THE FLORIDA LEGISLATURE
OPPAGA
OFFICE OF PROGRAM POLICY ANALYSIS & GOVERNMENT ACCOUNTABILITY

June 2018 **Report No. 18-05**

Service Model Slowly Adapting for Community CSE Victims; Limited Progress in Less Restrictive Placements for Dependent CSE Victims

at a glance

In 2017, 381 verified commercially sexually exploited (CSE) children were identified in Florida. While this is an increase over the 356 identified in 2016, it is a smaller increase than seen in prior years.

The CSE service model is slowly adapting to community CSE child victims who differ from children in the dependency system in several important ways. The 2017 Legislature took steps to ensure that DCF monitors whether these children are receiving services.

Dependent CSE children continue to spend limited time in family settings. A small number of safe house beds have been added and recruitment of safe foster homes continues to be a challenge. A provider questionnaire identified barriers to CSE services, including resources, challenging behaviors, and program mission and structure. In addition, many CSE children identified in earlier reports have since been re-victimized, involved with the criminal justice system, or only attended school intermittently.

DCF has implemented new requirements to identify and coordinate services for CSE children and streamline processes statewide. Challenges remain in engaging community children and their families.

Scope

Section 409.16791, *Florida Statutes*, directs OPPAGA to conduct an annual study on the commercial sexual exploitation (CSE) of children in Florida. We issued the initial report in June 2015 and subsequent annual reports in July 2016 and June 2017.[1] This review reports on the number of children that the Department of Children and Families identified and tracked as victims of CSE; describes specialized services provided to CSE children; and presents short-term social outcomes for children identified in the 2015 through 2017 reports.

Background

Human trafficking includes two types of exploitation: commercial sexual exploitation (CSE) and/or forced labor.[2] Florida law defines human trafficking as the exploitation of another human being through fraud, force, or coercion.[3] Florida law does not specify coercion as a condition of CSE of children, but defines it as the use of any person under the age of 18 for sexual purposes in exchange for or the promise of money, goods, or service.[4] Federal and state law both criminalize human trafficking of adults and children.[5] In 2017, the National Human Trafficking Hotline received reports on 2,762

[1] OPPAGA Report No. 15-06, OPPAGA Report No. 16-04, and OPPAGA Report No. 17-09.

[2] Labor trafficking includes debt, bonded, and forced labor.

[3] Section 787.06, *F.S.*

[4] Section 409.016, *F.S.*

[5] 22 USC 7102 and s. 787.06, *F.S.*

cases related to the trafficking of minors, 182 of which were located in Florida.[6]

Numerous entities participate in human trafficking activities. Efforts to address human trafficking occur at the national, state, and local level and may involve governmental as well as non-governmental entities. Exhibit 1 describes the most commonly conducted activities to address human trafficking.

Exhibit 1
Federal, State, and Local Entities Engage in Various Activities to Address Human Trafficking Crimes and Assist Victims

Human Trafficking Components	Types of Activities
Prevention	Education specifically targeted to middle and high school youth and activities targeting at-risk youth
Education and Outreach	Increasing public awareness about the crime of human trafficking as well as the needs of victims
Victim Identification	Training and education for individuals and groups such as first responders, health care professionals, law enforcement, educators, etc.; use of a standardized protocol for screening by state agencies, e.g., child welfare, juvenile justice, and health departments
Investigation/Prosecution of Offenders	Arrest and prosecution of perpetrators
Comprehensive Services	The complex needs of trafficking victims make care coordination vital; services may include housing/shelter, legal services (ensure victims understand their legal rights and may include witness counseling and representation in legal proceedings), medical services, social services (opportunities for education and personal and economic advancement), trauma therapy, and substance abuse treatment

Source: OPPAGA analysis.

The most publicly visible actors in the process are law enforcement agencies, such as the U.S. Department of Homeland Security, Federal Bureau of Investigation, Florida Department of Law Enforcement, and local sheriffs' offices and police departments, which investigate human trafficking crimes. Other key entities include the Office of the Attorney General, State Attorneys, and U.S. Attorney's Offices that pursue convictions against individuals charged with trafficking in Florida.

In addition to investigation and prosecution, federal, state, and local government organizations also seek to identify and serve trafficking victims. Florida's Department of Children and Families (DCF) takes the lead in identifying and managing services for CSE children. DCF operates the statewide call center that receives calls alleging commercial sexual exploitation and department child protective investigators, along with investigators in six sheriff's offices, investigate the allegations.[7]

When DCF's child protective investigators identify youth involved in trafficking, the department conducts a safety assessment to determine if the child can safely remain in the home. DCF contracts with community-based care lead agencies (lead agencies) in all 20 circuits across the state to manage child welfare services, including services for CSE children who are adjudicated dependent or whose cases are still being investigated. Lead agency subcontractors provide on-going case management, emergency shelter, foster care, and other services in all 67 counties.

The Department of Juvenile Justice (DJJ) partners with DCF to identify CSE children brought into the delinquency system and to divert them to the child welfare system when possible. At delinquency intake, DJJ staff assesses all children and screens those who demonstrate indicators related to sexual exploitation; some of DJJ's prevention partners also screen for CSE. When appropriate, DJJ and its partners refer children to DCF.

Across the nation, various other entities also work to address human trafficking. Some states, including Florida, have statewide human

[6] This includes reports of both labor and sex trafficking.

[7] DCF directly employs child protective investigators in all but six counties in Florida. In Broward, Hillsborough, Manatee, Pasco, Pinellas, and Seminole counties, sheriff's offices conduct child welfare investigations.

trafficking councils comprised of state officials and other experts. States also have regional and local trafficking task forces. Florida has local human trafficking task forces in all regions of the state; these task forces coordinate various entities who may encounter, identify, or serve victims at the local level and provide training opportunities. DCF has three Regional Human Trafficking Coordinators covering all areas of the state. In addition to state and local government efforts, various organizations (e.g., individuals and groups in higher education and non-profits) research human trafficking issues, advocate for victims, and work for law and policy changes to further protect victims and deter and punish traffickers.

Findings

There was a smaller increase in total CSE children in 2017; population characteristics were similar to prior victims

The following prevalence analysis only includes CSE children who had a verified CSE finding by the Department of Children and Families for calendar year 2017.[8] Verified means that a preponderance of the evidence supports a conclusion of specific injury, harm, or threatened harm resulting from abuse or neglect.[9]

More CSE children were identified in 2017 compared to 2016, though the increase was smaller than in prior years. In 2017, 381 verified CSE children were identified through investigations in Florida.[10] While this is a 7% increase from the number of children identified in 2016, it is a smaller increase than from 2015 to 2016 (35%).

Reports to DCF's Florida Abuse Hotline alleging CSE increased by 20% (from 2,013 in 2016 to 2,414 in 2017), which is less than the 57% increase seen in 2016. Child protective investigators investigated 1,551 (64%) of those reports.[11] (See Exhibit 2.) As in prior years, counties with the highest number of CSE hotline reports include Broward (262), Miami-Dade (258), Hillsborough (191), and Orange (186).

DCF hotline staff did not refer cases for investigation if the allegation did not rise to the level of reasonable (78%), there were no means to locate the victim (11%), or the alleged perpetrator was not the child's caregiver (6%).[12] Hotline staff screened out this 6% of cases because the perpetrator was someone other than the child's caregiver, despite DCF policies to the contrary. For typical child welfare reports, the caregiver must be the alleged perpetrator for the report to be referred for a child protective investigation; however, CSE cases warrant investigation regardless of the perpetrator's identity. While the number of reports screened out based on perpetrator status has decreased from prior years, this hotline counselor error should be corrected to prevent counselors from mistakenly screening out non-familial exploitation.

Of the reports that were referred for investigation, most came from DJJ/Department of Corrections/criminal justice personnel (19%) and law enforcement (15%).

In calendar year 2017, DCF investigations resulted in verified CSE cases involving 381 child victims. Forty-two victims were verified in more than one investigation. The counties with the highest numbers of verified victims

[8] All analysis includes only victims with verified findings, with the exception of service data provided by one lead agency that includes both verified and suspected victims (see page 9).

[9] A verified finding is one of three possible investigative outcomes. Other outcomes include (1) no indication, which means no credible evidence was found and (2) not substantiated, which means credible evidence exists but did not meet the standard of being a preponderance of the evidence.

[10] To estimate the number of allegations and subsequently verified CSE cases, we relied on DCF's Florida Safe Families Network data on hotline intakes and child protective investigations during 2017.

