



STATE OF NEVADA MEETING NOTICE AND AGENDA NEVADA RESILIENCE ADVISORY COMMITTEE

Name of Organization: Nevada Resilience Advisory Committee
Date and Time of Meeting: Wednesday, May 13, 2020 – 2:00 P.M.

Teleconference Only:

Call: 970-984-6000
Access Code: 26304113#

Pursuant to Section 1 of the Declaration of Emergency Directive 006 signed March 22, 2020, the requirement contained in Nevada Revised Statutes (NRS) 241.023(1)(b) that there be a physical location designated for meetings of public bodies where members of the public are permitted to attend and participate is suspended due to the COVID-19 emergency. Please see Attachment A. This meeting will be teleconferenced beginning at 2:00 p.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.

Please 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, 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, Chief John Steinbeck, UAA. The Committee will discuss and review the minutes of the March 11, 2020, Committee meeting. The Committee may vote to amend and approve or approve the minutes as provided.
- 4. Federal Fiscal Year (FFY) 2020 Homeland Security Grant Program (HSGP)** – (Discussion Only) – Kelli Anderson, Emergency Management Program Manager, Division of Emergency Management/Homeland Security (DEM/HS). The Committee will be provided with an update on the status of the Homeland Security Grant Program award for the Federal Fiscal Year 2020 application.

5. **Federal Fiscal Year (FFY) 2020 Emergency Management Performance Grant (EMPG) Supplemental** – (Discussion Only) – Kelli Anderson, Emergency Management Program Manager, DEM/HS. The Committee will be provided with an update on the status of the Emergency Management Performance Grant Supplemental award for the Federal Fiscal Year 2020.
6. **Overview of Behavioral Health Resources** – (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). Dr. Woodard will provide an overview of the behavioral health resources available during the COVID-19 emergency.
7. **Discussion on Statewide Recovery Efforts** – (Discussion Only) – Chair, Chief Justin Luna, SAA, and Vice-Chair, Chief John Steinbeck, UAA. The Committee will discuss the Nevada COVID-19 Recovery and Resiliency Framework and the overall statewide recovery efforts related to the COVID-19 emergency.
8. **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.
9. **Adjourn** – (Discussion/For Possible Action)

This is a public meeting. In conformance with the Nevada Public Meeting Law, and pursuant to Sections 3 and 4 of the Declaration of Emergency Directive 006 signed March 22, 2020, this agenda was posted or caused to be posted on or before 9:00 a.m. on May 8, 2020, at the following locations:

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/2020_Nevada_Resilience_Advisory_Committee/
- 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 May 13, 2020 NRAC

Meeting Minutes Nevada Resilience Advisory Committee

Attendance	DATE	March 11, 2020			
	TIME	9:00 A.M.			
	LOCATIONS	Legislative Counsel Bureau Legislative Building – Room 1214 401 S. Carson Street Carson City, NV 89701			
		Legislative Counsel Bureau Grant Sawyer Building – Room 4412 555 E. Washington Avenue Las Vegas, NV 89101			
	METHOD	Video-Teleconference			
RECORDER	Meagan Werth Ranson				
Advisory Committee Voting Member Attendance					
Member Name	Present	Member Name	Present	Member Name	Present
Justin Luna	X	Jeanne Freeman	X	Todd Moss	X
John Steinbeck	ABS	Mike Heidemann	X	Tennille Pereira	X
Roy Anderson	X	Jill Hemenway	X	Shaun Rahmeyer	X
Travis Anderson	X	Eric Holt	X	Misty Robinson	X
Elizabeth Breeden	X	Dave Hunkup	X	Rachel Skidmore	X
James Chrisley	X	Jeremy Hynds	X	Corey Solferino	X
Darci Davis	ABS	Graham Kent	ABS	Malinda Southard	ABS
Cassandra Darrough	ABS	Mary Ann Laffoon	X	Chris Tomaino	X
Robert Dehnhardt	X	Chris Lake	X	Mike Wilson	ABS
Craig dePolo	X	Bob Leighton	X		
Kelly Echeverria	X	Carolyn Levering	X		
Dave Fogerson	X	Ryan Miller	X		
Advisory Committee Non-Voting Member Attendance					
Bunny Bishop	ABS	Melissa Friend	X	Catherine Nielson	ABS
Rebecca Bodnar	ABS	Kacey KC	ABS		
Felix Castagnola	X	Aaron Kenneston	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
Kendall Herzer			Nevada Division of Emergency Management - South		X

1. Call to Order and Roll Call

Chief Justin Luna, Division of Emergency Management and Homeland Security (DEM/HS), called the meeting to order. Roll call was performed by Meagan Werth Ranson, DEM/HS. Quorum was established for the meeting.

2. Public Comment

Chief Luna opened the discussion for public comment in all venues. No public comment was provided from the Las Vegas venue, the Carson City venue or from the phone.

3. Approval of Minutes

Chief Luna called for a motion to amend or approve the draft minutes from the February 19, 2020, Committee meeting. A motion to approve the minutes as presented was provided by Chief Bob Leighton, Reno Fire Department and a second was provided by Dr. Chris Lake, Nevada Hospital Association. The motion passed unanimously.

4. Homeland Security Grant Program (HSGP) Status, Process, and Timeline

Chief Luna noted this agenda item is for discussion only regarding the Homeland Security Grant Program (HSGP) status, process, and timeline. Chief Luna spoke to the handouts provided in the member packets. Item #4a is a summary of the information from the notice of funding opportunity (NOFO). This document includes a brief summary paragraph, total award amounts for the State HSGP with a plus 15 amount for reference, the range amount for the Urban Area Security Initiative (UASI) grant award for the Las Vegas area with a reference for the plus 15 amount for the high end of that range at \$5.25 million. There is also a summary for each of the four national priorities that were outlined in the federal grant guidance. Each of these four priorities has to have projects that equal 5% of the award amount. The 5% amounts are listed for reference for State Homeland Security Program (SHSP) and UASI range amounts. It is the goal to target the higher range amount for UASI at the \$262,500.00 amount. Chief Luna spoke to document labeled #4b. This is the timeline that has been distributed for the HSGP process. A lot of the tasks have already been completed. The Nevada Commission on Homeland Security (NCHS) met on March 3, 2020 and was provided of an overview of the current status of this process. The urban area met on March 9, 2020. The Nevada Resilience Advisory Committee (Committee) will be hearing project proposals at today's meeting and will rank the presentations to make recommendations to forward to the Nevada Commission on Homeland Security Finance Committee (Finance Committee). The Finance Committee is scheduled to meet on April 1, 2020 where recommendations will be heard from the urban area and the state on which projects to submit in the application for the HSGP process. The next Committee meeting is scheduled for April 8, 2020 where there will be an update on the status of the process. The NCHS is set to meet again on April 9, 2020 to review the final recommendations for the HSGP process. The application to the federal government is due on April 14, 2020. The federal government has provided a two week extension on this application due to the nationwide response and efforts to Covid-19. Chief Luna spoke to the document #4c titled Strategic Capacities to be maintained in FFY2020. This document was reviewed in October 2019 by this Committee and approved by the NCHS in October 2019 as well. These are the strategic capacities that will be considered when listening to the project presentations and ranking for priorities.

5. Urban Area Working Group (UAWG) Meeting Review

Kelli Anderson, DEM/HS, spoke to the Urban Area Working Group (UAWG) meeting that occurred on March 9, 2020. The urban area heard all the projects and testimony and ranked the projects based on the maintained capacities in one vote. The second vote covered a span of money from the minimum to a maximum amount of almost \$1 million dollars. The third vote was on the plus 15 amount. The UAWG was able to use de-obligated funds to manage the gaps of funding and came up with a very closely balanced budget. There are three priorities to submit; one is the minimum amount, one is the maximum amount, and the final is the plus 15 amount. This was a good process with a lot of discussion on the projects. Ultimately, three projects were pulled due to lack of representation and testimony. Ms. Anderson believes the UAWG created a manageable process with difficult issues included in the NOFO. The UAWG did fund all of the maintaining capacities projects that were on the list to include; fusion centers, elections, cybersecurity, and emerging threats.

6. Homeland Security Grant Program (HSGP) Financial Update

Chief Luna spoke to this agenda item being for discussion only and should be used as historical reference while listening to today's project presentations. The member packets include documents labeled #6a through #6i. This information is again to be used for historical reference. Document #6i is the final spreadsheet from last year's grant award process that includes the projects that were reviewed and the amount of those projects.

7. State Homeland Security Program (SHSP) Project and Budget Proposal Presentations for the Federal Fiscal Year (FFY) 2020 Homeland Security Grant Program (HSGP)

Chief Luna noted this is the agenda where the Committee will hear presentations. Each project presenter will be given three minutes to speak to their projects. Chief Luna spoke to the document titled #7a that displays the list of projects separated by maintaining capacities at the top and the new competitive projects at the bottom. The Committee will only hear SHSP projects and not UASI projects as those were approved separately. The projects were presented as follows:

Maintain:

Project #159870: Department of Administration Enterprises IT Services

Project Description: Cybersecurity Governance, Risk, and Compliance (GRC) Enhancement Modules

Presenter: Robert Dehnhardt, Nevada Department of Administration

Funding Request: \$215,800.00

Discussion: Robert Dehnhardt spoke to the state purchase of a government risk and compliance platform using FFY2017 grant funds. This purchase was originally made with grant funds and realized funds from budget savings. This FFY2020 grant request is for the purchase of additional modules to provide the capability of continuity of operation and contingency planning modules as well as an asset management module. These are both important for this platform for better management of the risks the Executive Branch Agencies need to monitor and deal with. This module would also be providing for centralized and coordinated information technology planning. Chief Luna noted it is believed that this project has received HSGP funding in the past. Chief Luna requested information on the history and progress of this project as of today. Mr. Dehnhardt noted this platform was purchased as part of FFY2017 HSGP grant funds and portion of realized funding from budget savings. A combination of funding was used to make this original purchase. Chief Luna inquired about the scalability of this project for maintenance and support. Mr. Dehnhardt noted the first year of maintenance is being requested and if this was scaled down, it is believed this portion could be found in the budget. Kelli Anderson advised this project would fall under investment justification #1.

Project #160015: Nevada Secretary of State

Project Description: Netflow and Intrusion Detection System Monitoring

Presenter: Wayne Thorley and Ashley Griffiths

Funding Request: \$134,390.00

Discussion: Wayne Thorley, Secretary of State for Elections, and Ashley Griffiths, Secretary of State, spoke to this project proposal for the FFY2020 HSGP. This is a maintenance project that has been funded by this Committee for the past two years. This grant request is to fund a netflow and intrusion detection monitoring system in 12 Nevada counties. The intrusion detection system (IDS) was previously purchased for all 12 counties, and these monitors are currently in place and operating. This request is simply to fund the continued monitoring for an additional year. The overall funding request has increased by approximately \$400.00 compared to what was requested last year. The reason is twofold. First, the monthly monitoring rate cost for the IDS has increased from \$695.00 per month to \$890 per month and second, when we originally

started this project, all 12 counties got their IDS up and running at different times. Our funding request this year includes money to sync up all 12 counties so their contracts all end at the same time. The goal of this project is to enhance the cybersecurity capability of Nevada's smallest counties as it relates to elections. Nevada is what is known as a "bottom-up" state, which means that each county election office maintains its own voter registration database. As evidenced by activity that occurred in other states in the lead up to the 2016 presidential election, voter registration databases are prime targets for identity thieves and those wishing to undermine democratic election processes. Unfortunately, many of Nevada's smallest counties do not have the technical expertise or financial resources to enhance their election system's network security by implementing a robust security apparatus. We are only requesting funding for 12 counties because the remaining 5 counties in Nevada already have IDS's that are funded directly by the Department of Homeland Security (DHS). Chief Luna inquired as to how the program has worked over the past few years. Mr. Thorley advised he believes this project has been a great success and there is a great partnership in place with the Center of Internet Security (CIS). It was noted there are monthly reports from CIS as to what monitors alerted and what they alerted on. This is monitored 365 days a year. When there is an alert, the notification is done quickly. Rachel Skidmore, Las Vegas Metropolitan Police Department, spoke to a job well done with spending down historical funds. Kelli Anderson advised this project would fall under investment justification #1 and this is the only election security project that was submitted. Chief Luna pointed out that agenda item #6i displays the FFY2019 HSGP funding. Chief Luna inquired if this is believed to be a nationwide increase and why the amount has increased. Mr. Thorley believes this is in fact a national issue. The CIS came back with this quote with no additional explanation of the increase.

Project #159752: Washoe County Sheriff's Office (WCSO)

Project Description: Cybersecurity

Presenter: James Cox, Washoe County Sheriff's Office

Funding Request: \$90,072.00

Discussion: James Cox noted this project is to maintain and sustain capabilities with the cyber threat incident investigative response in Nevada. The sheriff's office continues to dedicate full time law enforcement personnel to investigate cyber related crimes and incidents. Washoe County invested substantial non grant funding in the FFY2018 and FFY2019 to enhance the investigative infrastructure and cyber response and investigative capabilities. The Northern Nevada Cyber Center personnel include supervisory and nonsupervisory detectives. WCSO has partnered with regional, state, and federal law enforcement to investigate and mitigate cyber related matters. Staffing has been increased by one full time Washoe County Employee and partnered with Sparks Police Department for one additional detective to be stationed in the Northern Nevada Cyber Center. The center houses staff from HS, the Attorney General's Office (AG's), and Sparks Police Department along with Washoe County employees. WCSO partnered with the Federal Bureau of Investigation (FBI) to continue strong working relationships with federal and local partners. One of the Sheriff's Office goals is to continue to expand regionalization efforts which have already produced positive results. The Northern Nevada Cyber Center is committed to assisting any agency or business operating in northern Nevada. Services are currently provided to primarily law enforcement agencies in northern Nevada to include; Elko County and Lyon County. The personnel's ability to respond with proper equipment and training will allow for mitigation of incidents with substantial disruption to services such as emergency services response, traffic control, and public health. By enhancing and sustaining current specialized equipment and skills, WCSO will be better prepared to interact with the government and private sectors and be able to better advise private sector partners on cyber threats and infrastructure protection. Administrator Shaun Rahmeyer, Office of Cyber Defense Coordination (OCDC), noted one of the areas for funding was for forensic software. Mr. Rahmeyer inquired as to what forensic software was being used currently. Mr. Cox advised that there are between ten and fourteen products that are currently being used; Black Bag, Magnet Forensics, and Oxygen to name a few. The difficulties and challenges that are being faced in regards to these products is they are specialized and they require travel in order to receive training from the vendor. Chief Luna noted the amount of funding from FFY2019 to FFY2020 has almost doubled from \$42,000.000 to

\$90,000.00 and asked for additional information regarding the increase. Mr. Cox spoke to a lack of information from the previous supervisor and an incomplete list of needs from the prior year. During the years' time, shortfalls and weaknesses were identified. In regards to the two new full time positions, WCSO and Reno Sparks Police Department have contributed with salaries and equipment. The additional training for new employees, specifically with forensic analysis, takes 12 to 18 months to accomplish. Kelli Anderson asked for clarification on what exactly in this project is increasing. Typically look at prior year funding and how to maintain capacities that were built. In past history, projects do not usually double. Usually two applications are required for the maintain capacities and the other is to enhance. Want to ensure this project is not enhancing WCSO capabilities. Mr. Cox advised that training, travel, and software has increased. Kelli Anderson advised this project falls under investment justification #1.

Project #159745: Las Vegas Metropolitan Police Department

Project Description: Southern Nevada Counter Terrorism Center SHSP

Presenter: Rachel Skidmore, Emergency Manager, Southern Nevada Counter Terrorism Center (SNCTC)

Funding Request: \$587,450.00

Discussion: Rachel Skidmore spoke to this being the HSGP portion of the project. This project has been funded every year. This year's portion has been reduced from prior year requests. All of the items requested are in the sustain category. Ms. Skidmore advised when projects are requesting enhancement to projects or new technology, this has to be submitted on a separate application. All the line items in this application have historically been funded and this is to maintain. Kelli Anderson advised this project falls under the investment justification #3.

Project #159949: Nevada Threat Analysis Center (NTAC)

Project Description: Nevada Threat Analysis Center

Presenter: Selby Marks, Deputy Director of NTAC

Funding Request: \$696,427.85

Discussion: The Nevada Threat Analysis Center (NTAC) serves as one of the two recognized Department of Homeland Security Fusion Centers in the State of Nevada, and functions at the state level under then Nevada Department of Public Safety (DPS), Investigation Division (NDI), and has reporting responsibilities to the Director of Public Safety, the NTAC Advisory Committee, the Governor's Office and the U.S. Department of Homeland Security. NTAC has an area of responsibility that covers 16 of Nevada's 17 counties, and further provides service to all state agencies and tribal nations within every county in the state of Nevada, including Clark County. This can be a daunting task at times given the size and needs of this state and the personnel and resources currently available to the NTAC. Over the past year alone the NTAC has made several noteworthy accomplishments that emphasize critical components in the area of information sharing. For example, the NTAC is responsible for operating the SafeVoice Nevada communications center. From January 1, 2018 through today SafeVoice has received over 16,500 tips, which includes bullying, suicide reports, self-harm and planned school attacks. While we cannot state the particulars about these tips due to confidentiality laws, we can report the information received has enabled law enforcement and select school personnel to interdict weapons at schools and intervene and provide support to students threatening harm to themselves including suicide attempts. In addition, NTAC analysts have provided analytical and information sharing support to federal, state and local law enforcement partners in critical areas covering public safety and homeland security; such as homicide investigations, transnational human trafficking and local human trafficking cases, threats against public officials and state employees, and threats to critical infrastructure. The NTAC frequently provides threat assessments covering high profile public events with the purpose to provide law enforcement, first responders and activity organizers critical information to assist them with public safety efforts to protect individuals attending these events from terrorism and criminal activity. Likewise, NTAC outreach activities support homeland security and counterterrorism efforts including the education and training provided through the NTAC Fusion Liaison Officer program, the critical infrastructure program, which provides threat and vulnerability assessments for government and private sector facilities including public and private schools

and houses of worship, and NTAC's responsibility to the strategic national stockpile program, and NTAC's public awareness campaign. Additionally, NTAC has personnel assigned to the Las Vegas Metropolitan Police ARMOR Division, and the Reno FBI's Joint Terrorism Task Force. NTAC participates in several community programs including the Partnership with Carson City, Secret Witness, state of Nevada Committee on Child Death Review, and Safe Kids and Safe Teens of Washoe County. In addition, the NTAC operates the "Keep Nevada Safe" program as part of the Department of Homeland Security "See Something, say Something" public outreach campaign. NTAC also operates the Nevada Most Wanted website and tip line. The funding which NTAC receives from the Nevada Homeland Security Grant Program not only provides a vital component to NTAC's success and ability to provide timely, accurate, and actionable intelligence and information, the funding further proves critical in other areas, such as to identify, prevent and deter acts of terrorism and criminal activity, student and school safety, safeguarding Nevada's critical infrastructure, and providing essential training to the NTAC's various government and private industry partners through the Fusion Liaison Officer program, which includes an 8 hour active shooter response course. Chief Luna noted the request for FFY2020 has been reduced from FFY2019 request. Kelli Anderson advised this project falls under the investment justification #3.

Project #160116: Las Vegas Metropolitan Police Department ARMOR Section

Project Description: Armor CBRNE SHSP Sustainment

Presenter: Roger Haskins, Las Vegas Metropolitan Police Department ARMOR section

Funding Request: \$100,000.00

Discussion: Roger Haskins spoke to this request being for a mobile radiation detection system. This request is to replace a system that was purchased with grant funding from FFY2005 that is no longer sufficient. This mobile radiation detection system can be mounted directly on a helicopter and would be helpful for the rural areas of Nevada. This mobile device can be used from the air to limit exposure to the ground units. Chief Luna spoke to the FFY2019 spreadsheet; the amount remained the same however it was requested under UASI funding. This was for a separate project. This request is replacing older equipment that was originally purchased under a different funding stream that was similar to HSGP funds. Kelli Anderson wanted to clarify the HSGP funding versus the UASI funding. Ms. Anderson confirmed that this original piece of equipment was purchased over ten years ago and it was purchased under a different funding source. Mr. Haskins advised this piece of equipment was purchased under the Buffer Zone Protection Grant and was purchased over 15 years ago. This was requested under HSGP funds as it could be deployed across the state. Ms. Anderson asked for clarification on the warranty of this piece of equipment and if it will need to be continually funded. Mr. Haskins advised the maintenance and warranty would be covered under UASI funding. Ms. Anderson inquired what the life of the product is. Mr. Haskins advised the serviceable life of the equipment is between five and ten years. Ms. Anderson advised how close the \$100,000.00 is to the final project. Mr. Haskins believes the cost is between \$80,000.00 and \$90,000.00 and noted a request for proposal (RFP) will need to be completed.

Project #160486: Tahoe Douglas Bomb Squad

Project Description: Tahoe Douglas Bomb Squad HSGP 2020

Presenter: William Darr, Tahoe Douglas Fire Protection District/ Tahoe Douglas Bomb Squad

Funding Request: \$69,600.00

Discussion: William Darr spoke to this FFY2020 project that contains three separate items. This project is to maintain the Tahoe Douglas Bomb Squad core capabilities. This project does align with the national priorities, investment justification #4. Locally this will provide dismantled capabilities at incidents and events in Douglas County, Carson City, and other contracted jurisdictions. This would also provide enhanced operability with the other three bomb squads in the state. The first item being requested is a digital x-ray system. This would upgrade the capabilities through a quick interrogation of items. This would have the ability to be placed in a backpack for dismantled application at events. The second item is an upgrade of the current x-ray generator. This would allow operation with the new x-ray system as well as an upgraded run time and capabilities. The third item is a tactical disrupter. This is used in TTP for disruption. This would be a smaller, dismantled

disrupter that could be placed in a backpack with a quick response time or in a tactical environment. Kelli Anderson asked for clarification on how these items were procured in the past and if these items are replacements or enhancements. Mr. Darr advised these items were purchased with grants. These are complete upgrades.

Project #159746: Washoe County Sheriff's Office (WCSO)

Project Description: Consolidated Bomb Squad

Presenter: Noah Boyer, Washoe County Sheriff's Office

Funding Request: \$205,000.00

Discussion: Noah Boyer advised that the FFY2020 project is focused around replacing the first out vehicle. This vehicle was originally purchased with HSGP funds in FFY2007. The vehicle has served as the initial response vehicle for the bomb squad commander and bomb technicians for approximately 3,500 calls for service. In an effort to prolong the replacement of the large response vehicle, WCSO is looking to maintain the capabilities of the first out vehicle but expand the format to allow all equipment and personnel to arrive as an additional response. This will allow for a quicker response to outlying areas such as Lovelock, Winnemucca, and Virginia City. In FFY2019, the Consolidated Bomb Squad requested funds to replace the self-contained breathing apparatus that had become expired. This was a scaled project. The FFY2020 funding request would be to finish the second half of that project. The Nevada State Bomb Task Force has made great strides this past year and has continued the partnership with the fellow bomb squads to address emerging threats and protecting soft targets. The consolidated bomb squads have taken over the coordination for Task Force training this year to continue the high level of training. This request is for funding for training simulators for the state bomb squad. This is needed for continued tactical bomb technician integration leading to expanded capabilities to respond to critical events. In February of 2020, the national guidelines for bomb technicians increased mandatory training each year from 96 hours to 266 to address emerging threats. The requested funds will be used to maintain existing training. Kelli Anderson asked for clarification on which year that vehicle was purchased, how long it lasted, how long this vehicle is expected to last, and what kind of maintenance program will be used. Mr. Boyer noted the maintenance for this vehicle would be covered by WCSO. The vehicle was acquired in 2007 or 2006. The vehicle lasted for twelve years. The new vehicle is anticipated to last at least that long. Ms. Anderson inquired as to what will be done with the vehicle being replaced. Mr. Boyer spoke to that vehicle potentially still being used for transport. Ms. Anderson noted that if that vehicle is disposed of and it is worth over \$5,000.00 future discussions will need to be had. If the vehicle is still in service and used for the same type of response that is great. It is encouraged to offer these types of vehicles to other program participants upon replacement.

Project # 160328: Nevada Division of Emergency Management (DEM)

Project Description: NIMS – Technology

Presenter: Paul Burke, DEM/HS

Funding Request: \$41,300.00

Discussion: Paul Burke testified in support of this \$41,000.00 investment to provide for funding to maintain existing infrastructure within the State Emergency Operations Center (SEOC). This budget allows the SEOC to maintain technology systems which are fee based and required to operate audio and video systems. In the past, these systems were simply "build and use", but within the last several years they have all transitioned to licensing models that require annual subscriptions or fees. This includes audio and video licensing, video teleconferencing, radio warning equipment such as Emergency Alert Systems (EAS), and service and warrantee subscriptions to perform work which cannot be performed by a staff of two. On maintenance, many of these systems were designed in 2004, with specifications determined and equipment purchased in 2005, and installed in 2006 and 2007. It is old, outdated, and unsupported by the industry. This funding request includes funds to provide equipment and parts to repair components in these systems while we wait to upgrade the whole system. A portion of this request is to attend training on current equipment and its integration within the existing systems, and to maintain an understanding of new technology and how to

apply it to our state programs. Since being placed in this position, the technology learning curve has been incredibly steep, and much of the training has been at personal cost, or it has been free, online training which has limitations. As we have built up the SEOC and its systems, we are asked to provide our systems to more and more agencies within the state who are partners in emergency management. This requires travel to support their meetings, to install and test equipment, and this request supports that need as well. The funding request is based upon the direct needs of the program. It is difficult at best to predict the failure of components and their replacement and installation costs. In many cases the parts are unavailable, or we have to bridge old and new equipment in very creative ways which may or may not work. It is our hope that as we work to maintain these systems, we will also have the opportunity provided by this body to fund the larger replacement of this backbone. Kelli Anderson questioned if this project was to support the entire state or just the SEOC. Paul Burke advised this project would support the entire state as a whole.

Project #160622: Nevada Division of Emergency Management (DEM)

Project Description: Tribal NIMS Maintenance

Presenter: Jon Bakkedahl, DEM/HS

Funding Request: \$92,700.00

Discussion: Jon Bakkedahl spoke to this project. The National Incident Management System (NIMS) is required for eligibility for Homeland Security Grant Program (HSGP) funding. This project is geared toward personnel and space to coordinate grants, planning, training, and exercise (PTE) activities throughout the state with the tribes to enhance tribal NIMS capability in the state. Without this, tribes would not have this capability. Nevada tribes do not have the personnel, funding and oversight capability internally to individually submit and manage grant requests, required plans and minimal requirements for training and exercise. The work that the two staff have already performed in the last few months has continued to grow and is reflected in the large tribal participation in statewide activities. Nevada Tribal Emergency Coordinating Council (NTECC) is now required in statute per Nevada Revised Statutes (NRS) 414.165. Scaling the project is not an option. It would increase the amount of work DEM would have to do if NTECC staff were scaled back or eliminated. The Funding request is the same as last year.

