Department of Mental Health & Substance Abuse Services
Mandatory Outpatient Treatment

Annual Report | August 2026

FY 2026
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 2026 (July 1, 2025-June 30, 2026) 21 separate providers had clients subject to MOT. Most of these providers were traditional community mental health agencies, but also included three private agencies, 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 FY 25 more MOT cases had ended in termination than were initiated. In FY 26 new MOT cases continued to surpass terminations with 45 new MOT cases being initiated and 23 terminated. At year's end (June 30, 2026) there were a total of 292 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.

In previous years 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 and this trend has continued. In FY 26 the greatest number of terminations (seven) occurred as the individuals were compliant with their MOT contracts and their MOTs were terminated by their agency. Six were terminated via court order after a hearing in which the court agreed to terminate their MOT as the court no longer felt they needed MOT. Six were terminated when the agency allowed their MOT to lapse for various reasons. Four consumers passed away during the fiscal year.

The shortest length of time on MOT for those whose MOT was terminated during FY 26 was less than two months. This applied to two individuals, the first had two types of MOT and the MOT agency elected to

terminate one and keep the other open, and the other due to a paperwork error at the time of hospital discharge that invalidated his MOT. The longest length of time on MOT was over 24 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 and in FY 26 fourteen were discharged. This brought the total of Jillian's Law discharges at the end of FY 26 to fifteen.

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 26.

FY 2026 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 6/30/2026 15 individuals 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, 2026

Type of MOT	Active MOTs	Suspended MOTs Due to Hospitalization	Total MOTs
303b	71	4	75
303g	9	1	10
602	193	14	207
Both 303b and 602	4*	0	4*
Totals	273	19	292

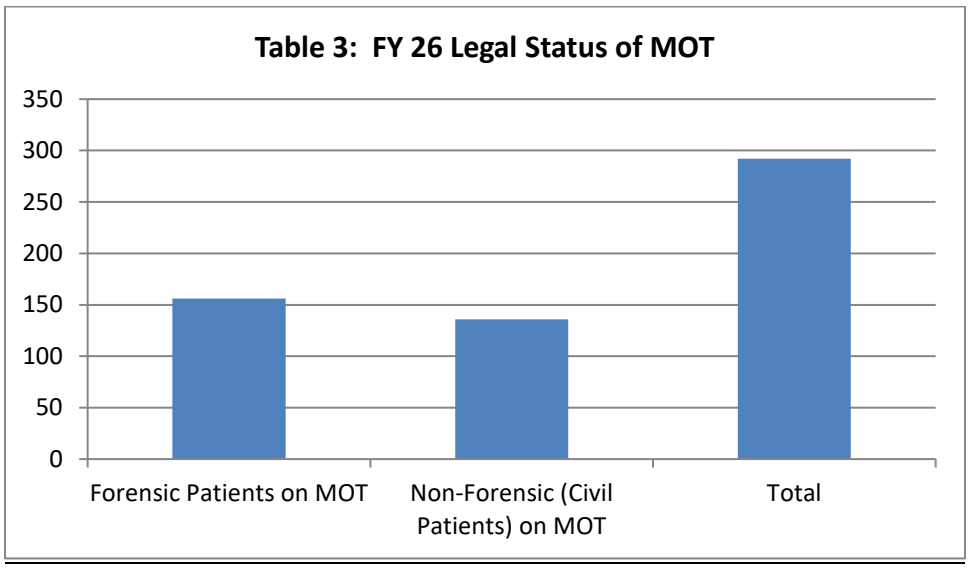
*In the following charts in this report, the four individuals who have a MOT under both T.C.A. § 33-6-602 and T.C.A. § 33-7-303(b) will be counted under T.C.A. § 33-7-303(b) as that was their original MOT court order. However, they are eligible for re-hospitalization under T.C.A. § 33-6-602 if they become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

