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# **Mental Health Matters: Every Student Matters**

**Improving access to  
care within Riverside  
School District**

**April - June 2025**

**July 15, 2025**

Riverside School District

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# Mental Health Matters: Every Student Matters

Second quarter: April through June 30, 2025 Summary

The district counseling team continues to prioritize the program activities outlined in Grant ID 38311: School Mental Health & Safety & Security as awarded by the Pennsylvania Commission on Crime and Delinquency (PCCD) and the Bureau of Justice Assistance (BJA) STOP School Violence Grant for FY2022 focusing on school safety strategies for Riverside School District (RSD).

The STOP Grant reporting requirements that began January 18, 2023, in conjunction with these quarterly **Mental Health Matters** reports highlight the action steps related to improving access to mental health services, training and education to prevent school violence, promoting student health and well-being, and improving school climate. Integration of mental health services within the school culture, a key objective of the Mental Health Initiative (MHI), is a goal reached in increments and achieved through the solidification of relationships.

Although we have many services and supports available within our continuum of care at RSD, we are constantly looking for opportunities to increase our Behavioral Health (BH) supports to match the needs of our students and their families so that we may achieve Level 3 BH Baseline Criteria (2023) as endorsed by the PCCD School Safety and Security Committee (SSSC). Having many elements of Level 1, 2, and 3 is a major asset for our district, and includes our Student Assistance Program (SAP), full-time school nursing staff and school counseling programs in each school building, access to qualified social work services, a team in place to complete and review our school climate survey every two years, and an active threat assessment team. While these and other services are active within our district, prioritizing the following positions within future strategic planning efforts will assist us in achieving Level 3 status: a school counselor for every 250 students, full time/dedicated school psychologist for every 500 students, a full-time, certified school social worker for every 250 students (or less for students with more intensive needs), and a Board Certified Behavioral Analyst (BCBA), as identified by the Director of Special Education, to meet the increasing needs within the district related to autistic support, learning support, emotional support, and life skills classrooms. The need for Functional Behavior Assessments (FBA), specialized staff training, and application of that training in the classroom is growing as our students present with increasingly complex learning and behavioral challenges.

Within a document submitted to the School Board on January 21, 2025 entitled “Riverside School District: Mental Health Initiative Every Student Matters – Two Years in Review: December 2022 to December 2024”, one of the referenced data points was the 2023 Pennsylvania Youth Survey (PAYS). While 74% of our students (351 of 455) reported their

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overall Mental Health (MH) as “good”, the responses of our students in grades 6, 8, 10, and 12 identified RISK factors as: *low commitment toward school, parental attitudes favorable toward antisocial behavior, and sensation seeking*. Once again in the fall of 2025, RSD will participate in the on-line PAYS with our 4<sup>th</sup>, 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students that have parental permission. District-specific, county, and statewide data comparisons from PAYS provides information validating trends often identified by our staff for action planning.

Another selected data reference within the January document was Future Ready PA Index (2022/2023), listing RSD student demographics as 69.4% white, 17.2% (to 23%) Hispanic, 7% black; 19.1% receiving Special Education services; 48 in Charter School; and 1.1% homeless. The changing demographics of our student population unfortunately is not evident in our staff, and opportunities to expand the diversity of these adults would be a welcome asset in expanding our engagement strategies designed to improve students commitment toward school.

In the Pennsylvania School Boards Association (PSBA) 2025 *State of Education* ([www.PSBA.org](http://www.PSBA.org)) “**the most cited instructional challenge since beginning to survey school leaders about instructional challenges in 2022 has been addressing the mental health needs of students which impact their ability to learn**” (p.42).

It is also important to remember that we cannot ignore the impact of poverty or food insecurity as significant variables associated with the MH of our students & their families. Focusing on the whole person/student as connected to a family, community, and school environment enables us to envision “wrapping” services around the youth based upon their individual needs at the time. The services should enhance the individual and family strengths, and be readily available when needed.