Project #160465: Nevada Division of Emergency Management (DEM)

Project Description: Statewide NIMS Maintenance

Presenter: Jon Bakkedahl, DEM/HS

Funding Request: \$460,128.00

Discussion: Jon Bakkedahl spoke to this project. This project maintains the planning, training, and exercise (PTE) programs throughout the state. Although the funding comes to DEM directly, the funding is used statewide to support statewide efforts. The funding request this year does include personnel as a requirement per Federal Emergency Management Agency (FEMA). The HSGP is often underutilized to make sure the funding is available for statewide partners. FEMA performed an audit the past two years and indicated that if there are personnel working on homeland security efforts, they must be paid (in percentage) through HSGP. Last year, there were a few concerns brought up about the combined projects. DEM has taken the initiative to separate some of the projects like, Threat and Hazard Identification Risk Assessment (THIRA), Communications and Public Information and Warning. They will be presented as part of the Statewide Interoperability Coordinator (SWIC), Technology and Public Information and warning projects. What is included is the resource management and credentialing efforts, to which several agencies are now credentialed and the campaign is building daily; including the Southern Nevada Emergency Managers (For New Year's Eve access to Multi-Agency Coordination Center (MACC)), Nevada Task Force 1 (NVTF-1) whom is the first team in the country to meet the requirement, and Douglas County Bomb Squad. With several more requests pending funding. Planning continues to have more and more requirements in statute with no funding to support. Senate Bill (SB) 69 added additional planning collection, review and reporting to government agencies for schools, resorts, utilities and political jurisdictions. Planning staff made efforts to meet with local and tribal jurisdictions in person to support the planning efforts. New planning guides were

also created for each of the mentioned partners. Training continues to offer more classes than ever before, including several offerings of the All Hazard Incident Management Team (AHIMT), Basic Academy, and the continuation of Advanced Academy and Master Exercise Practitioner Program (MEPP) in Nevada. The funding Jurisdictions have requested include instructor support, materials support and the use of the mobile training kits. Exercise has worked on two National Level Exercises (Silver Crucible and Binary Blackout) in the last year, including the build up to those exercises. They have supported local agencies through de-obligation of the FFY2017 HSGP to all jurisdictions in support of Silver Crucible. The Exercise program is also continuing to work with Salt Lake City to play in their 2021 NLE the Great Salt Shake. Jeremy Hynds, City of Henderson, asked for clarification on the \$200,000.00 amount that is indicated as contractual amounts. Mr. Bakkedahl noted DEM does not have enough full time staff to support the program; this deficiency is supported by contractual employees.

Project #159793: Nevada Division of Emergency Management (DEM)

Project Description: SWIC

Presenter: Melissa Friend, DEM/HS

Funding Request: \$35,871.55

Discussion: Melissa Friend presented the Statewide Interoperability Coordinator (SWIC) project proposal for DEM. This proposal meets one of the Department of Homeland Security (DHS) core capabilities of operational communications. This project includes a portion of the SWIC salary, travel to support statewide interoperability efforts, and to support the Annual Statewide Communications Rodeo. In addition, DEM was approved by DHS for technical assistance to assist in the Statewide Communications Rodeo this fall. Dave Hunkup, Reno-Sparks Indian Colony (RSIC) inquired as to how the SWIC interacts with Tribal partners. Mr. Hunkup spoke to planning that is currently taking place for a communication radio drill using the communication boxes, if they are upgraded by this time. Ms. Friend advised that as the SWIC, she has been working closely with the NTECC to try to reach out to as many Tribes as possible. Work is currently being done on the communication boxes but this is a work in progress. Tribal partners will be invited to the Annual Statewide Communications Rodeo.

****Meeting break at 10:30 a.m.; meeting reconvened at 10:35 a.m. with quorum****

Project #160245: Douglas County Emergency Management

Project Description: Douglas County Community Emergency Response Team (CERT)

Presenter: Dave Fogerson, East Fork Fire Protection District

Funding Request: \$21,200.00

Discussion: Dave Fogerson spoke to the Douglas County CERT team. Mr. Fogerson advised currently there are over 100 members that are divided into three teams because of the large amount of geography; one in Lake Tahoe and two in the valley. The CERT team is engrained in the community and is used for daily operations for public education with disaster preparations, Stop the Bleed, and Hands Only CPR. CERT is a huge force multiplier in disasters. CERT members are used to open evacuation centers, predominantly in wildland fire (which occur three times a year) and to shelter people for up to three days through three sheltering trailers. The three sheltering trailers were provided through DEM and one was purchased on our own. CERT members assist in emergency operation centers with set up and take down, services as incident rehab for Quad county agencies. There are two initial classes that occur each year. This funding provides the base salary for the coordinator and supplies for the program to continue to exist.

Project #159829: Elko County Sheriff's Office

Project Description: Elko County CERT/ Northeast Nevada Citizens Corps/Cert Programs

Presenter: Mary Ann Laffoon, Elko County CERT/ Northeast Nevada Citizens Corps/Cert Programs

Funding Request: \$65,181.00

Discussion: Mary Ann Laffoon spoke to the Elko County CERT Program. The Elko County CERT Program covers 17,000 square miles of Elko County. Work is also done on Tribal lands if requested and works closely with the other rural jurisdictions. Elko County CERT provides help in sheltering, assistance in any emergency, and assists the emergency management department.

Project #160458: Nevada Division of Emergency Management

Project Description: Statewide Tribal Citizen Corp Program

Presenter: Jon Bakkedahl, DEM/HS

Funding Request: \$10,579.02

Discussion: Jon Bakkedahl spoke to this being to support tribal CERT programs across Nevada. The program will support instructor pay and class materials needed for training. This program has enhanced the capability for tribal members to coordinate efforts for their own preparedness, response and recovery in the time of disaster or emergency. Classes are currently scheduled and are being scheduled to draw down the previous FFY2019 HSGP funding. The program is scalable, but scaling will impact training and outreach efforts. If not funded, there will not be a tribal CERT program. The funding is the same as last year. Dave Hunkup inquired as to what Tribes have requested training and what training classes have specifically been requested. Mr. Bakkedahl noted that there is training available there just needs to be a written request as to what training is being requested, requested resources or supplies that would need to be funded by DEM. Crystal Harjo, DEM/HS, advised the current status of Tribal CERT is working on spending down FFY2019 funding. There are five Tribes that are requesting CERT training and numerous other Tribes conducting this training on their own. If there are requests for training please contact NTECC and this will be addressed.

Project #159751: Washoe County Sheriff's Office

Project Description: WCSO Citizen Corps Program

Presenter: Michael Perry, Washoe County Sheriff's Office Citizen Corps Program

Funding Request: \$105,479.00

Discussion: Michael Perry spoke to this funding request to maintain the entire CERT program. Last year the Washoe County CERT supported 250 active volunteers, 22,000 training hours, 106 events, and 11 emergency activations. The goal is to continue to build on resilience through CERT basic academy, team expansion and capabilities, build on additional programs, and build a direct support with professional agencies. There are teams that support the Reno Emergency Operations Center (REOC) and Point of Distribution Centers (PODS). Citizen Corps is involved with numerous trainings to include; CPR/AED, Citizen First Aid, PODs, Stop the Bleed, traffic management and control, and supporting threat awareness through the Citizen Homeland Security Council. In regards to POD activation, there are 90 members that have completed the training to assist with this. There are four CERT academies that are held throughout the year and host two RAD academies. Chief Luna inquired why there was an increase of nearly \$20,000.00. Mr. Perry advised there are Conexis all throughout the valley and this is to expand on the equipment and to bring on an additional part time interim for logistical concerns. Kelli Anderson advised with the maintaining capacities application, if we were doing an enhancement there probably should have been two applications; one project to maintain and the second to add new equipment or hiring an additional position. Ms. Anderson advised this can be discussed by the Committee further.

Project #160511: Nevada Division of Emergency Management (DEM)

Project Description: DEM Nevada Statewide Resiliency Strategy

Presenter: Kelli Anderson, DEM/HS

Funding Request: \$39,100.00

Discussion: Kelli Anderson spoke to this project being the ongoing project for statewide resilience. This project covers the programmatic management of the different open committees that fall under the Nevada Commission on Homeland Security. Those committees include the Nevada Commission on Homeland Security

Finance Committee and the Nevada Resilience Advisory Committee. This also covers the Urban Area Administrator to travel to attend the meetings in northern Nevada in person. This request is a little bit different from previous years. It was determined that travel is not occurring as much as in previous years, this travel portion has been reduced. However, there is a Homeland Security National Conference occurring in Las Vegas. This funding will be used to support that conference as well as additional outreach materials. This funding will cover additional travel and shirts for volunteers assisting with this conference. Kelli Anderson and Misty Richardson, Clark County Office of Emergency Management, worked together on this project.

Project #160263: Washoe County Emergency Management & Homeland Security Program

Project Description: COOP Sustain

Presenter: Dr. Aaron Kenneston, Washoe County

Funding Request: \$200,000.00

Discussion: Dr. Aaron Kenneston spoke to this ongoing project. This project was first requested in FFY2009. The idea at the time was that the Homeland Security guidance for the state could retain no more than 20% of funding and the rest was to be pushed out to locals. A series of statewide projects were started that were managed by local governments. This is the one remaining project from that series. So far 34 different agencies and jurisdictions have been addressed. The current year projects were working with Nevada State College and the Reno Tahoe Airport. These are both smaller entities. This coming year, we are expanding to Truckee Meadows Community College and Southern Nevada College. These are both larger entities. This is the response for the increase in funding from the previous year. This is a best practice and is mandated process for all federal agencies. Our state law (239c) mandates its continuity of government. Again, this is year 11 of this project. It funds the tool or portal so everyone can access their continuity of operation plans and provides training around the state. Chief Luna asked Mr. Kenneston to expand on the difference from last year's funding request to this year's request. Dr. Kenneston advised the dollar amount does fluctuate depending on which programs are brought in. Some agencies are bigger than others. Las year was scaled to a smaller level due to smaller amounts of available funding.

Project #160473: Nevada Division of Emergency Management (DEM)

Project Description: Public Alerts and Warning

Presenter: Gail Powell, DEM/HS

Funding Request: \$210,500.00

Discussion: Gail Powell spoke to this project being for statewide public information and warning. This is a component under DEM's preparedness section. The FFY2020 project is to sustain the Emergency Alert System (EAS) that provides quick and timely alerts by local jurisdictions to their communities. Additionally this project investment delivers a broad range of public information and warning messaging. This messaging covers all threats; including a terrorism component. All components are identified in the THIRA. The messaging promotes education awareness and five cornerstones of emergency management to include; prevention, protection, mitigation, response, and recovery to both public and private sectors. The state Public Safety Announcement (PSA) program includes video content for television, websites, social media platforms, in addition to radio broadcast announcements. The end goal is to better prepare all of Nevada in the event of an emergency through comprehensive public information and warning and supporting the Governor's directive. This is a \$5,200 decrease from the FFY2019 funding request. Rachel Skidmore inquired on the line item for the Nevada Broadcasters Association (NBA) and if we are paying \$110,000.00 to run PSA's. Ms. Powell advised that is correct. Ms. Skidmore asked if we had a PSA for the community for Covid-19, if this would be a PSA that we would have to pay for. Ms. Powell advised this is a fee that goes to the NBA and then all of the PSA's regardless if they are on the radio or television go to all of the stations within the State of Nevada. Ms. Skidmore noted that it does not make sense to pay for these PSA's and asked for clarification if this is not a compliance issue with using federal dollars to pay for the PSA's. Kelli Anderson advised that she has looked at this project extensively and it has been vetted up to federal partners. The way the NBA bills out can be confusing. The PSA or radio time is an anomaly process. The radio time is collected from the other stations

and there is a cost associated with the production. That information is then compiled into one bill. The air time is typically donated but there is a large amount of time that goes into putting out a PSA and the cost it creates internally for the broadcasters themselves. Ms. Skidmore understands there is a production cost but asked for clarification on the \$110,000.00 to pay for work done prior to going on air and if then the PSA is donated. Ms. Anderson advised this is correct. The production piece and their time is what are billed. The broadcast of the actual PSA on the radio is what is donated back to the NBA. Ms. Skidmore inquired how many separate PSA's are included in the \$110,000.00. Ms. Powell advised that it depends on the month. Sometimes there are two separate PSA's in a month and sometimes there is only one PSA that runs on all channels for that month and a new one is prepared and disseminated for the next month. There could be 12 to 24. Jeremy Hynds asked for clarification on the \$110,000.00 and if this cost was for prime time or off peak time hours. Ms. Powell noted this is for all time, prime time and off peak hours. The affidavit that is provided shows dates and times that a PSA was run. Mr. Hynds requested what the actual numbers are we are hitting and additionally if this is a state wide PSA or if local jurisdictions can also push out the PSA's under this contract. Ms. Powell advised this is for all stations both radio and broadcast in both English and Spanish and local jurisdictions messaging can be pushed out through the state.

Project #159810: Nevada Division of Emergency Management (DEM)

Project Description: Statewide Recovery Plan Implementation Phase 4

Presenter: Suz Coyote, DEM/HS

Funding Request: \$47,250.00

Discussion: Suz Coyote spoke to this project being to improve the overall resiliency, capability and readiness of the recovery core capability under operational coordination. The background is that Washoe County Emergency Management took on the initial statewide Recovery initiative in HSGP FFY2015. The project completed the first draft of the Nevada Disaster Recovery Framework with stakeholder buy-in and the contract and training to roll out the preliminary damage assessment tool in 2017. The FFY2018 project continued to build on the framework that was established in FFY2015 in alignment with the DEM resilience strategy and the following outcomes: recovery Framework adoption, socialization, training and exercise, recovery Support Function roll out and training and an update to the plan after the exercise and after action is complete. In FFY2020 the State will implement a cloud-based, Geographic Information System (GIS)-enabled tool, and licenses for use by counties and tribal entities statewide. The FEMA PDA overlay will be used to uniformly gather PDA data across all jurisdictions in alignment with FEMA guidelines. The PDA tool contractor will support initial implementation and roll out of the tool statewide. Maintenance of the tool and licenses will be managed by the contractor during the initial two-year contract. The statewide roll-out will include full-day training and exercise with the tool and an update to the PDA tool guidance in the State Recovery Guide. The state will leverage funding from FFY2019 grant for the contractor to develop the training and exercise. The cost of the PDA tool licenses and annual statewide training are needed to sustain this capability going forward. DEM will request additional funding to sustain the recovery program and other projects through the legislature; however we did not receive the funding requested last session. The grant amount is for 18 months of the tool and cannot be reduced at this time. The contract is in the negotiation process and details are not available currently. When the contract process is completed, we will provide a report to the NRAC. Jeremy Hynds inquired if negotiations are currently ongoing, how the final project total was determined. Suz advised this number was a best estimate amount as the negotiations are still taking place but is based on training, maintenance, and the amount of licenses. Mr. Hynds inquired as to what the end goal is of this project. Will the goal be to provide licenses to each user, certain devices, counties, and will it be deployable. Kelli Anderson advised that recovery and mitigation are under her section. Outreach has been done to the local jurisdictions to see what their current licensing is. This equipment is not expected to be deployed to anyone. This is a software program that should fill the gaps with the GIS licenses that have already been purchased through own local jurisdiction funding. This is building on that information that has been received and there is funding from FFY2018 and FFY2019 that we are leveraging to FFY2020. When a contract is reached, the PDA software will potentially be higher than the current requested funding. Ms. Anderson advised this is for software,

training and exercise for the local jurisdictions to add this software to their existing equipment. Ms. Anderson advised this will be discussed further once there is a final product but the licenses will be provided to the cities based on need. Mr. Hynds expressed concern with this project being funded twice and there is still not a tool. Ms. Anderson noted that currently this is a transition period. Dave Hunkup inquired as to how the Tribes are going to gain access to utilize this tool. Suz noted Tribes will be included in the training once the tool has been identified.

Project #162699: Nevada Division of Emergency Management (DEM)

Project Description: County Election Office Security

Presenter: Wayne Thorley, Secretary of State's Office, and Kelli Anderson, DEM/HS

Funding Request: \$214,375.00

Discussion: Wayne Thorley spoke to this project being a new strategic capacity area. There is a need in the election community for hardening of soft targets. There is not a lot of information currently for the scope of those needs besides securing voting equipment at the county level when the voting equipment is not in use and stored for long periods of time. Most counties have limited access to really secure storage areas that have good secure doors, windows, access controls or cameras. This project is based on guidance from the federal government to meet the 5% funding requirement to include in election security for soft targets. Kelli Anderson noted that one of the things that needed to be done, especially after the notice of funding came out, was to comply with the federal government on the four national priorities. When looking at the minimum funding levels needed to maintain, one that was lacking was for soft targets with an election security enhancement. After research was done, one of the needs identified was for the rural jurisdictions to harden their infrastructure where the voting machines are located. Part of this project is to review the analysis that the fusion center does on the vulnerability assessment and identify four locations to harden their soft target infrastructures. This project has to be funded in order to comply with the Homeland Security's request under the four investment justifications.

Competitive:

Project #159986: BOR of NSHE obo University of NV, Reno/WNCC

Project Description: 2020 HSGP Physical Security

Presenter: Chris Nero, University of Nevada Reno Police Department

Funding Request: \$235,456.00

Discussion: Chris Nero spoke to the University Police Services taking over police services at Western Nevada Community College (WNCC) as of July 1, 2019. Since this time, it has been discovered that WNCC is lacking security measures. This project request is for funding to add a new door locking system to the college. WNCC current services 4,600 students per semester over five different counties. This facility has also been identified as an offsite location for DEM in the event of the State Emergency Operations Center is rendered as inoperable. WNCC has also served as an emergency shelter during past emergencies in Carson City. Rachel Skidmore asked for clarification on the indirect cost line item that states "legally established indirect cost rate for the University of Nevada for sponsored projects at 26% of project total" and asked Kelli Anderson what her interpretation was for this line item. Ms. Anderson advised the college and university system have an indirect agreement with the federal government that must be honored. It does not mean it costs that line item amount to manage this program but they automatically receive that amount. That amount goes into their general funds to pay for administration costs, assessment fess, overhead, and those types of costs associated with the university. If this project was funded, that specific budget line item would have to be funded per law. Kelly Echeverria, Washoe County, inquired as to why this project does not fall under investment justification #2. Kelli Anderson advised this project does not maintain capacities as it is a new project. Ms. Anderson did not indicate which investment justification these new projects would fall under as a way to encourage conversations to ensure the projects fully vetted. Ms. Anderson asked the following questions; is this enhancement specifically for WNCC in Carson City, is there a security system currently in

place, this would be to put in a key card system to protect from outside users, was a vulnerability assessment completed with the fusion center, is this one of the recommendations from that assessment, and is this terrorism related. Mr. Nero advised yes to all of the above questions. Ms. Echeverria again asked for clarification as to why this project is below the line when the project before this also states it is new and is being funded automatically. Ms. Anderson advised this project and the project before are both new projects but unlike this project, the previous project must be funded due to the change in the grant requirements. Rachel Skidmore presented a question that did not relate to this project. For FFY2019, the University of Nevada Las Vegas (UNLV) police services received a communication and security enhancement grant, did this include a 26% plus up for this project. Ms. Skidmore had concern in the lack of funding that is available. That 26% represents 10% of the available funding. Chief Luna noted there were no indirect costs associated with the FFY2019 UNLV project. Chief Luna inquired about the scalability of this project. Mr. Nero advised the project would be able to take a reduction of \$48,582.00 as this is the indirect cost budget line item. Kelli Anderson advised, if this project was not funded as a competitive project, this could be added to the 15% plus up to bolster the application.

Project #160256: Las Vegas Metropolitan Police Department

Project Description: Las Vegas Metropolitan Police Department – TASS TRV

Presenter: Rachel Skidmore

Funding Request: \$450,000.00

Discussion: Rachel Skidmore advised in light of the funding that is available the Las Vegas Metropolitan Police Department would like to remove this project.

Project #159753: Washoe County Sheriff's Office

Project Description: Northern Nevada Regional Intelligence Center

Presenter: Lieutenant Corey Solferino, Washoe County Sheriff's Office

Funding Request: \$40,125.00

Discussion: Lieutenant Solferino announced the regional collaborative effort between the partnering agencies in northern Nevada. The Northern Nevada Regional Intelligence Center (NNRIC) has been under one umbrella for numerous years and now there is a unified chain of command reporting to the direct Executive Board. Under this same collaborative effort, there has been the regionalization of the gang unit, narcotics unit, crime suppression unit, and the newly formed human trafficking unit. NNRIC is the conduit that holds these units together to disseminate information and is responsible for control measures in northern Nevada. In FFY2019, a project for GeoShield was funded as the database for the fusion center. WCSO provides the server, the technical support, and thirty licenses that cost to run the organization. Last year the request was for an additional fifty licenses. This Committee funded \$53,000.00 for those licensing fees and a geoplotted printer. This request has decreased by \$13,000.00 from last year to maintain the strategic capacities. Of the 50 user licenses which are disseminated equally among the partnering agencies. Chief Luna asked for clarification on how this is enhancing the capacities. Mr. Solferino advised he understands this project to be a maintaining project and is unsure how it was placed as a competitive project. There was discussion as the NNRICC is not classified as one of the two state recognized fusion centers but does operate as an independent fusion center. Kelli Anderson noted there may be a few projects that appear to be maintaining capacities as competitive projects, this is because they were not called out specifically in the maintain capacities list. Chief Luna asked for a brief explanation of how the NRICC interacts with the fusion centers around the state and overlapping responsibilities. Mr. Solferino advised the NRICC collaborates with all the fusion centers. The NRICC interacts on a daily basis and work with the user agencies within the northern Nevada region. Rachel Skidmore inquired if the licenses have historically been funded with HSGP Funds. Mr. Solferino advised that they have been funded from this body in previous years. Ms. Skidmore noted if this line item does not receive HSGP funds, and is funded in an additional way, there is no future opportunity to come back to this body for future funding. Chief Luna advised this can be considered once the ranking of the projects is completed and projects can be moved around.

Project # 160645: TRIAD HazMat/Reno Fire Department

Project Description: Washoe County/TRIAD HazMat CBRNE

Project Contact: Eric Millette, Washoe County TRIAD

Funding Request: \$218,565.00

Discussion: Eric Millette spoke to this sustainment project to purchase equipment to replace two AreaRea kits. This is equipment that can be placed on the perimeter of CBRNE type incidents. This equipment can be placed in the hot zones to make strategic decisions on how to mitigate the problem. These units have been purchased using HGSP funding but not for several years now. These funds are significant to try to replace this expired equipment. There are 460,000 people that are located in Washoe County and this is for the Washoe County Hazmat Team. There are over 300 special events in this region. With the special events and the type of response needed, this equipment is essential to sustain current response capabilities. Chief Luna inquired as to the last time HSGP was requested and what it was used for. Mr. Millette advised the last time HSGP funding was requested was in 2016 for a warranty program for another device in use. This grant request is scalable as the request is for three kits. The voluntary reduction would be \$72,855.00 down to a final request of \$145,710.00. Kelli Anderson asked for clarification on this request and if it is being used to replace the FFY2016 equipment. Mr. Millette advised this is replacing equipment that was purchased almost 15 years ago. The equipment needing to be replaced is out of the serviceable timeframe and is no longer supported. Ms. Anderson inquired if the use of this equipment would fit under the emerging threat under the national priorities. Mr. Millette advised he does believe so. Rachel Skidmore asked for clarification on the reduction. Mr. Millette advised the reduction is from three kits down to two.

Project # 160504: Washoe County School District

Project Description: Washoe County School District Project Rescue

Presenter: Roy Anderson, Washoe County School District

Funding Request: \$41,240.00

Discussion: The Washoe County School District is requesting \$41,240 to help create the capacity for the district to rescue staff and students who may be injured, or who have access and functional needs, during a terrorist incident at a school or district building. This project is to fund the purchase of 91 Med Sleds and for training, including a train-the-trainer portion. This is also a one-time project with no funds needed to maintain the project. The 91 Med Sleds will be placed in existing buildings. These buildings are: 5 multi-story administration buildings, 13 high schools, 9 middle schools, 5 elementary schools, and 1 school whose entire population of students has access and functional needs. This request is only for existing schools. The district is committed to address evacuation needs for all new schools and have included the purchase of Med Sleds for all multi-story schools as part of the building cost for new schools starting with a middle school and elementary school opening for the 2020-21 school year. The District is also creating evacuation teams as part of their School Incident Response Team as outlined in the School-based emergency operation plan. The evacuation teams will be trained on annual basis using District trainers who will be trained with this grant. Rachel Skidmore noted the request references training existing staff. Rescue Task Force with the fire departments, police departments, and extraction teams are something that can be utilized is work being done with these local agencies to notify them of where this equipment will be stored and coordination of training opportunities as they would be the ones responding to events. Mr. Anderson advised this is a two part project. The first part is looking at buildings to be able to maintain capabilities on their own in case there is a situation where response is delayed and part two being newly included in Senate Bill (SB) 39. Ms. Skidmore encouraged working with local agencies as far as notification of this equipment and future training. Lieutenant Corey Solferino offered help with the notification process as the school district police have limited hours. Chief Luna inquired about the scalability of the project. Mr. Anderson noted this project could be scaled down from one Med Sled at every stairwell in the schools outline above to one Med Sled located at the top of one stairwell.

Project #: 160331: Nevada Division of Emergency Management

Project Description: NIMS-Technology - NEW

Presenter: Paul Burke, DEM/Hs

Funding Request: \$129,600.00

Discussion: Paul Burke testified in support of this \$129,000.00 investment to provide for an equipment and technology upgrade to the backbone of the State Emergency Operation Center audio/video delivery system. The current system was designed in 2004, with specifications determined and equipment purchased in 2005, and installed in 2006 and 2007. Since then, the video displays have been replaced to significantly improve the quality of their image in 2012, but with the same “brain” so to speak; the technology and equipment which sends the signal from one point to another. The current fundamental technology which drives the original and current signal is what is called “Video Graphics Array” or VGA, and has a maximum resolution of 640x480. This is an analogue signal with very low resolution as compared with the current digital standards of HD, 4K, and even 8K/ VGA also does not carry audio, so every component currently requires two signal cables, one video and one audio. This technology was sun-setted in 2012 and its components are no longer manufactured or supported. Additionally, we currently use a series of transmitters and scalars to send signal and force higher resolution signal to be displayed, engineering that is fraught with issues at every connection and forces us to “dumb-down” the video outputs of current computers and components within the Emergency Operations Center (EOC). What this project will do is dramatically improve the way we connect sources of information with the displays/ or outputs, through Network A/V”. This takes our current system, limited to 32 inputs and allows us to provide an almost infinite number of input sources, to an infinite number of outputs, all with the speed and resolution required of today’s systems and our customer’s expectations. During the past two years, we’ve experienced failures with current components and have to “re-engineer” solutions that are both temporary and fragile. Many of you have experienced this while at our center, and while we have made some progress, we have a foot on each shore of an ever-widening river of changing technology. You can imagine what will eventually happen. We have put off for several years this request for funding knowing that we tried everything we could to improve the situation as best as possible first and without costs. We have a microphone system that started off with discarded equipment from another source and with less than a \$1,000.00 investment, have made it into a system which could have cost us over \$30,000.00. We have found and replaced failed equipment with used parts from other video distribution systems but those systems are the same old technology and just prolonging the eventual need to replace the system. Where possible, we have bought components that are compatible with Network A/V in mind and have forced their integration, but again we are losing our footing. This request is a two-phase project, the second phase fully dependent on the life span of the current display system. The first phase must be completed regardless of the second phase, and reductions in the cost of phase one of more than 10% would likely make the project impossible to complete. This funding request is based upon a build list and cost estimate of the required components necessary to complete the upgrade. Dr. Jeanne Freeman, Carson City Health and Human Services, inquired if this would impact any of the local jurisdictions causing them to have to upgrade their systems to connect. Mr. Burke advised this would not negatively impact the jurisdictions but would be a benefit to them as well. Chief Luna inquired on the scalability of the project. Mr. Burke advised the project could be scaled back however a reduction in 10% of the funding will make this project impossible to finish. Ms. Freeman inquired if this would be a onetime request or if this would be requested each year. Mr. Burke noted this would be a onetime request.

