
MEDICAL STANDARDS & EVALUATION COMMITTEE (MSEC)



Tuesday, September 8, 2026, 4:00 PM – 5:30 PM
County Operations Center, 5560 Overland Ave., San
Diego, CA 92123
Training Room 172

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).

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Meeting Packet

Meeting Location & Directions:

Medical Standards & Evaluation

Committee (MSEC)

September 08, 2026

4:00 PM - 5:30 PM

County Operations Center

5560 Overland Ave

San Diego, CA 92123

(Training Room 172)



Parking is **free**. 3-hour visitor parking is available in the parking lot and parking structure. For County business exceeding 3 hours, please park in the numbered spaces in the parking structure.

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 5560** will be on your left.

FROM BUS:

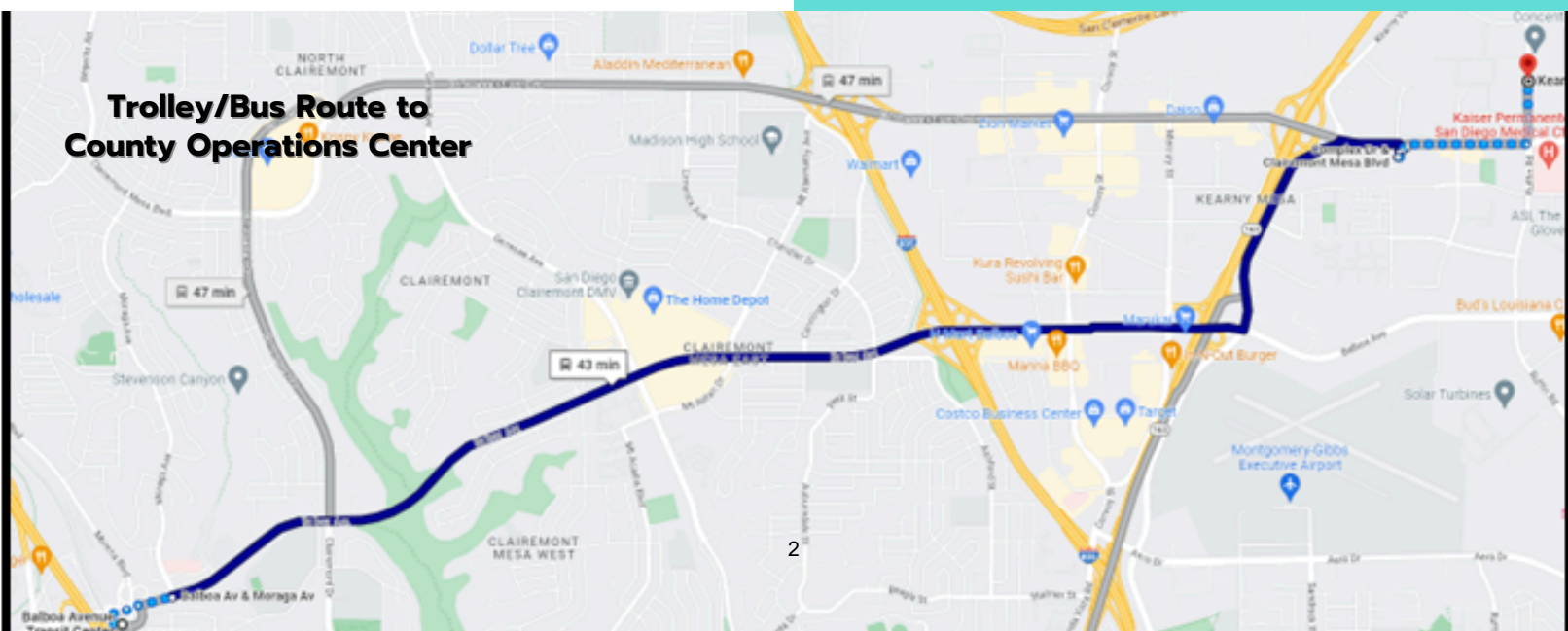
From Ruffin Road:

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 5560** will be on your **left**.

Trolley/Bus Route to County Operations Center



HPG CONFLICT OF INTEREST (COI) SHEET							
	Aldous, Jeannette	Bamford, Laura	Grelotti, David	Paugh, Shannon	Hernandez, Yessica	Saville, Edith	Spector, Stephen
CHS: WICYF*							
Early Intervention Services: Regional Services	Conflicted			Conflicted	Conflicted	Conflicted	
Early Intervention Services: Minority AIDS Initiative	Conflicted				Conflicted	Conflicted	
Emergency Financial Assistance	Conflicted	Conflicted	Conflicted	Conflicted	Conflicted	Conflicted	Conflicted
Food Services: Food Bank/Home Delivered Meals							
Home-Based Health Care Coordination						Conflicted	
Medical Case Management	Conflicted	Conflicted	Conflicted	Conflicted	Conflicted		Conflicted
Medical Nutrition Services							
Mental Health: Counseling / Therapy	Conflicted			Conflicted	Conflicted	Conflicted	
Mental Health: Psychiatric Medication Management	Conflicted	Conflicted	Conflicted	Conflicted	Conflicted	Conflicted	Conflicted
Non-Medical Case Management	Conflicted	Conflicted	Conflicted	Conflicted	Conflicted	Conflicted	Conflicted
Oral Health	Conflicted			Conflicted	Conflicted	Conflicted	
Outpatient Ambulatory Health Services: Medical Specialty	Conflicted	Conflicted	Conflicted	Conflicted	Conflicted	Conflicted	Conflicted
Outpatient Ambulatory Health Services: Primary Care	Conflicted	Conflicted	Conflicted	Conflicted	Conflicted	Conflicted	Conflicted
Outreach Services	Conflicted			Conflicted	Conflicted	Conflicted	
Peer Navigation**	Conflicted			Conflicted	Conflicted	Conflicted	
Substance Use Disorder Treatment: Outpatient							
Substance Use Disorder Treatment: Residential							
Transportation: Assisted and Unassisted	Conflicted	Conflicted	Conflicted	Conflicted	Conflicted	Conflicted	Conflicted

*Coordinated HIV Services for Women, Infants, Children, Youth and Families

**Referral for Healthcare and Support Services

No Conflicts

Garcia,
Rosemary

Lochner,
Mikie

Quezada-Torres,
Karla

Rodriguez,
Martha

Tilghman,
Winston

Whyte,
Fadra

Aguirre,
Marco

MEDICAL STANDARDS AND EVALUATION COMMITTEE



Tuesday, September 08, 2026, 4:00 PM – 5:30 PM
County Operations Center, 5560
Overland Ave. San Diego, CA, 92123.
Training Room 172

To participate remotely via Zoom:

