



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





# Mapping the Way: Bridge Forward Event

More than one-third of people with intellectual and developmental disabilities (IDD) in Washington also experience co-occurring behavioral health (BH) support needs.<sup>1</sup> However, people with co-occurring support needs tend to experience inconsistent and limited access to services. The issue is systems-wide; across Washington, people struggle to get either, both, or coordinated IDD or BH services. The impact is harmful at best, and deadly at worst. Targeted, coordinated statewide efforts are essential to improve the availability and quality of supports.

To contribute to their goal of strengthening leaders' voices to effectively advocate for issues that are important to them, their families, and their communities, the Washington State Developmental Disabilities Council (WADDC) hosted *Bridge Forward: A Free Virtual Event to Change the Future of Behavioral Health & Developmental Disability Support in Washington* during the summer of 2025. *Bridge Forward* convened state and national leaders, self-advocates, families, service providers, researchers, policymakers, and community partners to plan the future of behavioral health and developmental disability supports in Washington. The first two days of the event, July 24th and 25th, 2025, were a conference featuring presentations and breakout sessions with WA and national experts. Attendees also joined one of two follow-up planning sessions on July 31st or August 1st, 2025, to share experiences and brainstorm a path forward together. The event was co-produced by people with lived experience, the WADDC, and the National Leadership Consortium on Developmental Disabilities (NLCDD).



*Bridge Forward* fostered cross-system collaboration, deepened understanding of co-occurring IDD and BH support needs, and generated actionable strategies for systemic change. Participants engaged in keynote presentations, breakout session presentations and panels, and interactive “Think Labs” that centered around the topics of community living (including supporting people with more complex support needs to live fully included community lives, community-based crisis supports, and supporting people to move from facility-based services to community-based supports), systems of support (including supporting people’s lives outside of the system), and support across the lifespan. Keynotes offered both personal narratives and policy perspectives to inspire systemic change while breakout sessions highlighted practical strategies, advocacy insights, and cross-systems solutions.

Bridge Forward was a natural progression following publication of the 2024 report, *Enhancing Services for People with Co-Occurring Intellectual and Developmental Disabilities and Mental and/or Behavioral Health Supports in Washington*.<sup>2</sup> Funded by the WADDC and led by NLCDD, the report identified critical needs and opportunities to improve access to and the quality of services within Washington’s IDD and behavioral health systems. The findings in this current summary report are informed by both the 2024 research and the insights and strategies that emerged from discussions during the *Bridge Forward* event.

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For more detailed strategies and sources for the recommendations in this summary report, please read *Enhancing Services for People with Co-Occurring Intellectual and Developmental Disabilities and Mental and Behavioral Health Supports in Washington: Report of Individual, State, and National Experiences, Models of Support, and Recommendations* (<https://www.ddc.wa.gov/post/intersection-of-intellectual-developmental-disabilities-and-behavioral-health-research-final-report>).

## Who to Contact

For questions about this report or the *Bridge Forward* event, please reach out to:



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# BRIDGES FORWARD:

## Crossing Barriers to Improved IDD 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 (IDD) 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 IDD and BH systems forward.

### BRIDGES

#### Recommendations to strengthen coordination across systems.

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

### THE DESTINATION

#### Vision for a better IDD and BH system in Washington State.

- Accessible
- Quality
- Equitable
- Responsive
- Sustainable

### CURRENT LOCATION

#### Roadblocks in the system (barriers to people with IDD):

- 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](http://www.ddc.wa.gov)



# The Destination: The Vision of a Better System

A strong state system for people with both intellectual and developmental disabilities (IDD) and behavioral health (BH) needs is marked by accessibility, quality, equity, responsiveness, and sustainability. Such a system ensures that services are geographically, culturally, linguistically, and cognitively accessible, with few bureaucratic barriers and streamlined navigation across provider agencies and funders. In addition to specialized supports, a strong system connects people with co-occurring support needs and families to a broad network of community-based resources such as childcare, healthcare, recreation, housing, and legal and safety services.

High-quality, trauma-informed, person- and family-centered care is central to this vision. Services are designed around the hopes and goals of people and their families, rather than narrowly focused on symptom reduction or systems segregation. Providers and programs are welcoming, safe, and effective, offering a full continuum of care that includes peer support, prevention, and proactive crisis response. Quality is reinforced through meaningful data collection and accountability, ensuring that services are not only available but effective in helping people build meaningful lives in the community.

