, Washoe County, Nevada & United States, 2008-2017

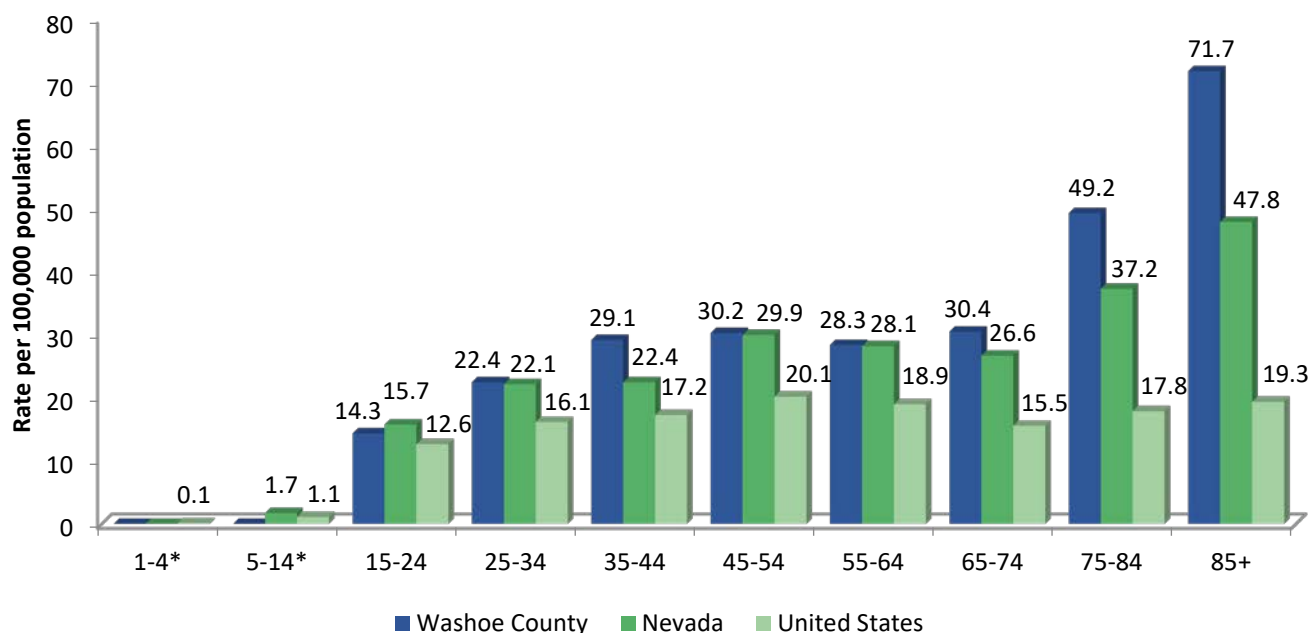


ICD-10 Codes used for analysis: U03 (Terrorism Intentional [Suicide]), X60-X84 (Intentional Self-harm), Y87 (Sequelae of intentional self-harm, assaults and events of undetermined intent).

- A 10-year trend for the years 2008-2017 shows that both Washoe County and Nevada have consistently had higher age-adjusted rates of death due to suicide than the United States.
- Between 2016 and 2017, Washoe County showed a dramatic change in deaths due to suicide, decreasing by 5.9 deaths per 100,000 population.
- While the United States has shown a gradual increase in rates of death due to suicide from 2008-2017, both Washoe County and Nevada have fluctuated throughout the years, but have begun to show improvement between 2016 and 2017.

MENTAL HEALTH

Figure 66: Death Due to Suicide/Intentional Self-Harm by Age Group, Washoe County, Nevada & United States, 2013-2017 Aggregate Data

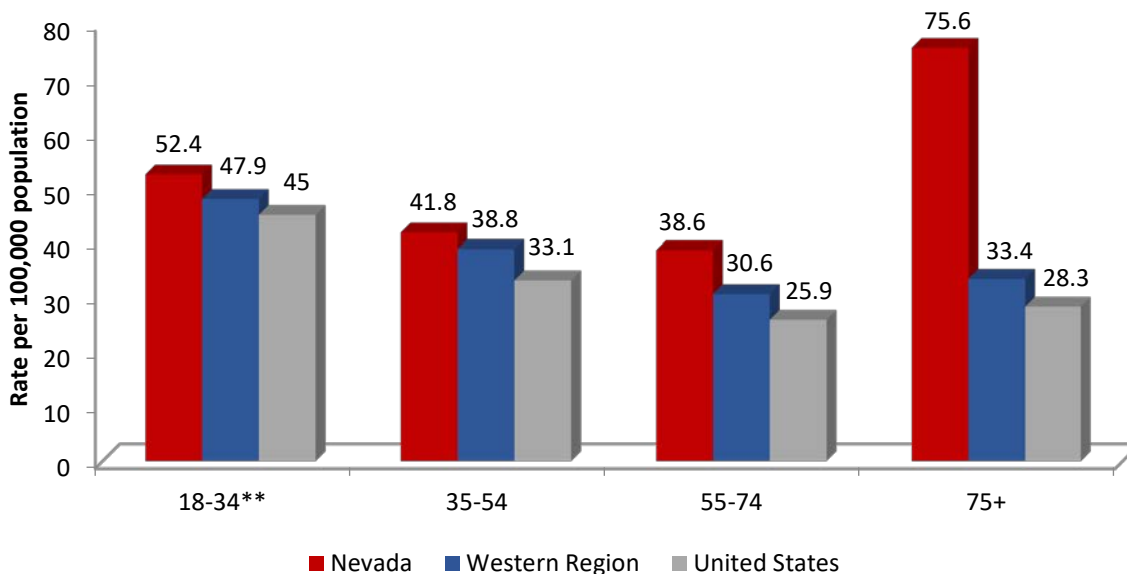


*Data not available for this age group.

