



**Testimony for Public Hearing on Institutional Placement  
Philadelphia City Council  
May 17, 2018**

Good afternoon, Councilmember Gym and Committee members, thank you for the opportunity to testify before you today. My name is Gabe Labella. I am a Staff Attorney at Disability Rights Pennsylvania (DRP), the independent, statewide, non-profit corporation designated as the federally-mandated protection and advocacy agency in Pennsylvania. DRP works to advance and protect the civil rights of adults and children with disabilities.

Each year, hundreds of Philadelphia children with disabilities are removed from their communities and isolated from their families in distant, institutional placements for long periods of time with some even placed out of state, severing connections to family and to the community where the youth will return. I am here today to ask that you proactively support efforts to bring our children home!

When a child is adjudicated as a "dependent" child in Pennsylvania, the Commonwealth, through the DHS Office of Children, Youth and Families and the Child Welfare programs in each of the counties, is responsible for stability, permanency and meeting the child's needs. According to the American Academy of Pediatrics, nearly one third of children coming into care have a chronic medical condition, and many more have mental and behavioral health needs.<sup>1</sup> Many dependent children have post-traumatic stress disorder or other mental health disabilities due to abuse they suffered in childhood. Others have existing or developing mental health conditions that are exacerbated by abuse, neglect or the conditions of their lives in the dependency system. Still others have physical or cognitive disabilities that their parents have found too overwhelming to deal with.

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<sup>1</sup> Moira A. Szilagyi, et al., *Health Care Issues for Children and Adolescents in Foster Care and Kinship Care*, PEDIATRICS (Oct. 2015), available at - <http://pediatrics.aappublications.org/content/pediatrics/136/4/e1131.full.pdf>.

For these children, the Child Welfare system, in conjunction with the Medical Assistance system, is responsible for providing trauma-informed mental health care and other community-based mental and physical health services to preserve or reunify children and their families. When that is not possible, the Child Welfare system must provide appropriate homes, including therapeutic or medical foster homes and residential treatment. Yet for hundreds of these children with disabilities, a safe home, with a parental relationship and adequate health care, is a distant dream. Due to an inadequate array of appropriate services and placements, children and youth are caught in a vicious cycle.

Children are left in residential treatment facilities (RTFs) far beyond the point that such services are needed or beneficial, because there is nowhere else for them to go. The children who actually need time-limited RTF placements are then left in inpatient acute care units, detention centers or are sent to facilities far away from their families and communities, even out of state, because the RTFs have no beds left for them, or do not want to serve their complicated needs.

Here is the story of Shavon, a fifteen-year-old girl from Philadelphia, has bipolar disorder, PTSD, and ADHD with a history of hospitalization for attempted suicide. Shavon was sexually abused at the age of five and was adjudicated dependent in 2012 at the age of ten. In 2016, she was adjudicated delinquent on a simple assault charge and was placed at the Juvenile Justice Services Center (JJSC) in March 2017. At that time, a psychiatrist recommended that she be placed at an RTF and receive trauma therapy. She was needlessly locked in a juvenile detention center for 9 months, a place designed for youth to stay an average of 10 to 15 days, while waiting for an appropriate placement and services. Eventually, Shavon was sent to an RTF in Virginia because “no one else will accept her” in Pennsylvania.

Similarly, children with mental disabilities that result in acting out behavior, are often ordered into punitive placements through delinquency court. This is not because that is what is recommended by the experts, and not because it is what the judges deem appropriate, but because there are no other options available. Rather than getting the trauma informed care that they need, they are retraumatized, resulting in more acting out behavior, leading to even worse placements such as adult prisons.

Right now, DRP believes that there are more than 1300 Philadelphia children and youth in at least 75 institutional/residential/group home placements, most of whom have disabilities. Of these facilities, 70 are outside city limits, and nine are out of state.

DRP urges City Council to call for a plan to obtain the community resources our children need, to significantly reduce the population in residential placements, and to reinvest those funds in community-based, trauma-informed services and programs. City Council must take an in-depth inventory of the needs of *all* Philadelphia children who are currently placed in institutional or residential settings. We ask that you call for a city-wide task force of stakeholders to address this. Lastly, we ask that you require contracts with current providers be reassessed to ensure that all placements meet the health, safety, developmental, and educational needs of youth and that oversight over all facilities be markedly improved.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Gabe Labella", with a long horizontal flourish extending to the right.

Gabe Labella, Staff Attorney