Introduction

School-based universal screening is a proactive approach that involves brief assessments to identify students who are experiencing—or at risk for—physical and behavioral health challenges. The California School-Based Health Alliance (CSHA) recognizes universal screening as a best practice that Local Education Agencies (LEAs) can adopt to better support their student populations and enhance overall well-being. As the United States grapples with a growing youth mental health crisis—marked by alarming increases in anxiety, depression, and suicidal ideation—universal screeners serve as a critical tool for early detection and intervention, especially for students who may be suffering in silence. This toolkit is designed to guide LEAs in implementing effective schoolwide or grade-level screening programs that prioritize student health, safety, and success.

When done effectively, universal screening programs can provide the following benefits:

- **Expand Awareness of Mental Health**
  Schoolwide screenings can introduce topics around mental health and wellness in a neutral manner while proactively identifying students who may not have externalizing symptoms. They create opportunities for conversations around age-appropriate health and wellness topics, including oral health, behavioral health, physical health, puberty, nutrition and healthy eating, sexual health, and health literacy. Beyond identifying risk factors, universal screenings can shed insight into indicators of positive well-being, which can enhance students' sense of empowerment and self-esteem while reducing the stigma of talking about mental health in a school setting.
- **Increase Student Awareness of Wellness Services**
  On campuses that have a School-Based Health Center or Wellness Center (SBHC/WCs) or that offer health and wellness services, universal screenings can be an excellent way to introduce students to services offered on campus. Some youth, especially those in middle school and younger grades, may have fears and misconceptions about the services provided and may be hesitant to come in for the first time. Screening programs can serve as an excellent entry point to services for students who otherwise may not be aware of what is available.
- **Promote a Multi-Tiered System of Support**
  Implementing a universal screening can support comprehensive mental health strategies across all tiers, not just the high-risk tier. A multi-tiered approach leads to students who are more likely to develop social-emotional-behavioral skills and has the added benefit of potentially addressing students' behavioral health needs before they escalate.

- **Produce Measurable Outcomes**
  Universal screening results can be used to better understand and monitor student health and well-being trends over time. Most importantly, initial screening results can show a population's baseline, while fluctuating trends can indicate a need for more or different wellness services. Results hold service providers accountable for student mental health outcomes and can be used as a reporting mechanism for grants and other funding streams to advocate for more funding or to show improvements in student mental health over time.
- **Support the Financial Stability of Wellness Services**
  Schoolwide screenings may also benefit the financial sustainability of health and wellness centers or services on campus. If structured in a way that includes billable visits or procedures, conducting screenings can be an instrumental way to increase opportunities for revenue, particularly under the Multi-Payer Fee Schedule. Follow-up visits generated from screening campaigns can also increase opportunities for future billable visits. Screening campaigns can be part of a "smart financing" strategy to leverage multiple resources.

Developing a Universal Screening Protocol

Screening Goals

Clearly defining the goal of a schoolwide or district-wide screening program during the initial planning phase is critical to its success. Common objectives for universal screening programs may include:

- **Health Promotion Benefits for Students**
  Identifying the health indicators most pressing to local school sites is essential. The goals of the screening can range from Healthy People goals to site-specific areas you have identified as a priority. Performing a needs assessment at school sites before developing the screening program can help hone in on specific needs.This can guide how to best target your program while also providing baseline data to evaluate its effectiveness over time.
- **Increased Access to Health and Behavioral Health Care**
  Ideally, the screening program will include or lead to appropriate follow-up care, whether through providers on campus or through warm referrals to trusted providers. Build in an opportunity for students to become more familiar with what follow-up may look like and provide an introduction to any school-based services when available.
- **Reduce Bias in Services**

Utilizing a universal screening tool to identify students who may benefit from additional health or behavioral health services creates pathways to care for students who do not have "visible" indicators, such as attendance or disciplinary records that indicate a need for additional support. Conversely, students who do have externalizing symptoms can oftentimes receive special education referrals or disciplinary actions instead of needed behavioral health services, particularly non-white students whose externalizing behaviors may be more likely to be seen as "problematic." Relying on universal screeners instead can help to address and remedy some of these historical inequities.

