Date: Jan. 5, 2010

Item No. 13 & 14
File No. 09077

SUNSHINE ORDINANCE TASK FORCE

AGENDA PACKET CONTENTS LIST*

☒ **Melvyn Banks against Department of Public Health**

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

Completed by: Chris Rustom   **Date:** Dec. 30, 2009

*This list reflects the explanatory documents provided

~ Late Agenda Items (documents received too late for distribution to the Task Force Members)

** The document this form replaces exceeds 25 pages and will therefore not be copied for the packet. The original document is in the file kept by the Administrator, and may be viewed in its entirety by the Task Force, or any member of the public upon request at City Hall, Room 244.

Agenda Packet Checklist

To:sotf@sfgov.orgEmail:complaints@sfgov.orgDEPARTMENT:Public Health
CONTACTED:Maria X. Martinez
PUBLIC_RECORDS_VIOLATION:No
PUBLIC_MEETING_VIOLATION:Yes
MEETING_DATE:
SECTIONS_VIOLATED:
DESCRIPTION:See attached.
HEARING:Yes
PRE-HEARING:Yes
DATE:11/06/09
NAME:Melvin Banks
ADDRESS:
CITY:
ZIP:
PHONE:
CONTACT_EMAIL:▓▓▓▓@gmail.com
ANONYMOUS:
CONFIDENTIALITY_REQUESTED:Yes

melvin banks
█████@gmail.com>
11/06/2009 04:10 PM

To   SOTF <sotf@sfgov.org>

cc   "Byers, Jeff (CDPH-OOA-HCB)" <Jeff.Byers@cdph.ca.gov>,
     jbyers1@dhs.ca.gov, mitch.katz@sfdph.org,
     DMorgan@hrsa.gov, "Cook, Gary (HRSA)"

bcc

Subject   Request public access to SFDPH Privacy Board Meetings

Dear Sunshine Ordinance,

In an email dated October 30, 2009, I asked Maria X Martinez, Deputy Director and Privacy Officer Community Programs, SF Department of Public Health explain why I would not be allowed to attend DPH Privacy Board meetings. In her response, she claimed, "The DPH Privacy Board is not a legislative body covered under the Brown Act (Govt. Code §54952(b)). Its role is to implement HIPAA and other federal, state and local laws/policies regarding client and patient confidentiality." [See dphprivacyboard] I disagree with her claim because the California Constitution as amended by Proposition 59 in 2004 provides for openness of government.

ARTICLE 1 DECLARATION OF RIGHTS, SECTION 3 provides:

```
(a) The people have the right to instruct their representatives, petition
government for redress of grievances, and assemble freely to consult for the
common good.

(b) (1) The people have the right of access to information concerning the
conduct of the people's business, and, therefore, the meetings of public
bodies and the writings of public officials and agencies shall be open to
public scrutiny.

    (2) A statute, court rule, or other authority, including those in effect
on the effective date of this subdivision, shall be broadly construed if it
furthers the people's right of access, and narrowly construed if it limits the
right of access. A statute, court rule, or other authority adopted after the
effective date of this subdivision that limits the right of access shall be
adopted with findings demonstrating the interest protected by the limitation
and the need for protecting that interest.
```

Two decisions or actions by the SFDPH that were made without public knowledge and the opportunity for public comment gives rise to this complaint. First, it implemented the San Francisco Share Mandate Policy that created the SAN FRANCISCO'S LOCAL SHARE MANDATE FORM. [See attached] The second attachment, CDPH 8693, contains the form created by the California Department of Public Health, Office of AIDS. There is a major distinction between the two forms. The State Form, CDPH 8693 (8/07), has the Share/

Non-Share option. In contrast, the SFDPH Form, LSM 8693 (8/07), has only one option, Share. Second, SFDPH appears to have decided to withhold services from people suffering from HIV who do not give their consent to Share information in ARIES. In an email, dated October 28, 2009, she states, "after reading the Local Share Mandate policy, counties 'may require most clients to share their data as a condition for receiving services'." [See condition4receivingservices]

The scope of this complaint is not whether the SFDPH has the authority to create a client consent from that is different than the one issued by the California Department of Public Health, Office of AIDS or withhold services from people with HIV who choose not give their consent to share information in the ARIES system.

Rather, the issue is that SFDPH created and implemented policies, procedures, and forms without public comment or scrutiny. Since the consequences of these actions directly affect more than 20,000 consumers of HIV services, I request that the SOFT order that DPH Privacy Board meetings be noticed and open to the public for comment. I also requested on October 30, 2009 a copy of the San Francisco Share Mandate Policy in which she cited on October 29, 2009. As of the date of this complaint, I have not received a copy of the San Francisco Share Mandate Policy.

If you have any further questions, please feel free to contact me. Thank you.

Sincerely,

Raymond Banks

 dphprivacyboard.rtf   San Francisco's Local Share Mandate Form (English).pdf   cdph8693.pdf   conditions4receivingservice.rtf

<Maria.X.Martinez@sfdph.org>
       tomelvin banks <━━━━━━►.com>
      dateTue, Nov 3, 2009 at 12:51 PM
   subjectRe: SF Local Share Mandate Form is step backwards
mailed-sfdph.org
      by

<div align="center">

hide details Nov 3 (3 days ago)

</div>

Mr. Banks,

The DPH Privacy Board is not a legislative body covered under the Brown Act
(Govt. Code §54952(b)). Its role is to implement HIPAA and other federal, state and local laws/policies regarding client and patient confidentiality.

Over the next few months, as I noted before, we will be addressing the form
itself.

Regards, Maria

Maria X Martinez, Deputy Director and Privacy Officer - 415-255-3706
Community Programs, SF Department of Public Health
1380 Howard St., SF, CA 94103
DPH e-mails sent to and from personal email accounts or outside the
DPH/UCSF servers are not secured data transmissions for Protected Health
Information (PHI), as defined by the Healthcare Portability and
Accountability Act (HIPAA). It is the responsibility of all parties
involved to take all reasonable actions to protect this message from
non-authorized disclosure. This e-mail is intended for the recipient only.
If you receive this e-mail in error, notify the sender and destroy the
e-mail immediately. Disclosure of the PHI contained herein may subject
discloser to civil or criminal penalties under state and federal privacy
laws.

ARIES Client Consent Form
for San Francisco

I, _____, *(print full name)* wish to register with ARIES in order to receive services provided by the San Francisco Department of Public Health and/or its service providers. During registration, I will be asked to provide information about myself, including my name, race, gender, date of birth and other demographic data. Depending upon the agency or program I am registering with, I may also be asked questions about my CD4 cell count, viral load, use of HIV medications, my general physical and medical condition and other medical history questions.

In addition to providing information, I will provide an original letter of diagnosis signed and dated by my doctor or have a blood test that shows that I am HIV positive. I understand that I will also need to answer questions about my income. By signing this form, I state that I live in San Francisco or intend to reside there.

I understand that certain services may be available to HIV-negative partners, family members, or other caregivers affected by HIV, and registration and service information for these clients will not be shared between agencies regardless of my own share status.

SHARE: By signing below, I understand my registration information will be shared with other agencies I receive services from that are part of ARIES. Only authorized personnel at an agency will have access to my information on a need-to-know basis. The information shared may include information about services received or my treatment at a particular agency. Mental health, legal and/or substance abuse services will only be shared as allowed by law. By stating that my information will be shared, I will usually not need to re-register (in ARIES) or provide a letter of diagnosis when I require services from an agency providing services funded by the Ryan White CARE Act or the California Department of Public Health (CDPH)/Office of AIDS.

I understand my name and information will not be shared outside the ARIES system unless I provide my specific, informed consent to such a disclosure.

I understand that the information I provide may be made available to my local health department, to fiscal agents who fund the services I receive, and to the CDPH/Office of AIDS for mandated care and treatment reporting requirements, and may be used for program monitoring, statistical analysis and research activities. This information includes, but is not limited to, gender, ethnicity, birth date, zip code, diagnosis status, and service data. No identifying information, such as name and social security number, will be released, published, or used against me without my consent, except as allowed by law/or to ensure compliance with policy.

My registration in ARIES does not guarantee services from any other agency. Wait lists or other eligibility requirements may exclude me from services at other ARIES agencies.

By signing this form I acknowledge that I have been offered a copy of the ARIES Client Consent Form for San Francisco and have talked about and understand my rights to confidentiality with respect to ARIES with the staff person indicated below. I understand that this form will be stored in my paper file.

_____   _____
Signature of Client or Parent/Guardian of Minor Child   Date

For Local Health Care Agency Use Only	
Administered By	Agency Name
Signature	Date
This client is a **NON-SHARE** client because (check all that apply): ___ Unable to give consent ___ Related/Affected Client ___ HIV-Negative	

LSM 8693 (8/07)

ARIES Client Share/Non-Share Consent Form

I, _____, *(print full name)* wish to register with ARIES in order to receive services funded by the Ryan White CARE Act or the California Department of Public Health (CDPH), Office of AIDS. During registration, I will be asked to provide information about myself, including my name, race, gender, date of birth and other demographic data. Depending upon the agency or program I am registering with, I may also be asked questions about my CD4 cell count, viral load, use of HIV medications, my general physical and medical condition and other medical history questions.

In addition to providing information, I will provide an original letter of diagnosis signed and dated by my doctor or have a blood test that shows that I am HIV positive. I understand that I will also need to answer questions about my income. By signing this form, I state that I live in the California County I am seeking services from, or intend to reside there.

