

LETTER OF INTENT

August 29, 2024

Ideal Option PLLC
5615 Dunbarton Avenue
Pasco, WA 99301

RE: Substance Use Peer Navigation Program Professional Services Agreement Amendment No. 1

Dear Sanford Becker,

Snohomish County and Ideal Option PLLC intend to amend the Scope of Services, total amount and extend the term of the abovementioned Agreement through the proposed Amendment No. 1 (an unsigned copy of which is attached hereto and incorporated herein by this reference). This letter of intent shall not be binding on either party. Rather, the purpose of this letter of intent is to acknowledge the parties' shared intent to execute the proposed Amendment No. 1. The parties agree and acknowledge that the County will seek approval of the proposed Amendment No. 1 pursuant to applicable state and local laws and regulations.

Thank you for your consideration of this request.

Sincerely,



Dennis Worsham
Director, Health Department

Enclosure

**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.

4. Schedule B to the Original Agreement is hereby deleted in its entirety and a new Amended Schedule B, attached hereto and incorporated herein by this reference, is hereby added to the Original Agreement.
5. All other terms and conditions of the Original Agreement shall remain in full force and effect except as expressly modified by this Amendment No. 1.

IN WITNESS THEREOF, Contractor has caused this Amendment No. 1 to the Original Agreement, to be executed by its CFO and the County has caused this Amendment No. 1 to be executed by its Executive, each of whom have authority to bind their respective entities.

SNOHOMISH COUNTY

IDEAL OPTION PLLC

County Executive

Date

Sanford Becker
CFO

Date

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
Total Amount	\$133,990

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
Total per Month					\$14,125

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
Total Monthly Supplies					\$801.87

Other

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

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