

410.605 Confidentiality of information.

410.037 Confidentiality of information.—Information about disabled adults who receive services under ss. 410.031–410.036 which is received through files, reports, inspection, or otherwise, by the department or by authorized departmental employees, by persons who volunteer services, or by persons who provide services to disabled adults under ss. 410.031–410.036 through contracts with the department is confidential and exempt from the provisions of s. 119.07(1). The information may not be disclosed publicly in a manner that identifies a disabled adult, unless the person or his legal guardian provides written consent.

History.—s. 15, ch. 88-350; s. 10, ch. 91-71; s. 76, ch. 95-418; s. 261, ch. 96-406.

410.605 Confidentiality of information.—Information about disabled adults who receive services under ss. 410.601–410.606 which is received through files, reports, inspections, or otherwise, by the department or by authorized departmental employees, by persons who volunteer services, or by persons who provide services to disabled adults under ss. 410.601–410.606 through contracts with the department is confidential and exempt from the provisions of s. 119.07(1). Such information may not be disclosed publicly in such a manner as to identify a disabled adult, unless the disabled adult or his legal guardian provides written consent.

History.—s. 9, ch. 88-350; s. 13, ch. 91-71; s. 262, ch. 96-406.

CHAPTER 411

HANDICAP OR HIGH-RISK CONDITION PREVENTION AND EARLY CHILDHOOD ASSISTANCE

PART III

INFANTS AND TODDLERS

411.232 Children's Early Investment Program.

411.232 Children's Early Investment Program.—

(1) **CREATION.**—There is hereby created the Children's Early Investment Program for young children who are at risk of developmental dysfunction or delay and for their families. This program shall coordinate a variety of resources to program participants through a responsible agent for the child and the child's family. The services and assistance provided shall focus on the family and shall be comprehensive. The programs and services offered shall enhance family independence and shall provide social and educational resources needed for healthy child development.

(2) **GOALS.**—The goal of the Children's Early Investment Program is to encourage and assist an effective investment strategy for the at-risk young children in this state and their families so that they will develop into healthy and productive members of society. The Children's Early Investment Program is designed to provide intensive early intervention to at-risk expectant mothers, young children, and their families in order that this state will invest now for a future in which the workforce

is skilled and stable; in which crime rates are reduced; and in which the social and economic costs of high-risk pregnancies and low birthweight babies are reduced. The objectives of the Children's Early Investment Program are to increase the percentage of children entering the school system who are ready and able to learn; to reduce teenage pregnancies among this at-risk population; to reduce the numbers of cocaine babies born in this state; to reduce the crime rate among these children as they grow up; to reduce the rate of school dropouts in this state and to increase the basic skills and ability of the future workforce. It is anticipated the efforts targeted now to expectant mothers and young children will show their greatest results in the years when these at-risk children enter school and when they are teenagers and young adults. Benefits are also anticipated, however, as the families of these children are assisted in addressing their own needs, and corresponding reductions in foster care placements, low birthweight babies, teen pregnancy, economic instability and dependence, and other signs of dysfunction are anticipated.

(3) **ESSENTIAL ELEMENTS.**—

(a) Initially, the program shall be directed to geographic areas where at-risk young children and their families are in greatest need because of an unfavorable combination of economic, social, environmental, and health factors, including, without limitation, extensive poverty, high crime rate, great incidence of low birthweight babies, high incidence of alcohol and drug abuse, and high rates of teenage pregnancy. The selection of a geographic site shall also consider the incidence of young children within these at-risk geographic areas who are cocaine babies, children of mothers who participate in the WAGES Program, children of teenage parents, low birthweight babies, and very young foster children. To receive funding under this section, an agency, board, council, or provider must demonstrate:

1. Its capacity to administer and coordinate the programs and services in a comprehensive manner and provide a flexible range of services;
2. Its capacity to identify and serve those children least able to access existing programs and case management services;
3. Its capacity to administer and coordinate the programs and services in an intensive and continuous manner;
4. The proximity of its facilities to young children, parents, and other family members to be served by the program, or its ability to provide offsite services;
5. Its ability to use existing federal, state, and local governmental programs and services in implementing the investment program;
6. Its ability to coordinate activities and services with existing public and private, state and local agencies and programs such as those responsible for health, education, social support, mental health, child care, respite care, housing, transportation, alcohol and drug abuse treatment and prevention, income assistance, employment training and placement, nutrition, and other relevant services, all the foregoing intended to assist children and families at risk;
7. How its plan will involve project participants and community representatives in the planning and operation of the investment program;

8. Its ability to participate in the evaluation component required in this section; and

9. Its consistency with the strategic plan pursuant to s. 411.221.

(b) While a flexible range of services is essential in the implementation of this act, the following services shall be considered the core group of services:

1. Adequate prenatal care;
2. Health services to the at-risk young children and their families;
3. Infant and child care services;
4. Parenting skills training;
5. Education or training opportunities appropriate for the family; and
6. Economic support.

