



National Youth Mentorship and Peer Navigation Initiative



POINT SOURCE YOUTH

POSITIVE ACTION



Thank you for joining us on our mission to end youth homelessness. We are so grateful to work with amazing service providers and youth advocates (like yourselves!) across the country on innovative solutions to help end youth homelessness.

Here at Point Source Youth, we believe firmly in **centering youth choice** and affirming young people to make vital decisions that positively impact their lives. We hope that this handbook will inspire you and provide you with tools to hire youth mentors and peer navigators to support young people at risk of HIV, living with HIV, and experiencing homelessness and/or housing instability.

With the support of **ViiV Healthcare's Positive Action Community Grant Program**, we have developed this handbook to train and support hundreds of youth mentors to provide peer navigation and support related to HIV-prevention, treatment, and care and housing to QTBIPOC youth.

Mentorship, combined with peer navigation support and education, plays a critical role in bolstering support systems for people living with or at risk for HIV, particularly for QTBIPOC youth who face even greater challenges accessing services and support, including stigma, economic disenfranchisement, and anti-black racism.

Our goal is bold and simple — to empower hundreds of QTBIPOC young leaders to step into their power and train others to advocate for access to HIV care, services, and housing through innovative, collaborative, community-driven housing interventions that disrupt disparities and boost youth-driven support for QTBIPOC youth at risk of HIV or living with HIV throughout the country.

Effective solutions to end youth homelessness cannot be created or maintained without elevating, listening to, and centering the voices of youth with lived experience and affirming them with the resources, services, housing, and cash they need.

Point Source Youth created this handbook with the help of our National Youth Advocates, funded by ViiV Healthcare's Positive Action for Youth (PAFY) Grant. This initiative is overseen by PSY's Director of Youth Leadership & Advocacy, **Andrew Gutierrez III** and Program Manager of Youth Leadership, **DaJonee Hale**. Together, Andrew and DaJonee facilitate a monthly Peer Learning Community for the National Youth Advocates to connect, exchange knowledge and build supportive resources to be shared across communities. In addition to working with young people with lived experience, we also consulted other experts in the field. We thank **Kelly McKenna** and **Adriana Rodriguez-Baptiste**, the co-authors of this handbook, for bringing this project to life. We are grateful for the authentic youth collaboration and intergenerational partnerships that has informed this handbook. Should you need more resources or support, check out our resources page at the end of this handbook.

We hope that you take this handbook back to your organization and community and use it to kickstart your own youth mentorship and peer navigation programs.

Should you find yourself wanting to take a deeper dive into the material in this handbook, reach out to us! At Point Source Youth we have a dedicated team of Directors and Associate Directors who can help you along this journey. Through our Technical Assistance we provide individualized support, guidance, coaching, and training — whether you're building your youth mentorship or peer navigation program from scratch or refining it to make it better!

Thank you always,
The Point Source Youth Team and our growing list of partners

THE NATIONAL YOUTH EMPOWERMENT AND MENTORSHIP INITIATIVE LEADERS OF 2022



XANDER BRIERE



ABBY FERRER



CHARMET FINDLEY JR.



**ZEMAYE (SLAY-Z)
JACOBS**



ANDREA OLVERA



MASON PERSONS



BRIDGET RAYMUNDO



KEONA ROSE



JACQ TATE



MÓNICA GARCÍA VEGA



SINCERE WILLIAMS



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TABLE OF CONTENTS

The National Youth Empowerment and Mentorship Initiative Leaders of 2022	3
Section 1: Introduction	5
Let's Talk about HIV	5
Youth Mentor vs. HIV Peer Navigator	6
Key Definitions	7
Section 2: Youth Mentorship Best Practices	9
Organizational Considerations for Starting a Youth Mentorship Program	9
Introduction to Youth Mentorship	10
Training for Youth Mentors	13
Confidentiality	15
Civil Rights for People Living with HIV	16
What Do Youth Mentors Do?	16
Section 3: HIV Peer Navigation Best Practices	23
What kind of training should HIV Peer Navigators get?	23
A Note on Cultural Humility	32
Section 4: Self-Care & Community Care	34
Self-Determination	34
Self-Care	35
Community Care	35
Sex Work is Work	35
Conclusion	38
Endnotes	40

SECTION 1: INTRODUCTION

In this handbook, we're going to provide you with everything you need to know to begin offering Youth Mentorship and HIV Peer Navigation services.

In this section, we're going to help you get oriented. We'll talk about HIV and why all homeless service providers that serve young people need training in this area (hint: you're serving young people with HIV, even if that's not your program's specialty).

We'll explain the difference between a Youth Mentor and HIV Peer Navigator.

And we'll share our glossary of common terms in the handbook, to make sure we're all on the same page!

Let's Talk about HIV

Did you know?

- It is estimated that the rate of HIV among people who are unstably housed is **3-9x higher** than that of the general population of the U.S.¹
- Half of young people living with HIV are **not diagnosed**.²
- Young people living with HIV are the **least** likely of any age group to be linked to care in a timely manner and the least likely to have a suppressed viral load.³

Young people living with HIV face so many challenges, beyond HIV stigma. Barriers like homophobia, racism, poverty, isolation, and shame lead to higher rates of homelessness and mental health issues.

Safe, stable housing and linkage to care are fundamental, paramount, intertwined, and equally important requirements for preventing and treating HIV among young people and increasing viral suppression for young People Living with HIV (PLHIV), especially for Queer, Trans, Black, Indigenous and People of Color (QTBIPOC) youth.

Safe, stable housing is closely linked to successful HIV outcomes. With safe, stable housing, QTBIPOC youth can access tools to prevent HIV or, for those living with HIV, access medical care and supportive services, start and remain on HIV treatment, and regularly access care.

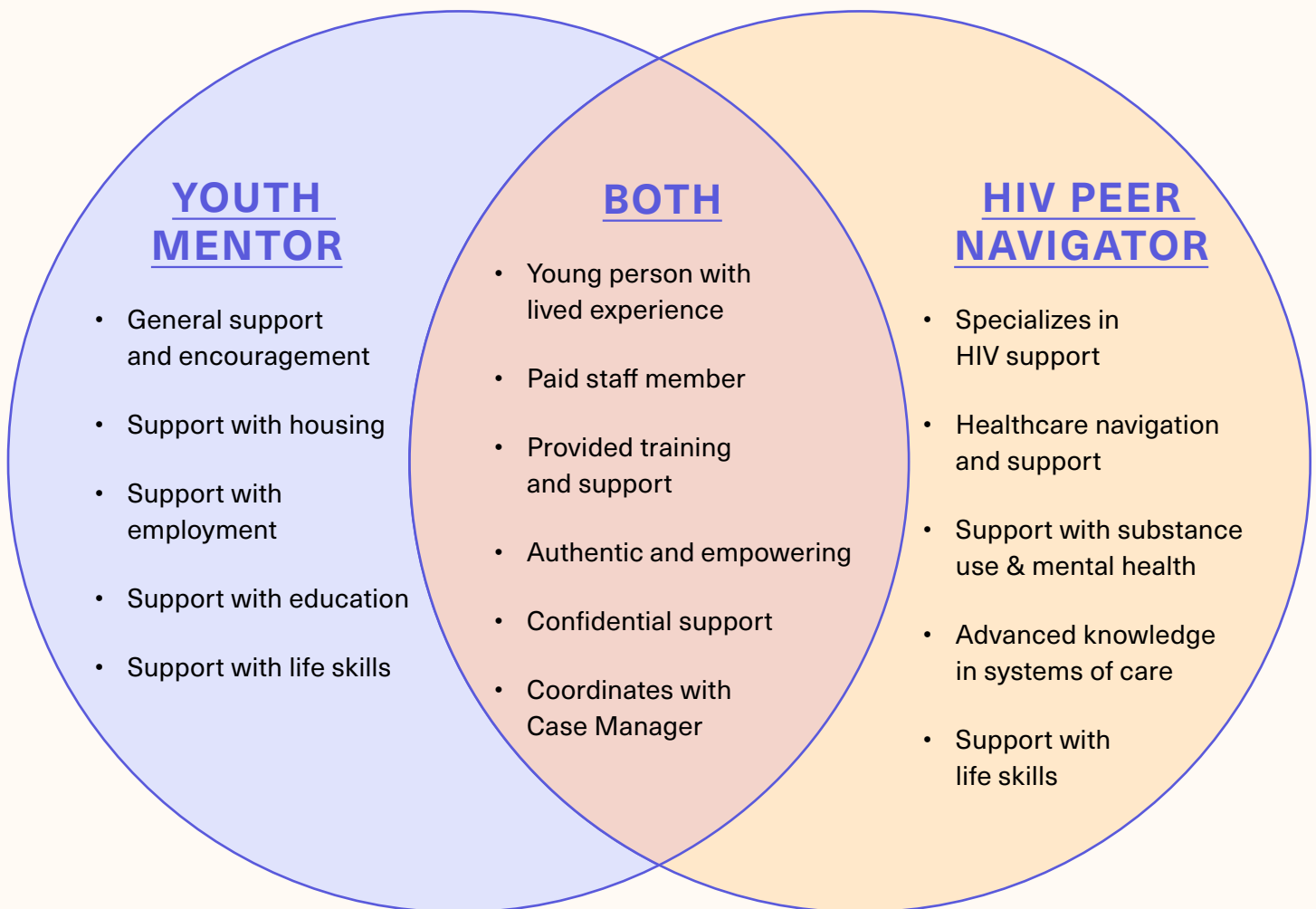
In addition to housing, young people need access to information, tools, and support in order to get HIV treatment. Peer mentorship is an evidence-based strategy that can help young people living with HIV find their own voice and advocate for their own healthcare needs.⁴

Point Source Youth (PSY) has seen that peer mentorship and peer navigation that are youth-driven are a highly effective way to ensure vulnerable youth have access to the resources and mentorship they need to take care of their health, advocate for themselves and their peers, and succeed in life.

