

Illinois Emergency Operations Plan

ESF-8 Public Health, Healthcare, EMS, & Behavioral Health

Appendix X-4 Behavioral Health Services

Illinois Emergency Management Agency and
Office of Homeland Security

September 23, 2026



Illinois Emergency Management Agency
and Office of Homeland Security



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State of Illinois Emergency Operations Plan (IEOP)
Emergency Support Function (ESF) #8 Public Health, Healthcare, EMS, & Behavioral Health
Appendix X-4 Behavioral Health Services
Version: September 23, 2026

 State of Illinois Managed Plan Emergency Support Function (ESF) #8 Appendix X-4 Behavioral Health Services		
Title	ESF-8 Public Health, Healthcare, EMS, & Behavioral Health Appendix X-4 Behavioral Health Services	
Managing Division/Branch	Division of Operations	Strategic Planning – Inter-Agency Strategic Planning Cell (ISPC)
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State ESF-8, X-4 Coordinator	Support Agencies & Organizations
Illinois Department of Public Health (IDPH)	American Red Cross (ARC) Illinois Department of Children and Family Services (DCFS) Illinois Department of Veterans' Affairs (IDVA) Illinois Department on Aging (IDoA) Illinois Emergency Management Agency & Office of Homeland Security (IEMA-OHS) Illinois National Guard (ILNG) Illinois Poison Center (IPC)
Primary State Agencies & Organizations	
Illinois Department of Human Services (IDHS)	
Federal ESF-8, X-4 Coordinator	
Department of Health & Human Services (HHS)	



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Record of Changes

When changes are made to this document, the following procedures will be followed:

1. Changes will be issued by the Inter-Agency Strategic Planning Cell at IEMA-OHS and transmitted to agencies, personnel, and other designees specified by the IEMA-OHS Director or designee via electronic means.
2. When a change is made, an entry will be made in the following log:

CHANGE NUMBER	DATE ENTERED	PAGES OR SECTIONS CHANGED	ENTERED BY
1	October 2025	Bi-Annual Review	Glenn Smith



1. Introduction

1.1. Purpose

- 1.1.1. To provide the strategic framework and responsibility assignments for state agencies and private organizations whose expertise and resources are needed to support the behavioral health system throughout response to and recovery from a disaster or public health emergency.

1.2. Scope

- 1.2.1. This appendix addresses behavioral health, which is the promotion of mental health, resilience, and well-being; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities. (HHS Substance Abuse and Mental Health Services Administration)
 - 1.2.1.1. **Mental Illness:** A mental, or emotional disorder that substantially impairs a person's thought, perception of reality, emotional process, judgment, behavior, or ability to cope with the ordinary demands of life, but does not include a developmental disability, dementia, or Alzheimer's disease absent psychosis, a substance use disorder, or an abnormality manifested only by repeated criminal or otherwise antisocial conduct. (Illinois Compiled Statutes, 405 ILCS 5/1-129)
 - 1.2.1.2. **Substance Use Disorder:** A spectrum of persistent and recurring problematic behavior that encompasses 10 separate classes of drugs: alcohol, caffeine, cannabis, hallucinogens, inhalants, opioids, sedatives, hypnotics, anxiolytics, stimulants, and tobacco; and other unknown substances leading to clinically significant impairment or distress. (Illinois Compiled Statutes, 20 ILCS 301/)
- 1.2.2. This appendix addresses Community Behavioral Healthcare Services, which includes any of the following (Illinois Compiled Statutes, 30 ILCS 732/5):
 - 1.2.2.1. Behavioral health services, including, but not limited to, prevention, intervention, or treatment care services and support for eligible people provided by a vendor of IDHS.
 - 1.2.2.2. Referrals to providers of medical services and other health-related services, including substance abuse and mental health services.



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- 1.2.2.3. Patient case management services including counseling, referral, and follow-up services.
- 1.2.2.4. Services that enable individuals to use the services of the behavioral health center, including outreach and transportation services.
- 1.2.2.5. Education of patients and the general population served by the community behavioral health center regarding the availability and proper use of behavioral health services.
- 1.2.2.6. Additional behavioral healthcare services consisting of services that are appropriate to meet the health needs of the population served by the behavioral health center involved and that may include housing assistance.
- 1.2.3. The state's behavioral health system includes:
 - 1.2.3.1. The Illinois Department of Human Services (IDHS).
 - 1.2.3.2. Community Mental Health Agencies, as defined herein.
 - 1.2.3.3. Community Behavioral Health Providers, as defined herein.
 - 1.2.3.4. Mental Health Facilities, as defined herein, and
 - 1.2.3.5. State-Operated Mental Health Facilities, as defined herein.
 - 1.2.3.6. Substance Use Disorder service providers.
- 1.2.4. This appendix addresses the behavioral health components of the:
 - 1.2.4.1. Public health, health care, and emergency medical services are a core capability of the NPG.
 - 1.2.4.2. ESF #8 - Public Health and Medical Services Annex to the NRF, and
 - 1.2.4.3. The health and medical community lifeline as identified by FEMA.
- 1.2.5. This appendix applies to:
 - 1.2.5.1. Illinois local governments.
 - 1.2.5.2. Illinois state government.



