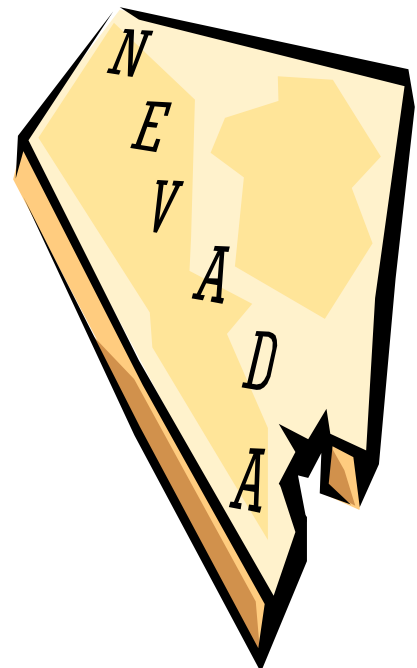


# Nevada Suicide Prevention 2007 Resource Directory

**This directory is designed to provide an easy-to-use reference of programs which are available in Nevada to assist individuals who may need suicide prevention resources.**



**THE OFFICE OF SUICIDE PREVENTION  
AND  
NEVADA DIVISION OF MENTAL HEALTH  
AND DEVELOPMENTAL SERVICES**

4126 Technology Way, Ste. 100  
Carson City Nevada 89706

Phone: 775-684-3475  
Fax: 775-684-4010  
[www.suicideprevention.nv.gov](http://www.suicideprevention.nv.gov)

# Table of Contents

Nevada Commission on Mental Health and Developmental Services	2
Introduction	3
Acknowledgments	4
Alphabetical Quick Reference	5
Resource Index South	10
Resource Index North/Rural	12
Agency Information	15-98
Suicide in Nevada Fact Sheet	99

If you have questions, concerns or updates, please contact Misty Allen at 775-684-3475 or [mvallen@dhhs.nv.gov](mailto:mvallen@dhhs.nv.gov).

# Nevada Commission on Mental Health and Developmental Services

## **Representing-Gen. Public-MH**

Gretchen Greiner, Ed.D., Chair

## **Representing-Social Workers**

Eric C. Albers, Ph.D., Vice Chair

## **Representing-Registered Nurses**

Joan McCraw, MSN, RN, FNP

## **Representing-Psychologists**

Elizabeth C. Richitt, Ph.D.

## **Representing-Gen.Public-MR**

Toni Richard

## **Representing-Physicians**

Johanna Fricke, M.D.

## **Representing-Psychiatrists**

Rena Nora, M.D.

## **Representing-Marriage and Family Therapists**

Lee Derbyshire

## **Representing-Consumers**

Barbara Jackson





# Quick Reference Suicide Prevention Resources 2007

<i>Name of Agency</i>	<i>Address</i>	<i>Telephone</i>	<i>Fax</i>	<i>Website/Email</i>
ABC Therapy	730 N. Eastern Ave #130 Las Vegas, NV 89101	(702) 598-2018	(702) 598-2020	ABCTherapy.net
Battle Mountain Mental Health Center	P.O. Box 50 Battle Mountain, NV 89820	(775) 635-5753	(775) 635-8028	<a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a>
Behavioral Health Services Carson-Tahoe	P.O. Box 2168 Carson City, NV 89702	(775) 885-4460	(775) 885-8094	
BEST Coalition for a Safe & Drug Free Nevada	3075 E. Flamingo Rd. Ste 100-A Las Vegas, NV 89121	(702) 385-0684	(702) 614-0400	Luis@NVBEST.org
Boys & Girls Clubs of Western Nevada	673 S. Stewart Street Carson City, NV 89701	(775) 882-8820	(775) 882-0250	<a href="http://www.bgcnw.org">www.bgcnw.org</a>
Bridge Counseling	1701 W. Charlseton Suite 400 Las Vegas, NV 89102	(702) 474-6450	(702) 474-6463	<a href="http://Bridgecounselingassociates.org">Bridgecounselingassociates.org</a>
Caliente Mental Health Center	100 Depot #6 Caliente, NV 89008	(775) 726-3368	(775) 726-3356	<a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a>
Caliente Youth Center	P.O. Box 788 Caliente, NV 89008	(775) 726-8200	(775) 726-3299	
Carson City Sheriffs Office	901 E. Musser Street Carson City, NV 89701	(775) 887-2500	(775) 887-2026	<a href="http://www.carson-city.nv.us">www.carson-city.nv.us</a>
Carson Mental Health Center	1665 Old Hotsprings Rd Ste. 150 Carson City, NV 89706	(775) 687-4195	(775) 687-5103	<a href="mailto:sbawden@ruralclinics.nv.gov">sbawden@ruralclinics.nv.gov</a>
Carson Tahoe Behavioral Health-Inpatient	PO Box 2168 Carson City, NV 89701	(775) 885-4460	(775) 885-8094	
Carson Tahoe Regional Hospital: Behavioral Health	1001 N. Mountain St. Ross Bldg, Ste. 3-H Carson City, NV 89702	(775) 445-7756	(775) 841-0304	
Center For Behavioral Health	3050 E. Desert Inn #116 Las Vegas, NV 89121	(702) 796-0660	(702) 796-1835	
Center for Compassionate Care	4131 Swanson St. Las Vegas, NV 89119	(702) 796-3167	(702) 796-3172	<a href="http://www.centerforcompassionatecare.org">www.centerforcompassionatecare.org</a>
Center For Independent Living	1417 Las Vegas Blvd. North Las Vegas, NV 89101	(702) 385-3776	(702) 385-1764	<a href="http://www.CFIL@lvcm.com">www.CFIL@lvcm.com</a>
Central Lyon Youth Connections	P.O. Box 1865 Dayton, NV 89403	(775) 246-0320	(775) 246-0238	
China Spring Youth Camp	P.O. Box 218 Minden, NV 89423	(775) 265-5350	(775) 265-7159	<a href="mailto:sthaller@douglas.nv.gov">sthaller@douglas.nv.gov</a>

<i>Name of Agency</i>	<i>Address</i>	<i>Telephone</i>	<i>Fax</i>	<i>Website/Email</i>
Clark County Juvenile Justice Services	601 North Pecos Las Vegas, NV 89101	(702) 455-5210	(702) 455-5216	www.co.clark.nv.us
Columbia University TeenScreen Program	4015 S. Buffalo #283 Las Vegas, NV 89145	(702) 285-9258	(702) 363-0397	ludwigh@childpsych.columbia.edu
Community Chest, Inc.	P.O. Box 980 Virginia City, NV 89440	(775) 847-9311	(775) 847-9335	www.communitychestnevada.org
Community Counseling Center	205 S. Pratt Street Carson City, NV 89701	(775) 882-3945	(775) 882-6126	meadowmary@aol.com
Community Counseling Center	1120 Almond Tree Lane #207 Las Vegas, NV 89104	(702) 369-8700	(702) 369-8489	www.ccclasvegas.com
Crisis Call Center	P.O. Box 8016 Reno, NV 89507	(775) 784-8085	(775) 784-8083	www.crisiscallcenter.org
Dayton Mental Health Center	120 Pike St., Dayton, NV 89403	(775) 246-5240	(775) 246-5364	http://mhds.state.nv.us/
Desert Regional Center.	1301 S. Jones Blvd. Las Vegas, NV 89146	(702) 486-6199	(702) 486-6334	
Douglas County Sheriff's Dept	P.O. Box 218 Minden, NV 89423	(775) 782-9900	(775) 782-9919	www.douglascountynv.gov
Douglas Mental Health Center	1538 Hwy 395 Gardenville, NV 89410	(775) 782-3671	(775) 782-6639	http://mhds.state.nv.us/
Elko Mental Health Center	1825 Pinion Rd, Ste. A Elko, NV 89801	(775) 738-8021	(775) 838-8842	http://mhds.state.nv.us/
Ely Mental Health Center	1675 Avenue F Ely, NV 89301	(775) 289-1671	(775) 289-1699	lbellandor@hr.state.nv.us
Eureka County Sheriffs Office	P.O. Box 736 Eureka, NV 89316	(775) 237-5330	(775) 237-5704	esco@eurekanv.org
Fallon Mental Health Center	151 N. Main Street Fallon, NV 89406	(775) 423-7141	(775) 423-4020	dcoke@ruralclinics.nv.gov
Family Support Council, Douglas County	1255 Waterloo Ln Gardenville, NV 89410	(775) 782-8692	(775) 782-1942	family-support.org
Fernley Mental Health Center	PO Box 2314 Fernley, NV 89408	(775) 575-0670	(775) 575-0672	http://mhds.state.nv.us/
Friends Family Resource Center	643 S. Maine St. Fallon, NV 89406	(775) 428-2600	(775) 423-8041	friends @churchill.k12.nv.us
Hawthorne Mental Health Center	1000 C St., Hawthorne, NV 89415	(775) 945-3387	(775) 945-2307	http://mhds.state.nv.us/

<i>Name of Agency</i>	<i>Address</i>	<i>Telephone</i>	<i>Fax</i>	<i>Website/Email</i>
Humboldt Co. Youth & Family Services	P.O. Box 1039 Winnemucca, NV 89446	(775) 623-6382	(775) 623-6386	
Humboldt County Sheriff	50 W. 5th Winnemucca, NV 89445	(775) 623-6419	(772) 623-2192	hl02@hconv.com
Jason Foundation	5900 W. Rochelle Ave. Las Vegas, NV 89103	(702) 364-1111	(702) 251-1237	www.jasonfoundation.com
Lake Tahoe Mental Health Center	175 W. Highway 50 Stateline, NV 89779	(775) 782-3671	(775) 782-6639	http://mhds.state.nv.us/
Laughlin Mental Health Center	3650 S. Pointe Cir, Ste 208 Laughlin, NV 89028	(702) 298-5313	(702) 298-0188	http://mhds.state.nv.us/
Lovelock Mental Health Center	775 Cornell Ave A-1 Lovelock, NV 89419	(775) 273-1036	(775) 273-1109	http://mhds.state.nv.us/
Lyon Council on Alcohol & Other Drugs	215 W. Bridge St. #8 Yerington, NV 89447	(775) 463-6597	(775) 463-6598	lyoncouncil@tele-net.net
Mesquite Mental Health Center	61 N. Willow #4 Mesquite, NV 89027	(702) 346-4696	(702) 346-4699	http://mhds.state.nv.us/
Moapa Valley Mental Health Center	320 N. Moapa Valley Blvd Overton, NV 89040	(702) 397-8900	(702) 397-8920	http://mhds.state.nv.us/
MonteVista Hospital	5900 W. Rochelle Ave. Las Vegas, NV 89103	(702) 364-1111	(702) 251-1237	www.psysolutions.com
N.E. Area Cooperative Extension	1500 College Parkway Elko, NV 89801	(775) 738-1990	(775) 753-7843	smithm@unce.unr.edu
Nevada Coalition for Suicide Prevention	300 Vallarte Drive Henderson, NV 89014	(702) 451-4338	(702) 434-6325	lflatt@dhhs.nv.gov
Nevada Public Health Foundation	3579 Hwy 50 East, Ste C Carson City, NV 89701	(775) 884-0392	(775) 884-0274	www.nphf.org
Nevada State Public Defender-Ely Office	P.O. Box 151690 Ely, NV 89315	(775) 289-1680	(775) 289-1681	
Nevada Urban Indians, Inc	410 E. John St., Ste B Carson City, NV 89706	(775) 883-4439	(775) 883-6981	info@nevadaurbanindians.org
Nevada Urban Indians, Inc	5301 Longley Ln Bldg E, Ste 178 Reno, NV 89511	(775) 788-7600	(775) 788-7611	info@nevadaurbanindians.org
North Vista Gero-Psychiatric Unit	1409 E. Lake Mead Blvd N. Las Vegas, NV 89030	(702) 657-5754	(702) 657-5755	northvistahosp.com
North Vista Hospital	1409 E. Lake Mead Blvd N.Las Vegas, NV 89030	(702) 649-7711		northvistahosp.com



<i>Name of Agency</i>	<i>Address</i>	<i>Telephone</i>	<i>Fax</i>	<i>Website/Email</i>
Northern NV Adult Mental Health Svc	480 Galletti Way Sparks, NV 89431	(775) 688-2010	(775) 688-2052	hcook@nnamhs.state.nv.us
Office of Suicide Prevention	4220 S. Maryland Pkwy 302B Las Vegas, NV 89119	(702)-486-8225	(702)-486-3533	www.suicideprevention.nv.gov
Office of Suicide Prevention	4126 Technology Wy, Rm 100 Carson City, NV 89706	(775)-684-3475	(775)-684-4010	www.suicideprevention.nv.gov
Pahrump Mental Health Center	240 S. Humahuaca Pahrump, NV 89048	(775) 751-7406	(775) 751-7409	http://mhds.state.nv.us/
Reno-Sparks Tribal Health Center	34 Reservation Rd. Reno, NV 89502	(775) 329-5162	(775) 329-4129	www.rsic.org
Rural Regional Center	1665 Old Hotsprings Rd Ste. 164 Carson City, NV 89706	(775) 687-5162	(775) 687-1001	mbennett@dhr.state.Nv.us
Safe House	921 American Pacific Dr #300 Henderson, NV 89014	(702) 451-4203	(702) 451-4302	safehouse@aol.com
Safe Nest	2915 W. Charleston, Ste 12, Las Vegas, NV 89102	(702) 646-4981	(702) 877-0127	www.safenest.org
Seventh Jud. Dist. Juvenile Probation	P.O. Box 11 Eureka, NV 89316	(775) 237-5450	(775) 237-6005	klabarry@eurekanv.org
Sierra Recovery Center	972-B Tallac Ave. South Lake Tahoe, CA 96150	(530) 541-5190	(530) 541-6130	www.sierrarecoverycenter.org
Silver Springs Mental Health Center	3595 Hwy 50 W., Silver Springs, NV 89429	(775) 577-0319	(775) 577-9571	http://mhds.state.nv.us/
Sixth Judicial District Youth Services	737 E. Fairgrounds Rd Winnemucca, NV 89445	(775)-623-6382	(775)-623-6386	Jripley@wmnv.net
Solace Tree, Child & Adoloscet Grief Center	Solace Tree, Inc. P.O. Box 2944 Reno, NV 89505	(775) 324-7723	(775) 324-7725	www.solacetree.org
Southern Nevada Adult Mental Health	6161 W. Charleston Blvd Las Vegas, NV 89146	(702) 486-6000	(702) 486-6248	http://mhds.state.nv.us/
STEP2	3695 Kings Row P.O. Box 30674 Reno, NV 89503	(775) 787-9411	(775) 787-9445	
Suicide Prevention Network	P.O. Box 651 Minden, NV 89423	(775) 782-8611	(775) 782-4216	belliotspn@yahoo.com
Survivors of Suicide of Northeastern Nevada	NE Nevada Regional Hospital 2001 Errecart Boulevard Elko, NV 89801	(775)-934-6670		soselko@frontiernet.net
Survivors of Suicide	6200 W Lone Mt. Las Vegas, NV 89130	(702) 658-2722		sthorendd@yahoo.com