Target Population

After clarifying the goals and objectives of the screening program, the next step is to define the population that the program intends to reach. When making decisions about the target population, it can be helpful to take into account the following factors:

- **Number of Students Screened**

  Consider realistically what sites can handle based on available resources. If a school has a large student body, identify ways to reduce numbers either by only targeting specific grade levels or prioritize screening groups that are at highest risk. Develop a plan for whether and how to include students who are absent on the day of the screening and how follow-up will occur. If the goal is to reach the entire student body, consider spreading out the campaign and screening smaller groups at multiple times during the school year.

- **Student Consent**

  Determine whether active or passive/opt-out consent are the most appropriate for the site. Active consent must be provided by the student, parent, and/or legal guardian before services are provided. Students may sign their own consent for services covered under minor consent laws, whereas general medical and dental care must be done with parent or guardian consent.

  For a guide to minor consent laws in your area, consult an adolescent health law resource, such as the National Center for Youth Law (www.youthlaw.org). School districts often have specific policies about whether and under what circumstances they allow "opt-out" consents (parents are notified and consent is implied unless parents specifically return the opt-out form). For sites that do have a SBHC, it can save time to list which students are already enrolled as patients and already have consent forms on file. When possible, attempt to obtain consent forms before the day of the screening

event, as this will speed up flow. The following table weighs some of the factors to consider when choosing which type of consent is the most appropriate:

Definition	Strengths	Limitations
Active Consent A student can only participate in services if a student, parent, or legal guardian provides written consent	• Informed consent • Could establish more trust with families • More likely to meet site protocols	• Could limit the number of students who can participate in services • May engage less diverse range of students
Passive Consent A student may participate in services unless a parent provides a written request to opt-out	• Reaches largest number of students • Logistically simpler since most students will participate	• Active consent will be required before follow-up services

Screening Models

With the goals and the target population of the program identified, it becomes possible to select the most appropriate screening model. Each of the models detailed below have different strengths and require a range of resources to execute. They are listed in order from the least to the most demanding in terms of time and resources:

Screening in the classroom is the least time and resource-intensive. A trained staff member can give a class presentation about the purpose of screening and any follow-up resources available, and can provide brief psychoeducation on a relevant health topic. Students can complete the confidential screen as a large group or in small groups of 5-8. Depending on the screening selected, it can be completed on paper or electronically.

Pros

- Less time and resource intensive
- Reach a larger audience more quickly
- Easier for administrators to agree to a one-time interruption

Cons

- Students do not visit or enroll at the SBHC, if applicable, and lack the opportunity to meet and build relationship with health and wellness center staff

Screening during a SBHC or Wellness Center tour can be effective on campuses that have a dedicated wellness space. Students can visit the center in small groups or as a whole class.

Participatory stations can be set up for students to familiarize themselves with the health center with one station dedicated to helping the youth complete the screening.

Pros

- Students become familiar with the health and wellness center and staff
- Hands on/participatory
- Could lead to future SBHC visits

Cons

- Can be more time and resource intensive
- Screenings are not completed with a provider

Screening during SBHC or Wellness Center visit and registration streamlines the screening process by embedding it in the registration paperwork. When done this way, Students can visit the SBHC in small groups or as a whole class, with the option to complete registration paperwork prior to visiting the SBHC or Wellness Center. Students receive a brief one-on-one provider visit, but stations can also be set up to help familiarize students with the SBHC/WC. This visit can be billable (MediCal, CYBHI Fee Schedule, Family PACT, for example).

Pros

- Students become familiar with the health center and staff
- Students enrolled in SBHC or Wellness Center services - could lead to future visits
- Billable service

Cons

- More time and resource intensive
- Can have push back from schools for enrolling students for FPACT

Screening Tools

Screening tools exist for a wide array of determinants of health, including trauma, substance use, sexual health, and mental health. There are many possible screeners available and every screener is a tool to be used in the context of a safe and trusted relationship with a provider or familiar adult. When screening for risk and trauma, it is important to also screen for resilience and protective factors and take into account the student's overall wellbeing. Regardless of the screener used, it is important to include education for the student as to why screening is taking place. Screening can be used as a tool for prevention when it is included as a part of psychoeducation and connection to building upon students' resilience. Considering the following factors when choosing a screening tool can help to ensure that it is the best fit for a given student body population:

- Languages offered
- Resources required - including amount of time and potential cost
- Ability to track and measure results over time
- Digital compatibility with existing software, including electronic health records
- Privacy and security features

