



Bridge*Forward*

Bridge Forward Conference Development Logic Model



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:

Informational Pamphlet

2025 Community Impact Report

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 focus; 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
<p>Needs Assessment</p> <p>Based on the 2024 report <i>Enhancing Services for People with Co-Occurring IDD and Behavioral Health Needs in Washington</i></p>	<ul style="list-style-type: none"> • 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
<p>Inputs</p> <p>Resources and expertise brought into the conference design</p>	<ul style="list-style-type: none"> • 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).
<p>Activities</p> <p>The intentional steps taken to design and deliver the conference</p>	<ul style="list-style-type: none"> • 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
<p>Outputs</p> <p><i>Tangible products and immediate results</i></p>	<ul style="list-style-type: none"> • 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.
<p>Short-term Outcomes</p> <p><i>Immediate changes after the conference</i></p>	<ul style="list-style-type: none"> • 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.
<p>Long-term Goals</p> <p><i>Broader impacts the conference is designed to influence</i></p>	<ul style="list-style-type: none"> • 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.