ICD-10 Codes used for analysis: U03 (Terrorism Intentional [Suicide]), X60-X84 (Intentional Self-harm), Y87 (Sequelae of intentional self-harm, assaults and events of undetermined intent).

- Aggregate data from a 10-year trend of 2013 to 2017 show that the rate of death due to suicide in Washoe County increased as age increased, with the most dramatic increases among individuals aged 75 and above.
- The rate of death due to suicide among Washoe County residents aged 85+ (71.7 per 100,000 population) was more than five times the rate among residents aged 15-24 years (14.3 per 100,000 population).
- The rate of death due to suicide among those aged 85+ in Washoe County was more than three times the rate for the United States, and the rate of death due to suicide among those aged 75 to 84 years in Washoe County was more than double the United States.

Figure 67: Rate of Veteran Suicide Deaths by Age Group, Nevada, Western Region* & United States, 2016



*Includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

**Rate for Nevada not considered reliable because suicide count was below 20.

- In 2016, Nevada had a veteran suicide rate of 48.2 (per 100,000 population), while the Western Region had a rate of 35.0 and the United States a rate of 30.1.
- In 2016, 72% of Nevada veteran suicides were committed through use of a firearm, while firearms only accounted for 51.7% of Nevada’s total suicides.
- Veteran suicides accounted for approximately 17.0% of Nevada’s total suicides.
- Compared to Nevada’s veteran suicide rate of 48.2, Nevada had an overall suicide rate of 28.0.

Summary

In 2017, Nevada had higher rates of suicidal thought and attempts, and mental illness than Washoe County among middle school students. However, in the same year Washoe County expressed higher rates than Nevada and the United States among High School students. Washoe County and Nevada high school students also experienced higher rates of physical abuse, unwanted sexual intercourse, and living with someone who has a mental illness or substance abuse problem than middle school students in 2017. In 2018, University of Nevada, Reno (UNR) students had lower rates of diagnosed depression than the United States, but had higher rates of suicidal thoughts and attempts. Between 2014 and 2016, Washoe County and Nevada adults had higher rates of mental illness than the United States, but expressed lower rates of receiving mental health services. In Washoe County, rates of suicide attempts were over 3.5 times higher in 2018 among individuals aged 14-19 compared to individuals aged 20 and over.

Behavioral Health Services

Table 8: Behavioral Health Workforce, 2018

	Rate per 100,000 population		
	Washoe County	Nevada	United States
Alcohol, Drug, and Gambling Counselors	42.1	24.1	81.8**
Clinical Professional Counselors	8	8	**
Marriage and Family Therapists	62.6	13.4	13.3
Psychiatrists	15.5	2.6	7.8
Psychologists	31.8	15.8	37.5
Licensed Clinical Social Workers	41.4	27.2	34.4
Licensed Social Workers	93.1	46.1	125.9

***Different licensing breakout between Nevada and United States. Rate is derived from combining substance abuse, behavioral disorder, and mental health counselors. No category for Clinical Professional Counselors exists nationally.*

Table 9: Behavioral Health Emergency Department Visits, Washoe County & Nevada, 2017

Condition	Washoe County		Nevada	
	Crude rate per 100,000 population	%	Crude rate per 100,000 population	%
Anxiety	2,352.7	28.1	1,787.0	26.7
Drug-Related	1,538.3	18.4	1,259.5	18.8
Alcohol-Related	1,376.6	16.5	971.2	14.5
Depression	1,333.0	15.9	1,039.6	15.5
Bipolar Disorder	720.6	8.6	580.2	8.6
Suicidal Ideation	412.7	4.9	476.0	7.1
Schizophrenia	322.0	3.8	306.9	4.6
PTSD	231.2	2.8	173.7	2.6
Suicide Attempts	81.4	1.0	108.8	1.6

*Categories are not mutually exclusive – one patient can have one or multiple conditions present at the time of emergency department visit one patient can have more than one visit

- In 2017, the top conditions seen in emergency departments in Washoe County were anxiety (28.1% of encounters), drug-related (18.4%), alcohol-related (16.5%), and depression (15.9%).

BEHAVIORAL HEALTH SERVICES

Table 10: Behavioral Health Inpatient Admissions, Washoe County & Nevada, 2017

Condition	Washoe County		Nevada	
	Crude Rate per 100,000 population	%	Crude Rate per 100,000 population	%
Depression	1,201.3	21.8	1,134.5	32.8
Drug-Related	1,140.0	20.7	751.0	0.3
Anxiety	1,107.3	20.1	1,054.7	30.5
Alcohol-Related	922.7	16.7	441.9	0.2
Suicidal Ideation	426.8	7.7	426.4	12.3
Bipolar Disorder	332.2	6.0	428.2	12.4
PTSD	225.4	4.1	163.8	4.7
Schizophrenia	93.7	1.7	180.7	5.2
Suicide Attempts	66.2	1.2	53.8	1.6

*Categories are not mutually exclusive – one patient can have one or multiple conditions present at the time of admission and one patient can have more than one admission

- In 2017, the top conditions that led to an inpatient admission in Washoe County were depression (21.8% of admissions), drug-related (20.7%), anxiety (20.1%), and alcohol-related (16.7%).
- The crude rate per 100,000 population of alcohol-related inpatient admissions in Washoe County was more than double the rate in Nevada.

