



HUMAN TRAFFICKING VICTIM SERVICES PROVIDERS FUNDING SURVEY

September 2016

CONTACT:

This survey was constructed and the report compiled by The Samaritan Women, on behalf of residential service providers across the nation.

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Executive Summary

It's been suggested that there are "too few" agencies across the United States that provide specialized therapeutic and residential care for victims of domestic sex trafficking. This study of the funding needs and resources of existing residential programs secured sixteen respondents from eleven states. All of the respondents self-identified as faith-based, specifically, Christian. Three of the agencies represented provide residential care for minor victims of domestic sex trafficking and the remaining thirteen offer services only for adult victims.

An important consideration for this information is the newness of this type of care and the fact that most of these respondents (70%) have fewer than five years of experience providing services to victims of trafficking.

Organizational budgets and cost of care varied significantly, as some agencies are still in the start-up phase and have not incurred years of operational stability to prove their economics. Many of the respondents to the survey are the founders of the organization and demonstrate that "pioneer" spirit by continuing to do the work despite inadequate human and financial resources. It's not surprising, then, that the greatest need expressed by these agencies is for funding to support human capital, which is also the larger portion of their budgets. Several agencies maintain uncompensated staff and few have dedicated personnel or the in-house expertise to support development. Funders interested in this segment must recognize the relative immaturity of this field of work and be tolerant of the lack of industry baselines, comparative models or proven practices. Funding that may have the most impact for these agencies, this report suggests, would be in the areas of increasing donor awareness and cultivation, and providing for salary off-set for critical leadership positions.

Future reports on this sector intend to explore the range of therapeutic and enrichment services offered and the staffing models that are proving (even at this early stage) to be the most effective. We also recommend that this survey and report be repeated within the next 12 months to update these findings and include more organizations.

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Respondent Demographics

There is currently no single resource that aggregates all current, operational and emerging residential programs in the United States serving victims of human trafficking. In 2012 the Illinois Criminal Justice Information Authority endeavored a study of residential programs in United States and was able to identify thirty-seven agencies that were open and serving survivors.¹ The results of a 2016 query of “transitional or long-term residential programs serving victims of sex trafficking” from the Polaris Project services directory (www.polarisproject.org) yielded 85 programs for minors and 106 program for adults. It should be noted, however, that there’s no consistent validation of the Polaris data nor the status of these agencies. A deeper read of these entries included agencies that are currently known to be closed, or some offering only hotline services. For a variety of reasons (client confidentiality, security, start-up phase, lack of a physical presence, etc.) some agencies are more difficult to identify and (because of financial instability, staff burn-out, lack of programs, etc.) the landscape of agencies changes often.

Respondents for this survey effort were identified through a data mining of the Internet, access to the attendee list from a recent conference for service providers, and through peer-to-peer referral. An email invitation offered a link to the survey instrument and the survey ran for approximately five weeks. Sixteen agencies responded to the survey (see Appendix A) during the period of July-August 2016.

Respondents were not remunerated for their participation, and their response to most questions was optional. Respondents were advised that they had the choice to have their agency and contact name identified with this report. Only two respondents chose not to be identified. There was no effort to ensure that each survey respondent was indeed qualified or authorized to provide the data offered. In most cases, the respondent self-identified as the Founder and/or Executive Director of the organization, but in a few cases respondents were line staff.

Of the agencies included, all but one identified as a Restorative Home, which was defined as “long-term therapeutic and residential care”² for domestic adult sex trafficking victims (10), domestic minor sex trafficking victims (4), international sex trafficking victims (1), and international labor trafficking victims (1). The one other agency self-identified as an Assessment Center, which was defined as providing “short-term (up to 30 days) care with limited services.”

We allowed participation from agencies that are currently open and operational (10), those who have served survivors in the past but may be temporarily closed or restructuring (1), as well as those who are not yet open (5). With this variance in status, subsequent data points about funding and finances may have irregular responses. This report will make note when a smaller pool of respondents is represented.

