BridgeForward

CONFERENCE 2025

EVALUATION REPORT

HOSTED BY:

WADDC

FACILITATED BY:

NATIONAL LEADERSHIP CONSORTIUM ON DEVELOPMENTAL DISABILITIES

AUTHORS

Monica Mesa-Alvarez, Research and Development Associate, NLCDD
Amanda Rich, Research Consultant, NLCDD
Cory Gilden, Research and Evaluation Manager, NLCDD
Caitlin Bailey, Co-Director, NLCDD

BRIDGE FORWARD CORE EVENT PLANNING TEAM:

Brandi Motts, WADDC
Linda West, WADDC
Christie Chiles, WADDC
Phillip Rasmussen, WADDC
Emily Rogers, WADDC
Kevin A. Vargas, WADDC
Kristen Loomis, NLCDD
Caitlin Bailey, NLCDD
Monica Mesa-Alvarez, NLCDD

BRIDGE FORWARD EVENT PLANNING COMMITTEE MEETING:
Noah Seidel, Disability Rights Washington
Timothy G. Gerlitz, DSHS/BHHA/LV
Judith Hooyen, Wellpoint
Resa Hayes, People First
Teresa Martin, DSHS/HCLA/OAS
Nichole Jensen, DSHS/HCLA/DDCS
Cassie Martin, OSPI
Fallon Zollars, UW
Melanie Baker, WADDC

Project funded by the Washington State Developmental Disabilities Council (WADDC) and facilitated by the National Leadership Consortium on Developmental Disabilities (NLCDD)

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Bridge Forward Event Plain Language Summary

The *Bridge Forward* event and Think Labs took place in July 2025. It was supported by the Washington State Developmental Disabilities Council and hosted by the National Leadership Consortium on Developmental Disabilities. The goal was to bring together people with disabilities, their families, professionals, policymakers, and leaders to share ideas and make plans for better service systems.

Why the Event Happened

A study in 2024 showed that people with both intellectual and developmental disabilities (IDD) and behavioral health (BH) needs face big problems getting help. These problems include:

- Long waitlists for services
- Not enough trained staff
- Services that do not work well together
- Fewer supports for people in rural areas
- Unequal access for people of color, LGBTQ+ people, and others

The event was created to fix these problems by listening to many voices and creating action plans.

What Happened at the *Bridge Forward* Event

- More than **600 people registered** and over **400 people attended**.
- Attendees included self-advocates, family members, professionals, and policymakers.
- There were **over 40 speakers** from Washington and across the country.
- Topics included housing, justice, mental health, technology, relationships, trauma, and advocacy.
- "Think Labs" gave people a chance to work together on ideas and solutions.

Accessibility and Inclusion

The event made sure people could participate by providing CART captioning (live captions on screen), ASL interpretation, interpretation in Spanish, Mandarin, Tagalog, Vietnamese, and Russian, materials shared in accessible formats and different languages, and recordings for later viewing.

What People Thought

Most participants said the event was high quality and very useful. They especially liked that people with lived experience were included and centered. Attendees said they learned new information, made new connections, and left with ideas for advocacy.

Next Steps

The information from the event will be used to:

- Push for better policies and funding in Washington
- Improve training for staff
- Make crisis services and supports more available
- Reduce waitlists and make services fairer for everyone
- Keep people informed and included in planning

Why It Matters

The *Bridge Forward* event showed how people can come together to share knowledge and build solutions. It created energy and hope for changes that will make services in Washington more fair, accessible, and supportive for people with IDD and BH health needs.

Executive Summary

The *Bridge Forward* event, made possible by the Washington State Developmental Disability Council and hosted by the National Leadership Consortium on Intellectual and Developmental Disabilities, was held July 24–25, 2025, with post event planning sessions July 31–August 1, 2025. Building on the 2024 statewide study, *Enhancing Services for People with Co-Occurring Intellectual and Developmental Disabilities and Mental/Behavioral Health Supports in Washington*[1], the event helped to move research into action by convening stakeholders for knowledge sharing, strategy development, and systems change planning.

Guided by a diverse advisory committee of self-advocates, families, providers, policymakers, and advocates, the conference aimed to: (1) translate research findings into actionable strategies, (2) center equity and accessibility, and (3) align Washington's service landscape with national best practices. More than 600 people registered for the conference. There were over 400 unique attendees for one or more days, over 1,800 logins for conference sessions, and over 40 speakers and facilitators from across the state and nation.

Sessions addressed key priorities, including technology access and inclusion, sexuality and social support, children's mental health, trauma-informed care, housing models, justice reform, and advocacy across the lifespan. Interactive Think Labs and post-conference planning sessions offered space for co-creation. Accessibility measures, including CART captioning, ASL, multilingual interpretation, and accessible materials, supported the inclusivity of the event.

Participants rated the event highly, with scores above 3.4 out of 4 for overall quality, topic importance, and usefulness for advocacy. Extended planning sessions then synthesized research, dialogue, and Think Lab input into a roadmap for systemic improvement.

The *Bridge Forward* event advanced the shared understanding of critical issues, modeled accessible engagement, and established momentum for coordinated action to ensure equitable, inclusive supports for Washingtonians with IDD and co-occurring behavioral health needs.

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[1] https://cdn.prod.website-files.com/60bd96815ffd09234485b510/67081c7f2e30eb81bebd71d6_Behavioral%20Health%20Report%20and%20Supplemental%20Materials%20Merged.pdf

Background & Context

The *Bridge Forward* event emerged, in part, as a direct extension of the 2024 statewide research study, *Enhancing Services for People with Co-Occurring Intellectual and Developmental Disabilities and Mental and/or Behavioral Health Supports in Washington*[2]*.* The study revealed critical service gaps, including workforce shortages, fragmented systems, regional inequities, and cultural barriers, and offered recommendations to strengthen Washington's disability and behavioral health systems. The event was designed as the next step: moving from research findings to collective dialogue, strategy development, and system action.

Grounded in this research, the event centered on three interconnected focus areas: **Support Across the Lifespan**, ensuring that children, youth, adults, and older adults receive coordinated supports at every stage; **Community Living**, highlighting the transition from institutional to community-based supports and the importance of inclusive, person-centered services; and **Cross-Systems Collaboration**, addressing how health, education, justice, and disability systems must work together to meet whole-person needs.

The design and framing of the conference were informed by a representative advisory committee, which included people with disabilities, families, providers, policymakers, and advocates. This committee played a central role in shaping outreach, identifying priority audiences, and suggesting key resources. The result was a program that combined large-scale awareness-building sessions with smaller, targeted Think Labs that encouraged co-creation and direct input from participants.

The event also reflected the partnership between the Washington State Developmental Disabilities Council (WADDC) and the National Leadership Consortium on Developmental Disabilities (NLCDD). This collaboration ensured that both state-specific priorities and national best practices were incorporated into the program design. Together, these partners crafted a virtual event that was not only responsive to Washington's unique service landscape but also connected to broader national conversations about disability rights, behavioral health, and systemic reform.

Planning, Development, & Intentional Design

The *Bridge Forward* event was explicitly designed to reflect the interests and needs of Washingtonians as they relate to improving systems of coordinated and quality IDD and BH services. The process for creating the event, selecting content, and evaluating the event's quality and impact was driven by the goals of the advisory committee. The design and structure of the event ensured a clear connection between the need for a program, the resources needed to operate it, the activities or actions undertaken within a program, the outputs or tangible products of the program activities, and the outcomes or how participants and communities will be changed because of the program's actions. The *Bridge Forward Event Logic Model* on the following page shows how each stage of the planning and delivery process was carried out and informed. Logic models are tools useful for making planning and processes transparent and replicable.

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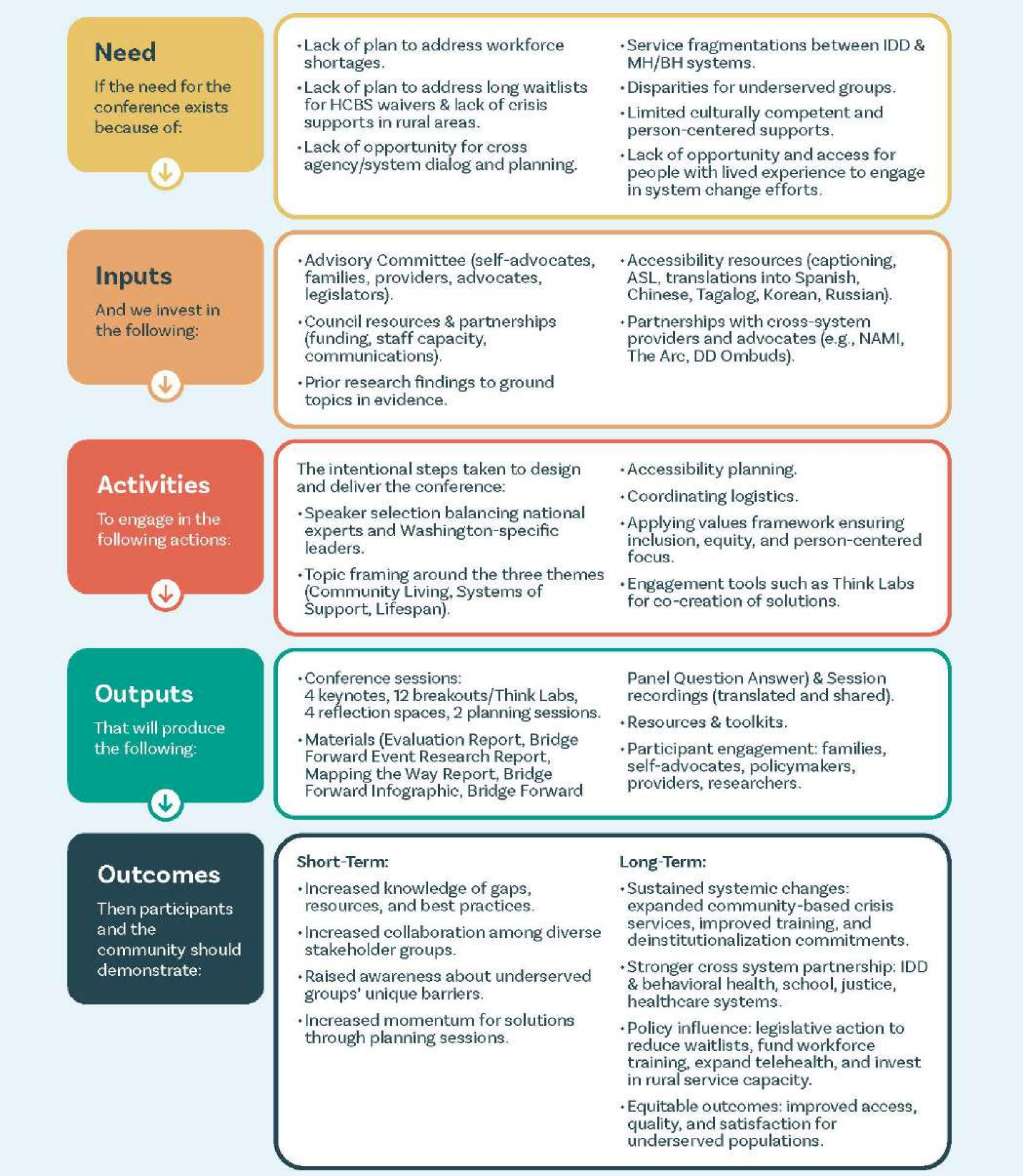
[2] https://cdn.prod.website-files.com/60bd96815ffd09234485b510/67081c7f2e30eb81bebd71d6_Behavioral%20Health%20Report%20and%20Supplemental%20Materials%20Merged.pdf

Bridge Forward Event Logic Model



Need

If the need for the conference exists because of:

- Lack of plan to address workforce shortages.
- Lack of plan to address long waitlists for HCBS waivers & lack of crisis supports in rural areas.
- Lack of opportunity for cross agency/system dialog and planning.
- Service fragmentations between IDD & MH/BH systems.
- Disparities for underserved groups.
- Limited culturally competent and person-centered supports.
- Lack of opportunity and access for people with lived experience to engage in system change efforts.

Inputs

And we invest in the following:

- Advisory Committee (self-advocates, families, providers, advocates, legislators).
- Council resources & partnerships (funding, staff capacity, communications).
- Prior research findings to ground topics in evidence.
- Accessibility resources (captioning, ASL, translations into Spanish, Chinese, Tagalog, Korean, Russian).
- Partnerships with cross-system providers and advocates (e.g., NAMI, The Arc, DD Ombuds).

Activities

To engage in the following actions:

The intentional steps taken to design and deliver the conference:

- Speaker selection balancing national experts and Washington-specific leaders.
- Topic framing around the three themes (Community Living, Systems of Support, Lifespan).
- Accessibility planning.
- Coordinating logistics.
- Applying values framework ensuring inclusion, equity, and person-centered focus.
- Engagement tools such as Think Labs for co-creation of solutions.

Outputs

That will produce the following:

- Conference sessions: 4 keynotes, 12 breakouts/Think Labs, 4 reflection spaces, 2 planning sessions.
- Materials (Evaluation Report, Bridge Forward Event Research Report, Mapping the Way Report, Bridge Forward Infographic, Bridge Forward Panel Question Answer) & Session recordings (translated and shared).
- Resources & toolkits.
- Participant engagement: families, self-advocates, policymakers, providers, researchers.

Outcomes

Then participants and the community should demonstrate:

Short-Term:

- Increased knowledge of gaps, resources, and best practices.
- Increased collaboration among diverse stakeholder groups.
- Raised awareness about underserved groups' unique barriers.
- Increased momentum for solutions through planning sessions.

Long-Term:

- Sustained systemic changes: expanded community-based crisis services, improved training, and deinstitutionalization commitments.
- Stronger cross system partnership: IDD & behavioral health, school, justice, healthcare systems.
- Policy influence: legislative action to reduce waitlists, fund workforce training, expand telehealth, and invest in rural service capacity.
- Equitable outcomes: improved access, quality, and satisfaction for underserved populations.

Please see Appendix G for the full event logic model.

The *Bridge Forward* event was designed to meet needs and challenges identified mainly from the 2024 study, *Enhancing Services for People with Co-Occurring IDD and Behavioral Health Needs in Washington*. The challenges included:

1. Limited, accessible opportunities for diverse stakeholder groups to co-create workable solutions within the state.
2. A lack of actionable plans, developed from the input of groups with diverse, lived experiences, to address issues such as workforce shortages, the long wait list, a lack of accessible crisis supports, service silos or fragmentation between IDD and MH/BH systems, and disparities in access for underserved groups.

To address these challenges and needs the event utilized a values framework rooted in equity that included multiple accessibility resources (including live captioning, ASL interpretation, and multiple simultaneous language translations), input from a diverse advocacy committee (that included self-advocates, families, providers, other advocates, and legislators), prior research, virtual meeting platforms, staffing and funding from the Washington State DD Council, and other partnerships.

The resources were used to inform: 1) Intentional speaker selection to ensure there was a balance between national experts and local leaders with relevant Washington-specific knowledge (See Appendix A for the Speaker List); 2) Topic framing to ensure the three conference themes were addressed (See Appendix B for Event Agenda); 3) Implementation of inclusion efforts to ensure all sessions had language, cognitive, and sensory accessibility; 4) Application of the values framework to ensure inclusion, equity and person-centered focus; and 5) Implementation of engagement tools such as “Think-Labs” to support the co-creation of knowledge and plans.

The immediate outputs or evidence of these activities included: 1) Recordings and notes from conference sessions that demonstrated all conference themes were addressed, there was a diverse array of speakers, and a high level of accessibility, 2) Shared resources lists, and 3) Participant engagement demonstrated through registration, attendance, chat recordings, and surveys.

Success of these efforts will be demonstrated by increased knowledge of gaps in services, resources, and best practices, increased opportunities for collaboration among diverse stakeholder groups, greater awareness about underserved groups’ unique experiences, increased momentum for change, and the establishment of an action plan for state-wide systems transformation.

In the long-term these efforts will contribute to policy changes such as legislative action to reduce waitlists, funding cross-workforce training, expanding telehealth, investing in rural service capacity, improving cross-system coordination and collaboration, and enhancing quality assurance standards. These efforts will ultimately promote positive and more equitable quality of life outcomes, service access, service quality, and satisfaction for all people in Washington State with IDD and BH support needs.

Conference Experience & Accessibility

The Bridge Forward Conference was intentionally designed to be accessible and inclusive for a wide range of participants. Organizers recognized that if the event were to reflect the values of equity and person-centered practice, accessibility needed to be built into every element of planning and delivery.

