

FY 2025
Mandatory Outpatient Treatment (MOT)
Annual Report

Executive Summary

Mandatory Outpatient Treatment (MOT) refers to a legal obligation for a person to participate in outpatient mental health and/or substance abuse treatment. The purpose of MOT is to provide a less restrictive alternative to inpatient care for service recipients with a mental illness who require continued treatment to prevent deterioration in their mental condition and who will respond to a legal obligation to participate in outpatient treatment. The treatment itself is the same treatment as for any individual living with mental illness and/or substance use disorders, such as supervised housing, medications, psychosocial programming, and various forms of therapy.

In Fiscal Year 2025 (July 1, 2024-June 30, 2025) 20 separate providers had clients subject to MOT. Most of these providers were traditional community mental health agencies, but also included one nursing home, one private practitioner, and the Veteran's Administration.

In previous fiscal years furloughs and discharges were occasionally paused at the regional mental health institutes in response to the coronavirus pandemic. As an ongoing consequence until this year more MOT cases had ended in termination than were initiated. In FY 25 the trend changed with 27 new MOT cases being initiated and 18 terminated. At year's end (June 30, 2025) there were a total of 271 MOT cases across the state of Tennessee.

The individuals constituting new MOT cases were predominately individuals who had been found Not Guilty by Reason of Insanity, committed to a Regional Mental Health Institute, and then discharged to the community with an MOT obligation or individuals charged with a criminal offense who were found to be unrestorably incompetent to stand trial after being committed to a Regional Mental Health Institution and then discharged to the community with an MOT obligation after their charges were retired. Individuals who were committed to a Regional Mental Health Institute under Title 33, Chapter 6, Part 5 for treatment who had not been charged with a criminal offense were also subject to release on MOT at discharge.

Many (13 of 18) of the individuals whose MOT obligation were terminated during FY 25 had their MOT terminated because they no longer required the legal obligation or whose circumstances changed so that it no longer applied. Two individuals who were on MOT died during the fiscal year. Two individuals had their MOT terminated following a court hearing. One was no longer found to need MOT following a hospitalization and was discharged by the hospital without MOT.

Of the 13 individuals whose MOT was terminated by their MOT agency, eight were terminated because they were compliant and no longer felt to need MOT. Three consumers could not be located after lengthy searches, so the MOT agency closed their cases. Two individuals entered a long-term rehab setting due to poor physical health.

The shortest length of time on MOT for those whose MOT was terminated during FY 25 was less than one month (this individual was terminated due to death). The next shortest length of time on MOT was six months when the consumer's MOT was terminated during a court hearing. The longest length of time on MOT was over 31 years.

Effective 7/1/2024 "Jillian's Law" (Public Chapter 784) took effect. Titles § 33 and § 52 were amended to establish a rebuttable presumption that a person meets the standard for emergency or non-emergency judicial commitment to a hospital or treatment resource if the person was charged with a felony or Class A misdemeanor and found by the court to be incompetent to stand trial for the offense due to mental illness (Title 33) or intellectual disability (Title 52). These individuals who were adjudicated incompetent to stand trial on or after July 1, 2024, remain hospitalized until they are restored to competency, or if they cannot be restored to competency, they can only be discharged when the court with criminal jurisdiction approves a mandatory outpatient treatment plan that accounts for the safety of the community. In FY 25 one individual was discharged on MOT under the auspices of Jillian's Law.

MOT cases are logged and tracked by the MOT Coordinator in the Office of Forensic and Juvenile Court Services of the Tennessee Department of Mental Health and Substance Abuse Services. The following is a detailed report of MOT activity during FY 25.

FY 2025 Mandatory Outpatient Treatment (MOT) Annual Report

Debbie Wynn, LCSW, MOT Coordinator

Mandatory Outpatient Treatment (MOT) refers to a legal obligation for a person to participate in outpatient treatment. The purpose of MOT is to provide a less restrictive alternative to inpatient care for service recipients with a mental illness who require continued treatment to prevent deterioration in their mental condition and who will respond to a legal obligation to participate in outpatient treatment. There are three main types of MOT in Tennessee law, one in Title 33, Chapter 6, Part 6 (the requirements for which are defined in T.C.A. § 33-6-602), one in T.C.A. § 33-7-303(b), and one in T.C.A. § 33-7-303(g).

Effective 7/1/2024 “Jillian’s Law” (Public Chapter 784) took effect. Titles § 33 and § 52 were amended to establish a rebuttable presumption that a person meets the standard for emergency or non-emergency judicial commitment to a hospital or treatment resource if the person was charged with a felony or Class A misdemeanor and found by the court to be incompetent to stand trial for the offense due to mental illness (Title 33) or intellectual disability (Title 52). These individuals who were adjudicated incompetent to stand trial on or after July 1, 2024, remain hospitalized until they are restored to competency, or if they cannot be restored to competency, they can only be discharged when the court with criminal jurisdiction approves a mandatory outpatient treatment plan that accounts for the safety of the community. As of 6/1/2025 one individual had been discharged from an RMHI with MOT under Jillian’s Law.

