

WHEELING TOWNSHIP
1616 North Arlington Heights Road
Arlington Heights, IL 60004

WHEELING TOWNSHIP COMMUNITY MENTAL HEALTH BOARD MEETING

PAULA ULREICH MEETING ROOM
WEDNESDAY, MAY 14, 2025
7:00 PM

- I. CALL TO ORDER
- II. ROLL CALL
- III. PLEDGE OF ALLEGIANCE
- IV. APPROVAL OF MINUTES OF THE REGULAR MEETING MARCH 12, 2025
- V. CITIZENS TO BE HEARD
- VI. EXECUTIVE SESSION –
5 ILCS 120/2(c)(1)

The appointment, employment, compensation, discipline, performance, or dismissal of specific employees, specific individuals who serve as independent contractors in a park, recreational, or educational setting, or specific volunteers of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee, a specific individual who serves as an independent contractor in a park, recreational, or educational setting, or a volunteer of the public body or against legal counsel for the public body to determine its validity. However, a meeting to consider an increase in compensation to a specific employee of a public body that is subject to the Local Government Wage Increase Transparency Act may not be closed and shall be open to the public and posted and held in accordance with this Act.

- VII. BUSINESS
 - 1. Approval – 2026/27 Funding Calendar
 - 2. Approval – To Extend Offer for Mental Health Manager Position
 - 3. Approval – Revised Funding Contract
 - 4. Discussion – Funding Application Modifications
- VIII. BOARD MEMBER COMMENTS
- IX. ADJOURNMENT

NEXT REGULAR BOARD MEETING-WEDNESDAY, JUNE 11, 2025

WHEELING TOWNSHIP COMMUNITY MENTAL HEALTH BOARD MINUTES OF
March 12, 2025

CALL TO ORDER

The Community Mental Health Board Meeting of Wheeling Township, for March 12, 2025 was held in the Paula Ulreich Meeting Room, in the Township of Wheeling, 1616 North Arlington Heights Road, Arlington Heights, Illinois. President Susan Hayes called the meeting to order at 7:00 p.m.

ROLL CALL

Secretary Bill Dixon called the roll and the following members were present, Bill Dixon, Jeanne Hamilton, John Lubbe, Jim Ruffatto & Susan Hayes.

Absent: Jack Vrett

Also, in attendance: Wheeling Township Attorney Kenneth Florey, and Wheeling Township Director of Finance and Administration Regina Stapleton.

PLEDGE OF ALLEGIANCE

President Susan Hayes led those assembled in the Pledge of Allegiance.

APPROVAL OF MINUTES

MOTION #1: APPROVAL OF THE MINUTES OF THE WHEELING TOWNSHIP COMMUNITY MENTAL HEALTH BOARD MEETING ON JANUARY 8, 2025

Motion by Jim Ruffatto, seconded by Jeanne Hamilton to approve the January 8, 2025 Wheeling Township Community Mental Health Board Meeting minutes.

VOICE CALL VOTE: ALL AYES...

NAYS: None....Motion #1 Carried.

CITIZENS TO BE HEARD

NONE

WHEELING TOWNSHIP COMMUNITY MENTAL HEALTH BOARD MINUTES OF
March 12, 2025

BUSINESS

Agency Site Visits Reports

Bill Dixon reported visiting Ascension Behavioral Health in Arlington Heights on February 13, 2025. He met with Executive Director Mari Brzostowski. He stated Wheeling Township currently funds \$115,000 for Mental Health and \$66,000 for the new Substance Abuse Program. They appreciate funding from Wheeling Township.

John Lubbe reported visiting Journeys the Road Home in Palatine on February 14, 2025. He met with Executive Director Beth Nabors. He stated they organize the Pads Program located in various churches. In their facility, there are rooms for men & women. They have 7 apartments. John also stated Journey's has a Hope Center in Palatine with a food pantry & laundry facilities. The top users are Wheeling & Palatine Townships. Most funding comes from Elk Grove Village Township.

