

ANNUAL REPORT 2006

ILLINOIS GUARDIANSHIP
AND
ADVOCACY COMMISSION

GOVERNOR ROD BLAGOJEVICH

DIRECTOR MARY L. MILANO

CHAIRPERSON SAUL J. MORSE

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.

CONTENTS

Greeting	2
About the Commission	3
Overview	4
Organization Chart	5
Commissioners	6
Office of State Guardian	10
Legal Advocacy Service	12
Human Rights Authority	14
Fiscal Summary	18
Success Stories	19
Volunteerism	25
Office Directory	26

In this, our 28th year as an agency of the State of Illinois, please join me in thanking the countless number of staff, volunteers, Commissioners and others who perform and support the work of the Illinois Guardianship and Advocacy Commission.

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 is a leader in serving Illinois and its most vulnerable citizens.

The Commission's work takes it throughout the State, with its caseworkers serving and visiting clients in approximately two thousand different residential settings in almost every Illinois county. Its attorneys provide vigorous advocacy and legal services of a consistently high quality for persons facing civil commitment. Its Human Rights Authority volunteer members and supporting professional staff work to improve the lives of persons with disabilities, to preserve their rights and to interface with providers in a non-litigious context in virtually every care setting in Illinois.

The Commission has traditionally been a leader in educating Illinois citizens and consumers about critical matters that affect a population beyond those it may directly serve. It continues to fulfill this role as it educates people and communities about 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. It further has played a key role in suggesting stronger and better mental health and guardianship laws and its staff's efforts have produced a wide body of case law used daily by legal practitioners. In so doing it enhances the quality of life and its possibilities under the most difficult of circumstances for all the citizens of Illinois.

With the leadership provided by Governor Blagojevich and members of the General Assembly, Illinoisans should have every confidence that the Commission will continue to fulfill its mission on their behalf effectively, compassionately and with the passion for excellence for which it has become known throughout the country.

Sincerely,

Dr. Mary L. Milano

Executive Director



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. . .

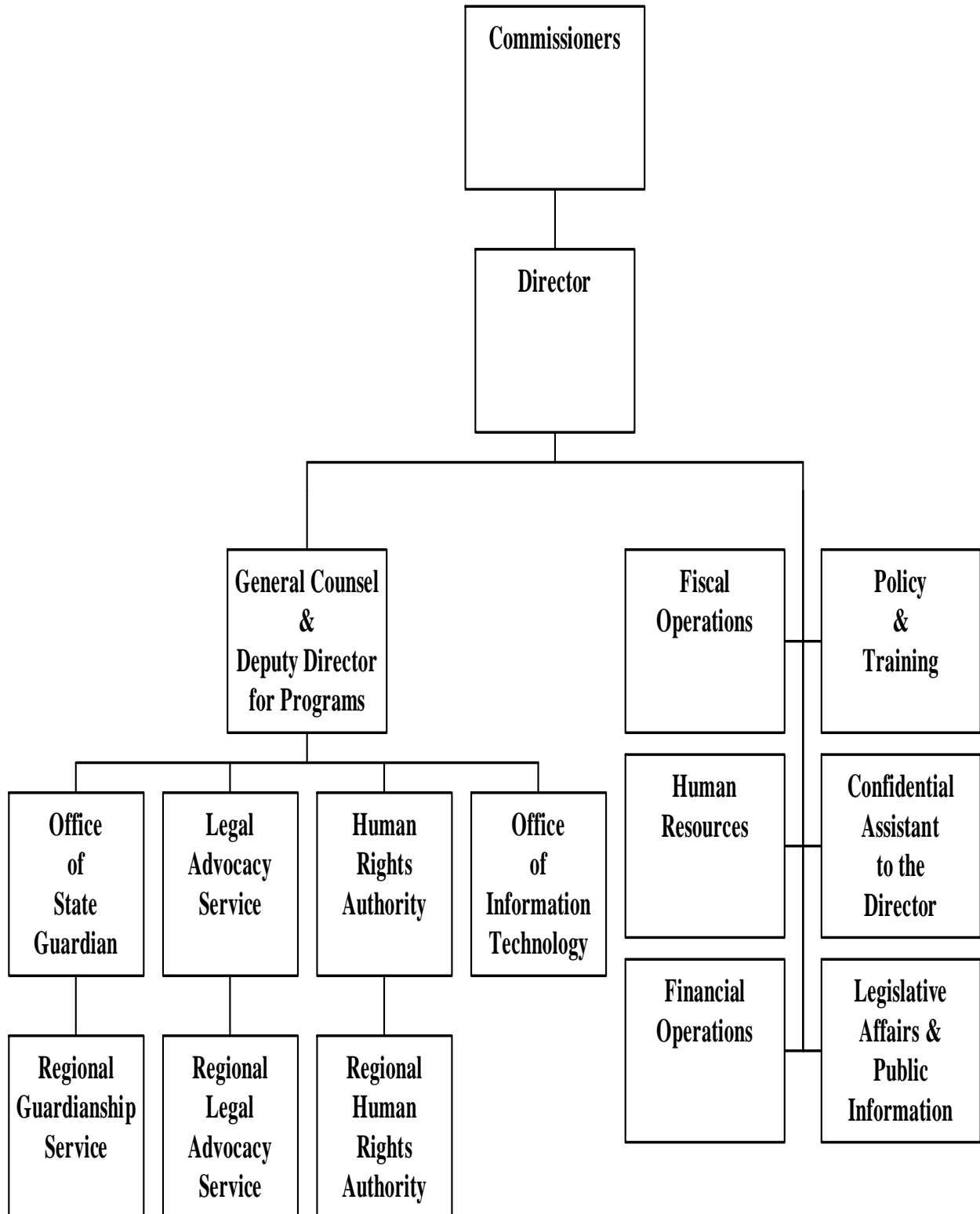
FUNDING:

General Revenue Fund	\$ 8,070,400
Guardianship and Advocacy Commission Fund	\$ 187,700
TOTAL:	\$ 8,258,100

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

- Served as guardian for **5,179** wards throughout Illinois. IGAC is the **largest** public guardianship agency of its kind in the nation.
- Handled over **5,269** inquiries through its Intake Unit, offering information regarding all program areas as well as referral
- Provided legal representation, general legal information and referrals to **8,474** clients
- Investigated **472** cases of alleged rights violations for persons with disabilities benefiting **9,937** persons. This is a result of **4,449** volunteer hours provided by members of the Human Rights Authority
- Employed **112** 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. Chairman Morse has also served as Former Counsel to the Minority Leader of the Illinois State Senate and served as a former member of the Illinois Human Rights Commission.



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.

IGAC Commissioners. . .



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 citizens 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.



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 States Navy. Senator Seiben focuses on issues pertaining to education, agriculture and business development.

IGAC 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.



IGAC Commissioners. . .



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 intensively as a consultant and trainer in the field of Disaster Mental Health.



Dr. M. Jeanne Dolphus Cotton

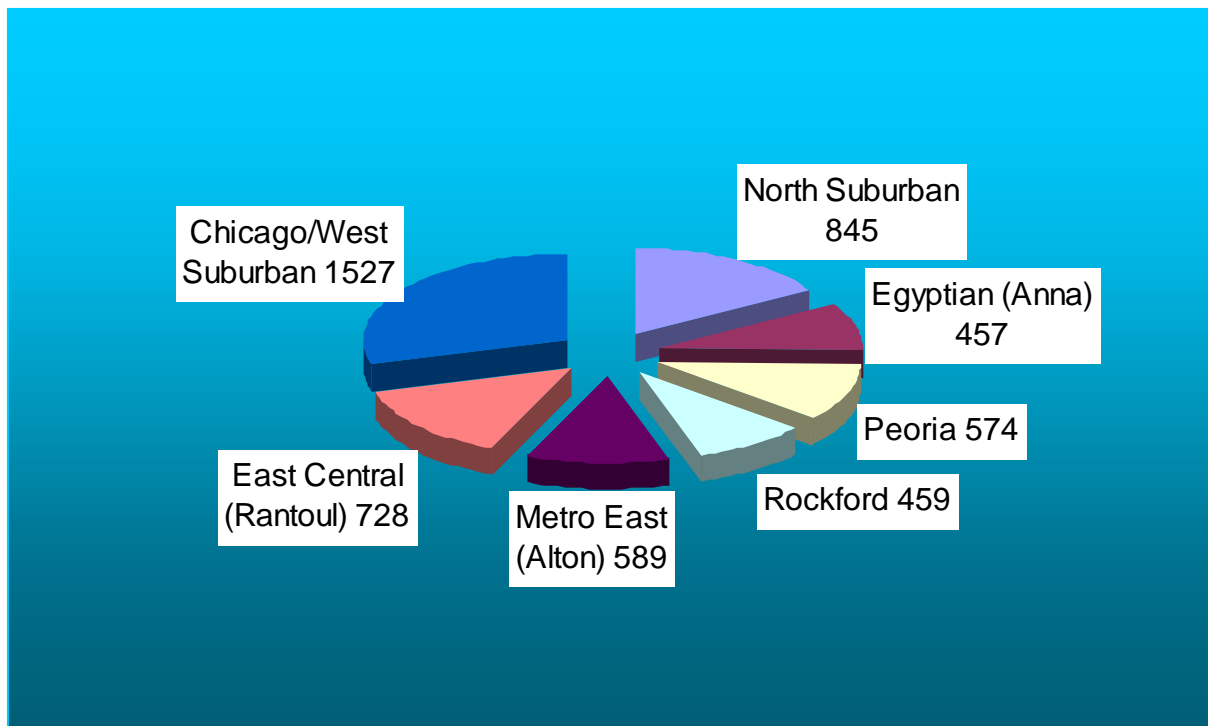
The Reverend Dr. M. Jeanne Dolphus Cotton is the founder and CEO of Trinity Universal Center Inc. (TUC), a center for positive youth, family and personal development. Dr. Cotton is the Executive Minister of Trinity's Fellowship Hour, the spiritual arm of TUC. She has more than 35 years of experience 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.

Office of State Guardian (OSG)

