

Annual Report on the Commercial Sexual Exploitation of Minors, 2024

Report 24-04

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OPPAGA

Office of Program Policy Analysis and Government Accountability

Annual Report on the Commercial Sexual Exploitation of Minors, 2024

EXECUTIVE SUMMARY

In 2023, the Department of Children and Families (DCF) verified 339 youth as victims of commercial sexual exploitation (CSE). Overall, the total number of verified youth has decreased by 11% since 2020. However, the annual number of reports to the Florida Abuse Hotline alleging CSE of minors has increased by 6% since 2020. Dependent youth under the care of the department continue to have higher incidences of prior maltreatment than community youth.

Stakeholders report continued limited availability of specialized settings for CSE youth, including settings for those who also need inpatient substance use or mental health treatment. Stakeholders also continue to report gaps in the service array. The number of licensed CSE beds, remains the same as the number cited in OPPAGA'S 2023 report; however, there are ongoing placement recruiting efforts, and additional CSE placements are anticipated by the end of 2024.

Once verified, CSE youth spent the most time in traditional foster homes and at-risk group homes, though the overall percentage of time spent in at-risk group homes has declined. Revictimized youth, those who had a verified CSE finding in 2023 and in a previous year, spent more time in Department of Juvenile Justice facilities and missing from care and less time in traditional foster homes and relative/non-relative placements than newly verified youth.

Evidence-based practices and formalized outcome measures specific to CSE youth are lacking, though stakeholders agree that having highly individualized services and goals is important for this population. Similar to prior OPPAGA findings, CSE youth continue to have high rates of juvenile justice and child welfare involvement and poor educational outcomes following their verification. While the majority of CSE youth are enrolled in school in the year following verification, they are often absent and in a lower grade level than expected based on their age.

OPPAGA identified several issues regarding placement capacity and options for at-risk and verified CSE youth, service gaps, and data collection. To address these issues, OPPAGA offers several recommendations to state agencies that engage in activities to address human trafficking crimes and assist CSE youth. These recommendations include enhancing placement capacity, increasing services, and improving data collection.

REPORT SCOPE

Section 409.16791, *Florida Statutes*, directs OPPAGA to conduct an annual study on the commercial sexual exploitation (CSE) of children in Florida. This review reports on the number of children that the Department of Children and Families identified and tracked as victims of CSE; describes specialized services provided to CSE victims; and presents short- and long-term outcomes.

BACKGROUND

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

Several entities engage in activities to address human trafficking crimes and assist victims, including prevention, education and outreach, victim identification, investigation and prosecution of offenders, and comprehensive services for victims. Federal law enforcement agencies involved in the process include the U.S. Department of Homeland Security and the Federal Bureau of Investigation. The Florida Department of Law Enforcement (FDLE) and local sheriffs' offices and police departments are the state and local law enforcement entities with responsibilities related to human trafficking. FDLE operates statewide through seven regional operation centers, each of which has a specific focus on human trafficking either through open cases or targeted task forces. FDLE also operates the 1-855-FLA-SAFE Line, a 24-hour online and telephone system for reporting suspicious activity, including human trafficking. As of May 2024, FDLE reports that the 1-855-FLA-SAFE Line had received 338 human trafficking-related calls since its inception in 2022.⁵

FDLE also supports the Criminal Justice Standards and Training Commission. The commission is statutorily established as an independent policy making body that creates training curricula and certification testing for Florida's law enforcement officers.⁶ 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.^{7,8} As of May 2024, FDLE reports that 53,639 officers had received the training since the training was created and 348 officers had not yet received the training.⁹

Other key entities engaged in activities to address human trafficking include the Florida Office of the Attorney General (OAG), state attorneys, and U.S. attorneys' offices that pursue convictions against individuals charged with trafficking. In addition to prosecuting traffickers, the OAG assists human trafficking victims by chairing the Statewide Council on Human Trafficking and administering federal funds to crime victims. The federal Victims of Crime Act of 1984 (VOCA) established the Crime Victim Fund, consisting of criminal fines, forfeited appearance bonds and penalties, and special assessments to help address the emotional and physical needs of crime victims. The fund provides grants to states for victim services and programs, which allows them to subcontract directly with community service providers to render services to crime victims as well as provide direct assistance to victims.¹⁰

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

² Section [787.06](#), *F.S.*

³ Section [409.016](#), *F.S.*

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

⁵ Call information cannot be broken down to specify the age of the reported victim, so it is unclear how many calls involved CSE of youth.

⁶ Section [943.11](#), *F.S.*

⁷ Section [943.17297](#), *F.S.*

⁸ FDLE also provides advanced courses for law enforcement officers who want additional training on human trafficking investigative techniques.

⁹ The number of officers who have not completed the training is the total number of officers reported and does not indicate the number of officers out of compliance with training requirements. This number likely includes officers who are not actively employed.

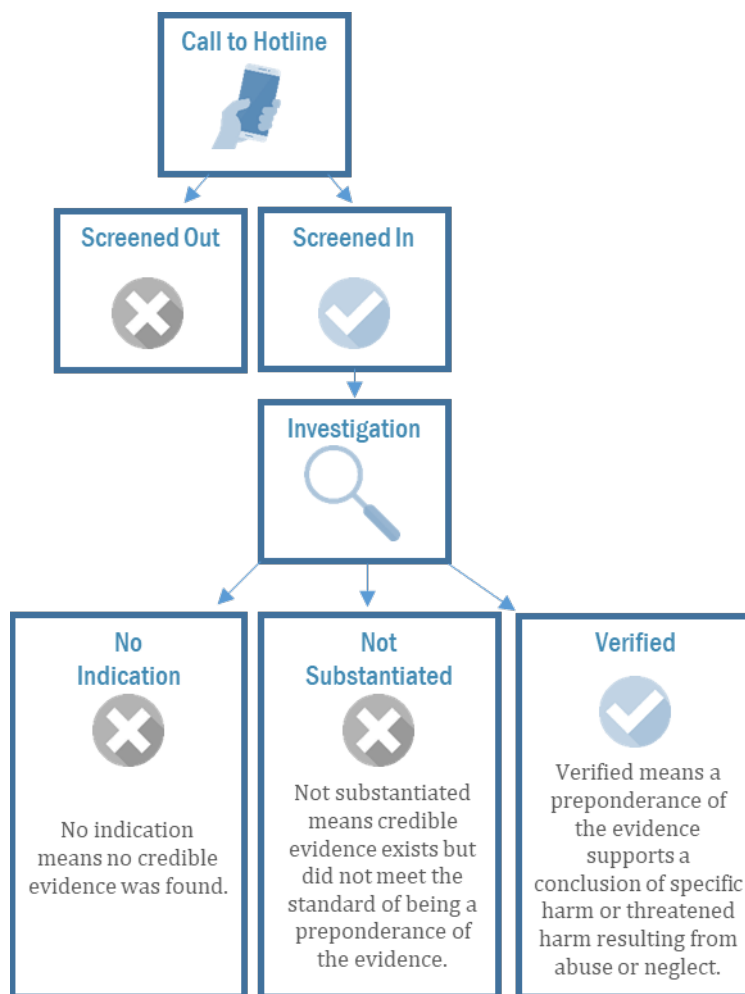
¹⁰ The U.S. Department of Justice distributes a percentage of funds from the Crime Victim Fund to states based on each state's share of the total population using U.S. Census data.

The Department of Business and Professional Regulation (DBPR) is another state entity involved in activities to combat human trafficking. The department inspects and regulates businesses and public lodging establishments for compliance with licensing standards and reports suspicions of human trafficking at such establishments to local law enforcement agencies. DBPR is also required to confirm that licensed establishments provide human trafficking training to employees.

The Department of Children and Families (DCF) is the state agency that identifies and manages services for CSE victims who are minors. DCF currently has one statewide human trafficking prevention manager and five regional human trafficking coordinators.¹¹ DCF also operates the statewide Florida Abuse Hotline, which receives reports alleging CSE of children. Hotline counselors screen the information provided to determine whether there is sufficient evidence to accept a report for investigation (screen in) prior to ending the call. (See Exhibit 1.)

Exhibit 1

Calls to the Florida Abuse Hotline Resulting in Investigation Have Three Possible Outcomes



Source: DCF and s. [39.201](#), *F.S.*

¹¹ The statewide human trafficking prevention manager’s duties include overseeing the regional coordinators; developing policy; approving curriculums for safe houses, safe foster homes, and at-risk group homes; and completing DCF’s annual statutory report regarding human trafficking. Regional coordinator duties include serving as the point of contact and subject matter expert for assigned regions; providing human trafficking assistance to community-based care agency and contracted staff, local law enforcement, and other entities; participating in human trafficking multidisciplinary team staffings; providing human trafficking training; and providing technical assistance to safe houses, safe foster homes, staff, and current and prospective CSE service providers.

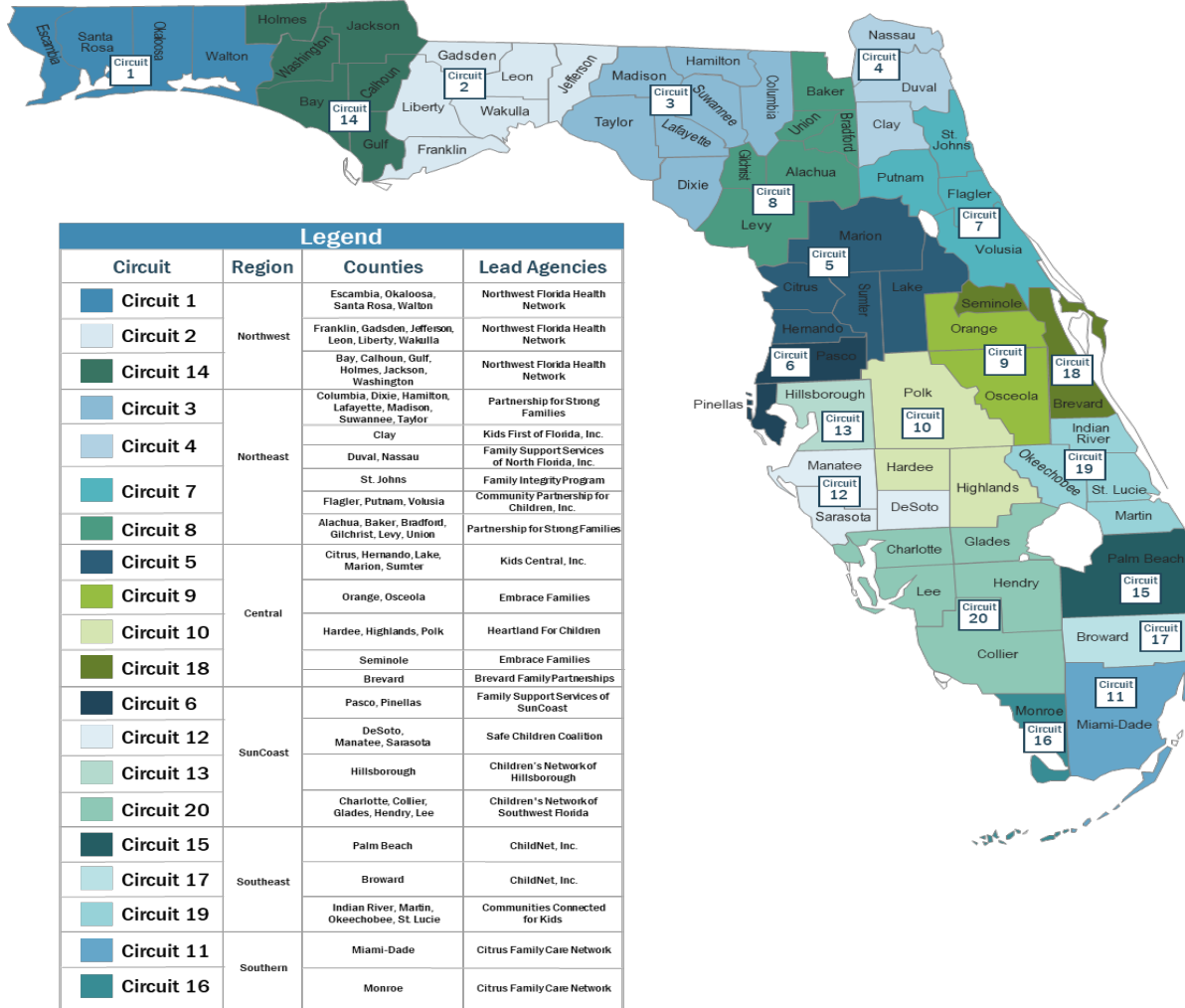
Child protective investigators review the allegations and administer the Human Trafficking Screening Tool (HTST). DCF, in collaboration with the Department of Juvenile Justice (DJJ), developed the HTST to help identify CSE youth. The tool contains questions related to the youth's background, demographic information, living and working history, episodes of leaving or running away from home, sexual exploitation or coercion, and parent or guardian information. Along with completing quarterly human trafficking training, child welfare professionals must complete six hours of specialized human trafficking training and the DCF-approved HTST training to administer the tool. DJJ staff reports that delinquency professionals must complete two hours of initial human trafficking training at hire, followed by four hours of specialized human trafficking training and the DJJ-approved HTST training annually. When investigators identify that a youth is involved in trafficking, they conduct 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 judicial circuits across the state to manage child welfare services, including services for CSE youth regardless of whether they are dependent and already being served in the child welfare system.^{12,13} (See Exhibit 2.) When a youth who is not involved in the child welfare system is verified as a victim of CSE, the lead agency works with that youth and their family to obtain the needed services.

¹² A dependent child is a child who has been removed from their home and whom the court has determined needs to be under state supervision. This child could live with a relative or a non-relative, or in foster care.

¹³ Lead agency subcontractors provide case management, emergency shelter, foster care, and other services in all 67 counties.

Exhibit 2

Nineteen Community-Based Care Lead Agencies Provide Services Across Florida's 20 Judicial Circuits



Source: DCF data.

DJJ partners with DCF to identify CSE youth brought into the delinquency system and to divert them to the child welfare system when possible. When law enforcement bring youth into custody for committing a delinquent act, DJJ staff assesses them and uses the HTST to screen those who demonstrate indicators related to sexual exploitation; certain DJJ providers also screen youth who exhibit characteristics indicative of CSE.¹⁴ When appropriate, DJJ and its providers contact the Florida Abuse Hotline to report suspected human trafficking.

