



Council Members: Anonda Nelson • Chrystina Pope • Griselda Ortiz • Holly DeVincent •  
Jeff Thomson • Stephanie Tanksley •

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## **CHILD ABUSE PREVENTION COUNCIL (CAPC) AGENDA**

**February 27, 2025, 12pm – 1pm**

**Location: 1360 N. Main St. Bishop, Rm 101**

**1. Call to Order & Roll Call**

**2. Public Comment** Chance for community members to share any questions or concerns on items not included on the agenda.

**3. Minutes** Consider approving minutes October 30, 2024. [See Attachment #1 \(ACTION\)](#)

**4. Council Appointments** Consider approving two applications for Council Membership. [See Attachment #2 \(ACTION\)](#)

Consider appointing Chair and Vice-Chair for the 2025 calendar year. [See Attachment #3 \(ACTION\)](#)

**5. Meeting Schedule** Considering approving calendar year 2025 meeting schedule. [See Attachment #4 \(ACTION\)](#)

**6. 2024-2027 Memorandum of Understanding Letter of Participation** Consider approving the 2024-2027 Memorandum of Understanding ("MOU") Letter of Participation with The Child Abuse Council of Sacramento. [See Attachment #5 \(ACTION\)](#)

**7. Council Reports** Council members may report on local, state, or federal issues relating to children and families. **(DISCUSSION)**

**8. Coordinator Report** Coordinator will report on programs and activities. [See Attachment #6 \(DISCUSSION\)](#)

**Next CAPC Meeting: April 30, 2025.**

*Anyone requesting information on the Inyo County CAPC agenda, OR disability related accommodations, should contact: Micaela Muro, either by telephone 760-873-6453, in writing, First 5 Inyo County, 1360 N. Main St., Bishop, CA, 93514, or by email at [capc@inyocounty.us](mailto:capc@inyocounty.us).*



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## **ATTACHMENT #1**

CAPC Regular Meeting, February 27, 2025

### **ITEM 3. Minutes**

Details: Consider approving minutes for October 30, 2024.

Action Requested: Approve Minutes for the Child Abuse Prevention Council meeting on October 30, 2024.
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## **CHILD ABUSE PREVENTION COUNCIL (CAPC) AGENDA**

**October 30th, 2024, 12pm – 1pm**

**Location: 1360 N. Main St. Bishop, Rm 101**

### **9. Call to Order & Roll Call**

Stephanie Tanksley called the meeting to order at 12:04 PM

Present were council members: Stephanie Tanksley, Anonda Nelson, Chrystina Pope, Holly DeVincent, Griselda Ortiz and Jeff Thomson.

Not present were council members Suzanne Rizo.

Also present were Jessica Burton, Public Health and Prevention Administrative Assistant, and Stephanie Rubio, Inyo County Tobacco Supervisor.

### **10. Public Comment**

- Speaking as a member of the community, Chrystina stated that she believes parents still need more support from the community, she believes that parents who do not have the support and knowledge leads to child abuse. Teens do not feel safe enough to use their voice. She feels very isolated in her practice and believes the same goes for the county.

### **11. Minutes**

- Stephanie presented the minutes from April 24, 2024.
- Chrystina approved the April 24, 2024 meeting minutes, Holly seconded, all were in favor.

### **12. Council Appointments**

- Stephanie presented an application from Jeff Thomson to add Lisa Vetter as his alternate.
- Jeff Thomson approved the application to add Lisa Vetter as his alternate, Anonda seconded, all were in favor.

### **13. CAPC Roadmap Membership and Meeting Schedule**

- Stephanie shared the idea of creating a roadmap. This would ideally be completed with in 1 year and the suggestion came from the CAPC Liaison Miceala meets with.
- The collective group wonders if we have the capacity to do this, everyone is spread thin and adding another commitment may be hard.
- Jeff suggests the CAPC focus more on community education, events and Child Abuse Prevention Month.
- Stephanie agreed with Jeff.
- Holly suggested working closer with CPS.
- Jeff suggests that the current council seats be the only seats and community members are invited to attend but not add additional members to the council.
- Stephanie's term is almost up and has been contacted by Micaela to re-apply. When the vacancy recruitment opens, Stephanie will send her application to Micaela, Katelyne or Darcy.