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- 1.2.5.3. Federal government agencies, when deployed to the state.
- 1.2.5.4. Public and private sector behavioral health providers.
- 1.2.5.5. Non-governmental organizations (NGOs) with a role in state behavioral health operations.
- 1.2.5.6. Coordinating elements having a role in state behavioral health operations.
- 1.2.6. State-provided and supported behavioral health services are coordinated by the Illinois Department of Human Services (IDHS) through the Division of Behavioral Health and Recovery (DBHR).
- 1.2.7. The operational and tactical details necessary to implement this appendix can be found in the applicable divisions of the Illinois Department of Human Services (IDHS).

1.3. Policy

- 1.3.1. General response and recovery policy for the state is outlined in the IEOP Base Plan: Purpose, Scope, Policy, Situation Overview, and Planning Assumptions and incorporated herein by reference.
- 1.3.2. All policies stated under Policy in ESF-8 Public Health, Healthcare, EMS, and Behavioral Health are incorporated herein by reference.
- 1.3.3. The state recognizes IDHS as the state's primary behavioral health services agency with responsibility for operational and tactical behavioral health preparedness planning and the coordination of response to and recovery from a disaster or public health emergency affecting individuals requiring behavioral health services.
- 1.3.4. To the extent possible, implementation of behavioral health system response and recovery activities will be consistent with FEMA and HHS guidance.
- 1.3.5. IDHS shares responsibility with behavioral health providers for overall authority and responsibility to determine behavioral health-related risks and response measures throughout response and recovery.
- 1.3.6. The state recognizes that the behavioral health system:



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- 1.3.6.1. Is focused on individual behavioral health ailments through physician-patient relationships or licensed behavioral health practitioner-patient relationships.
- 1.3.6.2. Is delivered through a disparate collection of public and private non-profit and for-profit entities - or not at all - depending on the jurisdiction.
- 1.3.6.3. Unless a provider is owned and operated by a government entity, it does not operate within legally defined borders (state, county, and municipal) like the emergency management and public health systems.
- 1.3.6.4. If a provider is not operated by a government entity, neither the behavioral health entity nor its employees have qualified immunity under the State Lawsuit Immunity Act (745 ILCS 5/) or the Local Governmental and Governmental Employees Tort Immunity Act (745 ILCS 10/)
- 1.3.6.5. Is staffed by doctors, nurses, and other behavioral health practitioners who are regulated by the Illinois Department of Financial and Professional Regulation (IDFPR).

1.4. Situation

1.4.1. General

- 1.4.1.1. General situation overview information for the state is outlined in the IEOP Base Plan: Purpose, Scope, Policy, Situation, and Planning Assumptions and incorporated herein by reference.
- 1.4.1.2. The situation overview stated under Situation in ESF-8 Public Health, Healthcare, EMS, and Behavioral Health is incorporated herein by reference.
- 1.4.1.3. An incident has disrupted the Health and Medical Community Lifeline, leading to numerous illnesses and fatalities requiring state-supported behavioral health services.
- 1.4.1.4. An incident has led to a collapse of community infrastructure and human services systems requiring the evacuation and sheltering of large numbers of individuals, many of whom require behavioral health services.



- 1.4.1.5. An incident has destroyed numerous behavioral health facilities necessary to sustain operations across one or more IDPH Public Health and Medical Services Response Regions.
- 1.4.1.6. An incident has decimated the health and well-being of the behavioral health workforce necessary to sustain operations across one or more IDPH Public Health and Medical Services Response Regions.
- 1.4.1.7. An incident has caused multiple inpatient behavioral health providers to evacuate.

1.4.2. Hazard and Threat Analysis Summary

- 1.4.2.1. The state's hazard and threat analysis summary for natural-, technological, and human-caused disasters is outlined in the IEOP Base Plan: Purpose, Scope, Policy, Situation, and Planning Assumptions.

1.5. Assumptions

- 1.5.1. General planning assumptions for the state are outlined in the IEOP Base Plan: Purpose, Scope, Policy, Situation, and Planning Assumptions and incorporated herein by reference.
- 1.5.2. Planning assumptions stated under Assumptions in ESF-8 Public Health, Healthcare, EMS, and Behavioral Health are incorporated herein by reference.
- 1.5.3. An incident has disrupted the Health and Medical Community Lifeline to such an extent that a local state of emergency has been declared, and resources have been requested from the state to support the delivery of behavioral health services.
- 1.5.4. A trained behavioral health services workforce will be available through public, non-profit, and for-profit behavioral health services providers.
- 1.5.5. Behavioral health services are made up of a disparate system of public, non-profit, and for-profit entities and providers that, if not owned and operated by a government entity, may not be responsive to the needs or demands of the governor, chief elected official, or designee.
- 1.5.6. Behavioral health services providers will prioritize the life, health, and safety of their clients and staff above the needs of the SEOC and local emergency management agencies (EMAs).



