HOUSE . . . . . No. 4556

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, December 18, 2014.

The committee on Ways and Means to whom was referred the Bill strengthening early support and education (House, No. 125), reports recommending that the same ought to pass with an amendment substituting therefor the accompanying bill (House, No. 4556).

For the committee,

BRIAN S. DEMPSEY.

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The Commonwealth of Massachusetts

In the Year Two Thousand Fourteen

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:

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

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

"Evidence-based programs", home visiting programs that are based on clear and consistent program models that (i) provide researched-based services, grounded in relevant, empirical knowledge with measurable outcomes; (ii) are governed by a program manual or design that specifies the purpose, outcomes, duration, and frequency of service that constitutes the program; (iii) employ well-trained staff and provide continuous professional development and supervision relevant to the specific program model being delivered; (iv) demonstrate strong links to other community based services; focusing on early childhood and family support programs; and (v) operate within an organization that ensures program fidelity.

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

"Promising practices programs", home visiting programs that have not yet met the standard of evidence-based programs but that (i) include data or evidence demonstrating effectiveness at achieving measurable outcomes for pregnant women, infants, children and their 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 the departments of early education
30 and care and the department of public health to coordinate and deliver evidence-based and
31 promising practices in home visiting services to eligible families. Evidence-based programs shall
32 be linked to program-specific outcomes and shall be associated with a national organization or
33 institution of higher education. Evidence-based programs shall have comprehensive home
34 visiting standards that ensure high quality service delivery and continuous quality improvement,
35 have demonstrated significant, positive outcomes, and have been either evaluated using
36 randomized controlled research designs, and evaluation results have been published in a peer-
37 reviewed journal or are based on quasi-experimental research using 2 or more separate,
38 comparable client samples. Promising programs shall be evaluated on program 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 with the departments of early education
57 and care and the department of public health shall submit a report on both evidence- based and
58 promising practice programs to the clerks of the house of representative and the senate the house
59 and senate committees on ways and means and the joint committee on children, families and
60 persons with disabilities, on or before December 1 of each year. The report shall include, but

61 not be limited to, the following: locations of programs, numbers of families served, length of stay
62 of families in program, referrals of families to other programs, percentage of participants who
63 graduate from the program, percentage of families accessing health care, percentage of parents
64 in positive parenting process, readiness of child/children to participate in a continuum of
65 learning, reduction of child maltreatment numbers, professional development progress of staff,
66 reports of ongoing evaluation and modifications made to promising programs to elevate them to
67 evidenced-based programs.

68 SECTION 2. No later than 180 days after the passage of this act, the Children's Trust
69 Fund, in collaboration with the departments of early education and care and public health shall
70 develop standards and regulations deemed necessary to implement the New Born Home Visiting
71 protocol.