I understand that certain services may be available to HIV-negative partners, family members, or other caregivers affected by HIV, and registration and service information for these clients will not be shared between agencies regardless of my own share status.

SHARE: By checking the "share" box below, I choose to share my registration information with other agencies I receive services from that are part of ARIES. Only authorized personnel at an agency will have access to my information on a need-to-know basis. The information shared may include information about services received or my treatment at a particular agency. Mental health, legal and/or substance abuse services will only be shared as allowed by law. By stating that I am willing to share my information, I will usually not need to re-register (in ARIES) or provide a letter of diagnosis when I require services from an agency providing services funded by the Ryan White CARE Act or the CDPH/Office of AIDS.

NON-SHARE: By checking the "non-share" box below, I choose not to share my information with ARIES agencies that I go to for services. If I do not want my information shared between ARIES agencies, I will provide all ARIES registration and other information, including an original letter of diagnosis, to each agency that I go to for services.

I choose: ☐ Share ☐ Non-Share

I can change my decision about sharing/not sharing by informing the staff at any agency where I go for service and by signing a new ARIES Client Share/Non-Share Consent Form. I understand that changing from Non-Share to Share opens my ARIES record to other ARIES agencies I receive services from. No matter what I choose, my name and information will not be shared outside the ARIES system unless I provide my specific, informed consent to such a disclosure.

Regardless of my share/non-share status, I understand that the information I provide may be made available to my local health department, to fiscal agents who fund the services I receive, and to the CDPH/Office of AIDS for mandated care and treatment reporting requirements, and may be used for program monitoring, statistical analysis and research activities. This information includes, but is not limited to, gender, ethnicity, birth date, zip code, diagnosis status, and service data. No identifying information, such as name and social security number, will be released, published, or used against me without my consent, except as allowed by law/or to ensure compliance with policy.

My registration in ARIES does not guarantee services from any other agency. Wait lists or other eligibility requirements may exclude me from services at other ARIES agencies.

By signing this form I acknowledge that I have been offered a copy of the Share/Non-Share Consent Form and have talked about and understand the choices of sharing or not sharing with the staff person indicated below. I understand that this form will be stored in my paper file.

_____   _____
Signature of Client or Parent/Guardian of Minor Child   *Date*

For Local Health Care Agency Use Only

Administered By   *Agency Name*

_____   _____
Signature   *Date*

Maria X Martinez <Maria.X.Martinez@sfdph.org>
    tomelvin banks <⬛⬛⬛⬛⬛⬛⬛.com>
    ccBill Blum <Bill.Blum@sfdph.org>,
      Celinda Cantu <Celinda.Cantu@sfdph.org>
    dateWed, Oct 28, 2009 at 9:28 AM
subjectARIES "consent" form

<u>hide details</u> Oct 28 (9 days ago)

Mr. Banks,

I wanted to let you know that I met with Bill Blum and Celinda Cantu yesterday about the form. After reading the Local Share Mandate policy, counties "<u>may require most clients to share their data as a condition for receiving services</u>." There are 3 conditions that would make-up this exception: (1) clients who demonstrate an inability to give consent as documented in the client record (e.g., decreased mental capacity), (2) are receiving services as a related/affected client; or (3) are receiving services as a HIV-negative client. In San Francisco, clients who request their information not be shared are also given an exception. As I mentioned in our phone conversation, HIPAA and state laws allow for HIV treatment providers to share health information with each other for treatment purposes without signed authorization (see attached for references), but the ARIES notice (entitled "ARIES Client Consent Form for
San Francisco") limits this sharing to certain agencies.

In any case, I mainain that the form itself is confusing and problematic and we are checking with the State to see if/how we can change it to be clearer.

Given vacations and extremely short staffing shortages at the state level, I don't forsee us resolving this issue anytime soon. I will be in touch as soon as I have findings.

Maria

melvin banks
<_____@gmail.com>
11/09/2009 03:12 PM

To   SOTF <sotf@sfgov.org>

cc   "Byers, Jeff (CDPH-OOA-HCB)" <Jeff.Byers@cdph.ca.gov>,
     mitch.katz@sfdph.org, barbara.garcia@sfdph.org, Bill Blum
     <Bill.Blum@sfdph.org>, Maria X Martinez

bcc

Subject   ADDITIONAL DOCUMENTS

HI SOFT,

PLEASE ATTACH THE DOCUMENTS TO MY COMPLAINT.

THANK YOU

RAYMOND BANKS ARIESShareNonShareClientProvInfoDoc.pdf 066098036n.pdf

What Is ARIES?

The AIDS Regional Information and Evaluation System (ARIES) is an HIV/AIDS web-based computer system that is used by agencies who receive HIV/AIDS money from the State and Federal government (through the Ryan White CARE Act). Agencies who receive money from the CARE Act must keep track of the clients they see and the services they provide to those clients; ARIES helps agencies carry out this task. By entering information into ARIES, it will be easier for the agencies you see to plan and manage your care.

To Share Or Not To Share?

You will be able to choose whether or not you want the agencies you see for services to share your information with each other. When making your decision you need to consider the benefits of sharing your information vs. not sharing your information. Once you make your decision, you will need to sign the *ARIES Share/Non-share Form*.

What Are The Benefits Of Share VS. Non-Share?

You have the choice to either share your data or not share your data between agencies. When you first go to an agency for services, they will ask you if you want to share your data.

Choosing the Share Status

If you agree to share your information with other agencies, ARIES will help you get services more easily. While you will still have to go through the normal client intake process the first time you go to an agency for services, ARIES may cut down the amount of paperwork you need to fill out when you go to other agencies for services. This will also help agencies work together to provide you with the services you need. You will have to sign a form at each agency to let them know that you agree to share your information, but you won't need to complete most of the same forms more than once. By sharing, you won't have to give the same basic information like address, phone number, race, etc., over and over again to each agency. The system works best for you if you choose to share your information because the registration process will be easier when you go to more than one agency for services. Important: **only the agencies you go to for**

services will be able to see your information. Agencies that you have never visited for services will never see your information.

Choosing the Non-Share Status
If you decide not to share your information with other agencies, you will still need to sign a form when you first come to an agency for services. You will need to provide all of your information each and every time you go to a new agency - just like you do now. You will also have to give each and every agency your most recent information each time you go in for services.

You have the right to change your mind about sharing your information at any time. If you choose not to share your information at first, but later decide you do want to share your information, all you have to do is tell your provider. They will ask you to sign a new consent form. The appropriate agency staff can then go into ARIES and indicate that you have changed your mind and would like to share your information. If you change from share to non-share, the information collected from that date forward will not be shared.

It is important to note that regardless of your share or non-share choice, fiscal agents and public health departments may see your data to meet their funding and reporting requirements. Your confidentiality is always safe in these instances. No identifying information, such as your name and social security number, will be released, published or used against you without your consent, except as allowed by law or to ensure compliance with policy.

What Does Sharing My Information Mean? How Does It Work?

If you choose to share your data, you must sign a form that says you are allowing that agency to share your information with other agencies you go to for services. Only agencies you see for services can view your information. When you go to an agency for the first time, they will ask you if you have already received services from an agency that uses ARIES. If you have already been to an agency that uses ARIES and you are a share client, your information will come up on the computer after you give the agency some important information. In ARIES, this information is called the *client keys*. These keys are important because there are certain letters and numbers from each of the keys that make up a unique client ID for you. This client ID is how ARIES tracks you in the system. The client keys consist of the following:

1) First Name,
2) Middle Initial,
3) Last Name,
4) Date of Birth,

2

180

5) Gender, and
6) Mother's Maiden Name.

Once the computer finds your record, you won't have to give your information all over again when you go to a new agency for services that also uses ARIES. You must remember your client keys the exact same way each time you go into an agency. For example, if you go to one agency for services and you tell them your name is Bob but later go into a different agency for services and tell them your name is Robert, ARIES will not be able to find you in the system. ***You must use the same "keys" at all agencies where you receive services***. If your keys are not the same, ARIES will create more than one record for you in the system, thus making it harder for agencies to correctly identify and serve you.

Why Does ARIES Use Mother's Maiden Name?

ARIES uses mother's maiden name simply because it's specific to you and easy for you to remember. It's in no way related to your banking and/or financial records. In addition, ARIES only stores the first and third letter of your mother's maiden name—not the entire name—as a way to uniquely identify you in the system. If your mother's maiden name is Jones, for example, only the letter J and the letter N would be stored in ARIES as part of your *client keys.*

Client keys are important because they make you unique in ARIES. Providers use these six pieces of information to look you up in the system. This ensures that each agency looks up **YOUR** data in ARIES and doesn't get you mixed up with other clients. The federal government branch called the Health Resources and Services Administration (HRSA) first came up with the idea of a unique client identifier. HRSA used: first name, last name, date of birth and gender. This client identifier, however, did not prove to be as *unique* as they had hoped particularly in large states like California, Texas, and New York who have a large number of people living in one state. To make sure the client identifiers or keys are unique to you, it was necessary to add on other pieces of information; thus, mother's maiden name and middle initial were added.

Furthermore, only certain employees at the provider agency are allowed to see your client keys in ARIES. If one of these employees pulls up your client keys, ARIES will not show them the mother's maiden name. ARIES always hides MMN.

Is My Information Safe?

Your information is **very** safe in ARIES. In fact, your information is more secure in ARIES than your on-line banking information! The California State Office of AIDS (OA) must approve each staff person before he or she is allowed to go into ARIES.

