Will Begin In:

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Whole Person Care For Consumers With Co-Occurring Intellectual & Developmental Disabilities (I/DD) And Substance Use Disorders (SUD)

How Monarch Developed A Specialized Treatment Model For A Historically Underserved Population

Today's Speakers

Will Begin In:

Rick Gutierrez

Senior Associate,
OPEN MINDS

Todd Posey
M.Ed., LCMHCS, LCAS, CCS

Vice President of Clinical Best Practice,
Monarch

Will Begin In:

What You'll Learn

Why "good enough" SUD care models still leaves critical gaps

How KCS Health Center evolved from basic access into a fully integrated "SUD 2.0" model

Operational strategies for reducing workforce resistance and increasing adoption of evidence-based care

Leadership approaches that sustain long-term organizational transformation

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Why This Matters

- Consumers with co-occurring intellectual and developmental disabilities (I/DD) and substance use disorders (SUD) are often excluded from traditional treatment models
- Many provider organizations lack clinical frameworks, workforce training, and operational infrastructure to effectively serve this population
- Treatment fragmentation frequently results in poor engagement, repeated crises, justice involvement, housing instability, and avoidable utilization
- Few evidence-based models exist specifically designed for individuals with co-occurring I/DD and SUD needs
- Provider organizations are increasingly being asked to address higher-acuity, more clinically complex populations with limited specialized workforce capacity

The Monarch Model

Eligible Consumers

The curriculum was developed for individuals with intellectual and developmental disabilities (I/DD) and co-occurring substance use disorders (SUD), as well as the families, caregivers, and support professionals involved in their recovery journey.

The model supports individuals across a range of cognitive abilities and was designed to address the unique challenges faced by people with I/DD, autism spectrum disorder, traumatic brain injury, and other cognitive impairments who may be underserved by traditional addiction treatment approaches.

Treatment Components

The curriculum includes:

- 14 structured recovery modules addressing core addiction and recovery concepts
- Original animated educational videos designed specifically for the I/DD population

- Facilitator discussion guides
- Interactive learning activities
- Psychoeducational resources
- Take-home recovery materials
- Adapted screening and assessment tools
- Family and caregiver support resources
- English and Spanish-language materials

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“Understanding Addiction and Developmental Disabilities”

Topics include addiction, medication safety, triggers, relationships, codependency, recovery, emotional regulation, coping skills, relaxation techniques, self-esteem, and wellness. The curriculum is designed for both individual and group delivery and can be adapted to meet varying support needs.

Length Of Treatment

The curriculum is intentionally flexible rather than time limited. Organizations may use individual modules as standalone interventions or deliver the complete 14-unit curriculum as part of a broader recovery program. The model encourages providers to move at the pace of the individual, repeating content and reinforcing concepts as needed to support learning and retention.

