Multi-Year Integrated Preparedness Plan (MYIPP) 2024-2029

California Department of Public Health – Center for Preparedness and Response

CDPH
California Department of
Public Health

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Record of Changes

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CDPH

Acknowledgements

Sponsoring Agency Points of Contact

Michelle Patterson, MPH
Assistant Deputy Director, Division of Program and Response
CDPH Center for Preparedness & Response
1615 Capitol Ave. Sacramento, CA 95814
Email: Michelle.Patterson@cdph.ca.gov

Brandon Torigian
Chief, Recovery and Evaluation Section
CDPH Center for Preparedness & Response
1615 Capitol Ave, Sacramento, CA 95814
Email: Brandon.Torigian@cdph.ca.gov

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Introduction

Multi-Year Integrated Preparedness Planning (MYIPP)

A MYIPP[1] is defined by the Federal Emergency Management Agency (FEMA) as a document that outlines critical elements to enhance an organization's readiness and capabilities related to ever-changing threats, hazards, and risks. MYIPPs are based upon the assessment of threats, hazards, and risks; new and updated plans; and previously identified shortfalls and gaps to establish a continuous process of planning, organizing, training, exercising, and evaluating. This process provides a reliable approach to support decision making, resource allocation, and measure progress toward building, sustaining, and delivering capabilities based on an organization's threats, hazards, and risks.

A multi-year program enables an organization and its stakeholders to participate in a series of increasingly complex exercises, with each exercise building upon the previous one. Each exercise within the series will be linked to a set of common program priorities and designed to test associated capabilities.

Purpose

The CDPH-CPR 2024-2029 MYIPP outlines statewide public health and health care priorities, aiming to strengthen the preparedness and response capabilities of CDPH, local health jurisdictions (LHJs), and local health care coalitions (HCCs) across California. It defines the cycle of training and exercise activities that will develop, enhance, and maintain these capabilities.

This MYIPP is designed to enhance alignment between the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) Program and the Administration for Strategic Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) deliverables; streamline information sharing within and between regions; and prioritize technical assistance aligned with PHEP, HPP, and local and state program requirements to ensure resources are used effectively and efficiently.

Building upon the previous Multi-Year Training and Exercise Plan (MYTEP), the CDPH-CPR 2024-2029 MYIPP introduces a standardized five-year public health exercise schedule. This approach shifts the past focus from a single, annual statewide exercise to a continuous, multi-year exercise planning cycle that prioritizes:

- Building coordination between local, state, and federal partners;
- Ensuring long-term readiness and adaptability; and
- Aligning state and local priorities to provide consistent support to partners across diverse regions.

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[1] Homeland Security Exercise and Evaluation Program (HSEEP)

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Audience

The intended audience for the CDPH-CPR 2024-2029 MYIPP includes CDPH and other State agency partners that support public health and healthcare, in addition to regional partners, LHJs, and HCCs. Participation will enhance the State's public health and health care posture and ensure the preparedness priorities included in the MYIPP are fully realized.

As beneficiaries of PHEP and HPP funding, LHJs and HCCs should prepare to participate in CDPH-led exercises identified in the CDPH-CPR 2024-2029 MYIPP while also taking the necessary actions to ensure compliance with PHEP and HPP requirements specific to LHJs and HCCs.

Planning Process

CDPH-CPR developed the 2024-2029 MYIPP through a planning process that included reviewing and analyzing key documents and strategically engaging stakeholders throughout California. In November 2024, CDPH led the review and analysis of documents outlining requirements for PHEP, HPP, the CDC Public Health Response Readiness Framework, the Homeland Security Exercise and Evaluation Program (HSEEP), and FEMA's Core Capabilities. Document review and analysis included CDPH-specific materials such as the previous MYTEP and the current Threat and Hazard Identification Risk Assessment prepared by the California Governor's Office of Emergency Services.

Between December 2024 and January 2025, CDPH engaged more than 350 public health and health care practitioners across California through a series of activities:

- **Virtual Workgroup Meetings:** CDPH delivered presentations to introduce the MYIPP scope and obtain initial stakeholder feedback during the virtual meetings of the LHJs Monthly Update Workgroup (CLU Call) on December 12, 2024; the Local Capabilities Workgroup on December 17, 2024; and the internal CDPH Emergency Preparedness Workgroup on December 20, 2024.
- **MYIPP Stakeholder Survey:** CDPH deployed a virtual MYIPP Stakeholder Survey over a three-week period between December 2024 and January 2025 that yielded 72 unique responses from public health and health care stakeholders. Their feedback offered insight into current organizational exercise resources and capabilities, the previous MYTEP and exercise conduct, and priorities for threats, hazards, risks, capabilities, and technical assistance for the CDPH-CPR 2024-2029 MYIPP.
- **Integrated Preparedness Planning Workshop (IPPW):** CDPH hosted a three-hour virtual Integrated Preparedness Planning Workshop on January 16, 2025. The workshop was used to review, validate, and augment stakeholder feedback collected during the Workgroup Meetings in December 2024 and through the MYIPP Stakeholder Survey. The event incorporated both a large plenary session for broad, audience-wide discussions and targeted breakout groups. The breakout groups facilitated specific conversations among participants from small, medium, and large LHJs, and CDPH personnel, allowing for more focused dialogue. The event also included an educational overview of exercise best practices led by

a Master Exercise Practitioner and an activity designed for participants to align prioritized threats, hazards, risks, and capabilities.

Analysis Methodology

The preparedness priorities included in the CDPH-CPR 2024-2029 MYIPP are based upon stakeholder feedback obtained throughout the three-pronged stakeholder engagement process described above. Planning activities were designed to obtain unique perspectives from stakeholders across all audiences, including small, medium, and large LHJs in different regions, and state agencies, related to the prioritization of hazards, threats, risks, and capabilities.

The MYIPP Stakeholder Survey deployed by CDPH prompted participants to prioritize:

- Current hazards, threats, and risks;
- PHEP, HPP, CDC Public Health Response Readiness Framework, and FEMA Core Capabilities; and
- Technical assistance.