Jeanne Hamilton reported visiting a Search Inc. supported home in Mt. Prospect on February 12, 2025. The Executive Director & the staff who manages the house gave a tour. She stated the house was immaculate. She was very impressed with the longevity of the staff. She also stated the residents are very proud of the house.

Jim Ruffatto & Regina Stapleton reported visiting the Kenneth Young Center in Elk Grove on February 14, 2025. They met with the temporary director. Jim stated that the Kenneth Young Center is concerned about the possible closing of the residential (beds) portion of Northwest Community Healthcare facility in Arlington Heights. Kenneth Young Center has a drop-in place in Mt. Prospect called the Living Room. Regina described it as one stop shopping. Some of the services provided are laundry facilities and a pharmacy.

Sue Hayes reported visiting Omni in Wheeling on February 19, 2025. She met with President Doryce McCarthy. She stated that the donated building was very nice, clean, and comfortable. Sue asked how many patients do video counseling. 35% are managed Medicaid patients, and 55% have private insurance. She also asked how many clients don't have insurance, and that is 40%. Omni has Adult and substance Abuse programs. They have prevention programs that are based in schools. Omni employs 280 people.

Approval -One & Three Year Plan

President Sue Hayes stated she wanted to add an amendment to the 3 year plan to re-evaluate the need for a Levy. Wheeling Township Attorney Ken Florey stated that Wheeling Township Mental Health Board will levy every year so the amendment is not needed.

WHEELING TOWNSHIP COMMUNITY MENTAL HEALTH BOARD MINUTES OF
March 12, 2025

MOTION #2: APPROVAL OF THE ONE AND THREE YEAR PLAN

Motion by Bill Dixon, seconded by Jeanne Hamilton.

VOICE CALL VOTE: All Ayes...

NAYES: None... Motion #2 carried

Annual Report

President Sue Hayes thanked Bill Dixon for drafting the Report. Jeanne Hamilton asked about 2 things that were not on the report. One was the language issue and the other was hiring a Manager. Regina Stapleton reported that she is still looking for a manager. The job description has been on our website and LinkedIn. She has not received any applicants. She also stated that the Township purchased 3 Translation Live tablets. She gave a short explanation of how it works. Bill Dixon stated these 2 items would be on next year's report as these 2 items were done after the fiscal year.

MOTION #3 APPROVAL OF THE ANNUAL TOWN REPORT

Motion by Jim Ruffatto, seconded by Jeanne Hamilton.

VOICE CALL VOTE: All Ayes...

NAYES: None... Motion #3 carried

BOARD COMMENTS

Jim Ruffatto thanked Regina Stapleton for organizing & scheduling the Agency site visits. John Lubbe asked if the budget was approved and Regina stated the final budget would be approved in April.

MOTION #4 ADJOURNMENT

Motion by Jim Ruffatto, seconded by Jeanne Hamilton.

VOICE CALL VOTE: All Ayes...

NAYES: None... Motion #4 carried.

The meeting for Wednesday, March 12, 2025 was declared adjourned at 7:50 pm. The next scheduled Community Mental Health Board Meeting is set for Wednesday, May 14, 2025 at 7:00 pm.

WHEELING TOWNSHIP COMMUNITY MENTAL HEALTH BOARD

Tentative 2026/27 FUNDING CALENDAR

June 11, 2025	7:00PM	Regular Meeting Approve Funding Application
July 1, 2025		Funding Application Available
August 13, 2025	6:00PM 7:00PM	Agency Hearings Regular Meeting
September 10, 2025	7:00PM	Regular Meeting Initial 2026/27 Funding Discussion
October 8, 2025	7:00PM	Regular Board Meeting 2026/27 Funding Discussions
November 12, 2025	7:00PM	Regular Board Meeting Finalize 2026/27 Funding to present to Wheeling Township Board

AGREEMENT

This Agreement, dated this 22rd day of April, 2025 between Wheeling Township ("TOWNSHIP") a body politic and corporate, ("RECIPIENT"), provides as follows:

