

Annual Report on the Commercial Sexual Exploitation of Children in Florida, 2022

Report 22-05

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OPPAGA

Office of Program Policy Analysis and Government Accountability

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EXECUTIVE SUMMARY

In 2021, 377 youth were verified as victims of commercial sexual exploitation (CSE) in Florida. This number has decreased slightly from 2020, when 383 youth were verified. Consistent with prior reports, dependent youth have a higher rate of prior maltreatments and re-victimization than community youth. The Institute for Child Welfare completed its validation study of the Department of Children and Families' (DCF) Human Trafficking Screening Tool but was unable to validate the tool.

The numbers of safe house beds and safe foster home beds have decreased over the past three years, and the number of CSE youth in out-of-home care far exceeds the number of CSE-specialized placement beds. While the percentages of time youth spent in most out-of-home care settings remained stable from 2020 to 2021, the percentage of time youth spent missing from care decreased. Re-victimized youth spent more time in safe houses and Department of Juvenile Justice facilities in 2021 compared to 2020, whereas newly verified youth spent less time in safe houses and more time in traditional foster homes.

Judges and case managers identified similar gaps and barriers to placements and services, including a lack of placements and specialized services and reported that additional resources for individuals working with these youth are needed, including training for those working with CSE youth. As in prior reports, CSE youth do not fare well in a variety of short-term outcomes. Further, CSE youth who have had at least one Baker Act examination tend to have worse dependency and delinquency-related outcomes. While state agencies have previously identified changes to improve identification and services for CSE youth, including the establishment of new placement settings and additional training for state agency staff, some of the changes have yet to be implemented.

OPPAGA recommends that DCF adopt the Institute for Child Welfare recommendations related to the Human Trafficking Screening Tool and that DCF assist lead agencies in identifying self-learning resources to share with case managers and providers. OPPAGA further recommends that the Legislature direct DCF to collect and report data on the number of youth who are determined to be appropriate for placement with a CSE specialized provider and the amounts of time these youth wait for specialized beds to become available.

REPORT SCOPE

Section 409.16791, *Florida Statutes*, directs OPPAGA to conduct an annual study on the commercial sexual exploitation 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 CSE victims; and presents short- and long-term outcomes for children identified in prior reports.

BACKGROUND

Human trafficking includes two types of exploitation: commercial sexual exploitation (CSE) and forced labor.¹ Florida law defines human trafficking as the exploitation of another human being through fraud, force, or coercion.² Florida law does not specify coercion as a condition of the CSE of children but defines it as the use of any person under the age of 18 for sexual purposes in exchange for money, goods, or services or the promise of money, goods, or services.³ Federal and state law both criminalize human trafficking of adults and children.⁴

Numerous authorities engage in activities to address human trafficking crimes and assist victims, including activities related to prevention, education and outreach, victim identification, investigation and prosecution of offenders, and comprehensive services for victims. Law enforcement agencies involved in the process include the U.S. Department of Homeland Security, Federal Bureau of Investigation, Florida Department of Law Enforcement (FDLE), and local sheriffs' offices and police departments. Other key entities include the Office of the Attorney General, State Attorneys, and U.S. Attorneys' 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. At the state level, Florida's Department of Children and Families (DCF) takes the lead in identifying and managing services for CSE victims who are minors. DCF has three regional human trafficking coordinators covering all areas of the state and operates the statewide Florida Abuse Hotline, which receives calls alleging CSE of children. Child protective investigators, through both DCF and sheriffs' offices, investigate the allegations.⁵ When investigators identify youth involved in trafficking, the investigator conducts a safety assessment to determine if the child can safely remain in the home. DCF contracts with community-based care lead agencies in all 20 circuits across the state to manage child welfare services, including services for CSE victims.⁶

The Department of Juvenile Justice (DJJ) partners with DCF to identify CSE victims brought into the delinquency system and to divert them to the child welfare system when possible. At delinquency intake, DJJ staff assesses all youth and screens those who demonstrate indicators related to sexual exploitation; certain DJJ providers also screen youth who exhibit certain characteristics indicative of CSE. When appropriate, DJJ and its providers refer children to DCF. Both agencies use the Human Trafficking Screening Tool to screen youth and help identify potential victims. Since 2017, Florida State University's Institute for Child Welfare has collaborated with DCF to determine the validity and reliability of the tool in identifying trafficked youth; to date, the institute has been unable to validate the tool.^{7,8}

In Fiscal Year 2020-21, DCF allocated \$4.2 million to the lead agencies to serve CSE youth, a \$1.2 million increase from Fiscal Year 2019-20. However, lead agencies spent over \$11.5 million to provide placements and services to 450 CSE youth (an average of \$26,600 per youth). In addition to the funds

¹ Labor trafficking includes debt, bonded, and forced labor.

² Section [787.06](#), F.S.

³ Section [409.016](#), F.S.

⁴ 22 USC 7102 and s. [787.06](#), F.S.

⁵ DCF directly employs child protective investigators in all but seven counties in Florida. In Broward, Hillsborough, Manatee, Pasco, Pinellas, Seminole, and Walton counties, sheriffs' offices conduct child welfare investigations.

⁶ Lead agency subcontractors provide case management, emergency shelter, foster care, and other services in all 67 counties.

⁷ The 2014 Legislature directed DCF to develop a screening tool for use with minor victims of human trafficking and validate the tool if possible. DCF, in collaboration with DJJ, designed the tool in 2014 and implemented the tool statewide in 2016.

⁸ The Institute for Child Welfare completed its validation study in 2022; there are no additional validation efforts planned at this time.

allocated to the lead agencies, the Legislature appropriates funds to individual CSE providers to deliver specialized services. In Fiscal Year 2021-22, the Legislature appropriated \$3.6 million to individual CSE providers serving minor victims, which includes residential programs, prevention education, and other community services. (See Appendices A and B for more information on funding for CSE services.)

PREVALENCE

The number of verified CSE youth decreased slightly in 2021; dependent children have more prior maltreatments and re-victimization than community youth

In 2021, the number of youth verified as victims of commercial sexual exploitation by the Department of Children and Families decreased slightly.^{9,10} While the number of re-victimized youth with CSE investigations in prior years remained the same, the number of youth with multiple investigations within the year continued to decrease. Slightly more than half of verified youth had histories of prior maltreatment; dependent youth had higher incidences of prior neglect, CSE, sexual abuse, and abandonment. As in prior years, nearly two-thirds of youth remained in the community following their CSE verification; a larger share of re-victimized youth were dependent.

The number of youth identified in 2021 decreased slightly; the number of youth with multiple verifications within the year continued to decrease. In 2021, reports to the Florida Abuse Hotline alleging the CSE of minors remained stable (3,182 in 2021 compared to 3,181 in 2020). Four counties accounted for 32% of all reports: Broward (290), Miami-Dade (273), Orange (249), and Duval (216). Of the 3,182 reports, 45% were screened in and referred for child protective investigations. Thirteen percent of the screened-in reports also contained other allegations of abuse or neglect. Of these, the most frequent allegations involved sexual abuse and substance misuse. Of the reports referred for investigation, the two most frequent reporter types were law enforcement (18%) and Department of Juvenile Justice/Department of Corrections/criminal justice personnel (17%).¹¹

DCF hotline staff did not refer cases for investigation if the allegation did not rise to the level of reasonable cause to suspect abuse, neglect, or abandonment based on statutory definitions (85%); there were no means to locate the victim (6%); or the alleged perpetrator was not the child's caregiver (5%).¹² This 5% of cases (86 reports) were screened out this way despite department policy to the contrary, consistent with prior OPPAGA report findings.¹³ DCF reported that staff review all CSE reports that are coded in FSFN as being screened out because the perpetrator was not the caregiver. The department's review of the 86 reports found that each reflected the wrong primary screen-out

⁹ To assess the prevalence of CSE victims identified in Florida, OPPAGA relied on DCF's Florida Safe Families Network hotline intake and child protective investigation data. The prevalence analysis only includes CSE victims who had a verified CSE finding by DCF in 2021.

¹⁰ There are three possible investigative outcomes: (1) verified: a preponderance of the evidence supports a conclusion of specific injury, harm, or threatened harm resulting from abuse or neglect; (2) not substantiated: credible evidence exists but did not meet the standard of being a preponderance of the evidence; and (3) no indication: no credible evidence was found.

¹¹ The other most prevalent categories of reporters were medical personnel (11%), friends or relatives (11%), other (11%), school personnel (8%), and DCF or lead agency staff (7%).

¹² An additional 5% of cases were screened out for other reasons, including that the child lived out of state or the report did not meet statutory guidelines to be screened in for an abuse investigation.

¹³ For typical child welfare reports, the caregiver must be the alleged perpetrator for the report to be referred for a child protective investigation; however, DCF policies state that CSE cases warrant investigation regardless of the perpetrator's identity.

reason but were properly screened out; DCF staff reported that data entry errors cannot be corrected in FSN once a case is closed.

These investigations resulted in the verification of 377 CSE youth, a slight decrease from 383 victims identified in 2020. (See Exhibit 1.) While the number of re-victimized youth with CSE investigations in prior years remained the same (51 youth), the number of youth with multiple investigations within the year continued to decrease. In 2021, 26 youth were verified in more than one investigation, a decrease from 32 youth in 2020 and 47 youth in 2019. Counties with the highest prevalence of verified cases were Broward (42), Polk (31), Escambia (29), and Orange (27). These four counties accounted for 34% of all cases. Since 2015, DCF has verified 2,182 CSE youth.¹⁴ (See Appendix C for the numbers of verified victims in each county.)

Exhibit 1
DCF Verified 377 Child Victims of CSE in 2021



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

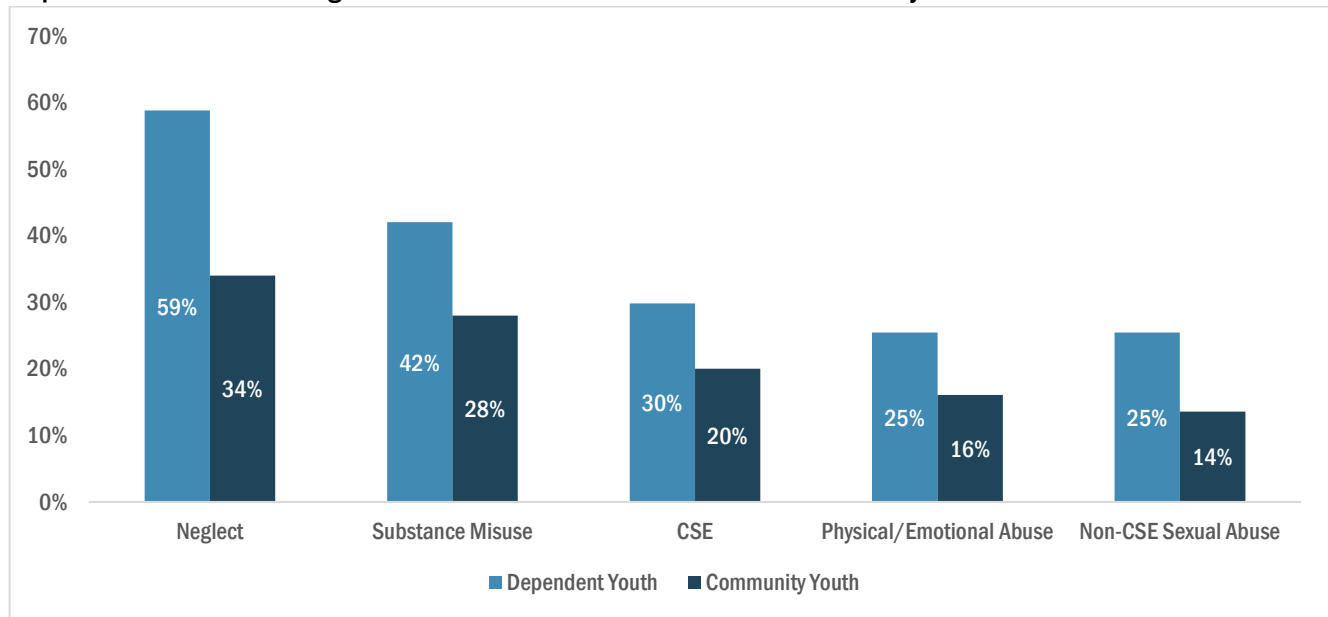
Slightly more than half of verified youth had histories of prior maltreatment; dependent youth had higher incidences of prior neglect, CSE, sexual abuse, and abandonment than community youth. As in prior reports, CSE youth in 2021 were predominately female, white, and 14 to 17 years of age. As in 2020, 52% of youth had at least one verified maltreatment prior to their CSE investigation. The most common types of prior verified maltreatment were neglect (49%) and parental failure (47%). Additionally, 21% of CSE youth with prior verified maltreatments had prior verified non-CSE sexual abuse. Consistent with prior years' reports, dependent youth have a higher incidence of prior maltreatment than do community youth (78% and 35%, respectively). Dependent youth experienced higher incidences of prior neglect, CSE, sexual abuse, and abandonment than community youth. (See Exhibit 2.)

