



2021 NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD ANNUAL REPORT

Carson City, Churchill, Douglas, Lyon, and Storey Counties

*Update on the Northern
Regional Behavioral
Health Policy Board's
activities and an overview
of the region's identified
behavioral health gaps,
issues and priorities for
2021.*

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EXECUTIVE SUMMARY

Overview

Members serving on the Northern Regional Behavioral Health Policy Board are community leaders, law enforcement, healthcare and treatment providers, family and peer advocates, and more. They bring diverse perspectives to the Board and are passionate about collaborating to improve the behavioral health system in the Northern Region. Collaboration facilitated by the Northern Regional Behavioral Health Policy Board and associated county behavioral health taskforces, has enabled stakeholders to develop a shared understanding of the behavioral health issues facing the region. This has allowed the Northern Board to achieve substantial progress on its goals by working with local, regional, and state partners to identify and align priorities and solutions whenever possible. Through ongoing discussion, the members of the Northern Regional Behavioral Health Policy Board, shown below, identified the Northern Region's gaps, needs, priorities and recommendations for this annual report.

- Dr. Robin Titus, Assemblywoman, Nevada Assembly
- Dr. Amy Hyne- Sutherland, Development Officer, Carson Tahoe Health Foundation
- Nicki Aaker, RN, Director, Carson City Health and Human Services
- Taylor Allison, Executive Director, Douglas County Partnership
- Erik Schoen, Executive Director, Community Chest
- Laura Yanez, Executive Director, NAMI Western Nevada
- Sandy Wartgow, Deputy Chief, Carson City EMS
- Ken Furlong, Sheriff, Carson City
- Lana Robards, Director, New Frontier Treatment Center, Fallon, Nevada
- Dr. Daniel Gunnarson, Psychologist, Aging and Disability Services Rural Regional Center
- Heather Korbolic, Executive Director, Silver State Insurance Exchange
- Dr. Ali Banister, PhD, Juvenile Probation Chief – First Judicial District
- Shayla Holmes, Executive Director of Lyon County Health and Human Services

Data highlights- (To be developed)

Trends identified by local stakeholders (To be developed)

Legislative efforts

SB70, developed from the Northern Regional Behavioral Health Policy Board's bill draft, was passed by Nevada legislature, and signed into law by the Governor on June 4, 2021. This bill, focused on modernizing and further clarifying Nevada's mental health crisis hold and involuntary treatment laws, built upon the work of the Northern Board's first bill, AB85, passed in 2019. The Northern Board, collaborating with the Statewide Mental Health Crisis Hold Workgroup, composed of diverse stakeholders including hospitals, courts, public defenders, peer and family advocates, law enforcement and others, developed SB70 which included five major changes:

1. Updated and modernized the mental health crisis hold law

2. Updated and clarified assisted outpatient treatment (AOT)
3. Updated and clarified conditional release
4. Clarified the youth mental health crisis hold process
5. Updated the chemical restraint definition

Efforts to educate Nevada's stakeholders about the mental health crisis hold law continue. With participation from Northern Board member Dr. Daniel Gunnarson, the Statewide Mental Health Crisis Hold Workgroup has developed education about the adult and youth mental health crisis hold processes and a parent guide for navigating youth mental health. These brochures can be found at: <https://nvbh.org/involuntary-hold/>. In addition, the Workgroup is also planning a Mental Health Crisis Hold Summit scheduled for March 7th and 8th, focused on educating law enforcement, lawyers, hospitals, **mental health professionals**, peers, families, and others on the mental health crisis hold and involuntary treatment processes in Nevada. Nevada Division of Public and Behavioral Health is supporting these efforts through the development of videos that will provide an overview of the adult and youth mental health crisis hold processes. For more information on SB70 go to: <https://nvbh.org/northern-behavioral-health-region/>

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INTRODUCTION:

The Northern Region consists of Carson City, Churchill, Douglas, Lyon, and Storey Counties, stretching across 11,976.95 square miles in northwestern Nevada. The total population of the Northern Region is estimated to be 194,464 in 2020, slightly up from 192,723 in 2019. The median household income was \$60,704 in 2019, an increase from \$54,392 in 2017. Approximately 10.6% of the population was in poverty. The population under 65 had a disability in 2019 was 9.4%, a decrease from 14.8% in 2017. (Needs updated numbers) In terms of ethnicity, 76.5% residents in the Northern Region are White not of Hispanic origin, 16.9%

residents are Hispanic, 3.0% of the population are Native American, 2.4%, Asian, and 1.1% of the population are Black.¹

