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State and Local Agencies Are in Initial Stages of Addressing Needs of Child Victims of Commercial Sexual Exploitation

at a glance

Many commercial sexual exploitation (CSE) victims do not come into contact with the child welfare or criminal justice systems, and CSE cases can be complex and difficult to investigate. The Department of Children and Families (DCF) tracks child victims of CSE in Florida using hotline reports and investigations. However, the department's hotline procedures and training issues limited the ability to count victims; by conservative estimates, there were at least 170 verified CSE victims from July 2013 to December 2014. The department reports that it has begun to address these problems.

To improve identification of children, DCF plans to implement a CSE screening instrument statewide. The Department of Juvenile Justice implemented an automated version of this instrument statewide in April 2015.

Florida statutes dictate that commercially sexually exploited children be assessed, and if appropriate, placed and served in specialized residential programs, such as safe houses and safe foster homes. However, a limited number of beds and eligibility criteria that exclude particular children present barriers to these placements. Daily costs for CSE victims are substantially higher than for others in the child welfare system. DCF should prioritize certification of specialized residential programs that serve CSE victims to ensure that programs are consistently providing statutorily required services to children.

Scope

Chapter 2014-161, *Laws of Florida*, directs OPPAGA to conduct an annual study on commercial sexual exploitation (CSE) of

children in Florida. 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 children and gaps in the availability of services; and reviews options for identifying effective treatment programs for children receiving CSE services.

Background

Both federal and Florida law criminalize human trafficking of adults and children. Victims of human trafficking are subjected to commercial sexual exploitation (CSE) and/or forced labor. Labor trafficking includes debt labor, bonded labor, and forced labor.

The focus of this report is commercial sexual exploitation of children. Federal and state law define CSE (also referred to as sex trafficking) to be any commercial sex act induced by force, fraud, or coercion, or in which the person induced to perform such act is a minor.¹ CSE involves exchanging any sex act for anything of value and includes prostitution, stripping, and pornography. In 2014, the National Human Trafficking Resource Center reported receiving information on approximately 3,600 cases nationwide pertaining to sex trafficking; of these, 1,322 cases were related to minors.²

¹ 22 USC 7102 and s. 39.01(67)(g), *F.S.*

² National Human Trafficking Resource Center data as of December 31, 2014. Data reflects the number of cases involving minors, not individual victims.

Recent legislation addresses child CSE victims. To serve the needs of children who become CSE victims, the Legislature passed the Florida Safe Harbor Act of 2012, which focuses on rescuing and protecting sexually exploited minors, diverting them from the juvenile justice system, and providing specialized treatment and services, including residential settings referred to as safe houses. The act specifies that CSE is child abuse rather than a criminal act by a child and directs law enforcement officers to deliver minors to the Department of Children and Families (DCF) for assessment and possible shelter when there is probable cause to believe the child has been sexually exploited.³ This act went into effect on January 1, 2013.

In 2014, the Legislature enhanced services for CSE victims. The Legislature passed Ch. 2014-161, *Laws of Florida*, further specifying the roles of state agencies and service providers in serving this population. This act went into effect on July 1, 2014.

Key provisions of the new law include

- developing a set of instruments to better identify, assess the needs of, and place CSE victims;
- authorizing safe foster homes, prioritizing the placement of victims in safe houses or safe foster homes when appropriate, and specifying related service and security requirements;
- training law enforcement and child welfare workers;
- developing certification and inspection processes for specialized residential programs that serve CSE victims; and
- requiring DCF and the Department of Juvenile Justice (DJJ) to participate in any task force, committee, council, advisory group, coalition, or other entity in their service area that is involved with coordinating responses to human trafficking.

State, local, and federal entities have responsibilities in investigating CSE and helping victims. Both state and local entities engage in activities to combat CSE in Florida. DCF is responsible for the child welfare needs of CSE victims.

DCF contracts with community-based care lead agencies to manage child welfare services, including services for CSE children who are adjudicated dependent or whose cases are still being investigated.⁴ The lead agencies subcontract with providers for case management, emergency shelter, foster care, and other out-of-home placements in all 67 counties.

DJJ partners with DCF to identify CSE children who are brought into the delinquency system and divert them to the child welfare system when appropriate. At delinquency intake, DJJ staff assesses all children, and if they demonstrate indicators related to sexual exploitation, staff conducts further screening. If appropriate, DJJ refers children to DCF.

Local sheriffs' offices and police departments also investigate cases involving CSE children. Some local law enforcement offices have designated staff to conduct these investigations. In addition, some local law enforcement agencies also participate in regional human trafficking task forces around the state.

The Office of the Attorney General prosecutes persons charged with trafficking children and administers grant programs to agencies that aid CSE victims. As directed by Ch. 2014-161, *Laws of Florida*, the Attorney General created and currently chairs the Statewide Council on Human Trafficking. The council's duties include developing recommendations for programs and services, making recommendations for apprehending and prosecuting traffickers, and developing overall policy recommendations.

³ Chapter 796, *F.S.*, allows law enforcement to retain discretion to arrest minors for compelling others to participate in prostitution.

⁴ Chapter [2014-051](#), *Laws of Florida*.

In addition, the office's Division of Victim Services offers several programs for which CSE victims may be eligible, including funding for therapy, case management, forensic examinations, and relocation services. This division also distributes federal funds to public entities and non-profit organizations (e.g., local children's advocacy centers, local legal aid offices, and state attorney's offices) for victim services such as therapy and case management.

Multiple federal agencies are involved with responding to trafficking.⁵ Two of these agencies—the U.S. Departments of Homeland Security and Justice—have roles in trafficking investigations, prosecuting traffickers, and providing training and funding for victim services. Exhibit 1 details state and federal agency responsibilities related to CSE.

Exhibit 1 Federal, State, and Local Entities Address Commercial Sexual Exploitation of Children in Florida

Federal Agencies

Department of Homeland Security, Division of Immigration and Customs Enforcement (ICE)

- Conducts investigations and makes arrests
- Provides evidence to prosecutors
- Coordinates service provision statewide

Department of Justice

- Conducts investigations and makes arrests (conducted by Federal Bureau of Investigation)
- Provides evidence to prosecutors (conducted by Federal Bureau of Investigation)
- Prosecutes those involved in the CSE of children in coordination with the Federal Bureau of Investigation and ICE

State and Local Agencies

Department of Children and Families

- Develops screening, assessment, and placement tools with the Department of Juvenile Justice
- Trains case managers, child protective investigators, and hotline staff
- Develops a certification for safe homes and safe foster homes
- Establishes local protocols for working with CSE victims
- Assesses local service capacity for providing services to CSE victims
- Participates in local human trafficking task forces and multidisciplinary teams

Department of Juvenile Justice

- Trains juvenile probation staff or contractors who administer the detention risk assessment in identifying and serving CSE victims
- Participates in local human trafficking task forces and multidisciplinary teams

Department of Legal Affairs

- Prosecutes those involved in the commercial sexual exploitation of children
- Administers programs through the Division of Victim Services

Community-Based Care Lead Agencies

- Participate in local human trafficking task forces and multidisciplinary teams
- Establish local protocols for working with CSE victims
- Assess local service capacity for providing services to CSE victims
- Ensure placement and services to CSE victims

Source: Chapter [2014-161](#), *Laws of Florida*, and OPPAGA interviews with government agency representatives.

State law directed DCF to begin providing specialized services and placement options for child CSE victims in January 2013. For Fiscal Year 2014-15, the Legislature appropriated \$3 million to DCF for lead agencies to provide services for CSE victims. DCF has assigned four positions to human trafficking functions.

⁵ The federal Trafficking Victims Protection Act of 2000 (P.L. 106-386) created the President's Interagency Task Force to Monitor and Combat Trafficking. Members of the task force include the U.S. Departments of State, Defense, Justice, the Interior, Agriculture, Labor, Health and Human Services, Transportation, Education, and Homeland Security, among others.

Prevalence

DCF tracks child victims of commercial sexual exploitation in Florida using hotline reports and investigations

In determining the prevalence of commercial sexual exploitation (CSE) of children, national literature frequently references CSE victims who have not come in contact with the child welfare or criminal justice systems. Without such contact, these victims are difficult to identify, because victims do not have a specific look, many do not have identification, and they are often physically and psychologically controlled by their traffickers. Stakeholders and experts report that sexually exploited children rarely self-identify as victims, further adding to the difficulty of identifying them. Consequently, national prevalence estimates vary widely and few state-level estimates exist.⁶ While these factors make it difficult to determine the prevalence of this population, DCF tracks all reported instances of CSE through its abuse hotline and investigates allegations.

All reports of human trafficking of children go through DCF's Florida Abuse Hotline. Florida Abuse Hotline staff accepts reports of known or suspected child abuse, neglect, or abandonment 24 hours a day, seven days a week.⁷ While all individuals are required to call the hotline if they suspect any type of abuse or neglect, including commercial sexual exploitation, state law defines specific professionals as mandatory reporters and requires them to provide their name to the hotline when making a report. Mandatory reporters include child welfare workers,

educators, and members of federal, state, and local law enforcement.⁸

According to department operating procedures, hotline staff generates an intake report for every case in which a child is alleged to be a victim of human trafficking.⁹ Then, staff must assess the information and assign maltreatment codes to each report to categorize the type of abuse. The department's operating procedures define two maltreatment codes for suspected cases of commercial sexual exploitation, depending on whether or not the alleged perpetrator appears to be a parent, legal guardian, or caregiver. (See Exhibit 2 for the specific codes.)

Exhibit 2 **The Department Uses Two Maltreatment Codes to Flag CSE Reports Based on the Exploiter**

Maltreatment Code	Type of Exploiter
Sexual Abuse/Sexual Exploitation	Parent, legal guardian, or caregiver
Human Trafficking/Commercial Sexual Exploitation of a Child	Someone other than a parent, legal guardian, or caregiver

Source: Department of Children and Families Operating Procedure No. 175-14.

Hotline staff then determines whether the abuse allegation meets the statutory criteria for sexual exploitation. They also gather information to locate the child.¹⁰ Hotline staff refers reports that meet the criteria for investigation to a child protective investigator.

DCF has established protocols for investigating CSE allegations. Upon receiving a referral from hotline staff, child protective investigators (CPIs) conduct investigations.¹¹ Florida statutes require that cases alleging CSE be assigned to investigators who have received specialized intensive training in CSE.¹² According to department operating

⁶ An in-depth analysis of prevalence estimates and their limitations can be found in the Institute of Medicine and National Research Council report [Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States](#).

⁷ This includes reports made to two federal hotlines that accept reports of human trafficking—the National Human Trafficking Resource Center (operated by Polaris) and the CyberTipline (operated by the National Center for Missing & Exploited Children).

⁸ Section 39.201, *F.S.*

⁹ This includes reports for labor trafficking.

¹⁰ Sections 39.01(2) and 39.0168(g), *F.S.*

¹¹ DCF directly employs CPIs in all but six counties in Florida. In Broward, Hillsborough, Manatee, Pinellas, Pasco, and Seminole counties, sheriff's offices conduct child welfare investigations and thus hire CPIs.

