



# **Murrieta Valley Unified School District**

## **Suicide Prevention Protocol**

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# **Murrieta Valley Unified School District Youth Suicide Prevention Program Abstract**

Suicide is the third leading cause of death in youth between the ages of 10-19. Eleven percent of high school students have made at least one suicide attempt, while 40 percent have indicated serious suicidal thoughts. Schools are in a unique position to teach /reinforce resiliency skills, identify at risk students/adults, and provide appropriate intervention and postvention strategies. A program that implements a systematic approach has the potential to increase both emotional and academic performance stability.

After careful review of current suicide protocols available from statewide districts, an adaptation of the LAUSD suicide protocol was developed to meet both the needs of Murrieta Valley Unified School District's population and the resources available to the city. This protocol will serve as a uniform tool for school counselors, psychologists and administrators when assessing a person for suicidal risk, intervention and continued safety.

The protocol component of Murrieta Valley Unified School District's Youth Suicide Prevention Program will include systematic training for staff at each campus. This will also contribute to a more normalized educational setting at each campus.

The goals of this suicide protocol are to:

- ⇒ Increase the knowledge of at-risk indicators.
- ⇒ Provide strategies to increase and reinforce resiliency factors.
- ⇒ Provide a user friendly and standardized concerned persons/referral protocol.
- ⇒ Provide a standardized intervention/postvention protocol that includes cooperation and collaboration with outside agencies and a more overall, protective environment for potential existing, returning and reoccurring suicidal students.

# Suicide Protocol

- ⇒ Student is identified and referred via the lavender Concerned Person Referral form. The referral will be directly given to any site counselor or school psychologist. If the counselor or school psychologist is unavailable, referral should be given to an available administrator or designee.
- ⇒ Once student is contacted--**do not leave the student unsupervised at any time.**
- ⇒ Contact administrator/designee to let him/her know assessment is in progress.
- ⇒ Contact another counselor or school psychologist to inform him/her that a suicide assessment is occurring.
- ⇒ The counselor or psychologist assesses the risk of suicide, and determines risk level (See pages 6-9).
- ⇒ Consult with another counselor, school psychologist, or administrator (If not available, call 696-1600 ext. 1160 to speak to a member of the Student Services Department ); or call Dean Lesicko at (951) 775-6529 or Amil Alzubadi at (951) 813-5078.
- ⇒ Contact parent/guardian and document.
- ⇒ Follow recommendations for risk level.
- ⇒ Complete the Suicide Assessment Risk Form (SARF) and file it in a confidential place. DO NOT file in the cumulative file.
- ⇒ Document in AERIES —
- ⇒ File a CPS report if necessary.
- ⇒ Complete follow up procedure.

## Special Considerations for Elementary School

- ⇒ Student is identified, if no counselor or school psychologist is on campus, referral shall be given to administrator or designee.
- ⇒ When student is contacted, do not leave student unattended at any time.
- ⇒ Administrator/Designee makes an attempt to get counselor or school psychologist back to campus.
- ⇒ If counselor or school psychologist is not available for consultation, call Student Services 696-1600 ext. 1064.
- ⇒ Administrator/Designee assesses the risk of suicide and determines risk level. (See Pages 6-9).
- ⇒ Contact parent/guardian and document.
- ⇒ Follow recommendations for risk level.
- ⇒ Complete the Suicide Assessment Risk Form (SARF) and file it in a confidential place. **DO NOT** place in the cumulative file.
- ⇒ Document in SASI for LEA under Emotional Level; list SARF under “referred by”.
- ⇒ File CPS report if necessary.
- ⇒ Collaborate with school counselor or school psychologist to create follow up procedure for student.