Respondents represented agencies operating or starting in the following states:

- Alabama
- Arkansas
- Illinois
- Maryland
- Michigan
- Nevada
- Ohio
- Pennsylvania
- Virginia
- Washington
- Wisconsin

¹ http://www.icjia.state.il.us/assets/pdf/ResearchReports/NSRHVST_101813.pdf

² It is worth noting that two of the participating agencies operate more than a Restorative Home. Other services include Drop-In Facility and/or Assessment Center. For the financial information reported, data points include all types of services offered to survivors.

Of the ten agencies that responded as open and serving survivors, the average number of years providing direct service was 2.5; the most experienced was 6.5 years and least was 9 months. This is a critical data point for funders to understand: ***the field of victim services for human trafficking is still very much in its infancy and quite unstable.*** Agencies with more than four years of consistent and direct victim service experience (and in this survey sampling there were only five) should be considered pioneers in the field.

Financial Position

To get an idea of the size of these organizations, we asked about their 2015 and 2016 financials. Agencies were asked to provide their total operating income for 2015 and current budget total. Agencies in start-up mode were less likely to respond to this question.

2015 Operating Income (10 respondents)

High	Average	Low
\$914,385	\$418,331	\$18,500

For the current budget year, we asked only for whole numbers. We also did not endeavor to compare specific budget allocations across agencies; however, anecdotal feedback on agency expenses suggested that the majority of budget dollars are spent on personnel costs (usually salary).

2016 Operating Budget (12 respondents)

High	Average	Low
\$1,474,144	\$520,658	\$10,800

Annual Compensation of Agency's Chief Executive Officer and Staff

Because staffing costs emerged as such a significant portion of these agency's budgets, we asked whether or not the agency's chief executive officer has been a compensated employee for all the years of the agency's operation. Indicative of the level of sacrifice needed to do this work, 77% of respondents said that their Executive Director/CEO has gone uncompensated for at least one, or at the most seven, years. The average was 3 years uncompensated. The following table reflects the range of executive director compensation for nine out of sixteen agencies in this sample. Five agencies reported that their executive director position is still unfunded.

High	Average	Low
\$110,000	\$52,444	\$21,000

The annual salaries of these founder/directors also fall well below national averages for small nonprofits. Contrast these data points to one 2014 salary survey of nonprofit executives that estimated the annual compensation for an executive director with 6-10 employees and a budget in the \$250-999,000 range for anywhere in the United States. The director's salary was reported³ in the range of \$72,900 to \$84,500/year.

Funders may be interested to know that many of these executive directors came from a wide range of professions. The list below includes some of the positions held by this sampling and how their annual salaries have been adjusted based on making this career change:

³ http://tsne.org/valuing-our-nonprofit-workforce-2014/compensation-data?field_job_title_tid%5B%5D=159&field_criteria_tid%5B%5D=56&field_criteria_tid_2%5B%5D=84&=Apply

Office/HR Manager	increase of \$20,000/year
Executive Director of state CASA	increase of \$15,000/year
High School Math Teacher	no change; working both jobs
Gynecologist	decrease of \$14,000/year
Registered Nurse	decrease of \$30,000/year
Engineering Sales Manager	decrease of \$40,000/year
Paramedic	decrease of \$50,000/year
CEO of Internet consultancy	decrease of \$171,000/year

Further evidence of the sacrifice being made in this sector, 37.5% indicated that at least one other staff has worked a year or more without pay and 19% of agencies indicated that several staff have worked a year or more without pay. Many respondents commented that their staffing models are augmented considerably with volunteer talent.

