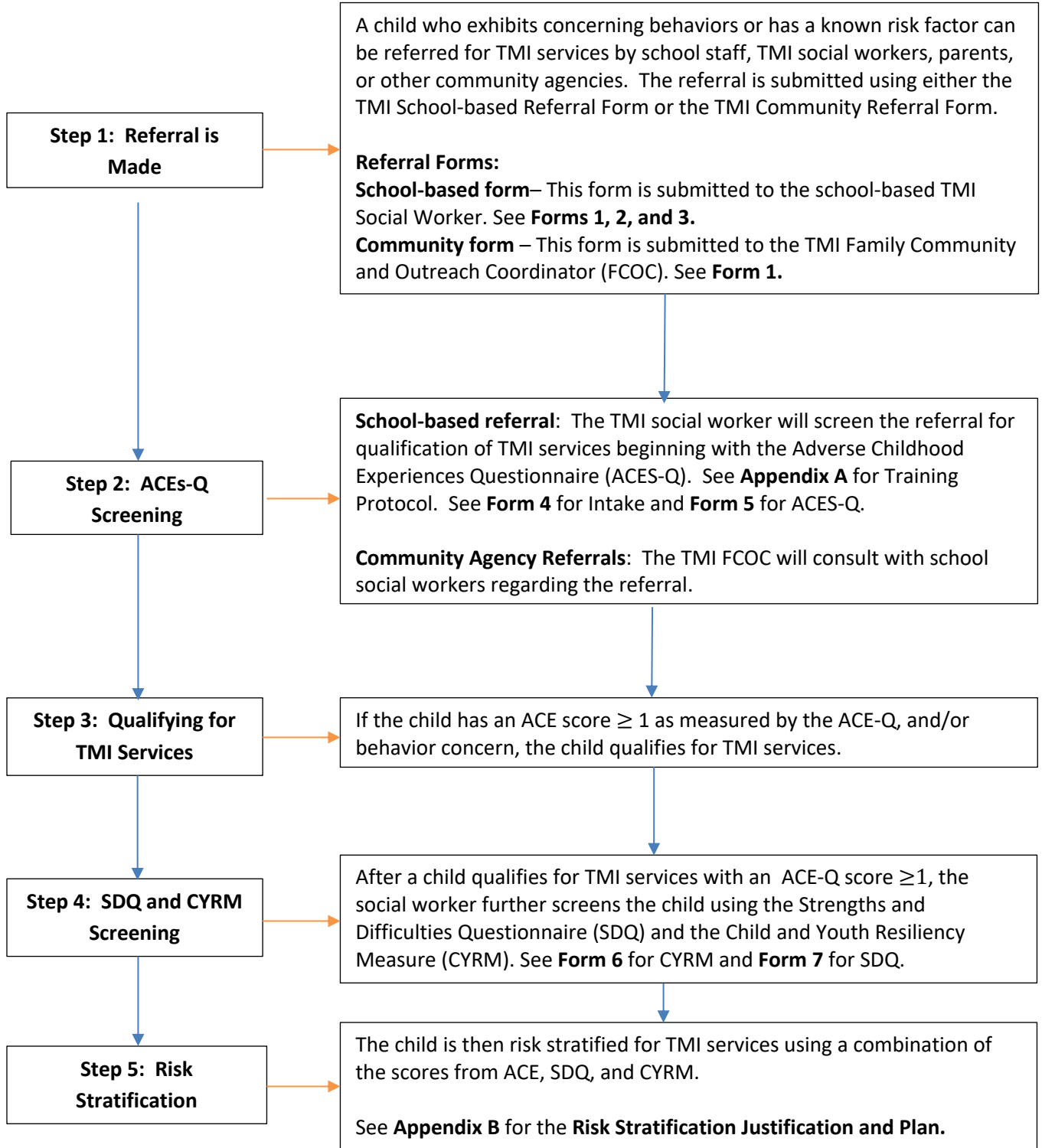




THE MARTINSBURG INITIATIVE

A Police/School/Community Partnership
Preventing Substance Use Disorders, Building Strong Families, and Empowering Communities

Risk Stratification Protocol



RISK STRATIFICATION

Using ACE-Q, SDQ, and CYRM, children are stratified into low, moderate, and high risk. See **Figure 1**.

If a child is stratified as low risk, the child is involved in low risk services.

If a child is stratified as moderate risk, the child is involved in low and moderate risk services.

If a child is stratified as high risk, the child is involved in low, moderate and high- risk services.

See **Form 8** for matrix utilized by social workers to determine risk stratification.

Following risk stratification, Social Determinants of Health (SDoH) Screening will be completed for each child. See **Form 9**.

Figure 1

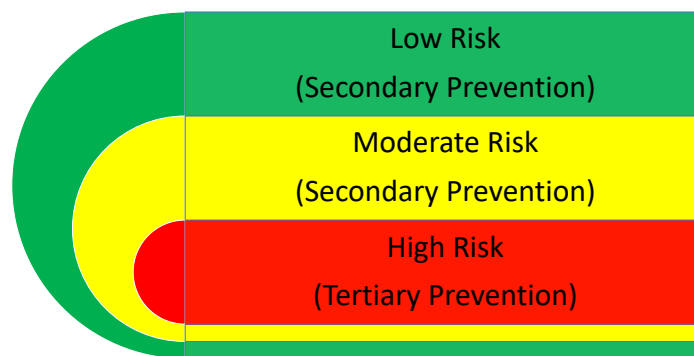


Table 1 lists all interventions based on each level of risk.

Table 1 - The Martinsburg Initiative Interventions for Risk Levels

Low Risk	Moderate Risk	High Risk
Case Management (Social Workers)	All Low Risk Interventions	All Low and Moderate Risk Interventions
Mentoring (Appendix C and Form 10)	Individual Skill Building (Social Workers) (Appendix E)	Case Management (Family and Community Outreach Coordinator)
Referrals to Community Resources (Appendix D)	Group Work (Social Workers)	Behavioral Health Therapy
	Wrap Around services (Social Workers or Family and Community Outreach Coordinator) (Appendix F)	Referrals to Community Behavioral Health Services (Form 11)

		Family Support Services (Family and Community Outreach Coordinator) (Table 2)
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Risk stratification will be linked to the five protective factors.

- **Appendix G** – Crosswalk 5 Protective Factors and SDQ & CYRM
- **Appendix H** – Crosswalk 5 Protective Factors and TMI Activities & Interventions

High risk services include TMI Family Support Services as indicated in **Table 2**. Once a student is found to be high risk, school social workers refer the student and family to the Family and Community Outreach Coordinator.