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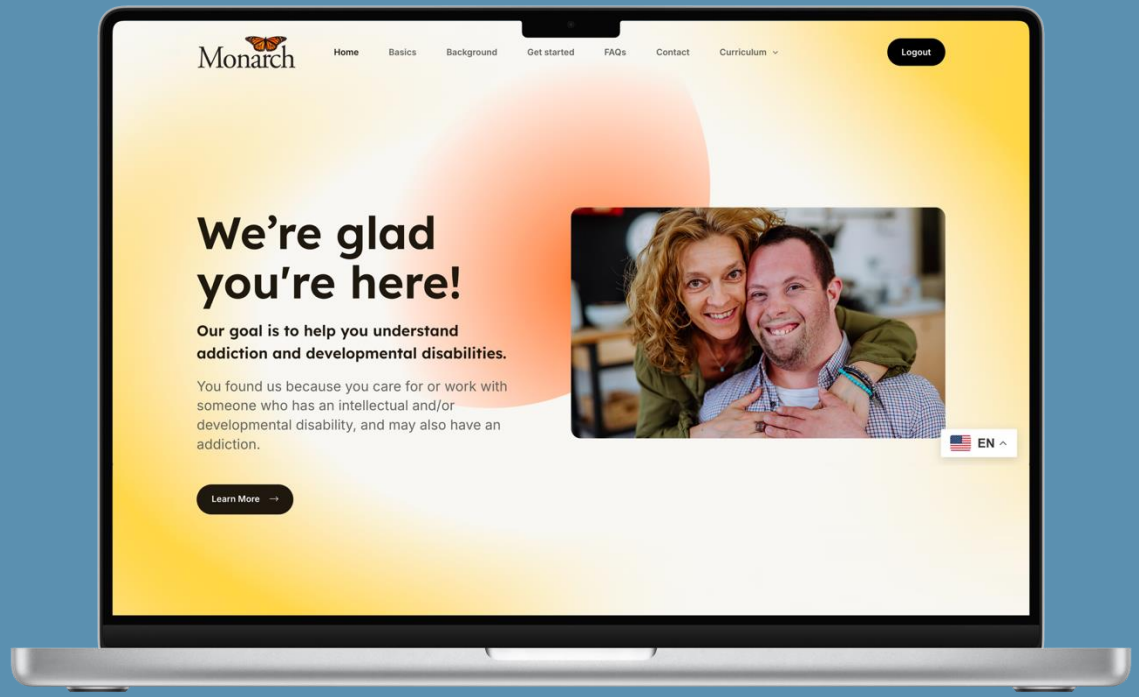

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How This Model Is Different

Traditional SUD Treatment

- Designed for the general population
- Relies heavily on abstract concepts and verbal processing
- Assumes standard cognitive functioning
- Focuses primarily on the individual receiving treatment
- Standard screening and assessment approaches
- Limited accommodations for communication needs
- Recovery education developed by clinicians
- Few specialized resources available nationally

The Monarch Model

- ✓ Designed specifically for individuals with I/DD and cognitive differences
- ✓ Uses concrete language, visual learning, and simplified communication
- ✓ Adapts content for varying cognitive abilities and learning styles
- ✓ Incorporates caregivers, family members, and support systems
- ✓ Includes tools adapted for the I/DD population
- ✓ Emphasizes accessibility, repetition, reinforcement, and individualized pacing
- ✓ Recovery education co-designed with individuals with lived experience and families
- ✓ Open-access curriculum available at no cost to providers and organizations

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About Monarch

Monarch

Nonprofit provider organization serving individuals with mental illness, substance use disorders (SUD), intellectual and developmental disabilities (I/DD), and traumatic brain injury (TBI)

- Provides support to more than 27,000 individuals annually across North Carolina and Rhode Island
- Team of nearly 1,600 staff members delivering behavioral health, outpatient, crisis, residential, and community-based services

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About Monarch

- Nationally accredited by The Joint Commission
- Mission-driven focus on promoting wellness, recovery, independence, and long-term community integration
- Longstanding organizational history serving individuals with I/DD, dating back to its founding in 1958 by families advocating for services and inclusion
- Strong emphasis on innovation, person-centered care, workforce development, and data-driven operational leadership

Consumers With Co-Occurring I/DD And SUD Were Falling Through Traditional Systems

Services for I/DD and SUD were frequently separated across different provider systems, leaving individuals with complex needs, including cognitive differences, communication challenges, or varying levels of adaptive functioning, without integrated treatment pathways or coordinated support.

As a result, consumers were often excluded from services due to behavioral complexity, difficulty engaging in traditional group models, or assumptions about their ability to participate effectively in treatment.

Monarch also identified significant workforce challenges, including limited clinician confidence, minimal training resources, and a lack of operational guidance for treating individuals with co-occurring I/DD and SUD. Long-term engagement and retention remained persistent challenges across traditional models of care.

“ If we don’t build this model,
who will? ”

The Background

When NC DHHS issued a grant announcement focused on co-occurring I/DD and SUD, Monarch began researching the landscape and reaching out to leaders across the field, including contacts at the Duke Addictions Program—research that revealed very few operational models existed designed specifically for this population.

The absence of established models reinforced the urgent need for innovation. Receiving the grant laid the groundwork for Monarch's specialized approach.