Youth Mentor vs. HIV Peer Navigator

While some organizations may use the terms youth mentor and peer navigator interchangeably, we consider these to be distinct roles.

Before we dive into this handbook, let's talk through the similarities and differences of these two terms. We believe that both are equally important roles, and we'll explain how to get started with each role in the following chapters.



Key Definitions

Let's define some key terms to make sure we all have a general understanding of things, before we get started!

Youth Mentor: A young person with lived experience (homelessness, BIPOC, LGBTQIA+, and/or living with HIV) being paid to provide guidance, support, and encouragement to young people receiving services.

HIV Peer Navigator: A young person with lived experience (homelessness, BIPOC, LGBTQIA+, and/or living with HIV) being paid to help a young person with HIV navigate their healthcare. This is a more specialized position than a Youth Mentor, as this person should be knowledgeable about HIV care and navigating multiple systems.

Transition Age Youth (TAY): Individuals between the ages of 18-24 years old who are too old for child services, but have unique needs compared to older adults.

HIV: The Human Immunodeficiency Virus (HIV) is a retrovirus that attacks the human immune system. HIV is a sexually-transmitted disease, spreading through contact with blood, semen, vaginal fluid, or other bodily fluids positive for the virus.

Mandated Reporters: People required by law to report suspected or known instances of abuse. In most states, mandated reporters are designated by their profession. But in some states, all adults are considered mandated reporters. Because mandated reporter laws vary by state, we encourage you to look up your state's law to determine each employee's responsibility for reporting abuse and neglect.

AIDS: Auto-immune Deficiency Syndrome is the disease that usually results as an end stage of HIV positivity. AIDS effectively causes a complete breakdown in the human immune system, making the body extremely vulnerable to a host of other ailments such as influenza, pneumonia, cancer, and more. Various medical treatments exist to prevent or prolong an HIV-positive individual from entering the HIV/AIDS stage.

Viral Load: Viral load refers to how much HIV is in your blood. Individuals with a high viral load have more HIV in their blood, and thus their immune cells are more susceptible to the virus' effects. The goal of modern HIV treatment is to reduce the individuals' viral load to undetectable levels, meaning they cannot spread the virus to other individuals.

Antiviral Therapy: Antiviral therapy is the leading way to manage living with HIV. There is currently no existing cure for HIV, full stop. However, antiviral treatment allows HIV-positive individuals to keep their viral loads at a regularly low or undetectable level. Antiviral treatment can take the form of pills or shots.

PrEP & PEP: Medications used to prevent HIV transmission from an HIV-positive individual to an HIV-negative individual. They share many similarities and the drugs are administered in a similar fashion. The key difference is that PrEP is a medication taken before HIV exposure, whereas PEP is a medication taken shortly after an individual believes they've been in close contact (e.g. sexual contact or the sharing of hypodermic needles) with an HIV-positive individual. PEP needs to be taken quickly to be effective — within 72 hours of the believed exposure and for a month thereafter. A frequently used analogy states that, when it comes to preventing HIV transmission, PrEP is like birth control and PEP is like Plan B.

Adulthood: Prejudice or discrimination against young people as a group.

Trauma-Informed: Any work that centers the dismantling and treatment of trauma must, in addition, recognize the impact of generational and systemic trauma — including racialized traumatic stress — and uplift the agency, power, creativity, and resilience of traumatized people.⁵

Housing First: Housing First is a recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing without preconditions, and then providing additional supports and services as needed.⁶

Rapid Re-housing (RRH): [An intervention](#) that provides subsidized rent for young people ages 18-24 for up to 2 years, with leases in their own names, wrap-around services, and case management tools to deepen and expand their independent life skills.

Host Homes: [A community-based intervention](#) that builds off the continued legacy of QTBIPOC mutual aid practices. Host homes provide young people experiencing housing instability with affirming, stable, short-term housing for 1-6 months, wrap-around case management services, and peer support. The goal of short-term host homes is to provide a safe, temporary, welcoming space for up to six months where young people have time to repair their relationships with self-identified and chosen family and/or make decisions about other housing options with the support of a caring housing case manager and affirming adult mentor.

Direct Cash Transfers (DCT): [Direct cash transfers](#) are proven to meet the needs of young people remotely, digitally, and efficiently. In this intervention, program staff distribute cash to youth either remotely or safely in person at a frequency (weekly, bi-weekly, or monthly) that works best for participating youth.

Homeless: HUD (Department of Housing and Urban Development) has a few [different definitions of homelessness](#). Depending on your community and the type of program or funding, young people may need to fall into one of the below categories of homelessness. HUD-funded rapid re-housing programs usually require participants to meet the category 1 definition of homeless.

Category 1: Living in a homeless shelter or on the streets

Category 2: At imminent risk of becoming homeless in the next 14 days

Category 3: Young people under the age of 25 who don't meet the category 1 or 2 definitions of homeless AND are defined as homeless under other federal statutes, haven't had a permanent residence in the past 60 days, have moved two or more times in the past 60 days, and is expected to continue to remain homeless/at risk.

Category 4: Fleeing, or attempting to flee domestic violence and has no other residence, resources, or support networks to obtain permanent housing

SECTION 2: YOUTH MENTORSHIP BEST PRACTICES

Organizational Considerations for Starting a Youth Mentorship Program

As a homeless service provider you know the power of having youth mentors on your team. We believe that every youth-serving organization should hire youth mentors to help young people at risk of HIV, living with HIV, and experiencing homelessness.

Whether you are hiring a youth mentor for the first time or are ready to level-up your youth mentorship program, there are some basic steps to follow. We've outlined them here to help you set up a program that will help young people successfully navigate the many systems that they need to be familiar with in order to thrive.

We have included some important questions that service providers can reflect upon before building a mentorship program that will ensure the program is inclusive, reflective of the needs of the youth mentors you will hire, and most importantly meet the young people where they're at.

These questions include:

- How will your organization **build and assess** the youth mentorship program?
- Who are the **staff** persons that will manage the youth mentorship program, make certain that the youth mentors are supported, and have a clear understanding of their roles?
- Are those staff persons **trained** in positive youth development, intersectionality, BIPOC, LGBTQ+ inclusive services, adultism, and trauma-informed care?
- Has your organization established **partnerships** with HIV providers that offer healthcare and social supports within the community you serve?
- What are your organization's current **services** for young people living with HIV and how will they expand with the inclusion of youth mentors?
- What does the **job description** of the youth mentor include, and does it have concrete examples of the roles and responsibilities?
- Is the youth mentorship position a full-time job or part-time job? How many contact **hours** are you expecting the youth mentor to complete?
- How will your organization **include** youth mentors on your team (i.e., team meetings, case conferences, staff training, staff outings, etc.)
- How will your organization **recruit** youth mentors for the role? What platforms will you be posting the youth mentor job description on?
- How will your organization **onboard** and train youth mentors for the role? What trainings or support will you be providing the youth mentor?
- How does your organization approach instances of staff **stigma** and biases?
- Have your staff been **trained** in HIV 101, HIV stigma, prevention and treatment of HIV (i.e., PEP, PreP and understanding viral loads)?

Introduction to Youth Mentorship

Youth mentorship is a structured and trusting relationship that brings people together with caring individuals who offer guidance, support and encouragement aimed at developing the ability and strength⁷ of the young person receiving the services described in this handbook. This position is not specific to young people living with or at risk of HIV.

A Youth Mentor is someone with some sort of lived experience, similar to the youth in your program. They are usually other young people who've experienced homelessness, are BIPOC, are LGBTQIA+, and/or who are living with HIV.

Youth Mentors help provide guidance, support, and encouragement to young people receiving services. A Youth Mentor can help guide people through the different systems of care, which can often be confusing and overwhelming. Youth mentors can use their lived experience and knowledge of these systems to offer guidance and help young people be their own best advocate.

By offering an emotional connection, youth mentors are able to build a trusting and supportive relationship, helping young people become more confident in navigating these systems of care.

In order to build an emotional connection, trust must be built with the young person. The best way to build trust is to clearly communicate what they (the young person) can expect from the Youth Mentor or Peer Navigator. In addition, it's important for the young person receiving services to understand what is expected of them.

The first meeting between the Youth Mentor or Peer Navigator is crucial because it provides an opportunity to spell out what is expected of each party. This also means that the Youth Mentor or Peer Navigator needs to know how to conduct a first meeting with a young person they are assigned to work with; please use [this resource](#) by Adriana Rodriguez-Baptiste, LCSW as a guide. Another important detail to consider is that there may be some Youth Mentors and/or staff who may be guarded and do not desire to develop an "emotional connection" but will connect in a sympathetic/compassionate way and establish a respectful relationship with the young person. We recommend that the approach to the work with young people be considerate of their life experiences and clear about the services and resources your organization can offer.

As always, it's important to recognize that young people are the experts of their own lives. Even though a Youth Mentor might have had similar experiences, they should still approach the youth with humility.

We love the [Cultural Humility Humble Model](#), to help youth mentors (and other staff) remember what this looks like.

- H** — **Humble** about the assumptions you make
- U** — **Understand** your own background and culture
- M** — **Motivate** yourself to learn more about the other person's background
- B** — **Begin** to incorporate this knowledge into your work
- L** — **Life-long** learning
- E** — **Emphasize** respect and negotiate service plans⁸

Youth Mentors are in a unique position to build a really strong, trusting relationship with young people receiving services. The best mentoring relationships are authentic, engaging, and empowering.