### **14. Parent Resources Subcommittee Meeting Report**

- Stephanie presented the Parenting Resources Subcommittee Meeting Report.



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- Chrystina was the only person able to attend this meeting, she explained they found a lot of gaps from the resources that people brought in. Either the person didn't work there anymore, or the program was gone. They would like to make resources where, as a team, they could keep information updated and make changes as needed.
- Stephanie Tanksley suggested finding a similar project and follow along their structure.
- Stephanie Rubio mentioned Careapp & findhelp.org.
- Chrystina would like to connect with the schools to teach children what child abuse is. Holly and Chrystina agree that many mandated reporters don't know exactly what child abuse is. Jeff says maybe to do an informational sheet.
- Holly mentioned a new law that is coming into effect, if a child is low on food, dirty house, substance abuse, etc., CPS will no longer be involved.
- Stephanie Rubio suggested that these families can report to 221 for services. Stephanie Tanksley investigated this, and we do have 211, Mikeala Torres is in charge.

#### **15. Council Reports**

- Anonda reported that tribal court will be sitting in with the state judge during sessions with any tribal member. The tribal judge will be there to make sure the state judge is in compliance with tribal laws. This is only for tribal children.
- Holly reported child welfare is changing and in 2025 more laws will be changing

#### **16. Coordinator Report**

- Stephanie directed everyone to read the Coordinators Report.
- Stephanie shared that Inyo County Public Health and Prevention will be hosting a community family night the first week of every month. They have funding for the next year to provide food for the events.

**Stephanie Tanksley adjourned the meeting at 12:59 PM**

**Next CAPC Meeting: February 26, 2025.**

*Notes taken by Jessica Burton*



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## **ATTACHMENT #2**

CAPC Regular Meeting, February 27, 2025

### **ITEM 4. Council Appointments.**

Details: Consider two applications for re-appointment. Stephanie Tanksley and Griselda Ortiz have submitted applications to be considered for new two-year terms expiring December 31, 2027.

Action Requested: Approve Stephanie Tanksley and Griselda Ortiz to new 2-year terms on the Child Abuse Prevention Council.
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# INYO COUNTY CHILD ABUSE PREVENTION COUNCIL

## CHILD ABUSE PREVENTION COUNCIL NOMINATING FORM

CLOSING DATE: OPEN UNTIL FILLED

If you are interested in serving on the **Child Abuse Prevention Council (CAPC)**, please complete the following application and return it to the address listed below.

Please deliver or email your application to:

**Inyo County Clerk**  
PO Drawer N  
Independence, CA 93526  
Or scan and email to Darcy Ellis: [dellis@inyocounty.us](mailto:dellis@inyocounty.us)

Upon receipt, your application will be reviewed and you may be invited for an interview. All applicants who are selected to be interviewed will receive a phone call to arrange the interviews. Otherwise, your application will be kept on file for 12 months for future consideration if a position becomes available within that time period.

### Applicant Information:

FULL NAME:	
PREFERRED ADDRESS:	CITY & ZIP:
PREFERRED PHONE NUMBER:	
PREFERRED EMAIL:	

### Inyo County Regional Experience (check all that apply):

LIVE	WORK	
<input type="checkbox"/>	<input type="checkbox"/>	Bishop
<input type="checkbox"/>	<input type="checkbox"/>	Big Pine
<input type="checkbox"/>	<input type="checkbox"/>	Independence
<input type="checkbox"/>	<input type="checkbox"/>	Lone Pine
<input type="checkbox"/>	<input type="checkbox"/>	Death Valley, Tecopa

