

# INSPIRE & CONNECT

National Alliance of Trauma Recovery Centers Newsletter

May 2023



*Within you, there is a stillness and a sanctuary to which you can retreat at any time and be yourself.*

-Hermann Hesse

## IN THIS ISSUE:

Page 2: TRC Good News

Page 3: TRCs In The News & TRC Client Message

Page 4: TRCs at ASJ's Survivors Speak

Page 5-7: Spotlight: TRCs Serving People Experiencing Homelessness

Page 8: Transformation | Action | Advocacy

Page 9: Map of Trauma Recovery Centers



NATIONAL ALLIANCE OF  
TRAUMA RECOVERY CENTERS

# TRC GOOD NEWS



**Brenda Glass**, Founder of the Brenda Glass Multipurpose Trauma Center Cleveland, Ohio was awarded the Special Courage Award by the Ohio Attorney General Office.

(Pictured left Stephen Massey, Citilookout TRC (Springfield), Geneva Sanford, OhioHealth TRC (Columbus), Megan Simpson, MetroHealth TRC (Cleveland),, Sheila Nared, Seven Hills TRC (Cincinnati), and Brenda Glass (Cleveland)



**Alicia Boccellari**, Executive Director, NATRC (pictured right) received a Lifetime Achievement Award from the Alliance for Safety and Justice, in recognition of her work to grow and support Trauma Recovery Centers in communities where they're needed across the country.



**Amanecer TRC**, Los Angeles joined the LA Superhero 5k Run/Walk sponsored by Crime Survivors to raise awareness for victims of crime.



**MIRACLES**, Torrance, CA awarded the Best Psychotherapist of Torrance Award for the second year in a row.



## Self Care at TRC

**Left: Jersey City Medical Center TRC**  
(New Jersey)

**Right: Grady Trauma Recovery Center**  
(Atlanta, GA)



# TRCs IN THE NEWS

## **Find Healing and Growth through Citilookout Trauma Recovery Center** (Dayton, Ohio)

Stephen Massey, Chief Operations Officer and TRC Program Director spoke to Living Dayton about the mission and services of the Citilookout TRC.



[Click here for the link to article](#)

## **Violence Interrupters Discuss, Learn About Trauma Treatment at Mercy Health TRC** (Toledo, OH)



Oralee Macklenar, Supervisor, MercyHealth TRC talks with Toledo Violence Interrupters team to help get the word out about TRC services.

[Click here for the link to the article](#)

# A Message From a TRC Client

## **From the Jersey City Medical Center, New Jersey**

“Saludos escribo, --- una paciente del programa de recuperación de trauma en Jersey. Mi experiencia con este programa puedo contarle a sido de mucha ayuda en lo personal, especialmente en el departamento de sicologia, a sido de gran ayuda por los traumas que vengo padeciendo en el núcleo familiar y de pareja, eh encontrado personas dispuestas ayudar sin recibir contribución económica, en los tiempos que estamos viviendo todo se hace a base al dinero, estas personas ayudan y prestan su conocimiento sin ningún interés económico, agradezco enormemente un sistemas como este existan y puedan ayudar en estas áreas”.

Translation: My name is --- and I am a patient at the VOCA Trauma Recovery Center at the Jersey City Medical Center. I will tell you about my experience with this program, it has been very helpful personally, especially in the psychological aspect, it has been a great help due to the traumas that I have been suffering in my family and as a couple, I have found people willing to help without receiving a contribution. Economically, in the times we are living in, everything is done based on money, these people help and lend their knowledge without any economic interest, I am extremely grateful for systems like this that exist and can help in these areas.



