Florida Department of Children and Families Annual Human Trafficking Report 2016-2017 State Fiscal Year



Mike Carroll
Secretary
Rick Scott



Florida Department of Children and Families

Annual Human Trafficking Report October 2017

Background

Section 39.001(5), Florida Statutes, establishes the following goals for the treatment of sexually exploited children who are residing in the dependency system:

- Ensure these children are safe;
- Provide for the treatment of such children as dependent children, rather than as delinquents in the criminal or juvenile justice system;
- Sever the bond between exploited children and traffickers, and reunite these children with their families or provide them with appropriate guardians; and
- Enable these children to be willing and reliable witnesses in the prosecution of traffickers.

Purpose

This report provides information as required in section 39.524(3), Florida Statutes, as follows:

- The number of children placed in safe houses and safe foster homes during the year.
- The criteria used to determine the placement of children.
- The number of children who were evaluated for placement.
- The number of children who were placed based upon the evaluation.
- The number of children who were not placed.
- The number of children who were referred to a safe house or safe foster home for whom placement was unavailable.
- The counties in which such placement was unavailable.

The majority of activities described within this report occurred between July 1, 2016 and June 30, 2017 (State Fiscal Year [SFY]), unless otherwise noted. Previous reports reflected data from the Federal Fiscal Year (FFY). However, with the passage of Senate Bill 852 (2017-023, Laws of Florida), the due date of the Annual Report changed from December 1 to October 1 impacting the timely reporting of information from a FFY prospective. This report and future reports will reflect information from the SFY.



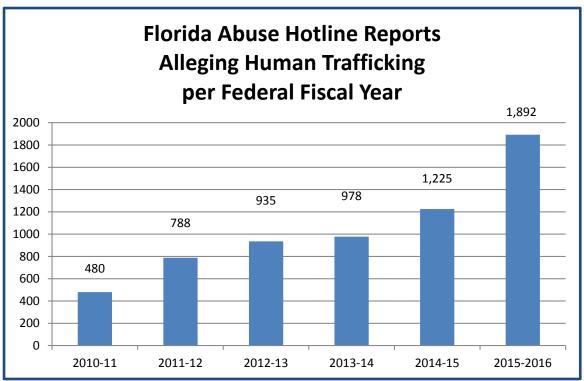
The Department tracked Human Trafficking allegations in two primary categories:

- Human Trafficking-Commercial Sexual Exploitation of a Child (CSEC): This maltreatment type is used for those cases in which the allegations appear to involve commercial sexual exploitation of a child (e.g., adult entertainment clubs, escort services, prostitution, etc.). Investigative types for this category may be: Caregiver, Other or Institutional. This distinction separates reports based on whether or not the alleged perpetrator is a parent, legal guardian or caregiver, or the alleged perpetrator appears to be an institution.
- *Human Trafficking-Labor:* This maltreatment type is used in those cases in which the allegations appear to involve issues associated with labor trafficking, slavery or servitude that do not appear to be sexual in nature.

Investigative Intake

The number of reports to the Florida Abuse Hotline (Hotline) alleging human trafficking has increased each year since FFY 2010-11. In FFY 2015-16, the Hotline received 1,892 reports, continuing the upward trend with a 54.45% increase in the number of human trafficking reports to the Hotline compared to FFY 2014-15. During FFY 2010-11, the total number of reports, initial and additional, received by the Hotline alleging one of the human trafficking maltreatments was 480. In FFY 2011-12, this number increased to 788, and over the course of FFY 2012-13, this number increased to 935. In FFY 2013-14, this number continued to increase to 978. In FFY 2014-15, there were 1,225 total reports received, a 25% increase in the number of human trafficking reports to the Hotline compared to FFY 2013-14. The chart below visually outlines these increases through FFY 2015-16 (the last available FFY). Throughout the remainder of the report, current data and information will be based on numbers from the State Fiscal Year.

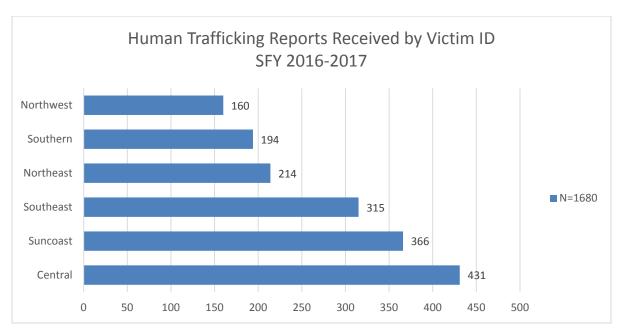




^{*}This chart is reflective of data over the course of previous Federal Fiscal Years to visually portray the increase in reports alleging Human Trafficking over time.

