

**MEMORANDUM OF UNDERSTANDING
BETWEEN THE SAN MATEO COUNTY BEHAVIORAL HEALTH AND
RECOVERY SERVICES DIVISION AND
FIRST 5 SAN MATEO COUNTY**

The purpose of this Memorandum of Understanding ("MOU") is to memorialize the agreement between the San Mateo County Health, San Mateo County Behavioral Health and Recovery Services Division ("BHRS") and First 5 San Mateo County ("First 5") regarding training and support for child - and family- serving organizations to make internal operations more trauma-informed.

1. Attachments

The following exhibits and attachments are attached and incorporated into this MOU by this reference:

Attachment A: Trauma-Informed Organizations Developmental Framework

2. Background Information

The BHRS Mental Health Services Act (MHSA) stakeholders prioritize behavioral health supports for children ages 0-5 as a core strategy of the Prevention and Early Intervention (PEI) component. In particular, the MHSA Steering Committee and the Behavioral Health Commission (formerly known as the Mental Health Substance Abuse and Recovery Commission) recommended the leveraging and support of First 5's Trauma- and Resiliency-Informed Systems Initiative (TRISI) goals.

The First 5 San Mateo County Mental Health Systems-Building Steering Committee recommended prioritizing the development of an Early Childhood Trauma- and Resiliency-Informed Systems Initiative, with a specific goal of launching this initiative to help young child-and family-serving organizations and systems become more trauma-informed in their operations as a first step. This recommendation was approved by First 5 on January 22, 2018.

Since the approval of that recommendation, First 5 has continued to convene its TRISI Implementation Team to advise on the Initiative. In the first two years of the Initiative, First 5 became the moderator of the San Mateo County ACEs Connection (now PACEs Connection) site, which serves as a virtual hub for information sharing among local stakeholders. In addition, First 5 conducted a market assessment to determine interest among local child - and family - serving organizations in participating in an effort focused on promoting trauma-informed organizational practices, and explored the best format for providing this. In November 2019, First 5 responded with a day-long countywide event to launch the trauma-informed systems work, "Culture of Care", which drew nearly 40 agencies/ departments and 200 participants.

In the fall of 2020, First 5 issued a procurement process to support the following three phases of TRISI: (1) Trauma-Informed Organizational (TIO)

Practices Assessment Tool, (2) cross-agency learning cohorts, and (3) individual agency coaching. The process resulted in onboarding agencies Hamai Consulting and East Bay Agency for Children’s Trauma Transformed to support these functions.

In 2021, First 5, with the support of its consultant team, provided two educational sessions to local child - and family -serving providers to learn more about TIO practices and the TIO Practices Assessment Tool. In addition, they supported nine local agencies in completing the TIO Assessment Tool, with over 350 individual responses, and launched two cohorts comprised of representatives from six nonprofit agencies or County departments. Each agency also received individual coaching parallel to the cohort offering to support TIO-focused growth.

In the second round of TRISI Implementation for which planning began in the second half of 2022, three of the County’s largest child and family serving systems enlisted the support of First 5 with the intention of becoming more trauma-informed. Over the past year, 449 people within these systems have completed agency TIO Practice Assessments. Fifty-two percent of the overall staff within the three agencies created coaching teams within each agency, and designated staff members to join cross-agency cohorts to help learn more about TIO practices and to begin developing workplans to develop TIO goals that align with the vision for each agency.

3. Term and Termination

3.1 Term:

Subject to compliance with all terms and conditions of this MOU, the term of this MOU is a two-year term from October 1, 2023 through June 30, 2025.

3.2 Amendment/Modification Process:

Any subsequent modifications or amendments shall be in writing and signed by the parties.

3.3 Termination:

This MOU may be terminated by the Executive Director of First 5 or the Chief of San Mateo County Health, or designee, at any time without a requirement of good cause, upon thirty (30) days' written notice. Services under this MOU are subject to the availability of funding and if funding should become unavailable, BHRS will notify First 5 in writing as soon as it learns of funding limitations or termination. Should early termination occur, the parties agree to negotiate in good faith a process by which to minimize the effect upon services.

