



## The Illinois Guardianship Association

PO Box 64845

Chicago, IL 60664-0845

Phone 312-458-9867

[www.illinoisguardianship.org](http://www.illinoisguardianship.org)

# IGA NEWS

## SEPTEMBER 2008

### President's Report

There are a lot of interesting topics being addressed by state affiliates to the National Guardianship Association (NGA). I have been on two affiliate calls the past several months and I need to share what topics generated discussion.



More education is needed regarding financial abuse, scams, fiduciary roles, and guardian ethics and standards.

How to deal with "negative media."

Professional Liability Insurance program arranged through Dominion. The insurance is offered as a 5% discount to NGA members who are also a member an affiliate such as IGA.

IGA and other affiliates are encouraged to promote October as Guardianship Month. Several state affiliates are pursuing how to secure stand-by guardians in case a guardian is ill and otherwise indisposed.

NGA is asking affiliates as to legislative action being taken regarding the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act (UAGPPJA). IGA has agreed to support the act but will need to assess legislative steps to take in Illinois.

NGA is seeking educators for assisting in NGA Registered and Master Guardian exams. Contact [georgene@heusergroup.com](mailto:georgene@heusergroup.com) if you are interested in becoming an approved educator.

Many states are struggling with how to increase memberships, provide training to family guardians, create working relationships with Bar associations, AARP, ARC, Area Agencies on Aging, Head and Brain Injured programs, and any other groups having a connection with guardianship.

A number of states are seeking licensure/certification of guardians with state specific components.

Last but not least, the IGA has passed an annual budget, is making a full review of by-laws, has an ad hoc committee reviewing and ultimately recommending change

*(continued on page 5)*

# Legal Review



**Missouri Protection and Advocacy Services, Inc. v. Carnahan**, 499 F.3d 803, 19 A. D. Cases 1078 (U.S. Court of Appeals, Eighth Circuit; appeal from U.S. Dist Court for Western Missouri 2007.)

*Missouri law prohibiting right to vote to person under guardianship due to mental incapacity does not violate equal protection*

A three-judge federal court panel, which included retired Supreme Court Justice Sandra Day O'Connor, held that a Missouri law that generally bans voting by citizens who are "incapacitated" is constitutional on equal protection grounds. The appeals court noted that the Missouri law did not provide for a categorical ban on all adjudicated persons and that Missouri probate courts had in fact preserved the voting rights of some individuals, including those of a named plaintiff in the case, Bob Scaletty. The court also found that Missouri Protection and Advocacy Services, Inc. (MOPAS) lacked 'associational standing' to assert non-categorical equal protection and statutory claims on behalf of affected incapacitated wards absent participation in the lawsuit by one or more wards with individual standing<sup>[1]</sup> to raise those claims.

According to Jennifer Mathis, deputy legal director of the Bazelon Center for Mental Health Law and co-counsel in the case, "nineteen states have blanket prohibitions against voting by people under guardianship. Eighteen others have laws specifically stating that people under guardianship retain legal rights, including the right to vote, unless expressly removed, and nine do not address the issue of mental competence in their voting laws. Several states have outmoded laws barring "idiots" and "insane people" from voting."<sup>[2]</sup>

In the lower court, MOPAS argued that "an order appointing a full guardian for a Missouri ward found to be "incapacitated" necessarily imposes a categorical ban on voting. Missouri's Constitution disqualifies persons placed under guardianship "by reason of mental incapacity" from voting. The Missouri Probate Code authorizes appointment of a guardian for a broader class of adults, those unable to care for themselves "by reason of any physical or mental condition." (Citations omitted.) Yet the Missouri election code provides that any person "who is adjudged incapacitated" may not vote. Therefore, plaintiffs argued, Missouri violates the Equal Protection Clause by denying the right to vote to adults not disqualified by Article VIII, § 2, of the Missouri Constitution."

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*(Legal Review Continued from page 2)*

The Court of Appeals rejected this assertion. Their opinion stated that "(i)f, as plaintiffs contend, appointment of a full guardian categorically prohibited the ward from voting because he or she was "adjudged incapacitated" within the meaning of (citation omitted) the election laws, these statutes would not withstand close equal protection scrutiny when challenged, for example, by a person whose guardian was appointed solely because of a physical disability. However, as the district court recognized, Scaletty's full guardianship order expressly preserved his right to vote, confirming that Missouri probate courts retain the authority to preserve a ward's right to vote as part of the statutory mandate to minimize deprivation of a ward's liberty. Thus, plaintiffs' primary facial challenge fails for lack of proof."