- **Community youth:** youth who remained at home and did not enter the child welfare system.
- **Dependent youth:** youth who were under the care of the child welfare system.

¹⁴ Due to prior issues with DCF maltreatment codes, OPPAGA does not include comparisons to 2014 in this section. For more information, see OPPAGA Report [15-06](#).

Exhibit 2

Dependent Children Had Higher Rates of Prior Maltreatments Than Community Youth



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

Nearly two-thirds of youth remained in the community following their CSE verification; a larger share of re-victimized youth were dependent. Similar to prior years, the majority (61%) of CSE youth remained in the community in the six months following their 2021 verification, while 39% of CSE youth were in or entered the dependency system within six months of their CSE investigation. Of the 377 CSE youth verified in 2021, 25% were already in the dependency system at the time of their investigation (3% were receiving in-home protective services and 21% were in out-of-home care).¹⁵ Of these youth, 39% were in a residential setting (e.g., a group home, residential treatment center, or DJJ facility).¹⁶ The percentage of youth missing from care at the time of their CSE investigation decreased from 31% in 2020 to 22% in 2021, though this remains higher than pre-2020 reports.¹⁷ Within six months of their CSE investigation, an additional 7% received in-home protective services and 9% entered out-of-home care.

While 35% of youth who were first verified in 2021 were dependent, 69% of re-victimized youth were dependent. While a larger proportion of re-victimized youth (43%) were already in care at the time of their first CSE verification compared to youth who were first verified in 2021 (17%), a similar percentage went into care within six months (10% of re-victimized youth compared to 9% of newly verified youth).

¹⁵ In-home protective and out-of-home care services are mutually exclusive categories, but some youth received both types of services at different times.

¹⁶ A residential setting includes any licensed out-of-home care placement that is not a family setting.

¹⁷ According to DCF policy, a missing child is a person who is under the age of 18, whose location has not been determined, and who is in the custody of the department or designee or for whom there is (or is a petition for) a Take Into Custody or Pickup Order requiring the delivery of the person into the custody of the department or designee upon their recovery. The policy specifies that a child's child welfare professional enter a missing child report into FSFN within 24 hours of determining that a child is missing. (DCF CF Operating Procedure No. 170-3)

The Institute for Child Welfare was unable to validate DCF's Human Trafficking Screening Tool; ICW and other researchers identified several improvements

Extensive research has been conducted to attempt to validate Florida's Human Trafficking Screening Tool (HTST) since statewide implementation among DCF staff in 2016. The Institute for Child Welfare's (ICW) 2022 study of DCF's use of the HTST found that it could not be validated; researchers recommended several improvements to the tool and associated processes.

Extensive research has been conducted to attempt to validate Florida's HTST since statewide implementation in 2016. The 2014 Legislature directed the Department of Children and Families to develop a screening tool to identify minor victims of human trafficking and validate the tool if possible.^{18,19} DCF, in collaboration with the Department of Juvenile Justice, designed the HTST in 2014 based on research available at that time about the CSE population. DJJ launched the tool statewide in 2015, and DCF implemented the tool with child protective investigators (CPIs) statewide in 2016. The HTST's primary users include

- DCF's CPIs and dependency case managers who administer the HTST to youth with certain histories or characteristics;
- DJJ probation staff who administer an electronic HTST pre-screening tool developed by DJJ and, if appropriate criteria are met, administer an electronic full HTST and store information from both screening tools in the department's data system; and
- other dependency and delinquency staff, including lead agency staff and certain DJJ prevention providers, who use the tool to determine when a call should be placed to the Florida Abuse Hotline.^{20,21,22,23}

OPPAGA's 2015, 2016, and 2017 reports provide several recommendations to DCF regarding the HTST, including recommendations that the department validate the tool and collect feedback from users. Subsequently, DCF began to collaborate with Florida State University's Institute for Child Welfare to conduct a validation study. Since 2017, the ICW has conducted multiple research phases to attempt to validate the HTST. The institute's research efforts have largely focused on CPIs' use of the tool. In 2019, the ICW reported that the HTST was a promising tool for detecting human trafficking, as it demonstrated predictive validity; however, the tool's reliability was low because of a lack of internal consistency.²⁴

¹⁸ Section [409.1754, F.S.](#)

¹⁹ A validated screening questionnaire is an instrument that has been tested for reliability (the ability of the instrument to produce consistent results), validity (the ability of the instrument to produce true results), and sensitivity (the probability of correctly identifying an individual with the characteristics being evaluated).

²⁰ DCF staff and stakeholders administer the HTST in paper format and the tool is not incorporated into the department's data system.

²¹ CPIs and case managers are required to administer the tool when a youth exhibits any of the 15 indicators that are specified in the tool's instructions, including history of running away or getting kicked out of their home four or more times, current incident or history of inappropriate sexual behaviors, or youth acknowledgement of being trafficked.

²² Once a child is confirmed as a victim of trafficking, a new HTST does not need to be administered unless it is needed to enhance an investigation.

²³ While DJJ has modified procedures around the use of the tool, the tool itself has not changed and is still the same tool used by DCF.

²⁴ A tool has predictive validity when the measure correlates with the outcome variable. For example, in reviewing the HTST, the researchers found that youth characteristics predicted trafficking and verification outcomes.

ICW reported that the HTST could not be validated; researchers recommended several improvements. The ICW completed its validation study in 2022 and concluded that DCF's use of the HTST could not be validated. Further, researchers identified there is inconsistent administration of the tool, which leads to incomplete and potentially inaccurate data. The researchers found that dependency staff has been using the tool as an interview guide to gather evidence of trafficking. ICW also found that these screeners were regularly adjusting language in the HTST to aid in their engagement with youth. For example, CPIs may reword questions to avoid use of re-traumatizing language or vague terms. Further, the ICW research team found that the resulting tool determinations on the likelihood of trafficking could be subjective.

While the ICW was not able to validate the HTST, the institute reported that there is promising evidence that the tool could be validated in the future and recommended several ways that the HTST could be improved, including

- providing guidance sheets to screeners to help them interpret question phrasing and youth responses;
- collecting HTST information electronically to improve tool administration and data quality;
- providing additional training and opportunities to practice using the HTST; and
- revising the tool, such as providing space to document follow-up questions.²⁵

In addition to the ICW's research efforts, the Research Triangle Institute (RTI) International reviewed human trafficking screening tools utilized by child welfare agencies in 25 states.²⁶ RTI found significant variation in the types of screening tools in use across states and that most of these states utilize an indicator tool.²⁷ Consistent with ICW's findings, RTI's study categorized Florida as one of four states that only utilize an interview tool as the human trafficking screening tool and found that screeners across the 25 states reviewed expressed a need for clear, concrete guidance on how to proceed based on the results of the screening process.²⁸ Consistent with prior OPPAGA research and the ICW study, RTI recommends the use of a score or outcome algorithm for such a tool.

DCF reported that CPIs are trained to utilize the HTST as a guided interview tool and that the tool is one of many factors involved in making a CSE finding. However, because the HTST continues to be used primarily as an interview guide, as opposed to an indicator tool to identify CSE youth, it may not successfully identify all CSE youth. Since its implementation in 2015, DCF has not made any changes to the HTST. However, in response to the ICW validation study, DCF staff reported that the department plans to review the tool and make revisions in the future. The department's human trafficking team has developed a prototype of an electronic version of the existing tool and anticipates incorporating the tool into the Florida Safe Families Network (FSFN); however, the department has not identified a target date for completion.

²⁵ Before a CPI can administer a screening, they receive eight hours of training and complete quarterly, one-hour trainings to keep up their certification.

²⁶ While Florida does not utilize a validated tool, RTI reported that six other child welfare agencies are utilizing validated tools. Examples of validated tools include the Vera Institute of Justice's Trafficking Victim Identification Tool, the WestCoast Children's Clinic Commercial Sexual Exploitation-Identification Tool, and Covenant House's Human Trafficking Interview and Assessment Measure.

²⁷ An indicator tool takes a standardized approach to assess victimization and determine next steps for a case by providing guidance to screeners through a scoring algorithm.

²⁸ Other states only utilizing interview tools to screen for trafficking include Kentucky, Virginia, and West Virginia.

PLACEMENTS AND SERVICES

The number of CSE-specialized placement beds has decreased since 2020 and need continues to exceed availability; differences between re-victimized and newly verified youth remain

The numbers of CSE providers and beds available to youth have decreased since their peak in Fiscal Year 2018-19. The percentage of time youth spent missing from care, in safe houses, and in group care decreased in 2021, while the percentage of time in foster homes increased; other placement types remained relatively stable. Placements for re-victimized youth continue to vary from newly verified youth; however, shifts are occurring within these groups.

While increasing from Fiscal Year 2013-14 through Fiscal Year 2018-19, the number of licensed CSE-specialized beds has decreased since then; the number of CSE youth assessed for placement with these providers far exceeds the number of licensed beds. The number of beds available through DCF licensed and certified CSE providers has fluctuated since 2014. Overall, the number of specialized beds increased from Fiscal Year 2013-14 through Fiscal Year 2018-19, with a peak of 87 beds. Since Fiscal Year 2018-19, the available beds in specialized settings across the state has decreased by 28%.²⁹ During this time, the number of youth assessed for placement in a safe house or safe foster home fluctuated greatly, with a low of 141 youth assessed and 35 placed in Fiscal Year 2016-17 and a high of 516 youth assessed and 64 youth placed in Fiscal Year 2018-19.^{30,31} Despite the fluctuation, each year the number of youth assessed for placement with these providers has far exceeded the number of available beds.³² As of May 2022, there were 6 safe houses and 21 safe foster homes statewide with the capacity to place 63 children (a decrease of 20 beds since 2021).^{33,34} (See Exhibit 3.)

²⁹ DCF staff reported that two of the homes closed for financial reasons and one closed due to the sale of the property on which the home was located.

³⁰ While the greatest number of CSE youth were assessed for CSE placements in 2019, the greatest number of CSE youth were placed in CSE placements in 2015.

³¹ These assessments and placements include both dependent and community youth. While community youth do not formally come into the child welfare system, there are instances where a lead agency may help place a community child in a residential placement on a voluntary basis. The child only remains in the placement as long as the child and parent agree that it is beneficial to the child. These placements are not recorded in the FSFN placement data and thus are not included in the remainder of this section; however, they are included in the payment data presented in Appendix A.

³² Youth assessed for placement in a safe house or safe foster home may not be placed in these homes for a variety of reasons, including bed availability, child needs, or a provider or child's refusal to accept the placement.

³³ While DCF licenses providers for a particular number of beds, providers may further limit bed capacity based on the existing make-up of residents and youth's specific needs.

³⁴ As of March 2022, there were 171 CSE-verified youth in out-of-home care who might benefit from CSE-specific placements. This does not include verified youth living in the community who may benefit from placement; however, OPPAGA's 2021 report found that at least 9% of available safe house bed days in 2020 were used by community youth.

Exhibit 3

The Number of DCF-Licensed Specialized CSE Beds Has Decreased Since 2020; the Number of CSE Youth Assessed for Placement Far Exceeds the Number of Licensed CSE Beds

CSE Provider	Fiscal Year								
	2013-14 ¹	2014-15 ¹	2015-16 ¹	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Safe house beds	28	32	20	28	42	59	61	56	36
Safe foster home beds	7	13	16	15	21	28	20	24	27
Total CSE beds	35	45	36	43	63	87	81	80	63
Total youth assessed for placement ²	189	204	416	141	511	516	350	497	–
Total youth placed ³	79	101	70	35	79	64	59	60	–

¹ These years' figures are for the federal Fiscal Year, whereas the other years' figures are for the state Fiscal Year.

² Number of youth evaluated for placement in a safe house or safe foster home.