Cost of Care

Cost of care refers to the per-client expense to provide whatever level of care each agency offers. For the purposes of this survey, we did not ask respondents to itemize or associate costs with each of their services, but only to offer a whole number estimate. It may be worth understanding, however, agencies vary widely in terms of cost items and what is calculated in a cost-of-care number. For example, some agencies are renting space; others have had property donated. Some agencies have only paid staff; others augment staff with community volunteers. Some agencies are adept at cultivating in-kind donations and community partnerships so that all food and consumable goods are donated; others are paying out-of-pocket. **Cost-of-care, then is an area where funders should look deeper into how each agency derives its metric.**

The U.S. Department of Health and Human Services has asserted a set of “Comprehensive Services for Victims of Human Trafficking” in its recent grant solicitations (see Appendix B for chart). Many of the organizations represented here provide all of those services and more, either in-house or through community partnerships. In addition to those services deemed important by the federal government, these providers also often include:

- Academic testing, tutoring, college application and financial aid application support
- Spiritual formation, Bible study, spiritual support
- Medication management, infection control, health education
- Fitness and nutrition education and activities
- Recreation/enrichment/cultural activities/volunteering opportunities
- In-house internship program or social enterprise
- Psychological and personality testing
- Tattoo/scar removal or coverup
- Maternal health and pregnancy counseling
- Transport/escort to court appearances
- Post-exit follow-up and on-going community support

Future surveys will delve into the range and specifics of services offered by each agency type.

The following table offers the range of cost-of-care figures for adult vs. minor-serving agencies.

	High	Average	Low
All Respondents	\$103,080/year	\$43,848/year	\$12,000/year
Adult-Serving Agencies (9)	\$5,127/month \$61,624/year	\$2,695/month \$32,340/year	\$1,000/month \$12,000/year
Minor-Serving Agencies (3)	\$8,590/month \$103,080/year	\$6,530/month \$78,360/year	\$3,500/month \$42,000/year

Not surprisingly, the highest cost-of-care figures were for minor-serving agencies where staffing levels and credentials may be dictated by the state. Minor care (from this small sample) suggests an additional cost burden of \$46,020 (average) per client per year. Again, a handful of respondents replied during phone-based follow-ups that the majority of their cost-of-care was attributable to staff salaries. Minor facilities under state regulations bear a greater burden of staff-to-client ratios and state-imposed credentials of those supervisors. While no one wants to short-change the quality of care for any survivor—adult or minor—it is important to understand that adult-serving agencies are less regulated and have more options for staffing that, in turn, may allow them the opportunity to be more economical. But even then, “economical” does not necessarily imply quality.

Because the range of services needed for trafficking survivors is both vast and unspecified, it is difficult to find comparable models. Nonetheless, we offer the following:

- According to the U.S. Housing and Urban Development’s 2010 report, chapter on Homeless Program Costs⁴, Permanent Supportive Housing (Shelter Plus Care) across four sample sites ranged from \$30,660 to \$16,060 per year (see Appendix C for table).
- According to an ABC News report, taxpayers are spending \$22 billion a year -- or \$40,000 a child -- on foster care programs⁵.
- For a single state reference point, we considered the state of Maryland where the taxpayer cost to incarcerate an adult woman for one year is \$36,600 (or \$3,050/month) or \$18,000 – \$35,000 *per month* for mid-range in-patient drug rehabilitation. In contrast, the human trafficking residential agency operating in this state quoted its cost-of-care at \$28,200/year.

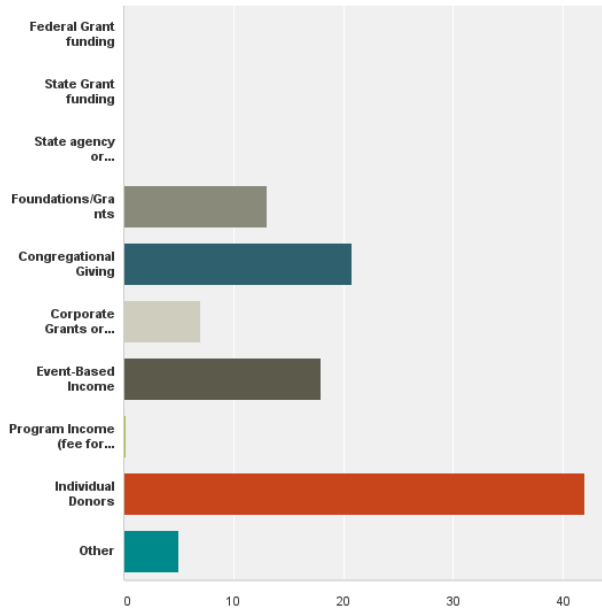
What funders most need to factor into cost-of-care is what services are included in the agency’s approach and what is the commensurate value of those services. Looking at some agencies with longer histories and more services than those of this study, we commend to the reader the 2008 report focusing on Southeast European efforts: “Re/integration of trafficked persons: how can our work be more effective.”⁶

