

**FY 2024**  
**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 2024 (July 1, 2023-June 30, 2024) 21 separate providers had clients subject to MOT. Most of these providers were traditional community mental health agencies, but also included one nursing home, one provider contracted to provide services through the Tennessee Department of Aging and Disability (TDAD), 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 there continue to be more MOT cases that end in termination (27) than the number of new MOT cases that were added (15). At year's end (June 30, 2024) there were a total of 268 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 (14 of 27) of the individuals whose MOT obligation was terminated during FY 24 had their MOT terminated because they no longer required the legal obligation or whose circumstances changed so that it no longer applied. Eight individuals who were on MOT died during the fiscal year. Four individuals had their MOT terminated following a court hearing. One was no longer found to need MOT following a subsequent rehospitalization and was discharged by the hospital without MOT.

Of the fourteen individuals terminated by their MOT agency, seven were terminated as they were compliant and no longer felt to need MOT. Four individuals relocated to another state and their MOT agencies assisted them with locating mental health services in their new state. Two consumers could not be located after lengthy searches, so the MOT agency closed their cases. One individual entered a long-term rehab setting due to poor physical health. The length of time on MOT for those whose MOT was terminated during FY 24 ranged from one year to over 23 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. These individuals will be included in next year’s report as the law took effect on July 1, 2024 (the beginning of FY 25).

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 24.

**FY 2024 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).

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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, 2024**

Type of MOT	Active MOTs	Suspended MOTs Due to Hospitalization	Total MOTs
<b>303b</b>	63	4	67
<b>303g</b>	9	0	9
<b>602</b>	166	20	186
<b>Both 303b and 602</b>	6	0	6
<b>Totals</b>	244	24	268

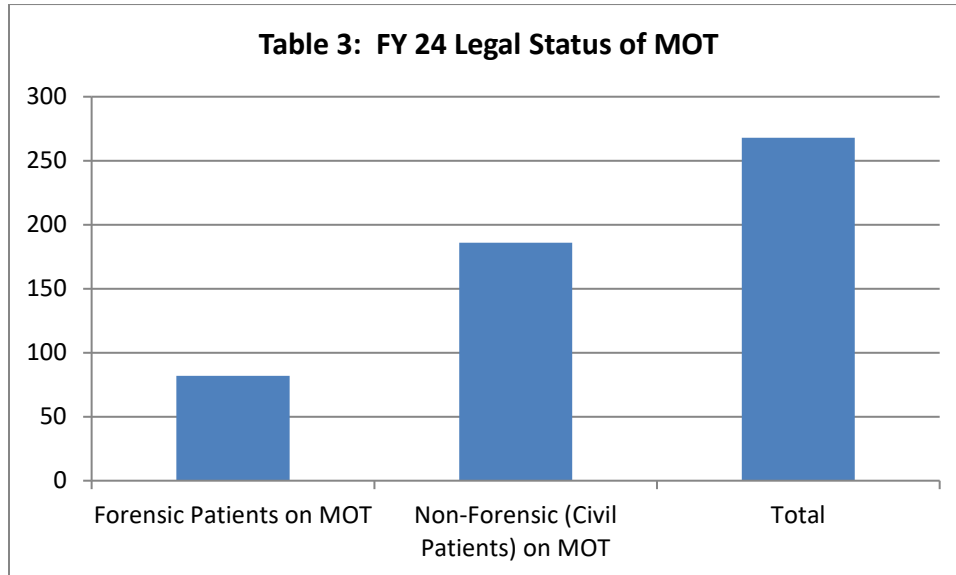
Table 2, above, shows that on June 30, 2024, 9% of patients on MOT had their MOT suspended because they were hospitalized due to either non-compliance with their MOT contract or long-term emergency hospitalization despite being compliant with their MOT plan.

The majority of the 268 total MOTs originated in Shelby County courts which oversee a total of 138 MOTs (a large number but a significant reduction from 190 in FY 21, 160 in FY 22, and 146 in FY 23). Forty-four MOTs originated in Davidson County, 12 in Hamilton, 10 in Knox and nine in Madison. Five originated in Henderson County. Three originated in Lewis, and Rutherford counties. Eleven counties (Anderson, Hardeman, Hickman, Lauderdale, Maury, Obion, Robertson, Scott, Sumner, Tipton, and Williamson) have two MOTs each. Twenty-two counties have only one MOT (Bedford, Blount, Bradley, Coffee, Crockett, Cumberland, Dyer, Fayette, Gibson, Giles, Grundy, Hawkins, Marion, McMinn, Monroe, Overton, Rhea, Roane, Sullivan, Union, Warren, and Weakley).

