



# Civil SERVICE COMMISSION CITY AND COUNTY OF SAN FRANCISCO

## CIVIL SERVICE COMMISSION REPORT TRANSMITTAL (FORM 22)

Refer to Civil Service Commission Procedure Number Two for Instructions on Completing and Processing this Form

1. Civil Service Commission Register Number: \_\_\_\_\_ - \_\_\_\_\_ -
2. For Civil Service Commission Meeting of: March 2, 2026
3. Check One:  
Ratification Agenda  
Consent Agenda  
 Regular Agenda  
Human Resources Director's Report
4. Subject: Personal Services Contract DHRPSC0004099 v 0.01 Prop F Feasibility Report
5. Recommendation: Adopt the report
6. Report prepared by: Mirna Palma Telephone number: 714-557-5665
7. Notifications: **(See attached a list of the persons to be notified per IV. Commission Report Format**
8. Reviewed and approved for Civil Service Commission Agenda:

Human Resources Director:

Date:

9. Submit the original time-stamped copy of this form and person(s) to be notified (see Item 7 above) along with the required copies of the report to:

**Executive Officer  
Civil Service Commission  
25 Van Ness Avenue, Suite 720  
San Francisco, CA 94102**

10. Receipt-stamp this form in the ACSC RECEIPT STAMP box to the right using the time-stamp in the CSC Office.

**CSC RECEIPT STAMP**

Attachment

**Contact information for notifications:**

Department of Human Services, Trent Rhorer, [trent.rhorer@sfgov.org](mailto:trent.rhorer@sfgov.org)

Department of Human Resources, Carol Isen, [carol.isen@sfgov.org](mailto:carol.isen@sfgov.org)

Department of Human Services, Daniel Kaplan, [daniel.kaplan@sfgov.org](mailto:daniel.kaplan@sfgov.org)

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Department of Human Services, Jason Adamek, [jason.adamek@sfgov.org](mailto:jason.adamek@sfgov.org)

Department of Human Services, Katrina Williams, [katrina.williams@sfgov.org](mailto:katrina.williams@sfgov.org)

SEIU 1012, XiuMin Li, [xiumin.li@seiu1021.org](mailto:xiumin.li@seiu1021.org)

SEIU 1012, Daniela Gonzalez, [Daniela.Gonzalez@seiu1021.org](mailto:Daniela.Gonzalez@seiu1021.org)



**SAN FRANCISCO  
HUMAN SERVICES AGENCY**

Department of Benefits  
and Family Support

Department of Disability  
and Aging Services

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Date: March 2, 2026

To: Kate Favetti, President, Civil Service Commission  
Sandra Eng, Executive Director, Civil Service Commission  
Members of Civil Service Commission

From: *MCP*  
Mirna E. Palma, Talent Acquisition, Assessments and  
Classification Manager

RE: Request for a Feasibility Study on Personal Services Contract  
0004099 v 0.01

**Background**

On October 21, 2024, the Human Services Agency (HSA) presented the Personal Services Contract (PSC) 0004099 v 0.01 to the Civil Service Commission (CSC) to secure services to comply with the City and County of San Francisco approved proposition, Prop F, which mandates drug screening for County Adult Assistance Program (CAAP) recipients, and when indicated, enrollment in comprehensive substance use treatment services. CAAP staff will be responsible for triaging applicants, screening them for substance use disorder (SUD) and referring them to the contractor for CAAP Treatment Pathways (CTP) assessments. The contract encompasses administering substance use assessments, providing individualized care coordination, and monitoring client participation in treatment programs. Individualized care coordination is designed to support clients who face significant challenges in initiating or maintaining engagement in treatment by offering enhanced services such as regular outreach, motivational interviewing, peer support, and accompaniment to treatment appointments.



**Daniel Lurie**  
Mayor

**Trent Rhorer**  
Executive Director

During the October 21, 2024 meeting, Commissioner Vitus Leung asked HSA and SEIU Local 1021 representatives whether any existing job classifications within the City and County of San Francisco could perform the work outlined in the contract. The Commission postponed its decision on the contract to the next meeting on November 4, 2024, to allow the HSA and the union time to meet and confer regarding the scope of work and any other contract details.



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At the November 4, 2024 meeting (Attachment A), the Commission approved the two-year contract (DHRPSC0004099 v 0.01) with the condition that HSA conduct a feasibility study to determine whether the services provided by the contractor could be performed in-house by existing City classifications, and report back to the Commission in one year. They also asked that HSA meet with SEIU Local 1021 to discuss these matters.

State law allows Counties to require CAAP recipients to participate in a SUD treatment program when “there is reasonable suspicion to believe that an individual is dependent upon illegal drugs or alcohol” (California Code, Welfare and Institutions Code - WIC § 17001.51). On March 5, 2024, San Francisco voters passed Proposition F to exercise this State option. Proposition F requires CAAP recipients with a substance use disorder to participate in treatment services. Beginning January 1, 2025, CAAP began requiring applicants to be assessed for unhealthy substance use if the CAAP employability screening revealed a possible dependence on illegal substances. Those found to be dependent on illegal substances would be required to participate in some form of recommended treatment services, if services were available at the time of referral and at no cost to the individual.

The intent of PSC 0004099. V 0.01 is to ensure that clients, who have and demonstrate an unhealthy relationship with illegal substance use, remain eligible for CAAP benefits under the requirements of Proposition F by providing the following substance use treatment support:

- Assessing a referred client’s need for substance use treatment.
- Connecting clients to appropriate treatment.
- Providing ongoing treatment engagement support for clients.
- Facilitating monthly reports of client engagement in required substance use treatment to maintain a client’s CAAP benefits.

### **Findings**

All clients applying for CAAP benefits are initially screened by the program’s eligibility workers during their first meeting. During these triage appointments, eligibility staff identify and flag any applicants who may have a potential substance use disorder (SUD). Applicants identified as having a



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possible SUD are referred to contracted staff for a comprehensive SUD assessment. Clients who complete the assessment and are determined to require participation in an SUD-related activity and/or treatment are monitored by the contractor's staff. The contracted staff provide ongoing support, track progress, and report compliance.

Clients determined to need substance use treatment receive support to maintain engagement in SUD treatment activities for the duration of the agreed-upon treatment plan, so they can ultimately maintain benefits and achieve self-sufficiency. The scope of work under this contract includes:

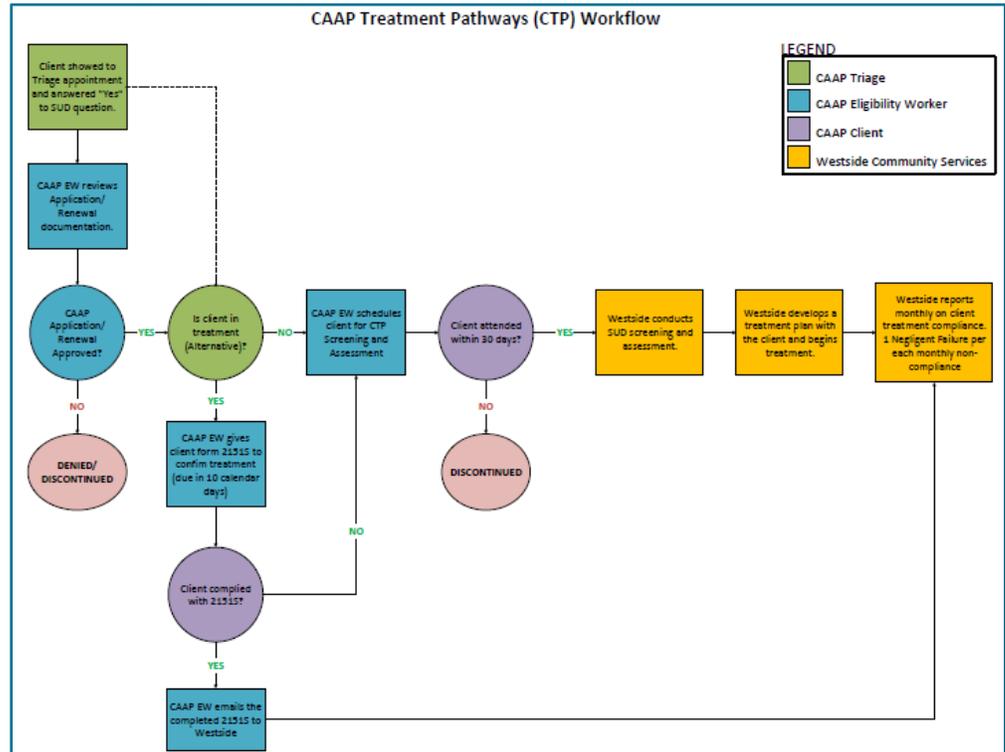
- Providing care coordination to ensure that those clients facing greater challenges in engaging and/or remaining engaged in treatment will receive increased levels of support, including regular outreach, motivational interviewing, peer support, and accompaniment of the client to treatment.
- Completing referrals to community-based treatment services and providers as outlined in the clients' treatment plan, to ensure capacity and assist client with treatment provider's intake process, as necessary.
- Monitoring client participation and progress in treatment, as outlined in their treatment plan, in close collaboration with the treatment providers.
- Revising client's treatment plan and providing necessary referrals to support transition to higher or lower levels of treatment based on client need.
- Submitting monthly participation reports to CAAP documenting whether a client is satisfactorily engaging in required SUD treatment.
- Engaging in outreach to maintain contact with the client and support them in participating in required treatment. In the event a client does not participate in their designated treatment, this client outreach must include a weekly attempt (at a minimum) while the individual is still enrolled in CAAP.
- Coordinating appointments with CAAP Triage once substance use treatment plan is completed.

