CHAMPAIGN COUNTY BOARD
OPIOID SETTLEMENT TASK FORCE

County of Champaign, Urbana, Illinois
Monday, July 21, 2025 - 6:30 p.m.

Shields-Carter Meeting Room
Bennett Administrative Center
102 E. Main St., Urbana

Committee Members:

Aaron Esry	Emily Rodriguez
John Farney	Ed Sexton – Vice-Chair
Jennifer Locke - Chair	Chris Stohr
Brett Peugh	

Agenda Items **Page #'s**

I. Call to Order

II. Roll Call

III. Approval of Agenda/Addendum

IV. Approval of Minutes
A. May 20, 2025 1-5

V. Public Input

VI. Communications

VII. New Business
A. Broadlands-Longview Fire Protection District
1. Funding Request for an Automated Chest Compression Device 6-29

B. Opioid Funding Update *(information only)* 30

C. Next steps *(discussion only)*

VIII. Other Business
A. Date of next meeting

IX. Chair's Report

X. Adjournment

All meetings are at Bennett Administrative Center – 102 E Main Street in Urbana – unless otherwise noted. To enter Bennett after 4:30 p.m., enter using the doors on the south side. Champaign County will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities. Please contact Administrative Services, 217-384-3776, as soon as possible but no later than 48 hours before the scheduled meeting.

CHAMPAIGN COUNTY BOARD
OPIOID SETTLEMENT TASK FORCE
County of Champaign, Urbana, Illinois

MINUTES –*Subject to Approval*

DATE: Monday, May 20, 2025
TIME: 6:30 p.m.
PLACE: Shields-Carter Meeting Room
Brookens Administrative Center
1776 E. Washington St., Urbana, IL 61802

Committee Members:

Present	Absent
Aaron Esry	
Brett Peugh	
Emily Rodriguez	
Ed Sexton (Vice-Chair)	
Chris Stohr	
Jennifer Locke (Chair)	
John Farney	

Others Present: Kait Kuzio (Grant Coordinator), and Megan Robison (Recording Secretary)

Agenda Items

I. Call to Order

Chair Locke called the meeting to order at 6:32 p.m.

II. Roll Call

A verbal roll call was taken, and a quorum was declared present.

III. Approval of Agenda/Addendum

MOTION Mr. Sexton to approve the agenda; seconded by Mr. Stohr. Upon vote, the **MOTION CARRIED** unanimously.

IV. Approval of Minutes

A. February 24, 2025

MOTION by Mr. Farney to approve the minutes of February 24, 2025; seconded by Mr. Esry. Mr. Farney noted that he was incorrectly marked as present at the previous meeting from which he was absent. Upon vote, the **MOTION CARRIED** unanimously.

V. Public Input

None

VI. Communications

None

VII. New Business

A. Probation & Court Services

Chair Locke reiterated the request from Probation and Court Services for that was approved in November 2024 for $2,000 in funding to provide transportation for opioid-impacted probationers to and from in-patient treatment. Probation and Court Services staff are not able to provide this transportation due to staffing limitations.

MOTION by Mr. Sexton to recommend County Board approval of an intergovernmental agreement with Probation and Court Services for allocation of $2,000 from the Opioid Settlement to provide transportation to and from treatment for probationers; seconded by Mr. Farney. Upon vote, the **MOTION CARRIED** unanimously.

Chair Locke explained that the Master Agreement for Transportation Services is the agreement draft to be executed between Probation and Court Services and the transportation provider(s).

MOTION by Ms. Rodriguez to recommend County Board approval of the Master Agreement for Transportation Services; seconded by Mr. Esry. Upon vote, the **MOTION CARRIED** unanimously.

B. Coroner

County Coroner Brauer stated that she is requesting funding to purchase a Randox Analyzer. She explains that this would provide capability to perform toxicology testing within their office and collect results within 30 minutes of the test. This would let them know if a decedent overdosed immediately, which could reduce unnecessary autopsies and help to quickly guide local public health responses based on this data rather than waiting eight weeks for results. Chair Locke asked for clarification on the eight-week timeline, wondering if that's how long it takes to get results from their third-party lab. Coroner Brauer said the results currently take four to eight weeks, six being average. Negative results can take around four weeks, but positive results tend to take a little longer. Ms. Locke indicated that four to eight weeks does not help with notifying the public of a potential bad batch. Coroner Brauer stated that is accurate, and it also delays the death certificate until they have the toxicology results.

Ms. Rodriguez asked for Coroner Brauer to address what an accurate understanding and count of deaths due to overdose could mean for County grant applications. Ms. Brauer explained she doesn't have experience in that area, and Ms. Rodriguez asked the County Grant Coordinator, Ms. Kuzio, what she thought. Ms. Kuzio stated that in grants, data tracks, proves and supports community needs. Ms. Rodriguez agreed that it is crucial to have this kind of data to report the real impact. Ms. Rodriguez added that she understands that there is also a concern about privacy, for example how a death is reported—one point of concern about this reporting is an overdose being listed as the cause of death, rather than something more neutral like "heart attack" or "heart issue".