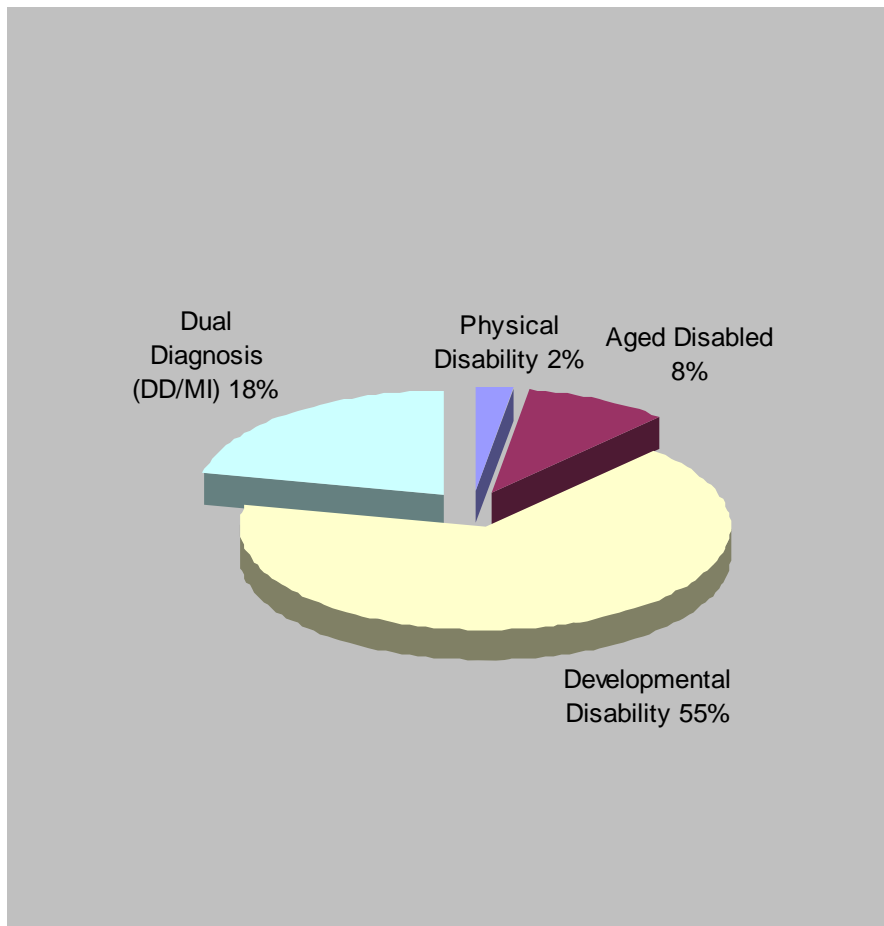
As the guardian of last resort in Illinois, the Office of State Guardian (OSG) provides guardianship services for adults with disabilities by court appointment when alternatives to guardianship have been exhausted, when the appointment of a guardian is necessary, or when family or friends are unavailable 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 5,179 adults. The average caseload of an OSG Guardianship Representative is 116 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 11,872 separate financial transactions totaling more than \$4,580,679. 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, 2006. All reimbursement for the Medicaid Billings is deposited into the General Revenue Fund. Total billings submitted through June 30, 2006 were \$12,242,769, In FY '06 Medicaid billings totaled \$1,583,492.

OSG Statistics for Fiscal Year 2006

● Documented visits to wards	19,438
● Medical consent activities	10,928
● After hours calls regarding services for wards	6,953
● New temporary guardianships	155
● New plenary guardianship	286
● Rights restored to wards (no longer in need of guardianship)	11
● Successor guardian appointed	26

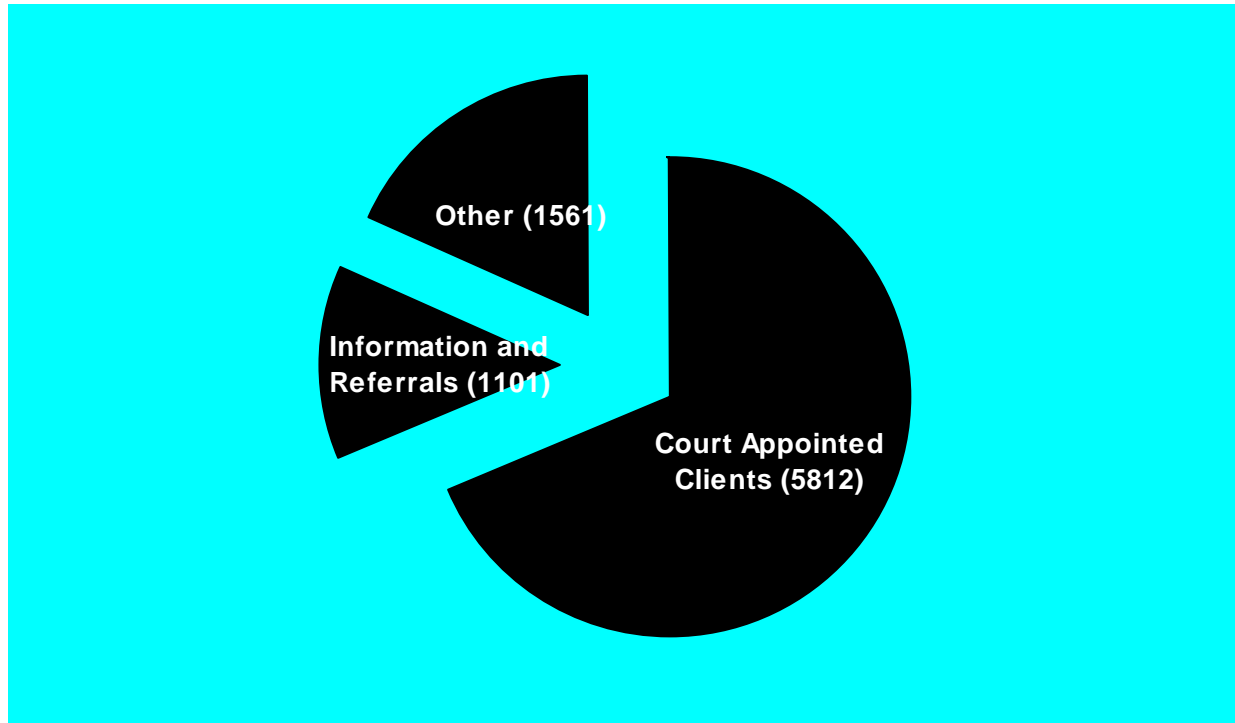
Legal Advocacy Service (LAS)

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.