The following table breaks down popular screeners by topic area:

Screener	Purpose
Trauma Screeners	
PC-PTSD-5 **PCL-5**	Screen for students experiencing PTSD symptoms according to DSM 5
CBITS: Trauma Exposure Checklist and PTSD Screener **UCLA: PTSD Index**	Screens for students experiencing PTSD symptoms according to DSM 5 and events experienced
PEARLS (Pediatrics ACEs and Related Life Events Screener)	Screens for adverse childhood experiences (ACEs)
Health and Social Influencers of Health Screeners	
RAAPS (Rapid Adolescent Prevention Screening)	Screens for individual and environmental factors that inhibit the wellbeing of adolescents
Staying Healthy Assessment	Screens for behavioral risk in 7 categories
CANS (Child and Adolescent Needs and Strengths)	Screens for strengths and needs
CoVitality Project	Offers 3 emotional health surveys, one each for children, adolescents, and adults
Student Risk Screening Scale - Internalizing and Externalizing	Screens for potential behavioral challenges
BASC-3 Behavioral and Emotional Screening System	Screens for emotional and behavioral strengths and challenges
SAEBRS/mySAEBRS **Social-Emotional-Behavior Risk Screener**	Screens for students at risk of social-emotional behavioral challenges
Substance Use Screeners	
CRAFFT	Screens for substance use in adolescents

SBIRT	Screens for substance use in children, adolescents, and/or adults
Mental Health Screeners	
GAD-7	Screens for Generalized Anxiety Disorder
PHQ-9	Screens for Major Depressive Disorder
Resilience Screeners	
CYRM (Child and Youth Resilience Measure)	Measures of social-ecological resilience
Resilience Surveys	Collection of Resilience Screeners

Location of Screening Space

After selecting a screening model, it is necessary to identify the amount of space needed to conduct it. If you need private areas for confidential discussions or exams, consider how space on campus might be repurposed in order to increase your capacity for seeing multiple patients at once. Don't forget to consider spatial logistics and potential for bottlenecks in your flow.

School Space

Be creative in maximizing space for your screening needs. If your program includes interventions that are non-invasive and/or can be conducted in semi-private areas, consider talking to the school about using large areas such as the gym, cafeteria, or auditorium and developing temporary privacy screens or partitions to divide up the space.

School-Based Health Center or Wellness Center

For campuses with a dedicated SBHC or Wellness Center, this can be an ideal space for screening. However, it is essential to develop a secondary plan for how urgent or acute drop-in visits will be handled if center services are suspended during the screening event. If you anticipate generating a large number of follow-up visits from your program, plan how to adjust future center schedules and/or recruit additional staff or providers to accommodate.

Timing of Screening Program Duration

Ideally, schools administer screenings at least once per year, though some may choose to administer them multiple times on a set interval. If administered once, it should ideally be given in

the first quarter of the academic year. After determining the group and approximate numbers of students you intend to screen, create a detailed and realistic schedule for your screening event, including checking-in students, onsite health education, surveys, additional testing, and any face-to-face time with a provider. This should result in an estimate of the staffing you will need and the number of students you can feasibly screen in one class period or school day. Then you can more accurately determine the time it will take to complete screening for your population of choice.

Time of Year

As soon as possible, collaborate with the school administration to review the overall school calendar and identify a time that will avoid major schedule conflicts, such as school vacations, standardized testing weeks, and other school-wide celebrations (graduation, etc.) and allow adequate time for follow-up. If the school desires the screening program to coincide with a particular course (i.e., science, health, etc.), be sure to consult with teachers as to when it might fit best in the curricular plan. If you are planning to incorporate the use of health profession trainees to expand your personnel capabilities, consult with program faculty to determine if trainee availability will coincide with your timeline.

Day and Time

The above information will help to narrow down the days and times when the screening program can take place. Even if overall coordination is done with the school administration, it is wise to connect with individual teachers directly to ensure that the screening will not conflict with any scheduled classroom initiatives, tests, or field trips.

Staff Resources Required

Roles

Ideally, screening events are led by a team that reflects the school community and that has relevant expertise in health and mental health assessment and intervention. Behavioral health professionals on site often lead the screening process, although teachers, school staff, parents, and volunteers can be involved in the planning, implementation, and administration of the screenings, along with reviewing results.