1. RECIPIENT has applied to the TOWNSHIP seeking distribution of funds from the Town Fund for the period commencing March 1, 2025 and ending February 28, 2026. A copy of the Recipient's application, which is on file with TOWNSHIP, is incorporated by reference in this agreement as fully as if set forth verbatim herein.
2. By RESOLUTION OF THE TOWNSHIP adopted on April 22, 2025, the TOWNSHIP allocated to RECIPIENT the maximum sum of \$ from the Town Fund for the services, programs and facilities set forth in Exhibit A attached to and made a part of this Agreement.
3. RECIPIENT represents and warrants that the funds received pursuant to this Agreement will be expended for those services, programs and facilities for WHEELING TOWNSHIP residents as set forth in Exhibit A. For purposes of this Agreement, a WHEELING TOWNSHIP resident shall mean a person who continuously resided in WHEELING TOWNSHIP for not less than thirty (30) days immediately prior to applying for services, programs or the use of facilities from RECIPIENT.
4. RECIPIENT makes the following additional representations:
 - A. No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, service, facility or activity offered or provided by RECIPIENT on the grounds of race, color, national origin, sex, age, religion or disability.

- B. None of the funds provided, directly or indirectly, under this Agreement shall be used for any partisan political activity or to further the election or defeat of any candidate for any office, or for lobbying or propaganda purposes designed to support or defeat any legislation, either pending or proposed, before any governmental body.
- C. That it will provide and pay for at its own expense any audits or other accounting reports or information required by a statute, rule or regulation applicable to (1) TOWNSHIP'S agreement to provide funding hereunder, or (2) RECIPIENT'S operation as a not-for-profit entity or community service association.
- D. RECIPIENT shall, with reasonable notice and during normal business hours, and so often as may be deemed necessary, make available to the TOWNSHIP for examination all books, records, lists, statements and any other non-confidential written data or documents related to the performance of this agreement, and shall permit the TOWNSHIP or its designated representatives to audit and inspect all such documents.
- E. That no resident of WHEELING TOWNSHIP shall be denied the services and facilities of RECIPIENT which are generally available even if all funds allocated, available, budgeted, or appropriated by the TOWNSHIP for the services and facilities of RECIPIENT have been received, expended, or earned for that calendar month or for the entire term of this Agreement.
- F. That no funds received by RECIPIENT from TOWNSHIP pursuant to this Agreement shall be expended for or on behalf of anyone who was not a resident of WHEELING TOWNSHIP as defined in paragraph 3 above. RECIPIENT shall return to the TOWNSHIP any funds used for non-Wheeling Township residents or which exceed the per diem identified in Exhibit A within 15 days of

such expenditures. Alternatively, the TOWNSHIP at its discretion, may withhold any funds due to RECIPIENT under this or other agreements due to RECIPIENT'S use of funds for non-Wheeling Township residents. **Additionally, RECIPIENT shall refund to TOWNSHIP any funds RECIPIENT allocated to a Wheeling Township resident, if RECIPIENT has received funds or has been reimbursed from any other government or private source for the services provided to such Wheeling Township residents by RECIPIENT. It is the responsibility of RECIPIENT to notify the TOWNSHIP that any service RECIPIENT provided to a Wheeling Township resident has been reimbursed by any other government or private source and refund this amount to TOWNSHIP. For example, if RECIPIENT provides services to a TOWNSHIP resident and RECIPIENT is reimbursed by Medicaid for such services, any TOWNSHIP grant funds allocated to that resident shall be refunded to the TOWNSHIP within 10 business days of receipt by RECIPIENT.**

5. TOWNSHIP shall not be obligated to disburse to RECIPIENT during any one month, and RECIPIENT shall not invoice TOWNSHIP for any amount in excess of (a) one-twelfth of the amount appropriated under this Agreement, (b) an amount equal to one-twelfth of the amount allocated under this Agreement multiplied by the number of months from March 1, 2025 to the month of disbursement less all amounts previously disbursed to RECIPIENT hereunder, whichever is greater.
6. RECIPIENT agrees to provide the following to the TOWNSHIP:
 - A. Monthly or other periodic statements or reports in such format as the TOWNSHIP may require confirming the residency in WHEELING TOWNSHIP of the person served and setting forth the services rendered or facilities or programs provided

to or on behalf of WHEELING TOWNSHIP residents, the per diem, per hour, per client or other basis for computing charges to TOWNSHIP for such services, programs, or facilities, and such other information as may be requested by the TOWNSHIP. Payment by Township to RECIPIENT shall be made only after receipt of all such information.

