WHEELING TOWNSHIP COMMUNITY MENTAL HEALTH BOARD
1616 North Arlington Heights Road
Arlington Heights, IL 60004
PAULA ULREICH MEETING ROOM

REGULAR MEETING

WEDNESDAY, JULY 8, 2026
7:00 PM

Zoom link: https://us02web.zoom.us/j/88966588820?pwd=vL1eerpVrVnartoN3W3Lu10VD0b7La.1

Zoom ID: 889 6658 8820 Passcode: 043058

The public may view the meeting via Zoom; however, public comment will not be accepted through Zoom. Remote participants wishing to comment must submit written comments by email to Executive Director, Karin Frisk, at: kfrisk@wheelingtownship.com by **12:00 PM (noon)** on the day of the meeting. Submitted comments will be forwarded to all Board Members and read aloud during the Citizens to be Heard section. In-person attendees may comment during that portion of the meeting.

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1. CALL TO ORDER
2. ROLL CALL
3. PLEDGE OF ALLEGIANCE
4. CITIZENS TO BE HEARD – Remarks Limited to Three Minutes
5. APPROVAL OF MINUTES
    a. Regular Meeting of May 13, 2026
    b. Regular Meeting of June 10, 2026
6. REPORTS
    a. President's Report
    b. Executive Director's Report
7. BUSINESS – FOR DISCUSSION / FOR ACTION
    a. List of Bills – Approval
    b. FY2027-28 Funding Application – Discussion/Approval
    c. FY2027-28 Funding Application Rubric – Discussion/Approval
    d. FY2027-28 Notice of Funding Availability – Discussion/Approval
    e. FY2026-27 Draft Annual Report – Discussion/Possible Approval

8. BOARD MEMBER COMMENTS

9. ADJOURNMENT

NEXT REGULAR BOARD MEETING - WEDNESDAY, AUGUST 12, 2026, at 7:00 PM

WHEELING TOWNSHIP COMMUNITY MENTAL HEALTH BOARD

MINUTES OF MAY 13, 2026

1. Call to Order

The Community Mental Health Board Meeting of Wheeling Township, for May 13, 2026, was held in the Paula Ulreich Meeting Room, in the Township of Wheeling, 1616 North Arlington Heights Road, Arlington Heights, Illinois.

President Pro Tem Bill Dixon called the meeting to order at 7:02 PM.

2. Roll Call

Board Members Present: Jaime Clark, Lorri Grainawi, John Lubbe, and President Pro Tem Bill Dixon.

Board Members Absent: Teri Pacion, Jen Underwood, and Jack Vrett.

Also Present: Executive Director, Karin Frisk.

3. Pledge of Allegiance

President Pro Tem Dixon led those assembled in the Pledge of Allegiance.

4. Citizens to Be Heard

None.

5. Approval of Minutes

a. Regular Meeting of April 22, 2026

Board Members briefly discussed the previously approved provider measurement system and the process for future revisions.

Member Clark moved to approve the minutes, seconded by Trustee Grainawi.

Voice Call Vote: All Ayes
Nays: None
Motion carried.

6. Reports

a. President's Report

President Pro Tem Dixon reported on the recent Mental Health Fair held at the Arlington Heights Memorial Library. Board members who attended noted a strong turnout and a diverse group of attendees seeking information and resources, reinforcing the value of maintaining a visible presence in the community.

b. Trustee Liaison's Report

Trustee Grainawi reported that Trisha Chokshi had been sworn in as the Township Trustee to fill the recent vacancy. She also noted that Cook County property tax bills are expected to be delayed again this year and provided an update that the Township approved moving forward with the website redesign project, which will include ADA-compliant accessibility improvements.

c. Executive Director's Report

Executive Director Frisk reported on attendance at the Mental Health Fair, the Harper College Disability Symposium, and a Healthcare Compliance Conference. She provided an update on upcoming Federal tele-behavioral health requirements affecting Medicare recipients beginning in 2028 and reported on meetings with funded agencies regarding new reporting requirements and performance metrics. Executive Director Frisk also provided clarification regarding the previously reported allocation of funding to Avenues to Independence programs and presented preliminary information regarding the FY2027-28 funding application process, including timelines, application review procedures, and agency presentations. Board Members discussed several options and provided feedback for staff consideration.

7. Business – for Discussion / For Action

a. List of Bills – Approval

Member Lubbe reported that he had audited the claims and expenditures for Batch #4/30/26 and #5/13/26 against the Community Mental Health Board Fund and recommended approval of payment in the amount of $23,492.54.

Trustee Grainawi moved to approve payment of claims, seconded by Member Clark.

Roll Call Vote: Ayes: Clark, Grainawi, Lubbe, and Dixon
Nays: None
Motion carried.

b. Policy Manual Attachment B Updates – Approval

Executive Director Frisk presented revisions to Policy Manual Attachment B to reflect changes to the Illinois Open Meetings Act regarding remote attendance, and to update terminology within the Policy Manual Attachment.

Roll Call Vote: Ayes: Clark, Grainawi, Lubbe, and Dixon
Nays: None
Motion carried.

8. Board Member Comments

Board members discussed the value of developing annual goals with specific and measurable outcomes to facilitate evaluation of progress and success.

Executive Director Frisk also advised that nominations and elections for Board Officers would occur at the next meeting.

