



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?

At times, an individual may experience a behavioral health crisis with symptoms so acute that they need to be involuntarily detained or committed to a facility for treatment. It is essential that the State has a trained workforce to provide accurate, timely assessments



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and interventions that can prevent harm and connect individuals in crises to appropriate care. This contract provides training and ongoing supervisory support for Designated Crisis Responders (DCRs), the mental health professionals dispatched when an individual may pose a danger to themselves or others, property, or are gravely disabled due to substance use or mental health crises.

As defined in [RCW 71.05.020](#), DCRs are the mental health professional(s) appointed by the county, by an entity appointed by the county, or by the authority in consultation with a tribe or after meeting and conferring with an Indian health care provider, to perform the duties specified in Chapter [71.05](#) RCW. They are the only mental health professionals authorized to investigate and evaluate an individual in crisis to determine if the individual meets the legal and clinical requirements of the Involuntary Treatment Act (ITA)¹ to allow involuntary psychiatric or substance use treatment.

DCRs need training in the wide range of legal responsibilities, risks, knowledge, and resources necessary to perform their duties. Under [RCW 71.05.760\(1\)](#), HCA must provide the training. This contract is to provide the required training through the Washington Association of DCRs (WADCR). The contractor will also provide ongoing DCR supervisory support, distributing timely information to DCR offices statewide about procedural updates and will facilitate DCR-related problem-solving across the DCR offices.

This is a repetitive purchase of approximately \$65,000 annually for two training events and ongoing supervisory support. The proposed contract term ends September 30, 2030. It will be funded incrementally through budget periods (subject to availability), added via contract amendments filed with DES for approval. The cost of the initial four-month budget period is for one training and supervisory support at \$32,500. Subsequent annual budget periods will remain at or close to \$65,000.

Sole Source Criteria

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

WADCR is a trusted source of expertise and guidance in the DCR community. As a nonprofit organization, their board is elected by DCR supervisors who oversee crisis services in each county in the State. Through this election, WADCR is the only organization of experts selected by DCRs to represent the DCR workforce in the State.

¹ Washington State Health Care Authority, *Involuntary Treatment Act Fact Sheet*, 2025, available at: <https://www.hca.wa.gov/assets/program/fact-sheet-involuntary-treatment-act.pdf>.



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As a consolidation of working DCRs with trade expertise, WADCR is uniquely qualified to identify and share relevant and timely policy and procedural changes. WADCR's expert-level understanding and active involvement in the DCR workforce enables them to provide ongoing DCR supervisory support to address common challenges faced by DCRs working in the field.

WADCR also has unparalleled experience performing the duties in the statement of work since they have developed, coordinated, and produced in-depth DCR training for over 15 years. They are uniquely familiar with how to ensure the wide range of legal responsibilities and risks involved in DCR work are addressed.

This unique combination of historical knowledge, training experience, field expertise in current and emerging issues, and trusted connections within the DCR workforce is what makes WADCR uniquely qualified to perform the statement of work.

- 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.

To conduct market research, HCA searched the internet and numerous procurement databases, described below.

In searching the internet, HCA identified a few organizations providing DCR or ITA-related training. HCA contacted the organizations located to determine if the training provided is (or could be made sufficient to) meet HCA's DCR training requirements, and if the organizations located could support DCR supervisors.

None of the organizations located were found to provide the same range of content, expertise, or the necessary depth of detail and experiential knowledge in the DCR or ITA-related fields. The following terms were used to search the internet for alternative sources:

- Involuntary treatment;
- Involuntary treatment act;
- ITA;
- RCW 71.05;
- DCR Training;
- Designated crisis responder; and
- DCR.

HCA searched ECMS, WEBS, OMWBE, and the WA State Department of Veterans Affairs (WDVA) Veteran Owned Businesses database to find contracts under which comparable



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training and supervisory services are or have been provided. These searches did not return any comparable matches to address all the training requirements necessary to prepare DCRs to fulfill their role, or support DCR supervisors.

The following terms were used to search ECMS, WEBS, OMWBE, and the WDVA Veteran Owned Businesses database for alternate sources:

- Training;
 - Involuntary treatment act;
 - Designated crisis responder;
 - DCR;
 - Crisis Responders;
 - ITA; and
 - Training.
-
- 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.

An HCA search revealed that there are no statewide contracts for this work. In searching the internet, HCA did not find organizations providing DCR supervisory support services. We identified organizations that provide limited DCR or ITA-related training. HCA contacted the located organizations listed below in order to determine if the organizations could perform the contract's statement of work.

University of Washington - Center for Mental Health, Policy, and the Law

- HCA contacted via email on 12/19/2024.
- They do not provide support for DCR supervisors. They provide one webinar training on involuntary treatment and civil commitment, however, that training content was actually developed by WADCR.
- The training provides an overview of the health systems involved in the ITA; it does not include in-depth training for DCRs on how to investigate and evaluate an individual experiencing crisis when the ITA related health systems are properly implemented.
- Conclusion: This training, developed by WADCR, is an overview of the ITA as part of the healthcare system. The University of Washington does not have the expertise to train DCRs on how to correctly and safely perform the myriad responsibilities of a DCR or provide similar ongoing DCR supervisory support.



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The Alliance for Professional Development, Training, and Caregiver Excellence

- HCA made an inquiry via the "Contact Us" form on the Alliance's website, <https://risewiththealliance.org/contact-us/> on 12/19/2024.
- They do not provide support for DCR supervisors. The training they provide is not specific to performing the DCR responsibilities in involuntary treatment.
- They do not have the expertise to provide ongoing DCR supervisory support.
- Conclusion: They do not have the expertise to train DCRs on how to correctly and safely perform the myriad responsibilities of a DCR and provide ongoing DCR supervisory support.