<i>Name of Agency</i>	<i>Address</i>	<i>Telephone</i>	<i>Fax</i>	<i>Website/Email</i>
Survivors of Suicide Loss Support	1528 Hwy 395 Ste. 100 Gardnerville, NV 89410	(775) 782-8611		tahoechik@charter.net
Survivors of Suicide Support Group	100 N. Green Valley Pkwy Ste. 330 Henderson, NV 89074	(702) 486-8255	(702) 486-3533	llflatt@cox.net
The Ridge House, Inc.	900 W. First St.Ste 200 Reno, NV 89503	(775) 322-8941	(775) 322-1544	www.ridgehouse.org
There's A Light at the End of the Tunnel	Karrs Bldg, 640 A St Hawthorne, NV 89415	(775)-945-5782		ljeri@sbcglobal.net
Tonopah Mental Health Center	825 S. Main Tonopah, NV 89049	(775) 482-6742	(775) 482-3718	http://mhds.state.nv.us/
Trauma Intervention Program	3271 Shadow Bluff Ave, 330 Las Vegas, NV 89120	(702) 288-0906	(702) 434-8182	
VA Southern Nevada Healthcare System	901 Rancho Lane Las Vegas, NV 89106	(702) 636-3000	(702) 636-3027	http://www.las-vegas.med.va.gov/
Vitality Center	3740 Idaho Elko, NV 89801	(775) 738-8004	(775) 738-2526	karen@vitalitycenter.org
Washoe County School Dist. Police Deptl	P.O. Box 30425 Reno, NV 89520	(775) 348-0285	(775) 348-0265	
Wendover Mental Health Center	925 N. Wells Ave. Unit B Wendover, NV 89883	(775) 664-2944	(775) 664-2965	http://mhds.state.nv.us/
White Pine Country Scool District	1135 Ave C. Ely, NV 89301	(775) 289-4851		
Winnemucca Mental Health Center	3140 Traders Wy Winnemucca, NV 89445	(775) 623-6580	(775) 623-6584	winneclinicians@dhr.state.nv.us
Yerington Mental Health Center	215 W. Bridge St. #5, Yerington, NV 89447	(775) 463-3191	(775) 463-4641	http://mhds.state.nv.us/

# *2007 Nevada Suicide Prevention Resource Directory*

## *Index South*

<i>Name of Agency</i>	<i>Address</i>	<i>Telephone</i>	<i>Type of Setting</i>
ABC Therapy	730 N. Eastern Ave #130 Las Vegas, NV 89101	(702) 598-2018	5 Other (Counseling Center)
BEST Coalition for a Safe & Drug Free Nevada	3075 E. Flamingo Rd. Ste 100-A Las Vegas, NV 89121	(702) 385-0684	5 Other Non-Profit agency
Bridge Counseling	1701 W. Charlseton Suite 400 Las Vegas, NV 89102	(702) 474-6450	2 Clinic
Caliente Mental Health Center	100 Depot #6 Caliente, NV 89008	(775) 726-3368	
Caliente Youth Center	P.O. Box 788 Caliente, NV 89008	(775) 726-8200	5 Other Youth Training Center
Center For Behavioral Health	3050 E. Desert Inn #116 Las Vegas, NV 89121	(702) 796-0660	5 Other Methadone Clinic
Center for Compassionate Care	4131 Swanson St. Las Vegas, NV 89119	(702) 796-3167	2 Clinic
Center For Independent Living	1417 Las Vegas Blvd. North Las Vegas, NV 89101	(702) 385-3776	5 Other Residential Group Home
Clark County Juvenile Justice Services	601 North Pecos Las Vegas, NV 89101	(702) 455-5210	5 Other Juvenile Justice Setting
Columbia University TeenScreen Program	4015 S. Buffalo #283 Las Vegas, NV 89145	(702) 285-9258	University
Community Counseling Center	1120 Almond Tree Lane #207 Las Vegas, NV 89104	(702) 369-8700	2 Clinic
Desert Regional Center.	1301 S. Jones Blvd. Las Vegas, NV 89146	(702) 486-6199	1 Hopsital
Jason Foundation	5900 W. Rochelle Ave. Las Vegas, NV 89103	(702) 364-1111	1 Hopsital
Laughlin Mental Health Center	3650 S. Pointe Cir, Ste 208 Laughlin, NV 89028	(702) 298-5313	
Mesquite Mental Health Center	61 N. Willow #4 Mesquite, NV 89027	(702) 346-4696	2 Clinic
Moapa Valley Mental Health Center	320 N. Moapa Valley Blvd Overton, NV 89040	(702) 397-8900	2 Clinic
MonteVista Hospital	5900 W. Rochelle Ave. Las Vegas, NV 89103	(702) 364-1111	1 Hopsital

<i>Name of Agency</i>	<i>Address</i>	<i>Telephone</i>	<i>Type of Setting</i>
Nevada Coalition for Suicide Prevention	300 Vallarte Drive Henderson, NV 89014	(702) 451-4338	5 Other Grass Roots Advocacy
North Vista Gero-Psychiatric Unit	1409 E. Lake Mead Blvd N. Las Vegas, NV 89030	(702) 657-5754	1 Hopsital
North Vista Hospital	1409 E. Lake Mead Blvd N.Las Vegas, NV 89030	(702) 649-7711	1 Hopsital
Office of Suicide Prevention	4220 S. Maryland Pkwy 302B Las Vegas, NV 89119	(702)-486-8225	5 Other Information/Training
Safe House	921 American Pacific Dr #300 Henderson, NV 89014	(702) 451-4203	5 Other Domestic Violence Shelter
Safe Nest	2915 W. Charleston, Ste 12, Las Vegas, NV 89102	(702) 646-4981	5 Other Domesstic Violence Services
Silver Springs Mental Health Center	3595 Hwy 50 W., Silver Springs, NV 89429	(775) 577-0319	2 Clinic
Southern Nevada Adult Mental Health	6161 W. Charleston Blvd Las Vegas, NV 89146	(702) 486-6000	1 Hopsital
Survivors of Suicide	6200 W Lone Mt. Las Vegas, NV 89130	(702) 658-2722	5 Other
Survivors of Suicide Support Group	100 N. Green Valley Pkwy Ste. 330 Henderson, NV 89074	(702) 486-8255	4 Office
Trauma Intervention Program	3271 Shadow Bluff Ave, 330 Las Vegas, NV 89120	(702) 288-0906	5 Other On Scene
VA Southern Nevada Healthcare System	901 Rancho Lane Las Vegas, NV 89106	(702) 636-3000	2 Clinic

# *2007 Nevada Suicide Prevention Resource Directory*

## *Index North/Rural*

<i>Name of Agency</i>	<i>Address</i>	<i>Telephone</i>	<i>Type of Setting</i>
Battle Mountain Mental Health Center	P.O. Box 50 Battle Mountain, NV 89820	(775) 635-5753	2 Clinic
Behavioral Health Services Carson-Tahoe	P.O. Box 2168 Carson City, NV 89702	(775) 885-4460	1 Hospital
Boys & Girls Clubs of Western Nevada	673 S. Stewart Street Carson City, NV 89701	(775) 882-8820	5 Other Youth Program
Carson City Sheriffs Office	901 E. Musser Street Carson City, NV 89701	(775) 887-2500	5 Other Jail
Carson Mental Health Center	1665 Old Hotsprings Rd Ste. 150 Carson City, NV 89706	(775) 687-4195	2 Clinic
Carson Tahoe Behavioral Health-Inpatient	PO Box 2168 Carson City, NV 89701	(775) 885-4460	1 Hospital
Carson Tahoe Regional Hospital: Behavioral Health	1001 N. Mountain St. Ross Bldg, Ste. 3-H Carson City, NV 89702	(775) 445-7756	1 Hospital
Central Lyon Youth Connections	P.O. Box 1865 Dayton, NV 89403	(775) 246-0320	5 Other Substance Abuse Prevention
China Spring Youth Camp	P.O. Box 218 Minden, NV 89423	(775) 265-5350	5 Other Treatment Facility
Community Chest, Inc.	P.O. Box 980 Virginia City, NV 89440	(775) 847-9311	5 Other Social Service Agency
Community Counseling Center	205 S. Pratt Street Carson City, NV 89701	(775) 882-3945	2 Clinic
Crisis Call Center	P.O. Box 8016 Reno, NV 89507	(775) 784-8085	3 Crisis Center
Dayton Mental Health Center	120 Pike St., Dayton, NV 89403	(775) 246-5240	2 Clinic
Douglas County Sheriff's Dept	P.O. Box 218 Minden, NV 89423	(775) 782-9900	5 Other Sheriff
Douglas Mental Health Center	1538 Hwy 395 Gardenville, NV 89410	(775) 782-3671	4 Office
Elko Mental Health Center	1825 Pinion Rd, Ste. A Elko, NV 89801	(775) 738-8021	2 Clinic
Ely Mental Health Center	1675 Avenue F Ely, NV 89301	(775) 289-1671	2 Clinic
Eureka County Sheriffs Office	P.O. Box 736 Eureka, NV 89316	(775) 237-5330	5 Other Sheriffs office

<i>Name of Agency</i>	<i>Address</i>	<i>Telephone</i>	<i>Type of Setting</i>
Fallon Mental Health Center	151 N. Main Street Fallon, NV 89406	(775) 423-7141	2 Clinic
Family Support Council, Douglas County	1255 Waterloo Ln Gardnerville, NV 89410	(775) 782-8692	4 Office
Fernley Mental Health Center	PO Box 2314 Fernley, NV 89408	(775) 575-0670	2 Clinic
Friends Family Resource Center	643 S. Maine St. Fallon, NV 89406	(775) 428-2600	5 Other Family Resource Center
Hawthorne Mental Health Center	1000 C St., Hawthorne, NV 89415	(775) 945-3387	2 Clinic
Humboldt Co. Youth & Family Services	P.O. Box 1039 Winnemucca, NV 89446	(775) 623-6382	5 Other
Humboldt County Sheriff	50 W. 5th Winnemucca, NV 89445	(775) 623-6419	5 Other Detention Center
Lake Tahoe Mental Health Center	175 W. Highway 50 Stateline, NV 89779	(775) 782-3671	
Lovelock Mental Health Center	775 Cornell Ave A-1 Lovelock, NV 89419	(775) 273-1036	2 Clinic
Lyon Council on Alcohol & Other Drugs	215 W. Bridge St. #8 Yerington, NV 89447	(775) 463-6597	4 Office
N.E. Area Cooperative Extension	1500 College Parkway Elko, NV 89801	(775) 738-1990	4 Office
Nevada Public Health Foundation	3579 Hwy 50 East, Ste C Carson City, NV 89701	(775) 884-0392	5 Other
Nevada State Public Defender-Ely Office	P.O. Box 151690 Ely, NV 89315	(775) 289-1680	4 Office
Nevada Urban Indians, Inc	410 E. John St., Ste B Carson City, NV 89706	(775) 883-4439	2 Clinic
Nevada Urban Indians, Inc	5301 Longley Ln Bldg E, Ste 178 Reno, NV 89511	(775) 788-7600	2 Clinic
Northern NV Adult Mental Health Svc	480 Galletti Way Sparks, NV 89431	(775) 688-2010	5 Other Regional Mental Health Ctr
Office of Suicide Prevention	4126 Technology Wy, Rm 100 Carson City, NV 89706	(775)-684-3475	5 Other Planning/Coordination
Pahrump Mental Health Center	240 S. Humahuaca Pahrump, NV 89048	(775) 751-7406	2 Clinic
Reno-Sparks Tribal Health Center	34 Reservation Rd. Reno, NV 89502	(775) 329-5162	2 Clinic (American Indian only)
Rural Regional Center	1665 Old Hot Springs Rd Ste. 164 Carson City, NV 89706	(775) 687-5162	5 Other Regional Center for elig. people w/ MR/DD

<i>Name of Agency</i>	<i>Address</i>	<i>Telephone</i>	<i>Type of Setting</i>
Seventh Jud. Dist. Juvenile Probation	P.O. Box 11 Eureka, NV 89316	(775) 237-5450	4 Office Probation Dept
Sierra Recovery Center	972-B Tallac Ave. South Lake Tahoe, CA 96150	(530) 541-5190	4 Office
Sixth Judicial District Youth Services	737 E. Fairgrounds Rd Winnemucca, NV 89445	(775)-623-6382	5 Other Juvenile Detention
Solace Tree, Child & Adoloscent Grief Center	Solace Tree, Inc. P.O. Box 2944 Reno, NV 89505	(775) 324-7723	5 Other
STEP2	3695 Kings Row P.O. Box 30674 Reno, NV 89503	(775) 787-9411	5 Other Treatment Facility
Suicide Prevention Network	P.O. Box 651 Minden, NV 89423	(775) 782-8611	5 Other Out of our homes
Surviviors of Suicide of Northeastern Nevada	NE Nevada Regional Hospital 2001 Errecart Boulevard Elko, NV 89801	(775)-934-6670	5 Other Support group
Survivors of Suicide Loss Support	1528 Hwy 395 Ste. 100 Gardnerville, NV 89410	(775) 782-8611	
The Ridge House, Inc.	900 W. First St.Ste 200 Reno, NV 89503	(775) 322-8941	5 Other Residential TX Center
There's A Light at the End of the Tunnel	Karrs Bldg, 640 A St Hawthorne, NV 89415	(775)-945-5782	5 Other Support Group
Tonopah Mental Health Center	825 S. Main Tonopah, NV 89049	(775) 482-6742	2 Clinic
Vitality Center	3740 Idaho Elko, NV 89801	(775) 738-8004	5 Other Residential Substance Abuse
Washoe County School Dist. Police Deptl	P.O. Box 30425 Reno, NV 89520	(775) 348-0285	5 Other Police Dept
Wendover Mental Health Center	925 N. Wells Ave. Unit B Wendover, NV 89883	(775) 664-2944	
White Pine Country Scool District	1135 Ave C. Ely, NV 89301	(775) 289-4851	5 Other School
Winnemucca Mental Health Center	3140 Traders Wy Winnemucca, NV 89445	(775) 623-6580	2 Clinic
Yerington Mental Health Center	215 W. Bridge St. #5, Yerington, NV 89447	(775) 463-3191	2 Clinic

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

<b>Name of Agency</b>	ABC Therapy	<b>Telephone</b>	(702) 598-2018
<b>Address</b>	730 N. Eastern Ave #130 Las Vegas, NV 89101	<b>Fax</b>	(702) 598-2020
		<b>Web/Email</b>	ABCTherapy.net

**Type of Setting** 5 Other (Counseling Center)

**Category** 5 Private

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	Services offered
Intervention/Counseling/Referrals	
Survivor of Suicide Services	Services not offered
Public Education/Media Activities	Services not offered
Professional Training and Education	Services not offered
Bilingual Services (Spanish):	Services offered
Research Activities	Services not offered
Other (Specify)	Services offered Domestic Violence

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	No
B2 Sliding scale based on Income	No
B3 Services covered by insurance	No
B4 Fees vary depending on program (Specify)	Yes

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation	No
C2 State or Fed funding	No
C3 Funds From Hospital	No
C4 No Funds for Suicide Prevention	No

**D. ROUTES OF ACCESS TO SERVICES (Check all that apply)**

D1 Telephone appointments	Yes
D2 Professional referral	Yes
D3 Self-referral	Yes
D4 Involuntary commitment	Yes

**E. AGE GROUPS SERVED (Check all that apply)**

E1 Children 1-13	Yes
E2 Adolescents 14-17	Yes
E3 Young Adults 18-24	Yes
E4 Adults 25-59	Yes
E5 Geriatric 60+:	Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	Yes
F2 Volunteers	Yes
F3 Students and trainees	Yes Interns planned
F4 Other (Specify)	



**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Battle Mountain Mental Health Center  
**Address** P.O. Box 50  
Battle Mountain, NV 89820

