

## **Holistic Health Recovery Program Implementation Plan**

Holistic Health Recovery Program (formerly Holistic Harm Reduction Program) is a 12-session, manual-guided, group-level program for HIV-positive and HIV negative injection drug users. The primary goals of HHRP+ are harm reduction, health promotion, and improved quality of life. More specific goals are abstinence from illicit drug use or from sexual risk behaviors; reduced drug use; reduced risk for HIV transmission; and improved medical, psychological, and social functioning. HHRP+ is based on the Information-Motivation-Behavioral Skills (IMB) model of HIV prevention behavioral change. According to this model, there are three steps to changing behavior: Providing HIV prevention information, motivation to engage in HIV prevention and opportunities to practice behavior skills for HIV prevention.

HHRP takes a harm reduction approach to behavior change in which abstinence from drug use or sexual risk-taking behavior is one goal along a continuum of risk-reduction strategies. Clients are not assumed to be abstinent from either drug use or sexual risk behaviors. Risk behaviors are viewed as being sustained by hopelessness in the face of a life-threatening illness, high levels of stress, psychiatric disorders, and medical and social problems. In addition, the ability to acquire and retain the skills needed for change may be impeded by the impact of HIV status and/or drug-related cognitive deficits. The HHRP intervention allows clients to meet their own harm-reduction goals by presenting materials in a way to minimize the effects of cognitive difficulties, and providing clients with an empathic, directive, non-confrontational setting where structure and consistency are emphasized.

**CORE ELEMENTS:** "Core elements are those components that are critical features of an intervention's intent and design and that are thought to be responsible for its effectiveness and that consequently must be maintained without alteration to ensure program effectiveness. Core elements are derived from the behavioral theory upon which the intervention or strategy is based. They are essential to the implementation of the program and cannot be ignored, added to, or changed. Holistic Health Recovery Program has 8 core elements."

## **Core Elements of HHRP**

- \*TEACHES SKILLS TO REDUCE HARM OF INJECTION DRUG USE AND UNPROTECTED SEXUAL ACTIVITIES.
- \* TEACHES NEGOTIATION SKILLS TO REDUCE UNSAFE SEXUAL BEHAVIORS WITH SEXUAL PARTNERS AND TEACHES SKILLS TO HEAL SOCIAL RELATIONSHIPS.
- \* TEACHES DECISION MAKING AND PROBLEM SOLVING SKILLS USING COGNITIVE REMEDIATION STRATEGIES.
- \* TEACHES GOAL SETTING SKILLS INCLUDING DEVELOPING ACTION PLANS TO ACHIEVE GOALS.
- \* TEACHES SKILLS TO MANAGE STRESS, INCLUDING RELAXATION EXERCISES AND UNDERSTANDING WHAT ASPECTS OF THE STRESSFUL SITUATION CAN, AND CANNOT, BE CONTROLLED.
- \* TEACHES SKILLS TO IMPROVE HEALTH, HEALTH CARE PARTICIPATION, AND ADHERENCE TO MEDICAL TREATMENTS.
- \* TEACHES SKILLS TO INCREASE CLIENTS' ACCESS TO THEIR OWN SELF-DEFINED SPIRITUAL BELIEFS, IN ORDER TO INCREASE MOTIVATION TO ENGAGE IN HARM REDUCTION BEHAVIORS.
- \* TEACHES SKILLS TO INCREASE AWARENESS OF HOW DIFFERENT SENSES OF SELF CAN AFFECT SELF-EFFICACY AND HOPELESSNESS.

## **Key Characteristics of HHRP**

**Key Characteristics:** are activities and delivery methods for conducting an intervention that, while considered of great value to the intervention, can be altered without changing the outcome of the intervention. These activities can be adapted and tailored for different agencies and at-risk populations.

\*Group size: 3-15: HHRP<sup>+</sup> is delivered only in a group modality.

