

SENATE No. 139

The Commonwealth of Massachusetts

PRESENTED BY:

Susan L. Moran

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 to eliminate disproportionality and inequities for at-risk children.

PETITION OF:

| NAME: | DISTRICT/ADDRESS: | |
|-------------------------|--------------------------------|-----------------|
| <i>Susan L. Moran</i> | <i>Plymouth and Barnstable</i> | |
| <i>Michael O. Moore</i> | <i>Second Worcester</i> | <i>3/9/2021</i> |

SENATE No. 139

By Ms. Moran, a petition (accompanied by bill, Senate, No. 139) of Susan L. Moran and Michael O. Moore for legislation to eliminate disproportionality and inequities for at-risk children. Children, Families and Persons with Disabilities.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Second General Court
(2021-2022)**

An Act to eliminate disproportionality and inequities for at-risk children.

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 18C of the General Laws is hereby amended by inserting the
2 following section:

3 Section 15: Collection and Reporting of Information on Inequity in Child Serving Entities

4 (a) As used in this chapter, the following words shall have the following meanings:

5 (1) “Disproportionality”, a situation in which the demographics of a particular group
6 differs substantially from the demographics of the population at large. Examples of demographic
7 categories for which disproportionality may exist include race, cultural background, ethnicity,
8 gender identity, sexual orientation, transgender status or disability.

9 (2) “*Inequity*”, a situation in which members of a particular group are given an
10 unequal share of treatment, status, or opportunity. Examples of group categories which may

11 experience inequities include race, ethnicity, cultural background, gender identity, sexual
12 orientation, transgender status, or disability.

13 (3) “Child Serving State Entities”, state entities that provide services to children,
14 including the executive office of health and human services, the department of children and
15 families, the department of developmental services, the department of mental health, the
16 commission for the deaf and hard of hearing, the department of youth services, the department of
17 public health, the department of transitional assistance, the department of early education and
18 care, masshealth, the department of elementary and secondary education, the trial court, and the
19 Massachusetts probation service.

20 (b) Subject to appropriation, the child advocate shall produce a report on
21 disproportionality and inequity in services provided by child-serving state entities. The report
22 shall include, to the extent available, statistics on (1) the level and type of involvement of
23 children in various demographic groups in each of the state's child serving entities, including the
24 points of entry and exit, and at each point at which a critical decision is made; (2) the number of
25 children in low-income families involved in each of the state's child serving entities; (3) any
26 short and long-term outcomes of that involvement, including but not limited to the results of
27 critical decisions and any other outcomes identified by each child-serving state entity. The
28 demographic categories to be examined shall include, but are not limited to, race and ethnicity,
29 sexual orientation, gender identity, transgender status, and disability status. The report shall also
30 identify outcomes and how they are measured, The report shall provide a detailed description of
31 any relevant data that was not available to the child advocate in writing the report.

32 (c) the initial report shall be produced within one year of passage of this law and
33 updated annually thereafter. The report shall be submitted to the governor, the secretary of health
34 and human services, the house and senate chairs of the joint committee on children, families and
35 persons with disabilities and the chief justice of the trial court. The report shall also be made
36 publicly available on the child advocate's website.

37 (d) the child advocate shall request data from child-serving state entities holding data
38 necessary to complete the aforementioned report.

39 (e) the child advocate shall issue guidance or promulgate regulations for the
40 administration and enforcement of this section, including guidance or regulations establishing (1)
41 schedules for the submission, transmission and publication of the data (2) the format and form
42 that the aforementioned data from child-serving state entities shall take, including any
43 requirements that data should be available for manipulation or disaggregation, and the format
44 that transmission of the data shall take. The child advocate may request, and if such a request is
45 made all child-serving state entities shall provide, individual level data to facilitate analysis,
46 provided that the child advocate shall be bound by any limitations on the use or release of
47 information imposed by law upon the party furnishing such information as described in Section
48 12 of this chapter.

49 (f) the office of the child advocate shall annually produce a public report with
50 detailed recommendations for addressing inequities in child serving state entities. Topics that
51 may be examined include, but are not limited to, (1) statewide data reporting systems that
52 ensure child serving state entities collect accurate, consistent, and comprehensive data that
53 measures disproportionality and inequity; (2) Staff trainings on implicit bias, privilege, cultural

54 awareness and professional practice.; (3) Existing and new early intervention and preventive
55 programming services and curriculum for children involved with state care, not limited to, but
56 including: (i) strength-based approaches to engage and promote positive outcomes; (ii)
57 community based, wraparound services; (iii) educational advocacy and support services; (iv)
58 school based referrals to mental health care, DCF, DYS and DMH; (v) programming that
59 supports collaborative relationships among community, faith based, private, and public
60 organizations; (vi) home based prevention services in the child serving state entities; (vii)
61 transitional services for foster youth and former foster youth; (h) Child and family teams for
62 youth in state entities; (viii) other early intervention and preventive programming services.(ix)
63 Model procurement language and contract oversight that support culturally accessible services
64 for children, youth and families; (4) a strategic plan to recruit and retain diverse professionals
65 and staff level employees throughout all service delivery systems; (5) recommendations on
66 existing policies that have reduced disproportionality and inequities for youth and children
67 within massachusetts, nationally, and in other states and localities including but not limited to:
68 blind removal meetings, accountability and quality assurance and improvements structures to
69 measure outcomes and ensure fidelity, nondiscrimination policies and implementation, and
70 recruitment of affirming foster parents and appropriate kin; (6) recommendations for
71 administrative and legislative actions related to appropriate programs and services to reduce and
72 eliminate disparities in the child serving state entities and improve the long-term outcomes for
73 children who are served by state entities; and (7) performance measures for implementing the
74 recommendations.

75 (g) The child advocate shall write the reports in subsection (b) and (f) in consultation
76 with individuals and groups with relevant expertise, including expertise in the operation of child-

77 serving entities, experience interacting with child-serving entities, and expertise in identifying
78 and addressing disproportionality and inequity in government policies and practices.

79 (h) Based on the findings of the report(s) from subsection (b) and (f), each child
80 serving state entity will be required to publicly produce a corrective action plan to ensure that it
81 (1) collects accurate, consistent, and comprehensive data that measures disproportionality and
82 inequity and (2) identifies and implements effective policies and practices for reducing
83 disproportionality and inequity – which may include recommendations from the report produced
84 from subsection (f). The office of the child advocate is required to review the corrective action
85 plans and make recommendations.