



General Assembly

**Substitute Bill No. 303**

February Session, 2008

\* \_\_\_\_\_SB00303APP\_\_\_\_040108\_\_\_\_\_\*

**AN ACT CREATING A COMPREHENSIVE SYSTEM FOR CHILDREN AND FAMILIES FROM BIRTH TO AGE FIVE.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2008*) (a) The Office of Policy and  
2 Management, the Departments of Social Services, Education, Public  
3 Health, and Children and Families, the Office of the Child Advocate,  
4 the Commission on Children and the Children's Trust Fund shall  
5 develop a model for master contracting to improve child outcomes and  
6 deliver outcome-focused, integrated services to children, from birth to  
7 five years of age, and the families of such children. Such model shall  
8 promote collaborative management across departments and agencies  
9 and promote work with local communities to implement strategies  
10 that focus on families and children with an outcome based system.

11 (b) For purposes of the development of the model for master  
12 contracting, the agencies described in subsection (a) of this section  
13 shall: (1) Identify appropriate opportunities for master contracts that  
14 align services and meet the holistic needs of children and families; (2)  
15 develop a methodology and protocols for master contracting,  
16 including the requirements for state agencies and local grantees; (3)  
17 ensure an accountability framework that incorporates results-based  
18 accountability principles; (4) identify any common requirements for  
19 funding from various sources and any waiver provisions related to

20 such requirements that can be accommodated by the model contract;  
21 (5) identify barriers under state or federal law to the effective  
22 utilization of the model; (6) work with qualified local planning groups  
23 to determine the most effective means of structuring the contract  
24 requirements; and (7) focus the model contract in the program areas of  
25 maternal and child health, literacy, family support and early care and  
26 education, but not limit the contract to such areas.

27 (c) The model for master contracting shall (1) include research-based  
28 practices, (2) align categorical funding streams, (3) adopt common  
29 population outcomes for program implementation, (4) include  
30 monitoring and evaluation of outcomes using results-based  
31 accountability principles, and (5) establish protocols to work  
32 collaboratively with local communities and providers.

33 (d) The model for master contracting shall seek to achieve the  
34 following outcomes: (1) Decrease the incidences of low birth weight;  
35 (2) increase prenatal care; (3) increase breastfeeding; (4) increase well-  
36 child visits; (5) increase early detection and prevention screening and  
37 assessment; (6) decrease the incidences of teen pregnancy; (7) increase  
38 quality infant, toddler and child care capacity; and (8) increase the  
39 sharing of information across agencies.

40 (e) The following services shall be coordinated under such model to  
41 achieve the outcomes outlined in subsection (d) of this section: (1)  
42 System prenatal care; (2) home visitation services; (3) nutrition; (4)  
43 lactation counseling; (5) early screening and intervention services; (6)  
44 family safety net services to meet basic needs; and (7) other services  
45 deemed necessary to promote the health and well-being of the mother,  
46 father and child.

47 (f) The model for master contracting shall provide for prevention  
48 strategies based on the following: (1) Serving families within the  
49 context of their families and communities; (2) utilizing strength-based  
50 approaches; (3) ensuring that services and systems are culturally  
51 competent; (4) emphasizing targeted research-based interventions; (5)

