

School Health Advisory Council

October 23, 2025



SHAC Meeting #2 of the 2025-2026 School Year



Why do we
need a School
Health Advisory
Council (SHAC)?

It is Texas Law.

Healthy
children learn
better.

Schools play
an important
role in teaching
healthy habits.

Healthy homes
and healthy
schools
support healthy
children.

Goals of SHAC

- SHAC assists the district to ensure that local community values are reflected in health instruction
- SHAC plays a role in strengthening the connection between health and learning
- SHAC helps parents and community stakeholders to reinforce the knowledge and skills needed to promote healthy habits and behaviors for a lifetime



Components of a coordinated school health program

- Family and Community Involvement
- Nutrition Services
- Physical Education
- Health Education
- Counseling, psychological and social services
- Health Services
- Healthy physical school environment
- Health promotion for school staff



Appointed SHAC Members for 2025-2026 School Year

Parents/Community Members

- April Hooper-Christenson
- Zoher Bharmal
- Lyat Mizrahi
- Maria A Retiz
- Caleb Rosier
- Lacey Tomanek
- Elizabeth Aviles
- Gwen Perkins
- Melissa Munoz
- Jaclyn Poole
- Josh Carter
- Dr. Lakshmi Ananthakrishnan

CFBISD Staff

Leon Sulak
Rachael Freeman
Sandra Lieck
Sylvia Mazuera
Laura Brookover – Ybarra
Renee Putter
Jonathan Wilk
Kim Graham
Linda Villemarette
Veronica Morales

Board of Trustee Representative

Ileana Garza Rojas

Parent Representatives

- **Parents of students in the district are required to make up the majority of council members** (as stated in TEC, Title I, Chapter 28, § 28.004).
- Please feel free to invite other parents who may be interested in participating.



Audience for Guests

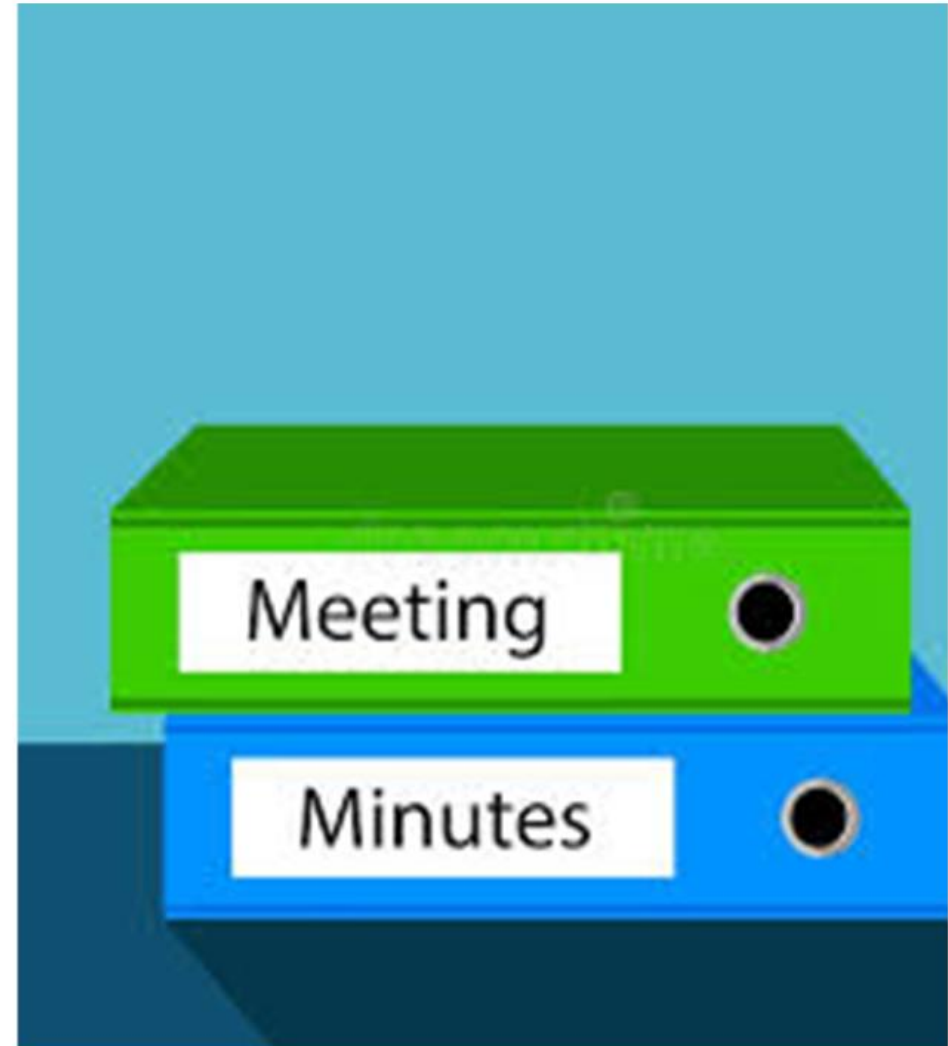
- Guests who want to speak to the School Health Advisory Council are welcome to do so by simply completing before the meeting the form below entitled, “Request by Guest for Audience with the School Health Advisory Council (SHAC)” Each person requesting to address the School Health Advisory Council will be allotted a maximum of 3 minutes for their presentation and may speak only once..