The CTP workflow chart (Attachment B) below outlines the path an applicant goes through to become a client and obtain CAAP benefits, including if they are flagged for SUD screening and/or treatment. In



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addition, the chart outlines the work performed in-house by the Human Services Agency and by Westside.



The Human Services Agency (HSA) does not have the internal framework to deliver the services currently contracted out—specifically, substance use disorder (SUD) assessments, as well as monitoring and supporting individuals engaged in SUD-related activities and treatment. These services typically fall within the healthcare system; however, we have confirmed that the Department of Public Health (DPH) is unable to provide them.

We explored whether the DPH had classifications that provided comprehensive substance use treatment support. In discussions with the DPH, we considered whether the Behavioral Health Access Center (BHAC), which employs both 2586 Health Worker II and 2930 Behavioral Health Clinician classifications, could provide end-to-end substance use treatment services, including monthly compliance tracking as required by Proposition F.

The DPH informed us that BHAC does not offer this level of service and does not currently track and report clients’ monthly participation in substance



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use treatment. Specifically, class 2586 Health Worker II provides referrals to treatment providers but does not monitor or report on client participation. Similarly, class 2930 Behavioral Health Clinician conducts substance use assessments and recommends appropriate levels of care; however, this classification does not typically provide individualized care coordination, monitoring, or compliance reporting.

In summary, the DPH does not provide full-service substance use assessment, care coordination, and compliance tracking, which are key requirements under Proposition F. Furthermore, the DPH staff do not refer clients to treatment providers outside the DPH system of care, such as Narcotics Anonymous.

### **Conclusion**

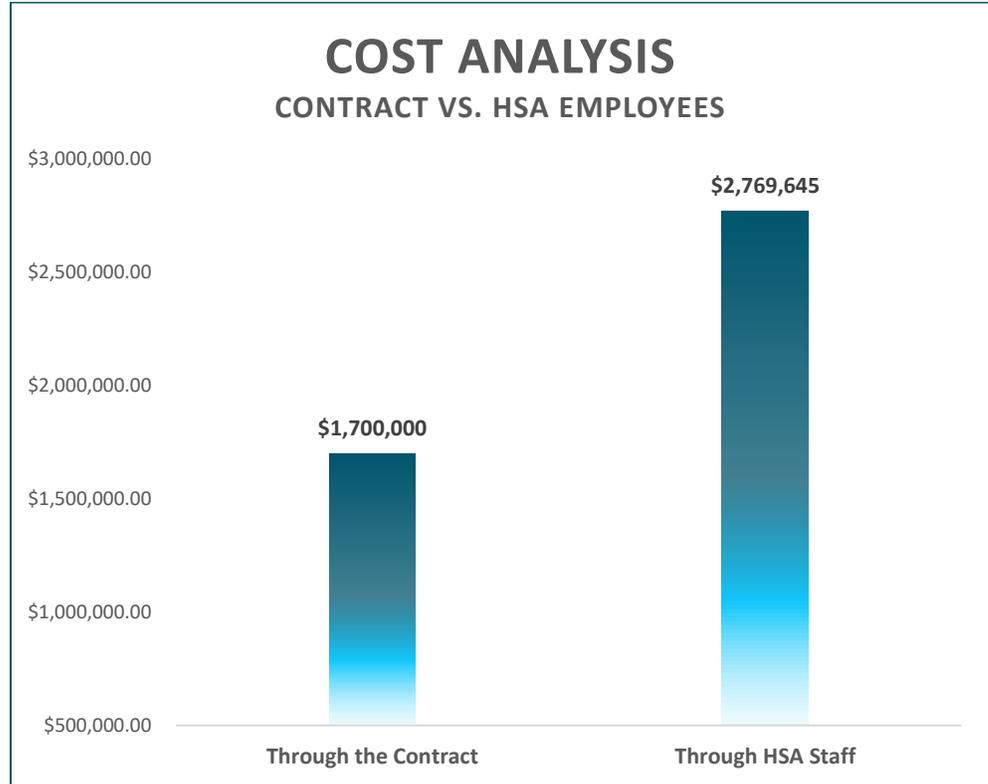
At the Commission's request, we developed a feasibility model based on the number of clients currently served by the contractor and the job responsibilities required to perform SUD assessments and associated activity monitoring. Based on this analysis, we estimate that CAAP would need to hire staff in the following classifications:

- 3 – 2930 Behavioral Health Clinician (Attachment C)
- 1 – 2932 Senior Behavioral Health Clinician (Attachment D)
- 4 – 2586 Health Worker II (with special conditions) or create a new Peer Support Specialist job classification (Attachment E)
- 1- 1822 Administrative Analyst (Attachment F)

Below is the projected cost of these positions for two (2) years:



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Proposition F					Total
<b>Through the Contract</b>					<b>\$1,700,000</b>
<b>Through HSA Positions</b>					<b>\$2,769,645</b>
Through HSA Positions					
Fiscal Year 2025/2026					
Classifications	FTE	# of Staff	Cost for Line Staff (Salary)	Cost for Line Staff (Benefits)	Total
2930 Behavioral Health Clinician	100%	3	\$141,518	\$51,449	\$578,901
2932 Senior Behavioral Health Clinician	100%	1	\$148,014	\$53,811	\$201,825



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2586 Health Worker II	100%	3	\$90,193	\$40,903	\$393,288
1822 Administrative Analyst	100%	1	\$128,490	\$49,933	\$178,423
<b>Total</b>					<b>\$1,352,437</b>
<b>Fiscal Year 2026/2027</b>					
<b>Classifications</b>	<b>FTE</b>	<b># of Staff</b>	<b>Cost for Line Staff (Salary)</b>	<b>Cost for Line Staff (Benefits)</b>	<b>Total</b>
2930 Behavioral Health Clinician	100%	3	\$146,868	\$55,183	\$606,153
2932 Senior Behavioral Health Clinician	100%	1	\$153,610	\$57,716	\$211,326
2586 Health Worker II	100%	3	\$93,607	\$43,999	\$412,818
1822 Administrative Analyst	100%	1	\$133,340	\$53,571	\$186,911
<b>Total</b>					<b>\$1,417,208</b>

CAAP would not be able to effectively manage this function with its current staffing levels and would need to hire nine employees in the classifications listed above or potentially create a new job classification. After securing salary funding, it would take at least 12 months to complete the hiring process. Additionally, we would need to account for the time required to train staff and address potential errors that may occur during the onboarding and learning process, establish a network of substance use treatment providers, and identify and potentially procure an appropriate tracking system.

Furthermore, the scope of CAAP’s services does not include providing substance use assessments, treatment planning, or care coordination. CAAP lacks the operational framework to deliver these services, as its primary focus is on providing financial, nutritional, employment and protective services rather than healthcare or substance use treatment. Current CAAP staff do not possess clinical expertise in substance use disorder (SUD) assessment, nor do they have the infrastructure for treatment planning and referrals, care coordination, or systems for monitoring.