The Florida Department of Children and Families (DCF) also identifies the number of reports received by Victim ID Number per region. During SFY 2016-17 there were a total of 1,680 unique victims identified in the 2,247 reports received. As in past years, the Central Region had the highest number of alleged victims (431). Approximately 14.5% of the reports received were male victims, which is consistent with the volume of reports received during prior years.





Available Safe Houses and Safe Foster Homes

In SFY 2016-17, there were five safe houses available with a total of 28 beds. All of the safe houses are gender-specific and serve only females. During this time period, one safe house for males was being developed. Although the number of identified child victims of human trafficking is higher than the number of beds available in safe houses, these beds may not be filled at all times because decisions to place an individual child are based on the existing make-up of residents and the individual's specific needs. The complexity of the residents' needs may limit the number of youth a safe home accepts at any given time. Often, there is a desire to not introduce too many new youth into a home at any given time, to ensure good assimilation of the youth into the program and staff engagement with the existing youth. Each facility has its own intake and assessment process and ultimately determines the appropriateness of that child for that specific placement.

There are two residential campus settings that have specialized CSEC treatment for child victims of commercial sexual exploitation. The residential campus settings are able to serve female, male and transgender youth. The beds available on these campuses fluctuate based on the total number of residents in all programs offered. Both of these residential campuses also have additional specialized treatment for CSEC victims experiencing substance abuse and for CSEC victims with intellectual disabilities.

There were 15 safe foster home beds available within the Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation (CHANCE) Program, a pilot treatment program by Citrus Health Network implemented in Miami-Dade County to address the unique mental and behavioral health



needs of youth who have been commercially sexually exploited. Devereux Florida, through its DELTA Foster Home Program, is continuing to provide training for foster families statewide and is collaborating with the Community-Based Care Lead Agencies in the Central Florida region to develop safe foster home capacity. The Safe Foster Home model is able to serve male, female or transgender children; there is a one-child-in-a-residence standard. In addition to their services in Miami-Dade County, Citrus Health Network has contracted to develop safe foster beds in Broward County and, as of August 2017, they have families in training to become foster parents within the Safe Foster Home model.

The 2016 Services and Resources Committee report for the Statewide Council on Human Trafficking (http://myfloridalegal.com/webfiles.nsf/WF/MNOS-AF9P4U/\$file/HTAnnualReport2016.pdf) indicated there was a need for specialized placements for:

- Male victims;
- Pregnant and parenting teens; and
- Lesbian, Gay, Bisexual and Transgender (LGBTQ) youth.

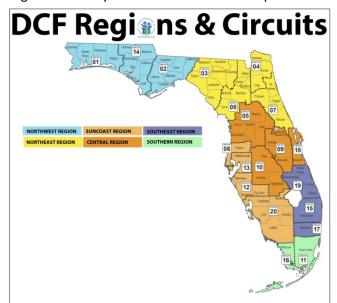
In 2017, the Services and Resources Committee focused its efforts on addressing these gaps in specialized placements as well as other identified areas of need and will continue to do so over the course of the next year. As of July 2017, a new safe house serving male victims of commercial sexual exploitation was licensed and certified through the DCF.

Adult programs exist in the Suncoast, Southern and Central regions, with approximately 45 beds.

In addition, there are three drop-in centers located in the Southern and Suncoast regions. Kristi's House Project Gold is located in the Southern Region. The Wayne Foundation has been open since

May 2015 in the Suncoast Region, providing case management and therapeutic intervention. More Too Life, also located in the Suncoast Region, offers victim services, housing assistance, prevention and advocacy. Both of the programs in the Suncoast Region are led by human trafficking survivors.