#### ***Key Objectives***

- (a) continued integration within the school culture and expansion of the role for each Licensed Professional Counselor (LPC) and supervisory staff promoting health;
- (b) securing sustainable funding for LPCs (ex. Medical Assistance (MA) provider status; School Based Access Program (SBAP) billing for Special Education students; contracted positions to assure dedicated resources are sustained).

#### ***Action Steps***

1. Both Shannon Wells and Samantha (Valente) Carlin continue their group offerings with the assistance of a masters’ level intern within the Counseling Department that will be returning to the district next academic year under the supervision of JT Yarem;
2. Ongoing meetings with Mr. Brennan and administrators focused on supplying necessary data to support targeted mental health grant funding, advocacy for line item budget funding for each LPC position, and opportunities for additional community partnerships;

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3. Weekly supervisory team meetings with the LPCs to support creative and proactive school based interventions, in partnership with Luzerne Intermediate Unit 18 (LIU) outpatient, and Community and School Based Behavioral Health (CSBBH) services within the district, as well as other community resources;
  4. Active participation in the Student Attendance Improvement Plan (SAIP) meetings designed to address social determinants of health and mental health concerns identified as barriers to attendance, in partnership with school leadership and community partners;
  5. All LPCs are active participants in the school-specific SAP/Success discussions;
  6. After reviewing the one-year contractual agreement shared by Hazel Health and discussing same with local BH leadership, submitted recommendation to the School Board on May 12, 2025 that RSD not enter into this arrangement for telehealth services and notified Hazel Health of same;
  7. Draft one-year contract renewal for 3 LPCs shared with Mr. Brennan on April 23, 2025 after his confirmation that funding had been secured for same.

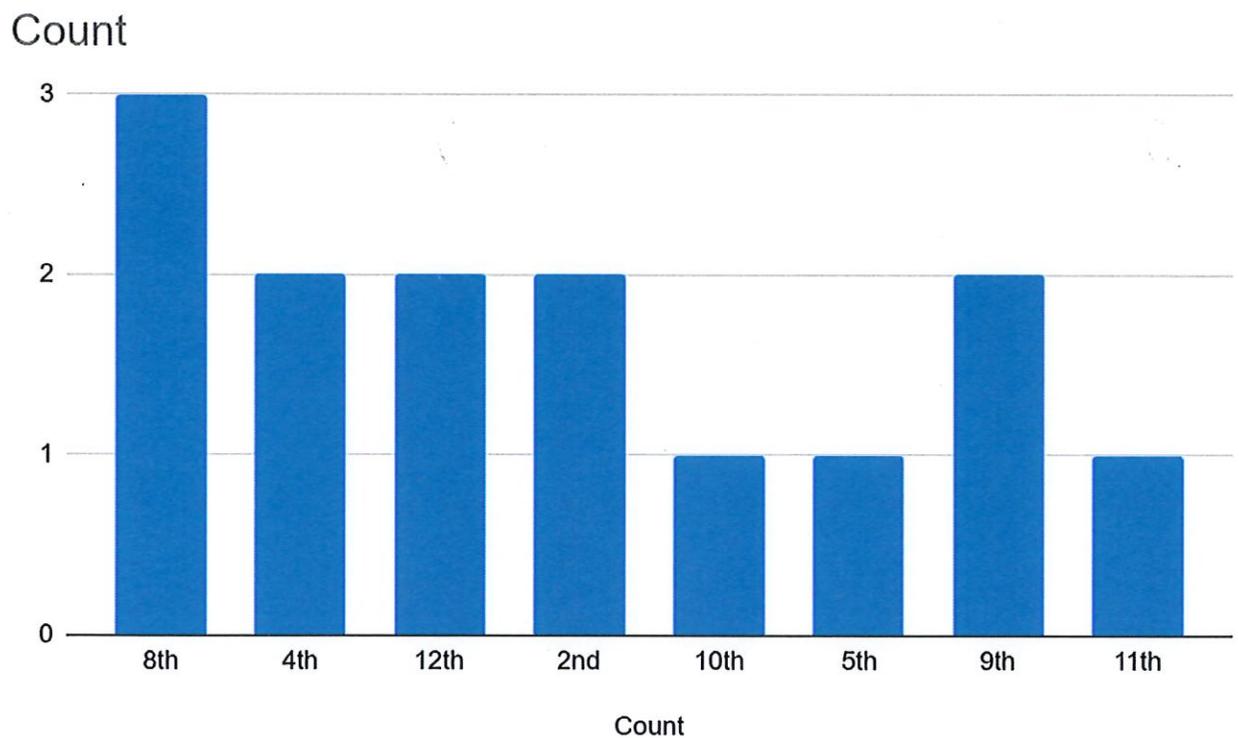
***Benchmarks of Success (as previously reported)***

