# STATE OF NEVADA
# MEETING NOTICE AND AGENDA
# NEVADA RESILIENCE ADVISORY COMMITTEE

**Name of Organization**:  Nevada Resilience Advisory Committee
**Date and Time of Meeting:**  Tuesday, November 19, 2019 – 9:00 A.M.

| Carson City venue: | Carson City address: |
|---|---|
| Legislative Counsel Bureau | 401 S. Carson Street |
| Legislative Building – Room 1214 | Carson City, NV 89701 |
| **Las Vegas venue:** | **Las Vegas address:** |
| Legislative Counsel Bureau | 555 E. Washington Avenue |
| Grant Sawyer Building – Room 4401 | Las Vegas, NV 89101 |
| **Elko venue:** | **Elko address:** |
| Great Basin College | 1500 College Parkway |
| McMullen Hall – Room 102 | Elko, NV 89801 |

**This meeting will be video-conferenced and/or teleconferenced between the locations above beginning at 9:00 A.M.**

The Nevada Resilience Advisory Committee (Committee) may take action on items marked "For Possible Action." Items may be taken out of the order presented on the agenda at the discretion of Chair. Items may be combined for consideration by the Committee at the discretion of the Chair. Items may be pulled or removed from the agenda at any time.

**Note:** Witnesses wishing to have their complete testimony/handouts included in the permanent record of this meeting should provide a written or electronic copy to the Committee administrative support staff. Minutes of the meeting are produced in a summary format and are not verbatim.

1.  **Call to Order and Roll Call** – Chair, Chief Justin Luna, State Administrative Agent (SAA), and Vice-Chair, Deputy Chief John Steinbeck, Urban Area Administrator (UAA).

2.  **Public Comment** – (Discussion Only) – No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. Public comments may be limited to three minutes per person at the discretion of the Chair. Comments will not be restricted based on viewpoint.

3.  **Approval of Minutes** – (Discussion/For Possible Action) – Chair, Chief Justin Luna, SAA, and Vice-Chair, Deputy Chief John Steinbeck, UAA. The Committee will discuss and review the minutes of the October 8, 2019, Committee meeting. The Committee may vote to amend and approve or approve the minutes as provided.

4. **Nevada Resilience Advisory Committee (Committee) Bylaws Review** – (Discussion Only) - Chair, Chief Justin Luna, SAA, and Vice-Chair, Deputy Chief John Steinbeck, UAA. The Committee will be presented with the amended bylaws that were approved during the October 8, 2019, Committee meeting.

5. **NV Energy Public Safety Outage Management Program** – (Discussion Only) – Chris Hofmann, PMP, NV Energy Director of Grid Reliability and Operations. Mr. Hofmann will discuss NV Energy's efforts to help protect its customers and the communities of Mt. Charleston and Lake Tahoe from wildfires and extreme weather, as well as, other efforts to mitigate wildland fires across Nevada. The discussion will also include Senate Bill 329, which requires an electric utility to submit a natural disaster protection plan.

6. **Seismic Risk Recommendations** – (Discussion/For Possible Action) – Dr. Craig dePolo, Research Geologist, Nevada Bureau of Mines and Geology, University of Nevada, Reno, Mackay School of Mines. Dr. dePolo will present Nevada's seismic risks and potential recommendations related to earthquake public awareness, unreinforced masonry buildings, early warning systems, hazard studies, and response training. The Committee will discuss and may vote on the development of earthquake-specific recommendations to be included in the annual assessment and report to be completed in December of 2019.

7. **Follow up on the State Behavioral Health Disaster Plan** – (Discussion Only) – Dr. Stephanie Woodard, Senior Advisor on Behavioral Health, Nevada Department of Health and Human Services (DHHS) Division of Public and Behavioral Health (DPBH), and Dr. Darcy Davis, PhD, MSW, Psychologist III, DHHS DPBH. Drs. Woodard and Davis will provide a follow up on the discussion from the July Committee meeting, relating to the new requirement for DHHS to maintain a Behavioral Health Disaster Plan for the state. The Committee will review the draft plan developed with feedback from the July Committee discussion.

8. **Overview of the Federal Fiscal Year (FFY) 2019 Pre-Disaster Mitigation Grant Program –** (Discussion Only) – Suz Coyote, Recovery and Mitigation Supervisor and Janell Woodward, State Hazard Mitigation Officer, Division of Emergency Management (DEM). The Committee will be provided with an overview of the FFY19 Pre-Disaster Mitigation (PDM) Grant Program, including Nevada's allocation, type of eligible projects, grant requirements, and applicants' requirements to present to the Committee at the January 2020 meeting to be eligible for competitive PDM grant funding.

9. **Discussion of Emergency Management Performance Grant (EMPG) Allocations –** (Discussion Only) – Chair, Chief Justin Luna, SAA, and Kelli Anderson, Emergency Management Program Manager, DEM. The Committee will discuss the Emergency Management Performance Grant (EMPG) program, its allocations for statewide programs, and historical information for how this allocation model was developed. The Committee will also discuss the current EMPG allocation model in consideration of establishing an improved allocation model.

10. **Discussion of Meeting Schedule for Calendar Year 2020 –** (Discussion Only) – Chair, Chief Justin Luna, SAA, and Vice-Chair Deputy Chief John Steinbeck, UAA. The Committee will discuss the meeting schedule for calendar year 2020.

11. **Public Comment** – (Discussion Only) – No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. Public comments may be limited to three minutes per person at the discretion of the Chair. Comments will not be restricted based on viewpoint.

12. **Adjourn –** (Discussion/For Possible Action)

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This is a public meeting. In conformance with the Nevada Public Meeting Law, this agenda was posted or caused to be posted on or before 9:00 a.m. on November 14, 2019, at the following locations:

Legislative Council Bureau, 555 E. Washington Avenue, Las Vegas, NV;
Legislative Council Bureau, 401 S. Carson Street, Carson Street, Carson City, NV;
Nevada State Emergency Operations Center, 2478 Fairview Drive, Carson City, NV,
Clark County Fire Department, 575 E. Flamingo Road, Las Vegas, NV;
Clark County Government Center, 500 S. Grand Central Parkway, Las Vegas, NV;
Great Basin College, 1500 College Parkway, Elko, NV; and

Posted to the following websites:

- Nevada Department of Public Safety's Division of Emergency Management and Homeland Security Public Meeting Notifications/Information Website: DEM Public Meeting Website at http://dem.nv.gov/DEM/2019_Resilience_Commission/
- Nevada Public Notice Website: www.notice.nv.gov

We are pleased to make reasonable accommodations for members of the public who are disabled. If special arrangements for the meeting are necessary, or if you need to obtain meeting materials, please notify Meagan Werth-Ranson, Division of Emergency Management and Homeland Security, 2478 Fairview Drive, Carson City, Nevada 89701 or (775) 687-0300. 24-hour advance notice is requested.

**Draft Minutes – For approval at the November 19, 2019 NRAC**

# Meeting Minutes
# Nevada Resilience Advisory Committee

| Attendance | DATE | October 8, 2019 |
|---|---|---|
| | TIME | 9:00 A.M. |
| | LOCATIONS | Legislative Counsel Bureau<br>Legislative Building – Room 1214<br>401 S. Carson Street<br>Carson City, NV 89701 |
| | | Legislative Counsel Bureau<br>Grant Sawyer Building – Room 4401<br>555 E. Washington Avenue<br>Las Vegas, NV 89101 |
| | | Great Basin College<br>McMullen Hall – Room 102<br>1500 College Parkway<br>Elko, NV 89801 |
| | METHOD | Video-Teleconference |
| | RECORDER | Meagan Werth-Ranson |

| Advisory Committee VotingMember Attendance | | | | | |
|---|---|---|---|---|---|
| **Member Name** | **Present** | **Member Name** | **Present** | **Member Name** | **Present** |
| Justin Luna | ABS | Jeremy Hynds | ABS | Chris Tomaino | ABS |
| John Steinbeck | X | Aaron Kenneston | X | Rachel Skidmore | ABS |
| Roy Anderson | ABS | Graham Kent | X | Corey Solferino | X |
| Solome Barton | ABS | Annette Kerr | X | Malinda Southard | X |
| James Chrisley | X | Mary Ann Laffoon | X | Mike Wilson | ABS |
| Cassandra Darrough | ABS | Chris Lake | ABS | Stephanie Woodard | ABS |
| Craig dePolo | X | Bob Leighton | ABS | Tennille Pereira | X |
| Robert Dehnhardt | X | Carolyn Levering | X | Christina Conti | ABS |
| Dave Fogerson | X | Connie Morton | X | | |
| Jeanne Freeman | ABS | Todd Moss | ABS | | |
| Mike Heidemann | X | Shaun Rahmeyer | X | | |
| Eric Holt | X | Ryan Miller | X | | |
| David Hunkup | ABS | Misty Robinson | X | | |

| Advisory Committee Non-VotingMember Attendance | | | | | |
|---|---|---|---|---|---|
| Bunny Bishop | X | Melissa Friend | X | Jill Hemenway | X |
| Felix Castagnola | X | Kacey KC | ABS | Elizabeth Breeden | X |
| Bart Chambers | ABS | Rebecca Bodnar | X | Catherine Nielson | X |

| Legal Representative | Entity | Present |
|---|---|---|
| Samantha Ladich – Sr. Deputy Attorney General | Nevada Attorney General's Office | X |

| Analyst/Support Staff | Entity | Present |
|---|---|---|
| Meagan Werth-Ranson | Nevada Division of Emergency Management - North | X |
| Ryan Gerchman | Nevada Division of Emergency Management - South | X |

## 1. Call to Order and Roll Call

Deputy Chief John Steinbeck, Clark County Fire Department, called the meeting to order. Roll call was performed by Meagan Werth-Ranson, Division of Emergency Management and Homeland Security (DEM/HS). Quorum was established for the meeting.

2. **Public Comment**

Deputy Chief Steinbeck opened the discussion for public comment in all venues. Administrator Shaun Rahmeyer, Office of Cyber Defense Coordination (OCDC), introduced Mike Matthews to the Nevada Resilience Advisory Committee (NRAC). Mr. Matthews is the new Protective Security Advisor (PSA) for the Federal Emergency Management Agency (FEMA) Region IX and will be based out of Carson City, Nevada. No public comment was provided by the Elko venue, Las Vegas venue, or by phone participants.

3. **Approval of Minutes**

Deputy Chief Steinbeck called for a motion to amend or approve the draft minutes from the September 10, 2019, NRAC meeting. Carolyn Levering, City of Las Vegas, thanked DEM/HS staff on the exceptional job done on the comprehensive minutes, and made a motion to approve the minutes as presented. Mary Ann Laffoon, Northeast Nevada Citizen Corps/Community Emergency Response Team (CERT) Program, echoed Ms. Levering's sentiments on the quality of minutes; however, requested that under agenda item #5, last paragraph, fifth sentence should read "Medical Reserve Corps of Southern Nevada is a good example of a program that can be brought to the table." Misty Robinson, Southern Nevada Health District confirmed the correct name. Deputy Chief Steinbeck called for this correction to be made in the minutes. Ms. Levering amended her original motion to include the approval of the minutes with the correction stated. Ms. Laffoon seconded the motion. All were in favor with no opposition. Motion passed unanimously.

4. **Quarterly Review of Current Nevada Resilience Advisory Committee Bylaws**

Deputy Chief Steinbeck opened discussion on the current bylaw language presented, and allowed the NRAC membership to review for several minutes. Carolyn Levering inquired on the header of the bylaws document states "These bylaws were adopted by the Nevada Resilience Advisory Committee on October 25, 2018, and amended on July 9, 2019"; however, there are no updates on the final page of the document with that July 9, 2019, date. Ms. Levering also noted there is a clerical error on page two; the parenthetical statement that reads "should be Chair/ Vice Chair" needs to be removed. Ms. Levering also spoke to the tenth item titled "Amendments" being left blank. The updates should be under this item. Samantha Ladich, Nevada Office of the Attorney General, stated this appears to be a formatting error and will be brought forth again at the next NRAC meeting. Annette Kerr, Elko County, asked for clarification on the voting membership and if the number was set to 34. Deputy Chief Steinbeck noted that the voting membership was set to 34. Ms. Ladich spoke to 34 being the voting membership that was set the last time the bylaws were reviewed and 34 was reflected to match the Nevada Revised Statutes (NRS). Ms. Levering made the motion to amend the bylaws to strike the parenthetical citation at the top of page two, move the updates listed under the signature block under the area for amendments, and to add a third update under the amendments section to include the changes that were made at the July 9, 2019 date. Deputy Dave Chief Fogerson, East Lake Fire Protection District, provided a second. Motion passed unanimously.

5. **Seismic Risk Recommendations**

Dr. Craig dePolo, University of Nevada Reno, spoke to his ongoing work with seismic experts within and outside of the state to develop the seismic risk recommendations presented today. Deputy Chief Steinbeck inquired if the majority of the experts agreed with the recommendation language, and Dr. dePolo indicated that was the case. Focus was applied to strengthen the language as an attempt to address that this is a difficult problem which may, unfortunately, take a significant earthquake event before action is taken. Dr. dePolo presented the following recommendations, and discussion highlights are noted for each recommendation below:

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- **URMB Seismic Risk**: "Nevadans are largely unaware of the seismic risk and threat of Unreinforced Masonry Buildings (URMBs). A broad and comprehensive education effort is needed to raise this awareness so Nevadans will understand the seismic risk they face from these types of buildings and to motivate actions to reduce this threat. When an earthquake strikes, these buildings and they fail, people are crushed when upper portions of brick or stone walls fall into the building or onto surrounding sidewalks, streets, and adjacent buildings."

- **URMB Inventory:** "It is essential to know how many of URMBs exist in Nevada and prioritize these as to which pose the highest risks. Initial assessments based on county assessor data indicated there were over 20,000 URMBs in the state. Field verifications of URMBs underway in Clark County, Carson City, and Reno have lowered these counts to a projected few thousand buildings. Many URMBs have been torn down, damaged during earthquakes, and dozens have been retrofitted. This inventory and prioritization effort needs to be completed, especially in rural Nevada, where it is more challenging to allocate staff and funds."

    o Carolyn Levering agreed that a statewide inventory assessment of URMBs needs to be completed even with progression of some ongoing larger community assessments. This recommendation could evolve into another project under the Pre-Disaster Mitigation (PDM) grant and could account for more rural community involvement. Once assessments are complete, there needs to be a process in prioritizing projects, and assessments should include recommendations on which structures should be torn down or retrofitted in addition to cost estimates. This type of process could be addressed through a phased approach with annual emphasis on specific URMB needs. Communities could band together to address permit fees. As an example, top priority buildings could be addressed the first year, and so on. Ms. Levering also spoke to match being applied to these types of applications. Dr. dePolo agreed with prioritizing what projects get done first, and perhaps that could involve occupancy or community needs.

    o James Chrisley, McCarran International Airport, inquired on the process which Dr. dePolo envisions on how tasking out the collection of data and rolling up that information into a grant application would be executed. Dr. dePolo spoke to the educational effort that would have to take place first and identifying how a community can start to address this issue. Until the inventories are identified, it's difficult to communicate with the public and building owners the gravity of this issue. Clark County and Reno are examples of areas facing this issue currently, and it will take collective wisdom to address this problem. If the inventory is under control, and solutions are identified for the current state of URMBs, this would be a start. Communities could identify priorities and seek funding sources.

    o Carolyn Levering asked who is conducting URMB field verifications currently, with Dr. dePolo indicating this is being done by both jurisdictional building departments and fire departments. The Nevada Earthquake Safety Council (NESC) and DEM/HS hosted annual workshops in the past to identify URMBs, and then participants in those workshops applied techniques such as drive by visualizations, use of magnetometers to locate internal building reinforcements, etc. Clark County did initially receive a seed grant from NESC and the University of Nevada Las Vegas (UNLV), engineering students were trained as interns and then went into the community to identify URMBs. Dr. dePolo expressed concern about rural Nevada, and indicated that an intern program could be used to address those communities.

    o Carolyn Levering indicated that regardless of the nature of assessment, she was interested in Dr. dePolo's recommendation as to who the administering agency would be and how that agency could manage a project of this nature, its collective inventory, and managing

the conduct of inventories where such inventories have not occurred. Ms. Levering asked if the University of Nevada Reno (UNR) would be the administrative agent for both fiscal and programmatic needs. Dr. dePolo indicated that could be a possibility, and community involvement would be necessary. Dr. dePolo spoke to the Nevada Bureau of Mines and Geology study completed with the assistance of a grant received by the NESC, and the likelihood that UNR could perform further studies with existing resources. Universities are good conduits for this type of activity.

o On an unrelated note, Carolyn Levering spoke to a 2009 Hazus Report provided by FEMA on earthquake risk in southern Nevada. Ms. Levering asked if UNR could provide a newer Hazus report to address new thresholds and property values, and perhaps PDM funding could be available for that service. Dr. dePolo indicated there should be a reference to newer Hazus information in the State Enhanced Hazard Mitigation Plan; however he can run this report for Ms. Levering anytime.

o Kelli Anderson, DEM/HS, spoke to the hazard of URMBs in Nevada. It may be beneficial to have Janell Woodward, State's Hazard Mitigation Officer, and Mark Shugart, FEMA Integration Team (FIT) leader, discuss processes and compliance within the mitigation program. Ms. Anderson presented concern for the potential to allocate funding to earthquake mitigation without considering the quality of applications put forth. It would be a problem to take away from other mitigation projects related to fire and floods. There has been a struggle to receive quality earthquake project applications, and looking at different funding streams and compliance with such funding streams is crucial. It's not up to the State to fund these projects, but rather FEMA determines what project it's willing to fund. Deputy Chief Steinbeck asked that Dr. dePolo work with DEM/HS to revise grant-related terminology within these recommendations.

o Dr. dePolo indicated that this process is just beginning, and it has yet to be determined what the highest priority projects may be at this point. Momentum in education is crucial, and projects should be merit based. It is possible to pick out individual buildings for potential PDM projects, but there are currently a handful of those potential projects identifiable at this time. Deputy Chief Steinbeck agrees with the current status of the recommendation process; however, it's imperative to get these initial statements and recommendations on the right path for future development.

o Kelli Anderson suggested working with Janell Woodward to come up with a plan and write an application addressing a specific building assessment, and wants to ensure not putting one threat above another in a merit-based application. Perhaps a planning grant could start this process. Deputy Chief Steinbeck indicated that is similar to what Clark County has done, and it could work. Dr. dePolo spoke to the building department moving forward with that project, but in Carson City, the fire department attended the URMB training course but needed to understand the buildings better. Sparks is going through their study currently, and the secondary communities will most likely be next. There is not a lot of staff to address this issue, and it's imperative to find stakeholders that are willing to perform these coordinated processes.

