



News from the Emergency Management Committee Chair (12/9/22)

National Influenza Vaccination Week

[The CDC has announced](#) this past week as National Influenza Vaccination Week (NIVW). This national awareness week focuses on highlighting the importance of influenza vaccination. National Influenza Vaccination Week has been observed from December 5th-9th. Although today is the final day of observation, you can still go out and get your flu shot.

National Influenza Vaccination Week 2022 resources can be found [here](#).

When Should You Avoid the ER? Doctor Discusses Alternative Ways to Seek Care Amid ‘Tripledemic’

[ABC 7 reports](#) the triple threat of flu, RSV and COVID-19 is hitting hospitals and stretching emergency rooms thin, so doctors want to remind everyone other ways to receive care.

The Centers for Disease Control and Prevention reports 75% of pediatric beds are filled, and every state is experiencing high levels of flu activity, including California.

Doctors say only the very sick should utilize emergency services. So if your symptoms are manageable, there are ways to get the immediate care you need.

"There's a lot of traffic going into the ER, and we can only accommodate so many patients at a time," said Emergency Medicine specialist Dr. Aurore Richard of Kaiser Permanente San Bernardino.

At that location, respiratory illnesses have been filling the waiting room for weeks. Richard says many kids have needed oxygen for RSV, while COVID and influenza cases pick up.

"I think we haven't stopped spiking from the flu so we're not at the top of it yet," said Richard.

Her advice is to only go to the ER if you find your symptoms are severe and you're in respiratory distress.

"They're flaring their nostrils when they breathe... tracheal tugging... Those are all signs of work of breathing for kids, and I would say that's appropriate to bring them in to be evaluated," Richard said.

A pulse oximeter reading of 90 or below needs immediate medical attention. But if your symptoms have not progressed, supportive care is the only way to treat viruses. This includes fluids and over-the-counter cold medications. These are all the things you can do at home.

Also, you can catch other respiratory illnesses in crowded waiting rooms. Instead, Richard recommends using the platforms available to sick patients.

"There's multiple avenues to get care. Phone appointments, video appointments, urgent care appointments. Obviously, the ER is open 24/7, but we really need to save those beds for the people who really need them the most," she said.

Central California Ambulances Told to Not Transport Patients if Possible as ERs Overflow

[ABC 30 reports](#) a major surge in patients suffering from COVID, Influenza, and RSV is overwhelming Central California hospitals, forcing them to limit emergency medical services.

The "assess and refer" policy was triggered last night across Fresno, Kings, Madera and Tulare Counties, in response to hospitals becoming overwhelmed.

The county is now asking that residents avoid calling an ambulance or going to the E-R unless they are experiencing a life or limb-threatening emergency.

If someone does call an ambulance, personnel will be able to determine if the call is a true emergency, and may not transport the patient.

We're told that Community Regional Medical Center in downtown Fresno admitted 125 E-R patients just yesterday.

"125 patients is about four of our normal in-patient wards stuck in the emergency department," said Dr. Jeff Thomas, the hospital's Chief Medical & Quality Officer.

Fresno County EMS Director Dan Lynch said, "What we're seeing across the four counties, most of the hospitals are working at disaster levels with very high capacity issues within their facilities."

People are being told to seek care at primary care offices, urgent care clinics, or use telehealth services.

If they do have an emergency medical condition, always call 9-1-1 or go to the nearest hospital, but be prepared for extremely long waits.

‘Everybody is Getting it’: Northern California Flu Hospitalizations Spike Across Region

[KCRA 3 reports](#) California is reporting very high flu levels this month, according to the Centers for Disease Control. Health officials are urging people to get their flu shots as hospitals fill up.

"I think our hospital, like everywhere in Northern California are seeing increased rates of flu and RSV and that is really impacting all hospitals in our area for sure," said Dr. Rich Florio with Kaiser Permanente, Roseville Physician-in-Chief.

Florio said they are seeing a spike in people hospitalized with severe flu symptoms.

Health officials say part of the problem is immunity declined after people were so careful to limit viral transmission during the pandemic. Now, the flu is getting more of a chance to spread this season.