B. As a means of verifying compliance with the residency requirements set forth in this Agreement, RECIPIENT shall submit to TOWNSHIP at the same time that any request for payment or reimbursement is made, either the name or identification number and the address of each client of RECIPIENT for whom payment or reimbursement is being sought.

1. This information shall be submitted to either the Supervisor or the Director of Finance and Administration and will be kept confidential from and after its receipt.

2. No copies will be made of this information, the documents submitted shall be stamped "confidential", will be kept in a locked file, and will be destroyed as approved by the Public Records Commission.

C. At such other times and in such format as the TOWNSHIP may require, RECIPIENT must provide any other statements, records, reports, data or information pertaining to matters covered by this Agreement. Information relating to medical and financial data will be treated as confidential; except as provided in paragraph B, above, all personal information will also be treated as confidential.

7. RECIPIENT shall provide TOWNSHIP with a written report signed by its Executive Director, or whomever else is deemed to be in charge of RECIPIENT'S activities program, services and facilities, including the following:

- A. A description of each program, service, activity or facility provided or offered by RECIPIENT.
 - B. A statement that all such programs, services, activities and facilities are accessible to the disabled within the meaning of the Americans With Disabilities Act (ADA) and any Rules and Regulations adopted pursuant thereto; or
 - C. An identification of those programs, services, activities or facilities that are not accessible to the disabled. With respect to these programs, services or activities, RECIPIENT shall furnish a detailed statement setting forth the specific steps (including timetables) to be taken to achieve accessibility.
 - D. If structural modifications will be required to achieve accessibility a detailed statement setting forth the modifications required and the timetable for completion, TOWNSHIP may prescribe the form of report required hereunder.
8. RECIPIENT shall advise its clients that services are being made available to them through TOWNSHIP funds and RECIPIENT must publicize the help being provided to them by WHEELING TOWNSHIP in their newsletters, reports, notices of fund-raisers/events, etc.
9. If RECIPIENT fails to comply with any of the terms or conditions of this Agreement, or with any of its representations hereunder, TOWNSHIP shall give RECIPIENT written notice specifying the default. RECIPIENT shall have twenty-one (21) days thereafter to correct any defaults alleged and to come into compliance with this Agreement.
- A. If RECIPIENT fails or refuses to cure such default with such time period or any extension allowed by TOWNSHIP, then TOWNSHIP may terminate, suspend or otherwise modify at its sole discretion any further funding or payments under this Agreement.

B. If RECIPIENT has expended any funds received from TOWNSHIP in violation of this Agreement, or in violation of any statute, Rule or Regulation, Code provision or case law decision, RECIPIENT shall reimburse TOWNSHIP for such funds and shall indemnify and hold TOWNSHIP harmless against any claims, demands, costs, expenses or fees, including attorneys fees, of any nature whatsoever arising out of or relating to such acts or omissions on the part of RECIPIENT. RECIPIENT agrees to comply with all Federal, State and Local laws, rules and regulation (“Laws”) related to this Agreement and in the event of a conflict between the laws and any term of the Agreement, the Laws shall control.

10. Either party shall have the right to cancel this Agreement without cause upon ninety (90) days prior written notice.
11. RECIPIENT shall indemnify and hold TOWNSHIP harmless from all claims, costs, expenses and fees including attorney fees, or demands of any nature whatsoever arising out of or relating to any act or omission under this Agreement, or relating to RECIPIENT’S failing or refusing to provide services, facilities, or programs to otherwise qualified and eligible persons.
12. At all times during the existence of this Agreement, RECIPIENT shall maintain the following insurance in a company authorized to do business in the State of Illinois.
 - A. Public liability insurance in an amount not less than one million dollars, which may include coverage commonly referred to as “umbrella” coverage.
 - B. The RECIPIENT shall provide the Township with a certificate of insurance within 10 days of signing this agreement.