\*Facilitator Characteristics: HHRP<sup>+</sup> groups are co-facilitated by 2 substance abuse counselors, at least one of whom should be a masters' level clinician with experience. A male/female team is recommended.

\*Group Structure & Duration: There are several ways that HHRP<sup>+</sup> can be implemented.

- 1 two-hour session for 12 weeks (e.g. 9:30-11:30 every Wed.)
- 2 weekly one-hour sessions for 12 weeks (e.g. 9:30-10:30 every Tues. & Thurs.)
- 1 two-hour session alternating with discussion groups weekly for 24 weeks e.g., (Week 1- Group 1-Wed 9:30-11:30/Week 2- Group 1 DISCUSSION Wed 9:30-11:30)

\*Enrollment: There are two enrollment options available to agencies. There are pros and cons to each. Each organization will decide which it is best from it to utilize:

- **Open-enrollment**: New clients start in any week (this option can be used only if HHRP+ program is offered on an ongoing basis).
- **Cohort enrollment**: Clients start together and proceed through all 12 groups as a group.
- If using the cohort recruitment method, it is recommended that you start with at least 12 clients to allow for attrition.

\*Threshold for Discontinuation: Membership in HHRP<sup>+</sup> takes commitment. HHRP<sup>+</sup> members are to attend all group and individual sessions without fail. Member are to be discontinued (and are to start over, if they indicate that they want to participate) if 6 sessions are missed.

\*Eligibility requirements: The standard eligibility criteria are as follows:

Clients must be:

- HIV-positive
- have recently used (within the last 30 days) or are actively using drugs
- either in drug treatment or have expressed a desire to enter drug treatment.

However, eligibility requirements may be adapted or tailored to be made more appropriate for other populations, such as HIV negative drug users or users of unknown serostatus.

\*Power Point Slide Images: HHRP<sup>+</sup> slides are meant to be 1.) Visually engaging, 2.) gender neutral, and 3.) race/ethnic neutral.

\*Video Segments: The presentation of information through HHRP<sup>+</sup> video segments are meant to teach skills and enhance the learning process.

\*Experiential Activities (Games, exercises, & role-plays): Experiential activities provide a non-threatening context in which members of HHRP<sup>+</sup> can, practice skills. Immediate feedback during games, role plays, and exercises can reinforce appropriate behavior and increase self-esteem and self-confidence.

### **Agency Requirements**

**Requirements:** are aspects of the intervention that must be in place for the program to be effectively and safely implemented.

- Provide Individual Sessions (Orientation & Closing)
- Provide and adhere to all 12 of the Manual Guided Group Sessions of HHRP<sup>+</sup>
- Maintain a Program Manager/Director
- Maintain an Administrative Manager/Interviewer
- Maintain two group facilitators
- Agency must have preexisting counseling and referral capabilities
- Access to audio-visual equipment
- Maintain a private and secure space to conduct intervention sessions

## Overview of Implementation Plan

**Program Planning:** Agency/Organization must have infrastructural capacity, qualified staff and training to implement HHRP and coordinate services for injection drug users. Adapt and tailor HHRP with established methods tested for scientific rigor. House an advisory board to provide program oversight.

**Program Implementation:** Outreach and recruitment of injection drug users. Screen injection drug users for readiness to complete the program. If potential participants are not on a methadone maintenance program, they may not be ready for HHRP. Assessments should be made during the client intake process. Establish program scheduling. Conduct sessions 1-12 with recruited injection drug users and make referrals to medical and psychological therapy when necessary. Ensure fidelity of the intervention's core elements using quality control procedures with fidelity check list.

**Program Monitoring/Evaluation:** Establish data collection and analysis system. Administer pre and post assessments. Maintain evaluation data base, analyze data and produce reports. Coordinate and administer Program Evaluation Monitoring System (PEMS) Tools. Coordinate PEMS data system and transfer data to CDC.