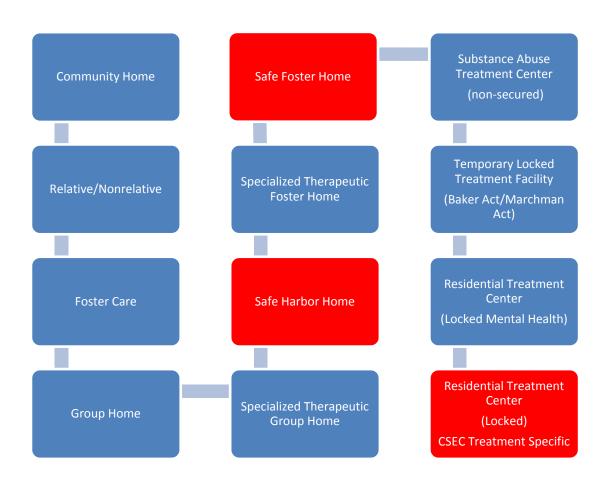
All specialized placements, at this time, exist in the Central, Suncoast, Southeast and Southern Regions. No CSEC programs exist in the Northeast or Northwest Regions. In SFY 2016-2017, DCF Human





Trafficking staff met with prospective safe house service providers in the Northeast and Northwest Regions to provide information on requirements for opening and operating a safe house. With the exception of the CHANCE program, which takes only youth from the Miami area, all of the specialized programs are available to any child in the state of Florida. Therefore, while safe homes have not currently been established in the Northeast or Northwest regions, placement in specialized programs is available in the other regions.

Florida's Placement Continuum of Care for CSEC Victims Ages 18 and Under



The above graphic illustrates the full continuum of care for child victims of commercial sexual exploitation. Youth have the ability to move up and down from least restrictive to most restrictive, dependent on their needs. Placements in red reflect specialized CSEC placements.

The University of South Florida (USF) continues to evaluate the CHANCE program with findings that identify key characteristics of commercially sexually exploited youth and assess youth outcomes throughout treatment. In the progress report dated May 12, 2017, USF identifies a number of promising



outcomes over time. Specifically, the report notes, "Significant improvements have been realized in each of the five outcome domains (life functioning, educational needs, emotional and behavioral needs, risk behaviors, and strengths). Specific outcomes for which statistically significant improvements were found include: family functioning, living situation, use of recreational time, education attainment, school behavior, school achievement, school attendance, prior school success, attitudes towards education, oppositional behaviors, adjustment to trauma, runaway behaviors, judgment, life skills, resiliency and resourcefulness." Conclusions on outcomes that appear more resistant to change, such as anger and depression, may aid in informing practice throughout the state¹.

Placement of Victims in Safe Houses and Safe Foster Homes

A Human Trafficking Screening Tool was developed in the fall of 2014 through a DCF and Department of Juvenile Justice (DJJ) workgroup. This tool is designed to assist child welfare professionals and DJJ staff with identifying youth who have been victims of commercial sexual exploitation and labor trafficking. DJJ launched the tool in its Juvenile Assessment Centers (JAC) statewide beginning February 27, 2015. DCF initiated statewide implementation of the tool on January 13, 2016. As of August 1, 2017, 8,679 tools had been administered by DJJ staff to a total of 5,152 youth, 55% of tools were administered to girls and 45% to boys. Of these screenings, 3,713 resulted in a call to the Hotline, with 1,978 calls accepted for investigation (an acceptance rate of 53%). According to DJJ, which tracks the results as part of its statutory requirement to validate the tool, the acceptance rate for calls for girls was 58% and 32% for boys².

Upon identification of a child victim of commercial sexual exploitation, Community-Based Care Lead Agencies assess the child to determine the most appropriate placement. The current mechanism for assessment of placement is through the Multidisciplinary Team (MDT) staffing and use of the Level of Care Placement Tool. These staffings include a conversation among the child protective investigator, dependency case manager, criminal justice coordinator, and any other participant identified as relevant to the conversation, such as active law enforcement agents. They discuss the specific needs of the child, risks or dangers to the child, engagement of the child's family/support center, and the potential placements that exist. This conversation will also include any specific substance abuse and/or mental health treatment needs.

For the Community-Based Care Lead Agencies that reported evaluation information for July 1, 2016 through June 30, 2017, it was noted that a total of 141 youth were evaluated for placement in a safe house or safe foster home. Of these 141 youth, 35, or 29%, of the youth were placed in a safe house or

¹ Armstrong, M., Johnson, M., Landers, M., & Dollard, N. (2017). **Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation (CHANCE) Pilot Study: Progress Report 4.** Tampa, FL; Louis de la Parte Florida Mental Health Institute. University of South Florida.

² Email from Office of Research and Data at the Department of Juvenile Justice dated 8/24/17.



safe foster home based on the evaluation. Of those that provided data, the Central Region CBCs reported the most youth placed in a safe house or safe foster home with 18 youth placed.

