



## **News from the Emergency Management Committee Chair (1/21/22)**

### **California Lawmakers Address Long Ambulance Wait Times at Hospitals**

[CBS 8 reports](#) California lawmakers are working on solutions as hospitals and ambulances continue to be overwhelmed with the latest COVID-19 surge.

Emergency health workers in California say they're waiting hours to transfer patients from ambulances to hospital emergency rooms due to chronic delays worsened by the nearly two-year coronavirus pandemic.

On Wednesday, the [California State Assembly Committee on Emergency Management](#) held an oversight hearing about how this problem has been decades in the making but has only recently been exasperated by staffing shortages and high demand because of the latest COVID-19 surge.

Some of the proposed solutions suggested Wednesday include:

- Develop new regulations as current EMS regulations were established more than 40 years ago.
- Fine hospitals anytime they hold an ambulance for longer than 20 minutes.
- Ask hospitals to hire their own EMT's to care for patients once they're dropped off.
- Ask hospitals to pay EMS services for their wait times anytime they are held over.

[Assemblymember Freddie Rodriguez, D-Pomona](#), said these long wait times are not good for patients, ambulance crews, firefighters, medics or someone making an urgent call to 911.

"Because of the Chairmanship that I have in this committee, we can move some legislation forward if it's all for the right reason and it's really going to help at the end of the day, get people treated and get people taken care of in a timely fashion," Rodriguez said.

### **Ambulances Wait Hours with Patients at California Hospitals**

[The San Diego Union-Tribune reports](#) emergency health workers in California Wednesday blasted hours-long waits to transfer patients from ambulances to hospital emergency rooms in what they said were chronic delays worsened by the nearly two-year coronavirus pandemic.

During a legislative hearing, first responders said taking more than the anticipated 20 minutes to receive a patient at a hospital emergency room isn't good for the patient and impedes their ability to head out on new emergency calls. Often, they said, they wind up waiting hours at hospitals because no one is available to receive new patients — a problem that doctors and a hospital administrator said stems from delays in lab work, X-rays and insurance authorizations.

Dr. Clayton Kazan, medical director at the Los Angeles County Fire Department, said hospital challenges shouldn't paralyze the 911 system intended for the most critical emergencies. He said the system isn't sustainable and is even more strained under the pandemic. Hospitals should be held accountable for stalling, and not all patients should be sent to hospitals for triage, he said.

"We're in a disaster. It's been going on for two years. It's a slow rolling disaster," Kazan said during the hearing of the Assembly Committee on Emergency Management in Sacramento. "It's the equivalent of a plane crash every couple of days in my county alone, but every day we still have critical patients waiting for an ambulance at the scene of their emergency."

While delays have long plagued the relationship between ambulances and hospitals in California, the problem has been exacerbated by the COVID-19 pandemic. California is seeing a rise in hospitalizations following a spike in omicron variant infections that began late last month. More than 15,000 people were hospitalized with the virus on Wednesday — an increase of 89 percent from two weeks ago.

There have been some signs that infections could be slowing in the state of nearly 40 million people, such as sewage testing in Northern California that showed less prevalence of the virus. But health officials have said hospitalizations won't likely peak until the end of the month, and hospitals are bracing for even more strain as their own workers have also been sidelined by coronavirus infections.

The omicron variant spreads even more easily than other coronavirus strains, but early studies show it is less likely to cause severe illness than the previous delta variant and vaccination and a booster still offer strong protection from serious illness, hospitalization and death.

Dr. Lori Morgan, president and chief executive of Huntington Memorial Hospital in Pasadena, California, said emergency room overcrowding has become common during the pandemic following a rise in non-urgent use of emergency departments for issues such as behavioral health and homelessness support. She said she also faces obstacles to discharge patients such as a lack of post-acute care beds and insurance delays.

On Wednesday, Morgan said she had 18 patients clinically ready for discharge but nowhere to send them. Meanwhile, eight in the emergency room needed to be admitted and another 15 were expected to follow, not counting patients in ambulances waiting to get in, she said.