"People are gathering closer together, not wearing masks, and so they haven't been exposed to the flu in a few years and now we are starting to see it spread," Florio said.

Doctors say with flu cases rising, prevention is key.

"It's not too late to get the flu vaccine, maybe some people think they missed the mark when they were supposed to get it and now why get it? No, it's not too late to get the flu vaccine and we would love to encourage everybody, if you haven't had your flu vaccine, please go in and get the flu vaccine," Florio said.

The CDC recommends everyone ages six months and older get a flu vaccine every year.

So far this season, there have been at least 8.7 million illnesses, 7,800 hospitalizations and 4,500 deaths from the flu nationwide.

Hospitals say COVID-19 has prepared them to deal with more patients in the emergency room.

"I would say we certainly have our concerns around that but we have learned a lot in the last two years and we always have mitigation strategies and ways to increase capacity as we need," Florio said.

But, health officials urge people to take precautions and stay home if you are sick – even if you're not COVID-19 positive.

"It still can cause people in your family or co-workers to need to go seek medical care in a medical office, or emergency room and even be admitted. That is why it's important, even if it's not COVID to follow all of the prevention that we know works," he said.

Sacramento County Department of Health says ambulances and hospitals are reporting being stretched thin with a number of people with the flu. They said many people are coming in who can be easily treated with over-the-counter medication or by seeing their primary care doctor.

COVID-19 Surge Prompts Slight California Mask Rule Change, Concern for Hospital Space

[*The Sacramento Bee reports*](#) COVID-19 transmission continues to surge in California, along with spikes in other respiratory viruses, as state and local health officials urge indoor masking and additional precautions with end-of-year holidays approaching.

The statewide daily case rate jumped to 19.4 per 100,000 residents, the California Department of Public Health reported in a weekly update Thursday, up 34% compared to one week earlier and more than doubling since the start of November.

Positivity increased to 11.7%, up from 11.1% last week and more than double the 4.6% rate that began November.

[CDPH on Thursday reported](#) 4,387 COVID-positive patients in hospital beds statewide, including 487 in intensive care units. Those figures are increases of 16% and 22%, respectively, in the past week; and up 176% and 155%, respectively, since the start of November.

Sacramento County had 200 COVID-19 patients in hospital beds, according to state data updated Thursday, the first time at or above that mark since early August. The county had dropped to as few as 77 coronavirus patients in early November. Sacramento's latest figure includes 29 patients in ICUs, up from 10 as recently as Nov. 27.

The increases in infections and hospitalizations come as subvariants of omicron known as BQ.1 and BQ.1.1 make up a growing share of cases.

The two BQ-family variants combined for 63% of cases nationwide, the U.S. Centers for Disease Control and Prevention said in a weekly update last Friday, up from 55% the previous week.

Sacramento County health officer Dr. Olivia Kasirye said the latest COVID-19 numbers, while rising toward levels seen during last summer's surge, are "much lower" relative to December 2021, when the original omicron variant BA.1 began to take hold.

At the peak of that surge, the county saw more than 650 concurrently hospitalized with coronavirus in January.

However, "with flu and RSV (respiratory syncytial virus), the numbers are much higher than what we were seeing last year," she said.

"The hospitals are being impacted by the number of cases coming in" for all three viruses, Kasirye said on a Wednesday call with reporters. "Our request is that for people who have mild disease, they should stay away from the emergency room so that we keep those services for those who are really sick."

Kasirye also urged people to wear masks in public, especially in crowded places and on public transportation, and to get vaccinated and boosted when eligible.

State health leaders this week advised that while RSV numbers have started to taper off following a much earlier start than usual this year, COVID-19 and flu numbers are now rising quickly.

For further details, [visit the full article](#).

LA City to End COVID-19 State of Emergency in February

[Fox 11 Los Angeles reports](#) the Los Angeles City Council voted to end the city's state of emergency due to COVID-19 on Feb. 1, 2023.

Los Angeles County Board of Supervisors and the Los Angeles County Department of Health declared a local public health emergency in March of 2020. The proclamation came after there were seven confirmed cases of COVID-19 in the county. Since then, the council has voted to extend it each month.