Ms. Brauer responded that her office intends to keep better records. When a person asks for overdose numbers, it's easy to go through and find when overdose was the cause of death. But what's not included is when a person tests positive but that wasn't their cause of death. She mentioned that part of the reason this is difficult is because they're not all her cases. Coroner Brauer gave an example of a car accident in which the driver tested positive for several substances, but none of those were the cause of death—the cause was the car accident, so an overdose isn't listed and the toxicology is not listed as a contributing factor. Ms. Rodriguez asked if part of that would be because of how it's reported, often through obituaries. Ms. Brauer clarified that she meant through her office, not through obituaries. They would not list the overdose or a substance in their system because that wasn't their cause of death, and their office historically has not tracked those.

Mr. Peugh requested for procedure purposes that all applicants specify the approved uses they intend to meet on their physical application. Ms. Kuzio stated that the application is a new addition to the process and all applicants will be identifying the approved uses they will fulfill on their physical applications going forward.

Ms. Rodriguez added that if the approved uses to be fulfilled are not apparent by the proposal or the applicant, that would be best discussed at the beginning of the meeting. In addition to closure for families and other benefits outlined, this will also help to provide money to continue to address the issues. She also added that she's very happy the funds will be used and used correctly.

Mr. Farney asks if Coroner Brauer has an idea of the life-expectancy of this unit before it would need replaced. Ms. Brauer doesn't know that detail, but she discussed the maintenance plan available after the first three years. Mr. Farney asks if annual maintenance is included in the cost on the request, and Ms. Brauer stated that annual maintenance is included in that cost for the first three years, and it also includes the cost of supplies for the first year. Mr. Farney asked if the pipettes are proprietary to which Coroner Brauer said they are not and they could find a cheaper alternative. Mr. Farney asked if the Coroner has spoken with any other departments about how the device could benefit them, and she has not done that yet—only other coroners.

Chair Locke clarifies that while there would be a cost associated with supplies to utilize this device, there's also a cost to send samples out to a third-party lab—she asked Coroner Brauer how those compare. Ms. Brauer said after the cost of the device, each test will cost $40-$50 to do one test and about $25 to do two tests at a time. To send samples to their third-party lab currently, the cost per test is $380 and she just got the price increase for the next two years. She also adds that they do toxicology testing for every autopsy. Chair Locke asked if this toxicology test using the new device would be admissible for court purposes or to benefit the State's Attorney's Office. Coroner Brauer said she and State's Attorney Rietz have discussed that and they would do it on a case-by-case basis.

Mr. Stohr asked what is being tested and what the device is and does. Ms. Coroner stated that they would do what they do currently—collect blood, urine, and vitreous, if they have it. They typically have to send two tubes of blood to the lab, which is about all they can collect, and this device would not require as much.

Mr. Peugh stated the device would save the Coroner's Office money, and theoretically she could also charge outside counties for testing, so future supplies could potentially be charged for to help cover the costs of testing in the future. Coroner Brauer agreed and stated that when they can do two tests at a time, that would also help to reduce the cost.

Mr. Esry asked if Ms. Brauer knows how much her office spends on testing in a year or how many tests they do on average. Ms. Brauer said the current budget for testing is $65,000. In 2023 they did 250 toxicology tests, 196 in 2024, and so far this year they have done 75. She also added that depending on additional testing that needs to be added, the cost per test can increase drastically—one additional test costing about $700 in addition to the standard fee. This isn't very common, but it does happen. Coroner Brauer said the biggest thing is that this device can get them results in 30 minutes. Mr. Farney said his quick math shows the device pays for itself in one to two years, getting the results in 30 minutes will help all parties involved in the process.

MOTION by Mr. Stohr to recommend County Board approval of the Intergovernmental Agreement with the Coroner's Office and Randox Evidence Multistat Analyzer; seconded by Ms. Rodriguez. Upon vote, the **MOTION CARRIED** unanimously.

C. Champaign-Urbana Public Health Department

Chair Locke introduced Joe Trotter, Harm Reduction Program Coordinator at CUPHD, and asked him to review his request. Three items are included in this request: 1. 12-months of supplies, whereas their first request was primarily for syringes, this request will include all other supplies that are used to reduce the spread of disease and other harms. 2. Sharps disposal—they don't have a great option right now for clients to drop off and dispose of used supplies. They're requesting funding for a sharps disposal kiosk that would be like a heavy-duty postal mailbox that would allow people to dispose of sharps. There's no technology, it's all mechanical; Clients can drive up, use the kiosk for disposal, and CUPHD would service emptying the kiosk. 3. Is a piece of equipment that is very popular in the harm reduction community. It's a vending machine that would replace CUPHD's current storage box outside of their building that is available for clients during nights and weekends. The current box is rusty, old, and is not able to be secured to the ground. This new machine would be bolted into the ground, would hold a variety of products, and would allow them to have better tracking of supplies collected this way and by whom. The program is anonymous so it would not be high detailed information, but basic demographic information and where they are from would be beneficial.