4. Purpose or Scope of Work

4.1 The Early Childhood Trauma- and Resiliency-Informed Systems Initiative

will include the following key components to support the development of trauma-informed agencies with the goal of embedding trauma-informed policies and practices at every level of the child -and family -serving system. These components include, but are not limited to:

- a. Training and support for up to three child-and family-serving organizations or County departments to become more trauma-informed through:
 - i. Basic training on trauma and trauma-informed organizational practices, which can include definition, impacts, and mitigation of trauma and the domains for trauma-informed organizational practices, as well as the benefits for organizations of becoming more trauma-informed;
 - ii. Integration of the results of agency self-assessments of trauma-informed organizational practices, including analysis of the results and the dissemination of aggregate results with each participating agency/ County department; and
 - iii. Intensive agency-level coaching provided to participating agencies or County departments, including some or all of the following: executive coaching, leadership group facilitation/coaching, assistance with the development of workplans/roadmaps to incorporate agency TIO priorities.
- b. Resources for professionals working with children and families, which include:
 - i. Understanding the definitions of trauma and adverse childhood experiences, the relationship between trauma and health, and strategies for mitigating trauma;
 - ii. Incorporating cultural humility and racial equity into trauma-informed work;
 - iii. Hosting or contributing to an online portal for local trauma and resiliency-related resources and events for providers and families; and
- c. Education for parents to help recognize the signs and symptoms of trauma.
- d. Deliverables and timeframes for the services listed above are defined below in Section 6: Deliverables.

5. Relationship of Parties

5.1 BHRIS Responsibilities:

- a. Provide continued representation in the Trauma-and Resiliency-Informed Systems meetings, as necessary, to support the development and implementation of the Early Childhood Trauma Informed Systems Initiative.
- b. Work collaboratively with First 5 to provide leadership and overall direction to the project as needed.
- c. Facilitate engagement of Children and Youth System of Care (CYSOC) leadership in any key decision points as needed.
- d. Reimburse First 5 for services delivered as stated below in Section 7. Funding/Financial Responsibilities.

5.2 First 5 Responsibilities:

- a. Provide representation as needed on the Weaving Our Traditions and/or Implementation Committees to engage the committee in any ongoing day-to-day decisions.
- b. Provide representation as needed in monthly CYSOC meetings to ensure ongoing communication on the project status and outcomes.
- c. Manage the project and contracts with subject-matter experts in the field to conduct the activities as needed.
- d. Prepare an annual Mental Health Services Act (MHSA) report on outcomes and any presentations to stakeholders or data requests as needed.

Trauma-Informed Organizational Assessment (Target dates: Ongoing):

- e. Provide each participating agency or County Department with comprehensive reports on the findings from their TIO Practices Assessment.
- f. Support each agency to make meaning of their agency's assessment results in an effort to help agencies determine action steps for TIO practice implementation.
- g. In collaboration with participating agencies, develop a plan for re-

assessing staff (either abbreviated or full assessment) during the two-year contract term.

Organizational Coaching (Target dates: Ongoing):

- h. Support coaching participants to deepen understanding and practice of TIO principles and practices.
- i. Assist participating agency leads to develop and support internal implementation teams and/or structures to lead the TIO effort by sharing resources, communicating learnings, and incorporating practices.
- j. Provide monthly coaching to participating agencies/ departments to develop workplans or guiding documents to support agency implementation of TIO priorities.
- k. Help agencies determine a plan for internal accountability and evaluation of their efforts toward becoming more trauma-informed.

Administration, Evaluation, and Communications (Target dates: Ongoing):

- l. In partnership with agency/department leadership, manage the design of TRISI 2.0, including structure, timeline, content, and evaluation.
- m. Conduct ongoing evaluation of Initiative process and outcomes.
- n. Support functions related to Initiative sustainability, including funder partnerships, reporting, and braided funding streams.

Ongoing TIO Support (Target dates: Ongoing):

- o. Provide resources and opportunities for the initial round of six TRISI agencies/ departments (TRISI 1.0) to participate in shared TIO-promotion efforts
- p. Create opportunities to share data and learnings with participating agencies and the broader community of child- and family-serving service providers in San Mateo County.
- q. Identify and plan for future opportunities to support the adoption of TIO practices within other interested child- and family- serving agencies and departments, as needed.
- r. Support up to six additional interested agencies/ departments with

light-touch introductory supports to begin their TIO journeys.

