



Children, Families & Seniors Subcommittee

**Wednesday, October 18, 2023
3:30 PM-5:00 PM
Reed Hall (102 HOB)**

Meeting Packet

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Children, Families & Seniors Subcommittee

Start Date and Time: Wednesday, October 18, 2023 03:30 pm
End Date and Time: Wednesday, October 18, 2023 05:00 pm
Location: Reed Hall (102 HOB)
Duration: 1.50 hrs

Overview of human trafficking by Professor Terry Coonan, Executive Director of Florida State University Center for the Advancement of Human Rights and Associate Professor of Criminology at Florida State University

Presentation of the 2023 Annual Report on the Commercial Sexual Exploitation of Children in Florida by Wendy Scott, Staff Director, Health and Human Services, OPPAGA

Presentation on the interim report regarding regulation of adult safe houses by Jess Tharpe, Assistant Secretary for Community Services, Department of Children & Families

To submit an electronic appearance form, and for information about attending or testifying at a committee meeting, please see the "Visiting the House" tab at www.myfloridahouse.gov.

NOTICE FINALIZED on 10/11/2023 3:04PM by Clenord.Judeline

Human Trafficking



BJA Bureau of
Justice Assistance

Overview

Children, Families & Seniors Subcommittee
October 18, 2023

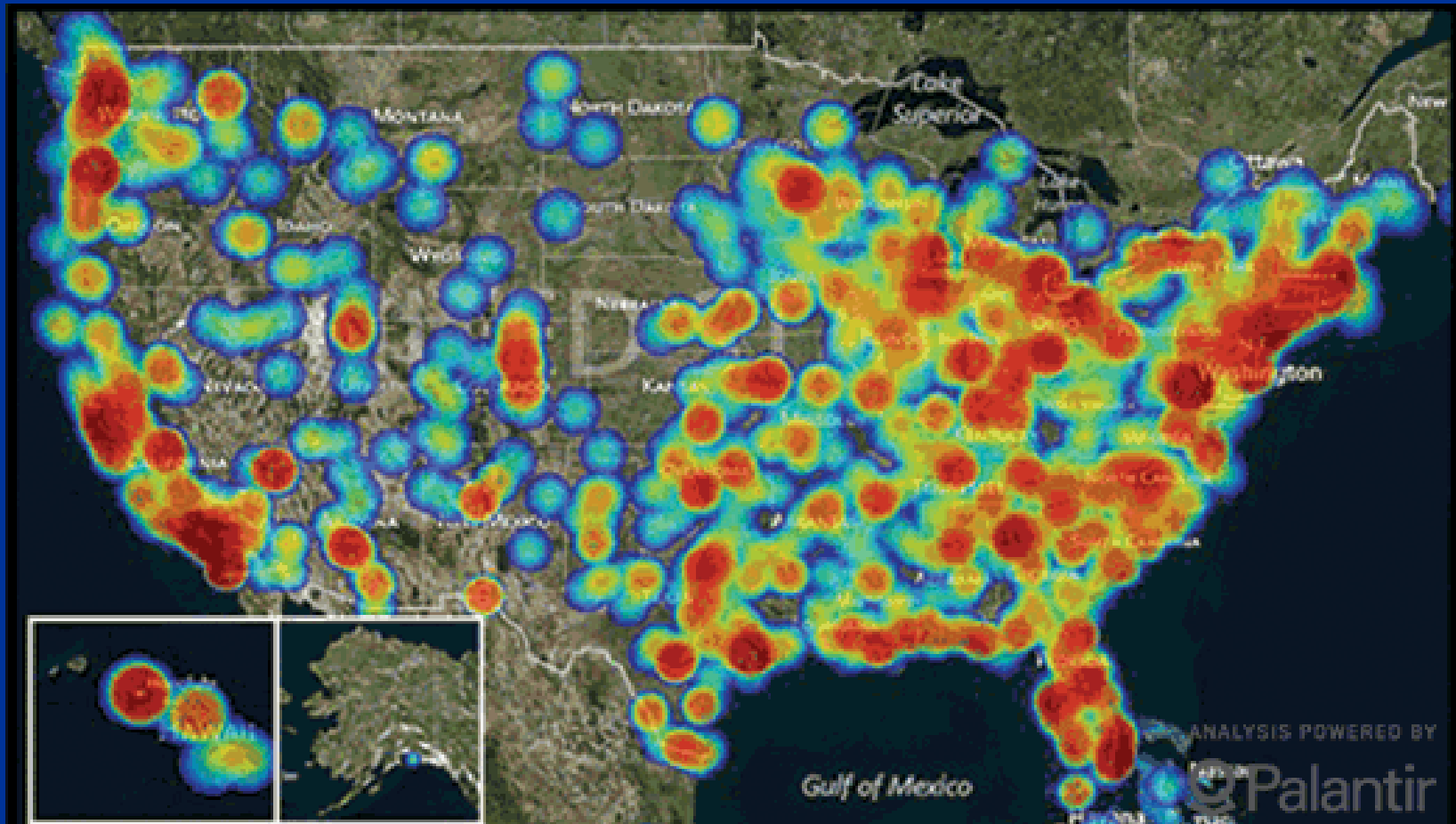
What Is Human Trafficking?

- Forms of modern-day slavery that involve the exploitation of persons for **commercial sex** or **forced labor**
- Can involve crossing an international border but does **not** require movement
- Traffickers use ***force, fraud, or coercion*** to control their victims

Physical Force Not Required

- Physical force is no longer required
- Showing of **fraud** or **psychological coercion** now suffices (“**Invisible Chains!**”)
- Prosecutors now have new tools to prove up slavery in U.S. courts

It's Here in the United States



Location of potential human trafficking cases reported to the National Human Trafficking Resource Center (2007 - 2012)

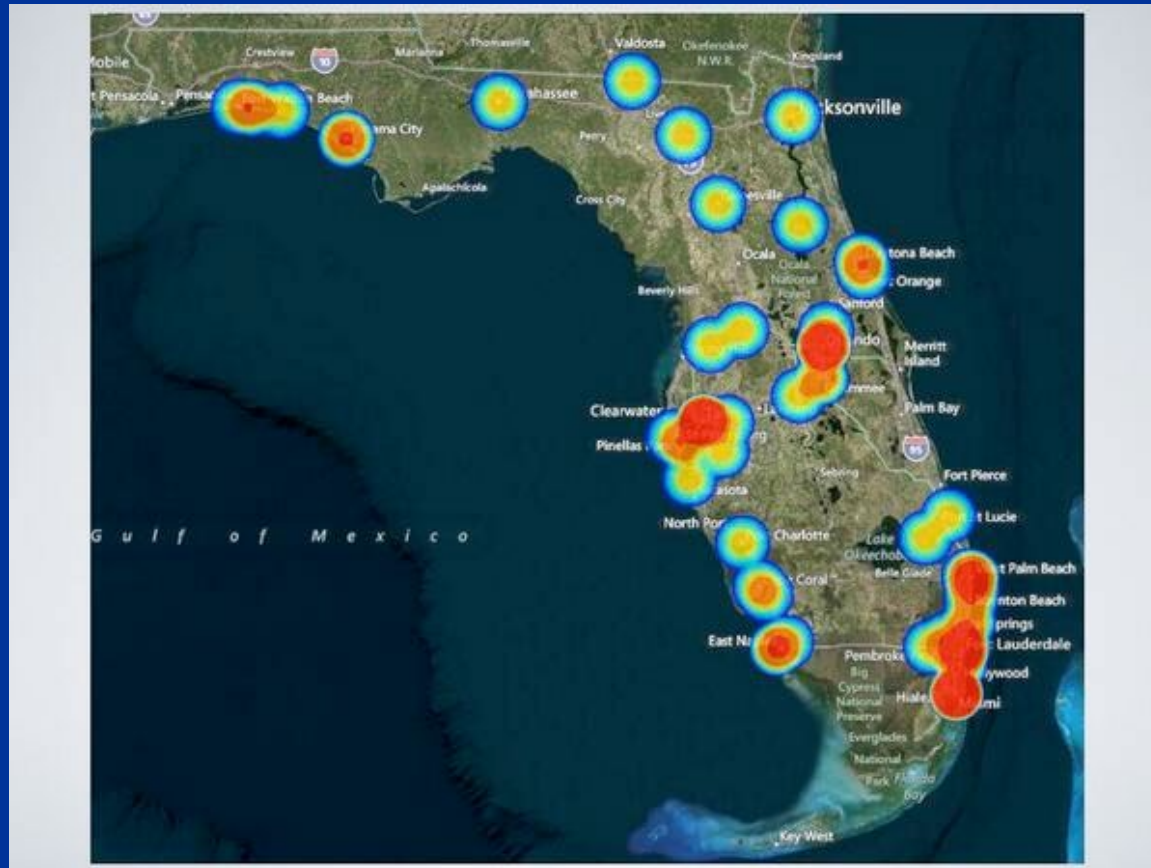


POLARIS PROJECT
FOR A WORLD WITHOUT SLAVERY

It's Here in Florida

- Florida ranks **number three** in the country for human trafficking cases (following New York and California)
- Florida has been the scene of the **largest sex trafficking and labor trafficking cases** in the U.S.

Florida Trafficking Hotspots



Sex Trafficking

- Use of force, fraud or coercion to induce an adult to engage in **commercial sex**
- **Or** inducing a minor to engage in **commercial sex**

Florida Laws on Coercion for Prostitution

- **Blackmail**
- **Threat to interfere with parental rts**
- **Exploiting developmental disability**
- **Exploiting pornographic performance**
- **Exploiting human needs for food, shelter, safety, or affection**

Florida Sex Trafficking Trends

- **Drug dealers** becoming **pimps**
- **Community kids** (not in the child welfare system) being exploited
- **Victims recruited and exploited through the internet**

Domestic Minor Sex Trafficking

- Minors as young as **13-15** often exploited
- Often recruited through **sexting**
- Children are being **groomed** into prostitution



Domestic Recruiting Locations

- Schools
- Group homes
- Shopping malls
- Bus stations
- Social Media



Domestic Recruiting Locations

- **Most common means of recruiting:
online communications**
- **Kik, Instagram, Facebook, MeetMe,
Twitter**



Human Trafficking



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The Henderson Case (2020)

- Homeless 16-year-old Tallahassee girl meets Dishay Henderson at the McDonald's on west Tennessee St.



The Henderson Case (2020)

- Henderson invites her to his home to smoke marijuana; instead introduces her to mollies



Human Trafficking



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The Henderson Case (2020)

- She soon learns the “price” for shelter & drugs is prostitution



The Henderson Case (2020)

- Henderson & fellow pimp Marvin Perry exploit the girl and other minors using Facebook Messenger and Uber



Human Trafficking



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The Henderson Case (2020)

- Henderson & Perry charged under federal law with sex trafficking of minors & statutory rape



- Perry cuts plea deal; Henderson given 25 years

Human Trafficking



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The Henderson Case (2020)

- Over 170 men in Tallahassee who were clients now face charges as sex traffickers



Human Trafficking



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The Henderson Case (2020)

- **Victim placed in one of Florida's six "safe harbor" shelters where she thrives and graduates**



Males and LGBTQ Victims



Male DMST Victims

- More prevalent than once thought
- Often engaged in “**survival sex**”
- Often introduced to commercial sex **not by a pimp** but rather through **peer network**
- Many are “**gay for pay**” but still identify as heterosexual

U.S. Labor Trafficking Cases



Florida Venues for Labor Trafficking

- Private Homes
- Farm worker camps
- Sweatshops
- Nursing Homes
- Nail salons
- Strip clubs
- Hotels/Resorts
- Restaurants

U.S. Labor Trafficking Cases

- The largest number of trafficking cases nationwide
- The largest number of victims
- Often occur “in plain sight”
- Often involve legitimate U.S. businesses

The 2022 Moreno Case (Foreign National Labor Trafficking)

- Bladimir Moreno, owner of **Florida farm labor contracting company**, fraudulently recruits H-2A farmworkers from Mexico
- Upon their arrival in the US, Moreno **confiscates their passports**, imposes **debts** on the workers, and forces them to work **6-7 days a week** for almost no pay

The 2022 Moreno Case (Foreign National Labor Trafficking)



The 2022 Moreno Case (Foreign National Labor Trafficking)

- **Threatens workers with deportation and with harm to their families in Mexico**
- **Exploits workers in Florida, Kentucky, Indiana, Georgia, and North Carolina**
- **Moreno also submits false documents to US Government of workers' pay & hours**

The 2022 Moreno Case (Foreign National Labor Trafficking)

- Two enslaved workers escape and contact **Coalition of Immokalee Workers**
- Victim Advocates of **Palm Beach Sheriff Office** play crucial victim assistance role
- **FBI** and **DOL Wage & Hour Division** crucial in 2 year investigation

The 2022 Moreno Case (Foreign National Labor Trafficking)

- Moreno prosecuted in Tampa federal court
- **17+ victims testify**
- Moreno given **118 month** sentence for **forced labor & racketeering**
- **Victims awarded \$175,000 in restitution**

The 2022 Moreno Case (Foreign National Labor Trafficking)

Lessons Learned

- * LE rarely discovers labor trafficking on their own
- * **NGOs** are key to cases & victim care
- * **Multiple LE agencies** required for successful prosecutions

The 2005 Evans Case (U.S. Citizen Labor Trafficking Victims)

- Homeless men & women recruited from Florida shelters to work **Palatka farms**
- “Company Store” model used to drive up worker debts
- Workers paid with **alcohol & crack cocaine**

Evans Case



Evans Case



Florida Anti-trafficking Laws Among the Best Nationwide

- **All HT offenses 1st Degree Felonies**
- **Comprehensive Safe Harbor Law**
- **New HT Advocate Communication Privilege**
- **New Adult Safe House Licensing Process**

Thank You!

Professor Terry Coonan, JD

FSU Human Rights Center

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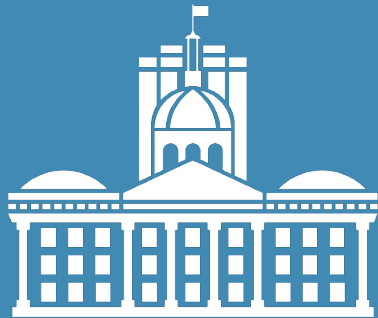
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OPPAGA

Annual Report on the Commercial Sexual Exploitation of Children in Florida, 2023

A Presentation to the House Subcommittee on Children, Families, and Seniors

Wendy Scott
Staff Director, Health and Human Services



OPPAGA

Office of Program Policy Analysis and Government Accountability

OCTOBER 18, 2023

Background and Scope

Background

- Federal and Florida law criminalize human trafficking of adults and children
 - Labor trafficking
 - Sex trafficking
- Commercial sexual exploitation (CSE): the use of any person under the age of 18 years for sexual purposes in exchange for money, goods, or services or the promise of money, goods, or services

Scope

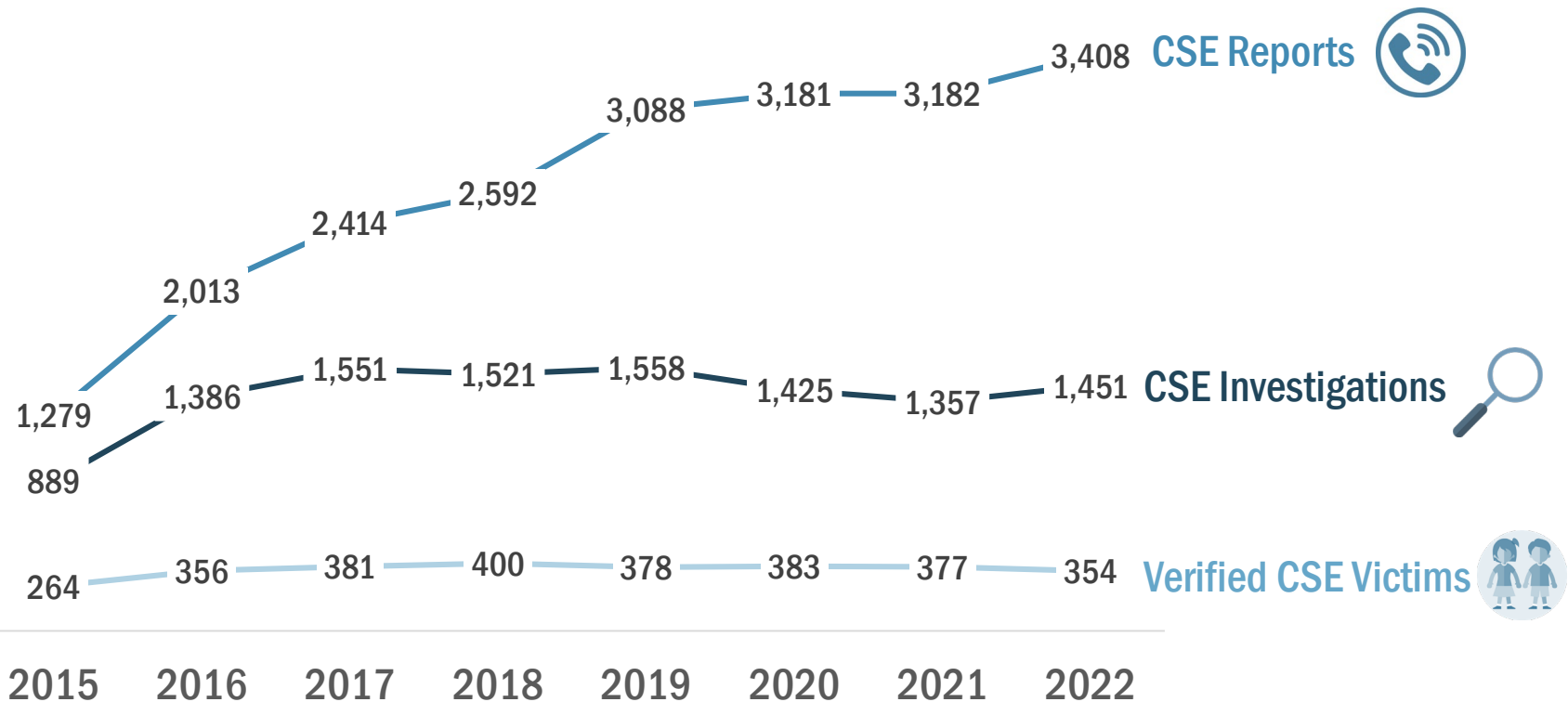
- Section 409.16791, *Florida Statutes*, directs OPPAGA to conduct an annual study on CSE of children in Florida
- Ninth annual report, covering calendar year 2022, addresses
 - Prevalence of CSE Youth
 - Placements and Services
 - Outcomes
 - Updates
 - Recommendations

Prevalence

Prevalence of Commercial Sexual Exploitation



The number of verified commercially sexually exploited youth decreased slightly in 2022

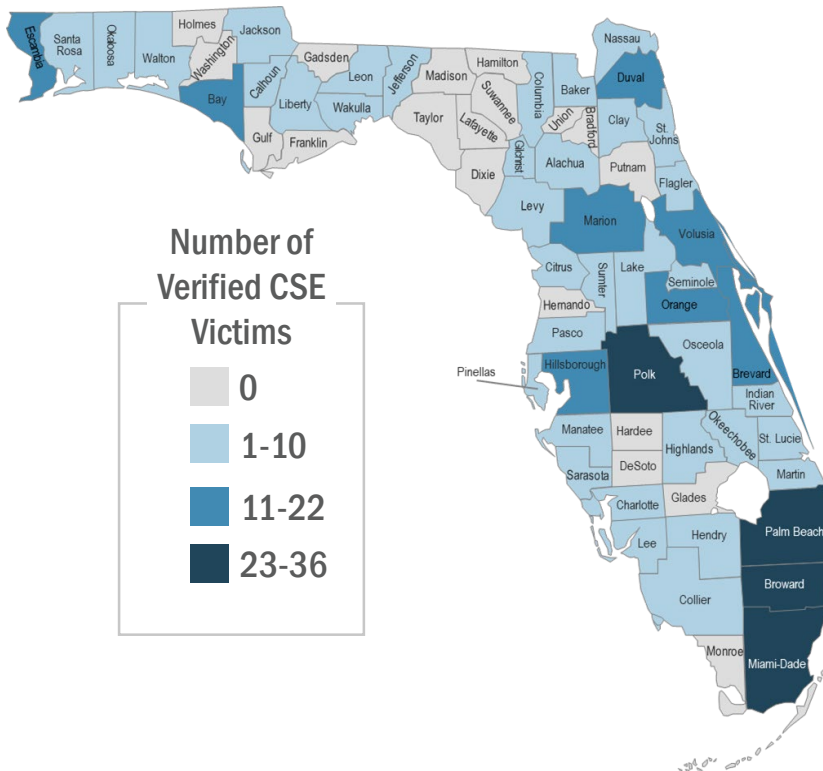


Distribution of Verified CSE Victims

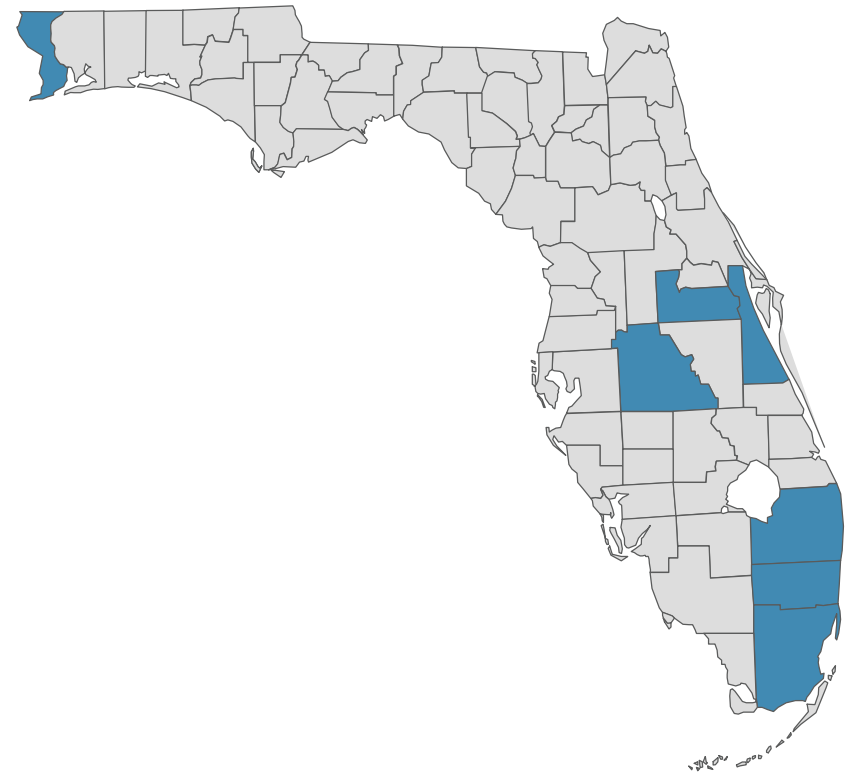


Seven counties accounted for almost half of all verified victims

Verified Victims by County



Counties Comprising Nearly Half of All Verified Victims

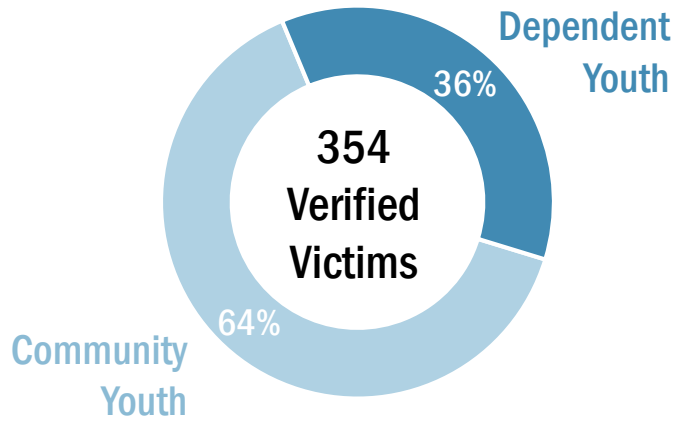


Verified Victim Characteristics—2022

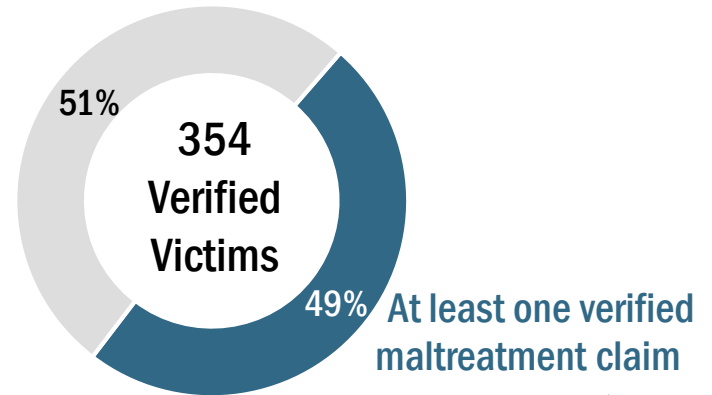


Most of the 354 verified victims in 2022 were white, female, between 14 and 17 years of age; 64% remained in the community after verification and 49% had experienced verified prior maltreatment claim(s)