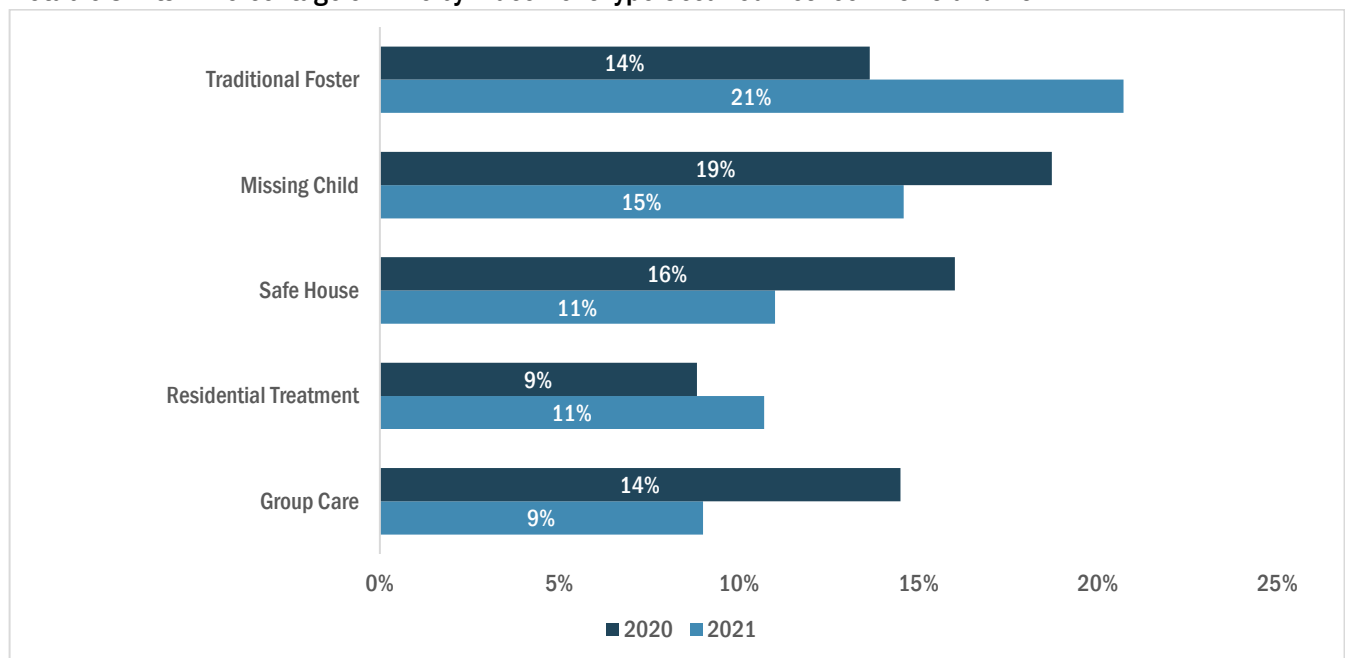
³ Number of youth placed in a safe house or safe foster home. These numbers include community youth and do not align with OPPAGA's analysis of FSN placement data.

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

The percentage of time spent missing from care, in safe houses, and in group care decreased, while the percentage of time in foster homes increased; other placement types remained relatively stable. While the percentages of time youth spent in most out-of-home care settings remained stable from 2020 to 2021, there were notable shifts in a few placement types. The percentage of time spent missing from care decreased from 19% to 15% and time spent in safe houses decreased from 16% to 11%. While the percentage of time spent in group care also decreased (from 14% in 2020 to 9% in 2021), this could be at least partially attributable to the availability of at-risk homes, which were a new placement option in 2021 (7% of time in 2021 was spent in at-risk homes). The time spent in residential treatment increased slightly during this time (from 9% in 2020 to 11% in 2021), while a large increase was seen in the time spent in traditional foster homes (from 14% in 2020 to 21% in 2021). (See Exhibit 4 and Appendix D.)

Exhibit 4

Notable Shifts in Percentage of Time by Placement Type Occurred Between 2020 and 2021

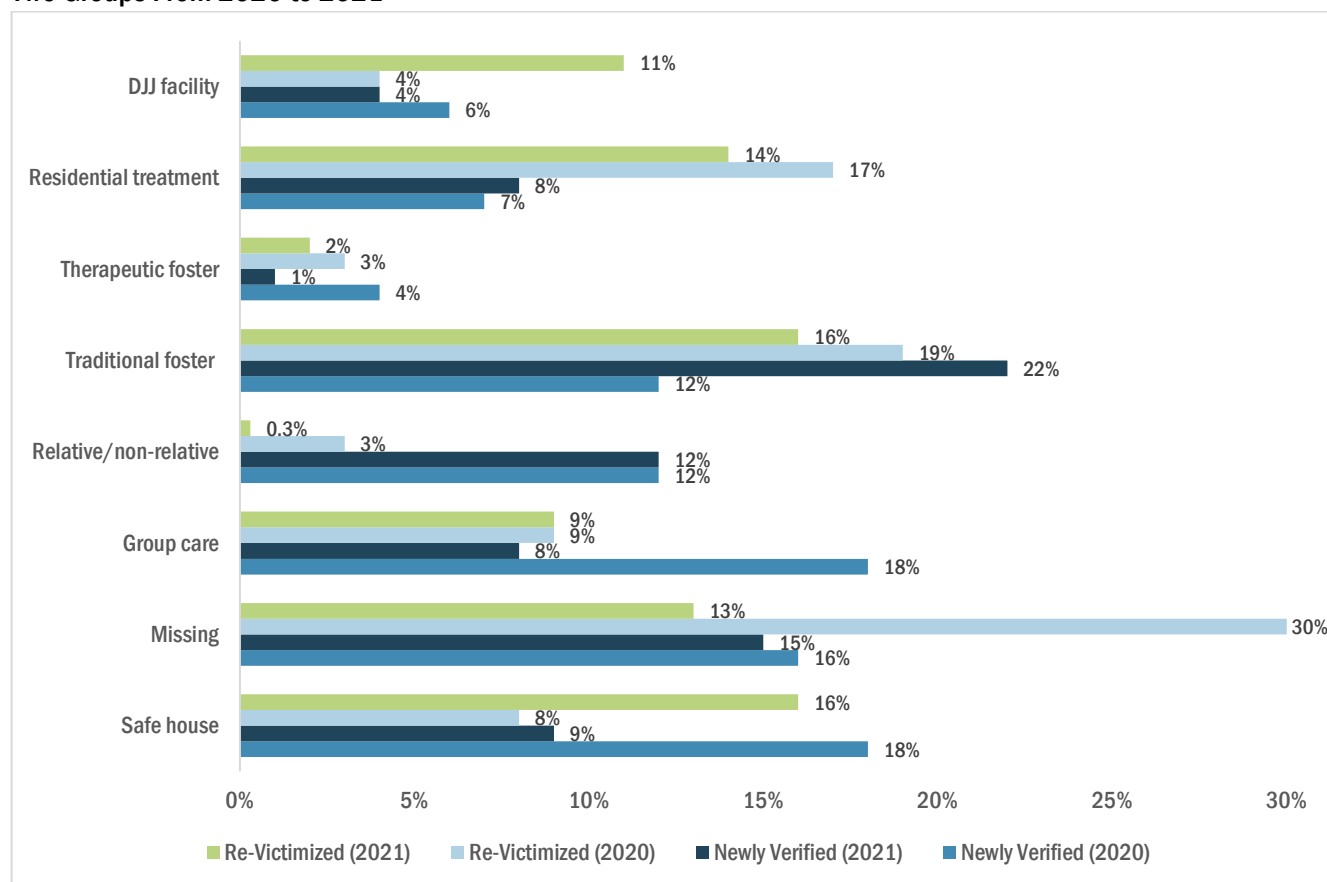


Source: OPPAGA analysis of Department of Children and Families data.

Re-victimized youth spent more time in safe houses and DJJ facilities in 2021 compared to 2020, whereas newly verified youth spent less time in safes houses and more time in traditional foster homes. Consistent with OPPAGA’s 2021 report, time spent in placements differs for re-victimized youth compared to newly verified youth. Re-victimized youth spent more time in safe houses (16% of re-victimized youth compared to 9% of newly verified youth), residential treatment centers (14% of re-victimized youth compared to 10% of newly verified youth), and DJJ facilities (11% of re-victimized youth compared to 4% of newly verified youth) and less time in traditional foster homes and relative/non-relative caregiver placements. Additionally, shifts occurred within these populations from 2020 to 2021. In 2021, re-victimized youth spent more time in safe houses (16% in 2021 compared to 8% in 2020) and DJJ facilities (11% in 2021 compared to 4% in 2020) and less time missing from care than in 2020 (13% in 2021 compared to 30% in 2020). Newly verified youth spent more time in traditional foster homes in 2021 (22% in 2021 compared to 12% in 2020) and less time in safe houses (9% in 2021 compared to 18% in 2020). (See Exhibit 5.)

Exhibit 5

Re-Victimized Youth’s Time in Placements Continues to Vary From Newly Verified Youth; Shifts Occurred Within the Two Groups From 2020 to 2021



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

Judges and case managers identified similar gaps and barriers to placements and services and factors that influence placement success; more training is needed

To gain a current perspective on the services and supports needed by and available to commercially sexually exploited youth in the dependency and delinquency systems as well as in court proceedings, OPPAGA staff interviewed dependency and delinquency judges and dependency case managers with experience working with CSE youth.³⁵ Both judges and case managers identified a lack of state human trafficking training resources available to them, indicated that placements with trained caregivers are the most beneficial placements for CSE youth, and reported experiencing barriers and gaps with available placements.

Human trafficking specialty dockets can provide advantages to youth but few exist in Florida; judges reported using trauma-informed, multidisciplinary team approaches but receive limited training to work with CSE youth. Several studies have found that specialty human trafficking courts provide advantages to youth and facilitate collaboration among youth's multidisciplinary teams. While there are few studies on the effectiveness of these courts, the literature identifies specialty courts as a beneficial model that provides opportunities for services and stabilization for CSE youth. There are human trafficking specialty dockets specific to youth in seven states and the District of Columbia.³⁶ These courts typically serve females who are involved in the juvenile justice system and are close to reaching the age of majority. Compared to juvenile or dependency court supervision, youth on a specialty docket have more frequent court appearances. The literature identified advantages that specialty court supervision provides to CSE youth, including additional avenues for youth to receive services and the court serving as a protective factor for the youth's stabilization. Additionally, these courts provide consistent and supportive adults in the youth's lives and facilitate increased collaboration amongst youth's provider teams.

OPPAGA staff interviewed four Florida dependency and delinquency judges who have experience with CSE youth in their courtrooms, two of whom have human trafficking specialty dockets.^{37,38,39} While training on trauma-informed care is a component of judicial education in Florida, the judges who spoke with OPPAGA reported limited availability of state training on human trafficking and have primarily received such training through national conferences (e.g., National Council of Juvenile and Family Court Judges). Consistent with what judges reported, Office of the State Courts Administrator (OSCA) staff explained that while they have offered human trafficking content at various judicial education events, it is not required or part of ongoing curriculum. OSCA staff reported providing trauma-related training through toolkits, local training events, webinars, and in-person trainings. Florida State University (FSU) offers both a human trafficking certification program and a certification on trauma

³⁵ OPPAGA contacted 35 case managers and 7 judges for interviews. Nine case managers and six judges agreed to speak with OPPAGA staff. The 35 case managers were also asked to complete a survey on their experiences working with these youth; 17 case managers submitted completed surveys. Four of the six judges interviewed by OPPAGA had experience working with CSE youth in dependency and/or delinquency proceedings and are included in the analysis.

³⁶ The seven states identified were California, Florida, Louisiana, New York, Ohio, Pennsylvania, and Texas.

³⁷ This group includes one magistrate, who will be referred to as a judge for the purposes of this report.

³⁸ There may be additional courts in Florida that employ CSE-specific approaches that OPPAGA did not identify for this review.

³⁹ Courts with human trafficking dockets are not considered problem-solving courts according to OSCA and are not monitored or tracked by the office.

and resilience.^{40,41} OSCA staff reported that approximately 100 judges have completed the FSU human trafficking certification program, and approximately 600 judges have participated in the trauma certification program.

Judges who serve CSE youth in their courts reported employing several approaches for doing so. They utilize a multidisciplinary team approach, where team members typically include state attorneys, public defenders, the Departments of Children and Families and Juvenile Justice, service providers (including therapists and survivor mentors), lead agencies, and case management organizations.⁴² The judges reported using several trauma-informed practices, including

- providing separate comfort spaces for youth near the courtroom;
- having trauma-informed court personnel assigned to their docket, including state attorneys and public defenders;
- not speaking about the trafficking directly; and
- sitting around a table during court to make the youth feel more comfortable.

Judges also reported spending more time and attention on CSE cases and engaging youth in discussions about their needs. Judges reported employing various additional measures to protect youth, including

- closing the courtroom to those not directly involved in the case (i.e., each youth is brought in individually for their hearing and individuals suspected of recruiting and trafficking, including family members, are specifically excluded from virtual and in-person hearings);
- being mindful of keeping certain youth separate from one another;
- seeing youth from detention last to reduce the number of people in the courtroom; and
- sealing court records.

Judges acknowledged that measuring success among youth in this population is very individualized, and they celebrate even the smallest steps toward progress, such as when a youth who has an extensive history of running from placements for long periods is able to stay in a placement for a week without eloping.

Judges serving CSE youth discussed important differences between dependency and delinquency cases that do and do not involve CSE youth and how human trafficking involvement can affect the cases of crossover youth.⁴³ Cases with dependency or delinquency youth who have been trafficked were described as being more complex and nuanced. One judge reported that these youth are victims of a different type of trauma, judges require a greater understanding of the whole child, and everything must be taken into consideration when weighing disposition so that potential triggers can be avoided. Judges noted that crossover youth have more service options available to them because of their dependency status; consequently, delinquency cases are sometimes deferred in favor of getting the youth treatment.

⁴⁰ FSU offers a Professional Certification in Human Trafficking Prevention and Intervention.

⁴¹ FSU offers a Certification on Trauma and Resilience Series.

⁴² Additional reported participants include guardians ad litem, missing child specialists, and various nonprofit organizations.

⁴³ Crossover youth are children who are involved, or at risk of involvement, in both the child welfare and juvenile justice systems.