Ms. Rodriguez asked if there's a way to connect site-specific uses emptying off at a sharp site like this or would that be contained by the person. Mr. Trotter said the disposal kiosk does not collect any type of data. They do still distribute sharps containers to their clients, and they return them or CUPHD picks them up, so they get a little data that way, but this would be more like a drop box.

Mr. Farney clarifies that the current process is that during business hours, clients go into CUPHD and talk to a person, which Mr. Trotter confirmed. Mr. Farney asked if the vending machine would only be available outside of business hours so that clients are still going in and speaking to someone during business hours. Mr. Trotter agreed and said that is best practice and will be the model.

Mr. Peugh asked where the location of the vending machine would be. Mr. Trotter stated the one

they selected is rated for outdoor use, would be bolted to the ground, and would be essentially where the old box is on their property now. There are security cameras and lights, and they are also looking to building out weather protection. They are still planning this, but are considering the transition, security, lighting, and privacy.

Mr. Peugh asked if CUPHD was receiving grant funding previously for harm reduction supplies. Mr. Trotter stated that they did receives some funding, and because it was state and not federal dollars, they used it primarily to purchase syringes—there are restrictions on federal dollars being spend on syringes. Mr. Peugh suggested that they continue to apply for grant funding for supplies and syringes, which Mr. Trotter said they will do.

Mr. Sexton asked about the security and how the machine would be used. Mr. Trotter said this is very important because they don't want anyone to empty the machine. The vending machine would give CUPHD more control over how much the client can take, how often they can come back, and it would also help them to analyze the data and prepare when they see a client consistently returns for supplies.

Members discussed possible locations and areas not to place the box.

MOTION by Ms. Rodriguez to recommend County Board approval of an Agreement with CUPHD for the purchase of harm reduction equipment and supplies; seconded by Mr. Sexton. Upon vote, the **MOTION CARRIED** unanimously.

D. Next steps *(discussion only)*

Chair Locke explained that upcoming requests are coming from local fire protection districts and first responders, helping to get the money further out into the community using the GIS Dashboard data they collected.

VIII. Other Business

A. Date of next meeting

Members will plan to meet on June 16th.

IX. IX.Chair's Report

Chair Locke thanks Mr. Stohr for his service on this task force, and Mr. Stohr said it's been an honor, and he wishes them well.

X. X. Adjournment

Chair Locke adjourned the meeting at 7:06 p.m.

OPIOID SETTLEMENT FUNDING APPLICATION

1. APPLICATION INFORMATION

Date Submitted	7/18/2025	Project Date Range	8/2025 - Beyond
Name of Project or Proposal	Broadlands Longview FPD ACC Devices	Total Funding Requested	$18,000
Purpose of Request for Funding	Equip both stations with an ACC Device	Date Funding Requested by	10/1/2025

Organization

Name	Broadlands Longview Fire Protection District
Address	PO Box 164 112 E Logan St. Longview, IL 61852
Email Address	blfpd164@gmail.com
Phone Number	
Website	
Legal Status of your Organization	Tax Exempt Government Entity

Point of Contact

Name	Clayton Bosch
Address	2246 CR 300N Broadlands, IL 61816
Email Address	bosch1992@yahoo.com
Phone Number	217-621-7771

2. PROPOSAL SUMMARY

(One paragraph maximum)
Provide a summary of the proposed project. Briefly describe why your organization or department is requesting this funding, what results you hope to achieve, how you will spend the funds and how the project contributes to Champaign County Opioid Settlement Task Force's overall mission to serve opioid-impacted individuals and communities.

3. NARRATIVE

(Preferred length not to exceed one page)
Please include the following information:

1. Background—Describe the work of your agency, addressing each of the following:
    a. A brief description of the purpose and history of the organization
    b. The organization's mission and goals, especially highlighting those that specifically serve opioid-impacted individuals and communities
    c. Board roster and the number of paid full-time staff and/or part-time staff
2. Funding Request— Please explain the specific project to be funded including:
    a. A project description, including goals, objectives, timeline for implementation, specific activities to be funded and outcomes expected.
    b. The population(s) that you plan to serve and how they will benefit from the project.
    c. Approaches and methods and the activities planned for which this requested funding will be used.
    d. The names, titles, qualifications and experience of key personnel.
    e. Any plans for sustaining the project and for long-term sources/strategies for funding upon completion of the proposed grant.
    f. Other organizations, if any, participating in the activity.
    g. Evaluation—Please explain your expected results and how you will measure the effectiveness of your activities.

4. ATTACHMENTS

- Most recent annual statements (audited if available)
- Current operating budget
- Signed current W-9
- A detailed budget of this project
- A list of other sources of actual and expected funding, including amounts

5. APPROVED USES

Using the List of Opioid Remediation Uses and the Approved Uses of Opioid Settlement Funds, Attachments C and D of this application packet, identify which approved uses your proposal request will fulfill.