A strong system is also responsive and flexible, allowing people to start, stop, or adjust services as their needs evolve. It prioritizes equity across social, cultural, geographic, and economic groups and invests in the stability, continuity, and sustainability of providers. At its core, such a system fosters dignity, belonging, and opportunity, enabling people with IDD and BH support needs to thrive in their communities.

**An ACCESSIBLE system** means that people can get all of the services they need where and when they need them

**A QUALITY system** means that services are set up, funded, and delivered in ways that help people live the lives they want

**An EQUITABLE system** means that all 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 supports in place to make sure they get their services.

**A RESPONSIVE system** means that services are created and delivered based on the needs of people who use them.

**A SUSTAINABLE system** means that 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

People with co-occurring intellectual and developmental disabilities (IDD) and behavioral health (BH) support needs face a complex array of barriers when attempting to access and sustain services in Washington. Service availability and accessibility remain inconsistent, with long waitlists, limited provider options, and gaps in rural or specialized care creating instability and unmet needs.<sup>3</sup> Navigating the system is equally challenging, as people with IDD and their families often encounter extensive paperwork, unclear entry points, and insufficient guidance from professionals, while service knowledge among providers and case managers is inconsistent.<sup>4</sup> Cross-system coordination between IDD and BH supports is frequently lacking, with siloed funding streams, limited cross-training, and poor communication across agencies leading to repeated service delays and frustration.<sup>5</sup> Even when services exist, quality can be inconsistent, particularly for people with more intensive behavioral support needs, and with a workforce of professionals that is often understaffed, inexperienced, or culturally unprepared to meet diverse needs.<sup>6</sup> Gaps in community resources, including affordable, accessible, and reliable housing, transportation, and childcare, compound the challenges of accessing consistent and effective IDD and BH services.<sup>7</sup> Finally, stigma and fear further discourage engagement in services, with both families and providers sometimes misunderstanding, fearing, or undervaluing the importance of behavioral health services.<sup>8</sup>

## Service Availability and Accessibility

Access to safe and effective services for people with co-occurring IDD and BH support needs in WA is limited or inequitable. Behavioral health providers may not see people with IDD due to insufficient training or experience, and there are not enough providers statewide to meet demand.<sup>9</sup> Long waitlists, limited options, and services unavailable in rural areas contribute to the system's instability, often resulting in an overreliance on crisis interventions. Technological barriers, including lack of internet access, assistive devices, and technical support needed to access telehealth services can further restrict access. Families also face high costs for caregiving, transportation, and services, and may fall into financial coverage gaps where they earn too much for public support but too little to afford to pay for services out of pocket. Limited affordable, accessible, and reliable public transportation, childcare, and affordable housing, also make it difficult to access health and social services reliably.<sup>10,11,12</sup> Inadequate support for caregivers, paperwork burden, and service denials exacerbate stress and behavioral health challenges that further limit access to services.<sup>13,14</sup>



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



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**“‘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.”**

## System Navigation

Even when services are available, navigating them is a challenge. People with IDD and their families often encounter extensive paperwork, long waits for diagnoses or Medicaid, and denials due to eligibility criteria or misinterpretation of needs, leaving critical supports out of reach. There is no clear entry point for services, and not all providers accept all types of insurance, like Medicaid or Apple Health. Insurance coverage also varies widely, forcing families to navigate inconsistent and incomplete provider networks.<sup>15</sup> Service professionals frequently lack knowledge about available services and how to access them, so families must navigate a complex system with little guidance. Case management, a critical navigation tool, is stretched beyond capacity. JLARC (2025) reported that case managers work for, on average, 75 waiver recipients each, with ratios as high as 300 clients per case manager for those receiving no paid services, contributing to delays and unmet needs.<sup>16</sup> Lack of assistance makes burnout among families and professionals common, decreasing the capacity and quality of support.<sup>17,18</sup>

