



Preparedness Grants Effectiveness Case Study: Jersey City–Newark, New Jersey

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FEMA



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I. Overview

In September 2020, the Federal Emergency Management Agency (FEMA) conducted a preparedness grants effectiveness virtual case study with members of the Jersey City–Newark, New Jersey Urban Areas Security Initiative (UASI; Jersey City–Newark). The purpose of the study was to understand the role of FEMA preparedness grants on the region’s COVID-19 pandemic response. FEMA also drew from information that community officials provided for the Biannual Strategy Implementation Report and the Threat and Hazard Identification and Risk Assessment /Stakeholder Preparedness Review.

This case study found that Homeland Security Grant Program (HSGP)-funded projects have improved Jersey City–Newark’s capability to protect emergency responders, have allowed effective information-sharing with the public and other stakeholders through investment in a regional fusion center, and have provided exercises and training that have improved Jersey City–Newark’s public health response.

More broadly, this case study found that HSGP funds have increased the level of coordination and have created strong working relationships among UASI members. This coordination has allowed working group members to better understand the capabilities and gaps of other member organizations. The structure of UASI has also facilitated easier collaboration due to the centralized procurement process and a commitment to pursuing collective goals throughout the member jurisdictions.

Participants in the case study identified long-term fatality management services as an ongoing challenge for the jurisdiction. Before the COVID-19 pandemic, Jersey City–Newark was prepared for a surge in fatality management services necessitated by a single mass-casualty incident, and previous training and exercises focused on events such as an active shooter or a large-scale transportation accident. In response to the extended surge in fatality management services caused by the pandemic, Jersey City–Newark and the State of New Jersey have used a fatality management services approach coordinated at the state level compared to other jurisdictions that have used more local approaches.

II. The COVID-19 Pandemic in New Jersey

In February 2020, the governor of New Jersey established a coronavirus task force.¹ In March 2020, the governor declared a state of emergency and a public health emergency to expand the authority of public health officials and to allow the state to receive federal aid.² Between March and September 2020, the New Jersey Department of Health reported approximately 192,973 COVID-19 cases, 14,188 confirmed COVID-19 deaths, and 1,783 probable COVID-19 deaths.³

III. Funding History

The Jersey City–Newark UASI invested a total of \$7,950,743.84 of FY 2014–FY 2019 UASI funds in projects that have had an impact on the response to the COVID-19 pandemic. UASI counties also received \$1,391,553.51 in State Homeland Security Program (SHSP) funds during this same time period that have also impacted the response to the COVID-19 pandemic.

Table 1: Jersey City/Newark Investments Related to the COVID-19 Response, FY 2014–FY 2019

Grant Program	Award Amount						
	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	Total
UASI and SHSP for UASI Counties	\$2,146,647	\$966,866	\$1,777,060	\$1,104,206	\$1,807,228	\$1,540,290	\$9,040,571

IV. Investments and Capability Impacts

Personal Protective Equipment (PPE) and Response Infrastructure [UASI]

PPE has been a critical investment for jurisdictions across the country during the COVID-19 pandemic. It protects both front-line medical workers and first responders. Powered air purifying respirators (PAPR) and full-face mask equipment purchased before the pandemic have also played a role in keeping first responders safe during the response. PAPRs were purchased with \$281,321 of FY 2014 UASI funds, and a FY 2018 UASI investment of \$166,513 helped replace aging mask supplies. According to interviewees, PAPRs and full-face masks have been vital for responders who work in the field every day, particularly when N95 masks were hard to find. Full-face masks are also easier to decontaminate than N-95 masks, and easier disinfection shortened the amount of time the full-face masks were not available for use. In one example, emergency medical services (EMS) crews wore PAPRs during a 16-hour nursing home evacuation, and no EMS personnel were infected. Gloves, N95 masks, and hand sanitizer are the other types of PPE that were purchased with grant funds, and Jersey City–Newark invested \$247,439.58 of FY 2014 and FY 2017 UASI funds in these supplies that have been used during the COVID-19 response and were purchased before the pandemic.