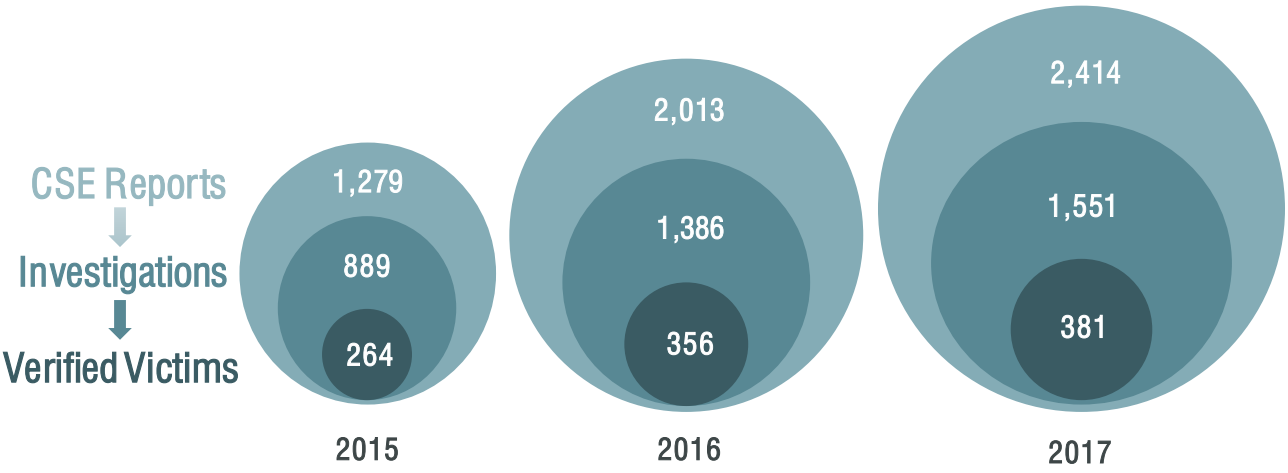
[11] There were an additional seven reports that were screened in under a general human trafficking maltreatment code, but these reports were not included in the analysis as we could not determine which reports were related to CSE, as opposed to labor trafficking.

[12] An additional 6% of cases were screened out for other reasons, including that the child lived out of state or did not meet statutory guidelines.

included Broward (40), Miami-Dade (37), Duval (36), and Orange (36). (See Appendix A for verified victims by county.)

Verified CSE victims in 2017 share similar demographic characteristics; more than half remained in the community. Similar to what we have found in prior years, most CSE children identified in 2017 are white, female, and between 14 and 17 years of age. A total of 145 CSE children received out-of-home care services during or as the result of a CSE investigation. At the time of the investigation, 99 children (26% of verified victims) were dependent and already placed in out-of-home care. For these children, nearly half resided in a residential setting, such as group care, residential treatment, or correctional facility, and a quarter of the children were on runaway status. An additional 46 children were adjudicated dependent and entered out-of-home care within six months of their CSE investigation received date.

Exhibit 2
The Number of CSE Victims Identified Continued to Rise in 2017



Source: OPPAGA analysis of Department of Children and Families data.

In 2017, more than half of CSE children remained in the community. Of the 381 verified CSE victims, 214 (56%) were not adjudicated dependent within six months of their CSE investigation.

CSE service model is slowly adapting to ensure services for community children

The CSE service model initially focused on residential placements for dependent children under DCF's care. The 2017 Legislature took steps to ensure that DCF and/or its lead agencies developed service plans and monitored services provided to community children who comprise more than half of CSE children. In particular, s. 409.1754(2)(d), *Florida Statutes*, requires DCF to conduct a six-month follow-up to determine whether CSE children are receiving services.

Prior to the 2017 changes, lead agencies would refer community children for services, but there was no indication as to whether services were received. In April 2018, DCF Regional Human Trafficking Coordinators began using standardized processes and templates to capture services received by both community and dependent children.[13,14]

[13] The follow-up for community children and their families is voluntary, and the victim, family, or legal guardian is not required to respond.

[14] While the law allows for DCF or the sheriff's office to conduct

Community children differ from dependent children in several important ways. For children with available information on living arrangement at the time of the CSE verification, the majority lived with at least one biological parent. However, this differs between community and dependent children, with 76% of community children living with at least one biological parent compared to 36% of dependent children.

A child's prior history of abuse and neglect, especially sexual abuse, may be a risk factor for commercial sexual exploitation. More than half (55%) of verified CSE victims had at least one verified maltreatment prior to their 2017 CSE investigation. For children who did not enter the child welfare system for services, 35% had prior maltreatments compared to 81% of children in or entering the child welfare system.

Our data analysis showed slight variations in the type of prior maltreatments between community and dependent children. Dependent CSE children were more likely to have verified prior maltreatments involving physical abuse, neglect, and abandonment, while community children were more likely to have prior maltreatments involving the parent's failure to protect the child. Maltreatments involving prior verified sexual abuse and parental substance abuse differed slightly between community and dependent children.

Pilot sites for the new coordinated system of care are now serving CSE community children. Beginning in 2016, the Legislature made funding available for a statewide network of services for CSE children, including survivor mentors, regional advocates, and clinicians, to provide trauma-focused crisis intervention and therapeutic services for recovered child victims of sex trafficking. Currently, the Open Doors Outreach Network (ODON) has pilot sites operating in four DCF regions serving 19 counties.[15]

ODON is a public-private partnership that serves CSE children and young adults up to age 24 with a focus on community children but may also serve children in the dependency system. Each of the six pilot sites is staffed with a three-person outreach team consisting of a survivor mentor, regional advocate, and clinician experienced in complex trauma who are on call 24/7 to provide immediate crisis intervention and assistance based on need.

Outreach team staff participates in the multidisciplinary team (MDT) staffings when appropriate (i.e., when ODON has an existing relationship with the child). Once a service plan is in place, the outreach team contacts the child's caregiver and develops a needs assessment, often focusing on the immediate health and safety of the child. Outreach team staff can then accompany children to appointments or court hearings, coordinate or directly provide individual and family counseling, and educate CSE children's caregivers to increase protective factors in the home to prevent re-victimization. These case management functions are especially important for community children who do not have case managers.

Open Doors officials reported that a unique element of the program is a willingness to work with a parent or caregiver even if the child is unwilling to engage. They stated that establishing a good relationship with the caregiver provides a bridge to working with the child when he or she is ready. Staff reported that CSE community children and their families are generally receptive to services; however, some families are not receptive to outside authorities in their lives and home. Outreach teams receive referrals from DCF, law enforcement agencies, and hospital emergency department medical staff. ODON began service provision in July 2017, and through March 2018, the pilot sites have served 190 children.

---

the six-month follow-ups, our interviews found that the DCF regional coordinators are fulfilling this role.

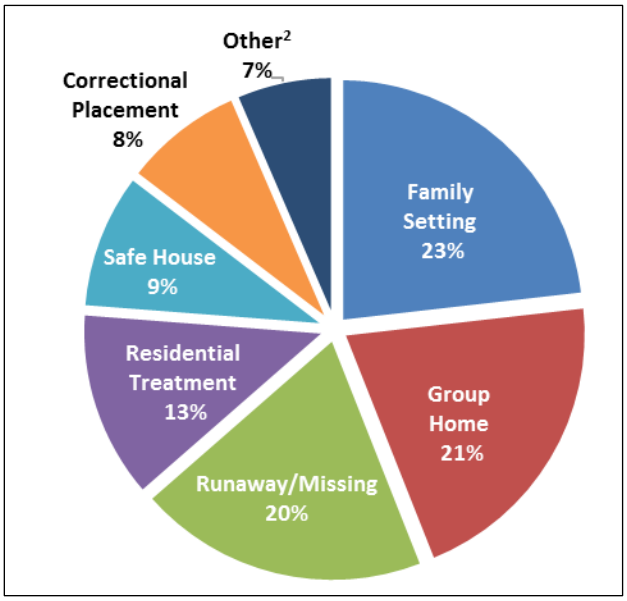
[15] Baker, Bay, Brevard, Clay, Collier, Duval, Flagler, Hillsborough, Lee, Leon, Manatee, Nassau, Orange, Osceola, Pinellas, Polk, Sarasota, St. Johns, and Volusia counties.

