



“ I walked up to the casket so I can truly see.
I take a moment to stare inside, but I was staring down at me.”
As told by Jeremy Wilder to Sam Quinones, *DREAMLAND*

Opioid Use Disorders

HMS can help rural communities
combat this devastating epidemic.

Needs
Assessment

Planning

Program
Development

Monitoring

Evaluating

Funding

Interim
Network
Management

Community Impact

The opioid use and abuse problem has taken a tremendous toll on individuals, families and the community-at-large. The social consequences are profound with loss of employment, individual productivity, self-esteem and in many cases loss of life. The promise of the relief of physical pain through new legal synthetic miracle drugs in the 1990s has had several highly detrimental consequences. Some have contributed to the exponential increase in opioid abuse and related deaths in many parts of the nation. Old stereotypes of downtrodden, down and out drug abusers no longer apply. The opioid abuser profile has been expanded to include family members, friends and neighbors who have graduated to opioid abuse and heroin through medical channels for needed pain relief, in addition to psychological or recreational reasons.

WHAT REALISTICALLY CAN BE DONE?

The complexity of the problem itself is a roadmap for effective integrated and coordinated care. It requires active participation of many sectors of the community in the prevention, treatment and recovery process.

The blending together of community-based recovery concepts and treatment, along with traditional clinical interventions and innovations, seems particularly significant. Connectivity between providers and clients, their friends and families is critical.

WHO IS HMS ASSOCIATES AND THEIR RURAL CLIENTELE?

HMS Associates founded in 1990 by Gregory Bonk in suburban Buffalo, NY has been working with multi-sector programs for the past twenty years in rural and underserved communities in 24 states throughout the nation.

RURAL CLIENTELE

- ALCOHOL AND SUBSTANCE ABUSE COUNSELING CENTERS
- COMMUNITY BASED ORGANIZATIONS
- COMMUNITY MENTAL HEALTH CENTERS
- COURTS AND JUDICIARY
- CRITICAL ACCESS HOSPITALS
- FAITH BASED ORGANIZATIONS
- FEDERALLY QUALIFIED HEALTH CENTERS
- GOVERNMENTAL AGENCIES
- PUBLIC HEALTH AND BEHAVIORAL HEALTH AGENCIES
- POPULATION HEALTH AND PREVENTION PROGRAMS
- RURAL HEALTH CLINICS
- RURAL HOSPITALS
- RURAL HEALTH ALLIANCES AND NETWORKS
- SOCIAL SERVICES

HMS ASSOCIATES BEHAVIORAL HEALTH PROFESSIONALS EXPERIENCED IN MULTI-SECTOR SERVICE SYSTEM DEVELOPMENT

HMS Associates has a cadre of behavioral health professionals who have both clinical and administrative skills that facilitate effective communication with multi-sector consortia. The HMS team recognizes that all sectors are committed to improving the overall well being of clients, patients and their families.

Each sector concentrates on different aspects of the client's life. Likewise, each sector has its own philosophy of care or intervention that in turn influences its views of the efficacy of other sectors of care. For example, key clinical distinctions between health and behavioral health are:

- “External” treatments such as surgery versus the “internal” treatment by the client/provider relationship itself
- Saved lives versus meaningful saved lives
- Management of, versus recovery from, chronic disease

The success of multi-sector responses is linked in part to clear objectives for each sector which recognize these distinctions and complement rather than underestimate their relative importance.

Members of the HMS team have lead community mental health centers, social services agencies, hospitals, community organizations and programs operated by local and state government. They are all versed in these distinctions and communicate effectively on the need for coordinated interventions across the full spectrum of care.

