

SNOHOMISH COUNTY COUNCIL  
Snohomish County, Washington

MOTION NO. 24-365

MOTION AUTHORIZING THE EXECUTIVE TO SIGN AN AMENDMENT NO. 1 FOR  
SUBSTANCE USE PEER NAVIGATION PROGRAM WITH IDEAL OPTION PLLC

WHEREAS, Snohomish County, acting through its Health Department, previously entered into an Agreement with Ideal Option PLLC to provide a substance use peer navigation program to individuals using substances who might also be incarcerated, homeless, or have recently experienced an overdose; and

WHEREAS, Ideal Option PLLC peer navigators will collaborate with clients to achieve clients' personal goals, which may include reducing harm while using substances or establishing recovery from substance use; and

WHEREAS, Ideal Option PLLC peer navigators will provide assistance to clients in completing referrals to treatment services and developing service plans to promote successful linkage to treatment services; and

WHEREAS, Ideal Option PLLC is a trusted voice in the community and has proven itself as a valuable partner to the Health Department and has been instrumental in reaching priority populations within Snohomish County; and

WHEREAS, Ideal Option PLLC, and the Snohomish County Health Department wish to enter into an Amendment No. 1 in an amount not to exceed \$213,500.00 for the term of this Agreement;

NOW, THEREFORE, ON MOTION, the County Council hereby authorizes the Executive to sign an amendment with Ideal Option PLLC for a substance use peer navigation program, in substantially the form as that attached hereto as Exhibit A.

PASSED this 17<sup>th</sup> day of September, 2024.

SNOHOMISH COUNTY COUNCIL  
Snohomish County, Washington

  
\_\_\_\_\_  
Council Chair

ATTEST:

  
\_\_\_\_\_  
Deputy Clerk of the Council

## EXHIBIT A

### AMENDMENT NO. 1 TO AGREEMENT BETWEEN SNOHOMISH COUNTY AND IDEAL OPTION PLLC

This Amendment No. 1 is made and entered into on the 1st day of September, 2024, between the SNOHOMISH COUNTY, hereinafter called “County,” and IDEAL OPTION PLLC hereinafter called the “Contractor.”

WHEREAS, the Parties hereto have previously entered into an agreement (the “Original Agreement”) to provide peer navigation services; and

WHEREAS, both parties desire to amend the Scope of Services, total amount and extend the term of the Original 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:

1. Section 2 of the Original Agreement is hereby amended in its entirety to read as follows:

Term of Agreement; Time of Performance. This Agreement shall be effective upon April 1, 2024 (the “Effective Date”) and shall terminate on May 31, 2025, PROVIDED, HOWEVER, that the term of this Agreement may be extended or renewed for up to four (4) additional one (1) year terms, 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 May 31, 2025, PROVIDED, HOWEVER, that the County’s obligations after December 31, 2024, are contingent upon local legislative appropriation of necessary funds for this specific purpose in accordance with the County Charter and applicable law.

2. Section 3f of the Original Agreement is hereby amended in its entirety to read as follows:

Contract Maximum. Total charges under this Agreement, all fees and expenses included, shall not exceed \$213,500.00 for the initial term of this Agreement (excluding extensions or renewals, if any).

3. Schedule A to the Original Agreement, is hereby amended in part at page A-1, beginning after the words “Contractor will manage Peer Navigators in the following tasks:” as follows: Subsection A including subparts i through iii are amended in their entirety as follows:

- A. Place Peer Navigators in Designated Project Sites, to include correctional facilities, health care and clinical facilities. Initially, Contractor will place Peer Navigators at the following Designated Project Sites or similar sites with approval of the County:
  - i. [Snohomish County Jail](#) (1.0 FTE): To assist individuals who are incarcerated and use drugs. Peer Navigator will work with the Jail Services Coordinator employed by Human Services to identify people to engage who are not currently requesting services.
  - ii. [Providence Regional Medical Center Everett Emergency Department](#) (1.0 FTE): To assist individuals who recently experienced an overdose, are seeking care for substance use disorder-related health concerns, and may also be homeless. Priority will be given to individuals who frequently use emergency health systems.