Over the past several years, the Northern Behavioral Health Region has made significant gains in enhancing its behavioral health system through programs such as the Mobile Outreach Safety Teams (MOST), Forensic Assessment Triage Teams (FASTT), Crisis Intervention Team (CIT) Training, and Carson Tahoe’s Mallory Crisis Center. Providers are now learning how to utilize new programs such as Assertive Community Treatment (ACT) and Certified Community Behavioral Health Centers (CCBHCs) and are seeing the positive impact of these new services.

However, the region continues to face significant barriers across the behavioral health continuum. For example, there is limited access to outpatient and inpatient treatment for youth with and without insurance. There is extremely limited access to Intensive Outpatient Treatment (IOP), and virtually no existing intensive in-home services for families and youth. For adults, there continues to be limited availability for most levels of care. These challenges are only amplified by staffing shortages, burnout in the behavioral health workforce, and recent closures of significant providers.

Commented [NA1]: Should we include lack of supportive housing?

In response, the Northern Regional Behavioral Health Policy Board is open to innovative ideas including use of telehealth, community health workers, and peer support specialists. In addition, the Northern Region’s leaders are passionate about participating in the development of the Crisis Response System, valuing community driven, and locally based programs. \

This report provides a framework to improve behavioral health services and enhance quality of life within the Northern Region’s communities, focusing on identified behavioral health gaps and needs, as well as strategies and recommendations to address the most pressing issues in the region.

NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD 2021 GAPS, NEEDS, PRIORITIES AND RECOMMENDATIONS

Over the past year, the Northern Board used a variety of information sources described below to inform their priorities, strategies, and recommendations for 2021.

METHODOLOGY FOR IDENTIFYING NEEDS AND GAPS:

The Northern Regional Behavioral Health Policy Board used a variety of methods to identify needs and gaps in the behavioral health region including the following:

- **County Behavioral Health Taskforces:** The Board obtained local community stakeholder input through hearing regular updates from the region’s county behavioral health taskforces. These taskforces, composed of diverse community stakeholders including law enforcement, EMS, hospitals, treatment providers, social service, community coalition, and peer and family advocates, meet monthly and focus on identifying and addressing behavioral health issues, needs, and gaps.

¹ Need citation

- **Northern Board survey:** Members of the Northern RBHPB participated in multiple surveys to assess issues and priorities to be included in the Northern Board’s strategic plan.
- **Community survey:** The Northern Board supported a community and provider behavioral health survey that was distributed by the region’s coalitions and other community providers.
- **Regional and Statewide Data provided by Nevada Division of Health and Human Services (DHHS) Office of Analytics:**
The Office of Analytics provides each Behavioral Health Region with data derived from multiple sources including the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Survey (YRBS), hospital billing data, and other sources.

NORTHERN REGION PRIORITIES, STRATEGIES, AND RECOMMENDATIONS

The following priorities are presented to include underlying needs and gaps, strategies utilized by the Northern Board, and recommendations from the Northern Board for forward progress.

1. Regional Board infrastructure development

Need/Gap:

Several areas have been identified where additional infrastructure could lead to greater efficiency as the Northern region works to develop a more sophisticated behavioral health system. **(No needs have been identified, yet) Further develop or adjust?**

Strategies:

a) Exploration of Regional Behavioral Health Authority:

- **Regional Behavioral Health Authorities:** To address the identified needs above the board reviewed current board authority and legislative intent, and explored concepts for system solutions. The Northern Board spent time exploring Regional Behavioral Health Authorities, as an entity like this may allow the region to secure additional funding sources, support the state in an administrative capacity, as well as enhancing coordination of local programs. The Northern Board developed and submitted a concept paper for Regional Behavioral Health Authorities to DHHS to express their intent. (Please see the Northern Region’s white paper of Behavioral Health Authorities at <https://nvbh.org/northern-behavioral-health-region/>). While the Regional Behavioral Health Authority and other concepts continue to be explored, the Northern Board is motivated to further develop current regional behavioral health policy board mandates such as the electronic repository of behavioral health resources and data described in NRS 433.4295e.