Limited progress made in advancing CSE safe house/safe foster home model

Children in need of out-of-home care can be placed with relative or non-relative caregivers (least restrictive setting); in family foster care, including safe foster homes or therapeutic foster homes, if needed; in congregate care, including group care or safe houses; or in residential treatment centers (most restrictive). Florida law requires lead agencies to assess every verified minor CSE child for placement in a safe house or safe foster home.[16]

Dependent CSE children spent limited time in family settings. In 2017, the 145 children who spent time in out-of-home care during or after their CSE investigation spent only 9% of their time in a safe house, up from 8% in 2016. Only 26 verified CSE children in 2017 were placed in a safe house following their CSE investigation, which is a slight increase over the 22 served in safe houses in 2016. For the 145 children who spent time in out-of-home care during or after their CSE investigation, 43% of their time was spent in a residential setting (e.g., group care, safe house, or residential treatment), down from 50% in 2016. While the time spent in a residential setting decreased, the amount of time spent in a family setting remained unchanged (23%).[17] (See Exhibit 3.)

Exhibit 3
CSE Dependent Children Spent Only 9% of Their Time in Safe Houses in 2017[1]



[1] Placement types may be in excess of 100% due to rounding.

[2] Other includes temporary placements such as hospital placements and visitations.

Source: OPPAGA analysis of Department of Children and Families data.

Less restrictive safe foster home placements remain limited; a small net increase in safe house beds is available. Safe house and safe foster home placements are not appropriate for all children; however, they are the statutorily defined safe harbor placements. The CSE service array now includes 34 safe house beds and 17 safe foster homes for this population. While the number of beds represents an increase since June 2017, placement development is not keeping pace with the number of victims in care at a given time. As of March 14, 2018, there were 167 CSE children in out-of-home care.[18]

[16] Section 409.1754(1), *F.S.*

[17] To calculate percentage of time, we totaled time spent in every placement for all children from the CSE investigation intake date to either the end of the removal episode closest to the CSE investigation or the end of the follow-up study period (March 14, 2018).

[18] This includes CSE children verified from July 1, 2013 through December 31, 2017.

Capacity for CSE children in family-type settings such as safe foster homes remains a challenge and safe foster homes continue to be limited, with the majority concentrated in South Florida.

- Citrus Health Network continues to operate 15 specialized therapeutic foster homes through its CSE program, CHANCE, located in Miami-Dade County. Four of these homes have been certified as safe foster homes; the remaining specialized therapeutic foster care homes will undergo certification as their licenses are renewed.
- In Broward County, Citrus Health Network has recruited and trained three specialized therapeutic foster care homes to become safe foster homes; however, no CSE children will be placed in the homes until the current residents are discharged.
- Two safe foster homes are available in DCF's Central Region, and additional safe foster home beds are planned for the department's Northeast Region.

While new safe house beds were added to the service array, other beds were removed. Since our 2017 report, two new safe houses were licensed and certified and are providing 10 additional beds to the statewide array of services, one with 5 beds for females and one with 5 for males. When considered in the context of changes in existing providers, the net number of beds has increased from 28 to 34 since June 2017.[19]

In addition to the two safe houses mentioned above, two more safe houses are anticipated to begin serving children in the latter half of 2018. The Bridging Freedom safe house campus, which is expected to open its first two houses in the summer of 2018, will have 12 beds, 4 beds in an intake cottage and 8 beds in a long-term-stay cottage. A new safe house in DCF's Northwest Region, the first in the northern portion of the state, is undergoing renovations and is scheduled to open in the latter part of 2018 with an initial capacity of five beds.

Lacking best practices, increased communication may benefit new safe house providers. When interviewing providers, we learned that safe house operators do not routinely communicate and share lessons learned. Limited sharing of challenges combined with a lack of best practices may further impede provider progress in serving CSE children. Several providers reported that they often learn by experience in serving the CSE population. While there are examples of safe houses modeling themselves after other programs, new providers are generally unaware of or have limited knowledge of other safe house providers in the state.

The process to open a safe house is lengthy and includes site selection, renovation or construction, and program design as well as hiring and training staff and obtaining state certification. The statewide shortage of safe house beds combined with this lengthy process suggests that support for providers could be crucial. CSE providers could seek assistance from the Statewide Council on Human Trafficking for help identifying a central point of contact and potential forums for safe house staff interaction such as periodic conference calls, email list serves, and provider workshops at the Annual Human Trafficking Summit.

Serving CSE children is also hindered by victim resistance, complex needs, and challenging behaviors

CSE children often resist care because they do not perceive themselves as victims and refuse to disclose information to authorities. In addition, serving CSE children can be hindered by a lack of trust. A victim's ability to develop trusting relationships with providers may be influenced by a history of trauma, including physical threats from the exploiter and prior negative experiences with persons of authority.

[19] One safe house that had been licensed since 2012 for five beds voluntarily closed in January 2018. Additionally, at the time of our last report, another provider was temporarily not serving CSE children; the provider has since resumed service and increased its bed capacity.

Coordination of services for CSE children with complex needs can also be challenging. When first identified, CSE children may have immediate needs related to their safety as well as needs for housing, food, and clothing. Comprehensive service needs may also include medical care, mental health services, legal assistance, emotional/moral support, transportation, education, job training, employment, and family reunification.

Residential providers cite resources, challenging behaviors, and program structure as the primary barriers to serving CSE victims. OPPAGA sent a questionnaire to Florida residential service providers currently contracted with lead agencies regarding information on their practices and experiences with CSE children.[20] We received completed responses from 19 providers who said they currently serve CSE children, 18 providers who served CSE children in the past but do not currently serve, and 27 providers who said they never served CSE children, in addition to responses from three safe house providers.

Residential providers, excluding safe houses, identified three major barriers to serving CSE victims: (1) resource needs, (2) challenging victim behaviors, and (3) program mission and structure. (See Exhibit 4.)

Exhibit 4
Residential Providers Identified Barriers to Serving CSE Victims, Including Resources, Challenging Behaviors, and Program Mission and Structure

Current and Former CSE Providers Report Resource Needs	Current and Former CSE Providers Report Challenging Victim Behaviors	Providers Report Challenges of Differing Program Missions and Structures
A separate, undisclosed facility is needed to separate CSE children from non-CSE children as well as by gender	Frequent elopements from the program	Serve other specialty populations, such as sibling groups, intellectually disabled, boys with behavioral problems, and pregnant and parenting teenagers
Intensive services are needed by victims, including on-call or onsite therapists	Recruiting and grooming other residents	Facility locations are not conducive to serving CSE children
Additional staff is needed to maintain a low staff-to-client ratio	Physical aggression toward staff and other residents	Staffing models do not comply with CSE program requirements
Specially trained staff and therapists are needed	Delinquency	Normalcy requirements make it difficult to keep victims safe and secure
Specialized wraparound services are needed, (e.g., psychotherapist, case management, legal assistance, financial assistance, and family therapy)	Sexual behaviors	Reliance on the public school system for residents' education; cannot keep victims from cell phones, social media, or perpetrator in current setting
	Unwillingness to engage in age-appropriate activities	Vulnerability of other residents; CSE children must be isolated from other residents

Source: OPPAGA analysis.

[20] Providers of residential services for CSE victims may be sole proprietors operating a single facility or non-profit or corporate entities operating multiple types of facilities in multiple locations statewide. The focus of the OPPAGA questionnaire was on the experiences of different facility types, e.g., group homes, residential treatment centers, etc. As a result, the questionnaire was sent based on the facility type (n=163) rather than distinct providers. Some who received the questionnaire may have completed more than one questionnaire. For example, one provider may have completed separate questionnaires, one for a group home and a second for a residential treatment center, while another may have completed two questionnaires for group homes licensed and operated in separate locations. Therefore, we have not calculated an overall response rate.

DCF six-month follow-up reporting further highlights the challenges in serving CSE children. The regional coordinators began six-month follow-ups in April 2018; while they had limited information on 33 children, they reported mixed outcomes.[21] For example, they reported that some children were engaged and receiving services at the time of the follow-ups, while other children were not, due to running away or choosing not to participate. All of the regional coordinators reported that subsequent to the follow-up, some families were re-engaged and connected with new or additional services. Coordinators reported that the follow-up process is time consuming and that they sometimes have difficulty reaching the parents of community children.

Complex needs and challenging behaviors may also impede foster parent recruitment. According to stakeholders, recruiting and maintaining foster parents to work with CSE children remains a challenge for several reasons.

