

A publication of the DCFS
Hispanic Advisory Committee

Noticias

Rod R. Blagojevich, Governor
Bryan Samuels, Director

Fall Edition, 2005



Celebrating Hispanic Heritage Month!



Hispanic Advisory Committee Members: Front Row: Maria Calderon, Yolanda Capriles, Miriam Mojica, and Dahlia Roman; Second Row: Cecilio Perez, Julia Camacho de Monzon, Slyvia Fonseca, Carmen Alvarez, and Hector Vazquez; Back Row: Evelyn Martinez, Kenneth Martin-Ocasio and Asela Paredes

Inside this issue:

Page 2

Welcome from the Chairperson

Page 3

The correlation between domestic violence and child neglect and abuse

Page 4

The focus is on you

Page 5

Consent procedures for foregoing life-sustaining treatment

Page 6

HAC/AAAC biannual meeting

Arden Shore "Run for the Kids"

Page 7

Upcoming community events

Page 8

Substance abuse increases among Hispanics in Illinois

Page 9

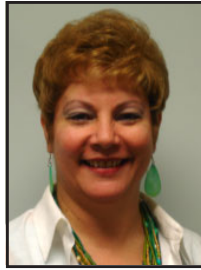
The long-term impact of child abuse

Page 10

Office of Affirmative Action

Page 11

Immigration services for undocumented children



Welcome from the Chairperson

Miriam Mojica

Welcome to the Fall 2005 Edition of *Noticias*. I am excited to be the Chair of the Hispanic Advisory Committee (HAC). When I started attending HAC meetings back in 2001, I did not realize how much work this group of Latinos puts into our organization. With my personal participation, I learned how people could come together to make a difference. Now I understand and realize that as child welfare professionals, we sometimes are so busy helping our own families, working at our desks, doing paperwork, and attending mandated trainings and staffings, we don't realize how much our job impacts others. We must continue to thrive here in the Department. The Hispanic Advisory Committee is an advisory entity to our Director Samuels. We take pride in conveying your concerns to him. Additionally, you already know we are continuously facing many challenges in assuring that our Latino families and their children receive the appropriate services to which they are entitled. I take my hat off to all of you whom are the concerned workers that on a daily basis are constantly working to help the Latino families and children we serve. To that end, I leave with these words to reflect on:

Oliver Wendell Holmes stated: *"I find the great thing in this world is not so much where we stand, as in what direction we are moving. To reach the port of heaven, we must sail sometimes with the wind and sometimes against it, but we must sail and not drift, nor lie at the anchor."*

Como presidenta de este comité, me siento orgullosa de representarles. Nosotros somos un comité que trabajamos arduamente para presentarle a nuestro Director Samuels todos los asuntos concernientes a las familias y niños latinos que servimos. Yo tomo, seriamente mi responsabilidad como presidenta y quisiera exhortarlos a que participen de las actividades que propiciamos. Cualquier inquietud ó si desean pueden comunicarse al número 1- 708-338-6692 ó a mi correo electrónico a MMojica@idcfs.state.il.us.

Cordialmente,
Miriam Mojica, MSW
Hispanic Advisory Commitee Chairperson

**SAVE THE
DATE!**

**DCFS Hispanic Family
Institute Days
November 9-10,
2005**

The Department responds to the correlation between domestic violence and child neglect and abuse

By Marian Houston

Responding to research revealing the correlation between domestic violence and child welfare, the Department of Children and Family Services named domestic violence as one of five underlying conditions often present in lives of families who come to the attention of child welfare services. One survey of 6,000 families found that 50% of the men who abused their wives frequently abused their children.* A study done by a Boston City Hospital reported that 59% of mothers of abused and neglected children had medical records that suggested that their partners had battered them.**

In developing an awareness of domestic violence as a child welfare concern, DFCS took significant steps to secure staff readiness:

- A Statewide Domestic Violence Administrator was hired.
- The Domestic Violence Screening Tool was developed and routine use by investigators is required.
- Basic information incorporating the definition, myths, causation, and victim interview skills among other factors was integrated into the five-week clinical practice training. This training was delivered to direct service staff and their supervisors.

The Department's continued commitment to serving this particular population has not diminished. Since its earlier response to this issue, the Department has:

- Worked with members of the domestic violence community to develop a much-needed domestic violence policy and practice guide. Both documents will provide the basis for a statewide training on domestic violence in which direct service staff will be required to screen for domestic violence throughout the life of a case. The training will highlight the initial assessment

process, child trauma symptoms, safety and service plans that are sensitive to the needs of victims of domestic violence, and interventions. This training will be offered to POS staff as well.