First responders were adamant that hospitals need to do more to receive their patients quickly, enabling them to respond to more calls, as well as take breaks and lunch. Several speakers suggested fining hospitals for failing to receive patients more quickly, or giving them economic incentives to do so, as well as ways to treat more non-acute patients through outside programs or in other settings beyond emergency rooms.

Sacramento Assistant Fire Chief Eric Saylor said every time ambulances are tied up with patients at hospitals, he sees response times in the community go up. Last week, he said a patient stopped breathing near a hospital where two ambulances were waiting with other patients for more than an hour. Another ambulance that was 8 miles (12.9 kilometers) away drove over to transport the patient to the hospital, he said.

"These are taxpayer resources that are being used right now to staff hospitals," Saylor said. "This is nothing short of criminal."

During the hearing, other ideas were floated to reduce the delays, including freeing up hospital nurses from some paperwork requirements and staffing ratios. Vicki Bermudez of the California Nurses Association pushed back, saying other states face similar delays and don't have staffing ratios that ensure quality patient care in California and help prevent nurse burnout at a time when they are critically needed.

## **California Surpasses 7 Million Coronavirus Cases, Adding 1 Million in One Week**

[The Los Angeles Times reports](#) California has recorded more than [7 million coronavirus cases](#), after its fastest accumulation of reported infections in the history of the pandemic.

The unprecedented count, recorded in California's databases late Monday, comes one week after the state tallied its 6 millionth coronavirus case.

Even during last winter's disastrous wave, new infections increased more slowly. It took a little over three weeks for California to get from its 2 millionth cumulative coronavirus case to its 3 millionth.

The stunning speed of new infections is a testament to the Omicron variant's transmissibility, believed to be two to four times more contagious than the Delta variant, which in turn was more infectious than earlier strains that pummeled California last winter.

California's daily [COVID-19 death rate](#) has also risen dramatically. For the seven-day period that ended Sunday, the state was recording 103 deaths a day; that's roughly double the last week of 2021, when 55 deaths a day were tallied.

To read more on the rapidly increasing case rate, as well as the growing death rate, and how different areas of the state are being affected, [visit the full article](#).

## **Emergency Rooms Nearing 'Crisis Levels' in Parts of California as Omicron Surges**

[The Los Angeles Times reports](#) emergency rooms are nearing crisis levels in parts of California, and officials are forecasting weeks of strain in hospitals even as there are glimmers of hope the Omicron wave may soon peak in the northern part of the state.

There is unprecedented spread of the coronavirus in California; never before in the pandemic have so many people been simultaneously infected.

And despite signs that Omicron is less likely to require patients to need mechanical help to breathe, the extraordinarily high case rate — 2½ times last winter's peak — is still leaving hospitals so inundated that scheduled surgeries are being canceled and ambulances are facing long delays dropping off patients.

“We are seeing near-crisis levels of [emergency department] overcrowding in certain areas,” Dr. Erica Pan, the state epidemiologist, [said](#) in a [briefing](#) to the California Medical Assn.

By midweek, California was reporting 52,400 hospitalizations for all reasons, just shy of the peak of 53,000 recorded at the height of last winter's surge. L.A. County was also approaching its peak; on Thursday, it had about 15,000 people hospitalized for all reasons, approaching the pandemic high of nearly 16,500 set last winter, “when most hospitals were frankly overwhelmed,” [said](#) county Public Health Director Barbara Ferrer.

Overall demand for emergency care is “causing a huge stress on our emergency rooms,” Pan said. “With healthcare staffing shortages on the inpatient ward, it’s harder to admit patients. And if you don’t have enough nurses to take care of those patients, then there’s a lot of backlog in the [emergency department] as well.”

That then results in ambulances kept waiting in front of hospitals, delaying crews’ ability to respond to new 911 calls.

The rate of coronavirus spread is so astronomically fast that California could tally a million new coronavirus cases in about a week — the fastest such pace in the history of the pandemic. It was only on Monday that California surpassed 6 million total reported coronavirus cases, according to data compiled by The Times. With the state averaging 115,000 new cases a day over the last week, a feverish level of spread that’s unprecedented in the nearly two-year-old pandemic, California is on track to tally its 7 millionth within days.

