



**EARLY INTERVENTION SERVICES  
STANDARDS OF CARE**

**FOR**

**HIV SERVICES IN  
ORANGE COUNTY**

Reviewed by Planning Council 04/08/2026

**TABLE OF CONTENTS**

➤ Section 1: Introduction .....	1
➤ Section 2: Definition of Early Intervention Services .....	2
➤ Section 3: Staffing Requirements and Qualifications .....	3
➤ Section 4: Cultural and Linguistic Competence.....	4
➤ Section 5: Client Registration .....	6
➤ Section 6: Implementation and Evaluation .....	7
➤ Section 7: Coordination of Care .....	8
➤ Section 8: Early Intervention Services Service Closure .....	8
➤ Section 9: Quality Management .....	9
➤ Appendix A: Glossary of Terms .....	10

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**SECTION 1: INTRODUCTION**

People living with HIV are able to live long and healthy lives due to access to care and treatment. It is important that individuals living with HIV know their status and get access to care. Early Intervention Services (EIS) are for contacts of people who are living with HIV who may have been exposed to HIV, to get tested for HIV, referred to care or prevention, as appropriate, assisted with linkage, and educated on risk reduction strategies.

**GOALS OF THE STANDARDS**

These standards of care are provided to ensure that Orange County’s EIS:

- Provide targeted HIV testing to help the unaware learn of their HIV status
- Provide referrals to care and treatment services or prevention services, as appropriate
- Promote access and linkage to HIV care and treatment services for HIV positive individuals
- Promote health education about risk reduction strategies related to HIV

## SECTION 2: DEFINITION OF EARLY INTERVENTION SERVICES

EIS must include the following four (4) components:

- Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV
  - Service Providers must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
  - HIV testing paid for by EIS cannot supplant testing efforts paid for by other services
- Referral services to improve HIV care and treatment services at key points of entry
- Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

In Orange County, EIS activities are conducted by Public Health Investigators (PHI), also known as Disease Intervention Specialists (DIS) and Partner Services staff, who are employees of the OC Health Care Agency and act under the authority of the following Health and Safety Codes:

- 121015: Local Health Officers (LHO) or their designees, including Partner Services staff may tell anyone reasonable believed to be a spouse, or sex, or needle-sharing partner of a person who has tested positive for HIV about their exposure to HIV. The LHO or their designees may not disclose any identifying information about the person with HIV.
- 120575: Local Health Departments shall investigate every case and take all available preventive measures to ascertain infection source to prevent the transmission of STDs.

PHI staff attempt contact with newly diagnosed HIV-positive individuals and HIV-positive individuals who test positive for sexually transmitted diseases (STD) that has been prioritized for follow-up based on disease rates and prevention priorities. PHI staff will provide information and resources to the HIV-positive individual and also attempt to gather details on contacts<sup>1</sup> who may have been exposed to HIV. The contacts are the individuals who are the recipients of EIS because 1) they may or may not know their HIV status, 2) contacts are prioritized for HIV testing, 3) if positive, the contact can be referred to HIV care services, and 4) if negative, the contact can be provided with health education/risk reduction information and referred to HIV prevention services.

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<sup>1</sup> Contacts are individuals who may have been exposed to HIV. Contacts and clients may be used interchangeably in this document.

## SECTION 3: STAFFING REQUIREMENTS AND QUALIFICATIONS

Quality EIS start with well-prepared and qualified staff. To ensure this, Service Providers must meet all of the following requirements and qualifications:

- **HIV Knowledge.** Service Providers should have training and experience with HIV related issues and concerns. At a minimum, service providers providing services to people with HIV should 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
  - Adherence to medication regimens
  - Diagnosis and assessment of HIV-related health issues
  - Prevention issues and strategies specific to HIV-positive individuals (“prevention with positives”)
  - Harm reduction strategies
  - Health education
  - Trauma-informed care
  
- **Licensure.** All staff must hold the appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation as required by Federal, State, County or municipal authorities. Staff must comply with State of California rules and regulations governing HIV testing (if they are conducting testing) and DIS training which include:
  - Obtaining informed consent
  - Certification in test kit training and proficiency testing
  - Case reporting
  - Documentation
  - Confidentiality
  
- **Legal and Ethical Obligations.** Service Providers must be aware of and able to practice under the legal and ethical obligations as set forth by California state law and their respective professional organizations. Obligations include the following:
  - **Duty to treat:** Service Providers have an ethical obligation not to refuse treatment because of fear or lack of knowledge about HIV.
  - **Confidentiality:** Maintenance of confidentiality is a primary legal and ethical responsibility of the service provider. Limits of confidentiality include danger to self or others, grave disability, child/elder/dependent adult abuse. Domestic Violence must be reported based on the requirements of the Service Provider’s professional standards.

