

# Cracking the Code: Building a Statewide Perinatal SUD Network

## North Carolina Perinatal SUD Network

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# Disclosure Information

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  - ✦ No disclosures
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# Learning Objectives

- ☀ Identify the essential roles required to design a statewide perinatal SUD network.
- ☀ Analyze cross-sector collaboration strategies that improve care access, quality, and continuity.
- ☀ Differentiate perspectives of experienced programs versus early-programs within coordinated care models.
- ☀ Construct a draft network framework using the Leadership Compass model.
- ☀ Formulate sustainability strategies integrating patient voice, data, and funding advocacy.

# Why Networks Matter in Healthcare

1. Clinical networks improve **quality of care and patient outcomes**<sup>1</sup>
2. Care coordination across providers improves **clinical outcomes and patient satisfaction**<sup>2,3</sup>
3. Interdisciplinary coordination improves **utilization, referrals, and patient experience**<sup>2</sup>
4. Connected provider networks reduce **fragmentation and improve continuity of care**<sup>1</sup>

# Why Networks Matter in Perinatal Care

- 1. Perinatal Quality Collaboratives improve maternal and infant outcomes<sup>4</sup>**
- 2. Network participation accelerates adoption of evidence-based perinatal practices<sup>5</sup>**
- 3. Coordinated maternity care increases prenatal care engagement and postpartum planning<sup>6</sup>**
- 4. Collaborative networks improve practice uptake and population-level outcomes<sup>4, 5</sup>**

# Why a Perinatal SUD Network?



“Professionals must establish mechanisms for working together across systems, agencies, and providers to develop a coordinated and cohesive approach.”<sup>7</sup>

