

Note: This is a description of our program when we were a part of Children's Advocacy Institute



Prescription for Success



For homeless women who are pregnant, the question is not if their situation will threaten the health of their child; it's *which* problem they face will. Lack of housing, food, prenatal care, even transportation — all can complicate a pregnancy and the subsequent health of a newborn infant. Help is limited and often difficult to obtain, if it's available at all.

In downtown Los Angeles, USD's Children's Advocacy Institute (CAI) provides a lifeline for these mothers-to-be through the Maternal and Child Health Advocacy Project. The MCHA Project was founded in 1990 as part of Homeless Health Care, Los Angeles, and has been affiliated since 1992 with CAI, a program of USD's School of Law.

When a woman is accepted into the MCHA Project, her caseworker counsels her on health issues, assesses how much prenatal care she has received to date and determines which public benefits she might be eligible for. The mother-to-be then meets with or talks to her caseworker at least once every two weeks until two months after she has given birth. During that time, her caseworker guides her through a maze of social services, from applying for Medi-Cal and other public benefits to obtaining prenatal care, housing, groceries or even bus tokens.

The caseworker also acts as a personal advocate when necessary — translating for her client, intervening when she sees health code violations in a client's housing or getting a victim of domestic violence into a shelter.

"We don't view a pregnancy in isolation," says project director Lynn Kersey. "We address everything that is brought to bear on that pregnancy."

As another important component to the MCHA Project, program leaders work closely with their peer agencies throughout the city to monitor the current system, provide training and education, and examine possible long-term solutions. Along with area community clinics, legal service agencies, private health care facilities, county offices and non-profit service

agencies, they have formed a coalition that meets monthly to find and eliminate the barriers their clients routinely encounter.

"We see many glitches in the system," Kersey says. "But since we are all comparing notes, we can figure out what to do about them."

Often, it takes the power of such an advocacy group to effect change. When several agencies noted that social security offices in Los Angeles were denying benefits to a number of newborn infants from homeless and low-income families, for example, MCHA Project leaders quickly got to the root of the problem.

The root turned out to be a hospital that, on the whim of a new administrator, left the official stamp off its birth papers. Without the stamp, social security workers could not verify that the papers were legitimate, and they sent new mothers and their children away empty-handed.

Individually, the mothers did not have the resources or power to ferret out the problem, much less to fight a bureaucracy. MCHA Project leaders, however, went straight to hospital officials, who, after some discussion, resolved the dilemma so the infants became eligible for vital assistance such as medical care.

For homeless mothers, having a powerful friend in their corner can mean the difference between a comfortable existence and mere survival. Too often, they do not have anyone to turn to when they encounter the inevitable roadblocks in their day-to-day struggle to provide for their children. It's a perilous situation, and it's the children who stand to pay the highest price, even before they are born.

"The clients we work with say they wouldn't have gotten prenatal care without our help," Kersey says simply.