- All sessions were hosted on Zoom Events with CART captioning
- ASL interpretation was provided throughout the event
- The event also included live interpretation in Spanish, Mandarin, Tagalog, Vietnamese, and Russian
- Conference materials were distributed in advance and later translated into multiple languages
- Recordings of sessions were made available in accessible formats for post-conference learning
- Presentations were developed and shared in accessible formats
- A final report of findings, including infographics and plain language summaries, was developed to widely disseminate the ideas and action steps identified by *Bridge Forward* attendees.

Through these measures, the *Bridge Forward* event not only modeled accessibility in practice but also reinforced a broader message: system change must begin with inclusion.

Participant Engagement & Demographics

The *Bridge Forward* event evaluation used the *What, So What, Now What* reflective framework (Borton, 1970) to guide learning and identify future actions.

The What

Participation and Demographics

- **Registrants:** 600+; **Attendees:** 400+ unique participants.
- **Roles/Identities:** About half professionals, with strong representation from family members (≈30% of attendees) and people with intellectual and developmental disabilities (≈14%).
- **Age:** Predominantly 41–60 (≈50%), followed by 22–40 (≈35%), and 60+ (≈13%).
- **Race/Ethnicity:** Attendees included White/Caucasian (≈60%), Black/African American (10%), Hispanic/Latino (12%), Asian/Asian American (10%), and smaller proportions of other groups.
- **Geography:** Majority suburban (65%), with urban (24%) and rural (12%) representation.
- **Organizations:** A wide range of government agencies, service providers, advocacy groups, research, and education sectors.

Engagement

- Over 1,800 total session engagements.
- Plenaries and Keynotes were well attended (110–247 participants each).
- Breakouts averaged 64 participants; Think Labs offered during the event were smaller by design (6–23 participants), fostering co-creation.

The So What

The conference successfully convened people from diverse backgrounds and historically underserved communities to discuss challenges and solutions for improving IDD and BH supports. Importantly, more than 40% of participants brought lived experience as family members or people with disabilities, broadening perspectives beyond professional expertise.

Notably, Black/African American participation (≈10%) exceeded state population representation (≈4%), while Hispanic/Latino (≈12%) and Asian/Asian American (≈10%) participation reflected state demographics. Attendees demonstrated sustained engagement across multiple sessions and planning activities, reinforcing the event’s value as a space for collaboration and action.

The Now What

Future convenings should continue to prioritize equity, accessibility, and diverse perspectives in both design and outreach. Expanded targeted outreach to historically underserved groups, including indigenous communities, and to organizations focused on behavioral health will strengthen inclusion. Using equity-driven, value-based planning will help sustain momentum and support concrete systems-change action.

Conference Content & Outcomes

"The conference was great! Lots of good content and information. I really appreciated the centering of people with lived experience." -Conference Participant

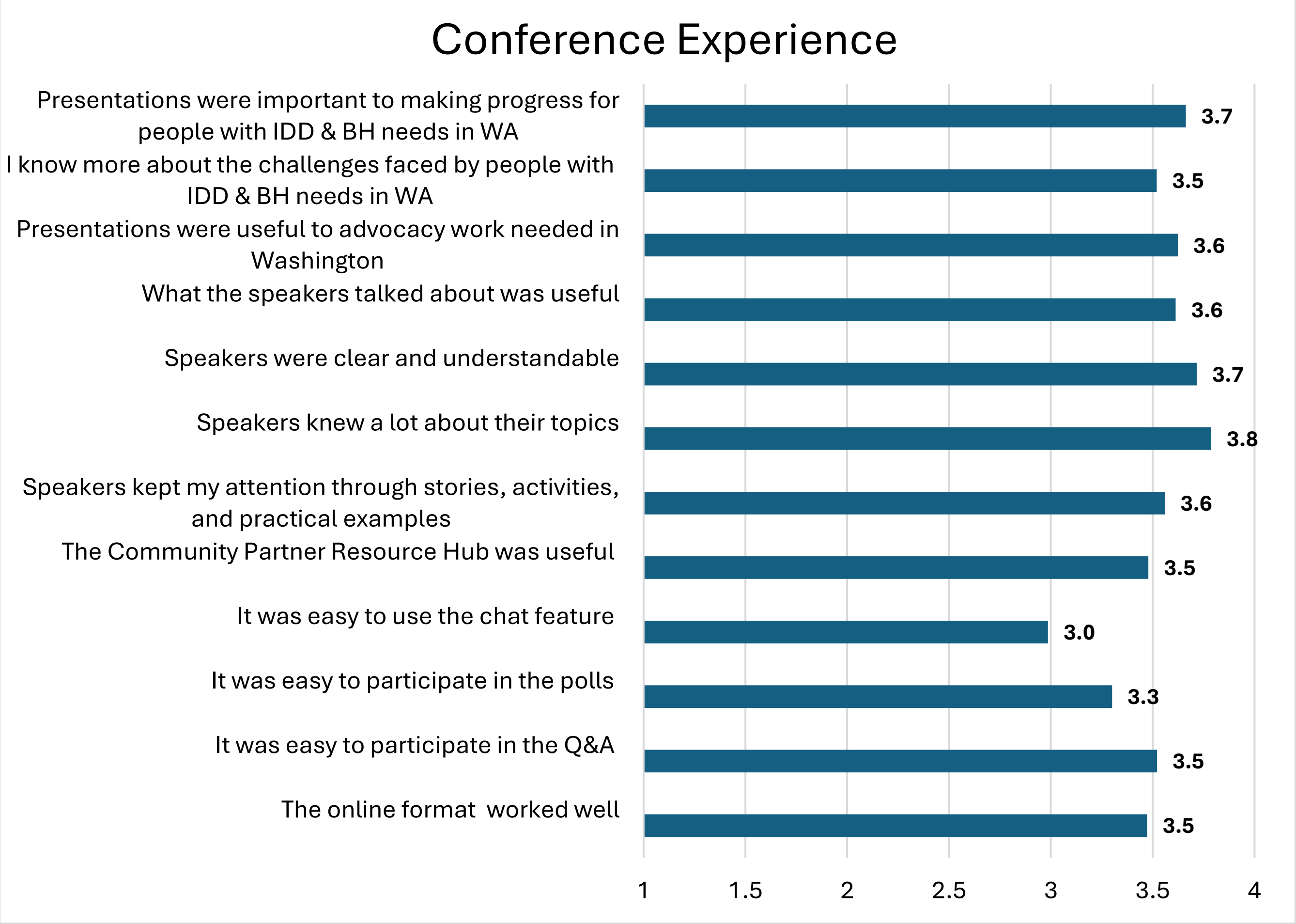
Post-conference reflections and survey feedback offered valuable recommendations to strengthen future *Bridge Forward* events and sustain momentum for system change in Washington's IDD and MH/BH services.

Participant Experience

"Wonderful and informative!" -Conference Participant

Participants found the conference to be highly relevant, informative, and useful, particularly valuing the expertise of the speakers and the connection of sessions to advocacy work. While the online format and engagement tools worked well overall, feedback indicates opportunities to improve real-time interactivity, especially through the chat feature, to make future events even more engaging.

- Speakers were highly rated (3.7–3.8) for expertise, clarity, and making content useful.
- Sessions were seen as impactful for advocacy and system change in Washington (3.6).
- The online format worked well overall (3.5), though interactive tools like chat could be improved.

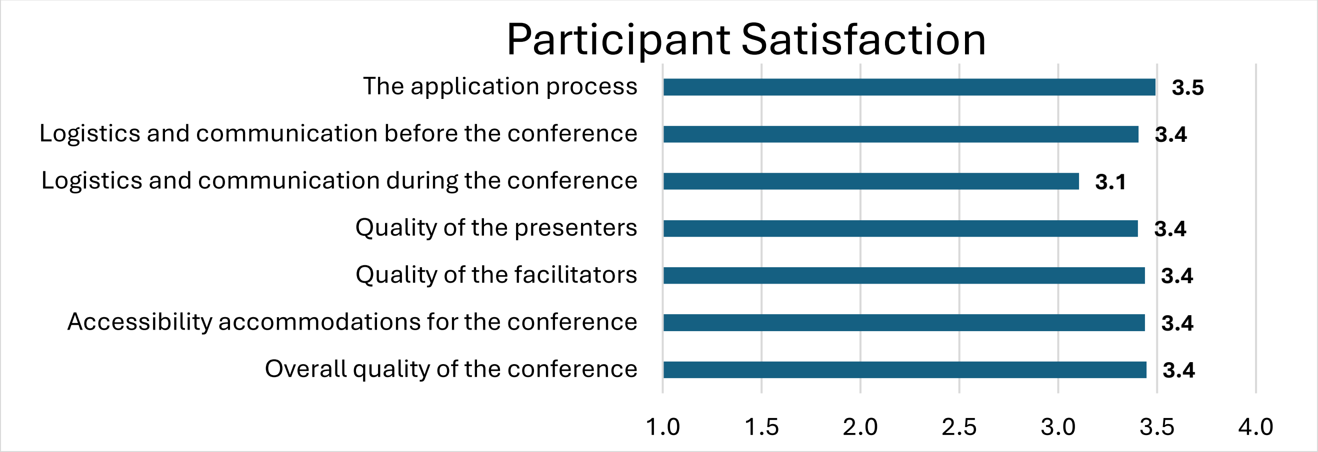


Participant Satisfaction

"I thought it was wonderful to finally have a conference/conversation about these topics in our state." -Conference Participant

Participants reported high satisfaction, rating above 3 out of 4 on all measures:

- Overall quality: 3.45 out of 4; 90% of participants were satisfied with the overall quality of the conference
- Logistics & accessibility: 3.36 out of 4; 90% of participants were satisfied with accessibility accommodations for the conference
- Speakers & facilitators: 3.42 out of 4; about 88% of participants were satisfied with the speakers and facilitators of the conference
- They also strongly agreed on the importance of topics (3.64; 95% agreed), speaker quality (3.65; 99% agreed), increased knowledge of challenges faced by people with IDD and BH needs (3.62; 94% agreed), and usefulness of resources/platform (3.40; 92% agreed)
- 92% of participants agreed that the things presented at the conference were useful to the advocacy work that needs to be done in Washington
- 95% agreed that the things presented at the conference were important to making progress for people with IDD and BH needs in Washington



Logistics & Behind-the-Scenes Coordination

"I loved this and thought it was excellent. The biggest challenges were understanding and integrating all that information." -Conference Participant

The *Bridge Forward* event was made possible through careful planning and strong partnerships that ensured a smooth, inclusive experience. Organizers worked closely with speakers, accessibility teams, and tech support to prevent and overcome challenges and keep participants engaged during the event.

- Coordinated with national and Washington-based speakers across multiple sessions.
- Partnered with interpreters, captioners, and translation providers to ensure access.
- Managed logistics and technical support for Zoom Events delivery.
- Communicated consistently with participants before, during, and after the conference.

Recommendations & Sustainability

"Thank you for providing this for free and virtually!!" -Conference Participant

Post-conference reflections and survey feedback offered valuable recommendations to strengthen future Bridge Forward Conferences and sustain momentum for system change in Washington's IDD and MH/BH services.

Elements to Continue and Grow

- Intentional speaker and topic selection.
- Centering equity and accessibility throughout.
- Creating space for co-creation, networking, and cross-sector dialogue.

Elements to Improve

- Address technology and platform issues (chat, mute functions, interpreter access).
- Improve scheduling and flow with breaks and no session overlap (some preferred no breakout sessions).
- Fill content gaps (e.g., caregiver perspectives).
- Refine evaluation/feedback tools for clarity and depth.

Next Steps

- Share key takeaways widely with stakeholders using conference deliverables.
- Demonstrate how participant input informs strategic action to avoid fatigue and cynicism.
- Provide updates on next steps in systems change efforts.
- Use stakeholder review to shape future conference topics.
- Link future gatherings of stakeholders back to lessons learned from *Bridge Forward*.

Project Deliverables

To capture the perspectives, ideas, and recommendations shared at the conference and post-conference planning sessions and to share information from the event with stakeholders and policymakers in the future, the NLCDD developed the following deliverables from the event that will be available in September 2025:

Evaluation Report: Current report designed for the funders of the project that outlines the planning, execution, and post-survey results of the *Bridge Forward* event.

Bridge Forward Event Research Results: Analysis and results of the transcripts and facilitators' notes from the *Bridge Forward* event, Think Labs, and the Post-Conference Planning Sessions; Attached as Appendices C, D, and E of the Evaluation Report

Mapping the Way Report: A report designed for wide distribution to diverse audiences that summarizes the recommendations from the *Bridge Forward* event. This report is translated into Spanish, Mandarin, Tagalog, Vietnamese, and Russian. The report can be found on WADDC's Bridge Forward Event Website: https://www.ddc.wa.gov/bridge-forward/bridge-forward-conference

Bridge Forward Infographic: A one-page visual summary designed for wide distribution to diverse audiences about the *Bridge Forward* event and its key takeaway. Attached as Appendix F of the Evaluation Report.

Bridge Forward Panel Question Answers: Written answers to the remaining questions asked during the *WA Leadership Panel: What's Happening Across the State* that did not receive answers during the conference due to time constraints. Attached as Appendix G of the Evaluation Report.

Bridge Forward Session Videos and Transcripts: Recordings of the Bridge Forward conference sessions that are available on the WADDC Bridge Forward Event website https://www.ddc.wa.gov/bridge-forward/bridge-forward-conference

Conclusion

The *Bridge Forward* event successfully transformed research into action by convening more than 400 stakeholders, including self-advocates, families, providers, policymakers, and advocates, for dialogue, strategy development, and systems change planning. Grounded in equity and accessibility, the event highlighted priorities such as trauma-informed care, housing, justice reform, technology, and inclusive supports, while modeling accessible engagement through CART captioning, ASL, multilingual interpretation, and other measures. High participant satisfaction and the collaborative Think Labs and Post-Conference Planning Sessions underscored the conference's value in co-creating solutions, culminating in an actionable roadmap for systemic improvement. Moving forward, organizers will share key takeaways broadly, demonstrate how input informs action, provide ongoing updates, and ensure future convenings build on lessons learned, sustaining momentum toward equitable, inclusive supports for Washingtonians with IDD and co-occurring BH needs.

APPENDIX A: Speakers & Biographies

BridgeForward

2025 Speaker List

Deanna Aldridge (she/her)

Stabilization & Specialized Services Unit Manager
Washington State Department of Social and Health Services

Deanna Aldridge is the Stabilization and Specialized Services Unit Manager with the Developmental Disabilities Community Services (DDCS) division of DSHS' Home and Community Living Administration. Deanna has twenty-seven years of experience working with individuals with intellectual and developmental disabilities, having worked for DDCS for the past 19 years. Deanna has a background in supporting individuals with I/DD in vocational services, residential services such as supported living, and programs offering support to those experiencing behavioral health needs, among other programs.

Gina Cabiddu, MSW (she/her)

Program Coordinator, Mary Bridge Children's Hospital

Gina Cabiddu, MSW, provides technical assistance to support the Health Care Authority, DSHS Developmental Disabilities Community Services, and 10 KMHWA teams across the state. Her previous experience includes public child welfare, regional leadership for a statewide non-profit, diverse social service boards, and national advocacy, training, and consultation for organizations and child welfare systems. Her passion for this work stems from her experience as a foster youth and adoptee. On a personal note, Gina enjoys being active indoors and out and collecting books in every state/ country she visits.

Anita Cameron *(she/her)*

Disability Justice Advocate

Anita Cameron is a disability justice activist who has been involved in social change activism and community organizing for 44 years. She has been arrested 140 times for nonviolent civil disobedience fighting for civil rights and justice for all disabled folks. She was invited to the White House on three occasions, has met three sitting U.S. Presidents, two Vice-Presidents, and helped to organize a national march. Anita received the 2023 Corey Rowley National Advocacy Award from the National Council on Independent Living for their work in systems change advocacy and activism.

Chris Carney *(he/him)*

Partner, Carney Gillespie PLLP

Chris Carney is a civil rights lawyer, public defender, and law professor with a focus on how disability and behavioral health issues intersect with the criminal legal system. Chris is one of the lead counsel in Trueblood v. DSHS, a class action case that seeks to improve services for determining trial competency and advocates for diverting such cases away from the criminal legal system. At the University of Washington School of Law, he teaches a course on Mental Health and Law. Chris also serves as the chair of the King County Public Defense Advisory Board, where he helps guide public defense policies and practices.

Julie Clark *(she/her)*

Council Member
Washington State Developmental Disabilities Council

Julie Clark is an Advocacy Specialist for Kokua Services and comes from the perspective of someone with lived experience. She joined the Washington State Developmental Disabilities Council in 2023, driven by a deep passion for advocacy and community support. She brings a commitment to stand-up for individuals who often feel unheard and to ensure their needs and voices are represented in decisions that impact their lives. Known for her empathy and enthusiasm, Julie has quickly become a valued part of the Council community, where she builds connections and finds purpose in helping others.