(Check or highlight ALL that apply from Attachments C AND D of this packet)

Attachment C: List of Opioid Remediation Uses

Final Distributor Settlement Agreement – Exhibit E
Schedule A Core Strategies

Settling States and Exhibit G Participants may choose from among the abatement strategies listed in Schedule B. However, priority may be given to the following core abatement strategies ("*Core Strategies*").[1]

[1] As used in this Schedule A, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

☐ NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES

Expand training for first responders, schools, community support groups and families; and

Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

MEDICATION-ASSISTED TREATMENT ("*MAT*") DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT

Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;

Provide education to school-based and youth-focused programs that discourage or prevent misuse;

Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and

Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

☐ PREGNANT & POSTPARTUM WOMEN

Expand Screening, Brief Intervention, and Referral to Treatment ("*SBIRT*") services to non-Medicaid eligible or uninsured pregnant women;

Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co- occurring Opioid Use Disorder ("*OUD*") and other

Substance Use Disorder ("*SUD*")/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and

Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

☐ EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME ("*NAS*")

Expand comprehensive evidence-based and recovery support for NAS babies;

Expand services for better continuum of care with infant- need dyad; and

Expand long-term treatment and services for medical monitoring of NAS babies and their families.

☐ EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES

Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;

Expand warm hand-off services to transition to recovery services;

Broaden scope of recovery services to include co-occurring SUD or mental health conditions;

Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and

Hire additional social workers or other behavioral health workers to facilitate expansions above.

☐ TREATMENT FOR INCARCERATED POPULATION

Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and

Increase funding for jails to provide treatment to inmates with OUD.

☐ PREVENTION PROGRAMS

Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);

Funding for evidence-based prevention programs in schools;

Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with CDC guidelines, including providers at hospitals (academic detailing);

Funding for community drug disposal programs; and

Funding and training for first responders to participate in pre- arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

☐ EXPANDING SYRINGE SERVICE PROGRAMS

Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

☐ EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE

Attachment D: Approved Uses of Opioid Settlement Funds

Final Distributor Settlement Agreement – Exhibit E

Schedule B Approved Uses

[2] As used in this Schedule B, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

☑ TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder ("*OUD*") and any co-occurring Substance Use Disorder or Mental Health ("*SUD/MH*") conditions through evidence-based or evidence- informed programs or strategies that may include, but are not limited to, those that:[2]

Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("*MAT*") approved by the U.S. Food and Drug Administration.

Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("*ASAM*") continuum of care for OUD and any co-occurring SUD/MH conditions.

Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

Improve oversight of Opioid Treatment Programs ("*OTPs*") to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("*DATA 2000*") to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

Disseminate web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.

Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication–Assisted Treatment.

☐ SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

Provide comprehensive wrap-around services to individuals with OUD and any co- occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services.

Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co- occurring SUD/MH conditions.

Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.

Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

Create and/or support recovery high schools.

Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

☐ CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

Purchase automated versions of SBIRT and support ongoing costs of the technology.

Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.

Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co- occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

Expand warm hand-off services to transition to recovery services.

Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

Develop and support best practices on addressing OUD in the workplace.

Support assistance programs for health care providers with OUD.

Engage non-profits and the faith community as a system to support outreach for treatment.

Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

☐ ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative ("*PAARI*");

Active outreach strategies such as the Drug Abuse Response Team ("*DART*") model;

"Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

Officer prevention strategies, such as the Law Enforcement Assisted Diversion ("*LEAD*") model;

Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.

Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co- occurring SUD/MH conditions who are incarcerated in jail or prison.

Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co- occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

Support critical time interventions ("*CTI*"), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

Provide training on best practices for addressing the needs of criminal justice- involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

☐ ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal

abstinence syndrome ("*NAS*"), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.

Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.

Provide child and family supports for parenting women with OUD and any co- occurring SUD/MH conditions.

Provide enhanced family support and childcare services for parents with OUD and any co-occurring SUD/MH conditions.

Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.

Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

☐ PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).

Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

Continuing Medical Education (CME) on appropriate prescribing of opioids.

Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("*PDMPs*"), including, but not limited to, improvements that:

Increase the number of prescribers using PDMPs;

Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

Increasing electronic prescribing to prevent diversion or forgery.

Educating dispensers on appropriate opioid dispensing.

☐ PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

Funding media campaigns to prevent opioid misuse.

Corrective advertising or affirmative public education campaigns based on evidence.

Public education relating to drug disposal.

Drug take-back disposal or destruction programs.

Funding community anti-drug coalitions that engage in drug prevention efforts.

Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("*SAMHSA*").

Engaging non-profits and faith-based communities as systems to support prevention.

Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

☑ PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

Public health entities providing free naloxone to anyone in the community.

Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.

Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.

Public education relating to emergency responses to overdoses.

Public education relating to immunity and Good Samaritan laws.

Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

Supporting screening for fentanyl in routine clinical toxicology testing.

