

To: Senate Early Childhood & Behavioral Health Committee
From: Dana Hepper, Children's Institute
Date: Tuesday, February 25, 2025
Re: SB 695 - Prioritizing children in CCOs

Chair Reynolds, Vice Chair Anderson, and members of the Committee,

My name is Dana Hepper, and I am the Director of Policy & Advocacy at the Children's Institute. Our vision is to make Oregon the best place to be a kid. Thank you for the opportunity to testify in support of Senate Bill 695.

Early childhood is the foundation for all future learning and life

experiences. Early experiences, good and bad, have a profound and lasting impact on brain development. During the first three years, more than 1 million neural connections form every second. The brain grows faster at this stage than at any other time of life. Half of Adverse Childhood Experiences (ACEs) occur by age 3. Experiencing 4 or more ACEs without treatment is correlated with challenges later in life, including substance abuse and behavioral health. Prevention and early intervention are critical in breaking this cycle ([Burke Foundation](#)).

So if we know that children's experiences matters greatly - not just for them now, but for our whole state into the future, then **we must choose children in our health care system. This is the right thing to do and it's economically sound.**

SB 695 isn't asking for new money or fancy programs. **This legislation simply taps into the success of Oregon's Coordinated Care Organizations (CCOs) to ensure that success is fully benefiting children in their earliest years.**

Oregon's CCOs have been a national model for driving better outcomes while

saving taxpayer money, as evidenced by improvements across many quality metrics.

We can and must ensure that CCO success is reaching the youngest and most vulnerable Oregonians – including quality maternity care and wrap-around support in the first years of life. We must ensure that we have robust maternal health and early childhood metrics that advance Oregon’s health equity goals (by race and geography), so there are incentives and accountability for CCOs to focus resources during this pivotal time of development.

I also want to highlight a provision of this bill allowing CCOs to coordinate care for people leaving jails and prisons. You may be wondering, how is this connected to children? Anne E Casey estimates 44,000 Oregon children have had at least one of their parents incarcerated during their childhood – about 5% of Oregon’s children ([Anne E Casey](#)). An estimated 75% of the women incarcerated at Coffee Creek are mothers, and more than half of men in prison in Oregon are fathers ([OPB](#), 2021). And while we can all imagine the emotional impact having an incarcerated parent would have on children, **only 5.5% of children age 0–5 with one or both parents incarcerated for at least 1 year received a behavioral health service through Medicaid.** Children do better when they and their parents are healthy.

We appreciate Sen. Reynolds and Yamhill Community Care’s leadership in bringing this legislation forward, and **we urge your support for SB 695.**