

**AMENDMENT 1  
INTER AGENCY AGREEMENT  
AGREEMENT NUMBER IAA26856  
BETWEEN**

**WASHINGTON STATE  
ADMINISTRATIVE OFFICE OF THE COURTS  
AND  
SNOHOMISH COUNTY DISTRICT COURT MENTAL HEALTH COURT**

This first Amendment to the Agreement is made and entered into by and between the State of Washington acting by and through the Washington State Administrative Office of the Courts (AOC), and Snohomish County District Court Mental Health Court, referred to as "Court" known collectively as the "Parties".

**RECITALS:**

- A. AOC and Court (collectively the "Parties") entered into the Agreement ("Agreement") which will be performed from July 1, 2025 to June 30, 2026.
- B. The Parties now desire to amend the Agreement to update Section 8: Agreement Management and attachment A: Use of Funds.
- C. The amendment set forth herein is within the scope of the Agreement.

**AGREEMENT**

The parties now wish to amend the agreement as follows:

1. The amendment will have the following changes:

- a. **Section 8: Agreement Management**

The AOC Program Manager's information will be deleted in its entirety and replaced by the following:

| <b>AOC Program Manager</b>                                                                                                                                 |
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| <b>Marina Richardson</b><br>PO Box 41170<br>Olympia, WA 98504-1170<br><a href="mailto:Marina.Richardson@courts.wa.gov">Marina.Richardson@courts.wa.gov</a> |

- b. **Attachment A: Use of Funds**

The attachment will be replaced in its entirety as attached to this amendment.

2. **No change other than amendment.** Except as amended herein, the Agreement is unaffected and remains in full force and effect.

3. **Integrated Agreement, Modification.** This amendment constitutes the entire agreement and understanding of the Parties with respect to the subject matter and supersedes all prior negotiations and representations. In the event of any conflict between this Amendment and the Agreement or any earlier amendment, this Amendment shall control and govern. This Amendment may not be modified except in writing signed by the Parties.

**AGREED:**

| WASHINGTON STATE<br>ADMINISTRATIVE OFFICE OF THE<br>COURTS |             | SNOHOMISH COUNTY DISTRICT<br>COURT MENTAL HEALTH COURT |             |
|------------------------------------------------------------|-------------|--------------------------------------------------------|-------------|
| <hr/>                                                      |             | <hr/>                                                  |             |
| <i>Signature</i>                                           | <i>Date</i> | <i>Signature</i>                                       | <i>Date</i> |
| <b>Dawn Marie Rubio</b>                                    |             | <b>Ken Klein</b>                                       |             |
| <hr/>                                                      |             | <hr/>                                                  |             |
| <i>Name</i>                                                |             | <i>Name</i>                                            |             |
| WA State Court Administrator / AOC<br>Director             |             | Executive Director                                     |             |
| <hr/>                                                      |             | <hr/>                                                  |             |
| <i>Title</i>                                               |             | <i>Title</i>                                           |             |

Attachment: Attachment A. Use of Funds

## ATTACHMENT A: USE OF FUNDS

| FY2026 USE OF FUNDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Allowable Expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Unallowable Expenses                                                                                                                                                                                                                                                                                                                                                                                               |
| <p>Supporting documents are required for all allowable expenses. See what's required under each spending category. <i>Not an exhaustive list.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>The list of unallowable expenses is <u>not exhaustive</u>. If you are unsure whether an expense is allowed, please contact your AOC Program Manager for clarification <i>before</i> making a purchase.</p>                                                                                                                                                                                                      |
| <p><b><u>Personnel Costs</u></b><br/>                     Personnel salaries and benefits for therapeutic court staff, reimbursable only at the percentage of time spent on therapeutic court duties.</p> <p>Could include:</p> <ul style="list-style-type: none"> <li>• Coordinator</li> <li>• Case Manager</li> <li>• Peer Support</li> <li>• Clerk</li> <li>• Prosecution</li> <li>• Defense</li> <li>• Probation/LEO</li> <li>• Judicial Officer (judge, pro tem, commissioners)</li> </ul> <p>Supporting documents <u>must list</u> staff member name, staff member title, and pay period.<br/>                     Examples include:</p> <ul style="list-style-type: none"> <li>• Payroll ledgers</li> <li>• Paystubs</li> <li>• Invoices</li> </ul> <p>DO NOT bill employees as contractors. For contractors, invoices are acceptable.</p> <p>Please highlight or write the amount charged to AOC funding on the supporting documentation and ensure it matches the amount listed on the A-19.</p> | <p><b><u>Personnel Costs</u></b></p> <ul style="list-style-type: none"> <li>• Salaries and benefits for security staff</li> <li>• Supporting the salary or benefits of any staff <u>not directly related</u> to the therapeutic court</li> <li>• Replacing or supplanting the salary of employees currently funded through city or county budgets or any other funding source</li> <li>• Indirect costs</li> </ul> |

