

ILLINOIS GUARDIANSHIP AND ADVOCACY COMMISSION

ANNUAL REPORT 2004

ROD R. BLAGOJEVICH
GOVERNOR

SAUL MORSE
CHAIRPERSON

JOHN H. WANK
ACTING DIRECTOR



ILLINOIS

Illinois Guardianship and Advocacy Commission

Mission Statement

The Illinois Guardianship and Advocacy Commission safeguards the rights of persons with disabilities by providing public guardianship services, legal representation and a process to investigate alleged rights violations.

Vision

As a recognized leader in the human services area, the Illinois Guardianship and Advocacy Commission will ensure access to necessary guardianship and advocacy services for Illinois' citizens with disabilities. The agency will be defined by its commitment to quality service provision by well-trained professional staff, its dedication to increasing public awareness of disability issues and its active role in advocacy for legislation and processes that have a positive impact on the agency, its services and its clients.

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Greetings . . .

Dear Friends:

In this, our 26th year as an agency of the State of Illinois, please join me in thanking the countless number of staff, volunteers, Commissioners and others who have supported the Illinois Guardianship and Advocacy Commission over the years.

Our three programs, the Office of State Guardian, the Legal Advocacy Service, and the Human Rights Authority provide valuable support and services to thousands of persons with disabilities each year. By supplying legal representation, assuming guardianship for adults with disabilities and investigating allegations of rights violations, the Commission has been a leader in serving Illinois and its most vulnerable citizens.

As society has changed and evolved, so too has the Commission. Twenty-six years ago, the agency served primarily institutionalized adult wards residing in 24 state-operated facilities. Today, Commission caseworkers visit clients in approximately two thousand different residential settings in most Illinois counties. Commission attorneys continue to provide quality legal services for persons facing civil commitment, while other Commission volunteers work to improve the lives of persons with disabilities in virtually every care setting in Illinois.

Over the years, the Commission has become a leader in educating Illinois consumers about alternatives to guardianship, the need for carefully drawn health care directives and the availability of alternative means of health decision-making, such as the Health Care Surrogate Act. Commission staff have played key roles in suggesting stronger and better mental health and guardianship laws and have produced a wide body of case law used daily by legal practitioners.

With leadership from Governor Blagojevich and the members of the General Assembly, I know that the Commission will continue to fulfill its mission in the future.

Sincerely,

John H. Wank
Acting Director and General Counsel
Illinois Guardianship and Advocacy Commission



John H. Wank

About the Commission. . .

Created in 1979, the Illinois Guardianship and Advocacy Commission protects the rights and promotes the welfare of persons with disabilities. A board of eleven commissioners, who serve without compensation, govern the agency. Three program divisions in nine regions throughout the state carry out the responsibilities of the Commission:

The Office of State Guardian (OSG) Appointed by the courts as a guardian of last resort, the OSG provides case services and money management to more than 5,390 persons with disabilities

The Legal Advocacy Service (LAS) LAS represents persons with disabilities at commitment hearings and makes counsel available to enforce the rights of those with disabilities under the Illinois Mental Health and Developmental Disabilities Code and other related laws.

The Human Rights Authority (HRA) With the assistance of a team of volunteers the HRA conducts investigations of alleged rights violations by providers against people with disabilities. Additionally this program area works closely with providers to help resolve rights issues.

General Overview. . .

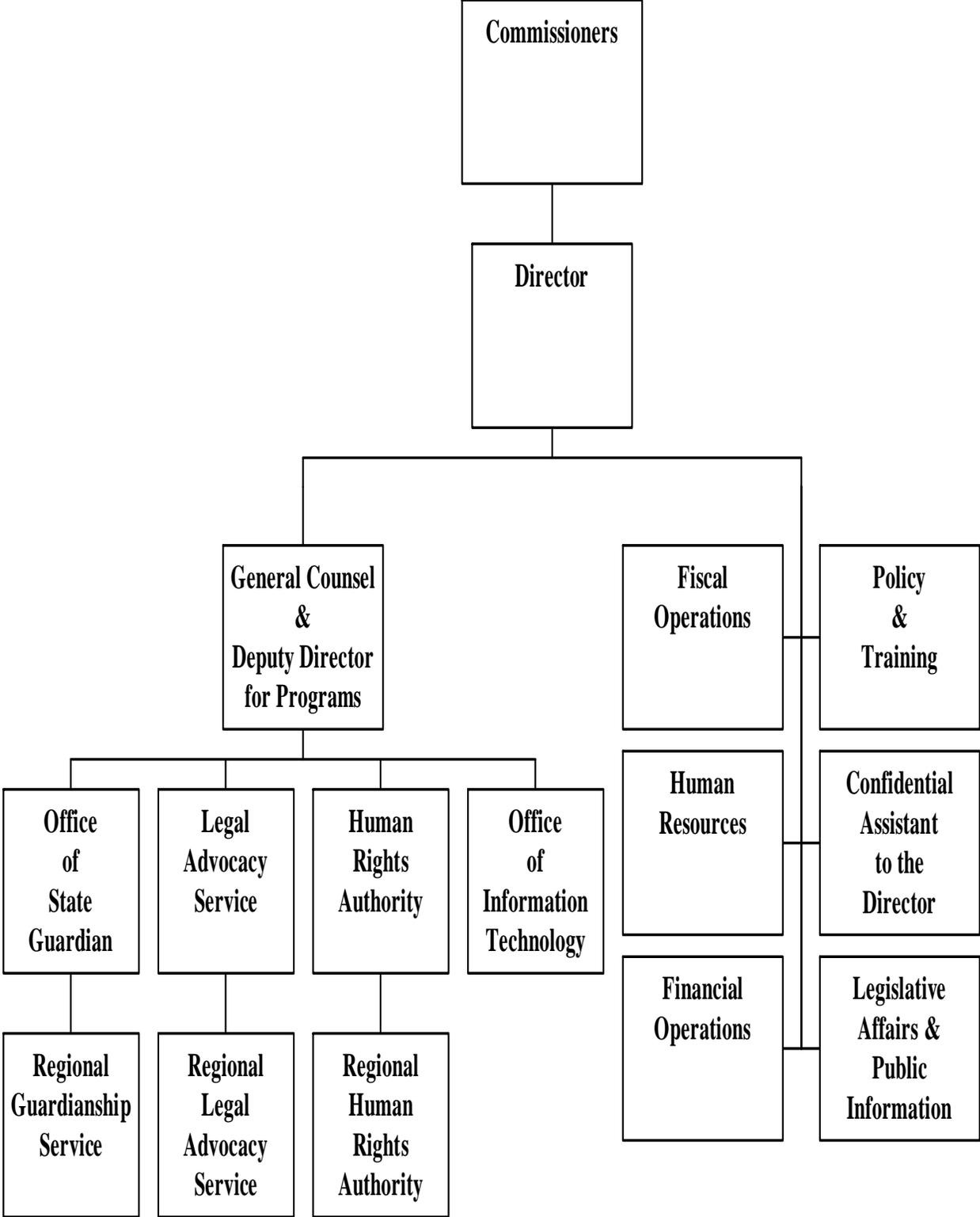
FUNDING:

