Tuesday, February 10, 2026, from 4:00 PM – 5:30 PM
County Operations Center, 5530 Overland Ave, San Diego, CA 92123, Training Room 124

The Charge of the Medical Standards & Evaluation Committee: Ensure that HIV Primary Care services provided through local Ryan White-funded clinics meet or exceed established HIV clinical practice standards and Public Health Services (PHS) guidelines, assuring availability and access to state-of-the-art medical care for all eligible persons living with HIV (PLWH).

TABLE OF CONTENTS
Meeting Packet

Meeting Location & Directions:

Medical Standards & Evaluation Committee (MSEC)

Tuesday, February 10, 2026
4:00 PM – 5:30 PM

County Operations Center
5530 Overland Ave
San Diego, CA 92123
(Training Room 124)

FROM I-163 SOUTH:

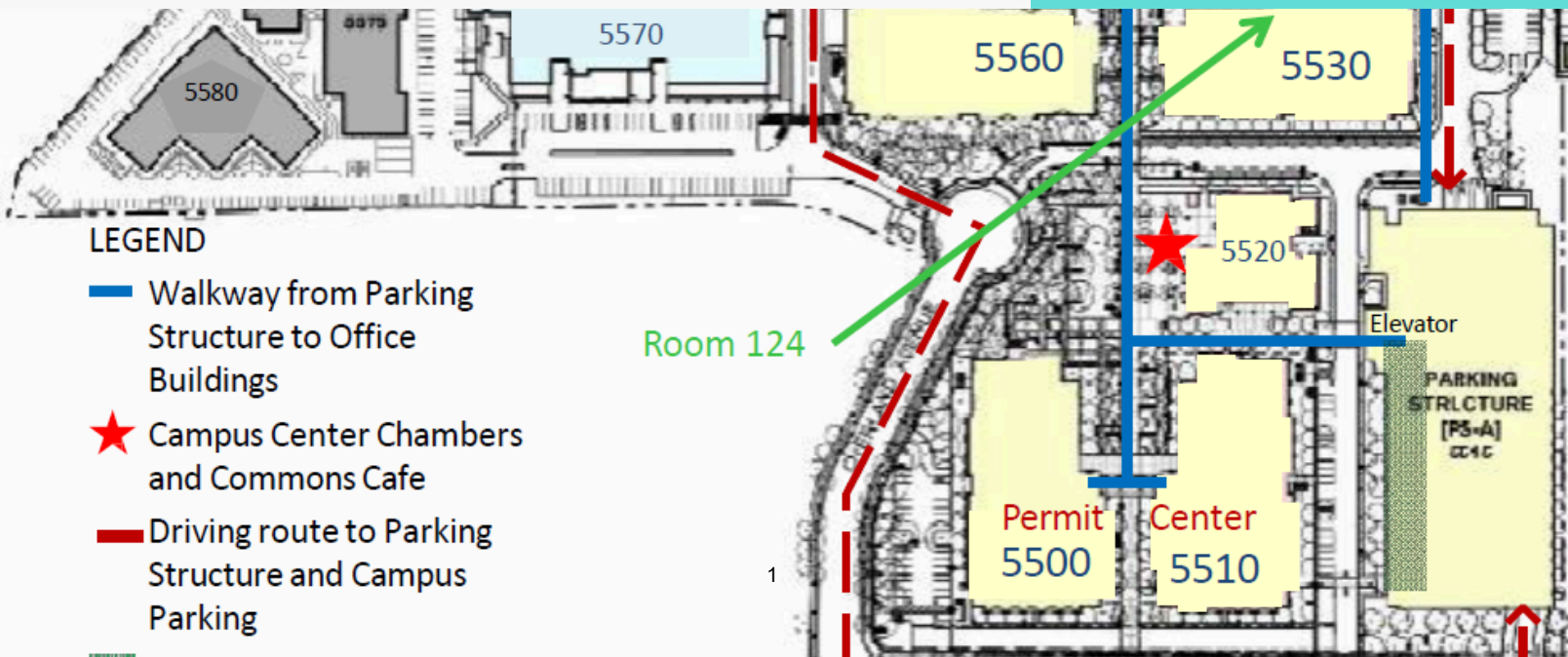
1. Take I-163 North to Exit 8 for Kearny Villa Road.
2. Keep right, follow signs for Kearny Villa Road.
3. Turn right onto Chesapeake Dr.
4. County Operations Center will be on your right.