****Meeting break at 12:30 p.m.; meeting reconvened at 12:40 p.m. with quorum****

Project #160457: Nevada Division of Emergency Management

Project Description: Statewide NIMS Competitive

Presenter: Jon Bakkedahl

Funding Request: \$180,155.00

Discussion: Jon Bakkedahl spoke to this project being funded last year. DEM has requested HSGP and UASI funds to cover the workshops and deliverables of a statewide and UASI THIRA/SPR on the scheduled years,

the Contract is currently at \$55,000 per year. THIRA is now every 3-year event, but the SPR is an annual requirement. DEM does have a multi-year contract in place for the service. DEM is requesting additional training money to support the SB15 creation of the AHIMTs in Nevada, a north and south team and one Nevada Team. There will be mandatory training requirements to develop and maintain the team for statewide, regional and national support. The project is scalable due to the reduced contract rate the was awarded during the RFP process; Able to reduce by \$22,000 by finding a low bid for the THIRA project at \$28,000 per grant (UASI and SHSP).The majority of this project was funded last year for NIMS – Statewide. However, due to the previous testimony and scaling back, we are prepared to scale back this request. DEM will remove all travel of \$50,500.00, most of the planning reduce down to \$33,000 and keep the \$28,000.00 THIRA and \$5,000.00 Tribal Emergency Operation Plan, reduce Resource Management/Credentialing by \$1,500.00 and keep the RM/C hardware at \$17,655, reduce training by \$9,000.00 to maintain \$20,000.00 for AHIMT and position specific training. This takes the request to \$69,655.00 and a total reduction of \$110,500.00. Dr. Jeanne Freeman asked what the implications are of such a drastic reduction to the requested funding. Mr. Bakkedahl advised the biggest impact is to the training program specifically for the newly created SB 29 Incident Management Teams (IMT). There will be no additional training money allotted to the creation and management of these teams. Ms. Freeman asked for clarification on what this does to the position specific trainings that were requested previously. Mr. Bakkedahl noted this is correct, this will impact other jurisdictions. Kelly Echeverria asked if this funding could be found elsewhere to support this training. Mr. Bakkedahl spoke to some of the trainings being built in to the NIMS maintained. This would be for additional training. Jeremy Hynds inquired how these reductions impact the development of the IMT in the north and the south. Mr. Bakkedahl noted this reduction will decrease the availability of training courses for those whom are not fully task book qualified. In the state, people can be utilized as trainees but this limits the availability to respond on federally reimbursed missions.

Project #160439: Washoe County Sheriff's Office

Project Description: SOD (Robot)

Presenter: Lieutenant Corey Solferino

Funding Request: \$97,584.00

Discussion: Lieutenant Solferino began this presentation by stating the WCSO would be willing to take a reduction of 2/3 to this project. This would be a total of \$32,528.00 removing \$65,056.00 from the total funding request. This project is for robots that can be deployed out into the field to test for CBRNE environment before exposing operators to the hazards. These robots allow for operators to remain mission effective and not be deployed down range too long. The initial request was for three robots, this has been reduced to one robot for on call situations to sustain this program. The WCSO assists the FBI and Tribal partners in de-escalating situations and respond all over eastern and northern Nevada. Kelli Anderson asked about the capabilities of the robot, who the robot responds to, and how hazmat coordinates with the sheriff's office. Mr. Solferino advised if a scene is not rendered safe, fire department personnel are not allowed to respond. In a hot zone, the law enforcement officer would have to go in with the hazmat team to render that environment safe. This allows for the robot to go down range and reduce the risk of exposing personnel to those elements. The robot is being requested for the SWAT team. This robot could be utilized to send equipment into situations, but would serve as eyes and ears and could take samples. Ms. Anderson advised typically general law enforcement activities are not usually funded; this is generally the counties purview to fund these items. There have been challenges in the past with hazmat and CBRNE and the different teams in doubling up on capabilities. Mr. Solferino advised this would not be an asset to be deployed in routine law enforcement activities. Kelly Echeverria question if the TRIAD or clear team have this asset. Mr. Solferino advised they do not have this asset. Chief Luna asked if this is a replacement to current equipment and if so how it was procured previously. Mr. Solferino advised this is enhancing capabilities. There are older robots that were purchased at least ten years ago with Washoe County budgetary funding. This would allow for one robot to deploy in the field to keep these capacities open.

Project # 160478: Humboldt General Hospital District

Project Description: HGH EMS Rescue Radio Project

Presenter: Tiffany Love, Jonathen Bidlake-Prichard, Jordan Kohler

Funding Request: \$132,271.00

Discussion: Jonathen Bidlake Prichard spoke to this being the first time Humboldt General Hospital District has come to this body to request funding. Humboldt General Hospital Emergency Medical Services (EMS) currently has 25 paramedics and 25 volunteer members. The Humboldt General Hospital services Humboldt County, Pershing County, parts of Oregon, parts of Idaho, and parts of Lander County for a total of over 10,000 square miles. The Humboldt General Hospital EMS currently works off of two different radio systems; 800 megahertz and very high frequency (VHF). This equipment is over seven years old and coming to an end of life. The equipment is no longer reparable and it is time to begin looking at upgrades. Over the last four months, the equipment has begun to rapidly deteriorate. This hospital serves as the critical access hospital within the district. There may be question that this is for a hospital district and an EMS based hospital system, the operation funds for this system stay within the community. This request is a onetime purchase and will be self-sustaining for the next seven to ten years. This project is scalable. There can be a reduction of 10% or \$13,227.10 to bring the total requested funding to \$119,043.90. Chief Bob Leighton inquired on the current model of the radios being used. Mr. Prichard advised the 800 megahertz radios are Macoms, Gold Piece 7100 are used to communicate with the hospital, a Motorola system is being used for the VHF, and a Bendix King (BK) is being used for handheld. Mr. Leighton clarified that this funding would go towards replacement of the 800 megahertz radios. Mr. Prichard advised that was correct, however, the system being considered is a multi-band. Chief Luna asked for the clarification on the importance of that conversation regarding what is being used currently. Mr. Leighton noted the radios that are being considered are multi-band that allows one radio head to easily switch between radio frequencies. Jordan Kohler advised this upgrade will help with operations currently underway in the area. Chief Luna inquired how these radios were originally procured. Mr. Kohler advised it was unknown how or when the 800 megahertz radios were purchased but the hand held radios were purchased in 2013. Mr. Prichard advised the 800 megahertz radios came from State EMS. The VHF system was purchased through hospital funds. Kelli Anderson noted that funds have never been granted to a hospital directly, the request would usually come through the emergency manager to this body. Ms. Anderson inquired if this hospital was a nonprofit. Tiffany Love noted this was a nonprofit. Ms. Anderson asked if the Humboldt General Hospital District receives or manages grants funding. Mr. Kohler advised grants are usually submitted through the Emergency Management Planning Committee through the Humboldt County Sherriff's Office. Kelli Anderson inquired if this project would be replacing radios that were purchased with hospital funds. Mr. Kohler advised that is correct. Ms. Anderson inquired if funds for this project have been sought elsewhere before coming to this body to request funds. Mr. Kohler advised that had not been done as of yet. This falls under the operation budget and not the capital budget and we're trying to secure grant funds before approaching the county. Ms. Anderson advised this funding was a last resort opportunity. Ms. Anderson advised the challenge is that the radios have already been purchased and this is not a new project. Rachel Skidmore inquired on the thirty handheld radios and who are they used to communicate with. Mr. Prichard advised this would enhance the capability to communicate with anyone across the state along with communication with surrounding agencies. Ms. Skidmore inquired as to who would be receiving these radios. Mr. Prichard noted the radios would be assigned to all first responders and front line personnel. Jeremy Hynds inquired if there was an annual fee for the radios and if Humboldt General Hospital District would be to sustain that cost. Mr. Prichard advised there is no annual fee. Ms. Anderson noted that this grant is primarily for terrorism and there needs to be a terrorism nexus. Mr. Kohler noted this agency provides hazmat technical services as well and not just EMS. This agency handles everything out in the 10,000 square miles. Ms. Anderson inquired as to how training was completed. Mr. Kohler advised they are certified hazmat operators and complete training through a LEPC grant. The closest hazmat resource at this time is from Washoe County and this leads to a delayed response.

Project #160182: Southern Nevada Area Communications Council (SNACC)

Project Description: Federal Fiscal Year 2020 Homeland Security Grant Program

Project Contact: David Goss

Funding Request: \$471,525.00

Discussion: No presenter was available to speak to this program; therefore, this project was removed from the ranking process.

Project #160027: City of Elko Fire Department

Project Description: City of Elko Fire Department Hazmat Team

Project Contact: Jack Snyder, City of Elko Fire Department

Funding Request: \$196,200.00

Discussion: Jack Snyder began his presentation by speaking of the increased activities in Elko County. The City of Elko Fire Department is the only hazmat team for all of Elko County as well as the surrounding counties. There has been an increase in hazardous materials traveling through the area due to the mines. This also creates numerous impacts in the region with the main thoroughfare. The City of Elko Fire Department has reached out to LEPCs to form a regional hazmat team with the five surrounding counties. This team has identified a shortfall in detection devices. This funding request is for two detectors that can identify unknown substances. While both detectors are similar one detector is more advanced than the other. These detectors were chosen based on a document published by the Surgeon General on purchasing hand held detector devices. The detectors that were chosen are also highly compatible with the devices used in the surrounding areas primarily with the civil support team that is used most frequently. When the civil support team is requested this usually takes in excess of six hours to receive the assistance which delays the ability to mitigate the response. Mr. Snyder advised this project is scalable. One option is to reduce the total requested funding to \$167,100.00. The other option is to fund one detector at \$62,000.00. Rachel Skidmore noted that Elko Fire has not historically come to this body requesting funds and expressed her full support of this project. Chief Luna inquired if this would be a new capability that will be available if funding is secured. Mr. Snyder advised this would be a new capability that would assist with the CBRNE environment but with the detection of drugs and explosives as well. This will aid in the response to the I-80 corridor through the railway due to the mines. This is a way to combat some of the risks. Administrator Shaun Rahmeyer advised there are no training dollars associated with this request. Mr. Snyder advised the training is included in the total cost of the device. Chief Luna inquired what the impact would be if one device was to be purchased. Mr. Snyder advised either way this would be a win and an increase in capabilities. Kelli Anderson advised with the purchase of equipment, the grant should be responsible for the maintenance. The challenge is if there is a need for additional maintenance and this is funded by Elko County even one time, funding cannot be requested from this body again. Ms. Anderson wants to make sure that Elko County can support the life of this equipment. The warranty needs to be in the equipment. Mr. Snyder advised this was understood and Elko County would be willing and able to support this service. Ms. Anderson also noted that Elko County is resilient and does not ask for funding even in disasters. Ms. Anderson also advised this project would fall under investment justification for emerging threats.

Project #160242: Douglas County

Project Description: Douglas County Sheriff's Office High Risk Public Incident Protection

Presenter: Jim Halsey, Douglas County Sheriff's Office

Funding Request: \$35,200.00

Discussion: Jim Halsey requested funding in the amount of \$35,200.00 to fund vests for the Special Weapons and Tactics (SWAT) team. The current SWAT team is composed of 19 members. Last year all 19 of the SWAT vests expired. These vests are different than the regular patrol vests. These vests are Level 3A ballistic vests. These have level three trauma plates with additional cover for key body areas. All 19 vests expired at the same time after a five year warranty. The SWAT teams conduct training of 12 hours per month, this does not include time the vests are in use for call outs or emergency situations. SWAT does also provide security at events that occur in Douglas County, specifically in Lake Tahoe, such as the outdoor concerts, sporting events,

4th of July events, and New Year's Eve events. Douglas County has secured funding for eight vests this year. This funding request is for the additional 11 vests. Dr. Jeanne Freeman inquired if all of the vests expired at the same time, what is being done to prevent this from occurring again in the future. This funding is not meant to anticipate being sustained on a yearly basis. Mr. Halsey advised there are still vests out in the field from 2010. All the vests are expired past a five year time frame that is suggested from the manufacturer. Funding for the SWAT vests needs to be done through grant funding unlike regular patrol vests that are built into the uniform allowance. Funding was provided through fundraiser events and portions of grant funding. Mr. Halsey has requested four vests be replaced each year on a cycle through county funding rather than trying to replace the whole lot at one time. The county budget has not been approved as of yet, so this is an unknown situation regarding funding. Chief Luna inquired as to how the vests were originally procured. Mr. Halsey advised the vests were originally procured through grant funding and private funds. Administrator Shaun Rahmeyer inquired as to what funding stream was secured for the eight vests. Deputy Chief Fogerson advised the funding stream is United We Stand funds. Kelli Anderson advised the United We Stand funds are state funds and not federal dollars. The United We Stand funds loosely compare to the terrorism grants that use the THIRA, SPR, and other processes that are in place. Kelli Anderson advised this project could potentially be funded with deobligated funds, and this needs to be strategically worked through if these need to be replaced again.

Project #159824: Nye County

Project Description: Permanent Emergency Operation Center (EOC)

Presenter: Scott Lewis, Nye County Emergency Management and Patrick Lazerby, Nye County

Funding Request: \$42,576.00

Discussion: Patrick Lazerby spoke to Nye County requesting funds in the amount of \$42,576.00 to establish a permanent emergency operations center. A major goal of the Nye County Emergency Management is to modernize the existing location. This need was also addressed in the after action report from the Area 51 event. The current location is basically a room that is designed and equipped as a volunteer fire station. This funding request would provide for permanent tables and television monitors to display WebEOC, Spillman, and monitor news/weather as emergency situations arise. The goal is to also eventually provide for VTC capabilities. The project is scalable by removing the amount of \$1,269.00 for the conference table as well as removing the mounting hardware and cables in the amount of \$1,196.00. Scott Lewis advised during the recent events there is an inability to fully maximize our ability to support emergency operations. The state also identified these as immediate areas of opportunities. Rachel Skidmore questioned the 40 hours that are designated to personnel and inquired if this would be for employees to build the equipment. Mr. Lazerby advised that was correct, however this amount could be reduced as well. The employee in the center would be setting this up. Kelli Anderson asked for clarification on the reductions. The total reduction amount is \$4,705.00 for a new funding request total of \$37,871.00. Ms. Anderson wanted to make sure this project was not for replacing existing equipment and this cannot be paid out of EMPG funds. Mr. Lewis advised this is all new equipment.

Project #160669: Washoe County Emergency Management & Homeland Security Program

Project Description: Homeland Security Program Assistant

Presenter: Dr. Aaron Kenneston, Washoe County

Funding Request: \$92,000.00

Discussion: Aaron Kenneston spoke to the history of this project. A couple of years ago, Washoe County approached the state with many deferred Homeland Security projects. The county is quickly approaching the 500,000 population mark. Washoe approached the state seeking help in minimizing the backlog of projects. The plan was to approach this body for funding for a three year period. The idea being that once the three year period began, Washoe County would receive Homeland Security funds. When the end of the three years was reached, sustainment would be done on the county level. The first year \$10,000.00 was requested and the second year \$30,000.00 was requested. With the county budget increasing reliance on HSGP funds

decreased. Progress has been made through meeting with NTAC and NRICC in increasing the Homeland Security presence. There have been challenges however. The first challenge was last year's grant funding was not a three year grant. It was only a two year performance period. The second challenge was in getting the grants approved. Tradeoffs were made and ended up with a grand total of \$92,000.00 which was not enough funding for three years. Dr. Kenneston is back for the second time asking for additional funds. These funds would get Washoe County through the three year period to become self-sufficient. Chief Luna inquired about the scalability of this project and the timeframe that this request covers for the position. Dr. Kenneston advised this position was hired within the last few months. The performance period would be two years. Dr. Kenneston advised this project is scalable and the amount is negotiable.

Project #159865: Nevada Division of Emergency Management

Project Description: Statewide CERT/Citizen Corps

Presenter: Stephanie Parker, DEM/HS

Funding Request: \$19,598.74

Discussion: Statewide CERT formerly known by Statewide Citizen Corps is an ongoing program that supports the sustainment of CERT programs in local jurisdictions promoting preparedness in a whole community approach. For those not familiar, CERT Programs, Community Emergency Response Team Programs, are volunteers sponsored by public emergency response agencies such as fire, law enforcement and emergency management with a focus on increasing individual preparedness, building individual/small business and community resilience, and to enhance individual response in the continued and growing threats faced across this nation and communities throughout Nevada in places that are considered soft targets and crowded places. These volunteers provide support that is valued at over \$20 per hour that response agencies can use as match for grants for emergency preparedness activities. According to the Independent Sector, the value of volunteer time in Nevada in 2018 was \$22.61 per hour. The updated value is typically released during National Volunteer Week in April, so the 2019 value is not available yet. Local CERT Programs in Nevada are sponsored and managed by the respective local jurisdictions. Some of them include programs you have heard from today like Douglas County, Southern Nevada CERT training program, Northeastern Nevada, Washoe and Tribal CERT. Other teams in Nevada that do not receive any funding and are managed by non-paid volunteers include Carson City and Storey County CERT. Over the past 2 years the Statewide CERT Program in collaboration with north eastern Nevada has set-up the capability to assist in the requests from White Pine County and Mineral County to expand their capability to recruit and train volunteers. The statewide CERT also provides support to local jurisdiction and tribal programs with classroom supplies and trainers for the CERT Basic Academy. The volunteers assist their sponsoring agency in educating the community on how to prepare for all hazards to include promoting the "See Something, Say Something" in partnership with the partners such as Nevada Threat Analysis Center. The CERT programs promote engagement and participation by our communities in building capabilities. They help public emergency response agencies instill a culture of awareness, vigilance and preparedness. Roy Anderson inquired as to why there is a request for 30 training tourniquets and if there will that be many people attending a single training. Ms. Parker advised the 30 tourniquets are sent out across Nevada for the numerous CERT programs to utilize.

Dave Hunkup asked for clarification on the total number of projects to be ranked. Chief Luna advised the ranking will be one through thirteen as two projects have been removed.

8. Recommendations for Communications Projects Submitted for the Federal Fiscal Year (FFY) 2020 Homeland Security Grant Program (HSGP)

Melissa Friend, DEM/HS, was tasked with reviewing SHSP and UASI communication projects as the Statewide Interoperability Coordinator (SWIC). Only the SHSP communication projects were ranked. Ms. Friend advised all of the communication projects that were submitted for this grant cycle are in line with the National Emergency Communications Plan. Ms. Friend ranked the projects for funding as follows:

1. Project ID # 159793 SWIC (DEM)
2. Project ID# 160478 Humboldt General Hospital District EMS Rescue Radio Project
3. Project ID #160182 Federal Fiscal Year 2020 Homeland Security Grant Program (SNACC)

Ms. Friend advised that the SWIC project is a strategic capacity to be maintained. The other two projects were considered to be new competitive projects. Project ID #160182 that is ranked as number three has been removed from the HSGP process. Dave Hunkup asked for clarification if the Committee was only ranking two projects. Chief Luna noted that these are the recommendations from the SWIC. The Committee will consider Project ID#160478 for the overall ranking of the competitive projects as Project ID #159793 falls under the maintain capacity projects.

9. Recommendations for Cybersecurity Projects Submitted for the Federal Fiscal Year (FFY) 2020 Homeland Security Grant Program (HSGP)

Administrator Shaun Rahmeyer, Office of Cyber Defense Coordination (OCDC), serves as a Cyber Security subject matter expert for the Committee. The OCDC was given the task of reviewing and ranking the cyber security projects. As with the previous funding cycle, a scoring matrix was used. Projects aligned with three cyber related focus areas. These areas consist of the following; utilization of the Center for Internet Security (CIS) top twenty controls, industry risk framework and training, and align with the OCDC strategic plan. Additionally projects were ranked based off the demonstrated cyber security need, statewide and regional impact, project proposals, and how well the goals and objectives were identified. Also taken into consideration was if the project proposals included specific measurable tasks to identify the impact of each program. The projects were ranked as follows:

1. Project ID# 160015 Secretary of State, NetFlow and Intrusion Detection System Monitoring
2. Project ID# 159870 Nevada Department of Administration, Cybersecurity and Governance, Risk, and Compliance (GRC) Enhancement Modules
3. Project ID# 159752 Washoe County Sheriff's Office, Cybersecurity

Chief Luna noted all three projects were included as strategic capacities to be maintained.

10. Discussion of Federal Fiscal Year (FFY) 2020 Homeland Security Grant Program (HSGP) Project Proposal Funding and Modifications

Chief Luna noted this agenda item is for discussion only as a last opportunity for members to ask questions regarding the ranking process or on any of the projects proposals. Mary Ann Laffoon asked for clarification on only ranking projects one through thirteen, as two projects were removed but also if ranking was based on deductions that were taken or on the full amount. Kelli Anderson noted that the projects currently being considered, the starting amounts, and the proposed reduction amounts could be read into the record. Dr. Jeanne Freeman inquired if projects were going to be ranked on how they connected to the capabilities and then there would be a discussion on the dollar amounts later. Chief Luna noted the rankings should be based on capability and capacity. There will be an opportunity once the rankings are compiled to evaluate how the rankings fall within the amount of funding remaining and where those projects fall as far as funding reductions that were considered. Kelli Anderson noted that the projects currently being considered are as follows:

- Project ID#159986 University of Nevada Reno/WNCC
Original amount \$235,456.00
Potential reduction of \$48,582.00
New amount of \$186,674.00

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- Project ID#160256 Las Vegas Metropolitan Police Department – Voluntarily removed from consideration
- Project ID#159753 Washoe County Sheriff's Office
Original amount \$40,125.00
Potential reduction – No reduction
New amount \$40,125.00
- Project ID#160645 TRIAD hazmat/ Reno Fire Department
Original amount \$218,565.00
Potential reduction \$72,855.00
New amount \$145,710.00
- Project ID#160504 Washoe County School District
Original amount \$41,240.00
Potential reduction – No reduction
New amount \$41,240.00
- Project ID#160331 Nevada Division of Emergency Management (NIMS Technology)
Original amount \$129,600.00
Potential reduction – No reduction
New amount \$129,600.00
- Project ID#160457 Nevada Division of Emergency Management (Statewide NIMS)
Original amount \$180,155.00
Potential reduction \$110,500.00
New amount \$69,655.00
- Project ID# 160439 Washoe County Sheriff's Office
Original amount \$97,584.00
Potential reduction \$65,056.00
New amount \$32,528.00
- Project ID#160478 Humboldt General Hospital District
Original amount \$132,271.00
Potential reduction \$13,227.10
New amount \$119,043.90
- Project ID#160182 Southern Nevada Area Communications Council (SNACC) – Project was removed due to absence of representation
- Project ID#160027 City of Elko Fire Department
Original amount \$196,200.00
Potential reduction \$29,100.00
New amount \$167,100.00
- Project ID#160242 Douglas County
Original amount \$35,200.00
Potential reduction – No reduction

New amount \$35,200.00

- Project ID#159824 Nye County
Original amount \$42,576.00
Potential reduction \$4,705.00
New amount \$37,871.00
- Project ID#160669 Washoe County Emergency Management & Homeland Security Program
Original amount \$92,000.00
Potential reduction – No reduction
New amount \$92,000.00
- Project ID#159865 Nevada Division of Emergency Management (Statewide Cert/Citizen Corps)
Original amount \$19,598.74
Potential reduction – No Reduction
New amount \$19,598.74

Kelli Anderson advised that currently there is a \$718,352.06 deficit. This means that the \$718,352.06 will eventually need to be cut out of the budget to go in as a balance budget. Chief Luna noted this discussion could continue once the projects were ranked to see where the projects fall. Kelly Echeverria inquired if with the DEM Technology request, can this be funded through Emergency Management Performance Grant (EMPG) funds. Kelli Anderson advised the remaining EMPG balance is usually \$20,000.00 to \$30,000.00 for equipment once salaries and operating costs are taken out. That left over pot of money is generally used for training for the National Incident Management System (NIMS) compliance part of the emergency management projects. The remaining funding is flexible and is used to host travel or training for the local jurisdictions or internally to assist with the yearly Nevada Preparedness Summit (NPS) conference. If any amount of money is pushed towards equipment, it would be a stretch to support the ongoing NPS conference. Carolyn Levering, City of Las Vegas, noted for the record that once the ranking has been completed, it has not been discussed for the projects above the line to take voluntary cuts as well.

11. Review and Ranking of State Homeland Security Program (SHSP) Project and Budget Proposals for the Federal Fiscal Year (FFY) 2020 Homeland Security Grant Program (HSGP)

Chief Luna advised that this agenda item was for discussion and possible action. The first set of recommendations that need to be considered are the projects included in the maintain capacities category. The total amount being considered is \$3,642,403.42. Rachel Skidmore spoke to taking a voluntary reduction for Project ID # 159745 for a total amount of \$21,000.00 for a new project total amount of \$566,450.00. Ms. Skidmore encouraged other projects above the line to take voluntary reductions where possible. Chief Luna advised this discussion can continue once the ranking is completed. The ranking sheet is for the fifteen competitive projects. Chief Luna noted Project ID # 160256 and Project ID #160182 have been removed. The Committee will only be ranking thirteen projects instead of the original fifteen.