Council President Paul Krekorian introduced an amendment to Wednesday's item to continue the state of local emergency, but set an end date for Feb. 1, 2023. Council members Marqueece Harris-Dawson, Mike Bonin and Nithya Raman voted against the end date, but the entire item passed 12-0. No council members offered comment before the vote.

In October, Gov. Gavin Newsom announced that California's COVID-19 state of emergency will officially end on Feb. 28, 2023.

The local state of emergency ensures that renter protections created during the pandemic remain in place, but the city's long-standing eviction protections due to COVID-19 hardship are also set to expire at the end of January.

The vote comes as Los Angeles County is currently facing a surge in COVID-19 cases. The seven-day average daily rate of people testing positive for the virus was 13.5% as of Tuesday, up from 12.6% a week ago, and the number of new infections reported daily has been rising in recent weeks.

The county has already moved into the U.S. Centers for Disease Control and Prevention's medium virus activity level, after weeks in the low category. The county could move into the high category as early as this week, if the weekly rate of new infections reaches 200 per 100,000 residents.

"We're on the cusp of another winter surge and clearly the pandemic is not over," Sasha Harnden, a public policy advocate with Inner City Law Center, told the council. "The council shouldn't put an arbitrary end date on the emergency that we know is designed as a sneak attack on tenant protections."

Mayor Eric Garcetti sent a notice to the council Wednesday recommending the end date, claiming that the city has "developed the infrastructure and capacity to manage the previous challenges of the COVID-19 pandemic in a way that they no longer rise to the level where they are beyond the control of the normal services, personnel, equipment and facilities of the regularly constituted branches and departments of the city government."

For further information, [visit the full article](#).

COVID-19's Impact Ripples Across 18 Conditions After Initial Illness

[The AMA has reported](#) on a study where researchers found an association between the virus and a 4% boost in services six months post-infection after evaluating more than 250,000 patients from eight large health care organizations across the U.S.

The [study](#) "highlights the potential for COVID-19 to exert an ongoing demand on health care organizations," lead study author Sara Y. Tartof, PhD, MPH, an epidemiologist with the Kaiser Permanente Southern California Department of Research & Evaluation, said in a [statement](#).

A 4% increase in patient encounters "represents a significant number of visits associated with substantial cost. The absolute number is big. In this case, it was over 27,000 extra encounters over six months among the eight health care organizations included in this study," Tartof noted.

The Permanente Medical Group is part of the [AMA Health System Program](#), which provides enterprise solutions to equip leadership, physicians and care teams with resources to help drive the future of medicine.

To read the full summary of the study on *AMA*, [click here](#). To read the full study, [click here](#).

Local Monkeypox Outbreak is Now ‘Resolved,’ a Sacramento County Health Official Says

[MSN reports](#) Sacramento’s monkeypox outbreak has been resolved, a health spokesperson said Monday, after the county reported no new cases among residents for more than a month.

The outbreak, which began in late May and saw the biggest spike in cases during summer, ultimately saw [144 confirmed infections among Sacramento County residents, local health data show](#).

“The local outbreak is resolved and the local emergency declaration ended,” county health department spokeswoman Samantha Mott said in an emailed response to The Sacramento Bee on Monday.

A data dashboard that had been updated weekly by the county health office showed no new cases of monkeypox, also known as MPX virus or mpox, during November. The county reported only three total cases over the preceding five weeks, from late September to late October.

County health officer Dr. Olivia Kasirye said early in the outbreak that, due to the incubation period for the virus, the local outbreak would be considered resolved or contained once the county went about three weeks without a new case.

The [county declared the virus outbreak a local health emergency in early August](#), with the emergency proclamation terminated in late September. Kasirye requested the termination during a Sept. 27 Board of Supervisors meeting, citing the sharp decline in new cases following a successful vaccination campaign.

At the peak of the outbreak, county health officials recorded from 14 to 22 new cases per week for five consecutive weeks, from early July through early August.

The county and its partners will continue to provide the vaccine to people who are considered at high risk of exposure, Mott said.