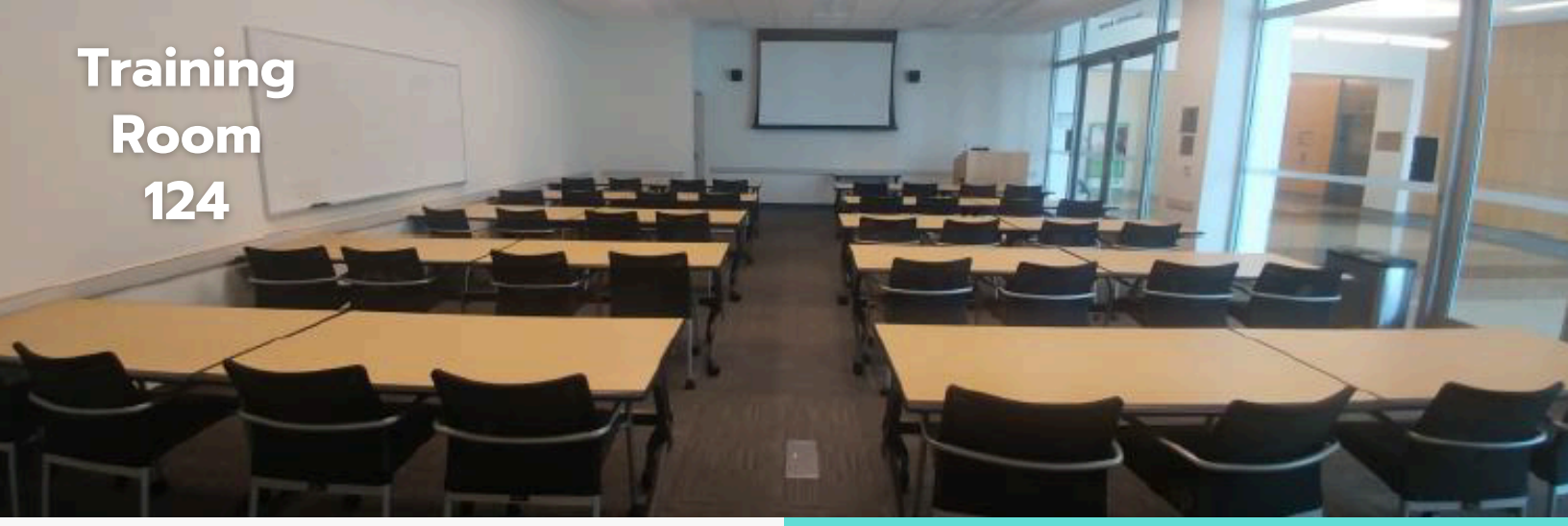
FROM I-15 SOUTH:

1. Take I-15 North to Exit 10 for Clairemont Mesa Blvd.
2. Turn left onto Clairemont Mesa Blvd.
3. Turn right onto Overland Ave.
4. Continue straight to stay on Overland Ave.

PUBLIC TRANSPORTATION

MTS Bus Routes:
25, 235, 928





FROM TROLLEY & BUS:

1. Take the Blue Trolley Line to the Balboa Avenue Transit Center.
2. Walk to Balboa Ave & Moraga Ave bus stop (about 7-minute walk, 0.3 miles).
3. Take Route 27 bus from Balboa Ave & Moraga Ave to Complex Dr & Clairemont Mesa Blvd.
4. Head north on Complex Dr.
5. Cross the street and turn right on Clairemont Mesa Blvd (after U.S. Bank Branch on the right).
6. Cross the street and turn left onto Overland Ave. and head north.
7. Enter east through County Operations Center entrance/black gate. **Building 5530** will be on your left.

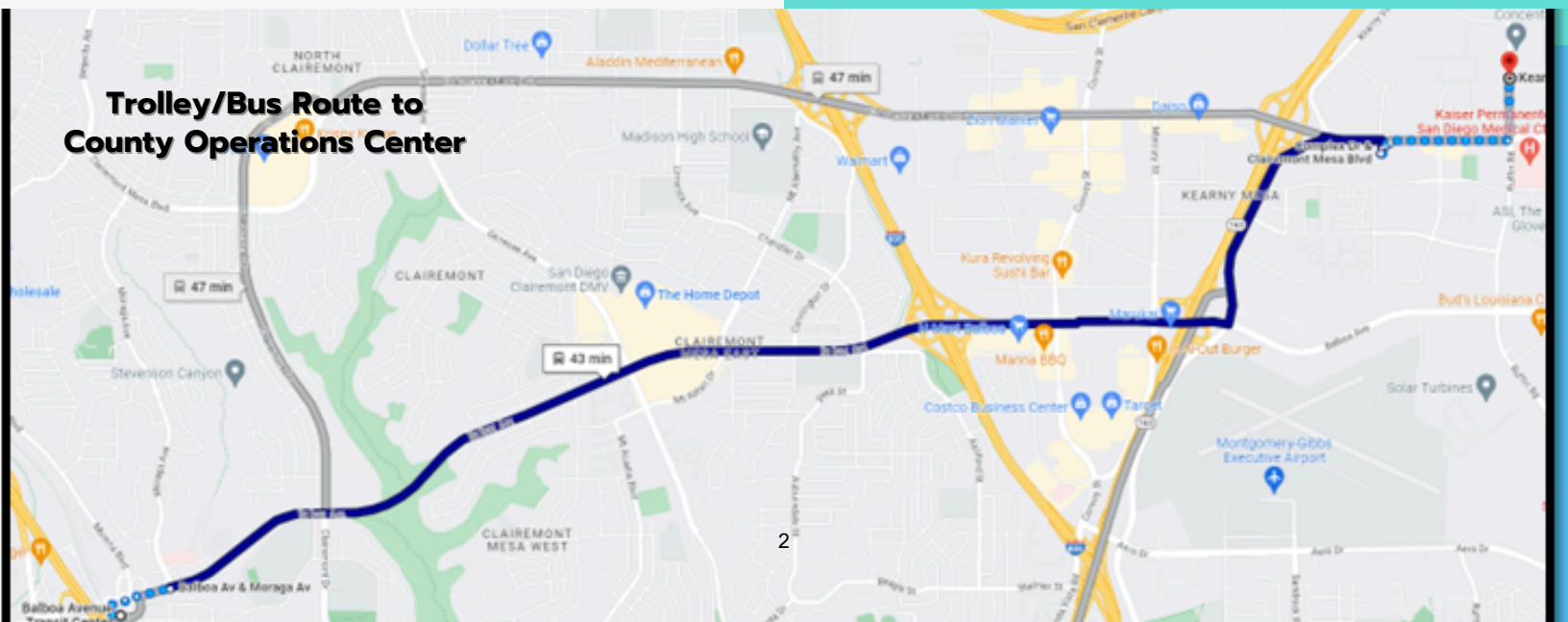
FROM BUS:

From Ruffin Road:

1. Walk north towards Ruffin Road.
2. Turn left on Hazard Way.
3. Enter through County Operations Center entrance/black gate and head further west. Access to County Operations Center buildings will be on your **left**.

