

## California School-Based Health Alliance

# Making the Health Home Model Work for Boys and Young Men of Color



California Pan-Ethnic Health Network



[www.schoolhealthcenters.org](http://www.schoolhealthcenters.org)

December 2014

The **California School-Based Health Alliance** developed this paper based on reports on health homes, best practices for serving boys and men of color, and interviews with health care and community providers. We have a special interest and expertise in this work because school-based health centers are well suited to serving boys and men of color. The **California Pan-Ethnic Health Network (CPEHN)** supported this effort by providing data related to the health crisis among boys and young men of color. CPEHN is committed to eliminating health disparities by advocating for public policies and sufficient resources to address the health needs of communities of color. This work was funded by **The California Endowment**.

## Preface

With the continued rollout of health care reform, health care providers work to be more responsive to patient needs and provide consumer centered care. For many providers, perhaps even for your practice, this means seeking recognition as a Patient Centered Health Home. A lot of information and resources are available about the health home model and how it can be used to better serve different populations. However, few of these resources address the needs of boys and young men of color, who face alarming health disparities and serious challenges to their health and wellbeing. This paper offers suggestions for both modest and ambitious steps that your practice can take to create effective health homes for boys and young men of color. The strategies we have included in this paper reflect best practices for working with middle-and high-school-aged boys and young men of color.

### Who Are Boys and Young Men of Color?

When referring to boys and young men of color we are using an inclusive definition that includes American Indians, African-Americans, Asians/Pacific Islanders, and Latinos. This is a significant portion of California's population. School-aged boys and young men of color alone account for nearly 2.4 million students, which is over a third (38.1%) of the total student population.

We recognize that there are sub-categories for each of these ethnicities, each with their own health challenges and unique needs. The strategies offered below should be seen as starting points that can be modified to be culturally appropriate to better serve your male patients.

### The Health Crisis among Boys and Men of Color

Boys and young men of color are a uniquely vulnerable population with stark disparities in numerous quality of life measures, including longevity, exposure to violence and trauma, and access to health care.

Boys and young men of color in California experience physical and psychological trauma at rates much higher than Whites. Homicide rates for ages 10 to 24 are 79.6 per 100,000 for African American young men compared to only 2.7 per 100,000 for White young men.<sup>1</sup> Exposure to such violence can have a tremendous impact on the mental health of surviving members of the community. Young people can develop post-traumatic stress disorder, which can lead to increases in impulsive and aggressive behavior, risky sexual behavior, self-harm, and abuse of drugs or alcohol.<sup>2</sup> Such behaviors often lead to involvement with the criminal justice system. African-American juveniles have a felony arrest rate more than five times that of Whites (34.2 vs. 6.1 per 1,000). The Latino juvenile felony arrest rate (9.1) is roughly 50% greater than the rate for White juveniles.<sup>3</sup> Research has shown that detention has a profoundly negative impact on young people's mental and physical wellbeing, their education, and their future employment.<sup>4</sup>

The disproportionate exposure to violence and trauma for boys and young men of color can lead to disparities in health outcomes. For example, boys and young men of color are more likely than Whites to characterize their health as "poor" or "fair."<sup>5</sup> There are similar disparities in access to, and utilization of, health care. The most recent California Health Interview Survey, conducted in 2012, found that Latino (24.3%), African-American (15.9%), and Asian (12.3%) males were more likely to be uninsured than White (10.8%) males.<sup>6</sup> Latinos, African-American,

and Asian men also lack a usual source of care at higher rates than White men.<sup>7</sup> When they do seek care, young men of color often encounter health providers who are unfamiliar with their unique needs, making it difficult to keep them engaged in the health system.<sup>8</sup>

Statistics like these are unacceptable and show that improvement is needed to ensure that boys and young men of color in California have every opportunity to live healthy lives.