<https://sdcounty-ca-gov.zoom.us/j/85484754922?pwd=ZpYeGCmH8chZaEWU4CqvcmlUNPBkgl.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) | Marco Aguirre | Dr. Laura Bamford | Dr. Rosemary Garcia | Dr. David Grelotti (Chair) | Yessica Hernández | Edith Saville | Shannon Paugh | Dr. Stephen Spector | Dr. Winston Tilghman | Karla Quezada-Torres | Dr. Martha Rodriguez | Dr. Fadra Whyte

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 September 8, 2026 agenda and May 12, 2026 minutes) (4:15-4:20)
5. New Business:
 - a. **Discussion:** Review and update Mental Health Questions in the Needs Assessment Survey (4:20- 4:45)
 - b. **ACTION:** Review and update the Mental Health Service Standards (4:45-5:05)
 - c. **ACTION:** Review and update the Psychiatric Medication Management Service Standards (5:05-5:20)
6. Old Business:
 - a. None
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)

MEDICAL STANDARDS AND EVALUATION COMMITTEE

11. **Next meeting date:** November 10, 2026, from 4:00 PM – 5:30 PM

Location: To be determined AND virtually via Zoom

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)



*Tuesday, May 12, 2026, 4:00 PM – 5:30 PM
Seville Plaza – Live Well Support Center
5469 Kearny Villa Rd, 1st Floor
Training Room D*

A quorum for this meeting is seven (7).

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

Committee Members Absent: Dr. Rosemary Garcia | Mikie Lochner

Agenda Item	Action	Follow-up
1. Welcome and moment of silence, comments from the Chair	Dr. Grelotti called the meeting to order at 4:02 PM and introductions were done. A moment of silence was observed. Chair comments: - A comment was made about microphone use. - A suggestion to review conflict-of-interest guidance.	
2. Public Comment	None	
3. Sharing our Concerns	- A reminder that individuals that are part of this committee are here to contribute information. - A request to have the process of conflict -of- interest clearly written. - A suggestion to add instruction in the Conflict-of-Interest sheet if the member should be abstaining. - A reminder was given that shared experience across clinics help identify in-care or resource limitation and improve service standards.	
4. Action: Approve the consent MSEC agenda (which includes the May 12, 2026 agenda and February 10, 2026 minutes	Motion: Approve the consent MSEC agenda (which includes the May 12, 2026 agenda and February 10, 2026 minutes Motion/Second/Count (M/S/C): Aldous/Saville/10-0 Abstentions: Dr. Grelotti Motion Carries	

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)

Agenda Item	Action	Follow-up
5. New Business:		
a. Presentation: HIV/HCV Micro Elimination Among Ryan White Outpatient Ambulatory Health Service Providers Pilot Project	Andrea Tomada presented on HIV/HCV Micro Elimination Among Ryan White Outpatient Ambulatory Health Service Providers Pilot Project and the following was discussed: - A clarification regarding how providers will be contacted for the pilot program. - A clarification that HSHB will identify providers and will be reaching out. - A question regarding IRB approval. - A clarification that the providers will be working with the clients not direct contact with HSHB. - A question regarding the requirement for clinics to participate given the capacity. - A clarification that this will be a pilot program with a small data set and a limited number of clients.	
b. Presentation: Ryan White Chart Review Summary	Jeanette Johnson presented on the Ryan White Outpatient Ambulatory Health Services Report on Compliance with Practice Guidelines 2025 and the following was discussed: - A clarification that TB and Dental were reviewed outside the review period for the report. - A note that some clients receive treatment across the border without a way to confirm or track. - A question regarding including prevention efforts within the report. - A comment regarding the benefit of this chart review with directing clinical practice. - A comment was made warning that Medi-Cal dental coverage is expected to significantly decrease, making RW dental access more critical.	

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)

Agenda Item	Action	Follow-up
	- A suggestion for the HPG to review the potential opportunity to educate clients on RW dental clients.	
6. Old Business:		
a. Discussion: Review and update the Mental Health Service Standards	The committee reviewed the Mental Health Service Standards and made the following recommended edits: Page 2 (Packet Page 30) - Remove dot point regarding group counseling. Page 3 (Packet Page 31) - A suggestion under Psychiatric consultation remove “will” and change to “are encouraged”. - A suggestion under referral/coordination to remove the list of additional mental health services. - A suggestion to create communication language.	
b. Discussion: Review and update the Psychiatric Medication Management Service Standards	Tabled	
c. Discussion: Mental Health taskforce or working group	Tabled	
7. Other Updates:		
a. STD and Mpox Update (Dr. Tilghman)	Tabled	
b. Committee member updates	Tabled	
8. Future agenda items for consideration	Tabled	
9. Announcements	Tabled	
10. Next meeting date:	Date: September 8, 2026, Time: 4:00 PM – 5:30 PM Location: TBD	
11. Adjournment	The meeting was adjourned at 5:37PM	

County of San Diego | HHSA HIV Needs Assessment Survey

What is the purpose of the HHSA Needs Assessment Survey? The County of San Diego Health and Human Services Agency is conducting a 2024 needs assessment survey. The survey will help County planners address the service needs of people living with or vulnerable to HIV and AIDS in San Diego County.

How does it work? You may complete the survey on paper or follow this link to complete it online:

<https://www.surveymonkey.com/r/SD-HIVImpactSurvey>.

Your participation in this survey is voluntary and your answers will remain anonymous. This means that no information you provide is linked to you. You do not need to answer any questions you do not feel comfortable answering. There are no right or wrong answers – we want to hear about you and your experiences. Some of these questions are personal. However, your open and honest responses are important so that the County can best serve people who are living with or vulnerable to HIV/AIDS. If you decide not to participate, it will not affect the services you are currently receiving or may seek in the future.

Some of the content of this survey might be uncomfortable. You are encouraged to prepare yourself emotionally before reading further. If you believe that you will find the survey to be uncomfortable, you should choose to not participate. The County of San Diego has a variety of resources. A 24/7 Access and Crisis Line provides free, confidential support in over 200 languages. Call 1 (888) 724-7240.

The survey should take about 25 minutes to complete. We appreciate the valuable time you are taking to complete the survey! Your responses are anonymous and will contribute to our analysis of the San Diego community needs.

Where to go for questions or comments about the survey? If you have any questions about the survey and the analysis, please email hpg.hhsa@sdcounty.ca.gov.

Survey Date: _____, 2024

SECTION 1: HIV STATUS

1. What is your current HIV/AIDS status?

☐ Living with HIV (undetectable)

SKIP TO QUESTION 6

☐ Not living with HIV

☐ Living with HIV (detectable)

SKIP TO QUESTION 6

☐ Not sure of current HIV status

☐ Living with AIDS

SKIP TO QUESTION 6

2. Do you get tested for HIV at least once every year?

☐ Yes

☐ No

3. If you are not living with HIV or not certain of your current HIV status, when did you last test for HIV?

☐ Within the last 3 months

☐ Within the last 6 months to 1 year

☐ Not sure

☐ Within the last 3-6 months

☐ More than a year ago

☐ Never been tested

4. Pre-exposure prophylaxis (PrEP) is a medication that a person who does not have HIV takes every day to reduce the risk of getting HIV. Are you currently taking PrEP?