Of the youth evaluated for a safe home placement, 116 were not placed in a safe house or safe foster home for a variety of reasons including: the ability to remain safe with a parent or relative with wraparound services, the child's refusal to participate (participation is required by all CSEC safe houses), the child running away, the child "aging out" of foster care, the child being admitted to a juvenile justice program, specialized services sought for substance addiction, or a higher level of mental health services was required. There are cases where a child may still be placed in a safe house or safe foster home after recovery from a runaway episode or upon discharge from a juvenile justice facility or higher level mental health facility.

For 25 of the youth referred for CSEC placement, such placement was unavailable. Community-Based Care Lead Agencies have cited the following reasons safe homes were not available:

- Lack of capacity (no vacant beds);
- No available local resources, in the Northeast and Northwest regions in particular;
- Program refusal due to the child's recruitment behavior, substance abuse issues, mental health issues, and history of running away;
- Youth who were unwilling to engage in services;
- Non-dependent youth who were involved with Diversion services and not sheltered;
- Pregnant youth, who are not accepted into any specialized CSEC program; and
- Male victims, for whom no specialized beds are available during the requested time period.

At this time, there are no emergency placement options specifically for CSEC victims, although shelters under the Florida Network of Youth and Family Services have been building capacity to serve this population through training, policy and utilization of the Human Trafficking Screening Tool. There is often a delay between identifying the victim and placement in a specialized program. Available programs that focus on the specific trauma needs of these children have their own individualized intake and assessment processes. Such processes often require an interview of the child and/or a willingness of the child to participate in the program. Limitations on placement can also include factors such as gang affiliation and commonality of exploiter – meaning these types of factors must be considered in determining placement and the makeup of the safe house or CSEC program. Youth who have a shared gang affiliation or a conflicting gang affiliation, or youth who have shared exploiters, often cannot be placed together due to the degree of conflict it may cause in the home. Safe homes frequently refuse youth who engage in recruitment activity, who display significant history of violence, or who have complex unmet needs, such as active drug use or non-compliant mental health treatment.



Expenditures for Human Trafficking

In SFY 2014-15, \$3,000,000 in recurring funds was appropriated from the General Revenue funds to serve the needs of youth who are victims of sexual exploitation and have been adjudicated dependent or who are the subject of an open investigation due to allegations of abuse, neglect or exploitation. As directed by the Legislature, the funds were provided to the Community-Based Care Lead Agencies for costs associated with placement and services for sexually exploited youth. In SFY 2015-16 and SFY 2016-17, the \$3,000,000 in recurring funds were again provided to the Community-Based Care Lead Agencies for costs associated with placement and services for this population.

Expenditures reported by the Community-Based Care Lead Agencies into FSFN indicate they spent a total of \$4,900,609.17 on CSEC services and placements for 258 youth during SFY 2016-17. For the same time period, Community Based Care Lead agencies reported an additional \$66,986.15 in CSEC-related expenditures that were not recorded in FSFN. Family Support Services of North Florida, Inc. also reported \$126,959.83 in additional expenses for services to this population reported under the Children's Mental Health Wraparound services funding category. CBC of Central Florida had the highest reported expenditures for CSEC services at \$1,378,800, which exceeded their allocation of \$198,979 by \$1,179,821. Of the payments reported in FSFN for CSEC services, the average cost of care for an individual client was \$18,994.61.

Of the service providers that were funded by the Community-Based Care Lead Agencies to provide services to victims of commercial sexual exploitation, Citrus Health Network received the largest share of the funding, for a total of \$829,548 to serve 107 youth. Vision Quest Sanctuary Ranch received the second largest share of the funding, for a total of \$585,146 to serve 11 youth. Finally, Devereux Foundation received the third largest share of the funding for a total of \$533,333 to serve 11 youth.

Senate Bill 852

During the 2017 Legislative Session, the Legislature passed Senate Bill 852, which included amendments to ss. 39.524 and 409.1754, F.S., impacting the Department. New statutory requirements affect the Multidisciplinary Team (MDT) staffings that determine the need for services for suspected and verified victims of commercial sexual exploitation, the development of individual service plans for this population and information to be included in the Annual Report to the Legislature including DCF's response to the findings and recommendations made by the Office of Program Policy Analysis and Government Accountability as required in section 409.16791, Florida Statutes. Please see the Department's response pursuant to section 409.16791, Florida Statutes in Appendix A to this report Lastly, the new legislation requires a follow up with all verified victims of commercial sexual exploitation within 6 months of the completion of the child abuse investigation. This legislation goes into effect October 1, 2017.