1. Dedicated time with staff, in combination with on line training modules, to achieve compliance with STOP grant objectives by the end of the Project (October 2025). Objective one states: (a) *at least 90% of school staff members, (b) at least 15 local police officers, (c) and 75% of District students in grades 6-12 will increase understanding and knowledge through training to identify students who are at-risk of mental health problems and of the trauma informed approach to mitigate and respond to potential school violence incidences.*
  - (a) Result: 99.5% compliance with staff training objective during February 2024. During the February and March 2025 mandatory staff trainings we achieved 100% compliance as of April 13, 2025 for the identified 187 staff members assigned these Vector and PCCD trainings according to Scott Pentasuglio, Director of Compliance.
  - (b) Result: 18 local police officers certified in evidence based Mental Health First Aid (MHFA) training.
  - (c) Result: 21 students trained in the spring of 2024 in Youth MHFA, with training repeated during spring of 2025. Youth MHFA trained 10 students at the high school March 24<sup>th</sup> & 26, 2025; second course completed April 8<sup>th</sup> and 10<sup>th</sup>, 2025 with four (4) students.
  - (d) Sources of Strength upstream wellness program launched at East with 20 peer advisors (10 in 5<sup>th</sup> grade and 10 in 6<sup>th</sup>), supported by five adult volunteer advisors. The group has been meeting every Tuesday with the support of administration, showcasing the students' investment to family and community members on March 25<sup>th</sup>. On April 9<sup>th</sup>, students hosted a SOS "table" at the Science Fair held at East, actively engaging students, faculty, and community members in the message of health promotion. On May 21<sup>st</sup>, they also hosted a table at the 3<sup>rd</sup> annual MH Fair at the High School as facilitated by Aavidum members and staff.

- (e) Interest in the designation of Aevidum as a Club within the high school continues, with formal request for Club status shared with administration on February 18, 2025 and again with Ms. Mahon on June 4, 2025.
- (f) Target identified within the STOP grant for the 3-year Project period (October 2022 through October 2025) also includes the reduction by 10% of the number of referrals to outside agencies. During this quarter (April- June), two (2) students were referred for outpatient services as of June 30, 2025. This low number was partly because of the inability of LIU 18 to recruit and retain qualified staff for these positions within our district, reinforcing the PSBA 2025 *State of Education* report that identified the “scarcity of providers” (p. 44) as a challenge in connecting students with mental health services outside of district personnel.

Of the 14 students referred during April through June 2025, 12 were referred by “school staff”, a consolidated category created in September, to replace prior referral categories of “administration and counseling staff”. One (1) student was referred by the CSBBH clinician, and one (1) was referred by parents/guardians.

The following table identifies the distribution of referrals by grade level, noting the highest number during this quarter came from 8th grade.



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***Key Objectives (cont'd)***

(c) supporting policy revisions/development and implementation to assure compliance with best practices, current legislative and educational requirements.