Differences are summarized in Table 1, below:

Table 1: Three Types of MOT

| T.C.A. § 33-6-602 | T.C.A. § 33-7-303(b) | T.C.A. § 33-7-303(g) |
|--|---|---|
| Starts in the hospital for those committed under Title 33, Chapter 6, Part 5 | Starts in the community for NGRI acquittees after evaluation under T.C.A. § 33-7-303(a) | Is required for service recipients found not guilty by reason of insanity of murder or a class A felony under Title 39, Chapter 13 whether released after evaluation under 33-7-303(a) or after commitment under 33-7-303(c). |
| Expires six months after release or previous renewal unless renewed | Does not expire | Does not expire: Need for continued treatment reviewed by court after an initial six-month mandatory period, thereafter the court reviews annually |
| Can be modified or terminated by provider | Can only be terminated by the court | Can only be terminated by the court |
| A court finding of non-compliance can result in re-hospitalization | Does not allow for hospitalization, may result in civil or criminal contempt | Allows for hospitalization for those who had been judicially committed, or may result in civil or criminal contempt |

**Table 2: Total MOTs
On June 30, 2025**

| Type of MOT | Active MOTs | Suspended MOTs Due to Hospitalization | Total MOTs |
|--------------------------|--------------------|--|-------------------|
| 303b | 66 | 5 | 71 |
| 303g | 10 | 0 | 10 |
| 602 | 177 | 13 | 190 |
| Both 303b and 602 | 3 | 0 | 3 |
| Totals | 253 | 18 | 271 |

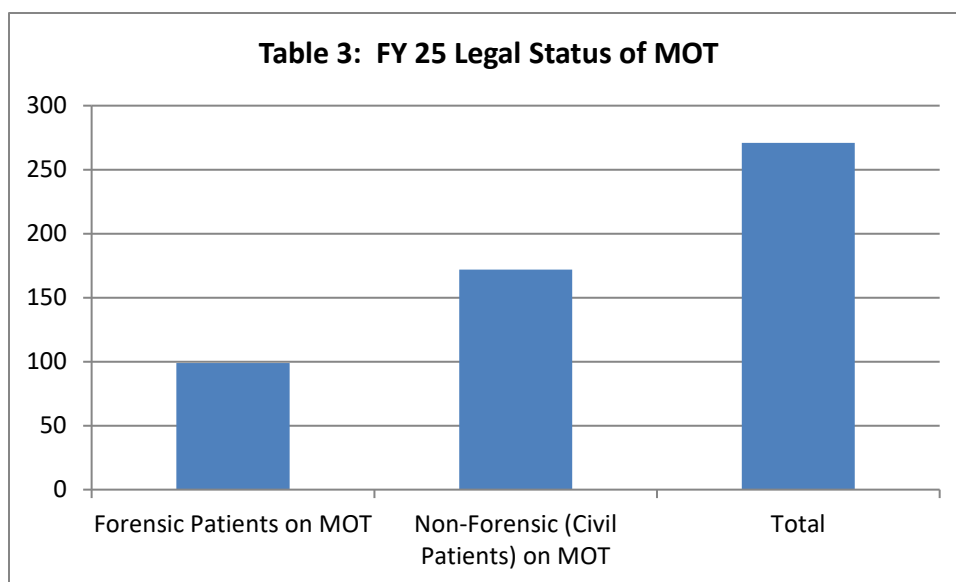
Table 2, above, shows that on June 30, 2025, 7% of patients on MOT had their MOT suspended because they were hospitalized due to either non-compliance with their MOT contract or long-term emergency hospitalization despite being compliant with their MOT plan.

The majority of the 271 total MOTs originated in Shelby County courts which oversee a total of 132 MOTs (a large number but a significant reduction from 190 in FY 21, 160 in FY 22, 146 in FY 23, and 138 in FY 24). Fifty-one MOTs originated in Davidson County, 12 in Hamilton, 11 in Knox and nine in Madison. Six originated in Hardeman County. Five originated in Henderson County. Three originated in Lewis and Rutherford counties. Seven counties (Anderson, Hickman, Lauderdale, Robertson, Sumner, Tipton, and Williamson) have two MOTs each. Twenty-five counties have only one MOT (Bedford, Blount, Bradley, Campbell, Coffee, Crockett, Cumberland, Dyer, Fayette, Gibson, Grundy, Hawkins, Marion, Maury, McMinn, Monroe, Obion, Overton, Rhea, Roane, Scott, Sullivan, Unicoi, Union, and Warren).

In the following charts in this report, the three individuals who have a MOT under both T.C.A. § 33-6-602 and T.C.A. § 33-7-303(b) will be counted under T.C.A. § 33-6-602 as they are eligible for re-hospitalization under T.C.A. § 33-6-602 if they become non-compliant with their MOT contract.

Non-forensic patients who are judicially committed to a hospital for involuntary care under Title 33, Chapter 6, Part 5, Tenn. Code Annotated may be released on MOT when eligible for discharge if they meet the criteria for MOT under T.C.A. § 33-6-602. Forensic patients may be released on MOT if they are committed under T.C.A. § 33-7-301(b) or §33-7-303(c) and meet the criteria for MOT under T.C.A. § 33-6-602 just like non-forensic patients. Forensic patients may be placed on MOT in the community under T.C.A. § 33-7-303(b) or (g) if the consumer is adjudicated not guilty by reason of insanity, does not meet commitment standards under Title 33, Chapter 6, Part 5, Tenn. Code Ann., and meets the criteria for MOT.

In FY 25 there were 99 forensic patients on MOT and 172 non-forensic patients on MOT. Many of the non-forensic patients released on MOT were originally forensic cases in the RMHs under 33-7-301(b) as incompetent to stand trial but had their charges retired prior to discharge.



New MOT Cases

In FY 2025, 27 new MOT cases were initiated. Of these cases, 25 were initiated under TCA § 33-6-602, two under TCA § 33-7-303(g), and none under TCA § 33-7-303b.

This is an increase from FY 24 when 15 new MOT cases were initiated, FY 23 in which 10 new MOT cases were initiated, FY 22 in which 17 new MOT cases were initiated, and FY 21 in which 24 new MOT cases were initiated. It is a decrease from FY 20 in which 36 new MOT cases were initiated and FY 19 in which 45 new MOT cases were initiated.

The increase in new MOTs may partially be attributed to the regional mental health institutes recovering from the period of time in which they eliminated or reduced furloughs (and therefore discharges) during the pandemic during FYs 22 and 21 and the last three months of FY 20, or because the courts suspended hearings periodically during the same period. Some RMHIs continue to report having difficulty finding willing MOT providers for patients ready for discharge.