Table 2, above, shows that on June 30, 2026, 6.5% 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 292 total MOTs originated in Shelby County courts which oversee a total of 126 MOTs (a large number but a significant reduction from 190 in FY 21, 160 in FY 22, 146 in FY 23, 138 in FY 24, and 132 in FY 25). Sixty-seven MOTs originated in Davidson County, 12 in Hamilton, 9 in Knox and eight in Madison. Seven originated in Hardeman County. Five MOTs originated in both Henderson and Rutherford counties. Four originated in Robertson County. Three originated in Lauderdale, Lewis, Sumner, Tipton, and Williamson counties. Five counties (Coffee, Crockett, Cumberland, Gibson, and Hickman) have two MOTs each. Twenty-four counties have only one MOT (Anderson, Bedford, Blount, Bradley, Campbell, Dickson, Dyer, Fayette, Grundy, Hamblen, Haywood, Marion, Maury, McMinn, Monroe, Obion, Overton, Rhea, Roane, Scott, Sullivan, Unicoi, Union, and Warren).

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 26 there were 156 forensic patients on MOT and 136 non-forensic patients on MOT. Many of the non-forensic patients released on MOT were originally forensic cases in the RMHIs under 33-7-301(b) as incompetent to stand trial but had their charges retired prior to discharge



New MOT Cases

In FY 2026, 45 new MOT cases were initiated. Of these cases, 40 were initiated under TCA § 33-6-602, five under TCA § 33-7-303(b), and none under TCA § 33-7-303(g).

This is a substantial increase from the six previous fiscal years. In FY 25 there were 27 new MOT cases initiated. In FY 24 there were 15 new MOT cases initiated, FY 23 there were 10 new MOT cases initiated, FY 22 there were 17 new MOT cases initiated, FY 21 there were 24 new MOT cases initiated and in FY 20 there were 36 new MOT cases initiated. However, in FY 19 there were 45 new MOT cases initiated.

The increase in new MOTs may partially be attributed discharges under "Jillian's Law" which have totaled 15 since the origination of the law. It may also be attributed to the regional mental health institutes continuing their recovery from the period 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.

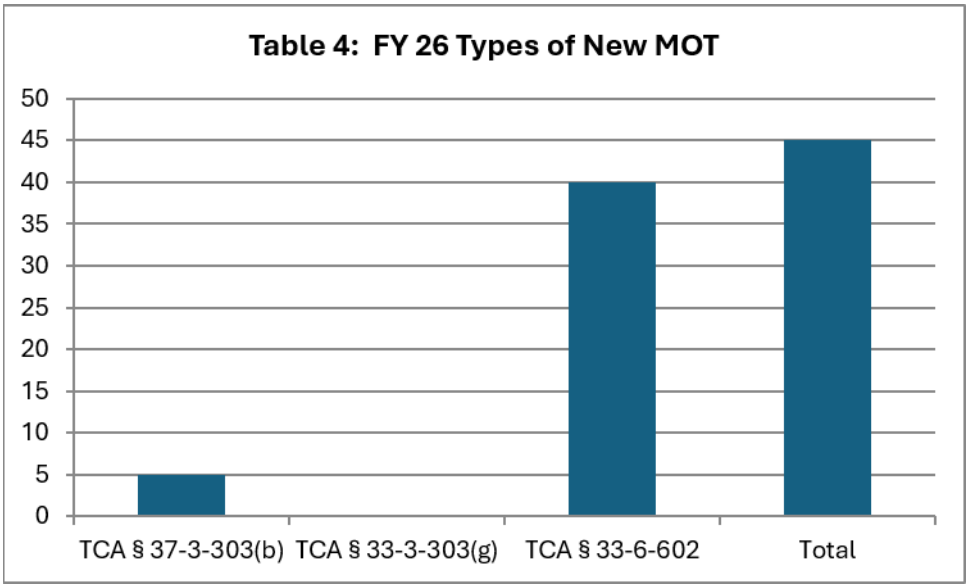
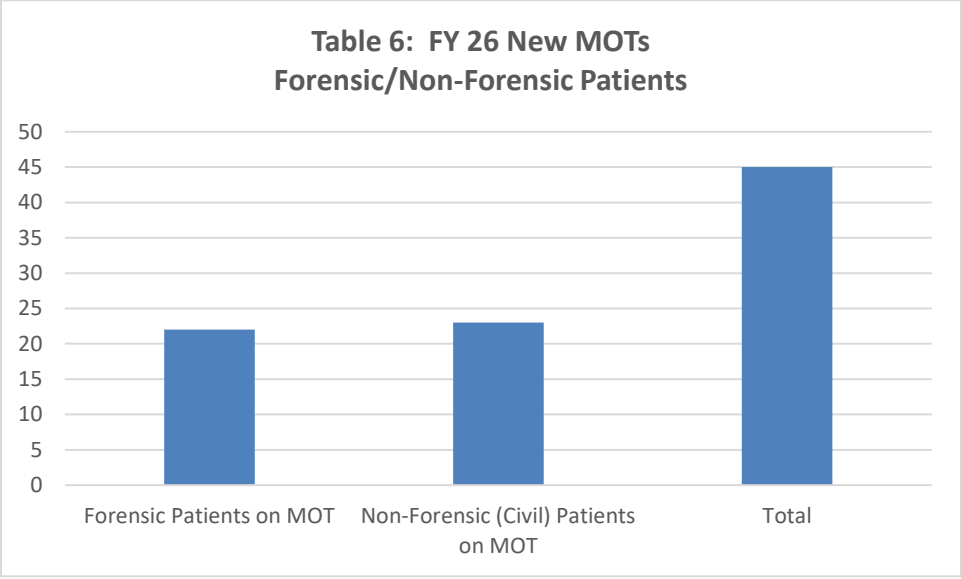