☐ Yes

☐ Considering taking PrEP

☐ No, but used to

☐ Decided not to

☐ Do not know about PrEP

5. Has your health care provider ever offered you an HIV test?

☐ Yes

☐ No

☐ Not sure

*****If you are not living with HIV or unaware of your HIV status, SKIP TO SECTION 2*****

County of San Diego | HHSA HIV Needs Assessment Survey

6. Do you currently have a case manager?

- ☐ Yes ☐ No ☐ Not sure

7. Do you have a health care provider (doctor, nurse practitioner, or physician assistant) who provides HIV treatment?

- ☐ Yes ☐ No, I don't currently have a health care provider who provides HIV treatment ☐ I've never had a health care provider who provides HIV treatment **SKIP TO QUESTION 10**

8. Have you received HIV care in the last 12 months? (this may include a virtual visit)

- ☐ Yes ☐ No ☐ Not sure

9. If you answered "yes" to the previous question, was your last visit with a doctor, nurse, or other health care team member for your HIV/AIDS?

- ☐ In Person ☐ Virtual ☐ Both

10. If you did NOT get HIV medical care for one year or more, or have never received care, why not? (Select all that apply)

- | | | | | |
|--|--|--|---|---|
| ☐ I felt healthy | ☐ I was unhoused | ☐ I needed someone to talk to who understands HIV | ☐ I was afraid of people finding out | ☐ HIV medications made me feel sick |
| ☐ Children, family, or childcare needs came first | ☐ I didn't have enough money to pay | ☐ I didn't know where or how to find services | ☐ I had a bad experience with a health care provider | ☐ I was afraid of possible side effects of medications |
| ☐ I was not ready to deal with having HIV | ☐ I was using drugs and/or alcohol | ☐ I didn't think I could get services | ☐ I didn't trust doctors or clinics | ☐ I had difficulty with getting health coverage |
| ☐ I was tired of dealing with HIV | ☐ I was too sick to leave home | ☐ I didn't have a ride to services | ☐ I needed someone who spoke my language | ☐ I had problems with keeping health coverage |
| ☐ I am/was physically disabled | ☐ I had mental health problems | ☐ I didn't think medical care would help me | ☐ There was a waitlist | ☐ Does not apply, I have not been out of care |

☐ Other (please explain): _____

11. CD4/T-cell blood test is a test used to check the health of people with HIV, to see if they may be at risk for getting sick. In the last 12 months, how many CD4/T-cell blood tests have you had?

- ☐ Zero ☐ One ☐ Two
☐ More than two ☐ Not sure ☐ I've never had a CD4/T-cell blood test

County of San Diego | HHSA HIV Needs Assessment Survey

12. An HIV viral load blood test measures the amount of HIV virus in your blood. Like T-cells, it is also used to check the health of people with HIV. In the last 12 months, how many HIV viral load tests have you had?

- ☐ Zero ☐ One ☐ Two
☐ More than two ☐ Not sure ☐ I've never had an HIV viral load blood test

13. Do you currently have a suppressed/undetectable viral load?

- ☐ Yes ☐ No ☐ Not sure

14. Are you currently on antiretroviral therapy (ART)?

- ☐ Yes ☐ No ☐ Not sure

15. How often do you take ART medication as prescribed by your doctor?

- ☐ Always ☐ Usually (more than half the time) ☐ Sometimes (about half the time or less) ☐ Never

16. In the last five years, has there been a time in which you were off your HIV medication for more than 6 months?

- ☐ No ☐ I have never taken HIV medication

☐ Yes (please explain): _____

17. In your opinion, which of the following changes in your life would impact your decision to stop your HIV medication in the future? (Select all that apply)

- ☐ Housing ☐ Move to another area ☐ Change in relationship status ☐ Perception that medication isn't helping

☐ Other (please explain): _____

SECTION 2: OTHER HEALTH CONCERNS

18. Do you have a disability? If so, please check those that apply to you:

- ☐ I do not have a disability ☐ Deaf/hard of hearing (use ASL) ☐ Intellectual and developmental disability
☐ Blind/visually impaired ☐ Physically disabled ☐ Post-Traumatic Stress Disorder (PTSD)
☐ Other: _____

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19. Do you have or have you had in the past Hepatitis B?

- ☐ Yes ☐ No ☐ Not sure

20. Have you ever been tested for Hepatitis C?

- ☐ Yes ☐ No ☐ Not sure

21. If you tested positive for Hepatitis C, did you receive treatment?

- ☐ Yes ☐ No ☐ Not sure ☐ I have never tested positive

22. If you answered "No" to the previous question, please explain why you didn't receive treatment:

23. Do you have or have you had in the past Tuberculosis?

- ☐ Yes ☐ No ☐ Not sure

24. Have you ever been screened or tested for other Sexually Transmitted Infection(s) (STIs such as Chlamydia, Gonorrhea, Syphilis)?

- ☐ Yes ☐ No ☐ Not sure

25. In the 12 months, how many times have you been screened or tested for STIs? _____

26. Has your health care provider offered Doxycycline Post-Exposure Prophylaxis for Bacterial STI prevention?

- ☐ Yes ☐ No ☐ Not sure

27. Are you currently pregnant or have been pregnant in the last 5 years?

- ☐ Yes ☐ No ☐ Not sure ☐ Not applicable

28. Have you obtained prenatal care/services (ongoing medical care during a pregnancy)?

- ☐ Yes ☐ No ☐ Not sure ☐ Not applicable

SECTION 3: MENTAL HEALTH AND SUBSTANCE USE CONCERNS

29. In the past 6 months, have you seen a therapist or received counseling?

- ☐ Yes ☐ No ☐ Not sure

County of San Diego | HHSA HIV Needs Assessment Survey

30. Select all that apply to you from the list below:

- | | | |
|---|---|---|
| ☐ I may have an alcohol problem | ☐ I may have a drug problem | ☐ I am in recovery |
| ☐ I have had an alcohol problem, but no longer use alcohol | ☐ I have had a drug problem, but no longer use drugs | ☐ None apply to me |

31. Have you ever injected illicit and non-prescribed drugs? (select only one)

- ☐ No **SKIP TO SECTION 4** ☐ Yes, in the last 12 months ☐ Yes, more than 12 months ago

32. Have you ever shared needles or works?

- ☐ Always ☐ Usually (more than half the time) ☐ Sometimes (about half the time or less) ☐ Never

33. Which drugs have you injected? (Select all that apply)

- | | | | |
|----------------------------------|--|--|-----------------------------------|
| ☐ Cocaine | ☐ Non-prescribed hormones | ☐ Methamphetamine (Crystal) | ☐ Fentanyl |
| ☐ Heroin | ☐ Does not apply | ☐ Other: _____ | |