In the following charts in this report, the six 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.

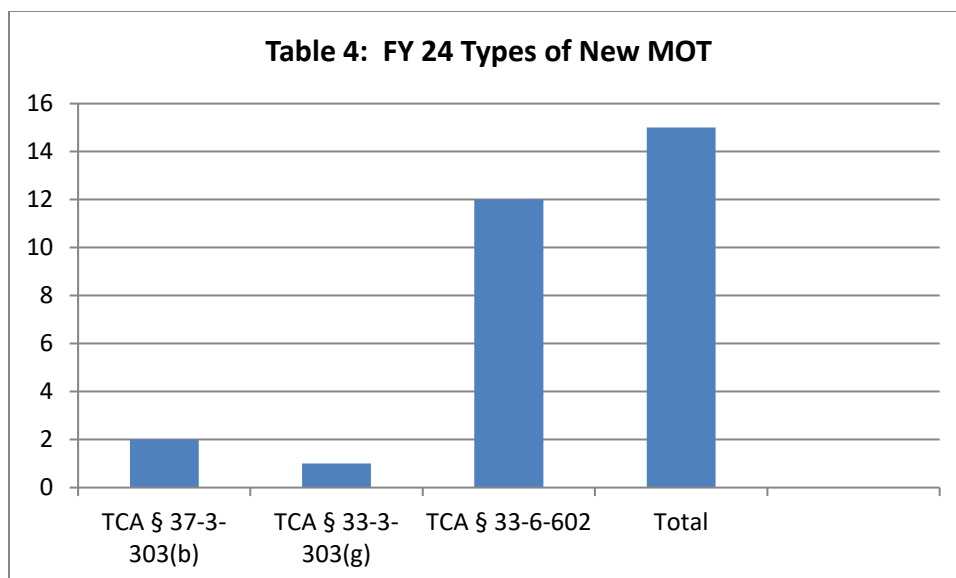
In FY 24 there were 82 forensic patients on MOT and 186 non-forensic patients on MOT. Many of the non-forensic patients released on MOT were originally forensic cases in the RMHIs under 33-7-301(b) but had their charges retired prior to discharge.



**New MOT Cases**

In FY 2024, 15 new MOT cases were initiated. Of these cases, 12 were initiated under TCA § 33-6-602, two under TCA § 33-7-303b, and one under TCA § 33-7-303g.

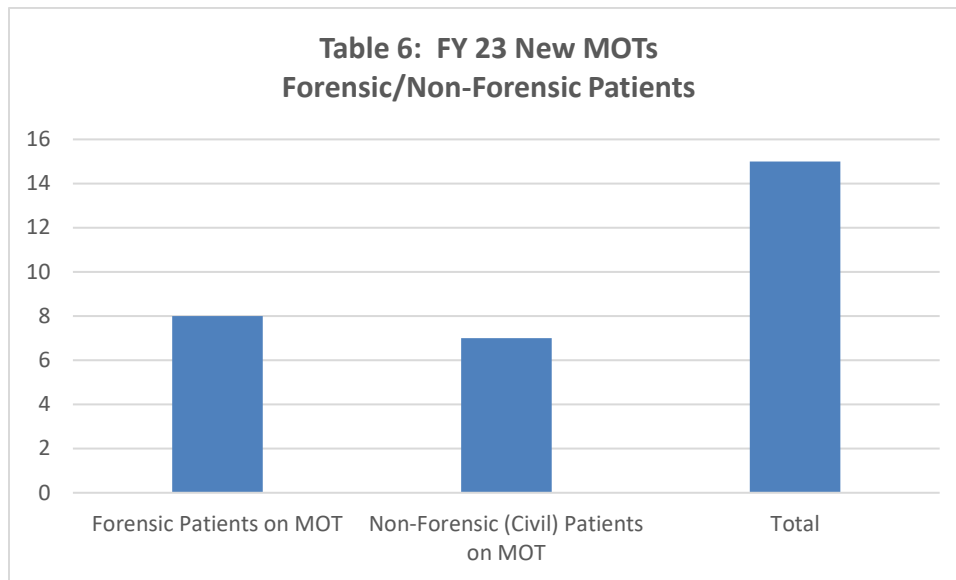
This is an increase from FY 23 in which 10 new MOT cases were initiated. It is a slight decrease from FY 22 in which 17 new MOT cases were initiated, and a more substantial decrease from FY 21 in which 24 new MOT cases were initiated, FY 20 in which 36 new MOT cases were initiated and FY 19 in which 45 new MOT cases were initiated. The decrease in new MOTs may partially be attributed to the regional mental health institutes eliminating or reducing 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 have also reported having difficulty finding willing MOT providers for patients ready for discharge.



