

October 2024 NATRC National Newsletter

Despite the excruciating heat this year, TRCs have been busy this past summer and now fall. It's almost time to prepare for 2025! But let's not get ahead of ourselves. In the spirit of mindfulness, let's take a look at what's been going on with TRCs in the national community, including some good news for the National Alliance of Trauma Recovery Centers!

Note: This email has pictures! Make sure your email app lets you download the external images for the full experience. ;)

NATRC Highlights



\$5 Million Department of Justice Grant

The National Alliance of Trauma Recovery Centers, a project of the University of California, San Francisco, and the Alliance for Safety and Justice announced in October that the NATRC has been awarded a major grant from the U.S. Department of Justice's Office for Victims of Crime. The \$5,000,000 in new funding – FY24 Trauma Recovery Center Demonstration Project – will allow the NATRC to establish Trauma Recovery Centers in communities most affected by violence and oversee a national funding process to subcontract with organizations to start new Trauma Recovery Centers in underserved communities. The NATRC will provide technical assistance to support those centers' implementation and operations. The funding is both a major boon to communities struggling to break cycles of violence and victimization and a testament to the growing consensus around the effectiveness of the TRC model.

"We know that TRCs work because the evidence is borne out in the experiences of crime survivors assisted by this model," said Dr. Gena Castro Rodriguez, National Alliance of Trauma Recovery Centers Executive Director. "It's proven to create positive outcomes in crime victims' lives – from lower rates of PTSD, substance abuse and homelessness to higher rates of employment among those served by a TRC. We are so excited to be able to partner with ASJ to expand this model into communities that really need these essential services and where crime victims currently lack access to the care and support that all victims deserve."



UCSF TRC Site Visit

On October 7, 2024, Dr. Sarah Metz, Director of Division of Trauma Recovery Services and Dr. Gena Castro Rodriguez, executive director of the NATRC, and NATRC staff hosted a program site visit to the UCSF TRC.

This was a powerful and dynamic day full of amazing presentations about various TRCs and how they approach the Trauma Recovery Center Model with dedication and passion for the work that they all do.

Those in attendance included:

- Representatives from California Victims Compensation Board
- Representatives from Michigan Department of Health and Human Services/Division of Victims Services
- UCSF TRC staff who presented on their programming
- NATRC staff who presented on cultivating resilience

The four newest TRCs to join NATRC were represented as well:

- Henry Ford Hospital TRC, Detroit, MI
- Healing and Justice Center/Dream Defenders TRC, Miami, FL
- UC Davis Health TRC, Sacramento, CA
- REACH TRC, Hemet, CA

The NATRC TTA team looks forward to continuing to offer site visits to the UCSF TRC as a part of the training and onboarding process.

We would like to thank everyone who participated for your dedication to this model and for contributing to such an amazing day!

Good News from TRCs Across the U.S.



Jersey City Medical Center TRC



Jersey City Medical Center TRC

RWJBH JCMC VOCA TRC in Jersey City, NJ, attended Jersey City's Annual Brain and Wellness community fair at Lincoln Park, NJ. (Pictured: Lia Castillo – Patient Navigator and Nina Lopez – Scheduling coordinator)

RWJBH JCMC VOCA TRC attended The Division of Community Development Annual Block Party run by the City of Jersey City. (Pictured: Lia Castillo – Patient Navigator)



Jersey City Medical Center TRC

RWJBH JCMC VOCA TRC was recognized earlier this year by the Urban League of Hudson County at their annual Juneteenth Community Day Event.



Jewish Community Center at Greater Coney Island TRC

Earlier this summer, representatives from the New York City Council visited JCCGCI TRC in New York City, NY, to discuss the relevance of Trauma Recovery work throughout the Brooklyn borough, its tangible impacts in New York City, the need for expansion, and existing challenges.



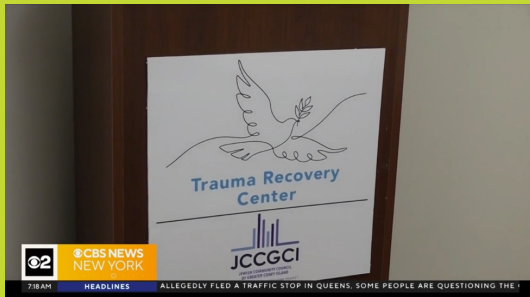


Henry Ford Health TRC

In early September, Henry Ford Health TRC in Detroit, MI, hosted its ribbon-cutting and grand opening. Clinical Program Manager Ali Lakhani, PTA, B.S.Ed., said, "We are very excited to begin seeing patients in a couple of weeks and provide this much needed resource to survivors and our community." Congratulations, and welcome to the National Alliance!