In addition, engaging an independent entity to conduct SUD screenings and monitor treatment activities provides clients with a confidential and supportive environment that fosters openness and trust. This approach



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creates a safe space for individuals to share their experiences without fear of stigma, which is critical for effective engagement in recovery. Moreover, the contractor's model leverages peer support - individuals with lived experience of substance use - who bring empathy, credibility, and hope to the process. This peer-driven approach not only strengthens rapport but also motivates clients to remain engaged in treatment and comply with program requirements.

Through individualized care coordination, clients facing the greatest challenges receive enhanced support, including proactive outreach, motivational interviewing, peer mentorship, and accompaniment to treatment appointments. These strategies are designed to reduce barriers, increase retention, and improve outcomes. Ultimately, this model aligns with the goals of Proposition F by reducing overdose deaths in San Francisco and ensuring that vulnerable individuals remain connected to the CAAP safety net. By prioritizing privacy, trust, and lived experience, we believe this approach offers a more effective and humane pathway to recovery.

We respectfully request the continuance of this contract for the remainder of the contract period.



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Attachments:

Attachment A: November 4<sup>th</sup>, 2024, CSC Report

Attachment B: CTP Workflow Chart

Attachment C: City & County of San Francisco, Behavioral  
Health Clinician class specification

Attachment D: City & County of San Francisco, Senior  
Behavioral Health Clinician class specification

Attachment E: City & County of San Francisco, Health Worker  
II class specification

Attachment F: City & County of San Francisco, Administrative  
Analyst class specification



**CIVIL SERVICE COMMISSION  
CITY AND COUNTY OF SAN FRANCISCO**

**LONDON N. BREED  
MAYOR**

Attachment A

**Sent via Electronic Mail**

October 28, 2024

**NOTICE OF CIVIL SERVICE COMMISSION MEETING**

**SUBJECT: REVIEW OF REQUEST FOR APPROVAL OF PROPOSED PERSONAL SERVICES CONTRACT NUMBER DHRPSC0004099 v 0.01 FROM THE HUMAN SERVICE AGENCY.**

The above matter will be considered by the Civil Service Commission at a hybrid meeting (in-person and virtual) in Room 400, City Hall, 1 Dr. Goodlett Place, San Francisco, California 94102 and through Cisco WebEx to be held on **November 4, 2024, at 2:00 p.m.**

This item will appear on the Regular Agenda. Please refer to the attached notice for procedural and other information about Commission hearings.

Attendance by you or an authorized representative is recommended. Should you or your representative not attend, the Commission will rule on the information previously submitted and testimony provided at its meeting. All calendared items will be heard and resolved at this time unless good reasons are presented for a continuance.

CIVIL SERVICE COMMISSION

SANDRA ENG  
Executive Officer

Attachments

Cc: Leslie Lau, Department of Human Services  
Andres De Leon, Department of Human Services  
Jason Adamek, Department of Human Services  
Katrina Williams, Department of Human Services  
Commission File  
Commissioners' Binder  
Chron



## MEMORANDUM

To: Civil Service Commission  
From: San Francisco Human Services Agency  
Date: October 29, 2024  
Subject: Request for Approval of Personal Services Contract (ServiceNow No. DHRPSC0004099)

### Introduction

This memo seeks to provide additional information supporting the approval of PSC DHRPSC0004099 following the postponement of the initial discussion from October 21, 2024. The contract is essential for providing substance use treatment services in compliance with Prop F starting on January 1, 2025, ensuring clients remain eligible for County Adult Assistance Program (CAAP) benefits.

### Background

State law allows counties to require CAAP recipients to participate in a substance use disorder treatment program when “there is reasonable suspicion to believe that an individual is dependent upon illegal drugs or alcohol.” (California Code, Welfare and Institutions Code - WIC § 17001.51). San Francisco voters passed Proposition F on March 5, 2024, which exercises this State option. Proposition F requires CAAP recipients with a substance use disorder to participate in treatment services. Starting January 1, 2025, CAAP shall require recipients to be assessed for unhealthy substance use if the CAAP employability screening reveals a possible dependence on illegal substances. Those found to be dependent on illegal substances will be required to participate in some form of recommended treatment services if services are available at the time of referral and are at no charge to the individual.

The purpose of this contract is to ensure that clients who contend with unhealthy patterns of illegal substance use remain eligible for CAAP under the requirements of Proposition F by providing the following substance use treatment supports: assessing a referred client's need for substance use treatment, connecting them to appropriate treatment, providing ongoing treatment engagement support for clients, and facilitating monthly reporting of client engagement in required substance use treatment to maintain their CAAP benefits.

### SFHSA’s Research and Implementation of Prop F after passage

SFHSA extensively researched service options for Prop F implementation, before and after Prop F passed on March 4, 2024, in order to meet the January 1, 2025 implementation deadline. We



have devoted significant resources to design a new system and complete this procurement within a very compressed timeframe.

**October 2023 – February 2024: Research and implementation planning.** Our research began prior to Prop F passage, beginning to build a framework should the legislation pass. SFHSA met with DPH on several occasions to discuss the legislation and possible service approaches, and to learn from DPH’s expertise on accessing their treatment network. We also met with six county and state jurisdictions with General Assistance drug screening and treatment mandates.

**March 2024-April 2024: Prop F passage; more intensive research and implementation planning.** Following Prop F passage on March 4, our research efforts scaled up into implementation planning.

- SFHSA met with DPH regularly to discuss how to scope and provide the services detailed in the ordinance, including getting input on our workflow. This included a standing monthly meeting and ad hoc discussions to supplement as needed.
- We consulted with other subject matter experts to learn about their processes, including City programs with treatment monitoring components like Adult Probation, UCSF, the Sheriff’s Office’s Pretrial Diversion contractor, and Family and Children’s Services; other county and state jurisdictions; and community stakeholders.
- Based on this research, we identified the need for a single entity to provide end-to-end substance use services to maximize success in treatment and retain CAAP benefits.
- We explored possible City classifications and determined, in consultation with DPH, that none currently provide the end-to-end substance use services we determined were necessary to maximizing success in treatment and retaining CAAP benefits (please see justification section).

**May 2024 – June 2024: RFP development.** SFHSA drafted an RFP to scope the end-to-end array of substance use treatment support services. DPH reviewed and provided feedback on the RFP draft. Afterward, the City Attorney vetted the RFP, culminating in publishing the RFP on June 21, 2024. Documents related to the RFP were sent to the union on the same day.

**July 2024 – October 2024: Procurement, negotiation, and contract approval at Human Services Commission.** On July 11, 2024, SFHSA submitted PSC DHRPSC0004099 in the Civil Service database. The RFP was open for one month, until July 22, 2024, to give prospective applicants adequate time to prepare responses. Proposals were scored, and a Contractor was recommended with an intent to award a contract on August 2, 2024. SFHSA proceeded with initial meetings and negotiations that lasted for five weeks and were finalized in mid-September. SFHSA contracts also require Human Services Commission approval, which was obtained at the

monthly Human Services Commission meeting on September 26, 2024. The PSC was calendared for October 21, 2024 Civil Service Commission for review and approval.

## **Justification for Contracting**

### **Prop F Compliance**

The services ensure compliance with Prop F requirements, helping clients navigate mandatory treatment and regularly track and report their engagement with treatment, allowing clients to maintain their eligibility for CAAP benefits. Without these services, clients are at risk of losing benefits.

### **Specialized Skills**

CAAP clients face significant life challenges. Nearly half of the caseload is either experiencing homelessness or formerly homeless. Thirteen percent of the total overdose deaths that occurred in San Francisco between 9/1/22 and 8/31/23 were current or recent CAAP participants.