¹⁴ For more information on DJJ's use of the HTST, see OPPAGA report [22-05](#). While DCF updated the HTST in 2023, DJJ has not updated its tool to the current version. The DJJ version of the tool was developed with DCF and is used to determine whether potential exploitation needs to be reported to the Florida Child Abuse Hotline. DJJ staff note that DCF's HTST is designed for the child protection investigators who perform fundamentally different jobs than juvenile probation officers, who consequently are not sent to DCF for HTST training.

The amount of funding DCF allocates to services for CSE youth has fluctuated over the years; lead agencies expend more funds than allocated. Since Fiscal Year 2018-19, funds DCF allocates to lead agencies to serve CSE youth have fluctuated from a low of \$3.0 million to a high of \$5.1 million. (See Exhibit 3.) Lead agencies consistently expend more funds than allocated to serve CSE youth. For example, in Fiscal Year 2022-23, DCF allocated \$3.5 million to lead agencies but they spent approximately \$11.5 million to provide placements and services to 482 CSE youth (an average of \$23,944 per youth).¹⁵

Exhibit 3

Over a Five Year Period, the Amount of Funds That the Department of Children and Families Allocated to Lead Agencies for CSE Services Has Fluctuated

Fiscal Year	DCF Allocation to Lead Agencies
2018-19	\$5.1 million
2019-20	\$3.0 million
2020-21	\$4.2 million
2021-22	\$3.5 million
2022-23	\$3.5 million

Source: DCF data.

In addition to the funds that DCF allocates to lead agencies, the Legislature appropriates funds to individual CSE providers to deliver specialized services, including residential programs, prevention education, and other community services. Over the last five years, these appropriations have varied from \$1.7 million to \$5.0 million. (See Exhibit 4.) Most recently, the Legislature appropriated \$4.1 million in general revenue funds for individual CSE providers serving minor victims. (See Appendices A and B for more information on funding for CSE services.)

Exhibit 4

From Fiscal Year 2018-19 Through Fiscal Year 2023-24, the Legislature Has Directly Appropriated Varying Amounts to CSE Providers

Fiscal Year	Legislative Appropriations to Individual CSE Providers
2018-19	\$4.1 million
2019-20	\$1.7 million
2020-21	\$2.8 million
2021-22	\$3.6 million
2022-23	\$5.0 million
2023-24	\$4.1 million

Source: OAG Division of Victim Services and Criminal Justice Programs and the General Appropriations Act.

¹⁵ This total is for all CSE youth served in Fiscal Year 2022-23, including youth verified in previous years.

PREVALENCE

The number of verified CSE youth decreased slightly in 2023; dependent children have more prior maltreatments and revictimization than community youth

From 2020 to 2023, there was an overall increase in commercial sexual exploitation reports and the number of investigations has remained relatively stable.¹⁶ However, during the same period, the number of youth verified as victims of CSE by the Department of Children and Families has decreased.¹⁷ Thus, while more CSE reports are coming in to the Florida Abuse Hotline, there has been a decrease in the percentage of CSE reports that were ultimately verified by investigators.

Consistent with prior OPPAGA reviews, dependent youth continue to have more prior maltreatments and verified revictimization than community youth, with higher incidences of prior neglect, CSE, sexual abuse, and abandonment, compared to their peers in the community.¹⁸ As in prior years, a majority of youth remained in the community following their CSE verification, while a larger share of revictimized youth were dependent.

The number of hotline reports alleging CSE of minors increased over the last three years, but the annual number of verified youth decreased by 11% during the same period. The annual number of reports to the Florida Abuse Hotline alleging the CSE of minors increased by 6% since 2020, though the number of reports decreased slightly from 3,408 in 2022 to 3,358 in 2023. (See Exhibit 5.) Of the hotline reports screened-in and accepted for investigation, 16% contained other allegations of abuse or neglect; of these allegations, the most frequent involved sexual abuse (4%) and substance misuse (4%). Consistent with prior years, the two most frequent reporter types were law enforcement (19%) and other criminal justice personnel (19%).¹⁹

Since 2020, the annual number of DCF investigations into allegations of CSE involving minors has remained relatively stable, reaching a low of 1,357 in 2021. In 2023, there were 1,448 investigations of CSE allegations resulting in the verification of 339 CSE youth (compared to 354 in 2022). Due to several factors, the total number of verified CSE youth may underestimate the true prevalence of commercial sexual exploitation statewide. There are numerous challenges in identifying, reliably assessing, and verifying potential instances of CSE. Experts describe these challenges as contributing to the underreporting of sex trafficking and trafficking generally.

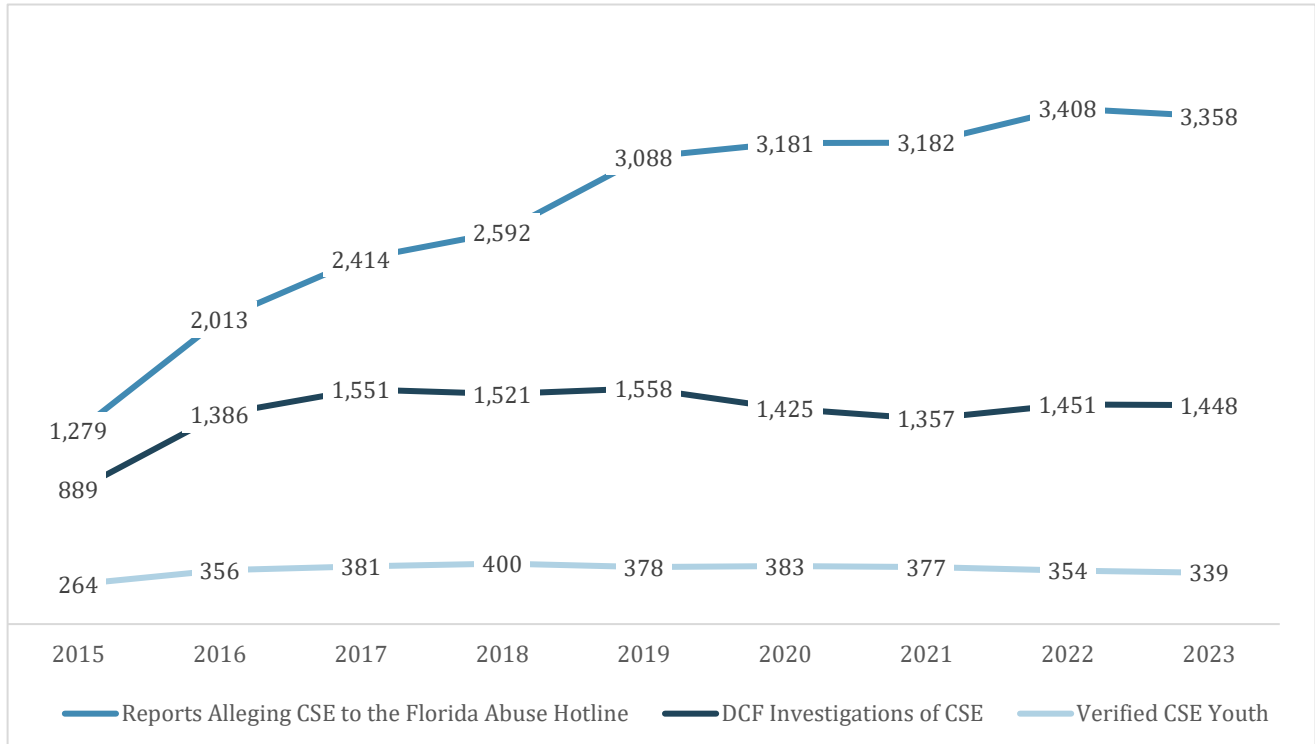
¹⁶ Since 2015, the number of reports has consistently increased each year, though the number of CSE investigations has fluctuated slightly over time.

¹⁷ To assess the prevalence of CSE victims identified in Florida, OPPAGA relied on DCF's Florida Safe Families Network hotline intake and child protective investigation data. This analysis only includes CSE victims who had a verified CSE finding in 2023 and may underestimate the true number of commercially sexually exploited children in Florida.

¹⁸ 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.

¹⁹ Other categories of reporters included social service personnel (10%), friends, family, and other relatives (9%); and mental health personnel (9%).

Exhibit 5
DCF Verified 339 Youth as Victims of CSE in 2023



Source: OPPAGA analysis of DCF data.

Demographics of youth with verified CSE findings in 2023 were similar to prior years; dependent youth continued to have higher incidences of prior neglect, CSE, sexual abuse, and abandonment. Fifty-six percent of youth with a verified CSE finding were white, 92% were female, and 95% were between 13 and 17 years old. Thirty-seven of Florida’s 67 counties had more than one verified case of CSE of a youth, with 5 counties accounting for over 40% of verified cases: Broward (41), Miami-Dade (28), Duval (27), Hillsborough (26), and Escambia (22). (See Appendix C for the number of verified youth in each county.)

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

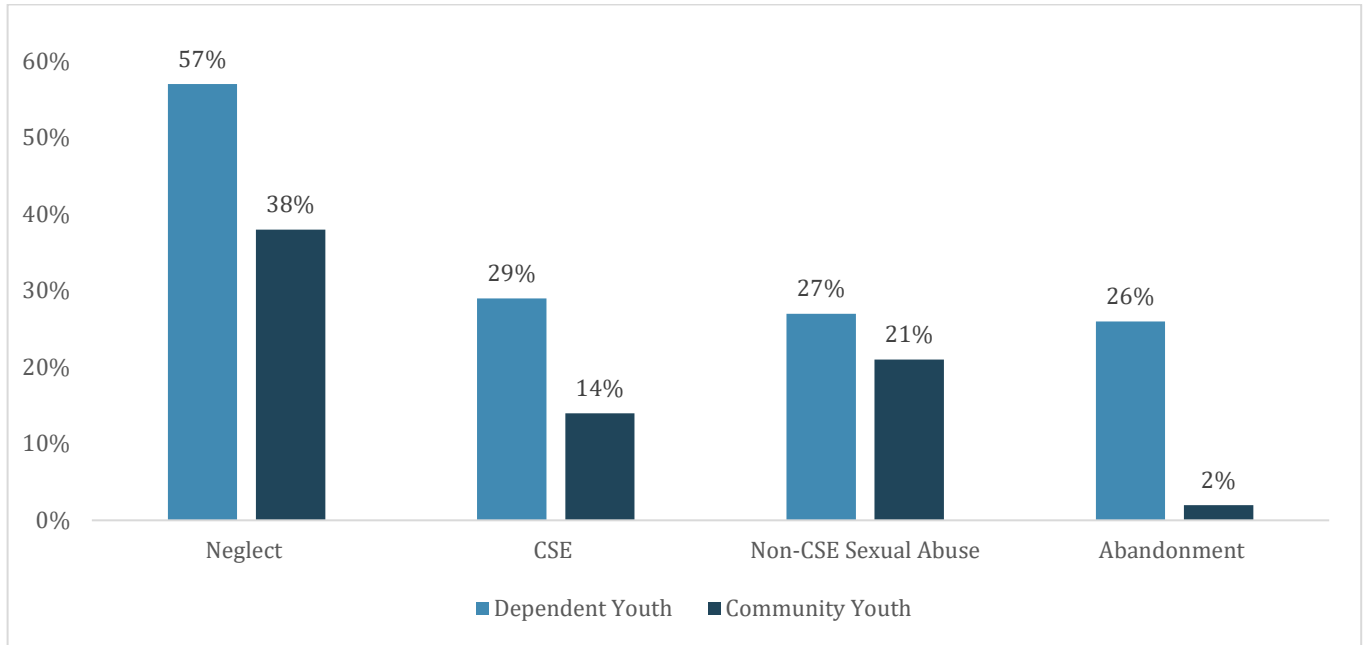
In addition, 52% of CSE-verified youth had histories of prior verified maltreatment. The most common types of prior maltreatment were neglect (50%) and parental failure (49%); 25% of verified youth had prior verified non-CSE sexual abuse. Consistent with trends noted in prior OPPAGA reports, 61% of verified youth were, and remained, in the community upon verification and 39% were already in, or entered, the dependency system.²⁰ Fifty-two percent of youth who were in the dependency system at the time of CSE verification were in a residential setting (e.g., a group home or shelter, Department of Juvenile Justice facility, or residential treatment center). Dependent youth had higher incidences of prior maltreatment than community youth (83% and 32%, respectively). Specifically, relative to their peers in the community, dependent youth had higher incidences of

²⁰ Of the 39% of dependent youth, 29% were already in the dependency system and another 10% entered the dependency system within six months of CSE verification.

prior neglect (57%), CSE (29%), non-CSE sexual abuse (27%), and abandonment (26%).²¹ (See Exhibit 6.)

Exhibit 6

Dependent Youth Continue to Have Higher Reported Rates of Prior Maltreatment Than Community Youth



Source: OPPAGA analysis of DCF data.

Over time, the number of revictimized CSE youth has declined, while youth verified in multiple investigations within the same year has increased. In 2022 and 2023, there were a similar number of revictimized youth (42 and 41 youth, respectively). However, the number of revictimized CSE youth declined 21% between 2020 and 2023 (from 52 to 41). The number of youth with multiple CSE verifications within the same year more than doubled, from 18 in 2022 to 38 in 2023. This figure has risen by 19% since 2020 (from 32 youth with multiple verifications to 38 in 2023).

Consistent with previous OPPAGA reports, a high percentage of revictimized youth had dependency system involvement both before and after their verification. In 2023, 59% of revictimized youth were already in out-of-home care at the time of their first CSE verification. Further, 66% of youth with prior CSE verifications were in the dependency system within six months of their 2023 verification. In contrast, 34% of youth who were first verified in 2023 were in out-of-home care at the time of their first CSE verification or in the dependency system within six months.

- **Revictimized youth:** youth who had a verified CSE finding in 2023 and in a previous year.
- **Youth with multiple verifications:** youth who have more than one instance of verified CSE in a given year.

²¹ Community youth with a prior history of maltreatment had a 38% incidence rate for neglect, 14% rate for CSE, 21% rate for non-CSE sexual abuse, and 2% rate for abandonment. Community youth had a higher rate of parental failure (58%) than their peers in the dependency system (43%).