⁴ https://www.huduser.gov/publications/pdf/Costs_Homeless.pdf

⁵ <http://abcnews.go.com/Primetime/FosterCare/story?id=2017991&page=1>

⁶ http://lastradainternational.org/lsidocs/PUB_1850_issue1.pdf

Current Sources of Funding



We asked respondents to define their “funding pie” across a range of possible sources. The accompanying graph shows that none of these agencies receive federal funding and that the majority of their funding comes from individual donors first, then event-based activities. It’s an important point that only one agency in this sample (an agency serving minors) realized any funding from its state.

Over half of these agencies (57%) have conducted Capital Campaigns to raise funds specifically for property acquisition and 25% are planning a campaign in the future.

The largest single gift ever received by these agencies ranged from \$3,000 to \$430,000, with an average gift of \$135,000. This range suggests a wide disparity of skill level or effort expended in fund-raising, points that are later reinforced in this report.

Funding Needs

Forty percent of these agencies have implemented some formal capacity for fund-raising. Three agencies have one full-time development person and four agencies have more than one person responsible for development. The remaining 56% have no designated personnel to support funding efforts.

We inquired as to the most pressing areas where funding is needed for these agencies. Consistent with prior responses, these agencies expressed a need to hire and compensate critical staff positions. Less surprising was to see “improving/renovating your existing property for occupancy” as the least needed as six out of sixteen agencies (37.5%) in this study reported as being either temporarily closed or not-yet-open. We assume then, that “building readiness” would be the less-pressing priority.

Priority	Score	Need Area
1	6.67	Hiring critical staff positions that are currently vacant and unfunded
2	6.53	Paying for additional services for survivors (contracting with outside agencies for services)
3	6.13	Providing for basic operating funds (facility, utilities, consumables)
4	6.07	Offering employee benefits
5	5.79	Raising staff salaries to be market competitive
6	5.23	Offering training/professional development for staff
7	4.27	Opening additional homes
8	4.23	Other needs not listed here
9	4.20	Expanding our services into new programs
10	4.00	Improving/renovating your existing property for occupancy

In terms of capacity and competency for fund-raising, we asked these agencies to prioritize what are the greatest obstacles to their being able to effectively cultivate philanthropic support. Given what we can infer from these agencies—many of which are still in “start up” mode—it’s not surprising that TIME and TALENT would be at a premium.

Obstacles to Fund-Raising

To streamline our understanding of where these agencies face challenges in securing financial support, we asked the respondents to rank the following obstacles to fund-raising within their organization.

TIME.	Fund raising is all up to me and I am already stretched too thin.	61.5%
TALENT.	We don’t have board or staff who are skilled in fund-raising.	61.5%
AUDIENCE.	Funders/Donors don’t understand this issue or have it as a giving priority.	53.8%
STRATEGY.	We don’t have a fund-raising plan.	38.5%
KNOWLEDGE.	We don’t know where to begin to look or how to ask.	23.1%
MESSAGE.	We haven’t put together a clear and compelling message about what we do or our needs.	7.7%

While finding time or talent is the discipline of each organization, there is opportunity for targeted philanthropic support in these areas. Funders could consider supporting the salary of a development professional for a year or multiple years to “prime the pump” of other philanthropic dollars, cultivate an initial donor base, and train internal staff on good development practices.