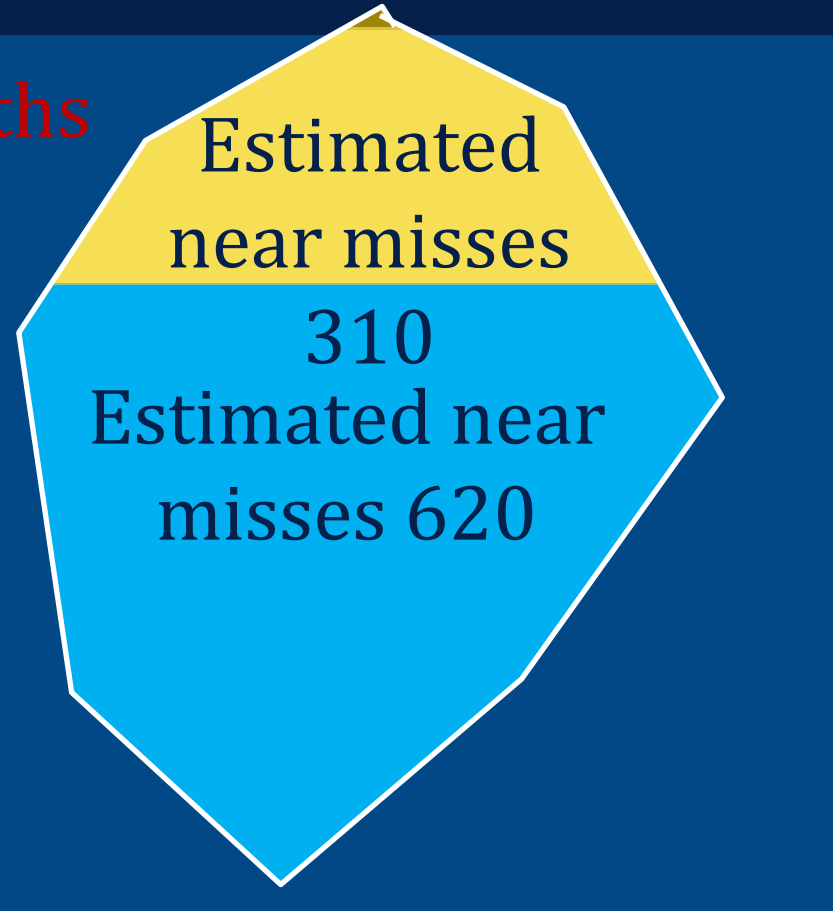
# A Patient's Experience

*“No one was wrong.  
But no one was  
connected.”*



# Hidden impact

Maternal overdose deaths  
31<sup>8</sup>



# How do you build a Network?

## The NC Example



**CONNECT the (net)WORK**

**SHARE BEST PRACTICES**

**ADVOCACY**

# What is the Network?

**Statewide, clinician-led initiative**

**Improve access to evidence-based care for pregnant and postpartum individuals with substance use disorders**




*Founded by 6 Regional Hubs*

**Built for and by interprofessional teams**

Supports care delivery, shared protocols, case consultation, and systems-level quality