¹² Section 409.1754(2), *F.S.*

procedures, when CSE is alleged in an abuse report or the investigator suspects at any time throughout the investigation that a child might be a victim of trafficking, the investigator must immediately

- initiate local child protective investigative response protocols associated with a possible allegation of human trafficking;
- contact the appropriate law enforcement agency to determine whether the case is going to be accepted for criminal investigation and if law enforcement and the investigator are going to conduct a coordinated investigation; and
- initiate a multidisciplinary staffing to ensure appropriate placement and services.¹³

In non-CSE investigations where an investigator suspects CSE, the investigator adds the appropriate CSE maltreatment code to the report in the Florida Safe Families Network (FSFN) database.¹⁴ If the perpetrator is unknown or not considered to be a caregiver, the investigator must immediately contact the hotline.

If the case manager of a child already in the child welfare system suspects CSE, he or she must call the hotline and an investigation will be initiated. In these instances, the case manager also must convene a multidisciplinary staffing to ensure that all parties possess relevant information and services are coordinated across systems.

After conducting an investigation, CPIs make one of three determinations for child protective investigations.

- **Verified**—A preponderance of evidence results in a determination that the specific harm or threat of harm was the result of CSE.

- **Not substantiated**—There is credible evidence, but it does not meet the standard of being a preponderance to support that the specific harm was the result of CSE.
- **No indicator**—There is no credible evidence to support the allegation of CSE.

CSE cases are complex and difficult to investigate. DCF staff reported that CPIs and law enforcement officials have lacked training because human trafficking laws that recognize children to be victims rather than having committed a crime are relatively recent. In addition, victims do not typically or easily disclose that they have been trafficked, and ongoing criminal investigations can make it difficult for CPIs to talk to perpetrators, as CPIs cannot contact perpetrators during an active criminal investigation.

Hotline reporting procedures and hotline staff training issues limited the ability to count victims

DCF uses hotline data to identify the verified CSE victims and cases. However, problems with DCF's use of maltreatment codes and hotline staff training hindered the ability to count these victims during the time of the review. The department reports that it has begun addressing these issues.

Problems with the use of hotline maltreatment codes and lack of hotline staff training prevented automated counting of CSE cases. Hotline staff uses two maltreatment codes when developing an allegation—one for CSE by a caregiver and one by a non-caregiver. However, staff also uses the CSE caregiver code to record other types of sexual abuse allegations that are not considered CSE. As a result, the number of allegations received by the hotline and flagged with this code could not be used to develop an automated count of CSE cases involving caregivers. In addition, DCF was uploading external data from DJJ and local law enforcement to a former maltreatment code (Human Trafficking) that hotline staff no longer uses. This code does not distinguish between labor and sex trafficking,

¹³ A multidisciplinary staffing must include, but is not limited to, a representative from the lead agencies, Children's Legal Services, DJJ staff, and knowledgeable victim advocates.

¹⁴ FSFN is the data system for DCF's Office of Child Welfare Operations.

and thus, CSE cases flagged using this code could not be isolated and included in the count. These two maltreatment codes include 1,140 investigations and 209 verified victims; DCF staff reported that these cases include cases of CSE.

In addition to problems with the maltreatment codes, hotline staff has not correctly screened in certain CSE calls. For example, hotline staff did not screen in allegations pertaining to minors who did not have an exploiter, incorrectly screening out victims commonly referred to as survival sex victims and considered by statute as CSE. These cases include children who exchange sex for money, support, food, or shelter. As a result, these allegations were not investigated and contribute to the under-identification of victims in Florida.

DCF staff reported that the department is addressing these issues. The department provided a one-hour basic human trafficking training to hotline staff in October and December 2014; it also began providing specialized human trafficking training in February 2015. In addition, the department reported that it was in the process of updating its database procedures and use of maltreatment codes.

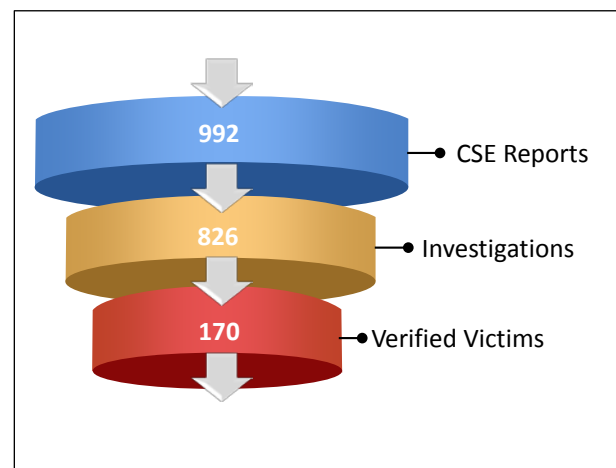
A conservative estimate identified 170 verified CSE victims from July 2013 through December 2014. To estimate the number of allegations and subsequently verified CSE cases, OPPAGA used FSFN data on hotline intakes and child protective investigations during the 18-month period and excluded the problematic fields described above. During this time, hotline staff flagged 992 intake calls as non-caregiver CSE.¹⁵ More than 40% of the reports alleging CSE of a child came from three

counties: Broward (16%), Miami-Dade (15%), and Orange (10%).

Hotline staff accepted 826 of the 992 reports (83%) for investigation. The primary reasons hotline staff screened out calls were that they did not rise to the level of reasonable suspicion of abuse (57%) or there were no means to locate the child (23%).¹⁶

Twenty-one percent (172 of 826) of CSE investigations, representing 170 victims, resulted in verified findings of CSE.¹⁷ (See Exhibit 3.) Of the 170 victims, 10 were verified as CSE in more than one investigation. An additional 181 investigations resulted in a finding of not substantiated, indicating that there was evidence of CSE but not the preponderance of evidence that is required for a verified finding. The majority (55%) of the verified victims were located in Broward, Miami-Dade, and Orange counties. (See Appendix A for verified victims by county.)

Exhibit 3 Analysis of Hotline Reports Identified 170 Verified Victims of CSE From July 2013 Through December 2014



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

¹⁵ An intake report can have information pertaining to several children and may include additional calls, with additional children and/or information. The first call is logged as an initial intake, with follow-up calls logged as additional intakes. For this analysis, initial and additional intakes are counted as one intake.

¹⁶ Law enforcement was the most frequent reporter type (21%) of accepted intakes followed by DJJ, Department of Corrections, or other criminal justice personnel (9%).

¹⁷ This percentage for verified CSE is slightly higher than the rate of verified investigations seen among the general child welfare population during the same timeframe (19%).

Of the 170 verified victims, 95% were females, 72% were 15 years of age or older, 55% were African-Americans, and 56% were living with at least one biological or adoptive parent at the time of the investigation. Fifty-two percent of the 170 children with verified CSE had at least one prior verified maltreatment. Of these victims, 38% had a prior verified maltreatment of CSE. (For detailed characteristics of verified CSE victims, see Appendix B.)

DCF plans to implement a screening tool statewide to improve CSE child identification

National literature recognizes that children with previous child welfare involvement are at risk for CSE. However, lead agencies do not use a uniform method to identify potential victims on their caseloads. DJJ and DCF have developed a screening instrument and are in the process of implementing it.

Children who have previous involvement with the child welfare system are at risk for CSE. Thus, it is important for lead agencies to take steps to identify children on their caseloads who may be victims. However, lead agencies are not using uniform tools or processes to identify these potential victims. Department operating procedures require the lead agencies to review the cases of all children with 10 or more runaway episodes within one year for possible sexual exploitation. DCF makes information available to lead agencies that identifies children at risk based on FSFN data pertaining to factors such as being in out-of-home care and having more than eight missing child reports.

Many lead agencies use other approaches to assess risk, including identifying other indicators of CSE (e.g., verified sexual abuse, new tattoos, social media presence, using a lower runaway threshold, the presence of an older boyfriend/fiancé, or unexplained expensive gifts); convening multidisciplinary staffings to review a child if risk is identified; and interviewing children within 24-hours after a runaway episode.

DCF and DJJ have developed a screening tool to identify sexually exploited children. As directed by Ch. 2014-161, *Laws of Florida*, DCF and DJJ convened a workgroup to develop the Human Trafficking Screening Tool to screen both potential CSE and labor trafficking victims. The law states that the tool should be used by CPIs, case managers, and DJJ juvenile assessment centers to screen potential CSE victims. The tool includes questions related to unsafe living environments, evidence of unsafe online activity, and sex acts provided in exchange for money, support, or gifts. In April 2015, DJJ implemented the tool statewide. DJJ also automated it with its Juvenile Justice Information System to generate flags that trigger mandatory reporting to DCF, which could minimize errors made by manual reviews of assessments. DJJ reports that it intends to validate the instrument once sufficient data has been collected by both agencies and will amend the instrument and processes as necessary.

In April 2015, DCF began a 90-day pilot of the tool in two counties and plans to review the results of the pilot before administering it across the state. In preparation for statewide implementation, DCF is scheduling train-the-trainer workshops to train regional staff. In addition, DCF reported that it will assess automation of the tool in FSFN as it reviews the pilot. As part of the screening protocol, lead agencies need guidance on when to screen potential victims on their caseloads.

Placement and Services –

Florida statutes direct assessment, placement, and services for commercial sexual exploitation victims

Florida statutes provide direction to lead agencies, which are responsible for assessing victims of commercial sexual exploitation (CSE) to determine the most appropriate placement and what services they should receive. Florida statutes direct DCF to certify specialized residential programs and specifies services that providers must offer. DCF reports that it plans to issue draft rules for the residential provider certification process as required by law in July 2015.

Florida statutes guide lead agencies in assessing and placing victims of CSE. If an allegation of human trafficking is verified, the state will make either an informal or formal intervention, depending on the circumstances of the abuse. In an informal intervention, the child stays in her or his home and receives a non-judicial case plan and referral for services. With a formal intervention, the child is adjudicated dependent and receives either an in-home judicial case plan or an out-of-home placement.¹⁸

Florida statutes require lead agencies to assess every dependent child six years of age or older who has been found to be a victim of CSE for placement in a safe house or safe foster home. Safe houses and safe foster homes are required to provide a safe, separate, and therapeutic environment tailored to the needs of sexually exploited children who have endured significant trauma.¹⁹ If placement in a safe

house or safe foster home is determined to be appropriate, the child may be placed in these settings if available. Children may be placed in another setting, such as residential group care or residential treatment centers, if it is more appropriate to the child's needs, or if a safe house or safe foster home is unavailable.^{20, 21}

To assist lead agencies with determining the appropriate placement for addressing a child's needs, state law directs DCF to adopt assessment and placement instruments. As of May 2015, the department reported that it was working on both an assessment and placement tool.

