

Tracking Discharges from Adult Care Homes into Homelessness

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July 9, 2012



North Carolina Coalition to End Homelessness

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We often talk about deinstitutionalization as a cause of homelessness. In the 60's and 70's, a growing movement in the Mental Health field said that individuals with disabilities shouldn't live in isolation in institutions because they could live more productive lives in the community if given the proper supports. So, institutions were closed and people were moved to the community. But all of the proper supports (services, rental assistance, etc.) weren't put in place.

Usually, we talk about how this led to chronic homelessness (individual adults or families with an adult who has a disability and who has been homeless for at least one year or has had 4 episodes of homelessness in 3 years). These are the individuals who languish in the system—once in, they have a hard time getting the supports they need to get out.

When we've told that story in the past, we've just focused on the people that didn't get supports in the community and ended up homeless, which is not the full picture. In North Carolina, individuals with disabilities were moved out of institutions and into Adult Care Homes. In some cases, they've been good situations, and in some cases, they've been bad. But that's not what we're here to discuss.

The bottom line is that these individuals living with disabilities need support in order to live in the least restrictive setting possible, which is often permanent supportive housing. The State of North Carolina has not made permanent supportive housing available to meet this need; instead, they've relied heavily on settings like Adult Care Homes. There are some major changes underway that will begin to address this shortage of permanent supportive housing. In many ways, what we're experiencing now is continued deinstitutionalization. We are continuing to move towards protecting the rights of individuals with disabilities. We believe options are good. We need a full range of options to meet individual needs, so creating new options is essential. But transition isn't always pretty. The State is charged with coming up with a transition plan. Unfortunately, right now, we're experiencing change before there's a plan to implement.

We're here to discuss how we can try to prevent a second wave of homelessness from deinstitutionalization. How we can learn from the past and prevent individuals with disabilities from falling through the cracks and getting stuck in homeless shelters or camping out. We need your help to ensure that the State puts a good system of assistance in place—rental assistance, services, and access to income.

On today's call, we'll give a brief overview of why individuals are beginning to transition out of adult care homes and the ways that we will track those who are ending up in the homeless services system. We know we cannot answer all of your questions today, nor do we claim to be experts. We don't know it all, but we do know that we all can do better than this.

Your participation in today's call—particularly those of you who are front line staff—is important in helping us in gathering information about how this transition is affecting individuals.

What is an Adult Care Home?

- Residences for aged and disabled adults
- Provide:
 - 24 hour supervision
 - Personal Care services
- May also be called:
 - Family Care Homes (2-6 residents)
 - Rest Homes
- Not the same as Group Homes

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Adult Care Homes (ACHs) are licensed facilities where older individuals or individuals with disabilities may reside. These facilities usually provide 24-hour supervision and some help with activities of daily living. While medication management may be available at ACHs, they do not typically provide the intensive medical or mental health treatment found in a setting like a nursing home.

Other names for ACHs are Family Care Homes (for smaller facilities) and rest homes.

It is important to note that Group Homes and ACHs are not the same thing. Group Homes are a different type of licensed facility and tend to provide more intensive services than ACHs.

More detailed information about Adult Care Homes is available at the NC Department of Health and Human Services website:

<http://www.ncdhhs.gov/aging/agh.htm>

Why are individuals being discharged?

Two Separate Issues that Impact Discharges

- Regulations concerning Institutions for Mental Disease (IMD)
- DOJ found violations of the Olmstead Decision

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There are two separate issues that impact discharges from ACHs.

Institute of Mental Disease (IMD) Regulations:

The main issue that is currently leading to discharges from ACHs is IMD Regulations. The IMD regulations are enforced by CMS, the federal agency that oversees Medicaid and Medicare. We will go into more detail about what the issues are with IMD regulations, but what you need to know is that this issue is impacting ACHs right now. IMD enforcement and discharges are a quick and confusing process that are still evolving. To stay on top of these changes, please be in contact with your local LME/MCO staff and your local DSS staff. Right now, there are no resources committed by the state to helping those discharged to ACHs, and communities are having to piece together resources and their response to IMD discharges.

