

Matthew J. Reynell
Adoptive Father of two, Member of Children Awaiting Parents Board of Directors

United States Senate Committee on Finance

Written Statement for the Record by
Statement for Senate Finance Committee Hearing: *"No Place to Grow Up: How to Safely Reduce Reliance on Foster Care Group Homes,"*
Tuesday, May 19th, 2015

Chairman Hatch, Ranking Member Wyden and all members of the Finance Committee thank you for inviting me to testify today on this important topic highlighting ways to safely reduce the overreliance on group and congregate care. My name is Matthew Reynell, and I am from Rochester, NY. I am excited to tell you about my family's story of adoption and the integral role that a residential treatment facility plays in an adopted child's transition from foster care to their "forever" home.

I met my son James on December 31st in 2008. Thanks to the help of a diligent representative at Children Awaiting Parents who was able to locate him and press the case worker to interview us as a potential match. He had just turned eight years old and was living at Crestwood Children's Center, a residential treatment facility in Rochester, NY. James had been brought into the foster care system four years earlier with his siblings. Prior to residing at Crestwood, James had been moved around to several foster homes and schools. The foster parents at his last home had given the promise to adopt all of them together, but later decided that James was too much for them to handle and had him removed. This is how James became separated from his siblings and placed into the treatment facility.

I have always believed that no matter the reason, children should not end up in group homes or congregate care facilities. I viewed them as places where "problem children" were dumped and then

forgotten about. After learning that James resided at Crestwood, I became very upset and thought I needed to get him out of that environment as soon as possible. After going through the process of getting to know James through his case workers and treatment team, my attitude and beliefs about this “awful” place were quickly changing. James had been severely neglected and received minimal schooling prior to arriving into care at Crestwood. James was a child who had always been labeled “the problem kid”. He was the one who didn’t listen like the other children at home or in school. He had a history of outbursts that made people think of him as uncontrollable.

As a child, not only did James have a difficult and grim family history with many of the foundations of early childhood development absent in his young life, he was born with Fetal Alcohol Syndrome (FAS) and suffered severe neglect mentally, physically, and educationally. When he arrived at Crestwood, a treatment team consisting of therapists, psychologists, clinicians, doctors, teachers, and occupational therapists were assigned to him. I learned to view these dedicated individuals as part of James’ extended family and discovered the vital role that this team would play in my life as well. However, I can’t help but think about where James would be if I weren’t identified to be a part of his life, his treatment recovery team and now his proud adoptive father.

The care and attention he received from these amazing people were crucial to his success in moving forward through his heartbreaking and tragic home life that had caused him to mistrust and fear his surroundings as well as the individuals who cared for him to where he could open his heart and truly accept that he was part of a family. I spent five months visiting James while he lived at Crestwood, and worked closely with our team. James received the attention he both needed and deserved to be able to start reading and writing, functioning in a home environment, and most importantly, dealing with his past traumas.

Through my experiences with James at Crestwood Children's Facility, it is my belief that there needs to be a set timeframe for a child to reside at a treatment facility. Please, if you take anything away from what I've shared thus far, please understand that I think Crestwood is the exception, in regards to what youth experience in congregate or residential, rather than the rule. If a child should need any type of residential inpatient therapeutic support, it should be in conjunction with a team of people where the facility is trained to work with and/or identify people who love the child to be a part of the child's treatment plan. Facilities should be required to have family inclusion policies and they should not be solely focused on their emotional and behavioral issues. These are breeding grounds for failure, because these children have no identified exit strategy. Some people believe that treatment must be sustained and then permanency found and in my experience youth need to feel loved and protected by people who care about them in order to heal from their hurts, i.e. the "behaviors" that landed them in a treatment facility in the first place.

My recommendation is that these facilities be required to have agency policies that support family involvement in the child's care. In the event a foster child enters one of these facilities, both the agency responsible and the facility protocol needs to include the identification of someone that knows this child and loves this child, and will be dedicated to this child's safe return from residential treatment.

Unfortunately, otherwise, we see the poor outcomes we know and dread: youth sit hopeless, sometime loveless, and almost always miss out on their childhood.

In my case, I had known James for five out of the ten months he had been living at Crestwood, and he had made tremendous progress both mentally and socially during this time. After getting to know James I made the decision to start the process to have him move into my home. But because his transition from residing at Crestwood to living with me was pushed back, as the staff was hesitant to

make the move, James started to regress back to old behaviors due to his fears of both disappointment and abandonment. I believe that James wanted to test us and see if we were going to stick it out with him – justifiably so given all he had been through. One time after one of our nightly phone calls, a ritual that James grew to anticipate daily and looked forward to, he called 911 and asked that he be taken to my home out of desperation and fear that I was not going to follow through on my promises to him. We both knew that we needed to take the next step and bring him to my house- his “forever” home.

After moving into our home, James and I were still able to keep our team through Crestwood. We needed this support; it was vital to James’ continued recovery and our family transition. By having the same therapists, doctors, and other professionals who knew of James’ history, it made his transition into his new surroundings easier. We had already established bonds with these individuals that reinforced our feelings of trust and security. Our family was now able to continue to receive many of the same services from the people we already knew, and more importantly, James felt safe with. Again, this should be the norm and not the exception; I’ll stress that continuity in care and trained providers go such a long way for children who have experienced trauma and foster care, it also gives us parents the tools needed to respond when triggers and stressors come up for our kids.

Our aim and dream for all children in the foster care system should always be to find each child the love and security of a “forever” family, when they cannot safely return home to their own. Now having gone through this process, I understand and believe that to reach this goal may require the intervention of a residential treatment facility and the services that it can provide to both the child and the adoptive parents. We need to have the group home staff; counties and others involved with the child’s case all working collectively towards the goal of a forever family. I believe residential treatment is something that is sometimes needed for children, but we can’t get the outcomes we desire if they are set up only

to treat the child, and not include or support parents & caretakers to assist in the healing of these children.

I'll conclude with remembering a conversation James and I frequently had when he was little. We used to sing along in the car to what was popular on the radio at the time. After our singing sessions I always asked "James, what am I going to do with you silly boy?" And James replied, changing the mood just slightly with his tone, still partly jovial but also very serious, he said "keep me please Daddy!" And I did. It is still the best decision I ever made.

To summarize:

- These facilities should always be trying to identify a permanent home resource.
- Facilities should be required to have family inclusion policies and they should not be solely focused on the child's emotional and behavioral issues, but the family as a unit.
- Continuity in care and support to families is vital.
- Adoption and foster care competent trained providers goes such a long way for children who have experienced trauma.
- The facility staff and case workers should have a planned timeline in which to find an adoptive family for the children who are freed.