

Commercial Sexual Exploitation of Children: 2026

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OPPAGA

Office of Program Policy Analysis and Government Accountability

Commercial Sexual Exploitation of Children: 2026

EXECUTIVE SUMMARY

The Department of Children and Families (DCF) is the state’s primary agency that identifies and oversees services for victims of commercial sexual exploitation (CSE). Community-based care lead agencies (CBCs) coordinate services at the local level and the Department of Juvenile Justice (DJJ) serves CSE victims in DJJ custody. In 2025, DCF verified 434 CSE victims, the largest number in one year since OPPAGA began reporting verified victims.

Multiple placements and services are available for CSE victims. Placements tailored to serve CSE victims include safe foster homes, safe houses, and at-risk homes. Some CBCs reported that the number of safe houses and safe foster homes are limited in CBC service areas, and providers identified recruitment barriers for safe foster homes. CSE victims may benefit from mental health services, including substance use treatment and other support services such as financial assistance and transportation. Most CBCs reported that telehealth counseling and substance use treatment were accessible in CBC service areas; however, accessibility can vary within a CBC service area. In addition, stakeholders identified survivor mentors as a support gap for CSE victims. Most CBCs reported that medical and legal services are accessible for CSE victims, but few CBCs reported that financial assistance and transportation are accessible.

CSE victims may have juvenile justice involvement, and state law requires interagency collaboration for dually served children. DCF and DJJ collaboration to serve CSE victims occurs at the agency level during statutorily required multidisciplinary staffing meetings; however, once a CSE victim is placed within a DJJ residential commitment program, collaboration varies.

OPPAGA analyzed outcomes the year after CSE for victims first verified in the 2023 calendar year. These victims spent more time in traditional foster homes, therapeutic foster homes, safe houses, safe foster homes, group care, and residential treatment centers than victims first verified in 2022. CSE victims’ time spent missing from care has remained stable. Most CSE victims first verified in 2023 were enrolled in school and more victims first verified in 2023 attended school for at least half the school year compared to prior years. Nearly a third of CSE victims experience DJJ involvement, and most CSE victims with DJJ involvement entered juvenile detention facilities.

OPPAGA recommendations include improving data collection, expanding CSE-specific placements, expanding access to survivor mentors, and increasing collaboration with DJJ to serve CSE victims.

SCOPE

As directed by s. 409.16791, *Florida Statutes*, OPPAGA conducted an annual study on the commercial sexual exploitation of children in Florida. The study reports on the number of children who the Department of Children and Families identified as CSE victims, describes specialized services provided to CSE victims, and presents short- and long-term child welfare, juvenile justice, and education outcomes.

BACKGROUND

Federal and state laws define human trafficking; in Florida, state and local entities identify and serve commercial sexual exploitation victims

Florida law defines commercial sexual exploitation (CSE) of children. The Department of Children and Families (DCF) is the state's primary agency that identifies and oversees services for CSE victims. DCF staff investigates allegations of CSE. Child welfare and delinquency professionals use DCF's human trafficking screening tool to help identify CSE victims. DCF's Human Trafficking Prevention Unit collaborates with community-based care lead agencies (CBCs) to coordinate service provision for CSE victims. DJJ serves CSE victims with delinquency involvement.

Federal and state laws define human trafficking. Human trafficking is federally defined as, "the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery."^{1,2} Commercial sexual exploitation of children is defined as "sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age."^{3,4} Florida law defines human trafficking as, "transporting, soliciting, recruiting, harboring, providing, enticing, maintaining, purchasing, patronizing, procuring, or obtaining another person for the purpose of exploitation of that person."^{5,6} Florida law defines CSE as, "the use of any person under the age of 18 years for sexual purposes in exchange for money, goods, or services or the promise of money, goods, or services." This definition only applies to children and does not require coercion.⁷

DCF staff receives and investigates CSE allegations and DJJ staff screens for victimization

DCF staff receives and investigates allegations of abuse, including CSE. Florida law requires that any person who knows or has reasonable cause to suspect that a child is abused, abandoned, or neglected by a parent, caregiver, or other person responsible for a child's welfare is a mandatory reporter and must report such allegations to DCF's Florida Abuse Hotline.⁸ DCF uses the hotline as the central reporting center that takes reports from the public of allegations of abuse, abandonment, and neglect, including allegations of CSE. The public can make reports by

¹ Federal law [22 U.S.C. s. 7102\(12\)](#) further defines sex trafficking to mean, "the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act."

² Unlike federal law [22 U.S.C. s. 7102\(11\)](#), Florida law does not provide separate definitions for labor and sex trafficking. Section [787.06\(1\)\(b\)](#), *F.S.*, specifies that while victims of human trafficking may be forced to work in prostitution or the sexual entertainment industry, trafficking may also occur in the form of labor exploitation such as domestic servitude, restaurant work, janitorial services, sweatshop factory work, and migrant agricultural work.

³ Federal law [22 U.S.C. s. 7102\(4\)](#) defines a commercial sex act as any sex act for which anything of value is given or received by any person.

⁴ In 2000, Congress enacted the Victims of Trafficking and Violence Protection Act, which criminalizes perpetrators of human trafficking.

⁵ Section [787.06\(1\)\(b\)](#), *F.S.*

⁶ In 2004, the Legislature enacted Ch. [2004-391](#), *Laws of Florida*, which criminalizes perpetrators of human trafficking.

⁷ Section [409.016](#), *F.S.*

⁸ Section [39.201\(1\)](#), *F.S.*

telephone, in writing, or online. In 2025, the most frequent reporter types for CSE allegations were law enforcement (17%) and DCF and community-based care lead agency personnel (15%), accounting for 32% of reports. Medical and mental health employees accounted for 14% of reports and criminal justice personnel also accounted for 14%.⁹

When a caller reports an allegation to the Florida Abuse Hotline, hotline counselors complete an intake assessment to gather information about the type of maltreatment, circumstances surrounding the maltreatment, and the child's general behavior and physical capacity.¹⁰ Hotline counselors then determine if there is sufficient evidence to screen in and accept a report for investigation.¹¹ If there is insufficient evidence to accept a report for investigation, hotline counselors screen out the call. Department staff conducts routine reviews of a sample of screened-out calls, regardless of alleged maltreatment type, to determine if any information was omitted from the intake assessment and if the calls were correctly screened out. DCF staff must also conduct a review when a single child is the alleged victim in three or more screened-out calls. In addition, DCF staff reported that since March 2024, DCF staff has conducted weekly reviews of all hotline reports and all screened-out calls containing CSE allegations.

Screened-in reports alleging CSE are assigned to a child protective investigator (CPI) with specialized training in assessing children who may be CSE victims. To verify an allegation of CSE, CPIs must determine that there is credible evidence that a child under age 18 was used for sexual purposes in exchange for something of value or the promise of something of value, which can include money, goods, or services. CPIs conduct interviews with and observe the alleged victim and caregiver(s) and review records and forensic assessments, including medical exams and police reports. CPIs use this information to determine whether the CSE allegation resulted in a no indication, not substantiated, or verified outcome. (See Exhibit 1.)

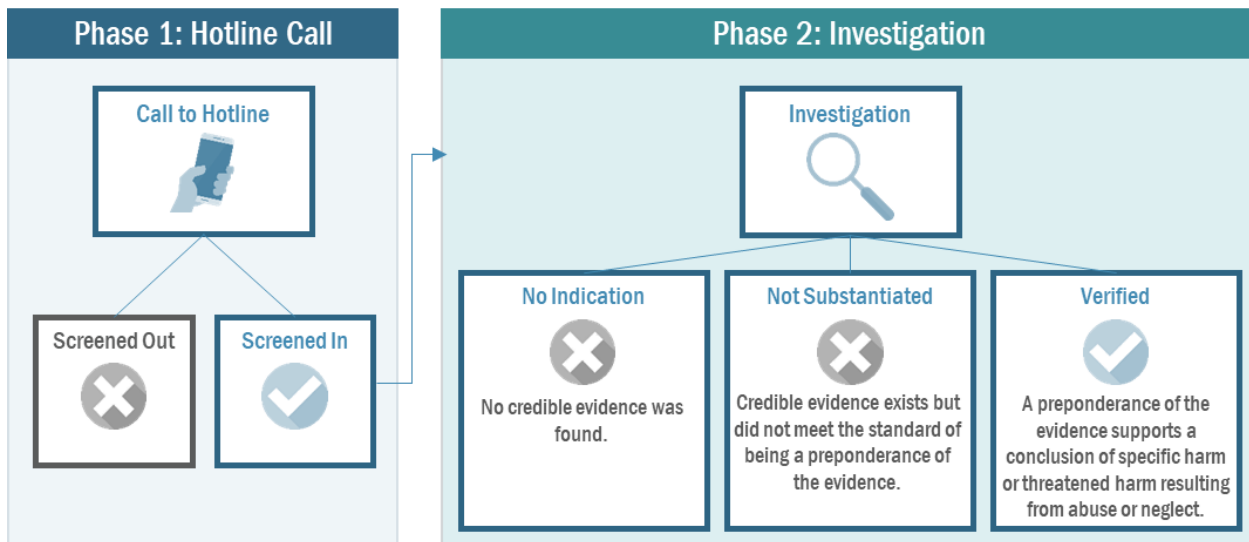
⁹ Criminal justice personnel includes staff from DJJ, the Department of Corrections, and others employed in the criminal justice system not including law enforcement.

¹⁰ An allegation refers to a statement made by a reporter to the Florida Abuse Hotline that harm or threatened harm to a child has occurred or is suspected to have occurred. A maltreatment refers to the behavior that is harmful to a child. There are 27 types of maltreatments (e.g., abandonment, physical injury, human trafficking—commercial sexual exploitation of children).

¹¹ To accept a report for investigation, hotline counselors must be able to determine that 1) the victim is a child; 2) there is an alleged perpetrator or caregiver responsible; 3) there is an alleged maltreatment; and 4) there is an acceptable means to locate the child. A report will also be accepted if the alleged perpetrator's relationship to the child is unknown but all other screening criteria are met. The alleged perpetrator does not have to meet the definition of caregiver, as defined in s. [39.01\(10\)](#), F.S., for an allegation of CSE to be accepted.

Exhibit 1

There Are Three Possible Outcomes for Florida Abuse Hotline Calls That Allege Commercial Sexual Exploitation and Result in Investigations



Source: OPPAGA analysis of information from the Department of Children and Families.

DCF uses screening tools to identify CSE victims. When potential human trafficking, which includes CSE, is alleged in an abuse report or certain indicators are present during an investigation, the CPI must administer the Human Trafficking Screening Tool (HTST).¹² According to a study by the Florida Institute for Child Welfare (FICW), the HTST effectively identifies CSE victims.¹³ Since 2017, FICW has collaborated with DCF to determine the tool's validity and reliability. In 2025, FICW published the final report of its three-phase study evaluating the HTST. FICW's 2025 study found that several items in the tool demonstrated strong predictive utility in identifying children at risk of human trafficking. Results also indicated that items in the tool were moderately predictive of a verified human trafficking investigation finding and effectively distinguished non-victims from victims. In 2025, DCF launched two additional screening tools. The Community Human Trafficking Identification Guide is intended for use by professionals and community members to identify both commercial sexual exploitation and labor trafficking, and the Human Trafficking Identification Assessment is used by CPIs, supervisors, and program administrators in protective investigations involving youth age 10 and older.

DJJ staff may also identify CSE victims who are involved in the criminal justice system. When certain indicators are present during a child's intake to a juvenile assessment center or as part of an initial probation intake interview, juvenile probation officers (JPOs) or detention screeners administer the HTST. Indicators include a history of running away four or more times; a history of sexual abuse; the child's acknowledgement of being trafficked; and a report of human trafficking by a parent or guardian, law enforcement, a medical or service provider, a teacher, child protective services, or DJJ staff. DJJ requires all staff and contracted providers who have direct contact with children to complete a basic human trafficking intervention training. Additionally, JPOs and detention screeners must complete an annual advanced human trafficking training and HTST training to help identify potential victims.

¹² Human trafficking indicators include a child's acknowledgement of being trafficked; report of human trafficking by a parent, guardian, or other professional; child being known to associate with verified CSE victims; and child having sexually suggestive activity on social media websites or chat apps.

¹³ Reid, Joan A., et al. *Final Report: Comprehensive Validation of Florida's Human Trafficking Screening Tool*. Florida Institute for Child Welfare. June 2025.

DCF and CBCs coordinate CSE victim services and use multidisciplinary teams and assessments to determine placement and service needs

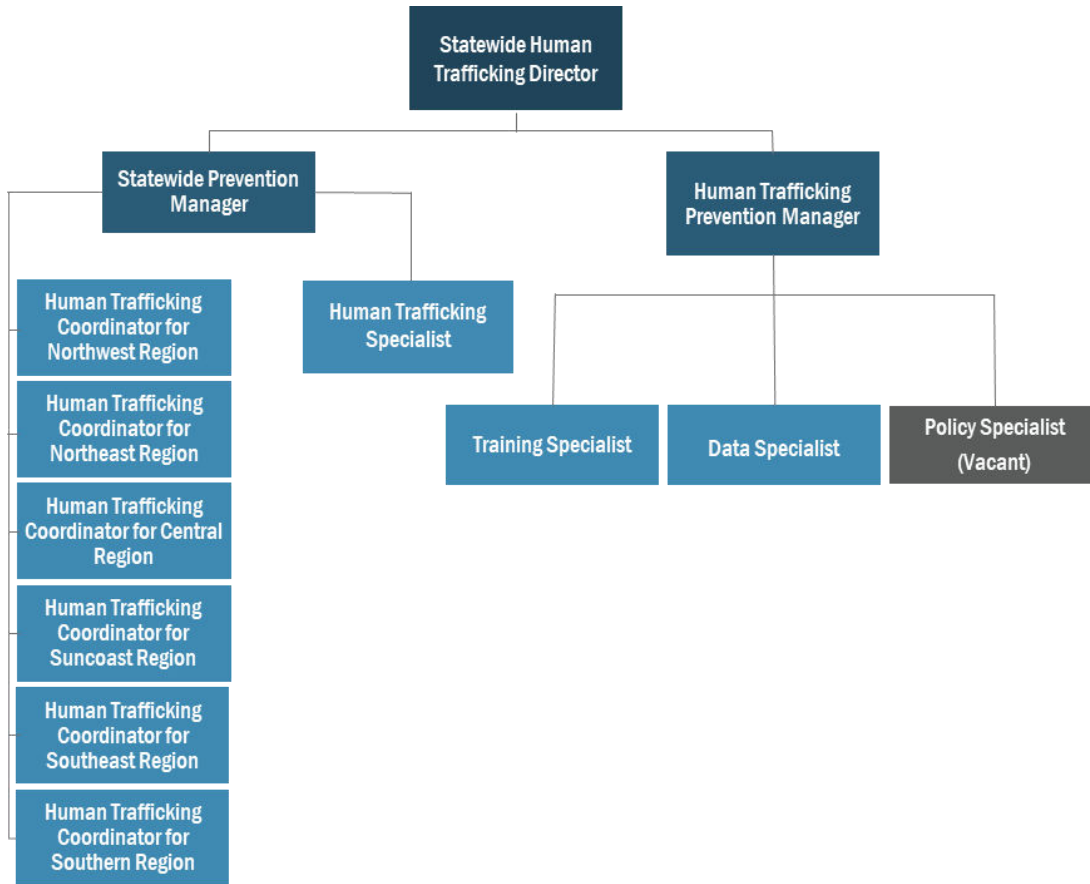
DCF's Human Trafficking Prevention Unit provides guidance for human trafficking services at the state and regional level. As the state's primary agency serving CSE victims, DCF staffs a Human Trafficking Prevention Unit to guide policy at the state level and provide support, training, and assistance at the regional level. The unit includes a statewide human trafficking director; two human trafficking managers; specialists, including a statewide training specialist; and six regional human trafficking coordinators.¹⁴ (See Exhibit 2.) One human trafficking manager—the human trafficking prevention manager—oversees a training specialist, policy specialist, and data specialist. The training specialist is responsible for ensuring that consistent, high-quality training is developed and implemented statewide. The policy specialist is responsible for having extensive knowledge of policy analysis and human trafficking in Florida, applying policy and procedures governing DCF, and maintaining cooperative working relationships with community stakeholders. The data specialist is responsible for analyzing and presenting data on the state of human trafficking in Florida. The second human trafficking manager—the statewide prevention manager—oversees the six regional human trafficking coordinators and a human trafficking specialist who are CSE subject matter experts. Regional human trafficking coordinators participate in treatment-related meetings and help create service plans for suspected and verified CSE victims; conduct follow-up with lead agencies, the child, and their families; engage in statewide and national collaboratives to ensure a quality array of services; and assist in the development and delivery of training materials on human trafficking and human trafficking prevention.¹⁵ The human trafficking specialist is a statewide position that primarily assists CSE victims who are not in the dependency system. This role also assists regional human trafficking coordinators and can cover their duties when the coordinator is unavailable.