Among high-risk groups are men who have sex with men and transgender people; state health data show more than 95% of the state’s infections have been detected in men, 92% of whom were gay or bisexual.

The county in a Nov. 28 update to the data dashboard said the dashboard would no longer be updated.

More than 4,400 Sacramento County residents received at least one dose of a monkeypox vaccine, according to the final update to the county dashboard.

Sacramento was the [first California county to detect monkeypox](#), reporting its first case in late May following a global outbreak that started a few weeks earlier.

The statewide transmission rate also has fallen dramatically. California's seven-day average for new cases, which peaked at 96 in early August, had fallen below two as of early December, according to [California Department of Public Health data](#).

Spread of monkeypox is linked to prolonged, skin-to-skin exposure, according to experts.

Symptoms of monkeypox include fever, headache, muscle aches, backache, swollen lymph nodes, chills and exhaustion. The patient typically develops a rash, often beginning on the face and spreading to other parts of the body, normally about one to three days after fever.

The incubation period is typically one to two weeks but can range up to three weeks, and the illness typically lasts two to four weeks.

National Wildfire Coordinating Group Welcomes DoD

[The Department of Defense](#) was formally welcomed to the National Wildfire Coordinating Group (NWCG) on December 1.

NWCG provides national leadership to enable interoperable wildland fire operations among federal, state, local, Tribal and territorial partners. Membership provides a common approach to fire management standards and supports the goals of the National Cohesive Wildland Fire Management Strategy.

"A key function of NWCG is the establishment of standards for the wildland fire community," said Shane McDonald, NWCG Executive Board Chair. "With the addition of DoD to the NWCG Executive Board, they will now be a part of the process to help create the common operating framework for wildland fire resources."

DoD manages 1 million acres for wildland fire annually across its 27 million acres of training and testing lands. The cross-jurisdictional nature of wildfire demands an interagency approach. Partnerships are key to wildfire planning, prevention, response and recovery.

Including DoD as an NWCG member, is a critical step to enhancing interagency collaboration to prepare fire adapted communities, provide safe and effective wildfire response, and increase mission and landscape resilience. The Defense Climate Adaptation Plan identifies wildfire as a significant threat to military readiness and recognizes that the wildland fire environment is changing, and wildfire frequency and severity is increasing.

Other primary members of NWCG include the U.S. Department of Agriculture's Forest Service, Bureau of Indian Affairs, Bureau of Land Management, National Park Service, U.S. Fish and Wildlife Service, National Association of State Foresters, U.S. Fire Administration, Intertribal Timber Council and the International Association of Fire Chiefs. Associate members include the U.S. Department of the Interior's Office of Wildland Fire and the National Weather Service.

Through NWCG membership, DoD is further empowering its workforce and partnerships to manage resilient landscapes, increasing the sustainability of the mission and DoD lands. To learn more about NWCG and its members, please visit nwcg.gov.

By the Numbers: California's Mild 2022 Wildfire Season

[CalMatters reports](#) as California emerges from its "peak" wildfire season, the state has managed to avoid its recent plague of catastrophic wildfires. So far in 2022, the fewest acres have burned since 2019.

State Emergency Services Director Mark Ghilarducci said California had "a bit of luck" with weather this summer. Although enduring yet another drought year, much of the state was spared the worst of the heat and dryness that can spark fires. And in some instances, well-timed rain came to the rescue.

Cal Fire officials also attribute some of the mild wildfire season to their emphasis on clearing away vegetation that fuels fires. Cal Fire Chief Joe Tyler said the \$2.8 billion spent in the last two years on forest management made a difference, with the work "moderat(ing) fires approaching communities."

Mindful that wildfires can spark at any time in an environment driven by climate change, California officials have their fingers crossed after Gov. Gavin Newsom pronounced "the end of peak fire season" in mid-November. While California has entered an age of year-round fire seasons, the bulk of its fires occur from April through October.

Still, Newsom knows better than to tempt fate. So while reporting that the state had a relatively moderate fire season and praising fire managers and crews, he quickly added that anything can still happen.

