



DESIGNING RURAL RESPONSIVE POST-PERMANENCY SERVICES

Overview

Designing services that effectively meet the needs of individuals and families in rural communities has posed challenges across multiple sectors. People living in these areas frequently encounter significant barriers when trying to access essential supports, including medical and behavioral health care, employment assistance, early childhood intervention, and other critical resources (Brimsek et al., 2023; Casey Family Programs, 2020). Although many service systems have attempted to better reach rural communities, creating and sustaining effective programs remains a persistent challenge (Brimsek et al., 2023; Child Welfare Information Gateway, 2018). The challenges discussed in this article are not exclusive to rural areas. Adoptive, guardianship, and kinship families in non rural communities experience many of the same gaps, and the need for stronger, more accessible post permanency support is a nationwide issue (Post Permanency Model Program Manual, 2025). What differs in rural communities is how these challenges show up and what it takes to build capacity in places with limited workforce, long travel distances, and fewer formal supports (Brimsek et al., 2023; Matthews et al., 2025).



This article provides an overview of the rural realities that shape access to post permanency services and explores how these realities can be addressed when strengthening supports for adoptive, guardianship, and kinship families. While the themes discussed here are common across many rural regions, every community is different, and effective service design must be rooted in local context and partnership (Casey Family Programs, 2020).

With this grounding in place, the first challenge emerges clearly: the limited availability of adoption competent providers and specialists in many rural areas.

Challenge 1: Severe Shortages of Adoption Competent Providers and Specialists

RURAL REALITIES

Rural communities face persistent shortages of behavioral health providers, and adoption competent clinicians are even more scarce (Brimsek et al., 2023; Matthews et al., 2025). Some counties have no mental health providers at all. Where services do exist, families encounter long waitlists, limited Medicaid acceptance, and few clinicians trained to recognize conditions more prevalent among adopted and guardianship involved children, such as Fetal Alcohol Spectrum Disorder (Casey Family Programs, 2020). These shortages delay diagnoses, increase caregiver stress, and leave families without support during critical developmental transitions. As a result, families often travel long distances for relevant care, forgo services entirely, or engage with providers who lack the knowledge, skills, and abilities needed to offer meaningful support (Matthews et al., 2025). The impact of these shortages cannot be overstated. Without access to adoption competent care, family stability can be compromised. Additionally, families become vulnerable to misunderstanding or blame from well-intentioned providers who are unfamiliar with adoption related dynamics (Brodzinsky, 2013; Castner & Foli, 2022). Over time, these experiences contribute to isolation, exhaustion, and a growing sense of hopelessness (Berman et al., 2025).

WHAT HELPS

Strengthening rural provider capacity requires coordinated efforts that build local expertise, expand access to specialized services, and increase flexibility in how families obtain care (Louison & Fleming, 2025). Training existing clinicians in adoption competent practice is essential, especially in communities with small workforces and high turnover (Wilson et al.,

Why Investing in Specialized Post-Permanency Services Saves States Money

Specialized post-permanency services may appear resource-intensive, but they are one of the most financially strategic investments states can make. When families receive timely, adoption-competent, trauma-responsive support, states avoid the far higher costs associated with system re-entry, residential treatment, and placement disruption.



Virtual Support

Virtual supports become a critical source of connection, offering online peer spaces, mentors, and caregiver education that many rural environments cannot provide on their own.

2017). States also play a critical role in ensuring that this training translates into actual access for families. One of the most effective levers is including dedicated funding for adoption competent counseling within post permanency service contracts (Post Permanency Model Program Manual, 2025). Many agencies that hold these contracts employ highly skilled clinicians, but struggle to retain them because low Medicaid reimbursement rates make competitive salaries difficult to sustain (Casey Family Programs, 2023). When contracts explicitly support adoption competent clinical services, agencies are better positioned to keep qualified staff and ensure families can reach providers who understand their needs.

Because many skilled clinicians do not accept Medicaid, and because some effective interventions such as equine therapy fall outside traditional insurance structures, caregivers benefit from being able to use adoption and guardianship assistance funds to access these services (Funding Sources for Post Permanency Services, 2024). Rural health and private grants can further expand capacity by supporting innovative service models and strengthening clinical infrastructure (Matthews et al., 2025). Telehealth and teleconsultation can extend specialized expertise into communities where no adoption competent providers are available, offering a practical way to bridge gaps while local capacity is being built (Casey Family Programs, 2024; Louison & Fleming, 2025).