[View More Photos](#)

TRCs In the News



Jewish Community Center at Greater Coney Island TRC

In July, a local CBS News station reported on the outstanding community response to the opening of this TRC, and the services and aid this TRC provides for clients.

[Read the Article](#)



University of California, Davis TRC

The TRC at UC Davis recently held its grand opening, and the local CBS News station covered the story. Welcome to the National Alliance!

[Read the Article](#)

Spotlight on BRAVE TRC



Brienna Hill, LMSW

Shannon King, Psy.D.

In this newsletter edition, we have the opportunity to hear from Brienna Hill, LMSW and Dr. Shannon King, PsyD, and learn about the innovative and amazing work that the Buffalo Rising Against Violence (BRAVE) TRC is doing in Buffalo, New York. Located at Erie County Medical Center (ECMC), the BRAVE Program has been in existence for over 5 years and serves as the violence intervention program within the hospital that focuses on the structural causes of violence. The TRC at BRAVE was then named and established in 2023 and remains as the only hospital-based violence intervention program in the region, funded by the New York State Office of Victims Services.

Brienna serves as the Program Director of the TRC which includes oversight of the support services, advocacy and case management services while Shannon serves as the Clinical Director and Clinical Psychologist which involves oversight of the clinical therapy services and includes the carrying of a caseload of some of their highest acuity clients that are referred to the program by the hospital.

“We're based out of Erie County Medical Center (ECMC) and are the only level one trauma center in our region that encompasses five contiguous counties. We provide free therapeutic and support services to individuals from any of those counties that come in and receive services from ECMC or the surrounding neighborhoods of the hospital. Our TRC was born out of the idea that the individuals that were receiving care at the hospital, were doing a really great job at being able to address the physical needs that patients had but when folks were leaving, there was those emotional and social determinants of health that were not being addressed when they were being discharged.

So, we decided we needed to do something more to reduce victimization, we needed to really be able to address those outstanding needs of those individuals. When we found the TRC Model, that was what really hit for us, that this is what we want to be able to bring to this community. We are in the process of opening our new location, which will be in the same community and neighborhood that the hospital is in, and we are still hospital-based and providing the same services that we are providing in the hospital setting. Both settings happen to be in specific zip codes that are the most impoverished areas in Buffalo. So, we are truly, in the heart of the community and the population that we typically are serving and interacting with at the hospital.

The therapeutic service portion of our program has grown tremendously. When we started five years ago, before we were a Trauma Recovery Center, we were trying to figure out how best to serve a population that rarely had access to mental health services. So, a lot of the growth has been around mental health literacy and making the services accessible in a way that we are still meeting all the ethical, moral, and legal obligations, while inviting and encouraging individuals to come in. And we are proud of the fact that we don't take insurance, that all our services are free. Most of our referrals are seen for an initial intake within two weeks max of their initial victimization.

And then there's an ongoing therapy and engagement process that we are framing as accountable

therapeutic services because it's not just the individual that's going to be accountable for their healing and their growth, but also the therapist whose role is to walk alongside with the client. This approach to care stands out, particularly with the population that we work with, because we're introducing the idea of therapy for the first time to individuals. So, our therapists are doing a lot of work on the floors of the hospital, in the emergency rooms, and out in the community to establish those relationships and to build trust so that folks feel that mental health is accessible to them.

We believe that one of our greatest strengths is that we don't operate in a silo and that we maintain direct access, communication, and collaboration with the clinical case managers who are providing the supportive services, so that individuals are truly receiving comprehensive care. But it's also beautiful for the team approach in the fact that it's not one person attempting to meet the needs of their patients or their client. This helps us to be able to hold space for the sharing and disbursement of the work and to be able to continue to do the work, build resilience, and sustain the holding of hope for our clients. It also helps with avoiding burnout and vicarious trauma and supports us in taking care of ourselves.

