



## Large Capacity Shelter Programs Study

February 2022

Compiled by: Chelsea Longo

Edited by: Jeanne L. Allert, Ph.D.



Express permission from The Samaritan Women is required prior to reproduction or distribution of any part of this report.

For more information contact: Jeanne L. Allert  
[jallert@thesamaritanwomen.org](mailto:jallert@thesamaritanwomen.org)

# Large Capacity Shelter Programs Study

## Background to the Study

Over the course of our work with individuals who want to start a trafficking shelter, those who want to fund a shelter, or those who are currently operating a shelter program for victims of exploitation/trafficking, we have encountered these all-too-common scenarios.

1 There are those who are new to the work who entertain grandiose dreams of a large, all-inclusive campus of care with “100+ beds,” to eradicate trafficking in their community.

And

2 There are existing shelter operators from large campuses who, after a few years in the work, have determined that they are not at the level of competency (or occupancy) that they expected and are trying to reimagine their programs to a more manageable size.

*These scenarios prompted the Institute for Shelter Care to embark on a study to address the question:*

**IS THERE AN OPTIMAL PROGRAM SIZE THAT ENABLES US TO SERVE VICTIMS OF EXPLOITATION/TRAFFICKING WELL?**

According to the national database maintained by the Institute for Shelter Care (December 2021), the average bed capacity across all 218 existing shelter programs is 9. Of those, there are only 13 agencies reporting bed capacities over 30. Therefore, we deemed 30 to be the cut-off to classify a shelter as large. In 2022, 11 out of these 13 large shelters (85%) participated in a phone-based interview to share their experience and perspectives on the research question. The majority of respondents were the Executive Directors of these agencies. In two cases, it was the Program Director.

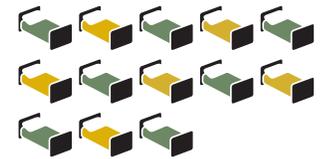
## Anti-Trafficking Programs

The agencies represented in the Institute’s database are what we refer to as “programs,” meaning they are more than a bed, hygiene facilities, and meals. In order to be in this database, the agency must be offering its clients activities and services designed to assist the individual in exiting a life of exploitation and moving towards a life of independence.

## True Bed Count

In conversations with these agencies the Institute for Shelter Care learned that bed count differs from our initial understanding. Specifically, 3 of these agencies fit our definition of large capacity (over 30 beds), but we learned that those agencies allocate beds for populations that are not exclusively victims of exploitation/trafficking, thereby decreasing their trafficking bed count to fewer than 30. For example, one agency reported 110 beds, but upon deeper inquiry we learned that the agency allocates only 18-20 of those beds to trafficking victims.

Similarly, while these agencies have larger capacities, some have self-imposed caps on their occupancy which affects their true bed count. For example, one agency with a capacity for 64 beds maintains its own cap of occupancy at 48. Another which is licensed for 32 beds sets its own cap at 16. For the purposes of this study, however, we included all eleven agencies’ responses as we



There are currently only  
**13** trafficking shelters  
in the U.S. with bed  
capacities over **30**.

The average bed count  
across 11 large shelters  
was **45**.

believe they still have insights to offer the field about large capacity programs. In this study then, the largest single agency in this sample supports 96 beds and the average across these 11 large shelters was 45 beds.

## Budget

Eight agencies provided information about their annual budget. The average annual budget across these large shelters was \$4,068,875.

## Beds by Program Phases

Most anti-trafficking shelter programs that have phases of care that divide into the following. The table below reflects how many beds these agencies .

Emergency (average 0-72 hours of care)	2 agencies reporting 4 and 23 beds
Stabilization (3-6 months)	6 agencies reporting an average of 29 beds <sup>1</sup>
Restorative (1-2 years)	5 agencies reporting an average of 27 beds
Independent (post-program/social re-entry)	3 agencies reporting 4 , 14 and 77 beds



The average annual budget for these large shelters was just over **\$4 million.**

## Facility Configuration

There seemed to be one of three patterns for how the agencies' buildings correlate with program phases:

1. One central building with all phases in that location
2. A separate building for each phase of care. This was the most cited scenario with separation between clients in Stabilization, Restorative and Independent phases of care.
3. Individualized buildings (e.g., apartment, RV, etc.) for each client

## Type of Facility

The following chart reflects the type of building(s) that respondents use to support their shelter programs.