Funding Resources

- [Post-Permanency Services: A Worthwhile Investment](#)
- [Building a Strong Case for Funding Enhanced Post-Permanency Services](#)
- [Funding Sources for Post-Permanency Services](#)



Challenge 2: Compounding Barriers to Treatment Engagement

RURAL REALITIES

Engagement in rural post permanency services is shaped by logistical, relational, and emotional barriers (Brimsek et al., 2023; Matthews et al., 2025). Long travel distances, inflexible work schedules, and limited childcare make it difficult for caregivers to attend regular appointments. Many families are raising multiple children with complex behavioral and emotional needs, making daily life unpredictable and exhausting. Past experiences with services that did not feel aligned with their needs have contributed to frustration and hesitancy, especially when support felt ineffective or burdensome (Brodzinsky, 2013; Wilson et al., 2017). As a result, engagement often becomes episodic and crisis driven (Post Permanency Model Program Manual, 2025). These patterns reflect the realities rural families navigate, not resistance to support.

WHAT HELPS

Improving engagement requires service models that reduce logistical strain, increase relevance, and maintain connection over time (Casey Family Programs, 2024; Post Permanency Model Program Manual, 2025).

Flexible scheduling, brief virtual check ins, and hybrid service options help families participate without sacrificing work hours or managing long drives. Strengthening adoption competent practice ensures that when families do engage, the support feels aligned and worth the effort (Brodzinsky, 2013).

Proactive, relationship centered outreach helps maintain connection during periods of stability, reducing the need to reenter services only in crisis (National Center for Enhanced Post Adoption Support, 2024). Caregiver focused supports, including coaching, psychoeducation, and opportunities to build skills and confidence, are most effective when grounded in a strong relational foundation, helping reduce burnout and sustain engagement over time. This also means equipping post permanency staff to move fluidly across the roles families rely on most, including case management, parent coaching, advocacy, and system navigation. In rural communities, where teams are small and needs are varied, staff who can blend these functions provide more consistent and relevant support and strengthen the relational foundation that keeps families connected (Center for Health Care Strategies and Casey Family Programs, 2020; Louison and Fleming, 2025). When services are predictable, relational, and responsive to rural life, families are more likely to stay engaged before, during, and after periods of heightened need.



Challenge 3: Privacy and Stigma Limit Help Seeking in Rural Communities

RURAL REALITIES

In many rural communities, families live within tight knit social networks where privacy is limited and seeking help can feel highly visible. Caregivers often worry about being recognized at local agencies or judged by neighbors, and stigma surrounding mental health remains a powerful deterrent to accessing support (Brimsek et al., 2023; Robinson et al., 2012; Matthews et al., 2025). These concerns are intensified by rural norms of self-reliance and a preference for informal, relationship-based support (Matthews et al., 2025). For adoptive and guardianship families, past system involvement in which they felt scrutinized or misunderstood further reinforces the belief that formal services are unlikely to help, especially when therapy feels too clinical, too public, or too far removed from the kinds of support that feel natural in their community (Brodzinsky, 2013; Brimsek et al., 2023; Robinson et al., 2012; Child Welfare Information Gateway, 2018). Because local communities often struggle to meet these belonging and support needs, post permanency providers have a responsibility to ensure caregivers understand what their child may be experiencing and can access resources that meet those needs.

WHAT HELPS

Reducing the visibility of help seeking and creating socially acceptable pathways into support are essential (Louison & Fleming, 2025). Private, connection focused service options help families access care without fear of community judgment. Flexible service delivery locations, such as meeting for a walk in a park or connecting in other familiar

Young people in rural communities

When youth do not have others who share or understand their experiences, they may experience:

- Feeling isolated or overly visible in their community
- Fewer chances to build a strong and positive sense of self
- Limited access to adults who can help them process confusing or sensitive moments
- Higher risk of bias, bully or exclusion

community spaces, make support feel more natural and less stigmatizing by helping services feel more like the trusted, relationship based help families already rely on. Telehealth can offer a discreet entry point by allowing families to participate from home, but it is most effective as part of a hybrid approach that preserves relational depth while reducing stigma (Louison & Fleming, 2025; Casey Family Programs, 2024).