Mobile Outreach Safety Team (MOST)

The Mobile Outreach Safety Team (MOST) is a jail and hospital diversion program where a team comprised of public safety personnel and behavioral health clinicians work in collaboration to address the behavioral health needs of people involved in, or at risk of involvement in, the criminal justice system. The MOST program is designed to divert individuals experiencing behavioral health issues and other crises away from criminal justice systems and emergency rooms, and into appropriate community-based services and supports. MOST goals include:

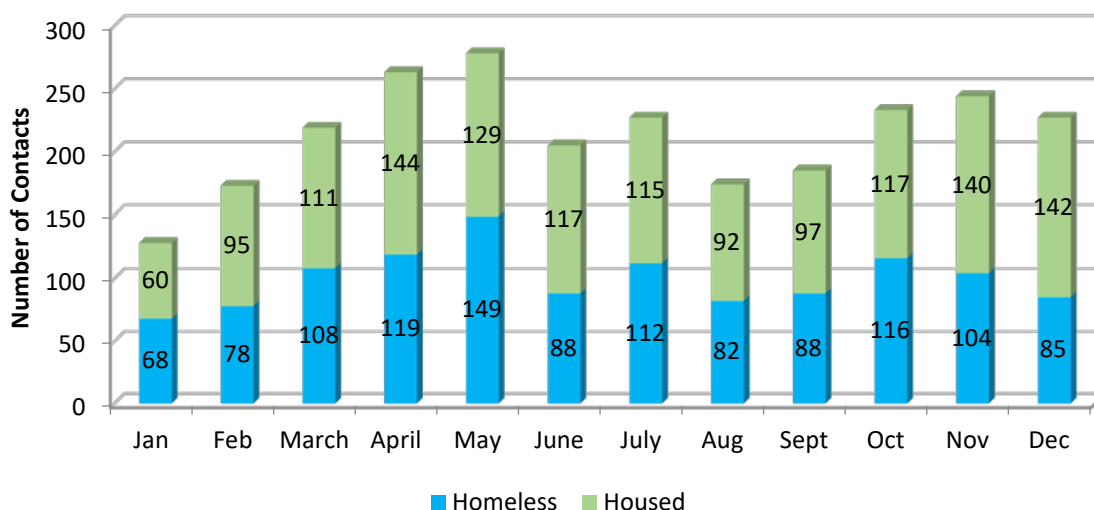
- ✓ Early and voluntary intervention to avoid costly emergency room visits and hospitalization
- ✓ Reduce law enforcement calls for service and diversion from jail when appropriate
- ✓ Connect individuals in crisis to local resources to provide them with a long-term support network
- ✓ Public Safety

For data pertaining to MOST contacts, homelessness is defined as:

An individual who:

- Is sleeping in an emergency shelter or in a place not meant for human habitation, such as cars, parks, abandoned buildings, streets/sidewalks, the banks of the Truckee River, etc.;
- Is staying in a hospital or other institution for up to 180 days, but homeless immediately prior to entry into the hospital or institution;
- Is graduating from or timing out of a transitional housing program, and/or
- Is escaping domestic violence.

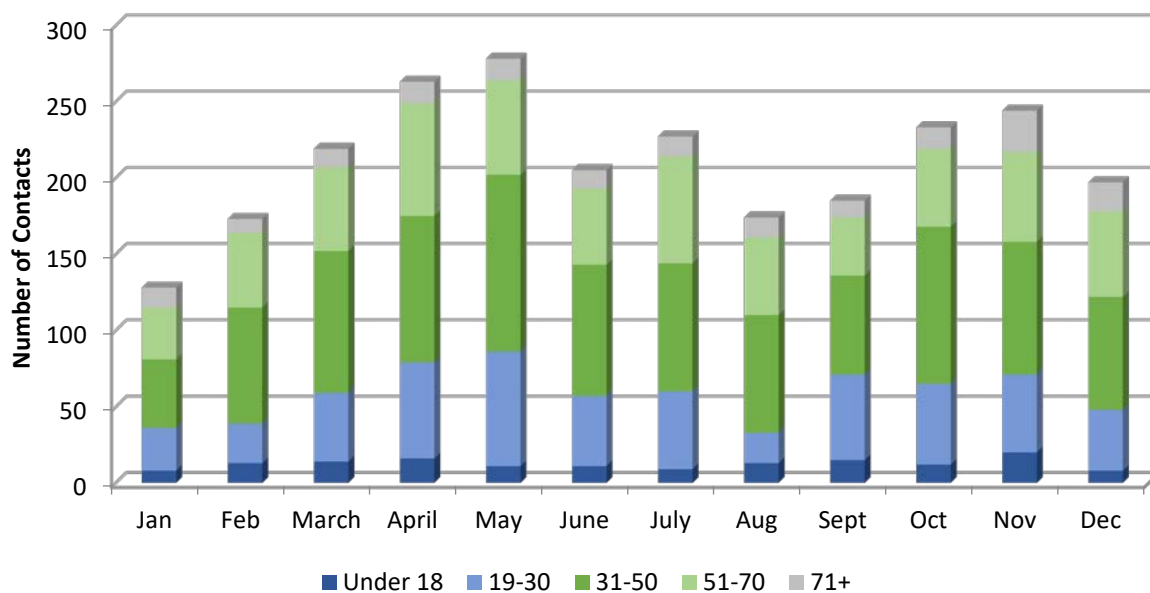
Figure 68: MOST Contacts per Month, Washoe County, 2018
(Total = 2,526)



- In 2018, there were a total of 2,526 MOST contacts in Washoe County.
- In May of 2018 54% of the MOST contacts made were with individuals who were homeless at the time of the contact. This is the only month in 2018 that more contacts were made with individuals who were homeless than housed.