- It is difficult to recruit foster parents for adolescents in general and especially for CSE children due to the stigma surrounding these children as well as foster parents' concern for their personal safety.
- CSE children have experienced a level of trauma that requires foster parents to have a higher-level skill set than required of those who foster non-CSE children.
- Safe foster parents are required to receive specialized training in sexual exploitation prior to receiving certification to care for sexually exploited children. Once certified, safe foster parents must complete annual continuing education focused on sexual exploitation.
- Safe foster home and safe therapeutic foster home models typically require the foster parent to be available 24 hours a day to provide clinical interventions or respond to crisis, so employment outside the home may not be feasible.
- Requirements for these homes may also include a single child per home and female-only homes, further limiting the number of safe foster homes available and increasing the cost of these placements.

Review of local agency service data provides insight into services and costs

Due to limited data from the new six-month follow-ups as well as other incomplete data sources, we obtained data from two lead agencies to better understand services and costs for CSE children. Many, if not all, existing data systems have only partial service and/or cost data for CSE children, e.g., DCF's Florida Safe Families Network system, individual lead agency utilization management and accounting systems, Medicaid health plans' data systems as well as information maintained by individual providers.

To better understand the services and costs associated with caring for CSE children, we analyzed data from two lead agencies. Both sets of service data include those services paid for by the lead agencies and not those paid for by Medicaid. One lead agency provided service and cost data for verified community and dependent CSE children served by the lead agency. In calendar year 2016, the lead agency expended $938,053 to serve a total of 25 CSE children. The bulk of these costs were for residential placements and only a small portion went to support services not otherwise provided by the residential provider, such as mentoring, tutoring, and respite care. The average cost per child was $37,522, with a median cost of $29,942, and a range from $288 to $142,000 per child.[22] (See Appendix B for more information on total lead agency costs for serving CSE children.)

[21] The six-month follow-ups are a requirement of s. 409.1754, *F.S.*, and, at the time of our review, DCF was conducting follow-ups for those children who had an MDT staffing in October 2017, the month the requirement went into effect.

[22] A small number of community children received voluntary out-of-home placements paid for by the lead agency.

A second lead agency shared service data for a small group of suspected and verified CSE children served during calendar years 2016 and 2017.[23] The data captured information on authorized services for children who were receiving in-home and out-of-home case management services as well as families referred for family support services.[24] From the data, we found that the most commonly authorized service was mental health counseling, including individual, group, and family counseling. We also found that fewer than half (46%) of the authorized services were delivered. The lead agency reported that placement disruptions, such as running away or a change in placement, are common reasons that so few services are delivered, which is consistent with prior OPPAGA findings regarding the difficulty in serving CSE children. Lead agency officials also noted that many of the specialized services needed by at-risk or verified CSE children and their caregivers are not eligible for Medicaid reimbursement or that Medicaid reimbursements do not cover the providers' enhanced service rates.

CSE children identified beginning in 2013 have not done well on social outcomes

We examined the experiences of the CSE children identified in prior OPPAGA reports, which we will refer to as the outcome population in the following discussion. The outcome population includes 730 CSE children with verified findings identified beginning in July 2013 through December 2016.[25]

We examined the outcome population's experience in three areas: (1) child welfare, (2) criminal justice, and (3) education. Within these areas, we examined specific indicators, such as arrests, employment, re-victimization, and school attendance. Most commonly, we assessed social indicators from the date the CSE investigation was received until the child turned 18.[26] This allowed us to capture some indicators for all 730 CSE victims, but some individuals' information covered just a short period.[27] As seen in prior reports, the individuals in the outcome population, a population with a history of complex needs, did not make significant progress in many of these measures.

Children in the outcome population continue to fare poorly on child welfare indicators. Over half (54%) of the children from the outcome population were the subjects of later DCF investigations of maltreatment. Through March 14, 2018, 395 of the 730 individuals in the outcome population had subsequent investigations, of which 156 had verified findings of CSE.

Some CSE children in the outcome population who had been placed in out-of-home care aged out of DCF's supervision. A total of 248 CSE children in the outcome population had been placed in out-of-home care when the CSE investigation was received or entered it within six months of the CSE allegation being received. Because of the passage of time, 73 aged out of DCF's supervision by the end of the study period. In addition, 62 of the 248 children were still in out-of-home care and 38 had entered

[23] These data included four verified or suspected CSE victims who were over the age of 18 at the time of services.

[24] This dataset does not include services for children in treatment settings and may have only included partial service information for those in residential group care.

[25] We are referring to children identified in OPPAGA Report No. 15-06, OPPAGA Report No. 16-04, and OPPAGA Report No. 17-09 for whom an investigation of CSE allegations was received by DCF between July 2013 and December 2016 and which ultimately resulted in verified findings of CSE. Some of these children appeared in more than one report because they had subsequent findings of CSE. Individuals in the outcome population were all children at the time their CSE investigations were received, but may be adults as of the date we calculated these outcomes.

[26] In order to provide the most comprehensive information on social outcomes, we also capture and report different start and endpoints, as appropriate. Depending on the data source, the data span ranges from the date the CSE investigation was received through December 31, 2017; for other social outcomes, we had an end date of March 14, 2018. In addition, for some social outcomes, the period covers the date a child victim of CSE was first placed in out-of-home care to when that child turned 18. Finally, when possible, we measured outcomes for children over a fixed, equal outcome window (e.g., outcomes through the first year after children's CSE investigations for children for whom we had at least one year of information).

[27] For example, in DCF data, victims from the outcome population could be tracked from 12 days up to 1,707 days—an average of 581 days (or 18.9 months) depending on when the initial CSE occurred and how old the child was at the time.

extended foster care.[28] The remaining 75 children were adopted, entered guardianship, or were reunified with their families.

As in prior reports, services for CSE children were interrupted or not started because the children ran away, making it difficult to treat victims and evaluate the effect of treatment. The 248 children from the outcome population who spent time in out-of-home-care after their CSE investigation was received averaged 10.2 changes in care (including disruptions due to running away, medical care, and visitation) per year.[29] A total of 172 of 248 children (69%) had run away from out-of-home care after their CSE investigation was received. In general, the percentage of placements from which victims ran was the highest for group care and safe houses.

Dependent CSE children were more likely to be re-victimized than children living in the community. For this year's report, we examined re-victimization rates among community and dependent CSE children. Those who were adjudicated dependent when their CSE investigation was received, or within six months of the CSE allegation being received, were more likely to have subsequent verified findings of CSE than those determined safe to remain in the community.[30] The average amount of time between the first and second CSE verifications was 271 days. Of the 730 CSE children in the outcome population, 156 (21%) had subsequent verified CSE maltreatments.

Of the 286 dependent children in the outcome population, 28% were re-victimized, compared to 17% of community children. Of the children in out-of-home care at the time of their second CSE verification, many were on runaway status (33%) or were in traditional group care (24%), while 14% were in family settings.

As in prior years, many in the outcome population were involved with criminal justice agencies during the study period. We reviewed CSE victim encounters with the criminal justice system, including arrests, most serious charges after their CSE investigation was received, and whether DJJ provided certain services. According to analysis of Florida Department of Law Enforcement and DJJ data, 414 (57%) of the 730 CSE victims in the outcome population were arrested at least once in Florida after the date their CSE investigation was received—54% of the community victims and 61% of the dependent victims. Two hundred and fifty (74%) of the 340 CSE victims who had a DJJ arrest record after their CSE investigation were arrested more than once. The most common charge associated with these arrests was aggravated assault and/or battery, followed by simple assault and/or battery, larceny, and probation violations.

Within a year after their CSE investigation was received, 249 (48%) victims who could be followed for a year had interactions with the juvenile justice system—45% of the community children and 51% of the dependent children.[31] Some children received services in multiple juvenile justice programs and are counted more than once in the following service categories—205 were held in DJJ detention, 131 received probation services, 53 participated in diversion services, and 49 were placed in a residential commitment program.[32]

Many children in the outcome population continue to struggle with attending and completing K-12 education. We again examined education outcomes for CSE children using Department of Education information on current school enrollment, attendance, and grade level for the 2016-17 school year.

We found K-12 school enrollment information for 437 of the 730 victims during the 2016-17 academic year.[33] As in prior years, these children attended

[28] As of March 14, 2018.

[29] Federal guidelines for reporting a child's placement status do not include a runaway episode as a placement; however, for the purposes of analyzing children's outcomes, it is important to consider all placement disruptions.

[30] This includes dependent children who were living in their homes as well as those in out-of-home care.

[31] This total of 249 children includes some children who were already in DJJ programs at the time their CSE investigation was received or who may have just changed the DJJ program they were involved with post-CSE investigation.