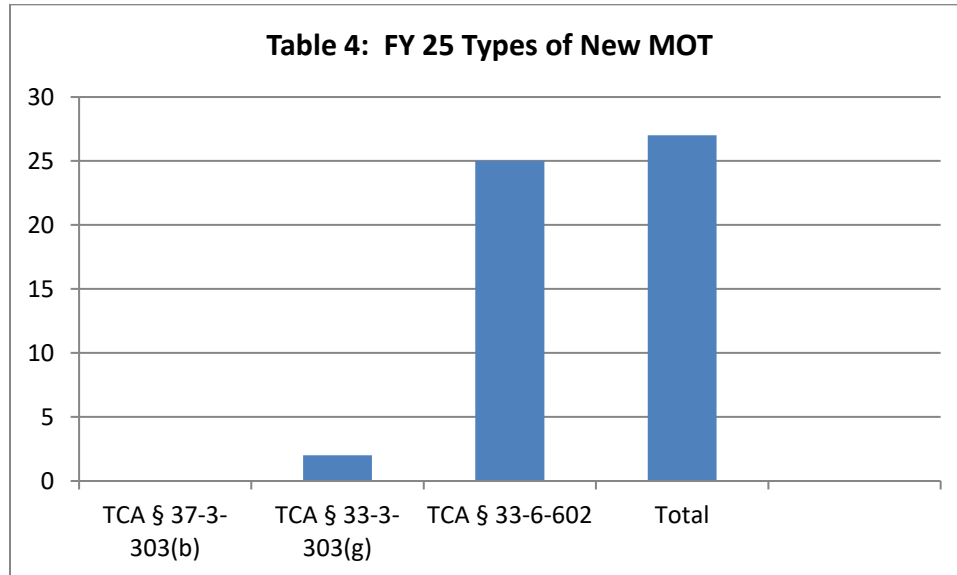
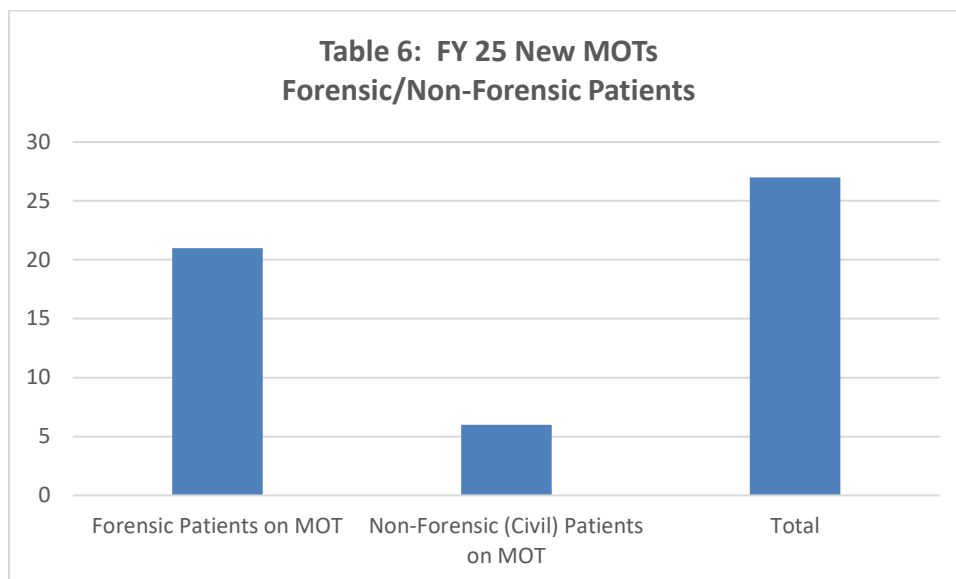


Table 5: FY 2025 Added MOTs by Month

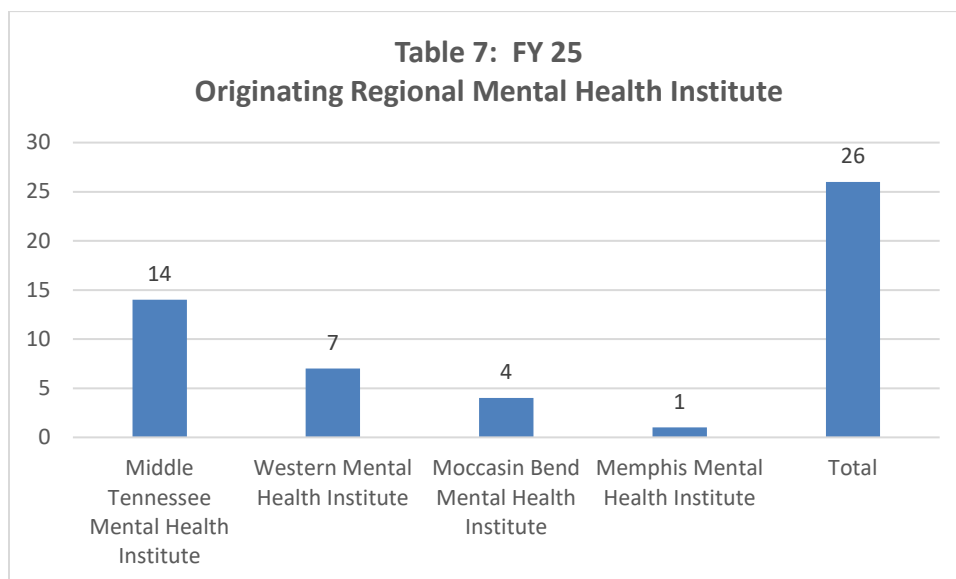
| | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | April | May | June | TOTALS |
|--------------------|------|-----|------|-----|-----|-----|-----|-----|-----|-------|-----|------|--------|
| Added Total | 1 | 2 | 3 | 5 | 2 | 3 | 0 | 1 | 3 | 2 | 2 | 3 | 27 |
| 303b | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 303g | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 2 |
| 602 | 1 | 2 | 3 | 5 | 2 | 2 | 0 | 1 | 3 | 1 | 2 | 3 | 25 |

TCA § 33-6-602 patients may have been in either forensic or non-forensic legal status, whereas all TCA § 33-7-303(b) and 303(g) MOTs are considered forensic patients having been found NGRI on a criminal offense. Six of the FY 25 new MOT cases had a non-forensic legal status and 21 had forensic legal statuses.



