



Sole Source CONTRACT Filing Justification Template

Use the following justification template for preparing to file sole source contracts in the [Sole Source Contracts Database](#) (SSCD). Once completed, copy and paste the answers into the corresponding SSCD question and answer fields. You will also need to include a copy of this completed form in the documents you post to your agency website and in [WEBS](#).

What is a sole source contract?

"Sole source" means a contractor providing goods or services of such a unique nature or sole availability that the contractor is clearly and justifiably the only practicable source to provide the goods or services. (RCW 39.26.010)

Unique qualifications or services are those which are highly specialized or one-of-a-kind.

Other factors which **may** be considered include past performance, cost-effectiveness (learning curve), and/or follow-up nature of the required goods and/or services. **Past performance alone does not provide adequate justification for a sole source contract.** Time constraints may be considered as a contributing factor in a sole source justification, however will not be on its own a sufficient justification.

Why is a sole source justification required?

The State of Washington, by policy and law, believes competition is the best strategy to obtain the best value for the goods and services it purchases, and to ensure that all interested vendors have a fair and transparent opportunity to sell goods and services to the state.

A sole source contract does not benefit from competition. Thus the state, through RCW 39.26.010, has determined it is important to evaluate whether the conditions, costs and risks related to the proposal of a sole source contract truly outweigh forgoing the benefits of a competitive contract.

Providing compelling answers to the following questions will facilitate DES' evaluation.

Specific Problem or Need

- **What is the business need or problem that requires this contract?**

Significant health disparities exist for American Indian and Alaska Native (AI/AN) individuals, who experience higher rates of mental health and suicidal ideation, attempts



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and death, and suffer from disparate access to culturally attuned care for AI/AN individuals. Native individuals are three times more likely to experience an opioid or fentanyl overdose than the State average. In both 2020 and 2021, rates were highest for non- Hispanic American Indian and/or Alaska Native people (42.5 per 100,000 and 56.6, respectively).¹

State funding required HCA to work with the AIHC, Tribes, and state and federal partners to develop a comprehensive plan to establish a Tribal Evaluation and Treatment (E&T) facility. The comprehensive plan outlined how to address access barriers for AI/AN individuals experiencing substance use disorder (SUD) or mental health crisis and included a Tribal E&T facility as part of the plan. The Tribal E&T work group later became the Tribal Centric Behavioral Health Advisory Board (TCBHAB).

The TCBHAB continues today as a hub where 29 federally-recognized Tribes and the State connect to discuss crisis system improvement for Tribal communities, including work with Tribes on the implementation of the 988 Suicide and Crisis Lifeline, which includes the Native and Strong Lifeline (a crisis lifeline for all indigenous people in the State), while continuing to support Tribal work on behavioral health facilities development.

When this work first launched the TCBHAB (previously Tribal E&T Workgroup) voted to have the American Indian Health Commission (AIHC) be the coordinating entity for a collaborative Tribal-State partnership to improve crisis system access for all AI/AN individuals in the State.

HCA received ongoing legislative funding to support the TCBHAB beginning in fiscal year 2022. This contract will enable HCA to fund TCBHAB support and continue planning efforts and implementation activities for behavioral health facilities operated by Tribes statewide, including the development of a Tribal E&T facility.

The TCBHAB allows HCA to work with Tribes in government-to-government partnership in accordance with RCW 43.376² on complex crisis system issue, and in accordance with the HCA [Tribal Consultation Policy](#)³ which requires that HCA “make reasonable efforts to collaborate with Indian Tribes in the development of policies, agreements, and program implementation that directly affect Indian Tribes.”