****Meeting break at 2:20 p.m.; meeting reconvened at 3:30 p.m. with quorum****

Kelli Anderson spoke to the final ranking results. Currently, there is a specific amount of funding available to be allocated to the projects listed below the maintain capacities. Ms. Anderson advised that if projects one through six were funded, that would be a total of \$501,701.00. To get to this point, a couple projects from above would need to take a reduction. Other projects will not be funded unless there are substantial reductions. Chief Luna asked about the additional 15% and if there are any projects below the project that is ranked 6th that would fall into the four national priorities that could potentially be funded. Ms. Anderson

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spoke to Project ID# 160439 Washoe County Sheriff's Office robot that may fall in line with the plus 15%. If starting at the bottom Project ID# 160242 could be a possibility although not probable. It is possible to ask Project ID# 160027, City of Elko, for additional funds, also putting the three Washoe County Sheriff's robots into emerging threats. This is where we would fall and wouldn't be able to fund. Project ID# 159986, University of Nevada Reno/WNCC, was ranked thirteenth; this project could be added with the total amount of \$235,456.00. This would go under the national priority number two of enhancing soft targets. Ms. Anderson noted it would be possible to bolster a few projects to add. The minimum amount to submit for the plus 15% is \$643,125.00. Rachel Skidmore asked for clarification on the fact that even to fund Project ID# 159824, Nye County, the ranking total is at \$501,000.00 which is still over the \$430,721.58 so does this mean there need to be more cuts before Nye County gets all their funding. Kelli Anderson advised that was correct and suggested opening the floor to the maintained projects to see which projects would be able and willing to take a voluntary reduction. Project updates were as follows:

- Project ID#159870 Department of Administration
Original amount \$215,800.00
Potential reduction \$52,000.00
New amount \$163,800.00
- Project ID#160015 Nevada Secretary of State
Original amount \$134,390.00
Potential reduction - None
New amount \$134,390.00
- Project ID#159752 Washoe County Sheriff's Office
Original amount \$90,072.00
Potential reduction \$10,000.00
New amount \$80,072.00
- Project ID#159745 Las Vegas Metropolitan Police Department
Original amount \$587,450.00
Potential reduction \$21,000.00
New amount \$566,450.00
- Project ID#159949 Nevada Threat Analysis Center
Original amount \$696,427.85
Potential reduction \$30,000.00
New amount \$666,427.85
- Project ID#160116 Las Vegas Metropolitan Police Department ARMOR Section
Original amount \$100,000.00
Potential reduction \$5,000.00
New amount \$95,000.00
- Project ID#160486 Tahoe Douglas Bomb Squad
Original amount \$69,600.00
Potential reduction \$7,250.00
New amount \$62,350.00
- Project ID#159746 Washoe County Sheriff's Office – Consolidated Bomb Squad
Original amount \$205,000.00

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Potential reduction \$5,000.00

New amount \$200,000.00

- Project ID#160328 Nevada Division of Emergency Management – NIMS Technology
Original amount \$41,300.00
Potential reduction - None
New amount \$41,300.00
- Project ID#160622 Nevada Division of Emergency Management- Tribal NIMS
Original amount \$92,700.00
Potential reduction - None
New amount \$92,700.00
- Project ID#160465 Nevada Division of Emergency Management – Statewide NIMS
Original amount \$ 460,128.00
Potential reduction - None
New amount \$460,128.00
- Project ID#159793 Nevada Division of Emergency Management - SWIC
Original amount \$35,871.55
Potential reduction \$10,000.00
New amount \$25,871.55
- Project ID#160245 Douglas County Emergency CERT
Original amount \$21,200.00
Potential reduction \$2,000.00
New amount \$19,200.00

Rachel Skidmore advised she is not in favor of this reduction and would like to reject this reduction. This reduction of \$2,000.00 is 10% of the total funding requested. If a reduction can be made elsewhere that would be favorable. Kelly Echeverria agreed with that statement and noted the CERT volunteers are integral in every aspect across the state.

- Project ID#159829 Elko County Sheriff's Office
Original amount \$65,181.00
Potential reduction \$1,000.00
New amount \$64,181.00

Chief Luna rejected this offer of reduction on the same basis that CERT programs are essential. Carolyn Levering agreed with Chief Luna and rejecting this reduction. This reduction will not be included moving forward.

- Project ID#160458 Nevada Division of Emergency Management-Statewide Tribal Citizen Corp Prog. Maintenance
Original amount \$10,579.02
Potential reduction – No reduction
New amount \$10,579.02
- Project ID#159751 Washoe County Sheriff's Office
Original amount \$105,479.00

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Potential reduction \$25,126.00

New amount \$80,353.00

- Project ID#160511 Nevada Division of Emergency Management – Resilience Strategy
Original amount \$39,100.00
Potential reduction \$7,000.00
New amount \$32,100.00
- Project ID#160263 Washoe County Emergency Management & Homeland Security Program
Original amount \$200,000.00
Potential reduction \$5,000.00
New amount \$195,000.00
- Project ID#160473 Nevada Division of Emergency Management – Public Alerts and Warning
Original amount \$210,500.00
Potential reduction \$20,000.00
New amount \$190,500.00
- Project ID#159810 Nevada Division of Emergency Management – Statewide Recovery Plan Implementation
Original amount \$47,250.00
Potential reduction – No reduction
New amount \$47,250.00

Kelli Anderson advised that once a contract is locked down, funding for the past two years will be reconciled. Depending on that process, money could be de-obligated. DEM/ HS will come back in July after knowing where FFY2020 HGSP funds stand and provide the Committee with a presentation on this project.

- Project ID#162699 Nevada Division of Emergency Management – Soft Target Enhancement (County Election Security)
Original amount \$214,375.00
Potential reduction – No reduction
New amount \$214,375.00

Chief Luna asked Kelli Anderson to provide the Committee with an update regarding the total project reductions. Ms. Anderson advised the total that can be allocated is \$496,448.00. Looking at the current ranking of projects, City of Elko Fire Department is still ranked as the number one. The original amount of this project was \$196,000.00, the proposed reduction amount is \$29,100.00, and this leaves the new project total as \$167,100.00. Projects one through six can be funded. The total is \$501,701.00. A few thousand dollars still need to be reduced in order to make this work. Rachel Skidmore spoke to the \$501,000.00 being the same amount before all the reductions were taken. Ms. Anderson advised that is correct. Kelly Echeverria advised the total reductions were \$189,376.00 for the competitive projects. Ms. Anderson noted with the cuts, the total of funding to allocate is \$620,097.58. Projects one through eight can be funded in full and project nine would be partially funded. The project total of \$648,499 is left. If there is an additional reduction of \$19,598.74, project nine could be funded in full. Lieutenant Corey Solferino advised that project ID #159753 could take an additional reduction of \$2,625.00 leaving the new total of \$37,500.00. Jon Bakkedahl, DEM/HS, regarding project ID# 160465 proposed taking a reduction of \$20,000.00 to cover the \$19,000.00 deficit. Ms. Anderson suggested project ID# 160511 can take a reduction of \$19,598.74 and balance the budget. Stephanie Parker, DEM/HS, proposed project ID# 159865 take a reduction of \$3,927.00 from the travel for the NPS in 2021 as it will be held in Reno. Kelli Anderson the new project total is \$15,671.74. Roy Anderson

advised as the president of Nevada Emergency Preparedness Association (NEPA), scholarships can be looked at to assist the rural areas in attending the NPS. Rachel Skidmore spoke to projects that are ranked 10th 11th, 12th, and 13th, and if 11 and 13 are eligible for the plus up 15, number 10 and 12 are not eligible. The plus up value this year is \$643,000.00. Assuming both projects are pulled, there still needs to be additional projects to be included in the plus 15. Chief Luna advised this was a potential. If there are projects that fall within those four national priority areas that took cuts, take those cuts and add them back into the plus 15. This is not guaranteed from a national level. This is dependent on other state programs. Kelli Anderson advised there were enough reductions to fund projects ranked one through nine with a balanced budget. Rachel Skidmore asked if there was a current balance of de-obligated funds for SHSP. Ms. Anderson advised that was a potential but would require further research. Deputy Chief Dave Fogerson made a motion to recommend funding of projects one through nine and to look at rankings 11th and 13th to be included in the plus 15. Chief Luna asked to amend this motion to include the additional maintain capacities. Mr. Fogerson's amended motion is to recommend approval for all the projects with the recommend reductions proposed and funding the ranked projects one through nine and a second was provided by Roy Anderson. The motion passed unanimously.

12. Homeland Security Grant Program (HSGP) and Investment Justification (IJ) Review

This agenda item was not discussed at the discretion of the chair

13. Next Steps in the Federal Fiscal Year (FFY) 2020 Homeland Security Grant Program (HSGP) Process

This agenda item was not discussed at the discretion of the chair

14. Discussion on the Statewide Preparedness Efforts for the Coronavirus

This agenda item was not discussed at the discretion of the chair

15. Discussion of Emergency Management Performance Grant (EMPG) Allocations

This agenda item was not discussed at the discretion of the chair

16. Public Comment

Chief Luna opened the discussion for public comment in all venues. Scott Lewis, Nye County, thanked everyone for their cooperation throughout this process. No public comment was provided by the Carson City venue or by the phone.

17. Adjourn

Chief Luna called for a motion to adjourn the meeting. A motion to adjourn was presented by Robert Dehnhardt and a second was provided by Deputy Chief Fogerson. The motion passed unanimously. Meeting adjourned.

FFY20 HSGP SHSP Final Funding and IJ Grouping									
IJ Name and Grouping	Application ID	New Or Maintain Project	Organization Name	Proposal Title	Core Capability	Requested Amount	Adjusted Amount 3/11/20	Final Request	Subtotal of IJ Groupings
IJ #1 - Enhancing Cyber Security	159870	Maintain	Department of Administration Enterprise IT Services	Cybersecurity Governance, Risk, and Compliance (GRC) Enhancement Modules	Cybersecurity	215,800.00	52,000.00	163,800.00	\$ 378,262.00
	160015	Maintain	Nevada Secretary of State	Netflow and Intrusion Detection System Monitoring	Cybersecurity	134,390.00		134,390.00	
	159752	Maintain	Washoe County Sheriff's Office	Cybersecurity	Cybersecurity	90,072.00	10,000.00	80,072.00	
IJ #2 Enhancing Soft Target	162699	New	Nevada Division of Emergency Management	State-wide Soft Target Enhancement as required in IJ 2 (County Election Office Security)	Access Control and Identify Verification	214,375.00		214,375.00	\$ 214,375.00
IJ #3 Enhancing Information Sharing	159745	Maintain	Las Vegas Metropolitan Police Department	Southern Nevada Counter Terrorism Center SHSP	Intelligence and Information Sharing	587,450.00	21,000.00	566,450.00	\$ 1,273,002.85
	159949	Maintain	Nevada Threat Analysis Center	Nevada Threat Analysis Center	Intelligence and Information Sharing	696,427.85	30,000.00	666,427.85	
	159753	New	Washoe County Sheriff's Office	Northern Nevada Regional Intelligence Center	Intelligence and Information Sharing	40,125.00		40,125.00	
IJ #4 Addressing Emerging Threats	160116	Maintain	Las Vegas Metropolitan Police Dept ARMOR Section	ARMOR CBRNE SHSP Sustainment	Interdiction and Disruption	100,000.00	5,000.00	95,000.00	\$ 670,160.00
	160486	Maintain	Tahoe Douglas Bomb Squad	Tahoe Douglas Bomb Squad HSGP 2020	Interdiction And Disruption	69,600.00	7,250.00	62,350.00	
	159746	Maintain	Washoe County Sheriff's Office	Consolidated Bomb Squad Maintain	Interdiction And Disruption	205,000.00	5,000.00	200,000.00	
	160027	New	City of Elko Fire Department	City of Elko Fire Department Hazmat Team	Operational Coordination	196,200.00	29,100.00	167,100.00	
	160645	New	TRIAD HazMat/Reno Fire Dept	Washoe County/TRIAD HazMat CBRNE	Mass Search and Rescue Operations	218,565.00	72,855.00	145,710.00	
IJ #5 NIMS	160328	Maintain	Nevada Division of Emergency Management	NIMS - Technology - Maintain	NIMS	41,300.00	-	41,300.00	\$ 658,783.00
	160622	Maintain	Nevada Division of Emergency Management	Tribal NIMS Maintenance	NIMS	92,700.00	-	92,700.00	
	160465	Maintain	Nevada Division of Emergency Management	Statewide NIMS Maintenance	NIMS	460,128.00	-	460,128.00	
	160457	New	Nevada Division of Emergency Management	Statewide NIMS Competitive	NIMS	180,155.00	115,500.00	64,655.00	
IJ #6 Operational Coordination	160504	New	Washoe County School District	Washoe County School District Project Rescue	Mass Search and Rescue Operations	41,240.00		41,240.00	\$ 417,539.00
	159824	New	Nye County	Permanent Emergency Operation Center (EOC)	Operational Coordination	42,576.00	4,705.00	37,871.00	
	160242	New	Douglas County	Douglas County Sheriff's Office High Risk Public Incident Protection	Operational Coordination	35,200.00		35,200.00	
	160511	Maintain	Nevada Division of Emergency Management	DEM Nevada Statewide Resiliency Strategy	Planning	39,100.00	22,872.00	16,228.00	
	160263	Maintain	Washoe County Emergency Management & Homeland Security Program	COOP Sustain	Planning	200,000.00	5,000.00	195,000.00	
	160669	New	Washoe County Emergency Management & Homeland Security	Homeland Security Program Assistant	Operational Coordination	92,000.00		92,000.00	
IJ #7 Operational Communications	159793	Maintain	Nevada Division of Emergency Management	SWIC	Operational Communications	35,871.55	2,000.00	33,871.55	\$ 33,871.55
IJ #8 Operational Coordination/CERT	160245	Maintain	Douglas County Emergency Management	Douglas County CERT	Operational Coordination/CERT	21,200.00	-	21,200.00	\$ 189,381.60
	159829	Maintain	Elko County Sheriff's Office	Elko County CERT/Northeast Nevada Citizen Corps/CERT Program	Operational Coordination/CERT	65,181.00		65,181.00	
	160458	Maintain	Nevada Division of Emergency Management	Statewide Tribal Citizen Corp Program Maintenance	Operational Coordination/CERT	10,579.02		10,579.02	
	159751	Maintain	Washoe County Sheriff's Office	WCSO Citizen Corps Program	Operational Coordination/CERT	105,479.00	25,126.00	80,353.00	
	159865	New	Nevada Division of Emergency Management	Statewide CERT/Citizen Corps	Operational Coordination/CERT	19,598.74	7,530.16	12,068.58	
IJ #9 Public Information and Warning	160473	Maintain	Nevada Division of Emergency Management	Public Alerts and Warning	Public Information and Warning	210,500.00	20,000.00	190,500.00	\$ 190,500.00
IJ #10 Recovery	159810	Maintain	Nevada Division of Emergency Management	Statewide Recovery Plan Implementation Phase 4	Recovery	47,250.00	-	47,250.00	\$ 47,250.00
Totals								4,073,125.00	\$ 4,073,125.00

AGENDA ITEM #4b

FFY20 HSGP UASI Final Funding and IJ Grouping							
IJ Name and Grouping	Application ID	PROJECT CATEGORY	Proposal Title	Core Capability	Organization Name	UASI Final Amount	Subtotal of IJ Groupings
IJ#1 Cyber Security	162606	New	Clark County Elections Boundary Defense Improvement	IJ#1 Enhancing Cyber Security (Election Security)	Clark County Fire Department/Office of Emergency Management	\$ 189,700.00	\$ 189,700.00
IJ#2 Soft Target	159979	New	Municipal Courthouse Access Control and Security	Screening Search and Detection	City of Las Vegas	\$ 230,760.00	\$ 332,760.00
	162673	New	Clark County Elections Bollards	IJ#2 Enhancing Soft Target (Election Security)	Clark County Fire Department/Office of Emergency Management	\$ 102,000.00	
IJ#3 Enhancing Information Sharing	160123	Maintain	Southern Nevada Counter Terrorism Center	Intelligence and Information Sharing	Las Vegas Metropolitan Police Department	\$ 746,128.05	\$ 1,893,006.78
	160005	Maintain	Public Health Analytical FTE	Intelligence and Information Sharing	Southern Nevada Health District	\$ 102,811.35	
	160124	New	Southern Nevada Counter Terrorism Center-Enhancement	Intelligence and Information Sharing	Las Vegas Metropolitan Police Department	\$ 669,067.38	
	160204	Maintain	Southern Nevada Counter Terrorism Center-ALPR	Intelligence and Information Sharing	Las Vegas Metropolitan Police Department	\$ 375,000.00	
IJ#4 Addressing Emerging Threats	160673	Maintain	Remote Render Safe Operations	Interdiction and Disruption	City of Las Vegas	\$ 350,694.00	\$ 1,827,652.00
	160016	Maintain	ARMOR CBRNE Response- Sustainm	Interdiction and Disruption Prevention, Protection, Screening, Search and Detection	Police Department - ARMOR	\$ 250,000.00	
	159982	Maintain	Las Vegas Fire Hazmat/CBRNE	Interdiction and Disruption	Las Vegas Fire and Rescue	\$ 227,000.00	
	159980	New	Henderson Homeland Security Armor and Special Events Vehicles	Interdiction and Disruption	City of Henderson	447,000.00	
	160496	New	Stadium/Special Event Operations	Interdiction and Disruption	City of Las Vegas	155,863.00	
	160258	New	MACTAC	Operational Coordination	Las Vegas Metropolitan Police Department	\$ 66,410.00	
	160209	New	LVMPD Secondary Packset for Watch Command	Operational Communciations	Las Vegas Metropolitan Police Department	\$ 25,000.00	
	159989	New	All-Hazard Response Vehicle Southern Nevada Community	Interdiction and Disruption	City of North Las Vegas	\$ 305,685.00	
IJ#5 CCP	160535	Maintain	Emergency Repsonce Team CERT	Community Resilience	City of Las Vegas	\$ 270,026.00	\$ 270,026.00
IJ#6 EOC	160249	New	NLV EOC	Operational Coordination	City of North Las Vegas	337,220.22	337,220.22
IJ#7 Operational Coordination	159948	Maintain	Emergency Alerting Mass Notification	Public Information and Warning	City of Las Vegas	\$ 71,135.00	\$ 137,135.00
	160631	New	THIRA/SPR	Planning	Nevada Divison of Emergency Management	\$ 28,000.00	
	159822	New	Emergency Management Operational Coordination Maintenance	Intelligence and Information Sharing	Clark County Fire Department/Office of Emergency Management	\$ 38,000.00	
Totals						\$ 4,987,500.00	\$ 4,987,500.00

EMPG-S Allocations	
Subgrantee	Total Requested
Carson City	\$ 42,250.00
Churchill	\$ 9,082.00
City of Las Vegas	\$ 229,092.00
City of Reno	\$ 83,087.00
Clark County	\$ 309,247.00
CNLV	\$ 88,511.00
Douglas	\$ 33,461.00
Duckwater	\$ 21,875.00
Elko	\$ 16,909.00
Fallon	\$ 16,417.00
FPST	\$ 15,892.00
Henderson	\$ 91,922.00
Humboldt	\$ 9,612.00
Lincoln	\$ 13,792.00
Mesquite	\$ 17,538.00
Mineral	\$ 12,114.00
NTECC	\$ 39,190.00
Nye	\$ 24,901.00
Pershing	\$ 7,307.00
PLPT	\$ 12,050.00
RSIC	\$ 11,107.00
Storey	\$ 10,410.00
WCOEM	\$ 99,893.00
White Pine	\$ 11,692.00
W. Wendover	\$ 14,274.00
Total	\$ 1,241,625.00
M&A	\$ 65,349.00
Total Requested/Total Award	\$ 1,306,974.00

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PSYCHOLOGICAL EFFECTS OF QUARANTINE DURING THE CORONAVIRUS OUTBREAK: *What Public Health Leaders Need to Know*

Quarantine is defined as the separation of individuals who may have been exposed to an infectious disease from the rest of the population to determine if they are ill and to reduce their risk of infecting others. During the coronavirus (COVID-19) outbreak, quarantine has been used as a public health strategy to reduce disease transmission. COVID-19 quarantine efforts have ranged from the mass quarantine of entire cities in China, to isolation in government-run facilities, to self-isolation at home. While quarantine can

While quarantine can broadly serve the public good, it is also associated with psychological challenges for those quarantined, their loved ones, and the healthcare workers caring for them.

broadly serve the public good, it is also associated with psychological challenges for those quarantined, their loved ones, and the healthcare workers caring for them. Much of the weight of professional, administrative, political, and programmatic factors of quarantine rests upon public health leaders.

This fact sheet describes some of the factors especially relevant to senior public health officials, such as local, state, and tribal health authorities, as they consider their roles in the range of psychological effects related to quarantine.

Stressors of Quarantine and their Psychological Effects

Quarantine can expose individuals to stressors both during and after the quarantine period and may result in adverse acute and long-term psychological outcomes. Effects of quarantine can include symptoms of posttraumatic stress, anxiety, and depression, and responses such as fear, anger/irritability, insomnia, fatigue, detachment and avoidance behaviors, impaired concentration, and diminished work performance. More information on the nature of stressors during and after quarantine, as well as guidance on how to provide care that promotes mental wellbeing, can be found in the resources section of this document.

Tasks for Public Health Leaders (Specific to Psychological Effects and Factors)

1. **Gather and utilize knowledge and expertise** — Behavioral health factors in disasters and other extreme events is a very specialized area within the behavioral sciences. Public health leaders are encouraged to seek such expertise within their own systems as well as from leaders in academia and other governmental entities. Once identified, strategies are needed to ensure the

integration of their expertise into decision-making processes used by public health leaders.

2. **Monitor psychological effects** — Psychological impact varies greatly depending on the nature of the event, event stage, geography, and other factors. In addition, these effects frequently change over time as a function of threat status and the impact of intervention efforts. Effective monitoring of impact and adaptation of strategies will help ensure that efforts are focused where most needed. These effects are experienced by diverse individuals such as those quarantined, their families, health and behavioral health care providers, and others.
3. **Assist in resource identification, provision, operations, adaptability, and integration** — Leaders are frequently the seekers and gatekeepers of resource acquisition and deployment. They also play a central role in ensuring that resources are appropriately targeted and integrated with other related efforts. Integration of efforts and resources across professional cultures and organizational structures is critical to optimal programs, especially in potentially complex and controversial strategies, such as quarantine. At a minimum, in quarantine situations, important systems include behavioral health, public health, medical

Continued

services, social services, education systems, medical examiners, and faith communities.

4. **Integrate public health efforts with behavioral health services and systems** — While integration of all systems is important, integration of public health and behavioral health systems is especially important. In many jurisdictions, they exist in the same governmental systems. Integration begins in the preparedness phase of events and should continue in the response and recovery phases. Encourage behavioral health integration in the considerations to initiate quarantine. Continue this integration through operation, close-down, and follow-up periods.

Tasks of Public Health Leaders (More Broadly)

1. **Lead** — Public health leaders have the opportunity, and even responsibility, to lead within public health communities and structures, across organizational lines, and up and down the organizational chart. Effective leadership in all of these domains will enhance the probability of programmatic success.
2. **Consider workforce factors** — Quarantine of exposed healthcare workers will impact both those exposed, but also the systems in which they work as increased demand for services intersects with decreased capacity due to loss of quarantined workers. The workforce providing services in the case of quarantine (as well as other adverse public health events) are at both general and behavioral health risk. Remain attentive to the needs of all workers. Take positive steps to combat stigma toward exposed and potentially exposed workers. Also pay attention to fatigue and overwork in the remaining workforce. A central role of public health leaders is to motivate, protect, and promote the workforce. Part of that role is to acknowledge, validate, and respond to the psychological needs of the workforce and their families.
3. **Seek behavioral health subject matter expertise** — Public health leaders typically do not personally possess content in expertise in the wide and diverse areas required to do their jobs. It is incumbent on public health leaders, as noted earlier, to have easy access to those with content expertise in this specialized area of behavioral health.

4. **Engage political leadership** — Disasters of all types draw the attention of political leaders. Public health leaders should be prepared to explain needs and strategies to political leaders in ways that are understandable and support the mission. They should be prepared to anticipate questions and concerns and have credible responses ready. Political factors change over time, so leaders should be prepared to adapt to these changes.
5. **Communication (general)** — Communication is part of every function for all leaders, including public health leaders. This is true at all times, even when a crisis is not at hand. Skills in how to communicate effectively and strategies to establish and maintain effective communications are critical.
6. **Communication (risk and crisis)** — In a crisis or when communicating health risk, special skills and training are helpful. Public health leaders are encouraged to work with communications professionals and take advantage of established guidance (e.g., the CDC's Crisis and Emergency Risk Communication Manual). Effective communication, especially in novel and complex situations such as quarantines, *are* behavioral health interventions. They can reduce community distress as well as enhance adherence with behavioral health and other health recommendations.

Resources

Centers for Disease Control and Prevention (CDC) Crisis and Emergency Risk Communication (CERC) Manual: <https://emergency.cdc.gov/cerc/manual/index.asp>

Center for the Study of Traumatic Stress (CSTS): <https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response>

Brooks, SK et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*. Published online February 26, 2020. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30460-8/fulltext#%20](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext#%20)



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The psychological impact of quarantine and how to reduce it: rapid review of the evidence

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The December, 2019 coronavirus disease outbreak has seen many countries ask people who have potentially come into contact with the infection to isolate themselves at home or in a dedicated quarantine facility. Decisions on how to apply quarantine should be based on the best available evidence. We did a Review of the psychological impact of quarantine using three electronic databases. Of 3166 papers found, 24 are included in this Review. Most reviewed studies reported negative psychological effects including post-traumatic stress symptoms, confusion, and anger. Stressors included longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma. Some researchers have suggested long-lasting effects. In situations where quarantine is deemed necessary, officials should quarantine individuals for no longer than required, provide clear rationale for quarantine and information about protocols, and ensure sufficient supplies are provided. Appeals to altruism by reminding the public about the benefits of quarantine to wider society can be favourable.

Introduction

Quarantine is the separation and restriction of movement of people who have potentially been exposed to a contagious disease to ascertain if they become unwell, so reducing the risk of them infecting others.¹ This definition differs from isolation, which is the separation of people who have been diagnosed with a contagious disease from people who are not sick; however, the two terms are often used interchangeably, especially in communication with the public.² The word quarantine was first used in Venice, Italy in 1127 with regards to leprosy and was widely used in response to the Black Death, although it was not until 300 years later that the UK properly began to impose quarantine in response to plague.³ Most recently, quarantine has been used in the coronavirus disease 2019 (COVID-19) outbreak. This outbreak has seen entire cities in China effectively placed under mass quarantine, while many thousands of foreign nationals returning home from China have been asked to self-isolate at home or in state-run facilities.⁴ There are precedents for such measures. Citywide quarantines were also imposed in areas of China and Canada during the 2003 outbreak of severe acute respiratory syndrome (SARS), whereas entire villages in many west African countries were quarantined during the 2014 Ebola outbreak.

Key messages

- Information is key; people who are quarantined need to understand the situation
- Effective and rapid communication is essential
- Supplies (both general and medical) need to be provided
- The quarantine period should be short and the duration should not be changed unless in extreme circumstances
- Most of the adverse effects come from the imposition of a restriction of liberty; voluntary quarantine is associated with less distress and fewer long-term complications
- Public health officials should emphasise the altruistic choice of self-isolating

Why is this Review needed?