CDPH implemented a methodology for scoring and identifying the priorities included in the CDPH-CPR 2024-2029 MYIPP to ensure representation of the diverse perspectives across audiences. Responses to the Stakeholder Survey were analyzed collectively and by audience including small, medium, and large LHJs, and state agencies. Scores were then assigned to hazards, threats, risks, and capabilities based on the respective prioritization they received from each of these audiences (e.g., LHJ by size and state agency partners).

- Hazards and capabilities identified as first priority receive five points.
- Hazards and capabilities identified as second priority receive four points.
- Hazards and capabilities identified as third priority receive three points.
- Hazards and capabilities identified as fourth priority receive two points.
- Hazards and capabilities identified as fifth priority receive one point.
- Priorities lower than fifth priority receive a score of zero.

Point values were totaled across audiences to create a final score. The results were further reviewed against and validated by the feedback collected during the virtual workgroup meetings in December 2024 and the IPPW. The five highest scoring threats, hazards, risks, and capabilities by program, are included as preparedness priorities in the CDPH-CPR 2024-2029 MYIPP in the following section (Preparedness Priorities). Appendix D: Identified Priorities includes the full analysis of the stakeholder responses.

Implementation

Statewide

CDPH will incorporate the review of the MYIPP and its priorities and strategies as part of the agenda for existing workgroups, such as the Local Capabilities Workgroup, the CDPH Emergency Preparedness Workgroup, Local Health Jurisdiction Updates Monthly meeting (CLU call), and

others to ensure the MYIPP is updated regularly and continues to support preparedness priorities. The MYIPP will be reviewed annually or on an as-needed basis to support the implementation of grant requirements and identify needs to further improve preparedness, response, and recovery efforts in California.

Local

While this CDPH-CPR 2024-2029 MYIPP has been crafted as a framework to meet certain grant requirements at the State level, it is not meant to directly fulfill all PHEP or HPP requirements for LHJs and HCCs. It serves only as a model that LHJs and their coalitions can adapt and use as a foundation for their own localized plans. LHJs and HCCs are encouraged to review PHEP and HPP requirements[2],[3] to ensure their compliance.

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[2] The CDC website outlines requirements for state and local health jurisdictions included in the PHEP Notice of Funding Opportunity for 2024-2028. Further information may be found at 2024-2028 PHEP Cooperative Agreement Guidance.

[3] The ASPR website outlines requirements included in the HPP Notice of Funding Opportunity for 2024-2028. Further information may be found at HPP Cooperative Agreement Guidance.

Preparedness Priorities

The following sections define the hazards, threats, and capabilities that determine the CDPH-CPR 2024-2029 MYIPP's preparedness priorities. A full analysis of stakeholder feedback may be found in Appendix D: Identified Priorities.

Hazards, Threats, and Risks

For 2024 – 2029, State, regional, and local planning, training, and exercises will prioritize these five primary hazards and threats:

- **Cyber-Attack:** The digital transformation of healthcare combined with the high value of health data makes the healthcare and public health sectors a target for cybercriminals. Cyber-attacks can lead to a loss in confidentiality of personal data, loss of patient confidence in the healthcare system, and loss of available care resulting from the impact to healthcare operations systems and software, medical records, and insurance and payment systems. A cyber-attack on the healthcare sector can be devastating to a community's ability to manage the routine care of its population, as well as patient surge during catastrophic events.[4]

- **Earthquake:** Earthquakes have the high potential to stress public health and healthcare sectors through casualties and injuries. Damage to critical healthcare infrastructure causes problems and delays in providing first aid and immediate medical care to the affected people. The destruction of parts of the road network causes temporary disruption to transport services and difficulties in accessing essential supplies and emergency services immediately. These effects on lifelines are characterized by high potential to induce the occurrence of infectious diseases and even result in human casualties among earthquake survivors.[5]

- **Extreme Heat:** Extreme heat events strain infrastructure and disproportionately affect vulnerable populations such as older adults, children, individuals with chronic illnesses, low-income communities, people experiencing homelessness, etc.[6]

- **Wildfire:** California has experienced increases in wildfire frequency and severity. The direct impact of wildfires on the public health and healthcare sectors could include a surge for services that overwhelm public health and medical resources, damage to healthcare infrastructure, limiting access to lifesaving or life-sustaining products and/or services, and damages to public health and health care systems resulting in loss of services and economic impact.[7]

- **Power Failure:** Localized and widespread power outages, whether planned or unplanned, create challenges for the healthcare sector. During outages, public health and medical risks increase for individuals with access and functional needs who live independently in the

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[4] Healthcare and Public Health Sector | CISA
[5] The Impact of Earthquakes on Public Health: A Narrative Review of Infectious Diseases in the Post-Disaster Period Aiming to Disaster Risk Reduction - PMC
[6] Temperature Extremes | Climate and Health | CDC
[7] The Exchange, Issue 10

community and rely on life-maintaining, electricity-dependent medical and assistive equipment. Power outages also cause life-threatening risks to hospitals and other community-based healthcare facilities by impacting their ability to provide emergency care and surgical interventions, as well as dialysis and other critical services.[8],[9] Power failure can be caused by a Public Safety Power Shutoff (PSPS) implemented by an utility company to reduce risk of wildfires caused by electrical systems during dangerous weather conditions.

Across California, the real-life implications of these hazards may vary by region, and CDPH encourages LHJs and HCCs to address hazards based on regional- and jurisdictional-specific perspectives. CDPH may recommend combining related hazards and threats in exercise scopes to maximize resource efficiency and participant benefits.

Capabilities

To ensure effective preparedness and response, State, regional, and local entities should align 2024 – 2029 planning, training, and exercises with key national frameworks. This section outlines the prioritized PHEP, HPP, CDC Public Health Response Readiness Framework, and FEMA Core Capabilities that will guide HSEEP-aligned exercise activities.

