



# CISD SCHOOL HEALTH ADVISORY COUNCIL MINUTES

**Date:** 10-02-2024

**Time:** 9 AM - 11:00 AM

**Facilitators:** Mr. Rodrigo Hernandez

## **In Attendance:**

C&I Secretary, District Nurse, Culture & Community Coordinator, Assistant Director of Assessment & Accountability, Director of EIS, Translators, Guest Speaker- Mr. Espinosa, CNP Department, Aramark Manager, Teachers/Coaches and Parents.

## **Minutes by:**

JaiLynne Cho

Secretary of Curriculum and Instruction

## **Notes:**

Introduction of speakers - Rodrigo Hernandez and Dr. Juan I. Martinez, Clint ISD core values and explanations to the committee.

## **Agenda: Overview**

- Dr. Martinez greeting and welcome
- Family survey - QR codes on table
- SHAC Overview
- Presentation

**Luevanos** - For the family survey QR code, please take out your smartphone and go to the camera to scan the QR code. If you are not a parent, that is fine, please fill out the form anyways. It is in English and Spanish for you all. Take a few moments to complete the survey.

**Hernandez** - Thank you all for completing that and we will go over that as a team. SHAC overview, I want to introduce the SHAC team. I am the Assistant Director of SPED, Mr. Swanson is the Director of CCLC, Ms. Luevanos is the Culture and Community coordinator, Ms. Cho is the secretary, Mr. Villalobos is the Director of CNP

What is SHAC? School Health Advisory Council

Meeting Requirements - SHAC must hold at least four public meetings each school year. Public meetings must be posted or notified of the dates, recorded and submitted. Which brings us to the website. Please visit our website, anyone can access the page and see the minutes and recordings of any missed meetings. We have a few presenters, but first, here is a video for you all. ( on presentation).



Great video, it just says that our student health is key to success not only at school but also at home. We will move on to our guest speaker from the joint counterdrug task force.

**Espinosa** - the thing with the task force is that we are involved with different agencies. Our mission is to help them with drug issues and look at key issues. We have an outreach program and I take care of West Texas. I also have other task force programs across Texas. I have been here for 4 years and with the force for 16 years. I chose prevention and like to share my why and that why for me is that I have a daughter in 2nd grade. There is trouble with gangs and drugs in school. It has gotten worse. Parents are not only battling friend pressure but they have social media now. Teach people to say no. The problem is that US has the highest problem and #1 country that uses drugs. We are going from organic to chemical based drugs. Before the cartels could sell it, they had to grow it and there was a process. But now that we have a synthetic problem, everything can be processed faster and killing people at an enormous rate. The national average for overdose age is 13-45. El Paso average is 15-25. We are younger than the national average. It may not be because of stressors but because of experimentation. Now they are adding synthetics because they are needing to push products to make more money. Fentanyl has become an issue. If you do not die from it you are immediately addicted to it. It doesn't take time to become addicted. When working with elementary we have them color activities and only give them green, black and yellow to color with. For middle school, we show them this video. These are testimonials from parents that have lost their children to overdose. There are more resources on the table about fentanyl and other drugs.

Pause video.

**Espinosa** - So in the beginning they showed young adults, you say an athlete, you say a young boy getting yelled at and another at a table getting yelled at by the parents. We were trying to be very strategic. We wanted to speak to the kids doing marijuana, the "pot heads" but we can't go to that group of kids anymore. For example a football player wants to really play in a game but has injured himself. He is looking for pain meds not experimenting with drugs. Now we have a dead athlete that was just trying to relieve pain. A lot of kids use adderall or xanax to try to sleep or try to stay awake for the course work. We have to talk to EVERYONE. Talk about those risk factors and figure out what those points are. What is going on in your life is pushing you to want to escape. What is the symptom that is going on that you're facing? Especially in the hispanic culture, everyone asks someone "hey do you ibuprofen?". we can't do that anymore. Last year, they came out with rainbow fentanyl and packaged them in candy bags. So it looks like a Sweet Tart. With Halloween coming up we have to be careful.

Video Continued.

Paused.