¹⁴ The unit also includes an administrative assistant.

¹⁵ Section [409.1754\(2\)\(d\) and \(e\)](#), *F.S.*, requires DCF to follow up with all verified CSE victims within six months of investigation. The department is required to determine what service referrals were made, what services were received, if services received were completed, and if the victim has experienced further CSE since the verified report. DCF is also required to determine the educational and employment status of the child and, if dependent, any placements made, any elopement episodes, and if the child has subsequent DJJ or criminal justice system involvement.

Exhibit 2

The Department of Children and Families' Human Trafficking Prevention Unit Provides Guidance for Human Trafficking Services at the State and Regional Level

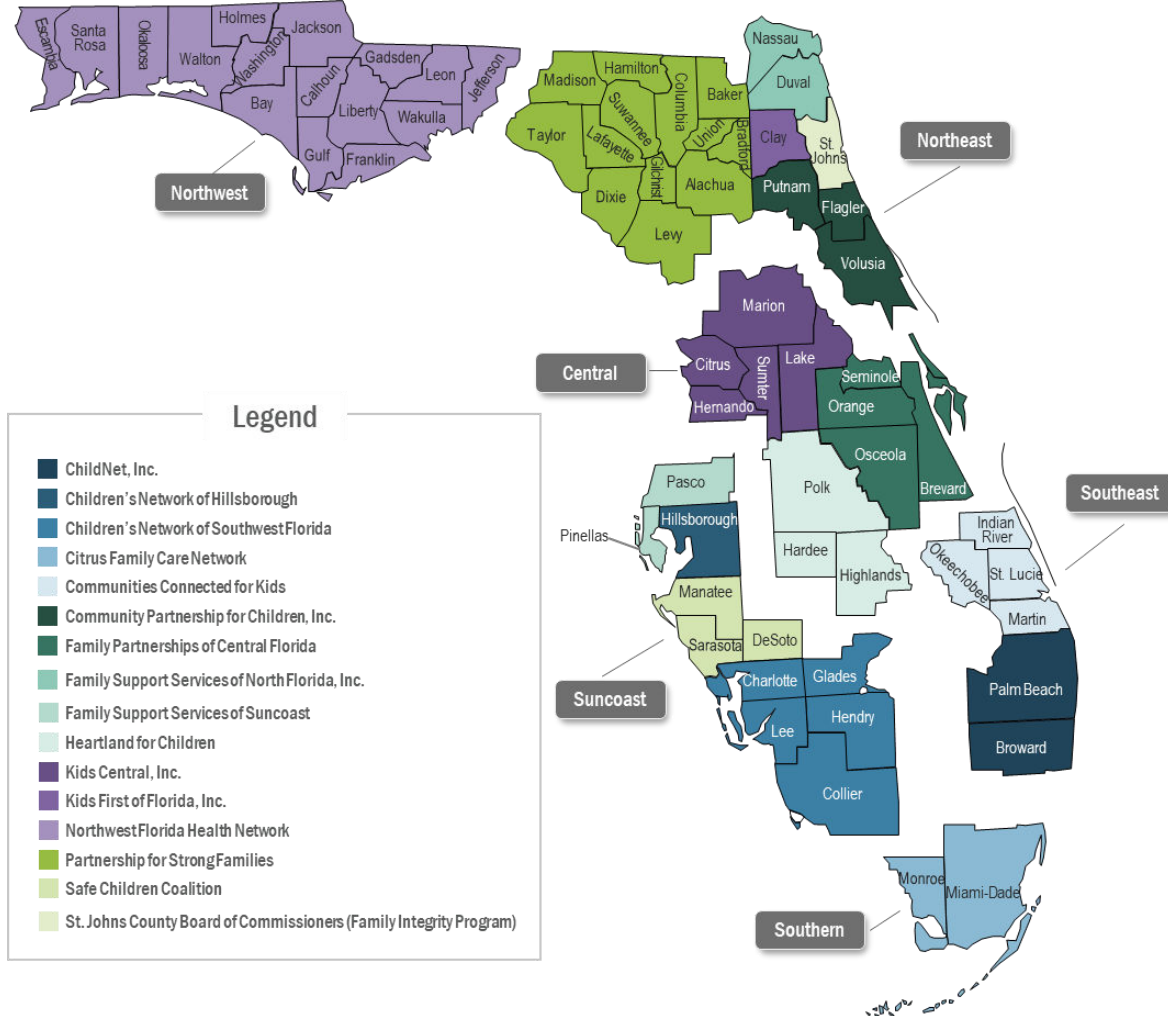


Note: Positions reflect the Human Trafficking Prevention Unit as of February 2026. As of May 2026, the department is transitioning the policy specialist role into a service specialist position for the Northwest region.

Source: Department of Children and Families.

At the local level, DCF contracts with CBCs to manage statewide child welfare services within each region. Community-based care lead agencies serve children who have been referred to DCF due to reports of abuse, neglect, or abandonment; children who were adopted from the child welfare system and need post-adoption supports; and children who have not been referred to DCF but are at risk of abuse, neglect, or abandonment. CBCs receive funding for providing services to children, including CSE victims. Services include coordinating foster homes or therapeutic foster homes, residential group care, family reunification, case management, and mental health services. There are 16 CBCs located in six regions: Northwest, Northeast, Central, Suncoast, Southeast, and Southern. Some regions are comprised of multiple CBC service areas, while others are served by a single CBC. For example, the Suncoast region, which includes 11 counties, is served by four CBCs; in contrast, the Northwest region, which includes 16 counties, is served by one CBC. (See Exhibit 3.)

Exhibit 3
Sixteen Community-Based Care Lead Agencies Manage Child Welfare Services in Six Regions



Source: OPPAGA analysis of information from the Department of Children and Families.

DCF and CBCs use multidisciplinary teams to determine placement, service, and treatment needs. Florida law requires a multidisciplinary team (MDT) staffing for each child who is a suspected or verified CSE victim. Section 39.4022(2)(c), *Florida Statutes*, defines an MDT as an integrated group of individuals that meets to collaboratively develop and attempt to reach a consensus decision on the most suitable out-of-home placement, educational placement, or another specified important life decision that is in the best interest of the child. CSE victims who are in out-of-home care may be placed in a variety of settings. Placement options, from least to most restrictive, include relative and non-relative caregivers, traditional foster homes, safe foster homes, at-risk homes, safe houses, behavioral qualified residential treatment programs, and residential treatment centers.

Florida law requires that MDT staffings occur under certain circumstances, including to determine placements for CSE victims (i.e., human trafficking MDT staffings).^{16,17} MDT staffings are conducted by trained facilitators and incorporate multiple parties to determine the child's

¹⁶ Section 39.4022(5)(a), *F.S.*, requires an MDT staffing to be held when an important decision must be made about a child's life including initial placement decisions for out-of-home care and changes in a child's educational placement.

¹⁷ Rule 65C-30.023, *F.A.C.*, requires that MDT staffings also occur for other circumstances including locating and placing missing children; reunifications; sibling separations; and placement transitions outlined in s. 39.4022(2)(a), *F.S.*

placement and service needs, including treatments.¹⁸ MDT facilitators and participants consider several factors and complete several forms during MDT staffings for suspected or verified CSE victims, including reviewing the child's HTST and completing the human trafficking MDT staffing form, which includes a list of human trafficking indicators and a summary of service referrals. In addition, MDT staffings include completion of the Level of Human Trafficking Placement Tool, which is used in conjunction with the human trafficking MDT staffing form to determine if a child should be referred to a placement specific for CSE victims.¹⁹

DJJ serves CSE victims who have delinquency involvement

Children with suspected or confirmed histories of CSE often are involved with the child welfare and juvenile justice systems, both as a precursor to CSE and related to CSE victimization. DJJ offers prevention, detention, residential services, and probation and community intervention for children with delinquency involvement.²⁰ Detention centers provide custody, supervision, education, and mental health, substance use, and medical services to children who have been assessed as risks to public safety and must remain in a physically secure setting while awaiting court proceedings.²¹ Residential commitment programs offer longer term stays than detention centers and provide structured, specialized treatment for children required by a judge to stay in DJJ care.²² In both detention centers and residential commitment programs, DJJ serves as the primary provider of mental health services; however, the department does not offer detention centers or residential commitment programs specifically designated to serve CSE victims. In addition, DJJ assigns at least one department staff member to the role of human trafficking liaison in each circuit to be the primary contact for any CSE victims with DJJ involvement. The primary duties of human trafficking liaisons include attending DCF multidisciplinary staffings for dually served youth and collaborating with DCF human trafficking coordinators as CSE victims move through the juvenile justice process.

¹⁸ Section [39.4022\(4\)\(a\)\(1\)](#), *F.S.*, requires that facilitators invite the following parties, at a minimum, to attend MDT staffings: the child, if appropriate, and the child's guardian ad litem; the child's family members or other individuals identified by the family as being important to the child, if appropriate; the current caregiver, if appropriate; a DCF representative other than the Children's Legal Services attorney; a representative from the CBC; the child's case manager; and a DJJ representative, if the child is dually involved with both DCF and DJJ. Other professionals, such as school personnel representatives, therapists, behavioral health professionals, and community service providers, may also be invited.

¹⁹ DCF operating procedure 170-14.

²⁰ Children on probation or conditional release may be ordered by the court or referred by DJJ to participate in services in the community. Each child is assigned a juvenile probation officer who monitors compliance and helps the child connect with service providers.

²¹ DJJ operates 21 juvenile detention centers.

²² DJJ contracts with private providers to operate 38 residential commitment programs.

PREVALENCE

DCF verified more CSE victims in 2025 than in any prior year

DCF verified 434 victims in 2025; most victims were community children and nearly half had prior verified findings of abuse, abandonment, or neglect

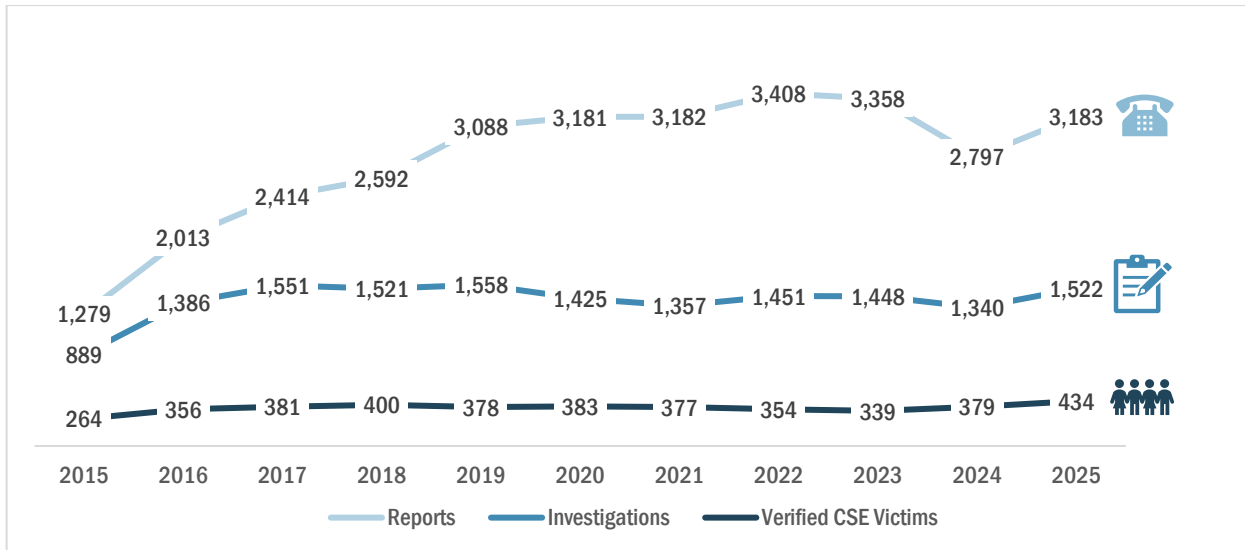
In 2025, DCF verified more than 400 children as CSE victims. During this period, the Florida Abuse Hotline received 3,183 reports alleging CSE that resulted in 1,522 investigations and 434 verified CSE victims, which represents a 15% increase from 2024. The 2025 results represent the largest number of victims since OPPAGA started reporting this information. (See Exhibit 4.)

Community Children
Are not receiving in-home or out-of-home services from DCF at the time of or within six months of their CSE investigation

Dependent Children
Are receiving in-home or out-of-home services from DCF at the time of or within six months of their CSE investigation

Exhibit 4

The Department of Children and Families Verified More Commercial Sexual Exploitation Victims in 2025 Than in Prior Years



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

DCF attributes this increase to better identification of human trafficking rather than solely an increase in human trafficking. DCF staff further reported that the department strengthened its anti-trafficking response through several practices, including improved coordination between the department, law enforcement, and service providers; use of regional human trafficking coordinators to review screened-out Florida Abuse Hotline reports to determine if additional follow-up or reconsideration is warranted, and expanded training. For example, DCF reported that investigators, case managers, and law enforcement received enhanced training on trafficking indicators and trauma-informed practices.