**Areas of Expertise** [check all that apply to your professional or personal experience]

	Categories of Membership		Lived Experience
<input type="checkbox"/>	Public Child Welfare Services	<input type="checkbox"/>	Student
<input type="checkbox"/>	Mental Health Provider	<input type="checkbox"/>	Survivor of Child Abuse
<input type="checkbox"/>	Medical Health Provider	<input type="checkbox"/>	Parent/Caregiver
<input type="checkbox"/>	Criminal Justice System	<input type="checkbox"/>	Grandparent
<input type="checkbox"/>	Tribal Member	<input type="checkbox"/>	Youth Activities Volunteer
<input type="checkbox"/>	Latinx Community Member	<input type="checkbox"/>	Community Leader
<input type="checkbox"/>	Public or Private Schools	<input type="checkbox"/>	Public Relations/Communications
<input type="checkbox"/>	Prevention Programming	<input type="checkbox"/>	Early Intervention Services
<input type="checkbox"/>	Treatment Services	<input type="checkbox"/>	Direct experience working with multicultural communities
<input type="checkbox"/>	Current CAPC Member	<input type="checkbox"/>	Tobacco or other Substance Abuse Prevention/Treatment
<input type="checkbox"/>	Civic Organization	<input type="checkbox"/>	Community Engagement & Outreach
<input type="checkbox"/>	Religious Community	<input type="checkbox"/>	Social Media Engagement or Advertising
<input type="checkbox"/>	Other: (indicate)	<input type="checkbox"/>	Other: (indicate)

**Current Employment:**

Job Title:	Agency:
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**Statement of Interest (Optional):**

1. Use the space below to explain why you are interested in becoming a CAPC Member:

[illegible]

**Additional Qualifications (Optional):**

Please list volunteer commitments, community boards, collaborative or advisory bodies on which you serve or recently served:

Name Of Volunteer Activity	LOCATION	DATES SERVED

**Alternate Attendee (Optional):**

As a council member, if desired, you may have an alternate attend meetings in your absence. The alternate must be approved. Please list your alternate below:

Full Name	Title	Email	Phone Number

**Advisory Membership:**

Community advisory members may not vote or hold office, but are entitled to receive agendas, minutes, and other materials related to CAPC and may participate in the meetings and all activities. If you would prefer to be considered as an advisory member, please select box. ☐

**Certification:**

I certify that the above information is true and correct. I understand that membership on the CAPC requires my active participation in the Council's activities and meetings. Further, I recognize that the Council acts for the interests of the County's families and children.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# INYO COUNTY CHILD ABUSE PREVENTION COUNCIL

## CHILD ABUSE PREVENTION COUNCIL NOMINATING FORM

CLOSING DATE: OPEN UNTIL FILLED

If you are interested in serving on the **Child Abuse Prevention Council (CAPC)**, please complete the following application and return it to the address listed below.

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**Inyo County Clerk**  
PO Drawer N  
Independence, CA 93526  
Or scan and email to Darcy Ellis: [dellis@inyocounty.us](mailto:dellis@inyocounty.us)

Upon receipt, your application will be reviewed and you may be invited for an interview. All applicants who are selected to be interviewed will receive a phone call to arrange the interviews. Otherwise, your application will be kept on file for 12 months for future consideration if a position becomes available within that time period.

### Applicant Information:

FULL NAME: <b>Griselda Ortiz</b>	
PREFERRED ADDRESS: <b>2294 McCree Ave</b>	CITY & ZIP: <b>93514</b>
PREFERRED PHONE NUMBER: <b>760-920-9949</b>	
PREFERRED EMAIL: <b><a href="mailto:gortiz@inyocounty.us">gortiz@inyocounty.us</a></b>	

### Inyo County Regional Experience (check all that apply):

LIVE	WORK	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bishop
<input type="checkbox"/>	<input type="checkbox"/>	Big Pine
<input type="checkbox"/>	<input type="checkbox"/>	Independence
<input type="checkbox"/>	<input type="checkbox"/>	Lone Pine
<input type="checkbox"/>	<input type="checkbox"/>	Death Valley, Tecopa

