



**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

**MINUTES – Approved as Distributed on November 12, 2025**

DATE: Monday, July 21, 2025  
TIME: 6:30 p.m.  
PLACE: Shields-Carter Meeting Room  
Bennett Administrative Center  
102 E. Main St., Urbana, IL 61801

**Committee Members:**

<b>Present</b>	<b>Absent</b>
Aaron Esry	Ed Sexton (Vice-Chair)
Brett Peugh	
Emily Rodriguez	
Daniel Wiggs	
Jennifer Locke (Chair)	
John Farney	

**Others Present:** Kait Kuzio (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** by Mr. Farney to approve the agenda; seconded by Mr. Wiggs. Upon vote, the **MOTION CARRIED** unanimously with a friendly amendment request from Mr. Peugh to remove former member Dr. Stohr and add new member Daniel Wiggs.

**IV. Approval of Minutes**

A. May 20, 2025

**MOTION** by Mr. Esry to approve the minutes of May 20, 2025; seconded by Mr. Wiggs. Upon vote, the **MOTION CARRIED** unanimously.

**V. Public Input**

None

**VI. Communications**

Mr. Peugh has spoken with Land of Lincoln Legal Aid to discuss possible expungement efforts related to opioid-impacted individuals that we could help to fund—providing jobs, a place to live while they get back on their feet. The Task Force will continue to look into this.

**VII. New Business**

**A. Broadlands-Longview Fire Protection District funding request for an Automated Chest Compression Device**

Chair Locke invited Chief Clayton Bosch of Longview Fire Station who is present at the meeting to speak to his proposal. Chief Bosch explains that he is requesting 2 automated chest compression devices to outfit two of their medical trucks. He's gotten some funding committed to this project already.

Chair Locke asked how their station currently responds in the case of an overdose. Mr. Bosch stated that EMS protocols mean they will check for a pulse and make sure the patient is breathing, get their vitals if appropriate. The first step is to administer Narcan, which they are required to carry in their trucks. With the use of Narcan, if the patient does not have a pulse, the first responders (often the from the fire station) must administer CPR. In a situation like this, they would continue to perform CPR until the ambulance arrives and they take over; Mr. Bosch added that they will continue to provide support even once the ambulance arrives. Chair Locke clarified that volunteer fire fighters at his station have an average age of 60 and over and are often the first responders on scene and are on their own until EMS arrives. Mr. Bosch explains that CPR is very labor-intensive.

Chair Locke asked how the Automated Chest Compression Device works. Chief Bosch explained that the device has a back plate that they slide under the patient and the device clips onto the back plate and goes over the patient's chest. Then, there's an arm that extends down and suctions to the patient's chest and automatically does the compressions for you, freeing you up to focus on other tasks. Typically, for manual compressions Mr. Bosch said that there would be two responders trading off every 30 compressions because it's so intensive. The assistance of the device gives both of those responders an opportunity to focus on intubating the patient, removing family and friends, getting the AED set up and monitoring it, etc.

Mr. Farney asked if these operate on a rechargeable battery. Mr. Bosch stated that they do operate on a rechargeable battery that the vendor said has about a 60-minute run time, but the device can continue to run off of wall power. He also explained that they can purchase back up batteries.

Mr. Farney explained that with Longview being about a half hour from Champaign-Urbana, sometimes an ambulance can take 20 minutes, and the fact that two volunteer fire fighters are trading back and forth for sometimes 30-40 minutes has to be exhausting. Mr. Bosch reiterated that their work isn't necessarily finished when EMS arrives. Sometimes, if they need to transport the patient, some of the volunteer firefighters will stay with them, maybe driving the ambulance or providing extra hands. He also stated that once compressions are started, they cannot be paused or stopped for any time. This can mean trying to remove a patient from their home while providing compressions, which can be very difficult. The device significantly decreases difficulty in this sense and frees up the responders to do the lifting and moving.

Mr. Wiggs asked if there are other local districts that have these devices and if they've heard feedback about them. Chief Bosch stated that there are 11 of these devices in the County already. He's talked to every Fire Chief in the County and consistently heard that they are worth every penny.

Mr. Esry asked if Mr. Bosch knows how many of his calls involve CPR. Mr. Bosch didn't have exact numbers, but he said at least 3-4 full arrests in the last year. During one of those, they had access to a Homer's paramedic vehicle which had one of these devices.

Mr. Peugh stated that he wonders if this goes to supporting opioid-impacted individuals enough to fulfill the approved uses. Chair Locke responded that the proposal has been run by our State's Attorney's Office, and while they have not reviewed the agreement yet, they are aware of the request and are being consulted.

Ms. Rodriguez asked Mr. Bosch to explain how this device could be used in addition to Narcan and what tasks first responders would be freed up to focus on. Mr. Bosch explained that Narcan is a very non-invasive medication to try, as it doesn't have side effects. If a patient is overdosed enough that their respiratory drive has stopped functioning, that's where the ACC device would come in. Narcan reverses the effects of opioids in the brain, but if the person has already stopped breathing, their body still needs CPR to get oxygen.

During the process of CPR because it is so labor intensive, we typically have two people trading off—one is doing CPR while the other rests and they trade off every 30 compressions. The ACC device doesn't get tired and need to trade off. So while it's doing the compressions, we can prepare and monitor the AED, move the patient if needed, intubate the patient if necessary, and other tasks that need to be done as quickly as possible.

Ms. Rodriguez added that she did many hours of police ride-alongs and one of the things that she learned is that the fire department is really often the first responder on scene.

**MOTION** by Mr. Farney to recommend County Board approval of funding for purchase of an Automated Chest Compression device; seconded by Mr. Esry. Upon vote, the **MOTION CARRIED** unanimously.

B. Next Steps

None

**VIII. Other Business**

A. Opioid Funding Update

Chair Locke stated that she'd asked the Grant Coordinator to put together a projected allocation and track each approved expense to include in the packets going forward.

B. Date of next meeting

To be determined

**IX. IX.Chair's Report**

None

**X. X. Adjournment**

Chair Locke adjourned the meeting at 6:49 p.m.