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
If you have questions, concerns or updated information, please contact Misty Allen at (775)684-3475
Representing-Gen. Public-MH
Gretchen Greiner, Ed.D., Chair

Representing-Social Workers
Eric C. Albers, Ph.D., Vice Chair

Representing-Registered Nurses
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Representing-Psychologists
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Toni Richard

Representing-Physicians
Johanna Fricke, M.D.

Representing-Psychiatrists
Rena Nora, M.D.

Representing-Marriage and Family Therapists
Lee Derbyshire

Representing-Consumers
Barbara Jackson
January 1, 2007

Dear Gatekeepers:

It is my pleasure to present the 2007 Nevada Suicide Prevention Resource Directory. The 2003 Nevada Suicide Prevention Resource Directory was the first publication of its type provided by Nevada’s public mental health system. Since the original publication, the State of Nevada has opened the first Office of Suicide Prevention. It is our task to develop, implement and evaluate the Nevada Suicide Prevention Plan. Along with that important task, we are also updating the resources around the state that help people at risk for suicide and those that have been bereaved by the loss of a loved one to suicide.

The directory provides a comprehensive list of available resources that are needed when people are impacted by this complex and tragic situation. It is presented in a format which provides a “Quick Reference” section, offering at-a-glance, critical contact information for resources which are listed by region in Nevada: north, south, and rural.

I would like to note the Acknowledgements page as we thank not only the entire Governor’s Suicide Prevention Advisory Committee, but particularly Dr. Rena Nora, who chaired the task force in 2002 that created the original publication. She continues to oversee suicide prevention efforts for the Commission on Mental Health and Developmental Services.

Copies of this document are available by contacting the Office of Suicide Prevention at 775-684-3475 or our website: www.suicideprevention.nv.gov. You may also go to the Mental Health and Developmental Services’ website at http://mhds.state.nv.us/ where it can be found in the publication section. Any questions or updates can be directed to me at 684-3475.

Thank you for being a part of our suicide prevention efforts. Together we can decrease the impact of this preventable public health crisis in our families, communities and Nevada.

Respectfully,

Misty Vaughan Allen
Suicide Prevention Coordinator
ACKNOWLEDGEMENTS

The Governor’s Commission on Mental Health and Developmental Services established the Suicide Resources Coordination Task Force (SRCTF) in August 2002. Representatives were invited from various public and private facilities and agencies that provide care and services for individuals at risk for suicide and their families.

The Task Force recognized an urgent need for a greater degree of coordination of suicide-related resources in the state. Dealing with suicide as a major public health problem requires strong cooperation and support from all individuals and agencies who deal directly with those at risk for this problem. A questionnaire survey was conducted by mail and the Nevada Suicide Prevention 2003 Directory is based on the results of that survey. A report on the evaluation and analysis of aggregate data obtained from profiles of respondents to the survey is also included in this publication.

The Directory’s Quick Reference Index lists resources by region (South and North/Rural) in Nevada with corresponding page numbers for each facility or agency. Each profile includes information that will facilitate easy referral and access to suicide prevention, intervention and postvention. “Suicide prevention is nearly always a matter of a person with the right knowledge being available in the right place at the right time.” It is intended that this Directory will be expanded and updated in the future.

We are grateful to all those individuals who contributed towards the production of this Directory. We acknowledge the following who deserve special recognition for their efforts: Mike Bernstein and staff, Clark County Health District, Misty Allen and staff, Crisis Call Center (Reno), Paul Wulkan and staff, MHDS Program Evaluation and Analysis, Dr. Kevin Crowe and staff, MHDS Central Office Quality Assurance. Finally, our special thanks and appreciation for their continued support and encouragement to Mike Willden, Director of Human Resources and Dr. Carlos Brandenburg, Administrator for Mental Health and Developmental Services (MHDS).