**In re Estate of K.E.J.**, 382 Ill.App.3d 401, 887 N.E.2d 704 (Illinois Appellate Court 2008)

*Guardian's request for involuntary sterilization of ward denied; standards for decision-making established*

In a case of first impression, the Illinois Appellate Court upheld a trial court's denial of a petition for involuntary sterilization of a young incapacitated woman by means of a tubal ligation. <sup>[3]</sup> K.E.J., a 29 year old woman with a brain injury stemming from a childhood auto accident, lived with her aunt and guardian, V.H. The auto accident was the subject of a personal injury settlement leaving her estate with a structured annuity that was expected to pay as much as \$14,418,000 over her lifetime. In January 2003, the guardian petitioned the probate court for authorization for a tubal ligation for the ward, who was then 24 years old. V.H. alleged that K.E.J. was sexually active despite the guardian's efforts to deter her, but that K.E.J. was unable to comprehend the possibility of pregnancy or handle the responsibility that it would bring. She further stated that K.E.J. was currently on Depo Provera injections for contraception, with negative side effects that included weight gain and elevated blood pressure. The guardian submitted statements from K.E.J.'s doctors and counselors stating that a tubal ligation was the optimal means of preventing K.E.J. from becoming pregnant under the circumstances. Mary Raleigh, a guardian *ad litem* involved with the case since 1996, reported to the court that "there is no doubt in my mind that (the ward) does not want the tubal ligation procedure." The ward said that she had previously agreed to the procedure because she was with the guardian at the time and knew that the guardian wanted the procedure done. Raleigh also expressed concerns about the effectiveness of a contraceptive patch worn by the ward, and about which the ward claimed to have no problems. Raleigh reported that the ward's obesity (she weighed over 200 pounds) could hinder the effectiveness of the patch.

At a hearing on the petition, the guardian presented several witnesses, including the ward, whose testimony was that:

- o she wanted to have children;
- o she feared going under general anesthesia with a tubal ligation;
- o she had been sexually active with a man who did not always wear a condom; and her contraceptive patch had fallen off due to her "being a wild sleeper."

*(Continued on Page 7)*

# HOWE DEVELOPMENTAL CENTER TO CLOSE

## **Department of Human Services Announces Changes to Mental Health and Developmental Disabilities Services in the South Suburbs - Moves Will Ensure Quality Services for People With Mental Health and Developmental Disabilities**

FOR IMMEDIATE RELEASE: September 5, 2008

CONTACT: Tom Green (IDHS) 217/558.1538

### **CHICAGO:**

The Illinois Department of Human Services (IDHS) today announced major changes to Mental Health and Developmental Disabilities services in the South Suburban area. The changes include the planned closing of the Howe Developmental Center and a restructuring and privatizing of services at the Tinley Park Mental Health Center - two distinct facilities located on one campus in the south suburbs.

"The Southland is a vital and growing suburban area and it's time for us to provide more up-to-date, quality services for persons with mental illnesses and developmental disabilities, and their families," IDHS Secretary Carol L. Adams said. "This move follows the emerging trend of providing care for people in smaller, home-like settings rather than in large institutions. Additionally, the public-private partnership for mental health services will help us provide more quality, cost-effective mental health services."

### **Howe Developmental Center**

Under the plan, the Howe Developmental Center will close by July 1, 2009. Residents will be moved to community-based homes or other state-operated developmental centers.

Today, IDHS filed a notice of the intent to close with the Commission on Government Forecasting and Accountability (CGFA) and the Health Facilities Planning Board. Notice with the CGFA starts a 50-day period during which action to implement closure is on hold.

The Division of Developmental Disabilities will create a stakeholder group to assist in planning, and oversight of the closure process. IDHS will support parents, guardians and families throughout the process and provide information on the options available to them and their family members.