Victim demographic composition remained similar to prior years. In 2025, most victims were female (87%), between 15 and 17 years old (68%), and white (51%), which is consistent with OPPAGA findings since 2015. During this period, the counties with the highest number of victims were also the counties with the highest overall populations—Broward (58), Miami-Dade (35), Hillsborough (33), Orange (27), Duval (26), and Palm Beach (25). (See Appendix A for the number of verified CSE victims by county.)

Most CSE victims continue to be community children. In addition, nearly half had prior child welfare system involvement with a verified maltreatment finding of abuse, abandonment, or neglect. Of the 434 verified CSE victims in 2025, 301 (69%) were community children and 133 (31%) were dependent children. Moreover, 199 of the 434 victims (46%) had at least one prior verified maltreatment finding of abuse, abandonment, or neglect. More dependent children (76%) than community children (33%) had a prior verified maltreatment finding.

PLACEMENTS AND SERVICES

State agencies license numerous placement settings; stakeholders identified safe foster homes as effective for most CSE victims' needs

The Department of Children and Families and the Agency for Health Care Administration (AHCA) license placements that may serve CSE victims. Safe homes, safe foster homes, and at-risk homes are DCF-licensed placements specifically tailored to serve CSE victims; however, these placements are not available in all regions of the state. Based on available data, most children recommended for placement in a safe house or safe foster home in Fiscal Year 2024-25 were not placed in these settings for several reasons, including runaway episodes and refusal of the placement. Most CBCs reported that available placements are effective in meeting the education and health needs of CSE victims, but some explained that placement effectiveness is dependent on each individual placement program. Stakeholders noted that safe houses and safe foster homes provide individualized treatment in a family-like environment. Providers noted challenges recruiting safe foster homes. The Legislature has allocated funds to expand safe foster home placements and required DCF to improve data collection related to CSE victim placement. DCF is working to better capture data related to CSE victim recommended and actual placements.

DCF licenses placement settings to meet CSE victims' needs and AHCA licenses specialized placements for children with emotional or behavioral challenges; placements tailored for CSE victims are lacking in some areas

DCF and AHCA offer an array of placement settings to meet CSE victims' needs. DCF licenses safe foster homes, safe houses, and at-risk homes. These settings are specifically intended for children who are at-risk of CSE or are verified CSE victims and are required to provide, arrange for, or coordinate a variety of services, including counseling, behavioral health care, and

mentoring by a CSE survivor if one is available and appropriate for the child.²³

- **Safe foster homes** are family foster homes that provide care to CSE victims.
- **Safe houses** are group residential placements that provide care to CSE victims.
- **At-risk homes** are group homes that provide care and support services to children who are at-risk of CSE or are verified CSE victims.²⁴

CSE victims with emotional or behavioral disorders or disturbances can receive treatment in specialized settings, such as behavioral qualified residential treatment programs (BQRTPs) and residential treatment centers (RTCs).

- **Behavioral qualified residential treatment programs** are group residential placements licensed by DCF that provide treatment for children with serious emotional or behavioral disorders or disturbances but do not meet the level of care needs of residential treatment centers.
- **Residential treatment centers** are licensed by AHCA and provide mental health treatment for children with mental, emotional, or behavioral disorders and include therapeutic group homes, qualified residential treatment programs (QRTPs), and statewide inpatient psychiatric programs (SIPPs). Children may enter RTCs through referral from a suitability assessment or involuntarily through use of the Baker Act.^{25,26}

The number of placement settings that serve CSE victims varies across the state. As of March 2026, there were 35 safe foster homes and 5 safe houses that serve suspected or verified CSE victims. The Northwest region had no safe foster homes or safe houses and therefore lacks capacity to serve suspected or verified victims. Other regions have some capacity. For example, the Northeast and Southeast regions each had four licensed safe foster homes but no safe houses. Similarly, the Southern region had 10 safe foster homes but no safe houses. The Suncoast region had the most placements exclusively tailored for CSE victims, with 10 safe foster homes and 4 safe houses. In addition, there were 194 at-risk homes statewide. At-risk homes are located in all regions, with the most in the Suncoast region (78) and the least in the Southern region (9).

The specialized residential placements that may be appropriate for CSE victims with mental health needs are located in all regions and include BQRTPs or RTCs. There were four BQRTPs across the state in the Central (1), Southern (1), and Suncoast (2) regions.²⁷ RTCs also varied by region. As of April 2026, most licensed, open RTCs were in the Southeast (9) and Suncoast (9) regions; the Northwest region had the lowest number of RTCs (2). (See Exhibit 5.)

²³ In addition, s. [409.1678](#), F.S., also requires safe foster homes and safe houses to provide, arrange for, or coordinate treatment and intervention for sexual assault; education tailored to the child's individual needs, including remedial education if necessary; life skills and workforce trainings; substance abuse screening and, when necessary, access to treatment; planning services for the successful transition of each child back to the community; activities structured in a manner that provides CSE victims with a full schedule; and age-appropriate programming to educate children regarding the signs and dangers of CSE and how to report CSE.

²⁴ Supportive services in at-risk homes include, but are not limited to, family, group, or individual counseling; treatment and intervention for sexual assault, if applicable; substance use and mental health screening; life skills; vocational or educational supports; discharge planning; behavioral health care, if applicable; mentoring; and programming related to the prevention of human trafficking including healthy relationships, interpersonal boundaries, and community engagement.

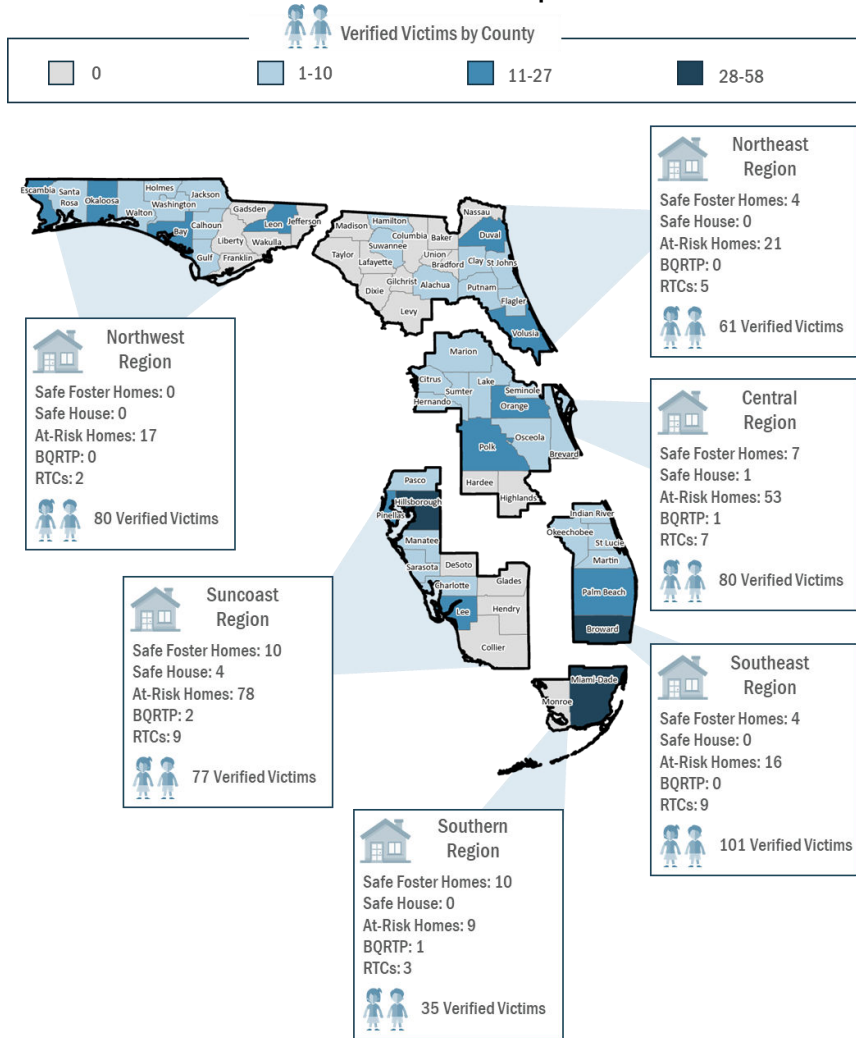
²⁵ Section [39.407](#), F.S., requires that whenever DCF believes that a child is emotionally disturbed and may need residential treatment, a qualified evaluator appointed by the department conduct an examination and suitability assessment to determine that the child requires residential treatment; that the child is in need of residential treatment and expected to benefit from mental or behavioral health treatment; and that an appropriate, less restrictive alternative to residential treatment is unavailable.

²⁶ Section [394.467](#), F.S.

²⁷ DCF reported that one BQRTP, located in the southern region, closed in March 2026. This BQRTP is not included in OPPAGA's analysis of available placements.

Exhibit 5

Placements Tailored to Commercial Sexual Exploitation Victims Are Lacking in Some Areas of the State



Note: Counts of residential treatment centers (RTCs) include qualified residential treatment programs (QRTPs). Of the five RTCs in the Northeast region, four are QRTPs. Of the seven RTCs in the Central region, one is a QRTP.

Source: OPPAGA analysis of March 2026 data from the Department of Children and Families and April 2026 data from the Agency for Health Care Administration.

Most CSE victims recommended for a safe house or safe foster home in Fiscal Year 2024-25 were not placed in these settings. According to DCF’s 2025 Annual Human Trafficking Report, 399 CSE victims were assessed for placement in a safe house or safe foster home using the Level of Human Trafficking Placement Tool in Fiscal Year 2024-25. Of these, 120 victims were recommended for a safe house or safe foster home and 45 were placed in a safe house or safe foster home. Seventy-five CSE victims recommended for placement were not placed due to a variety of factors, including youth’s refusal of the placement, runaway episodes, and instances in which no safe house or safe foster home beds were available.

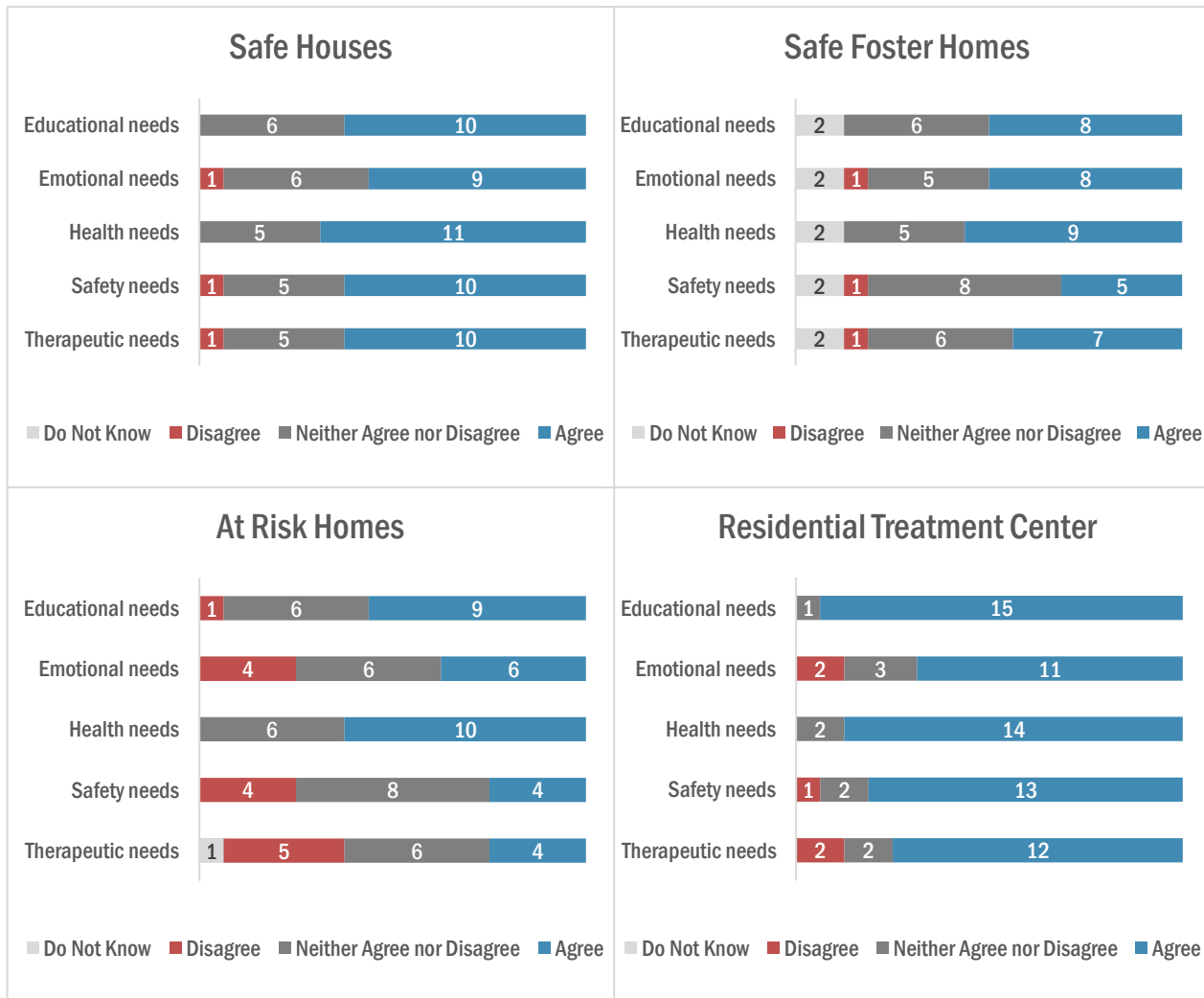
Most CBCs reported that available placements are generally effective in meeting the needs of CSE victims. OPPAGA surveyed CBCs to learn about services for CSE victims.²⁸ Most CBCs reported that safe houses and safe foster homes effectively meet the educational, emotional, and therapeutic needs of CSE victims. However, some also reported “neither agree nor disagree” when asked how effective safe foster homes and safe houses were at meeting the needs of CSE victims, and less than

²⁸ OPPAGA received responses from all 16 CBCs.

half reported that safe foster homes were effective for meeting CSE victim’s safety needs. In comparison, most CBCs reported that RTCs were effective in meeting CSE victims’ educational, emotional, safety, and therapeutic needs. However, residential treatment centers are intended for children with severe behavioral or emotional issues and are not appropriate for all CSE victims in out-of-home care. Three CBCs noted the lack of availability of safe houses and safe foster homes, resulting in one not commenting on the effectiveness. (See Exhibit 6.)