9. Adjournment

Trustee Grainawi moved to adjourn the meeting at 7:45 PM, seconded by Member Lubbe.

Voice Call Vote: All Ayes
Nays: None
Motion carried.

The next Regular Meeting of the Community Mental Health Board is scheduled for Wednesday, June 10, 2026, at 7:00 PM.

WHEELING TOWNSHIP COMMUNITY MENTAL HEALTH BOARD

MINUTES OF JUNE 10, 2026

1. Call to Order

The Community Mental Health Board Meeting of Wheeling Township, for June 10, 2026, was held in the Paula Ulreich Meeting Room, in the Township of Wheeling, 1616 North Arlington Heights Road, Arlington Heights, Illinois.

President Pro Tem Bill Dixon called the meeting to order at 7:00 PM.

2. Roll Call

Board Members Present: Jaime Clark, Lorri Grainawi, John Lubbe, Teri Pacion, and President Pro Tem Bill Dixon.

Board Members Absent: Jen Underwood* and Jack Vrett.

*Member Underwood observed the Board Meeting remotely.

Also Present: Executive Director, Karin Frisk, and Attorney Sarah Kallas.

3. Pledge of Allegiance

President Pro Tem Dixon led those assembled in the Pledge of Allegiance.

4. Citizens to Be Heard

None.

5. Reports

a. President's Report

President Pro Tem Dixon welcomed Member Pacion to the Board. He also reported that Cook County property tax bills are expected to be delayed approximately two months. The Board discussed potential impacts of the delay on local governmental entities and funding operations. Executive Director Frisk reported that she had inquired with the Township Administrator about the Cook County Property Tax Bridge Fund program and was advised that the Community Mental Health Board is not eligible because it serves as a pass-through funding entity.

b. Trustee Liaison’s Report

Trustee Grainawi reported that the Township currently does not anticipate significant financial difficulties resulting from delayed tax collections. She also reported that the Township Assessor's Office is participating in public education efforts regarding property tax bills and encouraged Board Members to subscribe to the Township's electronic newsletter for updates and information.

c. Executive Director’s Report

Executive Director Frisk reported that seventeen Provider funding agreements had been fully executed and that work continued to finalize remaining agreements and collect required documentation. Additional updates were provided regarding Mental Health Awareness Month outreach efforts, Board newsletter contributions, upcoming Association of Community Mental Health Authorities of Illinois training opportunities, and distribution of Community Mental Health Board public resource materials.

Member Clark reported on attendance at the Glenkirk ribbon-cutting ceremony and shared information regarding the organization's expanded behavioral health and developmental disability services.

6. Business – for Discussion / For Action

a. List of Bills – Approval

Member Lubbe reported that he had audited the claims and expenditures for Batch #5/26/26, #5/28/26 and #6/10/26 against the Community Mental Health Board Fund and recommended approval of payment in the amount of $86,923.07.

Member Clark moved to approve the payment of claims, seconded by Trustee Grainawi.

Roll Call Vote: Ayes: Clark, Grainawi, Lubbe, Pacion, and Dixon
Nays: None
Motion carried.

b. Consideration and Possible Action Regarding Scheduling Additional Special Board Meeting Dates

The Board discussed scheduling additional meetings related to the FY2027-28 funding cycle, including agency hearings and funding allocation deliberations.

Member Lubbe moved to approve the following tentative Special Meeting dates: September 24, 2026, at 6:00 PM, October 14, 2026 at 6:00 PM, October 22, 2026 at 6:00 PM, and November 5, 2026 at 7:00 PM, seconded by Member Clark.

Roll Call Vote: Ayes: Clark, Grainawi, Lubbe, Pacion, and Dixon
Nays: None
Motion carried.

c. FY2027-28 Notice of Funding Availability Content – Discussion

The Board reviewed and discussed the proposed FY2027-28 Notice of Funding Availability. Discussion included funding priorities, reporting requirements, capital expenditure limitations, liability insurance requirements, application timeline, and applicant notification dates. Direction was provided to staff regarding revisions to the draft notice. No action was taken.

d. Consideration and Possible Adoption of Requirements and Guidelines for Allocation of Funds

The Board reviewed the proposed Requirements and Guidelines for Allocation of Funds. Discussion included clarification of liability insurance requirements and capital asset funding limitations.

Member Lubbe moved to approve the Requirements and Guidelines for Allocation of Funds, as amended to include the phrase “as applicable” regarding the liability insurance coverages.

Roll Call Vote: Ayes: Clark, Grainawi, Lubbe, Pacion, and Dixon
Nays: None
Motion carried.

e. FY2027-28 Funding Application Content - Discussion

The Board reviewed and discussed proposed FY2027-28 funding application content. Topics discussed included financial reporting requirements, management letters accompanying financial audits when available, reporting obligations, wait-time and wait-list information, impacts of potential reductions in outside funding, outcome measurement, program performance indicators, and application review procedures. Direction was provided to staff for preparation of a revised funding application. No action was taken.

f. Officer Elections – for Annual Terms Beginning July 1, 2026

i. President

Member Clark moved to nominate Lorri Grainawi for President, seconded by Member Lubbe. No further nominations were made.

Member Lubbe moved to close nominations for President, seconded by Member Clark.

Prior to the vote, discussion occurred regarding the Community Mental Health Board’s independence as relates to a Township Board Liaison serving as President of the Community Mental Health Board.