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- **Duty to warn:** Serious threats of violence (including terrorist threats) against a reasonably identifiable victim must be reported. However, at present, in California, a person living with HIV engaging in behaviors that may put others at risk for HIV infection is not a circumstance that warrants breaking of confidentiality. Staff should follow their agency’s policies and procedures in relation to duty to warn.

Standard	Measure
Staff agree to maintain standards set forth in Code of Conduct	Documentation of staff signature on file
Staff will have a clear understanding of job responsibilities	Written job description on file
Staff receive initial trainings (including administrative staff) within 60 days of hire and annual education regarding HIV related issues/concerns	Documentation of training/education on file
Service provider shall ensure that staff will have appropriate certifications such as Passport to Partner Services, Basic Counselor Skills Training, and DIS Certification	Documentation of Passport to Partner Services, Basic Counselor Skills Training, and DIS Certification on file

## SECTION 4: CULTURAL AND LINGUISTIC COMPETENCE

Staff must participate in a process of training and education that increases cultural and linguistic competence and improves their ability to provide culturally and linguistically appropriate services to all PLWH. Although an individual’s ethnicity is generally central to their identity, it is not the only factor that makes up a person’s culture. Other relevant factors include gender, language, religious beliefs, disability, sexual orientation, beliefs, and institutions. When providing culturally and linguistically competent services, it is important to acknowledge one’s personal limits and treat one’s client as the expert on their culture. If a practitioner determines that they are not able to provide culturally or linguistically appropriate services, they must be willing to refer the client to another practitioner or Service Provider that can meet the client’s needs in accordance with their agency’s referral policy and procedure.

Based on the Health and Human Services’ National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards), culturally and linguistically appropriate services and skills include:

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- Effective, equitable, understandable, and respectful services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- The ability to respect, relate, and respond to a client’s culture in a non-judgmental, respectful manner.
- Meeting the needs and providing services unique to our clients in line with the culture and language of the clients being served, including providing written materials in a language accessible to all clients.
- Recognizing the significant power differential between provider and client and work toward developing a collaborative relationship.
- Considering each client as an individual, not making assumptions based on perceived memberships in any specific group or class.
- Translation and/or interpretation services to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all services.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Being non-judgmental in regards to people’s sexual practices.
- Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

Standard	Measure
Service Provider will recruit a diverse staff that reflects the culture (including gender, sexual identity, and disability) of the community served	Service provider have a written strategy on file
All staff (including administrative staff) will receive initial trainings within 60 days of hire and annual trainings to build cultural and linguistic awareness	Documentation of training/education on file
Service Provider shall have posted and written materials in appropriate languages for the clients served	Site visit will ensure
Service Provider will maintain a physical environment that is welcoming to the populations served	Site visit will ensure
Service Provider complies with American Disabilities Act (ADA) criteria	Completed form/certification on file
Services are accessible to community served	Site visit to review hours of operation, location, accessibility with public transportation

## SECTION 5: CLIENT REGISTRATION

Client registration is not required for clients contacted through EIS. Participation is based on the original patient’s desire to interact with EIS staff, seek assistance, and/or provide information on contacts.