Paula Costa *(she/her)*

Specialty State Plan Residential Program Manager
Developmental Disabilities Community Services, Home & Community Living Administration, Washington State Dept. of Social and Health Services

Paula Costa has worked thirty years in the field, currently as a Specialty State Plan Residential Program Manager for DDCS in WA state. Her career started in NH as a direct care professional, then as a case manager, and lastly as a Certified NH START Coordinator. She is inspired to partner with others who provide services for people living with an intellectual developmental disability to support their autonomy, be an active member of the community they live in and work towards achieving life goals and dreams.

Kaley Day *(she/her)*

Program Coordinator, Pennsylvania Tech Accelerator
Kansas University Center on Disabilities

Kaley Day (she/her) brings her passion to improve access to innovative and inclusive services and opportunities through her role as the State of the States' Project Coordinator for Technology First Systems Change. Housed across the country, these projects advance access to technology solutions for people with disabilities through statewide, multi-level coordination and capacity building. Kaley spent 13 years with AdvocacyDenver, the Denver county chapter of the Arc, serving as Coordinator for Communications and Grant Development and an Advocate for Adults, assisting clients and families in navigating life, home- and community-based Medicaid waiver services, and the legal system. She served as an advisor to Speaking for Ourselves Colorado, Colorado's grassroots self-advocacy organization. Kaley's work is deeply informed by her lived experience as a sibling of a person with disabilities.

Katrina Davis *(she/her)*

Family Advocate / Seattle Children's Emergency Room Social Worker
Seattle Children's Autism Center

Katrina Davis is a mother of two adult children and a career advocate who brings a blend of personal and professional expertise to her role as crisis case manager at Seattle Children's Emergency Department and as an autism resource navigation expert at the University of Washington's Autism IDD ECHO Project WASHINGTON INCLUDE Collaborative. Katrina specializes in helping individuals and families navigate services, support, and programs for the autism and intellectual and developmental disabilities community. She has come to know the unique needs of the autism community through advocacy for her own autistic son, Arthur. She has spent the last 23 years drawing upon the wisdom and many strengths of the IDD community, supporting and helping others navigate the complex maze that accompanies an autism and/or IDD diagnosis, and the life-long journey.

Whit Downing *(she/her)*

Vice President, Policy & Programming
Kansas Council on Developmental Disabilities

Whit Downing is the Vice President of Policy and Programming for the Kansas Council on Developmental Disabilities (KCDD). As an autistic person with mental health needs and lived experience, Whit brings both personal insight and professional leadership to her work. She previously served as a behavioral health consultant for the Council, a LEND Trainee, and a board member for HeadQuarters Kansas, where she focused on suicide prevention and the 988 crisis system. Whit is passionate about ensuring neurodiverse people are included in every conversation about mental health, crisis response, and systems change. She has shared her story with policymakers in both Kansas and Washington, D.C., and co-leads statewide efforts like We All Matter, which is a mental health support group for teens & adults with IDD. Whit takes pride in being a lifelong learner, she believes in the power of self-determination, and says that working for KCDD is a dream come true!

Jeanne Farr, MA *(she/her)*

Chief Executive Officer, The NADD

Jeanne brings decades of leadership advancing supports for people with IDD and mental health needs. She is recognized for her leadership, advocacy, strategic vison and business acumen. She is deeply committed to transforming systems of care through collaboration, innovation, and policy reform. Jeanne has received numerous awards for her professional contributions and serves on several university, state, and nonprofit advisory boards. She holds a master's degree in Intercultural Relations from the University of the Pacific and has completed executive leadership programs at Harvard Business School, Columbia Business School, and the Kellogg School of Management.

Kristen Loomis Greenidge, MBA *(she/her)*

Co-Director
National Leadership Consortium on Developmental Disabilities

Kristen Loomis Greenidge is the Co-Director of the National Leadership Consortium on Developmental Disabilities. In partnership with Caitlin Bailey, she leads and oversees the strategic development, coordination, and implementation of all National Leadership Consortium programs, services, products, and activities. Kristen's work has focused on developing and coordinating training and technical assistance for leaders across the intellectual and developmental disabilities field. She received her Bachelor of Science degree in Human Services and her Master's in Business Administration with a concentration in Strategic Leadership from the University of Delaware.

Sandi Gruberg *(she/her)*

Council Member / Co-Communication Coordinator Washington Statewide Parent Coalition, Washington State Developmental Disabilities Council / Washington Statewide Parent Coalition

Sandi Gruberg is an experienced system navigator and advocate for individuals with intellectual and developmental disabilities and their families. Her lived experience with IDD and Behavioral Health includes her adult daughter, a younger sibling, and a nephew. Sandi has assisted individuals and families in identifying and working through the service barriers facing people who experience dual diagnoses.

Meghan Hopkins, MA LMHC *(she/her)*

Program Manager
Washington State Developmental Disabilities Community Services

Meghan Hopkins, is a passionate advocate for youth mental health. As a Program Manager with DSHS Developmental Disabilities Community Services, she is collaborating on the development of the statewide Kid's Mental Health Washington program. As the mother of two neurodivergent children, Meghan's personal experiences deeply enrich her professional insights. In her past roles as a mental health therapist and independent school counselor, Meghan supported youth and families through complex issues. She has provided trainings on neurodiversity, sensory processing, and trauma in a variety of settings. Meghan is NADD-trained in supporting individuals with dual diagnoses and is a member of the WA Include ECHO Learning Community. Passionate about mental health and developmental disabilities, Meghan continues to advocate for inclusive, comprehensive care and innovative approaches in the field.

Vickie Horschel *(she/her)*

Advocate

Vickie works as an advocate in many different capacities. She was a member of the Washington State Developmental Disabilities Council and is currently an active member of Disability Rights and Allies in Advocacy, a group of people with disabilities who came together to strengthen the disability civil rights movement. Vickie has served on a number of boards, including the Rehab Council, and she has a special interest in medical advocacy. On a personal level, she has advocated for and cared for a number of loved ones.

Lola Kernell *(she/her)*

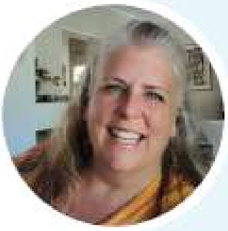
Advocacy Coordinator, Kansas Council on Developmental Disabilities

Lola Kernell is an Advocacy Coordinator for the Kansas Council on Developmental Disabilities. Kernell is a senior at Bishop Miege High School, where she is involved in Theatre, French Club, National Honor Society, and Campus Ministry. She is an active lector and server at Curé of Ars Catholic Church, is currently working on her highest level award for American Heritage Girls. Lola has worked for the Royals, the Chiefs and for Nautical Manufacturing and Fulfillment as part of her participation in Down Syndrome Innovations ACE program. Lola loves public speaking and being an advocate for others.

Alex Koval *(he/him)*

Chair of the Membership and Governance Committee
Washington State Developmental Disabilities Council

Alex Koval works as an Office Aide for the Developmental Disabilities Program for Clark County. He also likes helping the DD community with passing policies through the legislature so individuals can live in their communities. Alex is good at helping people with their transportation needs and likes being a friend to everyone. He was Chair of the DD Council's Membership and Governance Committee for the past two years and continues to be a Council member and contribute positively to the work of the Council.



Shanya Luther, MDiv *(she/her)*

Founder, Co-Owner & Training Program Director
Among Friends, LLC

Shanya Luther is a social-sexual ecologist and professional training facilitator in the field of human sexuality, with over 25 years of experience. She is the founder and co-owner of Among Friends, LLC. Shanya holds a bachelor's in human development, a Certificate in Family Life Education, and a Master of Divinity. For the past 25+ years she has been supporting people to meet their basic human needs, protecting their legal rights, assisting them to stay safe and healthy, and helping them keep their behaviors legal. Shanya utilizes an ecological framework and incorporates neurobiology, intersectionality, attachment theory, trauma informed care, and social-emotional learning into her work. She writes, speaks, presents and consults about all facets of sexuality; specializing in healthy relationships and healthy sexual development.

Upkar Mangat, MD *(he/him)*

Deputy Assistant Secretary
Behavioral Health and Habilitation Administration, Washington State Department of Social and Health Services

Dr. Upkar Mangat is the Deputy Assistant Secretary for Behavioral Health and Habilitation Administration. He has over two decades of experience in developmental disabilities and public health. His leadership is rooted in service, equity, and compassion.

Monica McCall, PhD, CPDC, ACC *(she/her)*

Founder/Co-Executive Director
NextGen Synergy, Inc.

Dr. Monica McCall is an entrepreneur, leadership coach, business developer, facilitator and a nonprofit leader. She is a national industry expert in driving cultural change within organizations and serves on a number of national boards and is the Founder and Former Chief Executive Officer of Creative Options, one of Maryland's premier community-based provider organizations. Most recently she facilitated a state-wide cohort in Maryland that examined the supports needs for people with intellectual and /or developmental disabilities with co-occurring mental health conditions. She is a founder and Co-Executive Director of NextGen Synergy, Inc.

Allyson McCain, MPPA *(she/her)*

Deputy Director & Director of the KCDD Health Equity & Outcomes Coalition, Kansas Council on Developmental Disabilities

Allyson McCain is the Deputy Director and Director of the Kansas Council on Developmental Disabilities' Health Equity and Outcomes Coalition. In the past, she has worked as an in-home caregiver to a young woman with Autism and volunteered as an art therapy instructor for adults with intellectual and developmental disabilities. Her goal is to help eliminate the barriers that people with different abilities face in pursuing their dreams and living a full life. She is especially concerned with health equality and representation in medical research for people living with a disability. She received her Masters Degree in Public Policy and Administration from American University in DC.

Monica Mesa-Alvarez, MPA *(they/them)*

Research Associate
National Leadership Consortium on Developmental Disabilities

Monica Mesa-Alvarez is a Research Associate for the National Leadership Consortium on Developmental Disabilities. Monica coordinates technical support and the organizational evaluation components of National Leadership Consortium programs. Monica's research projects have focused on the development and validation of tools that help disability sector organizations assess the alignment between values and practices related to best practices in the field. Their work with the National Leadership Consortium has also centered around providing actionable technical support to agencies to enhance the use of evidence-based practices and strategic decisions. Mesa Alvarez holds Masters of Public Administration and they are currently working to earn their Ph.D. in Urban Affairs and Public Policy in 2024 as well as a certificate in program evaluation.

Brandi Monts, MPA *(she/her)*

Executive Director
Washington State Developmental Disabilities Council

Brandi Monts has over 25 years of experience working in the field of developmental disabilities. Her previous positions include residential services, supported employment, transition from school to work, teaching, and county government. Realizing her commitment to the disability field early in her education, Brandi earned a BA in Social Work from the University of Washington and later went on to obtain a Master in Public Administration, with a focus on Public Policy at The Evergreen State College. Brandi's interests and expertise include agency organization, public policy and practice, community organizing, service systems collaboration, and wrap around service coordination for people with significant support needs. Brandi also taught English in Japan and is interested in multi-cultural service coordination and international disability issues, including efforts surrounding the United Nations Convention for the Rights of Persons with Disabilities.

Wendy Morris, RN, MSN, CS *(she/her)*

Senior Behavioral Health Advisor
National Association of State Mental Health Program Directors (NASMHPD)

Wendy Morris, MSN, is a Senior Behavioral Health Advisor for the National Association of State Mental Health Program Directors (NASMHPD). With more than 35 years of experience in the field, she has worked across the continuum in behavioral healthcare, including inpatient, outpatient, and home health services. Ms. Morris also has extensive experience in state government, having served as commissioner for Kentucky's Department for Behavioral Health, Developmental and Intellectual Disabilities. She holds a Master of Science in Community Health Nursing from the University of Kentucky and is credentialed as a Public Health Clinical Nurse Specialist by the American Nurses Credentialing Center.

Katie Nash *(she/her)*

Vice Chair
Washington State Developmental Disabilities Council

Katie Nash has lived experience. She is married and has a service dog named Geri. Katie is the first Vice chair of the Washington State Developmental Disabilities Council. Her husband and she are very active in the self-advocate community and they helped bring the 'nothing about us without us' law into light with the Washington state legislature. Katie is very passionate about people with disabilities having rights that are equal to people who don't have disabilities. She is a full-time employee and works to show others that they shouldn't be afraid or bullied into staying on government programs. She believes we all deserve to have a meaningful life without barriers. She also fights for the end of the marriage penalty.

Stacy Nonnemacher, PhD *(she/her)*

Director of Cross-Systems Strategy
National Association of State Directors of Developmental Disabilities Services (NASDDDS)

Stacy Nonnemacher is the Director of Cross System Strategies for the National Association of State Directors of Developmental Disabilities Services (NASDDDS). She received her PhD from Lehigh University and prior to her current position, served as the Clinical Director for Pennsylvania's Bureau of Supports for Autism and Special Populations in the Department of Human Services' Office of Developmental Programs. In this role, Stacy influenced and informed policy and programmatic decisions related to state Medicaid programs focusing on clinical practices and behavioral science to affect change and create best practices in supporting people, their families, and other supporters. Dr. Nonnemacher also conducted applied research and capacity building efforts embracing the application and replication of positive behavior approaches.

Bea Rector, MPA *(she/her)*

Acting Secretary
Washington State Department of Social and Health Services

Bea Rector is currently the Acting Secretary for the Department of Social and Health Services. Prior to her acting appointment, Bea was the Assistant Secretary of the Home And Community Living Administration in Washington State's Department of Social and Health Services. Bea has worked in long term services and supports at the state level for 24 years. For the first ten years of Bea's career, she worked in one of the state's largest non-profit home care agencies, designing and implementing strategies to recruit and retain home care workers. Bea holds a master's degree in Public Administration from the University of Washington.

Amanda Rich, PhD *(she/her)*

CEO, Open Roads Inclusive Community Consulting

Amanda Rich, PhD is the founder and CEO of Open Road Inclusive Community Consulting. She has worked in higher education, human service leadership development, non-profit management consulting, and program evaluation for over 15 years. She has a master's degree in applied behavior analysis and special education from the Teacher's College at Columbia University and a doctoral degree in human development and family studies from the University of Delaware. She published several articles and a book on topics related to disability advocacy, service systems and trauma-informed care.

Emily Rogers *(she/her)*

Public Policy Director, Washington State Developmental Disabilities Council

Emily Rogers is a person with a developmental disability. She has been working in the developmental disabilities' community in Washington for nearly 25 years. Fifteen of those years have been spent working in the advocacy arena, teaching self-advocacy skills and doing statewide legislative advocacy. Currently, Emily works at the Washington State Developmental Disabilities Council. In her role as the Public Policy Director, for the Council she works on issues of advocacy, education and making space for others. Emily says advocacy is in her blood! She looks forward to expanding ways that she can help to provide encouragement and leadership as we continue to strive to make the developmental disability community stronger and more resilient.

Josie Schindler *(she/her)*

Arc of Washington

Josie is a disability advocate. She has been with People First in the past and now does most of her advocacy with the Arc of Washington. She also holds three jobs - one working at the concession stands at Mariner games; another as a guest services representative at Lumen Field for Seahawks and Sounder games; and the third, working at the Washington State Fair. She says all three of her jobs are really fun. Josie also advocates as a family member on behalf of her brother.

Ivanova Smith *(she/her)*

Community Collaborations Program Manager
Washington State Department of Social and Health Services

Ivanova Smith is a Self Advocate Leader lives in Washington State and works for Developmental Disability Community Services. She and her husband are happily married and have two beautiful daughters.

Tracy Turner *(she/her)*

Pierce County Development Advisory Council

Tracy Turner (she/her) has been a strong advocate for a very long time, including advocating around several bills. She is the SAIL secretary and was on the Community Summit Planning Committee. Tracy is on the Pierce County Development Advisory Council as a Board Member and Co-Chair. She loves being a strong advocate for people who can't speak for themselves and has received several awards. Tracy is a grandmother to a grandson with Autism.

Leigh Walters *(they/them)*

Regional Developmental Disabilities Ombuds, Disability Rights Washington

Leigh Walters (they/them pronouns, please) is a mad, crippled, queer advocate who is committed to advocating in community with other disabled people in pursuit of their dignity, boundaries, humanity, and self-determination. Leigh joined Disability Rights Washington in 2021 as the Region 2 Developmental Disabilities Ombuds. Leigh graduated from Lewis & Clark College in 2018 with a Bachelor of Arts in Sociology & Anthropology and a double minor in Ethnic & Gender Studies. While in college, they were part of a group that began the school's first Disabled Student Union, which provided a space for disabled students to find kinship while advocating for on-campus rights.