# TRCs Across the Country Participated in the Alliance for Safety and Justice's Annual Survivors Speak

## ILLINOIS SURVIVORS SPEAK



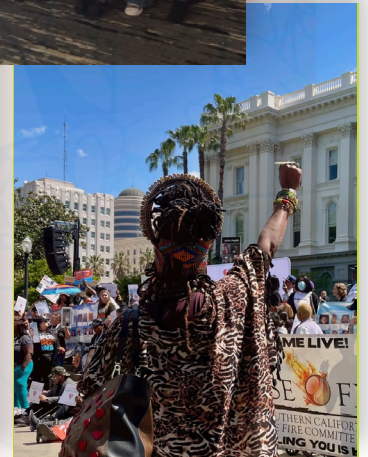
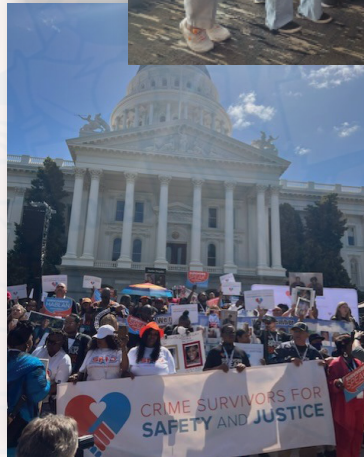
## OHIO SURVIVORS SPEAK



## FLORIDA SURVIVORS SPEAK



## CALIFORNIA SURVIVORS SPEAK



# Spotlight: TRCs Serving People Experiencing Homelessness

## Contributors:



**Amy Turk, LCSW**  
CEO  
Downtown Women's Center

[Learn more about Downtown Women's Center](#)



**Gabriella Lewis, ACSW**  
TRC Technical Assistance Specialist  
Former Program Manager of Homeless Outreach Program Integrated Care System (HOPICS) TRC

[Learn more about the HOPICS TRC](#)

Living on the streets creates vulnerability to violence. Throughout the country, people without housing experience epidemic levels of violence against them, far higher than in the general population (Kushel, 2022). A core element of the TRC model is using an assertive outreach approach to engaging underserved populations, which includes people experiencing homelessness. NATRC recently spoke with Amy Turk, CEO of Downtown Women's Center (Los Angeles) and Gabriella Lewis, who served as Program Manager of HOPICS TRC (Los Angeles) before recently joining the TRC Technical Assistance Program team, about these programs' focused work to engage and serve people living on the streets.

## Can you please tell us about your program's mission and work?

**Amy:** At Downtown Women's Center (DWC), our mission is to end homelessness for women. We do that in four different ways: housing, employment, wellness, and advocacy work, using our voice for systems change. Our TRC falls under all of that, but starts in our Wellness Department. We are focused on getting people the clinical care they need as fast as possible while getting them access to any benefits they might qualify for as a victim of crime.

**Gabriella:** HOPICS TRC's mission is very similar to the overall mission of why the TRCs exist –with a focus on connecting with communities of color, as South Los Angeles includes a large community of Black and brown individuals. With all the stigma attached to engaging in mental health services, there's a strong emphasis on educating the community about trauma and normalizing the impacts of trauma for people, and finding creative ways to bring services about. Offering traditional talk therapy and also offering expressive arts and bringing in other cultural components that are relevant for Black and brown communities to really get more buy-in. Assertive outreach is an important piece of the work that TRC does. Going out into the community, meeting people where they are. Going to the drop-in centers, the shelters, the interim housing sites where staff know they can connect with folks and educate them about services.

## How do survivors of violence who are without housing get connected with the TRC?

**Gabriella:** We have to go to them, we can't expect folks who are experiencing homelessness to come to us, even though that does happen too. Some people walk in because they know the name HOPICS and that it has something to do with housing. That's a way that TRC staff can say "hey, we don't do housing support here, but let's get you connected, and let's also tell you about what we do here." They also partner with the E 6 outreach workers at HOPICS who go out to the homeless encampments all throughout South LA and connect with folks in their tents, on the streets, wherever they might be; they are equipped to know about and introduce TRC services.

TRC staff can also do ride-alongs with them to try to reach the really entrenched individuals who are experiencing homelessness and not accessing drop-in centers - they are literally just on the streets. With the last funding cycle, the TRC also created an outreach and engagement case manager position. Her job is to go out into the streets, go to parks, walk through skid row, or wherever, to connect with folks and educate them about the TRC and the services that are offered.

