

**HOUSE . . . . . No. 99**

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**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:
<i>Stephen Kulik</i>	<i>1st Franklin</i>
<i>Jose 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>Susannah M. Whipps</i>	<i>2nd Franklin</i>
<i>Paul Brodeur</i>	<i>32nd Middlesex</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**

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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.

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**The Commonwealth of Massachusetts**

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

12 childhood and family support programs; and (v) operate within an organization that ensures  
13 program fidelity.

14 “In Home Parent Coaching/Home Visiting Program”, a voluntary home-based service  
15 delivery strategy for families with children from conception to age 5 that provides culturally  
16 sensitive face to face visits by trained and supervised workers to promote positive parenting  
17 practices, improve maternal, infant and child health outcomes, build healthy child and parent  
18 relationships, support cognitive development of children, improve the health of the family,  
19 empower families to be self-sufficient, reduce child maltreatment and injury and increase  
20 preparation for a continuum of learning.

21 “Promising practices programs”, In-Home Parent Coaching/Home Visiting Programs  
22 that have not yet met the standard of evidence-based programs but that (i) include data or  
23 evidence demonstrating effectiveness at achieving measurable outcomes for pregnant women,  
24 infants, children and their families; (ii) include a manual or design that specifies the program’s  
25 purpose, outcomes, duration and frequency of service; (iii) employ well-trained and competent  
26 staff and provide continuous professional development and supervision relevant to the specific  
27 program model being delivered; (iv) demonstrate strong links to other community based  
28 services; (v) operate within an organization that ensures compliance with home visiting  
29 standards; and (vi) operate with fidelity to the program model.

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

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

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

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

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

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

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

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

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