

SENATE No. 32

The Commonwealth of Massachusetts

PRESENTED BY:

John Hart, Jr.

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 relative to strengthening early support and education .

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>John Hart, Jr.</i>	<i>First Suffolk</i>
<i>Michael J. Rodrigues</i>	<i>First Bristol and Plymouth</i>
<i>Michael F. Rush</i>	<i>Norfolk and Suffolk</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>
<i>Michael Barrett</i>	<i>Third Middlesex</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>
<i>Martin J. Walsh</i>	<i>13th Suffolk</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>

SENATE No. 32

By Mr. Hart, a petition (accompanied by bill, Senate, No. 32) of John Hart, Jr., Michael J. Rodrigues, Michael F. Rush, Sean Garballey and other members of the General Court for legislation relative to strengthening early support and education . Children, Families and Persons with Disabilities.

The Commonwealth of Massachusetts

In the Year Two Thousand Thirteen

An Act relative to 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 Notwithstanding any general or special law to the contrary there shall be established in
2 the General Laws a new Chapter, Chapter 15F; Home Visiting

3 Chapter 15F: The Children’s Trust Fund shall collaborate with the Departments of Early
4 Education and Care and Public Health to coordinate and deliver evidence-based and promising
5 practice home visiting services to eligible families.

6 (1) Funding for Home Visiting programs shall be directed to evidence-based or promising
7 practices models that provide culturally sensitive services to parents, infants and children (0-5);
8 maintaining high quality consistent and continuous training and supervision and provide
9 evaluation with measurable outcomes proving the efficacy of the program.

10 (1a) Home Visiting programs shall be evidence- based or promising practices models
11 that provide culturally sensitive services to parents, infants and children to age 5, using strength
12 based and relationship focused curriculum; maintaining high-quality, consistent and continuous
13 training and supervision; providing program evaluation to assess efficacy; and engaging in
14 ongoing process and participant outcomes measurement to assess effectiveness.

15 (2) As used in this section the following words have the following meanings, unless the
16 context clearly requires otherwise;

17 Home Visiting; a voluntary home-based service delivery strategy for families with
18 children from conception to age 5 that provides culturally sensitive face to face visits by trained

19 and supervised workers to promote positive parenting practices, improve maternal, infant and
20 child health outcomes, build healthy child and parent relationships, support cognitive
21 development of children, improve the health of the family, empower families to be self-
22 sufficient, reduce child maltreatment and injury and increase preparation for a continuum of
23 learning.

24 Evidence-based programs are based on a clear consistent program model that do all of the
25 following;

26 (a) Provide researched-based services, grounded in relevant, empirical knowledge with
27 measurable outcomes. Evidence- based programs are linked to program-specific outcomes and
28 are associated with a national organization or institution of higher education. Evidence-based
29 programs have comprehensive home visiting standards that ensure high quality service delivery
30 and continuous quality improvement, have demonstrated significant , positive outcomes, and
31 have been either evaluated using rigorous randomized controlled research designs, and
32 evaluation results have been published in a peer-reviewed journal or are based on quasi-
33 experimental research using 2 or more separate, comparable client samples.

34 (b) Governed by a program manual or design that specifies the purpose, outcomes,
35 duration, and frequency of service that constitutes the program.

36 (c) Employ well-trained and competent staff and provide continuous professional
37 development and supervision relevant to the specific program model being delivered.

38 (d) Demonstrate strong links to other community based services; focusing on early
39 childhood and family support programs

40 (e) Operate within an organization that ensures program fidelity.

41 Promising practices programs do not meet the criteria of evidence based programs but do
42 all of the following;

43 (a) Have data or evidence demonstrating effectiveness at achieving measurable outcomes
44 for pregnant women, infants, children and their families. Promising programs are or will be
45 evaluated on program data.

46 (b) Have a manual or design that specifies the program's purpose, outcomes, duration and
47 frequency of service.

48 (c) Employ well-trained and competent staff and provide continuous professional
49 development and supervision relevant to the specific program model being delivered.

50 (d) Demonstrate strong links to other community based services.

51 (e) Operate within an organization that ensures compliance with home visiting standards.

52 (f) Operate with fidelity to the program model.

53 Measurable Outcomes: Measurable outcomes shall allow for assessment of process and
54 participant outcomes, including but not limited to the following;

55 Process Outcomes

56 (a) Improve maternal mental health by providing access to screening and services for
57 both parents

58 (b) Develop and maintain centralized participant data system that can be shared with and
59 used by community providers

60 (c) Involvement of both parents in the program

61 Participant Outcomes

62 (a) Reduction in child maltreatment numbers

63 (b) Children will, on average, meet developmentally appropriate expectations

64 (c) Parents will have access to knowledge of positive parenting and child development

65 (d) Families will have access to and use of health care

66 (e) Families will be referred to different programs to encourage further growth and
67 development

68 Reporting

69 (3) The Children's Trust Fund in collaboration with the Departments of Early Education
70 and Care and Public Health shall submit a report on both evidence- based and promising practice
71 programs to the Clerks of the House of Representative and the Senate, the House Committee on
72 Ways and Means, the Senate Committee on Ways and Means and the Joint Committees on
73 Children, Families and Persons with Disabilities, Education and Public Health no later than
74 December 1 of each year with the first report due no later than December 1, 2013.

75 The report shall include but is not limited to: locations of programs, numbers of families
76 served, length of stay of families in program, referrals of families to other programs, percentage
77 of participants who graduate from the program, percentage of families accessing health care,
78 percentage of parents in positive parenting process, readiness of child/children to participate in a
79 continuum of learning, reduction of child maltreatment numbers, professional development
80 progress of staff, reports of ongoing evaluation and modifications made to promising programs
81 to elevate them to evidenced-based programs.

82 Non evidence- based or promising practice programs will have five years to reach
83 standards of evidence-based or promising practice models to qualify for funding under this
84 chapter.

85 (4)No later than 180 days after this legislation is signed into law The Children’s Trust
86 Fund in collaboration with the Departments of Early Education and Care and Public Health shall
87 develop standards and regulations deemed necessary to implement the New Born Home Visiting
88 protocol.