# TENNESSEE: EMERGENCY EVALUATION

Tennessee Code Title 33, Chapter 6: See key definitions on page three.

TAC Treatment Advocacy Center

August 2026

| | | |
|---|---|---|
| **Criteria** | Has a mental illness or serious emotional disturbance *and*, as a result, poses an imminent substantial likelihood of serious harm. | |
| **Who can initiate?** | Law enforcement officer (LEO) | • Licensed physician, psychologist<br>• Professional designated by the commissioner (*see definition on page three*). |
| **How?** | Have probable cause to believe that the person meets the criteria. | |
| **What do they initiate?** | May place the person into civil custody, without a court order, for an immediate examination to determine if the person needs care or treatment. | |
| **Where does the proposed patient go?** | Brought to a licensed physician, psychologist, or designated professional. | Examined on location. |
| **What's the time limit for the response?** | There is no statutory time limit for response; however, it is presumed that authorized professionals will respond immediately. | |

**What happens?**

The physician, psychologist, or designated professional must immediately examine the person and determine whether the person meets the following conditions for emergency admission to a hospital or treatment resource:

- The person has a mental illness or serious emotional disturbance;
- Because of that condition, the person:
  - Poses an imminent substantial likelihood of serious harm; *and*
  - Needs care, training, or treatment; *and*
- Less restrictive alternatives to placement in a hospital or treatment resource are not suitable to meet the person's needs.

If the professional determines that the person *does not* meet the conditions for admission, they must release the person.

If the professional determines that the person *does* meet the conditions for admission, they must:

- Complete a "certificate of need for emergency admission," explaining the factual basis for each required condition;
- Assess the person's clinical needs, including whether physical restraint or vehicle security is needed during transportation;
- Determine the appropriate method of transportation after consulting a mandatory prescreening agent, another mental health professional familiar with the person, or a knowledgeable family member; *and*
- Verify in writing that the facility has been contacted and has available suitable accommodations, if admission is sought at a state-owned or state-operated hospital or treatment resource.

If a person *has* been certified for admission and *is* already at the hospital or treatment facility where admission is being sought:

- The person who brought them there may apply for their emergency admission. The application must include the required certificate or certificates of need and must explain why and how the person was taken into civil custody.

If a person *has* been certified for admission and is *not* already at the hospital or treatment facility where admission is planned:

- The professional who completed the certificate of need must give the certificate to the sheriff or designated transportation agent.
- The sheriff or transportation agent will then place the person in civil custody for transport to a hospital or treatment facility that has available suitable accommodations.

If the person *is* being admitted to a state-owned or state-operated hospital or treatment facility:

- The professional must also provide written confirmation that the facility has been contacted and has confirmed it has available suitable accommodations.
- The sheriff or transportation agent is not required to transport the person unless both the certificate of need and the written confirmation are provided.

If the original certificate is unavailable, an identical paper copy or reliable electronic copy must be accepted.

If the required documents are *not* provided to the receiving state facility, the transporting county will be responsible for the costs of the person's admission and treatment.

A sheriff may contract with a third party or other law enforcement agency to transport people to a hospital or treatment facility. Upon arrival at the hospital or treatment facility, a licensed physician or qualified advanced practice provider must examine the person to decide whether the person meets the requirements for emergency admission.

If the professional determines the person meets the conditions for emergency admission, the professional must complete a certificate of need explaining the factual basis for each required condition. After the certificate is completed, the person who brought the individual to the hospital or treatment facility may apply for the person's emergency admission.

If the person *does not* meet the requirements for admission, the sheriff, transportation agent, or facility must transport the person back to the sending county.