"We are not here with a sign, 'Mission Accomplished,' in any way shape or form," Newsom said. "We will continue to maintain our vigilance."

To read some of the stories behind the numbers, [visit the full article](#).

Here's How New Water Cannons Could Help Fight Wildfires Year-Round

[KCRA 3 reports](#) Inventor Terry Raymond says he means business when it comes to stopping devastating wildfires.

His water cannons deploy when a fire is already burning in an area and threatening towns, but they can also be used as a prevention strategy in areas with high fire danger to save communities year-round.

Raymond said his patented gear creates a wall of water to stop flames and brings the water to the firefighters so they can do their job even when the power gets shut off.

They also have large containers filled with water to refill choppers doing water drops and supplying water tenders and other fire apparatus.

The company, Fire and Flood Emergency Services, has already helped stop 14 fires in Canada. They look forward to training fire agencies to do the same in California.

The system is so high-tech that once set up, it's activated through an app.

The technology is already getting the support of veteran firefighters in California.

"I can't stand to see another community lost in California. If we have this out there, the chances of saving a community have increased 100%," said Stephen Hart, a former deputy state fire chief with CAL OES.

"I think it's time that we look at things differently, holistically. I think the new technology we delivered here is patent technology that I've been working on for five years. It has now demonstrated ability, and it's time to have another tool for the California fire agency to protect properties, lives, and the environment and this technology has proven that," Raymond said.

Fire and Flood Emergency Services plans to leave its equipment in place in Northern California.

They are now waiting for the green light from the Governor's Office of Emergency Services.

Narcan Could be Required at California Schools After Youth Fentanyl Overdoses

[The Los Angeles Times reports](#) following spates of fentanyl overdoses among students, California public schools could be required to provide Narcan on campuses — a nasal spray that can reverse deadly effects of opioids.

The proposal is part of legislation introduced by both Democratic and Republican state lawmakers this week that aims to increase information about the presence of fentanyl on K-12 campuses, which can be fatal and consumed unknowingly when it's hidden in other drugs such as oxycodone and Adderall.

The Los Angeles Police Department reported that [at least seven teenagers overdosed](#) from pills possibly containing fentanyl this year, including a 15-year-old girl [who died in September](#).

In the opening week of the new legislative session, Assemblymember Joe Patterson (R-Rocklin) introduced Assembly Bill 19, which would require schools in California to have at least two doses of emergency naloxone such as Narcan on campus in case of an overdose.

Patterson, a father of four who was sworn into the state Legislature on Monday, said the issue is bipartisan and he's faced no opposition to the legislation.

But the details of the proposal — including the undetermined cost — could be tricky. The legislation comes as California is facing an estimated \$25-billion budget deficit, and [state programs that offer Narcan are already in high demand](#).

"I do think the state will have an obligation to pay for this in our schools if they're mandating schools do it," Patterson said. "It's not going to be the smallest of costs, but it's definitely a lot cheaper than the health effects associated with being on this drug and saving a life."

Patterson said he would like Narcan to be on all of the more than 10,000 K-12 campuses in California but is open to starting with just middle and high schools if needed because of cost and supply constraints. While big districts in Los Angeles, Sacramento and Fresno already stock the

medication, not every district has the funds or motivation to do so on their own, Patterson said, and comprehensive, statewide public education is needed.

10 Students Treated for Suspected Overdoses at Van Nuys Middle School

[The Los Angeles Times reports](#) ten students with “medical complaints” were reported Thursday at Van Nuys Middle School, with seven of them transported to hospitals, Los Angeles fire officials said.

The incident was reported around 10:30 a.m. at the school in the 5000 block of Vesper Lane.

An L.A. Fire Department official said 10 students ages 12 to 14 were evaluated for suspected overdoses and found to be in “mild to moderate distress.” Seven were transported to local hospitals, and three were released at the scene.

Dozens of firefighters and police officers searched the school to ensure there were no students unaccounted for.

“Crews on scene confirmed that this was NOT fentanyl-related. Specifics of the medical complaints and possible substance(s) used will be completed by hospital personnel,” the Fire Department said in a statement.

In a statement, a Los Angeles Unified School District spokesperson said the campus remained “safe and open for instruction.”