- A Domestic Violence Handbook for Clients has been developed and translated into Spanish. In an effort to further a collaborative response to domestic violence, the handbook encourages client disclosure. When responding to household inquiries this handbook will be routinely distributed to clients upon first contact.
- The Department's Division of Clinical Services, under whose umbrella Domestic Violence Intervention is housed, hopes to support the new domestic violence protocol by placing a domestic violence specialist in every region. Currently there is one specialist who is housed at the Cook Central Maywood Office—Nisha Patel, (708) 338-6691. Upon request, the domestic violence specialist will provide case consultation and continued education.
- A second specialist will be hired and possibly housed at Cook South's Emerald office.

The Department continues to make advances in addressing this very complicated issue. Yet there is much work before us. Developing a statewide tracking system that will allow us to track the number of cases and any factors that would speak to the needs of a particular population such as teens, women of color, Lesbian, Gay, Bisexual or Transgender concerns, and batterers programs. Identifying domestic violence in our foster homes and/or training our foster parents to better serve the needs of children who are secondary or even primary victims of domestic violence is also critical.



The Domestic Violence Handbook is available to order through Chicago and Springfield Stores in English and Spanish. The order numbers are CFS 1050-85 (English) and CFS 1050-85-S (Spanish).

In short, strengthening our response to victims of domestic violence is a long-term commitment that will cause the Department to knock on many doors, and it is an endeavor that is filled with all kinds of unexpected challenges. But each day we face those challenges, we move a little closer to eradicating domestic violence from our communities.

* Schechter, S., & Edelson, J.L. (1994). In the Best Interest of Women and Children: Call Collaboration Between Child Welfare and Domestic Violence Constituencies. Briefing paper presented at the conference on "Domestic violence and Child Welfare: Integrating Policy and Practice for Families," Racine, Wisconsin. June 8-10, 1994.

** SAME AS ABOVE.



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José Candelas

D. Jean Ortega Piron

The focus is on you

In every issue of Noticias we will be focusing on a different Spanish Speaking bilingual employee. In this issue we would like to introduce you to our Chairperson, María Calderón. If you know of someone we should highlight, please send an email to Julia Camacho, adelante!

Hi, I'm Maria. I am currently a Case Review Administrator at Cook North, Bradley and have been with DCFS for almost 24 years, working in various departments from follow-up to adoptions and now in ACR.



María Calderón

Twenty-three years seems like a long time, and indeed it is, but new technological innovations and changes within the social services arena have greatly influenced child welfare practices. One major change has been the shift from paper to our reliance on computer-generated forms. I remember doing service plans by hand, and if you didn't press hard enough, you might have the misfortune of having illegible carbon copies. Imagine having to correct plans without the click of a mouse, spell check, etc. Cell phones were nonexistent in those days, and guess what, we were at the mercy of a local phone, and hopefully we had enough change in our pockets to call a supervisor for support or a co-worker for assistance. Notwithstanding, even with the antiquity of these means in performing our jobs and with the dread of changes, our commitment to our children and families has always been certain.

What are some of the most gratifying aspects of your job?

As a Case Review Administrator, I am aware that the review process entails much preparation, not only in the development of plans, but also in the coordination of services, mandatory attendance, and the presentation of multiple documents. I want to say to many of the workers I have worked with that I recognize your hard work. Most

importantly, I remember your concern for children and families and your devotion that comes from "El Corazón." Although I may not have seen some of the families or children you work with, your investment and hard work is reflected in the case review process.

SACWIS presented challenges, but this did not alter your commitment or your belief that the best way to honor a child's history is through maintaining the connection with his/her "familia" and the continuity of their culture. I have seen the pride in many of you for doing what is best for the children, and your belief in

the work you do irrespective of systemic barriers. We all have stories to share and lessons learned, and as a reviewer I can remember the parent who doesn't give up regardless of their limitations and the worker who trusts their instincts and achieves what is best for the family. Those special moments in a child's life may not be articulated in a service plan but have been recognized and remembered. These are the moments which have inspired me to believe in the work that we do. Some experiences include the worker who proudly talked about a child's father who took a lead role in his daughter's "quinceañera" in spite of the adolescent being in care; the worker who believed in her adolescent client who struggled with an unimaginable traumatic past, and with compassion and support helped her to overcome many obstacles; and the worker who never gave up on returning a child home amidst a lengthy court process. These things may not be captured in a service plan, and multiple documents may overshadow the essence of these moments, but most importantly we have instilled in that child a sense of who they are and where they belong.