## Cross-System Navigation

Coordination between IDD and BH systems is limited, resulting in fragmented services. Siloed funding streams, lack of cross-training between the IDD and BH fields, inconsistent terminology, and poor communication across systems create barriers to holistic, person-centered supports. Because the Developmental Disabilities Administration (DDA) and the Health Care Authority operate under different rules and reimbursement structures, people with IDD and their families often fall into gaps when their needs span both systems, undermining a continuity of care.<sup>19</sup> People with IDD and BH support needs are often bounced between systems or told that their needs fall outside of a program's scope or a provider's experience, leading to frustration, mistrust, and gaps in services.<sup>20</sup> Complex needs are often inadequately addressed, and records or service progress are inconsistently shared, making it difficult for providers to deliver appropriate supports.<sup>21,22</sup> Siloed systems can result in duplication, delays, or denial of care, outcomes that increase both family stress and system inefficiency.



**“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.”**



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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 Services

Finding appropriate and effective services is a persistent challenge, particularly for people intensive behavioral support needs. Some services are ineffective or retraumatizing. Culturally or linguistically competent services are limited.<sup>23,24</sup> Hospitals and emergency departments often serve as default points of care during crises but are poorly equipped to accommodate people with IDD and BH needs.<sup>25</sup> Because service users rely on support providers who know them intimately enough to help them navigate their IDD and BH needs, they are extremely vulnerable when they experience fragmented supports. Insufficient behavioral intervention specialists, and limited support for medication management further undermine service quality.<sup>26,27,28</sup> High staff turnover and inadequate training in understanding and responding to mental and behavioral health needs for direct support professionals (DSPs) and frontline leaders disrupts continuity of care and creates a ‘revolving door’ of services.<sup>29</sup>

## Quality Professionals

Workforce capacity is a backbone issue that underlies other barriers. Washington’s Health Workforce Council reports that behavioral health organizations, along with assisted living and other long-term care settings that commonly serve people with IDD, reported among the lowest rates of staffing improvement in 2024, signaling continued shortages and turnover.<sup>30</sup> Washington experiences a shortage of professionals who are available and consistent enough to develop the knowledge and skills needed to provide quality supports. Nationally, DSP turnover rates hover around 41%, with vacancy rates exceeding 20% in many regions, including Washington. About one-third of DSPs in Washington have less than a year of experience.<sup>31,32</sup> Similarly, national projections anticipate pronounced BH workforce shortfalls that will disproportionately affect rural areas.<sup>33</sup> Behavioral health providers often decline to serve people with IDD due to a lack of training, and first responders and judicial personnel frequently have minimal understanding of the support needs of people with IDD and BH support needs. Workforce mismatches, cultural biases, and a lack of cultural humility further reduce the effectiveness of services.<sup>34</sup>



**“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.’”**

## Stigma and Unawareness

Stigma, fear, and lack of understanding can also discourage engagement with services. “Overshadowing,” where challenging behaviors are attributed solely to disability, often results in neglected BH needs.<sup>35</sup> Atypical symptom presentations can complicate diagnosis and treatment, and families may not understand the importance of seeking BH services in addition to IDD services. Provider stigma against Medicaid users, discrimination by potential community employers, and peer labeling further isolate people with IDD and BH needs.<sup>36</sup>

Barriers to accessing and sustaining services for people with co-occurring IDD and BH support needs in Washington are multi-layered, spanning service availability, system navigation, cross-system coordination, workforce quality, community resources, and stigma. Addressing these challenges requires integrated, person-centered approaches, investments in workforce development, culturally competent and trauma-informed care, and cross-system coordination. By strengthening systems at both the state and community level, Washington can improve service equity, stability, quality, and outcomes for people with IDD and BH needs.

# **Bridges Forward:** **Ways to Improve the IDD and** **MH/BH Systems and** **Cross-System Coordination**



# Service Availability and Accessibility

## Roadblock: Lack of or inequitable access to effective service options

Washington state systems could increase access to effective service options by streamlining intake processes, expanding telehealth services, broadening community-based services and crisis supports, improving workforce capacity, increasing funding flexibility, expanding service eligibility, utilizing evidence-based improvements, and increasing outreach and education.



