

Illinois Emergency Operations Plan

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

Appendix X-11 Support and Safety
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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Emergency Support Function (ESF) #8 Public Health, Healthcare, EMS, and Behavioral Health
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State of Illinois Managed Plan Emergency Support Function (ESF) #8 Appendix X-11 Support and Safety Services

Title	ESF-8 Public Health, Healthcare, EMS, and Behavioral Health Appendix X-11 Support and Safety Services	
Managing Division/Branch	Division of Operations	Strategic Planning – Inter-Agency Strategic Planning Cell (ISPC)
Drafted/Evaluated	The ISPC, in coordination with the ESF planning group.	October 2025
Evaluated Against	1. Prior version, if applicable. 2. Federal statutes and regulations. 3. State statutes and administrative codes. 4. Federal, state, and IEMA-OHS policies and directives. 5. National Preparedness Goal 6. National Response Framework 7. NRF Emergency Support Function Annexes 8. FEMA Community Lifelines 9. National Disaster Recovery Framework (NDRF) 10. IEMA-OHS policies, plans, and common definitions list. 11. Corrective actions from After-Action Reports (AARs) and real-world events where this ESF was engaged.	
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State ESF-8, X-11 Coordinator	Support Agencies & Organizations
Illinois Department of Public Health (IDPH)	American Red Cross (ARC) Illinois Council for Developmental Disabilities (ICDD)
Primary State Agencies & Organizations	Illinois Department of Central Management Services (CMS) Illinois Department of Financial and Professional Regulation (IDFPR)
Illinois Department of Human Services (IDHS)	Illinois Department of Human Rights (IDHR) Illinois Department on Aging (IDoA)
Federal ESF-8, X-11 Coordinator	Illinois Emergency Management Agency and Office of Homeland Security (IEMA-OHS) Illinois Guardianship and Advocacy Commission (IGAC) Illinois Poison Center (IPC) Illinois Voluntary Organizations Active in Disaster (IL VOAD) Office of the Illinois Attorney General (OIAG)
U.S. Department of Health and Human Services (HHS) Federal Emergency Management Agency (FEMA)	



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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 strategic and operational guidance for the coordination of state support for support and safety services for at-risk individuals with access and functional needs throughout the response to and recovery from a disaster or public health emergency.

1.2. Scope

- 1.2.1. This appendix provides the strategic framework and responsibility assignments for agencies and organizations responding to and assisting with recovery from a disaster or public health emergency affecting at-risk individuals who require support and safety services.
- 1.2.2. Support and safety services are one of five planning and response categories of the CMIST Framework for at-risk individuals with access and functional needs outlined under Policy in ESF-8, X-7 Access and Functional Needs.
- 1.2.3. Support and safety services are Access and Functional Needs Support Services (AFNSS) that fall under Federal Emergency Support Function (ESF) #8 and ESF #6 of the National Response Framework (NRF) and are necessary to maintain the Federal Emergency Management Agency (FEMA) Health and Medical Community Lifeline.
- 1.2.4. Support and safety services are provided to:
 - 1.2.4.1. Individuals who have become separated from caregiver assistance and require personal care assistance (PCA);
 - 1.2.4.2. Individuals who find it difficult to cope in a new or strange environment or have difficulty understanding or remembering; and
 - 1.2.4.3. Individuals who may have experienced trauma or been victims of abuse need a trauma-informed approach for support and safety.
- 1.2.5. This appendix applies to the following entities:
 - 1.2.5.1. Illinois local governments;
 - 1.2.5.2. Illinois state government;
 - 1.2.5.3. Federal government agencies, when deployed to the state;



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- 1.2.5.4. Public and private sector support and safety services providers and suppliers;
 - 1.2.5.5. Non-governmental organizations (NGOs) with a role in state support and safety services operations; and
 - 1.2.5.6. Coordinating elements with a role in state support and safety services operations.
- 1.2.6. The operational and tactical details necessary to implement this appendix can be found in:
- 1.2.6.1. Illinois Department of Human Services (IDHS), Office of Security and Emergency Preparedness (OSEP) plans, policies, and procedures, and
 - 1.2.6.2. Illinois Department of Public Health (IDPH), Emergency Support Function (ESF) 8 Plan, Functional and Access Needs (FAN) Annex.