"The test of the morality of a society is what it does for its children."

Dietrich Bonhoeffer

Consent procedures for foregoing life-sustaining treatment

By Jeanie Ortega-Piron

As the Guardian (“legal parent”) of our children in foster care, I have the legal responsibility to make all those decisions that a parent would normally make on behalf of his/her child to ensure the child’s health, safety, security, and well being. Much of this work is delivered through the consent process. Fortunately for me, I have many authorized agents in the field that help me in carrying out my responsibilities.

While I have delegated the processing of many requests for consents to my authorized agents, there are a few types of consents that I have not. One of those is a request for consent for Do Not Resuscitate/Do Not Intubate/Removal of Life Support orders (DNR/DNI). I consider these requests to be the most serious of the work that we perform for children, and as their court-appointed guardian this decision is my ultimate responsibility.

Often caseworkers are the first individuals that are approached by health care providers to discuss the need for DNR/DNI removal orders. It is a difficult discussion and one that many caseworkers may have only once in their careers. Because of the seriousness of the decision, I insist that all requests for consent for the removal of life support, limiting medical treatment, foregoing life-sustaining treatments, and/or the entry of a Do Not Resuscitate Order immediately be referred to the Division of Guardian and Advocacy. **Only I, the Guardian, or in my absence, the Assistant Guardian, Theresa Matthews, may provide consent for these types of requests. Authorized agents cannot provide consent for the removal of life support, entry of a DNR order, or limiting medical treatment on behalf of our wards.**

Before I consent, I consult with the Department’s Medical Director, Dr. Paula Jaudes, meet with biological and foster parents, visit the child, and have

discussions with the treating physician, the caseworker, the supervisor, and anyone else I think is necessary. My authority to consent must be given in accordance with the Health Care Surrogate Act.

The Health Care Surrogate Act is intended to define the circumstances under which private decisions to terminate life-sustaining treatment may be made by surrogate decision makers on behalf of patients lacking decision-

The Guardian has the legal responsibility to make all the decisions that a parent would normally make on behalf of his/her child to ensure the child’s health, safety, security, and well being.

making capacity without judicial involvement. The attending physician must certify that a patient is suffering from a “qualifying condition” within the meaning of the Act. The three conditions are: terminal condition, permanent unconsciousness, and incurable or irreversible condition.

It is when the physician determines that a child’s medical condition falls under the Health Care Surrogate Act that I need the caseworker’s help in gathering information. First, immediately contact my office at (312) 814-8600 and state that you are calling to notify me about a physician’s request for consent for DNR, removal of life support, or foregoing life-sustaining treatment. Someone from my office will then help you with the information I will need. Pursuant to Department Policy Guide 2001.4 you will be asked to gather the following:

- Copy of the Dispositional Order appointing the DCF’s Guardianship Administrator legal guardian of the

child. I must have guardianship; if I do not, the biological parents are the individuals with the legal authority to consent. The Department is strictly prohibited from seeking guardianship in order to consent to foregoing life-sustaining treatment.

- Names, addresses, and telephone numbers of the child’s birth or adoptive parents, other interested relatives, and substitute caregivers. Though I have the legal authority to consent to these types of requests, I strongly consider the wishes of the birth/adoptive parents, interested relatives, and substitute caregivers.
- A letter from the child’s attending physician requesting the consent, including a statement of what the qualifying condition is, brief medical history, and diagnosis and basis for his/her treatment recommendation.
- Letters from two physicians (with specialized training, knowledge, or experience in the medical discipline of the child’s disease and/or disability who are not professionally associated with the child’s attending physician) providing their reasons for recommending the treatment.
- Written statement from the medical provider’s ethics committee providing the committee’s reasons for recommending the treatment.

After I receive all of the information, I will begin my discussions and meetings in order to make the most appropriate decision for the child. I do not always consent, as there have been times when doctors have requested consents that do not fall within the Health Care Surrogate Act, or the family members have requested that I do not consent. I will keep the field informed of whatever I decide.

I recognize that this process is not only demanding of time but also of our emotions. I thank all of you who have assisted me in the past and all who will assist me in the future in making these most critical decisions for our children.

Hispanic Advisory Committee (HAC) and African American Advisory Council (AAAC) biannual meeting

By Dahlia Roman

On May 19, 2005, the Hispanic Advisory Committee (HAC) and African American Advisory Council (AAAC) met for their biannual joint meeting hosted by the AAAC at 1911 S. Indiana. The most significant accomplishment was the final draft report presented by the subcommittee on "Incarcerated Youth." All members present reviewed and finalized the report for distribution to Director Samuels and his key staff members.