**Murrieta Valley Unified School District  
Suicide Assessment Risk Form  
Confidential**

Referral Date: \_\_\_\_\_ Time: \_\_\_\_\_

1. Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

2. Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. School: \_\_\_\_\_ Grade: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

4. Person Completing SARF: \_\_\_\_\_ Title: \_\_\_\_\_

5. Name Of Person You Collaborated With: \_\_\_\_\_

6. Student Referred by:

\_\_\_\_\_ Self

\_\_\_\_\_ Parent

\_\_\_\_\_ Teacher

\_\_\_\_\_ Counselor

\_\_\_\_\_ Other

7. Previous SARF \_\_\_\_ Yes \_\_\_\_ No

8. Reasons For Referral:

\_\_\_\_\_ Direct Threat TO SELF \_\_\_\_ OTHERS \_\_\_\_\_

\_\_\_\_\_ Indirect Threat TO SELF \_\_\_\_ OTHERS \_\_\_\_\_

\_\_\_\_\_ Sudden Change in Behavior \_\_\_\_ Signs of Depression

\_\_\_\_\_ Previous Attempt(s) \_\_\_\_ Truancy/Running Away

\_\_\_\_\_ Giving Away Possessions \_\_\_\_ Frequent Complaints of Illness

\_\_\_\_\_ Mood Swings \_\_\_\_ Alcohol or Drug Use

\_\_\_\_\_ Self-Injurious Behavior \_\_\_\_ Other: \_\_\_\_\_

9. Intervention:

\_\_\_\_\_ Parent/Guardian Contact Date/Time: \_\_\_\_\_

\_\_\_\_\_ Resources Provided to Parent/Guardian INCLUDING: \_\_\_\_\_

\_\_\_\_\_ Outside Referral Made: \_\_\_\_\_

\_\_\_\_\_ Child Abuse Report Made (endangerment): NAME OF INTAKE WORKER: \_\_\_\_\_

\_\_\_\_\_ Referred to SRO/Police: NAME OF OFFICER \_\_\_\_\_

\_\_\_\_\_ Hospitalization

\_\_\_\_\_ School Based Counseling: \_\_\_\_\_

\_\_\_\_\_ Program Modification INCLUDING: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

Counselor's/ School Psychologist's Name: \_\_\_\_\_

**Place This Form In Your Confidential File—DO NOT Place in CUM FILE**

## **QUESTIONS TO ASK WHEN ASSESSING RISK IN SUICIDAL STUDENTS:**

### **Risk Level I**

- Has the student thought about suicide (thoughts or threats alone, whether direct or indirect, may indicate LOW risk)?  
**SPCIFICALLY ASK THE STUDENT IF THEY HAVE ANY THOUGHTS OF HURTING OR KILLING THEMSELVES!**

### **Risk Level II**

- Have they tried to hurt themselves before (previous attempts, repetitive self-injury may indicate MODERATE risk)?

### **Risk Level III**

- Do they have a plan to harm themselves now (the greater the planning, the greater the risk)?
- What method are they planning to use and do they have access to the means (these questions would indicate HIGH risk)?

# Suicide Screening Questions

**Current Situation:** On a scale of 1 to 10, 1 being as bad as it ever has been, 10 being as good as it ever has been, how would you rate your life right now? Ask what is going on in their life that makes them feel that particular number. Determine current stressors, home, school, friends, family, etc.

**Somatic Questions:** Have you had or are you having any recent health concerns? (Headaches, stomach aches, illness, physical pains, etc.) Are you taking any medications now or in the past, if so which medications? (Prescription or self-medication?) Have you ever been hospitalized? **If so**, when and for what?

**Reality Check:** Determine how aware the student is with time and space presently. Can they keep a train of thought? Are they disoriented? You may ask questions, like: How long have you lived in Murrieta? Tell me what you did this morning when you woke up? What were you doing before I called you in? WHAT IS TODAY'S DATE, WHAT SCHOOL DO YOU ATTEND, WHAT IS THEIR NAME? THIS GOES INTO THE PERSON, PLACE TIME AND SITUATION PORTION OF A MENTAL STATUS EXAM.

**Drug Use:** Determine drug history. Are you using any drugs or alcohol? If so, which type of drugs? How often do you use? When was the last time you used?