### Program planning (structural requirements)

| Task   | Timeline                                | Person(s) Responsible  |
|--|---|--|
| <p><b>Assess agency capacity for implementing HHRP</b><br/> <b>Agency must:</b></p> <ul style="list-style-type: none"> <li>• have experience working with injection drug users</li> <li>• have access to injection drug users</li> <li>• have adequate space to conduct the intervention</li> <li>• have required equipment (VCR, TV)</li> <li>• have time allocated for 12 required sessions</li> </ul> | <p><b>1 year Pre-Implementation</b></p> | <p><b>Agency/organization planning to implement HHRP</b></p> |
| <p><b>Establish Infrastructural Support</b></p> <ul style="list-style-type: none"> <li>• form a diverse community advisory board/ stakeholders</li> <li>• develop budget and support mechanisms</li> </ul>   | <p><b>1 year Pre-Implementation</b></p> | <p><b>Agency/organization planning to implement HHRP</b></p> |

|   |                                    |   |
|---|------------------------------------|---|
| <ul style="list-style-type: none"> <li>• develop plan to prepare for staff attrition</li> <li>• identify relevant social services for referrals</li> </ul>  |                                    |   |
| <b>Identify Qualified Facilitators, Develop Job Descriptions and Recruit Qualified Facilitators must:</b> <ul style="list-style-type: none"> <li>• Understand basic behavioral science concepts and theories of behavior change (IMB)</li> <li>• Be certified to conduct HHRP training</li> <li>• Have experience with injection drug user programs</li> <li>• Be thoroughly familiar with core elements</li> <li>• Have knowledge of HIV/AIDS Epidemiology and Prevention</li> </ul> | <b>9 months Pre-Implementation</b> | <b>Agency/organization planning to implement HHRP</b> |

**Program Planning (formative foundations)**

| <b>Task</b>   | <b>Timeline</b>                    | <b>Person(s) Responsible</b>                                 |
|---|------------------------------------|--|
| <b>Train Staff</b> <ul style="list-style-type: none"> <li>• Familiarization with core elements</li> <li>• Understand program goals</li> </ul>   | <b>6 months Pre-Implementation</b> | <b>Agency Staff/Stakeholders/Advisory Board/Facilitators</b> |
| <b>Develop adaptation and tailoring methodology</b> <ul style="list-style-type: none"> <li>• Identify key concerns with stakeholders and among potential participants by collecting and analyzing data</li> <li>• Use data results to adapt HHRP for population served</li> <li>• Develop logic model and problem statement to present key concerns identified during data collection and how HHRP will be used to address the</li> </ul> | <b>6 months Pre-Implementation</b> | <b>Agency Staff/Facilitators</b>                             |

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|--|------------------------------------|---|
| concerns <ul style="list-style-type: none"> <li>• Produce implementation tools</li> </ul>  |                                    |   |
| <b>Develop Evaluation Framework</b> <ul style="list-style-type: none"> <li>• Seek technical assistance for development of evaluation plan</li> <li>• Establish process and outcome measures and ID PEMS variables</li> <li>• Identify assessment tools</li> </ul>  | <b>6 months Pre-Implementation</b> | <b>Agency Staff/Facilitators/CDC Staff</b>      |
| <b>Develop Operational Plan</b> <ul style="list-style-type: none"> <li>• plan for recruitment and retention of participants</li> <li>• plan for scheduling sessions and activities</li> <li>• plan for advisory board meetings</li> <li>• plan for problem solving</li> <li>• plan for fidelity &amp; quality control</li> </ul> | <b>3 months Pre-Implementation</b> | <b>Agency Staff/Stakeholders/Advisory Board</b> |

