



Bridges Forward: Crossing Barriers to Improved IDD and Behavioral Health Systems in Washington



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, Arc, Dev Dis 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 & recordings (translated and shared).
- Resourced 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 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.



The Destination: The Vision of a Better System





The Current Location: **Roadblocks in the Current IDD and BH Systems**

Service Availability and Accessibility



Bureaucratic Challenges



Location Challenges



Technological Challenges



Lack of Qualified Professionals



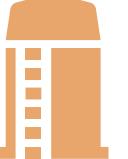
Resource Availability Challenges



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“People spend weeks in emergency rooms restrained and scared waiting for psychiatric beds that might never open up.”

System Navigation

-  Process Challenges
-  Financial Challenges
-  Lack of Cross-Systems Collaboration
-  Overextended & Undertrained Professionals
-  Lack of Assistance & Guidance



Quality Services



Lack of Appropriate Services



Service Experience Challenges



IDD and BH Workforce Challenges



Crisis Professionals Undertrained in IDD
and BH Needs

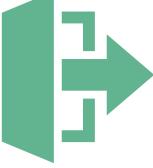


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“We need less emergency room visits. Less involvement with first responders, PD, fire department, ambulance.”

“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.”

Quality Professionals

-  IDD and BH Workforce Challenges
-  Lack of Training Across IDD and BH Fields
-  Mismatches between IDD and BH professionals and the people they support



Stigma and Unawareness



Poor Symptom Recognition



Lack of Awareness



Stigma & Discrimination



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“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.’”



Bridges Forward: Ways to Improve the IDD and BH Systems and Cross-System Coordination

