



The Salvation Army Alegria

www.salvationarmy-alegria.org

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MEMORY

The Salvation Army Alegria

- Alegria originally opened in 1992 with 16 residential care units for homeless families affected by HIV/AIDS
- Original model was end of life care and support for family
- Antiretroviral medication changed mission with an emphasis on access to treatment and long term housing stability
- New facility was constructed in 2001 to support expanded mission

Alegria Housing Model

- Residential Care (16 Units)
 - Licensed Residential Care Facility for the Chronically Ill
 - Transitional
 - Medical support and education combined with case management
- Permanent Supportive Housing (28 Units)
 - Indefinite affordable housing for families with HIV positive member.



BEAUTY



Onsite Supportive Services

- Case Management
 - Registered Nurse (and Certified Nurse Aides)
 - Program Manager
 - Housing Case Manager
 - Mental Health Therapist
 - Nutritionist
- Community Care
 - Community Care Coordinator
 - Chaplain
- Child Development
 - Director of Child Development
 - Child Development Specialist
 - Child Development Intern

Case Management Services

- Residential Care
 - Medical support and education
 - Medication monitoring
 - Support with daily living (limited)
 - Individual Service Planning
 - Mental health therapy
 - Nutrition planning and education
- Permanent Supportive Housing
 - Supportive services referrals
 - Job training and placement referrals
 - Annual housing plans

Case Management Outcomes

- Increased access to medical treatment and supportive services
- Increased adherence to medication
- Increased household income
- Placement or retention into permanent housing

Community Care Services

- Community Building
 - One on one and group meetings to discuss support networks (family, friends, and neighbors)
 - Resident Council (Consultation on property management and service delivery)
 - Community Events (Resident activated and supported)
- Conflict Management
 - Individual opportunities to express feelings related to community life prior to conflict developing
 - Non binding resolution of conflict prior to or in conjunction with formal responses
- Crisis Intervention
 - Medical Crisis (Visitation and family support)
 - Housing Crisis (Family support in addition to Case Management response)
- Spiritual Growth
 - Chaplaincy (CPE)
 - Small groups (stigma free environment)

Community Care Outcomes

- Increase in supportive relationships
 - Practical support (ride sharing)
 - Emotional & spiritual support
 - Family reconciliation
- Increased participation in wider community
 - Resident Council and community events
 - Volunteerism and advocacy
 - Group memberships
- Increased ability to manage crisis situations

Child Development Services

- Preschool (0-5)
 - Development focused activities based on individual assessments
 - Individual and group activities targeted to overcome developmental delays
- School Age (5-12)
 - Afterschool program focused on personal development and socialization
 - Individual tutoring to overcome learning delays (education disruptions and English as a second language)
- Youth (13-17)
 - Onsite discussion and recreation
 - Offsite learning experiences (museums, college visits)

Child Development Outcomes

- Increase in preschool child's physical and emotional development.
- Increase in school age child's ability to manage behavior, socialize, and engage in learning
- Increase in youth's knowledge of life paths
- Increase in parent knowledge of child development and education
- Increase in parent participation in child's education and recreation



EMPATHY

Resident Challenges – Disclosure

Department of Pediatrics, School of Medicine, University of California, Los Angeles

- Interviews were conducted with 274 parents from a nationally representative sample
- 44% of their children (5-17 years old) were aware of their parent's HIV status,
- 90% of those children were aware of the possibility that HIV or acquired immunodeficiency syndrome (AIDS) might lead to their parent's death.
- Multivariate analyses revealed that parents with higher income, with an HIV risk group of heterosexual intercourse, with higher CD4 counts, with greater social isolation, and with younger children were less likely than others to report that their child knew the parent was HIV positive.
- 11% of children worried they could catch HIV from their parent.
- Reasons for not disclosing:
 - 67% did not disclose because they worried about the emotional consequences of disclosure
 - 36% worried the child would tell other people
 - 28% did not know how to tell their child

Resident Challenges – Disclosure Cont.

- Despite being a dedicated facility for families affected by HIV/AIDS, household disclosure varies
- Disclosure occurs in and outside of the household
- Significant concern of disclosure at local elementary school
- Supportive environment for adult disclosure in Community Care meetings is laying a good foundation for future work in addressing parent/child disclosure

Resident Challenges - Housing Stability

- Neighbor conflicts
 - Traditional challenges of noise and courtesy
- Behavior of children
 - Lease enforcement irrespective of age
 - Behavioral challenges related to lack of parent participation, primarily outdoor supervision
- Domestic Violence
- Lease violations
 - Nonpayment of rent
 - Aggressive behavior
 - Property damages

Healthy People in Community

- Empowered disclosure
 - Supportive circle of disclosure
 - Age appropriate disclosure to children
 - Acceptance of past, hopeful of future
 - Continued treatment (treatment fatigue)
- Supportive network
 - Reconciliation with family
 - Residential community friendships
 - Utilization of community resources
- Community participation outside housing
 - Civic organizations
 - Religious congregations
 - Volunteerism

Best Practices at Alegria

- Parent and child reunification in residential care program
 - Case management support for court and child protective services reunification process (Admission prior to regaining custody)
- Property management distinct from case management
 - Concurrent lease enforcement and supportive services increase housing retention prior to or placement at eviction
- Service plan driven and relationship motivated
 - Combination of Case Management and Community Care balances goal driven with more relationship (holistic) staff/resident relationship.
 - Motivator vs. Listener

Collaborations

- Children's Hospital
 - Support group for women and youth
- Jubilee Consortium
 - Exercise and nutrition activities
- Children's Institute
 - Parenting education
- Alternative Home Care
 - In home parent education and support
- School on Wheels
 - Individual tutors for children

Funding Streams

- HUD Housing Opportunities for People with AIDS
 - Supportive Services and Operations
- HUD Supportive Housing Program
 - Residential Care (Transitional Housing)
- Office of AIDS Program and Policy (County set aside for HHS Ryan White)
 - Residential Care
- Community Development Block Grant
 - Residential Care
- California Department of Education
 - Child Development and School Age Services
- Private foundations and individual gifts
 - Community Care and Youth Services

References

- Corona R, Beckett MK, Cowgill BO, Elliott MN, Murphy DA, Zhou AJ, Schuster MA. Do children know their parent's HIV status? Parental reports of child awareness in a nationally representative sample. *Ambul Pediatr.* 2006 May-Jun;6(3):138-44. PubMed PMID: 16713931.