Judges identified beneficial placements and services for CSE youth and reported several gaps and barriers to serving them, including lack of placements and services, communication challenges, and staffing shortages. Judges reported that the most beneficial services for CSE youth include trauma-informed therapy, survivor mentors, residential therapy, and collaboration among the various agencies involved. Judges identified similar placement and service needs for both dependency and delinquency youth, such as trauma-informed treatment with specialized therapists, gender-specific residential substance abuse treatment facilities, and caregivers and providers with specialized training in trauma and human trafficking. Judges described home-like, culturally appropriate placements with caregivers trained in trauma and human trafficking as the optimal placement for dependent youth but stated that there are not enough of these placements. For delinquent youth, one judge stated that dual diagnosis facilities and better gender-specific programming to meet girls' developmental, mental health, and emotional needs were also needed.

Though judges identified beneficial placements and services for CSE youth, many of the reported barriers to serving this population pertained to a lack of those placements and services. Specifically, judges reported there is

- a lack of therapeutic foster homes, residential treatment programs, residential substance abuse placements for girls, and programs for parents of CSE youth;
- a shortage of attorneys, staff, and caregivers trained in human trafficking and trauma-informed care;
- limited communication between case managers and placement staff; and
- a lack of services and support for youth after they turn 18.

Additionally, two judges discussed funding as a barrier to service provision. One judge expressed concern about the subjectivity of the Human Trafficking Screening Tool, stating that many red flags seem to be ignored by the CPI when a child denies being a victim of human trafficking.⁴⁴

CSE youth generally constitute a small percentage of case managers' caseloads but require more time per case compared to non-CSE youth; case managers reported the need for additional training and supports to work with CSE youth. OPPAGA staff interviewed 9 case managers from two DCF regions and received survey responses from 17 case managers in four DCF regions.⁴⁵ These case managers have a range of experience working in the dependency system, and most case managers OPPAGA interviewed had been working with CSE youth for two or more years. Case managers reported having caseloads that range from 6 to 60 youth, while the median reported caseload was 25; the majority of case managers typically have 2 to 5 CSE youth on their caseloads at one time.⁴⁶ While some case managers reported having at-risk youth on their caseloads, the case managers were unaware of the at-risk home placement setting and DCF's definition of youth who are at-risk of trafficking.⁴⁷ Those who were aware of the definition found it helpful and thought it should be discussed more often. Several case managers also reported that some youth on their caseloads were exploited through online platforms. They reported that several different software applications have

⁴⁴ Two questions on the Human Trafficking Screening Tool ask youth whether they have ever received something of value in exchange for performing sexual activities.

⁴⁵ OPPAGA interviewed case managers from DCF's northwest and southern regions and received survey responses from case managers in DCF's northeast, northwest, southeast, and southern regions.

⁴⁶ DCF staff reported that service agencies are experiencing hiring challenges because of COVID-19, including clinicians and case managers, which may affect caseload sizes.

⁴⁷ A child or youth at risk of sex trafficking is defined as an individual who has experienced trauma, such as abuse, neglect, and/or maltreatment, and presents with one or more of the accompanying risk factors: history of running away and/or homelessness; history of sexual abuse and/or sexually acting out behavior; inappropriate interpersonal and/or social media boundaries; family history of or exposure to human trafficking; and out-of-home placement instability demonstrated by repeated moves from less restrictive levels of care.

been utilized with these youth, including those designed for dating, social networking, and sharing photos and videos. Most reported that they monitor youth's social media usage, which can be particularly helpful when youth are missing from care.

All case managers had a mixed caseload (both CSE and non-CSE youth) and reported that CSE youth require more patience and support than non-CSE youth. Additionally, they reported that the cases for CSE youth require more attention and regular communication with other professionals on the youth's service team. These cases also require additional documentation, such as administering the Human Trafficking Screening Tool, the human trafficking service plan, assessments, and additional case notes in DCF's database. Additionally, since these youth are referred to more services, there is more paperwork involved in service referrals. Most case managers who responded to OPPAGA's survey expressed the HTST did at least an adequate job in assisting them determine who may be a victim of CSE and reported the indicators listed in the tool are helpful for identification. However, some case managers reported the tool's usefulness for identifying victims of CSE may be somewhat limited by the tool's reliance on accurate reporting by youth and the tool's outcome indicators not capturing all of the underlying signs pointing to trafficking. Most case managers also reported the human trafficking placement tool did at least an adequate job in helping them identify appropriate placements for CSE youth.⁴⁸ While most case managers reported that the placement tool helps them identify or advocate for appropriate placements, some case managers identified limitations in placement decisions. These limitations included the need to understand the complexity of each child and youth not being placed in the identified placement, which could occur for several reasons, including the youth's behavior, the youth not being willing to accept the placement, or the placement provider determining the youth is not ready to receive services.⁴⁹

Case managers interviewed by OPPAGA staff noted that while initial training is beneficial, additional ongoing CSE-specific training would help them more effectively work with these youth. Most case managers reported that the initial training provides good information, such as what to look for to identify whether a youth is being exploited. However, case managers expressed that they still felt unprepared to work with the youth because training cannot prepare them for a youth's behavior (e.g., running), how to help youth once they are verified, the barriers they might encounter with finding placements and services, and the case manager experiencing secondhand trauma. Case managers suggested several changes to the training, including the opportunity to shadow another case manager working with CSE youth and ongoing trainings to prepare them to help youth through the process after verification and to keep case managers up to date on how to serve these youth. Additionally, a few case managers expressed a desire for a designated human trafficking contact for case managers to receive assistance from while working on a CSE case, and some reported a need for a closer working relationship with law enforcement, especially when youth are missing from care.

Case managers identified foster homes and safe houses as a beneficial placement for CSE youth; however, the ability to place youth in these settings is challenging. Among case managers surveyed, over half reported that they believed traditional group homes were the most frequent placements for the CSE youth they served, followed by specialized therapeutic foster homes and traditional foster homes. However, some reported that safe houses or residential treatment were the most common placements for the CSE youth they served. Case managers that OPPAGA interviewed

⁴⁸ The Level of Human Trafficking Placement Tool is designed to help identify a youth's appropriate level of placement along a continuum from least to most restrictive and is based upon the youth's behaviors, preparation for service engagement, community supports, and placement location.

⁴⁹ For more information about DCF's tools, see OPPAGA Report [16-04](#).

reported that foster homes are beneficial placements for CSE youth because the youth is often the only one placed in the home and some of these placements have caregivers who are adequately trained and committed to working with the youth. While not all regions have access to a local safe house, case managers reported that safe houses are beneficial placements due to the co-location of services in the home. They identified that, compared to other placements, these settings can provide more services to youth, including more frequent access to therapy with an in-house therapist; access to alternative therapies, such as equine therapy; assistance with building life skills; employment opportunities; and education on human trafficking. Most of the interviewed case managers that had youth placed in safe houses across the state agreed that safe homes are effective placements for these youth but reported that the success of the placements depend on the staff and the youth's willingness to engage.

Case managers who responded to OPPAGA's survey reported that the most common reason youth receive a placement change is that the youth is missing from care. Other reasons included needing to find another placement due to the youth's behaviors or the youth needing a higher level of care. Few case managers reported that CSE youth leave placements due to successful completion of a program. Consistent with those findings, case managers who spoke with OPPAGA consistently reported challenges in securing and maintaining placements for youth, noting common barriers such as the stigma attached to the human trafficking label, youth's behaviors leading to a placement change, and a lack of understanding or training amongst caregivers. For specialized settings, common barriers identified by case managers included a lack of willingness among providers to accept CSE youth who do not want the placement and youth behaviors such as elopement and unwillingness to engage in services. Additionally, some case managers reported that the step-down placement from a safe house is important to the youth's success, but there are similar challenges in finding placements for youth after they have been placed in a safe house.

At least one case manager from each of the four regions that OPPAGA surveyed reported that they have access to specialized mental health services for CSE youth, and case managers in three regions reported they have access to specialized trauma counseling for CSE youth. While case managers in all four regions surveyed reported that they have access to substance abuse services and group services, they reported a lack of specialized services for CSE youth in some regions. Case managers OPPAGA interviewed reported an overall shortage in services and placements in their areas, and some reported a decline in providers due to the COVID-19 public health emergency. These case managers identified gaps in specialized services and placements in their areas and reported needing access to therapies, survivor mentors, education for youth on human trafficking and safety, and placement options, including safe houses and safe foster homes. (See Appendix E for available specialized services and placements by DCF region.)

OUTCOMES (2013 THROUGH 2020)

CSE youth outcomes are consistent with prior years; youth with Baker Act exams fare worse in most short-term outcomes than those who have not undergone such evaluations

This section includes youth identified in OPPAGA's prior reports, from 2013 through 2020. OPPAGA examined youth's short-term outcomes in three areas: (1) child welfare, (2) juvenile justice, and (3) education. For these measures, short-term outcomes were examined for a subset of all CSE-verified youth for whom data were available for at least one year following their initial CSE verification.^{50,51,52} Comparisons are also included for certain measures where youth could be tracked for at least three years.^{53,54} The results for both the one- and three-year subsets are broken out for those youth who OPPAGA was able to match to a Baker Act examination record and those who were not matched to such a record.⁵⁵ Due to missing identifying information in many of the examination records, there may be youth who had an examination but are not counted as such in the analysis.⁵⁶ As in OPPAGA's 2021 report, any Baker Act examinations from July 1, 2013 through December 31, 2020 that could be matched to a youth in the outcomes population were included in the analysis. Because all Baker Act examinations during this time were included in the categorization of the youth, the outcome being measured may have occurred before or after the examination.

Consistent with prior reports, the overall population that OPPAGA could track for the different time periods did not make significant progress. However, when comparing youth with a Baker Act examination to those who did not have such an examination, those with Baker Act examinations fared worse on most measures. In addition to examining outcome measures for CSE youth who are still minors, OPPAGA also conducted analyses of outcomes for CSE youth who had turned 18 years of age. (See Appendix F for information on outcomes for CSE youth who are now adults.)

CSE youth continue to have high rates of involvement with DCF and DJJ in the years following their verification; improvements in educational outcomes appear to have leveled off. Consistent with prior years' reports, approximately half of the CSE youth in the outcomes population who could be tracked for at least a year had subsequent DCF investigations (54%) and DJJ referrals (45%). Among those who could be tracked for three years, rates of involvement with DCF and DJJ slightly decreased. Nearly three-quarters of youth (72%) who could be tracked for three years had subsequent DCF investigations and 57% had subsequent DJJ referrals. For those who entered out-of-home care

⁵⁰ The total outcomes population included 2,026 youth; however, because not all youth can be tracked for one- and three-year intervals, the number of children included for each measure varies.

⁵¹ DCF and DJJ one-year measures included data on 1,525 youth. The education measures included data on 1,878 youth. These numbers may further vary across individual measures.

⁵² To provide the full number of children who had subsequent verifications and involuntary examinations, the measures related to re-victimization and Baker Act exams are not constrained to those who could be tracked for at least one year and instead included the entire outcome population.

⁵³ The three-year outcomes measures include the following numbers of youth: 376 for DJJ measures, 394 for DCF measures, and 585 for education measures. These numbers may further vary across individual measures.

⁵⁴ Because of the need to track outcomes for at least three years before the child turned 18, the outcomes reported for these measures tend to include children who were younger when they were identified in the first three years of OPPAGA reports.

⁵⁵ Fifty-three percent of youth in the outcomes population matched to at least one Baker Act examination record.

⁵⁶ For more information on the limitations of Florida's Baker Act data, see OPPAGA Report [21-06](#).

following their first CSE verification, on average, 80% were still in out-of-home care after one year; 47% aged out within three years.

While OPPAGA's 2020 report found that certain one-year educational outcomes were improving, these trends appear to have leveled off. When examining educational outcomes by cohort (the year in which the youth was verified as CSE), the percentages of youth who attended school for less than half the school year and youth who were in a lower-than-expected grade level declined from 2015 to 2019. These percentages remained relatively stable between the 2019 and 2020 cohorts. (See Exhibit 6.)

Exhibit 6

Trends in Educational Outcomes Appear to Have Stabilized

Outcomes Measure	2015	2016	2017	2018	2019	2020	Six-Year Average
K-12 enrollment	81%	86%	85%	85%	80%	80%	83%
Attended less than half the year	45%	42%	34%	35%	37%	35%	38%
Lower-than-expected grade level	64%	57%	55%	45%	40%	40%	50%

Source: OPPAGA analysis of Department of Education data.

Youth with Baker Act examinations had higher percentages of subsequent DCF investigations, including for CSE, and were missing from care more frequently than youth without such examinations. While outcomes for the population as a whole were consistent with prior years, notable differences were seen when comparing youth with Baker Act examinations to those without such examinations. In the year following their initial CSE verification, 66% of youth with Baker Act examinations had subsequent DCF investigations, compared to 39% of youth without examinations; similar percentages of each group with subsequent investigations had verified findings (42% and 43%, respectively). Youth with involuntary examinations also had higher percentages of subsequent CSE verifications (20% compared to 12%), more placements per year (9.4 bridged placements compared to 5.3 bridged placements), and more episodes of being missing from care (23 episodes per 100 days in care compared to 7 episodes).⁵⁷ Additionally, the amounts of time spent in certain placement types varied between the two groups. Youth with Baker Act examinations spent less time in traditional foster homes (9% compared to 19%) and relative/non-relative caregiver placements (10% compared to 16%), and more time in residential treatment centers (16% compared to 6%).