Given these challenges, engaging in services is difficult: Fifty-five percent of CAAP clients do not show to mandatory appointments and about 10% of the caseload is discontinued every month. Research demonstrates that having *one* entity perform the *full* array of services maximizes clients' opportunity to successfully engage in substance use treatment while maintaining the economic safety net of CAAP cash benefits. No civil service classification provides the requested end-to-end array of substance use treatment support services, including the monitoring and reporting of compliance with mandatory substance use treatment. Not providing end-to-end services would mean exposing clients to additional hand-offs and placing the burden of reporting treatment participation on the clients themselves. Without continuity in substance use treatment supportive services, clients will more likely not comply with program requirements and be discontinued from CAAP, ultimately losing their benefits. Having one entity perform the full array of services is important to minimize the number of hand-offs for clients to navigate, providing a better client experience and stronger support for clients to engage in treatment and comply with program requirements. Individualized care coordination will also ensure that those facing greater challenges in engaging and/or remaining engaged in treatment will receive increased levels of support, including regular outreach, motivational interviewing, peer support, and accompaniment of the client to treatment. Not only does this end-to-end model increase the likelihood of someone remaining on the safety net of CAAP but it also increases the likelihood of reducing overdose deaths in San Francisco, the ultimate goal of Proposition F

Specialized skills include:

- Contractor staff who are culturally competent and who are able to work with diverse clients effectively in part because of their personal experience of SUD treatment and the recovery process.
- Demonstrated knowledge of evidence-based practices to engage clients who are not seeking care voluntarily
- Ability to coordinate with treatment providers to manually track and report on clients' participation in mandatory treatment
- Demonstrated knowledge of substance use disorders and the San Francisco substance use treatment landscape
- Ability to utilize professional judgment to provide individualized care coordination

### **Difference in DPH Work/Classification**

We explored whether SFHSA or DPH had classifications that could provide end-to-end substance use treatment support and found the following:

- No SFHSA classifications provide substance use assessments or treatment care coordination.
- We discussed with DPH on multiple occasions whether the Behavioral Health Access Center (BHAC), which employs both 2586 Health Worker II and 2930 Behavioral Health Clinician classifications, could provide end-to-end substance use treatment support that included monthly compliance tracking as required by Prop F. DPH made clear that BHAC does not provide this level of service and emphasized that **no DPH classifications track and report clients' monthly participation in substance use treatment.**
  - 2586: Health Worker II. This is a Department of Public Health (DPH) specific classification that provides referrals to substance use treatment providers. In conversation with DPH, we learned this classification does *not* provide individualized care coordination nor does it provide monitoring and reporting services on client participation in treatment.
  - 2930: Behavioral Health Clinician. In conversation with DPH we learned that this position conducts substance use assessments and develops recommendations for level of care. However, this classification does *not* normally provide individualized care coordination or monitoring and reporting on client participation in treatment.
- DPH has consistently maintained since Prop F's passage that full-service assessment, care coordination, and compliance tracking is not a current nor planned DPH function. (It should be noted that DPH's treatment for SUD are voluntary and not mandatory.)
- Furthermore, **DPH staff do not refer to treatment providers, like Narcotics Anonymous, that are outside the DPH system of care.** SFHSA intends to accept a full

range of treatment options to qualify for this initiative, at the strong recommendation of DPH and community stakeholders.

### **Communications with the Union**

SFHSA has made a concerted effort to communicate with the Union (SEIU, Local 1021) regarding this PSC. On July 11, per the MOU, the PSC was sent to the Union for review.

The Union first replied to the Agency on August 19, five weeks after the Agency sent the PSC for review on July 11. Thereafter, the Agency contacted the Union on at least three separate occasions to schedule the initial meeting. The Agency met with the Union on September 18, 2024. In response to the Union's questions, the Agency provided a detailed explanation of the scope of work to be contracted out, and how the contractor would interface with existing City functions. The Agency shared that City employees did not currently perform this work. The Agency explained that the contractor would: (1) provide linkage to a wide variety of treatment options beyond those that DPH currently offers, such as 12-step programs or other peer support programs offered in the client's community; (2) engage with clients to encourage and monitor participation in treatment; and (3) report to the Agency regarding client participation.

The Union requested a follow-up meeting with a DPH representative present to further discuss how the PSC work differs from the services currently provided by DPH classifications. On September 25, 2024, the Union submitted a request for information; the Agency responded on October 1, 2024 and October 10, 2024.

The Agency then made attempts to schedule a **follow-up** meeting for the week of October 14. Unfortunately, the Union could not meet before the October 21 CSC meeting.

Though the Union has not put forth proposals for alternatives, SFHSA is committed to continuing active communications with the Union regarding this contract. For reference, below is a timeline of our communications with the Union thus far:

- a. On 7/11/24, PSC DHRPSC0004099 was sent to the unions for review.
- b. On 8/19/24, SEIU 1021 emailed SFHSA questions about PSC DHRPSC0004099.
- c. On 8/23/24, SFHSA responded to SEIU 1021, confirming receipt of the Union's email and asking for the Union's availability to meet within the next two weeks.
- d. On 8/28/24, SFHSA followed up with the Union for their availability to meet to discuss the PSC.
- e. On 9/9/24, SFHSA followed up with the Union for their availability to meet to discuss the PSC.
- f. On 9/10/24, the Union shared their availability to meet.
- g. On 9/18/24, SFHSA and the Union met to discuss PSC DHRPSC0004099.

- h. On 9/19/24, the Union submitted a Request for Information (RFI) from SFHSA.
- i. On 9/25/24, SFHSA confirmed receipt of the Union's RFI.
- j. On 10/1/24, SFHSA asked to schedule a follow up meeting and sent available dates and times to meet.
- k. On 10/10/24, SFHSA sent the Union updated available dates and times to meet.
- l. On 10/16/24, SFHSA followed up with the Union on scheduling another meeting.
- m. On 10/16/24, the Union asked SFHSA to provide additional dates and times to meet.
- n. On 10/17/24, ERD sent a Post-Meeting Memo to the Union summarizing discussions from the 9/18/24 meeting
- o. On 10/18/24, the Union requested that PSC DHRPSC0004099 be removed from the CSC meeting agenda.
- p. On 10/21/24, the Civil Service Commission severed the item to ask questions related to Prop F and the PSC; CSC postponed the item to allow the department to meet with the Union.
- q. On 10/22/24, the department provided additional dates to meet prior to November 1, 2024. In addition, the union requested a copy of the contract; we again clarified that this contract has not been executed as it is pending Civil Service Commission approval. Thus, there is no contract to share at this time.
- r. On 10/23/24, the Union confirmed they are available to meet on 10/28/24 at 9 am.

The Agency met with the Union on October 28, 2024. The Union stated that it believed DPH classifications currently performed the scope of work detailed in the PSC. DPH representatives stated that no DPH classification currently provides the end-to-end substance use treatment services that SFHSA is seeking; and that DPH contracts out some of the listed functions. Most notably, no classification provides the robust case management services that have been deemed critical for ensuring participation amongst this population of clients. Moreover, this is an SFHSA contract and no SFHSA classifications provide these services. The Agency shared its willingness to explore the feasibility of bringing the work in-house to SFHSA in the future, and reminding the Union of the January 1, 2025 timeline prescribed by Prop F. The Union understood the timeline constraints but maintained its position that bargaining unit members can perform this scope of work and stated it would share its proposal for alternatives in writing.

### **Consequence of Denial**

The substance use treatment support services being requested are necessary for monitoring and reporting clients' compliance with Prop F requirements, which was passed by the voters of San Francisco and required to be implemented starting January 1, 2025. Additionally, the services are necessary to ensure clients are receiving assistance in navigating and complying with CAAP program requirements by *people with lived experience* in the process of recovering. This service

model is vital for increasing the likelihood that CAAP clients with an SUD will successfully engage in treatment and ultimately decrease the likelihood of overdose deaths.

As it is, CAAP clients are more likely to be discontinued for three instances of noncompliance with program requirements – such as missing appointments and/or not submitting required activity documentation – than for eligibility reasons like income or San Francisco residency. Each additional handoff increases the likelihood of noncompliance or dropout. CAAP’s current appointment show rate is about 45%.

If this service is denied, clients will not have individualized support for participating in appropriate substance use treatment. To provide some support to clients, SFHSA would have to reassign existing staff who currently provide SSI advocacy for CAAP clients, negatively impacting outcomes for the SSI-bound client population. Denial of this service would also place the burden of collecting and submitting verification of substance use treatment participation on the client, as monitoring and reporting of mandatory treatment is not a function performed by SFHSA or DPH. As a result, clients may be less likely to participate in treatment and, therefore, more likely to be discontinued from CAAP. This will lead to clients losing their benefits and a higher churn rate, increasing workload for SFHSA employees.