- Topics for Audience for guests should relate to at least one of the 10 components of SHAC



Approval of Minutes

- Minutes from last meeting- September 25th
- Minutes were attached to meeting invite and copies are available for review at sign in table





OCTOBER 23RD

**KABUKI
SYNDROME
AWARENESS DAY!**

ALLTHINGSKABUKI.ORG



Kabuki Syndrome
is a rare genetic disorder characterized by distinctive facial features,
developmental delays, and other health problems



The prevalence of Kabuki syndrome is estimated to be about
1 in 32,000 births.

Symptoms:

- **Facial features:** Prominent, arched eyebrows, long palpebral fissures, depressed nasal bridge, small mouth, and widely spaced teeth.
- **Developmental delays:** Delayed motor, cognitive, and language development.
- **Skeletal abnormalities:** Short stature, joint laxity, and scoliosis.
- **Heart defects:** Congenital heart defects, such as coarctation of the aorta.
- **Immune system problems:** Recurrent infections and autoimmune disorders.
- **Gastrointestinal problems:** Feeding difficulties, constipation, and diarrhea.
- **Endocrine problems:** Hypothyroidism, growth hormone deficiency, and early puberty.



Kabuki syndrome is caused by mutations in the KMT2D or KDM6A genes.

These genes play a role in DNA methylation, which is an important process for gene expression



Treatment

There is no cure for Kabuki syndrome, but treatment focuses on managing symptoms and improving quality of life

This may include:

Physical therapy and occupational therapy

Speech therapy

Medications for heart defects, seizures, and endocrine problems

Surgery to correct skeletal abnormalities

Immunotherapy to manage immune system problems





KABUKI SYNDROME



www.allthingskabuki.org

Kabuki Syndrome is a rare genetic disorder occurring in approximately 1 in 32,000 births worldwide. Children and adults affected by Kabuki experience a variety of symptoms which may include: mild to moderate intellectual impairment, growth delays, low muscle tone, feeding difficulties, heart defects, cleft palate, skeletal abnormalities, vision and hearing impairments, communication delays and autistic-like behaviors. Kabuki Syndrome affects each individual differently.



KABUKI SYNDROME

Today is Kabuki Syndrome Awareness Day
We are blessed to know ❤️ We have come so far ❤️ We have had such
great support from loved ones ❤️ We have many more adventures ahead

To learn more please visit

All Things Kabuki

<https://www.allthingskabuki.org/>

The Kabuki Syndrome Foundation

<https://www.kabukisynndrome.foundation.org/#:~:text=Gastrointestinal%20Symptoms,long%20and/or%20painful%20periods>

National Organization for Rare Disorders, Inc. - Kabuki Syndrome

<https://rarediseases.org/rare-diseases/kabuki-syndrome/>



Supporting Student Well-Being

The Power of Therapy for Children and Teens

Dr. Alefiyah Bharmhal, PsyD
Clinical Psychologist

Katie Mecham, LMFT-A
Licensed Marriage and Family



Why Therapy Matters for Students

Modern Mental Health Challenges

- Student and stress, anxiety, depression, and social pressure
- Academic demands, social media, bullying, and family stress



Why Therapy Matters for Students

School Impact

- Emotional struggles impair student functioning
- Emotional or behavioral challenges impact classroom environment
- Mental health challenges can jeopardize safety



Dysregulation Inhibits Learning

The Brain and Body are a Team

- Calm and safe = better learning and decision-making
- Unsafe and threatened = inability to focus and perform

Two Survival States

1. Fight/Flight = Anxiety and Reactivity
2. Freeze/Collapse = Shutdown and Hopelessness

Window of Tolerance



Common Therapy Myths

- “Therapy is only for serious problems.”
- “The child should be able to handle this.”
- “Other kids don’t need therapy. Mine shouldn’t either.”
- “They wouldn’t need therapy if they’d just listen to me.”
- “The child is just being difficult and needs more discipline, which I can take care of.”
- “Taking my child to therapy is going to make the problem worse by feeding into it.”
- “The therapist will fix my child if I just bring them every week.”