*(continued on next page)*

| | |
|---|---|
| **What's next?** | Upon application for emergency admission, if the chief officer of a hospital or treatment resource determines the person *does meet* the conditions for admission and *has* the required certificates of need:<br>• A state facility must admit the person.<br>• A facility with a state contract must admit the person as required by the contract.<br>• A licensed private or local public facility may admit the person if payment is arranged or the facility agrees to accept the person without payment.<br><br>Upon admission of the person, the chief officer must notify the general sessions court in the county where the facility is located and provide the information from the certificate(s) of need and any other information the hospital or treatment resource has about the person's condition that the court requests.<br><br>If no judge is available, the facility may hold the person for 24 hours, pending the court's review.<br><br>The court will review the information to decide whether there is probable cause to believe that the person meets the conditions for emergency admission. If probable cause is found, the court may order the person to be admitted for emergency diagnosis, evaluation, and treatment, pending a probable cause hearing, for up to five days from the date of the order (excluding weekends and holidays). Otherwise, the person must be released.<br><br>The court will notify the person, their attorney, the chief officer of the facility, and the person's parent, legal guardian, conservator, spouse or adult next of kin of:<br>• The time and place of the probable cause hearing; and<br>• The person's rights, including, but not limited to, the right to an attorney and the right to waive the hearing.<br><br>If the person *does not* obtain an attorney, the court must appoint one. If the court determines that the person is unable to understand the nature of the proceedings and cannot communicate with the attorney, the court may appoint another person to serve as the defendant's guardian ad litem.<br><br>If a person is released before the probable cause hearing because they no longer meet the conditions for emergency admission, the facility must notify the court that ordered the emergency evaluation and treatment.<br><br>If the person is transferred to a different facility before the hearing, the hearing will be moved to the general sessions court in the county where the new facility is located. The hearing must still take place within five days of the original court order for admission.<br><br>The court may order the person's continued admission for care and treatment pending a hearing on commitment if, after the probable cause hearing is waived or completed and the court has considered the evidence, the court finds probable cause to believe that:<br>• The person meets the criteria for inpatient treatment (*see "Inpatient treatment" on page four*), *and*<br>• Without continued involuntary treatment, the person's condition is likely to quickly deteriorate to the point that the person would again be eligible for emergency admission. |
| **What's the duration of the hold?** | Up to five days, pending a probable cause hearing. After the hearing, the court may order the person to be held for up to 15 additional days. The person may continue to be held if a complaint for inpatient treatment is filed within those 15 days (*see "Inpatient treatment" on page four*). |
| **Who decides whether to continue a hearing?** | A probable cause hearing is triggered upon admission. |
| **Is there a form?** | Forms for Involuntary Commitment. |

## KEY DEFINITIONS

- **"Advanced practice provider"** means a health care professional who works with a licensed physician and is either:
  - A psychiatric-mental health advanced practice nurse with a current national certification, *or*
  - A physician assistant with a current national certification showing additional qualifications in psychiatry.

- **"Available suitable accommodations"** means a state hospital or treatment resource has an open bed and is able to safely provide the care, treatment, and security a person needs. The commissioner decides whether the facility has enough space, staff, equipment, and medical capability to meet that person's needs.

- **"Chancery court," "circuit court," and "probate court"** are courts with authority to oversee a variety of court cases. All three courts have authority to oversee involuntary treatment proceedings.

- **"Chief officer"** means the person with overall authority for a public or private hospital or treatment resource, or the person's designee.

- **"Commissioner"** means the commissioner of mental health and substance abuse services.

- **"Community mental health center"** means an entity that:
  - Provides outpatient services, including specialized outpatient services for persons of all ages with a serious mental illness, and persons who have been discharged from inpatient treatment at a hospital or treatment resource;
  - Provides 24-hour emergency care services;
  - Provides day treatment, partial hospitalization, or psychosocial rehabilitation services;
  - Provides screenings for persons being considered for admission to state mental health facilities to determine the appropriateness of the admission; *and*
  - Has community participation in its planning, policy development, and evaluation of services.

- **"Guardian ad litem"** means an advocate appointed by the court to protect the best interests and rights of a person determined unable to understand involuntary treatment proceedings and communicate with their attorney.

- **"Mandatory prescreening agent"** means a qualified mental health professional, designated by the commissioner, who has completed mandatory prescreening agent training on crisis assessments and clinical judgment.

- **"Professional designated by the commissioner"** means a qualified mental health professional or licensed physician assistant who is approved by the commissioner to perform certain emergency commitment duties normally assigned to a physician, provided that: those duties are within the person's professional scope of practice; the person is properly licensed or certified in Tennessee; and the person has completed training on emergency commitment criteria and procedures that is approved by the Department of Mental Health and Substance Abuse Services.

- **"Qualified mental health professional"** is a licensed professional who is trained to diagnose, treat, or support people with mental health needs. Examples include physicians with expertise in psychiatry, psychiatrists, psychologists, clinical social workers, counselors, therapists, and psychiatric nurses. Professionals serving children must also have experience working with children.