Staff with lived experience play a critical role in normalizing challenges and reinforcing that seeking support is expected and common among adoptive and guardianship families (Rudd et al., n.d.). This normalization should begin before finalization, so families understand that post permanency support is a routine part of the journey, not a sign of failure (Post Permanency Model Program Manual, 2025; Brodzinsky, 2013). Families also need clear, simple information about where to go for help and what to expect when they reach out.

Challenge 4: Relationship Based Culture Shapes Engagement and Trust

RURAL REALITIES

Rural helping norms are deeply relational. Families tend to prefer support that feels personal, familiar, and grounded in shared community experience. Services that feel formal, bureaucratic, or overly clinical can create distance and discomfort, leading families to disengage even when needs remain high (Matthews et al., 2025).

Providers who are not locally embedded, or who rotate frequently due to turnover, may struggle to build the trust required for meaningful engagement (Robinson et al., 2012; Louison & Fleming, 2025). High staff turnover, limited continuity, and reliance on non-local clinicians further erode trust and reinforce families' reluctance to seek help. These dynamics reflect the central role of relationship, familiarity, and continuity in rural life.

WHAT HELPS

Rural post-permanency services are most effective when they emphasize personal connection, continuity, and cultural attunement. Peer support models that prioritize one-to-one relationships and family friendly formats align more closely with rural norms than traditional group-based approaches (Casey Family Programs, 2023). Maintaining a visible, consistent presence at local events helps normalize engagement and signals that support is part of the community rather than an external system (Louison & Fleming, 2025). Warm handoffs ease the discomfort of meeting unfamiliar providers

and help bridge the gap between local trust and external expertise. Sustaining these relationships requires workforce stability. Reflective supervision, manageable workloads, and competitive benefits help reduce burnout and turnover, preserving the continuity families rely on (Maslach & Leiter, 2016; Pennsylvania Department of Human Services, n.d. Casey Family Programs, 2023, August 29). Telehealth can supplement these relationships by offering brief touchpoints between visits, but it cannot replace the personal connection that anchors trust in rural communities.



Conclusion

Designing rural responsive post permanency services requires more than adapting existing models. It calls for a fundamental shift in how systems understand access, trust, and long term support in rural communities (Brimsek et al., 2023; Casey Family Programs, 2020). The challenges rural families face are patterned and predictable, shaped by geography, workforce shortages, community culture, and the relational dynamics of small towns and remote areas (Matthews et al., 2025). These realities demand service approaches that are flexible, culturally attuned, and grounded in the lived experiences of rural adoptive, guardianship, and kinship families.

Rural communities are deeply resourceful, drawing on strong informal networks and long standing community relationships. Yet the specialized needs of adoptive and guardianship families exceed what even the most connected communities can meet on their own. In many rural areas, provider choice, specialty services, and robust behavioral health infrastructure simply do not exist (Brimsek et al., 2023). States must therefore invest in dedicated

post permanency capacity, including specialized staff who can navigate multiple roles, bridge systems, travel long distances, and provide the kind of consistent, adoption competent support that rural families cannot access through traditional service pathways (Post Permanency Model Program Manual, 2025; Louison & Fleming, 2025).

Ultimately, rural post permanency systems succeed when they are built with rural families, not simply for them. Ensuring that rural providers, caregivers, and community members have a meaningful seat at the table helps ground statewide planning in local experience and ensures that services reflect the unique strengths and needs of each community (Center for Health Care Strategies & Casey Family Programs, 2020; Rudd et al.; Louison & Fleming, 2025; Brimsek et al., 2023). When states combine local knowledge, community strengths, creative partnerships, and sustained financial investment, they create the conditions for post permanency services that are accessible, trusted, and built to last (Post Permanency Model Program Manual, 2025).

To delve further into this topic, check out the Post-Adoption Center Resource Library:

www.postadoptioncenter.org/resource-library



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