Even during last winter’s surge, it still took three weeks to accumulate a million new cases, with the state peaking at 46,000 new infections a day.

To read more on the current surge and how it is affecting hospitals throughout the state, [visit the full article](#).

### **Even as Omicron Starts to Ease in California, Hospitals Facing Grim Conditions**

[The Los Angeles Times reports](#) even amid signs that this winter’s Omicron-fueled wave may be starting to crest in California, the situation at hospitals like Sharp Grossmont Hospital in La Mesa is worsening.

Patients are sometimes waiting a day or two to be admitted and get a bed. Nursing homes are rebuffing the hospital’s requests to transfer recovering patients, saying they are short-staffed themselves because of the coronavirus. Across the Sharp health system, one of the largest in San Diego County, more than 1,000 health workers are now unable to work because of coronavirus-related reasons.

At Olive View-UCLA Medical Center in Sylmar, registered nurse Sandra Beltran said short staffing has led patients treated in the emergency room to sometimes wait 20 or 30 hours for a bed elsewhere in the hospital. That has a domino effect on the ER, where waits grow longer, and staff have had to find new ways to assess patients.

Even amid growing signs Omicron is leveling off in California, new data show the total number of people hospitalized statewide is approaching the peak of last winter’s COVID-19 surge.

Late last week, California averaged 52,000 people daily in its hospitals for all reasons — more than were seen during any seven-day period during the summer Delta surge. The state is now nearing its pandemic record of 55,000 people hospitalized, set last winter, according to state Department of Public Health data reviewed by The Times.

Coronavirus-positive patients continue to account for a large portion of the overall census. As of Tuesday, 15,179 such patients were hospitalized statewide, the highest since Jan. 29, 2021, [state data show](#).

Many hospital emergency rooms have been so crowded, and staffing so scarce because of employee infections, that a number of scheduled surgeries and procedures have been postponed.

Those delays can affect the health of people needing treatment for cancer or other important medical issues, in which prompt care can make a difference.

Demand for emergency room care has reached records not seen even in last winter's devastating wave. A little more than a week ago, California was averaging nearly 47,000 visits a day in its emergency rooms for all reasons; a year earlier, the figure was about 32,000.

Visits by people seeking emergency care for coronavirus-related reasons has more than doubled since the Omicron surge began, with nearly 12,000 visits a day recorded recently. That's even worse than experienced last winter, when there were nearly 11,000 visits a day.

To read more on how this surge is affecting hospitals statewide, [visit the full article](#).

### **COVID Surge, Nurse Burnout Make Mess Out of Hospital Staffing**

*The Los Angeles Times* reports the hospital COVID census in San Bernardino County has nearly tripled from 398 before Christmas to 1,107 as of Jan. 13, according to [county data](#). At the peak in January 2021, when the virus caused deaths to skyrocket, that number stood at 1,785.

The sheer number of hospital staff members testing positive for the coronavirus across California recently led state health officials to allow healthcare workers who are infected but asymptomatic to return to work while taking extra precautions to avoid spread. But many hospital officials fear that could worsen problems. Arrowhead is still weighing whether to take that step — one that few could have contemplated a year ago.

“The fact that we're severely impacted like we were last year and the fact that so many of our nurses have left, or taken travel assignments, or are burnt out and kind of feel deflated or dejected.... Staff morale is at one of the lowest I've ever seen,” said Dr. Troy Pennington, an emergency room physician at the hospital.

Pennington said the current surge “feels worse” than the one last winter.

And yet, in many ways, that should not be.

A year ago, COVID tore through California and much of the U.S. when hardly anyone was vaccinated.

The Omicron variant, while highly contagious, is also generally less severe than the Delta one. And yet the current surge — which has overwhelmingly made the unvaccinated seriously ill — has preyed on several factors that have piled up as the pandemic stretches on.

With burned-out workers leaving in droves, hospitals were already facing staffing shortages. And the Omicron variant is so contagious that although the vaccine has protected staff from getting really ill, it has forced many to call out sick.

More than two dozen people waited in the ER on a recent Tuesday for a nurse to call their name. They had ailments that had nothing to do with COVID.