From Overland Ave.:

1. Walk north on Overland Ave.
2. Enter east through County Operations Center entrance/black gate.
3. Turn left on pedestrian walkway. **Building 5530** will be on your **left**.



Tuesday, February 10, 2026, 4:00 PM – 5:30 PM
County Operations Center
5530 Overland Ave, San Diego, CA 92123 (Room 124)

To participate remotely via Zoom:
https://sdcounty-ca-gov.zoom.us/j/85484754922?pwd=ZpYeGCmH8chZaEWU4CqvcmUNPBkgIn.1
Call in: 1-669-444-9171
Meeting ID: 854 8475 4922 **Passcode:** 285782

Language translation services are available upon request at least 96 hours prior to the meeting. Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is seven (7).

Committee Members: Dr. Jeannette Aldous (Co-Chair) | Dr. Laura Bamford| Dr. Fadra Whyte | Dr. Rosemary Garcia | Dr. David Grelotti (Chair) | Yessica Hernández | Mikie Lochner | Shannon Paugh | Karla Quezada-Torres | Dr. Martha Rodriguez | Edith Saville | Dr. Stephen Spector | Dr. Winston Tilghman

MEETING AGENDA
ORDER OF BUSINESS

1. Call to order, introductions, comments from the chair, and a moment of silence *(4-4:05)*
2. Public comment (for members of the public) *(4:05-4:10)*
3. Sharing our concerns (for committee members) *(4:10-4:15)*
4. **ACTION**: Approve the consent MSEC agenda (which includes the February 10, 2026 agenda and November 04, 2025 minutes) *(4:15-4:20)*
5. Old Business:
    a. None
6. New Business:
    a. Mental Health Service Utilization Report *(4:20-4:30)*
        i. Discuss additional data requests
    b. **Discussion**: Mental health task force or working group *(4:30-4:45)*
    c. **Discussion**: Update the Mental Health and Psychiatric Medication Management Service Standards *(4:45-5:15)*
    d. **Discussion**: Review meeting schedule and identify priorities for 2026 work plan *(5:15-5:20)*
7. Other Updates: *(5:20-5:25)*
    a. STI and MPox Update
    b. Committee member updates
8. Future agenda items for consideration *(5:25-5:27)*

9. Announcements *(5:27-5:30)*
10. Adjournment *(5:30)*
11. **Next meeting date:** May 12, 2026, from 4:00 PM – 5:30 PM

    Location: To be determined AND virtually via Zoom

WORK PLAN
<u>February 10, 2026</u> • Update Mental Health and Psychiatric Medication Management Services Standards • Review work plan for 2026
<u>May 12, 2026</u> • Finalize and Approve Mental Health and Psychiatric Medication Management Services Standards • Ryan White Chart Review Summary
<u>September 8, 2026</u> • TBD
<u>November 10, 2026</u> • Review Ryan White Quality Assurance Chart Review tool • TBD

Tuesday, November 04, 2025, 4:00 PM – 5:30 PM
County Operations Center
5530 Overland Ave, San Diego, CA 92123 (Room 124)

To participate remotely via Zoom:
https://sdcounty-ca-gov.zoom.us/j/87211982598?pwd=aB4GoyqB1wuPNNGWDbbPluqEjjsltt.1
Call in: 1-669-444-9171
Meeting ID: 872 1198 2598 **Passcode:** 444062

Language translation services are available upon request at least 96 hours prior to the meeting. Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is seven (7).
Committee Members Present: Dr. Jeannette Aldous (Co-Chair) | Dr. Fadra Whyte | Dr. Rosemary Garcia | Mikie Lochner | Shannon Paugh | Karla Quezada-Torres | Edith Saville | Dr. Stephen Spector | Dr. Winston Tilghman

Committee Members Absent: Dr. Laura Bamford | Dr. David Grelotti (Chair) | Yessica Hernández | Dr. Martha Rodriguez

Agenda Item	Action	Follow-up
1. Welcome and moment of silence, comments from the Chair	The chair called the meeting to order at 4:03 PM and introductions were done. A moment of silence was observed. **Motion:** Approve Dr. Tilghman to chair the November 04, 2025 MSEC meeting. **Motion/Second/Count (M/S/C):** Lochner/Spector/7-0 **Discussion:** **Abstentions:** Tilghman **Motion Carries**	
2. Public Comment	None.	
3. Sharing our Concerns	• A committee member encouraged all service providers to notify patients in advance of any changes to their medical insurance.	
4. **Action:** Approve the consent MSEC agenda (which includes the November 04, 2025 agenda and the September 09, 2025 minutes)	**Motion:** Approve the consent MSEC agenda (which includes the November 04, 2025 agenda and the September 09, 2025 minutes)	

Agenda Item	Action	Follow-up
	M/S/C: Lochner/Saville/7-0 **Discussion:** **Abstentions:** Tilghman **Motion Carries**	
5. Old Business:		
a. None.		
6. New Business:		
a. Discussion: Review Ryan White Quality Assurance Chart Review tool	Jeanette Johnson presented the Ryan White Quality Assurance Chart Review tool. The committee reviewed the tool and the following discussion occurred: • The only change to the review tool was to Question 13, which was revised to better capture dental visits or referrals occurring up to six months before or after the review period by adding "If yes, date(s)__". A claims check will be used to verify documentation and credit providers accordingly. • Aside from this dental-related update, the review tool remains unchanged from last year. **Discussion**: Committee members.. • Discussed challenges in capturing dental data due to separate EHR systems at many sites. • Requested clarification of the definition of viral suppression and recommended that the definition be added directly to the review tool, not only included in the report. • Confirmed for question 14 that it is to clarify if the two screenings were completed.	HPG SS will follow up regarding a presentation for February meeting.
b. Discussion: Ryan White Part A Mental Health and Psychiatric Medication Management Services		

