MEMORANDUM OF UNDERSTANDING (MOU)
Participation in
Central Coast Respite Center (CCRC) Program
Natividad Medical Center (NMC)
July 1, 2022 - June 30, 2026

This Memorandum of Understanding (MOU) outlines the provision of funds by the County of Monterey on behalf of Natividad Medical Center ("NMC"), for assisting in meeting the direct costs of a Medical Respite Program operated by Community Homeless Solution (CHS).

I. PARTIES TO THE AGREEMENT

Service Provider

CHS

Client		**Amount**	
NMC		FY 2022-23	$115,000 Per Year
		FY 2023-24	$126,500 Per Year
		FY 2024-25	$131,560 Per Year
		FY 2025-26	$136,820 Per Year
			Total amount not to exceed: $509,880

II. SCOPE OF SERVICES

Funds will pay primarily for facility operating expenses, 24 x 7 staff coverage, care coordination and support services provided by the program, and overnight and administrative costs to support the program. See Scope of Services (**Exhibit A**).

CHS will reserve two (2) respite care beds for NMC to utilize for homeless patients discharged from NMC and requiring additional recuperative care.

III. TERM AND TERMINATION

This funding arrangement is retroactive from **July 1, 2022 through June 30, 2026** unless otherwise terminated or modified.

IV. COLLECTION OF FUNDS

a. CHS will generate two invoices semi-annually, with the first invoice on July 1st of each year and the subsequent invoice on December 1st of each year. Each invoice will account for 50% of the annual fee per the pricing table above.

b. Invoices will be paid by the County Auditor-Controller within 30 days after receiving the certified invoice from NMC.

V. REMAINING FUNDS

If the Medical Respite Program should close for unforeseen circumstances, all outstanding expenses will be paid by the County Auditor-Controller within 30 days after receiving the certified invoice from NMC and any remaining hospital funds will be returned within 30 days. A full disclosure of expenses will be provided to each hospital partner.

VI. ELIGIBILITY CRITERIA

NMC's patients available to be transferred to CHS must meet CHS/CCCR eligibility criteria in accordance to **Exhibit B**.

VII. COMMUNICATION OR CONTACT

COMMUNITY HOMELESS SOLUTIONS:

Name: Greg Baker, Executive Director
Email: gbaker@communityhomelesssolutions.org
Phone: 831-276-0645

COUNTY OF MONTEREY, on behalf of NATIVIDAD MEDICAL CENTER:

Name: Charles R. Harris, CEO
Email: harriscr@natividad.com

Phone: 831-783-2504

Approved and Accepted by:

COMMUNITY HOMELESS SOLUTIONS:

By: Greg Baker
Title: Executive Director

Signature: DocuSigned by: Greg Baker 47DF4F3BC74A42D...

Date: 6/14/2023 | 2:33 PM PDT

COUNTY OF MONTEREY, on behalf of NATIVIDAD MEDICAL CENTER:

DocuSigned by: Stacy Saetta C0ECE1B99F444A9...
Chief Deputy County Counsel
6/29/2023 | 8:28 AM PDT

DocuSigned by: Patricia Ruiz E79EF64E57454F6...
Auditor Controller Analyst
6/29/2023 | 11:32 AM PDT

By: Charles R. Harris
Title: CEO

Signature: _____

Date: _____

Exhibit A
Scope of Services
Central Coast Respite Care (CCRC)
2022-26

The Central Coast Respite Care (CCRC) provides beds for homeless patients being discharged from the inpatient setting at participating hospitals in Monterey County. These beds are located in a local shelter in Seaside, CA and offer the patient a clean, safe location for recuperating from their hospitalization. The program will serve homeless adults who are in need of short-term recuperative care, and are medically stable, independent in activities of daily living, and able to care for themselves.

The program will assist clients in accessing primary care and specialists as needed, including referral to mental health and substance abuse services. The program will also assist clients in accessing health and social services benefits, such as Medi-Cal, SSI, and General Assistance, and housing services.

The CCRC will be a public/private program between CHS, Community Hospital of the Monterey Peninsula, Salinas Valley Memorial Healthcare System, Natividad Medical Center and Central Coast Alliance for Health (CCAH). The updated program includes a licensed RN as well as licensed MD, and services in partnership with CCAH will be incorporated into the program. The "pilot program" with CCAH transferred over to the CalAIM program effective July 1, 2022.