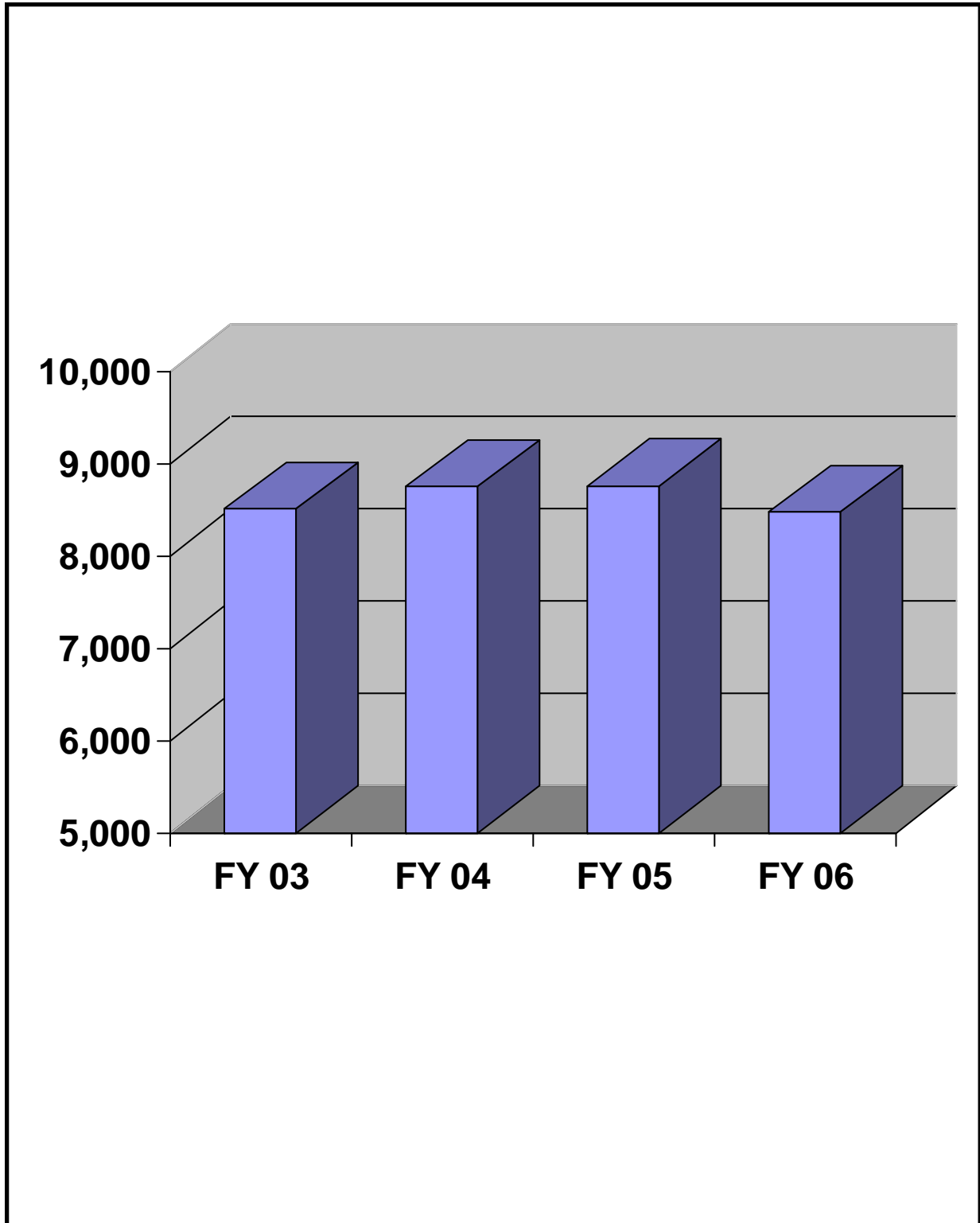
In most cases, the Illinois circuit and appellate courts appoint LAS attorneys to represent people facing involuntary hospitalization and treatment, or who have been determined in need of such services. LAS attorneys interview clients and research individual situations in order to prepare the best possible 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 8,474 clients were represented, provided with information or given referrals by LAS in Fiscal Year 2006.

LAS Activities for Fiscal Year 2006



Number of LAS Clients Served



Human Rights Authority (HRA)

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 service provider representatives, and the remaining six members are either consumers of disability services, family members of consumers or concerned citizens.