General Revenue Fund	8,406,300
Guardianship and Advocacy Commission Fund	193,200
TOTAL:	8,599,500

S U M M A R Y O F S E R V I C E S

- Served as guardian for 5,393 wards throughout Illinois. IGAC is the **largest** public guardianship agency of its kind in the nation
- Handled over **6,000** inquiries through its the Intake Unit, offering information regarding all program areas as well as referrals
- Provided legal representation, general legal information and referrals to **8,508** clients
- Investigated **748** cases of alleged rights violations for persons with disabilities benefiting **12,858** persons. This is a result of **5,976** volunteer hours provided by members of the Human Rights Authority
- Employed **110** staff

Organization Chart



Meet our Commissioners. . .



Saul Morse, Chairman

Saul Morse is an attorney with the Springfield law firm of Brown, Hay and Stephens LLP. He is the current treasurer of the City of Leland Grove and Vice President of the United Cerebral Palsy of Land of Lincoln. He is also a Member of the Board of Directors of the Visiting Nurse Association and Adjunct Assistant Professor at Southern Illinois University School of Medicine. He is a Graduate of the University of Illinois and the University of Illinois College of Law. Former Counsel to the minority Leader, Illinois State Senate, former member of the Illinois Human Rights Commission.



Glenn Jackson

Glenn Jackson is the Executive Director of Southeastern Illinois Counseling Centers, Inc. He is a graduate of Eden Theological Seminary with a Masters Degree in Pastoral Care and Counseling. He is licensed as a social worker and a Clinical Professional Counselor in Illinois. Glenn has worked intensely as a consultant and trainer in the field of Disaster Mental Health.



Dr. Seymour Bryson

Seymour Bryson, Ph.D. is currently the Associate Chancellor (Diversity) and a Professor in the Rehabilitation Institute at Southern Illinois University Carbondale. He is a three degree graduate from SIUC, where he received a Doctorate in Educational Psychology. He has served as a Governor's appointee to the Department of Rehabilitation Services Advisory Council and is currently a member of the State Use Commission.

Senator Todd Seiben

Senator Seiben was elected to the Illinois State Senate after serving three terms in the House of Representatives. He was selected as an Assistant Senate Republican Leader in 2003. Senator Seiben carries a Bachelors Degree in Business Administration from Western Illinois University. He is a Vietnam Veteran and served as a lieutenant in the United State Navy. Senator Seiben focuses on issues pertaining to education, agriculture and business development.



Senator Don Harmon

Senator Harmon carries a BA from Knox College and a law degree from the University of Illinois at Chicago; he has been serving in the Senate since 2002. He has promoted a progressive agenda, advocating for better educational opportunities for children, greater access to affordable health care, meaningful assistance to seniors facing high prescription medicine cost and economic opportunities for all citizen of Illinois. He serves as the Vice Chair on the Senate Judiciary Committee and is a member of Senate Appropriations II. In 2003 , the Illinois Association of Park Districts honored Harmon with their Outstanding Legislator of the Year Award.

Dr. M. Jeanne Dolphus Cotton

The Reverend Dr. M. Jeanne Dolphus Cotton is the founder and CEO of Trinity Universal Center Inc. (TUC), a center for positive youth, family and personal development. Dr. Cotton is the Executive Minister of Trinity’s Fellowship Hour, the spiritual arm of TUC. She has more than 35 years of experience as an Educator, Administrator, Personologist and a Counselor. She is an Ordained Minister and serves as an Independent Contractor for the College of Lake County and the Waukegan Public School District. She has created many successful programs for at risk youth and their parents. Dr. Cotton is regarded as an innovator in the field of Human Resources Development, Management Leadership and Goal Achievement. She has traveled extensively and carries multiple graduate level degrees.



Commissioners. . .



Senator Ira Silverstein

Senator Silverstein is an attorney with degrees from Loyola University and John Marshall Law School. He is a current member of the Illinois Bar Association; the Estate Planning and Probate Committee of the Chicago Bar Association and Decalogue Society. His practice concentrates in areas of Probate and Guardianship. He has served as Guardian Ad Litem in the Probate Court since 1988. He is the past President of the North Town Community Council, and is a current board member of the Korean Senior Center. He is the Director of the Bernard Horwich JCC.



Kenley R. Wade

Kenley Wade's consulting practice specializes in the management and programmatic practices of Human Service Organizations, Strategic Planning, Cultural Competence, and Leadership. He initiated his consulting practice after serving as a top-level Administrator in state Human Service Agencies in Illinois for over 28 years, including 13 years in Mental Health, 10 years in Child Welfare, and 4 years as Director of the Equal Employment Opportunity and Affirmative Action programs. He has a Masters Degree from Northwestern University's School of Management.