Through funding support from one of our grants, we are excited to be in the process of adding a therapy dog to our services. Over the past couple of years, we have been going through training with **Assistance Dogs of the West**. The process includes applying and interviewing to determine whether your program and facility are an eligible site for the dog and training. We've gone to Santa Fe, New Mexico, two times now and have learned to work with the different dogs and how to handle them. The process also includes a matching process and securing a relationship with a dog which is taking some time to do due to the uniqueness of our program and trying to find a dog that really has the right fit for our needs. Our hope is to be able to use the facility dog in therapy during our individual outpatient therapeutic services, for emotional support and comfort, through physical touch and petting, and playing games. Physical kinesthetic action while processing trauma can help alleviate some of those physiological symptoms that can arise.

One of the biggest barriers to talking about and processing trauma with individuals in a therapeutic setting is that we're reactivating those somatic symptoms and we're putting that individual right back there. And so, when they're in that survivor brain, all that emotional processing has somewhat stopped at that point, and the dog can really help reduce that. Studies have shown that they help reduce and lower blood pressure, they help reduce heart rate or lower heart rate. They can help with the co-regulation of emotions and the somatic symptoms. So, we're really hoping to be able to use the dog in that sense, but then also for staff support, whether it is with our emergency department, the trauma team, or just our staff here at BRAVE to help us decompress and calm down in those moments when we need to hold or have space held for us.



We would also like to have the dog for court accompaniment to be able to provide emotional support to clients who may be in the process of writing or reading their victim impact statement or having to testify or appear in court. Aside from having to consider the desired personalities of the dog (s), we also must consider the breed and color of the dog, stereotypes associated with breeds of dogs as well what breed(s) of dogs would be the best fit for the population we are serving. Research shows black dog syndrome, people tend to look at them like they're not as good or they're bad luck or they're scarier. But then if we get a white dog as white clinicians, what impacts or implications would that cause? So, this is something that we have put a lot of thought into, and we are hoping to get a golden yellow lab because they can present as more friendly to

folks that may be uncertain of the animal.

One of the strengths of our program is that we are based out of the hospital, so we are right on site, and have 24 hours staffing, all of which can be both a strength and a challenge. Being able to meet people when they are at their most vulnerable and when they're coming into the emergency room after they've been shot or after they've just experienced an assault, provides us with the opportunity to sit with them and to hold space and immediately offer them support and let them know that there is a path forward from this. And we sometimes are with that person through their journey from the emergency room to inpatient.

The hospital has on site rehab services, so a patient might have to spend four or six weeks going through rehab because they've lost a limb, or they have paralysis or they're relearning to be mobile after a certain amount of time. We are also focusing on introducing therapy to outpatient clients and are able to provide various interventions and support such as coping skills while at bedside and beginning to support them in processing their trauma and thinking about what going back to their home and going back to their community looks like now that they've left the hospital. So, this is a strength of ours and a gift that we can take that journey with the individuals that may be harmed in our community and hopefully at the end bring some hope and some new skills and a way forward for them after something happens.

Another strength is our non-siloed, collaborative approach to the work. No one person makes decisions when it comes to leadership. No one person must carry a case on their own. We do that collaboratively. We understand the cases that each person is taking and who they're working with. So, if a client walks in our office, we might not know that person by sight, but we know what their family dynamics are and what brought them to the TRC. And we can support them in the moment even if their primary person is not available. Our team-based approach is essential in creating space for emotional sustainability in the work and supports our ability to provide the level of quality care that we do.

Funding is always a challenge and we're constantly trying to think outside the box. Having a TRC is new to our city, new to the region, and fairly new to funders who are hopefully understanding how valuable a Trauma Recovery Center is and the work that we do. It's been challenging on state and federal levels, as well as within our own hospital setting talking to our funders and colleagues about what we're doing and how we're pivoting away from traditional victim assistance programs and that traditional model of providing services and getting buy in from our funders to want to support and continue to support the work that we are doing. Yes, this does not look like traditional mental health care that you might see, but here's why it is so valuable, and here is what we are bringing. Getting that buy into the fact that this is a really valuable model and that we are making a difference in the lives of the people that we're serving.

Sometimes the largest challenge, too, is not adhering to some of those traditional mental health models. And we've just now been able to start pivoting and collecting data to support why we're making that decision. The research, the clinical brain is always questioning, where's the data? Where's the data? And so, to finally be able to have the support through some of our staffing and to have the space and the numbers, the volume, to be able to do that has been a challenge but we are hoping that's going to start turning into a strength.