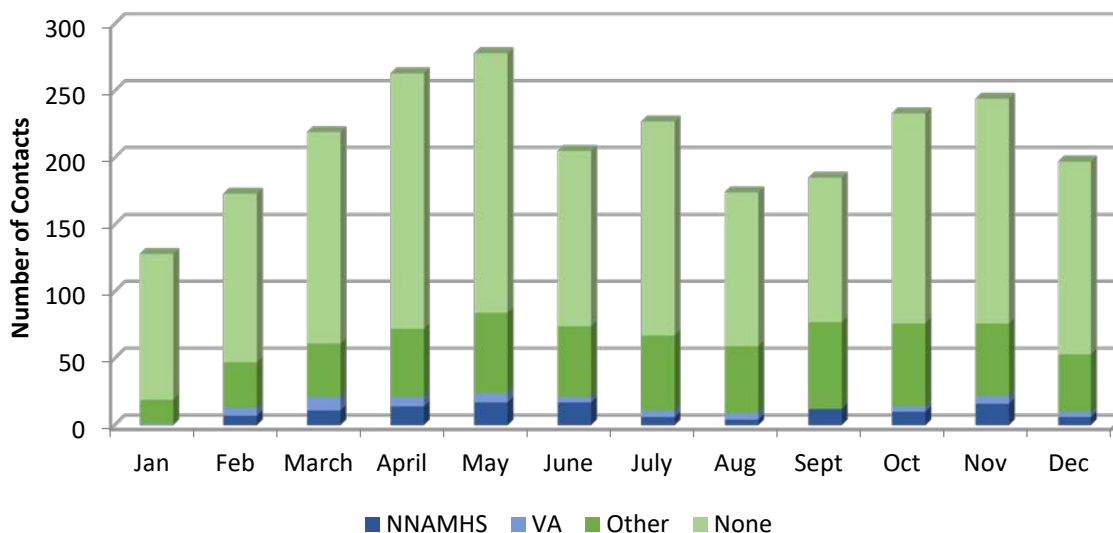
MOBILE OUTREACH SAFETY TEAM

Figure 69: Age Distribution of MOST Contacts by Month, Washoe County, 2018



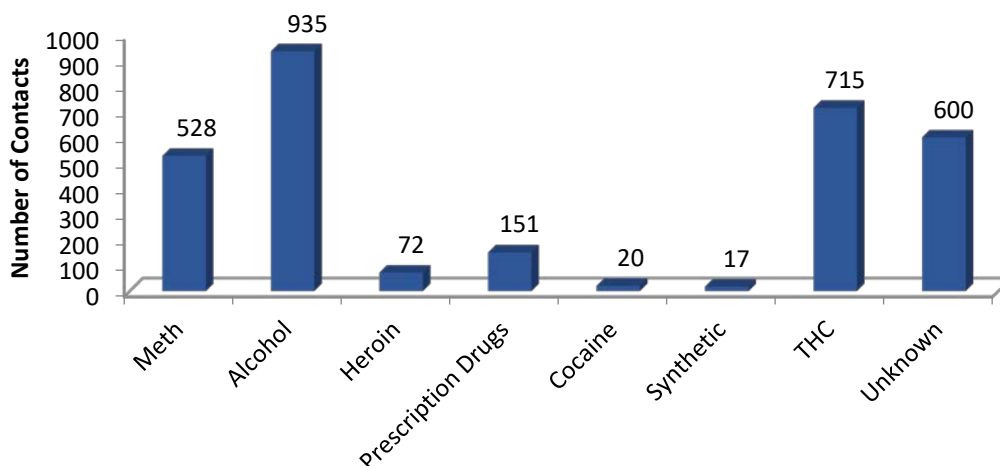
- In 2018, the age group 31-50 years comprised 39.7% of MOST contacts, followed by 51-70 years (25.7%), and 19-30 years (22%).

Figure 70: Mental Health Services Provider per MOST Contact by Month, Washoe County, 2018



- In 2018, 69.7% of MOST contacts did not have a mental health service provider, 23.2% were classified under other, 4.8% received services at Northern Nevada Adult Mental Health Services, and 2.3% from Veterans Affairs.

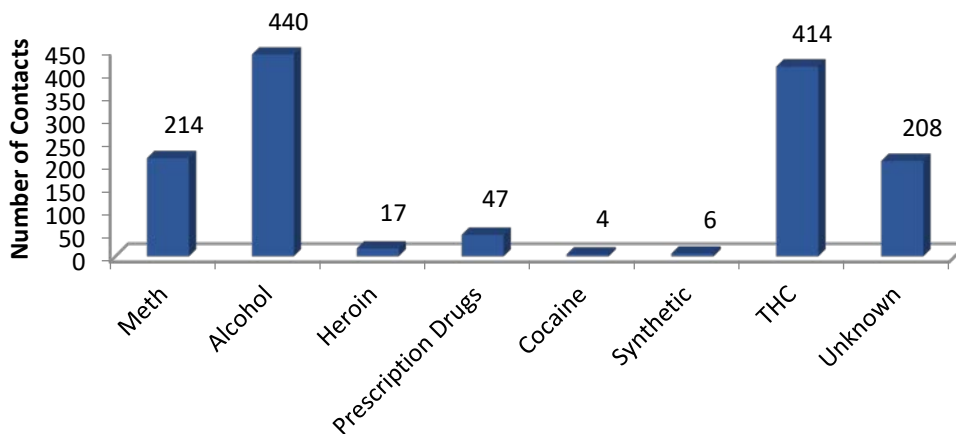
**Figure 71: MOST Contacts by Substance, Washoe County, 2018
(Total = 3,038*)**



*Reported substances are not unique; multiple substances can be reported by one MOST contact.