Verified Victims by Dependency Status



Verified Victims with Prior Maltreatment Claim(s)



Prior Maltreatment Type	Dependent Youth	Community Youth
Parental neglect	66%	24%
Abandonment	28%	0%
CSE	26%	21%
Non-CSE sexual abuse	24%	13%
Total with at least one prior maltreatment claim	77%	33%

Human Trafficking Screening Tool



The Department of Children and Families (DCF) is working to revisit the Human Trafficking Screening Tool for validation



Florida statute requires DCF to use a validated tool to identify victims of human trafficking



Researchers have been unable to validate DCF's Human Trafficking Screening Tool, despite multiple research phases since 2017



DCF reported that the department revised the screening tool, which was to be implemented in July 2023



Florida State University's Florida Institute for Child Welfare plans to offer support and technical assistance to DCF in a second validation attempt



A federal study of states' use of human trafficking screening tools identified 6 states that use at least one validated tool; however, none of the states required use of the tool among child welfare staff

Placements and Services

CSE Placement Tool



Placement tools help assess CSE youth for appropriate housing placement such as foster homes or safe houses



Florida Statutes and DCF policy require use of a placement tool to assess all verified CSE youth for placement in a safe house or safe foster home



Lead agency staff reported that the placement tool is helpful for identifying an appropriate placement



Lead agency staff also reported challenges securing the recommended placements citing a lack of provider availability



The department was unable to provide individual level data from the placement tool; as a result OPPAGA was unable to analyze reasons children are not placed in recommended settings such as a safe house or safe foster home

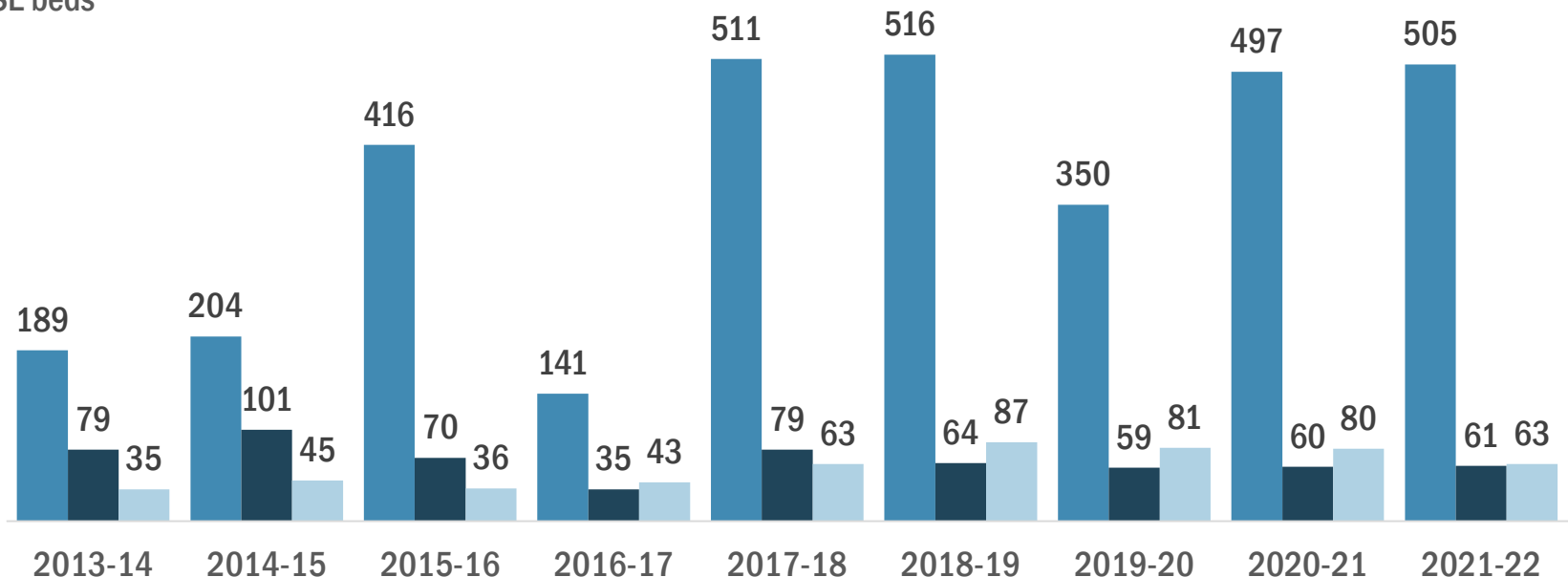
Placement and Services



DCF was unable to provide the number of CSE youth deemed appropriate for placement in each setting; however, the number of CSE youth assessed for placement in a safe foster home or safe house continues to far exceed the number of licensed beds

CSE Assessments, Placements, and Licensed Beds

- Youth assessed for placement
- Youth placed
- CSE beds



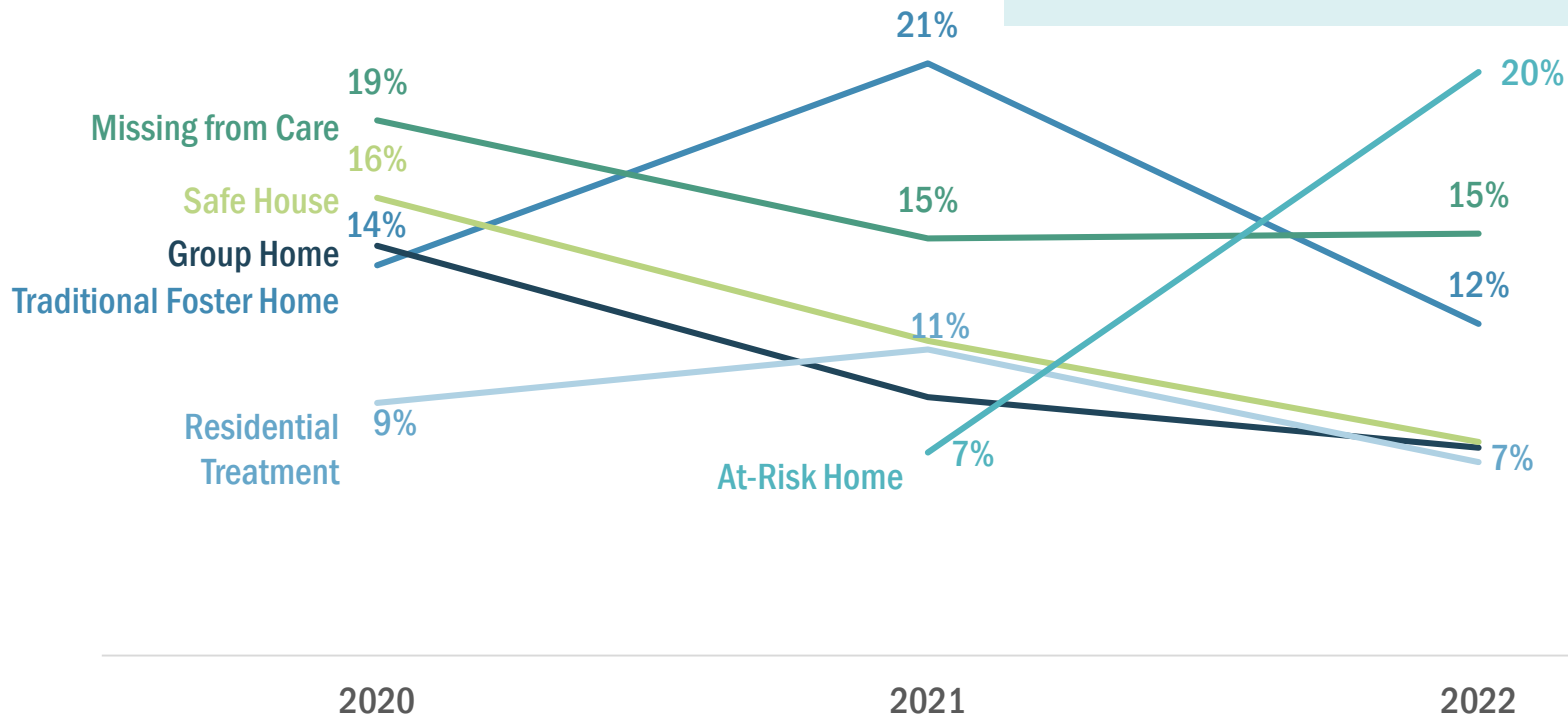
Time Spent in Placement Types



Time spent in most placement types decreased, except for at-risk homes



At-risk homes were started in 2021 for children at risk of trafficking and are not intended for verified victims of trafficking

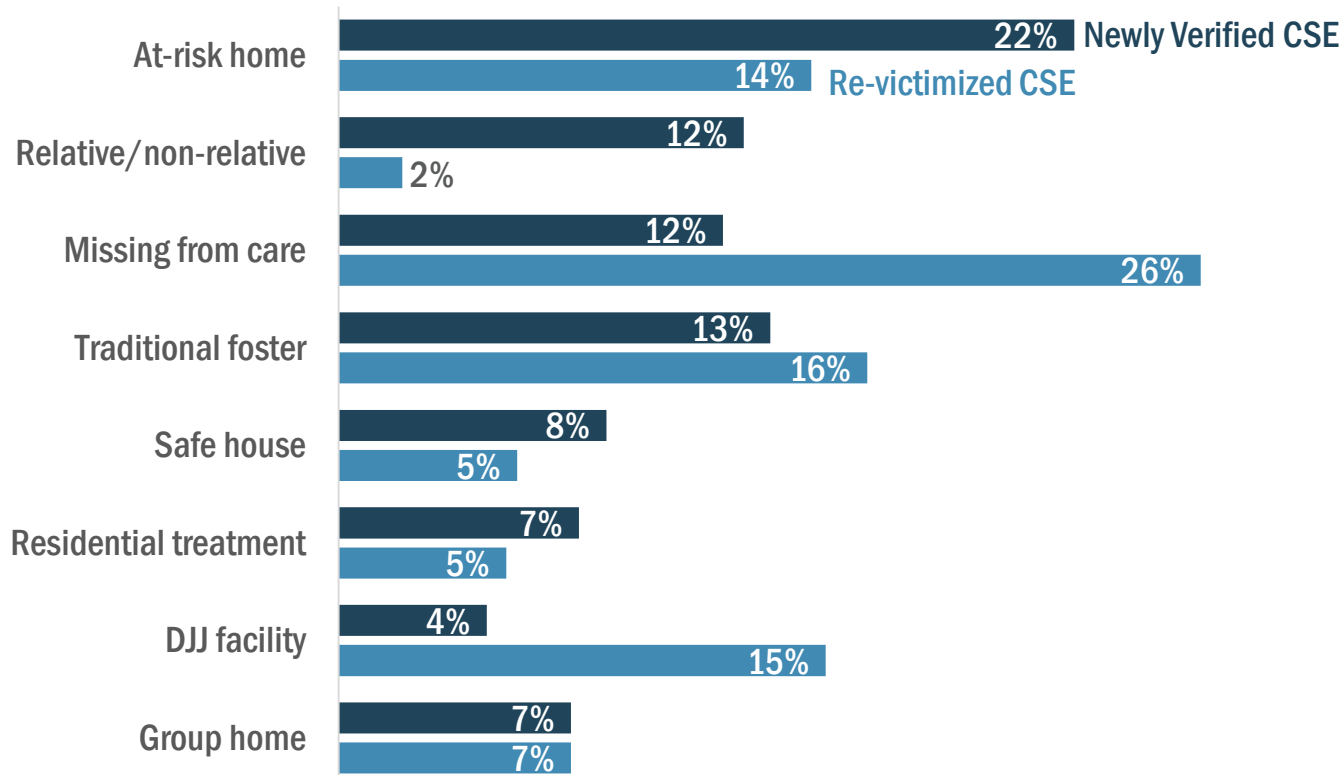


CSE Victims' Time in Placements Cont.



Re-victimized youth spend more time in Department of Juvenile Justice (DJJ) facilities compared to newly verified CSE youth

Time Spent in Placements or Missing in 2022



Monitoring Safe House CSE Providers



Most lead agencies use child-specific agreements with safe houses and lack a formal, uniform process for monitoring provider quality



Lead agencies assess quality of safe houses using several mechanisms

- ✓ Staffing meetings
- ✓ Field visits
- ✓ Exit interviews



Prior OPPAGA reports identified issues with youth being placed in safe houses outside the youth's catchment area

- Multiple case managers being assigned to safe house residents
- Delays in receiving documentation from the home county
- Difficulty meeting the youth's immediate needs at the time of placement



DCF previously reported plans to require the designation of a courtesy case manager in each safe house; however, this has not yet been implemented

Provider Recruitment



The Department of Children and Families is taking steps to recruit more providers, but experiences barriers



Florida statute requires each DCF region and lead agency to

- ✓ Assess local service capacity
- ✓ Establish a plan to develop the necessary capacity



DCF is partnering with local stakeholders to recruit providers

- Statewide Council on Human Trafficking
- Lead agencies
- Children's Alliance



Providers offered reasons for not wanting to operate safe houses or safe foster homes

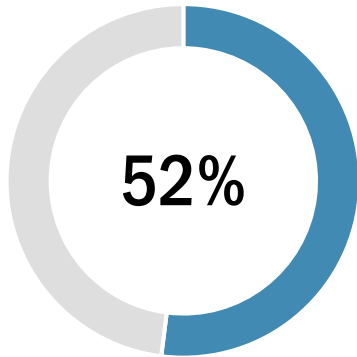
- Foster parents' apprehension of serving high-risk population
- Requirement to provide 24-hour supervision

Outcomes (2013-2021)

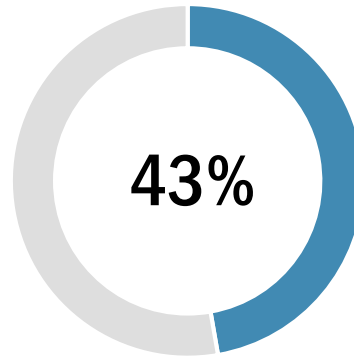
Overview—One Year After CSE Verification



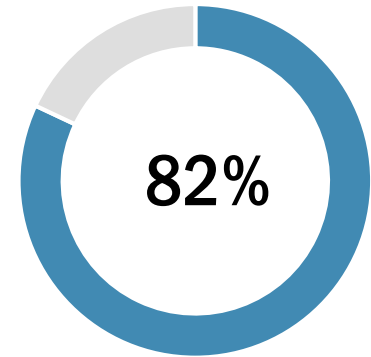
One year after CSE verification, most CSE victims are enrolled in school, but around half have new DCF investigations and/or DJJ referrals



Involved in DCF Investigations

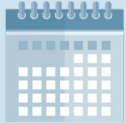


DJJ Referrals



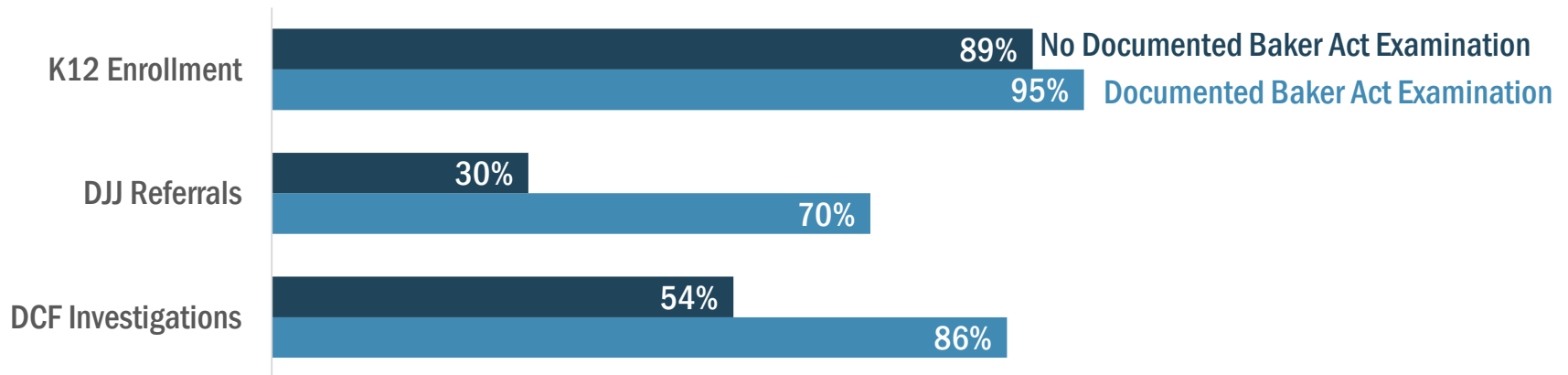
Enrolled in School

Baker Act Examinations and Outcomes 2013-2021



CSE victims with a documented Baker Act examination had more DCF investigations and DJJ referrals at one and three year tracking intervals

Three-Year Tracking



Additional Outcomes of CSE Victims

	Documented Baker Act Examination	No Documented Baker Act Examination
Number of placement changes	7.2	4.7
Number of missing episodes per 100 days in DCF care	13.3	9.1

Updates

Revised Admission and Training Standards



Department of Children and Families administrative rule changes in July 2022 make safe houses available to younger victims and adjust at-risk home staff training requirements



Several training adjustments were made for staff in at-risk homes

- Decreased required hours of human trafficking training from 24 to 12
- Provided an additional 2 months after completing pre-service training to complete required human trafficking training
- Some training topics were removed
 - Distinctions among sexual abuse, sexual exploitation, and trafficking
 - Identifying victims
 - Stockholm Syndrome and trauma bonding
 - Vicarious trauma
 - Self-care strategies



The minimum age for dependent youth to be placed in a safe house has been lowered from 12 years of age to 10 years of age

Agency Updates



The Department of Juvenile Justice and Florida Department of Law Enforcement improved human trafficking training, but CSE specific services are still lacking



Department of Juvenile Justice

- Required staff to complete full human trafficking screening for youth with runaway behaviors
- Implemented human trafficking training for all direct care staff
 - As of March 2023, 96% of new staff completed the training within 180 days and 100% completed within one year of their start date
- DJJ does not have a human trafficking prevention curriculum or CSE-specific services in place
- Residential facility educational staff employed by local school districts are not governed by DJJ training policies resulting in training challenges related to human trafficking
- DJJ staff anticipate that recent legislation creating the Florida Scholars Academy will help resolve this training issue



Florida Department of Law Enforcement

- Nearly all law enforcement officers have completed the required human trafficking training

CSE Victim Financial Assistance



Few CSE victims receive financial assistance, with only four claims paid in the past four fiscal years

		2018-19	2019-20	2020-21	2021-22
Human Trafficking Relocation	Applications filed	3	1	1	1
	Eligible	1	1	1	0
	Number of claims paid	1	1	1	0
	Total amount paid	\$1,500	\$1,000	\$1,000	\$0
Victim Compensation	Applications filed	3	8	10	5
	Eligible	1	1	3	2
	Number of claims paid	0	1	0	0
	Total amount paid	\$0	\$975	\$0	\$0



Challenges to Receiving Assistance

- Strict eligibility criteria
- Youth required to cooperate with law enforcement
- Difficult application process requiring large amount of documentation
- Time limits

Human Trafficking-Related Legislation—2023



The 2023 Legislature passed three laws pertaining to human trafficking

Law	Changes Include
Chapter 2023-85	<ul style="list-style-type: none">▪ Requires DCF to establish a process to certify safe houses for adult trafficking victims▪ Requires DCF to develop or approve age-appropriate educational programming for use with children in specified settings regarding the signs and dangers of and how to report human trafficking▪ Requires safe houses to provide for the detection of trafficking activity, coordinate with law enforcement, and search for missing children by employing or contracting with law enforcement to provide appropriate security▪ Requires public lodging establishments to correct training deficiencies within 45 days, and such establishments are no longer eligible for a second or subsequent correction period for violations committed on or after July 1, 2023
Chapter 2023-86	<ul style="list-style-type: none">▪ Increases criminal penalties for specified offenses involving certain adult entertainment establishments and allows adult or minor victims of human trafficking to recover damages from the establishment's operator▪ Revises human trafficking training requirements for law enforcement and no longer places an officer's certification on inactive status pending training completion▪ Creates the Statewide Data Repository for Anonymous Human Trafficking Data and identifies the type of data to be reported and by which agencies and organizations
Chapter 2023-87	<ul style="list-style-type: none">▪ Makes the offense of human trafficking during which a person possesses a firearm or destructive device subject to a specified mandatory minimum term of imprisonment

Recommendations



OPPAGA offers recommendations related to data collection, safe house recruitment, safe house evaluation, and CSE victim compensation

- DCF should improve the collection of data related to youth assessed for placement in safe houses and safe foster homes
- DCF should work with the lead agencies as well as current and prospective providers to recruit more Tier 1 safe houses and work to mitigate identified barriers
- DCF should collaborate with the lead agencies to develop a formal, uniform, and consistent process for monitoring and assuring the quality of safe house providers
- The Legislature could consider directing the Office of the Attorney General to review the criteria for Victims Compensation Funds for CSE victims

Contact Information

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FLORIDA LEGISLATURE OFFICE OF PROGRAM POLICY ANALYSIS AND
GOVERNMENT ACCOUNTABILITY

OPPAGA supports the Florida Legislature by providing data, evaluative research, and objective analyses that assist legislative budget and policy deliberations.

Annual Report on the Commercial Sexual Exploitation of Children in Florida, 2023

Report 23-08

July 2023



OPPAGA

Office of Program Policy Analysis and Government Accountability

Annual Report on the Commercial Sexual Exploitation of Children in Florida, 2023

EXECUTIVE SUMMARY

In 2022, 354 youth were verified as victims of commercial sexual exploitation (CSE) in Florida. This number has decreased from 2021, when 379 youth were verified. Consistent with prior OPPAGA reports, dependent youth have a higher rate of prior maltreatments and re-victimization than community youth. A best practice to identify victims of CSE is use of a validated screening tool. The Department of Children and Families (DCF) has been unable to validate its Human Trafficking Screening Tool. DCF has made revisions to its screening tool and plans to undergo another validation study, its third attempt, by the Florida Institute for Child Welfare.

Another best practice is the use of a placement tool. OPPAGA staff interviewed representatives of seven community-based care lead agencies, most of whom reported that DCF’s placement tool is helpful in determining appropriate settings for youth; however, staff also identified barriers to placing youth in recommended settings.¹ While statute requires DCF to collect data associated with the placement tool, the department was unable to provide OPPAGA with individual-level data from the tool. Lead agency representatives reported experiencing an increased need for and decreased availability of specialized settings, particularly for high-need youth; challenges remain in placing youth with existing providers.

While the number of licensed CSE specialized beds increased slightly over the past year, the availability of beds is far below pre-2020 levels, and there are still no residential settings licensed as Tier 1 safe houses. The number of CSE youth assessed for placement continues to exceed the number of specialized beds. The percentage of time spent in nearly all setting types decreased in 2022, while the percentage of time spent in at-risk homes increased sharply. Re-victimized youth spent more time missing from care and in Department of Juvenile Justice (DJJ) facilities than newly verified youth; notable shifts occurred among re-victimized youth’s placements since 2021.

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.

¹ Setting refers to the general type of provider with which the youth is placed. Placement is the act of placing a child with a particular provider.

