

**SENATE . . . . . No. 101**

---

**The Commonwealth of Massachusetts**

PRESENTED BY:

***Diana DiZoglio***

*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 guidelines for home visiting programs.

PETITION OF:

NAME:

*Diana DiZoglio*

DISTRICT/ADDRESS:

*First Essex*

**SENATE . . . . . No. 101**

By Ms. DiZoglio, a petition (accompanied by bill, Senate, No. 101) of Diana DiZoglio for legislation to provide guidelines for home visiting programs. Children, Families and Persons with Disabilities.

[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 42 OF 2019-2020.]

**The Commonwealth of Massachusetts**

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

An Act providing guidelines for home visiting programs.

*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 2012 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”, home visiting programs that are based on clear and  
6 consistent program models that (i) provide researched-based services, grounded in relevant,  
7 empirical knowledge with measurable outcomes; (ii) are governed by a program manual or  
8 design that specifies the purpose, outcomes, duration, and frequency of service that constitutes  
9 the program; (iii) employ well-trained staff and provide continuous professional development

10 and supervision relevant to the specific program model being delivered; (iv) demonstrate strong  
11 links to other community based services; focusing on early childhood and family support  
12 programs; and (v) operate within an organization that ensures program fidelity.

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

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

29 (b) The Children’s Trust shall collaborate with public and private child serving agencies  
30 including but not limited to those licensed by the Executive office of Education and the  
31 Executive Office of Health and Human Services to coordinate and deliver evidence-based and

32 promising practices in home visiting services to eligible families. Evidence-based programs shall  
33 be linked to program-specific outcomes and shall be associated with a national organization or  
34 institution of higher education. Evidence-based programs shall have comprehensive home  
35 visiting standards that ensure high quality service delivery and continuous quality improvement,  
36 have demonstrated significant, positive outcomes, and have been evaluated using and  
37 evaluation results have been published in a or are based on quasi-experimental research using  
38 two or more separate, comparable client samples. Promising practice programs shall be  
39 evaluated on program data.

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

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

50 Participant outcomes shall include, but not be limited to, the following: (i) a reduction in  
51 child maltreatment numbers; (ii) children who, on average, meet developmentally appropriate  
52 expectations; (iii) parents who have knowledge of positive parenting and child development; (iv)

53 families who have access to health care; and (v) referrals of families to different programs to  
54 encourage further growth and development.

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

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

70 SECTION 2. No later than 180 days after the passage of this act, the Children’s Trust, in  
71 collaboration with public and private child serving agencies including but not limited to those  
72 licensed by the Executive Office of Education and the Executive Office of Health and Human  
73 Services shall develop standards and regulations deemed necessary to implement the New Born  
74 Home Visiting protocol.