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Practice Summary & Implementation Guidance

Substance Use Network (SUN) Project

The SUN Project is a cross-sector care coordination system with the legal infrastructure to securely share protected information across medical, behavioral health, and social services, enabling evidence-based treatment for pregnant women with substance use disorders with evidence of reduced out-of-home placements, stronger perinatal clinic performance, and systems-level change.

Cutting-Edge | Emerging | **Promising** | Best

Location	Topic Area	Setting
North Carolina	Care Coordination, Mental Health & Substance Use	Community

Population Focus	Date Added
Women & Maternal Health	November 2025

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Section 1: Practice Summary

PRACTICE DESCRIPTION

Pregnant and postpartum women with substance use disorder (SUD) experience health and social disparities due to fear, stigma, discrimination, and systemic barriers to quality perinatal care and social services. These contribute to adverse birth outcomes, overdose mortality, and increased risk of involuntary commitment, incarceration, and loss of custody of children, which undermines family stability and recovery. In 2018, 10.1 infants per 1,000 North Carolina (NC) hospital births showed signs of drug exposure. In NC, out-of-home placements due to parental substance use rose from 36.5% in 2015 to 45.7% in 2022.

The Substance Use Network (SUN) Project is a NC–based cross-sector care coordination system with the legal infrastructure to securely share protected information across medical, behavioral health, and social services, enabling collaborative evidence-based treatment for pregnant women with substance use disorders. Modeled after CHARM, SUN supports a perinatal substance use disorder (PSUD) clinic and agencies serving pregnant and postpartum women with SUD. Established in 2019, SUN has networks in Cabarrus, Stanly, and Rowan counties and is based on SAMHSA's collaborative cross-system framework.

A major barrier to achieving this recommended best practice is the inability to share patient information legally and efficiently between healthcare, behavioral health, and social services. HIPAA (federal healthcare confidentiality laws), 42 CFR Part 2 (federal SUD laws), and state social services laws are designed to protect patient privacy. The unintended result, however, is fragmented care received by families impacted by SUD due to providers' inability to easily coordinate care. More commonly, patients sign multiple releases, an approach that is inefficient and limits collaboration among providers.

SUN partnered with law experts to develop the necessary legal framework, including a Memorandum of Understanding (MOU), single Release of Information (ROI), and an Administrative Order, that lawfully authorizes protected information sharing across sectors. This framework enables the network to operate multidisciplinary care-coordination meetings across agencies and sectors. Partners can exchange real-time, case-specific, protected information for consented clients in one setting, producing a unified plan of care. This structure is the unique core of the SUN model, enabling continuity, reducing inefficiency, eliminating duplicative assessments, and allowing providers to collectively consult on cases to meet patient needs.

SUN also addresses the systems in which patients receive care and providers work. SUN partners collaboratively advance policy change, stigma reduction, trauma-informed approaches, and best-practice alignment; provide cross-sector provider training; secure funding to address identified gaps; and elevate the voices of individuals with experience with SUD to inform continuous improvement. This system-level work ensures that improvements in coordinated care are sustainable and responsive to community needs.

CORE COMPONENTS & PRACTICE ACTIVITIES

The SUN Project is grounded in the SAMHSA collaborative treatment guidelines for pregnant women with opioid use disorder (OUD) and expands on the CHARM model through system-level enhancements grounded in the Aligning Systems for Health and the Socio-Ecological Model. The SUN Project consists of 8 core components: (1) a formalized, cooperative, and highly integrated partnership with a perinatal substance use disorder (PSUD) clinic; (2) a governance structure; (3) a legal infrastructure that enables protected information sharing for

coordinated care; (4) a cross-sector care coordination network/meeting; (5) partner training; (6) systems-level work; (7) incorporation of input from individuals experience; and (8) data collection and evaluation efforts for continuous quality improvement and data driven decision making.

See Appendix 1 for a visual representation of the SUN Project Model and Appendix 2 for the logic model.

Core Components & Practice Activities		
Core Component	**Activities**	**Operational Details**
Formal partnership with PSUD Clinic	Shared decision-making or co-governance structures; consistent communication pathways; joint workflows; mutual accountability; shared understanding of patient needs, goals, and care plans.	While SUN does not need to be operated *by* a PSUD clinic, it cannot function without one. By design, the SUN project exists *specifically* to extend and strengthen the work of a PSUD clinic by coordinating care, enabling protected information-sharing, and supporting multidisciplinary treatment for pregnant women with SUD. **PSUD clinic:** delivers integrated prenatal care, behavioral health, care management, and medications for opioid use disorder (MOUD) to pregnant and postpartum women; serves as the primary partner to the SUN project to develop and maintain the cross-sector system of care. **SUN Project:** enables cross-sector information sharing, case coordination, and systemic support that allow the clinic to deliver improved whole person care.
Governance	Groups meet to conduct assessments, review case studies, established a shared mission, set priorities, respond to barriers, create action plans, support the formation and maintenance of the cross-sector care coordination team and legal infrastructure	Governance Structure often starts with an: • Oversight Committee - executives of agencies who can make policy and funding decisions • Steering Committee – mid-management who are aware of the work on the ground • Work Groups - topic-specific, address barriers identified by the governing group or cross-sector case management group
Legal Infrastructure	Design the state/county specific legal infrastructure (including tools, processes, and trainings) needed to share protected information across agencies. Review processes and legal tools annually for changes in	Ensure the legal infrastructure supports secure and appropriate information exchange by addressing: • **Group care coordination settings** where information may be shared with partners who are *not* directly involved in every participant's care being discussed.