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- 1.5.7. Behavioral health services providers will notify their clients' families, staff, corporate organizations, and contractual partners of disaster and emergency declarations.
- 1.5.8. Behavioral health services providers will coordinate the response within their facilities, between their facilities of shared ownership, and those under contractual agreement to accept their clients during a crisis.
- 1.5.9. Behavioral health services providers are unlikely to activate a facility EOC.
- 1.5.10. Behavioral health services providers will not have adequate staff to send representatives to the local EOC or PHEOC.
- 1.5.11. Behavioral health services providers, other than those listed below, are not regulated by the HHS Center for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule, and have likely not participated in emergency management training and exercises with LHDs and EMAs:
 - 1.5.11.1. Psychiatric Residential Treatment Facilities (PRTFs).
 - 1.5.11.2. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).
 - 1.5.11.3. Home Health Agencies (HHAs) providing behavioral health services, and
 - 1.5.11.4. Community Mental Health Centers (CMHCs).
- 1.5.12. IDHS will augment the behavioral health system with state resources based on the capability of the IDHS system of hospitals and providers within IDHS or through community partners that work with/through IDHS.
- 1.5.13. No state mobile support teams (MSTs) will be available to augment behavioral health services.
- 1.5.14. Behavioral health resources will not be available through the Emergency Management Assistance Compact (EMAC).
- 1.5.15. Resources from the U.S. Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR), National Disaster Medical System (NDMS) will be available to augment state behavioral services.



2. Concept of Operations

2.1. General

- 2.1.1. CONOPS principles for the state are outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.
- 2.1.2. CONOPS principles under the Concept of Operations in ESF-8 Public Health, Healthcare, EMS, and Behavioral Health are incorporated herein by reference.
- 2.1.3. Through the Office of Security and Emergency Preparedness (OSEP), IDHS is the lead agency responsible for coordinating mental health services in the SEOC through the DBHR.
- 2.1.4. Through OSEP, IDHS is the lead agency responsible for coordinating substance use disorder services in the SEOC through the DBHR.
- 2.1.5. During a state-declared disaster with impacts on the behavioral health system, IDHS will deploy an agency representative to the SEOC.
- 2.1.6. The IDPH Office of Healthcare Regulation (OHCR) regulates the behavioral health providers listed below and enforces the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule. OHCR has the authority to take administrative action to force these providers into specific life-safety actions during response and recovery to protect patients and residents:
 - 2.1.6.1. Psychiatric Residential Treatment Facilities (PRTFs),
 - 2.1.6.2. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID),
 - 2.1.6.3. Home Health Agencies (HHAs) providing behavioral health services, and
 - 2.1.6.4. Community Mental Health Centers (CMHCs).
- 2.1.7. When a behavioral health provider has exhausted its resources, it will request resources through its local EMA or LHD, depending on the jurisdiction's plan. Such providers will likely work directly with IDHS and, in some cases, may need to be redirected back to their local EMA for reimbursement purposes.



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- 2.1.8. When a local EMA cannot fulfill a resource request from a behavioral health provider, it will request resources on the provider's behalf from the state through a WebEOC request routed to their IEMA Regional Coordinator.
- 2.1.9. IDPH is the coordinating agency for ESF-8 Public Health, Healthcare, EMS, and Behavioral Health, and may support the IDPH and IDHS SEOC Agency Representatives through activation of the IDPH Incident Management Team (IMT) or Public Health Emergency Operations Center (PHEOC).
- 2.1.10. Throughout the IEOP, the acronym "CMS" refers to the Illinois Department of Central Management Services. In this appendix, the acronym "CMS" also refers to the Illinois Department of Central Management Services, and any references to the Center for Medicare and Medicaid Services within the U.S. Department of Health and Human Services (HHS) will be spelled out in full.
- 2.1.11. As stated in the IEOP Base Plan, Appendix X-08, Glossary of Terms, the term "healthcare" as one word refers to the overarching system of providers and suppliers, whereas the term "health care" refers to the medical services received by an individual.
- 2.1.12. Behavioral health services are population-related disaster services (PRDS) that often require the convergence of efforts under this appendix with those of ESF-6 Mass Care, Emergency Assistance, Temporary Housing, and Human Services, and ESF-8, X-7 Access and Functional Needs.
- 2.1.13. The governor's declarative authority is outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.
- 2.1.14. Resolution of general preparedness-, response-, and recovery-related legal questions and issues for the state is outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.
- 2.1.15. IDHS employs its own legal counsel and utilizes its internal policies and procedures to engage counsel for opinions and direction on preparedness, response, and recovery issues specific to its agency and interpreting its enabling legislation.