Agenda Item	Action	Follow-up
i. Mental Health Service Utilization Report	Maritza Herrera presented on the Mental Health Service Utilization Report and the following discussion occurred: • A clarification that there was not a lack of services provided, but rather a lack of utilization, and that COVID may have impacted this shift in data. • A clarification that the data reflected Ryan White consumers only and did not include individuals receiving care from other sources; therefore, clients accessing services through Medi-Cal may impact the utilization data. • A confirmation through a quick analysis that the clients that are in service seem to be getting the same level of service over time. • A question regarding whether there is a way to capture individuals who are seeking mental health services but are not reporting this to their primary care provider. • A suggestion to examine the current service landscape to better understand availability and identify gaps that have not yet been fully addressed. • A clarification that the complexity of accessing mental health services is very high; highlighting challenges such as navigating multiple programs, referrals, and barriers, and emphasizing the importance of asking the correct questions to accurately capture data. • A recommendation to consider adding key access factors to the standards, such as transportation, response times, and other logistical barriers.	

Agenda Item	Action	Follow-up
	• A suggestion to add clear expectations to the standards for both providers and patients, including timelines and an explanation of how the process works. • A clarification that many clients and patients prefer not to go to multiple locations for services, which can lead to discomfort and missed appointments or referrals. • A clarification from County staff that the needs assessment did include questions related to access, with common responses including not knowing where to find services, lack of financial resources, housing instability, and feeling healthy.	
ii. Mental Health and Psychiatric Medication Management Service Standards	Tabled.	
iii. Establish plan to review current service landscape and identify data, stakeholders, and subject matter experts to inform service standard revisions	• A suggestion to reference the Hospital Association of San Diego and Imperial County (HASIC) community needs assessment, conducted every three years and involving all 14 hospitals and approximately 1,200 community members, to help identify community concerns. • A suggestion to consider creating a working group or task force through HPG with a defined timeline to review recipient office data and potential surveys to better understand the service landscape. • A caution to avoid making changes or “fixing” perceived issues before fully understanding the problem	HPGSS will send out HASIC survey, Ryan White annual survey, service standards document, and request for individuals to find SME to attend the next meeting and reach out to consumers to attend the next meeting.

Agenda Item	Action	Follow-up
	and determining what actions would be most helpful. • A concern regarding potential survey fatigue and a suggestion to invite consumers to meetings to provide feedback as an alternative. • A clarification that many clients report the issue is not with the standards themselves but with access to services. • A question regarding whether the goal of the mental health services standards is to define the standard of care once patients are accessing services, similar to dental standards, or to address barriers preventing access to care. • A suggestion to have the committee complete the standards first and then form a working group to address access and implementation issues. • A suggestion to utilize the existing Ryan White patient survey by service category to better understand access issues, while remaining mindful of barriers to participation in working groups.	
7. Other Updates:		
a. STD and Mpox Update (Dr. Tilghman)	The committee reviewed the County of San Diego Monthly STD Report in packet. • 2024 STI surveillance data is still in development. An update will be provided once the data is finalized. • Three recent, unconnected cases of Clade I Mpox were identified in Los Angeles County (one in Long Beach and two managed by LA County). All 3 California cases were hospitalized and are recovering. Public health investigations were conducted, and general public risk is currently considered low.	

Agenda Item	Action	Follow-up
	• The vaccine remains effective against both Clade I and Clade II. Currently, no booster doses are recommended for those who have completed the series.	
b. Committee member updates	None.	
8. Future agenda items for consideration	None.	
9. Announcements	• The Center will be hosting a Thanksgiving Day dinner for those who do not have a place to go to enjoy a warm meal with community.	
10. Next meeting date:	**Date:** February 10, 2026, **Time:** 4:00 PM – 5:30 PM **Location:** TBD	
11. Adjournment	The meeting was adjourned at 5:34	

Mental Health Services

Service Category Definition

Mental health services are the provision of outpatient psychological, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Psychiatric services related to medication is covered in a separate service standard.

Purpose and Goals

The goal of mental health services is to provide outpatient, assessment, diagnosis, and treatment to persons living with HIV.

Intake

Providers will conduct a comprehensive client intake process. This process determines a client's need for mental health services and the extent of services that need to be provided. A client intake will be completed for all clients who request or are referred to mental health services. The intake process also acquaints the client with the range of services offered and determines the client's interest in such services. Mental health services are allowable for HIV-infected clients only.

Key Service Components and Activities

Key activities for mental health services include:

- Initial comprehensive assessment including documentation of diagnosis and determination of needs
- Development of individual treatment plans
- Treatment provision in individual, family, and/or group settings, crisis intervention and psychiatric consultation.
    - **Individual Counseling/Psychotherapy**: Frequency and duration of individual counseling or psychotherapy is determined based upon client need or as outlined in the Treatment Plan.
    - **Family and Conjoint Counseling/Psychotherapy:** The overall goal of family and conjoint counseling/psychotherapy is to help the client and his/her family improve their functioning, given the complications of living with HIV. The frequency and duration are based on upon client needs or as outline in the Treatment Plan.
    - **Group Treatment:** Group treatment can provide opportunities for increased social support vital to those isolated by HIV. Provider will assure an appropriate clinician facilitates the groups and limit the groups to a maximum of 12 persons per group (unless it is a couples-specific group).
        - Group counseling sessions consists of face-to-face contact between one or more therapists and a group of no fewer than two Ryan White eligible clients.
    - **Crisis Intervention:** This is an unplanned service provided to an individual, couple or family experiencing psychosocial stress. Crisis interventions are provided in order to prevent deterioration of functioning or to assist in the client's return to baseline functioning. Client safety will be assessed and addressed. This service may occur as often as necessary to ensure client safety and maintenance of baseline functioning.