6. Deliverables

Deliverable 1: Train and support assessment for agencies and systems that serve young children and their families to support the development of trauma-informed organizational practices.

Objective 1: By October 31, 2023, First 5 will provide up to three large child- and family-serving agencies/departments with detailed reports of their TIO Practices Assessment Tool findings.

Objective 2: By June 30, 2024, First 5 will support up to three large agencies/departments to integrate the findings of their TIO Practices Assessment into workplans or other agency planning tools, outlining some concrete and measurable indicators/ goals.

Objective 3: By January 2024, determine a reassessment strategy for the six initial TRISI 1.0 agencies that participated in the cohort and coaching offerings.

Objective 4: By June 2025, determine a reassessment strategy for the three TRISI 2.0 agencies that participated in the Initiative offerings.

Deliverable 2: Provide TIO coaching to child- and family-serving agencies.

Objective 1: Through June 30, 2025, support the leadership or planning teams of up to three large child- and family-serving systems with frequent agency-specific coaching focused on supporting the adoption of TIO practices.

Objective 2: By December 2023, help agency leaders integrate TIO Assessment findings and other TIO priorities into workplans or other strategic documents to inform agency direction on TIO practices.

Deliverable 3: Share learnings from TIO Assessment, Cohorts, and Coaching with SMC child- and family-serving providers.

Objective 1: Through June 30, 2025, make available opportunities for all staff within target agencies or departments to learn about trauma-informed organizational practices through shared resources and/or trainings.

Objective 2: By June 30, 2024, host an event for key stakeholders from participating agencies to share information and promote broader systemic adoption and deepening of TIO practices.

Objective 3: Host, curate, and maintain a resource hub focused on local trauma-informed resources, efforts, and opportunities.

Deliverable 4: Provide ongoing trauma-informed organizational support to interested child- and family-serving agencies or departments.

Objective 1: Through June 30, 2025, provide ad-hoc resources for six initial (first round) TRISI participant agencies.

Objective 2: By June 30, 2025, support up to six additional child- and family-serving agencies with light-touch TIO supports such as webinars, pre-recorded TIO introductory content, and/or access to the TIO Practices Assessment Tool.

Deliverable 5: Administer the Initiative, including submitting a year-end report due by the fifteenth (15th) of August each fiscal year. See Attachment C MHSAs Program Annual Reporting Template.

Objective 1: Through June 30, 2025, manage the design of TRISI 2.0 in partnership with agency/department leadership, including structure, timeline, content, and evaluation.

Objective 2: By October 15, 2023 and August 15, 2024 submit annual MHSAs Report and include mention of MHSAs funding in reports to other funders.

7. **Funding/Financial Responsibilities**

First 5 will commit up to \$150,000 over FYs 2023-24 and 2024-25 for a total maximum of \$300,000. Funding allocations for FY 2023-24 and 2024-25 can be found in the First 5 Strategic Plan Implementation Plan for FY 2023-25. In addition, Sequoia Health Care District has committed \$268,000 over the same two-year term to support this Initiative.

BHRS will fund First 5 an amount not to exceed \$300,000 for First 5's work to embed trauma-informed policies and practices into young child- and family-serving organizations and systems for the two-year term.

Mental Health Services Act, Prevention and Early Intervention component will fund 100% of the \$300,000 BHRS contribution as per the schedule below. Of the maximum amount, \$150,000 was included in the BHRS FY 2023-24 Approved Budget. Simal arrangements will be made for FY 2024-25. Appropriation for this MOU can be seen in Org. 61101. There is no Net County Cost.