2.2. Notification, Alert, and Warning (NAW)

- 2.2.1. NAW for IEMA staff, state agencies, non-governmental organizations (NGOs), and mobile support teams (MSTs) is outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.



- 2.2.2. Detailed procedures governing NAW for the state are outlined under ESF-2, X-1 Notification, Alert, and Warning, and incorporated herein by reference.
- 2.2.3. IDHS is responsible for NAW for:
 - 2.2.3.1. IDHS leadership, offices, divisions, and employees,
 - 2.2.3.2. Public and private behavioral health providers, and
 - 2.2.3.3. Non-governmental partner organizations with a role in behavioral health response or recovery operations.

2.3. Activation

- 2.3.1. SEOC activation decision-making is outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.
- 2.3.2. IDHS is responsible for activating its internal agency response and recovery coordination elements.

2.4. Communications

- 2.4.1. General communications requirements and procedures are outlined in the IEOP Base Plan: Communications Coordination and incorporated herein by reference.
- 2.4.2. Detailed procedures governing communication coordination for the state are outlined under ESF-2 Communications and incorporated herein by reference.
- 2.4.3. IDPH is responsible for developing, testing, and maintaining its communications resources and systems
- 2.4.4. During a behavioral health crisis, IDHS is responsible for maintaining communications with:
 - 2.4.4.1. IDHS leadership offices, divisions, and employees
 - 2.4.4.2. Behavioral Health Providers
 - 2.4.4.3. EMS Providers
 - 2.4.4.4. EMS System
 - 2.4.4.5. Health Care Coalitions (HCCs)



- 2.4.4.6. Illinois Medical Emergency Response Team (IMERT)
- 2.4.4.7. Local Health Departments (LHDs)
- 2.4.4.8. Regional Hospital Coordinating Centers (RHCCs)
- 2.4.4.9. Resource Hospitals
- 2.4.4.10. Non-governmental behavioral health response partner organizations

2.5. Resource Management

- 2.5.1. General administration and finance requirements and procedures for the state are outlined in the IEOP Base Plan: Administration, Finance, and Logistics and incorporated herein by reference.
- 2.5.2. Detailed procedures governing finance administration for the state are outlined under ESF-5, X-2 Financial and Administrative Management, and incorporated herein by reference.

2.6. Reporting Requirements

- 2.6.1. General information collection, analysis, and dissemination requirements and procedures for the state are outlined in the IEOP Base Plan: Information Collection, Analysis, and Dissemination and incorporated herein by reference.
- 2.6.2. Detailed procedures for information collection, analysis, and dissemination for the state are outlined under ESF-5 Information and Planning and incorporated herein by reference.
- 2.6.3. General logistics requirements and procedures for the state are outlined in the IEOP Base Plan: Administration, Finance, and Logistics and incorporated herein by reference.
- 2.6.4. Detailed procedures governing logistics for the state are outlined under ESF-7 Resource Management and Logistics and ESF-7, X-1 Distribution Plan, and incorporated herein by reference.

2.7. Organization

2.7.1. Direction and Control



- 2.7.1.1. General direction, control, and coordination elements for the state are outlined in the IEOP Base Plan: Direction, Control, and Coordination and incorporated herein by reference.
- 2.7.1.2. Detailed direction, control, and coordination elements for the state are outlined under ESF-5, X-1 Direction, Control, and Coordination and incorporated herein by reference.
- 2.7.1.3. The SEOC IDHS Agency Representative is the primary point of coordination for state support of behavioral health response and recovery operations in the SEOC.

2.7.2. Coordinating Elements

- 2.7.2.1. IDHS does not use a regionalized approach to managing behavioral health disaster operations.
- 2.7.2.2. General agency preparedness, response, and recovery coordination activities for state agencies, boards, commissions, and non-governmental organizations with responsibilities in the IEOP are outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.
- 2.7.2.3. The IDHS Office of Security and Emergency Preparedness (OSEP) coordinates internal agency preparedness, response, and recovery elements with IDHS program divisions:
 - 2.7.2.3.1. Division of Developmental Disabilities (DDD).
 - 2.7.2.3.2. Division of Family and Community Services (DFCS).
 - 2.7.2.3.3. Division of Behavioral Health and Recovery (DBHR).
 - Division of Rehabilitation Services (DRS).
- 2.7.2.4. IDHS coordinates agency response and recovery operations with state and federal agencies and NGOs through OSEP by deploying an agency representative to the SEOC.
- 2.7.2.5. General responsibilities of local governments in the state are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.