Quarantine is often an unpleasant experience for those who undergo it. Separation from loved ones, the loss of freedom, uncertainty over disease status, and boredom can, on occasion, create dramatic effects. Suicide has been reported,⁵ substantial anger generated, and lawsuits brought⁶ following the imposition of quarantine in previous outbreaks. The potential benefits of mandatory mass quarantine need to be weighed carefully against the possible psychological costs.⁷ Successful use of quarantine as a public health measure requires us to reduce, as far as possible, the negative effects associated with it.

Given the developing situation with coronavirus, policy makers urgently need evidence synthesis to produce guidance for the public. In circumstances such as these,

Search strategy and selection criteria

Our search strategy was designed to inform this Review and a second review to be published elsewhere relating to adherence to quarantine. We searched MEDLINE, PsycINFO, and Web of Science. The full list of search terms can be found in the appendix. In brief, we used a combination of terms relating to quarantine (eg, "quarantine" and "patient isolation") and psychological outcomes (eg, "psych" and "stigma"). For studies to be included in this Review, they had to report on primary research, be published in peer-reviewed journals, be written in English or Italian (as these are the languages spoken by the current authors), include participants asked to enter into quarantine outside of a hospital environment for at least 24 hours, and include data on the prevalence of mental illness or psychological wellbeing, or on factors associated with mental illness or psychological wellbeing (ie, any predictors of psychological wellbeing during or after quarantine). The initial search yielded 3166 papers, of which 24 included relevant data and were included in this Review. The screening process is illustrated in the figure.

See Online for appendix

rapid reviews are recommended by WHO.⁸ We undertook a Review of evidence on the psychological impact of quarantine to explore its likely effects on mental health and psychological wellbeing, and the factors that contribute to, or mitigate, these effects. Of 3166 papers found, 24 are included in this Review (figure). The characteristics of studies that met our inclusion criteria are presented in the table. These studies were done across ten countries and included people with SARS (11 studies), Ebola (five), the 2009 and 2010 H1N1 influenza pandemic (three), Middle East respiratory syndrome (two), and equine influenza (one). One of these studies related to both H1N1 and SARS.

The psychological impact of quarantine

Five studies compared psychological outcomes for people quarantined with those not quarantined.^{9,19,27,28,33} A study⁹ of hospital staff who might have come into contact with SARS found that immediately after the quarantine period (9 days) ended, having been quarantined was the factor most predictive of symptoms of acute stress disorder. In the same study, quarantined staff were significantly more likely to report exhaustion, detachment from others, anxiety when dealing with febrile patients, irritability, insomnia, poor concentration and indecisiveness, deteriorating work performance, and reluctance to work or consideration of resignation. In another study,³³ the effect of being quarantined was a predictor of post-traumatic stress symptoms in hospital employees even 3 years later. Approximately 34% (938 of 2760) of horse owners quarantined for several weeks because of an equine influenza outbreak reported high psychological distress during the outbreak, compared with around 12% in the Australian general population.²⁸ A study²⁷ comparing post-traumatic stress symptoms in parents and children quarantined with those not quarantined found that the mean post-traumatic stress scores were four times higher in children who had been quarantined than in those who were not quarantined. 28% (27 of 98) of parents quarantined in this study reported sufficient symptoms to warrant a diagnosis of a trauma-related mental health disorder, compared with 6% (17 of 299) of parents who were not quarantined. Another study¹⁹ of hospital staff examined symptoms of depression 3 years after quarantine and found that 9% (48 of 549) of the whole sample reported high depressive symptoms. In the group with high depressive symptoms, nearly 60% (29 of 48) had been quarantined but only 15% (63 of 424) of the group with low depressive symptoms had been quarantined.

All other quantitative studies only surveyed those who had been quarantined and generally reported a high prevalence of symptoms of psychological distress and disorder. Studies reported on general psychological symptoms,²² emotional disturbance,³⁴ depression,¹⁶ stress,¹⁵ low mood,¹⁸ irritability,¹⁸ insomnia,¹⁸ post-traumatic stress symptoms²⁵ (rated on Weiss and Marmar's Impact of

Event Scale-Revised³⁵), anger,²⁰ and emotional exhaustion.²¹ Low mood (660 [73%] of 903) and irritability (512 [57%] of 903) stand out as having high prevalence.¹⁸

People quarantined because of being in close contact with those who potentially have SARS²⁵ reported various negative responses during the quarantine period: over 20% (230 of 1057) reported fear, 18% (187) reported nervousness, 18% (186) reported sadness, and 10% (101) reported guilt. Few reported positive feelings: 5% (48) reported feelings of happiness and 4% (43) reported feelings of relief. Qualitative studies also identified a range of other psychological responses to quarantine, such as confusion,^{11–13,23} fear,^{12–15,23,24} anger,^{12,13} grief,²⁹ numbness,²³ and anxiety-induced insomnia.^{14,15}

One study compared undergraduates who had been quarantined with those not quarantined immediately after the quarantine period and found no significant difference between the groups in terms of post-traumatic stress symptoms or general mental health problems.²⁹ However, the entire study population were undergraduate students (who are generally young, and perhaps have fewer responsibilities than adults who are employed full-time) and thus it is possible that these conclusions cannot be generalised to the wider population.

Only one study⁷ compared psychological outcomes during quarantine with later outcomes and found that during quarantine, 7% (126 of 1656) showed anxiety symptoms and 17% (275) showed feelings of anger, whereas 4–6 months after quarantine these symptoms had reduced to 3% (anxiety) and 6% (anger).

Two studies reported on longer-term effects of quarantine. 3 years after the SARS outbreak, alcohol abuse or

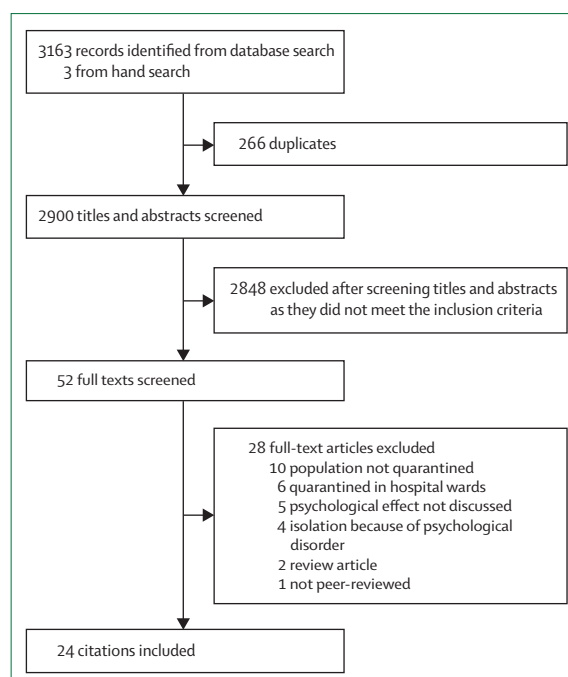


Figure: Screening profile

dependency symptoms were positively associated with having been quarantined in health-care workers.³² In a multivariate analysis,³² after controlling for demographic factors, having been quarantined and having worked in a high-risk location were the two types of exposure significantly associated with these outcomes (for quarantine: unadjusted mean ratio 0.45; 95% CI 1.02–2.65).

After quarantine, many participants continued to engage in avoidance behaviours. For health-care workers,²⁰ being quarantined was significantly and positively associated with avoidance behaviours, such as minimising direct contact with patients and not reporting to work. A study²⁵ of people quarantined because of potential SARS contact noted that 54% (524 of 1057) of people who had

	Country	Design	Participants	Quarantine period	Measures
Bai et al (2004) ⁹	Taiwan	Cross-sectional	338 hospital staff	9 days because of contact with suspected SARS cases	Study-specific survey; SARS-related stress survey composed of acute stress disorder criteria according to the DSM-IV and related emotional and behavioural changes
Blendon et al (2004) ¹⁰	Canada	Cross-sectional	501 Canadian residents	Length unclear; exposure to SARS	Study-specific survey
Braunack-Mayer et al (2013) ¹¹	Australia	Qualitative	56 school community members	Length unclear; H1N1 influenza	Interview
Caleo et al (2018) ¹²	Sierra Leone	Mixed methods	1161 residents of a rural village; 20 of whom took part in an interview study	Length unclear; entire village on restricted movement because of Ebola	Interview
Cava et al (2005) ¹³	Canada	Qualitative	21 Toronto residents	5–10 days because of SARS contact	Interview
Desclaux et al (2017) ¹⁴	Senegal	Qualitative	70 Ebola contact cases	21 days because of Ebola contact	Interview
DiGiovanni et al (2004) ¹⁵	Canada	Mixed methods	1509 Toronto residents	Duration of quarantine was the difference between the incubation period of SARS (taken as 10 days) and the time that had elapsed since their exposure to a SARS patient	Interviews, focus groups, and telephone polls
Hawryluck et al (2004) ¹⁶	Canada	Cross-sectional	129 Toronto residents	Median of 10 days because of potential SARS exposure	IES-R to assess post-traumatic stress and CES-D to assess depression
Jeong et al (2016) ¹⁷	South Korea	Longitudinal	1656 residents of four regions in Korea	2 weeks because of contact with MERS patients	GAD-7 to assess anxiety and STAXI-2 to assess anger
Lee et al (2005) ¹⁸	Hong Kong (Special Administrative Region, China)	Mixed methods	903 residents of Amoy Gardens (the first officially recognised site of community outbreak of SARS in Hong Kong) took surveys; 856 of whom were not diagnosed with SARS; 2 of whom were interviewed	Length unclear; residents of a SARS outbreak site	Study-specific survey
Liu et al (2012) ¹⁹	China	Cross-sectional	549 hospital employees; 104 (19%) of whom had been quarantined	Length unclear; home or work quarantine because of potential SARS contact	CES-D to assess depressive symptoms and IES-R to assess post-traumatic stress symptoms
Marjanovic et al (2007) ²⁰	Canada	Cross-sectional	333 nurses	Length unclear; SARS exposure	MBI-GS to assess burnout; STAXI-2 to assess anger; six study-specific questions to assess avoidance behaviour
Maunder et al (2003) ²¹	Canada	Observational	Health-care workers (sample size unavailable)	10 days voluntary quarantine because of potential SARS contact	Observations of health-care staff
Mihashi et al (2009) ²²	China	Retrospective cross-sectional	187 printing company workers, university faculty members and their families, and non-medicine students	Length unclear; citywide isolation because of SARS	GHQ-30 to assess psychological disorders
Pan et al (2005) ²³	Taiwan	Observational	12 college students	Length unclear; asked to limit interactions outside the home because of potential SARS contact	Observations of a support group for home-quarantined students

(Table continues on next page)

Country	Design	Participants	Quarantine period	Measures	
(Continued from previous page)					
Pellecchia et al (2015) ²⁴	Liberia	Qualitative	432 (focus groups) and 30 (interviews) residents of neighbourhoods with incidence of Ebola	21 days because neighbourhoods had epidemiological incidence of Ebola	Interviews and focus groups
Reynolds et al (2008) ²⁵	Canada	Cross-sectional	1057 close contacts of potential SARS cases	Mean 8.3 days; range 2–30 days because of contact with potential SARS cases	IES-7 to assess post-traumatic stress symptoms
Robertson et al (2004) ²⁶	Canada	Qualitative	10 health-care workers	10 days home quarantine, or continually wearing a mask in the presence of others, or required to attend work but had to travel in their own vehicle and wear a mask, because of SARS exposure	Interviews
Sprang and Silman (2013) ²⁷	USA and Canada	Cross-sectional	398 parents	Length unclear; lived in areas severely affected by H1N1 or SARS	PTSD-RI Parent Version and PCL-C
Taylor et al (2008) ²⁸	Australia	Cross-sectional	2760 horse owners or those involved in horse industry	Several weeks because of equine influenza	K10 to assess distress
Wang et al (2011) ²⁹	China	Cross-sectional	419 undergraduates	7 days; non-suspected H1N1 influenza cases	SRQ-20 to assess general mental health and IES-R to assess post-traumatic stress
Wester and Giesecke (2019) ³⁰	Sweden	Qualitative	12: six health-care workers who worked in west Africa during the Ebola outbreak and one close contact for each of them	3 weeks because of working in west Africa during the Ebola crisis	Interview
Wilken et al (2017) ³¹	Liberia	Qualitative	16 residents of villages who were quarantined	21 days because of living in a village in which someone had died of Ebola	Interview
Wu et al (2008, 2009) ^{32,33}	China	Cross-sectional	549 hospital employees	Length unclear; either because of SARS diagnosis, suspected SARS, or having had direct contact with SARS patients	7 questions adapted from NHSDA to assess alcohol dependence and abuse; IES-R to assess post-traumatic stress symptoms; CES-D to assess depression
Yoon et al (2016) ³⁴	South Korea	Psychological evaluation by professionals	6231 Korean residents	Length unclear; placed in quarantine because of MERS	Questions such as 'for the last 2 weeks or after being in quarantine, do you feel depressed or hopeless? Do you feel loss of interest in any part of your life?'
SARS=severe acute respiratory syndrome. DSM-IV=Diagnostic and Statistical Manual of Mental Disorders-IV. IES-R=Impact of Event Scale-Revised. CES-D=Center for Epidemiologic Studies Depression scale. MERS=Middle East respiratory syndrome-related coronavirus. GAD-7=Generalised Anxiety Disorder-7. STAXI-2=State-Trait Anger Expression Inventory. MBI-GS= Maslach Burnout Inventory-General Survey. GHQ-30=General Health Questionnaire-30. IES-7=International Education Standard-7. PTSD-RI=Post-Traumatic Stress Disorder Reaction Index. PCL-C=PTSD Checklist-Civilian version. K10= Kessler 10 Psychological Distress Scale. SRQ-20=Self-Reporting Questionnaire-20. NHSDA=National Household Survey on Drug Abuse.					

Table: Study characteristics

been quarantined avoided people who were coughing or sneezing, 26% (255) avoided crowded enclosed places, and 21% (204) avoided all public spaces in the weeks following the quarantine period. A qualitative study¹³ reported that several participants described long-term behavioural changes after the quarantine period, such as vigilant handwashing and avoidance of crowds and, for some, the return to normality was delayed by many months.

Prequarantine predictors of psychological impact

There was mixed evidence for whether participant characteristics and demographics were predictors of

the psychological impact of quarantine. A study²⁸ of horse owners quarantined because of equine influenza identified several characteristics associated with negative psychological impacts: younger age (16–24 years), lower levels of formal educational qualifications, female gender, and having one child as opposed to no children (although having three or more children appeared somewhat protective). However, another study¹⁶ suggested that demographic factors such as marital status, age, education, living with other adults, and having children were not associated with psychological outcomes.

Having a history of psychiatric illness was associated with experiencing anxiety and anger 4–6 months after

release from quarantine.¹⁷ Health-care workers²⁵ who had been quarantined had more severe symptoms of post-traumatic stress than members of the general public who had been quarantined, scoring significantly higher on all dimensions. Health-care workers also felt greater stigmatisation than the general public, exhibited more avoidance behaviours after quarantine, reported greater lost income, and were consistently more affected psychologically: they reported substantially more anger, annoyance, fear, frustration, guilt, helplessness, isolation, loneliness, nervousness, sadness, worry, and were less happy. Health-care workers were also substantially more likely to think they had SARS and to be concerned about infecting others. Conversely, one study¹⁶ suggested that health-care worker status was not associated with psychological outcomes.

Stressors during quarantine

Duration of quarantine

Three studies showed that longer durations of quarantine were associated with poorer mental health specifically, post-traumatic stress symptoms,^{16,25} avoidance behaviours, and anger.²⁰ Although the duration of the quarantine was not always clear, one study¹⁶ showed that those quarantined for more than 10 days showed significantly higher post-traumatic stress symptoms than those quarantined for less than 10 days.

Fears of infection

Participants in eight studies reported fears about their own health or fears of infecting others^{9,13,14,16,17,21,25,26} and were more likely to fear infecting family members than those not quarantined.⁹ They also became particularly worried if they experienced any physical symptoms potentially related to the infection¹⁴ and fear that the symptoms could reflect having the infection continued to be related to psychological outcomes several months later.¹⁷ Conversely, one study¹¹ found that although very few participants were extremely concerned about becoming infected or transmitting the virus to others, those who were concerned tended to be pregnant women and those with young children.

Frustration and boredom

Confinement, loss of usual routine, and reduced social and physical contact with others were frequently shown to cause boredom, frustration, and a sense of isolation from the rest of the world, which was distressing to participants.^{10,11,13–16,25,26,31} This frustration was exacerbated by not being able to take part in usual day-to-day activities, such as shopping for basic necessities¹⁶ or taking part in social networking activities via the telephone or internet.¹⁷

Inadequate supplies

Having inadequate basic supplies (eg, food, water, clothes, or accommodation) during quarantine was a source of

frustration^{10,31} and continued to be associated with anxiety and anger 4–6 months after release.¹⁷ Being unable to get regular medical care and prescriptions also appeared to be a problem for some participants.¹⁰

Four studies found that supplies from public health authorities were insufficient. Participants reported receiving their masks and thermometers late or not at all;¹³ food, water, and other items were only intermittently distributed;²⁴ and food supplies took a long time to arrive.¹² Although those quarantined during the Toronto SARS outbreak praised public health authorities for delivering kits of medical supplies at the beginning of the quarantine period, they did not receive groceries or other routine supplies needed for daily living.¹⁵

Inadequate information

Many participants cited poor information from public health authorities as a stressor, reporting insufficient clear guidelines about actions to take and confusion about the purpose of quarantine.^{11–13,15,24,26} After the Toronto SARS epidemic, participants perceived that confusion stemmed from the differences in style, approach, and content of various public health messages because of poor coordination between the multiple jurisdictions and levels of government involved.¹⁵ Lack of clarity about the different levels of risk, in particular, led to participants fearing the worst.¹⁴ Participants also reported a perceived lack of transparency from health and government officials about the severity of the pandemic.¹¹ Perhaps related to the lack of clear guidelines or rationale, perceived difficulty with complying with quarantine protocols was a significant predictor of post-traumatic stress symptoms in one study.²⁵

Stressors post quarantine

Finances

Financial loss can be a problem during quarantine, with people unable to work and having to interrupt their professional activities with no advanced planning; the effects appear to be long lasting. In the reviewed studies, the financial loss as a result of quarantine created serious socioeconomic distress²⁴ and was found to be a risk factor for symptoms of psychological disorders²² and both anger and anxiety several months after quarantine.¹⁷ One study²⁸ found that respondents who were quarantined because of equine influenza, whose principal source of income was from a horse-related industry, were more than twice as likely to have high distress than those whose income was not from the industry. This finding is probably linked to economic effects but could also be related to disruption of social networks and loss of leisure activities. Notably, this study is exceptional in that occupation and exposure are confounded.

A study¹⁴ of people quarantined because of potential Ebola contact found that, although participants received financial assistance, some felt that the amount was insufficient and that it came too late; many felt wronged

as the assistance they received did not cover their ongoing professional expenses. Many became dependent on their families to provide for them financially during quarantine which was often hard to accept and could cause conflicts. In one study,¹³ none of those quarantined in Toronto during SARS reported much financial hardship because employers or the government compensated them, but where that reimbursement was slow to arrive it caused those less financially well-off to struggle.

Potentially related to financial loss, participants with a combined annual household income of less than CAN\$40 000 showed significantly higher amounts of post-traumatic stress and depressive symptoms.¹⁶ These symptoms are probably because those with lower incomes were more likely to be affected by the temporary loss of income than those with higher incomes.

People who are quarantined and have lower household incomes might require additional levels of support, along with those who lose earnings while in quarantine (ie, self-employed people who are unable to work or salaried staff who are unable to take paid leave). Financial reimbursements should be provided where possible and programmes developed to provide financial support throughout the quarantine period. Where appropriate, employers might also wish to consider proactive approaches that allow employees to work from home if they wish to, both to avoid financial loss and to stave off boredom, while being mindful that staff in these situations might not be at their most productive and might benefit more from remote social support from their colleagues.²

Stigma

Stigma from others was a major theme throughout the literature, often continuing for some time after quarantine, even after containment of the outbreak. In a comparison of health-care workers quarantined versus those not quarantined,⁹ quarantined participants were significantly more likely to report stigmatisation and rejection from people in their local neighbourhoods, suggesting that there is stigma specifically surrounding people who had been quarantined. Participants in several studies reported that others were treating them differently: avoiding them, withdrawing social invitations, treating them with fear and suspicion, and making critical comments.^{13–16,18,21,23–26,30,31}

Several health-care workers involved in the Ebola outbreak in Senegal reported that quarantine had led their families to consider their jobs to be too risky, creating intra-household tension.¹⁴ In the same study, three participants reported being unable to resume their jobs after surveillance ended because their employers expressed fear of contagion.

Those quarantined during the Ebola epidemic in Liberia reported that stigma could lead to disenfranchisement of minority groups in the community as families under quarantine were often said to belong to different ethnic groups, tribes, or religions and were perceived as

dangerous because they were different.²⁴ Perhaps because of this stigma, being quarantined led participants in this study to keep easily treatable, non-Ebola illnesses a secret and avoided seeking help.

General education about the disease and the rationale for quarantine and public health information provided to the general public can be beneficial to reduce stigmatisation, whereas more detailed information targeted at schools and workplaces might also be useful. It might also be that media reporting contributes to stigmatising attitudes in the general public; the media is a powerful influence on public attitudes and dramatic headlines and fear mongering have been shown to contribute to stigmatising attitudes in the past (eg, during the SARS outbreak).³⁶ This issue highlights the need for public health officials to provide rapid, clear messages delivered effectively for the entire affected population to promote accurate understanding of the situation.

What can be done to mitigate the consequences of quarantine?

During major infectious disease outbreaks, quarantine can be a necessary preventive measure. However, this Review suggests that quarantine is often associated with a negative psychological effect. During the period of quarantine this negative psychological effect is unsurprising, yet the evidence that a psychological effect of quarantine can still be detected months or years later—albeit from a small number of studies^{17,19}—is more troubling and suggests the need to ensure that effective mitigation measures are put in place as part of the quarantine planning process.

In this regard, our results do not provide strong evidence that any particular demographic factors are risk factors of poor psychological outcomes after quarantine and therefore require specific attention. However, history of mental illness was only examined as a risk factor by one study. Previous literature suggests that psychiatric history is associated with psychological distress after experiencing any disaster-related trauma^{37,38} and it is likely that people with pre-existing poor mental health would need extra support during quarantine. There also appeared to be a high prevalence of psychological distress in quarantined health-care workers, although there was mixed evidence as to whether this group were at higher risk for distress than non-health-care workers who were quarantined. For health-care workers, support from managers is essential in facilitating their return to work³⁹ and managers should be aware of the potential risks for their staff who were quarantined so that they can prepare for early intervention.

Keep it as short as possible

Longer quarantine is associated with poorer psychological outcomes, perhaps unsurprisingly, as it stands to reason that the stressors reported by participants could have more of an effect the longer they were experienced for.

Restricting the length of quarantine to what is scientifically reasonable given the known duration of incubation periods, and not adopting an overly precautionary approach to this, would minimise the effect on people. Evidence from elsewhere also emphasises the importance of authorities adhering to their own recommended length of quarantine, and not extending it. For people already in quarantine, an extension, no matter how small, is likely to exacerbate any sense of frustration or demoralisation.⁴⁰ Imposing a cordon indefinitely on whole cities with no clear time limit (such as has been seen in Wuhan, China) might be more detrimental than strictly applied quarantine procedures limited to the period of incubation.

Give people as much information as possible

People who are quarantined often feared being infected or infecting others. They also often have catastrophic appraisals of any physical symptoms experienced during the quarantine period. This fear is a common occurrence for people exposed to a worrying infectious disease,⁴¹ and might be exacerbated by the often inadequate information participants reported receiving from public health officials leaving them unclear of the nature of the risks they faced and why they were being quarantined at all. Ensuring that those under quarantine have a good understanding of the disease in question, and the reasons for quarantine, should be a priority.

Provide adequate supplies

Officials also need to ensure that quarantined households have enough supplies for their basic needs and, importantly, these must be provided as rapidly as possible. Coordination for provision of supplies should ideally occur in advance, with conservation and reallocation plans established to ensure resources do not run out, which unfortunately has been reported.²

Reduce the boredom and improve the communication

Boredom and isolation will cause distress; people who are quarantined should be advised about what they can do to stave off boredom and provided with practical advice on coping and stress management techniques. Having a working mobile phone is now a necessity, not a luxury, and those stepping off a long flight to enter quarantine will probably welcome a charger or adaptor more than anything else.¹⁷ Activating your social network, albeit remotely, is not just a key priority, but an inability to do so is associated not just with immediate anxiety, but longer-term distress.^{2,42} One study²¹ suggested that having a telephone support line, staffed by psychiatric nurses, set up specifically for those in quarantine could be effective in terms of providing them with a social network. The ability to communicate with one's family and friends is also essential. Particularly, social media could play an important part in communication with those far away, allowing people who are quarantined to update their loved

ones about their situation and reassure them that they are well. Therefore, providing those quarantined with mobile phones, cords and outlets for charging devices, and robust WiFi networks with internet access to allow them to communicate directly with loved ones could reduce feelings of isolation, stress, and panic.² Although this is possible to achieve in enforced quarantine, it could be more difficult to do in the case of widespread home quarantine; countries imposing censors on social media and messaging applications could also present difficulties in ensuring lines of communication between those quarantined and their loved ones.

It is also important that public health officials maintain clear lines of communication with people quarantined about what to do if they experience any symptoms. A phone line or online service specifically set up for those in quarantine and staffed by health-care workers who can provide instructions about what to do in the event of developing illness symptoms, would help reassure people that they will be cared for if they become ill. This service would show those who are quarantined that they have not been forgotten and that their health needs are just as important as those of the wider public. The benefits of such a resource have not been studied, but it is likely that reassurance could subsequently decrease feelings such as fear, worry, and anger.

There is evidence to suggest that support groups specifically for people who were quarantined at home during disease outbreaks can be helpful. One study²³ found that having such a group and feeling connected to others who had been through the same situation could be a validating, empowering experience and can provide people with the support they might find they are not receiving from other people.

Health-care workers deserve special attention

Health-care workers themselves are often quarantined and this Review suggests they, like the general public, are negatively affected by stigmatising attitudes from others. None of the studies included in this Review focused on the perceptions of their colleagues, but this would be an interesting aspect to explore. It is also possible that health-care workers who are quarantined might be concerned about causing their workplaces to be understaffed and causing extra work for their colleagues²¹ and that their colleagues' perceptions could be particularly important. Being separated from a team they are used to working in close contact with might add to feelings of isolation for health-care workers who are quarantined. Therefore, it is essential that they feel supported by their immediate colleagues. During infectious disease outbreaks, organisational support has been found to be protective of mental health for health-care staff in general³⁹ and managers should take steps to ensure their staff members are supportive of their colleagues who are quarantined.

