



Chairperson Sen Lee, members of the Senate Human Services Committee and interested others. My name is Susan Grundysen. I am a licensed master social worker in ND, serving as the Program Director for Adoption Services offered by The Village Family Service Center, with a personal history of 37 years serving children and families, and an agency with a history of providing service to the most vulnerable throughout ND, dating back to 1891. I am submitting this written testimony today in opposition to HB 1534.

I am in opposition of the current bill, as outlined below:

- 1) Adoption is first and foremost about children. This bill seeks to make the process easier for adoptive families. While I understand the effort, I do not agree with the resulting impacts.
- 2) While I agree the FC and Adoption process are parallel, and pieces are duplicative, I know the Department has been working to bring these two processes together *where possible*. I trust they are in a position to carefully look at all sides of this issue, likely not as fast as some would prefer.
- 3) In reality, it is not possible to totally make the processes the same as they are evaluating different outcomes:
 - a. FC is a short-term solution for a child with a focus on reunification with biological family, while Adoption is a long term solution for a child when reunification with biological family is not appropriate.

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- b. FC's priority is dealing with the immediate crisis need of physical shelter & current emotional well-being, while Adoption's priority is long lasting health and well-being.
- c. The training and preparation for FC families is much different than that for Adoptive families; both good, but with a different focus as again the goal is different.
- d. Exploring motivations is critical in both FC and Adoption, yet these motivations likely have differences.
- e. Many families come to adoption after a long ordeal with infertility. This one issue is critical to evaluate as the emotional rollercoaster often culminates in a change in the person. It is important to assess how the adoptive applicant(s) have dealt with the losses with infertility, maintained or returned to a healthy sense of self, and are capable of loving a child that is not their "dreamed" of child. Any adoption professional will tell you this is one of the most important issues to thoroughly explore in every adoption. This is not done in Foster Care.
- f. Openness in adoption is a second critical issue. In my opinion, there should be no adoption ever without some degree of openness. Even in child welfare adoptions, where "safety" is often used as reason for no openness, the nuances of how to make openness work for the betterment of the child in the long run are generally only addressed in Adoption, pre and post.
- g. While ND has created the Post Adopt Network, these staff are not magicians. And adoption-specific therapists are few and far in between. If a FC family adopts without the full experience and training of adoption, the child and the family loses. Many of the supports that were available to FC families are no longer available in Adoption.

Without modification and/or involvement by professionals in adoption, this bill as it stands will hurt children.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "S Grundysen", with a long, wavy horizontal line extending to the right.

Susan R Grundysen, LMSW

The Village Family Service Center

