HEALTHIER, WEALTHIER AND WISER

Greatest need, riskiest behavior sum up CAP's bottom line

BY TIMOTHY KRAUSE
PHOTOS BY MARTY DAVIS

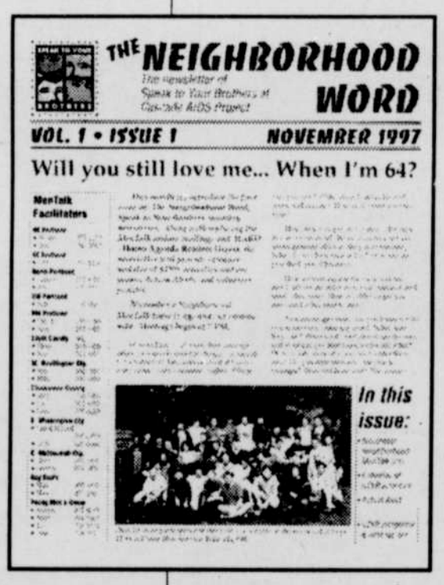
It's not over.

Brochures and billboards alike convey the message from Cascade AIDS Project that HIV and AIDS are still serious health concerns. The slogan, however, just as easily could apply to the nonprofit organization, which for years fought for its own well-being. Of its recovery, executive director Thomas Bruner proclaims, "Cascade AIDS Project is healthier today, in every way, than at any other time in its history." Confronted with growing and changing demands from clients with HIV and AIDS, the organization has undergone a facelift since Bruner took over the reins in 1998. To some, CAP does look better. To others, there are scars.

Although some restructuring was necessary simply to provide financial stability, other changes have been in direct response to the evolution of the epidemic. National statistics continue to indicate two major trends are affecting HIV/AIDS health and human services organizations around the country. First, sophisticated drug regimens have extended life. Second, the demographics of the population with HIV or AIDS continue to shift.

The combination of these two dynamics has caused CAP to reassess who it serves, what it can do for them and how to offer those services within the constraints of limited resources.

"It's been clear for some years now that the need is so big, so complicated and multifaceted that an organization can never—and will never—be all things to all people. Nor should you be," Bruner says. "Places like this often have had a very difficult time admitting the difference between what they can do and what they can't, as opposed to saying, 'Here's the piece of this that we can help with, and we'll help you find people that can help with the other pieces.' "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Time out

In the earlier days of the epidemic, caseworkers would see clients for only weeks or months. Death was the ultimate and rather immediate closure of CAP's relationship with its clients.

Today, caseworkers see clients for years, sometimes continually and sometimes sporadically. The organization, therefore, finds it necessary to reshape how it defines the meeting of a client's needs—and how to find adequate long-term funding to ensure those services are effective and available for an extended period of time.

"Let's say you have HIV," Bruner hypothesizes. "How long do we serve you? Do we serve you for a while? Do we serve you for years and years? Do we serve you until you die? We never had to ask that question before. Today, organizations that aren't asking the question are shortsighted and should be asking the question."

Bruner also questions the goals of the support services CAP provides by asking: "Toward what end are we serving you? If we don't know what our goal is, how do we know if we're there or not? How do we gauge if we're making any progress?"

CAP now is implementing a long-term strategy for life with HIV or AIDS. In February, the organization hired Bevan Hurd for the new position of intake coordinator.

As a single, initial point of contact, he will work one-on-one with new clients to tailor individualized, goal-oriented programs. A key component will be each client's personal participation in determining his or her own needs.

"This social worker will conduct a thoughtful, extended interview with you to really assess with you—not for you—what you need," Bruner says. "And what you don't need, what you don't want and what you're not willing to do. How long you want or expect help. What we're going to do, what you're going to do. Our limits, your limits. The discussion has changed from this vague, poorly defined, 'I need; you help; great, here we go' to a very different one, in which this is a partnership."

Complicated companions

According to CAP's recently released annual report for fiscal year 2000, the demographics of new infections and new diagnoses in Oregon continue to stray from the stereotypical middle-aged, gay white male. This new client base is accompanied by a different set of companion issues. No longer is it simply about sexual behavior but a whole range of struggles interconnected with a client's HIV status.

"More and more frequently, HIV or AIDS is one of an array of human needs that people bring to our door," Bruner says. "Places like this need to be knowledgeable and resourceful regarding a multitude of health and human service issues."

He lists among them drug addiction, alcoholism, homelessness, mental illness, illiteracy and long-term unemployment. These concerns often pre-empt discussion of HIV prevention or treatment. When faced with day-to-day survival, a client might not want to talk about how to receive medical attention.

"We're working on how to manage this disease within the context of their entire life," deputy executive director Dan Bueling says. "If the goal is to get people stabilized and treated and healthy, then you have to address the other barriers that prevent them from doing that."

Practicing triage

As part of its realization that it cannot meet the full demand for assistance, CAP has become an arbiter of who needs help and who can help themselves. A diagnosis of HIV or AIDS no longer is sufficient to guarantee entry through CAP's door. Instead, an unfulfilled need must exist.