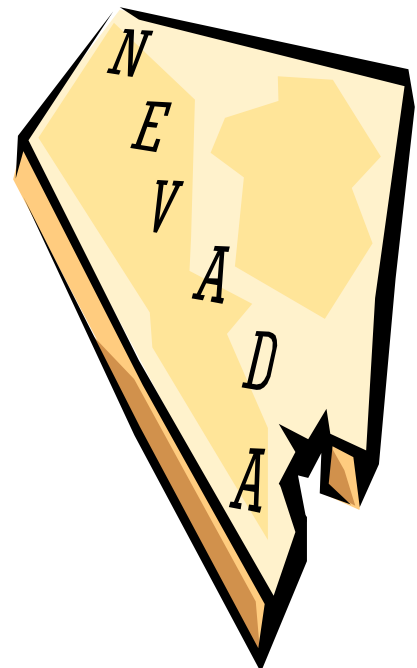


Nevada Suicide Prevention 2007 Resource Directory

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

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.

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

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Representing-Psychiatrists

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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	http://mhds.state.nv.us/
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	www.bgcwn.org
Bridge Counseling	1701 W. Charlseton Suite 400 Las Vegas, NV 89102	(702) 474-6450	(702) 474-6463	Bridgecounselingassociates.org
Caliente Mental Health Center	100 Depot #6 Caliente, NV 89008	(775) 726-3368	(775) 726-3356	http://mhds.state.nv.us/
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	www.carson-city.nv.us
Carson Mental Health Center	1665 Old Hotsprings Rd Ste. 150 Carson City, NV 89706	(775) 687-4195	(775) 687-5103	sbawden@ruralclinics.nv.gov
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	www.centerforcompassionatecare.org
Center For Independent Living	1417 Las Vegas Blvd. North Las Vegas, NV 89101	(702) 385-3776	(702) 385-1764	www.CFIL@lvcm.com
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	sthaller@douglas.nv.gov

<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**

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

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

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**

Name of Agency	Bridge Counseling	Telephone	(702) 474-6450
Address	1701 W. Charlseton Suite 400 Las Vegas, NV 89102	Fax	(702) 474-6463
		Web/Email	Bridgecounselingassociates.org
Type of Setting	2 Clinic		
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	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**

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

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**

Name of Agency Carson Mental Health Center
Address 1665 Old Hotsprings Rd
Ste. 150
Carson City, NV 89706

Telephone (775) 687-4195
Fax (775) 687-5103
Web/Email sbawden@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) 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 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 No
F4 Other (Specify)

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

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

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**

Name of Agency	Carson Tahoe Regional Hospital: Behavioral Health	Telephone	(775) 445-7756
Address	1001 N. Mountain St. Ross Bldg, Ste. 3-H Carson City, NV 89702	Fax	(775) 841-0304
		Web/Email	
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	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**

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

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 (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	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

Telephone (775) 289-1671

Address 1675 Avenue F
Ely, NV 89301

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 (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	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 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 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

Telephone (775) 738-1990

Address 1500 College Parkway
Elko, NV 89801

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

Telephone (775) 884-0392

Address 3579 Hwy 50 East, Ste C
Carson City, NV 89701

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	Telephone	(775) 289-1680
Address	P.O. Box 151690 Ely, NV 89315	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 (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	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**

Name of Agency	Rural Regional Center	Telephone	(775) 687-5162
Address	1665 Old Hotsprings Rd Ste. 164 Carson City, NV 89706	Fax	(775) 687-1001
		Web/Email	mbennett@dhr.state.Nv.us
Type of Setting	5 Other Regional Center for elig. people w/ MR/DD		
Category	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 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	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**

Name of Agency	Safe House	Telephone	(702) 451-4203
Address	921 American Pacific Dr #300 Henderson, NV 89014	Fax	(702) 451-4302
		Web/Email	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**

Name of Agency	Safe Nest	Telephone	(702) 646-4981
Address	2915 W. Charleston, Ste 12, Las Vegas, NV 89102	Fax	(702) 877-0127
		Web/Email	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**