Authenticity is super important. Young people can tell if you're not being genuine right away. By being their authentic self, a Youth Mentor is able to have real conversations with youth. They'll gain insight into the young person's thoughts, feelings, and intentions. By being authentic and relatable, and sharing their own lived experience and expertise, the Youth Mentor is able to really deepen the trust in that relationship. This puts Youth Mentors in a unique position to provide authentic feedback and recommendations.

Engagement means physically, mentally, and emotionally being there with the young person. By consistently being there in the way the young person needs or wants, trust is deepened and the core of the relationship is built. Youth Mentors should be mindful to show up however the young person prefers or requests, not how adults want or is most convenient for them.

Youth Mentors should be encouraged and empowered to engage with youth as themselves, rather than as a staff member. They should engage with youth in "real" conversations without an agenda or follow-up assessment. Save this for later, after rapport has been established.

"Meeting the youth where they are" is different for Youth Mentors than other staff members. Youth Mentors can physically meet young people where they are by taking things out of the office. Go out for ice cream or a walk and be unique in how you approach young people. Keep an open mind and ask the young person what they need from you — are they looking for advice, guidance, or just a listening ear?

The essential step is to never leave a meeting without a follow-up. Always offer the youth a follow-up text, email, or call "do you mind if I check in on you tomorrow? Want me to call or text?"

Empowerment means approaching things from a strengths-based perspective. Youth Mentors should help young people to find their own strengths. And even more importantly, they should teach them how to identify and address the oppressive forces pushing against them and challenging their growth. Youth Mentors should resist the urge to "do it" for young people. Rather than stepping in and advocating for them, they should focus on teaching young people how to navigate barriers and thrive long after the relationship with the youth mentor has ended.⁹

What makes a good mentoring relationship?

As service providers, it's essential to identify the strengths and areas of support within our Youth Mentors. Assessing these areas is crucial when providing the appropriate support, supervision, and training to the Youth Mentor. Youth Mentors have a history of lived experience, making them a more significant asset when working with youth, as no other staff member will be able to connect with the youth the way they do. **Youth Mentors should be matched with a young person who has at least one lived experience in common.** It's also crucial that youth mentors are provided with support through regular supervision, training, and coaching.

This is ideal whenever possible. If you're only able to hire one youth mentor when you're first starting, that's ok! Work towards this goal in the future, but don't let perfection be the enemy of progress.

Organizations and Youth Mentors are successful when everyone is on the same page. For example, organizations should specify how often they expect Youth Mentors to meet with the young person and outline how long the mentorship relationship should last. Some other good questions to reflect upon include:

- How will your organization **measure the success** of the youth mentorship program?
- How will you include the **Youth Mentors' feedback** to make certain the program is inclusive of the voices being served and of those with lived experience?
- How will you include the **input of youth** you are serving? What feedback loops will exist within your program to ensure growth and success?

How can organizations support good mentoring relationships?

It's important that everyone — the organization, Youth Mentor, and the youth receiving services — are all on the same page. This means that everyone understands the expectations of the Youth Mentor role and support is provided to the Youth Mentors to clarify questions as they come up. Establishing professional boundaries for Youth Mentors working with young people in need of services can be tricky. There are some important onboarding techniques that will help facilitate this process to ensure boundaries are clear:

1. The Youth Mentor's supervisor should thoroughly **review the job description** with them during the first week of their employment.
2. **Supervision meetings** with the Youth Mentor and their supervisor should be scheduled and established on an ongoing basis.
3. The Youth Mentor should have knowledge of the organization's **code of ethics** as part of their onboarding process.
4. The Youth Mentor should understand what is considered a **reportable incident** at the organization.
5. The Youth Mentor should understand their role as a **mandated reporter**.
6. The supervisor should ensure that the Youth Mentor understands the **hours of operations** and that late calls or text should be re-routed to other parties (i.e. their supervisor or the organization's on-call/after-hours system).
7. The supervisor should inform the Youth Mentor of the preferred **method of communication** with young people receiving services (i.e. text message, email, or other apps your organization supports, etc.)

Here are some pro-tips for the Youth Mentor's supervisor to keep in mind:

- What are some **check-in questions** that a Youth Mentor should ask during their meeting with the young person?
- How should the Youth Mentor **document** their meetings and who will review their notes for feedback or questions, if needed?
- How does the young person living with or at-risk of HIV want to connect and what is your organization's preferred method of **communication** (i.e. in person, FaceTime/What's App, phone call, text messages, etc.)?

- Who are the staff persons assigned to accept calls **in cases of emergency** from the Youth Mentor? Are there protocols in place for staff to support the Youth Mentors and/or youth when receiving an emergency call?
- Who are the staff persons a young person in your program can **contact** if they have questions about the mentorship program or about their mentor?
- How often will the Youth Mentor have **supervision** and what meetings/trainings are they expected to attend?
- How will your organization welcome the **expertise** of a Youth Mentor (i.e., how will they be introduced to the team and welcomed into the organization).

Training for Youth Mentors

What should it look like?

Youth Mentors should receive the same training and professional development opportunities as other members of your staff. As service providers, it's important that we honor Youth Mentor's expertise, and trust that they know how to communicate with young people best because they have lived through similar experiences. Youth Mentors also have an incredible amount of lived experience that prepares them to navigate multiple service systems.

We highly recommend ensuring all of your staff are trained in Motivational Interviewing and Harm Reduction approaches. Both of these evidence-based techniques are person-centered and are used to help young people make informed decisions about their health, housing, employment/education, and relationships.

There are many systems to navigate when a young person is homeless, unemployed, and/or living with HIV. Therefore, it's important that Youth Mentors are connected to the existing case management services your organization has established. This means that the Youth Mentor has access to the young person's service plan to ensure they understand the goals the case manager is working on. It's also essential that the case manager and Youth Mentor update each other on the progress the young person has made towards their stated goals.

The Youth Mentor may find out about a crisis or emergency before the assigned Case Manager or Program Director — therefore it's important that the Youth Mentor knows what is considered a crisis (e.g. thoughts of harming themselves, discontinuing medical treatment, an increase in viral loads, etc.) in order to reach out for additional support from the program. Youth Mentors should understand your organization's protocols for handling a crisis or emergency. As noted earlier, establishing safety plans with young people is important and a Youth Mentor should know how to conduct a meeting to establish a safety plan.

Lastly, it's critical that Youth Mentors understand your organization's mission and structure. Youth Mentors should experience the same onboarding that all staff experience. In addition, we recommend your organization outline its commitment to having the expertise of Youth Mentors on the team. For example, your organization can describe the goal of the mentorship program and the reason the program was created. Also, your organization can acknowledge the expertise Youth Mentors bring to the table by highlighting the importance of lived experience and how vital this role is for the services that are provided. Most importantly, Youth Mentors need to know who their supervisor is and who to go to with questions when the supervisor is not available.

A Note on Youth Mentors for Young People Living with HIV

Youth Mentors who work with young people with HIV may also help advocate with health professionals and medical providers. However, it's important that Youth Mentors do everything necessary to help the young person be their own best advocate without "doing the work" for them.

For example, when preparing for a visit with their medical provider, the Youth Mentor can help the young person identify questions they want to ask during their appointment. The Youth Mentor could encourage them to write these questions down or include these questions on the Notes app on their phone. The Youth Mentor should also suggest that the young person write, type or voice record notes about what their provider said.

When working with young people living with HIV, it's crucial that Youth Mentors have an understanding of the symptoms, prevention practices, and treatments available. Therefore, we strongly recommend that all of your staff, including Youth Mentors, dedicate time to understanding HIV 101, Pep, PreP and viral loads. The links below are good training resources to start with:

- [HIV 101](#)
- [HIV transmission 101](#)
- [HIV treatment as prevention](#)
- [PEP](#)
- [PreP](#)
- [Undetectable viral load](#)
- [HIV testing locations](#)
- [HIV testing](#)

For more information: please visit [HIV Basics | HIV.gov](#)

After your organization's staff and Youth Mentor have been thoroughly trained on HIV prevention and treatments it's important to determine if the young person living with HIV is experiencing barriers to treatment. Some of these barriers can include lack of transportation to medical appointments, homelessness or unstable housing, disconnection to treatment services, and no support from family or friends.

Youth Mentors can provide support overcoming barriers and alleviating stress the young person is experiencing. Some of these specific interventions include:

- Reconnecting with their medical provider by helping them make an appointment.
- Brainstorming the questions the young person wants to ask their medical provider.
- Accompanying the young person to their medical appointment, if needed or requested.
- Helping the young person organize all of their appointments by establishing a calendar with reminders.
- Reminding the young person about upcoming appointments.
- Following up with the young person after an appointment to determine the next steps in their treatment which will ensure health status is stable.
- Helping the young person create a consistent routine taking medication, going to appointments, and checking in with their healthcare providers.
- Recommending they set up automatic refills with their pharmacy.

- Asking if the young person has a plan for their medicine routine they're going to be away from home.
- Reconnecting the young person with case management who can help them with homelessness prevention services, rapid rehousing, career counseling and employment placement services.
- Providing car fare or transportation services to medical appointments.
- Reviewing HIV education material that the young person received from their medical provider or review the material linked above together.
- Staying connected to the young person to ensure changes to their treatment or potential risks are documented and assessed.
- Asking about the young person's support system by inquiring, "Who do you call when you are having a bad day? Who do you vent to? Who knows about your status and how do they support you?"

Confidentiality

Youth Mentors should receive training in HIPAA (Health Insurance Portability and Accountability Act), [mandated reporting](#), and other confidentiality procedures. Youth Mentors may run in similar circles as youth in your program. They may see each other outside of your organization at community events or other social gatherings. It is important that boundaries and confidentiality are discussed in advance.