0	One single family home
2	Several single-family homes
1	Multi-family units (e.g., apartment building)
2	Institutional building (one building with large bed capacity)
6	Campus (multiple buildings on the same parcel of land)

<sup>1</sup> The Stabilization category had a wide variance, from 4 beds to 72 beds

## Occupancy Levels

Worth a note, a 2018 study conducted by the Institute for Shelter Care yielded that most shelter programs average about a 55% occupancy at any given time. If that statistic has held consistent (or dropped in the past few years), we are also faced with the question of whether or not a large capacity program can maintain occupancy to justify its size. One agency noted that at present they have all clients in the same building “because our numbers for human trafficking are so low right now.”

## Property Amenities Important to Care

The following property amenities were cited as being important to the agencies’ program of care.

- administrative offices
- basketball court
- chapel
- child services building
- clinic
- commercial kitchen
- counseling center
- dining hall
- horse arena
- lake
- library
- laundry
- medical clinic
- school building
- recreational spaces
- swimming pool
- therapists’ offices

Some of the campus amenities that are envisioned during the pre-operational phases, such a vocational training center, arts & crafts studio, sports center/gym, salon, etc., were not mentioned by these existing providers. The features noted as important to care were more closely associated with basic needs. There may be a truism in this list, namely “stick to the basics and get those right first.”

## Optimal Number of Beds

Across the remaining 205 shelter programs in the United States, the average bed count per agency (excluding these large programs) is closer to 8 beds. Given these respondents’ experiences with large programs, we asked for their comments on what would be the optimal number of beds for a shelter program serving victims of exploitation/trafficking. While no consensus was offered, many of the comments suggested the merits of smaller numbers.

- “In an ideal world, 1 bed in a tiny house; it’s more about the structure, not the bed count ”
- “it’s less about optimal bed count, more about proper care provided with housing”
- “The lower you can go, the better, [our] sweet spot is 8 girls in a house, not necessarily the best business model but the best for care”
- Our cottages were designed for 4 girls, but we found 4 is too many so we keep to 3 per cottage”
- “4-9, definitely less than 10”
- “One family per room”
- “We do better when we’re at about 75% of our actual capacity”



**“I kind of wish we had a different place for human trafficking survivors, something more independent because they don’t do well in community.”**

**RESPONDENT**

## Advantages and Disadvantage of a Large Program

There are certainly trade-offs with a larger program. Below are the comments offered by these respondents on how a large capacity program experiences advantages and disadvantages.

### Advantages

- Number of available resources, assistance for clients, able to provide full-service support
- Ability to meet more needs; more interest in support and partnership because of larger reach; able to offer drop-in services
- The capacity to serve the number of survivors; don't have to turn HT or DV<sup>1</sup> survivors away if mis-classified; can serve all survivors, male, female, LGBTQ; can provide lots of services
- If supervision wasn't needed and it was more independent living, bigger numbers could be better as long as you still had enough staff to provide services needed, transportation, etc.
- "Economy of scale, didn't find it worth it to provide 4 beds for \$1m/year"
- "None. The demographics of the clients outweighed the staff, there was a lack of services because there were 5 case managers for 200 clients and it's just impossible to provide excellent services or support everyone when you're at that capacity."
- "Learning what it's like to be in relationship with a lot of people"
- "[our] Agency is part of a much larger organization that provides a lot of support and decreases the financial burden"
- "Survivors need 3+ years of safe healing and having multiple phases on the same campus gives survivors the best means of success."
- The staff gain a greater appreciation of what each other does in a large program

### Disadvantages

- Services offered may take longer to get to client because of deeper policies and procedures and overall volume
- Bureaucracy, have to go with government funding because you need more money and have to deal with government regulation
- 60 people living together, trying to commingle; people expect staff to navigate community living, which they don't; difficult to navigate relationally
- [Maintaining] the right size staff and workload so they don't experience burnout
- Finding folks that meet the qualified skillset
- The more girls you have, the more drama you have, more fights, more self-harm, more behaviors, etc.
- It's challenging with so many girls with trauma, with COVID it has also been challenging, staff being out, has put a huge burden on the rest of the team; will always be challenging to care for that many folks at one time
- Clients outweigh staff so you can't provide care; Smaller shelters allow more specialized care
- Put a lot of people together, managing dynamics can be really hard, families rarely have 12 people living in a house: more staff shuffling and less staff consistency
- Everyone is all in one space, everyone doesn't always get along
- "It's chaos multiplied. You must have people who are gifted at managing that many people. We always have to ensure that we have the right staffing levels and are paying staff well."

