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

Between October and December 2017, San Mateo County Health and BHRS hosted a prevention and early intervention taskforce (the "PEI Taskforce") of subject-matter experts, leaders, clients/consumers and family, and community members to develop specific strategic and programmatic recommendations for the Mental Health Services Act ("MHSA") Prevention and Early Intervention ("PEI") component for children ages 0-5. Participants reviewed data, best practices and current program outcomes, prioritized across issues, and helped develop a final set of recommendations for the MHSA Three-Year Plan Fiscal Year 2017-2020. The PEI Taskforce highlighted early identification and treatment for children ages 0-5 as a priority and agreed that the results of a community planning effort, currently conducted by First 5, would be important to leverage and support.

The recommendations from the PEI Taskforce were presented to the Mental Health Substance Abuse and Recovery Commission (the "MHSARC"). The MHSARC voted to open a 30-day public comment period and then approved the recommendations following a public hearing on February 6, 2018.

The First 5 San Mateo County Mental Health Systems Building Steering Committee recommended prioritizing the development of an Early Childhood Trauma-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.

3. Term and Termination

3.1 Term:
Subject to compliance with all terms and conditions of this MOU, the term of this MOU shall be from July 1, 2019 through June 30, 2022. Included

in this MOU is the option to renew for an additional one to two years pending program evaluation, availability of funding, and division approval.

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-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 40 child-and family-serving organizations to become more trauma-informed through:
   i. Basic training for approximately 40 organizations, which will cover definition, prevalence, impacts, and treatment of trauma as well as information about resiliency and protective factors;
   ii. Agency self-assessments of trauma-informed care for a minimum of 15 agencies; and
   iii. Reflective practice training and supervision based on an approach that supports various models of relationship-based service delivery and can be used across disciplines, systems of care, and service models for children and families, with this intensive coaching provided to a minimum of 5 agencies.
b. Training and resources for professionals working with children and families, which include:
   i. Understanding trauma, its impacts, and treatment options;
   ii. Incorporating cultural humility into trauma-informed work;
   iii. Online portal for local trauma and resiliency-related resources for providers and families; and
c. Education for parents to help recognize the signs and symptoms of trauma.

Deliverables and timeframes for the services listed above are defined in Section 6: Deliverables below.

5. Relationship of Parties

5.1 BHRS Responsibilities:

a. Provide continued representation on the Trauma-Informed Systems Implementation Committee to support the development and implementation of Early Childhood Trauma Informed Systems Initiative; and
b. Reimburse First 5 for services delivered as stated in Section 7. Funding/Financial Responsibilities below.

5.2 First 5 Responsibilities:

First 5 will manage the project and contract with subject-matter experts in the field to conduct the trainings and activities as needed, beginning with Phase 2.

Phase 1: Buildout (August 2018- June 2019):
Prior to the execution of this MOU, Phase 1 had already begun and was funded in full by First 5. It is included herein as reference. Activities for Phase 1 were as follows:

a. Convene an Implementation Committee to oversee the development and implementation of Early Childhood Trauma Informed Systems Initiative, through the following tasks:
    i. Connect to the larger countywide, regional, state and national trauma-focused efforts to ensure common vernacular and understanding, leverage existing resources, and align efforts;
    ii. Implement communications or public education campaign to help build awareness about toxic stress and its implications and help mitigate the impacts;
    iii. Build out local resources focused on developing Trauma-Informed Systems for early childhood providers across San Mateo County;
    iv. Provide or arrange for training for agencies and systems that serve young children and their families to support the development of trauma-sensitive systems at the organizational, practitioner, and individual levels;
b. Develop evaluation tools for the initiative.
c. Conduct market assessment, relationship-building and initiative refinement.

Phase 2 (Target dates: July 2019- December 2020):

a. Provide trauma training for child-and family-serving organizations
b. Finalize trauma-informed organizations program design for young child- and family-serving organizations and systems.
c. Conduct necessary contracting/procurement for initial Trauma Training and Trauma-Informed Organizations Program Design as necessary.