Lead agencies' engagement with current and prospective CSE providers varies; most reported difficulty in finding providers willing to serve this population. Few lead agencies have safe houses in the agencies' catchment areas and must place youth in safe houses with which the agencies do not contract. The agencies lack a uniform process for monitoring the quality of CSE providers and instead assess quality through a variety of methods, such as staffing meetings, field visits, and exit interviews.

As seen in prior OPPAGA reports, CSE youth did not make significant progress in a variety of outcome measures in the years following their initial CSE verification. CSE youth continued to have high rates of involvement with DCF and DJJ in the years following their verification; while the majority of CSE youth were enrolled in school, they continued to experience poor educational outcomes, including low attendance and graduation rates. Youth with Baker Act examinations continued to fare worse in nearly all outcome areas compared to youth without such examinations.

OPPAGA recommends that DCF improve data collection related to the human trafficking placement tool; work with lead agencies to develop a consistent process for monitoring the quality of safe house providers; and work with lead agencies and existing CSE providers to recruit providers interested in operating Tier 1 safe houses.

BACKGROUND

Human trafficking includes two types of exploitation: commercial sexual exploitation (CSE) and forced labor.² Florida law defines human trafficking as the exploitation of another human being through fraud, force, or coercion.³ Florida law does not specify coercion as a condition of 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.⁴ Federal and state law both criminalize human trafficking of adults and children.⁵

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 (OAG), state attorneys, and U.S. attorneys' offices that pursue convictions against individuals charged with trafficking in Florida. In addition to prosecuting traffickers, the OAG assists human trafficking victims in a variety of ways, including chairing the Statewide Council on Human Trafficking, administering the state's Victims of Crime Act funds, and providing financial compensation to victims.

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 investigate the allegations and administer the Human Trafficking Screening Tool (HTST). 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 uses the HTST to screen those who demonstrate indicators related to sexual exploitation; certain DJJ providers also screen youth who exhibit certain characteristics indicative of CSE.⁷ When appropriate, DJJ and its providers refer children to DCF.

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

³ Section [787.06](#), *F.S.*

⁴ Section [409.016](#), *F.S.*

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

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

⁷ For more information on DJJ's use of the HTST, see OPPAGA Report [22-05](#).

In Fiscal Year 2021-22, DCF allocated \$3.5 million to the lead agencies to serve CSE youth, a \$700,000 decrease from Fiscal Year 2020-21. However, lead agencies spent over \$13.1 million to provide placements and services to 508 CSE youth (an average of \$25,867 per youth); this is approximately \$1.6 million more than was spent in the prior year. In addition to the funds allocated to the lead agencies, the Legislature appropriates funds to individual CSE providers to deliver specialized services. In Fiscal Year 2022-23, the Legislature appropriated nearly \$5 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 2022; dependent children have more prior maltreatments and re-victimization than community youth

In 2022, the number of youth verified as victims of commercial sexual exploitation by the Department of Children and Families decreased.^{8,9} Both the number of re-victimized youth (i.e., those having verified cases of CSE in prior years) and the number of youth with multiple verifications within the year have continued to decrease since 2019. Slightly less than half of verified youth had histories of prior maltreatment; dependent youth had higher incidences of prior neglect, CSE, sexual abuse, and abandonment.^{10,11} 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 verified in 2022 decreased; the number of youth with multiple verifications within the year continued to decrease. In 2022, reports to the Florida Abuse Hotline alleging the CSE of minors increased (3,408 in 2022 compared to 3,182 in 2021). Five counties accounted for 41% of all reports: Hillsborough (404), Miami-Dade (276), Duval (261), Broward (233), and Orange (210). Of the 3,408 reports, 45% were screened in and referred for child protective investigations. Fifteen 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%).¹²

⁸ To assess the prevalence of CSE victims identified in Florida, OPPAGA relied on DCF's Florida Safe Families Network (FSFN) hotline intake and child protective investigation data. The prevalence analysis only includes CSE victims who had a verified CSE finding by DCF in 2022.

⁹ 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.

¹⁰ A dependent child is a child who has been removed from their home and needs to be under state supervision. This child could live with a relative, non-relative or in foster care.

¹¹ For the purposes of this report, dependent children are those who were in foster care at the time of their CSE investigation or went into foster care in the six months following their CSE investigation.

¹² The other most prevalent categories of reporters were friends, family, and other relatives (10%); other (10%); social service personnel (7%); mental health personnel (6%); and anonymous (6%).

When DCF hotline staff did not refer cases for investigation, the most common reasons given were the allegation did not rise to the level of reasonable cause to suspect abuse, neglect, or abandonment based on statutory definitions (87%); there were no means to locate the victim (4%); or the alleged perpetrator was not the child’s caregiver (4%). The reports screened out because the caregiver was not the perpetrator (71 reports) were screened out contrary to department policy; this is consistent with prior OPPAGA report findings.^{13,14}

Investigations conducted in 2022 resulted in the verification of 354 CSE youth, a slight decrease from 377 victims identified in 2021. (See Exhibit 1.) The number of youth with CSE investigations in prior years and the number of youth with multiple verifications within the year decreased. Forty-two youth were identified as re-victimized in 2022, compared to 51 youth in 2021. Similarly, 18 youth were verified in more than one investigation in 2022, compared to 27 youth in 2021. Counties with the highest prevalence of verified cases were Broward (36), Palm Beach (25), Polk (24), Miami-Dade (23), Brevard (22), Escambia (22), and Orange (22). These seven counties accounted for 49% of all cases. Since 2015, DCF has verified 2,895 youth as victims of CSE.¹⁵ (See Appendix C for the numbers of verified victims in each county.)

Exhibit 1
DCF Verified 354 Child Victims of CSE in 2022



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

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.

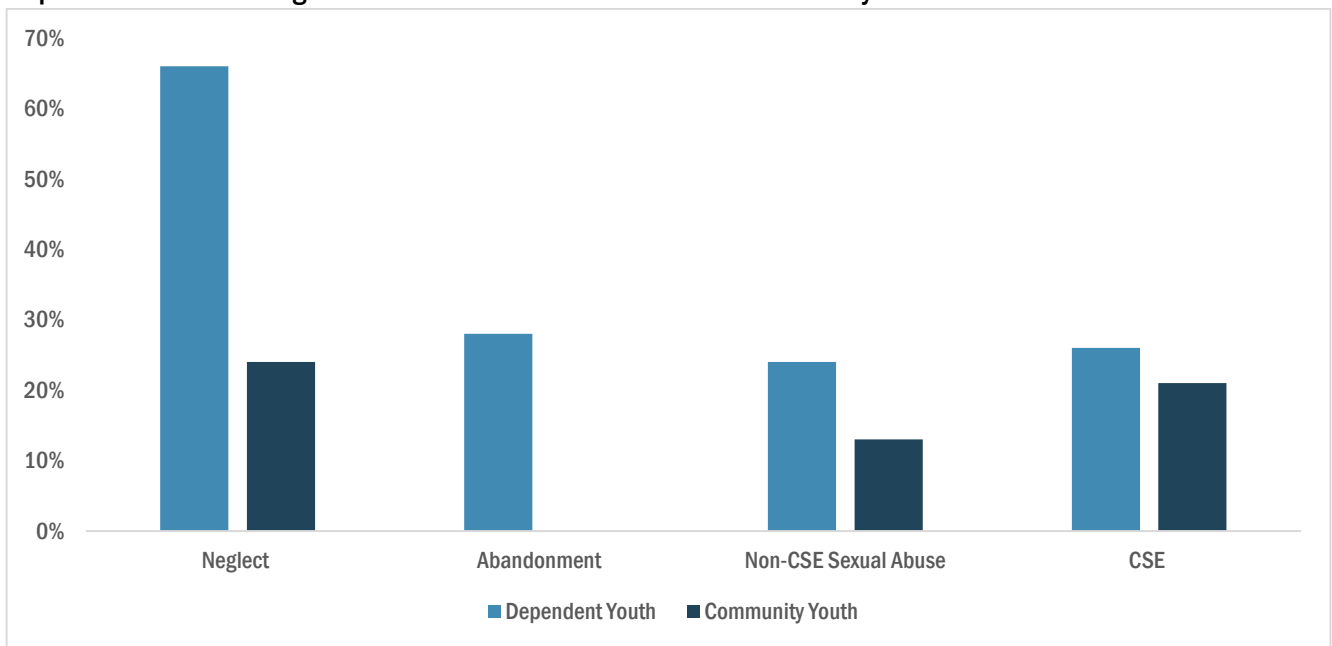
¹⁴ DCF staff reported that the department has implemented a review process for hotline calls to address human trafficking allegations that are screened out for this reason. This process identified that 67 of the 71 reports calls were correctly screened out due to other reasons than the caregiver not being the alleged perpetrator; the remaining 4 reports were subsequently screened in for investigation under a new intake number.

¹⁵ 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](#).

Nearly half of verified CSE youth had histories of prior maltreatment; dependent youth had higher incidences of prior neglect, abandonment, sexual abuse, and CSE than community youth. As in prior reports, CSE youth in 2022 were predominately female, white, and 14 to 17 years of age. Similar to 2021, 49% of youth had at least one verified maltreatment prior to their CSE investigation. The most common types of prior verified maltreatment were neglect (48%) and parental failure (39%). Additionally, 20% 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 (77% and 33%, respectively). Dependent youth experienced higher incidences of prior neglect, abandonment, sexual abuse, and CSE than community youth. (See Exhibit 2.)

- **Community youth:** youth who remained at home and did not enter the child welfare system within six months of their CSE investigation.
- **Dependent youth:** youth who were under the care of the child welfare system at the time of or within six months of their CSE investigation.

Exhibit 2
Dependent Youth Had Higher Rates of Prior Maltreatment 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 (64%) of CSE youth remained in the community in the six months following their 2022 verification, while 36% of CSE youth either were in or entered the dependency system within six months of their CSE investigation. Of the 354 CSE youth verified in 2022, 26% were in the dependency system at the time of their investigation (1% were receiving in-home protective services and 25% were in out-of-home care).¹⁶ Of these youth, 46% were in a residential setting (e.g., a group home, residential treatment center, or DJJ facility).¹⁷ The percentage of youth missing from care at the time of their CSE

¹⁶ In-home protective and out-of-home care services are mutually exclusive categories, but some youth received both types of services at different times.

¹⁷ A residential setting includes any licensed out-of-home care placement that is not a family setting.

investigation decreased from 22% in 2021 to 12% in 2022, which is consistent with pre-2020 levels.^{18,19} Within six months of their CSE investigation, an additional 5% of verified youth received in-home protective services and 8% entered out-of-home care.

As seen in OPPAGA's 2022 report, a higher percentage of re-victimized youth were dependent; 57% of re-victimized youth were dependent, compared to 17% of youth who were first verified in 2022. While a larger proportion of re-victimized youth (48%) were already in out-of-home care at the time of their first CSE verification compared to youth who were first verified in 2022 (21%), a similar percentage went into out-of-home care within six months (10% of re-victimized youth compared to 8% of newly verified youth).

Some states are using validated screening tools; DCF has modified its screening tool and plans to undergo another validation study

Florida statute requires the Department of Children and Families to use a validated tool to identify victims of human trafficking, but despite multiple efforts, researchers have not been able to validate the department's Human Trafficking Screening Tool (HTST).²⁰ A federal study of states' use of human trafficking screening tools identified 6 states out of a sample of 25 that use at least one of four validated tools. However, Florida State University's Florida Institute for Child Welfare (ICW) researchers reviewed the tools and believe that the other states' tools lack validation evidence with child welfare-specific samples; ICW staff is planning another validation study of DCF's newly revised HTST.

Researchers identified six states as using validated human trafficking screening tools; implementation varies by state. A study funded by the U.S. Administration for Children and Families (ACF) reviewed how state child welfare agencies identify human trafficking and found that most participating agencies utilized internally developed screening tools that were not validated or were not validated for use with the appropriate setting and/or population.^{21,22} The researchers identified six states using validated human trafficking screening tools; however, none of the states required the use of the tool among child welfare staff.

Of the six states identified as using a validated tool, four utilized the Commercial Sexual Exploitation-Identification Tool (CSE-IT), three utilized the Trafficking Victim Identification Tool (TVIT), two utilized the Human Trafficking Interview and Assessment Measure (HTIAM-14), and one utilized the Human Trafficking Screening Tool (HTST).²³ The validated tools vary in type, length, developer, inclusion of a scoring matrix, and method of validation. (See Exhibit 3.)

¹⁸ According to DCF Operating Procedure No. 170-3, 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 DCF or a 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 a designee upon their recovery. The policy specifies that a child's child welfare professional enter a missing child report into FSN within 24 hours of determining that a child is missing.

¹⁹ Prior OPPAGA reports identified a spike in 2020 in the number of youth who were missing from care during their CSE investigation. In 2019, 14% of youth were missing from care at the time of their investigation. This peaked at 31% in 2020 and decreased to 22% in 2021.

²⁰ For more information on the tool's development and validation efforts, see OPPAGA Report 22-05.

²¹ Twenty-five states were selected to participate in the study based on geographic location and population, administration of child welfare services, diversity in screening approach, and strength of practice.

²² U.S. Department of Health and Human Services, Office of Planning, Research, and Evaluation, Administration for Children and Families. *Identifying and Addressing Human Trafficking in Child Welfare Agencies: Final Report*. Charm, Samantha, Natasha Latzman, Bethany Gilot, Melissa Dolan. OPRE Report 2022-72. March 2022.

https://www.acf.hhs.gov/sites/default/files/documents/opre/identifying_and_addressing_human_trafficking_apr2022.pdf

²³ The Human Trafficking Screening Tool referenced was developed by the Urban Institute and is not the tool in use in Florida.

Three of the screening tools, the TVIT, HTIAM-14, and HTST, are interview-type tools with a set of questions asked of youth, while only the CSE-IT is an indicator-type tool that is a standardized approach where users document the presence or absence of each indicator. Full-length screening tools range from 19 questions (HTST) to 48 questions (CSE-IT); three of the tools include an abbreviated version that can be used to pre-screen individuals. Two of the screening tools, CSE-IT and HTIAM-14, include a scoring matrix that facilitates assessing a youth’s risk of trafficking. Three of the four tools screen for sex and labor trafficking, while one, the CSE-IT, only screens for sexual exploitation. Additionally, some tools are validated for use with minors, while others are validated for use with young adults.

Exhibit 3

Four Validated Human Trafficking Screening Tools Were Identified; Tool Characteristics Vary

Tool Name	Developer	Type of Trafficking Screened	Testing Population	Validation Study Size and Location	Tool Type	Number of Questions	Scoring Matrix	State(s) Using Tool ¹
Commercial Sexual Exploitation-Identification Tool (CSE-IT)	WestCoast Children’s Clinic	Sex	Youth involved with child welfare system	5,537 children ages 10+ in CA	Indicator	48	Yes	CA, GA, KS, OH
Human Trafficking Interview and Assessment Measure (HTIAM-14) ²	Covenant House	Sex and labor	Runaway and homeless young adults	1,539 young adults in AZ, DC, LA, NY, NJ, and PA	Interview	37 (long) 4 (short)	Yes	CA, OH
Trafficking Victim Identification Tool (TVIT)	Vera Institute of Justice	Sex and labor	Adults presenting at a social services organization	180 adults in CA, CO, NY, TX, and WA	Interview	47 (long) 16 (short)	No	KY, NE, OH
Human Trafficking Screening Tool (HTST)	Urban Institute	Sex and labor	Youth involved in child welfare or runaway and homeless services	617 youth ages 12–24 in NY, TX, and WI	Interview	19 (long) 6 (short)	No	OH

¹ Includes states utilizing tools as optional or as adaption.

² Tool adapted from the Vera Institute of Justice’s TVIT.

Source: OPPAGA summary of *Identifying and Addressing Human Trafficking in Child Welfare Agencies: Final Report* findings.

While six states were identified as using validated tools, researchers found that the states were most commonly using them as optional tools, adaptations of the validated tools, or in-depth assessments following the use of a non-validated pre-screening tool. None of the states utilizing validated tools required the use of a single tool; some states allowed for the use of more than one tool. For instance, Ohio provides the option of utilizing one of four different validated tools, and California provides the option of utilizing one of two different validated tools. Additionally, several states’ tool use varies by agency or provider. California has various agency-developed tools, each of Kansas’ four child-welfare service providers has developed a screening tool, and Ohio’s use of optional tools varies by county. (See Exhibit 4.)

Exhibit 4

While Six States Were Identified as Using Validated Screening Tools, Implementation Varies by State

State	Use of Validated Tool Is Optional	Adapted Version of Validated Tool	More Than One Tool in Use	Tool Use Varies by Agency/Provider
California	X		X	X
Georgia			X	
Kansas			X	X
Kentucky	X			
Nebraska	X	X	X	
Ohio	X		X	X

Source: OPPAGA summary of *Identifying and Addressing Human Trafficking in Child Welfare Agencies: Final Report* findings.

Among the tools, ICW researchers identified a lack of validation evidence with child welfare-specific samples; DCF and ICW are planning another validation study for Florida’s screening tool. ICW researchers evaluated the four tools identified in the ACF study, as well as an abbreviated version of the HTIAM-14.²⁴ ICW researchers reported that the five tools lack validation evidence with child welfare-specific samples. In addition, the HTST was pretested with youth ages 12 through 24 involved in child welfare or runaway and homeless youth services, but the tool’s developers recommend additional testing to screen youth under the age of 18 and for youth in child welfare settings due to limited samples of these subpopulations. Furthermore, the HTIAM-14 and TVIT were pretested for validation for use with adults instead of minors. In contrast, the CSE-IT was pretested for validation with youth ages 10 and older, with over 80% of the sample under the age of 18 and 40% of the sample being pretested in a child welfare setting.

ICW researchers reported that if DCF were to implement an alternate tool, the TVIT and HTIAM-14 had the strongest evidence. However, ICW recommended that DCF attempt re-validation of Florida’s HTST, since alternate tools lack validation evidence with child welfare-specific samples and previous revisions of Florida’s HTST demonstrated promise toward future validation.

DCF staff reported that they revised the tool in response to ICW recommendations and that the revised tool will be implemented by Office of Child and Family Well-Being staff in July 2023. Following DCF’s deployment of the revised tool, ICW reported that it plans to offer support in a second validation attempt, likely in the spring of 2024, and that DCF staff have expressed interest in developing a shortened pre-screening tool. Currently, ICW is seeking to provide DCF with additional technical assistance and data analysis regarding the tool’s ongoing development and validation.

²⁴ The Quick Youth Indicators for Trafficking Youth is an abbreviated tool adapted from the Covenant House’s HTIAM-14 tool.

PLACEMENTS AND SERVICES

Lead agency staff reported that DCF’s placement tool is helpful, but there are barriers to placing youth in recommended settings; DCF does not collect individual-level data on the tool

In addition to the screening tool, statute requires the Department of Children and Families to use a tool to identify appropriate placements for CSE youth. To obtain information on the department’s placement tool, OPPAGA staff interviewed representatives of seven lead agencies, requested DCF data and information, and reviewed relevant statute and policy.²⁵ Some lead agency staff reported that the placement tool is helpful for determining placements but identified challenges with finding the recommended placements. DCF policy and Florida statute require the department to collect certain data on youth assessed for placement in CSE settings; however, DCF was unable to provide individual-level placement tool data to OPPAGA.

According to some lead agency staff, the tool used to guide placement decisions for CSE youth is helpful for determining placements, but they identified challenges with finding recommended placements. Florida statute requires the use of a tool to identify appropriate placements for CSE youth.²⁶ DCF created and utilizes the Level of Human Trafficking Placement Tool. Department policy requires lead agencies to assess all verified CSE youth for placement in a safe house or safe foster home using the tool.²⁷ The tool is administered by child welfare staff during multidisciplinary team staffings and prompts users to assess victims based on five domains—likelihood to stay in a placement, likelihood to disrupt a placement, readiness for change, support system involvement, and placement location considerations.²⁸

Some lead agency representatives that OPPAGA staff interviewed reported that the placement tool is helpful for identifying an appropriate placement and determining whether the youth is ready for a specialized CSE placement. Staff reported that the tool asks the necessary questions and touches on aspects that lead agency staff need to consider when placing a youth. Lead agency staff reported considering various factors when deciding where to place a CSE youth, including the youth’s willingness to be placed with the provider, their mental and behavioral health, provider location, and a youth’s history of recruitment. Despite some lead agency staff reporting that the tool is helpful in determining the appropriate placement, lead agency staff reported that they experience challenges securing the recommended placements due to a lack of provider availability, including a shortage of specialized providers and providers willing to accept high-need youth.

²⁵ OPPAGA interviewed staff at ChildNet Broward, Citrus Family Care Network, Embrace Families, Family Support Services of North Florida, Family Support Services of Suncoast, Heartland, and Northwest Florida Behavioral Health Network.

²⁶ Section [409.1754](#), F.S.

²⁷ DCF Operating Procedure 170-14.

²⁸ Multidisciplinary team staffings are convened to determine the most appropriate level of placement when there is suspicion or verification of human trafficking. The staffings include, but are not limited to, the child protective investigator, lead agency staff, a representative from Children’s Legal Services, the regional criminal justice coordinator, law enforcement, the child’s guardian ad litem, DJJ staff, current service providers or immediate eligible service providers, school staff, and a representative from Refugee Services or a refugee services provider in cases when a foreign national victim is involved.

DCF policy and Florida statute require the department to collect certain data on youth assessed for placement in CSE settings; however, DCF was unable to provide these data to OPPAGA. DCF policy requires a youth’s placement tool assessment to be updated, at a minimum, every 180 days, and when a youth is not placed in a safe house or safe foster home, the reason must be documented in FSFN. If the tool is not completed, the reason must also be documented in FSFN. Further, Florida statute requires DCF to maintain data on children assessed for placement in a safe house or safe foster home, including information such as the number of CSE youth who were referred to nonresidential services in the community, the number for whom a safe house or safe foster home placement was unavailable, and the county in which the placement was unavailable.²⁹

Following up on a 2022 report recommendation, OPPAGA requested individual-level data associated with the assessment to determine the reasons children are not placed in a safe house or safe foster home and the amount of time children determined appropriate for these settings wait for placement.³⁰ DCF staff reported being unable to provide these data, as no extractable data exists related to the tool. Staff reported that the placement tools are paper forms that are completed by lead agency staff and scanned into FSFN. Further, staff reported that there is no identifying code or description associated with these scans; the scans are identified only as an uploaded item that is related to a meeting. There were over 162,000 such uploads during the requested period.

Due to the lack of individual-level data associated with the placement tool, OPPAGA can neither verify whether the tools and the associated documentation are being completed nor determine the reasons youth are not placed in specialized settings (or the amount of time they spend waiting for these placements). While the files are reported to be stored in scanned form in FSFN, without extractable data or an identifying code associated with the files, there is no way to analyze the information or for DCF to monitor performance. DCF staff reported that the department’s Comprehensive Placement Tool (used for all youth in out-of-home care, not just CSE youth) will be included in the redesigned FSFN data system.³¹

Lead agency staff reported increased need and decreased availability of specialized placements; challenges remain with placing youth with existing providers

OPPAGA staff interviewed representatives of seven lead agencies to gain their perspective on the availability and challenges regarding placements and services. Lead agency staff reported changes in the CSE placement and service array, including increased need and decreased availability of specialized placements in recent years. Consistent with prior OPPAGA reviews, lead agency staff reported various challenges with placements and services for high-need youth, including placement and service availability, provider selectiveness, and youth willingness to be placed with specialized providers. The Open Doors Outreach Network (ODON) staff reported high caseloads and the net loss of one contracted provider; the number of available survivor mentors has decreased by one.^{32,33}

²⁹ Section [39.524, F.S.](#)

³⁰ OPPAGA requested all data associated with the placement tool from calendar year 2020 through calendar year 2022.

³¹ DCF staff reported that the programming of the Comprehensive Placement Tool in FSFN is expected to be completed in September 2023.

³² ODON provides services to CSE youth ages 10 through 24 in 22 counties through outreach teams that include survivor mentors, regional advocates, victim service coordinators, and clinicians.

³³ ODON staff reported that they are in the process of selecting a new contractor for one of the regions where a provider did not renew its contract.