Without specific assessment and placement instruments for CSE children, lead agency staff reported that they follow current statutes, rules, and policies that they use for the general child welfare population that requires out-of-home placement.²² This process includes assessing the child's needs and placement history, considering the least restrictive placement that can safely care for the child, identifying a program that is able to accept the child, and placing the child in the most appropriate setting.²³

Florida statutes direct DCF to certify specialized residential programs and specifies services that providers must offer. Chapter 2014-161, *Laws of Florida*, requires DCF to develop certification requirements for safe houses. In addition to the services required to be provided by licensed residential child-caring

²⁰ Residential group care is a type of residential child-caring agency as specified in s. 409.175, *F.S.*, which provides staffed 24-hour care for children. Residential treatment centers are 24-hour residential programs that provide mental health treatment and services to emotionally disturbed and seriously emotionally disturbed children as specified in ss. 394.495(4)(j) and 394.875(1)(c), *F.S.*

²¹ Sections 39.524 and 409.1754(1), *F.S.*

²² Out-of-home care includes family foster care, relative or non-relative placement, and residential group care.

²³ For children needing intensive services, including CSE victims, placement in a therapeutic environment, such as residential treatment, may be required. Placements in these settings require a suitability assessment by a qualified evaluator appointed by the Agency for Health Care Administration and an ongoing review of the child's progress by the qualified evaluator and the court having jurisdiction over the child.

¹⁸ For the purposes of investigating human trafficking, a child who is found to be dependent includes a child who is found by the court to have been a victim of trafficking and to have no parent, legal custodian, or responsible adult relative currently known and capable of providing the necessary and appropriate supervision and care.

¹⁹ As specified in s. 409.175, *F.S.*, a safe foster home is a licensed family foster home, and a safe house is a licensed residential child-caring agency providing staffed 24-hour care for children; DCF is directed to certify facilities to care for sexually exploited children.

agencies and family foster homes, certified safe houses and safe foster homes must use a model of treatment that includes strength-based and trauma-informed approaches. Safe houses and safe foster homes must provide specialized services for these children that, at a minimum, include

- victim-witness counseling;
- family counseling;
- behavioral health care;
- treatment and intervention for sexual assault;
- education;
- life skills training;
- mentoring by survivors of sexual exploitation, if available and appropriate for the child;
- substance abuse screening and treatment;
- transition planning services; and
- structured activities.

These services may be provided directly, arranged for, or coordinated by the provider. Residential treatment centers and hospitals treating child CSE victims also must meet these requirements.²⁴ DCF reported that it plans to issue draft rules for the certification process in July 2015.

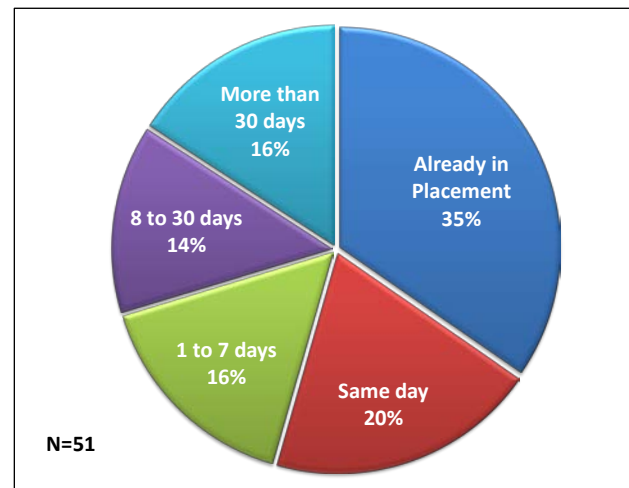
Lead agencies experience difficulties providing child CSE victims appropriate placements and services

Lead agencies reported difficulty placing child CSE victims in appropriate facilities due to a lack of placement options and criteria that exclude children because of their behavioral issues. In addition, lead agencies have difficulty knowing if children receive statutorily required services. Daily costs for CSE victims are substantially higher than for other children in the child welfare system.

Lead agencies report experiencing difficulty placing children. Lead agencies place children who are identified as CSE victims in programs across the state. Of the 170 children identified

as verified CSE victims, 51 received services in out-of-home care.²⁵ Placement primarily is driven by a child's needs and the state requirement for a least restrictive placement. However, lead agencies weigh several issues in making their placements. Most lead agencies reported that they try to place children out of their catchment area in order to distance children from their traffickers; the majority of placements (60%) for children were out of their home county. Lead agencies also try to place children in a home as soon as possible.²⁶ As shown in Exhibit 4, for the 51 children verified as CSE victims that were in out-of-home placements for the period from July 2013 through December 2014, 84% were placed for services within 30 days of their CSE investigation beginning.

Exhibit 4
Most CSE Victims Are Placed Within 30 Days



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

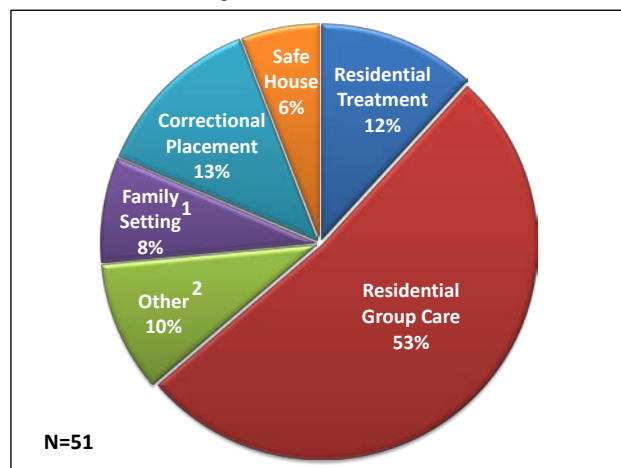
²⁵ Of the 51 children removed from their homes, 32 were in the child welfare system prior to investigation, and 19 entered the system as a result of the investigation. However, 14 of the 32 had run away when the CSE allegation was reported. In addition, 17 were not removed from their homes but received services in their homes (11 were already in the child welfare system and 6 entered as a result of the CSE investigation). The remaining 102 children with confirmed CSE had their cases closed at the conclusion of the investigation without a referral for services in the child welfare system.

²⁶ Some children are missing at the time of the CSE verification.

²⁴ Section 409.1678(2)(d), F.S.

However, lead agencies reported a general lack of placements across the state, including safe houses, safe foster homes, or other appropriate placements.²⁷ During the time of our review, DCF had identified five safe houses (22 beds) and 18 safe foster homes (one child per home) in which the lead agencies placed children who were identified as CSE victims. Of the 51 children placed in out-of-home care, 33 (65%) were initially placed in residential group care or residential treatment centers, not safe houses or safe foster homes.²⁸ (See Exhibit 5.) This may be partly due to the recent establishment of safe houses and safe foster homes following the 2012 Safe Harbor Act. Moreover, at the time of our review, only 13 of the 18 licensed safe foster homes were receiving children.²⁹ (For additional detail on placements, see Appendix C.)

Exhibit 5 Most CSE Victims Are Initially Placed in a Residential Setting



¹ Family setting includes adoption, family foster care, and relative or non-relative care.

² Other includes routine or emergency medical or mental health services.

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

²⁷ Lead agencies and task forces also reported that their regions lack temporary emergency shelter beds for CSE victims.

²⁸ Of the 51 children, a total of 11 (22%) entered a safe house at some point after the CSE investigation.

²⁹ The 2014 Legislature appropriated \$825,027 to another provider to recruit and train foster families to care for CSE children. As of May 2015, the provider had recruited and trained one family and was in the process of training 12 families.

In addition to a lack of placements, lead agencies have found that some residential programs' eligibility criteria exclude certain children. Sexually exploited children are widely recognized as difficult to stabilize and serve. Often, victims of CSE do not self-identify as victims, have a strong attachment to their trafficker, and have limited ability to bond with caring adults. According to family assessment information gathered by lead agency case workers, the majority of these children do not demonstrate developmentally appropriate behavioral health and have histories of gang affiliation and substance use or exposure. These children also have numerous behavioral issues, including lying, truancy, school suspensions, physical and verbal aggression, and running away. (See Exhibits B-5 and B-6 in Appendix B for details on behavioral characteristics.) Lead agencies reported that some programs specifically for children who are victims of sexual exploitation will not accept CSE victims with a current substance abuse problem or history of running away or who are known to recruit other children into human trafficking.

Certification of safe houses and safe foster homes is important for ensuring that child CSE victims consistently receive statutorily required services. Because DCF's information on specific services that programs provide to individual children is not readily accessible for research purposes, we obtained this information by interviewing 11 providers and 18 lead agency representatives.^{30, 31} The array of services offered by these providers varies significantly. The most common services provided to CSE victims were some form of therapy, life skills training, and education. Other services include case management, tattoo removal, transportation, and primary health care.

³⁰ While DCF's FSN database contains service information, it is maintained in the child's case file in the form of scanned documents. OPPAGA interviewed eight residential providers and three community drop-in centers.

³¹ DCF contracts with 17 lead agencies that serve 20 child welfare catchment areas.

All providers reported that their service array includes some type of therapy or counseling, including trauma-focused cognitive behavioral therapy, substance abuse therapy, and expressive therapies, such as art and equine therapy. Children receive therapy in individual and group settings. In addition, the level of the clinicians providing these therapy services varied across providers, from certified counselors to Ph.D. psychologists.

Providers reported that, in addition to therapy, two other required services are critical for CSE victims—life skills training and alternative education accommodations; however, they approach these services differently. Providers noted the importance of life skills training for this population as many minor CSE victims were either never taught life skills or forgot them during their time of exploitation. Life skills training offered by residential and drop-in providers differed across providers, but generally focused on four primary areas—daily living, community functioning, employability, and transition assistance.

Provider approaches to educating children also varied. They reported that these children require alternative education methods, accommodations, or remediation to succeed academically. Instruction often is interrupted because their trauma makes it difficult for them to focus, they may have a history of sexualized behavior and violence in traditional school settings, and they frequently run away.

Online instruction was the most common educational method providers utilized. Seven of the eight residential providers we interviewed use online instruction for some or all of their clients. Reasons include that the online format allows children who are below grade level to work at their own pace and that it avoids the potential triggers of a regular school environment that may result in relapse.³² Less commonly, children attended

local public schools and in the case of one provider, an onsite accredited school.

Legislative intent is that the department certify safe houses and safe foster homes.³³ While providers take different approaches to serving these children, based on their expertise, capacity, and specific needs of children, certification of safe houses and safe foster homes will help ensure that all child victims of CSE receive a specific set of services that are intended to support recovery. Certification will ensure that treatment models include strength-based and trauma-informed approaches, as directed by statute; that children receive the optimal consistency and duration of therapy; and that the appropriate professional staff is providing therapy.

Daily costs for CSE victims are substantially higher than for other children in the child welfare system. The average daily rate lead agencies reported paying for CSE safe houses is \$274—over twice that of basic residential group care. The average daily rate they are paying for safe foster care is \$137, or almost eight times higher on average than regular foster care.^{34, 35} Lead agencies negotiate rates with group care providers, as they do for all child welfare clients.³⁶ Lead agencies consider several factors when negotiating provider rates, including the provider's budget and expenses, the amount of private funding, staff-to-client ratios, bed capacity, services provided, and special per child considerations. DCF has historically allowed providers serving children and adolescents requiring special care or treatment to receive enhanced board rates. For example,

³³ Section 409.1678, *F.S.*

³⁴ The average daily rate lead agencies paid during Fiscal Year 2013-14 for 24-hour shift group care for the general child welfare population was \$124; regular foster care for 13- to 17-year-olds was \$17.17 per day.