3

Each staff person is given a "digital certificate" before they can go into the system. The digital certificate is linked to their own name and password. The digital certificate also checks to make sure that provider staff are using State approved computers. This means that staff who use ARIES cannot get into ARIES from any computer they want to. For example, they cannot go to a public library to get into ARIES. OA does not approve computers that are used in public places. This is not true of Internet banking systems: banks allow you to access your information from any computer as long as you know the user name and password. But for ARIES, only specific approved computers and approved staff will be allowed to use ARIES.

Once staff have been approved to use ARIES, they are given permission to view very specific information - only the specific information they need to know about you. Information such as mental health, substance use, legal issues are available to a very limited and approved group. This information is never shared between agencies in ARIES, even if you have agreed to share your information.

ARIES also uses encryption when storing your information. This means that the information that identifies you in ARIES (for example, your six client keys mentioned earlier as well as your address, telephone number, etc.) are jumbled or scrambled in the system. Only certain approved users have the keys to unscramble the data. Encryption is also used to scramble information as it travels across the Internet. If hackers try to get your information as it travels across the Internet lines, they would not be able to read any information since it is scrambled.

ARIES also uses firewalls to protect your information. A firewall is a piece of computer software used to prevent hackers from getting into or seeing system information. ARIES uses three firewalls to ensure your data is stored safely.

Who Can I Call If I Have More Questions?

You may contact you local provider agency if you have more questions or concerns about collecting and storing your information in ARIES.

You can also read more about ARIES by visiting the California State Office of AIDS' website at: http://www.dhs.ca.gov/aids/Programs/ARIES/default.htm or http://projectaries.org

4

PROJECT NARRATIVE

PROJECT PURPOSE - Defining the need: The impact of the HIV/AIDS pandemic on American society cannot be overestimated. As an epicenter of the disease, San Francisco has experienced a total of 21,538 AIDS cases, accounting for a staggering one fourth of all AIDS cases in California and 5% of cases nationwide. During the same period, 1,454 and 1,242 cases have been reported respectively in San Mateo and Marin Counties. With approximately 1 in 25 of all San Franciscans infected with HIV, there are few people in the City who have not experienced the loss and suffering associated with this illness.

In 1990, the federal Department of Health and Human Services designated San Francisco, Marin and San Mateo Counties as an Eligible Metropolitan Area (EMA) for Ryan White CARE funds with the San Francisco Department of Public Health (DPH) AIDS Office (AO) designated as the administrator. These funds are specifically limited to low income persons living with HIV and residing in the EMA. It is estimated that currently somewhere between 14,000 to 17,000 persons receive CARE funded services in the EMA. With these funds assisting 68 service providers (non-profit and government) to offer a comprehensive array of eighteen different types of health and social services to a wide diversity of affected and infected communities, this "San Francisco Model" has set precedents for HIV care throughout the world.

Today, HIV Health Services in the Bay Area are at a critical juncture. Through medical advances and early intervention, HIV disease is changing from an acute to a chronic illness, requiring a more sophisticated approach to long-term care. It is also increasingly a disease of disenfranchised, hard-to-reach populations who cannot easily access available services. Because of epidemiological and economic forecasts, the constellation of services cannot continue to expand. Avoiding costly duplication of services and distributing available resources more equitably is of utmost concern to HIV-affected communities and health care planners as well.

In 1994, the San Francisco HIV Health Services Planning Council (the community policy body for the EMA) commissioned a study of client experiences with HIV services in San Francisco. The results, published in a report entitled Voices of Experience, were based on in-depth interviews with 193 clients in 22 focus groups. Although clients indicated that they liked the diversity of providers and services, they were extremely frustrated with the lack of coordination in the current system of care. Clients were especially critical of the burdensome intake process which required, for every service they wished to access, an original signed letter of diagnosis from their medical provider, proof of residency, proof of income, and answering a long list of questions required by the AO and the Federal agency responsible for the CARE dollars (Health Resources and Services Administration-HRSA). Additionally, clients had difficulty accessing clear and current information about services. Subsequently, clients were not always able to access those health and social services necessary to help them maintain health and independence for as long as possible.

In 1995, based on the information in the Voices of Experience, other needs assessments, and quantitative/qualitative data on the epidemic, a comprehensive strategic planning process involving DPH, the Planning Council, community and client groups resulted in the HIV Health Services Comprehensive Five Year Plan: A Client-Centered System of Care. It has as it's overarching purpose "to create a Client-Centered System of Care that is comprehensive in scope and integrated in function". To accomplish this goal, the Planning Council specifically identified

1

and voted to approve two objectives for System-wide Development for the San Francisco EMA:
(1) Establish a coordinated, standardized client registration system, with decentralized access,
relevant to each county, so that clients will never have to duplicate the intake process. Once a
client is registered at one service provider site, the range of services will become available;
(2) Develop a unified information and referral (I & R) system with decentralized access so that
providers and clients can obtain the most current AIDS-related information.

Coinciding with these local directives, in 1995 HRSA began requiring that all service providers
receiving CARE funding report aggregate client and service data. In addition, HRSA funded the
San Francisco EMA (and a small number of other EMAs) for three years to begin collecting client
level data. The encrypted client level data would then be sent to HRSA to assist the federal
government in planning and would be available on the local level to assist agencies and the San
Francisco EMA to improve local planning.

A Credible Solution: In 1995, responding to the local client based directives and the national
emphasis on accurate data for planning - "Reggie" was launched and is currently completing the
beta phase of development.
WHAT IS REGGIE? Reggie is a computerized client registration and I & R system networked
among CARE-funded service providers in the San Francisco EMA. The system is named after
Reggie Williams, a leader in the fight against AIDS in the Bay Area. In 9/30/2000, when Reggie
is fully implemented:
- Clients will be able to register once at any CARE funded agency and be registered at all.
- All agency local and federal reporting requirements will be drawn from Reggie.
- It will be possible to track services provided to individual clients in order to improve care
  coordination.
- Agencies will have access to up-to-date local and national information about services and
  treatment as well as e-mail connections to all CARE funded agencies.

REGGIE ALPHA: Using Ryan White CARE funds, in 2/95, the AO hired independent technical
consultants, to help design and test the concept and feasibility of centralized client registration and
information/referral with decentralized access. The AO, working with CARE funded community
agencies developed a registration dataset that included all the data fields required by HRSA and
some additional data elements helpful to agencies and the AO for planning purposes. Building on
the expertise of CARE funded agency staff, Planning Council members, and persons living with
HIV, Reggie Alpha was planned and developed as a client server system operating on a wide area
network. The database software was donated by Sybase and the front end was designed in
Microsoft Access. Alpha agencies were given ISDN lines that provided the connectivity for the
application. Confidentiality was a critical factor in designing Reggie Alpha. Several methods
were utilized to insure the confidentiality and security of client information. The methods
included: server security, network security, software security (certified user permissions and
predefined transactions), client level security (consent to share and personal identification number
[PIN]), and agency level security. The I & R component in Alpha consisted of a Reggie Website
that linked to the San Francisco Library/ AIDS Foundation's AIDS services database for
Northern California and several national links

Five CARE funded agencies enthusiastically volunteered to participate in the Alpha. The agencies
represented a wide diversity of services, clients and size. During the months of 2/96 and 3/96,

2

over 100 clients were registered into Reggie Alpha. Because the AIDS Office was testing the feasibility and acceptance of Reggie as a system, the Alpha sites were asked to maintain their own database in addition to registering people in Reggie.

In 4/96 Arthur Andersen LLP was hired by the AIDS Office to conduct a technical evaluation of Reggie Alpha and an independent consultant (Alan Pardini) was hired to evaluate Reggie Alpha from the perspective of the clients and the agency staff. The evaluations showed that Reggie was well received by both clients and agency staff. The programmatic evaluation found that Reggie met agency and client expectations. The technical evaluation also reported that the technology was well selected and appropriate.

REGGIE BETA: Responding to the success of Reggie Alpha, the planning for Reggie Beta began in the summer of 1996. In 1/97, after a competitive process, Cambridge Technology Partners (CTP), an international development firm was hired at a rate well below what they normally charge to develop Reggie Beta (appendix A). Working with a team of highly talented and energetic staff at CTP, the development and implementation of Reggie Beta has been an exciting and intensive experience. Since 1/97 through 3/98 the following has occurred:
Technical Approach:
- Eight Beta agencies were selected: San Francisco General Hospital, AIDS Outpatient Service (the largest HIV outpatient service provider in San Francisco, and one of the largest in the nation), the San Francisco AIDS Foundation, Shanti, and UCSF AIDS Health Project (the three largest AIDS case management and multi-service providers in the Bay Area), and four of the original Reggie Alpha agencies. Together these sites serve 70% of all clients.
- As part of planning, the AO Reggie Team and CTP developed a list of functionality that is included in Beta and additional functionality that may be added in the future when funds and timing are appropriate (appendix B). Staff from the Beta sites and clients from the Alpha participated in user design sessions with the Cambridge and AO Team's to discuss and design the screens that correspond to the different functionality in Reggie.
- Two major functional modules were added to Reggie. This additional functionality is built on the basic registration data fields and protected and enhanced by the security and other functionality built into the application: (1) A housing waiting list for four major categories of housing available to eligible persons living with HIV. This database, utilized by CARE funded housing providers, has existed separately in the AIDS Office for the past few years and is now incorporated into Reggie. (2) Three of the Beta sites called "the Collaboration" (AIDS Foundation, AIDS Health Project, and Shanti) hired CTP and developed a care coordination module which was incorporated into the application. In the future, this care coordination database will be available to other HIV/AIDS case management programs.
- After much research and careful assessment, it was decided that the Reggie software architecture would remain a traditional client/server approach. The server-side components are: (1) CTP-developed software written in Java 1.1; (2) Sun Microsystems Java Virtual Machine: a DOS-based program that runs the Java code; (3) Visigenics Visibroker: middle-ware software that enables communication with the Java client software; (4) FastForward Java Database Connection (JDBC): allows the Java server to access the SQL database; (5) Microsoft SQL Server 6.5: database server. The client-side components are: (1) CTP developed software written in Java 1.1; (2) Sun Microsystems Java Virtual Machine: a DOS-based program that runs the Java code; (3) Visigenics Visibroker: middle-ware that enables

3

communication with the Java server software. The Reggie architecture is very scaleable and the application is designed to support open sharing of data (appendix C).