	confidentiality and social services laws. Train partners annually and prior to accessing any data. Obtain buy-in from all partner agencies' legal teams. Ensure all participating partners are trained prior to accessing any data. Implement and monitor protocols for accountability.	• **Situations involving child welfare investigations**, including what information can be exchanged and under what authority. • **All relevant confidentiality laws**, including HIPAA, 42 CFR Part 2, state SUD and mental health confidentiality laws, and protections for people with disabilities. • **Information sharing for both juveniles and adults**, recognizing different legal standards, protections, and consent requirements. • **State social services laws** that govern how information can be used, shared, or accessed across agencies. • **Clear rules for the purpose of information sharing, who is permitted to receive the information, and redisclosure limitations** to ensure compliance and shared understanding among partners.
Cross-sector Care Coordination Network Meetings	Establish and train coordinated care team, obtain ROI consents from patients, facilitate monthly care coordination meetings, document case notes, referrals, and system-level barriers in HIPPA complaint database	The SUN Project's core activity is its coordinated care meetings, where partners from multiple sectors come together at one time to discuss all enrolled pregnant and postpartum participants. Designate an oversight agency that ensures all network members are properly trained and eligible to participate, have signed the necessary consent forms, and that confidentiality requirements are consistently followed. Trust between partners is essential. All members must feel confident that information disclosed at meetings will be kept confidential and only used for the purposes permitted and agreed upon in the group. Therefore, each member of the network must be vetted by the PSUD clinic and governing group.
Partner Trainings	Partner training on perinatal SUD; trauma-informed care; state laws and confidentiality requirements; child welfare requirements and the Plan of Safe Care (POSC); collaboration and building trust across sectors and disciplines; systems-alignment and systems-level work, Harm-reduction Framework; and evidence-based screening and assessments.	Partner trainings are on-going and respond to assessments, and community needs and realities, with input from the governing group. Trainings allow for shared understanding, aligned values, and consistent best practices across the network. Partner trainings should include input from individuals with experience. When possible, partner trainings should be in-person to allow for relationship and partnership development, trust building, and addressing stigma.

		In addition, virtual options allow for sustainability and easier transition during times of turn-over.
Systems-Level Work	• Coordinate and provide advocacy at the local and state level • Draft, coordinate, and provide best practice recommendations for legislative and policy recommendations • Facilitate, fund, organize, and support stigma reduction activities • Develop solutions, strategies, and responses to barriers identified through care coordination, including partnership development and improving trust between organizations. • Collaborate with partners to align resource allocation priorities and secure funding for shared goals.	• System-level work drives meaningful change through local and state advocacy, policy and legislative recommendations, stigma reduction efforts, funding allocation, and problem-solving in response to barriers identified in care coordination. • A defining element of the SUN Project is having a group dedicated to the systems-level work that is needed to make meaningful and long-term changes but outside the scope or capacity of most single partnering agencies. This work on-going and changes in response to community needs and realities. • System-level activities drive change beyond individual case coordination to ensure sustainability and improve outcomes through structural improvements in policy and practice. • The Systems Alignment Framework states that achieving health changes for populations requires shifts in three areas: mindsets, practices, and policies. Therefore, efforts at this level should focus on activities that drive change in each of these three domains.
Incorporating Individual, Family, and Community Input	• Provide opportunities for participation in feedback groups, governing groups, in clinic, advisory groups, stigma campaigns, and/or other decision making • Co-design programming and community events • Hire and include peer support specialists in all activities	Including the input of individuals with experience is central to both the Systems Alignment Framework and the Harm Reduction Model and is essential for successful SUN Project implementation. Their involvement ensures that programming reflects real needs and experiences, builds trust, reduces stigma, and elevates participant voices in system design and evaluation. As funding allows, establish a system for compensating participants in a way that is supportive but not coercive. Consult with a peer support specialist, a PSUD LCSW, and/or a PSUD subject matter expert to develop trauma-informed approaches to recruitment, retention, and compensation that do not tokenize or exploit participants. *Contact SUN Project staff for additional lessons learned.*
Evaluation	Collaborate with PSUD clinic and partners to collect data to inform the work of the SUN Project,	Evaluation is an essential component to: 1. **Inform and guide the work.** Evaluation provides an understanding of your

	which depending on each community can include: • service engagement and social needs • maternal and infant outcomes • child welfare outcomes • SAMHSA cross-sector assessment • patient satisfaction • referrals • access to clinical and other services • treatment engagement and adherence Use data for continuous quality improvement and to support data-driven decision making.	community's baseline conditions. These data help identify strengths you can leverage, areas for improvement, and priorities for action. 2. **Monitor progress over time.** 3. **Determine impact** (when resources allow for rigorous evaluations). 4. **Support funding requests**, sustain community buy-in, and communicate successes to key partners. Collecting both quantitative and qualitative data strengthens this narrative.

