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## ABSTRACT

The first paper describes The Los Angeles Free Clinic and its services, which are specifically designed to respond to the needs of low-income and homeless youth within the community. The paper describes a free-of-charge, free-of-judgment comprehensive response system that exists because of collaboration with other health facilities such as Childrens Hospital of Los Angeles. Two programs are highlighted: Project ABLE (AIDS Beliefs Learned Through Education) and Project STEP (Short Term Employment Program). Using drama as the medium, Project ABLE focuses on disease prevention and the empowerment of youth by supplying life-saving education about HIV, alcohol, drugs, and smoking well before they come into the clinic for help with these issues. Project STEP clients participate each morning in a lottery for jobs, the winners of which receive a bag lunch and transportation to the job site. Workshops are provided to help youth look for and find work. These programs can be duplicated as long as collaboration exists between the social-service providers, the health-care providers, and private business. Also included is a brief success story written by a participant in the Los Angeles Free Clinic's Project STEP. (GLR)

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# The Los Angeles <sup>FREE</sup> Clinic

Dedicated to providing  
free health care and human  
services since 1967

Presentation by Mary Rainwater  
for the Norton Family Foundation  
Forum on Children's Issues  
April 15, 1994

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We are delighted to participate in the Norton Family Foundation Forum on Children's Issues -- and even more delighted to be featured as a program that works! The programs of The Los Angeles Free Clinic Hollywood Center do work, and for a number of reasons. Chief among them are some of the basic tenets on which the Hollywood Center is founded. First, we believe that health care must be broadly defined to include the whole person and the context in which he or she is operating. Second, we depend on collaboration with other agencies to bring all the resources we can to bear on the problems of youth homelessness and its related ills.

The Los Angeles Free Clinic was founded in 1967 to respond to the health care needs of the hippies flocking to Sunset Strip. Over the years, the hippies disappeared, and were replaced in the Clinic's waiting room by an increasingly diverse and desperate clientele. Although the clients changed, the Free Clinic's philosophy did not; all services remain free of charge and free of judgment.

In addition to medical and dental care, The Los Angeles Free Clinic offers legal and psychological counseling and adult day health care for the frail elderly and people living with AIDS. In 1982, The Los Angeles Free Clinic launched the High Risk Youth Program, through a grant from the Robert Wood Johnson Foundation, as part of a study to determine whether large hospitals could better serve high-risk young people in smaller, less institutional settings. Staff from Childrens Hospital worked with The Los Angeles Free Clinic staff to provide services at the Free Clinic.

In 1992, The Los Angeles Free Clinic moved the High Risk Youth program out of the Beverly Boulevard clinic and

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into its own Hollywood home, a gift of the Mark Taper Foundation, devoted exclusively to the health and social service needs of adolescents. The High Risk Youth Program at the Hollywood Center provides comprehensive health services for young people aged 12 to 24 who are at high risk of homelessness, gangs, or violence. In addition to the High Risk Youth Program, The Los Angeles Free Clinic Hollywood Center is home to Project STEP, a day labor and job readiness program for high-risk adolescents, and Project ABLE, a peer outreach program focusing on HIV, drug and alcohol misuse, and smoking prevention and education.

Our youthful clients are representative of the area's diversity -- and of the area's poverty. Fully 95 percent of the young people we see are homeless or in shelters. Three quarters of them are non-white. For many of these young people, the health problems that bring them into the clinic are the tip of the iceberg, and cannot be effectively treated without addressing the high-risk behaviors that causes or exacerbates them. That's why the High Risk Youth Program broadly defines health care to include psychological and social services.

When a young person comes into the Hollywood Center with a sore throat, we don't simply look at her throat. We conduct what we call a HEADDSS survey on every single person who walks in the door with a medical complaint. HEADDSS stands for Home, Education, Activities, Drugs, Depression, Sex, and Suicide. We get a complete picture of what this young person's life is like, what kind of risks she takes, and what needs she may have beyond the sore throat that brought her to the clinic.

While the client waits in the waiting room, the HEADDSS survey is brought directly into a conference room where a multidisciplinary team conducts a remarkable triage process. A physician, a social worker, a case manager, and a psychiatrist go over the HEADDSS survey to recommend appropriate treatment. Thus a young person can walk in with a sore throat and walk out hours later having undergone substance abuse counseling, HIV testing and counseling, a referral for shelter, and an appointment for family planning and psychiatric care -- in addition to antibiotics for her throat.

