

HOUSE No. 98

The Commonwealth of Massachusetts

PRESENTED BY:

Stephen Kulik

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act strengthening early support and education.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Stephen Kulik</i>	<i>1st Franklin</i>
<i>John H. Rogers</i>	<i>12th Norfolk</i>
<i>Michael F. Rush</i>	<i>Norfolk and Suffolk</i>
<i>Bradford R. Hill</i>	<i>4th Essex</i>
<i>Paul J. Donato</i>	<i>35th Middlesex</i>
<i>Linda Dorcena Forry</i>	<i>First Suffolk</i>
<i>Danielle W. Gregoire</i>	<i>4th Middlesex</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>
<i>Paul Brodeur</i>	<i>32nd Middlesex</i>
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>

HOUSE No. 98

By Mr. Kulik of Worthington, a petition (accompanied by bill, House, No. 98) of Stephen Kulik and others for legislation to establish a home visiting program to provide culturally sensitive services to eligible parents, infants and children. Children, Families and Persons with Disabilities.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 4556 OF 2013-2014.]

The Commonwealth of Massachusetts

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**In the One Hundred and Eighty-Ninth General Court
(2015-2016)**
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An Act strengthening early support and education.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 15D of the General Laws, as appearing in the 2012 Official
2 Edition, is hereby amended by adding the following section:-

3 Section 19. (a) For the purposes of this section, the following words shall have the
4 following meanings unless the context clearly requires otherwise:

5 “Evidence-based programs”, home visiting programs that are based on clear and
6 consistent program models that (i) provide researched-based services, grounded in relevant,
7 empirical knowledge with measurable outcomes; (ii) are governed by a program manual or
8 design that specifies the purpose, outcomes, duration, and frequency of service that constitutes
9 the program; (iii) employ well-trained staff and provide continuous professional development

10 and supervision relevant to the specific program model being delivered; (iv) demonstrate strong
11 links to other community based services; focusing on early childhood and family support
12 programs; and (v) operate within an organization that ensures program fidelity.

13 “Home visiting program”, a voluntary home-based service delivery strategy for families
14 with children from conception to age 5 that provides culturally sensitive face to face visits by
15 trained and supervised workers to promote positive parenting practices, improve maternal, infant
16 and child health outcomes, build healthy child and parent relationships, support cognitive
17 development of children, improve the health of the family, empower families to be self-
18 sufficient, reduce child maltreatment and injury and increase preparation for a continuum of
19 learning.

20 “Promising practices programs”, home visiting programs that have not yet met the
21 standard of evidence-based programs but that (i) include data or evidence demonstrating
22 effectiveness at achieving measurable outcomes for pregnant women, infants, children and their
23 families; (ii) include a manual or design that specifies the program’s purpose, outcomes, duration
24 and frequency of service; (iii) employ well-trained and competent staff and provide continuous
25 professional development and supervision relevant to the specific program model being
26 delivered; (iv) demonstrate strong links to other community based services; (v) operate within an
27 organization that ensures compliance with home visiting standards; and (vi) operate with fidelity
28 to the program model.

29 (b) The Children’s Trust Fund shall collaborate with child serving agencies to coordinate
30 and deliver evidence-based and promising practices in home visiting services to eligible families.
31 Evidence-based programs shall be linked to program-specific outcomes and shall be associated

32 with a national organization or institution of higher education. Evidence-based programs shall
33 have comprehensive home visiting standards that ensure high quality service delivery and
34 continuous quality improvement, have demonstrated significant, positive outcomes, and have
35 been either evaluated using randomized controlled research designs, and evaluation results have
36 been published in a peer-reviewed journal or are based on quasi-experimental research using 2 or
37 more separate, comparable client samples. Promising programs shall be evaluated on program
38 data.

39 (c) Home visiting programs shall be developed using evidence-based or promising
40 practices models that provide culturally sensitive services to parents, infants and children ages 0
41 to 5, using strength based and relationship focused curriculum; shall maintain high-quality,
42 consistent and continuous training and supervision; shall provide program evaluation to assess
43 efficacy; and shall engage in ongoing process and participant outcomes measurement to assess
44 effectiveness.

45 Process outcomes shall include but not be limited to the following: (i) improvement of
46 maternal mental health by providing access to screening and services for both parents; (ii)
47 development and maintenance of a centralized participant data system that can be shared with
48 and used by community providers and; (iii) involvement of both parents in the program.

49 Participant outcomes shall include, but not be limited to, the following: (i) a reduction in
50 child maltreatment numbers; (ii) children who, on average, meet developmentally appropriate
51 expectations; (iii) parents who have knowledge of positive parenting and child development; (iv)
52 families who have access to health care; and (v) referrals of families to different programs to
53 encourage further growth and development.

54 (d) Funding preference shall be given to home visiting programs developed pursuant to
55 this section.

56 (e) The Children’s Trust Fund in collaboration child serving agencies shall submit a
57 report on both evidence- based and promising practice programs to the clerks of the house of
58 representative and the senate the house and senate committees on ways and means and the joint
59 committee on children, families and persons with disabilities, on or before December 1 of each
60 year. The report shall include, but not be limited to, the following: locations of programs,
61 numbers of families served, length of stay of families in program, referrals of families to other
62 programs, percentage of participants who graduate from the program, percentage of families
63 accessing health care, percentage of parents in positive parenting process, readiness of
64 child/children to participate in a continuum of learning, reduction of child maltreatment numbers,
65 professional development progress of staff, reports of ongoing evaluation and modifications
66 made to promising programs to elevate them to evidenced-based programs.

67 SECTION 2. No later than 180 days after the passage of this act, the Children’s Trust
68 Fund, in collaboration with child serving agencies shall develop standards and regulations
69 deemed necessary to implement the New Born Home Visiting protocol.