For those youth who could be tracked for three years following their CSE verification, the differences between youth with and without Baker Act examinations become more pronounced for some measures. Nearly all youth (88%) with Baker Act examinations had a subsequent DCF investigation, compared to 54% who did not have an examination; youth with Baker Act examinations had higher percentages of verified findings than youth without examinations (60% and 53%, respectively). Youth with Baker Act examinations had double the rate of subsequent CSE verifications (43% compared to 20%) and more episodes of being missing from care (12 episodes per 100 days in care compared to 10 episodes). As with the one-year measures, youth with Baker Act examinations spent less time in traditional foster homes (10% compared to 25%) and more time in residential treatment centers (14% compared to 8%) and DJJ facilities (8% compared to 1%). (See Exhibit 7.)

⁵⁷ Bridged placement calculations do not include temporary placement changes due to a child being missing from care, hospitalized, having visitations, etc. For example, if a child is missing from a placement and then returns to the same placement, a bridged calculation would only count that as one placement and not a placement change.

Exhibit 7

CSE Youth With Baker Act Examinations Fare Worse on Most Child Welfare-Related Short-Term Outcomes Than Youth Without Such Examinations

Measure	One-Year Tracking		Three-Year Tracking	
	Baker Act	No Baker Act ¹	Baker Act	No Baker Act ¹
Percentage with subsequent DCF investigations	66%	39%	88%	54%
Percentage with subsequent CSE verification(s)	20%	12%	43%	20%
Number of bridged placements	9.4	5.3	6.7	4.7
Number of missing episodes per 100 days in care	22.8	6.8	12.3	9.9
<i>Percentage of time in placements²</i>				
DJJ facilities	7%	5%	8%	1%
Relative/non-relative care	10%	16%	12%	12%
Residential treatment centers	16%	6%	14%	8%
Safe houses	13%	10%	10%	6%
Traditional foster homes	9%	19%	10%	25%

¹ Due to missing identifying information in many of the examination records, there may be youth who had an examination and should be included in the Baker Act group but were not counted as such in the analysis (were placed in the 'No Baker Act' group). Additionally, the youth's examination may have occurred before or after the outcome being measured.

² Only placement types with notable differences for at least one tracking period are shown in the exhibit. Youth with and without involuntary examinations spent similar amounts of time in emergency shelters, group homes, therapeutic foster homes, safe foster homes, maternity homes, and other.

Source: OPPAGA analysis of Department of Children and Families and Baker Act Reporting Center data.

Differences seen in permanency outcomes between the two groups were not as substantial as with the other measures. The primary difference between the two groups is that a larger share of youth with Baker Act examinations were still in care at the end of the three years (21% compared to 13%), while a smaller share had aged out of care (44% compared to 53%), despite the two groups having similar average ages.⁵⁸ Similar percentages of youth were reunified (21% compared to 19%) or emancipated (4% compared to 2%), and a slightly higher percentage of youth without examinations were adopted (8% compared to 2%).

Youth with Baker Act examinations had higher percentages of subsequent referrals to DJJ and received more DJJ services than youth without such examinations. Similar to the child welfare-related outcomes, youth with Baker Act examinations had more DJJ involvement following their CSE verification than youth without such examinations. Two-thirds of youth with Baker Act examinations were referred to DJJ in the year following their CSE verifications, whereas 34% of youth without an examination were referred to DJJ. Of the youth referred, the majority of each group was referred more than once (72% of youth with a Baker Act examination and 66% of youth without a Baker Act examination). Youth with and without Baker Act examinations had the same most frequent charges: assault and/or battery and aggravated assault and/or battery. A higher percentage of youth with Baker Act examinations received DJJ services in the year following their verification (54% compared to 32%).

Similarly, a larger share of youth with Baker Act examinations who could be tracked for three years were referred to DJJ (68% compared to 32%). Nearly three-quarters of youth (73%) with Baker Act examinations received DJJ services during the three years, compared to only 35% of youth without these examinations. (See Exhibit 8.)

⁵⁸ Youth in the outcomes population who matched to a Baker Act examination had an average age of 15.27, while youth who did not match to a Baker Act examination had an average age of 15.01.

Exhibit 8

A Higher Percentage of CSE Youth With Involuntary Examinations Had Subsequent DJJ Involvement Than Youth Without Such Examinations

Measure	One-Year Tracking		Three-Year Tracking	
	Baker Act	No Baker Act ¹	Baker Act	No Baker Act ¹
Percentage referred to DJJ	66%	34%	68%	32%
Percentage receiving DJJ services	54%	32%	73%	35%
Detention	44%	25%	63%	31%
Diversion	10%	8%	23%	8%
Probation	30%	17%	47%	23%
Residential commitment	11%	5%	25%	8%

¹ Due to missing identifying information in many of the examination records, there may be youth who had an examination and should be included in the Baker Act group but were not counted as such in the analysis (were placed in the 'No Baker Act' group). Additionally, the youth's examination may have occurred before or after the outcome being measured.

Source: OPPAGA analysis of Department of Juvenile Justice and Baker Act Reporting Center data.

Youth with Baker Act examinations fare similarly in most educational outcomes compared to youth without such examinations. In contrast to the worse DCF and DJJ outcomes, youth with Baker Act examinations appear to have comparable short-term educational outcomes. Further, youth with Baker Act examinations had higher percentages of enrollments in K-12 schools following their CSE verifications. Eighty-eight percent of youth with Baker Act examinations had a K-12 enrollment in a Florida public school in the school year following their CSE verification, compared to 77% of youth without Baker Act examinations. However, similar percentages of each group were enrolled for less than half the school year (38% of youth with Baker Act examinations and 39% of youth without).⁵⁹ Approximately half of both groups were in a lower-than-expected grade level based on their age (52% of youth with Baker Act examinations and 50% of youth without); a slightly higher percentage of youth with Baker Act examinations were two or more years behind (41% compared to 37%).

Similar educational outcomes were also found among those who could be tracked for three years following their CSE verification. Nearly all youth had a K-12 school enrollment during these three years (97% of youth with Baker Act examinations and 91% of youth without), and similar percentages of youth with and without examinations were enrolled for less than half the year (50% and 47%, respectively). A slightly higher percentage of youth with Baker Act examinations were in a lower-than-expected grade level (69% compared to 64%), and nearly half of youth (48%) with Baker Act examinations were two or more years behind (compared to 40% of youth without examinations). (See Exhibit 9.)

⁵⁹ As described above, the youth's examination may have occurred before or after the outcome being measured, and for school-based measures in particular, school enrollment and attendance may have affected the youth's likelihood of being involuntarily examined. During the period being analyzed, reports by DCF and the Baker Act Reporting Center found that nearly one-quarter of Baker Act examinations involving children were initiated in school settings.

Exhibit 9

CSE Youth With and Without Baker Act Examinations Fare Similarly on Short-Term Educational Outcomes

Measure	One-Year Tracking		Three-Year Tracking	
	Baker Act	No Baker Act ¹	Baker Act	No Baker Act ¹
Percentage with a K-12 enrollment	88%	77%	97%	91%
Percentage enrolled for less than half the school year	38%	39%	50%	47%
Percentage in a lower-than-expected grade level	52%	50%	69%	64%
Of those, percentage who were two or more years behind	41%	37%	48%	40%

¹ Due to missing identifying information in many of the examination records, there may be youth who had an examination and should be included in the Baker Act group but were not counted as such in the analysis (were placed in the 'No Baker Act' group). Additionally, the youth's examination may have occurred before or after the outcome being measured.

Source: OPPAGA analysis of Department of Education and Baker Act Reporting Center data.

UPDATES

While agencies and stakeholders have identified changes to improve identification and services for CSE youth, some of these changes have not been fully implemented

Since OPPAGA's last review, several agencies and stakeholders identified changes to improve identification and services for CSE youth, but some recommended changes have not been fully implemented. DCF has not implemented planned changes to safe houses, but the new Family First Prevention Services Act (FFPSA) settings are accepting youth. DJJ has implemented trafficking training for direct care staff but department facilities still lack specialized services for CSE youth, and there are no contracted CSE services for youth on probation. The majority of law enforcement officers have completed the required FDLE human trafficking training. The 2022 Legislature passed Ch. 2022-168, *Laws of Florida*, pertaining to the online facilitation of human trafficking.

DCF has not implemented planned changes to safe houses, but the new FFPSA settings are accepting youth. OPPAGA reported in 2021 that DCF staff planned to change department policy to require the designation of a single courtesy case manager for all residents of each safe house.⁶⁰ As of June 2022, DCF has not implemented this requirement. Department staff reported that this recommendation is still under consideration to determine best practices and under which policy to place the requirement. As of June 2022 there were no Level I safe houses. In the past year, DCF has credentialed five Qualified Residential Treatment Programs (QRTPs) and licensed 137 at-risk placements as a result of FFPSA implementation efforts.⁶¹ QRTPs are Agency for Health Care Administration licensed specialized therapeutic group homes with DCF credentials.⁶² The five QRTPs have a total bed capacity of 50. These placements serve both males and females and had 32 youth placed as of February 2022. DCF staff reported that there are no differences in training or services between QRTPs and the state's existing residential treatment settings. QRTPs are not secure and locked settings; only statewide inpatient psychiatric program settings are secure and locked. At-risk homes serve youth meeting the criteria of

⁶⁰ Courtesy case managers are assigned to children who are placed outside of their county and whose case managers are unable to conduct in-person visits.

⁶¹ For more information about FFPSA implementation, see OPPAGA reports [20-05](#) and [21-06](#).

⁶² When a child is recommended for a specialized therapeutic group home placement, lead agencies are to consider providers who have the QRTP credential first and if no beds are available, may then refer the child to another specialized therapeutic group home provider.

at-risk for sex trafficking as defined in department rule; each youth must meet this definition to be placed in an at-risk home. The 137 at-risk homes have a bed capacity of 1,367; as of February 2022, there were 842 children placed in these homes.

DJJ has implemented trafficking training for direct care staff, but department facilities still lack specialized services for CSE youth and there are no contracted CSE services for youth on probation.

DJJ is changing internal policy to require all direct care staff to complete human trafficking training. At the time of OPPAGA's review, the department's final policy for staff development and training was not yet complete. DJJ repealed prior rules outlining training requirements for state and contracted staff and enacted new rules that went into effect in March 2022. The department expanded the list of required pre-service and in-service training courses to include human trafficking intervention and trauma responsive practices. The two-hour course was developed internally and covers information on human trafficking definitions, prevalence, common indicators, and types of trafficking; methods of trafficker control and trauma bonds; how youth are at risk of victimization and the difference between prostitution and trafficking; and what to do if one suspects that a child is a victim of trafficking. Human trafficking training is required every other year for staff, and the in-service course is the same as the pre-service training. In addition to the main pre-service training, DJJ has designed four other specific human trafficking courses for juvenile detention officers, juvenile probation officers, human trafficking liaisons, and department staff who administer the HTST.

While DJJ staff identified a human trafficking-specific prevention curriculum in 2020, the department has not implemented a prevention curriculum in either juvenile detention or residential facilities. Rather, the department reported that youth already participating in community-based services may continue to receive services in detention and residential settings.⁶³ DJJ staff reported two barriers to prevention curriculum implementation. For detention settings, staff determined that the curriculum is too long for use in the short-term settings. However, department staff reported that while the average length of stay in a detention center is 11 to 12 days, youth may stay in detention centers for as long as a few months. For residential settings, staff reported that the curriculum is not evidence-based and, therefore, is not in use at this time. Additionally, the department allows delinquency interventions that have been identified as promising practices or practices with demonstrated effectiveness to be utilized with youth.

For youth under probation supervision, there are many different types of services available, though availability varies by region. Probation services are determined for youth by court order or through DJJ's internal process. Service needs determined by the department are identified utilizing the Community Assessment Tool and for CSE youth, may be identified as part of the multidisciplinary team process.⁶⁴ While DJJ contracts and provides funding for some types of probation services, the department does not have any contracted providers for CSE-specific services. Department staff reported that youth may be able to access these services if the services are otherwise available in the youth's circuits. DJJ annually publishes a report on available services and programs throughout the state. For the 2021 report, the department surveyed chief probation officers and their staff to identify the service array throughout the state, including service gaps within each circuit and populations with inadequate resources. Multiple counties reported having inadequate resources for trafficked youth and, further, counties identified that one of the greatest service needs in the county was human trafficking services, including placements, programs, and counseling. DJJ staff reported that additional

⁶³ For more information on service provision in department facilities, see OPPAGA Report [20-05](#).

⁶⁴ The Community Assessment Tool is a fourth-generation delinquency recidivism risk assessment tool that provides an estimate of delinquency recidivism risk and provides an assessment of the youth's identified risk factors, protective factors, and needs.

CSE-specific service providers are needed to create provider options in all areas and community-based options in rural areas.

