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Testimony for the Senate Finance Subcommittee on Health and Medicaid
H.B. 166 (Operating Budget)
On Child Custody Relinquishment and Support for Multi-System Youth Funding
May 15, 2019

Chairman Hacket, Ranking Member Thomas, and members of the subcommittee, thank you for allowing me to testify today on H.B. 166. My name is Jerry Freewalt and I am the Director of the Office for Social Concerns of the 23-county Catholic Diocese of Columbus. I am here today in support of funding for Multi-System Youth and as a father advocating for families like mine who faced the gut-wrenching prospect of child custody relinquishment to acquire needed residential treatment for a child.

I am not unlike many of you in this room today. I'm married and a father of three children. I have a degree in political science and a master's degree in public policy and management. We attend church on Sundays and pray before our family meals. We are an active family. I coached boy's baseball, flag football, and girls' junior high basketball. One of my boys is an Eagle Scout. We love our children. We consider ourselves a strong Ohio family. But the events three years ago tested our family bond.

My daughter Hannah is a caring person. She volunteered over 500 hours of community service in high school and served on the advisory board of the Hilliard YMCA. I cannot tell you how many adult leaders in the community would come up to me to express their esteem for Hannah. Hannah also suffers from mental illness, particularly depression and anxiety. She experienced childhood trauma brought upon by school peers in the past. We connected her to counseling and she did have two brief hospital stays.

During her senior year, Hannah fell into a major depression which led her to the Ohio State University Harding Hospital for intensive inpatient psychiatric treatment. The typical stay at OSU Harding is 3 to 5 days. She was there for 70 days. Hannah was diagnosed with untreatable major depressive disorder, anxiety, and acute suicidal ideation. It was a nightmare for our family to see our daughter suffer.

After a couple of weeks at Harding, the staff said, "We have to tell you we're having issues with your insurance. They don't want to cover any more of her stay here. It's obvious to us she is in desperate need of staying here. We'll try to work it out." Although in a situation such as this, cost is the least of our worries but I had to ask, "How much does this all cost?" They said, "A lot."

As the days went on with intensive inpatient treatment and medication adjustments, Harding hospital staff recommended ECT treatments as a last ditch effort. This is Electroconvulsive Therapy whereby the patient undergoes general anesthesia and induced electric shocks to stimulate the brain. Staff told us if the ECT treatments did not work she would have to be

transferred to a residential facility. They also said we need to work through Franklin County Children Services since our insurance would not cover the stay at the residential facility most likely to be in Indiana. We learned that for Hannah to receive the ongoing care she needed, we would have to go to court and relinquish custody to Children Services.

My wife and I were shell-shocked. This news was pouring not just salt but acid on a gaping wound during our time of need. We're a good family and just wanted what was best for our daughter. But to us relinquishing custody is breaking the sacred bond of the family. Our deliberations were heartbreaking.

Children Services conducted a house visit, inspected every room in our house, interviewed my wife and I, and interviewed each of our children individually. I value the work of Children Services in our community, but it was disheartening. Facing unknown expensive medical costs from her stay at OSU Harding and the untold cost of a residential treatment facility, we had to do what was best for Hannah and our family. We hoped and prayed for the best. It was the 15th ECT treatment which was going to be Harding's last effort when they detected a promising chart reading. Hannah showed steady improvement. After several days she was stepped down to daily outpatient therapy and after a few weeks to periodic counseling and medication.

I am happy to say after three years, Hannah is doing fine. She is active with her friends, on her own initiative attends Bible study, and is working. She has occasional counseling and takes her medication. I can assure you we had the heavy burden of medical bills to pay afterwards which set our family back financially, but our daughter is alive and well, a loving functional young adult. We are so grateful.

I think it is a shame for a loving family, who puts family first, to face custody relinquishment to acquire needed residential treatment, in this case behavioral health care. This must end. That is why I stand with families who either faced the prospect of or had to endure child custody relinquishment. There must be a better way.

I applaud the leadership of Governor DeWine for his funding proposal in the state operating budget to support loving families of Multi-System Youth who face child custody relinquishment. I also thank members of the Ohio House as well. We need leaders in this state such as yourselves who are willing to stand up for families, roll up your sleeves, and fix this problem. We are counting on you. I respectfully ask you to adequately fund support for Multi-System Youth and their families. Thank you.