



State of Florida
Department of Children and Families

Rick Scott
Governor

Mike Carroll
Secretary

DATE: March 28, 2018

TO: Mike Carroll
Secretary

FROM: Keith R. Parks
Inspector General

SUBJECT: Six-Month Status Report for Office of Program Policy Analysis and Government Accountability Report No. 17-09

In accordance with Section 20.055(6)(h), Florida Statutes, enclosed is our six-month status report on Office of Program Policy Analysis and Government Accountability Report No. 17-09, *DCF and Its Lead Agencies Have Not Resolved Issues Related to Serving Commercially Sexually Exploited Children*.

If I may be of further assistance, please let me know.

Enclosure

cc: Eric Miller, Chief Inspector General, Executive Office of the Governor
David Fairbanks, Deputy Secretary
Kathy DuBose, Staff Director, Joint Legislative Auditing Committee
Jessica Sims, Acting Chief of Staff
JoShonda Guerrier, Assistant Secretary for Child Welfare
Traci Leavine, Director, Child Welfare Practice

ej/SM

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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

OIG – Internal Audit
Corrective Action Status Report
DCF and Its Lead Agencies Have Not Resolved Issues
Related to Serving Commercially Sexually Exploited Children
Report No. 17-09, Issued June 2017
As of March 22, 2018

Findings	Recommendation	Auditee Response	Corrective Action Status
<p>Finding 1 A higher number of CSE children were identified in 2016.</p>	<p>None</p>	<p>This is most likely due to increased training and awareness efforts.</p>	<p>N/A</p>
<p>Finding 2 Issues with how DCF and DJJ select children to screen as well as the screening tool itself may limit accurate identification of CSE child victims.</p>	<p>Recommendation 1: We recommend that DCF and DJJ evaluate triggering criteria to determine predictive value.</p> <p>Recommendation 2: We continue to recommend that DCF gather systematic feedback from users about the screening tool.</p> <p>Recommendation 3: We recommend that DJJ and DCF validate the screening tool when sufficient data and support are available to do so.</p>	<p>The department has met several times with the Florida Institute for Child Welfare (FICW). Based on the new trending data received from RTI International and an updated literature review, DCF has requested that RTI International make recommendations to narrow criteria for the tool.</p> <p>Since the tool is still relatively new, particularly for a victim population that has been the target of so little longitudinal research, we have always recognized the need for consistent communication with our front line staff regarding implementation.</p> <p>Section 409.1754, F.S., indicates that a tool should be validated, if possible. In discussions with FICW, we have learned that it is unlikely that DCF's use of the HTST can be validated. The location, emotional state of the child, the interviewer, as well as other factors cannot be standardized based on the crisis nature of the investigations.</p>	<p>1. Partially Implemented FICW Survey was completed in December 2017 and we are awaiting the results. We will continue to work closely with FICW to determine additional assessments of triggering criteria. RTI published their study in February 2018 and are continuing further study efforts. We will continue to work with them as well and use their evaluations of data to determine changes to triggering criteria.</p> <p>2. Partially Implemented FICW Survey was completed in December 2017 and we are awaiting the results. Analysis of findings will determine next steps.</p> <p>3. Risk Accepted With potential modifications to the HTST pending and the concerns listed in the response, we are not able to address this at this time. No target completion date.</p>

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<p>Finding 3: CSE children identified in prior years have not done well on short-term social outcomes; dependent and community children fared similarly.</p>	<p>None</p>	<p>Updated: In a presentation to the Legislature in November 2017, the Department explained that these children have often suffered complex trauma that requires years of therapeutic services to address. It was noted that the longitudinal nature of this study was limited and that with more years of study we may see different results. The Department will continue its MDT process in an effort to ensure individualized needs of each youth are being met for the best outcomes.</p>	<p>N/A</p>
<p>Finding 4: Though they are 62% of CSE victims, little is known about community children and the services they receive.</p>	<p>None</p>	<p>Updated: In compliance with the new changes from SB 852 (2017), the Department will be conducting 6 month follow ups with all verified CSEC victims. Effective 10/2017. There is a new service provider operating throughout most of the state that specifically serves community children. This will be another source of information on the process.</p>	<p>Partially Implemented Beginning April 2018, we will initiate the six-month follow ups with Department and community children. This will be an ongoing effort at that point.</p>

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<p>Finding 5 Lacking CSE foster homes and safe houses, group care placement emerges as an option for some children; more information is needed on effectiveness.</p>	<p>Recommendation 4: We recommend that DCF and lead agencies take a more proactive role in new placement development.</p>	<p>Lead agencies have recruitment plans that address the need for placement development. Recruitment is actively occurring at events held throughout the state for new homes and foster parents. The department's human trafficking team routinely meets with individuals who are interested in providing services and connects them with existing providers performing clinical and residential services. Updated: Since May 2017- 15 STFC beds have been added or re-certified to serve this population. Since July 2017 – 10 new safe house beds have been added. In the report, it was noted that the Legislature has appropriated \$8.1 million to CSE providers, but no new specialized treatment beds have been added. These appropriations date back to 2013 and approximately 33 beds (only including safe house beds still available, not including RTC beds) have been added since that time (not all from organizations receiving appropriations). Much of the money is to organizations that don't provide residential services, such as \$976,912 to Kristi House which provides community-based and drop in services and \$3,067,306 to Voices for Florida which only provides community based services; therefore, the money was not intended to create beds, but instead to support service expansion.</p>	<p>Partially Implemented The corrective action is an ongoing effort.</p>

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	<p>Recommendation 5: We recommend that DCF and the lead agencies continue to gather data on the availability and effectiveness of placements for CSE children.</p>	<p>The department recognizes the need for complex analysis to identify the effectiveness of specialized placements and will continue to gather data and share all grant opportunities with researchers, CBC lead agencies, and providers. All CSEC-specific providers are asked to build research money into their budget to obtain outside evaluation.</p>	<p>Partially Implemented The corrective action is an ongoing effort.</p>