All of it free of charge and free of judgment.

That kind of comprehensive response is possible because we believe so strongly in collaboration. By running the High Risk

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Youth Program in partnership with Childrens Hospital Los Angeles we get the advantage of their professional staff and medical resources, in an environment at the Free Clinic with which the young people are comfortable and familiar. By working so closely with the other youth service agencies in Hollywood, we are able to refer young people for shelter, food, and other services. That's one of the reasons we moved the High Risk Youth Program into its own building in Hollywood last year, after operating it for more than 10 years at our Beverly Boulevard site. Not only are we in the heart of the largest community of homeless young people in the nation, but we are literally steps away from the shelters and drop-in centers that serve them. As a result of the move, our no-shows are down and our collaborations are up.

Our emphasis on treating the whole person led very naturally to the development of Project ABLE seven years ago. Project ABLE (AIDS Beliefs Learned Through Education) grew out of a desire to reach young people with life-saving education about HIV, alcohol, drugs, and smoking well before they came into the clinic for help with these issues. The focus of Project ABLE is on prevention and empowerment. ABLE gives young people at risk the information they need to make choices and the tools to negotiate sexual decisions with a partner.

Project ABLE uses drama to make its point; the information about HIV, drug and alcohol abuse, and smoking is contained in lively one-act plays written in the language of the street and performed in settings where high-risk youth gather, like shelters, detention centers, and youth camps.

Just as important, the actor/educators are young people themselves, from the same high-risk backgrounds as their audiences. The youth-to-youth model proved extremely effective, and soon expanded to include peer HIV testing and counseling, and an HIV Street Outreach program which uses former street youth to reach out to their friends who are still on the streets.

Project ABLE also includes a monthly newspaper called Street Scene, written by and for homeless youth, containing stories and poems about life on the street. Street Scene also contains information about services available to youth, and warnings about dangerous people and situations to avoid. The ABLE peers also operate the Rubber Room, a free condom "store" where young people can get condoms and information about safe sex from people their

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own age.

But education and information wasn't enough. It became painfully obvious to us that no matter how much information a young person was given about risky behavior, he or she would still do it if there were no alternatives. Young people continued to engage in survival sex, for instance, despite their awareness of its danger, because they felt they had no other way to earn money. Young people continued to do drugs or drink because they had nothing else to do all day. Three years ago, we created Project STEP (Short Term Employment Program) to give them another way to make money and stay constructively busy, while learning the job readiness skills that will eventually enable them to live independently.

In Project STEP, young people show up each morning, have breakfast, and participate in a lottery for available jobs. Those who win the draw (and, tragically, young people are turned away almost every day) get a bag lunch and transportation to a job site, ranging from manual labor to clerical work, depending on the jobs available that day. At the end of each day, young people participate in an hour-long job readiness workshop that helps them learn how to look for work, write resumes, dress for interviews, and resolve workplace conflicts and problems. Sometimes the workshops focus on self-esteem, and sometimes speakers come from community colleges, trade schools, or organizations like the Los Angeles Conservation Corps. At the end of each workshop, the young people are paid -- a day's wages for a day's work. That immediate gratification keeps them coming back, and enables them to buy food or a motel room for the night without resorting to dangerous and illegal behavior.

Once a young person has spent four months in Project STEP, and has demonstrated a commitment to work, he or she is eligible to move up to Phase Two, which is a longer-term placement at a job, at higher than minimum wage. The goal of Phase Two is permanent, full-time employment. I am happy to say that out of 15 young people who have completed Phase Two since July, 12 have gotten full-time permanent jobs.

Project STEP works because it meets young people on their own terms and allows them to progress in their own time. Project STEP does not impose any requirements on its first phase workers other than that they be there on time, drug- and alcohol-free, and ready and able to work. There are no penalties for failing to come in

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one day, or for showing up after weeks of absences. The opportunity to work is always there -- as long as the jobs are there.

To provide the jobs, Project STEP relies on collaboration with businesses who are willing to give young people a chance to work. Without jobs in the private sector, Project STEP would cease to exist. We work very closely with the businesses who employ our young people, to make sure that the experience is successful for both the worker and the employer. We don't want our workers to fail, and we don't want their employers to be disenchanted, so we conduct job site supervision and frequent phone conversations with supervisors. If problems arise, we collaborate on how to respond. We reject jobs that are unsuitable for our population. We do what we can to set up a situation in which a worker will succeed.

