## Testimony

## Marjorie E. McKeone, ACSW, LCSW Assistant Director, Bucks County Children & Youth Social Services Agency March 23, 2016 PA House Children & Youth Committee

My name is Marjorie McKeone. Professionally, I have been employed by the Bucks County Social Services Agency for the last 26 years where I am currently the Assistant Director. During my employment, I have served as a foster care caseworker, adoption supervisor, and manager of our adoption division. I have been involved in many terminations of parental rights and adoption proceedings. I have facilitated a support group for adoptive parents for over 10 years.

More importantly, my husband and I are adoptive parents. Our path to adoption was not easy. We began to pursue adoption in approximately 1993 when attempts at infertility treatment failed. We first became involved in a private adoption agency—after taking out a \$20,000 home equity loan to assist us to paying the agency's fees. After well over a year of no results, we contacted a private adoption attorney to increase our chances of finding a child.

In September of 1995, we received a call from that attorney with the question: "Do you want to be a mom?" Needless to say, we had waited years and dreamed about being parents—of course we wanted to be parents. That night we picked up a baby boy, just born, we named him Colin. Our friends and family were overjoyed for us. Unfortunately, certain safeguards had not been clarified prior to Colin's placement with us—specifically, neither his birth father nor his birth father's family had been contacted to assess their wishes for placement of the baby. On December 22, 1995, a hearing was held where Colin's birthmother formally requested his return to her. Our attorney tried to negotiate the situation; however, the court ruled that Colin needed to be returned to his birthmother. We returned Colin to his mother on December 28<sup>th</sup>—3 days after Christmas that year. (This was at a time when birth parents had 90 days to reverse their decision plus the amount of time necessary to schedule and perform the termination hearing.)

The grief and pain that followed for us was incredible. You might say we only had the baby with us for 3 months; however, we had been dreaming of being parents for years. Our confidence in trying again was shaken and we feared we would not succeed.

In June of 1996, I was contacted by a colleague who was aware of a child who was to be placed for adoption. With doubt, we hesitantly began to investigate the child's situation and legal "connections." We learned the story of this child. When this child was born in July of 1995, his birthmother placed him for adoption with a private agency. Within a month or so, birthmom requested the child's return to her.

In early October of 1995, birthmother took the boy to a hospital seeking treatment for lesions that had developed within the boy's mouth. Birthmother was requested to return with the child for a subsequent appointment. At that appointment, hospital staff suspected something else. A CT-scan was ordered. Found on the CT-scan were: 27 fractured ribs, a cerebral fracture, the lesions in his mouth

were diagnosed as burns from too hot formula. The boy was placed into the custody of that county with foster parents.

The boy needed months of therapy through Easter Seals to catch up physically and developmentally; he had to be wrapped in a blanket instead of wearing a coat because his ribs were still healing.

That boy, our son, came to us in September of 1996. His name is Joshua Thomas McKeone. Josh is a handsome, strong young man, now 20 years old. He is an Eagle Scout, is working full-time in the metal working trade, and is taking classes to learn more about his trade. 21-year old—he is the love of our life.

As a professional, I strongly support ethical and professional service delivery to birth and adoptive parents. As a professional and an adoptive mother, I first and foremost support the safety, protection, wellbeing, and best interests of children who are unable to protect themselves.

Anything you as legislators can do to streamline and condense the period of time a child waits for safety and stability would be most appreciated.