The catalyst for organizing this committee came from the growing concerns by both groups regarding the service provisions for our incarcerated youth population. Our self-imposed mandate was to form a subcommittee to develop a report that would highlight the issues and concerns of this population of wards, and utilize the information gathered to provide the Department with concrete recommendations for servicing this vulnerable population.

Our hope is that the report will serve as a tool to aide in the development of policy so the Department Of Children and Family Services and the Department Of Corrections ensure appropriate services and planning for these youth.

HAC and AAAC continue to work cohesively in an effort to address issues and concerns that have an impact in both our communities, affecting our children and families. The groups have been meeting biannually (in May and December) for the past five years. We look forward to working collaboratively and having a positive impact on our child welfare system as we are confronted with new challenges in the future.

Arden Shore "Run for the Kids" fundraising event

Arden Shore Child and Family Services, Lake County's oldest nonprofit agency, has been serving the individual needs of abused and neglected children and their families for 106 years. Arden Shore's latest fund raising event, "Run for the Kids," was held at the Arlington Park Race Track on June 12, 2005. The event raised necessary funds in support of Arden Shore's long-standing mission of rebuilding children's lives and raised more than \$20,000 to benefit children and families.

The leadership of Arden Shore's Board of Directors co-chairs, Bob Payton and Dottie Rzeszutko, rallied local corporate support to drive the event's success.

The lead sponsors were the Barrington Committee of Arden Shore, LaSalle Bank, Mowery and Schoenfeld LLC, Payton Floral Company, Baxter Corporation, Robert & Marcia Gilbreth, and Ken and Dottie Rzeszutko. Festivities included races throughout the day, a silent auction, a raffle, a buffet lunch, and an open bar.



Dottie Rzeszutko, Co-chair of the event and Arden Shore Board of Directors member, and Dora Maya, CEO of Arden Shore, address the crowd at the "Run for Kids" fundraising event.

Arden Shore prides itself on adapting its programs and services to the ever-changing social landscape and offering a continuum of bilingual child welfare services notable for their excellence: Boys' Group Home (ages 15-21 years); Waukegan Group Home (boys/girls ages 5-15 years); Relative and Traditional Foster Care and Adoption Services; Family Centered Group Services; Intact Family Services (Family Preservation); Culturally Sensitive Language Appropriated Milieu and Case Management Services to Latino children and adolescents; and Outpatient Counseling/In-Home Counseling & Assessment. For more information and other Arden Shore services, contact them on the web at www.ardenshore.org or call (847) 549-1730.



Left to right: Laura Becerra, Joe Becerra, Carmen Alvarez, Mario Barrales, Maria Calderon

Substance abuse increases among Hispanics in the state of Illinois

By Laura I. Garcia

Family structures in the Hispanic community continue to deteriorate as the levels of poverty and substance abuse increases. Hispanic children are entering the child welfare systems at alarming rates. Rural areas in Illinois such as Beardstown cannot keep up with the growing demand of the Hispanic community making Hispanic families susceptible to human and mental health problems.

According to the Children's Home Society of Washington, children whose parents abuse drugs and alcohol are almost three times more likely to be abused and four times more likely to be neglected than children of parents who are not substance abusers. Social workers must understand the strong relationship between substance abuse and child mistreatment and effective ways to deal with them.

It is difficult to find accurate data on levels of substance abuse among the Hispanic population since national and state surveys do not sample adequate numbers of Hispanics. The Division of Alcoholism and Substance Abuse (DASA) is responsible for the licensing, monitoring, and development of substance abuse treatment programs in the state of Illinois.

In March of 2004, DASA produced the *Fiscal Year 2003 Data Book*. DASA requires the reporting of service data for all funded providers via the Divisions Automated Reporting and Tracking System (DARTS). Licensed substance abuse treatment providers who do not receive state or federal funds are not required to report services provided; as a result, the data represented in the *Fiscal Year 2003 Data Book* only provides us with a snapshot of the current system of care in the state of Illinois.

In 2002 a total of 12,217 Hispanics received substance abuse services with

DASA-funded providers. In FY03 the numbers increased to 14,898. Out of those 14,898 Hispanics served, 11,525 were reported to be males and 3,373 females: 132 of those females were reported pregnant; 3,218 were youth; 506 were DCFS referred; and 133 were DCFS involved. In addition, 7,181 Hispanics reported having 1 to 3 prior substance abuse treatment episodes.

