



Claire:

Hello, and welcome to In Session, a podcast where we speak with change makers working towards safe, supportive learning environments within their communities. Our guests include state and local education agencies and their partners, all grant recipients from the Department of Education, using their funding to advance school-based mental health services, support mental health service professionals, and establish trauma recovery and prevention programs.

Claire:

I'm Claire, and this is Annie at the National Center on Safe Supportive Learning Environments, and we produce In Session. On this week's episode, we speak with Dr. Stephanie Ellis, nationally certified school psychologist from Rockingham County Schools in North Carolina, a recipient of the U.S. Department of Education's Mental Health School Professionals Grant. Stephanie joins us to talk about the specialized instructional support personnel initiative to implement a full continuum of social, emotional and mental health support.

Annie:

Welcome, Stephanie. We're so excited to have you on the podcast today. Before we get into the questions, we would love to just get a little bit of background information on you. If you would like to tell us a little bit about yourself and what led you to the work you're currently doing.

Stephanie Ellis:

Sure. I'm so excited to be here with you guys. Thank you so much for having me. I'm Stephanie Ellis. I'm the Executive Director of Behavioral Health Crisis Intervention and Student Safety in Rockingham County Schools, North Carolina. Our school district is about 11,000 students. We have 22 schools, and so that's a little bit about our size. We are just really close to the Virginia line also, so that gives you a little bit of location of where we are, about 40 minutes from Greensboro, North Carolina.

Stephanie Ellis:

How I got into this work, I've been in the field for 18 years. When I started out I was an intern school psychologist, and I actually started in Rockingham County. Through that time I moved into a lead school psychologist role and then an assistant director of support services. Then I became the Director of Exceptional Children. In North Carolina, we call it Director of Exceptional Children, but it's Director of Special Education.

Stephanie Ellis:

What I started seeing was that so many of our students had so many mental health needs. That need just began increasing so much over time. Then I started writing grants and getting funding opportunities to support students with mental health and that really branched into the role that I'm in now, where I solely became overseeing behavioral health, social emotional learning, also do our district safety, and then I also oversee our specialized instructional support personnel. You'll hear me say that probably a lot today. When I say SISP or Specialized Instructional Support Personnel, here's who I'm speaking about. I'm speaking about school counselors, school psychologists, school social workers, behavioral health specialists, and school resource officers and school nurses so a little bit of all of those individuals. I oversee them in our district.

Stephanie Ellis:

Just have always been passionate about this work. Really from the day I started, always wanted our children to have access to mental health supports when they needed them. I wanted that to be the case no matter what school you went to, where you were located, what zip code you were in. That if our kids needed that service, that we were able to provide it.

Claire:

That's great. We'd love to dive a little bit further into your school mental health program. I'd love to hear more about what the impetus was for establishing this program and more about the social emotional learning curriculum and approach.

Stephanie Ellis:

Absolutely. Several years back, probably over five years back prior to COVID even being in place, we began seeing an increase in our students' thoughts of suicidal ideation and also the need for a behavioral threat assessment. We really got into this position where it felt like we were living in reactionary mode, and we wanted to get on the side of prevention. Through that, we just knew that our students really needed access to mental health services. Through that, we began really thinking about through a whole child approach, through a multi-tiered system of support and really thinking about how we could utilize our specialized instructional support personnel. We really began just wanting to provide those services as best as we could.

Stephanie Ellis:

I applied for lots of grants, and I didn't get them but I kept trying. One of the first grants that I was able to get was from a local foundation here in Rockingham County, the Riedsville Area Foundation. That really started us on our social emotional work, and we began looking at student voice surveys to really look at what their needs were and what the opinions straight from our students. Then we also looked at identifying curriculum that we could use to help support social emotional competencies.

Stephanie Ellis:

From that, we then began applying for our other grants. I knew our state was applying for a Project AWARE grant at the state level. So I was like, "Please select us for this Project AWARE grant," and we were selected. We're in the last year of that particular grant. Then we also, I worked with our UNCG partnership ... We're near UNCG Greensboro, and so the two of us partnered together to apply for this Mental Health Demonstration Grant, which NCSSLE offers us technical assistance for. But then also we work with the U.S. Department of Education, and we were rewarded that Mental Health Demonstration Grant.