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| <p><b><u>Staff Equipment &amp; Technology</u></b></p> <p>Includes equipment, supplies, software and IT maintenance for staff that support the program, reimbursable at the percentage of time equipment is dedicated to the therapeutic court.</p> <p>Staff Equipment including:</p> <ul style="list-style-type: none"> <li>• Computers and computer accessories like monitors, mice, keyboards, webcams, and headsets</li> <li>• Computer/Office desk for staff</li> <li>• Cellphone or desk phone</li> <li>• Copier/Fax/Printers</li> <li>• Office supplies such as pens, pencils, paper, notebooks, stapler/staples, binders, etc.</li> <li>• IT maintenance and tech support</li> <li>• Software subscriptions (including RNRs)</li> <li>• Supplies for community meetings and staff retreats</li> </ul> <p>Supporting documents must list vendor, purchase date, purchase description, and amount paid</p> <ul style="list-style-type: none"> <li>• Receipts</li> <li>• Invoices</li> </ul> <p>Please highlight or write the amount charged to AOC funding on the supporting documentation and ensure it matches the amount listed on the A-19.</p> | <p><b><u>Staff Equipment &amp; Technology</u></b></p> <ul style="list-style-type: none"> <li>• Furniture including couches, chairs, beds, dressers, TV stands, bookcases, conference tables, conference room chairs, or fridges/freezers</li> <li>• Software <ul style="list-style-type: none"> <li>○ New subscriptions for case management software</li> <li>○ OCourt subscriptions</li> </ul> </li> <li>• A/V equipment for conference rooms</li> </ul>      |
| <p><b><u>Team Training &amp; Travel</u></b></p> <p>Training and registration costs for program staff deemed relevant based on national best practice standards for your therapeutic court model.</p> <p><u>Airfare, lodging, meals, and other travel expenses are reimbursable after travel is concluded.</u> <i>Travel insurance is strongly recommended as AOC cannot reimburse for airfare or lodging that has gone unutilized. Tip reimbursement is limited to 15%.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b><u>Team Training &amp; Travel</u></b></p> <ul style="list-style-type: none"> <li>• Attendance by individuals not identified as core team members under national best practice standards for your therapeutic court model</li> <li>• Alcoholic Beverages</li> <li>• Staff mileage to/from work site</li> <li>• Purchase of vehicles</li> <li>• Canceled reservations and airfare are not reimbursable</li> <li>• Airfare exceeding coach rates</li> </ul> |

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| <p>If you have another specific training need not immediately identified in best practices standards, please reach out to your AOC Program Manager for approval.</p> <p>Training &amp; Travel expenses including:</p> <ul style="list-style-type: none"> <li>• Meals and Lodging (per diem rate) <ul style="list-style-type: none"> <li>○ <a href="#">Office of Financial Management</a> (in state)</li> <li>○ <a href="#">GSA</a> (out of state)</li> </ul> </li> <li>• Airfare (coach rates)</li> <li>• Parking</li> <li>• <a href="#">Mileage</a> (.70/mile)</li> <li>• Transportation <ul style="list-style-type: none"> <li>○ Ferries</li> <li>○ Subway/Link/Bus</li> <li>○ Uber/Lyft/Taxi</li> <li>○ Shuttle</li> </ul> </li> <li>• Expenses related to team retreats and community partner events or meetings, lasting a minimum of three hours <ul style="list-style-type: none"> <li>○ Refreshments</li> </ul> </li> </ul> <p>Supporting documents must list names and titles of therapeutic court staff attending the event, name of vendor, purchase date, and amount paid.</p> <ul style="list-style-type: none"> <li>• Hotel folio</li> <li>• Travel expense reimbursement forms</li> <li>• Registration receipts</li> </ul> <p>Please highlight or write the amount charged to AOC funding on the supporting documentation and ensure it matches the amount listed on the A-19.</p> | <ul style="list-style-type: none"> <li>• Rental cars exceeding intermediate rates</li> </ul>                                                                                                                                                                                                                                                                                                |
| <p><b><u>Treatment Services</u></b></p> <p>Treatment services not covered by participants' insurance or co-insurance, costs that are deemed unaffordable to the participants, and compliance monitoring. Participants are encouraged to apply for Medicaid/Medicare.</p> <p>Treatment Services including:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b><u>Treatment Services</u></b></p> <ul style="list-style-type: none"> <li>• Professional licensing fees for clinical support staff</li> <li>• Services that are eligible and covered via participants' medical insurance (i.e. ongoing treatment for a participant with Medicaid/Medicare/private insurance)</li> <li>• Admin costs on subcontracts over federal de-minimus</li> </ul> |