Children whose parents abuse drugs and alcohol are almost three times more likely to be abused and four times more likely to be neglected than children of parents who are not substance abusers.

Every year alcohol is reported as the substance most used and/or abused by Hispanics. This is understandable since alcohol is a legal substance and widely accepted by everyone, including Hispanics.

In FY03 Hispanics reported their primary drugs of choice as follows: 6,011 used alcohol; 3,010 used marijuana/hashish; 2,499 used heroin/Karachi; 1,552 used cocaine; and 105 used hallucinogens. Many of these individuals had second and third drugs of choice.

Numerous Hispanics seek community-based services and many do not seek services at all. Examples of community-based programs are those established by

the faith-based organizations. Another community-based program is the 12-step self help program such as Alcoholics Anonymous and Narcotics Anonymous. Little is known about how or when Latinos enter 12-step self-help groups. Since these groups are anonymous we cannot measure how many Hispanics attend 12-step groups, how many sustain sobriety, and if this model is highly effective when working with Hispanics rather than traditional structured treatment programs.

Throughout the country, government institutions, policy makers, and our educational system are not meeting the needs of the Hispanic community. This, in part, can be attributed to the fast growth in the population; however, it is equally due in part to the unavailability of services for Hispanics along with the lack of culturally competent services.

Community leaders and service providers are limited in their tools to effectively serve this changing population primarily due to language barriers. The state of Illinois is not immune to this dilemma. The unavailability of human and healthcare services for Hispanic families in Illinois is prevalent. Substance Abuse Intervention and Treatment include the following levels of care: Early Intervention, Outpatient, Intensive Outpatient, Residential Extended Care, Detoxification, Residential, Recovery Home, Community Intervention, Toxicology and Adjunctive Services.

Anyone in need of a substance abuse referral in the state of Illinois can contact DASA at (312) 814 3840 and request the name and number of a licensed provider within or near the person's community. Once you contact the service provider, make sure they are qualified to deal with a Hispanic family.

The long-term impact of child abuse

By Angela M. Fdragas, L.C.S.W.

Regardless of the nature of child abuse, it is likely that the impact from the abuse will occur in three stages. The first stage is the initial reaction to the victimization such as Post Traumatic Stress Disorder, alterations to normal childhood development, painful affect, and cognitive distortions. The second stage is the attempt to accommodate ongoing abuse or integrate experiences of abuse through coping behaviors intended to increase safety (running away) and decrease the pain of victimization (drug use). The last stage can be seen through long-term elaborations and secondary accommodations of the abuse. These can manifest themselves through long-term effects of the initial impact reactions and later psychological development as well as the survivor's ongoing coping responses to abuse-related dysphoria. The following psychological/behavioral disturbances can result from child abuse: Post Traumatic Stress Disorder; Cognitive Disturbances; Altered Emotionality; Dissociation; Impaired Self-Reference; Disturbed Relatedness; and Avoidance.

Post Traumatic effects can include enduring psychological symptoms as a result of highly distressing disruptive events defined as: 1) aversive events that transpire with sufficient severity that would evoke significant psychological disturbance; 2) events frequently re-experienced via nightmares, intrusive thoughts or flashbacks (sudden sensory memories that seem immediately real even though the event is long past); 3) individual experiences such as numbing of general responsiveness to, or avoidance of, current events in his/her world; and/or 4) persistent symptoms of increased arousal such as sleep disturbance, heightened startle response, or poor concentration.

Cognitive Distortions can manifest themselves through distorted perceptions of significant self-assumptions, environment, and the future based

upon childhood learning through victimization—examples would be the overestimation of the amount of danger or adversity in the world, or the underestimation of his or her own self-efficacy and self-worth. These can lead to perceptions of helplessness, chronic danger, hopelessness about the future, assumptions of inherent badness, hypervigilance of danger—not only for potential danger to physical injury, but also for psychological trauma such as betrayal, abandonment, or injustice. Negative self-evaluation may arise as an attempt to make sense of the abuse. This can lead to self-depreciating behavior such as believing the abuse was deserved or having a sense of inherent badness. Cognitive reactions to child abuse are an attempt to draw logical conclusions from what may appear to produce what initially seemed to be an illogical response—passivity, self-blame, and/or low self-esteem.