- **Psychiatric consultation:** Providers will provide psychiatric referrals as appropriate.

- Referral/coordination/linkages
  - **Referral/Coordination:** Providers will establish linkages and collaborative relationships with other providers for client referral to ensure integration of services and better client care, including, but not limited to, additional mental health services (psychiatric evaluation and medication management, neuropsychological testing, day treatment programs and in-patient hospitalization); primary care, case management, dental treatment, and substance use treatment.
- Development of follow-up plans if needed
- Case closure

Standard	Measure
Staff assesses clients' eligibility and needs	Documentation of interviews and assessments all potential clients and their respective needs
Staff maintains records of eligibility, intake, and assessments	Documentation of eligibility, intake, comprehensive assessments, individual care plans, and progress of clients
	Maintain a single mental health record for each client
Staff ensures clients are connected to the appropriate services when needed	Documentation of all services provided/offered to clients

Personnel Qualifications

All mental health practitioners will have training and experience with HIV related issues and concerns. It is recommended that practitioners participate in continuing education and training on issues related to HIV and mental health. At a minimum, practitioners providing mental health services to people living with HIV will possess knowledge about the following:

- HIV disease process and current medical treatments
- Psychosocial issues related to HIV
- Cultural issues related to communities affected by HIV
- Mental disorders related to HIV and/or other medical conditions
- Mental disorders that can be induced by prescription drug use
- Adherence to medication regimes
- Diagnosis and assessment of HIV-related mental health issues
- HIV legal and ethical issues
- Knowledge of human sexuality, gender, and sexual orientation issues
- Substance use theory, treatment, and practice

In accordance with State licensing and practice rules and regulations, all direct services will be provided by culturally sensitive, linguistically appropriate, and competent licensed counselors or duly supervised interns.

Standard	Measure
Staff will meet minimum qualifications	Documentation of appropriate and valid licensure and certification of mental health professionals as required by the State of California
Staff will have clear understanding of job responsibilities	Documentation of current job descriptions on file that are signed by staff and appropriate supervisors
Staff are competent	Documentation of a training plan that includes specific topics, identification of the trainer, and a timeline for all newly employed staff

Assessment and Service Plan

Comprehensive **Assessment:** This is an assessment completed during a face-to-face interview in which the client's history and current presentation are evaluated to determine diagnosis and treatment plan. This assessment will be provided to all persons receiving individual, family/conjoint, and/or group psychotherapy. Persons receiving crisis intervention or drop-in psychotherapy groups only do not require this assessment. The assessment will be based on clinical standards appropriate to the modality chosen with knowledge of HIV risk and harm reduction.

Reassessments: A reassessment is ongoing and driven by client need, such as when there is significant change in the client's status. The reassessment will be documented in the client chart.

Treatment Plans: Treatment plan is developed with the client and is required for persons receiving individual, family/conjoint, and/or group psychotherapy. The provider will continue to address and document existing and newly identified treatment plan goals. The Treatment Plan will include at minimum:

- Diagnosed mental illness or condition
- Treatment modality (group or individual)
- Date for mental health services
- Recommended number of sessions
- Date for reassessment
- Projected treatment end date
- Any recommendations for follow up
- Signature of the mental health professional rendering service

Regular follow-up procedures are provided to encourage and help maintain a client in treatment. The documentation of attempts to contact the client will be in the progress notes. The follow-up may include telephone calls, written correspondence, and direct contact.

Standard	Measure
Staff will assess client's condition and needs	Documentation of comprehensive assessment
Staff will develop a treatment plan. Staff will also monitor and continuously reassess clients' needs	Documentation of the existence of a detailed treatment plan.
Staff will ensure that services meet Ryan White and local guidelines and are consist with the treatment plan	Documentation of service provided to ensure that: • Services provided are allowable under Ryan White, state, and local guidelines • Services provided are consistent with the treatment plan

Psychiatric Medication Management Services

Service Category Definition

Psychiatric medication management services are the provision of outpatient psychiatric screening, assessment, diagnosis, and treatment services offered to clients living with HIV. Specifically, these include psychiatric medication assessment, prescription, and monitoring by a licensed psychiatrist or supervised resident or mid-level practitioner. Although they form a separate service category, psychiatric medication management services are part of the comprehensive array of mental and behavioral healthcare services that also may include individual, family, and group counseling and psychotherapy and crisis intervention. These other services are described in the **Mental Health Services Service Standards**.

Purpose and Goals

The goal of psychiatric medication management services is to provide medication assessment, prescription, and monitoring services to people living with HIV in order to alleviate or decrease psychiatric symptoms, stabilize mental health conditions, and improve and sustain quality of life. All services and interventions must be based on proven and evidence-based clinical methods and in accordance with legal and ethical standards. The services delivered shall reflect a philosophy that affirms a patient's right to privacy, self-determination, nondiscrimination, compassionate and non-judgmental care, dignity, and respect.

Intake

Patient intake is required for all patients who request or are referred for psychiatric medication management services and shall be initiated at the time a patient presents for services. Intake is a time to gather registration information and provide basic information about psychiatric medication management services and other HIV services, as appropriate. It is also a pivotal moment for establishment of trust and confidence in the care system. In most cases, a client who receives psychiatric medication management services will already be receiving HIV primary care and enrolled in a medical care coordination program.