- **Board support positions:** The Northern Board continues to advocate for sustainable funding for the Regional Behavioral Health Coordinator (RBHC) position, as this role has been critical to making progress in addressing behavioral health issues in the region and meeting the legislative duties of the Northern Board. In addition, the Northern Board was interested in obtaining a full-time data analyst position to assist the region in developing data collection systems for prioritized topics to make data driven decisions. (This position was recently obtained when the region received funding from the Comprehensive Opioid Stimulant and Substance Abuse Program (COSSAP) grant submitted by the Attorney General’s Office.)
- **Northern Region Behavioral Health Emergency Operations Plan (BHEOP):** The Northern Board also adopted the Northern Regional Behavioral Health Emergency Operations Plan in early 2021. The region’s emergency management leadership participated in a Northern Regional BHEOP table-top exercise at the beginning of 2022. The region plans to continue developing behavioral health emergency response protocols and systems and psychological first aid training in each county through the county behavioral health taskforces.

Recommendation:

(Potential for consideration):

- Stakeholders in the region advocate for increased transparency, coordination, and accountability of behavioral health funding mechanisms recognizing limited capacity at the state level. In addition, the Northern Board recognizes a need to strengthen coordination of funding and programs between state and local stakeholders.
- Expand awareness and access to psychological first aid trainings
- Each county formally adopt the Northern BHEOP

2. Affordable and supported housing and other social determinants of health

Need/Gap:

The region’s communities are experiencing many individuals who have behavioral health issues and are homeless. These individuals with complex needs deteriorate on the street or become stuck in hospitals or jails for long periods of time with no safe discharge plan available. In addition, the board sees a gap in resources to address social determinants of health

Strategies:

The Northern Board is motivated to learn about and advocate for housing models that support individuals with behavioral health issues. The Board heard a presentation from the Nevada Housing Coalition and has developed a

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subcommittee to explore behavioral health housing. The Northern Board plans to have a presentation on social determinants of health in the upcoming future.

Recommendations:

3. Behavioral health workforce with capability to treat adults and youth

Needs/ Gaps:

The Northern Region faces significant barriers caused by a lack of behavioral health workforce and difficulties behavioral health professionals encounter becoming in-network providers for insurance reimbursement. This gap impedes timely access to treatment and prevents providers from expanding quality services.

Strategies:

The Northern Board supports a tiered approach for a calibrated mental health system that includes a robust relationship between clinicians, community health workers (CHW), and peers. Following this model, the Northern Board has been exploring strategies to increase the clinical workforce and expand use of CHWs and peers to bridge the gaps caused by lack of clinical providers. The Northern Board plans to obtain more education on CHWs and are interested in advocating for Medicaid reimbursement and other sustainable funding to be expanded for behavioral health services. The Northern Board also wants to learn more about the meaningful role of peer support specialists in region to avoid misuse.

Recommendations:

(Potential for consideration):

- Promoting legislation that simplifies the application insurance paneling process is another strategy being considered. (DG)
- Medicaid fix #1 -- Increase reimbursement rates for all MH professions and affiliated professions that we want more of in Nevada to attract more to the workforce (ES)
- --Medicaid fix #2 -- Increase reimbursement rates and/or add supplemental rate for those practitioners providing services in rural counties. (ES)
- --Medicaid fix #3 -- Expand ability of CHWs to bill for Medicaid out from under only a "medical provider" -- i.e., expand to include any and all behavioral health / substance abuse providers. (ES)
- --Medicaid fix #4 -- Increase the reimbursement rates and/or add supplemental rate for nurses and others who provide home healthcare so that home healthcare agencies can offer wages competitive with that of hospitals. Right now, nurses are disincentivized from doing home health because hospitals are able to offer higher wages; this puts the burden and stress of caregiving on families and caregivers. (ES)

4. Development of a regional crisis response system (Obtain sustainable funding for current crisis stabilization and jail diversion programs (MOST, FASTT, CIT, and Carson Tahoe Mallory Crisis Center))

Needs/ Gaps:

Individuals experiencing crisis in the Northern Region often cannot find the care they need when they need it. These individuals encounter hospitals, emergency medical services, and law enforcement, which are not set up to respond to a behavioral health crisis. The Northern Region has made progress in addressing this gap through the following community-based crisis stabilization and jail diversion programs: Mobile Outreach Safety Teams (MOST), Forensic Assessment Services Triage Teams (FASTT), Crisis Intervention Team (CIT) Training, and Carson Tahoe's Mallory Crisis Center. (Please see <https://nvbh.org/education/> for more information on these programs.) These were developed to improve response to individuals with behavioral health issues experiencing crisis, however, they do not currently have sustainable funding and more crisis response interventions are needed.