PHEP Capabilities

While the PHEP program encompasses a broad range of 15 capabilities, the following five have been designated as priorities for this initiative. Capabilities are listed in the order they are prioritized by stakeholders and their descriptions are detailed below.[10]

- **Community Recovery:** Community recovery is the ability of communities to identify critical assets, facilities, and other services within public health, emergency management, health care, human services, mental / behavioral health, and environmental health sectors that can guide and prioritize recovery operations. Communities should consider collaborating with jurisdictional partners and stakeholders to plan, advocate, facilitate, monitor, and implement the restoration of public health, health care, human services, mental / behavioral health, and environmental health sectors to a level of functioning comparable to pre-incident levels or improved levels where possible.
- **Community Preparedness:** Community preparedness is the ability of communities to prepare for, withstand, and recover from public health incidents in both the short and long term. Public health supports community preparedness through engagement and coordination with a cross-section of state, local, tribal, and territorial partners and stakeholders to:
  - Support the development of public health, health care, human services, mental / behavioral health, and environmental health systems that support community preparedness;

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[8] Challenges and Considerations for Healthcare Facilities and Residents Affected by Planned Power Outages
[9] Healthcare Facilities and Power Outages
[10] PHEP Operational Readiness Review Guidance

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- Participate in awareness training on how to prevent, respond to, and recover from incidents that adversely affect public health;
- Identify at-risk individuals with access and functional needs who may be disproportionately impacted by an incident or event;
- Promote awareness of and access to public health, health care, human services, mental / behavioral health, and environmental health resources that help protect the community's health and address the access and functional needs of at-risk individuals;
- Engage in preparedness activities that address the access and functional needs of the whole community as well as cultural, socioeconomic, and demographic factors;
- Convene or participate with community partners to identify and implement additional ways to strengthen community resilience; and
- Plan to address the health needs of populations that have been displaced because of incidents that have occurred in their own or distant communities, such as after a radiological or nuclear incident or natural disaster.

- **Volunteer Management:** Volunteer management is the ability to coordinate with emergency management and partner agencies to identify, recruit, register, verify, train, and engage volunteers and surge staff to support the jurisdictional public health agency's preparedness, response, and recovery activities during pre-deployment, deployment, and post-deployment.
- **Information Sharing:** Information sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government and the private sector. This capability includes the routine sharing of information, as well as issuing of public health alerts to all levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.
- **Responder Safety and Health:** Responder safety and health is the ability to protect public health and other emergency responders during pre-deployment, deployment, and post-deployment.

HPP Capabilities

HPP identifies four capabilities, which are presented below in their order of stakeholder prioritization.[11]

- **Health Care and Medical Response Coordination:** Health care and medical response coordination enables the health care delivery system and other organizations to share information, manage and share resources, and integrate their activities with their jurisdictions' Emergency Support Function-8 (ESF-8) (Public Health and Medical Services) lead agency and ESF-6 (Mass Care, Emergency Assistance, Housing, and Human Services) lead agency at both the federal and state levels. The goal for this capability is for healthcare organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and

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[11] Health Care Preparedness and Response Capabilities for Health Care Coalitions

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analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

- **Continuity of Health Care Service Delivery:** Optimal emergency medical care relies on intact infrastructure, functioning communications and information systems, and support services. The ability to deliver health care services is likely to be interrupted when internal or external systems such as utilities, electronic health records, and supply chains are compromised. Health care organizations and HCCs should take a broader view and address all risks that could compromise continuity of health care service delivery. The goal for this capability is for health care organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.

- **Medical Surge:** Medical surge is the ability to evaluate and care for a markedly increased volume of patients that exceeds normal operating capacity. Providing an effective medical surge response is critically dependent on the other HPP capabilities. The goal for this capability is for health care organizations—including hospitals, emergency medical services, and out-of-hospital providers—deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

- **Foundation for Health Care and Medical Readiness:** The foundation for health care and medical readiness enables the health care delivery system and other organizations that contribute to responses to coordinate efforts before, during, and after emergencies; continue operations; and appropriately surge as necessary. This capability's goal is for the community's health care organizations and other stakeholders—coordinated through a sustainable HCC—to have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

CDC Public Health Readiness Response Framework Priorities

The five prioritized CDC Public Health Readiness Response Framework priorities are below.[12]

- Build workforce capacity to meet jurisdictional surge management needs and support staff recruitment, retention, resilience, and mental health.
- Modernize data collection systems to improve situational awareness and information sharing with healthcare systems and other partners.

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[12] CDC's Priorities for Response Readiness | Office of Readiness and Response | CDC

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- Expand local support to improve jurisdictional readiness to effectively manage public health emergencies.
- Enhance partnerships (federal and non-governmental organizations) to effectively support community preparedness efforts.
- Strengthen risk communications activities to improve proficiency in disseminating critical public health information and warning and address mis / disinformation.

FEMA Core Capabilities

Among FEMA's 32 Core Capabilities[13], the five prioritized for this MYIPP are:

- **Public Health, Healthcare, and Emergency Medical Services:** Provide lifesaving medical treatment via Emergency Medical Services and related operations and avoid additional disease and injury by providing targeted public health, medical, and behavioral health support, and products to all affected populations.
- **Intelligence and Information Sharing:** Provide timely, accurate, and actionable information resulting from the planning, direction, collection, exploitation, processing, analysis, production, dissemination, evaluation, and feedback of available information concerning physical and cyber threats to the United States. Information sharing is the ability to exchange intelligence, information, data, or knowledge among government or private sector entities, as appropriate.
- **Supply Chain Integrity and Security:** Strengthen the security and resilience of the supply chain.
- **Cybersecurity:** Protect (and if needed, restore) electronic communications systems, information, and services from damage, unauthorized use, and exploitation.
- **Environmental Response / Health and Safety:** Conduct appropriate measures to ensure the protection of the health and safety of the public and workers, as well as the environment, from all-hazards in support of responder operations and the affected communities.

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[13] Mission Areas and Core Capabilities | FEMA.gov

Training and Technical Assistance

During implementation of the CDPH-CPR 2024-2029 MYIPP, CDPH aims to provide LHJs and HCCs with training and technical assistance to develop, enhance, and maintain identified preparedness priorities.