## Service Availability and Accessibility Landmarks: Existing Efforts to Build On

IDD SYSTEM

### Community Living Progress:

- The Individual and Family Services (IFS) and Community First Choice (CFC) Waivers offer critical support such as respite care, assistive technology, BH services, and personal care services that promote autonomy and independence and prevent institutionalization
- Targeted efforts have strengthened school-to-work transition pathways, expanding supported employment opportunities across the state

### Legislative Progress:

- House Bill 2008 required DSHS DDA to stop using IQ scores to determine DDA enrollment
- Working Age Adult Policy increased employment services to promote independence and inclusion
- Engrossed Substitute Senate Bill 5284 that ended the practice of subminimum wage for people with IDD

## Service Availability and Accessibility Landmarks: Existing Efforts to Build On

<b>BH SYSTEM</b>	<p><b>Community Living Progress:</b></p> <ul style="list-style-type: none"> <li>• Psychiatric urgent care centers opening in parts of the state</li> <li>• Expansion of Community Crisis Stabilization Services that provide immediate, short-term residential care for people in crisis</li> </ul> <p><b>Legislative Progress:</b></p> <ul style="list-style-type: none"> <li>• Senate Bill 5112 seeks to allow psychologists to prescribe psychotropic medications may pass in future sessions</li> <li>• House Bill 1427 to enhance the role and accessibility of certified peer support specialists in BH services was recently signed into law</li> </ul>
<b>ACROSS SYSTEMS</b>	<p><b>Community Living Progress:</b></p> <ul style="list-style-type: none"> <li>• Rural Health Clinics (RHC) offer needed services</li> <li>• In-patient care facilities for low income populations offer needed services</li> <li>• Fully Integrated Managed Care for service coordination, where MCOs coordinate comprehensive physical health, behavioral health, and developmental services to streamline care delivery</li> <li>• Washington State Flex Program encourages and supports the development of cooperative systems of care in rural areas</li> </ul> <p><b>Legislative Progress:</b></p> <ul style="list-style-type: none"> <li>• Governor Ferguson seems committed to fighting Medicaid cuts</li> </ul>

## Service Availability and Accessibility Bridges Forward: Recommended Efforts to Initiate

<b>IDD SYSTEM</b>	<p><b>Access Initiatives:</b></p> <ul style="list-style-type: none"> <li>• Streamline the application and eligibility determination process to reduce administrative burdens on people with IDD and their families</li> <li>• Expand the availability and use of telehealth services and supports (hardware, internet access, technical support, and accessible devices) to improve timely and equitable access to services</li> </ul>
<b>BH SYSTEM</b>	<p><b>Eligibility and Service Expansion:</b></p> <ul style="list-style-type: none"> <li>• Expand community-based BH services, crisis supports, and qualified BH professionals statewide</li> <li>• Increase crisis response options, including accessible Mobile Crisis Teams to reduce ER boarding</li> <li>• Grow the availability of trained providers and prescribers</li> <li>• Broaden eligibility for DDA funding</li> <li>• Encourage providers to accept diverse funding streams to avoid service denial for people who are not in the DDA system</li> <li>• Reduce caseloads of case managers to improve service coordination</li> <li>• Remove “behavioral challenges” as a barrier to community-based housing and services</li> <li>• Integrate BH services into primary care settings to improve access</li> <li>• Adopt targeted assessment tools to ensure timely and accurate diagnoses</li> <li>• Build workforce capacity and diversity to deliver a full continuum of BH support</li> <li>• Expand the availability and use of telehealth services and supports (hardware, internet access, technical support, and accessible devices) to improve timely and equitable access to services</li> </ul> <p><b>Evidence-Based Improvements:</b></p> <ul style="list-style-type: none"> <li>• Conduct assessments to identify unmet BH needs and ensure that people who need a behavior plan receive one</li> </ul> <p><b>Outreach and Education:</b></p> <ul style="list-style-type: none"> <li>• Expand outreach to increase awareness and utilization of available BH resources</li> </ul>

## Service Availability and Accessibility Bridges Forward: Recommended Efforts to Initiate

### ACROSS SYSTEMS

#### **Eligibility and Accessibility Expansion:**

- Establish clear referral pathways, shared records, and interagency agreements, etc. to strengthen IDD-BH coordination
- Establish “no-wrong-door” or “one-door” entry points for streamlined service access
- Create independent service navigators (not from DDA) to assist with paperwork and navigation
- Reduce disparities by actively addressing barriers tied to race, culture, ability, and geography
- Extend outreach and resources to rural and micropolitan areas to ensure equitable access to BH services
- Expand availability of behavioral intervention specialists and crisis management resources