Those with flu-like symptoms were directed to a trailer outside near the ambulance bay. The ones who were not seriously ill would be sent home.

To read more on how hospitals are working to mitigate this growing issue, [visit the full article](#).

## California Schools Receive More Than 20 Million Face Masks from State

[KRON 4 reports](#) in an effort to ensure that every school across the state have access to free personal protective equipment (PPE), the California Governor's Office of Emergency Services (Cal OES) has partnered with the State Department of Education to distribute nearly 21-million additional masks to County Boards of Education.

Cal OES is reporting that since school returned following the New Year Holiday, they were able to distribute 20,997,120 face masks to 51 County Boards of Education across California.

County Boards of Education will also be able to request additional resources including masks, respirators, cleaning wipes and hand sanitizer.

According to Cal OES, they have already distributed more than [one billion units of PPE](#) sent to counties, schools, medical facilities and local communities across the state.

## Omicron Surge Worsens Teacher Shortage, Closing More California Schools

*CalMatters* reports last week at Simi Valley Unified School District, northwest of Los Angeles, there were only enough substitutes to cover about half the teachers who stayed at home after testing positive for COVID-19.

The good news is that public health experts across California expect the omicron surge to be over by March. But the consequences of the highly transmissible variant and the acute school staffing crisis it has caused could long outlast the spike in case numbers. The teacher shortages and unprecedented absenteeism are disrupting learning, extending the long-term academic fallout of COVID-19.

COVID-19 infection rates among students and staff are at all-time highs at many school districts. At Simi Valley Unified, positivity rates among students went from below 1% to 6.5% in the past month. Just in the past two weeks at school districts across California, the numbers of positive COVID-19 cases have tripled over what they were before omicron.

Monica Gandhi, a professor of medicine at UC San Francisco, said public health experts expect that the number of omicron cases will [taper off in a month](#). She said [wastewater testing](#) in San Francisco has already shown a decline.

"We're all praying everything gets better by the end of February," she said. "That's the hope."

But until then, schools will need to endure previously unimaginable staff absences.

Teacher shortages plagued California even before 2020. The pandemic [amplified the shortage](#), and omicron brought it to a breaking point. While many teachers have tested positive for COVID-19 and are required to quarantine, a minority of teachers have actually become extremely sick — creating a lot of mixed feelings among teachers over school closures.

In 2021, K-12 schools accounted for about 18% of workplace outbreaks in California. Schools outpaced health care facilities for COVID-19 outbreaks in the fall.

At Rosa Parks Elementary in the San Diego Unified School District, a third of teachers were out in the first week of January, according to school board president Richard Barrera. Across the

district, about 15% of employees were out on any given day since the school year resumed after the winter holiday.

At Simi Valley Unified, the district jacked up pay rates for subs from \$110 to \$205 a day in early January to prepare for the spread of omicron, but it hasn't made much difference. Gov. Gavin Newsom last week issued an order removing obstacles to [credentialing and retaining](#) substitute teachers — measures that district Superintendent Peplinski called well-intentioned but “laughable.”

As some school districts have [already closed down schools](#), Gov. Newsom suggested last week that they might have to extend their school years to make up for lost time. A spokesman for the governor, however, clarified that Newsom was not proposing extending school years as a statewide strategy.

To read more on how various districts throughout the state are responding to this ongoing problem, as well as if closing schools is a viable option, [visit the full article](#).

### **California Experiencing Most Severe Blood Shortage in a Decade, State Says**

[KTLA 5 reports](#) California officials warned last week that the state is experiencing a severe blood shortage.

“While the need for blood is constant, California, along with the rest of the nation, is experiencing the most severe blood shortage in the last ten years,” California Health and Human Services Secretary Dr. Mark Ghaly said.

Last week, the American Red Cross [declared first-ever national blood crisis](#) in the U.S.

The blood shortage forced doctors “to make difficult decisions” about who receives blood transfusions and who will need to wait, the Red Cross said.

The non-profit, which supplies 40% of the nation's blood, said it has had to limit blood distributions to hospitals in recent weeks.

Some hospitals may not receive as much as a quarter of the blood products they request, the Red Cross said.