Providers will conduct a comprehensive client intake process that determines a client's need for psychiatric medications and other mental health services and the extent of services that need to be provided. Practitioners shall provide an appropriate level of information that is helpful and responsive to patient need. Staff shall conduct the patient intake with respect and compassion.

Key Service Components and Activities

Key activities for psychiatric medication management services include:

- Initial comprehensive assessment, including documentation of diagnosis and determination of need for psychiatric medications
- Development of individual treatment plans
- Referral to and/or coordination with other providers to ensure that the client has access to the full array of services that are required for optimal mental and physical health outcomes and coordination of pharmacologic and non-pharmacologic interventions
- Development of follow-up plans, if needed
- Case closure, when a client's condition is stabilized and/or the client can be referred back to the primary care provider for ongoing management

Standard	Measure
Staff ensures clients' eligibility and needs	Documentation of interviews and assessments for all potential clients utilizing a standard client eligibility screening tool
Staff maintains records of eligibility, intake, and assessments	Documentation of eligibility, intake, comprehensive assessments, individual care plans, and progress of clients on a standard form
	Maintain a single record for each client
Staff ensures clients are connected to the appropriate services when needed	Documentation of all services provided/offered to clients

Standard	Measure
	Completion of the Client Transition Plan for clients deemed ineligible for psychiatric medication management or deemed ready to be transitioned out of these services

Personnel Qualifications

Psychiatric medication management services are provided by medical doctors who are board-eligible in psychiatry. A psychiatrist may collaborate with a psychiatric resident, registered nurse/nurse practitioner (RN/NP), or physician's assistant (PA) under the supervision of a medical doctor who is board-eligible in psychiatry. Intake may be conducted by other licensed mental health professionals (e.g., psychologists, licensed clinical social workers). All prescriptions shall be prescribed solely by physicians licensed by the state of California or by NPs or PAs who are practicing under their supervision.

All psychiatric medication management practitioners will have training and experience with HIV-related issues and concerns. It is recommended that practitioners participate in continuing education and training on issues related to HIV and mental health. At a minimum, practitioners providing psychiatric medication management services to people living with HIV will possess knowledge about the following:

- HIV disease process and current medical treatments
- Psychosocial issues related to HIV
- Cultural issues related to communities affected by HIV
- Mental health conditions related to HIV and/or other medical conditions
- Mental health conditions that can be induced by prescription drug use
- Adherence to medication regimens
- Diagnosis and assessment of HIV-related mental health issues
- HIV legal and ethical issues
- Knowledge of human sexuality, gender identity, and sexual orientation issues
- Substance use theory, treatment, and practice

In accordance with State licensing and practice rules and regulations, all direct services will be provided by culturally sensitive, linguistically appropriate, and competent providers.

Standard	Measure
Staff will meet minimum qualifications	Documentation of appropriate licensure and/or degrees and board eligibility or certification in psychiatry
Staff will have clear understanding of job responsibilities	Documentation of current job descriptions on file that are signed by staff and appropriate supervisors
Staff are competent	Documentation of a training plan that includes specific topics, identification of the trainer, and a timeline for all newly employed staff

Assessment and Service Plan

Psychiatric Assessment and Treatment Plans: Psychiatric assessments and treatment plans are core components of a psychiatry visit and should be clearly outlined in the medical record, typically using the "SOAP" format (i.e., Subjective, Objective, Assessment, Plan). Treatment plans should be developed collaboratively with the client. Assessment and treatment plans completed by unlicensed psychiatric providers must be cosigned by a medical doctor board-eligible in psychiatry.

Components of the assessment and plan generally include:

- A statement of the problems, symptoms, or behaviors to be addressed in treatment.
- Goals (desired outcomes) and objectives (measurable change in symptoms or behaviors)
- Interventions proposed (including pharmacologic and non-pharmacologic interventions)
- Appropriate modalities to address the identified problems
- Frequency and expected duration of services

- Service referrals (e.g., day treatment programs, substance use treatment, etc.)

Treatment Provision: All modalities and intervention in mental health treatment, including psychiatric medication management, will be guided by the needs expressed in the assessment and treatment plan. Practitioners shall be knowledgeable about outcome research and utilize clinically proven treatment for their client's presenting problems. Treatment shall conform to the standards of care recognized within the general community and supported by clinically published research for the client's condition. Psychiatric service providers shall adopt and follow performance standards as set forth in the latest HIV mental health guidelines. Programs providing psychiatric services shall be responsible for obtaining and maintaining staff, facility, and referral systems in compliance with American Medical Association standard guidelines.

Ongoing Psychiatric Sessions: Mental health treatment should include counseling regarding knowledge of modes of transmission, prevention, risk and harm reduction strategies (as well as root causes and underlying issues related to practices that may facilitate HIV transmission). Substance use, treatment adherence, development of social support systems and community resources as indicated by the client's circumstance are important areas to be explored. Focus should also be placed on maximizing social and adaptive functioning. When present in a client's life, the role of spirituality and religion should be understood and utilized as a strength when present. If clients begin to deteriorate physically, emotional distress can be relieved by helping them prepare for disability and even death. For the client whose health has improved, exploration of future goals, including returning to school or work, is indicated. When a signed release has been completed, sources of support and care can be recommended to significant others and family members. Many of these issues may also be addressed by other mental health professionals who are involved in the client's care and perform non-pharmacologic interventions based on the **Mental Health Services Service Standards**.

Psychiatric Evaluations, Medication Monitoring, and Follow-up: Psychiatrists shall use clinical presentation, evidence-based practice guidelines, and specific treatment goals to guide the evaluation, prescription, and monitoring of appropriate medication.

For medication monitoring and follow-up, visit frequency should be based on the acuity of the client's condition and the level of need.