*(continued on page 5)*

*Presidents Report continued  
from page 1*

in the Public Guardian  
Administrator statute, seeking  
NGA assistance in develop-  
ing an  
IGA Work/Strategic  
plan, and have conducted a  
survey of its members. A  
Report of findings is in-  
cluded in this newslet-  
ter.

I hope to keep the IGA members  
updated as well as to what is going  
on. The report I gave is just the "tip  
of the iceberg"... believe me! Several  
of us will be traveling to the NGA  
conference in Nashville in early Oc-  
tober. There should be much more  
to share after our return. You can  
check out the conference details by  
going to [www.guardianship.org](http://www.guardianship.org).

This website has other information  
you will find helpful.

Respectfully submitted,

Perry H. Patterson, President



## **Howe Press Release**

*Continued From page 4*

"We will work closely with individuals,  
family members, and guardians  
throughout the transition process. Our  
primary goal is to ensure the provision  
of quality services for the individuals  
currently residing at Howe Develop-  
mental Center, said Grace Hou, IDHS  
Assistant Secretary. "The moves re-  
flect the growing demand for commu-  
nity services and the Howe closure will  
allow us to increase staff and improve  
care at the other state-operated de-  
velopmental centers."

There are 316 residents and 754 staff  
at the Howe Developmental Center,  
which first opened in 1972. There  
were 766 residents at Howe at the  
height of its operations in 1983. Since  
then, the numbers have declined, fol-  
lowing trends in services for people  
with developmental disabilities.

The state will work with union repre-  
sentatives to develop a closure agree-  
ment for the staff at the center within  
the first few months of the announce-  
ment.

"We care about and value the staff at  
Howe Developmental Center and will  
be working with them and providing  
support and resources throughout the  
process," said Lilia Teninty, Director of  
the Division of Developmental Disabili-  
ties. "A center closure is a very diffi-  
cult thing to endure, especially after  
staff has worked for so long under  
pressure to achieve quality services

Press release taken from [www.dhs.state.il.us](http://www.dhs.state.il.us)

## ***The Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act***



The NGA 2008 Colloquium held this past April, featured panelist Eric Fish JD. Mr. Fish is the legal counsel from the Uniform Law Commission based in Chicago. He provides support to legislators considering uniform acts. He spoke to guardians across the country about the importance of adopting the uniform adult guardianship and protective proceedings jurisdiction act. The National Guardianship Foundation issues a resolution in support of the act last spring. Below is a fact sheet you can share with legislator and stakeholders that

*Eric Fish JD– NGA Colloquium Chicago April 2008*

### **WHY STATES SHOULD ADOPT**

#### **THE UNIFORM ADULT GUARDIANSHIP AND PROTECTIVE PROCEEDINGS JURISDICTION ACT (2007)**

The Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act (UAGPPJA) received its final approval at the Uniform Law Commission's (ULC) 2007 annual meeting. The UAGPPJA deals primarily with jurisdictional, transfer and enforcement issues relating to adult guardianships and protective proceedings. There are a number of reasons why every state should adopt the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act.

***Provides procedures to resolve interstate jurisdiction controversies.*** The UAGPPJA creates a process for determining which state will have jurisdiction to appoint a guardian or conservator if there is a conflict by designating that the individual's "home state" has primary jurisdiction, followed by a state in which the individual has a "significant-connection." Under certain prescribed circumstances, another state may be chosen if it is the more appropriate forum.

***Facilitates transfers of guardianship cases among jurisdictions.*** The UAGPPJA specifies a procedure for transferring a guardianship or conservatorship to another state and for accepting a transfer, helping to reduce expenses and save time while protecting persons and their property from potential abuse.

***Provides for recognition and enforcement of a guardianship or protective proceeding order.*** The UAGPPJA helps to facilitate enforcement of guardianship and protective orders in other states by authorizing a guardian or conservator to register these orders in other states.  
(Continued on page 7)

**The Uniform Adult Guardianship and Protective Proceedings  
Jurisdiction Act**  
*(Continued from page 6)*



***Facilitates communication and cooperation between Courts of different jurisdictions.*** Permits communication between courts and parties of other states, records of the communications, and jurisdiction to respond to requests for assistance from courts in other states.

***Addresses emergency situations and other special cases.*** A court in the state where the individual is physically present can appoint a guardian in the case of an emergency. Also, if the individual has real or tangible property located in a certain state, the court in that jurisdiction can appoint a conservator for the property located there.