- In some cases, Reggie is replacing an agency's current data collection system and in other cases Reggie is working along side other data systems within the agency. Using an Access Database, an agency's client data in Reggie can be downloaded and linked to other client data that may be collected by the agency. Another feature of the application allows client service data to be linked to an agency's contract and funding sources.

- The **network** is designed to provide the optimal security of the data and performance of the application. The Reggie servers, running Windows NT 4.0, are physically located at the AO in a locked room and are protected by several software-based security mechanisms (firewalls). Agencies access these servers via ISDN lines (appendix D).

- In order to insure an agency's ability to maintain and report client and service data from the beginning of the calendar year, it was agreed that, as each agency was brought on, client and service data would be converted from their previous data base back to the first of the calendar year and added to the Reggie database.

- For reporting, we selected Crystal Info from Seagate Software (makers of Crystal Reports). All reports are accessed using a client-side desktop tool, developed by Seagate. All reports will be stored and processed on a server at the AO. Seagate generously donated the software and all user licenses for Crystal Info.

- Microsoft generously donated software to Reggie for the Beta and full implementation (appendix E). Please note that originally we planned to use Windows 95, however Windows NT is a more stable platform for the Reggie application and it provides more security. Microsoft agreed to replace their donation of Windows 95 with Windows NT.

- The Reggie Website was revised to be more user friendly and useful to agencies and clients. An I & R Advisory Committee made up of clients and agencies has met regularly to review and improve this Reggie component (appendix F). In addition, the Support Center for Nonprofit Management (a sole source contract agency that provides the AO with consulting staff) received a grant from the National Library of Medicine to develop and provided training on the Internet and Reggie Website to staff from CARE funded agencies.

Security and Confidentiality:
- Because the security of client information is a top priority in Reggie, additional security methods were added during the design of Reggie Beta (appendix G). In April, 1998 as a further check on the security measures built into, Reggie hired Dataway Designs, a network security firm to conduct a security audit on the Reggie System.

Applicant Qualifications (appendix H):
- The AO Reggie Team expanded from the Alpha to include: two full-time Systems Administrators who were cross trained and worked with the Cambridge Team to develop Reggie. The Project Director was assigned 100% to Reggie and a Data and Reports Manager was assigned 80% to Reggie.

- A team of five part-time site analysts (technical and program consultants) were funded by a three year grant from HRSA to work directly with all the agencies to bring them into Reggie.

Community Involvement:
- A Reggie Policy Advisory Committee made up of clients, agencies, AIDS Office staff, and CARE Council members has been meeting since 12/96 to discuss and advise the AO on policies that affect Reggie. The result has been the development of Reggie policies that will continue to grow and be refined with time and experience.

4

186

- A Users Group, made up of agency users, technical and program staff, was organized in 1/98 and meets monthly to provide feed-back and suggests improvements on the system.
- Alan Pardini was hired to provide a through client and agency evaluation of Reggie Beta. This pre/post Beta evaluation is in process and will be completed by 9/98.

All Beta agencies will be brought into Reggie by 9/98.

<u>SPECIFIC PROBLEMS TO BE ADDRESSED BY THIS PROPOSAL:</u> Between 10/98 and 9/2000, the AO will add, incrementally, the additional 60 CARE funded agencies to Reggie. It is only when <u>all</u> the CARE funded agencies are registering clients in Reggie that the system will truly benefit the clients and agencies. During full implementation period (10/98-9/2000), in addition to bringing on each new agency, the Reggie system must be <u>maintained and upgraded as needed</u> to support the 8,000 to 10,000 clients and eight agencies of the Reggie Beta phase and the additional 7,000 clients and 60 additional agencies brought on during full implementation. While the AO has been successful in leveraging CARE funding during the Alpha phase, and City General Funds, HRSA and CARE funding during the Beta phase, CARE funding has been reduced drastically and only General Funds and HRSA funds are available beginning 10/98 to support and bring Reggie into full implementation by 9/2000. However, once fully implemented at all 68 CARE funded agencies, the General Fund dollars to support Reggie will be adequate.

There are four activities which are critical for putting into place the structures necessary for the long term success of the system and for which we are seeking funding: (1) establishing quality assurance measures, feed back mechanisms and training to implement quality data collection by each of the CARE funded agencies brought into the Reggie system; (2) developing a quick and efficient triage system to respond to programmatic and technical questions, problems and issues raised by CARE funded agencies and clients; (3) designing and conducting an effective education and training program for the end users at each agency about the Reggie system/software and a general overview of Reggie for the target community; (4) insuring sound network connectivity, data conversion, and installation of hardware and software with each agency that is brought into Reggie. <u>The DPH/AO is applying for funding from the Telecommunications and Information Infrastructure Assistance Program to support the staffing (an epidemiologist, a services manager, an education manager, one additional systems administrator) for the above activities.</u> The activities provided by these staff are short term (24 months from 10/1/98 through 9/30/2000)to help us get through the critical stage of bringing on the 60 new agencies and will be completed or absorbed into the activities of the AO/Reggie Team during the last six months of this period.

<u>OBJECTIVES/METHODS/EVALUATION FOR THE FULL IMPLEMENTATION OF REGGIE (10/1/98-9/30/2000):</u> (See appendix I for Full Implementation Timelines)
1. By 9/30/2000, approximately 15,000 -18,000 unduplicated clients will be registered in Reggie with 80% reporting satisfaction with and confidence in the system. Additionally, all 68 CARE funded agencies will be using Reggie to register clients receiving CARE eligible services and 70% will be satisfied with the system.
- The Reggie System Administrators will ensure the technical network connectivity and smooth technical transition of each new agency brought into Reggie (including but not limited to ordering and installing hardware, software and router, arranging for an ISDN line, coordinating data conversion, installing the desk top application). In addition, they will

5

maintain all other aspects of the system including monitoring security, running system administration reports, coordinating merge processes, arranging for download of an agency's local data, providing system repairs, fixing bugs, programming and installing new cuts of the application, maintaining the Reggie Webpage, managing the internal e-mail system and maintaining and updating technical documentation.. Three System Administrators will be needed during the two year when all the agencies are brought into Reggie. Once all agencies are using Reggie, only two System Administrators will be needed to maintain the system.

- The Data and Reports Manager will prepare canned reports needed by the agencies and work with agencies to prepare adhoc reports. The manager will also develop and prepare reports required by the AO and HRSA.
- The site analysts will be responsible for working directly with the CARE funded agencies brought into Reggie during full implementation. Their role will include: assessing the hardware, software, staffing skills, reports needed, current methods and process of data collection, and developing and implementing a plan to bring the agency into Reggie. The site analyst serves as the liaison between the agency staff and the AO Reggie Team to carry out the plan. These positions will no longer exist once all the agencies are folded into Reggie.
- A limited amount of CARE Funding has been set aside to purchase equipment, and install ISDN lines needed for the 60 new agencies brought on during full implementation.
- A yearly security audit will be conducted by Dataway Designs to ensure continued security.
- Evaluation: (1)The Reggie Users Group (clients and agencies) will continue to meet on a regular basis to discuss issues and problems. This group will provide feed back to the Reggie Team and will work together to reach solutions. (2) During the last 6 months of full implementation (4-9/2000) an evaluation consultant, Alan Pardini, will be hired to evaluate this objective. Utilizing focus groups, interviews, paper questionnaires, documentation, and site visits, the results of the evaluation will be presented to the Reggie Policy Advisory Committee and Reggie Users Group to review and make recommendations (appendix J). (3) Service logs of problems and resolutions will provide on going feed back to the Team.

2. By 9/30/2000, there will be a written and implemented quality assurance protocol for Reggie. Furthermore, the data collected and reported by Reggie will meet the standards set in the protocol and set by HRSA for client level data.

- A Reggie epidemiologist will be hired and be responsible for setting up quality assurance (QA) measures, feed back mechanisms and training to implement quality data collection by each of the CARE funded agencies brought into the Reggie system. The epidemiologist will develop and staff a Quality Improvement (QI) Committee to review QA/QI reports and studies and make recommendation. The Committee will report through the Reggie Policy Advisory Committee to the AO Reggie Team. During the last six months, the duties of this position will be assessed and, if appropriate, transitioned to DPH.
- Evaluation: The quality assurance protocols/standards and tools to measures are documented, training has been given and quality of data is assessed and meets required standards. The QI Committee will provide regular feed-back to the Policy Advisory Committee and the AO Reggie Team. HRSA will prepare a yearly QA report on the encrypted client level data in Reggie submitted to them from the San Francisco EMA.

3. By 9/30/2000, there will be a system in place to respond to questions, problems and issues raised by agency staff and clients and 75% of persons using the system will indicate satisfaction.