The blood shortages forced the Los Angeles County Department of Health Services to [shut down the trauma center at Harbor-UCLA Medical Center](#) for hours last week — something that hasn't happened in over three decades.

The Red Cross said it saw a 10% decline in the number of people donating blood since the beginning of the pandemic, with especially low donor turnout beginning when the delta variant began spreading in August.

“Fortunately, there is hope in ending this blood emergency with a simple act of kindness many of us can take as individuals – blood donation,” Ghaly said.

“Donating blood is not only essential to ensuring the health of our communities, it is truly a lifesaving resource for those who need it most, including accident and burn victims, heart surgery and organ transplant patients, and those battling cancer,” he added.

January is National Blood Donor Month.

The Red Cross and the NFL are partnering this month to urge people to donate. Those who come to give blood, platelets or plasma in January will be entered for a chance to win a getaway to Super Bowl LVI in Los Angeles.

They will also be automatically entered to win a home theater package and a \$500 gift card. More information can be found at [RedCrossBlood.org/SuperBowl](https://www.redcrossblood.org/superbowl).

To find a nearby donation site, visit the [Association for the Advancement of Blood & Biotherapies](https://www.abcblood.org). More information about donating blood can be found at [California Volunteers](https://www.californiavolunteers.org).

### **‘Has to be Investigated’: Marines Tagged to Inspect \$10M of COVID Protective Gear Left in the Rain**

[ABC 7 News reports](#) the ABC7 News I-Team report from last Thursday night about more than [\\$10 million of brand new PPE left out soaking in the rain](#) is getting major reaction across the country, and action from officials in San Mateo County.

It was more than 20,000 square feet of boxes containing personal protective equipment.

This is your federal tax dollars – hospital gowns, face shields, goggles, and much more outside at the San Mateo County Event Center since last September.

“It has to be investigated,” Congresswoman Jackie Speier said.

Congresswoman Speier, who represents San Francisco and Peninsula, came to San Mateo to talk transportation, but we asked about the major PPE mistake we uncovered.

She called it troubling but said to remember the county has been a leader in drive-through testing, vaccinations and boosters.

“We need to keep in mind that San Mateo County has really been at the forefront, and we have one of the highest vaccination rates in the country and that’s good news for all of us,” she said.

The county manager told Dan Noyes he didn’t know all that PPE was sitting out, exposed to the elements for months.

“It clearly is a mistake by the county and ultimately, I’m responsible for the county. So, you know, I take full responsibility for it, San Mateo County Manager Mike Callagy said.

Our story about the PPE was something the event center’s CEO, Dana Stoehr, did not want you to see.

Callagy says he learned Friday that event center staff moved all that PPE outside to accommodate the Software as a Service annual conference September 27-29. He doesn’t know why the supplies were not moved back inside, but he is hiring an independent investigator to look into it and calling in the Marines.

### **Tsunami Advisory Lifted for U.S. West Coast After Volcanic Eruption in Pacific**

[CBS News reports](#) the tsunami advisory was lifted Sunday for the parts of the U.S. West Coast and Alaska after a volcano erupted in the Pacific on Saturday.



The initial tsunami advisory — meaning “[a dangerous wave is on the way](#)” — was issued for the West Coast and Alaska on Saturday morning.

Despite warnings from officials to stay away from northern California beaches, rescue crews pulled five people to safety after they ventured too close to [the ocean waters churned up by the surge from Saturday’s tsunami](#), [CBS San Francisco reported](#).

A U.S. State Department spokesperson said Saturday that American citizens in Tonga and Fiji have been alerted to a tsunami warning. According to an alert by the U.S. embassy, Tonga’s Meteorological Services have issued advisories for heavy rain, flash flooding and strong winds in lands and coastal waters and Fijian authorities cautioned residents to stay away from coastal areas.

The State Department spokesperson said they are not aware of any U.S. citizens affected as of this time.

An advisory was also issued for Hawaii, after an undersea volcano erupted Saturday near the nation of Tonga in the Pacific. It was [later canceled](#) after wave heights in the state started to diminish.

