



**San Francisco  
Department of Public Health**

# **Placement Solutions for Patients and Tenants Whose Needs Exceed Current PSH Capacity**

**Department Project Manager:** Dr. Todd Barrett, Chief Medical Officer

**DPH Division – Section:** San Francisco Health Network (SFHN)

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**Civil Service Commission**

**April 20, 2026**

## PSC REQUEST OVERVIEW: PLACEMENT SOLUTIONS FOR PATIENTS AND TENANTS WHOSE NEEDS EXCEED CURRENT PSH CAPACITY

- **Scope of Services:** Program administration services for a two-year pilot addressing placement needs for adults whose medical and behavioral complexity exceeds what PSH can safely provide. The contractor will administer flexible pilot funds, participating in DPH/UCSF-directed non-standard care and placement agreements, receiving vendor invoices, confirming with program staff that services occurred, and writing checks directly to vendors.
- **Need of Services:** Serving this population requires highly individualized, non-standard placement and care arrangements that cannot be executed through existing DPH contracting mechanisms. A dedicated fiscal and contracting intermediary is needed to administer flexible philanthropic funds, execute single-case agreements with vendors, and ensure fiscal accountability. This contract is time-limited, tied to a one-time philanthropic investment, and is a prerequisite for the pilot to operate.
- **Service Delivery Locations:** Vendor payments will support services delivered across inpatient, PSH, and community placement settings throughout the Bay Area.
- **Service Delivery Timeline:** July 2026 – June 2028. Timely initiation is required to meet philanthropic grant conditions and begin serving individuals currently identified as far exceeding PSH capacity.
- **Clients to be Served:** Approximately 20 high-acuity adults with medical and behavioral complexity exceeding current PSH capacity, for whom no standard placement options exist.

## WHY THIS PSC SUPPORTS DPH'S MISSION

- **Background and Service History:** DPH has an existing contract for a similar program administration model supporting patients with primary psychiatric conditions. This pilot builds directly on that successful model, extending it to adults whose behavioral challenges are driven by dementia. The goal is to test whether this intervention model can be effective in securing appropriate levels of care for this patient type.
- **Why Contracting is the Right Tool for This Need:** The pilot requires a contracted fiscal intermediary with the capacity to rapidly administer flexible vendor payments and execute single-case service agreements. The program administration infrastructure will provide the accountability and flexibility this model requires.
- **How This Supports DPH Programs:** By providing the fiscal and contracting backbone for this pilot, the contractor will enable DPH to focus on the clinical program delivery and case management. The contractor's infrastructure is essential to reducing unnecessary hospital bed-days, supporting appropriate placements, and building a scalable model for a high-acuity population that currently has no viable system pathway.
- **PSC Amount:** \$3,435,456
- **PSC Duration:** July 2026 – June 2028



**THANK YOU**