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, X-7 Access and Functional Needs are incorporated herein by reference.
- 1.3.3. To the extent possible, implementation of support and safety services response and recovery operations will be consistent with FEMA and U.S. Department of Health and Human Services (HHS) access and functional needs guidance.
- 1.3.4. The state recognizes IDHS as the primary state agency responsible for operational and tactical support and safety services planning and the coordination of response to and recovery from a disaster or public health emergency affecting at-risk individuals who require support and safety services.
- 1.3.5. IDHS and IDPH share responsibility with public and private sector support and safety services providers for overall authority and responsibility to determine support and safety services-related risks and response measures throughout response and recovery.



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- 1.3.6. Implementation of this appendix will not supersede existing regulatory, contractual, or other legal obligations between the state and the private sector, including those of support and safety services providers and suppliers.
- 1.3.7. The state will shelter at-risk individuals with access and functional needs in the least restrictive setting and not unnecessarily hospitalize or institutionalize them.
- 1.3.8. The state will not separate individuals with access and functional needs from their caregivers, which may include family, friends, attendants, and professional caregivers.
- 1.3.9. The state will not separate individuals with access and functional needs from their durable medical equipment technology (DME).
- 1.3.10. The state will not separate individuals with access and functional needs from their service animals.
- 1.3.11. The state recognizes that the support and safety services system:
 - 1.3.11.1. Resides predominantly in the private sector through private non-profit and for-profit corporate entities that may not be swayed by orders from the governor or chief elected official;
 - 1.3.11.2. Does not operate within legally defined borders (state, county, and municipal) like the emergency management and public health systems;
 - 1.3.11.3. Has no local government agency or office dedicated to providing or coordinating the provision of support and safety services, and
 - 1.3.11.4. If not a government entity, neither a support and safety services 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/).
- 1.3.12. The state will prepare for the provision of support and safety services in a way that enables at-risk individuals to maintain support and safety, including:
 - 1.3.12.1. Addressing the unique physical, behavioral, developmental, communication, therapeutic, and social needs of Infants, children, and adolescents during a disaster or public health emergency;
 - 1.3.12.2. Providing for individuals who require personal care assistance (PCA) to perform activities of daily living;



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- 1.3.12.3. Providing for individuals with cognitive limitations or intellectual or developmental disabilities who may find it difficult to cope in a new or strange environment or may have difficulty understanding and remembering information or directions vital to their well-being, including individuals with:
 - 1.3.12.3.1. Dementia;
 - 1.3.12.3.2. Alzheimer's disease;
 - 1.3.12.3.3. Traumatic brain injury;
 - 1.3.12.3.4. Mental illnesses; and
 - 1.3.12.3.5. Intellectual or developmental disabilities.
- 1.3.12.4. Providing for individuals with behavioral health needs or chronic mental illness requiring support that addresses psychological, emotional, cognitive, developmental, and social influences on behavior, mental health, and substance use;
- 1.3.12.5. Providing for individuals experiencing homelessness who have limited resources and are likely to have exposure to traumatic events that leave them at higher risk of adverse physical and psychological reactions following a disaster; and
- 1.3.12.6. Providing for victims of domestic or intimate partner violence or human trafficking who have vulnerabilities that can be exacerbated by disasters and can result in harmful social, emotional, mental, and physical health outcomes.

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 Overview, and Planning Assumptions and incorporated herein by reference.
- 1.4.1.2. The situation overview stated under Situation in ESF-8, X-7 Access and Functional Needs is incorporated herein by reference.



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- 1.4.1.3. An incident has led many at-risk individuals who are reliant on support and safety services to be displaced from their homes, camps, or institutions, requiring sheltering by the state.
- 1.4.1.4. An incident has led many at-risk individuals to lose access to services from their behavioral health providers.
- 1.4.1.5. An incident has led many at-risk individuals to lose access to their required prescription medications for behavioral health ailments.
- 1.4.1.6. An incident has led many at-risk individuals to lose access to services from their personal care assistant (PCA).
- 1.4.1.7. 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 reference 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. The term “Consumable Medical Supplies” will also be spelled out.
- 1.4.1.8. Support and safety services are population-related disaster services (PRDS) that often require a convergence of efforts under this appendix with those of ESF-6 Mass Care, Emergency Assistance, Temporary Housing, and Human Services, and ESF-8 Public Health, Healthcare, EMS, and Behavioral Health.