We heard about the son that was experimenting but the mom had no idea and the other testimonial from the ex detective. You talk about the risk factors, but now what?



find another outlet.

I always tell the students that it will be fine. Nothing lasts forever. but that is also said when you are having the worst time of your life. it's going to be okay. you don't need drugs, get their mind the do more positive hobbies. Like joining a sport, doing music or art. go do things like that where you can get your mind off of things and aren't going to hurt you.

The testimonial with the daughter that was 29 and died marijuana was legalized. In order for you to be able to legally purchase marijuana, you have to be 21 and a resident of the state. So when I speak to kids at Horizon I tell them, you live in texas and you aren't 21 so you don't even get that option. If your friends are wanting to experiment and you sell the pill, if the person dies you get charged with murder. If you don't sell a pill and you still split it with a friend and your friend dies, you still get charged with murder. I don't know if you all saw on the news of the man that sold a pill. You get charged as an adult. I share this with the kids. you get tried as an adult, end up in prison and have not so great cell mates. You talk about transparency, I am very transparent with these kids.

*Video continued.*

*Video paused.*

It talked about social media, right? The number one social media that drug dealers and cartels use is Snapchat. just like you saw in the video, snap chat is actually like that and you can even pay through SnapChat now. Why snap chat, because they aren't using their real name and the person gets notified of a screen shot and can immediately block and delete the profile and start anew. So the father in the video mentions " my heart won't be whole again until I die". I ask the kids, how would you feel if your parents couldn't wait to die because of YOU. Then there is silence. Parents have to have that uncomfortable talk with kids. I get asked, that pill had enough to kill 5 people, why do they do that? Well, it's not on purpose, a lot of these dealers are not scientists. It's like when you're baking cookies and you don;t follow any recipes, sometimes you get a cookie with chocolate chips and sometimes you get too many. It's the same thing. We are trying to teach these kids to not do drugs, not learn how to test drugs.

*Video continued*

*Video finished.*

As parents and educators, we sometimes fail at having that extended conversation. Like in the video the son apologizes to the father for everything he has done. But what would have happened if he had that extended conversation like why are you telling me this what's wrong. If you see the lack of interest giving things away, those are the things to see and have those conversations. teach them to say now. prevention is kind of a double edged sword right? intervention is law enforcement and prevention in us. the kids are going to be more prone to approach you than a law enforcement agency. I am opening it up to the floor now. This is not a scare tactic. Questions?

You are available to present during classes.



Yes, just email me and I can help you with that.

Anyone else? If not then like I said I am going to hang out in the back if you have any.

**Mr. Littlejohn** - We just wanted to welcome you to our School Health Advisory Council and I wanted to tell you a little about what we try to do for the students. We monitor the students' emails and search for key points that seem concerning and we share that with the SROs and security to follow up. We check in on their well being. We offer meals and have a dinner plate to all students. The issue we have been having, we try to build a better program for the Whole Child and take care of them. Please join us for some of the meals from our CNP we have here for you all today. We do have different support for students.

Thank you for your time and being here today.

**Luevanos** - last year we did have a fentanyl awareness campaign and this year we will have the same education awareness during red ribbon week. I just want to share that we will be sharing that information with our secondary campuses.

*5 minute break*

**Lucero** - I'm going to go ahead and get started on the health curriculum. I am Gisela Lucero and I am going to go over what we have. The first one is the human sexuality instruction. This is something that was passed through TEA last year. House Bill 87th if a parent decides that "no" i don't; want my child to receive this instruction. Then the teacher will have to come up with a different section for these students so they are not sitting in the human sexuality classes. Here are the parent consent forms. The parents have to opt in or opt out. This is the permission slip that we have and all students that take the class will have to have this .

**Parent** - It was recently passed that everyone is opted in but they have to opt out in regards to the consent form according to the House Bill.

**Swanson** - I don't know about that, but it has always been that they have to opt in to that particular curriculum. But I will definitely look into that in terms of the automatic opt-in.

**Lucero** - here are the three textbooks that we have. Keep in mind that it is an 8 year adoption that started in 22 and ended in 2030. In 2030 we will get a new adoption and that means we will go through a vendor and pick a new one. we can change or keep.