From the beginning, the initiative was intended not only to improve care delivery internally, but also to help disseminate learning, tools, and operational strategies across North Carolina and beyond.

Building A Specialized Treatment Framework

Early work focused on adapting traditional SUD treatment concepts into a model that would be more accessible, practical, and clinically appropriate for individuals with I/DD through:

- Simplifying engagement strategies
- Adapting psychoeducational materials for varying cognitive abilities
- Building more structured treatment supports
- Increasing caregiver and family involvement
- Improving workforce competency and clinical confidence
- Creating materials that could be replicated consistently across programs and settings

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What Monarch Developed

The final model included a series of structured treatment units designed to support engagement, recovery education, and long-term skill development for individuals with co-occurring I/DD and SUD.

Each session included multiple components, including video-based learning modules, guided discussion tools, interactive recovery activities, and psychoeducational resources adapted for different learning needs.

Centering Lived Experience

The Workgroup

Approximately 15 individuals with lived experience with I/DD served as essential partners throughout the process.

- Development of Monarch's curriculum was shaped by those who understand this population best—because they are this population.
- As consistent, active collaborators, the group met with Monarch's team on a weekly basis over the course of several months.
- Beyond feedback, the group ensured the materials reflected the real needs, strengths, and experiences of the people it was designed to serve.

“ We learned *far more* from them than they did from us. ”

The Goal:

- Accessible, practical, and clinically appropriate SUD treatment information for individuals with I/DD.

The Solution:

- A free and interactive learning curriculum structured in approachable modules.

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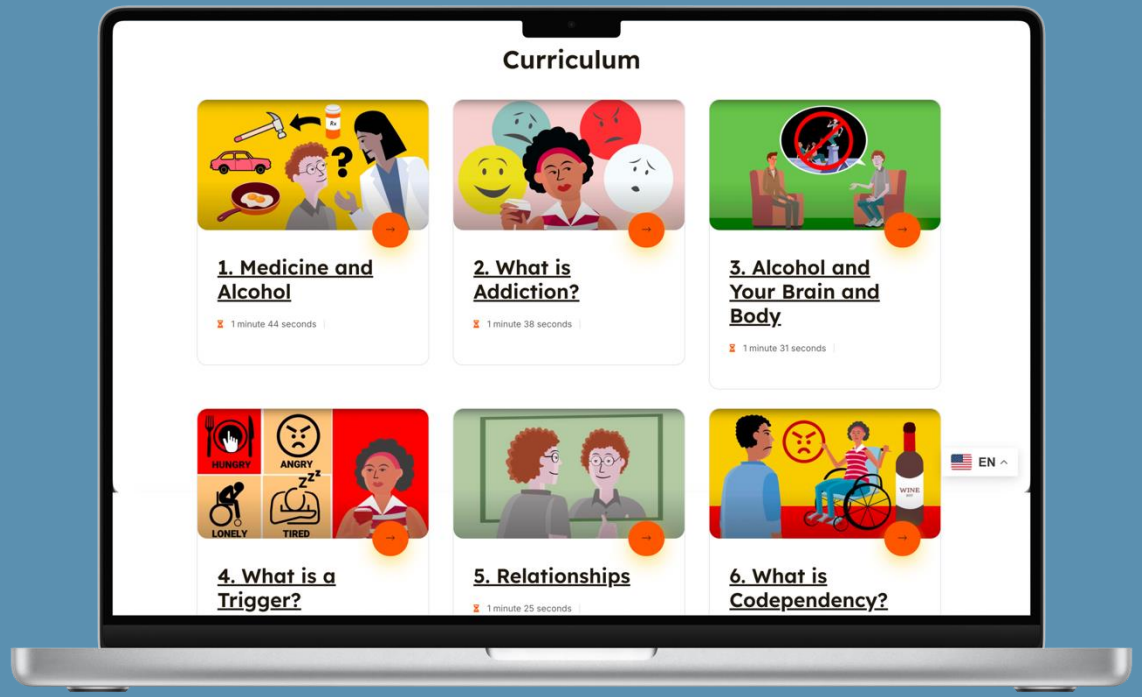

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Building Something Providers Could Actually Use

What Made The Model Different

Traditional SUD treatment models often assume standardized cognitive processing, high levels of self-directed insight, and the ability to participate consistently in conventional psychoeducation and group therapy environments.