Department of Justice (DOJ) Investigation and Settlement:

We will go into more details about why the DOJ and NC are in negotiations, but what you need to know is that the DOJ investigation of North Carolina is NOT currently impacting ACH discharges. Once a settlement is reached between the state and the DOJ or once a case has been decided by a judge, there will be an outline for planned transitions from ACH facilities, including a set number of people to move each year, resources to help with moving into the community, and most likely, training for providers about transitioning individuals from ACHs to independent living. The DOJ transition will be a slower process.

What is an IMD?

- A hospital, nursing facility or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental disease (42 USCA 1396d(i))
- ACHs can fall into this category if they are a 16 bed facility and more than 50% of their residents have a primary Mental Health diagnosis
- IMDs cannot receive Medicaid funding for services provided to residents according to CMS regulations

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CMS, the federal agency that manages Medicaid and Medicare, identifies an IMD (Institution for Mental Disease) as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental disease in the United States Code, 2006 Edition, Supplement 4, Title 42 - THE PUBLIC HEALTH AND WELFARE. An ACH can be an IMD if they are a facility with 16 or more beds and 50% or more of the individuals there are in the facility due to a primary mental health diagnosis. ALSO, multiple ACHs that are managed by the same company or share resources (like lawn care, food service, staff, etc.) could be counted as one facility. So, a 6 bed, 5 bed, and 7 bed facility that share resources could be counted as one 18-bed facility.

According to the U.S. Code, if an ACH is determined to be an IMD, the facility cannot receive Medicaid funding for the services provided to residents, and the residents cannot use Medicaid for treatment, prescriptions, etc. DHHS has established a process to survey and determine if ACHs are IMDs, and initial letters are going out now to inform ACHs if they are IMDs. For more information about the determination process set up by DHHS:

<http://www.ncdhhs.gov/dma/provider/CorrectiveActionPlanrevisedFINAL.pdf>

In order to avoid being determined as an IMD, ACHs are in the process of moving individuals to other homes or discharging individuals. Some residents of ACHs are also leaving facilities to avoid having their Medicaid suspended.

Right now, a short-term restraining order has been issued so that current IMD facilities and their residents will not lose their Medicaid while the restraining order is in place.

What is the Olmstead Decision?

- Supreme Court Ruling on June 22, 1999
- Institutionalizing a person with a disability who could live in the community with proper supports is discrimination
- Requires states to provide services, programs, and activities in “the most integrated setting” possible

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The Department of Justice (DOJ) has found that North Carolina is in violation of the Olmstead Decision. On June 22, 1999, the U.S. Supreme Court’s decision in the case *Olmstead v. L.C.*, under the Americans With Disabilities Act (ADA), stated that unjustifiable institutionalization of a person with a disability who, with proper support, can live in the community is discrimination. The Court based its ruling in *Olmstead* on sections of the ADA and federal regulations that require states to administer their services, programs, and activities “in the most integrated setting appropriate to the needs of qualified individuals with disabilities.”

For more information about the Olmstead Decision, check out the following resources:

<http://www.acf.hhs.gov/programs/add/otherpublications/olmstead.html>

<http://www.kff.org/medicaid/upload/Olmstead-v-L-C-The-Interaction-of-the-Americans-with-Disabilities-Act-and-Medicaid.pdf>

North Carolina & DOJ

- Complaint brought forward on behalf of consumers by Disability Rights NC
- Findings letter issued by DOJ July 2011
- Ongoing settlement negotiations happening between NC and DOJ
- Other settlements offer examples
- Residents that are leaving now are NOT because of DOJ

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The DOJ began its investigation of North Carolina for violations with the Olmstead decision after Disability Rights NC brought forward a complaint on behalf of consumers in ACH facilities. The DOJ investigated and found that North Carolina was in violation of Olmstead due to an institutional bias toward ACHs. You can find the letter from the DOJ summarizing their findings against North Carolina:

http://www.ada.gov/olmstead/documents/nc_findings_letter.pdf

Negotiations between North Carolina and the DOJ are ongoing, but in order to understand what may happen with the settlement, you can look at examples of other state settlements: http://www.ada.gov/olmstead/olmstead_cases_list.htm. Most settlements include a set number of people to transition from facilities over a specific time period, resources for tenant-based rental assistance, and some services to support individuals living in the community.