SECTION 4: CRIMINAL JUSTICE HISTORY

34. Have you ever been incarcerated (jail or prison)?

- ☐ Yes ☐ No **SKIP TO SECTION 5**

35. If you answered "yes" to the previous question, when were you released?

- ☐ Within the past 2 years ☐ Within 3-5 years ☐ More than 5 years ago

36. If you were incarcerated, did you have any problems getting the following **AFTER** your release:

- | Medical care | Housing | Other support services | Employment |
|--|--|--|--|
| ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |

SECTION 5: EMPLOYMENT AND INCOME

37. What is your current employment status?

- | | | |
|-------------------------------------|---|---|
| ☐ Employed | ☐ Not working, but looking for a job | ☐ Full- or part-time family caregiver |
| ☐ Self-employed | ☐ Not working and not looking for a job | ☐ Unable to work/Disabled |
| ☐ Retired | ☐ Homemaker/stay-at-home parent | ☐ Student |

38. What is the highest level of education you have completed?

- | | | |
|---|---|---|
| ☐ Never attended school | ☐ High school graduate/GED | ☐ Bachelor's degree |
| ☐ Less than high school | ☐ Some college/technical or vocational school | ☐ Graduate degree |
| ☐ Some high school | ☐ Associate's degree | ☐ Other: _____ |

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39. Currently, what is your main source of income? (Select only one)

- | | | |
|--------------------------------------|---|------------------------------------|
| ☐ Earnings/job | ☐ Social Security (e.g., SSI, SSDI) | ☐ Retirement |
| ☐ Family/Friends | ☐ General Assistance/Relief | ☐ No income |
| ☐ CalWorks | ☐ Unemployment | ☐ Other: _____ |

40. What is your best estimate of your gross (before tax) MONTHLY household income from all sources (work, social security, disability, alimony, etc.)?

41. What is the total monthly cost that you and your household pay for rent or mortgage and utilities (water, electricity, and/or gas)?

42. What is the total number of family members or people supported by your household income (including yourself)?

_____ adults (18+) _____ children (under 18)

SECTION 6: HOUSING

43. What is your current housing situation?

- | | | | |
|--|---|--|--|
| ☐ Renting a property | ☐ Living in a shelter | ☐ Staying with a friend/relative | ☐ Incarcerated |
| ☐ Own a property | ☐ Unsheltered | ☐ Living in a treatment facility | ☐ Living in supportive living facility or group home |
| ☐ Moving from friend/relative to friend/relative (couch surfing) | ☐ Other: _____ | | |

44. Have any of these situations impacted your ability to obtain and retain housing? (Select all that apply)

- | | | | | |
|---|--|--|---|---|
| ☐ Lack of available housing | ☐ Cost of housing | ☐ Poor credit history | ☐ Access to health insurance | ☐ Limited support system |
| ☐ Insufficient monthly income | ☐ Family size | ☐ Substance use | ☐ Criminal record | ☐ Homelessness |
| ☐ Lack of employment opportunities | ☐ Geographic accessibility to health care | ☐ HIV/AIDS stigma | ☐ None | |
| ☐ Other (please explain): _____ | | | | |

County of San Diego | HHSA HIV Needs Assessment Survey

SECTION 7: ACCESS TO TREATMENT AND BASIC NEEDS SERVICES

45. For each HEALTH SERVICE listed in the rows below, check only one box that most closely matches your experience during the past 12 months:

	I didn't need this service	I received this service, and it met my needs	I received this service, but it did not meet my needs	I received this service, but it was hard to access	I needed this service, but couldn't get it
A. Dental care	☐	☐	☐	☐	☐
B. HIV/AIDS medication/medicine (as prescribed by a doctor)	☐	☐	☐	☐	☐
C. HIV primary care (clinic, doctor, nurse practitioner, etc.)	☐	☐	☐	☐	☐
D. Home health care (nurse, attendant, hospice, physical therapy at your home)	☐	☐	☐	☐	☐
E. Medical specialist other than HIV specialist (Hep C/liver, eye, ear, etc.)	☐	☐	☐	☐	☐
F. Alcohol/drug recovery services/treatment	☐	☐	☐	☐	☐
G. Counseling/therapy (individual or group by a professional)	☐	☐	☐	☐	☐
H. Psychiatric services (medication management for bipolar, clinical depression, etc.)	☐	☐	☐	☐	☐

46. If you responded "I received this service, but it was hard to access" or "I needed this service, but couldn't get it" for any of the HEALTH SERVICES listed above, why did you have trouble accessing this/these service(s)? (Select all that apply)

- | | | | | |
|---|--|--|---|---|
| ☐ I felt healthy | ☐ I was unhoused | ☐ I needed someone to talk to who understands HIV | ☐ I was afraid of people finding out | ☐ HIV medications made me feel sick |
| ☐ Children, family or childcare needs came first | ☐ I didn't have enough money to pay | ☐ I didn't know where or how to find services | ☐ I had a bad experience with a health care provider | ☐ I was afraid of possible side effects of medications |
| ☐ I was not ready to deal with having HIV | ☐ I was using drugs and/or alcohol | ☐ I didn't think I could get services | ☐ I didn't trust doctors or clinics | ☐ I had difficulty with getting health coverage |
| ☐ I was tired of dealing with HIV | ☐ I was too sick to leave home | ☐ I didn't have a ride to services | ☐ I needed someone who spoke my language | ☐ I had problems with keeping health coverage |

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☐ I am/was physically disabled

☐ I had mental health problems

☐ I didn't think medical care would help me

☐ There was a waitlist

☐ Does not apply, I have not been out of care

☐ Other (please explain): _____

47. For each **BASIC NEEDS SERVICE** listed in the rows below, check only one box that most closely matches your experience during the past 12 months:

	I didn't need this service	I received this service, and it met my needs	I received this service, but it did not meet my needs	I received this service, but it was hard to access	I needed this service, but couldn't get it
A. Childcare (day care or babysitting)	☐	☐	☐	☐	☐
B. Emergency housing/shelter (emergency hotel stay)	☐	☐	☐	☐	☐
C. Emergency utility payment (water, gas, electricity, phone)	☐	☐	☐	☐	☐
D. Food (home delivered meals, food bank, food pantry)	☐	☐	☐	☐	☐
E. Help to pay rent	☐	☐	☐	☐	☐
F. Legal services	☐	☐	☐	☐	☐
G. Transportation (bus pass, transportation vouchers to help you access health care services)	☐	☐	☐	☐	☐

48. If you responded "I received this service, but it was hard to access" or "I needed this service, but couldn't get it" for any of the **BASIC NEEDS SERVICES** listed above, why did you have trouble accessing this/these service(s)? (Select all that apply)