Exhibit 6

Community-Based Care Lead Agencies Reported That Most Placements Meet the Educational and Health Needs of Commercial Sexual Exploitation Victims



Note: OPPAGA collapsed the categories of “strongly disagree” and “disagree” to “disagree.” OPPAGA also collapsed the categories of “strongly agree” and “agree” to “agree.” In addition, three CBCs noted the lack of availability of safe houses and safe foster homes, resulting in one not commenting on effectiveness.

Source: OPPAGA analysis of community-based care lead agency surveys.

Stakeholders reported that effectiveness may vary by treatment setting and is placement specific and dependent on staff within each facility. For example, stakeholders reported that safe foster homes are effective for meeting CSE victims’ needs because of the one-on-one attention from the foster family, trauma therapy, and other services provided to individuals in these settings. RTCs are required to provide specialized treatments for CSE victims.²⁹ Two CBCs explained that RTCs

²⁹ Required under s. [409.1678\(3\)](#), F.S.

are well equipped for educational and therapeutic consistency and preventing elopement.³⁰ Two CBCs reported that at-risk homes may struggle with de-escalation and trauma-informed interventions and others noted that CSE victims may elope from at-risk homes, which impacts placement stability.³¹

Stakeholders identified safe foster homes as effective placements to meet CSE victim needs but noted access and recruitment barriers; the Legislature has funded efforts to increase the number of such placements

Safe foster homes and safe houses may be best equipped to provide CSE victims individualized care; CBCs reported that safe foster homes are lacking and according to child placing agencies, recruiting safe foster homes is challenging.^{32,33} Florida statutes require safe foster homes and safe houses to tailor services to a victim's needs and provide multiple services such as family counseling, life skills, and substance use screening and treatment.³⁴ Furthermore, these placements require additional training for families and staff to serve children with a history of CSE.^{35,36} Staff in safe houses and parents operating safe foster homes must receive an initial 24 hours of specialized training in commercial sexual exploitation and eight hours of training annually. CBCs and DCF human trafficking coordinators reported that safe foster homes are effective placements for CSE children and cited home-like environments and individualized care as the primary reasons.

Four of the state's 16 community-based care lead agencies reported that the number of safe foster homes and safe houses are limited in the CBC's service areas. These CBCs represent portions of the Suncoast and Northeast regions as well as the entire Northwest region, covering 23 counties.³⁷ Devereux and Citrus Health Network are the two child placing agencies responsible for recruiting, training, and supporting most of the state's safe foster homes. These child placing agencies reported licensing 12 safe foster homes across two of the four CBC service areas that reported limited numbers of safe foster homes.

Both Devereux and Citrus Health Network reported challenges recruiting safe foster homes, including a lengthy application process. For any prospective foster family, the licensure process can take months and includes background checks and home studies. Prospective safe foster home parents may be required to attend additional meetings by child placing agencies prior to starting the application process and undergo additional training, which can lengthen the process. One child placing agency requires potential safe foster parents to undergo an assessment by a case manager with experience working with human trafficking victims to ensure that expectations are aligned with the type of CSE victim families may house. Another child placing

³⁰ Family Support Services of North Florida (Duval and Nassau counties) and Family Support Services of Suncoast (Pasco and Pinellas counties) are operated by the same CEO and provided the same responses when asked for additional information about the effectiveness of placements in OPPAGA's survey.

³¹ Ibid.

³² A child placing agency is any person, corporation, or agency, public or private, other than the parent or legal guardian of the child or an intermediary acting pursuant to Ch. 63, F.S., that receives a child for placement and places or arranges for the placement of a child in a family foster home, residential child caring agency, or adoptive home. These include CBCs.

³³ Section 409.1678(2)(c), F.S., requires that safe houses and safe foster homes that care for CSE victims must separate CSE children from children with other needs, serve exclusively one sex, and group CSE victims by age or maturity level.

³⁴ Section 409.1678, F.S.

³⁵ Rule 65C-43, F.A.C.

³⁶ Rule 65C-46, F.A.C.

³⁷ The four CBCs that reported limited availability of safe foster homes are Family Support Services of North Florida (Duval and Nassau counties), Family Support Services of Suncoast (Pasco and Pinellas counties), Safe Children Coalition (DeSoto, Manatee, and Sarasota counties), and Northwest Florida Health Network (Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Okaloosa, Santa Rosa, Wakulla, Walton, and Washington counties).

agency offers an information session for foster parents to learn about requirements for foster homes prior to starting the application, which also adds time to the process. Although the additional case manager assessment and the information session may add time to the process, these processes may also ensure that the child placing agency is recruiting foster families that are well-informed about the licensure process and challenges associated with caring for CSE victims. In addition to home studies and background checks, safe foster families must undergo an initial 24 hours of specialized CSE training and 8 hours of continuing education each year.

To help address some of these challenges, DCF reported conducting additional marketing efforts to recruit foster parents and partnering with a firm on a recruitment marketing campaign. The department also reported collaborating with two universities to research the current recruitment and foster home licensing process to identify other methods that may enhance recruitment efforts.

The Legislature allocated funds to help expand the number of safe foster homes. In Fiscal Year 2023-24, the Legislature appropriated funds to expand the Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation (CHANCE) program operated by Citrus Health Network. CHANCE trains safe foster home parents to care for CSE victims and offers dedicated wraparound support including targeted case management; connections to survivor mentors, when available (e.g., individuals with lived experience who provide additional support to CSE victims); and intensive individual therapy. As of April 2026, the CHANCE program reported operating 23 safe foster homes in Broward, Duval, Miami-Dade, Pasco, and Pinellas counties. The CHANCE program allows one or two CSE victims per home depending on the child's circumstances and the foster family's ability to assist with multiple CSE victims. However, program staff reported preferring to allow only one CSE victim per safe foster home.

DCF is continuing efforts to improve data collection for CSE victim placement

DCF collects some statutorily required data at aggregate and individual levels but does not collect all required information. The 2025 Legislature amended s. 39.524(3)(b), *Florida Statutes*, to require DCF to maintain individual-level data for all children assessed for placement in a safe house or safe foster home and that such data be in a format that allows for extraction and analysis of anonymized individual-level and aggregate data.³⁸ As of April 2026, DCF reported collecting data via monthly reporting from CBCs. While the monthly reporting includes total number of children assessed, recommended, and placed in a safe house or safe foster home for the reporting month, it does not include information for individual placement referrals or outcomes.³⁹ Although this data may provide summary information and identify potential trends or patterns, it does not allow for extraction and analysis of individual-level data.

³⁸ Section [39.524\(3\)\(b\)](#), *F.S.*, requires DCF to maintain individual-level data of all children assessed for placement in a safe house or safe foster home and use this data to produce information that specifies the number of children who were verified as CSE victims, who were referred to nonresidential services in the community, who were placed in a safe house or safe foster home, and who were referred to a safe house or safe foster home for whom placement was unavailable and identify the counties in which such placement was unavailable. Statute requires that individual-level data be in a format that allows for extraction and analysis of anonymized individual-level and aggregate data upon the Legislature's request.

³⁹ Data collected monthly includes total number of children and young adults assessed using the Human Trafficking Screening Tool; total number of children and young adults determined to be verified CSE victims; total number of children and young adults assessed for a safe house placement; total number of children and young adults referred to specialized non-residential services in the community to address their needs as a CSE victim; total number of children and young adults placed in a safe foster home or safe house; total number of children and young adults referred to a safe foster home or safe house, but placement was unavailable; total number of children and young adults not placed in a safe house or safe foster home due to lack of funding or funding eligibility; total number of children and young adults not placed in a safe foster home or safe house due to lack of recommendation (e.g., suitability assessment, Comprehensive Behavioral Health Assessment, etc.); total number of children and young adults not placed due to a runaway episode; and total number of children and young adults referred to a safe foster home or safe house who were not placed due to refusal.

In June 2026, DCF reported manually collecting individualized data to meet the statutory requirement and maintaining the information in a spreadsheet. OPPAGA’s review of the spreadsheet indicates that the spreadsheet includes some of the statutorily required elements but is missing others. Missing elements include whether the child was referred to non-residential services in the community; whether the child was referred to a safe house or safe foster home and the placement was unavailable; and if unavailable, placement location. In addition, data for some children in the spreadsheet was incomplete. Furthermore, some data fields are not standardized and therefore, not easily extractable. For example, the statutory requirement includes whether a child was placed in a safe house or safe foster home. For some children, the information about a child’s current placement lists provider names or includes details about a child’s circumstances rather than listing the child’s current placement type as safe house or safe foster home. DCF staff reported plans to amend the Level of Human Trafficking Placement tool and the human trafficking MDT staffing form to improve efficiency, standardization, and future automation for data collection.

CSE victims may benefit from an array of services; access varies statewide, with some services having limited availability

Community-based care lead agencies coordinate services for commercial sexual exploitation victims that can range from specific therapeutic approaches to support services. For example, CSE victims may benefit from specialized therapies, such as Eye Movement Desensitization and Reprocessing Therapy (EMDR) and Trauma-Focused Cognitive Behavioral Therapy for Youth who have Experienced Trafficking and Commercial Sexual Exploitation (TF-CBT for T/CSE). In addition, the Office of the Attorney General may provide financial assistance to CSE victims. Most CBCs reported that mental health, medical, and legal services were accessible in CBC service areas, but few reported that transportation and financial assistance were accessible. Survivor mentors are an additional support identified as beneficial for CSE victims, but stakeholders reported a gap in survivor mentor services.

A range of services may assist CSE victims, including specialized therapy and financial assistance

CSE victims may require an array of services to address their needs, including specialized therapy. Two DCF human trafficking coordinators and subject matter experts emphasized the importance of individualized services that are tailored to each CSE victim’s specific needs.⁴⁰ For example, subject matter experts emphasized that human trafficking victims face a number of challenges following victimization. Due to the unique nature of human trafficking, survivors often have multiple needs that warrant access to a wide array of services compared to victims of other crimes.⁴¹ These services include therapeutic interventions and treatments such as substance use and mental health treatment. Services also include support services such as financial and legal assistance.

Research suggests that EMDR therapy and TF-CBT for T/CSE may benefit CSE victims. EMDR is

⁴⁰ OPPAGA interviewed three of six DCF human trafficking coordinators.

⁴¹ Reid, Joan A., Shelly M. Wagers, Kailey P. Carter, Taylor Algerio, Caralin Branscum, Sarah Lockwood, Jacob Gray, Stephen Abeyta, Alexandria McCullum, and Daniel Horn. *TIPSTR: Statewide Repository for Anonymous Human Trafficking Data Annual Report*. The University of South Florida Trafficking in Persons Risk to Resilience Research Lab. July 2025.

a psychotherapy technique proven effective for post-traumatic stress disorder (PTSD), which can develop after a traumatic event such as sexual assault. Symptoms can include trouble sleeping, distressing emotions, physical pain, and loss of interest in activities. Studies indicate that CSE victims may experience PTSD. In addition, TF-CBT for T/CSE is a treatment with promising research evidence that is specifically tailored to CSE victims. The goals of TF-CBT for T/CSE include improving PTSD, depressive, and anxiety symptoms and reducing shame and the risk of future trauma.

The Office of the Attorney General can provide financial assistance to CSE victims. The office assists CSE victims by administering financial compensation for crime victims.⁴² Funds are disbursed from the Crimes Compensation Trust Fund, which consists of federal funds, legislative appropriations, moneys recovered on behalf of the Department of Legal Affairs by subrogation or other action, funds recovered through restitution, court fees and fines, or moneys received from any other public or private source.

In some circumstances, crime victims can apply for compensation to help reduce financial hardship due to their victimization. For example, compensation is available for expenses such as wage loss, treatment, and relocation. Victims are eligible for compensation if they meet the requirements (e.g., reporting the crime to law enforcement within 120 hours, filing claims within a specified timeframe, and cooperating with law enforcement) and Department of Legal Affairs staff determines that a crime was committed.^{43,44} In Fiscal Year 2024-25, 10 individuals applied for victim compensation as a result of their trafficking. Of those, four victims were deemed eligible and two were compensated.⁴⁵

Service accessibility varies by CBC, with substance use treatment available in most CBC service areas; other services, such as survivor mentors, are less accessible

Some mental health services are available via multiple CBCs, but lead agencies may cover multiple counties and service accessibility can vary by county. Thirteen of the 16 CBCs reported that substance use treatment was accessible in CBC service areas; stakeholders emphasized the need for substance use treatment for CSE victims, explaining that such treatment may be necessary prior to addressing mental health concerns. Over half of CBCs indicated that TF-CBT for T/CSE was available in the CBC service area, while fewer reported that EMDR was available. Northwest Florida Health Network indicated that all services were accessible in the

⁴² Other state agencies also assist in the response to human trafficking. For example, s. [509.096, F.S.](#), requires public lodging establishments to provide annual human trafficking awareness training to staff who perform housekeeping duties or who work at the front desk or reception area where guests ordinarily check in or check out. Each employee must submit acknowledgment of having received the training to the establishment, which must be provided to the Department of Business and Professional Regulation upon request. In addition, multiple agency representatives are members of the Statewide Council on Human Trafficking including the Executive Director of the Florida Department of Law Enforcement, the state surgeon general, the Secretary of the Agency for Health Care Administration, and the Secretary of the Department of Juvenile Justice. In each instance, statute allows a designee to fill the role on the Statewide Human Trafficking Council for the member listed.

⁴³ Section [960.03\(14\), F.S.](#), defines a victim as a person who suffers personal physical injury or death as a direct result of a crime; a person younger than age 18 who was present at the scene of a crime, saw or heard the crime, and suffered a psychiatric or psychological injury because of the crime but who was not physically injured; a person younger than age 18 who was the victim of a felony or misdemeanor offense of child abuse that resulted in a mental injury as defined by s. [827.03 F.S.](#), but who was not physically injured; a person against whom a forcible felony was committed and who suffers a psychiatric or psychological injury as a direct result of that crime but who does not otherwise sustain a person physical injury or death; or an emergency responder, as defined in and solely for the purposes of s. [960.194 F.S.](#), who is killed answering a call for service in the line of duty.