PLACEMENTS AND SERVICES

Stakeholders report ongoing challenges with the placement array and services available to CSE youth

OPPAGA interviewed a wide range of stakeholders to learn more about placements and services available to CSE youth, including placement capacity and service gaps.²² There is an array of placement types for dependent youth. However, similar to prior years, stakeholders report limited availability of specialized settings for CSE youth and youth needing inpatient substance use or mental health treatment. The number of licensed CSE beds remains unchanged from last year, though stakeholders anticipate additional beds by the end of 2024. According to stakeholders, there have been few changes in services since OPPAGA's last review.

DCF has an array of out-of-home placement settings to meet children's needs when they cannot remain safely at home; some of these placements exclusively serve CSE-verified youth. The placement array available to dependent youth, from least to most restrictive, includes placement with relative and non-relative caregivers, foster homes, residential group care, and residential treatment centers.^{23,24,25} There are also enhanced traditional foster homes that provide care for children with a higher level of need (e.g., sibling groups and teenagers) and children with needs that do not meet eligibility requirements for therapeutic or medical foster care. Enhanced foster home families are required to receive specialized training in addition to the preservice training required for all foster families. DCF staff report that each lead agency has at least one staff member trained in a department-approved intervention to assist in increasing the number of enhanced traditional foster homes.²⁶

While most settings are available to all dependent youth, some are specifically for youth who are at-risk or verified victims of CSE. Specialized CSE placements require staff or caregivers to complete training regarding CSE and the standard preservice training and also require CSE-specific services for youth. Youth determined to be at-risk for CSE or who have a verified history may be placed in at-risk group homes. Verified CSE youth may also be placed in DCF-licensed specialized settings, such as safe foster homes and safe houses. (See Exhibit 7.) There are two types of safe houses, Tier 1 and Tier 2. DCF created the Tier 1 safe house licensure type in 2021. Tier 1 safe houses have the same staffing, training, and security requirements as Tier 2 safe houses; however, Tier 1 safe houses have less restrictive policies than Tier 2 safe houses regarding electronic devices, school options, outside activities, and other practices to enhance normalcy.^{27,28}

²² These stakeholders include staff from DCF, the Department of Juvenile Justice, six lead agencies, four safe houses, four at-risk group homes, and several non-profit organizations as well as human trafficking subject matter experts.

²³ The different types of foster homes are traditional foster homes, safe foster homes, therapeutic foster homes, and medical foster homes.

²⁴ Residential group care includes at-risk group homes, safe houses, traditional group homes, and maternity homes.

²⁵ Residential treatment centers include therapeutic group homes, qualified residential treatment programs, and statewide inpatient psychiatric programs.




²⁶ The specialized training is either trust-based relational intervention (TBRI) or Critical Ongoing Resource Family Education (CORE) Teen. TBRI is a trauma-informed, family-based intervention designed for children who have experienced relationship-based traumas such as institutionalization, multiple foster placements, maltreatment, and neglect. CORE training is designed to improve parental efficacy for parents of youth with behavior issues.

²⁷ See OPPAGA report [21-06](#) for more detailed information regarding placement types, particularly Tier 1 and Tier 2 safe houses.

²⁸ One Tier 1 safe house was licensed from December 2021 to April 2022, but the provider, that also has a licensed Tier 2 safe house, subsequently transitioned to an at-risk group home license and no youth were placed in that home while it was licensed as a Tier 1 safe house.

Exhibit 7

DCF Licenses Specialized Settings for At-Risk and Verified CSE Youth

 At Risk Group Homes	 Safe Foster Homes	 Safe Houses
<ul style="list-style-type: none">• Setting: At-risk homes are group homes that provide care and support services to youth who are at risk of becoming sex trafficking victims. At-risk homes also serve verified CSE youth if appropriate placement is not possible.• Services: Services for youth in at-risk homes include clinical therapy, behavioral health care, programming related to sex trafficking prevention, educational support, and life skills training.¹• Training: In addition to pre-service training requirements, direct care staff must complete 12 hours of specialized human trafficking training. Further, staff must also complete 8 hours of annual human trafficking training.	<ul style="list-style-type: none">• Setting: Safe foster homes are family foster homes that provide care to CSE youth who have significant emotional or behavioral needs in a home-like setting, with wraparound services.• Services: Services for youth in safe foster homes include individual and family counseling, behavioral health care, education support, life skills training, and care coordination.• Training: In addition to pre-service training requirements, safe foster parents must complete 24 hours of specialized commercial sexual exploitation training.	<ul style="list-style-type: none">• Setting: Safe houses are group homes that provide 24-hour residential care and community-based mental health services to CSE youth with complex emotional disturbances in a home-like setting. There are two types of safe houses, known as Tier 1 and Tier 2.• Services: Services for youth in safe homes include individual and family counseling, behavioral health care, education support, life skills training, and care coordination.²• Training: In addition to pre-service training requirements, direct care staff must complete 24 hours of specialized commercial sexual exploitation training. Further, staff must also complete 8 hours of annual human trafficking training.

¹ Some at-risk group homes report providing their own in-house clinical services, while others report referring youth for services such as psychiatric services, therapy, and medication management off-site.

² Some safe houses also report utilizing therapy techniques such as equine therapy, therapy dogs, yoga, and art and music therapy.

Source: DCF and provider interviews.

Stakeholders report limited capacity at all placement types, particularly specialized CSE placements and residential treatment facilities; the overall number of licensed CSE beds remains unchanged since 2023. Lead agency staff, providers, nonprofit organizations, and DCF staff report limited availability across the child welfare placement array, particularly safe houses, safe foster homes, and inpatient substance use and mental health settings. Lead agency staff reports that, in general, youth are entering the dependency system requiring higher levels of care due to reasons such as increased substance use issues and mental and behavioral health treatment needs. As a result of this increased need for a higher level of care, there may be fewer beds available for CSE youth in these placement options. Additionally, the number of licensed qualified residential treatment programs, a licensure type that became available in 2021, has remained at five programs with a capacity of 50 beds since OPPAGA's 2022 report.²⁹

²⁹ See OPPAGA reports [21-06](#), [22-05](#), and [23-08](#) for further information on qualified residential treatment programs.

Currently, there are seven safe houses—one Tier 1 safe house with a licensed bed capacity of 6 and six Tier 2 safe houses with a licensed bed capacity of 37. The new Tier 1 safe house was licensed in April 2024.³⁰ All of these houses are licensed to serve 4 to 12 females ranging from the ages of 10 to 17.³¹ The houses' licensure does not allow provision of services to youth who are pregnant or have children. There are 21 safe foster homes with a licensed bed capacity of 27 as of May 2024.³² Safe foster homes are typically licensed to serve one or two youth; providers may serve male or female youth but must exclusively serve one sex at a time.

The overall number of DCF-licensed specialized CSE beds in safe houses and safe foster homes has remained at 70 since OPPAGA's prior report. However, there were changes in the types of beds licensed. Specifically, in the past year, the number of licensed safe house beds increased from 33 to 43 and the number of licensed safe foster home beds decreased from 37 to 27, resulting in no net gain of beds.³³

Use of at-risk group homes has expanded; serving at-risk youth and verified youth in the same placement can be challenging. In 2021, DCF created the at-risk group home licensure type to serve youth who present risk factors for human trafficking.³⁴ The department considers a youth to be at-risk for trafficking if that youth has experienced trauma and has at least one additional risk factor, such as a history of sexual abuse, family history of or exposure to human trafficking, out-of-home placement instability, and history of running away or homelessness.³⁵ The number of at-risk group homes increased from 156 in 2023 to 175 as of April 2024, and the licensed bed capacity increased from 1,523 to 1,734. As of April 2024, DCF reports an additional 23 at-risk group homes with a 152 youth capacity are under review for licensure.

According to DCF staff, CSE verified youth meet the admission criteria for at-risk group homes and may also be placed in this setting.³⁶ In 2023, 42 of the youth verified that year were placed in at-risk group homes. Lead agency staff and staff at four at-risk group homes report that CSE-verified youth may be placed in at-risk group homes instead of safe houses for a variety of reasons. For example, safe houses and safe foster homes may not have available beds, a safe house may decline a youth admission, or a youth may refuse placement in a safe house. Lead agency and DCF staff report that placement in at-risk group homes is preferable when no other specialized CSE placement options are available, because at-risk group homes have specific human trafficking prevention programming for residents, and the staff have more human trafficking training than traditional group home staff.

Staff at lead agencies and at-risk group homes report that placing verified and at-risk youth in the same placement can lead to challenges. According to these stakeholders, placing these youth together is more likely to expose at-risk youth to trafficking rather than redirect verified youth away from trafficking. Moreover, staff at one lead agency report that youth who have been deemed at-risk can differ from verified youth. For example, a dependent youth might be labeled as at-risk for having three placement moves but have no other CSE risk factors. Consequently, placing the at-risk youth with a

³⁰ Licensed in April 2024, this Tier 1 safe house is operated by a provider that also operates a Tier 2 safe house.

³¹ The only safe house that was licensed to serve males voluntarily closed in 2022. The provider previously reported to OPPAGA that lack of referrals to stay at capacity was its largest issue in serving CSE youth.

³² According to a provider that offers supports to safe foster parents, the number of safe foster homes fluctuates across the state for a variety of reasons. Foster parents may close their homes due to adoption, life changes, or daily stressors; consequently, there is a need for continuous placement recruitment.

³³ DCF staff report that there is a difference in licensed bed capacity and actual capacity, as some safe house and safe foster home providers choose to accept fewer youth than licensure allows.

³⁴ See OPPAGA reports [20-05](#) and [21-06](#) for further information on the creation of at-risk group homes.

³⁵ See r. [65C-46.001](#), F.A.C., for the definition of a child at risk of sex trafficking.

³⁶ Previously, DCF staff reported to OPPAGA that at-risk group homes were not intended for CSE-verified youth. Staff clarified the department's position in April 2024.

verified youth could expose them to human trafficking and potential recruitment into the commercial sex trade.

To support at-risk group homes in providing services to CSE-verified youth, DCF provides additional assistance to these homes, such as extra training, technical assistance, and joint site visits from the human trafficking unit and licensing teams. Over the last two years, DCF conducted an in-depth review of at-risk group homes to ensure compliance with licensing requirements and identify providers in need of additional support. DCF human trafficking staff and licensing teams conducted joint site visits, prioritizing at-risk group homes serving verified youth. To provide support similar to that provided to safe houses, DCF also reports that the department implemented quarterly phone calls with the at-risk group homes to discuss curriculum and policies and offer expertise and advice.

In addition to limited placement options, stakeholders report other barriers to placing CSE-verified youth at safe houses. When a youth cannot be placed in an appropriate level of service, lead agencies utilize wraparound supports offered by human trafficking service providers in the youth's community while awaiting placement in the appropriate level of care. Lead agency staff report experiencing difficulty placing these youth due to provider selection criteria and youth willingness to accept certain placements.

Provider selection criteria: Safe house providers report receiving CSE-verified youth referrals from DCF and lead agencies. When reviewing referrals, safe houses consider youth characteristics such as placement history, previous home disruptions, mental health diagnoses, substance use, prior violent behavior or recruitment of other youth to trafficking, and compatibility with the home's current residents. Safe house providers OPPAGA interviewed express hesitancy in serving youth with severe mental health or active substance use and may decline to serve them until they are stabilized with treatment.³⁷ Lead agency, DCF, and safe house staff agree that substance use issues must be addressed before treating trauma because youth may continue seeking substances and either leave or bring substances to the placement, which can result in removal from the placement.

DCF policy requires child placement agreements for CSE youth. These agreements may require the youth to have their own bedroom, which could be difficult for providers to accommodate.³⁸ Other factors providers may consider when placing CSE-verified youth include geographic location, with one lead agency reporting that some safe houses will not accept youth from within their own region due to the close proximity to the child's trafficker. Moreover, some providers may prefer to serve fewer youth than licensure allows. For example, one safe house is licensed for five girls, but prefers to operate with no more than three girls at a time so that each youth has her own room.

Youth willingness to accept placement: The largest barrier stakeholders report to placing youth in safe houses is the youth's refusal to go due to restrictive policies regarding the use of cell phones and other electronic devices. One safe house provider indicates that restrictions on electronic devices are safety precautions to prevent traffickers from locating the youth and coming to the safe house.³⁹ Moreover, traffickers may use electronic devices to contact currently trafficked youth and to recruit youth into the commercial sex trade. State agency staff and human trafficking subject matter experts confirm that recruitment for sex trafficking increasingly occurs online.

³⁷ OPPAGA interviewed four safe house providers across the state that varied in licensed capacity to serve 5 to 12 verified CSE females; most state they serve youth between 12 and 17 years old.

³⁸ A child placement agreement means a caregiver and child welfare professional have agreed upon specific care expectations for a child in out-of-home care whose behaviors or circumstances require additional supports or safeguards. A child placement agreement is required for CSE-verified youth.

³⁹ Two safe house providers note that as youth move through the program, they can earn more privileges such as technology access.

DCF and lead agencies report continued efforts to increase overall placement capacity as well as specialized placements and services for CSE-verified youth; capacity among specialized CSE placements is expected to increase by the end of 2024. There are ongoing efforts to increase capacity across placement settings, particularly for specialized CSE placements and inpatient options. For example, the Legislature appropriated \$1.5 million in general revenue for DCF to contract with Citrus Health Network to expand the Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation (CHANCE) program.⁴⁰ CHANCE supports verified CSE youth placed in safe foster homes using a single-child-per-home model with wraparound services based on youth needs; the program requires staff and clinicians to be trauma-informed and complete mandatory trainings.^{41,42} The expansion will include recruiting safe foster homes in five additional counties within four judicial circuits. The department and Citrus Health Network selected sites based on counties with high human trafficking needs that already had existing infrastructure to support the CHANCE model.⁴³ Citrus Health Network has several prospective safe foster homes, but DCF had not received any licensure applications as of April 2024.

Citrus Health Network also reports developing Florida's first short-term residential treatment program for youth with intensive behavioral issues, including verified CSE youth. The program can render mental health services for up to 90 days to youth with complex emotional disturbances who are awaiting placement into higher-level care, such as a statewide inpatient psychiatric program. Program capacity includes eight beds each in Broward and Miami-Dade counties. Program admission requires a court order. To date, the program has served 17 youth since opening in September 2023.