Table 2 - Family Support Services

Who delivers family support services?	Assessments and Screening	Interventions	Referrals to community resources
Family and Community Outreach Coordinator	<ul style="list-style-type: none"> • Assessment of the five Protective Factors (Appendices G and H) • SDoH Screening (Form 9) • SBIRT Screening 	<ul style="list-style-type: none"> • Education on toxic stress and the role it plays on the child's health and behavior in addition to buffering • Linkages to support services and interventions (Appendix F and Form 9) 	<ul style="list-style-type: none"> • Social Determinants of Health Resources (Appendix D) • MOUD • Harm Reduction Program

Appendix A

Training Outline for Screening Tools ACEs, SDQ, CYRM and Social Determinants of Health

Training workshop will be conducted by Rebecca Bates, Technical Assistance Project Manager for ADAPT at W/B HIDTA.

Training workshop will be held for all social workers on how to support completion of the ACEs, SDQ, CYRM, and social determinant screens. The process will be informed by the guidance provided by each measure.

Steps:

1. Introduction to the measures
2. How to administer
3. Scoring process
4. Interpretation of the results
5. Administration practice
6. Feedback to Participants and Social Workers administering the screen (**See Table 1 and Table 2**)
7. Providing interventions to support the five protective factors

Table 1. Risk-Stratification Table (Parent/Caregiver Completed SDQ)

Measure	Low-Risk	Feedback	Moderate-Risk	Feedback	High-Risk	Feedback
ACEs	0-1	Low-risk for alcoholism, drug abuse, depression, suicide attempt, smoking, poor health, multiple sexual partners, sexually transmitted disease, physical inactivity and severe obesity, and adult diseases such as heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.	2-3	Increase in risk for alcoholism, drug abuse, depression, suicide attempt, smoking, poor health, multiple sexual partners, sexually transmitted disease, physical inactivity and severe obesity, and adult diseases such as heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.	4+	Significant increase in risk for alcoholism, drug abuse, depression, suicide attempt, smoking, poor health, multiple sexual partners, sexually transmitted disease, physical inactivity and severe obesity, and adult diseases such as heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.
SDQ Total (3-point measure) (0-40 w/o Prosocial score)	0-13	This score is close to average. Clinically significant problems in this area are unlikely	14-16	This score is slightly raised, which may reflect clinically significant problems	17-40	This score is high. There is a substantial risk of clinically significant problems in this area
Emotional	0-3	This score is close to average - clinically significant problems in this area are unlikely	4	May worry often but may not cause distress.	5-10	Many worries or often seems worried
Conduct	0-2	This score is close to average - clinically significant problems in this area are unlikely	3	May often fight with other children	4-10	Often fights with other children

Hyperactivity	0-5	This score is close to average - clinically significant problems in this area are unlikely	6	Impulsive behavior, may be constantly distracted	7-10	Restless, overactive, cannot stay still for long
Peer	0-2	This score is close to average - clinically significant problems in this area are unlikely	3	May lack emotional, cognitive, and behavioral skills with peers.	4-10	Rather solitary, prefers to play alone. Isolation from peer groups and possible aggressive/dominant behaviors towards others.
Prosocial	6-10	Reflect Strengths; Considerate of other people's feelings.	5	May lack boundaries.	0-4	May be disrespectful, disobedient and physically aggressive.
Impact Supplement (0-10 for parent)	0	No stress or impairment identified by the parent/caregiver.	1	The child may show 'difficulties' with their chronicity, about the distress they cause, their interference with the daily routine and about the impairment they cause.	2-10	The child most likely shows 'difficulties' with their chronicity, about the distress they cause, their interference with the daily routine and about the impairment they cause.
CYRM (3-point measure)	>45	Higher scores indicate higher levels of characteristics associated with resilience	38-44	Moderate scores indicate moderate levels of characteristics associated with resilience	<38	Lower scores indicate lower levels of characteristics associated with resilience

CYRM (5-point measure)	>70	Higher scores indicate higher levels of characteristics associated with resilience	63-70	Moderate scores indicate moderate levels of characteristics associated with resilience	<63	Lower scores indicate lower levels of characteristics associated with resilience
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*CYRM Personal and Caregiver resilience subscales are not risk-stratified separately.

Table 2. Risk-Stratification Table (Teacher Completed SDQ)

Measure	Low-Risk	Feedback	Moderate-Risk	Feedback	High-Risk	Feedback
SDQ Total (3-point measure) (0-40 w/o Prosocial score)	0-11	This score is close to average - clinically significant problems in this area are unlikely	12-15	This score is slightly raised, which may reflect clinically significant problems	16-40	This score is high - there is a substantial risk of clinically significant problems in this area
Emotional Symptoms Score	0-4	This score is close to average - clinically significant problems in this area are unlikely	5	May worry often but may not cause distress.	6-10	Many worries or often seems worried
Conduct Problem Score	0-2	This score is close to average - clinically significant problems in this area are unlikely	3	May often fight with other children	4-10	Often fights with other children
Hyperactivity Score	0-5	This score is close to average - clinically significant problems in this area are unlikely	6	Impulsive behavior, may be constantly distracted	7-10	Restless, overactive, cannot stay still for long
Peer Problem Score	0-3	This score is close to average - clinically significant problems in this area are unlikely	4	May lack emotional, cognitive, and behavioral skills with peers.	5-10	Rather solitary, prefers to play alone. Isolation from peer groups and possible aggressive/dominant

						behaviors towards others.
Prosocial Behavior Score	6-10	Reflect Strengths; Considerate of other people's feelings.	5	May lack boundaries.	0-4	May be disrespectful, disobedient and physically aggressive.
Impact Supplement (0-6 for teacher)	0	No distress or impairment identified by the teacher.	1	The child may show 'difficulties' with their chronicity, about the distress they cause, their interference with the daily routine and about the impairment they cause.	2-10	The child most likely shows 'difficulties' with their chronicity, about the distress they cause, their interference with the daily routine and about the impairment they cause.

Appendix B

TMI: Risk Stratification Justification and Plan

The goal of implementing a risk-stratification protocol is to help TMI social workers determine the level of risk a child is experiencing and to provide appropriate interventions based on these documented risks. TMI will use the three measures to determine the level of risk: 1) adverse childhood experiences (ACEs) questionnaire; 2) the strengths and difficulties questionnaire (SDQ); 3) the Child and Youth Risk Measurement (CYRM) survey.