**Areas of Expertise** [check all that apply to your professional or personal experience]

	Categories of Membership		Lived Experience
<input type="checkbox"/>	Public Child Welfare Services	<input type="checkbox"/>	Student
<input type="checkbox"/>	Mental Health Provider	<input type="checkbox"/>	Survivor of Child Abuse
<input type="checkbox"/>	Medical Health Provider	<input type="checkbox"/>	Parent/Caregiver
<input type="checkbox"/>	Criminal Justice System	<input type="checkbox"/>	Grandparent
<input type="checkbox"/>	Tribal Member	<input type="checkbox"/>	Youth Activities Volunteer
<input checked="" type="checkbox"/>	Latinx Community Member	<input type="checkbox"/>	Community Leader
<input type="checkbox"/>	Public or Private Schools	<input type="checkbox"/>	Public Relations/Communications
<input type="checkbox"/>	Prevention Programming	<input type="checkbox"/>	Early Intervention Services
<input type="checkbox"/>	Treatment Services	<input type="checkbox"/>	Direct experience working with multicultural communities
<input checked="" type="checkbox"/>	Current CAPC Member	<input type="checkbox"/>	Tobacco or other Substance Abuse Prevention/Treatment
<input type="checkbox"/>	Civic Organization	<input type="checkbox"/>	Community Engagement & Outreach
<input type="checkbox"/>	Religious Community	<input type="checkbox"/>	Social Media Engagement or Advertising
<input type="checkbox"/>	Other: (indicate)	<input type="checkbox"/>	Other: (indicate)

**Current Employment:**

Job Title: Equity and Diversity Coordinator	Agency: HHS
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**Statement of Interest (Optional):**

1. Use the space below to explain why you are interested in becoming a CAPC Member:

I am interested in becoming a CAPC Member to advocate for child abuse prevention, support families, and contribute to creating safer, healthier communities.

I am committed to promoting equity and trauma-informed care, and I believe that serving as a CAPC Member will allow me to make a meaningful impact in protecting and supporting children and families.

**Additional Qualifications (Optional):**

Please list volunteer commitments, community boards, collaborative or advisory bodies on which you serve or recently served:

Name Of Volunteer Activity	LOCATION	DATES SERVED
CAPC	Bishop	2023-2024
ECHOE	Bishop	2014-Present

**Alternate Attendee (Optional):**

As a council member, if desired, you may have an alternate attend meetings in your absence. The alternate must be approved. Please list your alternate below:

Full Name	Title	Email	Phone Number

**Advisory Membership:**

Community advisory members may not vote or hold office, but are entitled to receive agendas, minutes, and other materials related to CAPC and may participate in the meetings and all activities. If you would prefer to be considered as an advisory member, please select box. ☐

**Certification:**

I certify that the above information is true and correct. I understand that membership on the CAPC requires my active participation in the Council’s activities and meetings. Further, I recognize that the Council acts for the interests of the County’s families and children.

Griselda Ortiz

Digitally signed by Griselda Ortiz

Date: 2025.02.18 07:45:32 -08'00'

Signature

02-18-2025

Date



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Jeff Thomson • Stephanie Tanksley •*

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## **ATTACHMENT #3**

CAPC Regular Meeting, February 27, 2025

### **ITEM 4. Council Appointments**

Action Requested: Elect a Chair and Vice Chair to serve the 2025 Calendar Year.
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### **ARTICLE VI - CAPC COMPOSITION AND DUTIES**

#### **Section 1. Liaisons**

*The CAPC Coordinator shall be ex officio member of the CAPC without voting powers.*

#### **Section 2. Officers**

*The officers of the CAPC shall consist of:*

- Chair
- Vice-chair

*These officers shall be selected by majority vote from the membership present at the first meeting of the year of the CAPC and shall serve for one calendar year. Officers may be re-elected. It shall be the duty of the chair and/or vice-chair to call meetings, and preside over meetings of the CAPC. The vice-chair will assume the duties of the chair in his or her absence. The CAPC Coordinator shall be responsible for keeping the minutes at CAPC meetings.*



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## **ATTACHMENT #4**

CAPC Regular Meeting, February 27, 2025

### ITEM 5. Meeting Schedule.

Details: Consider approving the calendar year 2025 regular meeting schedule. Regular meetings are the last Wednesday in August, October, February, April and June. Suggest the Membership consider a 5-meeting schedule for 2025, with the knowledge that the Program Coordinator can add a meeting at anytime should a business reason arise.