Again, this investigation and the ongoing negotiations are **not** currently impacting discharges from ACHs.

General Assembly Revised Budget for 2012

Transitions to Community Living Initiative

- **Transitions to Community Living Fund:**
 - TBRA- \$10,300,000 to DHHS for rental assistance
 - Temporary Short Term Assistance to ACH- \$39,700,000 to DHHS for payments to ACH to support continuing services for residents through the discharge process
- **Blue Ribbon Commission on Transitions to Community Living**

While we do not know the specific terms of the negotiations between the State and the DOJ, we do know that the General Assembly included resources in their 2012 Revised Budget to establish a Transitions to Community Living Initiative. This includes a Transitions to Community Living Fund:

- \$10 million was provided to DHHS to help with rental assistance and the transition process of individuals from ACH facilities.
- Almost \$40 million was provided to ACHs to support the facilities during the transition process.

The General Assembly also established a Blue Ribbon Commission on Transitions to Community Living to advise DHHS on how to transition individuals out of ACHs.

To see detailed information about the Transitions to Community Living Initiative, please see H950 Section 10.23A(d-f):

<http://www.ncga.state.nc.us/Sessions/2011/Bills/House/HTML/H950v6.html>

ACH Resident Discharge Team

□ Purpose:

- Provide ACHs with greater flexibility in the transfer and discharge of residents and to enact appeal rights for ACH residents with respect to discharge decisions
- Explore an array of options/housing setting and utilize the expertise of its members to locate an appropriate placement for the resident/consumer.
- Discharge team should be convened in the county where the ACH is located

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The General Assembly also passed House Bill 677, which outlines new discharge procedures: <http://www.ncleg.net/Sessions/2011/Bills/House/PDF/H677v7.pdf>. It is important for you to be familiar with the new process in order to know the key contacts in your community and to understand when there are breakdowns in the discharge process.

The new Discharge Team procedures were set in place to give ACHs greater flexibility in transferring and discharging residents and to give residents appeal rights in discharge decisions. Discharge Teams are to assist in exploring options for placement and housing if the ACH or resident cannot identify an appropriate placement. Discharge Teams are to be convened in the county where the ACH is located (rather than where the resident's Medicaid benefits are issued).

ACH Resident Discharge Team

□ Requirements:

- DSS will be the primary contact for discharge teams
- Each DSS in a county with a licensed ACH must establish a discharge team
- Must include at least one member from DSS and one from LME/MCO
- Other housing programs can also serve on committee if the DSS and LME deem it necessary

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A staff member at the local DSS office is to be the primary contact for the county ACH Discharge Team. Each county that has a licensed ACH facility must establish a Discharge Team. The team must include at least one DSS staff member and one LME/MCO staff member. Any housing programs or other community providers can also serve on the committee **if** the DSS and LME/MCO deem their participation necessary. If you are interested in your agency being a part of these Discharge Teams, please contact your local DSS and/or LME/MCO to let them know you are interested.

Again, all new Discharge Team Procedures are outlined under House Bill 677:
<http://www.ncleg.net/Sessions/2011/Bills/House/PDF/H677v7.pdf>

ACH Resident Discharge Team

□ Procedure:

- The ACH retains the responsibility for the resident/consumer until the discharge is complete.
- A request to convene the discharge team can only be made by the ACH
 - Must take necessary steps to finding appropriate destination prior to issuing notice of discharge
 - If at time discharge notice is issued there is no appropriate destination, then ACH must request the discharge team
- Discharge team must convene within 24-72 hours when ACH request is made or immediately if resident/consumer needs to be discharged prior to 30 day period

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The discharge process is as follows:

- The ACH issues a discharge notice to a resident to start the 30-day period for discharge planning. If the resident needs to be discharged sooner due to concern for the safety of the individual or others in the facility, the ACH is allowed not to provide the full 30 days.
- The ACH must take necessary steps to find an appropriate destination for the resident prior to issuing a discharge notice.
- If the ACH does not know of a destination for the resident when the discharge notice is issued (or if at any time during the 30-day discharge process a destination is not known), then the ACH is to contact DSS to convene the Discharge Team. (ONLY THE ACH CAN REQUEST THE DISCHARGE TEAM TO CONVENE.)
- The Discharge Team must convene within 24-72 hours of the request.