Voice Call Vote: Ayes: Clark, Grainawi, Lubbe, and Pacion
Nays: Dixon
Motion carried.

Member Clark moved to elect Lorri Grainawi as President, seconded by Member Lubbe.

Roll Call Vote: Ayes: Clark, Grainawi, Lubbe, and Pacion
Nays: Dixon
Motion carried.

ii. Vice President

Trustee Grainawi moved to nominate John Lubbe as Vice President, seconded by President Pro Tem Dixon. No further nominations were made.

Member Clark moved to close nominations for Vice President, seconded by Trustee Grainawi.

Voice Call Vote: All Ayes
Nays: None
Motion carried.

Member Pacion moved to elect John Lubbe as Vice President, seconded by Member Clark.

Voice Call Vote: All Ayes
Nays: None
Motion carried.

iii. Secretary

Trustee Grainawi moved to nominate Bill Dixon as Secretary, seconded by Member Pacion. No further nominations were made.

Trustee Grainawi moved to close nominations for Secretary, seconded by Member Clark.

Voice Call Vote: All Ayes
Nays: None
Motion carried.

Member Pacion moved to elect Bill Dixon as Secretary, seconded by Member Lubbe.

Voice Call Vote: All Ayes
Nays: None
Motion carried.

7. Board Member Comments

None.

8. Adjournment

Member Clark moved to adjourn the meeting at 8:40 PM, seconded by Member Lubbe.

Voice Call Vote: All Ayes
Nays: None
Motion carried.

The next Regular Meeting of the Community Mental Health Board is scheduled for Wednesday, July 8, 2026, at 7:00 PM.

Wheeling Township Community Mental Health Board FY2027-28 Funding Application

ACKNOWLEDGEMENT STATEMENTS

Please click here (https://drive.google.com/file/d/1SdYSLhSZkpAvRCkJfDhLi_ARHdVkYfOW/view?usp=sharing) to review the Requirements and Guidelines for Allocation of Funds

- [ ] I acknowledge that I have read and understand the Wheeling Township Community Mental Health Board Requirements and Guidelines for Allocation of Funds.
(required)

- [ ] I confirm that no staff member, or relative or spouse of a staff member, is a voting member of the Organization's Board of Directors.
(required)

****Note to Applicants: In most cases, questions marked with a red "(required)" indicate that a response is required, rather than the**

Organization must have a specific item (e.g., Strategic Plan, Accreditation, etc.) in order to submit an application for funding.**

Section 1 - Organization Information

Organization Name (required)

Limit: 300 characters

Organization Mailing Address (required)

Country (required)

Select...

Address (required)

Address Line 2 (optional)

City (required)

State, Province, or Region (required)

Zip or Postal Code (required)

Organization Website

example.com

Organization Type (required)

- Not-for-profit - 501(c)3 Status
- Government Entity
- For Profit / LLC

Organization Mission Statement (required)

Limit: 500 words

Number of Years the Organization Has Been in Operation (required)

Articles of Incorporation will need to be attached at the end of Section 1.

Organization's Total Employees (required)

Those who receive W2s.

Organizational chart will need to be attached at the end of Section 1.

Organization's Total Full Time Equivalents (FTEs) (required)

For example: 2 staff members at 0.5 FTE each = 1 FTE.
This question is also only related to employees who receive W2s.

Does the Organization Have a Strategic Plan? (required)

- ◯ Yes
- ◯ No

If yes, the Strategic Plan will need to be attached at the end of Section 1.

Is the Organization Currently Accredited? (Accreditation is not a requirement to receive WTCMHB funding) (required)

- ◯ Yes
- ◯ No

Has the Organization Received Any Sustained Findings Related to Abuse or Neglect from Any Monitoring or Accrediting Agencies Within the Last Three Years? (required)

- ◯ Yes
- ◯ No

Including, but not limited to OIG, DCFS, BALC, or any others.

Please Select the Liability / Insurance Coverages the Organization Currently Has (required)

- [ ] Commercial General Liability
- [ ] Business Automobile Liability
- [ ] Professional Liability - Errors and Omissions
- [ ] Sexual Abuse and Molestation Liability
- [ ] Blanket Crime (coverage against employee theft of funds)
- [ ] Workers Compensation Insurance

Does the Organization Accept/Bill Insurance of Any Type (Public or Private) at the Location(s) Serving Wheeling Township Residents? (required)

- ( ) Yes
- ( ) No

Does the Organization Offer Sliding-Scale, Financial Scholarships, and/or Free Services for Programs Serving Wheeling Township Residents? (required)

- ( ) Yes
- ( ) No

Does the Organization Have a No-Show Policy? If Yes, Please Describe. (required)

Limit: 250 words

Briefly Describe the Organization's Capacity to Track and Report Client Activities by Township (required)

Because WTCMHB funds are restricted to services and activities benefiting Wheeling Township residents, Organizations must be able to identify, track, and report Program participation and outcomes for this population.

Describe the Organization's Collaborative Efforts With Other Northwest Suburban Service Providers to Promote Care Coordination, Enhance Service Delivery, and Minimize Duplication of Services (required)

Contact Information

Name of Organization's Primary Contact for WTCMHB (required)

First Name (required)

Last Name (required)

Title/Role of Organization's Primary Contact (required)

Email Address of Primary Contact (required)

email@example.com

Phone Number of Primary Contact (required)

Name of Organization's Executive Director/CEO (required)

First Name (required)

Last Name (required)

Email Address of Executive Director/CEO (required)

email@example.com

Phone Number of Executive Director/CEO (required)

Financial Information

Organization's Fiscal Year End Date (required)

Days Cash on Hand (required)

Calculate using the formula below and report the result as of the most recent completed month-end.