Youth Mentors should have a clear understanding of when to say hi or not, how to acknowledge their unique relationship, and how to address any conflicts of interest with their supervisor. When working with young people, it is important to receive informed consent for sharing their information. If your organization allows multiple people to look at case files, make sure that the youth is informed of this. Oftentimes when building rapport with youth, we may get very personal information they may not feel comfortable sharing with others. Check your policies and procedures around information sharing and address any areas of concern. If possible, it can be important to have a Release of Information document to review with youth about what information they are sharing, who is privy to it, and allow them autonomy over what information is put into your organization or community database.

After Testing Positive for HIV

It's vital that young people living with HIV understand the importance of confidentiality as it relates to their status. The knowledge of their HIV status can be terrifying, and Youth Mentors can be a support to help them understand what happens after the young person tests positive. The testing site will report the results to the local department of health because they monitor the HIV infections in each community.

The reason the Health Department needs to know this is because Federal and state funding for HIV services and treatment are often directed to communities where the HIV positives statuses are high.

The state health department then removes all personal info from the test results and sends it to the Centers for Disease Control and Prevention (CDC) which is the federal agency that is responsible for recording national public health infections. The CDC does not share this information with anyone else, including insurance companies. For more information on this please visit HIV.gov.

It's also important to note that some states have partner-notification laws — which means that if the young person tests positive for HIV, they or their healthcare provider may be legally obligated to inform the young person's sexual or needle exchange partners. For more information on this please visit [Partner Notification Services](#).

Civil Rights for People Living with HIV

Youth Mentors should know that people living with HIV or AIDS, are protected against discrimination on the basis of their HIV status under the Americans with Disabilities Act.

Examples of discrimination would be if a young person is not allowed to participate in a service that is offered to others, or they are denied a benefit, because of their HIV status.

If the young person believes they have been discriminated against because of their HIV status, Youth Mentors can encourage them to file a Discrimination Complaint by visiting this [website](#).

What Do Youth Mentors Do?

Housing

Youth Mentors regularly work with youth who are experiencing homelessness, at risk of HIV, or living with HIV. A big component of Youth Mentors' work is helping young people become successfully housed. Stable housing is closely linked to successful HIV outcomes. With safe, decent, and affordable housing, people with HIV are better able to access medical care and supportive services, get on HIV treatment, take their HIV medication consistently, and see their health care provider regularly. In short: the more stable your living situation, the better you do in care.¹⁰

Youth Mentors can work within a variety of programs and housing models (that should be self-determined by the young person). Youth Mentors can help support young people in housing with direct cash transfers, supported and supportive housing, rapid rehousing, and host homes.

Housing Youth with HIV

Stable housing is closely linked to successful HIV outcomes. With safe, decent, and affordable housing, people with HIV are better able to access medical care and supportive services, get on HIV treatment, take their HIV medication consistently, and see their health care provider regularly. In short: the more stable your living situation, the better you do in care.

Individuals with HIV who are homeless or lack stable housing, on the other hand, are more likely to delay HIV care and less likely to access care consistently or to adhere to their HIV treatment.

Throughout many communities, people with HIV risk losing their housing due to such factors as stigma and discrimination, increased medical costs and limited incomes or reduced ability to keep working due to HIV-related illnesses.

As most services providers and Youth Mentors know, stable housing equals successful HIV outcomes. When young people with HIV are provided safe, decent, and affordable housing, they can access the medical

care, and supportive services they need. To be specific, if a young person is stably housed, they are better able to take their HIV medication consistently and see their doctor regularly.

It's important that the entire support team understands the impacts of the lack of stable housing:

- Lack of privacy which ensures physical and psychological safety.
- Persistent stress from their surrounding environment.
- Unsafe neighborhoods or communities.
- Compromised identity and agency.
- Meeting basic needs like food, transportation, medical costs.
- Difficulty forming stable intimate relationships.
- More likely to delay entry into care.
- Lack of follow up with their healthcare providers.
- Not receiving medical care on a regular basis.
- Less likely to be on ARVs or adherent to dosages.
- Less likely to achieve sustained viral suppression.

Therefore, it's important that Youth Mentors and organizations are familiar with the Federal Housing Assistance Program available for people with HIV. This program is overseen by the U.S. Department of Housing and Urban Development's (HUD) office who manages the Housing Opportunities for Persons with AIDS (HOPWA) program. HOPWA is the only federal program committed to delivering housing services for people living with HIV and AIDS. Essentially, the HOPWA Program makes grants to local communities, States, and nonprofit organizations for projects that meet the needs of low-income people living with HIV and their families.

The HOPWA programs can provide both short-term and long-term rental assistance, operate community residences, or provide other supportive housing facilities that have been created to address the needs of people with HIV.

To find the local information for all HIV services please see more at [LocatorHIV.Gov](https://locatorhiv.gov).

Case Management is considered a central component of HOPWA supportive services and key to successful program outcomes for housing stability and access to care. Therefore Youth Mentors are encouraged to maintain relationships with HOPWA case managers to determine the status of the young person's housing stability.

Employment

Getting a job is an enormous step in the right direction for young people experiencing homelessness or living with/at risk of HIV. A Youth Mentor can be an important resource for the young person by supporting them and asking questions that help them understand that working will affect a lot in their life (i.e., medical status, finances, social life, housing, and free time, etc.)

Some good questions that a Youth Mentor can ask the young person includes:¹¹

- What are your **employment goals**?
- What types of **resources** are needed to help achieve a new career goal?
- What **kind of work** do you want to do?

- What kind of **training** or education will you need to achieve your employment goal?
- How will your **health** be impacted if you return to work?
- How will returning to work impact the **benefits** you are receiving?

After asking these questions, the Youth Mentor may get a better sense of the Stage of Change the young person is in. An important aspect of understanding a person's willingness to make changes in their life is to understand that everyone goes through different Stages of Change when they are making a major decision in their life. We want to highlight the Stages of Change lens because it helps everyone understand that only the young person can decide and determine what is best for them and we must meet them where they are at.

Stages of Change

Stages of Change is an important concept from Motivational Interviewing. If your team hasn't already been trained in Motivational Interviewing, reach out to us for more support!

Pre-contemplation	The person does not believe change is needed.
Contemplation	The person begins to see a change is needed in their life and they are weighing the pros and cons of making a change in their life.
Preparation	The person has decided to make a change in their life and being to prepare how the change will happen.
Action	The person has followed through with their plan to make the change and is actively engaged in a new change or behavior.
Maintenance	The person has been carrying out the change in their life for at least six (6) months and maintaining this major life change.
Relapse	The person has experienced a relapse due to a trigger or major stressor and the change they have implemented has stopped temporarily. However, the knowledge and work gained going through the other stages is not lost. The person can resume the change in their life once they are more stable.

How do the Stages of Change inform the young person's employment goals?

PRE-CONTEMPLATION:

If you find that the young person is in the Pre-contemplation Stage of Change and not ready to discuss getting a job, the best way to help the young person is to ensure they have stable income, and help them apply for SSI/SSD, if they don't have it already. [This website](#) is a good place to start. If the young person is experiencing homelessness, they may be able to work with a [SOAR provider](#) (or someone [trained in SOAR](#) on your team) to expedite their SSI application.

It's also a good idea to keep the door open for the young person to revisit the conversation about getting a job in the future. With that in mind, we'd encourage the Youth Mentor to say something like "if now isn't a good time to talk about jobs and a career, we can always talk about it when you are ready".

CONTEMPLATION:

When a young person is in the [Contemplation Stage of Change](#), the Youth Mentor should help the young person weigh the pros and cons of pursuing their career goals. The young person has a big decision to make, as employment can impact them medically, legally, and financially. It will also likely impact their social life and the future of their career.

- Am I medically stable enough to work?
- Will my history of legal issues impact my ability to apply for a job?
- How would getting a job impact my benefits?
- Who can I go to if I am struggling at work?
- Is my housing situation stable enough for me to reliably maintain a job?
- What are my skills, talents, training and education that will help me become employed?
- Do I need career counseling to help me with my resume and interviewing skills?

If the young person decides they'd like to move forward and receive guidance on career exploration, training and job, you can find [more resources to share with them here](#).

If the young person receives Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI), and would like to go to work, there are specific programs such as the [Ticket to Work Program](#) that they can access that will help them find the employment services they need to return to work.

PREPARATION

During the [Preparation Stage of Change](#), the young person is ready to establish a plan that will help them get that job. It is the Youth Mentor's job to help the young person explore the question "what change is best for me, and how can I achieve it?"

In this stage the young person is considering things like child care expenses, transportation, professional clothing, pre-employment drug testing, parenting responsibilities, and maintaining their health.

They are also considering practical vocational questions such as should I pursue volunteer work or paid employment? Who can help me with my resume? Where can I look for a job?

ACTION

Once the young person is in the Action stage, they have typically found employment. The goal of the Youth Mentor is to help the young person remain satisfied in their job, and to ensure they are not neglecting their health, especially if they are living with HIV.

Medically:

- Have I been following through with my medical treatment plan and paying attention to mental health while working?
- How am I doing at work and have I received an evaluation from my supervisor? Do I need an accommodation in order to perform my role at work?
- Am I making use of the health benefits my employer is offering, including going to the dentist?

Legally/Financially:

- Have I looked at my benefits and addressed any changes that working will have on my benefits?
- Have I felt discriminated against while on the job and where do I go for help?
- How do I request a reasonable accommodation, if I need one?

Psychosocially:

- What do I need to do to manage the stress of a job?
- Am I enjoying the work that I do and the people I work with?
- How has having this job influenced my thoughts about the future?

Vocationally:

- Do I have the training I need to carry out my job responsibilities?
- What is standing in my way from moving up or pursuing additional goals at work?
- What have I learned about my energy, and my ability to focus at work?

MAINTENANCE

At the Maintenance Stage, the young person has been working for six months or more. The Youth Mentor's role is to help the young person to maintain the course they are on.