### Health Care Reform and the Health Home Model

Implementation of the Affordable Care Act will improve rates of health coverage for boys and men of color throughout California, since communities of color represent the vast majority of those benefitting from the establishment of the state's insurance marketplace, Covered California,<sup>9</sup> and the expansion of Medi-Cal.<sup>10</sup> Yet even when they have insurance, many young men of color simply do not feel comfortable accessing health care services.<sup>1</sup>

One opportunity to address this challenge comes with the evolution of the “patient-centered health home” model promoted by the Affordable Care Act. This model aims to strengthen patient relationships with health care providers, increase access, and improve patient health outcomes.<sup>11</sup> This is done by building a health care system around patients' needs and providing a coordinated team of consistent service providers.<sup>12</sup>

Studies have demonstrated that the health home model improves access, utilization, and outcomes particularly with high-need patients.<sup>13</sup> The model has been defined differently by various states and accrediting bodies, but most emphasize several core elements:

- **Primary care provider and care team**—Connecting patients to one provider who works with a multidisciplinary team (e.g., eligibility worker, medical assistant, health educator, etc.).
- **Enhanced and timely access to care**—Providing access to care for patients when needed, including drop-in appointments or allowing patients to call in or text for health care services.
- **Appropriate and comprehensive care**—Providing culturally appropriate care that assesses and addresses all health needs, including behavioral and oral health and case management.
- **Quality care that is data driven**—Using data from patients (e.g., health and socio-economic indicators, patient experience, etc.) to inform and continuously improve the types of programs and services the health home offers.
- **Community integration and family engagement**—Engaging family and community members to support the health of patients.

---

<sup>1</sup> Due to issues such as immigration status, cost, difficulty navigating the system, etc., many boys and young men of color will remain uninsured. While safety net providers can use many of the strategies described in this paper to improve services for this population, ultimately there needs to be a long-term solution to providing coverage for all California residents.

## Creating Health Homes for Boys and Young Men of Color

There is great potential for the health home model to help your practice create better connections with your patients, improve access, and form better community linkages that address their needs more comprehensively. However one thing is clear:

⇒ **To make the health home model work for boys and young men of color you must make an explicit effort to meet the needs of this very unique population.**

The questions below are designed to help you begin the process of improving care for boys and men of color. This does not need to be a linear or comprehensive process. We have tried to offer a range of suggestions from modest to ambitious. We encourage an approach that focuses on incremental improvements, recognizing that these are challenging issues that will not be fixed overnight. We encourage you to:

⇒ **Commit to thinking about how you serve boys and young men of color and taking a first step towards improving those services.**

### How Well Are You Meeting the Health Care Needs of Young Men of Color?

Based on what we know from data and experience, boys and young men of color can have very different health care needs from the rest of your practice's population. It is important that the services you offer are driven by data, i.e., the needs of boys and young men of color in your community. Here are some suggestions for understanding these needs, so that you can address them in your practice.

#### Get Input from Current Young Male Patients of Color

- Invite a small group of patients to come in for a focus group. This does not need to be a one-time event; focus groups can be organized on an on-going basis. It is important that the focus groups are inclusive and include young men from different racial and ethnic groups as well as gay and transgender young men.
- Create a short survey to distribute to young male patients when they come in or to send to patients by e-mail or text message. See the Tools and Services section of our website ([www.schoolhealthcenters.org](http://www.schoolhealthcenters.org)) for resources on measuring adolescent patient experience.

#### Listening to Youth

The Richmond RYSE Youth Center is not a traditional health care provider but is an important health home for many youth in Richmond, California. RYSE integrates five program areas: community health and wellness; media, arts and culture; education and career; youth justice; and youth organizing and leadership. RYSE regularly gathers input from its members through surveys and evaluations. The data is then used to design or restructure their programs and services to meet the needs of youth. In 2013, RYSE initiated a community needs assessment called the Listening Campaign, which consisted of focus groups, conversations with 385 youth in the community, and targeted interviews with an additional 65 youth. The RYSE Center is using the data to create community mental health strategies, investments, policies, and systems of response that address the health concerns and priorities of their members. The RYSE model is a good example of both low-level and intensive efforts you can use to find out if you are meeting the needs of young men of color in your community.

- Analyze data from health assessments to identify priority areas. If you do not currently capture these data, The Partnerships for Male Youth ([www.ayamalehealth.org](http://www.ayamalehealth.org)) and the Centers for Disease Control have developed health checklists for young men that you can use.<sup>14</sup>
- Analyze responses to existing patient satisfaction surveys by gender, race, ethnicity, and language. If that is not possible, plan to add some demographic questions to the survey.
- Have your providers or medical assistants ask a few short questions when patients come in for care over a period of a few weeks and then compare notes.