COMMUNITY WELLNESS

Pregnant and postpartum women with SUD experience health disparities due to fear, stigma, discrimination, and systemic barriers to care. In response, the SUN Project (SUN) developed a compassionate, cross-sector care coordination network for pregnant and postpartum women impacted by SUD and their infants. Through an eight-component systems-level approach, SUN has demonstrated improved outcomes for child welfare indicators and patient satisfaction, with baseline perinatal clinic measures, care coordination across agencies, and patient outcomes showing promising early results. The program has also created a legal infrastructure that can be expanded statewide and replicated across other locations.

Removing Obstacles to Whole-Person Services:

- Recognizing parenting individuals need more than just medicine to care for their children, SUN supports integrated perinatal substance use disorder clinics to develop a system of care with partnering agencies throughout the community.
- This network of care, facilitated by a legal infrastructure for secure information sharing and collaboration, allows previously siloed partners to efficiently coordinate care across sectors to address the social determinants of health of pregnant and postpartum women with SUD.
- PSUD clinic in collaboration with the SUN Project network can provide wraparound services (nutrition, social, legal, housing, transportation, dental, peer support, WIC, and newborn care), ensuring that social determinants of health are addressed alongside medical needs.
- We addressed the "confidentiality conundrum," finding the balance between patient privacy with the need to collaborate, by developing legal tools that allow for cross-agency information sharing in a multidisciplinary group setting (including child welfare). This shifted the typical use of the law by agencies from a barrier to a tool for patient empowerment and improved coordination among providers.

Commitment to Best Practices:

- The collaborative adopts a trauma-informed, harm reduction approach that positions people with SUD as active participants in their care. This rebalances power in the provider–patient relationship, centering patient voice and lived experience in treatment decisions.
- The collaborative not only aims to reduce systemic barriers to care but also redefine standard practice by embedding universal wellbeing activities, such as peer support, integrated case management, and MOUD, into everyday perinatal care.
- The SUN Project conducts a SAMHSA-aligned assessment to evaluate how effectively agencies across sectors are implementing the 20 best practices for the collaborative treatment of pregnant women with OUD. Based on these findings, the project delivers targeted provider training and systems-level interventions designed to shift mindsets, strengthen practices, and advance policies, the three essential drivers of quality health for all.

EVIDENCE OF EFFECTIVENESS

The SUN project has been evaluated across three different domains: 1) cross-sectoral collaboration, including provider perspectives; 2) participant and provider experiences, including engagement measures, health and social outcomes; and 3) population-level infant out-of-home placement outcomes. For domains 1 and 2, the study describes the experiences and perspectives of those affected by SUD (participants) and those working within the SUN project to support participants' recovery. Select evaluation findings are presented below.

CLIENTS SERVED

Since its launch, the SUN clinic (local PSUD clinic) has served a steadily growing number of patients each year:

- 2020: 2 patients
- 2021: 5 patients
- 2022: 14 patients
- 2023: 34 patients
- 2024: 41 patients
- 2025: 36 patients (to date)

HEALTH OUTCOMES

Select health outcomes 2020-2025:

- 95.5% were retained in the program from first visit until time of birth
    - Average 4.6 months prenatal care engagement
- 0 maternal deaths and 0 infant deaths
- 91.4% of infants were delivered at or beyond 35 weeks, with an average gestational age of 38.3 weeks
- 81% of participants maintained adherence to medications for opioid use disorder (MOUD) at the time of birth
- 61% of reported social needs (e.g., housing, food security, transportation) were met through the collaborative care model

SATISFACTION SURVEYS

Participant satisfaction surveys (n=15 in 2021; n=14 in 2023) revealed:

- 93% of participants agreed they felt 'safe'
- 90% of participants agreed they felt they were 'treated with respect'
- 93% of participants agreed that the services received at SUN would support their long-term recovery

FOCUS GROUPS

In focus groups, participants said:

- They felt seen and understood by SUN providers, which made them honest about their recovery process and able to engage with services.
- They trusted staff because they were willing to share decision-making power and were transparent about changes or challenges to treatment plans.
- They felt SUN providers understood addiction and remained encouraged through the process, including missed appointments, times with slower progress, or return to drug use.
- Having providers who were non-judgmental and remained supportive was key to continuous treatment engagement.
- They experienced positive life changes because of their recovery and enrollment in the SUN Project, such as strengthening relationships with family members, regaining custody of children, securing housing, or taking steps towards becoming a peer support specialist.
- Their family needs, baby's health, or "being a good parent" as motivating for long-term recovery and that SUN has helped them build confidence and skills towards these goals.
- A participant said:

  "I never thought I would get to where I am now. I never thought I'd be a mom. I never thought that I would do better." (2021)

OUT-OF-HOME PLACEMENTS

When comparing out-of-home placement outcomes (2015-2021) for infants under 1 year of age born in Cabarrus and Rowan counties before and after SUN's implementation in 2019, we found:

- The number of days infants spent in out-of-home placement decreased 182 days on average after SUN's implementation.
- The mean number of placements (placement stability) infants were exposed to decreased by 18% (from 1.84 to 1.50 placements).
- The percentage of children who had only one placement increased by 59% (from 42.45% to 67.52%) after SUN's implementation.

To learn more about our evaluation efforts, please see our linked publications and reports under the Resources section.

Section 2: Implementation Guidance

COLLABORATORS AND PARTNERS

SUN's partners include healthcare systems, public health departments, community organizations (including housing and recovery services), and government agencies. All partners that need to exchange protected information about clients are explicitly included in a Release of Information (ROI), Memorandum of Understanding (MOU), and Administrative Order, the legal tools needed in North Carolina to allow for efficient cross-sector care coordination in a multidisciplinary team setting for SUN's participants. Other collaborators include the state or local law school, referral sources, funders, legislators, and local managed care organizations who helped with creating the legal framework, training, community buy-in, or other systems-level work. Additionally, external researchers led evaluation efforts to measure the impact of SUN's approaches.

Practice Collaborators and Partners			
Partner/ Collaborator	**How are they involved in decision-making throughout practice processes?**	**How are you partnering with this group?**	**Does this collaborator have lived experience/come from a community impacted by the practice?**
Cross-Sector Care Coordination Partners: • Perinatal Substance Use Disorder Clinic • Methadone provider • Public Health Department • Child Welfare/Social Services organization • Behavioral Health Providers • Local hospitals (Labor and Delivery) • Substance Use Treatment Centers and Detox centers • Pregnancy care managers • Emergency Medical Services/Community Paramedics (optional)	Needs Identification, Development, Planning, Implementation, Evaluation, Enhancement	Designated representatives from partner agencies serve on the cross-sector care coordination network. Representatives are required to be trained on the legal requirements for the SUN project collaboration and follow confidentiality laws.	When possible, partnering agencies for the cross-sector care coordination team should hire trained a peer support specialist to serve as part of their representatives for the SUN Project. SUN's partners receive annual training on SUD and trauma informed care and how it affects care utilization and health outcomes.

• Detention centers (optional) • Early Childhood Intervention Organizations (optional) • Non-profits serving families impacted by SUD (optional)			
Academic or Government Legal Experts	Needs Identification, Development, Planning, Implementation	Consultation with legal experts specializing in HIPAA, 42.CFR.2, and social services laws for the state in which the program is being operated allows the project to develop a legal infrastructure specific for the community where the project will be operated.	Peer support specialists provided feedback during the drafting of the ROI and during edits to adjust to a reading level appropriate for the population being served.
Participants	Needs Identification, Development, Implementation	Participants provide feedback through focus groups, surveying, anti-stigma campaigns, community events, and participation in our monthly community feedback sessions.	Participants have experience with SUD and parenting.
Subject-matter experts/Consultants	Technical Assistance, Partner Training, Program Implementation	Subject matter experts such as a PSUD Champion, the SUN Project or Systems-Level work consultant will provide necessary technical assistance, partner trainings, and ensure program implementation fidelity.	Subject matter experts and consultants in project model facilitate partner engagement and systems-level work aimed at changing mindsets, practices, and policies for achieving full health potential and sustainable change.

External Evaluators (optional)	Evaluation, Enhancement, Training	Provide mixed-methods evaluation research to identify outcomes and opportunities for the SUN project. Provide training and presentations to conference participants, students, partners, funders, and community members on findings and key content.	Evaluators may not have lived experience, but they have completed competency-based courses designed to increase their sensitivity to the population, equipping them with the skills to evaluate and train in ways that are respectful, culturally responsive, and patient-centered.

REPLICATION

The SUN Project was first implemented in Cabarrus County, North Carolina, where the full model, including all eight core components, was established in partnership with a perinatal substance use disorder (PSUD) clinic (SUN Clinic). Following demonstrated success, the model was replicated first in Rowan County and then in rural Stanly County.

Replication efforts included all eight components of the SUN Project model. However, because Rowan and Stanly Counties did not have their own PSUD clinics, the established clinic in Cabarrus County continued to serve as the clinical hub for all three counties. In these new sites, the SUN Project successfully implemented the remaining seven components locally, including county-specific governance structures, cross-sector care coordination teams, legal and information-sharing infrastructure, partner training, and systems-level change activities. Clients residing in Rowan and Stanly Counties received clinical services through the Cabarrus PSUD clinic and were connected to social, behavioral, and community-based supports in their home counties to address social determinants of health and family service needs.