Stephanie Ellis:

One of the other things that we saw was our specialized instructional support personnel, each of those areas, counselors, psychologists, school social workers, all of those folks, we were not at the ratios for any of those professions that we really should be based on the national associations. That is something that's extremely passionate for me, and the reason for that is I want our staff to be happy. But the other part of that, the better that we can serve our students, just the better off things for our kids are. That really is the main reason because it's all about our children. Every decision that we've made, we want to do it in the best interest for kids.

Stephanie Ellis:

That's really where our vision came out of. Our vision is inspiring hope, making a difference, every single one. So anything that we put out, you'll see that vision on there. It's really at the core of it that the focus is on our children pre-K through 12, but also that we really believe at the heart is all learning is social and all learning is emotional. I think about if anybody listening can kind of think about just even being in middle school, how tumultuous those years are and how when you're learning something, how you feel about it, how you process that, how you feel in the climate that you're in, all of that affects the way that we learn. Having the right amount of specialized instructional support personnel, having those services in place, all of that's critical to the success of our children.

Stephanie Ellis:

What we did was we kind of have this logic model, and if you can kind of picture this in your mind of if we can get things like student voice surveys, if we can integrate academic and social emotional learning, if we can have really strong partnerships, all of that leads to improved academic, improved positive behaviors for students, improved school climate, school engagement, being able to address needs, and then also improving access to coordinated services. Then what we're achieving is academic and social confidence, safe and supportive learning environments and high quality, equitable mental health services. That's really sort of our logic model, why we're doing what we're doing.

Stephanie Ellis:

The other piece of that, and if you can just imagine what a lighthouse looks like, our behavioral health framework ... They all kid me here at work ... They're like, "Every presentation Stephanie's going to have the Lighthouse of Hope." That's what I call it because it is hope. These services, these supports bring hope to our students and our families. If you can just imagine that lighthouse, at that foundation of that lighthouse is social emotional learning. Also, behavioral health practices, professional development for our staff around trauma informed practices, around understanding student voice, all of those things are what we want at that foundation.

Stephanie Ellis:

Then as we go up the lighthouse as a student's need increases, then so do our services. Then we'll give supplemental supports. We use our student voice surveys and we say, "Okay. We are seeing that we need to provide more supports in the area of bullying prevention," so we want to provide that. We might have a group around that or a group around anger management and use evidence-based practices. Then if the student needs even more support from that, then we would do individualized counseling supports. We use motivational interviewing, solution-focused interviewing, cognitive behavioral therapy, and then we also, which I'm going to talk about in just a little bit, our mental health

teaming structure. That's where we get case management for each and every student who really does need those mental health services.

Stephanie Ellis:

Then lastly, there are kids who need crisis supports, even with all of these things in place, sometimes they go through a situation where we need to be able to provide a suicide assessment or a behavioral threat assessment. Of course, we have that in place, and we call that our BETA team, which is our behavioral and emotional therapeutic assistance team. Then also we have specialized services. So those specialized services are therapeutic learning classrooms. We call them TLC classrooms. Really the purpose of those classes is just to provide social emotional support in a learning environment that's smaller for a student who needs that level of support.

Stephanie Ellis:

We also have our Rockingham County Schools Day-Treatment Program, which also provides mental health support all throughout the day with academics. Those are two really specialized areas that not every child needs, but we are so thankful to have those in place as we think about that full continuum. Everything I've just described is really a full continuum of services that every child has access to in Rockingham County schools.

Stephanie Ellis:

Then what makes all that possible is to have partnerships where we have memorandums of understanding with our local partners. We are really grateful, we have really strong partners here in Rockingham County. Even though we're a rural area and there's not a lot, the ones that we do have, we have great relationships with and they do a great job.

Stephanie Ellis:

The other part of that is we have a mental health advisory where we invite community stakeholders from all different areas of our county because we want our families, we want our stakeholders, we want our community to know what we're providing for our students and what's there if a student needs access to those services. That's a little bit about the framework.

Stephanie Ellis:

I know your question also was about social emotional support. So if I can jump into that area, if that's okay, our social emotional support, what we really wanted to focus on was being able to make sure that our students in the standards in North Carolina of teaching and learning naturally, social emotional regulation is needed. As I stated before, all learning is social, all learning is emotional. We want every child in Rockingham County to have what we call SEL signature practices. What I mean by that is every classroom they have a welcome where they're involved and invited to participate in that lesson and they feel connected to their teacher, to the other students in their class because we know that connectivity to school is so important.