**Emotional:** Have you ever felt depressed or very sad for more than a couple of weeks? Do you ever feel lonely or empty inside? How about recently? Do you ever think that the world would be a better place without you living in it? Do you feel as if nobody loves or likes you? Determine degree of hopelessness. Have you ever been so depressed that you feel hopeless, like things are not going to get better? Where do you see yourself in ten years? Do you think feel in control of your life now and in the future?

**Behavior:** Determine coping mechanisms. How do you deal with your stress, anger, sadness? Have you ever attempted suicide, if so when and how? Ask about high risk behaviors, such as: drug/alcohol use, self-mutilation, eating disorders, sexual acting, etc. Determine change in behavioral patterns (eating, sleeping, concentrating.)

**Cognition:** Determine if they have ever thought about killing themselves. Have you ever thought about killing yourself? If so, how would you do it? When and where would you do it? Do you have the means to kill yourself? When was the last time you thought about killing yourself? What kept you from completing suicide, from going through with it?

**History:** Any information that would be relevant to the student's emotional, behavioral, cognitive state: Consider recent hospitalizations, major traumas in the last five years (break up, death of a loved one, etc.) History of a friend or loved one that committed suicide. Previous suicide attempts. History of abuse.

# SUICIDE RISK LEVELS

## **Risk Level I:**

Thoughts, suicide ideation, but no previous attempts, no plan, no immediate suicides, signs of depression, direct or indirect threats, change in personality, evidence of self harm in written/non-written work, dark internet websites and chat rooms.

## **Risk Level II:**

Suicide ideation, plan, but no means, destructive behavior, student can commit to safety (ask student to sign no harm contract, but do not use in isolation), previous attempts, or recent suicides among family/friends or high profile suicide in media or community, alcohol/drug use, diagnosed or undiagnosed mental illness, recent traumas, or change in medication.

## **Risk Level III:**

Ideation, plan, means, cannot commit to being safe, previous suicide attempts, previous hospitalization for mental health, recent trauma, depression signs, diagnosed or undiagnosed mental illness "i.e. mood disorder", recent suicide in family or friend, recent suicide/good-bye letter, alcohol/drug use, repetitive self-injurer, access to lethal methods (guns), changes in medication, lack of support system.

## **NOTE:**

- ⇒ **Any time there is an indication of previous suicide attempt, suicide in family/friends, recent hospitalizations, alcohol/drug use, and change in medication for diagnosed mental illness, lack of support system, and abrupt changes in behavior, recent traumas, recent loss, victimization the student will automatically be a moderate risk to high risk level.**
- ⇒ **Access to lethal means potentially increases the risk level. If a student cannot commit to safety and has access to guns, the level is automatically high.**
- ⇒ **Always consult with another counselor, school psychologist, or contact 696-1600 ext. 1064 to speak with Student Services.**
- ⇒ **Never leave a student unsupervised.**
- ⇒ **No Harm Contracts are not designed to be used in isolation, do not rely on that for student's safety. It is recommended to be used for the purpose of determining if the student is willing to sign it.**
- ⇒ **The risk levels described are designed to assist you in determining suicide risk, but is not an absolute measure of suicidality.**



# **RISK LEVEL INTERVENTIONS AND FOLLOW UP**

## **DO NOT LEAVE THE STUDENT UNSUPERVISED**

### **RSL I Action:**

- ⇒ Consult with another counselor, school psychologist or like professional, if unavailable call Student Services
- ⇒ Contact parent/guardian and give resources
- ⇒ Fill out Student Agreement Plan--identify support systems on campus
- ⇒ Document all contacts in conference screen under LEA code
- ⇒ Contact CPS if suspected abuse

### **RSL II Action:**

- ⇒ Consult with like professional
- ⇒ Notify and hand off student ONLY to parent or guardian who commits to seek an immediate mental health assessment or to law enforcement if parent is unavailable or uncooperative.
- ⇒ Parent needs to sign Parent Notification Form
- ⇒ Document student and parent contact in conference screen
- ⇒ Complete follow up with student and parent when student returns
- ⇒ Contact CPS if suspected abuse

### **Ideation plus high risk indicator(s):**

- ⇒ Do the above and PROVIDE THE SRO ALL OF THE OBTAINED INFORMATION IN A COHESIVE TIME LINE MANNER. THE SRO WILL USE THE INFORMATION TO CONDUCT HIS/HER OWN ASSESSMENT TO DETERMINE IF A 5150 IS APPROPRIATE. THE SRO WILL USE YOUR INFORMATION IN CONJUNCTION WITH HIS/HER INFORMATION TO COMPLETE THE APPLICATION OF A 5150.