Schedule B  
Compensation

**April 1, 2024 to June 30, 2024 billing**

**Salary and Wages**

| Name                   | Job Title       | FTE | Monthly Salary | Months | Amount Requested |
|------------------------|-----------------|-----|----------------|--------|------------------|
| TBD                    | Peer Navigator  | 1.0 | \$7,000        | 5      | \$35,000         |
| TBD                    | Peer Navigator  | 1.0 | \$7,000        | 5      | \$35,000         |
| Katie Olsen            | Program Manager | 0.1 | \$9,000        | 5      | \$4,500          |
| Indirect Rate (10%)    |                 |     |                |        | \$7,450          |
| Total Salary and Wages |                 |     |                |        | \$81,950         |
| Fringe Benefits (35%)  |                 |     |                |        | \$28,682         |

**Supplies**

| Item Requested          | Type                     | Number of Months | Estimated Cost per Month | Number of Staff | Amount Requested |
|-------------------------|--------------------------|------------------|--------------------------|-----------------|------------------|
| Software                | Case Management Software | 5                | \$800                    | 2               | \$8,000          |
| Computer                | Laptop                   | 1                | \$744                    | 2               | \$1,488          |
| General Office Supplies | Pens, pencils, paper     | 5                | \$300                    | 2               | \$3,000          |
| Total Supplies          |                          |                  |                          |                 | \$12,488         |

**Other**

| Item Requested              | Number of Months/Units | Estimated Cost per Month | Number of Staff | Amount Requested |
|-----------------------------|------------------------|--------------------------|-----------------|------------------|
| Cell Phone                  | 5 months               | \$200                    | 2               | \$2,000          |
| Transportation and Outreach | 5 months               | \$687                    | 2               | \$6,870          |
| Meeting Facilitation        | 5 months               | \$200                    | 2               | \$2,000          |
| Total Other                 |                        |                          |                 | \$10,870         |

**Budget Summary**

|                       |                  |
|-----------------------|------------------|
| A. Salaries and Wages | \$74,500         |
| B. Fringe Benefits    | \$28,682         |
| C. Supplies           | \$12,488         |
| D. Other              | \$10,870         |
| E. Indirect Rate      | \$7,450          |
| <b>Total Amount</b>   | <b>\$133,990</b> |

Schedule B  
Compensation

July 1, 2024 to May 31, 2025 billing

**Salary and Wages**

| Name   | Job Title       | FTE | Monthly Salary | Months | Amount Requested |
|--|-----------------|-----|----------------|--------|------------------|
| TBD  | Peer Navigator  | 1.0 | \$5,200        | 1      | \$5,200          |
| TBD  | Peer Navigator  | 1.0 | \$5,200        | 1      | \$5,200          |
| Katie Olsen                                  | Program Manager | 0.1 | \$9,000        | 1      | \$900            |
| Total Monthly Salary and Wages before Fringe |                 |     |                |        | \$11,300         |
| Fringe Benefits (25%)                        |                 |     |                |        | \$2,825          |
| <b>Total per Month</b>                       |                 |     |                |        | <b>\$14,125</b>  |

**Supplies**

| Item Requested                | Type                     | Number of Months | Estimated Cost per Month | Number of Staff | Amount Requested |
|-------------------------------|--------------------------|------------------|--------------------------|-----------------|------------------|
| Software                      | Case Management Software | 1                | \$92.60                  | 2               | \$185.20         |
| Computer                      | Laptop                   | 1                | \$208.34                 | 2               | \$416.67         |
| General Office Supplies       | Pens, pencils, paper     | 1                | \$100                    | 2               | \$200            |
| <b>Total Monthly Supplies</b> |                          |                  |                          |                 | <b>\$801.87</b>  |

**Other**

| Item Requested              | Number of Months/Units | Amount Requested |
|-----------------------------|------------------------|------------------|
| Transportation and Outreach | 1 month                | \$800            |
| Meeting Facilitation        | 1 month                | \$200            |
| <b>Total Monthly Other</b>  |                        | <b>\$1,000</b>   |

| <b>Monthly Budget Summary</b> |                    |
|-------------------------------|--------------------|
| A. Salaries and Fringe        | \$14,125.00        |
| B. Supplies                   | \$801.87           |
| C. Other                      | \$1000.00          |
| D. Indirect Rate              | \$1,592.69         |
| <b>Total Monthly Amount</b>   | <b>\$17,519.56</b> |