

MISSION: To advocate and increase access to trauma-informed quality care for all people impacted by violence and systemic inequities.

VISION: A world where every survivor of violence gets the help they need to heal.

BACKGROUND

The UC San Francisco Trauma Recovery Center developed the TRC model of care in 2001. Outcome data demonstrated the clinical and cost-effectiveness of this model: **crime survivors from underserved communities had high rates of engagement in services, significant improvements in mental health, daily functioning and quality of life, and these services cost less than traditional, office-based mental health treatment.** In 2013, the state of California passed legislation to begin replicating the TRC model. And in 2017, California passed legislation to define standards for TRCs across the state and codified minimum requirements and best practices for what constitutes a TRC.

Additional states have begun to replicate the TRC model. **As of 2025, there are 55 TRCs in 15 states across the U.S.** TRCs have joined together to form the National Alliance of Trauma Recovery Centers (NATRC). The NATRC has organized a learning community to provide technical assistance, monthly meetings to share program updates and provider support, and serves as a catalyst to advocate for just and equitable healing services.

Prioritizes individual survivor needs and uses an assertive outreach approach to engagement

- Crime survivors may feel reluctant about entering therapy and/or want to avoid trauma reminders
- TRCs work with crime survivors on what is most important to them first while building a relationship
- TRCs see clients where they are at, including the hospital, their home, or in their community (i.e., homeless encampments, shelters, etc.)

THE TRAUMA RECOVERY CENTER MODEL

Promotes survivor-centered healing and removes barriers to care for underserved survivors of violent crime

Provides comprehensive well-coordinated care that includes mental health, physical health, psychosocial services and legal advocacy in a manner which increases access to services



Identifies barriers to accessing services and helps to overcome them



Evaluates the model to insure it is both treatment effective and cost effective

Helps to streamline the victim compensation eligibility process for crime survivors

Emphasizes evidence-based psychotherapy to target symptoms of distress and increase interpersonal safety



Includes clinical case management services to address all basic needs (medical, legal, financial, housing services, etc.)



Provides these services using a social justice / culturally responsive framework

Rejects stigmatization of people seeking mental health treatment

SUMMARY OF TREATMENT OUTCOME DATA

44% DECREASE IN PTSD SYMPTOMS

43% DECREASE IN DEPRESSION SYMPTOMS

96% REPORT TREATMENT HELPED THEM FEEL BETTER EMOTIONALLY

91% REPORT FEELING BETTER ABLE TO HANDLE DAY-TO-DAY ACTIVITIES

82% WERE EFFECTIVELY LINKED TO HELP WITH OTHER COMMUNITY SERVICES

89% WERE HELPED TO REDUCE OR COPE MORE EFFECTIVELY WITH SUBSTANCE USE

TRC ACCOMPLISHMENTS

Increase the rate of sexual assault survivors receiving mental health follow-up from 6% to 71%

Cost comparisons show that TRC services are significantly more cost-effective than the usual system of care

The TRC model costs 34% less than the Fee-for-Service model

TRC PARTNERSHIPS

- Support survivors to engage with law enforcement leading to an increase number of police reports filed
- Increase collaboration with the District Attorney's Office in comparison to survivors that did not have TRC services
- Help to break the cycle of trauma with on-site school-based mental health and case management services to high school students ages 14-18

TRAUMA RECOVERY CENTERS IN THE UNITED STATES 55 TRCs Nationally in 15 States (as of July 2025)