Training

CDPH and the Emergency Medical Services Authority (EMSA) offer multiple training opportunities and resources that will be made available to stakeholders through established communication channels as they are scheduled.

LHJ and HCC practitioners should identify the training necessary to prepare themselves and their organizations for the recommended capabilities and objectives tested through the MYIPP. Practitioners should identify training that covers gaps revealed as part of the After-Action Report/Improvement Plan process and update their training schedule at least annually to reflect the accomplishments and progress of their organization.

Technical Assistance

During the CDPH-CPR 2024-2029 MYIPP planning process, CDPH and its local, regional, and State partners determined the following technical assistance priorities to support LHJs and HCCs across the state:

- Resources and templates;
- Opportunities to participate in State-hosted exercises;
- A shared library of exercise materials between CDPH and LHJs and HCCs;
- Training; and
- Tools specific for rural and/or urban jurisdictions.

Technical assistance is intended to augment the training available through CDPH and EMSA.

Multi-Year Schedule of Preparedness Activities

The following exercise schedule is designed to satisfy State requirements within HPP and PHEP during the five-year period (see Appendix C: PHEP and HPP Exercise Requirements for more information on PHEP and HPP exercise requirements for State and local entities). Through this schedule, CDPH will:

- Deliver technical assistance to LHJs and HCCs;
- Plan and conduct exercises in the PHEP Capstone Series in Budget Period (BP) 2 – BP5;
- Plan and conduct one Administrative and Budget Preparedness Discussion-Based Exercise during the five-year period; and
- Plan and conduct one Statewide Exercise in BP5 that satisfies requirements for both the PHEP Capstone and HPP Statewide Exercise.

All exercises will align with priorities in the MYIPP. As a living document, confirming exercise scopes during implementation of the MYIPP provides flexibility to address the evolving public health landscape over the five-year period in alignment with federal requirements.

To the extent possible, CDPH recommends the exercise schedule commence with the testing and evaluation of basic capabilities to create a baseline understanding among public health and health care partners with varying levels of experience. The schedule should enhance in challenge during the five-year period to conclude with advanced capabilities.

All exercises conducted should adhere to Homeland Security Exercise and Evaluation Program (HSEEP) methodology to meet established best practices and provide unity and consistency between all levels of government and non-governmental partners.

Table 1: MYIPP Five-Year Exercise Schedule

Requirement	BP1	BP2	BP3	BP4	BP5
Capstone Series (Threat to be addressed based on identified priorities: Cybersecurity)					
Capstone 100 Tabletop Exercise		X			
Capstone 200 Operations-Based Drill	X	X	X	X	X
Bio 200 Functional Exercise			X		
Capstone 300 Functional Exercise			X	X	

Requirement	BP1	BP2	BP3	BP4	BP5
Capstone 400 Full-Scale Exercise and HPP Statewide Exercise					X
Other PHEP and HPP Required Exercises					
Critical Contacts Operations-Based Drill	X	X	X	X	X
Inventory Exchange Operations-Based Drill	X	X	X	X	X
Rural, Frontier, Tribal Coordination Tabletop Exercise		X			
Biological Incident 100 Tabletop Exercise		X			
Administrative and Budget Preparedness Tabletop Exercise			X		
Natural Disaster Incident Tabletop Exercise			X		
Chemical Incident Tabletop Exercise				X	
Radiological / Nuclear Incident Tabletop Exercise				X	
Exercise to Address an Additional Priority / Area for Improvement					X
Patient Movement Exercise (*schedule determined by EMSA*)					

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Requirement	BP1	BP2	BP3	BP4	BP5
Federal Patient Movement Exercise (*schedule determined by National Disaster Medical System (NDMS)*)					

The following HPP exercise requirements are for LHJs/local HCCs only, and are not included in the State exercise schedule above (see Appendix C: PHEP and HPP Exercise Requirements for more information on PHEP and HPP exercise requirements for local entities):

- Medical Response and Surge Exercise (MRSE);
- Non-Cyber Extended Downtown Exercise; and
- Exercise addressing additional jurisdictional priorities/areas for improvement (CDPH will conduct one of these in the five-year period; each HCC is responsible for their own).

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Appendix A: Acronyms

Acronym	Definition
ASPR	Administration for Strategic Preparedness and Response
BP	Budget Period
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
CPR	Center for Preparedness and Response
CRI	Cities Readiness Initiative
EMSA	Emergency Medical Services Authority
EPAG	Emergency Preparedness Advisory Group
ESF	Emergency Support Function
FCC	Federal Coordinating Center
FEMA	Federal Emergency Management Agency
HCC	Health Care Coalition
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
IPPW	Integrated Preparedness Planning Workshop
LHJ	Local Health Jurisdiction
MRSE	Medical Response and Surge Exercise
MYIPP	Multi-Year Integrated Preparedness Plan
MYTEP	Multi-Year Training and Exercise Plan
NDMS	National Disaster Medical System
PHEP	Public Health Emergency Preparedness
PSPS	Public Safety Power Shutoff

Appendix B: Glossary

Term	Definition
Administration for Strategic Preparedness and Response	ASPR leads the nation's medical and public health preparedness for, response to, and recovery from disasters and public health emergencies. A division of the U.S. Health and Human Services Department, ASPR administers the Hospital Preparedness Program.
California Department of Public Health – Center for Preparedness and Response	CDPH works to protect public health across California and provides programs and services that are implemented in collaboration with local health departments and state, federal and private partners to support positive public health and health care outcomes. Within CDPH, CPR coordinates planning and preparedness efforts for public health emergencies through strategic activities including public health disaster planning, training, and exercising, and distributing and overseeing public health disaster funding.
Centers for Disease Control and Prevention	The CDC collaborates to create the expertise, information, and tools that people and communities need to protect their health through health promotion, prevention of disease, injury and disability, and preparedness for new health threats. The CDC administers the Public Health Preparedness Program.
Emergency Preparedness Advisory Group	The EPAG is established to support CDPH-CPR with review of the MYIPP and inform the implementation of grant programs, development of priorities based on the capabilities and diversity of the subrecipients, execution of public health and medical exercises, as well as the identification of needs and resources to further improve public health and medical emergency preparedness, response, and recovery efforts in California.
Health Care Coalition	California has 40 HCCs, networks of individual public and private organizations in a defined state or sub-state geographic area that partner to prepare health care systems to respond to emergencies and disasters, ultimately increasing local and regional resilience.
Hospital Preparedness Program	HPP provides leadership and funding through cooperative agreements to states, territories, and eligible metropolitan areas to improve the capacity of the health care system to plan for and respond to large-scale emergencies and disasters. The program supports regional collaboration by encouraging the development and sustainment of HCCs that