### **RSL III Action:**

- ⇒ Consult with like professional
- ⇒ Contact SRO: PROVIDE THE SRO ALL OF THE OBTAINED INFORMATION IN A COHESIVE TIME LINE MANNER. THE SRO WILL USE THE INFORMATION TO CONDUCT HIS/HER OWN ASSESSMENT TO DETERMINE IF A 5150 IS APPROPRIATE. THE SRO WILL USE YOUR INFORMATION IN CONJUNCTION WITH HIS/HER INFORMATION TO COMPLETE THE APPLICATION OF A 5150.
- ⇒ If SRO arranges for transport notify site administrator
- ⇒ Document student and parent contact in conference screen
- ⇒ Contact CPS if suspect abuse 1-800-442-4918
- ⇒ Complete follow up with student and parent when student returns to school

## **Warning Disclaimer:**

**No Harm Contracts should not be used in isolation.**

# Protective Contract

I, \_\_\_\_\_, promise to not engage in any behavior that will or may cause myself bodily injury. Should I have any thoughts or feelings about hurting or killing myself, I promise to contact one or all of the individuals listed on this contract. These individuals include:

- |          |        |          |
|----------|--------|----------|
| 1. _____ | _____  | _____    |
| Name     | Number | Location |
| 2. _____ | _____  | _____    |
| Name     | Number | Location |
| 3. _____ | _____  | _____    |
| Name     | Number | Location |
| 4. _____ | _____  | _____    |
| Name     | Number | Location |

IF NONE OF THE ABOVE ADULTS ARE AVAILABLE TO CONTACT THEN I WILL CONTACT 911 AND ASK THE DISPATCHER FOR AN OFFICER TO CONDUCT A WELFARE CHECK TO KEEP ME SAFE.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
School Counselor/School Psychologist Signature

\_\_\_\_\_  
PARENT SIGNATURE

**Suicide Hotline 1-800-SUICIDE (1-800-784-2433)**

**Give copy to student and place a copy in school counselor's confidential file.  
Do not place in cum file.**

**Murrieta Valley Unified School District**  
**CONFIDENTIAL**

TO: Mental Health Professional  
Evaluator for 5150

FROM: \_\_\_\_\_, Counselor

SUBJECT: \_\_\_\_\_  
(Student's Name)

DATE:

The above student told me the following:  
**(Check all that apply.)**

☐ Student said that he/she had been thinking about suicide, the last time he/she thought about suicide was \_\_\_\_\_ BUT IS NOT CLEAR WITH THE THOUGHT.

☐ Student said that he/she had A PLAN BUT WILL NOT DIVULGE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Student indicated that he/she had previously attempted suicide on \_\_\_\_\_ by means of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Other Important Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is a recommendation for further psychological evaluation for suicide based on the following:

☐ Suicide Interview

☐ Other: \_\_\_\_\_  
\_\_\_\_\_

If you should have any questions, please call \_\_\_\_\_. Upon the student's return to school I would like to meet with him/her and the parent(s)/guardian(s) to determine how the school can assist with a mandatory follow up plan.

## **EMERGENCY PARENT MEETING**

- ⇒ **Give referrals**
- ⇒ **Have parent sign letter**
- ⇒ **Give parent the mental health letter**
- ⇒ **Schedule follow up meeting**

**THIS PLAN AND ALL PERTINENT INFORMATION  
SHOULD NOT BE PLACED IN STUDENT'S CUM FILE**

**KEEP IN SCHOOL COUNSELOR'S CONFIDENTIAL FILE**

# **Murrieta Valley Unified School District Murrieta, CA**

## **Suicide Prevention Notification**

I have been informed that the school has serious concern about my child,

\_\_\_\_\_, and his/her expressed desire to commit suicide.