- A Services Manager will be hired and responsible for planning, establishing and managing a system to respond to programmatic, policy and technical questions, problems and issues

6

raised by agencies and clients. This manager will work with the System Administrators and will report directly to the Data and Reports Manager. During the last six months, the duties of this position will be assessed and responsibilities divided up among the AO Reggie Team.

- Evaluation: By 12/31/1999, the Services Manager, using focus groups, paper surveys, and interviews will formally assess client and agency staff satisfaction with the timely resolution of problems, issues and questions. A Service Log of all calls and drop-ins will be maintained including statement of problem and resolution. Standards will be set for response time and resolution and measured against the log on a monthly basis. In addition, feedback from the Users Group will help identify problems and issues, and suggest solutions to improve service.

4. By 9/30/2000 a new and revised Reggie dataset will be defined and published, agency staff trained and the new dataset will replace the old dataset on the database software in Reggie.

- The Reggie Database/Reports Manager will hold an annual dataset conference inviting clients, agencies and AO staff to review and recommend changes in the Reggie data elements. The manager will prepare and publish the Reggie Dataset Guide, and train agencies on the new dataset. System Administrators will program the application and release a new cut.
- Evaluation: Participant evaluations will be done at the end of the dataset conferences. The dataset guide will be published 6/2000. Training on the new dataset will take place and be evaluated in 8/2000. The application will be modified to reflect the new dataset. The new dataset will be in effect in 10/2000.

5. By 9/30/2000 the staff who work with the Reggie system at each of the CARE funded agencies will have the knowledge and skills to use the Reggie system effectively. Clients and potential clients will have information and access to information about Reggie in order to make informed decisions about their participation.

- A Reggie Education Manager will be hired and will be responsible for coordinating the design, materials development, implementation and evaluation of all user training needed to bring agencies into Reggie. This includes but is not limited to training each agency on Reggie policies, general overview, quality assurance, the Reggie software, and Windows NT.
- The Manager will be responsible for designing, scheduling, conducting, and evaluating community forums/information sessions about Reggie for clients and potential clients.
- The Education Manager will be responsible for the development of training materials and tracking and storing all Reggie forms and documents.
- Evaluation: The manager will design evaluation tools to measure the immediate and long term effectiveness of all the training's and training materials. A Reggie Binder will be developed that will contain all the forms and documents that are part of the Reggie system along with a system for maintaining and updating the material and the Binder.

SIGNIFICANCE/INNOVATION: Reggie is a trail blazing effort that is applying proven technology to address the needs of low-income individuals living with HIV/AIDS in San Francisco. No other major EMA in the United States serving people with HIV/AIDS has embarked on an effort of this magnitude that will coordinate and share client and service information among a large number of service providers while ensuring that client confidentiality is maintained at the highest level. Since its inception in January 1995, many EMAs around the United States have requested information about Reggie. Over the last six months however, the number of requests has increased, including a site visit by a team from the San Diego EMA and visits with the largest AIDS service provider in Hawaii. Besides AIDS service providers, requests for information have come from housing providers, adult day health providers, victims services,

7

and software developers. HRSA has asked the AO to speak about the Reggie development at national conferences. The development of Reggie Alpha was presented in a poster session at the 11th International AIDS Conference and the 10th,11th National HIV Update Conference. An abstract about Reggie Beta has been submitted to the June, 1998 12th International AIDS Conference. A government technical project that involves networking with non-profit agencies to improve access to care for an extremely vulnerable population is applicable to many areas. Not only can a system like Reggie be replicated in other EMAs, but Reggie, both the technical and the programmatic aspects, could be a model for any group of agencies serving similar clients (elderly, children, etc.) who need to work together to coordinate and share client and service data.

COMMUNITY INVOLVEMENT: As detailed in this application, the San Francisco EMA is a community-driven/community-centered model of care. The Reggie process has involved extensive client, agency, provider and activist input from its inception. Reggie arose from client-identified need, was defined in a community-based strategic planning process and has been supervised, created, and now implemented with input from the wide array of perspectives, values and stakeholders in the San Francisco EMA HIV/AIDS community (appendix K).

REDUCING DISPARITIES: During the Beta development, the site analysts surveyed the CARE funded service providers to assess their technical ability and determine how they currently register clients, compile and submit data to the AIDS Office. Agency abilities range from collecting data and information on paper only, to having wide area networks and technical staff (appendix L). As a centralized system with a customizable local data receptacle, Reggie levels the playing field for agencies without trying to create, develop and maintain complex information systems at each site. Local data capabilities and improved technical infrastructures will also allow many smaller agencies to more effectively plan, and to compete for private grant funds for the first time. CARE funded agencies will have training and equal access to e-mail and the most current information about AIDS/HIV through the Reggie Website. CARE funded agencies will, through Reggie, be linked to each other through the shared client and service information, and the shared group of clients that they previously served in isolation. Ultimately, and most importantly, Reggie will provide a welcomed relief to the repetitive and exhausting process clients currently need to endure. Reggie will eliminate a large barrier to care for the sickest and neediest in this population.

EVALUATION, DOCUMENTATION AND DISSEMINATION: Please see the above Objectives/Methods/ Evaluation section. The evaluation plan and documentation activities are spelled out for each objective. The Reggie Team has maintained detailed documentation of Reggie from its inception ranging from the minutes of meetings to a formal publication of the project called <u>Connection to Care.</u> Disseminating information about Reggie will take place in many forms: (1) a presentation at the 13th World AIDS Conference , 7/2000; (2) a presentation at the 12th/13th National AIDS Update Meeting 3/99, 3/2000; (3) presentations to HRSA (on site and in Washington); (4) a local press conference launching Reggie full implementation 10/98; (5) a paper about the project will be submitted to the following publications: American Journal of Public Health, New England Journal of Medicine, and "medical informatics" publications. The Reggie Team and the Department of Public Health are very excited about Reggie and we are committed to sharing what we know and what we've learned with any interested individual or agency. It is our greatest hope that in addition to serving the needs of our clients, the Reggie architecture, application, and the community process which has been key to our success will be able to benefit others.

8

Eileen Shields/DPH/SFGOV
12/08/2009 02:03 PM

To SOTF/SOTF/SFGOV@SFGOV

cc Bill Blum/DPH/SFGOV@SFGOV

bcc

Subject #09077_Raymond Banks v Public Health

In City Attorney Jeff Threet's response to the SOTF of December 4, he notes Mr. Banks' addendum to his SOTF complaint #09077, specifically, that he was not provided with records he requested.

As evidence of this Department's response to Mr. Banks' request, I submit the string of e-mail below.

Because this was not part of his original complaint, we did not include this documentation in our original response. If the SOTF incorporates the addendum with Mr. Banks' original complaint, this e-mail serves as our response. If this matter is taken up separately at an upcoming SOTF hearing, we will resubmit this documentation.

Eileen Shields, PIO
(415) 554-2507

----- Forwarded by Eileen Shields/DPH/SFGOV on 12/08/2009 01:43 PM -----

Bill Blum/DPH/SFGOV
11/23/2009 04:58 PM

To melvin banks <4poetics.i@gmail.com>

cc barbara.garcia@sfdph.org, Bill Blum <Bill.Blum@sfdph.org>, Celinda Cantu <Celinda.Cantu@sfdph.org>, DMorgan@hrsa.gov, "Cook, Gary (HRSA)" <gcook@hrsa.gov>, "Byers, Jeff (CDPH-OOA-HCB)" <Jeff.Byers@cdph.ca.gov>, Marguerite Heyward <Marguerite.Heyward@sfdph.org>, Maria X Martinez <Maria.X.Martinez@sfdph.org>, Michelle Long <Michelle.Long@sfdph.org>, "Roland, Michelle (CDPH-OOA)" <Michelle.Roland@cdph.ca.gov>, mitch.katz@sfdph.org, SOTF <sotf@sfgov.org>

Subject Re: When can I expect a copy of the San Francisco Share Mandate Policy?

Hi Raymond
San Francisco does not have such a policy.
The policy for a share mandate was developed by the California State Office of AIDS (SOA). San Francisco DPH HHS complied with the SOA procedures to become one of several California counties that have a share mandate for the ARIES system.

Bill Blum
Interim Director, HIV Health Services
San Francisco Department of Public Health
Phone: (415) 554-9000
Fax: (415) 431-7547

191

melvin banks <4poetics.i@gmail.com>

melvin banks
<4poetics.i@gmail.com>
11/23/2009 03:43 PM

To   Bill Blum <Bill.Blum@sfdph.org>

cc   barbara.garcia@sfdph.org, Celinda Cantu
<Celinda.Cantu@sfdph.org>, DMorgan@hrsa.gov, "Cook,
Gary (HRSA)" <gcook@hrsa.gov>, "Byers, Jeff
(CDPH-OOA-HCB)" <Jeff.Byers@cdph.ca.gov>, Marguerite
Heyward <Marguerite.Heyward@sfdph.org>, Maria X
Martinez <Maria.X.Martinez@sfdph.org>, Michelle Long
<Michelle.Long@sfdph.org>, "Roland, Michelle
(CDPH-OOA)" <Michelle.Roland@cdph.ca.gov>,
mitch.katz@sfdph.org, SOTF <sotf@sfgov.org>

Subject   When can I expect a copy of the San Francisco Share
Mandate Policy?