C. The TOWNSHIP shall be named as an additional insured under all such policies and the policies shall provide that they may not be cancelled in less than fifteen (15) days prior to notice to TOWNSHIP and RECIPIENT.

13. This Agreement shall terminate on February 28, 2026 and no warranty or representation is made by the TOWNSHIP as to the availability of any appropriations or allocations of funds beyond this date. Any funds appropriated but not invoiced to TOWNSHIP by RECIPIENT by such date may lapse.

14. Any notices required hereunder shall be sent by registered mail, return receipt requested, or shall be delivered in person, at the following addresses:

(a) TOWNSHIP: Wheeling Township
 1616 N. Arlington Heights Road
 Arlington Heights, IL 60004

b) RECIPIENT:

15. RECIPIENT shall not assign or transfer any interest or rights in this Agreement, or subcontract any of the services, programs or facilities to be provided hereunder without the prior written consent of the TOWNSHIP.

IN WITNESS WHEREOF, the parties have executed this Agreement on the date first above written.

TOWNSHIP OF WHEELING:

By: _____
Supervisor

Attest: _____
Clerk

AGENCY:

By: _____

Attest: _____

EXHIBIT A
(To be provided by RECIPIENT)

What is the Mission of your Agency?

Describe the specific services your Agency is being funded to provide Wheeling Township residents.

What is the per diem rate, per resident, for the service defined above?

WHEELING TOWNSHIP

2026-27 AGENCY APPLICATION FOR FUNDING

GENERAL INSTRUCTIONS

Completed applications must be returned to Wheeling Township by September 26, 2025

General Application Requirements

The following provides a brief description of the mandatory components of the application package. The application package must include and address each component. An incomplete application may be considered unqualified for consideration.

Program Information

Every question must be answered. Be specific on government and non-government funding on page 1-list each funding source by name. If you need additional space use a separate page and attach to application. Please put your program name at the top of each page in the upper right hand corner.

Budget

The budget should be completed using current year operating information. A budget narrative may be included if further explanation is needed on how fringe benefits were calculated, why particular items of supplies or equipment must be purchased, etc.

Attachments

Should include:

- 12 Copies of the Application for Funding signed and dated
- 12 Copies of the current budget (including itemized revenues by source)
- 12 Copies of the Agency certification (form provided)
- 12 Copies of the Organizational Chart
- 12 Copies of a most recent Balance Sheet
- 1 Copy of the Certificate of Insurance
- 1 Copy of the Articles of Incorporation
- 1 Copy of the Agency by-laws
- 1 Copy of the Agency audit (most recent)
- 1 Copy Form 990 and AG990IL

THIS APPLICATION MUST NOT BE ALTERED IN ANY WAY OR IT WILL BE REJECTED.

WHEELING TOWNSHIP

2026-27 *Application for Funding*

"We are Neighbors helping Neighbors. Our mission is to responsibly apply tax dollars to fulfill our state mandates, as well as provide services, information and resources to assist and benefit our residents."

www.wheelingtownship.com

Name of Organization

Contact Person/Title

Address

City, State, Zip

Phone & Fax

Email

No. Years in Existence

Agency Fiscal Year

TO

Requested Funding 2026-27

\$

SEPARATELY LIST BY ENTITY 2025-26 Sources of Governmental Funding

SEPARATELY LIST BY ENTITY 2025-26 Sources of Non Governmental Funding

\$

\$

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\$

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\$

Please briefly describe the purpose of the agency, or the proposed program, using only the space provided:

I/We hereby certify that all information contained in this application for funding is true and correct to the best of my/our knowledge and agree to comply with all requirements of the program if this agency is awarded and accepts funding.

Name and Title of Representative

Signature

Date

THIS APPLICATION MUST NOT BE ALTERED IN ANY WAY OR IT WILL BE REJECTED.

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IN-KIND FUNDING		
Wheeling Township In-Kind Funding *		\$
Other In-Kind Funding		\$
*Agencies occupying space in the Wheeling Township Community Center should include rent in basement @ \$12.00 per square foot and second floor @16.00 per square foot.		

