

How did Allegheny County advance a kin-first approach?

Q&A with Marc Cherna, Director, Allegheny County Department of Human Services¹

This Q&A features Marc Cherna, director of the Allegheny County (Pa.) Department of Human Services for more than 20 years. He explains how he achieved a kin-first culture shift in his agency, and his commitment to placing even more children with relatives.

How did you begin to reduce congregate care, place more children with families, and prioritize kin?

We started by winning over the hearts and minds of the caseworkers, especially those working with adolescents. We had a lot of teenagers who were in group homes and residential treatment centers. Once placed there, they were basically out of sight, out of mind. We knew that we needed to get these kids into family-living situations, so we talked about how to do it differently and find a better way — placing them with kin.

Our Leadership Fellows, competitively selected from casework staff, took on the issue of congregate care, which really helped their caseworker peers see that the associated outcomes are really bad for kids. As administrators, we kept issuing directives, but we needed the caseworkers to have buy-in. Once we had that, we knew that things could begin to change. Some people just



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did not buy into kinship as a placement option at all. Folks would say, "Well the apple doesn't fall far from the tree." But I would respond with this:

If you had grandchildren or children of your own that you couldn't care for, who would you want to care for them? Would you want people you know and love and can trust, or would you want some stranger to step in? And if you think about a child, developmentally, no matter what their age is — is it easier for them to come to you, as their grandparent, whom they know and love and are familiar with ... or for them to go to a total stranger?

That stranger may be well-intentioned and try to love and care for them, but for the child it's a brandnew environment: new friends, new school and new home, and it's scary for kids. When you think about it rationally, it makes all the sense in the world to try and keep family ties and support families being together. In any family, as dysfunctional as it may be, you can usually find someone who has made it and is strong and has the kinds of skills needed to care for a child in their extended family. You've just got to look for them. And remember, there are two parents with every family. So even if Dad's not currently involved, there's a whole paternal side that may be really positive and strengthening.

Beyond staff, we had to convince judges, too, as they were concerned about permanency. Many kin are not interested in terminating parental rights and adopting, but are willing to love and care for these children long term. I always say that if my grandkids were placed with me, I would never want to terminate my own child's parental rights. I'd always have hope that they'd turn things around, get into recovery, and get situated better to be able to parent again. But I would keep my grandkids forever! I'd never pass them off. And I think that's the way other people think. So, where we originally had judges saying, "Well, if they're not willing to adopt, then we have to remove them and place them with someone who is willing" we eventually convinced them — and they learned through experience over time — that kinship placements were better than stranger foster care or adoption.

What outcomes have been achieved with a kin-first approach?

While it does take more effort to find kinship than foster families, family placements are so much better. Over the past 20-plus years, **we've reduced the number of children in congregate care from 650 to 120.**Nonrelative placements are down over 60 percent, as well. We went from 20 percent of children placed with relatives to now **65 percent** of kids with relatives.

Relative families are paid the same and receive the same benefits as nonrelatives, and we get much better outcomes now. Jurisdictions that don't pay kinship parents, or pay them less than stranger caregivers, will have issues. I always like to share this line that I stole from Dr. David Sanders, Casey Family Programs' executive vice president of systems improvement: "Payments are for room and board for the children. It doesn't cost less to raise kids if you are a relative or a nonrelative." That is really the bottom line.

Was this a big change for your private provider community?

It wasn't always comfortable in those first few years of moving from congregate care reliance to placement with kin. We have a good relationship with the providers; they make or break us, so we need good partnerships. Most were on board with moving away from operating group settings toward developing resource families, but I will admit that some did go by the wayside.

Allegheny County is unique in that we have only one agency that does all of our kinship work: A Second Chance. The founder, Dr. Sharon McDaniel, grew up in the system here, as did a lot of her staff, so the agency is different from other providers. The issues facing relative and nonrelative caregivers are different, so a key element in our strategy has been to ensure kin have specialized services and support from kin-focused experts. A Second Chance does all of the kin licensing, training, and the case management. It works in partnership with our workers. We don't have a privatized system, but A Second Chance handles the supervision of relatives, works through issues with them, and has a 24/7 support

system and response. It also provides respite care and tries to help retain placements when there are struggles.

But there were some providers saying, "We want those kids instead of A Second Chance!" They'd go to the elected officials and boards saying, "We have empty beds; we need kids to put in there." My response was, "We don't look for beds for kids; **we look at what is most appropriate for a child,** and then we'll look for a bed. We're not going to find a kid to fill your vacancy because you have one at your agency." So, through the years there was some heavy political pressure we had to withstand.

Over time, we have really made strides. We managed to get legislation passed about 15 years ago that created subsidized permanent legal custodianship (like an adoption without termination of parental rights), so that has helped. Dr. McDaniel has had incredible outcomes at her agency, and we have moved our kinship care rate from a little over 50 percent to **65 percent**, just by implementing kinship navigators.

Do you think Allegheny County ever could place more than 65 percent of children with kin?

Yes, I do. I'd like us to keep going higher. I don't think there is a specific correct ratio. But you have to be sure you make the effort to locate and support kin for every family with a placement need. Sometimes you'll find families where it seems like there is really no extended family, or no one is viable: anyone you find is in jail, or their kids are all in care. But **if you dig, do searches and family finding, you can often find a relative** in another state that may

work. It takes time to do some digging, because the relative may have never met this kid, but it's important that we don't overlook this exploration when a child comes in and take the easy way out.

What's been the most compelling way to address resistance to a kin-first strategy?

It's been years, but our staff and community stakeholders really understand the evidence now. Through our Leadership Fellows, we found it was essential to share summaries of the research and the studies so folks could really digest why this approach made so much sense on all levels. Our Fellows would share this information directly with staff, and we would do specific trainings on kinship care. Frankly, though, this messaging and education has to be constant. It's not enough to just train a certain group of staff once. You have to emphasize a kin approach all the time, and train on it continually.

Honestly, it's pretty routine for us to get new workers in their 20s who have passed civil service tests, grew up in a middle-class neighborhood and stable environment, and may have never been exposed to the challenges our families face. And they will come on board and say, "We've got to save these kids from those people. This foster parent can give the child horseback lessons. What can grandma give them except love?" Of course, we know that love is the most important thing — but they're a bit naive and so it's our job to educate them, to really **show them the benefits of making kinship a priority,** and the services and supports that are available to keep kids safe, happy, and healthy with kin.

1. Adapted from interview with Marc Cherna, October 4, 2018.

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