Susan Mc Mahon

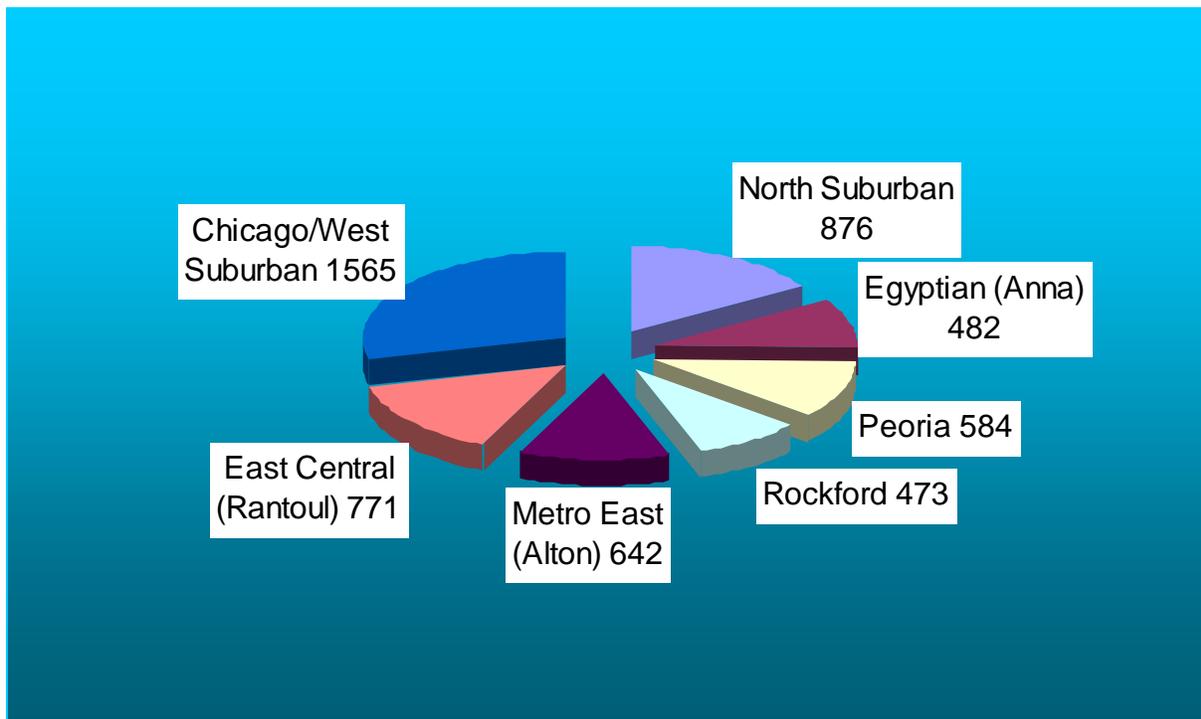
Ms. McMahon is the current Vice President of Operations for the Ray Graham Association for People with Disabilities (RGA) in Downers Grove, a private agency which provides residential, recreational, vocational and respite service to approximately 2300 persons with disabilities. She is also the Agent for Life's Plan Inc, a not-for-profit organization created to provide educational opportunities regarding life care planning and options to individuals with disabilities and their families. Ms. McMahon is a long standing board member and past President of the National Guardianship Association.

Office of State Guardian

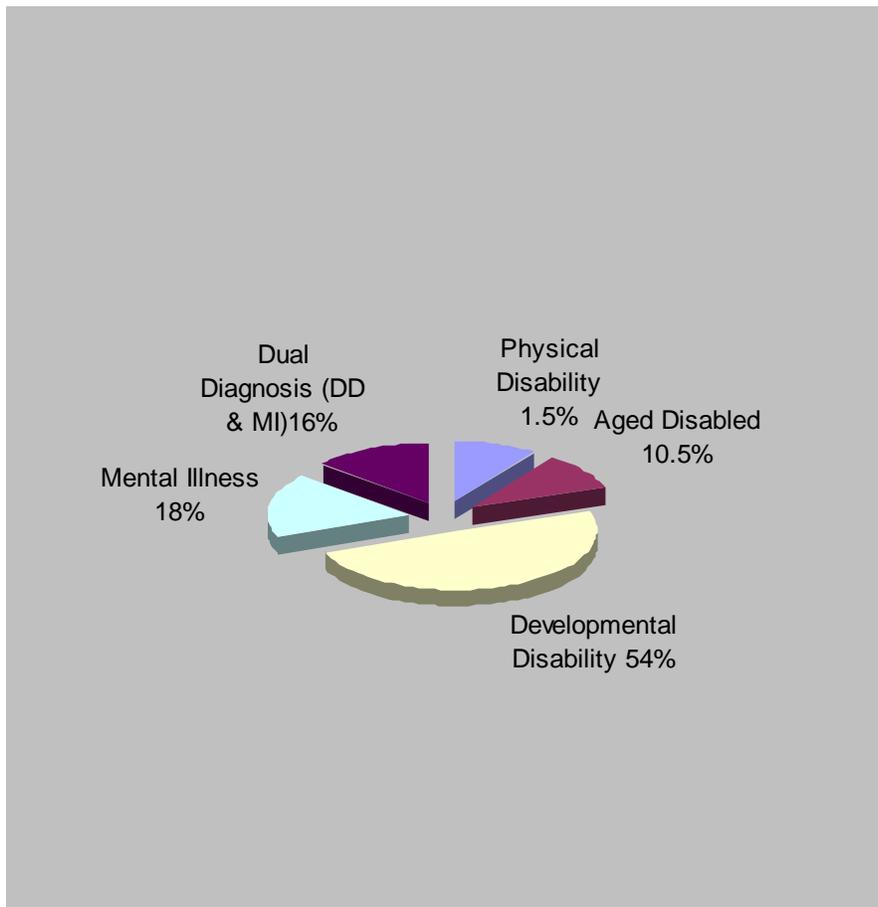
As the guardian of last resort in Illinois, the Office of State Guardian (OSG) provides guardianship services for adults with disabilities by court appointment when alternatives to guardianship have been exhausted, the appointment of a guardian is necessary, and family or friends are unavailable to serve as guardian. The purpose of adult guardianship is to provide substitute decision making for medical treatment, residential placement, money management and direct care planning. The OSG monitors and advocates for appropriate medical and other services for each ward and provides guardianship information, advice and assistance to families of persons with disabilities. The OSG is the largest public guardian in the United States, serving 5,393 adults. The average caseload of an OSG Guardianship Representative is 127 cases. Most OSG wards are Medicaid recipients and indigent, but the office does serve persons with estates valued at \$25,000 or less.