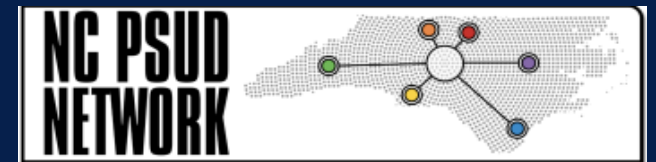
Improvement

North Carolina Perinatal Substance Use Disorder Network

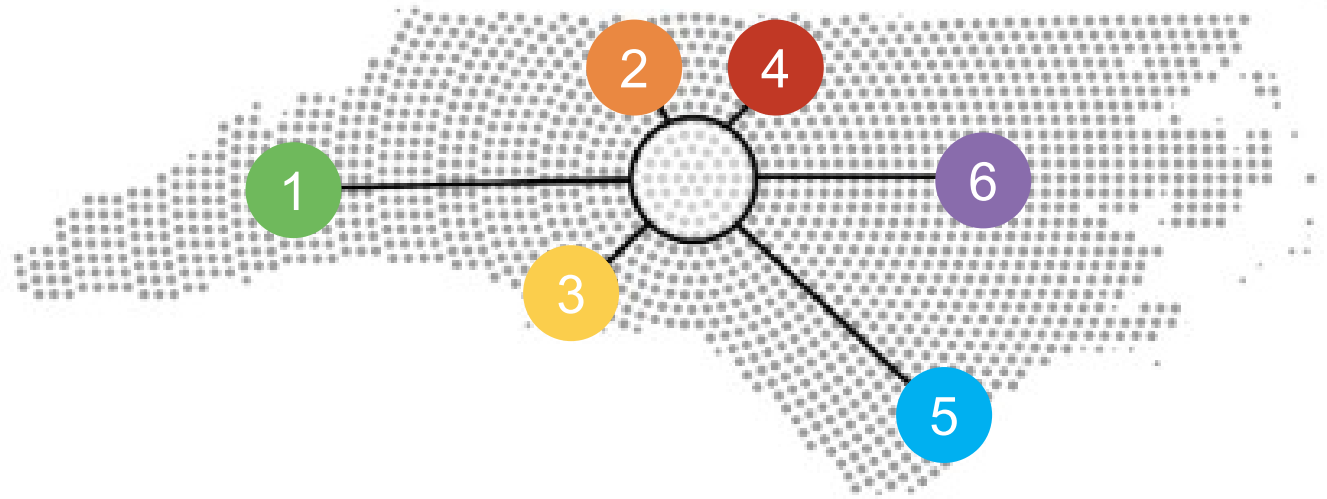


INCREASING ACCESS TO EVIDENCE-BASED CARE      COMPREHENSIVE SERVICES      6 REGIONAL HUBS

SHARING BEST PRACTICES • COLLABORATION • ADVOCACY



# NC PSUD NETWORK



1 Project CARA

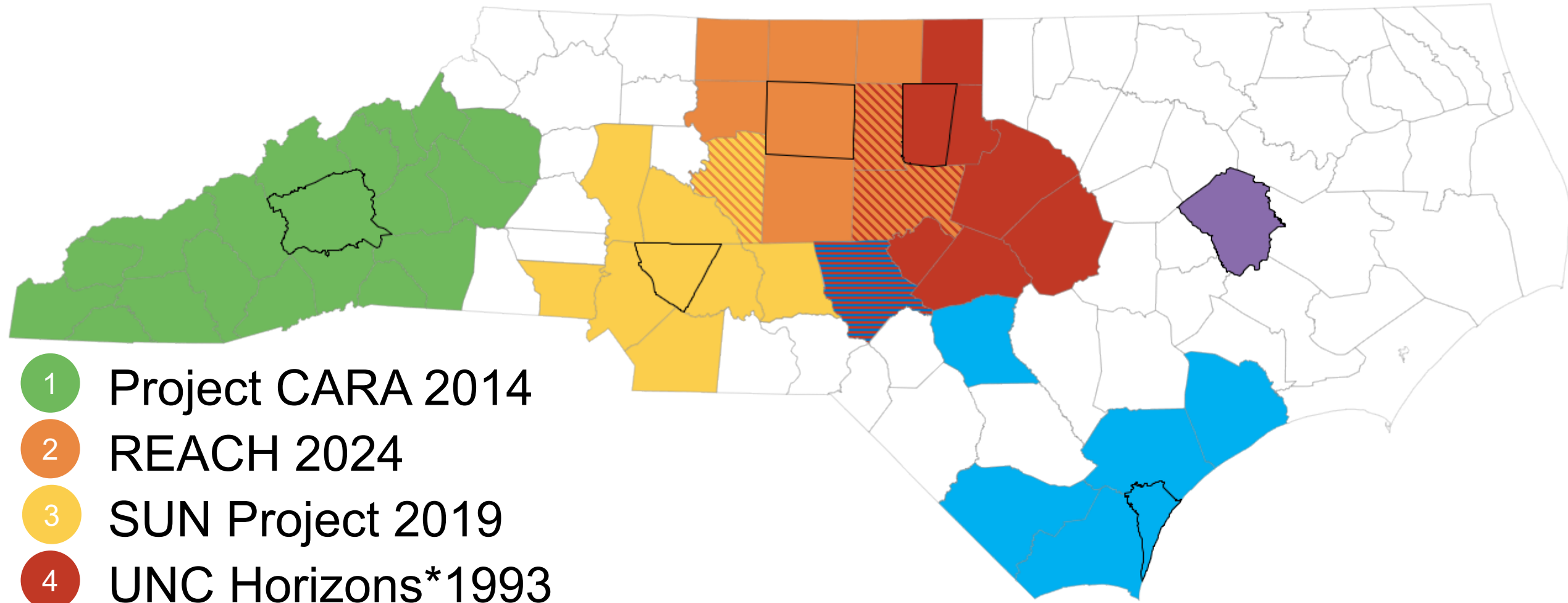
2 REACH

3 SUN

4 UNC Horizons

5 Tides

6 ECU Impact



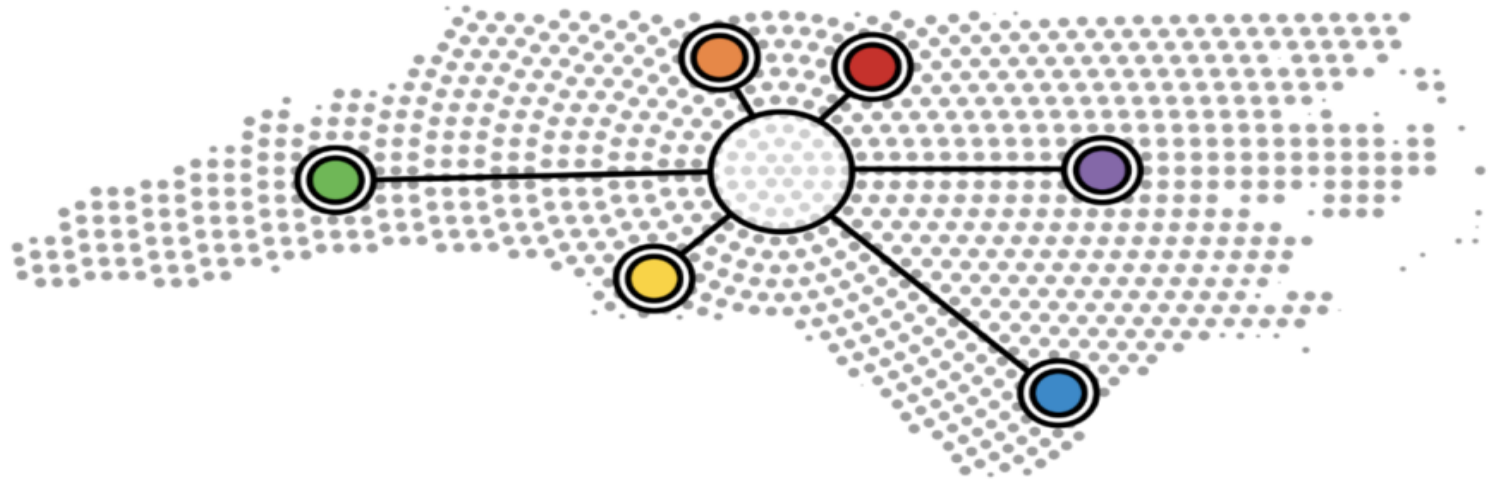
- 1 Project CARA 2014
- 2 REACH 2024
- 3 SUN Project 2019
- 4 UNC Horizons\*1993
- 5 The Tides 2018
- 6 Residential 2025