### **Conclusion**

In conclusion, we recommend that the Civil Service Commission approve PSC DHRPSC0004099.

**PSC #DHRPSC0004099 FROM THE  
HUMAN SERVICES AGENCY – OCTOBER 21,  
2024 MEETING**

# Personal Service Contract Summary (PSC Form 1)

## PSC Basic Information

**Submitting Department:** HSA

**Submitted By:** Leslie Lau

**Department Coordinator:** Tara Alvarez,  
tara.alvarez@sfgov.org

**Project Manager:** Isabella Blasi

**ServiceNow Number:** DHRPSC0004099

**Version:** 0.01

**Version Type:** New

**Brief description of proposed work:** To provide end-to-end substance use treatment support services to ensure that clients subject to Prop F requirements remain eligible for County Adult Assistance Program benefits. These services include administering substance use assessments, providing individualized care coordination, and monitoring client participation in treatment.

## Review Type and Reason

**CSC Review Required:** Yes

**CSC Review Reason(s):**

- Requires CSC Approval by Amount

## Amount

**PSC Amount:** \$1,700,000

**Does contract include items other than services?:** No

## Duration

**Is PSC by Duration or Continuing:** Duration

**PSC Duration (Months):** 24

## Funding

**Funding Source:** Federal Funds, City Funds

**Special circumstances related to funding:** No

## Scope of Work

**Clearly describe scope and detail the services to be performed:** In recognition that people struggling with addiction to illegal drugs often need significant support to engage in treatment successfully, HSA seeks a contractor to provide end-to-end substance use treatment support services to ensure that clients subject to Prop F requirements remain eligible for CAAP benefits. These services include administering substance use assessments, providing individualized care coordination, and monitoring client participation in treatment. Individualized care coordination will ensure that those facing greater challenges in engaging and/or remaining engaged in treatment will receive increased levels of support, including regular outreach, motivational

interviewing, peer support, and accompaniment of the client to treatment.

**Why are these services required and what are the consequences of denial?:** The substance use treatment support services being requested are necessary for monitoring and reporting clients' compliance with Prop F requirements. Additionally, the services are necessary to ensure clients are receiving assistance in navigating and complying with CAAP program requirements. This service is vital for engaging and encouraging clients to participate in mandatory substance use treatment.

If this service is denied, clients will not have individualized support for participating in appropriate substance use treatment. To provide some support to clients, HSA would have to reassign existing staff who currently provide SSI advocacy for CAAP clients; this would negatively impact outcomes for the SSI-bound client population. Denial of this service would also place the burden of collecting and submitting verification of substance use treatment participation on the client, as monitoring and reporting of mandatory treatment is not a function performed by HSA or DPH. As a result, clients may be less likely to participate in treatment, and therefore more likely to be discontinued from CAAP. This will lead to clients losing their benefits and a higher churn rate, leading to an increased workload for HSA employees.

**Has your department contracted out these services in the last three years?:** No

### Board and Commission Approvals

**Will any contracts under this PSC require department Commission approval:** Yes

**Provide details related to contracts for which dept comm approval required:** Once awarded, the contract will be presented to the Department of Human Services Commission for approval.

**Will any contracts under this PSC require Board of Supervisors approval:** No

### Justification

**Q1 - Are there any regulatory or legal requirements supporting outsourcing of this work?:**

No

**Q2 - Does performing these services cause a conflict of interest?:** No

**Q3 - Are these proprietary services City is not authorized to do?:** No

**Q4 - Does City lacks necessary facilities/equipment?:** No

**Q5 - Are the services required on a temporary basis or on a long-term basis?:** Long-term Basis

**Q5a) Are the services required on an as-needed, intermittent, or periodic basis?:** No

**Q5b) Do the services require specialized expertise, knowledge experience?:** Yes

**Q5b1) Describe the specialized skills and expertise required to perform the services:**

Demonstrated knowledge of evidence-based practices to engage clients who are not seeking care voluntarily

Ability to coordinate with treatment providers to manually track and report on clients' participation in mandatory treatment

Demonstrated knowledge of substance use disorders and the San Francisco substance use treatment landscape

Ability to utilize professional judgment to provide individualized care coordination

Culturally competent and able to work with diverse clients

**Q5c) Does City have classifications with the required specialized skills or expertise?:** No

**Q5c1) Should City develop a classification to perform these services?:** No

**Q5c2) Explain why new a job classification is not feasible:** It would not be practical to adopt a new civil service class to perform this work as Prop F requires the new programmatic requirements to go into effect on January 1, 2025. The scope of work requirements is limited and specific; therefore, a new job class is not feasible.

**Q5d) Will contractor directly supervise City employees?:** No

**Q5e) Will contractor train City employees?:** No

**Q5e1) Explain why training of City employees is not required:** There will no training component as part of this contract.

**Q5f) Is there a plan to transition this work back to the City?:** No

**Q5f1) Explain why the work will not be transitioned back to the City:** No. There is no classification that performs end-to-end substance use treatment support services, including monitoring and reporting of participation in treatment.

**Additional information to support your request (Optional):**

**Union Notifications**

**Job Class(es):** 2930 - Behavioral Health Clinician, 2586 - Health Worker 2

**Labor Unions:** 790 - SEIU, Local 1021, Misc

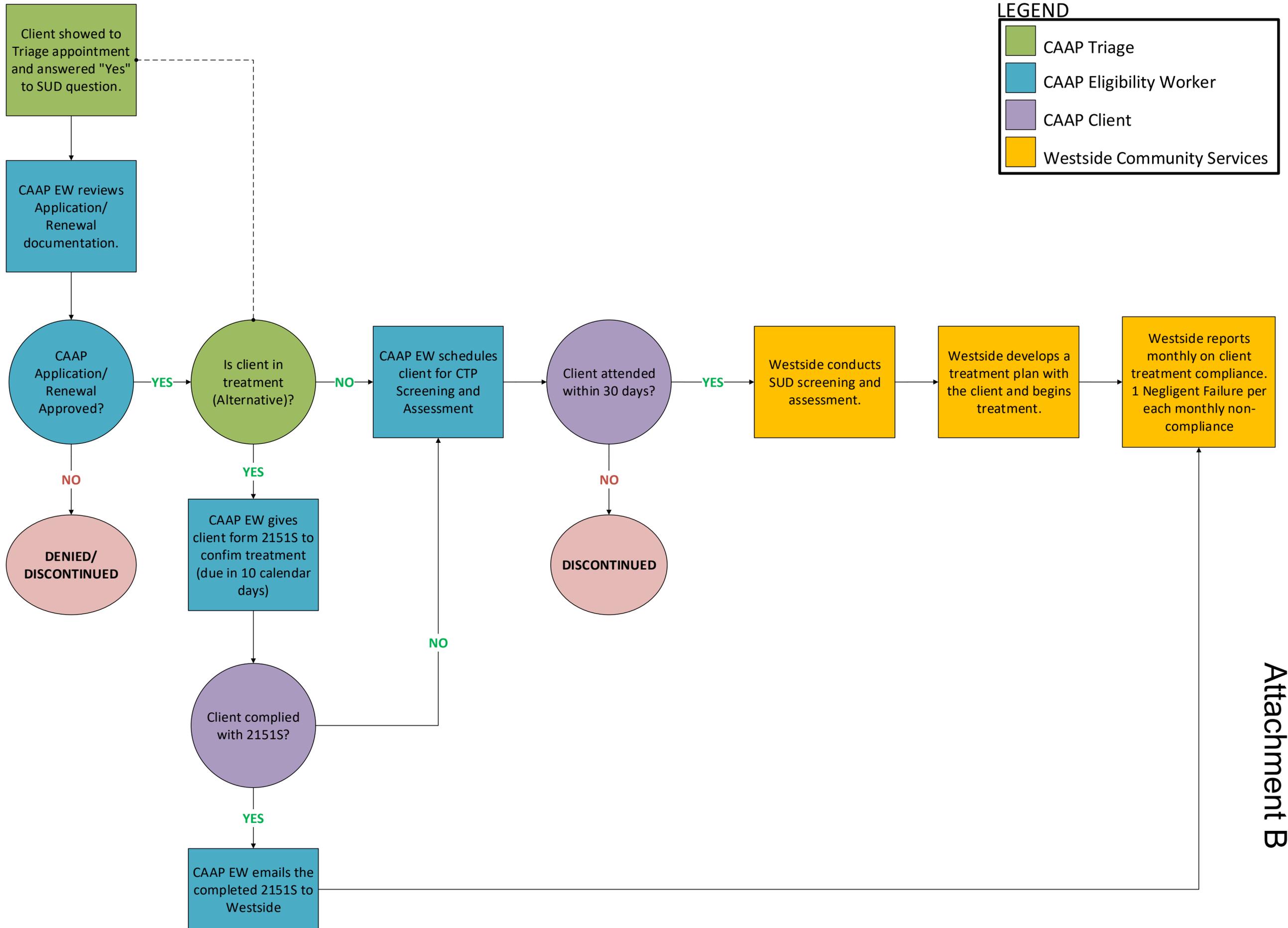
**Labor Union Email Addresses:** SF-DHR-Info@seiu1021.org