In response to the need for expanded CSE placements, DCF staff reports that additional capacity is anticipated by the end of 2024. According to DCF staff, two existing Tier 2 safe house providers are currently in various stages of establishing three additional Tier 2 safe houses, which will have a total licensed capacity of 17. In addition, department staff report that there are currently four safe foster homes in various stages of the licensure process that will add four beds.

OPPAGA interviewed staff at six lead agencies to learn about efforts to increase placement capacity in agency service areas. Efforts lead agencies report include

- utilizing foster home estimator tools to determine need and target efforts to recruit traditional foster homes;
- discussing the need for different types of foster placements during traditional foster parent training and graduation, including having guest speakers from organizations that work with CSE youth;
- increasing the number of enhanced traditional foster homes for youth in agency service areas;
- recruiting Tier 1 safe foster homes from the pool of enhanced traditional foster homes;
- opening a lead agency-operated at-risk group home for youth who are not accepted at other placements;

⁴⁰ See OPPAGA report [21-06](#) for additional information on the CHANCE program.

⁴¹ Youth admitted into the program must be screened and verified for CSE using the human trafficking screening tool. Program staff, in consultation with the multidisciplinary team, assess the findings of the screening tool and make recommendations on acceptance into the program and services based on the youth's needs.

⁴² The contract's total value is approximately \$2.9 million over three years, depending on the availability of funds. The first disbursement was for \$1.5 million in Fiscal Year 2023-24; the remaining two disbursements will be \$700,000 each in Fiscal Years 2024-25 and 2025-26.

⁴³ The additional circuits are Circuit 4 (Duval County); Circuit 6 (Pinellas and Pasco counties); Circuit 15 (Palm Beach County); and Circuit 17 (Broward County).

- contracting with an organization to license foster homes for youth with higher needs, including CSE youth;
- offering monetary incentives to subcontractors to onboard and license additional foster homes; and
- increasing reimbursement rates to foster parents caring for children with additional needs, including CSE youth.

Once verified, dependent CSE youth spent the most time in traditional foster homes and at-risk group homes; placement differences for revictimized and newly verified youth persist

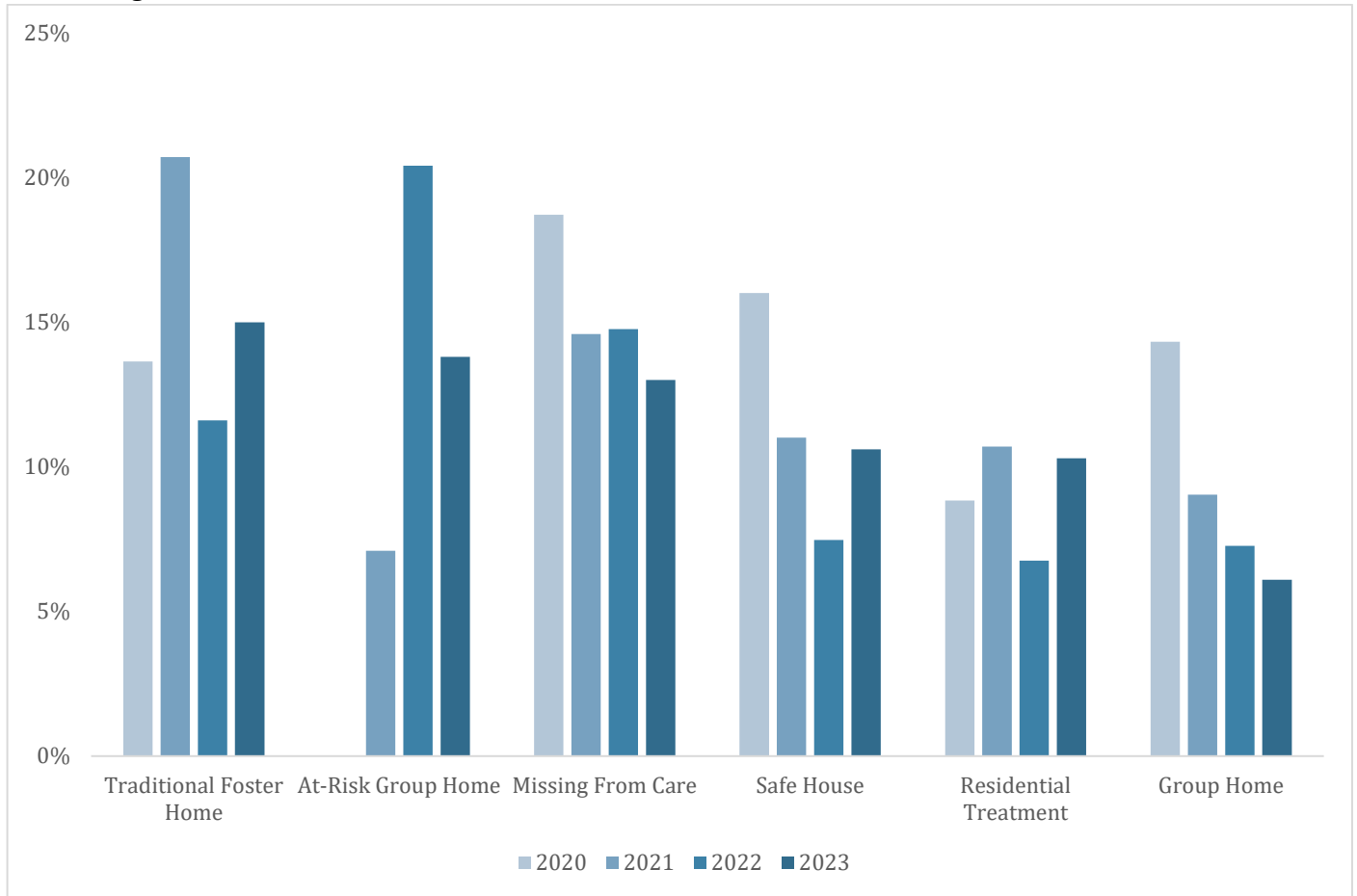
In 2023, dependent, CSE-verified youth spent the largest percentage of time in traditional foster homes and at-risk group homes. Compared to 2022, these youth spent more time in traditional foster homes and safe houses, and less time in at-risk group homes and missing from care in 2023. However, data continue to show placement differences between newly verified and revictimized dependent youth, particularly for time spent in DJJ facilities and traditional foster homes.

Verified youth spent more time in traditional foster homes and safe houses; time spent in at-risk group homes and missing from care decreased. In 2023, verified youth spent the largest amount of time in traditional foster homes (15%), at-risk group homes (14%), missing from care (13%), and safe houses (11%).⁴⁴ (See Exhibit 8.) Comparing 2022 and 2023, verified youth spent a larger percentage of time in traditional foster homes (12% versus 15%) and safe houses (7% versus 11%), and less time in at-risk group homes (20% versus 14%) and missing from care (15% versus 13%). (See Appendix D for a breakdown of time spent by placement type for verified youth in 2023.)

⁴⁴ Missing from care refers to dependent CSE youth who are under the care of child welfare agencies, but are unable to be located for any reason.

Exhibit 8

Time Spent in Several Placement Types Increased From 2022 to 2023, While Time Spent in At-Risk Group Homes and Missing From Care Decreased¹



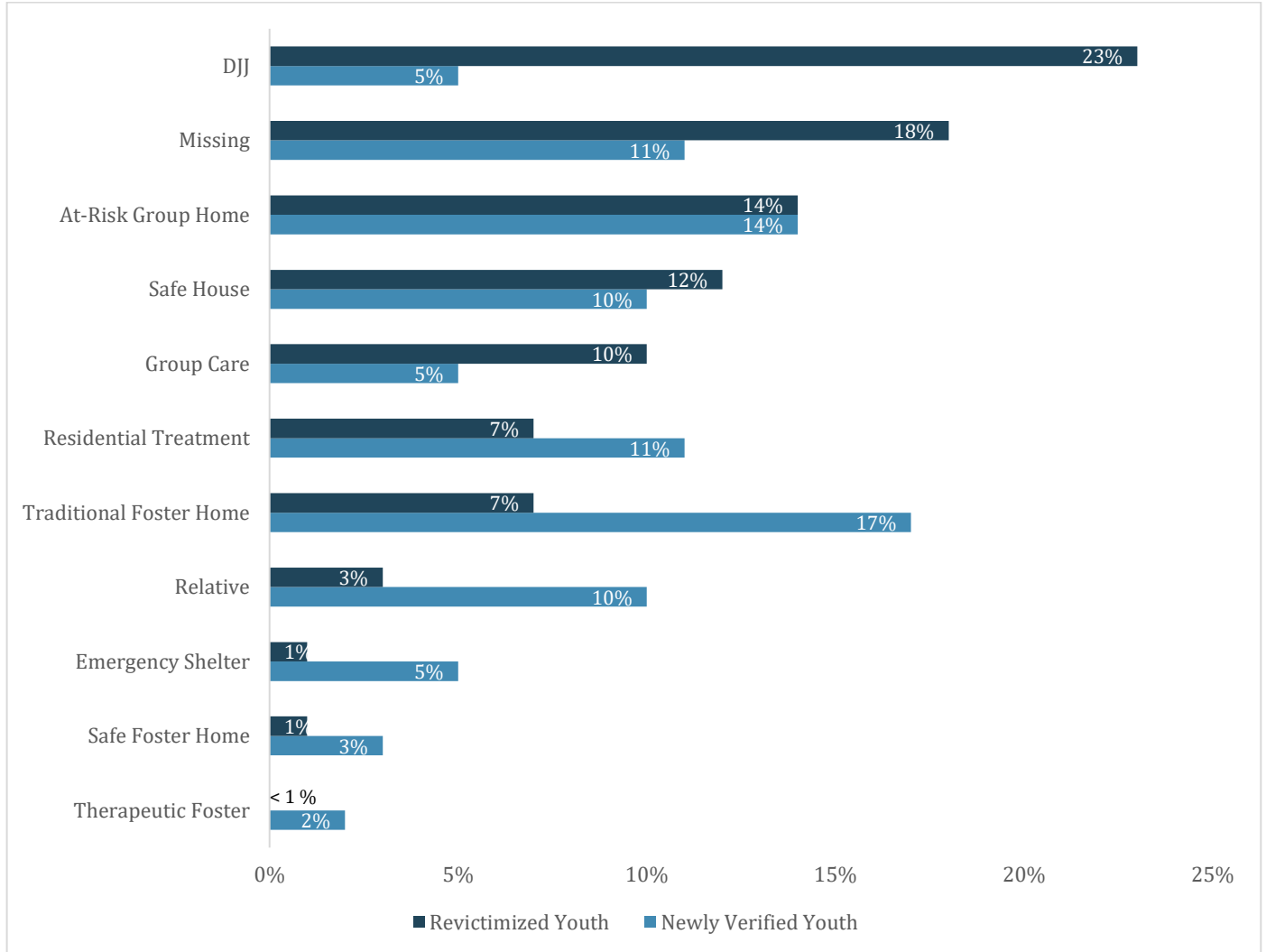
¹ DCF began licensing at-risk group homes in 2021 to serve children at risk of being trafficked.

Source: OPPAGA analysis of DCF data.

Revictimized youth’s time in placements continues to vary from newly verified youth; in 2023, revictimized youth spent a greater amount of time in DJJ facilities and missing from care. Placement differences remain between newly verified and revictimized youth. In 2023, compared to newly verified youth, revictimized youth spent a similar amount of time in at-risk group homes (14% for both groups) and safe houses (10% for newly verified youth versus 12% for revictimized youth) and less time in traditional foster homes (17% versus 7%) and with relatives (10% versus 3%). Revictimized youth spent greater time in DJJ facilities (5% for newly verified youth versus 23% for revictimized youth) and missing from care (11% versus 18%). (See Exhibit 9.)

Exhibit 9

In 2023, Time in Placements Continue to Vary for Revictimized and Newly Verified Youth



Note: Percentages are rounded to the nearest whole number.

Source: OPPAGA analysis of DCF data.

Evidence-based practices specific to CSE youth continue to be lacking; gaps in existing services continue

OPPAGA interviewed staff at DCF, DJJ, six lead agencies, four safe houses, four at-risk group homes, and several nonprofit organizations and human trafficking subject matter experts regarding evidence-based practices for providing services to CSE-verified youth. These stakeholders identified service availability issues as well as gaps in services.

Evidence-based interventions specific to CSE youth are lacking and treatment success is poorly defined. Consistent with findings from government reports and the research literature, several national organizations and subject matter experts note that, while there are evidence-based interventions that can be used for particular issues experienced by victims of human trafficking (e.g., substance use, mental health, and trauma), there are not any identified interventions that have been validated by multiple, well-designed studies, which can be designated as evidence-based for this

specific population. Similarly, providers and state agency staff were unable to provide a consistent definition for successful treatment outcomes. Across stakeholders, the definition for successful treatment varies; this may be in part due to the individualized nature of the treatment and case management services. Despite the lack of standardized interventions and outcome measures, there is a consistent emphasis on the importance of individualizing treatment, care, and goals for trafficking victims. Stakeholders consider successful treatment as the stabilization of a youth's mental health and substance use issues, addressing trauma through behavioral changes, learning and using coping skills, and not returning to trafficking.

Stakeholders report limited availability of several services that could benefit CSE youth, especially those youth who are returning to the community. Providers, nonprofit organizations, advocacy groups, lead agency staff, state agency staff, national organizations, and subject matter experts report numerous service gaps for CSE-verified youth.