- Participant medical insurance deductibles and spend downs
- Therapeutic services not covered by participant insurance but recommended by treatment or therapeutic court staff (i.e. DV treatment)
- Lab & toxicology testing
- Treatment staff/peer support contracted to attend court for unbillable hours
- Mental health services
- Peer support services
- SUDP
- Veteran's support services

Supporting documents must list name of vendor, purchase date, and amount paid

- Receipts
- Invoices

Please highlight or write the amount charged to AOC funding on the supporting documentation and ensure it matches the amount listed on the A-19.

### **Recovery Supports**

Other services for participants meant to ensure participants' success in the program that are not accessible through other local, state, or federal programs. Not an exhaustive list.

Recovery Supports including:

- Participant transportation
  - Bus passes
  - Uber/Lyft rides
  - Car services
  - Other transit services
- Light Refreshments
  - Graduation refreshments (fruit/veggies, cake, cupcakes, soda, coffee/tea, snacks)
- Resource snacks (granola bars, protein snacks, ramen, etc.)
- Participant Needs
  - Cellphones (checkout programs)
  - Cellphone minutes
  - Hygiene products

### **Recovery Supports**

- Meals
- Program incentives that constitute a gift
- Gas cards
- Gift cards
- Gifts
- Logoed apparel
- Driver Educational courses
- WA Driver's License Reinstatement or Renewal late fees
- WA Enhanced License Renewals or Replacements
- Advertising on radio stations, newspapers, billboards, etc.
- Donations

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| <ul style="list-style-type: none"> <li>○ Licensing and ID <ul style="list-style-type: none"> <li>▪ WA State ID replacement fees</li> <li>▪ WA Driver's License Renewals/Replacement fee (up to \$55, or 6-years, or \$9 per year)</li> <li>▪ Driver's Testing fees</li> </ul> </li> <li>○ Recovery housing <ul style="list-style-type: none"> <li>▪ Rent – when all other supports have been exhausted, and documentation of denial is submitted with A-19</li> </ul> </li> <li>○ Education <ul style="list-style-type: none"> <li>▪ Parenting classes</li> <li>▪ Financial literacy</li> </ul> </li> <li>● Program Needs <ul style="list-style-type: none"> <li>○ Graduation supplies (party supplies, cardstock, decorations, invitations, etc.)</li> <li>○ Nominal materials that promote ongoing participant engagement in alignment with best practice standards</li> </ul> </li> </ul> <p>Supporting documents must list name of vendor, purchase date, amount paid, and method of payment</p> <ul style="list-style-type: none"> <li>● Receipts</li> <li>● Invoices</li> </ul> <p>Please highlight or write the amount charged to AOC funding on the supporting documentation and ensure it matches the amount listed on the A-19.</p> |                                                                                                                                                                                                                                                  |
| <p><b><u>Other Direct Costs</u></b><br/>Miscellaneous expenses directly related to program delivery. Submit requests to your AOC Program Manager for pre-approval (required).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b><u>Other Direct Costs</u></b></p> <ul style="list-style-type: none"> <li>● Physical space/buildings or ongoing office rental fees</li> <li>● Items and activities outside of the cost categories listed in the Court's contract</li> </ul> |