Visits may be conducted in-person or via telehealth (telepsychiatry), based on client needs and preference.

For those patients on psychotropic medication, side effects of these agents shall be assessed at each visit, along with the provision of education regarding their medications. In addition, these patients should be regularly counseled about the importance of adherence to psychotropic medications.

The American Psychiatric Association (2001) suggests the following general pharmacologic treatment guidelines, especially for those patients with symptomatic HIV disease:

- Use lower starting doses and titrate more slowly.
- Provide the least complicated dosing schedules possible to achieve the desired outcome.
- Concentrate on drug side effect profiles as a means to avoid unnecessary adverse effects.
- Be aware of drug metabolism/clearance pathways to minimize drug-drug interactions and possible organ damage.

In general, refills shall not be written beyond three months of the last psychiatric visit. However, exception can be made in special circumstances or when the stability of the client warrants less frequent monitoring. Such exceptions shall be documented in the client progress notes.

Psychiatrists must coordinate the provision of psychiatric care with primary medical clinics and other related providers. Regular contact with a patient's primary care clinic and related providers will ensure integration of services and maintain care continuity.

Documentation: Treatment provision should be documented through progress notes and include the date and signature of the psychiatrist. For unlicensed psychiatric providers, progress notes will be cosigned by a medical doctor board-eligible in psychiatry.

Progress notes for evaluations, medication monitoring, and follow-up will include:

- Date, type of contact, time spent

- Treatment plan including current medical and psychotropic medications and dosages
- Progress toward psychiatric treatment plan goals
- Interventions and patient's response to interventions
- Referrals provided (e.g., psychotherapy, neuropsychological assessment, case management, medical services, etc.)
- Results of interventions and referrals
- Documentation that the provider has addressed existing and newly identified goals

Informed Consent: Informed consent is required of every patient receiving psychotropic medications.

When starting a new psychotropic medication, providers should ensure that the client understands:

- Medication benefits
- Risks
- Common side effects
- Side effect management
- Timetable for expected benefit

Informed consent for new psychotropic medications should be documented in the client medical record.

Standard	Measure
Psychiatric assessments and treatment plans are developed concurrently and collaboratively with the client and include interventions and modalities to address mental health conditions.	Assessment and treatment plan in client chart to include: • Statement of problem • Goals and objectives • Interventions and modalities • Frequency of service • Referrals
Assessments, reassessments, progress notes, and documentation of informed consent for new psychotropic medications completed by unlicensed psychiatric providers will be cosigned by a medical doctor board-eligible in psychiatry.	Co-signature in client record
Practitioners will use outcome research and published standards of care, as appropriate and available, to guide their treatment.	Progress note signed and dated by psychiatrist detailing interventions in the client file
Treatment, as appropriate, will include counseling about (at minimum): • Prevention and practices that may facilitate transmission, including root causes and underlying issues related to practices that may facilitate HIV transmission • Substance use • Treatment adherence • Development of social support systems • Community resources • Maximizing social and adaptive functioning • The role of spirituality and religion in a client's life • Disability, death, and dying • Exploration of future goals	Progress note signed and dated by psychiatrist detailing counseling sessions in client file
Progress notes for psychiatric services will document progress through treatment provision.	Signed and dated note to be placed in the client file including: • Date, type of contact, time spent • Treatment plan including current medical and psychotropic medication and dosages • Progress toward psychiatric treatment plan goals

Standard	Measure
	• Interventions and client's response to interventions • Referrals provided • Results of interventions and referrals • Documentation of provider addressing existing and newly identified goals
Prior to initiating psychotropic medications, psychiatry providers will counsel clients on the risks, benefits, and common side effects of the medications.	Documentation in client chart indicating that the patient has been told about and understands: • Medication benefits • Risks • Common side effects • Side effect management • Timetable for expected benefit

Transition

Clients will be disenrolled from psychiatric medication management services when all action items on the individual care plan are competed, medical care is stabilized, the issue(s) for which the client requested or was referred for psychiatric medication management services are resolved or can be managed on an ongoing basis by the client's primary care provider, and the client meets all of the following criteria:

- Enrolled in HIV medical care
- Following her/his/their medical plan since the previous assessment
    - The medical plan may include other health-related issues (for example, mental health, substance use, smoking, hypertension, gynecological, etc.)
- Keeping medical appointments
- Taking medication as prescribed

Standard	Measure
Staff will document reasons for disenrollment in the client record	Documentation of reason for disenrollment
	Documentation of "inactive status" and maintenance of records and contact information to facilitate rapid re-enrollment, as appropriate

County of San Diego Monthly STD Report

Volume 17, Issue 12: Data through July 2025; Report released December 29, 2025.

Table 1. STDs Reported Among County of San Diego Residents, by Month and Previous 12 Months Combined.

	2024		2025	
	July	*Previous 12-Month Period**	*July*	*Previous 12-Month Period**
Chlamydia	1373	16610	1372	15643
Female age 18-25	461	5353	487	5112
Female age ≤ 17	53	608	65	598
Male rectal chlamydia	91	1428	73	952
Gonorrhea	565	6203	445	5417
Female age 18-25	52	578	39	467
Female age ≤ 17	10	95	6	58
Male rectal gonorrhea	131	1485	124	1302
Early Syphilis (adult total)	54	807	36	542
Primary	10	104	7	94
Secondary	11	228	9	147
Early latent	33	477	20	301
Congenital syphilis	4	27	5	27

* Cumulative case count of the previous 12 months.

Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.