☑ FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

☐ LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

6. SIGNATURE/SUBMISSION/QUESTIONS

SIGNATURE

By signing below, I certify that the information provided in this document is true, accurate, and complete to the best of my knowledge.

PLEASE SUBMIT COMPLETED PACKETS AND QUESTIONS VIA EMAIL TO:

[INSERT CHAMPAIGN COUNTY CONTACT INFO]

Proposal Summary

The Broadlands Longview Fire Protection District is seeking funding to equip the EMS trucks at both the Broadlands and Longview fire stations with a Defibtech ARM XR Automated Chest Compression (ACC) Device. By funding this project, it will allow us to preform high quality CPR, with less personnel, on opioid overdose patients who are in cardiac arrest. Once in-service this will greatly benefit the potential opioid overdose patient's chance of survival, their families, and the First Responders for the foreseeable future. These devices will also be beneficial to any community member in cardiac arrest.

Narrative

The Broadlands Longview Fire Protection District is a volunteer agency that covers 48 square miles in Champaign County, including the villages of Broadlands and Longview. Additionally, the District covers 17 square miles of Douglas County, including the unincorporated village of Fairland. The District typically handles roughly 120-140 calls for service a year, 60-70% of these calls are EMS calls. With a nationwide volunteer firefighter staffing shortage, cardiac arrest calls are very demanding on the first responders, both physically and mentally, and requires more personnel to provide the best level of care to the patient.

The District Board of Trustees - Brian Thode, Justin Leerkamp, Kieth Miller, provides the administrative functions of district. Desmond Walker and Clayton Bosch, chiefs of Broadlands and Longview Stations, provide the management of the day to day operations. The District has 17 volunteers serving the community as first responders.

Due to the nature of being a volunteer district, there is no guarantee of a response from one station or the other, therefore we are requesting an ACC device for each station. The ACC devices will be stored, in a fully charged state, on the EMS trucks at both the Broadlands and Longview stations. The equipment will be checked during routine equipment inspections and the fire district will cover any maintenance and repair costs. Volunteers will be trained on these devices biennially alongside CPR and AED re-certifications.

In 2023, Champaign County had a fatal opioid overdose rate of 2.09 / 10k population. While this would be under 1 fatal overdose for our size of district, it is still a situation that we may face. We have ran a few Opioid overdose calls in the past few years and it would not take much time for an overdose to turn into a fatal overdose.

Treat Opioid Use Disorder

-If the overdosed patient goes into cardiac arrest, the ACC device and Narcan are the tools that greatly increase the chances of the patient's survival and will be the first steps to getting the impacted individual to treatment.

Prevent Overdose Deaths and Other Harms (Harm Reduction)

-The ACC device will be instrumental in increasing the overdosed patient's chances of survival by providing non-stop, consistent, high quality CPR from the minute first responders arrive on-scene to the minute the patient is transferred to the emergency room staff. The non-stop chest compressions will keep blood circulating through the patient's body, decreasing the chances of permanent organ damage.

First Responders

-CPR is very hard on first responders. It is very labor intensive, especially for older volunteers. At a minimum, five responders are required to effectively do all tasks needed during a cardiac arrest. The ACC device would free at least two first responders to help with other tasks critical to the patients survival.

Budget

(2) ACC Devices @ $11500ea.	$23,000.00
Open Plains Wind Farm Community Grant	-$5,000.00
Shipping	TBD (Covered by District)
Project Total	$18,000.00

BROADLANDS - LONGVIEW FIRE PROTECTION DISTRICT

Champaign & Douglas Counties, Illinois

Annual Financial Report

For the Year Ended March 31, 2024

Feller & Kuester CPAs PLLC
Certified Public Accountants
806 Parkland Court
Champaign, IL 61821
217-351-3192

TABLE OF CONTENTS

Feller & Kuester CPAs PLLC

Tax - Audit - Bookkeeping
806 Parkland Court - Champaign, Illinois 61821
Phone - (217) 351-3192 Fax - (217) 351-4135 Email - admin@fellerkuester.com

To the Board of Trustees
Broadlands – Longview Fire Protection District
Champaign & Douglas Counties, Illinois

Management is responsible for the accompanying financial statements of the governmental activities and each major fund of the Broadlands – Longview Fire Protection District (the District), as of and for the year ended March 31, 2024, which collectively comprise the District's basic financial statements as listed in the table of contents, in accordance with the modified cash basis of accounting. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

The financial statements are prepared in accordance with the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

Management has elected to omit substantially all of the disclosures ordinarily included in financial statements prepared with the modified cash basis of accounting. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the District's assets, liabilities, net position/fund balance, revenues, and expenses/expenditures. Accordingly, the financial statements are not designed for those who are not informed about such matters.

The schedule of property tax levies, rates, extensions, and collections presented on page 6 is presented for purposes of additional analysis and is not a required part of the basic financial statements. This information is the representation of management. The information was subject to our compilation engagement, however, we have not audited or reviewed the supplementary information and, accordingly, do not express an opinion, a conclusion, nor provide any form of assurance on such supplementary information.