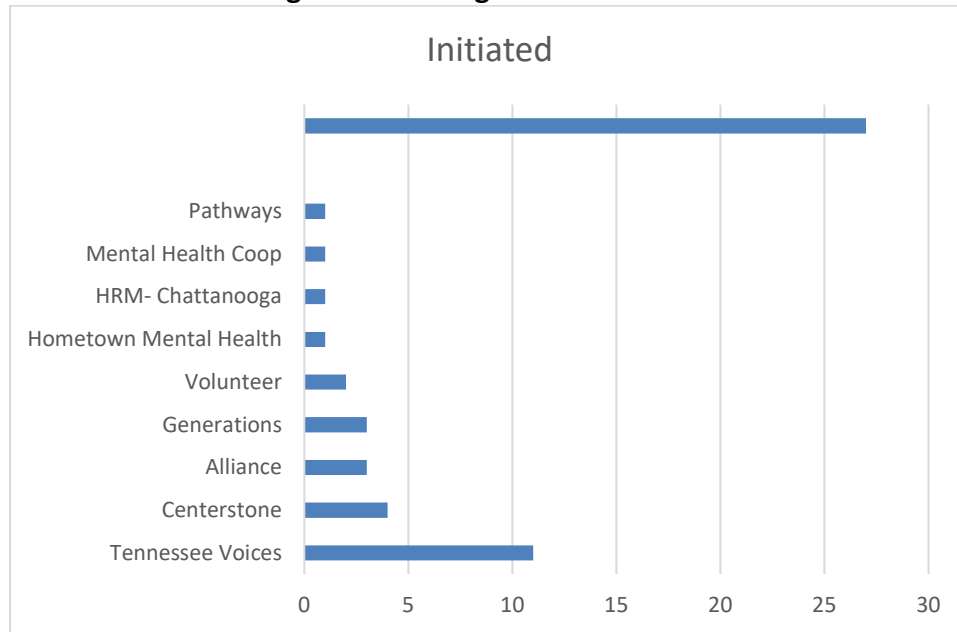
Thirteen of the 27 new MOT consumers had legal charges that originated in Davidson County. Five originated in Shelby County, and three in Hardeman County. The remaining six MOT consumers had legal charges that originated in Bedford, Campbell, Knox, Hamilton, Obion, and Unicoi counties.

Of the 25 new MOTs originating under T.C.A. § 33-6-602 and one originating in an RMHI under T.C.A. § 33-7-303(g), fourteen originated at Middle Tennessee Mental Health Institute, seven at Western Mental Health Institute, four at Moccasin Bend Mental Health Institute, and one at Memphis Mental Health Institute.



Below is a table of the mental health agencies or providers which accepted the 27 new MOT consumers.

**Table 8: FY 25
MOT Agencies Serving New MOT Consumers**



Jillian's Law

In FY 25 one individual was discharged on MOT for which Jillian's Law applied. The individual discharged from Middle Tennessee Mental Health Institute (MTMHI) and is receiving MOT services through Generations. Their discharge legal status code was 51J (Criminal Charges are Dropped after a Civil Commitment under codes 02, 02J, 02M based on either opinions provided to the court by the RMHI/Outpatient Provider or upon a ruling that the defendant cannot be restored to trial competence by the court). The MOT originated in Davidson County.

Terminations

In FY 2025, there were 18 MOT consumers whose MOT services were terminated, a reduced number from FY 24 when there were 27 MOT consumers whose MOT were terminated, 23 when there were 48 MOT consumers whose MOT services were terminated and FY 22 when 47 MOT consumers had services terminated. In FY 21 35 MOT consumers had services terminated.

Twelve of the FY 24 MOT consumers were terminated by their MOT agency and one consumer's MOT was allowed to lapse by their MOT agency. Two were terminated due to the death of the consumers. Two were terminated by court order. One consumer's MOT was terminated at the time of a hospital discharge by the regional mental health institute when their Treatment Team realized their legal status code was incorrect and the consumer did not require MOT.

There were thirteen consumers whose MOT was terminated or allowed to lapse by decision of the MOT agency's Treatment Team. Of these 13 individuals, eight of them were complying with their MOT contracts and no longer needed MOT services to remain in compliance. The agencies lost contact with three individuals following a period of non-compliance. Two individuals suffered worsening physical health and needed to enter a long-term healthcare setting.

Of the 18 consumers whose MOT were terminated or lapsed, one received MOT services under the auspices of T.C.A. § 33-7-303(b), one under the auspices of T.C.A. § 33-7-303(g), and 16 received MOT services under the auspices of T.C.A. § 33-6-602.

**Table 9: FY 2025 MOTs Terminated or Lapsed
By Type**

| T.C.A. § 33-7-303(g) | TCA § 33-7-303(b) | TCA § 33-6-602 |
|----------------------|-------------------|----------------|
| 1 | 1 | 16 |

Table 10: FY 2025 Terminated MOTs by Month

| | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | April | May | June | TOTALS |
|-------------------------|------|-----|------|-----|-----|-----|-----|-----|-----|-------|-----|------|--------|
| Terminated Total | 1 | 2 | 1 | 2 | 0 | 1 | 0 | 5 | 0 | 2 | 0 | 4 | 18 |
| 303b | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 303g | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| 602 | 1 | 1 | 1 | 2 | 0 | 1 | 0 | 5 | 0 | 2 | 0 | 3 | 16 |

The shortest length of MOT service of those 18 consumers whose MOT was terminated was less than one month (this individual was terminated by death). The next shortest length of MOT service was six months, when the consumer's MOT was terminated during a court hearing. The longest length of MOT service was for several consumers who had received MOT services for more than ten years.