Stephanie Ellis:

Then the other thing that we want is pre-K 12, we want engaging strategies all throughout the day. We don't want to just show a PowerPoint or just show one area or way to teach something. We want interaction, we want engagement. Building in those strategies, no matter what subject we're teaching or what content we're teaching, but then also at the end of the day, we want a optimistic closure. We want

to leave the day feeling good and that tomorrow's a new day. So today wasn't great. Tomorrow is a start, a new fresh start. So those are signature practices that we have done a lot of training with our staff through professional development that whenever they structure their lessons and their content that we want those three in there.

Stephanie Ellis:

The other part is that our elementary schools, we have asked for them to, in their master schedule, in addition to these SEL signature practices, to block 15 minutes of time where they're explicitly teaching social emotional competencies. Of course, you do that naturally throughout the day, but we do want some focused effort on that for at least 15 minutes. It could be more, but at least 15 minutes. Then our secondary schools, we say at least once a week, and a lot of them do that during an intervention time that every student has at least once a week. Again, a lot of them still do it more than that, but that's at a minimum what we want every single one of our children to receive.

Stephanie Ellis:

What we developed was what we like to call a SEL behavioral health behavior matrix. It really has on there what we want the environment to be at the universal level, supplemental and intensive level, curriculum, instruction and data evaluation. Throughout that, it's really well defined. Then what we also developed was what I like to call practice profile that says, "If I am offering social emotional supports to my students, to every student in my class, what does that look like in this classroom?" It's really operational definitions of what that looks like. Then we created that for supplemental supports and intensive need supports so that it's really clear what teachers are doing, what specialized instructional support are doing, what administrators are doing, what the student is doing. All of that is really important to just really give a clear implementation picture of what's going on.

Stephanie Ellis:

The other part we did was that in our student voice surveys, we have really picked that information out to develop our own social emotional lessons. We do use curriculum like Zones of Regulation, Second Step, things like that. We certainly do that. But we found through those student voice surveys that we actually developed a template for social emotional lessons, and we audit every single one of them. They're aligned directly with our standards, and we can set it to meet the needs developmentally of each kid, K-2, then 3-5 then middle school and then high school and preschool also.

Stephanie Ellis:

We have developed those lessons, and the teachers love them because they're really interactive and they're developed by our SEL curriculum development team, which is made up of all of our specialized instructional support. We go through, we audit all of them and we all are participating in that. We have a scope and sequence where they can see what the plan is. We've done several rounds of those development of lessons, and our staff have really loved making them. Then our staff have also loved providing them to our students too. Then we've done verification logs. That's a little bit about what we've done with SEL and how we've kind of structured this full continuum of mental health supports.

Annie:

Wow. Yeah, I'm blown away by this program and how much it offers to students and staff and just the whole school community. After that awesome overview, I'd love to know a little bit more. How have you seen this program evolve since its inception? And maybe if you could share some particular successes,

some challenges that you've seen over the past couple years, maybe what you're most proud of would be great.

Stephanie Ellis:

Absolutely. I think one of the things that we've been really proud of is being able to offer through that model that I just explained to you guys ... I'll give you some data just from the '21-'22 school year ... With our mental health teams and behavioral health district integrated response teams. It's made up of a multidisciplinary team of specialized instructional support personnel, so that involves our school counselors, our school social workers, our school psychologists, behavioral health specialists, school nurses, sometimes SRO comes in, IC, other staff, and they really case manage what students need. We have just last year in the '21-'22 school year, we did that for over 4,121 students. We have 11,000 students, and I will say we've seen such a great need, an increase after COVID and in the middle of COVID. So we definitely saw that increase. But I think what's amazing about that number is that each of those students were really given personalized attention and connected with an intervention. They were what we call case managed in that mental health team so that they could get the supports and services that were unique to them.

Stephanie Ellis:

With that, when you look at individual types and group referrals for actual counseling, we had 3,599 students who did receive that counseling either through individual or group. Group is about 829. So the rest of them got individualized counseling, which I think is really amazing because while we have amazing partners, the reality of it is in a rural setting to make almost 4,000 referrals for mental health, those weren't all being seen. What would happen is a lot of times we'd make referrals and then they wouldn't get seen and this problem would continue. But because we've been able to really share this data, we have found that we've had great support through our board of education, through our community.