**Union Review Sent On:** 7/11/2024

**Union Review End Date:** 9/9/2024

**Union Review Duration Met On:** 9/9/2024

# CAAP Treatment Pathways (CTP) Workflow



**LEGEND**

- CAAP Triage
- CAAP Eligibility Worker
- CAAP Client
- Westside Community Services

Attachment B

# 2930-Behavioral Health Clinician

## Job classification

<b>Class</b>	<a href="#">2930</a>
<b>Title</b>	Behavioral Health Clinician
<b>Overtime eligibility</b>	Exempt (Z) - No Paid Overtime
<b>Labor agreement</b>	<a href="#">SEIU, Local 1021, Misc</a>
<b>Effective date</b>	May 13, 2021

## Current compensation plan

**Effective:** Jan 03, 2026

See [Historic and future compensation information](#) for this class

<b>Step:</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>	<b>Step 5</b>
<b>Rate /hr:</b>	\$56.0000	\$58.7500	\$61.7000	\$64.8250	\$68.0375
<b>Rate /biweekly:</b>	\$4,480.00	\$4,700.00	\$4,936.00	\$5,186.00	\$5,443.00
<b>Rate /year:</b>	\$116,480	\$122,200	\$128,336	\$134,836	\$141,518

## Job description

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF HUMAN RESOURCES

Title: BEHAVIORAL HEALTH CLINICIAN

Job Code: 2930

## DEFINITION

Under general supervision, makes investigations to determine the eligibility of applicants for psychiatric care and services; evaluates information gained through interviews and collateral sources; makes determination on one of several alternative procedures; completes appropriate forms and documents relating to intake procedures; makes pertinent determinations and recommendations; and performs related duties as required.

Requires responsibility for: carrying out and explaining established methods and procedures to applicants, recipients and others; achieving economies and/or preventing losses through careful and judicious interpretations of various legal provisions, methods and procedures in recommending assistance; making regular contacts with applicants, recipients, their families and others concerned, also with employees, other departments and outside organizations; gathering, compiling and reviewing important detailed psychiatric financial, personal and confidential information. Nature of duties involves occasional exposure to accident hazards and disagreeable elements in dealing with mentally ill and emotionally disturbed persons.

## DISTINGUISHING FEATURES

## SUPERVISION EXERCISED

## EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES

According to Civil Service Commission Rule 109, the duties specified below are representative of the range of duties assigned to this job code/class and are not intended to be an inclusive list.

1. Interviews applicants, recipients, parents and others concerned for the purpose of securing information to determine eligibility for psychiatric care and services; evaluates material obtained through interviews and from other sources, including information given directly, together with such factors as appearance and manner, attitude of parents, relatives and others toward the applicant and his problems.
2. On basis of interviews and analyses, decides upon one of several alternative dispositions such as emergency therapy, referral to other staff members for further study, referral to appropriate community resources or assistance on a temporary basis; completes appropriate forms and documents relating to the intake processes.
3. Conducts interviews with parents and children to obtain supplementary information; makes tentative diagnosis to determine need for testing to supplement the diagnosis; decides on one of several alter-native dispositions.
4. Confers with referring agency or other interested organizations and persons including schools, Public health nurses and doctors and with supervisor or other psychiatrists on medical and psychiatric questions relating to evaluation of the patient; prepares related case re-ports, including all pertinent material.

5. Subsequently follows up on individual patient therapy; establishes positive relationship; assists patient with explanation of diagnosis and causes of difficulties; confers with consulting psychiatrists on treatment; prepares therapy notes on each case and incorporates in case records.

6. Maintains records of all activities relating to patients' care; prepares clinical statistics and compiles periodic reports; participates in periodic staff meetings; confers with supervisor on formulation of policies and procedures; attends conferences with. Other clinics and agencies.

#### KNOWLEDGE, SKILLS, AND ABILITIES

Knowledge of: Requires broad knowledge and ability to: solve problems inherent in the duties and responsibilities of psychiatric welfare work; plan appropriate courses of action as a result of analysis and evaluation of data and other significant factors.

Ability or Skill to: Requires skill and ability to: effect cooperative and effective contacts with associate staff employees and others; deal effectively with patients in the adjustment of problem situations.

#### MINIMUM QUALIFICATIONS

These minimum qualifications establish the education, training, experience, special skills and/or license(s) which are required for employment in the classification. Please note, additional qualifications (i.e., special conditions) may apply to a particular position and will be stated on the exam/job announcement.

Education:

Experience:

License and Certification:

Possession of a valid license as a Licensed Clinical Social Worker (LCSW), issued by the California Board of Behavioral Sciences (BBS); OR

Possession of valid registration as an Associate Clinical Social Worker (ASW) , issued by the California Board of Behavioral Sciences (BBS); OR

Possession of a valid license as a Licensed Marriage and Family Therapist (LMFT) , issued by the California Board of Behavioral Sciences (BBS); OR

Possession of valid registration as an Associate Marriage and Family Therapist (AMFT) , issued by the California Board of Behavioral Sciences (BBS); OR

Possession of a valid license as a Licensed Professional Clinical Counselor (LPCC) , issued by the California Board of Behavioral Sciences (BBS); OR

Possession of valid registration as an Associate Professional Clinical Counselor I (APCC) , issued by the California Board of Behavioral Sciences (BBS).

Substitution:

SUPPLEMENTAL INFORMATION

PROMOTIVE LINES

2932 Senior Behavioral Health Clinician

ORINATION DATE:

AMENDED DATE:

10/30/14; 08/07/15; 05/13/21

REASON FOR AMENDMENT:

To accurately reflect the current tasks, knowledge, skills & abilities, and minimum qualifications.

BUSINESS UNIT(S):

COMMN SFMTA

## Standard information

### Disaster service work

All City and County of San Francisco employees are designated Disaster Service Workers through state and local law (California Government Code Section 3100-3109). Employment with the City requires the affirmation of a loyalty oath to this effect. Employees are required to complete all Disaster Service Worker-related training as assigned, and to return to work as ordered in the event of an emergency.

# 2932-Senior Behavioral Health Clinician

## Job classification

<b>Class</b>	<a href="#">2932</a>
<b>Title</b>	Senior Behavioral Health Clinician
<b>Overtime eligibility</b>	Exempt (Z) - No Paid Overtime
<b>Labor agreement</b>	<a href="#">SEIU, Local 1021, Misc</a>
<b>Effective date</b>	May 13, 2021

## Current compensation plan

**Effective:** Jan 03, 2026

See [Historic and future compensation information](#) for this class

<b>Step:</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>	<b>Step 5</b>
<b>Rate /hr:</b>	\$58.8000	\$61.7125	\$64.8000	\$68.0375	\$71.4250
<b>Rate /biweekly:</b>	\$4,704.00	\$4,937.00	\$5,184.00	\$5,443.00	\$5,714.00
<b>Rate /year:</b>	\$122,304	\$128,362	\$134,784	\$141,518	\$148,564

## Job description

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF HUMAN RESOURCES

Title: SENIOR BEHAVIORAL HEALTH CLINICIAN

Job Code: 2932

## DEFINITION

Under direction, may supervise several psychiatric social workers and personally performs the more difficult psychiatric case work; assigns and directs work of interviewing and investigating applicants, patients, and others concerned; reviews psychiatric welfare cases processed by other workers; and performs related duties as required,

Requires responsibility for: carrying out, interpreting and enforcing existing legal provisions, policies, methods and procedures in connection with psychiatric welfare work; achieving considerable economies and/or preventing considerable losses through enforcing careful and judicious interpretations of various legal provisions, methods and procedures in approving and recommending assistance; making regular contacts with employees, supervisors, applicants, recipients, their families, other departments, community organizations and others concerned; gathering and checking detailed psychiatric, financial, personal and confidential information. Nature of duties involves normal physical effort and manual dexterity with occasional accident and injury hazards and exposure to disagreeable element when dealing with mentally ill or emotionally disturbed persons.