**Table 11: FY 2025 MOT Terminations
By Number of Years on MOT at Time of Termination**

| 0 – 1 Year | 1 – 2 Years | 2 – 5 Years | 5 – 10 Years | 10 + Years |
|------------|-------------|-------------|--------------|------------|
| 4 | 0 | 2 | 3 | 9 |

As noted above, two consumers died while on active MOT in FY 25. Both deceased consumers were receiving MOT services under TCA § 33-6-602. Of the remaining 16 consumers whose MOT was terminated, 14 received MOT services under TCA § 33-6-602, one under TCA § 33-7-303(b), and one under TCA § 33-7-303(g).

The most common reason for a MOT to be terminated was that the person had successfully adjusted to the community and no longer needed MOT. Twelve of the 18 individuals had their MOT terminated for this reason. Of these twelve, ten had become compliant and no longer needed MOT to maintain their mental health stability and two moved into long-term care settings due to poor physical health. The agencies lost contact with three individuals during a period of non-compliance and after searching for them with no result terminated their cases. Two individuals passed away while on MOT. And one individual's MOT was terminated at discharge by the RMHI after they learned that his legal status code was inaccurate and that he did not legally require an MOT.

**Table 12: FY 2025 MOT Terminations
By Reason**

| | Lapsed | Terminated by Court | Terminated by Death | Terminated by MOT | Terminated by RMHI | Total Cases |
|------------------|--------|------------------------|------------------------|----------------------|-----------------------|----------------|
| Alliance Frayser | | 1 | 1 | 2 | | 4 |
| Centerstone | | | | 2 | | 2 |
| CMI Health | 1 | | | 2 | | 3 |
| Generations-East | | | | | 1 | 1 |
| Generations-West | | | | 2 | | 2 |
| MHC | | | | 3 | | 3 |
| Pathways | | 1 | | | | 1 |
| Tenn Voices | | | 1 | | | 1 |
| VA-Memphis | | | | 1 | | 1 |
| Total | 1 | 2 | 2 | 12 | 1 | 18 |

Table 13: FY 2025 MOT Terminations By Community MOT Agency

| Agency Name | Number of Terminations | Total Number of Consumers in MOT Service June 30, 2025 |
|--|---------------------------|--|
| Alliance Health Services (Frayser and Southeast locations) | 4 | 61 |
| CMI Healthcare Services | 3 | 16 |
| Generations (East and West locations) | 3 | 37 |
| Mental Health Cooperative | 3 | 20 |
| Centerstone | 2 | 27 |
| Pathways | 1 | 13 |
| Tennessee Voices | 1 | 24 |
| VA-Memphis | 1 | 2 |
| Absolute Care | 0 | 4 |

| | | |
|---|-----------|------------|
| Cherokee | 0 | 1 |
| Extended Family Care | 0 | 2 |
| Harbert Hills Nursing Home | 0 | 1 |
| Helen Ross McNabb (Chattanooga and Knoxville locations) | 0 | 10 |
| Hometown Medical Services | 0 | 10 |
| Professional Care Services of West TN | 0 | 6 |
| Project Transition | 0 | 1 |
| Quinco | 0 | 4 |
| Ridgeview (Harriman, Oak Ridge, Oneida locations) | 0 | 5 |
| Support Solutions | 0 | 1 |
| Volunteer | 0 | 26 |
| Total | 18 | 271 |

MOT Agencies

Twenty separate community agencies or private providers provided MOT services during FY 2025. Seventeen agencies are traditional community mental health centers. One provider is an individual in private practice who provides contracted services to housing agencies. One provider is a nursing home. The final provider is the Memphis Veterans Administration Medical Center, which only accepts veterans with specific qualifications.

Active MOTs

The total number of active MOTs changes monthly as new MOTs are initiated and active MOTs are terminated.

Table 14: FY 2015 through FY 2025 Monthly 602 MOTs

| Month | FY 15 | FY 16 | FY 17 | FY 18 | FY 19 | FY 20 | FY 21 | FY 22 | FY 23 | FY 24 | FY 25 |
|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| July | 245 | 253 | 241 | 241 | 239 | 256 | 284 | 249 | 222 | 194 | 187 |
| August | 245 | 252 | 238 | 240 | 238 | 254 | 284 | 254 | 216 | 194 | 186 |
| September | 247 | 249 | 239 | 241 | 242 | 252 | 281 | 251 | 211 | 194 | 188 |
| October | 250 | 249 | 235 | 241 | 245 | 253 | 274 | 250 | 210 | 194 | 190 |
| November | 248 | 255 | 234 | 241 | 244 | 252 | 272 | 246 | 206 | 193 | 192 |
| December | 247 | 254 | 235 | 236 | 244 | 255 | 271 | 234 | 207 | 192 | 195 |
| January | 248 | 252 | 230 | 235 | 247 | 256 | 267 | 230 | 205 | 193 | 192 |
| February | 246 | 252 | 235 | 238 | 250 | 254 | 267 | 230 | 204 | 191 | 189 |
| March | 245 | 246 | 238 | 235 | 252 | 254 | 260 | 229 | 203 | 188 | 192 |
| April | 250 | 246 | 239 | 231 | 253 | 253 | 260 | 225 | 204 | 188 | 191 |
| May | 257 | 243 | 240 | 229 | 253 | 252 | 259 | 221 | 201 | 186 | 193 |
| June | 256 | 240 | 243 | 230 | 253 | 250 | 257 | 221 | 197 | 186 | 193 |