o Carolyn Levering asked Kelli Anderson if DEM/HS could provide technical assistance to the agency that will be crafting a grant application so that the agency is competitive with other pending mitigation applications. To supplement existing resources, a grant could add the resources needed to conduct assessments, creation of the priority process, and working with communities on their priorities. Public education is difficult, and engagement is difficult until the hazard hits a community. In the meantime, the case can be made on how

to address this issue through a multi-year or multi-grant solution. If the state could assist with a planning or project grant, that would be a great step.

o  Dr. Graham Kent presented concern over the lack of engagement the Nevada Legislature and the Governor have exhibited in supporting this issue.  Until that happens, Dr. Kent feels that nothing the NRAC can do in a monthly setting will significantly move the needle forward. Nevada is no less likely to have the types of events that have occurred in California. Deputy Chief Steinbeck acknowledged Dr. Kent's concern, but also emphasized to not diminish the importance of this information to the stakeholders involved in the NRAC process. Eliminating threats is the highest level of accomplishment, and taking even smaller steps is valuable.  Dr. dePolo indicated it will be a deadly earthquake that will motivate change. Knowing where URMBs are and being ready with concrete recommendations to address mitigation will be most effective right now.

o  Carolyn Levering inquired when the NRAC will be looking at PDM grants. Kelli Anderson indicated most likely that will occur in December's meeting prior to the January 2020 deadline.  There is not a lot of time to review the applications due to the complex types of projects.  Janell Woodward, and Bunny Bishop, State Floodplain Manager, have performed ongoing outreach to northern and southern Nevada. Northern Nevada had many participants; however southern Nevada did not. These projects are difficult and complicated, requiring dedicated staff to manage.  Ms. Levering wanted to know what role the NRAC would have in prioritizing projects, with Ms. Anderson indicating these types of projects are primarily reviewed by subject matter experts (SME), and it may not be the NRAC's purview to look at them at that depth. The NRAC was provided a list of quality applications previously reviewed by SME's in the past, and Ms. Anderson anticipates the same type of process this year; however, if the NRAC wants to review the applications, it will take an extraordinary amount of time.  Ms. Levering spoke to the difficulty in deciding the priority of mitigation, and hopes that with technical assistance from DEM/HS, there could be a quality application on behalf of mitigating earthquakes throughout the state. Misty Robinson inquired if there is an executive summary that goes along with the applications that could be reviewed by the NRAC in lieu of reviewing the actual application. Ms. Anderson indicated that had not been done in the past, but could be if warranted. Janell Woodward spoke to a quality application provided for a seismic retrofit for the Reno City Hall.  Though that project was subsequently not chosen to move forward by FEMA, corrections to missing cost benefit analysis information may allow that project to be accepted this year..  The technical review given by FEMA will allow resubmittal this year. FEMA has locked down the grant application process with its own priorities, and states need to comply with those priority categories.  It may not be a heavy lift for the NRAC to review applications based on the priorities of FEMA.  Dr. dePolo spoke to the Nevada Hazard Mitigation Planning Committee's (NHMPC) creation of a worksheet allowing checks to application evaluation which has been successful in the past.  It's a lot of work to review, but there is a process.  Deputy Chief Dave Fogerson likes the idea of a project application summary presented to the broad range of expertise on the NRAC which can be shared with stakeholders to assist other communities.  Dr. Aaron Kenneston, Washoe County, thanked Dr. dePolo and Dr. Kent for this information, and in his opinion, it's possible that earthquakes are a top threat due to the cascading effects in the aftermath of a significant earthquake. There have been several runs at identifying URMB, and that process is not close to being finished. Dr. Kenneston is happy with the forward progress that is being made but agrees more needs to be done.

- **Nevada URMB Website**: "Reducing seismic risk of URMBs in Nevada is a daunting task, but it must be done. If we do nothing, these buildings will eventually be eliminated by attrition and future earthquakes, but this will likely be at a cost of thousands of Nevadan lives and serious injuries, and much property and economic loss to building owners, tenants, passersby, and communities. Information, strategies, incentives, and motivating movements of action are needed for a task this large. A web site should be supported and created by the Nevada Resilience Advisory Committee that informs Nevadans about URMBs and lays out approaches and techniques to retrofitting URMBs. Nevada can draw many lessons learned from other western states and Canada on how to best manage and reduce the risks of URMBs."

    o Deputy Chief Steinbeck presented concern on the NRAC hosting this website as it might be difficult with the advisory structure of the NRAC. The creation and need of the website is important, and would be supported within the recommendations. Dr. dePolo indicated this should be a project, perhaps using National Earthquake Hazards Reduction Program (NEHRP) funding. Dr. dePolo indicated he could take out the NRAC reference from this recommendation, and perhaps the Nevada Seismological Lab could host the site. The word needs to be pushed out to citizens and contractors for training needs.

    o Carolyn Levering recommended the consideration of having the website linked with the Nevada Seismological Lab and to potentially apply planning-related grant resources to that site instead. For a more creative solution, Ms. Levering indicated the Nevada Emergency Preparedness Association (NEPA) may be a potential avenue to address this issue as they are currently in the process of launching a new redesigned webpage in January 2020. This may be a potential host site opportunity to gain web visibility for this issue.

    o Dr. Graham Kent indicated the Nevada Seismological Lab would be happy to host this site or work with NEPA to provide links as necessary as a way to get ample visibility. Deputy Chief Steinbeck indicated his agency could participate as well in pushing information from his agency's site.

- **Headwinds to Reducing Risk**: "There are very difficult challenges associated with reducing the risk of URMBs, including costs, business disruption, tenant disruption, and the challenge of making weak buildings more earthquake-resistant or replacing them. In many cases, retrofit costs are comparable to tearing buildings down and rebuilding modern structures. Replacement is one of the most effective strategies for eliminating these risks. One strategy to reduce the financial burdens to owners is to share costs with those that benefit from reducing risks. Costs can be shared through federal pre-disaster grants, state and local programs that contribute funds, community block grants, community bonds, waving permit fees, private donations, and other ways. Sharing costs can become a strong motivation to act for owners."

    o Dr. dePolo referenced the photos provided in the presentation and the pushback received in Portland from the placards placed on the buildings indicating the URMB danger. The pushback came from various groups concerned with the placards being placed in low-income housing areas.

- **Addressing the Risk**: "Addressing the risk of thousands of Nevada URMBs in a timely manner will take actions to get momentum going, and to measure and make significant progress. One strategy to do this would be to create a decade of URMB reduction in Nevada once information and support mechanisms are in place. The Nevada Resilience Advisory Committee recommends that the state of Nevada allocate funds on the order of $5M for each year of this decade. This will help support retrofitting and replacing the highest risk buildings in the state. The Committee also strongly encourages political leadership and support at all levels of government and the private sector."

- o Carolyn Levering spoke in context with the current application period for the PDM grant funding, and indicated there could be one or more projects submitted. The public education piece could be placed under the Planning category which would eliminate a cost-benefit analysis as a challenge to applying for PDM funding. Dr. dePolo agrees with getting more retrofitting projects underway.

- o Deputy Chief Dave Fogerson suggested striking the $5M reference, and instead saying the NRAC recommends that the state of Nevada allocate funds for each year of this decade. Dr. dePolo sees this as seed money to address the highest priority buildings by using multiple funding sources. Deputy Chief Steinbeck echoed Deputy Chief Fogerson's concerns.

- o Annette Kerr noted that this agenda item was also to discuss and vote on the development of earthquake-specific recommendations to be included in the annual assessment and report to be completed in December 2019. Regardless of the fact that this is a difficult challenge associated with this process, it should still be included in the assessment and report. These need to be a priority as it shows that progress is being made.

- o Deputy Chief Steinbeck agrees that progress is being made on this topic. When this process first started, the statements were very broad. Those statements have been broken down into more direct statements but there is still work that needs to be done. As a Committee, remedies need to be looked at as the expansion of the original statement.

- o Dr. dePolo noted corrections to the final statement to be as follows; removing the NRAC as the website hosting agency from the third paragraph and replacing with a generic Nevada, the recommendation of the dollar amount, Kelli Anderson will review the funding streams. Dr. dePolo suggested taking these corrections and placing this statement in the annual report.

Carolyn Levering made a motion to accept this statement regarding seismic risk and threat in Nevada to be included into the yearend report, making the changes in the final paragraph where it states ideally Nevada would make appropriate and adequate funds, striking the order of five million and continuing on with available each year of this decade. Misty Robinson provided a second. Motion passed unanimously.

Dr. Graham Kent, University of Nevada Reno, provided a presentation on the ShakeAlert and AlertWildfire Systems. Dr. Kent asked how these different hazard monitoring systems can help get earthquake early warning systems to Nevada. Ultimately, the goal is to have an early earthquake warning system that is resilient and available to the public. Nevada gets one chance every decade. Dr. Kent noted that tonight, one out of every ten Californians will have their power shut off. That is about four million people. The Power sources that are hoped to be resilient enough are also linked to about 300 fire cameras. The point is that we get hammered by traffic to the website, or Mother Nature, this hits the entire network and not just certain areas. This is a big experiment that has never happened before. This will play hand in hand to make a better system. Dr. Kent spoke to the earthquake early warning system basics. In an earthquake, a rupturing fault sends out different types of waves. The fast moving P-Wave is first to arrive, but damage is caused by the slower S- Wave and later-arriving surface waves. Sensors detect the P-wave and immediately transmit data to an earthquake alert center where the location and size of the quake are determined and updated as more data becomes available. A message from the alert center is immediately transmitted to your computer or mobile phone, which calculates the expected intensity and arrival time of shaking at your location. The importance here is to make sure equipment works on the worst days, not just the best days.

Dr. Kent spoke to the slide provided in the handout that focused on the year 1954 and the importance of four minutes. When there is an earthquake, if there is connectivity, everyone will jump onto a social media outlet

and unintentionally crash the system. It is important for these sites to remain functional as there is a great chance for a second, larger earthquake to follow. Dr. Kent noted that if an expert on the internet was questioned as to how the internet works, they would be unable to tell you how it actually works. Dr. Kent quoted Paul Barford, a professor of computer science at the University of Wisconsin, "Surprisingly, there isn't even a good map of the Internet's highways and byways to clearly show locations that, if taken out, would severely hamper the system." Dr. Kent spoke to a picture that was provided in the handouts that shows the latency issues after the Ridgecrest earthquake. The map shows the magnitude of the shaking on the towers. Earthquake early warning systems are being added to fire cameras in eastern California. The earthquake early warning system is set to roll out on October 17, 2019, in California. There is a flow over process concerning the border. The Chief of California Governor's Office of Emergency Services (Cal OES) is working with Chief Justin Luna, DEM/HS, to see if Nevada would be willing to embrace this flow over idea. This could benefit the Reno, Carson, Sparks, Tahoe, and Minden geographical areas in regards to the early earthquake warning system.

Dr. Kent noted the path forward should include the following: microwave-based multi-hazard networks that have more constituents, lower overall costs to build/run due to sharing of infrastructure, constant testing, and the ability to pay for themselves in a year or so. Cellular technologies are still unproven during catastrophic events and have a poor performance in terms of bandwidth and blocks of downtime; this is a good backup but bad as core technology. Opportunity for Earthquake Early Warning/Alert Systems is evolving away from a "single hazard" approach, while providing an emergency-grade level of resiliency for the generational event.

**6. Briefing on Statewide Cybersecurity Initiatives**

Administrator Shaun Rahmeyer, Office of Cyber Defense Coordination (OCDC) spoke to the statewide cybersecurity initiatives. Nationally and recently in the State of Nevada, October is the month in which cybersecurity professionals take the opportunity to extend additional education and awareness to cyber support. During the Cybersecurity Awareness Month, efforts go into educating individuals on strong password tips, online privacy, and numerous areas to become more knowledgeable. There is great information online through the Department of Homeland Security (DHS). Administrator Rahmeyer spoke to Senate Bill (SB) 69. SB 69 was approved, mandating the OCDC develop Nevada Administrative Code (NAC) specifically for political subdivisions in the State of Nevada to utilize their own organizational Cyber Security Incident Response Plans. This document needs to be filed annually in their office. The NAC process is lengthy and the goal is to have the NACs approved by the end of the current calendar year. This will allow for the political subdivisions all of the year 2020 to file their plans with the state. There has been a huge educational outreach across all of Nevada.

Administrator Rahmeyer spoke to the current landscape that was identified by speaking to professionals around the state. It was discovered there is not a lot of structure around the state. Some programs are more structured than others and some programs don't really exist. There is an opportunity to help discuss policies and program maturity, provide technical support, and manage resources. It was very clear there are not a lot of resources available. OCDC started looking at ways to address this with the understanding there are not a lot of financial resources available and to look at existing capabilities. The OCDC conducted a high level review of the correlation between the DHS definition of response and the National Incident Management System (NIMS) definition of response. The aspects of life and property can be found in both definitions with understanding there was some commonality between these two definitions. Administrator Rahmeyer also pointed out three common areas the NIMS incident response with the cybersecurity response. Those areas were recovery, protection, and response. The OCDC wanted to ensure it was not overstepping the direction that FEMA guidelines outlined. FEMA's cybersecurity architecture is focused on technical capabilities. This was a problem. This is an area that needs to be further addressed. A more strategic approach would garner more attention. The OCDC also looked at FEMA's Strategic Plan to ensure nothing was being left out. FEMA quantifies that cybersecurity is an emerging threat. Administrator Rahmeyer disagrees as the financial loss

alone is expected to be around six trillion dollars by the year 2021. This is the largest transfer of wealth in human history. This six trillion dollar loss includes; direct theft, fraud and hardware loss, cost of insurance, and loss of intellectual property. Goals of the FEMA Strategic Plan include; decommission of legacy systems, increase cybersecurity resources and metrics, and value of cybersecurity investments. The State can assist with preparedness, communication and information management, resource management, and command and management during a cybersecurity event.

The NRAC has an opportunity to help champion a more emergency management/NIMS response during a cyber incident response, help protect cyber assets, and continue promoting education, training, and mentorship. This module could be easily replicated and used further. Misty Robinson inquired how the OCDC was planning for any events, like the internet, and how that is managed with cybersecurity efforts. Administrator Rahmeyer stated this would be a long answer and would be happy to provide a summary at the next meeting. Smart devices deployed in homes and smart cities are a great concern. There is a lot of focus of providing services through these devices but not a lot of thought on security of devices. From a state perspective, there is a lot of room for discussion on statutes or policies to manage security on devices.

7. **Discussion on the Development of Strategic Capacities to be Maintained for the Federal Fiscal Year (FFY) Homeland Security Grant Program (HSGP)**

Deputy Chief Steinbeck referred the NRAC to the documents that were provided in the packets and provided several minutes for review. Carolyn Levering noted the September 16, 2019, Nevada Commission on Homeland Security Finance Committee (Finance Committee) Meeting Minutes were included in the member packets for review. Ms. Levering provided background information as to why this was on the Finance Committee agenda. Last year, when the strategic capacities were drafted by the NRAC, the Finance Committee had not had any opportunity to provide input into that process. A way to correct this was to bring these strategic capacities to the Finance Committee to allow input into the discussion. The items that were recommended for addition or striking are not accepted changes at this time. When the opening of the Federal Fiscal Year (FFY) 2019 Homeland Security Grant Program (HSGP)application process and the strategic capacities were identified, it caused challenges for a couple of the long standing programs that had been funded in the past. Ms. Levering made the motion for changes to address this problem at the Finance Committee meeting. The changes included; adding the Las Vegas Hazardous Materials Team as a program under the Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) strategic capacity. Deputy Chief Steinbeck pointed out that numerous funding streams are being used here. The Urban Area has a tremendous amount of investment into the Las Vegas Hazardous Material Team as well as the Henderson Hazardous Material Team. This has been a challenge in creating a strategy to delineate between Urban Area prioritization and having a statewide strategy. There is a regional funding source, and one is a statewide funding source. Ms. Levering suggested re tasking the Las Vegas Hazardous Materials Team as an Urban Area Hazardous Materials program and apply to the Urban Area. The other addition under the Planning strategic capacity was to add the Metropolitan Medical Response System (MMRS). This was unintentionally left off when the document was created in FFY19. This is the perfect opportunity to ensure it is included moving forward but to also note this is also an Urban Area specialty. There was a great deal of discussion at the Finance Committee meeting regarding cybersecurity.

DHS guidance requires some element of a cyber-project. It is unsure if with this guidance there needs to be an actual cyber strategic capacity. There have been challenges with funding being held in cyber-projects and not being able to be expended. It was recommended that cybersecurity be grouped into competitive projects as to proceed with a little more caution. The recommendation was to strike cybersecurity as a strategic capacity but to maintain it as a project under the competitive consideration. Administrator Rahmeyer asked for clarification, based on a scoring perspective, if there would be a measureable impact if the future grant proposals do not fall within the strategic capacity. Deputy Chief Steinbeck stated that the idea of strategic

capacities was to maintain prioritized funding; this does not mean that the prioritized programs included receive a blank check. The programs still have to show what is being maintained, a multi-year strategy for maintaining those capacities, and if there are addition capacities that are put forward for funding. The new projects are removed from the maintaining portion of the process. The removal from the prioritized list of funding does hurt the abilities in some ways to be funded but it does not hurt the ability in the competitive process. One of the concerns of the Finance Committee was what is being sustained and what is being developed. Carolyn Levering spoke to the fact that a long term cyber project that requires maintenance has not been established as of yet. Right now there is no long term cybersecurity program in the state where we can state an "X, Y, and Z" as to what has been accomplished and here is the "A, B, and C" of what to do moving forward. The cybersecurity projects that have been submitted will always be new projects. Deputy Chief Steinbeck agreed that it is important to look at threats and not sacrificing other programs that have large investments already. Administrator Rahmeyer spoke to the understanding historically, and there is a lot of opportunity for how investments are managed for effective long term purposes. Cybersecurity is valuable and it is important to not be tied into a new process. The understanding is that cybersecurity is always changing so it is difficult to have a project stay the same year after year. There is an exception to this in regards to training and education. There is never enough access to training. Administrator Rahmeyer noted there are 300,000 open positions in cybersecurity fields. It is extremely difficult to find qualified staff.

Kelli Anderson offered information from the grant perspective side. One of the ideas of putting together the maintaining capacities was to ensure that DEM/HS was maintaining existing projects and investments in Nevada's projects. There were a few anomalies, due to human error, that were not included in the process at the beginning. There is some confusion between the Urban Area priorities and the state priorities. One thing to point out is that cybersecurity has been a challenge. If cybersecurity is not left in the maintaining strategic capacities, DEM/HS will still need to fund one cyber project based on grant guidance if deemed. The money that was used from deobligated funds for cybersecurity training went off without any issues. The first round of training is now starting for the Federal Fiscal Year (FFY) 2020 HSGP grant. DEM/HS funded the Secretary of State feed for voting elections monitoring for two years running. Robert Dehnhardt, Nevada Department of Administration, asked for clarification in removing cybersecurity and possibly penalizing future ongoing projects moving forward. Deputy Chief Steinbeck stated this will be reviewed on a yearly basis and there is potential for it to be added at a future date again to the maintaining strategic capacities. This does not take away the work, the vetting or presentations that go along with this process. Mr. Dehnhardt expressed concerns at how the removal of cybersecurity will be viewed and what message that sends as a state. Deputy Chief Steinbeck noted that sheltering is a big gap for the state; there are a lot of things that need to be addressed. Maintaining strategic capacities shows what the state priorities are moving forward.