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 Overview, and Planning Assumptions and incorporated herein by reference.

1.5. Assumptions

- 1.5.1. General planning assumptions for the state are outlined in the IEOP Base Plan: Purpose, Scope, Policy, Situation Overview, and Planning Assumptions and incorporated herein by reference.
- 1.5.2. Planning assumptions stated under Assumptions in ESF-8, X-7 Access and Functional Needs are incorporated herein by reference.



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- 1.5.3. A support and safety services workforce will be available primarily through private sector providers and volunteers.
- 1.5.4. Disasters and public health emergencies will require state support services for at-risk Individuals who require:
 - 1.5.4.1. Behavioral health services;
 - 1.5.4.2. Stress and anxiety management services;
 - 1.5.4.3. Personal assistance, such as putting on and taking off clothes, eating, and using the restroom;
 - 1.5.4.4. Infant, child, and adolescent support services; and
 - 1.5.4.5. Access to behavioral health medications through prescription refill.
- 1.5.5. The private sector is primarily responsible for support and safety services and may not be responsive to the needs or demands of the governor, chief elected officials, or designees.
- 1.5.6. There is no local government agency or office responsible for directly delivering support and safety services at the local level.
- 1.5.7. IDHS will augment behavioral health services for individuals who've lost access to their behavioral health provider with community and private providers, and IDHS state-operated facilities where clinically appropriate and legally permissible.
- 1.5.8. Other than behavioral health services, there is no deployable element available from the U.S. Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR), or National Disaster Medical System (NDMS) to augment support and safety 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 Concept of Operations in ESF-8, X-7 Access and Functional Needs are incorporated herein by reference.



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- 2.1.3. Through the Office of Security and Emergency Preparedness (OSEP), IDHS is the primary agency responsible for coordinating state-supported support and safety services in the SEOC.
- 2.1.4. Through the Office of Preparedness and Response (OPR), Division of Disaster Preparedness and Response (DPR), IDPH is the primary agency responsible for coordinating state-supported AFNSS in the SEOC and coordinates with IDHS on the provision of support and safety services.
- 2.1.5. During a state-declared disaster or public health emergency that adversely affects individuals who rely on support and safety services, IDPH and IDHS will deploy agency representatives to the SEOC.
- 2.1.6. During a state-declared disaster or public health emergency that separates individuals who rely on support and safety services, IDPH, IDHS, and other agencies and organizations will coordinate the provision of support and safety services.
- 2.1.7. IDPH is the primary agency for ESF-8, X-7 Access and Functional Needs, and may support the IDPH SEOC Agency Representative through activation of the IDPH Incident Management Team (IMT) or Public Health Emergency Operations Center (PHEOC).
- 2.1.8. If a local agency or organization delivering support and safety services requires resources, in coordination with IDHS, they will request them through systems established by the local EMA.
- 2.1.9. If a local EMA cannot fulfill a resource request from a safety and support services agency or organization, it will request resources on the provider's behalf from the state through a WebEOC request routed to their IEMA-OHS Regional Coordinator.
- 2.1.10. 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.
- 2.1.11. 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.
- 2.1.12. IDPH 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-OHS 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 sector providers of rehabilitation services.
 - 2.2.3.3. Public and private sector providers of behavioral health services
 - 2.2.3.4. Non-governmental partner organizations with a role in coordinating or delivering behavioral health and rehabilitation services.
- 2.2.4. IDPH is responsible for NAW for:
 - 2.2.4.1. IDPH leadership, offices, divisions, and employees, and
 - 2.2.4.2. LHDs.

2.3. Activation

- 2.3.1. SEOC activation decision-making for the state 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.
- 2.3.3. IDPH is responsible for activating its internal agency response and recovery coordination elements, including the IDPH IMT and PHEOC.

2.4. Communications

- 2.4.1. General communications requirements and procedures for the state are outlined in the IEOP Base Plan: Communications Coordination and incorporated herein by reference.



