

Proponent Testimony
Substitute House Bill 7
Betsie Norris
Adoption Network Cleveland

January 10, 2008

Chairman White and the members of the House Health Committee:

My name is Betsie Norris and I am founding Executive Director of Adoption Network Cleveland. Adoption Network Cleveland is a non-profit educational, support, and advocacy organization for all those touched by adoption – adoptees, birthparents, adoptive parents, foster parents, foster children and former foster children, and the professionals who serve them. Founded in 1988, Adoption Network Cleveland has a membership base of approximately 700 individuals, families, and organizations. For the past 20 years our membership has grown to include individuals and organizations from all over Ohio, and we are proud to serve constituents of many of the members of this committee.

I am happy to be here before you to speak to two of the provisions in Sub. H.B. 7, specifically the portions about access to adoption records and child centered recruitment. Both are important issues to the State of Ohio.

Access to Adoption Records

When a child is born and then adopted, there are two birth certificates that are created. First the birth certificate that is prepared when the child is born, the original birth certificate; and then a new one upon adoption, the amended birth certificate. The amended birth certificate lists the adoptive parents, as if they had given birth to the child, and replaces the original birth certificate as the child's legal birth certificate. The original birth certificate is then sealed.

As adults, adoptees have many reasons for seeking access to their original birth certificate. One of the most obvious reasons is to learn medical history. In Ohio, we currently have a complex three-tiered system that determines how, or if, an adoptee can obtain access to his or her own original birth certificate, depending on the year of his or her birth and adoption.

Let me tell you a brief personal story to illustrate my point. I was born in 1960 and adopted less than a month later. In my mid-20s, with the blessing and support of my adoptive parents, I searched for my birthmother. I wanted to know who I looked like, why I'd been placed for adoption, my nationality, where I'd gotten my red hair, and, especially because I was working as a registered nurse at the time, my medical history. While it provided interesting social history, the background information I was able to get from my adoption agency contained no medical history whatsoever. Because I was born before 1964, I was able to ask for and receive my original birth certificate. Upon finding my birthmother, at age 26, one of the important pieces of information that I learned was that she had been diagnosed with malignant melanoma a few years before. This is a very genetic, and often fatal, form of skin cancer which I can now watch for in both myself and my child. Had I been born just a few years later, I could

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not have received my original birth certificate which led me to this critical health information. I could not have learned this information any other way.

This bill eliminates Ohio's current three-tiered system of access to birth certificates for adoptees – helping to remove the shroud of secrecy and stigma from adoption – and implements one effective system to apply to adoptees, who upon the age of majority, seek access to their original birth certificate.

Child Centered Recruitment

Too often youth in permanent county custody spend the remainder of their childhood in foster care instead of being adopted by a new permanent family. These youth have been removed from the care of their biological families due to abuse or neglect, with the hope of offering them a better future. Without permanence, the future is often not better.

When a child in foster care reaches age 9, they are more likely to reach age 18 and “age out” of foster care than to be adopted. The longer a child spends in foster care the less likely they are to be adopted. Race, gender and being a member of a sibling group can also decrease a child's chances for a permanent family.

Recruitment of adoptive families for children from foster care has traditionally focused on casting a wide net to the public and seeing who comes forward, or marketing specific waiting children to the public. In contrast, Child Centered Recruitment centers on the child and their specific needs and existing relationships. A permanent family is sought through outreach and dialogue with people in the child's current and past circles of support, in the hope that a family with a vested interest in that child can be found, and to prevent the child from having to live again with strangers.

Child Centered Recruitment has been a cornerstone of the successful Adopt Cuyahoga's Kids Initiative, led by Adoption Network Cleveland, for the past four years. It has been shown to be significantly more effective than traditional recruitment methods, especially for youth who are over 13 years of age, African American, or male (see Table 1). Five years ago, Cuyahoga County had 1700 youth waiting for adoptive families, today the number is less than half of that, thanks in large part to the dramatically successful results of Child Centered Recruitment.

This bill calls for a state Task Force to create a uniform Child Centered Recruitment model. This model can then be implemented in other areas of Ohio to give our State's most vulnerable youth a chance at the better future they deserve.

Finally, I would like to thank Representative Tom Brinkman for introducing and championing this legislation. I would also like to thank Speaker Husted and the numerous other

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members of the General Assembly who have approached the Adoption Network Cleveland and offered their support for this bill. This is truly a bipartisan piece of legislation that will help Ohio's adoptees and waiting youth.

Chairman White, thank you for allowing me to present testimony. I would be happy to answer any questions the committee might have.

Table 1

	Placed via CCR	Placed via Traditional Methods	Percent Overall in Designated Cohort
Age: 13 and over	58%	19.5%	48%
Age: 18 and over	6 youth	none	
Race: African American	84%	64%	78%
Gender: Male	57%	51.5%	57%