

Sangamon County 708 Mental Health Board: 2025 County Commission Reports Overview

by Illinois Capitol Group

Executive Summary

Authorized under the Illinois Community Mental Health Act and approved by voters in the March 2026 primary election, the Sangamon County 708 Board will serve as the local governing authority responsible for planning, funding, and coordinating services for mental health, substance use disorders, and developmental disabilities.

Critical findings from the 2025 [Sangamon County Mental Health Commission](#)ⁱ and [Massey Commission](#)ⁱⁱ reports and [Massey Commission Mental Health Workgroup](#)ⁱⁱⁱ final recommendations provided a range of priorities for 708 Board consideration.

I. Overview of the 708 Mental Health Board

A "708 Board" is a local government body established by referendum to oversee community-based behavioral health infrastructure.

- **Legal Authority:** Established under 405 ILCS 20/, the board is tasked with preparing annual budgets, 12-month plans, and three-year strategic plans to improve local service delivery (Mental Health Commission Report, p. 5).
- **Composition:** The board consists of seven to nine non-paid members appointed by the County Board Chair, representing community stakeholders and individuals with professional or lived expertise (Mental Health Commission Report, p. 5).
- **Core Mandate:** The board does not provide direct services; instead, it contracts with public or private agencies to fill service gaps, encourages inter-agency collaboration, and ensures accountability through evidence-based metrics (Mental Health Commission Report, p. 2).

II. Funding and the March 2026 Referendum

To provide sustainable, long-term funding, the Sangamon County Mental Health Commission recommended a sales tax increase rather than a property tax levy.

Proposed Tax Structure

| Feature | Details |
|-------------------|--|
| Tax Type | Special County Retailers' Occupation Tax |
| Proposed Rate | 0.50% (5 cents per \$10 purchase) |
| Estimated Revenue | \$14,722,366 annually |
| Exemptions | Qualifying food (groceries), prescriptions, and medical appliances |
| Referendum Date | March 17, 2026 |

Source: Sangamon County Mental Health Commission Report, p. 4; "Vote Yes" Homepage.

In the March 2026 primary, Sangamon County voters approved implementation of a 0.50% sales tax, estimated to generate \$14.7 million annually.

III. Identified Systemic Gaps and Needs

Assessments conducted throughout 2025 identified significant failures in the current system of care for Sangamon County residents:

- **Jail as a De Facto Mental Health Facility:** In August 2025, the Sangamon County Jail's average population was 280, of which 195 (70%) had a diagnosed mental illness. This far exceeds national benchmarks (Mental Health Commission Report, p. 8).
- **Crisis Response Demand:** The Springfield Police Department flagged 1,861 mental health incidents in 2023. Currently, non-law enforcement response capacity is constrained by workforce shortages and temporary grant funding (Workgroup Final Report, p. 3).
- **Professional Challenges:** A survey of 260 professionals found that 69% find it challenging to connect clients to appropriate services, with 65% reporting that clients "frequently" fall through the cracks (Mental Health Commission Report, p. 9).
- **Rural and Agricultural Stress:** Rural residents face higher suicide rates and stressors but are hindered by long travel distances, broadband gaps, and heightened stigma (Mental Health Commission Report, p. 8).

IV. Strategic Priorities for the 708 Board

For consideration by the 708 Board, the Sangamon County Mental Health Commission and Massey Commission outlined various priorities to ensure better system coordination and equity.

A. Priority Populations and Evidence-Based Service Gaps

Specific populations and service gaps have been identified to potentially receive priority funding from the 708 Board (Mental Health Commission Report, p. 10).

Priority Populations:

- Individuals with Serious Mental Illness (SMI).
- Justice-involved individuals (jail/probation).
- Unhoused residents.
- Culturally underserved groups, including Black/African American residents (specifically males), rural communities, LGBTQ+ individuals, youth, veterans, and aging populations (Mental Health Commission Report, p. 10).

Essential Service Priorities:

| Service Type | Target and Purpose |
|--|--|
| Intensive Psychiatric Case Management (IPCM) | High-touch, field-based coordination for SMI individuals to stabilize medication, housing, and primary care (Mental Health Commission Report, p. 15). |
| Housing Case Management | Specialized support for the unhoused and those re-entering from the justice system to secure and maintain stable housing (Mental Health Commission Report, p. 11). |
| Mental Health Payee Services | Managing benefits and finances for impaired individuals to protect essential needs like rent and utilities (Mental Health Commission Report, p. 12). |
| Crisis Co-Response | Clinician-officer teams for on-scene de-escalation to reduce arrests and unnecessary ER transports (Mental Health Commission Report, p. 15). |
| Culturally Responsive Programs | Evidence-based supports delivered in trusted settings like churches, barbershops, and schools (Mental Health Commission Report, p. 13). |

B. Justice System Integration

The 708 Board is urged to stabilize the "revolving door" between the justice system and behavioral health facilities (Mental Health Commission Report, p. 16).