Rena M. Nora, M.D.
Chairperson, Suicide Resource Coordination Task Force

Note: This letter is from the original publication in 2003.
<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Address</th>
<th>Telephone</th>
<th>Fax</th>
<th>Website/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC Therapy</td>
<td>730 N. Eastern Ave #130 Las Vegas, NV 89101</td>
<td>(702) 598-2018</td>
<td>(702) 598-2020</td>
<td>ABCTherapy.net</td>
</tr>
<tr>
<td>Battle Mountain Mental Health Center</td>
<td>P.O. Box 50 Battle Mountain, NV 89820</td>
<td>(775) 635-5753</td>
<td>(775) 635-8028</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
</tr>
<tr>
<td>Behavioral Health Services Carson-Tahoe</td>
<td>P.O. Box 2168 Carson City, NV 89702</td>
<td>(775) 885-4460</td>
<td>(775) 885-8094</td>
<td></td>
</tr>
<tr>
<td>BEST Coalition for a Safe &amp; Drug Free Nevada</td>
<td>3075 E. Flamingo Rd. Ste 100- A Las Vegas, NV 89121</td>
<td>(702) 385-0684</td>
<td>(702) 614-0400</td>
<td><a href="mailto:Luis@NVBEST.org">Luis@NVBEST.org</a></td>
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<tr>
<td>Boys &amp; Girls Clubs of Western Nevada</td>
<td>673 S. Stewart Street Carson City, NV 89701</td>
<td>(775) 882-8820</td>
<td>(775) 882-0250</td>
<td><a href="http://www.bgcnw.org">www.bgcnw.org</a></td>
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<tr>
<td>Bridge Counseling</td>
<td>1701 W. Charleston Suite 400 Las Vegas, NV 89102</td>
<td>(702) 474-6450</td>
<td>(702) 474-6463</td>
<td>Bridgecounselingassociates.org</td>
</tr>
<tr>
<td>Caliente Mental Health Center</td>
<td>100 Depot #6 Caliente, NV 89008</td>
<td>(775) 726-3368</td>
<td>(775) 726-3356</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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<tr>
<td>Caliente Youth Center</td>
<td>P.O. Box 788 Caliente, NV 89008</td>
<td>(775) 726-8200</td>
<td>(775) 726-3299</td>
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</tr>
<tr>
<td>Carson City Sheriffs Office</td>
<td>901 E. Musser Street Carson City, NV 89701</td>
<td>(775) 887-2500</td>
<td>(775) 887-2026</td>
<td><a href="http://www.carson-city.nv.us">www.carson-city.nv.us</a></td>
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<td>Carson Mental Health Center</td>
<td>1665 Old Hotspings Rd Ste. 150 Carson City, NV 89706</td>
<td>(775) 687-4195</td>
<td>(775) 687-5103</td>
<td><a href="mailto:sbawden@ruralclinics.nv.gov">sbawden@ruralclinics.nv.gov</a></td>
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<tr>
<td>Carson Tahoe Behavioral Health-</td>
<td>PO Box 2168 Carson City, NV 89701</td>
<td>(775) 885-4460</td>
<td>(775) 885-8094</td>
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<tr>
<td>Inpatient</td>
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<td>Carson Tahoe Regional Hospital:</td>
<td>1001 N. Mountain St. Ross Bldg, Ste. 3-H</td>
<td>(775) 445-7756</td>
<td>(775) 841-0304</td>
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<td>Behavioral Health</td>
<td>Carson City, NV 89702</td>
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<tr>
<td>Center For Behavioral Health</td>
<td>3050 E. Desert Inn #116 Las Vegas, NV 89121</td>
<td>(702) 796-0660</td>
<td>(702) 796-1835</td>
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<tr>
<td>Center for Compassionate Care</td>
<td>4131 Swenson St. Las Vegas, NV 89119</td>
<td>(702) 796-3167</td>
<td>(702) 796-3172</td>
<td><a href="http://www.centerforcompassionatecare.org">www.centerforcompassionatecare.org</a></td>
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<tr>
<td>Center For Independent Living</td>
<td>1417 Las Vegas Blvd. North Las Vegas, NV 89101</td>
<td>(702) 385-3776</td>
<td>(702) 385-1764</td>
<td><a href="http://www.CFIL@lvcm.com">www.CFIL@lvcm.com</a></td>
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<tr>
<td>Central Lyon Youth Connections</td>
<td>P.O. Box 1865 Dayton, NV 89403</td>
<td>(775) 246-0320</td>
<td>(775) 246-0238</td>
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<tr>
<td>China Spring Youth Camp</td>
<td>P.O. Box 218 Minden, NV 89423</td>
<td>(775) 265-5350</td>
<td>(775) 265-7159</td>
<td><a href="mailto:sthaler@douglas.nv.gov">sthaler@douglas.nv.gov</a></td>
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<td>Clark County Juvenile Justice Services</td>
<td>601 North Pecos, Las Vegas, NV 89101</td>
<td>(702) 455-5210</td>
<td>(702) 455-5216</td>
<td><a href="http://www.co.clark.nv.us">www.co.clark.nv.us</a></td>
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<tr>
<td>Columbia University TeenScreen Program</td>
<td>4015 S. Buffalo #283, Las Vegas, NV 89145</td>
<td>(702) 285-9258</td>
<td>(702) 363-0397</td>
<td><a href="mailto:ludwigb@childpsych.columbia.edu">ludwigb@childpsych.columbia.edu</a></td>
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<td>Community Chest, Inc.</td>
<td>P.O. Box 980, Virginia City, NV 89440</td>
<td>(775) 847-9311</td>
<td>(775) 847-9335</td>
<td><a href="http://www.communitychestnevada.org">www.communitychestnevada.org</a></td>
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<td>Community Counseling Center</td>
<td>205 S. Pratt Street, Carson City, NV 89701</td>
<td>(775) 882-3945</td>
<td>(775) 882-6126</td>
<td><a href="mailto:meadowmary@aol.com">meadowmary@aol.com</a></td>
</tr>
<tr>
<td>Community Counseling Center</td>
<td>1120 Almond Tree Lane #207, Las Vegas, NV 89104</td>
<td>(702) 369-8700</td>
<td>(702) 369-8489</td>
<td><a href="http://www.ccclasvegas.com">www.ccclasvegas.com</a></td>
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<tr>
<td>Crisis Call Center</td>
<td>P.O. Box 8016, Reno, NV 89507</td>
<td>(775) 784-8085</td>
<td>(775) 784-8083</td>
<td><a href="http://www.crisiscallcenter.org">www.crisiscallcenter.org</a></td>
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<td>Dayton Mental Health Center</td>
<td>120 Pike St., Dayton, NV 89403</td>
<td>(775) 246-5240</td>
<td>(775) 246-5364</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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<td>Desert Regional Center</td>
<td>1301 S. Jones Blvd, Las Vegas, NV 89146</td>
<td>(702) 486-6199</td>
<td>(702) 486-6334</td>
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<tr>
<td>Douglas County Sheriff's Dept</td>
<td>P.O. Box 218, Minden, NV 89423</td>
<td>(775) 782-9900</td>
<td>(775) 782-9919</td>
<td><a href="http://www.douglascountynv.gov">www.douglascountynv.gov</a></td>
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<tr>
<td>Douglas Mental Health Center</td>
<td>1538 Hwy 395, Gardnerville, NV 89410</td>
<td>(775) 782-3671</td>
<td>(775) 782-6639</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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<td>Elko Mental Health Center</td>
<td>1825 Pinion Rd, Ste. A, Elko, NV 89801</td>
<td>(775) 738-8021</td>
<td>(775) 838-8842</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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<td>Ely Mental Health Center</td>
<td>1675 Avenue F, Ely, NV 89301</td>
<td>(775) 289-1671</td>
<td>(775) 289-1699</td>
<td><a href="mailto:lbellandor@dhr.state.nv.us">lbellandor@dhr.state.nv.us</a></td>
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<tr>
<td>Eureka County Sheriffs Office</td>
<td>P.O. Box 736, Eureka, NV 89316</td>
<td>(775) 237-5330</td>
<td>(775) 237-5704</td>
<td><a href="mailto:esco@eurekanv.org">esco@eurekanv.org</a></td>
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<tr>
<td>Fallon Mental Health Center</td>
<td>151 N. Main Street, Fallon, NV 89406</td>
<td>(775) 423-7141</td>
<td>(775) 423-4020</td>
<td><a href="mailto:dcoke@ruralclinics.nv.gov">dcoke@ruralclinics.nv.gov</a></td>
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<tr>
<td>Family Support Council, Douglas County</td>
<td>1255 Waterloo Ln, Gardnerville, NV 89410</td>
<td>(775) 782-8692</td>
<td>(775) 782-1942</td>
<td>family-support.org</td>
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<tr>
<td>Fernley Mental Health Center</td>
<td>PO Box 2314, Fernley, NV 89408</td>
<td>(775) 575-0670</td>
<td>(775) 575-0672</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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<td>Friends Family Resource Center</td>
<td>643 S. Maine St, Fallon, NV 89406</td>
<td>(775) 428-2600</td>
<td>(775) 423-8041</td>
<td><a href="mailto:friends@churchill.k12.nv.us">friends@churchill.k12.nv.us</a></td>
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<tr>
<td>Hawthorne Mental Health Center</td>
<td>1000 C St., Hawthorne, NV 89415</td>
<td>(775) 945-3387</td>
<td>(775) 945-2307</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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<tr>
<td>Humboldt Co. Youth &amp; Family Services</td>
<td>P.O. Box 1039 Winnemucca, NV 89446</td>
<td>(775) 623-6382</td>
<td>(775) 623-6386</td>
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<tr>
<td>Humboldt County Sheriff</td>
<td>50 W. 5th Winnemucca, NV 89445</td>
<td>(775) 623-6419</td>
<td>(772) 623-2192</td>
<td><a href="mailto:hl02@hcsonv.com">hl02@hcsonv.com</a></td>
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<td>Jason Foundation</td>
<td>5900 W. Rochelle Ave, Las Vegas, NV 89103</td>
<td>(702) 364-1111</td>
<td>(702) 251-1237</td>
<td><a href="http://www.jasonfoundation.com">www.jasonfoundation.com</a></td>
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<td>Lake Tahoe Mental Health Center</td>
<td>175 W. Highway 50 Stateline, NV 89779</td>
<td>(775) 782-3671</td>
<td>(775) 782-6639</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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<td>Laughlin Mental Health Center</td>
<td>3650 S. Pointe Cir, Ste 208 Laughlin, NV 89028</td>
<td>(702) 298-5313</td>
<td>(702) 298-0188</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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<td>Lovelock Mental Health Center</td>
<td>775 Cornell Ave A-1 Lovelock, NV 89419</td>
<td>(775) 273-1036</td>
<td>(775) 273-1109</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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<td>Lyon Council on Alcohol &amp; Other Drugs</td>
<td>215 W. Bridge St. #8 Yerington, NV 89447</td>
<td>(775) 463-6597</td>
<td>(775) 463-6598</td>
<td><a href="mailto:lyoncouncil@tele-net.net">lyoncouncil@tele-net.net</a></td>
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<td>Mesquite Mental Health Center</td>
<td>61 N. Willow #4 Mesquite, NV 89027</td>
<td>(702) 346-4696</td>
<td>(702) 346-4699</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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<td>Moapa Valley Mental Health Center</td>
<td>320 N. Moapa Valley Blvd Overton, NV 89040</td>
<td>(702) 397-8900</td>
<td>(702) 397-8920</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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<tr>
<td>MonteVista Hospital</td>
<td>5900 W. Rochelle Ave, Las Vegas, NV 89103</td>
<td>(702) 364-1111</td>
<td>(702) 251-1237</td>
<td><a href="http://www.psysolutions.com">www.psysolutions.com</a></td>
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<tr>
<td>N.E. Area Cooperative Extension</td>
<td>1500 College Parkway Elko, NV 89801</td>
<td>(775) 738-1990</td>
<td>(775) 753-7843</td>
<td><a href="mailto:smithm@unce.unr.edu">smithm@unce.unr.edu</a></td>
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<td>Nevada Coalition for Suicide Prevention</td>
<td>300 Vallarte Drive Henderson, NV 89014</td>
<td>(702) 451-4338</td>
<td>(702) 434-6325</td>
<td><a href="mailto:llfatt@dhhs.nv.gov">llfatt@dhhs.nv.gov</a></td>
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<td>Nevada Public Health Foundation</td>
<td>3579 Hwy 50 East, Ste C Carson City, NV 89701</td>
<td>(775) 884-0392</td>
<td>(775) 884-0274</td>
<td><a href="http://www.nphf.org">www.nphf.org</a></td>
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<tr>
<td>Nevada State Public Defender-Ely Office</td>
<td>P.O. Box 151690 Ely, NV 89315</td>
<td>(775) 289-1680</td>
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<tr>
<td>Nevada Urban Indians, Inc</td>
<td>410 E. John St., Ste B Carson City, NV 89706</td>
<td>(775) 883-4439</td>
<td>(775) 883-6981</td>
<td><a href="mailto:info@nevadaurbanindians.org">info@nevadaurbanindians.org</a></td>
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<tr>
<td>Nevada Urban Indians, Inc</td>
<td>5301 Longley Ln Bldg E, Ste 178 Reno, NV 89511</td>
<td>(775) 788-7600</td>
<td>(775) 788-7611</td>
<td><a href="mailto:info@nevadaurbanindians.org">info@nevadaurbanindians.org</a></td>
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<tr>
<td>North Vista Gero-Pyschiatric Unit</td>
<td>1409 E. Lake Mead Blvd N. Las Vegas, NV 89030</td>
<td>(702) 657-5754</td>
<td>(702) 657-5755</td>
<td>northvistahosp.com</td>
</tr>
<tr>
<td>North Vista Hospital</td>
<td>1409 E. Lake Mead Blvd N.Las Vegas, NV 89030</td>
<td>(702) 649-7711</td>
<td></td>
<td>northvistahosp.com</td>
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<tr>
<td>Name of Agency</td>
<td>Address</td>
<td>Telephone</td>
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<tr>
<td>Northern NV Adult Mental Health Svc</td>
<td>480 Galletti Way</td>
<td>(775) 688-2010</td>
<td>(775) 688-2052</td>
<td><a href="mailto:hcook@nnamhs.state.nv.us">hcook@nnamhs.state.nv.us</a></td>
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<tr>
<td></td>
<td>Sparks, NV 89431</td>
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<tr>
<td>Office of Suicide Prevention</td>
<td>4220 S. Maryland Pkwy 302B</td>
<td>(702)-486-8225</td>
<td>(702)-486-3533</td>
<td><a href="http://www.suicideprevention.nv.gov">www.suicideprevention.nv.gov</a></td>
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<td></td>
<td>Las Vegas, NV 89119</td>
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<tr>
<td>Office of Suicide Prevention</td>
<td>4126 Technology Wy, Rm 100</td>
<td>(775)-684-3475</td>
<td>(775)-684-4010</td>
<td><a href="http://www.suicideprevention.nv.gov">www.suicideprevention.nv.gov</a></td>
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<td></td>
<td>Carson City, NV 89706</td>
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<td>Pahrump Mental Health Center</td>
<td>240 S. Humahuaca</td>
<td>(775) 751-7406</td>
<td>(775) 751-7409</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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<td></td>
<td>Pahrump, NV 89048</td>
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<tr>
<td>Reno-Sparks Tribal Health Center</td>
<td>34 Reservation Rd.</td>
<td>(775) 329-5162</td>
<td>(775) 329-4129</td>
<td><a href="http://www.rsic.org">www.rsic.org</a></td>
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<td>Reno, NV 89502</td>
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<td>Rural Regional Center</td>
<td>1665 Old Hotsprings Rd</td>
<td>(775) 687-5162</td>
<td>(775) 687-1001</td>
<td><a href="mailto:mbennett@dhr.state.nv.us">mbennett@dhr.state.nv.us</a></td>
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<td>Ste. 164</td>
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<td></td>
<td>Carson City, NV 89706</td>
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<tr>
<td>Safe House</td>
<td>921 American Pacific Dr #300</td>
<td>(702) 451-4203</td>
<td>(702) 451-4302</td>
<td><a href="mailto:safehouse@aol.com">safehouse@aol.com</a></td>
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<td></td>
<td>Henderson, NV 89014</td>
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<tr>
<td>Safe Nest</td>
<td>2915 W. Charleston, Ste 12</td>
<td>(702) 646-4981</td>
<td>(702) 877-0127</td>
<td><a href="http://www.safenest.org">www.safenest.org</a></td>
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<td></td>
<td>Las Vegas, NV 89102</td>
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<tr>
<td>Seventh Jud. Dist. Juvenile Probation</td>
<td>P.O. Box 11</td>
<td>(775) 237-5450</td>
<td>(775) 237-6005</td>
<td><a href="mailto:klabarry@eurekanv.org">klabarry@eurekanv.org</a></td>
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<td>Eureka, NV 89316</td>
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<tr>
<td>Sierra Recovery Center</td>
<td>972-B Tallac Ave.</td>
<td>(530) 541-5190</td>
<td>(530) 541-6130</td>
<td><a href="http://www.sierrarecoverycenter.org">www.sierrarecoverycenter.org</a></td>
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<tr>
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<td>South Lake Tahoe, CA 96150</td>
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<tr>
<td>Silver Springs Mental Health Center</td>
<td>3595 Hwy 50 W.,</td>
<td>(775) 577-0319</td>
<td>(775) 577-9571</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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<tr>
<td>Sixth Judicial District Youth Services</td>
<td>737 E. Fairgrounds Rd</td>
<td>(775)-623-6382</td>
<td>(775)-623-6386</td>
<td><a href="mailto:Jripley@wmnv.net">Jripley@wmnv.net</a></td>
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<td></td>
<td>Winnemucca, NV 89445</td>
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<tr>
<td>Solace Tree, Child &amp; Adolescent Grief Center</td>
<td>Solace Tree, Inc. P.O. Box 2944</td>
<td>(775) 324-7723</td>
<td>(775) 324-7725</td>
<td><a href="http://www.solacetree.org">www.solacetree.org</a></td>
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<td>Reno, NV 89505</td>
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<tr>
<td>Southern Nevada Adult Mental Health</td>
<td>6161 W. Charleston Blvd</td>
<td>(702) 486-6000</td>
<td>(702) 486-6248</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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<tr>
<td>STEP2</td>
<td>3695 Kings Row</td>
<td>(775) 787-9411</td>
<td>(775) 787-9445</td>
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<td></td>
<td>P.O. Box 30674</td>
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<td>Reno, NV 89503</td>
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<tr>
<td>Suicide Prevention Network</td>
<td>P.O. Box 651</td>
<td>(775) 782-8611</td>
<td>(775) 782-4216</td>
<td><a href="mailto:belliotspn@yahoo.com">belliotspn@yahoo.com</a></td>
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<td></td>
<td>Minden, NV 89423</td>
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<tr>
<td>Survivors of Suicide of Northeastern Nevada</td>
<td>NE Nevada Regional Hospital</td>
<td>(775)-934-6670</td>
<td></td>
<td><a href="mailto:soselko@frontiernet.net">soselko@frontiernet.net</a></td>
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<tr>
<td></td>
<td>2001 Errecart Boulevard</td>
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<td></td>
<td>Elko, NV 89801</td>
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<td>Survivors of Suicide</td>
<td>6200 W Lone Mt.</td>
<td>(702) 658-2722</td>
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<td>Las Vegas, NV 89130</td>
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<tr>
<td>Name of Agency</td>
<td>Address</td>
<td>Telephone</td>
<td>Fax</td>
<td>Website/Email</td>
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<tr>
<td>Survivors of Suicide Loss Support</td>
<td>1528 Hwy 395 Ste. 100</td>
<td>(775) 782-8611</td>
<td></td>
<td><a href="mailto:tahoechik@charter.net">tahoechik@charter.net</a></td>
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<td></td>
<td>Gardnerville, NV 89410</td>
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<tr>
<td>Survivors of Suicide Support Group</td>