Table 5: FY 2026 Added MOTs by Month

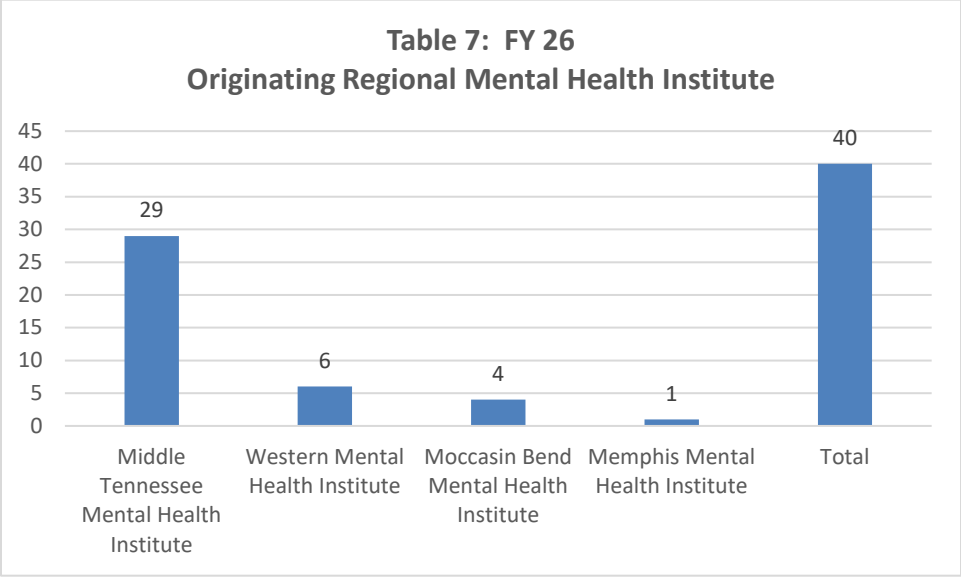
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	TOTALS
Added Total	1	3	2	0	3	8	5	1	6	5	4	7	45
303b	0	0	0	0	1	1	3	0	0	0	0	0	5
303g	0	0	0	0	0	0	0	0	0	0	0	0	0
602	1	3	2	0	2	7	2	1	6	5	4	7	40

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. Twenty-two of the FY 26 new MOT cases had a non-forensic legal status and 23 had forensic legal statuses.