- Have I experienced new changes in my health while working that I should bring to my doctor?
- How do I feel? Is my health and emotional well-being in balance?
- Am I making time for other activities besides work, like hobbies or seeing friends?
- How am I managing my finances?
- Are my bills paid or do I need help with money management?
- Do I need help filling out my taxes?

RELAPSE

Relapse is totally normal. It is not a failure. If the young person relapses, it's important they understand their rights and how to access the accommodations they need to keep their job and advocate for themselves. They may need to utilize sick or vacation time, or FMLA (Family and Medical Leave Act).

If I do need a modification or adjustment at work, how do I ask for it?

Youth Mentors can coach young people to ask for reasonable accommodation if an adjustment is needed in order for them to continue doing their work. Under the [Americans with Disabilities Act \(ADA\)](#) a person with a mental illness or living with HIV is protected. An accommodation is considered any modification or adjustment to a job or work environment that allows the young person to perform their job.

An accommodation may be tangible (for example, a certain type of chair) or intangible (for example, a modified work schedule for someone with a medical condition requiring regular appointments with a health care provider).

Qualified individuals with disabilities, including people with HIV/AIDS, have the right to request reasonable accommodations. You are “qualified” if you are able to perform the basic functions of the job, with or without a reasonable accommodation.

What is the best way to make a reasonable accommodation request?

Youth Mentors can encourage young people to go to their employer's [human resources department](#). When requesting an accommodation, the young person should clearly state what they need (time off to go to their medical provider at a specific scheduled time, a certain type of desk, or a change in work hours).

The Youth Mentors can prepare the young person by telling them they should be ready with a doctor's note which will support their need for an accommodation. The note from the doctor does not need to contain their diagnosis but it should confirm that the young person is being treated by them and that they believe the young person needs the accommodation to maintain their health or be able to fulfill essential functions of their job.

In addition, taking leave under the [Family and Medical Leave Act \(FMLA\)](#) is also a way to arrange time away from work to keep medical appointments if the young person has used all of their exhausted sick time or vacation time. For more information about employee rights, reasonable accommodation and other questions that a young person living with HIV may face when they return to work, please visit [DOL](#).

Do I need to tell my employer I have HIV/AIDS?

No, unless you require a modification at work for a reason related to a medical condition. Youth Mentors can explain that an employee's medical diagnosis is not part of what an employer needs to know and that their medical information is private.

Education

Youth Mentors can play a huge role in determining a young person's path to securing higher education. Research has consistently found that achieving higher education is a guaranteed pathway out of poverty and homelessness. Please visit Free Application for Federal Student Aid ([FAFSA](#)) for more information and resources.

However, many young people face barriers to accessing financial aid because they don't have support to apply or enroll in a community college, trade school or university. [Job Corps](#) is a good resource for education and job training.

Other avenues to kick starting the young person's education include:

1. GED is a way for adults to earn their high school equivalency diploma. [Passing the GED](#) will open up many job opportunities and help the young person apply for higher education opportunities. [YouthBuild USA](#) is another good resource for young people interested in working while they work towards their GED. This program helps low-income young people ages 16 to 24 work full-time for six to 24 months toward their GEDs while learning job skills by building affordable housing in their communities.
2. [Community College](#) offers two-year Associate's degree programs in a wide variety of academic and pre-professional fields and is a great way to get your career started.
3. [Trade Schools](#) are sometimes referred to as vocational schools or technical schools which are designed to give students the technical skills to prepare them for a specific occupation.
4. [Applying to a university or college](#) is also an option that can be explored with young people.

SECTION 3: HIV PEER NAVIGATION BEST PRACTICES

A HIV Peer Navigator functions similarly to a Youth Mentor. This staff person should be a young person with lived experience, in a paid position to help the young person navigate their care.

The HIV Peer Navigator is a more specialized position than a Youth Mentor. This person should have specialized experience and knowledge about HIV. They may come into the role with this knowledge, or you may need to train them and help them develop their expertise.

According to our National Youth Advocates, an HIV Peer Navigator is an “**advocate for people within their community to outsiders**”. A peer navigator creates “a partnership” with the young person living with HIV; the reason for this is because the peer navigator has more experience with the systems that provide services such as healthcare and housing. Our National Youth Advocates noted that peer navigators also know what to say to providers to ensure the services the young person needs are attained.

What kind of training should HIV Peer Navigators get?

National Youth Advocates recommended that HIV Peer Navigators should receive formal training on the entry into the homelessness system and healthcare system within your community, so that they can help the young person understand what to expect as they go through the process.

In many instances, the HIV Peer Navigator may already be familiar with these systems. Nevertheless, your organization should make formal introductions on behalf of the HIV Peer Navigator to the points of contact within each system that the young person will receive care from.

What do HIV Peer Navigators do? HIV Peer Navigators take on a variety of roles. They help young people by supporting access to care and helping to navigate them through various systems and services.

Supportive services

COORDINATING CARE WITH CASE MANAGERS

Case management services are a core component of the work with young people living with HIV. A Case Manager’s responsibility includes knowing where the resources are located. Due to an increase in demand for services, some case managers may be responsible for dozens of young people on their caseload. It’s important for Case Managers to connect and frequently meet with Youth Mentors and/or HIV Peer Navigators to ensure they are all on the same page and know the young person’s goals in their service plans. Creating this partnership ensures there is a collaborative approach.

We recommend Case Managers and HIV Peer Navigators meet consistently and communicate often. We also encourage you to define a crisis for both roles to help them determine when a supervisor should become involved. Lastly, we suggest that the job requirements and the division of responsibilities be clearly defined to both roles (and the young person receiving services too!) because there will be many times that the lines of a Case Manager and a HIV Peer Navigator. Please use this job description as a sample of a [HIV Peer Navigator](#).

Following these strategies and establishing expected meeting times between the two roles will result in a frequency of communication. Due to the increase in communication, Case Managers and HIV Peer Navigators may be able to identify crises before they happen and intervene sooner.

REFERRALS TO DROP-IN CENTERS

Most Drop-In Centers are managed by peers and offer a community setting that provides a **supportive, safe and confidential environment**. Young people who are experiencing homelessness can get some of their most basic needs met such as a shower, meal, connection to a Youth Mentor, a referral for mental health counseling, and a link to medical care. In addition, many Drop-In Centers can hold medications and can distribute them daily, weekly, or monthly, if the young person is homeless.

Drop-In Centers are often open year-round and provide young people with an opportunity to improve their current quality of life by making connections to like-minded people and services without judgment.

In addition, social activities are offered in order to promote supportive experiences that empower young people to actively pursue their journey towards health and safety. We encourage you to look up and connect with your local Drop-In Center and ensure the HIV Peer Navigator has a strong relationship with their services.

Healthcare

Referrals to healthcare providers and establishing open communication with them is crucial to ensuring the stability of young people living with HIV. HIV Peer Navigators should have an understanding of the clinics your organization has linkages to, and they should also be treated as employees of your organization when they accompany a young person to an appointment.

We recommend that your organization inform the point of contact at the health clinic that HIV Peer Navigators were recently hired and that they represent your organization. If possible, provide an email introduction with an explanation of their responsibilities.

ARV THERAPY

'ARV' is the acronym of '**antiretroviral**'. ARV therapy is the main type of treatment for HIV and AIDS, however it is not a cure. The goal of ARV therapy is to prevent people from becoming ill.

The most difficult part for some people with HIV may be the knowledge that ARV treatment medication will need to be taken **everyday for the rest of the person's life**. Adhering exactly to medications as they are prescribed can be a major life change for the person because it requires that the medication be taken at the exact dose and the exact time every day.

Treatment adherence can be **especially difficult if the young person has an unstable housing situation**, which is why it's crucial that housing and wrap-around services are offered to the person as soon as possible. In order to help the young person with treatment adherence, a referral to a HIV support group may be a good support system, if they are willing to consider this option. The support group may be able to offer tips on changes in their lifestyle or schedule that will help with taking medications as prescribed.

SAFE SEX

PEP and PrEP are two great options to protect from transmission of HIV. We recommend that HIV Peer Navigators are well versed and comfortable discussing these options. Please see the links below for more information on safe sex practices, condom use, and dental dams.

- [Condom Fact Sheet](#)
- [Dental Dams](#)
- [Female Condoms](#)
- [Male Condoms](#)

PEP (Post Exposure Prophylaxis) means taking medications after you have been exposed to HIV to prevent getting HIV. PEP must be started within 72 hours (or 3 days) after you have been exposed to HIV. Every hour counts!

Transmission of HIV occurs with certain bodily fluids of a person with HIV such as blood, semen, or vaginal fluid. Exposure happens via vaginal sex, anal sex, or sharing needles with others. PEP may help the body's immune system stop the virus from replicating in the infected cells in the body. When taking PEP, the infected cells die naturally within a short period of time without producing more copies of HIV.

PEP is recommended if you're exposed to HIV during sex, after sharing needles or if sexually assaulted. If prescribed PEP, you'll need to take it once or twice daily for 28 days. It has side effects such as upset stomach and fatigue. Tell your healthcare provider if these symptoms worsen. PEP is not a substitute for regular protection such as PrEP, using condoms the right way every time you have sex, and using only new and sterile needles every time you inject.

PrEP (Pre-Exposure Prophylaxis) is a medicine that can prevent HIV. PrEP is for people who are HIV negative and at risk of getting HIV. This includes people who have a sexual partner who has HIV, people who don't always use condoms, people that have been diagnosed with a sexually transmitted disease (STD) in the last 6 months, or people who are sharing needles, or with a sexual partner who shares needles. PrEP does not protect against transmission of other STDs.