#### **Service Expansion:**

- Commit to reducing wait lists for services through targeted investments and improved service capacity
- Increase reliable transportation options, including vouchers and dedicated services, especially in rural areas
- Implement single point care coordination
- Broaden access to holistic wraparound supports
- Ensure decision-making and planning includes voices from BIPOC, LGBTQ+, and rural communities
- Expand access to affordable housing for everyone
- Recognize that IDD and BH issues intersect with other issues (for example, homelessness and drug addiction) and join forces to combat intersecting issues

#### **Flexible Funding:**

- Increase funding support during times of transition
- Allow more flexible billing structures that adjust to the person’s needs
- More individualized approaches to funding and services
- Incentivize workforce recruitment in IDD and BH fields to reduce waitlists
- Commit to reducing wait lists for services through targeted investments and improved service capacity

## Service Availability and Accessibility Landmarks: Recommended Efforts to Initiate

### ACROSS SYSTEMS

#### **Outreach and Education:**

- Build trust with underserved communities through non-governmental partnerships such as local organizations, cultural leaders, and religious groups
- Develop plain language resources across all systems
- Increase “service transparency” or listing of possible services so people with IDD and their families are aware of all the possibilities
- Providers initiate information sharing and help with service navigation
- Create resource hubs
- Create support programs to help people with IDD and their families who are navigating services

#### **Evidence-Based Improvements:**

- Conduct needs assessments with underserved communities to better understand access challenges

# System Navigation

**Roadblock: Difficulty finding and getting services or help with finding out more about services and lack of coordination across the IDD and BH service systems**

Washington can improve system navigation across the state by creating navigator roles and directories of professionals, connecting people with state and national resources, databases, and hotlines, strengthening coordination between departments and systems, and investing in technology and training.



## System Navigation Landmarks: Existing Efforts to Build On

IDD SYSTEM

### Community Living Progress:

- County Centers for Independent Living that provide peer support, individual and systems advocacy, independent living skills training, transition services, and information and referral services
- DSHS text messaging service delivers program reminders and updates
- Care coordination continues to improve across systems

### Legislative Progress:

- The Community Advocacy Coalition (CAC) for Developmental Disabilities meets monthly to advance systems change through legislation
- The Arc's Developmental Disabilities Legislative Symposium, a three-day event focused on policies affecting people with IDD and their families
- Washington State's Developmental Disabilities Advocacy Caucus remains active and engaged

## System Navigation Landmarks: Existing Efforts to Build On

<b>BH SYSTEM</b>	<p><b>Community Living Progress:</b></p> <ul style="list-style-type: none"> <li>• Integrated Behavioral Health (IBH) model that aims to provide comprehensive care by integrating mental health services within primary care settings</li> </ul> <p><b>Legislative Progress:</b></p> <ul style="list-style-type: none"> <li>• Trueblood et al. v. Washington State DSHS lawsuit challenged unconstitutional delays in competency evaluation and restoration services for people detained in jails, creating the Forensic Navigator Program and the Outpatient Competency Restoration Program</li> </ul>
<b>ACROSS SYSTEMS</b>	<p><b>Community Living Progress:</b></p> <ul style="list-style-type: none"> <li>• “Reimagine DSHS” integrates the BH, DD, and Aging and Long-term Support Administrations into the Behavioral Health and Habilitation Administration and the Home and Community Living Administration to reduce silos</li> <li>• DSHS is shifting toward a whole-person approach to service delivery</li> <li>• The University of Washington’s School of Medicine developed the Collaborative Care Model to integrate BH supports within primary care settings</li> </ul>

## System Navigation Bridges Forward: Recommended Efforts to Initiate

### ACROSS SYSTEMS

#### **Navigation Support:**

- Create dedicated navigator positions to assist people with IDD and their families in navigating both the IDD and BH systems
- Improve access to resources by connecting people to national hotlines, services, and resource centers
- Create a database of affordable legal professionals who specialize in working with those with IDD and BH support needs

#### **Coordination and Integration:**

- Include BH professionals in person-centered planning processes to ensure coordinated care
- Strengthen coordination and integration across offices, systems, and professionals
- Expand opportunities for counties to share data and promising practices
- Develop a shared vision and language across system to improve communication, collaboration, and advocacy with lawmakers

