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THE GENERAL ASSEMBLY OF PENNSYLVANIA

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HOUSE BILL

No. 400 Session of  
2001

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INTRODUCED BY MUNDY, BROWNE, HALUSKA, YOUNGBLOOD, FAIRCHILD,  
GEORGE, BELARDI, READSHAW, SHANER, LaGROTTA, MARKOSEK,  
STABACK, MELIO, MANN, CORRIGAN, FLEAGLE, SOLOBAY, FRANKEL,  
DeWEESE, WOJNAROSKI, HERMAN, ORIE, TIGUE, MICHLOVIC,  
BELFANTI, LAUGHLIN, MANDERINO, M. COHEN, B. SMITH, BEBKO-  
JONES, BARD, C. WILLIAMS, SAMUELSON, SCRIMENTI, FREEMAN,  
CURRY, FLICK, NAILOR, NICKOL, PIPPY, THOMAS, WALKO, SAINATO,  
ROSS, STURLA, JOSEPHS, STEELMAN, SEMMEL, HENNESSEY, WILT,  
PRESTON, McCALL, PETRARCA, GRUCELA, PISTELLA, SAYLOR, DALLY  
AND BISHOP, JANUARY 31, 2001

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REFERRED TO COMMITTEE ON CHILDREN AND YOUTH, JANUARY 31, 2001

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AN ACT

1 Providing for the strengthening and enrichment of children and  
2 families by promoting safe, healthy and nurturing home  
3 environments, for the educational and supportive services of  
4 home visiting programs in this Commonwealth, for the Ounce of  
5 Prevention grant program and for integrated community-based  
6 delivery of services; specifying program requirements;  
7 establishing the Ounce of Prevention Board; providing for  
8 responsibilities of the board and the Department of Health;  
9 specifying criteria for community program grant funding;  
10 requiring training and an independent evaluation process;  
11 providing for quality assurance; and making an appropriation.

12 The General Assembly of the Commonwealth of Pennsylvania  
13 hereby enacts as follows:

14 Section 1. Short title.

15 This act shall be known and may be cited as the Ounce of  
16 Prevention Act.

17 Section 2. Legislative intent.

18 The General Assembly finds and declares as follows:

1       (a) Funding.--The General Assembly finds that family well-  
2 being is critical to a child's health and development, that  
3 parenting is a difficult responsibility and that most of the  
4 assistance available to Pennsylvania families occurs after there  
5 is a problem and often provides too little, too late. Research  
6 shows that comprehensive early home visitation programs prevent  
7 child abuse, help develop positive parent-child interactions,  
8 help brain development of the child, have a long-term savings in  
9 both public and private health care costs and help avoid future  
10 social problems. In addition to addressing child abuse, such  
11 programs help to ensure that families' social and medical needs  
12 are met and that children are ready for success in school. The  
13 General Assembly finds that Pennsylvania needs broad  
14 implementation of a program to provide support for families  
15 which need and desire assistance in establishing healthy  
16 relationships and environments for their children.

17       (b) Intent.--It is the intent of the General Assembly to  
18 establish the Ounce of Prevention Act as a collaborative effort  
19 that builds on existing community-based home visiting and family  
20 support resources and will not duplicate the existing services.  
21 It is further the intent of the General Assembly to provide the  
22 needed intensity and duration of services extending beyond those  
23 available through Head Start and Early Head Start programs, thus  
24 filling a major gap in the existing continuum of early childhood  
25 prevention and assistance services.

26 Section 3. Ounce of Prevention Act.

27       (a) Establishment.--The Ounce of Prevention Act is hereby  
28 established as a voluntary home visiting grant program for  
29 expectant mothers and newborn children and their families.

30       (b) Purpose.--The purpose of the act is to strengthen

1 families; promote early childhood growth and development;  
2 improve childhood immunization rates and well-child care;  
3 improve child health outcomes; improve school readiness;  
4 increase family self-sufficiency; increase the involvement of  
5 both parents with their children; and reduce the incidence of  
6 child abuse and neglect through a primary prevention approach  
7 that offers home visits and linkages to family supports for  
8 families and their newborn children and continues until the  
9 children reach five years of age or begin the Head Start  
10 Program.

11 Section 4. Delivery of services.

12 Service delivery under this act shall be community-based and  
13 collaborative. Services shall be integrated and coordinated with  
14 other services provided under Head Start and Early Head Start  
15 programs and by local school districts, as well as with other  
16 home visiting and family support service delivery systems  
17 currently in place in communities throughout this Commonwealth.  
18 Services shall be offered with the intensity and duration  
19 required to prevent child abuse and neglect, improve child  
20 development and child health outcomes and to promote child  
21 school-readiness and educational development.

22 Section 5. Program requirements.

23 The program created under this act shall provide for  
24 intensive home visits and include the following critical home  
25 visiting elements:

26 (1) Initiation of services. This element provides for:

27 (i) Initiation of services prenatally or at the  
28 birth of the first child.