The CHS facility in Seaside, CA will house up to six respite clients. CHS will provide:

- 24/7 on-site shelter staffing, security, facility management/maintenance and food.
- Case management to connect patients with needed health benefits, and medical, social, behavioral health, employment and housing services.
- Transportation services to/from primary care and specialist appointments.
- Referrals 7 days a week within the established business hours
- Access to "Bridge Housing" for a period of up to 90 days post recuperative care stay that is operated by CHS for the explicit purpose of connecting patients to permanent housing and employment if at all possible.

Additionally, with the medical model of the respite program with CCAH, the following additional services will be provided to respite clients:

- Daily Wellness Checks. These will include vital signs, acute symptoms, as well as physical/behavioral health and substance use components. The RN will work in collaboration with the MD to regularly reassess and monitor participants' health to ascertain progress and discharge coordination.
- Baseline health assessments at entry.
- Patient education.
- Medication reconciliation and coordination with discharging physicians, respite care medical directors and client PCPs.
- Individualized patient action goal plans/ Summary of Care Plan – Plan to be developed between the RN and participant to set health goals as well as care coordination.
- Housing plan for transition into permanent supportive housing options.

The discharging Hospital will be responsible for assessing the appropriateness of referrals in accordance with pre-established CCRC admission criteria and contacting CHS to expedite referral of clients. The Hospital will provide CHS with the patient information necessary to provide care and coordinate services (such as information about scheduled follow-up medical appointments and medications).

The Hospital will share "house rules" and expectations for participation with the patient and will provide transportation to the medical respite at the agreed upon time, along with necessary paperwork, discharge instructions and needed medical supplies.

The Hospital will make arrangements for home health agency services with a California-licensed home health agency on a case-by-case basis, as determined by the patient's medical needs at discharge from the acute inpatient setting, recognizing that daily RN/LVN oversight will be provided on site.

CHS will coordinate with hospital staff on an as-needed basis to monitor program goals and outcomes, address operational concerns, and facilitate discussions among hospitals, CHS, and other agencies as appropriate. The Hospital will assign a primary contact for programmatic and operational issues.

Exhibit B
Central Coast Respite Care (CCRC)
Eligibility Criteria
2022-26

CCRC
Age – Must be 18 years of age or older. Gender specific rooms will be assigned.
Medical Need – Must be medically stable and have a demonstrable medical need for respite care (less than 6 weeks) and no other reasonable option. Must also have a diagnosed clinical condition with an identifiable end point of care for discharge.
Home Health Staff – If applicable must be willing to see the assigned Home Health Care agency nurse every weekday and comply with medical recommendations.
Homeless – Must qualify as a homeless individual by the HUD definition, specifically lacking a stable living arrangement or permanent housing to support recovery. A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation.
Independent in Activities of Daily Living Skills – Must be able to provide his or her own care (bathing, dressing, feeding, personal hygiene and grooming, transferring in and out of bed and toileting).
Mobile – Must be able to walk or be mobile with the use of crutches, walker or a wheelchair in order to transfer in and out of bed, use the restroom and shower, eat meals in the dining area, & be transported to/from medical appointments.

Continent – A clean shelter is vital so clients must be both bladder and bowel continent. Participants with foley catheters or other medical devices will be considered on a case-by-case basis if they can self-manage the device or can be taught to self-manage the device.
Medical Treatment Plan Goals – Must be willing to work on medical treatment plan goals. Participants must have the ability to be taught and trained in self-care management to be considered for entrance into the program.
COVID - Cannot be actively contagious with COVID virus or other contagious condition that brings a threat of exposure and potential harm to others. Applicants showing symptoms of COVID will be sent to the local ER for testing and treatment, and may not be released to the Center until the quarantine period is complete and negative test results have been achieved and provided.
Psychologically Stable – Must be alert, oriented and mentally competent. Those with psychiatric conditions must be stable and willing to stay on medications while in the respite program.

Clean and Sober – Must have been clean and sober for at least 72 hours and must remain free of alcohol and drugs while in the program. Prospective participants may be part of a recovery program and must agree to continue with the program during their stay.

Behavior Appropriate for Group Setting – Must be able to cooperate and interact in a positive manner with staff and other clients in a group setting.

No Pets – Pets are not allowed at the respite facility.

Exclusionary Criteria:

- Known history of conviction for sexual offense, child molestation, arson or assault
- Individuals with unstable medical or psychiatric conditions that require an inpatient level of care
- Individuals with a known history of substance abuse that require IV treatment
- Active substance abusers unable or unwilling to abstain

Common Presenting Conditions:

- Injury/Fractures
- Diseases of the skin/subcutaneous tissue
- Diseases of the Respiratory System, Circulatory System, and Digestive System
- Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders
- Amputations/ Wound Care/ Wound Vac
- Acute Organ Failure
- Diabetes Management
- Cancer Recovery