**Table 5: FY 2024 Added MOTs by Month**

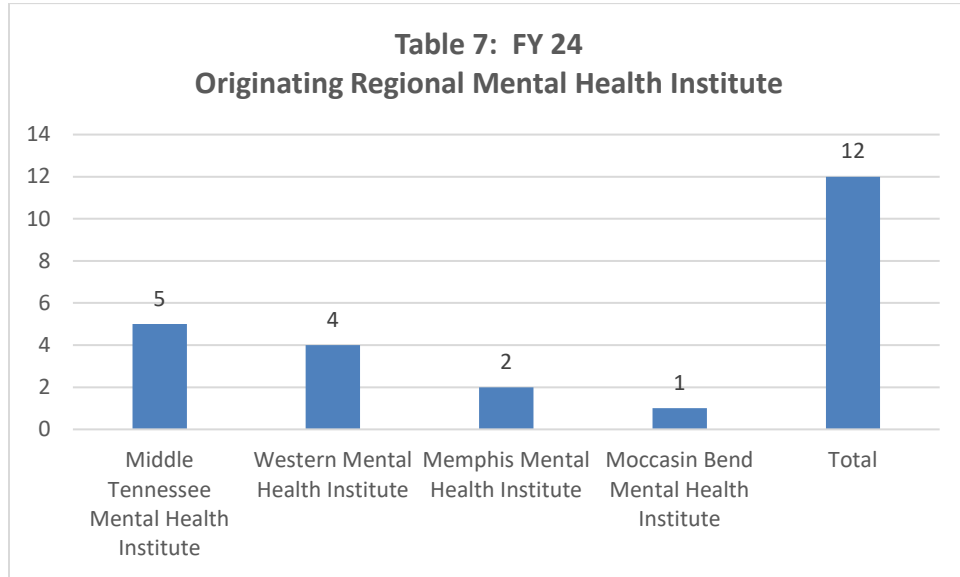
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	TOTALS
<b>Added Total</b>	1	2	1	1	2	0	1	1	3	2	0	1	15
<b>303b</b>	0	1	0	0	0	0	0	0	0	0	0	1	2
<b>303g</b>	0	0	0	0	0	0	0	0	1	0	0	0	1
<b>602</b>	1	1	1	1	2	0	1	1	2	2	0	0	12

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. Seven of the FY 24 new MOT cases had a non-forensic legal status and eight had forensic legal statuses. The breakout by month, above, show some improvement, yet releases continue to be slow as movement was restricted due to the continuing effects of the pandemic, and new MOTs under the auspices of T.C.A. § 33-3-303(b) and (g) were impacted by the previous cancellation or reduction of court hearings.