- **"Responsible relative"** means the parent of a minor child with mental illness or serious emotional disturbance who is in a program of the Department of Mental Health and Substance Abuse Services, or any relative who accepts financial responsibility for the care and service of an individual receiving services.

- **"Serious emotional disturbance"** means a mental, behavioral, or emotional condition that a child has now or has had within the past year. The condition is severe enough to meet mental health diagnostic criteria and significantly affects the child's ability to function at home, at school, or in the community. All mental health disorders are included, regardless of their cause.

- **"Substantial likelihood of serious harm"** means:
  - The person:
    - Has threatened or attempted suicide or serious self-harm;
    - Has threatened or attempted homicide or other violent behavior;
    - Has made others reasonably afraid of violent behavior and serious physical harm; *or*
    - Cannot avoid serious impairment or injury from specific risks; *and*
  - There is a substantial likelihood that the harm will happen unless the person receives involuntary treatment.

- **"Treatment Resource"** means any public or private facility, service, or program providing treatment or rehabilitation services for mental illness or serious emotional disturbance, including, but not limited to: detoxification centers, hospitals, community mental health centers, clinics or programs, halfway houses, and rehabilitation centers.

## KEY ABBREVIATIONS

- Qualified mental health professional (QMHP)

| | |
|---|---|
| **Criteria** | • The person has a mental illness or serious emotional disturbance;<br>• Because of that condition, the person:<br>  ◦ Poses an imminent and substantial likelihood of serious harm; *and*<br>  ◦ Needs care, training, or treatment; *and*<br>• Less restrictive alternatives to placement in a hospital or treatment resource are not suitable to meet the person's needs. |
| **Who can initiate?** | • Parent<br>• Legal guardian<br>• Legal custodian<br>• Conservator<br>• Spouse<br>• Responsible relative<br><br>• Licensed physician<br>• Qualified licensed psychologist<br>• Health or public welfare officer<br>• Chief officer of the facility where the person is located<br><br>Law enforcement officer |
| **How?** | File a complaint in the chancery court, circuit court, or probate court in the county where the person who may need treatment resides or may be found.<br>For a person under 18 who may need treatment, the complaint may be filed in the juvenile court. |
| **Required documentation** | The complaint must show that the person meets the criteria and must be accompanied by either:<br>• A sworn statement by the person filing the complaint that the person who may need treatment has refused to be examined by certifying professionals; or<br>• Two certificates of need by qualified professionals, stating the person meets the criteria, explaining the factual basis for each criterion.<br><br>The certificates must be completed by:<br>• Two licensed physicians;<br>• One licensed physician and one qualified licensed psychologist; *or*<br>• One licensed physician and one qualified advanced practice provider.<br>If an advanced practice provider signs one certificate, that provider cannot be in a collaborating agreement with the physician who signed the other certificate.<br><br>If the defendant is under 16, at least one certificate must be completed by a physician, psychologist, or qualified advanced practice provider who has experience working with children. |

*(continued on next page)*

| | |
|---|---|
| **What's next?** | The court will provide the following to the person who may need treatment, their attorney, the chief officer of the facility where the person is admitted (if applicable), and the person's parent, legal guardian, conservator, spouse or adult next of kin:<br>• A copy of the complaint,<br>• Notice of the time and place of the hearing,<br>• Notice of the person's right to an attorney, *and*<br>• A copy of the inpatient treatment criteria.<br><br>The hearing will be scheduled as soon as possible, within 20 days. A continuance of ten days may be granted for good cause. If the person requests a jury trial, longer continuances may be granted as necessary to allow for jury selection.<br><br>If the complaint included a sworn statement that the person has refused examination and the court finds that probable cause exists to believe that the person meets criteria, the court must order law enforcement to take the person into civil custody for an examination by two certifying professionals within 48 hours. The respondent may not be held in jail unless also under criminal arrest. After the examinations, the person must be released, and a report of the examinations must be filed with the court.<br><br>If the person does not obtain an attorney, the court must appoint one. If the court determines that the person is unable to understand the nature of the proceedings and cannot communicate with the attorney, the court may appoint another person to serve as the defendant's guardian ad litem.<br><br>If, upon completion of the hearing, the court or the jury finds:<br>• By clear, unequivocal, and convincing evidence that the person meets the criteria, *and*<br>• That the two required certifications have been filed showing the person meets the criteria,<br>Then the court must order the person to receive inpatient treatment in a facility with available suitable accommodations.<br><br>If the court or jury does not make these findings, the case must be dismissed and the person released unless otherwise lawfully held. |
| **Who issues the treatment order?** | The court upon its own or the jury's findings. |
| **Who makes the discharge decisions?** | The chief officer of the treating facility. The person may be fully discharged or discharged subject to outpatient treatment (*see "Outpatient treatment" on page five*). |
| **Is there a form?** | Complaint for Involuntary Commitment |