Sara Hart Weir, MPPM *(she/her)*

Executive Director
Kansas Council on Developmental Disabilities

Sara Hart Weir is the Executive Director of the Kansas Council on Developmental Disabilities. She is the former President & C.E.O. of the National Down Syndrome Society where she led the passage of a number of landmark pieces of legislation. Weir established the first-ever national employment program for the Down Syndrome community, the #DSWORKS® Program, which partnered with companies, from Main Street to Wall Street, to create career opportunities for people with disabilities. Weir also co-founded The U.S. Future of Work For People with Disabilities Commission. Most recently, Weir served as a senior advisor to Missouri's Department of Health & Senior Services on disability inclusion and co-chaired the state's health equity committee.

Courtney Williams, MPA *(she/her)*

Executive Director
Washington Statewide Independent Living Council (WASILC)

Courtney Williams started as a customer with the Division of Vocational Rehabilitation. She was later hired as a job coach and ultimately earned a Master's Degree in Public Administration. Courtney is the Executive Director of the Washington State Independent Living Council. She has worked with members to pass legislation that includes the elimination of sub-minimum wages for individuals with Disabilities, for Statewide School to Work, and has participated in a legislative-directed rate study with the Department of Social and Health Services and the Developmental Disability Administration. Courtney also works in her local community as a Board Member for the Family Support Center in Olympia, Washington.

Rebeccah Wolfkiel, MPP *(she/her)*

Executive Director, National Association of State Head Injury Administrators (NASHIA)

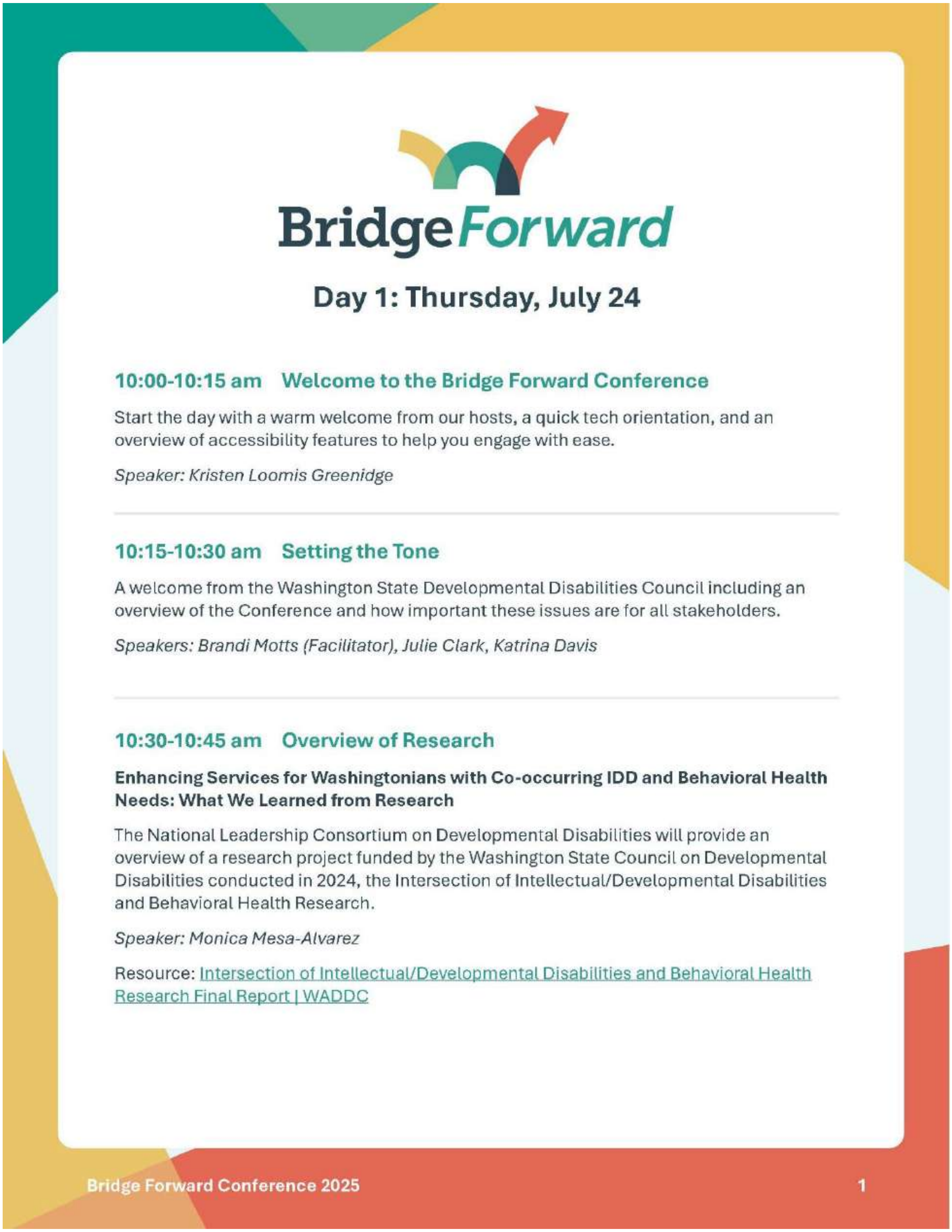
Rebeccah joined NASHIA as Executive Director in January 2018. She brings over 15 years of experience in promoting federal policies that provide resources for individuals with brain injury, and their families. Under her leadership, NASHIA has created several intensive technical assistance programs that have led to development of state resource systems for people across the country living with the impacts of brain injury.

Fallon Zollars *(she/her)*

Program Operations Manager
Adult Neurodevelopmental Wellness Project, UW Dept Of Neurology

Fallon Zollars (she/her) is a Program Operations Manager at the University of Washington Adult Neurodevelopmental Wellness Project. Fallon currently manages an interdisciplinary therapeutic and clinical team supporting adults with intellectual and developmental disabilities who are Trueblood class members. She is also a candidate for a Master of Public Health at the University of Washington. She has a background as a Family Resource Coordinator and Clinical Research Coordinator specializing in community-based research and service provision for the adult developmental disability community. Fallon is passionate about creating empowering, strengths based, research and providing person centered services.

APPENDIX B: Bridge Forward Event Agenda



BridgeForward

Day 1: Thursday, July 24

10:00-10:15 am Welcome to the Bridge Forward Conference

Start the day with a warm welcome from our hosts, a quick tech orientation, and an overview of accessibility features to help you engage with ease.

Speaker: Kristen Loomis Greenidge

10:15-10:30 am Setting the Tone

A welcome from the Washington State Developmental Disabilities Council including an overview of the Conference and how important these issues are for all stakeholders.

Speakers: Brandi Motts (Facilitator), Julie Clark, Katrina Davis

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10:30-10:45 am Overview of Research

Enhancing Services for Washingtonians with Co-occurring IDD and Behavioral Health Needs: What We Learned from Research

The National Leadership Consortium on Developmental Disabilities will provide an overview of a research project funded by the Washington State Council on Developmental Disabilities conducted in 2024, the Intersection of Intellectual/Developmental Disabilities and Behavioral Health Research.

Speaker: Monica Mesa-Alvarez

Resource: Intersection of Intellectual/Developmental Disabilities and Behavioral Health Research Final Report | WADDC

Bridge Forward Conference 2025 1

10:45-11:45am Keynote

WA Leadership Panel: What's Happening Across the State?

This keynote panel brings together statewide leaders working to support people with both developmental and behavioral health disabilities. Speakers include Bea Rector (DSHS and Health Care Authority), Upkar Mangat (Behavioral Health and Habilitation Administration), Noah Seidel (Disability Rights Washington and DD Ombuds), and Courtney Williams (Washington State Independent Living Council). Panelists will share how their agencies are addressing the needs of this population and reflect on ways to improve coordination and support across systems. The discussion will also focus on how communities can contribute to lasting, meaningful change.

Speakers: Brandi Motts (Facilitator), Upkar Mangat, Bea Rector, Courtney Williams, Noah Seidel

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11:55 am – 12:45 pm Breakout Sessions #1

Our Lived Experience: Ideas on Advocacy

In this powerful breakout session, leaders with lived experience will share their personal perspectives on navigating developmental and behavioral health services in Washington State. Facilitated by DD Council member Alex Koval, the panel includes Tracy Turner, Katie Nash (DD Council 1st Vice Chair), Josie Schindler, Vickie Horschell, and Leigh Walters (Developmental Disabilities Ombuds). Panelists will discuss what has helped them access services, what supports are still needed, and what they want decision-makers to understand. This session centers the voices of those who are most impacted by our systems and offers real-world insight into how improvements could be made.

Speakers: Alex Koval (Facilitator), Vickie Horschel, Katie Nash, Josie Schlindler, Tracy Turner, Leigh Walters

Disrupting the Digital Divide: Technology First Systems Change

Technology is here to stay, but for many people with developmental disabilities and behavioral health support needs, access remains out of reach. In this session, discover how states across the country are embracing Technology First as a bold systems change movement. Learn how this innovative approach is bridging the digital divide and putting those most often left behind at the forefront of inclusive technology access.

Speaker: Kaley Day

Think Lab: Building Support and Stakeholder Assessment

During each breakout session, attendees have the option to take part in a Think Lab. These sessions will be interactive and will provide practical tools and strategies for attendees. There will be a short presentation but mainly attendees will be interacting with others, learning and networking together, and engaging in small and large group discussions. This Think Lab will focus on identifying who needs to be involved in changing the future of behavioral health and developmental disability support in Washington and how to engage with them.

Speaker: Caitlin Bailey (Facilitator)

1:15-2:15 pm Keynote

National Advocacy: How Systems Need to Change to Support People with Complex Needs & Their Families

Anita Cameron is a nationally known disability activist. She views things from a culturally competent, disability justice framework and fights for the rights of people to be in charge of their own lives Join this lively session as Anita shares powerful stories from 40+ years of activism—and a vision for building more inclusive, equitable systems together.

Speaker: Anita Cameron

2:25-3:15 pm Breakout Sessions #2

The Ecosystem of Sexuality & Social Services

This session examines how social service systems often react to a sexual incident involving a vulnerable person in a manner which ultimately leads to violations of a person's rights. The presenter will discuss the importance of building structural partnerships across disciplines and utilizing available tools for developing rights-based responses and increasing safety for everyone.

Speaker: Shanya Luther

Kids Mental Health Washington: Linking Arms across Systems to Support the Mental Health of WA Kids and Families

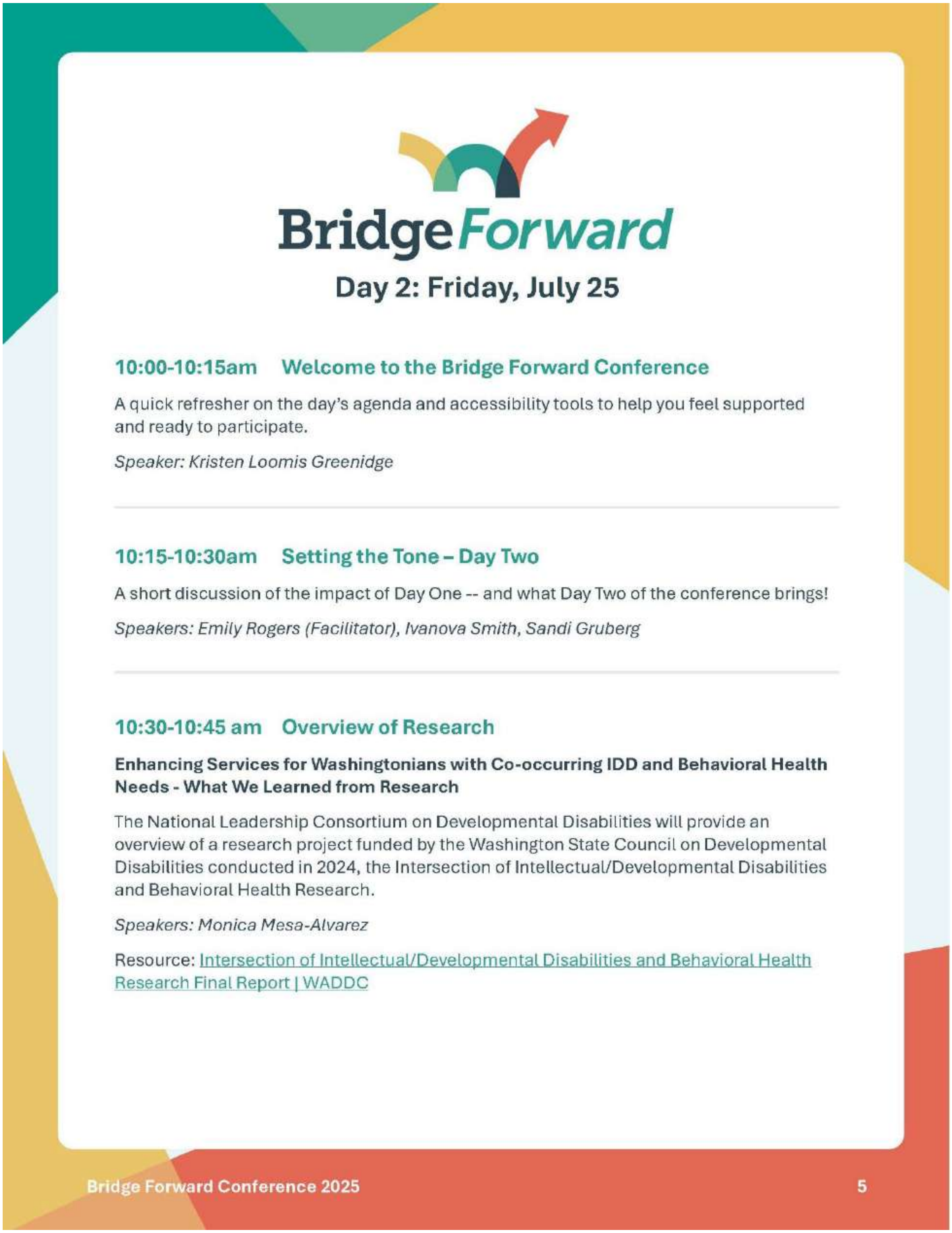
In this session, we'll explore Kids' Mental Health WA (KMHWA), an innovative statewide model for addressing Washington's youth mental health crisis. Gina Cabiddu and Meghan Hopkins will showcase how multidisciplinary teams, shared resources, and care coordination are transforming outcomes for children with complex needs. The presentation highlights KMHWA's expansion and community-centered approach, emphasizing youth and family voices, cross-system collaboration, and policy reform. Attendees will connect with regional hubs and be invited to help shape the future of this innovative initiative.

Speakers: Meghan Hopkins, Gina Cabuddu

Think Lab: Strategic Planning for the Washington System

During each breakout session, attendees have the option to take part in a Think Lab. These sessions will be interactive and will provide practical tools and strategies for attendees. There will be a short presentation but mainly attendees will be interacting with others, learning and networking together, and engaging in small and large group discussions. This Think Lab will focus on identifying the Strengths, Weaknesses, Opportunities, and Threats (SWOT) related to changing the future of behavioral health and developmental disability support in Washington.

Speaker: Caitlin Bailey (Facilitator)



BridgeForward

Day 2: Friday, July 25

10:00-10:15am Welcome to the Bridge Forward Conference

A quick refresher on the day's agenda and accessibility tools to help you feel supported and ready to participate.

Speaker: Kristen Loomis Greenidge

10:15-10:30am Setting the Tone – Day Two

A short discussion of the impact of Day One -- and what Day Two of the conference brings!

Speakers: Emily Rogers (Facilitator), Ivanova Smith, Sandi Gruberg

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10:30-10:45 am Overview of Research

Enhancing Services for Washingtonians with Co-occurring IDD and Behavioral Health Needs - What We Learned from Research

The National Leadership Consortium on Developmental Disabilities will provide an overview of a research project funded by the Washington State Council on Developmental Disabilities conducted in 2024, the Intersection of Intellectual/Developmental Disabilities and Behavioral Health Research.

Speakers: Monica Mesa-Alvarez

Resource: [Intersection of Intellectual/Developmental Disabilities and Behavioral Health Research Final Report | WADDC]()

10:45-11:45am Keynote

National Leadership Panel: What Are Organizations Doing Nationally?

Hear from national leaders working across systems to improve outcomes for people with I/DD and behavioral health needs. Learn what's working—and where we go from here.

Speakers: Kristen Loomis Greenidge (Facilitator), Jeanne Farr, Stacy Nonnemacher, Rebeccah Wolfkiel, Wendy Morris

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11:55am – 12:45pm Breakout Sessions #3

Trauma Informed Care as a Road Map to Better Support

This session explores how trauma-informed care can serve as a powerful framework for improving services and supports for people with developmental disabilities and behavioral health support needs. Participants will gain practical strategies to recognize the impact of trauma and apply trauma-informed principles to create safer, more effective, more responsive, and person-centered systems of care.