29 (ii) Use of a standardized assessment tool to  
30 systematically identify those at-risk families most in

1        need of services. The home visitor shall inform any  
2        potential participant that the assessment or  
3        participation in the program is purely voluntary.

4            (iii) Offering services on a purely voluntary basis  
5        and use of positive, persistent outreach efforts to build  
6        family trust.

7            (iv) Working with family members to identify  
8        strengths and resources that can be mobilized to help  
9        resolve identified family concerns.

10        (2) Service content. This element provides for:

11            (i) Offering services over the long term and  
12        intensively, with well-defined criteria for increasing or  
13        decreasing the intensity of the service.

14            (ii) Providing services that focus on supporting  
15        first-time at-risk expectant parents and families,  
16        encouraging the interaction of both parents with their  
17        child, and enhancing the development of the child,  
18        including school readiness and educational development.

19            (iii) Linking at-risk families to medical providers  
20        to ensure optimal health and development of the child,  
21        timely childhood immunizations, well-child care that  
22        provides for developmental assessment and is consistent  
23        with the standards and periodicity schedules of Medicaid  
24        and the American Academy of Pediatrics and additional  
25        services, as needed.

26            (iv) Ensuring confidentiality and privacy for  
27        families.

28            (v) Having periodic evaluations of program  
29        effectiveness.

30            (vi) Having established mechanisms in place to refer

1 first-time at-risk expectant parents and families for  
2 other intervention services available in the community.

3 (3) Qualifications and training of home visitors. This  
4 element provides for:

5 (i) Ensuring that home visitors have basic training  
6 in areas, including, but not limited to, substance abuse,  
7 child abuse, domestic violence, drug-exposed infants and  
8 parents, child development, services available in the  
9 community, infant care and early childhood development,  
10 school readiness and parenting.

11 (ii) Ensuring that home visitors conducting home  
12 visits are certified registered nurses or are qualified  
13 home visitors under 45 Code of Federal Regulations Part  
14 1304.52(e) (relating to home visitor qualifications under  
15 the Head Start and Early Head Start Programs).

16 (iii) Ensuring that home visitors have preservice  
17 and ongoing training that is specific to their job  
18 requirements.

19 (iv) Ensuring that home visit providers receive  
20 ongoing reviews and direct and intensive supervision.

21 (v) Ensuring that home visitors are qualified  
22 community-based private, not-for-profit or public  
23 organizations that have strong community support and the  
24 social and fiscal capacity to provide the service.

25 Section 6. Ounce of Prevention Board.

26 (a) Establishment and membership.--The Ounce of Prevention  
27 Board is established within the Department of Health, with  
28 membership as follows:

29 (1) The Secretary of Health or a designee.

30 (2) The Secretary of Education or a designee.

1 (3) The Secretary of Public Welfare or a designee.

2 (4) Four members of the General Assembly, one appointed  
3 by the President pro tempore of the Senate, one appointed by  
4 the Minority Leader of the Senate, one appointed by the  
5 Speaker of the House of Representatives and one appointed by  
6 the Minority Leader of the House of Representatives.

7 (5) Seven nongovernmental members who have expertise in  
8 at least one of the following areas: substance abuse, child  
9 abuse, domestic violence, drug-exposed infants and parents,  
10 child development, services available in communities, infant  
11 care and early childhood development, school readiness,  
12 parenting and prevention research with families and young  
13 children.

14 (b) Nongovernmental members.--

15 (1) The Governor shall appoint the nongovernmental  
16 members of the board in a manner that provides for regional  
17 representation of this Commonwealth.

18 (2) Except as otherwise provided, the nongovernmental  
19 board members shall serve a four-year term.

20 (3) Of the seven initial appointments, two shall be  
21 appointed for a term of two years, two for a term of three  
22 years and three for a term of four years.

23 (4) The Governor may reappoint nongovernmental board  
24 members for successive terms.

25 (5) Nongovernmental members of the board shall remain in  
26 office until a successor is appointed and qualified.

27 (6) If vacancies occur prior to completion of a term,  
28 the Governor shall appoint another nongovernmental member in  
29 accordance with this subsection to fill the unexpired terms.

30 (c) Powers and duties.--The board shall have the following

1 powers and duties:

2 (1) To develop measurable outcomes consistent with  
3 established home visiting programs operating in this  
4 Commonwealth.

5 (2) To establish assessment and credentialing standards  
6 for home visitation programs receiving grant funding under  
7 this act.

8 (3) To review grant applications and award grants for  
9 home visiting programs. No nongovernmental member may:

10 (i) Review grant applications or vote to award  
11 grants to entities by which they are employed or with  
12 which they are directly affiliated.

13 (ii) Be a lobbyist as defined under 65 Pa.C.S. Ch.  
14 13 (relating to lobby regulations and disclosure).

