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HIV/AIDS

ANNUAL REPORT
2009
CAMBRIDGE CARES ABOUT AIDS

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The mission of Cambridge Cares About AIDS (CCA) is to respond to the HIV/AIDS epidemic by serving those most impacted by social and economic inequality. CCA provides accessible prevention, education, advocacy, and support services in accordance with harm reduction principles to help people meet self-identified goals.


On April 2, 2009, Cambridge Cares About AIDS marked twenty years of providing HIV/AIDS prevention, education, advocacy, and support services. In that time, many of the realities of HIV/AIDS have changed, as medical treatment has brought about a dramatic improvement in health outcomes for people living with HIV. What hasn't changed is that the impact of the epidemic is borne disproportionately. Social and economic inequalities continue to create barriers that keep some people from accessing care and experiencing these improved outcomes.

The hard economic realities of FY 2009 delivered a number of challenges, and we have responded with our best creative thinking, cost management, and strategic planning. Federal funding has remained level, but the Massachusetts budget crisis forced cuts in all state spending, including HIV/AIDS funds. Support from our foundation partners has allowed CCA to maintain programming at Youth on Fire and the Needle Exchange, distribute food vouchers to our clients living with HIV/AIDS, and even expand services in a new outreach to young Black and African American men at high risk for HIV/AIDS. The generosity of community groups and over 300 individual donors has been essential to our work, as have the many hours contributed by over 40 volunteers.

Both the changes in the nature of the HIV/AIDS epidemic and the economic climate have prompted CCA to join two other AIDS services organizations, AIDS Action Committee of Massachusetts and JRI Health, to examine how cooperation and strategic partnerships could improve our efficiency and our delivery of services. Together we are looking at ways to pool resources to reduce overhead and other administrative costs. We will also look in more depth at whether the state's HIV service delivery system, formed in the early days of the epidemic when AIDS was an immediate public health crisis, needs an overhaul.

Twenty years into our history as an agency, CCA's commitment continues—we partner with people to identify and reduce barriers to care, and we support people to make changes toward risk reduction goals they have identified for themselves. In these pages we share not only the program facts, but also some of the real stories of the people we have served. We look forward to your continuing partnership.

Sincerely,



John Gatto,
Executive Director



Nutrition Services

Emergency food vouchers for everyday essentials

Adequate nutrition is essential to the well-being and survival of people living with HIV/AIDS. At CCA, 100% of the Nutrition Program participants live below the federal poverty line. It can be difficult for people living on low incomes to achieve a sufficient level of nutrition because they must often choose between food and other daily necessities such as rent, utilities, and medical bills. Many CCA clients report skipping meals to reserve money for other things, which can lead to poorer health outcomes.

CCA's food and nutrition services support the nutritional status and health outcomes of clients living with HIV/AIDS in several ways. Emergency food vouchers allow clients to purchase groceries; nutritional supplements provide concentrated nutrition; hot breakfast is provided twice per week; group lunches are provided twice per month; snacks are always available, and program staff help clients make connections to longer term support services such as Food Stamps. These supports enable people who would otherwise go hungry or experience inadequate nutrition to meet a basic human need. As a result, people have strengthened immune systems, adhere to medication routines better, and have improved health outcomes.



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"CCA's Housing Program is full of dedicated staff whose passion is to house homeless individuals and assist clients with other housing related issues. I especially love finding clients the apartment they have been dreaming about while living on the street for the past year."

-Kim Rose, Housing Coordinator



When Monique first came to CCA, she had just been released from incarceration into homelessness. She had difficulty taking her medications and eating regularly, and she was not engaged in routine medical care. These circumstances contributed to her declining health status, resulting in frequent emergency room visits and extended hospital stays. Over the two years that she has been in CCA's supportive housing, Monique has been able to take her HIV medication regularly, has been engaged in regular medical care and has accessed food vouchers, nutritional supplements and meals from CCA's Nutrition Program, significantly improving her overall health. In addition, her CCA Housing Case Manager has worked closely with Monique to help her maintain her housing by learning tenancy skills including budgeting and making timely rental and utility payments. For the first time in Monique's life she has stability and a comfortable place to call home.