Bill,

When can I expect a copy of the San Francisco Share Mandate Policy? The time limit on both requests
have expired according to Sunshine and the California Public Records Act. If you have a San Francisco
Share Mandate Policy, I do not understand why there is a delay. If it exits, then it seems that it could be
easily forwarded regardless of who is on vacation. I am extremely bewildered by your non-compliance
with the law.

An advocate for the community,
Raymond Banks

On Mon, Nov 23, 2009 at 1:32 PM, Bill Blum <Bill.Blum@sfdph.org> wrote:
Hi Raymond
Per your request attached find a copy of the meeting agenda

(See attached file: Reggie-ARIES Agenda 9-22.doc)

Bill Blum
Interim Director, HIV Health Services
San Francisco Department of Public Health
Phone: (415) 554-9000
Fax: (415) 431-7547

192

melvin banks
<4poetics.i@gmail
.com>   To
                         Bill Blum <Bill.Blum@sfdph.org>
11/19/2009 03:30   cc
PM   barbara.garcia@sfdph.org, Celinda
                         Cantu <Celinda.Cantu@sfdph.org>,
                         DMorgan@hrsa.gov, "Cook, Gary
                         (HRSA)" <gcook@hrsa.gov>, "Byers,
                         Jeff (CDPH-OOA-HCB)"
                         <Jeff.Byers@cdph.ca.gov>,
                         Marguerite Heyward
                         <Marguerite.Heyward@sfdph.org>,
                         Maria X Martinez
                         <Maria.X.Martinez@sfdph.org>,
                         "Roland, Michelle (CDPH-OOA)"
                         <Michelle.Roland@cdph.ca.gov>,
                         mitch.katz@sfdph.org, SOTF
                         <sotf@sfgov.org>, Michelle Long
                         <Michelle.Long@sfdph.org>
                                            Subject
                         SUBMISSION OF AN "IMMEDIATE
                         DISCLOSURE REQUEST AS PER SEC.
                         67.25 OF   THE SUNSHINE
                         ORDINANCE

Hi Bill,

According to the Sunshine Ordinance, I wish to submit an "Immediate Disclosure Request." [See below] I respectfully request a copy of the "the San Francisco Share Mandate Policy" and the agenda and the notes taken by SFDPH employees about the concerns and challenges providers were experiencing during the transition from REGGIE to ARIES at the meeting on Tuesday, September 22, 2009, Conference Room 330A at 25 Van Ness, 10 to 11:30 AM. Pursuant to Sunshine complaint #09077 "any support documents to be considered by committee members, prior to the meeting, must be submitted by 4:00 P.M. Tuesday, December 1, 2009."

Bill, Section 67.25 does not exempt the agency from fulfilling the request because employees are on vacation.

Thank you,

Raymond Banks

SEC. 67.25. IMMEDIACY OF RESPONSE.

(a) Notwithstanding the 10-day period for response to a request permitted in Government Code Section 6256 and in this Article, a written request for information described in any category of non-exempt public information shall be satisfied no later than the close of business on the day following the day of the request. This deadline shall apply only if the words "Immediate Disclosure Request" are placed across the top of the request and on the envelope, subject line, or cover sheet in which the request is transmitted. Maximum deadlines provided in this article are appropriate for more extensive or demanding requests, but shall not be used to delay fulfilling a simple, routine or otherwise readily answerable request.

On Wed, Nov 18, 2009 at 5:11 PM, Bill Blum <Bill.Blum@sfdph.org> wrote:
Hi Raymond,

There were no minutes taken at the meeting of 9/22/09.

The purpose of this meeting was to provide a forum for providers to
discuss/update on the ARIES Conversion and for HHS to provide updates and
respond to concerns.

There was an agenda, which we can provide to you. As you know Celinda is
out until 12/01/09. If I can track down a printed version I will send
you
a pdf. Otherwise Celinda will be able to send it to you upon
her return.

Bill Blum
Interim Director, HIV Health Services
San Francisco Department of Public Health
Phone: (415) 554-9000
Fax: (415) 431-7547

CONFIDENTIALITY NOTICE
This e-mail and any files transmitted with it are the property of the San
Francisco Department of Public Health are confidential, and intended only
for the named recipient(s) above. If it has been sent to you in error,
please notify the sender at 415-554-9000 and delete this message
immediately from your computer. Any other use, retention, dissemination,
forwarding, printing, or copying of this e-mail is strictly forbidden.
Thank you for your consideration.   melvin banks
<4poetics.i@gmail
.com>   To
Bill Blum <
Bill.Blum@sfdph.org>   11/18/2009
03:47   cc
PM   SOTF <sotf@sfgov.org
>,   barbara.garcia@sfdph.org, Maria
X
Martinez   <Maria.X.Martinez@sfdph.org
>,   mitch.katz@sfdph.org,
Marguerite
Heyward   <
Marguerite.Heyward@sfdph.org>,
"Roland, Michelle (CDPH-OOA)"   <

Michelle.Roland@cdph.ca.gov>,
"Byers, Jeff (CDPH-OOA-HCB)"   <
Jeff.Byers@cdph.ca.gov>,
DMorgan@hrsa.gov, "Cook, Gary
(HRSA)" <gcook@hrsa.gov>, Celinda
Cantu <Celinda.Cantu@sfdph.org
>

Subject	REQUEST THE MEETING MINUTES
WITH	PROVIDERS REGARDING THE SHIFT
FROM	REGGIE TO ARIES

Bill,
Can you provide the minutes and handouts for the meeting with providers
to
address issues regarding the shift from Reggie to ARIES reporting
systems? I believe that this meeting occurred on Tuesday,September 22,
2009, Conference Room 330A at 25 Van Ness, 10 to 11:30 AM.

Raymond Banks

melvin banks
<4poetics.i@gmail.com>
12/17/2009 09:09 AM

To SOTF <sotf@sfgov.org>

cc barbara.garcia@sfdph.org, mitch.katz@sfdph.org, Eileen
      Shields <eileen.shields@sfdph.org>, Michelle Long
      <Michelle.Long@sfdph.org>, "Roland, Michelle

bcc

Subject Respectfully request that additional information be placed in
          the   packet

Dear Sunshine Ordinance Task Force,

I wish to submit the attached document in order to bolster my claim that DPH Privacy Board meetings need to be noticed and open to the public. Slide 18 states "that treatment shall not be denied based on the refusal of an individual to authorized the use or disclosure of his or her PHI", or Protected Health Information. However, in the email dated October 28, 2009, Ms. Maria Martinez states "after reading the Local Share Mandate policy, counties "may require most clients to share their data as a condition for receiving services." This contradiction illustrates the need for the public to attend passive body deliberations and in order to provide accountability for governmental decisions. I received the attached document yesterday. I apologize for being past due. Yet, I believe it is vital to include this information for the SOFT meeting on December 22, 2009. I am asking that slide 18 be included in the packet.

Thank you,
Raymond Banks

v03-07-09 Privacy Annual Update.ppt
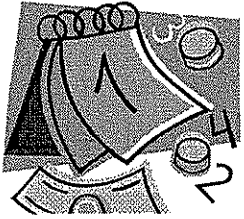
DPH Privacy and Data Security Policies
Annual Review

City and County of San Francisco
Department of Public Health and
DPH Safety Net Providers
Updated March 7, 2009

Training Overview
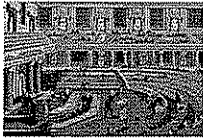
- HIPAA
- Sharing PHI
- Data Security
- Compliance
- Summary
- Resources
- Post Test

2

Health Insurance Portability and Accountability Act (HIPAA)
1996 Kennedy/ Kassebaum Act)
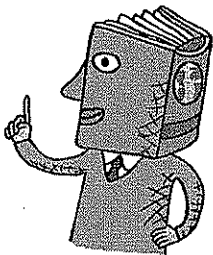
3

---

3 Requirements of HIPAA

- **Privacy Rule**

  Affects how and which health information may be used or disclosed for an identified individual.

- **Data Security Rule**

  Affects electronic transmission, storage, processing and display of PHI, as well as access to and use of the equipment that does so.

- **Transaction and Code Set Standards**

  Affects how healthcare related billing and eligibility transactions are conducted. (Not covered in this course.)

4

The Language of the HIPAA Privacy Rule

- "PHI" (Protected Health Information)

- "Minimum Necessary"

- "TPO" (Treatment, Payment, and Health Care Operations)

5

Language of the HIPAA Privacy Rule:
PHI, Protected Health Information

PHI is information relating to an individual's health, care received, and/or payment for services (including demographics) that can be individually-identified as belonging to a particular person.
It applies to both paper documents and electronic data sets that include PHI.

6

Language of the HIPAA Privacy Rule:
"Minimum Necessary"
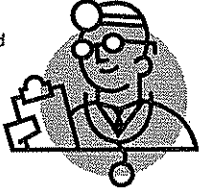
HIPAA restricts the sharing of PHI to the minimum amount of PHI needed to serve the purpose of the disclosure.

7

Language of the HIPAA Privacy Rule:
TPO: "Treatment"

- "Treatment" means providing, coordinating or managing a patient's care, including patient education and training, consultations between providers and referrals.
- CAUTION! Unless you have administrative approval, you may only view or share PHI of clients/patients who are under your care.

8

Language of the HIPAA Privacy Rule:
TPO: "Payment"

- "Payment" means activities related to DPH being paid for services rendered, including eligibility determinations, billing, claims management, utilization review, and debt collection.

9

Language of the HIPAA Privacy Rule:
TPO: ""Health Care Operations"

- "Health care operations" means activities such as quality assessment, student training, contracting for health care services, medical review, legal services, auditing, business planning and development, licensing and accreditation, business management, and general administrative activities.