Days Cash on Hand = Unrestricted cash and cash equivalents ÷ (annual operating expenses ÷ 365)
Exclude depreciation from operating expenses.

Month End Date for the Cash on Hand Calculation (required)

Total Amount of Funds Being Requested (required)

For all Programs combined.
Individual Program request amounts will be asked for in the Program section(s).

Are Funds for Indirect (Administrative and Overhead) Expenses Being Requested in Any of the Program Budgets? (required)

- ◯ Yes
- ◯ No

Did the Organization Use a Professional Fundraiser? (required)

- ◯ Yes
- ◯ No

Salary Information for the Top Three Positions in the Organization (required)

	A	B	C	D
1		Position Name	Salary	Fringe Benefits
2	Position #1			
3	Position #2			
4	Position #3			

Please use position titles only.
For salary, include bonuses, deferred compensation, and all other allowances.

Please List Revenues By Source (for Organization's Current Operating Budget) (required)

	A	B	C
1		Governmental Funding by Source	Amount
2	1		
3	2		
4	3		
5	4		
6	5		
7	6		

8	7		
9	8		

Section 1 Required Attachments

Organization's Articles of Incorporation (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf

Organization's W9 - Signature Date Within Last Two Years (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png

Organization's Board Member List (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf

Include names, Officer designations, term dates, and contact details.

Organization's Organizational Chart (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf

Organization's Bylaws (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf

Agency Certification Statement (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png

Organization's Current Year's Operating Budget - Must Include Both Projected Revenues and Expenses By Category (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf

Organization's Most Recent Balance Sheet (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

Organization's Most Recent Independent Financial Audit; or Income Statement if the Organization Does Not Have an Independent Financial Audit (required)

Choose File

Select up to 3 files to attach. No files have been attached yet. You may add 3 more files.

Acceptable file types: .pdf

Organizations that are required to undergo an Independent Financial Audit (from other Funding sources / regulatory bodies), must attach a copy of the Audit. Organizations are encouraged to include a copy of the Management Letter if one was provided with their Financial Audit.

Organizations that are not required to undergo an Independent Financial Audit must attach the most recently completed fiscal year's Income Statement.

If the Organization Does Not Undergo an Independent Financial Audit, Please Explain Why and Describe the Organization's Financial Oversight or Review Processes

Section 2 - Program(s) Information

General Program Information - Program #1

Program #1 Name (required)

Provide a Brief Description of This Program (required)

Limit: 250 words

Please List the Program's Location(s) if Different From the Organization Mailing Address

Program Hours of Operation (required)

Limit: 250 words

Please include any crisis and/or after-hours support for Program clients.

What is the Primary Focus of This Program (required)

- ◯ Intellectual / Developmental Disabilities
- ◯ Mental Health
- ◯ Substance Use Disorder
- ◯ Multi-Category / Integrated Services

This response should be answered according to what service the Program provides.

For example: If a Program has clients with both Mental Health and Substance Use Disorder needs, or Mental Health and Intellectual/Developmental Disability needs, but the Program is designed to help with Mental Health needs, please only select Mental Health.

Programs serving both Mental Health and Substance Use Disorder needs of Program clients; or Programs serving both Intellectual/Developmental Disability and Mental Health needs of Program clients should select Multi-Category/Integrated Services and define below.

Select Which Age Group(s) Are Served in This Program (select all that apply) (required)

- ☐ Youth (12 and under)
- ☐ Adolescents (12 - 18)
- ☐ Adults (19 - 64)
- ☐ Older Adults (65+)

Identify the Primary Service Category of This Program (select all that apply) (required)

- [ ] Outreach and/or Engagement
- [ ] Prevention and/or Early Intervention
- [ ] Assessment and/or Treatment
- [ ] Long-Term Supports and/or Community Integration

Is This an Existing Program or a New Program for the Organization (required)

- ( ) Existing
- ( ) New

Demonstrate How This Program Aligns with WTCMHB Priorities (required)

Limit: 600 words

Include how the proposed Program, Service, or Project is aligned with: (1) WTCMHB FY2027-28 Funding Priorities; (2) WTCMHB Mission; (3) the Community Mental Health Act (405 ILCS 20); (4) Substantiated community need(s).

Client Impact Information - Program #1

Briefly Describe the Process Participants Use to Access This Program's Services (required)

Include how the process promotes timely access to services.

Describe the Languages Offered, Cultural Considerations Addressed, and Strategies Used to Improve Access to Program Participation (required)

Limit: 500 words

Does This Program Currently Have a Waitlist? (required)

- Yes
- No

Does the Organization Collect Client Experience Feedback for This Program? (required)

Limit: 250 words

If yes, please describe how feedback is collected, analyzed, shared with leadership, and incorporated into Program improvements.

If no, please provide a rationale.