Strategies:

While progress is being made in obtaining sustainable funding for these programs, the Northern Board continues to hold this as a priority until long term program sustainability is achieved.

In addition, the Northern Board is very interested in participating in the development of the region's crisis response system. Stakeholder engagement meetings were scheduled in Carson, Douglas, Lyon, and Storey Counties to obtain input to provide to the Division of Public and Behavioral Health. The Board wrote a position statement on behalf of the region which can be found here on the Statewide Regional Behavioral Health Policy Board's website: <https://nvbh.org/northern-behavioral-health-region/>

Recommendations:

5. Increase access to treatment in all levels of care

Needs/ gaps

Stakeholders in the region identified lack of insurance as a barrier for access to behavioral health care. Furthermore, there is significant concern about access to care for youth and adults who have insurance. While there is no quantitative data on this, there are many stakeholder reports of struggling to obtain outpatient appointments for youth and adults. They also report not having adequate access to intensive outpatient treatment for youth and inpatient treatment for youth as many youths are waiting in hospitals for acute psychiatric treatment. Notable gaps in the region are the lack of intensive in-home services and crisis stabilization centers for youth.

Strategies:

In exploring access to care issues for individuals who are under-insured or lack insurance, the Northern Board identified some opportunities to connect uninsured individuals with care, including the youth trauma recovery grant and the region's Certified Community Behavioral Health Clinics (CCBHCs). The Northern Board is planning to continue to learn more about the topic including solutions for underinsured individuals and increasing use of CCBHCs. The Northern Board is also interested in exploring other models of care including peer drop-in centers, living room models, and community support centers.

Recommendations:

(Potential for consideration):

- Increase publicity of Medicaid/Medicare open enrollment periods or allow enrollment at any time. (DG)
- Increase funding of behavioral health services for indigent persons. (DG)

6. Develop services to support continuity of care (i.e. continuation of medication/ service connection with community health worker)

Needs/ Gaps:

For years, stakeholders in the Northern Regions have identified issues with continuity of care across the continuum. There are barriers in linkages to care that include lack of formalized referral systems, lack of coordination and communication, and limited provider capacity.

Strategies:

The Northern Board is very interested in utilizing community health workers to address challenges in continuity of care for individuals with behavioral health issues. The Northern Board also plans to identify other strategies, such as peers, to support discharge planning and continuity of care in the region, and look into structural solutions to strengthen warm hand offs.

Recommendations:

Potential recommendation for consideration:

- Support formal agreements between CHWs and various existing programs such as Healthlink, OpenBeds, and hospitals. (TA)

The Northern Regional Behavioral Health Policy Board met eleven times in 2021, hearing a variety of presentations from local, regional, and state organizations on ongoing activities and priorities. The board carried out ongoing activities on the following topics:

- **Legislation:** The Board received monthly updates on its legislative bill SB70 (For more information on this legislation, please see <https://nvbh.org/northern-behavioral-health-region/>) and other legislation associated with behavioral health throughout the legislative session. The board also provided multiple letters of support for legislative bills aligning with its priorities. Taylor Allison, the Chair, also provided education and resources to legislators on behalf of the Northern Board.
- **Advocacy:** The Northern Board wrote multiple letters to DHHS, advocating for expansion and development of resources in the Northern Region including funding for additional DWSS Targeted Outreach Program Workers, a data analyst for the region, development of Regional Behavioral Health Authorities, and the gap caused by the decrease in funding of the China Spring Youth Camp. The Northern Board also submitted a position statement to DHHS on Nevada’s crisis response system (Please see <https://nvbh.org/northern-behavioral-health-region/>).
- **Strategic planning:** The Northern Board spent a significant amount of time reviewing stakeholder input, identifying priorities, and developing next steps forward to achieve those priorities.
- **Education:** Many of the presentations received were related to priorities, including expanding access to treatment through Certified Community Behavioral Health Centers and developing an understanding of what a behavioral health crisis response system might look like in the region.
- **Coordination with local taskforces:** The Northern Board received regular updates regarding the county behavioral health task forces in the region which ensured ongoing coordination between local stakeholders and the region.
- **Other board development activities:** In 2021, the Northern Board reviewed and adopted bylaws and adopted the Northern Regional Behavioral Health Emergency Operations Plan. The Board also provided input into the statewide Regional Behavioral Health Policy Board website.

NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD MEETINGS AND PRESENTATIONS

All presentations, materials, and minutes provided to the Northern Regional Behavioral Health Policy Board can be found on the Board’s website at: http://dpbh.nv.gov/Boards/RBHPB/Board_Meetings/2018/Northern_Regional/. The table below provides an overview of notable presentations, initiatives, and actions initiated by the Board in 2021. * The board’s actions are in bold print.

Date	Topic	Presenters/ Participants
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1.05.21	<ul style="list-style-type: none"> – Reviewed regional survey results to develop priorities and recommendations on gaps and needs in the region. 	Taylor Allison, Board Chair and board members, and Jessica Flood Abrass, Regional Behavioral Health Coordinator.
3.04.21	<ul style="list-style-type: none"> – Discussion of legislative bills moving through the Nevada Legislature related to behavioral health and consideration of sending letters of support for bills. Review and approval of Northern Board recommendations to be included in annual report. – Reviewed and adopted Northern Regional Emergency Operations Plan. 	Taylor Allison, Board Chair and board members, and Jessica Flood Abrass, Regional Behavioral Health Coordinator.
4.01.21	<ul style="list-style-type: none"> – Discussion of legislative bills moving through Nevada Legislature related to behavioral health and consideration of sending letters of support for bills. – The Northern Board voted to provide letters of support for SB56, SB69, and SB156. The Northern Board also supported the development of a letter of support for China Spring Youth Camp stating that budget cuts to its programming would present a gap in services. – Development of strategic plan for the Northern Board. 	Taylor Allison, Board Chair and board members, and Jessica Flood Abrass, Regional Behavioral Health Coordinator.
5.06.21	<ul style="list-style-type: none"> – Overview of substance use treatment and recovery model of care – Update on successful collaboration between Mobile Outreach Safety Teams (MOST) and Assertive Community Treatment (ACT) Teams in Northern Region. – Discussion of legislative bills moving through Nevada Legislature related to behavioral health and consideration of sending letters of support for bills. – The Northern Board voted to provide letters of support for SB44, SB390, and AB154. 	<p>Morgan Green, Center of Abuse and Substance Abuse Technology (CASAT)</p> <p>MOST and ACT team members</p> <p>Taylor Allison, Board Chair and board members, and Jessica Flood Abrass, Regional Behavioral Health Coordinator.</p>

5.20.21	<ul style="list-style-type: none"> - The Northern Board voted to send letter to staff at DHHS advocating for DHHS to allocate additional Division of Welfare and Supportive Services (DWSS) outreach workers to rural counties to assist providers in connecting individuals to insurance and other benefits. - Northern Board strategic planning session 	Taylor Allison, Board Chair and board members, and Jessica Flood Abrass, Regional Behavioral Health Coordinator.
6.03.21	<ul style="list-style-type: none"> - Presentation by Division of Child and Family Services, Rural System of Care grant regarding funding, priorities, and opportunities for collaboration - Update on Division of Public and Behavioral Health (DPBH) Rural Clinics programming. - Discussion of Regional Behavioral Health Authorities - SB70 was signed into law by the Governor 	<p>Kathy Wellington- Cavakis, DCFS</p> <p>Michelle Sandoval, Division of Public and Behavioral Health Rural Clinics</p>
8.05.21	<ul style="list-style-type: none"> - Overview and update on Nevada 988 Planning Coalition, “Building a Crisis Response System in Nevada” - The Northern Board voted to write letter in support of developing Regional Behavioral Health Authorities in Nevada - The Northern Board voted in support of Chair submitting proposal to Governor for American Rescue Plan funding for a data coordinator position for the board. 	Kelly Marschall, President of Social Entrepreneurs
9.02.21	<ul style="list-style-type: none"> - Presentation of Recovery System - “Building Recovery Ready Communities” - Board reviewed and approved bylaws 	Sean O’Donnell, Executive Director of Foundation for Recovery
10.07.21	<ul style="list-style-type: none"> - Presentation on background and legislative roles of Regional Behavioral Health Policy Boards - The Board appointed or reappointed the following members: <ul style="list-style-type: none"> o Lana Robards, Executive Director of New Frontier o Nicki Aaker, Director of Carson Health and Human Services 	Legislative Council Bureau