Altruism is better than compulsion

Perhaps because of the difficulties of designing an appropriate study, no research was found which tested whether mandatory versus voluntary quarantine has a differential effect on wellbeing. In other contexts, however, feeling that others will benefit from one's situation can make stressful situations easier to bear and it seems likely that this is also true for home-based quarantine. Reinforcing that quarantine is helping to keep others safe, including those particularly vulnerable (such as those who are very young, old, or with pre-existing serious medical conditions), and that health authorities are genuinely grateful to them, can only help to reduce the mental health effect and adherence in those quarantined.^{19,33} Notably, altruism has its limits if people are being asked to quarantine without adequate information on how to keep the people they live with safe. It is unacceptable to ask people to self-quarantine for the benefit of the community's health, when while doing so they might be putting their loved ones at risk.

What we do not know

Quarantine is one of several public health measures to prevent the spread of an infectious disease and as shown in this Review, has a considerable psychological impact for those affected. As such, there is a question as to whether other public health measures that prevent the need to impose quarantine (such as social distancing, cancellation of mass gatherings, and school closures) might be more favourable. Future research is needed to establish the effectiveness of such measures.

The strengths and limitations of this Review must be considered. Because of the time constraints of this Review given the ongoing coronavirus outbreak, the reviewed literature did not undergo formal quality appraisal. Additionally, the Review was limited to peer-reviewed publications and we did not explore potentially relevant grey literature. The recommendations we have made apply primarily to small groups of people in dedicated facilities and to some extent in self-isolation. Although we anticipate that many of the risk factors for poor psychosocial outcomes would be the same for larger containment processes (such as entire towns or cities), there are likely to be distinct differences in such situations that mean that the information presented in this Review should only be applied to such situations cautiously. Furthermore, potential cultural differences need to be considered. Although this Review cannot predict exactly what will happen or provide recommendations that will work for every future population that is quarantined, we have provided an overview of the key issues and how they could be rectified in the future.

There are also several limitations of the reviewed literature, which must be pointed out: only one study followed up participants over time, sample sizes were generally small, few studies directly compared participants

quarantined with those not quarantined, conclusions based on certain study populations (eg, students) might not be generalisable to the wider public, and heterogeneity of outcome measures across studies make it difficult to make direct comparisons between studies. It is also worth pointing out that a minority of studies assessed symptoms of post-traumatic stress using measures designed to measure post-traumatic stress disorder, despite quarantine not being qualified as a trauma in the diagnosis for post-traumatic stress disorder in the Diagnostic and Statistical Manual of Mental Disorders 5.⁴³

Strengths of this Review include the hand-searching of reference lists to identify any papers not found in the initial search, contacting authors who sent full-texts of papers which were not available in full online, and having multiple researchers carry out the screening to improve the rigour of the Review.

Conclusion

Overall, this Review suggests that the psychological impact of quarantine is wide-ranging, substantial, and can be long lasting. This is not to suggest that quarantine should not be used; the psychological effects of not using quarantine and allowing disease to spread might be worse.⁴⁴ However, depriving people of their liberty for the wider public good is often contentious and needs to be handled carefully. If quarantine is essential, then our results suggest that officials should take every measure to ensure that this experience is as tolerable as possible for people. This can be achieved by: telling people what is happening and why, explaining how long it will continue, providing meaningful activities for them to do while in quarantine, providing clear communication, ensuring basic supplies (such as food, water, and medical supplies) are available, and reinforcing the sense of altruism that people should, rightly, be feeling. Health officials charged with implementing quarantine, who by definition are in employment and usually with reasonable job security, should also remember that not everyone is in the same situation. If the quarantine experience is negative, the results of this Review suggest there can be long-term consequences that affect not just the people quarantined but also the health-care system that administered the quarantine and the politicians and public health officials who mandated it.

Contributors

GJR designed the search strategy with input from SKB, RKW, and LES. SKB, RKW, LES, and LW carried out the literature searches and screening, and any discrepancies were discussed with GJR and SW. SKB carried out the data extraction. SKB wrote the first draft of the review with input from RKW, LES, LW, SW, NG, and GJR.

Declaration of interests

We declare no competing interests.

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Taking Care of Your Behavioral Health: TIPS FOR SOCIAL DISTANCING, QUARANTINE, AND ISOLATION DURING AN INFECTIOUS DISEASE OUTBREAK

What Is Social Distancing?

Social distancing is a way to keep people from interacting closely or frequently enough to spread an infectious disease. Schools and other gathering places such as movie theaters may close, and sports events and religious services may be cancelled.

What Is Quarantine?

Quarantine separates and restricts the movement of people who have been exposed to a contagious disease to see if they become sick. It lasts long enough to ensure the person has not contracted an infectious disease.

What Is Isolation?

Isolation prevents the spread of an infectious disease by separating people who are sick from those who are not. It lasts as long as the disease is contagious.

Introduction

In the event of an infectious disease outbreak, local officials may require the public to take measures to limit and control the spread of the disease. This tip sheet provides information about **social distancing, quarantine, and isolation**. The government has the right to enforce federal and state laws related to public health if people

within the country get sick with highly contagious diseases that have the potential to develop into outbreaks or pandemics.

This tip sheet describes feelings and thoughts you may have during and after social distancing, quarantine, and isolation. It also suggests ways to care for your behavioral health during these experiences and provides resources for more help.

What To Expect: Typical Reactions

Everyone reacts differently to stressful situations such as an infectious disease outbreak that requires social distancing, quarantine, or isolation. People may feel:

- **Anxiety, worry, or fear** related to:
 - Your own health status
 - The health status of others whom you may have exposed to the disease
 - The resentment that your friends and family may feel if they need to go into quarantine as a result of contact with you
 - The experience of monitoring yourself, or being monitored by others for signs and symptoms of the disease
 - Time taken off from work and the potential loss of income and job security
 - The challenges of securing things you need, such as groceries and personal care items

- **Concern** about being able to effectively care for children or others in your care
 - **Uncertainty or frustration** about how long you will need to remain in this situation, and uncertainty about the future
 - **Loneliness** associated with feeling cut off from the world and from loved ones
 - **Anger** if you think you were exposed to the disease because of others' negligence
 - **Boredom and frustration** because you may not be able to work or engage in regular day-to-day activities
 - **Uncertainty or ambivalence** about the situation
 - **A desire to use alcohol or drugs** to cope
 - **Symptoms of depression**, such as feelings of hopelessness, changes in appetite, or sleeping too little or too much
 - **Symptoms of post-traumatic stress disorder (PTSD)**, such as intrusive distressing memories, flashbacks (reliving the event), nightmares, changes in thoughts and mood, and being easily startled
- Stay up to date on what is happening, while limiting your media exposure. Avoid watching or listening to news reports 24/7 since this tends to increase anxiety and worry. Remember that children are especially affected by what they hear and see on television.
 - Look to credible sources for information on the infectious disease outbreak (see page 3 for sources of reliable outbreak-related information).

BE YOUR OWN ADVOCATE

Speaking out about your needs is particularly important if you are in quarantine, since you may not be in a hospital or other facility where your basic needs are met. Ensure you have what you need to feel safe, secure, and comfortable.

- Work with local, state, or national health officials to find out how you can arrange for groceries and toiletries to be delivered to your home as needed.
- Inform health care providers or health authorities of any needed medications and work with them to ensure that you continue to receive those medications.

If you or a loved one experience any of these reactions for 2 to 4 weeks or more, contact your health care provider or one of the resources at the end of this tip sheet.

Ways To Support Yourself During Social Distancing, Quarantine, and Isolation

UNDERSTAND THE RISK

Consider the real risk of harm to yourself and others around you. The public perception of risk during a situation such as an infectious disease outbreak is often inaccurate. Media coverage may create the impression that people are in immediate danger when really the risk for infection may be very low. Take steps to get the facts:

EDUCATE YOURSELF

Health care providers and health authorities should provide information on the disease, its diagnosis, and treatment.

- Do not be afraid to ask questions—clear communication with a health care provider may help reduce any distress associated with social distancing, quarantine, or isolation.
- Ask for written information when available.
- Ask a family member or friend to obtain information in the event that you are unable to secure this information on your own.

WORK WITH YOUR EMPLOYER TO REDUCE FINANCIAL STRESS

If you're unable to work during this time, you may experience stress related to your job status or financial situation.

- Provide your employer with a clear explanation of why you are away from work.
- Contact the U.S. Department of Labor toll-free at 1-866-4USWAGE (1-866-487-9243) about the Family and Medical Leave Act (FMLA), which allows U.S. employees up to 12 weeks of unpaid leave for serious medical conditions, or to care for a family member with a serious medical condition.
- Contact your utility providers, cable and Internet provider, and other companies from whom you get monthly bills to explain your situation and request alternative bill payment arrangements as needed.
- If approved by health authorities and your health care providers, arrange for your friends and loved ones to bring you newspapers, movies, and books.
- Sign up for emergency alerts via text or email to ensure you get updates as soon as they are available.
- Call SAMHSA's free 24-hour Disaster Distress Helpline at 1-800-985-5990, if you feel lonely or need support.
- Use the Internet, radio, and television to keep up with local, national, and world events.
- If you need to connect with someone because of an ongoing alcohol or drug problem, consider calling your local Alcoholics Anonymous or Narcotics Anonymous offices.

Sources for Reliable Outbreak-Related Information

Centers for Disease Control and Prevention

1600 Clifton Road
Atlanta, GA 30329-4027
1-800-CDC-INFO (1-800-232-4636)
<http://www.cdc.gov>

World Health Organization

Regional Office for the Americas of the World Health Organization
525 23rd Street, NW
Washington, DC 20037
202-974-3000
<http://www.who.int/en>

CONNECT WITH OTHERS

Reaching out to people you trust is one of the best ways to reduce anxiety, depression, loneliness, and boredom during social distancing, quarantine, and isolation. You can:

- Use the telephone, email, text messaging, and social media to connect with friends, family, and others.
- Talk “face to face” with friends and loved ones using Skype or FaceTime.

TALK TO YOUR DOCTOR

If you are in a medical facility, you may have access to health care providers who can answer your questions. However, if you are quarantined at home, and you're worried about physical symptoms you or your loved ones may be experiencing, call your doctor or other health care provider:

- Ask your provider whether it would be possible to schedule remote appointments via Skype or FaceTime for mental health, substance use, or physical health needs.
- In the event that your doctor is unavailable and you are feeling stressed or are in crisis, call the hotline numbers listed at the end of this tip sheet for support.

USE PRACTICAL WAYS TO COPE AND RELAX

- Relax your body often by doing things that work for you—take deep breaths, stretch, meditate or pray, or engage in activities you enjoy.
- Pace yourself between stressful activities, and do something fun after a hard task.

- Talk about your experiences and feelings to loved ones and friends, if you find it helpful.
- Maintain a sense of hope and positive thinking; consider keeping a journal where you write down things you are grateful for or that are going well.

After Social Distancing, Quarantine, or Isolation

You may experience mixed emotions, including a sense of relief. If you were isolated because you had the illness, you may feel sadness or anger because friends and loved ones may have unfounded fears of contracting the disease from contact with you, even though you have been determined not to be contagious.

The best way to end this common fear is to learn about the disease and the actual risk to others. Sharing this information will often calm fears in others and allow you to reconnect with them.

If you or your loved ones experience symptoms of extreme stress—such as trouble sleeping, problems with eating too much or too little, inability to carry out routine daily activities, or using drugs or alcohol to cope—speak to a health care provider or call one of the hotlines listed to the right for a referral.

If you are feeling overwhelmed with emotions such as sadness, depression, anxiety, or feel like you want to harm yourself or someone else, call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).

Helpful Resources

Hotlines

SAMHSA's Disaster Distress Helpline

Toll-Free: 1-800-985-5990 (English and español)

SMS: Text TalkWithUs to 66746

SMS (español): "Hablamos" al 66746

TTY: 1-800-846-8517

Website (English): <http://www.disasterdistress.samhsa.gov>

Website (español): <http://www.disasterdistress.samhsa.gov/espanol.aspx>

SAMHSA's National Helpline

Toll-Free: 1-800-662-HELP (24/7/365 Treatment Referral Information Service in English and español)

Website: <http://www.samhsa.gov/find-help/national-helpline>

National Suicide Prevention Lifeline

Toll-Free (English): 1-800-273-TALK (8255)

Toll-Free (español): 1-888-628-9454

TTY: 1-800-799-4TTY (4889)

Website (English): <http://www.suicidepreventionlifeline.org>

Website (español): <http://www.suicidepreventionlifeline.org/gethelp/spanish.aspx>

Treatment Locator

Behavioral Health Treatment Services Locator

Website: <http://findtreatment.samhsa.gov/locator/home>

SAMHSA Disaster Technical Assistance Center

Toll-Free: 1-800-308-3515

Email: DTAC@samhsa.hhs.gov

Website: <http://www.samhsa.gov/dtac>

**Note: Inclusion or mention of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.*



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NEVADA
HEALTH
RESPONSE

AGENDA ITEM #7

NEVADA UNITED ROADMAP TO RECOVERY

Governor Sisolak
April 30, 2020



A Message From Governor Steve Sisolak

To my fellow Nevadans,

Nevada United: Roadmap to Recovery is designed to build a path forward and safely restart Nevada's economy. As the Governor of this great State, a former locally elected official, and most importantly, as a father and husband, I share our collective goal of seeing our communities get back to business. We have taken great steps together as a state to keep Nevadans safe against COVID-19, and while we continue to do that, we must now chart a responsible path forward that will get Nevadans back to work under a "new normal."

This roadmap outlines a coordinated, state-specific plan to address the COVID-19 public health and economic crisis. The core guiding principle is that our efforts should be "Federally supported, state managed, and locally executed." I am confident that if leaders and stakeholders throughout Nevada work together to accomplish our shared goals, anything is possible, even in the most trying of times. We will do this as quickly and safely as we possibly can, with a gradual, phased-in approach.

In addition to working with Nevada's local leaders, we are also collaborating with governors from across the United States, both through the National Governor's Association – which issued a Roadmap to Recovery: A Public Health Guide for Governors this month – and more locally with other states in our region through the Western States Pact, including California, Oregon, Washington and Colorado. The leadership and collaboration among governors will continue to provide a venue for sharing best practices and solid approaches to suppressing this virus and restarting our economic and public lives.

From the start, we have been making decisions based on the advice of the experts in the state of Nevada. That will continue, and many of these Nevadans provided their expertise to this roadmap. I am eager to continue that collaboration among our federal, state, and local partners as we navigate the pathway to recovery together.

I am immensely proud and grateful to all those in the Silver State who are practicing aggressive social distancing and continuing to Stay Home for Nevada. I know if we continue these practices and ramp up our case-based intervention efforts at the state and local levels, we will be able to begin this roadmap to recovery and enter Phase 1: our Battle Born Beginning.

When I became your Governor, I promised to put Nevada's families first. It breaks my heart to see Nevada families suffering because of COVID-19. But this roadmap helps put the State, and our families, back on track.

I've taken immense pride throughout this crisis whenever I see Nevadans helping Nevadans, and you should too. It's our resiliency and spirit that makes us great. We are Battle Born, and right now we are being tested in this battle against COVID-19. Together, we will be Nevada United and Battle Proven.

Governor Steve Sisolak



I. Introduction

As a result of the Silver State's commitment to stopping the spread of COVID-19 by staying home for Nevada, we are ready to begin the process of transitioning to the recovery phase of our efforts, and ultimately to the resiliency phase of our COVID-19 response. Resilience allows for the community to develop a collaborative approach to unify efforts toward collective goals. Through a unified vision and efforts, the Silver State can rebuild our communities back stronger than they were before. Nevada has a proven record of resiliency in the face of unimaginable challenges, strengthened by the one-of-a-kind Battle Born spirit that makes our state unique.

The reality is this: no elected official, business, government entity, or individual Nevadan can accomplish this task alone. All of us have a role to play when it comes to ensuring the Silver State recovers and comes back stronger than ever, but it will require common sense and personal responsibility.

Vision

Nevada: Prepared, Fortified and Resilient

Mission

The mission of the Nevada recovery and resilience effort is to create a framework to prepare the state, fortify the economy, and promote healing statewide.

Statewide goals

The Nevada Roadmap to Recovery Plan establishes overarching strategic goals to address immediate and ongoing recovery and resiliency needs of individuals, businesses, agencies, and organizations who have been affected by COVID-19. These goals are intended to provide broad direction for elected and appointed officials, state and local agencies, task forces, committees, or individuals who may be assigned to help achieve the goals and objectives laid out in this plan.

- **Goal 1:** Reduce transmission of novel coronavirus 2019 (COVID-19) through aggressive and coordinated public health strategies.
- **Goal 2:** Using a gradual and tiered approach, safely return Nevada's economy and society to a "new normal" – yet prepared – condition.
- **Goal 3:** Fully prepare and make resilient the healthcare infrastructure to respond to the health consequences of the COVID-19 pandemic.
- **Goal 4:** Champion resilient policies that inspire generational confidence and grow Nevada's diverse labor force and overall economic success.
- **Goal 5:** Turn our unprecedented challenges into a rare opportunity to transform Nevada's approach to governance, public health, education, and economic diversification.

Guiding Principles To Drive Decision Making

Certain basic principles will guide Nevada's decision making going forward:

- Nevada's response and recovery should be federally supported, state managed, locally executed.
- Ensure planning and response efforts encompass access for all at-risk populations, including older individuals, lower income Nevadans, racial and ethnic minorities, veterans, and tribal communities.



- The State’s management of the recovery and reopening process must remain flexible at all times, with ongoing monitoring of local and statewide data reporting and analysis. The State must maintain the ability to track warning signs in order to prevent an avoidable spread of the virus through intervention.
- Establish sustainable, statewide social distancing policies for each phase, including Nevada’s “new normal.”
- The timeline for a strong recovery will be determined by the virus and the behaviors of Nevadans. The reopening of the State will happen the same way the State was closed down – in phases and following the guidance of the Centers for Disease Control (CDC) and medical experts.

II. Where We’ve Been

In late January 2020, the World Health Organization (WHO) declared a global health emergency with the rapid and deadly spread of a new novel coronavirus, [COVID-19](#), and on March 11, [announced](#) a pandemic. COVID-19 continues to spread throughout the United States and countries around the world as the [number of total cases and deaths](#) increase on a daily basis. In the United States, Governors issued emergency declarations as cases of COVID-19 developed within their own states, and on March 13, the President of the United States [declared a nationwide emergency](#) pursuant to the Stafford Act.

COVID-19 in Nevada

In January of 2020, the Sisolak Administration began monitoring information related to the spread of the COVID-19 virus and its potential effect on Nevada and Nevadans. Over the days and weeks that followed, the Administration took steps to safeguard the health and safety of Nevadans, and also to respond in a way that was informed by experts. As new information emerged regarding the presence of COVID-19 in Nevada, the Administration continually refined and refocused its response efforts.

The first potential COVID-19 case was identified in Clark County, Nevada on January 29, the same day the Southern Nevada Health District tested the individual for the virus. Although the individual tested negative, the Administration continued to monitor increased concerns in the region and nation. On March 5, Clark County announced results indicating Nevada’s first presumptive positive COVID-19 case, and on the same day Washoe County identified its first presumptive case as well.

Between January 29 and March 5, state, local, and tribal governments remained proactive to ensure that Nevadans remained safe, healthy, and informed. Local health districts and related agencies provided regular updates to the public; Governor Sisolak addressed public concerns on a number of occasions; and public and private systems across the state increased preparedness levels in anticipation of the virus.

During this period, the Administration also enacted early formal measures to protect the state. On February 13, workplace safety agencies under the Nevada Department of Business and Industry urged Nevada businesses to conduct risk assessments and take steps to protect their workers from the virus. On March 5, Governor Sisolak adopted emergency regulations to protect Nevadans from increased medical costs during the pandemic as well. Throughout this initial period, the Administration remained focused on analyzing the best information available in order to make decisions and inform the public and continued to do so as cases began to increase throughout the state.



Governor Sisolak Issues a Declaration of Emergency

On March 12, Governor Sisolak declared an emergency concerning COVID-19. The emergency declaration directed all state agencies to supplement the efforts of all impacted and threatened counties to save lives, protect property, and protect the health and safety of persons in this state. As a result of this declaration, the State Emergency Operations Center was activated, an emergency team was established to coordinate the state's response, and other activities commenced.

Nevada's Major Disaster Declaration

On March 31, Governor Sisolak submitted a major disaster declaration request to the Federal Emergency Management Agency (FEMA). On April 4, President Trump [approved](#) the request declaring a major disaster in the State of Nevada and ordered Federal assistance to supplement State, local, and tribal recovery efforts in the areas affected by COVID-19. For the first time in our Nation's history, every State and territory has a presidential disaster declaration at the same time.

Following the March 12 Declaration of Emergency, Governor Sisolak initiated a coordinated state response effort. These efforts combined a series of directives enforcing social distancing with organizational changes streamlining Nevada's efforts to protect the health and safety of Nevada. These measures included the following:

- **March 14** – Governor Sisolak established the Medical Advisory Team (MAT) to advise him with expert medical recommendations on policy issues related to Nevada's response.
- **March 15** – Governor Sisolak announced the closure of K-12 schools across Nevada while maintaining the meal service for students who rely on free and reduced food and meal programs (Declaration of Emergency 001).
- **March 15** – Governor Sisolak issued an emergency regulation to expand the authorization of paid administrative leave for state employees in a state of emergency.
- **March 15** – Governor Sisolak directed the executive branch agency leadership to close state offices to the public – as soon as possible – and transition as much of the work as possible to online and over-the-phone services.
- **March 16** – the Nevada Department of Agriculture (NDA) announced the implementation of the first of a two-tier strategy to address students' need for the National School Lunch Program and school Breakfast Program by using drive-thru services where possible.
- **March 17** – Governor Sisolak announced the Stay Home for Nevada risk mitigation initiatives.
- **March 18** – Governor Sisolak signed Emergency Directive 002, which provided for the closure of casinos and gaming establishments within Nevada.
- **March 18** – Governor Sisolak waived the unemployment insurance work search requirement and the unemployment insurance 7-day wait period.
- **March 20** – Governor Sisolak announced a Stay at Home directive for Nevadans and closure of non-essential business to protect Nevadans and encourage them to stay home and help flatten the curve (Emergency Directive 003).



- **March 20** – Governor Sisolak and the Nevada Department of Motor Vehicles issued an automatic 90-day extension for expiring driver’s licenses, vehicle registrations, and other DMV documents (Emergency Directive 004).
- **March 20** – Governor Sisolak issued a directive extending school closures and providing for distance learning (Emergency Directive 005).
- **March 22** – Governor Sisolak established the COVID-19 Response, Relief, and Recovery Private Sector Task Force in order to facilitate a public/private partnership.
- **March 22** – Governor Sisolak signed Emergency Directive 006, which waived the public meeting location requirement for public meetings in Nevada.
- **March 24** – Governor Sisolak signed Emergency Directive 007, which limited gatherings to fewer than 10 people and closed state recreation areas.
- **March 29** – Governor Sisolak signed an emergency directive placing a moratorium on evictions in the State of Nevada (Emergency Directive 008).
- **March 31** – Governor Sisolak issued a travel advisory for the State of Nevada, urging visitors or returning Nevadans to self-quarantine and monitor their health for 14 days after arriving or returning to Nevada.
- **April 1** – Governor Sisolak extended the closure of non-essential businesses, gaming properties, and schools (Emergency Directive 010).
- **April 1** – Governor Sisolak signed the Battle Born Medical Corps emergency directive that waived certain licensing requirements to allow Nevada to quickly bring additional health care workers into our hospitals, and allow certain doctors, nurses, EMTs, and even medical students to go to work right away (Emergency Directive 011).
- **April 1** – Governor Sisolak signed Emergency Directive 12, which activated the Nevada National Guard in support of Nevada’s response to the pandemic.
- **April 2** – Governor Sisolak issued revised Emergency Directive 009, which extended deadlines related to legal proceedings, permits, and licenses.
- **April 3** – Governor Sisolak and the Medical Advisory Team issued statewide guidance on Improvised Face Coverings for the public.
- **April 8** – Governor Sisolak announced Emergency Directive 013, which expanded earlier social distancing emergency directives by closing retail showrooms and prohibiting certain leisure activities.
- **April 10** – The State activated the Nevada Disaster Recovery Framework.
- **April 14** – Governor Sisolak signed Emergency Directive 014, which extended the school closure through April 30 and addressed graduation requirements and distance learning opportunities for Nevada students during the declared emergency.
- **April 21** – Governor Sisolak announced the criteria and framework for Nevada’s state-specific reopening plan.
- **April 27** – Governor Sisolak announced that Nevada would be joining the Western States Pact.



NEVADA UNITED

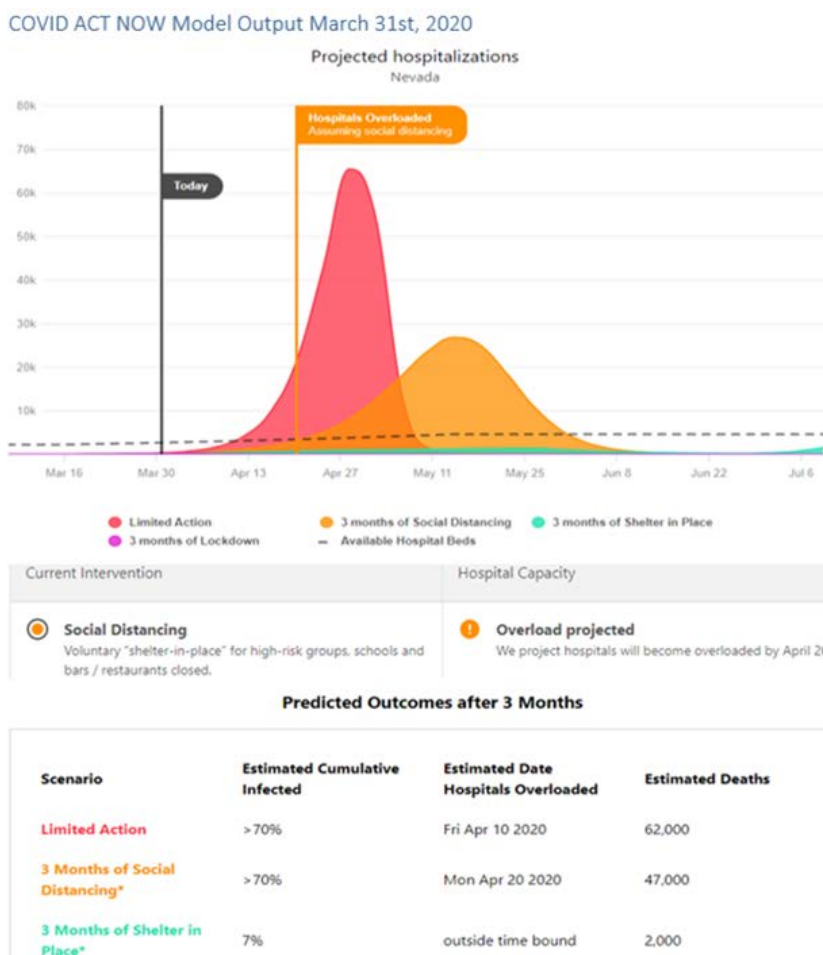
Roadmap to Recovery

- **April 29** – Governor Sisolak signed Directive 015, confirming his previous announcement that school building closures and emergency programs of distance education would continue through the end of the 2019-20 academic year.
- **April 29** – Governor Sisolak issued Directive 016, extending earlier the Stay at Home measures until May 15 and relaxing certain restrictions on retail, faith activities, and leisure activities.