- *CSE-specific services for youth in DJJ settings:* DJJ staff note that youth who have experienced CSE are present throughout all levels of the juvenile justice system, including detention and residential services. However, the department does not provide a human trafficking prevention curriculum to youth or specific CSE services to verified youth, stating that there is no evidence-based practice for CSE youth involved in the criminal legal system. Additionally, DJJ staff do not typically initiate referrals for CSE services; rather, youth are commonly offered these services as the result of a DCF CSE verification. According to DJJ representatives, the department supports the continuation of these services, including when the child is placed within a detention center or residential facility. When a youth wishes to participate in CSE services independent of a DCF abuse investigation, DJJ staff refer the youth directly to CSE services. DJJ staff report CSE-specific services that are provided through non-profit service providers are voluntary, meaning it is the youth's decision to engage in services. DJJ staff recognized that there is a need for high-quality, CSE-specific service providers and that community-based services are not available in all areas of Florida.
- *Specialized therapeutic placements:* Many stakeholders report that CSE youth often have significant substance use issues that require detoxification and inpatient treatment. However, inpatient substance use treatment facilities for minors are very limited in Florida. Stakeholders also report that youth who have experienced trauma may have significant mental and behavioral health issues that require inpatient psychiatric treatment. As with substance use treatment facilities, there are insufficient inpatient programs to serve these youth.
- *Step-down programs for youth ready to enter a less restrictive setting:* When youth cannot return home after receiving treatment in a residential or group setting, there is a need for a step-down program to prepare them to return to the community. Safe house staff describe the need to create Tier 1 homes specifically as step-down facilities. Currently, youth who successfully complete Tier 2 safe house services often return directly back to the community due to the lack of Tier 1 homes. To address this service gap, safe house providers discussed the need to create a Tier 1 home specifically as a step-down facility for the youth in their programs. This would allow the youth to gain more privileges and ensure they are using phones and social media properly and continue to have access to counseling and other services.
- *Services for youth transitioning to adulthood:* Studies have shown that youth who transition from foster care into adulthood have difficulty finding and maintaining employment, securing stable housing, and completing their education. Florida allows foster youth to voluntarily stay

in care and access services until they are 21 years of age. However, some stakeholders note that there may be limited options and services for CSE-verified youth who are transitioning into adulthood. For example, at-risk group home staff report not accepting these youth for placement close to the youth's 18th birthday due to the length of time it takes to review and accept a referral and develop a discharge plan.

- *Access to survivor mentors:* Human trafficking survivor mentors can play an integral role in the treatment of CSE youth, serving as advocates and role models. The literature identifies the use of survivor mentors in the treatment of CSE youth as a promising practice, and youth working with survivor mentors are reported to have improved outcomes. However, stakeholders report that there is a shortage of survivors who are far enough along in their own recovery and able to serve CSE youth. In addition, survivors may have disqualifying background histories that hinder obtaining employment as a mentor or providing services in certain locations. For example, according to stakeholders, survivor mentors may have difficulty entering DJJ facilities due to restrictive background screening requirements but when mentors are granted entrance to DJJ facilities, it can be impactful because the mentor can maintain contact with the youth and identify resource needs prior to the youth's release from custody.
- *Legal services:* Some human trafficking survivors have a criminal record, which can impede recovery because it is difficult to pursue educational, employment, and housing goals with a criminal record. Survivors may be able to mitigate some of these barriers by filing a petition with the courts to expunge their criminal history record resulting from charges incurred while the individual was being trafficked.⁴⁵ However, this can be a lengthy and costly legal process that may require the services of an attorney. Statewide, there is only one non-profit agency with one attorney that handles expungement of survivors' records full time. The agency is trying to hire another attorney, if they receive additional funding, but notes that it is a challenge because of the specialized nature of this work, which requires an understanding of survivors' experience and factors that may contribute to a lengthy expungement process, including relapse.

OUTCOMES (2013 THROUGH 2022)

CSE youth continue to have high rates of child welfare and juvenile justice involvement and poor educational outcomes in the years following their verification

OPPAGA analyzed outcomes for all youth with a verified CSE finding from 2013 through 2022 identified in prior OPPAGA reports in three areas: (1) child welfare; (2) juvenile justice; and (3) education. For these measures, OPPAGA examined the short-term outcomes of a subset of all CSE-verified youth for whom data were available for at least one year following their initial CSE

⁴⁵ Section [943.0583](#), F.S.

verification.^{46,47,48} This analysis also includes comparisons for certain measures where youth could be tracked for at least three years.^{49,50} For most of the measures, the youth OPPAGA could track for the different time periods continued to show significant involvement with the Department of Children and Families and the Department of Juvenile Justice and poor education-related outcomes. In addition to examining outcome measures for CSE youth who are still minors, OPPAGA also conducted analyses of outcomes for CSE youth who have turned 18 years of age. (See Appendix E for information on outcomes for CSE youth who are now adults.)

Outcomes at both one and three years after CSE verification show high rates of subsequent involvement with DCF. In the first year after verification, youth in out-of-home care spent equal amounts of time (13%) in traditional foster care, group care, relative care, and missing from care. The remainder of their time was spent in placements such as therapeutic foster care, safe houses, at-risk group homes, and residential treatment. Most youth remained in out-of-home care for at least a year.⁵¹ For those who entered out-of-home care following their first CSE verification, on average, 80% remained in out-of-home care after one year.

During the first year after verification, using a bridged calculation, OPPAGA found that youth averaged 7.9 formal placement changes.⁵² When considering unbridged placements and including interruptions due to episodes where a youth was missing from care, youths' placement changes increased to 11.6 changes during the first year after verification. The majority (57%) of those in out-of-home care were missing from care at least once during the year. Rates of missing youth were highest for those in group homes, which accounted for 32% of all episodes of missing from care. Consistent with prior OPPAGA reports, placement changes appear to stabilize for youth who could be tracked for three years. Using a bridged calculation over three years, these youth averaged 6.2 formal placement changes per year compared to 9.7 unbridged placement changes per year. Sixty-five percent were missing from at least one placement over three years, with youth most frequently missing from group homes (25%) and traditional foster homes (18%).

The majority of the youth who were in out-of-home care after their CSE verification and could be tracked for three years remained in out-of-home care until they turned 18 years of age. That is, 66% were 15 years old or older in out-of-home care following their CSE verification and aged out of care by the end of the three years. The remainder were reunified with their families (18%), living with a guardian (5%), emancipated (5%), still in out-of-home care (3%), adopted (2%), or deceased (1%).

Among all CSE youth analyzed between 2013 and 2022 who could be tracked for one year after their initial CSE verification, 52% had a subsequent DCF investigation for abuse and neglect, 41% of which

⁴⁶ The total outcomes population includes 2,665 youth; however, because not all youth can be tracked for one- and three-year intervals, the number of children included for each measure varies.

⁴⁷ Child welfare and juvenile justice one-year measures include data on 2,036 youth. The education measures include data on 2,486 youth. These numbers may vary across individual measures.

⁴⁸ To provide the total number of children who had subsequent verifications, those measures are not constrained to those who could be tracked for at least one year and instead include the entire outcome population.

⁴⁹ The three-year outcomes measures include the following numbers of youth: 582 for juvenile justice measures, 616 for child welfare measures, and 840 for education measures. These numbers may vary across individual measures.

⁵⁰ Because of the need to track outcomes for at least three years before the child turned 18 years of age, 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.

⁵¹ According to federal and state law, a permanency hearing must be held no later than 12 months after the date the child is considered to have entered foster care. The hearing determines the permanency plan for the child that includes whether and, if applicable, when the child will be returned to the parent; placed for adoption and the state will file a petition for termination of parental rights; referred for legal guardianship; or, in the case of a child who has attained 16 years of age, placed in another planned permanent living arrangement. A permanency hearing must be held at least every 12 months for any child who continues to be supervised by the department or awaits adoption.

⁵² The number of placement changes was determined using a bridged placement calculation, which does not include temporary placement changes due to a child being missing from care, hospitalized, or having visitations. 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.

were verified. For youth who could be tracked for three years following their first CSE verification, 68% had a subsequent DCF investigation for abuse or neglect; of those, 55% had verified findings for at least one investigation. (See Exhibit 10.)

Exhibit 10

Tracking Youth at One and Three Years After CSE Verification Shows High Rates of Subsequent Child Welfare Involvement

Measure	One-Year Tracking	Three-Year Tracking
Percentage with subsequent DCF investigations	52%	68%
<i>Percentage with subsequent verified findings (all maltreatment types)¹</i>	41%	55%
Number of bridged placements	7.9	6.2
Number of missing episodes per 100 days in care	13.6	17.2
Percentage of time in placements		
<i>Traditional foster homes</i>	13%	17%
<i>Therapeutic foster homes</i>	3%	5%
<i>Residential treatment centers</i>	11%	10%
<i>DJJ facilities</i>	6%	6%
<i>Missing from care</i>	13%	13%
<i>Relative/non-relative caregivers</i>	13%	13%
<i>Group care</i>	13%	15%
<i>Safe house</i>	12%	9%

¹ These percentages are of those youth who had subsequent DCF investigations.

Source: OPPAGA analysis of DCF data.

The percentage of youth with subsequent CSE verifications has been decreasing in more recent cohorts; the majority of youth with subsequent CSE verifications received services and spent time in out-of-home care between their first and second verification. Similar to prior OPPAGA reports, 29% of all youth with a subsequent investigation had a subsequent verified CSE within one year and 41% had a subsequent verified CSE within three years. However, when examining the year each youth entered the verified population, both one- and three-year measures show a steady decrease in subsequent CSE verifications. The percentage of youth who had subsequent CSE verifications in the first year following entry into the population has been decreasing since 2018, from 32% among those first verified in 2018 to 21% among those first verified in 2022. Similarly, subsequent CSE verifications within three years of entry into the population have been decreasing since 2018, from 45% among those first verified in 2017 to 34% among those first verified in 2020. (See Exhibit 11.)

Exhibit 11

Subsequent CSE Verifications Have Been Decreasing for Youth in Each Cohort Year

Has Subsequent CSE Verification	2017	2018	2019	2020	2021	2022	Average
Within 1 year	32%	32%	29%	27%	24%	21%	27%
Within 3 years ¹	45%	39%	35%	34%	NA	NA	38%

¹ Cohorts 2021 and 2022 did not have enough time to report three-year outcomes.

Source: OPPAGA analysis of DCF data.

Consistent with prior OPPAGA reports, 54% of youth who had at least one subsequent verification of CSE were youth who had received services. The majority (71%) of youth with a subsequent CSE verification spent some time in out-of-home care between their first and second CSE verification. These youth spent the largest amount of time in group homes (68%) followed by relative care (12%). Only 36% of youth were living with a parent at the time of their second verification; 25% were living in a group home or residential treatment setting.

CSE youth continue to have high rates of involvement with the delinquency system. OPPAGA reviewed DJJ data to determine the extent of CSE youths' subsequent involvement with the juvenile

justice system. Of those who could be tracked for at least a year, 41% were referred to DJJ in the year following their first CSE verification, a decrease from 48% in 2020 and 45% in 2021.⁵³ The majority (69%) of those children were referred more than once within that year. The primary charges for these referrals were assault and battery (18%), aggravated assault and battery (17%), and violation of probation (12%).⁵⁴ Thirty-nine percent of these youth received at least one DJJ service within the year, including detention (32%), probation (21%), diversion (8%), and residential commitment (7%), and. (See Exhibit 12.) Of those youth who could be tracked for three years, 51% were referred to DJJ in the three years following their first CSE verification; 80% of those children were referred more than once. Thirty-three percent of the primary charges were for aggravated assault and battery, followed by assault and battery (13%), and burglary (9%).

Exhibit 12

CSE Youth Have High Rates of Involvement with the Delinquency System

Measure	One-Year Tracking	Three-Year Tracking
Percentage referred to DJJ	41%	51%
Percentage receiving DJJ services	39%	48%
Detention	32%	42%
Diversion	8%	14%
Probation	21%	31%
Residential commitment	7%	14%

Source: OPPAGA analysis of DJJ data.

While most CSE youth were enrolled in school, they continue to experience challenges with educational measures. Consistent with prior reports, OPPAGA found that 82% of CSE youth were enrolled in a Florida K-12 public school in the year following their CSE verification. 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 (38% of those were two or more years behind). Similar outcomes were observed for CSE youth who were enrolled in a public school in the third year following their CSE verification. (See Exhibit 13.)

Exhibit 13

Most Educational Outcomes Were Similar Between CSE Youth Enrolled in School in the First Year After CSE Verification And Those Enrolled in the Third Year After CSE Verification

Measure	One-Year Tracking ^{1,3}	Measure	Third-Year Tracking ^{2,3}
Percentage with a K-12 enrollment in the 1 st year after CSE verification	82%	Percentage with a K-12 enrollment in the 3 rd year after CSE verification	58%
Percentage attended less than half the school year	38%	Percentage attended for less than half the school year	39%
Percentage in a lower-than-expected grade level	49%	Percentage in a lower-than-expected grade level	52%
Percentage who were two or more years behind	38%	Percentage who were two or more years behind	39%

¹ These measures represent youth who were enrolled in a Florida public school in the first year following their CSE verification.

² These measures represent youth who were enrolled in a Florida public school in the third year following their CSE verification out of those who could be tracked for three years after their CSE verification. Unlike prior OPPAGA reports, which counted youth as enrolled if they were enrolled at any time within the three years after CSE verification, this does not count youth as enrolled if they were enrolled during their first or second year after CSE verification but were not enrolled during the third year. This also differs from other three-year tracking measures throughout this report.

³ While this measure only reports K-12 enrollment, an additional 3% of youth were enrolled in continuing education in the first year following their CSE verification.

Source: OPPAGA analysis of Department of Education data.

⁵³ DJJ defines a referral as a youth directed to the department based on an allegation of criminal law violation.

⁵⁴ Children may have been charged with multiple offenses during these referrals; however, for the purposes of these calculations, OPPAGA only includes the most serious charge associated with each child for the follow-up year.

Analyzing trends for involuntary commitments of CSE-verified youth is hampered by data limitations. OPPAGA is statutorily required to report the number of CSE youth who are involuntarily committed to mental health treatment facilities and the outcomes of those youth for the three years after inpatient treatment.⁵⁵ OPPAGA previously analyzed Baker Act examination data provided by the University of South Florida’s Baker Act Reporting Center (BARC).⁵⁶ However, this data has several limitations.⁵⁷ In addition, the BARC collects involuntary commitment data; however, the information the center receives is incomplete. Other potential sources of involuntary commitment data also have limitations. Specifically, the Agency for Health Care Administration maintains data on Medicaid-funded involuntary commitment treatment but this source excludes youth for whom treatment was funded by DCF, private insurance, or self-pay. To report outcomes for the involuntary commitment of all CSE youth, OPPAGA would need access to a complete data source of involuntary commitments. As a result, OPPAGA is unable to determine the number of involuntary commitments and related outcomes for CSE-verified youth.