[32] We did not count children who had been in DJJ intake or prevention services.

[33] For academic year 2016-17, 255 CSE children had no K-12 or continuing education enrollment records. Five of these children were too young to enroll in school. The remaining children may

several schools, resulting in multiple enrollments for some children. Attending multiple schools could be due to placement changes, especially if victims were moved to out-of-home placements or to and from DJJ programs. Of the total 657 school enrollments we identified for 437 children, 65% were for alternative schools such as DJJ residential facilities. Community CSE children were less likely to be found in school enrollment records.

Further, 282 of 437 (65%) CSE children in the outcome population were in a grade level that was lower than might be expected based on age. Almost half (138) of those below grade level were two or more years behind.[34] In addition, CSE children attended school infrequently—208 victims attended for less than half the academic year.

Few of the older CSE victims appear to have completed high school or received post-secondary education. One-hundred-and-fifty-one CSE victims had at least one continuing education record since the 2012-13 academic year; most of these enrollments were for remedial education.[35] Since the 2012-13 academic year, 56 victims from the outcome population received a GED or diploma. As in prior years, we found very little difference between community and dependent CSE children in educational attainment.

Finally, 128 CSE children in the outcome population worked at jobs covered by unemployment insurance during the first two quarters of 2017. About half of these jobs were in food service. Employment rates were similar for community and dependent children in the outcome population.

Updates

DCF implemented new requirements to coordinate services and streamline processes statewide

In addition to six-month service follow-ups, DCF has implemented other changes to CSE child services as required in s. 409.1754, *Florida Statutes*, which became effective October 1, 2017. These include

- changes to multidisciplinary team (MDT) staffings and required attendees, including that MDTs are convened for suspected and verified victims;
- requiring service plans for all CSE children that identify the needs of the child and his/her family as well as the local services available to meet those needs; and
- expanding required reporting and data collection by DCF.

Prior to 2017, DCF policies required child protective investigators to convene MDT staffings to make referrals for services that fit the particular needs of the CSE child, and in the case of community children, services for their family as well, if deemed appropriate. In response to the new law, DCF has established policies and procedures regarding changes to the MDT process that expand the required attendees to include the child and his/her family or legal guardian.[36,37] Regional Human Trafficking Coordinators had positive reactions to the new MDT staffing form and training and reported collaboration and coordination by most required team participants. Service plans are completed for all suspected and verified CSE

be enrolled in school but not appear in the data for several reasons. First, the identifying information for the children in the outcome population may be inconsistent between DCF and Florida Department of Education data. Second, enrollment records are not available for children who attended school out of state or attended private or home school. As a result, the counts of enrollments, attendance, and highest grade completed may be low. Further, some children may not be enrolled at all, particularly those whose age during this academic year exempted them from K-12 enrollment.

[34] Over- or under-age enrollment can occur for a variety of reasons and is decided by parents as well as schools. These results do not necessarily indicate underachievement.

[35] Four additional victims without K-12 education records had continuing education enrollments during the same period. Continuing education data used in this analysis includes information about enrollments in Florida's public schools, public colleges and universities, and not-for-profit independent colleges and universities. We could not track CSE victim participation in for-profit colleges or institutes, such as culinary or cosmetology schools.

[36] Other required attendees may include the child's guardian ad litem, DJJ staff, school district staff, local health and human services providers, victim advocates, and any other persons who may be able to assist the child.

[37] Regional Human Trafficking Coordinators reported little variation in MDT staffings for community and dependent children.

children; coordinators reported that service capacity and placement is still an issue in most regions.

Regional Human Trafficking Coordinators also reported that parental engagement remains an issue because some parents are unable or unwilling to participate. Further, since MDT staffings are often held before the conclusion of the investigation, parental participation may be inappropriate, as the parents' involvement in the child's exploitation may not have been determined. In addition, youth participation presents challenges of appropriateness and willingness to engage. For example, the regional coordinators reported that although the service plans are created and referrals are made, they cannot force the child to accept services or participate in the process.

DCF and DJJ have not validated the Human Trafficking Screening Tool or assessed triggering criteria

The 2014 Legislature directed DCF, in consultation with other agencies, to develop a screening tool to aid in the identification of children that were being commercially sexually exploited. Florida law requires the screening tool to be validated, if possible.[38] The Statewide Council on Human Trafficking reported in 2017 that members were reviewing tools used in other states that have been validated; for example, California uses a screening tool that has been thoroughly validated, and Texas is in the process of implementing the same tool.

Prior OPPAGA reports have tracked efforts by both DJJ and DCF in the development and validation of the state's Human Trafficking Screening Tool. Subsequent to our 2017 report, DCF reported that the tool was being used by child protective investigators (CPIs) as a guide not a definitive tool. At the time of this review, neither agency had validated the tool nor had they formally assessed the predictive value of the triggering criteria that prompt staff to administer the tool. While DCF does use survey research to inform its management of the screening process, this does not constitute a formal assessment of the tool or the triggering criteria.

Both departments reported conducting surveys of their respective staff who administer the tool. DJJ officials reported on a 2017 survey that gauged internal users' perceptions of the tool; more than 80% of survey respondents reported that the tool triggers are helpful in identifying youth that need to be screened for potential human trafficking. Similarly, in the fall of 2017, DCF contracted for a study of the screening tool that involved an opinion survey of CPIs and case managers; the study reiterated OPPAGA's prior research on the difficulty in using the tool and supported OPPAGA recommendations that the tool be validated.

In May 2018, DCF officials reported that they were considering taking steps towards validating the screening tool; however, they were still in the planning stage and had not set a timeline for completion. While DJJ officials have not moved forward with validation of the tool or the department's five triggering criteria, officials said they are dedicated to properly validating the screening tool in the future. According to department officials, validation is dependent upon diverse and valid data that they feel are not yet available.

The Department of Health plans to expand county health department human trafficking initiative statewide

Florida's county health departments (CHDs) provide services across the state, including pregnancy testing and counseling; physical exams; and screening for hypertension, breast and cervical cancer, and sexually transmitted diseases. Because CHD employees may encounter individuals who show signs of being trafficked, DOH in 2013 added a trafficking-related question to its initial client assessment process.[39] In 2017, DOH took steps to improve its ability to identify trafficking victims and conducted an eight-county pilot to test and evaluate a new screening tool—the Human Trafficking Screening Tool for Healthcare

[38] Section 409.1754, *F.S.*

[39] From January 2014 through February 2018, DOH made six human trafficking referrals using the initial trafficking screening question.

Setting.[40] As a result of the pilot and information from CHD employees, DOH increased the trafficking screening from one to four questions.

If a CHD employee identifies someone as a possible human trafficking victim, DOH's protocol directs the employee to contact appropriate authorities and assist the individual in obtaining local services. DOH plans to introduce the new screening tool statewide in early 2019, along with an updated protocol for assisting trafficking victims and a new web-based training to assist screeners. DOH also increased training on human trafficking and adopted the medical protocols and practice guidelines of the American Professional Society on the Abuse of Children, based on a recommendation of the Statewide Council on Human Trafficking.

The Attorney General's current reporting distinguishes labor and sex trafficking victims; the office continues to fund victim relocation services

The Office of the Attorney General (OAG) makes funding available for CSE children and other victims.[41] Florida receives federal Victims of Crime Act funding, and the OAG's Bureau of Advocacy and Grants Management allocates this funding in grants to local agencies that serve crime victims, including those affected by human trafficking. The OAG's reporting is now able to report separate numbers for labor and sex trafficking victims. Of the 1,415 human trafficking victims who received assistance during the six-month period of October 2017 through March 2018, 1,383 were victims of sex trafficking. The OAG's information does not distinguish between adult and minor victims; however, we conducted a high-level review that suggested that as many as 340 victims were minors. This number may be conservative if some providers, such as women's health centers, also serve older youths, such as those ages 16 or 17.

The OAG also assists victims of human trafficking through its Bureau of Victim Compensation.[42] The bureau administers the Victim Compensation Trust Fund's human trafficking relocation assistance benefit that, under specified circumstances, may award relocation assistance to victims of human trafficking who have an urgent need to escape from an unsafe environment directly related to their sexual exploitation. Victims are eligible for a one-time $1,500 benefit for any one claim and a lifetime maximum benefit of $3,000. During Fiscal Year 2016-17, 11 minor victim applications were received; 5 were approved and received financial assistance. Minor victim applications increased from Fiscal Year 2015-16, when four applications were received and one was approved.

