Department of Mental Health

	Master Agreement- Jai	/Arrest Divers	ion Program Staten	nent of Work (SC	W) :	•	
•							- -
Procurement	BD-18-1022-DMH08-8210B-21305	Contract ID: SCD3	H822025088710000		•		
Contractor Name:	City of Somerville, Police Department, I	• • •		.us		÷ + 1	
DMH Sponsor Name:	Director of Jail and Arres	1	٠				
enarentoriare	rangara. A sing salah angarangan kanangan dikabangan	Distriction of the land of the same of	Triba pures Alexa Astronom		survene argoneven	Siki kilomo oli silamomilo sistemik	ey to
in Line and Cross day. From:	1-Jul-24	Dates of Service (not	to exceed current state fiscal 30-Jun-25	year]			A Second
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	Kulikana kata	Cost f	stimate			AND THE RESERVE	, F.1
Proposed Hours:	N/A	Hourly Rate:	N/A	1		recommendation of the second control	
			,				- 1
Total (not to exceed) Cost:	\$40,021				•	•	
		Scope an	d Payment	Control None			
e of Engagement	<u> </u>		<u> </u>		<u> </u>		
ment Jail/Arrest Diversion Pro	gram; ntinue its police department's jail/arrest di					The City of	
oproval by DMH. The clinician S. Department of the Treasury	treatment-based solutions instead of jail. I records appropriate incidents in the IDP do under Section 9901 of the American Rescu	atabase. The grant pro se Plan Act of 2021 (*/	ovided under this SOW include IRPA") which established the	es Federal assistance rel Coronavirus State Fiscal	ated to the Commony	vealth of Massachusetts	
21. The DMH Coronavirus State	Fiscal Recovery Fund (FRF) Contract Adde	ndum is attached and	incorporated herein for FY 2S	•		٠.	
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erables and Payment					٠.		-
1. 5	n Payment Voucher to invoice DMH for pay		-		•		_ `
tee provides quarterly report da imber of police officers in depart imber of behavioral health-relate	*		Attachment D Budget Sheet. G	Grantea provides a copy	of all training Certifies	stes of Completion.	
	linician hours received, referrals received,		d with.				- [
	sions made and destination/hand-off party akeholder meetings hosted by and or atter		a PD related to this Init/Associ	Niversian Program			
	akenoider meddigs nosted by and or acte. I expenditures may be submitted at any tu				s preferred when cos	ts are incurred. (Quarter	rly
ng may be appropriate in some	cases.) Expenses within a fiscal year will b		-		-	•	
ssion deadline established by ti	he Commonwealth.						1
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		Winahure and	Authorization				(S)
							300
Contractor		Depart	ment of Mental Health			<u> </u>	↲
Authorized Signatory Name:	HARLES Fem no		Authorized Signatory Nan	ne: NANC	Y CON.	NOLLY.F	4 5
Date:	C= 19-24		. Da	te: 6/24	124		∃ *
Signature:	0 10 47	<u> </u>					
			Signatu	ne: 4 S	7	011 12	7