“Small sea level changes, strong or unusual currents may persist for several additional hours in some coastal areas and appropriate coastal areas and appropriate caution should be exercised by boaters and swimmers,” the Pacific Tsunami Warning Center [tweeted](#).

The California Governor’s Office of Emergency Services said tsunami heights there were expected to be 1-2 feet, based on what was seen in Hawaii. Flooding was later reported near the Santa Cruz Harbor, and some residents were evacuated. CBS SF Bay Area reported that officials said over 100 people evacuated the Berkeley Marina, where an [evacuation order](#) was in effect for the marina boats, docks and shoreline.

San Francisco’s Department of Emergency Management [said](#) strong currents were expected for hours, though residential flooding was not expected.

A tsunami advisory is one level below a warning — and one step above a watch. It means dangerous waves of 1-3 feet and strong currents are expected.

Signs of a tsunami include strong currents, a shoreline that has receded or is receding quickly, and unusual waves and sounds. “The tsunami may appear as water moving rapidly out to sea, a gentle rising tide like flood with no breaking wave, as a series of breaking waves, or a frothy wall of water,” the National Tsunami Warning Center said.

### **Tsunami Advisory Wouldn’t Have Triggered SF’s Emergency Sirens, But Why Do They Remain Silent?**

[Fox 2 KTVU reports](#) San Francisco is working on bringing back its outdoor emergency alert system.

The sirens which were meant to warn of tsunamis and other disasters were taken offline two years ago for repair. The sirens will be silent for at least two more years.

San Francisco’s Department of Emergency Management says they’re an important redundancy to warn people about tsunami’s or any other major disaster.

Hundreds visited San Francisco's Ocean Beach just days after a volcanic eruption near Tonga sent waves 5,000 miles to California's coastline. Most people learned about the tsunami advisory on their phones, and a few who were already by the beach heard from first responders.

What people didn't hear was the outdoor alert system which has been in place since the 1950s. Every Tuesday at noon the sirens would blare out as a reminder that the infrastructure was in place and at the ready.

"Right now, the sirens are offline, and they are offline due to the fact that there were some significant security issues related to the technology," said Mary Ellen Carroll, Director of San Francisco's Department of Emergency Management. "So, we had to take them offline about two years ago."

The city's Department of Emergency Management says this tsunami advisory would not have triggered an outdoor alert even if it were up and working because of the low risk to the area. Director Carroll says the department relied on first responders securing the beach and existing wireless technology to push alerts to the mobile devices of those who have opted into [AlertSF](#) and if necessary, even to those who have not. "We would not have sounded the sirens for this alert, and we did use AlertSF, out texting alerts to let people know what was going on," said Carroll.

The outdoor alert system was supposed to be back online this year, but COVID put the project on the back burner. Now the city is working to secure funding to get the outdoor alert system up and working again.

"We would love to have the sirens back online," said Carroll. "We love redundancy in emergency management preparedness, and we'd love to have that redundancy. So, we're hopeful that we'll be able to get the funding to get those online."

The Department of Emergency Management says that while the tsunami advisory did not pose any risk to people living in the city, it serves as a reminder that we live in a seismically active area as well. The department is encouraging people to text their zip codes to 888-777 to get updates on any emergency situations.

### **Earthquake: 3.5 Quake Felt Near Palm Springs**

[The Los Angeles Times reports](#) a magnitude 3.5 earthquake was reported Monday evening at 11:39 p.m. Pacific time four miles from Palm Springs, according to the U.S. Geological Survey.

The earthquake occurred seven miles from Banning, eight miles from Valle Vista, nine miles from San Jacinto and nine miles from Beaumont.

In the past 10 days, there have been two earthquakes of magnitude 3.0 or greater centered nearby.

An average of 234 earthquakes with magnitudes between 3.0 and 4.0 occur per year in California and Nevada, according to a recent three-year data sample.

The earthquake occurred at a depth of 7.6 miles. Did you feel this earthquake? Consider [reporting what you felt](#) to the USGS.