Measures

The landmark ACEs study revealed a relationship between toxic stress from abuse or household dysfunction and poor health and wellbeing outcomes during adulthood such as cardiovascular disease, suicide, and substance use (Felitti et al., 1998). In this study, individuals who experienced four or more ACEs had a four to 12-fold increase in adverse health outcomes as adults. In this study, responses were categorized into 0, 1, 2, 3, or 4+ ACEs.

The SDQ is a 25-item questionnaire used to assess the psychological attributes of children aged 4 to 17 years with a score range of 0-50 (Vugteveen et al., 2019; Youth in Mind, n.d.). This psychological attribute questionnaire evaluates five areas: emotional problems, conduct problems, hyperactivity, peer problems and prosocial behaviors. Each of these sections contains five questions with a score range of 0-10. The conduct and hyperactivity scores are considered externalizing features. The emotional and peer problem scores are considered internalizing features. The SDQ also includes an impact supplement to help the social workers understand the services appropriate for the individual child. There are two questionnaire versions. One is used for the initial evaluation. The second is used for follow-up evaluations to determine change over time. The SDQ impact supplement includes a score range from 0-10 for the parent score or from 0-6 for the teacher score. Risk-stratification for the SDQ is based on suggestions from the developer (Youth in Mind, n.d.). The categories include the following component scores: total difficulties, emotional problems, conduct problems, hyperactivity, peer problems, prosocial, and impact. Each of these categories may be stratified as normal, borderline, or abnormal depending on whether the parent or teacher completes the SDQ. Higher scores = more difficulties.

The CYRM is a 17-item questionnaire used to assess resiliency of children (Resilience Research Center, 2019). This questionnaire has multiple versions depending on the child's age and whether the child is being asked the questions or a person most knowledgeable (e.g. parent or teacher) is being asked the questions about this child. The second consideration is whether the 3-point version or the 5-point version is being used. Each question assessed has a different purpose for measuring resiliency (see pages 27-32 of the manual). The cumulative range of scores from the 3-point version is 17-51. The cumulative range of scores from the 5-point version is 17-85. Two subscales may be extracted from this measure: personal resilience (10 questions) and caregiver resilience (7 questions). The risk stratification (low, moderate, high, or exceptional) threshold number depends on whether the 3-point or the 5-point version was used. Higher scores = higher resilience. High scores = low risk.

Risk Stratification

Each of the measures and subscales are stratified individually into low-risk, moderate-risk, or high-risk categories based on the scores. The child will receive services based on the highest level of risk documented.

Table 1. Risk-Stratification Table (Parent/Caregiver Completed SDQ)

Measure	Low-Risk	Moderate-Risk	High-Risk
ACEs	1	2-3	4+
SDQ Total (3-point measure) (0-40 w/o Prosocial score)	0-13	14-16	17-40
Emotional	0-3	4	5-10
Conduct	0-2	3	4-10
Hyperactivity	0-5	6	7-10
Peer	0-2	3	4-10
Prosocial	6-10	5	0-4
Impact Supplement (0-10 for parent)	0	1	2-10
CYRM (3-point measure)	>45	38-44	<38
Personal Resilience* (Q#: 1, 2, 3, 7, 9, 10, 12, 13, 14, 16)			
Caregiver Resilience* (Q#: 4, 5, 6, 8, 11, 15, 17)			
CYRM (5-point measure)	>70	63-70	<63
Personal Resilience* (Q#: 1, 2, 3, 7, 9, 10, 12, 13, 14, 16)			
Caregiver Resilience* (Q#: 4, 5, 6, 8, 11, 15, 17)			

*CRM Personal and Caregiver resilience subscales are not risk-stratified separately.

Table 2. Risk-Stratification Table (Teacher Completed SDQ)

Measure	Low-Risk	Moderate-Risk	High-Risk
ACEs (0-10)	1	2-3	4+
SDQ Total (3-point measure) (0-40 w/o Prosocial score)	0-11	12-15	16-40
Emotional	0-4	5	6-10
Conduct	0-2	3	4-10
Hyperactivity	0-5	6	7-10
Peer	0-3	4	5-10
Prosocial	6-10	5	0-4
Impact Supplement (0-6 for teacher)	0	1	2-10
CYRM (3-point measure)	>45	38-44	<38
Personal Resilience* (Q#: 1, 2, 3, 7, 9, 10, 12, 13, 14, 16)			
Caregiver Resilience* (Q#: 4, 5, 6, 8, 11, 15, 17)			
CYRM (5-point measure)	>70	63-70	<63
Personal Resilience* (Q#: 1, 2, 3, 7, 9, 10, 12, 13, 14, 16)			
Caregiver Resilience* (Q#: 4, 5, 6, 8, 11, 15, 17)			

*CYRM Personal and Caregiver resilience subscales are not risk-stratified separately.

References

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- Resilience Research Center. (2019). *Child and youth resilience measure (CYRM- R) & adult resilience measure (ARM-R) [Manual 2.2]*. Dalhousie University. <https://cym.resilienceresearch.org/download/cym/>
- Vugteveen, J., de Bildt, A., Theunissen, M., Reijneveld, M., & Timmerman, M. (2019). Validity aspects of the strengths and difficulties questionnaire (SDQ) adolescent self-report and parent-report versions among Dutch adolescents. *Assessment*, 1073191119858416. <https://doi.org/10.1177/1073191119858416>
- Youth in Mind. (n.d.). *Strengths and difficulties questionnaire*. Youth in Mind. <https://youthinmind.com/products-and-services/sdq/>

Appendix C

Referrals to Mentoring

Students who have been referred to TMI and risk-stratified as low, moderate, or high risk can be referred by TMI Social Workers for Mentoring Support.

1. Using the Berkeley County Schools' PASS referral form, Social Workers will refer at students to TMI Lead Mentor.
2. Social Workers will work with Lead Mentor to obtain signed parent permission forms indicating the referred students will be working with mentor.
3. Once permission is obtained, Lead Mentor will assign the students to a mentor, as per the established schedule, either with the Lead Mentor or a volunteer mentor.