Housing First

Stability through housing

Homelessness is a major barrier to care and stability for many people living with HIV/AIDS. Without consistent, reliable housing people have trouble properly storing medication, keeping regular medical appointments, and creating financial stability through a job or education. Many clients at CCA experience significant barriers to acquiring housing such as existing criminal records, no employment, no rental history, no identification, and substance use issues. CCA uses a Housing First approach to work with landlords and provide support to clients as they transition into housing. The Housing First model is based on the idea that people can more easily work on reducing high risk behavior once they have stable housing established. This model is the basis for all 70 CCA housing units.

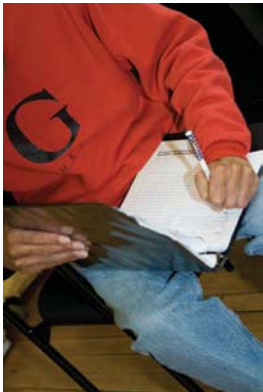
CCA has demonstrated a strong aptitude in housing people with lengthy histories of homelessness, as well as in providing easily accessible, intensive case management services that are non judgmental, client-centered, and critical to clients maintaining housing and reconnecting with community supports. In FY 2009 90% of CCA's scattered site housing participants maintained housing through the year.



Julio was newly diagnosed with HIV. He came to CCA because he heard that CCA is a place to get connected to services and to get support for talking about his HIV status to his friends or family. Julio was quite shy when he first came to CCA, sitting in the corner of the Peer Support Drop In Spot and quietly observing what was going on. Since then, he has formed a strong relationship with a Spanish-speaking Case Manager and a Spanish-speaking Peer Leader, who have helped him to connect with medical services and to gain support and education for disclosing his HIV status. Julio is now an active participant in the Case Management and Peer Support Programs. He regularly attends the Gay and Bi Men's and the Latino Peer Support Groups and has recently joined the CCA Consumer Advisory Board to help ensure that CCA services continue to be meeting the needs of people with HIV/AIDS. Since coming to CCA, his confidence has increased and he is now supporting other participants around their HIV status.

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P O V E R T Y



Peer Support
Providing a safe and comfortable place

The Peer Support Program offers HIV/AIDS support and prevention by providing a safe and comfortable environment, meals and snacks, and one-on-one and group conversations. The relationships developed through this program help lessen the social isolation that many clients experience, and get them actively engaged in care.

Open access to food at the Peer Support's Drop-In Spot encourages clients to mingle and engage in social networking opportunities. Community breakfasts and lunches draw high client participation and allow people to meet other clients and talk with peer leaders. The program also facilitates a variety of support groups, which give people a place to express themselves in a comfortable environment, and are led by peers with similar backgrounds and experiences. The groups offered include: Men's Group, Expressions Group (a space for participants to communicate through art), Haitian Group, Gay and Bi Men's Support Group, and Latino Group.



Case Management
Assisting and advocating for people with HIV/AIDS

The goal of the Case Management Program is to support clients, all of whom are living with HIV/AIDS, increase their self-sufficiency, adhere to their HIV medical care, and increase their knowledge of risk reduction practices. Ultimately these services result in better health outcomes and a decrease in the spread of HIV.

Case Managers provide support and assistance to meet clients' needs. They help clients connect to health care, obtain food vouchers, get referral to recovery/substance use services, and receive emergency financial assistance. Clients can access Case Management services by appointment or on a walk-in basis to ensure that services will be truly low-threshold. In 2009, the Case Management Program provided services for 516 clients, including 83 new clients.

Through Case Management, clients also have the opportunity to get involved with CCA activities such as the client-led Consumer Advisory Board (CAB), which gives the clients a voice in programming, hiring and evaluating employees, and developing department procedures. Case Managers also closely collaborate with other agency programs to ensure that clients receive the highest level of service.