Lead agency staff reported increased need and decreased availability of specialized CSE placements; most group homes have become licensed as at-risk homes, though lead agency staff opinions about this change vary. The lead agency representatives that OPPAGA staff interviewed described decreases in specialized settings in recent years. Staff at all lead agencies reported issues with placement capacity for CSE youth, with five reporting a decrease in available specialized placements in recent years. Staff at the lead agencies experiencing decreased placement capacity for CSE youth reported that multiple safe houses have closed in the past two years, including the only safe house for males. Staff at one lead agency also reported that they find it increasingly challenging to recruit safe foster homes, with one explaining that foster parents are less willing to take on high-risk youth since the COVID-19 pandemic. Staff at two lead agencies reported that area providers are struggling with staffing shortages, including difficulty finding clinicians and other staff for residential settings. One explained that there are licensed beds that cannot be utilized because providers do not have enough staff to provide appropriate staffing ratios. While the number of specialized placement options has decreased, staff at two lead agencies also reported experiencing an increase in the number of youth who are in need of these settings.

Staff at six of seven lead agencies reported that the majority of traditional group homes in the agency's area have become licensed as at-risk homes. At-risk homes are a new type of group home resulting from the Family First Prevention Services Act that serve youth who present risk factors for human trafficking. Although staff in at-risk homes must be trained in human trafficking prevention, these settings are separate from licensed safe houses and are not considered a specialized placement option for CSE youth. Staff at only one lead agency reported seeing a meaningful difference between group homes and at-risk homes, including increased staff awareness and training and service availability. One lead agency representative noted that these at-risk settings were designed to serve youth at risk of trafficking and not those who are already victims of trafficking; this is consistent with information previously provided by DCF. However, due to challenges with locating available placement options, staff reported that verified youth are placed in these at-risk settings.

Consistent with prior reviews, lead agency staff reported various challenges with placements and services for high-need youth, including placement setting and service availability, provider selectiveness, and youth willingness to be placed. Staff representing most lead agencies reported challenges with meeting the needs of youth with higher levels of trauma and behavioral health issues, including a lack of residential treatment providers able to serve this population as well as the selection practices of some specialized providers. Staff at all seven lead agencies reported a shortage of behavioral health providers in the agency's area, particularly statewide inpatient psychiatric programs (SIPPs) and inpatient substance abuse programs. Staff at two lead agencies reported encountering extensive waitlists when trying to place CSE youth in SIPPs. One lead agency representative reported that the requirement for CSE youth to be in their own bedroom exacerbates issues with the waitlist since there are not many SIPP facilities that are able to accommodate a child in a private bedroom.

Both youth and providers must agree to placement in a safe house. Staff at most lead agencies stated that CSE placements often refuse youth based on certain characteristics, including histories of recruiting other youth into trafficking, criminal involvement, and behavioral health issues. The placement determines whether to accept or refuse a youth. Staff at one lead agency reported that when a setting refuses a youth, the lead agency attempts to negotiate these refusals by having the DCF regional coordinator discuss the decision with the facility, but, even if a placement is court ordered, the facility decides whether to accept a youth. Further, youth frequently refuse to go to these settings because they consider such placements as very restrictive. Staff at all but one lead agency reported

that one of the main barriers in placing youth was that youth have to agree to the placement but often refuse. Lead agency staff explained that barriers to youth agreeing to a placement include location, cell phone restrictions, and youth not self-identify as victims. While DCF has established a less restrictive safe house model (referred to as a Tier 1 safe house) that youth may be more willing to accept, staff at two lead agencies reported being unaware of the new setting type.^{34,35}

Staff at all but one lead agency identified gaps in the array of nonresidential service providers for CSE youth, including outpatient substance abuse and mental health services such as those for youth with co-occurring disorders; services specific to male CSE youth; counseling specific to CSE; and a more diverse provider network. Staff at one lead agency reported that the agency's area is lacking in all service types. ODON staff reported that its providers are experiencing high caseloads, creating stress for the outreach teams. In 2021, ODON reported having 10 survivor mentors serving youth in its network. As of June 2023, the number of survivor mentors had decreased to nine. ODON staff reported that in the past two years, one contracted provider expanded to a new region (the Gold Treasure Coast region), one provider reduced its coverage area (no longer covering the North Coastal region), and one provider (providing services in the Big Bend region) ended its contract. ODON contractors currently provide services in 22 counties; however, ODON staff reported that they are in the process of contracting with a new provider for the Big Bend, which would bring their service area to 30 counties.

CSE youth spent the most time in at-risk homes and less time in nearly all other setting types; differences in placements between re-victimized and newly verified youth remain

The number of CSE beds available to youth has increased slightly since Fiscal Year 2021-22. However, the number of available beds is still substantially lower than the peak seen in Fiscal Year 2018-19, and need continues to exceed availability. The percentage of time spent in nearly all setting types decreased in 2022, while the percentage of time spent in at-risk homes increased sharply. Placements for re-victimized youth continue to vary from newly verified youth; however, shifts are occurring among re-victimized youth's placements over time.

Although there has been a slight increase in the number of licensed CSE-specialized beds in Fiscal Year 2022-23, the number of CSE youth assessed for placement in these specialized settings continues to far exceed 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. From Fiscal Year 2018-19 through Fiscal Year 2021-22, the number of specialized beds decreased by 28%. While there was a net gain of seven beds during Fiscal Year 2022-23, the number of specialized beds is still substantially lower than at the peak in Fiscal Year 2018-19.

These beds are distributed across different placement settings. As of May 2023, there were six Tier 2 safe houses with a total of 33 beds. The number of safe houses remained the same as in OPPAGA's 2022

³⁴ The safe house providers referred to throughout this report are Tier 2 houses and are meant to be the initial housing option for children and youth recommended for a safe house placement. Tier 1 safe houses (established in DCF administrative rule in 2021) are designed to serve as less restrictive initial placements, if recommended by the HTST or MDT, for youth who need a safe house but do not have more intensive service needs that meet criteria for Tier 2 safe houses. Tier 1 safe houses are also meant to serve as a stepdown option from Tier 2 safe houses when youth are ready to move to a less restrictive placement but are not ready to re-enter the community. Tier 1 safe houses have less restrictive policies than Tier 2 regarding schooling options, cell phones, outside activities, and other practices to enhance normalcy.

³⁵ At the time of OPPAGA's review, there were no providers licensed as Tier 1 safe houses.

report; however, the number of beds decreased by three. At the time of OPPAGA’s current review, there were still no licensed Tier 1 safe houses.³⁶ Two additional safe foster homes were licensed in Fiscal Year 2022-23, increasing total bed capacity from 27 to 37. DCF staff reported that there were an additional 13 safe foster homes under review for licensure at the time of OPPAGA’s review.

Since 2014, the number of youth assessed for placement in a safe house or safe foster home has 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.^{37,38} Despite the fluctuation, each year the number of youth assessed for placement with these providers has far exceeded the number of available beds.³⁹ During Fiscal Year 2021-22, 505 youth were assessed for placement and 61 were placed in a safe house or safe foster home.^{40,41} (See Exhibit 5.)

Exhibit 5

The Number of DCF-Licensed Specialized CSE Beds Has Increased Slightly; 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	2022-23
Safe house beds	28	32	20	28	42	59	61	56	36	33
Safe foster home beds	7	13	16	15	21	28	20	24	27	37
Total CSE beds	35	45	36	43	63	87	81	80	63	70
Total youth assessed for placement ²	189	204	416	141	511	516	350	497	505	—
Total youth placed ³	79	101	70	35	79	64	59	60	61	—

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 FSFN placement data.

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

During the review period, there was no change in the number of qualified residential treatment programs, which remains at five facilities with a total bed capacity of 50.⁴² The number of licensed at-risk for sex trafficking group homes increased from 137 in 2022 to 156 with a total bed capacity of 1,523 as of May 2023; an additional 23 at-risk homes were under review for licensure at the time of OPPAGA’s review.

³⁶ In 2021, DCF finalized changes to its rule governing safe house licensing and certification (Ch. 65C-14, F.A.C.) and created Tier 1 safe houses to serve as a step-down option from Tier 2 safe houses or as a less restrictive initial placement option (for more information on Tier 1 safe houses, see OPPAGA Report 21-06).

³⁷ While the greatest number of CSE youth were assessed for CSE placements in Fiscal Year 2018-19, the greatest number of CSE youth were placed in CSE placements in Fiscal Year 2014-15.

³⁸ 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.

³⁹ 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.

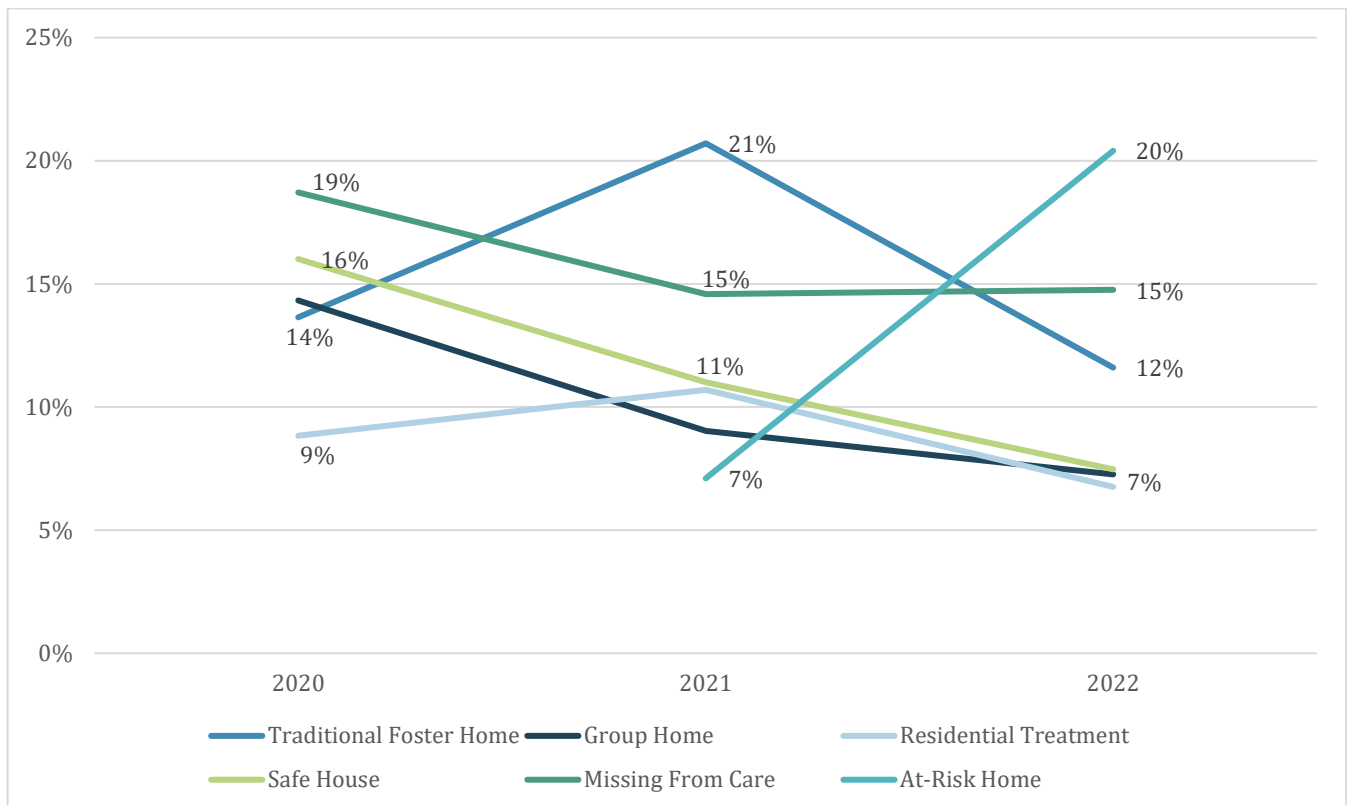
⁴⁰ While DCF licenses providers for a particular number of beds, providers may further limit bed capacity based on the existing resident composition and youth’s specific needs.

⁴¹ As of February 2023, there were 178 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, DCF estimates that 25% to 30% of safe house residents are community youth.

⁴² A qualified residential treatment program is a newly defined type of non-foster family setting required to meet detailed assessment, case planning, documentation, judicial determination, and ongoing review and permanency hearing requirements for a child to be placed in and continue to receive Title IV-E foster care maintenance payments for these placements. These placements are considered a type of residential treatment and are counted as such in OPPAGA’s placement data analysis.

The percentage of time spent in nearly all placement types decreased in 2022, while the percentage of time spent in at-risk homes increased sharply. OPPAGA’s 2022 report found an increase in the percentage of time spent in traditional foster homes in 2021; however, in 2022, the percentage of time spent in foster homes, and nearly all placement types, decreased. This decrease across placement types is likely attributable to the sharp increase in time spent in at-risk homes, which first became available in 2021 and increased from 7% to 20%. Despite these homes being designed for youth at risk of trafficking (not those who have already been trafficked), the at-risk homes are the placement where CSE youth spent the largest percentage of time in 2022. (See Exhibit 6 and Appendix D.)

**Exhibit 6
Time Spent in Most Placement Types Decreased From 2021 to 2022, While Time Spent in At-Risk Homes Increased¹**



¹ The placements shown in the exhibit were the most common placement types in 2022. CSE youth also spent time in emergency shelters (4%), maternity group homes (3%), safe foster homes (2%), therapeutic foster homes (1%), and temporary placements such as hospitalizations and visitations (9%).

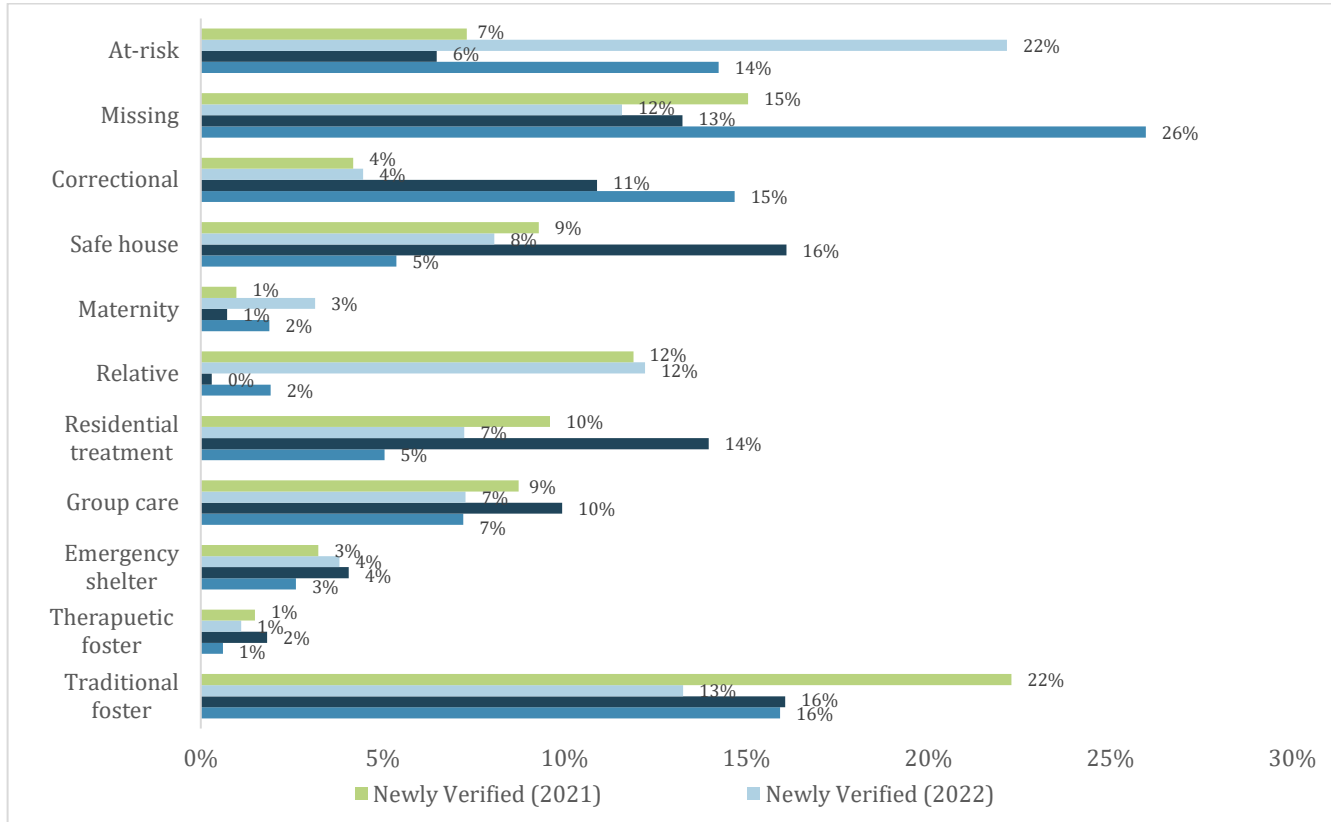
Source: OPPAGA analysis of Department of Children and Families data.

Re-victimized youth spent more time missing from care and in DJJ facilities than newly verified youth in 2022; notable shifts occurred among re-victimized youth’s placements since 2021. Consistent with prior OPPAGA reports, time spent in placements differs for re-victimized youth compared to newly verified youth. Re-victimized youth spent more time missing from care (26% of re-victimized youth compared to 12% of newly verified youth), in DJJ facilities (15% of re-victimized youth compared to 4% of newly verified youth) and in traditional foster homes (16% of re-victimized youth compared to 10% of newly verified youth), and less time in relative/non-relative caregiver placements and at-risk homes. Additionally, shifts occurred within these populations from 2021 to 2022, particularly among re-victimized youth. In 2022, re-victimized youth spent more time missing from care (26% in 2022 compared to 13% in 2021) and in at-risk homes (14% in 2022 compared to

6% in 2021) and less time in safe houses and residential treatment. Less change occurred among newly verified youth; however, these youth spent more time in at-risk homes (22% in 2022 compared to 7% in 2021) and less time in traditional foster homes. (See Exhibit 7.)

Exhibit 7

Re-Victimized Youth’s Time in Placements Continues to Vary From Newly Verified Youth; Shifts Occurred Among Re-Victimized Youth From 2021 to 2022¹



¹ Both groups spent less than 5% of their time in 2021 and 2022 in emergency shelters, safe foster homes, and therapeutic foster homes.

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

Provider recruitment efforts vary across lead agencies with few reporting strong interest from prospective providers

Florida statute requires each Department of Children and Families region and each lead agency to jointly assess local service capacity to meet the specialized service needs of CSE youth and establish a plan to develop the necessary capacity.⁴³ DCF staff reported working with stakeholders to recruit CSE providers through methods such as partnerships with schools and other organizations, faith-based outreach, and advertisements. Lead agencies vary in methods of provider engagement and most reported difficulty finding providers willing to serve this population. Staff at some lead agencies described actively engaging area providers to expand service and placement availability, while few reported prioritizing maintaining existing providers.

⁴³ Section 409.1754(3)(c), F.S.

DCF staff reported the department partnering with local stakeholders to recruit CSE providers. To engage new CSE providers across the state, DCF staff reported partnerships with the Statewide Council on Human Trafficking, the lead agencies, community partners, and the Children’s Alliance to engage in a variety of recruitment efforts to identify prospective CSE providers. These recruitment efforts include media campaigns, advertisements, special events, partnerships with schools and organizations, and faith-based outreach.

Lead agencies vary in methods of provider engagement; most reported difficulty in finding providers willing to serve this population. Staff at all seven lead agencies that OPPAGA interviewed reported having an insufficient supply of providers to serve CSE youth. Staff at four of the lead agencies OPPAGA interviewed described actively engaging area providers to expand service and placement availability; staff at the other three lead agencies reported prioritizing maintaining existing providers. The four lead agencies engage in several current recruitment efforts (e.g., media campaigns, assisting prospective providers with securing funding); three are working with prospective providers with the goal of bringing additional CSE services to the area, including a CSE specialized therapeutic group home, a safe house, and two high-risk teen homes. Specific to foster homes, staff at one lead agency reported that foster parent recruitment largely occurs through word of mouth among foster parents. Staff at another lead agency stated that the agency engages and trains foster parents who are interested in serving CSE youth.

Staff at two of these lead agencies expressed that, despite recruitment efforts, very few providers want to operate safe houses. Staff representing most lead agencies interviewed by OPPAGA reported not having had success in recruiting foster homes for this population for several reasons, including foster parents’ apprehension of serving this high-risk population and the requirement for safe foster homes to provide 24-hour supervision. Staff at one lead agency reported that the agency has seen an increase in interest from new potential foster parents, while another reported that foster parents have recently been trained to work with this population, but some were ultimately not a good fit. The lead agency staff reported that they are struggling to find foster parents generally, as the increased cost of living is resulting in foster parents leaving the circuit.

Lead agencies utilize child-specific agreements when placing CSE youth in safe houses; the agencies lack a formal, uniform process for monitoring provider quality

DCF establishes guidelines for subcontracting by lead agencies. Staff at many lead agencies reported utilizing child placement and rate agreements, as opposed to provider contracts, when placing CSE youth in safe houses outside of agency catchment areas. While few lead agencies have safe houses in the agency’s catchment areas, OPPAGA found that some prefer not to place CSE youth locally. Further, there are no formal processes for monitoring the quality of CSE providers, as methods to assess quality vary across lead agencies.

DCF establishes requirements for subcontracting by lead agencies. Lead agencies may contract some or all responsibilities to another party and do not require approval from DCF unless certain conditions exist. The lead agencies must meet performance measures identified in the contracts with DCF whether the agency provides services directly or through a subcontractor. The department

requires subcontract agreements to include certain information.⁴⁴ Additionally, prior to contracting with providers, lead agencies must analyze the cost of services and validate that costs are allowable and reasonable. The lead agencies are responsible for ensuring that subcontractor staff meets applicable state and federal licensing or certification requirements and subcontractors provide quality services.

Typically, lead agencies subcontract with residential providers in the agency's catchment area; however, only three lead agencies in the state have safe houses in the agency's catchment area. Consequently, the majority of lead agencies place youth with safe house providers with which the agency does not subcontract. OPPAGA reviewed a subcontract agreement between one lead agency and a safe house. This agreement states that other lead agencies may use the safe house by entering into a rate agreement or similar agreement, and that all services will be delivered as specified in the subcontract between the safe house and contracting lead agency. The safe house must provide a monthly summary of each child's progress to the case manager and contracting lead agency. The safe house must also report performance measures monthly. In addition, the safe house must work with the local case management agency to coordinate monthly home visits with the child. The contracting lead agency and/or DCF may monitor or conduct oversight reviews to evaluate compliance with contract, management, and programmatic requirements.

When placing CSE youth in safe houses outside of lead agency catchments, lead agency staff reported utilizing child placement and rate agreements. According to agency staff, in lieu of contracts, most lead agencies interviewed by OPPAGA use child placement and rate agreements when placing youth in safe houses. These agreements are child- and placement-specific, as opposed to contracts pertaining to all of the children in a catchment area. Child placement agreements outline the specific care expectations for a child in out-of-home care whose behaviors or circumstances require additional supervision or safeguards. These agreements are required in all out-of-home care placements for all youth (not just for CSE youth) who may pose a significant threat to the safety of other children or themselves and are typically used with youth who have histories of sexual abuse. Rate agreements include an agreed upon daily fee for the provider to house and provide the necessary services for a child.

Lead agencies consider multiple factors when finding a placement for CSE youth, including provider location. OPPAGA interviewed staff at one lead agency that has a safe house in the agency's catchment area. The lead agency staff reported that they do not usually place youth at the home, as they prefer to place CSE youth outside the area.

Lead agencies lack a uniform process for monitoring the quality of CSE providers and instead assess quality through a variety of methods, such as staffing meetings, field visits, and exit interviews. DCF staff reported that the department's Office of Licensing monitors safe houses annually to assess the quality of care and services provided, which includes reviewing a sample of treatment plans; case managers' monthly observations of interactions between staff and the child; exit interviews with children after their discharge from the safe house; surveys completed by children; and any grievances filed. Lead agencies do not have a formal assessment process to determine the quality of services provided to youth at safe houses outside of agency catchments. Lead agency staff reported utilizing varying processes to monitor services provided in safe houses and determine if youth's needs

⁴⁴ Requirements include a detailed scope of work; clear and specific deliverables; performance standards; financial consequences for failure to perform in accordance with the contract; programmatic monitoring requirements; fiscal monitoring requirements; and detailed documentation requirements.

are being met. Staff at four lead agencies reported attending monthly check-ins or treatment team meetings; two reported conducting exit interviews with youth and placement staff; two reported that the youth's case managers monitor the quality of the placements; and two reported monitoring any referrals or investigations related to the placements.