The 2018 Legislature made changes to address residential treatment for CSE and funding for new and existing providers

The 2018 Legislature revised s. 409.1678, *Florida Statutes*, removing the requirement that residential treatment centers separate CSE children from children with other needs. The law aims to allow treatment centers to serve more CSE children without the constraints of separating them from other populations. The law also allows residential treatment centers and hospitals to prioritize certain services for CSE children in order to meet the specific needs of the child.[43]

Since 2013, the Legislature has made funds available to new and existing CSE providers. From 2013 through 2017, the Legislature made available $12.6 million to eight providers to serve and develop or expand services for CSE children. Of these funds, $6.8 million has been spent. (See Exhibit 5.) The 2018 Legislature made an additional $4.6 million available to six established providers to strengthen and expand the CSE service array.

[40] Bay, Collier, Duval, Hillsborough, Leon, Miami-Dade, Orange, and Suwanee counties participated in the eight-county pilot.

[41] Funding occurs via three mechanisms: (1) providing grant funding to service agencies, (2) reimbursing CSE children's families for certain expenses, and (3) providing relocation assistance to human trafficking victims.

[42] This program provides reimbursements for certain expenses, including mental health services for the CSE child (up to $10,000) and wage loss on the part of a parent who has missed work as the result of caring for the child (up to $15,000). The Bureau of Victim Compensation does not currently track CSE children separately from other victims for these type of services, so the number of CSE children and their parents who received reimbursement as well as the types of expenses reimbursed is unknown.

[43] Section 409.1678, *F.S.*, specifies required services for CSE victims.

Exhibit 5
Provider Funding and Expenditures for Fiscal Years 2013-14 Through 2017-18

Provider	Funds Available to Providers	Funds Expended or Cash Advanced	Source of Funds
Fiscal Year 2013-14			
Oasis	$300,000	$270,000	General Revenue
Fiscal Year 2014-15			
Kristi House Drop-In Center	300,000	295,250	General Revenue
Devereux	825,027	796,880	General Revenue
Fiscal Year 2015-16			
Kristi House Drop-In Center	250,000	249,407	General Revenue
	300,000	299,343	Federal Grants Trust Fund (DCF)
Porch Light	50,000	49,998	General Revenue
Devereux	359,000	359,000	General Revenue
Bridging Freedom	1,000,000	165,019	General Revenue
Fiscal Year 2016-17			
Devereux	359,000	359,000	General Revenue
Kristi House Drop-In Center	200,000	198,500	General Revenue
Place of Hope	200,000	200,000	General Revenue
Dream Center[1]	250,000	250,000	Federal Grants Trust Fund (DCF)
Bridging Freedom	700,000[2]	0	General Revenue
Voices for Florida – Open Doors	500,000	299,881	General Revenue
	1,123,996[3]	95,299[4]	VOCA
Fiscal Year 2017-18			
Bridging Freedom	700,000	175,000[5]	General Revenue
	500,000[6]	0	VOCA
	700,000	452,544[7]	Reallocation of FY 2016-17 Funds
Devereux	700,000	517,045	General Revenue
Porch Light	200,000	140,000	General Revenue
Voices for Florida – Open Doors	1,140,000	1,054,500[8]	General Revenue
	1,956,283	604,744[4]	VOCA
Five-Year Funding Total	**$12,613,306**	**$6,831,410**	

[1] Dream Center is now doing business as U.S. Institute Against Human Trafficking.

[2] Bridging Freedom did not sign a contract to receive this funding; the funding was reallocated in Fiscal Year 2017-18.

[3] The 2016 General Appropriations Act included proviso language making $2,567,306 available in funding for Voices for Florida – Open Doors. However, Voices for Florida did not sign a contract with the OAG until April 3, 2017. According to the OAG, in accordance with federal Department of Justice rules, the amount of funding was prorated to reflect the remaining six months of the federal fiscal year.

[4] This amount reflects OAG allowable reimbursements.

[5] Bridging Freedom did not sign a contract to receive this funding until May 2018, receiving the first cash advance of $175,000 at that time. The OAG reported that invoices related to the cash advance are due by the end of June 2018.

[6] The provider's original application for funds was not approved; funds were for direct services only and the provider was not offering direct services. A second application was submitted in May 2018 and is under review by the OAG.

[7] The Legislature made these funds available for a capital project. The expended amount reflects documentation submitted for reimbursement for capital project expenditures. At publication, the OAG was awaiting the result of an independent inspection prior to reimbursing Bridging Freedom.

[8] This amount reflects cash advances received by Voices for Florida – Open Doors. At publication, the OAG had received invoices for $523,486 in expenses.

Source: OPPAGA analysis of Department of Children and Families and Office of the Attorney General data as of April 2018.

Agency Response

In accordance with the provisions of s. 11.51(2), *Florida Statutes*, a draft of our report was submitted to the Secretaries of the Department of Children and Families and the Department of Juvenile Justice. The departments' written responses have been reproduced in Appendix C.

Appendix A

County-Level Prevalence Data

OPPAGA identified 381 verified commercially sexually exploited children in 2017. Broward, Duval, Miami-Dade, and Orange counties had the highest percentages of victims. (See Exhibits A-1 and A-2.)

Exhibit A-1
Number of CSE Victims by County

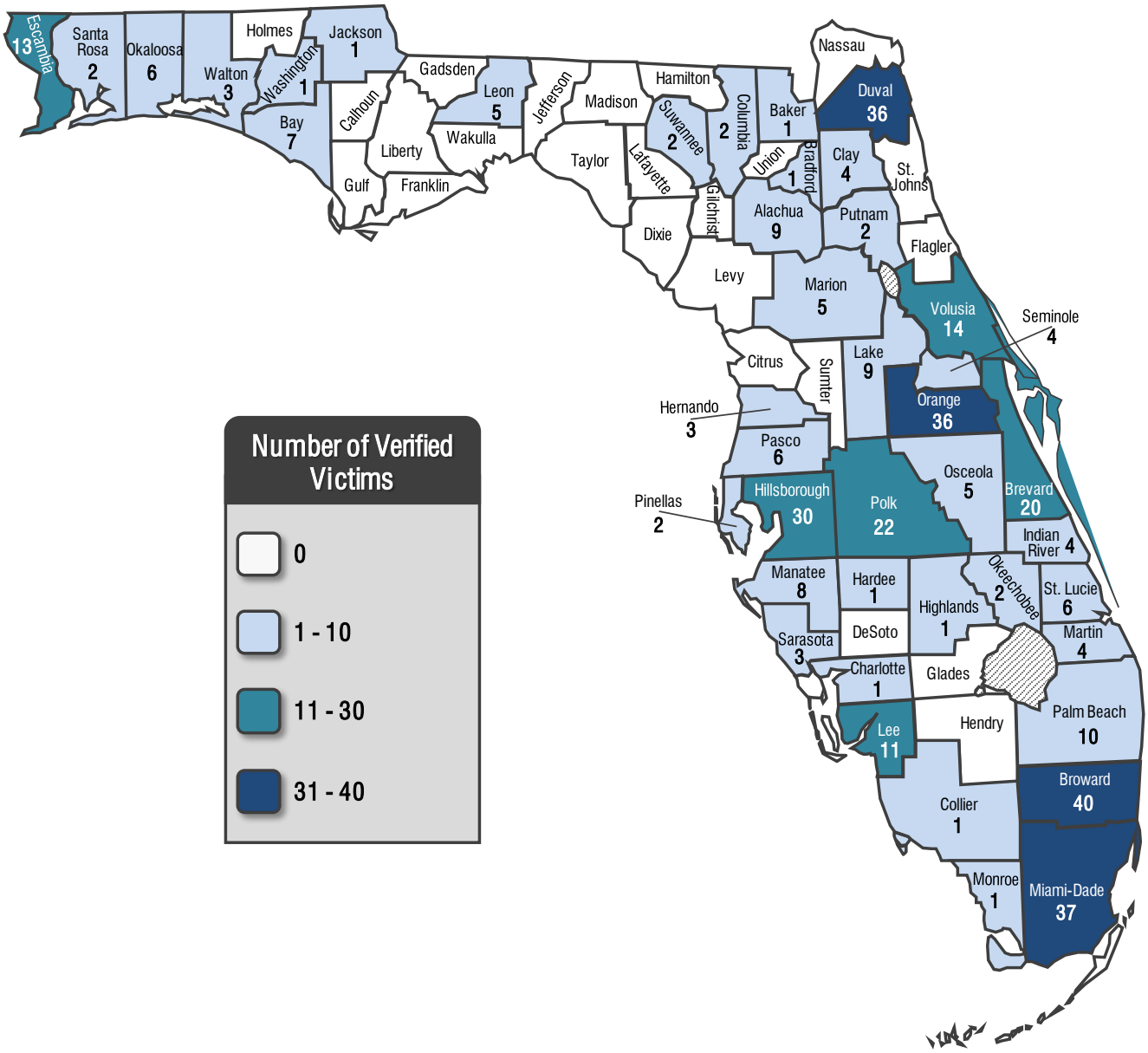
Community-Based Care Lead Agency	County[1]	Verified CSE Children	Percentage of Verified CSE Children
Big Bend Community-Based Care, Inc.	Bay	7	1.8%
	Jackson	1	0.3%
	Leon	5	1.3%
	Washington	1	0.3%
Brevard Family Partnership	Brevard	20	5.2%
Community-Based Care of Central Florida	Orange	36	9.4%
	Osceola	5	1.3%
	Seminole	4	1.0%
ChildNet, Inc.	Broward	40	10.5%
	Palm Beach	10	2.6%
Children's Network of Southwest Florida	Charlotte	1	0.3%
	Collier	1	0.3%
	Lee	11	2.9%
Community Partnership for Children	Putnam	2	0.5%
	Volusia	14	3.7%
Devereux Community-Based Care	Indian River	4	1.0%
	Martin	4	1.0%
	Okeechobee	2	0.5%
	St. Lucie	6	1.6%
Eckerd Community Alternatives	Hillsborough	30	7.9%
	Pasco	6	1.6%
	Pinellas	2	0.5%
Families First Network	Escambia	13	3.4%
	Okaloosa	6	1.6%
	Santa Rosa	2	0.5%
	Walton	3	0.8%
Family Support Services of North Florida, Inc.	Duval	36	9.4%
Heartland for Children	Hardee	1	0.3%
	Highlands	1	0.3%
	Polk	22	5.8%
Kids Central, Inc.	Hernando	3	0.8%
	Lake	9	2.4%
	Marion	5	1.3%
Kids First of Florida, Inc.	Clay	4	1.0%
Our Kids of Miami-Dade/Monroe, Inc.	Miami-Dade	37	9.7%
	Monroe	1	0.3%