“Today, we were made aware of a group of students who suffered a medical incident at Van Nuys Middle School,” the spokesperson said in the statement. “In an abundance of caution, we requested medical assistance.”

LAFD Capt. Erik Scott said the students possibly ingested “edibles” but added that the investigation was ongoing.

“It was not opioids; we didn’t have to administer Narcan,” Scott said outside the school.

Emergency officials prepared for a mass casualty event when they arrived as officials located several more sick students. Officials searched the campus for more patients but didn’t find any more.

By 1 p.m. Thursday, fire engines and other emergency vehicles were still present at the school and students’ voices could be heard on campus.

For more information, [visit the full article](#).

Governor Newsom Announces an Unprecedented \$480.5 Million in Grants for Youth Mental Health

[The Office of Governor Newsom announced](#) \$480.5 million in awards for [54 projects](#) to improve California’s behavioral health infrastructure for children and youth. As part of Governor Newsom’s Master Plan for Kids’ Mental Health, this historic investment provides grant funding to construct new facilities and expand existing facilities that help children, youth, transition-age youth, and perinatal individuals with a mental health and/or substance use disorder.

“We’re overhauling our mental health system to connect young Californians with the care and support they need,” said Governor Newsom. “Too many Californians are struggling with mental illness and substance abuse. This funding will support critical mental health and substance use disorder treatment facilities that have committed to serving the diverse range of children and youth covered by Medi-Cal.”

These projects will increase care, especially in the least restrictive, community-based settings, with community wellness/youth prevention centers, outpatient treatment for substance use disorders, school-linked health centers, and outpatient community mental health clinics. Projects include:

- *\$57.4 Million for a Psychiatric Acute Care Hospital.* In Los Angeles, the Kedren South Psychiatric Acute Care Hospital & Children’s Village will receive funding for a psychiatric acute care hospital with 36 beds.
- *\$27.6 Million to Treat Substance Use Disorder, Boost Slots in Orange County.* The Orange County Health Care Agency will expand adolescent residential treatment facilities for youth suffering from substance use disorder (SUD) with 32 beds, perinatal residential SUD with 24 beds, and community mental health clinic outpatient with 2,626 slots.
- *\$9.3 million to Fund an Adult Residential Treatment Facility in Watsonville.* The facility will assist Californians suffering from SUD, with seven beds and Outpatient Treatment for SUD with 106 slots.
- *\$7.9 million to fund a Community Mental Health Outpatient Clinic in Hoopa.* Managed by the Yurok Youth Center, the grant funds 300 slots in the clinic, a community wellness/youth prevention center with 1,450 slots, outpatient treatment for SUD with 27 slots, and a school-linked health center with 50 slots.

The Department of Health Care Services (DHCS) is releasing \$2.1 billion through six grant rounds targeting various gaps in the state’s behavioral health facility infrastructure:

- *Round 1:* Crisis Care Mobile Units;
- *Round 2:* County and Tribal Planning Grant;
- *Round 3:* Launch Ready, totaling \$739.5 million, were awarded in 2021 and earlier this year;
- *Round 4:* Children and Youth grants include cities, counties, Tribal entities, nonprofits, and for-profit organizations statewide that serve target populations;
- *Round 5:* Crisis and Behavioral Health Continuum Request for Application for \$480 million was released on October 20, and awards will be made in spring 2023. This round of funding will continue to expand behavioral health service capacity across the state;
- *Round 6:* Outstanding Needs Remaining After Rounds 3 Through 5.

For more information about these grants, as well as other BHCIP rounds of funding, please visit the Improving California’s Infrastructure [website](#).