DCF is currently modifying Children and Families Operating Procedure (CFOP) 170-14, Response to the Human Trafficking of Children, to reflect the new statutory requirements, with subsequent training



efforts to ensure that Department and contracted staff understand the new requirements. The Department is also creating new forms to enhance the MDT process and collect the required information and data on this population, in compliance with the new statutory requirements.

Additional resources about human trafficking and DCF's efforts to address this issue can be found at:

http://www.myflfamilies.com/service-programs/human-trafficking

Conclusion

Florida continues to lead the nation in its response to the issue of commercial sexual exploitation of children. As a result, the Department has a representative on one national expert council, one national human trafficking workgroup, and the Department of Health and Human Services' Administration for Children and Families' Southeast Region Human Trafficking Workgroup. During SFY 2016-2017, there was increased progress in the identification of victims and increased awareness of the specialized needs of these victims in placement and treatment. The 2015-2016 Annual Report noted that there were two safe houses certified under the new standards. In SFY 2016-2017, this number increased to five with other potential placements in development. Child welfare professionals continue to see a need for the independent evaluation of placements and programs to fully understand and identify the best intervention options for the children served.



APPENDIX A: Department Response to the 2017 OPPAGA Report

June 28, 2017

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

Dear Coordinator Twogood:

This letter is in response to the preliminary and tentative findings and recommendations issued to the Department and Children and Families (DCF) on June 13th. The department is pleased that the information we provided to OPPGA regarding our human trafficking strategic plan has been reflected in the recommendations. The department has in fact already begun implementation of many of the recommendations and remains committed to identifying effective interventions for Commercially Sexually Exploited (CSE) children, and will continue its evaluation of existing treatment and services.

Finding 1: A higher number of CSE children were identified in 2016.

Response: The department has spent the last several years conducting extensive training to teach frontline staff and the public how to recognize and identify potential victims of CSE children. We have had slightly more than one year of full implementation of the Human Trafficking Screening Tool (HTST). The comprehensive nature of the guided interview contained within the HTST, in addition to public education, are most likely the primary reasons for the increased identification of CSE victims. DCF will continue to train frontline staff and improve our response to the emerging trends within the human trafficking field.

Florida's response to CSE of children exceeds almost all other states nationally in scope and in the wide array of options available to victims for treatment and placement. Florida is recognized as a national leader in the fight against human trafficking and has provided technical assistance to other states seeking to replicate our innovative approach to serving child victims of human trafficking.

Finding 2: Issues with how DCF and DJJ select children to screen as well as the screening tool itself may limit accurate identification of CSE child victims.



Response: The assertion that the HTST limits accurate identification of CSE child victims lacks statistical data. Evidence to support this conclusion and a comprehensive analysis of all variables and factors are not provided.

The tool was designed based on the most recent literature reviews and academic studies and with the input of two academic institutions. Research from RTI International has assisted DCF in further streamlining criteria for use of the screening tool. The RTI International study is the only study of this size in the nation that assesses the CSE child population within the context of child welfare. The department will continue to use the data from this research to inform CSE policy decisions.

Within the state of Florida, there has been a notable increase in verified findings of human trafficking of children since the implementation of the tool. The OPPAGA report suggests that this increase in verified findings may be the result of increased education and awareness. Without clear evidence, a more accurate statement would be "The ability of the tool to increase the potential identification of CSE victims is still unknown."

Recommendation 1: We recommend that DCF and DJJ evaluate triggering criteria to determine predictive value.

Response: The department has met several times with the Florida Institute for Child Welfare (FICW). Based on the new trending data received from RTI International and an updated literature review, DCF has requested that RTI International make recommendations to narrow criteria for the tool.

Child Protective Investigators are trained to use the tool as a guided interview. It is a narrative to invoke conversation, not a script to be read to the child. They are trained **not** to read the tool to the child, but to establish rapport and gain as much information as possible for their investigation. Because only six percent of verified victims made disclosures, it is imperative that all of the possible circumstantial information be collected.

Recommendation 2: We continue to recommend that DCF gather systematic feedback from users about the screening tool.