### **Get Input from the Community**

While it is important and expedient to get feedback from your current patients, what about the young men of color who are not accessing care? Getting input from outside your patient population is more challenging but could provide important perspectives. Here are some ideas:

- Conduct a focus group at a nearby school or faith-based or community organization.
- Ask a faith-based or community organization to distribute a survey for you.
- Add questions to a survey that a nearby community-based organization is already planning to conduct.
- Explore collaborating with a nonprofit hospital in the region that is conducting its needs assessment, now required every three years by federal law.

### **Form a Youth Advisory Board**

Young people welcome the opportunity to be part of a group that meets regularly to provide input, make recommendations, or conduct a specific project. A youth advisory board can provide specific recommendations and monitor the implementation of suggested improvements in both the access to, and quality of, health home services for young men of color. Here are some keys to creating a successful youth advisory board:

- Have the advisory board coordinated by one or two dedicated staff members who are excited about the effort.
- Meet regularly enough that the young men get to know each other.
- Make sure the groups represent the diversity of your male patients in terms of race and sexuality.
- Build in food and opportunities to share and socialize.
- Be clear about the goals of the group. Do not suggest that the group has decision-making power if it does not.
- Engage the young men in specific projects where they can work together and see results. You can find other ideas and resources under our Youth Engagement section of our website ([www.schoolhealthcenters.org](http://www.schoolhealthcenters.org)).

### **Are You Actively Trying to Bring Young Men of Color to Your Clinic?**

Knowing that boys and young men of color are among the groups least likely to access traditional health care services, it is clear that simply waiting for them to come in is not going to result in a high level of utilization. Instead, it is important that providers and members of the care team create opportunities for enhanced access to care and conduct strategic outreach and follow up with young men in the community. A proactive approach can include some of the following actions:

- Create age-relevant materials (posters, palm cards, buttons, stickers, etc.) specifically for this population using graphics, pictures, and service descriptions that make it clear that young men of color are welcome.
- Use social media channels to reach out to and engage young men of color.
- Work with nearby **schools** so that school staff and students can refer boys and young men in need of services. Some options include: presenting at a school staff meeting, conducting health education in classrooms or assemblies, making presentations to sports teams, or participating in health fairs. All of these activities can increase your visibility and make it that much easier for young men of color to walk through your doors.
- Make connections with the local **juvenile hall or foster homes**. In these settings, you can do health education, workshops, discussion groups, staff education, or simply ask the facility to make your outreach materials available to its clients.
- Invest in **mobile clinics**, which can take health care out into the community and reach young man in local parks, community centers, barbershops, or other places they naturally frequent.
- Offer alternatives to in-person visits such as **telephone visits** or **text messaging**. For some young people, these types of interactions are more convenient and less intimidating and can allow you to maintain regular contact with your patients. Always be conscious of issues of potential low health literacy as a barrier to effective communication.

### **Pinole Valley High School-Based Health Center**

The school-based health center at Pinole Valley High School partnered with school administrators to bring in young men of color as teacher aides. The young men spent one hour a day assisting health center staff with administrative tasks such as distributing passes to classrooms for student appointments. During slow days the young men could catch up on homework or to study. However the health center director was surprised by the unexpected results. Shortly after the young men started their work at the health center, the number of young men seeking services increased dramatically. This increase in young men was in part due to the relationships with the male teacher aides, but the director also believed that the mere presence of other young men in and around the health center helped to break down some of the stigma associated with the health services and created a welcoming environment.

### **What Is It Like for a Young Man of Color to Enter Your Clinic?**

Like anyone else, boys and young men of color will feel most comfortable entering a healthcare facility if they see others like themselves there. Take a moment to walk through the doors of your clinic and put yourself in the shoes of a young man of color. Is there anyone like you in the waiting room? Are there any posters, magazines, or brochures that seem directed at you?

To make your clinic a more welcoming space for young men of color, you can:

- **Hire more men of color** as health care providers, or as part of the care team as health educators, or clinic support staff. Research has shown that minority patients have better health outcomes when treatment is provided by medical providers of their own racial or ethnic groups.<sup>15</sup>
- Recruit **male volunteers** from the community to work in the health center. Local college or high school students can be great resources, as they often require class credit or community

service hours. Their presence in the health center will increase the visibility of young men and make young male patients more comfortable.

- Hold **male-only clinic hours**. Creating a “men’s clinic” gives you the option to transform your setting more comprehensively with volunteers, materials, magazines, and music all geared towards a specific patient population.