10

Client/Patient Rights under the HIPAA Privacy Rule

1. To request confidential communications;
2. To access their medical records;
3. To request restrictions on the use and disclosure of their PHI;
4. To revoke authorizations; &
5. To request an accounting of disclosures.

11

Client/Patient Rights under the HIPAA Privacy Rule

Every new DPH client must be provided with the "DPH Notice of HIPAA Privacy Practices". This policy applies to individuals served by DPH, its contract providers, affiliates and providers covered under MOUs.

The Notice describes how health information may be used and disclosed. It also describes the patient/client's rights regarding the use of that information.

12

Maria X Martinez 415-255-3706

Additional Notice for Mental Health Programs...

Mental Health staff must review the <u>DPH Notice of Privacy Practices</u> annually with their clients.

Mental Health staff are also asked to discuss with their clients that PHI may be shared (as allowed and necessary) in verbal, electronic, and paper formats.

13

HIPAA: Accounting of Disclosures

Providers have 60 calendar days to provide an accounting of disclosures (made in the six years prior to the date on which the accounting is requested, or shorter time period as requested) upon written request by patient/client or family/guardian.

The DHHS privacy rule regarding accounting of disclosures may be found at 164.528 section of the following webpage:
http://www.access.gpo.gov/nara/cfr/waisidx_02/45cfr164_02.html

DISCLOSURES THAT **DO <u>NOT*</u>** NEED TO BE ACCOUNTED FOR ON FORM TO BE GIVEN TO PATIENT/CLIENT include:
1. Mandatory reports made to CPS and APS;
2. Disclosures authorized by client;
3. Disclosures made to the client;
4. Disclosures made to carry out TPO;
5. Disclosures for national security or intelligence purposes.

14

HIPAA: Accounting of Disclosures
continued

<u>ALL OTHER DISCLOSURES DO*</u> need to be accounted for on the form provided to patient/clients:

- <u>Law Enforcement</u> - Disclosures to all law enforcement, unless otherwise exempted.
- <u>Public Health Authorities</u> - Reports of disease and injury or to conduct of public health studies or investigations.
- <u>Health and Safety Purposes</u> - Disclosures to protect health or safety of a person, such as Tarasoff.
- <u>Legal Proceedings</u> - Pursuant to court order, subpoena, etc.
- <u>Government Entity</u> - Disclosures to any government entities, unless otherwise exempted.
- <u>Wrongful disclosures of PHI</u>, as disallowed by Federal and State laws and City and County of San Francisco policies.

* Please refer to DHHS language for further clarification or contact your Privacy Officer with questions.
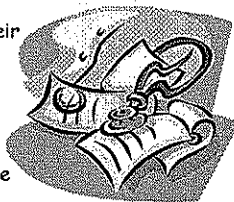
15

Sharing PHI

16

PHI Use and Disclosure Policy

- Generally, when you are using a client's/patient's PHI for TPO, you do not need to ask them for their approval (exceptions follow).
- Unless you have prior administrative approval, you may only view & share PHI of clients/ patients who are under your care.

17

PHI and Authorizations

- Authorization to Release PHI forms must meet HIPAA requirements, be signed, and placed in the respective patient's/client's chart/file.

- Individuals have a right to revoke authorizations at any time if they do so in writing.

- Treatment shall not be denied based on the refusal of an individual to authorize the use or disclosure of his or her PHI.

18

Required Elements of an "Authorization to Release PHI" Form

Authorization forms may not be combined with any other document (e.g., with consent for treatment forms) to create a "compound authorization."
HIPAA and State regulations require that each authorization include certain elements as follows:

- Client's/Patient's name and date of birth
- Name of the disclosing entity/facility
- Name and address of the facility/individual to receive
- Description of the information to be disclosed
- Description of the purpose of the disclosure
- Expiration date or condition upon which authorization is terminated
- Signatures and dates (Patient/Client) (if applicable Parent/Guardian/Conservator if pt/client is unable to sign and witness, if patient/client is unable to sign)

19

Required Elements of an "Authorization to Release PHI" Form
continued

Core elements of form continued:

- SFDPH requires that the client/patient must initial the types of PHI being released in a "protected classes" section for release of:
  - mental health information,
  - substance abuse information,
  - HIV/AIDS information,
  - developmental disabilities,
  - sexually transmitted disease information.

Continued...

20

Required Elements of an "Authorization to Release PHI" Form
continued

Core elements of form continued:

- Client/pt acknowledge "I UNDERSTAND THAT:"
  - Authorizing the disclosure of this health information is voluntarily.
  - I may not be denied treatment, payment, enrollment in a health plan or eligibility for benefits if I refuse to sign this authorization.
  - I may receive a copy of this authorization if I request it.
  - My consent for this release of information is effective for _____ (time frame) or until _____ condition is met.
  - I may revoke my authorization at any earlier time by writing a note of cancellation and giving it to _____. I also understand that when I give or revoke my consent, it is effective from that date forward, and not retroactively.
  - Health care providers within the San Francisco DPH Safety Net (which includes DPH civil service treatment programs, DPH treatment contractors, and DPH treatment affiliates) may further disclose information among themselves to improve the care I receive without my prior authorization.

21

Governing Entities on Confidentiality

- The Federal HIPAA Privacy Rule requires that individually-identifiable health information be protected from unlawful access or disclosure.

- Some of the disclosures permitted by the HIPAA Privacy Rule are not permitted under stricter California mental health confidentiality laws and federal substance abuse treatment program confidentiality rules. These stricter laws must be applied.

- The SF DPH Privacy Policies encompass the above, and provide for further protections.

22

DPH Privacy Policy Matrix for Sharing Patient Health Information Between Treatment Providers

When	And the agency being asked for patient information is a:	Are the patient's health information being requested related to:	Then a PRIOR signed client authorization form???
1	Both programs ARE members of the DPH Safety Net	1. Mental Health program or facility, 2. HIV Program or Facility, 3. Medical Program or Facility, and/or 4. A program where diagnostic information is known	a. Medical Condition, b. Mental Health Condition****, c. Substance Use/Abuse**, d. HIV/AIDS Condition, including HIV test results, e. STD Condition***, and/or f. Other Health Condition	IS NOT necessary before patient information may be shared
	5. Substance Abuse Program	Any condition.	IS necessary before patient information may be shared.	EXCEPTION: During an emergency situation when the patient's life is threatened
2	One program is NOT a member of the DPH Safety Net			IS necessary before patient information may be shared.	EXCEPTIONS: • During an emergency situation when the patient's life is threatened • When the course of treatment requires that an individual be referred to another provider outside the DPH Safety Net • For the City Clinic when information is necessary to complete treatment of STD *** • To treatment providers of a correctional facility when the individual is currently incarcerated

SEE NEXT SLIDE FOR FOOTNOTE EXPLANATIONS.
Revised 01-03-07

DPH Privacy Policy Matrix for Sharing Patient Health Information Between Treatment Providers

DPH Safety Net includes individuals, programs and agencies that furnish health services in the normal course of their business, and is comprised of DPH hospitals, DPH clinics, DPH civil service providers, EMS Treatment Providers, DPH affiliate and contract treatment providers and Human Service Agency case management and clinical providers as listed in the document located at http://dphnet/Privacy/default.htm for DPH staff and http://www.sfdph.org/dph/comupg/oservices/medSvs/HIPAA/default.asp from outside the DPH.

** Physical patient records/documents received previously from substance abuse programs may not be re-released without client authorization; however the knowledge gained or clinical impressions provided may be released to another treatment provider without prior client authorization.

*** Authorization to Release Protected Health Information forms must meet the requirements of the Federal Privacy Rule (HIPAA), be signed, and placed in the respective patient's/client's chart/file.

**** The City Clinic, which screens and treats STDs, will release information without authorization only if necessary to complete treatment of the patient's STD. All other requests for information require a signed client authorization form before patient information may be shared.

***** The following types of client/patient information are to be included and integrated into the patient/client's medical record/chart and are to be shared verbally and/or in writing with other Safety Net treatment providers when requested (prior authorizations are not required): medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

24

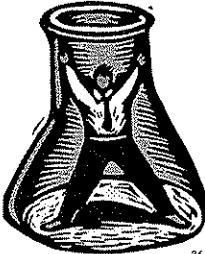Maria X Martinez 415-255-3706

PHI and the Media

All: No information may be released about mental health and substance abuse clients (including their presence in the facility or program) whether they are current, past, or deceased clients. HIV test results may not be released.

■ DPH Workforce: <u>You must consult the DPH Public Information Officer before speaking to the press</u> (554-2507). Due to the sensitive and legal implications surrounding patient's rights and their confidentiality, <u>you must also confer with your Privacy Officer before speaking to the press about any client or patient.</u>

25
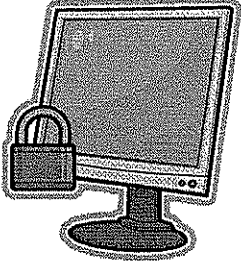
"Privacy and the Conduct of Research" Policy

■ Research conducted using PHI of DPH patients:
  ◆ must have DPH administrative approval
  ◆ must be approved by a duly-constituted IRB
  ◆ must have the patient's authorization to use his or her PHI, or an IRB/DPH Waiver

26

Data Security

27

Data Security Policies

Guiding Principle: Each of us is responsible for protecting data/information and workstations/PDAs that are entrusted to us for use in our jobs

  ◆ From **LOSS** (theft, erasure, copying)

  ◆ From **DAMAGE** (inaccuracy, error, deception)

  ◆ From **MISUSE** (unauthorized access, non-mission activities)

28

Level of Access to Data

■ Users are granted information system privileges on basis of job assignment

■ You may only give PHI to someone who is authorized to receive it.