Feller & Kuester CPAs PLLC

Feller & Kuester CPAs PLLC
Champaign, Illinois

November 21, 2024

BROADLANDS - LONGVIEW FIRE PROTECTION DISTRICT
STATEMENT OF NET POSITION - MODIFIED CASH BASIS
MARCH 31, 2024

	Governmental Activities
Assets	
Cash and Cash Equivalents	$ 119,264
Investments	203,989
Capital Assets, Net of Accumulated Depreciation:	
Land (Not Being Depreciated)	20,878
Other Capital Assets, Net of Accumulated Depreciation	1,038,933
Total Assets	1,383,064
Liabilities	
Long-Term Liabilities:	
Due Within One Year	77,883
Due in More than One Year	749,986
Total Liabilities	827,869
Net Position	
Net Investment in Capital Assets	231,942
Restricted	76,723
Unrestricted	246,530
Total Net Position	$ 555,195

See Independent Accountant's Compilation Report

BROADLANDS - LONGVIEW FIRE PROTECTION DISTRICT
STATEMENT OF ACTIVITIES - MODIFIED CASH BASIS
FOR THE YEAR ENDED MARCH 31, 2024

Functions/Programs	Expenses	Program Revenues: Operating Grants and Contributions	Program Revenues: Operating Grants and Contributions	Net (Expense) Revenue and Changes in Net Position: Governmental Activities
Governmental Activities:				
General Government	$ 3,398	$ -	$ -	$ (3,398)
Public Safety	201,854	250	25,951	(175,653)
Total Governmental Activities	$ 205,252	$ 250	$ 25,951	(179,051)
General Revenues:				
Property Tax				275,530
State Replacement Tax				7,232
2% Fire Department Tax				1,322
Proceeds from Noncapitalized Assets				200
Interest Income				5,682
Total General Revenue				289,966
Change in Net Position				110,915
Net Position - Beginning of Year				444,280
Net Position - End of Year				$ 555,195

See Independent Accountant's Compilation Report

BROADLANDS - LONGVIEW FIRE PROTECTION DISTRICT
BALANCE SHEET - MODIFIED CASH BASIS
GOVERNMENTAL FUNDS
MARCH 31, 2024

	General Fund	Liability Insurance Fund	Emergency & Rescue Fund	Capital Reserve Fund	Bond & Interest Fund	Total
Assets						
Current Assets						
Cash and Cash Equivalents	$ 42,541	$ 1,220	$ 58,363	$ -	$ 17,140	$ 119,264
Investments	-	-	-	203,989	-	203,989
Total Assets	$ 42,541	$ 1,220	$ 58,363	$ 203,989	$ 17,140	$ 323,253
Liabilities						
None	$ -	$ -	$ -	$ -	$ -	$ -
Fund Balances						
Restricted	-	1,220	58,363	-	17,140	76,723
Assigned	-	-	-	203,989	-	203,989
Unassigned	42,541	-	-	-	-	42,541
Fund Balances	42,541	1,220	58,363	203,989	17,140	323,253
Total Liabilities and Fund Balances	$ 42,541	$ 1,220	$ 58,363	$ 203,989	$ 17,140	$ 323,253

Reconciliation to Statement of Net Position - Modified Cash Basis:

Total Fund Balances of Governmental Funds	$ 323,253
Amounts Reported for Governmental Activities in the Statement of Net Position - Modified Cash Basis are Different Because:	
Capital assets used in governmental activities are not financial resources and, therefore, are not reported in the funds.	1,059,811
Long-term liabilities are not due and payable in the current period and, therefore, are not reported in the funds.	(827,869)
Net Position of Governmental Activities	$ 555,195

BROADLANDS - LONGVIEW FIRE PROTECTION DISTRICT
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCES - MODIFIED CASH BASIS
GOVERNMENTAL FUNDS
FOR THE YEAR ENDED MARCH 31, 2024

	General Fund	Liability Insurance Fund	Emergency & Rescue Fund	Capital Reserve Fund	Bond & Interest Fund	Total
Revenues						
Local Taxes						
Property Tax	$ 151,932	$ 15,052	$ 25,975	$ -	$ 82,571	$ 275,530
Intergovernmental Receipts						
State Replacement Tax	7,232	-	-	-	-	7,232
State Fire Marshal Grant	25,951	-	-	-	-	25,951
Other Sources						
Interest Income	1,693	-	-	3,989	-	5,682
2% Fire Department Tax	1,322	-	-	-	-	1,322
Proceeds from Noncapitalized Assets	200	-	-	-	-	200
Donations	250	-	-	-	-	250
Total Revenues	188,580	15,052	25,975	3,989	82,571	316,167
Expenditures						
Current:						
General Government	3,398	-	-	-	-	3,398
Public Safety	50,565	13,975	10,843	-	-	75,383
Capital Outlays	48,189	-	8,464	-	-	56,653
Debt Service:						
Principal	29,389	-	-	-	50,000	79,389
Interest and Fees	5,575	-	-	-	33,250	38,825
Total Expenditures	137,116	13,975	19,307	-	83,250	253,648
Excess (Deficiency) of Revenues Over Expenditures	51,464	1,077	6,668	3,989	(679)	62,519
Other Financing Sources (Uses)						
Transfers In	-	-	-	50,000	-	50,000
Transfers Out	(50,000)	-	-	-	-	(50,000)
Total Other Financing Sources (Uses)	(50,000)	-	-	50,000	-	-
Net Change in Fund Balances	1,464	1,077	6,668	53,989	(679)	62,519
Fund Balances - Beginning of Year	41,077	143	51,695	150,000	17,819	260,734
Fund Balances - End of Year	$ 42,541	$ 1,220	$ 58,363	$ 203,989	$ 17,140	$ 323,253