☐ I felt healthy

☐ I was unhoused

☐ I needed someone to talk to who understands HIV

☐ I was afraid of people finding out

☐ HIV medications made me feel sick

☐ Children, family or childcare needs came first

☐ I didn't have enough money to pay

☐ I didn't know where or how to find services

☐ I had a bad experience with a health care provider

☐ I was afraid of possible side effects of medications

☐ I was not ready to deal with having HIV

☐ I was using drugs and/or alcohol

☐ I didn't think I could get services

☐ I didn't trust doctors or clinics

☐ I had difficulty with getting health coverage

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- ☐ I was tired of dealing with HIV
 ☐ I was too sick to leave home
 ☐ I didn't have a ride to services
 ☐ I needed someone who spoke my language
 ☐ I had problems with keeping health coverage
- ☐ I am/was physically disabled
 ☐ I had mental health problems
 ☐ I didn't think medical care would help me
 ☐ There was a waitlist
 ☐ Does not apply, I have not been out of care
- ☐ Other (please explain): _____

49. For each **SUPPORT SERVICE** listed in the rows below, check only one box that most closely matches your experience during the past 12 months:

	I didn't need this service	I received this service, and it met my needs	I received this service, but it did not meet my needs	I received this service, but it was hard to access	I needed this service, but couldn't get it
A. Case management (ongoing help to get services or benefits, not just one-time)	☐	☐	☐	☐	☐
B. Coordinated services center (one-stop shop to get different services such as case management, education, peer navigation)	☐	☐	☐	☐	☐
C. Information and referral to services and how to get them (in writing, by phone or internet, in person)	☐	☐	☐	☐	☐
D. Peer advocacy or peer navigation (referral, advice to get services)	☐	☐	☐	☐	☐
E. Representation payee (someone who manages my money)	☐	☐	☐	☐	☐

50. If you responded "I received this service, but it was hard to access" or "I needed this service, but couldn't get it" for any of the **SUPPORT SERVICES** listed above, why did you have trouble accessing this/these service(s)? (Select all that apply)

- ☐ I felt healthy
 ☐ I was unhoused
 ☐ I needed someone to talk to who understands HIV
 ☐ I was afraid of people finding out
 ☐ HIV medications made me feel sick
- ☐ Children, family or childcare needs came first
 ☐ I didn't have enough money to pay
 ☐ I didn't know where or how to find services
 ☐ I had a bad experience with a health care provider
 ☐ I was afraid of possible side effects of medications
- ☐ I was not ready to deal with having HIV
 ☐ I was using drugs and/or alcohol
 ☐ I didn't think I could get services
 ☐ I didn't trust doctors or clinics
 ☐ I had difficulty with getting health coverage

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- ☐ I was tired of dealing with HIV
 ☐ I was too sick to leave home
 ☐ I didn't have a ride to services
 ☐ I needed someone who spoke my language
 ☐ I had problems with keeping health coverage
- ☐ I am/was physically disabled
 ☐ I had mental health problems
 ☐ I didn't think medical care would help me
 ☐ There was a waitlist
 ☐ Does not apply, I have not been out of care
- ☐ Other (please explain): _____

51. From the list below, which of the services are most important to you today?

Please write the letters for the 5 most important services, in order of importance to you (1 being most important).

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

A. Dental care	K. Emergency utility payment (water, gas, electricity, phone)
B. HIV/AIDS medication/medicine (as prescribed by a doctor)	L. Food (home delivered meals, food bank, food pantry)
C. HIV primary care (clinic, doctor, nurse practitioner, etc.)	M. Help to pay rent
D. Home health care (nurse, attendant, hospital, physical therapy at your home)	N. Legal services
E. Medical specialist other than HIV specialist (Hep C/liver, eye, ear, etc.)	O. Transportation (bus pass, transportation vouchers to help you access health care services)
F. Alcohol/drug recovery services/treatment	P. Case management (ongoing help to get services or benefits, not just one-time)
G. Counseling/therapy (individual or group by a professional)	Q. Coordinated services center (one-stop shop to get different services such as case management, education, peer navigation)
H. Psychiatric services (medication management for bipolar, clinical depression, etc.)	R. Information and referral to services and how to get them (in writing, by phone or internet, in person)
I. Childcare (day care or babysitting)	S. Peer advocacy or peer navigation (referral, advice to get services)
J. Emergency housing/shelter (emergency hotel stay)	T. Representation payee (someone who manages my money)

SECTION 8: PREVENTION NEEDS

52. Have you had sex (oral, vaginal, anal) in the last 12 months?

- ☐ Yes
 ☐ No **SKIP TO SECTION 9**

53. How many sexual partners have you had in the last 12 months? _____

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54. What parts of YOUR body are involved when having sex? (Select all that apply)

- ☐ Penis ☐ Vagina ☐ Anus ☐ Mouth

55. What parts of your partner's/partners' body/bodies are involved when having sex? (Select all that apply)

- ☐ Penis ☐ Vagina ☐ Anus ☐ Mouth

56. Where did you meet your sex partners within the last 12 months? (Select all that apply)

- ☐ Coffee shops ☐ Parks ☐ Online (Grindr, Scruff, etc.) ☐ Work ☐ Bathhouse
☐ Public place ☐ Adult book/video store ☐ Social parties/gatherings ☐ Sex parties ☐ No new sex partners
☐ Bars/clubs ☐ Smartphone app ☐ Through friends ☐ Other: _____

57. If you met sex partners online or with a smartphone app, on which website(s) or app(s) did you meet your sex partners? (Select all that apply)

- ☐ Adam4adam ☐ Snapchat ☐ Manhunt.com ☐ Tinder ☐ Craigslist.com ☐ Growler
☐ Facebook ☐ Barebackrt.com ☐ Scruff ☐ Recon ☐ Bear411 ☐ Sniffies
☐ Jack'd.com ☐ Grindr ☐ Hornet ☐ Does not apply Other: _____

58. If you go online or use a smartphone app to meet partners, which of the following do you include on your profile? (Select all that apply)

- ☐ Not living with HIV ☐ Living with HIV ☐ HIV unknown ☐ I do not use apps
☐ Not living with HIV and on PrEP ☐ Living with HIV (undetectable) ☐ I do not state

59. If you go online or use a smartphone app to meet partners, how frequently do you include your HIV status on your profile?

