Department of Mental Health Master Agreement- Jail/Arrest Diversion Program Statement of Work (SOW)

	•	Jeacemen	cor work (sow)			
Procurement:	BD-18-1022-DMH08-8210B-21306	Contract ID:	PPDMH8210025SOMERVIL	7	:	
	City of Somerville Police Department			,,	:	
DMH Sponsor Name:	1 1				•	:
	Director of Jan and Afres	Diversion inge	atives. Joannie Dai los	」		
	Proposed Dat	es of Service (r	ot to exceed current state fiscal	lyear) T		
From:	1-Jul-24	To:	30-Jun-25			
		· · · · Co	st Estimate			18-7 - Nys
Proposed Hours:	N/A	Hourly Rate:	N/A	1		
;	·:			-1		
Total (not to exceed) Cost:	\$335,635					
ادر المعالم المراكز المراكز والمعارضة والمعارضة والمراكز والمواجعة المعارضة والمراكز والمعارضة والمراكز والموا	egister Visignije i dan groupe gester til groupe til strippe til e	ا د میرید که این می	eligi, gazeta erro ili egit ili eki sitti olu.	ing a week gayayan ga	g in the Jackson	
cone of Engagement		Scope	and Payment		. milei svilvinii Jul	
cope of Engagement	IG AND TECHNICAL ASSISTANCE CENT	50 (OT TILD)	· · · · · · · · · · · · · · · · · · ·			
omerville Police Department	will use grant funds to staff and run th	ne Metro-Bosto	n Crisis Intervention Training and	d Technical Assistance Ce	nter (CIT-TTAC) for Pol	lice
	onnel in the Greater Boston Metro Re					
	ning, certification and development, N	-		· .	•	
	esponse training needs with referrals t		, , .,			
•	al process outlined below and utilize		-	•	•	
	ments interested in developing CIT pr			•		
• • • • • • • • • • • • • • • • • • • •	n area. CIT trainings will be offered at		•			-
addition to CIT for Dispatch	will be offered 4 times. CIT for Youth v	will be offered t	wice, following the statewide cu	rriculum. Eight hour CIT i	e-certification classes v	vili be held
•	First Aid will be offered up to four tim		-			
•	funds can be used for police training			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	_
ne Commonwealth of Massacl	husetts by the U.S. Department of the	Treasury unde	r Section 9901 of the American I	Rescue Plan Act of 2021 ('ARPA") which establish	hed the
oronavirus State Fiscal Recove	ery Fund ("FRF") in the amount of \$97	,000. The DMH	Coronavirus State Fiscal Recover	ry Fund (FRF) Contract Ad	dendum is attached ar	rd
ncorporated herein for FY 25.	•					
eliverables and Payment	•					
	on of actual expenses corresponding t	to line items re	presented in the Attachment D E	Judget Sheet.		
rantee provides quarterly rep		`	:	•	• •	. :
. Number of CIT, MHFA, and o	ther behavioral health training for lav	v enforcement	held.			:
. Number/Origin of police dep	artments, law enforcement agencies,	and first respo	nders that attended CIT or other	r trainings provided, inclu	ding Train-The Trainer	MHFA for
ublic Safety trainings.		,		•		
. Submission of CIT certification	on and Practical Skills for De-Escalatio	n data and offic	er-related data in database.			
. Quantity (in hours) of techni	ical assistance provided to law enforce	ement developi	ing CIT programs and/or CIT app	roaches and to whom pro	wided. CIT developmer	nt in 3-6
•	is expected. Specific technical assista				, .	
aving a CIT policy/procedures	, 3) Having an appropriate amount of	officers trained	in CIT, 4) Having awareness wit	hin the police departmen	t's administration abou	it CIT, 5}
- · .	PD's CIT, 6) Having a mental health co		• • • • • • • • • • • • • • • • • • • •			
	es or those who are frequently involve	ed or in crisis wi	th the PD. Development/mainte	nance of a CIT program is	i the Somerville PD and	1
	latabase by CIT officers on incidents.			4.	· · · · · · · · · · · · · · · · · · ·	:
	ith any changes noted quarterly.					:
	tings hosted per quarter (and attenda					
	rterly Report (in the web-based data)					
	actual expenditures may be submitte		· .			
•	nvoicing may be appropriate in some	-		noursed by runds authori	ied for that fiscal year	oniy. Finai
ivolces must de submitted in a	adherence to the submission deadline	established by	tne Commonwealth.			
					•	
		Signature :	and Authorization			
in a second control of	: *		in the second se	1	,	
Contractor		<u> </u>	Pepartment of Mental Health	*		
Authorized Signatory Name:	Charles Femino		Authorized Signatory Name:	NANCY C	DNNOLLY,	Psy.
	(-12-34)	. [
Date:	<u>v-/37</u>	-	Date:	6/28/24	· / f	
Signature:	March to		Signature:	1000	[1]. D.	