III. Where We Are: Current Public Health Situation in Nevada

There is no cure and no vaccine for COVID-19 at this time. Around the world, in the United States, and in Nevada, the only reason the number of confirmed cases and deaths is not significantly higher is the implementation of strong [social distancing practices](#), as recommended by the CDC.

Had the State of Nevada not put these control measures in place, the prevalence of COVID-19 would have been much greater, and we would have seen significantly more COVID-19 related fatalities. Nevada data, from the first diagnosis on March 5, 2020 through early April, suggested that Nevada was in the exponential growth phase of the pandemic. During this phase, it is extremely difficult to estimate the exact time and size of the “peak.” Models early on were predicting high peaks related to hospitalizations, an overloading of our healthcare system, and death tolls potentially in the tens of thousands (see details from the COVID ACT NOW Model below).

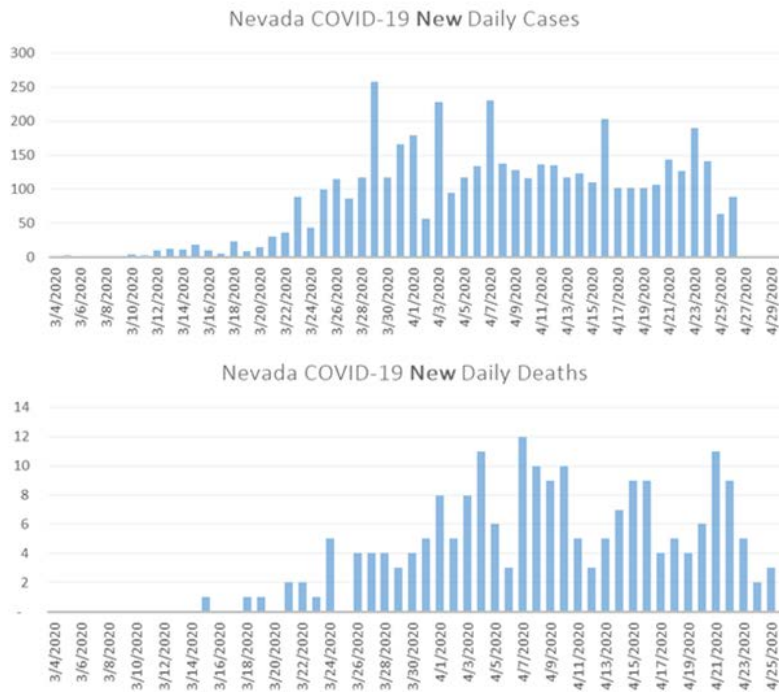


NEVADA UNITED

Roadmap to Recovery

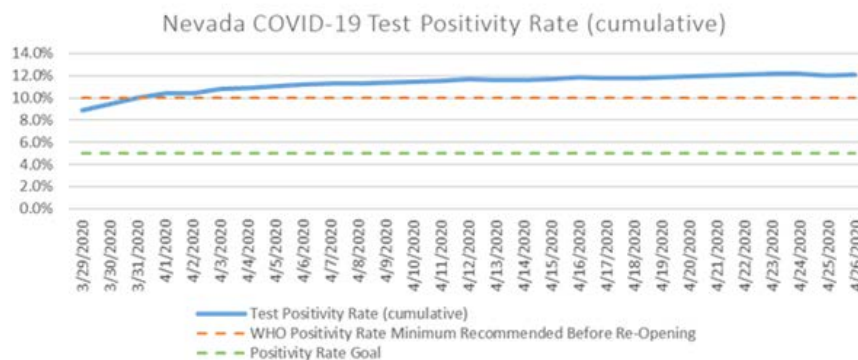


Based on these potentially dire outcomes, Nevada implemented control measures that have successfully impacted the trajectory of COVID-19 in Nevada. As of late April, there is a high likelihood that Nevada has reached a peak in the number of daily new cases, with some models citing a probability of over 80%.



While we see positive indications that Nevada has successfully “flattened the curve,” ongoing monitoring of new cases, as well as hospitalizations, deaths, and positivity rates are essential to ensure that Nevada can adequately respond to any changes in the trajectory of the virus.

The cumulative proportion of people testing positive (also referred to as the test positivity rate) in Nevada has also approached a plateau in recent weeks, at 12.1% on April 27. The World Health Organization (WHO) recommends no more than a 10% positivity rate before reopening. Other countries who have more robust testing, such as Germany and South Korea, have achieved positivity rates ranging from 3-7%. Achieving lower positivity rates will require an expanded testing protocol, which we hope to achieve in the coming weeks.





As Nevada moves forward, increased testing is critical to understanding the current magnitude of illness associated with COVID-19. It is expected that increased testing will also result in increased positive cases. The increase in positive cases will result in an increased need for disease investigation and contact tracing.

IV. Nevada United: Roadmap to Recovery

Federally Supported, State Managed, Locally Executed

Since the Governor issued the Emergency Order on March 12, 2020, Nevada has been in response mode, driven by the desire to slow the transmission of COVID-19 and reduce its impact on the health and lives of Nevadans and minimize the impact on our state's hospitals and public health system. During this time, strict social distancing measures were gradually implemented to create an environment in which Nevadans are staying home. These measures include closures of schools, non-essential businesses, and public open spaces. Essential businesses are open to ensure that Nevada's critical infrastructure continues to operate and for Nevadans have access to food, essentials, and medical care.

Nevadans took this situation seriously and stayed home to protect their health, the health of those they care about, and the health of their communities, despite the personal and financial toll on many. As a result, our state is in a position to start planning for the next phase of this public health crisis: one in which businesses may gradually reopen with restrictions and people may return to work under strict social distancing measures. Prolonged business closure is not sustainable. However, Nevada cannot throw away the long weeks of personal and financial sacrifice by abruptly reopening businesses and public life without protective measures in place. To do so risks the unthinkable: shutting down our state again in response to a new wave of cases, which has happened in other countries around the world.

The road ahead will be challenging and will require innovative approaches and the flexibility to adjust based on the latest information and science. In order to accomplish this goal, Nevada's Roadmap to Recovery follows the guideposts of being ***federally supported, state managed, and locally executed***.

A. Federally Supported

From the beginning, the State of Nevada understood that the ability of the federal government to provide assistance to states financially and with needed resources would be critical to protecting the health and welfare of our residents. While federal shipments from the Strategic National Stockpile to Nevada were appreciated and very much needed, they unfortunately did not come close to fulfilling the overall need for our state or other states throughout the country. Nevada continues to work closely with federal agencies to have a multi-tiered approach to our response efforts.

The State has numerous federal employees embedded in our State Emergency Operations Center (SEOC). Representatives include members from the Federal Emergency Management Agency (FEMA), the US Army Corps of Engineers (USACE), the US Public Health Service (USPHS), the National Guard, and the Department of Defense. Additionally, on April 7, President Trump directed FEMA to fund 100% of the emergency assistance activities provided by Nevada National Guard personnel in Title 32 duty status, per Governor Sisolak's request.

When it comes to the financial impact of this public health crisis, Nevada also recognizes that we need the financial assistance of the federal government now and into the foreseeable future.



To aid in states' relief efforts, Congress and the president passed the Coronavirus Aid, Relief and Economic Security Act (CARES Act). This unprecedented federal stimulus provides \$2.2 trillion in assistance to America's healthcare system, small businesses, individuals and families, and large institutions. Among the most important components of the CARES Act to Nevada are the following:

- **State Coronavirus Relief Fund:** The State of Nevada has received \$836 million directly from the Treasury as provided for in the CARES Act. Per federal direction, the remainder of Nevada's allocation of \$1.25 billion was distributed to Clark County (\$295 million) and the City of Las Vegas (\$119 million). This CARES Act money can only be used for unforeseen expenses incurred after March 1 "due to the public health emergency with respect to Coronavirus Disease 2019 (COVID-19)," and it will be spent consistent with Nevada's recovery and re-opening plans.
- **Paycheck Protection Program:** This program provides cash-flow assistance through 100% federally guaranteed loans to eligible employers who maintain their payroll during the COVID-19 emergency. According to the Small Business Administration (SBA), this program will benefit tens of thousands of Nevada businesses (and their employees) and to date has brought over \$2 billion in cash assistance to Nevada employers with more to come.
- **Unemployment Insurance:** The CARES Act makes more laid-off and furloughed workers (including those new to the job market) eligible for Unemployment Insurance and they will see an additional \$600 per week to match the average paycheck for up to 4 months of benefits.
 - The Pandemic Unemployment Assistance (PUA) program will provide unemployment benefits for those who are self-employed, independent contractors, and gig economy workers.
 - The Federal Pandemic Unemployment Compensation (FPUC) program will provide unemployment benefits of an additional \$600 per week to existing eligible unemployment claimants.
 - The Pandemic Emergency Unemployment Compensation (PEUC) program will allow up to 13 weeks of additional unemployment benefits for eligible beneficiaries who have exhausted their payments under Nevada's regular unemployment program.
- **Direct Financial Help for Workers and Families:** Provides every American earning less than \$75,000 a payment of \$1,200 plus \$500 for each dependent. Americans earning more will receive a phased-down amount. As of April 27, the Governor's Finance Office (GFO) estimates that Nevada will receive an approximate total of \$2.7 billion in direct payments from the federal government from this program.
- **Support for Patients and Health Care Workers:** Ensures COVID-19 diagnostic tests are covered free of charge (regardless of insurance), expands telehealth for COVID-19 related services, and provides billions of dollars in additional funding for personal protective equipment (PPE) and medical supplies.

It is anticipated that additional federal assistance will be forthcoming via supplement(s) to the CARES Act in the coming months. Nevada thanks its federal delegation – Senator Cortez Masto, Senator Rosen, Congresswoman Titus, Congressman Amodei, Congresswoman Lee, and Congressman Horsford – for their efforts to ensure that Nevada's needs are considered as future state and local COVID-19 federal relief is debated in Congress



B. State Managed – Immediate Response and Future Phases

Since the beginning of the State of Emergency activated to direct Nevada’s response to the evolving COVID-19 crisis, Nevada’s state agencies, including the Nevada Department of Health and Human Services, the Division of Emergency Management and the Nevada National Guard, have been working to provide the structure, leadership, and supplies needed to protect the health of Nevadans, in coordination with local public health authorities. This includes working closely with our Congressional leadership and federal partners at FEMA and U.S. Health and Human Services (HHS), along with the private sector, to acquire the scarce testing supplies, PPE, and other public health assistance needed before Nevada can move into the next phase.

The State will continue to work closely with the federal government, partners in the Western States Pact, the private sector, and local partners to build the public health infrastructure needed to move forward and meet the criteria established to move Nevada into the next phase for economic recovery.

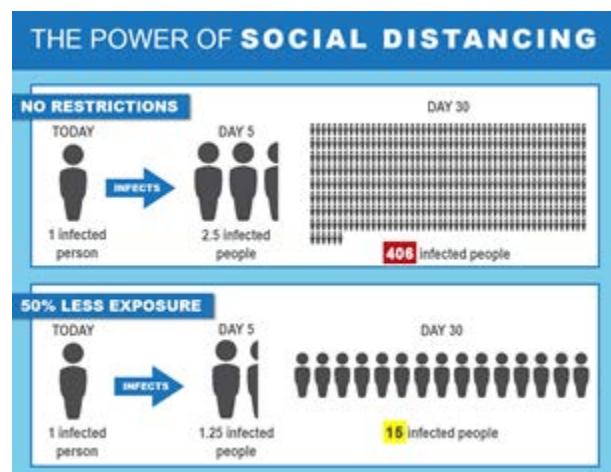
Statewide Social Distancing Measures – Critical Strategy During the COVID-19 Crisis

“In the absence of treatments and vaccines proven to be safe and effective, nations around the world have turned to social distancing to avoid a spike in serious illnesses and deaths that could overwhelm the healthcare system. In the United States, the federal government, states, territorial and local governments have done the same. Fortunately, there is evidence that social distancing is effective at blunting the full force of COVID-19, saving lives and sparing the healthcare system from worst case scenarios.”

- National Governor’s Association, [Roadmap to Recovery](#)

In Nevada, the statewide social distancing measures set forth below were implemented through directives and state-issued guidelines in the weeks following the Governor issuing the Emergency Order on March 12. Collectively, these strict guidelines represent the social distancing measures that Nevadans followed to effectively reduced the transmission of COVID-19 throughout our state.

Without the willingness of individuals in Nevada to accept personal responsibility and follow the social distancing measures, the number of cases and deaths in Nevada would have been much higher in March and April. As the state and counties gradually open businesses and public life, and people who have been sheltering for weeks increase their interaction, it is absolutely essential for Nevadans to continue to follow the social distancing measures. Again, the virus remains among us, and people infected with the virus will spread it to others when strong social distancing measures are not in use.



Foundational Statewide Social Distancing Measures

The current Nevada statewide social distancing measures for COVID-19 are expected to continue into Phase 1 and will be subject to review as the State transitions into future phases. These measures include the following:



- **For communities and individuals:**
 - If you must go out, wear a face covering.
 - Stay home as much as possible and avoid unnecessary social interactions.
 - Stay within county of residence or employment as much as possible.
 - Create more physical space between yourself and others.
 - Keep at least six feet between yourself and others, whenever possible.
 - Work from home, if possible.
 - Avoid all nonessential travel.
 - Avoid all nonessential social interactions.
- **No gatherings of 10 or more people.**
- **Vulnerable populations (including older residents and those with underlying immunocompromising conditions):**
 - Should remain home until the outbreak has subsided.
- **Travel advisories remain in place, including:**
 - Travelers are urged to self-quarantine and monitor their health for 14 days or the duration of their stay in Nevada, whichever is shorter. Travelers and returning Nevadans should not visit any public place or come into contact with those who are not members of their household unit.
 - Nevadans should avoid non-essential travel during this time period, especially to places where the CDC has issued travel advisories. For Nevada residents who live in communities that border other states, practice aggressive social distancing if you must cross state lines for essential daily matters.
 - This advisory does not apply to healthcare, public health, public safety, transportation, and food supply essential employees.
- **Employers/Businesses:**
 - Encourage telework whenever possible and feasible with business operations.
 - If possible, return to work in phases.
 - Close common areas where personnel are likely to congregate and interact, or enforce strict social distancing protocols.
 - Minimize non-essential travel and adhere to CDC guidelines regarding isolation following travel.
 - Strongly consider special accommodations for personnel who are members of a vulnerable population.



Building the Public Health Infrastructure

As identified in the National Governor's Association's [Roadmap to Recovery](#), the following actions are necessary to build the public health infrastructure necessary for recovery:

- Expand testing capacity and make testing broadly available.
- Strengthen public health surveillance to understand the spread of the disease and rapidly detect outbreaks.
- Dramatically scale capacity for isolation, contact tracing, and quarantine.
- Ensure the healthcare system can respond to potential surges.
- Protect essential workers and at-risk populations.

As Nevada looks toward recovery, the strength and capacity of its public health infrastructure will determine its success. These actions guide the criteria established for reopening and the next steps.

Statewide Criteria for Moving to Phase 1

For Nevada to successfully and gradually transition from the current response phase to Phase 1, the statewide criteria listed below and laid out by the Governor on April 21, 2020, must be met. Once the outbreak has sufficiently declined, the goal is to progressively move to more relaxed levels of social distancing that will allow people to gradually return to their normal lives while continuing to prevent the spread of disease using these guiding criteria, which are constantly monitored by the State throughout the COVID-19 crisis.

The statewide reopening criteria must be met before Nevada can begin reopening businesses and public life. These statewide criteria are based on the guidance of medical experts and are consistent with the federal criteria issued by the [White House Task Force](#) with the guidance of the CDC.

Criteria 1: Downward Trending Data

Consistent and sustainable downward trajectory of COVID-19 cases and decrease in the trend of COVID-19 hospitalizations over a 14-day period. This will be measured by:

- Decline in percentage of people testing positive.
- Decrease in the trend of COVID-19 hospitalizations.

In a public health crisis, the road to recovery must be driven by decisions based on accurate data and reporting. The State is actively monitoring statewide COVID-19 data reporting for progress toward meeting reopening criteria and will continue require robust reporting from public health authorities and counties throughout Nevada moving progressively through each phase.

Criteria 2: Strengthen Healthcare Infrastructure

Ability to maintain hospital capacity without Crisis Standards of Care

According to the National Governor's Association's [Roadmap to Recovery](#), in order to "prepare for the gradual reopening of the economy, states must ensure that their healthcare systems are out of crisis mode and able to handle potential new surges in patients, along with non-COVID-19 related services." In order to achieve this, the [White House Task Force](#) recommends that state healthcare system capacity should have the "[a]bility to quickly and independently supply sufficient Personal Protective Equipment

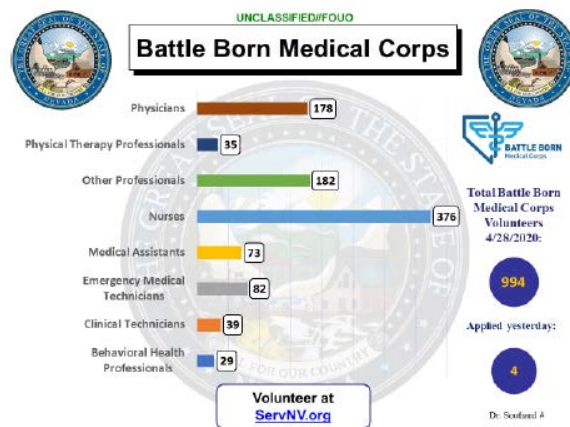


and critical medical equipment to handle the dramatic surge in need” and have the “[a]bility to surge ICU capacity.”

For healthcare and public health systems to respond adequately, multiple factors must be considered, including hospitals’ ability to treat patients without having to implement Crisis Standards of Care, along with no shortages of equipment, including ventilators and PPE for all healthcare workers; no shortages of healthcare workers; and patients not being directed to emergency overflow facilities.

To that end, the State has purchased and distributed nearly 4 million pieces of PPE statewide. Additionally, Governor Sisolak announced a private sector task force to expedite the movement of critical supplies to Nevada, resulting in millions of dollars raised and millions of items of PPE purchased for the State. The Governor, along with local partners, the federal government, and private sector partners, will continue to ramp up efforts to fortify Nevada’s healthcare system, ensure sufficient ventilators are available, acquire and distribute critical PPE, in addition to building our state stockpile back up for any potential surges in the future.

In addition, the Governor created the [Battle Born Medical Corps](#) to relieve anticipated burden placed on active healthcare personnel and facilities by COVID-19. Nevada medical providers, behavioral health providers, healthcare administrators, student practitioners, out-of-state licensed providers, and retired providers are encouraged to apply to serve. By the end of April, Nevada has almost 1,000 volunteers ready to be deployed if a potential surge hits Nevada’s healthcare system.



Criteria 3: Testing Expansion

Expanded ability for healthcare providers to administer tests for symptomatic patients and sufficient laboratory testing capacity to process COVID-19 testing samples.

In order to transition into Phase 1, Nevada must have sufficient testing in place, along with concrete plans to increase testing capacity in the weeks to come.

Community-based testing is critical to Nevada’s effort to reopen the economy and keep it open. Testing for the virus in communities throughout the state will allow local, state, and tribal leaders to assess the effectiveness of preventive measures and to identify and facilitate interventions into future outbreaks.

As Nevada progresses through each phase of the reopening plan, local and state collaboration for testing capacity, resources, and information sharing should seek opportunities for continual improvement. An effective and efficient statewide system will not only protect the lives of Nevadans and our visitors, but it will also allow Nevada to reopen without having to implement new protective measures to contain transmission of the COVID-19 virus again. Our ability to ensure that our testing efforts are federally supported, state managed, and locally executed will be foundational to our success.

There are three lines of effort for Nevada’s viral testing strategy: **sample collection, sample testing, and contact tracing.**



Sample collection is a centerpiece of county-led efforts for community-based testing. This will require county governments to identify testing criteria, develop plans and necessary resources, and implement those plans in a way that protects the health of those assigned with collecting the samples from residents meeting the established criteria. These plans need to be able to scale to higher levels of capacity as we prepare for reopening and throughout Phase 1.

The collection, sharing, and analysis of testing data resulting from these tests will be essential to decisionmakers in the state.

There are three public laboratories that can provide this testing, the Nevada State Public Health Laboratory, the Southern Nevada Public Health Laboratory, and the University Medical Clinic. In addition to these laboratories, there are a number of private sector laboratories that can help Nevada scale its sample testing capacity.

Testing advancements are being developed frequently, and Nevada continues to aggressively ramp up our statewide capacity through procurement of high efficiency solutions and innovative measures.

Criteria 4: Case Contact Tracing

Sufficient public health workforce capacity in local and state health departments to conduct case contact tracing (detect, test, trace, isolate).

Case identification and contact tracing are the foundation of communicable disease prevention and control. For the COVID-19 response, this process will be integral to the reopening of the state, as well as a tool to understand clusters and respond appropriately and timely to minimize future cases and outbreaks.

Contact tracing involves:

1. Immediate notification of a suspect and confirmed case to the public health authority.
2. Communication with, and interview of, the case by public health staff. Isolation of all cases through the infectious period.
3. Identification of close contacts for the case and interviews and testing of those symptomatic contacts.
4. Quarantine of contacts until 14 days after last exposure to the confirmed case.

"Contact tracing, a core disease control measure employed by local and state health department personnel for decades, is a key strategy for preventing further spread of COVID-19. Immediate action is needed. Communities must scale up and train a large contact tracer workforce and work collaboratively across public and private agencies to stop the transmission of COVID-19." – Centers of Disease Control and Prevention

In order to address the immediate and expanded workforce needs for case interview and contact tracing, Nevada is working with local public health agencies to implement the following measures:

1. Hire contract staff through federal COVID grants.
2. Redirect current state and local staff to COVID response.
3. Utilize the Nevada National Guard members to complete contact tracing.
4. Utilize the Battle Born Medical Corps to register and vet volunteers. This resource allows for all Nevadans, including students and retirees, to volunteer their time to provide contact tracing services for other residents.



5. Engage with CDC to request support through the CDC Response Corps.
6. Utilize contact tracing technology to supplement staffing.

The Nevada DHHS Division of Public and Behavioral Health (DPBH) is also working with the Nevada Systems of Higher Education (NSHE) to assess the possibility of developing and offering coursework through the Community Health Sciences and Public Health programs in case investigation and contact tracing to ensure an ongoing and sustainable workforce for local and state health departments. Lastly, DPBH and the local health departments are implementing technology solutions for contact tracing where appropriate and needed.

Ultimately, the benchmark for staffing is based on the state and local health agencies' ability to scale up in the following ways:

- Contact and attempt to interview each new COVID case within 24-hours of receipt of positive laboratory report; and
- Contact and attempt to interview each contact to the case within 24-hours of completing the interview on the initial case.

Criteria 5: Protect Vulnerable Populations

Sustained ability to protect vulnerable populations; outbreaks minimized in special settings like health facilities and nursing homes.

According to the CDC, older adults and people of any age who have serious underlying medical conditions, are at higher risk for severe illness from COVID-19. These individuals are sheltering in their homes or in special settings, including healthcare facilities and nursing homes, and the State will continue to work with counties and local health authorities to quickly identify and contain outbreaks in facilities, including those housing older Nevadans, those living with disabilities, those currently incarcerated, and those in similar circumstances.

Nevada United: State Managed & Locally Executed

"Governors can work with local officials to support a targeted approach to reopening that recognizes that different counties and jurisdictions have varying risk profiles." - National Governor's Association, [Roadmap to Recovery](#)

The State of Nevada remains responsible for leading the response to the COVID-19 public health crisis. Only the Governor has the authority to take the measured actions necessary to protect public health *statewide* by closing businesses and schools and implementing other social distancing requirements that, in effect, result in people sheltering within their homes. Governors around the country made these difficult decisions based on guidelines from the CDC and the experience of countries around the world who started to experience the devastating impact of COVID-19 ahead of the United States.

Up to this point, the State of Nevada has directed the response efforts for COVID-19 and determined which businesses can remain open under strict conditions and which businesses must close to prevent the spread. To promote the health and safety of all Nevadans, the State has also limited community activities and social interactions.

As Nevada moves cautiously toward the next phase, the leadership of local governments will necessarily be at the forefront. State support and oversight through its existing regulatory and licensing structures will



continue, but responsible local governments, with their knowledge of their unique communities and their existing local licensing and regulatory structure, are in the best position to execute the gradual reopening of the businesses and public life of their local residents.

C. Locally Executed: County-Driven Reopening with Statewide Oversight

Empowering County Commissions

In Phase 1: Battle Born Beginning, the State will continue to issue statewide restrictions under which individuals and business must operate that are based on the social distancing requirements necessary to ensuring that Nevada's public healthcare system is able to respond to any surge from COVID-19. However, in line with the federally supported, state managed and locally executed response and recovery plan, going forward, county governments will be empowered to tailor specific restrictions on business and public life, as long as those restrictions do not go below the strict standards the state issues in a future emergency directive for Phase 1 and future phases.



For Nevada to start returning to the normal structure of governmental decision-making, the county commission must be part of the process and have increasing responsibility for determining the manner in which businesses within its jurisdiction can open within the parameters set forth by Directives and state regulations.

In addition:

- Local governments will be responsible for enforcement.
- Businesses must comply with all Directives, state regulatory and licensure requirements set forth by state professional licensing boards and other state agencies, including but not limited to the Gaming Control Board, Cannabis Compliance Board, and the Occupational Safety and Health Administration, Division of Industrial Relations, Department of Business and Industry for workplace safety, mining, and construction.
- County commissions may collaborate with their counterparts across the state to identify best practices for the reopening and operation of business sectors.
- County commissions are encouraged to consult with medical advisors to ensure decisions are based on strategies designed to reduce and contain the transmission of COVID-19.
- County commissions may utilize recommendations issued by the Medical Advisory Team (MAT) in determining conditions under which businesses may reopen.
- County commissions are encouraged to coordinate and consult with municipalities within their jurisdiction prior to reopening to ensure the municipalities throughout the county are ready to reopen and have sufficient resources to monitor and enforce the reopening requirements.

Supporting Tribal Governments

Nevada's 27 federally recognized tribes will coordinate their own reopening efforts. As sovereign nations, tribes within Nevada can work through the state for response and recovery efforts or they can work directly with the federal government. Additionally, some tribal governments have relationships and mutual



aid agreements with local governments in their region in order to provide support in support of emergencies and disasters. Nevada counties are encouraged to partner with regional tribal nations to coordinate reopening efforts.

