

**SITE VISIT Draft Report: Dore Residential Care 52 Dore Alley San Francisco, CA**

**August 30th, 2024**

**Note: *Key Points highlighted for action and acknowledgment***

**SAN FRANCISCO BEHAVIORAL HEALTH COMMISSION SITE VISIT**

Reviewing Commissioner: Co-Chari Liza M. Murawski / Commissioner Carletta Jackson-Lane – August 30<sup>th</sup>, 2024

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To receive services at Dore Residential, you must be referred by a community-based organization from the Department of Public Health (DPH) or Behavioral Health Services (BHS) for yourself, a family member, or a friend. A referral by a mental health clinician is also required. Currently, there are 16 beds available at their step-down facilities and 10 beds open at the Dore residential facility. Please note that the number of available beds may fluctuate due to the influx of needs, referrals, and staffing.

Dore Residence Main points of focus

Acute crisis

Mothers reuniting with children Latino/ex communities Seniors.

People leaving long-term institutionalized confinement and Transitional age youth.

Page 2

The Progress Foundation offers innovative behavioral health services, providing alternatives to institutionalization and placement for individuals experiencing

severe mental illness. Their program brochure emphasizes the client's active involvement in their treatment and planning.

The Dore Residence, part of the Progress Foundation, offers a comfortable living space with seven rooms, each with two beds. The residence also features a full kitchen, study and library, activity room, and two full baths, ensuring a homely and supportive environment.

The program offers flexible, individualized treatment goals and plans. Residents participate in daily activities, games, arts, and menu planning and engage in appropriate risk-taking activities to learn new skills, with support from diverse and well-trained staff, including peer specialists.

Dore staff believe that treatment for the seriously mentally ill and social reintegration occurs when an individual can be in an inclusive environment that is planned around socially challenging situations.

Dore's social approach to rehabilitation is not just a method but a philosophy emphasizing everyday activities' have a therapeutic value. By normalizing these experiences, such as chores, meals, and shopping, the facility helps clients regain skills and build healthy relationships within a social environment. This fosters an optimistic outlook on the potential for recovery, highlighting the profound impact of our work on the lives of those we serve.

The administrative staff works with the group internally to manage daily housing and chores, creating structure. In both external and internal training, staff members (when able) attend meetings. The staff seems self-driven in advocating for and developing treatment plans for transfers to long- and short-term recovery programs. This includes facilitating a warm handoff, including prescriptions and housing assistance.

Page 3

It's crucial to note that Dore's individualized, wrap-around healing service can only be continuous with sufficient staffing. The facility's ability to provide care is

directly impacted by caregiver shortages. While the morale remains steady and accurate, it's essential for the system to take responsibility for stabilizing the care system.

Dore does not offer specific gender-responsive programs, but they do work with individuals and accommodate how they self-identify. Their treatment methods are based on evidence-based recovery programs such as CBT and DBT. However, they are planning to expand into dual recovery-centered care and reach out to black and brown individuals with substance abuse issues. The facility also aims to conduct systemwide tabling and informational seminars to raise public awareness about the dangers of substance abuse.

Measuring their success and challenges involves clinical staff and peer support with soft skills and personal experience. Incorporating evidence-based activities and peer interaction has contributed to Dore's continued success. Dore clients are given the agency to make their own treatment decisions and are free to leave anytime. Dore work with other community-based organizations such as Code Tenderloin and San Francisco General Hospital for street outreach and referrals to continue meeting client needs. When in progress in recovery at Dore the residences can complete a client satisfaction survey, and when the staff feels the need to refer others out, to allow for client centered care, they work in tandem with Huckleberry and Larkin Youth Center for transitional youth.

Dore staff works with families and significant others to help reconnect with them and their children. When working with transitional-age youth, they have ten city funded beds. The youth range from 18 to 27 years of age. The main goal is to ensure a warm handoff and a successful exit from the system.

The residential facility does not have family support groups. Families and clients must sign their lease of information. If any form of information is to be shared, they do not have certified peer specialists but do have non-certified staff with

extensive live experience who have been former residents or participated in the system.

Dore staff and peers are culturally diverse and speak four languages (within this facility), English, Spanish, Arabic, and Chinese. Dore staff is committed to a client-centered approach. They continuously seek and use client input for program development, including ideas for cooking, menu planning, shopping, activity planning, games, and outings.

Recommendations are to increase pay moral support to reduce turnovers and burnout, expand funding, and report back to the progress to the commission on new programs being implemented around the new health movement and dual recovery anonymous.

Follow up in 2025 to assure support is provided (morally, and financially) and that client centered needs are still at the forefront of Dore's mission.

In closing, the facility was clean and welcoming, and the staff worked with care and empathy, engaging with clients. The interior was clean. Clients were doing chores, and the overall environment was calm, clean, and welcoming. This is a facility that reduces stress levels and promotes self-agency.

Please see the organizational chart exhibit A as an attachment and exhibit B as a progress foundation brochure.

Respectfully,

Co-Chair Madam Liza M. Murawski  
San Francisco Behavioral Health Commission