Please Indicate How Many Clients Were Served and Projected to be Served in This Program for the Dates Listed in the Table (required)

	A	B	C
1		All Clients	Wheeling Township Clients
2	March 1, 2025 - February 28, 2026 (served)		
3	March 1, 2026 - February 28, 2027 (projected year end totals)		
4	March 1, 2028 - February 29, 2029 (projected)		

Staff Information - Program #1

Program Staffing Structure (required)

Limit: 500 words

Identify key Program staff positions, applicable professional credentials or certifications, and the number of staff directly serving clients, including staff-to-client ratios, where applicable.

List the Evidenced-Based and/or Best-Practices Used By Staff in This Program (required)

Limit: 100 words

Please Describe the Staff Turnover and Retention for This Program Over the Last 12 Months (required)

Limit: 250 characters

Please also include any factors that contributed to impacting staff retention and staff turnover in this Program.

Applicants who prefer to upload a document with these details can do so in the next response option and type "see upload" for this required question.

Staff Retention Metrics Upload Option

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf

Financial Information - Program #1

Total Amount of Funding Requested for This Program (required)

Amount of Funding Requested for Indirect (Administrative or Overhead) Expenses (if applicable)

Add the amount here only if applicable to this Program's funding request

Provide a Brief Description of How the Requested Funds Will Be Used (required)

Limit: 250 words

If this is a new Program being established, also include in the description if this is a one-time funding request, or if ongoing annual support from the Wheeling Township Community Mental Health Board is anticipated.

For any expense, activity, or position supported by Medicaid, Medicare, insurance, or other third-party reimbursement, applicants must identify those funding sources and describe how the requested WTCMHB funding complements rather than duplicates reimbursement revenue.

Attach the Organization's Program Budget for the Upcoming Fiscal Year (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf

~~The Program budget must include:~~

- **Projected Program expenses by category;**
- **Projected Program revenues by source (including WTCMHB funding and other funding sources); and**
- **Total Program cost**

Projected Revenues - Narrative (required)

Does the Program Budget include any unconfirmed funding sources? If yes, please describe.

Program Financial Sustainability (required)

Explain how the Organization leverages other funding streams to support long-term sustainability for this Program.

If Awarded Less Than the Amount Requested for This Program, Please Identify the Program Impact to Wheeling Township Residents (required)

Measuring Impact - Program #1

Client Outcomes (required)

Limit: 600 words

Identify up to three client outcomes expected to be achieved through this Program during the grant period.
For each outcome, describe:

1. **How it will be measured (including the frequency and timing of measurement);**
2. **The current baseline (current achievement level); and**
3. **The target to be achieved during the grant period.**

Program Performance Goals (required)

Limit: 600 words

Identify up to three Program Performance goals the Organization expects to achieve in during the grant period.
For each goal, describe:

1. **How it will be measured (including the frequency and timing of measurement);**
2. **The current baseline (current performance level); and**
3. **The target to be achieved during the grant period.**

Are you Requesting Funding for Another Program? (required)

- ◯ Yes
- ◯ No

Save Draft | Submit Form

Drafts may be visible to the administrators of this program.

Wheeling Township Community Mental Health Board
FY2027-28 DRAFT Rubric

The Wheeling Township Community Mental Health Board evaluates funding requests using the criteria below to ensure public funds support high-quality, accessible, and effective programs that benefit Wheeling Township residents. Applications are reviewed holistically, considering both organizational capacity and program impact. Reviewers assess each criterion using a five-level rating scale: Exceptional, Strong, Satisfactory, Limited, or Not Demonstrated. Applicants are encouraged to provide clear, specific, and evidence-based responses that demonstrate community need, alignment with WTCMHB priorities and the Community Mental Health Act (405 ILCS 20/), organizational readiness, measurable outcomes, and responsible stewardship of resources. The strongest applications clearly articulate how proposed services will address identified needs and improve outcomes for Wheeling Township residents.

1. Community Need and Benefit to Wheeling Township Residents
   The proposed program demonstrates a clear need within the community and describes how funding will directly benefit Wheeling Township residents.

2. Alignment with WTCMHB Mission and Priorities
   The program aligns with WTCMHB funding priorities, the Community Mental Health Act, and identified local needs.

3. Program Quality and Accessibility
   The program offers high-quality, accessible, culturally responsive services and promotes timely access to care and support.

4. Client Outcomes and Impact
   The applicant identifies meaningful outcomes, measures results, and demonstrates the ability to improve the lives of participants.

5. Organizational Capacity and Partnerships
   The organization demonstrates effective leadership, staffing, governance, collaboration, and the ability to deliver and monitor services.

6. Financial Stewardship and Sustainability
   The organization demonstrates sound financial management and a reasonable plan for sustaining program services over time.

Rating Scale:

Exceptional – The application exceeds expectations, provides compelling evidence and supporting documentation, and demonstrates a high likelihood of significant positive impact.

Strong – The application fully meets expectations, presents substantial supporting evidence, and demonstrates a well-developed and credible approach.

Satisfactory – The application adequately meets expectations but may lack detail, supporting evidence, or clarity in some areas.

Limited – The application partially addresses the criterion but contains significant gaps, weaknesses, or unanswered questions.

Not Demonstrated – The application does not sufficiently address the criterion or provides inadequate information for meaningful evaluation.

WHEELING TOWNSHIP COMMUNITY MENTAL HEALTH BOARD NOTICE OF FUNDING AVAILABILITY

The Wheeling Township Community (WTCMHB) is seeking proposals for the purpose of contracting with individual, public, or private entities for mental health, substance use disorder, and developmental disability prevention, treatment, and/or recovery support services for Wheeling Township residents.