Community-Based Care Lead Agency	County[1]	Verified CSE Children	Percentage of Verified CSE Children
Partnership for Strong Families	Alachua	9	2.4%
	Baker	1	0.3%
	Bradford	1	0.3%
	Columbia	2	0.5%
	Suwannee	2	0.5%
Sarasota Family YMCA, Inc.	Manatee	8	2.1%
	Sarasota	3	0.8%
State Total		**381**	**100.0%**

[1] Counties not listed did not have any verified victims during the study timeframe (though they may have had investigations). Counties presented above were the counties of CSE children's initial intake.

Source: OPPAGA analysis of Department of Children and Families data.

Exhibit A-2
Number of Verified CSE Victims by County



Source: OPPAGA analysis of Department of Children and Families data.

Appendix B

Lead Agencies Continue to Expend Additional Resources for CSE Children

For Fiscal Year 2016-17, lead agencies expended two-thirds more than their DCF allocation for CSE children's services. Expenditures totaled $4.9 million with an allocation of $3 million. (See Exhibit B-1.)

Exhibit B-1
Lead Agencies Expended 166% of Their DCF CSE Allocation for Fiscal Year 2016-17

Lead Agency	Counties Served by Lead Agency[1]	DCF CSE Allocation[2]	Total Expenditures of Fiscal Year 2016-17 Funds[3]	Percentage of Budget Expended[4]
Big Bend Community-Based Care, Inc.	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Wakulla, and Washington	$61,224	–	0%
ChildNet, Inc.	Broward	505,102	$316,405	63%
ChildNet, Inc.	Palm Beach	306,122	49,727	16%
Children's Network of Southwest Florida	Charlotte, Collier, Glades, Hendry, and Lee	107,143	153,608	143%
Community Partnership for Children, Inc.	Flagler, Putnam, and Volusia	15,306	74,089	484%
Brevard Family Partnership	Brevard	30,612	241,875	790%
Community-Based Care of Central Florida	Orange, Osceola, and Seminole	198,979	1,378,800	693%
Devereux Community-Based Care	Indian River, Martin, Okeechobee, and St. Lucie	61,225	81,706	133%
Eckerd Community Alternatives	Hillsborough	187,856	191,700	102%
Eckerd Community Alternatives	Pasco and Pinellas	210,104	32,018	15%
Families First Network	Escambia, Okaloosa, Santa Rosa, and Walton	15,306	251,160	1,641%
Family Support Services of North Florida, Inc.	Duval and Nassau	76,531	447,696	585%
Heartland of Children	Hardee, Highlands, and Polk	183,673	378,403	206%
Kids Central, Inc.	Citrus, Hernando, Lake, Marion, and Sumter	61,225	119,084	195%
Kids First of Florida, Inc.	Clay	-	4,500	-
Our Kids of Miami-Dade/Monroe, Inc.	Miami-Dade and Monroe	841,837	824,872	98%
Partnership for Strong Families	Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Madison, Suwannee, Taylor, and Union	61,224	84,147	137%
Sarasota Family YMCA	DeSoto, Manatee and Sarasota	61,225	294,610	481%
St. Johns County Board of County Commissioners	St. Johns	15,306	43,196	282%
Total		**$3,000,000**	**$4,967,595**	**166%**

[1] Not all counties in a lead agency's service area have verified cases of CSE victims.

[2] Based on DCF Budget Ledger System.

[3] Based on Fiscal Year 2016-17 Community-Based Care Lead Agency Monthly Actual Expenditure Reports, including use of carry forward funds.

[4] According to DCF, lead agencies may use any core services funding for CSE children. Section 409.991, *F.S.*, defines all funds allocated to lead agencies as core services funds, with the exception of maintenance adoption subsidies, independent living, child protective services training, designated children's mental health wraparound services funds, and designated special projects.

Source: Department of Children and Families data.

Appendix C

State of Florida
Department of Children and Families

Rick Scott
Governor

Mike Carroll
Secretary

June 22, 2018

R. Philip Twogood, Coordinator
Office of Program and Policy Analysis & Government Accountability
111 West Madison Street
Room 312, Claude Pepper Building
Tallahassee, FL 32399-1475

Dear Coordinator Twogood:

This letter is in response to the preliminary findings issued by the Office of Program and Policy Analysis & Government Accountability (OPPAGA) to the Department of Children and Families (DCF) on June 8 related to human trafficking. DCF remains absolutely committed to preventing, identifying, and providing effective services to victims of commercial sexual exploitation (CSE) in Florida. We appreciate the acknowledgement of the progress that has been made in Florida and the complexity of the nature of the work related to human trafficking.

During OPPAGA's review period, DCF continued its efforts to address human trafficking and serve victims of human trafficking. Additional details related to the findings in the report are provided below.

Finding 1: There was a smaller increase in total CSE children in 2017; population characteristics were similar to prior victims.

Response: DCF continues to conduct extensive training to teach frontline staff, first responders, and members of the public how to recognize and report potential human trafficking. The Human Trafficking Screening Tool (HTST) has been in effect for more than two years. These efforts are likely to continue to contribute to increased identification of CSE victims.

Training, including adaptations based on new research and emerging trends, will continue to be a priority as we strive to identify and serve human trafficking victims in Florida. This will include a new training for hotline staff to ensure staff understand the indicators to listen for in potential trafficking cases, different types of human trafficking, and how to properly identify and code investigations with the understanding that the perpetrator can be someone other than the child's caregiver.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

Finding 2: CSE service model is slowly adapting to ensure services for community children.

Response: On April 1, 2018, DCF began the process of following up on all verified CSE cases within six months of the close of the investigation to determine service engagement. It is anticipated that these follow-ups will facilitate a better understanding of community youth's access to and attainment of services.

Florida has spent the last several years focused on establishing a comprehensive system of care equipped to meet the many individualized needs of CSE victims, including both community and dependent youth. Over the course of the past year, DCF has strengthened the multi-disciplinary team (MDT) staffing process to ensure that each youth has their individualized needs for therapeutic services, placement, victim advocacy, medical, and all other needs addressed to the fullest extent possible. DCF has also helped train many key partners, including service providers and personnel in the behavioral health field, to equip them with the knowledge and tools to identify and serve this population.