³⁵ Residential providers reported that they were supported by other state agency funds, including substance abuse and mental health block grant dollars and Medicaid. In addition, providers reported other sources of financial support, including federal and private grants, school district funding, and donations.

³⁶ DCF's Office of Child Welfare licenses foster homes and residential group care providers such as residential child-caring agencies, including safe houses and safe foster homes. The community-based care lead agencies are responsible for subcontracting with these providers.

³² Online education programs include the Florida Virtual School, school district online instruction, and for-profit online educational programs coupled with staff, volunteers, or school district teacher assistance. Providers also used offsite online instruction at the Pace Center for Girls and a private Christian academy.

service requirements for CSE children are relatively intense, including isolating them from the general population and having 24-hour awake supervision. Like other children in the child welfare system, as CSE children's needs are addressed, they may become eligible for less intensive and less expensive services, such as traditional foster homes.

Outcomes and Treatment Effectiveness

Identifying treatment effectiveness is critical

Because children who are commercial sexual exploitation (CSE) victims experience significant psychological and behavioral issues and because treatment is expensive, determining effective treatment is critical. DCF and lead agencies have not been providing targeted services to this population long enough to determine the effectiveness of different treatment interventions and providers. Since the 2012 legislation, providers have served a small number of victims from whom to glean short-term outcomes. Further, while anecdotal evidence exists, there has not been enough time for a cohort of children to receive services specifically aimed at addressing their sexual exploitation and to link these services and providers to long-term outcomes. In addition, few evaluations of CSE child treatment programs currently exist nationally or in Florida.³⁷

Lead agencies have expressed concerns about the effectiveness of their placements, specifically, that residential programs are designed for stays of 90 days or more, but report that it is rare that children stay that long. Multiple runaway episodes are used as an indicator of commercial sexual exploitation and are a behavioral issue for providers serving this population. Among the 51 children who were placed in out-of-home care, 32 ran away from care at least once. In addition, on average,

children spent 18% of their time in runaway status. Time spent on the run interferes with treatment progress, impedes educational development, and places the child at risk.

Providers reported that they monitor how each child is progressing. Some providers reported using different instruments to assess progress towards individualized treatment plan goals; however, not all providers utilize assessment instruments. The behavioral changes providers assess include respecting others, making eye contact, having fewer incidences of fighting, less frequent use of profanity, and positive socialization with peers. Providers also cited progress on their treatment/care plan through engagement and positive participation in their treatment program, fewer and/or shorter runaway episodes, and educational improvement.

As with all children in the child welfare system, children who are CSE victims have long-term goals for permanency, safety, and well-being. For example, the permanency goal is to achieve a permanent living arrangement before the 18th birthday through reunification, adoption, or guardianship.³⁸ Focusing on these long-term goals is important, especially for older children who are at risk of aging out of the child welfare system without achieving permanency.³⁹ In addition, part of the safety measures for the CSE victims should include whether they continue to be exploited or trafficked.

³⁷ At the time of our review, one Florida provider was undergoing an outcome evaluation.

³⁸ Most of the children receiving CSE treatment have the goal of reunification with their parent(s). In addition, children who were receiving in-home services had the goal of maintaining and strengthening placement with parents.

³⁹ During our study period, 17 CSE children were discharged from care. The majority (12 or 71%) were discharged due to turning 18. During this same period, five minors (30%) were reunified with their family or went to live with a guardian.

Conclusions and Recommendations

With the passage of the 2012 Safe Harbor Act and subsequent legislation in 2014, the state has heightened its efforts to address commercial sexual exploitation (CSE) of children. While the Department of Children and Families is in the initial stages of implementing statutory provisions, it should address issues related to accurately flagging and verifying CSE victims and ensure that children receive statutorily required services by developing the certification process for programs.

DCF should address its use of maltreatment codes and provide ongoing training on hotline staff protocols to improve tracking and identification of CSE victims. To ensure that the hotline properly identifies and refers suspected cases, DCF should clarify which maltreatment codes will be used to track CSE. This will help ensure that the department does not combine multiple types of abuse in one code and that it properly distinguishes between sex trafficking of minors and other types of trafficking or sexual abuse. The department also should incorporate guidelines for flagging and assessing CSE into the hotline staff protocols and identify ongoing training and other support to ensure that hotline staff effectively flag and refer appropriate cases to CPIs for investigation.

DCF and DJJ should ensure that lead agencies and juvenile assessment centers consistently and properly use the newly developed screening instrument. In implementing the statewide screening instrument, DCF and DJJ should take steps to ensure that CPIs, child welfare case managers, and juvenile assessment centers properly and consistently use the instrument. This could be accomplished by establishing a workgroup to periodically review assessments and by routinely analyzing factors such as comparing the volume of screening assessments

conducted by area to allegations and referrals made by the hotline. DCF also should provide guidance to lead agencies for screening potential victims on their caseloads. In addition, DCF and DJJ should use feedback from users to determine what modifications to make to the instrument. Finally, as the department continues to implement the instrument, DCF may wish to consider the costs and benefits of automating the instrument, as DJJ has done.

Prioritizing the certification process will ensure that children receive statutorily directed services as well as serve as the basis for determining appropriate provider rates. Without certification criteria for safe houses and safe foster homes, the lead agencies must place children without the assurance of consistency or quality standards for CSE placements. Further, because of a lack of certification criteria, the department and lead agencies have limited mechanisms for ensuring that providers are delivering statutorily required services to CSE victims. DCF reports that it intends to issue a draft rule for the certification of CSE safe houses and safe foster homes in July 2015.

In addition to ensuring that programs are providing the statutorily required services, the certification process will allow the department and lead agencies to determine if the rates lead agencies pay providers are appropriate. The daily rates that lead agencies pay safe house providers range from \$115 to \$325. A credentialing process that identifies the core set of services that all programs should be providing would allow the department and lead agencies to then assess if rates compare reasonably across providers and similar services.

To ensure that children achieve both short- and long-term outcomes, the department should assist the lead agencies in identifying effective programs. To assess progress of children receiving CSE services, providers reported that they focus on attainment of goals in treatment plans and improved behavior. As it moves forward, the department will need to

determine if placements and services are effective and that children also are achieving positive long-term outcomes, such as permanency, well-being, and safety. To do this, the department needs to develop a mechanism to assess providers and their treatment models. This should include determining which providers and treatment components result in children making progress on their treatment plans and if specific models or providers are a best fit for specific populations.

The department also will need to determine the appropriate level of information on services and children's progress necessary to assess

providers and services. In addition, DCF should track whether children who receive CSE services continue to be exploited or trafficked. This may include collecting data from DJJ on children who re-enter the juvenile delinquency system.

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 D.

Appendix A

County-Level Prevalence Data

OPPAGA's analysis identified 170 verified child victims of commercial sexual exploitation (CSE) from July 2013 through December 2014. Victims were identified in 28 counties. The majority of verified victims were in Broward, Miami-Dade, and Orange counties. See Exhibits A-1 and A-2.

Exhibit A-1

Verified Victims of Commercial Sexual Exploitation

Community-Based Care Lead Agency	County ¹	Verified CSE Victims	Percentage of Verified CSE Victims
Big Bend CBC, Inc.	Bay	2	1%
	Leon	2	1%
Brevard Family Partnership	Brevard	3	2%
CBC of Central Florida	Orange	21	12%
	Osceola	1	1%
	Seminole	2	1%
ChildNet, Inc.	Broward	45	26%
	Palm Beach	9	5%
Children's Network of Southwest Florida	Lee	5	3%
Community Partnership for Children, Inc.	Flagler	1	1%
	Volusia	3	2%
Devereux Families, Inc.	Indian River	1	1%
	Martin	1	1%
	Okeechobee	1	1%
	St. Lucie	5	3%
Eckerd Community Alternatives	Hillsborough	9	5%
	Pinellas	3	2%
Families First Network	Escambia	2	1%
Family Support Services of North Florida, Inc.	Duval	4	2%
Heartland for Children	Polk	9	5%
Kids Central, Inc.	Lake	1	1%
	Marion	2	1%
Our Kids of Miami-Dade/Monroe, Inc.	Miami-Dade	27	16%
	Monroe	2	1%
Partnership for Strong Families	Alachua	5	3%
	Suwannee	1	1%
Sarasota Family YMCA, Inc.	Sarasota	2	1%
St. Johns County Board of Commissioners	St. Johns	1	1%
State Total		170	100%²

¹ Counties not listed did not have any verified victims during our timeframe (though they may have had investigations).

² Column data may be in excess of 100% due to rounding.

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

Number of Verified Victims

White	0
Light Blue	1 - 9
Dark Blue	21 - 45

County Data:

County	Number of Verified Victims
Alachua	5
Baker	0
Bay	2
Brevard	3
Broward	45
Calhoun	0
Charlotte	0
Collier	0
Columbia	0
De Soto	0
Dade	27
Duval	4
Flagler	1
Franklin	0
Glades	0
Hardee	0
Hendry	0
Hillsborough	9
Highlands	1
Indian River	1
Jackson	0
Jefferson	0
Levy	0
Leon	2
Lake	2
Lafayette	1
Liberty	0
Manatee	0
Marion	2
Martin	1
Monroe	2
Miami-Dade	27
Nassau	0
Okaloosa	0
Ocala	0
Orange	21
Osceola	1
Palm Beach	9
Polk	9
Putnam	0
St. Johns	1
St. Lucie	5
Volusia	3
Wakulla	0
Washington	0
Walton	0
Escambia	2
Santa Rosa	0
Sumter	1
Taylor	0
Union	0
Wakulla	0
Yamoua	0