UPDATES

During the review period, state agencies took steps to improve human trafficking awareness, education, and identification

Since OPPAGA’s last report, state agencies that help address human trafficking crimes and assist youth victims of commercial sexual exploitation have implemented changes intended to improve services. These agencies include the Department of Children and Families, Department of Juvenile Justice, Florida Department of Law Enforcement, Department of Business and Professional Regulation, and Office of the Attorney General.

DCF implemented organizational changes, updated the Human Trafficking Screening Tool, and incorporated placement assessment data into its new information system. The department made recent organizational changes and enhanced the screening tool and data collection efforts. DCF continues to transition to a new information system and has incorporated some placement assessment data.

Organizational Changes. In 2023, DCF shifted its human trafficking unit from the Office of Child and Family Well-Being to the newly created Office of Community Services and increased staffing within the unit. A team consisting of a statewide human trafficking prevention manager and five regional coordinators serve as subject matter experts, attend multidisciplinary team staffings, and develop and provide human trafficking training. DCF staff report plans to further increase the number of staff so that each of the six regions has its own human trafficking coordinator.⁵⁸

⁵⁵ Section [409.16791, F.S.](#)

⁵⁶ Section [394.451, F.S.](#), commonly known as the Baker Act, provides legal procedures for mental health examinations and treatment. It allows that an individual may be involuntarily examined under certain circumstances, including if there is reason to believe that they have a mental illness and due to the mental illness, they have refused or are unable to determine if examination is necessary; and either; that without treatment they are unlikely to care for themselves which can result in substantial harm, and it is not evident that harm can be avoided through other interventions; or it is likely, based on recent behavior, that without treatment, the individual poses a serious threat to themselves or others.

⁵⁷ See OPPAGA reports [21-06](#), [22-05](#), and [23-08](#).

⁵⁸ The six regions are Northwest, Northeast, Central, SunCoast, Southeast, and Southern.

Human Trafficking Screening Tool. As recommended by OPPAGA and the Institute of Child Welfare, DCF created an electronic version of the HTST that was made available in December 2023. The department developed online training for the updated tool, and child protective investigators are required to use the electronic version. Case managers across the state are not yet utilizing the electronic HTST, because DCF continues to implement technology updates. The department plans to update its operating procedures to include revisions regarding the electronic HTST.

Data Collection. DCF obtained federal financial approval in Fiscal Year 2022-23 to begin transitioning its statewide child welfare information system from the Florida Safe Families Network (FSFN) to the new Comprehensive Child Welfare Information System (CCWIS), which will occur in multiple phases. The department is currently in Phase II, with an anticipated completion date in spring 2025. DCF staff report that since 2017, lead agency staff have been manually collecting data from the department's Screening, Placement, and Services for Sexually Exploited Children and Young Adults Reporting Checklist and providing it to the department.⁵⁹ The checklist is completed for each youth who is screened using the HTST and includes general information regarding screening, milestone dates, outcomes, and steps taken after the screening. Region and circuit monthly reporting data includes the aggregated number of youth assessed using the tool, number of youth assessed for placement and placed in a safe house or safe foster home, and the reasons youth were not placed in these settings, when recommended.⁶⁰

However, this information is not extractable at the individual level from FSFN, as the checklists are emailed to the department as PDF files. In 2023, OPPAGA recommended that DCF improve the collection of data related to youth assessed for placement in safe houses and safe foster homes. DCF incorporated the Comprehensive Placement Assessment, which is administered to all youth in out-of-home care, into CCWIS in September 2023. Certain placement recommendations and resultant placement data are now available at the child level, potentially allowing for future statewide analysis.^{61,62}

DJJ is revising procedures, reviewing department services and curriculum, and developing additional human trafficking training. The department is revising its human trafficking procedures and reviewing services provided in all settings. The department is also creating human trafficking training for educational personnel to supplement the basic human trafficking training all direct care staff receive.

Procedural Updates. DJJ staff report that they are currently updating human trafficking procedures regarding intake facility admissions, release, disclosure of victimization, staff training, delivery of services, human trafficking liaisons, and youth recruitment of sex trafficking which were last revised in 2016.⁶³ There is no projected completion date. DJJ staff also note that they are currently reviewing all of the department's services, such as substance use, life skills, behavior modifications, and restorative justice curricula for all youth in detention and residential settings to ensure the services

⁵⁹ See r. [65C-43.3002](#), F.A.C.

⁶⁰ See ss. [39.524](#) and [409.1754](#), F.S., and r. [65C-43.3002](#), F.A.C., for all required data elements.

⁶¹ The Comprehensive Placement Tool does not list safe foster home as one of the recommended placement options. Although there are text boxes in the form that may contain this information, this format is not conducive to state-level analyses. DCF staff report the updates to CCWIS will include options for additional placement types.

⁶² Since this database contains data starting with implementation in September 2023, there is not enough data available to conduct a comprehensive analysis at this time.

⁶³ Florida DJJ Policy [1925](#).

are evidence-based.⁶⁴ This review does not include specific human trafficking curriculum, as DJJ staff report that they need to first review what is currently being offered.

Staff Training. In May 2023, DJJ implemented a policy that required all direct care staff to complete pre-service and in-service training related to human trafficking; this includes facility education staff. Previously, DJJ reported delays in training facility educational staff because they were employed by individual school districts and governed by district training policies rather than DJJ's training policies. Moreover, some education staff were contracted by school districts and may not have had the same human trafficking training requirements as district employees.⁶⁵ However, a change in how DJJ educational services are provided should help mitigate this. The 2023 Legislature established the Florida Scholars Academy to deliver educational services for youth in DJJ residential programs through an independent school district, which is expected to launch in July 2024.⁶⁶ The academy aims to standardize training requirements for all educational staff operating within any DJJ residential commitment programs. DJJ contracts with an educational service provider to administer the academy and each residential program is considered a campus. Since it is a centralized school and DJJ determines the contract providers and decides the curriculum, the barriers for educational staff to receive human trafficking training should be diminished. In May 2024, DJJ staff report that academy staff will take the same basic DJJ staff training on human trafficking. In addition, DJJ staff is developing supplemental human trafficking training that is tailored for education personnel.

FDLE updated its advanced human trafficking training for law enforcement officers. State law requires all Florida law enforcement officers to complete four hours of training in identifying and investigating human trafficking. In 2023, 14,143 officers received the four-hour training; 2,849 received it during basic recruit training while 11,564 received it after basic recruit training. FDLE also provides an optional, more advanced 40-hour training to law enforcement officers who want additional training on human trafficking investigative techniques. From 2021 through May 6, 2024, 161 officers had completed this training. The training material was recently revised to update case studies, classroom scenarios, and content on CSE of children and the vulnerable, familial and gang trafficking awareness, reactive and proactive investigative procedures, evidence collection, task force roles, victim-centered approaches, interviewing methods, and community presentation guidelines.

DBPR continues to support the state's efforts to increase human trafficking awareness among businesses the department regulates. DBPR inspects and regulates businesses and public lodging establishments for compliance with licensing requirements and reports any suspicions of human trafficking to law enforcement agencies. From July 1, 2023, through May 8, 2024, the department conducted 16,492 initial inspections at public lodging establishments throughout Florida; 209 violations regarding required signage about human trafficking were observed, indicating an overall compliance rate of 98.7%. Subsequent to 2023 legislative changes that updated Florida's statute regarding violations of human trafficking awareness training and policies for employees of public lodging establishments, the department's Division of Hotels and Restaurants issued 25 administrative complaints for non-compliance with the law and collected \$30,080 in fines, which are submitted to the Statewide Council on Human Trafficking's direct service organization.⁶⁷

⁶⁴ 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).

⁶⁵ For more information, see OPPAGA reports [21-06](#) and [23-08](#).

⁶⁶ Section [985.619](#), F.S.

⁶⁷ Section [509.096](#), F.S.

OAG continues to distribute Victims of Crime Act funds for relocation assistance to verified CSE youth. In 2023, OPPAGA recommended that the Legislature consider directing the OAG to review criteria required for victims to access and be eligible for direct assistance through VOCA funds to determine whether any criteria could be adjusted or removed to better accommodate CSE youth.⁶⁸ OAG’s Division of Victim Services and Criminal Justice reports that there have been no changes in the victim’s compensation application or methodology regarding how funding is awarded since OPPAGA’s prior review. During Fiscal Year 2022-23, the OAG received four applications for human trafficking relocation assistance for minors; one claim was eligible for reimbursement. The office also received two applications for minor victim’s compensation; one claim was eligible but no funds were disbursed. (See Exhibit 14.) OAG staff note the data is not maintained in a manner that distinguishes between commercial sexual exploitation and labor trafficking.⁶⁹

Exhibit 14

In 2023, the OAG Received Four Applications From Minors for Relocation Assistance and Two Applications for Victim Compensation for Minors

Type of Assistance	Fiscal Year			
	2019-20	2020-21	2021-22	2022-23
Human Trafficking Relocation				
Applications filed	1	1	1	4
Eligible	1	1	0	1
Number of claims paid	1	1	0	1
Total paid	\$1,000	\$1,000	\$0	\$1,500
Victim Compensation				
Applications filed	8	10	5	2
Eligible	1	3	2	1
Number of claims paid	1	0	0	0
Total paid	\$975	\$0	\$0	\$0

Source: OAG Bureau of Victim Compensation data.

RECOMMENDATIONS

OPPAGA identified several issues regarding placement capacity and options for youth who are at-risk or have verified findings of commercial sexual exploitation, service gaps, and data collection. To address these issues, OPPAGA makes the following recommendations to state agencies that engage in activities to address human trafficking crimes and assist CSE youth.

The Department of Children and Families should continue efforts to expand Tier 1 safe houses and enhance placement capacity. The Tier 1 safe house licensure type has been available since 2021. Tier 1 safe houses have less restrictive policies than Tier 2 safe houses regarding the use of cell phones, school options, and outside activities, which may be more appealing to CSE youth who must voluntarily accept placement in a safe house. Lead agencies or their contracted providers engage in various activities to increase placement capacity. However, few staff at lead agencies OPPAGA interviewed over the last two years were familiar with the Tier 1 licensure option. In addition to current efforts related to these placements, DCF should create an awareness campaign to educate lead agency staff

⁶⁸ See OPPAGA report [23-08](#).

⁶⁹ According to OAG staff, application and claims totals include victims whose claim identified the crime as human trafficking, so the number of CSE victims who have applied for and received VOCA funds may be under-reported. OAG staff also report that CSE may be represented in claims for other similar crimes (e.g., child sexual abuse, child pornography, or sexual assault).

about this licensure option, because increasing staff awareness could lead to increased recruitment efforts for Tier 1 safe houses.

The Department of Juvenile Justice should collaborate with survivor mentors to improve mentors' ability to enter department facilities. Research shows that the use of survivor mentors in the treatment of CSE youth is a promising practice, and youth working with survivor mentors are reported to have improved outcomes. Although DJJ staff report that community providers are permitted to enter department facilities to provide services to CSE youth, survivor mentors report ongoing difficulty gaining access. Because survivor mentors can play an integral role in the treatment of CSE youth, serving as advocates and role models, DJJ should collaborate with service providers and current survivor mentors to identify where challenges are occurring, develop strategies to reduce these challenges, and provide more guidance and training to facilities as needed.

The Department of Children and Families should work with the Baker Act Reporting Center to improve involuntary commitment data for CSE-verified youth. OPPAGA previously analyzed Baker Act examination data and found limitations related to data completeness. In addition, involuntary commitment data collected by the Baker Act Reporting Center is also incomplete. DCF should work with the BARC to improve data collection on the involuntary commitments of CSE-verified youth. This is an important step in allowing OPPAGA to report the number of CSE youth who are involuntarily committed to treatment facilities and the outcomes of those youth for three years after inpatient treatment as required by statute.

AGENCY RESPONSE

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 and Department of Juvenile Justice for review and response. The Department of Juvenile Justice's written response has been reproduced in Appendix F.

APPENDIX A

Allocations and Expenditures for Serving CSE Youth

The Department of Children and Families (DCF) 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.⁷⁰ 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.^{71,72} To provide a comprehensive description of the cost of serving CSE youth, OPPAGA requested all Florida Safe Families Network (FSFN) payment data, including all billing codes, associated with verified CSE youth (including those who are over 18 years of age but are still receiving services) in Fiscal Year 2022-23.^{73,74}

In Fiscal Year 2022-23, DCF allocated \$3.5 million in state funds across the lead agencies to serve CSE youth, the same amount allocated in Fiscal Year 2021-22. During this fiscal year, lead agencies paid for services for 482 CSE-verified youth, spending approximately \$11.5 million (an average of approximately \$23,944 per child).⁷⁵ These payments were for a variety of services, including residential services, mental health services, extended foster care, clothing, and adoption subsidies.⁷⁶ (See Exhibit A-1.)

Exhibit A-1

Fiscal Year 2022-23 Payments Associated With CSE-Verified Youth

Expense Type	Total Payment Amount	Percentage of Total Payments
Placement and service costs for minors in out-of-home care	\$8,655,704	75%
<i>Placement costs</i>	6,854,800	79%
<i>CSE-specific billing codes¹</i>	1,597,073	18%
<i>Service costs</i>	203,831	2%
Placement and service costs for youth in Independent Living²	\$2,451,875	21%
Adoption service and subsidy costs	\$433,458	4%
Total	\$11,541,036	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 placement and service costs for CSE youth that were not attributed to CSE-specific billing codes.

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

Source: OPPAGA analysis of DCF data.

⁷⁰ 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.](#)

⁷¹ 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).

⁷² 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.

⁷³ 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).

⁷⁴ OPPAGA staff provided DCF with a list of 3,149 children, including dependent and community children, and requested all payments associated with those children in Fiscal Year 2022-23.

⁷⁵ These figures include payments made in Fiscal Year 2022-23 from lead agencies for CSE victims identified by OPPAGA for services provided in Fiscal Year 2022-23 and do not include any appropriations to specific providers described in Appendix B.

⁷⁶ 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.