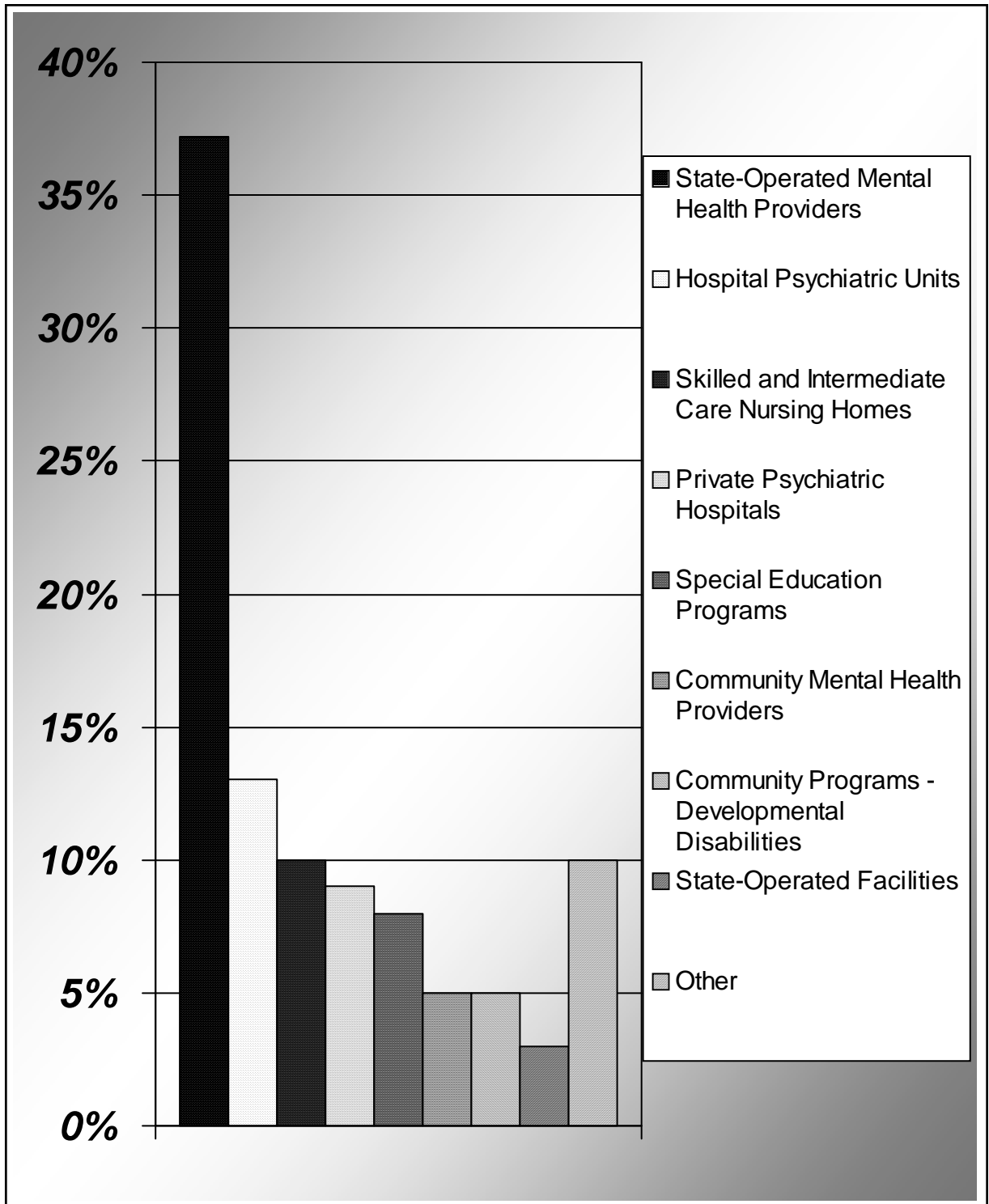
The Authority conducts investigations of reported complaints and issues findings. Included in the findings are recommendations for improved rights protections. The ultimate goal of the Authority's work is to negotiate with providers for systemic changes to agency policies, procedures and practices that will promote rights protections for both current and future recipients of services. During Fiscal Year 2006, 84% of Human Rights Authority recommendations were accepted and implemented by service providers investigated, and those recommendations had an impact on more than 9,937 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>