### **Are You Addressing Trauma and Violence?**

African-American and Latino young men are severely affected by multiple forms of trauma including violence, poverty, incarceration, lack of access to health care, and low social status.<sup>16</sup> The many long-lasting effects of trauma on individuals, families, and communities make it urgent that any model of comprehensive care for boys and young men of color address both its underlying causes and its results.

A successful health home for boys and men of color should adopt a “trauma-informed approach,” which according to the federal Substance Abuse and Mental Health Service Administration means that an organization:

1. *Realizes* the widespread impact of trauma and understands potential paths for recovery.
2. *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system.
3. *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices.
4. Seeks to actively resist *re-traumatization*.

This approach means moving away from trying to find what is physically or developmentally wrong with our young men of color, and moving toward viewing them as community assets and helping to expand their opportunities to live healthier lives.<sup>17</sup> There are a number of steps to take your practice in this direction, including:

#### **Educate Staff about Trauma**

Although each of your staff members may not be providing direct trauma-informed services, it is important that they are all aware of how trauma affects your patients as well as themselves. The National Child Traumatic Stress Network provides a comprehensive breakdown of the various types of trauma your patients may be experiencing as well as a learning center where you can access additional information for your staff ([www.nctsn.org](http://www.nctsn.org)). The Substance Abuse and Mental Health Services Administration has also developed a manual, *TIP 57: Trauma-Informed Care in Behavioral Health Services*, for providers to better understand the impacts and consequences of trauma ([www.samhsa.gov](http://www.samhsa.gov)).

#### **Offer Formal Interventions for Trauma**

There are several promising interventions you can use to address trauma. Some such as Seeking Safety or Trauma Affect Regulation: Guide for Education and Therapy, are focused on providing education and therapy to help participants heal from their trauma. Others such as the Sanctuary Model are centered on building collaboratives of service providers to create a healing environment and improve efficacy of treatment. The Substance Abuse and Mental Health Services Administration has resources on improving trauma-informed care in behavioral health

services ([www.samhsa.gov](http://www.samhsa.gov)). Most trauma-specific intervention programs are based on similar general principles, including building trusting relationships with participants; recognizing the relationship between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety); and working collaboratively with participants, their families and friends, and other service providers.<sup>18</sup>

### **Strengthen Primary Care and Behavioral Health Integration**

Medical providers may need to connect young men with behavioral health providers trained in trauma-informed approaches. Personal introductions, or “warm hand-offs,” from a care team member to a behavioral health specialist increase the chances that patients will actually follow up with these services. In many school-based health centers where these services are located, integration is further increased through regular case conferences between behavioral and medical providers.

### **Connect Male Patients to Male Mentors**

A recent report on trauma-informed services for young men of color identifies the importance of male mentors. The report found that establishing trusting relationships with other men in a safe and supportive manner is an important part of developing healthy behaviors.<sup>19</sup> Mentors connect on an individual level with patients and can reinforce messages about reducing risk and encouraging safer behaviors. They can also conduct home visits and support families. You can invite male patients and mentors from the community to participate in monthly support groups or facilitated conversations that you can host on site. If this not realistic for your practice’s setting, you can establish a partnership with a local mentoring program and create a process for direct referrals of your patients.

---

#### **On finding and training the right staff**

*“Some people I interview for positions are scared of these guys, and some of these guys are scary looking. But the way that we look at them is very different than other folks who don’t want to deal with troubled, angry black boys. Regardless of how they look, they are also sweet, resilient, fragile, insecure – all these normal, human things. We take that approach and know they have high needs, and need to be loved and coached and held accountable for their actions in a supportive, firm, teaching way.”*

---

### **Engage Family Members**

Addressing trauma and violence often requires that you work with family members to examine the impact of these issues in the home. This can also be a useful strategy to help reinforce other healthy behaviors discussed in the exam room. In addition to meeting individually with young men of color, ask them to bring their parents or guardians with them to an appointment and help identify shared goals for their health and wellbeing. Identify which family members can support these goals and provide specific examples of what support looks like. Finally, you can create a health plan that parents or guardians can take home after the visit. You should plan to check in with them regularly to offer support.