The \$11.5 million in payments associated with CSE-verified youth in Fiscal Year 2022-23 was approximately \$1.6 million less than in Fiscal Year 2021-22 (\$13.1 million). The number of youth served also decreased from 508 to 482 during this period. Despite an overall reduction in payments for CSE-verified youth, placement and service costs for youth in independent living increased from the prior fiscal year (\$2.5 million in Fiscal Year 2022-23 compared to \$2.2 million in Fiscal Year 2021-22).⁷⁷

According to expenditure reports for Fiscal Year 2022-23, lead agencies expended \$3.1 million to serve CSE youth.⁷⁸ 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 related to CSE-verified youth regardless of category or funding source. According to the analysis, amounts expended by lead agencies to serve CSE-verified youth in Fiscal Year 2022-23 for services provided in the same fiscal year ranged from approximately \$42,830 (Kids First of Florida) to \$1.6 million (Citrus Family Care Network). Four lead agencies spent over \$1 million: Citrus Family Care Network, ChildNet Broward, ChildNet Palm Beach, and Northwest Florida Health Network. (See Exhibit A-2.)

Exhibit A-2

Fiscal Year 2022-23 Lead Agency Allocations and Expenditures for CSE-Verified Youth

Lead Agency	DCF CSE Allocation ¹	Lead Agency Reported CSE Expenditures ²	Total FSN Payments for CSE Youth ³	Number of CSE Youth Served Through FSN Payments ⁴	Average Cost per CSE Youth ⁵
Brevard Family Partnership	\$105,546	\$229,624	\$701,270	20	\$35,063
ChildNet Broward	303,764	161,600	1,354,515	59	22,958
ChildNet Palm Beach	174,769	267,640	1,193,024	32	37,282
Children's Network of Hillsborough	299,458	84,093	481,033	27	17,816
Children's Network of Southwest Florida	199,916	20,250	298,970	17	17,586
Citrus Family Care Network	380,472	223,109	1,587,434	66	24,052
Communities Connected for Kids	115,952	146,775	257,720	16	16,107
Community Partnership for Children	145,780	16,900	418,438	18	23,247
Embrace Families	292,564	66,975	727,367	33	22,041
Family Integrity Program	24,703		64,933	5	12,987
Family Support Services of North Florida	189,267	230,503	446,224	25	17,849
Family Support Services of Suncoast	249,900	156,138	538,751	20	26,938
Heartland for Children	182,143	423,976	940,677	31	30,344
Kids Central	217,008	47,869	299,376	19	15,757
Kids First of Florida	38,464	124,313	42,830	4	10,707
Northwest Florida Health Network ⁷	330,787	730,856	1,299,199	57	22,793
Partnership for Strong Families	122,009	95,966	250,259	19	13,172
Safe Children Coalition	127,498	69,487	639,018	18	35,501
Total	\$3,500,000	\$3,096,073	\$11,541,036	486⁶	\$23,747

¹ CSE allocation provided to OPPAGA from the Community Based Care Lead Agency Human Trafficking budget based on DCF Schedule of Funds and CBC Financial Application System.

² CSE expenditures provided to OPPAGA from the CBC Lead Agency Human Trafficking expenditures based on DCF Schedule of Funds and CBC Financial Application System. These expenditures in Fiscal Year 2022-23 may include services provided in previous fiscal years.

³ Includes all payments made in Fiscal Year 2022-23 to serve CSE youth in Fiscal Year 2022-23, including extended foster care, adoption subsidies, and wraparound services.

⁴ Based on OPPAGA's analysis of all FSN payments made associated with CSE youth and services provided in Fiscal Year 2022-23.

⁷⁷ Youth who do not achieve permanency before turning 18 years of age 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.

⁷⁸ These expenditures in state Fiscal Year 2022-23 may include services provided in previous fiscal years.

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 identifiers with at least one transaction and a payment amount greater than \$0.

⁶ While the payment data contained information on services provided to 482 children, 4 children were served by more than one lead agency.

⁷ Northwest Florida Health Network DCF allocation and lead agency-reported CSE expenditures add amounts from Lakeview Center, Inc. (Families First Network) and Big Bend Community Based Care (West and East).

Source: OPPAGA analysis of DCF data.

Of the payments made to provide placements and services to CSE youth in Fiscal Year 2022-23, 20% (\$2.3 million) 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, the majority went to two safe houses: Images of Glory and Bridging Freedom. (See Exhibit A-3.)

Exhibit A-3

Fiscal Year 2022-23 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
One More Child	Various ⁴	\$1,058	< 1%	4	\$265
Safe foster homes ³	Foster homes	1,102	< 1%	1	1,102
Aspire	Residential Treatment	44,777	2%	8	5,597
Devereaux Delta	Residential Treatment	97,700	4%	2	48,850
From the Ground Up Ministries	Safe house	126,900	5%	2	63,450
Wings of Shelter	Safe house	159,900	7%	3	53,300
Path2Freedom	Safe house	214,860	9%	7	30,694
Citrus Behavioral Health	Various ⁵	227,587	10%	16	14,224
Images of Glory	Safe house	307,583	13%	15	20,506
Bridging Freedom	Safe house	1,145,623	49%	19	60,296
Total		\$2,327,090	100%	68⁶	\$34,222

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), independent living services, adoption- and placement-related costs, aftercare, and other services.

² Payment amounts provided by DCF include negative amounts that occurred as a result of returns and other financial transactions. The number of youth served is based on the number of unique child identification numbers 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 This includes direct payments to individual safe foster homes based on the type of service associated with the payment, whereas payments to all other CSE-specific providers in this table were identified by the provider name associated with payments to CSE youth.

⁴ One More Child operated as a safe house through June 2022 but now provides community services.

⁵ Citrus Behavioral Health provides multiple types of services to CSE victims, including specialized therapeutic foster homes, inpatient psychiatric services, and wraparound services.

⁶ Numbers of children served do not sum to the total because a child may be served by more than one provider.

Source: OPPAGA analysis of DCF data.

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.

APPENDIX B

Appropriations and Expenditures for Commercial Sexual Exploitation Programs

In addition to the funds appropriated to the lead agencies through the Department of Children and Families (DCF) to serve children in DCF care, the Legislature directly appropriates funds to specific providers. In Fiscal Year 2023-24, the Legislature appropriated approximately \$4.1 million in general revenue to seven providers to serve commercial sexual exploitation (CSE)-verified youth; providers have spent \$2.1 million of the appropriation as of May 2024.⁸⁰ In addition to general revenue funds, providers may apply for grant funding under the federal Victims of Crime Act (VOCA); these funds are administered through the Florida Office of the Attorney General (OAG). Including legislative appropriations and VOCA awards, Florida CSE providers have received approximately \$36 million over the past three years.⁸¹ (See Exhibit B-1.)

Exhibit B-1

From Fiscal Year 2021-22 Through Fiscal Year 2023-24, Providers in Florida Have Received Nearly \$33 Million to Serve CSE Youth

Provider	Funds Appropriated/VOCA Award	Funds Expended	Source of Funds
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	214,623	General Revenue
One More Child ²	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 Outreach Network	1,534,365	1,322,391	General Revenue
	5,462,894	1,617,992	VOCA
Fiscal Year 2022-23			
Bridging Freedom	\$700,000	\$699,774	General Revenue
Devereux	587,706	587,706	General Revenue
Florida Alliance to End Human Trafficking	450,322	113,520	General Revenue
Nancy J. Cotterman Center ¹	305,187	288,447	General Revenue
NISSI Short-Term Immediate Care Facility and Response Team ³	435,000	98,676	General Revenue
Selah Freedom ⁴	1,000,000	919,399	General Revenue
	1,509,594 ⁵	1,338,913	VOCA
Delores Barr Weaver policy Center, Inc. ⁶	134,010	128,300	VOCA
Fort Lauderdale Independence Training and Education ⁷	281,790	263,758	VOCA
More Too Life, Inc. ⁸	234,520	158,984	VOCA
Created Gainesville ⁹	58,264	20,916	VOCA
One More Child ²	500,000	360,359	General Revenue
	2,490,864	596,330	VOCA
Voices for Florida–Open Doors ¹⁰	1,000,000	779,579	General Revenue
	5,462,894	998,946	VOCA

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 2020-2021, see OPPAGA reports [21-06](#) and [22-05](#).

Fiscal Year 2023-24¹¹			
Bridging Freedom	\$699,725	457,274	General Revenue
Devereux	587,706	440,780	General Revenue
Nancy J. Cotterman Center ¹	438,000	51,755	General Revenue
NISSI Short-Term Immediate Care Facility and Response Team ³	336,100	115,174	General Revenue
Voices for Florida–Open Doors	500,000	153,440	General Revenue
Selah Freedom ⁴	999,999	456,776	General Revenue
	1,203,743	394,116	VOCA
Delores Barr Weaver Policy Center, Inc.	319,028	62,274	VOCA
Fort Lauderdale Independence Training and Education Center ¹²	638,086	106,525	VOCA
More Too Life, Inc. ¹³	560,071	64,027	VOCA
Created Gainesville	48,358	19,229	VOCA
One More Child ²	550,000	458,104	General Revenue
	2,490,964	497,680	VOCA
Three-Year Funding Total	\$36,107,520	\$17,002,867¹⁴	—

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

³ 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.

⁴ This appropriation is for an array of services for both adult and child CSE victims and includes awareness, prevention, outreach, residential, and consulting programs.

⁵ The VOCA award for Selah Freedom was awarded and distributed as two separate grants to circuits 12 and 13.

⁶ The Fiscal Year 2022-23 VOCA award for Delores Barr Weaver Policy Center was awarded in September 2023 and provided reimbursements for June 2023 through September 2023.

⁷ The Fiscal Year 2022-23 VOCA award for Fort Lauderdale Independence Training and Education (FLITE) Center was awarded in September 2023 as two separate grants to FLITE Center Gold/Treasure Coast and FLITE Center Central, and provided reimbursements for June 2023 through September 2023.

⁸ The Fiscal Year 2022-23 VOCA award for More Too Life was awarded in September 2023 as two separate grants to More Too Life Southeast and More Too Life Suncoast, and provided reimbursements for June 2023 through September 2023.

⁹ The Fiscal Year 2022-23 VOCA award for Created Gainesville was awarded in April 2023 and provided reimbursements for April 2023 through September 2023.

¹⁰ The Open Doors Outreach Network (ODON) ceased operations in October 2023. According to ODON, the closure was due to a decline in state and federal funding and shifting reimbursement guidelines. ODON's subcontracted providers now contract directly with the OAG to receive VOCA funding; OAG staff report that the office has entered into 10 new contracts with these providers. The subcontractors include Delores Barr Weaver Policy Center, Inc.; FLITE Center; and More Too Life, Inc.

¹¹ At the time of this review, payments were still being made/reimbursements submitted for Fiscal Year 2023-24 grants and appropriations.

¹² The Fiscal Year 2023-24 VOCA award for FLITE Center was awarded and distributed as five separate grants to circuits 5, 9, 15, 17, and 18.

¹³ The Fiscal Year 2023-24 VOCA award for More Too Life was awarded and distributed as four separate grants to circuits 6, 11, 12, and 13.

¹⁴ Due to rounding, individual amounts do not sum to total.

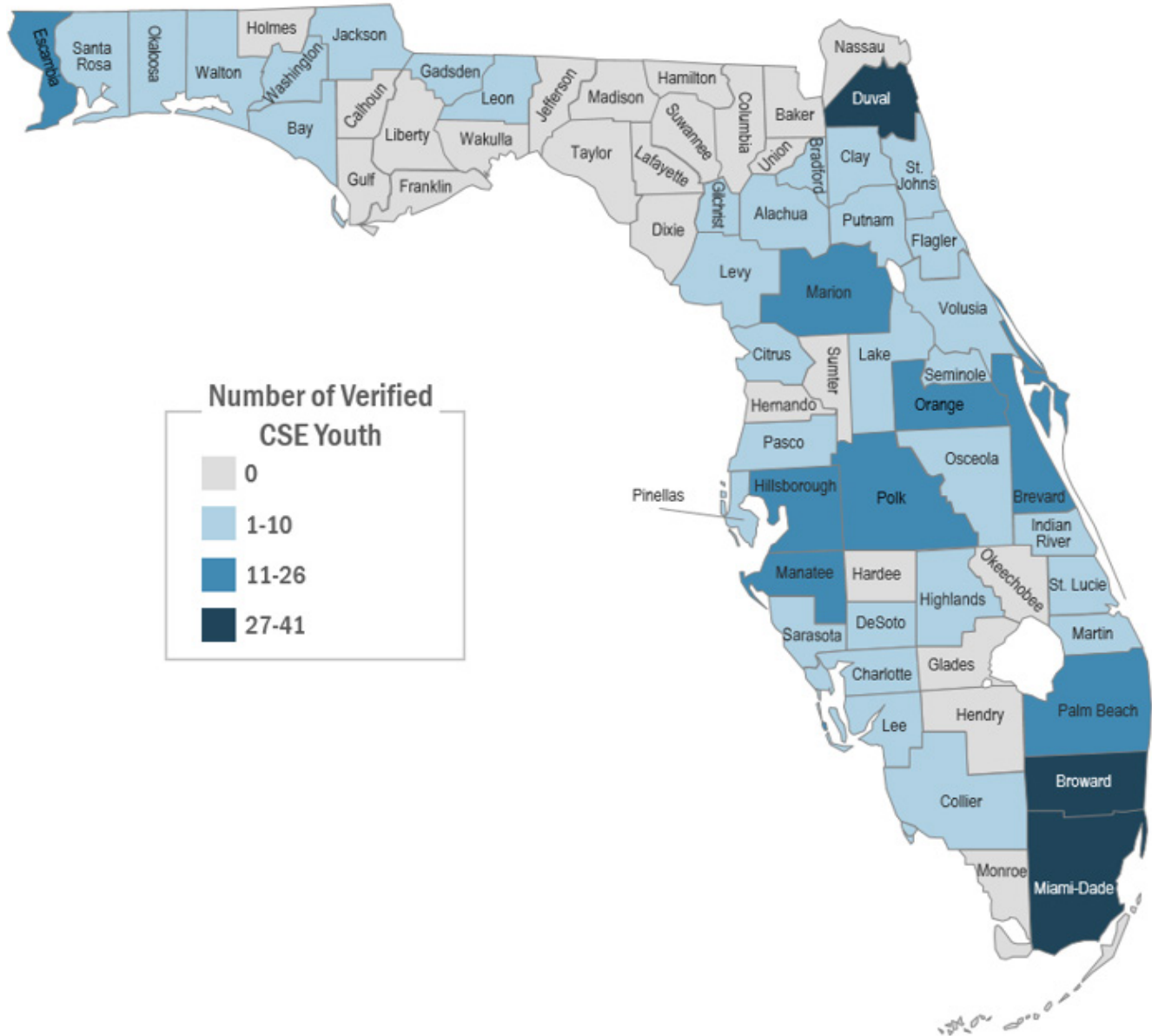
Source: Florida Accountability Contract Tracking System, OAG Division of Victim Services and Criminal Justice Programs data as of May 2024, and the General Appropriations Acts for Fiscal Years 2021-22, 2022-23, and 2023-24.