Annette Kerr reminded the NRAC that we are going from five core capabilities to nine strategic capacities. The pot of money gets smaller and smaller for competitive projects as a result of the completion as well as maintaining capacities. There is a reduction in funding for the state as a whole. Ms. Kerr expressed concern as to what point do the maintained projects find ways to become self-funded. The more maintaining capacities that are added the less opportunity there is for competitive projects. Deputy Chief Steinbeck mentioned this is the balance that is trying to be achieved. There are a lot of Committees that help in this process and it is important to have different input. When the strategic capacities to be maintained are established, it is understood that the grant funding can go away and is not guaranteed. Lieutenant Corey Solferino, Washoe County Sheriff's Office, noted concern in reviewing these strategic capacities from year to year. This is undermining the Commission's authority to prioritize. Deputy Chief Steinbeck noted that the goal is to make sure these are current and vetted. The goal is to not change these from year to year but it isn't meant to be set in stone either. It is agreed that there will be adjustments from year to year. It is unknown what the effects are going to be in the future.

Carolyn Levering spoke to this being an action agenda item. Looking at the current raw document, there is a desire to retain the cybersecurity strategic capacity and adding a training component. It was also recommended to add broader language to the Las Vegas Hazardous Materials Team to specify that it is an Urban Area Hazardous Materials Program. This will ensure that Henderson is not limited to one team or jurisdiction. The final recommendation is to also include the MMRS under the Planning strategic capacity. Deputy Chief Steinbeck agrees in the importance of identifying what are also Urban Area Security Initiative (UASI) projects. Kelli Anderson agreed with the idea of labeling the projects as this will clear up any confusion. Administrator Rahmeyer appreciates the inclusion of cybersecurity as a strategic capacity. Mary Ann Laffoon expressed her support for including training under Cybersecurity as it is proven to work.

Carolyn Levering motioned for the NRAC to accept the Finance Committee recommendations with the caveat to broaden the reference of the Las Vegas Hazardous Materials team to the Urban Area Hazardous Material Program in addition to restoring cybersecurity as a strategic capacity, but to identify additional training programs, development, and enhancements. The MMRS capability should remain the same. Mr. Dehnhardt seconded the motion. No discussion was presented in any venue pertaining to this motion. All were in favor with no opposition. Motion passed unanimously.

8. **Public Comment**

Deputy Chief Steinbeck opened the discussion for public comment in all venues. Annette Kerr asked for clarification on whether the NRAC's meeting length was under time restraints. Deputy Chief Steinbeck indicated that there are no specific time restraints other than a respect for the membership's time and trying to make the meeting shorter when possible. Future meeting business may take the full 9:00 a.m. to 4:00 p.m. time allotment. The NRAC has absorbed the function of numerous committee functions, as evidenced by today's discussions on earthquake and URMB concerns. It is not possible to gauge how long discussion will be on certain agendized topics. Discussions may have to be moved to future meetings to ensure that the proper amount of preparation and discussion time can be applied to important topics. Ms. Kerr reiterated her concern speaking to a previous presenter being under time constraint, and wants to ensure that this body doesn't prohibit those important discussions. Steve Rosenbaum, Nye County Local Emergency Planning Committee, spoke to the discussion today pertaining to strategic capacities, and events that are happening in California with respect to interoperable communications and the decertifying of ham radios throughout state facilities as one of their communication elements. This is an alarming development, and there are concerns with the fragility of digital-only communications. Interagency and memorandum of understanding agreements could be compromised during disasters. Mr. Rosenbaum requested the assistance of DEM/HS in contacting Cal OES to get a better understanding of what is taking place in that state. Deputy Chief Steinbeck thanked Mr. Rosenbaum and supports this concern. This issue will be agendized at a future meeting with the opportunity of those involved to bring forth discussion on the topic. Carolyn Levering spoke to concerns on not seeing the Emergency Management Performance Grant (EMPG) agenda topic included in this meeting. Ms. Levering emphasized the importance of bring this agenda item back as soon as possible.

9. **Adjourn**

Deputy Chief Steinbeck called for a motion to adjourn the meeting. A motion to adjourn was presented by Eric Holt, Lincoln County, and a second was provided by Connie Morton, Southern Nevada Voluntary Organizations Active in Disaster (VOAD). Motion passed unanimously. Meeting adjourned.

# The Nevada Resilience Advisory Committee

# Bylaws

### I. Authority

The Nevada Resilience Advisory Committee ("Committee") is established in Chapter 239C of the Nevada Revised Statutes (NRS), which was passed and approved through Senate Bill 35 of the 80th Session of the Nevada State Legislature. It was previously established as the Resilience Commission under Executive Order 2018-4, entitled, "Implementation of Nevada's Statewide Resilience Strategy," signed by Governor Sandoval on March 12, 2018, and under the authority of the Chief of the Division of Emergency Management ("DEM") as permitted by NRS Chapter 414.

### II. Purpose and Mission

The Committee was established to streamline Nevada's existing emergency management and homeland security public body structure, grant allocation processes, as well as, mitigation, preparedness, response, and recovery efforts. The Committee will ensure statewide collaboration in the development and implementation of all homeland security and emergency management preparedness initiatives and propose balanced allocation of grant funding to address statewide needs.

The Committee serves in an advisory role to the Chief of DEM. Therefore, the mission of the Committee will be to provide recommendations, and as a result, will not usurp the power of the State Administrative Agent ("SAA") to manage the multiple grant funding streams that enter the State of Nevada.

The Committee will serve in the capacity of, and complete the functions of, the State Senior Advisory Council, the Homeland Security Working Group, the State Interoperability Executive Board, the State Interoperability Governance Board, Emergency Management Coordinating Council, Nevada Hazards Mitigation Planning Committee and Subcommittee, Nevada Earthquake Safety Council, and the Citizens Corps Council.

### III. Membership

The Chief of DEM shall appoint no more than thirty-four (34) voting members to the Committee that are determined to be an appropriate cross section of emergency management and homeland security professionals within Nevada, while representing the rural, urban, and tribal communities throughout the state. The membership will serve at the pleasure of the Chief.

### IV. Officers and Duties

The Officers of the Committee shall consist of the Chair, Vice Chair, the SAA, and the SAA's designee. The Chair will appoint a Vice Chair annually.

The Committee will provide a report to the Governor on or before January 1$^{st}$ of each year detailing the activities of the Committee.

## V. Meetings

Committee meetings will be called at the discretion of the Chair but not less than once per month.

Committee meetings are subject to the Nevada Open Meeting Law contained in NRS Chapter 241.

## VI. Subcommittees

The Committee may appoint no more than two (2) subcommittees under the Committee at any given time. Each subcommittee established under the Committee will have six (6) months to complete its assigned task. If the subcommittee is unable to complete its assigned task within six (6) months, the subcommittee will be terminated unless extended by vote of the Committee for an additional three (3) months.

Subcommittee membership will be established by the Chair.

Subcommittee meetings are subject to the Nevada Open Meeting Law contained in NRS Chapter 241.

## VII. Voting

A majority of voting members of the Committee constitutes a quorum for the transaction of business and a majority of those voting members present at any meeting is sufficient for any official action taken by the Committee.

## VIII. Attendance

Attendance is critical to achieving quorum, having balanced input, and conducting business of the Committee. Any member who misses more than two (2) consecutive meetings may be removed from the Committee at the discretion of the Chair.

## IX. Administrative Support

DEM shall provide administrative support to the Committee.

## X.       Amendments

1. April 9, 2019: The Commission identified a typographical correction in paragraph 2 of the "Purpose and Mission" section of the bylaws.

2. July 9, 2019: The Bylaws were updated to include requirements of SB35 (2019), which include the name of the public body, the size of the public body's membership, the titles of the Officers, and the reference to subcommittees under the public body.

3. October8, 2019: The Bylaws format was changed to include all updates as amendments under Section X in addition to identifying and removing a parenthetical reminder in Section IV, paragraph 1.

The Bylaws will be reviewed quarterly and may be amended when necessary by a vote of the Committee and subsequent approval by the Chair.


_____                                   _____

John C. Steinbeck, Vice Chair                                   Justin Luna, Chair

*These Bylaws were adopted by the Nevada Resilience Advisory Committee on October 25, 2018, and amended on July 9, 2019.*

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~~Updates:~~
~~1. **April 9, 2019:** The Commission identified a typographical correction in paragraph 2 of the "Purpose and Mission" section of the bylaws.~~
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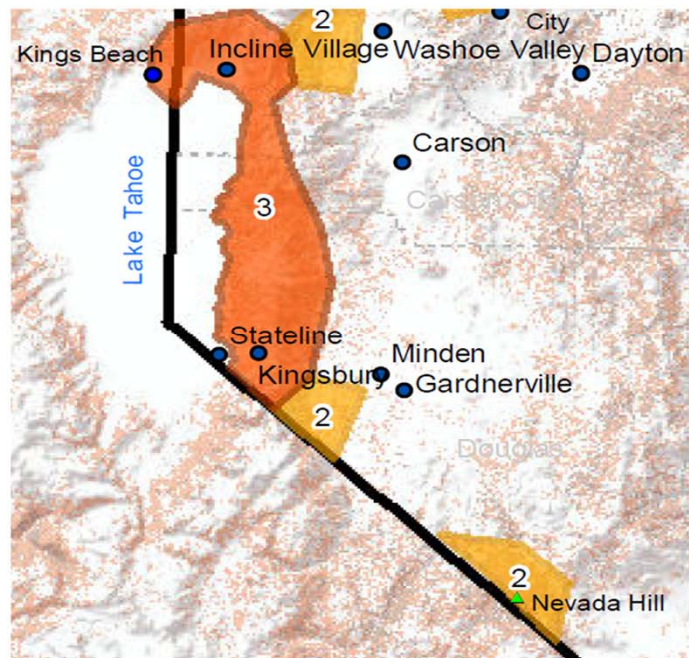# Public Safety Outage Management

NV Energy | June 19, 2019

# Protecting our Community

- Safety is our top priority.

- In response to changes in our climate and environment, NV Energy is implementing a number of efforts to help protect our customers and the beautiful communities of Mt. Charleston and Lake Tahoe from wildfires and extreme weather.

- We currently modify how our grid operates during fire season to reduce fire risk.

- We are working to implement long-term measures including:
  - Installing equipment with less ignition risk
  - Deploying weather stations
  - Installing wildfire cameras in high fire risk areas
  - Shortening our vegetation clearing cycles in all extreme risk areas from every eight years to every four years
  - Conducting detailed inspections of overhead power lines and equipment, and making necessary repairs

- Senate Bill 329 calls for NV Energy to submit a natural disaster protection plan and implement public safety outage management or proactive de-energization.
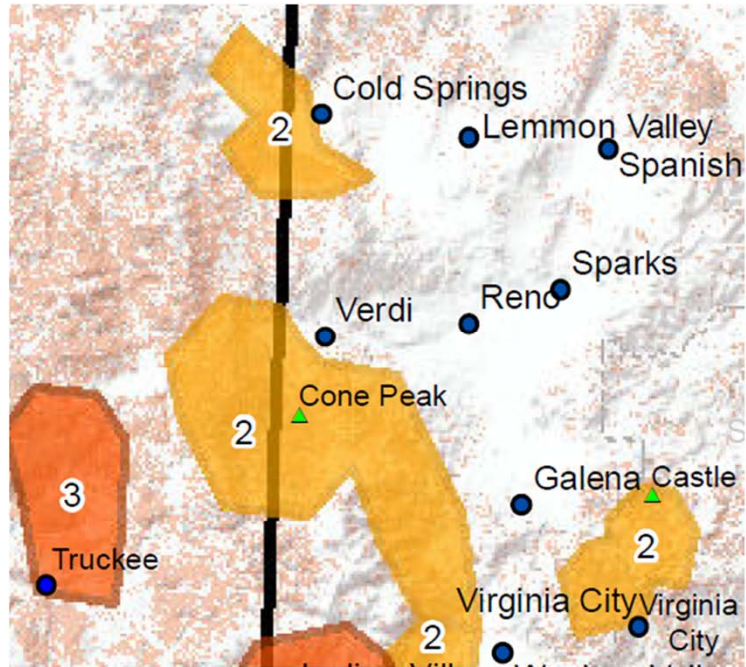
We currently use a one-shot, non-reclosing policy during fire season. A circuit patrol is conducted prior to any reclosing or testing during the fire season.
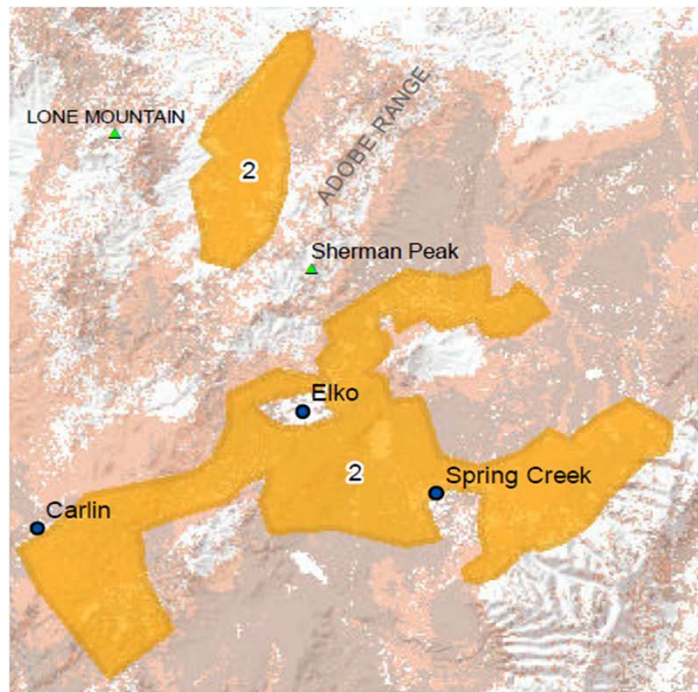
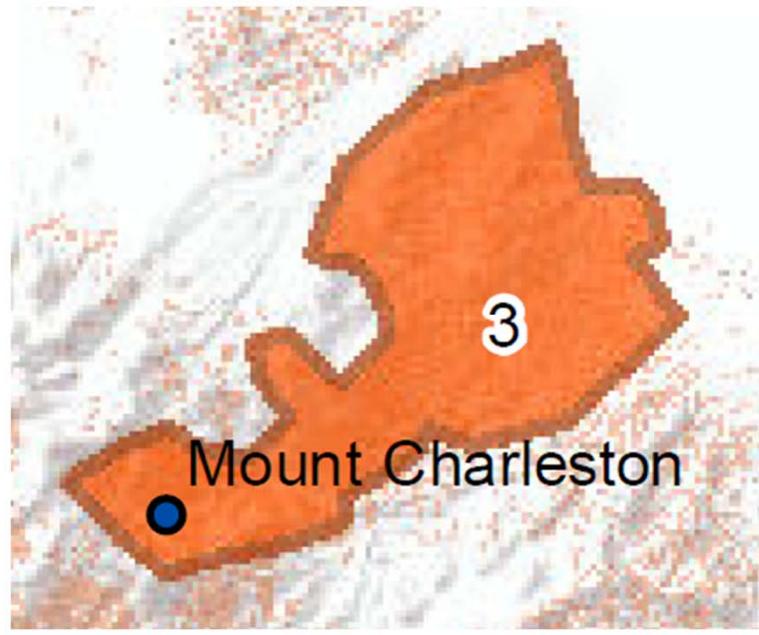High Risk Areas
Northern Nevada

High Risk Areas
Northern Nevada

4

High Risk Areas
Northern Nevada

High Risk Areas
Southern Nevada

**Public Safety Outage Management**

- As part of work to prevent wildfires, we are implementing an extensive Public Safety Outage Management (PSOM) program in areas where wildfire risk is the greatest.
    - Eastern/Nevada side of the Lake Tahoe basin (northern Nevada) and
    - NV Energy's northern California transmission territory
    - Mt. Charleston (southern Nevada)

- PSOM means that NV Energy will shut off power in high fire-risk areas when certain environmental conditions are met in order to prevent power lines and other equipment from causing a wildfire.
    - This is something that can be done as needed to reduce fire risk
    - Done only if needed, and as a last resort
    - This is the new reality to mitigate our climate change risk, and no grid resilience efforts will change this reality

- PSOM reflects best safety practices among utilities who face a similar risk.

We have de-energized for safety before – at request of fire, or when we feel there is fire danger. there is fire danger.

Other measures will provide benefits in the long-term. PSOM can be done as soon as it is soon as it is needed for immediate benefit.

- High-risk areas were determined through work with state fire agencies, the National the National Oceanic and Atmospheric Association (NOAA), National Weather Service Weather Service (NWS), and UNR:
    - Service territory related ignition risk
    - Wildfire hazard potential, including fuel loading
    - Fire weather - including wind speed, temperature, humidity
    - Urban interface

**Public Safety Outage Management**

- NV Energy is working with a REAX, a leading weather analytics expert, to define our PSOM criteria and provide ongoing monitoring.
  - REAX has supported the California Public Utilities Commission and utilities for the last several years.

- This criteria is based on vegetation levels and potential energy release; level, or lack, of precipitation; temperature, humidity, wind gusts and wind speed.

- Benchmarking was also conducted with neighboring utilities and those with similar risk.

- No single factor drives a PSOM event. We will closely monitor a number of dynamics, as indicated above, as well as field observations and information from first responders to determine whether to employ a PSOM event.

- Based on the historical application of PSOM criteria, there is a high likelihood of at least one de-energization event per fire season in each of the high-risk areas.

- Criteria  - specifically - a combination of Energy Release Component, Fosberg Fire Fosberg Fire Weather Index and Wind Gust

- It is expected that this event will last at least a few hours to allow for completion of all completion of all restoration steps in a safe manner.
- The actual frequency and duration of these events may vary due to differences in differences in weather conditions from one year to another.