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- 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. IDHS is responsible for developing, testing, and maintaining its communications resources and systems.
- 2.4.4. IDPH is responsible for developing, testing, and maintaining its communications resources and systems, which include:
 - 2.4.4.1. Medical Emergency Communications of Illinois (MERCI)
 - 2.4.4.2. SIREN
 - 2.4.4.3. STARCOM21
- 2.4.5. IDHS is responsible for maintaining communications with:
 - 2.4.5.1. IDHS leadership offices, divisions, and employees.
 - 2.4.5.2. Public, community, and private sector behavioral health providers; and
 - 2.4.5.3. Non-governmental behavioral health services response partner organizations.
- 2.4.6. IDPH is responsible for maintaining communications with:
 - 2.4.6.1. IDPH leadership offices, divisions, and employees.
 - 2.4.6.2. Regional Hospital Coordinating Centers (RHCCs).
 - 2.4.6.3. Health Care Coalitions (HCCs).
 - 2.4.6.4. Illinois Medical Emergency Response Team (IMERT).
 - 2.4.6.5. Healthcare providers outlined under the Scope in ESF-8 Public Health, Healthcare, EMS, and Behavioral Health.
 - 2.4.6.6. Non-governmental healthcare 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.



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- 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.
- 2.5.3. General logistics requirements and procedures for the state are outlined in the IEOP Base Plan: Administration, Finance, and Logistics and incorporated herein by reference.
- 2.5.4. 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.

2.6. 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.

2.7. Organization

2.7.1. Direction and Control

- 2.7.1.1. General direction, control, and coordination procedures for the state are outlined in the IEOP Base Plan: Direction, Control, and Coordination and incorporated herein by reference.
- 2.7.1.2. Detailed procedures governing direction, control, and coordination 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 support and safety services.
- 2.7.1.4. IDHS has no regional coordination system or regional emergency response coordinators for support and safety services.

2.7.2. Coordinating Elements



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- 2.7.2.1. Coordinating elements for the state are outlined in the IEOP Base Plan: Direction, Control, and Coordination and incorporated herein by reference.
- 2.7.2.2. Coordinating elements used for access and functional needs operations are outlined under Organization in ESF-8, X-7 Access and Functional Needs, and incorporated herein by reference.
- 2.7.2.3. 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.
- 2.7.2.4. IDHS
 - 2.7.2.4.1. The Office of Security and Emergency Preparedness (OSEP) coordinates internal agency preparedness, response, and recovery elements with IDHS program divisions:
 - 2.7.2.4.1.1. Division of Developmental Disabilities.
 - 2.7.2.4.1.2. Division of Family and Community Services.
 - 2.7.2.4.1.3. Division of Behavioral Health and Recovery.
 - 2.7.2.4.1.4. Division of Rehabilitation Services, and
 - 2.7.2.4.2. 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. IDPH
 - 2.7.2.5.1. The Office of Preparedness and Response (OPR), Division of Disaster Planning and Readiness (DPR) coordinates internal agency preparedness, response, and recovery elements with other IDPH offices and their associated divisions:
 - 2.7.2.5.1.1. Office of the Director (OD)
 - 2.7.2.5.1.2. Office of Disease Control (ODC)
 - 2.7.2.5.1.3. Office of Finance and Administration (OFA)



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2.7.2.5.1.4. Office of Health Care Regulation (OHCR)

2.7.2.5.1.5. Office of Health Promotion (OHPm)

2.7.2.5.1.6. Office of Health Protection (OHP)

2.7.2.5.1.7. Office of Human Resources (OHR)

2.7.2.5.1.8. Office of Information Technology (OIT/DoIT)

2.7.2.5.1.9. Office of Performance Management (OPM)

2.7.2.5.1.10. Office of Policy, Planning, and Statistics (OPPS)

2.7.2.5.1.11. Office of Racial and Cultural Health Equity
(ORCHE)

2.7.2.5.1.12. Office of Women's Health and Family Services
(OWHFS)

2.7.2.5.2. Coordinates agency response and recovery operations with state and federal agencies and non-governmental organizations (NGOs) through OPR and DPR by deploying an agency representative to the SEOC and activating the IDPH Incident Management Team (IMT) or Public Health Emergency Operations Center (PHEOC).