*"Cambridge Cares knows how to serve people, talk to people, and treat people very good. They always help people to survive. There's t.v., food, clothes, everything."
-CCA Client*

TransCEND

Promoting health and well-being for the transgender women's community

TransCEND provides a welcoming, safe space that offers culturally sensitive, especially gender-sensitive health education and resources to transgender women and their partners.

According to a recent study, between 25%-35% of transgender women in the Boston area are HIV positive. Programming responds to some of the urgent physical and safety needs that transgender women face so that they can become fully engaged in HIV prevention activities. Members frequent the TransCEND drop-in for monthly lunches or dinners, access to syringes for safer hormone and silicone use, clothing donations, and a physical space to relax in that is free from stigma and does not impose time restrictions.

TransCEND also offers outreach into the community. In May 2009 the ladies at TransCEND held their third house party in order to reach members of the transgender community who have not previously accessed services. During the house party the women were able to meet the TransCEND staff while enjoying a hot meal. After dinner there was a conversation about effective strategies to respond to the impact HIV has on transgender communities. There was also an interactive exercise on what sexual health looks and feels like in "transgender bodies". Off-site activities such as house parties are essential to reaching new people within high risk populations. The comfortable, non-judgmental environment allows staff to engage participants in more intensive HIV prevention interventions.

Youth on Fire

Non-judgmental environment for homeless and street-involved youth

The Massachusetts Housing and Shelter Alliance (MHSA) counts over 3,000 homeless youth in the Boston metropolitan area and very few shelters to serve them. Many of these youth have been physically or sexually abused in the past, and many have taken to the streets to avoid harmful home situations. A history of trauma, drug use, and engaging in transactional sex puts these youth at high risk of HIV/AIDS. Generally, these individuals avoid shelters, fearing exploitation by older adults or invasive questioning from shelter staff.

Youth on Fire is the only low-threshold, harm reduction drop-in center in the Boston area that welcomes homeless and throwaway youth between the ages of 14 and 24. At the drop-in, youth have access to food, showers, laundry, crisis intervention, and a comfortable place to relax. In addition, collaborations with area providers offer medical and mental health services, housing search, and job search assistance. These services can provide youth with opportunities to reduce their risk of harm caused by violent behavior, victimization, substance use, unsafe sex, and sexual exploitation.

The ultimate goal of Youth on Fire is to help as many youth as possible to make healthier decisions that minimize the risk of getting HIV and to seek a more stable life through permanent housing, employment, and/or school. The "no barriers" approach allows members to develop trust in the program's staff over time. Because staff listen to members' problems without an agenda or judgment, youth are more willing to be honest and collaborate on a plan of action to improve their lives.



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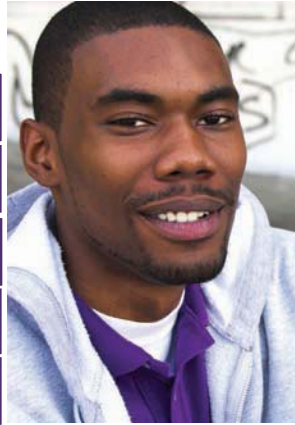
I D E N T I T Y

When Cindy first came to Youth on Fire one year ago, she was on the streets, on the run, and regularly injecting cocaine. She was kind and respectful but wary due to extensive trauma, substance use issues, and bad provider experiences. Since becoming pregnant, Cindy has built a relationship with her case worker and worked to identify her goals: sobriety during her pregnancy, long term sobriety from injection drugs and stimulants, clearing up her warrants, finding housing, and becoming a good mother. Cindy has since given birth, maintained the needs of her daughter, cleared up all court involvement, engaged in consistent healthcare (therapy, primary care, and prenatal care), is housed, and has been largely sober for the last 11 months. She now welcomes help and involvement of other agencies because she is proud of what she has done and identifies her daughter's health as the primary goal in her life.



"YOF has helped me deal with life - it gave me a doctor, a therapist, and people to talk to who really care about me. It is a good place to hang out and feel safe."
-YOF Member

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Curtis is a 25 year-old Black man who is struggling to find stable housing and is HIV positive. He has consistently felt judged and shamed by medical and social service providers because of his sexual orientation, incarceration history, and struggles with substance use. Curtis has been getting more involved with services at CCA. In a recent conversation with a P.U.M.P. staff member, he reported that he has felt “welcomed” at CCA, where he has been placed on waiting lists for housing and has begun to receive case management services.