- **Problem-Solving Courts:** Prioritize funding for Drug Court, Mental Health/Recovery Court, and Veterans Treatment Court, focusing on case management post-graduation (Massey CTA #09, p. 1; Workgroup Final Report, p. 5).
- **"Gap Individuals":** Focus on residents who do not qualify for state-funded care but remain at risk of crisis recurrence or relapse (Massey CTA #09, p. 1).
- **Jail Diversion:** As the Sangamon County Jail is the largest regional housing facility for the mentally ill, 708 Board investments should target diversion and in-jail behavioral health services (Mental Health Commission Report, p. 8; Workgroup Final Report, p. 5).

C. Crisis Response and Dispatch Interoperability

A proposed primary consideration for the 708 Board and coordinating county agencies is the transition to a "care-first" crisis response system that minimizes law enforcement involvement (Massey CTA #02, p. 2).

Unified Dispatch Framework

- **Interoperability:** emergency dispatch partnership with health departments to deploy a single dispatch framework linking 911 and 988 systems (Massey CTA #02, p. 1).
- **Triage Protocols:** utilize a standardized "Crisis Call Assessment Matrix" and provide explicit options for "Mental Health Services" alongside Police, Fire, and EMS (Massey CTA #02, p. 2).
- **Dispatcher Training:** dispatcher training in mental-health triage, trauma-informed care, anti-racism, and implicit bias (Massey CTA #02, p. 2).

Mobile Crisis Response (MCR)

- **Comprehensive Coverage:** established regional mobile crisis teams composed of licensed clinicians, peer specialists, and co-responders (Massey CTA #02, p. 1).

- Other Projects Alignment: leverage and expand the Springfield BEACON model (Bridging Emergency and Community Outreach Network) countywide to ensure best-practice innovations become the standard (Massey CTA #02, p. 1).
- Follow-up Mandates: establish protocols for MCR teams to initiate at least one follow-up contact within 30 days of the initial deployment to ensure continuity of care (Massey CTA #02, p. 2).

D. Youth and Educational Mental Health

Schools are identified as a consistent point of contact for youth but are often underutilized or lack sufficient resources (Workgroup Final Report, p. 3).

- School-Based Services: Funding should prioritize school-based counseling (e.g. District 186 'Peace Rooms'), mentorship (e.g., the WEB program), and social-emotional learning (SEL) tools (Workgroup Final Report, p. 4; Massey CTA #09, p. 2).
- Clinical Access: Targeted inquiries are needed to address long wait times and "service deserts" for adolescent care (Massey CTA #09, p. 2).

E. System Coordination and Public Transparency

Fragmented information systems and siloed services have been identified as major barriers to care (Massey CTA #18, p. 1), of which leveraged 708 Board influence could help alleviate:

- Behavioral Health and Public Safety Summit: Convene a countywide summit to map the continuum of care and clarify agency roles (Massey CTA #08, p. 1).
- Resources and Transparency Portals: Centralized digital directory of community services (Massey CTA #18, p. 1-2) and service provider pathways (Massey CTA #09, p. 2).
- Accountability Reporting: Submit annual impact reports detailing program initiative outcomes (Massey CTA #09, p. 3).

F. Workforce Stability and Stigma Reduction

Addressing the professional capacity crisis is essential for the success of all other initiatives, of which the 708 Board may be able to provide some system support or influence, e.g.:

- Recruitment and Retention: incentives for professional training and retention to address chronic burnout and turnover among behavioral health professionals (Workgroup Final Report, p. 6; Massey CTA #09, p. 2).
- Public Awareness: reduce stigma and promote available services funded by the 708 Board (Massey CTA #09, p. 2).

ⁱ [Sangamon County Mental Health Commission](#) report citations are referenced as "Mental Health Commission Report"

ⁱⁱ [Massey Commission](#) report citations regarding specific 'Calls to Action' are referenced as "Massey CTA"

ⁱⁱⁱ [Massey Commission Mental Health Workgroup](#) report citations are referenced as "Workgroup Final Report"