Lead agencies' lack of a formal process for monitoring youth placed outside agency catchment areas suggests a possible lack of oversight of this population while in these settings. One lead agency's representatives reported that contracting with out-of-catchment providers makes monitoring CSE youth difficult; another reported that regular focus groups with CSE youth could help improve the quality of care. Further, when youth are placed outside of the lead agency's catchment area, they are assigned a courtesy case manager from the local lead agency. This courtesy case manager is responsible for conducting in-person visits with the youth in their placement setting. However, the case manager does not have a pre-existing relationship with the child or the child's lead agency.

Prior OPPAGA reports have identified issues with youth being placed in safe houses outside their catchment areas, including multiple case managers being assigned to residents, delays in receiving needed documentation from the home county, and difficulty meeting the youth's immediate needs at the time of placement, which can risk the child's stabilization and lead to negative behavior. To help address these issues, in 2021, DCF reported plans to require the designation of a courtesy case manager in each safe house. At the time, department staff reported that having one assigned case manager for each safe house would offer several benefits, including case manager familiarity with the dynamics of current residents, immediate connection with newly placed residents, facilitation of the transition process, and expedition of meeting the child's immediate needs. Despite these plans, DCF has not implemented changes to the use of courtesy case managers in safe houses.

OUTCOMES (2013 THROUGH 2021)

CSE youth outcomes are consistent with prior years; youth with Baker Act exams fare worse in most short-term outcomes

This section includes youth identified in OPPAGA's prior reports, from 2013 through 2021. 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.^{45,46,47} Comparisons are also included for certain measures where youth could be tracked for at least three years.^{48,49} 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

⁴⁵ The total outcomes population included 2,354 youth; however, because not all youth can be tracked for one- and three-year intervals, the number of children included for each measure varies.

⁴⁶ DCF and DJJ one-year measures included data on 1,794 youth. The education measures included data on 2,197 youth. These numbers may further vary across individual measures.

⁴⁷ 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.

⁴⁸ The three-year outcomes measures include the following numbers of youth: 467 for DJJ measures, 490 for DCF measures, and 707 for education measures. These numbers may further vary across individual measures.

⁴⁹ Because of the need to track outcomes for at least three years after the child turned the age of 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.

such a record.⁵⁰ Due to missing identifying information in many of the examination records, there may be youth who were examined but are not counted as such in the analysis.⁵¹ Any Baker Act examinations from July 1, 2013, through December 31, 2022, 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 timeframes 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 the age of 18. (See Appendix E 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; while the majority of CSE youth were enrolled in school, they continued to experience issues with other educational measures. 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 (52%) and DJJ referrals (43%). Among those youth who could be tracked for three years, 71% had subsequent DCF investigations and 55% had subsequent DJJ referrals. For those who entered out-of-home care following their first CSE verification, on average, 80% were still in out-of-home care after one year; 47% aged out within three years.

Also consistent with prior OPPAGA reports, 82% of CSE youth were enrolled in a Florida public school in the year following their CSE verification.⁵² However, 38% of these youth attended for less than half of the school year and 49% were in a lower grade level than expected based on their age (39% of those were two or more years behind).

Youth with Baker Act examinations continue to have more DCF involvement and are missing from care more frequently than youth without such examinations. Consistent with OPPAGA's 2022 report, notable differences were seen when comparing youth with Baker Act examinations to those without such examinations. In the year following their initial CSE verification, 64% of youth with Baker Act examinations had subsequent DCF investigations, compared to 41% of youth without examinations. Of those with subsequent investigations, similar percentages of each group had verified findings (43% and 41%, respectively).

As reported previously, youth with Baker Act examinations experienced a greater number of placements in the year following their CSE verification (9.1 bridged placements compared to 5.7 bridged placements) and more episodes of being missing from care (16.9 episodes per 100 days in care compared to 8.6 episodes).^{53,54} The difference in missing episodes is less than in OPPAGA's 2022 report, where youth with an examination had 22.8 missing episodes compared to 6.8 among youth without an examination.

⁵⁰ Forty-eight percent of youth in the outcomes population matched to at least one Baker Act examination record.

⁵¹ For more information on the limitations of Florida's Baker Act data, see OPPAGA Report [21-06](#).

⁵² An additional 3% had a continuing education record in the year following their CSE verification.

⁵³ 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.

⁵⁴ Sixty-three percent of youth with a Baker Act examination had an episode in which they were missing from care in the year following their initial CSE verification, compared to 49% of youth who did not have such an examination.

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 20%) and relative/non-relative caregiver placements (11% compared to 15%), and more time in residential treatment centers (15% compared to 6%). Further, while youth with examinations were missing from care more frequently than their counterparts, the amount of time over the course of the year that the two groups spent missing from care was comparable (13% and 14%, respectively).

For those youth who could be tracked for three years following their CSE verification, the differences between youth with and without Baker Act examinations became less pronounced for some measures. Nearly all youth (86%) with Baker Act examinations had a subsequent DCF investigation, compared to 54% who did not have an examination; again, similar percentages of the two groups had verified findings (57% of those who had an examination and 54% of those who did not). Youth with Baker Act examinations again experienced more placement changes (7.2 bridged placements compared to 4.7) and more episodes of being missing from care (13.3 episodes per 100 days in care compared to 9.1 episodes). As with the one-year measures, youth with Baker Act examinations spent less time in traditional foster homes (12% compared to 24%) and more time in residential treatment centers (13% compared to 7%). (See Exhibit 8.)

Exhibit 8

CSE Youth With Baker Act Examinations Fare Worse on 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	64%	41%	86%	54%
<i>Percentage with subsequent verified findings²</i>	43%	41%	57%	54%
Number of bridged placements	9.1	5.7	7.2	4.7
Number of missing episodes per 100 days in care	16.9	8.6	13.3	9.1
Percentage of time in placements ³				
<i>Traditional foster homes</i>	9%	20%	12%	24%
<i>Residential treatment centers</i>	15%	6%	13%	7%
<i>DJJ facilities</i>	7%	5%	7%	2%
<i>Missing from care</i>	13%	14%	12%	17%
<i>Relative/non-relative caregivers</i>	11%	15%	12%	14%

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). Less likely, there may be youth who were identified as having examinations but should not have been included in the Baker Act group. Additionally, the youth's examination may have occurred before or after the outcome being measured.

² These percentages are of those youth who had subsequent DCF investigations.

³ 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 (23% compared to 12%), while a smaller share had aged out of care (41% compared to 54%), despite the two groups having similar

average ages.⁵⁵ Similar percentages of youth were reunified (20% compared to 19%) or emancipated (5% compared to 2%), and a slightly higher percentage of youth without examinations were adopted (8% compared to 3%).

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. Sixty-four percent of youth with Baker Act examinations were referred to DJJ in the year following their CSE verifications, whereas 36% of youth without an examination were referred to DJJ. Of the youth referred, the majority of each group was referred more than once (73% of youth with a Baker Act examination and 66% of youth without a Baker Act examination). Youth with and without Baker Act examinations had assault and/or battery and aggravated assault and/or battery as their most frequent charges followed by technical violations of probation, and pick-up orders.⁵⁶ A higher percentage of youth with Baker Act examinations received DJJ services in the year following their verification (51% compared to 32%).

Among youth who could be tracked for three years, the differences between youth with and without Baker Act examinations were even greater. Seventy percent of those with Baker Act examinations were referred to DJJ, whereas only 30% of youth without such examinations were referred to DJJ. Two-thirds of youth (68%) with Baker Act examinations received DJJ services during the three years, compared to only 37% of youth without these examinations. (See Exhibit 9.)

Exhibit 9

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	64%	36%	70%	30%
Percentage receiving DJJ services	51%	32%	68%	37%
Detention	41%	26%	58%	31%
Diversion	9%	7%	23%	9%
Probation	28%	17%	42%	24%
Residential commitment	12%	5%	21%	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). Less likely, there may be youth who were identified as having examinations but should not have been included in the 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. As seen in OPPAGA’s 2022 report, youth with and without 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-nine 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 78% of youth without Baker Act examinations. However, the same percentage of each group were enrolled for less

⁵⁵ Youth in the outcomes population who matched to a Baker Act examination had an average age of 15.1, while youth who did not match to a Baker Act examination had an average age of 15.0.

⁵⁶ A technical violation means that a person did not comply with a condition of their supervision, such as missing a check-in with their supervision officer or failing a drug test.

than half of the school year (39%).⁵⁷ Approximately half of both groups were in a lower-than-expected grade level based on their age (50% of youth with Baker Act examinations and 49% 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 (95% of youth with Baker Act examinations and 89% of youth without), and similar percentages of youth with and without examinations attended for less than half the year (45% and 49%, respectively). Very little difference was seen in the percentage of youth in a lower-than-expected grade level (64% of youth with a Baker Act examination compared to 66% of youth without), including among those two or more years behind (49% compared to 42%). (See Exhibit 10.)

Exhibit 10

CSE Youth With and Without Baker Act Examinations Fare Similarly on Most 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	89%	78%	95%	89%
Percentage enrolled for less than half of the school year	39%	39%	45%	49%
Percentage in a lower-than-expected grade level	50%	49%	64%	66%
Of those, percentage who were two or more years behind	41%	37%	49%	42%

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). Less likely, there may be youth who were identified as having examinations but should not have been included in the 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

State agencies have made few changes to improve services for CSE youth in the past year; the 2023 Legislature passed legislation pertaining to human trafficking

Since OPPAGA’s 2022 review, state agencies have made few changes to improve services for CSE youth. The Department of Children and Families revised standards for safe houses and at-risk homes, though some of the revisions result in less training for certain child welfare staff. DCF staff also reported working with relevant state agencies to improve the background screening process of survivor mentors. The Department of Juvenile Justice has implemented human trafficking training for direct care staff and recently made changes to its process of administering the HTST. However, DJJ residential facility educational staff is still not receiving human trafficking training. Conversely, nearly all law enforcement officers have completed the required Florida Department of Law Enforcement human

⁵⁷ 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.

trafficking training. While the Office of the Attorney General provides a variety of supports to survivors of human trafficking, very few CSE youth have received financial assistance. The 2023 Legislature passed legislation pertaining to human trafficking educational materials, safe house security requirements, and data collection.

DCF revised admission and training standards for safe houses and at-risk homes; department staff reported working to educate relevant state agency staff on expungement requirements related to prospective survivor mentors. Standards for safe houses and at-risk homes specified in DCF administrative rule were amended on July 27, 2022, resulting in several changes, including those related to admissions criteria and at-risk home staff training.

- The requirement for dependent youth to be at least the age of 12 to be placed in either placement setting was removed.⁵⁸ The minimum age for these placements is now 10, as with all group home settings.
- The number of hours of human trafficking training required for at-risk home staff decreased from 24 to 12.
- At-risk home staff now have two months after completing their pre-service training to complete the required human trafficking training and may have unsupervised contact with youth while completing this training; staff previously had to complete human trafficking training prior to working with youth.⁵⁹
- The list of training topics was revised and many specific elements were removed, such as training on the distinctions among sexual abuse, sexual exploitation, and trafficking; Stockholm Syndrome and trauma bonding; identifying victims; and vicarious trauma and self-care strategies.⁶⁰

OPPAGA's 2021 report discussed the shortage of survivor mentors and identified that many survivors have criminal histories that prevent them from working with CSE providers as mentors. DCF staff reported that the Statewide Human Trafficking Council's Services and Resources Committee discussed the required background screening of survivor mentors in November 2022. Specifically, DCF, DJJ, the Agency for Health Care Administration (AHCA), and the Department of Health identified relevant statutes and internal policies to be reviewed and revised to update how each agency processes the screenings. According to DCF representatives, the agencies are working to educate employees on statutes related to expungement rights, focusing on how to appropriately ask survivors for disclosure on their trafficking history to minimize re-traumatization. DCF representatives also reported that AHCA is updating its clearinghouse protocol to recognize trafficking expunctions to make the process faster.⁶¹ As of June 2023, Open Doors Outreach Network reported that prospective mentors' ability to pass the background check remains an issue.

⁵⁸ As noted in OPPAGA Report [21-06](#), the recommended minimum age of 12 for admission into an at-risk setting was from the Casey Foundation and was consistent with what DCF staff found in their review of placement data.

⁵⁹ Section [409.1415\(2\)\(c\)](#), *F.S.*, requires that all employees of residential group homes meet the background screening requirements under s. [39.0138](#), *F.S.*, and the level 2 screening standards under Ch. [435](#), *F.S.*

⁶⁰ See Ch. [65C-46.019](#), *F.A.C.*, for current training requirements and Ch. [65C-43.004](#), *F.A.C.*, for previous training requirements.

⁶¹ The Care Provider Background Screening Clearinghouse was created to provide a single data source for background screening results of persons required to be screened by law for employment in positions that provide services to children, elderly, and disabled individuals. The clearinghouse allows the results of criminal history checks to be shared among specified agencies when a person has applied to volunteer, be employed, be licensed, or enter into a contract that requires a state and national fingerprint-based criminal history check.

DJJ made recent changes to its process for administering the HTST; DJJ direct care staff is receiving human trafficking training, with the exception of educational staff. DJJ has recently updated its Juvenile Justice Information System to change when the HTST should be administered. Juvenile probation officers and other staff completing the screening tools are now prompted to complete a full HTST for youth who present with runaway behaviors, and juvenile probation officers are now prompted to complete updated HTSTs when new human trafficking-relevant information is captured.⁶²

In 2022, OPPAGA reported that DJJ had enacted new rules and was revising department policy to require all direct care staff to complete human trafficking training. From March 2022 through March 2023, 4,651 individuals completed the training; 96% of new staff completed the training within 180 days and 100% completed the training within one year of their start date. DJJ staff reported that the administrative rule requiring this training is currently under revision. The department anticipates that administrative rule and training policy updates will be complete by December 31, 2023.

While direct care staff must now complete pre-service and in-service training related to human trafficking, DJJ has not finalized the implementation of human trafficking training for residential facility educational staff, an initiative previously reported to OPPAGA. According to department staff, an issue contributing to this delay is that educational staff is employed by each individual school district and therefore governed by each district's training policies, not DJJ's policies. Further, DOE staff has previously stated that such educators are often contracted and may not have the same training requirements as district staff.⁶³ The 2023 Legislature passed and the Governor approved Ch. 2023-59, *Laws of Florida*, which creates the Florida Scholars Academy, a centralized educational system for youth in residential programs. DJJ staff anticipates that this will help resolve issues pertaining to the training's implementation.

DJJ does not have a human trafficking prevention curriculum or CSE-specific services in place. OPPAGA's 2020 report recommended that DJJ implement a human trafficking prevention curriculum. As reported in OPPAGA's 2021 and 2022 reviews, the department still has not implemented a human trafficking prevention curriculum for residential facilities, though staff report several commercially available curricula have been under consideration during this time. Staff stated that the curricula under review do not meet both the broad-based needs of DJJ residential commitment programs and the department's standards for evidence-based interventions.^{64,65} However, evidence-based programming is not required; administrative rule allows the department to implement delinquency interventions that have been identified as promising practices, practices with demonstrated effectiveness, or any other intervention approved by the department that addresses a priority need identified for youth.⁶⁶

As reported in OPPAGA's review last year, DJJ still does not directly contract for any CSE-specific services for youth in residential or community settings. Department staff reported that contracts for such services are held by other entities, such as DCF or the OAG. DJJ supports youth participation in these services but acknowledges that the services are typically voluntary and not court-ordered.

⁶² These changes were made in March 2023 and April 2023, respectively.

⁶³ For more information, see OPPAGA Report [21-06](#).

⁶⁴ Broad-based needs identified by DJJ staff include male/female populations, wide-ranging cognitive functioning, and mental health diagnoses.

⁶⁵ DJJ's definition of evidence-based intervention is, "treatment and practices which have been independently evaluated and found to reduce the likelihood of recidivism or at least two criminogenic needs, with a juvenile offending population." In addition, evaluations of interventions must use sound methodology; demonstrate statistically significant positive effects of adequate size and duration; demonstrate similar outcomes at different sites; and effects must be statistically significant and last for an adequate amount of time (at least one year for recidivism).

⁶⁶ See Ch. [63E-7.105](#), F.A.C.

Department staff stated that the availability of CSE-specific services for justice-involved youth depends on the local community and that additional community-based CSE-specific providers are needed to cover all of Florida's rural areas and offer youth a choice in providers.

The OAG provides a variety of supports to victims of human trafficking; few CSE youth receive financial assistance. The Office of the Attorney General administers Victims of Crime Act (VOCA) grant funding and general revenue funds to human trafficking providers for a variety of services, including information and referral, accompaniment to medical forensic exams, transportation assistance, support groups, therapy, on-scene crisis response, and assistance with crime victim compensation.⁶⁷ Several of the providers that serve CSE youth in both the community and the dependency system receive these funds. (See Appendix B for additional information on VOCA funds allocated to CSE providers.) The office also directly assists victims in reducing their financial hardship by providing compensation to victims. Compensation is available for expenses such as wage loss, treatment costs, and relocation programs, as well as for sexual battery forensic examinations.

In general, victims must meet several statutory requirements to be eligible for compensation, including reporting the crime to law enforcement within 120 hours; filing claims within a specified timeframe; and cooperating with law enforcement, the state attorney's office, and the OAG. However, OAG staff has discretion to waive certain requirements for minors.^{68,69} Further, staff reported that (contingent on the solvency of the Crimes Compensation Trust Fund) there is no limit to the number of victims who can receive compensation and no monetary limitation to the total sum awarded in a fiscal year. Despite these flexibilities, few minors have applied for or received financial compensation over the past four fiscal years. No more than one minor received human trafficking relocation assistance in a given fiscal year from Fiscal Year 2018-19 to Fiscal Year 2021-22. While more minors applied for victim's compensation during this time, only one victim received an award. (See Exhibit 11.)

This is low rate of usage of these funds is consistent with information reported to OPPAGA over the past several years. As part of this year's review, Open Doors Outreach Network staff reported that all of its providers assess youth for victims' compensation eligibility at intake and offer assistance with this process. However, they reported that the strict eligibility criteria are a barrier and that if providers feel there is little chance youth will be able to receive these funds, they will often put their efforts into other areas. Common issues facing youth include youth being required to cooperate with law enforcement, a difficult application process that includes a large amount of documentation, and time limits.

⁶⁷ VOCA funds are available to service providers for a variety of types of crime victims, including victims of domestic violence, sexual battery, and human trafficking.

⁶⁸ Claims regarding crimes that occur on or after October 1, 2019, must be filed within three years, or within five years with good cause shown. See Ch. [960.07](#), F.S.

⁶⁹ The requirements that may be waived include reporting time requirements, cooperating with law enforcement, and engaging in unlawful activity at the time of the incident if the person is a victim of sexual exploitation of a child. See Chs. [960.13](#) and [960.065](#), F.S., and Sections [2A-2.2001\(15\)\(c\)\(1\)](#) and [\(17\)\(a\)](#), F.A.C.

Exhibit 11

Few Applications for Human Trafficking Relocation Assistance and Victim Compensation for Minors Are Received and Approved Each Year

Service Type	Fiscal Year			
	2018-19	2019-20	2020-21	2021-22
Human Trafficking Relocation				
Applications filed	3	1	1	1
Eligible	1	1	1	0
Number of claims paid	1	1	1	0
Total paid	\$1,500	\$1,000	\$1,000	\$0
Victim Compensation				
Applications filed	3	8	10	5
Eligible	1	1	3	2
Number of claims paid	0	1	0	0
Total paid	\$0	\$975	\$0	\$0

Source: Office of the Attorney General, Bureau of Victim Compensation data.

Nearly all law enforcement officers have completed the required FDLE human trafficking training. The 2019 Legislature required all Florida law enforcement officers to complete four hours of training in identifying and investigating human trafficking; officers employed when the requirement took effect were to complete the training by July 1, 2022. As of May 2023, 96% of certified and employed law enforcement officers had completed the training. This ranged from a high of 100% in Duval County to a low of 63% in Liberty County.

The 2023 Legislature passed three laws pertaining to human trafficking. During the 2023 session, the Legislature passed legislation related to several aspects of human trafficking, including educational materials, safe houses for both adults and children, criminal penalties for traffickers, and data collection. (See Exhibit 12.)

Exhibit 12

Human Trafficking-Related Legislative Changes, 2023

Chapter Law	Human Trafficking-Related Changes
Chapter 2023-85	<ul style="list-style-type: none">• Requires DCF to establish a process to certify safe houses for adult trafficking victims• Requires DCF to develop or approve age-appropriate educational programming for children, including the signs of human trafficking and how to report it• Requires safe houses for minors to provide appropriate security for the detection of possible trafficking activity and coordination with law enforcement; be part of the emergency response to search for missing children; employ or contract with law enforcement to perform security functions; and display signs warning youth of the dangers of trafficking and encourage reporting of trafficking to law enforcement• Shortens the time that a public lodging establishment has to correct training deficiencies from 90 to 45 days, and makes the establishment ineligible for any correction period for subsequent violations of the training and awareness requirements for violations that occur after July 1, 2023
Chapter 2023-86	<ul style="list-style-type: none">• Increases criminal penalties for specified offenses involving adult theaters and allows adult or minor victims of human trafficking who worked at the theater to recover damages from the operator if that person knowingly allowed the victim to work at the theater• Allows a judicial circuit to establish an educational program for individuals convicted of or charged with promoting prostitution and related acts and specifies what should be included in such a program• Revises requirements for law enforcement training in identifying and investigating human trafficking and no longer places an officer's certification on inactive status pending completion of the required training• Creates the Statewide Data Repository for Anonymous Human Trafficking Data, to be housed at and operated by the University of South Florida Trafficking in Persons–Risk to Resilience Lab; identifies agencies and organizations required to report data and the type of data to be reported
Chapter 2023-87	<ul style="list-style-type: none">• Makes the offense of human trafficking during which a person possesses a firearm or destructive device subject to a specified mandatory minimum term of imprisonment

Source: OPPAGA analysis.

RECOMMENDATIONS

OPPAGA identified several issues regarding data collection, a lack of less restrictive safe houses, and inconsistency in the monitoring of safe house quality. To address these issues OPPAGA makes the following recommendations to the Department of Children and Families. Additionally, there are several prior recommendations from OPPAGA's human trafficking reports that have not been addressed. (See Appendix F for the status of all prior human trafficking recommendations.)

Improve the collection of data related to youth assessed for placement in safe houses and safe foster homes. Florida statute requires DCF to maintain data on children assessed for placement in a safe house or safe foster home, including information such as the number of children for whom a placement was unavailable, reasons a placement was unavailable, and the county in which the placement was unavailable. These assessments are completed using the department's Level of Human Trafficking Placement Tool. OPPAGA requested data related to the tool; however, DCF staff reported being unable to provide these data, as the tools are saved as scanned images with no extractable data. DCF staff reported that the department's Comprehensive Placement Tool, which is administered to all youth in out-of-home care (not just CSE youth), will be programmed in the newly redesigned FSFN.

However, this tool in its current form does not contain all of the statutorily required elements in an easily extractable form.^{70,71}

To meet the statutory requirement of maintaining data on children assessed for specialized placements, DCF should improve its collection of data related to the Level of Care Placement Tool. To track information related to youth assessments, the department needs individual-level data that can be aggregated and analyzed. Individual-level data would allow for statewide analysis of reasons youth are not placed in specialized placements and the length of time they spend waiting for such placements. In addition, the Legislature could consider amending s. 39.524(3)(a), *Florida Statutes*, to require DCF to report these data to OPPAGA annually for inclusion in its annual human trafficking review.

Work with lead agencies and providers to recruit Tier 1 safe houses. Throughout OPPAGA's reviews, lead agencies have reported that a common issue with placing youth in safe houses is their willingness to live in a restrictive setting (e.g., remote location, no cell phones). DCF representatives and lead agencies have also reported throughout the years that not all CSE youth need this level of care. In response, DCF modified administrative rule in 2021 to create a lower-level safe house (Tier 1) that would have fewer restrictions on aspects such as schooling and electronics. However, at the time of OPPAGA's review, no providers had been licensed as Tier 1 homes. To address this deficiency, DCF should work with the lead agencies as well as current and prospective providers to better understand why no providers have become licensed as Tier 1 safe houses and work to mitigate any identified barriers.