Additional services may include, without limitation, alcohol and drug abuse treatment, mental health services, housing assistance, transportation, and nutrition services.

(4) IMPLEMENTATION.—

(a) The ¹Department of Health and Rehabilitative Services or its designee shall implement the Children's Early Investment Program using the criteria provided in this section. The department or its designee shall evaluate and select the programs and sites to be funded initially. The initial contract awards must be made no later than January 15, 1990. No more than one of each of the following prototypes may be selected among the first sites to be funded:

1. A program based in a ²county public health unit;
2. A program based in an office of the ¹Department of Health and Rehabilitative Services;
3. A program based in a local school district;
4. A program based in a local board or council that is responsible for coordinating and managing community resources from revenue sources earmarked for helping children and meeting their needs;
5. A program based in a local, public or private, not-for-profit provider of services to children and their families; and
6. A program based in a local government.

(b) By January 1, 1993, the Children's Early Investment Program shall be available in all communities meeting the criteria in paragraph (3)(a) of this section. While the program will serve at-risk children at various ages, it is intended that the program will identify and expand to infants and their families as new participants and assist them in an intensive and continuous manner until age 3.

(5) EVALUATION.—There shall be an independent third-party evaluation of the prototypes as specified in s. 411.204. The contract for the third-party evaluation shall be entered into pursuant to s. 411.204 prior to the prototype selection to ensure integrity of the evaluation design, ongoing monitoring and periodic review of progress, and a timely, comprehensive evaluation report. The evaluation shall be submitted to the Governor, the President of the Senate, the Speaker of the House of Representatives, and appropriate substantive committees and subcommittees of the Legislature by January 1, 1991, and biennially thereafter. The first longitudinal report on participant outcomes shall be due by January

1, 1995, or 5 years after the startup of the prototypes, whichever is later.

(6) RULES FOR IMPLEMENTATION.—The ¹Department of Health and Rehabilitative Services shall adopt rules necessary to implement this section.

History.—s. 3, ch. 89-379; s. 100, ch. 96-175.

Note.—The Department of Health and Rehabilitative Services was redesignated as the Department of Children and Family Services by s. 5, ch. 96-403.

Note.—Pursuant to s. 26, ch. 96-403, legislation will be submitted for introduction at a subsequent session of the Legislature to substitute the term "county health department" for the term "county public health unit" wherever found in the Florida Statutes.

PART IV

CHILDHOOD PREGNANCY PREVENTION PUBLIC EDUCATION PROGRAM

411.242 Florida Education Now and Babies Later (ENABL) program.

411.243 Teen Pregnancy Prevention Community Initiative.

411.242 Florida Education Now and Babies Later (ENABL) program.—

(1) CREATION.—There is hereby created the Florida Education Now and Babies Later (ENABL) program for children and their families, with the goal of reducing the incidence of childhood pregnancies in this state by encouraging children to abstain from sexual activities. This program must provide a multifaceted, primary prevention, community health promotion approach to educating and supporting children in the decision to abstain from sexual involvement. The ¹Department of Health and Rehabilitative Services, in consultation with the Department of Education, Florida State University, and other appropriate agencies or associations, shall develop, implement, and administer the ENABL program.

(2) GOALS.—The goal of the ENABL program is to encourage and assist boys and girls in this state to decide to abstain from engaging in sexual activity. The ENABL program is designed to reduce the incidence of childhood pregnancies; to increase the percentage of children graduating from school and becoming more productive citizens; to reduce the numbers of cocaine babies born in this state; to reduce the crime rate among these children as they grow up; to reduce the rate of school dropouts in this state; and to increase the basic skills and ability of the future workforce.

(3) ESSENTIAL ELEMENTS.—

(a) The ENABL program should be directed to geographic areas in the state where the childhood birth rate is higher than the state average and where the children and their families are in greatest need because of an unfavorable combination of economic, social, environmental, and health factors, including, without limitation, extensive poverty, high crime rate, great incidence of low birthweight babies, high incidence of alcohol and drug abuse, and high rates of childhood pregnancy. The selection of a geographic site shall also consider the incidence of young children within these at-risk geographic areas who are cocaine babies, children of mothers who participate in the WAGES Program, children of teenage parents, low birthweight babies, and very

young foster children. To receive funding under this section, a community-based local contractor must demonstrate:

1. Its capacity to administer and coordinate the ENABL pregnancy prevention public education program and services for children and their families in a comprehensive manner and to provide a flexible range of age-appropriate educational services.

