



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



Bridge*Forward*



WADDC

NATIONAL
LEADERSHIP
CONSORTIUM
ON DEVELOPMENTAL DISABILITIES



Bridge Forward 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, 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.

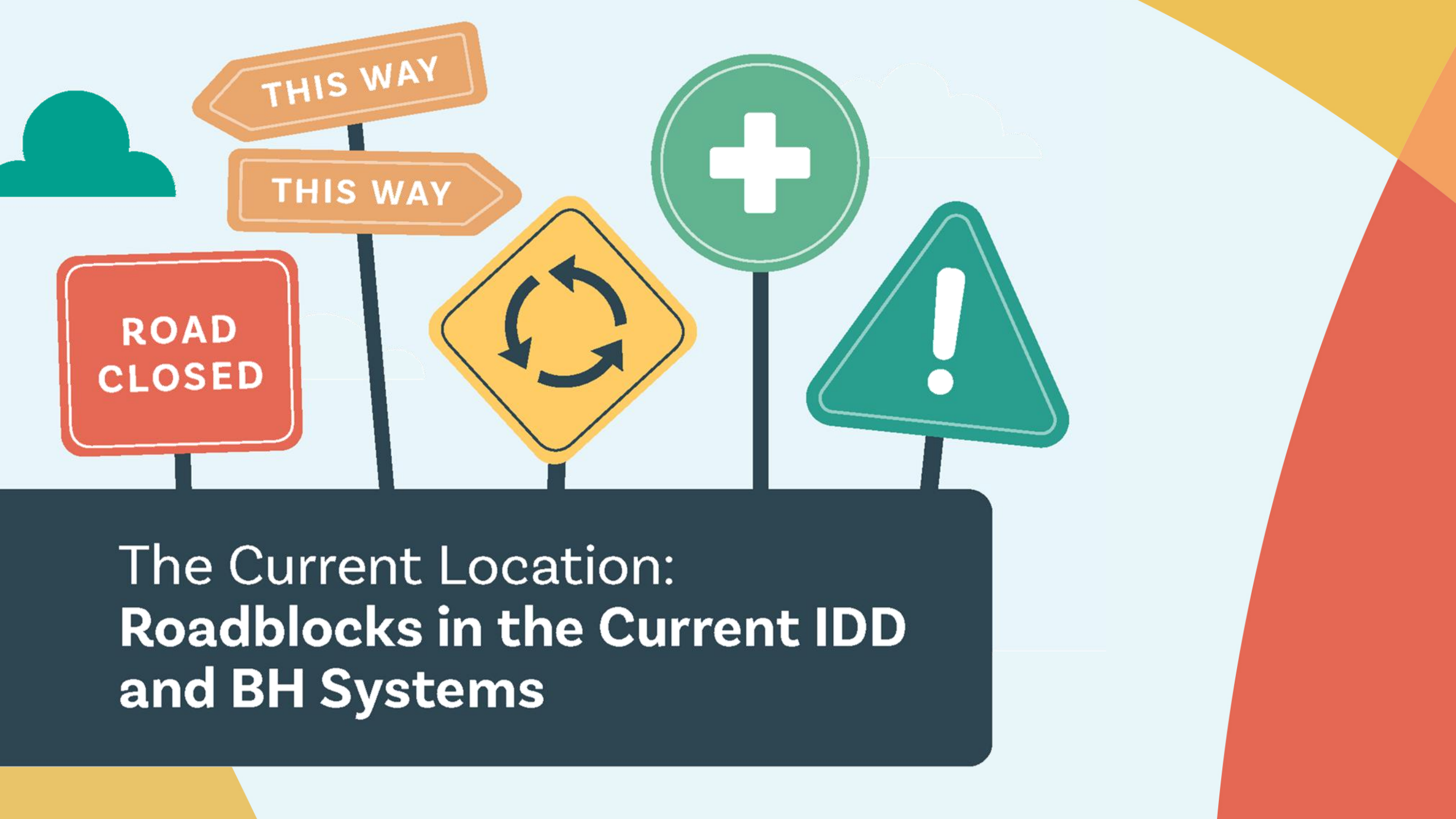
Long-Term:

- 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

ACCESSIBLE	People can get all the services they need when they need them
QUALITY	Services are set up, funded, and delivered in ways that help people live the lives they want
EQUITABLE	People have the access and support they need to get services. People who have had a harder time getting services in the past should have extra support to make sure they get their services
RESPONSIVE	Services are created and delivered based on the needs of the people who use them
SUSTAINABLE	People who use IDD and BH services do not worry that they will lose their services in the future because the system cannot support them



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

Service Availability and Accessibility

- Paperwork burdens and denials
- Insufficient training or experience of service providers
- Not enough providers
- Long waitlists for services
- Limited options for appropriate services
- Services are unavailable in rural areas
- Technical barriers to telehealth (internet access, assistive devices, technical support)
- Coverage gaps
- Limited affordable, accessible, and reliable transportation



**ROAD
CLOSED**

“

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

System Navigation

- Long waitlists for diagnoses, eligibility, or Medicaid
- Denials of Medicaid or services
- No clear entry point for services
- Not all providers accept all insurance
- Little guidance for families
- Case managers have high caseloads
- Siloed systems and funding streams
- Inconsistent terminology used across systems
- People bounced between systems because providers cannot support them



“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.”