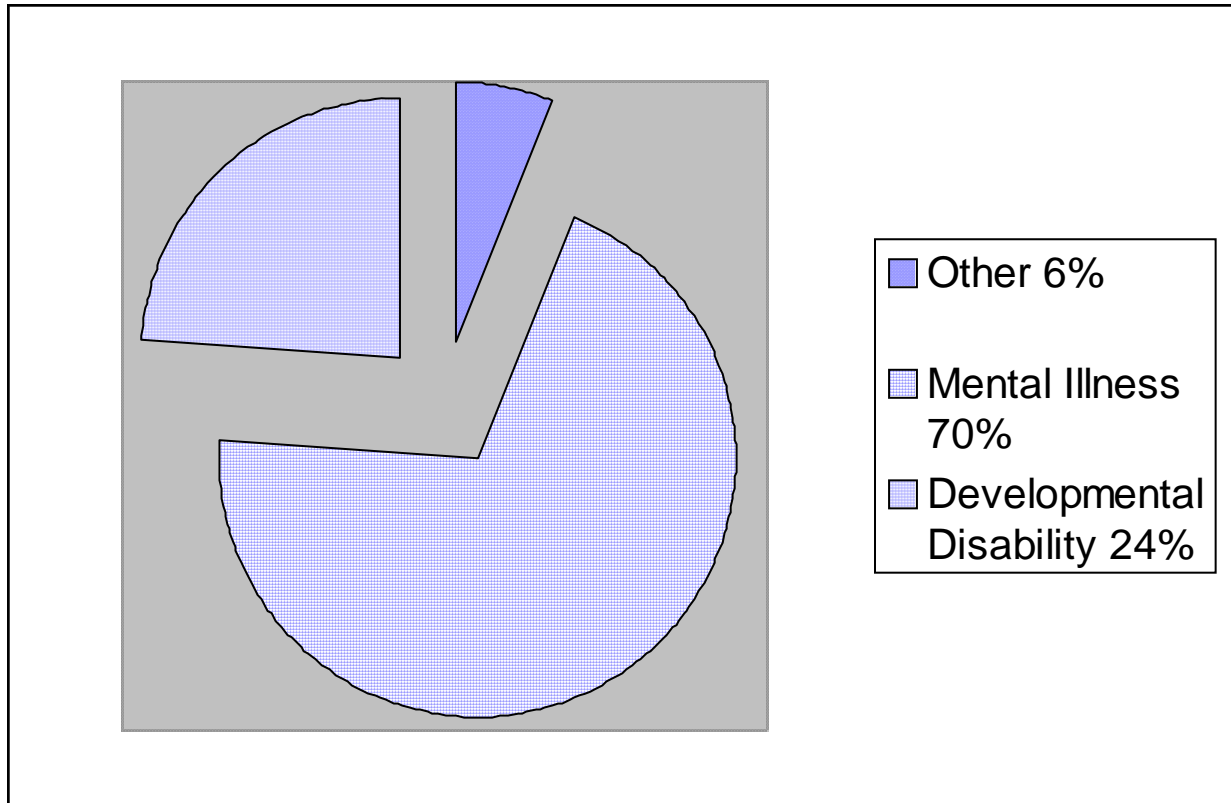
HRA STATISTICS FOR FISCAL YEAR 2006

Total number of cases handled	472
Percentage of recommendations accepted and implemented	84%
Number of volunteer hours	4,449
Number of persons with disabilities benefiting from HRA recommendations	9,937

Types of Service Providers Represented in New HRA cases



Recipients of HRA Services



“I always admired the HRA as a volunteer group that worked outside the court through investigation and persuasion instead of litigation.”

Ellen Holden Clark (Chicago HRA Member)



HRA Member List 2006

Chicago Region

Ellen Holden Clark
 Katherine Dunford
 Mila Fair
 Rabbi Morris Fishman
 Michael Grice
 Paul Mencinkas
 Joseph E. Mengoni
 Eleanor Murkey
 Bernard Wetchler, M.D.

East Central Region

Lianne Anderson
 Marlys D. Buelow
 Nancy Curran
 Phyllis Davis
 Robert Drew
 Diana Krandel
 Karen Scrogham
 Robin L. Spalding

Springfield Region

JoAnn Brown
 Rodney P. Lefever
 Kay Maier
 Kendra Moses
 Linda O'Rourke
 Mary Ann Schadow
 Janet Shelton
 Sharon K. Steil
 Debbie Weiner



Donald Judson

Egyptian Region

Karen S. Choate
 Sue Taylor Barfield
 Alphonso Farmer
 Brad L. Friend
 Kimberly Guetersloh
 Wilma J. Kraatz
 Mary McMahan
 Larry W. Mizell
 Pamela O'Conner
 George C. Welborn

North Suburban Region

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



Alphonso Farmer

Metro East Region

Richard Avdoian
 Thomas B. Cannady
 Robert Clipper, Ph.D.
 Dale Richard Dawdy
 Kathy Gregus
 Robert Louis Kingston
 Schmid
 Mae Alice Shobe
 Jonathan Sorenson
 Emil E. Wilson

Peoria Region

Michael Freda
 Debra L. Goodwin
 Jeremy McNamara
 Donald Rulis
 Barbara Runyan
 James Runyon
 Dean Steiner
 Michael K. Streight
 Susan White
 Carolynsue Wolf

South Suburban Region

M. Marva Allison
 Theresa Buell
 Carol Genutis
 Symon Hopson
 Thelma Larsson
 Lauren Pell
 Paula Phillips
 Peggy A. Peterson
 Judith Rauls
 Hazel Shapen



Mary McMahan

Northwest Region

Walter S. Bankson
 Kathleen Gustafson
 Candace Long
 Jean McNulty
 Trina O'Brien
 Kirk Osborne
 Erin Wade, Ph.D.



Emil E. Wilson

Fiscal Summary 2006

Cost Center	Enacted Appropriations	Appropriations After Transfers	Expenditures
Personal Services	\$ 6,354,600.00	\$ 6,354,600.00	\$ 6,056,054.22
Retirement Pickup	\$ 31,000.00	\$ 43,000.00	\$ 42,152.77
Retirement	\$ 495,100.00	\$ 495,100.00	\$ 472,044.15
Social Security	\$ 485,400.00	\$ 452,236.00	\$ 452,235.45
Contractual Services	\$ 240,400.00	\$ 240,555.00	\$ 240,464.12
Travel	\$ 158,000.00	\$ 169,164.00	\$ 168,208.86
Commodities	\$ 13,400.00	\$ 9,200.00	\$ 9,017.09
Printing	\$ 13,000.00	\$ 5,746.00	\$ 5,727.91
Equipment	\$ 7,900.00	\$ 12,155.00	\$ 12,151.65
Electronic Data Processing	\$ 21,400.00	\$ 45,266.00	\$ 45,265.48
Auto Operations	\$ 7,300.00	\$ 14,800.00	\$ 14,618.38
Telecommunications	\$ 242,900.00	\$ 228,578.00	\$ 213,662.22
GAC Fund	\$ 187,700.00	\$ 187,700.00	\$ 53,634.14
TOTAL	\$ 8,258,100.00	\$ 8,258,100.00	\$ 7,785,236.44

HRA . . . Case Summary

The Human Rights Authority (HRA) opened an investigation after receiving a complaint of possible rights violations at the Emergency Department of a large Cook County Hospital. It was alleged that the hospital did not follow Code procedures when it detained, restrained, and administered psychotropic medication to a recipient. The complaint specifically stated that a recipient went to the Emergency Department to have her prescription medication refilled but found herself being kept for many hours, being restrained for no adequate reason, and being given psychotropic medication for no adequate reason.