**Telephone** (775) 635-5753  
**Fax** (775) 635-8028  
**Web/Email** <http://mhds.state.nv.us/>

**Type of Setting** 2 Clinic

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A2 Services offered
Intervention/Counseling/Referrals	A2 Services offered
Survivor of Suicide Services	A2 Services offered
Public Education/Media Activities	A2 Services offered
Professional Training and Education	A2 Services offered
Bilingual Services (Spanish):	A2 Services offered
Research Activities	A1 Services not offered
Other (Specify)	A2 Services offered Domestic Violence

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	Yes TANF elig.
B2 Sliding scale based on Income	Yes
B3 Services covered by insurance	Yes
B4 Fees vary depending on program (Specify)	Yes

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation	No
C2 State or Fed funding	Yes
C3 Funds From Hospital	Yes
C4 No Funds for Suicide Prevention	No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments	Yes
D2 Professional referral	Yes
D3 Self-referral	Yes
D4 Involuntary commitment	Yes

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13	Yes
E2 Adolescents 14-17	Yes
E3 Young Adults 18-24	Yes
E4 Adults 25-59	Yes
E5 Geriatric 60+:	Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	Yes
F2 Volunteers	No
F3 Students and trainees	No
F4 Other (Specify)	

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

<b>Name of Agency</b>	Behavioral Health Services Carson-Tahoe	<b>Telephone</b>	(775) 885-4460
<b>Address</b>	P.O. Box 2168 Carson City, NV 89702	<b>Fax</b>	(775) 885-8094
		<b>Web/Email</b>	

**Type of Setting** 1 Hospital

**Category** 5 Private

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A2 Services offered
Intervention/Counseling/Referrals	A2 Services offered
Survivor of Suicide Services	A2 Services offered
Public Education/Media Activities	A2 Services offered
Professional Training and Education	A2 Services offered
Bilingual Services (Spanish):	A2 Services offered
Research Activities	
Other (Specify)	

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	No
B2 Sliding scale based on Income	No
B3 Services covered by insurance	Yes
B4 Fees vary depending on program (Specify)	Yes

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation	No
C2 State or Fed funding	No
C3 Funds From Hospital	Yes
C4 No Funds for Suicide Prevention	No

**D. ROUTES OF ACCESS TO SERVICES (Check all that apply)**

D1 Telephone appointments	Yes
D2 Professional referral	Yes
D3 Self-referral	Yes
D4 Involuntary commitment	Yes

**E. AGE GROUPS SERVED (Check all that apply)**

E1 Children 1-13	No
E2 Adolescents 14-17	No
E3 Young Adults 18-24	Yes
E4 Adults 25-59	Yes
E5 Geriatric 60+:	Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	Yes
F2 Volunteers	No
F3 Students and trainees	No
F4 Other (Specify)	

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** BEST Coalition for a Safe & Drug Free Nevada  
**Address** 3075 E. Flamingo Rd. Ste 100-A  
Las Vegas, NV 89121

**Telephone** (702) 385-0684  
**Fax** (702) 614-0400  
**Web/Email** Luis@NVBEST.org

**Type of Setting** 5 Other Non-Profit agency

**Category** 6 Other Non Profit serving So. NV

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A1 Services not offered
Intervention/Counseling/Referrals	A2 Services offered
Survivor of Suicide Services	A1 Services not offered
Public Education/Media Activities	A2 Services offered
Professional Training and Education	A2 Services offered
Bilingual Services (Spanish):	A2 Services offered
Research Activities	A2 Services offered
Other (Specify)	Clearinghouse on Literature

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	Yes
B2 Sliding scale based on Income	No
B3 Services covered by insurance	No
B4 Fees vary depending on program (Specify)	No

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation	No
C2 State or Fed funding	Yes
C3 Funds From Hospital	No
C4 No Funds for Suicide Prevention	No

**D. ROUTES OF ACCESS TO SERVICES (Check all that apply)**

D1 Telephone appointments	Yes
D2 Professional referral	Yes
D3 Self-referral	Yes
D4 Involuntary commitment	No

**E. AGE GROUPS SERVED (Check all that apply)**

E1 Children 1-13	Yes
E2 Adolescents 14-17	Yes
E3 Young Adults 18-24	Yes
E4 Adults 25-59	Yes
E5 Geriatric 60+:	Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	Yes
F2 Volunteers	Yes
F3 Students and trainees	Yes
F4 Other (Specify)	AmeriCorps Members

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Boys & Girls Clubs of Western Nevada  
**Address** 673 S. Stewart Street  
Carson City, NV 89701

**Telephone** (775) 882-8820  
**Fax** (775) 882-0250  
**Web/Email** www.bgcwn.org

**Type of Setting** 5 Other Youth Program

**Category** 6 Other Non Profit

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A1 Services not offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A1 Services not offered  
Public Education/Media Activities A1 Services not offered  
Professional Training and Education a3 Services not offered  
Bilingual Services (Spanish): A2 Services offered  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service No  
B2 Sliding scale based on Income No  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio No  
C2 State or Fed funding No  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments No  
D2 Professional referral No  
D3 Self-referral No  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 No  
E4 Adults 25-59 No  
E5 Geriatric 60+: No

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers Yes  
F3 Students and trainees Yes  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

<b>Name of Agency</b>	Bridge Counseling	<b>Telephone</b>	(702) 474-6450
<b>Address</b>	1701 W. Charlseton Suite 400 Las Vegas, NV 89102	<b>Fax</b>	(702) 474-6463
		<b>Web/Email</b>	Bridgecounselingassociates.org
<b>Type of Setting</b>	2 Clinic		
<b>Category</b>	6 Other Non-Profit		

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A2 Services offered
Intervention/Counseling/Referrals	A2 Services offered
Survivor of Suicide Services	A2 Services offered
Public Education/Media Activities	A1 Services not offered
Professional Training and Education	
Bilingual Services (Spanish):	for substance abuse couns.
Research Activities	A1 Services not offered
Other (Specify)	CISD Member Southern NV CISM Network

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	No
B2 Sliding scale based on Income	Yes
B3 Services covered by insurance	No
B4 Fees vary depending on program (Specify)	Yes Depending on available grant funding

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio	Yes
C2 State or Fed funding	Yes
C3 Funds From Hospital	No
C4 No Funds for Suicide Prevention	No

**D. ROUTES OF ACCESS TO SERVICES (Check all that apply)**

D1 Telephone appointments	Yes
D2 Professional referral	Yes
D3 Self-referral	Yes
D4 Involuntary commitment	No

**E. AGE GROUPS SERVED (Check all that apply)**

E1 Children 1-13	Yes
E2 Adolescents 14-17	Yes
E3 Young Adults 18-24	Yes
E4 Adults 25-59	Yes
E5 Geriatric 60+:	Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	Yes
F2 Volunteers	No
F3 Students and trainees	Yes
F4 Other (Specify)	

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Caliente Mental Health Center  
**Address** 100 Depot #6  
Caliente, NV 89008

**Telephone** (775) 726-3368  
**Fax** (775) 726-3356  
**Web/Email** <http://mhds.state.nv.us/>

**Type of Setting**

**Category**

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening

Intervention/Counseling/Referrals

Survivor of Suicide Services

Public Education/Media Activities

Professional Training and Education

Bilingual Services (Spanish):

Research Activities

Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service

B2 Sliding scale based on Income

B3 Services covered by insurance

B4 Fees vary depending on program  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio

C2 State or Fed funding

C3 Funds From Hospital

C4 No Funds for Suicide Prevention

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments

D2 Professional referral

D3 Self-referral

D4 Involuntary commitment

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13

E2 Adolescents 14-17

E3 Young Adults 18-24

E4 Adults 25-59

E5 Geriatric 60+:

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried

F2 Volunteers

F3 Students and trainees

F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

<b>Name of Agency</b>	Caliente Youth Center	<b>Telephone</b>	(775) 726-8200
<b>Address</b>	P.O. Box 788 Caliente, NV 89008	<b>Fax</b>	(775) 726-3299
		<b>Web/Email</b>	

**Type of Setting** 5 Other Youth Training Center

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A2 Services offered
Intervention/Counseling/Referrals	A2 Services offered
Survivor of Suicide Services	A1 Services not offered
Public Education/Media Activities	A1 Services not offered
Professional Training and Education	A1 Services not offered
Bilingual Services (Spanish):	A1 Services not offered
Research Activities	A1 Services not offered
Other (Specify)	A1 Services not offered

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	Yes
B2 Sliding scale based on Income	No
B3 Services covered by insurance	No
B4 Fees vary depending on program (Specify)	No

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation	No
C2 State or Fed funding	No
C3 Funds From Hospital	No
C4 No Funds for Suicide Prevention	No

**D. ROUTES OF ACCESS TO SERVICES (Check all that apply)**

D1 Telephone appointments	No
D2 Professional referral	No
D3 Self-referral	Yes
D4 Involuntary commitment	No

**E. AGE GROUPS SERVED (Check all that apply)**

E1 Children 1-13	Yes
E2 Adolescents 14-17	Yes
E3 Young Adults 18-24	Yes
E4 Adults 25-59	No
E5 Geriatric 60+:	No

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	Yes
F2 Volunteers	No
F3 Students and trainees	No
F4 Other (Specify)	

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Carson City Sheriffs Office  
**Address** 901 E. Musser Street  
Carson City, NV 89701

**Telephone** (775) 887-2500  
**Fax** (775) 887-2026  
**Web/Email** www.carson-city.nv.us

**Type of Setting** 5 Other Jail

**Category** 2 County

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A1 Services not offered  
Public Education/Media Activities A1 Services not offered  
Professional Training and Education A1 Services not offered  
Bilingual Services (Spanish): A2 Services offered  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income No  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio No  
C2 State or Fed funding Yes  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments No  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment Yes

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 No  
E2 Adolescents 14-17 No  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify)



**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

<b>Name of Agency</b>	Carson Mental Health Center	<b>Telephone</b>	(775) 687-4195
<b>Address</b>	1665 Old Hotsprings Rd Ste. 150 Carson City, NV 89706	<b>Fax</b>	(775) 687-5103
<b>Type of Setting</b>	2 Clinic	<b>Web/Email</b>	sbawden@ruralclinics.nv.gov
<b>Category</b>	3 State		

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A2 Services offered
Intervention/Counseling/Referrals	A2 Services offered
Survivor of Suicide Services	A2 Services offered
Public Education/Media Activities	A2 Services offered
Professional Training and Education	A2 Services offered
Bilingual Services (Spanish):	
Research Activities	A1 Services not offered
Other (Specify)	Psychosocial Rehabilitation

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	Yes
B2 Sliding scale based on Income	Yes
B3 Services covered by insurance	Yes
B4 Fees vary depending on program (Specify)	No

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation	No
C2 State or Fed funding	Yes
C3 Funds From Hospital	No
C4 No Funds for Suicide Prevention	No

**D. ROUTES OF ACCESS TO SERVICES (Check all that apply)**

D1 Telephone appointments	Yes
D2 Professional referral	Yes
D3 Self-referral	Yes
D4 Involuntary commitment	No

**E. AGE GROUPS SERVED (Check all that apply)**

E1 Children 1-13	Yes
E2 Adolescents 14-17	Yes
E3 Young Adults 18-24	Yes
E4 Adults 25-59	Yes
E5 Geriatric 60+:	Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	Yes
F2 Volunteers	Yes
F3 Students and trainees	No
F4 Other (Specify)	

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

<b>Name of Agency</b>	Carson Tahoe Behavioral Health-Inpatient	<b>Telephone</b>	(775) 885-4460
<b>Address</b>	PO Box 2168 Carson City, NV 89701	<b>Fax</b>	(775) 885-8094
		<b>Web/Email</b>	

**Type of Setting** 1 Hospital

**Category** 5 Private

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A2 Services offered
Intervention/Counseling/Referrals	A2 Services offered
Survivor of Suicide Services	A2 Services offered
Public Education/Media Activities	A2 Services offered
Professional Training and Education	A2 Services offered
Bilingual Services (Spanish):	A1 Services not offered
Research Activities	
Other (Specify)	

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	Yes
B2 Sliding scale based on Income	No
B3 Services covered by insurance	Yes
B4 Fees vary depending on program (Specify)	No

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation	No
C2 State or Fed funding	No
C3 Funds From Hospital	Yes
C4 No Funds for Suicide Prevention	Yes

**D. ROUTES OF ACCESS TO SERVICES (Check all that apply)**

D1 Telephone appointments	Yes
D2 Professional referral	Yes
D3 Self-referral	Yes
D4 Involuntary commitment	Yes

**E. AGE GROUPS SERVED (Check all that apply)**

E1 Children 1-13	No
E2 Adolescents 14-17	No
E3 Young Adults 18-24	Yes
E4 Adults 25-59	Yes
E5 Geriatric 60+:	Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	Yes
F2 Volunteers	Yes
F3 Students and trainees	Yes
F4 Other (Specify)	

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

<b>Name of Agency</b>	Carson Tahoe Regional Hospital: Behavioral Health	<b>Telephone</b>	(775) 445-7756
<b>Address</b>	1001 N. Mountain St. Ross Bldg, Ste. 3-H Carson City, NV 89702	<b>Fax</b>	(775) 841-0304
		<b>Web/Email</b>	
<b>Type of Setting</b>	1 Hospital		
<b>Category</b>	5 Private		

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A2 Services offered
Intervention/Counseling/Referrals	A2 Services offered
Survivor of Suicide Services	A2 Services offered
Public Education/Media Activities	A2 Services offered
Professional Training and Education	A2 Services offered
Bilingual Services (Spanish):	A1 Services not offered
Research Activities	A2 Services offered
Other (Specify)	

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	No
B2 Sliding scale based on Income	No
B3 Services covered by insurance	Yes
B4 Fees vary depending on program (Specify)	No

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation	No
C2 State or Fed funding	No
C3 Funds From Hospital	Yes
C4 No Funds for Suicide Prevention	

**D. ROUTES OF ACCESS TO SERVICES (Check all that apply)**

D1 Telephone appointments	Yes
D2 Professional referral	Yes
D3 Self-referral	Yes
D4 Involuntary commitment	

**E. AGE GROUPS SERVED (Check all that apply)**

E1 Children 1-13	No
E2 Adolescents 14-17	Yes
E3 Young Adults 18-24	No
E4 Adults 25-59	No
E5 Geriatric 60+:	No

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	Yes
F2 Volunteers	Yes
F3 Students and trainees	Yes
F4 Other (Specify)	

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

<b>Name of Agency</b>	Center For Behavioral Health	<b>Telephone</b>	(702) 796-0660
<b>Address</b>	3050 E. Desert Inn #116 Las Vegas, NV 89121	<b>Fax</b>	(702) 796-1835
		<b>Web/Email</b>	

**Type of Setting** 5 Other Methadone Clinic

**Category** 5 Private

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A2 Services offered
Intervention/Counseling/Referrals	A2 Services offered
Survivor of Suicide Services	A1 Services not offered
Public Education/Media Activities	A1 Services not offered
Professional Training and Education	A1 Services not offered
Bilingual Services (Spanish):	A1 Services not offered
Research Activities	A1 Services not offered
Other (Specify)	PT Qualified per ASAM PPCIIR

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	No
B2 Sliding scale based on Income	No
B3 Services covered by insurance	Yes
B4 Fees vary depending on program (Specify)	Private pay

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation	No
C2 State or Fed funding	No
C3 Funds From Hospital	No
C4 No Funds for Suicide Prevention	Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments	Yes
D2 Professional referral	Yes
D3 Self-referral	Yes
D4 Involuntary commitment	No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13	No
E2 Adolescents 14-17	No
E3 Young Adults 18-24	Yes
E4 Adults 25-59	Yes
E5 Geriatric 60+:	Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	Yes
F2 Volunteers	No
F3 Students and trainees	No
F4 Other (Specify)	