Collaborate with the lead agencies to develop a consistent process for monitoring and assuring the quality of safe house providers. As very few youth are placed in safe houses in their own catchment areas, it appears to be difficult for lead agencies to determine the quality and provision of services in these placements. DCF should work with the lead agencies to develop a consistent process for monitoring the quality of services provided to youth placed in safe houses outside their catchment areas, including making the following changes to department rule and/or policy.

- DCF could revise policies and contract language to require the lead agency directly subcontracting with the safe house to provide the monthly performance measures and child summaries with the out-of-catchment lead agency holding the child placement/rate agreement. Alternatively, the policies and subcontract language could be revised to require the safe house to send copies of the monthly performance measures and child summaries to both lead agencies.
- DCF should revise policy to require a single case manager to be assigned to each safe house. According to DCF staff, this approach would allow the designated case managers to have more familiarity with the dynamics of the residents, facilitate the transition process, and expedite meeting children's immediate needs.
- DCF should revise policies and contract language to require lead agencies to regularly conduct focus groups with CSE youth to better determine the quality of care.

⁷⁰ Safe foster homes are not one of the options for the youth's recommended setting. Additionally, the form does not contain a field that indicates whether the child was placed in the recommended setting. There are text boxes in the form that may contain this information; however, this format is not conducive to state-level analyses.

⁷¹ DCF staff reported that the programming of the Comprehensive Placement Tool in FSN is expected to be completed in September 2023.

Review the criteria for Victims' Compensation Funds for CSE victims. While the OAG has the authority to waive many of the reporting and time-related requirements for minor victims looking to access compensation funds, very few youth apply for or receive these funds. Providers have reported to OPPAGA that these funds are difficult to access due to the strict eligibility criteria. To help more youth access victims' compensation funds, the Legislature could consider directing the OAG to review the criteria required for victims to access and be eligible for these funds and determine whether any could be adjusted or removed to better accommodate CSE youth.

AGENCY RESPONSES

In accordance with the provisions of s. 11.51(2), *Florida Statutes*, a draft of OPPAGA's report was submitted to the Department of Children and Families, Department of Juvenile Justice, and Office of the Attorney General for review and response. The Department of Children and Families' written response has been reproduced in Appendix G.

APPENDIX A

Allocations and Expenditures for Serving CSE Youth

The Department of Children and Families allocates funds to lead agencies to provide placement settings 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.⁷² 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.^{73,74} To provide a comprehensive picture of the cost of serving CSE victims, OPPAGA requested all Florida Safe Families Network (FSFN) payment data associated with verified CSE youth (including those who are over the age of 18 but are still in Department of Children and Families care) in Fiscal Year 2021-22.^{75,76}

In Fiscal Year 2021-22, DCF allocated \$3.5 million in state funds across the lead agencies to serve CSE victims, a \$700,000 decrease from Fiscal Year 2020-21. During this year, lead agencies paid for services for 508 youth, spending approximately \$13.1 million (an average of approximately \$25,867 per child).⁷⁷ These payments were for a variety of services, including residential services, mental health services, extended foster care, clothing, and adoption subsidies.⁷⁸ Payments associated with CSE youth increased from the prior fiscal year by 58 youth and approximately \$1.6 million. The largest areas of growth were in placement costs for minors in out-of-home care (\$7.3 million in Fiscal Year 2021-22 compared to \$6.4 million in Fiscal Year 2020-21) and in costs associated with youth in DCF's independent living programs (\$2.2 million in Fiscal Year 2021-22 compared to \$1.5 million in Fiscal Year 2020-21). (See Exhibit A-1.)

⁷² 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.](#)

⁷³ 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).

⁷⁴ 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.

⁷⁵ 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).

⁷⁶ OPPAGA staff provided DCF with a list of 2,812 child IDs, including dependent and community children, and requested all payments associated with those IDs in Fiscal Year 2021-22.

⁷⁷ 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.

⁷⁸ 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.

Exhibit A-1

Fiscal Year 2021-22 Payments Associated With CSE Youth

Expense Type	Total Payment Amount	Percentage of Total Payments
Placement and service costs for minors in out-of-home care	\$10,433,515	79%
<i>Placement costs</i>	<i>7,292,432</i>	<i>70%</i>
<i>CSE-specific billing codes¹</i>	<i>2,859,768</i>	<i>27%</i>
<i>Service costs</i>	<i>281,315</i>	<i>3%</i>
Placement and service costs for youth in Independent Living²	\$2,226,156	17%
Adoption service and subsidy costs	\$480,976	4%
Total	\$13,140,647	100%

¹ 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.

² Includes costs associated with youth the age of 18 and older receiving services through Extended Foster Care, Postsecondary Education Services and Support, and Aftercare.

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

According to expenditure reports for Fiscal Year 2021-22, lead agencies expended \$3.6 million (103% 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 in Fiscal Year 2021-22 ranged from approximately \$74,017 (Kids First of Florida) to \$1.9 million (ChildNet Broward). Five lead agencies spent over \$1 million: ChildNet Broward, Northwest Florida Health Network, Citrus Family Care Network, Embrace Families, and ChildNet Palm Beach. (See Exhibit A-2.)

Exhibit A-2

Fiscal Year 2021-22 Lead Agency Allocations and Expenditures for CSE Youth

Lead Agency	DCF CSE Allocation ¹	Lead Agency Reported CSE Expenditures ²	Total FSFN Payments for CSE Youth ³	Number of CSE Youth Served Through FSFN Payments ⁴	Average Cost per CSE Youth ⁵
Brevard Family Partnership	\$105,685	\$25,925	\$238,709	15	\$15,914
ChildNet Broward	304,394	256,880	1,873,443	58	32,301
ChildNet Palm Beach	174,968	139,710	1,013,042	31	32,679
Children's Network of Hillsborough	299,777	13,500	311,009	27	11,519
Children's Network of Southwest Florida	200,647	168,186	410,072	21	19,527
Citrus Family Care Network	379,316	320,532	1,585,170	69	22,973
Communities Connected for Kids	116,381	289,275	416,757	20	20,838
Community Partnership for Children	146,435	201,150	590,144	21	28,102
Embrace Families	292,215	458,380	1,125,130	37	30,409
Family Integrity Program	24,180	-	139,100	3	46,367
Family Support Services of North Florida	186,279	155,112	818,419	32	25,576
Family Support Services of Suncoast	250,061	172,501	588,321	27	21,790
Heartland for Children	181,563	214,300	805,936	30	26,865
Kids Central	217,647	340,325	580,715	22	26,396
Kids First of Florida	38,549	7,497	74,017	6	12,336
Northwest Florida Health Network	332,142	716,360	1,851,258	64	28,926
Partnership for Strong Families	121,637	70,359	374,200	12	31,183
Safe Children Coalition	128,124	51,172	345,206	17	20,306
Total	\$3,500,000	\$3,601,164	\$13,140,647	529⁶	\$25,867

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

² Based on Fiscal Year 2021-22 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 FSFN payments associated with CSE youth in Fiscal Year 2021-22.

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 508 children, 4 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 2021-22, 29% were made to CSE-specific providers.⁷⁹ 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 (Images of Glory and Bridging Freedom). (See Exhibit A-3.)

⁷⁹ 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.

Exhibit A-3

Fiscal Year 2021-22 Payments to CSE-Specific Providers for CSE-Verified Youth¹

Provider	Type of Provider	Total Payment Amount	Percentage of Total CSE Payments	Number of CSE Youth	Average Cost per CSE Youth ²
Safe foster homes ³	Foster homes	\$21,511	1%	2	\$10,756
Aspire	Residential treatment	41,300	1%	5	8,260
U.S. Institute Against Human Trafficking ⁴	Safe house	121,525	3%	2	60,763
Devereux Delta	Residential treatment	149,443	4%	2	74,721
Path2Freedom	Safe house	185,545	5%	5	37,109
One More Child ⁴	Various ⁵	217,389	6%	13	16,722
From the Ground Up Ministries	Safe house	221,580	6%	4	55,395
Vision Quest Sanctuary Ranch ⁴	Safe house	328,959	9%	8	41,120
Citrus Behavioral Health	Various ⁶	335,111	9%	19	17,637
Wings of Shelter	Safe house	347,550	9%	5	69,510
Images of Glory ⁴	Safe house	657,819	17%	15	43,855
Bridging Freedom	Safe house	1,147,710	30%	22	52,169
Total		\$3,775,441	100%	89⁷	\$42,421

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 Aftercare.

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. The average cost per youth does not take into account the duration for which the youth received services from the provider.

³ Does not include Citrus Behavioral Health specialized therapeutic foster homes for CSE youth.

⁴ This provider received payments as a safe house in Fiscal Year 2021-22 but has since closed or transitioned to a different provider type.

⁵ One More Child operated as a safe house through June 2022 but now provides community services.

⁶ Citrus Behavioral Health provides multiple types of services to CSE victims, including specialized therapeutic foster homes, inpatient psychiatric services, and wraparound services.

⁷ 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.

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 2022-23, the Legislature appropriated nearly \$5 million in general revenue to eight providers to serve CSE children, of which, providers have spent \$2.9 million to date.⁸⁰ In addition to the general revenue funds, providers may apply for grant funding under the federal Victims of Crime Act (VOCA); the Office of the Attorney General administers these funds. Including legislative appropriations and VOCA awards, Florida CSE providers have received nearly \$33 million over the past three years.⁸¹ (See Exhibit B-1.)

Exhibit B-1

From Fiscal Year 2020-21 Through 2022-23, Florida Providers Have Received Nearly \$33 Million to Serve CSE Victims

Provider	Funds Appropriated/ VOCA Award	Funds Expended	Source of Funds
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
	5,462,894	1,712,826	VOCA
Fiscal Year 2021-22			
Bridging Freedom	\$700,000	\$698,212	General Revenue
Devereux	587,706	587,705	General Revenue
Nancy J. Cotterman Center ¹	225,000	200,556	General Revenue
One More Child ³	400,000	400,000	General Revenue
	2,490,864	1,209,987	VOCA
Stay KidSafe	184,760	184,760	General Revenue
Voices for Florida–Open Doors	1,534,365	1,322,391	General Revenue
	5,462,894	1,617,992	VOCA
Fiscal Year 2022-23²			
Bridging Freedom	\$700,000	\$517,480	General Revenue
Devereux	587,706	440,780	General Revenue
Florida Alliance to End Human Trafficking	450,322	38,999	General Revenue
Nancy J. Cotterman Center ¹	305,187	168,163	General Revenue
NISSI Short-Term Immediate Care Facility and Response Team ⁴	435,000	55,371	General Revenue
Selah Freedom ⁵	1,000,000	647,572	General Revenue
One More Child ³	500,000	360,359	General Revenue
	2,490,864	596,330	VOCA
Voices for Florida–Open Doors	1,000,000	646,735	General Revenue
	5,462,894	625,787	VOCA
Three-Year Funding Total	\$32,755,456	\$14,751,570⁶	—

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 2022-23 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.

⁴ This appropriation is for an array of services for both adult and child CSE victims and includes a short-term, immediate care home as well as trafficking prevention training for youth and parents.

⁵ This appropriation is for an array of services for both adult and child CSE victims and includes awareness, prevention, outreach, residential, and consulting programs.

⁶ Due to rounding, individual amounts do not sum to total.

Source: Florida Accountability Contract Tracking System and Department of Legal Affairs data as of May 2023, and the 2022-23 General Appropriations Act.

⁸⁰ 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.

⁸¹ For appropriations and expenditures for years prior to Fiscal Year 2020-21, see OPPAGA Reports [21-06](#) and [22-05](#).

APPENDIX C

County-Level Prevalence Data

OPPAGA’s analysis identified 354 victims of commercial sexual exploitation verified by the Department of Children and Families in 2022. Broward (36), Palm Beach (25), Polk (24), and Miami-Dade (23) counties had the highest numbers of verified victims and accounted for 31% of all cases. (See Exhibits C-1 and C-2.)

Exhibit C-1

Number of Verified CSE Youth by County and Lead Agency in 2022¹

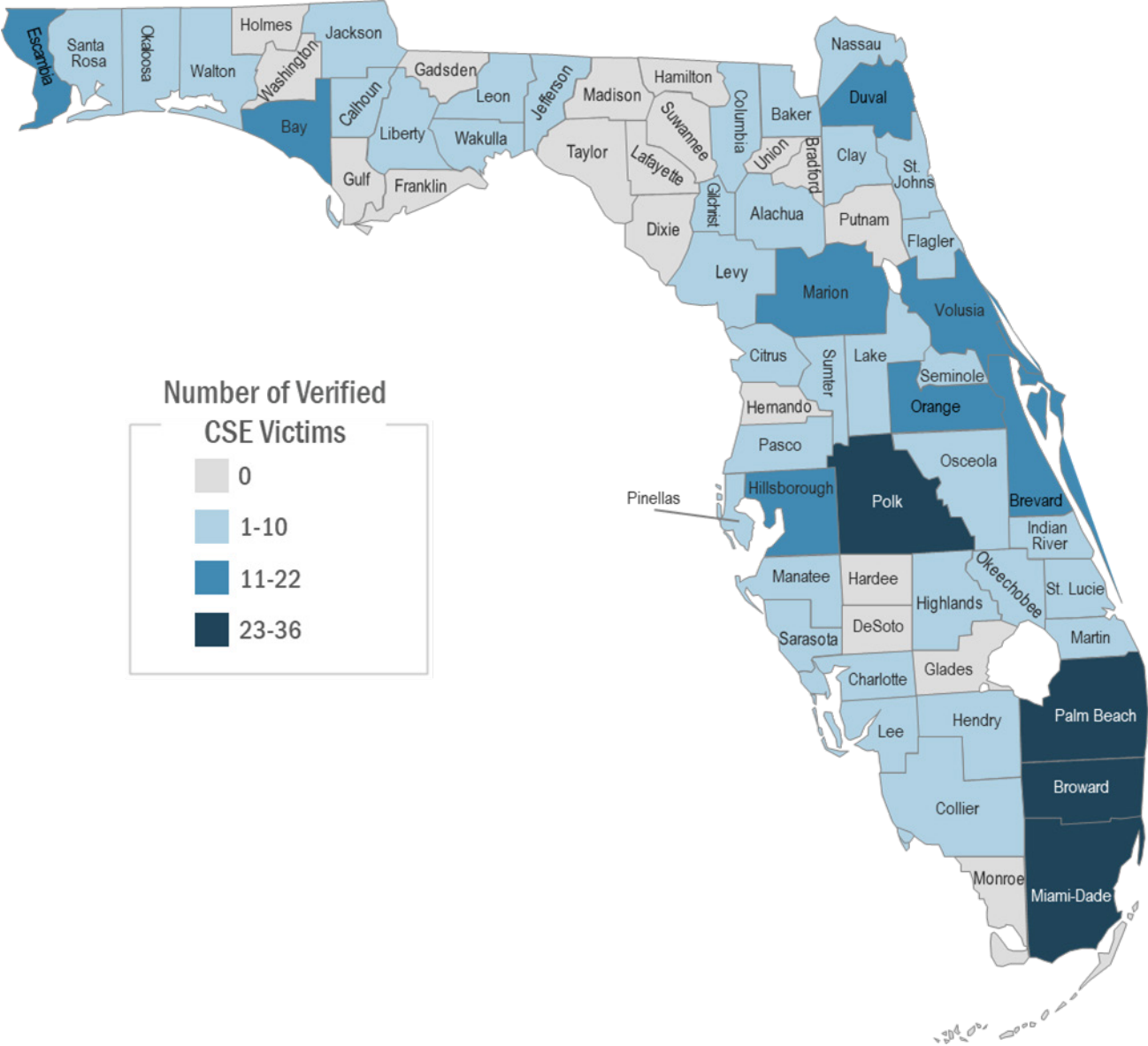
Community-Based Care Lead Agency	County	Verified CSE Victims	Percentage of Verified CSE Victims
Brevard Family Partnership	Brevard	22	6.2%
ChildNet Broward	Broward	36	10.2%
ChildNet Palm Beach	Palm Beach	25	7.1%
Children's Network of Southwest Florida	Charlotte	3	0.8%
	Collier	1	0.3%
	Hendry	2	0.6%
	Lee	6	1.7%
Citrus Family Care Network	Miami-Dade	23	6.5%
	Indian River	1	0.3%
Communities Connected for Kids	Martin	5	1.4%
	Okeechobee	1	0.3%
	St. Lucie	5	1.4%
Community Partnership for Children	Flagler	2	0.6%
	Volusia	12	3.4%
Children’s Network of Hillsborough	Hillsborough	18	5.1%
	Orange	22	6.2%
Embrace Families	Osceola	6	1.7%
	Seminole	4	1.1%
	Bay	11	3.1%
Northwest Florida Health Network	Calhoun	1	0.3%
	Escambia	22	6.2%
	Jackson	1	0.3%
	Jefferson	1	0.3%
	Leon	5	1.4%
	Liberty	1	0.3%
	Okaloosa	10	2.8%
Santa Rosa	5	1.4%	
Family Integrity Program	Wakulla	1	0.3%
	Walton	2	0.6%
	St. Johns	1	0.3%
Family Support Services of North Florida	Duval	18	5.1%
	Nassau	2	0.6%
Family Support Services of Suncoast	Pasco	3	0.8%
	Pinellas	4	1.1%

Community-Based Care Lead Agency	County	Verified CSE Victims	Percentage of Verified CSE Victims
Heartland For Children	Highlands	2	0.6%
	Polk	24	6.8%
Kids Central	Citrus	1	0.3%
	Lake	1	0.3%
	Marion	12	3.4%
	Sumter	1	0.3%
	Clay	6	1.7%
Kids First of Florida	Alachua	3	0.8%
	Columbia	1	0.3%
Partnership for Strong Families	Gilchrist	2	0.6%
	Levy	3	0.8%
	Manatee	9	2.5%
Safe Children Coalition	Sarasota	7	2.0%
	Total	354	100.0%

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

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

Exhibit C-2
Number of Verified CSE Victims by County in 2022



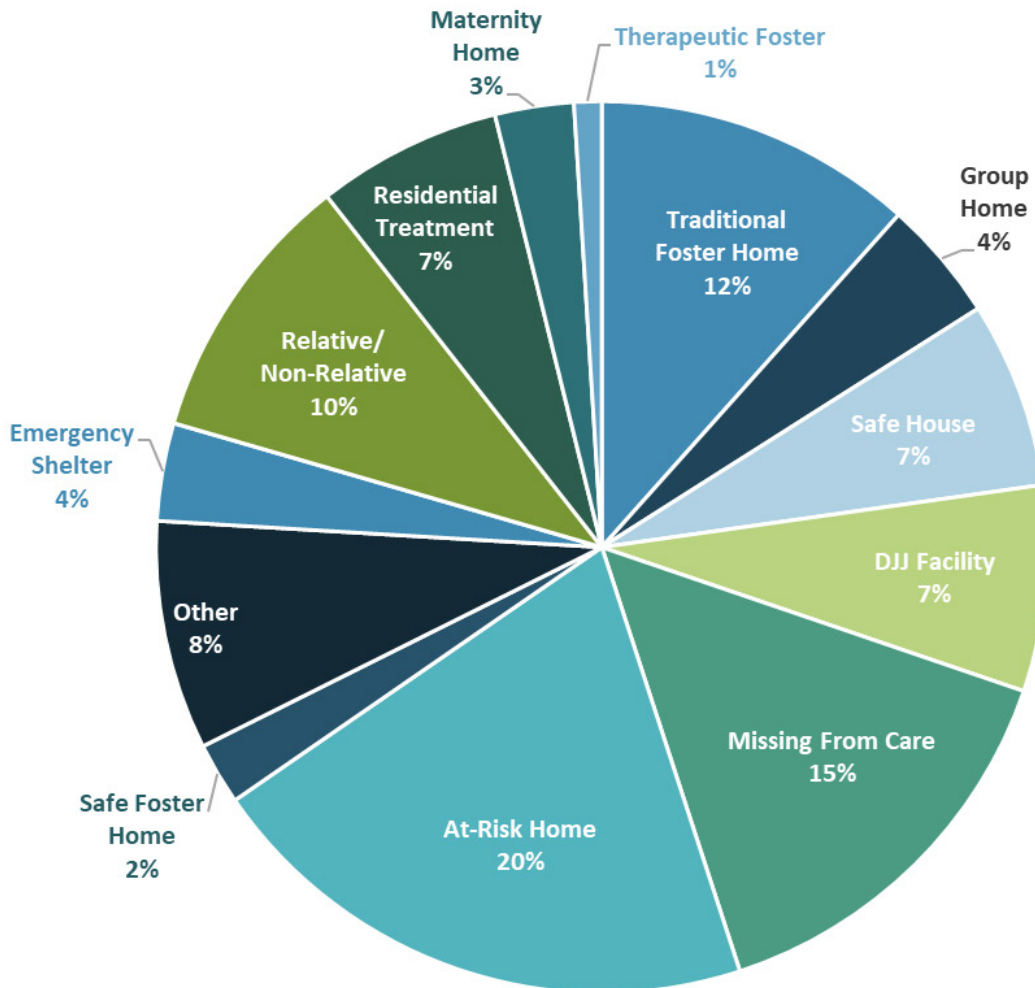
Source: OPPAGA analysis of Department of Children and Families data.

APPENDIX D

Percentage of Time in Out-of-Home Care Placements for 2022 CSE Youth

In 2022, 116 of the 354 CSE youth spent some time in out-of-home care following their CSE investigation. These youth spent the greatest amount of time in at-risk homes (20%), missing from care (15%), or in traditional foster homes (12%). (See Exhibit D-1.)

Exhibit D-1
CSE Victims Spent the Largest Percentage of Time in Out-of-Home Care in At-Risk Homes¹



¹ Other includes temporary placements such as hospitalizations and visitations.

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

APPENDIX E

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 the age of 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 use, and employment.^{82,83}

Few CSE youth received services through the state’s independent living programs. When youth age out of the foster care system, they have the option to continue receiving certain services and supports through independent living programs.^{84,85} These programs help youth successfully transition to adulthood and include services such as housing, educational supports, career preparation, life skills training, and other financial supports. Consistent with prior OPPAGA reports, of the youth in the outcomes population who could be tracked for at least a year, 20% received services through the state’s independent living programs.⁸⁶ The percentage of youth who received these services has remained relatively stable across each cohort, ranging from 22% to 18%.⁸⁷ (See Exhibit E-1.)

Exhibit E-1

The Percentage of Youth Receiving Independent Living Services Has Remained Stable Across Each Cohort

Outcomes Cohort ¹	Percentage Receiving Independent Living Services
2015	22%
2016	21%
2017	20%
2018	19%
2019	18%
2020	19%

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.

Law enforcement involvement has remained stable for the past three cohorts of CSE youth. Consistent with prior OPPAGA reports, 22% of all young adults who could be tracked for a year after turning the age of 18 were arrested within that year. When examining each cohort year for the outcomes population, this percentage has decreased since 2016 and remained relatively consistent since 2018. (See Exhibit E-2.) The most common charges were for battery (29%), larceny (10%), and resisting an officer (8%).⁸⁸ In examining the three years following their 18th birthday, 39% of those

⁸² 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 (1,594), law enforcement data (1,593), education data (1,456), SNAP/TANF data (1,592), and employment data (1,501).

⁸³ 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 (1,023), education data (911), SNAP/TANF data (1,021), and employment data (958).

⁸⁴ Florida’s Independent Living programs include Aftercare, Extended Foster Care, and Postsecondary Education Services and Supports.

⁸⁵ Youth who do not achieve permanency before turning the age of 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.

⁸⁶ This analysis includes youth who had any payments under any of the three programs.

⁸⁷ Cohort years are based on the year in which the child was first verified as a victim of CSE.