Population-level evaluation of program efficacy, including out-of-home placement indicators, reflects outcomes from the first two counties (Cabarrus and Rowan). Stanly County, the most recent replication site, will be included in population-level analyses once sufficient time has elapsed to implement system-level components and demonstrate measurable impact.

North Carolina has established strong capacity for continued replication of the SUN Project, including a defined framework, implementation tools, legal templates, assessments, best practices, lessons learned, and access to subject matter experts and technical assistance teams. Any county with an established PSUD clinic and a commitment to partnership is well-positioned to replicate the model with fidelity. The SUN Project is also suitable for replication in other states, with the understanding that the legal and information-sharing infrastructure must be adapted to align with state-specific confidentiality and social services laws.

Several key lessons emerged during replication across multiple counties:

- **Prioritize strong relationships with judicial and child welfare legal partners.** Establishing early and collaborative relationships with district court judges and Department of Social Services (DSS) attorneys is critical.

- **Allow counties to define who their trusted partners are.**
  Cross-sector care coordination groups function best when local partners determine which agencies and individuals should be included, rather than relying on a standardized list or assumptions based on other counties.
- **Recognize the unique engagement challenges in rural counties.**
  Rural communities may face barriers related to transportation, staffing, partner capacity, and service availability. Replication in rural contexts requires flexibility, creative engagement strategies, and additional outreach.
- **Build the foundational infrastructure first but understand it is only the beginning.**
  Developing tools, processes, and legal/operational infrastructure is the initial step. The next phase involves integrating the voices of those with experience, fostering trust, and shifting long-standing siloed practices.
- **Invest in intentional trust-building.**
  Many partners, especially those in healthcare, behavioral health, and child welfare, have historically operated in silos and have not previously been able to exchange protected information in a shared setting. Structured trust-building activities and deliberate relationship-strengthening efforts are essential.
- **Clarify decision-making authority within each county's care coordination group.**
  Counties must build consensus on who holds final decision-making authority when disagreements arise, particularly regarding when to involve child welfare or make a report. Transparency is essential.
- **Maintain transparency when reports to child welfare are made.**
  Trust depends on openly communicating when a child welfare report is made because of information shared within the group. This transparency strengthens relationships among partners and preserves group integrity.
- **A designated, funded entity must lead systems-level work.**
  Partner agencies, especially clinical teams, generally do not have the time or mandate to take on additional systems-level coordination responsibilities. Although this work is essential for long-term impact and systems change, a specific agency or team must be funded to lead coordination, facilitation, and infrastructure development as part of its core mission.

INTERNAL CAPACITY

Internal Capacity Requirements
Successful implementation of the SUN Project requires dedicated staffing, strong clinical partnership, and a well-defined process for building community readiness and coordinating cross-sector partners.

Core Staffing and Leadership

- **Full-time Program Manager** to coordinate daily operations, partner engagement, care-coordination activities, and systems-level work.
- **Program Director** to provide oversight, strategic leadership, and support for sustainability planning.
- **PSUD Medical/Clinical Champion** to lead clinical alignment, facilitate engagement with healthcare partners, gain community buy-in, and help build trust and credibility among community providers.
- **Formalized, cooperative, and highly integrated partnership with a PSUD clinic**, which serves as the clinical hub of the model and a foundational requirement for implementation.

Community Readiness and Partner Engagement
The leadership team (Program Manager, Program Director, and PSUD champion) conducts a **community environmental scan** to identify all agencies that serve or interact with pregnant and postpartum women with

SUD and their families. After identifying potential partners, the Program Manager and PSUD champion hold individual meetings with each organization to assess interest, readiness, and buy-in.

The SUN PSUD champion met with providers for **3–4 years** before initial funding was secured, building community support and establishing strong clinical and cross-sector relationships.

Establishing Governance and Partner Roles
Once funding is secured and governance structures are ready to be formalized, the SUN team reconvenes partner agencies to identify:

1. **Executive-level representatives** with decision-making authority to serve on the Oversight Committee.
2. **Mid-level managers or frontline leaders** who understand service delivery to participate on the Steering Committee.
3. **Legal representatives** to review MOUs, ROIs, administrative orders, and other information-sharing tools.
4. **Care coordination team representatives**, who are identified once the cross-sector coordination network launches.

Communities must have, at minimum, strong engagement and support from the following partners:

- A PSUD clinic, including LCSW (essential, non-negotiable)
- Child welfare agency
- Delivering hospital, including NICU and Mother-Baby Unit
- Behavioral health providers
- Detoxification or withdrawal management services
- Public health department
- District court judges or judicial partners
- Pregnancy Care Managers (usually embedded in the clinics)

If possible, include:

- Emergency Medical Services, Community Paramedics, and Emergency Departments
- Detention Center
- Probation/Parole
- Early Childhood Intervention Agencies (i.e. Partnership for Children)
- Community based organizations serving families (housing, food, transportation, care coordination, parenting programs)
- PSUD subject matter experts, such as ECHO technical assistance (TA) coaches and other experts in the field, to provide partner training, TA, continuous quality improvement efforts.