Another area that could be better addressed within the larger philanthropic landscape is the issue of AUDIENCE. There is a perception that funders/donors either do not understand the issue of human trafficking and survivor care, or simply do not have it as a funding priority. Assuming that perception is accurate⁷ even more could be done to raise the level of awareness about human trafficking and inspiring the philanthropic community to take notice. The agencies themselves may also have to make it more of a priority to educate before asking, thereby growing a more informed donor base.

One obstacle to funding not presented in this survey, but well-known among the more mature agencies is that these agencies cannot “exploit” the very success stories they are hoping to affect. In other words, the single most powerful way to engender donor support is to make a personal connection between the donor and the issue or need. Human trafficking is something we want to keep at a distance, because we fear it and don’t understand it. Similarly, because the people victimized in this trade must be kept secure, and their futures protected, agencies are strongly discouraged from (and in the case of minors, prohibited from) using the names, faces, and stories in their promotions that would improve donor reception. These agencies need alternative and creative ways of reaching donors without re-exploiting their clients.

⁷ Our review of several foundation databases yielded that none had “human trafficking” as an established category. Several, however, could produce a few responses on “human trafficking” as an open text search.

Desired Funding Sources

When asked where these agencies would like to see more effort in funding victim services, there was a clear consensus in looking to their faith communities to be in the lead. As noted prior, these agencies would also like to see more private and public foundations take an interest in this field of human services and social justice.

I'd like to see more federal funding opportunities for victims of trafficking.	0.00%
I'd like my state to make specific appropriations for agencies providing victim services.	0.00%
I'd like to see more national or local foundations become interested in the issue of trafficking and fund this work.	25.00%
I'd like to have more individual monthly donors.	18.70%
I'd like to have more income-producing fund-raising events.	0.00%

I'd like churches (denominations) to make anti-trafficking and survivor care a tithing/mission budget priority.	56.30%
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It would be worth further study as to why there was not aspiration for state or federal government funding. Given that this population of respondents all identified as faith-based nonprofits, there may be limitations with government funding. When asked to explain her response to this question, one executive director defended, "Government funding often dictates whom we serve and how—those dictates don't allow us to do our work as we see fit or in alignment with our values. Even if there were funds, we probably wouldn't pursue them."

Again, in our current dearth of knowledge, practice, and publications on this industry, we must consider the work of those from other nations. The 2014 article "Who Funds Re/integration? Ensuring sustainable services for trafficking victims" by Rebecca Surtees and Fabrice de Kerchove⁸ offers a wider view of the funding needs and potential sources for residential care providers.

Conclusion

In short, funders interested in supporting this sector should make their interest known by reaching out to existing agencies to first learn about the issue, and then about the unique approach being tried within each agency. We believe we can say confidently that at this stage in our nation's efforts to provide short- or long-term residential care to survivors of domestic trafficking, we have no "best" practices. Most agencies are still just forming or practicing. Funders with a high tolerance for entrepreneuring and those who thrive on tackling complex, pernicious social problems would be well-suited to this sector. At this stage of our understanding, funders should be concentrating their investments in the people, those with a clear aptitude and calling to serve as pioneers, and those other complimentary leadership positions that will be the foundation for this growing into a more mature and stable industry.

⁸ <http://www.antitraffickingreview.org/index.php/atrjournal/article/view/65/63>

Appendix A: Survey Respondents

The following respondents have consented to providing their contact information. Other respondent contact information has been withheld, upon request.