Table 15: FY 2015 through FY 2026 Monthly 303b MOTs

| Month | FY 15 | FY 16 | FY 17 | FY 18 | FY 19 | FY 20 | FY 21 | FY 22 | FY 23 | FY 24 | FY 25 |
|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| July | 97 | 101 | 97 | 99 | 103 | 99 | 93 | 84 | 84 | 78 | 73 |
| August | 97 | 101 | 98 | 100 | 103 | 98 | 93 | 88 | 88 | 78 | 71 |
| September | 97 | 101 | 97 | 100 | 103 | 100 | 92 | 86 | 86 | 78 | 71 |
| October | 98 | 99 | 99 | 100 | 103 | 101 | 92 | 84 | 84 | 78 | 71 |
| November | 98 | 99 | 100 | 102 | 102 | 98 | 92 | 84 | 84 | 77 | 71 |
| December | 99 | 99 | 100 | 102 | 102 | 97 | 91 | 82 | 82 | 76 | 71 |
| January | 100 | 98 | 99 | 104 | 101 | 96 | 90 | 82 | 82 | 75 | 71 |
| February | 100 | 99 | 100 | 105 | 101 | 97 | 90 | 82 | 82 | 75 | 71 |
| March | 100 | 99 | 100 | 105 | 102 | 97 | 89 | 82 | 82 | 75 | 71 |
| April | 100 | 99 | 100 | 104 | 101 | 97 | 87 | 82 | 82 | 74 | 71 |
| May | 100 | 99 | 99 | 104 | 100 | 97 | 87 | 80 | 80 | 73 | 71 |
| June | 101 | 98 | 99 | 103 | 99 | 98 | 86 | 79 | 79 | 73 | 71 |

Table 16: FY 18 through FY 25 303g MOTs

| Month | FY 18 | FY 19 | FY 20 | FY 21 | FY 22 | FY 23 | FY 24 | FY 25 |
|-----------|-------|-------|-------|-------|-------|-------|-------|-------|
| July | 0 | 1 | 3 | 7 | 6 | 7 | 8 | 9 |
| August | 0 | 1 | 5 | 7 | 6 | 8 | 8 | 9 |
| September | 1 | 2 | 5 | 7 | 6 | 8 | 8 | 9 |
| October | 1 | 2 | 5 | 7 | 6 | 8 | 8 | 9 |
| November | 1 | 2 | 6 | 7 | 6 | 8 | 8 | 9 |
| December | 1 | 2 | 6 | 7 | 7 | 8 | 8 | 10 |
| January | 1 | 2 | 6 | 7 | 7 | 8 | 8 | 10 |
| February | 1 | 2 | 6 | 6 | 7 | 8 | 8 | 10 |
| March | 1 | 2 | 6 | 6 | 7 | 8 | 9 | 10 |
| April | 1 | 3 | 6 | 6 | 7 | 8 | 9 | 11 |
| May | 1 | 3 | 6 | 6 | 7 | 8 | 9 | 10 |
| June | 1 | 3 | 6 | 6 | 7 | 8 | 9 | 10 |

In FY 25 the number of MOTs under TCA § 33-6-602 increased from a year end total of 186 in FY 24 to a year end total of 193 in FY 25. MOTs under TCA § 37-3-303(b) decreased from a year end total of 73 in FY 24 to a year end total of 71 in FY 25. There were two added MOTs and one termination under TCA 33-7-303(g) this year increasing the total to ten.

Affidavits of Non-Compliance

All MOT consumers sign a contract with a supervising agency at the time his or her MOT services are initiated. These MOT contracts are occasionally modified as needed to meet the consumer's changing treatment needs. When the recipient is not in compliance with their MOT contract the agency attempts to bring them into compliance. If they cannot be brought into satisfactory compliance the agency files an Affidavit of Non-Compliance to alert the court and/or the district attorney of the non-compliance.

A wide range of differing outcomes can result following the filing of an Affidavit of Non-Compliance. A previously non-compliant consumer may become compliant upon learning of the potential court hearing. If they meet commitment criteria, they may be admitted on an emergency basis to a private or a state hospital. If they are receiving MOT services under the auspices of T.C.A. § 33-6-602 or under the auspices of T.C.A. § 33-7-303(g) (and they had been discharged from a mental health hospital following a judicial commitment), then at the non-compliance court hearing they may be returned to the hospital from which they were released if the court determines that the person is out of compliance without good cause and is unlikely to be put back into compliance voluntarily. If they are receiving MOT services under the auspices of T.C.A. 33-7-303(b) or were placed on MOT under the auspices of T.C.A. § 33-7-303(g) while in the community (without having been committed to a hospital) then the court may order civil or criminal contempt charges. Those cases may only be hospitalized through a new involuntary commitment procedure.

During FY 2025, a total of 18 new Affidavits of Non-Compliance were filed. Sixteen Affidavits of Non-Compliance were continued into FY 25 from previous fiscal years, but seven of these sixteen were resolved during FY 25. This constitutes a total of 34 non-compliant MOT consumers during FY 25. At the end of the year only 18 were still unresolved.

The 18 new Affidavits filed in FY 25 are a similar frequency as the 16 Affidavits of Non-Compliance filed in FY 24, 18 Affidavits of Non-Compliance filed in FY 23 and the 19 Affidavits of Non-Compliance filed in FY 22, but substantially fewer than the 27 Affidavits of Non-Compliance filed in FY 21 and a noticeable decrease from the 42 Affidavits of Non-Compliance filed in FY 2020.

At the end of FY 25 there were 271 individuals on MOT and 18 individuals with non-compliance affidavits still pending resolution, which is 7% of the total.

Table 17: FY 25 Community Agencies Filing or Continuing Affidavits of Non-Compliance

| Agency | Non-Compliance Affidavits Filed or Continued |
|-------------------|---|
| Alliance | 6 |
| Centerstone | 4 |
| CMI Healthcare | 1 |
| Generations | 3 |
| Helen Ross McNabb | 1 |

| | |
|--------------------|----|
| Mental Health Coop | 2 |
| Pathways | 2 |
| Ridgeview | 3 |
| Tennessee Voices | 5 |
| Quinco | 1 |
| Volunteer | 6 |
| Total | 34 |

Ten of the 16 Affidavits of Non-Compliance that were carried over from previous fiscal years to FY 25 originated under the auspices of T.C.A. § 33-7-303(b) or in the community under the auspices of T.C.A. § 33-7-303(g). These types of MOTs do not provide the option of being re-hospitalized in the originating regional mental health institute but rather a penalty of contempt of court. So, ten of the sixteen Affidavits that were carried over to the new fiscal year only provided for incarceration for contempt of court as a means of bringing the consumer into compliance.