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- 2.7.2.6. LHDs may not be considered the Emergency Support Function (ESF) 8 primary agency for their jurisdiction, depending on the jurisdiction's response model, plans, policies, and procedures.
- 2.7.2.7. Some LHDs provide behavioral health services through local taxes and potential funding from IDHS.
- 2.7.2.8. Unless a local government operates a state-licensed behavioral health provider, the local government's role in behavioral health response and recovery will be limited to providing evaluation and counseling space.
- 2.7.2.9. General responsibilities and authorities of the Governor's Office are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.2.10. The governor or designees may authorize waivers of certain scopes of practice and professional licensure and certification requirements for state-licensed behavioral health professionals.
- 2.7.2.11. General procedures governing the activation and deployment of the Illinois National Guard (ILNG) are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.2.12. Detailed procedures governing the activation and deployment of the ILNG are outlined under ESF-13 Public Safety and Security and incorporated herein by reference.
- 2.7.2.13. General procedures governing private sector integration are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.2.14. Detailed procedures governing private sector integration are outlined under ESF-14 Cross-Sector Business and Infrastructure and incorporated herein by reference.
- 2.7.2.15. There are no intrastate behavioral health mutual aid organizations in the state.



- 2.7.2.16. General procedures governing mutual aid integration for the state are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities.
- 2.7.2.17. Detailed procedures governing mutual aid integration for the state are outlined under ESF-5, X-3 Mutual Aid Coordination.
- 2.7.2.18. Illinois is an Emergency Management Assistance Compact (EMAC) state and may have access to behavioral health resources through the compact.

2.7.3. Federal Coordination

- 2.7.3.1. General procedures for federal coordination with the state are outlined in the IEOP Base Plan: Direction, Control, and Coordination and incorporated herein by reference.
- 2.7.3.2. In coordination with the SEOC IDPH Agency Representative, the SEOC IDHS Agency Representative will coordinate with the HHS ASPR to request deployment of behavioral health strike teams from the NDMS.
- 2.7.3.3. General policies governing the use of federal resources are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.3.4. The U.S. Department of Health and Human Services (HHS) is the primary federal coordinating agency for behavioral health services.
- 2.7.3.5. At the request of IDHS, HHS, ASPR, and NDMS may augment public and private behavioral health providers' capabilities with the deployment of federal behavioral health personnel.

3. Roles and Responsibilities

3.1. State ESF Coordinator

3.1.1. Illinois Department of Public Health (IDPH)

- 3.1.1.1. Coordinate the utilization of required ESF-8 support to execute the mission presented by the SEOC Manager.



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- 3.1.1.2. Staff the SEOC IDPH Agency Representative position, ensuring the representative is trained to support individuals with access and functional needs by applying the CMIST framework to identify gaps, advocate for inclusive services, and coordinate resources effectively.
- 3.1.1.3. Serve as the primary agency for coordination of the state's ESF-8 response and recovery efforts, incorporating CMIST principles to ensure the needs of individuals with access and functional needs are addressed across health, behavioral health, and medical services during all phases of response and recovery.
- 3.1.1.4. In coordination with IDHS, request activation of behavioral health strike teams from HHS, ASPR, and NDMS, with an emphasis on ensuring teams are equipped to serve individuals with access and functional needs, including those with cognitive, sensory, or communication needs (CMIST: Communication, Maintaining Health, Support, Safety, Self-Determination, and Transportation).
- 3.1.1.5. Coordinate the use of the ESAR-VHP system by IDHS to recruit, register, and deploy behavioral health services professionals, prioritizing volunteers trained to serve diverse populations, including those with access and functional needs, and capable of addressing CMIST-related needs in behavioral health response.
- 3.1.1.6. Coordinate the use of SIREN by IDHS to alert agencies, offices, personnel, and non-governmental organizations (NGOs) with a role in behavioral health operations, ensuring communication methods are accessible and inclusive for recipients who serve or include individuals with access and functional needs.
- 3.1.1.7. Compile and report activities to be included in IEMA Situation Reports (SITREPs), integrating information on behavioral health and access and functional needs considerations, including the identification of CMIST-based needs and gaps in services for at-risk populations.
- 3.1.1.8. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners, ensuring messaging supports effective communication with and about individuals with access and functional needs using accessible formats and language (CMIST: Communication).