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P.U.M.P.

Peers Using More Prevention

CCA continually modifies services in accordance with the latest data about local trends in the epidemic. This data reveals an increased prevalence of HIV/AIDS among Black/African American men who have sex with men (MSM). Since the beginning of the epidemic in Massachusetts, members of communities of color have been affected at rates grossly disproportionate to their representation in the general population. While only 6% of the Massachusetts population are Black and another 6% are Hispanic, over 28% of people living with HIV/AIDS in Massachusetts are Black (non-Hispanic) and 25% are Hispanic. Peers Using More Prevention, or P.U.M.P., actively addresses the need to develop services for this population.

P.U.M.P. serves gay, bisexual, and transgender men through a non-judgmental group of harm reduction educators and HIV counselors working on issues of sexual health. Within the agency, P.U.M.P. staff provide peer-based, individual, and group support. They also provide off-site outreach at various hotspots throughout the Boston area by engaging in conversations about prevention methods, passing out safer sex materials, and assessing individual and group-level risk factors. These interventions allow staff to identify emerging trends, which better inform HIV prevention strategies within the MSM community. A key element of P.U.M.P. programming is the practice of conveying prevention information in a sex positive way. This practice allows staff to engage in meaningful prevention activities while building an environment of trust and acceptance within the MSM community.

Needle Exchange

Encouraging positive change

The Needle Exchange Program works to reduce the spread of HIV among active injection drug users (IDUs) by building capacity to make informed choices about substance use, reducing high risk activities, and exercising safe injection strategies. Along with clean syringes, the program supplies poly-drug users with safe crack kits. This strategy was developed with much input on the part of program participants, and has allowed staff to open discussions about ways to reduce risks related to poly-drug use. The drop-in space at the Needle Exchange Program also provides participants with a safe, non-judgmental place to connect with staff and peers, access prevention materials, get referrals to outside resources, have a snack or meal, and access clothing and home goods.

One exciting addition to programming over the last two years has been the introduction of the opioid overdose reversal treatment, Narcan. Staff can train and distribute Narcan, and have been bringing awareness to the community through Narcan trainings around the Boston area. In 2009, staff facilitated 40 Narcan trainings through CCA’s Opioid Overdose Prevention and Reversal Program, which reached emergency departments, police departments, detox centers, clinics, advocates, and friends and parents of IDUs. These trainings serve to save lives from potential overdoses, as well as to show IDUs that their lives are important and death does not have to be the inevitable conclusion to a drug addiction.



“I love working for PUMP because it allows me to really connect to the guys in the field, learn about their lives and hook them up with everything from HIV testing to community-based groups that reflect their needs!”

-PUMP Outreach Worker



Cambridge Cares About AIDS Fiscal Year 2009 Activities

Our goal is to build active partnerships between clients, staff and the community to infuse hope, fight inequality, build skills and leadership, and give back power to our clients

Accomplishments

CCA provided direct services to over 3,500 adults and youth from 39 communities.

Housing Services helped 90% of scattered site housing participants successfully maintain housing through the year.

Peer Support provided 132 group sessions and resources such as clothing and meals to 402 clients.

Case Management served 516 clients living with HIV/AIDS.

The Needle Exchange Program provided services to 1,616 injection drug users and distributed over 300 opioid overdose prevention (Narcan) kits.

The P.U.M.P Team connected with more than 1,000 men through mobile outreach.

Youth On Fire provided services to over 200 homeless and street involved youth, started new HIV prevention group sessions, and is now offering Narcan trainings.

TransCEND provided 8 prevention groups in which 38 transgender women participated, and over 250 one-on-one sessions with 50 participants.