<sup>1</sup> HT = human trafficking and DV = domestic violence

## Planned Growth

The most common response to whether these agencies were planning for additional growth was “no.” Comments reported that their top priority was to fill current beds and maintain capacity. Two agencies reported that their priority going forward was to offer permanent housing options to survivors. Those planning changes mentioned these specific areas of growth:

- Moving to get everyone in one building
- Creating an ADA-compliant 8 bed shelter for 12-17 HT victims
- Opening a new home in another state
- Launching a specialized foster care model for girls, as a step-down option, just not on the same campus
- Looking to move to a more modern building

## Advice

Not surprisingly, the most common advice to other shelters considering a large capacity was the need to secure and maintain qualified staff:

- Have as many staff and volunteers as you can have; keep clients active and engaged to help minimize the behaviors to keep them safe so they don’t want to run right away; overstaff and lots of activities; recommend a school on campus if they’re in schools, public schools bring in a whole level of difficulties; have a team that really communicates with one another, they use a lot of group texting
- “Try to find someone to submit yourself to for oversight; [someone who] can help provide training, provide the newest, most up to date trauma-informed care practices, get in a network of providers who know what they’re doing and don’t try to go rogue”
- Take a good amount of time to lay a strong foundation, don’t rush into opening, make sure you have a strong and robust, ongoing training program for your staff and make staff care a top priority
- Ensure that you have enough staff and have the capacity to provide the resources necessary for the client to stabilize.
- Get good staff members that you trust that are going to show up on time, will care well for residents. This allows staff off the clock to be off the clock and not worry about the staff that’s working.



---

**“If I could say the one frustration I have, is well-meaning people wanting to serve human-trafficking victims who have no business doing so because they’re not trained and they’re actually causing further harm.”**

**RESPONDENT**

### **Provide for building maintenance:**

- Consider the time for facility operations: I have seen myself spending tons of hours handling operational needs as a Director and the Residential Services Manager who works with me. Facility maintenance is related to maintaining or fixing roofs, floors, water leaks, broken dishwasher, laundry, mold, etc. External maintenance: trash and landscaping
- Build a partnership with construction companies, furniture companies, etc., so when new needs arise, there is something in place to help.
- Even though we ask clients to clean after themselves, big facilities must have a cleaning company. Expecting residential staff to clean after clients causes burnout and job dissatisfaction.
- Having specialists in operations such as IT, maintenance, safety, will help the Residential team focus on the programmatic aspect of the services (case management and supporting clients on their goals, evaluating programs, and bringing more programs from outside to the shelters).

### **Anticipate an increase in dynamics:**

- Have patience for communal living conflict! Communal living conflicts move clients away from their goals.
- Consider building individual studios so clients can have their own room: mini stove, kitchen, tv, beds, sitting area etc.

### **Maintain occupancy level:**

- Work with law enforcement so they know you're there
- Build a huge referral network for collaborative partners you have when you come to the end of your scope.
- Have a good relationship with sister shelters in case you need to swap participants, don't live in scarcity- not building relationships with other organizations because you're afraid of competing.

### **Start small and grow:**

- "Don't try to be all things to all people." "Find what you do, do that well and build a network of collaborative partners that do what they do well to refer out."
- "I've seen other providers get in the space and have dreams of serving huge numbers and those programs never take off and are never sustainable" "I've seen a lot of organizations pop up that they just want to serve trafficking victims, to do that well, you can't do volume, you have to do a low number and if you do a low number and you don't have a bigger umbrella around you, then it makes it really hard because people get stretched really far."
- Think small, be very clear about what your mission is. Keep it very, very small and very trauma informed.
- Take 5 years to develop your program. Make sure you have your foundation in place. Make sure you have done your due diligence. Have at least 6 months of reserve in the bank. Stay focused on what you set out to do.

## Summary

This study did not conclusively arrive at the optimal number of beds per agency, as so many other factors contribute to that number. The mission of the organization, its leadership, the population being served, local resources, staffing, volunteers, and the program goals all go into determining a well-functioning program. There is harmony around an average of 8-9 beds per facility, as found across the 218 programs nationwide and as supported by comments from these respondents. Still, it should not be concluded that large facilities are in error. What was learned was that larger facilities demand so much in terms of staffing, administration, operations, and finance. Shelter leaders and funders should ensure that these provisions have been considered and secured for the years ahead.

The real question for anyone aspiring to operate a residential program for trafficking survivors, or those who fund them, is: “Can you establish and maintain (over the long haul) the right balance of quality of care and relational connection that is needed to serve this population well, and secondarily, can you assure the staffing, operations, and funding needed to deliver on the promise being made to the survivors who are making the hard choice to entrust you with their care?”