Phase 3 (Target dates: January 2021- June 2022):

a. Rollout of the Trauma-Informed Organizations' Implementation, including technical assistance, coaching, and a learning community;
b. Evaluation of initiative efforts and integration of learning; and
c. Identification of future recommendations for sustainability.

6. Deliverables

Deliverable 1: Train agencies and systems that serve young children and their families to support the development of trauma-sensitive systems at the organizational, practitioner, and individual levels.

Objective 1: By December 31, 2019, First 5 will provide Trauma training to at least 40 agencies.

Objective 2: Of agencies that complete the training, 80% will report that they are at Stage 1 or higher on the Trauma Informed Organizations Framework (see Attachment A).

Deliverable 2: Provide trauma-informed organizations (TIO) assessment support for agencies that serve young children and their families.

Objective 1: By June 30, 2021, First 5 will provide trauma-informed organizational assessments and light-touch technical assistance (TA) for at least 15 organizations.

Objective 2: Of the agencies that receive TIO assessment support and light-touch TA, 80% will report using the information gathered from the Assessment Tool to inform ongoing organizational practice.

Deliverable 3: Provide TIO coaching and learning community opportunities to child- and family-serving agencies.

Objective 1: By June 30, 2022, at least five organizations will have completed more intensive coaching and a TIO learning community through First 5.

Objective 2: Of the agencies that are involved in TIO coaching and the learning community, 80% will move up at least one Stage on the TIO Framework.

Deliverable 4: First 5 will submit a year-end report due by the fifteenth (15th) of August each fiscal year. See Attachment C MHSA Program Annual Reporting Template.

7. Funding/Financial Responsibilities

BHRS will fund 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.

The MHSA PEI will fund 100% of the $300,000. Of the maximum amount, $115,000 was included in the BHRS FY 2019-20 Approved Budget, $100,000 was included in the BHRS FY 2020-21 Approved Budget. The remaining $85,000 will be included in the BHRS FY 2021-22 Recommended Budget to support the completion of deliverables in the MOU Scope of Work. Appropriation for this MOU can be seen in Org 61101. There is no Net County Cost.

First 5 committed $150,000 for Phase 1 activities in FY 2018-19 and will commit $150,000 for FY 2019-20 for a total maximum of $300,000. Funding allocations for FY 2019-20 can be found in the First 5 Strategic Plan Implementation Plan for FY 2018-20 and allocations for FY 2020-21 can be found in the First 5 Strategic Plan Implementation Plan for FY 2020-23.

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:

Deliverables	Amount	Timeline	Documentation
Train 40 agencies	$100,000	12/31/19	• List of agencies and dates trained • Sign in sheets
Provide assessments and TA to 15 agencies and intensive coaching to 5 agencies.	$150,000	4/30/22	• Assessments conducted • Summary of TA provided • Summary of coaching provided
Host an event to share findings from TIO Assessment and Cohort/Coaching model with the community.	$50,000	6/30/2022	• Power Point slide deck • List of agencies registered • Event recording

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 July 1, 2019 to June 30, 2022. Behavioral Health and Recovery Services and First 5 San Mateo County indicate agreement with this MOU by their signatures.

Signatures and dates:

Scott M Gilman
Digitally signed by Scott M Gilman
Date: 2021.06.03 14:39:27 -07'00'

Scott Gilman, Director
Behavioral Health & Recovery Services

Date

Kitty Lopez
Digitally signed by Kitty Lopez
DN: cn=Kitty Lopez, o=First 5 San Mateo County, ou, email=klopez@smcgov.org, c=US
Date: 2021.05.28 13:28:05 -07'00'

Kitty Lopez, Executive Director
First 5 San Mateo County

5/28/21

Date

Janet Gard
Digitally signed by Janet Gard
DN: cn=Janet Gard, o=BHRS, ou, email=jgard@smcgov.org, c=US
Date: 2021.05.06 15:07:24 -07'00'