Again, all new Discharge Team Procedures are outlined under House Bill 677:

<http://www.ncleg.net/Sessions/2011/Bills/House/PDF/H677v7.pdf>

ACH Resident Discharge Team

- Resident/Consumer Rights:
 - ACH shall notify resident/consumer of its intent to initiate the discharge of the resident at least 30 days before the resident is discharged except in situations where the health or safety of the resident or others in the home is endangered
 - Resident has the right to appeal the discharge

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Residents have the ability to appeal their discharge. Appeals go to the Hearing Unit at the Division of Medical Assistance.

Glitch in Procedure

- Individuals shouldn't be ending up homeless, but some are.
- Some ACHs are not issuing written discharges, giving 30 days notice, or notifying DSS/LME discharge teams.
- Some individuals may be leaving on their own in because they think they have to in order to keep their Medicaid.
- Some ACHs started discharging residents in order to avoid being labeled an IMD.

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We have started to hear stories about glitches in the discharge process from communities, and we have heard that some individuals are showing up in homeless shelters after being discharged from ACHs. Sometimes this is indirectly (the individual was discharged to family or another facility and then ended up homeless after that placement did not work) and other times directly.

Some cracks in the current system that we are hearing about are:

- ACHs are bypassing the discharge process by not issuing written discharge notices and/or not notifying Discharge Teams when appropriate.
- Individuals are leaving ACHs because they feel they must do this to avoid losing their Medicaid.
- ACHs are discharging residents to avoid being labeled an IMD before the transition plan is in place.

What You Can Do...

- Track in CHIN
- Follow-up with NCCEH
 - ▣ Release of Information
 - ▣ Former ACH Resident Form
- Connecting with Resources

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It is important to track who ends up in the homeless service system from ACHs because we want to give the State and communities an accurate picture of how the discharge process is/is not working AND because we want to be able to advocate for these individuals who are being discharged now to get access to DOJ resources once they are put in place. We want to show the State that they must prioritize individuals who come from ACHs into homelessness for those DOJ TBRA and service resources, rather than making them compete for the limited resources available for housing those who are in the homeless system.

We are tracking these individuals in a number of ways:

- A question has been added to CHIN (we will work with Mecklenburg to add this question to their HMIS system as well) that asks about ACHs
- We have developed two forms that can be sent to NCCEH to track individual-level information about who is showing up in the homeless services system
- NCCEH has created a webpage where we will post information and resources for community providers: <http://ncceh.org/ach/>

Tracking in CHIN

- Track all individuals who have been in an Adult Care Home in 2012.
- Does not have to be direct from ACH to shelter.
- Question on Program Entry/Exit Screen (the program enrollment step where the user indicates in what program the client is participating)
- Question in CHIN: Has client lived in adult care home in 2012? If yes, select most recent home.
- List of ACHs will be updated as at-risk list is updated.

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CHIN, the Carolina Homeless Information Network, is a database used by 99 counties in NC to gather information about homeless services in the state. Through CHIN, we are able to see aggregate (not identified client-level) information about who is using shelters, housing programs, and other services.

CHIN has added a question to the Program Entry/Exit Screen to track how many people accessing homeless services have been in an ACH facility in 2012. It is important that all homeless service providers answer this question in CHIN so we can have an accurate count. The exact question is:

“Has the client lived in an adult care home in 2012? If yes, select most recent home.”

The person entering the information into CHIN will then be able to choose from an updated list of ACHs that are at risk of being determined to be an IMD. Please choose the ACH from that list where the person last resided in 2012. You will have an option to choose if they were in an ACH that is not on the list.

Remember, the discharge does not have to be directly from the ACH to the homeless shelter to be tracked. Individuals who were discharged to another placement (with family or another facility) who then became homeless should also be tracked in CHIN.