Collaborations

CCA collaborates with a number of community groups in order to create systemic change by addressing issues related to the agency's target population and to maximize resources that address service needs. In FY 2009 the collaborations included:

- Boston EMA HIV Health Services Planning Council
- Cambridge Homelessness Prevention Services Committee
- Cambridge & Somerville Prevention Coalition
- Community Health Network Area Steering Committee
- Greater Boston HIV Service Coordination Collaborative
- Massachusetts Prevention Planning Group
- Northeastern/Health Innovations Health Van
- University of Massachusetts Center for Social Policy Initiative

Community

-CCA staff provided Narcan trainings to over 250 participants at a variety of Boston area settings such as detox programs, hospital emergency rooms, methadone clinics, college campuses and homeless coalitions.

-In June of 2009 CCA came together with other AIDS organizations and advocates to participate in the AIDS Walk and Wellness Festival.

-CCA staff presented at a number of events including: the Multi-cultural AIDS Coalition's HIV in Black Communities Conference; Lee Thornhill, P&E Director, facilitated and TransCEND presented on working with transgender clients at Mass. Asian & Pacific Islanders for Health's HIV and Homelessness: Intersecting Epidemics; and Needle Exchange Program staff participated in the History of Needle Exchange Presentation and Panel Discussion.

-The First Holiness Church and the Pentecostal Tabernacle, both in Cambridge, held toiletry drives that yielded over 2,500 items for CCA clients, many of whom are homeless or recently housed.

-Second Chances provided clothing donations appropriate for clients in the CCA Drop-In Spot.

Twenty Years of Service

On April 2, 2009, CCA celebrated 20 years of HIV/AIDS prevention, education, advocacy, and service in a festive evening at the MIT Walker Memorial Auditorium, graciously donated by MIT. CCA friends and supporters contributed \$24,000 to support our work.

CCA presented the Mary Anne Bodecker Award, honoring her life and contributions as a social worker and long time friend of CCA and of marginalized people everywhere. Recipient Libby Zobel was recognized for her impact as a social worker in providing services for people living with HIV/AIDS.

Also presented was the Sister Jeannette Normandin Award, which celebrates her compassionate, non-judging, and advocating work for women living with HIV/AIDS. Recipient Dr. Karen Hacker and the Institute for Community Health were honored for the support and cooperation in community-based participatory research on health care issues that affect the populations we serve.



CCA's NEWEST INITIATIVES:

- Cutting Edge
- Evidence-based
- Participatory

BEYOND SURVEYS "Target Population" Plans Solutions

Since 1989, CCA has provided evidence-based programming that recognizes the impact of race and ethnicity, sexual orientation, substance use, language, and sexual health on an individual's needs and ability to connect to HIV care and prevention resources. In addition, we are committed to using demographic, social and behavioral trends and consumer input to assure that our programs meet changing needs. In September, 2008, CCA partnered with JRI Health and the Institute for Community Health, research arm of the Cambridge Health Alliance, to focus on the problem that young men of color who have sex with other men are likely to come to HIV/AIDS diagnosis and care much later in the progression of the disease than other populations.

CCA launched a participatory research project based in this community to identify material, social, and psychological factors that influence individual decisions to participate in prevention services. The first step of the research was to administer surveys to peer-recruited members of the target population to gather data about income, housing, health information, engagement in and perception of public health care systems, experiences with stigma, and recommendations for improving access to care. But very early in the research, the men involved expressed frustration that they had been asked all this before and that all the research had not changed anything in their community's health status. They were tired of being "studied" as objects and wanted to participate in developing something that could really address the difficulties they experienced in gaining access to medical care.

CCA staff responded by hosting an informal dinner

meeting for the men to talk about how the project should be conducted. As a result of this meeting, a Theater of the Oppressed pilot model replaced the questionnaires. Ten men from Roxbury, Cambridge, Dorchester, and Boston met weekly at the Green Street Theater. The project created a safe space for them to share their stories and

to gain empowerment through shared experiences. Though only one of them had any previous theater experience, all ten members of the group became enthusiastically engaged, as the men who were non-actors made the space their own and enjoyed interacting through new means of expression.