Janet Gard, BHRS Deputy Director of Finance and Administration

Date

Kitty Lopez, Executive Director

(Print/type) Name
Title, Agency

5/28/21

Date

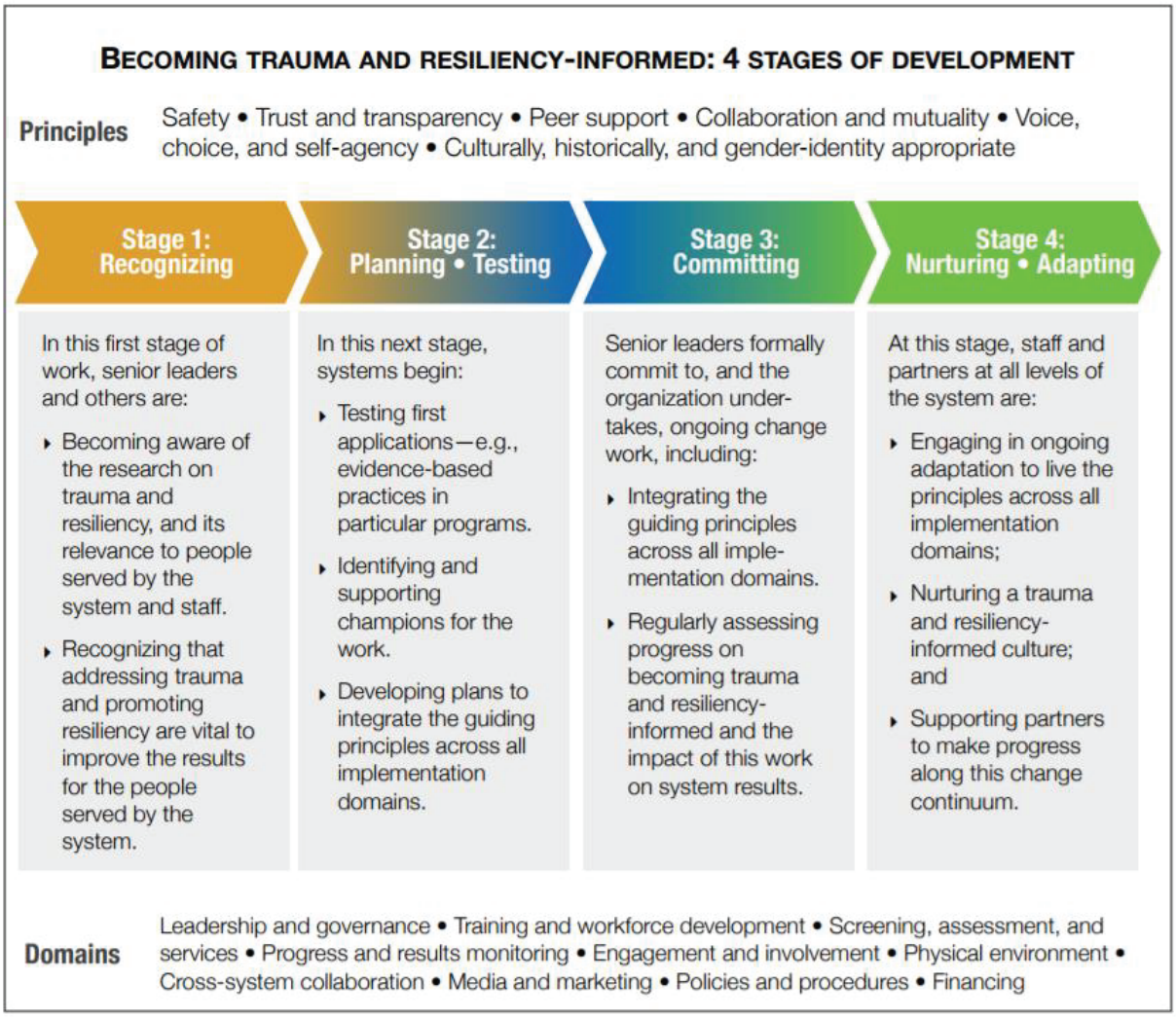
Ziomara Ochoa, Deputy Director
Digitally signed by Ziomara Ochoa, Deputy Director
Date: 2021.05.03 14:24:54 -07'00'

Ziomara Ochoa Rodriguez, BHRS Deputy Director of Child and Youth Services

Date

(Print/type) Name
Title, Agency

Date



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

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

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 MHSA 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, MHSA 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 a 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 MHSA 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%