Reality: Therapy isn’t a sign of failure. It’s preventative, skill-building, and empowering.



What Therapy Looks like at Different Ages

Pre-K through 5th

- Play-based, art, story therapy
- Social skills
- Nervous system regulation

6th through 8th

- Building identity
- Academic and social changes

9th through 12th

- More talk-based and goal-oriented



Common Concerns Addressed in Therapy

- Emotional regulation
- Social skills
- Academic challenges
- Behavioral issues
- Family transitions
- Teen issues



Coping Skills Taught in Therapy

- Nervous system regulation strategies
- Identifying triggers and glimmers
- Positive self-talk, self-compassion, accountability
- Problem-solving strategies, cognitive flexibility
- Creating boundaries, managing expectations
- Social skills, communication, conflict resolution
- Resilience, resourcefulness, self-reliance
- Empathy, compassion



How School and Parents Can Partner

For Schools

- Reduce the stigma
- Catch it early
- Collaborate with the counselor

For Parents

- Normalize talking about emotions
- Learn nervous system regulation and co-regulation
- Build connection to increase motivation
- Be empathetic and self-reflective
- Create consistent check-ins



Closing

- Challenges can lead to a dysregulated nervous system
- Therapy increases capacity to learn and behave well
- Teaches skills
- Increases empowerment
- Builds motivation and confidence
- Improves outcomes



We're happy to answer any questions!

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Irving TX 75039
Phone: 972-937-8165
Fax: 469-532-0253
Email: info@healthymindsdfw.com





Update on the CFBISD SB12 Consent Rollout

Leon Sulak, Executive Director Student Services

SB12 Consents as of 9/30/2025
as of 10/22/25 up to 78.3%
completed consents

CFBISD had 246 classes district-wide that reached 100% by 10/10!

One class per area has won a pizza party by using a random number generator.

- Area 1: Shretta Brown (Rainwater ES)
- Area 2: Agruelia Broughton (Carrollton ES)
- Area 3: Christina Govea (Stark ES)
- Area 4: Kimberly Kelsey (LaVillita ES)



Texas SB12 Requirements

What happens with and without consent?

With consent: A signed consent form allows the school to provide routine physical and mental health services and permits a student to join authorized clubs.

Without consent: Without consent, a child cannot receive routine health or counseling services and is not permitted to participate in any district- or campus-sponsored clubs.

- **Emergency care:** School staff can still provide life-saving emergency care, even without parental consent on file.
- **Consequences of no consent:** If a parent does not grant consent for health services, for instance, the school nurse may not be able to treat minor injuries. The parent may be contacted to pick up their child if they are sick.

Texas SB12 Requirements

Items requiring consent under SB 12

Routine health services: Includes services provided by school nurses, counselors, and athletic trainers, such as vision and hearing screenings, short-term counseling, first aid for minor injuries, and monitoring of chronic health conditions.

Student clubs: Includes participation in any district- or campus-sponsored clubs or organizations.

Specific instruction: Districts must also provide information on a parent's right to withhold consent or exempt a child from certain courses of study, health education, and instruction related to sexual orientation and gender identity.

Texas Senate Bill 12 Requirements

- How to videos and step-by-step instructions are on the website - cfbisd.edu/sb12 (parent information is available in English and Spanish)
- The parent step-by-step guide is located in the FAQ - linked here for easy sharing ([ENGLISH](#) and [SPANISH](#))

Health Services Provided in CFBISD with parental consent:

Administration of medication
(with written parent request
and physician order)

Medical procedures (with
written parent request and
physician order)

First Aid (bandages, bloody
nose, checking temperature)

Assessment (for a specific
complaint or concern)

Routine screenings (vision,
hearing, spinal, and Texas
Risk Assessment for Type 2
Diabetes in Children)

Wellness promotion and
education (nutrition, hygiene,
prevention, wellness) beyond
what is taught through grade
level or course instruction

Dental Screenings and Clinics
(with parental written
consent)

School based telehealth (with
parental written consent)

Vaccination clinics for state
mandated vaccines for school
attendance i.e. polio, DTP,
etc. (with parent in
attendance and parental
written consent)

Health Services

Always Provided regardless of consent:

- Care in a medical emergency or services required by law
- General caretaking- wiping a nose, tying a shoe, providing a sanitary napkin, changing a shirt/pants, actions a mother would provide that do not require a nursing license.



Thank you for
serving on the
CFBISD
School Health
Advisory Council



Adjournment

Next Meeting – February
2026