The Office of Fiduciary Services provides assistance with processing deposits and payments for wards of the Office of State Guardian. Last fiscal year, the Fiduciary Unit processed more than 13,429 separate financial transactions totaling more than \$5,500,000. This unit also prepares state and federal tax returns for wards and assists state guardians and wards in basic financial management.

OSG WARDS BY REGION



OSG Ward Profiles



Medicaid Reimbursement

OSG entered into an interagency agreement with the Illinois Department of Public Aid, that allows for administrative case management services provided by OSG to be billed on a quarterly basis to Medicaid. Billings have been submitted for services from the period of October 1, 1998 through June 30, 2004. All reimbursement for the Medicaid Billings is deposited into the General Revenue Fund. Total billings submitted through June 30, 2004 were \$8,962,110. In FY 04 Medicaid Billings totaled \$1,600,000.

OSG Statistics for Fiscal Year 2004

● Documented visits to wards	20,790
● Medical consent activities	11,566
● After hours calls regarding services for wards	5,787
● New temporary guardianships	187
● New plenary guardianship	354
● Rights restored to wards (no longer in need of guardianship)	26
● Successor guardian appointed	31

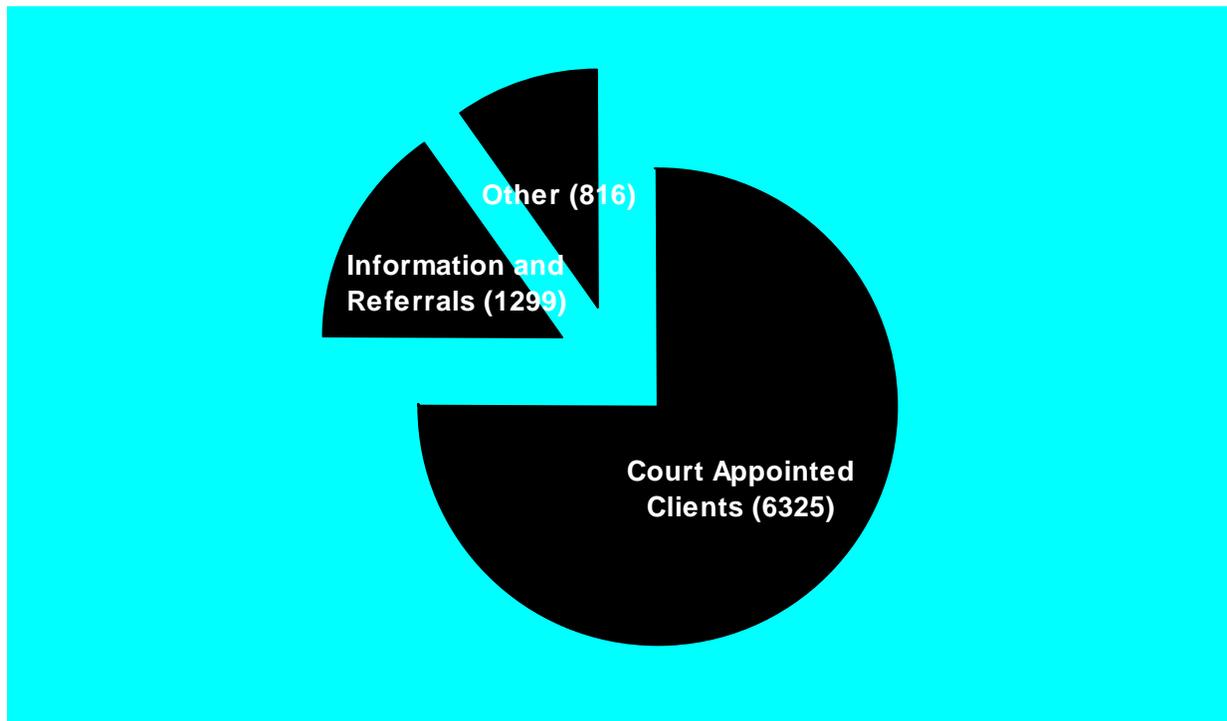
Legal Advocacy Service

The Legal Advocacy Service (LAS) provides independent legal counsel to persons of all ages with disabilities in judicial proceedings arising out of the Mental Health and Developmental Disabilities Code, and advocacy services to persons with disabilities under related state and federal laws. Clients include residents of nursing homes, mental health centers and residential facilities, community placements and those living independently.