**2024 Network Survey of counties served**

\*Horizons Residential covers all 100 counties

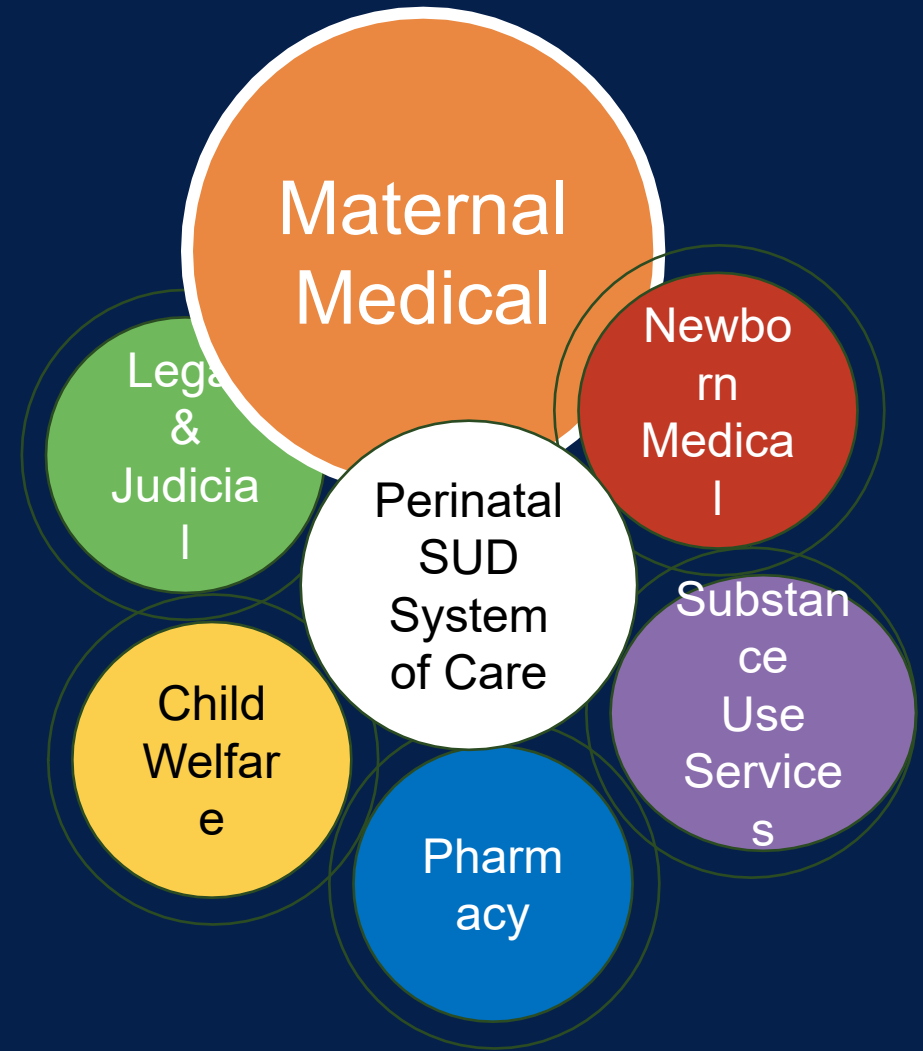
# North Carolina Perinatal Substance Use Disorder Network

**NC PSUD  
NETWORK**



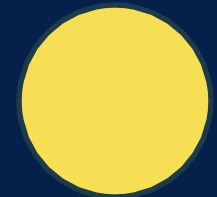
# The Inner Circle

☀ Before we fix the system, we must look inside medicine.