Annual Deliverables	MHSA Annual Amt	Tools
Train and support assessment for agencies and systems that serve young children and their families to support the development of trauma-informed organizational practices.	\$23,000	<ul style="list-style-type: none"> • Assessment data/ reports • Agency workplans/ strategic documents • Coaching notes • Re-assessment plans
Provide TIO coaching to child- and family-serving agencies.	\$50,000	<ul style="list-style-type: none"> • Coaching notes • Agency workplans/ strategic documents
Share learnings from TIO Assessment, Cohorts, and Coaching with SMC child- and family-serving providers.	\$50,000	<ul style="list-style-type: none"> • Training curricula/ outline • Power Point slide deck(s) • List of agencies registered • Event recording • Link to Resource Hub
Provide ongoing trauma-informed organizational support to interested child- and family-serving agencies or departments.	\$2,000	<ul style="list-style-type: none"> • Coaching notes • Event registration list
Administer the Initiative, including submitting a year-end report due by the fifteenth (15th) of August each fiscal year.	\$25,000	<ul style="list-style-type: none"> • Reports to funders • MOUs • Strategic Planning documents/ notes
TOTAL	\$150,000	

Invoices will detail services provided by First 5 and will be invoiced bi-annually. Payment by BHRS to First 5 (Org# 19540-6156) shall be within 45 days from receipt of invoice. Invoices that do not include documentation of the services provided, as outlined below, may be subject to a delay in payment until such documentation has been received. Invoices shall be sent to:

County of San Mateo, Behavioral Health and Recovery Services, Contract Unit at 2000 Alameda de las Pulgas, Suite 280, San Mateo, CA 94403.

8. Contact Information

The following is contact information of the persons responsible from each

party/entity for the completion and maintenance of this MOU:

8.1 San Mateo County Behavioral Health and Recovery Services

Name: Ziomara Ochoa, Deputy Director Child and Youth Services
Address: 2000 Alameda de las Pulgas, San Mateo, CA 94403
Telephone: 650-573-2179
Email: ZOchoa@smcgov.org

8.2 First 5 San Mateo County

Name: Kitty Lopez, Executive Director
Address: 1700 S. El Camino Real, Suite 405
Telephone: (650)372-9500 x.225
Email: klopez@smcgov.org

- Signature page to follow -

Effective Date and Signatures:

This MOU shall be effective upon the signature of San Mateo County Behavioral Health and Recovery Services Division and First 5 San Mateo County authorized officials. It shall be in force from October 1, 2023 to June 30, 2025. Behavioral Health and Recovery Services and First 5 San Mateo County indicate agreement with this MOU by their signatures.

Signatures and dates:

DocuSigned by:

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Jei Africa, Director of BHRS

10/31/2023

Date

DocuSigned by:

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*Kitty Lopez, Executive Director
First 5 San Mateo County*

10/31/2023

Date

DocuSigned by:

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*Janet Gard, BHRS Deputy Director of
Finance and Administration*