Name of Agency	Sierra Recovery Center	Telephone	(530) 541-5190
Address	972-B Tallac Ave. South Lake Tahoe, CA 96150	Fax	(530) 541-6130
		Web/Email	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.solacetree.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**

Name of Agency	STEP2	Telephone	(775) 787-9411
Address	3695 Kings Row P.O. Box 30674 Reno, NV 89503	Fax	(775) 787-9445
		Web/Email	
Type of Setting	5 Other Treatment Facility		
Category	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 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	Survivors of Suicide Support Group	Telephone	(702) 486-8255
Address	100 N. Green Valley Pkwy Ste. 330 Henderson, NV 89074	Fax	(702) 486-3533
		Web/Email	llflatt@cox.net
Type of Setting	4 Office		
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	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 (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	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	Washoe County School Dist. Police Deptl	Telephone	(775) 348-0285
Address	P.O. Box 30425 Reno, NV 89520	Fax	(775) 348-0265
		Web/Email	

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 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 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 (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)

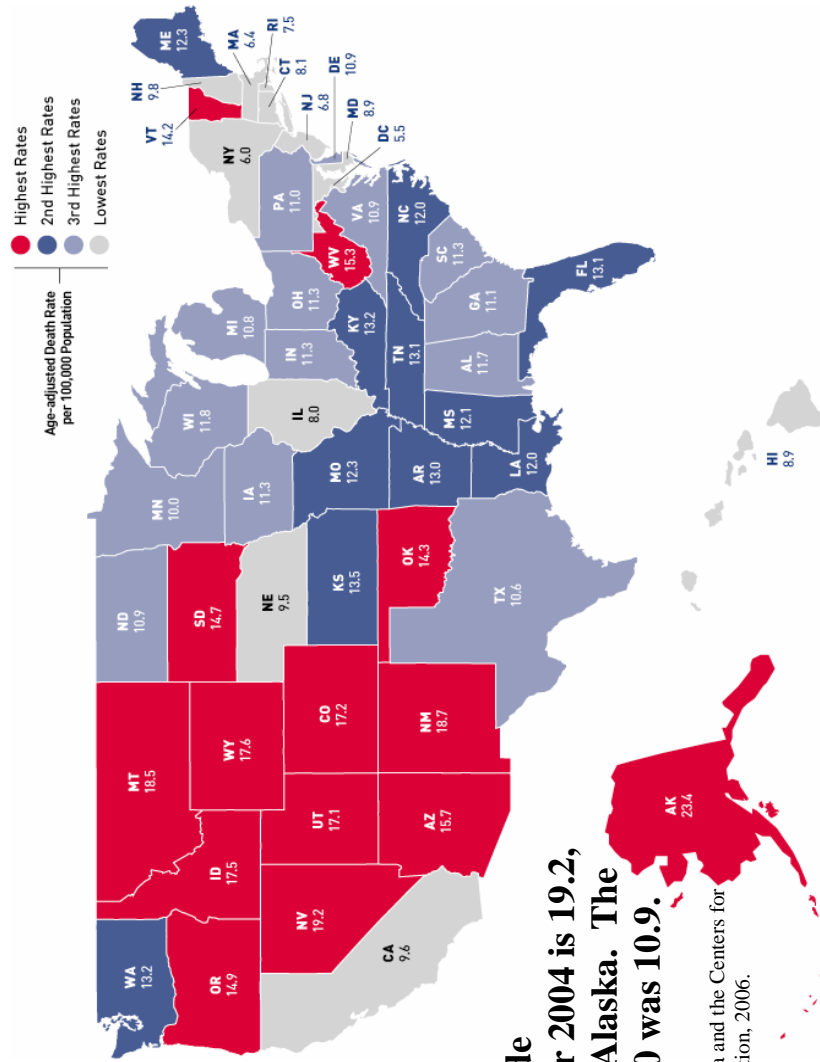
E1 Children 1-13	Yes
E2 Adolescents 14-17	Yes
E3 Young Adults 18-24	Yes
E4 Adults 25-59	Yes
E5 Geriatric 60+:	Yes

F. STAFFING RESOURCES (Check all that apply)

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

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 2nd 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 6th leading cause of death for Nevadans.
- Suicide is the 3rd 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.