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Center for Compassionate Care  
**Address** 4131 Swanson St.  
Las Vegas, NV 89119

**Telephone** (702) 796-3167  
**Fax** (702) 796-3172  
**Web/Email** www.centerforcompassionatecare.org

**Type of Setting** 2 Clinic

**Category** 5 Private

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities  
Professional Training and Education  
Bilingual Services (Spanish):  
Research Activities  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income  
B3 Services covered by insurance  
B4 Fees vary depending on program  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation Yes  
C2 State or Fed funding  
C3 Funds From Hospital  
C4 No Funds for Suicide Prevention

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24  
E4 Adults 25-59  
E5 Geriatric 60+:

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers  
F3 Students and trainees  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Center For Independent Living  
**Address** 1417 Las Vegas Blvd. North  
Las Vegas, NV 89101

**Telephone** (702) 385-3776  
**Fax** (702) 385-1764  
**Web/Email** www.CFIL@lvcm.com

**Type of Setting** 5 Other Residential Group Home

**Category** 6 Other nonprofit

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A1 Services not offered  
Public Education/Media Activities A1 Services not offered  
Professional Training and Education A1 Services not offered  
Bilingual Services (Spanish): A3 Services planned  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income No  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio Yes  
C2 State or Fed funding Yes  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 No  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: No

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers Yes  
F3 Students and trainees Yes  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Central Lyon Youth Connections

**Telephone** (775) 246-0320

**Address** P.O. Box 1865  
Dayton, NV 89403

**Fax** (775) 246-0238

**Web/Email**

**Type of Setting** 5 Other Substance Abuse Prevention

**Category** 6 Other Non-Profit

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
 Intervention/Counseling/Referrals A2 Services offered  
 Survivor of Suicide Services A1 Services not offered  
 Public Education/Media Activities A1 Services not offered  
 Professional Training and Education A1 Services not offered  
 Bilingual Services (Spanish): A1 Services not offered  
 Research Activities A1 Services not offered  
 Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
 B2 Sliding scale based on Income No  
 B3 Services covered by insurance No  
 B4 Fees vary depending on program No  
 (Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation No  
 C2 State or Fed funding No  
 C3 Funds From Hospital No  
 C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments No  
 D2 Professional referral Yes  
 D3 Self-referral Yes  
 D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
 E2 Adolescents 14-17 Yes  
 E3 Young Adults 18-24 Yes  
 E4 Adults 25-59 Yes  
 E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
 F2 Volunteers Yes  
 F3 Students and trainees  
 F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** China Spring Youth Camp  
**Address** P.O. Box 218  
Minden, NV 89423

**Telephone** (775) 265-5350  
**Fax** (775) 265-7159  
**Web/Email** sthaler@douglas.nv.gov

**Type of Setting** 5 Other Treatment Facility

**Category** 2 County/state

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A1 Services not offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish):  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income No  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio Yes  
C2 State or Fed funding Yes  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments No  
D2 Professional referral Yes  
D3 Self-referral No  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 No  
E2 Adolescents 14-17 Yes (12-18)  
E3 Young Adults 18-24 No  
E4 Adults 25-59 No  
E5 Geriatric 60+: No

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify)



**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Clark County Juvenile Justice Services  
**Address** 601 North Pecos  
Las Vegas, NV 89101

**Telephone** (702) 455-5210  
**Fax** (702) 455-5216  
**Web/Email** www.co.clark.nv.us

**Type of Setting** 5 Other Juvenile Justice Setting

**Category** 2 County

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services  
Public Education/Media Activities  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish): A2 Services offered  
Research Activities A2 Services offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income No  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio Yes  
C2 State or Fed funding No  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments No  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment Yes

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 No  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 No  
E5 Geriatric 60+: No

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers Yes  
F3 Students and trainees Yes  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Columbia University TeenScreen Program  
**Address** 4015 S. Buffalo #283  
Las Vegas, NV 89145

**Telephone** (702) 285-9258  
**Fax** (702) 363-0397  
**Web/Email** ludwigh@childpsych.columbia.edu

**Type of Setting** University

**Category** 5 Private

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A1 Services not offered  
Survivor of Suicide Services A1 Services not offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A1 Services not offered  
Bilingual Services (Spanish): A2 Services offered  
Research Activities A2 Services offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income No  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio Yes  
C2 State or Fed funding Yes  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments  
D2 Professional referral  
D3 Self-referral  
D4 Involuntary commitment

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59  
E5 Geriatric 60+:

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers  
F3 Students and trainees  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Community Chest, Inc.  
**Address** P.O. Box 980  
Virginia City, NV 89440

**Telephone** (775) 847-9311  
**Fax** (775) 847-9335  
**Web/Email** www.communitychestnevada.org

**Type of Setting** 5 Other Social Service Agency

**Category** 5 Private

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities A1 Services not offered  
Professional Training and Education A1 Services not offered  
Bilingual Services (Spanish): A1 Services not offered  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance No  
B4 Fees vary depending on program Yes  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio Yes  
C2 State or Fed funding Yes  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral No  
D3 Self-referral Yes  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers Yes  
F3 Students and trainees Yes  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Community Counseling Center  
**Address** 205 S. Pratt Street  
Carson City, NV 89701

**Telephone** (775) 882-3945  
**Fax** (775) 882-6126  
**Web/Email** meadowmary@aol.com

**Type of Setting** 2 Clinic

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish): A2 Services offered  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service No  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio Yes  
C2 State or Fed funding Yes  
C3 Funds From Hospital Yes  
C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral No  
D3 Self-referral Yes  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees Yes  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Community Counseling Center  
**Address** 1120 Almond Tree Lane #207  
Las Vegas, NV 89104

**Telephone** (702) 369-8700  
**Fax** (702) 369-8489  
**Web/Email** www.ccclasvegas.com

**Type of Setting** 2 Clinic

**Category** 1 City

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish): A2 Services offered  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service No  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio No  
C2 State or Fed funding Yes  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral No  
D3 Self-referral No  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 No  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees Yes  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Crisis Call Center  
**Address** P.O. Box 8016  
Reno, NV 89507

**Telephone** (775) 784-8085  
**Fax** (775) 784-8083  
**Web/Email** www.crisiscallcenter.org

**Type of Setting** 3 Crisis Center

**Category** 6 Other Non-Profit

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish): A2 Services offered  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income No  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio Yes  
C2 State or Fed funding Yes  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers Yes  
F3 Students and trainees Yes  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Dayton Mental Health Center  
**Address** 120 Pike St.,  
Dayton, NV 89403

**Telephone** (775) 246-5240  
**Fax** (775) 246-5364  
**Web/Email** <http://mhds.state.nv.us/>

**Type of Setting** 2 Clinic

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A1 Services not offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish):  
Research Activities A1 Services not offered  
Other (Specify) Coalition Bldg.

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance Yes  
B4 Fees vary depending on program Yes  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio Yes  
C2 State or Fed funding Yes  
C3 Funds From Hospital Yes  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees Yes  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Desert Regional Center.  
**Address** 1301 S. Jones Blvd.  
Las Vegas, NV 89146

**Telephone** (702) 486-6199  
**Fax** (702) 486-6334  
**Web/Email**

**Type of Setting** 1 Hospital

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A1 Services not offered  
Public Education/Media Activities A1 Services not offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish): A1 Services not offered  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service No  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation No  
C2 State or Fed funding Yes  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify)



**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Douglas County Sheriff's Dept  
**Address** P.O. Box 218  
Minden, NV 89423

**Telephone** (775) 782-9900  
**Fax** (775) 782-9919  
**Web/Email** www.douglascountynv.gov

**Type of Setting** 5 Other Sheriff

**Category** 2 County

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services  
Public Education/Media Activities  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish):  
Research Activities  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income No  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio Yes  
C2 State or Fed funding No  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments No  
D2 Professional referral No  
D3 Self-referral No  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 No  
E2 Adolescents 14-17 No  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Douglas Mental Health Center  
**Address** 1538 Hwy 395  
Gardenville, NV 89410

**Telephone** (775) 782-3671  
**Fax** (775) 782-6639  
**Web/Email** <http://mhds.state.nv.us/>

**Type of Setting** 4 Office

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A1 Services not offered  
Bilingual Services (Spanish):  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service No  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio No  
C2 State or Fed funding Yes  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment Yes

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Elko Mental Health Center  
**Address** 1825 Pinion Rd, Ste. A  
Elko, NV 89801

**Telephone** (775) 738-8021  
**Fax** (775) 838-8842  
**Web/Email** <http://mhds.state.nv.us/>

**Type of Setting** 2 Clinic

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish):  
Research Activities  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance Yes  
B4 Fees vary depending on program Yes  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio Yes  
C2 State or Fed funding Yes  
C3 Funds From Hospital Yes  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment Yes

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers Yes  
F3 Students and trainees Yes  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Ely Mental Health Center  
**Address** 1675 Avenue F  
Ely, NV 89301

**Telephone** (775) 289-1671  
**Fax** (775) 289-1699  
**Web/Email** lbellandor@dhr.state.nv.us

**Type of Setting** 2 Clinic

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish): A1 Services not offered  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance Yes  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio No  
C2 State or Fed funding Yes  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Eureka County Sheriffs Office

**Telephone** (775) 237-5330

**Address** P.O. Box 736  
Eureka, NV 89316

**Fax** (775) 237-5704

**Web/Email** esco@eurekanv.org

**Type of Setting** 5 Other Sheriffs office

**Category** 2 County

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A1 Services not offered  
 Intervention/Counseling/Referrals A1 Services not offered  
 Survivor of Suicide Services A1 Services not offered  
 Public Education/Media Activities A1 Services not offered  
 Professional Training and Education A1 Services not offered  
 Bilingual Services (Spanish): A1 Services not offered  
 Research Activities A1 Services not offered  
 Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service No  
 B2 Sliding scale based on Income No  
 B3 Services covered by insurance No  
 B4 Fees vary depending on program No  
 (Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio No  
 C2 State or Fed funding No  
 C3 Funds From Hospital No  
 C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments No  
 D2 Professional referral No  
 D3 Self-referral No  
 D4 Involuntary commitment Yes

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 No  
 E2 Adolescents 14-17 No  
 E3 Young Adults 18-24 No  
 E4 Adults 25-59 Yes  
 E5 Geriatric 60+: No

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried No  
 F2 Volunteers No  
 F3 Students and trainees No  
 F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Fallon Mental Health Center  
**Address** 151 N. Main Street  
Fallon, NV 89406

**Telephone** (775) 423-7141  
**Fax** (775) 423-4020  
**Web/Email** dcoke@ruralclinics.nv.gov

**Type of Setting** 2 Clinic

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish):  
Research Activities A1 Services not offered  
Other (Specify) Emergency 24/7 on-call

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes TANF etc.  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance Yes  
B4 Fees vary depending on program Yes  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio No  
C2 State or Fed funding Yes  
C3 Funds From Hospital Yes  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment Yes

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers Yes  
F3 Students and trainees No  
F4 Other (Specify) Interns planned

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Family Support Council, Douglas County  
**Address** 1255 Waterloo Ln  
Gardnerville, NV 89410

**Telephone** (775) 782-8692  
**Fax** (775) 782-1942  
**Web/Email** family-support.org

**Type of Setting** 4 Office

**Category** 5 Private

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A1 Services not offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A3 Services planned  
Bilingual Services (Spanish): A3 Services planned  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income No  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio Yes  
C2 State or Fed funding Yes  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers Yes  
F3 Students and trainees No  
F4 Other (Specify) Hourly wages

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Fernley Mental Health Center  
**Address** PO Box 2314  
Fernley, NV 89408

**Telephone** (775) 575-0670  
**Fax** (775) 575-0672  
**Web/Email** <http://mhds.state.nv.us/>

**Type of Setting** 2 Clinic

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish):  
Research Activities A2 Services offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes TANF elig.  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance Yes  
B4 Fees vary depending on program Yes  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio  
C2 State or Fed funding Yes  
C3 Funds From Hospital Yes  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment Yes

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers  
F3 Students and trainees Yes Interns  
F4 Other (Specify)



**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Friends Family Resource Center  
**Address** 643 S. Maine St.  
Fallon, NV 89406

**Telephone** (775) 428-2600  
**Fax** (775) 423-8041  
**Web/Email** friends @churchill.k12.nv.us

**Type of Setting** 5 Other Family Resource Center

**Category** 6 Other School District

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A1 Services not offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A1 Services not offered  
Bilingual Services (Spanish): A3 Services planned  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income No  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio No  
C2 State or Fed funding Yes  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Hawthorne Mental Health Center  
**Address** 1000 C St.,  
Hawthorne, NV 89415

**Telephone** (775) 945-3387  
**Fax** (775) 945-2307  
**Web/Email** <http://mhds.state.nv.us/>

**Type of Setting** 2 Clinic

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish):  
Research Activities A2 Services offered  
Other (Specify) Emergency 24//7/on-call

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes TANF elig.  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance No  
B4 Fees vary depending on program Yes  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio No  
C2 State or Fed funding Yes  
C3 Funds From Hospital Yes  
C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment Yes

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers Yes  
F3 Students and trainees Yes Interns planne  
F4 Other (Specify) Hourly employees

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Humboldt Co. Youth & Family Services  
**Address** P.O. Box 1039  
Winnemucca, NV 89446

**Telephone** (775) 623-6382  
**Fax** (775) 623-6386  
**Web/Email**

**Type of Setting** 5 Other

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A1 Services not offered  
Survivor of Suicide Services A1 Services not offered  
Public Education/Media Activities A1 Services not offered  
Professional Training and Education A1 Services not offered  
Bilingual Services (Spanish): A1 Services not offered  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income No  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio Yes  
C2 State or Fed funding No  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 No  
E4 Adults 25-59 No  
E5 Geriatric 60+: No

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Humboldt County Sheriff  
**Address** 50 W. 5th  
Winnemucca, NV 89445

**Telephone** (775) 623-6419  
**Fax** (772) 623-2192  
**Web/Email** hl02@hconv.com

**Type of Setting** 5 Other Detention Center

**Category** 2 County

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services  
Public Education/Media Activities  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish): A2 Services offered  
Research Activities  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income No  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio No  
C2 State or Fed funding No  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments No  
D2 Professional referral Yes  
D3 Self-referral No  
D4 Involuntary commitment Yes

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 No  
E2 Adolescents 14-17 No  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: No

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Jason Foundation  
**Address** 5900 W. Rochelle Ave.  
Las Vegas, NV 89103

**Telephone** (702) 364-1111  
**Fax** (702) 251-1237  
**Web/Email** www.jasonfoundation.com

**Type of Setting** 1 Hospital

**Category** 5 Private

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish):  
Research Activities A2 Services offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance Yes  
B4 Fees vary depending on program Yes  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation Yes  
C2 State or Fed funding Yes  
C3 Funds From Hospital Yes  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment Yes

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees Yes  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Lake Tahoe Mental Health Center  
**Address** 175 W. Highway 50  
Stateline, NV 89779

**Telephone** (775) 782-3671  
**Fax** (775) 782-6639  
**Web/Email** <http://mhds.state.nv.us/>

**Type of Setting**

**Category**

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening  
Intervention/Counseling/Referrals  
Survivor of Suicide Services  
  