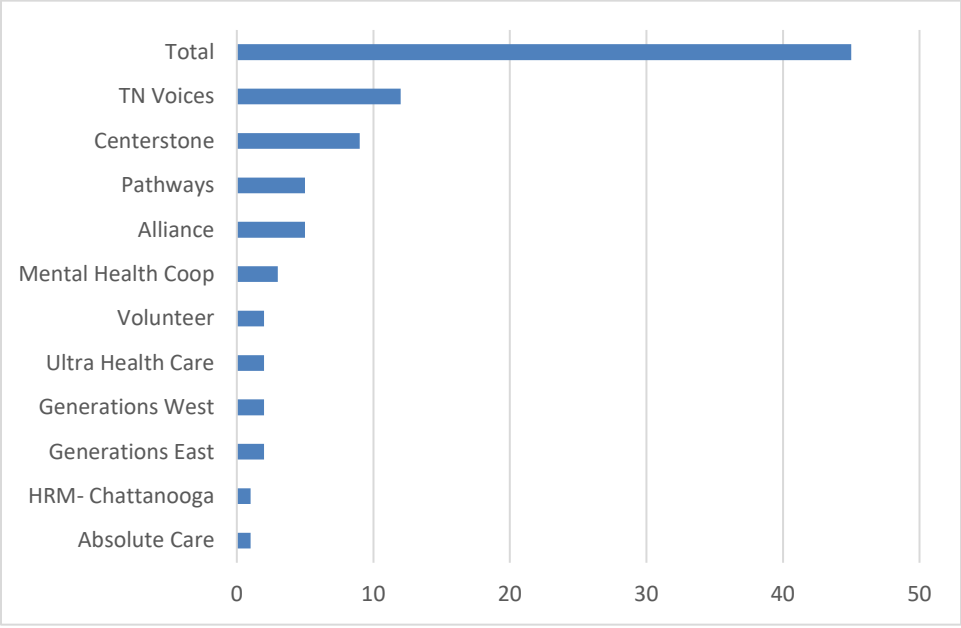
Twenty-three of the 45 new MOT consumers had legal charges that originated in Davidson County. Three originated in Shelby County, and two each in Robertson and Rutherford counties. The remaining fifteen MOT consumers had legal charges that originated (one each county) in Coffee, Crockett, Cumberland, Dickson, Gibson, Hamblen, Hardeman, Haywood, Henderson, Knox, Lauderdale, Madison, Sumner, Tipton, and Williamson counties.

Of the 40 new MOTs originating under T.C.A. § 33-6-602, twenty-nine originated at Middle Tennessee Mental Health Institute, six at Western Mental Health Institute, four at Moccasin Bend Mental Health Institute, and one at Memphis Mental Health Institute. Five originated in the community under T.C.A. § 33-7-303(b).



Below is a table of the mental health agencies or providers that accepted the 45 new MOT consumers.

Table 8: FY 26
MOT Agencies Serving New MOT Consumers



Jillian's Law

In FY 26 a total of 14 individuals were discharged on MOT for whom Jillian's Law applied. In addition to the one individual who had discharged in FY 25, that brought the statewide total of Jillian's Law discharges to 15. All these 15 individuals were discharged from Middle Tennessee Mental Health Institute (MTMHI).

Five of these individuals are receiving MOT services through Tennessee Voices, four through Centerstone CMHC, two through Alliance, and one each through Generations, Lifecare, Mental Health Coop, and Volunteer.

Below are the discharge legal status codes for the fifteen Jillian's Law consumers.

Discharge Legal Status Codes	Description	Cases
01J	Regular Judicial Indefinite under Jillian's Law	1
02J	Pretrial Commitment for commitment under Jillian's Law	2
51J	Criminal Charges Dropped after Civil Commitment	12
	TOTAL	15

So far all but three of the 15 consumers have remained in the community. Three became non-compliant and were returned to MTMHI for inpatient treatment.

Terminations

In FY 2026, there were 23 MOT consumers whose MOT services were terminated. This is an increase from FY 25 when there were 18 consumers whose MOT services were terminated. In FY 24 there were 27 MOT consumers whose MOT were terminated, in FY 23 there were 48 MOT consumers whose MOT services were terminated, in FY 22 there were 47 MOT consumers whose services were terminated, and in FY 21 35 MOT consumers had services terminated.