# Reflection

☀ Where does fragmentation show up in your medical system?



# The NC PSUD Network

- ☀️ 6 Regional Hubs FOUNDERS

- ☀️ Clinical

  - ☀️ Hub-and-Spoke Structure

  - ☀️ Multidisciplinary Teams: DEFINITIONS

  - ☀️ Shared Learning Collaborative

  - ☀️ Shared QI + Data Alignment

  - ☀️ Lived Experience Embedded

# How do you KNOW if you are Integrated?

Integrated PSUD Care Requires Alignment Across Three Domains:

1. Team Scope of Services
2. Systematic Communication
3. Degree of Coordination

*Integration is structured, reliable, and operationalized collaboration.*



# What It Takes

## ☀ Transparency

- ☀ Shared metrics

- ☀ Redefining engagement

- ☀ Addressing bias

- ☀ Structural humility

# Systems Are Made by People

- ☀ Collaboration is a decision.
- ☀ Alignment requires curiosity.
- ☀ Systems are relationships structured over time.

# Collaboration Evolves in Stages

☀️ Discovery

Resonance

Translation

Integration

# Level 1: Discovery

☀️ We were doing good work — alone.

☀️ Referral inconsistency

☀️ Data variation

☀️ Program diversity

Discovery = Recognizing Tier 1 Reality  
• *Most systems begin here.*



# Team Voices

☀️ “Before the Network....”

*“Connecting with like-minded professionals was most valuable.”*



# Level 2: Translation

- ☀ *Shared space before shared policy.*
  - ☀ Monthly Meetings
  - ☀ Education Spaces
    - ☀ Team Presentations
    - ☀ Regional ECHO
    - ☀ Statewide CORE learning
    - ☀ TA
  - ☀ Shared tools
  - ☀ Cross-discipline learning through partnership

# Audience Task

☀️ What shared space could you create, OR DO YOU ALREADY HAVE?

☀️ Case review

☀️ Joint meeting

☀️ Shared language session

☀️ Referral template



# Team Voices

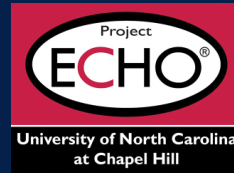
## ☀️ *Learning Collaborative*



Images courtesy M. Ramage 2026

# Connect the network: Project ECHO

- Reaches rural and underserved regions
- Standardizes care regardless of zip code
- Reduces geographic disparities



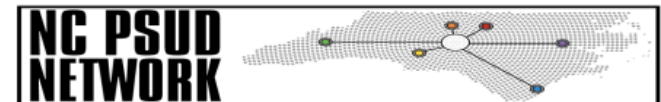
**“I will think through screening tools appropriate for the ED setting and how to implement them.”**

**-ECHO Physician Attendee**

# Connect the network

## Share best practices: CORE Learning

- Built-in evaluation and feedback loops
- Technical Assistance
- Continuous improvement, not static programming
- Transparent outcomes and system learning



**Technical Assistance – Tips for Applying Contingency Management to Improve Outcomes for Perinatal Patients with Substance Use Disorders**

### What Is Contingency Management?

Contingency management (CM) is arguably the most effective evidence-based behavioral intervention to help patients change behaviors that interfere with their health. It is grounded in operant conditioning.

Operant conditioning is a type of learning where behavior is shaped by its consequences meaning that actions followed by rewards are more likely to be repeated, and actions followed by punishment are less likely to happen again.

On Slide:  
Integration = Operational Tier 3

- Multidisciplinary team model
- Real-time structured communication
- Dedicated care navigation
- Closed-loop tracking

Integration is measurable.