Stephanie Ellis:

We've been able to access more funding to build our team so we've increased the amount of social workers, we've increased behavioral health specialists. We started out with three, we're now at 11. Being able to expand our specialized instructional support teams have been critical to providing that level of service to our kids. It helps our families because they don't have to drive all over the place to take their kids to get these supports and these services, and that's really important. Certainly, we still make referrals when there's certain things needed like medication management or a higher level of service. We do that. But a lot of times these things, we can address those needs at the schools and we want to be able to do that, but we've got to have the capacity to do it. So I think one of the things I'm most proud of is being able to really expand our group because that means more services for kids.

Stephanie Ellis:

The other thing is I think our team approach. We use a systematic agenda. We stay really focused. We try not to stay in these meetings because there's lots going on in the school so it's aligned with a multi-tiered system of support. We go through and we hit universal, supplemental and intensive, and we make sure we cross all our I's and dot all our t's and progress monitor our students and make sure that they're getting what they need when they need it.

Stephanie Ellis:

Also, being really creative, blending funds, trying to make sure that we advocate at all of the levels. Looking at this as our general education and special education effort has been really important. My former background of being over special education and then now transitioning to behavioral health, I have a great relationship with our special education director. We've worked together for a long time. Being able to really make this an all school effort is really critical in a school district. Those are things that we've been able to feel proud of.

Stephanie Ellis:

Recently in Rockingham County, we were contacted by the North Carolina Department of Public Instruction, and we were contacted as a model mental health and SEL program. We've had several site visits where different leaders from the Department of Public Instruction and various different groups have come and observed us, and that's been wonderful. Our schools and our whole team here is just awesome. I'm one representative of this team, and I'm honored to help lead the work, but they're the boots on the ground, they're making it happen. I appreciate so much being able to just be part of it.

Claire:

Yeah, absolutely. Along that line, I'm curious to hear how the pandemic has impacted your work and what resources have been helpful for you in responding to those challenges?

Stephanie Ellis:

I think what was so hard for our teachers and our specialized instructional support personnel is getting access to kids because we knew they needed the services. As soon as we all kind of realized that we were going to shut down, and that was something none of us had ever heard or even thought could happen for the length of time that it did, and so we really immediately set up a behavioral health helpline. That was just one of our first efforts to make sure families could call, kids could call, staff could call, anyone could for us to be able to give them the supports in that way.

Stephanie Ellis:

The other thing that I was so grateful for as we went into COVID was to have that mental health team that you heard me talk about the structure because we were able, I believe, to really reach a lot of our students virtually that way. We did virtual counseling, and we had a systematic way that we engaged and checked in with them. Had we not had that structure, I think it would've been a lot of things we would've missed for our kids. But I think regardless of that, it was just so hard to not be in the same room with them and to be able to see them face-to-face. That was certainly a challenge.

Stephanie Ellis:

I often say to our staff, "I can't really imagine had we not had these services in place where we would be now," because while we've seen an increase in suicidal ideation, and I do believe that's correlated with that lack of social interaction, that collective trauma that we've all experienced through this pandemic ... I think if we hadn't had those services in place and we didn't have in place now, that there would've been a lot more tragic situations.

Stephanie Ellis:

A couple of other things that really helped us was having tools like the Say Something app that was an anonymous app, and you can download it on your phone, you can go to the website, enter, you can call and report any kind of bullying situation, whether it's cyber bullying, whether it's thoughts of hurting

yourself or others, any safety situation. That was something that we had rolled out which was really helpful.

Stephanie Ellis:

We had a situation where we use a tool, it's called our Gaggle Safety Tool. There are various different ones that you can use. The Gaggle app was so helpful because what it does is if a student emails another student or they're in Google Drive typing things and they talk about hurting themselves or others, it will notify that mental health team that I let you guys know about just a little bit ago. We actually had that happen. It was in the middle of the night. A student was talking about suicidal ideation, and they definitely had a plan. It was an intense type of situation, and it's what they call a life safety tip. So it immediately notified us, and it happened to call me. I woke up in the middle of the night from a deep sleep, and immediately we were able to call and get a welfare check. We called the family that night, interacted with them. We were able to follow up with them the next day, put services in place. Had we not had that tool during COVID and now, we would miss a lot.