Public Education/Media Activities  
Professional Training and Education  
Bilingual Services (Spanish):  
Research Activities  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service  
B2 Sliding scale based on Income  
B3 Services covered by insurance  
B4 Fees vary depending on program  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio  
C2 State or Fed funding  
C3 Funds From Hospital  
C4 No Funds for Suicide Prevention

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments  
D2 Professional referral  
D3 Self-referral  
D4 Involuntary commitment

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13  
E2 Adolescents 14-17  
E3 Young Adults 18-24  
E4 Adults 25-59  
E5 Geriatric 60+:

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried  
F2 Volunteers  
F3 Students and trainees  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Laughlin Mental Health Center  
**Address** 3650 S. Pointe Cir, Ste 208  
Laughlin, NV 89028

**Telephone** (702) 298-5313  
**Fax** (702) 298-0188  
**Web/Email** <http://mhds.state.nv.us/>

**Type of Setting**

**Category**

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening  
Intervention/Counseling/Referrals  
Survivor of Suicide Services  
  
Public Education/Media Activities  
Professional Training and Education  
Bilingual Services (Spanish):  
Research Activities  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service  
B2 Sliding scale based on Income  
B3 Services covered by insurance  
B4 Fees vary depending on program  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation  
C2 State or Fed funding  
C3 Funds From Hospital  
C4 No Funds for Suicide Prevention

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments  
D2 Professional referral  
D3 Self-referral  
D4 Involuntary commitment

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13  
E2 Adolescents 14-17  
E3 Young Adults 18-24  
E4 Adults 25-59  
E5 Geriatric 60+:

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried  
F2 Volunteers  
F3 Students and trainees  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Lovelock Mental Health Center  
**Address** 775 Cornell Ave A-1  
Lovelock, NV 89419

**Telephone** (775) 273-1036  
**Fax** (775) 273-1109  
**Web/Email** <http://mhds.state.nv.us/>

**Type of Setting** 2 Clinic

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish):  
Research Activities A2 Services offered  
Other (Specify) Emergency 24/7 on-call

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes TANF elig.  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance Yes  
B4 Fees vary depending on program Yes  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio No  
C2 State or Fed funding Yes  
C3 Funds From Hospital Yes  
C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment Yes

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify)



**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Lyon Council on Alcohol & Other Drugs  
**Address** 215 W. Bridge St. #8  
Yerington, NV 89447

**Telephone** (775) 463-6597  
**Fax** (775) 463-6598  
**Web/Email** lyoncouncil@tele-net.net

**Type of Setting** 4 Office

**Category** 5 Private

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered Sub Abuse  
Intervention/Counseling/Referrals A2 Services offered Sub Abuse  
Survivor of Suicide Services A1 Services not offered  
Public Education/Media Activities A1 Services not offered  
Professional Training and Education A1 Services not offered  
Bilingual Services (Spanish): A2 Services offered  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service No  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio No  
C2 State or Fed funding Yes  
C3 Funds From Hospital Yes  
C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 No  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Mesquite Mental Health Center  
**Address** 61 N. Willow #4  
Mesquite, NV 89027

**Telephone** (702) 346-4696  
**Fax** (702) 346-4699  
**Web/Email** <http://mhds.state.nv.us/>

**Type of Setting** 2 Clinic

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish):  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service No  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance Yes  
B4 Fees vary depending on program Yes  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation No  
C2 State or Fed funding Yes  
C3 Funds From Hospital Yes  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers Yes  
F3 Students and trainees Yes  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Moapa Valley Mental Health Center

**Telephone** (702) 397-8900

**Address** 320 N. Moapa Valley Blvd  
Overton, NV 89040

**Fax** (702) 397-8920

**Web/Email** <http://mhds.state.nv.us/>

**Type of Setting** 2 Clinic

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered

Intervention/Counseling/Referrals A2 Services offered

Survivor of Suicide Services

Public Education/Media Activities

Professional Training and Education

Bilingual Services (Spanish):

Research Activities

Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service

B2 Sliding scale based on Income

B3 Services covered by insurance

B4 Fees vary depending on program  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio

C2 State or Fed funding

C3 Funds From Hospital

C4 No Funds for Suicide Prevention

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments

D2 Professional referral

D3 Self-referral

D4 Involuntary commitment

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13

E2 Adolescents 14-17

E3 Young Adults 18-24

E4 Adults 25-59

E5 Geriatric 60+:

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried

F2 Volunteers

F3 Students and trainees

F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** MonteVista Hospital  
**Address** 5900 W. Rochelle Ave.  
Las Vegas, NV 89103

**Telephone** (702) 364-1111  
**Fax** (702) 251-1237  
**Web/Email** www.psolutions.com

**Type of Setting** 1 Hospital

**Category** 5 Private

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish): A2 Services offered  
Research Activities A2 Services offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service No  
B2 Sliding scale based on Income No  
B3 Services covered by insurance Yes  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation Yes  
C2 State or Fed funding No  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment Yes

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** N.E. Area Cooperative Extension  
**Address** 1500 College Parkway  
Elko, NV 89801

**Telephone** (775) 738-1990  
**Fax** (775) 753-7843  
**Web/Email** smithm@unce.unr.edu

**Type of Setting** 4 Office

**Category**

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A1 Services not offered  
Intervention/Counseling/Referrals A1 Services not offered  
Survivor of Suicide Services A1 Services not offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish): A1 Services not offered  
Research Activities A2 Services offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income No  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio Yes  
C2 State or Fed funding Yes  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments No  
D2 Professional referral No  
D3 Self-referral Yes  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 No  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 No  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: No

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Nevada Coalition for Suicide Prevention  
**Address** 300 Vallarte Drive  
Henderson, NV 89014

**Telephone** (702) 451-4338  
**Fax** (702) 434-6325  
**Web/Email** lflatt@dhhs.nv.gov

**Type of Setting** 5 Other Grass Roots Advocacy

**Category** 5 Private

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening

Intervention/Counseling/Referrals

Survivor of Suicide Services A2 Services offered

Public Education/Media Activities A2 Services offered

Professional Training and Education

Bilingual Services (Spanish):

Research Activities

Other (Specify) Advocacy for policy change Re: Suicide Prevention

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service No

B2 Sliding scale based on Income No

B3 Services covered by insurance No

B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation No

C2 State or Fed funding No

C3 Funds From Hospital No

C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments No

D2 Professional referral No

D3 Self-referral No

D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 No

E2 Adolescents 14-17 No

E3 Young Adults 18-24 No

E4 Adults 25-59 No

E5 Geriatric 60+: No

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried No

F2 Volunteers Yes

F3 Students and trainees No

F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Nevada Public Health Foundation  
**Address** 3579 Hwy 50 East, Ste C  
Carson City, NV 89701

**Telephone** (775) 884-0392  
**Fax** (775) 884-0274  
**Web/Email** www.nphf.org

**Type of Setting** 5 Other

**Category** 5 Private

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening

Intervention/Counseling/Referrals

Survivor of Suicide Services

Public Education/Media Activities A3 Services planned

Professional Training and Education A3 Services planned

Bilingual Services (Spanish):

Research Activities

Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes

B2 Sliding scale based on Income No

B3 Services covered by insurance No

B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation No

C2 State or Fed funding No

C3 Funds From Hospital No

C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments

D2 Professional referral

D3 Self-referral

D4 Involuntary commitment

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 No

E2 Adolescents 14-17 Yes

E3 Young Adults 18-24 Yes

E4 Adults 25-59 Yes

E5 Geriatric 60+: No

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes

F2 Volunteers No

F3 Students and trainees No

F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Nevada State Public Defender-Ely Office  
**Address** P.O. Box 151690  
Ely, NV 89315

**Telephone** (775) 289-1680  
**Fax** (775) 289-1681  
**Web/Email**

**Type of Setting** 4 Office

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A1 Services not offered  
Intervention/Counseling/Referrals A1 Services not offered  
Survivor of Suicide Services A1 Services not offered  
Public Education/Media Activities A1 Services not offered  
Professional Training and Education A1 Services not offered  
Bilingual Services (Spanish): A1 Services not offered  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income No  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio Yes  
C2 State or Fed funding Yes  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments No  
D2 Professional referral No  
D3 Self-referral No  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify)



**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Nevada Urban Indians, Inc  
**Address** 410 E. John St., Ste B  
Carson City, NV 89706

**Telephone** (775) 883-4439  
**Fax** (775) 883-6981  
**Web/Email** info@nevadaurbanindians.org

**Type of Setting** 2 Clinic

**Category** 1 City

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education  
Bilingual Services (Spanish):  
Research Activities  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income No  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio No  
C2 State or Fed funding No  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Nevada Urban Indians, Inc  
**Address** 5301 Longley Ln Bldg E, Ste 178  
Reno, NV 89511

**Telephone** (775) 788-7600  
**Fax** (775) 788-7611  
**Web/Email** info@nevadaurbanindians.org

**Type of Setting** 2 Clinic

**Category** 1 City

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education  
Bilingual Services (Spanish):  
Research Activities  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income No  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio No  
C2 State or Fed funding No  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** North Vista Gero-Psychiatric Unit  
**Address** 1409 E. Lake Mead Blvd  
N. Las Vegas, NV 89030

**Telephone** (702) 657-5754  
**Fax** (702) 657-5755  
**Web/Email** northvistahosp.com

**Type of Setting** 1 Hospital

**Category** 5 Private

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A2 Services offered
Intervention/Counseling/Referrals	A2 Services offered
Survivor of Suicide Services	A2 Services offered
Public Education/Media Activities	A2 Services offered
Professional Training and Education	A2 Services offered
Bilingual Services (Spanish):	A2 Services offered
Research Activities	A1 Services not offered
Other (Specify)	Community assessments, TX

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	No
B2 Sliding scale based on Income	No
B3 Services covered by insurance	Yes
B4 Fees vary depending on program (Specify)	No

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation	No
C2 State or Fed funding	No
C3 Funds From Hospital	Yes
C4 No Funds for Suicide Prevention	No

**D. ROUTES OF ACCESS TO SERVICES (Check all that apply)**

D1 Telephone appointments	Yes
D2 Professional referral	Yes
D3 Self-referral	Yes
D4 Involuntary commitment	Yes

**E. AGE GROUPS SERVED (Check all that apply)**

E1 Children 1-13	No
E2 Adolescents 14-17	No
E3 Young Adults 18-24	No
E4 Adults 25-59	Yes
E5 Geriatric 60+:	Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	Yes
F2 Volunteers	No
F3 Students and trainees	No
F4 Other (Specify)	

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** North Vista Hospital  
**Address** 1409 E. Lake Mead Blvd  
N.Las Vegas, NV 89030

**Telephone** (702) 649-7711  
**Fax**  
**Web/Email** northvistahosp.com

**Type of Setting** 1 Hospital

**Category** 5 Private

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A1 Services not offered  
Intervention/Counseling/Referrals A1 Services not offered  
Survivor of Suicide Services A1 Services not offered  
Public Education/Media Activities A1 Services not offered  
Professional Training and Education A1 Services not offered  
Bilingual Services (Spanish): A1 Services not offered  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service No  
B2 Sliding scale based on Income No  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation No  
C2 State or Fed funding No  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments No  
D2 Professional referral No  
D3 Self-referral No  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 No  
E2 Adolescents 14-17 No  
E3 Young Adults 18-24 No  
E4 Adults 25-59 No  
E5 Geriatric 60+: No

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried No  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Northern NV Adult Mental Health Svc  
**Address** 480 Galletti Way  
Sparks, NV 89431

**Telephone** (775) 688-2010  
**Fax** (775) 688-2052  
**Web/Email** hcook@nnamhs.state.nv.us

**Type of Setting** 5 Other Regional Mental Health Ctr

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A1 Services not offered  
Intervention/Counseling/Referrals A1 Services not offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities A1 Services not offered  
Professional Training and Education A1 Services not offered  
Bilingual Services (Spanish): A1 Services not offered  
Research Activities A2 Services offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance Yes  
B4 Fees vary depending on program Yes  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation No  
C2 State or Fed funding Yes  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment Yes

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 No  
E2 Adolescents 14-17 No  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees Yes  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Office of Suicide Prevention  
**Address** 4220 S. Maryland Pkwy 302B  
Las Vegas, NV 89119

**Telephone** (702)-486-8225  
**Fax** (702)-486-3533  
**Web/Email** www.suicideprevention.nv.gov

**Type of Setting** 5 Other Information/Training

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A1 Services not offered  
Intervention/Counseling/Referrals A1 Services not offered  
Survivor of Suicide Services A2 Services offered referral  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish):  
Research Activities A2 Services offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service  
B2 Sliding scale based on Income  
B3 Services covered by insurance  
B4 Fees vary depending on program  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio  
C2 State or Fed funding Yes  
C3 Funds From Hospital  
C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments  
D2 Professional referral  
D3 Self-referral  
D4 Involuntary commitment

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13  
E2 Adolescents 14-17  
E3 Young Adults 18-24  
E4 Adults 25-59  
E5 Geriatric 60+:

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried  
F2 Volunteers  
F3 Students and trainees  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Office of Suicide Prevention  
**Address** 4126 Technology Wy, Rm 100  
Carson City, NV 89706

**Telephone** (775)-684-3475  
**Fax** (775)-684-4010  
**Web/Email** www.suicideprevention.nv.gov

**Type of Setting** 5 Other Planning/Coordination

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A1 Services not offered  
Intervention/Counseling/Referrals A1 Services not offered  
Survivor of Suicide Services A1 Services not offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish): A2 Services offered  
Research Activities A3 Services planned  
Other (Specify) Information/referral

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income  
B3 Services covered by insurance  
B4 Fees vary depending on program  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio  
C2 State or Fed funding Yes  
C3 Funds From Hospital  
C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments  
D2 Professional referral  
D3 Self-referral  
D4 Involuntary commitment

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13  
E2 Adolescents 14-17  
E3 Young Adults 18-24  
E4 Adults 25-59  
E5 Geriatric 60+:

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers  
F3 Students and trainees  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Pahrump Mental Health Center  
**Address** 240 S. Humahuaca  
Pahrump, NV 89048

**Telephone** (775) 751-7406  
**Fax** (775) 751-7409  
**Web/Email** <http://mhds.state.nv.us/>

**Type of Setting** 2 Clinic

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A3 Services planned  
Public Education/Media Activities A1 Services not offered  
Professional Training and Education A1 Services not offered  
Bilingual Services (Spanish):  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance Yes  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio No  
C2 State or Fed funding Yes  
C3 Funds From Hospital Yes  
C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify)



**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Reno-Sparks Tribal Health Center  
**Address** 34 Reservation Rd.  
Reno, NV 89502

**Telephone** (775) 329-5162  
**Fax** (775) 329-4129  
**Web/Email** www.rsic.org

**Type of Setting** 2 Clinic (American Indian only)

**Category** 4 Federal

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A2 Services offered
Intervention/Counseling/Referrals	A2 Services offered
Survivor of Suicide Services	A2 Services offered
Public Education/Media Activities	A3 Services planned
Professional Training and Education	A3 Services planned
Bilingual Services (Spanish):	A2 Services offered
Research Activities	A2 Services offered
Other (Specify)	Psychiatry, Substance Abuse Treatment

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	Yes (federally recognized tribal member)
B2 Sliding scale based on Income	No
B3 Services covered by insurance	No
B4 Fees vary depending on program (Specify)	No

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation	No
C2 State or Fed funding	Yes
C3 Funds From Hospital	Yes
C4 No Funds for Suicide Prevention	Yes

**D. ROUTES OF ACCESS TO SERVICES (Check all that apply)**

D1 Telephone appointments	Yes
D2 Professional referral	No
D3 Self-referral	Yes
D4 Involuntary commitment	No

**E. AGE GROUPS SERVED (Check all that apply)**

E1 Children 1-13	Yes
E2 Adolescents 14-17	Yes
E3 Young Adults 18-24	Yes
E4 Adults 25-59	Yes
E5 Geriatric 60+:	Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	Yes
F2 Volunteers	Yes
F3 Students and trainees	Yes
F4 Other (Specify)	

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

<b>Name of Agency</b>	Rural Regional Center	<b>Telephone</b>	(775) 687-5162
<b>Address</b>	1665 Old Hotsprings Rd Ste. 164 Carson City, NV 89706	<b>Fax</b>	(775) 687-1001
		<b>Web/Email</b>	mbennett@dhr.state.Nv.us
<b>Type of Setting</b>	5 Other Regional Center for elig. people w/ MR/DD		
<b>Category</b>	3 State		

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A3 Services planned
Intervention/Counseling/Referrals	A2 Services offered
Survivor of Suicide Services	A1 Services not offered
Public Education/Media Activities	A1 Services not offered
Professional Training and Education	A1 Services not offered
Bilingual Services (Spanish):	A1 Services not offered
Research Activities	A1 Services not offered
Other (Specify)	

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	No
B2 Sliding scale based on Income	No
B3 Services covered by insurance	No
B4 Fees vary depending on program (Specify)	Medicaid & Title XIX cover most svcs.