Speakers: Amanda Rich

Competency to Stand Trial and Community Supports

This session will discuss how people with developmental disabilities, including those who also have behavioral health needs, move through the criminal legal system. We will focus on the Trueblood Class action lawsuit, available supports and services, as well as the progress and barriers that have been made in the years since the case.

Speakers: Deanna Aldridge, Chris Carney, Fallon Zollars

Think Lab: Looking Beyond Washington

During each breakout session, attendees have the option to take part in a Think Lab. These sessions will be interactive and will provide practical tools and strategies for attendees. There will be a short presentation but mainly attendees will be interacting with others, learning and networking together, and engaging in small and large group discussions. This Think Lab will focus on the best practices, innovations, and opportunities that exist across the country and consider how they can be incorporated into changing the future of behavioral health and developmental disability support in Washington.

Speaker: Caitlin Bailey (Facilitator)

1:15-2:15pm Keynote

Mental Health, IDD Advocacy, & What's Possible: A Self-Advocate & DD Council Perspective

As an autistic person with behavioral health needs, I have experienced what happens when systems don't communicate or coordinate with each other. But I have also seen what's possible when they do. In this keynote, I'll share my personal journey navigating developmental disability and behavioral health systems. I'll talk about the crises I've personally experienced and what has helped me. I will talk about what it felt like to be left out, and what being at the table (now) means to me. I will share about what self-determination really means, and how my team and colleagues at the Kansas Council on Developmental Disabilities (KCDD) is leading national and state transformational and policy change. My hope is that this session inspires you to see how each of us can help bridge forward.

Speakers: Whit Downing, Allyson McCain, Lola Kernell, Sara Hart Weir

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2:25-3:15pm Breakout Session #4

Bold Connections and Innovations: A Community Care Model that advances support for people with IDD and mental health needs.

NextGen Synergy operates similar to a traditional community care hub, uniting people, systems, and innovative solutions to transform support for individuals with intellectual and developmental disabilities (IDD) and co-occurring mental health conditions. Join us to explore how bold collaboration, technology-driven strategies, and knowledge-sharing networks are reducing fragmentation, strengthening local capacity, and empowering people to thrive in their communities. Discover practical ways this scalable model can help Washington and beyond bridge gaps and build sustainable, person-centered systems of care.

Speakers: Monica McCall and Nick Burton

State Plan Residential Services & Adult Family Home Specialty Pilot

In this breakout session, Paula Costa, Specialty State Plan Residential Services Program Manager with Developmental Disabilities Community Services (DDCS), will share information about State Plan Residential Services and updates on the Specialty Adult Family Home (AFH) Pilot. This pilot is designed to better support adults with developmental disabilities and behavioral health needs by offering enhanced training and targeted supports to AFH providers. With 100 people now participating, the program marks a significant step in expanding quality community-based care across Washington. Paula will also discuss lessons learned so far and what's next for the future of the pilot.

Speaker: Paula Costa

Think Lab: What's Possible? Starting a Vision

During each breakout session, attendees have the option to take part in a Think Lab. These sessions will be interactive and will provide practical tools and strategies for attendees. There will be a short presentation but mainly attendees will be interacting with others, learning and networking together, and engaging in small and large group discussions. This Think Lab will focus on the importance of having a solid, collaborative vision in systems change and generating ideas around what is important to include in that vision related to changing the future of behavioral health and developmental disability support in Washington.

Speaker: Caitlin Bailey (Facilitator)

APPENDIX C: Bridge Forward Event Research Results

Transcripts and facilitators' notes from the *Bridge Forward* conference Think Labs and the Post-Conference Planning Sessions were analyzed to look for examples and themes of stakeholder perspectives shared about:

- **The Destination**: What is the vision of what a better IDD and BH service system would look like, feel like, and do?
- **The Current Location:** What is the current state of Washington IDD and BH service systems? Including:
    - **The Roadblocks:** What are the current needs, problems, and challenges with the current IDD and BH systems?
    - **The Landmarks**: What is currently working well with the IDD and BH service systems?
- **The On-Ramps:** What could improve the IDD and BH service systems in Washington?
- **The Bridges:** What could support better coordination and collaboration across multiple systems people with IDD and BH support needs and their loved one use or need?

The Destination: The Vision of a Better System

“It’s not just about treatment to help with challenging behavior. It’s about helping people access healthy relationships.” —Conference Participant

The participants of the *Bridge Forward* conference identified what better IDD and BH support systems would look like, feel like, and do for people. They shared that better systems would be: 1) Accessible, 2) Community-based, trauma-informed, and person and family-centered providers, 3) High quality and effective services, 4) Responsive to needs, 5) Equitable across social, cultural, geographic, and economic groups, and 6) Sustainable.

They described the vision for a better system as being **accessible** geographically, culturally, cognitively, and linguistically, regardless of healthcare payer or insurance access. They described systems with less red tape and greater ease in accessing resources across various systems. The participants noted that more effective systems require accessibility of broader community-based services like childcare, mental and dental healthcare, community-safety, recreation, legal, and judicial services.

They shared that a better system would be **community-based, trauma-informed, and person and family-centered.** Effective support would be found within a network of community-based providers that were kind, welcoming, safe, and built around the hopes, dreams, aspirations, and needs of the person and their family. One participant shared, *“Treatment options need to work for the family dynamics.”* The ideal service systems would not be only a reduction in symptoms but access to meaningful relationships and a full life in the community. Funding for community-based support would be the default and not the exception that requires a waiver.

A variety of **high-quality and effective service options** would be available when needed, including peer support. One participant stated, *“Peer support is greatly needed. To have someone who’s been through and aware of what your situation is, it’s very different than having this big bureaucracy agency coming in.”* They noted that ensuring quality, safety, and effectiveness required better data collection and accountability for service providers and larger systems. This would allow the community to better understand the scope of the problems, progress, and help to garner resources for effective service models. Not only would crisis response be accessible and effective for people with IDD and BH support needs, but the system would be proactive in working to prevent crises where possible.

Stakeholders described a better service system as being **responsive to the needs of the person and their family** in terms of being easy to change, start, stop, and restart as the person and their family’s needs and goals change. One participant shared, *“It needs to be easier to start and stop services and get people reevaluated.”*

Ideal support systems would be **equitable across social, cultural, geographic, and economic groups.** It would have the resources needed to be **sustainable** and support continuity in providers.

Themes Related to a Vision for IDD and BH Service Systems in Washington

Accessible	Linguistically, geographically, culturally, cognitively, and regardless of healthcare payer
	Easy to access: Less red tape and paperwork
	Community resources (crisis response, medical/dental providers, respite providers, mental health providers, first responders, transportation, childcare) are accessible to people with IDD and BH support needs
Community-Based, Trauma Informed, and Person and Family Centered	Peer support is available and accessible
	Experiences within service systems and communities are kind, warm, and welcoming
	Focus on safety and accountability
	Focus on supporting the person and their families living full lives with meaningful relationships in the community, not only on alleviating symptoms
	Includes support from womb-to-tomb, including early-intervention, respite services, end-of-life support, and grief support
	Providers wrap-around supports
	Community-based is the default, not an exception that requires a waiver
High Quality and Effective Services	Collaboration and communication across systems
	Access to a wide range of well-trained professionals and effective treatment/support options
	Addresses the needs of whole person and family
	Wrap-around services for the person and family
	Access to knowledgeable, well-trained, and well supported staff, case management and/or service navigation
	Proactive efforts to get the person what they need before crisis hits and easy access to resources for stabilization during crisis
	Avoids reliance on emergency medical services beyond stabilization
Responsive to Needs	Services can be started and stopped, and changed as needs and goals change
Equitable Access and Quality	Equitable access to quality services across social, economic, and geographic groups
Sustainable	Stability in providers and housing
	Support for caregivers
	Respite services

The Current Location: Roadblocks in the Current Systems

"The treatment options are often not good or don't work for some people with IDD. We need better treatment options for people with co-occurring BH/IDD support needs."

—Conference Participant

Washington faces a range of challenges within the existing service systems. Conference participants identified 5 main areas for improvement, including: 1) A lack of safe and effective service options, 2) Inaccessibility of existing services, 3) Inaccessibility of community resources, 4) A lack of coordination and communication across the agencies and IDD and BH service systems, and 5) Advocacy exhaustion and cynicism.

Many noted that there is a **lack of safe and effective service options** for people with IDD, with very limited or no effective services available. One participant said, *"There is ABA or it's nothing and for us ABA isn't an option, so there's nothing."* Participants described how even when there are effective services that exist within the state, they are often not accessible for a variety of reasons, including that they are not culturally or linguistically accessible and they are not accessible geographically due to distance and or lack of transportation. There are workforce shortages due in part to low reimbursement rates, leading to limited access to providers and long waitlists. There is a lot of red tape and paperwork to get services. People do not know where to start to access services or what might be available to them. It is hard to find providers who take specific insurance. One participant said, *"There are long wait lists, especially if you're on Medicaid and not private insurance. They could be up to a year and a half before you get any treatment options."* There was also concern that federal policy changes may further reduce access to services.

The **inaccessibility of existing services** often leads to crisis and unsafe, ineffective, and retraumatizing crisis responses like arrests, and long boarding stays in emergency rooms or hospitals even after stabilization. One participated noted, *"People spend weeks in emergency rooms restrained and scared waiting for psychiatric beds that might never open up."* Stigma often was a barrier to needed supports. Policies rooted in stigma, such as those related to challenging behavior, have rigid exclusion criteria for some community-based housing and services, which also posed as a barrier. People with IDD often face discrimination from mental health providers based on limiting beliefs about their capabilities of engaging in treatment.

Additionally, participants noted that **inaccessibility of community resources** also had a negative impact of people with IDD and BH support needs. Meaningful access to the community in general was a form of mental health support and many community-based resources were inaccessible to people with IDD and BH support needs. They noted the need for legal and judicial service employees to be trained in making their services more accessible and understand the needs and options for people with IDD. This included supported decision making. They noted the need for medical and dental services to become more accessible for people with IDD and the need for first responders, including police, EMT's, and firefighters, to understand how to recognize and respond to people with IDD and BH support needs.

Childcare and parental supports need to become more accessible to better support parents in parenting and allow them to be able to work if needed and wanted. One said, *"Mental health care is more than therapy. Mental health supports involve having an increase in employment, volunteer, or educational opportunities, or even recreational. It involves housing support, better access to relationships and just better access to the community in general."*

A lack of coordination and communication across the agencies and IDD and BH service systems is also a challenge in Washington. Participants shared challenges with how separate agencies within and across IDD and BH support systems often do not communicate, coordinate, or collaborate effectively. That was partially due to rigid funding streams that tend not to reimburse for collaboration and time for transition between agencies, a sense of competition for limited resources, different language and terminology across systems and a lack of cross training for IDD and BH support professionals.

A perceived lack of progress in systems change, an overreliance on unpaid caregivers and family members, and overworked and underpaid frontline staff has led to advocacy **exhaustion and cynicism** amongst many important stakeholder groups. One said, *"This isn't our first rodeo. We've been asked to share our thoughts before, and nothing ever changes."* Another said, *"In many ways we are where we were 40 years ago and it's exhausting to try so hard and see very little change."*

Themes Related to Roadblocks in Current Service Systems

Lack of Safe and Effective Service Options	BH providers often will not see people with IDD.
	Effective service options are limited
	Lack of providers
	Range of support options for those with IDD and BH are limited and often ineffective or retraumatizing
Inaccessibility of Existing Services	Too much paperwork and red tape when accessing services
	Long wait to get a diagnosis
	Lack of culturally relevant/linguistically accessible services
	Hard to find providers that take specific insurance
	Lack of providers and prescribers leads to lack of services or long wait times and instability in services
	Lack of geographic accessibility of services (parts of the state where people need to travel long distances for services)
	Lack of knowledge of what services are available and how to access them
	Increases risk of crisis and traumatization during crisis response
	Hospitals/ER's used as traumatizing boarding facilities during crisis
	Challenging behavior during crisis is often viewed as a barrier to community-based housing and services

	Stigma prevents help seeking
Inaccessibility of Community Resources	Community first responders (PD, EMT's, Firefighters) have little understanding of needs of people with IDD and BH
	Judicial employees have little understanding of needs and options for people with IDD and BH support needs and families
	Lack of affordable housing
	Lack of accessible childcare
	Lack of accessible public transportation
Lack of Coordination and Communication Across the IDD and BH Service Systems	Siloed and inflexible funding streams
	Lack of cross-training between IDD and BH service systems
	Differences in terminology across systems (same words can mean very different things)
Advocacy Exhaustion and Cynicism	It's hard to keep fighting all the time
	Much investigation of problems without much action to fix them
	Little progress in systems change over time

"We need *less emergency room visits. Less involvement with first responders, PD, fire department, ambulance."* —Conference Participant

"There are services that already exist. Counseling, one-on-one therapies, substance use disorder therapy programs etc. and people with intellectual and developmental disabilities are discriminated against. They're told 'we think you cannot benefit from these services."

—Conference Participant

The Current Location: Landmarks in the Current Systems

Though stakeholders noted many challenges, they also shared that many programs and elements of the system were working well across the state and should be built upon. Specifically, they noted opportunities and existing "bright spots" in the state as falling into four main categories: 1) Growing recognition of the need for change and a movement towards an ethos of collaboration and disability justice, 2) Active and engaged professional and advocacy organizations, 3) Local expertise, promising programs, and creative strategies, and 4) Opportunities to use political power and build upon legislative and regulatory progress.

Though they described that there was a long way to go and many challenges to address, many stakeholders from state-wide entities recognized a need for systems change. They shared a growing sense of a collaborative spirit across the state and progress towards the disability justice philosophy of "*Nothing about us without us*." Collaborative events such as the *Bridge Forward* conference were in and of themselves a positive step.

The stakeholders emphasized that there were active and engaged professional organizations and advocacy organizations across the state. Specifically, they shared the Self-Advocates in Leadership (SAIL) and chapters of The Arc were particularly active. Others noted that professional organizations such as the statewide Professional Guardianship Association was open to learning and active across the state. Though participants shared that some chapters of behavioral health advocacy groups such as NAMI were underfunded, many were still active and other statewide initiatives such as Washington Thriving provided strong foundations for collaboration.

Though not all services were available statewide, promising programs and practices were present across the state. They described a growing effort to expand the reach and capacity of mobile crisis units, the emergence of community-based psychiatric urgent care centers and a growth of wrap-around programs, including project ECHO (Extension for Community Health Outcomes). They shared there were experts who effectively supported medication management for people with dual diagnoses but noted that they were often based in institutions as opposed to the community. Several participants described how Washington state has county tax programs in which some of the property tax must go to the IDD, chemical dependency, and BH systems which may provide creative funding pathways for innovation and systems improvement.

Lastly, participants shared opportunities to use political power and build upon recent regulatory and legislative gains. They noted that Washington state has a governor committed to fighting Medicaid cuts who could serve as an ally, active Community Advocacy Collations, and an active State Developmental Disability Caucasus. Recent legislation and court rulings such as Trueblood et al. v. Washington State DSHS case helped to improve the experience of people with cognitive and behavioral health needs who are adjudicated. They noted that the removal of formal IQ tests scores for enrollment in DSHS and DDA programs and movement on laws to expand the capacity of prescribers was also helpful in improving access.

Themes Related to Landmarks in Current Service Systems

Growing Recognition of Need for Change and Movement Towards an Ethos of Collaboration and Disability Justice	Recognition of the need for better IDD and BH services
	Investment in inclusive envisioning sessions such as the Bridging Forward conference
	Progress towards a “nothing about us without us.” philosophy across state
	Collaborative spirit amongst stakeholders
	DSHS is working to focus more on the whole person
	Reimagine DSHS is focused on and has support to break down silos
Active and Engaged Professional and Advocacy Organizations	There is an active public guardian network in the state that is engaged and open to learning
	Strong IDD advocacy in parts of the state including organizations like SAIL, The Arc, Disability Rights Washington
	Psychiatric disability advocacy groups such as NAMI and Washington Thrive
Local Expertise, Promising Programs, and Creative Strategies	There are experts in services within the state that support people with IDD and BH in medication management and other specialty areas (though they are often located in institutions as opposed to the community)
	Growing mobile crisis services in some parts of the state
	In some areas there have been gains in transition from school to supported employment
	ECHO (Extension for Community Healthcare Outcomes) IDD Wrap-Around Service
	Some areas have community groups to help with language access
	New texting system notifying people of reviews by DSHS and SSI
	Psychiatric urgent cares opening in parts of the state
	Care coordination is improving
	Education expansion for BH services providers with UCEDs
	Omnibus Mental Health and Substance Abuse Act gives counties the authority to put a portion of sales tax toward mental health and substance abuse treatment services
Opportunities to Use Political Power and Build on Legislative and Regulatory Progress	Community Advocacy Coalitions from across our state that come together every month and talk about what we want to see happen legislatively
	WA Sate Developmental Disability Caucus active and engaged
	Trueblood et al v. Washington State DSHS case
	Statewide increase in minimum wage and end to subminimum wage
	Some engaged county commissioners

	FSIQ removed for DSHS DDA enrollment
	Momentum on prescribing psychologist law to decrease wait times may pass next session
	HB1427 requires monitoring around accessibility and quality of peer support specialists
	Governor committed to fighting Medicaid cuts

On-Ramps: Ways to Improve the IDD and BH Systems

Ideas to address the needs and build on positive initiatives across the state to improve the IDD and BH service systems in general fell into five separate categories: 1) Service innovation, 2) Regulatory and funding changes, 3) Community development, education, and advocacy, 4) Quality assurance, accountability, and information sharing, and 5) Workforce development and support.