Reconciliation to the Statement of Activities - Modified Cash Basis:	
Net Change in Fund Balances of Governmental Funds	$ 62,519
Amounts Reported for Governmental Activities in the Statement of Activities - Modified Cash Basis are Different Because:	
Governmental funds report capital outlays as expenditures while governmental activities report depreciation to allocate those costs over the lives of the assets:	
Depreciation Expense	(87,646)
New debt is an other financing source in governmental funds, while repayment of loan principal is an expenditure in the governmental funds, but the new debt increase long-term liabilities and the repayment reduces long-term liabilities in the statement of net position - modified cash basis:	
Principal Paid on Long-Term Liabilities	79,389
Change in Net Position of Governmental Activities	$ 110,915

BROADLANDS - LONGVIEW FIRE PROTECTION DISTRICT
SCHEDULE OF PROPERTY TAX LEVIES, RATES, EXTENSIONS, AND COLLECTIONS
FOR THE YEAR ENDED MARCH 31, 2024

Fiscal Year of Receipt	2025	2024	2023	2022	2021
Levy Year	*2023*	*2022*	*2021*	*2020*	*2019*
Assessed Valuations	$ 55,011,462	$ 52,169,028	$ 48,833,479	$ 38,949,404	$ 38,230,618
Tax Levies					
General	$ 165,900	$ 151,630	$ 145,807	$ 125,245	$ 119,421
Bond	79,975	81,825	78,583	80,113	76,430
Liability Insurance	18,000	15,000	12,600	12,341	11,754
Emergency & Rescue	27,600	25,895	24,301	20,874	20,019
Total Tax Levies	$ 291,475	$ 274,350	$ 261,291	$ 238,573	$ 227,624
Tax Rates					
General	0.3000	0.2907	0.2986	0.3000	0.3000
Bond	0.1469	0.1585	0.1627	0.2078	0.2020
Liability Insurance	0.0328	0.0288	0.0259	0.0317	0.0308
Emergency & Rescue	0.0500	0.0497	0.0498	0.0500	0.0500
Prior Year Adjustment	-	-	-	-	(0.0018)
Total Tax Rates	0.5297	0.5277	0.5370	0.5895	0.5810
Tax Extensions					
General	$ 165,034	$ 151,655	$ 145,817	$ 116,848	$ 114,692
Bond	80,812	82,688	79,452	80,937	77,226
Liability Insurance	18,044	15,025	12,648	12,347	11,775
Emergency & Rescue	27,506	25,928	24,319	19,475	19,115
Prior Year Adjustment	-	-	-	-	(674)
Total Tax Extensions	$ 291,396	$ 275,296	$ 262,236	$ 229,607	$ 222,134
Tax Collections					
General		151,932	145,806	116,649	114,268
Bond		82,571	79,174	80,637	76,785
Liability Insurance		15,052	12,647	12,326	11,732
Emergency & Rescue		25,975	24,317	19,126	19,045
Prior Year Adjustment		-	-	-	(668)
Total Tax Collections		$ 275,530	$ 261,944	$ 228,738	$ 221,162
Percentage of Extension Collected		100.08%	99.89%	99.62%	99.56%

See Independent Accountant's Compilation Report

Broadlands/Longview Fire Protection District
Profit & Loss Budget vs. Actual
April 2025 through March 2026

