Youth of color struggle with navigating their sexual health in different ways than adult patients do. While many lessons were learned from implementing Connecting Resources for Urban Sexual Health (CRUSH) in the community, we wanted to share some of the most important ones, and our recommendations for serving young, urban men of color who have sex with men.

When working at a clinic serving all populations in different capacities, it is important to work collaboratively across various clinical teams to ensure smooth patient flow and navigation. By understanding the needs of other teams, it is much easier to establish solutions that help everyone complete their tasks in a timely manner while providing youth with stable, comforting care.

Our team comprised of diverse, young individuals that could relate to the struggles that everyday youth go through. Our staff also cared deeply about our patients’ wellbeing and advocated for them whenever possible to make it easy for them to ask questions or gauge if they had other needs. Because of this trust, it was oftentimes our staff that was able to communicate pertinent information about our clients to the providers to improve their care and experience. At the same time, there are challenges for both staff and patients when staff is from the same community as the population being served.

Clinical Implementation

**Recommendation:** Strengthen interagency collaborations to support patient flow (administration, nursing, pharmacy, etc.). Develop and document clinical flow charts and update them on a continual basis. Cross-train staff for different roles so there is always someone present who is knowledgeable about each process.

**Recommendation:** Employ people who represent the groups you are serving and who have a vested interest in this type of work. Provide them thorough training and support to navigate their relationships with potential clients while taking care of their own needs.

Patient Retention

Clients usually come because they need a specific service, but they stay if they feel safe and cared for. Youth come in feeling like a burden and are scared to ask questions or communicate if they would like additional services. They all have different preferences and need different levels of support to come in for their appointments.

When youth first come into care, they have trouble navigating the healthcare system, and many do not have insurance at all. Having a navigator knowledgeable about ways to access PrEP and PEP without insurance, creating patient education materials and linking patients to neighboring clinics for additional services was extremely necessary.

**Recommendation:** Retention efforts should be tailored to meet the specific needs of youth and changing individual risk situations (such as communicating through their preferred methods). Provide additional support systems (transportation, social worker, etc.) to stay engaged in care and pay attention to their body language during conversations.

**Recommendation:** Have someone available to help youth find coverage for the services they need and empower youth to learn how to navigate their own insurance to find out their out-of-pocket expenses and/or choose health coverage that is best for them. Create strong partnerships with specific protocols between clinics for warm hand-offs and support.
Youth often are students and/or work full-time during the day and are not in a position to be able to take time off. They also need to reschedule their appointments often or are unable to commit coming in at a specific time. Youth appreciated being able to call and reschedule their appointments as needed.

**Recommendation:** Have extended or late clinic hours and drop-in times available for youth. Have flexible scheduling protocols that are non-punitve and non-judgmental. Figure out how to make appointment visits as smooth as possible with minimal waiting time.

The need for PrEP among youth changes as their relationship status and routines change so many youth may be on-and-off PrEP based on their perceived risk and life priorities. Sex is not always planned and PEP was often needed for patients who were recently on PrEP. Many youth also come into the clinic seeking PrEP, but actually are candidates for starting PEP first.

**Recommendation:** Have concrete plans in place for how participants can be linked to PEP, not just PrEP, for HIV- clients. PEP/PrEP interplay should be anticipated with protocols, and staff should be trained on meeting the needs of the client and supporting the client with adherence without passing judgment on the client’s choices. Intermittent, risk-driven use of PrEP may be a good option for young men of color who have sex with men.

**Outreach & Community Partnerships**

Community engagement and partnerships are paramount to keep people in care at sexual health clinics. Community members are in the best position to provide feedback on how services can meet their needs. Community members who are contributing to the care model at a clinic are more likely to feel welcome at that clinic and have a vested interest in getting their networks to engage their sexual health care at that clinic as well.

**Recommendation:** Vet new ideas and issues with community members from the target population (we used our CAB) to come-up with successful and innovative solutions. Instead of engaging in traditional outreach strategies, provide good services and encourage patients to talk to their networks about what they learned and experienced to spread the word.

Outside of clinic walls, there are structural barriers in the communities inhibiting youth to address their sexual health and HIV stigmatization still exists. Partnering with local community based organizations to educate the community about their options is one way to overcome these barriers and normalize sexual health care, but it takes continual effort to foster these relationships and develop the most relevant messaging platforms.

**Recommendation:** It is worth investing time and effort to work with community partners to engage with the community to move past HIV stigmatization and toward normalization of sexual health care. Working together helps create the most intentional messaging and increases the integrity of the clinic.