TYPE: DI – Drop-In Facility AC - Assessment Center RH - Restorative Home GH - Graduated Housing	CLIENTS: M - minors A - adults	STATUS: OO – open and operating TC – temporarily closed PTO – preparing to open
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Agency Name	type	clients	status	State	Contact Person
Abigail's House	RH	A	TC	Virginia	Josie Olson Josephineolson79@gmail.com
Engedi Refuge Ministries	RH	A	OO	Washington	Lea Newcomb Engedi.refuge@gmail.com
Eve's Angels	RH	A	PTO	Michigan	Ann Donewald anny@evesangels.org
Gracehaven	RH	M	TC	Ohio	Jeffrey J. Barrows, DO, MA jbarrows@gracehaven.me
Naomi's House	RH	A	PTO	Illinois	Simone Halpin Simone.halpin@moodychurch.org
New Hope Youth Ministries	RH	M	PTO	Arkansas	Art Heathcock, President art@newhopeyouth.org
Oasis of Hope	RH	M	OO	Pennsylvania	Debbie Colton, Executive Director debbiesoasis@gmail.com
Real Escape from the Sex Trade (REST)	DI, RH	A	OO	Washington	Amanda Hightower amanda@iwantrest.com
Redeem and Restore	RH	A	PTO	Wisconsin	Krista Hull krista@redeemandrestore.org
Refuge for Women	RH	A	OO	Nevada	Karen Diers karen.diers@refugeforwomen.org
Street Ransom	AC	M	PTO	Virginia	Kathleen Chester kathleen@straightstreet.org
The Daughter Project	RH	M	OO	Ohio	Jeff Wilbarger jeff@thedaughterproject.org
The Samaritan Women	AC, RH	A	OO	Maryland	Jeanne L. Allert jallert@thesamaritanwomen.org
The WellHouse	RH	A	OO	Alabama	
Worthwhile Wear	RH	A	OO	Pennsylvania	Daniel Emr Dan.Emr@Worthwhilewear.org

Appendix B: Comprehensive Services for Victims of Trafficking per U.S. Department of Health and Human Services

1. Shelter/housing and sustenance: emergency, transitional, and long-term shelter for adult and minor, male, female, and transgender victims of sex and/or labor trafficking. (Applies to all Comprehensive Services applicants.)
2. Medical care and substance abuse treatment. (Applies to all Comprehensive Services applicants.)
3. Dental care. (Applies to all Comprehensive Services applicants.)
4. Mental health treatment, emergency mental health assessments. (Applies to all Comprehensive Services applicants.)
5. Individual counseling, group counseling, and peer-facilitated support or recovery groups. (Applies to all Comprehensive Services applicants.)
6. Interpreter/translator services. (Applies to all Comprehensive Services applicants.)
7. Legal immigration services, including assistance in screening the client to ensure that the victim meets the definition of human trafficking as described by the TVPA; explanation of legal rights and protections; assistance in obtaining certification for eligibility to apply for benefits to the same extent as refugees; assistance in applying for a T visa or other immigration relief; adjustment of status; assistance with applying for T visas for derivative family members; and general legal advocacy on matters that arise as a direct result of the human trafficking situation. (Applies to Comprehensive Services for Foreign National Victims applicants.)
8. Assistance in achieving HHS certification as a victim of human trafficking, including coordination with law enforcement and allied experts to help eligible victims to achieve certification; coordination with federal law enforcement to request Continued Presence; assisting the victim in applying for a T visa; and, once certified, assisting the victim in obtaining necessary documents to support their application for services and programs for which they may be eligible. (Applies to Comprehensive Services for Foreign National Victims applicants.)
9. Legal assistance on family and civil matters, including assistance in screening the client to ensure that the individual meets the definition of human trafficking as described by the TVPA; explanation of legal rights and protections; protection from abuse orders; victims' rights enforcement and compliance efforts; representation in family court; and emancipation of minors. (Applies to all Comprehensive Services applicants.) (Note: Criminal defense attorney services are not supported)
10. Victim advocacy and information about crime victims' rights and services. Examples of services in this area include referrals to and coordination with the victim/witness coordinators with the Federal Bureau of Investigation, Immigration and Customs Enforcement, and U.S. Attorneys' Offices; victim/witness staff in District Attorneys' offices or in local law enforcement; victim advocates for intimate partner violence and domestic violence or sexual assault crisis centers; Child Advocacy Centers; and local Sexual Assault Response Teams, Sexual Assault Nurse Examiners, and Sexual Assault Forensic Examiner programs. Victim advocates within these settings may provide information on the status of an investigation or prosecution; assistance with the application process for state crime victim compensation benefits; sexual assault forensic medical exam options; accompaniment to court