16

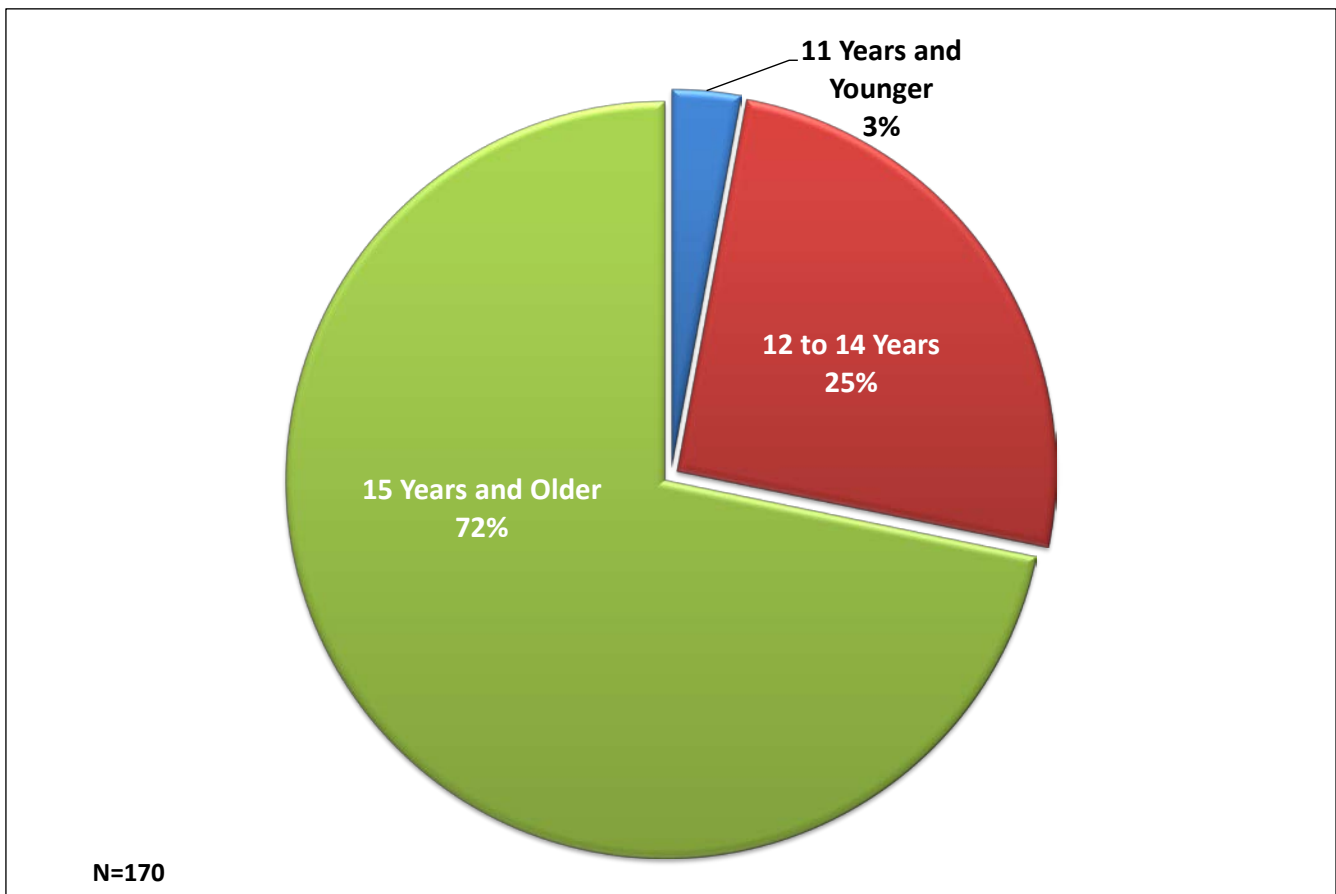
Appendix B

Profile of Florida Child Victims of Commercial Sexual Exploitation

We analyzed the gender, age, and race of the 170 verified child victims of commercial sexual exploitation (CSE). Ninety-five percent were females; 72% were 15 years of age or older; and 55% were African-American. (See Exhibits B-1 and B-2.) This profile is similar to the demographics of CSE children found in national studies.⁴⁰ National studies report that the average age children enter into CSE is 12 to 14 years of age; 25% of Florida's victims were this age at the time of investigation.

Exhibit B-1

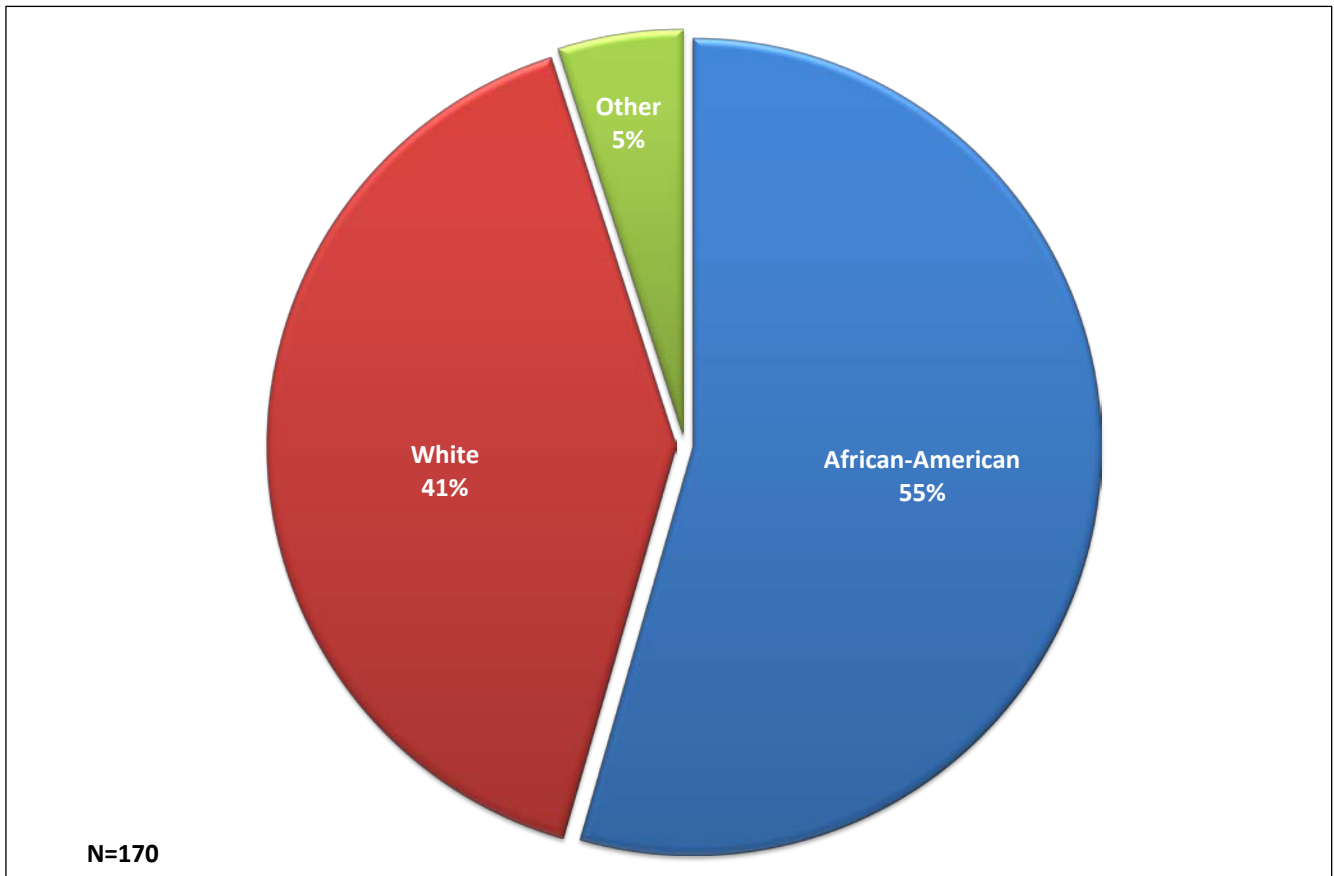
The Majority of CSE Victims Are Older Adolescents



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

⁴⁰ [From Research to Practice: Identification and Assessment of Domestic Minor Sex Trafficking \(DMST\)](#), Center on Violence Against Women and Children, Rutgers University School of Social Work, 2014.

Exhibit B-2
Over Half of Verified CSE Victims Are Minorities

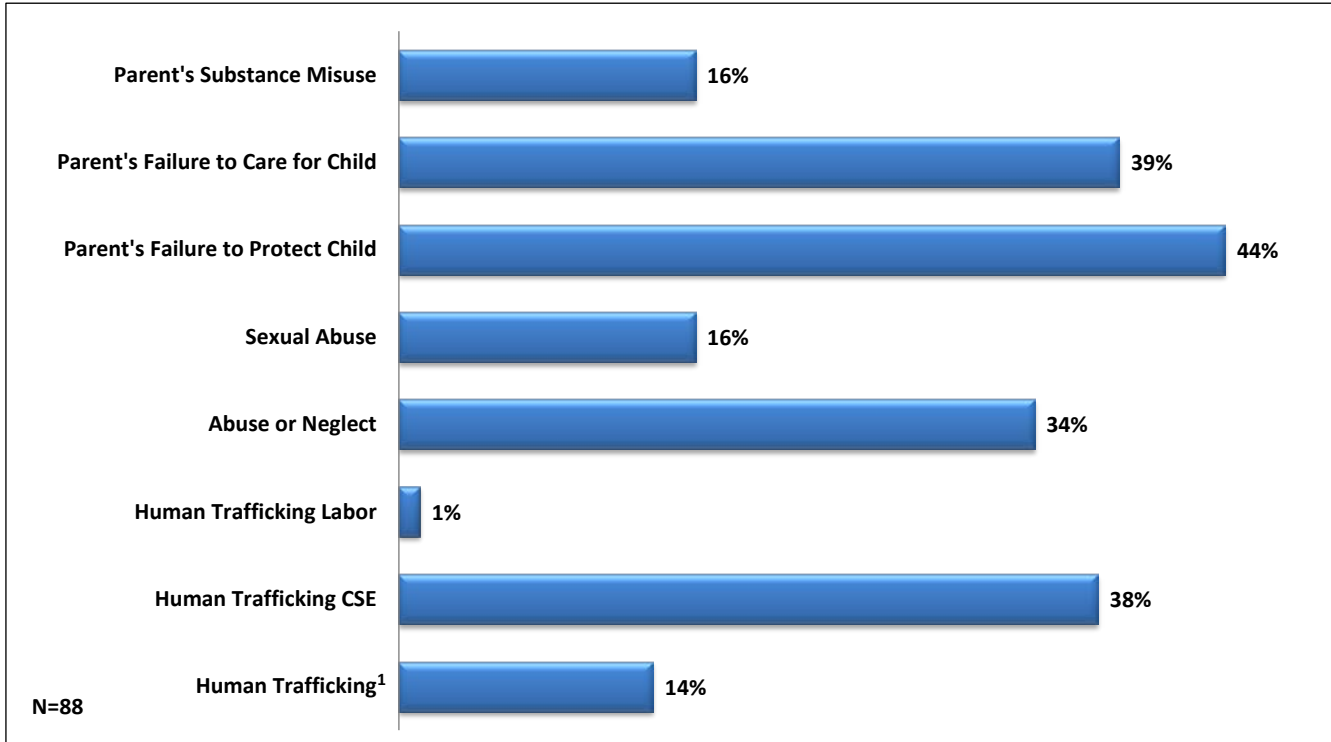


Source: OPPAGA analysis of Department of Children and Families data.

Studies have found that a prior history of abuse or neglect is one of the greatest risk factors for the CSE of children. Youth living in abusive or neglectful homes may be more likely to run away, making themselves more vulnerable to traffickers.⁴¹ Of the 170 children with verified CSE, 52% (88) had at least one prior verified maltreatment. (See Exhibit B-3.) Of these 88 victims, 16% had a prior maltreatment of sexual abuse and 38% had a prior verified maltreatment of CSE.

Exhibit B-3

Of the Children With Verified CSE, 52% Had Histories of Prior Maltreatment



¹ This maltreatment category does not distinguish between types of human trafficking. The department did not begin distinguishing between labor and CSE human trafficking until January 2013.