NUTRITION

In addition to treatment adherence, it is important that the young person living with HIV pay close attention to their nutrition. We strongly recommend that young people are connected with dietitians in order to make certain they are receiving and following the nutrition needed to remain medically stable. An excellent national resource that provides education and guidance about healthy eating is [MyPlate](#) which is funded by the U.S. Department of Agriculture. On this website, there is a quiz to determine current eating habits. Once the [quiz](#) is complete, resources and recipes for healthy eating and cost effective food shopping are provided. In addition, there is an [app](#) that can be downloaded to help the young person further in establishing healthy eating habits.

MENTAL HEALTH

Young people newly diagnosed with HIV need education and resources that, as one youth advocate noted, "can carry them onto the next day" because the news of this diagnosis is a shock to one's system. In addition, being diagnosed with HIV is not a death sentence. It's important for a HIV Peer Navigator to let the young person know that they have options, there are resources and it is possible to live a healthy and fulfilling life despite their diagnosis. It's also crucial that service providers and HIV Peer Navigators are [aware of the risk](#)

of suicidal ideation, thoughts of self-harm, or excessive drug use and create a safety plan (if needed) with the young person.

We provided a sample of a safety plan for you here. The safety plan can also include a follow up appointment to carry out the next steps in their treatment.

Life Skills & Support

HIV Peer Navigators or Youth Mentors can help with traditional life skills, like budgeting, shopping, cooking, and maintaining a social network.

HIV Peer Navigators can also help young people living with HIV develop life skills needed to emotionally and physically deal with their HIV status. This includes basic education, providing emotional support, teaching coping skills, disclosing their HIV status, and overcoming stigma.

Here are some strategies for professionals to deal with stigma and discrimination:

- Ensure Peer Navigators are part of your organization's team by inviting them to **training, staff meetings, and other events** offered throughout the year.
- Provide an opportunity for young people to **give feedback** on the services offered and determine if these services or interventions are stigma-free and reviewed by leaders at your organization.
- Establish linkages and relationships with community-based youth **support groups** for young people living with HIV.
- **De-stigmatize** HIV by talking openly with staff members about attitudes, feelings, fears, and behaviors.
- **Oppose** stigmatization in your organization (e.g., if you see a co-worker treating a young person with HIV with disrespect, talk to your co-worker on a one-to-one basis. Tell them what you saw and how the situation could have been handled differently).
- **Pay attention** to young people when they talk about their feelings and concerns related to stigma and discrimination, and report these back to other staff.

HIV Myth-Busting & General Information

Here are some basic facts that young people with HIV should know, that HIV Peer Navigators can help clearly define:

- HIV is a **chronic disease**. With the right medicines and a healthy lifestyle, young people living with HIV have a long life ahead of them.
- People living with HIV can have a **sexual life** and sexual relationships.
- People living with HIV can **have children**.

- People living with HIV can have sex **without transmitting** HIV to their sexual partners.
- People living with HIV can **enjoy sexuality**. Many people think that sex is just about vaginal or anal intercourse. But there are lots of different ways to have sex and different kinds of sex.
- Decide **if, when, and how to disclose** your HIV status: Young people know best if and when it is safe to disclose their status. There are many ways that can help you to figure out how to tell your partner, such as visiting a counselor or a local support group.
- People have **different reasons** for not sharing their HIV status, often related to fear of stigma and discrimination within their community. One of the hardest things about dating, sex and relationships is the possibility of being rejected by someone. But there are lots of people who do not mind whether their partner is HIV-negative or -positive.
- **Practice safer sex:** Safer sex is a shared responsibility. When you share your HIV status, you and your partner can work together to make your sex life pleasurable and safe. Sometimes, people who live with HIV think they do not need to practice safe sex if their partner is also positive. But you can still pick up a sexually transmitted infection (STI) that can affect your health.
- Choose if, when, how many, and with whom to **have children**. People living with HIV can have healthy pregnancies and share a long life with their children. There is about a 25–30% chance that your child will be infected during pregnancy, labor and delivery. The risk is reduced to almost zero when preventative measures are taken. Talk to your health care provider and/or child health service provider when you want more information. If they cannot help you or you have a bad experience, speak to someone else.¹²

Emotional Support

HIV Peer Navigators can provide an overview of what medical support looks like by walking the young person through the process, especially after they have tested positive for HIV.

Our National Youth Advocates noted the following: Testing for STDs and HIV includes a finger stick which is 93% accurate. If the results of the test indicate the young person is HIV positive, then the test is sent to a lab for confirmation. Our National Youth Advocates stressed that the moments after finding out the results of the finger stick test are incredibly crucial because the young person will likely be overwhelmed by the findings. Therefore, it is important that emotional support is provided **immediately thereafter**, rather than medical support.

The reason this window of time is important to note, is because the young person may “ghost” or disappear after the HIV results. The HIV Peer Navigator can help the young person see that there are supports available to them that can help them lead a full and happy life despite their status.

This non-judgmental, emotional support includes actively listening to the young person after they hear the results, providing validating statements of their feelings, and sitting with them as they process their feelings which may include feeling numb, angry, or a desire to flee. These reactions are all normal feelings to experience when a person receives traumatic information. Therefore, we strongly encourage all your staff to be trained and well-versed in trauma-informed care.

Our National Youth Advocates also noted that after hearing the news of their status, young people may need time to emotionally and mentally process the information. While this is a complicated time for the young person, the advocates strongly encouraged HIV Peer Navigators to inform the young person of the next steps so that they are prepared for what will come next.

Depending on the state your organization is in, the Health Department may contact the young person directly to get details of their health and history, which our National Youth Advocates described as a very impersonal interaction. Therefore, they encourage HIV Peer Navigators to remain in close contact with the young person in order to empower them to tell others they have been intimate with about their status before the Health Department informs their partners.

In addition, depending on the state your organization is in, a person with knowledge of their HIV status can face serious legal consequences if they continue to have unprotected sex, despite knowing their status.

Overall, the most important takeaway from this moment is that it is traumatic to hear that you are HIV-positive.

In addition, depending on the young person's network of friends or support, it's possible that their status will be known, and they may be ostracized from their community. Therefore, the HIV Peer Navigator's role is to remain present with these feelings, be supportive, and remain in close contact with them to help the young person through the difficult next steps.

Coping Strategies

- **Ask for help** from someone you trust by knowing who you consider part of your **“safe support system or chosen family”**.
- **Practice disclosing** your status with your safe support system or chosen family.
- **Establish a community** and seek out other people who are living with HIV and ask them:
 - What do you wish you had done differently after you were diagnosed?
 - What do you wish you had learned sooner about HIV and treatment options?
 - How is your life different after learning of your status?
- **Test** how your partner might react by asking questions like:
 - What do you think of HIV?
 - Have you ever met someone with HIV?

Safe support system or chosen family are a person(s) that you can call on when you are in crisis and will listen to you vent without judgement. If the young person does not have someone like that in their life, it may be a good role for the Youth Mentor to fill, provided the appropriate boundaries. In our opinion that boundary can be created when the Youth Mentor creates a safety plan with the young person.

- **Change the channel** in your mind when you are feeling down by doing things that soothe you, such as the **grounding techniques**.
- **Learn something new** to get out of the negative thinking loop you are in (i.e. watch YouTube videos on a new hobby you're interested in and try it out.)
- Think of the one **song** that makes you feel good about yourself. Sing it and play it on repeat until you feel cozy and confident in your skin.

- **Change your environment** and go for a walk. Be in nature, notice the trees, feel the air on your skin, and notice the colors and smells that surround you.
- Establish a **daily routine** that you can realistically implement. Start off small, for example, by setting an alarm to eat dinner at the same time every day.
- Always remember that there are **options** at every turn. For example, when you have a decision to make, think of all the possible choices you have and determine which choice will lead to the outcome you are hoping to see.
- Persist in living your **true and best life**. Never, never, never, give up.
- Create **meaning** in your life. Think about your hopes, dreams, inspirations, and carry something with you that reminds you of these values.
- **Reach out** and ask for help. Talk to others who have similar experiences and values in order to access the resources needed.

Disclosing HIV Status

One of the most difficult aspects to being diagnosed with HIV is the limited access to information and resources. Because young people have their whole lives ahead of them, they have important questions to ask themselves such as:

- Can I have an intimate relationship with my partner?
- How do I tell my support system about my HIV status?
- Who can I trust to guide me through this process and tell me where to get help?

PRO TIP

It is important for service providers and HIV Peer Navigators to understand the weight of these questions because often young people do not know whom to turn to for answers. As noted earlier, there are Department of Health laws that govern HIV status notifications that vary from state to state.

Either way, the decision of if, when, and how to disclose one's HIV status is an **individual choice**. Therefore, it's important that service providers and HIV Peer Navigators provide young people with the education needed to make an informed decision about sharing their status.

We encourage you to look up your own **state laws** regarding disclosure of HIV status and provide young people with the education they need to make an informed choice.

Our National Youth Advocates also noted that when the general public hears "HIV" people usually think of sex, specifically gay sex, which results in further stigmatization. The fact is HIV can still be transmitted intravenously. Therefore we encourage service providers and HIV Peer Navigators to be well versed in the transmission of HIV, testing sites, and the treatments available, which we have outlined throughout this handbook.

Homophobic, biphobic, and transphobic language is pervasive, and it affects many people. When this language is unchallenged it has a damaging impact on young people and may lead to stigmatization further down the line.

[Stonewall UK](#) outlined the following definitions:

“Homophobic language is a language that is used either with the intention or has the effect, of discriminating against someone based on a person’s actual or perceived lesbian or gay identity, or because they have lesbian or gay family members or friends. Bi people can also be targeted by homophobic language if somebody thinks that they are lesbian or gay. Homophobic language can also include denying somebody’s lesbian, gay or bi identity or refusing to accept it.