Quality Services

- Ineffective or inappropriate services for the needs
- Service experience is retraumatizing
- Lack of cultural or linguistic competency
- Crisis services not trained or equipped for people with IDD and BH needs
- Not enough BH specialists
- Not enough medication management specialist
- Limited support for family medication management
- High support professional and frontline leader turnover



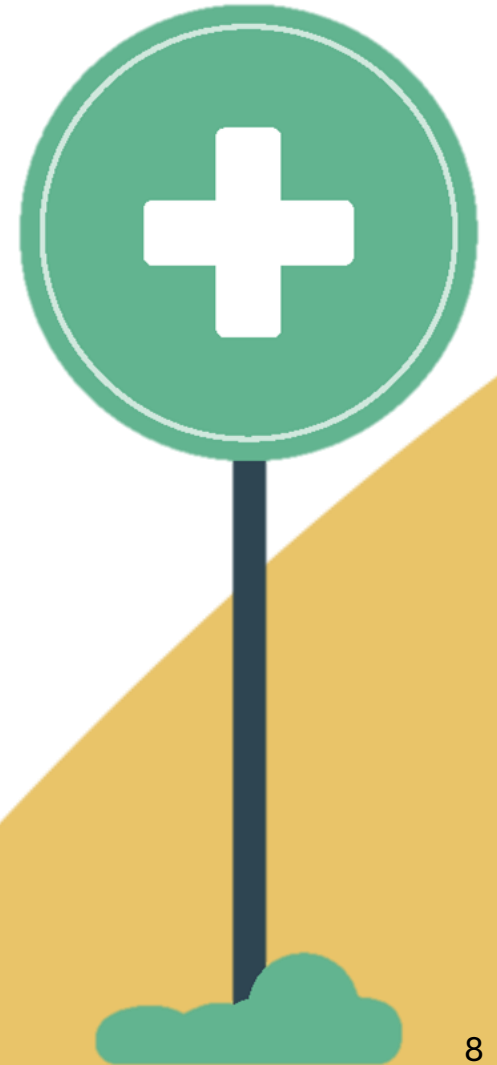
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“We need less emergency room visits. Less involvement with first responders, PD, fire department, ambulance.”

“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 professional shortages
- High support professional and frontline leader turnover
- Lack of knowledge and experienced professionals
- Projected BH shortfalls
- Professional shortages disproportionately affect rural areas
- BH professionals deny service to people with IDD
- IDD professional deny service to people with BH needs
- Mismatches in IDD and BH professionals and the people they support



Stigma and Unawareness

- “Overshadowing,” where challenging behaviors are attributed to disability instead of BH health needs
- Atypical symptom presentation in people with IDD
- Provider stigma against people with both IDD and BH needs
- Provider stigma against people using Medicaid
- Discrimination by potential employers or peers
- Families and professionals misunderstand the importance of BH services in addition to IDD services for people with co-occurring support needs



“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

IDD and BH Systems



- Access Initiatives
 - Streamline the application and eligibility process
 - Expand telehealth services and supports
- Eligibility and Service Expansion
 - Broaden eligibility for DDA funding
 - Expand community-based BH services and crisis support
- Evidence-Based Improvements
 - Conduct state assessments to determine service needs
- Outreach and Education
 - Grow availability of trained providers and prescribers
 - Expand outreach about IDD and BH resources/services

Service Availability and Accessibility Across Systems



- Eligibility and Accessibility Expansion
 - Clear referral pathways, shared records, interagency agreements
- Service Expansion
 - Increase holistic wraparound supports, transportation, housing
- Flexible Funding
 - Individualized funding that adjusts as needs change
- Outreach and Education
 - Develop and promote resources about available services
- Evidence-Based Improvement
 - Conduct needs assessments to better understand challenges

System Navigation Across Systems



- Navigation Support
 - Create navigator roles and resource databases to assist families
- Coordination and Integration
 - Strengthen coordination through shared language, planning, and communication across IDD and BH systems
- Data and Technology
 - Invest in technology to support information sharing and service coordination
- Outreach and Education
 - Expand cross-system training for service coordinators
 - Enhance outreach to families to support service navigation

Quality Services

IDD and BH Systems



- Service Expansion
 - Expand services across the lifespan, including family support like respite and end of life grief services
- Inclusive Practices
 - Ensure the people most impacted inform service innovation
- Flexible Funding
 - Ensure that regulations and funding support responsive services
- Workforce Capacity
 - Provide ongoing employee training opportunities related to creating, updating, and implementing comprehensive behavior management plans