<td>100 N. Green Valley Pkwy Ste. 330</td>
<td>(702) 486-8255</td>
<td>(702) 486-3533</td>
<td><a href="mailto:llflatt@cox.net">llflatt@cox.net</a></td>
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<td>Henderson, NV 89074</td>
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<tr>
<td>The Ridge House, Inc.</td>
<td>900 W. First St. Ste 200</td>
<td>(775) 322-8941</td>
<td>(775) 322-1544</td>
<td><a href="http://www.ridgehouse.org">www.ridgehouse.org</a></td>
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<tr>
<td></td>
<td>Reno, NV 89503</td>
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<tr>
<td>There’s A Light at the End of the Tunnel</td>
<td>Karrs Bldg, 640 A St</td>
<td>(775)-945-5782</td>
<td></td>
<td><a href="mailto:lijer@sbcglobal.net">lijer@sbcglobal.net</a></td>
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<tr>
<td></td>
<td>Hawthorne, NV 89415</td>
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<tr>
<td>Tonopah Mental Health Center</td>
<td>825 S. Main Tonopah, NV 89049</td>
<td>(775) 482-6742</td>
<td>(775) 482-3718</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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<tr>
<td>Trauma Intervention Program</td>
<td>3271 Shadow Bluff Ave, 330</td>
<td>(702) 288-0906</td>
<td>(702) 434-8182</td>
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<tr>
<td></td>
<td>Las Vegas, NV 89120</td>
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<tr>
<td>VA Southern Nevada Healthcare System</td>
<td>901 Rancho Lane Las Vegas, NV 89106</td>
<td>(702) 636-3000</td>
<td>(702) 636-3027</td>
<td><a href="http://www.las-vegas.med.va.gov/">http://www.las-vegas.med.va.gov/</a></td>
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<tr>
<td>Vitality Center</td>
<td>3740 Idaho Elko, NV 89801</td>
<td>(775) 738-8004</td>
<td>(775) 738-2526</td>
<td><a href="mailto:karen@vitalitycenter.org">karen@vitalitycenter.org</a></td>
</tr>
<tr>
<td>Washoe County School Dist. Police Depl</td>
<td>P.O. Box 30425 Reno, NV 89520</td>
<td>(775) 348-0285</td>
<td>(775) 348-0265</td>
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<tr>
<td>Wendover Mental Health Center</td>
<td>925 N. Wells Ave. Unit B Wendover, NV 89883</td>
<td>(775) 664-2944</td>
<td>(775) 664-2965</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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<tr>
<td>White Pine Country Scool District</td>
<td>1135 Ave C. Ely, NV 89301</td>
<td>(775) 289-4851</td>
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<tr>
<td>Winnemucca Mental Health Center</td>
<td>3140 Traders Wy Winnemucca, NV 89445</td>
<td>(775) 623-6580</td>
<td>(775) 623-6584</td>
<td><a href="mailto:winneclinicians@dhr.state.nv.us">winneclinicians@dhr.state.nv.us</a></td>
</tr>
<tr>
<td>Yerington Mental Health Center</td>
<td>215 W. Bridge St. #5, Yerington, NV 89447</td>
<td>(775) 463-3191</td>
<td>(775) 463-4641</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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<td>Name of Agency</td>
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<tr>
<td>ABC Therapy</td>
<td>730 N. Eastern Ave #130 Las Vegas, NV 89101</td>
<td>(702) 598-2018</td>
<td>5 Other (Counseling Center)</td>
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<tr>
<td>BEST Coalition for a Safe &amp; Drug Free Nevada</td>
<td>3075 E. Flamingo Rd. Ste 100-A Las Vegas, NV 89121</td>
<td>(702) 385-0684</td>
<td>5 Other Non-Profit agency</td>
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<tr>
<td>Bridge Counseling</td>
<td>1701 W. Charleston Suite 400 Las Vegas, NV 89102</td>
<td>(702) 474-6450</td>
<td>2 Clinic</td>
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<tr>
<td>Caliente Mental Health Center</td>
<td>100 Depot #6 Caliente, NV 89008</td>
<td>(775) 726-3368</td>
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<tr>
<td>Caliente Youth Center</td>
<td>P.O. Box 788 Caliente, NV 89008</td>
<td>(775) 726-8200</td>
<td>5 Other Youth Training Center</td>
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<tr>
<td>Center For Behavioral Health</td>
<td>3050 E. Desert Inn #116 Las Vegas, NV 89121</td>
<td>(702) 796-0660</td>
<td>5 Other Methadone Clinic</td>
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<tr>
<td>Center for Compassionate Care</td>
<td>4131 Swenson St. Las Vegas, NV 89119</td>
<td>(702) 796-3167</td>
<td>2 Clinic</td>
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<tr>
<td>Center For Independent Living</td>
<td>1417 Las Vegas Blvd. North Las Vegas, NV 89101</td>
<td>(702) 385-3776</td>
<td>5 Other Residential Group Home</td>
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<tr>
<td>Clark County Juvenile Justice Services</td>
<td>601 North Pecos Las Vegas, NV 89101</td>
<td>(702) 455-5210</td>
<td>5 Other Juvenile Justice Setting</td>
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<tr>
<td>Columbia University TeenScreen Program</td>
<td>4015 S. Buffalo #283 Las Vegas, NV 89145</td>
<td>(702) 285-9258</td>
<td>University</td>
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<tr>
<td>Community Counseling Center</td>
<td>1120 Almond Tree Lane #207 Las Vegas, NV 89104</td>
<td>(702) 369-8700</td>
<td>2 Clinic</td>
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<tr>
<td>Desert Regional Center</td>
<td>1301 S. Jones Blvd. Las Vegas, NV 89146</td>
<td>(702) 486-6199</td>
<td>1 Hospital</td>
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<tr>
<td>Jason Foundation</td>
<td>5900 W. Rochelle Ave. Las Vegas, NV 89103</td>
<td>(702) 364-1111</td>
<td>1 Hospital</td>
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<tr>
<td>Laughlin Mental Health Center</td>
<td>3650 S. Pointe Cir, Ste 208 Laughlin, NV 89028</td>
<td>(702) 298-5313</td>
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<td>Mesquite Mental Health Center</td>
<td>61 N. Willow #4 Mesquite, NV 89027</td>
<td>(702) 346-4696</td>
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<td>Moapa Valley Mental Health Center</td>
<td>320 N. Moapa Valley Blvd Overton, NV 89040</td>
<td>(702) 397-8900</td>
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<tr>
<td>MonteVista Hospital</td>
<td>5900 W. Rochelle Ave. Las Vegas, NV 89103</td>
<td>(702) 364-1111</td>
<td>1 Hospital</td>
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<td>Name of Agency</td>
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<tr>
<td>Nevada Coalition for</td>
<td>300 Vallarte Drive Henderson, NV 89014</td>
<td>(702) 451-4338</td>
<td>5 Other Grass Roots Advocacy</td>
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<tr>
<td>Suicide Prevention</td>
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<tr>
<td>North Vista Geropsychiatric</td>
<td>1409 E. Lake Mead Blvd N. Las Vegas, NV 89030</td>
<td>(702) 657-5754</td>
<td>1 Hospital</td>
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<td>Unit</td>
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<td>North Vista Hospital</td>
<td>1409 E. Lake Mead Blvd N. Las Vegas, NV 89030</td>
<td>(702) 649-7711</td>
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<tr>
<td>Office of Suicide</td>
<td>4220 S. Maryland Pkwy 302B Las Vegas, NV 89119</td>
<td>(702)-486-8225</td>
<td>5 Other Information/Training</td>
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<td>Prevention</td>
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<tr>
<td>Safe House</td>
<td>921 American Pacific Dr #300 Henderson, NV 89014</td>
<td>(702) 451-4203</td>
<td>5 Other Domestic Violence Shelter</td>
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<tr>
<td>Safest Nest</td>
<td>2915 W. Charleston, Ste 12, Las Vegas, NV 89102</td>
<td>(702) 646-4981</td>
<td>5 Other Domestic Violence Services</td>
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<tr>
<td>Silver Springs Mental</td>
<td>3595 Hwy 50 W, Silver Springs, NV 89429</td>
<td>(775) 577-0319</td>
<td>2 Clinic</td>
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<tr>
<td>Health Center</td>
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<td>Southern Nevada Adult</td>
<td>6161 W. Charleston Blvd Las Vegas, NV 89146</td>
<td>(702) 486-6000</td>
<td>1 Hospital</td>
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<td>Mental Health</td>
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<td>Survivors of Suicide</td>
<td>6200 W Lone Mt. Las Vegas, NV 89130</td>
<td>(702) 658-2722</td>
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<tr>
<td>Support Group</td>
<td>100 N. Green Valley Pkwy Ste. 330 Henderson, NV 89074</td>
<td>(702) 486-8255</td>
<td>4 Office</td>
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<tr>
<td>Trauma Intervention</td>
<td>3271 Shadow Bluff Ave, 330 Las Vegas, NV 89120</td>
<td>(702) 288-0906</td>
<td>5 Other On Scene</td>
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<td>Program</td>
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<tr>
<td>VA Southern Nevada</td>
<td>901 Rancho Lane Las Vegas, NV 89106</td>
<td>(702) 636-3000</td>
<td>2 Clinic</td>
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<td>Healthcare System</td>
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<tr>
<td>Battle Mountain Mental Health Center</td>
<td>P.O. Box 50 Battle Mountain, NV 89820</td>
<td>(775) 635-5753</td>
<td>2 Clinic</td>
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<tr>
<td>Behavioral Health Services Carson-Tahoe</td>
<td>P.O. Box 2168 Carson City, NV 89702</td>
<td>(775) 885-4460</td>
<td>1 Hospital</td>
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<tr>
<td>Boys &amp; Girls Clubs of Western Nevada</td>
<td>673 S. Stewart Street Carson City, NV 89701</td>
<td>(775) 882-8820</td>
<td>5 Other Youth Program</td>
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</tr>
<tr>
<td>Carson City Sheriffs Office</td>
<td>901 E. Musser Street Carson City, NV 89701</td>
<td>(775) 887-2500</td>
<td>5 Other Jail</td>
<td></td>
</tr>
<tr>
<td>Carson Mental Health Center</td>
<td>1665 Old Hot Springs Rd Ste. 150 Carson City, NV 89706</td>
<td>(775) 687-4195</td>
<td>2 Clinic</td>
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<tr>
<td>Carson Tahoe Behavioral Health-Inpatient</td>
<td>PO Box 2168 Carson City, NV 89701</td>
<td>(775) 885-4460</td>
<td>1 Hospital</td>
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<tr>
<td>Carson Tahoe Regional Hospital: Behavioral Health</td>
<td>1001 N. Mountain St. Ross Bldg. Ste. 3-H Carson City, NV 89702</td>
<td>(775) 445-7756</td>
<td>1 Hospital</td>
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<tr>
<td>Central Lyon Youth Connections</td>
<td>P.O. Box 1865 Dayton, NV 89403</td>
<td>(775) 246-0320</td>
<td>5 Other Substance Abuse Prevention</td>
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<tr>
<td>China Spring Youth Camp</td>
<td>P.O. Box 218 Minden, NV 89423</td>
<td>(775) 265-5350</td>
<td>5 Other Treatment Facility</td>
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<tr>
<td>Community Chest, Inc.</td>
<td>P.O. Box 980 Virginia City, NV 89440</td>
<td>(775) 847-9311</td>
<td>5 Other Social Service Agency</td>
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<tr>
<td>Community Counseling Center</td>
<td>205 S. Pratt Street Carson City, NV 89701</td>
<td>(775) 882-3945</td>
<td>2 Clinic</td>
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<tr>
<td>Crisis Call Center</td>
<td>P.O. Box 8016 Reno, NV 89507</td>
<td>(775) 784-8085</td>
<td>3 Crisis Center</td>
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<tr>
<td>Dayton Mental Health Center</td>
<td>120 Pike St., Dayton, NV 89403</td>
<td>(775) 246-5240</td>
<td>2 Clinic</td>
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<tr>
<td>Douglas County Sheriff's Dept</td>
<td>P.O. Box 218 Minden, NV 89423</td>
<td>(775) 782-9900</td>
<td>5 Other Sheriff</td>
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<tr>
<td>Douglas Mental Health Center</td>
<td>1538 Hwy 395 Gardenville, NV 89410</td>
<td>(775) 782-3671</td>
<td>4 Office</td>
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<tr>
<td>Elko Mental Health Center</td>
<td>1825 Pinion Rd. Ste. A Elko, NV 89801</td>
<td>(775) 738-8021</td>
<td>2 Clinic</td>
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<tr>
<td>Ely Mental Health Center</td>
<td>1675 Avenue F Ely, NV 89301</td>
<td>(775) 289-1671</td>
<td>2 Clinic</td>
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<tr>
<td>Eureka County Sheriffs Office</td>
<td>P.O. Box 736 Eureka, NV 89316</td>
<td>(775) 237-5330</td>
<td>5 Other Sheriffs Office</td>
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<td>Name of Agency</td>
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<tr>
<td>Fallon Mental Health Center</td>
<td>151 N. Main Street Fallon, NV 89406</td>
<td>(775) 423-7141</td>
<td>2 Clinic</td>
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<tr>
<td>Family Support Council, Douglas County</td>
<td>1255 Waterloo Ln Gardnerville, NV 89410</td>
<td>(775) 782-8692</td>
<td>4 Office</td>
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<tr>
<td>Fernley Mental Health Center</td>
<td>PO Box 2314 Fernley, NV 89408</td>
<td>(775) 575-0670</td>
<td>2 Clinic</td>
<td></td>
</tr>
<tr>
<td>Friends Family Resource Center</td>
<td>643 S. Maine St. Fallon, NV 89406</td>
<td>(775) 428-2600</td>
<td>5 Other Family Resource Center</td>
<td></td>
</tr>
<tr>
<td>Hawthorne Mental Health Center</td>
<td>1000 C St., Hawthorne, NV 89415</td>
<td>(775) 945-3387</td>
<td>2 Clinic</td>
<td></td>
</tr>
<tr>
<td>Humboldt Co. Youth &amp; Family Services</td>
<td>P.O. Box 1039 Winnemucca, NV 89446</td>
<td>(775) 623-6382</td>
<td>5 Other</td>
<td></td>
</tr>
<tr>
<td>Humboldt County Sheriff</td>
<td>50 W. 5th Winnemucca, NV 89445</td>
<td>(775) 623-6419</td>
<td>5 Other Detention Center</td>
<td></td>
</tr>
<tr>
<td>Lake Tahoe Mental Health Center</td>
<td>175 W. Highway 50 Stateline, NV 89779</td>
<td>(775) 782-3671</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lovelock Mental Health Center</td>
<td>775 Cornell Ave A-1 Lovelock, NV 89419</td>
<td>(775) 273-1036</td>
<td>2 Clinic</td>
<td></td>
</tr>
<tr>
<td>Lyon Council on Alcohol &amp; Other Drugs</td>
<td>215 W. Bridge St. #8 Yerington, NV 89447</td>
<td>(775) 463-6597</td>
<td>4 Office</td>
<td></td>
</tr>
<tr>
<td>N.E. Area Cooperative Extension</td>
<td>1500 College Parkway Elko, NV 89801</td>
<td>(775) 738-1990</td>
<td>4 Office</td>
<td></td>
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<tr>
<td>Nevada Public Health Foundation</td>
<td>3579 Hwy 50 East, Ste C Carson City, NV 89701</td>
<td>(775) 884-0392</td>
<td>5 Other</td>
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<tr>
<td>Nevada State Public Defender-Ely Office</td>
<td>P.O. Box 151690 Ely, NV 89315</td>
<td>(775) 289-1680</td>
<td>4 Office</td>
<td></td>
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<tr>
<td>Nevada Urban Indians, Inc</td>
<td>410 E. John St., Ste B Carson City, NV 89706</td>
<td>(775) 883-4439</td>
<td>2 Clinic</td>
<td></td>
</tr>
<tr>
<td>Nevada Urban Indians, Inc</td>
<td>5301 Longley Ln Bldg E, Ste 178 Reno, NV 89511</td>
<td>(775) 788-7600</td>
<td>2 Clinic</td>
<td></td>
</tr>
<tr>
<td>Northern NV Adult Mental Health Svc</td>
<td>480 Galletti Way Sparks, NV 89431</td>
<td>(775) 688-2010</td>
<td>5 Other Regional Mental Health Ctr</td>
<td></td>
</tr>
<tr>
<td>Office of Suicide Prevention</td>
<td>4126 Technology Wy, Rm 100 Carson City, NV 89706</td>
<td>(775)-684-3475</td>
<td>5 Other Planning/Coordination</td>
<td></td>
</tr>
<tr>
<td>Pahrump Mental Health Center</td>
<td>240 S. Humahuaca Pahrump, NV 89048</td>
<td>(775) 751-7406</td>
<td>2 Clinic</td>
<td></td>
</tr>
<tr>
<td>Reno-Sparks Tribal Health Center</td>
<td>34 Reservation Rd. Reno, NV 89502</td>
<td>(775) 329-5162</td>
<td>2 Clinic (American Indian only)</td>
<td></td>
</tr>
<tr>
<td>Rural Regional Center</td>
<td>1665 Old Hotsprings Rd Ste. 164 Carson City, NV 89706</td>
<td>(775) 687-5162</td>
<td>5 Other Regional Center for elig. people w/ MR/DD</td>
<td></td>
</tr>
<tr>
<td>Name of Agency</td>
<td>Address</td>
<td>Telephone</td>
<td>Type of Setting</td>
<td></td>
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<tr>
<td>----------------------------------------------------</td>
<td>----------------------------------------------</td>
<td>----------------</td>
<td>----------------------------</td>
<td></td>
</tr>
<tr>
<td>Seventh Jud. Dist. Juvenile Probation</td>
<td>P.O. Box 11</td>
<td>(775) 237-5450</td>
<td>4 Office Probation Dept</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eureka, NV 89316</td>
<td></td>
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<tr>
<td>Sierra Recovery Center</td>
<td>972-B Tallac Ave. South Lake Tahoe, CA 96150</td>
<td>(530) 541-5190</td>
<td>4 Office</td>
<td></td>
</tr>
<tr>
<td>Sixth Judicial District Youth Services</td>
<td>737 E. Fairgrounds Rd Winnemucca, NV 89445</td>
<td>(775)-623-6382</td>
<td>5 Other Juvenile Detention</td>
<td></td>
</tr>
<tr>
<td>Solace Tree, Child &amp; Adolescent Grief Center</td>
<td>Solace Tree, Inc. P.O. Box 2944 Reno, NV 89505</td>
<td>(775) 324-7723</td>
<td>5 Other</td>
<td></td>
</tr>
<tr>
<td>STEP2</td>
<td>3695 Kings Row P.O. Box 30674 Reno, NV 89503</td>
<td>(775) 787-9411</td>
<td>5 Other Treatment Facility</td>
<td></td>
</tr>
<tr>
<td>Suicide Prevention Network</td>
<td>P.O. Box 651 Minden, NV 89423</td>
<td>(775) 782-8611</td>
<td>5 Other Out of our homes</td>
<td></td>
</tr>
<tr>
<td>Survivors of Suicide of Northeastern Nevada</td>
<td>NE Nevada Regional Hospital 201 Errecart Blvd Elko, NV 89801</td>
<td>(775)-934-6670</td>
<td>5 Other Support group</td>
<td></td>
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<tr>
<td>Survivors of Suicide Loss Support</td>
<td>1528 Hwy 395 Ste. 100 Gardnerville, NV 89410</td>
<td>(775) 782-8611</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Ridge House, Inc.</td>
<td>900 W. First St, Ste 200 Reno, NV 89503</td>
<td>(775) 322-8941</td>
<td>5 Other Residential TX Center</td>
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<tr>
<td>There’s A Light at the End of the Tunnel</td>
<td>Karrs Bldg, 640 A St Hawthorne, NV 89415</td>
<td>(775)-945-5782</td>
<td>5 Other Support Group</td>
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<tr>
<td>Tonopah Mental Health Center</td>
<td>825 S. Main Tonopah, NV 89049</td>
<td>(775) 482-6742</td>
<td>2 Clinic</td>
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<tr>
<td>Vitality Center</td>
<td>3740 Idaho Elko, NV 89801</td>
<td>(775) 738-8004</td>
<td>5 Other Residential Substance Abuse</td>
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</tr>
<tr>
<td>Washoe County School Dist. Police Deptl</td>
<td>P.O. Box 30425 Reno, NV 89520</td>
<td>(775) 348-0285</td>
<td>5 Other Police Dept</td>
<td></td>
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<tr>
<td>Wendover Mental Health Center</td>
<td>925 N. Wells Ave. Unit B Wendover, NV 89883</td>
<td>(775) 664-2944</td>
<td></td>
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<tr>
<td>White Pine Country School District</td>
<td>1135 Ave C. Ely, NV 89301</td>
<td>(775) 289-4851</td>
<td>5 Other School</td>
<td></td>
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<tr>
<td>Winnemucca Mental Health Center</td>
<td>3140 Traders Wy Winnemucca, NV 89445</td>
<td>(775) 623-6580</td>
<td>2 Clinic</td>
<td></td>
</tr>
<tr>
<td>Yerington Mental Health Center</td>
<td>215 W. Bridge St. #5, Yerington, NV 89447</td>
<td>(775) 463-3191</td>
<td>2 Clinic</td>
<td></td>
</tr>
</tbody>
</table>
### Name of Agency
ABC Therapy