***Authorizes guardians to exercise the powers authorized in the order and addresses international orders.***

This Act will provide uniformity and reduce conflicts among the states. The UAGPPJA will also help save time for those who are serving as guardians and conservators, allowing them to make important decisions for their loved ones as quickly as possible. Every state should act quickly to adopt the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act.

## **NEW NGA Ethics List Serve (members only)**

The National Guardianship Association has introduced the Ethics Forum, a new benefit of NGA membership. Through the Ethics Forum, members are able to confidentially access an exclusive group of seasoned ethics specialists via a unique email address.

The services of the Ethics Forum are available only to those who hold membership in NGA, but accessing the Forum is very easy. [Current members can learn how to use the Forum in the Members Only section of this website.](#)

**[www.guardianship.org](http://www.guardianship.org)**

NGA members will benefit from this service by receiving guidance regarding a situation where a conflict may exist. Members will learn from others' experiences and may prevent ethical dilemmas from developing in the future. Most importantly, NGA Members will learn how to better apply the NGA Standards of Practice which are the foundation of the guardianship profession.

*Taken from the national guardianship association website [www.guardianship.org](http://www.guardianship.org)*

*Legal Review Continued from page 3*

The guardian testified that

- o the ward's sexual partner was a paranoid schizophrenic 20 years her senior; she believed a tubal ligation to be in the ward's best interests because it would be permanent
- o ward's counsel called a gynecologist, Dr. Hammond, who testified that:
  - o he had not personally examined or met the ward, but had reviewed documents;
  - o other forms of birth control were more desirable than a tubal ligation, particularly because alternatives were less intrusive;
  - o he was concerned with the ward's ambivalence about the procedure and might therefore experience post-operation regret;
  - o only 50% to 80% of tubal ligations may be successfully reversed;
  - o he had experience in prescribing "virtually all" forms of contraception available in the U.S. and knew of alternatives;
  - o an IUD would be an excellent alternative; it would require no anesthesia (but maybe mild sedation) and could not be removed by the ward after insertion;
- o another alternative, Implanon, a subdermal implant<sup>[5]</sup>, could be a viable alternative, although it was just then undergoing FDA approval;

After the hearing, the trial court issued an order that found:

- o the ward lacked capacity to make a decision regarding tubal ligation and that "the incapacity is not likely to change in the foreseeable future";
  - o the ward was capable of reproduction, since she had matured normally into a healthy woman and there was no evidence regarding her lack of fertility;
  - o the ward was sexually active;
  - o according to the uncontradicted testimony, the ward "could never conceivably carry out parenting duties," and having a child taken away from her would result in "irreparable psychological damage."
  - o "it is not in [the ward's] best interest to become pregnant and as a result of that finding this court believes that by clear and convincing evidence that it is in (her) best interest to have a permanent form of birth control."
  - o however, "there is no evidence in the record (that) would support a finding that a less intrusive method of contraception would not serve her needs."
- the court ordered that the ward be examined by a board-certified gynecologist and a written report be presented on whether her contraceptive needs could be appropriately served through use of an IUD or Implanon.

At a later hearing, the judge stated that he did not intend to vilify the guardian<sup>[6]</sup>, whom he believed had always been looking out for K.E.J.'s best interests; nevertheless, he said that the ward was "doing okay" and that there was no need at present for a permanent form of birth control. That same day, the court entered its final order denying the guardian's petition for tubal ligation. Issues related to fees for the guardian ad litem and the guardian's attorney were still pending.

*(Legal review Continued on page 9)*

*(Legal Review Continued from page 8)*

On appeal, the appellate court supported the trial court's finding concerning the guardian's failure to meet her burden to show by clear and convincing evidence that a tubal ligation is in her ward's best interests *when compared to other forms of contraception*. The appellate court provided a thorough discussion of the rights and liberty interests that required that the ward's rights be given careful protection. The court noted that two distinct rights of privacy come into play: the right to bear children and the right of personal inviolability. Although neither of these two rights are considered to be absolute, "especially when they are confronted by the right of a parent or guardian with respect to a minor or someone who has been adjudicated an incompetent," courts "still have a duty to ensure that parents and guardians of incompetents do not abuse their powers to the detriment of their charges."