	Apr '25 - Mar 26	Budget	% of Budget
Income			
Building Bond Tax Income	0.00	82,950.00	0.0%
Emergency & Rescue Income	0.00	29,000.00	0.0%
Fire Department Income			
CD Interest Income	2,848.62	0.00	100.0%
General Levy			
Champ Co Collector-Corporate	94,133.16		
General Levy - Other	0.00	174,000.00	0.0%
Total General Levy	94,133.16	174,000.00	54.1%
Refunds, Grants & Misc.	5.00	0.00	100.0%
State of Illinois	1,085.59	0.00	100.0%
Total Fire Department Income	98,072.37	174,000.00	56.4%
Insurance	0.00	18,500.00	0.0%
Total Income	98,072.37	304,450.00	32.2%
Expense			
Emergency & Rescue Expense			
Medical Capital Expense	8,289.19	30,000.00	27.6%
Medical Communications Equipmen	0.00	1,000.00	0.0%
Medical Contingencies	0.00	1,000.00	0.0%
Medical Education & Training	0.00	12,000.00	0.0%
Medical Equipment & Supplies	4,164.36	5,000.00	83.3%
Medical Personal Equipment	4,579.99	20,000.00	22.9%
Medical Repairs	1,083.83	1,500.00	72.3%
Medical Telephone	0.00	100.00	0.0%
Total Emergency & Rescue Expense	18,117.37	70,600.00	25.7%
Fire Department Expenses			
Capital Expense - Trucks	0.00	72,870.00	0.0%
Capital Expenses - Equipment	0.00	2,000.00	0.0%
Capital Expenses - Houses	0.00	1,500.00	0.0%
Communications Expenses	0.00	2,500.00	0.0%
Dues and Subscriptions	334.00	1,000.00	33.4%
Education and Training	0.00	500.00	0.0%
Equipment - Houses	0.00	1,000.00	0.0%
Equipment - Personal Protective	1,281.86	22,000.00	5.8%
Equipment - Trucks	386.11	10,000.00	3.9%
Fire Chiefs Fees			
Fire Chief - Broadlands	0.00	400.00	0.0%
Fire Chief - Longview	0.00	400.00	0.0%
Total Fire Chiefs Fees	0.00	800.00	0.0%
Fuel for Equipment	543.13	5,000.00	10.9%
Grants to Fire Departments	2,500.00	9,000.00	27.8%
Hydrant Rental	0.00	1,000.00	0.0%
Meeting Expenses	0.00	500.00	0.0%
METCAD Fees	4,786.00	4,500.00	106.4%
Mowing and Snow Removal	480.00	2,500.00	19.2%
Other Contigent			
Bookkeeping	0.00	600.00	0.0%
Contingencies	360.00	1,700.00	21.2%
Fire Prevention	0.00	400.00	0.0%
Janitorial	0.00	1,000.00	0.0%
Total Other Contigent	360.00	3,700.00	9.7%
Postage and Office			
Postage	0.00	350.00	0.0%
Supplies	414.10	1,280.00	32.4%
Total Postage and Office	414.10	1,630.00	25.4%
Prof, Legal, Audit, & Taxes			
Audit Fee	0.00	2,750.00	0.0%
Drainage Taxes	30.00	50.00	60.0%
Legal Fees and Expenses	75.00	1,200.00	6.3%
Payroll Expenses	49.70	1,000.00	5.0%
Prof, Legal, Audit, & Taxes - Other	75.00		
Total Prof, Legal, Audit, & Taxes	229.70	5,000.00	4.6%
Repair - Houses	0.00	5,000.00	0.0%

Broadlands/Longview Fire Protection District
Profit & Loss Budget vs. Actual
April 2025 through March 2026

	Apr '25 - Mar 26	Budget	% of Budget
Repair - Trucks	2,289.07	4,000.00	57.2%
Trustee and Treasurer			
Treasurers Fee	400.00	1,200.00	33.3%
Trustee Fee	0.00	250.00	0.0%
Trustee Fee - President	0.00	250.00	0.0%
Trustee Fee - Secretary	0.00	300.00	0.0%
Total Trustee and Treasurer	400.00	2,000.00	20.0%
Utilities			
Electricity	1,445.18	6,000.00	24.1%
Garbage	308.50	750.00	41.1%
Internet	2,249.63	4,500.00	50.0%
Natural Gas	1,010.05	4,750.00	21.3%
Water	144.82		
Total Utilities	5,158.18	16,000.00	32.2%
Total Fire Department Expenses	19,162.15	174,000.00	11.0%
Insurance Expense	0.00	18,500.00	0.0%
Total Expense	37,279.52	263,100.00	14.2%
Net Income	**60,792.85**	**41,350.00**	**147.0%**

Opioid Settlement Requests

Spent

Dashboard – $1,321.14
Rosecrance - $7,500 MAT sign on bonus
CUH – $580,000 mid-barrier renovations
CUPHD 1 – $15,000 harm reduction supplies
Probation— $2,000 transportation to in-patient treatment (approved, pending bua/will be paid asap)
Coroner—$79,244.00 Randox Multistat Analyzer
CUPHD 2— $45,424.00 harm reduction supplies

Total Spent: $730,489.14

Requested

Broadlands-Longview Fire Protection District—$18,000.00 medical equipment

---

Pending Requests: $18,000.00

Projected Annual Allocations

Year	Project Allocation Amount
2025	$191,871.36
2026	$228,920.09
2027	$212,525.93
2028	$245,063.82
2029	$246,543.33
2030	$229,330.61
2031	$214,347.86
2032	$194,207.78
2033	$151,703.16
2034	$151,703.16
2035	$151,703.16
2036	$125,450.06
2037	$125,450.06
2038	$90,622.44

****These are projected totals and are subject to change. Additional settlements may be added, too.**