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Term	Definition
	incentivize often competitive health care organizations with differing priorities and objectives to work together to prepare for, respond to, and recover from all types of threats and emergencies. An aspect of HPP funding supports training and exercises that prepare HCC members to handle real emergencies.
Homeland Security Exercise and Evaluation Program	HSEEP provides a set of guiding principles for exercise and evaluation programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning.
Local Health Jurisdiction	California has 61 LHJs, including 58 county public health departments and three city public health departments. LHJs may be small, medium, or large and are defined based on the following population sizes: • LHJ-Small: Population less than 200,000; • LHJ-Medium: Population between 200,000 and 699,000; and • LHJ-Large: Population greater than 700,000.
Multi-Year Integrated Preparedness Plan	A document that outlines critical elements to enhance an organization's readiness and capabilities through ever-changing threats, hazards, and risks. A MYIPP is based upon the assessment of threats, hazards, and risks; new and updated plans; and previously identified shortfalls and gaps to establish a continuous process of planning, organizing, training, exercising, and evaluating.
Public Health Emergency Preparedness	The PHEP cooperative agreement is a critical source of funding for state, local, and territorial public health departments. Preparedness activities funded by the PHEP cooperative agreement target the development of emergency-ready public health departments that are flexible and adaptable to all types of disasters, including bioterrorism, natural disasters, and infectious disease outbreaks.

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Appendix C: PHEP and HPP Exercise Requirements

The following table outlines the exercise requirements included in the PHEP and HPP Notice of Funding Opportunities for Fiscal Years 2024-2028.

Requirement	CDPH Responsibility	Local Responsibility	Program	Reference	Frequency
Administrative Preparedness Discussion-Based Exercise	CDPH will conduct this exercise internally; technical assistance can be provided to LHJs.	All LHJs are required to conduct this exercise.	PHEP	2024-2028 PHEP Cooperative Agreement Supplemental Exercise Guidance	Once per five-year grant period.
Biological Incident 100 Discussion-Based Exercise	CDPH will conduct this exercise internally; technical assistance can be provided to LHJs.	Cities Readiness Initiative (CRI) jurisdictions-only.	PHEP	2024-2028 PHEP Cooperative Agreement Supplemental Exercise Guidance	Once per five-year grant period.
Biological Incident 200 Functional Exercise (Medical Countermeasures Distribution / Point of Distribution Exercise)	CDPH will support CRI jurisdictions in the conduct of this exercise.	CRI jurisdictions-only.	PHEP	2024-2028 PHEP Cooperative Agreement Supplemental Exercise Guidance	Once per five-year grant period.
Capstone 100 Discussion-Based Exercise	CDPH will conduct this exercise with an option for LHJs to participate.	All LHJs must conduct this exercise with option to satisfy requirement through	PHEP	2024-2028 PHEP Cooperative Agreement	Once per five-year grant period.

Requirement	CDPH Responsibility	Local Responsibility	Program	Reference	Frequency
		participation in CDPH exercise conduct.		Supplemental Exercise Guidance	
Capstone 200 Operations-Based Drill	CDPH will conduct this exercise with an option for LHJs to participate.	All LHJs must conduct this exercise with option to satisfy requirement through participation in CDPH exercise conduct.	PHEP	2024-2028 PHEP Cooperative Agreement Supplemental Exercise Guidance	Once per five-year grant period.
Capstone 300 Functional Exercise	CDPH will conduct this exercise with an option for LHJs to participate.	All LHJs must conduct this exercise with option to satisfy requirement through participation in CDPH exercise conduct.	PHEP	2024-2028 PHEP Cooperative Agreement Supplemental Exercise Guidance	Once per five-year grant period.
Capstone 400 Full-Scale Exercise	CDPH will conduct this exercise with an option for LHJs to participate.	All LHJs must conduct this exercise with option to satisfy requirement through participation in CDPH exercise conduct.	PHEP	2024-2028 PHEP Cooperative Agreement Supplemental Exercise Guidance	Once per five-year grant period.
Chemical Incident Discussion-Based Exercise	CDPH will conduct this exercise internally; technical assistance can be provided to LHJs.	All LHJs must conduct this exercise.	PHEP	2024-2028 PHEP Cooperative Agreement Supplemental Exercise Guidance	One per five-year grant period.

Requirement	CDPH Responsibility	Local Responsibility	Program	Reference	Frequency
Critical Contacts Operations-Based Drill	CDPH will conduct this exercise internally.	None. CDPH responsibility only.	PHEP	[2024-2028 PHEP Cooperative Agreement Supplemental Exercise Guidance](#)	Once per budget period.
Inventory Data Exchange Operations-Based Drill	CDPH will conduct this exercise internally.	None. CDPH responsibility only.	PHEP	[2024-2028 PHEP Cooperative Agreement Supplemental Exercise Guidance](#)	Once per budget period.
Natural Disaster Discussion-Based Exercise	CDPH will conduct this exercise internally; technical assistance can be provided to LHJs.	All LHJs must conduct this exercise.	PHEP	[2024-2028 PHEP Cooperative Agreement Supplemental Exercise Guidance](#)	Once per five-year grant period.
Radiation / Nuclear Incident Discussion-Based Exercise	CDPH will conduct this exercise internally; technical assistance can be provided to LHJs.	All LHJs must conduct this exercise.	PHEP	[2024-2028 PHEP Cooperative Agreement Supplemental Exercise Guidance](#)	Once per five-year grant period.
Rural, Frontier, and Tribal Coordination Discussion-Based Exercise	CDPH will conduct this exercise internally.	None. CDPH responsibility only.	PHEP	[2024-2028 PHEP Cooperative Agreement](#)	One per five-year grant period.