Tracking in CHIN

The screenshot shows a form with several fields. The field 'Has client lived in adult care home in 2012? If yes, select most recent home' is circled in red. A dropdown menu is open for this field, showing a list of adult care home names. A blue box with a white background and a black border is positioned below the dropdown, containing a list of options for the dropdown menu.

Type of Living Situation- HUD	Owned by client, no housing subsidy (HUD)
Length of Stay in Living Situation- HUD	One year or longer (HUD)
Zip Code (of Last Permanent Address, if known)	27410
Zip data quality	Full or Partial zip code reported (HUD)
Has client lived in adult care home in 2012? If yes, select most recent home	-Select-
Highest Level of Education Attained	9th grade, No diploma (HS)
Employment status	Unemployed
% of County median income	0% to 30%

- Has not been in adult care home in 2012
- Has been in other adult care home in 2012 (not on this list)
- Don't know/refused
- ACH name

-Select-
aaHas not been in an adult care home in 2012
Arbor Care Assisted Living (Greensboro)
Austin Adult Care (Conover)
Avalon Hills (Black Mountain)
Candler Living
Canterbury Hills (Candler)
Cedarbrook (Nebo)
Crown Colony Found (Mooresville)
Cypress Manor (Roper)
Davie Place (Mocksville)
Elizabethan Gardens (Monroe)
Forsyth Village (Winston-Salem)
Fremont
Graceland I
Graceland II (King)
Hampton House I (Hendersonville)
Hampton House II (Hendersonville)
Henderson's Assisted Living
Heritage Care of Conover


This is a screen shot of what the question in CHIN looks like. You see the question circled in red and the list of ACHs to the right.

If the individual answers “no” to this question, please choose “has not been in an adult care home in 2012.”

If the individual has been in an ACH that is not listed, please choose “Has been in other adult care home in 2012 (not on this list).”

Release of Information

- Allows you to share information with:
 - NCCEH
 - NC DHHS
 - Disability Rights NC
- If individual agrees to provide these agencies with information, complete and submit with Former ACH Resident Form

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CHIN data will be able to provide the state and communities with aggregate data. So, CHIN will be able to tell us how many people in our homeless system were in an ACH in 2012 and in what communities, but CHIN will not be able to provide individual information. NCCEH has set up a voluntary process for individuals who have resided in an ACH in 2012 to share their personal information with NCCEH so that we can advocate that they have access to resources to live successfully in the community. Homeless service agencies should offer this reporting process to anyone who answers “Yes” to the ACH question.

The reporting process consists of two forms.

The first one is a Consent for Release of Information form. This is a basic consent that agency staff completes with the individual and the individual signs in order to share information with NCCEH, NC DHHS staff, and Disability Rights NC.

NC DHHS staff can mean staff at DHHS, DSS, DMH/SA/DD, DMA, and LME/MCOs. We want to be able to share this information with the key staff members who are overseeing the discharge process to be able to give them an accurate picture of what is happening on the ground.

Disability Rights NC is a nonprofit that advocates on behalf of individuals with disabilities in North Carolina.

If you have questions about this Consent for Release of Information, you can contact Emily Carmody at emily@ncceh.org or 919-755-4393.

Former ACH Resident Form

- Form created by NCCEH to help with advocacy efforts
- Includes agency, individual, and ACH information
- Fax to NCCEH with Consent 1(888) 742-3465

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NCCEH

Former Adult Care Home Resident Form

Make certain you read the form carefully, and check that names and addresses are spelled correctly, as well as any other information that may be important to the individual. It is important to have this information in writing for information regarding these individuals. Please do not include any information that is not requested on this form.