ICYMI: Funding Opportunities Ending Soon

- **Unaccompanied Undocumented Minors (UUM) Legal Services Program Administrator (PA) Request for Application (RFA);** *health & human services*
 - Funded by: Department of Social Services
 - Deadline: **Friday, December 9, 2022**
 - Total Estimated Funding: \$400k
 - Full Grant Guidelines: [linked here](#)
 - **Online Application:** [linked here](#)
- **Veterans Support to Self-Reliance Pilot Grant Program;** *housing, community, and economic development; veterans & military*
 - Funded by: CA Department of Veterans Affairs
 - Deadline: **Friday, December 9, 2022**
 - Total Estimated Funding: \$20 million
 - Full Grant Guidelines: [linked here](#)
- **eBooks for all Collection Development Grant;** *education; libraries and arts*
 - Funded by: CA State Library
 - Deadline: **Friday, December 9, 2022**
 - Total Estimated Funding: \$1.25 million
 - Full Grant Guidelines: [linked here](#)
 - **Online Application:** [linked here](#)

Funding Opportunities

Homeland Security Grant Program (HSGP) for California State Agencies Fiscal Year 2021

[The Governor's Office of Emergency Services](#) has created the HSGP for State Agencies to assist state agencies in building or sustaining security enhancement projects that support statewide preparedness and resiliency. Projects must address high-priority preparedness gaps, and contribute to the state agencies capability to prevent, protect, mitigate against, respond to, or recover from acts of terrorism.

Each year, the U.S. Department of Homeland Security (DHS)/Federal Emergency Management Agency (FEMA) announces a Notice of Funding Opportunity (NOFO) for the Homeland Security Grant Program (HSGP). The intent of the Program is to support state, local, and tribal efforts to prevent acts of terrorism and other catastrophic events and to prepare the nation for the threats and hazards that pose the greatest risk to the security of the United States.

The HSGP provides funding to implement investments that enhance terrorism preparedness and serve to build, sustain, and deliver the 32 core capabilities across the five mission areas of Prevention, Protection, Mitigation, Response, and Recovery essential to achieving the National Preparedness Goal of a secure and resilient nation. The building, sustainment, and delivery of these core capabilities require the combined effort of the whole community, inclusive of children, individuals with disabilities and others with access and functional needs, diverse communities, and people with limited English proficiency.

The deadline to apply for this funding is **Monday, December 19, 2022**. Total estimated funding available is \$1.7 million. To view the full grant guidelines, [click here](#).

2022 Domestic Violence Mobile Health Care Services (FO) Program RFP

[The Governor's Office of Emergency Services](#) has created this program to provide domestic violence victims/survivors and their children access to COVID-19 testing, vaccines, and primary health care through weekly mobile health care visits. To ensure all areas of California are reached, Cal OES is allocating funding to the forty-eight counties not currently served through the Program (identified on Attachment A).

The American Rescue Plan Act of 2021 (ARP) provides funding to the Secretary of Health and Human Services (HHS) to detect, diagnose, trace, monitor and mitigate SARS-CoV-2 and COVID-19 infections, and related strategies to mitigate the spread of COVID-19.

The implementation of this supplemental funding aligns with the FVPSA definition of supportive services (45 CFR § 1370.2) and also aligns with medical advocacy and other services identified in FVPSA at 42 U.S.C. 10408(b)(1)(A)-(H).

The purpose of the Program is to provide domestic violence victims/survivors and their children access to COVID-19 testing, vaccines, and primary health care through weekly mobile health care visits. To ensure all areas of California are reached, Cal OES initially released the Program RFP utilizing a regional approach where one Subrecipient coordinates services for all domestic violence shelters and programs within the identified service area. The outcome of this approach resulted in 48 of the 58 counties statewide to remain unserved. This re-release of funding offers the Applicant the ability to apply for one or more county.

Applicants must be an organization that focuses on providing services to domestic violence victims/survivors and their children in California. Applicants may be governmental or non-governmental as long as they meet the requirements outlined in Part I, Subpart D.

The deadline to apply for this funding is **Friday, December 23, 2022**. Total estimated funding available is \$20,062,228. To view the full grant guidelines, [click here](#).

Trauma Recovery Center Grant Fiscal Year 23/24

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

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.

To view the full list of typical expenses for TRCs, [click here](#).

The deadline to apply for this funding is **Tuesday, January 17, 2023**. Total estimated funding available will include \$2,000,000 from the Restitution Funds and an additional \$2,223,825.67 from General Funds. To view the full grant guidelines, [click here](#).