Since the case is one of first impression in Illinois, the opinion provided thorough and detailed instruction for when a guardian's sterilization petition may be authorized, setting out these initial guidelines:

- in deciding the matter, courts should consider only the best interest of the (ward) and not the interests or convenience of the individual's parents, the guardian, or of society;
- it cannot be assumed that the interests of a parent or guardian seeking sterilization are identical to those of the mental incompetent;
- the need for sterilization must be shown by clear and convincing evidence, the highest burden of proof, to prevent any abuse of judicial authority;

The appellate court determined that, procedurally<sup>[7]</sup>, the court must follow these considerations:

- a guardian ad litem must be appointed if the ward does not already have one;
  - a full hearing, with opportunities for both the petitioner and guardian ad litem<sup>[8]</sup> to be heard and present witnessed, is required;
  - the court has a duty to ensure that the ward undergoes a full medical and psychological evaluation, with particular attention paid to the ward's decision-making capacity with respect to the proposed sterilization;
  - the judge should meet personally with the ward in order to observe firsthand her condition and gauge her level of mental functioning;
  - the judge should then make explicit findings as to the ward's capacity to make a decision regarding sterilization and that the ward is unlikely to regain such capacity, recognizing that even an adjudicated ward may be capable of making a choice regarding sterilization;
- the court should also find that, for sterilization to be in a ward's best interests, it must be shown by clear and convincing evidence that less drastic contraceptive alternatives are impractical and unworkable under the circumstances;

1. In addition, the appellate court adopted a six-factor test borrowed from the Pennsylvania case of *In re Terwilliger*, 304 Pa.Super. 553, 450 A.2d 1376 (1982):

*(Continued on Page 10)*

*(Continued from page 9)*

The possibility that the incompetent person will experience trauma or psychological damage if she becomes pregnant or gives birth, and, conversely, the possibility of trauma or psychological damage from the sterilization operation;

1. The likelihood that the individual will voluntarily engage in sexual activity or be exposed to situations where sexual intercourse is imposed upon her;
2. The inability of the incompetent person to understand reproduction or contraception and the likely permanence of that inability;
3. The ability of the incompetent person to care for a child, or the possibility that the incompetent may at some future date be able to marry and, with a spouse, care for a child;
4. Evidence that scientific or medical advances may occur within the foreseeable future which will make possible either improvement of the individual's condition or alternative and less drastic sterilization procedures;

A demonstration that the proponents of sterilization are seeking it in good faith and that their primary concern is for the best interests of the incompetent person rather than their own or the public's convenience.

The appellate court noted that the above are “not intended as rigid elements, nor are they intended to be an exhaustive list; rather, they are to guide the court as it seeks to decide whether sterilization by the petitioned-for method is truly the best way to serve the interests of the ward.”

And finally, the appellate court reiterated the decision-making standards for guardians already stated in the Illinois Probate Act in 755 ILCS 5/11a-17(a) and explicitly adopted these standards for deciding sterilization cases. These standards require a decision-maker to use a substituted judgment standard to show by clear and convincing evidence that the ward, if competent, would have chosen sterilization as a first resort. But, if substituted judgment cannot be proved by clear and convincing evidence, a best interests standard may be employed, using the six *Terwilliger* factors. The standards would apply for male wards as well.

In closing, the appellate court applied all the above standards and found that a substituted judgment approach showed the ward to have consistently opposed the tubal ligation procedure and her current position to have been ambivalent. Shifting to the best interests test, the court found that the guardian failed to meet her burden of proving by clear and convincing evidence that a tubal ligation was in her ward's best interests when compared to other means of contraception. The decision upheld the trial court's decision on sterilization.