## Level 3: Integration

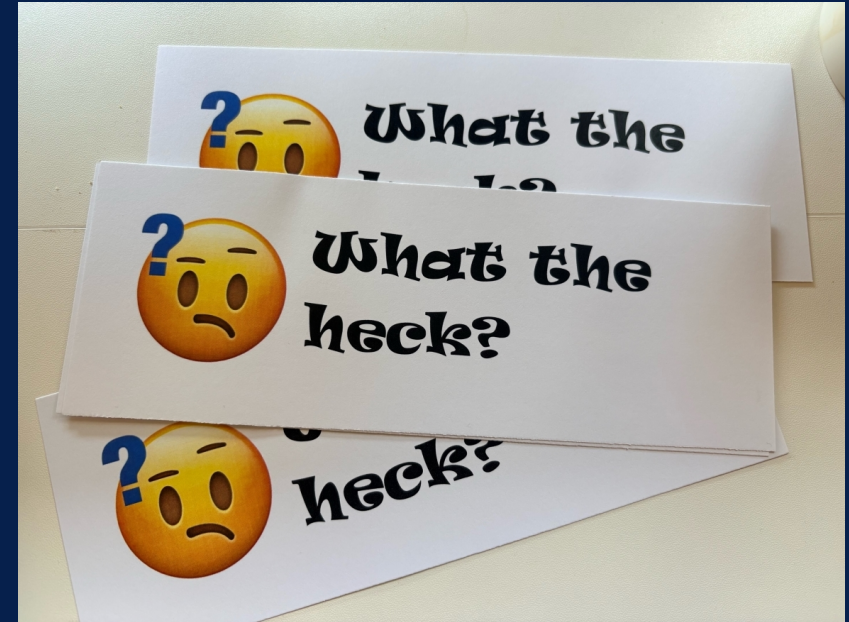
✦ We thought we were aligned.

✦ Access?

✦ Engagement?

✦ Safety?

✦ Recovery?



***Alignment requires translation — not uniformity.***

# Different Program Developmental Stages offer Different Roles at the Network

## ☀ Programs Enter Networks at Different Stages

- ☀ Early Programs

- ☀ Building referral pathways

- ☀ Establishing protocols

- ☀ Workforce development

## ☀ Experienced Programs

- ☀ Mentoring emerging teams

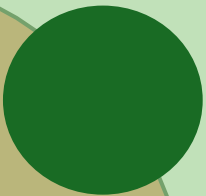
- ☀ Sharing QI models

- ☀ Supporting statewide alignment

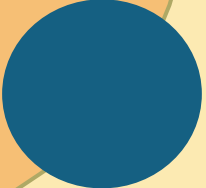


Image courtesy of Microsoft subscription, stock photo “direction”

WHICH OF THESE ROLES ARE NEEDED TO PARTICIAPTE IN THE NETWORK?