Seven had their services terminated by their MOT agency. Six of the MOT consumers had their MOT terminated by a court order. Six had MOTs that their agencies allowed to lapse. Four MOT consumers passed away – one in a nursing home after a long illness, one due to cancer, one was found deceased in her home of unknown causes, and one died in the community after a long illness.

There were 13 consumers whose MOT was terminated or allowed to lapse by decision of the MOT agency's' Treatment Team. Of these 13 individuals, four 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 after they moved from the agencies' service areas. One individual suffered worsening physical health and needed to enter a long-term healthcare setting where they could continue to receive mental health services. One individual was placed on MOT under a different court, one individual was sentenced to a long jail term, one moved to live with family in another state, one continued in mental health services with their MOT agency but their MOT was terminated, and a final MOT was considered lapsed when the MOT agency did not respond to multiple contacts encouraging them to renew the MOT.

Of the 23 consumers whose MOT were terminated or lapsed, three received MOT services under the auspices of T.C.A. § 33-7-303(b), and 20 received MOT services under the auspices of T.C.A. § 33-6-602.

Table 9: FY 2026 MOTs Terminated or Lapsed By Type

TCA § 33-7-303(b)	TCA § 33-6-602
3	20

Table 10: FY 2026 Terminated MOTs by Month

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	TOTALS
Terminated Total	2	0	1	5	3	0	1	1	4	2	2	1	23
303b	1	0	1	0	0	0	0	0	1	0	0	0	3
303g	0	0	0	0	0	0	0	0	0	0	0	0	0
602	1	0	0	5	3	0	1	1	3	2	2	2	20

The shortest length of MOT service of those 23 consumers whose MOT was terminated was less than one month (this individual was placed under a second MOT so both were not needed). The next shortest length of MOT service was two months when the district attorney stated that due to an error in paperwork at discharge his MOT was not valid. The longest length of MOT service was for nine consumers who had received MOT services for more than ten years, three of these individuals for 21, 23, and 24 years.

Table 11: FY 2026 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
2	3	5	4	9

As noted above, four consumers died while on active MOT in FY 26. All four deceased consumers were receiving MOT services under TCA § 33-6-602. Of the remaining 19 consumers whose MOT was terminated, 16 received MOT services under TCA § 33-6-602, and three under TCA § 33-7-303(b).

In previous years 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. This continued to be the case in FY 26 as the greatest number of terminations (seven) occurred as the agencies determined that the individual no longer needed a MOT obligation to remain compliant with their treatment. Six were terminated via court order after a hearing in which the court agreed to terminate their MOT as the court no longer felt they needed MOT. Six were terminated when the agency allowed their MOT to lapse for various reasons. Four consumers passed away during the fiscal year.

There were six individuals whose MOT agency allowed their MOT to “lapse”. Three of the lapsed MOT consumers were allowed to terminate as they moved out of the service area of their agency and either their whereabouts became unknown or another agency was not available to accept a MOT transfer or the new agency did not feel the individual needed a MOT. One was terminated after a new type of MOT was initiated and the agency did not want to manage two MOT reports. One MOT ended when their agency did not respond to reminders to renew it. Another continued receiving services at their agency but without a MOT in place as it was felt to be ineffective due to long-term non-compliance.

Table 12: FY 2026 MOT Terminations
By Reason

Agency	Lapsed	Terminated by Court	Terminated by Death	Terminated by MOT Agency	Total Cases
Absolute Care				1	1
Alliance		1	1	1	3
Centerstone CMHC				1	1
Generations		1	1	1	3
Harbert Hills Nursing Home			1		1
Hometown Medical Svcs.	2				2
Helen Ross McNabb		1		1	2
Mental Health Coop			1	1	2
Pathways	1	1			2
Project Transition	1				1
Ridgeview		1			1
Tennessee Voices	1	1			2
Ultra Health Care	1				1
Volunteer				1	1
Total	6	6	4	7	**23**