*Submitted by John Wank*

*General Counsel and Deputy Director at the Illinois Guardianship and Advocacy Commission*



## TRAINING OPPORTUNITY

**THURSDAY, NOVEMBER 6<sup>TH</sup>, 2008**

### **TRAINING OPPORTUNITY FOR REGISTERED GUARDIANS**

**Sponsored by**

ILLINOIS GUARDIANSHIP ASSOCIATION

&

ILLINOIS GUARDIANSHIP AND ADVOCACY COMMISSION

**MCFARLAND MENTAL HEALTH CENTER**

**901 SOUTHWIND RD, SPRINGFIELD, ILLINOIS**

**10:15- 10:30      REGISTRATION AND WELCOME**

**10:30 - 11:45      ILLINOIS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES**

*Michael Hurt*

- o Function of the Bureau of Quality Management
  - o National Core Indicators Project
- New Initiatives in FY09

**11:45 - 12:45      LUNCH ON YOUR OWN**

**12:45 - 2:00      DIABETES**

Review of endocrinology, the diabetes epidemic and its impact on wards and persons with disabilities.  
Prevention  
Early diagnosis and treatment  
Advocating for proper care  
End of Life Issues

**2:00 - 2:15      BREAK**

**2:15 - 3:15      ASSISTIVE TECHNOLOGY**

*Cilla Sluga*

Overview of Assistive technology and services available  
Illinois Assistive Technology Program

**3:15 - 3:30      EVALUATIONS AND WRAP UP**

**To reserve a space at this conference, please contact [gina.rossi@illinois.gov](mailto:gina.rossi@illinois.gov) no later than October 30th via e-mail. Space is limited.**

*We are pleased to offer this training at no charge to IGA members and IGAC staff.  
This program is sponsored by the Illinois Guardianship Association.  
Application is pending with the National Center for Guardianship Certification for 5 RG general credit hours. <http://illinoisguardianship.org/>*

## TRAINING OPPORTUNITY

**TUESDAY, OCTOBER 21<sup>ST</sup>, 2008**

### **TRAINING OPPORTUNITY FOR REGISTERED GUARDIANS**

CO-SPONSORED BY THE

ILLINOIS GUARDIANSHIP ASSOCIATION  
&  
ILLINOIS GUARDIANSHIP AND ADVOCACY COMMISSION  
MICHAEL A BILANDIC BUILDING  
160 N. LASALLE, C-500 AUDITORIUM  
CHICAGO IL 60601  
312-793-5900

- 9:00 - 9:15**      **REGISTRATION AND WELCOME**
- 9:15 - 10:30**      **OVERVIEW OF PHYSICAL AND OCCUPATIONAL THERAPY**  
"Advocating for appropriate services and follow up therapies for wards and persons with disabilities"  
*Professor Roberta O'Shea*  
*Governor's State University*
- 10:30 - 10:45**      **BREAK**
- 10:45 - noon**      **CHICAGO ALLIANCE AGAINST SEXUAL EXPLOITATION**  
"Interventions to address sexual exploitation and prostitution involving persons with mental illness and other disabilities"  
*Rachel Durschlag*
- Noon - 1:00**      **LUNCH ON YOUR OWN**
- 1:00 - 2:15**      **ILLINOIS COUNCIL ON DEVELOPMENTAL DISABILITIES**  
*Jennifer Harrison*  
"Blueprint for System Redesign in Illinois"
- 2:15 - 2:30**      **EVALUATIONS AND WRAP UP**

**To reserve a space at this conference, please contact [gina.rossi@illinois.gov](mailto:gina.rossi@illinois.gov) no later than October 14th via e-mail. Space is limited.**

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## IGA SURVEY RESULTS

Fifty-five members of IGA were sent a survey in August. Seventeen (17) responded for a return of 31%. Not all of the 17 answered every question. Five (5) current IGA board members responded. Seven (7) responses came from attorneys with the remaining 10 from private, family, or state guardians. The survey could provide a basis for planning... perhaps for a 1-3 year period. It won't be easy and it will require a major effort to come to some agreement as to where we are headed as an association. A plan would give us continuity and a better chance to respond to needs. The following report has been edited to reduce its length. I thank those who participated!

Is the IGA meeting your needs? Seven answered yes and six no. The responses that offered recommendations came mostly from the six saying no. One yes response wanted the focus of the association to remain training professional and public guardians. Others thought IGA only held an annual meeting, had not found its niche yet, has narrow focus on professionals, and was not offering enough for family and service providers. Recommendations were made for long term planning and IGA to be more of a resource for family and professional groups.