Legal Infrastructure Development
The Program Manager must have funding and access to **state-level legal experts** who can guide the development of a compliant information-sharing infrastructure based on state confidentiality, child welfare, mental health, disability, and SUD laws.

Lived Experience Integration and Ethical Guidance
Implementing SUN requires a **skilled LCSW or comparable specialist** to ensure trauma-informed, ethical engagement of individuals with experience with SUD. This role supports decision-making around participant involvement, boundaries, evaluation, and research activities.

Training and Systems-Level Capacity
Dedicated funding is required to:

- Provide high-quality, cross-sector partner training
- Support ongoing systems-level activities
- Facilitate continuous improvement and sustain collaboration

Training and systems-level support were central to the success of SUN implementation across counties and remain essential for replication in new jurisdictions.

PRACTICE TIMELINE

For more information on replicating this practice's timeline and specific activities in another community, please contact: info@sudainstitute.org.

Phase: Planning/Pre-Implementation		
Activity Description	**Time Needed**	**Responsible Party**
Community must have an integrated perinatal substance use clinic that is prescribing MOUD and has a dedicated LCSW or equivalent for care coordination.	Before collaboration can begin	PSUD Clinic
Secure/allocate funding for project team and implementation and technical assistance.	Ongoing	Lead agency operating SUN Project
Hire/designate lead project team: Program Manager, Program Director, and PSUD Medical Champion.	3 months – 6 months	Lead agency operating SUN Project
Identify PSUD medical/clinical champion and orient on SUN collaborative model.	1 month – 3 months	SUN Project Coordinator or lead agency
Develop formal, integrated, highly cooperative partnership with PSUD	Ongoing	Program manager, Program Director, and PSUD Clinic

Clinic (may include training staff depending on prior partnership level).		
When possible, contract technical assistance teams and conduct site visits for implementation support on replicating the SUN Project model with fidelity.	Ongoing	Program Manager
Conduct community environmental scan to assess which partners to include in the collaborations.	1 month	Program Manager
Build relationships, recruit, and train agencies/partners for: • Care Coordination • Governing Group • Discovery Sites • Individuals with Experience with SUD May include presentation from subject matter experts and technical assistance teams.	2 – 4 months	Program Manager/PSUD Medical Champion
Begin Oversight and Steering Committee Meetings.	Monthly – Quarterly	Program Manager
Contract legal experts (usually academic or state) with expertise in 42.CFR.2, HIPAA, child welfare/social services laws, and state SUD laws to review SUN Project model and adapt to state specific legislation.	9 months – 1 year	Program Manager/Director
Conduct baseline SAMHSA Cross-sector Assessment in community and develop action plan.	20 hours over 1 month	Program Manager

Work with oversight and steering committees, individuals and families with experience, and legal experts to develop legal infrastructure that meets the specific state requirements in the community.	1 year	Program Manager

Phase: Implementation

Activity Description	Time Needed	Responsible Party
Facilitate key partner meetings: • Cross-sector care coordination meetings (usually monthly) • Partner meetings • Partner trainings • Governing group committees and workgroup meetings	20 hours/month	Program Manager, PSUD Champion, PSUD Clinic
Develop project materials, including training and resource hub for legal infrastructure (i.e., educational materials for participants, information for providers, referral processes, program brochures, testimonial videos, legal training information and tools).	6 months initially, then 24 hours/year	Program Manager, Director, PSUD Champion
Collect feedback on experiencces: • Monthly community feedback session • Community events • Patient satisfaction survey and focus groups	At least 1 hour/month	Program Manager
Coordinate systems-alignment partnership activities, trust building opportunities, and address systemic barriers to care.	10 – 20 hours/month	Program Manager

Review MOU and ROI with partners on cross-sector care coordination team to ensure all partners attending are trained and all participants meet eligibility.	1 hour/month	Program Manager
Create strategic opportunities to develop trust between partners and patients across agencies.	1 – 2 hours/month	Program Manager
Collect data and key performance measures.	1 – 2 hours/week	Program Manager

Phase: Sustainability

Activity Description	Time Needed	Responsible Party
Secure ongoing support and funding for program, including: • Staff • legal, medical, & programmatic technical assistance • expanding project services • updating legal and medical materials to stay up to date with current laws and best practice recommendations • maintaining partnerships as turnover requires ongoing efforts • adapting systems-level strategies to everchanging landscape changes • providing continued training for partners • evaluation and quality improvement efforts • supporting individuals with experience with SUD	Ongoing	Program Director
Evaluate goals and outcomes:	Ongoing, focused efforts every two years.	External researchers, Program Manager, PSUD Clinic

• Annual SAMHSA cross-sector assessment to measure use of best practices across sectors. • Key performance measures such as gestational age at birth, infant birth weight, time in NICU, # NAS infants, Maternal mortality associated with overdose, patient adherence, clients served, clients connected to services, patient satisfaction, and child welfare indicators. • System-level efforts include provider training, TA, and trust building activities; policies changed, implemented supporting PSUD best practices; improvements in screening, referrals, and treatment access; stigma reduction and advocacy efforts. • When possible, evaluations with an experienced researcher can track the level of impact across various domains.		