**Amy:** People get connected in multiple ways: DWC runs the only Access Center in LA County. We're a well-known drop-in site - no referral needed. Additionally, we contract with Peace Over Violence in our TRC's work. They run a long-established hotline for survivors of domestic violence and sexual assault. So those are two ways that people enter without a referral. We also receive referrals from the network of TRCs, from Victim Service providers, and from the City- and County-run Victim of Crime programs, from police officers, and then our own internal triage too. Not all people who come to us know about TRC services, but if we're doing an intake, we let them know if they qualify for our Trauma Recovery Center.

### **How does the TRC help people access shelter and housing? And what other case management priorities do you often see?**

**Amy:** Housing is definitely the number one need and the hardest resource to maintain. Our case management is housing-focused - that's the goal of all our activities even when it also includes more wraparound services. For some people, that might mean we're helping them get their identification that might have been lost or was stolen, getting people on waitlists, following up, being an address that people can use for mail to get notifications about housing and anything else. We help people access computers so they can look up housing resources. We have funding that pays for background checks, and first month's rent and security deposits. We help people with interim housing if they need a safe place to live, and that gives a little bit more stability so people are able to go look for more permanent housing. We have contracts that pay for rent for up to 24 months while we're helping people find employment that can then sustain their rent thereafter. We also own and operate two buildings with permanent supportive housing, which we've been doing since 1986. The support provided on-site includes mental health treatment, social activities, and anything related to education and careers. We also have a registered nurse and an occupational therapist on site, with a focus on helping our older residents age in place, and not prematurely move into nursing homes. We have a primary healthcare center run by a FQHC, and we have a full meals program. Many times, people come to the Access Center for a meal, and then get connected. Our residents who live on-site can access three meals a day there too. We also really look at: what do residents want? And, can they lead it? How can we help them be leaders? So residents run cooking classes, birthday celebrations, and exercise classes - programming is driven by what they want.

For the community-based housing, it's really about finding a willing landlord - by calling, calling, calling. We have a Housing Navigator Supervisor who has a team of three people - they're like our real estate agents. Most community-based housing units are just mom-and-pop landlords that we found, and then we pay for the rent or the person has a Section 8 housing voucher that pays for it, and we do field-based case management. Currently we have 119 women in permanent supportive housing and an additional 500 across the county in community-based housing. On any given night, we're supporting over 600 women to be housed.

**Gabriella:** HOPICS is primarily funded through LASA, which is one of the major funders for housing throughout Los Angeles County. They grant money to organizations to open sites. HOPICS programs include shelters, interim housing sites, emergency hotel sites that were opened during the pandemic to get people off the streets. HOPICS staff have been going out on a weekly basis to encampments with buses, picking up folks up and taking them to where they can get enrolled into shelter, interim housing, mental health services, and other services they need. The TRC is not a housing program specifically, but it does a lot of connection and advocacy. And at HOPICS, there's an understanding that it's not just about housing people, it's about sustainability. If their mental health needs aren't being met, how do they stabilize in a home?

And sometimes people aren't ready. If you don't have somewhere safe to stay or sleep at night, you might know that you could benefit from some type of therapy or treatment, but your concern, especially if you have children, is making sure you have somewhere safe to sleep tonight and you have food. We understand those needs are often more of a priority and we can start there. We honor that. After therapy ends at the TRC, clients can also receive aftercare case management support, especially if we are the point of contact for applications that have been submitted and we don't want things to fall through the cracks.

## **How does mental health treatment differ when a client is homeless? How does it not differ?**

**Gabriella:** Whether clients are experiencing homelessness, or are at risk of homelessness due to substance use or losing a job, we have to remain very fluid and flexible. We're doing assessments but it may not get done all in one session, especially when you're the first one asking someone, "How are you? Tell me what's going on." Folks that are experiencing homeless are often overlooked. It's a huge population of people being unseen and their humanity is completely ignored. An assessment can take multiple sessions because we're unpacking so much. Homelessness alone is a category of trauma because of what you see and experience on a day-to-day basis when you're living on the streets. It's complex trauma. We have to take our time and breathe through this with people, not rush, and create the space for people to feel as safe and secure in that process as possible. We are tasked with trying to build rapport in a quick manner. These are people who don't trust systems for very good reasons, so we need to show that we're here because we really want to help. We want to normalize what people have been through and that it's not your fault, and it's not okay. We hear a lot of people blaming themselves for what has happened to them, and we have to take a lot of time to normalize, educate, with compassion and empathy, and then just be patient and not ignore if someone is becoming upset through the process, but stop to check in – "Are you doing ok right now? Do you want to take a break? Can I get you some water or hot tea?" We also don't leave people alone – if someone is experiencing suicidal ideation or homicidal ideation we wrap around them as a team so that our colleague can step away to eat or use the restroom and then others on the team can step in. These are all of our clients, no matter what.