Rules Of The Road: During this transition and in the months ahead, however, the State of Nevada, under the direction of Governor Sisolak's administration, continues under the state of emergency declared in the [Emergency Order signed on March 12, 2020](#), and will remain under the state of emergency until the Governor terminates the order based on notification from the State Chief Medical Officer that the health emergency is over. While counties will be empowered to direct and manage the reopening of businesses locally, the Governor has the ultimate responsibility for protecting the safety and health of all Nevadans and will take action, as necessary, to continue to protect the public health across the state and within local jurisdictions.

Local Empowerment Advisory Panel (LEAP)

As counties throughout Nevada work to meet the statewide reopening criteria and determine the complex methods of reopening businesses in a manner that will protect the health and safety of the public in the midst of the COVID-19 crisis, they can seek assistance and direction from the Local Empowerment Advisory Council (LEAP), created under this plan. The LEAP is a group of stakeholders who will serve as a resource for counties as they work through the necessary requirements to reopen and share best practices and guidelines for local communities.

Most importantly, the recommendations of the LEAP help inform the Directives issues by the Governor as the state moves through each phase.

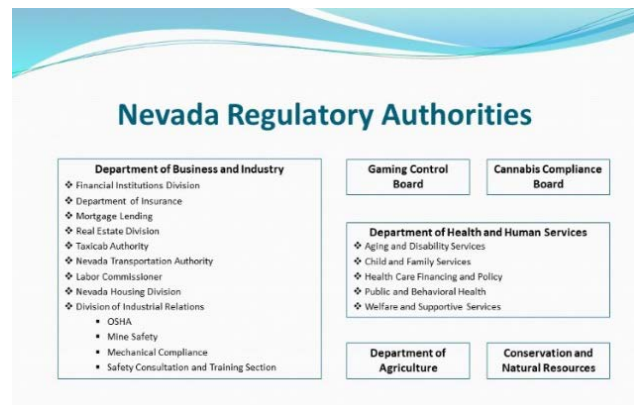
- Urban County Lead: Chair Marilyn Kirkpatrick, Clark County Board of Commissioners
- Rural County Lead: Chair J.J. Goicoechea, Eureka County Board of Commissioners
- Nevada Association of Counties (NACO) representative: Dagny Stapleton
- Representative of the Governor's Office
- Director Terry Reynolds, Nevada Department of Business and Industry
- Director Michael Brown, Governor's Office of Economic Development

The Local Empowerment Advisory Panel is encouraged to consult with business and industry representatives, worker and labor organizations, public health authorities, Nevada Hospital Association, local governments representatives, state legislators, and other stakeholders, as needed.



State and Local Partnerships – Oversight of Businesses and Licensed Professionals in the COVID-19 Public Health Crisis

As businesses prepare to reopen or continue limited operation in Phase 1, it is important to recognize that they cannot and will not return to their normal operation prior to COVID-19 right away. We are still in the middle of a public health crisis. Businesses that have been closed must gradually reopen in a responsible manner that incorporates the social distancing guidelines and precautions set forth by the CDC generally and specific to their industry, along with the established state and local guidelines. Businesses must comply with all applicable regulations and licensure requirements set forth by local government and state regulatory agencies, including the Department of Business and Industry (OSHA). Professional licensing boards should provide guidance and oversight to their licensees, as applicable within their scope of practice, regarding best practices set forth by the CDC and OSHA.



Tracking the Data: Public Health Authorities/Counties - Reporting Requirements to the State

After reopening, the State must monitor the reopening criteria for ongoing continued compliance with the benchmarks at the state and local level and for determining when the state is ready to move to the next phase. As directed by the State, local public health authorities and counties will be required to submit relevant information, including the following:

1. PPE supply status
2. Testing and timely reporting of suspected and confirmed COVID-19 cases and deaths. The State will continue to issue technical bulletins updating these requirements.
3. Surveillance
 - a. The Division of Public and Behavioral Health (DPBH) is utilizing current syndromic surveillance reporting from hospital emergency rooms and some urgent care facilities, as well as sentinel providers, to daily review the cases of respiratory illness in these facilities.
 - b. DPBH is utilizing tools to track illness and absenteeism among staff and residents of skilled nursing facilities.
 - c. DPBH is working with other licensed facilities, and facilities where individuals congregate, including correctional facilities, behavioral health facilities, schools, childcare settings, and others, to develop ongoing surveillance to assess baseline respiratory illness and early identification and control when there is a notable increase in illness. This tracking and reporting will be provided to DPBH for situational awareness and immediate intervention.



State Oversight of Certain Industries

The state will retain control over certain industries with statewide regulatory and oversight boards

Gaming

The Nevada Gaming Control Board (GCB) is responsible for requiring all establishments where gaming is conducted and where gaming devices are operated be controlled and assisted to protect the public health and safety of Nevada's residents. As a result, the GCB will be issuing a policy for nonrestricted licensees (casinos) requiring them to submit a reopening plan in accordance with the GCB policy. For the smaller gaming properties with 15 or fewer machines, the GCB will issue a policy and require these establishment to acknowledge they will be in compliance prior to reopening

The purpose of the Nevada Gaming Control Board policy is to ensure proper notification of new operational requirements and to mitigate and reduce the risk of exposure to COVID-19 for all employees, patrons, and other guests.

In consultation with the Office of the Governor, as well as federal, state, and local health officials, the Board has created policies to diminish personal contact and increase the level of sanitization in high use areas, and expects full compliance. All final decisions on how gaming establishments reopen in the State of Nevada will be determined by the Nevada Gaming Control Board.

Cannabis

Cannabis shall continue to be regulated at the state level. The Department of Taxation and the Cannabis Compliance Board retain jurisdiction over all decisions related to the operations of cannabis establishments, including without limitation, their operational status and all regulation of sales activities. Effective July 1, 2020, this jurisdiction shall belong exclusively to the Cannabis Compliance Board pursuant to Chapter 678A-D of Nevada Revised Statutes.

D. Roadmap Ahead: Reopening in Phases

As Nevada and its localities transition into each new phase, the State will re-evaluate and may loosen - or potentially tighten – social distancing measures depending on the state's and counties' progress in slowing the transmission of COVID-19. Depending upon progress forward or backward, the state may adjust the social distancing measures by directive pursuant to the Governor's March 12 Declaration of Emergency. The timing and method of reopening state offices to the public is currently under review. Plans for gradual reopening will be announced as Nevada moves closer to the initial, gradual reopening of businesses and some public life under Phase 1: Battle Born Beginning.

Under each phase, we must understand that **social distancing precautions are our new norm:** improvised face coverings, proper & frequent hand hygiene, regularly disinfecting surfaces, & maintaining a minimum of 6 ft of distance from others.

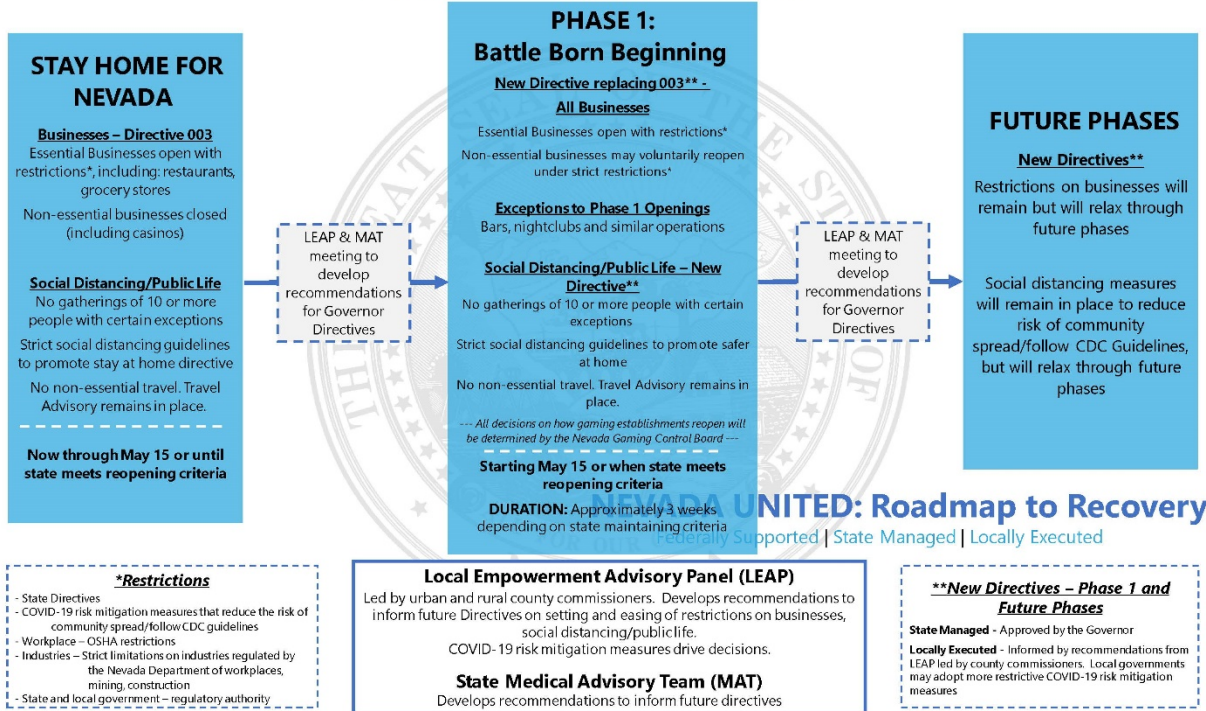
NEVADA UNITED

Roadmap to Recovery



NEVADA UNITED: Roadmap to Recovery

Federally Supported | State Managed | Locally Executed



CURRENT PHASE: Stay Home for Nevada – Immediate Response

- **Goals:** Implement aggressive community mitigation, increase access to diagnostic testing, increase public health and medical system capacities in order to meet criteria, and prepare for next phase
- **Potential Duration:** The new directive issued April 29, 2020, extends existing Stay at Home measures through May 15, 2020, and includes an initial easing of restrictions on certain outdoor activities and more flexibility for retail establishments to offer curbside pickup (effective May 1, 2020). This new, Pre-Phase 1 directive will extend through May 15, 2020 contingent upon the State of Nevada meeting reopening criteria.

As of late April 2020, we are currently in the “Stay Home for Nevada” phase, which consists of strict social distancing measures and asking residents to remain at home in order to slow the spread of COVID-19. These measures create an environment where the spread is slowed down, allowing the state, local governments, and public health authorities to scale up our health infrastructure and resources, including PPE supply, so we can safely manage potential outbreaks while also caring for non-COVID-19 related illnesses in future phases.

During this current phase, the State has been working with partners throughout Nevada to reach the reopening criteria so we can move to Phase 1: Battle Born Beginning.



PHASE 1: Battle Born Beginning

- **Goals:** Begin transition from community mitigation to case-based interventions, continue strengthening public health suppression efforts, and focus on easing restrictions on some businesses and public life, with modifications
- **Summary:** May open 1) outdoor spaces, 2) small businesses, and 3) select retail, under strict social distancing measures, hygiene, and occupancy controls. No social events or public gatherings over 10. Relax "Stay at Home" to encourage "Safer at Home." Vulnerable populations should remain home until the outbreak has subsided. Communicate the repercussions of a recurrence of disease growth. Strongly encourage improvised face coverings use by all.
- **Potential Duration:** Anticipated evaluation period based upon metrics for an estimated 2-3 weeks.

Once Nevada has successfully tracked a downward trajectory of positive cases and hospitalizations, in addition to scaling public health capacity to conduct contact tracing for new cases, increasing testing, and expanding the ability to protect vulnerable communities, the State will be ready to move into this first phase of reopening. The State will begin transitioning from community mitigation to aggressive case-based intervention efforts, where we will work to control the spread through testing individuals who may have the virus and identifying their close contacts.

PHASE 2: Silver State Stabilization

- **Goals:** Control COVID-19 transmission through fully expanded and robust public health efforts statewide, continue to carefully lift restrictions on businesses and public life
- **Summary:** Broader opening of Commerce/Retail, services, and public life under extremely strict social distancing measures, hygiene, and occupancy controls. "Safer at Home" recommendations remain in place. Vulnerable populations should remain home until the outbreak has subsided. Strongly encourage improvised face covering use by all.
- **Potential Duration:** Dependent upon progress toward goals and sustained ability to meet the criteria. Minimum of 2-3 weeks needed to assess and evaluate data and trends throughout phase.

By the end of Phase 1, the State of Nevada and local government partners will have successfully expanded the public health infrastructure to a capacity to scale, allowing for widespread point-of-care testing, largescale case contact tracing, and the ability to care for vulnerable populations. This will allow for the State to enter Phase 2, where a large number of businesses and activities come back online over time, under social distancing and occupancy controls. Phase 2 will consist of multiple stages to ensure there is adequate evaluation of trends in reporting data so health officials feel comfortable continuing to ease restrictions without increasing risk to the public. During this phase, which will likely last many weeks, it will be safer over time for Nevadans to socialize more normally, while taking significant precautions.

"Governors should consider reopening in phases separated by 2 to 3 weeks. After each phase of reopenings, state public health officials should review the numbers of new COVID-19 daily case counts, hospitalizations, and deaths carefully, along with other syndromic surveillance tools. The results of reopening decisions will take 2 to 3 weeks to be reflected in those numbers. If case counts, hospitalizations, and deaths go up in that time, further actions in reopening should be paused, and steps should be taken to get control of the rising numbers."

Johns Hopkins' Public Health Principles for a Phased Reopening During COVID 19: Guidance for Governors

Adaptation of these "measures will require a careful balance. We will need to constantly reevaluate the implementation of these measures based on available surveillance data, and we will need to be ready to adjust our approach over time according to the epidemiology of local, national, and global spread. This is especially true as we transition from one phase to the next." –

AEI - National coronavirus response: A road map to reopening



PHASE 3: On the Road to Home Means Nevada

- **Goals:** Continue easing restrictions further in preparation for return to normalcy
- **Summary:** Ease measures on some public and mass gatherings and non-essential travel with highly modified operations. Vulnerable populations should remain home until the outbreak has subsided.
- **Potential Duration:** According to "[National Coronavirus Response: A Road Map to Reopening](#)" by the American Enterprise Institute (AEI), states can transition into the final phase ("Phase 4: Home Means Nevada- Our New Normal") once *"a robust surveillance sentinel system is in place, coupled with widespread point-of-care testing and a robust ability to implement tracing, isolation, and quarantines—and this is supported by the availability of therapeutics that can help mitigate the risk of spread or reduce serious outcomes in those with infections—or alternatively a vaccine has been developed and tested for safety and efficacy."*

Phase 3 will continue the progress from Phase 2 with some easements on restrictions and time to evaluate whether Nevada's response to COVID-19 has stabilized businesses, public life, and the public healthcare system such that the state is ready to progress to the "new normal."

PHASE 4: Home Means Nevada – Our New Normal

- **Goals:** Return to normalcy in daily lives, including education, work, and social and public life
- **Summary:** Most/all businesses operating, with enhanced hygiene and vigilance.
- **Potential Duration:** Perpetual unless second spike in disease occurs

After a successful Phase 3, the goal is to enter a "new normal" that will allow Nevadans to ease away from social and physical distancing measures. According to experts and publications from across the country, this final phase will not be able to be successfully entered into until all previous public health expansion efforts are "supported by the availability of therapeutics that can help mitigate the risk of spread or reduce serious outcomes in those with infections—or alternatively a vaccine has been developed and tested for safety and efficacy, we can enter Phase III" - AEI-[National coronavirus response: A road map to reopening](#)

Currently, there is no realistic timeline yet from any of the scientific experts for achieving this level.

V. Fortifying the Nevada Economy for the New Normal

Nevadans are yearning for a return to normalcy; however, there must be a balance between the desire to open the Nevadan economy with the need to keep Nevadans safe and healthy. Any response by state and business leadership must be predicated upon effective public health responses within Nevada as well as among the general U.S. population.

"States will also need to develop plans for a careful, staged reopening that protects the public's health while laying a strong foundation for long-term economic recovery."

- National Governor's Association, [Roadmap to Recovery](#)



Public Health and Economic Recovery

As in other states and countries that are looking to re-open their economies, the re-opening of Nevadan businesses is highly dependent upon expanded testing and tracing capacity in excess of what is currently possible. Economies around the globe can only fully reopen once they can effectively diagnose, treat, and isolate individuals who have tested positive as well as those they have encountered. The public health response and economic response remain tightly linked.

The reality is that some of Nevada's workers will not return to the same job that they had before the COVID-19 pandemic--either because of business closure, lack of customers, or drop in demand for certain industries. However, certain industry sectors will see growth as Nevada and the nation recovers from the economic impact. It will be imperative that workforce training programs be used to help retrain displaced workers by leveraging state and private sector resources.

We cannot let the devastation caused by COVID-10 define us and destroy the livelihoods of Nevadans and the progress made rebuilding from the Great Recession. Our state is Battle Born; resiliency and ingenuity are part of who we are as Nevadans.

A Call for Recovery and Resilience

Just as Nevada's recovery from the Great Recession required a new approach to economic development within the state, Nevada's response to the COVID-19 pandemic will require consumers, businesses, and government to rethink how the Nevada economy works in the "new normal" after COVID-19. Economic activity over the next 18 to 24 months will require close collaboration between the state's employers, workers, and state and local government to ensure that the gradual lifting of pandemic restrictions does not lead to an uncontrolled increase in COVID-19 cases. In addition, state and local leaders need to understand the challenges the state will face in the medium term. As with the Great Recession, consumer confidence—which sustains travel, hospitality, and entertainment—will likely be slow to return. Fostering this confidence will require a visible change in business practices, and we are confident Nevadans will use their ingenuity and entrepreneurial spirit to meet the challenge.

In order to support this reopening, the Governor's Office of Economic Development (GOED) will work with stakeholders, elected officials, business organizations, workers, and employers to target immediate recovery and long-term resilience. When Nevada leaders begin to reopen the state's economy, GOED's actions should serve the immediate needs of business in order to accelerate the reopening in line with the public health response. At the same time, GOED will start to map key changes for the future for which business will need to be prepared.

Immediate Recovery

The re-opening will be driven by the reasonable urgency of businesses trying to get back on their feet, accompanied by the need to protect the health and safety of the public in the midst of the COVID-19 crisis.



Longer-Term Resilience

The “new normal” once re-opening has occurred will be different, and state and local government has a special responsibility to support business under these changed conditions, together with a responsibility to design and pursue policies that set Nevada apart for the medium term.

Priority Areas for Intervention

There are five policy areas in which GOED and the Department of Business and Industry (B&I) will provide leadership, even if the principals in some cases are other institutions, such as the Nevada Systems of Higher Education (NSHE). There will be a need to make connections (for example, between community college health programs and the labor market), as well as find and disseminate information.

1. Get Resources to People and Businesses

Immediate recovery: GOED and B&I will actively support all Nevada agencies that are part of the flow down of federal funds. Staff at GOED and B&I will be repurposed for this six-month push.

Longer-term resilience: GOED and B&I will establish programs and measures to assist micro and minority businesses.

2. Enabling Main Street Businesses to Operate in the New Normal

Immediate recovery: While large corporate enterprises can develop protocols for operating within the context of the new normal, main street business (small and medium enterprises [SMEs]), will need guidance on the protocols and practices required to operate under these new conditions. They will need guidance on how to use open spaces, enforce social distancing, expand onsite sanitary capabilities.

Longer-term resilience: State leaders will partner with local government leaders to take the lead in developing and sharing a standard set of science-based protocols for all businesses, adapted to the needs of different sectors. Credible protocols that are simple and easily publicized and widely implemented will go a long way to restoring consumer confidence.

3. Developing a Workforce for the New Normal and Beyond

Immediate recovery: Nevada’s community colleges must be the “First Responders” to recruit and graduate students in areas of need. Despite the general downturn, there will be sectors experiencing high demand that will need newly trained workers. GOED will provide real-time labor market data and will work with NSHE, the Department of Employment, Training, and Rehabilitation (DETR), and state and local leaders to accelerate the response with the community colleges.

Longer-term resilience: In order to accelerate workforce adjustment and preparation in critical areas, GOED, NSHE, and DETR will design a compressed health services curricula and other curricula for skills in short supply. The workforce pipeline should be re-worked so that workers from traditional industries in Nevada can be fed into public health and other needed fields. Nevada must seek flexibility to break down barriers to employment in critical areas, including the recognition of qualifications from other states.



4. Scouting New Technologies for Outbreak Management

Immediate recovery: The State will identify the most appropriate technologies; and formulate plans for state and local government to deploy at an extraordinary scale and provide guidance to Nevada businesses looking for reliable information on useful technologies.

Longer-term resilience: If Nevada succeeds in mobilizing technologies at scale, it will have laid the groundwork for repositioning the state in the national and world marketplace. Consumers may be reluctant to travel at present, but the desire for recreation will endure -- and visitors will return to Nevada. Nevada can and will be the recreational haven of the future, fortified by best-in class measures in public health. Nevada's Regional Economic Development Authorities will continue to recruit companies to Nevada to strengthen the health care system.

5. Using Data to Drive Decision-Making

Immediate recovery: Although Maintaining public health databases is outside the realm of GOED's activities, assisting organizations with collecting and sharing data is a critical supporting role for GOED. In particular, GOED will be responsible for integrating public health data with economic data. This will enable GOED to provide reliable advice to Nevada's businesses and workforce institutions.

Longer-term resilience: Confidence in Nevada's future economy will depend more than ever on complete, transparent information that integrates public health and economic data. Nevada will create a one-stop data hub with an emphasis on the credible communication of information regarding the health of the state's economy and society.

Economic Development Planning

Prior to the onset of the pandemic, GOED was developing a new economic development plan succeeding the 2012 "Diversify Nevada" plan. Given the massive upheaval in the economy triggered by the pandemic, this work will be repurposed to create a recovery plan of 18-24-months in duration.

This plan, along with immediate and long-term efforts to recover and reimagine Nevada's economy, will be completed through collaborative efforts with state and local leaders, stakeholders from the business community, higher education, and workers.

VI. Education & Building Nevada's Workforce of Tomorrow

In response to COVID-19, education systems around the country closed down. Nevada is no exception.

K-12 Education System

On March 16, in consultation with the State Superintendent of Public Instruction and local district superintendents, the Governor issued a [Declaration of Emergency Directive to close schools through April 6](#). As the crisis continued to expand, the Governor issued subsequent directives and ultimately made the difficult decision to close all public school buildings, including charter schools, through the end of this academic year. The same difficult decisions were made across the country in other states, and the [White House Guidelines](#) issued on April 16 recommended that schools remain closed as well.



However, learning for Nevada K-12 students does not cease. Under the leadership of Nevada's State Superintendent of Public Instruction, the Nevada Association of School Superintendents, educators and parents around the state, learning continues. Teachers are working hard to develop distance learning lesson plans, expand the use of technology, support students through paper correspondence. District leaders are working to provide innovative resources for every child, regardless of their means, including access to technology, ability level, or at-home support.

The closure of school buildings not only impacted the way education is provided in our state, but also the means to access meals for many Nevada students and their families. The Nevada Department of Agriculture activated plans in concert with local school districts, food banks, and other community support organizations to continue to serve students and their families and do everything possible to ensure they can put food on the table, including staffing several meal locations and delivering food via the school bus route. In just one month, over 1.7 million meals were served to school children across the state.

The crisis is not over. School buildings are not open, and all of this work continues. The Nevada Department of Education's [Path Forward Plan Response to COVID-19](#) issued April 25, 2020, is available on the Department's website.

Nevada System of Higher Education

In March, all institutions within the [Nevada System of Higher Education \(NSHE\)](#) transitioned to remote instruction for more than 100,000 students at its universities, community colleges, and state college. The Board of Regents [adjusted grading policies](#) to help students and examined measures to assist students facing financial hardship, including suspension of certain policies related to [delinquent accounts](#).

Education is taking place outside the traditional classroom, but the work of NSHE faculty and students within their communities [does not cease](#). Institutions are serving as testing locations and donating urgently needed medical supplies, including ventilators, masks, gowns, gloves and other PPE, to first responders and hospitals. Students are volunteering in their communities by distributing food and helping in medical clinics. With the support and supervision of faculty, students are assisting with telehealth services and working hard to complete accelerated programs in the medical field, including nursing and paramedics, to join Nevada's workforce and help alleviate the shortage of medical personnel across the state. The universities also are working with the Nevada State Public Health Lab to expand the state's testing capacity.

VII. Conclusion – Steps Forward

When Nevada is ready to start its next chapter following this public health crisis, government must be prepared to convert this unprecedented challenge into a once-in-a-lifetime opportunity to transform our antiquated approach to governance, public health, education, and economic diversification to a recovery that creates a bedrock for sustainable success through all future challenges. Nevadans should no longer accept the readily apparent shortcomings of this state in the areas of our health care, our education, and our finances.

When this crisis comes to a close, the state of Nevada will stand at a critical juncture. It became immediately clear upon Nevada's – and the nation's – order to stay home and close non-essential businesses, including all gaming properties, that Nevada would be hit exceptionally hard with so many of our state's jobs coming from a service industry that shut down overnight. Nevada has always had an overdependence on consumption-related sectors that leaves our economy and governmental budgets prone to failure – as we experienced a decade ago during the great recession.



Nevada has also been the fastest-growing state in the nation for five straight decades, including a 31.8 percent population growth the first decade of the millennium and just recently eclipsing the 3-million-person mark. The state has not kept up with this transition and grown up in a way that would allow it to provide Nevadans with the services they need and, more importantly, deserve. The Nevada our citizens deserve requires a transformation and a new approach – and this is exactly the time we should be thinking about how to send Nevada on this trajectory toward long-term success.

The assistance Nevada has received for its relief effort in the form of the CARES Act federal stimulus dollars is nothing more than a stop gap for our healthcare system, large institutions, small businesses, families, and individuals to respond to COVID-19 and its impact on our physical and economic well-beings. It will not return Nevadans to where we were prior to the pandemic and it alone will certainly not get Nevadans to where they deserve to be.

It is clear – and it needs to be acknowledged – that all of Nevada’s challenges are interconnected and cannot be solved through disjointed and fragmented efforts. For example, state government cannot improve the lives and outcomes of Nevada’s children without also ensuring that their families are supported. It was and continues to be the Governor’s long-term goal to improve outcomes for Nevada’s families and children despite the hurdles now faced. The realities of our financial susceptibility during this pandemic only further demonstrates the need for a Child & Family-centered government that will create a sustainable growth strategy for Nevadans to succeed following this crisis and into the future.

Nevada’s phased reopening will require continuous examination and reevaluation. Nevada’s approach to recovering its economy and government should employ the same measures - success going forward will necessitate introspection and recalibration. As Nevada’s government leaders, health officials, and economic experts shepherd the state through this upcoming reopening phase, the Governor will continue to have an eye toward transforming Nevada’s government to one with an impenetrable foundation so that we may jumpstart Nevada toward a diverse and sustainable economic future and improve the lives of our children and families for generations to come.