Table 13: FY 2026 MOT Terminations By Community MOT Agency

Agency Name	Number of Terminations	Total Number of Consumers in MOT Service June 30, 2026
Absolute Care	**1**	3
Alliance Health Services (Frayser and Southeast locations)	**3**	63
Centerstone	**1**	35
Generations	**3**	39
Harbert Hills Nursing Home	**1**	0
Hometown Medical Services	**2**	0
Helen Ross McNabb (Knoxville location)	**2**	5
Mental Health Cooperative	**2**	19
Pathways	**2**	16
Project Transition	**1**	1
Ridgeview (all locations)	**1**	3
Tennessee Voices	**2**	35

Ultra Health Providers	**1**	8
Volunteer	**1**	28
CMI Healthcare Services	**0**	16
Cherokee	**0**	1
Extended Family Care	**0**	2
Helen Ross McNabb (Chattanooga location)	**0**	5
LifeCare	**0**	1
Professional Care Services of West TN	**0**	6
Quinco	**0**	4
Veterans Administration (Memphis location)	**0**	**2**
Total	**23**	**292**

MOT Agencies

Twenty-one separate community agencies or private providers provided MOT services during FY 2026. Fifteen agencies are traditional community mental health centers. Three individuals are small private agencies. One provider was an individual in private practice who provides contracted services to housing agencies. One provider was a nursing home. The final provider is the Memphis Veterans Administration Medical Center, which only accepts veterans with specific qualifications.

Death of MOT Provider

During FY 26 a private provider (Hometown Medical Services) unexpectedly passed away. It was a tremendous shock to his family, friends, colleagues, patients, and to the MOT consumers at the group home. He had regularly visited the group home to meet with the MOT consumers in a location familiar to them so that they would not have to travel to his office. At the time of his death 11 individuals were receiving MOT oversight from him.

The group home owner reacted quickly and was able to locate another provider. This new provider (Ultra Health Providers) began visiting the group home to continue MOT supervision with seven of 11 individuals previously served by Hometown Medical Services. One individual moved to another area of the state and transferred her MOT to different agency. Two individuals moved to another area of the state and resumed mental health services with local CMHCs but did not continue with MOT as those agencies did not require a MOT contract. A final individual left the group home and moved to another area of the state and the group home lost touch with him. The group home owner was instrumental in helping her residents make this transition from one provider to another.

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 2026 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	FY 26
July	245	253	241	241	239	256	284	249	222	194	187	189
August	245	252	238	240	238	254	284	254	216	194	186	191
September	247	249	239	241	242	252	281	251	211	194	188	194
October	250	249	235	241	245	253	274	250	210	194	190	189
November	248	255	234	241	244	252	272	246	206	193	192	186
December	247	254	235	236	244	255	271	234	207	192	195	190
January	248	252	230	235	247	256	267	230	205	193	192	193
February	246	252	235	238	250	254	267	230	204	191	189	193
March	245	246	238	235	252	254	260	229	203	188	192	201
April	250	246	239	231	253	253	260	225	204	188	191	203
May	257	243	240	229	253	252	259	221	201	186	193	203
June	256	240	243	230	253	250	257	221	197	186	193	207

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	FY 26
July	97	101	97	99	103	99	93	84	84	78	73	72
August	97	101	98	100	103	98	93	88	88	78	71	72
September	97	101	97	100	103	100	92	86	86	78	71	71
October	98	99	99	100	103	101	92	84	84	78	71	71
November	98	99	100	102	102	98	92	84	84	77	71	71
December	99	99	100	102	102	97	91	82	82	76	71	72
January	100	98	99	104	101	96	90	82	82	75	71	75
February	100	99	100	105	101	97	90	82	82	75	71	75
March	100	99	100	105	102	97	89	82	82	75	71	74
April	100	99	100	104	101	97	87	82	82	74	71	74
May	100	99	99	104	100	97	87	80	80	73	71	74
June	101	98	99	103	99	98	86	79	79	73	71	75

Table 16: FY 18 through FY 26 303g MOTs

Month	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25	FY 26
July	0	1	3	7	6	7	8	9	10
August	0	1	5	7	6	8	8	9	10
September	1	2	5	7	6	8	8	9	10

October	1	2	5	7	6	8	8	9	10
November	1	2	6	7	6	8	8	9	10
December	1	2	6	7	7	8	8	10	10
January	1	2	6	7	7	8	8	10	10
February	1	2	6	6	7	8	8	10	10
March	1	2	6	6	7	8	9	10	10
April	1	3	6	6	7	8	9	11	10
May	1	3	6	6	7	8	9	10	10
June	1	3	6	6	7	8	9	10	10

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 (which includes Jillian's Law discharges) 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.