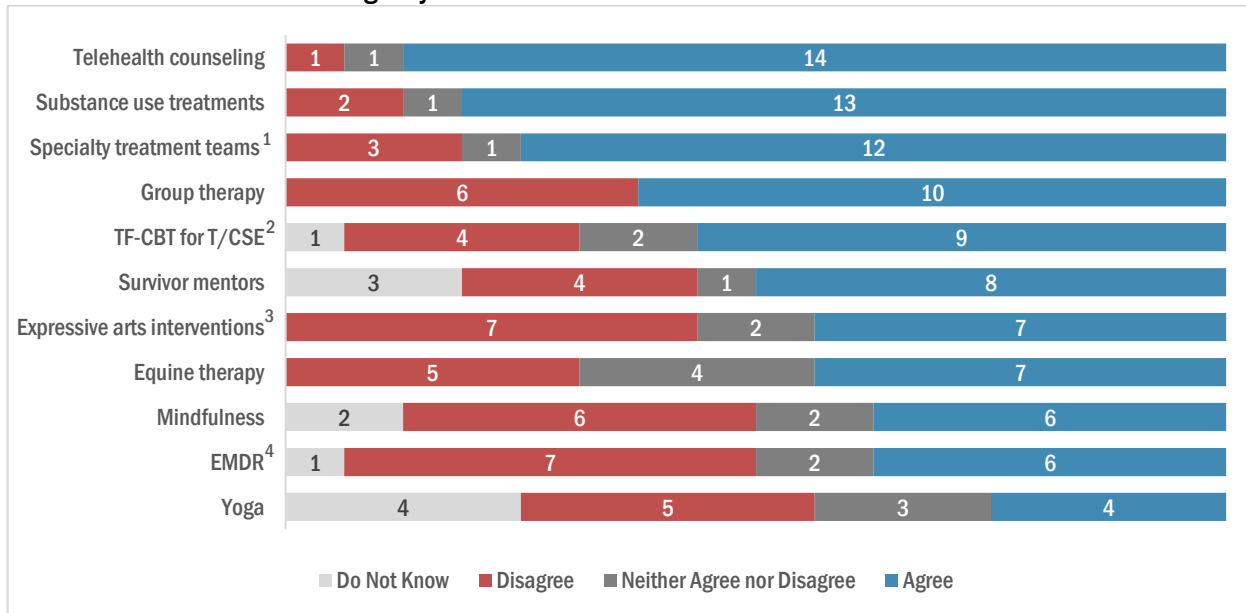
⁴⁴ Section [960.03\(3\), F.S.](#), defines a crime as a felony or misdemeanor offense committed by an adult or a juvenile which results in physical injury or death, a forcible felony committed by an adult or juvenile which directly results in psychiatric or psychological injury, or a felony or misdemeanor offense of child abuse committed by an adult or a juvenile which results in a mental injury, as defined in s. [827.03, F.S.](#), to a person younger than age 18 who was not physically injured by the criminal act. The term also includes a criminal act that is committed within this state but that falls exclusively within federal jurisdiction.

⁴⁵ Two victims did not submit the required expenditure documentation to the office and therefore did not receive compensation.

16-county service area, including EMDR therapy and TF-CBT for T/CSE. However, some areas have fewer accessible services. For example, Kids Central, Inc., which serves Citrus, Hernando, Lake, Marion, and Sumter counties, explained that there are few providers available and most are located only in the area’s three large cities, making services less accessible for CSE victims. Over half of CBCs reported that telehealth counseling, substance use treatment, specialty treatment teams, group therapy, and TF-CBT for CSE were accessible in CBC service areas.⁴⁶ Half of CBCs reported that survivor mentors were accessible in CBC service areas. Fewer than half of CBCs reported that expressive arts interventions, equine therapy, mindfulness, EMDR, or yoga were accessible in CBC service areas. (See Exhibit 7.) (See Appendix B, Exhibit B-1 for mental health service accessibility by CBC.)

Exhibit 7

Most Community-Based Care Lead Agencies Reported That Telehealth Counseling and Substance Use Treatments Are Accessible in Agency Service Areas



Note: OPPAGA collapsed the categories of “strongly disagree” and “disagree” to “disagree.” OPPAGA also collapsed the categories of “strongly agree” and “agree” to “agree.”

¹ Specialty treatment teams include community action teams and mobile response teams.

² Trauma-Focused Cognitive Behavioral Therapy for Youth Who Have Experienced Trafficking and Commercial Sexual Exploitation (TF-CBT for T/CSE)

³ Expressive arts interventions include visual arts, music, dance, and creative writing.

⁴ Eye Movement Desensitization and Reprocessing therapy (EMDR)

Source: OPPAGA analysis of community-based care lead agency surveys.

Stakeholders reported a gap in survivor mentor services. Survivor mentors are peers with lived experience who help provide support and case management for CSE victims. The limited research available and stakeholder feedback suggests that survivor mentors are an effective support for CSE victims. Similarly, DCF human trafficking coordinators and service providers reported the positive impact that survivor mentors can have on CSE victims. However, stakeholders reported a gap in survivor mentor services, attributing the limited number to the retraumatizing nature of the work and lack of fair compensation. In addition, providers reported

⁴⁶ Community action treatment teams use an in-home/on-site approach to make sure children and their families receive the appropriate services to improve functioning and manage their behavioral health concerns to help children and young adults with behavioral health concerns to recover at home safely. Services provided include care coordination, crisis intervention, case management, and mental health and substance use treatment. Mobile response teams provide 24/7 emergency behavioral health care to anyone in Florida. Services provided include screenings and assessments, crisis counseling, and de-escalation and stabilization services.

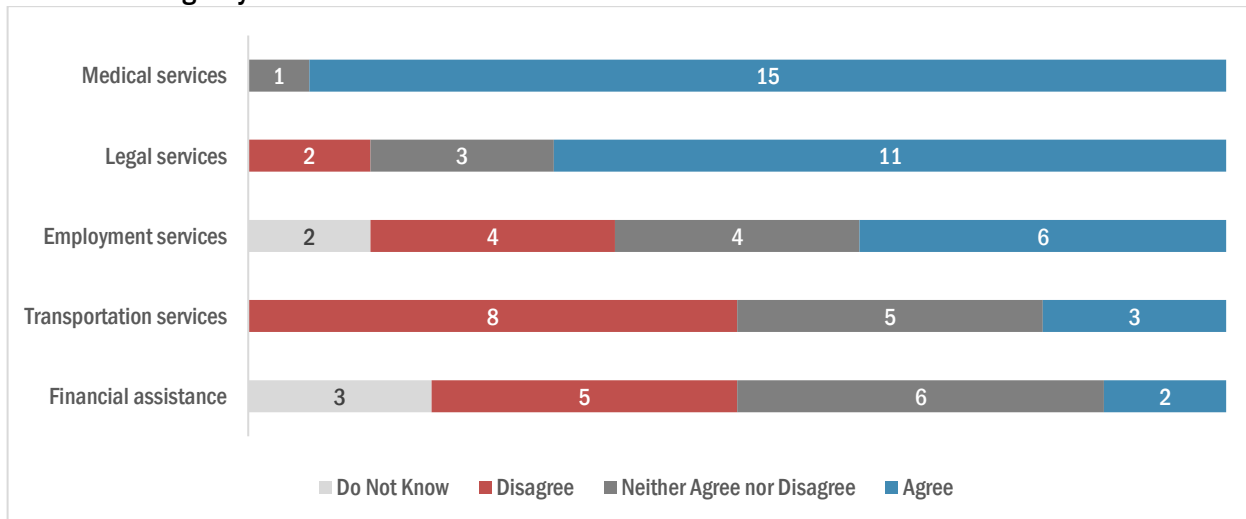
two barriers to hiring survivor mentors: survivors being unaware of mentorship as a career opportunity and service providers being unable to fund mentorship positions.

In August 2025, DCF contracted with Lutheran Services Florida to develop a survivor mentor certification program.⁴⁷ The contract requires the organization to deliver virtual and in-person training to 15 survivor mentors annually. DCF staff reported that the program aims to equip survivors with workforce-ready skills in advocacy and peer-support to enhance employability and support long-term self-sufficiency. DCF reported that 81 survivor mentors completed training in May 2026 and estimated that 181 survivor mentors will be trained by the end of June 2026.

Most CBCs reported that medical and legal services are accessible for CSE victims in the CBC service area. Three CBCs—Children’s Network of Hillsborough, Kids First of Florida, and St. John’s County Board of Commissioners—reported the most support services being accessible in CBC service areas. In contrast, Family Partnerships of Central Florida reported the fewest support services being accessible in the service area.⁴⁸ Nearly all CBCs reported that medical services were accessible in CBC service areas and over half reported that legal services were accessible in CBC service areas. Fewer than half reported that employment services were accessible and less than one quarter of CBCs reported that transportation or financial assistance were accessible in CBC service areas. (See Exhibit 8.) (See Appendix B, Exhibit B-2 for support service accessibility by CBC.)

Exhibit 8

Few Community-Based Care Lead Agencies Reported That Transportation or Financial Assistance Were Accessible in Agency Service Areas



Note: OPPAGA collapsed the categories of “strongly disagree” and “disagree” to “disagree.” OPPAGA also collapsed the categories of “strongly agree” and “agree” to “agree.”

Source: OPPAGA analysis of community-based care lead agency surveys.

Multiple CBCs reported barriers to services, including general inaccessibility, lack of providers in rural areas, waitlists for service providers, and children’s unwillingness to engage in services. Six CBCs noted there is a lack of mental health providers, with some indicating that providers may be available but do not have experience or training to work with the CSE population. Two CBCs, Northwest Florida Health Network and Partnership for Strong

⁴⁷ Lutheran Services Florida is a managing entity contracted with DCF. Managing entities are regional systems of care that contract with DCF to coordinate behavioral health services in regions of the state.

⁴⁸ Children’s Network of Hillsborough, LLC, serves Hillsborough County. Family Integrity Program serves St. Johns County. Family Partnerships of Central Florida serves Brevard, Orange, Osceola, and Seminole counties. Kids First of Florida, Inc., serves Clay County.

Families, reported that rural communities in the CBC service areas have limited mental health service options. Northwest Florida Health Network explained that rural areas in the Northwest region have fewer in-person services and some providers have waitlists or do not accept Medicaid. Similarly, Kids Central, Inc., reported a lack of available providers in rural areas. Four CBCs mentioned that mental health providers may have waitlists. In addition, four CBCs noted that a child's unwillingness to engage in services is a barrier. Two mentioned that it is especially difficult to have children willing to engage in substance use treatment, with some DCF human trafficking coordinators noting that substance use disorders are common among CSE victims.⁴⁹

DJJ residential commitment programs serve CSE victims; communication between program staff and stakeholders varies

Some commercial sexual exploitation victims with delinquency involvement may receive long-term treatment in Department of Juvenile Justice residential commitment programs. Compared to detention centers, children spend more time in residential commitment programs, creating an opportunity for continued services for the CSE population. DJJ residential commitment programs provide therapy and other services to victims. State law requires agency collaboration to serve CSE victims with DJJ involvement. OPPAGA found that collaboration between agencies varied by residential commitment program once a CSE victim was placed in a commitment program.

DJJ residential commitment programs offer an opportunity to provide continued services to victims in a secure setting

Residential commitment programs provide behavioral health, mental health, substance use, and sex offender treatment services to children identified by staff as needing these services in moderate risk, high-risk, and maximum-risk programs. Mental health treatment may include individual, group, or family therapy; behavior therapy; psychosocial skills training; and juvenile sexual offender therapy. In Fiscal Year 2024-25, the average length of stay for children in detention excluding committed children pending placement was 14 days. In contrast, the average length of stay for children released from residential commitment programs in Fiscal Year 2023-24 was over 200 days.⁵⁰

Residential commitment program staff reported offering multiple therapeutic modalities and partnering with external providers to serve children in program custody. OPPAGA interviewed administrative and clinical staff at three DJJ residential commitment programs that served CSE victims. These stakeholders reported that staff are trained to provide trauma-informed care, which is key to serving CSE victims. Therapeutic modalities available for CSE victims at these facilities include cognitive behavioral therapy, trauma-focused cognitive behavioral therapy, moral reconnection therapy, and group therapy. Staff from two programs reported partnering with local non-profits for the provision of CSE-specific services, such as survivor mentors, for CSE victims placed in the programs. The remaining program is located in a region with very few CSE service providers but reported working with a provider to serve victims, when possible.

⁴⁹ Family Support Services of North Florida (Duval and Nassau counties) and Family Support Services of Suncoast (Pasco and Pinellas counties) are operated by the same CEO and provided the same responses when asked for additional information about barriers to accessing therapeutic interventions and supports in OPPAGA's survey.

⁵⁰ Average length of stay for individuals ranged from 239 days to 529 days depending on the security level of the residential commitment program.

State agencies are required to collaborate to provide a continuum of services for children with DJJ involvement, but communication varies by residential program

Agencies have multiple opportunities for collaboration to serve CSE victims with DJJ involvement. OPPAGA focused on collaboration for CSE victims in residential commitment programs. Agencies may collaborate to serve CSE victims with DJJ involvement during DCF multidisciplinary team meetings, treatment team meetings while children are in residential commitment programs and exit conferences for children re-entering the community from residential commitment programs. Juvenile probation officers are the primary case managers of justice-involved children and are invited to attend DCF multidisciplinary team staffings and each treatment team meeting and exit conference for children in residential commitment programs.^{51,52,53} JPOs also have responsibilities established in department rule related to children on their caseload in residential commitment programs. These include information sharing during intake, monitoring performance summaries, attending treatment team meetings, and attending transition and exit conferences.⁵⁴ (See Exhibit 9.)

⁵¹ In addition, as required by s. [409.996\(14\)](#), F.S., AHCA, DCF, DJJ, the Agency for Persons with Disabilities, Department of Education, Department of Health, and the Guardian ad Litem Program entered into an interagency agreement to coordinate services and support for children in the child welfare system in 2023. Effective through July 2028, this agreement includes data sharing and cost-sharing principles across agencies and describes the use of local review teams for children with unique circumstances and children exiting residential commitment.

⁵² The multidisciplinary intervention and treatment team in DJJ residential commitment programs is comprised of the child; parent(s), legal guardian, or supportive person(s) for the child; representatives from the program's administration and residential living environment; assigned JPO; and others responsible for delinquency interventions and treatment services for the child.

⁵³ Exit conferences include the child; residential program staff; the child's JPO and post-residential services counselor; the child's parent(s), legal guardian, or supportive person(s); and other pertinent parties.

⁵⁴ Ch. [63E-7](#), F.A.C.

Exhibit 9

There Are Several Opportunities for Collaboration to Serve Commercial Sexual Exploitation Victims With Department of Juvenile Justice Involvement

Department of Children and Families Multidisciplinary Team Staffings	Residential Commitment Program Intervention and Treatment Team Meetings	Residential Commitment Program Exit Conferences
<ul style="list-style-type: none"> • Conducted for all suspected or verified commercial sexual exploitation victims, including those in residential commitment programs¹ • Determines appropriate out-of-home placement and necessary services • Potential participants <ul style="list-style-type: none"> • Child • Guardian ad litem • Child's family members or other individuals identified by the family as being important to the child • Child's current caregiver • Department of Children and Families (DCF) representative • Community-Based care lead agency representative • Child's case manager • Department of Juvenile Justice (DJJ) representative if child is dually involved with both DCF and DJJ • Other professionals² 	<ul style="list-style-type: none"> • Conducted for all youth in residential commitment programs • Plans for and ensures delivery of coordinated services • Potential participants <ul style="list-style-type: none"> • Child • Parent(s), legal guardian, or supportive person(s) • Representatives from the program's administration and residential living environment • Assigned juvenile parole officer (JPO) • Others responsible for delinquency interventions and treatment services for child 	<ul style="list-style-type: none"> • Conducted for all youth leaving residential commitment programs at least 14 days prior to a youth's release date • Reviews transitional activities and finalizes plans for child's release and re-entry into the community³ • Potential participants <ul style="list-style-type: none"> • Child • Residential program staff • Child's JPO and post-residential services counselor • Child's parent(s), legal guardian, or supportive person(s) • Other pertinent parties

Note: This exhibit is not comprehensive; additional meetings may facilitate collaboration between state agencies.