#### **Data and Technology:**

- Invest in technology to support information sharing and service coordination across systems
- Enhance data collection and analysis to identify barriers, measure outcomes and track progress for people with IDD and BH support needs

#### **Outreach and Education:**

- Expand cross-system training and education for service coordinators
- Enhance outreach and communication with families to support navigation and access across systems

# Quality Services

## Roadblock: Difficulty finding appropriate and effective services

Washington could improve quality of services across the state by expanding services, employing inclusive practices, allowing for flexible funding, improving workforce and service capacity through increased training and wages, a focus on cultural competency and equity, more communication across systems, increasing feedback loops and data collection, and legislative efforts.



### Quality Services Landmarks: Existing Efforts to Build On

<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>IDD SYSTEM</b></p>	<p><b>Community Living Progress:</b></p> <ul style="list-style-type: none"> <li>• Community organizations provide language access in parts of the state</li> <li>• University of Washington’s Institute on Development and Disability’s “WA Include” builds state-wide networks to advance inclusion and health equity in BIPOC and underserved communities</li> <li>• Expanded access to durable medical equipment that is contracted through DDA</li> </ul> <p><b>Legislative Progress:</b></p> <ul style="list-style-type: none"> <li>• House Bill 1541 Nothing About Us Without Us Act strengthens representation in policymaking</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>BH SYSTEM</b></p>	<p><b>Legislative Progress</b></p> <ul style="list-style-type: none"> <li>• Omnibus Mental Health and Substance Abuse Act allows counties to allocate a portion of sales tax revenue to fund mental health and substance abuse treatment services</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>ACROSS SYSTEMS</b></p>	<p><b>Community Living Progress:</b></p> <ul style="list-style-type: none"> <li>• Virtual meetings and services with providers reduce travel time and logistical barriers for appointments</li> <li>• Health insurance coverage including virtual services increases accessibility</li> </ul>

## Quality Services Bridges Forward: Recommended Efforts to Initiate

<b>IDD SYSTEM</b>	<p><b>Service Expansion:</b></p> <ul style="list-style-type: none"> <li>• Provide for the person with IDD and family across the lifespan, including respite, parental support, and end of life and grief services</li> <li>• Expand employment training and opportunities to expose people with IDD to diverse career fields</li> </ul> <p><b>Inclusive Practices:</b></p> <ul style="list-style-type: none"> <li>• Ensure that people most impacted inform service innovation and decision-making</li> </ul>
<b>BH SYSTEM</b>	<p><b>Service Expansion:</b></p> <ul style="list-style-type: none"> <li>• Increase services to support caregivers</li> <li>• Increase non-medical crisis services (i.e., emergency room or mental hospital) so caregivers can have a break, since police cannot respond</li> </ul> <p><b>Flexible Funding:</b></p> <ul style="list-style-type: none"> <li>• Ensure regulation and funding support is responsive to services that meet people where they are and proactively prevent crisis</li> </ul> <p><b>Workforce Capacity:</b></p> <ul style="list-style-type: none"> <li>• Provide ongoing employee training about how to create, update, and implement comprehensive behavior management plans</li> </ul>
<b>ACROSS SYSTEMS</b>	<p><b>Community-Based and Person-Centered Services</b></p> <ul style="list-style-type: none"> <li>• Commit, as a system, to move away from institutional services</li> <li>• Commit to trauma-informed approaches statewide</li> <li>• Ensure services are welcoming, with flexible scheduling, and delivered across environments to support skills generalization</li> <li>• Expand wraparound supports to address holistic needs</li> <li>• Encourage individualized approaches to build rapport and trust</li> <li>• Incorporate family values and provide support for siblings</li> <li>• Support families at the community level, not just at the service level</li> <li>• Enforce provider accountability and quality oversight</li> <li>• Offer educational programs on medication management for people with IDD and their families</li> <li>• Encourage a wide range of services for people with varying level of needs</li> <li>• Incentivize providers to offer flexible scheduling to accommodate support in the community</li> <li>• Develop and promote educational programs focused on medication management to ensure people with IDD and BH and their families understand the purpose, usage, and side effects of their medications</li> <li>• Increase communication with families about services</li> </ul>