- Materials designed to be practical, flexible, and accessible for provider organizations with varying levels of staffing and training
- Focused on reducing barriers to implementation for both providers and consumers
- All materials were made freely available online to encourage broader adoption and expand access to organizations working with similar populations

Monarch recognized that these assumptions frequently created barriers for individuals with I/DD and developed a model that emphasized simplified engagement strategies, adapted communication approaches, repetition, structured reinforcement, and individualized pacing.

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Leadership And Operational Strategies

Several operational strategies helped support workforce adoption and long-term implementation success across Monarch's programs.

Strong executive sponsorship and clinical leadership

- Reinforced organizational commitment to the model
- Normalized ongoing learning throughout implementation
- Emphasized cross-disciplinary collaboration

Implementation occurred incrementally

- Supported by ongoing workforce training, simplified treatment tools, external consultation, and repeated reinforcement through practice and experience
- Prioritized practical implementation over theoretical complexity, helping staff build confidence over time while improving consistency across treatment settings

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Expanding Beyond North Carolina

After Monarch received the 2023 Innovation Award from North Carolina's i2i Center for Integrative Health, interest in the treatment materials quickly expanded beyond the organization and the state of North Carolina.

Monarch was invited to present the work at NatCon 2024 in St. Louis, which led to additional training invitations, professional outreach, and broader national visibility. The organization was later contacted by the University of Minnesota to collaborate on a journal article highlighting the initiative and its operational approach.

Monarch also received outreach from national leaders in dual diagnosis treatment and began conducting trainings for organizations in multiple states. Much of the model's growth occurred organically through conference presentations, peer referrals, and word-of-mouth recommendations from organizations seeking practical treatment approaches for individuals with co-occurring I/DD and SUD.

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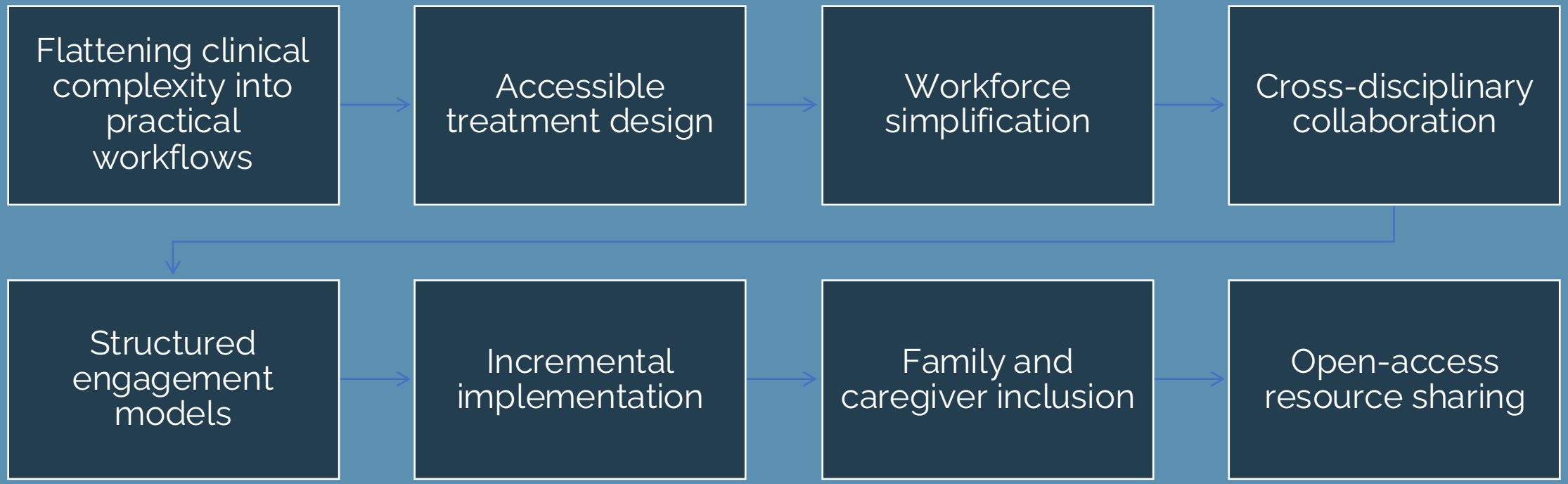
What Made The Biggest Difference