In elementary we have Quevar health PE middle school has

This is what it looks like. Looks fun and colorful and they have to be taught health at least once a week.

This is what the ms curriculum looks like - bullying harassment, relationship health

This is the G-W for high school textbooks - mental health, developing healthy lifestyles and so for. Any questions about textbooks?



**Parent**- with the way that medicine advances it seems like 8 years is a really long times, how are they updating the information?

**Lucero** - the creators of the textbook are online and update it with the most current information all of this is web based.

**Parent**- I have seen an increase with teachers being involved with students. What kind of protection does Clint ISD do to protect our students from that?

**Lucero** - all staff get extensive training and all of us Clint ISD employees have to take those training. online models and HR is in charge of all of those training.

**Hernandez** - they are mandatory training we have to do yearly and we report to HR.

**Parent** - last year there were students that had the issue but other students said to the child dont report because they wont do anything.

**Teacher** - there is an anonymous alert that gets sent directly to the central office. its instant messaging.

**Lucero** - Any other questions

**Prado** - morning. I only have 500 slides, just kidding. I have one and will tie into your questions right now.

Let's go to that bullet point, there are a lot of social media treats and the client is emphasizing P3 alerts. administrators get that alert and act on it. you get the alert and start the investigation right away. The alert is for anything. This day in age, if you see something, you need to say something. nothing should be ignored and so usually at times it could be a matter of hearsay or perception. Long story short if you put the alert in and you feel like it is getting ignored, email and cc everyone that way it is taken care of immediately. As for the social media threats, psa will be going around as a teachable moment for students and is provided by the FBI. so they came up with our sheriff's office. kids are realizing that these kids are posting and get out early. but none of those are treated lightly. The psa is a reminder of false reporting and you can't really do certain things without repercussions. so a false report could be someone playing with the fire alarm. Something more heinous are the social media threats. when i dealt with them on campus, it gives a student that voice to do that anonymously. back up to the top. SRO is a school resource officer and one is at each campus. if schools cannot not abide by that, they need to submit a just cause. It's a state requirement. Fortunately for Clint we do not have to submit a waiver, we have one at each campus and are looking to get another SRO at HHS because it is a bigger campus and what we can do to bring another one there. We contract with the ep sheriff office and other agencies throughout el paso. Everyone has their own opinions, perceptions and dealing with our collaborations. nothing but praise for their actions with things that have happened over the years.



They are not just officers but they also try to build those relationships with students.

Mental health since we deal with SHAC. They are another avenue for mental health support.

Sometimes they don't; have the best people skills but we have the Core program and CIT. It's usually the counselor and teachers as the first resource but the other resource is the core program. It is a health care provider for a mental health agency on the other side of an iPad and talking with students might be having issues. It has been very important along with the CIT. In this case it is the crisis intervention team. You may have seen the vehicle driving around. They have been very helpful when a counselor needs additional help. Any questions about SRO and what not?

We have SROs at every athletic event.

**Parent** - how do you know all the cameras are working at the campus?

**Prado** - I tread lightly with the importation with the cameras because there is certain information. We have a room that looks like a mission impossible type scene with monitors and cameras along the wall. We are fortunate enough to have cameras in every classroom and are very helpful especially during a lockdown event. Good questions.

**Parent** - is there a timeline of the second SRO for HHS.?

**Prado** - we are in the middle of some of those discussions. To meet the requirement. My goal is by the October board meeting. That we have a pretty good plan and hopefully it works out. To also add, I have a bullet point with K9. We are in the process of getting a K9 with a company that raises them and trains them. That is in the work. But we so ask those services through other law enforcement agencies

**Teachers** - do you know when the PA system will be working in the gym. We don't. I have a job.

**Prado** - we are looking to the tech department with funding to assist with that. We know there are a lot of issues sometimes in the cafeteria as well. That is another thing in the works. Sometimes there is a lot of noise and we have to also tweak the volume. So also keep contact with admin if you are in an area without a working PA system. Any questions? Thank you.