### Address
730 N. Eastern Ave #130  
Las Vegas, NV 89101

### Telephone
(702) 598-2018

### 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)

<table>
<thead>
<tr>
<th>Service</th>
<th>Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Assessment/Screening</td>
<td>Services offered</td>
</tr>
<tr>
<td>Intervention/Counseling/Referrals</td>
<td>Services offered</td>
</tr>
<tr>
<td>Survivor of Suicide Services</td>
<td>Services not offered</td>
</tr>
<tr>
<td>Public Education/Media Activities</td>
<td>Services not offered</td>
</tr>
<tr>
<td>Professional Training and Education</td>
<td>Services not offered</td>
</tr>
<tr>
<td>Bilingual Services (Spanish):</td>
<td>Services offered</td>
</tr>
<tr>
<td>Research Activities</td>
<td>Services not offered</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>Services offered Domestic Violence</td>
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#### B. CLIENT COST FOR SERVICES (Check all that apply)

<table>
<thead>
<tr>
<th>Cost</th>
<th>Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1 Free Service</td>
<td>No</td>
</tr>
<tr>
<td>B2 Sliding scale based on Income</td>
<td>No</td>
</tr>
<tr>
<td>B3 Services covered by insurance</td>
<td>No</td>
</tr>
<tr>
<td>B4 Fees vary depending on program</td>
<td>Yes</td>
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#### C. SOURCES OF FUNDING (Check all that apply)

<table>
<thead>
<tr>
<th>Funding</th>
<th>Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1 Combination of county, city, private and public donations</td>
<td>No</td>
</tr>
<tr>
<td>C2 State or Fed funding</td>
<td>No</td>
</tr>
<tr>
<td>C3 Funds From Hospital</td>
<td>No</td>
</tr>
<tr>
<td>C4 No Funds for Suicide Prevention</td>
<td>No</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Route</th>
<th>Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1 Telephone appointments</td>
<td>Yes</td>
</tr>
<tr>
<td>D2 Professional referral</td>
<td>Yes</td>
</tr>
<tr>
<td>D3 Self-referral</td>
<td>Yes</td>
</tr>
<tr>
<td>D4 Involuntary commitment</td>
<td>Yes</td>
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</table>

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

<table>
<thead>
<tr>
<th>Group</th>
<th>Offered</th>
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<tbody>
<tr>
<td>E1 Children 1-13</td>
<td>Yes</td>
</tr>
<tr>
<td>E2 Adolescents 14-17</td>
<td>Yes</td>
</tr>
<tr>
<td>E3 Young Adults 18-24</td>
<td>Yes</td>
</tr>
<tr>
<td>E4 Adults 25-59</td>
<td>Yes</td>
</tr>
<tr>
<td>E5 Geriatric 60+:</td>
<td>Yes</td>
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</table>

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

<table>
<thead>
<tr>
<th>Resource</th>
<th>Offered</th>
</tr>
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<tbody>
<tr>
<td>F1 Salaried</td>
<td>Yes</td>
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<tr>
<td>F2 Volunteers</td>
<td>Yes</td>
</tr>
<tr>
<td>F3 Students and trainees</td>
<td>Yes Interns planned</td>
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<tr>
<td>F4 Other (Specify)</td>
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</tbody>
</table>
## 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)

<table>
<thead>
<tr>
<th>Service</th>
<th>Offered</th>
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</thead>
<tbody>
<tr>
<td>Risk Assessment/Screening</td>
<td>A2</td>
</tr>
<tr>
<td>Intervention/Counseling/Referrals</td>
<td>A2</td>
</tr>
<tr>
<td>Survivor of Suicide Services</td>
<td>A2</td>
</tr>
<tr>
<td>Public Education/Media Activities</td>
<td>A2</td>
</tr>
<tr>
<td>Professional Training and Education</td>
<td>A2</td>
</tr>
<tr>
<td>Bilingual Services (Spanish):</td>
<td>A2</td>
</tr>
<tr>
<td>Research Activities</td>
<td>A1</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>A2</td>
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</table>

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

<table>
<thead>
<tr>
<th>Cost Factor</th>
<th>Yes/TANF elig.</th>
<th>Yes</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>B1 Free Service</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B2 Sliding scale based on Income</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B3 Services covered by insurance</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B4 Fees vary depending on program (Specify)</td>
<td>Yes</td>
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### C. SOURCES OF FUNDING  (Check all that apply)

<table>
<thead>
<tr>
<th>Source of Funding</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>C1 Combination of county, city, private and public donations</td>
<td>No</td>
<td></td>
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<tr>
<td>C2 State or Fed funding</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>C3 Funds From Hospital</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>C4 No Funds for Suicide Prevention</td>
<td>No</td>
<td></td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Route of Access</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1 Telephone appointments</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>D2 Professional referral</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>D3 Self-referral</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>D4 Involuntary commitment</td>
<td>Yes</td>
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### E. AGE GROUPS SERVED  (Check all that apply)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Yes</th>
<th>Yes</th>
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<tbody>
<tr>
<td>E1 Children 1-13</td>
<td>Yes</td>
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</tr>
<tr>
<td>E2 Adolescents 14-17</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>E3 Young Adults 18-24</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>E4 Adults 25-59</td>
<td>Yes</td>
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<tr>
<td>E5 Geriatric 60+</td>
<td>Yes</td>
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### F. STAFFING RESOURCES  (Check all that apply)

<table>
<thead>
<tr>
<th>Staffing Resource</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>F1 Salaried</td>
<td>Yes</td>
<td></td>
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<tr>
<td>F2 Volunteers</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>F3 Students and trainees</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>F4 Other (Specify)</td>
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</tr>
</tbody>
</table>
### Name of Agency
Behavioral Health Services Carson-Tahoe

### Address
P.O. Box 2168  
Carson City, NV 89702

### Telephone
(775) 885-4460

### Fax
(775) 885-8094

### 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 donations  
  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)
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 donations: 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

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Boys &amp; Girls Clubs of Western Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>673 S. Stewart Street</td>
</tr>
<tr>
<td></td>
<td>Carson City, NV 89701</td>
</tr>
<tr>
<td>Telephone</td>
<td>(775) 882-8820</td>
</tr>
<tr>
<td>Fax</td>
<td>(775) 882-0250</td>
</tr>
<tr>
<td>Web/Email</td>
<td><a href="http://www.bgcwn.org">www.bgcwn.org</a></td>
</tr>
</tbody>
</table>

| Type of Setting               | 5 Other Youth Program               |
| Category                      | 6 Other Non Profit                  |

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Offered/Not Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Assessment/Screening</td>
<td>A1 Services not offered</td>
</tr>
<tr>
<td>Intervention/Counseling/Referrals</td>
<td>A2 Services offered</td>
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<tr>
<td>Survivor of Suicide Services</td>
<td>A1 Services not offered</td>
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<td>Public Education/Media Activities</td>
<td>A1 Services not offered</td>
</tr>
<tr>
<td>Professional Training and Education</td>
<td>A3 Services not offered</td>
</tr>
<tr>
<td>Bilingual Services (Spanish)</td>
<td>A2 Services offered</td>
</tr>
<tr>
<td>Research Activities</td>
<td>A1 Services not offered</td>
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### B. CLIENT COST FOR SERVICES (Check all that apply)

<table>
<thead>
<tr>
<th>Cost Type</th>
<th>Available/Not Available</th>
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<tbody>
<tr>
<td>B1 Free Service</td>
<td>No</td>
</tr>
<tr>
<td>B2 Sliding scale based on Income</td>
<td>No</td>
</tr>
<tr>
<td>B3 Services covered by insurance</td>
<td>No</td>
</tr>
<tr>
<td>B4 Fees vary depending on program (Specify)</td>
<td>No</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Funding Type</th>
<th>Available/Not Available</th>
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<tbody>
<tr>
<td>C1 Combination of county, city, private and public donation</td>
<td>No</td>
</tr>
<tr>
<td>C2 State or Fed funding</td>
<td>No</td>
</tr>
<tr>
<td>C3 Funds From Hospital</td>
<td>No</td>
</tr>
<tr>
<td>C4 No Funds for Suicide Prevention</td>
<td>No</td>
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</table>

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

<table>
<thead>
<tr>
<th>Access Method</th>
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</tr>
</thead>
<tbody>
<tr>
<td>D1 Telephone appointments</td>
<td>No</td>
</tr>
<tr>
<td>D2 Professional referral</td>
<td>No</td>
</tr>
<tr>
<td>D3 Self-referral</td>
<td>No</td>
</tr>
<tr>
<td>D4 Involuntary commitment</td>
<td>No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Available/Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1 Children 1-13</td>
<td>Yes</td>
</tr>
<tr>
<td>E2 Adolescents 14-17</td>
<td>Yes</td>
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<tr>
<td>E3 Young Adults 18-24</td>
<td>No</td>
</tr>
<tr>
<td>E4 Adults 25-59</td>
<td>No</td>
</tr>
<tr>
<td>E5 Geriatric 60+:</td>
<td>No</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Staffing Resource</th>
<th>Available/Not Available</th>
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<tbody>
<tr>
<td>F1 Salaried</td>
<td>Yes</td>
</tr>
<tr>
<td>F2 Volunteers</td>
<td>Yes</td>
</tr>
<tr>
<td>F3 Students and trainees</td>
<td>Yes</td>
</tr>
<tr>
<td>F4 Other (Specify)</td>
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<tr>
<td>Name of Agency</td>
<td>Bridge Counseling</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Address</td>
<td>1701 W. Charleston Suite 400</td>
</tr>
<tr>
<td></td>
<td>Las Vegas, NV 89102</td>
</tr>
<tr>
<td>Type of Setting</td>
<td>2 Clinic</td>
</tr>
<tr>
<td>Category</td>
<td>6 Other Non-Profit</td>
</tr>
</tbody>
</table>

**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: for substance abuse couns.
- Bilingual Services (Spanish): Yes
- 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): Yes
### 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 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)
### Caliente Youth Center

**Address:** P.O. Box 788  
Caliente, NV 89008

**Telephone:** (775) 726-8200  
**Fax:** (775) 726-3299

**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 donations:** 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):**
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)

<table>
<thead>
<tr>
<th>Service</th>
<th>Offered/Not Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Assessment/Screening</td>
<td>A2 Services offered</td>
</tr>
<tr>
<td>Intervention/Counseling/Referrals</td>
<td>A2 Services offered</td>
</tr>
<tr>
<td>Survivor of Suicide Services</td>
<td>A1 Services not offered</td>
</tr>
<tr>
<td>Public Education/Media Activities</td>
<td>A1 Services not offered</td>
</tr>
<tr>
<td>Professional Training and Education</td>
<td>A1 Services not offered</td>
</tr>
<tr>
<td>Bilingual Services (Spanish):</td>
<td>A2 Services offered</td>
</tr>
<tr>
<td>Research Activities</td>
<td>A1 Services not offered</td>
</tr>
<tr>
<td>Other (Specify)</td>
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</table>

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

<table>
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<tr>
<th>Cost Feature</th>
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<tbody>
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<td>B3 Services covered by insurance</td>
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<tr>
<td>B4 Fees vary depending on program (Specify)</td>
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### C. SOURCES OF FUNDING (Check all that apply)

<table>
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<td>C2 State or Fed funding</td>
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</tr>
<tr>
<td>C3 Funds From Hospital</td>
<td>No</td>
</tr>
<tr>
<td>C4 No Funds for Suicide Prevention</td>
<td>No</td>
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</table>

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

<table>
<thead>
<tr>
<th>Access Method</th>
<th>Yes/No</th>
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<tbody>
<tr>
<td>D1 Telephone appointments</td>
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<tr>
<td>D3 Self-referral</td>
<td>Yes</td>
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<tr>
<td>D4 Involuntary commitment</td>
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### E. AGE GROUPS SERVED  (Check all that apply)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Yes/No</th>
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<tbody>
<tr>
<td>E1 Children 1-13</td>
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<tr>
<td>E3 Young Adults 18-24</td>
<td>Yes</td>
</tr>
<tr>
<td>E4 Adults 25-59</td>
<td>Yes</td>
</tr>
<tr>
<td>E5 Geriatric 60+</td>
<td>Yes</td>
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</table>