I understand that by signing this form I am acknowledging that the school is fulfilling its duty to notify me pursuant to Education Code Section 49602 (c) regarding a matter involving my child's safety and that professional counseling is recommended to begin immediately.

- ☐ Referrals for an emergency evaluation for suicide risk/potential have been given to me and I understand that it has been recommended that I take my child to one of these agencies immediately to help ensure the safety of my child. (See Emergency Evaluation Center form)

**OR**

- ☐ Referrals to local counseling services have been provided to me and I understand that it is recommended that I contact one of them directly to schedule an appointment to obtain professional psychological services for my child.

I understand that a school counselor/school psychologist will have a mandatory follow up meeting with me and my child on\_\_\_\_\_.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Counselor/School Psychologist Signature

**GIVE PARENT COPY AND FILE ORIGINAL IN CONFIDENTIAL FILE**

Emergency Evaluation Centers

**Children's Interagency Program**  
**23119 Cottonwood Ave.- Bldg. A, Suite 110**  
**Moreno Valley, CA 92553**  
**(951) 413-5676**

**Emergency Treatment Services (ETS)**  
**9990 County Farm Rd., Suite 4**  
**Riverside, CA 92503**  
**Adults & Minors, – (951) 358-4881**

**Canyon Ridge Hospital**  
**5353 G Street**  
**Chino, CA**  
**(909) 590—3700**

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**FOR THERAPY RECOMMENDATIONS SEE:**  
**COMMUNITY RESOURCES IN APPENDIX**

**THIS FOLLOW-UP PLAN IS DESIGNED TO  
ASSIST THE STUDENT IN:**

**IDENTIFYING AND COPING WITH THOUGHTS,  
EMOTIONS AND**

**EVENTS THAT HAVE THE POTENTIAL OF  
INCREASING**

**INTENTIONAL INJURIOUS BEHAVIORS**

**KEEP IN SCHOOL COUNSELOR'S CONFIDENTIAL FILE**



# MURRIETA VALLEY UNIFIED SCHOOL DISTRICT STUDENT SAFETY PLAN

Student Name: \_\_\_\_\_ Staff Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Current Interventions

### SOCIAL WORKER

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### THERAPY

Therapist Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Time/Duration: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### MEDICAL

Doctor's Name: \_\_\_\_\_

Time/Duration: \_\_\_\_\_

Type: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### PROBATION

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### ACADEMIC INTERVENTION

Type: \_\_\_\_\_

Time/Duration: \_\_\_\_\_

Person's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### OTHER SUPPORT

Type: \_\_\_\_\_

Time/Duration: \_\_\_\_\_

Person's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## LIST MEDICATION(S)/PRESCRIPTIONS:

Prescription Name: \_\_\_\_\_ Times per day: \_\_\_\_\_ Duration \_\_\_\_\_

Taken at school: ☐ Yes ☐ No

Prescription Name: \_\_\_\_\_ Times per day: \_\_\_\_\_ Duration \_\_\_\_\_

Taken at school: ☐ Yes ☐ No

Prescription Name: \_\_\_\_\_ Times per day: \_\_\_\_\_ Duration \_\_\_\_\_

Taken at school: ☐ Yes ☐ No

## ON SITE COUNSELING

\_\_\_\_\_  
Counselor's Name

\_\_\_\_\_  
Type

\_\_\_\_\_  
Time/Duration

\_\_\_\_\_  
Site Psychologist's Name

\_\_\_\_\_  
Type

\_\_\_\_\_  
Time/Duration

### STUDENT SAFETY PLAN (Continued)

The purpose of this plan is to build the student's support system on campus. By connecting students to a team of identified staff members we are providing a safety net of individuals that the student can turn to in time of need, and the staff can check in on the student, encouraging students to follow their treatment plan. It is recommended that a minimum of 3 staff be identified to contact for a minimum of two weeks and re-evaluated for modification after that time.