The majority of law enforcement officers have completed the required FDLE human trafficking training. The 2019 Legislature implemented a requirement for all Florida law enforcement officers to complete four hours of training in identifying and investigating human trafficking.⁶⁵ Current officers must complete the training by July 1, 2022; newly certified officers must complete the training within one year of employment. This one-time training counts toward the officers' 40 hours of mandatory retraining. On May 7, 2020, the Criminal Justice Standards and Training Commission approved two specialized courses that meet this requirement—one designed for classroom delivery and the other for online instruction. As of May 2022, 85% of certified and employed law enforcement officers have completed the training.

The 2022 Legislature passed Ch. 2022-168, *Laws of Florida*, pertaining to the online facilitation of human trafficking. The bill requires the Statewide Council on Human Trafficking to evaluate how social media platforms are used to facilitate human trafficking within Florida and to make recommendations on how to stop, reduce, or prevent the sites from being used for such purposes. The bill also expands human trafficking training requirements for individuals in the dependency system. The bill requires foster parents (before licensure renewal) and all residential child-caring or child placement agency staff (during annual in-service training) to complete training related to recognizing, preventing, and reporting human trafficking. The training, at a minimum, must include basic information on human trafficking, factors and knowledge on how to identify children at risk of human trafficking, and how to prevent children from becoming victims of human trafficking.

RECOMMENDATIONS

To address the issues identified regarding the availability of CSE-specific providers, the findings of the Institute for Child Welfare's Human Trafficking Screening Tool validation study, as well as concerns expressed by judges and case managers regarding the availability of training materials, OPPAGA makes the following recommendations.

OPPAGA recommends DCF adopt the ICW recommendations related to the HTST. OPPAGA's 2015, 2016, and 2017 reports included recommendations to DCF related to the HTST, including that the department should evaluate screening criteria to determine predictive value, receive feedback from screeners, pursue tool validation, and convert the HTST to an electronic format. The ICW has been conducting research to validate the HTST since 2017, and reported in its final report in 2022 that the HTST could not be validated due to its lack of reliability. The ICW recommended revisions to the HTST, improved data collection efforts related to the HTST, and additional training for screeners to make future validation possible. OPPAGA recommends that DCF adopt ICW recommendations, including

- revising the tool to improve its administration;
- providing additional screener training to ensure consistent administration of the tool; and
- converting the tool to an electronic format to support data collection for tracking tool effectiveness and facilitate analyses that could validate the tool.

⁶⁵ Section [943.17297, F.S.](#)

OPPAGA recommends that the Legislature direct DCF to collect data on the time CSE youth spend waiting for specialized placements. The number of CSE youth in out-of-home care far exceeds the number of CSE-specialized placement beds. While DCF reports the number of youth assessed for placement in a safe house or safe foster home and the number placed with these providers, the department does not report the amount of time youth spend waiting for a specialized bed when none are available at the time of assessment. DCF notes in its Fiscal Year 2020-21 Annual Human Trafficking Report that there is often a delay between identifying the victim and placement in a specialized program. To help the state better determine the number of specialized beds needed to serve CSE youth, OPPAGA recommends that the Legislature direct DCF to collect and report data on the number of youth who are determined to be appropriate for placement with a CSE-specialized provider as well as the amount of time these youth wait for specialized beds to become available.

OPPAGA recommends DCF assist the lead agencies in identifying self-learning resources to share with case managers and providers. Case managers and judges reported that additional human trafficking-specific training for case managers and providers would be beneficial. Case managers reported that while their initial human trafficking training is beneficial, additional ongoing training in this area would help them more effectively work with these youth. While judges and case managers emphasized the importance of placing CSE youth with adequately trained providers, both groups noted the limited availability of such providers.

To address these concerns, OPPAGA recommends that DCF assist the lead agencies in identifying training resources to be shared with case managers and providers working with CSE youth. Resources for these trainings could include publications and trainings prepared by DCF; links to educational events, such as the Attorney General's Human Trafficking Summit; continuing education courses on human trafficking; and applicable research and reports from the state and other organizations. Prior to sharing these resources, DCF should consult with the Statewide Council on Human Trafficking's Education and Awareness Committee on trainings identified by the committee.

APPENDIX A

Allocations and Expenditures for Serving CSE Youth

The Department of Children and Families allocates funds to lead agencies to provide placements and services to suspected or verified minor victims of commercial sexual exploitation (CSE). Lead agencies pay for CSE services with these funds using CSE-specific billing codes.⁶⁶ However, lead agencies often spend more than is allocated through these funds or pay for placements and services for CSE youth who are placed with non-CSE-specific providers. These non-CSE-specialized placements and services, as well as expenditures for specialized services over the lead agencies' allocations, are paid using a variety of billing codes.^{67,68} To provide a comprehensive picture of the cost of serving CSE victims, OPPAGA requested all Florida Safe Families Network payment data associated with verified CSE youth (including those who are over the age of 18 but are still in DCF care) in Fiscal Year 2020-21.^{69,70}

In Fiscal Year 2020-21, DCF allocated \$4.2 million in state funds across the lead agencies to serve CSE victims, a \$1.2 million increase from Fiscal Year 2019-20. During this year, lead agencies paid for services for 450 youth, spending approximately \$11.5 million (an average of approximately \$26,600 per child), an increase of 9 youth and approximately \$725,000 from Fiscal Year 2019-20.⁷¹ These payments were for a variety of services, including residential services, mental health services, extended foster care, clothing, and adoption subsidies.⁷² (See Exhibit A-1.)

Exhibit A-1

Fiscal Year 2020-21 Payments Associated With CSE Youth

Expense Type	Total Payment Amount	Percentage of Total Payments ¹
Placement and service costs for minors in out-of-home care	\$9.5 million	83%
<i>Placement costs</i>	<i>6.4 million</i>	<i>55%</i>
<i>CSE-specific billing codes²</i>	<i>3.0 million</i>	<i>26%</i>
<i>Service costs</i>	<i>179,592</i>	<i>2%</i>
Placement and service costs for youth 18 and older³	\$1.5 million	13%
Adoption service and subsidy costs	\$468,629	4%
Total	\$11.5 million	100%

¹ Numbers in this column do not add to 100% due to rounding.

² While these codes are used for safe houses, safe foster homes, and CSE-specific services, OPPAGA's analysis found a large number of payments for these providers and services under the other categories of out-of-home care billing codes.

³ Includes costs related to Extended Foster Care, Postsecondary Education Services and Support, and After Care Services.

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

⁶⁶ Allowable payments under these billing codes are for suspected or verified minor victims who are either dependent or are the subject of an open investigation. Payments may be made for placements in safe houses or safe foster homes, or for the services specified under s. [409.1678, F.S.](#)

⁶⁷ In addition to those services billed under the CSE-specific billing codes, lead agencies often pay for CSE-specific services under other billing codes (e.g., many of the payments to safe houses were made under codes used for out-of-home care costs and not just under the CSE codes).

⁶⁸ While the lead agency expenditure reports include costs for serving CSE victims, these expenditures are specific to the use of core funds. Section [409.991, F.S.](#), defines all funds allocated to lead agencies as core services funds, with the exception of independent living, maintenance adoption subsidies, child protective investigations training, nonrecurring funds, designated mental health wraparound services funds, designated special projects, and funds appropriated for the Guardianship Assistance Program. The payments included in the OPPAGA analysis are inclusive of all FSFN payments and are not specific to the use of core funds.

⁶⁹ Expenditures related to service provision for children, youth, and/or families receiving in-home, out-of-home, adoption services, adoption subsidies, and post-foster care support are recorded in FSFN. Payments in FSFN are categorized by reporting category, child eligibility, and billing code (referred to as other cost accumulators).

⁷⁰ OPPAGA staff provided DCF with a list of 2,489 child IDs, including dependent and community children, and requested all payments associated with those IDs in Fiscal Year 2020-21.

⁷¹ These figures include payments from lead agencies for CSE victims identified by OPPAGA and do not include any appropriations to specific providers described in Appendix B.

⁷² Lead agency staff reported that there are still some costs that may not be included in the FSFN payment data or are not tied to a specific child, including those related to mobile response teams and some wraparound services.

According to expenditure reports for Fiscal Year 2020-21, lead agencies expended \$3.7 million (88% of the CSE allocation) to serve CSE victims. However, the CSE reporting category in these reports is specific to the use of core funds, which excludes certain types of services, including mental health wraparound services and independent living. Payments included in OPPAGA's analysis of FSN data include all payments regardless of category or funding source. According to OPPAGA's analysis, amounts expended by lead agencies to serve CSE youth ranged from approximately \$136,144 (Brevard Family Partnership) to \$1.7 million (ChildNet Broward). Three lead agencies spent over \$1 million: Families First Network (\$1.1 million), Citrus Family Care Network (\$1.4 million), and ChildNet Broward (\$1.7 million). (See Exhibit A-2.)

Exhibit A-2

Fiscal Year 2020-21 Lead Agency Allocations and Expenditures for CSE Youth

Lead Agency	DCF CSE Allocation ¹	Lead Agency-Reported CSE Expenditures ²	Total FSN Payments for CSE Youth ³	Number of CSE Youth Served Through FSN Payments ⁴	Average Cost per CSE Youth ⁵
Brevard Family Partnership	\$81,079	\$900	\$136,144	9	\$15,124
ChildNet Broward	239,449	323,546	1,733,159	53	32,701
ChildNet Palm Beach	182,735	210,941	792,244	22	36,011
Children's Network of Southwest Florida	146,393	264,250	455,812	19	23,990
Citrus Family Care Network	303,529	472,368	1,431,402	65	22,021
Communities Connected for Kids	91,256	20,367	404,548	18	22,475
Community Partnership for Children	108,031	227,365	434,278	20	21,714
Eckerd Connects	234,278	24,858	295,400	24	12,308
Embrace Families	817,543	159,890	628,431	29	21,670
Families First Network	340,979	560,808	1,142,029	36	31,723
Family Integrity Program	17,682	-	189,309	5	37,862
Family Support Services of North Florida	142,867	369,260	864,995	36	24,028
Family Support Services of Suncoast	728,213	138,144	547,815	24	22,826
Heartland for Children	137,141	113,137	566,603	22	25,755
Kids Central	163,399	591,833	608,478	19	32,025
Kids First of Florida	28,171	109,475	174,613	7	24,945
Northwest Florida Health Network	231,700	5,364	458,134	23	19,919
Partnership for Strong Families	98,900	18,769	260,086	6	43,348
Safe Children Coalition	95,463	79,425	403,444	16	25,215
Total	\$4.2 million	\$3.6 million	\$11.5 million	450⁶	\$26,615

¹ Based on Department of Children and Families Budget Ledger System.

² Based on Fiscal Year 2020-21 Community-Based Care Lead Agency Monthly Actual Expenditure Reports. These figures only include expenditures for core services.

³ Includes all payments made to serve CSE youth, including extended foster care, adoption subsidies, and wraparound services.

⁴ Based on OPPAGA's analysis of all FSN payments associated with CSE youth in Fiscal Year 2020-21.

⁵ Payment amounts provided by DCF include negative amounts that occurred as a result of returns and other financial transactions. The number of youth served is based on the number of unique Child IDs with at least one transaction and a payment amount greater than 0.

⁶ While the payment data contained information on services provided to 450 children, 3 children were served by more than one lead agency.

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

Of the payments made to provide placements and services to CSE youth in Fiscal Year 2020-21, 31% were made to CSE-specific providers.⁷³ While lead agencies receive specific funds to serve CSE victims (billed under the CSE billing codes), lead agencies also bill for CSE-specific providers under other billing codes, including those related to out-of-home care placements and services. Of the payments made to CSE-specific providers, nearly half went to two safe houses (Vision Quest Sanctuary Ranch and Bridging Freedom).⁷⁴ (See Exhibit A-3.)

Exhibit A-3

Fiscal Year 2020-21 Payments to CSE-Specific Providers for CSE-Verified Youth¹

Provider	Type of Provider	Total Payment Amount	Percentage of Total Payments Statewide	Number of CSE Youth	Average Cost per CSE Youth ²
Vision Quest Sanctuary Ranch	Safe house	\$1,027,443	29%	22	\$446,702
Bridging Freedom	Safe house	701,500	20%	16	43,844
Images of Glory	Safe house	480,432	13%	10	48,043
Path2Freedom	Safe house	291,050	8%	5	58,210
Citrus Behavioral Health	Various ³	198,302	6%	11	18,027
One More Child	Safe house	192,275	5%	17	11,310
Wings of Shelter	Safe house	185,418	5%	6	30,903
U.S. Institute Against Human Trafficking	Safe house	176,420	5%	3	58,807
Devereux Delta	Residential treatment	93,885	3%	2	46,943
Aspire	Residential treatment	70,700	2%	8	8,838
From the Ground Up Ministries	Safe house	64,107	2%	6	10,685
Safe foster homes	Foster homes	61,683	2%	11	5,608
The Secret Place	Safe house	43,815	1%	4	10,954
Total		\$3.5 million	100%	108⁴	\$33,213

¹ CSE providers received payments under the following categories of billing codes: CSE out-of-home care, out-of-home care (not specific to CSE), extended foster care, and after care services.

² Payment amounts provided by DCF include negative amounts that occurred as a result of returns and other financial transactions. The number of youth served is based on the number of unique Child IDs with at least one transaction and a payment amount greater than 0.