Transphobic language is language that is used either with the intention, or has the effect, of discriminating against someone based on a person’s actual or perceived trans or non-binary identity, or because they have trans or non-binary family members or friends. This can also include denying somebody’s gender identity or refusing to accept it.”

We encourage you to look at this [toolkit from Stonewall UK](#) for ideas on how to tackle homophobic, biphobic, and transphobic language at your organization.

Addressing Stigma

The mental health of a young person living with HIV is crucial to be mindful of because of the stigma they may face from those around them. When we describe stigma, we mean that the person experiences **condemnation and rejection because of a specific characteristic**, like their HIV status. When a young person living with HIV is stigmatized by others it means they are degraded and seen as “less than”. People stigmatize others because they aren’t educated on the nuances and developments of HIV/AIDS treatment, and because they are afraid of the unknown.

Without the right support system this stigmatization by others can lead the young person to stigmatize themselves and feel shame and isolation. These feelings can lead to a host of issues such as: withdrawal from their support system, not following up to treatment appointments, not accessing services out of fear that their status may be revealed and that they will be discriminated against by others.

Other issues that may come up because of self-stigmatization include feelings of depression and anxiety. This domino effect may then lead to failing to care for their basic needs which may impact their housing stability and lead to poorer nutrition which will impact their overall health and stability.

Our National Youth Advocates noted that receiving mental health treatment when the young person’s first diagnosed is a determining factor to getting HIV treatment and taking ARV medication. They also underscored the suicidal shock that young people may experience immediately thereafter which can include participating in forms of self-harm such as an overindulgence in drugs and sex to escape their devastation.

Therefore, we encourage you to use [the safety plan](#) to help steer a young person into understanding their triggers, their coping skills, who to reach out to for help, and provide them with [988 The Lifeline](#). 988 The Lifeline is a national hotline across the United States that you can text or call which to access help during in a mental health crisis.

Navigating Various Systems of Care

HIV Peer Navigators are essential in steering young people through the systems of care that they will need in order to access services, treatment, and housing. The responsibility of HIV Peer Navigators should include **knowledge of entry points** for specific systems (i.e. who are the service providers, who to call for an intake appointment, etc.,) and the required identifying **documentation** needed to access services. Documentation such as state IDs can become complicated for people in the LGBTQIA+ community who may have a different gender expression from previous photos or gender markers on their IDs. In addition, having these forms can become even more complicated when the young person has lost their housing, has entered the shelter system, or their families never gave them access to these forms.

Therefore, we recommend that service providers have knowledge of the process needed to obtain IDs and to train the HIV Peer Navigator on this process. We also recommend you introduce HIV Peer Navigators to the other providers or stakeholders that you regularly make referrals to; following through with this introduction, ensures the HIV Peer Navigators will experience a warm handoff when they start doing outreach on behalf of the young people they serve.

The Homelessness System

As already mentioned, it's important for the HIV Peer Navigator to know who your key stakeholders are in the community. An invaluable aspect of onboarding a HIV Peer Navigator includes walking them through the homeless shelter system so that they have a full understanding of the different systems a young person experiencing homelessness interacts with. We also recommend the HIV Peer Navigator become familiar with the local homelessness prevention provider and rapid rehousing provider.

Rapid re-housing is a solution to homelessness designed to help individuals and families quickly exit homelessness and return to permanent housing. It is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household. It includes three core components: housing identification, rent assistance and move-in assistance, and case management.¹³

Host Home programs build off the continued legacy of QTBIPOC mutual aid practices. Host homes provide young people experiencing housing instability with affirming, stable, short-term housing for 1-6 months, wrap-around case management services, and peer support. The goal of short-term host homes is to provide a safe, temporary, welcoming space for up to six months where young people have time to repair their relationships with self-identified and chosen family and/or make decisions about other housing options with the support of a caring housing case manager and affirming adult mentor.

Direct Cash Transfers (DCT) are proven to meet the needs of young people remotely, digitally, and efficiently. Program staff distributes cash to youth either remotely or safely in person at a frequency (weekly, bi-weekly, or monthly) that works best for them.

Homelessness prevention services include eviction prevention programs that offer rental assistance. Another form of homelessness prevention includes **Housing Choice Vouchers**.

We also encourage you to consider building a resource directory that the HIV Peer Navigator can use to make referrals for the young adults they will work with.

The Criminal Justice System

We recommend that you introduce the HIV Peer Navigator to your local legal aid service provider. If you don't have a linkage with one, create one! It's important to have an ally in the criminal justice system because of discrimination and racism that BIPOC people experience. Some legal service providers offer training to service providers so that you understand the scope of their work. Inquire if that is a resource they offer and invite the HIV Peer Navigator to this training.

If the young person is involved in the legal system and has been assigned a probation officer, we encourage your organization to make linkages with them, as long as the young person consents to this exchange. Establishing a relationship with their parole officer ensures that all parts of the young person's life are coordinated together which can lead to more stability in their lives.

The Mental Health System

Due to the increase in need for mental health services, we want to underscore the importance of a directory of resources. To get you started, please [visit this link](#) to find treatment providers nationwide.

A Note on Cultural Humility

As you think about the life skills your organization will teach and provide resources to, we recommend you reflect on the [Cultural Humility model](#) that we reviewed earlier. Here are some concrete examples of cultural humility from our National Youth Advocates.

- Remember that lived experience does not come from a textbook, school, networking event, or other professional experiences. HIV Peer Navigators are a valuable part of your team because the young people you serve can be authentic with them since they know what it's like to have experienced and traveled through some of the same systems of care.
- As a service provider it's important that HIV Peer Navigators carry out the roles that are within the confines of their job descriptions. Therefore, as already mentioned, outline the boundaries of the HIV Peer Navigator relationship with the young person and specify what is and is not permissible (i.e. dating clients is not allowable, a young person needs to know that the HIV Peer Navigator is a mentor not their friend or partner.)
- Establish milestones of success with the HIV Peer Navigator by creating [S.M.A.R.T.I.E](#) (Specific, Measurable, Attainable, Realistic, Timely, Equity, Inclusion) goals they should achieve within the first 90 days of their employment.
- Provide support to the HIV Peer Navigator by ensuring they receive regular supervision, and implementing an annual review of their work.
- Remind yourself as an organization of the value of this role. HIV Peer Navigators and Youth Mentors should be compensated accordingly. For example, payment in the form of gift cards is not acceptable. They should be paid equitable wages compared to other employees at your organizations because they are using a great deal of their own energy to draw from their experiences to do this work.

- Review the HIV Peer Navigator’s job description and make certain you are not asking them to work outside of their scheduled hours or assigning them tasks beyond their job description just because they have the skills to do so.
- **Notice if you are talking down** to the HIV Peer Navigator or Youth Mentor. Sometimes older adults can forget how hard it is to be young, which pressures the young person to filter themselves.
- Give the HIV Peer Navigator or Youth Mentor the space to communicate effectively. Provide a space for them to provide feedback when they have felt slighted or left out.
- Listen to the HIV Peer Navigators and Youth Mentors when space is created for them to talk versus trying to explain things to them or carry out your own agenda.

Our National Youth Advocates provided these poignant examples so that your organization can help HIV Peer Navigators and Youth Mentors feel welcomed and a part of the team. We hope that this will help you avoid making the same pitfalls and instead focus on the mission together.

SECTION 4: SELF-CARE & COMMUNITY CARE

Throughout this handbook, we hope that you've learned valuable lessons to start or improve your own youth mentorship and HIV peer navigation services.

Most of us got into this work because we care deeply about helping young people and want to do everything in our power to help them succeed. While this is very noble, sometimes **the most helpful thing we can do as service providers is give young people the room to make decisions.**

Young people in your programs have the right to make their own decisions (and mistakes), even if you don't agree with them. Our role is to help provide them with resources, options, and guidance to make that process a little easier.

Self-Determination

Self-determination is the idea that people can meet their potential by fulfilling their needs for connection, autonomy, and competence. Self-determination also requires that people have an intrinsic need to grow and gain mastery over life's challenges, which is vital for developing a sense of self. Lastly, autonomous motivation is important in achieving self-determination because it means that we need an internal drive to fulfill our potential to be independent.

We think it's important to define self-determination because we believe the young person being offered services is the expert in their own life. They need the right resources from your organization to make an informed decision about their health and overall stability.

Therefore, we encourage you to reconnect with the reason you decided to serve this population. We want to underscore how vital the services and relationships are to the young people being served, and we recognize that the young person will make decisions that cause the provider concern (i.e., placing themselves in harmful situations, not taking their HIV medications, or ghosting providers, etc.)

Nevertheless, the young person is an adult and should be in the driver's seat of their treatment and services. It's important that the Youth Mentor and HIV Peer Navigator understand their roles as mandated reporters and the fact that they are part of a team of professionals who are available to make tough calls. More than anything else, the young person should feel empowered to understand their choices, the roles of each person on their service team, and the timeline in which they can expect to receive the services they need.

Mandated reporters are required to report reasonable suspicion of abuse or neglect in children, disabled persons, or elderly adults. More often than not, the young people you serve will not fall into these categories.

Self-Care

We encourage the Youth Mentor and HIV Peer Navigator to think of the self-care they needed when they were first encountering their lived experience and ask themselves, “what do I know now that I wish I knew then?” This knowledge can help the Youth Mentor understand the importance of helping the young person establish realistic self-care routines.

It’s also important for the Youth Mentor to ask the young person, “what do you do to take care of yourself and escape the thoughts of the day?” If the young person struggles with this answer, these [grounding techniques](#) can be a helpful resource.

Community Care

Working with young people living with HIV is an enormous undertaking given the best practice approaches we have covered in this handbook, and it requires a holistic approach. This means that providers must remember that [coordinated community care is essential when a young person is in crisis and in need of services](#).