## DISTINGUISHING FEATURES

### SUPERVISION EXERCISED

May supervise several psychiatric social workers and auxiliary personnel.

### EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES

According to Civil Service Commission Rule 109, the duties specified below are representative of the range of duties assigned to this job code/class and are not intended to be an inclusive list.

1. Supervises several psychiatric social workers and auxiliary personnel and personally participates in interviewing and diagnosing the more difficult individual cases.
2. Supervises the determining of eligibility of applicants for psychiatric services; ascertains several factors, such as reasons for referral, attitude toward personal problems and demonstrated desire for assistance; obtains history of applicant's growth and development in order to arrive at an understanding of behavioral characteristics; obtains such pertinent information as parental background, relationship between parents and other members in the family group.
3. Evaluates material obtained as a result of interviews and analyses; decides on disposition of each case, including referral to other staff members for further study and recommendations or referral to some appropriate community agency; completes appropriate forms and documents relating to the intake processes.

4. Treats individual patients on a regular recurrent basis by applying difficult and intensive casework techniques in order to reduce mental and emotional illness; observes patient's condition and reactions especially in suicidal and homicidal cases; determines degree of danger presented to patient and others.

5. Counsels with especially disturbed and difficult patients concerning emotional, economic and personal matters and crisis, to assist in reestablishing self-control and responsibility; arranges for commitment to hospital or other community agency or resource, based on appraisal of patient's needs.

6. Conducts group psychotherapy in regularly scheduled group interviews in connection with administering direct treatment to patients; observes, evaluates and analyzes emotional and behavioral changes; determines treatment goals at successive intervals during treatment process,

7. Records basic data pertaining to study and/or treatment of patients on appropriate forms, charts and case histories; prepares written case summaries for purposes of coordinating medical and case-work services in the best interests of the patient and his family.

#### KNOWLEDGE, SKILLS, AND ABILITIES

Knowledge of: Requires broad knowledge and ability to: solve problems inherent in the duties and responsibilities of psychiatric welfare work; plan appropriate courses of action as a result of analysis and evaluation of data and other significant factors.

Ability or Skill to: Requires skill and ability to: effect cooperative and effective contacts with associate staff employees and others; deal effectively with patients in the adjustment of problem situations.

#### MINIMUM QUALIFICATIONS

These minimum qualifications establish the education, training, experience, special skills and/or license(s) which are required for employment in the classification. Please note, additional qualifications (i.e., special conditions) may apply to a particular position and will be stated on the exam/job announcement.

Education:

Experience:

Two (2) years of verifiable experience as a Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Social Worker (LCSW), or Licensed Professional Clinical Counselor (LPCC).

License and Certification:

Possession of a valid license as a Licensed Clinical Social Worker (LCSW), issued by the California Board of Behavioral Sciences (BBS); OR

Possession of a valid license as a Licensed Marriage and Family Therapist (LMFT) , issued by the California Board of Behavioral Sciences (BBS); OR

Possession of a valid license as a Licensed Professional Clinical Counselor (LPCC) , issued by the California Board of Behavioral Sciences (BBS).

Substitution:

SUPPLEMENTAL INFORMATION

PROMOTIVE LINES

From: 2930 Behavioral Health Clinician

ORIGINATION DATE:

AMENDED DATE:

10/30/14; 8/07/15; 05/13/21

REASON FOR AMENDMENT:

To accurately reflect the current tasks, knowledge, skills & abilities, and minimum qualifications.

BUSINESS UNIT(S):

COMMN SFMTA

## Standard information

### Disaster service work

All City and County of San Francisco employees are designated Disaster Service Workers through state and local law (California Government Code Section 3100-3109). Employment with the City requires the affirmation of a loyalty oath to this effect. Employees are required to complete all Disaster Service Worker-related training as assigned, and to return to work as ordered in the event of an emergency.

# 2586-Health Worker II

## Job classification

<b>Class</b>	<a href="#">2586</a>
<b>Title</b>	Health Worker II
<b>Overtime eligibility</b>	Covered (Non-Z) - Nonexempt
<b>Labor agreement</b>	<a href="#">SEIU Local 1021</a>
<b>Effective date</b>	November 09, 2015

## Current compensation plan

**Effective:** Jan 03, 2026

See [Historic and future compensation information](#) for this class

<b>Step:</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>	<b>Step 5</b>
<b>Rate /hr:</b>	\$35.8125	\$37.5875	\$39.4625	\$41.4375	\$43.5250
<b>Rate /biweekly:</b>	\$2,865.00	\$3,007.00	\$3,157.00	\$3,315.00	\$3,482.00
<b>Rate /year:</b>	\$74,490	\$78,182	\$82,082	\$86,190	\$90,532

## Job description

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF HUMAN RESOURCES

### INTRODUCTION

Under supervision, performs a wide variety of paraprofessional duties in a service program of the Department of Public Health; functions as a liaison between community residents and program staff; provides counseling and advice to patients regarding health problems; may supervise Health Worker I; may drive or accompany patients between their homes, hospitals or other social agencies; and performs related duties as required.

## DISTINGUISHING FEATURES

This is the second level in the health service career ladder. Health Worker II differs from Health Worker I in that employees in the former classification require less supervision and exercise greater independent judgment. Some positions require driving a motor vehicle in the performance of duties; (incumbents are not qualified to drive an ambulance.)

## SUPERVISION EXERCISED

None

## MAJOR, IMPORTANT, AND ESSENTIAL DUTIES

According to Civil Service Commission Rule 109, the duties specified below are representative of the range of duties assigned to this job code/class and are not intended to be an inclusive list.

1. Participates, but to a lesser degree than Health Worker I, in the health service training program.
2. Provides information and resources to patients and others regarding health care and other facilities available to them; assists patients in utilizing such services; makes follow-up contacts when required.
3. Serves as liaison between the professional staff and the community.
4. May provide language interpretation services in contacts with non-English speaking clients.
5. Assists in gathering and evaluating data concerning the program to which assigned; may perform incidental clerical duties such as keeping records, answering the telephone and arranging client appointments.
6. May transport ambulatory patients between their homes and clinics, hospitals or other social agencies; may transport staff members to meetings with administration approval; reports malfunctions of the vehicle to supervisor.
7. May pick up and deliver supplies and equipment, including high-security pharmaceutical supplies, laboratory tests and mail.

## IMPORTANT AND ESSENTIAL KNOWLEDGES, SKILLS, AND ABILITIES

Knowledge of: The ethnic, economic and social factors affecting the residents of the neighborhood served by the health program.

Ability and Skill to: Speak, read and write English as well as the language predominant in the district served; communicate with the clients of the program; work effectively with professional and other staff members.

#### MINIMUM QUALIFICATIONS

These minimum qualifications establish the education, training, experience, special skills and/or license(s) which are required for employment in the classification. Please note, additional qualifications (i.e., special conditions) may apply to a particular position and will be stated on the exam/job announcement.

Education:

None

Experience:

One (1) year of verifiable experience within the last five (5) years, performing a combination of at least two (2) of the following r duties: Serving as a liaison between targeted communities and healthcare agencies; providing culturally appropriate health education/information and outreach to targeted populations; providing referral and follow up services or otherwise coordinating care; providing informal counseling, social support and advocacy to targeted populations; escorting and transporting clients; providing courier/dispatcher functions; performing pre-clinical examinations of vital statistics, such as measuring a patient's weight, height, temperature and blood pressure.

License and Certification:

Must possess a valid California Driver's License for positions requiring driving.

Substitution:

Possession of a Community Health Worker Certificate from City College of San Francisco can substitute for 6 months of experience.