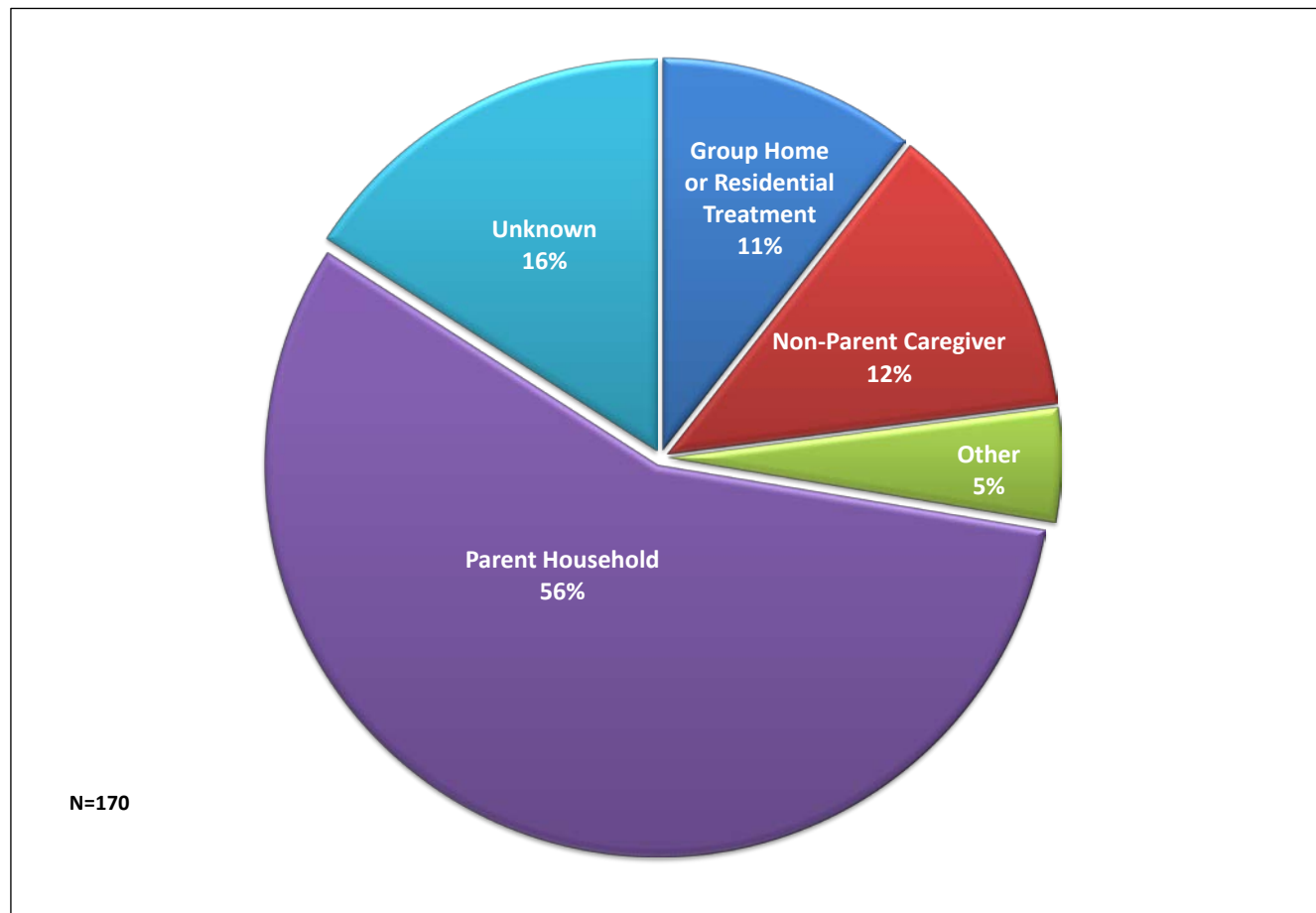
Source: OPPAGA analysis of Department of Children and Families data.

⁴¹ [Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States](#), Institute of Medicine, National Academies Press, 2013.

At the time of the CSE investigation, 56% of the 170 verified commercially sexually exploited children lived with at least one biological or adoptive parent, and 11% were living in residential group care or residential treatment centers. (See Exhibit B-4.)

Exhibit B-4

Over Half of Identified CSE Victims Live With at Least One Biological or Adoptive Parent



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

The trauma associated with abuse and neglect may also negatively impact a youth's mental health, creating feelings of powerlessness, or motivating youth to seek support outside their home environment.⁴² In addition, researchers identified a number of delinquent behaviors as risk factors for CSE, including substance use, gang involvement, and a prior history with the juvenile justice or criminal justice systems. According to family assessment information gathered by lead agency case workers for 25 CSE children who had a completed family assessment, 15 did not demonstrate developmentally appropriate behavioral health. In addition, as shown in Exhibit B-5, these 25 children have a history of delinquent behaviors. Case workers also assessed children on specific behavioral issues. As shown in Exhibit B-6, these CSE victims demonstrate numerous behavioral issues.

Exhibit B-5

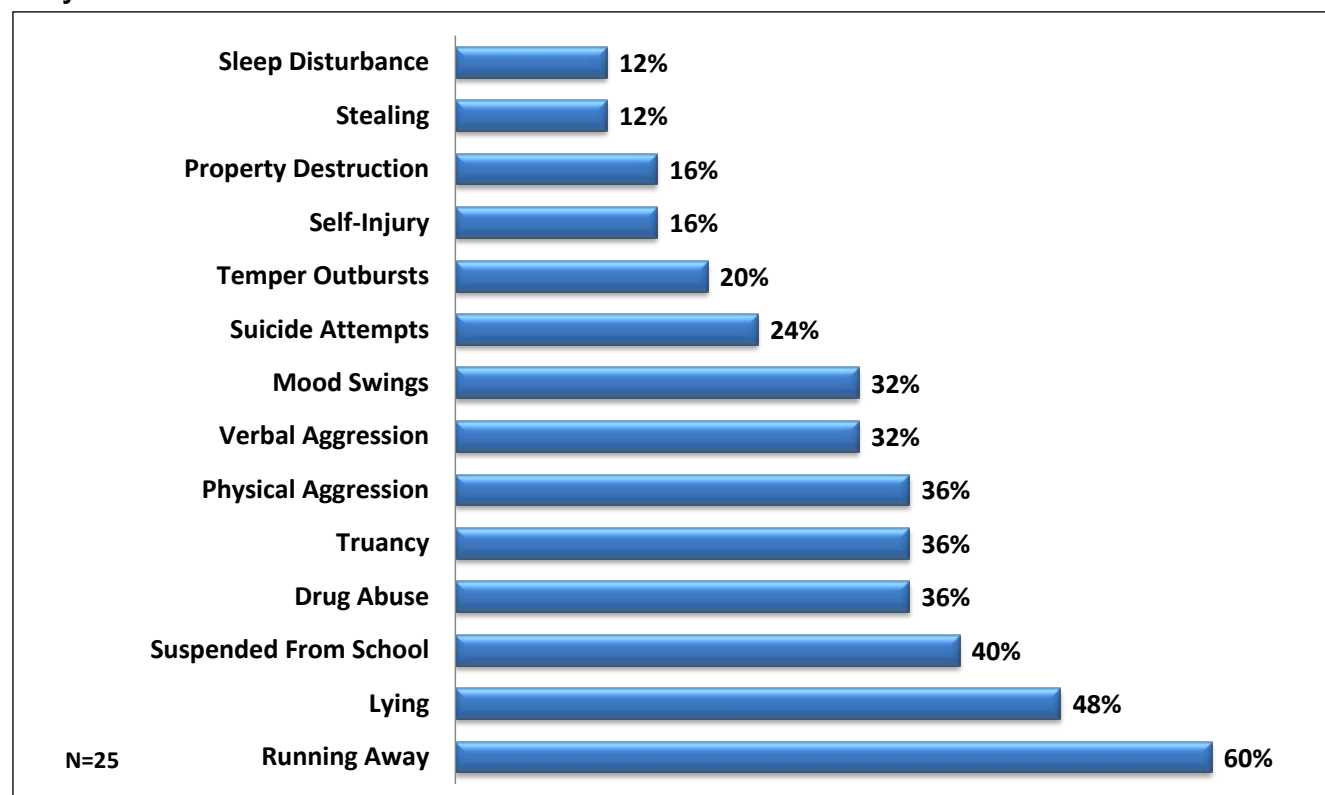
CSE Children Have a History of Delinquent Behaviors

Delinquent Behaviors	Number of Assessed CSE Children With Identified Behaviors (N=25)
History of Gang Affiliation	19
History of Substance Use and/or Exposure	14
History of Arrests and Law Enforcement or Juvenile Justice Involvement	12

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

Exhibit B-6

Many Assessed CSE Children Have Behavior Issues



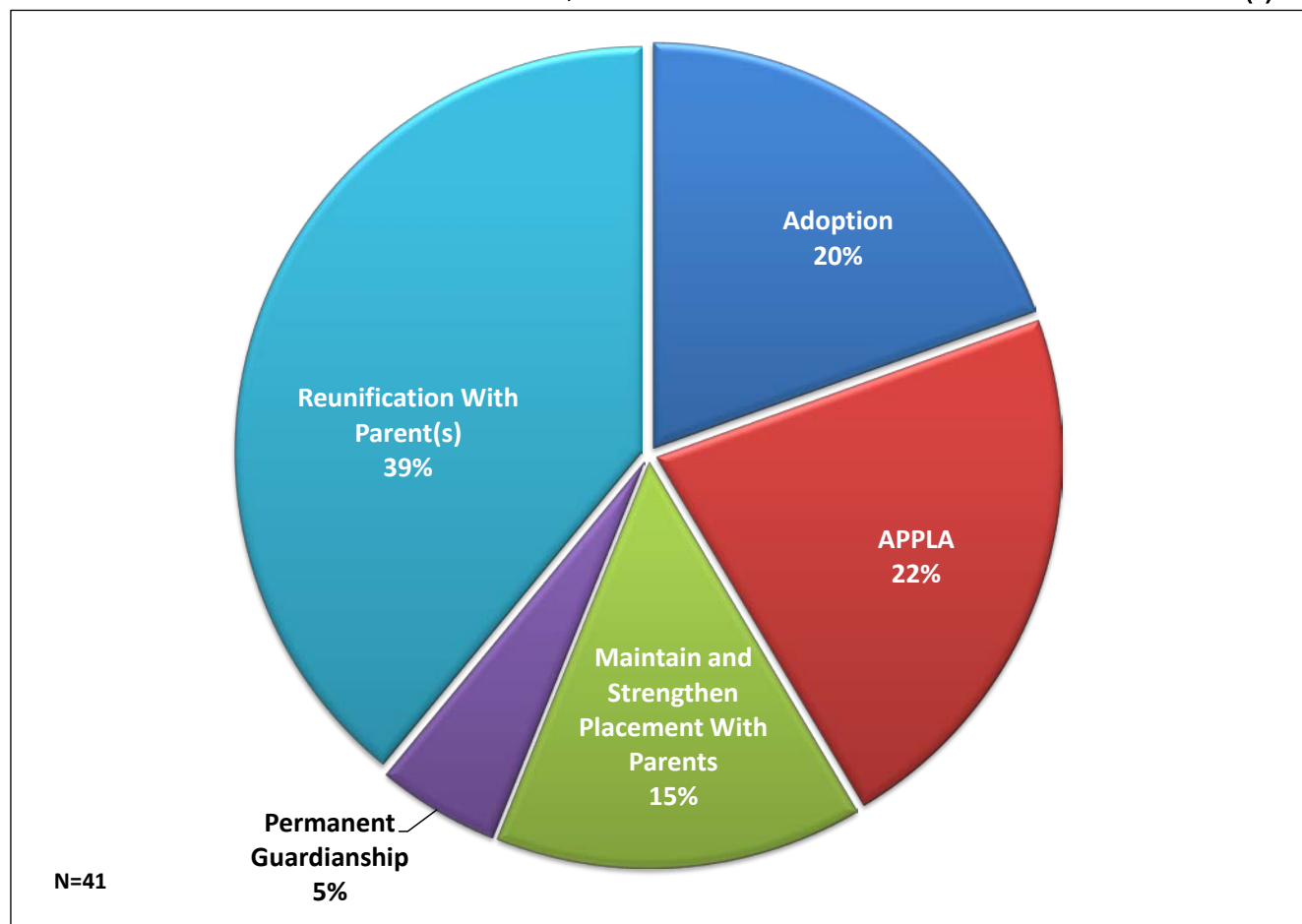
Source: OPPAGA analysis of Department of Children and Families data.