- There were a total of 3,038 reported substances for MOST contacts. Since there were only 2,526 contacts in 2018, use of multiple substances were reported by some contacts.
- In 2018, MOST contacts associated with alcohol accounted for 31% of contacts, 23.5% for THC, 19.8% are Unknown, 17.4% for Meth, 5% for Prescription Drugs, 2.4% for Heroin, 0.7% for Cocaine, and 0.56% for Synthetic drugs.

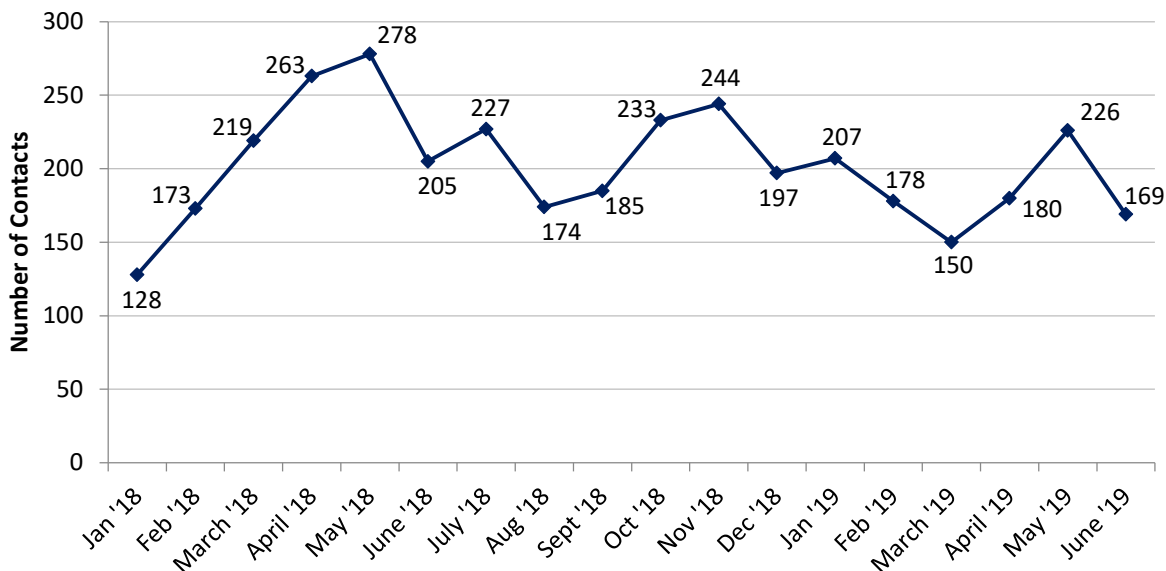
**Figure 72: MOST Contacts by Substance, Washoe County, January-June, 2019
(Total = 1,350*)**



*Reported substances are not unique; multiple substances can be reported by one MOST contact.

- Compared to 2018, the first six months of 2019 have accounted for approximately 60% of THC contacts.
- Overall, during the first six months of 2019, there have only been approximately 44% of the amount of contacts compared to 2018.

Figure 73: MOST Contacts by Month, Washoe County



- From January to June of 2018, there were 1,266 MOST Contacts.
- In the first six months of 2019, Washoe County has had a total of 1,110 MOST contacts. As of June, 2019 has had approximately 12% less MOST Contacts than January thru June 2018.

Summary

So far in 2019, the number of MOST contacts associated with THC has almost reached the same amount of contacts associated with alcohol. When comparing MOST contacts for the first six months of 2019 to the contacts for the 2018 calendar year, THC contacts are already 10% higher than 2018, and alcohol contacts are 3% lower than 2018. Similarly, at the six-month mark of 2019 all other drugs identified, including unknown drugs, have shown substantial decreases from 2018. The largest decrease we see is among cocaine use, showing 80% less contacts. Methamphetamine, the third most popular drug identified in MOST contacts, has shown a 10% decrease.

DATA SOURCES

Geography and Demographics Sources

Figure 1: Nevada Population Size by County 2018 Estimates.

Nevada Department of Taxation, Nevada State Demographer (2017). Source: Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Retrieved from:

https://tax.nv.gov/Publications/Population_Statistics_and_Reports/

Table 1 – Table 2 Same Source

Table 1: Population in Nevada, 2018 Estimates

Table 2: Estimated Population Growth by Selected Demographics, Washoe County, 2018 & 2023.

Nevada Department of Taxation, Nevada State Demographer (2017). Source: Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Retrieved from:

https://tax.nv.gov/Publications/Population_Statistics_and_Reports/

Figure 2: Washoe County School District Student Enrollment by Ethnicity, Ten-Year Trend. Washoe County School District Grade K-12 by Race/Ethnicity, 2007-2008, 2012-2013, and 2017-2018. Department of Education. Nevada Report Card. Retrieved from:

<http://nevadareportcard.com/di/>

Table 3: Primary Language Spoken at Home, Washoe County, 2016 & 2017.

U.S. Census Bureau, 2017 American Community Survey -1 year estimates- TABLE S1601- Language Spoken at Home. Retrieved from:

<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Figure 3: Educational Attainment of Residents Age 25 or Older, 2017.

U.S. Census, 2013-2017 American Community Survey 5-Year Estimates. Retrieved from:

https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

Table 4: Inflation-Adjusted Incomes and Housing Costs, Washoe County, Nevada & United States, 2017.

Median Household Income data source: U.S. Census, 2017 American Community Survey -1 year estimates- TABLE S1901- Income in the Past 12 Months.

Median Annual Income by Sex data source: U.S. Census, 2017 American Community Survey -1 year estimates- TABLE S2001- Earnings in the Past 12 Months.

