

**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 Mental Health Substance Abuse and Recovery Commission recommended the leveraging and support of First 5's Trauma-Informed Systems Initiative goals.

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.

Since the approval of the recommendation, First 5 has continued to convene its Trauma- and Resiliency-Informed Systems Initiative (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 for 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 our 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 two 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 for local child- and family-serving providers to learn more about TIO practices and the TIO Practices Assessment Tool, supported nine local agencies to complete 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.

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 April 1, 2022 through June 30, 2023. 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 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 will cover 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. Agency self-assessments of trauma-informed organizational practices, including the sharing of aggregate results of the assessments with each participating agency/ County department; and
 - iii. Multi-agency cohorts and intensive agency-level coaching provided to participating agencies or County departments.
- 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.

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

5. Relationship of Parties

5.1 BHRIS Responsibilities:

- a. Provide continued representation on the Trauma-and Resiliency-Informed Systems Implementation Committee 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 in Section 7. Funding/Financial Responsibilities below.

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 trainings and 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: April 2022 – June 2022):

- e. Provide training sessions and resources for child-and family-serving organizations and County Departments to learn about the impacts of trauma, the domains of trauma-informed organizational practice, and the TIO Practices Assessment Tool.
- f. Support participating agencies/ departments and staff to complete the TIO Practices Assessment Tool
- g. Provide each participating agency or County Department with a report on the findings from their TIO Practices Assessment.

Organizational Coaching and Multi-Agency Cohorts (Target dates: April 2022 – April 2023):

- h. Assist participating agencies or County Departments to determine cohort participants and develop internal implementation teams to lead the TIO effort by sharing resources, communicating learnings, and incorporating practices.
- i. Provide monthly coaching to participating agencies/ departments to support agency to implement TIO priorities.
- j. Design and facilitate three to four multi-agency cohorts of 12-15 participants each over 10 months to deepen understanding and

practice of TIO principles and practices

Administration, Evaluation, and Communications (Target dates: April 2022 - June 2023):

- k. Manage the design of TRISI 2.0, including structure, timeline, content, and evaluation
- l. Support functions related to Initiative sustainability, including funder partnerships, reporting, and braided funding streams

Ongoing TIO Support (Target dates: April 2022 – June 2023):

- m. Provide continued, though less frequent, individual agency coaching and multi-agency cohorts for the initial round of six TRISI agencies/ departments
- n. Create and host opportunities to share data and learnings with participating agencies and the broader community of child- and family-serving service providers in San Mateo County
- o. Identify and plan for future opportunities to support the adoption of TIO practices within other interested child- and family- serving agencies and departments
- p. 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 initial assessment of agencies and systems that serve young children and their families to support the development of trauma- informed organizational practices.

Objective 1: By May 31, 2022, First 5 will support three large child- and family-serving agencies/departments to develop internal TIO Implementation teams.

Objective 2: By June 30, 2022, First 5 will support three large agencies/departments to complete the TIO Practices Assessment Tool.

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

Objective 1: By April 30, 2023, three large child- and family-serving systems will have received 12 months of monthly agency-

specific coaching focused on supporting the adoption of TIO practices.

Objective 2: By April 30, 2023, three large child- and family-serving systems will have completed the initial round of a 10-month cohort and a TIO learning community through First 5.

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

Objective 1: By April 30, 2023, First 5 will make available opportunities for all staff within target agencies or departments to learn about trauma-informed organizational practices through shared resources.

Objective 2: By June 30, 2023, First 5 will host an event for child- and family-serving providers to share information and promote broader systemic adoption of TIO practices.

Objective 2: By December 31, 2022, First 5 will convene agencies that have participated in TRISI 1.0 and 2.0 to promote cross-sharing and deepening of practices.

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

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

Objective 1: By December 31, 2022, First 5 will host three quarterly cohort meetings and up to three individual agency coaching sessions for six initial (first round) TRISI participant agencies.

Objective 2: By June 30, 2023, First 5 will 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: First 5 will submit a year-end report due by the fifteenth (15th) of August each fiscal year. See Attachment C MHS Program Annual Reporting Template.

7. Funding/Financial Responsibilities

First 5 will commit up to \$250,000 over FYs 2021-22 and 2022-23 for a total maximum of \$250,000. Funding allocations for FY 2021-22 and 2022-23 can be found in the First 5 Strategic Plan Implementation Plan for FY 2020-23.

BHRS will fund an amount, not to exceed \$250,000 for First 5's work under this MOU.

One-time funding under the Mental Health Services Act, Prevention and Early Intervention component will fund 100% of the \$200,000 BHRS contribution as per the schedule below. Of the maximum amount, \$20,000 was included in the BHRS FY 2021-22 Approved Budget and \$230,000 was included in the BHRS FY 2022-23 Approved Budget. Appropriation for this MOU can be seen in Org. 61101. There is no Net County Cost.