**Rueda** - good morning. Did you all enjoy breakfast? I am Amanda Rueda, assistant director of assessment and accountability. We have to complete the fitness gram. What can be tested, this depends on the campus. We do not decide that at district. It is dependent on what the campus is targeting at the camps and student ability. Who is tested - it's anyone from grades 3-9 and needs to get a PE credit. We usually start in the second semester and end in the beginning of May. Any questions.



**Teacher** - we usually do a first semester and then a second semester for high school and middle school. elementary is only in the second semester.

**Rueda** - data is uploaded in Spring to the state. any other questions or comments.

**Villalobos** - we have some information about the child nutrition team and any questions afterwards we will hang out. Our dietitian Karla Guerra will come up to go over how we come up with this .

**Guerra** - I wanted to focus today on the programs that we have and one is the national school lunch and breakfast program. These are federally funded. with the two programs we need to meet two standards are the type of components and the nutrition requirements. When I talk about the components we are talking about the food groups. We have to provide each of these 5 areas every single day. We have a chart to show the daily and weekly requirements for each grade group. we have standards that change every 5 years so these are the limits and going down yearly. How we claim the meals for our students are called reimbursable meals. all students get free meals. We used to have to provide grains but now we can use protein as an alternative for their breakfast and make combinations. For grains, we have to serve 80% whole grain. Most of our bf items are whole grain. The standards for lunch are different from bf but this adds vegetables to the menu and half a cup of fruit for ms and a cup for hs. We also provide milk daily. The saturated fats have to be less than 2% of the calories. offer vs. serve the student has a choice if they don't want a component but they have to choose at least 3 of those components and alternative is a fruit and vegetables. The first thing you will see on the nutrition label is whole grain rich. with our meats we also provided 1 oz of protein daily. Any time of protein is low in sodium and saturated fats. Vegetables we provide something from the items in subgroups weekly. This is to make sure the students are getting as much of their vitamins as possible. We always provide fruit and make sure the sugars are low. milk, unflavored, chocolate and 1%. If any students have dietary restrictions you can work with us to make those accommodations. How we are meeting those standards at CNP is by making sure we offer hot & cold vegetables, meats are 100% all beef, fruit daily and chicken is 100% chicken. Some of the questions we get are about the quality and ingredients, the menu and doesn't look healthy, food allergies and any changes. everything has been formulated by the USDA. The guidelines are reviewed every 5 years and researched to improve every time. Why CNP matters, child nutrition is very important not just for us but for the students like providing balanced meals. Some students who get to eat breakfast and lunch through school are better nourished. students also get exposed to new meals and find out if they like something or not. The QR code will take you to our menu. Here is my contact information if there is anything you need.



**Villalobos** - so if you look at the menu, you can see some of the meals that are made.

**Swanson** - we are around the students for all three meals sometimes and just want to applaud the CNP team. Do we have trouble with any shortages and decide the menu or does that come from someone else.

**Karla** - we are part of aramark and we do get meuse from them and they get modified. we continue to improve and the menus are not fixed, we compare and continuously improve.

**Villalobos**- we also want your feedback and ask you all to come here. We also get feedback from the students. but we are trying to expand their pallets to different items. we saw after covid they want the same things or not at all.

- you see karla and the team to meet all of the requirements. We also help with supply by ordering on rotation. covid was a nightmare all over, but right now there are no issues. If you have heard the news we are absolutely watching that and monitoring those kinds of issues so we can try to modify and make sure our students eat.

**Parent** - more basically aout modification and allergies but how do you do this for special ed. My kid has autism and routine is more important for him than anything else. So how does that look for special education?

**Karla** - the child's primary healthcare provider can sign a form and we can adjust those modifications for that student. The nurses also have the form.

**Villalobos** - due to time we will be closing out. we will be hanging out for anymore questions

**Luevanos** - real quick on your tables are question cards and I'll be in the back to collect them.

**Hernandez** - before we close out, I just want to touch base. you can do the form and you can also call in an ARD. Thank you again for all of you coming in.

#### **Q & A:**

(parents were given question/comment cards to have their questions answered at the next meeting.

Meeting recording available online.

#### **Next Meeting:**

November 18, 2024

9 AM

Board Room (700)