- This is a planned outage with enhanced analytics, communications, customer needs customer needs assessment and fulfilment

# PSOM Internal Process and Timeline

**8-10 days ahead**   **3-6 days ahead**   **2 days ahead**   **1 day ahead**   **Outage day**   **Restoration**

**Preparation** ——————————— **Outage** ——————— **Power Restored**

- Monitor long-term forecast and receive 8, 3.5 and 1.5 day notifications
- Seek executive approval for a PSOM event
- Conduct stakeholder outreach with customers, government and regulatory stakeholders, critical facilities, neighboring utilities and first responders
- Plan for comfort center(s), portable gensets, etc.
- Perform specific tasks per the communications plan, including ongoing communications with all stakeholders – including customers

- Validate extreme fire weather conditions
- Notify all stakeholders of outage
- Open comfort centers and provide generators if outage is extended

- Confirm conditions fall below thresholds and seek executive approval
- Conduct equipment inspections and patrols
- Make repairs, if needed
- Restore power and notify all stakeholders

9

## PSOM Communications

- Communication is an essential part of this program
  - Create awareness of PSOM
  - Encourage outage/emergency preparedness
  - Keep customers informed prior to, and during a PSOM event

- Direct Outreach
  - Ongoing stakeholder and large customer communication
  - Customer phone, text and email alerts to provide outage time and expected duration
    - The goal is to begin notifying customers **at least** 48 hours in advance of a potential de-energization event followed by regular updates
    - During the PSOM event, customers will receive updates to the status of the outage
- News Media
- Social Media
- Paid Media
- NV Energy Website
- Community Partnerships/Grass Roots

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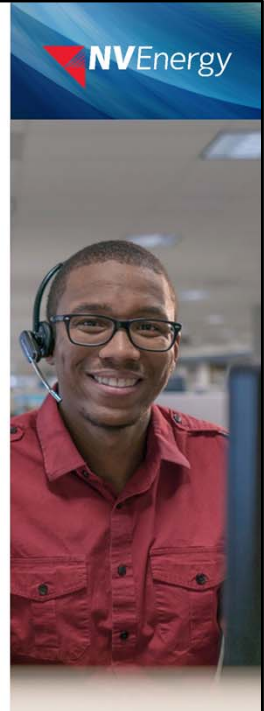
- Are meeting one-on-one with emergency personnel, government entities, large customers and others.
- The trigger for an update will be when the status of the outage or the estimated time of restoration changes. If a previously noticed PSOM event is cancelled, customers will receive a cancellation notice.

## PSOM Re-energization

- During the outage, NV Energy will have trouble responders, wire watchers, drones and helicopters in the area to patrol for:
  - Vegetation issues
  - Hardware issues
  - Corrective actions will take place as issues are found

- We will begin the restoration process after the PSOM conditions end, and will not soon return to above dangerous levels.

- NV Energy will patrol the entire line and make any necessary repairs prior to re-energization to ensure safe and reliable operations and restoration.
  - Any needed repairs may contribute to the length of an outage.

If we determine the outage will be extended, we will open comfort centers in the impacted areas and employ other mitigation efforts.

## Pacific Gas & Electric

- Public Safety Power Shut Off (PSPS)
  - PG&E utilizes a utility fire potential index and outage producing winds model that is evaluated by their meteorologist for potential risks.
  - The index designations range from R-1 (lowest) to R-5 (highest) which factors in Red Flag warnings, low humidity (<20%) conditions of the dry fuels, real time observations and sustained wind speeds above 25 mph with gusting in excess of 45 mph
- PG&E does not have the same design requirements that NV Energy has in its Tier 3 areas based on the National Electric Safety Code for ice and wind loading in higher elevations where the winds can exceed 100 mph.

We currently use a one-shot, non-reclosing policy during fire season. A circuit patrol is conducted prior to any reclosing or testing during the fire season.
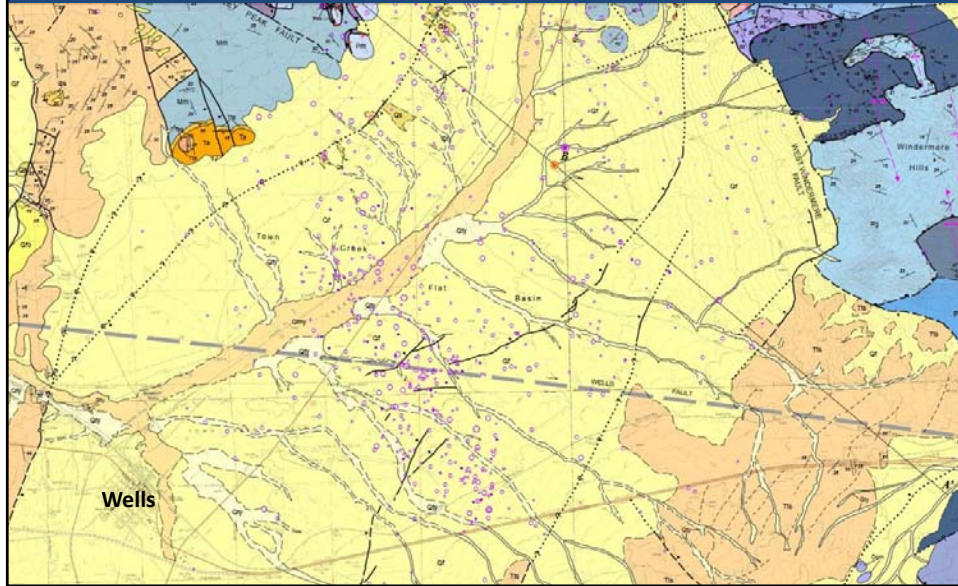
Questions?

# NRAC
# Earthquake Risk
# Recommendations

Craig M. dePolo

Nevada Bureau of Mines and Geology

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**The NRAC endorses earthquake hazard studies in and around Nevada communities as a foundation for the seismic provisions in building codes.**

Building codes are the largest investment society makes in creating earthquake resilient communities. The earthquake input for building codes is based on the National Seismic Hazard Map produced by the U.S. Geological Survey. The earthquake hazard of a fault is considered in this map if it has been explored and characterized through geologic studies. Many communities in Nevada have not had their local faults studied and thus, the earthquake hazard input is underestimated. At the current pace of study, it will take many decades to complete these investigations. Meanwhile, communities are potentially under-designing buildings for earthquake resistance. The study of faults in and near Nevada communities needs to be greatly accelerated so the proper levels of seismic input can be used in building design.

# 2008 Wells Earthquake

Wells



# Pahrump

Pahrump

Pahrump Valley
Fault system

2014 National Seismic Hazard Map

Pahrump

potential unreinforced
Masonry buildings
(yellow – commercial)
(green – residential)
Co. assessor's data



New development and many lots to be developed in Pahrump
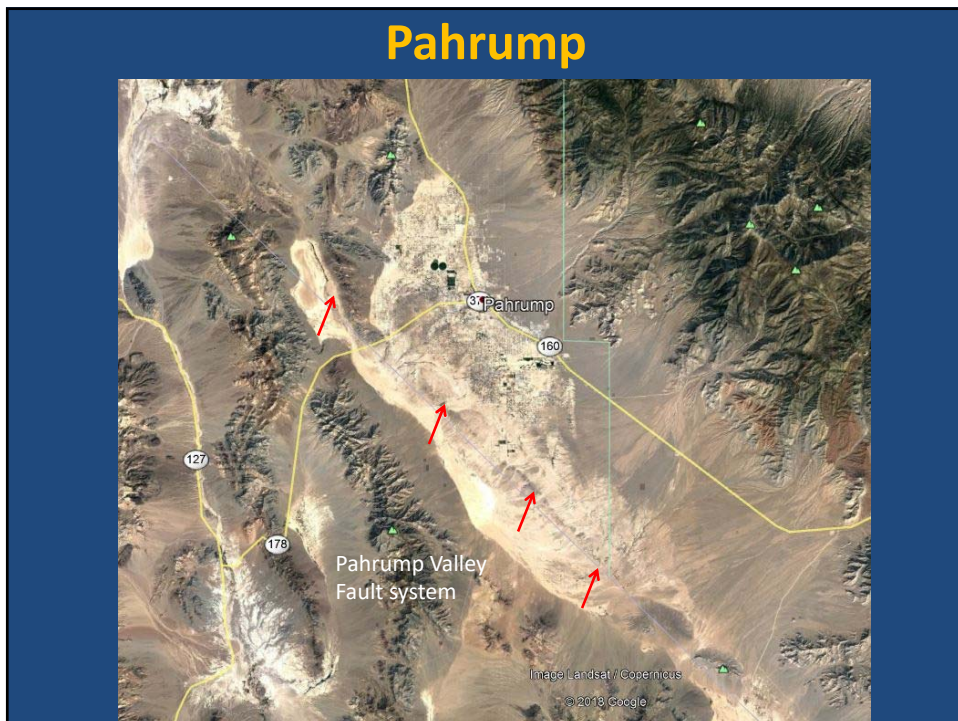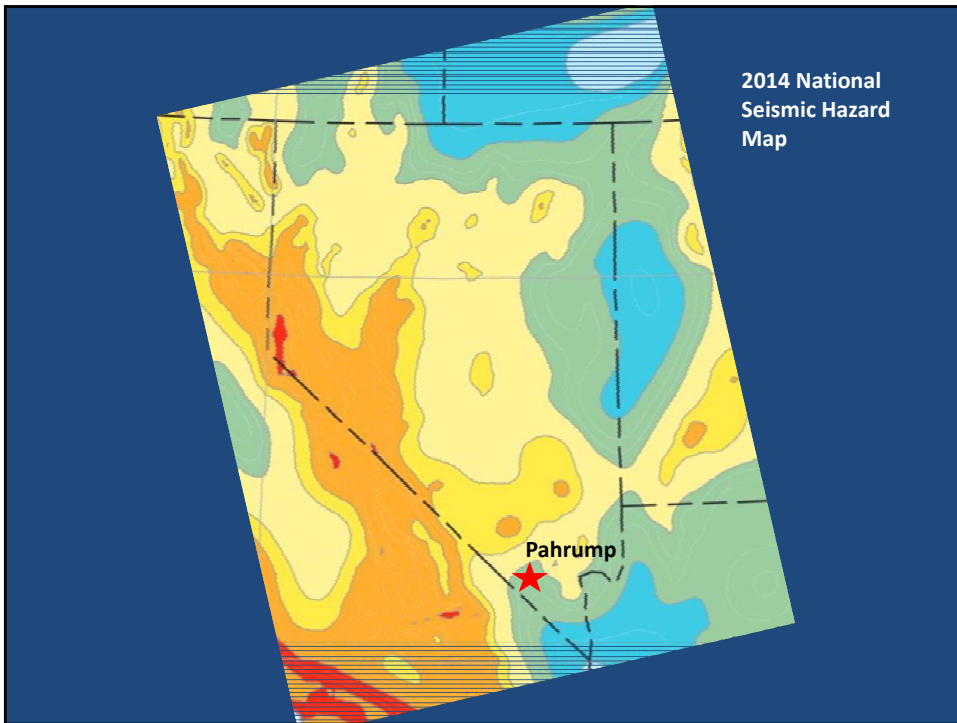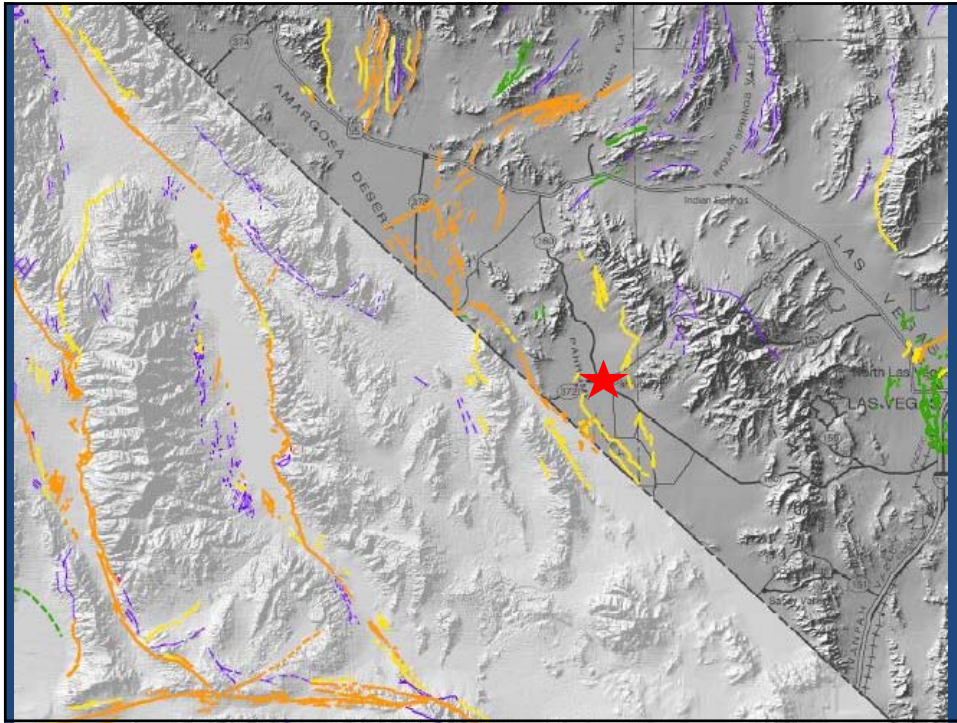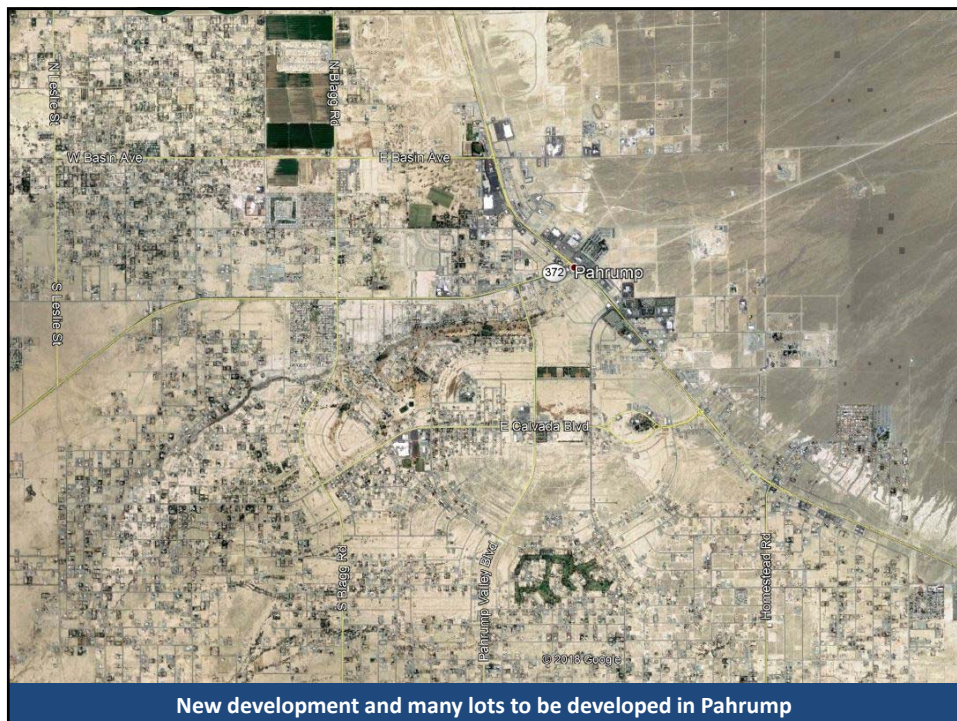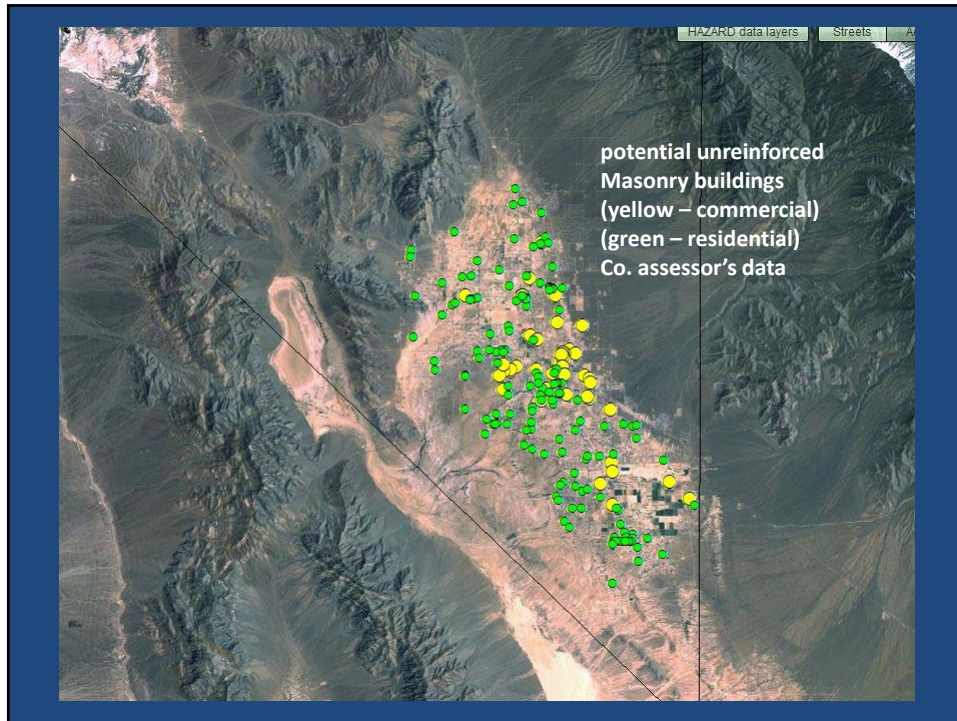
Major earthquakes pose unique risk and emergency response settings that require specialized training and resources, such as responding to and managing structural collapses, especially in unreinforced masonry buildings. The NRAC recommends training for firefighters, incident commanders, and EOC managers in responding to post-earthquake structural collapses. Further, emergency planning should specifically address obtaining Type 3 level urban search-and-rescue resources to rural and frontier firefighters.