For the next two weeks \_\_\_\_\_ will check in with the following people:

Name	How Often	When	Where
1.			
2.			
3.			

\_\_\_\_\_, (Staff) will check in with \_\_\_\_\_, (Student) daily for the next two weeks during the following times and location. (If the primary staff (#1) is not available the student will contact the secondary person #2):

Staff Name	Time	Location
1.		
2.		

Parent communication—please list time and frequency of parent contact.

Who will initiate contact? Parent or Interviewer	How Often?	Phone Number

DATE/TIME FOR NEXT MEETING: \_\_\_\_\_

IF STUDENT IS UNABLE TO FOLLOW THIS PLAN THE FOLLOWING WILL OCCUR:

COMMENTS: \_\_\_\_\_

**\*\* Make copy for student, keep original. File in counselor's confidential file, NOT cum.**

## STUDENT AGREEMENT PLAN

Name: \_\_\_\_\_ Date: \_\_\_\_\_

If I experience any of the following thoughts, feelings or self-injurious behaviors:

Feelings

Thoughts

Behaviors

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Or any event that causes excessive stress, I will follow this plan:

_____
_____
_____
_____
_____
_____
_____

Student signature: \_\_\_\_\_

Adult signature: \_\_\_\_\_

Give original to student and place a copy in counselor's confidential file.  
**DO NOT** place in CUM FILE.

## **Counseling Resources 2010-2011**

### **Riverside County Mental Health**

(951) 600-6355  
41002 County Center Drive  
Suite 320  
Temecula, CA 92590

- Marriage, child, family and rehabilitation counseling
- Fees as low as \$60.00; insurance welcome

### **Loma Linda University Behavioral Medical Center**

(909) 558-9200  
1710 Barton Road  
Redlands, CA 92373

### **Riverside Area Rape Crisis Center**

(951) 686-7273 (24 hours)  
1485 Spruce, Suite C  
Riverside, CA 92507

- Free services for victims and families of sexual assaults
- Rape awareness and prevention
- Community education
- Child abuse prevention education

### **Riverside Center for Behavioral Health**

(951) 275-8400  
5900 Brockton  
Riverside, CA 92506

- Adult Chemical dependency
- In-patient care
- Evening classes
- Sliding Fee Scale/Medicare/Medi-Cal

### **Help Line**

(951) 686-4357 (24 hour hotline)

- Suicide crisis
- Crisis intervention and referral
- Homeless referrals
- Counseling for anger management
- Food pantry
- Financial assistance
- Financial utility assistance
- Medical referrals accepted for counseling

### **Riverside County Substance Abuse Program**

#### **Administrative Office**

(951) 782-2400  
3525 Presley Avenue  
Riverside, CA

- Narcotics
- Prenatal program
- Adolescence

#### **Substance Abuse Services**

(951) 600-6355  
41002 County Center Drive, Suite 320  
Temecula, CA 92590

- Drug counseling for adolescent/adult
- Prenatal program
- Method one maintenance

#### **Adult Mental Health Services**

(951) 600-6355  
41002 County Center Drive, Suite 320  
Temecula, CA 92590

- Outpatient services for adults
- Crisis outpatient services
- Adults 18 years and over

#### **Children Interagency Program**

(951) 413-5678  
23119 Cottonwood Ave., Bldg. A, Suite 110  
Moreno Valley, CA 92553

- Special Friends
- Daughters & Sons United
- Substance abuse
- Children under 18 years

### **PFLAG (Parents and Friends of Lesbians and Gays)**

Temecula  
Temecula Valley Cultural Arts & Music Center  
27455 Tierra Alta Way  
Temecula CA 92590

### **Loma Linda University Center for Health Promotion**

(909) 558-4594  
Monday. -Thursday. 8:00 a.m. – 5:00 p.m.  
Friday 8:00 a.m. – 12:00 noon  
Contact Person: Linda Ball