



Appalachian Children Coalition

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Chair Richardson, Ranking Member Troy, and members of the subcommittee,

Thank you for the opportunity to provide this testimony. I am Randy Leite, the executive director of the Appalachian Children Coalition, and I am joined by Robin Burrow, a principal in the Eastern Local School District in Meigs County and a longtime advocate for children in our region. We are here today to request support for the children of the 32-county Appalachian Ohio region. The more than 400,000 children who live in this region have faced historical hardships that have been magnified in the face of the ongoing COVID pandemic. Over the course of the past year, COVID has resulted in substantial job loss across the region and has isolated many children from the services and supports that assist them in facing the many daily challenges of life. This isolation is magnified among children who are in crisis as they have lost access to mental health services and/or must rely on telehealth services that rely on access to broadband and technology that may not be available to them.

If the Appalachian counties of Ohio were combined into a separate state, it would be the second-most economically distressed state in the country, according to a 2019 study by the Ohio Alliance for Innovation in Population Health. This economic disparity takes a toll. The children of Southeast Ohio suffer most when the economy enters a downturn. Less economic diversity, a smaller and poorer tax base, and the brain drain phenomenon are factors that, when compounded, make our communities less resilient in the midst of crisis.

Based on this data, we believe that Southeast Ohio has an acute need for concentrated care and investment. Our coalition exists to advocate for a region and to remind lawmakers in Ohio and Washington that where you live should not determine how you are treated.

The Appalachian Children Coalition was established to address the lack of health resources for children in our region. Approximately 30% of those children live in poverty today, a far higher percentage than is seen in other regions of the state. Approximately one-fourth face food insecurity as a daily challenge. Nearly 8% of Appalachian children were low birth weight births, a significant predictor of later health difficulties. In many cases, this was due to prenatal exposure to drugs. Relatedly, the region also experiences an infant mortality rate that is more than 20% above the national average.

These challenges are magnified by the lack of support services for children facing health challenges. This is especially true for those children who struggle with behavioral mental health challenges. For many of these children, their lives are characterized by ongoing exposure to aversive



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childhood experiences—or ACE's—and the trauma associated with them. ACEs are potentially traumatic events that occur in childhood. They include

experiencing violence, abuse, or neglect

witnessing violence in the home or community

having a family member attempt or die by suicide

Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with:

substance misuse

mental health problems

instability due to parental separation or household members being in jail or prison

ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. ACEs can also negatively impact education and job opportunities. They also carry a considerable cost for individuals, families, and communities. The Health Policy Institute of Ohio projects that exposure to nonfatal aversive childhood experiences results in an average cost of more than \$830,000 across the course of a child's life. This includes child welfare costs, short and long-term healthcare costs, special education costs, criminal justice costs, and costs associated with a diminished quality of life.

These costs may be mitigated, however, when children receive high-quality support in facing ACE's and the behavioral health challenges they present. Unfortunately, such support is lacking for the children of Ohio's Appalachian region compared to the resources found in other parts of the state. There are fewer behavioral health clinicians practicing in the target service regions of Ohio with provider-to-resident ratios that are greater than state and national averages with a ratio of 2,249 residents to 1 behavioral health clinician of any type as compared to 700 to 1 for Ohio and 390 to 1 for the U.S. Nearly all Ohio Appalachian counties are designated by the Health Resources Services Administration as Mental Health Workforce Shortage Areas, and most are Primary Care Professional Workforce Shortage Areas as well. I am here today to request your support for two investments to address these shortfalls.

The first is an investment of \$2 million to expand the impact of a recent United States Department of Education grant to fund additional school-based mental health positions and training programs to encourage the expansion of the mental health workforce to fill those positions. The \$2 million of federal funding is being directed to the development of several dozen additional mental health professionals to be affiliated with the Muskingum Valley Educational Service Center; an entity that serves 8 counties in the center of the Appalachian Ohio region. The requested investment of an additional \$2 million would be used to expand this model to two additional Educational Services Centers serving citizens in the eastern



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and southern areas of the Appalachian region. This will include the establishment of more than three dozen additional positions and the dedication of resources to support the training of current and future mental health professionals in the unique challenges faced by rural Appalachian youth. Additionally, this money would fund strategies to incentivize new mental health professionals to remain in the region to work after graduation.

In addition to this, we are requesting an investment of \$250,000 to support various capacity-building activities that the Appalachian Children Coalition would undertake. These include grant-writing and fundraising support for mental health services in the region, workforce development, and training activities, and support in building cross-sector coalitions that will align resources to focus in a more collaborative way on the challenges of children. These capacity-building funds will allow the Coalition to develop and deliver services that are responsive to the mental health needs of children across our region.

We know every member of the subcommittee cares deeply about Ohio's children and is committed to making sure all Ohio children have the best opportunities for successful lives. Your support of these requests will represent a huge step forward in assuring that the children who live in the rural Appalachian parts of our state are not left behind.