Appendix D

Table 1. Resources for Referral Following SDOH Screenings

Resource Needed	Referral Sources
Food	Catholic Charities
	Child Care Food Program
	Church without Walls Ministries
	Community Combined Ministries
	Community Networks, Inc.
	C-CAP (Congregational Cooperative Action Project) Loaves & Fishes
	Food Assistance at Telamon
	Hedgesville United Methodist Church Food Pantry
	Good Shepherd Interfaith Volunteer Caregivers
	Salvation Army
	St. Vincent De Paul
	Warming Hands & Hearts
	WV WIC (Women, Infants, and Children)
Utilities	Free Cell Phone for Emergency 911
	Eastern West Virginia Community Foundation
Housing	Call 211 for assistance
	Bethany House (Women & Children)
	Community Networks, Inc.
	Chronic Homeless Program (Telamon)
	Martinsburg Union Rescue Mission (Men)
	Community Networks, Inc
	Habitat for Humanity of the Eastern Panhandle
	Home Buyer Education Classes at Telamon
	Martinsburg Housing Authority
Self-Help Housing (Telamon)	
Child Care	DHHR
	Care.com
Healthcare Unaffordable	Check DHHR for medical card eligibility
	Free Clinic/ 601 S. Raleigh St
	Affordable Care Act – WV Medicaid CHIP Enrollment Coordinator
	Good Samaritan Free Clinic
	Health Insurance Premium Payment (HIPP) Program
	Healthy Smiles Oral Health Center
	HIV/AIDS testing and support
	John D. Good Recovery Center
	Martinsburg Institute (Addiction Client Centered Treatment)
	Live Well West Virginia http://well.wvu.edu/wellness/livewell
Shenandoah Community Health Center	
Healthcare Inaccessible (Transportation)	Call 211 for assistance
Literacy	Call 211 for assistance
	Berkeley County Adult Learning Center
	Horizon Goodwill Industries
	Learning Center for Adult Education at James Rumsey Technical Institute
	Lifelong Learning Program at Shepherd University
	Literacy Volunteers of the Eastern Panhandle
	WorkForce West Virginia Career Center
Domestic Violence	Call 211 for assistance
	Berkeley County Substance Abuse Prevention
	BOLD (Building Our Lives Drug Free)
	Community Alternatives to Violence
	Potomac Highlands Guild, Inc.

Appendix E

Individual Skill Building

Students who have been risk stratified as moderate-risk or high-risk can be provided the intervention of Individual Skill Building.

Individual Skill Building can include the following:

- New coping skills
- Problem solving
- Communication tools
- Emotional regulation
- Social skills
- Distress tolerance

Curriculum: Nurturing Parenting, **Developing Nurturing Values and Skills in Children**

Appendix F

Wrap Around Services

Family wraparound services provide support to the families of students who have been identified through the TMI Risk Stratification Protocol as moderate or high risk for substance use disorder.

Wraparound differs from many service delivery strategies, in that it provides a comprehensive, holistic, youth and family-driven way of responding when children or youth experience serious mental health or behavioral challenges. Wraparound puts the child or youth and family at the center. With support from a team of professionals and natural supports, the family's ideas and perspectives about what they need and what will be helpful drive all of the work in wraparound.

The family will be connected to the resources within the community to help meet the unique vision and goals. Psycho-education on ACEs and trauma is also provided along with identifying actions to build the "Five Protective Factors" to strengthen the families which could include Nurturing Parenting to improve the parent/child relationship. Continuous support and evaluation are provided for the family and young person. (<https://nwi.pdx.edu/pdf/wraparound-basics.pdf>)

The Family and Community Outreach Coordinator (FCOC) makes contact with the parent/caregiver and sets up an initial appointment. A needs assessment is completed and a relationship is built with the family along with screening the family for ACEs. The FCOC completes a warm handoff to other community agencies, provides education about ACEs and trauma, helps the family build protective factors individually and as a family, and systematically monitors and evaluates the progress of the student and family.

The young person and their family members work with the FCOC to build their Wraparound team, which can include the family's friends and people from the wider community, as well as providers of services and supports. With the help of the team, the family and young person take the lead in deciding team vision and goals, and in developing creative and individualized services and supports that will help them achieve the goals and vision. Team members work together to put the plan into action, monitor how well it's working, and change it as needed.

The Wraparound plan typically includes formal services – including research-based interventions as appropriate to build skills and meet youth and family needs – together with community services and interpersonal support and assistance provided by friends, kin, and other people drawn from the family's social networks. After the initial plan is developed, the team meets a minimum of three times within six months to monitor progress, which it does by measuring the plan's components against the indicators of success selected by the team. Plan components, interventions and strategies are revised when the team determines that they are not working, i.e., when the relevant indicators of success are not being achieved.

Table 1. Objectives of Wrap Around Services

1. Determine vision and goals for the young person and/or family.
2. Develop individualized services and support that help achieve the vision and goals.
3. Activate the interventions and strategies and make adjustments as needed.
4. Systematic follow up with family/young person to ensure progress toward the stated goals.
5. Provide psycho-education to families about ACEs and trauma
6. Connect families/young people to resources within the community (**Table 2**)
7. Strengthen families by building/strengthening the "Five Protective Factors"
8. Reduce/mitigate the negative effects of exposure to trauma/ACEs
9. Improve the parent/child relationship

Table 2. Community Services for Referral during Wrap Around Services
NOTE: All Resources for Referral Following SDoH Screening (Appendix I, Table 1) PLUS:
Family
Friends
Faith Community
Berkeley County Schools
East Ridge Mental Health Systems
Shenandoah Behavioral Health Systems
WV Counseling and Advocacy (YAP)

Appendix G

Crosswalk – CYRM & SDQ Crosswalks of Questions to Protective Factors

Five Protective Factors:

1. Parental Resilience
2. Social Connections
3. Concrete Support in times of need
4. Knowledge of parenting and child development
5. Social and emotional competence

Question Number	CYRM Questions	Which Protective Factor(s) does question link to and TMI should support?
1 (sociability)	Do you share with people around you?	2, 5
2 (education)	Is doing well in school important to you?	2, 5
3 (knows how to behave)	Do you know how to behave/act in different situations (such as school, home, holy places)?	2, 5
4 (connection w/caregiver-family)	Do you feel that your parent(s)/caregiver(s) know where you are and what you are doing all of the time?	1,4
5 (parent/caregiver family connections)	Do you feel that your parent(s)/caregiver(s) know a lot about you (for example, what makes you happy, what makes you scared)?	1,4
6 (availability of food)	Is there enough to eat in your home when you are hungry?	1,4
7 (how liked an individual is)	Do other children like to play with you?	2, 5
8 (feel able to talk with caregiver or family about feelings)	Do you talk to your family/caregiver(s) about how you feel (for example when you are hurt or feeling scared)?	1,4
9 (support from friends)	Do you have friends that care about you?	2, 5
10 (sense of social fit)	Do you feel you fit in with other children?	2, 5
11 (support from family members)	Do you think your family/caregiver(s) cares about you when times are hard (for example, if you are sick or have done something wrong)?	1,4
12 (perceived support from friends during personal challenges)	Do you think your friends cares about you when times are hard (for example, if you are sick or have done something wrong)?	2, 5
13 (fair treatment by others)	Are you treated fairly?	2, 5
14 (opportunity to demonstrate individual capability)	Do you have chances to show others that you are growing up and can do things by yourself?	2, 5
15 (sense of security with family)	Do you feel safe when you are with your family/caregiver(s)?	1,4
16 (opportunities to prepare)	Do you have chances to learn things that will be useful when you are older (like cooking, working, and helping others)?	2, 5
17 (family heritage)	Do you like the way your family/caregiver(s) celebrates things (like holidays or learning about your culture)?	1,4