Are you ready for when the Big One hits? Get ready for the next big earthquake by signing up for our [Unshaken newsletter](#), which breaks down emergency preparedness into bite-sized steps over six weeks. Learn more about earthquake kits, which apps you need, Lucy Jones' most important advice and more at [latimes.com/Unshaken](https://latimes.com/Unshaken).

### ICYMI: Funding Opportunities Ending Soon

- **California ReEntry and Enrichment (CARE) Grant;** *law, justice, and legal services*
  - Funded by: CA Department of Corrections and Rehabilitation
  - Deadline: **Wednesday, January 26, 2022**
  - Total estimated funding: \$15 million
  - **Full grant guidelines:** [linked here](#)
- **2021-22 Emergency Family Justice Center (FE) Program RFP;** *disadvantaged communities; education; health & human services; law, justice, and legal services*
  - Funded by: Governor's Office of Emergency Services
  - Deadline: **Wednesday, January 26, 2022**
  - Total estimated funding: \$1.1 million
  - **Full grant guidelines:** [linked here](#)
- **Parent Leadership Program;** *uncategorized*
  - Funded by: Department of Social Services
  - Deadline: **Friday, January 28, 2022**
  - Total estimated funding: \$645k
  - **Full grant guidelines:** [linked here](#)
    - **Online application:** [linked here](#)

### Funding Opportunities

[Sierra Nevada Conservancy](#) has created the 2022 Wildfire Recovery and Forest Resilience Directed Grant Program with the primary priority of planning and implementing forest health projects that promote wildfire recovery and forest resilience and support the goals of California's Wildfire and Forest Resilience Action Plan and the Sierra Nevada Conservancy Watershed Improvement Program.

Fires are becoming larger and more damaging, and the 2020 and 2021 fire seasons were among the most severe in the state's history. The Sierra Nevada Conservancy (SNC) is taking significant steps to fund projects that can reduce wildfire risks and respond to recent wildfire damage. This program seeks to create more-resilient forest landscapes, reduce wildfire risk, and accelerate recovery from recent wildfires.

California's Wildfire and Forest Resilience Action Plan identifies three goals that are strongly aligned with the WIP: healthy and resilient natural places, safe communities, and sustainable economies. Both plans also stress the importance of climate resiliency, regionally tailored solutions, the linkages between ecological and economic health, the importance of low-intensity fire, and the need to work strategically across land ownership boundaries. This grant program aims to support projects with the following, additional focal areas: multi-benefit projects, landscape-scale projects, high-impact projects, wildfire recovery, and projects developed under the Regional Forest and Fire Capacity program.

To be eligible to receive a grant award from the SNC under this program, projects must meet all of the following criteria:

1. Be located within or provide services to the Sierra Nevada Region as defined by current SNC governing legislation
2. Be consistent with the SNC mission and program areas as defined in the SNC Strategic Plan.
3. Be consistent with the requirements of the funding source and budget provisions.
4. Be complete by 01/01/2028.
5. Result in a clear, demonstrable, and enduring public benefit
6. Meet all California Environmental Quality Act (CEQA) and National Environmental Policy Act (NEPA) requirements, as applicable.

Consistent with provisions of the program funding and objectives of the proposed project, the SNC may give favorable consideration to projects which involve California Native American tribes; were developed under the Regional Forest and Fire Capacity program; address fire recovery objectives; directly benefit severely disadvantaged (SDAC) or disadvantage (DAC) communities; engage a workforce development effort, including but not limited to tribal workforce programs, California Conservation Corps, or other training programs; employ a collaborative approach in project development or implementation; leverage private, federal, or local resources; or enable the equitable geographic distribution of SNC resources.

#### Application Process:

Proposals are developed in conjunction with SNC. To initiate consideration of a project, please contact the appropriate contact [SNC Area Representative](#) and the Area Representative will assist the applicant to determine if the project meets SNC criteria. If it is determined that SNC will consider the project, the Area Representative will share the SNC proposal form with the applicant and assist in developing the project.

#### Eligible applicants include:

- Public agencies: any city, county, special district, joint powers authority, state agency, or federal agency
- Qualifying 501(c)(3) nonprofit
- Eligible Tribal Entities which is one or both of the following: (1) Recognized by the United States and identified within the most current Federal Register; (2) Listed on the contact list maintained by the Native American Heritage Commission as a California Native American tribe.