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. The SEOC IDPH Agency Representative will coordinate with the U.S. Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR), to access expertise and resources for support and safety services issues.
- 2.7.3.3. The SEOC IDHS Agency Representative will coordinate with HHS, ASPR, ABC, and the Substance Abuse and Mental Health Services Administration (SAMHSA) to access support for support and safety services issues.



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 ESF-8 support to execute the mission presented by the SEOC Manager.
- 3.1.1.2. Staff the SEOC IDPH Agency Representative position, ensuring that access and functional needs and CMIST needs are prioritized in all health-related response and recovery efforts.
- 3.1.1.3. Serve as the primary agency for coordination of the state's access and functional needs response and recovery efforts, ensuring that individuals with disabilities, older adults, and others with access and functional needs receive equitable access to necessary services and support, while addressing Communication, Maintaining Health, Independence, Support, Safety, Self-Determination, and Transportation (CMIST).
- 3.1.1.4. Serve as the primary agency for coordination of the state's healthcare response and recovery efforts, as outlined herein and in ESF-8, X-2 Healthcare Services, ensuring that healthcare services are accessible to individuals with access and functional needs and meet their unique needs.
- 3.1.1.5. Coordinate with IDHFS on the state's disaster response and recovery efforts to provide services for infants, children, and adolescents, ensuring that age-specific healthcare and developmental needs are met, with a focus on access and functional needs in these populations.
- 3.1.1.6. Coordinate with IDHFS on the state's disaster response and recovery efforts to provide services for infants, children, and adolescents, ensuring that age-specific healthcare and developmental needs are met, with a focus on access and functional needs in these populations.
- 3.1.1.7. Request and coordinate with IDHS and IDFPR on the waiver of state licensure for non-state behavioral health responders deploying to the state through the EMAC and the HHS, ASPR, National Disaster Medical System (NDMS), ensuring licensed professionals are available to address the mental health and behavioral health needs of individuals with access and functional needs.



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- 3.1.1.8. Coordinate the use of the ESAR-VHP system by IDHS to recruit, register, and deploy behavioral health services professionals, ensuring that a workforce is available to support the behavioral health needs of individuals with access and functional needs during disaster response and recovery.
- 3.1.1.9. Request and coordinate the receiving of federal personnel through the HHS, ASPR, and NDMS, ensuring that personnel are prepared to address access and functional needs and CMIST needs across all health and emergency support services.
- 3.1.1.10. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs), ensuring that activities related to addressing access and functional needs and CMIST needs are clearly documented, tracked, and prioritized for ongoing coordination.
- 3.1.1.11. With the SEOC PIO and/or JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners, ensuring that all messaging is accessible to individuals with access and functional needs, using plain language, accessible formats, and translation services where needed.
- 3.1.1.12. With the SEOC PIO and/or JIC, coordinate public information and messaging on response-related issues for the public, ensuring that information is clear, concise, and accessible to all populations, with particular focus on individuals with access and functional needs.

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 primary agency for coordination of the state's disaster response and recovery efforts for individuals requiring support and safety and health services, as outlined herein and in ESF-8, X-4 Behavioral Health Services.
- 3.2.1.3. 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 support and safety services operations.



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- 3.2.1.4. 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.
- 3.2.1.5. Provide support and safety 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.
- 3.2.1.6. Coordinate support and safety services for eligible individuals in Red Cross-managed and -supported shelters, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.2.1.7. Coordinate the provision of support and safety services to affected populations and responders through community, non-profit, and for-profit providers, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.2.1.8. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs.
- 3.2.1.9. With the SEOC PIO and/or 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. With the SEOC PIO and/or 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. Support State Agencies/Organizations

3.3.1. American Red Cross (ARC)



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- 3.3.1.1. Staff the Red Cross SEOC Agency Representative position.
- 3.3.1.2. Provide basic healthcare and behavioral support and safety services at Red Cross-managed and -supported shelters, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, financial needs, abilities, or impairments.
- 3.3.1.3. When conditions dictate, request support and safety services through the SEOC.
- 3.3.1.4. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs.
- 3.3.1.5. With the SEOC PIO and/or 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.
- 3.3.1.6. With the SEOC PIO and/or 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.