SELECTED PUBLICATIONS

Adjudicated Claims Mental Disability Medicaid Managed Care Analysis, 1996, see:
askhms.com/Askhms/Mental.html

Principles of Rural Health Network Development and Management, 2000
AcademyHealth/Robert Wood Johnson Foundation, see:
www.networktools.nchn.org/uploads/2/7/8/5/27858331/principle_of_rural_health_network_development_and_management.pdf

A Manual on Effective Collaboration Between Critical Access Hospitals and Federally Qualified Health Centers, HRSA/FORHP, 2010, Contract Number: HSH250200826185P, see:
www.hrsa.gov/sites/default/files/ruralhealth/pdf/qhcmmanual042010.pdf. **Undergoing revision 2018 with University of Chicago.**

YOUR RCORP NINE-MONTH GRANT

It's technically a twelve month grant but you really have **9 months** to complete most of your workplan. The next round of grant applications for three years of implementation funding will probably be due in early **August 2019**. Your plans need to be complete by **July 1, 2019** to give you ample time to prepare a successful implementation grant application.

Requirement #1 – Strengthening the Consortium
If you are in a formative stage of consortium development, you need to finalize your staff resources, technical capacities and consortium membership by the end of **November 2018**.

Requirement #2 – Gaps/Needs Analysis
The needs or gap analyses must be completed within five months. The prioritization selection process and selection of implementation plan objectives needs to be completed by the end of **February 2019**.

Requirements #3, 4 and 5 – Strategic, Workforce and Sustainability Plans

This leaves four months or until **July 1, 2019** to develop meaningful, realistic collaborative consortium adopted plans, the basis of your application for implementation funding.

This is doable, but especially challenging if you have a multi-county service area. Keep in mind that plans require extensive participation of member agency staff as well as CEOs.

RCORP Technical Assistance Provider

As you know, technical assistance is expected to be available at no charge to all grantees through a national program.

Why consider HMS?

We provide you with advice and tools but also, under the guidance of your consortium, prepare MOUs, conduct gaps analyses and develop plans. These are HMS' core services.

This frees up the majority of your grant resources to maintain critical day-to-day communications and support current and future collaborative actions. Effective communications are so essential for maintaining and building trust, which is the source of consortium growth and success.

HOW CAN HMS HELP?

HMS Associates has assessed needs and helped to define priorities and plans, emphasizing specific roles of participating agencies and most importantly, the expected benefits to the community served and participating providers. HMS has worked extensively with alliances or networks of different sizes and compositions at local, regional, state and national levels.

As a truly neutral independent facilitator of assessments, planning, program development and evaluation processes, HMS Associates will be of considerable value to you. HMS excels at understanding network dynamics, factors that motivate high levels of engagement by different types of organizations and charting and demonstrating benefits to partners and the community they serve. ***HMS Associates has worked with state and federal grantees and assisted them in obtaining multi-year services development grants based on those planning or evaluation efforts.***

HMS Associates primarily serves rural and underserved communities and health and behavioral health services providers. We have worked directly with multi-sector alliances in 24 states and for the Federal Office of Rural Health Policy. We have prepared three nationally recognized publications on multi-sector collaboration in rural communities. We understand the challenges rural providers and communities face implementing their own programs and developing effective relationships with local and regional partners.

HMS Associates Expertise Critical for Rural Communities

MANAGEMENT

- Assessing need
- Identifying priorities
- Developing plans
 - o Strategic
 - o Workforce
 - o Sustainability
- Monitoring plan implementation
- Evaluation
- Interim project management
 - o Staff support
 - o Network MOUs, By-laws and Operational Procedures
- Securing grant funding for service development

PROGRAM DEVELOPMENT

- Prevention Programs: Schools, Businesses and Faith-based Organizations
- Outpatient Treatment: Individual, Group and Medication Assisted Treatment (MAT)
- Peer Based Recovery Programs
- Youth and Drug Courts
- Crisis Services: Hospital EDs, Hotlines and Outreach Capacities
- Local, County, State and Governmental Relations
- Linkages with other service system components



GUIDING PRINCIPLES

The blending together of community-based recovery concepts and treatment, along with traditional and innovative clinical interventions, seems particularly significant. Connectivity is clearly noteworthy and vital both between programs and the clients, their friends and families.

One thing is clear about the opioid use disorder challenge: there is no magic bullet and networks of local services providers and community-based organizations must focus exclusively on the services they best provide and be linked effectively with regional partners. HMS is interested in helping you and your partners accomplish that broad goal.

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