Stephanie Ellis:

I think there's the potential for that because sometimes kids just hold that information in and those internalizing needs. Oftentimes people worry, "Oh my gosh, is this student going to be upset?" But a lot of times it's a cry for help, and they're relieved that someone can help them. That's really what we're there for is to provide that support, provide that assistance, get them connected with those supports and help their families understand how to do that because it is very hard when you have a child in crisis to really navigate all of that. You need support when something like that happens.

Annie:

Wow, that last story was really incredible. So in the interest of time, we have kind of our last question here. What's something that you'd like to offer listeners, whether it's other grantees or just anyone working in this field, what can they learn from you? What advice do you have for them? What's something you wish you knew when you started? Anything along those lines.

Stephanie Ellis:

Sure. So I think one of the things I wish I knew when we started this work is how much I also needed a plan for staff social emotional support as well. I think the pandemic really made us all understand that all of our resilience skills were tested during that time and still are in many ways. We've really had to, in the middle of all this, in the development, I would say the last five years, we've really scaled up our services for kids. Halfway through I thought we probably should have also been doing this at the same time with supports in the work environment for our teachers and our staff and the individuals who are the caretakers providing these mental health supports. We've done things like, we've gotten community resiliency model training, CRM skill training. What that has done has allowed staff to really learn those skills and apply them themselves.

Stephanie Ellis:

But then we've also developed what we call RCS You Matter Mondays. It's just really 10 minutes of time where we teach a resilience skill, and it's a time where we really just appreciate and love on our staff and share that skill. We record it so if they can't join live, we do it real early in the morning before school starts, so if they can't join, they can watch it at 10:00 p.m. if they want to, whenever it works for them. When I started it, I wasn't even sure we would have one person come. I just sort of thought, "Well, we'll

do this." But it was really amazing to me how many people have come. We started this in the spring of last year actually, and I wish we had actually started it sooner because we had over 500 views of some of the videos. It was just kind of amazing how much staff really did need that.

Stephanie Ellis:

The other thing is your local universities do want to help. So school districts really do need to reach out to them because we've been able to really develop this partnership through our Mental Health Demonstration Grant and through Project AWARE also, both of them, where we've been able to really get additional training on how to do virtual CBT, how to support our staff. They were able to run some social emotional groups for us. It was a way to really provide more additional support for our staff. That's one thing.

Stephanie Ellis:

The other thing I think I would say advice is that everything just doesn't have to happen at once. I like to think about if you look at a cruise ship and you think about a huge cruise ship and you think about turning that cruise ship around, it goes super slow. It doesn't even look like it's moving. But if you get on the cruise ship and you look down at the water, the waves are just massive lapping back and forth at the force from that boat taking forever to turn around, but the waves really are moving.

Stephanie Ellis:

I think that's a wonderful analogy for this work because just the smallest thing that you do really does make an impact. If you will do that in a systematic way and keep turning the boat, you're going to make a difference. If you keep kids in your mind and you're going to do what best meets their needs, you may not be able to do it all at once. We felt like that too when we started and we looked at, "Oh my gosh, we have all these suicide assessments and threat assessments. How are we going to get to this other side?" But the reality is it's step by step. So I would say just taking it one day at a time and those little waves make a big difference. That's how our journey on inspiring hope and making a difference for every single one of our students.

Claire:

Yeah. Thank you so much, Stephanie. I think that metaphor really resonates and will resonate with a lot of other people who are putting in constant effort towards this shared goal. Just so grateful for all of the work that you and your team are doing. I know how much it will inspire others to continue their efforts as well. So we thank you so, so much for being here today.

Stephanie Ellis:

Thank you. I'm honored to be able to share that and just thankful for the opportunity to be able to serve our students in this way. Thank you guys for having us and sharing this information with others. Hopefully this will help someone else in their implementation of supporting students too. So thank you all for making these podcasts available.

Annie:

Absolutely. Thank you, Stephanie.

Stephanie Ellis:

Thank you.

Claire:

In session is brought to you by the National Center on Safe Supportive Learning Environments, or NCSSE, at the American Institutes for Research. This podcast is funded by the U.S. Department of Education. If you'd like to learn more about NCSSE, visit safesupportivelearning.ed.gov. For all questions or feedback, you can email us at ncsse@air.org. Thanks for listening. Please note, the contents of this podcast do not necessarily represent the policy or views of the U.S. Department of Education nor does it imply endorsement by the U.S. Department of Education.