Project STEP measures success day by day, which is an important principle for those of us who work with high-risk youth, where success is always relative. We are a program that "works," but that doesn't mean we work miracles. It means we work each day to give young people the tools to make better choices. Today a young person answered phones at a car dealership rather than turning tricks. That's success.

Any of our programs can be duplicated anywhere there's a need, as long as there's collaboration between the social service providers, the health care providers, and private business. We believe Project STEP can be a model for nationwide youth employment, as envisioned by the Clinton Administration.

In addition to collaboration, successful duplication requires a commitment to meet the needs of the whole person. In order for Project STEP to work, a worker must be healthy and have access to the food, clothing, and shelter she needs to be an effective worker. In order for Project ABLE to work, young people must be able to get HIV tests, counseling, and appropriate health care and substance abuse help. In order to support the High Risk Youth Program's efforts to keep young people healthy, young people must get education and prevention training, and they must have alternatives to the risky behaviors they resort to on the streets.

The Los Angeles Free Clinic Hollywood Center does not treat the needs of young people in a vacuum. And we do not work in a vacuum, either. We rely on the assistance of a network of agencies and private businesses in order to treat the whole person.



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## FORUM ON CHILDREN'S ISSUES

### "Adolescent Health Care Programs That Work"

Prepared by Chris De Caprio  
The Los Angeles Free Clinic

for the

Norton Family Foundation

My name is Chris De Caprio and I am proof that adolescent programs work. The Los Angeles Free Clinic's Project STEP was my stepping stone. I am 19 years of age and for some time now have been on my own. Coming from a toxic and highly dysfunctional family home, I developed certain survival techniques and patterns that were paramount in sustaining myself within the home. When I left home I was prepared to take on Los Angeles and become successful.

I later found out that my independent living skills were not well developed. I eventually turned to survival sex as a means of income. What was next was part of the package deal: drugs and alcohol misuse.

At such a young age I was living in a world that was heartless. Even though I was so young, that world did not discriminate. My age, my sexual preference, my race, did not matter. After all those years being oppressed and ridiculed at home, I felt a sense of contentment in that world, in a very morbid way.

I supported myself for quite a while as a sex-worker, but the drugs burned me out. I later tried to get into some shelters so I wouldn't have to pay rent at my hotel. I finally was admitted into a local shelter serving the target population, which at that time was exploited young people.

After months going in and out of shelters, I went back to the streets and became even more dependent on substances. I was on the road to ruin. I had no will to

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succeed.

I believe my turning point was when I befriended an outreach worker who had the same experiences that I had --sometimes even more hardcore!

I then got into a transitional living program for youth at high risk, to ensure that my independent living skills were at the level that I would be able to utilize them in a positive way. I have been there for the past year.

It was there that I was introduced to The Los Angeles Free Clinic's mobile health team, and there that I received medical screening, and learned about Project STEP.

The next day I was off to The Los Angeles Free Clinic's Project STEP. I was told that there were no openings and to keep checking in. After weeks of checking back with the staff of Project STEP, I was hired as a day laborer working as The Los Angeles Free Clinic receptionist. There I was exposed to a clinic environment and gained a tremendous amount of skills.

Eventually, my time was coming to an end in STEP and it was time to find a permanent placement but, in my four months at STEP a certain relationship had grown between Step, the clinic, and myself. It was then I knew this was what I was going to do for a long time.

I applied to be a VISTA (Volunteers In Service To America) volunteer. My performance as a STEP worker was fantastic so the director of programs did not hesitate to recommend that I continue working as a VISTA.

Since then I have received certificates in Basic Health Care Work, HIV pre/post test counseling, and various cross-training.

I now am doing fantastic. I am moving out on my own in a few months, and I have a substantial amount of money saved up. I am helping and serving people who are in situations that I was once in.

One thing that I am tremendously grateful for is that The Los Angeles Free Clinic also provided me with dental work in addition to a job. The last time I went home to my parents my alcoholic stepfather knocked out my front tooth. For almost a year I have walked around "toothless." Out of the kindness of the dental department at the Free Clinic I received my tooth.

There are a few reasons why our adolescent health care program works. I believe the main reason is that our peer programs make our target population (high risk youth) feel more comfortable talking to peers their own age. The clinic approaches the clients with a certain compassion that makes the youth of Hollywood feel comfortable receiving services from the clinic.



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It is such an honor to be affiliated with The Los Angeles Free Clinic, and the self liberation that comes with that.