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- 3.1.1.9. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public, incorporating inclusive strategies to reach populations with access and functional needs, using communication methods that align with the CMIST framework.
- 3.1.1.10. Coordinates HHS personnel (i.e., U.S. Public Health Service Commissioned Corps, NDMS, Federal Civil Service) and public health volunteers (i.e., Public Health AmeriCorps, ILHELPS/ESAR-VHP, Medical Reserve Corps, etc.) to address behavioral health needs, ensuring deployments include support for individuals with access and functional needs and align with CMIST domains such as Maintaining Health and Support & Safety.
- 3.1.1.11. Ensures appropriate patient confidentiality is maintained, including Health Insurance Portability and Accountability Act privacy and security standards, where applicable, especially when addressing the behavioral health needs of individuals with access and functional needs, ensuring culturally competent and respectful handling of sensitive data (CMIST: Independence, Support & Safety).
- 3.1.1.12. Disseminates public health information on protective actions related to exposure to health threats or environmental threats to healthcare personnel, ensuring the information is accessible to all—including individuals with sensory, cognitive, or communication access and functional needs —by using CMIST-aligned strategies such as multiple formats, translations, and plain language.

3.2. Primary State Agency/Organization

3.2.1. Illinois Department of Human Services (IDHS)

- 3.2.1.1. Staff the SEOC IDHS Agency Representative position.
- 3.2.1.2. Serve as the lead agency for coordination of the state's behavioral health response and recovery efforts.
- 3.2.1.3. Based on available resources, organizational capacity, and in coordination with the Red Cross, local governments, and NGOs providing congregate shelter services, ensure the provision of necessary behavioral services for individuals in state-recognized and state-supported shelters, as outlined in Appendix 6 X1 – Shelter Support.



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- 3.2.1.4. Coordinate with IDPH to maintain contact information in the State of Illinois Rapid Electronic Notification System (SIREN) to alert agencies, offices, personnel, and non-governmental organizations (NGOs) with a role in communications services operations.
- 3.2.1.5. Coordinate with IDPH to use the Illinois Helps Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) system to recruit, register, and deploy behavioral health professionals, ensuring equitable resource distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.2.1.6. Request and coordinate with IDFPR the waiver of state licensure for non-state-licensed behavioral health responders deploying to the state through EMAC, FEMA, and HHS.
- 3.2.1.7. Monitor and report on the evacuation of behavioral health facilities.
 - 3.2.1.7.1. Assist with shelter-in-place efforts for state-owned behavioral health facilities to prevent the need for evacuation.
 - 3.2.1.7.2. Coordinate evacuation efforts of state-owned behavioral health facilities.
 - 3.2.1.7.3. Coordinate state-operated non-medical transportation resources with IDHFS and IDOT, ensuring safe transportation regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.2.1.8. Support special needs of substance use disorder (SUD) treatment by providing medications as needed through local provider networks that may be available, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.2.1.9. Provide behavioral health services to affected populations and responders through existing IDHS programs, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.



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- 3.2.1.10. Coordinate the provision of behavioral health services to affected populations and responders through community and private sector providers.
- 3.2.1.11. Request activation of and coordinate the response of state behavioral health MSTs and personnel through:
 - 3.2.1.11.1. Illinois Helps volunteers.
 - 3.2.1.11.2. Local Medical Reserve Corps units, and
 - 3.2.1.11.3. State behavioral health MSTs.
- 3.2.1.12. Request and coordinate the activation and response of federal behavioral health MSTs and personnel through:
 - 3.2.1.12.1. HHS, ASPR, NDMS
 - 3.2.1.12.2. FEMA/HHS Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) Crisis Counseling Assistance and Training Program (CCP).
 - 3.2.1.12.3. SAMHSA Emergency Response Grant (SERG)
 - 3.2.1.12.4. FEMA/HHS Administration for Children and Families (ACF) Disaster Case Management Pilot Project.
 - 3.2.1.12.5. HHS, Office of the Surgeon General (OSG), Office of Force Readiness and Deployment (OFRD), U.S. Public Health Service (USPHS) Regional Incident Support Teams (RIST).
- 3.2.1.13. Compile and report activities to be included in IEMA Situation Reports (SITREPs). Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication and transportation, and include actions taken to highlight response gaps or needs.
- 3.2.1.14. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the



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public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

- 3.2.1.15. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.2.1.16. In coordination with local agencies, provide behavioral health support to families of victims during the victim identification mortuary process, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.2.1.17. Through community partnerships or private provider contracts, monitors behavioral health patterns and concerns.
- 3.2.1.18. Provides resources to support behavioral healthcare to victims with acute injury/illnesses or those who suffer from chronic illnesses/conditions, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.2.1.19. Provides behavioral health information that can be transmitted to members of the public and responders who are located in or near affected areas in multiple and accessible formats and languages in a culturally and linguistically appropriate manner that is understandable to all appropriate populations, such as individuals with access and functional needs; those with limited English proficiency; pediatric populations; populations with disabilities and others with access and functional needs; the aging; and those with temporary or chronic medical conditions.
- 3.2.1.20. Assists local, state, tribal, territorial, and insular area officials in the provision of emergency behavioral healthcare.
- 3.2.1.21. Deploys available behavioral health personnel for patient management and treatment, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.