**Amy:** Flexibility of appointments is key. The mental health treatment might not be sitting across from each other in a room, it might be over sharing a meal together outside instead, and the therapist is checking in. It's more field-based, and isn't always one session per week. We understand if a session gets missed. We're using the same EBPs as many other TRCs, individually and in groups, including Seeking Safety, the CRIM model, and other models that teach coping skills.

What I understand from people who are now legislative advocates with lived experience and from focus groups I've done – once people understand the impact of trauma on their brain, they feel so much more in control, and more empowered. So we do a lot of teaching about what trauma does to your body. And we put it in the perspective of systems, and not things that are an individual's fault. We also see a lot of power in the peer model - peer counselors, peer specialists. At Peace Over Violence, much work is peer-run. At Downtown Women's Center a peer is someone on payroll who has either used our programs or has experiences related to our client base and are actively speaking to that in their job. Since Covid we now have a community health worker program, and attendance at doctors' appointments is going up, and vaccinations/other healthcare activities have gone up. It's important to have one person at the lead of the communication among staff. And with the homeless population, it's important to make sure people's phones are charged, active, available, and then being creative when you can't get someone on the phone. Doing more field-based work outside of your office if you know where the person typically resides, and being creative in how we communicate with the person. "If I don't hear from you in three days, I'll come look for you."

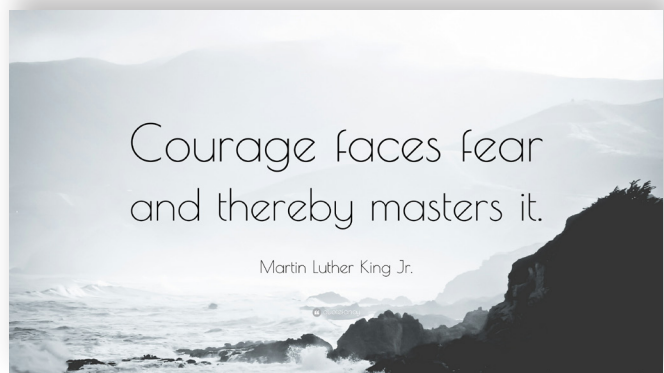
# TRANSFORMATION | ACTION | ADVOCACY



Amanecer TRC (Los Angeles) is the recipient of the [CalVCB \\$2.5 million Trauma Recovery Center Regional Pilot Program Grant](#). Amanecer will establish satellite offices to bring services to rural and underserved areas in the San Joaquin and Kern Counties.

## QUOTES

“  
**ONE DAY YOU WILL TELL  
YOUR STORY OF HOW YOU  
OVERCAME WHAT YOU  
WENT THROUGH AND IT  
WILL BECOME SOMEONE  
ELSE'S SURVIVAL GUIDE.**  
-BRENE BROWN





# TRAUMA RECOVERY CENTERS



CALIFORNIA  
18 TRCs

FLORIDA  
1 TRC

GEORGIA  
1 TRC

ILLINOIS  
5 TRCs

IOWA  
1 TRC

LOUISIANA  
1 TRC

NEW JERSEY  
4 TRCs

NEW YORK  
4 TRCs

OHIO  
8 TRCs

PENNSYLVANIA  
1 TRC

44 TRCs Nationally in 10 States (as of 1.20.2023)

TRCs: Send us your good news at [kathy.liu@ucsf.edu](mailto:kathy.liu@ucsf.edu).

To subscribe to the NATRC Newsletter email [kathy.liu@ucsf.edu](mailto:kathy.liu@ucsf.edu).

Please click [here to](#) link to the UCSF TRC Manual: A Model for Removing Barriers to Care and Transforming Services for Survivors of Violent Crime