Quality Services Across Systems



- Community-Based and Person-Centered Services
 - Increase holistic, community-based supports that are responsive to the needs, schedules, and values of the person supported and their families
- Workforce and Service Capacity
 - Increase pay, structure, and matching for professionals
- Cultural Competency and Equity
 - Increase DEI-focused recruitment, training, and materials
- Coordination and Integration
 - Formal feedback from advisory groups, IDD, and BH agencies

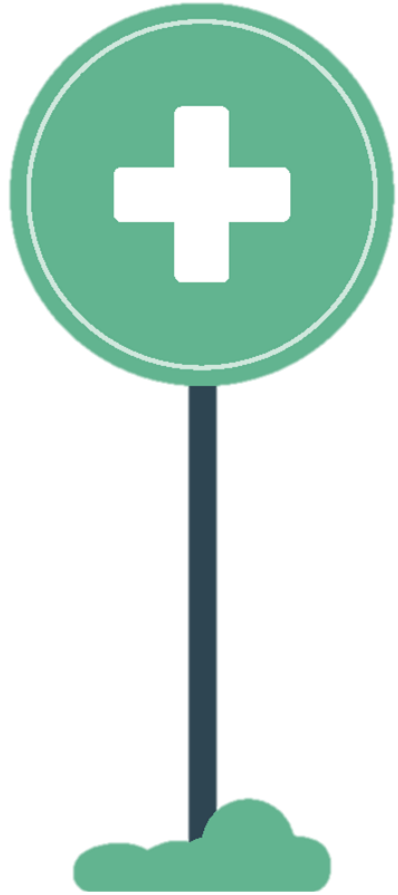
Quality Services Across Systems (continued...)



- Evidence-Based Improvement
 - Collect and respond to data to ensure services are effective
 - Evidence-informed funding to support community living
- Policy and Legislative Action
 - Extend eligibility ages and service timelines for people with co-occurring IDD and BH support needs
 - Ensure public funding is consistent and reflects demographic trends, best practices, and the needs of people supported

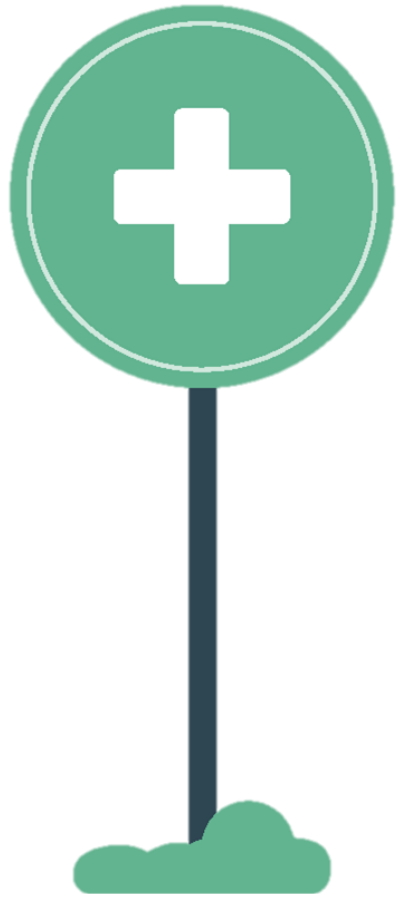
Quality Professionals

IDD and BH Systems



- Workforce Development
 - Support and promote the professionalization of DSPs
 - Expand cross-training for professionals who work with people with co-occurring IDD and BH support needs
- Community Integration
 - Transition specialize expertise (dental care, medication management) from institutions into community-based services
- Crisis Prevention
 - Create “interceptors” or designated supports to contact before crisis escalates to major changes in housing or services

Quality Professionals Across Systems



- Workforce Development
 - Increase training (person-directed supports, DEI, supporting people with co-occurring support needs)
- Cross-System and Specialized Training
 - Train professionals in adjacent fields (health, legal, education, social work, fire, EMT, etc.) in how to support people with IDD and BH needs
- Workforce Recruitment and Retention
 - Incentivize training and certification programs for professionals who support people with co-occurring support needs
 - Increase rewards and incentives to help attract and retain quality professionals

Reducing Stigma and Raising Awareness Across Systems



- Education and Support
 - Universal education of the public about IDD and BH
 - Build family-to-family networks and support groups to share information and experiences
 - Support professionals to foster welcoming environments for people with IDD and BH support needs
- Collaborative Advocacy
 - Increase opportunities for people with IDD and BH support needs to share their stories with policymakers
 - Support efforts to build leadership and advocacy of people with IDD and BH support needs
 - Create collaborative opportunities to bring stakeholders together

Want to Learn More?

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

Email: wabridgeforwardconference@gmail.com

For More Research: “Enhancing Services for People with Co-Occurring IDD and Behavioral Health Needs in Washington”

<https://www.natleadership.org/Reports/BridgeForwardEventReport.pdf>