- ☐ Always ☐ Usually (more than half the time) ☐ Sometimes (about half the time or less) ☐ Never ☐ I do not use apps

60. In the last 12 months, were any of your sex partners: (Select all that apply)

- ☐ Anonymous ☐ Not living with HIV ☐ Living with HIV ☐ Sex workers
☐ Not aware of HIV status ☐ Not living with HIV and on PrEP ☐ Person(s) who inject drugs
☐ Gay/Bisexual/Other men who have sex with men

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61. For each item in the rows below, check only one box that most closely matches the frequency during the last 12 months:

	Always	Sometimes	Never	Not Applicable
A. I knew the HIV status of my sex partners.	☐	☐	☐	☐
B. I knew whether my sex partners had been tested for STIs.	☐	☐	☐	☐
C. I told my sex partners my current HIV status.	☐	☐	☐	☐
D. I used condoms when having sex with person(s) who didn't know my HIV status.	☐	☐	☐	☐
E. I used condoms when having sex with a person(s) not living with HIV or a person(s) who did not know their HIV status.	☐	☐	☐	☐
F. I used condoms when having sex with a person(s) not living with HIV who is on PrEP.	☐	☐	☐	☐
G. I used condoms when having sex with a person(s) living with HIV.	☐	☐	☐	☐
H. I used condoms when having sex with a person(s) living with HIV who told me they have an undetectable viral load.	☐	☐	☐	☐
I. I am on PrEP and I told my sex partners about it.	☐	☐	☐	☐

SECTION 9: DEMOGRAPHICS

62. What is the ZIP code where you live or stay most nights? _____
(Note: If you do not know your ZIP code, write the name of the city or area where you live)

63. What is your age? _____

64. What is your race/ethnicity? (Select all that apply)

- | | | | |
|---|--|--|---|
| ☐ Black/African American | ☐ South American | ☐ Japanese | ☐ Laotian |
| ☐ African | ☐ Central American | ☐ Chinese | ☐ Cambodian |
| ☐ Caribbean Black | ☐ Filipino/a | ☐ Korean | ☐ White (non-Hispanic) |
| ☐ Latino/Hispanic | ☐ Pacific Islander/Hawaiian | ☐ Middle Eastern | ☐ Asian Indian |
| ☐ Mexican | ☐ Indigenous: _____ | ☐ Multi-racial: _____ | ☐ Other: _____ |

65. What language do you speak primarily? (Select only one)

- | | | | |
|-------------------------------|----------------------------------|---------------------------------|------------------------------------|
| ☐ English | ☐ Farsi | ☐ Cantonese | ☐ Korean |
| ☐ Spanish | ☐ Tagalog | ☐ Mandarin | ☐ Creole |
| ☐ Arabic | ☐ Vietnamese | ☐ Chinese | ☐ Other: _____ |

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66. Which of these best describe your current gender identity? (Select all that apply)

- ☐ Woman
 ☐ Man
 ☐ Genderqueer/Gender Non-conforming/Gender Fluid
☐ Trans Woman
 ☐ Trans Man
 ☐ Questioning/Unsure/Exploring
☐ Non-binary
 ☐ Two-spirit
 ☐ A gender not listed here (please specify): _____

67. Which of these best describe your current sexual orientation? (Select all that apply)

- ☐ Asexual
 ☐ Queer
 ☐ Heterosexual/Straight
☐ Gay
 ☐ Bisexual
 ☐ Questioning/Unsure/Exploring
☐ Pansexual
 ☐ Lesbian
 ☐ A sexual orientation not listed here (please specify): _____

68. Do you have health insurance coverage?

- ☐ Yes
 ☐ No
 ☐ Not sure

69. Do you receive medical care through the Ryan White HIV/AIDS Program?

- ☐ Yes
 ☐ No
 ☐ Not sure

70. Figuring out the difference between medical coverage providers can be confusing. TO the best of your knowledge, which of the following plan(s) are your associated with? (Select all that apply)

- ☐ Medi-Cal (nationally known as Medicaid)
 ☐ Private Insurance (via work, former employer, union, etc.)
 ☐ Veteran's Administration
 ☐ Not sure
☐ Medi-Cal Managed Care
 ☐ Covered CA (marketplace exchange)
 ☐ Tricare or other military health care
 ☐ None
☐ Medi-Cal Dental Program (Denti-Cal)
 ☐ Medi-Medi (Medicare and Medicaid)
 ☐ Indian Health Services
☐ Medicare (mostly for people 65 or older, and sometimes for people with certain disabilities)
 ☐ Other _____

71. What is your current citizenship status? (Reminder: your answers will remain anonymous. This means that your answer to this question will not be linked to you in any way.)

- ☐ US citizen
 ☐ Not a US citizen or permanent resident
 ☐ Decline to state
☐ Permanent resident
 ☐ Refugee or asylum seeker

If you are 50 YEARS OLD OR OLDER, please continue to section 10. Your responses about the needs of the aging population will help us improve the service delivery for people living with HIV aged 50 and older!

If you are under the age of 50, you are all done! Thank you again for your time!

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SECTION 10: SERVICES FOR ADULTS 50 YEARS OF AGE AND OLDER

72. What are your greatest worries as you get older while living with HIV/AIDS? (Select all that apply)

- | | | |
|--|--|---|
| ☐ Overall health | ☐ Housing | ☐ End of life care |
| ☐ Social isolation | ☐ Access to HIV/AIDS services/medications | ☐ None |
| ☐ Other (please explain): _____ | | |
| _____ | | |
| _____ | | |

73. Has your health care provider ever talked to you about the implications of aging with HIV/AIDS?

- ☐ Yes ☐ No ☐ Not sure

74. Are you dealing with any other diagnoses or chronic illnesses? (Select all that apply)

- | | | | | |
|--|---|-------------------------------------|--|--|
| ☐ Hepatitis | ☐ Osteoporosis/Bone disease | ☐ Diabetes | ☐ Sleep disorders | ☐ Mobility challenges |
| ☐ Cancer | ☐ Cardiovascular (Heart) disease | ☐ Neuropathy | ☐ Memory loss (neurocognitive challenges) | ☐ No other diagnoses or illnesses |
| ☐ Other (please explain): _____ | | | | |
| _____ | | | | |
| _____ | | | | |

75. Are you currently or have you ever experienced mental health challenges? (Select all that apply)

- | | | | | |
|--|-------------------------------------|------------------------------------|-----------------------------------|-------------------------------|
| ☐ Anxiety | ☐ Depression | ☐ Isolation | ☐ Not sure | ☐ None |
| ☐ Other (please explain): _____ | | | | |
| _____ | | | | |
| _____ | | | | |

76. Do you feel you have a support system that you can rely on during a time of need? (Please select all that apply)

- | | | |
|--|---|---|
| ☐ Family | ☐ Service providers | ☐ Support groups |
| ☐ Friends | ☐ Spiritual advisors | ☐ None |
| ☐ Other (please explain): _____ | | |
| _____ | | |
| _____ | | |

77. Are you experiencing any challenges carrying out your day-to-day activities such as preparing meals, cleaning, etc.?

- ☐ Yes ☐ No

78. Are you worried about losing your income or benefits as you age?

- ☐ Yes ☐ No

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79. How often do you experience food insecurity (not having a steady supply of enough food)?

- ☐ Always ☐ Usually (more than half the time) ☐ Sometimes (about half the time or less) ☐ Never

80. How often do you have access to a computer?

- ☐ Always ☐ Usually (more than half the time) ☐ Sometimes (about half the time or less) ☐ Never

81. For each service in the rows below, check only one box that most closely matches your comfort level with using a telehealth option for (online consultations on the computer or mobile phone):

	1	2	3	4	5	
	Extremely uncomfortable	Somewhat uncomfortable	Neither comfortable nor uncomfortable	Somewhat comfortable	Extremely comfortable	Not applicable
A. Clinical services	☐	☐	☐	☐	☐	☐
B. Case management	☐	☐	☐	☐	☐	☐
C. Housing support	☐	☐	☐	☐	☐	☐

82. Do you have any CLINICAL/MEDICAL needs that are not being met and that have a negative impact on your quality of life?