Participants noted that for all service systems to improve there must be **service innovation** that must be informed by people who use or need services, their support networks, and scientific evidence when possible. The most frequently described service innovations that worked to respond to and prevent crisis, provide support across the life course including parental support, ongoing respite support, end-of-life, and grief support. They described paths towards innovation as potentially engaging advocacy groups, service users, their families, those currently working in promising programs and ensuring that needed expert knowledge moves out of institutions and into the community.

Service innovation and improvements must involve **regulatory and funding changes** to create more flexible billing structures for services to meet people where they are, as their needs and goals change. Additionally, they noted that increasing reimbursement rates was vital to ensure the health and stability of the workforce. Changes in regulation and funding structures may also reduce burdensome red tape, provide greater ease in accessing the service system, and supporting a service system that can adapt and adjust as the person’s wants and needs change. One participant said, *“Medicaid is a single-point payer often, so if someone's at Western State Hospital, or someone's at an RHC. You can't get involved, you aren't actually able to start services until they're out, which is too late.”*

Participants also shared that improvement in the lives of people with IDD and BH support needs requires changes to the community as a whole, especially in **community development, education and advocacy**, and not just the formal service system. They noted that universal education on mental health and disability would help to reduce ableism and stigma and help people see “*there are many ways of being in the world*.” They shared that expanding the availability and accessibility of childcare, affordable housing, dental and medical care would support the quality of life for all. Lastly, they shared how groups such as UCEDS, advocacy groups like the ARC and SAIL may be useful partners in building platforms for people with dual diagnosis to share their stories in their own voices and educate community resources like professional guardian, judges and lawyers on supported decision making and other important resources.

Participants noted that the path towards better services requires a commitment to **quality assurance, accountability, and information sharing**. States and systems must be held accountable in efforts to reduce waitlists and improved accessibility (for instance by ensuring all resources are in plain language). There must be a commitment from agencies to provide welcoming and accessible services. Additionally, they said that an investment in better tools to collect and use data would help to ensure better outcomes for people within any of the service systems. Some also shared that having more opportunities for local county representatives to share with each other about the challenges they are having and how they are navigating them would also be useful. They expressed that there is excellence and innovation happening within the local areas of the state and needed better platforms to share with one another.

Lastly, participants concluded that a primary on-ramp to better service systems is **workforce development and support** by better recruitment, training, and supporting the workforce in each system. This involved better incentives to move people into these fields, better training on best practice, higher pay, and lower caseloads.

Themes Related to On-Ramps in Current Service Systems

Service Innovation	"Interceptors" or someone to call before crisis leads to major change in housing or services
	Support for person and family from across the life course including respite services, parental support, end of life services and grief support
	Better crisis response options (more accessible mobile crisis, expand options for patient stabilization services to avoid ER boarding
	Ensure voices of people who are most impacted are informing service innovation
	Ensure voices from people from diverse communities and revisions (including Tribal, LGBQIA+, and immigrant communities) are centered and amplified
	Expand and move local expertise (dental, medication management) from institutions into community
Regulatory and Funding Changes	Increase funding and support during times of transition. (create more flexible billing structure)
	Community-based not as "waived" but as default
	Increase reimbursement rates to increase wages for frontline workers
	Ensure regulation and funding support of responsive services that meet people where they are, and proactively prevent crisis
	Funding and regulations should be flexible and allow for "revolving doors" and "escalators" for people to stop or change formal support as needs and goals change

	Eliminate “behavioral challenges” as primary barrier to community-based housing and services
Community Development, Education, and Advocacy	Universal education in school about disability and behavioral health so people learn that there are many ways of being in this world to reduce stigma
	Support families at the community level (not just service level)
	Expand access to affordable housing for all
	More opportunities for people with co-occurring needs and their loved ones to tell their stories and share their stories with those with political power
	Ensuring that judges, professional guardians, lawyers, and families know about supported decision making
Information Sharing, Quality Assurance, and Accountability	Create more opportunities for state counties to share ideas and data
	Commit to reducing wait list for services
	Services are community-based
	Create plain language resources across all systems
	Ensure services are welcoming
	Better data collection and response to data to ensure support is safe and effective
	Greater systems accountability in genera
	Make a statewide commitment for adopting trauma-informed approaches
	Better data collection and feedback loops for outcomes of people in system
Workforce Development and Support	Professionals are trained on the Disability Rights movement and know to be aware and responsive to the potential harm of an overuse of the Medical model in understanding disability
	Increase in availability of trained providers and prescribers
	Reduce caseloads of case managers
	Expand pipeline of professionals to lead to shorter time getting diagnosis and accessing services

Bridges: Ways to Improve IDD and BH System Coordination

"'One door' and 'no-wrong door' to access services is what we need. One place, phone number, agency to help access all types of services and diverse range case managers/professionals can help to connect person to different service systems." —Conference Participant

Beyond ideas for improving each service system individually, participants brainstormed ways in which the IDD and BH service systems could coordinate and collaborate to better meet the needs of people with both IDD and BH support needs. Bridging the two systems involved actions that fell across five primary themes: 1) Expanded access points, 2) Infrastructure to support cross-system networks, information sharing, monitoring, and advocacy, 3) Expanded community-based, high-quality wraparound services, 4) Cross system workforce training and development, and 5) Regulatory and funding changes.

Participants shared that the creation of policies and system capacity for **expanded access points**, often referred to as either "no wrong door" and "one door," access points would not only help bridge the IDD and BH service systems but lead to better outcomes for people as well. People should be able to gain information on how to access IDD services from any other service system (including BH or housing support) and those within the IDD service system should be able to look to people from within the IDD system to gain information on and access others. Additionally, participants said that having a single access point to get tied into any needed support system would save time, ease frustration and better support broad accessibility. They noted that more effective service coordination and case management would be helpful. One participant said, *"We need case managers by specialty but that understand all walks of life that can tap into all services."* Another noted, *"If we could bring back some care coordinator, that is the magic wand and can find all the resources for these families would be the best."*

Participants emphasized that a more coordinated system would require an investment in connected infostructure to support **cross-system networks, information sharing, monitoring, and advocacy**, such as technology, software, databases, meetings, and conferences. Cross-disability advocacy would allow advocates to build political power by joining forces and creating shared vision or priorities for change. Technology that connects IDD and BH service systems would allow for greater information sharing, data collection and monitoring to track progress not only for individuals but for the system. They also noted that infostructure to create a shared resource hub or repository with consistently updated information or resources that had information relevant for people with both IDD and BH support needs and could help people find accessible community-based resources (like lawyers) would also be beneficial.

Participants thought that **expanded community-based, high quality wrap around services** and infostructure would allow for better services in general, this would also allow for systems to better coordinate by seeing the person holistically and support people to achieve their life goals. It would also require and allow for more points of contact between professionals across systems. It would require

funding and regulatory changes that would allow people on specific Medicaid waivers to use services across multiple and move between services systems with ease.

Lastly, they described the need for and benefit of **cross-system workforce training and development** to ensure people who work in the BH field understand the experiences and needs of people with IDD and people within the IDD system understand the needs and experience of people with BH support needs. They noted the opportunities for people with expertise in IDD and BH to help train medical, dental, and other public-serving professionals. One said, *"I think that medical schools, all healthcare professional schools, training programs, incorporating meaningful courses related to IDD and behavioral health into their curriculum, because it's not taught."*

Themes Related to Bridges Between Current Service Systems

Expanded Access Points	"One-door" and "no-wrong door" to access services. One place, phone number, agency to help access all types of services and diverse range case managers/professionals can help to connect person to different service systems
	Single point coordination
Infostructure to support cross-system networks, information sharing, monitoring, and advocacy	Invest in technology to bridge the coordination across service systems
	National hotline/resource centers on best practice in supporting people with IDD and BH
	Create a database of legal professionals who specialize in working with those with IDD and BH support needs who are low income
	Ensuring monitoring and coordination to ensure people who do not communicate with words have continuity and effective medical, behavioral health, and developmental disability supports
	Better data collection to measure specific challenges and progress for people with IDD and BH support needs
	Expand cross disability network amongst state agencies so everyone can access information about all potential support needs in one place
	Develop shared language to better communicate
	Develop a unified vision and language to communicate vision across systems to present a consistent and unified voice to lawmakers
Expand Community-Based, High Quality Wraparound Services	Expand availability and accessibility of wrap-around supports that address the person's needs holistically
Regulatory and Funding Changes	Changes in policy and funding structures to better support access to serves across systems

Cross system workforce training and development	Create better pipeline for well-trained crisis responders who are knowledgeable about IDD and BH.
	Support cross training of IDD and BH providers and professionals.
	Ensuring medical/health professionals/legal professionals are prepared to work with people with IDD.
	Expand training for all (educators, social workers) to include understanding of and best practice in supporting people with IDD and BH

APPENDIX D: Thematic Matrix of Conference Feedback

Thematic Matrix of Conference Feedback (n=36)

Overarching Themes

1. Recommendations for Improvement
   - Technology & Platform Barriers (chat, interpretation, breakout issues)
   - Scheduling & Flow (late starts, need for breaks, overlapping sessions)
   - Facilitation Challenges (scripted participation, lack of clarity)
   - Content Gaps (caregiver perspective, solutions vs. advocacy, knowledge gaps among presenters)
   - Survey/Feedback Instrument Issues (typos, missing response options)

2. Satisfaction
   - Positive Experiences (gratitude, inclusivity, informative content)
   - Value of Content (centering lived experience, useful information)
   - Accessibility & Inclusivity (open to all, free & virtual access)
   - Overall Satisfaction despite challenges

Coding Matrix

Quote	Subthemes / Notes	Theme
Chat box was not enabled... interpretation issues...	Technology & Platform Barriers | Interpretation Challenges | Participant Disappointment	Recommendations for Improvement
DDCS recognized structure not keeping pace... need activist leaders...	Organizational Change | Leadership Attributes | Policy Responsiveness	Recommendations for Improvement
Resource section wasn't usable... need real-time access... advocacy alone not enough	Resource Access | Desire for Action-Oriented Examples	Recommendations for Improvement
Interpreter experience: speakers too fast, muted by admin	Logistics as Interpreter | Facilitation Clarity	Recommendations for Improvement

I appreciated that this conference was open to anyone	Accessibility & Inclusivity | Positive Perception	Satisfaction
I had issues connecting... hoping recordings will be available	Technical Challenges | Desire for Recordings | Positive Note	Recommendations for Improvement
I thought it was wonderful... invite only for one day	Logistical Improvements | Accessibility of Invites	Recommendations for Improvement
It seemed like every session started late	Timing & Scheduling Issues | Logistics	Recommendations for Improvement
I wish the chats and breakout rooms had been working... scripted participation	Participation Barriers | Facilitation Issues | Tech Limitations	Recommendations for Improvement
Disheartening how little presenters knew about substantial limitation	Knowledge Gaps | Staff & Presenter Disconnect	Recommendations for Improvement
Day 2 interrupted by open mics... late starts	Conference Logistics | Facilitation Issues | Reduced Focus	Recommendations for Improvement
Lo que no me gusto es que saliamos y entrabamos a cada sesion	Breakout Logistics | Desire for Continuity	Recommendations for Improvement
Lots of technical issues	Tech Challenges	Recommendations for Improvement
Satisfaction survey typo/missing 'very satisfied'	Survey Instrument Issues	Recommendations for Improvement
Only issues were breakout access on Day 1	Breakout Technical Issues	Recommendations for Improvement
Breakout sessions should auto-mute participants	Facilitation Improvements | Conference Logistics	Recommendations for Improvement
Sessions starting late was disconcerting... confused if right link	Late Starts | Participant Confusion | Tech Concerns	Recommendations for Improvement

Timing off… full day needs lunch break	Schedule & Breaks	Recommendations for Improvement
Caregivers’ needs missing… advocacy for them lacking	Content Gap | Caregiver Perspective | Equity for Caregivers	Recommendations for Improvement
Wanted solutions not just unity… need system-level expertise	Desire for Solutions | Complexity of Systems	Recommendations for Improvement
I loved this… biggest challenge was integrating info	Overall Satisfaction | Cognitive Load	Satisfaction
Thank you / Gratitude	Appreciation for Effort	Satisfaction
Online conference setting worked well	Positive Experience | Virtual Format Worked	Satisfaction
Wonderful and informative!	Positive Experience	Satisfaction
We are grateful to have been invited, learning useful info	Gratitude | Value of Content	Satisfaction
I would’ve liked more info about breakout rooms… scheduling conflicts	Information Needs | Scheduling Conflicts | Still Learned Substantially	Recommendations for Improvement & Satisfaction
Survey options incomplete but found content very satisfying	Survey Issue | Positive Experience	Recommendations for Improvement & Satisfaction
Technical difficulties on day one… need better schedule and breaks	Tech Difficulties | Scheduling Flow | Liked Online Format	Recommendations for Improvement & Satisfaction
Tech issues at start… need lunch break	Tech Challenges | Need for Breaks | Positive Resolution	Recommendations for Improvement & Satisfaction
Conference great, centered lived experience, but delays/tech issues	Content Valued | Tech Delays | Missed Session	Recommendations for Improvement & Satisfaction

List of Quotes Satisfaction (Positives)

“I appreciated that this conference was open to anyone.”

“I loved this and thought it was excellent. The biggest challenge was understanding and integrating all that information.”

“I thought it was wonderful to finally have a conference/conversation about these topics in our state.”

“The conference was great! Lots of good content and information. I really appreciated the centering of people with lived experience.”

“The online conference setting worked very well.”

“We are so very grateful to have been invited to attend, because we are learning so much useful information.”

“Thank you for providing this for free and virtually!!”

“Wonderful and informative!”

APPENDIX E: Conference Polling Results

Zoom polling was used throughout the conference to gauge the content, delivery, and usefulness of the sessions. Participants were asked Zoom polling questions after each morning keynote and session and after each afternoon keynote and session.

	Average out of 4
This morning's keynote and session taught me new information. **(n=344)**	3.54
This morning's keynote and session were useful to me. **(n=342)**	3.62
I was satisfied with this morning's keynote and session. **(n=336)**	3.64

This keynote and session taught me new information.

Strongly Disagree	3	0.87%	
Somewhat Disagree	13	3.78%	
Somewhat Agree	123	35.76%	95.35%
Strongly Agree	205	59.59%	
Total Responses	344		

95.59% agreed that the keynote and sessions taught them new information.

This keynote and session were useful to me.