■ Each must sign a compliance agreement prior to access

■ Privileges may be restricted, changed, or revoked if job duties change

29

User ID / Password Rules

■ No one is allowed to log onto a client/patient information system anonymously;

■ When systems allow it, each user who is assigned a User ID and a Password should change them periodically;

■ Always create and use "complex" passwords containing letters, numbers, symbols;

■ Do NOT tell anyone else your User ID or Password, not even your supervisor or IS staff;

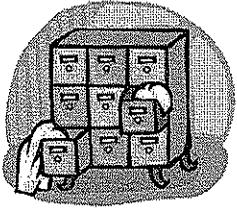■ Do NOT write them down.

30

System Access Considerations

- Each attempt to log-on or read files is monitored and recorded;

- Do NOT search, open, or view patient PHI unless your are authorized to do so (Is that client/patient verifiably under your care?);

- Do NOT remove PHI via portable media or devices (or in documents) without administrative approval.

- If so approved, ALWAYS keep PHI in your possession while you are offsite (e.g., do not leave laptop or charts in trunk of car). [31]

Workstations/PDAs

- Devices must be set to "time-out" and be password-protected, including smart phones if they have access to emails with PHI contained in them.

- Do NOT leave workstations or portable devices unattended;

- DO log out / disable your device before you leave area;

- Do NOT place your monitor so it can be read by unauthorized persons;

- Store portable devices in secure locations and when off-site, always keep them in your possession;

- Store PHI in encrypted form or password-protected when encryption is not available;

- Be present at the fax and printer when documents print-out;

- Immediately report theft or loss of PDAs to management and, as appropriate, site security staff and/or local law enforcement authorities. If PHI is on PDA, notify Privacy Officer as well. [32]
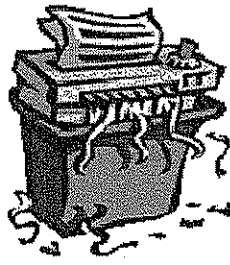
Storage of PHI

PHI & confidential information must be stored such that it cannot be accessed by unauthorized personnel.
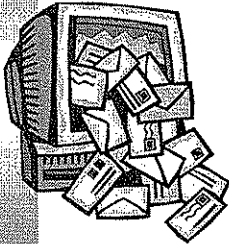
[33]

PHI Disposal / Destruction

- Disposal of equipment must be in accordance with HIPAA security policies.

- Documents and discs may be put in confidential shredding bins.

- Data storage devices that may contain PHI must be rendered unreadable before being recycled or discarded.

[34]

PHI Transmission

- PHI may be sent as regular text only within e-mails sent between Protected Network users ending in /DPH/SFGOV or @sfdph.org) or the UCSF directory.

- E-mails sent outside the Protected Network must have all PHI encrypted or be password-protected.

- Unprotected PHI should not be sent to, or transmitted from, personal email accounts (aol, yahoo, earthlink, etc.).

- A confidentiality statement should be appended to emails, faxes, or paper documents that include PHI or personal/confidential information.

- Prior to transmission, E-mail addresses, fax numbers, phone numbers, URLs, etc. are to be confirmed as correct and valid. [35]

Communicating with Clients

- Be sure clients have not restricted communication before telephoning or attempting to contact.

- Do not leave results on voicemail

- Speak only with clients about results or appointments.

Compliance
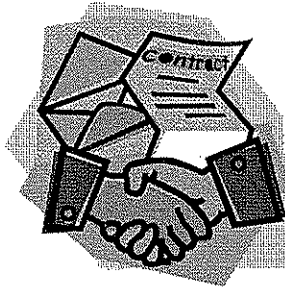
37

DPH Privacy Policy Compliance

Effective July 1, 2004, all DPH Safety Net providers (contract and civil service) became subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards as outlined on the next slide.

Beginning in FY0506, findings of compliance or non-compliance and corrective actions (if any) were integrated into the provider's monitoring report under the "Compliance" category.

38

Privacy Policy Compliance Standards

- Item #1: DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.
- Item #2: All staff who handle patient health information are oriented (new hires) and trained in the program's privacy/confidentiality policies and procedures.
- Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.
- Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.
- Item #5: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.
- Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to providers outside the DPH Safety Net or (2) from a substance abuse program.

39

Non-Adherence...

- Workforce members who violate the DPH Privacy Policies may be faced with disciplinary action up to, and including, termination;

- Findings of non-compliance with DPH Privacy policies will result in corrective action plans and may jeopardize contracts and MOUs with the DPH;

- For all, violation of Federal and State laws regarding patient privacy may subject you to substantial monetary penalties and/or make you the subject of a civil or criminal action pursuant to HIPAA, the California Medical Information Act, the Welfare and Institutions Code, and other federal and state privacy laws.

40

Resources
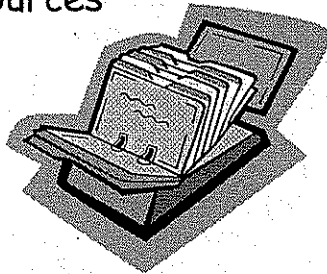
41

State and Federal Laws that apply to patient confidentiality:

- HIPAA (45 CFR Parts 160 and 164)

- Civil Code 56.10 (Confidentiality of Medical Information Act)

- W&I Code 5328 (LPS Act)

- H&S Code 120775, 120980 (HIV)

- 42 CFR Part 2 (Drug and Alcohol Programs)

42

Complaints and Breaches

- All violations and breaches, including lost or stolen PHI, must be reported to your Privacy Officer immediately (see next to last slide).

- Complaints regarding privacy may be referred to your DPH Privacy Officer.

- Individuals may also anonymously call the DPH Privacy Hotline at 415-206-2354

- Or call the Secretary of the US Department of Health and Human Services at 415-437-8310
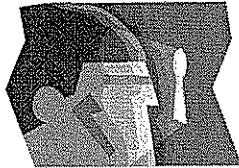
43

Questions?

Please take time to read and review the policy documents located at your worksite or at the following websites:

DPH staff (intranet):
http://dphnet/ (go to DPH Privacy & Data Security Policies)

Outside the DPH (public site):
http://www.sfdph.org/dph/comupg/oservices/medSvs/HIPAA/default.asp

Review DHHS Privacy Rule Language:
http://www.hhs.gov/ocr/privacy/index.html

Or contact your Privacy Officer (see next slide).

44

DPH Privacy Board

Name, Representing _____ Phone

Chair, Deborah Sherwood, Community Programs (Research) _____ 255-3435

Cheryl Austin, Laguna Honda Hospital _____ 759-2349

Frank Kuziel, SFGH Campus _____ 206-6210

Dan Kelly, Human Services Agency _____ 557-5871

Pat Skala, Information Systems Department _____ 206-8945

Doug Eckman / Sue Carlisle, SFGH/UCSF Dean's Office _____ 206-3195

Joe Goldenson, Jail Medical Services _____ 995-1701

Kathy Murphy, City Attorney's Office _____ 206-2380

Maria X Martinez _____ 255-3706
  Community Programs, EMS, and all DPH affiliate/contractor programs not covered above.

45

Post Test
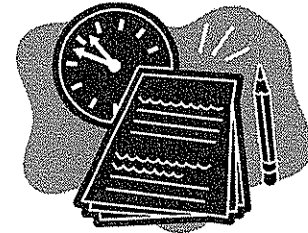
46

Certificate of Completion – DPH Privacy and Data Security Policies-Annual Review (v2w00)

After completing the course, print this page, answer the questions below, and submit it to your immediate supervisor.

Name (please print): _____

Section/Division: _____ Phone: _____

Signature: _____ Date: _____ Year: _____

Supervisor's Name: _____

Please circle the correct answer (reference slide #):

1 True or False: (12) Every new client/patient must be provided with (and be given the opportunity to sign that they received) the document "Summary DPH Notice of HIPAA Privacy Practices."

2 True or False: (25) The DPH Safety Net includes clinicians and treatment providers employed by the DPH as well as with programs and agencies that are covered under contracts, affiliations, or MOUs by the DPH.

3 True or False: (24) Client/Patient authorizations are not necessary for mental health and primary care providers to share PHI for treatment purposes, if both providers are in the DPH Safety Net.

4 True or False: (24) Client/Patient authorizations are always necessary for substance abuse programs to share PHI with anyone outside their program, except as allowed or required by law.

5 True or False: (13) Mental Health staff must review privacy rights annually with their clients and review that PHI may be shared (as allowed and necessary) in verbal, electronic, and paper formats.

6 True or False: (26) No information about mental health or substance abuse clients, including their presence in the facility or program, may be released to the media.

7 True or False: (8) I may only view/share PHI of clients/patients who are under my care (unless otherwise authorized by administration).

8 True or False: (35) Data storage devices that may contain PHI must be rendered unreadable before being recycled or discarded.

9 True or False: (37) Be sure clients have not restricted communication before telephoning or attempting to contact.

10 True or False: (36) PHI and personal/confidential information may be sent as regular text only within E-mails sent between Protected Network users (email addresses ending in /DPH/SFGOV or @sfdph.org) or the UCSF directory. Unprotected PHI should not be sent to, or transmitted from, personal email accounts (aol, yahoo, earthlink, etc).