

**HOUSE . . . . . No. 125**

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 passage 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>Danielle W. Gregoire</i>	<i>4th Middlesex</i>
<i>John H. Rogers</i>	<i>12th Norfolk</i>
<i>Christine E. Canavan</i>	<i>10th Plymouth</i>
<i>Cheryl A. Coakley-Rivera</i>	<i>10th Hampden</i>
<i>Nick Collins</i>	<i>4th Suffolk</i>
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>
<i>Marcos A. Devers</i>	<i>16th Essex</i>
<i>John V. Fernandes</i>	<i>10th Worcester</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>
<i>Anne M. Gobi</i>	<i>5th Worcester</i>
<i>Jonathan Hecht</i>	<i>29th Middlesex</i>
<i>Jay R. Kaufman</i>	<i>15th Middlesex</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>
<i>John J. Lawn, Jr.</i>	<i>10th Middlesex</i>
<i>David Paul Linsky</i>	<i>5th Middlesex</i>
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>
<i>Paul McMurtry</i>	<i>11th Norfolk</i>

<i>David M. Rogers</i>	<i>24th Middlesex</i>
<i>John W. Scibak</i>	<i>2nd Hampshire</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>
<i>Ellen Story</i>	<i>3rd Hampshire</i>
<i>Chris Walsh</i>	<i>6th Middlesex</i>

**HOUSE . . . . . No. 125**

By Mr. Kulik of Worthington, a petition (accompanied by bill, House, No. 125) 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.

**The Commonwealth of Massachusetts**

**In the Year Two Thousand Thirteen**

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 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  
7 promising practices models that provide culturally sensitive services to parents, infants and  
8 children (0-5); maintaining high quality consistent and continuous training and supervision and  
9 provide 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  
16 the 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  
27 with measurable outcomes. Evidence- based programs are linked to program-specific outcomes  
28 and 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  
44 outcomes for pregnant women, infants, children and their families. Promising programs are or  
45 will be evaluated on program data.

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

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

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

56 Process Outcomes

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

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

61 (c) Involvement of both parents in the program

62 Participant Outcomes

63 (a) Reduction in child maltreatment numbers

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

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

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

68 (e) Families will be referred to different programs to encourage further growth and  
69 development

70 Reporting

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

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

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

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