Service Availability and Accessibility



Access Initiatives

Eligibility & Service
Expansion

Flexible Funding

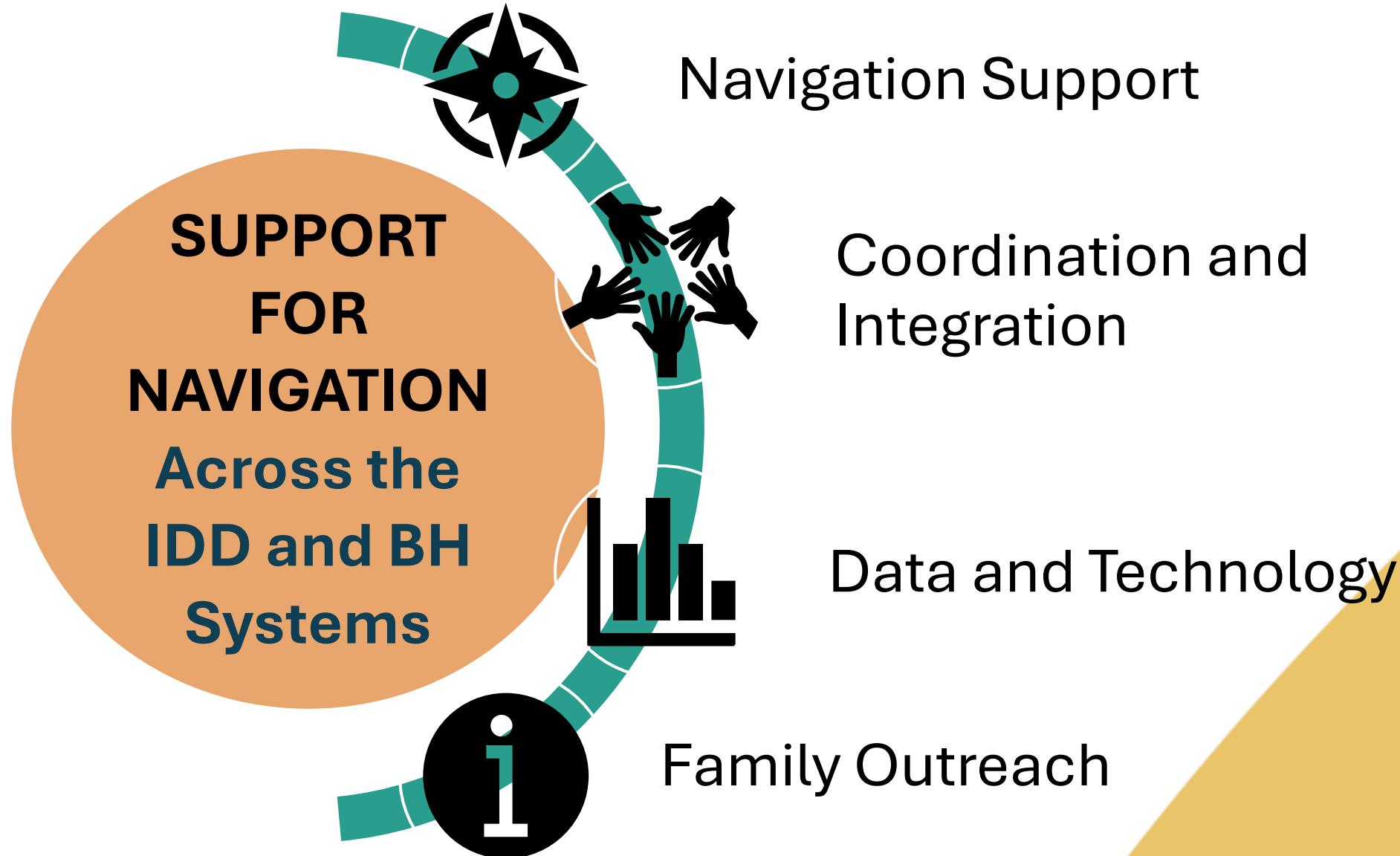
Service Availability and Accessibility



Service Availability and Accessibility



System Navigation



Quality Services



Inclusive Innovation

Increase Cultural
Competency

Increase Feedback
Mechanisms

Quality Services



Increase Number and Capacity of Supports

Increase Holistic and Integrated Supports Across the Lifespan

Increase Feedback Mechanisms