Altered Emotionality to the abuse can manifest itself in the following ways, but not exclusively: depression; anxiety; hypervigilance to danger in the environment, whether objectively warranted or not; preoccupations with control (with the belief that even a slight loss of self-determination or self-protection could lead to danger or catastrophe); and/or misinterpretation of objectively neutral or positive interpersonal stimuli such as evidence of threat or danger.

Dissociation is a disturbance or alteration in the normal integrative functions of identity, memory, or consciousness. Dissociation can manifest itself through disengagement, detachment/numbing, observation, or amnesia. Disengagement is the cognitive separation from the environment at times of stress or trauma, often interpreted as “spacing out.” Detachment/numbing is the distraction or immobilization created by psychological pain. Observation is the individual experiencing themselves as watching events in which they are

directly involved. Amnesia is the unconscious avoidance of anxiety and distress arising from painful memories by banishing them from awareness.

Impaired Self-Reference is difficulties in how the child relates to him or herself. The child does not have a strong sense of self-identity, who he or she is, or what they want, etc. This causes difficulty in attachments to others.

Disturbed Relatedness can be seen as disturbances in intimacy—fear, distrust, or experience of ambivalence about interpersonal closeness. Aggression in relationships can develop by either avoiding interpersonal relationships all together or the acceptance of some level of aggression in intimate relationships as normal or appropriate. The way to get needs met is either to trade or trick others.

Avoidance is a coping response at the unconscious level. This can manifest itself through the use of substances in order to avoid difficult feelings or memories associated with the abuse. Suicidality is the ultimate avoidance of issues, used as an escape from extreme psychic pains, severe depression, crippling anxiety, overwhelming painful memories, or extreme hopelessness. Also manifested may be tension-reducing behaviors such as acting out, poor impulse control, or addictions. Self-mutilation may also be used as a strategy to avoid severe painful feelings. It is deliberate, non-life threatening, self-effected bodily harm, or disfigurement of a socially unacceptable nature. Another manifestation of avoidance can be seen in bingeing and purging behaviors, eating disorders, starvation, hoarding food, vomiting, or eating too much.

It is important when working with children who have been abused to not look at their behaviors as isolated or specific to situations, but as part of a much larger constellation of response to previous victimization.

Office of Affirmative Action

By Roberto Sanabria

Affirmative Action is the third rail of office culture. It can transform friendly discourse into a cynical, spiteful clash in a few short seconds. All too often, the unrest is fueled by the dearth of information as well as misinformation haunting the hallways. Nonetheless, the charge of any Office of Affirmative Action (OAA) is clear: to remedy past and current injustices that are results of particular categories of discrimination.

While discrimination rears its ugly head in many guises, only some fall under the scrutiny of affirmative action. For example, a supervisor may unlawfully prevent your just promotion because you root for the Cubs, while she is a die-hard Cardinals fan. Although this is indeed illegal, it will not trigger an affirmative action investigation. It falls squarely under the purview of labor relations.

Compelling affirmative action complaints within DCFS include discrimination based on one or more of the following:

- Race
- Color
- Ethnicity
- Sex (including sexual harassment)
- National origin/Ancestry
- Military discharge (Unfavorable)
- Marital status
- Citizenship
- Arrest record/Aiding and abetting
- Religion
- Physical or mental disability
- Age
- Coercion
- Retaliation

And on January 1, 2006, a new category will be added—Sexual Orientation.

Employees who suspect they have suffered one or more of these illegal forms of discrimination are urged by the Office of Affirmative Action to speak to their supervisors. All offices should have blank complaint forms on file. If a complaint is directed at one's immediate supervisor, an employee should either consult that supervisor's supervisor, or

contact us directly. The OAA phone number in Chicago is (312) 814-4692, and the number in Springfield is (217) 524-1248. An investigation will not ensue until we have an official complaint form on file that is signed by the employee lodging the complaint. An employee has 150 days (five months) from the time of the alleged incident to file a complaint with OAA. Once OAA has received a complaint, it will conduct an investigation and make a recommendation within 30 working days. This recommendation will be sent to the Director's office and to the employee's supervisor. It will either recommend conciliation or find that the case lacks substantial evidence.

In addition to OAA, which is an internal review, an employee may choose to file a grievance at the state level with the Illinois Department of Human Rights (DHR) within 180 days (six months) of the incident(s) and/or at the federal level with the U.S. Equal Employment Opportunity Commission (EEOC) within 300 days (ten months) of the incident(s). You can reach the Illinois DHR at (312) 864-6200 and the EEOC at (312) 353-2713.