PRACTICE COST

For more information on this project's startup costs and budget, please contact Gina Hofert at info@sudainstitute.org.

Budget			
Activity/Item	**Brief Description**	**Quantity**	**Total**
Program Manager	Coordinate daily operations, partner engagement, care-coordination activities, and systems-level work.	1.0 FTE 1-3 depending on size of collaborative.	Depends on geographic region, year, and experience of candidate.

Program Director	Provide oversight, strategic leadership, and support for sustainability planning.	.25 FTE	Depends on geographic region, year, and experience of candidate.
PSUD Medical/Clinical Champion	Lead clinical alignment, facilitate engagement with healthcare partners, gain community buy-in, and help build trust and credibility among community providers.	1 Contracted @ 2-5 hours/week or scope of work.	Depends on geographic region, year, and experience/credentials of candidate.
Legal Consultant (Lawyers)	State legal experts are needed to develop a compliant information-sharing framework, typically including one attorney specializing in HIPAA/42 CFR Part 2 and another in state social services laws. Both must support the collaborative model to help identify legally sound pathways for information sharing.	2 Contracted for scope of work.	Depends on geographic region, year, and experience of candidate.
Peer Support	Support participants, enhance engagement in services, and strengthen coordination between clinical and community partners.	.5-1.0 FTE	Depends on geographic region, year, and experience of candidate.
Partner Training and Technical Assistance	Supports cross-sector training on PSUD, trauma-informed care, confidentiality requirements, and coordinated care practices, as well as expert technical assistance to ensure fidelity, build partner capacity, and support systems-level alignment.	Contracted 3-6 trainings with 2-4 consultants/each.	Depends on # of trainings, participants, geographic region, year, and consultants contracted.

Travel/Mileage	Travel and mileage for SUN Project staff to conduct site visits, attend trainings and conferences, and participate in cross-sector meetings.	Based on staff/Team #	GSA Rate Depends on # of staff members, trainings, geographic region, year, and in-person events.
Supplies/ Equipment	Covers office supplies, technology, printing, and meeting materials needed to support SUN Project operations for one year.	Based on staff/Team #	Depends on # of staff members, trainings, geographic region, year.
Information Technology	Supports software, secure communication tools, and technical support required for SUN Project operations. Additional funds may be needed for consultation on the unique IT needs to keep protected health information confidential.	Based on staff/Team #	In-Kind or Budgeted Depends on whether provided in-kind, # of staff members, geographic region, year.
Systems-Level & Collaboration Work	Funds support the SUN Project's systems-level work, including advocacy activities, multi-agency collaboration, stigma-reduction and public awareness campaigns, and marketing or media efforts. These larger, time-intensive strategies are central to shifting community mindsets, improving practice alignment, and advancing policy changes that sustain the model.	Based on available funds and community size.	Depends on geographic region, year, systemic barriers encountered, strategies recommended, and partner support.
Family Support	Provides limited direct support to families to reduce barriers and promote engagement in care and opportunities for including those with experience in program implementation.	Based on # of families served	Depends on geographic region, year, systemic barriers encountered, strategies recommended, and partner support.
Indirect	Covers administrative costs including finance, HR, insurance, accounting, & audit services	10-20% or current contracted rate	In-Kind or Budgeted. Depends on whether in-kind and agency standard rates.

	needed to ensure program compliance.		
		Total Amount:	$ Varies

LESSONS LEARNED

1. Establishing and Sustaining Cross-Sector Partnerships
Building authentic, functional partnerships across sectors requires significant time, effort, and trust-building. Each partner organization serves a broader population beyond individuals with SUD, and staff must allocate additional time to support SUN participants, whose needs often require deeper engagement and more coordination than standard cases. As a result, partners must plan for their involvement in SUN within their larger organizational budgets and staffing structures.

Despite these challenges, the SUN Project emerged in direct response to community needs and has filled a critical gap in perinatal care, cross-sector coordination, and social support for pregnant and postpartum women with SUD. The model has strengthened families affected by SUD and created infrastructure that is scalable across counties and states.

2. Expanding Regional Impact Through Collaboration
We learned that our impact increased significantly when we collaborated beyond our initial geographic area. Participating in statewide initiatives, such as the North Carolina Perinatal Substance Use Disorder Network, enabled coordination with other communities, facilitated information-sharing, and strengthened best practices for PSUD care statewide.