- 3.2.1.22. Coordinates deployed response teams to address behavioral health needs, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.2.1.23. Maintains primary responsibility for the situational awareness of behavioral health assistance; determines the appropriate level of response capability based on the requirement contained in a WebEOC request; and develops status updates and assessments.
- 3.2.1.24. Supports the determination that residents of Intermediate Care Facilities for Developmentally Disabled (ICFDDs) will be moved in an evacuation, considering behavioral issues.

3.3. Support State Agencies/Organizations

3.3.1. American Red Cross (ARC)

- 3.3.1.1. Staff the Red Cross SEOC Agency Representative position.
- 3.3.1.2. In coordination with IDHS, provide behavioral health services at Red Cross-managed facilities, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.1.3. In coordination with IDHS, provide behavioral health services to the affected population and responders outside of Red Cross-managed facilities, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.1.4. Request from IDHS the necessary support for the behavioral health needs of clients in Red Cross-operated facilities.
- 3.3.1.5. Compile and report activities to be included in IEMA Situation Reports (SITREPs). Reports should include how response efforts are addressing applicable access and functional needs, such as availability of accessible communication, transportation, and including actions taken to highlight response gaps or needs.



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- 3.3.1.6. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.1.7. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.1.8. Assists IDHS in providing behavioral health information that can be transmitted to members of the public and responders who are located in or near affected areas in multiple and accessible formats and languages in a culturally and linguistically appropriate manner that is understandable to all appropriate populations, such as individuals with access and functional needs; those with limited English proficiency; pediatric populations; populations with disabilities and others with access and functional needs; the aging; and those with temporary or chronic medical conditions.
- 3.3.1.9. Monitors and provides information regarding behavioral health trends to requesting agencies.
- 3.3.1.10. Provides supportive counseling for those affected by the incident.
- 3.3.1.11. In commercial transportation-related accidents, coordinates mental health provision on behalf of NTSB.
- 3.3.1.12. Provides behavioral health support to families of victims during the victim identification and mortuary process, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.2. Illinois Department of Children and Family Services (DCFS)

- 3.3.2.1. Staff the SEOC DCFS Agency Representative position.
- 3.3.2.2. Coordinate behavioral health services for youth in state care.



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- 3.3.2.3. When requested by the governor, coordinate behavioral health services for unaccompanied youth in not-in-state care.
- 3.3.2.4. Report any missing children for whom the department is legally responsible to the local law enforcement agency, the child's case manager, and the Child Intake and Recovery Unit.
- 3.3.2.5. Compile and report activities to be included in IEMA Situation Reports (SITREPs). Reports should include how response efforts are addressing applicable access and functional needs, such as availability of accessible communication, transportation, and including actions taken to highlight response gaps or needs.
- 3.3.2.6. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.2.7. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.3. Illinois Department of Veterans' Affairs (IDVA)

- 3.3.3.1. Assist in the coordination of behavioral health assistance to veterans inside and outside of IDVA facilities.
- 3.3.3.2. Provide information on the status and behavioral health needs of IDVA facilities and veteran support agencies. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.3.3. Request resources from and coordinate directly with the U.S. Department of Veterans' Affairs, Office of Emergency Management, when necessary.
- 3.3.3.4. Compile and report activities to be included in IEMA Situation Reports (SITREPs). Reports should include how response efforts are addressing



applicable access and functional needs, such as availability of accessible communication, transportation, and including actions taken to highlight response gaps or needs.

- 3.3.3.5. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.3.6. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.4. Illinois Department on Aging (IDoA)

- 3.3.4.1. Staff the SEOC IDoA Agency Representative position.
- 3.3.4.2. Coordinate with the HHS Administration on Aging to implement federal disaster assistance programs to meet the needs of older adult populations.
- 3.3.4.3. Implement the Emergency Home Response Service (EHRS) of the Community Care Program to improve the independence and safety of clients in their own homes and reduce the need for nursing home care.
- 3.3.4.4. Coordinate and manage contact with older adult populations and their caregivers in the community through Area Agencies on Aging (AAA), ensuring that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.4.5. Provide information on the status and needs of older adult populations and their caregivers in the community.
- 3.3.4.6. Compile and report activities to be included in IEMA Situation Reports (SITREPs). Reports should include how response efforts are addressing applicable access and functional needs, such as availability of accessible



communication, transportation, and including actions taken to highlight response gaps or needs.

- 3.3.4.7. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.4.8. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.5. Illinois Emergency Management Agency and Office of Homeland Security (IEMA-OHS)

- 3.3.5.1. SEOC Manager
 - 3.3.5.1.1. Coordinate collection, receipt, compilation, and development of situational reports on damage impacts to services, facilities, sites, and programs. Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication and transportation, and actions taken to highlight response gaps or needs.
 - 3.3.5.1.2. Collect, analyze, and disseminate behavioral health information.
 - 3.3.5.1.3. Collaborate with IDHs and IDPH on requests for behavioral health resources through intra-state mutual aid, EMAC, and HHS, ASPR, and NDMS.
 - 3.3.5.1.4. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.