Washington State Hospital Association (WSHA)

- HCA contacted via email on 12/20/2024.
- They do not provide support for DCR supervisors, and they have stopped providing training on the ITA.
- WADCR and HCA developed the training for WSHA.
- Conclusion: The training addressed the ITA as part of the state's healthcare system. It did not include the legal or logistical details required for ITA implementation in the field, or training necessary to fulfill the DCR role. Furthermore, WSHA does not have the expertise to provide ongoing DCR supervisory support.

- 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?

WADCR is a small business as defined in RCW [39.26.010](#). Additionally, HCA searched OMWBE and the WDVA business databases for other organizations that provide training for DCRs and support for DCR supervisors and did not locate any.

- 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.

HCA determined that unbundling this work is not a viable option because sharing the responsibilities across multiple organizations would adversely impact the quality and



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efficacy of the unique training and ongoing DCR supervisory support needed here. As the only recognized subject matter experts for this specialized training and supervisory support in the State WADCR would at a minimum need to provide consultation in the development of any new training or supervisory support services. This would introduce additional costs, delays, and opportunity for errors.

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).

The specialized training required for DCRs demands a deep, working knowledge of historical, current, and emerging rules, laws, procedures, and practices specific to the ITA in the State. Entrusting this responsibility to a different organization would involve a steep learning curve and require a substantial investment of both time and funds to create equivalent content and expertise. Delays in training would impact the already declining number of qualified DCRs in the workforce and increase the risk that individuals meeting ITA detention criteria under RCW 71.05 or RCW 71.34 may not receive timely treatment, resulting in consequences for both the individual's health as well as community safety. In other words, awarding this contract to an organization other than the WADCR would not only introduce additional costs but may create risks to public safety from resulting gaps in care.

WADCR is the only recognized subject matter expert in the State for this specialized training, any alternative training and ongoing DCR supervisory support provided by another organization would require the organization to consult with WADCR, further delaying implementation and introducing additional consulting-based costs.

DCRs play a vital role in the State's behavioral health system in RCW 71.05, implementing the ITA to ensure an appropriate continuum of care and that the decisions made to admit, detain, commit, treat, discharge, or release individuals in crisis are made only after proper investigation and evaluation. Without this comprehensive training and support there is a risk that DCR actions could be legally challenged. Individuals could be improperly detained, not detained when needed, or may not receive timely competency evaluations. This critical gap in the State's behavioral health system was the focus of the class action *A.B. (Trueblood) v. Washington State Department of Social and Health Services* lawsuit.

In summary, WADCR is the only organization with the in-house subject matter expertise to perform the statement work, and the cost of this contract is less than comparable training contracts (described in "Reasonableness of Cost," below). Transitioning this training and ongoing DCR supervisory support to an entity without the same level of expertise would decrease the efficacy of the services and adversely impact public safety,



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delay access to treatment, and introduce additional legal risk for the DCRs and individuals in crises.

- 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.

If DES does not approve this filing, DCRs will not obtain much-needed training and supervisory support to possess the skills or authority to provide timely ITA evaluation, delaying or possibly preventing individuals in crisis from receiving an appropriate continuum of care, and hindering the State's capacity to respond effectively to behavioral health crises.

DCRs are required by RCW 71.05.760 to receive training provided by HCA through this contract and the contractor can immediately provide this service. If this sole source filing is not approved, HCA will be unable to provide the training while we conduct a competitive procurement. During the delay, prospective DCRs will not be able to perform ITA related duties, leading to longer response times and leaving individuals in crisis without timely intervention.

Furthermore, DCRs play a key role in diverting individuals from emergency rooms and the criminal justice system by providing behavioral health interventions. Delays in training DCRs compromise this function, potentially leading to increased strain on hospitals and law enforcement and leaving vulnerable individuals without necessary care. Therefore, any postponement in HCA's training capabilities undermines the State's behavioral health crises response infrastructure, with serious implications for public safety, community resources, and individual well-being.



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.
- 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.
- 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.

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.

When conducting this market research HCA searched ECMS and pulled a sample of ten HCA contracts with similar scopes of work for review and comparison. HCA did not find contracts for DCR supervisory support. Compensation for the non-DCR training services in the 10 sample contracts ranged from \$90,000 to \$577,500 per fiscal year, with an average annual cost of \$294,875. This is substantially higher than the annual compensation of \$65,000 for WADCR’s training services.

Of the sample contracts pulled, the three most similar in scope are as follows:

CONTRACT #	AMOUNT PER FY	SCOPE OF WORK
K5587	\$362,494	<ul style="list-style-type: none"> ▪ Topic specific, in-depth training ▪ Extensive knowledge base ▪ Ongoing training and knowledge development ▪ Collaboration within the professional community



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K5559-00-05	\$260,000* <i>*Original contract term 6 months for \$130,000</i>	<ul style="list-style-type: none">▪ Topic specific, in-depth training▪ Ongoing training and knowledge development▪ Collaboration within the professional community▪ Follow-up review and guidance
K4300	\$577,500* <i>*Original contract term 16 months for \$770,000</i>	<ul style="list-style-type: none">▪ Multiple, full-day training events▪ Topic specific, in-depth training▪ Ongoing training and knowledge development