3. Navigating Confidentiality and Information-Sharing Laws
One of the most complex challenges was navigating multiple layers of confidentiality regulations across sectors. Partners operated under HIPAA, 42 CFR Part 2, and state mental health, child welfare, disability, and social services laws. These requirements initially created significant barriers to coordinated care.

To address this, we developed a robust legal infrastructure including MOUs, patient authorization forms, and other legal tools that protected confidentiality while enabling necessary information-sharing. These tools also enhanced participant autonomy by allowing individuals to consent to cross-sector coordination.

4. Aligning Organizational Cultures and Roles
Partners brought different organizational cultures, priorities, and levels of readiness. Establishing shared goals required extensive trust-building, clear role definition, and consistent governance meetings. Staff capacity was also strained, as SUN participants often require more intensive support. We addressed this by integrating peer support specialists and investing in trauma-informed training to improve capacity and reduce burnout.

5. Addressing Resource Gaps for Families
Meeting families' needs related to transportation, housing, and employment was an ongoing challenge. Strengthening partnerships with social services and leveraging community resources helped reduce barriers when possible, though gaps persist.

Key Lessons Learned Across Counties:

- **Prioritize relationships with judicial and child welfare legal partners.**
  Early engagement with district court judges and DSS attorneys is essential for navigating legal requirements and supporting coordinated care.
- **Allow counties to identify their own trusted partners.**
  Local ownership improves engagement and ensures that cross-sector care coordination networks reflect community realities.
- **Recognize and adapt to rural challenges.**
  Rural communities require additional flexibility due to limited resources, staffing constraints, and transportation barriers.
- **Build foundational infrastructure first but understand it is only the beginning.**
  Legal tools, governance structures, and processes must be established before deeper work, such as integrating experienced voices and building cross-sector trust, can occur.
- **Intentionally invest in trust-building.**
  Historically siloed systems require deliberate activities to build trust, especially when sharing protected information for the first time.
- **Clarify decision-making authority within care coordination groups.**
  Counties must determine who has final decision-making power, particularly when deciding whether to involve child welfare or file a report.
- **Maintain transparency regarding child welfare reports.**
  Open communication about when reports are made based on information shared in the group is essential to preserving partner trust.
- **Ensure a designated, funded entity leads systems-level work.**
  Partner agencies, especially clinical providers, do not have capacity to take on coordination and systems alignment without dedicated funding. A funded coordinating entity is essential for long-term sustainability and impact.

NEXT STEPS

1. Expand Services Beyond the One-Year Postpartum Period
The SUN Project plans to expand eligibility to include participants beyond the first year postpartum and to serve family members—such as partners, parents, and others—who are also impacted by substance use disorders. This expansion responds to consistent participant feedback and aligns with the supportive recovery model, which emphasizes improved outcomes when an individual's family or household also has access to evidence-based treatment. SUN will extend its care coordination and systems-level work to these additional populations receiving care at the PSUD clinic.

2. Support Neighboring Counties Without Local PSUD Clinics
To increase regional access, the SUN Project is developing approaches to assist counties without their own PSUD clinics. Current strategies include piloting a home visitation model and exploring a mobile PSUD clinical unit to bring treatment to rural or underserved areas. These efforts aim to provide access to evidence-based PSUD care and extend SUN's care-coordination model across a broader geography.

3. Expand Research and Evaluation Capacity
SUN plans to broaden its research agenda beyond out-of-home placement data to include child maltreatment indicators, family well-being outcomes, and longer-term follow-up. This expanded evaluation work will depend on additional funding and will strengthen understanding of the model's impact across counties and over time.

4. Grow Workforce Capacity Through the PSUD ECHO Program
SUN has launched its first PSUD ECHO provider training series to expand the regional workforce capable of delivering evidence-based perinatal SUD care. This initiative aims to train additional clinicians, increase access to high-quality treatment, and support broader implementation of the SUN model across communities.

RESOURCES PROVIDED

- SUDA Institute Website
- Publications
  - *Frontiers in Public Health* article: A credibility-driven evaluation of a community-based perinatal substance use disorder collaborative care model
- Blog posts & Podcasts
  - Health Law Bulletin #93: Creating Release of Information Forms for Use by Multidisciplinary Teams: Disclosure of Health, Mental Health, Social Services, and Substance Use Disorder Information with Client Consent
  - AHC Cabarrus Opioid Provider Education Podcast Series
  - Podcast: Elected Ed: Season 1, Episode 11: Pregnant with a Substance Use Disorder: Cabarrus County Treatment Collaboration
- Legislation The Suda Institute introduces to reduce barriers
- ncIMPACT episode: NC's Opioid Crisis
- News articles:
  - Collaborative care improves outcomes for those who are pregnant and addicted
  - NC addiction treatment programs partner to reduce maternal deaths from substance use

Please contact the SUDA Institute at info@sudainstitute.org if you are interested in any additional resources.

APPENDIX

Appendix 1. SUN Project Visual Graphic

Appendix 2. SUN Project Logic Model_ 12-2025.