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation	No
C2 State or Fed funding	Yes
C3 Funds From Hospital	No
C4 No Funds for Suicide Prevention	No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments	No
D2 Professional referral	No
D3 Self-referral	No
D4 Involuntary commitment	No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13	Yes
E2 Adolescents 14-17	Yes
E3 Young Adults 18-24	Yes
E4 Adults 25-59	Yes
E5 Geriatric 60+:	Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	Yes
F2 Volunteers	No
F3 Students and trainees	Yes
F4 Other (Specify)	

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

<b>Name of Agency</b>	Safe House	<b>Telephone</b>	(702) 451-4203
<b>Address</b>	921 American Pacific Dr #300 Henderson, NV 89014	<b>Fax</b>	(702) 451-4302
		<b>Web/Email</b>	safehouse@aol.com

**Type of Setting** 5 Other Domestic Violence Shelter

**Category** 1 City

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A2 Services offered
Intervention/Counseling/Referrals	A2 Services offered
Survivor of Suicide Services	A1 Services not offered
Public Education/Media Activities	A2 Services offered
Professional Training and Education	A2 Services offered
Bilingual Services (Spanish):	A2 Services offered
Research Activities	A2 Services offered
Other (Specify)	Domestic Violence Shelter

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	Yes
B2 Sliding scale based on Income	Yes
B3 Services covered by insurance	No
B4 Fees vary depending on program (Specify)	Yes

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation	Yes
C2 State or Fed funding	No
C3 Funds From Hospital	No
C4 No Funds for Suicide Prevention	No

**D. ROUTES OF ACCESS TO SERVICES (Check all that apply)**

D1 Telephone appointments	Yes
D2 Professional referral	Yes
D3 Self-referral	Yes
D4 Involuntary commitment	No

**E. AGE GROUPS SERVED (Check all that apply)**

E1 Children 1-13	Yes
E2 Adolescents 14-17	Yes
E3 Young Adults 18-24	Yes
E4 Adults 25-59	Yes
E5 Geriatric 60+:	Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	Yes
F2 Volunteers	No
F3 Students and trainees	Yes
F4 Other (Specify)	

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

<b>Name of Agency</b>	Safe Nest	<b>Telephone</b>	(702) 646-4981
<b>Address</b>	2915 W. Charleston, Ste 12, Las Vegas, NV 89102	<b>Fax</b>	(702) 877-0127
		<b>Web/Email</b>	www.safenest.org

**Type of Setting** 5 Other Domesstic Violence Services

**Category** 6 Other Non-Profit

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A2 Services offered
Intervention/Counseling/Referrals	A2 Services offered
Survivor of Suicide Services	A1 Services not offered
Public Education/Media Activities	A2 Services offered
Professional Training and Education	A2 Services offered
Bilingual Services (Spanish):	A2 Services offered
Research Activities	A2 Services offered
Other (Specify)	Training for staff

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	Yes
B2 Sliding scale based on Income	Yes
B3 Services covered by insurance	No
B4 Fees vary depending on program (Specify)	No

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio	No
C2 State or Fed funding	No
C3 Funds From Hospital	No
C4 No Funds for Suicide Prevention	Yes

**D. ROUTES OF ACCESS TO SERVICES (Check all that apply)**

D1 Telephone appointments	Yes
D2 Professional referral	Yes
D3 Self-referral	Yes
D4 Involuntary commitment	No

**E. AGE GROUPS SERVED (Check all that apply)**

E1 Children 1-13	Yes
E2 Adolescents 14-17	Yes
E3 Young Adults 18-24	Yes
E4 Adults 25-59	Yes
E5 Geriatric 60+:	Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	Yes
F2 Volunteers	Yes
F3 Students and trainees	Yes
F4 Other (Specify)	

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Seventh Jud. Dist. Juvenile Probation  
**Address** P.O. Box 11  
Eureka, NV 89316

**Telephone** (775) 237-5450  
**Fax** (775) 237-6005  
**Web/Email** klabarry@eurekanv.org

**Type of Setting** 4 Office Probation Dept

**Category** 2 County

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A1 Services not offered  
Public Education/Media Activities A1 Services not offered  
Professional Training and Education A3 Services planned  
Bilingual Services (Spanish): A1 Services not offered  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service No  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance Yes  
B4 Fees vary depending on program Yes  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio Yes  
C2 State or Fed funding No  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment Yes

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 No  
E4 Adults 25-59 No  
E5 Geriatric 60+: No

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify) No

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

<b>Name of Agency</b>	Sierra Recovery Center	<b>Telephone</b>	(530) 541-5190
<b>Address</b>	972-B Tallac Ave. South Lake Tahoe, CA 96150	<b>Fax</b>	(530) 541-6130
		<b>Web/Email</b>	www.sierrarecoverycenter.org

**Type of Setting** 4 Office

**Category** 6 Other Non-profit

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A2 Services offered
Intervention/Counseling/Referrals	A2 Services offered
Survivor of Suicide Services	
Public Education/Media Activities	
Professional Training and Education	
Bilingual Services (Spanish):	A2 Services offered
Research Activities	
Other (Specify)	

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	No
B2 Sliding scale based on Income	Yes
B3 Services covered by insurance	No
B4 Fees vary depending on program (Specify)	No

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation	No
C2 State or Fed funding	No
C3 Funds From Hospital	No
C4 No Funds for Suicide Prevention	Yes

**D. ROUTES OF ACCESS TO SERVICES (Check all that apply)**

D1 Telephone appointments	Yes
D2 Professional referral	Yes
D3 Self-referral	Yes
D4 Involuntary commitment	No

**E. AGE GROUPS SERVED (Check all that apply)**

E1 Children 1-13	No
E2 Adolescents 14-17	No
E3 Young Adults 18-24	Yes
E4 Adults 25-59	Yes
E5 Geriatric 60+:	Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	Yes
F2 Volunteers	No
F3 Students and trainees	No
F4 Other (Specify)	

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Silver Springs Mental Health Center  
**Address** 3595 Hwy 50 W.,  
Silver Springs, NV 89429

**Telephone** (775) 577-0319  
**Fax** (775) 577-9571  
**Web/Email** <http://mhds.state.nv.us/>

**Type of Setting** 2 Clinic

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities A1 Services not offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish):  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio No  
C2 State or Fed funding Yes  
C3 Funds From Hospital Yes  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment Yes

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers Yes  
F3 Students and trainees Yes  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Sixth Judicial District Youth Services  
**Address** 737 E. Fairgrounds Rd  
Winnemucca, NV 89445

**Telephone** (775)-623-6382  
**Fax** (775)-623-6386  
**Web/Email** Jripley@wmnv.net

**Type of Setting** 5 Other Juvenile Detention

**Category** 2 County

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A1 Services not offered  
Public Education/Media Activities A1 Services not offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish):  
Research Activities A2 Services offered  
Other (Specify) Children's Advocacy

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income No  
B3 Services covered by insurance No  
B4 Fees vary depending on program Yes  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio Yes  
C2 State or Fed funding Yes  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment Yes

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: No

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify) JP officers, Guardian Ad Litem, Detention staff



**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Solace Tree, Child & Adolescent Grief Center

**Telephone** (775) 324-7723

**Address** Solace Tree, Inc.  
P.O. Box 2944  
Reno, NV 89505

**Fax** (775) 324-7725

**Web/Email** www.solacetreer.org

**Type of Setting** 5 Other

**Category** 5 Private non-profit

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening

Intervention/Counseling/Referrals

Survivor of Suicide Services A2 Services offered

Public Education/Media Activities A2 Services offered

Professional Training and Education

Bilingual Services (Spanish):

Research Activities

Other (Specify) Child/ Teen Grief support groups

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes

B2 Sliding scale based on Income

B3 Services covered by insurance

B4 Fees vary depending on program  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation

C2 State or Fed funding

C3 Funds From Hospital

C4 No Funds for Suicide Prevention

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes

D2 Professional referral Yes

D3 Self-referral Yes

D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes

E2 Adolescents 14-17 Yes

E3 Young Adults 18-24

E4 Adults 25-59

E5 Geriatric 60+:

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried

F2 Volunteers Yes

F3 Students and trainees

F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Southern Nevada Adult Mental Health  
**Address** 6161 W. Charleston Blvd  
Las Vegas, NV 89146

**Telephone** (702) 486-6000  
**Fax** (702) 486-6248  
**Web/Email** <http://mhds.state.nv.us/>

**Type of Setting** 1 Hospital

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish): A2 Services offered  
Research Activities A2 Services offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service No  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation No  
C2 State or Fed funding Yes  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral No  
D3 Self-referral Yes  
D4 Involuntary commitment Yes

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 No  
E2 Adolescents 14-17 No  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

<b>Name of Agency</b>	STEP2	<b>Telephone</b>	(775) 787-9411
<b>Address</b>	3695 Kings Row P.O. Box 30674 Reno, NV 89503	<b>Fax</b>	(775) 787-9445
		<b>Web/Email</b>	
<b>Type of Setting</b>	5 Other Treatment Facility		
<b>Category</b>	5 Private Non profit		

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A2 Services offered
Intervention/Counseling/Referrals	A2 Services offered
Survivor of Suicide Services	A1 Services not offered
Public Education/Media Activities	A1 Services not offered
Professional Training and Education	A2 Services offered
Bilingual Services (Spanish):	A2 Services offered
Research Activities	A2 Services offered
Other (Specify)	

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	No
B2 Sliding scale based on Income	Yes
B3 Services covered by insurance	Yes
B4 Fees vary depending on program (Specify)	No

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation	No
C2 State or Fed funding	Yes
C3 Funds From Hospital	No
C4 No Funds for Suicide Prevention	No

**D. ROUTES OF ACCESS TO SERVICES (Check all that apply)**

D1 Telephone appointments	Yes
D2 Professional referral	Yes
D3 Self-referral	Yes
D4 Involuntary commitment	No

**E. AGE GROUPS SERVED (Check all that apply)**

E1 Children 1-13	No
E2 Adolescents 14-17	No
E3 Young Adults 18-24	No
E4 Adults 25-59	Yes
E5 Geriatric 60+:	No

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	Yes
F2 Volunteers	Yes
F3 Students and trainees	Yes
F4 Other (Specify)	

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Suicide Prevention Network  
**Address** P.O. Box 651  
Minden, NV 89423

**Telephone** (775) 782-8611  
**Fax** (775) 782-4216  
**Web/Email** belliotspn@yahoo.com

**Type of Setting** 5 Other Out of our homes

**Category** 6 Other Non Profit

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A1 Services not offered
Intervention/Counseling/Referrals	A1 Services not offered
Survivor of Suicide Services	A2 Services offered
Public Education/Media Activities	A2 Services offered
Professional Training and Education	A2 Services offered
Bilingual Services (Spanish):	A1 Services not offered
Research Activities	A1 Services not offered
Other (Specify)	Legislative Support

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	Yes
B2 Sliding scale based on Income	No
B3 Services covered by insurance	No
B4 Fees vary depending on program (Specify)	No

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation	Yes
C2 State or Fed funding	No
C3 Funds From Hospital	No
C4 No Funds for Suicide Prevention	No

**D. ROUTES OF ACCESS TO SERVICES (Check all that apply)**

D1 Telephone appointments	No
D2 Professional referral	No
D3 Self-referral	No
D4 Involuntary commitment	No

**E. AGE GROUPS SERVED (Check all that apply)**

E1 Children 1-13	Yes
E2 Adolescents 14-17	Yes
E3 Young Adults 18-24	Yes
E4 Adults 25-59	Yes
E5 Geriatric 60+:	Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	No
F2 Volunteers	Yes
F3 Students and trainees	No
F4 Other (Specify)	

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Survivors of Suicide of Northeastern Nevada      **Telephone** (775)-934-6670  
**Address** NE Nevada Regional Hospital 2001 Errecart Boulevard      **Fax**  
 Elko, NV 89801      **Web/Email** soselko@frontiernet.net

**Type of Setting** 5 Other Support group  
**Category** 6 Other

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening  
 Intervention/Counseling/Referrals  
 Survivor of Suicide Services      A2 Services offered  
 Public Education/Media Activities      A2 Services offered  
 Professional Training and Education  
 Bilingual Services (Spanish):  
 Research Activities  
 Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service      Yes  
 B2 Sliding scale based on Income  
 B3 Services covered by insurance  
 B4 Fees vary depending on program  
 (Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio  
 C2 State or Fed funding  
 C3 Funds From Hospital  
 C4 No Funds for Suicide Prevention      No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments      Yes  
 D2 Professional referral  
 D3 Self-referral      Yes  
 D4 Involuntary commitment

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13  
 E2 Adolescents 14-17  
 E3 Young Adults 18-24      Yes  
 E4 Adults 25-59      Yes  
 E5 Geriatric 60+:      Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried  
 F2 Volunteers      Yes  
 F3 Students and trainees  
 F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Survivors of Suicide  
**Address** 6200 W Lone Mt.  
Las Vegas, NV 89130

**Telephone** (702) 658-2722  
**Fax**  
**Web/Email** sthorendd@yahoo.com

**Type of Setting** 5 Other

**Category** 6 Other

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A1 Services not offered
Intervention/Counseling/Referrals	A1 Services not offered
Survivor of Suicide Services	A2 Services offered
Public Education/Media Activities	A1 Services not offered
Professional Training and Education	A1 Services not offered
Bilingual Services (Spanish):	A1 Services not offered
Research Activities	A1 Services not offered
Other (Specify)	A1 Services not offered

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	Yes
B2 Sliding scale based on Income	No
B3 Services covered by insurance	No
B4 Fees vary depending on program (Specify)	No

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation	No
C2 State or Fed funding	No
C3 Funds From Hospital	No
C4 No Funds for Suicide Prevention	Yes

**D. ROUTES OF ACCESS TO SERVICES (Check all that apply)**

D1 Telephone appointments	Yes
D2 Professional referral	No
D3 Self-referral	No
D4 Involuntary commitment	No