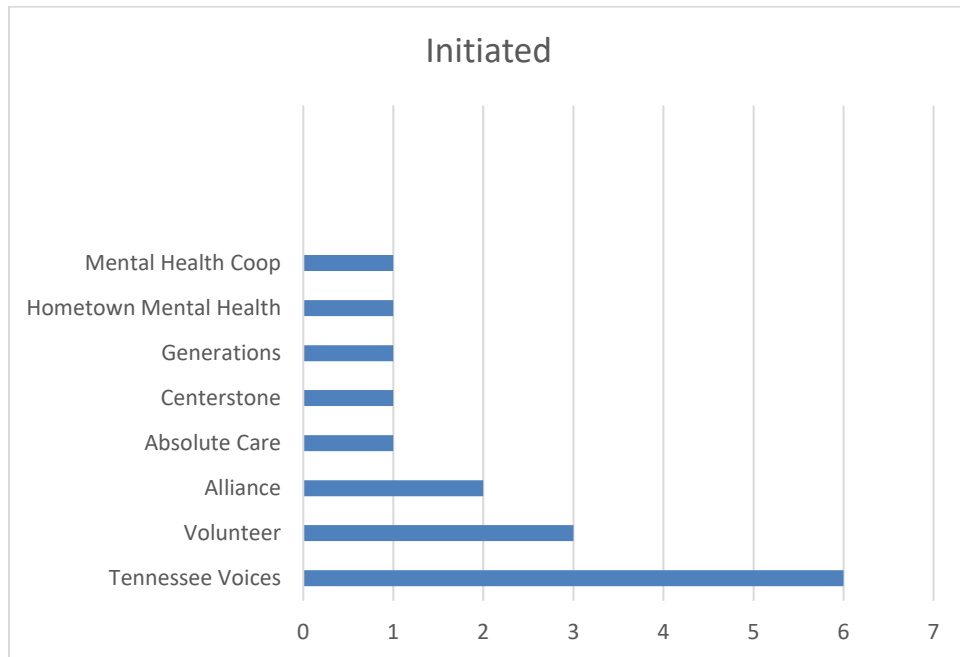
Five of the 10 new MOT consumers had legal charges that originated in Shelby County. Four originated in Davidson County, and two in Knox County. The remaining four MOT consumers had legal charges that originated in Madison, Maury, Robertson, and Warren counties.

Of the 12 new MOTs originating under T.C.A. § 33-6-602, five originated at Middle Tennessee Mental Health Institute, four at Western Mental Health Institute, two at Memphis Mental Health Institute, and one at Moccasin Bend Mental Health Institute.



Below is a table of the mental health agencies or providers which accepted the 12 new MOT consumers.

**Table 8: FY 24  
MOT Agencies Serving New MOT Consumers**



**Terminations**

In FY 2024, there were 27 MOT consumers whose MOT services were terminated, a reduced number from FY 23 when there were 48 MOT consumers whose MOT services were terminated and also similar to FY 22 when 47 MOT consumers had services terminated. In FY 21 35 MOT consumers had services terminated.

Thirteen 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. Eight were terminated due to the death of the consumer by natural causes. Four 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 decided that they no longer needed MOT services.

There were fourteen consumers whose MOT was terminated or allowed to lapse by decision of the MOT agency’s Treatment Team. Of these 14 individuals, seven of them were complying with their MOT contracts and no longer needed MOT services to remain in compliance. Four individuals moved out of state, so the agency assisted them with transitioning to another mental health agency in their new locations. The agencies lost contact with two consumers. One individual suffered worsening physical health and needed to enter a long-term rehab setting.

Of the 27 consumers whose MOT were terminated or lapsed, five received MOT services under the auspices of T.C.A. § 33-7-303(b), zero under the auspices of T.C.A. § 33-7-303(g), and 22 received MOT services under the auspices of T.C.A. § 33-6-602.

**Table 9: FY 2024 MOTs Terminated or Lapsed  
By Type**

T.C.A. § 33-7-303(g)	TCA § 33-7-303(b)	TCA § 33-6-602
0	5	22

**Table 10: FY 2024 Terminated MOTs by Month**

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	TOTALS
<b>Terminated Total</b>	0	3	1	1	6	2	1	2	5	2	3	1	27
<b>303b</b>	0	0	0	0	1	1	1	0	0	0	1	1	5
<b>303g</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>602</b>	0	3	1	1	5	1	0	2	5	2	2	0	22

The length of MOT service of those 27 consumers whose MOT was terminated ranged from just over one year to over 23 years, as outlined below:



**Table 11: FY 2024 MOT Terminations  
By Number of Years on MOT at Time of Termination**

<b>0 – 1 Year</b>	<b>1 – 2 Years</b>	<b>2 – 5 Years</b>	<b>5 – 10 Years</b>	<b>10 + Years</b>
0	4	3	5	15

As noted above, eight consumers died of natural causes while on active MOT in FY 24. Seven of the deceased consumers was receiving MOT services under TCA § 33-6-602 and one was receiving services under TCA § 33-7-303(b). Of the remaining 19 consumers whose MOT was terminated, 14 were receiving MOT services under TCA § 33-6-602 and five under TCA § 33-7-303(b).