To review these complaints, the HRA conducted a site visit and interviewed the Director of Quality Assurance and Regulatory Affairs, the Medical Director of the Adult Emergency Room, and the Assistant Director of Quality Assurance. The recipient in the case was also interviewed; she is an adult who maintains her legal rights. Relevant hospital policies were reviewed, and records were obtained with the consent of the recipient.

It is clearly documented that the recipient in this case was admitted to the Hospital for a refill of her seizure medication that she had not taken for several days. She remained in the Emergency Department for approximately two hours before being seen by a physician and in this time was reported to have experienced two seizure episodes. The record showed, and staff agreed, that the recipient then became uncooperative at approximately 8:00 a.m., and at this time she was placed in restraints and remained in restraints until 12:15 p.m.

The staff were not able to describe what had precipitated the behaviors that required restraints. The recipient however, had entered the hospital for a prescription refill at 8:44 p.m. the night before so it is somewhat reasonable to suppose that she would be upset to learn, only after her family left, that she would be involuntarily committed to a mental health facility after being held in triage for 11 hours. She remained in restraints for four hours without a written statement of undue risk, and in addition, the required fifteen- minute checks were not made and there was no indication that the restraints were released periodically. Also, there was no restriction of rights reference in the record.

When the recipient requested to go home at approximately 4:00 a.m. while being assessed by a psychiatric nurse per the documentation, she should have been allowed to leave or at least be assessed for capacity to leave against medical advice as provided in policy. The only authority to hold her otherwise would have been under the Mental Health Code's petition and certificate process (405 ILCS 5/3-601, 3-602), which was not started until 8:45 a.m.

A petition to detain the recipient and a certificate for immediate hospitalization were completed at 8:45 a.m. The Emergency Services Sheet shows that an order was placed for Haldol

HRA . . . Case Summary

at 9:55 a.m., although the first certificate states that the recipient was placed in restraints and given Haldol sometime before 8:45 a.m. By documentation, HRA assumes that the 9:55 a.m. administration was correct, meaning that it occurred after the certificate was completed as required by Section 5/3-608.

The Inpatient Progress Notes did not mention an incident that required emergency psychotropic medication at 9:55 a.m., and there was no Restriction of Rights Notice in the record for the medication, so it appeared that the recipient may not have objected to its administration. The record did also show that the recipient removed her IV at one point and this leads HRA to believe that she objected to treatment in some manner. Again, there was no statement of decisional capacity and no documented indication of informed consent for the psychotropic medication that the recipient received.

The HRA substantiated a complaint that the hospital did not follow Code procedures when it detained, restrained, and administered psychotropic medication.

The HRA made numerous recommendations to the hospital to ensure compliance with the Mental Health Code. The hospital agreed to present a patient with the restriction of rights document and statement. The hospital agreed to incorporate this process into their policy on informed consent and ensure that it occurs. The hospital also agreed to policy changes which reflect that a physician will document whether a resident has capacity to make reasoned decisions about the treatment and if not, that drugs will only be given if the situation is determined an emergency.

"When HRA investigates, for the most part, what I see is help to the organization. We offer them a chance to reflect on their programs' delivery. What I like is that it's not confrontational, and what results through our process benefits consumer and provider alike."

Dr. Erin Wade (Northwest Regional Authority)



LAS Success Story. . .

In early July of 2006, LAS was appointed to represent a 5'8" woman ("Susan") in her early twenties, suffering from anorexia nervosa. Anorexia Nervosa is one of the deadliest psychiatric diseases, with an estimated ten to fifteen percent of patients dying from suicide or complications and most commonly from starvation, suicide, or electrolyte imbalance. Susan has been suffering from the illness for approximately four years. However prior to the onset of the severe symptoms of the illness, she had graduated from college receiving a bachelor of arts, was married, and worked full-time as a technical writer. For approximately two years prior, Susan's weight fluctuated greatly, anywhere from 57 lbs. to 103 lbs.

When LAS was appointed to represent Susan, her weight had dropped to 59 lbs, and she was in a near comatose state and close to death. I had first met Susan at an inpatient eating-disorder unit, when she weighed 65 lbs. When I first met her, she appeared emaciated and had great difficulty getting out of bed since she had lost much of her muscle mass and continued to have an electrolyte imbalance.

Although Susan wished to remain at the hospital for stabilization and treatment, and was willing to sign in as a voluntary patient, the hospital nevertheless went forward on their petition for involuntary admission. The treatment team did not allow her to sign in as voluntary and went forward on the petition because they determined that she was not clinically suitable. Susan had a history of refusing or dropping prematurely out of treatment programs. Susan was found to be a person subject to involuntary admission and was hospitalized on an inpatient basis in late July by the Circuit Court.

By early September, Susan weighed about 90 lbs and was considered suitable for a less restrictive treatment setting. Although Susan was clinically stable, her treatment team and family feared that if she was discharged without any structure or without a suitable treatment plan, and left to her own devices, the treatment benefits that she had just received would be short-lived and she would again rapidly

LAS Success Story. . .

lose weight. Her treatment team recommended that she be placed under an Order for Care and Custody to ensure that she complied with meal monitoring and her meal plan. Susan was initially ambivalent about such an Order; however, after going over the proposed Order with Susan and negotiating some of the terms, she was comfortable and willing to agree to such an Order.

After entering into the Agreed Order in early September, I kept in periodic contact with Susan. Since being discharged from the hospital, she has made steady progress with her treatment, which includes meal monitoring by her mother, random weigh-ins, and meetings with her psychiatrist and therapist.