Requirement	CDPH Responsibility	Local Responsibility	Program	Reference	Frequency
				Supplemental Exercise Guidance	
Cybersecurity Discussion-Based Exercise	CDPH can provide technical assistance to local HCCs to complete Cybersecurity Support Plan.	Local HCCs must conduct exercise to test Cybersecurity Support Plan.	HPP	2024-2028 PHEP Cooperative Agreement Supplemental Exercise Guidance	Complete once by June 30, 2027.
Exercise to Address Additional Jurisdictional Priorities or Areas of Improvement ***Recipient Discretion on Exercise-Type**	CDPH will conduct exercise internally; technical assistance can be provided to local HCCs.	Local HCCs must conduct exercise; additional priority should be based on Hazard Vulnerability Analysis.	HPP	2024-2028 PHEP Cooperative Agreement Supplemental Exercise Guidance	Once per five-year grant period.
Federal Patient Movement Exercise ***Recipient Discretion on Exercise-Type**	EMSA and CDPH collaborate with NDMS on NDMS-led Federal Patient Movement Exercise.	Optional: Local HCCs should collaborate with local Federal Coordinating Center (FCC). If not part of an FCC, identify an alternative federal patient movement exercise.	HPP	2024-2028 PHEP Cooperative Agreement Supplemental Exercise Guidance	Complete once every three years.
Full-Scale Statewide Exercise	CDPH will conduct this exercise as part of the PHEP Capstone Series (Capstone 400) with an	Local HCCs should collaborate with PHEP partners to coordinate	HPP	2024-2028 PHEP Cooperative Agreement	Once per five-year grant period.

Requirement	CDPH Responsibility	Local Responsibility	Program	Reference	Frequency
	option for local HCCs to participate.	this with the PHEP Capstone 400.		Supplemental Exercise Guidance	
MRSE (Functional or Full-Scale)	CDPH can provide technical assistance to local jurisdictions.	Local HCCs must conduct the MRSE to evaluate their ability to deliver appropriate care to patients during medical surge.	HPP	2024-2028 HPP Cooperative Agreement Guidance	Once per budget period.
Non-Cyber Extended Downtime Exercise ***Recipient Discretion on Exercise-Type**	CDPH can provide technical assistance to local HCCs to complete Extended Downtime Support Plan.	Local HCCs must conduct exercise to test Extended Downtime Support Plan.	HPP	2024-2028 PHEP Cooperative Agreement Supplemental Exercise Guidance	Conduct once between BP3-BP5.
Patient Movement Exercise ***Recipient Discretion on Exercise-Type**	EMSA is the State lead for this exercise.	LHJs must conduct after developing Patient Movement Plan.	HPP	2024-2028 PHEP Cooperative Agreement Supplemental Exercise Guidance	Once per five-year grant period and within one year of submitting Patient Movement Plan.

Appendix D: Identified Priorities

The following sections provide the priority hazards, capabilities, and technical assistance offerings identified by the stakeholders who participated in the development of the MYIPP.

Prioritized Hazards

The following table outlines the prioritization of hazards, threats, and risks through responses to the MYIPP Stakeholder Survey. The Analysis Methodology used is described in the Introduction Section of the MYIPP. In certain instances, hazards received the same ranking and are listed as a tied priority.

Hazard, Threat, or Risk	Ranking by LHJ-Small	Ranking by LHJ-Medium	Ranking by LHJ-Large	Ranking by All Other Participants	Score
Cyber Attack	Second (Tie)	Fourth	Second (Tie)	First	15
Earthquake	Fourth	Second (Tie)	First	Second	15
Extreme Heat	Third (Tie)	Third (Tie)	Second (Tie)	Fifth	15
Wildfire	First	First	Fourth (Tie)	Fourth (Tie)	14
Power Failure (e.g., PSPS)	Third (Tie)	Third (Tie)	Fourth (Tie)	Fourth (Tie)	10
Severe Storms	Third (Tie)	Third (Tie)	Sixth (Tie)	Third	9
Supply Shortages	Second (Tie)	Sixth (Tie)	Third	Fourth (Tie)	9
Flood	Fifth	Second (Tie)	Fifth	Seventh (Tie)	6
Human Pandemic	Third (Tie)	Third (Tie)	Eighth (Tie)	Ninth	6
Hazardous Materials / Chemical Release	Seventh (Tie)	Third (Tie)	Fourth (Tie)	Sixth (Tie)	5
Medical Surge	Third (Tie)	Seventh (Tie)	Sixth	Seventh Tie)	3
Animal Disease	Seventh (tied)	Fifth	Seventh (Tie)	Tenth (Tie)	1
Drought	Sixth	Sixth (Tie)	Fifth	Seventh (Tie)	1
Complex Coordinated Terrorist Attack	Eighth	Eighth	Eighth (Tie)	Tenth (Tie)	0

Hazard, Threat, or Risk	Ranking by LHJ-Small	Ranking by LHJ-Medium	Ranking by LHJ-Large	Ranking by All Other Participants	Score
Radiological / Nuclear Event	Seventh (Tie)	Seventh (Tie)	Sixth (Tie)	Sixth (Tie)	0
Transportation Incident	Seventh (Tie)	Sixth (Tie)	Eighth (Tie)	Eighth	0
Tsunami	Seventh (Tie)	Sixth (Tie)	Seventh (Tie)	Ninth	0

Prioritized PHEP Capabilities

The following table identifies PHEP capabilities prioritized through responses to the MYIPP Stakeholder Survey. The Analysis Methodology used is described in the Introduction Section of the MYIPP. In certain instances, capabilities received the same ranking and are listed as a tied priority.

