

SITE VISIT REPORT: Dore Urgent Care 52 Dore Alley San Francisco, CA

May 22, 2024

Note: Key Points highlighted for action and acknowledgment

SAN FRANCISCO BEHAVIORAL HEALTH COMMISSION SITE VISIT

Reviewing Commissioner: Co-Chair Liza M. Murawski / Commissioner Carletta Jackson-Lane – May 22, 2024

Meeting with the Psychiatric Division / Safety/ Short term/ and prepare individuals for a warm and safe transition to the next steps of well being

Interviewed- Xue Yang Clinical Manager – 11/2 Years – Licensed

Kimberly Taylor Director of Clinical Services / Progress 10+years- Licensed

The Progress Foundation Dore Urgent Care provides clinical assistance to individuals experiencing an escalated mental health crisis or episode to prevent involuntary detention or hospitalization.

Dore Urgent Care offers psychiatric emergency services, including crisis evaluation and assessment of the crisis, leading to a voluntary adult services unit (ADU) and then onto a 90-day residential treatment program. (if desired)

At Dore Urgent Care, the multidisciplinary team is dedicated to the well-being of those in crisis and offers treatment on-site.

Dore Urgent Care is comprised of clinicians, nurses, and psychiatrists.

They offer comprehensive services, from individual medication management to case management and addressing immediate crises. The goal is to prevent institutionalization and guide clients to wellness through a client/social-centered lens.

Their address is 52 Dore Alley, and they also have an adjacent residential facility. Specialized triage coordinators assess new clients at Dore Urgent Care in San Francisco. As mentioned previously, one of the options for individuals at Dore Urgent Care is transitioning to an adult diversion unit and participating in transitional residential treatment programs. Unfortunately, many residents opt out of residential treatment due to a lack of hope, as they believe there is no housing available for them post-treatment. This issue underscores a significant problem within the Mental Health System in our city, leading to a systemic imbalance

***Key Points – Challenges,
Evidence Based/Medical Model
Client Center – Social Rehabilitation Approach and Modalities***

The majority of referrals to Dore Urgent Care are by self-referral, with the next highest source being community resources and other organizations. The interdisciplinary team at Dore Urgent Care comprises clinicians, nurses, and psychiatrists who provide a range of services including individual medication management, case management, and crisis intervention designed to prevent institutionalization.

Their website, I found difficult to navigate. However, I have been advised it is somewhat comprehensive, offering service guides and resource information, and their phone system is highly responsive. They also provide prompt assistance for in-person or drop-in visits.

Clients from San Francisco who visit the urgent care facility are assessed by specialized triage coordinators. Upon arrival, visitors have the option to transition to an adult diversion unit and subsequently to transitional residential treatment programs.

However, some individuals opt not to pursue residential treatment due to a lack of housing following their treatment.

The program at Dore Urgent Care focuses on providing immediate stabilization for individuals experiencing severe mental illness episodes and offers services for individuals aged 18 and above. Triage involves a psychosocial assessment, and evidence-based programs such as social rehabilitation are utilized. These programs emphasize community building, recreating real-life situations, crisis interventions, trauma-informed care, motivation interviewing, family counseling, and individual counseling. All programs are co-ed, and there are no specific groups for transgender-responsive programs. No one is turned away.

Unless they pose a threat, carrying a weapon or unable to converse, test positive for COVID-19 or engage in threatening behaviors,

The Progress Foundation has four adult diversion units with an average of 33 openings a day. There are 48 beds in total, and the intended stay is two weeks, with the hope of moving to a 90-day residential program. However, one drawback is the absence of a secure housing option for individuals in their first year of recovery, which creates a feeling of hopelessness and prevents some individuals from seeking treatment

Challenges Encountered: Not a reflection of the Organization/but the system.

The BHC would like to bring attention to the issue related to the processing of individuals at General Hospital through the ADU system of care. It has come to the BHC's attention that individuals are being released back to the streets instead of being properly processed. This is a matter of great concern. It has been observed that Dore Urgent Care has an average of 44 open beds available for this purpose, but they are not being fully utilized. Surprisingly, it has been noted that the program does not maintain a waiting list and has a number of open beds. This can be attributed to a breakdown in communication between General Hospital, the psychiatric ward, and the referral system into ADU systems. It is imperative that this gap is identified and addressed.

***Recommendations for Safety Concerns (increase in SMI and increase in episodes)
Improvement and Positive Acknowledgements
Lack of Diversity-The system not the program/Wages***

Continuous input is sought out from the staff, demonstrating their commitment to improving the system. From BHC observations, it's a very smooth operating system, a testament to the dedication of the individuals who have a passion for this job. This was clearly evident in the facility, which is calm, relaxed, and welcoming. The information boards are very intact and up to date with current listings of clients and their needs. The space was clean, organized, and sufficiently staffed during our visit, even on a slow day. (note-not staffed with in proper ratio, client to counselor due to city shortage and low wages).

Dore Urgent Care works with families and has family counseling as part of their social rehabilitation to help reconnect and rebuild family structures. When they are in their residential treatment, they are allowed visitors. They operate and offer support groups. As I mentioned, they request the release of information and provide psychiatric directives conducted by their nurse practitioners and medical staff. They do not use volunteers as their staff. Each person is trained medically or clinically and licensed.

The current lack of diversity among the staff is a significant concern due to staffing shortages, inadequate wages, and the high cost of living in San Francisco, all of which hinder the inclusivity of the program. However, it is noteworthy that Dore residential programs have a Client Council that advocates for the residents in communicating their concerns, suggesting improvements, and highlighting positive aspects. This demonstrates Dore's commitment to addressing these issues. This is first responder's crisis work seen nowhere else in the city, with 24-seven services, both from the mental health and medical perspective, approaching it with a social rehabilitation process.

Recommendations for Improvement, Diversity, Equity, and Inclusion

Critical improvements are necessary, focusing on diversity, systemic restructuring, funding, and system communication. The implementation of safety protocols is particularly crucial due to the increasing severity of individuals facing mental health challenges. The scarcity of staff, coupled with the low wages and high living costs in San Francisco, presents not just a challenge, but a pressing issue. It disproportionately impacts the ethnic, gender, and linguistic diversity within our facilities, mandating an urgent systemic overhaul to address these disparities.

Acknowledgements

This is one of the city's best 24 seven programs featuring medical social integration and client centered Psychiatric care with hands-on services that must continue to be funded for the safety and benefit of those suffering from mental health challenges and suffering in episodic psychiatric crisis

Report Completed by-

Madam Co-Chair Liza M. Murawski