#### SUPPLEMENTAL INFORMATION

##### PROMOTIVE LINES

To: 2587 Health Worker III

From: 2585 Health Worker I

ORIGINATION DATE: 12/18/1972

AMENDED DATE: 8/18/1975; 3/31/15; 11/09/15

REASON FOR AMENDMENT: To accurately reflect the current tasks, knowledge, skills and abilities defined in the most recent job analysis conducted for this job code.

BUSINESS UNIT(S): COMMN SFCCD SFMTA SFUSD

## Standard information

### Disaster service work

All City and County of San Francisco employees are designated Disaster Service Workers through state and local law (California Government Code Section 3100-3109). Employment with the City requires the affirmation of a loyalty oath to this effect. Employees are required to complete all Disaster Service Worker-related training as assigned, and to return to work as ordered in the event of an emergency.

# 1822-Administrative Analyst

## Job classification

<b>Class</b>	<a href="#">1822</a>
<b>Title</b>	Administrative Analyst
<b>Overtime eligibility</b>	Exempt (Z) - No Paid Overtime
<b>Labor agreement</b>	<a href="#">SEIU, Local 1021, Misc</a>
<b>Effective date</b>	April 12, 2023

## Current compensation plan

**Effective:** Jan 03, 2026

See [Historic and future compensation information](#) for this class

<b>Step:</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>	<b>Step 5</b>
<b>Rate /hr:</b>	\$50.9875	\$53.5500	\$56.2375	\$59.0625	\$62.0000
<b>Rate /biweekly:</b>	\$4,079.00	\$4,284.00	\$4,499.00	\$4,725.00	\$4,960.00
<b>Rate /year:</b>	\$106,054	\$111,384	\$116,974	\$122,850	\$128,960

## Job description

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF HUMAN RESOURCES

TITLE: ADMINISTRATIVE ANALYST

JOB CODE: 1822

DEFINITION

Under direction, the Administrative Analyst performs difficult and detailed professional-level analytical work in a variety of functional areas, such as; development and

administration of competitive bid processes and contractual agreements; grant administration and monitoring; budget development and administration; legislative analysis; development and evaluation of management/administrative policy; program evaluation and planning; quantitative and qualitative data analysis; or complex financial/fiscal analysis and reporting. Class 1822 Administrative Analyst is the journey-level class of the series.

#### DISTINGUISHING FEATURES

Class 1822 Administrative Analyst is distinguished from Class 1823 Senior Administrative Analyst in that the latter performs duties of a more difficult and complex nature. Class 1822 Administrative Analyst is distinguished from Class 1820 Junior Administrative Analyst in that the latter is an entry level class performing less difficult and complex duties.

#### SUPERVISION EXERCISED

Depending on assignment, may serve as lead worker to clerical, technical and/or subordinate professional staff.

#### EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES

According to Civil Service Commission Rule 109, the duties specified below are representative of the range of duties assigned to this job code/class and are not intended to be an inclusive list.

1. Performs research, compiles and analyzes information/data regarding a variety of administrative, management, fiscal and organizational issues: identifies issues and determines analytical standards in consultation with supervisor, manager, departmental personnel and other individuals/experts; gathers relevant data, information and/or documentation from a variety of sources; analyzes information and documentation to develop tentative findings; discusses and/or coordinates analysis and tentative findings with supervisor, management staff and/or other appropriate individuals; develops or assists in developing recommendations and/or course of action; gathers additional information and/or revises methodology as needed.
2. Prepares or assists in the preparation of a variety of management reports: compiles and evaluates information in preparation for writing report; presents background information and description of analytical standards; outlines findings and recommendations and prepares logical supporting documentation; writes or assists in writing final reports and documentation for evaluation by administrative and/or management staff; presents reports, including formal presentations to groups.
3. Performs analysis for new and existing administrative, management, program and organizational policies and procedures: consults with managers, administrators and other staff to determine parameters for analysis and other background information; analyzes the effect of proposed and existing legislation, regulations and law on organizational policies

and procedures; compiles information and documentation in preparation for producing reports and/or drafts reports for management/administration.

4. Performs analysis for budget development and resource planning; performs or assists in needs analysis and trend analysis based on research and consultation with managers and administrative staff; consults with managers and assists in resource planning and development of annual budget estimates; reviews and analyzes budget requests from administrators; compiles information and documentation in preparation for producing reports and/or drafts reports related to budget and resource planning issues.

5. Performs analysis for budget administration and/or fiscal/financial reporting; monitors and analyzes expenditures and accounts to ensure compliance with budget parameters; gathers information and prepares documentation related to fiscal/financial reporting; performs and/or assists in fiscal/financial analysis; compiles information and documentation in preparation for producing and/or drafting fiscal/financial reports.

6. Performs analysis for development and administration of competitive bid processes and contractual agreements; identifies and analyzes needs, goals, available funding and other criteria; develops or assists in development of contract/lease specifications; prepares requests for proposals and bid solicitation; performs or assists in analysis of bid information provided by contractors; assists in establishment/maintenance of contractual relationships; performs or assists in analysis for monitoring and enforcement of legal agreements to ensure compliance.

7. Performs analysis for monitoring of grants received by department; writes or assists in writing grant proposals; analyzes funding parameters and other requirements specified by grantor; monitors departmental expenditures to ensure funding parameters are met; analyzes other criteria to ensure compliance with standards required by grantor.

#### KNOWLEDGE, SKILLS, AND ABILITIES

Knowledge of: the principles, procedures and legal standards required to provide professional-level analytical assistance to administrative staff in such areas as: budget development and monitoring; financial/fiscal analysis and reporting; development of management/administrative policies and procedures; analysis of existing and proposed legislation, legal standards and regulatory mandates; development and administration of contractual agreements; and/or grant monitoring and administration.

Ability or Skill to: identify, research and gather relevant information from a variety of sources; read and interpret complex written materials; analyze and evaluate quantitative and qualitative data, procedures, interrelated processes and other information; formulate conclusions and/or alternatives and develop effective recommendations; use work-related computer applications, including e-mail, word processing, spreadsheets, databases and the internet; prepare well-organized and accurate documents such as reports, memos, and correspondence; synthesize ideas and factual information into clear and logical written statements; speak clearly and concisely in order to express ideas and communicate work-

related information to a variety of individuals and groups; listen, ask appropriate questions and effectively elicit information; establish and maintain effective working relationships with staff, officials and the general public.

#### MINIMUM QUALIFICATIONS

These minimum qualifications establish the education, training, experience, special skills and/or license(s) which are required for employment in the classification. Additional qualifications (i.e. special conditions) may apply to a particular position and will be stated in the job ad.

Possession of a baccalaureate degree from an accredited college or university, and one (1) year full-time equivalent experience performing professional-level analytical work. Qualifying professional-level analytical work includes analysis, development, administration, and reporting in major programs and functions of an organization in areas such as budgets, contracts, grants, policy, or other functional areas related to the duties of positions in the 182X Class series.

#### Substitution:

Possession of a graduate degree (Master's degree or higher) from an accredited college or university with major coursework in specialized subject matter areas such as public or business administration, management, business law, contract law, public policy, urban studies, economics, statistical analysis, finance, accounting or other fields of study closely related to the essential functions of positions in the Class series may be substituted for the required one (1) year of experience.

Additional experience as described above may be substituted for the required degree on a year-for-year basis (up to a maximum of 2 years). Thirty (30) semester units or forty-five (45) quarter units equal one year.

#### License and Certification:

None

#### PROMOTIVE LINES

To: 1823 Senior Administrative Analyst

From: 1820 Junior Administrative Analyst

#### ORINATION DATE:

07/13/1961

AMENDED DATE:

07/23/1999; 04/02/2001; 09/28/2009; 04/12/2023

REASON FOR AMENDMENT:

To accurately reflect the current tasks, knowledge, skills & abilities, and minimum qualifications.

BUSINESS UNIT(S):

COMMN SFMTA SFUSD SFCCD

## Standard information

### Disaster service work

All City and County of San Francisco employees are designated Disaster Service Workers through state and local law (California Government Code Section 3100-3109). Employment with the City requires the affirmation of a loyalty oath to this effect. Employees are required to complete all Disaster Service Worker-related training as assigned, and to return to work as ordered in the event of an emergency.