**E. AGE GROUPS SERVED (Check all that apply)**

E1 Children 1-13	No
E2 Adolescents 14-17	Yes
E3 Young Adults 18-24	Yes
E4 Adults 25-59	Yes
E5 Geriatric 60+:	Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	No
F2 Volunteers	Yes
F3 Students and trainees	No
F4 Other (Specify)	

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Survivors of Suicide Loss Support  
**Address** 1528 Hwy 395 Ste. 100  
Gardnerville, NV 89410

**Telephone** (775) 782-8611  
**Fax**  
**Web/Email** tahoechik@charter.net

**Type of Setting**

**Category**

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening  
Intervention/Counseling/Referrals  
Survivor of Suicide Services  
  
Public Education/Media Activities  
Professional Training and Education  
Bilingual Services (Spanish):  
Research Activities  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service  
B2 Sliding scale based on Income  
B3 Services covered by insurance  
B4 Fees vary depending on program  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation  
C2 State or Fed funding  
C3 Funds From Hospital  
C4 No Funds for Suicide Prevention

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments  
D2 Professional referral  
D3 Self-referral  
D4 Involuntary commitment

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13  
E2 Adolescents 14-17  
E3 Young Adults 18-24  
E4 Adults 25-59  
E5 Geriatric 60+:

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried  
F2 Volunteers  
F3 Students and trainees  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

<b>Name of Agency</b>	Survivors of Suicide Support Group	<b>Telephone</b>	(702) 486-8255
<b>Address</b>	100 N. Green Valley Pkwy Ste. 330 Henderson, NV 89074	<b>Fax</b>	(702) 486-3533
		<b>Web/Email</b>	llflatt@cox.net
<b>Type of Setting</b>	4 Office		
<b>Category</b>	5 Private		

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A1 Services not offered
Intervention/Counseling/Referrals	A1 Services not offered
Survivor of Suicide Services	A2 Services offered
Public Education/Media Activities	A1 Services not offered
Professional Training and Education	A1 Services not offered
Bilingual Services (Spanish):	A1 Services not offered
Research Activities	A1 Services not offered
Other (Specify)	A1 Services not offered

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	Yes
B2 Sliding scale based on Income	No
B3 Services covered by insurance	No
B4 Fees vary depending on program (Specify)	No

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation	No
C2 State or Fed funding	No
C3 Funds From Hospital	No
C4 No Funds for Suicide Prevention	No

**D. ROUTES OF ACCESS TO SERVICES (Check all that apply)**

D1 Telephone appointments	No
D2 Professional referral	No
D3 Self-referral	Yes
D4 Involuntary commitment	No

**E. AGE GROUPS SERVED (Check all that apply)**

E1 Children 1-13	No
E2 Adolescents 14-17	No
E3 Young Adults 18-24	Yes
E4 Adults 25-59	Yes
E5 Geriatric 60+:	Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	No
F2 Volunteers	Yes
F3 Students and trainees	No
F4 Other (Specify)	



**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** The Ridge House, Inc.  
**Address** 900 W. First St.Ste 200  
Reno, NV 89503

**Telephone** (775) 322-8941  
**Fax** (775) 322-1544  
**Web/Email** www.ridgehouse.org

**Type of Setting** 5 Other Residential TX Center

**Category** 6 Other Non-Profit

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A1 Services not offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish): A2 Services offered  
Research Activities A3 Services planned  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service No  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio No  
C2 State or Fed funding No  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment Yes

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 No  
E2 Adolescents 14-17 No  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers Yes  
F3 Students and trainees No  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** There's A Light at the End of the Tunnel  
**Address** Karrs Bldg, 640 A St  
Hawthorne, NV 89415

**Telephone** (775)-945-5782  
**Fax**  
**Web/Email** ljeri@sbcglobal.net

**Type of Setting** 5 Other Support Group

**Category** 6 Other

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening  
Intervention/Counseling/Referrals  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities  
Professional Training and Education  
Bilingual Services (Spanish):  
Research Activities  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income  
B3 Services covered by insurance  
B4 Fees vary depending on program  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio  
C2 State or Fed funding  
C3 Funds From Hospital  
C4 No Funds for Suicide Prevention

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral  
D3 Self-referral Yes  
D4 Involuntary commitment

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13  
E2 Adolescents 14-17  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried  
F2 Volunteers Yes  
F3 Students and trainees  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Tonopah Mental Health Center  
**Address** 825 S. Main  
Tonopah, NV 89049

**Telephone** (775) 482-6742  
**Fax** (775) 482-3718  
**Web/Email** <http://mhds.state.nv.us/>

**Type of Setting** 2 Clinic

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities A1 Services not offered  
Professional Training and Education A1 Services not offered  
Bilingual Services (Spanish):  
Research Activities A1 Services not offered  
Other (Specify) A1 Services not offered

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance Yes  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation No  
C2 State or Fed funding Yes  
C3 Funds From Hospital Yes  
C4 No Funds for Suicide Prevention Yes

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Trauma Intervention Program  
**Address** 3271 Shadow Bluff Ave, 330  
Las Vegas, NV 89120

**Telephone** (702) 288-0906  
**Fax** (702) 434-8182  
**Web/Email**

**Type of Setting** 5 Other On Scene

**Category** 1 City

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A2 Services offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A2 Services offered  
Bilingual Services (Spanish): A2 Services offered  
Research Activities A2 Services offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service Yes  
B2 Sliding scale based on Income No  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio Yes  
C2 State or Fed funding No  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments No  
D2 Professional referral Yes  
D3 Self-referral No  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers Yes  
F3 Students and trainees No  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** VA Southern Nevada Healthcare System  
**Address** 901 Rancho Lane  
Las Vegas, NV 89106

**Telephone** (702) 636-3000  
**Fax** (702) 636-3027  
**Web/Email** <http://www.las-vegas.med.va.gov/>

**Type of Setting** 2 Clinic

**Category** 4 Federal

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A2 Services offered
Intervention/Counseling/Referrals	A2 Services offered
Survivor of Suicide Services	A3 Services planned
Public Education/Media Activities	A2 Services offered
Professional Training and Education	A2 Services offered
Bilingual Services (Spanish):	A1 Services not offered
Research Activities	A2 Services offered
Other (Specify)	Involuntary Commitment

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	Yes
B2 Sliding scale based on Income	No
B3 Services covered by insurance	No
B4 Fees vary depending on program (Specify)	Yes

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation	No
C2 State or Fed funding	Yes
C3 Funds From Hospital	No
C4 No Funds for Suicide Prevention	No

**D. ROUTES OF ACCESS TO SERVICES (Check all that apply)**

D1 Telephone appointments	Yes
D2 Professional referral	Yes
D3 Self-referral	Yes
D4 Involuntary commitment	Yes

**E. AGE GROUPS SERVED (Check all that apply)**

E1 Children 1-13	No
E2 Adolescents 14-17	No
E3 Young Adults 18-24	Yes
E4 Adults 25-59	Yes
E5 Geriatric 60+:	Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	Yes
F2 Volunteers	Yes
F3 Students and trainees	Yes
F4 Other (Specify)	

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Vitality Center  
**Address** 3740 Idaho  
Elko, NV 89801

**Telephone** (775) 738-8004  
**Fax** (775) 738-2526  
**Web/Email** karen@vitalitycenter.org

**Type of Setting** 5 Other Residential Substance Abuse

**Category** 5 Private

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A1 Services not offered  
Intervention/Counseling/Referrals A1 Services not offered  
Survivor of Suicide Services A1 Services not offered  
Public Education/Media Activities A1 Services not offered  
Professional Training and Education A1 Services not offered  
Bilingual Services (Spanish): A1 Services not offered  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service No  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio No  
C2 State or Fed funding Yes  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 No  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees No  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

<b>Name of Agency</b>	Washoe County School Dist. Police Deptl	<b>Telephone</b>	(775) 348-0285
<b>Address</b>	P.O. Box 30425 Reno, NV 89520	<b>Fax</b>	(775) 348-0265
		<b>Web/Email</b>	

**Type of Setting** 5 Other Police Dept

**Category** 2 County

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A2 Services offered
Intervention/Counseling/Referrals	A2 Services offered
Survivor of Suicide Services	
Public Education/Media Activities	
Professional Training and Education	
Bilingual Services (Spanish):	A2 Services offered
Research Activities	
Other (Specify)	

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	Yes
B2 Sliding scale based on Income	No
B3 Services covered by insurance	No
B4 Fees vary depending on program (Specify)	No

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio	Yes
C2 State or Fed funding	No
C3 Funds From Hospital	No
C4 No Funds for Suicide Prevention	No

**D. ROUTES OF ACCESS TO SERVICES (Check all that apply)**

D1 Telephone appointments	Yes
D2 Professional referral	Yes
D3 Self-referral	Yes
D4 Involuntary commitment	Yes

**E. AGE GROUPS SERVED (Check all that apply)**

E1 Children 1-13	Yes
E2 Adolescents 14-17	Yes
E3 Young Adults 18-24	Yes
E4 Adults 25-59	Yes
E5 Geriatric 60+:	No

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	Yes
F2 Volunteers	No
F3 Students and trainees	No
F4 Other (Specify)	

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Wendover Mental Health Center  
**Address** 925 N. Wells Ave. Unit B  
Wendover, NV 89883

**Telephone** (775) 664-2944  
**Fax** (775) 664-2965  
**Web/Email** <http://mhds.state.nv.us/>

**Type of Setting**

**Category**

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening  
Intervention/Counseling/Referrals  
Survivor of Suicide Services  
  
Public Education/Media Activities  
Professional Training and Education  
Bilingual Services (Spanish):  
Research Activities  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service  
B2 Sliding scale based on Income  
B3 Services covered by insurance  
B4 Fees vary depending on program  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio  
C2 State or Fed funding  
C3 Funds From Hospital  
C4 No Funds for Suicide Prevention

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments  
D2 Professional referral  
D3 Self-referral  
D4 Involuntary commitment

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13  
E2 Adolescents 14-17  
E3 Young Adults 18-24  
E4 Adults 25-59  
E5 Geriatric 60+:

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried  
F2 Volunteers  
F3 Students and trainees  
F4 Other (Specify)



**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** White Pine Country School District

**Telephone** (775) 289-4851

**Address** 1135 Ave C.  
Ely, NV 89301

**Fax**

**Web/Email**

**Type of Setting** 5 Other School

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening	A1 Services not offered
Intervention/Counseling/Referrals	A2 Services offered
Survivor of Suicide Services	A1 Services not offered
Public Education/Media Activities	A1 Services not offered
Professional Training and Education	A1 Services not offered
Bilingual Services (Spanish):	A1 Services not offered
Research Activities	A1 Services not offered
Other (Specify)	A1 Services not offered

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service	Yes
B2 Sliding scale based on Income	No
B3 Services covered by insurance	No
B4 Fees vary depending on program (Specify)	No

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donation	No
C2 State or Fed funding	No
C3 Funds From Hospital	No
C4 No Funds for Suicide Prevention	Yes

**D. ROUTES OF ACCESS TO SERVICES (Check all that apply)**

D1 Telephone appointments	Yes
D2 Professional referral	No
D3 Self-referral	No
D4 Involuntary commitment	No

**E. AGE GROUPS SERVED (Check all that apply)**

E1 Children 1-13	Yes
E2 Adolescents 14-17	Yes
E3 Young Adults 18-24	No
E4 Adults 25-59	No
E5 Geriatric 60+:	No

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried	Yes
F2 Volunteers	No
F3 Students and trainees	No
F4 Other (Specify)	

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Winnemucca Mental Health Center  
**Address** 3140 Traders Wy  
Winnemucca, NV 89445

**Telephone** (775) 623-6580  
**Fax** (775) 623-6584  
**Web/Email** winneclinicians@dhr.state.nv.us

**Type of Setting** 2 Clinic

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
Intervention/Counseling/Referrals A2 Services offered  
Survivor of Suicide Services A1 Services not offered  
Public Education/Media Activities A2 Services offered  
Professional Training and Education A1 Services not offered  
Bilingual Services (Spanish):  
Research Activities A1 Services not offered  
Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service No  
B2 Sliding scale based on Income Yes  
B3 Services covered by insurance No  
B4 Fees vary depending on program No  
(Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio No  
C2 State or Fed funding Yes  
C3 Funds From Hospital No  
C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
D2 Professional referral Yes  
D3 Self-referral Yes  
D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

E1 Children 1-13 Yes  
E2 Adolescents 14-17 Yes  
E3 Young Adults 18-24 Yes  
E4 Adults 25-59 Yes  
E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
F2 Volunteers No  
F3 Students and trainees Yes  
F4 Other (Specify)

**OFFICE OF SUICIDE PREVENTION and MHDS  
SUICIDE PREVENTION  
RESOURCE DIRECTORY 2007**

**Name of Agency** Yerington Mental Health Center

**Telephone** (775) 463-3191

**Address** 215 W. Bridge St. #5,  
Yerington, NV 89447

**Fax** (775) 463-4641

**Web/Email** <http://mhds.state.nv.us/>

**Type of Setting** 2 Clinic

**Category** 3 State

**A. BASIC SERVICES (Please check as appropriate)**

Risk Assessment/Screening A2 Services offered  
 Intervention/Counseling/Referrals A2 Services offered  
 Survivor of Suicide Services A2 Services offered  
 Public Education/Media Activities A2 Services offered  
 Professional Training and Education A1 Services not offered  
 Bilingual Services (Spanish):  
 Research Activities A1 Services not offered  
 Other (Specify)

**B. CLIENT COST FOR SERVICES (Check all that apply)**

B1 Free Service No  
 B2 Sliding scale based on Income Yes  
 B3 Services covered by insurance No  
 B4 Fees vary depending on program No  
 (Specify)

**C. SOURCES OF FUNDING (Check all that apply)**

C1 Combination of county, city, private and public donatio No  
 C2 State or Fed funding Yes  
 C3 Funds From Hospital No  
 C4 No Funds for Suicide Prevention No

**D. ROUTES OF ACCESS TO SERVICES  
(Check all that apply)**

D1 Telephone appointments Yes  
 D2 Professional referral Yes  
 D3 Self-referral Yes  
 D4 Involuntary commitment No

**E. AGE GROUPS SERVED  
(Check all that apply)**

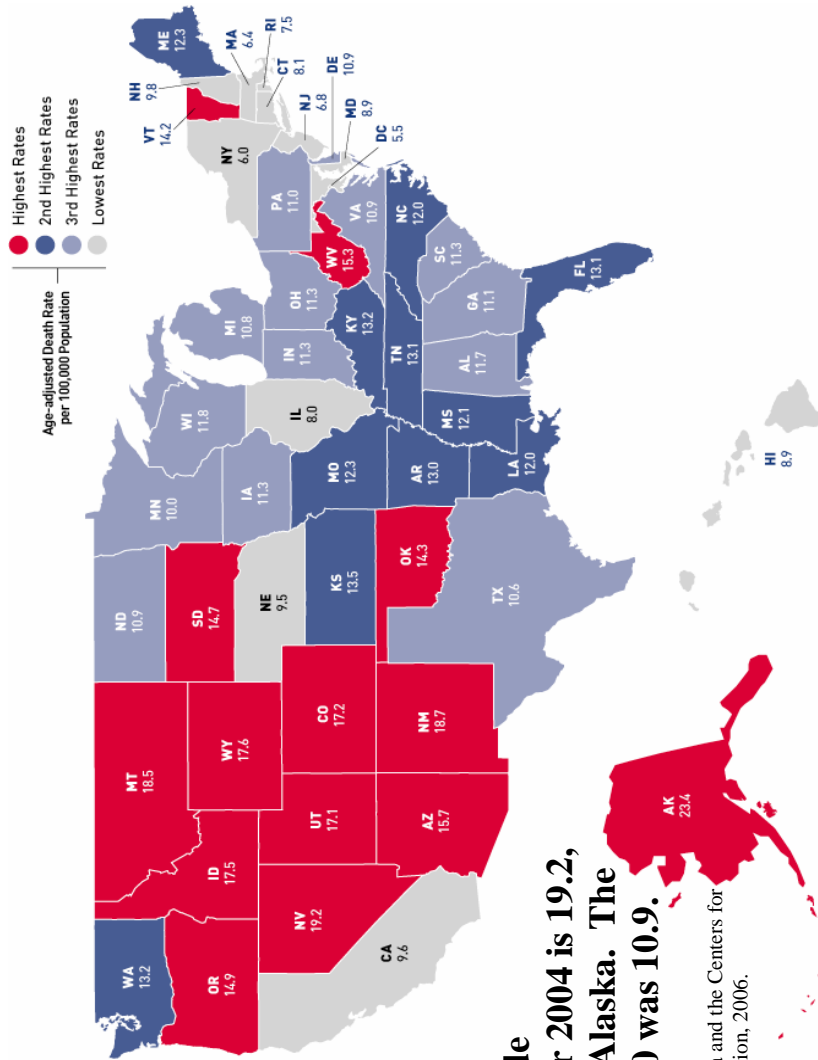
E1 Children 1-13 Yes  
 E2 Adolescents 14-17 Yes  
 E3 Young Adults 18-24 Yes  
 E4 Adults 25-59 Yes  
 E5 Geriatric 60+: Yes

**F. STAFFING RESOURCES (Check all that apply)**

F1 Salaried Yes  
 F2 Volunteers Yes  
 F3 Students and trainees Yes  
 F4 Other (Specify)

# SUICIDE IN NEVADA FACT SHEET 2007

## Suicide Death Rates – US 2004



Nevada's suicide rate/100,000 for 2004 is 19.2, second only to Alaska. The US rate/100,000 was 10.9.