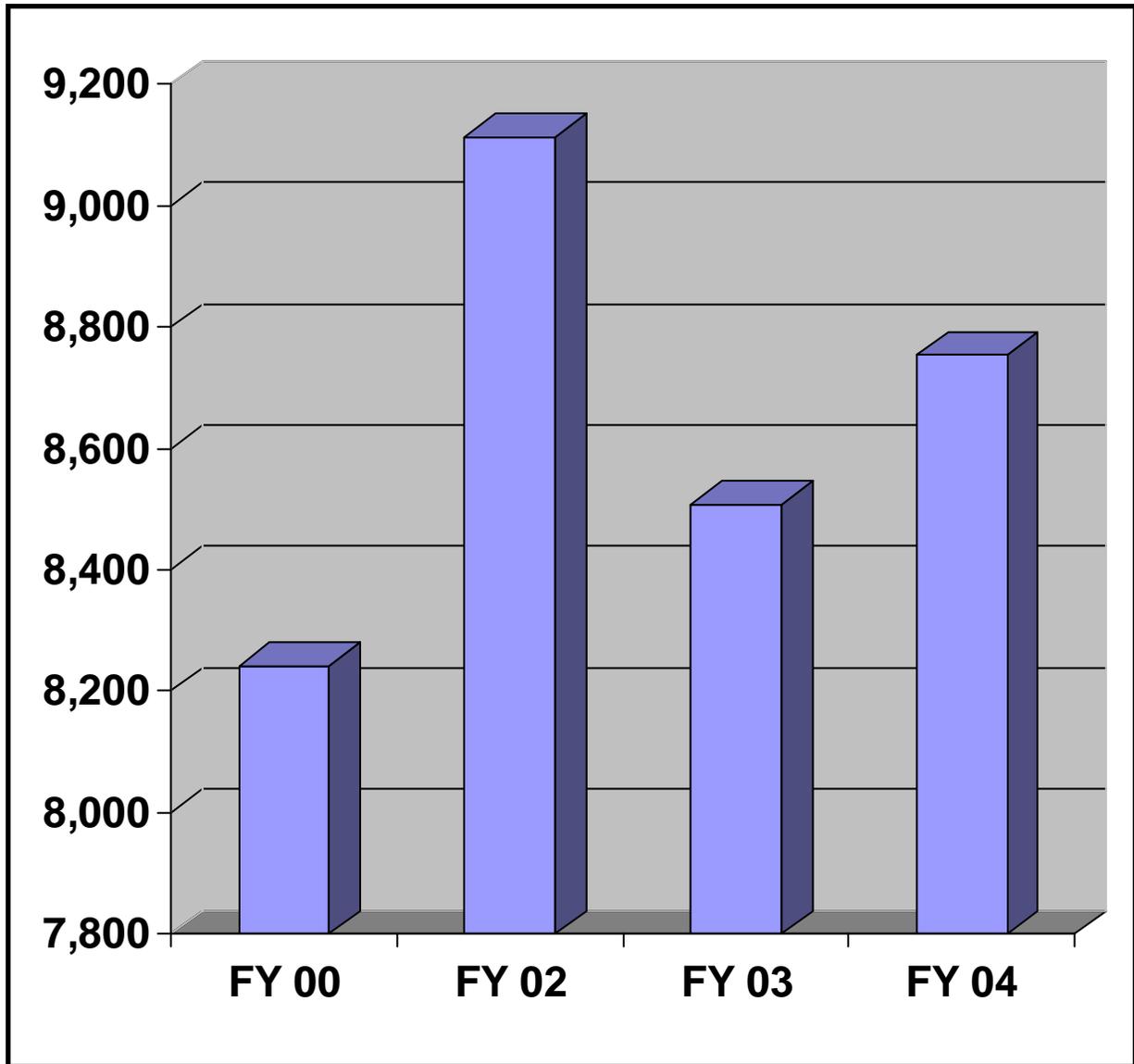
In most cases, the Illinois circuit and appellate courts appoint LAS attorneys to represent people facing involuntary hospitalization and treatment, or who have been determined in need of such services. LAS attorneys interview clients and research individual situations in order to prepare the best possible defense, or enforce the client's request to receive services voluntarily. If the court finds a client in need of involuntary treatment, LAS attorneys monitor the client's treatment and progress, provide advice on appellate options, and may be appointed to represent the client in the appellate court. Additionally, pursuant to a final agreed order entered by the Cook County Circuit Court, LAS attorneys serve as appointed advocates for Cook County wards of the Illinois Department of Children and Family Services upon admission to a mental health facility or a facility for the developmentally disabled anywhere in Illinois. On a time available basis, LAS serves children with special education needs, social security applicants and other Illinois citizens with disabilities.

A total of 8,440 clients were represented, provided with information or given referrals by LAS in Fiscal Year 2004.

LAS Activities for Fiscal Year 2004



Number of LAS Clients Served



Human Rights Authority

The Human Rights Authority is mandated to investigate allegations of rights violations committed against both children and adults with disabilities by service providing agencies. Every year, the Authority receives hundreds of complaints of alleged disability rights violations. The allegations involve a range of service providers, including mental health service providers, agencies that serve persons with developmental disabilities, and public education programs that work with children who have disabilities. Examples of rights violations investigated include confidentiality issues, treatment or programming concerns, inappropriate use of medication, restraint or seclusion complaints and issues related to abuse or neglect.

The Authority is comprised of nine regional Authorities located across the State of Illinois; each regional panel consists of nine volunteer HRA members for a total of 81 volunteers who conduct the rights investigations. The HRA members are appointed by the Commission and have expertise and experience in disability related issues; three of the nine regional HRA members are required to be service provider representatives, and the remaining six members are either consumers of disability services, family members of consumers or concerned citizens.

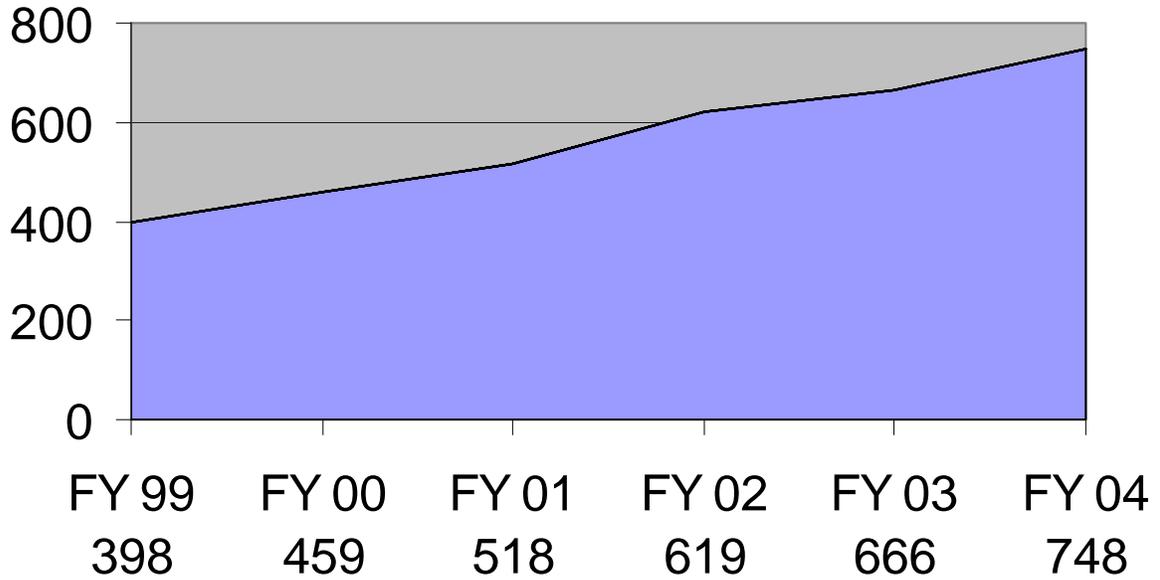
The Authority conducts investigations and issues findings. Included in the findings are recommendations for improved rights protections. The ultimate goal of the Authority's investigations is to negotiate with providers for systemic changes to agency policies, procedures and practices that will promote rights protections for both current and future recipients of services. During Fiscal Year 2004, 94% of Human Rights Authority recommendations were accepted and implemented by service providers investigated, and those recommendations had an impact on more than 12,000 persons with disabilities. The Authority's reports are available to the public and are posted on the Commission's web site at <http://gac.state.il.us>