Personal resilience questions: 1, 2, 3, 7, 9, 10, 12, 13, 14, 16

Caregiver/relational resilience questions: 4, 5, 6, 8, 11, 15, 17

Question Number	SDQ Questions	Which Protective Factor(s) does question link to and TMI should support?
1 (PR)	Considerate of other people's feelings?	2
2 (H)	Restless, overactive, cannot stay still for long.	1,3,4
3 (E)	Often complains of headaches, stomach-aches or sickness	5
4 (PR)	Shares readily with other children, for example toys, treats, pencils	2
5 (C)	Often loses temper	1,3
6 (P)	Rather solitary, prefers to play alone	5
7 (C)	Generally well behaved, usually does what adults request	1,3
8 (E)	Many worries or often seems worried	5
9 (PR)	Helpful if someone is hurt, upset or feeling ill	2
10 (H)	Constantly fidgeting or squirming	1,3,4
11 (P)	Has at least one good friend	5
12 (C)	Often fights with other children or bullies them	1,3
13 (E)	Often unhappy, depressed or tearful	5
14 (P)	Generally liked by other children	5
15 (H)	Easily distracted, concentration wanders	1,3,4
16 (E)	Nervous or clingy in new situations, easily loses confidence	5
17 (PR)	Kind to younger children	2
18 (C)	Often lies or cheats	1,3
19 (P)	Picked on or bullied by other children	5
20 (PR)	Often offers to help others (parents, teachers, other children)	2
21 (H)	Thinks things out before acting	1,3,4
22 (C)	Steals from home, school or elsewhere	1,3
23 (P)	Gets along better with adults than with other children	5
24 (E)	Many fears, easily scared	5
25 (H)	Good attention span, sees chores or homework through to the end	1,3,4

Key:

E=emotional problems

P=peer problems

C=conduct problems

PR=prosocial

H=hyperactivity

Appendix H

Crosswalk - 5 Protective Factors to TMI Activities & Interventions

Strengthening Families Five Protective Factors:

1. Parental Resilience: Managing stress and functioning well when faced with challenges, adversity and trauma.
2. Social Connections: Positive relationships that provide emotional, informational, instrumental, and spiritual support.
3. Concrete Support in times of need: Access to concrete support and services that address a family's needs and help minimize stress caused by challenges.
4. Knowledge of parenting and child development: Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.
5. Social and emotional competence of children: Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.

TMI Intervention	Description of Program	Protective Factor (s) supported
After-School Programs	After-school programs provide Opportunities for students to participate in activities after-school that continue safe, stable, and nurturing environments and relationships. A variety of programs are offered that build on protective factors including academics and physical activities.	2,3,5
Too Good for Drugs	Too Good for Drugs is an evidence-based curriculum taught in schools by counselors and social workers. Curriculum teaches both an awareness of negative factors of drug use and a positive sense of self.	2,3,5
Handle with Care	Handle with Care provides immediate and long-term intervention and support to children who have experienced a traumatic police-involved event. Goal is to mitigate negative effects experienced by exposure to trauma.	2,3,5
Police Classroom Visits	Officers visit classrooms in schools and engage in educational, recreational, and/or social activities. Goal is to reinforce the connection between police and school and establish relationships between officers and students.	2,5
Jr. Police Academy	Jr. Police Academy is a summer program that engages students in learning about the job of policing while also learning about achieving goals, making new friends, and having new experiences. Students in grades 5, 6, and 7 are eligible to participate.	2, 3, 5
Mentoring	The mentoring program is an intervention that provides mentoring support to students. Mentoring support is provided by both a Lead Mentor and volunteer mentors.	2, 3, 5
Caregiver Cafes	Caregiver Cafes bring together parents and caregivers in order to have meaningful, reflective conversations to promote leadership, relationships, and protective factors. The goal of the cafes is to strengthen families.	1,2,3,4,5
Trauma Training for Educators	Trauma Training for Educators is designed to equip personnel with trauma-sensitive tools to effectively serve all students, especially those who have been exposed to traumatic or Adverse Childhood Experiences. Trainings include topics such as behavioral analysis, child welfare, and yoga.	4,5

Form 1. Referral Form



THE MARTINSBURG INITIATIVE

A Police/School/Community Partnership Preventing Substance Use Disorders, Building Strong Families, and Empowering Communities

THE MARTINSBURG INITIATIVE REFERRAL FORM

The Martinsburg Initiative is a police/school/community/health/education partnership that supports families/students in the eight downtown K-5 schools who may have been exposed to a traumatic event(i.e, parent with substance use disorder or mental illness, incarcerated caregiver, abuse, neglect). We offer resiliency-building activities to offset the negative effects of this through mentoring, after-school programs, social-emotional skill building for students, and family support program. Building resiliency in our families creates stronger families, empowers our community, and can prevent future substance use. If you know a family who has a child attending one of the following schools: Pikeside Pre-K, Winchester Ave, Opequon, Rosemont, Tuscarora, Berkeley Heights, Burke St Elementary, Orchard View, Eagle School Intermediate, or Martinsburg High School and who may benefit from our services, please inform the family you are referring them, and complete the form below. Email the referral to Noel Canellas at noel.canellas@k12.wv.us.

DATE: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE NUMBER: _____ ALTERNATE PHONE NUMBER: _____

CHILD(REN)'S NAME: _____

CHILD(REN)'S SCHOOL: _____

CHILD(REN)'S AGE: _____

REASON FOR REFERRAL: _____

REFERRING AGENCY: _____

REFERRING INDIVIDUAL'S NAME: _____

REFERRING AGENCY PHONE: _____ EMAIL: _____

<p>For TMI Use Only</p> <p>Date referral received: _____</p> <p>Date contact made: _____</p>
--

YOUTH AND FAMILY SUPPORT REFERRAL FORM

_____ The Martinsburg Initiative email: noel.canellas@k12.wv.us

_____ Project AWARE email:

_____ HYPE information email: atippen@berkeleywv.org

_____ No SUD _____ SUD _____ DATE

1. **Student Name**

2. **Student Date of Birth (DOB: MM/DD/YYYY)**

3. **Current School**

4. **Current Grade**

5. **Parents'/Caregivers' Names**

6. **Parent/Caregiver Contact Number**

7. **Choose one:**

Mark only one oval.