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

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>Yes/No</th>
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<tbody>
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<tr>
<td>F2 Volunteers</td>
<td>No</td>
</tr>
<tr>
<td>F3 Students and trainees</td>
<td>No</td>
</tr>
<tr>
<td>F4 Other (Specify)</td>
<td></td>
</tr>
</tbody>
</table>
## 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 (Specify): No

### C. SOURCES OF FUNDING (Check all that apply)
- C1 Combination of county, city, private and public donations: 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)
<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Carson Tahoe Behavioral Health-Inpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>PO Box 2168 Carson City, NV 89701</td>
</tr>
<tr>
<td>Telephone</td>
<td>(775) 885-4460</td>
</tr>
<tr>
<td>Fax</td>
<td>(775) 885-8094</td>
</tr>
<tr>
<td>Web/Email</td>
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<tr>
<td>Type of Setting</td>
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<tr>
<td>Category</td>
<td>5 Private</td>
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</table>

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

<table>
<thead>
<tr>
<th>Service</th>
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<tbody>
<tr>
<td>Risk Assessment/Screening</td>
<td>A2</td>
</tr>
<tr>
<td>Intervention/Counseling/Referrals</td>
<td>A2</td>
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<tr>
<td>Survivor of Suicide Services</td>
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<tr>
<td>Public Education/Media Activities</td>
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</tr>
<tr>
<td>Professional Training and Education</td>
<td>A2</td>
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<tr>
<td>Bilingual Services (Spanish):</td>
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</tr>
<tr>
<td>Research Activities</td>
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</tr>
<tr>
<td>Other (Specify)</td>
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### B. CLIENT COST FOR SERVICES (Check all that apply)

<table>
<thead>
<tr>
<th>Cost Type</th>
<th>Offered</th>
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<tr>
<td>B2 Sliding scale based on Income</td>
<td>No</td>
</tr>
<tr>
<td>B3 Services covered by insurance</td>
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</tr>
<tr>
<td>B4 Fees vary depending on program (Specify)</td>
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</tr>
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### C. SOURCES OF FUNDING (Check all that apply)

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<th>Source</th>
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<tbody>
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<td>C1 Combination of county, city, private and public donation</td>
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<td>C2 State or Fed funding</td>
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</tr>
<tr>
<td>C3 Funds From Hospital</td>
<td>Yes</td>
</tr>
<tr>
<td>C4 No Funds for Suicide Prevention</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Access Type</th>
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</tr>
</thead>
<tbody>
<tr>
<td>D1 Telephone appointments</td>
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</tr>
<tr>
<td>D3 Self-referral</td>
<td>Yes</td>
</tr>
<tr>
<td>D4 Involuntary commitment</td>
<td>Yes</td>
</tr>
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### E. AGE GROUPS SERVED (Check all that apply)

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<tr>
<th>Age Group</th>
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<tr>
<td>E4 Adults 25-59</td>
<td>Yes</td>
</tr>
<tr>
<td>E5 Geriatric 60+</td>
<td>Yes</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Staffing Resource</th>
<th>Offered</th>
</tr>
</thead>
<tbody>
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<tr>
<td>F2 Volunteers</td>
<td>Yes</td>
</tr>
<tr>
<td>F3 Students and trainees</td>
<td>Yes</td>
</tr>
<tr>
<td>F4 Other (Specify)</td>
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</tbody>
</table>
Name of Agency: Carson Tahoe Regional Hospital: Behavioral Health

Address: 1001 N. Mountain St.
Ross Bldg, Ste. 3-H
Carson City, NV 89702

Telephone: (775) 445-7756
Fax: (775) 841-0304

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

Type of Setting: 5 Private 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: Private pay  
(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: 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):  

Page 28 of 104
Name of Agency: Center for Compassionate Care
Address: 4131 Swnson St.
Las Vegas, NV 89119

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)
**Name of Agency**  Center For Independent Living  
**Address**  1417 Las Vegas Blvd. North  
Las Vegas, NV 89101  
**Type of Setting**  5 Other Residential Group Home  
**Category**  6 Other nonprofit

**A. BASIC SERVICES** (Please check as appropriate)  
<table>
<thead>
<tr>
<th>Service</th>
<th>Offered/Not Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Assessment/Screening</td>
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<td>Intervention/Counseling/Referrals</td>
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<tr>
<td>Public Education/Media Activities</td>
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</tr>
<tr>
<td>Professional Training and Education</td>
<td>A1 Services not offered</td>
</tr>
<tr>
<td>Bilingual Services (Spanish):</td>
<td>A3 Services planned</td>
</tr>
<tr>
<td>Research Activities</td>
<td>A1 Services not offered</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td></td>
</tr>
</tbody>
</table>

**B. CLIENT COST FOR SERVICES** (Check all that apply)  
<table>
<thead>
<tr>
<th>Cost Type</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1 Free Service</td>
<td>Yes</td>
</tr>
<tr>
<td>B2 Sliding scale based on Income</td>
<td>No</td>
</tr>
<tr>
<td>B3 Services covered by insurance</td>
<td>No</td>
</tr>
<tr>
<td>B4 Fees vary depending on program (Specify)</td>
<td>No</td>
</tr>
</tbody>
</table>

**C. SOURCES OF FUNDING** (Check all that apply)  
<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1 Combination of county, city, private and public donation</td>
<td>Yes</td>
</tr>
<tr>
<td>C2 State or Fed funding</td>
<td>Yes</td>
</tr>
<tr>
<td>C3 Funds From Hospital</td>
<td>No</td>
</tr>
<tr>
<td>C4 No Funds for Suicide Prevention</td>
<td>Yes</td>
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</table>

**D. ROUTES OF ACCESS TO SERVICES** (Check all that apply)  
<table>
<thead>
<tr>
<th>Access Route</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1 Telephone appointments</td>
<td>Yes</td>
</tr>
<tr>
<td>D2 Professional referral</td>
<td>Yes</td>
</tr>
<tr>
<td>D3 Self-referral</td>
<td>Yes</td>
</tr>
<tr>
<td>D4 Involuntary commitment</td>
<td>No</td>
</tr>
</tbody>
</table>

**E. AGE GROUPS SERVED** (Check all that apply)  
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1 Children 1-13</td>
<td>No</td>
</tr>
<tr>
<td>E2 Adolescents 14-17</td>
<td>Yes</td>
</tr>
<tr>
<td>E3 Young Adults 18-24</td>
<td>Yes</td>
</tr>
<tr>
<td>E4 Adults 25-59</td>
<td>Yes</td>
</tr>
<tr>
<td>E5 Geriatric 60+</td>
<td>No</td>
</tr>
</tbody>
</table>

**F. STAFFING RESOURCES** (Check all that apply)  
<table>
<thead>
<tr>
<th>Staffing Resource</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1 Salaried</td>
<td>Yes</td>
</tr>
<tr>
<td>F2 Volunteers</td>
<td>Yes</td>
</tr>
<tr>
<td>F3 Students and trainees</td>
<td>Yes</td>
</tr>
<tr>
<td>F4 Other (Specify)</td>
<td></td>
</tr>
</tbody>
</table>
### Name of Agency
Central Lyon Youth Connections

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

### Telephone
(775) 246-0320

### Fax
(775) 246-0238

### 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)**:  

---

*Page 31 of 104*
<table>
<thead>
<tr>
<th><strong>Name of Agency</strong></th>
<th>China Spring Youth Camp</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address</strong></td>
<td>P.O. Box 218 Minden, NV 89423</td>
</tr>
<tr>
<td><strong>Type of Setting</strong></td>
<td>5 Other Treatment Facility</td>
</tr>
<tr>
<td><strong>Category</strong></td>
<td>2 County/state</td>
</tr>
</tbody>
</table>

**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 (Specify): No

**C. SOURCES OF FUNDING (Check all that apply)**
- C1 Combination of county, city, private and public donations: 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): 

*Page 32 of 104*
### 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](http://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 (Specify): No

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

- C1 Combination of county, city, private and public donations: 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):  

---

Page 33 of 104
**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**: ludwigb@childpsych.columbia.edu

**Type of Setting**: University  
**Category**: 5 Private

---

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Offered/Not Offered</th>
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<td>Intervention/Counseling/Referrals</td>
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<tr>
<td>Survivor of Suicide Services</td>
<td>A1 Services not offered</td>
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<tr>
<td>Public Education/Media Activities</td>
<td>A2 Services offered</td>
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<tr>
<td>Professional Training and Education</td>
<td>A1 Services not offered</td>
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<tr>
<td>Bilingual Services (Spanish):</td>
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<td>Research Activities</td>
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<td>Other (Specify)</td>
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### B. CLIENT COST FOR SERVICES  (Check all that apply)

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<tr>
<th>Cost Type</th>
<th>Yes/No</th>
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<td>B3 Services covered by insurance</td>
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### C. SOURCES OF FUNDING (Check all that apply)

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<tr>
<th>Funding Source</th>
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<td>C2 State or Fed funding</td>
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</tr>
<tr>
<td>C3 Funds From Hospital</td>
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<tr>
<td>C4 No Funds for Suicide Prevention</td>
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### D. ROUTES OF ACCESS TO SERVICES  (Check all that apply)

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<tr>
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<tr>
<td>D2 Professional referral</td>
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<tr>
<td>D3 Self-referral</td>
<td></td>
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<tr>
<td>D4 Involuntary commitment</td>
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### E. AGE GROUPS SERVED  (Check all that apply)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Yes/No</th>
</tr>
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<tbody>
<tr>
<td>E1 Children 1-13</td>
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</tr>
<tr>
<td>E2 Adolescents 14-17</td>
<td>Yes</td>
</tr>
<tr>
<td>E3 Young Adults 18-24</td>
<td>Yes</td>
</tr>
<tr>
<td>E4 Adults 25-59</td>
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<tr>
<td>E5 Geriatric 60+</td>
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### F. STAFFING RESOURCES (Check all that apply)

<table>
<thead>
<tr>
<th>Staffing Resource</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1 Salaried</td>
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<tr>
<td>F2 Volunteers</td>
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</tr>
<tr>
<td>F3 Students and trainees</td>
<td></td>
</tr>
<tr>
<td>F4 Other (Specify)</td>
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</table>
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 (Specify): Yes

C. SOURCES OF FUNDING (Check all that apply)
- C1 Combination of county, city, private and public donations: 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)
### 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

<table>
<thead>
<tr>
<th>Type of Setting</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Clinic</td>
<td>3 State</td>
</tr>
</tbody>
</table>

#### 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

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

- C1 Combination of county, city, private and public donations: 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): |
<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Community Counseling Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>1120 Almond Tree Lane #207 Las Vegas, NV 89104</td>
</tr>
<tr>
<td>Telephone</td>
<td>(702) 369-8700</td>
</tr>
<tr>
<td>Fax</td>
<td>(702) 369-8489</td>
</tr>
<tr>
<td>Web/Email</td>
<td><a href="http://www.ccclasvegas.com">www.ccclasvegas.com</a></td>
</tr>
</tbody>
</table>

**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

**C. SOURCES OF FUNDING** (Check all that apply)
- C1 Combination of county, city, private and public donations: No
- C2 State or Federal 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)
**Name of Agency**: Crisis Call Center  
**Telephone**: (775) 784-8085  
**Fax**: (775) 784-8083  
**Web/Email**: www.crisiscallcenter.org

**Address**: P.O. Box 8016  
Reno, NV 89507

**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 (Specify): No

### C. SOURCES OF FUNDING (Check all that apply)
- C1 Combination of county, city, private and public donations: 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):
**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 (Specify): Yes

### C. SOURCES OF FUNDING (Check all that apply)
- C1 Combination of county, city, private and public donations: 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)
**Name of Agency:** Desert Regional Center.  
**Address:** 1301 S. Jones Blvd.  
Las Vegas, NV 89146  
**Telephone:** (702) 486-6199  
**Fax:** (702) 486-6334  

**Type of Setting:** 1 Hospital  
**Category:** 3 State

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Offered/Not Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Assessment/Screening</td>
<td>A2 Services offered</td>
</tr>
<tr>
<td>Intervention/Counseling/Referrals</td>
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</tr>
<tr>
<td>Survivor of Suicide Services</td>
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<tr>
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<td>Research Activities</td>
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### B. CLIENT COST FOR SERVICES (Check all that apply)

<table>
<thead>
<tr>
<th>Cost Type</th>
<th>Offered/Specified</th>
</tr>
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<tr>
<td>B1 Free Service</td>
<td>No</td>
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<tr>
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<td>B3 Services covered by insurance</td>
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<tr>
<td>B4 Fees vary depending on program (Specify)</td>
<td>No</td>
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### C. SOURCES OF FUNDING (Check all that apply)

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<th>Funding Source</th>
<th>Offered/Specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1 Combination of county, city, private and public donations</td>
<td>No</td>
</tr>
<tr>
<td>C2 State or Fed funding</td>
<td>Yes</td>
</tr>
<tr>
<td>C3 Funds From Hospital</td>
<td>No</td>
</tr>
<tr>
<td>C4 No Funds for Suicide Prevention</td>
<td>No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Access Route</th>
<th>Offered/Specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1 Telephone appointments</td>
<td>Yes</td>
</tr>
<tr>
<td>D2 Professional referral</td>
<td>Yes</td>
</tr>
<tr>
<td>D3 Self-referral</td>
<td>Yes</td>
</tr>
<tr>
<td>D4 Involuntary commitment</td>
<td>No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Offered/Specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1 Children 1-13</td>
<td>Yes</td>
</tr>
<tr>
<td>E2 Adolescents 14-17</td>
<td>Yes</td>
</tr>
<tr>
<td>E3 Young Adults 18-24</td>
<td>Yes</td>
</tr>
<tr>
<td>E4 Adults 25-59</td>
<td>Yes</td>
</tr>
<tr>
<td>E5 Geriatric 60+</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>Offered/Specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1 Salaried</td>
<td>Yes</td>
</tr>
<tr>
<td>F2 Volunteers</td>
<td>No</td>
</tr>
<tr>
<td>F3 Students and trainees</td>
<td>No</td>
</tr>
<tr>
<td>F4 Other (Specify)</td>
<td></td>
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</tbody>
</table>
### Office of Suicide Prevention and MHDS

#### Suicide Prevention Resource Directory 2007

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Douglas County Sheriff's Dept</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>P.O. Box 218, Minden, NV 89423</td>
</tr>
<tr>
<td>Telephone</td>
<td>(775) 782-9900</td>
</tr>
<tr>
<td>Fax</td>
<td>(775) 782-9919</td>
</tr>
<tr>
<td>Web/Email</td>
<td><a href="http://www.douglascountynv.gov">www.douglascountynv.gov</a></td>
</tr>
</tbody>
</table>