Median Monthly Housing Cost data source: U.S. Census, 2017 American Community Survey -1 year estimates- TABLE B25105- Median Monthly Housing Costs.

Rent as a Percentage of Income data source: U.S. Census, 2017 American Community Survey -1 year estimates- TABLE B25070- Gross Rent as a Percentage of Household Income in the Past 12 Months.

Mortgage as a Percentage of Income data source: U.S. Census, 2017 American Community Survey -1 year estimates- TABLE S2506- Financial Characteristics for Housing Units with a Mortgage.

Retrieved from: https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

DATA SOURCES

Figure 4: Household Annual Income Distribution, Washoe County, 2017.

U.S. Census, 2017 American Community Survey -1 year estimates- TABLE S1901- Income in the Past 12 Months. Retrieved from:

https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

Figure 5: Household Annual Income Distribution, Nevada, 2017.

U.S. Census, 2017 American Community Survey -1 year estimates- TABLE S1901- Income in the Past 12 Months. Retrieved from:

https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

Table 5: Poverty Status During Prior 12 Months, Washoe County, Nevada & United States, 2017.

U.S. Census, 2017 American Community Survey -1 year estimates- TABLE S1701- Poverty Status in the Past 12 Months. Retrieved from:

https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

Figure 6: Persons Under the Age of 65 Years Without Health Insurance, Washoe County, Nevada & United States, 2015-2017.

U.S. Census, 2015, 2016, 2017 American Community Survey -1 year estimates- TABLE S2701- Selected Characteristics of Health Insurance Coverage in the United States. Retrieved from:

https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

Substance Use

Figure 7: Prenatal Substance Abuse Birth Rates (self-reported) for Select Substances, Nevada, 2010-2017.

Substance Abuse Prevention and Treatment Agency 2018 Epidemiologic Profile. Retrieved from:

<http://dhhs.nv.gov>

Figure 8: Prenatal Substance Abuse Birth Rates (self-reported) for Select Substances, Washoe County, 2010-2017.

Substance Abuse Prevention and Treatment Agency Behavioral Health Region Washoe County 2018 Epidemiologic Profile. Retrieved from: <http://dhhs.nv.gov>

Figure 9: Lifetime* Substance Use Among Middle School students, Washoe County & Nevada, 2017.

Nevada 2017: Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. *2017 Nevada Middle School Youth Risk Behavior Survey (YRBS) Report*.

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Figure 10 – Figure 11 Same Source

Figure 10: Lifetime* Substance Use Among Middle School Students, Washoe County, 2015 & 2017 .

Figure 11: Percentage of Middle School Students to Report Current* Use of Alcohol and Marijuana, Washoe County, 2015 & 2017.

Washoe County 2015: Lensch, T., Gay, C., Zhang, F., Clements-Nolle, K., Yang, W. University of Nevada, Reno. *2015 Nevada Middle School Youth Risk Behavior Survey (YRBS): Washoe County Special Report*.

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Figure 12: Lifetime* Substance Use Among High School Students, Washoe County, Nevada, and United States, 2017

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Figure 13 – Figure 14 Same Source

Figure 13: Lifetime* Substance Use Among High School Students, Washoe County, 2013, 2015 & 2017.

Figure 14: Percentage of High School Students to Report Current* Use of Alcohol and Marijuana, Washoe County, 2013, 2015 & 2017.

Washoe County 2013: Frankenberger, D., Clements-Nolle, K., Zhang, F., Larson, S., & Yang, W. University of Nevada, Reno. (2014). *2013 Nevada Youth Risk Behavior Survey (YRBS): Washoe County Analysis. Reno, Nevada*.

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Table 6: Racial & Gender Demographics University of Nevada, Reno & United States, 2018

Washoe County (UNR): American College Health Assessment-National College Health Assessment II data for Spring 2018. Unpublished data provided upon request. Reno, NV.
United States: American College Health Assessment-National College Health Assessment II Reference Group reports for Spring of 2016. Retrieved from:

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Figure 15: Lifetime* Substance Use Among College Students, University of Nevada, Reno and United States, 2018

Washoe County (UNR): American College Health Assessment-National College Health Assessment II data for Spring 2018. Unpublished data provided upon request. Reno, NV.
United States: American College Health Assessment-National College Health Assessment II Reference Group reports for Spring of 2016. Retrieved from:
http://www.acha-ncha.org/pubs_rpts.html

Figure 16 – Figure 19 Same Source

Figure 16: Current* Alcohol and Marijuana Use Among College Students, University of Nevada, Reno, 2010, 2012, 2014, 2016 & 2018.

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Figure 17: Binge Drinking* Among College Students, University of Nevada, Reno & United States, 2010, 2012, 2014, 2016 & 2018.

Figure 18: Prescription Drug Misuse* Among College Students, University of Nevada, Reno & United States, 2018.

Figure 19: Prescription Drug Use* Among College Students, University of Nevada, Reno, 2010-2018. Washoe County (UNR): American College Health Assessment-National College Health Assessment II data for Spring of 2010, 2012, 2014, 2016, and 2018. Unpublished data provided upon request. Reno, NV.

Table 7: Substance Use Among Population Aged 18 to 25 – Washoe County, Nevada, and United States, 2012-2014 Aggregate Averages.

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Figure 20 – Figure 22 Same Source

Figure 20: Percentage of Current* Illicit Drug Use Other Than Marijuana Among Adults, Washoe County and Nevada, 2016

Figure 21: Lifetime Prescription Drug Misuse Among Adults, Washoe County and Nevada, 2016

Figure 22: Prescription Drug Misuse During the Past 30 Days Among Adults, Washoe County and Nevada, 2016

Nevada Department of Health and Human Services, Office of Public Health Informatics and Epidemiology. 2016 Nevada BRFSS Data. Data provided upon request. Carson City, NV

Figure 23 – Figure 25 Same Source

Figure 23: Alcohol-Induced Cause of Death by Age Group, Washoe County, Nevada, and United States, 2013-2017 Aggregate Data.