⁴² [From Research to Practice: Identification and Assessment of Domestic Minor Sex Trafficking \(DMST\)](#), Center on Violence Against Women and Children, Rutgers University School of Social Work, 2014.

Of the 170 children that we identified as verified CSE victims, 51 children were removed from their homes and 17 children received services in their homes. Of these 68 children, either at the time of CSE investigation or as a result of their CSE involvement, 41 had a court-approved case plan goal. The most common goal was reunification with their parents (39%), followed by another planned permanent living arrangement (APPLA).⁴³ (See Exhibit B-7.)

Exhibit B-7

For the 41 CSE Children With a Case Plan Goal, the Most Common Was Reunification With Their Parent(s)



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

⁴³ APPLA is a term created by the Adoption and Safe Families Act of 1997 to replace the term long-term foster care. With APPLA, the child welfare agency maintains care and custody of the youth and arranges a living situation in which the youth is expected to remain until adulthood. APPLA is a permanency option only when other options such as reunification, relative placement, adoption, or legal guardianship have been ruled out.

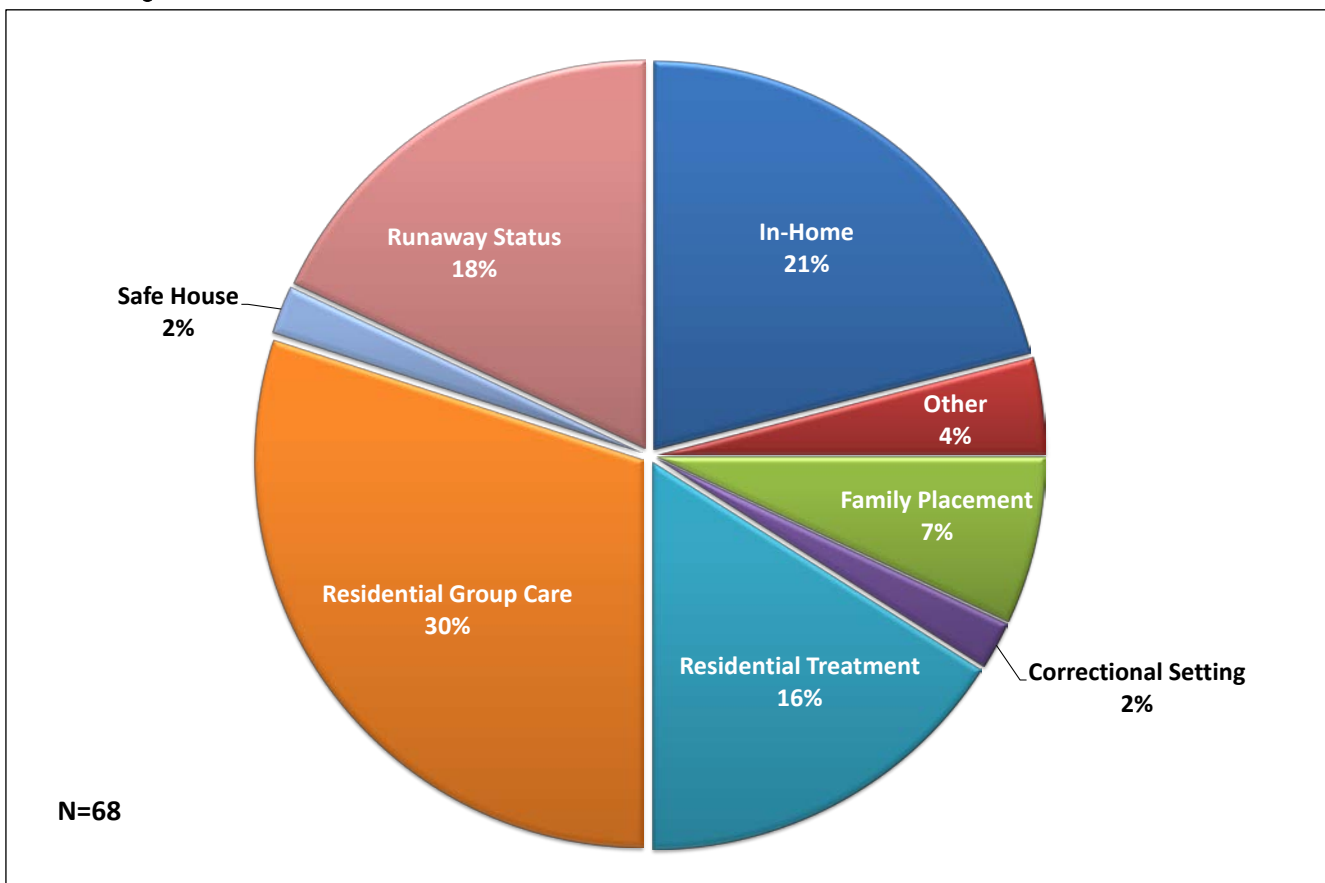
Appendix C

Placement Information

Children may be moved after their initial placement. Of the 170 children that we identified as verified commercial sexual exploitation (CSE) victims, 51 children were removed from their homes and 17 children received services in their homes. Exhibit C-1 shows the placement for these 68 children on the 30th day after the CSE investigation started. The highest percentage, 50%, were in some form of residential setting.⁴⁴ In addition, 18% were on runaway status.

Exhibit C-1

Of the Children Receiving CSE Services, 50% Were in a Residential Setting 30 Days After the Beginning of a CSE Investigation



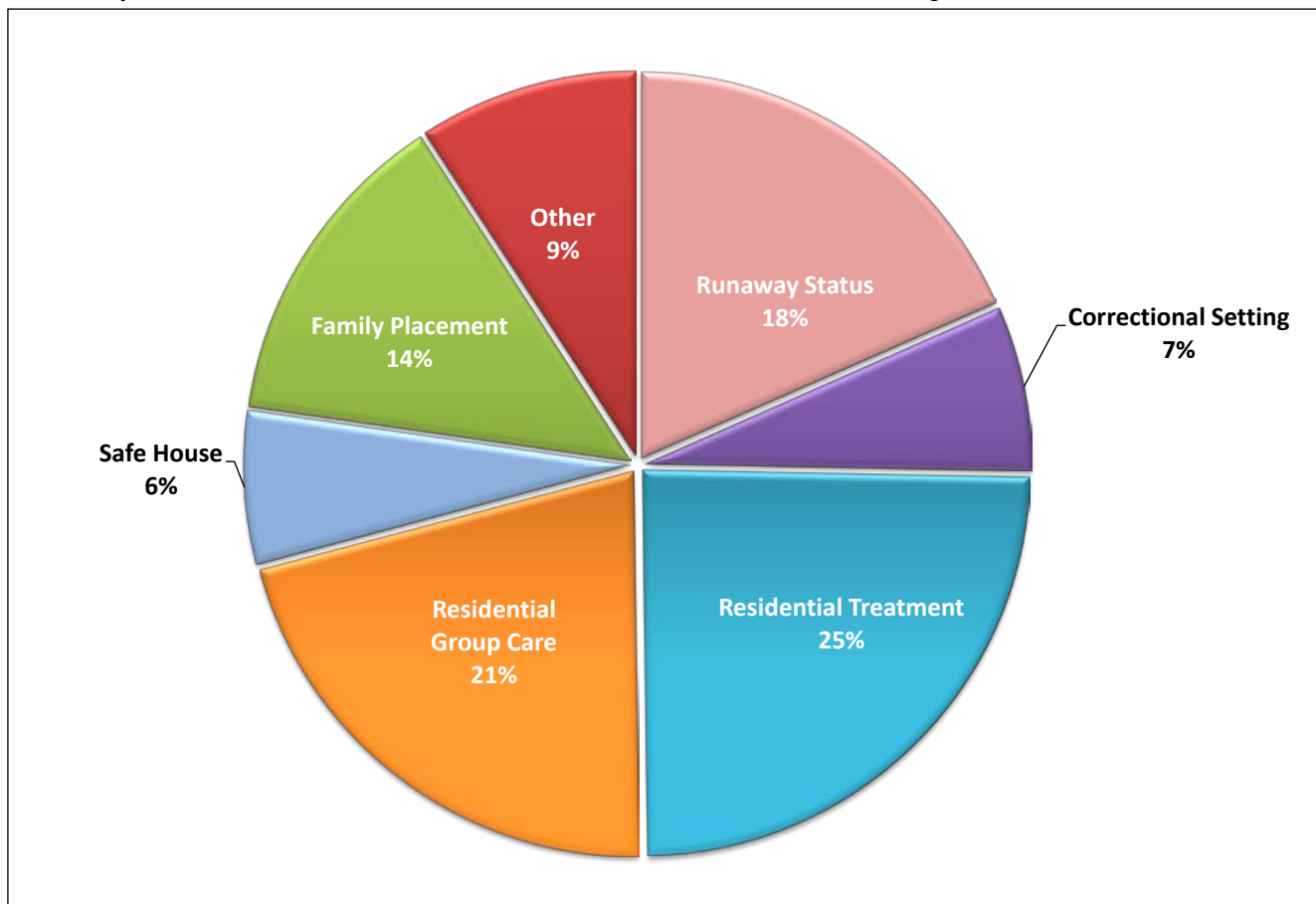
Source: OPPAGA analysis of Department of Children and Families data.

⁴⁴ These residential settings include residential group care, residential treatment, safe houses, and correctional placements. Family placements include adoption, family foster care, and relative or non-relative care.

Exhibit C-2 shows the total percentage of time in placements for the 51 children who were receiving CSE services in out-of-home care.⁴⁵ When looking at all placements for children after CSE investigation, 59% of the total time spent in care was in a residential setting; 14% of the time was spent in family placements.⁴⁶ (See Exhibit C-2.)

Exhibit C-2

Victims Spent 59% of Their Time in Out-of-Home Care in a Residential Setting



Source: OPPAGA analysis of Department of Children and Families data

⁴⁵ To calculate percentage of time, we totaled time spent in every placement for all children from the CSE investigation intake date to the end of either the removal episode closest to the CSE investigation or the end of our follow-up study period (March, 24, 2015).