Determine who will handle oversight for the various elements of the program, including preparation before, coordination during, and processing after the event. Extra staff may be necessary to help facilitate the event. If budgeting for additional staff is not possible, health profession trainees might be used for support in exchange for service learning experiences. Using

supervised volunteer personnel, such as health profession trainees, can increase billing potential by increasing the number of students seen in one period of time without decreasing the quality or content of the visit. The California Department of Healthcare Access and Information (HCAI) recently launched the Certified Wellness Coach (CWC) credential. CWCs will likely be able to bill for services, including conducting universal screenings, through the Multi-Payer Fee Schedule.

Defining and Assigning Responsibilities

Prior to screening day, collaborate with school site staff to elicit feedback on program plans and to provide role information. Be sure all staff clearly understand their role and responsibilities and consider running a "dress rehearsal" to review how the students will flow through the event. If outside staff or volunteers will be used to support your program, an orientation to your site or program may be needed.

Communication

As the screening event approaches, take opportunities to regularly check-in with the school administration and teachers involved in the event, to share your outline of the event flow and confirm timing, etc. If you are using health professions trainees to support your event, develop a brief outline or handout that university faculty can use to prepare trainees for the event. If possible, make time for a staff debrief at the end of at least the first screening day, to review successes and challenges and make any necessary changes to improve future events.

Safeguarding Data

Screening results are confidential data protected by the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), along with any additional protections put in place at the state, city, or district levels. Ongoing collaboration with legal experts before and during implementation of any screening tools is the safest way to ensure that sites adhere to legal guidelines around consent and data management. During the planning phase of implementing a universal screening, devising a management plan that outlines where data will be stored and who will have access to it is critical.

Revenue Generation

On top of identifying students who may benefit from additional support, universal screenings can generate revenue for school-based wellness services.

Multi-Payer Fee Schedule

The California Department of Healthcare Services launched the Children and Youth Behavioral Health Initiative (CYBHI) Multi-Payer Fee Schedule (MPFS) to increase the pathways for children and families to access affordable health and mental health care services. The program creates a sustainable reimbursement pathway for LEAs to receive funding for services provided at school or school-linked sites by billing Medi-Cal and commercial insurance providers for the services. Services under the CYBHI Fee Schedule fall into four categories:

- Psychoeducation
- Screening and Assessment
- Therapy Services
- Case Management

Given the scope of services that are billable under the Fee Schedule, schools and partners have the potential to receive reimbursement for services such as screenings, prevention, and case management that were previously not reimbursed. For example, ACEs Screening is reimbursable at the rate of $29 per screen. In addition, practitioners from partner organizations, such as community-based mental health organizations and Federally-Qualified Health Centers, as well as Certified Wellness Coaches—will be eligible to bill under the Fee Schedule.

Behavioral Health Services Act: Population-Based Prevention

California's Behavioral Health Services Act (BHSA) earmarks funding for population-based behavioral health prevention for Californians under the age of 25. The BHSA identifies schools as approved settings for population-based prevention for programs or services that serve entire schools or student populations. While California's Department of Public Health (CDPH) is still planning the implementation of this funding, LEAs should monitor future developments to hear whether there is an opportunity for financial support of universal screening.

Family PACT

At sites with an SBHC, orientation to Family PACT can be billed if it happens in the health center or in a room that shares the address with the health center – either as a group (billing code S9446) or individually (billing code S9445). Individual visits for all reproductive health services can be billed to FPACT using billing codes 99401U6 to 99403U6 or 99201 to 99204. FPACT visits can be conducted by a licensed provider or a health educator under the supervision of a medical provider.

Screening Follow-Up

It is essential to have concrete plans for how staff will follow-up with students depending on screening results. When screening for trauma, LEAs must first evaluate whether school sites are

utilizing trauma-informed practices and may need to decide whether additional training would benefit staff supporting trauma-impacted children and youth.