# TENNESSEE: OUTPATIENT TREATMENT
(Referred to as "mandatory outpatient treatment")

| | |
|---|---|
| **Criteria** | Based on the person's history before and during hospitalization, hospital staff conclude that the person:<br>• Has a mental illness or serious emotional disturbance, or has a mental illness or serious emotional disturbance in remission;<br>• Is likely, without continued treatment, to deteriorate rapidly to the point that the person will pose a likelihood of serious harm;<br>• Is likely to participate in outpatient treatment if legally obligated;<br>• Is not likely to participate in outpatient treatment without a legal obligation; *and*<br>• Qualifies for mandatory outpatient treatment as a suitable less restrictive alternative to inpatient treatment. |
| **When can outpatient be court-ordered?** | Only upon discharge from the hospital. |
| **Who can initiate?** | The facility staff where the person is receiving care *(see "Inpatient treatment" on page four)*. |
| **How?** | Discharge the person subject to a treatment plan approved by the releasing facility and the outpatient qualified mental health professional (QMHP). |
| **Required documentation?** | An outpatient treatment plan made by the releasing facility and the QMHP in consultation with the person; the person's conservator, if there is one; and, if the person is a minor, the legal custodian or guardian. Upon the person's consent, the facility and QMHP may also consult with the person's spouse or another adult family member with whom the person will live.<br><br>The releasing facility must give a clear written statement explaining what the person must do to follow the outpatient treatment plan.<br>The written statement must be given to the person; the person's conservator, if there is one; and, if the person is a minor, the legal custodian or guardian; and the person's spouse or adult family member with whom the person will live, if applicable.<br><br>When the person is a minor, the written statement must also explain the duties of the parent, legal custodian, or legal guardian. |
| **What's next?** | A person may request judicial review of the outpatient treatment plan within 48 hours after being told they are eligible for release under the plan.<br><br>If the person requests review, the inpatient facility must notify the court where the facility is located that the person is eligible for discharge under a mandatory outpatient treatment plan. The court must hold a hearing within seven days of receiving the request to determine whether the treatment plan is medically appropriate and legally allowed. At this hearing, the court may approve the plan as written or as modified by the releasing facility and the outpatient QMHP to fix problems identified by the court.<br><br>If the person does not request judicial review *or* the court approves the outpatient treatment plan, the releasing facility must discharge the person and notify the court that committed the person to the facility *(see "Inpatient treatment" on page four)* that the person has been discharged subject to participating in outpatient treatment. |
| **Who issues the treatment order?** | The court |
| **Who supervises the treatment plan?** | QMHP |

*(continued on next page)*

| | |
|---|---|
| **How long can the first treatment order last?** | Up to six months |
| **What's the renewal process?** | If, during the sixth month after discharge or after the last renewal, the QMHP determines that the person meets the criteria, the QMHP will renew the obligation to participate in mandatory outpatient treatment for six months.<br><br>The QMHP must notify the person, the person's attorney, the discharging hospital, and the court of the renewal decision, the basis for the decision, and the person's right to request a hearing.<br><br>If the person files a written request for a hearing, the court must hold the hearing within 30 days of the request to review the decision of the QMHP. If the court determines that the person meets criteria, the obligation is renewed for six months. Otherwise, the person is discharged from the obligation. |
| **What's the discharge process?** | If at any time the QMHP determines that the person no longer needs a legal obligation to maintain participation or no longer needs treatment, the QMHP must end the treatment obligation and notify the court. |
| **Is there a form?** | Forms for Mandatory Outpatient Treatment |