## Is Your Staff Trained to Work Effectively with Young Men of Color?

Even if you are not able to create a care team that has the optimal gender and ethnic diversity, you can provide your staff with tools and training to work more effectively with boys and young men of color. Your staff should be comfortable engaging young men in conversations about their health and should know how to connect them to appropriate services. In addition to the important issue of trauma, there are additional issues and skills that are critical to working with young men of color:

### *Directly Address Masculinity*

Masculinity refers to the shared social beliefs of how men should behave, including concepts that young men should be tough, should not ask for help, and should not express their emotions. Research has shown that these concepts have major implications for engaging young men in health care.<sup>20</sup> Beliefs that men do not ask for help or that men do not talk about personal issues can reduce the willingness of young men to accept health services. Other concepts can lead to high-risk behaviors. For example, the belief that men should be ready for sex at an early age can pressure young men to engage in sexual activity.

Ways that you can help young men develop healthy concepts of masculinity and healthy behaviors include:

- Engage in dialogue with boys and young men about their perceptions of what becoming a man means for them and assess for risk factors associated with these perceptions.
- Use the one-on-one time spent in the exam room to help young men develop healthy and positive behaviors as they transition into adulthood.
- Model open communication and dialogue in order to help young men better express their needs and feelings.
- Encourage the development of healthy relationships with other adults, their peers, and their partners based on mutual trust and respect.
- Reinforce that seeking support is a sign of strength, especially support from mentors, peers, family members, or community leaders.

### *Provide Comprehensive Case Management*

Ideally all health home staff members who interact with boys and young men of color will have strong case management skills. This involves everything from conducting health assessments, making referrals, and following up with patients. This process is not a simple one. It requires providers and staff to develop strong partnerships with other health care and social services agencies. You need to create a safety net within your clinic so that no young man falls through the cracks. Being explicitly transparent to young men that this support structure exists can help strengthen coordination of care.

### *Provide Support to Gay, Bisexual, and Transgender Patients*

As members of more than one minority group, gay, bi-sexual, and transgender (GBT) boys and young men of color may face additional challenges when seeking out and accessing health care services. These challenges are made more complicated if the boys and young men come from cultures or belief systems that reject GBT identity. While many of the strategies described in this paper can be applied to working with GBT boys and young men of color, there are additional recommendations that you may want to consider:

- Provide training for your staff and providers on how to best serve GBT young men of color. The American Medical Association ([www.ama-assn.org](http://www.ama-assn.org)) has helpful resources for medical practices to better serve the lesbian, gay, bisexual, and transgender community. The Centers for Disease Control ([www.cdc.gov](http://www.cdc.gov)) also has useful information and resources for educators and parents.
- Do not make assumptions about sexuality. Use neutral terms when discussing relationships or sexual activity, e.g., providers can use the term partner (i.e., dating partner or sexual partner) instead of girl/boyfriend.
- Use strategies such as universal screening for sexually transmitted infections. This is particularly important since many young men can be undecided about their sexual identity or sexual behavior, or may not disclose risk factors that would require testing, e.g., sexual activity with other men.
- Provide resources and referrals for your male patients who need an affirming GBT community or support “coming out.”
- Connect GBT young men of color to support networks that reflect their racial/ethnic community.
- Partner with health care providers in your community who specialize in serving GBT boys and young men of color. These partnerships can provide additional resources but can also help coordinate care, particularly if providers feel challenged or uncomfortable providing high-quality care to GBT young men.

### Does Your Practice Integrate Other Services with Medical Care?

Even more than other populations, boys and young men of color face complex challenges to their health and wellbeing such as social instability, unemployment, violence, and racism.<sup>21</sup> For young men of color the presenting issue may not be related to primary care but rather services such as employment, housing, legal, or basic safety. An effective health home for boys and young men of color will address these issues. In addition, young men of color may be much more comfortable seeking out services that are not health-related, and these services can provide a bridge to health care if they are effectively integrated.

You most likely will not be able to address all of these important issues on your own, and you may need to establish partnerships with other community organizations. Unfortunately, building relationships through community integration requires a commitment of staff time and resources not often covered by reimbursement.

#### On the benefits of co-locating services

*“The way we’re set up, everything’s happening in the same place. It’s not that you come here because you’re crazy. People might be doing youth development or be in a club. Any young person who engages in any of the groups becomes our client.”*

Recognizing that space, staffing and funding all create limitations on what a health center can offer, here are some options:

### ***Youth Programs***

Youth programs can help reduce stigma associated with the health center and give young men of color a reason for being around health services. These programs can be informal sports or physical activity groups organized in a location near your health center or more structured art therapy groups lead by a behavioral health specialist. Many school-based health centers offer youth development programs because they are extremely successful at engaging males in therapeutic experiences.