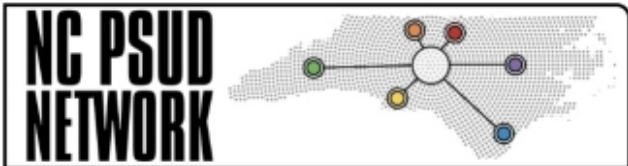
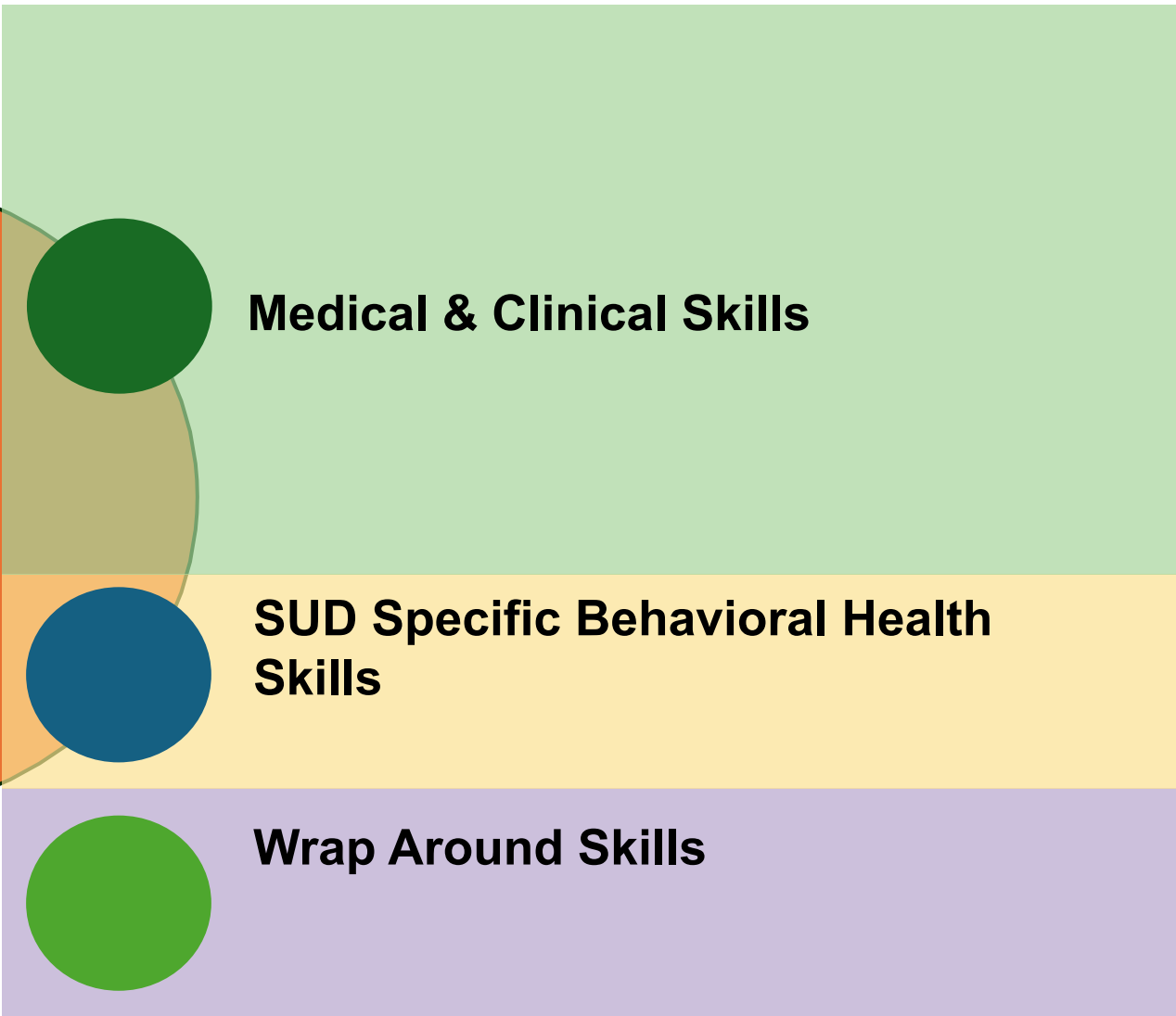
**Medical & Clinical Skills**



