

Chapter 1 : Introduction

The Problem: Needs at the Community Level

While families benefit most from services provided by specialized professionals, finding providers with these competencies is often difficult. Lack of infrastructure for service coordination among providers and organizations that specialize in serving kinship and adoptive families may limit their visibility within the community 44 . Communities have also struggled to strengthen interagency collaboration due to a number of organizational barriers, ranging from differences between organizational cultures and values, to practical and legal limitations regarding the release of client information with partnering agencies, to staff turnover that destabilizes interagency relationships 45 46 47 . In addition to increasing service uptake, agencies themselves stand to benefit from such collaboration, as it increases their legitimacy, credibility, and financial resources 48 . Therefore, recommendations for facilitating interagency collaboration include the development of practical information sharing protocols (such as electronic forms for exchanging information about clients) to enable more effective communication between agencies, as well as the creation and maintenance of state-level directories of available and specialized services for kinship and adoptive families.

Perhaps the greatest barrier to both kinship and adoptive families' access to services is the lack of available service agencies and providers in some communities, particularly in rural areas. Material resources and financial assistance are often among the most frequent needs for of kinship and adoptive families both in Ohio, and nationally, but direct cash assistance is not a typical component of most family-serving agencies 49 . Moreover, there are stark disparities in the distribution of other human services needed by kinship and adoptive families, including limited specialized mental and behavioral health providers in rural regions of the U.S. 50

Informed by extensive stakeholder engagement and the forgoing review of research literature, ODJFS issued an RFP for the design, implementation, and evaluation of a statewide kinship and adoption navigator program. Kinnect, a statewide nonprofit organization, was selected by ODJFS to lead the development of the OhioKAN program. The following section describes the core components of the OhioKAN program model as developed, implemented, and evaluated by Kinnect in partnership with ODJFS.

44 Osofsky, J.D., & Lieberman, A.F. (2011). A call for integrating a mental health perspective into systems of care for abused and neglected infants and young children. American

Psychologist, 66(2), 120–128<http://dx.doi.org/10.1037/a0021630>.

45 McLean, S. (2012). Barriers to collaboration on behalf of children with challenging behaviors: A large qualitative study of five constituent groups. *Child & Family Social Work*, 17, 478–486.

46 Acri, M.C., Palinkas, L., Hoagwood, K.E., Shen, S., Schoonover, D., Reutz, J.R., et al. (2014). Interorganizational relationships among family support organizations and child mental health agencies. *Administration and Policy in Mental Health and Mental Health Services Research*, 41(4), 441–454.

47 Ziviani, J., Darlington, Y., Feeney, R., Meredith, P., & Head, B. (2013). Children with disabilities in out-of-home care: Perspectives on organizational collaborations. *Children and Youth Services Review*, 35, 797–805.

48 Lawrence, T.B., Hardy, C., & Phillips, N. (2002). Institutional effects of inter-organizational collaborations: The emergence of proto-institutions. *Academy of Management Journal*, 45(1), 281–290.

49 Scale Strategic Solutions. (2019) Kinship navigator program evaluation: Year one final evaluation report.

50 Andrilla, C. H. A., Patterson, D. G., Garberson, L. A., Coulthard, C., & Larson, E. H. (2018). Geographic variation in the supply of selected behavioral health providers. *American Journal of Preventive Medicine*, 54(6), S199-S207.