

NOVEMBER 21, 2024

SAMANTHA DUARTE, LCSW

DIRECTOR OF CLINICAL SERVICES

[SDUARTE@PROGRESSFOUNDATION.ORG](mailto:SDUARTE@PROGRESSFOUNDATION.ORG)

*Progress*  
FOUNDATION  
*Innovative Behavioral Health Services*

# MISSION STATEMENT

Our mission is to promote **rehabilitation and recovery** for individuals with mental health conditions and to encourage the **highest possible level of independence and self-determination** for each person we serve.

# HISTORY

PROGRESS FOUNDATION WAS FOUNDED IN 1969 AMIDST THE DE-INSTITUTIONALIZATION MOVEMENT AND HAS BEEN RUN BY EXECUTIVE DIRECTOR STEVE FIELDS EVER SINCE. THIS REFORM EFFORT SOUGHT TO MOVE PEOPLE FROM STATE PSYCHIATRIC HOSPITALS BACK INTO THE COMMUNITY. HOWEVER, LOCAL TREATMENT SYSTEMS WERE ILL-EQUIPPED TO SUPPORT INDIVIDUALS WITH MENTAL ILLNESS. FOR THE NEXT THREE DECADES, PROGRESS FOUNDATION DEVELOPED SUPPORTIVE, COMMUNITY-BASED PROGRAMS TO SUPPORT THESE CLIENTS—AND KEEP THEM FROM RETURNING TO INSTITUTIONS OR CORRECTIONAL FACILITIES.



Social rehabilitation uses relationships and environment as a fundamental part of treatment



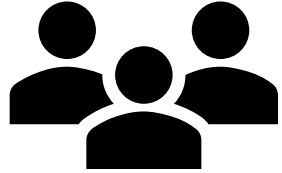
Social rehabilitation helps decrease alienation and isolation in clients

**PROMOTING REHABILITATION AND RECOVERY**

---

# RECOVERY MODEL

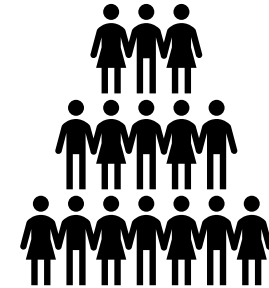
- 
- Connectedness
    - Developing a sense of community
    - Challenging isolation and lack of social support
  - Hope and Optimism
    - Reinforcement of a belief of one's own ability to persevere
  - Identity
    - Restoration in a sense of self
  - Meaning/Purpose in Life
  - Empowerment
    - Confidence to advocate for one's own needs
    - Developing a more positive view of oneself



All people are to be treated with respect and dignity



We make conscious and consistent efforts to eliminate labeling and discrimination



We should constantly strive to improve the services we provide

# DESTIGMATIZING SERVICES

---

Normalizing/Homelike Environment

Multidisciplinary Staffing

Client Involvement in Decision Making

Program Flexibility and Individualized Treatment

Willingness to Take Risks

## PRINCIPLES OF SOCIAL REHABILITATION



## NORMALIZING HOMELIKE ENVIRONMENT

**Non-institutional environment promotes wellness**

**The house is a therapeutic tool**

**Clients don't have to be "healed" before they engage in life**

**Intentional community**

**Clients take ownership of environment**

**Environment allows staff to assess strengths**



# MULTI-DISCIPLINARY STAFFING



No degree of license is required to be a counselor – it is more important that a staff has a genuine interest in serving clients and approaches the work with curiosity and compassion



Diversity of staff means that clients are more likely to connect with one of their counselors



# CLIENT INVOLVEMENT IN DECISION MAKING

Clients are the experts on their treatment needs

Client who have direct role in defining their goals  
are more likely to work towards accomplishing  
those goals



# PROGRAM FLEXIBILITY AND INDIVIDUALIZED TREATMENT



- Each client has unique challenges that require individualized attention
- Instead of relying on standardized rules, we have an openness to finding solutions that work
- Programs are consistently changing over time—we must change and adjust our approaches

# A WILLINGNESS TO TAKE RISKS

- Risk taking empowers clients to make decisions about their safety and to pursue goals
- The opportunity to make decisions recognizes clients as autonomous individuals with the right to make choices about their own lives