All Grant recipients must meet the Program's reporting and liability insurance requirements. As these requirements are consistent across all award levels, Applicants should take them into account when preparing their application.

GENERAL FUNDING CATEGORIES:

MENTAL HEALTH AND SUBSTANCE USE

The purpose of Mental Health and Substance Use Disorder funding is to solicit proposals addressing prevention, treatment, and/or recovery support services targeting the needs of Wheeling Township residents.

DEVELOPMENTAL DISABILITY SERVICES

The purpose of Developmental Disability funding is to support individuals in need of community-based care services and supports that promote community inclusion and the opportunity to receive services in the most integrated setting appropriate. This may include opportunities to access:

- Structured Day Services
- Community Inclusion, Recreational and Employment Services
- Care Navigation Services
- Respite Services

For the FY2027-28 Funding Cycle, the WTCMHB Has Identified the Following Funding Priorities:

Funding for core Developmental Disability, Mental Health, and Substance Use Disorder services that support consistent service access for Wheeling Township residents. When appropriate, fund opportunities to expand capacity in priority areas, including language access, culturally inclusive services, short-term respite, reduced wait times for services, and workforce development and retention efforts, pertaining to Developmental Disability, Mental Health, and Substance Use Disorder services.

WTCMHB NETWORK OUTCOMES – MEASURING IMPACT:

The WTCMHB has adopted the following metrics to identify overall Program and Service impact accomplished with provided funding. Applicants receiving Grant funding shall demonstrate operational ability to collect and report on the following Program Impact measures as outlined in the funding application:

1. Client Outcomes
    - Identify up to three client outcomes expected to be achieved through this Program during the grant period. For each outcome, describe:
        - how it will be measured,
        - the current baseline (current achievement level), and
        - the target to be achieved during the grant period.

2. Program Performance Goals
    - Identify up to three Program performance goals the Organization expects to achieve during the grant period. For each goal, describe:
        - how it will be measured,
        - the current baseline (current performance level), and
        - the target to be achieved during the grant period

CAPITAL AND ASSET EXPENDITURES:

Capital and Asset expenditures specifically related to programs or services requesting community mental health funds should be included in the applicable Program request budget. Capital and Asset expenditure requests require a supporting Capitalization Plan. The WTCMHB shall consider Capital Expenditures as part of overall program, project, and service requests although service delivery shall take precedent. Stand-alone Capital Requests, or program-related capital funding requests above $500 require a separate Program funding request, and must include timeline for procurement and implementation, as well as other secured and/or anticipated funding sources, and copies of applicable bids.

WHO MAY APPLY:

- Not-for-Profit corporations registered as a not-for-profit in good standing with the State of Illinois and established as a Section 501(c)3 for a minimum of two years under the Internal Revenue Code; the agency must have a Board of Directors representative of the service area.

- For-Profit Businesses (including properly certified/licensed and insured sole proprietorships and individually owned LLCs).

- Governmental Entities/Departments within Wheeling Township.

Through the funding application and review process, all entities must demonstrate financial accountability, reliability, and stability, as well as appropriate service of value to the persons to be served as determined by the WTCMHB.

See WTCMHB Requirements and Guidelines for Allocation of Funds for Further Information.

Proposal Submission Details

The Wheeling Township Community Mental Health Board is utilizing a web-based application system for submission of funding proposals for the contract year beginning March 1, 2027 and ending February 29, 2028.

The web-based system will be accessible to applicants at: www.wheelingtownship.com/Community-Mental-Health-Board beginning **July 15, 2026 at 12:00 PM, and closing August 14, 2026 at 5:00 PM.** All applicants shall register and log-in to access the application forms. Late applications will not be accepted.

Contact

For questions regarding the funding application: Karin Frisk at kfrisk@wheelingtownship.com or 847-259-7730 x 51

For technical support with the online application system: Applicants may contact support directly through the web-based application platform.

Schedule of Events

Date	Event
July 15, 2025 at 12:00 PM	Application Available at: www.wheelingtownship.com/Community-Mental-Health-Board
August 14, 2026 at 5:00 PM	Application Closes
August – October 2026	Application Evaluations
January 2027	Applicants are Notified of Their Funding Status
March 1, 2027 – February 29, 2028	Funding Cycle
July 2027 (estimated*)	First Payments Are Processed

*Funding cannot be disbursed until after the Budget & Appropriation Ordinance Approval (which is typically in April but can be as late as May of the applicable fiscal year).

Evaluation of Proposals

WTCMHB allocation and contracting decisions are made in meetings open to the public. Allocation decisions will be based on statutory mandates and community priorities. The Board may request Applicants to attend a designated Board Meeting to provide a presentation regarding their funding request and answer Board Member questions. Applicants might also be required to provide written responses to questions related to their funding request(s) and part of the evaluation process.

In accordance with the Community Mental Health Act, Board Members and staff of the WTCMHB have the responsibility to ensure that the standards of services delivered are of the highest degree possible and that they are free from any negative influences caused by conflict-of-interest situations. Both Board Members and staff have a duty to avoid self-serving or conflict of interest situations where by virtue of position or decision-making authority, transactions are allowed to occur which does not serve the best interest of the WTCMHB or which give

the appearance of, or have the potential for, obtaining a benefit, monetary or otherwise for the individual, family, friends or business associates.