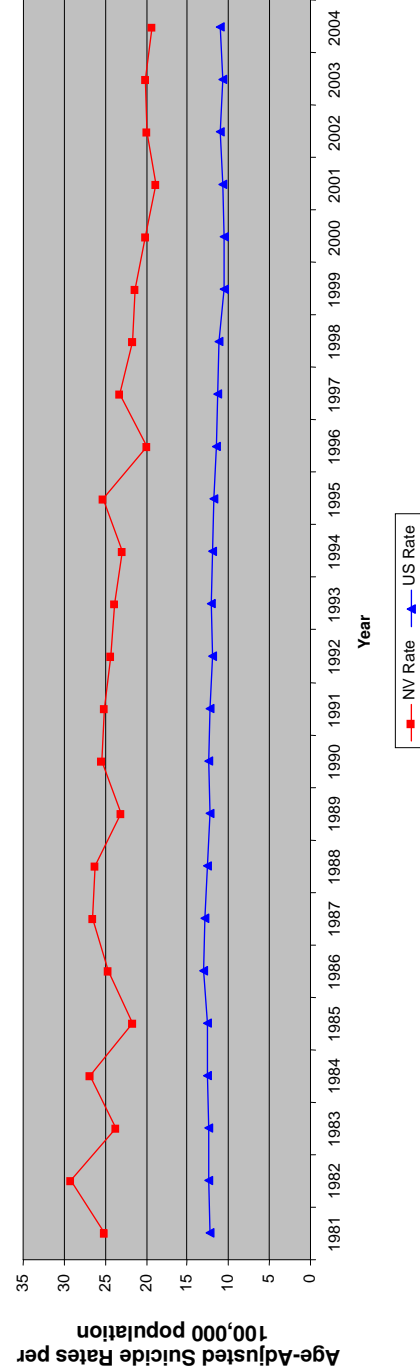
Intervention:

- 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 NOTE: Coding systems changed in 1999 from ICD9 to ICD10.

National Suicide Prevention Lifeline: 1-800-273-TALK (8255)