³ Citrus Behavioral Health provides multiple types of services to CSE victims, including specialized therapeutic foster homes, inpatient psychiatric services, and wraparound services.

⁴ Numbers do not sum to the total because a child may be served by more than one provider.

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

⁷³ Due to variation in the use of service types across lead agencies, there may be additional payments that were made to CSE providers that OPPAGA was unable to identify in the data.

⁷⁴ Three of the safe houses listed in Exhibit A-3 are no longer DCF-licensed CSE providers.

APPENDIX B

Appropriations and Expenditures for CSE Programs

In addition to the funds appropriated to the lead agencies through the Department of Children and Families to serve children in their care, the Legislature directly appropriates funds to specific providers. In Fiscal Year 2021-22, the Legislature appropriated \$3.6 million in general revenue to six providers to serve CSE children, of which, providers have spent \$2.3 million to date.⁷⁵ In addition to the general revenue funds, providers may apply for grant funding under the federal Victims of Crime Act (VOCA); these funds are administered through the Florida Office of the Attorney General. Including legislative appropriations and VOCA awards, Florida CSE providers have received nearly \$26 million over the past three years.⁷⁶ (See Exhibit B-1.)

Exhibit B-1

From Fiscal Year 2019-20 Through Fiscal Year 2021-22, Providers in Florida Have Received Nearly \$26 Million to Serve CSE Victims

Provider	Funds Appropriated/VOCA Award	Funds Expended	Source of Funds
Fiscal Year 2019-20			
Bridging Freedom	\$700,000	\$504,899	General Revenue
Nancy J. Cotterman Center	100,000	129,109	General Revenue
One More Child	100,000	100,000	General Revenue
Voices for Florida–Open Doors	750,000	695,902	General Revenue
	\$4,350,579	\$1,585,051	VOCA
Fiscal Year 2020-21			
Bridging Freedom	\$700,000	\$698,216	General Revenue
Devereux	250,000	250,000	General Revenue
Nancy J. Cotterman Center ¹	175,000	168,547	General Revenue
One More Child	400,000	400,000	General Revenue
Voices for Florida–Open Doors	1,250,000	1,202,799	General Revenue
	\$5,452,894	\$1,712,826	VOCA
Fiscal Year 2021-22²			
Bridging Freedom	\$700,000	\$491,553	General Revenue
Devereux	587,706	489,754	General Revenue
Nancy J. Cotterman Center ¹	225,000	150,573	General Revenue
One More Child ³	400,000	333,333	General Revenue
	2,490,864	280,775	VOCA
Stay KidSafe	184,760	92,380	General Revenue
Voices for Florida–Open Doors	1,534,365	777,685	General Revenue
	5,462,894	325,451	VOCA
Three-Year Funding Total	\$25,814,062	\$10,388,853	—

¹ This appropriation is for an array of services for both adult and child CSE victims as well as victims of sexual assault, abuse, and child abuse.

² At the time of this review, payments were still being made/reimbursements submitted for Fiscal Year 2021-22 grants and appropriations.

³ The VOCA award for One More Child was awarded and distributed as five separate grants to circuits 9, 10, 13, 18, and 20.

Source: Florida Accountability Contract Tracking System and Department of Legal Affairs data as of May 2022.

⁷⁵ This does not include appropriations for providers exclusively serving adult CSE victims or funds used by lead agencies to pay for CSE children's room and board in these and other programs.

⁷⁶ For appropriations and expenditures for years prior to Fiscal Year 2019-20, see OPPAGA Reports No. [20-05](#) and [21-06](#).

APPENDIX C

County-Level Prevalence Data

OPPAGA's analysis identified 377 victims of commercial sexual exploitation verified by the Department of Children and Families in 2021. Broward (42), Polk (31), Escambia (29), and Orange (27) had the highest numbers of verified victims and accounted for 34% of all cases. (See Exhibits C-1 and C-2.)

Exhibit C-1

Number of Verified CSE Youth by County and Lead Agency in 2021¹

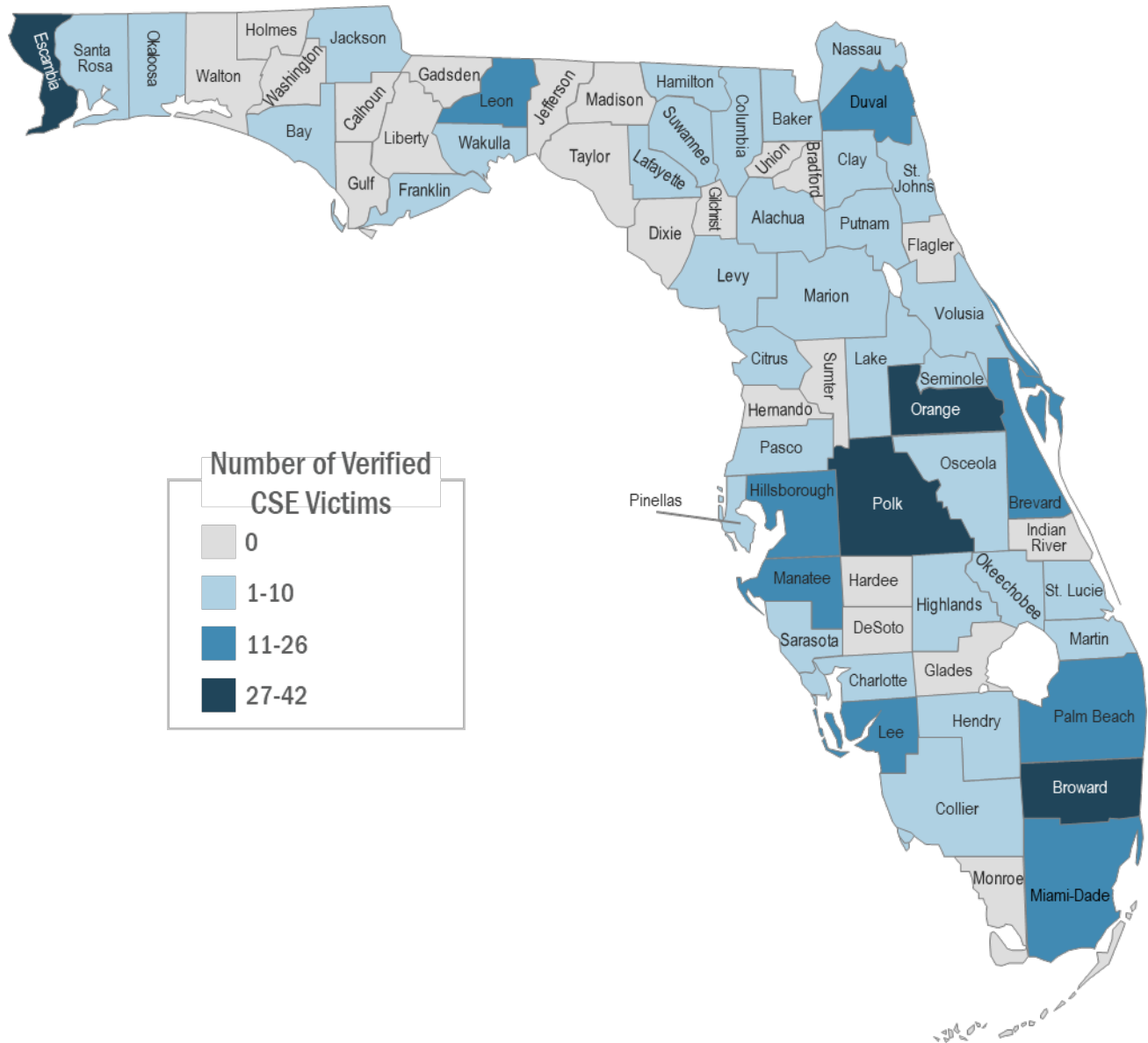
Community-Based Care Lead Agency	County	Verified CSE Victims	Percentage of Verified CSE Victims
Brevard Family Partnership	Brevard	20	5.3%
ChildNet	Broward	42	11.1%
	Palm Beach	20	5.3%
Children's Network of Southwest Florida	Charlotte	1	0.3%
	Collier	2	0.5%
	Hendry	2	0.5%
	Lee	13	3.4%
Citrus Family Care Network	Miami-Dade	23	6.1%
Communities Connected for Kids	Martin	2	0.5%
	Okeechobee	1	0.3%
	St. Lucie	7	1.9%
Community Partnership for Children	Putnam	2	0.5%
	Volusia	7	1.9%
Eckerd Community Alternatives	Hillsborough	19	5.0%
Embrace Families	Orange	27	7.2%
	Osceola	4	1.1%
	Seminole	10	2.7%
Families First Network	Escambia	29	7.7%
	Okaloosa	10	2.7%
	Santa Rosa	5	1.3%
Family Integrity Program	St. Johns	1	0.3%
Family Support Services of North Florida	Duval	12	3.2%
	Nassau	2	0.5%
Family Support Services of Suncoast	Pasco	7	1.9%
	Pinellas	7	1.9%
Heartland For Children	Highlands	2	0.5%
	Polk	31	8.2%
Kids Central	Citrus	2	0.5%
	Lake	6	1.6%
	Marion	9	2.4%
Kids First of Florida	Clay	2	0.5%
	Bay	7	1.9%
Northwest Florida Health Network (Big Bend Community-Based Care)	Franklin	1	0.3%
	Jackson	1	0.3%
	Leon	11	2.9%

Community-Based Care Lead Agency	County	Verified CSE Victims	Percentage of Verified CSE Victims
Partnership for Strong Families	Wakulla	1	0.3%
	Alachua	3	0.8%
	Baker	1	0.3%
	Columbia	2	0.5%
	Hamilton	1	0.3%
	Lafayette	1	0.3%
	Levy	1	0.3%
	Suwannee	1	0.3%
Safe Children Coalition	Manatee	13	3.4%
	Sarasota	6	1.6%
Total		377	100%

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 victims' initial intake.

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

Number of Verified CSE Victims by County in 2021



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

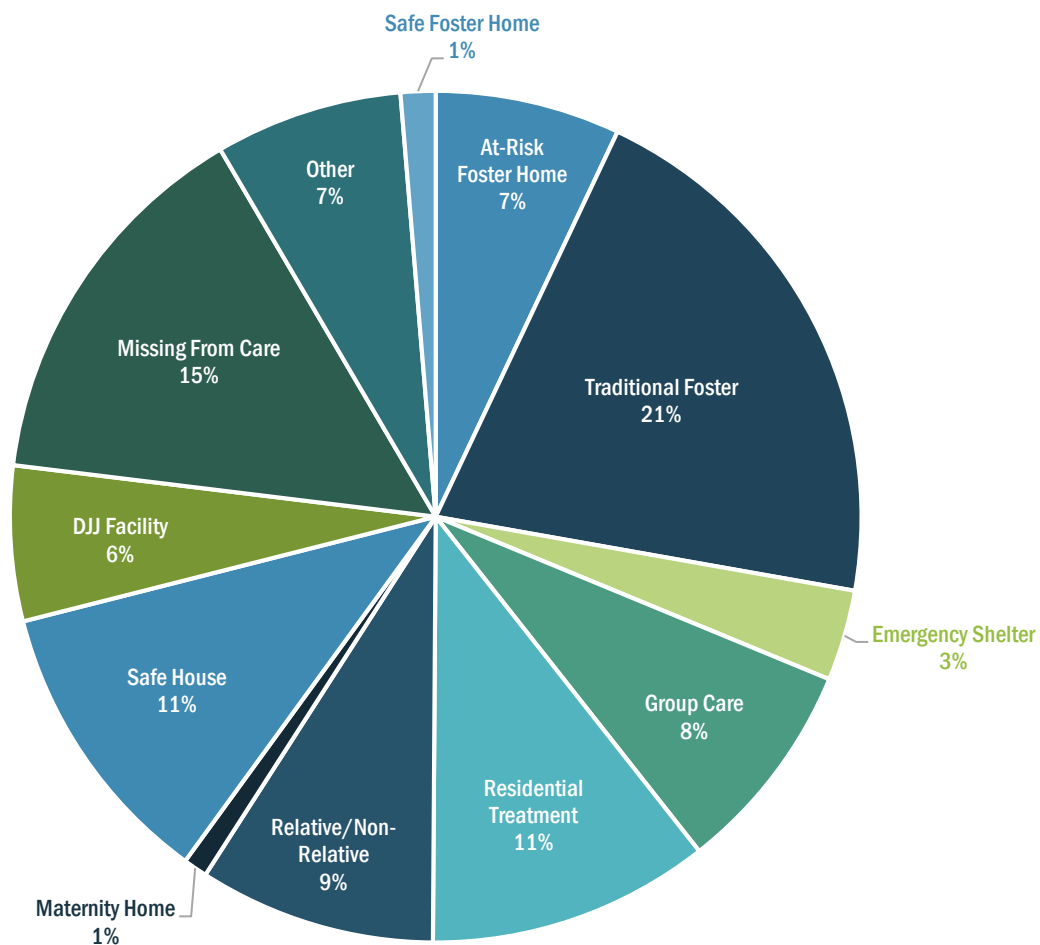
APPENDIX D

Percentage of Time in Out-of-Home Care Placements for 2021 CSE Youth

In 2021, 114 of the 377 CSE youth spent some time in out-of-home care following their CSE investigation. These youth spent the greatest amount of their time in traditional foster homes (21%), missing from care (15%), or in residential treatment or safe houses (11%). (See Exhibit D-1.)