2. Its capacity to identify and serve those children least able to access existing pregnancy prevention public education programs.

3. Its capacity to administer and coordinate the ENABL programs and services in an intensive and continuous manner.

4. The proximity of its program to young children, parents, and other family members to be served by the ENABL program, or its ability to provide offsite educational services.

5. Its ability to incorporate existing federal, state, and local governmental educational programs and services in implementing the ENABL program.

6. Its ability to coordinate its activities and educational services with existing public and private state and local agencies and programs, such as those responsible for health, education, social support, mental health, child care, respite care, housing, transportation, alcohol and drug abuse treatment and prevention, income assistance, employment training and placement, nutrition, and other relevant services, all of the foregoing intended to assist children and families at risk.

7. How its plan will involve project participants and community representatives in the planning and operation of the ENABL program.

8. Its ability to participate in the evaluation component required in this section.

9. Its consistency with the strategic plan pursuant to s. 411.221.

10. Its capacity to match state funding for the ENABL program at the rate of \$1 in cash or in matching services for each dollar funded by the state.

(b) Any child whose parent or guardian presents to the community-based local contractor a signed statement that the child's participation in the ENABL program conflicts with the parent's or guardian's religious beliefs shall be exempt from such instruction. No child so exempt shall be penalized by reason of such exemption.

(c) While a flexible range of pregnancy prevention public education services is essential in the implementation of the ENABL program, the following educational services and activities must be considered essential core services to be offered by each community-based local contractor:

1. Use of the postponing sexual involvement age-appropriate education curriculum targeted to boys and girls in schools or other community settings.

2. Strategies to convey and reinforce the ENABL message of postponing childhood sexual involvement to the affected community, including activities promoting awareness and involvement of parents, schools, churches, and other community groups or organizations.

3. Developing media linkages to publicize the purposes and goals of the ENABL program.

4. A referral mechanism for children or their families who request or need other health or social services, which may include, without limitation, referral for alcohol and drug abuse treatment, mental health services, housing assistance, transportation, and nutrition services.

(4) IMPLEMENTATION.—The department must:

(a) Implement the ENABL program using the criteria provided in this section. The department must evaluate, select, and monitor the two pilot projects to be funded initially. The initial contract awards must be made no later than August 1, 1995. The following community-based local contractors may be selected among the first sites to be funded:

1. A program based in a local school district, a county public health unit, or another unit of local government.

2. A program based in a local, public or private, not-for-profit provider of services to children and their families.

(b) Provide technical assistance to each community-based local contractor, as necessary.

(c) Develop and implement the evaluation process.

(d) Explore and pursue federal and foundation funding possibilities, and specifically request the United States Department of Health and Human Services to supplement the development and implementation of the ENABL program.

(5) PUBLIC RELATIONS.—The department shall develop a statewide comprehensive media and public relations campaign to promote changes in sexual attitudes and behaviors among children and reinforce the message of abstaining from sexual activity.

(6) TRAINING.—The department shall be responsible for developing a uniform training program for the community-based local contractors selected to implement the ENABL program.

(7) EVALUATION.—There shall be an independent third-party evaluation of the initial grants. The contract for the evaluation shall be entered into prior to the selection of the community-based local contractor, to ensure integrity of the evaluation design, ongoing monitoring and periodic review of progress, and a timely, comprehensive evaluation report. The evaluation report shall be submitted to the Governor, the President of the Senate, the Speaker of the House of Representatives, and appropriate substantive committees and subcommittees of the Legislature by January 1, 1999, and biennially thereafter. The report due by January 1, 2001, or 5 years after the startup of the initial prototype programs, whichever is later, shall include the first longitudinal report on participant outcomes.

History.—s. 2, ch. 95-321; s. 101, ch. 96-175.

Note.—The Department of Health and Rehabilitative Services was redesignated as the Department of Children and Family Services by s. 5, ch. 96-403.

Note.—Pursuant to s. 26, ch. 96-403, legislation will be submitted for introduction at a subsequent session of the Legislature to substitute the term "county health department" for the term "county public health unit" wherever found in the Florida Statutes.

411.243 Teen Pregnancy Prevention Community Initiative.—Subject to the availability of funds, the Department of Health and Rehabilitative Services shall create a Teen Pregnancy Prevention Community Initiative. The purpose of this initiative is to create collaborative community partnerships to reduce teen pregnancy.

