

HOUSE No. 99

The Commonwealth of Massachusetts

PRESENTED BY:

Stephen Kulik and Paul J. Donato

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 providing standards for in-home parent coaching.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Stephen Kulik</i>	<i>1st Franklin</i>	<i>1/18/2017</i>
<i>José F. Tosado</i>	<i>9th Hampden</i>	
<i>Bradford R. Hill</i>	<i>4th Essex</i>	
<i>John H. Rogers</i>	<i>12th Norfolk</i>	
<i>Kay Khan</i>	<i>11th Middlesex</i>	<i>2/3/2017</i>
<i>Susannah M. Whipps</i>	<i>2nd Franklin</i>	<i>2/1/2017</i>
<i>Paul Brodeur</i>	<i>32nd Middlesex</i>	<i>2/2/2017</i>
<i>Danielle W. Gregoire</i>	<i>4th Middlesex</i>	
<i>Kathleen O'Connor Ives</i>	<i>First Essex</i>	
<i>Gailanne M. Cariddi</i>	<i>1st Berkshire</i>	
<i>Michelle M. DuBois</i>	<i>10th Plymouth</i>	

HOUSE No. 99

By Messrs. Kulik of Worthington and Donato of Medford, a petition (accompanied by bill, House, No. 99) of Stephen Kulik and others relative to providing standards for in-home parent coaching. Children, Families and Persons with Disabilities.

The Commonwealth of Massachusetts

In the One Hundred and Ninetieth General Court
(2017-2018)

An Act providing standards for in-home parent coaching.

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 2014 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”, In-Home Parent Coaching/ Home Visiting Programs that are
6 based on clear and consistent program models that (i) provide researched-based services,
7 grounded in relevant, empirical knowledge with measurable outcomes; (ii) are governed by a
8 program manual or design that specifies the purpose, outcomes, duration, and frequency of
9 service that constitutes the program; (iii) employ well-trained staff and provide continuous
10 professional development and supervision relevant to the specific program model being
11 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.

“In Home Parent Coaching/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”, In-Home Parent Coaching/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 and frequency of service; (iii) employ well-trained and competent 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; (v) operate within an organization that ensures compliance with home visiting standards; and (vi) operate with fidelity to the program model.

Non-Evidence Based or Promising Practice Programs will have five years to reach standards of evidence based/promising practice models to qualify for funding under this chapter.

(b) The Children’s Trust shall collaborate with public and private child serving agencies including but not limited to those licensed by the Executive Office of Education and the

Executive Office of Health and Human Services to coordinate and deliver evidence-based and promising practices in home visiting services to eligible families. Evidence-based programs shall be linked to program-specific outcomes and shall be associated with a national organization or institution of higher education. Evidence-based programs shall have comprehensive home visiting standards that ensure high quality service delivery and continuous quality improvement, have demonstrated significant, positive outcomes, and have been evaluated using recognized research methods and evaluation results have been published in a peer reviewed journal.

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

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

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

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

(e) The Children's Trust in collaboration with public and private child serving agencies, including but not limited to those who are licensed by the Executive Office of Education and the Executive Office of Health and Human Services shall submit a report on both evidence-based and promising practice programs to the Clerks of the House of Representative and the Senate the House and Senate Committees on Ways and Means and the Joint Committee on Children, Families and Persons with Disabilities, on or before December 1 of each year. The report shall include, but not be limited to, the following: locations of programs, numbers of families served, length of stay of families in program, referrals of families to other programs, percentage of participants who graduate from the program, percentage of families accessing health care, percentage of parents in positive parenting process, readiness of child/children to participate in a continuum of learning, reduction of child maltreatment numbers, professional development progress of staff, reports of ongoing evaluation and modifications made to promising programs to elevate them to evidenced-based programs.

SECTION 2. No later than 180 days after the passage of this act, the Children's Trust, in collaboration with public and private child serving agencies including but not limited to those licensed by the Executive Office of Education and the Executive Office of Health and Human Services shall develop standards and regulations deemed necessary to implement high quality, effective In-Home Parent Coaching/Home Visiting Programs.