**Earthquake activity is elevated in southern Nevada since the Ridgecrest earthquake**

Data from Nevada Seismological Laboratory

11/1/19
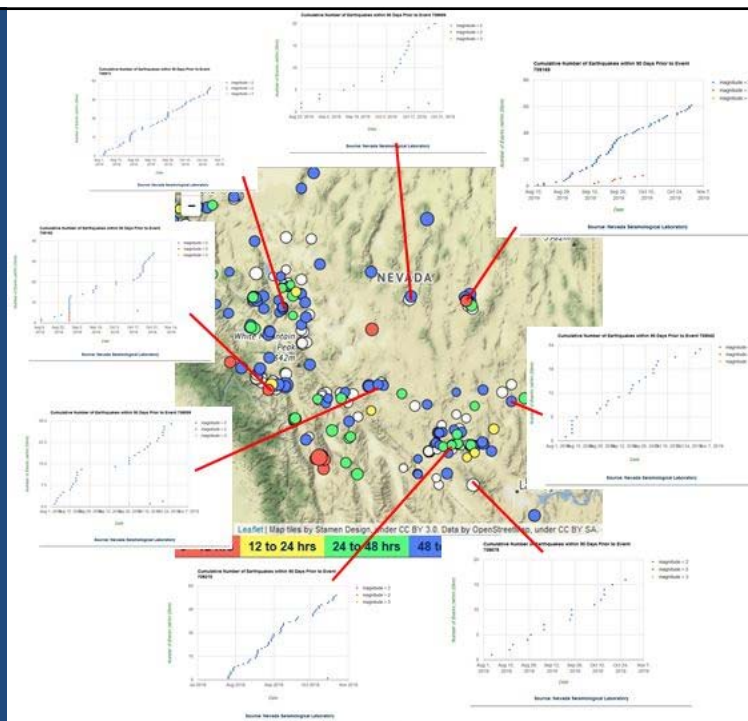
**AB 206, Section 11**
**The Department shall develop a written plan to address behavioral health needs in an emergency or disaster. Such a plan must, without limitations:**

**(a) Prescribe a process for assessing the need for behavioral health resources during & after an emergency or disaster based on the estimated impact of the situation and the estimated depletion of resources:**

- The Division of Public Behavioral Health (DPBH) in collaboration with the Nevada Resilience Advisory Committee and the Nevada Tribal Emergency Coordinating Council will begin the process by assisting political subdivisions and tribal governments to identify *or* develop culturally-diverse, community-based, assessment teams (CATs).
- The CATs will use a collaborative, whole community approach to build on the work already being accomplished in the local communities and to ensure the process is inclusive of the natural helping community and that all Nevada communities have an opportunity to participate in the assessment and in the statewide behavioral health emergency and disaster planning process.
- The CATs will use state and local data to identify their unique populations at-risk of developing behavioral health conditions.
- The CATs will develop a community-based communications plan specific to developing the needs assessment.
- The CATs will actively reach out to the local communities by soliciting participation through in-person regional and community gatherings, forums, meetings, and focus groups and by conducting on-line surveys.
- Each CAT will conduct a community-specific Threat and Hazard Identification and Risk Assessment (THIRA): Step 1: Develop a community-specific list of threats and hazards (natural hazards, technological hazards, human-caused incidents) that could affect the community and challenge the community's ability to deliver behavioral health services during or after an emergency. Step 2: Create context descriptions and estimate the impacts of the threats and hazards identified in Step 1 by providing details about the threats or hazards in order to identify and estimate the impacts the incidence will have on the community and by including critical details such as location, magnitude, and time of an incident. Step 3: Establish behavioral health capability targets by considering what resources are required to address the impacts of the threats and hazards. (FEMA, 2018) Step 4: Conduct a THIRA reassessment each year.

**(b) Ensure continuity of services for existing patients with a mental illness, developmental disability, or intellectual disability *during* an emergency or disaster:**

There are many State and Federal regulations to help ensure continuity of services for existing patients with mental illness, developmental disability, or intellectual disability during an emergency or disaster (occurrence):

- Each State agency includes continuity of services in their Emergency Operations Plans.
- All Rural Regional Center contracted-providers who support individuals with intellectual disabilities and/or related conditions have specific emergency procedures, and they receive consistent training on emergency responses.
- Under the Protecting Access to Medicare Act of 2014, *Program Requirement 2.a.8: Availability and Accessibility of Services*, all Certified Community Behavioral Health Clinics are required to have in place a continuity of operations/disaster plan.

- The Joint Commission and the Commission on Accreditation of Rehabilitation Facilities (CARF) both require programs to have a disaster plan in order to be accredited.
- The *Federal Guidelines for Opioid Treatment Programs* require programs to provide for patient and staff safety, program emergencies, and adverse events that require immediate response and investigation by developing and maintaining effective policies and procedures.
- As regulated through the Office of the Assistant Secretary for Preparedness and Response, behavioral health treatment programs that are part of the regional healthcare coalitions receiving federal funding under the 2019 *Pandemic and All-Hazards Preparedness and Advancing Innovation Act* are required to ensure services for at-risk individuals. At-risk individuals are people with access-based and functional-based needs that may interfere with their ability to access or receive medical care before, during, or after an occurrence.
- The Centers for Medicare and Medicaid Services requires organizations registered with Medicare as Community Mental Health Centers, Federally Qualified Health Centers, Rural Health Centers, and Intermediate Care Facilities to develop and implement emergency plans to follow in the event of a natural disaster or other emergency.
- DPBH will identify a planning team leader (leader). The leader will assist local government entities and behavioral health treatment organizations and agencies to develop continuity of operations plans (COOPs), as needed. The leader will help align those COOPs with the planning of other behavioral health treatment programs, the State, local jurisdictions, neighboring businesses, voluntary organizations (e.g., American Red Cross, faith-based organizations, mutual-help and self-help groups, consumer advocacy groups for client populations with mental illnesses, developmental disabilities, or intellectual disabilities) and Federal coordinating agencies. (SAMHSA, TAP 34)
- SAMHSA (TIP 34) recommends the COOPs identify the program's essential functions and essential staff in order to continue vital services to clients; to meet regulations or laws; to maintain onsite safety of clients, family members, and staff; and to support the essential functions of Federal coordinating agencies:

  **Essential Functions for All Behavioral Health Programs:**

  - Provide for continuity of leadership, including order of succession and delegation of authority.
  - Provide for the physical safety of all clients and visitors at the facility.
  - Provide behavioral health emergency services.
  - Conduct basic screening, intake, and discharge procedures.
  - Prearrange for services to be provided in a different location or facility (e.g., another space within the facility, another location of the organization, telework, mobile work stations, space borrowed from or shared with another organization in the community, a site miles away or out of the State.
  - Track clients affected by the dispersal and evacuation to ensure they continue to receive needed behavioral services.
  - Provide crisis and relapse prevention counseling; ensure some support is available to clients.
  - Assist clients in accessing needed medications.
  - Conduct drug testing for mandated clients.
  - Adhere to State licensing standards.
  - Maintain treatment and billing records in accordance with payor and regulatory requirements.
  - Document transfer of clients and their records to another agency.

- Protect client rights and privacy, including the integrity of protected health information records.
- As resources are available and based on mandates, provide disaster mental health services to the community as requested by the Emergency Operations Center or the Emergency Support Function #8 Coordinator.
- Provide prevention guidance specific to the present occurrence to reduce the likelihood of traumatic stress in the program's clientele and in other members of the local community.

### Essential Functions for Outpatient Treatment Programs:

- Assist with case management activities linking clients to resources, including helping them obtain replacements or refills of needed medications, as appropriate.
- Provide crisis stabilization, crisis intervention, or other emergency services to clients.

### Essential Functions for Residential Treatment Programs:

- Provide residential care for patients who do not meet discharge criteria.
- Stabilize patients undergoing nonmedical (social) detoxification.
- Continue medications and supportive counseling to patients to prevent decompensation or escalation of symptoms of behavioral health disorders.
- Coordinate or address patient transportation needs for accessing medical services.
- Provide case management services, as appropriate, to move patients toward discharge readiness.

### Essential Functions for Medically Managed Detoxification Programs:

- Follow established medically managed detoxification protocols.
- Medically stabilize patients; closely monitor their withdrawal symptoms.
- Transfer patients to an appropriate facility if they require a higher level of medical care than the program can offer; provide residential care for patients who remain at the facility.

### Essential Functions for Opioid Treatment Programs:

- Confirm identities and dose information for patients receiving medication.
- Provide or facilitate access to prescribed or dispensed medications (e.g., methadone, buprenorphine).
- Provide case management to assist with medically appropriate transfer or discharge.

### Other COOP Recommendations (SAMHSA, TAP 34):

- Develop multiple means to broadcast alerts to staff and clients (e.g., establish agreements with local TV and radio states to communicate the program's status to the staff and public, create a communications tree, partner with amateur radio operators.)
- Distribute staff emergency contact information in multiple formats.
- Issue routine reminders to staff to print or back up to a second location their computer-based information.

- Prepare staff to support clients during an occurrence by providing live, in-person incident trainings that address incident-related behavioral health topics (e.g., recognizing symptoms of psychological trauma in clients, referring such clients to psychology first aid services, supporting clients' coping skills, conducting trauma-informed therapy).
- Prepare staff to give extra support to clients with mental illnesses, developmental disabilities, and intellectual disabilities. Staff preparation may also include planning to give extra support to clients who: are pregnant or have dependents, are older, are experiencing homelessness, and are on medications.
- Ensure staff will have access to shelters.
- Ensure staff have access to interoperable communications systems such as, dedicated phone lines; cell phones with text messaging capabilities; personal digital assistance or Internet-based telephone accounts; two-way radios; satellite phones; and other devices for person-to-person communications when cell and landline phones are inoperable; an Intranet hot site, which provides a private, password-protected area accessed only by authorized users and can be used to send and receive status information to staff; an offsite telephone number staff can call to report status and to obtain information; battery operated laptops with software and memory capacity enabling access to clinical data; computers at guest locations that are loaded with software capable of running the program's necessary files and databases or that have the ability to access the program's hosted software site containing that information.
- Prepare clients for occurrences by providing training, handouts, brochures, etc..
- Obtain client locator information in order to find clients after an occurrence and to reengage them in programming.
- Prepare for program financial resiliency by considering how to support client retention though active outreach following an occurrence; by informing staff about procedures for enrolling clients in Medicaid under emergency conditions; by educating payors about modified counseling services (e.g., telephone or Web-based counseling) in order to facilitate reimbursement; by establishing a contingency or reserve fund or a line of credit for unexpected cash flow issues (e.g., maintaining payroll when billing is disrupted); and by making plans for low revenue after an occurrence (e.g., planning ahead for emergency grant proposal writing; careful tracking and documentation of services provided so reimbursements will be facilitated).
- Develop resources to manage human capital in advance of an occurrence:

  - Issue a list of social service providers who will be available to support staff with personal emergency needs (e.g., medical assistance, crisis counseling, temporary housing).
  - Develop policies that support staff as they serve during an occurrence, including policies that: provide staff with advance training in disaster self-care; ensure staff have access to phones or the Internet to check on family members while staff are deployed; allow for adjustments to staff shift schedules, as needed, in order for staff to perform essential functions while also managing person responsibilities; and provide compensation to staff who work additional hours during the occurrence.

**Memoranda of Understanding**

SAMHSA TAP 34 also recommends COOPs include Memoranda of Understanding (MOUs) for mutual aid, including but not limited to:

- Arranging to use other programs' facilities as alternative treatment spaces.
- Providing essential services to another program's clients.
- Supporting computer system services in the event a program needs to move to an alternative address.
- Providing evacuation transportation assistance.
- Lending or borrowing staff to temporarily fill key staffing gaps.
- Arranging payments for any mutual aid.

**(c) Prescribe strategies to deploy triage & psychological first aid *during* an emergency or disaster:**

**Strategies for Deployment Preparation**

- Formalize Emergency Support Function 8.1 in the DPBH Emergency Operations Plans.
- Ensure local-jurisdiction behavioral health teams are integrated into the statewide disaster plan.
- Ensure triage and psychological first aid strategies are standardized and based on best practices by adopting a Training Standard of Practice for individuals wanting to participate in disaster behavioral health: Introduction to the Incident Command System (IS-100); An Introduction to the National Incident Management System (IS-700.B); Psychological First Aid; or the American Red Cross Disaster Mental Health Fundamentals.
- Develop and implement a standardized, statewide, initial and refresher, training-plan to deliver the recommended Psychological First Aid and Crisis Counseling classes.
- Assembly Bill 534 Sec. 21 amends NRS 641 to authorize the Governor to suspend certain licensure requirements in response to an occurrence; requires certain professional licensing boards to maintain lists of licensees trained in the treatment of short- and long-term mental and emotional trauma; and requires said licensing boards to provide those lists to a governmental entity responding to an emergency or disaster.
- Expand the State's triage and psychological first aid capability by recruiting and training community-based peer supporters, the faith-based community, and other natural community helpers.
- Provide refresher training for the large contingent of individuals across the state who are trained on the recommended Psychological First Aid and Crisis Counseling curricula.
- Use evidence-informed, standardized, curricula to train behavioral health providers who are new to disaster response.
- Train responders to standards regarding cultural sensitivity, appropriate crisis-situation interactions with culturally diverse groups, and appropriate interactions within the context of the cultural considerations.
- Establish intra-state mutual aid MOUs in order to quickly deploy triage and psychological first aid to community partners during an occurrence.
- Develop an intra-state mutual aid behavioral health resource inventory and disseminate it to the local communities.
- It is highly recommended each local-jurisdiction designate a behavioral health coordinator who will work with the local CAT (see Section (a)) to determine:

- o Groups and individuals who may be in need of a crisis behavioral health response.
  - o Providers or teams to best meet identified needs.
  - o Settings in which crisis response will be offered.
  - o Timeframes for offering crisis behavioral health response and follow up response. (Herrmann, 2005)
- It is highly recommended each local-jurisdiction develop a comprehensive behavioral health mobilization and deployment plan and protocols in order to quickly and efficiently identify, process, mobilize, and deploy staff during an occurrence. (Herrmann. 2005)
- Integrate the behavioral health plan into all statewide, full-scale, exercises.
- The Department of Health and Human Services (DHHS) administers a mass notification system known as Everbridge for all DHHS employees who choose to opt in. DPBH administers the Everbridge system for all DPBH employees as well as a crisis counselor volunteer sub-group. The Everbridge system allows for mass communication to enrolled individuals in the event of a crisis, emergency, or issue necessitating mass notification (i.e. weather, power outage, etc.). Additionally, the Everbridge system enables DPBH to notify the crisis counselor volunteers of potential deployment during an occurrence where such assistance has been requested by the local jurisdiction. Everbridge communication methods include email, SMS text message, and phone.
- It is strongly recommended all DPBH state employees be enrolled in Everbridge.
- Offer the Everbridge system to other entities.
- Use Everbridge to conduct drills to assess the responders' ability to mobilize, their ability to coordinate across systems, and their ability to work together.
- Nevada has the State Emergency Registry of Volunteers-Nevada (SERV-NV), which is a volunteer registry developed in compliance with the Emergency System for Advanced Registration of Volunteer Health Professional guidelines. The registry is a national, web-based, network of state-based systems used to register, qualify, and credential Nevada's healthcare professionals before a major public health or medical emergency. By registering through SERV-NV, volunteers' identities, licenses, credentials, accreditations, and hospital privileges are all verified in advance of an occurrence.
- Encourage interested behavioral health professionals to affiliate with local disaster behavioral health response teams and to register with SERV-NV.
- Promote SERV-NV across all jurisdictions and provide a concentrated recruitment strategy.
- Develop operational protocols to address the self-deployment of volunteers who spontaneously present themselves during an occurrence, including:

  - o Screening – screen the volunteers at a separate, off-site processing center to determine possible deployment assignments.
  - o Training – where possible, provide just-in time-training specific to the deployment assignment.
  - o Deployment – deploy the volunteers based on their screening results, as appropriate.
  - o Risk and liability - address risk and liability issues. (Herrmann, 2005)

**Strategies for Deployment**

- Activate the behavioral health mobilization deployment protocols and processes, including but not limited to:

  - o Identify and verify each responder; restrict each responder's movement until he or she has been fully verified.

- o Provide responders with a briefing covering classification, duty status, safety, and responsibilities.
- o Match responders to their individual job assignments and document the assignments and any other critical information.
- o Direct the responders to their assigned duty stations; transport them as necessary.
- o Ensure the responders are safe and that their essential needs are met (e.g., lavatory, food, housing, medical and behavioral health care).
- o Monitor all activities from a risk management perspective.

**(d) Identify opportunities for the rendering of mutual aid *during* an emergency or disaster:**

- DPBH and other governmental and non-governmental entities have behavioral health interstate mutual aid agreements and systems in place to provide a variety of resources, facilities, services, and support to other jurisdictions during an incident.
- The Nevada Intrastate Mutual Aid System, as authorized by Nevada Revised Statutes (NRS) 414A authorizes the Nevada Department of Public Safety, Division of Emergency Management to coordinate the provision of equipment, services, or facilities owned or organized by the State or its political subdivisions for use in the affected areas upon request of the duly constituted authority of the areas during the response to and recovery from an occurrence.
- The Nevada Emergency Management Assistance Compact, as authorized by NRS 415 complies with the nationally adopted Mutual Aid Agreement to provide for mutual assistance between the States entering into the Compact.
- The Nevada Hospital Association and participating hospitals within the geographical boundaries of the State of Nevada have a mutual aid agreement to share resources during disasters to include personnel, equipment, supplies, pharmaceuticals, and transfers of patients.
- The Division of Child and Family Services Behavioral Health Coordinator who works with the Vegas Strong Resiliency Center maintains a list of available trained disaster response mental health and supportive services providers within Nevada as well as in other communities and states.
- SERV-NV-registered volunteers (see Section (c)) can be mobilized to render mutual aid.
- Develop mutual aid agreements with the criminal justice agencies and include the criminal justice system in drills.

**e) Prescribe procedures to address the behavioral health needs of first responders *during & after* an emergency or disaster:**

**Preparing for an Occurrence**

- Adopt a preventive perspective to address the behavioral health needs of first responders (responders).
- Plan in advance of the mobilization, which includes developing policies for the organizational care of responders, writing strategic plans, and developing clear written protocols.
- Develop a clearly defined team and leadership cadre and establish sub-teams. Model the structure of the team on the Incident Command System. Train the responders in those teams.
- Develop a strategy to address the stigma, misunderstanding, and perceptions about responders who use behavioral health services.

- Provide pre-emergency/pre-disaster education for responders including, but not limited to: self-care (breaks, sleep, nutrition, and exercise), how to assess personal vulnerability, signs of burnout, compassion fatigue, stress management, and coping skills.
- Address the behavioral health needs of responders in employee handbooks and orientation and provide workshops and training seminars.
- Train Employee Assistance Program (EAP) behavioral health professionals on how to provide psychological first aid and crisis counselling specific to responders.
- Develop policies and procedures to provide initial and follow up incident debriefing sessions with responders.
- Continue to develop public and private-sector response capacity by expanding the standardized psychological first aid and crisis counseling trainings.
- Establish a network of responder agency peer-support teams trained in crisis response and distress recognition to be mobilized for other responder agencies when local peer-support providers are involved in responding to the occurrence and are not available to assist responders within their own agencies (Usher, et.al., 2016)

**During an Occurrence**

- Use a mass notification system to send an alert to determine availability of behavioral health providers and crisis counselors for mobilization and deployment to the occurrence, per the local resource request.
- Determine a staging area for deployed behavioral health providers and crisis counselors to provide services to the impacted area. Coordinate with Incident Command.
- Activate the responders in the teams of which they were trained.
- Provide confidential, one-on-one crisis interventions and assistance any time during the occurrence, as requested by the responder.
- Monitor responders throughout the occurrence and provide confidential outreach, interventions, assistance, and referrals to those who show obvious signs of distress, or as otherwise indicated.
- Provide respite centers where responders can rest and obtain food, clothing, and other basic support services.
- **Individual Crisis Intervention –** Provide immediately any time symptoms occur. Goal is symptom mitigation & return to functioning, if possible. Make and facilitate referrals to the EAP or other behavioral health programs, as indicated. (US Army Corp of Engineers).
- **Defusing** - Conduct *brief* (30-60 minutes), *informal*, one-on-one defusing sessions with each responder at the end of their event-shifts to defuse their immediate reactions to the occurrence and to vent their emotions in order to transition back to their normal routines. Make and facilitate referrals to the EAP or other behavioral health programs, as indicated. Make referrals to a critical incident stress debriefing group. (US Army Corp of Engineers).
- **Debriefing** - Conduct confidential initial one-on-one debriefing sessions with each responder at the end of their event-shifts. Make and facilitate referrals to the EAP or other behavioral health programs, as indicated. Make referrals to a critical incident stress debriefing group if one is available. (US Army Corp of Engineers).
- **Group Defusing and/or Debriefing –** Offer defusing and/or debriefing sessions for the appropriate homogeneous groups according to guidelines established by the model to be used.