Exhibit D-1

CSE Victims Spent the Largest Percentage of Their Time in Out-of-Home Care in Traditional Foster Care^{1,2}



¹ Other includes temporary placements such as hospitalizations and visitations.

² An additional 0.3% of youth's placements were in therapeutic foster homes.

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

APPENDIX E

Array of Service and Placement Options for CSE Youth by Region

Statute identifies placements and services to utilize for CSE youth, including safe houses or safe foster homes, residential treatment programs, substance use disorder treatment services, and drop-in centers.⁷⁷ Access to placements and support services varies by Department of Children and Families region. While the central region has all placements and community support services available, the northwest region has few placement options. While placement capacity differs by region, any youth who is victim of human trafficking may access services and placements statewide. (See Exhibit E-1.)

Exhibit E-1

DCF's Central Region Has More CSE-Specialized Placements and Services Available for Youth Than Other Regions

Service Type	DCF Region					
	Northwest	Northeast	Central	Suncoast	Southeast	Southern
Placements						
Safe houses			√	√		
Safe foster homes		√	√		√	√
At-risk homes	√	√	√	√	√	√
Residential treatment centers ¹		√	√			√
Substance abuse treatment providers		√	√			
Community Supports						
Drop-in-centers			√	√		√
Survivor mentors	√	√	√	√	√	√
Wrap-around services	√	√	√	√	√	√

¹ Residential treatment centers include the qualified residential treatment program settings.

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

⁷⁷ Section [409.1754](#), F.S.

APPENDIX F

Outcomes of Previously Identified CSE Victims Who Are Now Adults

In addition to examining outcome measures focused on CSE victims who are still minors, OPPAGA's analysis included a few age-specific measures for those who have turned 18, including Department of Children and Families data on young adults who received services through Independent Living; Florida Department of Law Enforcement data on arrests and charges; and Department of Education data on continuing education enrollments, public benefit usage, and employment.^{78,79}

Few CSE youth received services through the state's Independent Living Program. When youth age out of the foster care system, they have the option to continue receiving certain services and supports through independent living programs.^{80,81} These programs assist youth in the successful transition to adulthood and include services such as housing, educational supports, career preparation, life skills training, and other financial supports. Of the youth in the outcomes population who could be tracked for at least a year, 20% received independent living services.⁸² The percentage of youth who received services under independent living programs has gradually decreased for each cohort.⁸³ Of the youth who were first verified in 2015, 22% received independent living services, whereas only 16% of youth who were first verified in 2019 received such services. (See Exhibit F-1.)

Exhibit F-1

The Percentage of Youth Receiving Independent Living Services Has Gradually Declined Across Each Cohort

Outcomes Cohort ¹	Percentage Receiving Independent Living Services
2015	22%
2016	21%
2017	19%
2018	17%
2019	16%

¹ Cohort years are based on the year in which the child was first verified as a victim of CSE.

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

Young adults previously verified as CSE victims continued to have decreasing involvement with law enforcement. Twenty-two percent of all young adults who could be tracked for a year after turning 18 were arrested within that year. When looking at each cohort year for the outcomes population, this percentage has decreased each year since 2016 (from 24% in 2016 to 9% in 2020). The most common charges were for battery (29%), larceny (12%), and resisting an officer (9%). In looking at the three years following their 18th birthday, 40% of those who could be tracked were arrested. Again, the most common charges were for battery (26%), larceny (9%), and resisting an

⁷⁸ For the one-year outcomes, OPPAGA was able to track the following numbers of young adults for the year following their 18th birthday in each data source: Independent Living data (1,295), law enforcement data (1,294), education data (1,196), SNAP/TANF data (1,294), and employment data (1,226).

⁷⁹ For the three-year outcomes, OPPAGA was able to track the following numbers of young adults for the three years following their 18th birthday in each data source: law enforcement data (1,387), education data (637), SNAP/TANF data (762), and employment data (672).

⁸⁰ Florida's Independent Living programs include Aftercare, Extended Foster Care, and Postsecondary Education Services and Supports.

⁸¹ Youth who do not achieve permanency before turning 18 are eligible to receive services through the Independent Living programs if they meet program requirements, which vary by program and may include meeting education or employment requirements, meeting with their caseworker monthly, attending court hearings, and living in an approved supervised living arrangement.

⁸² This analysis includes youth who had any payments under any of the three programs.

⁸³ Cohort years are based on the year in which the child was first verified as a victim of CSE.

officer (8%). While 2% of those who could be tracked for three years had an arrest for prostitution, none of the young adults in the most recent three-year cohort (those who turned 18 in 2018) had a prostitution arrest.

CSE victims continued to have low rates of high school completion and continuing education; many received public assistance and/or worked in an unemployment insurance-covered job at some point. Twenty-three percent of those who could be tracked for a year after turning 18 received a high school diploma, GED, or certificate by the end of the year (50% of which were GEDs). Twenty-five percent had at least one continuing education record within the year; 12% were enrolled in high school or remedial continuing education courses, 10% in a postsecondary institution, 2% in dual enrollment, and 1% in a certificate or trade program.

In examining rates of public assistance and employment, 53% received benefits through the Supplemental Nutrition Assistance Program (SNAP) at some point in the year after turning 18; 42% of these young adults received SNAP for all four quarters. Only 3% received benefits through the Temporary Assistance for Needy Families (TANF) program, almost half of whom (49%) only received benefits for one quarter. Forty-six percent of the young adults OPPAGA could track had an unemployment insurance-covered job at some point during the year following their CSE verification. Of those that were employed, only 11% worked all four quarters. The most commonly held job was in food service.

An additional 27% of the young adults OPPAGA could track for a full three years received a high school diploma, GED, or certificate; this is an increase from the 20% in OPPAGA's 2021 report. Thirty-two percent had at least one continuing education record; 13% were enrolled in high school or remedial continuing education courses, 16% in a postsecondary institution, 1% in a certificate or trade program, and 1% in dual enrollment. Sixty-nine percent received SNAP at some point during this time, and 65% received TANF, generally for two years or less. Sixty-five percent of the young adults OPPAGA could track had an unemployment insurance-covered job at some point during these three years (with 44% to 48% having a job in any given year); again, the most common job was in food service.

AGENCY RESPONSES



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

June 23, 2022

Ms. PK Jameson
Office of Program Policy Analysis and Government Accountability (OPPAGA)
111 West Madison Street
Room 312, Claude Pepper Building
Tallahassee, Florida 32399-1475

Dear Ms. Jameson:

The Department of Juvenile Justice (DJJ) has received and reviewed the preliminary findings and recommendations of OPPAGA's "Annual Report on the Commercial Sexual Exploitation (CSE) of Children in Florida, 2022." This letter is DJJ's official response to the preliminary report in accordance with subsection 11.51(2), Florida Statutes.

DJJ has implemented process improvements related to opportunities noted and recommendations made in the report and has additional improvements that are in development that ensure our commitment to continuous improvement in support of Florida's youth.

Administrative rule changes expected to be implemented in FY 2021-22 will strengthen and increase human trafficking training requirements for DJJ and DJJ-contracted staff working directly with youth in detention, residential, and probation settings.

Thank you for the opportunity to review and submit this response to the preliminary findings and report.

Respectfully,

A handwritten signature in blue ink that reads "Eric S. Hall".

Eric Hall, Ed.D
Secretary

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

Ron DeSantis, Governor

Eric S. Hall, 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.



State of Florida
Department of Children and Families

Ron DeSantis
Governor

Shevaun L. Harris
Secretary

June 28, 2022

PK Jameson, Coordinator
Office of Program Policy Analysis and Government Accountability
111 West Madison Street, Room 312
Tallahassee, FL 32399-1475

Dear Ms. Jameson:

Thank you for providing an opportunity for the Department of Children and Families (Department) to review the preliminary findings and recommendations of OPPAGA's Annual Report on the Commercial Sexual Exploitation (CSE) of Children in Florida, 2022, and provide feedback. A thorough review of the report has been completed and the following is feedback regarding one of the recommendations and one definition within the Background section is included for your information and consideration. Overall, the Department agrees with the recommendations and agrees these actions will continue to increase our statewide capacity, expertise, and coordination across system partners.

The following items below are submitted for your consideration:

Executive Summary (Page i)

"The numbers of safe house beds and safe foster home beds have decreased over the past three years, and the number of CSE youth in out-of-home care far exceeds the number of CSE-specialized placement beds."

Department Response: While it is accurate that the number of CSE youth in out of home care exceeds the number of CSE specialized placements, it is important to note that some CSE youth may be served in different levels of care, may require a higher level of care, or may not agree to be placed in a CSE home; youth agreement is required to be placed in CSE home. Youth can receive CSE services to meet their needs in a variety of settings. The Human Trafficking statewide team continually monitors CSEC homes' capacity and are often able to secure specialized placement when warranted. There are, however, ongoing efforts to build capacity of CSE specialized placement options, particularly in rural areas and certain areas of the state that do not currently have providers.

Placement and Service (pg. 8)

"The percentage of time spent missing from care, in safe houses, and in group care decreased, while the percentage of time in foster homes increased; other placement types remained relatively stable. While the percentages of time youth spent in most out-of-home care settings remained stable from 2020 to 2021, there were notable shifts in a few placement types. The percentage of time spent missing from care decreased from 19% to 15% and time spent in safe houses decreased from 16% to

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11%. While the percentage of time spent in group care also decreased (from 14% in 2020 to 9% in 2021), this could be at least partially attributable to the availability of at-risk homes, which were a new placement option in 2021 (7% of time in 2021 was spent in at-risk homes). The time spent in residential treatment increased slightly during this time (from 9% in 2020 to 11% in 2021), while a large increase was seen in the time spent in traditional foster homes (from 14% in 2020 to 21% in 2021). (See Exhibit 4 and Appendix D.)”

Department Response: Over the past several years, the Department has focused on building foster home capacity and the services provided to the foster parents, increasing kinship and fictive kin placement, and reducing the use of “traditional” group care that does not provide specialized services to meet the unique needs of children entering out of home care. There has been significant focus on building the skills of foster parents and being able to support children with varying needs in more family-like settings, which likely contributed to this shift out of traditional group settings as well. In addition, the removal rates continue to decrease each year as more front-end, in-home services are provided to preserve families.

Recommendations (pg. 21):

“OPPAGA recommends DCF adopt the ICW recommendations related to the HTST”

Department Response: Florida was one of the first states in the nation to attempt to create a comprehensive screening tool for both types of human trafficking – commercial sexual exploitation and labor. The Department has partnered with Florida Institute for Child Welfare since 2017 in attempts to validate this instrument as a valid resource in detecting both forms of human trafficking. During this time, while not altering the Tool itself as the validation study is in process, the Department had fine-tuned trainings regarding: the interviewing process, entering responses, and making an appropriate determination of findings as ways to improve internal consistency. The completion of the Tool is just an initial step in the investigative process, but it serves an important resource in guiding investigators through information collection.

The Department received the final FICW report in March 2022. Since receipt, the Department has conducted an initial review of the recommendations for improvements and initiated a series of workshops with system experts to follow up on the recommendations.

“OPPAGA recommends that the Legislature direct DCF to collect data on the time CSE youth spend waiting for specialized placements.”

Department Response: The Department collects and reports data from FSN on the number of youth who are determined to be appropriate for placement with a CSE specialized provider by completing the level of placement tool. Tracking the wait-time for placement is dependent on many factors that will require the Department to develop a mechanism to collect appropriate reasons for placement delays (i.e., a child must voluntarily agree to be placed in a CSEC home and sometimes that can take time to earn trust for agreement; CSEC homes can deny placement based on safety and other factors; an alternative option may have been identified that better meets the needs of the individual child). The modernization of the FSN system scheduled to begin in SFY 2022/2023, will enable the tracking of additional placement details.

“OPPAGA recommends DCF assist the lead agencies in identifying self-learning resources to share with case managers and providers.”

Department Response: After an initial 6-hour certification training, all Human Trafficking-certified CPIs and case managers are required to complete at least one hour of additional training per quarter. The Department Human Trafficking Unit sends regular updates to Lead Agencies and community partners about upcoming available trainings. Those training opportunities offer a variety of topics on new trends in combating human trafficking and related topics aimed to enhance service delivery. The training opportunities include both in-person and virtual options and are usually cost-free. Additionally, the Department has a list of resources posted on its website for additional educational and training opportunities. The Department will reenforce the availability of these resources with case managers and providers.

Once again, thank you for the opportunity to review the report. We look forward to continuing to build upon the great work Florida has accomplished around preventing and addressing Human Trafficking.

Sincerely,

A handwritten signature in blue ink, appearing to read "Shevaun L. Harris", is displayed within a light pink rectangular box.

for

Shevaun L. Harris
Secretary

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OPPAGA

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