¹ Department of Juvenile Justice staff provides information on child's delinquency history for children with delinquency involvement.

² Other professionals include representatives from Children's Medical Services, school personnel, therapists, behavioral health professionals, and community service providers.

³ Transitional activities include verification of living arrangements, confirmed transportation arrangements, and confirmed addresses and appointment times for community-based treatment and services as well as educational or vocational services.

Source: OPPAGA analysis of s. [39.4022, F.S.](#); r. [63E-7.104, F.A.C.](#); r. [65C-30.023, F.A.C.](#), and stakeholder interviews.

Communication varies by program once a child is admitted to a residential commitment program. To learn about how the agencies communicate to serve CSE victims in DJJ residential commitment programs, OPPAGA interviewed DJJ human trafficking liaisons, residential commitment program staff, DCF human trafficking coordinators, CBC representatives, and service providers. Experiences varied by commitment program, with some DJJ human trafficking liaisons and DCF human trafficking coordinators reporting regular communication between DJJ and DCF and others reporting that communication is limited to MDT staffings. For example, a DJJ human trafficking liaison explained that information sharing generally took place verbally through JPOs. In contrast, another DJJ human trafficking liaison identified JPOs as a conduit of information but cited a pattern of missed communication between involved parties.

Staff at all three DJJ residential commitment programs reported that they were not provided with information from CSE victims' DCF human trafficking MDT staffings or invited to attend MDT staffings for CSE victims in their programs. Staff at one facility reported having to search for information included in CSE victims' human trafficking MDT staffings. DJJ residential commitment program staff also reported varying levels of communication with DCF regarding

CSE victims placed in their program. For example, one program reported contacting DCF case managers via telephone or email to ask clarifying questions if a youth was in the care of DCF and a case manager was identified on a verified child's entrance paperwork. Another program reported regular, organized communication with DCF throughout a verified child's time in their program.

DCF human trafficking coordinators, CBCs, and service providers explained that children should be receiving all necessary services by DJJ or its contracted providers but reported limited access to CSE victims in DJJ residential commitment programs. Ten CBCs reported that the CBC is notified when a child is discharged from a DJJ commitment program. However, four CBCs explained that information shared during a child's discharge from a residential commitment program could be improved, explaining that information may be communicated last minute or not communicated at all.

OUTCOMES

For CSE victims first verified in 2023, some placement and educational outcomes improved; victim involvement with DJJ remained high

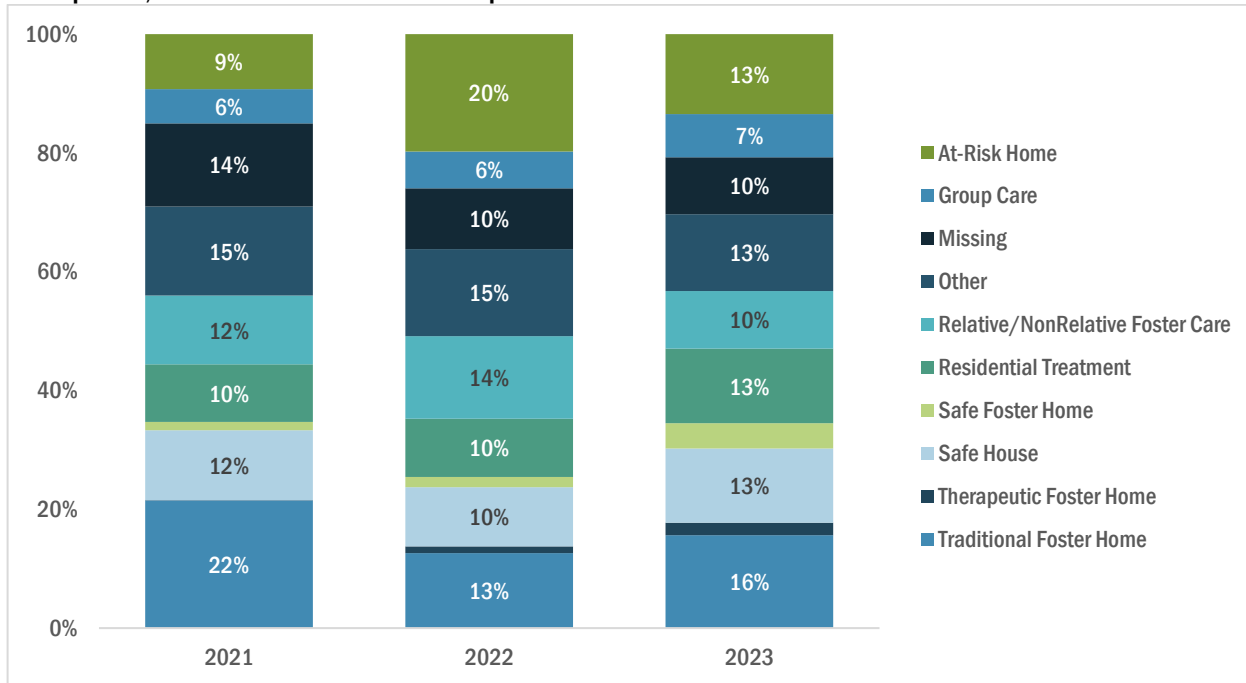
OPPAGA analyzed outcomes in the year after commercial sexual exploitation for victims first verified in calendar year 2023. CSE victims first verified in 2023 spent more time in traditional foster homes, therapeutic foster homes, safe houses, safe foster homes, group homes, and residential treatment centers than victims first verified in 2022. CSE victims' time spent missing from care has remained stable. Most CSE victims verified in 2023 were enrolled in school, and more victims verified in 2023 attended school for at least half the school year compared to prior years. Nearly a third of CSE victims experience DJJ involvement, and most CSE victims with DJJ involvement entered juvenile detention facilities.

Compared to 2022, CSE victims first verified in 2023 spent slightly more time in foster homes and less time in at-risk homes; most CSE victims do not experience revictimization within a year of verification

While victims first verified in 2022 spent 13% of time in traditional foster homes, victims first verified in 2023 spent 16% of time in this placement. Similarly, time spent in therapeutic foster homes increased by one percentage point (1% of time in 2022 to 2% in 2023), time spent in safe houses increased by three percentage points (10% of time in 2022 to 13% in 2023), time spent in safe foster homes increased by two percentage points (2% of time in 2022 to 4% of time in 2023), and time spent in residential treatment centers increased by three percentage points (10% of time in 2022 to 13% in 2023). In contrast, time spent missing from care has remained stable, and time spent in at-risk homes decreased by seven percentage points for victims first verified in 2022 from 20% to 13% in 2023. (See Exhibit 10.)

Exhibit 10

Commercial Sexual Exploitation Victims First Verified in 2023 Spent Slightly More Time in Traditional, Therapeutic, and Safe Foster Homes Compared to Victims Verified in 2022



Note: OPPAGA removed percentages less than 5% for clarity. In 2021, CSE victims spent .02% of time in therapeutic foster homes and 1% of time in safe foster homes. In 2022, CSE victims spent 1% of time in therapeutic foster homes and 2% of time in safe foster homes. In 2023, CSE victims spent 2% of time in therapeutic foster homes and 4% of time in safe foster homes.

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

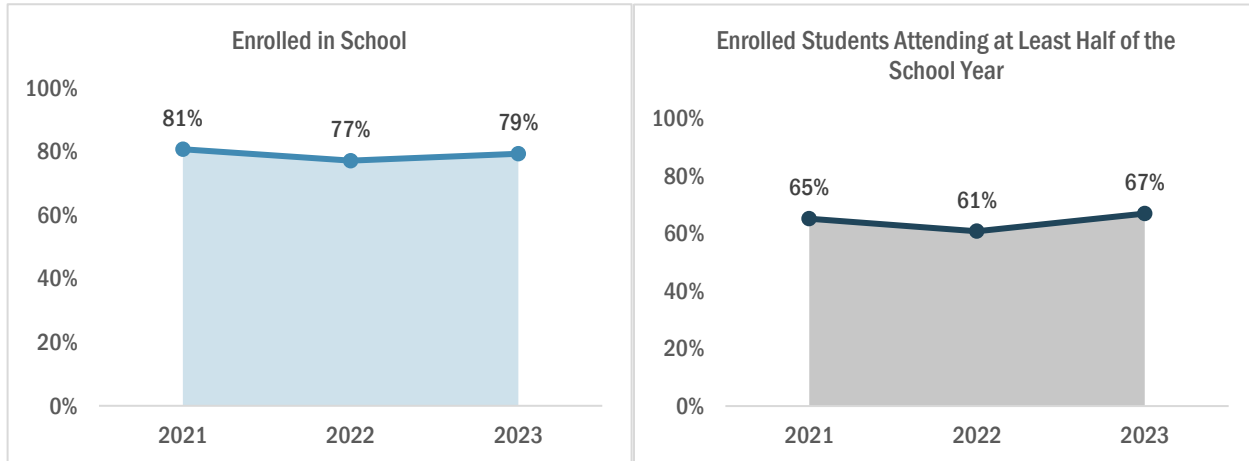
In addition, the percentage of CSE victims with a subsequent verified CSE finding within a year of verification has increased from 10% for victims first verified in 2022 to 15% for victims first verified in 2023. In 2022, 24 CSE victims were subsequently verified with a CSE finding within a year of first verification, compared to 37 CSE victims in 2023.

Public school enrollment and attendance among CSE victims remained high, and the percentage of victims at the expected grade level increased. Seventy-nine percent of CSE victims first verified in 2023 were enrolled in school within a year of CSE verification; this is a slight increase from 77% of victims first verified in 2022.⁵⁵ In the school year following their CSE verification, 67% of victims verified in 2023 were enrolled in school for at least half of the school year; this is an increase from 61% of victims verified in 2022. Compared to victims verified in 2021 and 2023, victims verified in 2022 had lower percentages of CSE victims enrolled, attending at least half of the school year, and in the expected grade level. A higher percentage of CSE victims were in their expected grade level for victims verified in 2023 than those verified in 2022, increasing from 52% to 61%. (See Exhibit 11.)

⁵⁵ For the most recent year of education outcome data, OPPAGA tracked victims first verified from January 2023 through July 2023.

Exhibit 11

Compared to Commercial Sexual Exploitation Victims First Verified in 2022, the Percentage Enrolled in Public School Slightly Increased and the Percentage Attending at Least Half of the School Year Following Verification Increased for Victims First Verified in 2023



Note: Enrolled in school is the percentage of those enrolled in a Florida public school who could be tracked for a year after their CSE verification. Enrolled students attending at least half of the school year is the percentage of those enrolled in a Florida public school who could be tracked for a year after CSE verification and who attended at least half of the school year. For the most recent year of data presented, OPPAGA tracked victims first verified from January 2023 through July 2023.

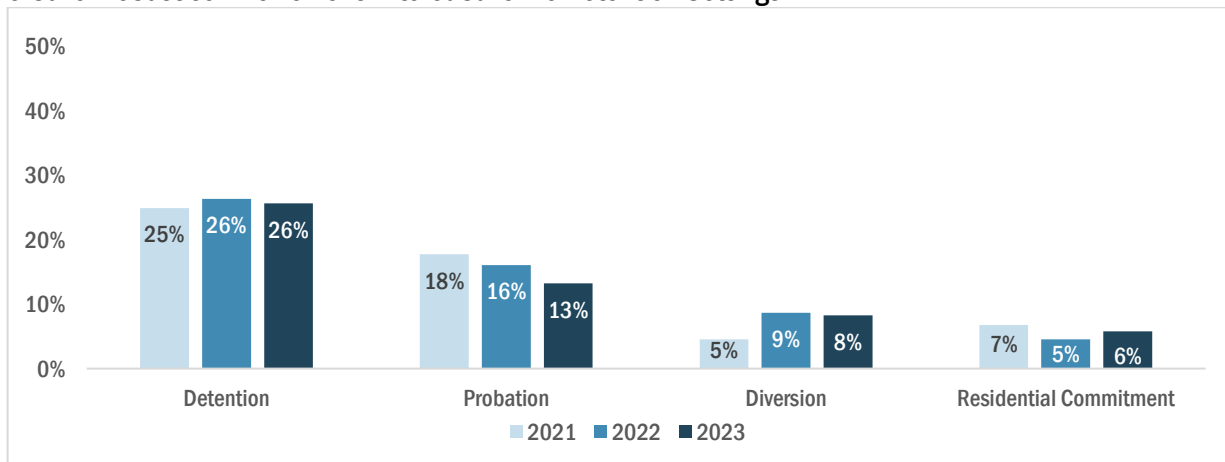
Source: OPPAGA analysis of Department of Children and Families and Department of Education data.

Nearly a third of CSE victims experience DJJ involvement; most CSE victims with DJJ involvement entered juvenile detention

The percentage of CSE victims with DJJ involvement within a year of verification has slightly decreased from 33% for the victims verified in 2022 to 29% for those verified in 2023. The percentage of CSE victims who had an arrest within one year of turning 18 has remained stable, at 21% in 2022 compared to 23% in 2023. Consistent with previous years, CSE victims verified in 2023 entered detention at a higher rate than those that entered residential commitment, at 26% compared to 6%. (See Exhibit 12.)

Exhibit 12

For Commercial Sexual Exploitation Victims First Verified in 2022 and 2023, Most Victims With Department of Juvenile Justice Involvement Entered Juvenile Detention Settings



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

CSE victims requiring intensive treatment experienced frequent placement changes and DJJ involvement

Involuntary examinations, also known as Baker Act examinations, can facilitate involuntary services for individuals experiencing mental health crises. CSE victims may have a range of mental health issues that could result in the need for involuntary services. To gather information about CSE victims who have experienced involuntary examinations, OPPAGA reviewed case files for CSE victims identified as undergoing a Baker Act examination. Children in OPPAGA's case file review had extensive histories of child welfare investigations, experienced multiple placement changes, and had multiple arrest charges within three years after their first Baker Act examination subsequent to CSE verification.