**Supervisors**

- Actively manage responder stress and functioning by continually walking through work areas and by providing real-time support.
- Remind responders how to monitor themselves and their peers for stress and how to obtain assistance if they need it.
- Provide brochures and handouts on the potential reactions and behavioral health consequences of an occurrence, how to manage their stressors, and when and where to seek assistance.
- Be contentious about the effects of prolonged mandatory overtime, increased workloads, and assignments to unfamiliar work.
- Ensure enough staff are available from all levels of the organization, including administration, supervision, and support.
- Design shift schedules and mobilize backup responders (using mutual intra- or inter-state mutual aid, as necessary) to ensure the responders only work 12 hours with 12 hours off.
- Rotate responders among low-, mid-, and high-stress tasks.
- Ensure responders take breaks and time away from the assignment.
- Delegate responders' regular work to others so the responders do not attempt to respond to the occurrence in addition to their usual workload. As needed, use staffing garnered through mutual aid agreements.
- Mandate time off.
- Nurture team support.
- Create a buddy system to support and monitor stress reactions.
- Provide frequent praise to promote a positive atmosphere of support and tolerance.
- Manage conflicts between responders.
- Provide regular stress-reducing activities, such as music, movies, meditation, yoga.
- Help reduce responder isolation by providing access to email, the Web, and telephones.
- Address responder concerns about personal and/or family risks.

**After an Occurrence**

- **Demobilization *debriefing* -** Conduct a confidential, one-on-one, demobilization debriefing session with each responder at the time of her or his demobilization and provide information about how to communicate with her or his family about their work. Provide formal recognition of the responder's service. Make and facilitate referrals to the EAP or other behavioral health programs, as indicated. Make referrals to a critical incident stress debriefing group. (US Army Corp of Engineers).
- **Critical incident stress *defusing* –** Provide small stress defusion groups 8 to 12 hours post-occurrence. Make and facilitate referrals to the EAP or to other behavioral health programs, as indicated. Make referrals to a critical incident stress debriefing group. (US Army Corp of Engineers).
- **Intermediate *debriefing* -** Conduct a confidential, one-on-one, intermediate debriefing session with each responder within 72 hours of the occurrence. Provide formal recognition of her or his service. Make and facilitate referrals to the EAP or to other behavioral health programs, as indicated. Make referrals to a critical incident stress debriefing group. (US Army Corp of Engineers).
- **Critical incident stress *debriefing* -** It is recommended every first responder agency provide small, homogenous, critical incident stress debriefing groups for the responders and that the agency actively refer the responders to the groups. The groups should follow a

standardized curriculum and should be staffed by teams of trained behavioral health specialists and peer support specialists. The groups should occur within 24 to 72 hours of the occurrence. (US Army Corp of Engineers).

- **Follow up** *debriefing* - Approximately 30 days post-occurrence, conduct a confidential, one-on-one, follow up debriefing session with each responder. Provide formal recognition of their service. Make and facilitate referrals to the EAP and peer-support providers, as indicated. As appropriate, make referrals to self- and peer-help groups (Alcoholics Anonymous, Gamblers Anonymous, Narcotics Anonymous, SMART Recovery, Women for Sobriety, etc.). (US Army Corp of Engineers).
- **Family** - Provide family information sessions and family support services.
- **On-going** - Create formal and informal on-going opportunities for responders to discuss their experiences, to critique the operation, to receive support, to prevent compassion fatigue, and to receive formal recognition for their service.
- Facilitate ways responders can communicate with each other by establishing listservs, and/or an online communications platform, by encouraging the sharing of contact information, and by providing conference calls.
- Encourage time off for responders who have experienced personal trauma or loss.
- Monitor responders who meet certain high-risk criteria, such as those who:

  - Are survivors of the occurrence.
  - Have regular exposure to severely affected individuals or communities.
  - Have pre-existing conditions.
  - Have multiple stressors, including those who have responded to multiple disasters in a short period of time.

**(f) Prescribe measures to aid the recovery of the behavioral health system *after* an emergency or disaster*:***

- Integrate behavioral health activities and programming into other sectors (e.g., education, health care, socials services) to reduce stand-alone services, reach more people, foster resilience and sustainability, and reduce stigma.
- Promote the community's increased understanding of the importance of behavioral health to individual health and community health.
- Focus on strategies known to impart resilience (e.g., coping skills, social connectedness).
- Involve the local communities in behavioral health recovery planning and identify and build on available resources and local capacities and networks (community, families, schools, and friends).
- Develop capacity for the system to respond to the surge in behavioral health care needs by providing clinicians and other service providers with emergency and disaster-specific treatment and intervention education, training, and skill building.
- Develop a recovery-specific section in the behavioral health plan that provides measures on how to quickly resume mission-critical functions, how to analyze post-occurrence business processes and continuity needs, and how to develop a comprehensive recovery timeline.
- Develop an intra-state mutual aid behavioral health resource inventory and disseminate it to the local communities.
- Provide post-disaster messaging utilizing One Voice of coordinated, unified messaging. This can be accomplished through the Joint Information Center, if activated;

state/county/local crisis communication groups; regional behavioral health coordinators; regional healthcare coalitions; and the Nevada Tribal Emergency Coordinating Council.

- Integrate the Nevada Security Awareness Committee into any emergency preparedness groups in order to ensure recovery of electronic health records and the Medication Management Program after an occurrence.

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**Annex 1: Key Resources**

**American Red Cross Training Services –** The American Red Cross provides free disaster training for all volunteers. Trainings are both online and in-person depending on the course. https://www.redcross.org/take-a-class/disaster-training

**Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE)** - Continuity of Operations (COOP)/ Business Continuity Planning – This site provides public and government entities with mitigation and planning strategies that create resilience and allow services to continue to be provided in the face of a range of challenges. https://asprtracie.hhs.gov/technical-resources/17/continuity-of-operations-coop-failure-plan/16

FEMA. (2015).Community Emergency Response Team (CERT) Training Materials (25). This site includes a variety training materials for community emergency response. https://www.fema.gov/media-library/resources-documents/collections/485

**FEMA Emergency Support Function #8 – Public Health and Medical Services –** This document provides the mechanism for coordinated Federal assistance to supplement State, tribal, and local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential health and medical emergency. https://www.fema.gov/media-library-data/20130726-1825-25045-8027/emergency_support_function_8_public_health___medical_services_annex_2008.**pdf**

**FEMA Ready** -This is a Federal Emergency Management Agency public service campaign designed to educate and empower the American people to prepare for, respond to and mitigate emergencies, including natural and man-made disasters. https://www.ready.gov/resources

**The International Society for Traumatic Stress Studies** - This site is dedicated to sharing information about the effects of trauma and the discovery and dissemination of knowledge about policy, program and service initiatives that seek to reduce traumatic stressors and their immediate and long-term consequences. https://www.istss.org/

**Public Health Foundation, TRAIN Learning Network (TRAIN) Affiliates** – This is a national learning network that provides trainings for the health workforce using a centralized training platform. https://www.train.org/cdctrain/welcome

**SAMHSA Disaster Technical Assistance Center –** This site helps jurisdictions plan for and respond to behavioral health needs after a disaster. https://www.samhsa.gov/dtac

**SAMHSA Disaster Technical Assistance Center Supplemental Research Bulletin: Disaster Behavioral Health Interventions Inventory –** This inventory includes disaster-specific interventions that are commonly used in the field and are reported in the science- and evidence-based research literature. https://www.samhsa.gov/sites/default/files/dtac/supplemental-research-bulletin-may-2015-disaster-behavioral-health-interventions.pdf

**SAMHSA Promising Practices in Disaster Behavioral Health Planning webcast series -** This nine-part series discusses various aspects of disaster behavioral health planning such as logistics, building partnerships, developing a scalable plan, and financial concerns. https://www.samhsa.gov/dtac/webinars-podcasts

**SAMHSA Psychological First Aid: Tips for Emergency and Disaster Responders -** This fact sheet provides tips for emergency and disaster response workers to help disaster survivors cope with the psychological aspects of a traumatic event. It offers strategies for managing intense emotions and promoting a safe, calm environment. https://store.samhsa.gov/product/Psychological-First-Aid-for-First-Responders/NMH05-0210

**SAMHSA Tips for Health Care Practitioners and Responders: Helping Survivors Cope with Grief After a Disaster or Traumatic Event** - This tip sheet offers health care practitioners and responders guidelines for communicating with survivors experiencing grief. https://store.samhsa.gov/system/files/sma17-5036.pdf

**U.S. Department of Veteran's Affairs** – This site offers a variety of courses on psychological first aid. https://www.train.org/vha/home

**Annex 2: Interventions and Treatment**

**Interventions**

**Basic Critical Incident Stress Debriefing** – This is a specific, 7-phase, small group, supportive crisis intervention process.
https://thecounselingteam.com/training-courses/basic-critical-incident-stress-management/

**Mental Health First Aid USA** (Adults) – This course teaches people how to recognize signs of mental health or substance use challenges in adults, how offer and provide help , and how to guide a person toward appropriate care if necessary.
https://www.mentalhealthfirstaid.org/population-focused-modules/adults/

**National Organization for Victim Assistance (NOVA) Crisis Response Training** – This training provides caregivers with techniques to deliver critical education and first aid to victims, survivors, and community members in the event of a mass causality or natural disaster.
https://www.trynova.org/crisis-response-program/overview/

**Psychological First Aid  -** The National Child Traumatic Stress Network offers a free, evidence-informed, online six-hour interactive psychological first aid course that puts the participant in the role of a provider in a post-disaster scene. This course is for individuals new to disaster response who want to learn the core goals of psychological first aid, as well as for seasoned practitioners who want a review. It features innovative activities, video demonstrations, and mentor tips from the nation's trauma experts and survivors. Psychological first aid online also offers a Learning Community where participants can share about experiences using psychological in the field, receive guidance during times of disaster, and obtain additional resources and training.
https://learn.nctsn.org/

**Trauma and Intellectual and Developmental Disabilities -** *The Road to Recovery: Supporting Children with Intellectual and Developmental Disabilities Who Have Experienced Trauma Toolkit* consists of a Facilitator Guide, Participant Manual, Slidekit, and Supplemental Materials. Together, they are designed to teach basic knowledge, skills and values about working with children with intellectual and developmental disabilities who have had traumatic experiences, and how to use this knowledge to support children's safety, well-being, happiness, and recovery through trauma-informed practice.
https://learn.nctsn.org/course/view.php?id=370

**Trauma Intervention Program (TIP) Emotional First Aid and Peer Support Training** – This training equips emergency responders, or those who work in the industry, with the tools needed to provide effective emotional first aid to their peers (peer-to-peer support) and to better assist citizens in crisis.
Northern Nevada: http://www.tipnnv.org/
Southern Nevada: https://www.tipoflasvegas.org/upcomingtraining

**Therapy**

**Cognitive Processing Therapy (CPT)** - is a cognitive-behavioral treatment for posttraumatic stress Disorder (PTSD). CPT was developed in the late 1980s and has been shown to be effective in reducing PTSD symptoms related to a variety of traumatic events including child abuse, combat, rape and natural disasters. CPT is endorsed by the U.S. Departments of

Veterans Affairs and Defense, as well as the International Society of Traumatic Stress Studies, as a best practice for the treatment of PTSD. The treatment manual has been translated into six languages.
https://www.ptsd.va.gov/understand_tx/cognitive_processing.asp

**Eye Movement Desensitization and Reprocessing** - Eye Movement Desensitization and Reprocessing (EMDR) therapy (Shapiro, 2001) was initially developed in 1987 for the treatment of posttraumatic stress disorder (PTSD) and is guided by the Adaptive Information Processing model (Shapiro 2007). EMDR is an individual therapy typically delivered one to two times per week for a total of 6-12 sessions, although some people benefit from fewer sessions. Sessions can be conducted on consecutive days. EMDR is conditionally recommended by the APA Clinical Practice Guideline for the Treatment of PTSD.
http://www.emdr.com/

**Prolonged exposure therapy** – this form of behavior therapy and cognitive behavioral therapy designed to treat post-traumatic stress disorder. It is characterized by two main treatment procedures – imaginal and in vivo exposures. Imaginal exposure is repeated 'on-purpose' retelling of the trauma memory. In vivo exposure is gradually confronting situations, places, and things that are reminders of the trauma or feel dangerous.
https://www.ptsd.va.gov/understand_tx/prolonged_exposure.asp

**Steve Sisolak**
*Governor*

**Richard Whitley**
*Director*

State of Nevada
Department of Health and Human Services

## AB 206, Section 11

Division of Public and Behavioral Health
Administrator Lisa Sherych
November 19, 2019

Helping People. It's who we are and what we do.

# Assembly Bill 206, Section 11

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## AB 206, Section 11
### The Department shall develop a written plan to address behavioral health needs in an emergency or disaster.

(NRS 414.0335/disaster & NRS 414.0345/emergency are defined as an occurrence.)

(a) **Prescribe a process** for assessing the need for behavioral health resources during & after an emergency or disaster based on the estimated impact of the situation & the estimated depletion of resources.

(b) **Ensure continuity of services** for existing patients with a mental illness, developmental disability, or intellectual disability *during* an emergency or disaster.

(c) **Prescribe strategies** to deploy triage & psychological first aid *during* an emergency or disaster.

(d) **Identify opportunities** for the rendering of mutual aid *during* an emergency or disaster.

(e) **Prescribe procedures** to address the behavioral health needs of first responders *during & after* an emergency or disaster.

(f) **Prescribe measures** to aid the recovery of the behavioral health system *after* an emergency or disaster.

---

(a) Prescribe a process for assessing the need for behavioral health resources during & after an emergency or disaster based on the estimated impact of the situation & the estimated depletion of resources.

- DPBH, NV Resilience Advisory Committee, & NV Tribal Emergency Coordinating Council will assist political subdivisions & tribal governments to identify *or* develop culturally-diverse, community-based, assessment teams (CATs).

- CATs will use a collaborative, whole community approach to build on the work already being accomplished in the local communities & to ensure all Nevada communities have an opportunity to participate in the assessment & in the statewide behavioral health emergency & disaster planning process.

- Each CAT will conduct a community-specific Threat & Hazard Identification & Risk Assessment (THIRA) to identify the:
    - Community-specific threats & hazards
    - Impact they would have on the community
    - Community's capability to address them

**(b) Ensure continuity of services for existing patients with a mental illness, developmental disability, or intellectual disability *during* an emergency or disaster.**

- There are many State & Federal regulations to help ensure continuity of services for this population. Examples:
    - All State agencies include this element in their Emergency Operations Plans
    - All Rural Regional Center contracted-providers
    - All Certified Community Behavioral Health Clinics
    - The Joint Commission & CARF

**Recommend**

- DPBH assist local government entities & behavioral health treatment organizations & agencies to develop continuity of operations plans (COOPs) to identify each program's essential functions & essential staff & to provide MOUs for mutual aid.

---

**(c) Prescribe strategies to deploy triage & psychological first aid *during* an emergency or disaster.**

**Strategies currently in place**

- State Emergency Registry of Volunteers-Nevada (SERV-NV) which is a national, web-based, network of state-based systems used to register, qualify, & credential healthcare professionals in advance of an occurrence.
- AB 534 Sec. 21 amends NRS 641 to allow suspension of certain licensure requirements; requires certain licensing boards to maintain lists of licensees trained in the treatment of short- & long-term mental & emotional trauma; & requires those boards to provide their lists to a governmental entity responding to an emergency or disaster.
- DPBH administers the Everbridge system which allows for mass communication to enrolled DPBH staff.

**Recommended strategies**

- Formalize Emergency Support Function 8.1 in the DPBH Emergency Operations Plan.
- Ensure local-jurisdiction behavioral health teams are integrated into the statewide disaster plan.
- Each local-jurisdiction designate a behavioral health coordinator who will work with the local CAT.
- Each local-jurisdiction develop a comprehensive behavioral health mobilization & deployment plan & protocols; include protocols to address self-deployers.
- DPBH develop an intra-state mutual aid behavioral health resource inventory & disseminate it to the local communities.
- Use Everbridge to conduct drills.
- Develop & implement a standardized, statewide, initial & refresher, training-plan; ensure trainings are based on best practices & address cultural-sensitivity; recruit & train community-based peer supporters, faith-based community, & other natural community helpers.

**Deployment**

- Activate the behavioral health mobilization deployment protocols & processes.

**(d)** Identify opportunities for the rendering of mutual aid *during* an emergency or disaster.

**Existing**

- DPBH, other governmental, & non-governmental entities have behavioral health **interstate** mutual aid agreements & systems in place.
- The NV **Intrastate** Mutual Aid System authorizes the provision of State equipment, services, or facilities for statewide use during the response & during the recovery.
- The NV Hospital Association & participating hospitals within the geographical boundaries of the State have a mutual aid agreement.
- DCFS in partnership with the Vegas Strong Resiliency Center maintains a list of trained disaster response mental health & supportive services providers within Nevada & other states.
- SERV-NV-registered volunteers can be mobilized anywhere across the State.

**Recommend**

- Develop mutual aid agreements with the criminal justice agencies.

---

**(e)** Prescribe procedures to address the behavioral health needs of first responders *during & after* an emergency or disaster - Preparation

- Develop policies for the organizational care of responders, write strategic plans, & develop clear written protocols.
- Develop a clearly defined team & leadership cadre & establish sub-teams. Model the structure of the team on the Incident Command System.
- Develop a strategy to address the stigma, misunderstanding, & perceptions about responders who use behavioral health services.
- Address the behavioral health needs of responders in employee handbooks & orientation; provide workshops & training seminars.
- Train EAP professionals on how to provide psychological first aid & crisis counseling that is specific to responders.
- Develop policies & procedures to provide initial & follow up incident defusing & debriefing sessions.
- Continue to develop public & private-sector response capacity by expanding the standardized psychological first aid & crisis counseling trainings.
- Establish a network of responder agency peer-support teams trained in crisis response & distress recognition to be mobilized for other responder agencies when local peer-support providers are involved in responding to the occurrence & are not available to assist their own agencies.