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- 3.3.5.1.5. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.5.1.6. Assists IDHS in coordinating state personnel to address behavioral health needs.
- 3.3.5.1.7. Provides resources to support behavioral healthcare and pharmacy services to victims with acute injury/illnesses or those who suffer from chronic illnesses/conditions, including resources which may be used to assist individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments with Functional Need Support Services (FNSS), and ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.5.2. Business Emergency Operations Center (BEOC)
 - 3.3.5.2.1. Coordinate needs identified by the SEOC with potential procurement or donor sources in the private sector.
 - 3.3.5.2.2. Compile and report activities to be included in IEMA Situation Reports (SITREPs). Reports should include how response efforts are addressing applicable access and functional needs, such as availability of accessible communication, transportation, and including actions taken to highlight response gaps or needs.
 - 3.3.5.2.3. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.



- 3.3.5.2.4. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.6. Illinois National Guard (ILNG)

- 3.3.6.1. Staff the SEOC ILNG Agency Representative position. This person will be prepared to:
 - 3.3.6.1.1. Coordinate ILNG personnel and equipment support for non-medical transportation of behavioral health patients.
 - 3.3.6.1.2. Compile and report activities to be included in IEMA Situation Reports (SITREPs). Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication and transportation, and include actions taken to highlight response gaps or needs.
 - 3.3.6.1.3. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners, as well as the public. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.7. Illinois Poison Center (IPC)

- 3.3.7.1. When requested by IDHS, augment the IPC call center to take calls from the public regarding access to behavioral health services, ensuring that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.7.2. Compile and report activities to be included in IEMA Situation Reports (SITREPs). Reports should include how response efforts are addressing applicable access and functional needs, such as availability of accessible



communication, transportation, and including actions taken to highlight response gaps or needs.

- 3.3.7.3. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.7.4. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

4. Authorities

1. Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988 (Stafford Act), Pub. L. No. 93-288, as amended.
2. Health Insurance Portability and Accountability Act (HIPAA) of 1996: Privacy Rule, Pub. L. No. 104-191, as amended.
3. Emergency Medical Treatment and Active Labor Act (EMTALA), 42 U.S.C. § 1395dd, as amended.
4. Volunteer Protection Act of 1997, Pub. L. No. 105-295; 42 U.S.C. §§ 14501–14505, as amended.
5. Post-Katrina Emergency Management Reform Act of 2006 (Post-Katrina Act), Pub. L. No. 109-295, as amended.
6. Emergency Management Assistance Compact (EMAC) of 1996, Pub. L. No. 104-321, as amended.
7. Sandy Recovery Improvement Act of 2013, Pub. L. No. 113-2, as amended.
8. Pandemic and All-Hazards Preparedness Act of 2006, Pub. L. No. 109-417, as amended.



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10. Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) of 2013, Pub. L. No. 113-5, as amended.
11. Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (PAHPAIA), Public Law No. 116-22, as amended.
12. Section 1135 of the Social Security Act: Authority to Waive Requirements During National Emergencies, 42 U.S.C. § 1320b-5, as amended.
13. Illinois Compiled Statutes, 20 ILCS 1305/, Department of Human Services Act, as amended.
14. Illinois Compiled Statutes, 20 ILCS 301/, Substance Use Disorder Act, as amended.
15. Illinois Compiled Statutes, 405 ILCS 5, Mental Health and Developmental Disabilities Code, as amended.
16. Illinois Compiled Statutes, 405 ILCS 5, Community Mental Health Act, as amended.
17. Illinois Compiled Statutes, 745 ILCS 5, State Lawsuit Immunity Act, as amended.
18. Illinois Compiled Statutes, 745 ILCS 10, Local Governmental and Governmental Employees Tort Immunity Act, as amended.
19. Illinois Compiled Statutes, 20 ILCS 2105/2105-400, Department of Professional Regulation Law, as amended.

5. References

1. IEOP Base Plan, as amended
2. ESF-8 Public Health, Healthcare, EMS, and Behavioral Health, as amended
3. IDPH Emergency Support Function (ESF) 8 Plan, as amended
4. National Response Framework (NRF), as amended
5. National Disaster Recovery Framework (NDRF), as amended
6. ESF-6 Mass Care, Emergency Assistance, Temporary Housing, and Human Services, as amended
7. ESF-8, X-7 – Access and Functional Needs, as amended



6. Acronyms & Definitions

1. For all definitions and acronyms addressed in this plan, please refer to the IEOP Base Plan, Appendix X-7 Glossary of Terms.