Children who require intensive treatment, including those who are CSE victims, may undergo Baker Act examination and be court ordered to receive services

The Baker Act allows families, health care providers, law enforcement officers, or other professionals to seek emergency mental health services and temporary detention for individuals who are impaired because of their mental illness and who are unable to determine their own treatment needs. A court may order individuals to involuntary inpatient services if certain criteria are met.^{56,57} CSE victims may experience mental health challenges including depression, anxiety disorder, and post-traumatic stress disorder. These mental health challenges may necessitate involuntary examinations that result in involuntary services, including involuntary placement in a facility providing stabilization and treatment services.

Circuit or county courts, law enforcement, or certain medical personnel may initiate an involuntary examination in which an individual is taken into a receiving facility, such as a crisis stabilization unit, to determine if they qualify for involuntary services.⁵⁸ The individual must be examined within 72 hours after entering the receiving facility. As a result of the involuntary examination, an individual may be court-ordered to involuntary inpatient placement or involuntary outpatient services. (See Exhibit 13.)

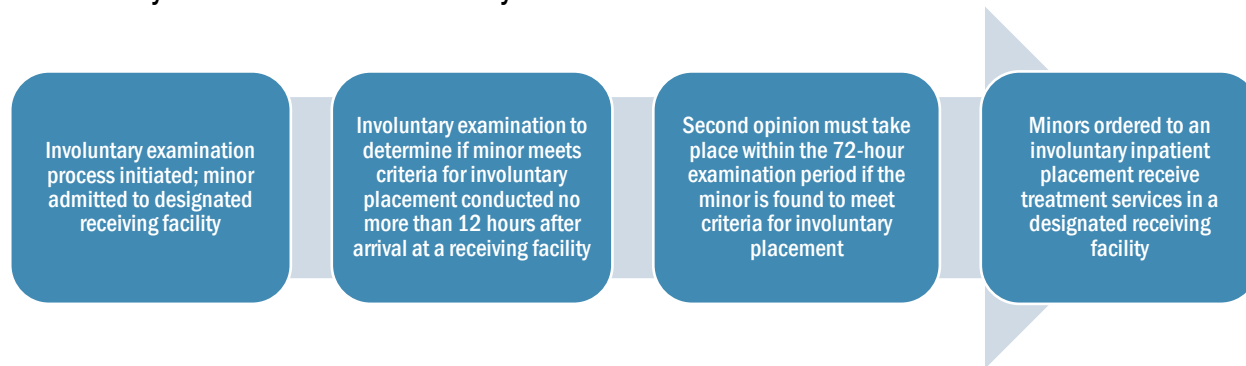
⁵⁶ Section [394.467\(8\)](#), *F.S.*,

⁵⁷ The criteria for involuntary inpatient services requires clear and convincing evidence that, because of a mental health condition, the individual is unable or unwilling to provide express and informed consent for voluntary services; is unable to reasonably meet their needs, including maintaining safety for the individual and the community, in a less restrictive environment because the individual either: (1) is unable or unwilling to engage in self-care activities that pose a significant threat to the individual's physical well-being that cannot be managed by current resources and supports, (2) without treatment, poses a significant threat to themselves or others as evidenced by recent behavior that cannot be reasonably managed at a lower level of care, or (3) alternative less restrictive treatment that is reasonably likely to improve the individual's condition are not appropriate or not available.

⁵⁸ Section [394.467](#), *F.S.*, permits a court to order a person be provided involuntary inpatient placement if the person has a mental illness and has refused voluntary inpatient placement for treatment or is unable to determine if inpatient placement is necessary; the person is incapable or surviving alone or with the help of others and, without treatment, is likely to suffer from neglect that presents a threat of substantial harm to the person's well-being; or without treatment, there is substantial likelihood that the person will inflict harm on self or others; and all available less restrictive treatment alternatives have been deemed to be inappropriate or unavailable.

Exhibit 13

Children May Receive Services Involuntarily As a Result of Baker Act Examination



Note: Physical examination must occur within 24 hours for all who spend 12 hours or more at the receiving facility to rule out physical or medical causes of behavior.

Source: OPPAGA analysis of the Department of Children and Families' 2025 Baker Act Reference Guide.

OPPAGA reviewed case files of CSE victims who underwent Baker Act examinations; these victims experienced frequent placement changes and DJJ involvement

The Baker Act Reporting Center analyzes involuntary examination data but noted data limitations. Section 394.463(2)(e), *Florida Statutes*, requires DCF to receive and maintain copies of Baker Act examination orders and involuntary service orders, among other information. Rule 65E-5.280(5), *Florida Administrative Code*, requires receiving facilities to submit involuntary examinations data to DCF through the department's Baker Act data collection portal, and Rule 65E-5.285(3)(c), *Florida Administrative Code*, requires designated receiving facilities and treatment facilities to submit involuntary inpatient commitment and involuntary outpatient service data directly to the Baker Act Reporting Center (BARC).^{59,60,61,62}

Section 409.16791, *Florida Statutes*, requires OPPAGA to identify the number of CSE victims who have been involuntarily committed to treatment facilities and report their outcomes for three years. To track CSE victim outcomes for three years, OPPAGA requested Fiscal Year 2021-22 involuntary inpatient commitment data from BARC. However, BARC staff reported that, despite being required by rule, receiving facilities do not provide the required forms to identify involuntary commitment orders and related data. BARC staff reported being able to obtain some orders from court documents sent by county clerks of court or identified by BARC staff in the Comprehensive Case Information System.⁶³ However, the involuntary commitment order data BARC provided to OPPAGA was missing most identifying information, such as social security number or birthdate. OPPAGA uses data from DCF to identify verified CSE victims and requires identifying information from involuntary commitment orders to determine which orders apply

⁵⁹ Rule 65E-5.280(5), *F.A.C.*

⁶⁰ Rule 65E-5.285(3)(c), *F.A.C.*, requires designated receiving facilities and treatment facilities to submit to BARC form CF-MH 3115, "Order for Involuntary Outpatient Placement or Continued Involuntary Outpatient Placement" or other order provided by the court and the mandatory form CF-MH 3118, "Cover sheet to Agency for Healthcare Administration." The mandatory cover form includes identifiable information such as name, date of birth, and last four digits of the patient's social security number.

⁶¹ DCF required designated receiving facilities to submit Baker Act examination information through the Baker Act Data Collection System as of July 1, 2023.

⁶² BARC is housed at the University of South Florida and operated on behalf of DCF. BARC uses data from receiving facilities and Clerks of Court to produce statutorily mandated reports.

⁶³ The Comprehensive Case Information System is a database for statewide court case information designed to facilitate access to and sharing of standardized case information. Users include the judicial community, state and local law enforcement, state agencies, and the Florida Legislature.

to CSE victims verified by DCF. As a result, OPPAGA had limited data with which to determine if CSE victims had been court ordered to receive involuntary inpatient treatment. BARC staff reported that involuntary examination data is more complete and reliable than involuntary inpatient commitment data. For example, the Baker Act examination data is more likely to include identifying information such as social security numbers.

Children in the case file review had extensive histories of child welfare investigations, experienced multiple placement changes, and had multiple arrest charges within three years of their first Baker Act examination after CSE verification. To explore three-year outcomes for CSE victims with severe mental or behavioral health issues, OPPAGA reviewed case file information for five CSE victims who received Baker Act examinations that occurred before 2021.⁶⁴ Not all individuals who receive Baker Act examinations are subsequently ordered to receive involuntary services as a result of the exam. Children in OPPAGA's sample were chosen to show varied experiences of CSE victims who also have mental or behavioral health needs; all of the children were teenagers at the time of their CSE verification.⁶⁵ OPPAGA used data from DCF, DJJ, the Department of Education, and the Florida Department of Law Enforcement to learn about outcomes for the three years following each child's involuntary examination.⁶⁶ OPPAGA also conducted a qualitative analysis of available DCF case file notes to provide context about children's experiences and involvement with the department. (See Exhibit 14.)

⁶⁴ BARC provided involuntary commitment order records for adults and children for Fiscal Year 2021-22. When matching to CSE victims by name only, one child was found to have a commitment order. The four remaining children in OPPAGA's sample underwent Baker Act examinations, but OPPAGA could not verify if these children were subsequently ordered to involuntary placement for services.

⁶⁵ OPPAGA selected a sample that included varying geographical regions, genders, and both community and dependent children by matching CSE victims to Baker Act examination data

⁶⁶ Some children included in the case file review may have had a Baker Act examination prior to their CSE verification.

Exhibit 14

Children Who Underwent Baker Act Examinations in OPPAGA's Case File Review Had Extensive Histories of Child Welfare Investigations

Child A

Prior to initial commercial sexual exploitation (CSE) verification, DCF conducted multiple child welfare investigations involving the child's family, including for alleged substance use by the mother and family violence that could threaten children in the home. Child A underwent a Baker Act examination prior to CSE verification. In the year before the examination, Department of Children and Families (DCF) case notes indicate Child A was diagnosed with ADHD and was exhibiting significant behavioral issues, including threatening other students with gun violence. A year later, Child A was removed from the home (i.e., entered out-of-home care) and verified for CSE. According to investigation notes, Child A was removed from the home due to their mother not meeting basic and essential needs and for allowing an individual who sexually abused the child to continue to have access to the child. DCF case notes explain that around this time, Child A continued to have behavioral concerns, including using marijuana, not attending school, being physically violent, and threatening to harm other students and children. Child A experienced two additional Baker Act examinations within one year of CSE verification. In the three years following Child A's first Baker Act examination post-CSE verification, the child changed placements 14 times, with most time spent with a relative or in in-home care. The child's school attendance improved within three years of their first Baker Act following CSE verification, but their grade level was two or more years lower than expected based on their age.

Child B

Prior to CSE verification, DCF conducted multiple child welfare investigations involving the child's family. The first investigation involving Child B as an alleged victim of maltreatment occurred during infancy and was related to the physical condition of the home. Additional allegations in subsequent investigations included physical injuries to the child, some of which were verified. DCF case notes indicate that the first allegation of sexual abuse was not verified; however, a child protective investigator investigating a different allegation years later documented a concern that Child B endured sexual abuse in their past that had not been disclosed. DCF case notes indicate that Child B had a history of both self-harm and acting violently towards others, particularly family members, which resulted in several Baker Act examinations beginning in middle childhood, as well as multiple placements in residential treatment centers and a Department of Juvenile Justice (DJJ) residential commitment program. Within three years of their first Baker Act examination after CSE verification, Child B had multiple instances of involvement with the child welfare and juvenile justice systems. Within one year, Child B was placed in out-of-home care due to verified abandonment allegations. In the three years after the post-CSE Baker Act examination, the child changed placements 30 times and spent most of their time in out-of-home care in traditional foster homes and correctional placements. Child B also had eight criminal charges and, when in DJJ custody, spent the most time in non-secure residential commitment. Child B was enrolled in school for three years following the post-CSE verification Baker Act examination. During these years, Child B attended more than half of a school year each year within three years, as in their expected grade level based on their age, and earned a diploma, GED, or certificate of completion.

Child C

Prior to CSE verification, DCF conducted multiple child welfare investigations of the child's family that alleged substance use, child sexual abuse, parents selling substances, and environmental hazard, but claims were not substantiated. According to DCF case notes, Child C spent time in the temporary care of a relative while their mother completed drug treatment and probation. Child C lived primarily with their mother, but also resided with multiple family members, their mother's partners, and various cousins and siblings prior to CSE verification. In the eight months prior to CSE verification, DCF conducted two investigations of alleged child sexual abuse and CSE perpetrated by Child C's stepfather and received a report of sexual misconduct by another male household member who was a minor. Child C was removed from the home following verified CSE perpetrated by Child C's mother and stepfather. Within one week of their verified CSE, DCF case notes indicate that Child C was placed with their biological father and had their first Baker Act examination following an altercation with the biological father and stepmother. Child C's second Baker Act examination followed a few days after the first examination while Child C was placed in out-of-home care. In the three years after the child's first Baker Act examination post-CSE verification, the child changed placements 48 times and spent most of their time in out-of-home care in traditional foster homes. Child C also had 10 criminal charges. Child C was enrolled in school for three years following the post-CSE verification Baker Act examination and attended more than three quarters of a school year each year. Child C was not at their expected grade level based on their age in the year following their Baker Act examination but returned to their expected grade within three years.

Child D

Prior to CSE verification, DCF conducted multiple investigations in response to allegations of parental substance use, parent selling substances, and child neglect. Child D never entered out-of-home care; therefore, case note information on Child D is limited. Child D's CSE verification and first Baker Act examination post-CSE verification occurred around the same time and DCF case notes indicate Child D's distress from the CSE caused the behavior that led to the Baker Act examination. Child D has no record of DJJ involvement or criminal charges. In the year of the child's Baker Act examination, they attended a full school year but less than a full year in the two years following. In the third year following Child D's Baker Act examination, the child attended school for the full year and ultimately received a diploma, GED, or certificate of completion.

Child E

Prior to CSE verification, DCF conducted multiple investigations in response to alleged in-home abuse and institutional abuse by facilities, though the allegations were unsubstantiated. DCF case notes indicate that Child E eventually entered out-of-home care due to verified findings of inadequate supervision. Child E received multiple Baker Act examinations, and DCF case notes indicate that the child had an extensive history of behavioral and mental health challenges. Within three years of their first Baker Act examination post-CSE verification, Child E had 58 placement changes in out-of-home care and spent most of their time in correctional placements and residential treatment centers. Child E also had 15 criminal charges and spent an almost equal amount of time in DJJ detention and residential commitment programs. During this time, Child E was enrolled in school but had poor attendance and their grade level was two or more years lower than expected based on their age.

Source: OPPAGA analysis of case files from the Department of Children and Families and data from the Department of Children and Families, Department of Juvenile Justice, Department of Education, and Florida Department of Law Enforcement.

RECOMMENDATIONS

OPPAGA identified several recommendations to address issues regarding availability of placements tailored for commercial sexual exploitation victims, agency coordination, access to survivor mentors, and data collection. Some recommendations require action by the Legislature, Department of Children and Families, or Department of Juvenile Justice.

To expand the availability of placement settings tailored to serve CSE victims and identified as effective placements, the Legislature and DCF may wish to continue investing in safe foster home programs.

- Recent legislative investments in the CHANCE program led to new safe foster homes in Broward, Duval, Pasco, and Pinellas counties. Continued investment could help expand the safe foster home program to other regions of the state, potentially including the Northwest region, which does not have any safe foster homes or safe houses.

To improve the continuum of care for CSE victims dually served by DCF and DJJ, the Legislature could direct the agencies to enhance information sharing.

- The Legislature could direct DCF to require department human trafficking coordinators to share multidisciplinary team staffing information with DJJ residential commitment program staff upon a CSE victim's placement in a residential commitment program, allowing residential commitment program staff to incorporate relevant information into treatment and safety plans. This would clarify the communication of CSE victims' needs identified by DCF during the MDT staffing process and by DJJ while CSE victims are in DJJ care, ensuring that identified needs are considered by all parties responsible for the care of CSE victims.
- The Legislature could also direct DJJ to share treatment plans and updates on CSE victims' progress through treatment plans with DCF human trafficking coordinators at regularly established intervals.