Deliverables	Amount	Timeline	Tools
1. Provide support to develop implementation teams and conduct TIO Practice Assessments.	\$20,000	6/30/22	<ul style="list-style-type: none"> • Assessment data • Coaching notes
2. Provide TIO coaching and cohorts to three large agencies/ departments.	\$150,000	4/30/23	<ul style="list-style-type: none"> • Cohort learning hub, meeting docs • Coaching notes
3. Host events to share findings from TIO Assessment and Cohort/Coaching model with the community.	\$30,000	6/30/23	<ul style="list-style-type: none"> • Summary of coaching provided • Power Point slide deck • List of agencies registered • Event recording
4. Provide ongoing TIO support for up to 6 initial TRISI agencies and up to 6 additional agencies.	\$50,000	6/30/23	<ul style="list-style-type: none"> • Cohort notes/ recordings • Coaching notes webinar recordings • TIO assessment data

Invoices will detail services provided by First 5 and will be invoiced bi-annually. Payment by BHRS to First 5 (Org# 19510-2643) 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 April 1, 2022 to June 30, 2023. 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: 2022.03.17 14:34:11 -07'00'

*Scott Gilman, Director
Behavioral Health & Recovery Services*

Date



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

3/21/2022

Date

Janet Gard Digitally signed by Janet Gard
DN: cn=Janet Gard, o=BHRS, ou,
email=jgard@smcgov.org, c=US
Date: 2022.03.16 14:18:19 -07'00'

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

Date

Don Horsely, President of Board of Supervisors

Date

Ziomara Ochoa Digitally signed by Ziomara Ochoa
Date: 2022.03.16 12:07:40 -07'00'

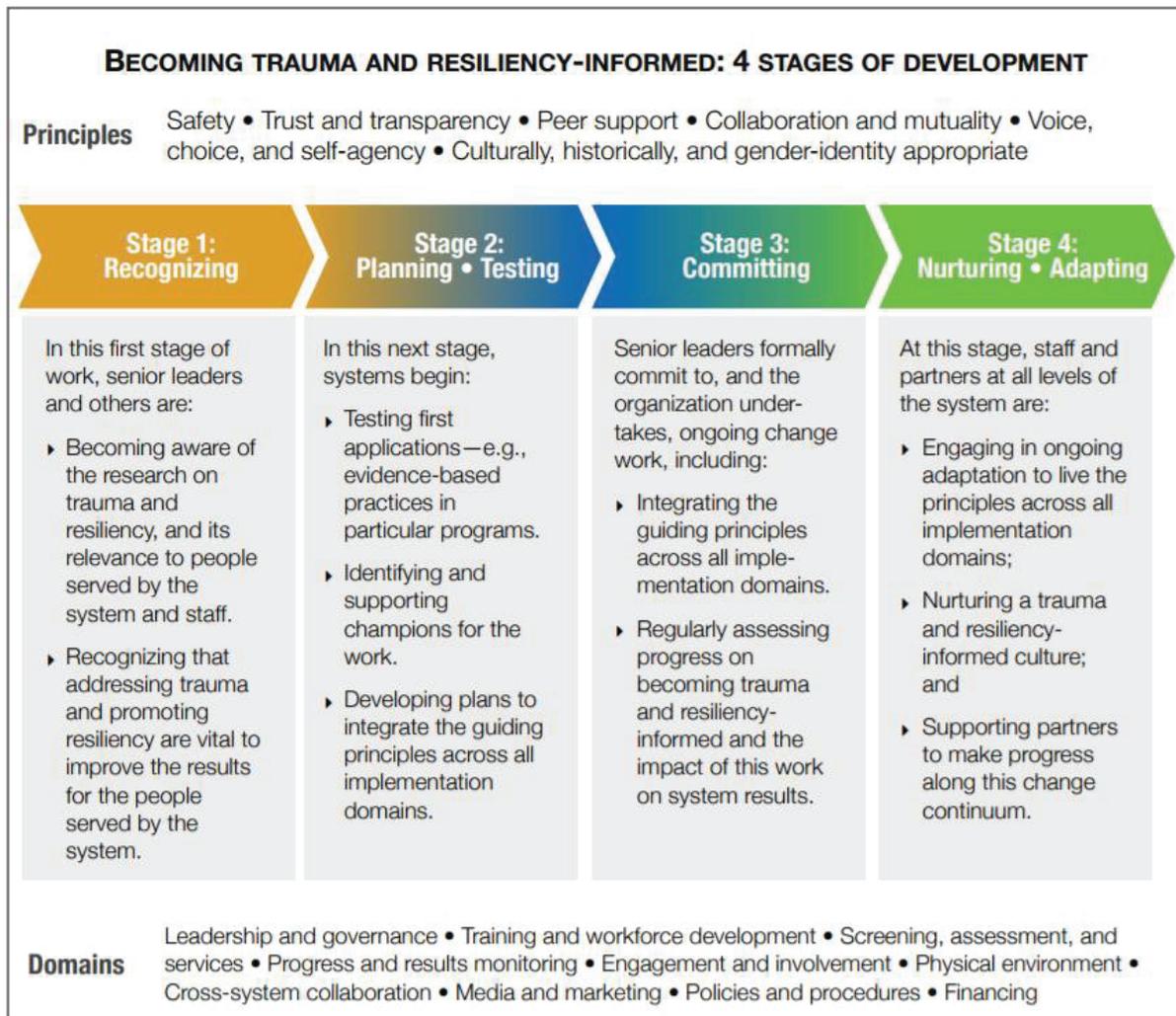
*Ziomara Ochoa, BHRS Deputy Director of
Youth Services*

Date

*(Print/type) Name
Title, Agency*

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>



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%

