



CORE PRINCIPLES FOR CASE MANAGEMENT

A harm reduction philosophy. Participants will be engaged where they are; they will not be penalized or denied services if they do not achieve abstinence or cease involvement in the sex trades. The goal is to reduce as much as possible the harm done to themselves and to the surrounding community through problematic drug activity and the dangers and barriers presented by involvement in the sex trades.

Participant-identified and driven. Once any acute needs of clients 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. Start with Case Managers, not with service: Case managers will link diverted individuals to housing, vocational and educational opportunities, treatment, 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 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 the sex trades may identify needs unrelated to involvement, or related to meeting survival or economic needs currently met through involvement, and may

require support in meeting those needs in order to reduce any harms of involvement.

The 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 her up a wait list of scarce services, while necessarily 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 participant's identified needs, LEAD case management staff will know about and use those resources. However, LEAD program funding will be used to purchase or access additional resources that would not otherwise be available to this population, 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 use or involvement in the sex trades.

Peer outreach and counseling. There is substantial evidence that highly marginalized populations can be engaged by peers whom the potential participants view as knowledgeable about their situation and as credible reports about the value of a program. 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 client’s underlying psychological trauma by listening to clients and working to integrate their voices into their service delivery plan.

Specially-tailored interventions to address individual and community needs. Each drug activity “hot spot” has its own unique character. Rather than attempting a “one size fits all” 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.