	All Races*		Asian/PI		Black		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	9066	472.3	265	108.9	380	421.8	993	148.8	1163	140.0
Gonorrhea	2694	140.4	107	44.0	206	228.7	649	311.4	572	68.9
Early Syphilis	287	15.0	8	3.3	40	44.4	125	18.7	72	8.7
Under 20 yrs										
Chlamydia	1505	314.6	22	43.5	61	276.3	110	52.8	191	115.2
Gonorrhea	147	30.7	7	13.8	15	67.9	24	11.5	22	13.3
Early Syphilis	8	1.7	0	0.0	3	13.6	2	1.0	2	1.2

Note: Rates are calculated using 2023 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 01/2025.

* Includes cases designated as "other," "unknown," or missing race/ethnicity.

Note: All data are provisional. *Case counts are based on the earliest of date of diagnosis, date of specimen collection, and treatment date. Totals for past months might change because of delays in reporting from labs and providers.*

Figure 1. Chlamydia and Gonorrhea Reported Among County of San Diego Residents, by 3-Month Period.

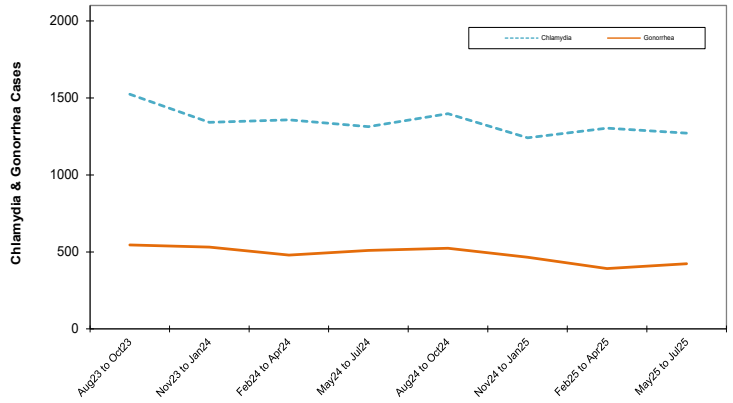
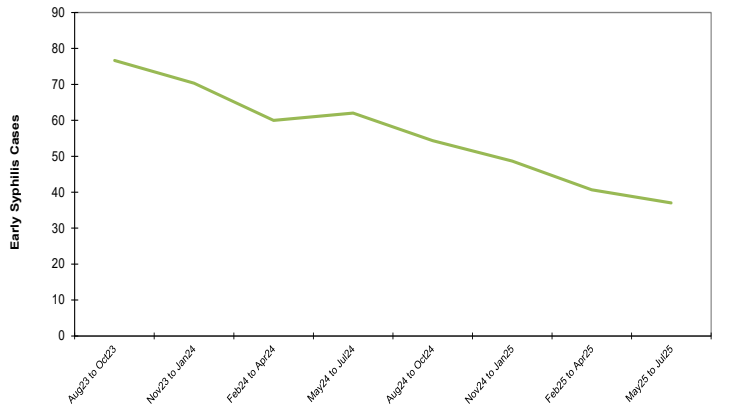


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: FDA Approves Two New Oral Antibiotics to Treat Gonorrhea

The Food and Drug Administration (FDA) recently approved two new oral antibiotics for the treatment of uncomplicated urogenital gonorrhea:

- **Zoliflodacin (Nuzolvence)** was approved for adults and children aged 12 years and older who weigh at least 77 pounds. The recommended dose is a single 3-gram dose given as granules dissolved in water. Zoliflodacin demonstrated non-inferiority to treatment with ceftriaxone 500 mg IM plus azithromycin 1 gram orally in a recently published open-label randomized controlled trial [1].
- **Gepotidacin (Blujepa)** was approved for adults and children aged 12 years and older who weigh at least 99 pounds. Because of limited safety data, this medication is meant for patients who have few or no other treatment options. Blujepa was first approved in March 2025 to treat urinary tract infections. It is given as two 3-gram doses taken 10 to 12 hours apart. Approval for uncomplicated urogenital gonorrhea treatment was based on an open-label non-inferiority study evaluating oral gepotidacin compared to ceftriaxone 500 mg IM plus azithromycin 1 gram orally [2].

Additional information, including common side effects and important safety precautions, are summarized in the FDA announcement. National and state clinical guidelines regarding the use of these medications for gonorrhea treatment are anticipated for 2026.

HIV PLANNING GROUP
4-MONTH COMMITTEE TRACKING
April 2025 - Nov 2025

Medical Standards & Evaluation Committee (MSEC)	Apr	May	Sep	Nov	#	# of JC Starting Jan 2026
Total Meetings	1	1	1	1	**4**	
(13) Members						
Aldous, Dr. Jeannette [CC]	*	*	*	*	**0**	
Bamford, Dr. Laura	*	*	*	**1**	**1**	
Garcia, Rosemary	*	*	*	*	**0**	
Grelotti, David [C]	*	*	*	**1**	**1**	
Hernandez, Yessica	*	*	*	**1**	**1**	
Lochner, Mikie		*	*	*	**0**	
Paugh, Shannon	**1**	*	*	*	**1**	
Quezada-Torres, Karla	*	*	*	*	**0**	
Rodriguez, Martha	*	*	*	**1**	**1**	
Saville, Edith			*	*	**0**	
Spector, Dr. Stephen	*	**1**	*	*	**1**	
Tilghman, Dr. Winston	*	*	*	*	**0**	
Whyte, Fadra	*	*	*	*	**0**	

Committee members are expected to attend all meetings. To remain in good standing and eligible to vote, the committee member may not miss more than 2 meetings within the 12 months.

* = Present

1 = Absent for the month

1 = Absence when there are multiple meetings that month. Member needs to attend at least one (1) meeting for attendance to count for that month.

JC = Just Cause

NM = No Meeting

NQ = No Quorum