The findings will be used to develop evidence-based prevention programs that mobilize, engage and strengthen the social and sexual networks of these men. The project is supported by a grant from the first phase of a planned three-year Closing the Gap on Health Care Disparities program from the Blue Cross Blue Shield of Massachusetts Foundation to support innovative community programs designed to address health care disparities. According to Jarrett T. Barrios, then-President of the Blue Cross Blue Shield of Massachusetts Foundation, "The existence of health care disparities, particularly those based on race and ethnicity, is well known. The Foundation believes these inequities in care can be reduced when communities impacted by disparities are active in coming up with solutions."

HIV TODAY

Bringing HIV/AIDS Education to the Community

Information on HIV/AIDS is constantly changing and can be complicated and confusing for both people living with HIV/AIDS and for providers. HIV Today is an interactive, empowerment through learning program offered in two semesters per year, with four group sessions in each semester. Each year the program begins with "The HIV Lifecycle: How the Virus Affects Our Bodies" to present the latest scientific information about HIV and AIDS, from



infection to treatment, in understandable terms. The curriculum also includes "The Harm Reduction Service Model", which introduces CCA's service model by presenting theory and examples

that illustrate harm reduction. Subsequent sessions present topics in HIV/AIDS that are determined by feedback from past participants and have included lectures such as: HIV and Pregnancy, Hepatitis C and HIV, Risk Reduction among Active Drug Users and Sex Workers, and HIV on a Global Scale.



During lecture sessions, Sara Dolan Looby, PhD, ANP, and Sheila Davis, DNP, both of Massachusetts General Hospital, presented medical information in every day terms, while CCA staff members brought their experience and knowledge about providing HIV/AIDS care and prevention services. Since 2003, CCA's HIV Today series has brought HIV/AIDS awareness and education to social service providers, advocates, and people living with HIV/AIDS in terms that are relevant and straightforward. There has been an increase of 20% in participation each year, with more than 60 participants in FY 2009.

NEW ROUTES TO CARE

Truly Accessible Mental Health Care

Studies have shown that nearly half of all adults with HIV have symptoms of mental health disorders. These disorders often lead to depression, stress, and trauma that can worsen disease progression and increase mortality. Furthermore, for some people living with mental health problems, staying in care can present a huge challenge. Because of homelessness, confusion, and lack of social supports, these people may have a difficult time keeping medical appointments and taking medication regularly. Most traditional health care providers are not structured with time set aside for appointments that may not be kept, which makes it impossible to maintain a relationship between the patient and provider. Additionally, traditional systems often require that people manage existing substance use issues before they will provide mental health services.



This policy makes it difficult for people who use substances to self-medicate for mental health issues to access important medical and psychiatric resources.

CCA has partnered with the Cambridge Health Alliance (CHA)

in facilitating Assertive Clinical Community Empowering Supportive Services, or ACCESS, which is a program designed to make sure that these people are not left without care. Based on the Harm Reduction model of service delivery, the program finds ways to work with clients “where they’re at.” The program is administered in a low-threshold, holistic manner. Abstinence from drug use is not a requirement, and mental health services are provided at CCA on a drop-in basis, and even at a client’s home. A key aspect of the ACCESS program is to help clients establish stability in their lives. Case Managers provide assistance with finding housing, obtaining food, and providing transportation to and from medical appointments. This increased stability allows clients to spend less time worrying about where to find a bed or a hot meal for the night, and more time addressing their mental health needs.

The ACCESS Program is funded by a grant from the US Substance Abuse Mental Health Services Administration (SAMHSA) and administered by the Cambridge Health Alliance. CCA is one of four community sites chosen to participate in this program because of our track record of cultural competence and work with populations that may be excluded from traditional mental health services.

THEORY INTO PRACTICE

Strengthening Programming at CCA

CCA launched two projects in FY 2009 to advance our commitment to programming that is evidence-based and informed by the experiences of the populations we serve. The first initiative is the **Harm Reduction Best Practices Committee**. In June of 2008, CCA was provided a grant by the Department of Public Health, Office of HIV/AIDS, to develop a set of Standards of Care in harm reduction practice. Although many organizations, including CCA, use harm reduction theory as their foundation, in fact, no standards of practice had been developed. As a result of this project, CCA developed standardized Harm Reduction practices grounded solidly in theory. The standards are to be implemented at CCA through training and professional development for all CCA staff, and disseminated throughout the field using materials developed at CCA and trainings conducted by CCA staff.