PPE investments are also an example of the interdisciplinary coordination fostered within the UASI. Members use a coordinated investment structure in which procurement decisions are made collectively and transparently. An important element of this collaborative procurement process is that UASI members purchase compatible equipment that can be used interchangeably throughout the member jurisdictions if necessary. For example, regarding PPE, at one point, nurses performing COVID-19 testing in Morris County lacked the batteries necessary for their respirators. However, other member jurisdictions had identical equipment and were able to share the batteries to maintain testing operations.

In addition to personal equipment, grant funds have been invested in response infrastructure, including temporary shelters, generators, oxygen-generating trailers, isolation pods, ventilators, and a hook-lift truck. Temporary shelters are rigid-framed, tent-like units with side flaps and the potential to be climate-controlled. These shelters were set up outside of healthcare facilities and used to process hospital visitors and patients, as well as to temporarily house COVID-19 testing facilities. Twenty-six of these shelters and associated mass care supplies —purchased with \$3,843,558.27 of FY 2014—FY 2019 UASI and SHSP funds for the UASI counties—protected patients and medical staff by reducing the number of people who needed to physically enter hospitals.

At one healthcare facility alone, nearly 3,000 people were processed inside of a temporary shelter and did not have to enter the healthcare facility. Several hospitals in the UASI jurisdictions used isolation pods as part of their temporary shelter systems that were purchased during the 2014 Ebola response. The pods proved to be a critical asset for allowing COVID-19 patients to be moved internally in a hospital without increasing the risk of transmission to



Photo 1: Temporary shelter used to increase healthcare capacity

other patients. Some of the shelters in which COVID-19 testing took place were powered by generators purchased with \$152,000 of FY 2015, FY 2018, and FY 2019 UASI funds. Nine oxygen-generating trailers were another critical investment and were purchased with \$183,000 of UASI funds. Due to the respiratory nature of the COVID-19 disease, the demand for oxygen at healthcare, EMS, and long-term care facilities significantly increased during the pandemic, and the case study participants indicated that the oxygen-generating trailers helped lessen a significant supply gap. Jersey City–Newark purchased 330 ventilators and 100 neo-natal ventilators with \$408,512.20 of FY 2014 and FY 2016 UASI funds. These ventilators were distributed to area hospitals and were on the list of available assets to be used during the pandemic. Morris County used a hook-lift truck purchased with \$7,550 of FY 2016 UASI funds to distribute refrigerated containers to temporary morgues and several hospitals in the area. Lastly, using UASI FY2015 and FY2016 funding, the Jersey City/Newark UASI purchased 45 specialized insulated coolers for each of its counties and core cities (405 coolers total). The total cost for this project was \$301,726.80. Regional public health departments are currently including these assets in their COVID-19 vaccine planning efforts as the coolers can be used to transport the vaccines to and store them at the administration sites.



Photo 2: Oxygen-generating system



Photo 3: Hook-lift truck

Information-Sharing Efforts [UASI]

Investments using UASI funds have played an important role in establishing information-sharing platforms and practices that have aided the region’s COVID-19 pandemic response. One example of this is the Mutualink communication system, which the Robert Wood Johnson Barnabas Health System, the Bergen County Office of Emergency Management, and the Valley Hospital cited as a valuable resource



Photo 4: Variable message signs

for hospitals and other first responders to share information on the supply level of PPE, ventilators, and other medical equipment needed for the pandemic response. From FY 2014 to FY 2019, \$2,256,037.65 of UASI and SHSP funds were put towards Mutualink in the Jersey City–Newark UASI counties.

The region-wide use of variable message signs has been another information-sharing effort related to the COVID-19 pandemic. These signs are placed on roadsides and in large, open areas such as parking lots to provide information about COVID-19 testing site locations and patient drop-off and pick-up procedures for hospitals. UASI counties

spent \$350,905.40 of FY 2016 UASI and SHSP funds to purchase the variable message signs.

New Jersey’s Fusion Center has played an important role in facilitating statewide information-sharing efforts by hosting daily status calls for law enforcement, while the fire service has been hosting weekly calls. These calls use the Department of Homeland Security Homeland Security Information Network (HSIN) platform, which is provided at no cost to the users. The impact of these daily calls has been a much broader situational awareness among agencies and entities managing the COVID-19 response. For example, some state-issued public health requirements related to businesses reopening required a law enforcement component, and these daily calls allowed for law enforcement departments to discuss implementation.

