

## SENATE BILL 2394 SERVICES FOR PREGNANT MINORS

Chairman Weisz, members of the Health and Human Services Committee and other guests, I am Sue Grundysen, Program Director for the collaboration of adoption related services offered by Lutheran Social Services of ND and The Village Family Service Center. I wish to share with you information related to the two questions brought up by Representative Conrad during the last Health and Human Services Committee Meeting on 8-6-2010.

Rep Conrad was interested in the payment structure of Adoption Services, and how they differ from Foster Care. As a private, non-profit, licensed child-placing agency of Adoption Services within ND, our fees to adoptive parents reflect the actual cost to deliver services. At times this may mean that families access savings, take out a loan, etc. as they would for any major event in their lives that has fiscal implications. Our current fee to adopt an infant is \$12, 955.

This past year we received approximately 130 general requests for adoption information. From those inquiries 37 (28%) of those families inquiring started the adoption process; 33 (25%) of those families became approved for a potential placement as 4 withdrew from the process; and 24 domestic placements were made in 2009. This past year we saw a 38% decrease in interest and follow through in adoption service requests by prospective adoptive parents. We can only surmise that it may be due to the state of the economy.

We can not offer Domestic adoption without providing services to pregnant families who may wish to consider adoption as a plan for themselves and their baby. We offer **free** Pregnancy Counseling across the state of ND. Approximately 13% of the

pregnancy counseling provided results in an adoption plan for the child. These are the infants placed with the above approved, prospective adoptive parents. A portion of the adoption fee (\$7,655) paid at the time of formal placement, supports the pregnancy counseling provided, covers travel, supervision, administration, and lifetime record retention, as is required by law. Adoption fees are the primary means in which we can seek reimbursement for our pregnancy counseling services, so in essence this service is a driver of costs for adoption.

Socially there have been so many changes in our world that have impacted those who might consider adoption; certainly, the acceptance of abortion as a choice, other birth control methods (such as the Morning After Pill), and the acceptance of teens and unmarried persons actively parenting. The slow and steady message-building of adoption as an option is an important journey we continue to support.

Additionally, Rep. Conrad's had requested ages of children involved in special needs adoption, the types of special needs of those children, and how it may relate to adoption placements and those working with child placing agencies on an adoption plan. As an Adoption Services provider there have been times that we felt we could serve quite well the needs of some infants that have instead, been served through the special needs adoption program. For example, the woman who called us, her infant was in foster care with the county, and the county was talking of terminating her rights and adoption for her birth child. She would have liked the opportunity to make that adoption plan outside of the boundaries of the state adoption program. She would have liked to have more of a voice in the planning of that adoption. I am sure this was not because she was concerned about the service from AASK her child would receive, rather, in her

eyes the loss of input and control into an adoption plan, the loss of options, and the anger created over the perception of this difficult plan being forced upon her by her adversary. The opportunity for her to choose between an adoption plan through AASK or an adoption plan through a private agency, can be enough to begin the emotional process moving in a positively framed direction, for birth family and child. Another good example would be a Safe Haven abandoned infant.

No alternative options for adoptive placement exist for these children, even though there are many approved adoptive families waiting for younger babies and infants. We feel it may be prudent to consider options - if there are infants and very young children who do not need a special needs designation, but are in foster care, and with today's protocols in place only have one option for a permanent placement, the state's adoption program, AASK.

As professionals, we need to think of how this total experience is relayed to the child over time. These biological families may need counseling around the issues of adoption and to be empowered in the adoption planning, which can ultimately result in greater grief and loss resolution and a greater promise of positive future reunion outcomes with their birth child(ren).

We want to best serve the interests of children and families, with options, partnerships, an increase in efficiency and a decrease in isolation and separatism. We encourage creative thinking, with the children and families in mind, as to what might be most helpful to them now and in the future.