Eligible geographies include the [Sierra Nevada Conservancy \(SNC\) region](#) as defined by the Conservancy's current governing legislation.

While match funding is not required, it is considered in the project evaluation process.

The deadline to apply is **Monday, January 31, 2022**. Total estimated funding available is \$25 million. To view the full grant guidelines, [click here](#).

### **CASF Infrastructure Grant Account**

[The Public Utilities Commission](#) has created the CASF program to provide broadband access to 98 percent of households in each consortia region by December 31, 2022.

The California Advanced Services Fund (CASF) provides grants to “telephone corporations” as defined under P.U. Code § 234 to bridge the “digital divide” by building and expanding broadband facilities in unserved and underserved areas of the state. The CASF supports projects that a) provide broadband services to areas currently without broadband access and b) build out facilities in underserved areas.

Eligible applicants include businesses, individuals, nonprofits, public agencies, and tribal governments.

To see CASF eligibility, [click here](#).

The deadline to apply for this funding is **Monday, January 31, 2022**. Total estimated funding available is \$300 million. To view the full grant guidelines, [click here](#).

### **Trauma Recovery Center Grant**

[The Victim Compensation Board](#) has created the TRC Grant to fund centers throughout California that assist victims of violent crime. These centers provide wrap-around services and assist victims who are typically part of unserved and underserved communities.

The Trauma Recovery Center (TRC) Grant funds organizations that operate throughout California to provide survivors of violent crime access to mental health or social services that may not be accessible for them through existing avenues. The TRC model offers wrap-around clinical services and cost-effective solutions for under- or unserved survivors and includes assertive outreach, clinical case management, assistance with law enforcement, referral to community resources and trauma-informed treatment. TRCs are meant to meet the victim where they are and serve each victim specific to his/her/their needs. Grant planning is not an eligible activity.

Funding for TRCs varies each year with \$2,000,000 from the Restitution Fund and a percentage of savings from the Safe Neighborhoods and Schools Fund (SNSF) that varies annually. SNSF totals have increased from \$3.9 million in 2016 to \$12.1 million in 2020. CalVCB typically receives 10-20 applications and awards 6-8 TRC grants. Individual awards vary by number of passing applications, funds available, and the amount requested to fund the TRC. Grants are for two fiscal years at a time, and TRCs may re-apply at the end of their awarded grant period to avoid a lapse in funding.

Each year, CalVCB posts a Notice of Funds Available (NOFA) that instructs how interested applicants may apply and what each application should include. Questions about the NOFA may be submitted and will receive a timely response within the application deadline. Due dates for the application will be included in the NOFA posting.

TRCs must follow the May 2017 edition of the evidence-informed model of care developed by the State Pilot TRC, including a multidisciplinary staff that includes a Program Director,

Psychologist, Psychiatrist and a Licensed Clinical Social Worker (LCSW) or Licensed Marriage and Family Therapist (LMFT). Each TRC is expected to invoice monthly, submit data reports monthly and maintain records to fulfill site visit and/or audit requirements.

Typical expenses for TRCs include:

- Salary and benefits for personnel
- Operating expenses related to direct services such as rent, insurance, utilities, postage, telephone service, internet costs, subcontractors, printed outreach materials, and other costs approved by the board
- Emergency funds to help clients with nominal crime-related costs to meet the immediate needs of TRC clients such as transportation, childcare, food, emergency shelter, or clothing
- Costs associated with community outreach events and activities
- In-state training for the provision of trauma-informed evidence-based and evidence-informed practices as outlined in the grant application and approved in advance
- Indirect costs (your organization must have a pre-existing cost rate agreement)

The CalVCB Board reviews recommendations made and approves or denies the funding recommendation. Upon Board approval, grantees will be notified of their grant award, with all applicants receiving notification of results.

Eligible applicants include businesses, individuals, nonprofits, public agencies, and tribal governments. The deadline to apply for this funding is **Wednesday, February 2, 2022**. Total estimated funding available is \$2 million. To view the full grant guidelines, [click here](#).