Training and Exercise Investments [UASI]

Before the pandemic, Jersey City–Newark pursued multiple training investments. These investments directly supported Jersey City–Newark in preparing itself for responding to the COVID-19 pandemic. In 2017, Jersey City–Newark invested \$370,522.92 of FY 2015, FY 2017, and FY 2018 UASI funds for resiliency trainings for first responders in the aftermath of emergency situations, with an emphasis on mental self-care and awareness. During the pandemic, the training has been converted from an in-person training to virtual and webinar-style engagement and has broadened to include health care workers in recognition of the severe mental and emotional stressors that these professionals experience.

The UASI counties also participates in annual full-scale exercises with regional partners, such as New York State and the Port Authority of New York and New Jersey, and those exercises have aided pandemic



Photo 5: Exercise participants

response capabilities. For example, a recent exercise focused on the response to a biological attack in which participants trained on the process of coordinating the distribution of Strategic National Stockpile assets at the local level. Previous exercises have focused on active shooter situations involving tactical, bomb and K-9 responses. All exercises are multi-disciplinary and multi-jurisdictional and emphasize the operational coordination needed among all UASI disciplines and jurisdictions for response to a mass-casualty event. The skills and relationships that are built during these UASI-funded trainings have had broad crossover to a variety of emergency situations. Specifically, participants cited that the

most important impact is that first responders, emergency managers, and health officials know each other, are familiar with other departments’ and agencies’ capabilities, and have open lines of communication with one another. One of the case study participants indicated that future mass-casualty exercises might include more focus on the investigation, recovery and identification of the deceased, since the COVID-19 pandemic has shown that a broader awareness of fatality management operations is beneficial to all disciplines, not just the medical examiner community. The Jersey City–Newark UASI invested \$438,320 of FY 2015, FY 2016, and FY 2018 funds in the annual full-scale exercises.

Relationships Across Disciplines and Jurisdictions [UASI]

Multiple case study participants reported that one of the chief benefits of the UASI-funded investments has been creating and maintaining personal connections across agencies and regions through participation in cross-agency trainings and other, UASI-led engagements. Participants in the case study emphasized that much of the COVID-19 pandemic response has required continuous collaboration and resource-sharing across different agencies and jurisdictions, including law enforcement, fire departments, EMS,



and hospitals. Having a first name-basis relationship with partners in other agencies has made information- and resource-sharing faster and more reliable. Participants cited that the expediency of being able to simply call an individual is a significant advantage over working through formal resource request channels in a resource- and time-constrained environment.

In addition to building connections, the UASI's governance has also increased functional capacity for intra-agency efforts. The UASI attempts to standardize capabilities, competencies, and especially equipment investments across member jurisdictions, which allows different jurisdictions to share resources and, therefore, increase the capacity for all jurisdictions.

V. Recommendations and Conclusion

Jersey City/Newark representatives had two recommendations for FEMA grant programs: The first recommendation was to emphasize that the grant programs should be as agile as possible in terms of investment justifications. The time gap between planning for an investment and the investment's approval with FEMA may be several years, during which a jurisdiction's actual needs may change. Allowing a streamlined adjustment process for those investments is important. A second recommendation was to re-examine overall allocation amounts for jurisdictions that have a strong regional interconnectedness due to spillover of threats among those jurisdictions. For example, large incidents in New York City may spill over into New Jersey, and grant allocations should consider the additional resources that New Jersey would need to manage the overflow.

The Jersey City–Newark UASI has invested FEMA preparedness funds in a range of capabilities that have aided the preparation for and response to the COVID-19 pandemic. Funds have been used to purchase PPE to keep first responders safe, to improve information-sharing capabilities throughout the region, to train first responders on resiliency, and to build the coordination necessary to respond quickly and reliably during a variety of emergency situations. The UASI's procurement and prioritization practices are designed to build collaboration and standardization among member jurisdictions. This spirit of joint investment has allowed UASI partners to leverage their existing relationships, knowledge, and equipment to strengthen response operations for the lengthy and severe COVID-19 pandemic.



Appendix A: References

- ¹ <https://nj.gov/infobank/eo/056murphy/pdf/EO-102.pdf>
² <https://nj.gov/infobank/eo/056murphy/pdf/EO-103.pdf>
³ Data collected from New Jersey Department of Health,
https://www.nj.gov/health/cd/topics/covid2019_dashboard.shtml