¹ U.S. Centers For Disease Control and Prevention, Drug Overdose Prevention and Tribal Communities (Accessed 4/7/2025), [https:// www.cdc.gov/overdose-prevention/health-equity/tribal-communities.html](https://www.cdc.gov/overdose-prevention/health-equity/tribal-communities.html)

² RCW 43.376 Government-to-government relationships – State agency duties (Accessed 4/4/2025), <https://app.leg.wa.gov/rcw/default.aspx?cite=43.376>

³ Washington State Health Care Authority, HCA Tribal Consultation & Communication Policy (06/07/2012), https://www.hca.wa.gov/assets/program/tribal_consultation_policy.pdf



Additionally as the single state agency for Medicaid and for Behavioral Health Services, HCA administers the State's Medicaid State Plan (the State Plan, including behavioral health and crisis services for all individuals across the State, the officially recognized statement describing the nature and scope of the State's Medicaid program.⁴ The State Plan requires HCA to seek advice from Indian Health Service, Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act, and Urban Indian Organizations, also referred to as Urban Indian Health Programs (UIHPs). These three different provider types are collectively known as Indian Health Care Providers (IHCPs), and HCA partners with the 31 IHCPs in the State concerning Medicaid, behavioral health, and crisis matters having a direct impact on IHCPs.⁵

Sole Source Criteria

- **Describe the unique features, qualifications, abilities or expertise of the contractor proposed for this sole source contract.**

The AIHC has a unique role and expertise in the development of AI/AN behavioral health and crisis policy, including in the State.

AIHC is one of only two non-profit organizations specifically recognized by the State Plan. As a non-profit entity, AIHC is comprised of and serves Tribal communities, with expertise in Tribal governmental affairs and laws unique to the State. AIHC's Tribal delegates focus on State policy unlike any other entity within HCA's market research and experience.

AIHC is uniquely qualified to perform this contract because it has essential relationships with all 29 federally recognized Tribes and two UIHPs in the State. These relationships mean that AIHC's coverage in the State related to tribal advisory services is more comprehensive and as a result, offers a better value to the state than the other non-profit, discussed below.

The other non-profit advisory organization recognized by the State Plan is called the Northwest Portland Area Indian Health Board (NPAIHB). NPAIHB serves 43 federally

⁴ Washington State Health Care Authority, State Plan (Accessed 4/7/2025), <https://www.hca.wa.gov/about-hca/programs-and-initiatives/apple-health-medicaid/what-state-plan#:~:text=A%20State%20Plan%20is%20required,the%20official%20issuances%20of%20DHHS.>

⁵ Medicaid State Plan – Numbered Pages: Administering Medicaid Programs, Section 1.4 Tribal Consultation Requirements Under the Social Security Act (Accessed 4/4/2025), <https://hca.wa.gov/assets/program/SP-Numbered-Pages-General-Program-Administration.pdf>



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recognized Tribes in the states of Washington, Oregon, and Idaho – and focuses primarily on federal legislative concerns, whereas AIHC focuses primarily on state legislative concerns.

A distinguishing factor between the two organizations is that NPAIHB does not include support for UIHPs, which are a crucial piece to the Indian health care delivery system in the State. For example, two of 33 federally recognized UIHPs are located in the State, and HCA is required to include UIHP support as by the State Plan.

Since 1994, AIHC's executive committee, staff, and contractors possess expertise on the intersection of federal, state, and tribal health policies, including behavioral health and crisis services needed for this contract. AIHC serves as the State's primary resource for Tribal policy development with respect to training to health entities regarding the Indian Health Care Delivery System, Tribal Opioid Crisis Response, Tribal involuntary treatment act (ITA) and crisis legislation, Qualified Health Plans and Medicare health plans, managed care contracts, providing training for tribal assisters who help tribal members apply for health care in the HealthPlanFinder, and training and technical assistance for maternal and infant health, and emergency preparedness.

AIHC is also unique because there is no other organization with delegate relations with tribal governments and UIHPs, expert knowledge of health policy in both the state and tribal arenas, and organizational resources to help ensure that HCA meet its federal and state legal obligations.

AIHC is also written into the HCA [Tribal Consultation Policy](#) as the HCA advisor on Tribal health related work and serves as a connector and trusted messenger between the HCA and Tribes. AIHC work also expands extensively to other state agencies such as the Department of Health (DOH), Office of the Insurance Commissioner, Washington State Benefit Exchange, Department of Commerce in which the AIHC serves as a hub to connect Tribal and Urban Indian Organizations (UIO) health partners to each of the health workstreams bringing everyone together as the work efforts can at time become siloed.