Strongly Disagree	3	0.88%	
Somewhat Disagree	9	2.63%	
Somewhat Agree	103	30.12%	96.49%
Strongly Agree	227	66.37%	
Total Responses	342		

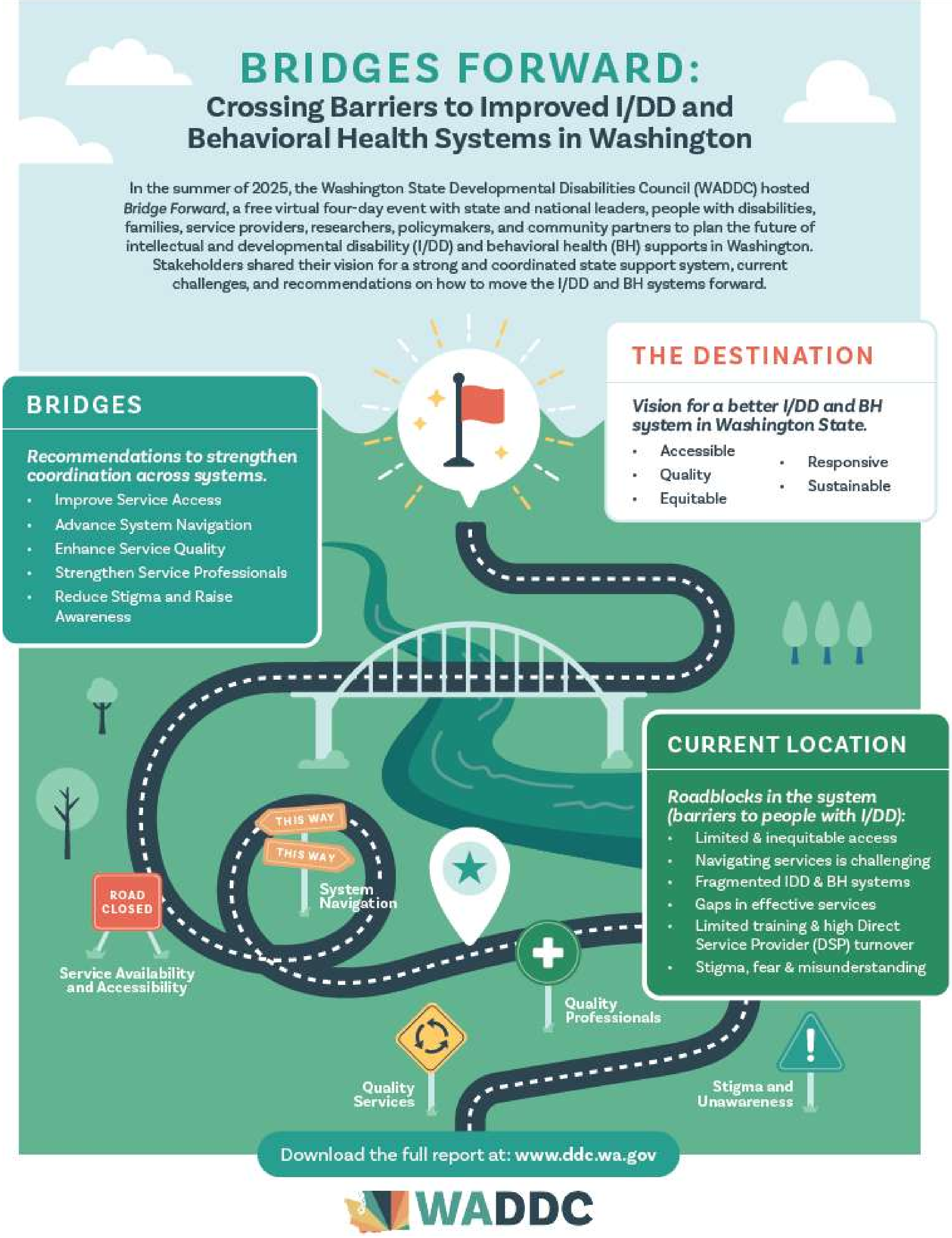
96.49% agreed that the keynotes and sessions were useful to them.

I was satisfied with the keynote and session.

Strongly Disagree	5	1.49%	
Somewhat Disagree	9	2.68%	
Somewhat Agree	87	25.89%	95.83%
Strongly Agree	235	69.94%	
Total Responses	336		

95.83% agreed that they were satisfied with the conference keynotes and sessions.

APPENDIX F: Bridge Forward Conference Infographic



BRIDGES FORWARD:

Crossing Barriers to Improved I/DD and Behavioral Health Systems in Washington

In the summer of 2025, the Washington State Developmental Disabilities Council (WADDC) hosted *Bridge Forward*, a free virtual four-day event with state and national leaders, people with disabilities, families, service providers, researchers, policymakers, and community partners to plan the future of intellectual and developmental disability (I/DD) and behavioral health (BH) supports in Washington. Stakeholders shared their vision for a strong and coordinated state support system, current challenges, and recommendations on how to move the I/DD and BH systems forward.

THE DESTINATION

Vision for a better I/DD and BH system in Washington State.

- Accessible
- Quality
- Equitable
- Responsive
- Sustainable

BRIDGES

Recommendations to strengthen coordination across systems.

- Improve Service Access
- Advance System Navigation
- Enhance Service Quality
- Strengthen Service Professionals
- Reduce Stigma and Raise Awareness

CURRENT LOCATION

Roadblocks in the system (barriers to people with I/DD):

- Limited & inequitable access
- Navigating services is challenging
- Fragmented IDD & BH systems
- Gaps in effective services
- Limited training & high Direct Service Provider (DSP) turnover
- Stigma, fear & misunderstanding

Download the full report at: **www.ddc.wa.gov**

WADDC

APPENDIX G: Full Bridge Forward Event Logic Model

BridgeForward

Bridge Forward Conference Development Logic Model

WADDC

The Washington State Developmental Disabilities Council

Website: www.ddc.wa.gov

The Washington State Developmental Disabilities Council (DDC) advocates for better services, policies, and opportunities for people with developmental disabilities and their families. Established in 1976, the DDC is an independent, federally funded organization guided by the Developmental Disabilities Assistance and Bill of Rights Act of 2000. The Council is made up primarily of people with developmental disabilities, their families, and representatives from state agencies, universities, and advocacy groups like the DD Ombuds, all working together to promote inclusion, independence, and community awareness. In addition to advocating for stronger systems, the DDC provides leadership training, advocacy tools, and statewide collaborations to help people build skills, navigate services, and influence positive change. By drawing on the voices and expertise of its diverse membership, the Council works to expand awareness of available supports and strengthen disability services statewide.

Download resources from the Washington State Developmental Disabilities Council:

Logic Model

Need

If the need for the conference exists because of:

- Lack of plan to address workforce shortages.
- Lack of plan to address long waitlists for HCBS waivers & lack of crisis supports in rural areas.
- Lack of opportunity for cross agency/system dialog and planning.
- Service fragmentations between IDD & MH/BH systems.
- Disparities for underserved groups.
- Limited culturally competent and person-centered supports.
- Lack of opportunity and access for people with lived experience to engage in system change efforts.

Inputs

And we invest in the following:

- Advisory Committee (self-advocates, families, providers, advocates, legislators).
- Council resources & partnerships (funding, staff capacity, communications).
- Prior research findings to ground topics in evidence.
- Accessibility resources (captioning, ASL, translations into Spanish, Chinese, Tagalog, Korean, Russian).
- Partnerships with cross-system providers and advocates (e.g., NAMI, The Arc, DD Ombuds).

Activities

To engage in the following actions:

The intentional steps taken to design and deliver the conference:

- Speaker selection balancing national experts and Washington-specific leaders.
- Topic framing around the three themes (Community Living, Systems of Support, Lifespan).
- Accessibility planning.
- Coordinating logistics.
- Applying values framework ensuring inclusion, equity, and person-centered focus.
- Engagement tools such as Think Labs for co-creation of solutions.

Outputs

That will produce the following:

- Conference sessions: 4 keynotes, 12 breakouts/Think Labs, 4 reflection spaces, 2 planning sessions.
- Materials (Evaluation Report, Bridge Forward Event Research Report, Mapping the Way Report, Bridge Forward Infographic, Bridge Forward Panel Question Answer) & Session recordings (translated and shared).
- Resources & toolkits.
- Participant engagement: families, self-advocates, policymakers, providers, researchers.

Outcomes

Then participants and the community should demonstrate:

Short-Term:

- Increased knowledge of gaps, resources, and best practices.
- Increased collaboration among diverse stakeholder groups.
- Raised awareness about underserved groups' unique barriers.
- Increased momentum for solutions through planning sessions.

Long-Term:

- Sustained systemic changes: expanded community-based crisis services, improved training, and deinstitutionalization commitments.
- Stronger cross system partnership: IDD & behavioral health, school, justice, healthcare systems.
- Policy influence: legislative action to reduce waitlists, fund workforce training, expand telehealth, and invest in rural service capacity.
- Equitable outcomes: improved access, quality, and satisfaction for underserved populations.

Planning, Development and Intentional Design

The hosts of the Bridge Forward Conference used theory of change and logic model planning tools to intentionally design the conference activities and evaluate the event's quality and impact. Theory of change and logic model tools are used to make the planner's assumptions explicit. They demonstrate the connection between the need for a program, the resources needed to operate it, the activities or actions undertaken within a program, the outputs or tangible products of the program activities and the outcomes or how participants and communities will be changed because of the program's actions.

The needs the Bridge Conference was designed to meet were identified mainly from the 2024 study *Enhancing Services for People with Co-Occurring IDD and Behavioral Health Needs in Washington*. The needs included: 1) limited, accessible opportunities for diverse stakeholder groups to co-create workable solutions within the state; 2) A lack of actionable plans, developed from the input of groups with diverse, lived experiences, to address issues such as workforce shortages, the long wait list, a lack of accessible crisis supports, service silos or fragmentation between IDD and MH/BH systems, and disparities in access for underserved groups.

To address these needs the conference utilized a values framework rooted in equity, multiple accessibility resources including live captioning, ASL interpretation and multiple simultaneous language translations, input from a diverse advocacy committee that included self-advocates, families, providers, other advocates and legislators, prior research, virtual meeting platforms, staffing and funding from the Washington State DD Council and other partnerships.

The resources were used to engage in: 1) Intentional speaker selection to ensure there was a balance between national experts and local leaders with local knowledge; 2) Topic framing to ensure the three conference themes were addressed; 3) Implementation of inclusion efforts to ensure all sessions had language, cognitive and sensory accessibility; 4) Application of the values framework to ensure inclusion, equity and person-centered fucus; and 4) Implementation of engagement tools such as "Think-Labs" to support the co-creation of knowledge and plans.

The immediate outputs or evidence of these activities included: 1) Recordings and notes from conference sessions that demonstrated all conference themes were addressed, there was a diverse array of speakers and high level of accessibility 2) Shared resources lists and 3) Participant engagement demonstrated through registration, attendance, chat recordings and surveys.

Success of these efforts will be demonstrated by increased knowledge of gaps in services, resources and best practices, increased opportunities for collaboration amongst diverse stakeholder groups, greater awareness about underserved group's unique experiences, increased momentum for and the establishment of an action plan for state-wide systems change.

In the long-term these efforts will contribute to policy changes such as legislative action to reduce waitlists, funding cross-workforce training, expand telehealth, and invest in rural service capacity, improve cross-system coordination and collaboration, quality assurance and ultimately promote positive and more equitable quality of life outcomes, service access, service quality and satisfaction for all in Washington State with MH/BH and IDD support needs.

Element	Description & Examples
Needs Assessment Based on the 2024 report *Enhancing Services for People with Co-Occurring IDD and Behavioral Health Needs in Washington*	- **Workforce shortages** in DSPs and providers with dual expertise. - **Long waitlists** for HCBS waivers and lack of crisis supports in rural areas. - **Service fragmentation** between IDD and mental/ behavioral health systems. - **Disparities for underserved groups** (BIPOC, LGBTQ+, rural). - **Limited services** that are culturally competent and person centered
Inputs *Resources and expertise brought into the conference design*	- **Advisory Committee** (self-advocates, families, providers, advocates, legislators). - **Council resources & partnerships** (funding, staff capacity, communications). - **Research findings** to ground topics in evidence. - **Accessibility resources** (captioning, ASL, translations into Spanish, Chinese, Tagalog, Korean, Russian). - **Partnerships with providers and advocates** (e.g., NAMI, The Arc, DD Ombuds).
Activities *The intentional steps taken to design and deliver the conference*	- **Speaker selection** balancing national experts and Washington-specific leaders. - **Topic framing** around the three themes (Community Living, Systems of Support, Lifespan). - **Accessibility planning** (multilingual access, captioning, ASL). - **Logistics coordination** (Zoom Events platform, pre-distributed materials, recordings). - **Values framework** ensuring inclusion, equity, and person-centered focus. - **Engagement tools** such as Think Labs for co-creation of solutions.

Element	Description & Examples
Outputs *Tangible products and immediate results*	• **Conference sessions:** 4 keynotes, 12 breakouts/Think Labs, 4 reflection spaces, 2 planning sessions. • **Materials & recordings:** SWOT Analysis, Strategic Visions to bridge the Systems, Recommendations (translated and shared in 6 languages). • **Resource sharing:** NAMI, Washington 211, community providers, advocacy toolkits. • **Participant engagement:** families, self-advocates, policymakers, providers, researchers.
Short-term Outcomes *Immediate changes after the conference*	• **Increased knowledge** of gaps, resources, and best practices. • **Increased Networking & collaboration** among families, providers, and policymakers. • **Raised awareness** about underserved groups' unique barriers. • **Increased Momentum** for solutions through planning sessions.
Long-term Goals *Broader impacts the conference is designed to influence*	• **System changes** such as expanded community-based crisis services, improved training, and deinstitutionalization commitments. • **Stronger cross-system partnerships** (IDD + behavioral health, schools, justice, healthcare). • **Policy influence:** legislative action to reduce waitlists, fund workforce training, expand telehealth, and invest in rural service capacity. • **Equitable outcomes:** improved access, quality, and satisfaction for underserved populations.

APPENDIX H: State Panel Q&A Follow Up Responses

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Developmental Disabilities Community Services

P.O. Box 45310, Olympia, WA 98504-5310

August 28, 2025

Bridge Forward Conference Follow Up

Outstanding Questions for WA State Panel

The following are questions that Bridge Forward Conference attendees posted in the chat during the WA State Panel. Because there was not time to respond to all questions, we are sharing the questions with you with an opportunity to provide follow-up information and context to your panel session. Please respond to the questions below in a way that can be shared widely with conference attendees and stakeholders across the state of Washington. We will collect your responses and disseminate them on the Bridge Forward and WADDC website.

How will WA be streamlining access for one door or no Wrong door within HCLA BHA and DSHS as a whole to make this process more accessible for our citizens with disabilities?

The health and human services agencies of WA have a roadmap to create integrated enrollment and eligibility for Washingtonians to receive the benefits administered by the agencies. Given the current fiscal environment, it has been difficult to get the Information Technology investments needed to fully implement the roadmap. See more information here Integrated Eligibility and Enrollment Modernization Program (IE&E) | Healthier Washington Collaboration Portal.

With the restructuring of the Long-Term Services and Supports eligibility into a single administration (Home and Community Living Administration) we will continue to evaluate process improvements designed to make access to services more user-friendly. Developmental Disabilities Community Services (DDCS) is planning waiver improvements as part of waiver renewal in the fall of 2027. Waiver Restructure Report.

Bea Rector mentioned that there was a Behavioral Health Coordinator person in each region. Can I get more information on this person for each region?

Each DDCS region has a designated Youth Behavioral Health Specialist/Adult Mental Health Specialist who expands the focus on mental health services for individuals with developmental disabilities. These roles were created to strengthen collaboration between regional staff, Managed Care Organizations, hospitals, and behavioral health providers, ensuring that youth and families have access to appropriate behavioral health resources and supports in their communities.

Tasks of the specialists include:

- Kids Mental Health WA liaison
- Children in Crisis (HB1580) liaison
- Community Hospital liaison
- Lake Burien Transitional Care Facility referrals and discharge planning
- Department of Children Youth and Families liaison
- Regional behavioral health consultations
- Educational consultations
- Children Long-Term Inpatient Program (CLIP) liaison

While it appears there is collaboration going on within the various departments within DSHS (DDA, BHA, HCBS), is DSHS working on improving collaboration with other State agencies, such as DOC, DCYF, etc.?

Yes, DSHS works closely with other state agencies to plan and implement programs. This includes Department of Children, Youth and Family, Department of Corrections (DOC), Employment Security Department, Commerce, Health Care Authority (HCA - the single State Medicaid Agency), Department of Health (DOH), the Governor's office and others. This collaboration happens at the executive level amongst the agencies, down to the individual program and service specific teams.

Examples illustrating how DDCS actively engages with other state agencies and partners as part of care coordination and system improvement include:

- Participation in the 1580 initiative, a multi-agency team with DCYF, HCA, Office of Financial Management (OFM), and community partners to address the state's most complex cases of children in crisis.
- Active involvement in the Children's Behavioral Health Workgroup and contribution to the WA Thriving Strategic Plan, ensuring that children and youth with developmental disabilities are included in statewide planning for behavioral health services.
- Collaboration with the Hospital Association to address systemic challenges related to hospital stays and discharges for individuals with developmental disabilities.
- Engagement in the Children with Special Health Care Needs workgroups, supporting cross-system approaches to meet the needs of children and families.
- Regular Coordination with Office of Superintendent of Public Instruction (OSPI) Special Education department to align efforts and share insights on inclusive practices and address barriers.
- Joint work with OSPI Foster Care Program to support youth navigating both disability and foster care systems.
- Cross-agency discussions on assistive technology, ensuring alignment with OSPI initiatives and school-based supports.

- Collaboration with OSPI, the Division of Vocational Rehabilitation, and other partners to implement tools that support smooth transitions from school to adult services.
- Partnership between DCYF and DDCS to implement HB 1188 which resulted in DCYF and tribal dependent children and youth being able to access DDCS's HCBS waivers starting 9/24.
- Implementation of the federal HR1 bill.
- Age and Dementia Friendly planning.
- Transitions when individuals served in DOC are discharged and are eligible for DSHS services.
- Participation in Kids' Mental Health WA which is a collaboration between HCA and DDCS.
- Participation in the Youth and Young Adult Housing Response Team (YYAHRT) led by DCYF and includes partners from HCA, Office of Homeless Youth (OHY), and DDCS.