Emphasis will be placed upon the proposal's strength in addressing each of the following criteria within the electronic application. The WTCMHB – FY2027-28 Proposal Rubric will be used as a guide to reaching funding allocations (see FY2027-28 Funding Rubric):

1. Community Need and Benefit to Wheeling Township Residents
2. Alignment with WTCMHB Mission and Priorities
3. Program Quality and Accessibility
4. Client Outcomes and Impact
5. Organizational Capacity and Partnerships
6. Financial Stewardship and Sustainability

The Wheeling Township Community Mental Health Board (WTCMHB) reserves the right to not select a provider or to submit a new notice of funding for re-defined services. The WTCMHB also reserves the right to begin negotiations with selected providers for all or part of the proposal components based on its selection criteria.

WHEELING TOWNSHIP

Neighbors Helping Neighbors

COMMUNITY MENTAL HEALTH BOARD

FY 2025-26 ANNUAL REPORT

March 1, 2025 – February 28, 2026

About Us:

The Wheeling Township Community Mental Health Board was created in January 2023, following the successful November 2022 voter-approved, township-wide referendum. The WTCMH Board is governed by the Illinois Community Mental Health Act (405 ILCS 20, et al.) and is comprised of seven volunteer Wheeling Township residents who are appointed by the Wheeling Township Supervisor, with the advice and consent of the Wheeling Township Trustees.

FY2025-26 WTCMH Board Members Included:

Sue Hayes, President

John Lubbe, Vice President

Bill Dixon, Secretary

Lorri Grainawi, Trustee Liaison (*effective 5/25*)

Jeanne Hamilton, Trustee Liaison (*through 5/25*)

Jaime Clark, Member (*effective 12/25*)

Jim Ruffato, Member (*through 11/25*)

Jen Underwood, Member (*effective 7/25*)

Jack Vrett, Member

FY2025-26 Mission Statement:

To ensure that services related to mental illness, developmental disabilities, and substance abuse are available and known to the residents of Wheeling Township.

FY2025-26 Overview:

Fiscal Year 2025–26 (March 1, 2025–February 28, 2026) was a milestone year for the Wheeling Township Community Mental Health Board (WTCMH Board), marked by significant organizational growth and expanded community investment. Major accomplishments included approval of the Board's first property tax levy request for the full amount authorized by voters through the 2022 referendum, and adoption of the FY2026–27 budget, enabling funding for 23 community-based providers serving the mental health, substance use disorder, and developmental disability needs of Wheeling Township residents.

The WTCMH Board also made significant strides in strengthening the organization by advancing strategic planning efforts as well as expanding accessibility through translation technology and virtual public access to meetings. In addition, the Board engaged Bond | Conway as legal counsel and hired its first staff member, Karin Frisk. The year concluded with a strategic planning session focused on guiding future growth and maximizing community impact.

Financial Summary:

Using Township reserve funds in FY2025-26, the WTCMH Board supported eleven agencies and fourteen programs for mental health, substance use disorder and developmental disability services, serving Wheeling Township residents.

Funds received from all sources: **$669,859.27**[1]
Fund balance beginning 3/1/2025: $0
Fund balance ending 2/28/2026: $0

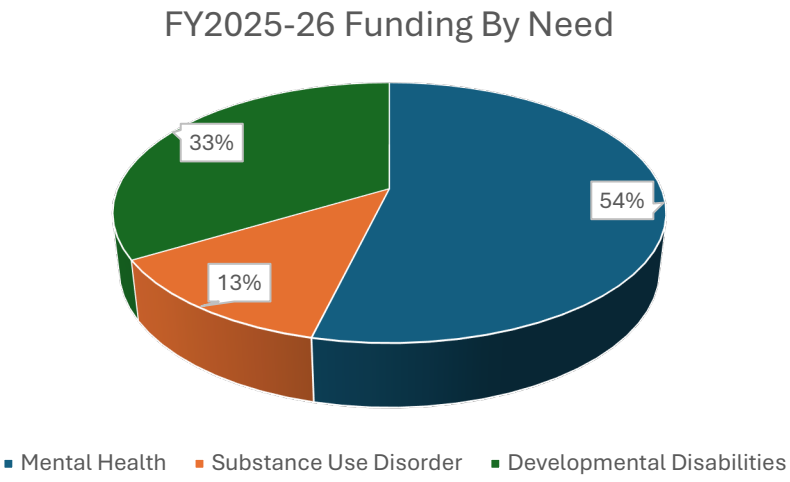
Expenditures Community Services and Supports	
Ascension (Amita Health) Behavioral Health	145,433.33
Avenues to Independence	35,000.00
Center for Enriched Living	15,000.00
Children's Advocacy Center	7,000.00
Clearbrook Center	100,000.00
Countryside / Little City	30,000.00
Josselyn Center	25,000.00
JOURNEYS | The Road Home	20,000.00
OMNI Youth Services	153,000.00
Kenneth Young Center	20,000.00
Search Inc.	7,500.00
Total Community Services and Supports	**$557,933.33**

WTCMH Board General Administration	
Salaries	72,892.77
FICA	5,564.16
IMRF	5,453.93
U/C	311.57
Medical Insurance	1,414.53
Workers Comp	500.00
Legal	13,612.00
Travel	136.60
Training	1,487.39
Dues/Subscriptions	875.00
Office Supplies	976.70
Equipment	8,579.62
Miscellaneous Expense	121.67
Total General Administration	**$111,925.94**

[1]*Funds received during the reporting period consisted of allocations from Wheeling Township financial reserves. The WTCMH Board did not levy a separate property tax during the reporting period.*

Financial Summary Continued:

Sum of FY2025-26 Funding by Need:
Mental Health: $300,000 (54%)
Substance Use Disorder: $70,433.33 (13%)
Developmental Disability: $187,500 (33%)



Conclusion:

FY2025–26 was a year of growth and transition for the Wheeling Township Community Mental Health Board. The WTCMH Board advanced its mission and strengthened its capacity to serve Wheeling Township residents by expanding public accessibility, strengthening governance, and establishing a dedicated funding source.