### ***Fatherhood Training and Support***

One good way to increase male engagement with your health center is to integrate fatherhood training and support programs. These programs allow you to reach large groups of men at one time and connect them to other services. The parenting education the fathers receive is also important in helping to support future generations of healthy young men of color.

### ***Job Training***

High unemployment is a major issue for men of color. This fact is not lost on boys and young men of color who at an early age feel the pressure to work and are eager to receive training on how to complete work applications, dress for interviews, and provide good customer service. Partnering with local job training agencies to host regular workshops on site can increase interest from young men of color in the community.

### ***Legal Services***

Unfortunately too many young men of color have had some interaction with the criminal justice system. Offering legal services may not be at the top of the list for health care providers, but partnering with a trusted community agency to host law clinics on site may increase trust with men in the community.

## Patient-Centered Health Home Elements and Young Men of Color

The table below summarizes some of the suggestions in this brief with respect to each of the elements commonly cited as part of a patient-centered health home.

Health Home Element	Suggestions for Boys and Young Men of Color
<b>Primary care provider and care team</b>	<ul style="list-style-type: none"> <li>● Connect patients with one consistent care provider and a care team that is trained for and committed to working with this population.</li> <li>● Train at least one member of the care team to provide case management and referrals for nonclinical services.</li> </ul>
<b>Enhanced and timely access to care</b>	<ul style="list-style-type: none"> <li>● Take health care to where young men of color already are, such as local schools or community centers, and conduct outreach in the community.</li> <li>● Establish male-only clinic hours or days to reduce any stigma or concerns related to confidentiality.</li> <li>● Provide alternatives to in-person visits. When appropriate, allow access to care via phone visits or text messaging.</li> </ul>
<b>Appropriate and comprehensive care</b>	<ul style="list-style-type: none"> <li>● Conduct a needs assessment to determine priority health areas.</li> <li>● Train providers and members of the care team in gender, age, cultural, and linguistically appropriate care.</li> <li>● Adopt a trauma-informed approach and implement healing-informed practices.</li> <li>● Integrate, and ideally co-locate, primary and behavioral healthcare services.</li> <li>● Develop partnerships with community and social service agencies that can support the multiple needs of young men of color.</li> </ul>
<b>Quality care that is data driven</b>	<ul style="list-style-type: none"> <li>● Continuously assess and seek improvement in the experiences of young men of color with clinic programs, services, staff, hours, facilities, etc.</li> <li>● Identify health care and health status disparities; build up protective factors and resilience and minimize risk factors.</li> <li>● Engage young men of color as members of a workgroup or advisory committee to help conduct a needs assessment and continuously inform programs and services.</li> <li>● Modify programs and services as necessary to meet the changing needs.</li> </ul>
<b>Community integration and family engagement</b>	<ul style="list-style-type: none"> <li>● Engage other men of color from the community as volunteers with the health center.</li> <li>● Foster mentorship opportunities.</li> <li>● Use staff, volunteers, and mentors to conduct community outreach and home visits.</li> <li>● Involve family members in care and support.</li> </ul>

## **Conclusion**

The health home can connect young men of color with their own health care providers and a team of staff members who are properly trained to engage and support their health and wellbeing. Offering easy access and consistent care with the same providers and staff will help establish trusting relationships between young men of color and their health home. Finally, the health home model is an opportunity for health care providers to play a much larger role in the lives of young men of color by becoming advocates for their health and social equity both within the exam room and out in the community.