#### Type of Setting
- 5 Other Sheriff

#### Category
- 2 County

### A. Basic Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Assessment/Screening</td>
<td>A2</td>
</tr>
<tr>
<td>Intervention/Counseling/Referrals</td>
<td>A2</td>
</tr>
<tr>
<td>Survivor of Suicide Services</td>
<td></td>
</tr>
<tr>
<td>Public Education/Media Activities</td>
<td></td>
</tr>
<tr>
<td>Professional Training and Education</td>
<td>A2</td>
</tr>
<tr>
<td>Bilingual Services (Spanish):</td>
<td></td>
</tr>
<tr>
<td>Research Activities</td>
<td></td>
</tr>
<tr>
<td>Other (Specify)</td>
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</table>

### B. Client Cost for Services

<table>
<thead>
<tr>
<th>Cost Model</th>
<th>Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1 Free Service</td>
<td>Yes</td>
</tr>
<tr>
<td>B2 Sliding scale based on Income</td>
<td>No</td>
</tr>
<tr>
<td>B3 Services covered by insurance</td>
<td>No</td>
</tr>
<tr>
<td>B4 Fees vary depending on program (Specify)</td>
<td>No</td>
</tr>
</tbody>
</table>

### C. Sources of Funding

<table>
<thead>
<tr>
<th>Source</th>
<th>Offered</th>
</tr>
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<tbody>
<tr>
<td>C1 Combination of county, city, private and public donation</td>
<td>Yes</td>
</tr>
<tr>
<td>C2 State or Fed funding</td>
<td>No</td>
</tr>
<tr>
<td>C3 Funds From Hospital</td>
<td>No</td>
</tr>
<tr>
<td>C4 No Funds for Suicide Prevention</td>
<td>Yes</td>
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</tbody>
</table>

### D. Routes of Access to Services

<table>
<thead>
<tr>
<th>Access Method</th>
<th>Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1 Telephone appointments</td>
<td>No</td>
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</tr>
<tr>
<td>D3 Self-referral</td>
<td>No</td>
</tr>
<tr>
<td>D4 Involuntary commitment</td>
<td>No</td>
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</tbody>
</table>

### E. Age Groups Served

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Offered</th>
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</tr>
<tr>
<td>E5 Geriatric 60+</td>
<td>Yes</td>
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</table>

### F. Staffing Resources

<table>
<thead>
<tr>
<th>Staffing Model</th>
<th>Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1 Salaried</td>
<td>Yes</td>
</tr>
<tr>
<td>F2 Volunteers</td>
<td>No</td>
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<tr>
<td>F3 Students and trainees</td>
<td>No</td>
</tr>
<tr>
<td>F4 Other (Specify)</td>
<td></td>
</tr>
</tbody>
</table>
Name of Agency: Douglas Mental Health Center
Address: 1538 Hwy 395
          Gardenville, NV 89410

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): 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: 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)
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 (Specify): Yes

C. SOURCES OF FUNDING (Check all that apply)
- C1 Combination of county, city, private and public donations: 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)
**Name of Agency**: Ely Mental Health Center

**Address**: 1675 Avenue F  
Ely, NV 89301

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

**Type of Setting**: 2 Clinic  
**Category**: 3 State

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

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

---

*Page 44 of 104*
### Eureka County Sheriffs Office

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

**Telephone:** (775) 237-5330  
**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 (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: 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+: Yes

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

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Assessment/Screening</td>
<td>A2</td>
</tr>
<tr>
<td>Intervention/Counseling/Referrals</td>
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<tr>
<td>Survivor of Suicide Services</td>
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<td>Public Education/Media Activities</td>
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<td>Professional Training and Education</td>
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<td>Bilingual Services (Spanish):</td>
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<tr>
<td>Research Activities</td>
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#### B. CLIENT COST FOR SERVICES  (Check all that apply)

<table>
<thead>
<tr>
<th>Service</th>
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<tbody>
<tr>
<td>B1 Free Service</td>
<td>TANF etc.</td>
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<tr>
<td>B2 Sliding scale based on Income</td>
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<td>B3 Services covered by insurance</td>
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<td>B4 Fees vary depending on program (Specify)</td>
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#### C. SOURCES OF FUNDING (Check all that apply)

<table>
<thead>
<tr>
<th>Source of Funding</th>
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<tbody>
<tr>
<td>C1 Combination of county, city, private and public donatio</td>
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<td>C2 State or Fed funding</td>
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</tr>
<tr>
<td>C3 Funds From Hospital</td>
<td>Yes</td>
</tr>
<tr>
<td>C4 No Funds for Suicide Prevention</td>
<td>No</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Route of Access to Services (Check all that apply)</th>
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</thead>
<tbody>
<tr>
<td>D1 Telephone appointments</td>
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<tr>
<td>D2 Professional referral</td>
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</tr>
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<td></td>
</tr>
</tbody>
</table>

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

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<tr>
<th>Age Group</th>
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</tr>
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</tr>
<tr>
<td>E5 Geriatric 60+</td>
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#### F. STAFFING RESOURCES (Check all that apply)

<table>
<thead>
<tr>
<th>Resource Type</th>
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<tbody>
<tr>
<td>F1 Salaried</td>
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<tr>
<td>F2 Volunteers</td>
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</tr>
<tr>
<td>F3 Students and trainees</td>
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</tr>
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<td>F4 Other (Specify)</td>
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</table>

Interns planned
<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Family Support Council, Douglas County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>1255 Waterloo Ln</td>
</tr>
<tr>
<td></td>
<td>Gardnerville, NV 89410</td>
</tr>
<tr>
<td>Telephone</td>
<td>(775) 782-8692</td>
</tr>
<tr>
<td>Fax</td>
<td>(775) 782-1942</td>
</tr>
<tr>
<td>Web/Email</td>
<td>family-support.org</td>
</tr>
</tbody>
</table>

**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

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

- C1 Combination of county, city, private and public donations: 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
### 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)

<table>
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<th>Service</th>
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<tbody>
<tr>
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</tr>
<tr>
<td>Other (Specify)</td>
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</tr>
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</table>

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

<table>
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<tr>
<th>Cost Option</th>
<th>Eligible</th>
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</thead>
<tbody>
<tr>
<td>B1 Free Service</td>
<td>Yes</td>
</tr>
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### C. SOURCES OF FUNDING (Check all that apply)

<table>
<thead>
<tr>
<th>Source</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1 Combination of county, city, private and public donations</td>
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<tr>
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<th>Served</th>
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<tbody>
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<tr>
<td>F1 Salaried</td>
<td>Yes</td>
</tr>
<tr>
<td>F2 Volunteers</td>
<td></td>
</tr>
<tr>
<td>F3 Students and trainees</td>
<td>Yes Interns</td>
</tr>
<tr>
<td>F4 Other (Specify)</td>
<td></td>
</tr>
</tbody>
</table>
### 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 (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:** 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):**

---

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OFFICE OF SUICIDE PREVENTION and MHDS
SUICIDE PREVENTION
RESOURCE DIRECTORY 2007

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Hawthorne Mental Health Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>1000 C St., Hawthorne, NV 89415</td>
</tr>
<tr>
<td>Telephone</td>
<td>(775) 945-3387</td>
</tr>
<tr>
<td>Fax</td>
<td>(775) 945-2307</td>
</tr>
<tr>
<td>Web/Email</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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**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: 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 (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: 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 planned
- F4 Other (Specify): Hourly employees
**OFFICE OF SUICIDE PREVENTION and MHDS**  
**SUICIDE PREVENTION**  
**RESOURCE DIRECTORY 2007**

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Humboldt Co. Youth &amp; Family Services</th>
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</thead>
<tbody>
<tr>
<td>Address</td>
<td>P.O. Box 1039</td>
</tr>
<tr>
<td></td>
<td>Winnemucca, NV 89446</td>
</tr>
<tr>
<td>Telephone</td>
<td>(775) 623-6382</td>
</tr>
<tr>
<td>Fax</td>
<td>(775) 623-6386</td>
</tr>
<tr>
<td>Web/Email</td>
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| Type of Setting         | 5 Other                              |
| Category                | 3 State                               |

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Offered/Not Offered</th>
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<tbody>
<tr>
<td>Risk Assessment/Screening</td>
<td>A2 Services offered</td>
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<tr>
<td>Intervention/Counseling/Referrals</td>
<td>A1 Services not offered</td>
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<tr>
<td>Survivor of Suicide Services</td>
<td>A1 Services not offered</td>
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<tr>
<td>Public Education/Media Activities</td>
<td>A1 Services not offered</td>
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<tr>
<td>Professional Training and Education</td>
<td>A1 Services not offered</td>
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<tr>
<td>Bilingual Services (Spanish):</td>
<td>A1 Services not offered</td>
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<tr>
<td>Research Activities</td>
<td>A1 Services not offered</td>
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<td>Other (Specify)</td>
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### B. CLIENT COST FOR SERVICES (Check all that apply)

<table>
<thead>
<tr>
<th>Cost Type</th>
<th>Offered/Not Offered</th>
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<tbody>
<tr>
<td>B1 Free Service</td>
<td>Yes</td>
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<td>B2 Sliding scale based on Income</td>
<td>No</td>
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<tr>
<td>B3 Services covered by insurance</td>
<td>No</td>
</tr>
<tr>
<td>B4 Fees vary depending on program</td>
<td>No</td>
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<tr>
<td>(Specify)</td>
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### C. SOURCES OF FUNDING (Check all that apply)

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Offered/Not Offered</th>
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<td>C1 Combination of county, city, private and public donation</td>
<td>Yes</td>
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<tr>
<td>C2 State or Fed funding</td>
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</tr>
<tr>
<td>C3 Funds From Hospital</td>
<td>No</td>
</tr>
<tr>
<td>C4 No Funds for Suicide Prevention</td>
<td>No</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Access Route</th>
<th>Offered/Not Offered</th>
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<tbody>
<tr>
<td>D1 Telephone appointments</td>
<td>Yes</td>
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<td>D2 Professional referral</td>
<td>Yes</td>
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<tr>
<td>D3 Self-referral</td>
<td>Yes</td>
</tr>
<tr>
<td>D4 Involuntary commitment</td>
<td>No</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Offered/Not Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1 Children 1-13</td>
<td>Yes</td>
</tr>
<tr>
<td>E2 Adolescents 14-17</td>
<td>Yes</td>
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<tr>
<td>E3 Young Adults 18-24</td>
<td>No</td>
</tr>
<tr>
<td>E4 Adults 25-59</td>
<td>No</td>
</tr>
<tr>
<td>E5 Geriatric 60+</td>
<td>No</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>Offered/Not Offered</th>
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</thead>
<tbody>
<tr>
<td>F1 Salaried</td>
<td>Yes</td>
</tr>
<tr>
<td>F2 Volunteers</td>
<td>No</td>
</tr>
<tr>
<td>F3 Students and trainees</td>
<td>No</td>
</tr>
<tr>
<td>F4 Other (Specify)</td>
<td></td>
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</tbody>
</table>
**Name of Agency:** Humboldt County Sheriff  
**Address:** 50 W. 5th  
Winnemucca, NV 89445

**Telephone:** (775) 623-6419  
**Fax:** (772) 623-2192  
**Web/Email:** hl02@hcsonv.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 (Specify): No

### C. SOURCES OF FUNDING (Check all that apply)
- C1 Combination of county, city, private and public donations: 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)
**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): 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: 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 donations: 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)
<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Lake Tahoe Mental Health Center</th>
<th>Telephone</th>
<th>(775) 782-3671</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>175 W. Highway 50</td>
<td>Fax</td>
<td>(775) 782-6639</td>
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<tr>
<td></td>
<td>Stateline, NV 89779</td>
<td>Web/Email</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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</table>

**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  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)
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): | Emergency 24/7 on-call
- 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 (Specify) | Yes

### C. SOURCES OF FUNDING (Check all that apply)
- C1 Combination of county, city, private and public donations | 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) | Yes
<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Lyon Council on Alcohol &amp; Other Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>215 W. Bridge St. #8 Yerington, NV 89447</td>
</tr>
<tr>
<td>Telephone</td>
<td>(775) 463-6597</td>
</tr>
<tr>
<td>Fax</td>
<td>(775) 463-6598</td>
</tr>
<tr>
<td>Web/Email</td>
<td><a href="mailto:lyoncouncil@tele-net.net">lyoncouncil@tele-net.net</a></td>
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| Type of Setting        | 4 Office                              |
| Category               | 5 Private                             |

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

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<th>Service</th>
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<tr>
<td>Risk Assessment/Screening</td>
<td>A2 Services offered Sub Abuse</td>
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<td>Intervention/Counseling/Referrals</td>
<td>A2 Services offered Sub Abuse</td>
</tr>
<tr>
<td>Survivor of Suicide Services</td>
<td>A1 Services not offered</td>
</tr>
<tr>
<td>Public Education/Media Activities</td>
<td>A1 Services not offered</td>
</tr>
<tr>
<td>Professional Training and Education</td>
<td>A1 Services not offered</td>
</tr>
<tr>
<td>Bilingual Services (Spanish):</td>
<td>A2 Services offered</td>
</tr>
<tr>
<td>Research Activities</td>
<td>A1 Services not offered</td>
</tr>
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</table>

**B. CLIENT COST FOR SERVICES**

<table>
<thead>
<tr>
<th>Cost Type</th>
<th>Provided/Not Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1 Free Service</td>
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<tr>
<td>B2 Sliding scale based on Income</td>
<td>Yes</td>
</tr>
<tr>
<td>B3 Services covered by insurance</td>
<td>No</td>
</tr>
<tr>
<td>B4 Fees vary depending on program (Specify)</td>
<td>No</td>
</tr>
</tbody>
</table>

**C. SOURCES OF FUNDING**

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Provided/Not Provided</th>
</tr>
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<tbody>
<tr>
<td>C1 Combination of county, city, private and public donations</td>
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<td>C2 State or Fed funding</td>
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<tr>
<td>C3 Funds From Hospital</td>
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<tr>
<td>C4 No Funds for Suicide Prevention</td>
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</table>