Quality Services



Increase Pay and
Support for
Professionals

Enhanced Training on
Behavior Plan
Development and
Quality Supports

Quality Services

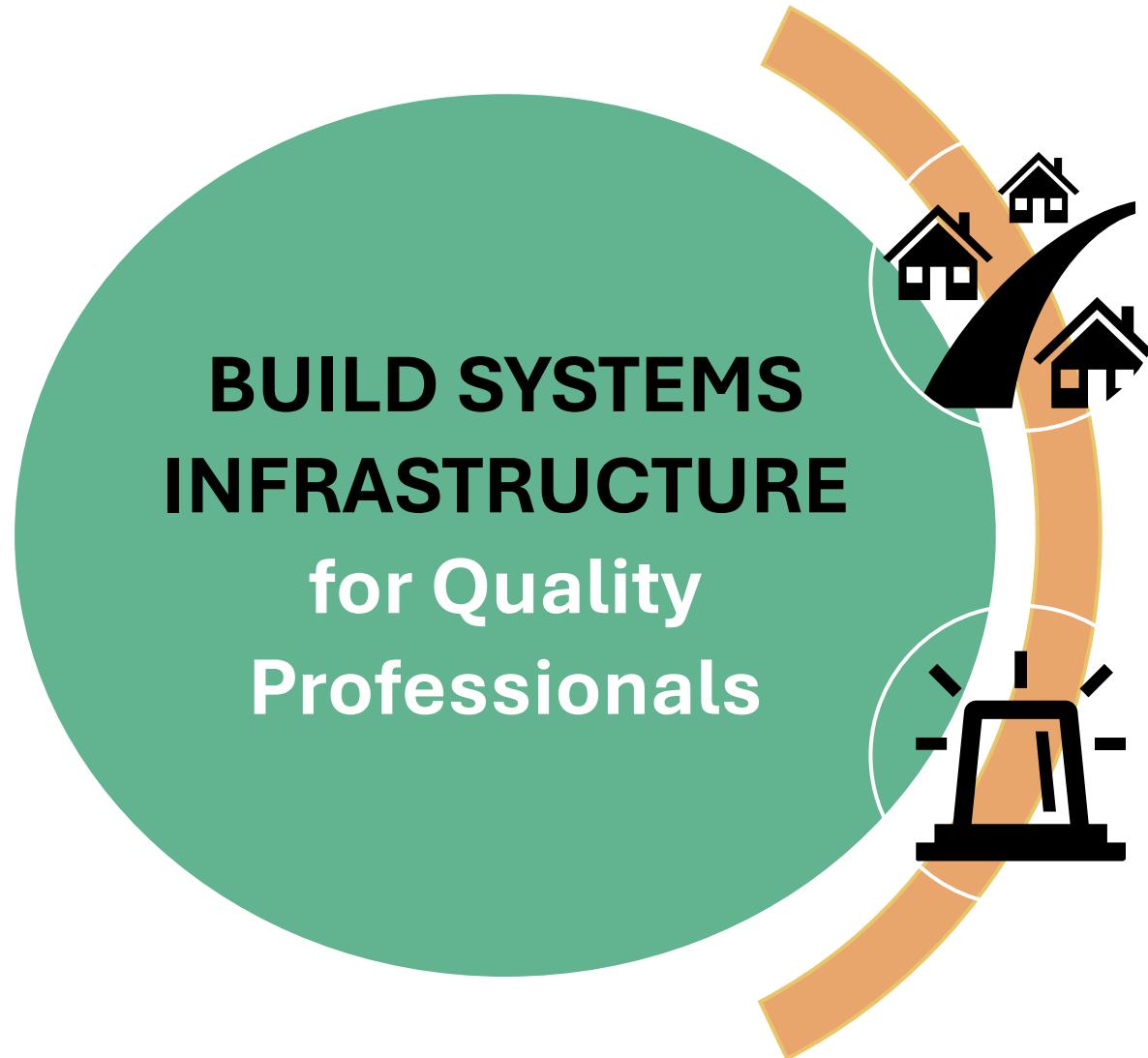


Collect Data

Policy and Legislative Action

Appropriate Funding

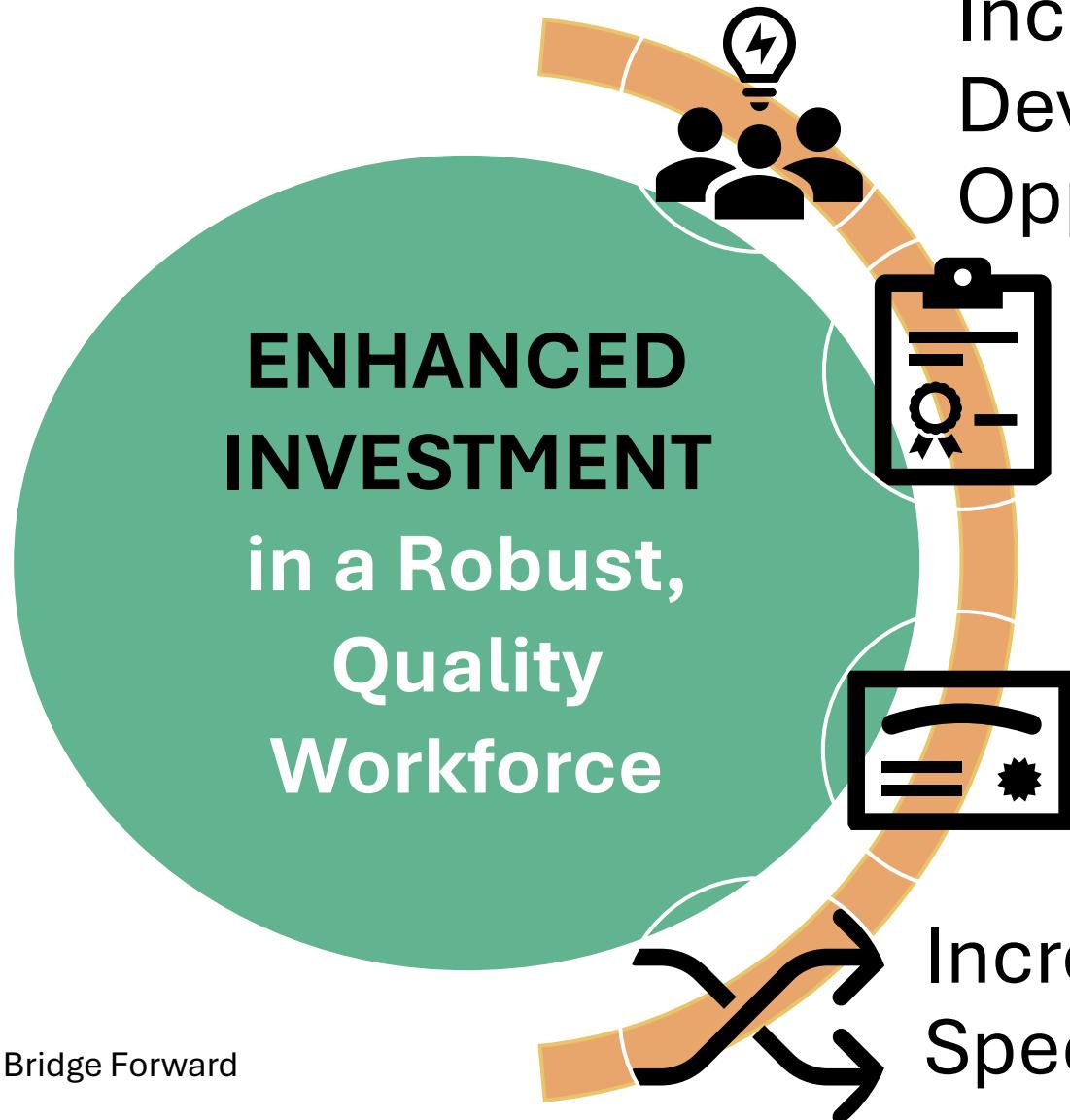
Quality Professionals



Community-Based
Specialized Expertise

Increase Crisis
Prevention

Quality Professionals



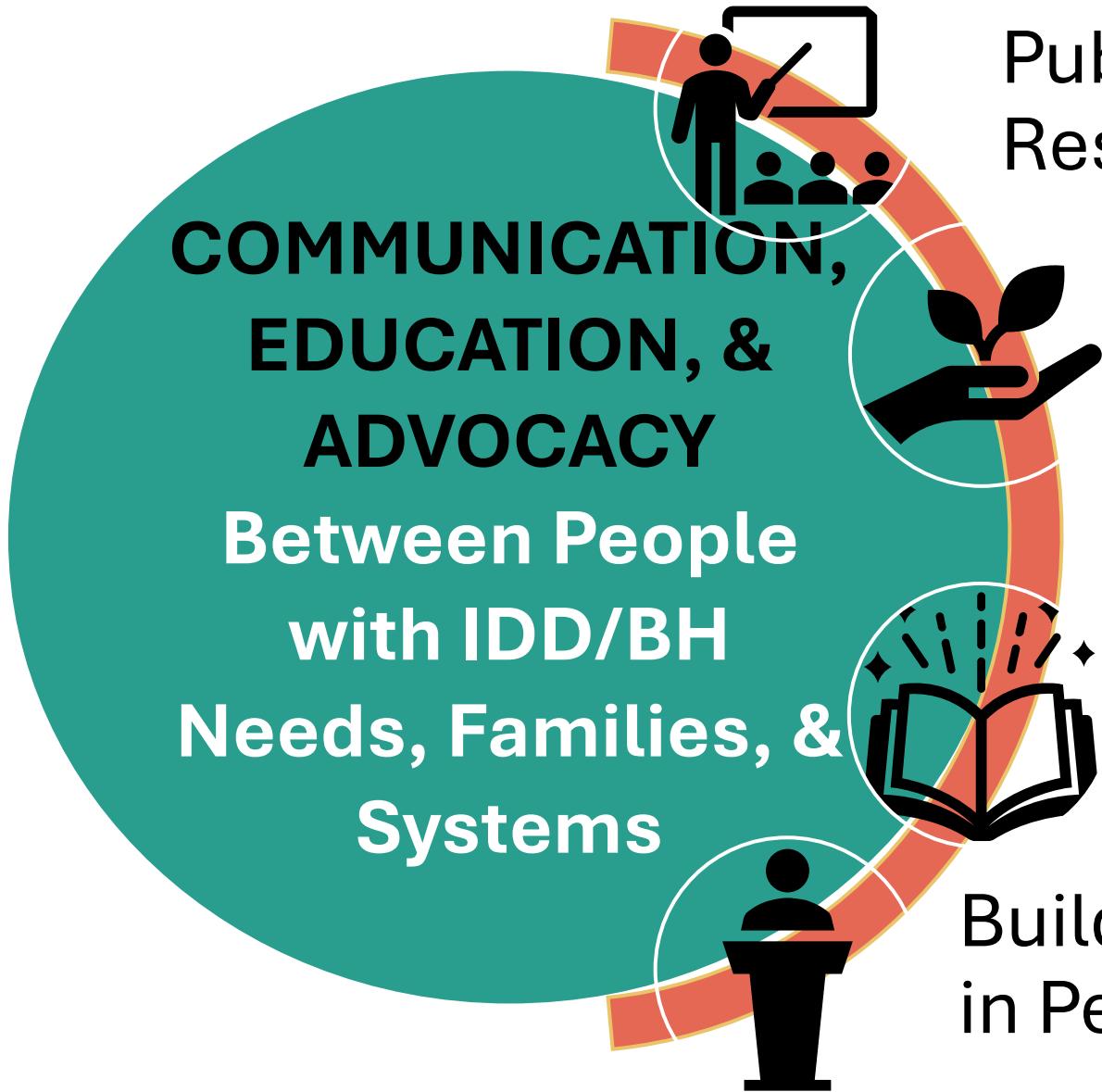
Increase Workforce
Development and Training
Opportunities

Enhance Recruitment
& Retention

Encourage
Professionalization of
DSP Role

Increase Cross-System and
Specialized Training

Reducing Stigma and Raising Awareness



Public Education & Resources

Opportunities for Family Connection & Collaboration

Training, Education, & Support in Best Practices

Build Leadership and Advocacy in People with IDD & BH Needs

Want to Learn More?

Visit: <https://www.ddc.wa.gov/bridge-forward/bridge-forward-conference>

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