To improve services for CSE victims, DCF should expand access to survivor mentors and increase awareness of survivor mentor services.

- Efforts to expand access could include a targeted recruitment effort to raise awareness among survivors about the need for survivor mentors to be involved in CSE service provision.
- DCF may improve survivor mentor retention by adding a survivor mentor workshop to its annual Florida Children and Families Summit. Summit attendance can be used to satisfy continuing education requirements.

To facilitate analysis of placements for CSE victims, DCF should update individual level data collection to include all statutorily required elements.

- Section 39.524(3)(b), *Florida Statutes*, requires DCF to maintain individual-level data for all children assessed for placement in a safe house or safe foster home and that such data be in a format that facilitates extraction and analysis of anonymized individual-level and aggregate data.

- In June 2026, DCF reported manually collecting individualized data to meet the statutory requirement and maintain information in a spreadsheet. The spreadsheet does not include all statutorily required data.
- DCF should update the individual level data spreadsheet to include
 - if a CSE victim was referred to nonresidential services in the community;
 - if a CSE victim was referred to a safe foster home or safe house and the placement was unavailable; and
 - the counties in which a placement was unavailable.
- DCF should ensure all statutorily required information is included for all verified victims and that information is standardized to facilitate data extraction.
- DCF should finalize efforts to update forms to improve data collection efficiency, standardization, and automation.

To facilitate involuntary inpatient commitment data analysis, DCF should work with the Baker Act Reporting Center to ensure designated receiving facilities and treatment facilities submit involuntary inpatient commitment orders and required documentation to BARC in a usable format.

- Rule 65E-5.285(3)(c), *Florida Administrative Code*, requires designated receiving facilities and treatment facilities to send involuntary inpatient commitment orders and a cover sheet containing identifiable information directly to BARC.⁶⁷ BARC staff reported that the center is not receiving required forms from designated receiving facilities and treatment facilities.
- DCF currently collects involuntary examination data through the Baker Act Data Collection System, which BARC can access. However, this data system does not currently collect involuntary inpatient commitment orders. DCF should update the Baker Act Data Collection System to include involuntary inpatient commitment placement orders and otherwise work to ensure that BARC is receiving data as outlined in rule.

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 agencies' written responses have been reproduced in Appendix C.

⁶⁷ Chapter 65-E, F.A.C

APPENDIX A

Verified Victims of Commercial Sexual Exploitation by County for 2025

OPPAGA’s analysis identified 434 children who were verified as victims of commercial sexual exploitation (CSE) by the Department of Children and Families in 2025. (See Exhibit A-1.) Broward (58), Miami-Dade (35), Hillsborough (33), Orange (27), Duval (26), and Palm Beach (25) counties had the highest number of verified CSE victims in 2025. Several counties had no verified CSE victims.

Exhibit A-1

Verified Commercial Sexual Exploitation Victims Varied by County; 23 Counties Had No Verified Victims

Region	Community-Based Care Lead Agency	County	Number of Verified CSE Victims
Central	Family Partnerships of Central Florida	Brevard	9
		Orange	27
		Osceola	5
		Seminole	7
		Hardee	0
	Heartland for Children	Highlands	0
		Polk	14
	Kids Central, Inc.	Citrus	3
		Hernando	2
		Lake	4
		Marion	8
		Flagler	3
		Putnam	2
Northeast	Community Partnership for Children, Inc.	Volusia	14
		St. Johns	5
	St. John’s County Board of Commissioners ¹	Duval	26
		Nassau	0
	Kids First of Florida, Inc.	Clay	2
		Alachua	7
		Baker	0
		Bradford	0
		Columbia	0
		Dixie	0
		Gilchrist	0
		Hamilton	1
		Lafayette	0
		Levy	0
Madison		0	
Suwannee		1	
Taylor	0		
Union	0		

Region	Community-Based Care Lead Agency	County	Number of Verified CSE Victims
Northwest	Northwest Florida Health Network	Bay	23
		Calhoun	1
		Escambia	16
		Franklin	0
		Gadsden	0
		Gulf	1
		Holmes	2
		Jackson	6
		Jefferson	0
		Leon	11
		Liberty	0
		Okaloosa	11
		Santa Rosa	1
		Walton	6
Wakulla	0		
Washington	2		
Northeast	Community Partnership for Children, Inc.	Flagler	3
		Putnam	2
		Volusia	14
	St. John's County Board of Commissioners (Family Integrity Program)	St. Johns	5
	Family Support Services of North Florida, Inc.	Duval	26
		Nassau	0
	Kids First of Florida, Inc.	Clay	2
	Partnership for Strong Families	Alachua	7
		Baker	0
		Bradford	0
		Columbia	0
		Dixie	0
		Gilchrist	0
		Hamilton	1
Lafayette		0	
Levy		0	
Madison		0	
Suwannee		1	
Taylor	0		
Union	0		
Southeast	ChildNet, Inc.	Broward	58
		Palm Beach	25
	Communities Connected For Kids	Indian River	6
		Martin	1
		Okeechobee	1
		St. Lucie	10
Southern	Citrus Family Care Network	Miami-Dade	35
	Children's Network of Hillsborough	Hillsborough	33
Charlotte		2	
Collier		0	
Children's Network of Southwest Florida		Glades	0
		Hendry	0
Suncoast	Family Support Services of Suncoast	Lee	13
		Pasco	8
		Pinellas	11
	Safe Children Coalition	DeSoto	0
		Manatee	2
		Sarasota	8
Total			434

Note: The Department of Children and Families, in accordance with [CFOP 170-2](#), assigns a county to an alleged or verified case of commercial sexual exploitation based on various factors, such as the location and setting in which the alleged maltreatment occurred and the county in which the child is located.

¹ DCF lists this community-based care lead agency as St. John's County Board of Commissioners (Family Integrity Program).

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

APPENDIX B

Accessibility of Services by Community-Based Care Lead Agency

Accessibility of mental health services (e.g., eye-movement desensitization and reprocessing therapy, substance use treatments, and telehealth counseling) varies by community-based care lead agency. (See Exhibit B-1.) Access to other support services (e.g., medical services, transportation, and legal support) also varies by community-based care lead agency. (See Exhibit B-2.)

Exhibit B-1

Mental Health Service Accessibility for Commercial Sexual Exploitation (CSE) Victims Varies by Community-Based Care Lead Agency (CBC), With Telehealth Counseling and Substance Use Treatment Services Accessible in Most Agency Service Areas

The following therapeutic interventions and treatments are accessible for verified CSE victims in the CBC's service area

✔ Agree or strongly agree ✘ Disagree or strongly disagree - Neither agree nor disagree ? Do not know												
Region	Community-Based Care Lead Agency	Eye Movement Desensitization and Reprocessing therapy	Equine therapy	Expressive arts interventions	Group therapy	Mindfulness	Specialty treatment teams	Substance use treatments	Survivor mentors	Telehealth counseling	TF-CBT for Youth who have Experienced Trafficking and CSE ⁶⁸	Yoga
Central	Family Partnerships of Central Florida	✘	✘	✘	✘	✘	✘	✘	✔	✔	✔	✘
	Heartland For Children	✘	✘	✘	✘	✘	✔	✔	✔	✔	-	✘
	Kids Central, Inc	✘	✘	✘	✘	✘	✘	✘	✘	✘	✘	✘
Northeast	Community Partnership for Children, Inc.	✘	✔	-	✘	✘	✔	✔	-	✔	✔	✘
	Family Support Services of North Florida, Inc.	✘	-	✔	✔	?	✔	✔	✔	✔	✔	?
	Kids First of Florida, Inc.	✔	✔	✔	✔	✘	✔	✔	✔	✔	✘	-
	Partnership for Strong Families	✔	-	-	✔	✔	✔	✔	?	✔	✔	?
	St. Johns County Board of Commissioners ¹	✔	✔	✔	✔	✔	✔	✔	✘	✔	✘	✔

⁶⁸ Trauma-Focused Cognitive Behavioral Therapy for Youth Who Have Experienced Trafficking and Commercial Sexual Exploitation.

Region	Community-Based Care Lead Agency	Eye Movement Desensitization and Reprocessing therapy	Equine therapy	Expressive arts interventions	Group therapy	Mindfulness	Specialty treatment teams	Substance use treatments	Survivor mentors	Telehealth counseling	TF-CBT for Youth who have Experienced Trafficking and CSE ⁶⁸	Yoga
Northwest	Northwest Florida Health Network	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Southeast	ChildNet, Inc.	—	—	✗	✗	—	✓	✓	✓	✓	—	✗
	Communities Connected for Kids	✗	✗	✗	✓	✓	✓	✓	?	✓	?	?
Southern	Citrus Family Care Network	?	—	✓	✓	✓	✓	✓	✓	✓	✓	✓
Suncoast	Children's Network of Hillsborough	—	✓	✓	✓	—	✗	✓	✓	—	✓	—
	Children's Network of Southwest Florida	✓	✓	✓	✓	✓	✓	✓	?	✓	✓	—
	Family Support Services of Suncoast	✗	✗	✗	✗	?	—	—	✗	✓	✓	?
	Safe Children Coalition	✓	✓	✗	✓	✗	✓	✓	✗	✓	✗	✓





















































































¹ DCF lists this community-based care lead agency as St. John's County Board of Commissioners (Family Integrity Program).

Source: OPPAGA analysis of community-based care lead agency surveys.

Exhibit B-2

Nearly All Community-Based Care Lead Agencies (CBCs) Reported That Medical Services Are Accessible to Commercial Sexual Exploitation (CSE) Victims, But Few Reported That Transportation Services Are Accessible in Agency Service Areas

The following support services are accessible for verified CSE victims in the CBC's service area

 Agree or strongly agree  Disagree or strongly disagree  Neither agree nor disagree  Do not know						
Region	Community-Based Care Lead Agency	Legal Services	Employment Services	Financial Assistance	Medical Services	Transportation Services
Central	Family Partnerships of Central Florida					
	Heartland For Children					
	Kids Central, Inc					
Northeast	Community Partnership for Children, Inc.					
	Family Support Services of North Florida, Inc.					
	Kids First of Florida, Inc.					
	Partnership for Strong Families					
	St. Johns County Board of Commissioners ¹					
Northwest	Northwest Florida Health Network					
Southeast	Child Net, Inc.					
	Communities Connected for Kids					
Southern	Citrus Family Care Network					
Suncoast	Children's Network of Hillsborough					
	Children's Network of Southwest Florida					
	Family Support Services of Suncoast					
	Safe Children Coalition					

¹ DCF lists this community-based care lead agency as St. John's County Board of Commissioners (Family Integrity Program).

Source: OPPAGA analysis of community-based care lead agency surveys.

APPENDIX C

Agency Responses



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

June 26, 2026

Kara Collins-Gomez
Coordinator
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 titled "Commercial Sexual Exploitation of Children: 2026". 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,

Heather
DiGiacomo
Heather DiGiacomo
Chief of Staff

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Ron DeSantis | Governor

Matthew J. Walsh, MSW | Secretary

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**State of Florida
Department of Children and Families**

Ron DeSantis
Governor

Taylor N. Hatch
Secretary

June 30, 2026

Kara Collins-Gomez
Coordinator
Office of Program Policy Analysis and Government Accountability
111 West Madison Street
Tallahassee, Florida 32399

Ms. Collins-Gomez:

Thank you for sharing the 2026 Annual Report on the Commercial Sexual Exploitation of Children. The Florida Department of Children and Families acknowledges the thoughtful and comprehensive review of Florida's response to child trafficking and exploitation.

The Department appreciates the report's recognition of continued progress in educational outcomes, multidisciplinary collaboration, and strengthened identification efforts. We commend the acknowledgement of the Human Trafficking Screening Tool validation study and other enhancements to improve the Department's ability to identify potential victims and connect children with appropriate, trauma-informed services.

The Department is committed to expanding access to individualized, trauma-informed care. We will continue working with community-based care lead agencies, child placing agencies, and service providers to recruit additional specialized placements, increase statewide capacity, and strengthen partnerships that improve coordination across child welfare, juvenile justice, and other youth-serving systems.

Additionally, the Department remains committed to continuously strengthening its data collection and reporting processes in support of informed decision-making, transparency, and improved service delivery. The Department maintains that it is currently in compliance with the statutory requirement to maintain individual-level information for children assessed for placement in a safe house or safe foster home and to use that information to produce the reports required by statute.

Although certain required data elements reside across multiple Department systems rather than within a single tracking tool or reporting format, those elements are retained and available through existing sources, consistent with statutory requirements.

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

Individual-level information is maintained in a manner that supports the extraction and analysis of both anonymized individual-level and aggregate information upon request by the Legislature, as contemplated by statute.

The Department also recognizes opportunities to further enhance the efficiency and consistency of its collection and reporting processes. In Fall 2026, the Department will implement the Comprehensive Child Welfare Information System (CCWIS), which is expected to strengthen information integration, enhance reporting capabilities, and support a more streamlined and automated process for producing the information required by statute.

As these initiatives advance, the Department continues to be focused on collaborating with OPPAGA, the Legislature, community partners, and other relevant stakeholders to strengthen Florida's response to commercial sexual exploitation. We value OPPAGA's continued partnership and look forward to building upon the progress reflected in this year's report to further improve services and outcomes for Florida's children.

Please do not hesitate to reach out to the Department's Director of Human Trafficking, Eric Wetzel, if we can provide any additional information.

Sincerely,

Kate Williams

Kate Williams
Deputy Secretary

CC: Claire Mazur, Office of Program Policy Analysis and Government Accountability
Kara Collins-Gomez, Office of Program Policy Analysis and Government Accountability
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Kathryn Williams, Deputy Secretary, Florida Department of Children and Families
Kathryn Whitehurst Carbone, Chief of Staff, Florida Department of Children and Families
Morgan Jones, Deputy Chief of Staff, Florida Department of Children and Families
Jonathan Stephens, Assistant Secretary, Florida Department of Children and Families



OPPAGA

Office of Program Policy Analysis and Government Accountability

OPPAGA is a research arm of the Florida Legislature. The office provides performance and accountability information about Florida government in several ways.

- [Reports](#): program evaluations and policy analyses that support the Legislature in overseeing government operations, developing policies, and making Florida government more efficient and effective.
- [Government Program Summaries](#): profiles that provide descriptive, evaluative, and performance information on Florida's state agencies.
- [PolicyNotes](#): an electronic newsletter that delivers brief announcements of research reports and other resources of interest to Florida policymakers.

This project was conducted in accordance with applicable evaluation standards. Copies of this report in print or alternate accessible format are available upon request.

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