After the expiration of the Order, her treatment team sought another Care and Custody Order. The treatment team and her family believed that without an Order, Susan's condition would quickly deteriorate. Susan agreed with her family and treatment team, and consented to another such Order. After negotiating a proposed Order, which Susan felt comfortable with, we entered into another Agreed Order for Care and Custody.

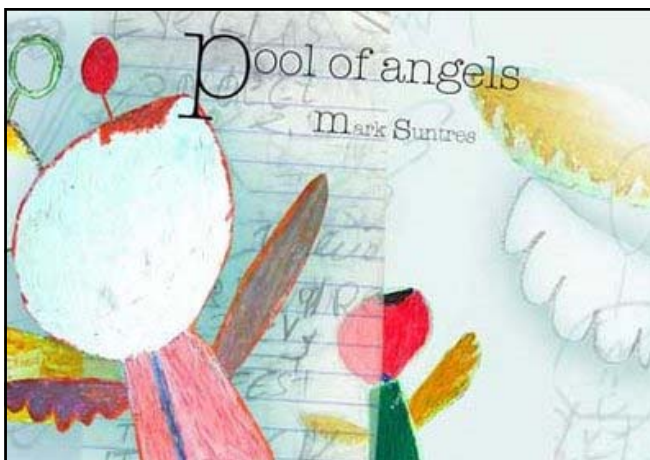
Susan has progressed to where she weighs over 125 lbs, well within her body weight for a person of her age and height. She continues to live with her parents and remains under meal-supervision. She is presently raising a litter of puppies and intends, in the near future, to get a part-time volunteering job. Susan's goal is for her to fully recover from the illness, gradually achieve total independence and move back in with her husband.



LAS Attorney—Andreas Liewald

OSG Extraordinary ABILITIES. . .

Mark Suntutres is a 43 yr-old male who resides at Austin Special CILA. He is a ward of the state. Mark loves art (i.e., drawing and painting). In the past year, he has collaborated with an artist, Marcel Baaijens, of Wellington, New Zealand, who previously taught art through Mark's day program. Mark has had a collection of his art with stories published in a book of art titled " Pool of Angels". His works touches on family, friends and a sense of belonging. Mark also has a weblog available at <http://pool-of-angels.blogspot.com/> for viewing his work.



“Mark began drawing angels -a carol singing angel, an African American angel, a banjo-playing angel, then a pool for angels, a Sunday school for angels, a sheltered workshop for angels. A story was beginning to unfold through his angel characters and scenes, Mark’s story.”

Marcel Baaijens (MAAE), Art Facilitator



“Mark’s story touches on subjects we can all relate to. It touches on the importance of family, friends, home, community, a sense of belonging and feeling safe. He draws our attention to basic human needs such as the need to express, be listened to, taken seriously, feel loved and valued for who we are.”

Brooke Dallimore (BDes), Art Facilitator

Pool of Angels– blogspot. “Pool of Angels– A Book By Mark Suntutres” [Pool of Angels](http://www.pool-of-angels.blogspot.com/), ed. Marcel Baaijens, 01 June 2007 <http://www.pool-of-angels.blogspot.com> Copyright c. 1997-2007 Google

OSG Extraordinary ABILITIES. . .



Donna Mc Intyre recently celebrated her 80th birthday. She is a ward in OSG's Rockford Region. Donna is a very talented woman who has always been interested in art. Recently with the help of Kreider Services she has begun to explore new avenues of self expression. The painting above was done in oils and has been selected to go on the cover of a book being published by Illinois Voices, entitled In Our Words.

Donna's inspiring painting is one of only two paintings chosen for publication.

She is seen here in a red hat and boa that her Guardianship Representative, Mary, gifted her with at her 80th birthday party.

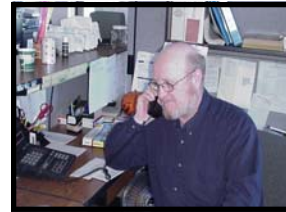
Kris Downing, "See. . .the Abilities" Kreider Clipboard March 2007

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 06 GAC continued to recruit and train volunteers for the Volunteer Guardianship Program. This program increased visits to wards of the state by 72 visits this year alone. In FY 06 an average of 3,500 volunteer hours were documented in assistance for office support. Over 2,200 hours were contributed by students completing internships for Masters level programs.



Jennifer Van Lue
Intern University of Chicago



Robert Kingston Schmidt
Office Volunteer



Shirley Higgenbotham
Office Volunteer



M. Herbert Gordon
Volunteer Guardian-
ship Program



Nicole Muhammad
Volunteer Guardian with
Jenny Van Lue

OFFICE DIRECTORY

Offices of the Director

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160 N. La Salle Street S500
Chicago, Illinois 60601-3115
(312) 793-5900
Fax (312) 793-4311

421 East Capitol Ave. Suite 205
Springfield, Illinois 62701-1797
(217) 785-1540
Fax (217) 524-0088

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

Out of state callers please dial (708) 338-7500

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

Visit our World Wide Web Site: <http://gac.state.il.us>

Regional Offices

East Central Regional Office

423 South Murray Road
Rantoul, Illinois 61866-2125
(217) 892-4611
Fax (217) 892-4598

Egyptian Regional Office

#7 Cottage Drive
Anna, Illinois 62906-1669
(618) 833-4897
Fax (618) 833-5219

Metro East Regional Office

4500 College Avenue, Suite 100
Alton, Illinois 62002-5051
(618) 474-5503
Fax (618) 474-5517

Peoria Regional Office

5407 North University, Suite 7
Peoria Illinois 61614-4776
(309) 693-5001
Fax (309) 693-5050

Rockford Regional Office

4302 North Main Street, Suite 108
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