Therefore, we recommend that you make connections with Youth Action Boards and other organizations that provide housing, healthcare, employment, education, and legal services. Network with one another to ensure that the resources provided to the young people results in a warm hand off.

Sex Work is Work

Sex workers are adults who receive money or goods in exchange for consensual sexual services or performances. Sex work can be provided in person or indirectly online. Some young people may not consider these activities “sex work” and instead, as one youth advocate described it, “I’m on the streets and I need food or a place to sleep”. In addition, young people may not consider their actions “sex work” until years later. Others may genuinely enjoy it because it brings them pleasure.

Therefore, we want to underscore the importance of terminology. Providers should practice caution when asking about sex work and should follow the young person’s lead. As a resource, this video is a good places to start when thinking about [what the public should know about sex work](#).

Depending on your organization’s funding sources, you may be required to ask the young person about their income at intake. However, they may not be ready to share these details with you because intake is the moment in time when you are explaining the services that will be offered, the details of the program, and explaining your role as a provider.

We recommend that you ask questions, like “how do you get by?” or “how do you support yourself?”

We encourage you to focus your efforts on establishing rapport with the young person and enlisting them in the services needed. In the meantime, be sure to research [resources and service providers](#) that are well versed in providing support to sex workers.

In addition, we urge you to view sex work through a harm reduction lens as it relates to obtaining and maintaining housing. We’ve outlined throughout this handbook how stigma about HIV impacts a young

person's ability to get services once they test positive. Therefore, we advocate that organizations that provide housing create policies that keep youth safe. More specifically, we ask that you consider revisiting your policies to determine if there are rules that prohibit young people from creating income in ways that are empowering and sustainable to them - which can sometimes be sex work; this can include stripping, online work, or consensual sexual services.

Is Sex Work Legal?

The case for making it against the law to buy sex begins with the premise that sex work is based on a system of exploitation, and is therefore demeaning to sex workers. The argument there is that legalizing sex work helps "pimps", and thereby fails to protect sex workers and leads to more back-alley violence, not less.

This is completely inaccurate, as it refers to human trafficking, not sex work. Sex work and human trafficking are not interchangeable terms, they mean different things.

Point Source Youth believes strongly in the need to decriminalize sex work. Here's a good video to watch that explains the difference between [decriminalization and legalization](#). Additionally, this [fact sheet](#) helps explain the many reasons why sex work should be decriminalized.

14

The infographic features two overlapping circles on a red background. The left circle is teal and labeled 'SEX WORK' with a large white 'YES' written over it. The right circle is pink and labeled 'TRAFFICKING' with a large white 'NO' written over it. A yellow-green diagonal-hatched area is in the center where the circles overlap. A list of seven questions is centered in this overlap. A yellow circle on the left contains a note about sex workers in dangerous situations. At the bottom, contact information for the National Human Trafficking Hotline is provided.

SEX WORK **TRAFFICKING**

YES **NO**

Did they willingly enter the sex work field?

Are they in control of their working conditions?

Are they in control of their profits?

Can they safely access necessities or medical assistance without fear of someone harming them?

Are they in control of their identification paperwork and/or knowledge of their Immigration Status?

Are they able to set boundaries such as harm limits, soft limits, required limits, or timed limits?

Are they allowed to speak for themselves or revoke consent?

This is not to disregard sex workers in dangerous situations, but to acknowledge that consensual sex work is not trafficking.

For help, call the National Human Trafficking Hotline at 1.88.373.7888 or text HELP to BeFree (233733),
For more information visit www.stopthetraffik.org

Queer Sex Ed: Sex Worker Advocacy facilitated by Xander Briere, a Program Specialist at the San Francisco Community Health Center. To learn more or invite Xander as a facilitator please reach out at xander@scommunityhealth.org.

Ending the stigma

In order to end stigma of sex work, providers must understand that sex workers are capable of agency and independence in their actions. As a provider it's super important that you challenge any internal narrative or bias that sex workers are being victimized.

Isolation remains a big problem among sex workers, primarily caused by the stigma attached to the profession. Recognizing that they have agency and can make their own consensual decisions can reduce stigma.¹⁵

Precautions

If a young person acknowledges they participate in sex work as a form of income, be prepared to talk with them about PeP and PrEP. Other precautions include proper condom use, frequent testing of STDS and HIV, and other harm reduction strategies (i.e. services or performances that reduce the exposure of STDS or HIV)

Impact of an HIV diagnosis

If a young person who participates in sex work is diagnosed with HIV, it's important that they understand your state's law regarding partner notification. They may need to create another plan for making income, via employment, public assistance, food stamps, or other benefits they may be entitled to because of their HIV status.

We also recommend that a [safety plan](#) be implemented and constant communication is provided to ensure the young person remains safe, and understands that they will be able to live a good life despite their diagnosis.

CONCLUSION

Thank you for taking the time to read this handbook! We are hopeful that you will take the information you learned here back to your organizations and start implementing it! Now you have the tools (and inspiration) to hire youth mentors and peer navigators to support young people at risk of HIV, living with HIV, and experiencing homelessness.

At Point Source Youth, our goal is bold and simple — to empower hundreds of QTBIPOC young leaders to step into their power and train others to advocate for access to HIV care, services, and housing through innovative, collaborative, community-driven housing interventions that disrupt disparities and boost youth driven support for QTBIPOC youth at risk of HIV or living with HIV throughout the country.

Should you find yourself wanting to take a deeper dive into the material in this handbook, we're here to support you! We'd be happy to partner with you and provide individualized support, guidance, coaching, and training - whether you're building your youth mentorship or peer navigation program from scratch or refining it to make it better! [Reach out to us here to get started!](#)

A special thank you to the ViiV Healthcare Positive Action for Youth (PAFY) Grant, which has funded this initiative.

The creation of this handbook would not have been possible without the help of our own [National Youth Advocates](#).

As we continue to work with our National Youth Advocates, we will be publishing a revised version of this handbook with our lessons learned. Make sure you [join our email](#) list to stay tuned! We'll be sure to send you the 2.0 Version once it's live (in 2024). In the meantime, feel free to check out our resource list below.

Resources

Training Guides and Information

- [Viiv Toolkit: Medical Mentorship for Young People Living with HIV](#)
- [HIV Basics](#)
- [Stonewall: Tackling Homophobic, Biphobic and Transphobic Language](#)
- [Stop AIDS Now: Addressing the Needs of Young People Living with HIV](#)
- [Employment and Living with HIV/AIDS](#)
- [SMARTIE goals](#)
- [SOAR: increasing access to SSI/SSDI](#)
- [Harm Reduction: Sex Work](#)
- [Homeless Hub: Housing First](#)
- [Financial Aid for Education](#)
- [Safe Sex:](#)
- [HUD: Definitions of Homeless](#)
- [Getting a GED](#)
- [Condom Fact Sheet](#)
- [4 Critical Engagement Strategies for Peers](#)
- [Grounding Techniques for Emotional Regulation](#)
- [Female Condoms](#)
- [Dental Dams](#)
- [Mentor: Elements of Effective Practice for Mentoring](#)
- [Safety Plan](#)
- [Male Condoms](#)
- [My Plate: Nutrition](#)

Training Videos

- [HIV 101](#)
- [HIV transmission 101](#)
- [HIV treatment as prevention](#)
- [PEP](#)
- [PreP](#)
- [Undetectable viral load](#)
- [HIV testing locations](#)
- [HIV testing](#)
- [HIV in View](#)
- [What Sex Workers Wish the Public Knew](#)
- [Legalization vs Decriminalization of Sex Work](#)

Research Studies

- [HIV Testing and ART Adherence Among Unstably Housed Black Men Who Have Sex with Men in the United States](#)
- [Young People and HIV](#)
- [Mentorship: In Research, Practice, and Planning](#)

Community Resources

- [Local HIV Services](#)
- [Partner Notification Services for HIV](#)
- [Sex Work and Harm Reduction Programs](#)
- [HIV/AIDS Discrimination Complaint](#)
- [SOAR: increasing access to SSI/SSDI](#)
- [Employment Support](#)
- [Rage Project: Race and Gender Equity](#)

ENDNOTES

- 1 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8048039/>
- 2 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4815747/>
- 3 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4815747/>
- 4 <https://www.advocatesforyouth.org/wp-content/uploads/2020/04/Viiv-Toolkit.pdf>
- 5 Stacey Chimimba Ault, [The Race And Gender Equity \(RAGE\) Project](#)
- 6 <https://www.homelesshub.ca/solutions/housing-accommodation-and-supports/housing-first>
- 7 MENTOR/National Mentoring Partnership. (2003) Elements of effective practice (2nd ed.). Alexandria, VA: Author.
- 8 Adapted from [Using Cultural Humility to Navigate Challenges](#)
- 9 Spencer, R. (2006). Understanding the mentoring process between adolescents and adults. Youth and Society, 37(3), 297-315. doi:10.1177/0743558405278263
- 10 <https://www.hiv.gov/hiv-basics/living-well-with-hiv/taking-care-of-yourself/housing-and-health>
- 11 Adapted from <https://www.dol.gov/agencies/odep/program-areas/hiv-aids/toolkit/individuals>
- 12 Addressing the Needs of Young. People Living with HIV. A Guide for Professionals. https://aidsfonds.org/assets/resource/file/PY_Adressing%20the%20needs%20of%20young%20people%20living%20with%20HIV.pdf
- 13 [Rapid Re-Housing Works - National Alliance to End Homelessness](#)
- 14 "Queer Sex Ed: Sex Worker Advocacy" facilitated by Xander Briere, a Program Specialist at the San Francisco Community Health Center. To learn more or invite Xander as a facilitator please reach out at xander@sfccommunityhealth.org
- 15 <https://www.aclu.org/news/lgbtq-rights/sex-work-is-real-work-and-its-time-to-treat-it-that-way>