**D. ROUTES OF ACCESS TO SERVICES**

<table>
<thead>
<tr>
<th>Access Method</th>
<th>Provided/Not Provided</th>
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<tbody>
<tr>
<td>D1 Telephone appointments</td>
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</tr>
<tr>
<td>D2 Professional referral</td>
<td>Yes</td>
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<tr>
<td>D3 Self-referral</td>
<td>Yes</td>
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<tr>
<td>D4 Involuntary commitment</td>
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**E. AGE GROUPS SERVED**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Provided/Not Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1 Children 1-13</td>
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<td>E3 Young Adults 18-24</td>
<td>Yes</td>
</tr>
<tr>
<td>E4 Adults 25-59</td>
<td>Yes</td>
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<tr>
<td>E5 Geriatric 60+</td>
<td>Yes</td>
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</tbody>
</table>

**F. STAFFING RESOURCES**

<table>
<thead>
<tr>
<th>Resource</th>
<th>Provided/Not Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1 Salaried</td>
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<tr>
<td>F2 Volunteers</td>
<td>No</td>
</tr>
<tr>
<td>F3 Students and trainees</td>
<td>No</td>
</tr>
<tr>
<td>F4 Other (Specify)</td>
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</tbody>
</table>
### OFFICE OF SUICIDE PREVENTION and MHDS
### SUICIDE PREVENTION
### RESOURCE DIRECTORY 2007

**Name of Agency**: Mesquite Mental Health Center  
**Telephone**: (702) 346-4696  
**Address**: 61 N. Willow #4  
Mesquite, NV 89027  
**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)

<table>
<thead>
<tr>
<th>Service</th>
<th>Offered</th>
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<tbody>
<tr>
<td>Risk Assessment/Screening</td>
<td>A2</td>
</tr>
<tr>
<td>Intervention/Counseling/Referrals</td>
<td>A2</td>
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<tr>
<td>Survivor of Suicide Services</td>
<td>A2</td>
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<tr>
<td>Public Education/Media Activities</td>
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<tr>
<td>Professional Training and Education</td>
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<tr>
<td>Bilingual Services (Spanish):</td>
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<tr>
<td>Research Activities</td>
<td>A1</td>
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#### B. CLIENT COST FOR SERVICES  (Check all that apply)

<table>
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<tr>
<th>Cost Type</th>
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<tbody>
<tr>
<td>B1 Free Service</td>
<td>No</td>
</tr>
<tr>
<td>B2 Sliding scale based on Income</td>
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</tr>
<tr>
<td>B3 Services covered by insurance</td>
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<tr>
<td>B4 Fees vary depending on program</td>
<td>Yes</td>
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#### C. SOURCES OF FUNDING (Check all that apply)

<table>
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<th>Funding Source</th>
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<tbody>
<tr>
<td>C1 Combination of county, city, private and public donations</td>
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<td>C3 Funds From Hospital</td>
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<td>C4 No Funds for Suicide Prevention</td>
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#### D. ROUTES OF ACCESS TO SERVICES  (Check all that apply)

<table>
<thead>
<tr>
<th>Access Method</th>
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<tbody>
<tr>
<td>D1 Telephone appointments</td>
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<td>D2 Professional referral</td>
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<td>D3 Self-referral</td>
<td>Yes</td>
</tr>
<tr>
<td>D4 Involuntary commitment</td>
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#### E. AGE GROUPS SERVED  (Check all that apply)

<table>
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<tr>
<th>Age Group</th>
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<tbody>
<tr>
<td>E1 Children 1-13</td>
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<td>Yes</td>
</tr>
<tr>
<td>E3 Young Adults 18-24</td>
<td>Yes</td>
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<tr>
<td>E4 Adults 25-59</td>
<td>Yes</td>
</tr>
<tr>
<td>E5 Geriatric 60+</td>
<td>Yes</td>
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#### F. STAFFING RESOURCES (Check all that apply)

<table>
<thead>
<tr>
<th>Resource Type</th>
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<tbody>
<tr>
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<td>Yes</td>
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<td>F2 Volunteers</td>
<td>Yes</td>
</tr>
<tr>
<td>F3 Students and trainees</td>
<td>Yes</td>
</tr>
<tr>
<td>F4 Other (Specify)</td>
<td></td>
</tr>
<tr>
<td>Name of Agency</td>
<td>Moapa Valley Mental Health Center</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Address</td>
<td>320 N. Moapa Valley Blvd</td>
</tr>
<tr>
<td></td>
<td>Overton, NV 89040</td>
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**Type of Setting**: 2 Clinic  
**Category**: 3 State

### 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)
**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.psysolutions.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

**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 donations: 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**

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>N.E. Area Cooperative Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>1500 College Parkway</td>
</tr>
<tr>
<td></td>
<td>Elko, NV 89801</td>
</tr>
<tr>
<td>Telephone</td>
<td>(775) 738-1990</td>
</tr>
<tr>
<td>Fax</td>
<td>(775) 753-7843</td>
</tr>
<tr>
<td>Web/Email</td>
<td><a href="mailto:smithm@unce.unr.edu">smithm@unce.unr.edu</a></td>
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**Type of Setting**  
4 Office

**Category**

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

<table>
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<td>Public Education/Media Activities</td>
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<tr>
<td>Professional Training and Education</td>
<td></td>
<td></td>
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<tr>
<td>Bilingual Services (Spanish):</td>
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<tr>
<td>Research Activities</td>
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**B. CLIENT COST FOR SERVICES (Check all that apply)**

<table>
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<tr>
<th>Cost Type</th>
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<th>No</th>
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<tbody>
<tr>
<td>B1 Free Service</td>
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<tr>
<td>B2 Sliding scale based on Income</td>
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<td>B3 Services covered by insurance</td>
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<tr>
<td>B4 Fees vary depending on program</td>
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**C. SOURCES OF FUNDING (Check all that apply)**

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<td>C3 Funds From Hospital</td>
<td>No</td>
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<tr>
<td>C4 No Funds for Suicide Prevention</td>
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**D. ROUTES OF ACCESS TO SERVICES (Check all that apply)**

<table>
<thead>
<tr>
<th>Access Method</th>
<th>Yes</th>
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<tbody>
<tr>
<td>D1 Telephone appointments</td>
<td>No</td>
<td></td>
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<tr>
<td>D2 Professional referral</td>
<td>No</td>
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<td>D3 Self-referral</td>
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<tr>
<td>D4 Involuntary commitment</td>
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**E. AGE GROUPS SERVED (Check all that apply)**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
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<tr>
<td>E4 Adults 25-59</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>E5 Geriatric 60+</td>
<td>No</td>
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**F. STAFFING RESOURCES (Check all that apply)**

<table>
<thead>
<tr>
<th>Resources</th>
<th>Yes</th>
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<tbody>
<tr>
<td>F1 Salaried</td>
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<tr>
<td>F2 Volunteers</td>
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<td></td>
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<tr>
<td>F3 Students and trainees</td>
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<td></td>
</tr>
<tr>
<td>F4 Other (Specify)</td>
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</table>
**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
- Public Education/Media Activities
- 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 (Specify)  No

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

- C1 Combination of county, city, private and public donations  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)  

**Page 62 of 104**
### Name of Agency
Nevada Public Health Foundation

### Address
3579 Hwy 50 East, Ste C<br>Carson City, NV 89701

### Telephone
(775) 884-0392

### Fax
(775) 884-0274

### Web/Email
www.nphf.org

### Type of Setting
5 Other

### Category
5 Private

#### A. BASIC SERVICES (Please check as appropriate)
- Risk Assessment/Screening
- Intervention/Counseling/Referrals
- Survivor of Suicide Services
- Public Education/Media Activities
- 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

#### C. SOURCES OF FUNDING (Check all that apply)
- C1 Combination of county, city, private and public donations: No
- C2 State or Fed funding: No
- C3 Funds From Hospital: No
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#### D. ROUTES OF ACCESS TO SERVICES (Check all that apply)
- D1 Telephone appointments
- D2 Professional referral
- D3 Self-referral
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#### E. AGE GROUPS SERVED (Check all that apply)
- E1 Children 1-13: No
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- 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)
**Name of Agency**  Nevada State Public Defender-Ely Office

**Address**  P.O. Box 151690  
Ely, NV 89315

**Telephone**  (775) 289-1680

**Fax**  (775) 289-1681

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

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

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<tr>
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</tr>
<tr>
<td>F3 Students and trainees</td>
<td>No</td>
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<tr>
<td>F4 Other (Specify)</td>
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</table>
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
- 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: 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: 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**

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Nevada Urban Indians, Inc</th>
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<tbody>
<tr>
<td>Address</td>
<td>5301 Longley Ln Bldg E, Ste 178 Reno, NV 89511</td>
</tr>
<tr>
<td>Telephone</td>
<td>(775) 788-7600</td>
</tr>
<tr>
<td>Fax</td>
<td>(775) 788-7611</td>
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<tr>
<td>Web/Email</td>
<td><a href="mailto:info@nevadaurbanindians.org">info@nevadaurbanindians.org</a></td>
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**Type of Setting**  
2 Clinic

**Category**  
1 City

### 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**  
  - Yes
- **B2 Sliding scale based on Income**  
  - No
- **B3 Services covered by insurance**  
  - No
- **B4 Fees vary depending on program**  
  - (Specify)

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

- **C1 Combination of county, city, private and public donations**  
  - 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)**  
  - No
### 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 Hopsital

### 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 donatio: 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**

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>North Vista Hospital</th>
</tr>
</thead>
</table>
| 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 (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: 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): No
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 Regoanl 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 donations 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)
Name of Agency: Office of Suicide Prevention
Address: 4220 S. Maryland Pkwy 302B
Las Vegas, NV 89119

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): A2 Services offered
- 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 donation
- 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)
<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Office of Suicide Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>4126 Technology Wy, Rm 100</td>
</tr>
<tr>
<td></td>
<td>Carson City, NV 89706</td>
</tr>
<tr>
<td>Type of Setting</td>
<td>5 Other Planning/Coordination</td>
</tr>
<tr>
<td>Category</td>
<td>3 State</td>
</tr>
</tbody>
</table>

**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 donations
- 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)
### 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): 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 donations: 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):
**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)

<table>
<thead>
<tr>
<th>Service/Activity</th>
<th>Offered/Planned</th>
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<tbody>
<tr>
<td>Risk Assessment/Screening</td>
<td>A2 Services offered</td>
</tr>
<tr>
<td>Intervention/Counseling/Referrals</td>
<td>A2 Services offered</td>
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<tr>
<td>Survivor of Suicide Services</td>
<td>A2 Services offered</td>
</tr>
<tr>
<td>Public Education/Media Activities</td>
<td>A3 Services planned</td>
</tr>
<tr>
<td>Professional Training and Education</td>
<td>A3 Services planned</td>
</tr>
<tr>
<td>Bilingual Services (Spanish):</td>
<td>A2 Services offered</td>
</tr>
<tr>
<td>Research Activities</td>
<td>A2 Services offered</td>
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<tr>
<td>Other (Specify)</td>
<td>Psychiatry, Substance Abuse Treatment</td>
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</table>

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

<table>
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<tr>
<th>Cost Type</th>
<th>Status</th>
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<tbody>
<tr>
<td>B1 Free Service</td>
<td>Yes (federally recognized tribal member)</td>
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<tr>
<td>B2 Sliding scale based on Income</td>
<td>No</td>
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<tr>
<td>B3 Services covered by insurance</td>
<td>No</td>
</tr>
<tr>
<td>B4 Fees vary depending on program</td>
<td>No</td>
</tr>
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### C. SOURCES OF FUNDING (Check all that apply)

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Available</th>
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<tbody>
<tr>
<td>C1 Combination of county, city, private and public donations</td>
<td>No</td>
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<tr>
<td>C2 State or Fed funding</td>
<td>Yes</td>
</tr>
<tr>
<td>C3 Funds From Hospital</td>
<td>Yes</td>
</tr>
<tr>
<td>C4 No Funds for Suicide Prevention</td>
<td>Yes</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Access Method</th>
<th>Available</th>
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<tbody>
<tr>
<td>D1 Telephone appointments</td>
<td>Yes</td>
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<tr>
<td>D2 Professional referral</td>
<td>No</td>
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<tr>
<td>D3 Self-referral</td>
<td>Yes</td>
</tr>
<tr>
<td>D4 Involuntary commitment</td>
<td>No</td>
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</table>

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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Available</th>
</tr>
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<tbody>
<tr>
<td>E1 Children 1-13</td>
<td>Yes</td>
</tr>
<tr>
<td>E2 Adolescents 14-17</td>
<td>Yes</td>
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<tr>
<td>E3 Young Adults 18-24</td>
<td>Yes</td>
</tr>
<tr>
<td>E4 Adults 25-59</td>
<td>Yes</td>
</tr>
<tr>
<td>E5 Geriatric 60+</td>
<td>Yes</td>
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### F. STAFFING RESOURCES (Check all that apply)

<table>
<thead>
<tr>
<th>Staffing Resource</th>
<th>Available</th>
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<tbody>
<tr>
<td>F1 Salaried</td>
<td>Yes</td>
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<tr>
<td>F2 Volunteers</td>
<td>Yes</td>
</tr>
<tr>
<td>F3 Students and trainees</td>
<td>Yes</td>
</tr>
<tr>
<td>F4 Other (Specify)</td>
<td></td>
</tr>
</tbody>
</table>
### Name of Agency
Rural Regional Center

### Address
1665 Old Hotsprings Rd
Ste. 164
Carson City, NV 89706

### 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)**
Name of Agency | Safe House  
---|---
Address | 921 American Pacific Dr #300  
| Henderson, NV 89014  
Type of Setting | 5 Other Domestic Violence Shelter  
Category | 1 City  

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Offered/Not Offered</th>
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</thead>
<tbody>
<tr>
<td>Risk Assessment/Screening</td>
<td>A2 Services offered</td>
</tr>
<tr>
<td>Intervention/Counseling/Referrals</td>
<td>A2 Services offered</td>
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<tr>
<td>Survivor of Suicide Services</td>
<td>A1 Services not offered</td>
</tr>
<tr>
<td>Public Education/Media Activities</td>
<td>A2 Services offered</td>
</tr>
<tr>
<td>Professional Training and Education</td>
<td>A2 Services offered</td>
</tr>
<tr>
<td>Bilingual Services (Spanish):</td>
<td>A2 Services offered</td>
</tr>
<tr>
<td>Research Activities</td>
<td>A2 Services offered</td>
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<td>Other (Specify)</td>
<td>Domestic Violence Shelter</td>
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### B. CLIENT COST FOR SERVICES  (Check all that apply)