**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.** Fourteen of the 27 individuals had their MOT terminated for this reason. Of these fourteen seven had become compliant and no longer needed MOT to maintain their mental health stability. Four moved out of state and the MOT agency assisted them with located mental health services in their new states. The agencies lost contact with two individuals and after a period of searching for them terminated their cases. And one individual entered long-term rehab due to poor physical health.

**Table 12: FY 2024 MOT Terminations  
By Reason**

	<b>Lapsed</b>	<b>Terminated by Court</b>	<b>Terminated by Death</b>	<b>Terminated by MOT</b>	<b>Terminated by RMHI</b>	<b>Total Cases</b>
Alliance Frayser			3			3
Alliance Southeas		1		1		1
Centerstone				4		4
CMI Health	1		1			2
Generations-West			1	1		2
Health Quest				1		1
HRM-Chatt			1	1		2
MHC				2		2
Pathways					1	1
Tenn Voices			1	1		2
VA-Memphis				1		1
Volunteer		4	1	1		6
<b>Total</b>	1	5	8	13	1	27

**Table 13: FY 2024 MOT Terminations By Community MOT Agency**

<b>Agency Name</b>	<b>Number of Terminations</b>	<b>Total Number of Consumers in MOT Service June 30, 2024</b>
Alliance Health Services (Frayser and Southeast locations)	4	66
Centerstone	4	25
CMI Healthcare Services	2	19
Generations (east and west locations)	2	37
Health Quest	1	0
Helen Ross McNabb (Chattanooga and Knoxville locations)	2	9
Mental Health Coop	2	20
Pathways Community Mental Health	1	12
Tennessee Voices	2	13
VA-Memphis	1	3
Volunteer	6	25
Absolute Care	0	5
Cherokee	0	1
Extended Family Care	0	2
Harbert Hills Nursing Home	0	1
Hometown Medical Services	0	10
Professional Care Services of West TN	0	7
Project Transition	0	1
Quinco	0	4
Ridgeview (Harriman, Oak Ridge, Oneida locations)	0	6
Support Solutions	0	2
<b>Total</b>	<b>27</b>	<b>268</b>

**MOT Agencies**

Twenty-one separate community agencies or private providers provided MOT services during FY 2024. Seventeen agencies are traditional community mental health centers. One agency is contracted to provide services through the Tennessee Department of Disability and Aging, which only accepts consumers with intellectual disabilities. One provider is an individual in private practice who provide 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 2024 Monthly MOTs**

	FY 15 602	FY15 303b	FY16 602	FY16 303b	FY17 602	FY17 303b	FY18 602	FY18 303b	FY19 602	FY19 303b	FY20 602	FY20 303b	FY21 602	FY21 303b	FY22 602	FY22 303b	FY22 602	FY22 303b
July	245	97	253	101	241	97	241	99	239	103	256	99	284	93	249	89	222	84
August	245	97	252	101	238	98	240	100	238	103	254	98	284	93	254	89	216	88
September	247	97	249	101	239	97	241	100	242	103	252	100	281	92	251	89	211	86
October	250	98	249	99	235	99	241	100	245	103	253	101	274	92	250	88	210	84
November	248	98	255	99	234	100	241	102	244	102	252	98	272	92	246	88	206	84
December	247	99	254	99	235	100	236	102	244	102	255	97	271	91	234	87	207	82
January	248	100	252	98	230	99	235	104	247	101	256	96	267	90	230	84	205	82
February	246	100	252	99	235	100	238	105	250	101	254	97	267	90	230	84	204	82
March	245	100	246	99	238	100	235	105	252	102	254	97	260	89	229	84	203	82
April	250	100	246	99	239	100	231	104	253	101	253	97	260	87	225	84	204	82
May	257	100	243	99	240	99	229	104	253	100	252	97	259	87	221	84	201	80
June	256	101	240	98	243	99	230	103	253	99	250	98	257	86	221	86	197	79