10/31/2023

Date

*Dave Pine, President of Board of
Supervisors*

Date

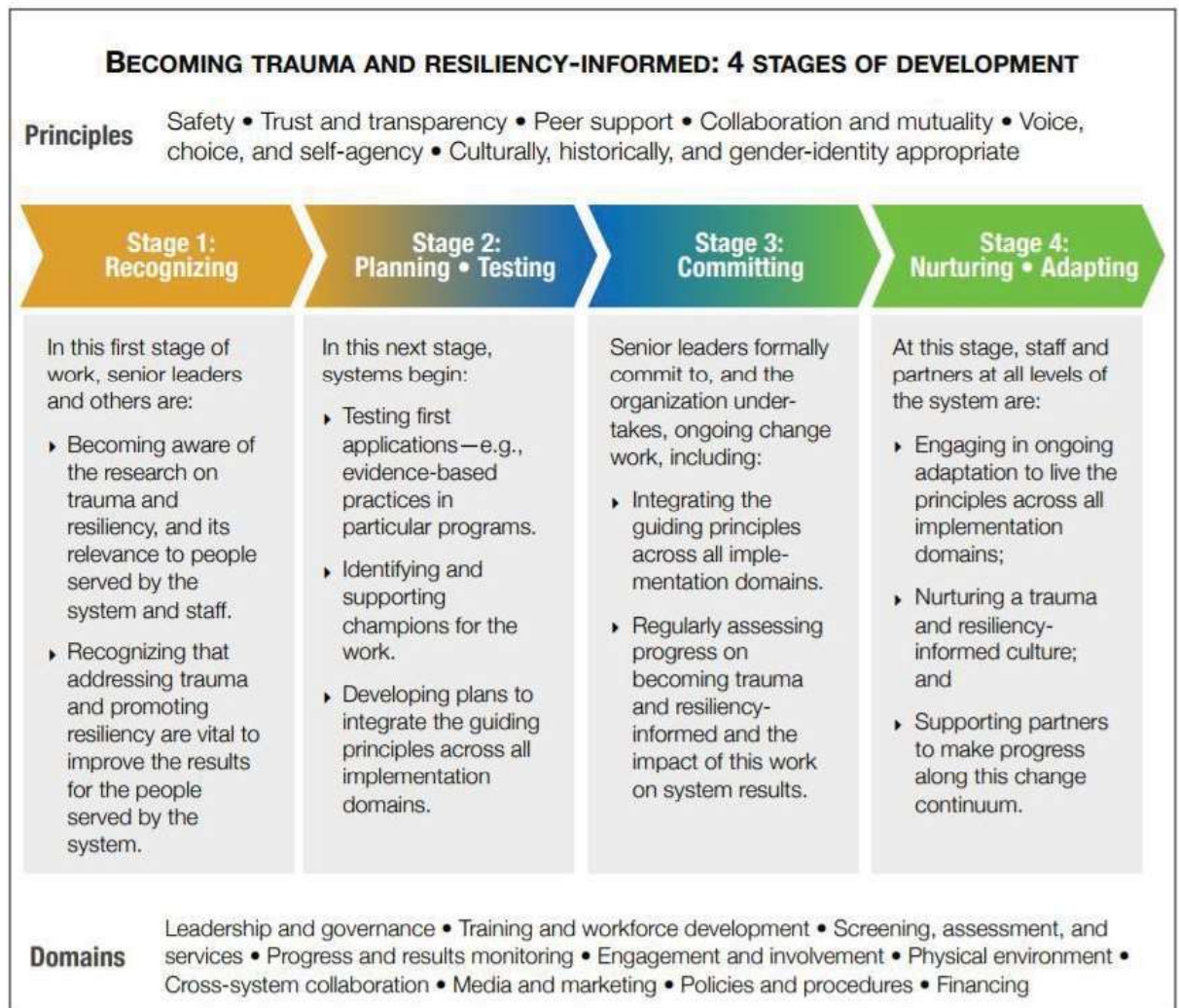
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*Ziomara Ochoa, BHRS Deputy Director of
Youth Services*

10/31/2023

Date

MHSA MOU Attachment A: Trauma-Informed Organizations Developmental Framework



Source: Center for Collective Wisdom, Trauma and Resiliency: A Systems Change Approach; Emerging Lessons and Potential Strategies from the Los Angeles County Trauma and Resiliency-Informed Systems Change Initiative, 2017. Downloaded from: <https://www.first5la.org/files/Trauma.pdf>



ATTACHMENT C

MHSA FUNDED PROGRAMS ANNUAL REPORT

Please complete the following report by August 30th of each year for previous fiscal year (July 1– June 30) program services. Email report to mhsa@smcgov.org.

Please submit your report as a Microsoft word file (no pdf) to facilitate the transferring of graphs/tables into the MHSA Annual Update we submit to the State of California. Reports should be written in third person.

1. AGENCY INFORMATION

Agency Name: _____ MHSA-Funded Program Name: _____
 Program Manager Name: _____
 Email: _____ Phone Number: _____

2. PROGRAM DESCRIPTION

In 300-500 words, please provide a brief description of your program, include:

- 1) Program purpose
- 2) Target population served
- 3) Primary program activities and/or interventions provided

3. NARRATIVE

Please describe how your program:

- 1) Improves timely access & linkages for underserved populations
- 2) Reduces stigma and discrimination
- 3) Increases number of individuals receiving public health services
- 4) Reduces disparities in access to care
- 5) Implements recovery principles

4. OUTCOME DATA & PROGRAM IMPACT

FISCAL YEAR _____



4a. Quantitative Data: Provide data collected about the health outcomes of clients served. What data do you collect to show how the program advances any of the following MHSAs Intended Outcomes?