Results indicating that a student may be high-risk could necessitate immediate intervention by qualified staff members. Plans should include expectations for outreach and treatment for medium- and low-risk students as well. Before implementing a universal screening protocol, LEAs must ensure that they can adequately respond to the results. Common practices to respond to screening results are listed below:

- **Action Plans** break down the steps needed to guide interventions based off of the screening severity level. They include a concrete checklist of follow-up tasks and identify a staff person for each activity, and plans for continuity of care.
- **Referral to Appropriate Services** will likely be necessary for a large number of students screened. Whether a school can provide adequate follow-up services on-site or must refer students to a trusted partner provider, LEAs must ensure that providers can manage a potential spike in services if screening results indicate a heightened need for follow-up. Before conducting large-scale screenings, identify the service providers in the area and whether they have openings, what the referral processes are like, and how accessible the services are to the students. Ensure all staff are trained to connect students to appropriate services for any needs that may be identified prior to conducting screenings.
- **Student Safety Plans** are important for addressing high-risk screening results and should be developed collaboratively with the student and their caregiver. Clear protocols for creating these plans must be established prior to implementing universal screening.

Case Study: Los Angeles Unified School District

Introduction

In 2015, the Los Angeles Unified School District's School Mental Health and Wellness Services launched the “Wellness Checkup” to screen every teen and pre-teen in the district for mental health services. LAUSD partnered with UCLA's Division of Population Behavioral Health to design and implement the Wellness Checkup through a collaboration focused on co-creation and shared implementation. Beyond screening students, the partnership promoted resilience-building and trauma-informed interventions that provide comprehensive evaluations, training, and ongoing consultation to meet the mental health and wellness needs of LAUSD's diverse student population.

Screener Selection

The district turned to its own tool, Wellness Checkup, because it is designed for youth between the 5th and 12th grades and because it utilizes a questionnaire and interview process to determine a student's risk for health and mental health problems, followed by a referral for services as needed. Additionally, LAUSD prioritized the ability to administer the screening online and to integrate screening results into technology already used by the district. The Wellness Checkup's use of a web-pasted platform allowed the following features:

- Secure survey distribution on either a computer or iPad device
- Real-time and clinically relevant interpretation of screening results
- Identification of students in need of immediate assessment and referral
- User-friendly and customizable report generation
- Secure data storage in a centralized database

Implementation

Before administering the Wellness Checkup, the district obtained written approval from the principal of every school selected for implementation and informed the faculty and the school's parent group (e.g., PTO, PTA) of the screening plan. During this stage, LAUSD focused on developing plans for follow-up mental health services for students whose screening results indicated a need for additional support. This included strengthening relationships with school wellness centers and external mental health clinics and reviewing district protocols for managing and reporting crises and cases of abuse with all involved parties. The district developed a multi-tiered response system to ensure that students identified as needing support receive appropriate interventions, whether brief, targeted, or intensive mental health services.

With buy-in obtained from school sites and adequate follow-up services in place, the next step was to obtain active consent from all parents and students before administering the screening. LAUSD found that notifying parents and students of the screening and disseminating consent forms through multiple methods led to the most awareness of the upcoming screening event. In particular, the following methods provided the best response rates:

- Sending the consent form home in required school mailings, e.g. registration packets
- When distributing consents to students in the classroom,
    - Having wellness center staff present the information about the screening
    - Giving a deadline of no more than two days for returned consent forms

- Providing screener information and consent forms at school functions, e.g. parent-teacher night or new student orientation
- Sharing the screening tool with parents who may want to review it before giving consent

The screening is always conducted in a safe and comfortable environment at a time when it can be completed in one sitting. Ideally, only the students participating in the screening are present and the screenings are always scored privately. Before implementing the screening, the staff member administering it has a plan in place to contact parents of students whose scores indicate that they need additional services as quickly as possible. Staff always record the date and time of outreach, in order to track any necessary follow-up.

Lessons Learned

- **Strong Need for Additional Supports**
  After conducting the universal screening for the last ten years, LAUSD has found that over 80% of students screened reported exposure to three or more traumatic events, emphasizing the necessity for robust mental health support systems. Additionally, substance use, particularly marijuana, remains a significant issue among students. Levels of reported substance use exceed Healthy People 2020 targets. Due to resource limitations, schools must prioritize and target resources to the students with the highest needs due to limited capacity for interventions. However, both of these findings underscore the urgent need for regular screenings and increased resources for targeted mental health and substance use interventions for young people.
- **Technology Can Provide an Advantage**
  The integration of technology has significantly expanded the capacity of providers by enabling them to screen larger numbers of students within a shorter time frame. Furthermore, students have appeared more likely to respond honestly to sensitive questions when using computer-based tools, likely due to the perceived privacy and reduced social desirability bias.