Capability	Ranking by LHJ-Small	Ranking by LHJ-Medium	Ranking by LHJ-Large	Ranking by All Other Participants	Score
Community Recovery	Third	First (Tie)	Second (Tie)	Third	15
Community Preparedness	First	Third (Tie)	Second (Tie)	Fourth (Tie)	14
Volunteer Management	Second	First (Tie)	Fourth	Seventh (Tie)	11
Information Sharing	Fourth (Tie)	Second	Sixth (Tie)	Second	10
Responder Safety and Health	Fifth (Tie)	Fourth (Tie)	First	Fourth (Tie)	10
Emergency Operations Coordination	Fifth (Tie)	Fourth (Tie)	Fifth (Tie)	First	9
Fatality Management	Fourth (Tie)	Fourth (Tie)	Third (Tie)	Eighth (Tie)	7
Emergency Public Information and Warning	Fifth (Tie)	Fourth (Tie)	Third (Tie)	Sixth (Tie)	6
Mass Care	Fourth (Tie)	Fourth (Tie)	Sixth (Tie)	Sixth (Tie)	4
Medical Countermeasure Dispensing and Administration	Sixth (Tie)	Fifth	Third (Tie)	Seventh (Tie)	4
Medical Surge	Sixth (Tie)	Fourth (Tie)	Fifth (Tie)	Fifth (Tie)	4

CDPH

Capability	Ranking by LHJ-Small	Ranking by LHJ-Medium	Ranking by LHJ-Large	Ranking by All Other Participants	Score
Public Health Surveillance and Epidemiological Investigation	Seventh	Third (Tie)	Seventh (Tie)	Fifth (Tie)	4
Public Health Laboratory Testing	Ninth (Tie)	Third (Tie)	Eighth	Tenth	3
Medical Materiel Management and Distribution	Eighth	Fourth (Tie)	Sixth (Tie)	Ninth	2
Nonpharmaceutical Interventions	Ninth (Tie)	Fourth (Tie)	Seventh (Tie)	Eighth (Tie)	2

Prioritized HPP Capabilities

The following table identifies HPP capabilities prioritized through responses to the MYIPP Stakeholder Survey. The Analysis Methodology used is described in the Introduction Section of the MYIPP. In certain instances, capabilities received the same ranking and are listed as a tied priority.

Capability	Ranking by LHJ-Small	Ranking by LHJ-Medium	Ranking by LHJ-Large	Ranking by All Other Participants	Score
Health Care and Medical Response Coordination	First	Third	Third	First	16
Continuity of Health Care Service Delivery	Third	Second	First	Third	15
Exercise to Address Additional Jurisdictional Priorities or Areas of Improvement Defined in your Strategic Plan or Readiness Plan[14]	Second	First (Tie)	Second	Fourth	15
Medical Surge	Fourth	First (Tie)	Fourth	Second	13
Foundation for Health Care and Medical Readiness	Fifth	Fourth	Fifth	Fifth	5

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[14] Exercise to Address Additional Jurisdictional Priorities or Areas for Improvement Defined in your Strategic Plan and Readiness Plan is a new requirement within the HPP Notice of Funding Opportunity for 2024-2028. While it is not a HPP capability, CDPH included it in the MYIPP Stakeholder Survey to understand its importance among MYIPP participants.

CDPH

Prioritized CDC Public Health Response Readiness Framework Priorities

The following table outlines the prioritization of CDC Public Health Response Readiness Framework priorities through responses to the MYIPP Stakeholder Survey. The Analysis Methodology used is described in the Introduction Section of the MYIPP. In certain instances, capabilities received the same ranking and are listed as a tied priority.

Capability	Ranking by LHJ-Small	Ranking by LHJ-Medium	Ranking by LHJ-Large	Ranking by All Other Participants	Score
Build workforce capacity to meet jurisdictional surge management needs and support staff recruitment, retention, resilience, and mental health.	Third (Tie)	First (Tie)	First (Tie)	First (Tie)	18
Modernize data collection systems to improve situational awareness and information sharing with healthcare systems and other partners.	Second	Third (Tie)	First (Tie)	Second (Tie)	16
Expand local support to improve jurisdictional readiness to effectively manage public health emergencies.	Fourth	Second (Tie)	Second (Tie)	First (Tie)	15
Enhance partnerships (federal and non-governmental organizations) to effectively support community preparedness efforts.	Third (Tie)	Third (Tie)	Second (Tie)	Second (Tie)	15
Strengthen risk communications activities to improve proficiency in disseminating critical public health information and warning and address mis / disinformation.	First	Third (Tie)	Second (Tie)	Third	15

CDPH

Capability	Ranking by LHJ-Small	Ranking by LHJ-Medium	Ranking by LHJ-Large	Ranking by All Other Participants	Score
Prioritize community recovery efforts to support health department reconstitution and incorporate lessons learned from public health emergency responses.	Third (Tie)	Second (Tie)	Third	Second (Tie)	14
Improve administrative and budget preparedness systems to ensure timely access to resources for supporting jurisdictional responses.	Fifth (Tie)	First (Tie)	Second (Tie)	Second (Tie)	10
Incorporate health equity practices to enhance preparedness and response support for communities experiencing differences in health status due to structural barriers.	Fifth (Tie)	Third (Tie)	First (Tie)	Fifth (Tie)	10
Prioritize a risk-based approach to all-hazards planning that addresses evolving threats and supports medical countermeasure logistics.	Fifth (Tie)	Fifth	First (Tie)	Fourth	9
Advance capacity and capability of public health laboratories to characterize emerging public health threats through testing and surveillance.	Sixth	Fourth	Fourth	Fifth (Tie)	5

CDPH

Prioritized FEMA Core Capabilities

The following table outlines the prioritization of FEMA Core Capabilities through responses to the MYIPP Stakeholder Survey. The Analysis Methodology used is described in the Introduction Section of the MYIPP. In certain instances, capabilities received the same ranking and are listed as a tied priority.