⁴⁶ These residential settings include residential group care, residential treatment, safe houses, and correctional placements. Family placements include adoption, family foster care, and relative or non-relative care.

Appendix D



State of Florida
Department of Children and Families

Rick Scott
Governor

Mike Carroll
Secretary

June 19, 2015

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

Dear Coordinator Twogood:

Thank you for sharing the preliminary findings and recommendations of OPPAGA's report: ***State and Local Agencies Are in Initial Stages of Addressing Needs of Child Victims of Commercial Sexual Exploitation.***

As requested, pursuant to s. 11.51(2), *Florida Statutes*, please find attached the Department's official response to this draft.

The Department appreciates the responsiveness of Jennifer Johnson, who has worked closely with the Office of Child Welfare in preparation for this report.

If you have any questions or would like to discuss this response further, please contact Janice Thomas, Assistant Secretary for Child Welfare, at (850) 717-4159.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Carroll".

Mike Carroll
Secretary

Attachment

cc: David L. Fairbanks, Deputy Secretary, Department of Children and Families
Janice Thomas, Assistant Secretary for Child Welfare, Department of Children and Families
Keith Parks, Inspector General, Department of Children and Families
Melinda Miguel, Chief Inspector General, Executive Office of the Governor

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and
Advance Personal and Family Recovery and Resiliency



State of Florida
Department of Children and Families

Rick Scott
Governor

Mike Carroll
Secretary

**DCF Response to OPPAGA Report:
"State and Local Agencies Are in Initial Stages of Addressing
Needs of Child Victims of Commercial Sexual Exploitation"**

The Department of Children and Families, in partnership with community-based organizations and service providers throughout the state, shares the Legislature's commitment to helping victims of human trafficking heal from the trauma they have experienced and to change the trajectory of their lives.

As Florida law and federal laws have changed in recent years to decriminalize victims of human trafficking, the Department's Office of Child Welfare has been recognized by national child welfare officials, child welfare organizations in other states and advocacy organizations throughout the country as a leader in the fight against human trafficking. As they begin to seek new, improved practices and forge new collaborations with law enforcement and in communities, several states continue to request technical assistance from the Florida Department of Children and Families.

During the July 2013-December 2014 time period reviewed by The Florida Legislature Office of Program Policy Analysis & Government Accountability (OPPAGA), the Department significantly enhanced its response to victims of commercial sexual exploitation, including by the following actions:

- the hiring of a Statewide Human Trafficking Prevention Director (November 2013)
- the expansion of collaborations with Community-Based Care (CBC) Lead Agencies, external stakeholders and service providers
- the initiation of rulemaking to implement screening assessment, specialized training and safe house certification requirements of s. 409.1678 and s. 409.1754, *Florida Statutes*
- the expansion and strengthening of training to Florida Abuse Hotline counselors, child protective investigators, dependency case managers and partnering state agencies (Department of Juvenile Justice, Department of Health, Department of Education, Agency for Persons with Disabilities)
- the development with the Department of Juvenile Justice of a new screening tool to assist in identifying sexually exploited children

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

- the enhancement of the data collection and reporting about child victims of human trafficking who are served by the Department
- the enhancement of the analysis of data about children at risk of human trafficking and communication with law enforcement, Department regional staff and partnering Community-Based Care lead agencies and service providers.

Although national child welfare leaders have recognized Florida as innovative in its efforts to serve child victims of human trafficking, the Department recognizes the additional efforts needed to fully implement the relatively nascent policies and practices, and to effectively evaluate treatment and services.

The Department's efforts to address human trafficking in Florida have continued since January 2015 with:

- the initiation in April of a 90-day pilot program among child protective investigators in two DCF regions, using the new Human Trafficking Screening Tool prior to statewide implementation
- the finalization of the proposed Florida Administrative Code 65C-43, governing screening and placement tools, training and certification of safe houses/safe foster homes
- the revision of the Maltreatment Index to reflect the new Child Welfare Practice Model, including specific updated guidance on Human Trafficking
- the revision of the Pre-Service Curriculum for child welfare professionals, including a strengthened portion specifically focused on Human Trafficking
- the hiring of three DCF regional human trafficking coordinators in the Northern, Central and Southern parts of the state
- enhanced partnerships with the faith-based community, the non-governmental community and the corporate community to increase the number of beds available to victims of sex trafficking.

In addition, the Department has expedited its implementation of a revision of the Maltreatment Index in order to ensure reports to the Florida Abuse Hotline of alleged commercial sexual exploitation of children are appropriately recorded for investigation. Hotline staff members have received specialized training on human trafficking, and the changes are being made immediately. The changes also will enable easier, automated tallying of the number of victims whose alleged perpetrator was a caregiver or non-caregiver.

Below are specific responses to each recommendation cited in the OPPAGA report.

OPPAGA Conclusions and Recommendations

- *DCF should address its use of maltreatment codes and provide ongoing training on hotline staff protocols to improve tracking and identification of CSE victims.*

The Department is implementing immediate changes to Hotline protocols, building on the training of hotline staff, which began in June 2014 with Shared Hope International. Training for Hotline staff has included a general human trafficking overview and a specialized training for a designated subset. All Hotline counselors receive basic training during their initial onboarding/pre-service training. Approximately 80 Hotline staff attended training by the Statewide Human Trafficking Prevention Director in October and December 2014. An additional 12 Hotline staff completed the six-hour specialized human trafficking training in February 2015. Training will continue for Hotline staff, including additional specialized training and refresher training.

Effective immediately, the Hotline will change the way some reports alleging human trafficking are recorded. The changes are aimed at better identifying and serving victims of human trafficking and will enable easier data collection, particularly for cases involving a parent, legal guardian or other caregiver as the alleged perpetrator.

The changes are a part of revisions being proposed to update the Department's Maltreatment Index to ensure consistency with the Child Welfare Practice Model.

In addition, with the Department's creation of a new Child Welfare Performance and Quality Management Unit, the Department will refine and strengthen the reports of data collected in FSFN and, especially, the analysis of child welfare performance. Specifically for human trafficking victims, the Department has created a report that identifies children at risk of human trafficking based on such factors as multiple missing child reports and prior involvement in prostitution. That report is immediately available daily to the Department's regional criminal justice coordinators and to the CBCs' missing child specialists.

- *DCF and DJJ should ensure that lead agencies and juvenile assessment centers consistently and properly use the newly developed screening instrument.*

The Human Trafficking Screening Tool is the result of several months of research, collaboration and planning among the Department of Children and Families, the Department of Juvenile Justice and stakeholders focused through a workgroup to develop a tool that helps Florida to identify both labor and sex trafficking victims.

To ensure consistent and proper use of the new Human Trafficking Screening Tool, the Department has worked very closely with the Department of Juvenile Justice to develop

and provide training on the tool, which is being used at Juvenile Assessment Centers statewide and is being used in two DCF regions (Northeast and Suncoast) as part of a 90-day pilot. The tool includes an Administration Guide, which identifies the criteria that would lead to screening a potential victim.

The Department's phased implementation is a deliberate effort to ensure appropriate training prior to statewide use of the tool. Feedback from the pilot initiative will inform the statewide implementation and eventual changes to automate the tool in FSFN. The FSFN Change Request Process prioritizes enhancements to FSFN through an evaluation of various criteria and includes multiple users and stakeholders throughout the process of designing and testing the enhancement.

In preparation for the statewide implementation, the Department is developing additional policy guidance and will establish quality assurance measures to assess fidelity.

- *Prioritizing the certification process will ensure that children receive statutorily directed services, as well as serve as the basis for determining appropriate provider rates.*

The Department in November 2014 initiated rulemaking to implement the requirements of s. 409.1754 and s. 409.1678, F.S. Drafted in coordination with the Department's Substance Abuse and Mental Health Program Office and with an invitation to the Agency for Health Care Administration, the proposed 65C-43 has been informed by the Department's regional human trafficking coordinators, regional criminal justice coordinators and preliminary results of the Human Trafficking Screening Tool pilot. The proposed Chapter 65C-43 of Florida Administrative Code is expected to be published in July 2015.

- *To ensure that children achieve both short- and long-term outcomes, the department should assist the lead agencies in identifying effective programs.*

The Office of Child Welfare values the emphasis on trauma-informed, evidence-based services. To assist Community-Based Care Lead Agencies with effective use of the \$3 million SFY 2014-15 appropriation for placement and services for victims of commercial sexual exploitation, the Office of Child Welfare and the Substance Abuse and Mental Health Program Office conducted extensive research on effective services for sexually exploited children. The Department's Statewide Human Trafficking Prevention Director has maintained and regularly distributes to CBCs a list of CSEC providers and specialized trainings.

In addition, the Department has worked closely with Citrus Behavioral Health Network to share evaluation reports of its CHANCE program (Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation). The CHANCE program offers specialized, therapeutic foster homes and is the only CSEC program that has built an independent evaluation of its program model through the State University System.

**FLORIDA DEPARTMENT OF JUVENILE JUSTICE****Rick Scott, Governor****Christina K. Daly, Secretary**

June 17, 2015

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

Dear Mr. Twogood:

The Department of Juvenile Justice (DJJ) has reviewed the preliminary findings and recommendations of OPPAGA's report on Human Trafficking (Report). Please consider this letter the Department's official response to the preliminary Report, in accordance with subsection 11.51(2), Florida Statutes. The Department does not suggest modification to the Report with regard to the preliminary findings and recommendations relevant to the Department included therein.

Florida is a zero tolerance state for human trafficking and DJJ is steadfast in its efforts to end this modern-day form of slavery. As the Report describes, DJJ has implemented an automated Human Trafficking Screening Tool to be used in all DJJ intake facilities and has worked to train staff to administer the tool using a victim-centered approach. 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.

A key goal of the agency is to increase identification of victims of human trafficking through staff training and youth screening and to connect victims to appropriate services. DJJ has partnered with the Department of Children and Families to identify victims who are brought into the delinquency system and divert them to the child welfare system when appropriate. DJJ is committed to ongoing improvement of the tool and continuing our work with our sister agency to address this population of youth. Moreover, the Department is dedicated to further collection of data to better understand the scope of trafficking in Florida and the incidence of these youth within the delinquency system.

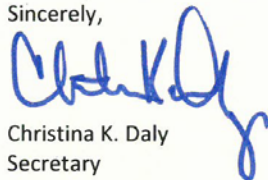
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The mission of the Department of Juvenile Justice is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.

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Mr. R. Philip Twogood
June 17, 2015

I am pleased to see OPPAGA providing additional insight to this very important issue within Florida as we continue our efforts to improve services to the children involved. Thank you for the opportunity to review your preliminary findings and report.

Sincerely,



Christina K. Daly
Secretary

cc: Mr. Robert Munson, Inspector General, Department of Juvenile Justice
Ms. Meredith Stanfield, Director of Legislative Affairs, Department of Juvenile Justice
Mr. Fred Schuknecht, Chief of Staff, Department of Juvenile Justice
Ms. Melinda Miguel, Chief Inspector General, Executive Office of the Governor

The Florida Legislature

Office of Program Policy Analysis and Government Accountability



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