Additionally, DDCS joined the Project Education Impact workgroup and is working in collaboration with OSPI, DCYF, Office of the Education Ombuds (OEO), OHY, Washington State Achievement Council and community organizations including Treehouse, Building Changes and the Mockingbird Society to make recommendations to improve education outcomes for children and youth in foster care experiencing homelessness and in institutional education from early learning through post-secondary.

HCA staff are invited to and participate in a number of groups with DDCS staff, stakeholders, advocates, and clients receiving services with the goal of hearing firsthand feedback about the service delivery system and working to correct gaps. Examples include:

- The Legislative Report Community Collaborator
- HCBS Quality Assurance Committee

Additionally, the Medicaid Agency Waiver Management Committee, which includes representatives from HCA and Administrations/Divisions within the operating agency meets quarterly to review all functions delegated to the operating agency, current quality assurance activities and reports, pending waiver activity, potential waiver policy and rule changes and quality improvement activities.

What work is being done to provide mental health care for people of high support means that don't require institutionalizing them?

Mental health services are administered by the HCA and provided through the Medicaid state plan, but DDCS works in collaboration with partners in the behavioral system to help support the system to provide appropriate care to the I/DD population. DDCS has established avenues for increasing successful support through increasing DDCS staff knowledge and skills for addressing unmet mental health needs in addition to habilitative support needs within the scope of DDCS services.

Regional and transition clinical teams, and dedicated field staff such as the Youth Behavioral Health Specialists and Adult Behavioral health specialists support case managers in navigating across service systems when mental and behavioral health needs are identified in addition to habilitative needs. Additionally, they provide training and support to DDCS contracted providers to address these needs.

Stabilization programs including diversion beds and mobile diversion for adults and Intensive Habilitation Services and Enhanced Respite for children are critical components of a community-based solution. While gaps in the continuum remain, such as diversion beds for youth, creative solutions, including Crisis Prevention Intervention Service (CPIS) to provide DDCS services while a person is hospitalized and utilization of Intensive Behavior Supportive Supervision through the Medicaid state plan (for adults), are supporting successful community transitions.

Many DDCS staff and contracted providers recently engaged in the National Association on Dual Diagnosis (NADD) training to increase knowledge and skills for supporting mental health and habilitative needs within the DDCS service system.

DDCS has established an official representative to collaborate with the team at UW WA Include Collaborative who host the Extension for Community Healthcare Outcomes (ECHO) learning communities. DDCS staff, both regional and headquarters, and at many levels of leadership, attend the ECHO I/DD sessions where they engage in continuous learning about case conceptualization, wraparound care coordination, and resource navigation for people with dual diagnosis.

Prior to the reimagining reorganization, the Developmental Disabilities Administration’s children’s team established the Lake Burien Transitional Care Facility in collaboration with other important system partners. This service is intended to treat psychiatric needs using adapted modalities and supporting habilitative goals. While an institutional setting, the team developed policies and procedures with the intention of supporting smooth transitions back into the community building upon cross-system collaboration necessary to ensure continuity of behavioral health support in the community.

Collaboration with community and system partners is an essential component to supporting individuals with dual diagnosis in the community. DDCS has dedicated staff collaborating with partners in navigating services across systems through programs like Kids’ Mental Health WA.

DDCS works closely with our regional staff and partners to ensure individuals have access to the support they need in the community. Through our Care Coordination policy, we provide training to staff on how Managed Care Organization care coordination is accessed. Case Resource Managers support clients in requesting care coordination when they have unmet medical or behavioral health needs. When barriers arise, DDCS can escalate cases to the HCA to address gaps in medically necessary services or Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) covered care.

Additionally, DDCS collaborates with HCA through the Complex Discharge process, which allows us to notify HCA when clients are experiencing barriers to discharge from hospitals. This ensures timely coordination and advocacy for appropriate community-based support.

DDCS also utilizes Intensive Behavior Support Services (IBSS) administered by HCA, which have proven effective in transitioning clients with high support needs into less restrictive community settings. By leveraging MCO funding within contracted homes, IBSS provides individualized strategies and stabilization support that help clients succeed in the community.
DDCS implemented an on-going pilot project to support adults with complex needs receiving residential habilitation services. More information may be found about the Complex Needs Pilot report here. DDCS also completed a report about specialty contracts for enhanced behavior support to better serve individuals who require enhanced services and supports due to autism or co-occurring mental health and intellectual and developmental disabilities to safely live in a community residential setting. Details on the report can be found here.

Is there a plan to increase the number of providers who are knowledgeable in serving the I/DD population?

DDCS created a Children's Residential Provider Program Manager position to focus on recruiting children's residential providers with experience serving the I/DD population. From February 2024 to August 2025, contracted providers for children and youth receiving Out of Home Services have increased by 19 statewide. Enhanced Respite Services providers doubled from 2 to 4 providers.

Date	Region 1	Region 2	Region 3
02/2024 OHS SRHs	26	7	5
08/2025 OHS SRHs	35	10	12
Increase in beds	21	8	26

SRH: Staffed Residential Home (group home)
OHS: Children's residential Out of Home Services

Anticipated additional growth: Currently in process

Date	Region 1	Region 2	Region 3
2025-2026 OHS SRHs	2	8	1

DDCS efforts to recruit and onboard adult residential providers have been driven by a comprehensive, multi-faceted strategy aimed at enhancing operational efficiency and attracting high-quality partners nationwide. We have prioritized streamlining the application process by implementing an updated, user-friendly application form that facilitates easier expansion for existing providers. This has been complemented by the development of a new, split interview process introduced in Dec. 2024, which has effectively reduced scheduling burdens on our staff while improving the overall applicant experience. Additionally, our focus on regional outreach has targeted underserved counties, increasing our visibility and engagement in areas that need support the most.

We have placed strong emphasis on recruiting agencies with specialized expertise in supporting clients with complex behavioral needs, especially those skilled in ABA therapy. By leveraging data-driven approaches, we have been able to identify gaps and implement improvements that lead to faster processing times and better applicant preparedness. These initiatives have already yielded positive results, including a rise in qualified applications, an expanded provider network across states such as Oregon, Texas, Minnesota, Maryland, and Arizona, and a substantial enhancement of our capacity to deliver exceptional residential services to those in need.

From 07/01/25- 06/30/25, the application process has shown great improvements that have yielded new providers. We have shown minimal processing time of 3 months to maximum of 6 months (average of 4.5 months). For complete applications submitted, the time is much faster, the minimum time is 1 month with a maximum of 3 months (average of 2 months). In the last year, DDCS has had 9 new certified providers, along with 5 approved expansions of current providers. In August 2025, the DDCS Provider and Recruitment team engaged in a project with Results of Washington to focus on Contracted Providers Onboarding and Retention Project Charter. This is also in the HCLA Strategic Plan. The goal for this project will be to create and implement a consistent, scalable onboarding framework for new contracted providers delivering DDCS services. The framework will clarify expectations, streamline provider readiness, and reduce the time from contract execution to service delivery. Through improved communication, tools, and process design, the project will strengthen partnerships between DDCS and providers, increase compliance with state and federal requirements and improve timely access to services for individuals receiving DDCS support, especially in underserved communities. This project is beginning now and will formally start March 2026.

Our Provider Recruitment and Development team are working on a dashboard for recruitment efforts for providers of waiver services. This dashboard will provide insight and information regarding barriers to recruitment including compensation, insurance requirements, staffing, etc.

What is being done to discharge the people at the RHCs that have been there for many years?

DDCS partners with staff supporting individuals at a Residential Habilitation Center (RHC) within the Behavioral Health and Habilitation Administration (BHHA) to engage in conversations around community living and discharge planning. Staff supporting individuals at the RHC engage in conversations with all individuals to encourage interest in moving to their community on a regular basis. There are regular weekly meetings between the two administrations to discuss referrals, services, and discharges.

In January 2023, DDCS implemented the Transitional Care Framework which provides a person-centered process to support people during their transitions from one environment to another. Resources and tools have been created to provide information on what to expect when considering a move, for example: 22-2023 Choose Your Path, Transitioning to a New Home. HCLA utilizes the Federal grant funds, Money Follows the Person/Roads to Community Living, to support individuals during their transitions from institutional settings. Upon admission to a Residential Habilitation Center, conversations are had with the individual and their family, or guardian as applicable, to discuss their discharge goals and plan for community living.

How can we also increase the knowledge of educators because the schools are seeing more and more kids that have many different needs? Schools cannot do it all. Many kids with

disabilities do not get services or limited services in the school setting. The services should not be based on parent income but on the person's needs.

We recognize that supporting the health and wellbeing of children and youth is a shared responsibility and that children and families do better when we have strong and transparent partnerships across systems.

To support families' full access to the range of supports and services available through schools, DDCS, and other sources, have been making it easier for families to find information with updates to our public facing website, here: Supporting School Access | DSHS and ongoing collaboration with parent support organizations.

We have also been making it easier for educators to find information about how families can connect with DDCS and what services children and youth can receive while in school and in the transition from school to adult life with a new landing page on our website, Information for Educators | DSHS. There is also ongoing collaboration through regional transition networks and engagement with the Inclusionary Practices Technical Assistance Network through OSPI.

DDCS's Youth Behavioral Health Navigator Program Manager and Regional Youth Behavioral Health Specialists work closely with our Educational Liaison Program Manager and bridge connections between DDCS, Kids Mental Health Washington teams and schools. DDCS's Hospitalized Children Discharge Program Manager has established protocols to bring schools into the collaborative work of finding solutions for youth in crisis.

How can we advocate for our communities?

We are strongest when we come together with the full diversity of our community and center the voices of individuals most directly impacted. In 2024, the Legislature passed HB1541 Nothing About Us Without Us which requires meaningful participation in policy development by people with lived experience. One way to advocate is to remind state agencies that they need to include individuals with lived experience in decision making.

DDCS holds monthly Legislative Review Community Collaboration (LRCC), Self-Advocate council, and Family Advocate council meetings. These opportunities provide space for conversation, feedback, strategic conversations, and partnership.

To bring the voices of youth into our work, our teams are developing a Youth Advisory Council by building connections with existing programs that center and elevate youth voice, including Student First, a program of People First of Washington. We are committed to listening to and amplifying the voices of young people with disabilities, including these students who contributed their ideas for making schools more inclusive: Designing Inclusion with Disabled Youth - CoDesign Works PLLC.

Is there a current effort to educate the behavioral health gate keepers that there are evidenced based therapies that can help adults with I/DD and behavioral/mental health challenges? Is anyone systematically offering training to the behavioral/mental health system in PBS and other proven therapies for I/DD community?

DDCS has met with HCA on training initiatives that promote understanding and education of providing treatment to individuals diagnosed with intellectual or developmental disabilities while accommodating their learning and communication styles. Documents of evidence-based therapies have been shared with HCA partners to identify adaptive treatments that best support individuals with I/DD.

The University of Washington has a program to mentor clinicians on serving the I/DD population: https://www.uwmedicine.org/practitioner-resources/Project-ECHO.

Additionally, DDCS has pursued accreditation, certification and training to residential habilitation providers statewide through NADD whose mission is to promote leadership in the expansion of knowledge, training, policy, and advocacy for mental health practices that promote a quality of life for individuals with I/DD and co-occurring mental health conditions in their communities.

Is this a numbers issue, where it is not worth the time of the BH system to train to serve what is a small part of their target population?

Please see examples above related to initiatives to support the behavioral health system to serve the I/DD population.

How can we continue to collaborate and provide assistive technology devices for those who are limited speaking or non-speaking to increase access to therapeutic services such as ABA, WISE, Mental health modalities?

Communication is a fundamental human right and we have shared responsibility and opportunity to support access to robust communication tools and supports for individuals who cannot rely on speech alone to communicate.

Several teams within DDCS, including our Waiver, Assistive Technology and Multi-Systems Collaboration teams have been exploring ways we can help expand access to early, individualized, robust communication supports. Through various points of connection with school partners, our teams at DDCS have identified access to assistive technology and specifically access to Augmentative and Alternative Communication tools as an area of need and opportunity for system enhancement.

We are also connecting with partners at the Special Education Technology Center, Washington Assistive Technology Act Program, the HCA and others to increase understanding of current practices and identify potential opportunities for enhanced collaboration.

Our commitment to this focus is reflected in our new Interagency Agreement between OSPI, DDCS, DVR and Department of Services for the Blind, where we agree to joint continuous improvement activities and guidance development to support expansion, use and positive outcomes associated with assistive technology. We will continue this work, informed by individuals who use and need Augmentative and Alternative Communication (AAC).

DDCS recently received a Commerce Broadband Grant for Smart Home Technologies. The purpose of the Digital Devices and Smart Home Technologies Selection and Distribution Project is to increase independence, social inclusion, employment, and digital equity for people with I/DD living in RHCs and State Operated Community Residential (SOCR) homes.

This will be accomplished by creating a smart home model demonstration and digital navigator site at Rainier School for digital device and smart technology selection and distribution. The demonstration site will display digital devices and smart home technologies that enhance access to resources and services for social inclusion and employment through a digital platform, and increase independence for people with I/DD. The digital devices and smart home technologies that will be displayed at the model demonstration and digital navigator site will include: Smartphones, Tablets, Laptops, E-readers, Smart printers, Smart blood pressure monitoring cuffs, Smartwatches, Headsets, Teleconferencing equipment, Wi-Fi Hub – AEOTEC, Video doorbells, Fingerprint door locks, Floodlight cameras, Internal door code locks, Smart thermostats, Smart speakers, Amazon smart plugs, a Shark Voice Control Robot, Bissell Robot Smart Mop, Smart monthly pill organizer, Smart Trolley Dolly, Kasa Smart Light, Smart Alpha Bidet, CHEF meat thermometer, Touchless trashcan, Solar security camera, Touchless kitchen faucet, Amazon Fire TV, Smart dimmer switch, Smart air fryer, Smart induction stove burner, Echo Show, Motion sensitive bathroom faucet, and more.

Under the new Community Living administration, is Residential Cares Services and DDCS talking about how to support growth and independence while also keeping people as safe as possible?

This is a long-standing active dialogue. Part of the regulatory work of Residential Care Services is to follow up on complaints as well as perform routine regulatory compliance to ensure provider practice is consistent with state and federal statutes. This includes that providers follow Home and Community Based settings rules, client rights, choices and preferences.

I would like to be able to access more detailed information on Supported Living Homes. The homes get the clients file and learn about the clients' needs but the parent trying to pick a home does not get hardly any information about a home's track record other than if they have had violations. I'm tired of moving my daughter into homes on promises for quality services only to find they do not have enough staff or trained staff to take care of her needs. Case managers and other DSHS are not allowed to share which homes that have a reputation for providing acceptable services.

Clients and their legal representatives can access information about supported living, group home, and group training home providers on the Supported Living Program Locator. This includes information about certification enforcement action in place and other agency details.

When a referral to a provider is sent, and the provider accepts, DDCS encourages the two parties to meet or set up a phone call where they can discuss:

- The provider's ability to meet the client's health, safety, and residential support needs
- The provider's areas of specialty
- The provider's interest and ability to expand services if not currently where the client wants to live
- Vacant rooms in homes where the provider currently supports other clients
- Provider policies, upon request, as required in WAC 388-101D-0060
- Any other subject matter needed for the client or their legal representative to make an informed decision

Further, under current policy, providers are required to arrange a visit (if so desired) for a client to visit the home and meet potential housemates and staff.

DDCS does share information necessary for a provider to accurately evaluate if they have the infrastructure and training to support a client's assessed needs, but it is ultimately the client (or legal representative's) choice whether to select the provider.

As a local nonprofit focused on I/DD I would like to learn more about interacting with state and other local agencies and resources. For example: what state resources are available to support our efforts to bring I/DD adult education programs to individuals which might include cooking classes, computer classes, navigation their community, transportation, reading, etc. For their parent and caregiver education.

DDCS has specific services on two HCBS waivers: Community Engagement and Community Inclusion that are designed to support people with I/DD to connect them to community supports, resources and activities to help them fully access their community, including participating in the activities mentioned in the comment above.

What resources are available to bring them forums on topics like accessing DSHS services, how to get legal services to create a I/DD trust, etc.

DDCS local regional offices collaborate with community partners to participate in local resource fairs, information nights, back to school events, etc. several times throughout the year around the state. For example, our Bellingham staff recently held an information session with their tribal partners to provide an overview of programs, services, and the eligibility process.

Case Resource Managers also provide resources and referral information to anyone seeking assistance as part of their daily work.

Annually, DDCS partners with a community provider to offer the Community Summit conference. This state-wide conference has keynote speakers and learning opportunities on a variety of topics that are proposed by community members, advocacy councils, and state employees.