***Action Steps***

1. Reviewed PSBA suicide policies with Scott Pentasuglio and updated RSD's current Suicide Crisis Response Policy after consultation with Mr. Yarem and K. Wallace (NSPI); submitted to Scott on March 1, 2024.
2. Draft Canine/therapy dog (visitation) Policy submitted to administration on September 25, 2024.
3. Continued participation by C. Wydeen as RSD designee to regional Flight Team developed by NEIU 19 as crisis-response to enrolled districts. As required by our MOU with NEIU 19, distributed survey to 22 respondents identified as members of the crisis response team at RSD. The results as reported by 13 respondents (59% response rate) are summarized below for the categories of personal readiness, resource availability, communication protocols, training and education, and response evaluation and recovery, and are also **attached for your review**. (see Flight Team Readiness Audit):

Personal Readiness: we have access to mental health professionals during crisis; our team has trauma-informed training, and clear roles and responsibilities via policies and procedures are emerging to enhance individual skills.

Resource Availability: we have physical and digital access to emergency contact information and can quickly access support from outside agencies. We have private space for students/staff in distress, but could enhance access to readily available printed resources and a crisis response plan that is reviewed annually.

Communication Protocols: we have a protocol for communication with the media/public, with consistent messaging in progress across administration, teachers, and support staff. Most staff know what to say (& what not to say) during critical incidents.

Training and Education: 61.5% of respondents described knowing warning signs of emotional distress as "in progress".

Response Evaluation and Recovery: 46.2% of respondents had some awareness of debriefing processes with staff after a crisis. Only 7.7% of team members reported engaging in self-care and support after (crisis) events.

***Benchmarks of Success***

1. Suicide/Crisis Response Procedures disseminated and understood by all staff after finalization by administration.
2. Designation of the Aevium group to club status within the district, acknowledging another step in our stigma-reducing activities by spreading the message of "I've got your back" via student-directed activities and staff support within our Jr/Sr High School.
3. Continued distribution of the monthly "Counselor Corner", highlighting topics of interest and health promotion during the academic year.

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4. Continuation of Sources of Strength at East, with expansion into Jr/Sr High School led by entering 7<sup>th</sup> grade Peer Advisors.

*Key Objectives (cont'd)*

- (d) coordinating with local partners/agencies

*Action Steps*

1. Ongoing attendance at Suicide Prevention Alliance group of Lackawanna County.
2. Continued participation in monthly System of Care meetings led by the Behavioral Health Coordinator from the Lackawanna/Susquehanna Office of Mental Health/Intellectual Disabilities/Early Intervention.
3. Continued participation with NSPI in support of suicide prevention.
4. Monthly discussion with Lackawanna County Behavioral Health (Mental Health and Substance Use) and Office of Youth & Family Services (OYFS) leadership with goal of facilitating communication and access to services for our youth and their families in a timely manner.

*Benchmarks of Success*

1. Meaningful communication with agency partners and improved access to needed resources for our youth and families as described previously.

*Key Objectives (cont'd)*

- (e) increasing access to data to inform decision-making

*Action Steps*

1. Continued review of Year 1 and Year 2 data (ending December 2024) and experiences, with focused discussions planned with key stakeholders to identify variables of interest for further analysis and strategic planning.

*Benchmarks of Success*

1. Using data from survey sources, in addition to diverse stakeholder input described above, review of priorities within the mental health initiative moving forward.
2. Acceptance of PASA and PSBA 2025 school leadership October conference presentation (A Common Strength Based Framework for School Boards, Educators, and Clinicians). Notification of status due by July 31, 2025.
3. Acceptance of NSBA April 2026 conference submission (due July 11, 2025).
4. Contract with an approved vendor authorized by administration to conduct a Student Assistance and Behavioral Health Assessment of our school entity (from the PCCD School Safety and Security Assessor Registry) as detailed in the **Revised Behavioral Health Baseline Criteria (2023) with Examples**, noting Level 1, 2, and 3 distinctions (listing shared with administration April 7, 2025).