It is a DCF priority to identify existing resources that can be leveraged in the development of a comprehensive system of care and identify promising practices for producing the best outcomes. The Services and Resources Committee, under the Statewide Council on Human Trafficking, has met with multiple providers to develop an understanding of what types of services are most effective for this population. Key goals are to create a strong continuum of care for all victims of human trafficking and ensure accountability of state funds.

Finding 3: Limited progress made in advancing CSE safe house/safe foster home model.

Response: DCF continues to prioritize the needs of the child on an individual basis, including a specific tool to assess the level of placement needed. Ensuring a wide array of services is available, including specialized placements, allows the system to address a child's individualized needs and determine the effectiveness of services. Community-based care lead agencies oversee recruitment of new providers and are actively implementing recruitment plans.

DCF strives to facilitate regular communication between specialized residential providers. With multiple new providers now serving this population, DCF has scheduled the first of many in-person meetings between all of these providers (including prospective providers) to discuss lessons learned, strengths and challenges, promising practices, and other applicable topics. During the reporting period, DCF provided technical support to multiple providers, including Bridging Freedom and the new safe house in the Northwest Region, conducted site visits, answered all questions and

provided additional support as needed. All prospective safe house providers are given contact information for existing providers and encouraged by DCF's human trafficking staff to reach out to these providers, as early in the process as possible, for in-depth information on serving this population, along with a site visit and mentorship opportunities. DCF's Statewide Human Trafficking Prevention Director serves as a central point of contact for all existing and prospective specialized CSE providers.

Finding 4: Serving CSE children is also hindered by victim resistance, complex needs, and challenging behaviors.

Response: CSE children often experience complex trauma and the journey to healing often requires years of support. Upon initial identification, there may be a great deal of resistance to services and the victim may not self-identify as a victim or survivor. We understand that progress in social outcomes, school outcomes, therapeutic healing, and the ability to recognize victimization and leave the exploitative situation may take years as a result of this high level of trauma. It continues to be a DCF priority, in partnership with other agencies represented on the Statewide Council on Human Trafficking, to ensure that we understand the services that produce the best outcomes for this population and continuously identify existing resources that can be leveraged in creating a comprehensive system of care to meet complex, long-term needs.

Finding 5: Review of local agency service data provides insight into services and costs.

Response: DCF appreciates OPPAGA's analysis of the cost associated with serving this population.

Finding 6: CSE children identified beginning in 2013 have not done well on social outcomes.

Response: When assessing social outcomes over a short time period, it is important to note the extreme level of trauma that most CSE victims have experienced. Many survivors explain that their healing journey often continues decades later.

While reviewing the progress on social outcomes of this population, the report notes that "dependent CSE children were more likely to be re-victimized than children living in the community" with 28 percent of dependent children in their outcome population experiencing re-victimization compared to 17 percent of community children within that population. Although it may appear that dependent children are more likely to be re-victimized, a contributing factor may be that their new victimization experience is more likely to be reported because of the active oversight of child welfare personnel. There is not sufficient information to conclude that dependent youth are actually more likely to be re-victimized.

Update 1: DCF implemented new requirements to coordinate services and streamline processes statewide.

Response: DCF appreciates OPPAGA's overview of the efforts made during the reporting period to implement new requirements in section 409.1754, F.S., effective October 2017. As outlined in the report, DCF human trafficking staff updated policy, developed a new MDT staffing form to include information required for the six-month follow-up, and updated a reporting tool to collect all information needed for the annual report to the Legislature. Staff provided training to MDT staffing leadership on the new policies and forms and continue to provide oversight and technical support on this process. DCF will also continue to work to standardize these processes in an effort to enhance our ability to understand and meet the service needs of CSE victims across the state.

Update 2: DCF and DJJ have not validated the Human Trafficking Screening Tool or assessed triggering criteria.

Response: As noted in the report, DCF has partnered with the Florida Institute for Child Welfare (FICW) to assess the triggering criteria for the HTST and explore options for validating this tool. The survey was the second project completed, in conjunction with the FICW, to evaluate triggering criteria. This assessment was another step in our efforts to understand the effectiveness of the tool in identifying CSE victimization. DCF looks forward to a continued partnership with FICW to evaluate effectiveness and ensure integrity in implementation.

In closing, Florida continues to receive national recognition as a leader in the fight against human trafficking, recognized in particular for strong legislation and the child welfare system's efforts to serve this population. While we have made great strides as a state, DCF remains committed to encouraging evaluation of existing service types, identifying promising practices, assisting in the development of new placements and community-based services, and enhancing all efforts to identify and serve CSE children in Florida.

If you have any questions, please contact Traci Leavine, Director of Child Welfare Practice, at traci.leavine@myflfamilies.com or 850-717-4760.

Sincerely,

Mike Carroll
Secretary

FLORIDA DEPARTMENT OF JUVENILE JUSTICE

June 25, 2018

Mr. R. Philip Twogood
Office of Program Policy Analysis and
Government Accountability
111 West Madison Street
Tallahassee, Florida 32399-1475

Dear Mr. Twogood:

The Department has received and reviewed the preliminary findings and recommendations of OPPAGA's report titled, "Service Model Slowly Adapting for Community CSE Victims; Limited Progress in Less Restrictive Placements for Dependent CSE Victims." Please consider this letter the Department's official response to the preliminary report, in accordance with subsection 11.51(2), Florida Statutes.

A key goal of the agency is to increase identification of potential victims of human trafficking through staff training and youth screening and to connect victims to appropriate services. As the Report describes, DJJ has implemented an automated Human Trafficking Screening Tool (HTST) to be used in all DJJ intake facilities, has worked to train staff to administer the tool using a victim-centered approach, and continues to monitor the use of the tool for potential process improvements. The Department is proud to assist in screening efforts and serve as a safety net for children not previously identified as victims of human trafficking.

DJJ is committed to ongoing improvement of the tool and continuing our work to address this population of youth. During the past fiscal year, the Department completed an analysis examining the five criteria used to trigger completion of an HTST. More than 80% of survey respondents indicated that the HTST indicators/triggers are helpful in identifying youth that need to be screened for potential human trafficking. Florida Statute specifies that the initial screening and assessment instruments shall be validated, if possible, and must be used by the department, juvenile assessment centers as provided in 985.135, F.S., and community-based care lead agencies [409.1754(1)(b), F.S.]. DJJ has been actively seeking a more formal evaluation of the instrument with several entities and working on a federal grant application that would allow us to conduct a more detailed analysis. The Department is dedicated to further collection of data in hopes of future validation of the screening tool, as you recommend, and to better understand the scope of trafficking in Florida and the incidence of these youth within the delinquency system.

2737 Centerview Drive • Tallahassee, Florida 32399-3100 • (850) 488-1850

Rick Scott, Governor **Christina K. Daly, Secretary**

The mission of the Department of Juvenile Justice is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.

Page Two
June 25, 2018

Thank you for the opportunity to review your preliminary findings and Report.

Sincerely,

Christina K. Daly
Secretary

The Florida Legislature

Office of Program Policy Analysis and Government Accountability

OPPAGA provides performance and accountability information about Florida government in several ways.

- Reports deliver program evaluation and policy analysis to assist the Legislature in overseeing government operations, developing policy choices, and making Florida government more efficient and effective.
- PolicyCasts, short narrated slide presentations, provide bottom-line briefings of findings and recommendations for select reports.
- Government Program Summaries (GPS), an online encyclopedia, www.oppaga.state.fl.us/government, provides descriptive, evaluative, and performance information on more than 200 Florida state government programs.
- PolicyNotes, an electronic newsletter, delivers brief announcements of research reports, conferences, and other resources of interest for Florida's policy research and program evaluation community.
- Visit OPPAGA's website at www.oppaga.state.fl.us

OPPAGA supports the Florida Legislature by providing data, evaluative research, and objective analyses that assist legislative budget and policy deliberations. This project was conducted in accordance with applicable evaluation standards. Copies of this report in print or alternate accessible format may be obtained by telephone (850/488-0021), by FAX (850/487-3804), in person, or by mail (OPPAGA Report Production, Claude Pepper Building, Room 312, 111 W. Madison St., Tallahassee, FL 32399-1475). Cover photo by Mark Foley.

OPPAGA website: www.oppaga.state.fl.us

Project supervised by Mary Alice Nye (850/717-0567)
Project conducted by Cate Stoltzfus (850/717-0541)
Drucilla Carpenter, Michelle Ciabotti, Brittney Austin, Marina Byrd, Anne Cooper, and Ana Prokos
R. Philip Twogood, Coordinator