In closing, we extend our sincere appreciation to Township officials, residents, community partners, and service providers for their continued engagement and support as the Community Mental Health Board works to strengthen mental health, substance use disorder, and developmental disability services for our community, and enhance quality of life throughout Wheeling Township.

Wheeling Township Community Mental Health Board
1616 N. Arlington Heights Road
Arlington Heights, IL 60004
847-259-7730
www.wheelingtownship.com/Community-Mental-Health-Board

WHEELING TOWNSHIP MENTAL HEALTH
STATEMENT OF REVENUES AND EXPENDITURES
FOR THE MONTH ENDING JUNE 30, 2026

	CURRENT MONTH	CURRENT YTD	CURRENT BUDGET	LAST YEAR
REVENUE				
PROPERTY TAXES RECEIV ED - CURRENT	-	-	1,500,000.00	-
PROPERTY TAXES RECEIV ED - PRIOR YEARS	-	-		-
FROM TOWN FUND	-	500,000.00		
MISCELLANEOUS INCOME	-	-		-
TOTAL REVENUE	-	500,000.00	1,500,000.00	-
MENTAL HEALTH BOARD				
SALARIES	8,416.67	31,916.68	95,000.00	-
FICA	643.88	2,420.97	7,270.00	-
IMRF	581.08	2,253.24	7,600.00	-
U/C	-	8.71	300.00	-
MEDICAL INSURANCE	-	-	12,000.00	-
WORKERS COMP.	-	250.00	500.00	-
DUES/FEES	3,825.00	3,825.00	5,000.00	-
EQUIPMENT/MAINT	353.91	489.25	8,000.00	-
LEGAL	184.00	4,140.00	20,000.00	-
TELEPHONE	39.38	93.08	700.00	-
TRAVEL	-	-	2,000.00	-
PRINTING	20.00	60.00	300.00	-
INSURANCE	-	-	500.00	-
PROFESSIONAL FEES	-	-	10,000.00	-
POSTAGE	1.48	1.48	200.00	-
PUBLIC INFORMATION	26.76	302.36	3,000.00	-
TRAINING	-	147.06	5,500.00	-
OFFICE SUPPLIES	364.86	811.91	1,500.00	-
SUPPORT SERVICES	2,073.75	8,112.52	37,000.00	-
MISCELLANEOUS	-	-	2,000.00	-
CONTINGENCIES	-	-	10,580.00	-
TOTAL MENTAL HEALTH BOARD	16,530.77	54,832.26	228,950.00	-
MENTAL HEALTH				
ARLINGTON HEIGHTS SENIOR CENTER FDN	-	-	2,300.00	-
ASCENSION (AMITA HEALTH) BEHAVIORAL HEALTH			120,600.00	-
AVENUES TO INDEPENDENCE			44,200.00	-
CANCER WELLNESS CENTER			17,100.00	-
CENTER FOR ENRICHED LIVING			17,400.00	-
CHILDREN'S ADVOCACY			5,000.00	-
CLEARBROOK CENTER			123,300.00	-
GERRY'S CAFÉ	70,800.00	70,800.00	70,800.00	-
GLENKIRK			14,100.00	-
HOPEFUL BEGINNINGS-PRENATAL MENTAL HEALTH			31,600.00	-
HOPEFUL BEGINNINGS-TEEN			10,200.00	-
JOSSELYN CENTER			29,500.00	-
JOURNEYS/THE ROAD HOME			20,000.00	-
KENNETH YOUNG			59,400.00	-
KINDRED LIFE MINISTRIES			3,500.00	-
LITTLE CITY			36,800.00	-
NORTHWEST CENTER AGAINST SEXUAL ASSAULT			105,800.00	-
NORTHWEST COMPASS			51,900.00	-
OMNI YOUTH-YOUTH SERVICES			93,000.00	-
OMNI YOUTH-ADULT SUBSTANCE USEAGE			41,000.00	-
OMNI YOUTH-ADULT MENTAL HEALTH			20,000.00	-
SEARCH INC./SEARCH 360			19,700.00	-
SHELTER, INC.	-	-	23,700.00	-
SPECIAL LEISURE SERVICES FDN/NWSRA	-	-	9,200.00	-
YOUTH SERVICES, INC.	-	-	24,100.00	-
ZACHARIAS CENTER			2,500.00	-
OTHER PROJECTS	-	-	274,350.00	-
TOTAL MENTAL HEALTH	70,800.00	70,800.00	1,271,050.00	-
TOTAL EXPENDITURES	87,330.77	125,632.26	1,500,000.00	-
EXCESS REVENUES (EXPENDITURES)	(87,330.77)	374,367.74	-	-