Among the principles developed in this project are 1) that Harm Reduction agencies must understand the importance of a non-judgmental, relational model, in which individuals and groups identify their own goals and navigate health, social and political systems that impact their lives; 2) that effective harm reduction programs must strive for cultural competency; and 3) that Harm Reduction agencies must be able to quickly adapt programs to meet changing needs by utilizing consumer input and demographic, social and behavioral health trends.

Second, with a \$5,000 grant from Mount Auburn Hospital Community and the Cambridge Health Alliance through the Health Network Area 17 CHNA, CCA has implemented a **Participant Input Policy**, to institutionalize these practices and change agency culture. All seven CCA programs now have active advisory boards, steering committees, or regular community meetings. These groups are engaged in program planning and assure that CCA programs more effectively address the participants’ self-identified needs. In addition, clients and participants sit in on staff hiring and evaluation, agency policy committees, and the CCA Board of Directors. We believe that these practices will result in an organizational culture in which participants and staff encounter each other outside of the traditional provider/consumer dichotomy and work together to address common problems.



Summary of Financial Activities

CAMBRIDGE CARES ABOUT AIDS, INC.	
STATEMENT OF FINANCIAL POSITION JUNE 30, 2009	
ASSETS	
Current Assets	
Cash	\$ 166,750
Contracts receivable	645,367
Pledges receivable	10,000
Other receivables	13,835
Prepaid expenses	28,619
Total current assets	<u>864,571</u>
Property and Equipment	
Land	100,000
Building	691,400
Building improvements	11,368
Leasehold improvements	58,861
Vehicle	7,699
Furniture and equipment	190,379
Subtotal	<u>1,059,707</u>
Less: accumulated depreciation	309,463
Total fixed assets	<u>750,244</u>
Other Assets	
Deposits	28,000
Loan closing costs	3,271
Unemployment escrow	30,223
Total other assets	<u>61,494</u>
Total Assets	<u>1,676,309</u>
LIABILITIES AND NET ASSETS	
Current Liabilities	
Bank overdraft	\$
Accrued expenses	172,540
Accrued salaries and benefits	84,113
Current portion of mortgage	6,410
Total current liabilities	<u>263,063</u>
Long-term Liabilities	
Long term portion of mortgage	310,321
Total long-term liabilities	<u>310,321</u>
Net Assets	
Unrestricted	1,011,925
Temporarily restricted	91,000
Total net assets	<u>1,102,925</u>
Total Liabilities and Net Assets	<u>\$1,676,309</u>

CAMBRIDGE CAREA ABOUT AIDS, INC.			
STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2009			
	Unrestricted	Temporarily Restricted	Total
Support and Revenue			
Contributions and grants	\$ 15,059	195,000	210,059
Events	24,116		24,116
Released from restrictions	162,600	(162,600)	
Service fees	2,875,113		2,875,113
Rent	58,769		58,769
Interest income	33		33
Gain on sale of stock donation	(308)		(308)
Other	534		534
Total support and revenue	<u>3,135,916</u>	<u>32,400</u>	<u>3,168,316</u>
Expenses			
Program services			
Client Services	1,732,201		1,732,201
Prevention and education	907,507		907,507
Total program services	<u>2,639,708</u>		<u>2,639,708</u>
Fundraising	75,740		75,740
General and administrative	410,011		410,011
Total Expenses	<u>3,125,459</u>		<u>3,125,459</u>
Change in Net Assets	10,457	32,400	42,857
Net Assets - Beginning of Year	<u>1,001,468</u>	<u>58,600</u>	<u>1,060,068</u>
Net Assets - End of Year	<u>1,011,925</u>	<u>91,000</u>	<u>1,102,925</u>

CCA's Board of Directors

Members of our board of directors serve multiyear terms and are volunteers who feel passionately about our mission. They generously support our efforts with their time and talent.