#### Propose Meeting Schedule for 2025

<b>Annual Schedule of Regular CAPC Meetings</b>		
<b>Month</b>	<b>Date and Time</b>	<b>Topics</b>
<b>April</b>	<b>April 30<sup>th</sup>, 2025 12:00 PM</b>	<ul style="list-style-type: none"><li>• <b>Annual Child Abuse Prevention Month Activities Report</b></li></ul>
<b>June</b>	<b>June 25<sup>th</sup>, 2025 12:00 PM</b>	<ul style="list-style-type: none"><li>• <b>Annual Review of Bylaws</b></li></ul>
<b>August</b>	<b>August 27<sup>th</sup>, 2025 12:00 PM</b>	
<b>October</b>	<b>October 29<sup>th</sup>, 2025 12:00 PM</b>	<ul style="list-style-type: none"><li>• <b>Approve 2026 Meeting Schedule</b></li></ul>
<b>February</b>	<b>February 25<sup>th</sup>, 2026 12:00 PM</b>	<ul style="list-style-type: none"><li>• <b>Elect Chair and Vice-Chair</b></li></ul>

Action Requested: Approve a meeting schedule for calendar year 2025.
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## **ATTACHMENT #5**

CAPC Regular Meeting, February 27, 2025

### ITEM 6. 2024-2027 Memorandum of Understanding

Details: Consider approving the 2024-2027 Memorandum of Understanding (“MOU”) Letter of Participation is made and entered into by the Child Abuse Prevention Council of Sacramento and the Inyo County Health and Human Services – First 5 Inyo as partners in the Innovative Partnerships Program Northeast Region Child Abuse Prevention Council Partnership.

Action Requested: Approve Health and Human Services Director, Anna Scott, to sign the 2024-2027 MOU Letter of Participation.
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**Memorandum of Understanding  
Letter of Participation for the period  
July 2024 - June 2027**



BETWEEN  
**THE CHILD ABUSE PREVENTION COUNCIL OF SACRAMENTO**  
AND  
**INYO COUNTY HEALTH AND HUMAN SERVICES – FIRST 5 INYO**

The 2024-2027 Memorandum of Understanding (“MOU”) Letter of Participation is made and entered into by the **Child Abuse Prevention Council of Sacramento (hereinafter referred to as “CAPC Sacramento”)** and the **Inyo County Health and Human Services – First 5 Inyo (hereinafter referred to as “PARTNER”)** as partners in the Innovative Partnerships Program Northeast Region Child Abuse Prevention Council Partnership.

### **I. Purpose**

The purpose of this MOU Letter of Participation is to establish a formal collaborative partnership for the Innovative Partnerships Program Northeast Region Child Abuse Prevention Council Partnership (**hereinafter referred to as Northeast Region CAPC Partnership**) and to set forth its operating conditions. This partnership was formed as a result of a successful grant application to the California Department of Social Services’ Office of Child Abuse Prevention (hereinafter referred to as CDSS/OCAP). The Northeast Region’s Child Abuse Prevention Councils of Alpine, Butte, El Dorado, Inyo, Lassen, Modoc, Nevada (West), Placer (West/South), Plumas, Sacramento, Sierra, Sutter, Tahoe/Truckee, Yolo, and Yuba join CDSS/OCAP in our mutual goal of strengthening the capacity of prevention networks to build resiliency in families and implement prevention practices to reduce child abuse and neglect.

### **II. Goals**

The goals of the Northeast Region CAPC Partnership are to:

1. Expand and maintain a Northeast Region CAPC Partnership to coordinate child abuse and neglect prevention efforts; mitigate poverty, mental health, and substance abuse as risk factors for child maltreatment; and build protective factors.
2. Maintain strategies, manage operational processes, and mobilize resources for the Northeast Region CAPC Partnership.
3. Work collaboratively with Northeast Region CAPC Partnership to assess our CAPCs' strengths/needs within the Strengthening Families Framework, conduct an evaluation, and develop a sustainability plan.
4. Participate in opportunities for Northeast Region CAPCs to link and engage in mutually beneficial exchanges to learn from and engage with each other as well as community partners.
5. Develop a community-based Child Abuse Prevention (CAP) Month event(s) that includes policy representatives/officials and aligned CAP Month messaging in coordination with OCAP.

### **III. Scope of Work**

CAPC Sacramento and PARTNER will engage in the implementation of the Northeast Region CAPC Partnership Scope of Work (Attachment A) that describes the objective, activities, deliverables, measurements, and timeline.