### **Program Implementation**

| <b>Tasks</b>   | <b>Timeline</b>                   | <b>Person(s) Responsible</b>                                 |
|--|-----------------------------------|--|
| <b>Advertise HHRP Availability in Community</b> <ul style="list-style-type: none"> <li>• Alternative Newspapers</li> <li>• Flyers</li> <li>• Radio advertisements</li> <li>• Shelters</li> <li>• Churches</li> </ul>   | <b>1 month Pre-implementation</b> | <b>Agency Staff/Facilitators/Stakeholders/Advisory Board</b> |
| <b>Begin Outreach and Recruitment</b> <ul style="list-style-type: none"> <li>• make key contacts</li> <li>• start chain referrals (ask potential participants for referrals)</li> <li>• social mapping (chart where potential injection drug users are located)</li> <li>• screen injection drug users for readiness to start the program</li> <li>• maintain records with participants</li> </ul> | <b>1 month Pre-implementation</b> | <b>Agency Staff</b>  |

|   |                                   |   |
|---|-----------------------------------|---|
| contact information   |                                   |   |
| <b>Post Schedule (12-week cycles)</b><br><b>Make Group Assignments</b><br><b>Make contingency plans for staff sickness/emergencies</b>  | <b>2 weeks Pre-implementation</b> | <b>Agency Staff/Facilitators</b>                |
| <b>Start Program</b>  |                                   | <b>Facilitators</b>                             |
| <b>Quality Control</b> <ul style="list-style-type: none"> <li>• Conduct observation of sessions</li> <li>• Administer Fidelity check List</li> <li>• Review core elements</li> <li>• Meet with facilitators and debrief</li> <li>• Conduct focus groups with injection drug users to obtain feedback</li> </ul> | <b>During Implementation</b>      | <b>Agency Staff/Advisory Board/Stakeholders</b> |

### **Program Evaluation**

| <b>Tasks</b>   | <b>Timeline</b>                        | <b>Person(s) Responsible</b>                        |
|--|--|---|
| <b>Seek Technical Assistance for Program Evaluation (If required)</b>  | <b>6 months Pre-Implementation</b>     | <b>Agency Staff/Facilitators</b>                    |
| <b>Develop Evaluation Tools</b> <ul style="list-style-type: none"> <li>• Pre and Post assessments</li> <li>• PEMS tool</li> </ul>  | <b>6 months Pre-Implementation</b>     | <b>Agency Staff/ Technical Assistance Providers</b> |
| <b>Administer pre and post assessment</b> <ul style="list-style-type: none"> <li>• Collect completed instruments</li> <li>• Store appropriately</li> </ul>   | <b>During Implementation</b>           | <b>Agency Staff/Facilitators</b>                    |
| <b>Data Entry, Analysis, Reports</b> <ul style="list-style-type: none"> <li>• Enter data into computer system</li> <li>• Analyze data</li> <li>• Produce reports</li> <li>• Provide reports to advisory board</li> </ul> | <b>During and After Implementation</b> | <b>Agency Staff</b>                                 |
| <b>Data Review*</b>  | <b>After Implementation</b>            | <b>Agency Staff/Facilitators/Stakeholders/</b>      |

|  |  |                       |
|--|--|-----------------------|
| <ul style="list-style-type: none"> <li>• Review data reports</li> <li>• Schedule meeting to discuss results</li> <li>• Identify areas for improvement</li> <li>• Develop strategic plan to improve program</li> </ul>  |  | <b>Advisory Board</b> |
| <b>Administer PEMS tool</b> <ul style="list-style-type: none"> <li>• Collect completed instruments</li> <li>• Store appropriately</li> </ul>   | <b>During Implementation</b>           | <b>Agency staff</b>   |
| <b>Data Entry, Analysis, Reporting</b> <ul style="list-style-type: none"> <li>• Enter data into computer system</li> <li>• Conduct quality control check</li> <li>• Send data electronically to CDC</li> <li>• Produce internal data reports</li> <li>• Repeat data review process*</li> </ul> | <b>During and After Implementation</b> | <b>Agency staff</b>   |

**Program Implementation  
Program Monitoring/Evaluation**