Program Name: Knoxville Early Diversion Program (KEDP)

Grant Applicant: Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)

Project Director: Ellen Abbott, Director of Criminal Justice Programs, TDMHSAS
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Implementing Agency: Helen Ross McNabb Center

Service Area: Knoxville

CMHS Project Officer: Roxanne Castaneda

Project Period: 9/30/13 - 9/30/16

FY 2013 Grant Award - $966,666 over 3 years

Project Description: The Knoxville Early Diversion Program is a collaboration between the Helen Ross McNabb Center (HRMC), Knoxville Law Enforcement and Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) in coordination with community partners and stakeholders. The Knoxville Early Diversion partners will provide screening, assessment, referral, and treatment to individuals at risk of entering the criminal justice system. The diversion team will consist of Early Diversion Liaisons and Diversion Case Managers. The liaisons will be available during high volume times to work side by side with law enforcement in the community to intervene and effectively divert individuals at police encounter. Once the “warm hand-off” occurs, the liaison will triage, assess, and identify possible treatment options for those individuals. If the individual needs further assistance in accessing resources they will be assigned to an Early Diversion Case Manager. Case Managers will work with individuals to ensure that treatment options are reviewed, referrals are made, appointments are set, and all barriers to the individual engaging in or receiving treatment are identified and addressed.

The goals of the Knoxville Early Diversion Program are: 1) divert 1,250 individuals from entering jail through early diversion liaison outreach during the 3 yr. grant cycle; 2) link individuals to community resources; 3) address current gaps in services in the Knoxville community; and 4) provide extensive case management services to 175 individuals during the full grant cycle. Early diversion will decrease the number of arrests and ultimately provide services to those individuals that can be better served within the community through behavioral health treatment than incarceration.