## References

- <sup>1</sup> Violence Policy Center (2012). Lost Youth: A County-by-County Analysis of 2010 California Homicide Victims Ages 10 to 24. Retrieved from <http://www.vpc.org/studies/cayouth2012.pdf>.
- <sup>2</sup> National Center for PTSD. PTSD in Children and Teens. Retrieved from <http://www.ptsd.va.gov/public/family/ptsd-children-adolescents.asp>.
- <sup>3</sup> California Department of Justice. (2012). Juvenile Felony Arrest Rate, by Race/Ethnicity. Retrieved from <http://www.kidsdata.org/topic/166/juvenilearrest-rate-race/table#fmt=1100&loc=2,127,347,1763,331,348,336,171,321,345,357,332,324,369,358,362,360,337,327,364,356,217,353,328,354,323,352,320,339,334,365,343,330,367,344,355,366,368,265,349,361,4,273,59,370,326,333,322,341,338,350,342,329,325,359,351,363,340,335&tf=67&ch=7,10,9,127>.
- <sup>4</sup> Justice Policy Institute. The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities. Retrieved from [http://www.justicepolicy.org/images/upload/06-11\\_rep\\_dangersofdetention\\_ji.pdf](http://www.justicepolicy.org/images/upload/06-11_rep_dangersofdetention_ji.pdf).
- <sup>5</sup> UCLA Center for Health Policy Research. (2012). California Health Interview Survey.
- <sup>6</sup> Ibid.
- <sup>7</sup> Ibid.
- <sup>8</sup> Drexel University. (2009). Healing the Hurt: Trauma-Informed Approaches to the Health of Boys and Men of Color. Retrieved from <http://www.calendow.org/uploadedFiles/Publications/BMOC/Drexel%20-%20Healing%20the%20Hurt%20-%20Full%20Report.pdf>
- <sup>9</sup> California Pan-Ethnic Health Network. (2013). Achieving Equity by Building a Bridge from Eligible to Enrolled. Accessed at [http://cpehn.org/sites/default/files/resource\\_files/buildingbridgefactsheet1-13.pdf](http://cpehn.org/sites/default/files/resource_files/buildingbridgefactsheet1-13.pdf).
- <sup>10</sup> California Pan-Ethnic Health Network. (2013). Medi-Cal Expansion: What's at Stake for Communities of Color. Retrieved from [http://cpehn.org/sites/default/files/resource\\_files/medi-cal-expansionfactsheet.pdf](http://cpehn.org/sites/default/files/resource_files/medi-cal-expansionfactsheet.pdf).
- <sup>11</sup> Joint Principles accessed at [http://www.aafp.org/dam/AAFP/documents/practice\\_management/pcmh/initiatives/PCMHJoint.pdf](http://www.aafp.org/dam/AAFP/documents/practice_management/pcmh/initiatives/PCMHJoint.pdf)
- <sup>12</sup> Phillips, Christian, D. (2011). The Health Home: An Approach for Improving Health Outcomes for Boys and Young Men of Color. University of California, Berkeley.
- <sup>13</sup> Nielsen, Marci, Olayiwola, N., J., Grundy, P., and Grumbach, K. (2014). The Patient-Centered Medical Home's Impact on Cost & Quality. Retrieved from <http://www.pccpcc.org/resource/medical-homes-impact-cost-quality>
- <sup>14</sup> The Centers for Disease Control checklist can be retrieved at: [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s\\_cid=rr6304a1\\_e#Tab3](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s_cid=rr6304a1_e#Tab3)
- <sup>15</sup> Phillips, Christian, D. (2011). The Health Home: An Approach for Improving Health Outcomes for Boys and Young Men of Color. University of California, Berkeley.
- <sup>16</sup> Drexel University. (2009). Healing the Hurt: Trauma-Informed Approaches to the Health of Boys and Men of Color. Retrieved from <http://www.calendow.org/uploadedFiles/Publications/BMOC/Drexel%20-%20Healing%20the%20Hurt%20-%20Full%20Report.pdf>
- <sup>17</sup> S. Ginwright. (2014, March 25). Loving our Boys. [Web log comment]. Retrieved from <http://www.shawnginwright.com/shawns-blog/>
- <sup>18</sup> For more information on trauma informed interventions visit <http://beta.samhsa.gov/nctic/trauma-interventions>
- <sup>19</sup> Drexel University. (2009). Healing the Hurt: Trauma-Informed Approaches to the Health of Boys and Men of Color. Retrieved from <http://www.calendow.org/uploadedFiles/Publications/BMOC/Drexel%20-%20Healing%20the%20Hurt%20-%20Full%20Report.pdf>
- <sup>20</sup> Bell, David, L., Breland, D., and Ott, M. (2013). Adolescent and Young Adult Male Health: A Review. Pediatrics
- <sup>21</sup> The California Endowment, (2010). Healthy Communities Matter: The Importance of Place to the Health of Boys of Color. Retrieved from <http://www.calendow.org/uploadedFiles/Publications/BMOC/The%20California%20Endowment%20-%20Healthy%20Communities%20Matter%20-%20Report.pdf>