Additional challenges included space and the growth of our team, who are vital to our success. Navigating the various personalities as well as having to adjust to new and different structural and organizational needs - everybody steps in, and it's this beautiful stew, and yet we are still getting used to the flavor. Figuring out how to honor everybody's strengths and balance that with doing the work while maintaining emotional sustainability because this is really hard work that we are all doing. And so how do we bring everybody together in a way that we are honoring needs and respecting differences? One way that we do this is through having a collaborative leadership model in where the directors, coordinators, clinicians, advocates, and interns, are all working together and carrying pieces of the work together and collectively. **Last year alone, we had 700 therapeutic contact hours, with a 65% show rate and we are so proud of all of the work we have been able to achieve with the team that we have.**

We are currently working with an African American male in his mid-forties who came into our emergency department and our trauma intensive care following a mass shooting incident. Our program coordinator, Cara went to meet him at bedside and to introduce BRAVE services. While Cara was engaging the patient at bedside, she heard the symptoms of trauma in that moment and that he was experiencing acute stress symptoms, including flashbacks and nightmares. So, she asked him if he would be interested in therapy services. I (Shannon) went up and I met with him at bedside, and since that point, we have been working with him extensively through this entire process.

We initially started meeting on a weekly basis and are now meeting on a bi-weekly schedule for therapy services. We go to court hearings with him and Airicka, our full-time therapist and clinical coordinator has worked with the client's fiancé, offering individual outpatient therapy to her as well. We were even invited to their wedding which we think shows that we've really formed this relationship with them that is not anything we have experienced outside of this type of role.

The federal trial is approaching and so we are helping him to process and work through that adjustment and to the trauma he experienced. His life is completely different now because of this incident and for the first time in his life he can no longer work. He has a physical injury and disability that will remain with him for the rest of his life. He was an avid soccer player and a cyclist, and that relationship to sports and movement has changed. And so, we're not just processing the emotional symptoms of trauma and what he experienced. We're also truly looking at that adjustment to a new way of living. In our language, we call it functional ability, so we're looking at and testing the limits of what that functional ability is and helping him find acceptance and peace with that.

Had we not been there at bedside and started to slowly introduce services to him and, having those initial small conversations about what he might be experiencing and what we could offer him, we don't know that he would have engaged or even continued to engage in services with us. This is a case where we can see the value, importance and success of non-traditional approaches to care. We have created a language together where, he will tell me if he notices that he's deflecting and has given me permission to help guide him back into the space or conversation during deflection. He also verbalizes when he needs to take a break and we have this dance of humor and mutual respect where we know where the other is coming from.

Sometimes the sessions are five minutes, and he's like, that's my tolerance for the day, and then sometimes he's there for a full session. Our program allows us that flexibility and the ability to not have to focus on or prioritize billable hours for the day so we can stay focused and attune to the client's needs and flow. And sometimes, after our sessions are over, he will come and look for Kara, who was the first person to have contact with him at bedside, because that relationship still matters to him, and it offers him a different type of support. So, when we're talking about that team-based approach, this a true example of it.

The BRAVE TRC team is comprised of avid animal lovers which is then no surprise that we are proactively seeking to get a facility dog. Our animals are our biggest support system and truly help us with building and maintaining our resiliency in this work. We are so appreciative of the staff's resiliency and their tenacity for the work. No matter how difficult things get, they come, and they show up every day, and they do it without fail. We really admire that because it isn't easy work that we do. They're always focused on providing the best level of care and focused on the patient and the person in front of them. We couldn't ask for a better team. In the five years since our program started and through working in the hospital through COVID, we've had two people move on and it's remarkable that the folks that we have, have really stuck with us for the long run."

We'd like to take the opportunity to thank the BRAVE TRC for their contributions during this interview and congratulate them on the opening of their new and second location in September 2024! Click on the following link to learn even more about the [BRAVE TRC](#).



White House Office of Gun Violence Prevention

YEAR ONE PROGRESS REPORT

Survivors Speak March on Washington D.C.

NATRC and several TRCs joined the Crime Survivors for Safety and Justice Survivors Speak March on Washington on September 23-24. It was a powerful event marked by speakers like Representative Debbie Dingell and crime survivors and advocates from across the nation.

[Visit the CSSJ Website](#)

White House Office of Gun Violence Prevention

On September 23, the White House Office of Gun Violence Prevention released a report on the progress it has made in the year since its inception. The report covers, among other achievements, a decrease in homicides and a decrease in mass shootings across the United States.

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