Program Information

Describe the services provided by the program (include unit of service by activity)

WHEELING TOWNSHIP CURRENT CLIENT DEMOGRAPHICS

Gender	0-4 Years	5-17 Years	18-24 Years	25-64 Years	65 & Older
Female					
Male					
Total					

Ethnicity	0-4 Years	5-17 Years	18-24 Years	25-64 Years	65 & Older
Caucasian					
African American					
Hispanic/Latino					
Native American					
Asian/Pacific Islander					
Other					
Total					

Number of Clients Served	2024-2025
Total number clients served for the ENTIRE agency	
Total number Wheeling Township clients served	
Total number direct service hours provided to Wheeling Township clients	

Define eligibility requirements for services (e.g. income, age, geographic location)

**Provide estimated timeline for when specific activities will be conducted and/or completed.
Some activities may be ongoing and should be so noted**

Provide days and hours services are available

**Explain any fees charged for this program, including use of sliding scale fees.
Please attach a fee schedule**

Identify demand for this service from the community

Explain why your agency is best suited to undertake this program

Describe how the agency will publicize Wheeling Township funding

Discuss efforts to collaborate with other northwest suburban agencies providing similar services, eliminating duplication of efforts

Describe participation of volunteers and estimate the value of volunteer hours

Describe Fundraising/Outreach Efforts

Please list all outside consultants including professional fundraiser, include their objective and total fees and expenses paid. If you used a professional fundraiser, include total amount raised by the fundraiser.

Objectives

State client based outcome objectives (Tell what the client will get out of these services, e.g. client will get and keep a job for at least 6 months):

Identify strategy to achieve objectives (e.g. client will attend job skill workshop and be appropriately placed in employment):

Identify method of measuring outcome objectives (e.g. caseworker and client report):

Provide outcome objective results for previous year:

Provide any changes that are being made in the program as a result of the previous outcomes:

Identify major staff positions responsible for this program & the number of employees directly responsible for clients & ratio of staff to clients

Position	Qualifications (Include degree, if applicable)

Describe recent implementation of cost reduction measures

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Other pertinent information

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Budget

A. Salaries-List each position by title (top 3 positions only)		
Position/Title	Salary (Include bonuses, deferred comp, and all other allowances) <u>Please attach Organizational Chart</u>	Fringe Benefits

B. Occupancy-Include only: Facility, rent, usage charges, utility charges, building and grounds services, supplies and property insurance	
Item	2025-26 Cost
	\$
	\$
	\$
	\$

C. Program-direct client contact employees/consultants, supported/transitional living programs-include rent, client transportation, utilities for facility	
Item	2025-26 Cost
	\$
	\$
	\$

D. Percent (%) All administration costs are to total budget-include only non-client contact expenses	
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AGENCY CERTIFICATION

Please mark "YES" or "NO" as appropriate next to each statement and initial each. Your initials certify the accuracy of each statement. Supporting documents may be requested at a future date and must be supplied upon request.

Initial YES NO

_____	_____	_____	Agency maintains a personnel policy manual
_____	_____	_____	Agency has Audited Financial by independent CPA
_____	_____	_____	Agency has a non-discrimination policy
_____	_____	_____	Agency has a sexual harassment policy
_____	_____	_____	Agency has a grievance procedure
_____	_____	_____	Agency has an ethics policy
_____	_____	_____	Agency has a whistle blower policy
_____	_____	_____	Agency has a conflict of interest policy
_____	_____	_____	Agency has an effective fiscal management system in place
_____	_____	_____	Agency maintains liability insurance coverage
			If yes, amount of coverage_____
			Name of insuring agency_____
_____	_____	_____	Agency pays all federal and state required payroll taxes
_____	_____	_____	Agency maintains fidelity bond coverage for employees handling agency accounts
			If yes, amount of coverage_____
			Name of insuring agency_____
			If no, what would cost of coverage be_____
_____	_____	_____	Agency has by laws in place
			Date accepted_____
			Date last amended_____

Print name of person initialing above

Signature of person initialing above

Title

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