proceedings; additional comprehensive victim services, whether in-house or through referrals; and information to help clients exercise their rights as crime victims within the criminal justice process. (Applies to all Comprehensive Services applicants.)
11. Literacy education and education/GED assistance , as well as job training and job placement services. (Applies to all Comprehensive Services applicants.)
12. Transportation assistance , metro cards, and bus passes. Discount vehicles
13. Life skills training , including managing personal finances, self-care, parenting classes, community orientation, and other programs that help clients achieve self-sufficiency. (Applies to all Comprehensive Services applicants.)
14. 24-hour evening and weekend response to client emergencies and emergency calls from law enforcement. This includes hotline services, call forwarding systems, rotating on-call cell phones, and a protocol for responding to victim emergencies and emergency referrals afterhours. <i>[This item is not applicable to agencies with 24/7 on-site staffing]</i>

Appendix C: Average Cost per Family per Day of Homeless Residential Programs per U.S. Housing and Urban Development

Exhibit 3.6: Average Cost Per Family Per Day of Homeless Residential Programs Serving Families by Program Type and Site^a

Site – Program Type	Housing Model	Average Cost Per Family Per Day ^b	Housing Operations	Supportive Services	Agency Overhead	Capital Costs ^c
District of Columbia						
Emergency Shelter	Congregate	\$123	\$67 (54%)	\$41 (33%)	\$16 (13%)	
Emergency Shelter	Apartment-style	\$83	\$45 (55%)	\$30 (36%)	\$8 (10%)	
Transitional Housing	Facility-based	\$73	\$19 (26%)	\$32 (45%)	\$21 (29%)	
Transitional Housing	Scattered Site	\$72	\$33 (47%)	\$27 (38%)	\$11 (16%)	
Permanent Supportive Housing	Shelter Plus Care ^d	\$42	\$39 (94%)	\$0 (0%)	\$3 (6%)	
Houston						
Emergency Shelter	Congregate and Apartment-Style	\$46	\$9 (19%)	\$31 (66%)	\$7 (15%)	
Transitional Housing	Facility-based	\$149	\$37 (25%)	\$82 (55%)	\$30 (20%)	
Transitional Housing	Scattered Site	\$65	\$22 (34%)	\$30 (46%)	\$13 (20%)	
Permanent Supportive Housing	Shelter Plus Care and Facility-based	\$27	\$13 (48%)	\$7 (27%)	\$7 (25%)	
Kalamazoo						
Emergency Shelter	Congregate	\$54	\$27 (50%)	\$25 (46%)	\$2 (4%)	
Transitional Housing	Facility-based and Scattered Site	\$27	\$16 (58%)	\$8 (31%)	\$3 (11%)	
Permanent Supportive Housing	Shelter Plus Care	\$29	\$19 (65%)	\$0 (0%)	\$10 (35%)	
Upstate South Carolina						
Emergency Shelter	Congregate and Single Family	\$76	\$26 (34%)	\$32 (43%)	\$13 (17%)	\$5 (6%)
Emergency Shelter	Church Hospitality	\$297	\$68 (23%)	\$194 (65%)	\$35 (12%)	\$0 (0%)
Transitional Housing	Scattered Site	\$40	\$20 (50%)	\$15 (37%)	\$5 (12%)	< \$1 (<1%)
Permanent Supportive Housing	Shelter Plus Care	\$22	\$21 (96%)	\$0 (0%)	\$1 (4%)	\$0 (0%)

^a Costs represent the average across programs within each type, weighted by the typical number of families served in each program each day.

^b Total weighted daily unit cost may not equal the sum of the budget component estimates due to rounding.

^c Capital costs are included for Upstate South Carolina only. Capital costs are only applicable to programs that own their own facilities.

^d The District has both scattered site and facility-based programs, but costs were only collected from the City-funded scattered site program.