**SUD Specific Behavioral Health Skills**



**Wrap Around Skills**



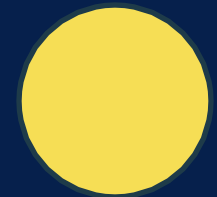
**Skills available across the network**

# Don't Do Something About Me Without Me: Definitions

☀️ Co-design and People With Lived Experience

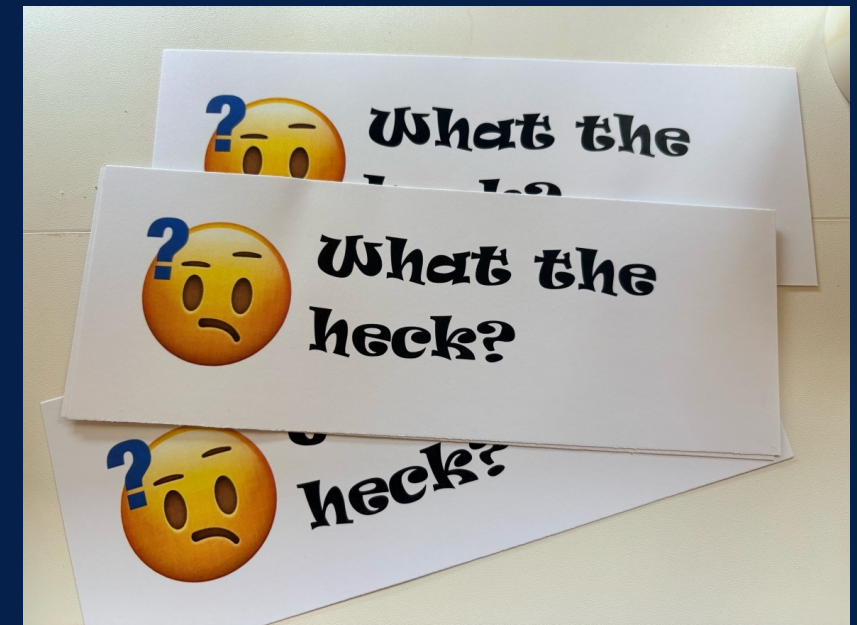
# Alignment Tool

- ☀️ How does your discipline define this?
- ☀️ How might another define it?
- ☀️ Where does it affect patients?



# Team Voices

☀️ *We thought we were saying the same things...*



# Level 4: Resonance

- ✦ When the inner circle stabilizes, the outer circle responds.
  - ✦ State partnerships
  - ✦ Professional organizations
  - ✦ Policy engagement
  - ✦ Sustainability planning



# Team Voices

☀️ *Synergy with Region and State and National*



# Sustainability of Programs and Sustainability of the Network



# What You Leave With

- ☀️ A framework
  - ☀️ A replicable structure
  - ☀️ Permission to start small
  - ☀️ Any next step toward alignment is progress.

- ✓ Objective
- ✓ Identify roles
- ✓ Cross-sector collaboration
- ✓ Differentiate program perspectives
- ✓ Leadership framework
- ✓ Sustainability strategies



# Final Takeaways



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## North Carolina's Perinatal Substance Use Disorder Network

Despite strong evidence-based guidelines for perinatal substance use disorder (PSUD) care, implementation of high-quality care for pregnant and postpartum people remains inconsistent across healthcare settings. The Perinatal Substance Use Disorder Network is working to increase access and delivery of PSUD care through sharing best practices and implementing evidence-based solutions to reduce maternal deaths, expand treatment access, and decrease health disparities that affect this population.

Our "why" is simple: pregnant and parenting people who use substances deserve care that truly meets their needs – not fragmented services or punishment. This is bigger than any single program. It's about building a statewide model that supports families, equips providers, and strengthens communities. And we welcome every partner who's ready to work alongside us to make that happen.

[Learn more about the network](#)



Image courtesy of psudnetwork.org



CARA: <https://mahec.net/obgyn/project-cara>

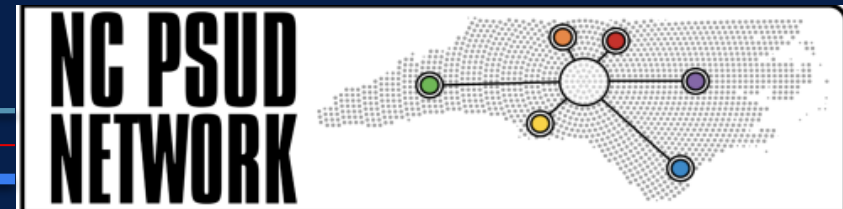
SUN: <https://www.cabarrushealth.org/661/SUN-Clinic>

REACH: <https://www.conehealth.com/locations/center-for-womens-healthcare-triad/reach-clinic/>

Horizons: <https://www.med.unc.edu/obgyn/horizons/>

Tides: <http://www.thetidesprogram.org>

IMPACT: [https://locations.ecuhealth.org/providers/details/2348/david-ryan-addiction\\_medicine-obstetrics\\_gynecology-greenville](https://locations.ecuhealth.org/providers/details/2348/david-ryan-addiction_medicine-obstetrics_gynecology-greenville)



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