AGENCY INFORMATION

Agency Name: _____
Agency Address: _____
Agency Phone Number: _____
Agency Email Address: _____
Agency Website: _____
Agency Type: _____
Agency Description: _____
Agency Services: _____
Agency Contact Person: _____
Agency Contact Title: _____
Agency Contact Phone: _____
Agency Contact Email: _____

INDIVIDUAL INFORMATION


Individual Name: _____
Individual Address: _____
Individual Phone Number: _____
Individual Email Address: _____
Individual Date of Birth: _____
Individual Gender: _____
Individual Race: _____
Individual Ethnicity: _____
Individual Disability: _____
Individual Other Information: _____

ACH INFORMATION

ACH Name: _____
ACH Address: _____
ACH Phone Number: _____
ACH Email Address: _____
ACH Website: _____
ACH Type: _____
ACH Description: _____
ACH Services: _____
ACH Contact Person: _____
ACH Contact Title: _____
ACH Contact Phone: _____
ACH Contact Email: _____

CONTACT INFORMATION

Contact Name: _____
Contact Address: _____
Contact Phone Number: _____
Contact Email Address: _____
Contact Website: _____
Contact Type: _____
Contact Description: _____
Contact Services: _____
Contact Contact Person: _____
Contact Contact Title: _____
Contact Contact Phone: _____
Contact Contact Email: _____

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The second form in the individual reporting process is the Former ACH Resident Form. This form asks for information about the shelter or agency where the individual has accessed services, the individual, and the ACH facility where they resided in 2012. Gathering this information will allow NCCEH to advocate for individuals to have access to future resources. Completing this form is voluntary and does not guarantee that we will be able to secure funding for housing or services.

Once this form is complete, please fax this form along with the Consent for Release of Information to NCCEH at 1 (888) 742-3465.

Please make sure to check with NCCEH for updates on this process. We will post any resources or updates to <http://ncceh.org/ach/>

Other Resources

- Local DSS
- LME/MCO
- Disability Rights NC
 - www.disabilityrightsn.org
- Local Legal Aid
- NC DHHS

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In addition to tracking this information in CHIN and notifying NCCEH, homeless service agencies should offer other resources to those individuals who are accessing homeless services after being discharged from an ACH facility.

Local DSS:

Your local DSS is the lead of the ACH Discharge Team. Please make them aware that individuals who resided in an ACH in 2012 are accessing homeless services. Also, if the individual who resided in an ACH facility has had their Medicaid suspended, please help get them reconnected to Medicaid through DSS.

Local LME/MCO:

Staff from the LME/MCO are key members in discharge team process. Please make them aware that individuals who resided in an ACH in 2012 are accessing homeless services. Also, please help these individuals get reconnected to MH/SA services through the LME/MCO, if necessary.

Disability Rights NC:

You or the individual can contact Disability Rights NC directly at 1 (877) 236-4210. Disability Rights North Carolina is a 501(c)(3) nonprofit organization with offices in Raleigh and Asheville. Its team of attorneys, advocates, paralegals, and support staff provide advocacy and legal services at no charge for people with disabilities across North Carolina. As the state's federally mandated protection and advocacy system, Disability Rights NC is charged with protecting the rights of children and adults with disabilities living in North Carolina.

Local Legal Aid:

If the individual has any legal concerns or issues regarding the ACH or other matters, please help to connect them your local Legal Aid.

When there is more information from NC DHHS, we will let partners know who at NC DHHS will be the primary contact person for these issues and post this information on our webpage:

<http://ncceh.org/ach/>

If your agency would like to be added as a resource, please contact Emily Carmody at emily@ncceh.org or 919-755-4393.

Find Materials

- www.ncceh.org/ach
 - Former ACH Resident Form
 - Client Consent for Release of Information
 - Slides from today's call
 - Notes will be posted this week
 - Page will be updated with new information

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Materials from today's call and resources will be posted to our website at www.ncceh.org/ach

NCCEH Membership

- Join NCCEH!
- Individual and Organizational Memberships
- <http://www.ncceh.org/member/>

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It is because of our members that we are able to work on this issue. Membership dues are the only funding NCCEH has that enables us to do this work. If you are a member, thank you for your continued support. If you aren't a member, become a member today!

You can join NCCEH here: <http://www.ncceh.org/member/>

You can see a list of our members here: <http://www.ncceh.org/members/>

Contact NCCEH

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(919) 755-4393

NCCEH Webpage: www.ncceh.org

□ Learn more! Join our mailing list! Become a member!

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