	<ul style="list-style-type: none"> ○ Laura Yanez, Executive Director of NAMI Western Nevada ○ Heather Korbolic, Executive Director of Silver State Insurance Exchange <ul style="list-style-type: none"> – Presentation on Role and Duties of a Board of Directors – Northern Board reviewed and provided input for new Statewide Regional Behavioral Health Policy Board website (now nvbh.org) 	Erik Schoen, Board members and Executive Director of Community Chest
11.04.21	<ul style="list-style-type: none"> – The Board appointed Sandy Wartgow, Division Chief of Carson City Fire. – Presentation on Department of Education (DoE) efforts to expand youth behavioral health workforce and school capacity to bill for Medicaid. – Presentation on Certified Community Behavioral Health Center (CCBHC) certification team on status and role of CCBHCs in the crisis response system. – Northern Board voted to support Northern Regional Crisis Response Planning Statement be developed and submitted to DHHS. 	<p>Board members and Jessica Flood, Regional Behavioral Health Coordinator</p> <p>Dana Walburn and Ruby Kelly, DoE</p> <p>Mark Disselkoen, CASAT</p>
12.02.21	<ul style="list-style-type: none"> – Presentation from Nevada Housing Coalition discussing status of housing behavioral health policy and recommendations for Board consideration. 	Christine Hess, Executive Director of Nevada Housing Coalition

NORTHERN REGION BEHAVIORAL HEALTH PROFILE

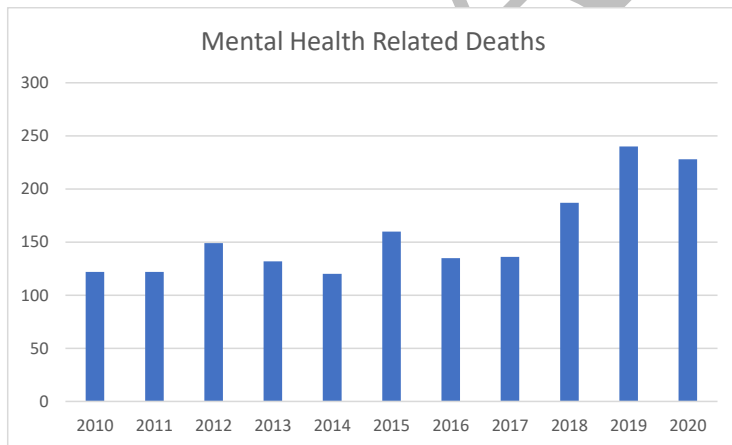
The data trends highlighted in this section reflect the experience reported by community stakeholders and providers that have participated in the county behavioral health taskforces and on the Northern Regional Behavioral Health Policy Board for several years now. The region continues to see high rates of hospital emergency department (ED) encounters and admissions for anxiety and depression that have significantly increased over the past decade. This data speaks to the awareness that a portion of the population experiencing behavioral health crisis or in risk of future crisis.

Below are a few snapshots of behavioral health trends in the Northern Region. More data can be found on the Regional Behavioral Health Policy Board data dashboard at <https://nvbh.org/dashboard/>.

Data Highlights from the DPBH SAPTA 2020 Northern Region and Statewide Epidemiological Profiles

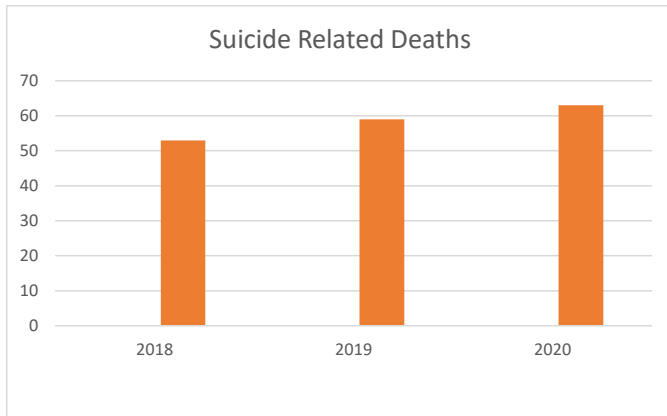
(Still in development- The following may be included, or mentioned and added to the Northern Region website.)

Mental Health Related Deaths in Northern Nevada Need to provide a short definition of what is counted as a mental health related death.