- ☐ Yes ☐ No

83. If you answered “yes” to the previous question, what are the additional CLINICAL/MEDICAL needs that are not being met?

84. Do you have any SOCIAL SUPPORT needs that are not being met and that have a negative impact on your quality of life?

- ☐ Yes ☐ No

85. If you answered “yes” to the previous question, what are the additional SOCIAL SUPPORT needs that are not being met?

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86. What changes, if any, would you recommend related to HIV services? What would help make it easier for you to use the different services that are available?

87. What matters most to you right now?

THANK YOU!

Mental Health Services

The National HIV/AIDS Strategy for the United States 2022–2025, along with the Sexually Transmitted Infections (STIs) and Viral Hepatitis National Strategic Plans, identified the need to integrate programs to address the syndemic of HIV, STIs, viral hepatitis, and substance use and mental health disorders in the context of social and structural/institutional factors including stigma, discrimination, and violence.

~~NATIONAL STRATEGIC PLANS: ADDRESSING THE SYNDEMIC The National HIV/AIDS Strategy for the United States 2022–2025, along with the Sexually Transmitted Infections (STIs) and Viral Hepatitis National Strategic Plans identified the need to integrate programs to address the syndemic of HIV, STIs, viral hepatitis, and substance use and mental health disorders in the context of social and structural/institutional factors including stigma, discrimination, and violence. The White House. 2023. National HIV/AIDS Strategy 2023 Interim Action Report. Washington, DC.~~

Commented [GD1]: CITE: The White House. 2023. National HIV/AIDS Strategy 2023 Interim Action Report. Washington, DC.

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 isare covered in a separate service standard (see Psychiatric Medication Management).

Purpose and Goals

The goal of mental health services is to provide outpatient, assessment, diagnosis, psychological and treatment, and/or referral for psychiatric services 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. Scheduling of intakes must take into consideration the urgency of the concern. Mental health services are allowable for clients with HIV 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, conjoint/coupfamily, and/or group settings, and 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 clients and his/her/their partners or family improve their functioning, given the complications of living with HIV. The frequency and duration are based on~~based~~ upon client needs or as outlined 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~~consist 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~~a mental health crisis. 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.

Commented [WT2]: What is the basis of this requirement? What would happen if another Ryan White eligible client is not available for the group therapy? Does funding source matter here (assuming that providers are not paid exclusively by Ryan White and provide counseling to people with different funding sources)? Is it more important for there to be at least one other person living with HIV in the group?

Commented [WT3]: Is there a particular reason why there is so much space between this and the next section?

- o **Psychiatric consultation:** Mental health service pProviders will will provide referrals back to primary care providers or to a psychiatric referrals service provider as appropriate.
- o Visits may be conducted in-person in person or, when appropriate, via telehealth, based on client needs and preference.
- Referral/coordination/linkages
 - o **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 (e.g., psychiatric evaluation and medication management, neuropsychological testing, day treatment programs, and in-patient hospitalization); primary care, case management, dental treatment care, and substance use treatment.
- Development of follow-up plans if needed
- Case closure

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Commented [GD4]: Has this ever been assessed? Should we bring in national strategic plan here and explore embedding mental health services in clinics?

Standard	Measure
Staff assesses clients' eligibility and needs	Documentation of interviews and <u>assessments assessments of</u> 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 <u>Maintenance of</u> 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 ongoing 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, including those associated with HIV and aging
- Cultural issues-matters related to communities affected by HIV
- Mental disorders related to HIV and/or other medical conditions
- Mental disorders health symptoms that can be induced-related to by prescription drug use
- Medications and aAdherence to medication regimes
- Diagnosis and assessment of HIV-related mental health concerns 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 ~~and/or crisis intervention~~. Persons ~~receiving participating in 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 ~~and frequency~~ of sessions ~~and the frequency of sessions~~
- Date for reassessment
- Projected treatment end date
- ~~Any~~ recommendations for follow up
- Signature of the mental health professional rendering service

Frequency of sessions should reflect best practices in the treatment of the mental health problem. 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 clients' 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 consistent with the treatment plan	Documentation of service provided to ensure that: • Services provided are allowable under Ryan White, stateState, and local guidelines • Services provided are consistent with the treatment plan

Psychiatric Medication Management Services

NATIONAL STRATEGIC PLANS: ADDRESSING THE SYNDEMIC The National HIV/AIDS Strategy for the United States 2022–2025, along with the Sexually Transmitted Infections (STIs) and Viral Hepatitis National Strategic Plans identified the need to integrate programs to address the syndemic of HIV, STIs, viral hepatitis, and substance use and mental health disorders in the context of social and structural/institutional factors including stigma, discrimination, and violence. The White House. 2023. National HIV/AIDS Strategy 2023 Interim Action Report. Washington, DC.

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 licensed mid-level/advanced practice practitioner/provider. 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.

Does the primary care standards mention screening, and are there recommendations there to prescribe or refer?

Key Service Components and Activities

Key activities for psychiatric medication management services include:

- Initial comprehensive assessment, including documentation of diagnosis and determination of need-appropriateness 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 <u>transition plan</u> 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 psychiatrist ~~ie~~ resident or an advanced practice provider (e.g., 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 and substance use. 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.

[What about ECT, TMS, ketamine]

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 completed, 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 18, Issue 8: Data through March 2026; Report released August 28, 2026.



LIVE WELL
SAN DIEGO

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

	2025 March	2025 Previous 12- Month Period*	2026 March	2026 Previous 12- Month Period*
Chlamydia	1304	15832	1231	14989
Female age 18-25	390	5162	436	5077
Female age ≤ 17	56	592	49	577
Male rectal chlamydia	72	1078	60	763
Gonorrhea	388	5763	501	5495
Female age 18-25	25	517	42	415
Female age ≤ 17	7	82	1	25
Male rectal gonorrhea	87	1410	122	1335
Early Syphilis (adult total)	52	633	40	523
Primary	11	101	7	71
Secondary	20	169	6	126
Early latent	31	363	27	326
Congenital syphilis	1	30	0	23

* 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	3555	432.2	105	100.7	132	341.9	388	135.7	478	134.3
Gonorrhea	1481	180.0	52	49.8	82	212.4	290	324.7	352	98.9
Early Syphilis	118	14.3	2	1.9	16	41.4	50	17.5	30	8.4
Under 20 yrs										
Chlamydia	650	317.1	10	46.1	25	264.2	59	66.1	74	104.1
Gonorrhea	68	33.2	4	18.5	1	10.6	8	9.0	11	15.5
Early Syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Note: Rates are calculated using 2024 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 09/2025.