15 (4) Grants for home visiting programs shall be awarded  
16 on a three-year basis. The board may rescind a portion of the  
17 grant not yet allocated if it determines through outcome,  
18 expenditure and performance data submitted by the grantees  
19 under section 7 that the funds are not being properly  
20 utilized.

21 (5) Develop an assessment tool to identify at-risk  
22 families who are eligible for home visiting grants under this  
23 act. The assessment tool shall be a mechanism to identify  
24 risk factors that may lead to child abuse or neglect or other  
25 poor childhood outcomes.

26 (6) Establish policies for the development,  
27 implementation and administration of this program.

28 (d) Board operation.--

29 (1) The Secretary of Health shall be the president of  
30 the board.

1           (2) The Secretary of Health, the Secretary of Public  
2           Welfare and the Secretary of Education shall be nonvoting  
3           members of the board.

4           (3) The board shall meet at least biannually to review  
5           progress of home visiting programs in this Commonwealth,  
6           establish priorities for grant funding, award grants and  
7           advise the Department of Health on matters relating to  
8           administration of the program.

9           (4) The Department of Health shall reimburse all  
10          nongovernmental members of the board for all necessary and  
11          reasonable travel and other expenses incurred in the  
12          performance of their duties under this section.

13   Section 7. Implementation.

14          The Ounce of Prevention Board shall:

15               (1) Implement a community-based home visiting program  
16               for first-time at-risk expectant parents and families in this  
17               Commonwealth using the criteria set forth in this section.

18               (2) Develop a grant application and award grants under  
19               this program in accordance with the following requirements:

20                       (i) Grants must be awarded in accordance with  
21                       weighted criteria based on population demographics,  
22                       factors associated with child abuse and neglect and other  
23                       appropriate criteria developed by the board.

24                       (ii) Cash or in-kind matching funds in the amount of  
25                       25% of the total program cost shall be required.

26                       (iii) If a program is not able to meet the 25% match  
27                       requirement, justification must be included in the grant  
28                       application providing a detailed explanation of the  
29                       reasons why this match cannot be met and the percentage  
30                       of the match that can be met. A determination will be



1           made by the board, without recourse, as to the merit of  
2           the justification.

3           (3) Develop a plan of implementation to equitably  
4           distribute funds throughout this Commonwealth.

5           (4) Require that, in addition to the program  
6           requirements outlined in section 5, the following criteria be  
7           used in selecting recipients of grant funds:

8                 (i) Preference for grant awards must be given to  
9                 community-based entities that have broad representation  
10                and have the fiscal and administrative capacity to  
11                successfully implement the program.

12               (ii) Home visiting programs that receive grants  
13                should collaborate with other home visiting and family  
14                support programs in the community to avoid duplication  
15                and complement and integrate with existing services.

16               (iii) Each applicant must use the standardized  
17                assessment tool developed by the board under section 6.

18               (iv) Each applicant must provide outcome,  
19                expenditure and performance data in the format and the  
20                frequency specified by the board.

21               (v) Each applicant must identify local resources  
22                available for implementation.

23               (vi) Implementation design must include service  
24                delivery strategies that, when appropriate, involve both  
25                parents if they have shared parental responsibility,  
26                regardless of residential custody arrangements.

27           (5) Evaluate and approve grant applications and local  
28           implementation plans for service delivery.

29           (6) Encourage applicants to coordinate service delivery  
30           with Head Start, Early Head Start, Parents as Teachers,

1 family centers, school districts and other existing home  
2 visiting programs operating in communities in the various  
3 regions of this Commonwealth.

4 (7) Identify qualified trainers and training  
5 opportunities that will assure adequate opportunities for  
6 grantees and their communities to provide preservice and in-  
7 service training. Funds for training may be incorporated into  
8 the grants.

9 (8) Develop and implement a quality assurance and  
10 improvement process for the program.

11 (9) Identify and seek Federal matching funding for this  
12 program.

13 (10) Identify existing State funding streams that could  
14 be used to fund home visiting programs in this Commonwealth.

15 (11) Provide for an annual independent review that  
16 evaluates both the progress and effectiveness of community  
17 programs receiving grants and the overall progress and  
18 achievement of the designated outcomes of the programs. The  
19 Ounce of Prevention Board shall provide the review to the  
20 Governor, the Senate and the House of Representatives on an  
21 annual basis.

## 22 Section 8. Responsibilities of Department of Health.

23 The Department of Health shall allocate the staff and  
24 financial resources necessary to assist the Ounce of Prevention  
25 Board in the implementation and administration of this grant  
26 program.

## 27 Section 9. Appropriation.

28 The sum of \$10,000,000 is hereby appropriated to the  
29 Department of Health for the fiscal year July 1, 2001, through  
30 June 30, 2002, to implement the Ounce of Prevention grant

1 program established under this act. An amount not to exceed two  
2 percent of this appropriation may be used by the department to  
3 cover the administrative costs of implementing and administering  
4 the program.

5 Section 10. Effective date.

6 This act shall take effect immediately.