### **IV. Roles and Responsibilities**

CAPC Sacramento serves as the program and fiscal lead of the Northeast Region CAPC Partnership. In that role CAPC Sacramento will:

1. Convene and coordinate the work of the Northeast Region CAPC Partnership.
2. Facilitate the process of the Northeast Region CAPC Strategic Plan and monitor its implementation.
3. Monitor and track the activities, outputs, and timelines of the Scope of Work (Attachment A).
4. Lead the distribution of materials and information.
5. Serve as the Northeast Region CAPC Partnership liaison to CDSS/OCAP.
6. Offer annual Capacity Building Grants in the amount of \$1,000 to the PARTNER and track results.
7. Participate in CDSS/OCAP coaching, coordination, training, and technical assistance relative to the Northeast Region CAPC Partnership.
8. Participate and track outcomes with CDSS/OCAP and the Northeast Region CAPC Partnership evaluation plan.
9. Research/apply for grant opportunities.
10. Provide Child Death Review Team training and technical assistance upon the request of PARTNER.
11. Collect data from PARTNER relative to Northeast Region CAPC Scope of Work activities, aggregate data for the Northeast Region CAPC Partnership, submit to CDSS/OCAP quarterly, share and discuss with PARTNER and the Northeast Region CAPC Partnership data results, and work as a partnership to improve the Innovative Partnerships Program.



**Memorandum of Understanding  
Letter of Participation for the period  
July 2024 - June 2027**



The responsibilities of the Northeast Region CAPC PARTNER are to:

1. Participate in the Northeast Region CAPC Partnership and sign the MOU Letter of Participation.
2. Designate a Lead Representative and at least one Alternate Representative to serve as a member of the Northeast Region CAPC Partnership.
3. Identify key community partners and parent representatives to serve on the Northeast Region CAPC Partnership.
4. Attend the bi-monthly scheduled meetings, either in-person or virtually.
5. Provide input, feedback, and/or approval for the Strategic Plan.
6. In conjunction with Northeast Region CAPCs, implement the Strategic Plan.
7. Provide information on currently funded programs/practices.
8. Accept or decline Capacity Building Grant opportunities, offered by CAPC Sacramento. If accepted, PARTNER agrees to receive, identify use for, and provide required data on related activities for the three annually disbursed \$1,000 Capacity Building Grants. (Funds must be used in alignment with CBCAP regulations.)
9. Disseminate, throughout the PARTNER's child and family-serving community, culturally responsive information, resources, and tools.
10. Collect and provide to Sacramento CAPC data related to PARTNER Strategic Plan and other activities for reporting to CDSS/OCAP.
11. Participate in CDSS/OCAP and Northeast Region CAPC Partnership data evaluation plan.
12. Receive Child Death Review Team training and technical assistance, as needed.

**V. Term**

This MOU Letter of Participation is intended to serve as an intent to participate in the Northeast Region CAPC Partnership for the period of July 2024 to June 2027.

**VI. Termination**

Any PARTNER may terminate this MOU Letter of Participation within sixty (60) days of providing written notice of intention to terminate the agreement.

With a signature below, each party agrees to all terms listed above and Attachment A.

**Inyo County Health and Human Services – First 5  
Inyo**  
1360 N. Main Street, Suite 203-D  
Bishop, CA 93514

**Child Abuse Prevention Council of Sacramento**  
4700 Roseville Road  
North Highlands, CA 95660

\_\_\_\_\_  
Signature, Title

\_\_\_\_\_  
Camille Bailey, Chief Program Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





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## **ATTACHMENT #6**

CAPC Regular Meeting, February 27, 2025

### **ITEM 8. Coordinator Report**

Details: Coordinator will report on programs and activities. Items underlined include additional documents following.

#### **Community Events:**

Inyo County Public Health and Prevention hosts a monthly [LIFE night](#). Where community members can enjoy a night of connection, learning, and empowerment with dinner served at 6:30 PM. There are plenty of engaging events designed to provide valuable resources and support for individuals and families.

First 5 and Public Health and Prevention are working closely with CASA planning the Child Abuse Symposium.

Toiyabe Indian Health Project: Wellness and Recovery Department hosts [Youth Wellbriety](#) every Thursday from 3:45 to 4:45PM in the conference room.