APPENDIX C

County-Level Prevalence Data

OPPAGA’s analysis identified 339 youth who were verified as victims of commercial sexual exploitation (CSE) by the Department of Children and Families in 2023. Broward (41), Miami-Dade (28), Duval (27), Hillsborough (26), and Escambia (22) counties had the highest numbers of verified victims and accounted for 42% of all cases. (See Exhibits C-1 and C-2 which display the number of verified CSE youth per county.)

Exhibit C-1
Number of Verified CSE Youth by County in 2023¹



¹ Counties colored grey did not have any verified youth in 2023, though they may have had an investigation.

Source: OPPAGA analysis of DCF data.

Exhibit C-2

Number of Verified CSE Youth by Lead Agency and County in 2023¹

Community-Based Care Lead Agency	County	Number of Verified CSE	
		Youth	Percentage of Verified CSE Youth
Brevard Family Partnership	Brevard	11	3.2%
ChildNet Broward	Broward	41	12.1%
ChildNet Palm Beach	Palm Beach	19	5.6%
	Charlotte	4	1.2%
Children's Network of Southwest Florida	Collier	3	0.9%
	Lee	3	0.9%
Citrus Family Care Network	Miami-Dade	28	8.3%
	Indian River	2	0.6%
Communities Connected for Kids	Martin	2	0.6%
	St. Lucie	7	2.1%
	Flagler	3	0.9%
Community Partnership for Children	Putnam	5	1.5%
	Volusia	5	1.5%
Children's Network of Hillsborough	Hillsborough	26	7.7%
	Orange	11	3.2%
Embrace Families	Osceola	1	0.3%
	Seminole	6	1.8%
	Bay	5	1.5%
Northwest Florida Health Network	Escambia	22	6.5%
	Gadsden	1	0.3%
	Jackson	2	0.6%
	Leon	7	2.1%
	Okaloosa	4	1.2%
	Santa Rosa	2	0.6%
	Walton	5	1.5%
Washington	4	1.2%	
Family Integrity Program	St. Johns	3	0.9%
Family Support Services of North Florida	Duval	27	8.0%
	Pasco	4	1.2%
Family Support Services of Suncoast	Pinellas	4	1.2%
	Highlands	3	0.9%
Heartland For Children	Polk	19	5.6%
	Citrus	1	0.3%
Kids Central	Lake	2	0.6%
	Marion	17	5.0%
Kids First of Florida	Clay	5	1.5%
	Alachua	6	1.8%
	Bradford	1	0.3%
Partnership for Strong Families	Gilchrist	1	0.3%
	Levy	2	0.6%
	Desoto	1	0.3%
Safe Children Coalition	Manatee	11	3.2%
	Sarasota	3	0.9%
Total		339	100.0%

¹ Counties not listed did not have any verified CSE youth during the study timeframe, though they may have had investigations. DCF, in accordance with [CFOP 170-2](#), assigns a county to an alleged or verified case of CSE based on various factors, such as the location in the which the abuse occurred and the relationship between the alleged perpetrator and the child.

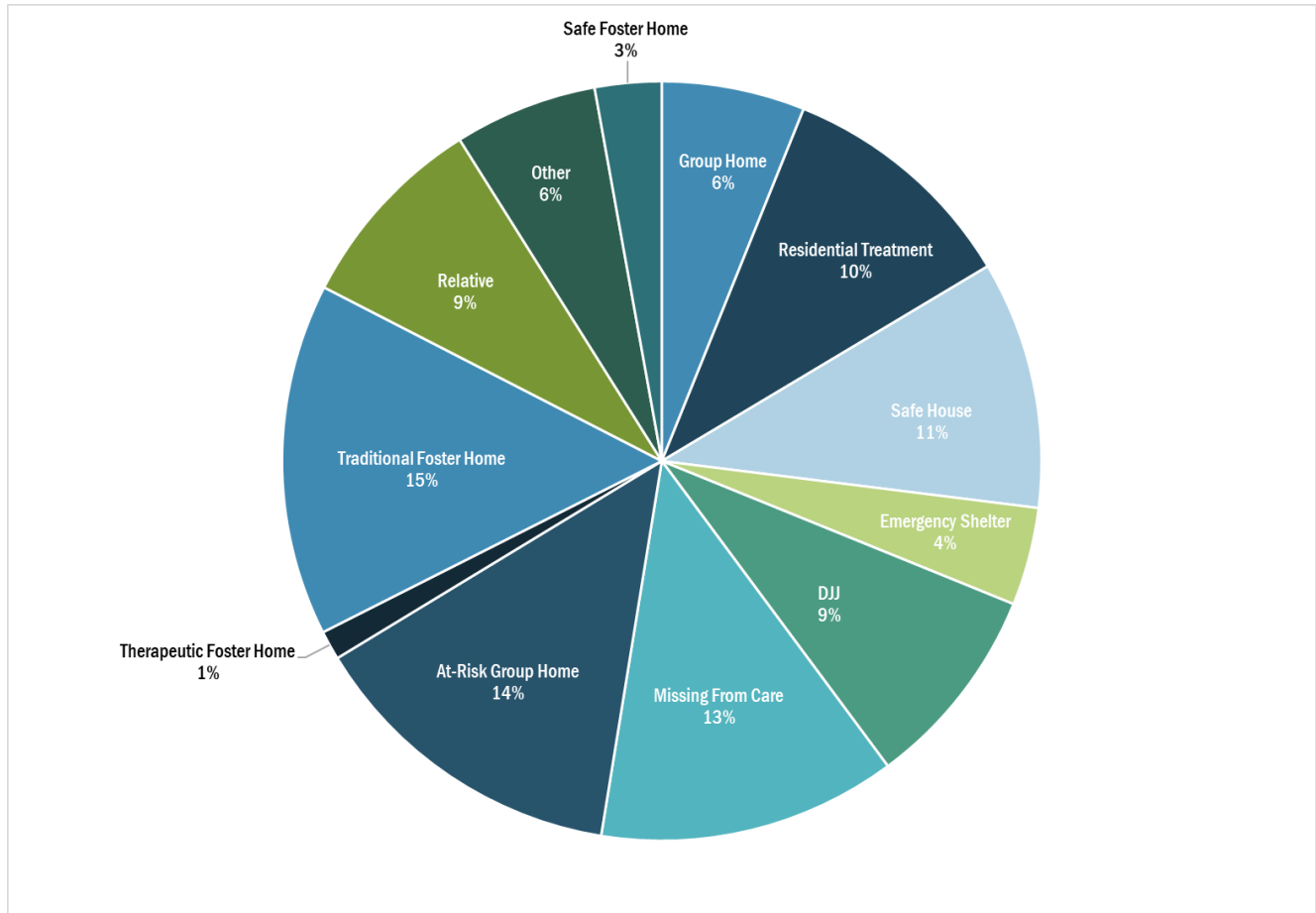
Source: OPPAGA analysis of DCF data.

APPENDIX D

Percentage of Time in Out-of-Home Care Placements for 2023 CSE Youth

In 2023, 123 of the 339 victims of commercial sexual exploitation (CSE) verified by the Department of Children and Families spent some time in out-of-home care following their CSE investigation. These youth spent the greatest amount of time in the following placement types: traditional foster homes (15%), at-risk group homes (14%), missing from care (13%), safe houses (11%), and residential treatment (10%). CSE youth spent the least amount of time in therapeutic foster homes (1%), safe foster homes (3%), and emergency shelters (4%).

Exhibit D-1
CSE Youth in Out-of-Home Care Spent the Largest Percentage of Time in Traditional Foster Homes and At-Risk Group Homes



Source: OPPAGA analysis of DCF data.

APPENDIX E

Outcomes of Previously Identified Commercially Sexually Exploited Youth Who Are Now Adults

In addition to examining outcome measures focused on commercial sexual exploitation (CSE) victims who are still minors, OPPAGA's analysis included a few age-specific measures for those who have turned 18 years of age, or young adults. For this analysis, OPPAGA analyzed outcomes for all young adults who were previously verified as a CSE youth from 2013 through 2022 identified in prior reports for whom data were available for at least one year following their 18th birthday. This analysis also compares young adults who could be tracked for at least three years following their 18th birthday and includes Department of Children and Families data on young adults who received services through independent living programs; Florida Department of Law Enforcement data on arrests and charges; and Department of Education data on continuing education enrollments, public benefit usage, and employment.

Few young adults previously verified as CSE youth received services through the state's independent living programs. When young adults age out of the foster care system, they have the option to continue receiving certain services and supports through independent living programs.^{82,83} These programs help them successfully transition to adulthood and include services such as housing, educational supports, career preparation, life skills training, and other financial supports. Of the young adults who could be tracked for at least a year following their 18th birthday, 19% received services through the state's independent living programs.⁸⁴

Young adults previously verified as CSE youth continued to have involvement with law enforcement. Twenty-one percent of all young adults who could be tracked for a year following their 18th birthday were arrested within that year.⁸⁵ The most common charges were for battery (28%) and larceny (9%). In examining the three years following their 18th birthday, 37% of those who could be tracked were arrested.⁸⁶ Again, the most common charges were for battery (26%) and larceny (9%).

Young adults previously verified as CSE youth continued to have low rates of high school completion and continuing education; many received public assistance or worked in an occupation covered by unemployment insurance at some point. Of those who could be tracked for a year following their 18th birthday, 24% had received a high school diploma, high school equivalency diploma (GED), or certificate by the end of the year (47% of which were GEDs). Twenty-four 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. Enrollment in continuing education was similar among those

⁸² Florida's independent living programs include Aftercare, Extended Foster Care, and Postsecondary Education Services and Supports.

⁸³ Youth who do not achieve permanency before turning 18 years of age 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.

⁸⁴ This analysis includes youth who had any payments under any of the three programs (i.e., Aftercare, Extended Foster Care, and Postsecondary Education Services and Supports).

⁸⁵ 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 (1,871), law enforcement data (1,868), education data (1,747), Supplemental Nutrition Assistance Program and Temporary Assistance for Needy Families data (1,871), and employment data (1,804).

⁸⁶ 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 (1,293), education data (1,178), Supplemental Nutrition Assistance Program and Temporary Assistance for Needy Families data (1,296), and employment data (1,228).

who could be tracked for three years after turning 18 years of age, however, enrollment in a postsecondary institution was higher in this group compared to those who could only be tracked for one year (16% versus 10%, respectively). (See Exhibit E-1.)

In examining rates of public assistance and employment, 52% received benefits through the Supplemental Nutrition Assistance Program (SNAP) at some point in the year following their 18th birthday; 41% of these young adults received SNAP for all four quarters. Only 3% received benefits through the Temporary Assistance for Needy Families (TANF) program, 51% of who only received benefits for one quarter. By comparison, young adults who could be tracked for three years were more likely to receive SNAP (66%) and TANF (63%) benefits.

To review the work experiences of CSE youth, OPPAGA analyzed employment records and found that 50% of the young adults who could be tracked for one year following their 18th birthday had an occupation covered by unemployment insurance at some point while 18 years of age. Of those that were employed, only 27% worked all four quarters. The most commonly held job was in food service. Among those who could be tracked for three years following their 18th birthday, 66% were employed at some point during that time.

Exhibit E-1

Tracking CSE Young Adults For One and Three Years After They Turned 18 Years of Age Found Increased Enrollment in Post-Secondary Education, Receipt of Public Assistance, and Employment

Program Type	One-Year Tracking ¹	Three-Year Tracking ²
Education Program Enrollment		
High School or Remedial Continuing Education Courses	12%	12%
Postsecondary Institution	10%	16%
Certificate or Trade Program	1%	2%
Dual Enrollment	2%	1%
Public Assistance		
SNAP	52%	66%
TANF	3%	63%
Employment		
Unemployment Insurance-Covered Job	50%	66%

¹ These measures represent CSE young adults who could be tracked for one year following their 18th birthday.

² These measures represent CSE young adults who could be tracked for three years following their 18th birthday.

Source: OPPAGA analysis of Department of Education data.

APPENDIX F

Agency Response



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

June 26, 2024

Kara Collins-Gomez
Office of Program Policy Analysis and Government Accountability (OPPAGA)
111 West Madison Street
Room 312, Claude Pepper Building
Tallahassee, Florida 32399-1475

Dear Ms. Collins-Gomez:

The Department of Juvenile Justice (DJJ) has received and reviewed the preliminary findings and recommendations of OPPAGA's "Annual Report on the Commercial Sexual Exploitation (CSE) of Minors in Florida, 2024." This letter is DJJ's official response to the preliminary report in accordance with subsection 11.51(2), Florida Statutes.

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

The mission of the Florida Department of Juvenile Justice is to enhance public safety through high-quality effective services for youth and families delivered by world-class professionals dedicated to building a stronger, safer Florida. Florida's juvenile justice system will continue to pursue comprehensive system improvement and deploy proven practices that solidify our place as the leading system in the nation.

DJJ recognizes the enhancement opportunities noted in the report and plans additional systemic improvement.

Respectfully,

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

Eric Hall, Ed.D
Secretary

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

Ron DeSantis, Governor

Eric S. Hall, Secretary

The mission of the Florida Department of Juvenile Justice is to enhance public safety through high-quality effective services for youth and families delivered by world-class professionals dedicated to building a stronger, safer Florida.

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OPPAGA

Office of Program Policy Analysis and Government Accountability

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- [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](#).

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

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Project conducted by Rebecca Bouquio, Anne Cooper, Dan Dunleavy, Kathy Joseph,
Megan Macdonald, and Shelby Pederson
Kara Collins-Gomez, Coordinator