- Eligibility and Qualification Determination.** The Service Provider shall obtain the necessary information to establish that the client is a contact of a person living with HIV.
- Provision of Information.** The Service Provider shall provide the following information to clients: 1) information that the person was exposed to a STD/HIV, 2) the recommendation that the individual should be tested for appropriate STDs and HIV and the importance of being tested, 3) resources for getting tested for STDs and HIV, and 4) reassurance that if the person tests positive for an STD or HIV there are resources available. The provider shall also provide the client with information about resources, care, and treatment (this may include the county-wide HIV Client Handbook) available in Orange County.
- Confidentiality and Release of Information/Authorization to Disclose:** The confidentiality of the person living with HIV (original patient) that provided the information on their contacts shall not be disclosed to contact notified by the PHI staff. It is important *not* to assume that the client being informed of exposure knows the person who exposed them to HIV. The contact must also be informed that no information shared by them will be given to the person who originally named them as a contact. For linkage to care and referrals to additional needed services, a Release of Information (ROI)/Authorization to Disclose (ATD) will be discussed and completed with the client as needed. The ROI/ATD form describes the situations under which a client’s information can be released and includes the name of the agency and/or person with whom information will be shared, the specific information to be shared, duration of the release consent, and the client’s signature. ROI/ATDs may be cancelled or modified by the client at any time. For agencies and information covered by the [Health Insurance Portability and Accountability Act \(HIPAA\)](#), the ROI/ATD must be a HIPAA-compliant disclosure.

Standard	Measure
Contact information is obtained and documented	Client’s file includes documentation that the client was named as a contact of an original patient
ROI/ATD is discussed and completed as needed	Signed and dated by client

## SECTION 6: IMPLEMENTATION AND EVALUATION

The following shall be provided under EIS:

- **Interview with Original Patient:** The Service Provider shall interview the original patient to obtain as much information about contacts as possible. The Service Provider will also provide, as appropriate, health education regarding HIV and risk reduction strategies.
- **Attempted Outreach to Named Contacts:** The Service Provider shall initiate outreach to the contact(s). The Service Provider shall make phone calls, send texts and letters, and/or conduct field visits to attempt to reach contact.
- **Health Education and Risk Reduction:** The service provider shall educate contacts on HIV and the importance of being tested for STDs and HIV.
- **STD and HIV Testing:** The service provider will provide information on STD and HIV testing and refer contacts to appropriate testing sites.
- **Referral and Linkage:** The service provider will refer HIV-positive individuals identified through EIS to Linkage to Care Services if the individual is not already in care. The service provider will also offer referrals to HIV Prevention Services for HIV-negative and HIV-positive individuals.

Standard	Measure
Interview with original patient is documented	Documentation on file
Attempts to find the client are documented	Documentation on file
Referral to STD and HIV Testing is documented and outcomes of testing are documented, as appropriate	Documentation on file
Referrals and information on linkages to prevention and care services are documented	Documentation on file

## SECTION 7: CONFIRMATION OF CARE AND/OR PREVENTION SERVICES

It is recommended that the Early Intervention Service provider follow up to confirm linkage to HIV care and/or prevention services. Follow-up includes:

- Contact with the HIV Care Service Provider to verify a medical visit appointment has been made or attended for HIV-positive individuals;
- Review of HIV surveillance to confirm medical visits for HIV-positive individuals;
- Contact with the HIV Prevention Service Provider to confirm receipt of referral and if client received prevention services; and/or
- Contact with the client to confirm they attended their medical visit.

Standard	Measure
Documentation of confirmed medical visit, if appropriate	Documentation in client file
Documentation of confirmed attendance/participation in HIV prevention services, if appropriate	Documentation in client file

## SECTION 8: EARLY INTERVENTION SERVICES CLOSURE

Receiving EIS can be critical to a client’s health and decreasing the spread of HIV.

<p><b>A client may be suspended or terminated from EIS due to the following conditions:</b></p> <ul style="list-style-type: none"> <li>◦ The client has successfully attained goals</li> <li>◦ The client chooses to not accept services</li> <li>◦ The client cannot be located after documented multiple and extensive attempts</li> <li>◦ The client has died</li> </ul>
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The following describe components of discharge planning:

- **Efforts to Find Client.** The provider shall periodically query data systems to identify clients who appear to be lost to follow-up. Clients who cannot be located after extensive attempts may be referred to available outreach services so that they may be linked back into the care system. Emergency contacts may be used to reach a client and may be done based on agency policy.
- **EIS Closure Summary.** A service closure summary shall be documented in the client’s record.
- **Data Collection Closeout.** The provider shall close out the client in the data collection system (HCC) as soon as possible, but no later than thirty (30) days after service closure unless the client is receiving other services at the agency.