- Reduce the duration of untreated mental illness
- Prevent mental illness from becoming severe and disabling
- Reduce any of the following negative outcomes that may result from untreated mental illness:
 - Suicide
 - Incarcerations
 - School failure or dropout
 - Unemployment
 - Prolonged suffering
 - Homelessness
 - Removal of children from their homes

**Please reach out to Doris Estremera, MHSAs Manager (650)573-2889, if you would like to discuss the appropriate data to include in this section.*

5. SUCCESSES & CHALLENGES (INCLUDE PHOTOS/QUOTES)

5a. Successes: Is there an intervention your program is especially proud of? Please include 1-2 client stories as an example of program success.

If a client story is used, with appropriate consent, **please include pictures and/or quotes** from the client to help us personalize your program and the report.

5b. Challenges: Have there been any challenges in implementing certain program activities and/or interventions? What are some solutions to mitigate these challenges in the future?

6. UNDUPLICATED CLIENT INFORMATION & DEMOGRAPHICS

Number of unduplicated clients served: _____

Number of unduplicated families served: _____

Please **provide demographic data of total clients served.**

Attached is an example of a program's completed report demographics included for your reference. These are client demographics the county is required to report to the State for each MHSAs funded program; please provide as many of these demographics that you collected; include

- 1) Demographic data of total clients served.
- 2) Plans to collect data currently not collected.

EXAMPLE OF REPORTED CLIENT DEMOGRAPHICS

AGE	#	Total	%
Age 0-15	10	114	9%
Age 16-25	3	114	3%
26-59	98	114	86%
60+	2	114	2%
decline to state	1	114	1%
Primary language	#	Total	%
English	21	123	17%
Spanish	98	123	80%
Mandarin	1	123	1%
Cantonese	0	123	0%
Tagalog	1	123	1%
Russian	0	123	0%
Samoan	0	123	0%
Tongan	0	123	0%
Another language	1	123	1%
Race/Ethnicity	#	Total	%
American Indian/ Alaska Native/ Indigenous	0	117	0%
Asian	2	117	2%
Eastern Europe	0	117	0%
European	0	117	0%
Arab/Middle Eastern	0	117	0%
Black/ African- American	2	117	2%
White/ Caucasian	3	117	3%
Asian Indian/ South Asian	1	117	1%
Caribbean	0	117	0%
Fijian	1	117	1%
Cambodian	0	117	0%
Central American	16	117	14%
Guamanian	0	117	0%
Chinese	1	117	1%
Mexican/ Chicano	66	117	56%
Native Hawaiian	0	117	0%
Filipino	3	117	3%
Puerto Rican	1	117	1%
Samoan	1	117	1%
Japanese	0	117	0%
South American	10	117	9%
Tongan	0	117	0%
Korean	0	117	0%
Vietnamese	0	117	0%
Another race/ ethnicity	9	117	8%

Sex assigned at birth	#	Total	%
Male	30	123	24%
Female	91	123	74%
Decline to state	1	123	1%
Intersex	#	Total	%
Yes	2	110	2%
No	104	110	95%
Decline to state	3	110	3%
Gender Identity	#	Total	%
Male/Man/ Cisgender	31	122	25%
Female/ Woman/ Cisgender Woman	86	122	70%
Transgender Male	0	122	0%
Transgender Woman	1	122	1%
Questioning/ unsure	0	122	0%
Genderqueer/ Nonconforming	0	122	0%
Indigenous gender identity	0	122	0%
Another gender identity	0	122	0%
Decline to state	4	122	3%
Sexual Orientation	#	Total	%
Gay, lesbian, homosexual	0	104	0%
Straight or heterosexual	87	104	84%
Bisexual	0	104	0%
Decline to state	15	104	14%
Queer	0	104	0%
Pansexual	0	104	0%
Asexual	0	104	0%
Questioning or unsure	2	104	2%
Indigenous Sexual orientation	0	104	0%
Another sexual orientation	0	104	0%
Disability/ Learning difficulty	#	Total	%
Difficulty seeing	8	117	7%
Difficulty hearing or having speech understood	2	117	2%
Dementia	1	117	1%
Developmental disability	0	117	0%
Physical/ mobility disability	0	117	0%
Chronic health condition	0	117	0%
Learning disability	3	117	3%
I do not have a disability	86	117	74%
Another disability	1	117	1%
Decline to state	7	117	6%
Veteran	#	Total	%
Yes	2	122	2%
No	116	122	95%
Decline to state	2	122	2%