[Wellness Warrior](#) Youth Fitness Group meets every Wednesday from 4:00 to 5:00 PM. The group is open to all youth from 11-18 years old.

[We Outside](#) Boys Group meets bi-weekly starting February 11<sup>th</sup> from 3:30 to 4:30 PM.

[Youth Equine Therapy](#) every Monday from 3:00 to 4:00 PM

[Blossom Beauties](#) Female Group will meet February 21<sup>st</sup> and March 3<sup>rd</sup>.

Action Requested: None.
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LIFE Night

**DINNER PROVIDED @ 6:30 PM**

**MARCH 6TH**  
**5:00 - 6:30 PM**

**Inyo Community**

# **LIFE Night!**

Linking Individuals and Families for Empowerment

Join us for Inyo LIFE Night, where we bring individuals and families together to connect, learn, and empower one another through valuable resources, education, and support.

**1360 N Main St Bishop CA, 93514**



## **Sign & Shine Playgroup**

Children ages 0-6 are invited to attend a community playgroup & learn essential American Sign Language (ASL) to express greetings, common phrases, and help your little ones communicate their needs and feelings! (A caregiver (14+) must be present with the child)

## **Youth Cooking Class**

Youth ages 7 and up are invited to join our team to practice kitchen safety, handwashing and preparing up something tasty!



## **Parenting Supports**

Join First 5 and take the opportunity to learn more about how CalFresh can support your household with food assistance and help improve your overall well-being.

## **Senior Supports**

Learn how to recognize and avoid phone scams and AI voice impersonation fraud. Protect yourself with key tips and best practices.



## **Public Health Clinic**

The Public Health team will be offering vaccines, TB assessments, STI screenings, services for the family, and a chance to **chat with our Inyo County Health Officer**.

## **Inyo County Community Coalition**

Discover the Tobacco End Game and explore ways to influence tobacco-related policies within Inyo County.





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Wellbriety

**YOUTH  
Wellbriety**

← →

**Understanding the Purpose of  
Life  
12 Teachings for Native Youth**

← →

**Every Thursday**

← →

**3:45PM-4:45PM**

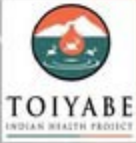
← →

**Toiyabe Indian Health Project:  
Wellness & Recovery Department  
Conference Room**

← →

**For more information or any questions contact:  
Youth Prevention  
(760)873-6394 EXT 303**

**PASSION** **PRAYER** **PERSEVERANCE** **PURPOSE**







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## Wellness Warriors



TOIYABE  
INDIAN HEALTH PROJECT

# WELLNESS WARRIORS

## YOUTH FITNESS GROUP

Join us every **Wednesday** starting January 15th from 4:00pm-5:00pm at Bishop Strength and Wellness! This group is open to all youth from 11-18 years of age.

- 1 FREE TO JOIN
- 2 STRENGTH BUILDING
- 3 BENEFITS OF FITNESS

1

### FREE TO JOIN

Contact Toiyabe Youth Prevention staff at (760)873-6394 ext. 303 to sign up today! Must have a Youth Activities Form on file to participate.

2

### STRENGTH BUILDING

Learn the fundamentals and correct forms of weightlifting, stretching, etc. with Jared Waasdorp. Each Wednesday is a different WOD!

3

### BENEFITS OF FITNESS

- Better Mood
- More Energy
- Healthy Heart
- Boost Self-Esteem & Confidence
- Improves Mental Health



 760-873-8464  [www.toiyabe.us](http://www.toiyabe.us)  250 N See Vee Ln Bishop, CA 93514



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Jeff Thomson • Stephanie Tanksley •

Blossom Beauties



TOIYABE YOUTH PREVENTION  
presents

# BLOSSOM BEAUTIES

**FEMALE GROUP**  
11-18 YEARS OF AGE

**FRIDAY, FEBRUARY 21ST, 2025**  
3:45PM-5:00PM  
FAMILY SERVICES CONFERENCE ROOM

**MONDAY, MARCH 3RD, 2025**  
3:00PM-5:00PM  
FAMILY SERVICES CONFERENCE ROOM

**Group Topics:**

- Building Self-Esteem and Confidence
- Self-Care Techniques
- Leadership and Personal Empowerment
- Mental Health Awareness
- Body Empowerment
- Art Therapy