- **What kind of market research did the agency conduct to conclude that alternative sources were inappropriate or unavailable? Provide a narrative description of the agency's due diligence in determining the basis for the sole source contract, including methods used by the agency to conduct a review of available sources. Use DES' Market Research Template if assistance is needed.**

HCA conducted the following market research:



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Internet searches conducted for: "Tribal organizations in Washington State", and the following are the retrieved results:

- Northwest Portland Area Indian Health Board
- Northwest Washington Indian Health Board who does not perform statewide contracts.
- Governor's Office of Indian Affairs is an office of the Washington State Governor, to help the Governor work with the federally recognized Tribes and does not perform contracts for technical assistance.
- AIHC
- Volunteers of America – Tribal Services
- Office of Indian Policy is an office within the Department of Social and Health Services.

These entities would be challenged with an extreme learning curve to even attempt to perform the duties within the scope of work under this contract, mainly due to the scope of services these entities provide and the lack of the Tribal partners they serve.

Additionally, none of these entities are comprised of delegates of the 29 Tribes; and none of these entities were voted to be the coordinating entity for this work. Since 2017, AIHC is the trusted coordinator of the TCBHAB because of its established Indian health care delivery system expertise. AIHC works with several key federal, state, and local Tribal partners. It is most appropriate to work with an organization that is focused on policy and behavioral health within the Indian health care system.

- **As part of the market research requirements, include a list of statewide contracts reviewed and/or businesses contacted, date of contact, method of contact (telephone, mail, e-mail, other), and documentation demonstrating an explanation of why those businesses could not or would not, under any circumstances, perform the contract; or an explanation of why the agency has determined that no businesses other than the prospective contractor can perform the contract.**

HCA reviewed the Department of Enterprise Services (DES) and Office of Minority and Women's Business Enterprises (OMWBE) databases.

A search performed of Statewide Contracts on the DES site using the keywords "American Indian," "Alaska Native," "tribe," and "tribal" did not return any relevant results, these results are posted below for convenient reference.

Statewide Contract #	Contractor Name	Notes (can/cannot meet the business need, explanation)
Tribal and Tribal	Makah Tribal Council Northwest Intertribal Court System Quileute Tribal School Cowlitz Indian Tribal Housing Skokomish Tribal Council	Several of these entities appear to be connected to Tribal governments. I am not sure why they were required to do participate on this statewide vendor process as they are governments. Our work is to establish an entity that serves all Tribes and UIOs in Washington State and these Tribal government programs serve their Tribal communities. NWITCS does not cover health policy.
AI/AN	No results	No results
Workgroup, Committee, task force	No results	No results

As a result of these additional market research efforts, HCA determined that no other organization has the knowledge base of Medicaid, behavioral health and crisis services that AIHC does.

- **Per the Supplier Diversity Policy, DES-090-06: was this purchase included in the agency's forecasted needs report?**

Yes.

- **Describe what targeted industry outreach was completed to locate small and/or veteran-owned businesses to meet the agency's need?**

AIHC is Tribally operated and is a "small business" as set forth in RCW 39.26.010(22). AIHC confirmed that it consists of six full-time employees and an annual budget of approximately \$2 million.

- **What considerations were given to unbundling the goods and/or services in this contract, which would provide opportunities for Washington small, diverse, and/or veteran-owned businesses. Provide a summary of your agency's unbundling analysis for this contract.**



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HCA's unbundling analysis considered geographic area, size, and complexity of the scope of work (e.g., by category, manufacturer, products and services, and timing, and delivery of the work).

HCA determined that unbundling these services was not practicable for this contract given the substantial need for AIHC's collaboration with TSBHC workgroups and subcommittees. As a result, HCA determined that it cannot unbundle the work to contract with other small businesses.

Additionally, AIHC is both a small and diverse business, so HCA's intended contract achieves the policy goals of promoting more State contracting with small and diverse businesses.

- **Provide a detailed and compelling description that includes quantification of the costs and risks mitigated by contracting with this contractor (i.e. learning curve, follow-up nature).**

AIHC holds extensive expertise and knowledge in support and planning efforts for implementation activities associated with behavioral health facilities operated by Tribes. As a result, its learning curve in approaching this contract will be accelerated since it has spent years building relationships and earning trust in serving Tribal communities statewide.