Sixteen Affidavits of Non-Compliance were continued into FY 25 from previous fiscal years, but seven of these sixteen were resolved during FY 26. Twenty-five new Affidavits were filed in FY 26 of which ten were resolved during the year. This constitutes a total of 41 non-compliant MOT consumers during FY 26. At the end of the year only 24 were still unresolved.

The 25 new Affidavits filed in FY 26 is an increase from previous years when 18 new Affidavits were filed in FY 25, 16 Affidavits of Non-Compliance filed in FY 24, 18 Affidavits of Non-Compliance filed in FY 23 and 19 Affidavits of Non-Compliance filed in FY 22. Although an increase from recent years, it is slightly 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 26 there were 292 individuals on MOT and 24 individuals with non-compliance affidavits still pending resolution, which is 8**%** of the total.

Table 17: FY 26 Community Agencies Filing or Continuing Affidavits of Non-Compliance

Agency	Non-Compliance Affidavits Filed or Continued
Absolute Care	1
Alliance	6
Centerstone	3
Generations	7
Helen Ross McNabb	1
LifeCare	1
Mental Health Coop	4
Pathways	3
Ridgeview	1
Professional Care Services	1
Tennessee Voices	7
Volunteer	6
Total	41

Nine of the 16 Affidavits of Non-Compliance that were carried over from previous fiscal years to FY 26 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, nine 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 26 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)
8	**7**	**1**

Table 19: Affidavits of Non-Compliance Continuing from Previous Fiscal Years to FY 26 by County of Original Legal Charge

County	Number
Shelby	7
Davidson	2
Hamilton	2

Grundy	1
Henderson	1
Lauderdale	1
Monroe	1
Rutherford	1
Total	16

For the year FY 26 Shelby County had the greatest number of non-compliant MOT consumers (14) with the next highest number originating in Davidson County with 12. Shelby County also had the greatest percentage of MOT clients (43%) of the total number of MOTs (126 consumers out of a statewide total of 292).

Table 20: FY 26 County of Original Legal Charge, Non-Compliant MOTs

Originating County	Number
Shelby	14
Davidson	12
Knox	2
Hamilton	2
Henderson	2
Campbell	1
Grundy	1
Madison	1
Monroe	1
Lauderdale	1
Madison	1
Monroe	1
Robertson	1
Rutherford	1
Total	**41**

Of the 24 non-compliant consumers remaining active at the end of FY 26, 13 (54%) had MOT under the auspices of T.C.A. § 33-6-602, and 11 (46%) under the auspices of T.C.A. § 33-7-303(b).

Table 21: FY 26 Type of Non-Compliant MOT Consumers at End of Fiscal Year

Type of MOT	Number
T.C.A. § 33-6-602	13
T.C.A. § 33-7-303(b)	11
Total	**24**

The majority of FY 26 non-compliant consumers who 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). The second largest group were those who had been placed on MOT following adjudication as NGRI and were placed on MOT instead of being hospitalized. The following two categories had the same number of individuals - those who had been committed to a RMHI following an adjudication of NGRI and those who had been admitted as an emergency patient who were subsequently civilly judicially committed.

Table 22: FY 26 Discharge Legal Status Code
Non-Compliant Consumers

Discharge Legal Status Code	Number
Criminal Charges Dropped With Civil Commitment	17
303(b) or (g) after Outpatient Evaluation (since 7/1/2009)	16
Commitment after NGRI; Includes at Least One Felony Charge	4
Civil Commitment Superseding Emergency	4
Total	**41**

After the Affidavit of Non-Compliance was filed, eleven of the MOT consumers continued to await a court hearing. Ten MOT consumers were subsequently hospitalized (eight due to non-compliance, one to work on competency training, and the last as an emergency patient in a private hospital). Seven individuals became compliant with their MOT contracts and the affidavits were withdrawn. Seven consumers have current situations where their location is unknown to their MOT agency.