OAA also investigates requests for reasonable accommodations. These accommodations are granted to those who have qualifying physical or mental handicaps and when the accommodation does not create an undue hardship for DCFS. For example, an employee who has significantly impaired eyesight may request and receive special software that will enlarge the font of all documents appearing on the computer screen. That same employee, however, should not expect the agency to buy him or her a house nearby so that he or she can walk to work.

Furthermore, a reasonable accommodation cannot compensate for the inability to accomplish a task essential to the performance of one's duties. For example, a clerical worker who lost the

use of her legs may request a parking space close to the entrance, as well as a ramp into the facility. Nonetheless, if that same employee were a caseworker, her ability to gain access into some homes would be hampered, if not impeded altogether. In this scenario, her request to be assigned cases only in homes that were wheelchair accessible would likely be deemed unreasonable.

OAA can counsel a grievant on the merit of a complaint. Moreover, a complainant has the right to take Department time in order to consult an EEO officer provided the employee has given the supervisor reasonable notice. Nonetheless, the decision whether to file rests solely with the employee.

OAA does not limit its investigative scope to DCFS employee complaints, but will conduct inquiries of the same kind and magnitude with potential hires, Purchase of Service (POS) agencies, DCFS clients, and subcontractors as well.

Currently, OAA is working with Judy Zaleski of the Training Division to develop low-tech and high tech training sessions around affirmative action issues. Both are in their conceptual stages at the moment. Ms. Zaleski envisions a low-tech approach in which employees would participate in conference calls where trainers/facilitators lead discussions and answer questions. Participants would also be engaged in PowerPoint presentations complimented by workbooks and assessments. Anyone with access to the D-Net and a telephone could participate. The high tech approach is in the pipeline. DCFS has a contract with Western Illinois University to develop a high tech internet-based training package complete with streaming video and sound. Participants will look at scenarios unfolding in real time as a trainer/webmaster follows their progress, facilitates discussion, and answers questions. Ms. Zaleski believes this training tool should be up and running by September 2005.

Immigration services for undocumented children

A Conversation with DCFS Immigration Services Coordinator

How can our caseworkers determine if undocumented children can receive immigration services?

If the worker has an undocumented child/youth in his/her caseload, I suggest that the caseworker answer five key questions. The answers to these questions will provide a better determination regarding the legal status of the child/youth:

1. Do you provide services to a foreign-born child/youth in a case (other than an intact family)?
2. Do you have proof that the foreign-born child/youth has legal status in this country?
3. Does the Department have “court-ordered” guardianship of the foreign-born child/youth?
4. Does this foreign-born child/youth have a permanency goal other than Return Home?
5. Does the foreign-born child/youth have a social security card or social security number?

If the caseworker’s answer is affirmative to three of the five questions, the child/youth may be undocumented and may be eligible for status adjustment or other immigration services through the Department of Children and Family Services (DCFS).

What is the impact upon an undocumented child/youth who may be eligible for immigration services but who is not referred for an assessment to determine the possibilities?

There are several negative outcomes for a child or youth who is served by the Department and is in an undocumented status. Perhaps the most important is related to achievement of certain permanency goals, notably Adoption and Independence. When a child/youth is undocumented or when there is no available proof that he/she has documented status in the United States, he/she will not be able to:

- Obtain a social security number
- Access gainful employment
- Access certain school funding for higher education

- Access a wide range of social services available to U.S. residents and citizens
- Be assured of his/her continued residency in the U.S. without the risk of deportation

Additionally, the Department’s ability to claim certain federal reimbursement may be affected because there are some services that are not reimbursable for a child/youth when he or she does not have a social security number.

When should a child be referred for an assessment to determine if immigration or legalization assistance is needed? What are the requirements that must be met for the child/youth to qualify for these services?

A foreign-born child/youth who has an open case with DCFS and is undocumented may be referred to the Office of Immigration Services to determine if the child/youth is eligible for status adjustment through the Department’s program for Immigration Services. Consideration of eligibility for immigration services is based upon **at least** two primary factors: The undocumented child/youth must be under the legal guardianship and custody of the Department via a court order **and** reside in a foster care placement. For purposes of federal regulations and eligibility criteria, a foster care placement is defined as any approved placement via DCFS or POS agencies—**except for the home of parent (HMP)**. This includes traditional and specialized foster care, group home placement, HMR, adoption, and subsidized guardianship. The court ordered permanency goal for the youth/child has to be other than Return Home. It should be noted that the case of a child/youth who has a goal of “subsidized guardianship” will require special review to ensure that the Department’s court-ordered legal relationship with the child/youth will remain in place during the timeframe that a case may be in the immigration/legalization process.