Figure 24: Drug-Induced Cause of Death by Age Group, Washoe County, Nevada, and United States, 2013-2017 Aggregate Data.

Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death, 1999-2017 Request. CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Retrieved from: <http://wonder.cdc.gov/ucd-icd10.html>

Figure 25: Percentage of Adults Needing but Not Receiving Treatment in the Past Year, Washoe County, Nevada, & United States, 2012-2014 Annual Average

Substance Abuse and Mental Health Services Administration. Population Data/NSDUH. Substate/Metro 2012-2014 NSDUH Substate Region Estimates –Excel Tables and CSV Files. Retrieved from: <https://www.samhsa.gov/data/population-data-nsduh/reports>

Figure 26 – Figure 27 Same Source

Figure 26: Percentage of Adults Classified as Binge Drinkers, Washoe County, Nevada, & United States, 2012-2017

Figure 27: Percentage of Adults Classified as Heavy Drinkers, Washoe County, Nevada, & United States, 2012-2017

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Figure 28: Percentage of Drug Abuse Violations Committed by Age Group, Washoe, Clark County, & Nevada, 2017.

Uniform Crime Reporting 2017 Report. State of Nevada Department of Public Safety, Records, Communications and Compliance Division. Retrieved from: <http://rccd.nv.gov>

Figure 29 – Figure 30 Same Source

Figure 29: Alcohol Related Emergency Department Encounters, Washoe County and Nevada, 2013-2017

Figure 30: Drug Related Emergency Department Encounters, Washoe County and Nevada, 2013-2017

Nevada Department of Health and Human Services. 2013-2017 Hospital Inpatient and Emergency Department Billing Data. Data provided upon request. Carson City, NV.

Nevada Department of Health and Human Services. 2018 Hospital Inpatient and Emergency Department Billing Data. Data provided upon request. Carson City, NV.

Figure 31 – Figure 30 Same Source

Figure 31: Age-Adjusted Rate of Alcohol-Induced Cause of Death, Washoe County, Nevada, and United States, 2008-2017

Figure 32: Age-Adjusted Rate of Drug-Induced Cause of Death, Washoe County, Nevada, and United States, 2008-2017

Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Retrieved from: <http://wonder.cdc.gov/ucd-icd10.html>

Figure 33 – Figure 34 Same Source

Figure 33: Washoe County Drug Intoxication Deaths, 2012-2016.

Figure 34: Washoe County Illicit-involved Deaths by Drugs, 2012-2016.

Washoe County Regional Medical Examiner's Office 2016 Annual Report. Retrieved from: <https://www.washoecounty.us/coroner/reports.php>

Figure 35 – Figure 38 Same Source

Figure 35: Opioid-Related Emergency Department Encounters by Age Group, Washoe County, 2010-2018

Figure 36: Opioid-Related Inpatient Admissions by Age Group, Washoe County, 2010-2018

Figure 37: Opioid-Related Poisonings Emergency Department Encounters by Opioid, Washoe County, 2010-2018

Figure 38: Opioid-Related Poisonings Inpatient Admissions by Opioid, Washoe County, 2010-2018

Nevada Department of Health and Human Services. 2010-2017 Hospital Inpatient and Emergency Department Billing Data. Data provided upon request. Carson City, NV.

Nevada Department of Health and Human Services. 2018 Hospital Inpatient and Emergency Department Billing Data. Data provided upon request. Carson City, NV.

Figure 39 – Figure 40 Same Source

Figure 39: Opioid-Related Deaths by Age Group, Washoe County, 2010-2018

Figure 40: Opioid-Related Deaths by Drug Category, Washoe County, 2010-2018

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Nevada Department of Health and Human Services. 2010-2017 Electronic Death Registry System. Data provided upon request. Carson City, NV.

Nevada Department of Health and Human Services. 2018 Hospital Inpatient and Emergency Department Billing Data. Data provided upon request. Carson City, NV.

Mental Health

Figure 41 – Figure 44 Same Source

Figure 41: Percentage of Middle School Students Who Ever* Felt Sad or Hopeless, Washoe County & Nevada, 2015 and 2017 Comparison.

Figure 42: Percentage of Middle School Students Who Ever* Seriously Considered Attempting Suicide, Washoe County & Nevada, 2015 and 2017 Comparison.

Figure 43: Percentage of Middle School Students Who Have Ever* Made a Plan About How to Commit Suicide, Washoe County & Nevada, 2015 and 2017 Comparison.

Figure 44: Percentage of Middle School Students Who Ever* Attempted Suicide, Washoe County & Nevada, 2015 and 2017 Comparison.

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Figure 45: Percentage of Middle School Students Who Got the Kind of Help They Needed When They Felt Sad, Empty, Hopeless, Angry, or Anxious, Washoe County & Nevada, 2017.

Washoe County 2017: Lensch, T., Martin, H., Zhang, F., Clements-Nolle, K., Yang, W. University of Nevada, Reno. *2017 Nevada Middle School Youth Risk Behavior Survey (YRBS): Washoe County Special Report*.

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Figure 46 – Figure 47 Same Source

Figure 46: Percentage of High School Students Who Felt Sad or Hopeless*, Washoe County, Nevada & United States, 2013, 2015, & 2017.

Figure 47: Percentage of High School Students Who Seriously Considered Attempting Suicide*, Washoe County, Nevada, and United States, 2013, 2015, & 2017.

