



LEAD SF

LAW ENFORCEMENT ASSISTED DIVERSION (LEAD) - SF MEDIA PLAN | NOVEMBER 2017

Goal of the Media Plan:

Given the close collaboration and partnership of multiple departments to ensure the success of the program, it is important that LEAD-SF has consistent protocols for dealing with media requests and for stakeholder interactions with the media. This may include when and how to jointly respond to media requests.

Flow of Information:

The Policy Committee for LEAD-SF is co-chaired by the Director of the Department of Public Health (*Barbara Garcia*), the District Attorney (*George Gascón*), and the Chief of the San Francisco Police Department (*William Scott*). These leaders will be responsible for both receiving media requests and coordinating with stakeholders to respond.

In the event that LEAD-SF stakeholders receive a media request, the media relations staff of each department should coordinate, as much as possible, before answering the request.

Department of Public Health: Rachael Kagan | 415-554-2507 | rachael.kagan@sfdph.org

District Attorney's Office: Alex Bastian | 415-314-4848 | alex.bastian@sfgov.org

Police Department: Media Relations | 415-837-7395 | sfpdmediarelations@sfgov.org

Messaging for LEAD-SF:

1. LEAD-SF will focus on the Mission and Tenderloin districts to better meet the needs of individuals with a history of substance use and low-level drug offenses.
2. This program is part of the City's multi-dimensional response to the problems of homelessness and substance use among San Franciscans. It also is supported by the recommendations of the Workgroup to Re-Envision the Jail Replacement Project to reduce the jail population by offering appropriate diversion programs.
3. This program is a new approach for stakeholders to work together and strengthen collaboration with city and community based partners.
4. This program will work to improve the health and housing status of participants.
5. This program will work to reduce rates of recidivism for individuals with low-level drug and alcohol offenses who participate in the program.

Requests to Film LEAD:

In order to protect the privacy of our participants as well as the sensitive nature of the program, the following protocols must be observed when filming or photography is involved for LEAD stakeholders:



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1. *Law Enforcement:* No filming of arrests and officers should feel free to end the interview at any point.
2. *Treatment Providers:* Media will speak to DPH, who will coordinate with the program supervisor about the guidelines for filming. Providers will not discuss any Private Health Information (PHI), including the use of participants' names or identifying information, without an individual signing an Authorization to Release PHI and Media Consent Form (ATTACHED). Providers are not required to speak about their own personal lives and should feel free to end the interview at any point.
3. *Participants:* No filming of potentially illegal activity (including substance use). Participants who are willing to be interviewed will need to sign a Media Consent Form (ATTACHED) and should feel free to end the interview at any point. Participation in interviews will have no bearing on the provision of care. Treatment providers may be consulted about the clinical appropriateness of the interview.
4. *BART:* Given that LEAD-SF will operate in the Civic Center and 16th Street/Mission BART stations, media must comply with BART's filming and photography policies when on BART property. (Alicia Trost, 510-464-6154, ATrost@bart.gov.)
5. *Public Areas:* Given that LEAD-SF covers parts of the Mission and Tenderloin districts of San Francisco, media are able to film the streets and sidewalks as they would any public part of the City. However, coverage of LEAD participants, law enforcement, or providers—even in public places—must follow the guidelines described above.



City and County of San Francisco
Department of Public Health
 COMMUNITY BEHAVIORAL HEALTH SERVICES

**AUTHORIZATION FOR USE OR DISCLOSURE OF
 PROTECTED HEALTH INFORMATION**

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with California and federal law concerning the privacy of such information. **Failure to provide all information marked with an asterisk(*) may invalidate this authorization.**

Name of Client*: _____ Date of Birth*: _____

I authorize* _____ to disclose health
 (Name, title, & address of person or organization)*

information obtained in the course of my diagnosis and treatment for the purpose of:* _____
 and shall be limited to the following types of information – I recognize that if I am disclosing my health information to someone who is not legally required to keep it confidential, it may be redisclosed and may no longer be protected. California law requires that recipients refrain from redisclosing such information except with my written authorization or as specifically required by law.

- Discharge Summary
- Assessment
- Treatment Plan of Care
- Physician's Orders
- Progress Notes
- Other (Specify) _____
- Results of Lab Tests
- Results of Psychological or Vocational Testing
- Educational Assessment and Behavioral Reports
(including school observation & educational testing)
- Substance Abuse Treatment

Send to*: _____
 (Name, title, & address of person or organization authorized to receive the information)

My Rights: I understand that authorizing the disclosure of this health information is voluntary. I may refuse to sign this authorization. I may revoke this authorization at any time. Revocation must be in writing, signed by me or on my behalf by someone with the legal authority to do so and delivered to CBHS or other facility. My revocation will be effective upon receipt, but will not be effective to the extent that CBHS may have acted in reliance upon this authorization prior to revocation. I have a right to obtain a copy of this authorization. I may not be denied treatment, payment, enrollment in a health plan, or eligibility for benefits if I refuse to sign.

Expiration*: This authorization will automatically expire in 90 days from the date of execution unless a different end date or event is specified: _____ or **immediately upon fulfillment.**
 (date/event)

* _____ * _____
 Date Signature (Client/Patient/Parent/Guardian/Conservator) Relationship if not Client/Patient

Interpreter used _____

Witness (Required if Client/Patient unable to sign)

Notes:

- * A separate authorization is required to authorize the disclosure or use of **psychotherapy notes**.
- If this authorization is for the disclosure of **substance abuse** information, the recipient may be prohibited from disclosing the information under 42 C.F.R. part 2.



Barbara A. Garcia
Director of Health

CONSENT TO INTERVIEW OR PHOTOGRAPH

DATE _____

I hereby agree that I may be interviewed and/or photographed/video taped and that the interview and/or photos/videos are obtained with my full knowledge for the purposes stated below.

I further agree that the interview and/or photograph/video may be printed or publicized for public distribution.

_____ Interview _____ Photo/video _____ Public Distribution
_____ Other

Additional info or statement:

By signing this consent form I release the City and County of San Francisco-Department of Public Health from any and all liability or claims from the use and re-use of these films, photographs, or audio recordings of me and/or my child/children.

Signature of patient or legal guardian