Response: Since the tool is still relatively new, particularly for a victim population that has been the target of so little longitudinal research, we have always recognized the need for consistent communication with our front line staff regarding implementation. We met with Criminal Justice Coordinators in February 2017 for regional feedback regarding the HTST, and we requested that FICW draft a survey for our frontline staff to gain feedback on their impression of the tool. This information was conveyed to OPPAGA in emails dated May 15, 2017, and April 17, 2017.

Research from RTI International and coordination with FICW have allowed us to narrow the range of criteria, streamlining the tool and decreasing workload on staff. We have met with frontline staff and managers to get their feedback on the tool, and used those findings to collaborate with FICW to improve the tool's implementation.

Recommendation 3: We recommend that DJJ and DCF validate the screening tool when sufficient data and support are available to do so.



Response: Section 409.1754, Florida Statutes, indicates that a tool should be validated, if possible. In discussions with FICW, we have learned that it is unlikely that DCF's use of the HTST can be validated. The location, emotional state of the child, the interviewer, as well as other factors, cannot be standardized based on the crisis nature of the investigations. Based on conversation with DJJ and FICW, the department is focused on the reliability of specific questions in determining findings.

In addition, one of the main goals of the HTST for child protective investigators was to create a cultural shift. It was to assist the child protective investigator in identifying what evidence must be collected in a CSE case, specifically because these youths do not self-identify at a high rate. As a result, the HTST has become a guided interview tool to identify victims. The report notates the increase in verification rates for reports involving CSE victims. The goal of the HTST is to identify victims. Therefore, we believe the increase in the verification rates could be attributed to the investigators' use of the HTST. This has aided investigators in constructing cumulative cases rather than relying on a victim to disclose, which is very rare.

OPPAGA notes that the HTST does not give a child protective investigator clear direction to make findings. The tool is not the determining factor in making findings. The tool guides the child protective investigator through questions to collect evidence to assist in making their findings. It provides a framework for the investigation. DCF CFOP 170-4, the Maltreatment Index, provides definitions of maltreatments and information relevant to determining findings. In addition, any suspected human trafficking case must have a multidisciplinary staffing where subject matter experts participate and assist in determining findings, as well as service referrals and placement needs.

Finding 3: CSE children identified in prior years have not done well on short-term social outcomes; dependent and community children fared similarly.

Response: The department appreciates OPPGA's analysis of this sample. Additional information on the impact of specialized treatment, particularly that which demonstrates statistically significant impact on trauma markers can be located in "Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation" (CHANCE) Pilot Study: Progress Report 4." This report is dated May 12, 2017, and is a three-year longitudinal study of Florida's CSE youth conducted by the University of South Florida.

Finding 4: Though they are 62% of CSE victims, little is known about community children and the services they receive.

Response: Senate Bill 852 was passed during the 2017 Legislative Session and requires DCF to follow up with the parent or caregiver on or before the six-month period following a verified report for commercial sexual exploitation to gain information on service engagement. The new legislation was not in effect during the review period. Information will be provided to the department for community youth by the parent or caregiver on a voluntary basis.

Finding 5: Lacking CSE foster homes and safe houses, group care placement emerges as an option for some children; more information is needed on effectiveness.



Response: DCF will always prioritize the needs of the child on an individual basis. The wide array of placement and services available, which includes specialized placements, allows DCF to respond to the unique needs of each child. We must understand the scope and scalability of service response for this population.

Recommendation 4: We recommend DCF and lead agencies take a more active role in new placement development.

Response: Lead agencies have recruitment plans that address the need for placement development. Recruitment is actively occurring at events held throughout the state for new homes and foster parents. The department's human trafficking team routinely meets with individuals who are interested in providing services and connects them with existing providers performing clinical and residential services. The department works with lead agencies in each of the six regions to identify and address gaps in service. The department has built strong collaborative relationships with Open Doors and Bridging Freedom and provides ongoing technical assistance regarding operationalizing their program models.

Recommendation 5: We recommend that DCF and lead agencies continue to gather data on the availability and effectiveness of placements for CSE children.

Response: The department recognizes the need for complex analysis to identify the effectiveness of specialized placements and will continue to gather data and share all grant opportunities with researchers, CBC lead agencies, and providers.

In closing, analyzing, evaluating, and adjusting the tool has been an ongoing project for the last two years. The department and community-based care lead agencies will continue to strive to better serve this vulnerable population, resolving issues as they arise, and tackling long term challenges.

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

Sincerely,

Mike Carroll Secretary