This project requires collaboration with workgroups and subcommittees with expertise in Tribal governmental affairs and laws unique to the State, and extensive in-person outreach and information gathering.

- **Is the agency proposing this sole source contract because of special circumstances such as confidential investigations, copyright restrictions, etc.? If so, please describe.**

No.

- **Is the agency proposing this sole source contract because of unavoidable, critical time delays or issues that prevented the agency from completing this acquisition using a competitive process? If so, please describe. *For example, if time constraints are applicable, identify when the agency was on notice of the need for the goods and/or service, the entity that imposed the constraints, explain the authority of that entity to impose them, and provide the timelines within which work must be accomplished.***



No.

- **What are the consequences of not having this sole source filing approved? Describe in detail the impact to the agency and to services it provides if this sole source filing is not approved.**

Without this contract, Indian health care delivery will be delayed statewide. This means that significant health disparities exist for American Indian and Alaska Native (AI/AN) individuals, including higher rates of mental health and suicidal ideation, attempts and death, will continue to persist without this contract support. AI/AN individuals will suffer from a lack of access to culturally attuned care. Opioid or fentanyl overdose rates for AI/AN individuals will continue to be disproportionately higher than the State average.

In addition, if AIHC is not selected, this could erode trust with Tribal governments and Tribal trusted partners.

Sole Source Posting

- **Sole Source Posting on Agency Website - Provide the date in which the sole source posting, the draft contract, and a copy of the Sole Source Contract Justification Template were published on your agency's website.**

- If failed to post, please explain why.

This information is not available at the time of posting.

- **Provide the date in which the sole source posting, the draft contract, and a copy of the Sole Source Contract Justification Template were published in WEBS.**

- If failed to post, please explain why.

- **Were responses received to the sole source posting in WEBS?**

- If one or more responses are received, list name of entities responding and explain how the agency concluded the contract is appropriate for sole source award.
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This information is not available at the time of posting.



Reasonableness of Cost

- **Since competition was not used as the means for procurement, how did the agency conclude that the costs, fees, or rates negotiated are fair and reasonable? Please make a comparison with comparable contracts, use the results of a market survey, or employ some other appropriate means calculated to make such a determination.**

HCA compared this contract with other contracts for similar or like work. This contract is similar in cost with contracts related to behavioral health, mental health, crisis services and wellness, with other agencies, academic institutions and professional organizations.

Examples of comparable contracts are:

- HCA interagency agreement K7994 (value of \$180,510 over an 18-month period)

Contractor to establish a Training and Technical Assistance Center (Center) of excellence for substance use disorder prevention and mental health promotion and to provide trainings to HCA staff members and Community Prevention and Wellness Initiative staff. The goal of the Center and trainings is to enhance the implementation and delivery of effective substance misuse prevention and mental health promotion services in the State.

- HCA Contract K7755 (value of \$200,000 over a 1-year period)

Contractor is to establish a committee/street medicine team to pilot the program in accordance with the legislative mandate in ESSB 5950.

- HCA Contract K6359-5 resulting from RFQQ 2022HCA21 (value of \$177,500 over a 6-month period)

Contractor to provide assessment of the comparative analyses of the design and application of Non-Quantitative Treatment Limitations (NQTLs) to Mental Health or Substance Use Disorder (MH/SUD) benefits in self-funded employee health plans sponsored by HCA.

Additionally, in an average hourly rate comparison, AIHC's hourly rate is \$200 for consultation, whereas the hourly rates for comparable organizational consultations varies between \$250-\$355 an hour, based on the following HCA Health Consulting Connivence Pool Contracts:



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HCA Contract	Staff Category and Hourly Rates
K5972	Senior Consultant- \$355/hr
	Consultant- \$250/hr
K5962	Healthcare Consultant- \$250/hr

Other Considerations

- **Applicable exemption to Directive of the Governor 24-19.**

Directive 24-19 provides that “services contracts . . . that are necessary to continue critical services or agency operations are **exempt** from the freeze.” (emphasis added) This is an essential services contract which is necessary to continue critical agency services associated with equitable access, upholding Tribal sovereignty to address the systemic loss to Native people in the areas of suicide prevention, crisis, and opioid pandemic.