⁸⁸ Five young adults who could be tracked for at least a year following their 18th birthday had an arrest for prostitution in that year.

who could be tracked were arrested. Again, the most common charges were for battery (27%), larceny (9%), and resisting an officer (8%).⁸⁹

Exhibit E-2

The Percentage of Youth Involved With Law Enforcement Has Remained Consistent for the Past Three Cohorts

One-Year Outcomes Cohort ¹	Percentage With Law Enforcement Involvement
2015	26%
2016	23%
2017	22%
2018	18%
2019	18%
2020	19%

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

Source: OPPAGA analysis of Florida Department of Law Enforcement data.

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. As in OPPAGA’s 2021 report, 23% of those who could be tracked for a year after turning the age of 18 received a high school diploma, GED, or certificate by the end of the year (71% 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, 52% received benefits through the Supplemental Nutrition Assistance Program (SNAP) at some point in the year after turning the age of 18; 41% of these young adults received SNAP for all four quarters. Only 3% received benefits through the Temporary Assistance for Needy Families (TANF) program, 52% of whom only received benefits for one quarter. Forty-eight percent of the young adults OPPAGA could track had an unemployment insurance-covered job at some point while the age of 18. Of those that were employed, only 25% worked all four quarters. The most commonly held job was in food service.

An additional 23% of the young adults OPPAGA could track for a full three years received a high school diploma, GED, or certificate. 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, 2% in a certificate or trade program, and 1% in dual enrollment. Sixty-eight percent received SNAP at some point during this time, and 64% received TANF, generally for two years or less. Sixty-six percent of the young adults OPPAGA could track had an unemployment insurance-covered job at some point during these three years (with 45% to 49% having a job in any given year); again, the most common job was in food service.

⁸⁹ Thirteen young adults who could be tracked for at least three years following their 18th birthday had an arrest for prostitution in those three years.

APPENDIX F

Prior OPPAGA Recommendations

In prior reports, OPPAGA recommended the Department of Children and Families and the Department of Juvenile Justice address a variety of issues, including those regarding data sharing and collection, the screening tool, and the provision of CSE-specific services. While some recommendations have been resolved, most remain unaddressed. (See Exhibit F-1.)

Exhibit F-1

Recommendations From OPPAGA's Prior Human Trafficking Reports

Recommendation	Recommendation Status	Report Year
DCF should address its use of maltreatment codes and provide ongoing training on hotline staff protocols to improve tracking and identification of CSE victims.	Complete	2015
DCF and DJJ should ensure that lead agencies and juvenile assessment centers consistently and properly use the newly developed screening instrument.	Partially complete (ICW found the tool was not used consistently; however, DCF has developed an updated training, expected to launch on July 1, 2023)	2015
Prioritizing the certification process will ensure that children receive statutorily directed services as well as serve as the basis for determining appropriate provider rates.	Complete	2015
To ensure that children achieve both short- and long-term outcomes, the department should assist the lead agencies in identifying effective programs.	Incomplete	2015
We recommend that DCF gather systematic feedback from users about the screening instrument.	Complete (gathered by ICW as part of its validation study)	2016, 2017
We further recommend that DJJ and DCF validate the screening tool when sufficient data and support are available to do so.	Incomplete	2016, 2017
As DCF works to identify relevant treatment outcomes for CSE children, we recommend that it consider data representing the diverse needs and placements of the CSE population.	Unknown	2016
We recommend that DCF and DJJ evaluate triggering criteria to determine predictive value.	Complete (evaluated by ICW as part of its validation study)	2017
We recommend that DCF and lead agencies take a more proactive role in new placement development.	Partially complete (some lead agencies reported increase provider recruitment strategies)	2017
We recommend that DCF and the lead agencies continue to gather data on the availability and effectiveness of placements for CSE children.	Partially complete (DCF reports on the availability of placements and has partnered with a provider undergoing an evidence-based evaluation)	2017
We recommend that DCF and DJJ expand the provision of CSE-specific services for victims residing in DJJ facilities.	Incomplete	2019
We recommend that DCF create a repository of information for new CSE providers.	Partially complete (DCF has increased the amount of information available to providers)	2019
We recommend that DJJ require its providers to develop and implement CSE-specific programming in facilities and consider electronic file maintenance.	Incomplete/unknown	2020
We recommend that DJJ improve data sharing with its providers regarding a child's CSE verification.	Complete	2020

Recommendation	Recommendation Status	Report Year
OPPAGA recommends DCF adopt the ICW recommendations related to the HTST, including <ul style="list-style-type: none"> • 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. 	In process	2022
OPPAGA recommends that the Legislature direct DCF to collect data on the time CSE youth spend waiting for specialized placements.	Incomplete	2022
OPPAGA recommends DCF assist the lead agencies in identifying self-learning resources to share with case managers and providers.	Incomplete	2022

Source: OPPAGA analysis.

APPENDIX G

Agency Response



State of Florida
Department of Children and Families

Ron DeSantis
Governor

Shevaun L. Harris
Secretary

June 30, 2023

PK Jameson, Coordinator
Office of Program Policy Analysis and Government Accountability
Health and Human Services
111 W Madison St.
Tallahassee, FL 32399

Dear Ms. Jameson:

Thank you for the opportunity to review the Office of Program Policy Analysis and Government Accountability Report on Commercial Sexual Exploitation of Children, July 2023. We appreciate your inclusion of several of our initial comments.

The Department continues to prioritize improvements to the system of care for survivors of human trafficking. These efforts were included in the Department's initial response to OPPAGA, but we wanted the opportunity to highlight some additional areas and recommend a pathway for improved information sharing in the future.

Secretary Harris serves as Chair for the statewide Services and Resources Committee of the Statewide Human Trafficking Council. This committee has served as an avenue for all of Florida's health and human services agencies to increase collaboration across state agencies and our provider network. This committee addressed the gap identified by stakeholders for adult survivor housing and services needs and is now leading implementation of the recently passed Senate Bill 1690. This legislation provides a pathway for adult safe house certification, quality programming, and quality monitoring with accountability. It also increases awareness for trafficking indicators and reporting as well as increased education for children at risk regardless of their settings. These changes will have a positive impact on identification of potential human trafficking and service delivery.

Additionally, the Department continues active participation in the Statewide Health Improvement Plan workgroups led by the Department of Health to improve coordination, collaboration, and effectiveness of our system of care.

Each year, Shared Hope reviews anti-trafficking efforts in each state ([link below](#)). While there are areas for improvement, the report cites Florida's strong coordinated approach and ranks Florida as one of only two states in the country scoring a B, the highest grade awarded. This is a testament to the state's leadership and commitment across agencies and stakeholders to build and continue to improve upon our system of care.

[Florida Report Card – Report Cards on Child & Youth Sex Trafficking \(sharedhope.org\)](#)

2415 North Monroe Street, Suite 400, Tallahassee, Florida 32303-4190

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

PK Jameson, Coordinator
June 30, 2023

Please find comments related to the recommendations in the report below.

Recommendation 1: *Improve the collection of data related to youth assessed for placement in safe houses and safe foster homes.*

The Department has been engaged in modernizing the child welfare data system under the Comprehensive Child Welfare Information System (CCWIS). Initial system changes will be launched in October 2023 and enable the future inclusion of Comprehensive Placement and Human Trafficking Levels of Care tools. As the Department continues to transition to CCWIS, these tools will transition into the new system.

Recommendation 2: *Work with Lead Agencies and providers to recruit Tier 1 safe houses.*

The Department's Licensing Department has begun meeting with the provider networks and lead agencies to actively recruit providers, review all current providers across the continuum (at-risk; traditional group homes; foster network), assess current level of care provided, and gauge interest in shifting to another level of care needed within the continuum such as Safe House, Safe Home, or Qualified Residential Programs (QRTP).

Recommendation 3: *Collaborate with lead agencies to develop a consistent process for monitoring and assuring the quality of safe house providers.*

The quality of Safe House services is monitored by the Department's Licensing Team through reviews of child files, interviews with children, and quality surveys. DCF recently implemented quarterly visits in February 2023. These visits help to identify, resolve, and enhance the quality of Safe Houses. Since February 2023, the Department has trained staff and conducted visits to each of the six Safe Houses with no safety concerns founded. This change in process will provide the Safe House providers and the Department's Licensing Team an opportunity for consistent communication, quality assurance, and ongoing system improvement.

Recommendation 4: *Review the criteria for Victims Compensation funds for CSE victims.*

The Department will partner with Attorney General's office and other key partners such as Department of Juvenile Justice to address this recommendation.

Additional Responses

In addition to the responses to the recommendations, please find additional details:

P.21: *Since OPPAGA's 2022 review, state agencies have made few changes to improve services for CSE youth.*

Department Response:

There has been significant work to increase services across the state over the past several years. Service coordination between the Office of Child and Family Well-Being and Substance Abuse and Mental Health network is ongoing. While these services are not all exclusive to survivors of human trafficking, many are appropriate to serve this population depending on individual and family dynamics. Such services include:

PK Jameson, Coordinator
June 30, 2023

- Family Intervention Team (FIT): In home substance abuse program expansion.
- Community Action Team (CAT): In-home intensive behavioral health program to prevent children from entering out of home care by providing community based behavioral health and support services to children ages 11-13 and young adults 18-21.
- Implementation of Evidence Based Programs (EBPs) such as Multi-Systemic Therapy (MST); Family Functioning Therapy (FFT); Brief Strategic Family Therapy (BFST) through Families First Prevention Services Act as well as collaborative work with the Department's Substance Abuse and Mental Health Department that funded six teaming models through Managing Entity contracts, and collaborative work with Department of Juvenile Justice to identify programs for dually served children and expand those that are effective (such as FFT).
- Utilizing Families First Transition Act funds to support training and certification for four Evidence Based Services: Motivational Interviewing, Parent Child Interactive Therapy, MST, and HomeBuilders. The Department provides Lead Agencies funding to pay for implementation of EBPs; provides funding to expand Trust Based Relational Therapy (TBRI) to the lead agencies; and provides funding to stand up specialized placement models such as Qualified Residential Treatment Programs.

Implementation of many of these services improves the overall system of care through increased engagement skills of those serving children and youth, expanding intensive in-home family programs such as FFT and MST, as well as those services for young children to prevent continued trauma and support family healing.

The Department has also:

- Engaged the provider network and safe foster home providers to increase capacity and identify best practices for statewide use.
- Implemented the Child Protective Investigator Career Ladder to create subject matter experts in human trafficking to increase identification, engagement, assessment, and connection to appropriate interventions.
- Collaborated with sister agencies such as Departments of Health, Juvenile Justice, Department of Education, Agency for Persons with Disabilities, Attorney General's Office, and others, on areas of training, improving identification of victims, identification of at-risk youth and adults, and other priorities identified in the State Health Improvement Plan (SHIP).

To improve the sharing of information for the OPPAGA annual report, we recommend setting up interviews with Department human trafficking program staff, licensing, and quality monitoring, in addition to the current process of coordinating with contracted lead agencies. This approach would ensure the opportunity to provide robust information to inform the program progress and report. We believe this will result in efficiencies and clarify information provided.

PK Jameson, Coordinator
June 30, 2023

Thank you for the opportunity to respond to the annual assessment and incorporate clarifying information to the final report. We look forward to continued efforts to improve upon our system of care serving victims and survivors of human trafficking.

Sincerely,

A handwritten signature in black ink that reads "Molly McKinstry". The signature is written in a cursive, flowing style.

Molly McKinstry
Chief of Staff

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OPPAGA

Office of Program Policy Analysis and Government Accountability

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

- [Reports](#) deliver program evaluation and policy analysis to assist the Legislature in overseeing government operations, developing policy choices, and making Florida government more efficient and effective.
- [Government Program Summaries](#) (GPS), an online encyclopedia, provides descriptive, evaluative, and performance information on more than 200 Florida state government programs.
- [PolicyNotes](#), an electronic newsletter, delivers brief announcements of research reports, conferences, and other resources of interest for Florida's policy research and program evaluation community.
- Visit [OPPAGA's website](#).

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Project conducted by Cate Stoltzfus
Rebecca Bouquio, Marina Byrd, Anne Cooper, Melaine Couch, Kathy Joseph, Victoria Martinez, and
Rebecca Smith
PK Jameson, Coordinator

DCF



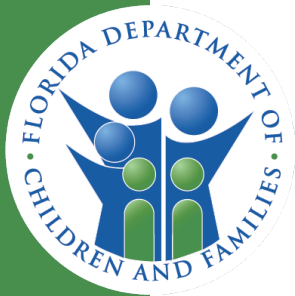
ADULT SAFE HOUSE CERTIFICATION

OCTOBER 18, 2023

DEPARTMENT ANTI-HUMAN TRAFFICKING AND PREVENTION

- Florida is a national leader in response and prevention efforts through strong partnerships and collaboration between the Attorney General's Office, state agencies, and law enforcement entities across the state. The Department's role in anti-trafficking efforts are outlined below:
 - Accept and investigate child abuse investigations alleging human trafficking.
 - Conduct multi-disciplinary staffings to determine placement and services planning.
 - License and monitor safe foster homes and safe group houses for children.
 - Provide safety and trauma informed services for survivors of human trafficking.
 - Utilize a human trafficking screening tool for all children alleged to be victims of human trafficking.
 - Conduct follow-up on all children with verified findings for commercial sexual exploitation cases.
 - Provide both intervention and preventative education and training for youth, foster parents, group houses, child protective investigators, case managers, and system partners.
 - Increase human trafficking signage to improve identification, connection to resources, and reporting to law enforcement.
 - Coordinate anti-human trafficking response with law enforcement and system partners, and participate in local task forces.
 - Develop an Adult Safe House Certification process and associated rules.





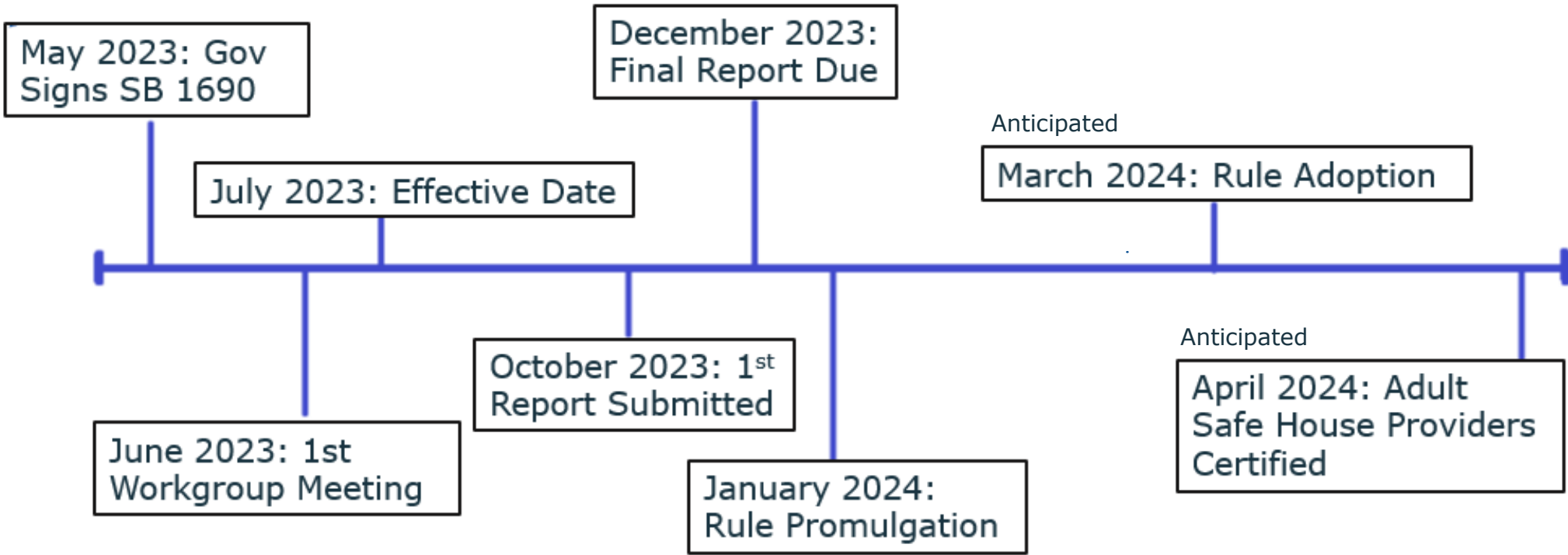
Adult Safe Houses

Senate Bill 1690 (2023) - Sexual Exploitation and Human Trafficking

- Provides definitions of “Adult safe house” and “Adult survivor of human trafficking” or “survivor”.
- Requires the Services and Resources Committee to submit two reports to the Governor, the President of the Senate, and the Speaker of the House of Representatives:
 - Interim report regarding its activities and findings by October 1, 2023, and
 - Final report addressing all study requirements by December 31, 2023.
- Requires the Department to create rules outlining the minimum requirements for certifying adult safe houses after December 31, 2023.
- These safe houses will be residential facilities for adult survivors of human trafficking, encompassing various forms of trafficking, including labor and sex trafficking.



Adult Safe Houses





Survey of Current Operators of Adult Safe Houses

- Number of adult safe houses, location, beds, and individuals served
- Policies and criteria for services
- Revenues and sources of funding
- Services and trauma-informed services
- Training and accreditations
- Coordination with law enforcement
- Challenges

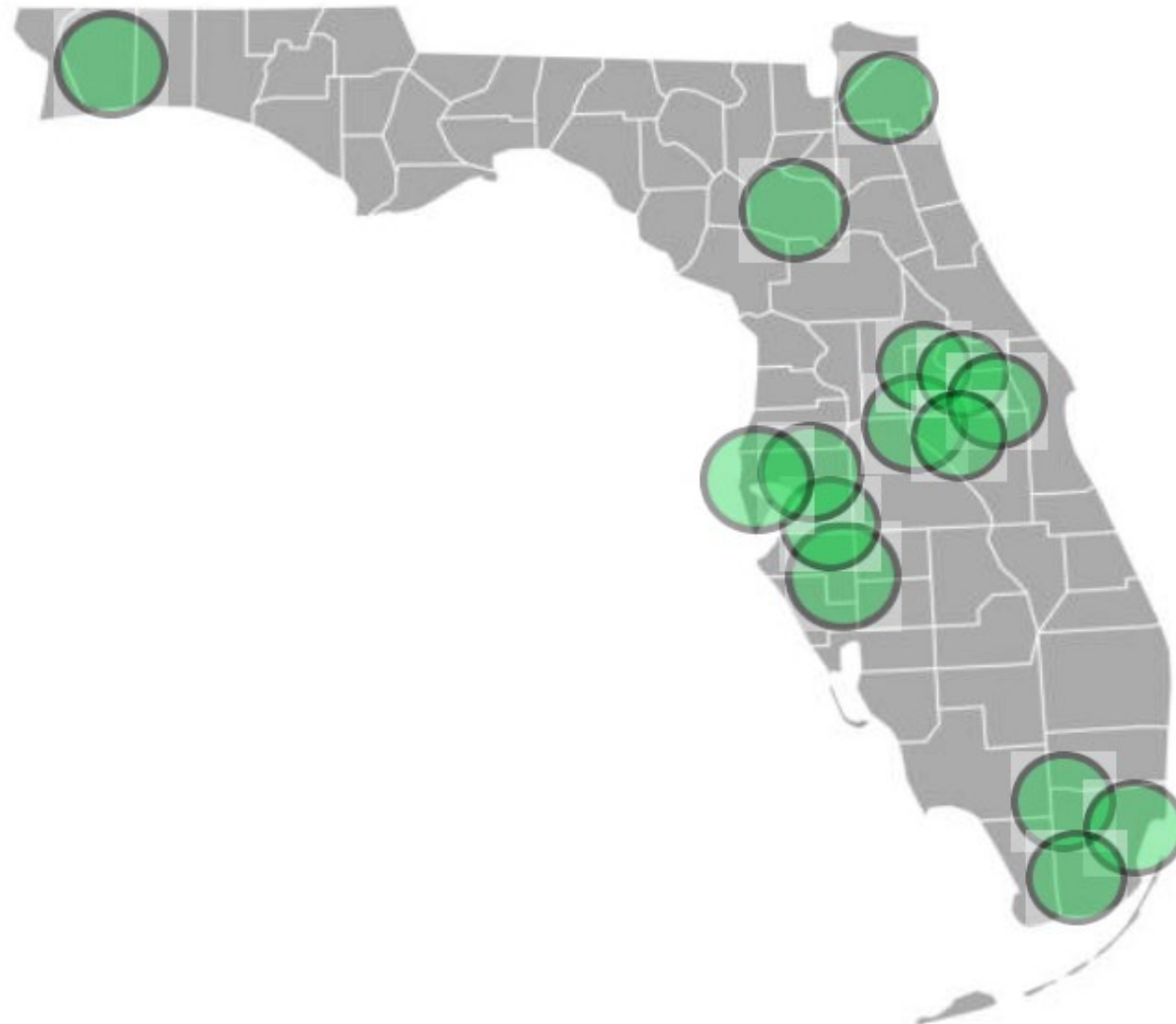
Identification and Review of Standards Recommended by National Organizations

- Florida Domestic Violence Certification Standards
- National Sexual Violence Resource Center
- Institute for Shelter Care
- National Trafficking Sheltered Alliance
- Safe House Project
- North Carolina Human Trafficking Commission Standards of Service



Adult Safe Houses

Distribution of Current Adult Safe Houses





Adult Safe Houses

Recommendations from Adult Survivors of Human Trafficking

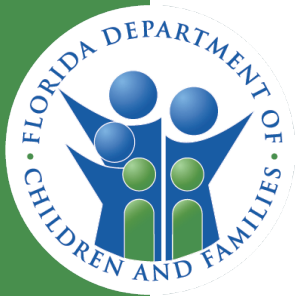
- Safety and Security
- Trauma-Informed and Responsive Care
- Housing Options
- Individualized Case Management
- Access to Basic Needs
- Collaborative Partnerships
- Empowerment and Skills Development
- Continuum of Care



Adult Safe Houses

Recommendations from Law Enforcement Agencies

- Building Trust
- Information Sharing
- Placements
- Rapid Response Placement Protocols
- Multidisciplinary Task Forces
- Conduct Joint Operations
- Regular Communication



Adult Safe Houses

Recommendations from Work Group

- Clearly distinguish the two types of housing available.
- Allow for specialization such as survivors needing substance abuse treatment overlay services, mental health overlay services, or domestic violence services.
- Highlight special services and populations served.
- Demonstrate efforts to hire, train, and retain professional staff to ensure the highest possible standards of care.
- Solicit and incorporate input from survivors of trafficking regarding organizational policies, protocols, program design, and governance.
- Transparent financial practices, while protecting the privacy and confidentiality of their residents.



Certification Process

- Starting January 2024, the Department will initiate rulemaking to adopt rules that establish minimum standards for certification of adult safe houses to ensure safe and therapeutic environments that are:
 - Survivor-centered
 - Trauma-informed
- After rules are adopted to certify adult safe houses, only those certified by the Department may provide group residential housing and care specifically for adult survivors of human trafficking.
- Adult safe houses in operation as of the date that rules adopted become effective shall have six months from that date to become certified.
- The Department shall inspect Adult Safe Houses annually for compliance.
- Disciplinary actions for non-compliance may include:
 - Corrective action plan
 - Administrative fine
 - Denying, suspending, or revoking a certification

RULES SHALL INCLUDE AT A MINIMUM

Safe and therapeutic environment to receive and house adult survivors of HT

Appropriate Security

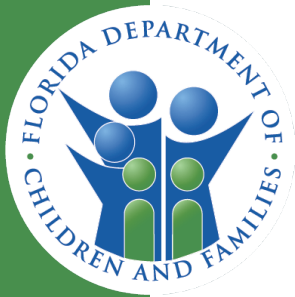
Coordination with Local Law Enforcement

Safe and appropriate sheltering of minor children and other dependents of an adult survivor

Trauma-informed and survivor-centered services must be provided or referred

Training, background screening, and compliance with policies and procedures by all staff and volunteers





Adult Safe Houses

Next Steps

- Develop draft certification requirements in coordination with the provider network and workgroup members.
- Submit the final Adult Safe House Report with approved recommendations.
- Promulgate Rule.
- Certified Adult Safe Houses.
- Ensure critical connections to resources.



**Services and Resources Committee of the
Statewide Council on Human Trafficking**

Interim Report

Department of Children and Families
Office of Child and Family Well-Being
October 1, 2023

Shevaun L. Harris
Secretary

Ron DeSantis
Governor

Services and Resources Committee of the Statewide Council on Human Trafficking

Interim report on the activities of the workgroup conducting a study regarding the regulations of adult safe houses.