Participating communities shall examine their needs and resources relative to teen pregnancy prevention and develop plans which provide for a collaborative approach to how existing, enhanced, and new initiatives together will reduce teen pregnancy in a community. Community incentive grants shall provide funds for communities to implement plans which provide for a collaborative, comprehensive, outcome-focused approach to reducing teen pregnancy.

(1) The requirements of the community incentive grants are as follows:

(a) The goal required of all grants is to reduce the incidence of teen pregnancy. All grants must be designed and required to maintain the data to substantiate reducing the incidence of teen pregnancy in the targeted area in their community.

(b) The target population is teens through 19 years of age, including both males and females and mothers and fathers.

(c) Grants must target a specified geographic area or region, for which data can be maintained to substantiate the teen pregnancy rate.

(d) In order to receive funding, communities must demonstrate collaboration in the provision of existing and new teen pregnancy prevention initiatives. This collaboration shall include developing linkages to the health care, social services, and education systems.

(e) Plans must be developed for how a community will reduce the incidence of teen pregnancy in a specified geographic area or region. These plans must include:

1. Provision for collaboration between existing and new initiatives for a comprehensive, well-planned, outcome-focused approach. All organizations involved in teen pregnancy prevention in the community must be involved in the planning and implementation of the community incentive grant initiative.

2. Provision in the targeted area or region for all of the components identified below. These components may be addressed through a collaboration of existing initiatives, enhancements, or new initiatives. Community incentive grant funds must address current gaps in the comprehensive teen pregnancy prevention plan for communities.

- a. Primary prevention components are:
- (I) Prevention strategies targeting males.
 - (II) Role modeling and monitoring.
 - (III) Intervention strategies targeting abused or neglected children.
 - (IV) Human sexuality education.
 - (V) Sexual advances protection education.
 - (VI) Reproductive health care.
 - (VII) Intervention strategies targeting younger siblings of teen mothers.
 - (VIII) Community and public awareness.
 - (IX) Innovative programs to facilitate prosecutions under s. 794.011, s. 794.05, or s. 800.04.

- b. Secondary prevention components are:
- (I) Home visiting.
 - (II) Parent education, skill building, and supports.
 - (III) Care coordination and case management.
 - (IV) Career development.
 - (V) Goal setting and achievement.

Community plans must provide for initiatives which are culturally competent and relevant to the families' values.

(2) The state shall conduct an independent process and outcome evaluation of all the community incentive grant initiatives. The evaluation shall be conducted in three phases: The first phase shall focus on process, including implementation and operation, to be reported on after the first year of operation; the second phase shall be an interim evaluation of the outcome, to be completed after the third year of operation; the third phase shall be a final evaluation of process, outcome, and achievement of the overall goal of reducing the incidence of teen pregnancy, to be completed at the end of the fifth year of operation.

(3) The state shall provide technical assistance, training, and quality assurance to assist the initiative in achieving its goals.

History.—s. 102, ch. 96-175.

Note.—The Department of Health and Rehabilitative Services was redesignated as the Department of Children and Family Services by s. 5, ch. 96-403.

CHAPTER 413

VOCATIONAL REHABILITATION

PART I

BLIND SERVICES PROGRAM

- 413.011 Division of Blind Services, internal organizational structure; Advisory Council for the Blind.
- 413.012 Confidential records disclosure prohibited; exemptions.
- 413.051 Eligible blind persons; operation of vending stands.

413.011 Division of Blind Services, internal organizational structure; Advisory Council for the Blind.—

(1) The internal organizational structure of the Division of Blind Services shall be designed for the purpose of insuring the greatest possible efficiency and effectiveness of services to the blind and to be consistent with chapter 20. The Division of Blind Services shall plan, supervise, and carry out the following activities:

(a) Recommend personnel as may be necessary to carry out the purposes of this section.

(b) Cause to be compiled and maintained a complete register of the blind in the state, which shall describe the condition, cause of blindness, and capacity for education and industrial training, with such other facts as may seem to the division to be of value. Any information in the register of the blind which, when released, could identify an individual is confidential and exempt from the provisions of s. 119.07(1).

(c) Inquire into the cause of blindness, inaugurate preventive measures, and provide for the examination and treatment of the blind, or those threatened with blindness, for the benefit of such persons, and shall pay therefor, including necessary incidental expenses.

(d) Aid the blind in finding employment, teach them trades and occupations within their capacities, assist them in disposing of products made by them in home