---

# CRISIS STABILIZATION UNIT



Dore Urgent Care Clinic  
2008

10 beds

# ACUTE DIVERSION UNITS



Avenues  
2001

Inner Sunset  
12 beds



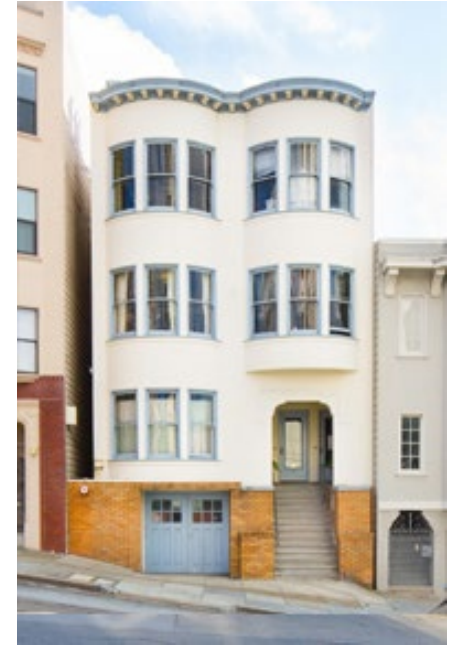
Dore Residence  
2008

SOMA  
14 beds



La Posada  
1978

Mission  
10 beds



Shrader  
1973

Panhandle  
12 beds

# RESIDENTIAL TREATMENT FACILITIES (RTF)



Cortland  
(ADU) 1982  
(RTF) 2008

Bernal Heights  
10 Beds



La Amistad  
1978

Mission  
13 Beds



Progress House  
1969

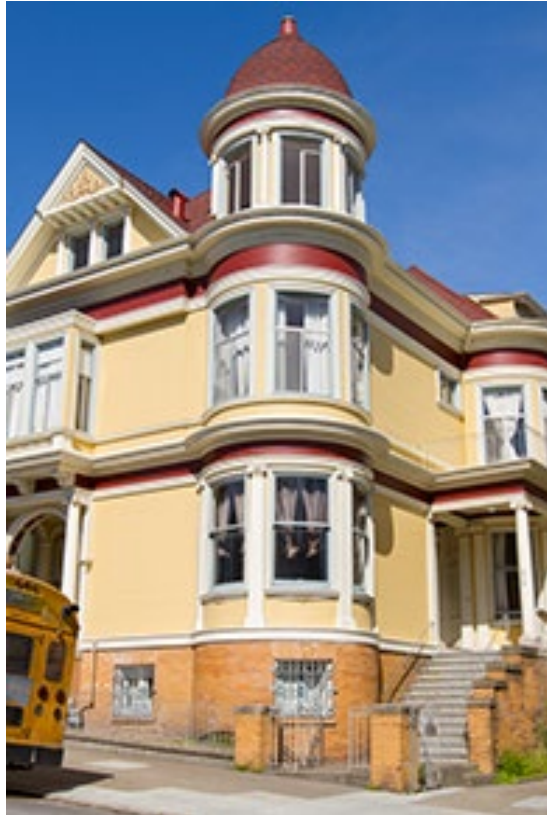
Haight  
10 Beds



Seniors  
Rypins (Mission) 1980  
Carroll (Bernal Heights) 1979

6 Beds Each

# YEAR LONG TRANSITIONAL



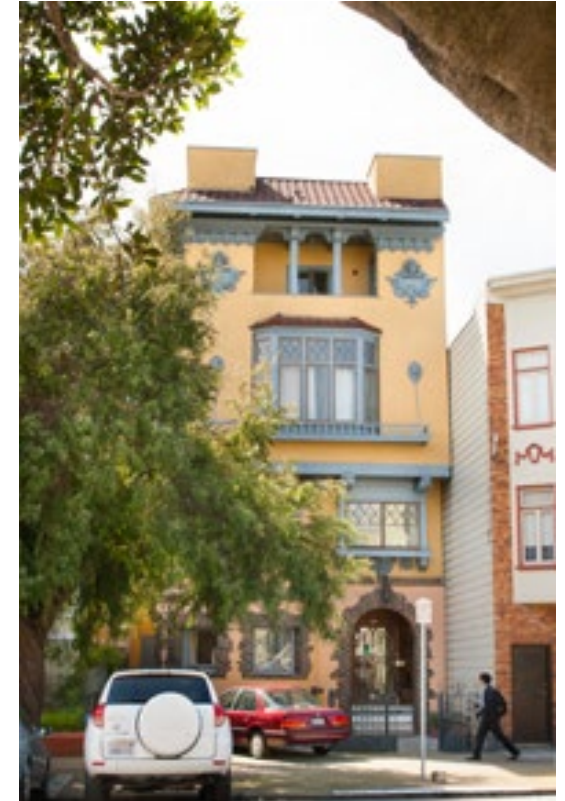
Ashbury House  
1995

Haight  
10 Beds



Clay Street  
1996

Pacific Heights  
16 Beds



Dorine Loso House  
2007

Panhandle  
14 Beds



# NAPA



Progress Place  
ADU  
1982

8 beds



Bella House  
Year Long Transitional  
2006

12 beds

# SANTA ROSA



Harstad House  
ADU  
2006

12 beds



Progress Sonoma  
ADU  
2007

10 beds



Parker Hill  
Year-Long Transitional  
2013

12 beds

# SAN RAFAEL



Grand Avenue  
Year-Long Transitional  
2022

14 beds

# SUPPORTED & INDEPENDENT LIVING

- 9 Scattered Site Supported Living Sites throughout San Francisco
- 10 beds for TAY Co-Ops
- 7 Permanent Housing Buildings



---

# REFERRALS

- 
- **Dore Urgent Care Clinic at 52 Dore St, 94103** or **(415) 553-3100** for crisis evaluation and triage to a Crisis Residential Treatment Program
  - Questions on our referrals, please contact us at (415) 861-0828 ext 138 or email [referrals@progressfoundation.org](mailto:referrals@progressfoundation.org).

QUESTIONS?