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Standard	Measure
<p>A service closure summary shall be completed for each client shall include:</p> <ul style="list-style-type: none"> <li>• Circumstances and reasons for closure</li> <li>• Summary of service provided</li> <li>• Referrals and linkages provided at closure</li> </ul>	<p>Client file will include signed and dated service closure summary</p>
<p>Closeout of data collection shall be completed for each client who has been closed from all Ryan White services at that provider agency</p>	<p>Data collection system (HCC) will indicate client’s closure no later than thirty (30) days of service closure</p>

**SECTION 9: QUALITY MANAGEMENT**

Providers shall have at least one member on the Health Care Agency’s Quality Management (QM) Committee. The QM Committee will oversee quality management activities for all providers under Ryan White Part A. Providers may continue to have their own QM committee if they desire and/or are required to do so under other funding streams. The intent of a centralized QM committee with representation from all providers is to ensure information between agencies is consistent, quality initiatives are undertaken by the entire Ryan White system, and service delivery issues can be addressed system wide.

As providers participate in the centralized QM committee, the intent is for all providers to actively participate in and provide feedback on the following items:

- Providers shall participate in community-wide Quality Improvement initiatives as developed by the QM committee.
- Providers will implement strategies that may lead to improvements in health outcomes as outlined in annual Performance Outcome Goals.
- Providers will implement quality assurance strategies that improve the delivery of services.

Standard	Measure
<p>Providers shall participate in annual quality initiatives</p>	<p>Documentation of efforts to participate in quality initiatives</p>

## Appendix A: Glossary of Terms

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The terms defined in the appendix are general terms used throughout all of the standards of care and may not appear in each individual standard.

**Americans with Disabilities Act of 1990 (ADA):** The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as the general public.

**Client:** A client is an individual receiving EIS. The client is the person who has been named as a contact of an HIV-positive individual because they have been potentially exposed to HIV.

**Contact:** An individual who has been named/identified as a sex or needle sharing partner of a client that has potentially been exposed to HIV.

**Disease Intervention Specialist (DIS):** An employee of the Orange County Health Care Agency who is trained to conduct disease intervention services (e.g., search for clients, complete data required for reporting HIV cases, conducts Partner Services activities, and refers to HIV care and prevention services). DIS are also known as Public Health Investigators (PHI) and were formerly called Communicable Disease Investigators (CDI).

**Health Insurance Portability and Accountability Act of 1996 (HIPAA):** Is the US federal legislation that provides data privacy and security provisions for safeguarding medical information. Additional information can be found: <https://www.hhs.gov/hipaa/index.html>

**HIV Care Connect (HCC):** A centralized client management system that allows coordination of services, provides comprehensive data for program reporting and monitoring. HCC is used by Ryan White funded service providers to plan, manage, and report client data.

**Original Patient/Person:** The original patient is the person who is 1) newly diagnosed with HIV, 2) HIV-positive and recently diagnosed with an STD, or 3) HIV-positive and referred to PHI for Partner Services.

**Partner Services:** Evidence-based intervention to assist HIV-positive individuals in disclosing to sex and/or needle sharing partner(s) that they have been exposed to HIV. There are three options for providing Partner Services:

1. Self Notification: An individual can receive coaching to tell their partner(s) of the exposure,
2. Dual Notification: An individual can have a service provider present in the room while having the conversation with their partner, or
3. Third Party Notification: Trained PHI staff anonymously notify partners of exposure.

**Public Health Investigator (PHI):** An employee of the Orange County Health Care Agency who is trained to conduct disease intervention services (e.g., search for clients, complete data required for reporting HIV cases, conducts Partner Services activities, and refers to HIV care and prevention services). PHI are also known as Disease Intervention Specialists (DIS) and were formerly called Communicable Disease Investigators (CDI).

**Registration:** The process of acquiring documentation such as HCC consent form, Confidentiality and Release of Information, Consent for Services, Notice of Privacy Practices (NPP), Client Grievance Process, and Client Rights and Responsibilities required to provide services.

**Release of Information (ROI):** Signed consent by client that wants to grant another individual or organization access to their protected health information (PHI).