Table 18: FY 25 Affidavits of Non-Compliance Continuing from Previous Fiscal Years to FY 25 by Type of MOT

| T.C.A. § 33-7-303(b) | TCA § 33-6-602 | TCA § 33-7-303(g) |
|----------------------|----------------|-------------------|
| 9 | 6 | 1 |

Table 19: Affidavits of Non-Compliance Continuing from Previous Fiscal Years to FY 25 by County of Original Legal Charge

| County | Number |
|------------|--------|
| Shelby | 4 |
| Davidson | 2 |
| Hamilton | 2 |
| Anderson | 1 |
| Grundy | 1 |
| Henderson | 1 |
| Lauderdale | 1 |
| Monroe | 1 |
| Roane | 1 |
| Rutherford | 1 |
| Williamson | 1 |
| Total | 16 |

For the year FY 25 Shelby County had the greatest number of non-compliant MOT consumers (12) with the next highest number originating in Davidson County with seven. Shelby County also had the greatest

percentage of MOT clients (49%) of the total number of MOTs (132 consumers out of a statewide total of 271).

Table 20: FY 25 County of Original Legal Charge, Non-Compliant MOTs

| Originating County | Number |
|--------------------|-----------|
| Shelby | 12 |
| Davidson | 7 |
| Knox | 3 |
| Hamilton | 2 |
| Anderson | 1 |
| Grundy | 1 |
| Henderson | 1 |
| Lauderdale | 1 |
| Madison | 1 |
| Maury | 1 |
| Monroe | 1 |
| Roane | 1 |
| Rutherford | 1 |
| Williamson | 1 |
| Total | 34 |

Of the 18 non-compliant consumers remaining active at the end of FY 25, eight (44%) had MOT under the auspices of T.C.A. § 33-6-602, and ten (56%) under the auspices of T.C.A. § 33-7-303(b) or (g).

Table 21: FY 25 Type of Non-Compliant MOT Consumers at End of Fiscal Year

| Type of MOT | Number |
|----------------------|-----------|
| T.C.A. § 33-6-602 | 8 |
| T.C.A. § 33-7-303(b) | 9 |
| T.C.A. § 33-7-303(g) | 1 |
| Total | 18 |

The majority of non-compliant consumers were those placed on MOT following adjudication as NGRI but who were not hospitalized. The second largest group is those committed to a RMHI following an adjudication of NGRI on at least one felony charge. The third largest category had been committed to an RMHI as a pre-trial criminal defendant but had their charges dismissed and remained committed as a civil involuntary patient until release on MOT (criminal charges dropped with civil commitment).

**Table 22: FY 25 Discharge Legal Status Code
Non-Compliant Consumers**

| Discharge Legal Status Code | Number |
|--|-----------|
| 303(b) or (g) after Outpatient Evaluation (since 7/1/2009) | 14 |
| Criminal Charges Dropped With Civil Commitment | 11 |
| Commitment after NGRI; Includes at Least One Felony Charge | 6 |
| Civil Commitment Superseding Emergency | 3 |
| Total | 34 |

After an Affidavit of Non-Compliance was filed, twelve of the 34 non-compliant consumers became compliant prior to a court hearing. Six consumers have current situations where their location is unknown to their MOT agency. Five are awaiting their MOT non-compliance hearing to be scheduled. Four of the non-compliant MOT consumers were subsequently hospitalized for non-compliance or further treatment. Four consumers are in jail.

One consumer has ongoing insurance issues that have complicated their compliance – due to cognitive issues the consumer keeps changing their Medicare Advantage plan to one their agency does not accept.

One consumer has a conservator who is not being cooperative with the MOT agency.

One consumer was placed in a nursing home as their physical health condition continued to deteriorate.

Table 23: FY 25 Outcome of Non-Compliance Affidavits

| Status | Number |
|---|--------|
| Consumer became compliant prior to court hearing | 12 |
| Location unknown to MOT agency. | 6 |
| Awaiting non-compliance hearing | 5 |
| Hospitalized for non-compliance or further treatment. | 4 |
| In jail awaiting hearing on unrelated charges or non-compliance | 4 |

| | |
|--|----|
| Insurance issues led to non-compliance | 1 |
| Difficulty with conservator compliance | 1 |
| Placed in nursing home | 1 |
| Total | 34 |

Compliance Ratings

Agencies were asked to provide compliance ratings for each consumer using a scoring system ranging from “0” to “2”. The number “0” was used for **never** compliant with any items on the MOT Contract, “1” was used for **sometimes** compliant with items on the MOT Contract, and “2” was used for **always** compliant with items on the MOT Contract.

Slightly more than half (11 of 20) MOT agencies or independent practitioners providing compliance ratings used the numeric scoring system. Some of these 11 agencies only provided compliance ratings from certain qualified mental health professionals (QMHP), and other QMHPs at the agency did not participate in compliance rating. Some QMHPs used whole numbers, and others used fractions of numbers to express variance in compliance. One of the largest MOT providers stopped using compliance ratings so the total number of ratings awarded decreased this fiscal year. Renewals/reviews were due every six months, so each consumer who was rated would have been rated twice yearly.