Child is living with biological caregiver

Child is living with non-biological caregiver (including adopted)

Child is currently in Foster Care

Child is currently in Residential Care

Other: _____

8. **Referral Source (If not Counselor)**

9. **Referral Reason (check all that apply):**

Frequent Frustrations or Behavioral Outbursts (including un-triggered)

Frequent Crying (including un-triggered)

Aggressive towards authority figures

Aggressive towards peers (triggered or untriggered)

Poor Social Skills/Poor Relationships with Peers or Adults

Frequent classroom disruption

Lack of Motivation or Lethargy (unexplained)

Poor Academic Performance

Withdrawal from previously pleasurable activities

Poor Attendance

Verbal or physical threats towards peers or authority

Other: _____



INITIATIVE Prevent. Build. Empower

THE MARTINSBURG INITIATIVE PARENT/CAREGIVER REFERRAL FORM

The Martinsburg Initiative is a police/school/community/health/education partnership that supports families/students in the eight Martinsburg city K-5 schools who may have been exposed to a traumatic event (i.e, parent with substance use disorder or mental illness, incarcerated caregiver, abuse, neglect). We offer resiliency-building activities to offset the negative effects of this through mentoring, after-school programs, social-emotional skill building for students, and family support programs. Building resiliency in our families creates stronger families, empowers our community, and can prevent future substance use. If you are a family who has a child attending one of the following schools: Winchester Ave, Opequon, Rosemont, Tuscarora, Berkeley Heights, Burke St Elementary, Orchard View, or Eagle School Intermediate, and who may benefit from our services, please complete and return the form below. Email the referral to Noel Canellas at noel.canellas@k12.wv.us.

DATE: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE NUMBER: _____ ALTERNATE PHONE NUMBER: _____

CHILD(REN)'S NAME: _____

CHILD(REN)'S SCHOOL: _____

CHILD(REN)'S AGE: _____

REASON FOR REFERRAL: _____

REFERRING INDIVIDUAL'S NAME: _____

REFERRING INDIVIDUAL'S RELATIONSHIP (PARENT, CAREGIVER, GRANDPARENT?): _____

PHONE: _____ EMAIL: _____

<p>For TMI Use Only</p> <p>Date referral received: _____</p> <p>Date contact made: _____</p>
--

Form 4 (Intake Form)



THE
MARTINSBURG
INITIATIVE

A Police/School/Community Partnership
Preventing Substance Use Disorders, Building Strong
Families, and Empowering Communities

STUDENT/FAMILY PSYCHOSOCIAL ASSESSMENT

Date of appointment: _____ School Name: _____ Student's Name: _____ Age: _____ DOB: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Preferred Name/Nickname: _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Race: _____ Name of Person completing form: _____ Relationship to client: _____			
PRESENTING PROBLEM CATEGORIZATION: (Please check all the apply and circle the description of symptom)			
Symptoms causing concern, distress or impairment: <input type="checkbox"/> Change in sleep patterns (<i>please circle</i>): sleeping more sleeping less difficulty falling asleep difficulty staying asleep difficulty waking up difficulty staying awake <input type="checkbox"/> Concentration: Decreased concentration Increased or excessive concentration <input type="checkbox"/> Change in appetite: Increased appetite Decreased appetite <input type="checkbox"/> Increased Anxiety (describe): _____ <input type="checkbox"/> Mood Swings (describe): _____ <input type="checkbox"/> Behavioral Problems/Changes (describe): _____			
FAMILY COMPOSITION:			
Mother's Name: _____ Age: _____ <input type="checkbox"/> Living with child <input type="checkbox"/> Not living with child Employed Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No Place of Employment: _____ Occupation: _____ Father's Name: _____ Age: _____ <input type="checkbox"/> Living with child <input type="checkbox"/> Not living with child Employed Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No Place of Employment: _____ Occupation: _____ Marital status of Parents: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partnership Please list the names, ages, relationships and other relevant information regarding all immediate family members whether living in- or outside the home. Please include all members currently residing in child's household.			
Name	Age	Relationship	School, if in TMI
1.			
2.			
3.			
4.			
5.			
Additional:			

<p>HOUSING:</p> <p>Would you consider your housing to be: <input type="checkbox"/> stable <input type="checkbox"/> unstable If unstable, please describe: _____</p> <p>_____</p> <p>Please choose the one that best describes the current housing arrangement for this child:</p> <p><input type="checkbox"/> Parent/Guardian owns home</p> <p><input type="checkbox"/> Parent/Guardian rents home</p> <p><input type="checkbox"/> Child and family live with relatives/friends (temporary)</p> <p><input type="checkbox"/> Child and family live with relatives/friends (permanent)</p> <p><input type="checkbox"/> Homeless <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Emergency Shelter</p> <p>How long has this child lived in the current living situation? _____</p> <p>How many times has the child moved in the past two years? _____</p> <p>What else do you think is important for us to understand about your housing/living situation?</p> <p>_____</p>
<p>FOSTER CARE INVOLVEMENT</p> <p>Has your child ever been in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>From _____ age to _____ age Reason: _____</p> <p>Type of Placement: <input type="checkbox"/> Familial Placement <input type="checkbox"/> Non-Familial Placement</p> <p>Current Status: <input type="checkbox"/> In-Care <input type="checkbox"/> Out of Care</p> <p>If Out of Care, reason for leaving: <input type="checkbox"/> Adopted <input type="checkbox"/> Returned to Home <input type="checkbox"/> Emancipated</p> <p><input type="checkbox"/> Ran away from care <input type="checkbox"/> Other: _____</p>
<p>AGENCY INVOLVEMENT</p> <p>Child: <input type="checkbox"/> DHHR <input type="checkbox"/> Juvenile Court <input type="checkbox"/> Behavior/Mental Health <input type="checkbox"/> Health Dept <input type="checkbox"/> Other _____</p> <p>Parent: <input type="checkbox"/> DHHR <input type="checkbox"/> Court <input type="checkbox"/> Mental Health <input type="checkbox"/> Health Dept <input type="checkbox"/> Other _____</p> <p>Comments:</p>
<p>PARENT/CHILD RELATIONSHIP</p> <p>Describe parenting your child (e.g. challenging, easy): _____</p> <p>What do you find most challenging in parenting your child? _____</p> <p>What kind of discipline works best with your child? _____</p>
<p>EDUCATION</p> <p>Is your child currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How would you describe your child's achievement/grades in school? _____</p> <p>How would you describe your child's attitude towards school/education? _____</p> <p>Disciplinary or behavioral issues at school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____</p> <p>_____</p>
<p>PSYCHIATRIC/PSYCHOLOGICAL HISTORY:</p> <p>Is your child currently being seen by a counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, name of current counselor _____ Length of Treatment _____</p> <p>Is your child currently being seen by a psychiatrist? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, name of current psychiatrist _____ Length of Treatment _____</p> <p>Has your child ever been diagnosed with a mental health, emotional or psychological condition?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what diagnosis was your child given? _____</p> <p>When? _____</p> <p>By Whom? _____</p> <p>Has your child received counseling services or been hospitalized for mental health or drug and alcohol concerns in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

If yes, please list previous counseling/hospitalizations for mental health/drug and alcohol concerns below:

FAMILY MENTAL HEALTH HISTORY

Please identify if any members of your family have had a history of any of the following mental health/drug abuse/legal concerns.

