

**AMENDMENT NO. 2 TO AGREEMENT
BETWEEN SNOHOMISH COUNTY AND
SWEDISH HEALTH SERVICES**

This Amendment No. 2 is made and entered into on the 31st day of August, 2025, between the SNOHOMISH COUNTY, hereinafter called “County,” and SWEDISH HEALTH SERVICES, hereinafter called the “Contractor.”

WHEREAS, the Parties hereto have previously entered into an Agreement to perform follow-up with overdose patients presenting at Swedish Health Services – Edmonds and Mill Creek locations; and

WHEREAS, the parties previously amended the Original Agreement to amend the total amount and extend the term (the “First Amendment”); and

WHEREAS, both parties desire to further supplement said Agreement to amend the total amount and to extend the term of this agreement,

NOW THEREFORE, in consideration of the terms, conditions covenants and performance contained herein or attached and incorporated, and made a part hereof, the parties hereto agree as follows:

Each and every provision of the Original Agreement dated January 8, 2024, and entered into September 1, 2023, shall remain in full force and effect, except as modified below:

1. Amend Section 2 in its entirety. Term of Agreement: Time of Performance. This Agreement shall be effective upon September 1, 2023 (the “Effective Date”) and shall terminate on August 31, 2026, PROVIDED, HOWEVER, that the term of this Agreement may be extended or renewed for up to two (2) additional one (1) year terms, or to a date as determined by Centers for Disease Control and Prevention, and Injury Prevention and Control Research and State and Community Based Programs, at the sole discretion of the County, by written notice from the County to the Contractor. The Contractor shall commence work upon the Effective Date and shall complete the work required by this Agreement no later than August 31, 2026, PROVIDED, HOWEVER, that the County’s obligations after December 31, 2025, are contingent upon local legislative appropriation of necessary funds for this specific purpose in accordance with the County Charter and applicable law.
2. Reimbursement for this contract period (9/1/2025 – 8/31/2026) is not to exceed \$32,000.
3. Reimbursement for the total contract period (9/1/2023 – 8/31/2026) is not to exceed \$96,000.
4. Schedule A to the Original Agreement remains effective for work completed under the Original Agreement through August 31, 2025. Thereafter, beginning September 1, 2025, Schedule A1, attached hereto and incorporated herein by this reference, shall be in effect.
5. Schedule B to the Original Agreement remains effective for work completed under the Original Agreement through August 31, 2025. Thereafter, beginning September 1, 2025, Schedule B1, attached hereto and incorporated herein by this reference, shall be in effect.
6. The effective start date of this amendment is 9/1/2025.
7. All other terms and conditions remain unchanged.

IN WITNESS THEREOF, Contractor has caused this Amendment No. 2 to the Agreement, to be executed by its Executive Director and the County has caused this Amendment No. 2 to be executed by its Executive, each of whom have authority to bind their respective entities.

SNOHOMISH COUNTY

County Executive

Date

SWEDISH HEALTH SERVICES

DocuSigned by:

 Jennifer Hansberry

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Jennifer Hansberry
Executive Director

10/17/2025

Date

Approved to form:

Schedule A1
Scope of Services

The purpose of this Agreement is to increase access to overdose surveillance data and identify opportunities to improve outcomes for people who use prescription and illicit drugs. This data will inform prevention, intervention and harm reduction activities led by the Health Department and other partners in Snohomish County.

This agreement affirms the partnership between the parties to address the opioid and illicit substance overdose crisis in Snohomish County, supported by funding through the Centers for Disease Control and Prevention.

Contractor agrees to:

1. Complete a case report form for each patient that enters the emergency department seeking treatment for an opioid overdose. Submit completed forms to the Health Department within two weeks of hospital admittance. The case report forms shall contain no personal identifiable information.
2. If capacity allows, follow up with overdose patients treated within the emergency department to connect them with substance use and mental health treatment, harm reduction services, and other needed services/supports.
3. Participate in quarterly meetings with the Health Department and other emergency department partners in Snohomish County to discuss progress, challenges, opportunities, etc.
4. Invoices must be sent by the 15th of the month for the previous months work using an agreed upon template.

Schedule B1
Compensation

Itemized Budget And Justification:

- The Contractor shall be paid by Snohomish County for services rendered as described in the Scope of Services. Snohomish County will reimburse Contractor based on staffs' actual rate and working hours recorded.
- Contractor is not to exceed \$32,000 without the written agreement of the Contractor and Snohomish County. Such payment shall be full compensation for work performed and services rendered and for all labor costs necessary to complete the work.

Swedish Edmonds Location:

| | |
|---------------------|----------|
| Salaries 0.1961 FTE | \$15,301 |
| Benefits 21.9% | \$3,351 |
| Direct Costs | \$18,652 |
| Indirect Rate 15% | \$2,798 |
| Total Budget | \$21,450 |

Swedish Mill Creek Location:

| | |
|---------------------|----------|
| Salaries 0.0965 FTE | \$7,526 |
| Benefits 21.9% | \$1,648 |
| Direct Costs | \$9,174 |
| Indirect Rate 15% | \$1,376 |
| Total Budget | \$10,550 |

Emailed invoices are preferred and shall be sent to:

Pia Sampaga-Khim at Pia.Sampaga-Khim@co.snohomish.wa.us
Accounts Payable at SHD.AccountsPayable@co.snohomish.wa.us

Snohomish County Health Department
3020 Rucker Avenue, Suite 308
Everett WA 98201-3900
425.339.5210

Payments shall be made to:
LB 1226 - PO BOX 35143
Seattle, WA 98124-5143