Table 24: FY 2025 Numeric Compliance Ratings

| Compliance Rating | Jul. to Dec. 2018 | Jan. to Jun. 2019 | Jul. to Dec. 2020 | Jan. to Jun. 2020 | Jul. to Dec. 2020 | Jan. to Jun. 2021 | Jul. to Dec. 2021 | Jan. to Jun. 2022 | Jul. to Dec. 2022 | Jan. to Jun. 2023 | Jul. to Dec. 2023 | Jan. to Jun. 2024 | Jul. to Dec. 2024 | Jan. to Jun. 2025 |
|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 0* | 5 | 3 | 2 | 0 | 3 | 0 | 0 | 0 | 4 | 3 | 2 | 2 | 2 | 1 |
| 1 | 12 | 12 | 12 | 12 | 16 | 14 | 17 | 12 | 9 | 7 | 8 | 7 | 5 | 4 |
| 1.1 to 1.69 | 14 | 17 | 16 | 17 | 15 | 23 | 8 | 8 | 8 | 7 | 7 | 10 | 4 | 3 |
| 1.70 to 1.99 | 9 | 9 | 4 | 3 | 4 | 3 | 9 | 10 | 7 | 4 | 6 | 5 | 1 | 3 |
| 2 | 90 | 86 | 81 | 69 | 74 | 72 | 70 | 57 | 61 | 68 | 57 | 56 | 41 | 53 |
| Total Rated | 130 | 127 | 115 | 101 | 112 | 112 | 104 | 87 | 88 | 88 | 79 | 80 | 53 | 63 |
| Total Not Rated | 225 | 228 | 191 | 196 | 237 | 237 | 210 | 227 | 168 | 163 | 159 | 148 | 174 | 178 |

*Scores of 0 are followed up by agency attempts to bring the consumers back into compliance, and if these efforts are not successful, then Affidavits of Non-Compliance are filed.

Types of Original Legal Charges by Frequency

Table 24 shows the different types of criminal offenses that MOT consumers were charged with associated with the process that led to them being placed on MOT. As described above, patients committed to an RMHI under Title 33, Chapter 6, Part 5 may not have had any criminal charges associated with the hospitalization prior to their release on MOT under T.C.A. § 33-6-602. Those consumers are categorized in Table 20 as “none.” That includes only patients who never had a criminal charge during this hospitalization. Patients who had their charges retired prior to release on MOT are counted in the category of the charge that was retired. Patients with multiple charges are only counted once under the most serious charge.

**Table 25: FY 2025 Types of
Original Legal Charges by Frequency**

| Charge(s) | Number of Occurrences |
|---|------------------------------|
| Aggravated Assault (felony) | 82 |
| Simple Assault (misdemeanor) | 30 |
| None | 28 |
| Murder | 22 |
| Vandalism/Trespassing/Nuisance | 22 |
| Sex Offense | 21 |
| Theft | 20 |
| Attempted Murder | 16 |
| Weapons Offenses | 11 |
| Arson | 8 |
| Robbery | 5 |
| Kidnapping/Attempted Kidnapping | 3 |
| Escape/Failure to Comply/Obstruction of Justice | 3 |
| Total | 271 |

MOT for Intellectually Disabled Persons

Mandatory Outpatient Treatment may be ordered for persons with an intellectual disability who are incompetent to stand trial on felony criminal charges or have been found not guilty by reason of insanity on a capital offense (i.e., first degree murder) due to intellectual disability (the latter circumstance has not occurred in many years). This process begins with a court-ordered evaluation under TCA § 33-7-301 conducted by an evaluator certified by the TDMHSAS Office of Forensic and Juvenile Court Services. Services in these circumstances are provided by the Tennessee Department of Disability and Aging either directly or through contracted providers. The circumstances under which a court may order MOT for an intellectually disabled person with criminal charges are defined by statute in Title 52.

There were 47 defendants with a developmental disability ordered to participate in MOT for incompetent defendants in FY 25. Of these 47 defendants 18 are still active (including two who are awaiting a DDA referral due to insufficient information).

Twenty-nine individuals are no longer active. Of these 29 defendants, 14 were completed with five being competent and nine not being competent. Fifteen individuals did not have their training completed. Six of the 15 did not have identification. Two had their charges dropped. Two were misdemeanors. Four had “other” reasons for not having their training completed. And one was returned to the hospital.

MOT for Persons Found NGRI of First-Degree Murder or Certain Other Class A Felonies

Effective 7/1/2017, legislation took effect which requires persons found not guilty by reason of insanity (NGRI) of a charge of first-degree murder or a Class A felony under Title 39, Chapter 13 (felonies against a person), to participate in mandatory outpatient treatment (MOT) when discharged from the hospital or released by the court following the outpatient evaluation under T.C.A. § 33-7-303(a) who are not committable to a hospital. This legislation mandates that any person ordered by the trial court to participate in outpatient treatment must do so for an initial period of six months. The court may continue the MOT beyond the initial six-month period. After the initial six-month period the court shall review the person's need for continued MOT on an annual basis.

The Legislature appropriated some funds for FY 25 to pay for MOT services for persons on MOT under the new law who do not have insurance or income to meet their treatment needs. During FY 25 two consumers were adjudicated under the new law, raising the total number of persons on MOT under the auspices of T.C.A. § 33-7-303(g) to 11. At the initial six-month court review one of the new 303(g) consumer's MOT was terminated, lowering the total number of 303(g) MOTs to ten at the end of the fiscal year. At this point other resources have been available to meet the treatment and housing needs of these consumers.

Summary and Conclusion:

As noted in the introduction, the purpose of MOT is to provide a less restrictive alternative to inpatient care for service recipients with a mental illness who require continued treatment to prevent deterioration in their mental condition and who will respond to a legal obligation to participate in outpatient treatment. The data reported here support MOT in Tennessee as an effective mechanism to support the recovery of people living with mental illness who might otherwise have difficulty actively participating in treatment in the community. In FY 25 **new** affidavits of non-compliance were filed in only **7%** of all MOT cases. When those affidavits that were carried over from previous fiscal years are included that percentage rises to 13%. A person living with a severe and persistent mental illness may require hospitalization even if they are compliant with treatment. Even so, as a point-in-time measure, on June 30, 2025, only 7% of all patients with an MOT obligation were hospitalized. Finally, the most common reason by far for the termination of the MOT is that the person had recovered to the point they no longer required a legal obligation to participate in treatment, which is the ultimate goal of MOT in Tennessee.