**(e) Prescribe procedures to address the behavioral health needs of first responders *during & after* an emergency or disaster – During**

- Use a mass notification system to alert & mobilize behavioral health providers & crisis counselors so they are available to the responders at the beginning of the occurrence.
- Activate the responders in the teams of which they were trained.
- Monitor responders throughout the occurrence & provide confidential outreach, interventions, assistance, & referrals to those who show obvious signs of distress, or as otherwise indicated.
- As requested by the responder, provide confidential, one-on-one crisis interventions & assistance any time during the occurrence.
- Conduct regular confidential one-on-one defusing & debriefing sessions with each responder at the end of her or his event-shift.
- Provide small defusion/debriefing groups throughout the occurrence.

**(e) Prescribe procedures to address the behavioral health needs of first responders *during & after* an emergency or disaster - After**

Provide confidential, one-on-one *debriefing* sessions with each responder over time:
  - Immediate - at the time of demobilization
  - Intermediate - within 72 hours of the demobilization
  - Follow up - approximately 30 days post-occurrence
- Provide small stress *defusion* groups - 8 to 12 hours post-occurrence.
- Provide small critical incident stress *debriefing* groups that follow a standardized curriculum & are staffed by teams of trained behavioral health specialists & peer support specialists - 24 to 72 hours post-occurrence.
- Make & facilitate referrals: EAP, peer-support providers; self- & peer-help groups.
- Provide family information sessions & family support services.
- Facilitate a responder communication & support system by establishing listservs, an online communications platform, by encouraging the sharing of contact information, & by providing conference calls.
- Monitor responders over time & provide confidential outreach, interventions, assistance, & referrals to those who show obvious signs of distress, or as otherwise indicated.

**(f) Prescribe measures to aid the recovery of the behavioral health system *after* an emergency or disaster.**

- Integrate behavioral health activities & programming into other sectors (e.g., education, health care, socials services) to reduce stand-alone services, reach more people, foster resilience & sustainability, & reduce stigma.
- Teach clients & the community strategies known to impart resilience (e.g., coping skills, social connectedness).
- Involve the local communities in behavioral health recovery planning; identify & build on local resources, capacities, & networks (faith-based community, families, schools, & friends).
- Develop capacity for the system to respond to the surge in behavioral health care needs by providing clinicians & other service providers with emergency- & disaster-specific treatment & intervention education, training, & skill building.
- Develop a recovery-specific section in the behavioral health plan that addresses how to quickly resume mission-critical functions, how to analyze post-occurrence business processes & continuity needs, & how to develop a comprehensive recovery timeline.

**(f) Prescribe measures to aid the recovery of the behavioral health system *after* an emergency or disaster. (Continued)**

- Develop an intra-state mutual aid behavioral health resource inventory & disseminate it to the local communities.
- Provide post-disaster messaging using a coordinated, unified, messaging system using:
  - Joint Information Center
  - State/county/local crisis communication groups
  - Regional behavioral health coordinators
  - Regional healthcare coalitions
  - NV Tribal Emergency Coordinating Council
- Integrate the NV Security Awareness Committee into any emergency preparedness groups to ensure recovery of electronic health records & of the Medication Management Program.

**SUMMARY OF NEVADA RESILIENCE ADVISORY COMMITTEE
STRENGTH, WEAKNESSES, OPPORTUNITIES, AND THREATS (SWOT) ANALYSIS FOR
BEHAVIORAL HEALTH RESPONSE PLANNING
11-19-19**

## SUMMARY OF STRENGTHS:

➢ Have strong diversity of experience with mass disaster and can draw from lessons learned.
➢ Have strong, competent local communities with passionate leaders who understand the unique strengths, resources, and needs of their communities.
➢ Can partner with a variety of organizations, agencies, boards, coalitions, etc.
➢ Many organizations and local communities have begun developing their own behavioral health response plans, have begun training responders, and are willing to help develop a state plan.
➢ Have state and legislative support to include behavioral health in emergency preparedness.
➢ Have trained a variety of individuals across the state in Psychological First Aid.
➢ Have the State Emergency Registry of Volunteers-Nevada, which enables us to verify the identity and credentials of **health professionals** in order for them to readily volunteer.
➢ Have an Interstate Mutual Aid System in place, and some entities have other Mutual Aid Agreements in place.
➢ Are using data to inform our decisions.

## SUMMARY OF WEAKNESSES:

➢ Lack a statewide plan.
➢ Some confusion about Psychological First Aid, and not everyone is trained on the curriculum.
➢ Tend to work in silos, and our efforts tend to be fragmented and uncoordinated.
➢ Lack standards and best practices.
➢ Lack an inventory of resources, classes, staff, etc.
➢ There are many questions and concerns about pre-credentialing.
➢ There is a concern that not everyone is appropriate to help post-incident and may inadvertently revictimize survivors.
➢ There are questions and communication issues about systems we already have in place, such as pre-credentialing and interstate mutual aid.
➢ Lack time and financial resources to develop the plan.
➢ Lack a sufficient number of providers.
➢ Lack funding to serve individuals with higher behavioral health needs.
➢ Lack a forensic emergency response.
➢ Plan does not address the psychological needs of the responders.
➢ Not all state employees are enrolled in the Everbridge system.

## SUMMARY OF OPPORTUNITIES:

➢ Focus on the communities: go to the various communities, have regional meetings, and focus groups.
➢ Formalize how the state is prepared to handle large scale emergencies. Create a best practice document for local governments to include in their emergency operations plans.
➢ Develop cultural competence and inclusion.
➢ DPBH and the Nevada Resilience Advisory Committee agreed to have ongoing outreach and engagement to capture the necessary information to formulate the plan.
➢ Create a best practice document for local governments to include in their emergency operations plans.
➢ Provide consistent post-disaster messaging through our county crisis communication groups, regional boards, and coordinators.

- ➤ Include the behavioral health community, peer support providers, partnership organizations, unions, the Las Vegas Valley Water District, EAP programs, the Southern Nevada Healthcare Preparedness Coalition, and the Public Health Emergency Preparedness Program.
- ➤ Reach out to the Nevada Tribal Coordinating Council - represents the 27 tribes within Nevada.
- ➤ Develop an Emergency Operations Command position specific to behavioral health.
- ➤ Share best practices and lessons learned. The Las Vegas Harm Resiliency Center could be a resource. Could use the Clark County model or the Office of Suicide Prevention Employee Assistance Program Grant model.
- ➤ Develop a section on moving from the disaster phase to the recovery phase.
- ➤ Formalize Emergency Support Function (ESF 8.1) in Emergency Operations Plans.
- ➤ Integrate into the November Statewide Complex Coordinated Terrorist Attack exercise.
- ➤ Provide crisis counseling for the mental health responders.
- ➤ Training: Train peer supporters, standardize the training, grow the Psychological First Aid class, combine the Crisis Intervention Team training with the Psychological First Aid class, build an online training program, increase participation through low cost fees, pursue funding for training, and expand our training capacity.
- ➤ Enroll all state employees in Everbridge.

**SUMMARY OF THREATS:**

- ➤ Communities want state assistance but don't want bureaucratic roadblocks and hard to follow rules. The plan needs to be easy for the private sector to use. We need to plan for, honor, and embrace the assistance of the natural helping community; we want to engage those who are ready, willing, and able to give input. People responding to the emergency have other jobs. The process needs to be free of barriers (cost/judgement).
- ➤ Need to address stigma, misunderstanding, and perceptions on using these services. Need a process for checking back in and offering help over time.
- ➤ Little local government behavioral health resources; need to develop internal resources and capacity; need help from state and private providers.
- ➤ Need to standardize the services.
- ➤ We are too siloed.
- ➤ The system may be overwhelmed by adding a bolus of post-disaster behavioral health patients to the number of patients that existed pre-disaster.
- ➤ Lack a plan for self-deployment for **non-medical/behavioral health**.
- ➤ Training: No identified, sustained, funding source; need time for staff to be trained; need to develop a cyclical training plan; need to sustain the training effect.
- ➤ Lack clear expectation-management; we need to articulate the purpose of the plan and what it is not.
- ➤ Need to address cultural competency.

*5.3.1.3   Prioritization Form*

The Mitigation Grant Prioritization Form used by the NHMPC is shown in Section 8, Figure 8-2 and below.

<table>
<tr><td colspan="2" align="center">**NHMPC Prioritization Form**</td></tr>
<tr><td colspan="2">**Subgrantee:** _____   **Activity Name:** _____</td></tr>
<tr><td colspan="2" align="center">**Ranking and Selection of Applications:**</td></tr>
<tr><td>**Application Prioritization Criteria (I-3)**</td><td>**Assigned Value (0 - 10)**</td></tr>
<tr><td>a.   Population Affected</td><td>_____</td></tr>
<tr><td>b.   Public Perception of Need</td><td>_____</td></tr>
<tr><td>c.   Emergency Access and Public Inconvenience<br>*For planning applications:*<br>*Performance of current plan maintenance activities &*<br>*Implementation of mitigation activities.*</td><td>_____</td></tr>
<tr><td>d.   Cost Effectiveness of the Project (BCA=1) (10 pts)<br>*For planning applications: (15 pts)*<br>*Understanding of the planning process and a methodology*<br>*for completing the proposed mitigation plan.*</td><td>_____</td></tr>
<tr><td>e.   Availability of Other Funding Sources</td><td>_____</td></tr>
<tr><td>f.   Timing and Implementation</td><td>_____</td></tr>
<tr><td>g.   Environmental Enhancement (10 pts)<br>*For planning applications: (0 pts)*</td><td>_____</td></tr>
<tr><td>h.   Resilience, Maintenance & Sustainability of Project (10 pts)<br>*For planning applications: (15 pts)*<br>*The description of unique or innovative outreach activities*<br>Subtotal Prioritization Criteria (I-3, a thru h)</td><td>_____</td></tr>
<tr><td>**Subtotal Criteria - (80-Point Maximum)/2 =**</td><td>_____<br>(Max. 40 points)</td></tr>
<tr><td>**Additional Prioritization Considerations (I-4)**</td><td></td></tr>
<tr><td>a.   Consistent with State & Local Mitigation Plan</td><td>_____</td></tr>
<tr><td>b.   Detrimental Impact if Not Taken</td><td>_____</td></tr>
<tr><td>c.   Greatest Impact to Reduce Future Disaster Losses</td><td>_____</td></tr>
<tr><td>d.   Mitigate Multiple Hazards and/or Accomplish<br>Multiple Objectives</td><td>_____</td></tr>
<tr><td>e.   Optimize Total Funds Available</td><td>_____</td></tr>
<tr><td>f.   Local Level of Interest & Degree of<br>Commitment to Project</td><td>_____</td></tr>
<tr><td>**Additional Considerations Combined (I-4, a thru f)**</td><td>_____<br>(Max. 60 points)</td></tr>
<tr><td>**Total Criteria + Considerations** _____ (Max. 100 points)</td><td></td></tr>
</table>

**Figure 5-2**. NHMPC Prioritization Form

FY 2019 PDM
Mitigation Grant
Opportunities

11/12/2019

# Pre-disaster mitigation (PDM)

➢ Annual, **Nationally Competitive**, non-disaster grants

➢ Appropriated by the Consolidated Appropriations Act, 2019 (Public Law 116-6)

➢ Authorized by the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, (42 U.S.C. 5133)

Project and/or Planning grants

➢ Period of Performance:

    ➢ 3 years for regular project/plan

    ➢ 4 years for large infrastructure project

    ➢ begins when awarded **TO** the State

➢ Cost Share:  25%  (10% for Impoverished Communities)

➢ A FEMA-approved local mitigation plan **MUST** be in effect at the time of the application deadline of January 31, 2020 <u>and</u> at the time of award

---

# Pre-disaster mitigation (PDM)

FEMA PRIORITIES

1. State/Territory Set-Aside
2. Advance Assistance
3. Resilient Infrastructure Competitive Funding
4. Traditional Competitive PDM Funding

## FEMA PRIORITIES

1. State/Territory Set-Aside - $575,000
2. Advance Assistance (Up to $200,000 per Applicant (including Tribes) for project scoping)
3. Resilient Infrastructure Competitive Funding
   - ➢ Question – How does this project benefit the community/communities?
   - ➢ Each Applicant may only submit **1** subapplication
   - ➢ Up to $10M total Federal Share
4. Traditional Competitive PDM Funding

## PDM Funding Limits

➢ $4 million limit for regular mitigation projects

➢ Up to $200,000 per Applicant for Advance Assistance

➢ $10 million for Resilient Infrastructure projects

➢ $400,000 limit for <u>new</u> mitigation plans

## PDM Funding Limits

➢ $300,000 limit for State/territorial and <u>multijurisdictional</u> local/tribal mitigation plan <u>update</u>

➢ $150,000 limit for <u>single jurisdiction</u> local/tribal mitigation plan <u>update</u>

➢ 5% of plan/project subapplication for subapplicant management costs



**Eligible Mitigation Activities**

FEMA has historically provided grant funding for the following mitigation project types:

✓ Property acquisition and structure demolition/relocation
✓ Structure elevation
✓ Mitigation reconstruction
✓ Dry floodproofing of historic residential structures
✓ Dry floodproofing of non-residential structures
✓ Generators
✓ Localized flood risk reduction projects
✓ Non-localized flood risk reduction projects

✓ Structural retrofitting of existing buildings
✓ Non-structural retrofitting of existing buildings/facilities
✓ Safe room construction
✓ Wind retrofit for one- and two-family residences
✓ Infrastructure retrofit
✓ Soil stabilization
✓ Wildfire mitigation
✓ Advance assistance

FEMA

HMA Hazard Mitigation Assistance

How To Apply

PDM and FMA grant applications <u>must</u> be submitted to FEMA via the Mitigation eGrants system:

https://portal.fema.gov

# Timeline

PDM

➢ Announcement August 2019

➢ Application period opened in eGrants  September 30, 2019

➢ Applications due to NV DEM December 2, 2019

➢ List of potential applications to NRAC December 2019

　　➢ Review of applications

➢ NRAC presentation and vote January 2020

➢ Applications due to FEMA January 31, 2020

# Questions?

## Contact Info

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State Hazard Mitigation Officer

NV Division of Emergency Management

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Cell: 775-870-7111

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## Draft County Allocation by Poplulation Only

| Counties Only | Data | | % of Totals | | Standard Allocation 2015-2019 | Total Amount Based on Population Only - Minus Tribal | Allocation Change Reduction/Increase |
|---|---|---|---|---|---|---|---|
| | 7/1/18 Population | Area - sq miles | 7/1/18 Population | Area - sq miles | | **2,122,130.00** | |
| Carson City | 56,057 | 144.000 | 1.83% | 0.13% | $ 72,274.00 | 38,906.64 | $ (33,367.36) |
| Churchill | 25,628 | 4,929.000 | 0.84% | 4.49% | $ 43,618.25 | 17,787.24 | $ (25,831.01) |
| Clark | 2,251,175 | 7,873.000 | 73.63% | 7.17% | 1,282,236.19 | 1,562,439.21 | $ 280,203.02 |
| Douglas | 49,070 | 710.000 | 1.60% | 0.65% | $ 57,239.00 | 34,057.28 | $ (23,181.72) |
| Elko | 54,326 | 17,182.000 | 1.78% | 15.65% | $ 53,341.00 | 37,705.23 | $ (15,635.77) |
| Esmeralda | 969 | 3,589.000 | 0.03% | 3.27% | 723.66 | 672.54 | $ (51.12) |
| Eureka | 1,951 | 4,176.000 | 0.06% | 3.80% | 1,457.03 | 1,354.10 | $ (102.93) |
| Humboldt | 16,989 | 9,648.000 | 0.56% | 8.79% | 15,518.40 | 11,791.30 | $ (3,727.10) |
| Lander | 6,065 | 5,493.000 | 0.20% | 5.00% | 4,529.42 | 4,209.44 | $ (319.98) |
| Lincoln | 5,255 | 10,635.000 | 0.17% | 9.69% | 23,592.00 | 3,647.26 | $ (19,944.74) |
| Lyon | 55,551 | 1,994.000 | 1.82% | 1.82% | 41,486.21 | 38,555.45 | $ (2,930.76) |
| Mineral | 4,690 | 3,757.000 | 0.15% | 3.42% | 20,723.00 | 3,255.12 | $ (17,467.88) |
| Nye | 47,856 | 18,185.000 | 1.57% | 16.56% | 42,596.00 | 33,214.69 | $ (9,381.31) |
| Pershing | 6,858 | 6,009.000 | 0.22% | 5.47% | 9,050.00 | 4,759.83 | $ (4,290.17) |
| Storey | 4,227 | 263.000 | 0.14% | 0.24% | 17,057.00 | 2,933.77 | $ (14,123.23) |
| Washoe | 460,237 | 6,342.000 | 15.05% | 5.78% | 303,007.00 | 319,429.78 | $ 16,422.78 |
| White Pine | 10,678 | 8,877.000 | 0.35% | 8.08% | - | 7,411.12 | $ 7,411.12 |
| **Nevada Counties** | **3,057,582** | 109,806.000 | 100.00% | 100.00% | 1,988,448.16 | **2,122,130.00** | |

| | | | |
|---|---|---|---|
| Duck Water Shoshone | | | 34,419.00 |
| Fallon Paiute -Shoshone | | | 20,240.00 |
| Pyramid Lake Paiute | | | 20,613.00 |
| Reno-Sparks Indian Colony | | | 19,000.00 |
| Nevada Tribal Emergency Coordinating Council | | | |
| | | | 67,040.00 |
| **Total** | | | 161,312.00 |