Introduction

Thousands of individuals are trafficked every year in the United States. It has been estimated that up to 80 percent of survivors end up being re-victimized if they do not have a safe place to live. The Department of Children and Families (Department) is charged with licensing, certifying, and providing oversight and support to residential safe houses and safe foster homes for minor victims of sex trafficking. However, no standardized criteria/programming exist for residential programs that provide services for adult victims. As the state amplifies its efforts to support survivors and meet their needs, this was identified as an opportunity for enhanced regulation.

Chapter 2023-85, Laws of Florida (SB 1690) created section 402.88, Florida Statutes (F.S.). The new statute defines “Adult safe house” as a group residential facility that provides housing and care specifically for adult survivors of human trafficking. The law defines “Adult survivor of human trafficking” or “survivor” as an individual who has reached the age of 18 and who has been subjected to human trafficking as defined in section 787.06, F.S.

The lack of standards and oversight was discussed at the Services and Resources Committee of the Statewide Council on Human Trafficking meeting in November 2022. The decision was made to convene a work group (also known as “group”) comprised of various community partners and subject matter experts to survey current best practices related to adult human trafficking (HT) housing programs across the country.

The goal of the group was to gather and analyze available best practices and to recommend the standards and best practices for Florida’s housing programs serving adults of human trafficking while addressing the entire continuum of care. The group presented a brief report during the April 2023 meeting of the Services and Resources Committee.

As section 402.88, F.S., went into effect on July 1, 2023, the group continued its work aligning with the requirements specified in the law. The law states, in part, that:

- The Services and Resources Committee of the Statewide Council on Human Trafficking established under section 16.617, F.S., shall conduct a study and make recommendations regarding the regulation of adult safe houses.
- The committee shall submit an interim report regarding its activities and findings by October 1, 2023, to the Governor, the President of the Senate, and the Speaker of the House of Representatives.
- The committee shall submit a final report by December 31, 2023, to the Governor, the President of the Senate, and the Speaker of the House of Representatives.
- The committee shall survey operators of existing adult safe houses in the state to determine the following information regarding their operation:
 - The number of adult safe houses in Florida and the regions of the state where they are located.
 - The number of beds in adult safe houses and number of individuals served per year.

- The policies and criteria regarding which adult survivors of human trafficking may be served and the processes for intake and discharge, such as for how referrals are received.
- The amount of revenues supporting adult safe house operation and the sources of such funds including, but not limited to, the amount of state and federal funds received and the specific source of such state and federal funds.
- Services and supports provided to adult survivors of human trafficking directly by the adult safe house and services to which residents are referred, including while they are residing in the adult safe house and after transitioning out of the adult safe house.
- Training requirements for staff and volunteers.
- The nature of and mechanisms for coordination with law enforcement.
- Whether the adult safe houses allow children of adult survivors of human trafficking to also reside in the houses and, if so, policies regarding their residence in the house and services directly provided to them or to which they may be referred.
- Policies of adult safe houses that ensure that adult survivors of human trafficking are served in a respectful and trauma-informed manner.
- Challenges faced by adult safe houses in providing a safe and therapeutic environment that is trauma-informed and in providing services to residents and their children.
- Any accreditations held by adult safe houses, external standards promulgated by outside bodies which houses meet, or other industry certifications held by adult safe houses.
- Identification of ineffective or problematic practices in existing adult safe houses in the state and recommendations regarding minimum standards for regulation
- As part of the study, the committee shall also:
 - Identify and review standards recommended by national organizations or experts specializing in adult safe house service provision or shelter or housing for adult survivors of human trafficking.
 - Obtain recommendations from adult survivors of human trafficking and law enforcement agencies regarding regulation of adult safe houses.
 - The committee shall develop recommendations for regulation of adult safe houses in Florida based on, at a minimum, the information obtained by the committee under this section.

Survey of the current operators of existing adult safe houses.

1. The number of adult safe houses in Florida and the regions of the state where they are located. The number of beds in adult safe houses and number of individuals served per year.

By the end of July 2023, the workgroup had identified 15 providers that offer residential services to adult survivors of sex trafficking or sexual exploitation. The providers do not offer residential services to victims of labor trafficking, but some provide non-residential services or assistance with locating appropriate community partners who work with labor trafficking survivors. A few providers maintain more than one residential building within their programs to accommodate the changing needs of survivors as they progress through their journey. One provider has two distinct safe homes offering the same services in two different counties. In this report, this provider was counted twice (once for each location) for the purposes of better mapping the geographical distribution of available services.

Of the 15 providers that were contacted, 10 providers participated in the survey and the remaining five providers did not respond. Florida’s adult safe house programs reflect a variation in size and service delivery. Most safe houses provide long term care up to 24 months. One provider offers only short-term mental health and substance abuse stabilization specific to survivors of sex trafficking. Another provider has a limited number of beds available for crisis placement up to five days with subsequent referral for the most appropriate available housing. The locations, types of housing, capacity, and number of survivors served through the past reported year is captured in the Table 1 below.

Additionally, another 14 organizations were identified as providers of services to trafficking survivors among other types of clients served. These organizations are domestic violence shelters, post-incarceration programs, substance abuse recovery homes, and young adult emergency shelters.

Table 1. Adult Safe House Location, Bed Capacity, and Clients Served

Note: “Long term services” generally means services that are provided for up to 24 months.

Region	County	Survey Participation	Type of Services	Emergency beds	Long term beds	Clients served past year
Northwest	Santa Rosa	No				
Northeast	Duval	Yes	Long-term	0	13	17
Northeast	Alachua	Yes	Long-term	0	6	7
Suncoast	Hillsborough	No				
Suncoast	Manatee	Yes	Long-term	0	14	28
Suncoast	Hillsborough	Yes	Long-term	0	6	50
Suncoast	Hillsborough/Pinellas	Yes	Emergency/long-term	3	23	113
Central	Orange	Yes	Substance abuse/mental health crisis stabilization	10	0	116

Central	Orange/Seminole	No				
Central	Orange	Yes	Long-term	0	6	15
Central	Orange	Yes	Long-term	0	15	19
Central	Orange	Yes	Long-term	0	4	6
Southern	Miami-Dade	Yes	Long-term	0	6	5
Southern	Miami-Dade	No				
Southern	Miami-Dade	No				
Total				13	93	376

2. The policies and criteria regarding which adult survivors of human trafficking may be served and the processes for intake and discharge, such as for how referrals are received.

All providers reported that they have written policies and procedures describing who may be served by their program, including intake and discharge processes, and how the intakes are received.

- All serve adult women (age 18 and older) who are victims or survivors of sex trafficking.
- Intake is usually done in the form of an extended interview with the survivor and the adult safe home team to establish rapport, identify immediate and long-term needs, clarify expectations, and determine the survivor's goals upon entering the program.
- All providers accept and review referrals from local and federal law enforcement agencies, prison and jail social workers, local task force, hospitals, nation-wide network partners, and self-referred survivors.
- Two providers offering emergency short-term services accept immediate referrals from law enforcement.
- One long-term provider accepts emergency referrals from law enforcement if there is availability. The program does not ensure that the placement will turn into acceptance in the program but simply allows for a safe place for further determination of the needed level of care and the best options in accordance with the survivor's wishes and goals.
- Voluntary discharge includes planning for a safe place for the survivor to go, assistance with transportation, and referrals for continuing services if survivor chooses to do so. A few programs ask survivors to obtain employment and have savings prior to being considered for successful discharge. All discharge planning is highly individualized and reflects each survivor's unique goals and circumstances.
- Involuntary discharge reasons described in policies include violence toward staff or other residents, severe mental health conditions requiring specialized care, and continuous use of certain substances while residing in the program. Even in events of involuntary discharge, providers noted that efforts are made to identify the appropriate housing option for the survivor.

3. The revenues supporting adult safe house operation and the sources of such funds, including, but not limited to, the amount of state and federal funds received and the specific source of such state and federal funds.

- Providers did not disclose the amount of their revenue.
- Eight out of 10 responders rely only on private funding.
- Private funding includes fundraising events, in-kind and monetary donations from individuals, businesses, and faith-based organizations.

Table 2: Funding Source

Region	Private Funding	VOCA	Federal grants	State Funding	County Funding
Northeast	Yes	No	No	No	No
Northeast	Yes	Partial for \$54,000	No	In the past, not this past year	No
Suncoast	Yes	Yes	No	No	No
Suncoast	Yes	Yes	No	No	No
Suncoast	Yes	No	No	No	No
Central	No	No	No	No	Yes
Central	Yes	No	No	No	No
Central	Yes	No	No	No	No
Central	Yes	No	\$350,000 for three years	No	No
Southern	Yes	No	No	No	No

4. Services and supports provided to adult survivors of human trafficking directly by the adult safe house and services to which residents are referred, including while they are residing in the adult safe house and after transitioning out of the adult safe house.
- Summary of the most common services provided by adult safe houses with few variations. Designing a treatment plan with active participation by survivor based on their goals and circumstances.
 - Necessities such as clothing, toiletries, food, etc.
 - Comprehensive case management and advocacy, legal assistance referrals.
 - Individual and group counseling, trauma counseling, substance abuse counseling.
 - Mental health services, assistance with receiving medical and dental care, medication management.
 - Educational assistance, GED classes, and career exploration, job training and skills, resume writing and interviewing skills.
 - Life skills coaching, health and cooking classes, computer literacy.
 - Help with obtaining Driver's License
 - Assistance with the reunification process for those survivors who have their children in the Department's dependency system.
 - Bible study groups and religious services.
 - Discharge planning and provision of comprehensive list of available resources. Discharge plan includes identifying a safe place of residence and transportation assistance.
 - If provider offers non-residential services, survivors may continue to receive outreach services after they leave the program.
 - Referrals for organizations that provide services to human trafficking survivors to those survivors moving out of adult safe house's service area.

5. Training requirements for staff and volunteers.

Staff training is required at all programs. The pre-service training hours varies from provider to provider with 20 hours being the minimum number of hours to complete the training. Two programs reported on the job training with one program requiring shadowing of staff for at least 50 hours and another program offering two hours of on-the job training per day for the first six weeks. The maximum number of required pre-service training hours reported was 65-80 hours.

All providers reported that all volunteers receive training. The minimum reported volunteer training was one hour for volunteers who do not have any contact with survivors. For volunteers who have contact with survivors, the required training is four to five hours. One program requires all volunteers who have face-to-face contact with survivors to receive the same amount of training as staff.

6. The nature of and mechanisms for coordination with law enforcement.

Nine out of 10 providers reported that they have written policies for cooperation with law enforcement (LE) agencies. All providers accept and review referrals from LE. All programs reported that they provide a safe meeting space at their facilities or accompany survivors to meetings with LE officers. One program reported that they provide an advocate to be with the survivor during LE interviews when allowed. Many providers reported having good relationships with their local LE and working in coordination during sting operations. All providers stated that they do not relay any information disclosed to them by survivors to LE except in situations of immediate safety concerns. In all other non-emergency situations, providers encourage survivors to contact appropriate agencies themselves and ensure that survivors have all contact information for relevant agencies. If LE inquires about a particular resident of an adult safe house, most providers do not deny or confirm the survivor is a resident there but advises LE to contact the survivor through their legal representatives or victim advocates.

7. Whether the adult safe houses allow children of adult survivors of human trafficking to also reside in the houses and, if so, policies regarding their residence in the house and services directly provided to them or to which they may be referred.

Only one safe house out of the 10 that responded allows children of survivors to reside in the safe home. They have policies requiring children to be supervised by their parent, requiring the parent to cook all meals for their children, and not allowing children to cook for themselves or being anywhere near the stove. The policy calls for all child locks and all electrical outlet covers to be in place. Children are provided with their own therapy services and must be enrolled in school. If attending local school is not possible, children must be enrolled in virtual school with computers provided by the safe house for children to do virtual learning.

One safe home reported that they allowed a child to be with the survivor only once and for a very short time. One provider reported that they are currently working with a community partner organization willing to provide respite childcare for up to three months to care for survivor's children while their mother completes a program. This is a promising practice, but the time of respite may be insufficient as most programs last up to 24 months.

Most safe home providers reported that the majority of their residents have children in the dependency system and are in various stages of reunification. All providers reported that they provide support for survivors in their programs going through the reunification process.

8. Policies of adult safe houses that ensure that adult survivors of human trafficking are served in a respectful and trauma-informed manner.

All providers reported that they require a trauma-informed approach from their staff and volunteers. Some safe houses describe their approach to trauma-informed care in the employee handbooks, others include this in their mission statements, and some reflect the staff's ability to provide trauma-informed care in their performance evaluations and require staff to receive training on how to work with survivors impacted by trauma. All providers reported that required staff training include trauma-informed topics.

9. Challenges faced by adult safe houses in providing a safe and therapeutic environment that is trauma-informed and in providing services to residents and their children.

The most frequently reported challenge was obtaining necessary funding and the ability to retain staff and provide competitive salaries and benefits to employees. Another frequently mentioned challenge was the availability of high-quality mental health care providers familiar with the challenges and needs of survivors of human trafficking.

10. Any accreditations held by adult safe houses, external standards promulgated by outside bodies which houses meet, or other industry certifications held by adult safe houses.

One safe house is accredited by National Trafficking Sheltered Alliance and another one is currently in the process of receiving their accreditation.

One safe house has Safe House Project accreditation.

11. Identification of ineffective or problematic practices in existing adult safe houses in the state and recommendations regarding minimum standards for regulation.

The following harmful practices were reported and the recommendations for minimum standards for regulation are included in the below section titled "Workgroup Recommendations":

- The practice of requesting/asking survivors into telling their stories of being victims of human trafficking for fundraising events.
- No formalized monitoring of the standards
- Absence of an employee manual
- Not addressing the previous/childhood trauma

Identification and review of standards recommended by national organizations or experts specializing in adult safe house service provision or shelter or housing for adult survivors of human trafficking.

The workgroup reviewed materials from the following state and nationwide organizations:

- Florida Domestic Violence Certification Standards: https://www.myflfamilies.com/sites/default/files/2022-12/cfop_170-25_domestic_violence_center_certification_standards.pdf
- National Sexual Violence Resource Center: <https://www.nsvrc.org/sarts/protocols-and-guidelines>
- Institute for Shelter Care: <https://instituteforsheltercare.org/>

- National Trafficking Sheltered Alliance: <https://shelteredalliance.org/>
- Safe House Project: <https://safehouseproject.org/certification>
- North Carolina Human Trafficking Commission Standards of Service: [NCHTC- Standards-of-Service.pdf \(nccourts.gov\)](https://www.nccourts.gov/Portals/0/documents/standards-of-service.pdf)

The Department currently has standards for certifying Domestic Violence Centers and Shelters which can serve as an initial blueprint for the standards for the adult safe houses due to many similarities in the requirements for safety and security of the residents, need for well trained and trusted staff, and the understanding of the importance of the effect of trauma to the survivors and the crucial role trauma-informed care plays in the healing process.

The standards described by three documents specific to housing adult survivors of human trafficking (Safe House Project, National Trafficking Sheltered Alliance, and North Carolina Human Trafficking Commission Standards of Service) summarize best practices in the field of caring for survivors. With more of those practices in place, the higher level of certification a safe house can achieve. This practice allows for the continued development and implementation of new best practices even when a safe house achieves the minimum level required for initial certification. Both Safe House Project and National Trafficking Sheltered Alliance work with providers directly providing guidance, necessary trainings, and other needed assistance to achieve certification. Currently, three of Florida's safe houses for adults are certified through these national organizations and one is in the process of becoming certified.

Recommendations from adult survivors of human trafficking

Here are some key considerations and recommendations from Florida Survivor Leaders with lived experience:

- Residential housing standards and best practices for survivors of human trafficking are crucial in providing safe and supportive environments that help survivors heal and rebuild their lives.
- It's essential to customize these best practices to the specific needs and resources available in each community.
- Working with local experts, survivors, and service providers is crucial to developing effective residential housing standards and best practices for survivors of human trafficking.

1. Safety and Security:

- Ensure the privacy and confidentiality of survivors through secure locations, limited public access, and appropriate security measures.
- Conduct thorough background checks on staff, volunteers, and service providers to ensure the safety of survivors.
- Implement emergency response protocols and train staff on crisis intervention techniques including CPR, First aid, and medication management.
- Provide annual safety inspections of fire alarms, hurricane preparedness, pest control and any other safety measures.

2. Trauma-Informed and Responsive Care:

- Create a trauma-informed/responsive environment that acknowledges the unique experiences and needs of survivors.
- Train staff on trauma-informed/responsive principles to ensure that survivors are treated with empathy, understanding, and respect.
- Provide access to trauma-specific counseling services to address the psychological effects of trafficking. Both individual and group options and other therapeutic programming based on needs assessment.
- Require additional training on human trafficking continuing education, if children with parent, include online safety, boundaries, and safe people education.
- Register all advocates for the Florida Attorney General's victim advocate courses to receive privilege certification.

3. Housing Options:

- Offer various types of housing options based on survivors' needs and preferences such as communal residences, shared apartments, or independent housing units, faith-based or non-faith based, and options for those survivors with special needs.
- Ensure that the housing location is near essential services like healthcare facilities, employment opportunities, public transportation, and community support networks.

4. Individualized Case Management:

- Assign a dedicated case manager or advocate to each survivor to provide comprehensive support and connect survivors to necessary resources.
- Provide mentorship.
- Develop individualized case plans that address survivors' immediate safety, physical and mental health needs, education, employment, and long-term goals.
- Regularly review and update case plans to ensure they remain responsive to survivors' evolving needs.

5. Access to Basic Needs:

- Provide survivors with access to nutritious food, toiletries, clothing, and other necessities.
- Collaborate with local organizations and community resources to ensure survivors have access to healthcare including vision and dental care, legal services, educational opportunities, and employment support.
- Facilitate or refer survivors to community partners providing relevant services; educate the community partners about safe house's mission; provide appropriate training on human trafficking, trauma-informed and responsive care if needed; request background checks if community partner is working directly with residents.

6. Collaborative Partnerships:

- Establish partnerships with local service providers, law enforcement agencies, legal aid organizations, and healthcare providers to provide a comprehensive range of support services.
- Engage community stakeholders to foster a network of support and raise awareness about human trafficking to prevent future victimization.
- Join the local Anti-human trafficking Task Force, Coalition, or Commission.

7. Empowerment and Skills Development:

- Facilitate training programs, vocational skills development, financial literacy classes, and job placement assistance to enhance survivors' self-sufficiency and long-term economic stability.
- Offer educational opportunities, including GED programs, English language classes if applicable, and access to higher education, to promote survivors' personal and professional growth.
- Provide tutors for adult residents and children, if needed.

8. Continuum of Care:

- Ensure a seamless transition from residential housing to independent living by providing education, employment, and housing support after leaving the program.
- Provide a referral to another vetted residential program if the survivor chooses to leave the program early.
- Maintain ongoing follow-up and aftercare services to monitor survivors' progress and offer support even after leaving the residential program.
- Provide residents with an exit survey to evaluate and receive feedback on potential improvements and gaps to the program.

Recommendations from Law Enforcement Agencies

Collaboration between law enforcement and human trafficking safe houses is crucial in effectively combating human trafficking. Here are some suggestions and recommendations submitted by the representatives from the following agencies:

- Florida Department of Law Enforcement
- Homeland Security Investigations
- Metropolitan Bureau of Investigation
 - Orange County
 - Osceola County
 - Orlando Police Department
 - Kissimmee Police Department

1. Building Trust: Law enforcement agencies should take proactive measures to build trust and establish strong working relationships with human trafficking safe houses and vice-versa. This can involve regular communication, task force/coalition/commission meetings, and joint training and/or orientation sessions to increase understanding and cooperation.

2. Information Sharing: Establish protocols for the safe, secure, and confidential sharing of information between law enforcement and safe houses.

Possible ways to achieve this:

- Develop protocols that are sensitive to the needs of the survivors but still allow for timely intelligence gathering, especially in time-sensitive situations when the safety of other potential victims is at stake, or the perpetrator might leave the area.
- Adopt existing 'Child Sexual Abuse' protocol in which the 3-interview model is used allowing for the initial response information gathering, forensic interview and attorney interview for court.

3. Placements: Provide law enforcement with the safe house handbook, especially the eligibility criteria so referrals and/or placements are made appropriately.

4. Rapid Response for Placement Protocols: Develop protocols and strategies for rapid response placements to effectively address timely placement of a survivor. This requires clear communication channels and pre-established plans for coordination between law enforcement and safe houses to ensure effective and appropriate placement including transportation of residents and meeting location. Upon recovery, if available, an officer of the same gender as a victim conducts the interview.

5. Multidisciplinary Task Forces: Safehouses should join multidisciplinary task forces or coalitions. Such collaborative groups can help streamline the process of investigating and prosecuting human trafficking cases while providing holistic support to survivors.

6. Conduct Joint Operations: Plan and implement joint operations where law enforcement and safe house staff work together to prepare for the possibility of newly identified victims/survivors and ensure needed services are in place.

7. Regular Communication: Maintain regular communication and debriefing sessions between law enforcement and safe houses after operations or cases to share lessons learned, identify gaps, and improve future collaboration.

By implementing these collaborative strategies, law enforcement and human trafficking safe houses can work together more effectively to recover and identify victims, hold traffickers accountable, and provide the necessary support and care to survivors.

Work group recommendations

1. The certification credentials should clearly state and distinguish between the two types of housing provided below.
 - A best practice recommendation is that a provider should have approximately six (6) emergency beds available as often as possible.
 - Long-term transitional housing on the same campus to maximize administration and resources available to the survivors.
2. The certification credentials should list any special services or populations served by the providers, such as non-English speakers, minor children and other dependents of the survivor, therapy/companion animal policies, being able to serve survivors with various types of disabilities (wheel-chair accessible, staff trained in sign language or Braille), etc.
3. The certification credentials should allow for specialization such as survivors needing substance abuse treatment overlay services; mental health overlay services; or domestic violence services. The certification process should complement other licensing programs in the event a provider wishes to pursue dual licensure.

4. Each program should ensure that victims and survivors are not required to participate in fundraising efforts and that no survivors are forced or coerced into telling stories of their experiences.
5. Each program should ensure physical and emotional safety for residents and staff.
6. Each program should demonstrate efforts to hire, train, and retain professional staff to ensure the highest possible standards of care.
7. Each program should require criminal background checks of all employees.
8. Each program should implement pre-service training specific to working with survivors of human trafficking.
9. Each program should ensure that its organizational efforts adhere to local, state, and federal laws, administrative rules, and codes.
10. Each program should solicit and incorporate input from survivors of trafficking regarding organizational policies, protocols, program design, and governance.
11. Each program should have transparent financial practices that are open to required audits and board reviews.
12. Each program should always protect privacy and confidentiality of their residents through written policies describing the organization's approach to media inquiries, social media presence, fundraising policies, and use of survivors' names and images on the organization's website and in printed materials.

Conclusion:

Florida is home to several providers of residential services to adult victims and survivors of human trafficking with two different types of housing options. In summary, most providers offer long-term rehabilitative services that provide survivors with supportive housing and services for up to two years. The survivors entering those programs choose to do so and are actively working toward achieving self-sufficiency. The second type of housing offers emergency safe housing to victims in crisis, usually immediately after leaving a trafficking situation. These victims may need a mental health crisis response, substance detoxification, and/or medical attention. There is a growing need for more short-term housing, especially in the immediate aftermath of exiting a trafficking situation as well as for further integration and connection with substance use treatment services for survivors. The input provided across the human trafficking network to inform this report was extensive and informative, resulting in the initial certification recommendations.

The legislation passed to create certification standards for adult safe houses will solidify the state's efforts to protect survivors of human trafficking and to provide them with the highest level of care available. The certification process and associated policies will result in the standards, monitoring, and accountability mechanisms to ensure that the standards are delivered as intended by this legislation. Survivors and subject matter experts further support the need to ensure a formalized certification process is in place to provide safe and supportive options in Florida. The Department will continue collaboration with sister agencies, subject matter experts, and programs such as Substance Abuse and Mental Health as the final recommendations are developed and provided to the Council for consideration.