Three individuals had their MOTs terminated by their MOT agency. One was terminated by the court, and one was terminated when the District Attorney's Office opined that due to a paperwork error at discharge the MOT was not valid. One consumer is currently incarcerated.

Table 23: FY 26 Outcome of Non-Compliance Affidavits

Status	Number
Awaiting non-compliance hearing	11
Hospitalized for non-compliance or further treatment.	10
Location unknown to MOT agency.	7

Consumer became compliant prior to court hearing	7
MOT terminated by agency	3
MOT terminated by court.	1
MOT terminated due to paperwork error at RMHI discharge.	1
In jail awaiting hearing on unrelated charges.	1
Total	**41**

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 less than half (10 of 21) MOT agencies or independent practitioners providing compliance ratings used the numeric scoring system. Some of these 10 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 2026 Numeric Compliance Ratings

Com-pliance 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	July to Dec 2025	Jan. to Jun. 2026
0*	**5**	**3**	**2**	**0**	**3**	**0**	**0**	**0**	**4**	**3**	**2**	**2**	**2**	**1**	**0**	**3**
1	**12**	**12**	**12**	**12**	**16**	**14**	**17**	**12**	**9**	**7**	**8**	**7**	**5**	**4**	**2**	**4**
1.1 to 1.69	**14**	**17**	**16**	**17**	**15**	**23**	**8**	**8**	**8**	**7**	**7**	**10**	**4**	**3**	**7**	**13**
1.70 to 1.99	**9**	**9**	**4**	**3**	**4**	**3**	**9**	**10**	**7**	**4**	**6**	**5**	**1**	**3**	**3**	**9**

2	**90**	**86**	**81**	**69**	**74**	**72**	**70**	**57**	**61**	**68**	**57**	**56**	**41**	**53**	**56**	**59**
Total Rated	**130**	**127**	**115**	**101**	**112**	**112**	**104**	**87**	**88**	**88**	**79**	**80**	**53**	**63**	**68**	**87**
Total Not Rated	**225**	**228**	**191**	**196**	**237**	**237**	**210**	**227**	**168**	**163**	**159**	**148**	**174**	**178**	**173**	**150**

*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 2026 Types of Original Legal Charges by Frequency

Charge(s)	Number of Occurrences
Aggravated Assault (felony)	86
Simple Assault (misdemeanor)	31
Vandalism/Trespassing/Nuisance	29
None	28
Theft	27
Sex Offense	22
Murder	21
Attempted Murder	16
Weapons Offenses	10
Arson	9
Robbery	6
Kidnapping/Attempted Kidnapping	3
Escape/Failure to Comply	2
Fraud	1
Obstruction of Justice	1
Total	**292**

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 (DAA) 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, Chapter 5, Part 5. The primary goal of the service plan for these individuals is training them to become competent to stand trial.

There were 55 defendants with a developmental disability ordered to participate in MOT for incompetent defendants in FY 26. Of these 55 defendants 42 are still active.

Twenty-four individuals are no longer active. Of these 24 defendants, 12 were completed with three being competent and nine who were unable to be trained to become competent. Twelve individuals did not have their training completed. Seven of these 12 the DDA did not believe had sufficient documentation of

intellectual disability to qualify for mandatory community services. Five had their charges dropped or expunged.

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 26 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. 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 26 **new** affidavits of non-compliance were filed in only **9%** of all MOT cases. When those affidavits that were carried over from previous fiscal years are included that percentage rises to 14%. 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, 2026, only 8% of all patients with an MOT obligation were hospitalized. Finally, the most common reason for the termination of MOT is because the consumer is now in compliance with their MOT contract or by court order after a court hearing in which the court agreed to terminate their MOT due to MOT no longer being needed. This indicates 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.