#### **Patricia Contente**

From:

Barber, John (DMH) < john.barber@mass.gov>

Sent:

Thursday, August 17, 2023 12:12 PM

To:

Patricia Contente

Cc:

Barros, Joanne T. (DMH)

Subject:

Somerville Component Grant SOW

Attachments:

Somerville Component JDP FY24.pdf; DMH Coronavirus State Fiscal Recovery Fund FRF

Contract Addendum.docx

This email is from an external source. Use caution responding to it, opening attachments or clicking links.

Dear Patty,

Attached is the Somerville Component SOW for FY 24.

Please sign the SOW and hand-date it or electronically sign it.

Electronic signatures using DocuSign, or a similar application must be used. Confirmation of the signature is needed. For example, Adobe provides a confirmation page with the signed document or shows a message at the top of the document when you open it that all the signatures are verified. DocuSign assigns a confirmation number to each document that it prints on the top of the first page.

If electronically signed, please scan it back to Joanne: Joanne.T.Barros@mass.gov

If signed in person, please return the original to Joanne by mail at the address below:

Joanne's mailing address is:

Joanne T. Barros, Ph.D., LMHC, CCHP

Director of Jail/Arrest Diversion Initiatives (Statewide)

167 Lyman St.

Westborough, MA. 01581

Thanks, John

John C. Barber, LICSW
Western MA Area Forensic Director and
Statewide Coordinator of CIT-TTAC Programs
1 Prince Street
Northampton, MA 01060

(413) 587-6244 Cell: (413) 537-8001 Fax: (413) 587-6272

# Department of Mental Health Master Agreement- Jall/Arrest Diversion Program

		Statement	of Work (SOW)						
Procurement:	BD-18-1022-DMH08-82108-21306	Contract ID:  S	COMH822024088710000	<b>¬</b>					
Contractor Name:	City of Somerville, Police Department, Patricia Contente, pcontente@police.somerville.ma.us								
DMH Sponsor Name:	Director of Jall and Arres								
Proposed Dates of Service (not to exceed current state flace)									
Fram:	17-Aug-23	To:	30-Jun-24						
r			Estimate						
Proposed Hours:	N/A	Hourly Rate:	M/A	J					
Total (not to exceed) Cost:	\$39,398			•					
Scope and Payment									
Component Jall/Arrest Diversion	Program:	<del></del>							
The City of Somerville will use gr	ant funds to continue its police dens	rtment's jail/arre	est diversion program to provi	de an array of pre-arrest and pre-arraignment diversion					
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the Treasury under Section 9901	of the American Rescue Plan Act of 2	r miciedes redera 2021 ("ARPA") wi	i assistance related to the Cor high established the Corosso	mmonwealth of Massachusetts by the U.S. Department of					
Colorating Divisi Coloridation	tate Fiscal Recovery Fund (FRF) Contr	act Addendum k	attached and incorporated h	erein for FY 24.					
Deliverables and Payment Scantee completes a Commonwe	ealth Payment Voucher to Invoice DM	1	2.1						
Grantee provides documentation	of actual expenses corresponding to	in tor payment.	received in the Assurt						
Frantee provides a copy of all tra	ining Certificates of Completion.	wise items table:	seuten in tus Vitacutalit D B	udget Sheet.					
irantee provides quarterly repor	t data including:								
. Number of police officers in de			Ĺ						
. Number of J/ADP referrals made									
Number of behavioral health-re	elated calls per year by the Departme	nt		j					
. Number of behavioral health-related calls per year with the IDP clinician responding, on scene or with follow-ups.									
Number of JDP clinician hours received									
. Number of behavioral health-related contacts by the JDP clinician . Number of Jail/Arrest or E.D. diversions made and destination/hand-off party									
Number of internal and external stakeholder meetings hosted by and or attended by the SPD, related to the Jall/Arrest Diversion Program									
IACICE? IOL LEULIORLZGUIGU£ LÖL 9C	. Lean expenditurés may be submitted	at any time with	aire tha alaean ad camba ad each	FOME SAME AND A SECOND SAME AS A SECOND					
wolces for relimbursement for actual expenditures may be submitted at any time within the dates of service of this SOW agreement. Monthly invoicing is preferred when osts are incurred. (Quarterly invoicing may be appropriate in some cases.) Expenses within a fiscal year will be reimbursed by funds authorized for that fiscal year only. Final wolces must be submitted in adherance to the submitted of that fiscal year only. Final									
wolces must be submitted in adherence to the submission deadline established by the Commonwealth.									
Signature and Authoritedon									
Contractor	1.1. 1.0.	. / Dep	ertment of Montal Health						
Authorized Signatory Name:	OHANCE BELLOW	SING	Authorized Signatory Name:	NANCY CO NNOLLY PSYD					
Date:	19-81-202	ション ト	Date:	10/17/23					
Signature:	offeria balla	nyyto	Signature:	Nancy Connolly, Pay D					

## Massachusetts Jail/Arrest Diversion Grant Program

## ATTACHMENT D

### DMH BUDGET WORKSHEET

Organization/Individual l	Name: <u>City of Somer</u>	ville Fiscal Year: 2024							
Project Type: Component Jail/Arrest Diversion Program									
Budget Period:	from July 1, 2023	to June 30, 2024							

	Base	FTEs	Total	Amt. to be	Other
I. Personnel:	Salary			covered	Grant
				by DMH Grant	Support
Program	\$41.58/hr	0.05	\$4,324.32	\$0.00	\$4,324.32
Director/Manager				<u></u>	
Program Staff: Clinical	\$33.26/hr	1.0	\$69,186.40	\$38,398.45	\$30,787.93
Coordinator	<u></u>				
Administrative Staff					
Other Staff					
Fringe Benefits			\$2,609.43	\$0.00	\$2,609.43
Subtotal:			\$76,120.15	\$38,398.45	\$37,721.7
II. Other Direct Costs			<u></u>		
Project Operations		•	· · · · · · · · · · · · · · · · · · ·		·
Equipment			<del></del>		
Meeting Expenses			\$500.00	\$500.00	\$0.00
Marketing/Communicati					
ons/					
Outreach					
Travel					
Surveys					
Program Space					
Other: office supplies			\$500.00	\$500.00	\$0.00
Subtotal:			\$1,000.00	\$1,000.00	\$0.00
III. Indirect Costs					
TOTAL GRANT REQUE	EST: \$39,398	3.45			L

#### **FY24 Budget Narrative**

The total FY24 budget for the Component Jail/Arrest Diversion Program is \$77,120.15. We are requesting \$39,398.45, which will cover \$38,398.45 (\$33.26 per hour x 22 hours per week x 52 weeks) of a full-time Clinical Coordinator; \$500 in office supplies (e.g., ink, paper, pens, file folders, etc.); and \$500 in meeting expenses consisting of refreshments.

Program Director salary of \$4,324.32 (\$41.58 per hour x 2 hours per week x 52 weeks per year) is included as an offset, along with the balance of the Clinical Coordinator salary at \$30,787.95 and fringe benefits (e.g., unemployment, worker's compensation, and FICA/Medicare tax) at \$2,609.43 for total in-kind support of \$37,721.70.

Because this is an existing program, there are no startup costs. DMH grant funds will not be used to displace non-DMH funds already appropriated by or to the City of Somerville for the same activities and/or project.