



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

**LONDON N. BREED  
MAYOR**

**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

## Post Union Notification

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