Capability	Ranking by LHJ-Small	Ranking by LHJ-Medium	Ranking by LHJ-Large	Ranking by All Other Participants	Score
Public Health, Healthcare, and Emergency Medical Services	Second	First	Second	Third (Tie)	16
Intelligence and Information Sharing	Third (Tie)	Second (Tie)	Fourth (Tie)	First	14
Supply Chain Integrity and Security	Fifth (Tie)	Second (Tie)	First	Third (Tie)	13
Cybersecurity	First	Second (Tie)	Fourth (Tie)	Sixth (Tie)	11
Environmental Response / Health and Safety	Fourth (Tie)	Third (Tie)	Fourth (Tie)	Second	11
Operational Coordination	Fifth (Tie)	Third (Tie)	Fourth (Tie)	Fourth (Tie)	8
Planning	Third (Tie)	Fifth (Tie)	Fourth (Tie)	Fourth (Tie)	8
Community Resilience	Fourth (Tie)	Second (Tie)	Tenth (Tie)	Seventh (Tie)	6
Logistics and Supply Chain Management	Eighth (Tie)	Fifth (Tie)	Fifth (Tie)	Fourth (Tie)	6
Public Information and Warning	Seventh (Tie)	Fourth (Tie)	Third	Fifth (Tie)	6
Mass Care Services	Seventh (Tie)	Fifth (Tie)	Fifth (Tie)	Third (Tie)	5
Health and Social Services	Tenth (Tie)	Third (Tie)	Seventh (Tie)	Sixth (Tie)	3

CDPH

Confidential - Low

Capability	Ranking by LHJ-Small	Ranking by LHJ-Medium	Ranking by LHJ-Large	Ranking by All Other Participants	Score
Operational Communications	Ninth (Tie)	Third (Tie)	Sixth (Tie)	Eight (Tie)	3
Critical Transportation	Tenth (Tie)	Fourth (Tie)	Sixth (Tie)	Tenth (Tie)	2
Economic Recovery	Thirteenth (Tie)	Fourth (Tie)	Tenth (Tie)	Ninth (Tie)	2
Housing	Twelfth (Tie)	Fourth (Tie)	Eleventh (Tie)	Seventh (Tie)	2
Long-Term Vulnerability Reduction	Tenth (Tie)	Fifth (Tie)	Fifth (Tie)	Tenth (Tie)	2
Risk and Disaster Resilience Assessment	Eleventh	Fifth (Tie)	Seventh (Tie)	Fifth (Tie)	2
Fatality Management Services	Sixth	Fifth (Tie)	Sixth (Tie)	Eleventh	1
Infrastructure Systems	Ninth (Tie)	Fifth (Tie)	Eleventh (Tie)	Tenth (Tie)	1
On-Scene Security, Protection, and Law Enforcement	Sixteenth (Tie)	Fifth (Tie)	Twelfth (Tie)	Twelfth (Tie)	1
Screening, Search, and Detection	Twelfth (Tie)	Fifth (Tie)	Ninth (Tie)	Thirteenth (Tie)	1
Threats and Hazards Identification	Eighth (Tie)	Fifth (Tie)	Eighth (Tie)	Eighth (Tie)	1
Access Control and Identity Verification	Fourteenth	Sixth (Tie)	Twelfth (Tie)	Twelfth (Tie)	0
Fire Management and Suppression	Thirteenth (Tie)	Sixth (Tie)	Twelfth (Tie)	Tenth (Tie)	0
Forensics and Attribution	Sixteenth (Tie)	Sixth (Tie)	Twelfth (Tie)	Thirteenth (Tie)	0

Capability	Ranking by LHJ-Small	Ranking by LHJ-Medium	Ranking by LHJ-Large	Ranking by All Other Participants	Score
Interdiction and Disruption	Sixteenth (Tie)	Sixth (Tie)	Eleventh (Tie)	Twelfth (Tie)	0
Mass Search and Rescue Operations	Fifteenth	Sixth (Tie)	Eleventh (Tie)	Twelfth (Tie)	0
Physical Protective Measures	Thirteenth (Tie)	Sixth (Tie)	Tenth (Tie)	Twelfth (Tie)	0
Risk Management for Protective Programs and Security	N/A	Sixth (Tie)	Ninth (Tie)	Fourteenth)	0
Situational Assessment	Twelfth (Tie)	Sixth (Tie)	Eighth (Tie)	Ninth (Tie)	0

Prioritized Technical Assistance

The following table outlines the prioritization of technical assistance through responses to the MYIPP Stakeholder Survey. The Analysis Methodology used is described in the Introduction Section of the MYIPP. In certain instances, activities received the same ranking and are listed as a tied priority.

Table 7: Technical Assistance Priorities

Technical Assistance Type	Ranking by LHJ-Small	Ranking by LHJ-Medium	Ranking by LHJ-Large	Ranking by All Other Participants	Score
Funding	Second (Tie)	First	First (Tie)	First	19
Resources and Templates	Third (Tie)	Second	Second	Second (Tie)	15
Opportunities to participate in State-hosted exercises	Third (Tie)	Fourth (Tie)	Third	Second (Tie)	12
Shared library of exercise materials between CDPH and LHJ	Fourth	Fourth (Tie)	First (Tie)	Third (Tie)	12
Training	First	Fourth (Tie)	Fourth	Fourth (Tie)	11
Tools Specific to Rural and/or Urban Areas	Second (Tie)	Third	Seventh (Tie)	Fourth (Tie)	9
HSEEP Training	Fifth	Sixth (Tie)	Sixth (Tie)	Third (Tie)	4
State participation in regional exercises	Seventh (Tie)	Fifth	Fifth (Tie)	Fifth	3
Exercise Evaluator Training	Sixth (Tie)	Fourth (Tie)	Fifth (Tie)	Sixth	3
Inclusion of CDPH in Planning	Eighth	Seventh	Fifth (Tie)	Seventh (Tie)	1
Annual Statewide Exercise	Sixth (Tie)	Sixth (Tie)	Sixth (Tie)	Seventh (Tie)	0
Personnel	Seventh (Tie)	Not Selected	Seventh (Tie)	Eighth	0