3.3.2. Illinois Council for Developmental Disabilities (ICDD)

- 3.3.2.1. Provide subject matter expertise and network access to IDHS to support the provision of support and safety services to individuals with developmental disabilities.
- 3.3.2.2. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs.
- 3.3.2.3. With the SEOC PIO and/or JIC, coordinate public information and messaging on response-related issues with internal and external



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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.

- 3.3.2.4. With the SEOC PIO and/or 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 Central Management Services (CMS)

- 3.3.3.1. Staff the SEOC CMS Agency Representative position.
- 3.3.3.2. Assist in identifying non-essential personnel from state agencies available to assist in support and safety services operations.
- 3.3.3.3. Assist in coordinating notification, activation, and deployment of state personnel required for support and safety services operations, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.3.4. Assist in coordinating Just-in-Time Training (JITT) for state agency personnel assigned to support and safety services operations. JITT should include policies, procedures, and plans for the assistance and inclusion of all individuals regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.3.5. Monitor and advise the SEOC on sustainment requirements for state agency personnel assigned to support and safety services operations.
- 3.3.3.6. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how its response efforts are addressing applicable access and functional needs, such as availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs.
- 3.3.3.7. With the SEOC PIO and/or JIC, assist in coordinating 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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- 3.3.3.8. With the SEOC PIO and/or JIC, assist in coordinating 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 of Financial and Professional Regulation (IDFPR)

- 3.3.4.1. When requested, take the following actions upon gubernatorial disaster proclamation in coordination with IEMA-OHS and IDPH for any individuals working under the direction of IEMA-OHS, IDPH, or IDHS:
 - 3.3.4.1.1. Suspend requirements for permanent or temporary licensure of individuals who are licensed in another state.
 - 3.3.4.1.2. Modify the scope of practice under any licensing act administered by IDFPR.
- 3.3.4.2. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts are addressing applicable access and functional needs, such as availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs
- 3.3.4.3. With the SEOC PIO and/or 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.
- 3.3.4.4. With the SEOC PIO and/or 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 Department of Human Rights (IDHR)

- 3.3.5.1. Provide subject matter expertise on the fair provision of support and safety services to at-risk individuals.
- 3.3.5.2. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts address



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

- 3.3.5.3. With the SEOC PIO and/or 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.
- 3.3.5.4. With the SEOC PIO and/or 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 Department on Aging (IDoA)

- 3.3.6.1. Staff the SEOC IDoA Agency Representative position.
- 3.3.6.2. Coordinate with the HHS Administration on Aging to implement federal disaster assistance programs to meet the needs of older adult populations.
- 3.3.6.3. 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.
- 3.3.6.4. Coordinate and manage contact with older adult populations and their caregivers through Area Agencies on Aging (AAAs).
- 3.3.6.5. Provide information on the status and needs of older adult populations and their caregivers in the community.
- 3.3.6.6. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs.
- 3.3.6.7. With the SEOC PIO and/or 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.

- 3.3.6.8. With the SEOC PIO and/or 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.

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

3.3.7.1. SEOC Manager

- 3.3.7.1.1. Coordinate collection, receipt, compilation, and development of situational reports on damage impacts to services, facilities, sites, and programs.
- 3.3.7.1.2. Collect, analyze, de-conflict, and disseminate support and safety services information.
- 3.3.7.1.3. Collaborate with IDHS on requests for rehabilitation and behavioral health services resources.
- 3.3.7.1.4. 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.
- 3.3.7.1.5. 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.
- 3.3.7.1.6. Through the IEMA-OHS recovery division, provide a list of local community partners that can assist with the provision of Access and Functional Needs Support Services (AFNSS).

3.3.7.2. Business Emergency Operations Center (BEOC)



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- 3.3.7.2.1. Coordinate needs identified by the SEOC with potential procurement or donor sources in the private sector.
- 3.3.7.2.2. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs.
- 3.3.7.2.3. 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.
- 3.3.7.2.4. 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.