## Draft County Allocation by Population & Base

| Counties Only | Data 7/1/18 Population | Data Area - sq miles | % of Totals 7/1/18 Population | % of Totals Area - sq miles | Standard Allocation 2015-2019 | Total Amount Based on Population Only - Minus Tribal | Base +Pop 0.75% | Total -Minus Base | Total | Allocation Change Reduction/Increase |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | 2,122,130.00 | | 1,851,558.43 | | |
| Carson City | 56,057 | 144.000 | 1.83% | 0.13% | 72,274.00 | 38,906.64 | 15,915.98 | 33,946.04 | 49,862.02 | $ (22,411.98) |
| Churchill | 25,628 | 4,929.000 | 0.84% | 4.49% | 43,618.25 | 17,787.24 | 15,915.98 | 15,519.37 | 31,435.34 | $ (12,182.91) |
| Clark | 2,251,175 | 7,873.000 | 73.63% | 7.17% | 1,282,236.19 | 1,562,439.21 | 15,915.98 | 1,363,228.21 | 1,379,144.19 | $ 96,908.00 |
| Douglas | 49,070 | 710.000 | 1.60% | 0.65% | 57,239.00 | 34,057.28 | 15,915.98 | 29,714.97 | 45,630.95 | $ (11,608.05) |
| Elko | 54,326 | 17,182.000 | 1.78% | 15.65% | 53,341.00 | 37,705.23 | 15,915.98 | 32,897.81 | 48,813.79 | $ (4,527.21) |
| Esmeralda | 969 | 3,589.000 | 0.03% | 3.27% | 723.66 | 672.54 | 15,915.98 | 586.79 | 16,502.77 | $ 15,779.10 |
| Eureka | 1,951 | 4,176.000 | 0.06% | 3.80% | 1,457.03 | 1,354.10 | 15,915.98 | 1,181.45 | 17,097.43 | $ 15,640.40 |
| Humboldt | 16,989 | 9,648.000 | 0.56% | 8.79% | 15,518.40 | 11,791.30 | 15,915.98 | 10,287.91 | 26,203.88 | $ 10,685.48 |
| Lander | 6,065 | 5,493.000 | 0.20% | 5.00% | 4,529.42 | 4,209.44 | 15,915.98 | 3,672.74 | 19,588.71 | $ 15,059.29 |
| Lincoln | 5,255 | 10,635.000 | 0.17% | 9.69% | 23,592.00 | 3,647.26 | 15,915.98 | 3,182.23 | 19,098.21 | $ (4,493.79) |
| Lyon | 55,551 | 1,994.000 | 1.82% | 1.82% | 41,486.21 | 38,555.45 | 15,915.98 | 33,639.63 | 49,555.60 | $ 8,069.39 |
| Mineral | 4,690 | 3,757.000 | 0.15% | 3.42% | 20,723.00 | 3,255.12 | 15,915.98 | 2,840.09 | 18,756.07 | $ (1,966.93) |
| Nye | 47,856 | 18,185.000 | 1.57% | 16.56% | 42,596.00 | 33,214.69 | 15,915.98 | 28,979.82 | 44,895.80 | $ 2,299.80 |
| Pershing | 6,858 | 6,009.000 | 0.22% | 5.47% | 9,050.00 | 4,759.83 | 15,915.98 | 4,152.95 | 20,068.93 | $ 11,018.93 |
| Storey | 4,227 | 263.000 | 0.14% | 0.24% | 17,057.00 | 2,933.77 | 15,915.98 | 2,559.71 | 18,475.69 | $ 1,418.69 |
| Washoe | 460,237 | 6,342.000 | 15.05% | 5.78% | 303,007.00 | 319,429.78 | 15,915.98 | 278,702.48 | 294,618.46 | $ (8,388.54) |
| White Pine | 10,678 | 8,877.000 | 0.35% | 8.08% | - | 7,411.12 | 15,915.98 | 6,466.20 | 22,382.18 | $ 22,382.18 |
| Nevada Counties | 3,057,582 | 109,806.000 | 100.00% | 100.00% | 1,988,448.16 | 2,122,130.00 | 270,571.58 | 1,851,558.43 | 2,122,130.00 | |

| | Standard Allocation |
|---|---|
| Duck Water Shoshone | 34,419.00 |
| Fallon Paiute-Shoshone | 20,240.00 |
| Pyramid Lake Paiute | 20,613.00 |
| Reno-Sparks Indian Colony | 19,000.00 |
| Nevada Tribal Emergency Coordinating Council | 67,040.00 |
| Total | 161,312.00 |

# Draft County & City Allocation by Population

| Counties Only | Data 7/1/18 Population | % of Totals 7/1/18 Population | Standard Allocation 2015-2019 | Total Amount Based on Population Only - Minus Tribal | Allocation Change Reduction/Increase |
|---|---|---|---|---|---|
| | | | | **2,122,130.00** | |
| Carson City | 56,057 | 1.833% | $ 72,274.00 | 38,906.64 | $ (33,367.36) |
| Churchill | 16,503 | 0.54% | $ 15,536.00 | 11,453.99 | $ (4,082.01) |
| Fallon | 9,125 | 0.30% | $ 28,082.25 | 6,333.25 | $ (21,749.00) |
| Clark | 1,025,560 | 33.54% | 529,000.00 | 711,795.02 | $ 182,795.02 |
| Las Vegas | 644,113 | 21.07% | 391,886.00 | 447,049.83 | $ 55,163.83 |
| N Las Vegas | 248,701 | 8.13% | 151,407.00 | 172,612.17 | $ 21,205.17 |
| Henderson | 310,244 | 10.15% | 157,243.03 | 215,326.39 | $ 58,083.36 |
| Mesquite | 22,557 | 0.74% | 30,000.00 | 15,655.80 | $ (14,344.20) |
| Douglas | 49,070 | 1.60% | $ 57,239.00 | 34,057.28 | $ (23,181.72) |
| Elko | 49,920 | 1.63% | $ 28,924.00 | 34,647.22 | $ 5,723.22 |
| West Wendover | 4,406 | 0.14% | $ 24,417.00 | 3,058.01 | $ (21,358.99) |
| Esmeralda | 969 | 0.03% | 723.66 | 672.54 | $ (51.12) |
| Eureka | 1,951 | 0.06% | 1,457.03 | 1,354.10 | $ (102.93) |
| Humboldt | 16,989 | 0.56% | $ 15,518.40 | 11,791.30 | $ (3,727.10) |
| Lander | 6,065 | 0.20% | 4,529.42 | 4,209.44 | $ (319.98) |
| Lincoln | 5,255 | 0.17% | $ 23,592.00 | 3,647.26 | $ (19,944.74) |
| Lyon | 55,551 | 1.82% | 41,486.21 | 38,555.45 | $ (2,930.76) |
| Mineral | 4,690 | 0.15% | $ 20,723.00 | 3,255.12 | $ (17,467.88) |
| Nye | 47,856 | 1.57% | $ 42,596.00 | 33,214.69 | $ (9,381.31) |
| Pershing | 6,858 | 0.22% | $ 9,050.00 | 4,759.83 | $ (4,290.17) |
| Storey | 4,227 | 0.14% | $ 17,057.00 | 2,933.77 | $ (14,123.23) |
| Washoe | 111,291 | 3.64% | $ 160,877.00 | 77,242.07 | $ (83,634.93) |
| Sparks | 100,140 | 3.28% | $ - | 69,502.67 | $ 69,502.67 |
| Reno | 248,806 | 8.14% | $ 142,130.00 | 172,685.04 | $ 30,555.04 |
| White Pine | 10,678 | 0.35% | $ - | 7,411.12 | $ 7,411.12 |
| Nevada Counties | 3,057,582 | 100% | 1,965,748.00 | 2,122,130.00 | |

| | | | |
|---|---|---|---|
| Duck Water Shoshone | | | 34,419.00 |
| Fallon Paiute -Shoshone | | | 20,240.00 |
| Pyramid Lake Paiute | | | 20,613.00 |
| Reno-Sparks Indian Colony | | | 19,000.00 |
| Nevada Tribal Emergency Coordinating Council | | | 67,040.00 |
| Total | | | 161,312.00 |

## Draft County & City Allocation by Population & Base

| Counties Only | Data 7/1/18 Population | % of Totals 7/1/18 Population | Standard Allocation 2015-2019 | Total Amount Based on Population Only - Minus Tribal | Base +Pop | Total - Minus Base | Total | Allocation Change Reduction/Increase |
|---|---|---|---|---|---|---|---|---|
| | | | | 2,122,130.00 | 0.75% | 1,724,230.63 | | |
| Carson City | 56,057 | 1.833% | $ 72,274.00 | 38,906.64 | 15,915.98 | 31,611.64 | 47,527.62 | $ (24,746.38) |
| Churchill | 16,503 | 0.54% | $ 15,536.00 | 11,453.99 | 15,915.98 | 9,306.37 | 25,222.34 | $ 9,686.34 |
| Fallon | 9,125 | 0.30% | $ 28,082.25 | 6,333.25 | 15,915.98 | 5,145.77 | 21,061.74 | $ (7,020.51) |
| Clark | 1,025,560 | 33.54% | $ 529,000.00 | 711,795.02 | 15,915.98 | 578,333.45 | 594,249.43 | $ 65,249.43 |
| Las Vegas | 644,113 | 21.07% | 391,886.00 | 447,049.83 | 15,915.98 | 363,227.99 | 379,143.96 | $ (12,742.04) |
| N Las Vegas | 248,701 | 8.13% | 151,407.00 | 172,612.17 | 15,915.98 | 140,247.39 | 156,163.36 | 4,756.36 |
| Henderson | 310,244 | 10.15% | 157,243.03 | 215,326.39 | 15,915.98 | 174,952.69 | 190,868.67 | 33,625.64 |
| Mesquite | 22,557 | 0.74% | 30,000.00 | 15,655.80 | 15,915.98 | 12,720.34 | 28,636.31 | $ (1,363.69) |
| Douglas | 49,070 | 1.60% | $ 57,239.00 | 34,057.28 | 15,915.98 | 27,671.54 | 43,587.51 | $ (13,651.49) |
| Elko | 49,920 | 1.63% | $ 28,924.00 | 34,647.22 | 15,915.98 | 28,150.87 | 44,066.84 | $ 15,142.84 |
| West Wendover | 4,406 | 0.14% | $ 24,417.00 | 3,058.01 | 15,915.98 | 2,484.63 | 18,400.61 | $ (6,016.39) |
| Esmeralda | 969 | 0.03% | 723.66 | 672.54 | 15,915.98 | 546.44 | 16,462.41 | $ 15,738.75 |
| Eureka | 1,951 | 0.06% | 1,457.03 | 1,354.10 | 15,915.98 | 1,100.21 | 17,016.18 | $ 15,559.15 |
| Humboldt | 16,989 | 0.56% | $ 15,518.40 | 11,791.30 | 15,915.98 | 9,580.43 | 25,496.41 | $ 9,978.01 |
| Lander | 6,065 | 0.20% | 4,529.42 | 4,209.44 | 15,915.98 | 3,420.17 | 19,336.15 | $ 14,806.73 |
| Lincoln | 5,255 | 0.17% | $ 23,592.00 | 3,647.26 | 15,915.98 | 2,963.40 | 18,879.37 | $ (4,712.63) |
| Lyon | 55,551 | 1.82% | 41,486.21 | 38,555.45 | 15,915.98 | 31,326.30 | 47,242.28 | $ 5,756.07 |
| Mineral | 4,690 | 0.15% | $ 20,723.00 | 3,255.12 | 15,915.98 | 2,644.78 | 18,560.76 | $ (2,162.24) |
| Nye | 47,856 | 1.57% | $ 42,596.00 | 33,214.69 | 15,915.98 | 26,986.94 | 42,902.91 | $ 306.91 |
| Pershing | 6,858 | 0.22% | $ 9,050.00 | 4,759.83 | 15,915.98 | 3,867.36 | 19,783.34 | $ 10,733.34 |
| Storey | 4,227 | 0.14% | $ 17,057.00 | 2,933.77 | 15,915.98 | 2,383.69 | 18,299.66 | $ 1,242.66 |
| Washoe | 111,291 | 3.64% | $ 160,877.00 | 77,242.07 | 15,915.98 | 62,759.18 | 78,675.16 | $ (82,201.84) |
| Sparks | 100,140 | 3.28% | $ - | 69,502.67 | 15,915.98 | 56,470.92 | 72,386.89 | $ 72,386.89 |
| Reno | 248,806 | 8.14% | $ 142,130.00 | 172,685.04 | 15,915.98 | 140,306.60 | 156,222.57 | $ 14,092.57 |
| White Pine | 10,678 | 0.35% | $ - | 7,411.12 | 15,915.98 | 6,021.53 | 21,937.51 | $ 21,937.51 |
| Nevada Counties | 3,057,582 | 100% | 1,965,748.00 | 2,122,130.00 | 397,899.38 | 1,724,230.63 | 2,122,130.00 | 156,382.00 |

| | |
|---|---|
| Duck Water Shoshone | 34,419.00 |
| Fallon Paiute -Shoshone | 20,240.00 |
| Pyramid Lake Paiute | 20,613.00 |
| Reno-Sparks Indian Colony | 19,000.00 |
| Nevada Tribal Emergency Coordinating Council | 67,040.00 |
| Total | 161,312.00 |

| Counties Only | 2010 Census Population | 7/1/18 Population | # Change | % Change |
|---|---|---|---|---|
| Carson City | 55,274 | 56,057 | 783 | 1.42% |
| Churchill | 16,271 | 16,503 | 232 | 1.43% |
| Fallon | 8,606 | 9,125 | 519 | 6.03% |
| Clark | 877,547 | 1,025,560 | 148,013 | 16.87% |
| Las Vegas | 583,756 | 644,113 | 60,357 | 10.34% |
| N Las Vegas | 216,961 | 248,701 | 31,740 | 14.63% |
| Henderson | 257,729 | 310,244 | 52,515 | 20.38% |
| Mesquite | 15,276 | 22,557 | 7,281 | 47.66% |
| Douglas | 46,997 | 49,070 | 2,073 | 4.41% |
| Elko | 44,408 | 49,920 | 5,512 | 12.41% |
| West Wendover | 4,410 | 4,406 | (4) | -0.09% |
| Esmeralda | 783 | 969 | 186 | 23.75% |
| Eureka | 1,987 | 1,951 | (36) | -1.81% |
| Humboldt | 16,528 | 16,989 | 461 | 2.79% |
| Lander | 5,775 | 6,065 | 290 | 5.02% |
| Lincoln | 5,345 | 5,255 | (90) | -1.68% |
| Lyon | 51,980 | 55,551 | 3,571 | 6.87% |
| Mineral | 4,772 | 4,690 | (82) | -1.72% |
| Nye | 43,946 | 47,856 | 3,910 | 8.90% |
| Pershing | 6,753 | 6,858 | 105 | 1.55% |
| Storey | 4,010 | 4,227 | 217 | 5.41% |
| Washoe | 105,922 | 111,291 | 5,369 | 5.07% |
| Sparks | 90,264 | 100,140 | 9,876 | 10.94% |
| Reno | 225,221 | 248,806 | 23,585 | 10.47% |
| White Pine | 10,030 | 10,678 | 648 | 6.46% |
| Nevada Counties | 2,700,551 | 3,057,582 | 357,031 | 13.22% |

October 17, 2019

The Honorable Shelley Moore Capito, Chairman
The Honorable Jon Tester, Ranking Member
Appropriations Subcommittee on Homeland Security
United States Senate
Washington, D.C. 20510

The Honorable Lucille Roybal-Allard, Chairwoman
The Honorable Chuck Fleischmann, Ranking Member
Appropriations Subcommittee on Homeland Security
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Capito, Chairwoman Roybal-Allard, Ranking Member Tester, and Ranking Member Fleischmann:

Congratulations on completing your work on legislation making appropriations for the Department of Homeland Security (DHS). We appreciate your continued support of emergency management and homeland security priorities, particularly the Emergency Management Performance Grants (EMPG) within the Federal Emergency Management Agency (FEMA).

EMPG stands as a critical driver of progress and success across the country in helping states and local jurisdictions prepare for, respond to, and recover from the full range of hazards facing our citizens. The federal investment in EMPG is currently $350 million – a little more than $1 per citizen – and with the match requirement and additional state and local investment, the return on investment exceeds $700 million. Therefore, the proposed $5 million increase in the Senate bill and proposed $25 million increase in the House bill will have a national impact of $10 to $50 million.

EMPG provides the necessary support to build and sustain capabilities necessary to protect citizens, avoid the escalation of an event, and saves post-disaster expenditures by the federal government. Take for example FY18 when 66 disasters required a major or emergency declaration by the President. During that same time period, however, capabilities afforded through EMPG allowed state and local emergency managers to handle 23,331 additional events without federal expenditures.

The undersigned associations may have many funding priorities within DHS and FEMA, but today we come together in recognition of this program and the capabilities it sustains. We appreciate your continued support, respectfully endorse the $25 million increase in the House version of the bill and look forward to our continued partnership in ensuring the nation's ability to respond to disasters.

Sincerely,

Matthew D. Chase
Executive Director
The National Association of Counties

Brad Richy
President
National Emergency Management Association

Tom Cochran
CEO and Executive Director
The U.S. Conference of Mayors

Marty Shaub, CEM
President
International Association of Emergency
      Managers – U.S. Council

David Adkins
Executive Director/CEO
The Council of State Governments

Barb Graff
Chair
Big City Emergency Managers

Clarence E. Anthony
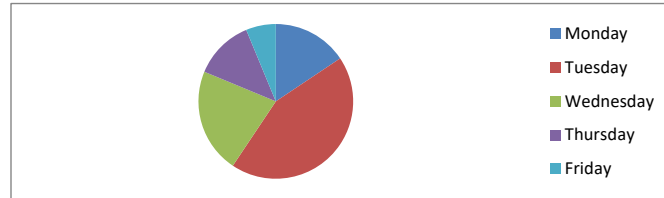CEO and Executive Director
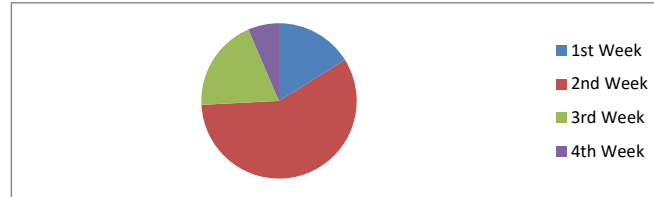National League of Cities

**Meeting Schedule for Calendar Year 2020**
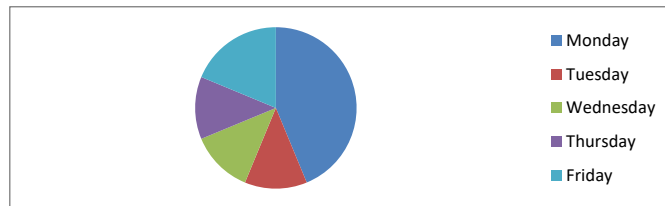
| Best Day of the Week: | |
|---|---|
| Monday | 5 |
| Tuesday | 14 |
| Wednesday | 7 |
| Thursday | 4 |
| Friday | 2 |



| Best Week of the Month | |
|---|---|
| 1st Week | 5 |
| 2nd Week | 18 |
| 3rd Week | 6 |
| 4th Week | 2 |



| Worst Day of the Week | |
|---|---|
| Monday | 14 |
| Tuesday | 4 |
| Wednesday | 4 |
| Thursday | 4 |
| Friday | 6 |



| Worst Week of the Month | |
|---|---|
| 1st Week | 13 |
| 2nd Week | 1 |
| 3rd Week | 7 |
| 4th Week | 10 |