

# CORE PRINCIPLES FOR CASE MANAGEMENT ROLE



***Law Enforcement Assisted Diversion (LEAD)** is a community-based diversion approach with the goals of improving public safety and public order, and reducing unnecessary justice system involvement of people who participate in the program. The following principles provide the case manager with the essential framework to support participants in the LEAD program.*

**A harm reduction philosophy.** Participants will be engaged where they are, physically and metaphorically; they will not be penalized or denied services if they do not achieve abstinence, engage in specific services, seek stable housing, or cease involvement in sex work. The goal is to reduce as much as possible the harm done to themselves and to the surrounding community through problematic drug activity, survival behaviors, and the dangers and barriers presented by involvement in sex work. Harm reduction relies on well-established theories of behavior change such as Maslow's hierarchy and stages of change and employs tools such as motivational interviewing. It is critical that case managers be well-versed in both theory and practice and employ them in their work.

**Participant-identified and driven.** Once the acute needs of a client have been addressed, the case manager will work with each participant to design an Individual Intervention Plan (IIP), which will form the action plan for the individual. The plan may include assistance with housing, treatment, education, job training, job placement, licensing assistance, small business counseling, child care, or other services.

**Intensive case management.** Case managers will link diverted individuals to housing, vocational and educational opportunities, treatment, mental and other health services, and community services. Participants engaged in problematic drug use require a more holistic approach to case management. They may not only need access to medication-assisted therapy and other drug treatment options; they may also need access to health and safety resources, food, housing,

legal advocacy, job training, and other services. Intensive case management provides increased support in accessing these services and assistance in many aspects of the participant's life. Individuals involved in sex work often identify needs unrelated to that involvement and more specifically related to meeting survival and economic needs currently being met through sex work. For LEAD case management to be successful it must focus on the self-identified needs and concerns of participants, not ones artificially imposed upon them.

**A non-displacement principle.** Because the objective is to increase safety and order for the community as a whole, it is unhelpful to achieve success for an individual program participant by bumping them up a wait list of scarce services at the expense of bumping another community member who needs the same services further down the list. Where existing programs have unused capacity, and where they are appropriate fits for participants' identified needs, LEAD case management staff should know about and use those resources. However, LEAD program funding (if available) should be used to purchase or access additional resources not otherwise available to this population. This includes prioritizing new housing options under a Housing First approach. Funding should be specifically allocated to housing options that do not exclude individuals on the basis of active drug use or involvement in sex work.

**Peer outreach and counseling.** There is substantial evidence that highly marginalized populations can be successfully engaged by peers whom the potential participants view as knowledgeable about their

situation. They can also be seen as credible sources about the value of a program like LEAD. Ongoing peer counseling provides support for behavioral changes that are achieved initially through investment of money and program staff time.

**Trauma-informed care perspective.** Addressing and understanding underlying psychological trauma by listening to participants and working to integrate their voices into their service delivery plan is key.

**Specially-tailored interventions to address individual and community needs.** Each drug activity “hot spot” neighborhood, congregating area, etc. have their own

unique character. Rather than attempting a one size fits all or uniform approach, community-based interventions should be specifically designed for the population in that particular neighborhood.

**Cultural competency.** This is crucial in all aspects of the program, including outreach, case management, and service provision. It is essential that programs tailored to the needs of different racial and ethnic groups, LGBTQ people, immigrants, and other key populations be made available through LEAD program funds. Funded programs should not require religious adherence or practice, or advance “reparative” therapies.