**& MORE**

**To sign up or for more information contact:**  
Hannah Frankson  
(760)873-6394 ext. 303

**This group is not associated with Bishop Unified School District.**


(760)873-8464 | WWW.TOIYABE.US | 250 N SEE VEE LN BISHOP, CA 93514



*Council Members: Anonda Nelson • Chrystina Pope • Griselda Ortiz • Holly DeVincent •  
Jeff Thomson • Stephanie Tanksley •*

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We Outside Boys Group



**WE OUTSIDE  
BOYS GROUP**

Come join us as we reconnect with the great outdoors.  
We are looking to promote positive expression and  
healthy outlets in life for the upcoming generation.


**11-18 YEARS OF AGE**

**FEBRUARY 11, 2025**  
3:30PM-4:30PM  
BI-WEEKLY

**LOCATION**  
TOIYABE YOUTH PREVENTION  
OFFICE

**GROUP ACTIVITIES**  
HIKING  
FISHING  
SWIMMING  
SPORTS  
ART  
& MORE

**TO SIGN UP OR FOR MORE INFORMATION CONTACT**



**Toiyabe Youth Prevention**

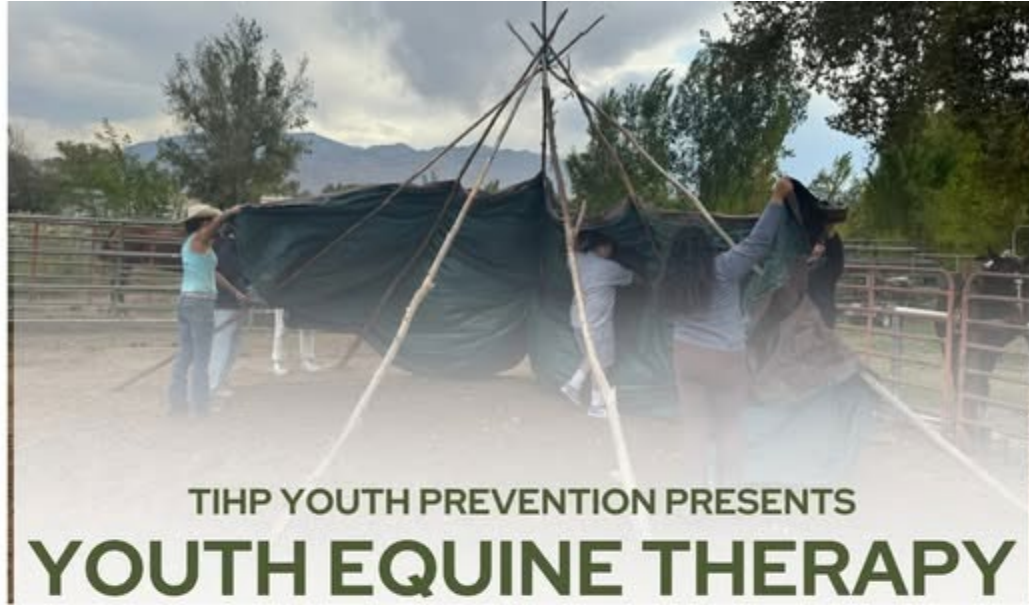
(760)873-6394 Ext. 303    [desmond.frank@toiyabe.us](mailto:desmond.frank@toiyabe.us)    250 See Vee Lane, Bishop, CA





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## Youth Equine Therapy



Join us every Monday from 3:00pm-4:00pm at the arena on Diaz!

Open to any youth between 11-18 years of age in TIHP Service Areas!

Contact Toiyabe Youth Prevention (760)873-6394 ext. 303 to sign up today!

### Benefits of Equine Therapy

- ✓ Enhances Emotional Awareness
- ✓ Reduces Anxiety and Depression
- ✓ Improves Communication Skills
- ✓ Boosts Self-Esteem

Lea Belgarde is one of our  
Certified Equine Therapy  
instructors!



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**TOIYABE**  
INDIAN HEALTH PROJECT