

# 2024-2028 PHEP Notice of Funding Opportunity: Cities Readiness Initiative

## Supplemental Guidance

### April 2024

## Overview

The Cities Readiness Initiative (CRI) advances preparedness and response capability in 72 of the nation's largest population centers where nearly 60% of the U.S. population resides. Established following the World Trade Center and anthrax attacks in 2001, the CRI program continues to support these higher risk jurisdictions to prepare for, respond to, and recover from large-scale public health threats and emergencies.

The metropolitan statistical areas (MSAs) established by the Office of Management and Budget and used by the U.S. Census Bureau serve as the national standard for which communities should be included in the CRI program. This definition not only ensures representation of a good cross-section of urban, suburban, and rural communities in each of the major U.S. population centers, but also provides consistency in the management of the CRI program. All states have at least one MSA that is part of the CRI program.

The 2024-2028 [PHEP notice of funding opportunity \(NOFO\)](#) emphasizes the need for recipients to maintain cross-jurisdictional collaboration and preparedness, response, and recovery partnerships with CRI local planning jurisdictions to ensure readiness for chemical, biological, and radiological/nuclear risks and threats; natural disasters; and other incidents that exceed the scale and scope of any single jurisdiction. Capabilities necessary to rapidly distribute, dispense, and administer medical countermeasures (MCMs) remain a public health preparedness and response priority of the PHEP NOFO, as does incorporation of Response Readiness Framework (RRF) strategies, activities, and associated exercise requirements.

## Purpose

The purpose of this document is to provide supplemental considerations to inform PHEP recipients' work with their CRI local planning jurisdictions as outlined in the 2024-2028 PHEP NOFO.

## PHEP Programmatic Requirements

The 2024-2028 PHEP NOFO describes how CDC expects recipients to coordinate and work with their CRI local planning jurisdictions when planning, training, and exercising. Following is the summary of these expectations.

- **Funding:** CDC encourages states to make 75% of their total CRI funds available to their CRI local planning jurisdictions within 90 days after the start of the budget period with the understanding that states may use different CRI apportionment strategies based on governance.
- **MCM Planning:** Jurisdictions must maintain the capacity and capability to manage, distribute, dispense, and administer MCMs.
- **Risk Assessments:** Risk assessments must be coordinated with and include all CRI local planning jurisdictions. Recipients have autonomy to organize local planning and how risk assessments are conducted and reported to CDC.
- **Multiyear Integrated Preparedness Plans (MYIPP):** Coordinate MYIPPs with CRI local planning jurisdictions and frontier, rural, and tribal entities as relevant.
- **After-action Reviews (AARs) and Improvement Plans (IPs):** Submit AARs and IPs on behalf of the recipient or CRI local planning jurisdictions at the request of CDC.
- **Risk Communications:** Partner with CRI local planning jurisdictions to conduct media monitoring and communication surveillance activities; develop or update approaches for regular media outreach,



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including social media; and identify opportunities to build trust and address misinformation and disinformation during responses.

- **Health Equity:** Work with CRI local planning jurisdictions to engage community partners and establish communities of practice or advisory groups that include communities of focus.
- **Local Engagement:** Engage and collaborate with CRI local planning jurisdictions in risk assessments, threat prioritization, delineation of roles and responsibilities, and provide direct technical assistance, training, staffing, peer-to-peer connections, and funding.
- **Exercises for CRI Local Planning Jurisdictions:** Coordinate exercises with CRI local planning jurisdictions. Recipients have autonomy to organize exercises according to roles, responsibilities, governance, and jurisdictional response structures.
  - Discussion: administrative preparedness, Biological Incident 100, chemical incident, radiological/nuclear incident, natural disasters, and Capstone 100.
  - Operations: Capstone 200 (drill), Biological Incident 200 (functional), Capstone 300 (functional), and Capstone 400 (full scale).
  - Support joint exercises as possible in alignment with expected jurisdictional response operations.

## Capstone and Biological Incident Exercises

Recipients and their CRI local planning jurisdictions must work together to effectively respond to biological threats that involve the rapid deployment and use of MCMs. In addition, CDC strongly encourages CRI local planning jurisdictions to ensure readiness across a wider variety of threats based on the public health impacts of prioritized risks and threats identified in their jurisdictional risk assessments. To achieve this, CRI local planning jurisdictions must:

1. Ensure readiness for a large-scale **biological event** that requires rapid **MCM** distribution, dispensing, and administration. This must be demonstrated through exercising the Biological Incident Track.
  - a. This can include anthrax, another emerging infectious disease scenario, or a similar threat that requires rapid distribution, dispensing, and administration of MCMs.
  - b. CDC will consider responses to real incidents on a case-by-case basis to determine if the intent of the exercise was met, to include use of MCMs.
2. Ensure readiness for a **priority risk or threat** selected from the risk assessment as demonstrated through the Capstone Track. **Although not required, CDC recommends that jurisdictions consider risks other than biological threats for the capstone-based exercise to enhance readiness for risks across multiple threats.**
  - a. This can include environmental hazards, such as chemical and radiological/nuclear threats; natural disasters; domestic terrorism; or other scenarios.
  - b. CDC will consider responses to real incidents on a case-by-case basis to determine if public health impacts were addressed and the exercise intent was met.



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### Reporting Considerations

In the new PHEP period of performance, CDC has greatly reduced the reporting burden for CRI local planning jurisdictions. Recipients must ensure that their CRI local planning jurisdictions report directly to them as they meet requirements and expectations, as outlined in the PHEP NOFO. Recipients have autonomy to organize local planning and how their data are reported to CDC.