* 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.

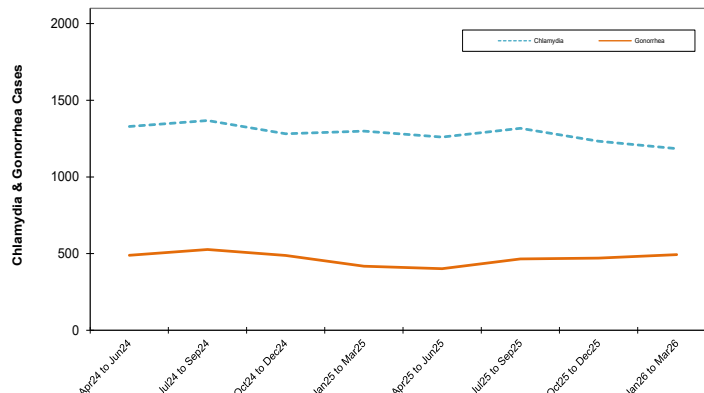
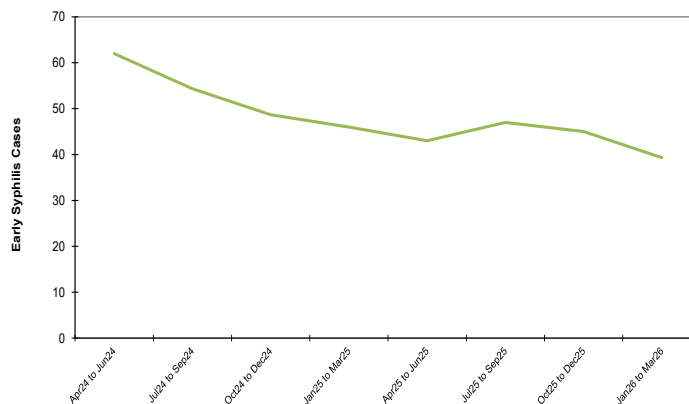


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: First Confirmed Clade I Mpox Case in San Diego County

On August 5, 2026, the California Department of Public Health confirmed the first case of clade I mpox in a San Diego County resident who had recently traveled to [areas of Western Europe where clade I mpox outbreaks have recently been reported](#). The patient had a mild illness and has fully recovered. Public health investigation was conducted by the HIV, STD, and Hepatitis Branch of Public Health Services (HSHB), in conjunction with CDPH and the Centers for Disease Control and Prevention (CDC), and no symptomatic contacts or additional cases were identified. The risk of clade I mpox to the general public in San Diego County is extremely low.

[Clade I mpox virus \(MPXV\)](#) may cause more severe disease than clade II MPXV, although recent data have suggested that the severity of disease caused by clade Ib MPXV may be similar to that of clade IIb MPXV, which has been circulating at low levels in San Diego County since 2022. For all clades, the risk of severe disease and death is greatest for those with weakened immune systems, including those with advanced human immunodeficiency virus (HIV) infection. The two-dose JYNNEOS vaccine reduces the risk of infection and severe disease due to both MPXV clades and is [recommended to people who may be vulnerable to mpox](#). This includes people who are planning to travel internationally outside of the United States, particularly to areas where clade I mpox is spreading between people, and anticipate sexual or intimate contact while traveling.

For further details, please see the [health alert](#) released on August 10, 2026.

County of San Diego STD Clinics: www.STDSanDiego.org

Phone: (619) 692-8550 Fax: (619) 692-8543

STD Clinical Consultation Line: (619) 609-3245 (8am-5pm, M-F)



Provider STD Reporting: (619) 692-8520; fax (619) 692-8541

Sign up to receive Monthly STD Reports,

email STD@sdcounty.ca.gov

HIV PLANNING GROUP
4-MONTH COMMITTEE TRACKING
May 2025 - Feb 2026

Medical Standards & Evaluation Committee (MSEC)	May	Sep	Nov	Feb	#	# of JC Starting Jan 2026
Total Meetings	1	1	1	1	4	
(13) Members						
Aldous, Dr. Jeannette^{CC}	*	*	*	1	1	
Bamford, Dr. Laura	*	*	1	*	1	
Garcia, Rosemary	*	*	*	*	0	
Grelotti, David^C	*	*	1	*	1	
Hernandez, Yessica	*	*	1	*	1	
Lochner, Mikie	*	*	*	*	0	
Paugh, Shannon	*	*	*	*	0	
Quezada-Torres, Karla	*	*	*	*	0	
Rodriguez, Martha	*	*	1	1	2	
Saville, Edith		*	*	*	0	
Spector, Dr. Stephen	1	*	*	*	1	
Tilghman, Dr. Winston	*	*	*	1	1	
Whyte, Fadra	*	*	*	1	1	
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

SENATE BILL (SB) 707: THE USE OF JUST CAUSE (2026)

(An Amendment to AB 2302)

If the physical attendance quorum requirement is met, SB 707 permits a member who is not physically present to request virtual attendance at the local legislative body's meeting under the "just cause" circumstance.

Qualifying Reason	Provisions to Attend Remotely	Requirements /Limitations
"Just Cause"	▪ Childcare or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires them to participate remotely. ▪ A contagious illness prevents the member from attending the meeting in person. ▪ A need related to a physical or mental condition not otherwise accommodated by any reasonable accommodations provided. ▪ Travel while on official business of the legislative body or another state or local agency. ▪ An immunocompromised child, parent, grandparent, grandchild, sibling, spouse, or domestic partner of the member that requires the member to participate remotely. ▪ A physical or family medical emergency that prevents a member from attending in person. ▪ Military service obligations that result in a member being unable to attend in person because they are serving under official written orders for active duty, drill, annual training, or any other duty required as a member of the California National Guard or a United States Military Reserve organization that requires the member to be at least 50 miles outside the boundaries of the local agency.	A member is limited to two (2) virtual attendances due to "just cause" per calendar year.

Note: The criteria for "emergency circumstance" from AB 2302 are now combined with the "just cause" circumstance for remote participation.

Additional Information for Members Participating Remotely

In addition to making a request for "just cause" for remote attendance, SB 707 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

1. The member shall notify the legislative body at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting.
2. The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.
3. The member shall participate through both audio and visual technology.

Furthermore, a member of a legislative body may request reasonable accommodation, pursuant to the applicable law, to participate in meetings remotely. Remote participation due to reasonable accommodation shall be treated as in-person attendance (counting towards quorum) and shall adhere to the following requirements:

1. The member shall request reasonable accommodation to participate remotely at the time of quorum check prior to each meeting.
2. The member shall participate through both audio and visual technology. Any member with a disability, as defined in Section 12102 of Title 42 of the United States Code, may participate only through audio technology if a physical condition related to their disability results in a need to participate off camera.
3. The member shall disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any of those individuals.

SB 707: Open meetings: meeting and teleconference requirements. (2026) – in effect until January 1, 2030