Does the process for immigration or legalization services work the same for all of the DCFS regions?

Yes, these services are available based upon federal regulations, so the same factors that are applicable in Cook County will apply for southern Illinois.

Are there other factors to consider?

Yes, here are two good examples:

1. Sometimes, especially outside of Cook County, the Court (Judge) will order that the child/youth be placed under the Guardianship of DCFS but enter an order that the child/youth is to be returned to the home of the parent for a given period of time. Even though the Department has legal Guardianship, the child/youth is still ineligible for legalization services because both of the primary eligibility factors (listed above) have not been met. The child cannot live in the home of a parent.
2. Eligibility for legalization services is applicable for the child/youth only; it does not apply nor is it transferable to the biological parent, relative, or foster parent who may also be in an undocumented status.

This is helpful information—so what should staff do when they have questions or maybe just need information?

Both DCFS and POS staff can call with any questions when he/she needs assistance in determining if a child is undocumented and whether that child/youth may be eligible for status adjustment or other immigration service through the Department.

Please contact Phyllis Robinson, DCFS Immigration Services Coordinator, at (217) 557-4663 or via Outlook email for information that may help you resolve issues when you have an undocumented child/youth in your caseload. If the child/youth meets eligibility requirements, Ms. Robinson can also assist you in the process of obtaining Legal Permanent Resident status.

Office of Latino Services invites you to participate in community events

By Dahlia Roman

Jose Lopez, Acting Chief of the Office of Latino Services (OLS), has extended an invitation to all Department staff and POS agencies to join him for some upcoming community and agency-sponsored events. This would be a great opportunity to represent the Department, other agencies, and to network. OLS also invites you to volunteer and represent your agency! For volunteer opportunities and more information please contact Jose Lopez at (773) 292-7868 or jlopez2@idcfs.state.il.us.

| <u>DATE</u> | <u>EVENT</u> | <u>LOCATION</u> |
|-----------------------|--|---|
| October 11-12 | Bi-National Health Week US-Mexico Bi-National Health Week Committee | Hyatt Regency Chicago |
| October 14 | 18th Annual IAHSE Conference- Illinois Association of Hispanic State Employees | Palmer House 17 E. Monroe Chicago |
| November 2005 | Annual Hispanic Book Fair Festival Edward Olmos Sponsored | TBA Chicago |
| November 9 - 10, 2005 | 17th Annual DCFS Hispanic Family Institute Days | Sheraton Hotel Northwest 3400 W. Euclid Arlington Heights |
| December 2005 | Illinois Latino Legislative Caucus Foundation 3rd Annual Conference | TBA Chicago |
| January 13, 2006 | Octavitas Annual Celebration for DCFS bilingual staff | Casa Puertorriquena Chicago |

Meet our HAC Leadership



Dahlia Roman, Hector Vazques and Miriam Mojica



Congratulations to our DCFS Bilingual MSW Graduates!

2005

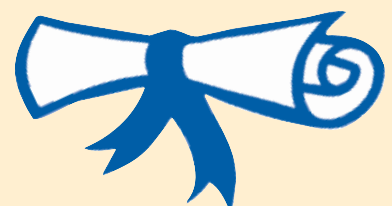
Martin Acevedo
Jane Adams School of
Social Work, University
of Illinois

Jeanette Camarillo
Aurora University

Jose Garcia
Dominican University

2004

Rosa Frias
Aurora University



Noticias is brought to you by the Hispanic Advisory Committee and the Illinois Department of Children and Family Services. It is distributed quarterly to DCFS, POS agencies, and agencies affiliated with DCFS. The newsletter includes articles pertinent to child welfare, Latino welfare issues, and DCFS/POS programs, and strives to be an informative source for staff by providing updates on new child welfare initiatives as well as upcoming events.

It is our hope to continue providing staff with a vehicle for the sharing of information. In this endeavor, we are looking for your input, submission of articles, and suggestions for improving *Noticias*.

Articles related to your experiences with families and personal stories are also greatly appreciated. Please submit articles, information about upcoming events or news to:

Maria Calderon
HAC Newsletter Chairperson
DCFS
2500 Bradley Place
Chicago, Illinois 60618
MCaldero@idcfs.state.il.us

If you would like more information or would like to participate in one of the HAC subcommittees, contact Miriam Mojica at MMojica@idcfs.state.il.us.



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Carmen Alvarez, Carol Bean, Julia Camacho and Dahlia Roman

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Noticias
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