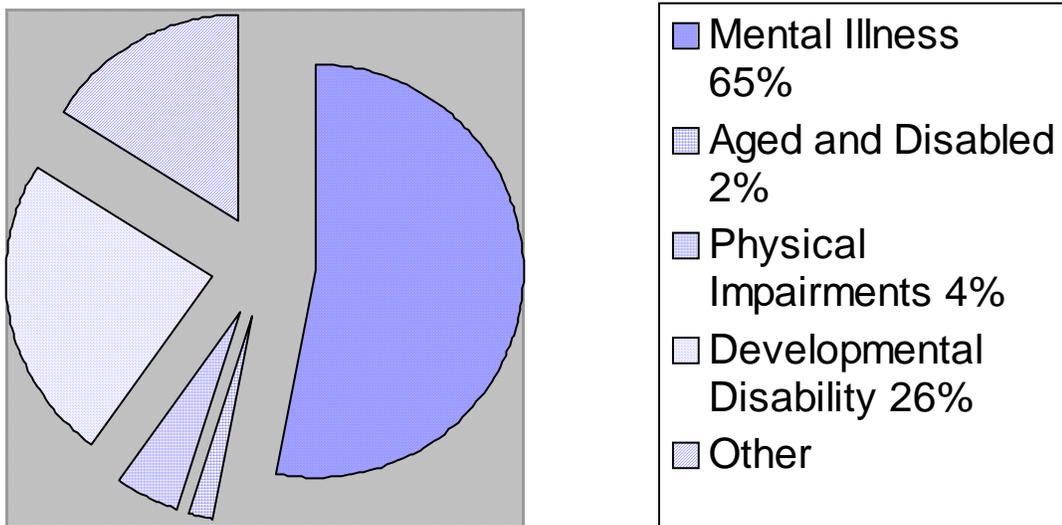
HRA STATISTICS FOR FISCAL YEAR 2004

Total Number of cases handled	748
Percentage of recommendations accepted and implemented	94%
Number of volunteer hours	5,976
Number of persons with disabilities benefiting from HRA recommendations	12,858

HRA Case Increases



Recipients of HRA Services



FISCAL YEAR 2004 REGIONAL HRA VOLUNTEERS

Chicago Region

Mila Fair
Rabbi Morris Fishman
Joseph E. Mengoni
Heena Musabji
Mary E. Rosen-Swanson
Susan Silverman
Michael Wartman
Bernard V. Wetchler, M.D.

East Central Region

Lianne Anderson
Nicol Beaumont
Marlys D. Buelow
Phyllis Davis
Robert Drew
Diana Krandel
Karen Scrogam
Robin L. Spalding
Doris J. Walker

Egyptian Region

Hattie Adkinson
Sue Taylor Barfield
Phyllis Brown
James Darden
Vicke Devenport
Alphonso Farmer
Wilma J. Kraatz
Mary McMahan
Larry W. Mizell
Pamela O'Conner

Metro East Region

Thomas B. Cannady
Robert Clipper, Ph.D.
Dale Richard Dawdy
Kathy Gregus
Beth E. McChuen
Jeffrey C. McManemy
Marguerite Newton
Robert Louis Kingston Schmid
Mae Alice Shobe
Emil E. Wilson

North Suburban Region

Bruce Berry
Pamela L. Arnold
Sumner H. Garte, Ph.D.
Daniel L. Haligas
Charlene Hill
Kori L. Larson
Donald Judson
Louise M. Miller
Jeanette Rossetti, Ph.D.

Northwest Region

Walter S. Bankson
Joel B. Cowen
Kathleen Gustafson
Erich Hagenlocher
Candace Long
James P. Medendorp
Trina O'Brien
Kirk Osborne
Joyce Peterson, RN.C.

Peoria Region

Michael Freda
Debra L. Goodwin
Larry Just
David A. Loudenburg
Jeremy McNamara
Barbara Runyan
James N. Simkins
Imelda Smith
Michael K. Streight

South Suburban Region

M. Marva Allison
Diane Bazan
Dennis Haynes
Symon Hopson
Thelma Larsson
Nancy Leenerman
Peggy A. Peterson
Judith Rauls
Hazel Shapen
Carol Ann Vance, RN, MSN

Springfield Region

Joseph J. Kim
Rodney P. Lefever
Kay Maier
Matthew J. Maurer
Linda O'Rourke
Mary Ann Schadow
Janet Shelton
Sharon K. Steil
David VanGiesen
Debbie Weiner
Kathie E. Wozniak



Fiscal Summary 2004

Cost Center	Enacted Appropriations	Appropriations reserves	Expenditures
Personal Services	\$ 6,102,000.00	\$ 6,075,105.00	\$ 5,897,717.29
Retirement Pickup	\$ 244,800.00	\$ 242,406.00	\$ 158,813.61
Retirement	\$ 822,500.00	\$ 816,466.00	\$ 526,334.94
Social Security	\$ 468,200.00	\$ 450,627.00	\$ 441,084.13
Contractual Services	\$ 260,600.00	\$ 230,863.00	\$ 230,820.89
Travel	\$ 169,200.00	\$ 149,203.00	\$ 143,730.86
Commodities	\$ 15,700.00	\$ 10,963.00	\$ 10,943.17
Printing	\$ 13,600.00	\$ 4,305.00	\$ 4,275.97
Equipment	\$ 8,200.00	\$ 6,497.00	\$ 6,496.35
Electronic Data Process- ing	\$ 22,300.00	\$ 41,511.00	\$ 41,510.70
Auto Operations	\$ 8,200.00	\$ 12,996.00	\$ 12,635.36
Telecommunications	\$ 253,000.00	\$ 277,637.00	\$ 277,634.96
GAC Fund	\$ 193,200.00	\$ 192,167.00	\$ 104,480.77
TOTAL	\$ 8,599,500.00	\$ 8,510,746.00	\$ 7,856,479.00