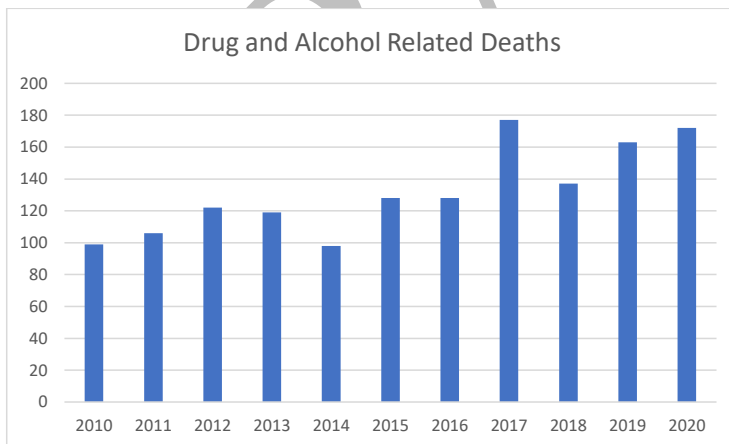
During the 10-year period of 2010 to 2020, there was a total of 1,731 mental health related deaths in Northern Nevada. Mental health related deaths increased 76.47% between 2017 to 2019. There was a slight decrease in mental health deaths in 2020, but the overall there has been a significant increase, making the average number of deaths 157.4.

Suicide Related Deaths in Northern Nevada



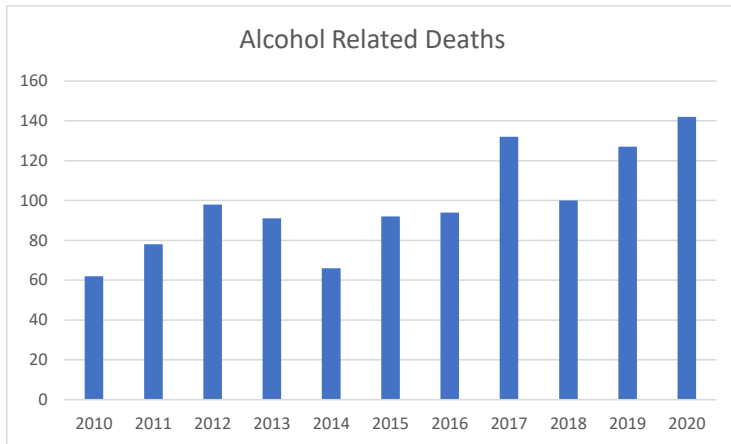
Between 2018 and 2020, there has been a total of 175 suicide related deaths in Northern Nevada with an average of 58 suicides per year. Suicides have increased 18.8% of this timespan.

Drug and Alcohol Related Deaths in Northern Nevada Need to provide a short definition of what is counted as a Drug and Alcohol related death.



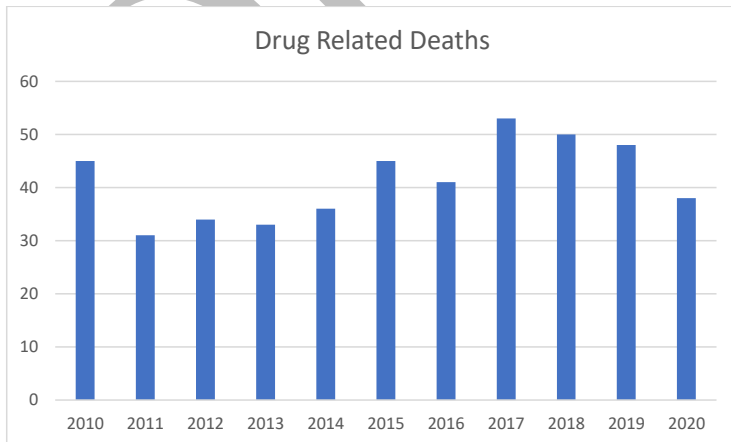
Northern Nevada has seen an increase in drug and alcohol related deaths. Drug and alcohol related deaths have sharply increased 25.5% from 2018 to 2020.

Alcohol Related Deaths in Northern Nevada



From 2010 to 2020, Northern Nevada has had 1,081 deaths associated with alcohol consumption, with each year having an average of 98 deaths.

Drug Related Deaths in Northern Nevada



Drug related deaths in Northern Nevada have steadily decreased 28% from 2017 to 2020.

Conclusion: To be developed

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