2. How to increase memberships? This question elicited many responses. Some of these were:

1. Establish linkage agreements with service providers and support groups.
2. Mail newsletter to NGA members in Illinois who are not IGA members.
3. Advertise thru ISBA and newsletters such as Elder Law and Senior Lawyers.
4. Provide grassroots activity for families through education and chapter mbpsps.
5. Focus on CEU's, CLE's for different target groups...a seminar for attorneys, seminar for guardians, and one for families.
6. Conduct outreach to bank trust departments, community agencies, state agencies, and health related organizations in effort to sponsor training, etc.
7. Continue to recruit Public Guardians, working with known contacts within IGA and work ing through the Governor's office and Illinois Guardianship and Advocacy Commission.
8. The IGA website could be used more constructively. It could be used as a marketing tool.
9. Ask IGA members to contact local newspapers to set up a monthly or bi-monthly articles on guardianship issues. Perhaps set it up as a general question and answer format.

3. Which section of the IGA Newsletter do you find most useful? The responses, in order of usefulness, were special articles, upcoming events, legislative news, president's report, web site addresses, and advertisements.

**The IGA newsletter is a quarterly publication. Would YOU like to contribute? We'd like to hear from you. Please send all articles, questions or comments to Gina Rossi at [gina.rossi@illinois.gov](mailto:gina.rossi@illinois.gov)**

4. What other information would you like to see in the newsletter?
  1. More news about NGA issues that could be of importance here in Illinois such as uniform guardianship law, annual conferences, guardianship registration efforts in Illinois, and upcoming NGA conferences.
  2. Medicaid examples and strategies. Practice tips and pointers.
  3. Life stories of how guardianship issues are resolved.
  4. Focus on family guardianship issues.
  5. Board action that has broad appeal.
  
5. What education and training programs would you like to have IGA present in 2008-2009?

Questions 5 and 9 were combined as both were related to education and training.

  1. Have presentation on the basic guardianship process.
  2. Perhaps pairing with local bar associations and Chief Judges to hold regional seminars for guardians.
  3. As a family guardian, I am particularly interested in training. The information available in the general sector of (special) education is very limited.
  4. Emphasize continuing education credits for RG and MG and providing exams for the Registered and master guardian. Include CEU's for Long Term Care Administrators and other disciplines such as social work, nurses, qualified mental health and mental retardation professionals, and for staff of the aging network.
  5. Regular conferences with a dual track program (professional and family guardian).
  6. Interrelationships of guardianship, self neglect, and mental health issues.
  7. Presentation on fiduciary fraud, fraudulent credit card practices, special needs trusts, and Medicaid updates.
  8. Office technology and basic ideas for organization of guardianship office.
  9. Where to find web based information helpful to guardians. For example, finding information about health/medical issues, placement information, and nursing home violations.
  10. How to talk to wards about end of life issues. How to elicit information about their feeling on the subject.
  11. A breakout session for interested family and appointed guardians who are also caregivers.
  
6. Top four locations for training. Chicago received 7 votes for best location. Coming in second was Rockford with 4 votes, third was Champaign (5), and fourth Bloomington (5). Mt. Vernon received 3 votes for a second best location. Collinsville was recommended as a downstate site because of interstate availability.
  
7. Are you interested in serving on the Board of Directors? Three persons said yes. Three indicated they would like to continue on the board.
  
8. Are you interested in serving on a committee? Nine (9) indicated yes. There is interest in serving on Education and Training, Membership, Legislation, and any committee where they could help most.

**Submitted by Perry H. Patterson, President**

**Thank you** for your interest and participation in the Illinois Guardianship Association. For questions, concerns, information or to become involved in one of our many committees, please contact Sandy Hayes via email at [Sandra.hayes@illinois.gov](mailto:Sandra.hayes@illinois.gov)

**Is it time for you to renew your IGA membership?**

Questions? Give us a call (312) 458-9867

**Visit us on the world wide web at  
[www.illinoisguardianship.org](http://www.illinoisguardianship.org)**

**IGA Board of Directors**

President- Perry Patterson  
Vice President- Steve Perlis  
President Elect- Gina Rossi  
Treasurer- Sandra Hayes  
Secretary- Helen Godlewski  
Past President- John Erbes

**IGA Board Members**

Cathy Goebel  
John Wank  
Bill Scheidemantel  
Susan Hagrelus  
Chuck Golbert  
Linda Begnel  
Greg Fitzgerald