Success Stories. . . HRA

The Authority received a complaint that a recipient was taken to a hospital emergency room to have his vital signs checked. He was then reportedly locked in an examination room for 24 hours and not informed of his rights. The recipient was also allegedly given an injection against his will prior to being transferred to another facility. The Authority investigated these potential violations of rights guaranteed in the Mental Health and Developmental Disabilities Code by meeting with hospital staff, including emergency room staff and physicians, interviewing the recipient and family members, reviewing the recipient's record with informed consent and examining pertinent hospital policies. The Authority found that the hospital's emergency department did not follow the mandated involuntary admission process for this recipient, that the recipient was secluded by himself in an exam room without a written order or a notification of rights restriction, and that the emergency room did not follow informed consent requirements as specified in the Mental Health Code. The Authority made recommendations to improve rights protections of persons with mental illness served by the hospital's emergency room. As a result of the investigation, the hospital provided nursing staff with additional training on the involuntary admission process, seclusion and the administration of psychotropic medication, implemented monthly audit reviews on the use of restraints and seclusion, revised its policy on psychotropic medication administration, revised log reports related to medication and restraint/seclusion, reviewed changes with emergency room physicians and consulted with hospital risk managers and legal counsel.

"It's really a great honor to be an HRA member. We do spend a lot of time reading records and doing site visits, but it is never a burden—more like a labor of love! Thanks to the HRA Staff and Members for making this such a worthwhile experience."

-Lianne Anderson
East Central Regional
HRA



HRA

The Authority received a complaint that a hospital behavioral health unit reportedly did not notify a recipient's substitute decision maker regarding the use of restraints, and the substitute decision maker inappropriately signed an application for the recipient's voluntary admission. The Authority investigated the complaints by reviewing the record of the recipient with informed consent, meeting with hospital staff and reviewing hospital policies. The Authority also reviewed the Illinois Power of Attorney Act in relation to the complaints. The Authority found that the hospital did not notify the recipient's substitute decision maker about the restraint and the hospital did not document the recipient's decisional capacity during the recipient's admission. As a result of the investigation, the hospital provided physicians and behavioral health staff with additional training related to the Illinois Power of Attorney Act and defined the process for evaluating recipient decisional capacity and subsequent admission options based on that evaluation.

Success Stories . . .LAS

An LAS client, a 32-year-old immigrant from Mexico, had been continuously hospitalized just short of five years at an inpatient psychiatric hospital. Although he was cooperative in the hospital and voluntarily took prescribed medications, hospital personnel were reluctant to release him because of old reports that, sometime in the past, the client would bother a community mental health worker - whom he mistakenly believed to be his wife - and expect to live with her. The hospital treatment team also was unable to find alternative, less restrictive placement for our client, claiming that he was an undocumented immigrant and therefore unable to access public funding.

The client had been a voluntary patient who exercised his right to request a discharge. In response, the hospital filed a petition for involuntary admission, and LAS was appointed as his counsel. LAS investigated the whereabouts of the community mental health worker who our client, allegedly believed to be his wife. Counsel attempted telephone contact with this individual at the community mental health center where she was believed to be employed, and at her last known address; there was no such individual at either location. Counsel then attempted contact by certified mail at the last known address, but the mail was returned as undeliverable.

LAS also conducted a complete review of the client's hospital charts from the current, nearly 5-year hospitalization, and from prior hospitalizations. Counsel learned that the client had been evaluated for language proficiency some years before, and had been found to have only limited, superficial, English-speaking abilities. As a result, the evaluator assessed the client as requiring Spanish-speaking interpreters for treatment. Although the hospital had and has a bilingual unit, with Spanish-speaking psychiatrists, social workers, and other staff, our client was being treated in a separate unit for long-term patients, and was assigned to a non-Spanish speaking treatment team. At the commitment trial, the client's treating psychiatrist and social worker both testified that they had never used Spanish interpreters during treatment with our client. LAS also learned from the hospital charts that the client reportedly suffered a head trauma a decade earlier, but was never evaluated for possible brain injury. Finally, LAS discovered from the hospital charts that the client was noted, in a past hospital "personal property receipt," to have a "resident alien card" and a Social Security number. Ultimately, the court ordered the client's continued hospitalization, but also ordered that the client be immediately transferred to the bilingual unit, where he would be under the care of Spanish-speaking staff. Additionally, the court ordered that the hospital arrange for a complete neurological evaluation, and for the newly assigned Spanish-speaking psychiatrist to conduct a complete review of our client's hospitalization records. The court also ordered the hospital to conduct an investigation into our client's immigration and Social Security status to determine eligibility for public funding.

Among other things, the new, bilingual treatment team determined, through discussions in Spanish with our client, that he did not believe he could live with any former community mental health worker, and understood that he needed to make his own living arrangements in anticipation of being released from the hospital. Five weeks later, our client was discharged to live with a family member in the community, where he remains today.

Success Stories. . . LAS

Jane* was admitted to a psychiatric hospital, a petition was filed and her hearing was set for a few days later. Since Jane had not been released and remained confined to the hospital, an LAS attorney met with her the morning of the hearing and discovered that she was deaf and unable to speak. She communicated with the LAS attorney through handwritten note. She wrote that her involuntary confinement to the hospital had been horrible. She was denied ready access to a sign interpreter and was also denied access to a TTY. The attorney made some phone calls, contacted the courthouse and asked that a sign interpreter be present at court. A few hours later, Jane, the interpreter, the court's independent examiner, Jane's friend (who also requires a sign interpreter) and the attorney had a meeting. The examiner conducted an examination through the use of the interpreter and discovered that Jane had no "Axis I" symptomatology and certainly did not meet the standards for involuntary admission. As a result, the State dismissed the petition and Jane was free to go home. Jane also learned that GAC had a TTY number that she could call for information on obtaining further services.