Case Study: Oxnard Union High School District

Introduction

Oxnard Union High School District (OUHSD) has twelve schools serving high school and adult students. All ten of the high schools in the district have wellness centers that students can access for mental health services and peer-to-peer counseling. At the beginning of each school year,

OUHSD screens high school students with a social-emotional learning (SEL) screener to better understand how to prioritize outreach for wellness center services. OUHSD aims to screen 90% of its high school student population annually, ensuring that students have an awareness of the services that the district wellness centers offer and that students who need additional support are referred into services proactively.

Selecting a Screening Tool

OUHSD currently administers its screener through the CoVitality Project, a strengths-based SEL tool designed for 7th - 12th graders that measures areas like self-efficacy, self-awareness, zest for life, family support, and impulse control. OHUSD was initially drawn to the CoVitality screening tool because of its ability to collect and present real-time data as students complete the screener. As students complete the screener, results appear in dashboards and reports that outline which students are at the highest risk and need services immediately, compared to those who are in the medium- and low-risk categories. Because of the flexibility of administering the screener online and the ability to monitor results in real-time, OHUSD staff can choose to extend the length of the screening period to increase the overall response rate, making it more feasible to achieve 90%. The dedicated technical support person offered by the CoVitality Project was another perk to this particular tool; having a person available to assist whenever there are any glitches or who can assist with expanding the screening tool to new sites removes an element of the administrative and technical burden for school and wellness center staff.

Process

Prior to administering the screening, the district sends out hard copy consent forms with posters, messages to students and parents through StudentVue, the district's student information system, and also puts up posters on campus to remind students to have their parents complete the consent form. Because the assessment is administered online, it gives school administrators a great deal of flexibility with how and when it is distributed to students. Oftentimes, schools will select a specific class, like PE, when 15 minutes will be dedicated for students to take the CoVitality screening on their phones. The screening can be accessed via a link or a QR code, which makes it fast and convenient for students to access privately.

Since OHUSD has started to administer the CoVitality screening, staff have noticed that the tool helps to create a general awareness of wellness center services in the student body. The district has prioritized destigmatizing mental health and has found the screening tool to be a useful way to start conversations about wellness center services and to normalize proactively caring for one's social and emotional wellbeing.

Lessons Learned

- **Technology is Key**

  Utilizing a tool that offers a variety of private and convenient ways for students to complete the universal screening tool is essential. Beyond that, having access to real-time results and dashboards with data analysis capabilities streamlines the approach to follow-up with high- and medium-risk students. However, when selecting a screening tool OHUSD learned the importance of being able to share information. With the current screening tool, only wellness center staff can access screening results, which has created challenges when wellness center staff may need to refer a student to an academic counselor or if the ability to review screening results would provide essential context to a teacher. OHUSD is currently shopping around for a screening tool that can be embedded into EduPoint to be able to streamline student information more effectively. When selecting a screening tool, technology can play a significant role in the ability to respond to screening results quickly and integrate screening results into student learning plans, so it is essential to plan how the technology offered by the tool you have selected fits into your existing workflows.

- **Timing is Everything**

  Deciding when to administer the universal screening tool is critical to its effectiveness. Fitting it in between holidays, testing, and the many other responsibilities that take precedence on campus can be tricky. However, generally it can be helpful to plan for students to complete the screening tool early in the academic year as a way to introduce students and parents to the services provided to the wellness center. Paying attention to when students may be asked to complete other forms of surveys or standardized assessments could help prevent survey fatigue and may prevent students "clicking through" the tool to complete it. However, OUHSD has found that harnessing the flexibility of a digital screener can ease this process. By reviewing real-time response rates, wellness center staff decide how long to keep the screener open. Making sure that teachers, students, and parents are aware of plans to administer the screening tool eases this process and contributes to a higher response rate.

ADDITIONAL RESOURCES

National Center for School Mental Health (NCSMH, 2023). School Mental Health Quality Guide: Screening. NCSMH, University of Maryland School of Medicine.

The School Mental Health Collaborative (SMHC, 2019) Best Practices in Universal, Social, Emotional, and Behavioral Screening: An Implementation Guide

The California Department of Education Project Cal-Well (2020) Universal Social, Emotional, and Behavioral Screening for Monitoring and Early Intervention.