

CORE PRINCIPLES FOR CASE MANAGEMENT ROLE



NATIONAL SUPPORT BUREAU

***Law Enforcement Assisted Diversion (LEAD SF)** is a community-based diversion approach that is designed to better meet the needs of individuals with a history of substance abuse and low-level drug trafficking offenses, improve the health and housing status of participants, reduce the recidivism rate for low-level drug and alcohol offenders, and strengthen collaboration with city and community based partners. 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 or engage in specific services. 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. Harm reduction relies on well-established theories of behavior and employs tools such as motivational interviewing.

Recovery and Wellness. Principles of recovery and wellness are based in the belief that individuals are able to overcome challenges and obstacles in their lives. According to SAMSHA it is “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” This hope is a primary focus of behavioral health services in San Francisco and is at the core of our service delivery.

Cultural competent and gender specific services. 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, self-identified gender, LGBTQ people, immigrants, and other key populations be made available through LEAD program funds.

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.

Evidence based and promising practices. Treatment interventions that have been shown to be effective are a cornerstone of case management services. All treatment providers in San Francisco are required to use treatments that are clinically indicated for the individual they are working with and have been demonstrated to improve outcomes. Examples of these services include: Seeking Safety, Dialectical Behavioral Therapy, Cognitive Behavioral Therapy, Assertive Community Treatment, Harm Reduction, Wellness Recovery Action Plan, and Thinking for a Change.

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.

Peer outreach and counseling. There is substantial evidence that highly marginalized populations, particularly those who struggle with substance use, can be successfully engaged by peers whom the



LEAD SF

potential participants view as knowledgeable about their situation. Ongoing peer counseling is an integrated component of behavioral health services in San Francisco and will be a valuable aspect of LEAD-SF.

Individualized Intervention Plan. Case managers will work with each participant to develop a plan to address the unique needs of each individual. This may include: enrollment in public benefits, linkage to substance use disorder treatment, linkage to mental health services, and support with employment services. Case management provides increased support in accessing these services and assistance in many

aspects of the participant’s life and in order to be successful must focus on the self-identified needs and concerns of participants, not ones artificially imposed upon them.

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.

This document has been branded specifically for the LEAD SF project. The content was developed by the LEAD National Support Bureau.