This particular attorney has obtained translators for court purposes for many clients, touching on a variety of communication needs. In addition to sign, she has obtained (at no cost to the LAS client) interpreters of Farsi, Ukrainian, Bosnian, Arabic, Russian, Serbian, Polish, Spanish and Gypsy. While the right to have required information imparted to a recipient in sign or a language understood by the individual is present in the Code, this is not always enough to meet the needs of a person who is involuntarily confined in a strange place and unable to communicate with the others around him or her. By removing language barriers, LAS attorneys have found that clients are better able to benefit from mental health treatment. In some cases, language barriers mask the fact that a person requires no services at all.

*pseudonym used

Brad was represented by LAS at both the trial and appellate levels. He currently lives and works in Rockford, Illinois. He is an accomplished artist and has had his work displayed at several art galleries around Rockford. He was recently a featured artist at a showing of works by people who are diagnosed with mental illness at the J.R. Kortman Center for Design.



My experience with the Legal Advocacy Service has been a positive one. When I felt hopelessly trapped in an institution, they gave me hope of freedom.
-Brad Argyle

OSG Success Stories. . .

Frank, an OSG ward in the Rockford region, had VNS surgery as a result of advocacy by his Guardianship Representative. Vagus Nerve Stimulation (VNS) is a procedure in which a device similar to a pacemaker is implanted in the chest, and it sends electrical impulses to the left Vagus nerve in the neck. The Vagus nerve delivers the electrical impulses to the brain where seizures are believed to start. The VNS can help prevent regularities that cause seizures.



Before his surgery, Frank was always tired and would perseverate on the subject of his accident that caused him to become brain injured.

In 1968 Frank was in an auto accident that caused him to be in a coma for two months. After coming out of the coma, he had had a stroke, became blind in his right eye and later developed seizures. Seizure medications tend to wear a person down and have many side effects that can be undesirable. Frank continually brought up his concern with his case worker, Mary Murphy, saying “I am on way too much medicine.”

After attending a Commission training on the benefits of using a VNS, Mary recognized Frank as a prime candidate. Mary discussed the benefits and risks involved with the procedure with Frank’s neurologist. After doing the research and determining it might be a good fit, she talked about the procedure with Frank. She explained that doctors implant a magnet in the body that can help to stop seizures, Frank’s only response was “When can I have it?”

Since the surgery, Frank has been weaned off all but one medication for seizures, seizures that previously caused him physical injuries and made him weak and tired for long periods of time. Recently his doctor told him that within a month he would be taken off the last medication, if he continued to progress as he has.

Everyone that knows Frank has recognized a dramatic change in him, but most importantly, Frank is very happy about his improved quality of life. Being almost seizure-free has enabled him to put energy toward the aspects of his life that he truly enjoys. Recently he helped plant over 1000 seeds at the day service facility. Frank proudly showed Mary the flats of flowers and is looking forward to the plant sale he is having over Mothers Day weekend. Frank’s doctor congratulated Mary on improving Frank’s quality of life and restoring his dignity.

OSG Success Stories. . . .

Jim Tompkins, a ward of Alton Office Guardianship Representative Catherine Goebel, is believed to be the first OSG ward to graduate college. Jim is an inspiring man who has a developmental disability. He spent most of his life at Jacksonville Developmental Center and the Alton Mental Health Center before finally moving into a group home in Alton in 1996. For the past two years Jim has been taking classes at Lewis and Clark Community College.

He participated in a Supported School- to-Work Transition Program, designed to provide a fairly flexible program of both academic study and vocational training for students who have developmental disabilities. In addition to functional- and vocational-oriented reading, mathematics, and computer courses, each student has a completely individualized program of study that centers around a curriculum of particular life skills. Covering four basic areas (community, domestic, vocational, and recreational or leisure), these life skills are at the core of the program. Jim received a certificate in Janitorial Services and his long-term goal is not to return to a sheltered workshop setting. He will soon begin part time work at the college. Although he will be working 20 hours a week, he is still seeking additional community employment.



He will soon begin part time work at the college. Although he will be working 20 hours a week, he is still seeking additional community employment.

Jim has overcome a variety of obstacles in his lifetime. He is a very independent man and has learned to cook and clean for himself and use the Madison County Transit system to get himself to school. Despite all these challenges, Jim told the reporter for the *Alton Telegraph* that he graduated with high honors, and he has an Associate Degree in General Studies. He was quoted in the newspaper as saying “It was tough but I liked the Math and English classes, now I am ready to go to work!” According to Cathy, Jim is a very amicable person who makes friends wherever he goes. Many of his friends at his local coffee shop hangout, the Sweetwater Café, sent him a congratulatory card, and he celebrated with a graduation party after his ceremony. As the first state ward to graduate college while under guardianship, Jim reminds us that we can all benefit from educational opportunities and equal access.

Source

Whaley, Dave, “Man Overcomes Challenges to Earn College Degree”
The Telegraph Illinois. (05/21/04) Top Stories.

IGAC Volunteers and Interns. . .

Guardianship and Advocacy recruits and trains volunteers to assist with office support and supplemental visits to wards. IGAC also partners with Universities and Colleges to provide internships, both clinical and administrative, for students at an advanced degree level. Many interns complete over 700 hours per internship with IGAC. Licensed attorneys, law students, case managers, retired seniors from the community and persons with disabilities looking to gain job experience are just some of the professionals who have contributed their time and effort to the Commission as volunteers. IGAC actively recruits volunteers year round, through a number of various resources, and is continually striving to increase the volunteer base. In FY 04 an average of **3,024** volunteer hours were documented in assistance for office support alone. Over **2,800** hours were contributed by students completing internships for Masters level programs.



Karen Gall assisted with clerical tasks to gain office experience



Karen Birk, intern with the University of Chicago



Saul Sambou, intern with the Jane Adams School of Social Work



Mario Cerrano
Licensed Attorney



Robert Kingston Schmidt
Office Volunteer



Sharon Schaffer RSVP
Office Volunteer

OFFICE DIRECTORY

Offices of the Director

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All requests for general information and intake are received by the
IGAC INTAKE unit, located in the West Suburban Regional Office.

Staff can be reached by calling toll free **1-866-274-8023**

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