Sources: Research/America and the Centers for Disease Control and Prevention, 2006.

89 people per day die by suicide in the US. Imagine the horror and outrage if 89 passengers died in a plane crash every day, 365 days a year. That is the impact of suicide on our families and communities.

# OFFICE OF SUICIDE PREVENTION (OSP) ACCOMPLISHMENTS IN 2006

STATUTORY ORIGIN: NRS 439.511, 439.513 (Office established State fiscal year 2006)

- **Completion of the Nevada Suicide Prevention Plan** (summary on next page)
- **Office of Suicide Prevention website provides up-to-date information and assistance related to suicide in Nevada and the United States;**
- **The OSP staff were certified by LivingWorks Education, as trainers in the Applied Suicide Intervention Skills (ASIST) program, which engages participants in two-days of suicide first-aid skills training;**
- **Suicide Prevention Resource Directory Updated for 2007**
- **Anti-stigma campaign targeting parents was aired in cooperation with Southern Nevada Health District and Clark County Children's Mental Health Consortium**
- **Nevada Gatekeeper Training program developed and implemented;**
- **OSP staff is providing ongoing technical assistance to the Elko County Suicide Prevention Network;**
- **Elko County School District's administrators, counselors, nurses and teachers have benefited from the available training programs such as ASIST, QPR and Nevada Gatekeeper, currently provided by the Office of Suicide Prevention;**
- **A collaboration with the Pyramid Lake community and Indian Health Services led to a \$5,000 award to conduct a youth focused needs assessment;**
- **The Suicide Prevention Trainer and Networking Facilitator has been invited to present at three National conferences due to her expertise and national reputation;**
- **A collaboration with Crisis Call Center during Suicide Prevention Week led to the creation of the First 'Faces of Suicide' Lifekeeper Quilt in Northern Nevada;**
- **OSP staff are diligently implementing a community-driven, comprehensive suicide prevention pilot program for youth in Clark County and participating in a local and national evaluation effort to determine its effectiveness and value.**
- **Ten schools in Clark County were identified for the pilot and targeted with suicide prevention programming which links students at risk and their families to appropriate treatment services.**
- **The Youth Suicide Prevention pilot project has contracted with the Institute for Children's Research and Policy to implement a collaborative local program evaluation which will expand the field's knowledge base about effective methods of information dissemination and quality assurance in Service delivery.**

## The Facts about Suicide

- Nevada has the 2<sup>nd</sup> highest rate in the nation at 19.2/100,000.
- Nevada's rate is double the national average of 10.9/100,000.
- Suicide is the 6<sup>th</sup> leading cause of death for Nevadans.
- Suicide is the 3<sup>rd</sup> leading cause of death for our youth age 10-24.
- Males make up 80% of suicide deaths at an average rate of 33.3 per 100,000.
- Nevada seniors over 60 have the highest suicide rate in the nation, over double the national average rate for the same age group.
- More Nevadans die by suicide than by homicide, HIV/AIDS or automobile accidents.
- Native American Youth have the highest rate of suicide.
- Firearms are used in 59% of suicide deaths.
- Average medical cost per suicide completion in Nevada: \$3,305.\*
- The estimated cost of Nevadans dying by suicide in 2004: \$1,454,200.\*

\*Source: Suicide prevention Resource Center, State of Nevada Fact Sheet Online, 2007. Costs are based on 1999-2003 averages. Calculation based on CDC 2004. Suicide deaths for Nevada (n=440) and the assumption medical costs remain same.

**National Suicide Prevention Lifeline: 1-800-273-TALK (8255)**

## NEVADA SUICIDE PREVENTION PLAN SUMMARY

The Nevada Suicide Prevention Plan is closely based on the *National Strategy for Suicide Prevention, 2001*. The Nevada Suicide Prevention Plan has eleven goals and 35 objectives. Those goals and objectives include three major focal points: Awareness, Intervention and Methodology (AIM) of suicide prevention in the State of Nevada. The AIM Model:

### Awareness:

- Increase awareness through education, training and media that suicide is a serious public health problem that can be prevented;
- Utilize the Office of Suicide Prevention as a clearinghouse of information regarding suicide and suicide prevention;
- Develop partnerships and strategies to reduce the stigma associated with being a consumer of mental health, substance abuse and suicide prevention services;
- Promote awareness that mental health is an essential component of overall health and wellbeing.

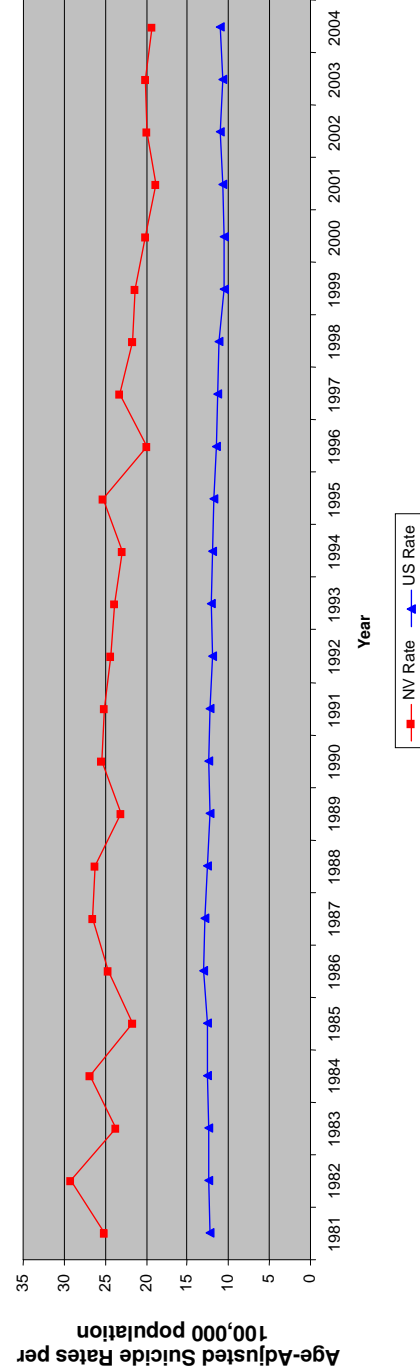
### Intervention:

- Collaborate with communities and agencies to develop comprehensive suicide prevention plans;
- Enhance survivors of suicide loss bereavement services statewide;
- Promote efforts to reduce access to lethal means and methods of self-harm;
- Improve access to appropriate treatment and care;
- Augment training opportunities targeting professionals to improve assessment and management of suicidal persons in their care.

### Methodology:

- Partner with agencies statewide to advance suicide prevention research efforts to increase our knowledge of evidence-based practices;
- Improve and expand surveillance systems of suicide deaths and non-fatal attempts to more accurately inform prevention planning.

## Comparison of NV and US Suicide Rates: 1981-2004



Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005). Available from URL: [www.cdc.gov/ncepc/wisqars](http://www.cdc.gov/ncepc/wisqars). NOTE: Coding systems changed in 1999 from ICD9 to ICD10.

**National Suicide Prevention Lifeline: 1-800-273-TALK (8255)**

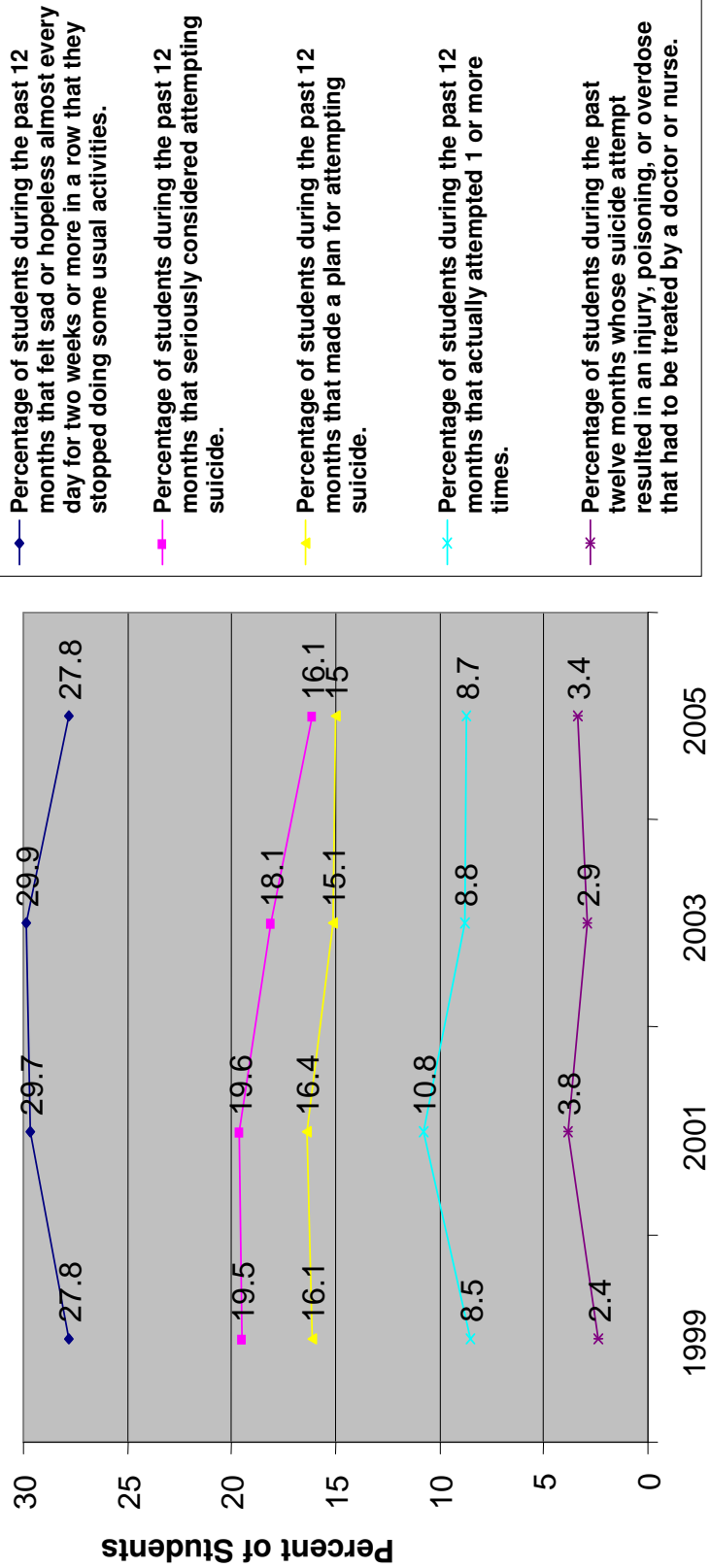
# THE TOLL ON OUR YOUTH IN NEVADA

Using Youth Risk Behavior Survey rates from 2005, the following are estimated:

- 21,789 NV youth seriously considered attempting suicide\*\*
- 20,300 NV youth made a plan to attempt suicide\*\*
- 11,774 NV youth attempted one or more times\*\*
- 400 of those NV youth that made an attempt, required treatment by a doctor or nurse\*\*

\*\*Source: Suicide prevention Resource Center, State of Nevada Fact Sheet Online, 2007. Calculation based on *Youth Risk Behavior Surveillance System*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005 and Population Bureau, U.S.Census Bureau, 2005, released Aug. 4<sup>th</sup>, 2006.

### Nevada Youth Risk Behavior Survey: 1999-2005

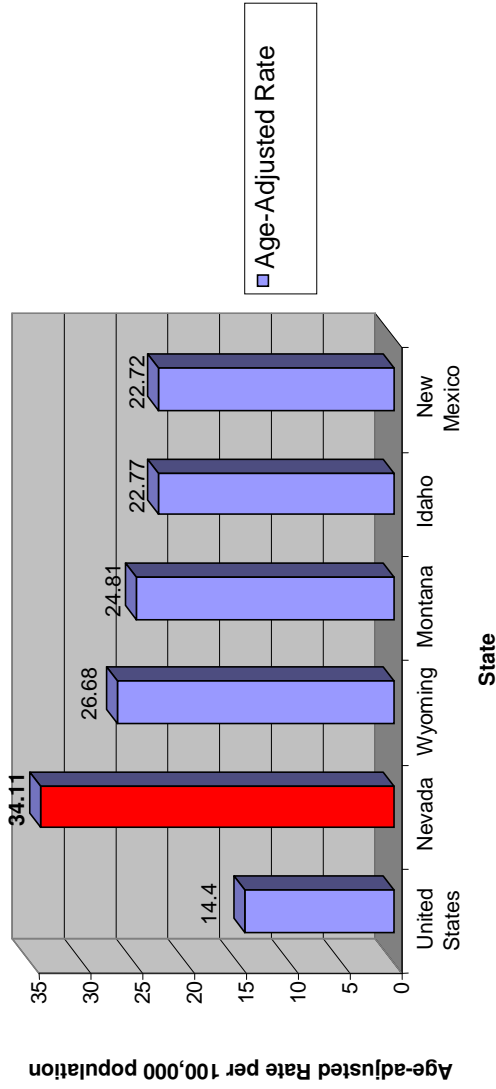


Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Surveillance System. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005.

**National Suicide Prevention Lifeline: 1-800-273-TALK (8255)**

## Nevada Seniors in Crisis

States with Highest Average Suicide Rates in the U.S. from 1999-2004: Ages 60-85+



Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Web-based Injury Statistics Query and Reporting System (WISQARS) [online] (2005).

For more information about the Office of Suicide Prevention or the Nevada Suicide Prevention Plan please go to:  
[www.suicideprevention.nv.gov](http://www.suicideprevention.nv.gov)

National Suicide Prevention Lifeline: 1-800-273-TALK (8255)