# Quality Services Bridges Forward: Recommended Efforts to Initiate

## ACROSS SYSTEMS

### **Workforce and Service Capacity**

- Increase reimbursement rates to increase wages for frontline professionals
- Expand service capacity to allow flexible entry, exit, and adjustments of supports as needs and goals change (“revolving doors” and “escalators”)
- Thoughtfully match individuals with IDD and BH needs to appropriate professionals
- Provide structured programs with engaged professionals

### **Cultural Competency and Equity**

- Increase cultural competency training for all professionals to improve respect for diverse backgrounds and increase culturally responsive services
- Implement DEI-focused recruitment to hire professionals from diverse and underserved communities
- Reduce disparities in services by creating culturally and linguistically appropriate materials and programs

### **Coordination and Integration**

- Improve communication across systems to support seamless care across services and the lifespan (for example, Seattle Children’s Hospital has a network where neurologist, medication management, behavioral health are all connected)
- Integrate public partnership between IDD and BH organizations for advocacy and awareness
- Establish formal feedback and advisory groups to guide program planning and implementation
- Consult with IDD and BH organizations to improve service design

### **Evidence-Based Improvement**

- Collect and respond to data to ensure services are safe and effective
- Implement feedback loops to monitor outcomes for people utilizing services
- Advocate for evidence-informed funding to support community living services

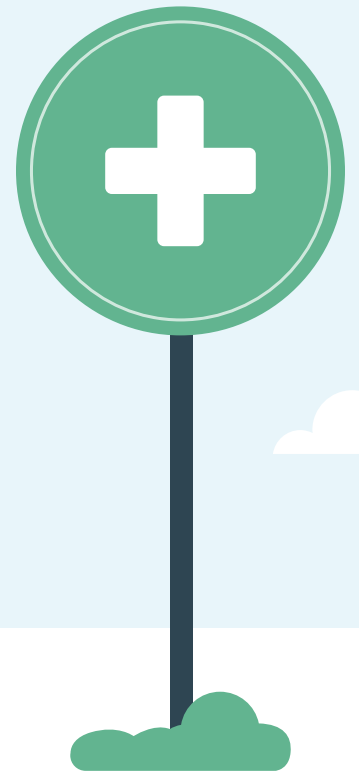
### **Policy and Legislative Improvement**

- Extend mental health service timelines beyond 90 days for people with IDD and BH needs
- Extend special education eligibility from age 21 to age 26, like some other states
- Ensure that judges, professional guardians, lawyers, and families know about supported decision making
- Ensure public funding reflects demographic trends, best practices, and the needs of people with IDD and BH needs
- Advocate for more consistent funding for IDD and BH programs and services, so funding is not threatened annually
- Make community-based services the default rather than waiver-dependent

# Quality Professionals

## Roadblock: Lack of professionals that are available, knowledgeable, and stable

State efforts could improve the amount, quality, and stability of IDD and BH system and service provider professionals by committing to workforce development through training, certification, and incentives, integrating specialized expertise from institutional settings into the community, cross-system and specialized training, and training professionals outside of the IDD and BH systems such as medical, educational, fire, emergency, and social service professionals.



### Quality Professionals Landmarks: Existing Efforts to Build On

IDD SYSTEM	<ul style="list-style-type: none"> <li>• There is an active public guardian network in the state that is engaged and open to learning</li> </ul>
BH SYSTEM	<ul style="list-style-type: none"> <li>• There are knowledgeable case managers</li> </ul>
ACROSS SYSTEMS	<ul style="list-style-type: none"> <li>• Project ECHO (Extension for Community Healthcare Outcomes), an interdisciplinary training and support program for Washington’s community BH practitioners who work with people with IDD and BH support needs</li> </ul>