Figure 48: Percentage of High School Students Who Made a Suicide Plan*, Washoe County, Nevada, and United States, 2013, 2015 & 2017.

Figure 49: Percentage of High School Students Who Attempted Suicide*, Washoe County, Nevada, and United States, 2013, 2015 & 2017.

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Figure 50: Percentage of High School Students* Who Got the Kind of Help They Need When They Felt Sad, Empty, Hopeless, Angry, or Anxious, Washoe County & Nevada, 2017.

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Figure 51: Percentage of Middle School Student Adverse Childhood Experiences (ACEs), Washoe County & Nevada, 2017

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Figure 52 – 53 Same Source

Figure 52: Percentage of High School Students Who Ever Lived with Someone Who Had a Substance Use Problem, Washoe County & Nevada, 2015 & 2017.

Figure 53: Percentage of High School Students Who Ever Lived with Someone Who Was Mentally Ill, Washoe County & Nevada, 2017.

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Figure 54: Percentage of High School Students Who Were Ever Forced to Engage in Unwanted Sexual Intercourse, Washoe County, Nevada & United States, 2013, 2015 & 2017.

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Figure 55 – Figure 56 Same Source

Figure 55: Percentage of High School Students Who Have Ever Been Physically Abused* by an Adult, Washoe County & Nevada, 2017.

Figure 56: Percentage of High School Students Who Have Ever Experienced Household Domestic Violence, Washoe County & Nevada, 2015 & 2017.

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Figure 57 – Figure 59 Same Source

DATA SOURCES

Figure 57: Percentage of College Students Who Have Been Diagnosed with Depression*, University of Nevada, Reno & United States, 2010, 2012, 2014, 2016 & 2018.

Figure 58: Percentage of College Students Who Have Seriously Considered Suicide*, University of Nevada, Reno & United States, 2010, 2012, 2014, 2016 & 2018.

Figure 59: Percentage of College Students Who Have Ever Attempted Suicide*, University of Nevada, Reno & United States, 2010, 2012, 2014, 2016 & 2018.

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United States: American College Health Assessment-National College Health Assessment II Reference Group reports for Spring 2010, 2012, 2014, 2016 & 2018. Retrieved from: http://www.acha-ncha.org/pubs_rpts.html

Figure 60 – Figure 61 Same Source

Figure 60: Percentage of Adults Reporting poor Mental Health Days*, Washoe County, 2010-2017.

Figure 61: Poor Mental Health Days and Depression Among Adults by Age Group, Washoe County, 2017. Nevada Department of Health and Human Services, Office of Public Health Informatics and Epidemiology. 2010-2017 Nevada BRFSS Data. Data provided upon request. Carson City, NV.

Figure 62: Any Mental Illness, Serious Mental Illness, and Received Mental Health Services in the past Year Among Adults, 2014-2016 Aggregate Data.

Substance Abuse and Mental Health Services Administration. Population Data/NSDUH. 2014-2016 NSDUH Substate Region Estimates –Excel Tables and CSV Files. Retrieved from: <https://www.samhsa.gov/data/population-data-nsduh/reports>

Figure 63: Rates of Suicide Attempts Hospital Admissions, Washoe County & Nevada, 2013-2017 Nevada Department of Health and Human Services, Office of Public Health Informatics and Epidemiology. 2013-2017 Hospital Inpatient and Emergency Department Billing Data. Data provided upon request. Carson City, NV.

Figure 64: Rates of Suicide Attempts by Age Group, Washoe County & Nevada, 2018 Nevada Department of Health and Human Services. 2018 Hospital Inpatient and Emergency Department Billing Data. Data provided upon request. Carson City, NV.

Figure 65 – Figure 66 Same Source

Figure 65: Age-Adjusted Rates of Death Due to Suicide/Intentional Self-Harm, Washoe County, Nevada & United States, 2008-2017.

Figure 66: Death Due to Suicide/Intentional Self-Harm by Age Group, Washoe County, Nevada & United States, 2013-2017 Aggregate Data.

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Figure 67: Rate of Veteran Suicide Deaths by Age Group, Nevada, Western Region* & United States, 2016.

U.S. Department of Veteran Affairs. 2018. *Nevada Veteran Suicide Data Sheet, 2016*. Retrieved from : https://www.mentalhealth.va.gov/suicide_prevention/data.asp

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Behavioral Health Services

Table 8: Behavioral Health Workforce, 2018

Washoe County and Nevada data source: Office of Statewide Initiatives. Nevada Instant Atlas: County-Level Health and Workforce Population Database. Retrieved from:

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Table 9 – Table 10 Same Source

Table 9: Behavioral Health Emergency Department Visits, Washoe County & Nevada, 2018

Table 10: Behavioral Health Inpatient Admissions, Washoe County & Nevada, 2018

Division of Public and Behavioral Health. 2018 Hospital Inpatient and Emergency Department Billing Data. Data provided upon request. Carson City, NV.

Figure 68 – Figure 73 Same Source

Figure 68: MOST Contacts per Month, Washoe County, 2018

Figure 69: Age Distribution of MOST Contacts by Month, Washoe County, 2018

Figure 70: Mental Health Service Provider per MOST Contact by Month, Washoe County, 2018

Figure 71: MOST Contacts by Drug, Washoe County, 2018

Figure 72: MOST Contacts by Drug, Washoe County, January-June, 2019

Figure 73: MOST Contacts by Month, Washoe County

Edwards, Dorothy. Washoe County Human Services Agency. 2018 Monthly MOST data report. Data provided upon request by Behavioral Health Program Coordinator. Reno, NV.

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