Family History	Depression	Anxiety	Bipolar Disorder	Schizophrenia	ADHD/ADD	Trauma History	Abusive Behavior	Alcohol Abuse	Drug Abuse	Incarceration
Self										
Mother										
Father										
Sister										
Brother										
Maternal Uncle										
Paternal Uncle										
Maternal Aunt										
Paternal Aunt										
Maternal Grandmother										
Paternal Grandmother										
Maternal Grandfather										
Paternal Grandfather										
Biological Child										

PAST SIGNIFICANT EVENTS

TRAUMA or Exposure to Trauma: Yes No
 Check any of the following that apply: Significant medical condition of parent/caregiver Medical condition of child
 Mental illness of parent/caregiver Substance abuse of parent/caregiver Separation/divorce of parent/caregiver Adoption
 Abandonment of significant adult caregiver Death of parent/caregiver Mental retardation of parent/caregiver Incarceration of parent/caregiver
 Comments:

CURRENT NEEDS/GOALS

What do you feel is your child's biggest need right now? _____

What do you most hope to gain from coming to counseling? _____

If you were to pick three goals to work on, what would they be?

Goal 1: _____

Goal 2: _____

Goal 3: _____

Form 5 – ACES-Q

CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

To be completed by Parent/Caregiver

Today's Date: _____

Child's Name: _____ Date of birth: _____

Your Name: _____ Relationship to Child: _____

Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child's doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number in the box provided.

Please DO NOT mark or indicate which specific statements apply to your child.

1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box.

Section 1. At any point since your child was born...

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box.

Section 2. At any point since your child was born...

- Your child was in foster care
- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her/his primary caregiver through deportation or immigration
- Your child had a serious medical procedure or life threatening illness
- Your child often saw or heard violence in the neighborhood or in her/his school neighborhood
- Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion

Form 6 – CYRM 5-9

Resilience
Research
CentreDALHOUSIE
UNIVERSITY

Child & Youth Resilience Measure-Revised (CYRM-R)

CYRM-R (child)				
Please choose one answer for each question. There are no right or wrong answers.				
		No [1]	Sometimes [2]	Yes [3]
1	Do you share with people around you?			
2	Is doing well in school important to you?			
3	Do you know how to behave/act in different situations (such as school, home, holy places)?			
4	Do you feel that your parent(s)/caregiver(s) know where you are and what you are doing all of the time?			
5	Do you feel that your parent(s)/caregiver(s) know a lot about you (for example, what makes you happy, what makes you scared)?			
6	Is there enough to eat in your home when you are hungry?			
7	Do other children like to play with you?			
8	Do you talk to your family/caregiver(s) about how you feel (for example when you are hurt or feeling scared)?			
9	Do you have friends that care about you?			
10	Do you feel you fit in with other children?			
11	Do you think your family/caregiver(s) cares about you when times are hard (for example, if you are sick or have done something wrong)?			
12	Do you think your friends care about you when times are hard (for example if you are sick or have done something wrong)?			
13	Are you treated fairly?			
14	Do you have chances to show others that you are growing up and can do things by yourself?			
15	Do you feel safe when you are with your family/caregiver(s)?			
16	Do you have chances to learn things that will be useful when you are older (like cooking, working, and helping others)?			
17	Do you like the way your family/caregiver(s) celebrates things (like holidays or learning about your culture)?			

For administration instructions and scoring, please refer to the accompanying manual.

When using the measure, please cite the following:

Resilience Research Centre. (2018). CYRM and ARM user manual. Halifax, NS: Resilience Research Centre, Dalhousie University. Retrieved from <http://www.resilienceresearch.org/>

Jefferies, P., McGarrigle, L., & Ungar, M. (2018). The CYRM-R: A Resilience-validated revision of the Child and Youth Resilience Measure. *Journal of Evidence-Informed Social Work*, 1-24. <https://doi.org/10.1080/23761407.2018.1548403>

Form 6 – CYRM 10-18



Child & Youth Resilience Measure-Revised (CYRM-R)

CYRM-R				
To what extent do the following statements apply to you? There are no right or wrong answers.				
		No [1]	Sometimes [2]	Yes [3]
1	I get along with people around me	1	2	3
2	Getting an education is important to me	1	2	3
3	I know how to behave/act in different situations (such as school, home and church)	1	2	3
4	My parent(s)/caregiver(s) really look out for me	1	2	3
5	My parent(s)/caregiver(s) know a lot about me (for example, who my friends are, what I like to do)	1	2	3
6	If I am hungry, there is enough to eat	1	2	3
7	People like to spend time with me	1	2	3
8	I talk to my family/caregiver(s) about how I feel (for example when I am hurt or sad)	1	2	3
9	I feel supported by my friends	1	2	3
10	I feel that I belong/belonged at my school	1	2	3
11	My family/caregiver(s) care about me when times are hard (for example if I am sick or have done something wrong)	1	2	3
12	My friends care about me when times are hard (for example if I am sick or have done something wrong)	1	2	3
13	I am treated fairly in my community	1	2	3
14	I have chances to show others that I am growing up and can do things by myself	1	2	3
15	I feel safe when I am with my family/caregiver(s)	1	2	3
16	I have chances to learn things that will be useful when I am older (like cooking, working, and helping others)	1	2	3
17	I like the way my family/caregiver(s) celebrates things (like holidays or learning about my culture)	1	2	3

For administration instructions and scoring, please refer to the accompanying manual.

When using the measure, please cite the following:

Jefferies, P., McGarrigle, L., & Ungar, M. (2018). The CYRM-R: a Rasch-validated revision of the Child and Youth Resilience Measure. *Journal of Evidence-Informed Social Work*, 1-24. <https://doi.org/10.1080/23761407.2018.1548403>
V.4_12_30_2020

Strengths and Difficulties Questionnaire**S** 11-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

Your name.....

Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others, for example CD's, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather be alone than with people of my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often offer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get along better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

V.4_12_30_2020

Overall, do you think that you have difficulties in any of the following areas:
emotions, concentration, behavior or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

• How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties upset or distress you?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties interfere with your everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Signature

Today's Date

Thank you very much for your help

Form 8. Risk Screening Tool for Social Worker Use



THE MARTINSBURG INITIATIVE

A Police/School/Community Partnership
Preventing Substance Use Disorders, Building Strong
Families, and Empowering Communities

Student Name/Code: _____

School: _____

Social Worker Name: _____

Date:	ACE	SDQ	CYRM	Risk Level

Risk-Stratification Table (Parent/Caregiver Completed SDQ)

Instructions: Highlight the correlating risk level below to the student's score.

Measure	Low-Risk	Moderate-Risk	High-Risk
ACEs	1	2-3	4+
SDQ Total (3-point measure) (0-40 w/o Prosocial score)	0-13	14-16	17-40
Emotional	0-3	4	5-10
Conduct	0-2	3	4-10
Hyperactivity	0-5	6	7-10
Peer	0-2	3	4-10
Prosocial	6-10	5	0-4
Impact Supplement (0-10 for parent)	0	1	2-10
CYRM (3-point measure)	>45	38-44	<38
Personal Resilience* (Q#: 1, 2, 3, 7, 9, 10, 12, 13, 14, 16)			
Caregiver Resilience* (Q#: 4, 5, 6, 8, 11, 15, 17)			
CYRM (5-point measure)	>70	63-70	<63
Personal Resilience* (Q#: 1, 2, 3, 7, 9, 10, 12, 13, 14, 16)			
Caregiver Resilience* (Q#: 4, 5, 6, 8, 11, 15, 17)			

*CRM Personal and Caregiver resilience subscales are not risk-stratified separately.



THE MARTINSBURG INITIATIVE

A Police/School/Community Partnership
Preventing Substance Use Disorders, Building Strong
Families, and Empowering Communities

Student Name/Code: _____

School: _____

Social Worker Name: _____

Date:	ACE	SDQ	CYRM	Risk Level

Risk-Stratification Table (Teacher Completed SDQ)











Instructions: Highlight the correlating risk level below to the student's score.

Measure	Low-Risk	Moderate-Risk	High-Risk
ACEs (0-10)	1	2-3	4+
SDQ Total (3-point measure) (0-40 w/o Prosocial score)	0-11	12-15	16-40
Emotional	0-4	5	6-10
Conduct	0-2	3	4-10
Hyperactivity	0-5	6	7-10
Peer	0-3	4	5-10
Prosocial	6-10	5	0-4
Impact Supplement (0-6 for teacher)	0	1	2-10
CYRM (3-point measure)	>45	38-44	<38
Personal Resilience* (Q#: 1, 2, 3, 7, 9, 10, 12, 13, 14, 16)			
Caregiver Resilience* (Q#: 4, 5, 6, 8, 11, 15, 17)			
CYRM (5-point measure)	>70	63-70	<63
Personal Resilience* (Q#: 1, 2, 3, 7, 9, 10, 12, 13, 14, 16)			
Caregiver Resilience* (Q#: 4, 5, 6, 8, 11, 15, 17)			

*CYRM Personal and Caregiver resilience subscales are not risk-stratified separately.

Form 9. Social Determinants of Health Screening Tool

Social Needs Screening Tool

		YES	NO
	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	<input type="checkbox"/>	<input type="checkbox"/>
	In the last 12 months, has your utility company shut off your service for not paying your bills?	<input type="checkbox"/>	<input type="checkbox"/>
	Are you worried that in the next 2 months you might not have housing?	<input type="checkbox"/>	<input type="checkbox"/>
	Do problems getting child-care make it difficult for you to work or study? <i>(leave blank if you do not have children)</i>	<input type="checkbox"/>	<input type="checkbox"/>
	In the last 12 months, have you needed to see a doctor, but could not because of the cost?	<input type="checkbox"/>	<input type="checkbox"/>
	In the last 12 months, have you ever had to go without healthcare because you didn't have a way to get there?	<input type="checkbox"/>	<input type="checkbox"/>
	Do you ever need help reading information given to you?	<input type="checkbox"/>	<input type="checkbox"/>
	Are you afraid you might be hurt in your apartment building or house?	<input type="checkbox"/>	<input type="checkbox"/>
	If you checked YES to any boxes above, would you like to receive assistance with any of these needs?	<input type="checkbox"/>	<input type="checkbox"/>
	Are any of your needs urgent? For example: I don't have food tonight, I don't have a place to sleep tonight.	<input type="checkbox"/>	<input type="checkbox"/>

Form 10. PASS Referral Form

PASS Student Referral Form (On-Line)

Student Name: _____ Student ID # _____

Grade: _____ Teacher: _____ Classroom #: _____

Best day to do PASS: M T W Th F

Best time to do PASS: _____ - _____

Referral Codes - (Please check all that apply)

- A01 Irregular **Attendance** Is student chronically absent? y or n Days Missed _____
- A02 Disruptive **Behavior**
- A03 Frequent **Tardiness**
- A04 Alcohol/drug use
- A05 Poor Social Adjustment
- A06 **Poor Grades** or has failed a grade
- A07 Little or No Extra-Curricular Participation
- A08 Low Family Income
- A09 One Parent Absent From Home
- A10 **Low Self-Esteem**
- A11 **Poor Reading Skills**
- A12 **Low Math Skills**
- A13 Trouble with Authority Leaders
- A14 Poor Communication between Home & School
- A15 Lack of Motivation
- A16 No Desire to Achieve
- A17 Parents/Siblings were Dropouts
- A18 Gifted/Talented and is easily bored with School
- A19 Fails to see relevance of Education
- A20 Insufficient Credits to Graduate
- A21 Teen Parent or other medical reason

Comments: _____

Your student will be meeting for approximately 30 minutes to an hour every week with a trained PASS volunteer to receive academic help and to participate in activities of interest to your student. **Student is to bring their planner, notebooks for organization of bell-ringers, notes, quizzes, tests and handouts, work that needs assistance, a good attitude and desire to perform their best.**

Referred by: _____ e-mail: _____

Volunteer assigned: Name: _____ Phone: _____

Meeting Day: _____ Time: _____ Date: _____

Name: _____ Phone: _____

Meeting Day: _____ Time: _____ Date: _____