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<thead>
<tr>
<th>Cost Type</th>
<th>Offered/Not Offered</th>
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</thead>
<tbody>
<tr>
<td>B1 Free Service</td>
<td>Yes</td>
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<tr>
<td>B2 Sliding scale based on Income</td>
<td>Yes</td>
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<tr>
<td>B3 Services covered by insurance</td>
<td>No</td>
</tr>
<tr>
<td>B4 Fees vary depending on program (Specify)</td>
<td>Yes</td>
</tr>
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### C. SOURCES OF FUNDING (Check all that apply)

<table>
<thead>
<tr>
<th>Source of Funding</th>
<th>Offered/Not Offered</th>
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<tbody>
<tr>
<td>C1 Combination of county, city, private and public donations</td>
<td>Yes</td>
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<tr>
<td>C2 State or Fed funding</td>
<td>No</td>
</tr>
<tr>
<td>C3 Funds From Hospital</td>
<td>No</td>
</tr>
<tr>
<td>C4 No Funds for Suicide Prevention</td>
<td>No</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Access Type</th>
<th>Offered/Not Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1 Telephone appointments</td>
<td>Yes</td>
</tr>
<tr>
<td>D2 Professional referral</td>
<td>Yes</td>
</tr>
<tr>
<td>D3 Self-referral</td>
<td>Yes</td>
</tr>
<tr>
<td>D4 Involuntary commitment</td>
<td>No</td>
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### E. AGE GROUPS SERVED  (Check all that apply)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Offered/Not Offered</th>
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<tbody>
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<td>Yes</td>
</tr>
<tr>
<td>E4 Adults 25-59</td>
<td>Yes</td>
</tr>
<tr>
<td>E5 Geriatric 60+</td>
<td>Yes</td>
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</table>

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

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>Offered/Not Offered</th>
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<tbody>
<tr>
<td>F1 Salaried</td>
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<td>F2 Volunteers</td>
<td>No</td>
</tr>
<tr>
<td>F3 Students and trainees</td>
<td>Yes</td>
</tr>
<tr>
<td>F4 Other (Specify)</td>
<td></td>
</tr>
</tbody>
</table>

Page 75 of 104
Name of Agency  Safe Nest  
Address  2915 W. Charleston, Ste 12, Las Vegas, NV 89102  
Telephone  (702) 646-4981  
Fax  (702) 877-0127  
Web/Email  www.safenest.org  

Type of Setting  5 Other Domestic 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 donations  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

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Seventh Jud. Dist. Juvenile Probation</th>
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<tbody>
<tr>
<td>Address</td>
<td>P.O. Box 11 Eureka, NV 89316</td>
</tr>
<tr>
<td>Telephone</td>
<td>(775) 237-5450</td>
</tr>
<tr>
<td>Fax</td>
<td>(775) 237-6005</td>
</tr>
<tr>
<td>Web/Email</td>
<td><a href="mailto:klabarry@eurekanv.org">klabarry@eurekanv.org</a></td>
</tr>
<tr>
<td>Type of Setting</td>
<td>4 Office Probation Dept</td>
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<tr>
<td>Category</td>
<td>2 County</td>
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#### A. BASIC SERVICES (Please check as appropriate)

<table>
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<tr>
<th>Service Type</th>
<th>Offered/Not Offered</th>
</tr>
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<tbody>
<tr>
<td>Risk Assessment/Screening</td>
<td>A2 Services offered</td>
</tr>
<tr>
<td>Intervention/Counseling/Referrals</td>
<td>A2 Services offered</td>
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<tr>
<td>Survivor of Suicide Services</td>
<td>A1 Services not offered</td>
</tr>
<tr>
<td>Public Education/Media Activities</td>
<td>A1 Services not offered</td>
</tr>
<tr>
<td>Professional Training and Education</td>
<td>A3 Services planned</td>
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<tr>
<td>Bilingual Services (Spanish):</td>
<td>A1 Services not offered</td>
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<tr>
<td>Research Activities</td>
<td>A1 Services not offered</td>
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<td>Other (Specify)</td>
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#### B. CLIENT COST FOR SERVICES (Check all that apply)

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<tr>
<th>Cost Type</th>
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<td>B2 Sliding scale based on Income</td>
<td>Yes</td>
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<tr>
<td>B3 Services covered by insurance</td>
<td>Yes</td>
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<tr>
<td>B4 Fees vary depending on program (Specify)</td>
<td>Yes</td>
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#### C. SOURCES OF FUNDING (Check all that apply)

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<thead>
<tr>
<th>Funding Source</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1 Combination of county, city, private and public donations</td>
<td>Yes</td>
</tr>
<tr>
<td>C2 State or Fed funding</td>
<td>No</td>
</tr>
<tr>
<td>C3 Funds From Hospital</td>
<td>No</td>
</tr>
<tr>
<td>C4 No Funds for Suicide Prevention</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Route</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1 Telephone appointments</td>
<td>Yes</td>
</tr>
<tr>
<td>D2 Professional referral</td>
<td>Yes</td>
</tr>
<tr>
<td>D3 Self-referral</td>
<td>Yes</td>
</tr>
<tr>
<td>D4 Involuntary commitment</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Yes/No</th>
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<tbody>
<tr>
<td>E1 Children 1-13</td>
<td>Yes</td>
</tr>
<tr>
<td>E2 Adolescents 14-17</td>
<td>Yes</td>
</tr>
<tr>
<td>E3 Young Adults 18-24</td>
<td>No</td>
</tr>
<tr>
<td>E4 Adults 25-59</td>
<td>No</td>
</tr>
<tr>
<td>E5 Geriatric 60+</td>
<td>No</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1 Salaried</td>
<td>Yes</td>
</tr>
<tr>
<td>F2 Volunteers</td>
<td>No</td>
</tr>
<tr>
<td>F3 Students and trainees</td>
<td>No</td>
</tr>
<tr>
<td>F4 Other (Specify)</td>
<td>No</td>
</tr>
</tbody>
</table>
Name of Agency  Sierra Recovery Center
Address  972-B Tallac Ave.
South Lake Tahoe, CA 96150

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  No (Specify)

C. SOURCES OF FUNDING  (Check all that apply)
C1 Combination of county, city, private and public donations  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

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): 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: No
(Specify)

C. SOURCES OF FUNDING (Check all that apply)
C1 Combination of county, city, private and public donations: 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)
**Name of Agency** Sixth Judicial District Youth Services  
**Telephone** (775)-623-6382  
**Address** 737 E. Fairgrounds Rd Winnemucca, NV 89445  
**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 (Specify)**: Yes

### C. SOURCES OF FUNDING (Check all that apply)
- **C1 Combination of county, city, private and public donations**: 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
<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Solace Tree, Child &amp; Adolescent Grief Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Solace Tree, Inc.</td>
</tr>
<tr>
<td></td>
<td>P.O. Box 2944</td>
</tr>
<tr>
<td></td>
<td>Reno, NV 89505</td>
</tr>
<tr>
<td>Telephone</td>
<td>(775) 324-7723</td>
</tr>
<tr>
<td>Fax</td>
<td>(775) 324-7725</td>
</tr>
<tr>
<td>Web/Email</td>
<td><a href="http://www.solacetree.org">www.solacetree.org</a></td>
</tr>
</tbody>
</table>

**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
- Public Education/Media Activities
- 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 donations
- 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)
<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Southern Nevada Adult Mental Health</th>
</tr>
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<tbody>
<tr>
<td>Address</td>
<td>6161 W. Charleston Blvd</td>
</tr>
<tr>
<td></td>
<td>Las Vegas, NV 89146</td>
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<tr>
<td>Type of Setting</td>
<td>1 Hospital</td>
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<td>Category</td>
<td>3 State</td>
</tr>
<tr>
<td>Telephone</td>
<td>(702) 486-6000</td>
</tr>
<tr>
<td>Fax</td>
<td>(702) 486-6248</td>
</tr>
<tr>
<td>Web/Email</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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</table>

### 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 (Specify): No

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

- C1 Combination of county, city, private and public donations: 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): 

---

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Name of Agency: STEP2
Address: 3695 Kings Row
P.O. Box 30674
Reno, NV 89503

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 donations: 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 donations: 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):
### Name of Agency
Survivors of Suicide of Northeastern Nevada

### Address
NE Nevada Regional Hospital 2001 Errecart Boulevard Elko, NV 89801

### Telephone
(775)-934-6670

### Fax

### 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
- 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 donations
- 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)
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 donations: 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):  

Page 86 of 104
Name of Agency: Survivors of Suicide Loss Support

Address: 1528 Hwy 395 Ste. 100
           Gardnerville, NV 89410

Telephone: (775) 782-8611
Fax: tahoechik@charter.net
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)
**Name of Agency:** Survivors of Suicide Support Group  
**Address:** 100 N. Green Valley Pkwy  
Ste. 330  
Henderson, NV 89074  
**Telephone:** (702) 486-8255  
**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): No
### 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 (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:** 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):**

---

*Page 89 of 104*
### Name of Agency
There's A Light at the End of the Tunnel

### Telephone
(775)-945-5782

### Address
Karrs Bldg, 640 A St
Hawthorne, NV 89415

### 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
- 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**

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Tonopah Mental Health Center</th>
<th>Telephone</th>
<th>(775) 482-6742</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>825 S. Main</td>
<td>Fax</td>
<td>(775) 482-3718</td>
</tr>
<tr>
<td></td>
<td>Tonopah, NV 89049</td>
<td>Web/Email</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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</table>

**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): 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: 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: 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): No
<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Trauma Intervention Program</th>
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<tbody>
<tr>
<td>Address</td>
<td>3271 Shadow Bluff Ave, 330</td>
</tr>
<tr>
<td></td>
<td>Las Vegas, NV 89120</td>
</tr>
<tr>
<td>Telephone</td>
<td>(702) 288-0906</td>
</tr>
<tr>
<td>Fax</td>
<td>(702) 434-8182</td>
</tr>
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**A. BASIC SERVICES (Please check as appropriate)**

<table>
<thead>
<tr>
<th>Service</th>
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<tr>
<td>Risk Assessment/Screening</td>
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<tr>
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<td>Public Education/Media Activities</td>
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<tr>
<td>Professional Training and Education</td>
<td>A2</td>
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<td>Bilingual Services (Spanish):</td>
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<td>Research Activities</td>
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<td>Other (Specify)</td>
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**B. CLIENT COST FOR SERVICES**

<table>
<thead>
<tr>
<th>Cost Type</th>
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<tbody>
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<td>B4 Fees vary depending on program</td>
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<td>(Specify)</td>
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**C. SOURCES OF FUNDING**

<table>
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<th>Funding Source</th>
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<tr>
<td>C3 Funds From Hospital</td>
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<td>C4 No Funds for Suicide Prevention</td>
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**D. ROUTES OF ACCESS TO SERVICES**

<table>
<thead>
<tr>
<th>Access Method</th>
<th>Available</th>
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<tbody>
<tr>
<td>D1 Telephone appointments</td>
<td>No</td>
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<tr>
<td>D2 Professional referral</td>
<td>Yes</td>
</tr>
<tr>
<td>D3 Self-referral</td>
<td>No</td>
</tr>
<tr>
<td>D4 Involuntary commitment</td>
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**E. AGE GROUPS SERVED**

<table>
<thead>
<tr>
<th>Age Group</th>
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<tbody>
<tr>
<td>E1 Children 1-13</td>
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<tr>
<td>E2 Adolescents 14-17</td>
<td>Yes</td>
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<td>E3 Young Adults 18-24</td>
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<td>E4 Adults 25-59</td>
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<tr>
<td>E5 Geriatric 60+</td>
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**F. STAFFING RESOURCES**

<table>
<thead>
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<th>Staffing Resource</th>
<th>Available</th>
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<td>F1 Salaried</td>
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<td>F2 Volunteers</td>
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<tr>
<td>F3 Students and trainees</td>
<td>No</td>
</tr>
<tr>
<td>F4 Other (Specify)</td>
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<tr>
<td><strong>Name of Agency</strong></td>
<td>VA Southern Nevada Healthcare System</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td>901 Rancho Lane</td>
</tr>
<tr>
<td></td>
<td>Las Vegas, NV 89106</td>
</tr>
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**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 donations: 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): 

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<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Vitality Center</th>
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<tbody>
<tr>
<td>Address</td>
<td>3740 Idaho Elko, NV 89801</td>
</tr>
<tr>
<td>Telephone</td>
<td>(775) 738-8004</td>
</tr>
<tr>
<td>Fax</td>
<td>(775) 738-2526</td>
</tr>
<tr>
<td>Web/Email</td>
<td><a href="mailto:karen@vitalitycenter.org">karen@vitalitycenter.org</a></td>
</tr>
</tbody>
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| 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): No

### 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 donations: 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): No
### Name of Agency
Washoe County School Dist. Police Dept

### Address
P.O. Box 30425  
Reno, NV 89520

### Telephone
(775) 348-0285

### Fax
(775) 348-0265

### 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 donations: 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)
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)
<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>White Pine Country School District</th>
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</thead>
<tbody>
<tr>
<td>Address</td>
<td>1135 Ave C. Ely, NV 89301</td>
</tr>
<tr>
<td>Telephone</td>
<td>(775) 289-4851</td>
</tr>
<tr>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>Web/Email</td>
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**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 donations: 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)
**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 (Specify)**: No

### C. SOURCES OF FUNDING (Check all that apply)
- **C1 Combination of county, city, private and public donations**: No  
- **C2 State or Federal 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)**:

---

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<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Yerington Mental Health Center</th>
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<tbody>
<tr>
<td>Address</td>
<td>215 W. Bridge St. #5,</td>
</tr>
<tr>
<td></td>
<td>Yerington, NV 89447</td>
</tr>
<tr>
<td>Telephone</td>
<td>(775) 463-3191</td>
</tr>
<tr>
<td>Fax</td>
<td>(775) 463-4641</td>
</tr>
<tr>
<td>Web/Email</td>
<td><a href="http://mhds.state.nv.us/">http://mhds.state.nv.us/</a></td>
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<td>2 Clinic</td>
</tr>
<tr>
<td>Category</td>
<td>3 State</td>
</tr>
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**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): 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

**C. SOURCES OF FUNDING** (Check all that apply)
- C1 Combination of county, city, private and public donations: 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)
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.

Nevada’s suicide rate/100,000 for 2004 was 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.
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.

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


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**


Nevada Youth Risk Behavior Survey: 1999-2005


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+


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)