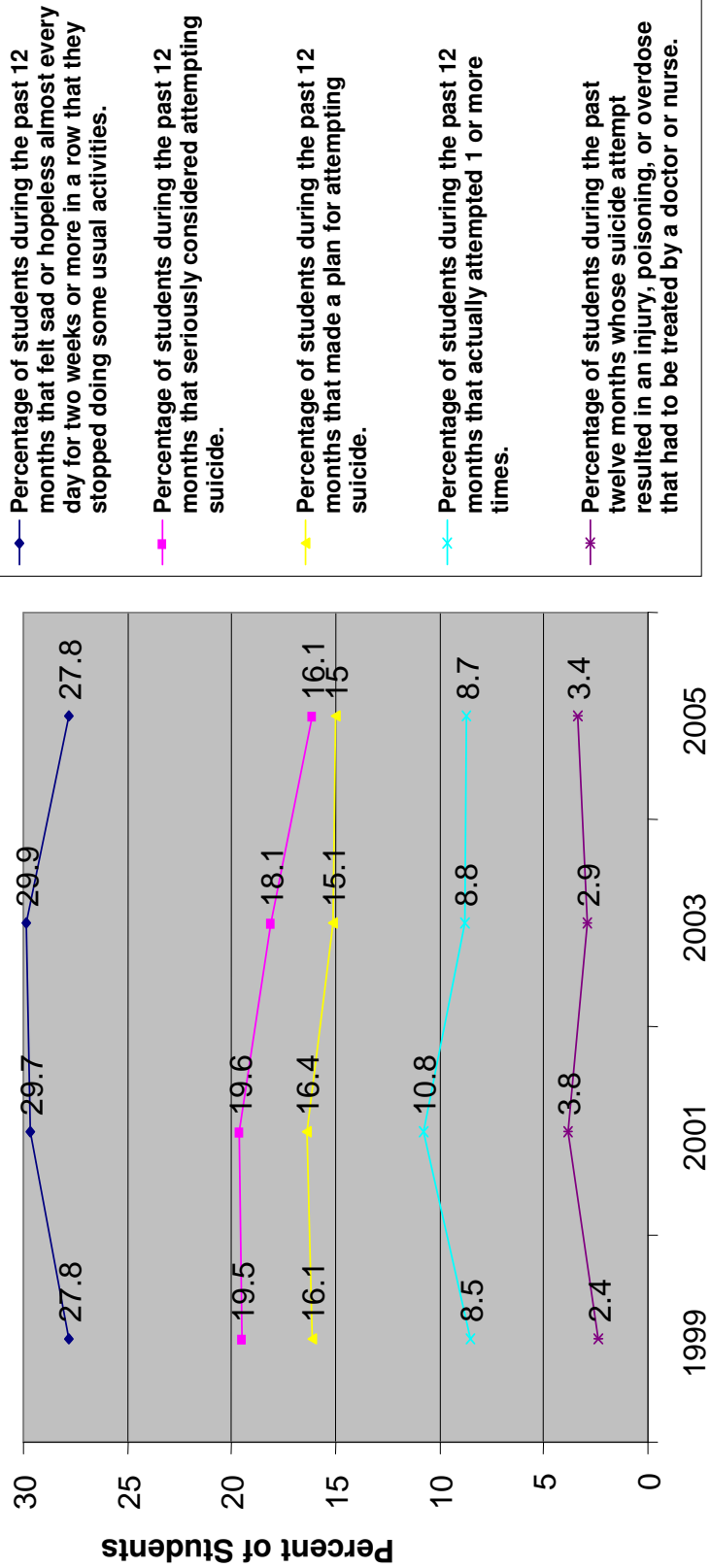
THE TOLL ON OUR YOUTH IN NEVADA

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. 4th, 2006.

Nevada Youth Risk Behavior Survey: 1999-2005

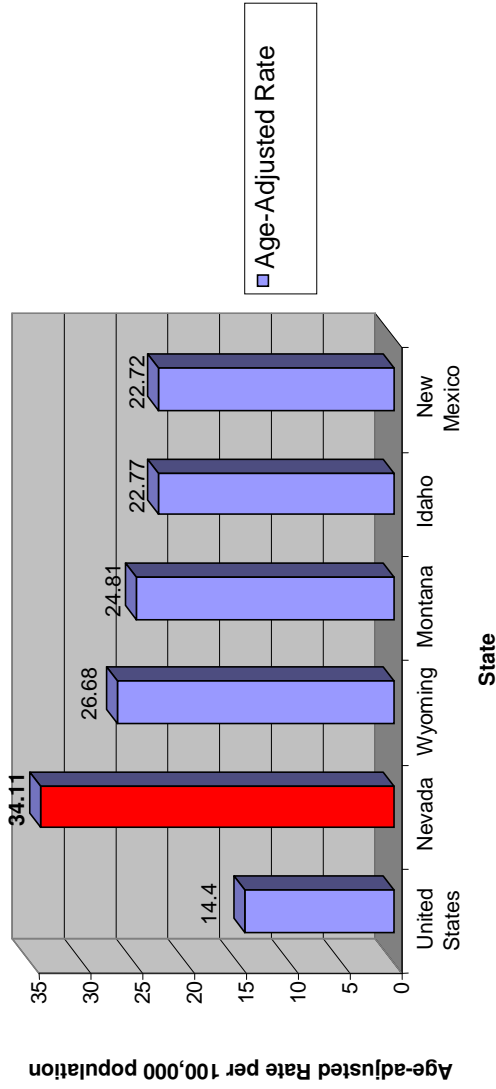


Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Surveillance System. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005.

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

National Suicide Prevention Lifeline: 1-800-273-TALK (8255)