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Strategic Discussion With *Rick Gutierrez, Ph.D.*

Many provider organizations still struggle to effectively serve consumers with co-occurring I/DD and SUD.

What operational capabilities become most important when building treatment models for populations traditional systems were not designed to support?

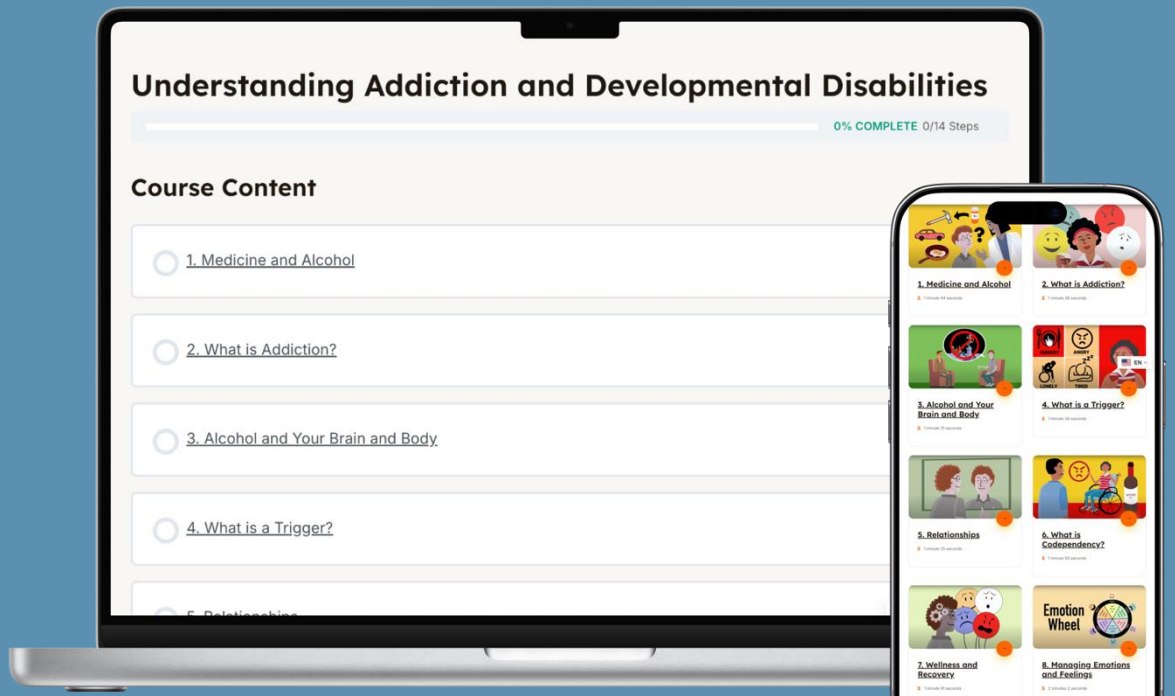
Workforce discomfort and lack of clinical confidence often limit adoption of specialized treatment models.

What leadership strategies most effectively support workforce readiness and long-term adoption?

Many organizations lack the financial and operational infrastructure to build highly specialized treatment programs.

How should leaders think about scalability, sustainability, and access when developing programs for high-complexity populations?

Looking ahead, what system-level changes are needed to improve treatment access and long-term outcomes for consumers with co-occurring I/DD and SUD?



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