3.3.8. Illinois Guardianship and Advocacy Commission (IGAC)

- 3.3.8.1. Support and advocate for the rights of individuals with developmental disabilities.
- 3.3.8.2. Provide lists of clients living in affected areas.
- 3.3.8.3. Make available or provide legal counsel to individuals with specific developmental disabilities where necessary and appropriate.
- 3.3.8.4. Assume legal guardianship of individuals with specific developmental disabilities where necessary and appropriate.
- 3.3.8.5. Coordinate investigations of complaints alleging that the rights of a person with a specific developmental disability have been violated.
- 3.3.8.6. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts address applicable access and functional needs, such as the availability of



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

- 3.3.8.7. With the SEOC PIO and/or 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.
- 3.3.8.8. With the SEOC PIO and/or 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.

3.3.9. Illinois Poison Center (IPC)

- 3.3.9.1. When requested by IDPH, augment the IPC call center to take calls from the public regarding support and safety issues during an emergency or disaster. 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.
- 3.3.9.2. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs.
- 3.3.9.3. With the SEOC PIO and/or 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.
- 3.3.9.4. With the SEOC PIO and/or 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.

3.3.10. Illinois Voluntary Organizations Active in Disaster (IL VOAD)



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- 3.3.10.1. Assist with the recruitment and deployment of support and safety services volunteers to support IDHS and private sector providers, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.10.2. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs.
- 3.3.10.3. With the SEOC PIO and/or 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.
- 3.3.10.4. With the SEOC PIO and/or 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.

3.3.11. Office of the Illinois Attorney General (OIAG)

- 3.3.11.1. Staff the SEOC OIAG Agency Representative position.
- 3.3.11.2. Provide legal counsel for state agencies, boards, and commissions making policy decisions regarding individuals with access and functional needs.
- 3.3.11.3. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts are addressing applicable access and functional needs, such as availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs.
- 3.3.11.4. With the SEOC PIO and/or 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.



- 3.3.11.5. With the SEOC PIO and/or 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. Public Health Services Act of 1944, as amended
2. Title VI, Civil Rights Act of 1964, as amended
3. Title IX, Education Amendments Act, as amended
4. Rehabilitation Act of 1973, as amended
5. Age Discrimination Act of 1975, as amended
6. Title II, Americans with Disabilities Act (ADA) of 1990, as amended
7. Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988 (Stafford Act), Pub. L. No. 93-288, as amended
8. Health Insurance Portability and Accountability Act (HIPAA) of 1996: Privacy Rule, Pub. L. No. 104-191, as amended
9. Executive Order 13347, Individuals with Disabilities in Emergency Preparedness
10. Post-Katrina Emergency Management Reform Act of 2006, as amended
11. Volunteer Protection Act of 1997, Pub. L. No 105-295; 42 U.S.C. §§ 14501–14505, as amended
12. Emergency Management Assistance Compact (EMAC) of 1996, Pub. L. No. 104-321, as amended
13. Sandy Recovery Improvement Act of 2013, Pub. L. No. 113-2, as amended
14. Pandemic and All-Hazards Preparedness Act of 2006, Pub. L. No. 109-417, as amended
15. Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) of 2013, Pub. L. No. 113-5, as amended
16. Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (PAHPAIA), Public Law No. 116-22, as amended



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17. Illinois Compiled Statutes, 20 ILCS 4010/, Illinois Council on Developmental Disabilities Law, as amended
18. Illinois Compiled Statutes, 745 ILCS 5, State Lawsuit Immunity Act, as amended
19. Illinois Compiled Statutes, 745 ILCS 10, Local Governmental and Governmental Employees Tort Immunity Act, as amended.
20. Illinois Compiled Statutes, 20 ILCS 2105/2105-400, Department of Professional Regulation Law, as amended
21. United States Code, 36 U.S.C. §§300101-300111, re-codified 2007, Congressional Charter of the American National Red Cross.

5. References

1. IEOP Base Plan
2. ESF-8 Public Health, Healthcare, EMS, and Behavioral Health
3. ESF-8, X-7 Access and Functional Needs
4. IDPH Emergency Support Function (ESF) 8 Plan
5. IDPH ESF 8 Plan – Functional and Access Needs (FAN) Annex
6. National Response Framework (NRF)
7. National Disaster Recovery Framework (NDRF)

6. Acronyms & Definitions

1. For all definitions and acronyms addressed in this plan, please refer to the IEOP Base Plan, Appendix X-07 Glossary of Terms.