## Quality Professionals Bridges Forward: Recommended Efforts to Initiate

<b>IDD SYSTEM</b>	<p><b>Workforce Development</b></p> <ul style="list-style-type: none"> <li>• Support and promote the professionalization of direct support professionals (DSPs), positioning the role as a recognized career (similar to nursing)</li> <li>• Provide more training for professionals to effectively support people with more intensive support needs</li> <li>• Expand training for professionals to work with people with IDD who have limited language or use alternative communication methods</li> <li>• Train professionals on the Disability Rights Movement and promote awareness of the risks of using the Medical Model in understanding disability</li> </ul> <p><b>Community Integration</b></p> <ul style="list-style-type: none"> <li>• Transition specialized expertise (dental care, medication management) from institutional settings into community-based services</li> </ul>
<b>BH SYSTEM</b>	<p><b>Workforce Training</b></p> <ul style="list-style-type: none"> <li>• Increased training for BH providers to effectively support people with co-occurring IDD and BH needs</li> </ul> <p><b>Crisis Prevention</b></p> <ul style="list-style-type: none"> <li>• Establish “interceptors” or designated supports to contact before crisis escalates to major changes in housing or services</li> </ul>
<b>ACROSS SYSTEMS</b>	<p><b>Workforce Training</b></p> <ul style="list-style-type: none"> <li>• Increase training for DSPs, frontline leaders, and provider organization employees on recognizing, respecting, and supporting people with co-occurring IDD and BH support needs</li> <li>• Provide ongoing training to enhance service providers’ skills in delivering person-directed support for people with co-occurring needs</li> <li>• Train IDD and BH professionals on diversity, equity, and inclusion to reduce biases</li> <li>• Expand peer support programs to improve engagement and service uptake</li> </ul> <p><b>Cross-System and Specialized Training</b></p> <ul style="list-style-type: none"> <li>• Train professionals in other fields who interact with people with co-occurring IDD and BH needs (health, legal, education, social work, fire, EMT, etc.)</li> <li>• Support cross-training of IDD and BH professionals and service providers</li> <li>• Create a better pipeline for well-trained crisis responders who are knowledgeable about IDD and BH need</li> <li>• Create and distribute resources to intersection fields (medical, legal, educational, etc.) about supporting people with IDD and BH needs</li> </ul> <p><b>Workforce Recruitment and Retention</b></p> <ul style="list-style-type: none"> <li>• Provide resources (e.g., training programs) to IDD provider agencies through certification and pay increases for DSPs who specialize in co-occurring IDD and BH support needs</li> <li>• Increase rewards and incentives to retain and attract quality professionals</li> </ul>

# Reducing Stigma and Raising Awareness

## Roadblock: Fear of social stigma or being unaware or unknowledgeable about services

Washington can reduce stigma and increase awareness IDD and BH services by expanding public education, supporting people with IDD and their families in understanding their needs, and supporting cross-system collaboration to address systemic challenges.



## Reducing Stigma and Raising Awareness Landmarks: Existing Efforts to Build On

<p style="text-align: center;"><b>IDD SYSTEM</b></p>	<ul style="list-style-type: none"> <li>• Inclusive approaches are more common (“Nothing about us without us”)</li> <li>• Strong IDD advocacy throughout the state, including SAIL, Allies in Advocacy, People First of Washington, Disability Rights Washington, and The Arc of Washington</li> </ul>
<p style="text-align: center;"><b>BH SYSTEM</b></p>	<ul style="list-style-type: none"> <li>• Active BH advocacy groups such as NAMI and Washington Thrive</li> </ul>
<p style="text-align: center;"><b>ACROSS SYSTEMS</b></p>	<ul style="list-style-type: none"> <li>• Collaborative efforts that promote change, like WADDC supporting the <i>Bridge Forward</i> conference and workshops</li> </ul>

# Reducing Stigma and Raising Awareness Bridges Forward: Recommended Efforts to Initiate

## ACROSS SYSTEMS

### Education and Support

- Universal education in schools about disability and behavioral health so people learn that there are many ways of being in this world and reduce stigma
- Professionals in IDD, BH, and other environments (medical, educational, etc.) should foster supportive environments where people with IDD and BH needs are welcome
- Train people without IDD and BH needs to eliminate stigma
- Build family-to-family networks and support groups to share information and experiences

### Collaborative Advocacy

- Increase opportunities for people with IDD and BH support needs to share their stories with policymakers and those with political power
- Support coordinated efforts in Washington to build leadership and advocacy momentum and pressure to enhance services for people with IDD and BH support needs, especially boosting people with IDD into decision-making positions
- Continue to create collaborative events or platforms to bring together stakeholders from across Washington to develop systems priorities and action plans

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