Kevin D. Batt, President <i>Attorney, Anderson & Krieger</i>	Susan Breen <i>Cambridge Health Alliance</i>
Louise Rice, Vice President <i>Chief Public Health Nurse, Cambridge Health Alliance</i>	Margaret Cerullo <i>Faculty, Hampshire College</i>
Peggy Lynch, Clerk <i>Nurse Practitioner, Zinberg Clinic</i>	Maria M. Coviello <i>Owner, Events with Distinction</i>
Tina Miller, Treasurer <i>Principal, inCharge LLC</i>	Lee Ellenberg <i>Boston Medical Center</i>
Lyva Ambers <i>CCA Consumer Advisory Board</i>	Joe Ianelli <i>Massachusetts General Hospital</i>
Jessie Berman Boatright <i>MA Dept of Housing & Community Development</i>	Monique Tula <i>AIDS Action Committee</i>
Dr. David H. Bor <i>Chief of Medicine, Cambridge Hospital</i>	Margaret Williams <i>The Food Project</i>

Cambridge Cares About AIDS Programs

CLIENT SERVICES programs help people living with HIV/AIDS to reach their self-identified goals and to address their stated needs. This includes accessing basic resources such as: food, shelter, medical care, mental health and substance use counseling and treatment, financial assistance, clothing, immigration assistance, and other social supports. Services are available in English, Spanish, French, and Haitian Creole.

Individual Case Management: assistance and advocacy to overcome barriers and become connected to community services and supports.

Peer Support: peer-led individual and group support; Drop-in Spot serving regular hot meals and daily snacks.

Housing Services: 70 units of low-threshold transitional and permanent housing for people who are homeless and living with HIV/AIDS.

PREVENTION & EDUCATION programs work in partnership with individuals to develop strategies that reduce HIV transmission and increase the overall quality of life within our communities.

Needle Exchange Program: drop-in center connecting injection drug users with safer injection supplies, overdose prevention, risk reduction education, and referrals for housing, employment, and treatment.

P.U.M.P. (Peers Using More Prevention): outreach to men who have sex with men, the population most affected by HIV/AIDS, distributing safer sex supplies and offering risk education events.

TransCEND (Transgender Care & Education Needs Diversity): community space for transgender women offering individual and group risk reduction education and referrals to culturally sensitive medical providers.

Youth on Fire: drop-in center for homeless and street-involved youth offering hot meals, showers, laundry, referrals, and individual and group risk reduction education.

Supporting Cambridge Cares About AIDS

Essential partners in CCA's mission are our funders—generous foundations, corporations and individuals who also care about ending AIDS. The generosity of these partners helps us to support those most impacted by social and economic inequality.

Foundations

Adler Family Fund
Cambridge Community Foundation
Cambridge Symphony Orchestra
Clipper Ship Foundation, Inc.
Frank Reed & Margaret Jane Peters Memorial Fund I
Harvard Epworth United Methodist Church
The Janey Fund
The Lenny Zakim Fund
Project Bread
Syringe Access Fund of the Tides Foundation
Paulist Center
Tibotec Therapeutics

Corporations and Community Groups

Anderson Krieger LLP
Harvard Epworth United Methodist Church
HOPEsudbury
Inman Pharmacy
Mennonite Congregation of Boston
The Paulist Center
Pfizer
Saint-Gobain Corporation
Society for the Study of Social problems
Thrive Networks
Vertex Pharmaceuticals
Whole Foods Market

Individuals

We are deeply grateful to the 300 + individuals, volunteers and sponsors whose leadership and generosity makes our achievements possible. Thank you to those who have embraced our vision.

CCA's mission is to respond to the HIV/AIDS epidemic
inequality. CCA provides accessible prevention, educa
harm reduction principles to help people meet self-ide
guided by the following principles: Individuals and gr
political systems that impact their lives. All programs
innovative theory. Demographic, social and behaviora
quickly adapt programs to meet changing needs. A he
and responsive to its employees is necessary to ma
Management philosophies and practices are inclusive of
participates in community dialogue and advocacy effort

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