	FY 14 602	FY14 303b	FY 14 303g	FY18 303g	FY19 303g	FY20 303g	FY21 303g	FY22 303g	FY23 303g
July	194	78	8	0	1	3	7	6	1
August	194	78	8	0	1	5	7	6	0
September	194	78	8	1	2	5	7	6	0
October	194	78	8	1	2	5	7	6	0
November	193	77	8	1	2	6	7	6	0
December	192	76	8	1	2	6	7	7	0
January	193	75	8	1	2	6	7	7	0
February	191	75	8	1	2	6	6	7	0
March	188	75	9	1	2	6	6	7	0
April	188	74	9	1	3	6	6	7	0
May	186	73	9	1	3	6	6	7	0
June	186	73	9	1	3	6	6	7	8

In FY 24 the number of MOTs under TCA § 33-6-602 showed some decline as they decreased from a high of 194 in July 2023 to a low of 186 in June 2024. MOTs under TCA § 37-3-303(b) also decreased from a high of 78 to a low of 73. There was one added MOT under TCA 33-7-303(g) this year increasing the total to nine.

### **Affidavits of Non-Compliance**

All MOT consumers sign a contract with a supervising agency at the time his or her MOT services were 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 2024, a total of 16 new Affidavits of Non-Compliance were filed, and 18 others were continued from the previous fiscal year awaiting resolution, for a total of 34. At the end of the year only 20 were still unresolved. The 16 new Affidavits are a similar frequency as the 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 24 there were 268 individuals on MOT and 20 individuals with non-compliance affidavits still pending resolution, which is 8% of the total.

**Table 15: FY 24 Community Agencies Filing Affidavits of Non-Compliance**

<b>Agency</b>	<b>Non-Compliance Affidavits Filed</b>
Alliance	6
Centerstone	4
CMI Healthcare Services	1
Generations	1
Mental Health Coop	3
Pathways	5
Ridgeview	4
Tennessee Voices	5
Veterans Administration	1
Volunteer	4
<b>Total</b>	<b>34</b>

Eight of the 16 Affidavits of Non-Compliance that were carried over from FY 23 to FY 24 originated under the auspices of T.C.A. § 33-7-303(b). This type of MOT does not provide the option of being re-hospitalized in the originating regional mental health institute but rather a penalty of contempt of court. One of the 16 Affidavits is a type of MOT that originated under the auspices of T.C.A. § 33-7-303(g) in the community which also does not allow for rehospitalization of the consumer. So nine of the 16 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 16: FY 24 Affidavits of Non-Compliance Continuing from FY 23 to FY 24 by Type of MOT**

<b>T.C.A. § 33-7-303(b)</b>	<b>TCA § 33-6-602</b>	<b>TCA § 33-7-303(g)</b>
<b>8</b>	<b>7</b>	<b>1</b>

**Table 17: Affidavits of Non-Compliance Continuing from FY 23 to FY 24 by County of Original Legal Charge**

<b>County</b>	<b>Number</b>
Davidson	4
Shelby	3
Hamilton	2
Gibson	1
Grundy	1
Henderson	1
Monroe	1
Obion	1
Roane	1

Rutherford	1
Total	16

For the year FY 24 Shelby County had the greatest number of non-compliant MOT consumers (nine) with the next highest number originating in Davidson County with eight. Shelby County also had the greatest number of MOT clients (52%) of the total number of MOTs.

**Table 18: FY 24 County of Original Legal Charge, Non-Compliant MOTs**

Originating County	Number
Shelby	9
Davidson	8
Hamilton	2
Obion	2
Roane	2
Anderson	1
Dyer	1
Gibson	1
Grundy	1
Henderson	1
Lauderdale	1
Lewis	1
Maury	1
Monroe	1
Robertson	1
Rutherford	1
<b>Total</b>	<b>34</b>

Of the twenty non-compliant consumers remaining active at the end of FY 24, seven (35%) had MOT under the auspices of T.C.A. § 33-6-602, and 13 (65%) under the auspices of T.C.A. § 33-7-303(b) or (g).

**Table 19: FY 24 Type of Non-Compliant MOT Consumers at End of Fiscal Year**

Type of MOT	Number
T.C.A. § 33-6-602	7
T.C.A. § 33-7-303(b)	12
T.C.A. § 33-7-303(g)	1
<b>Total</b>	<b>20</b>

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 20: FY 24 Discharge Legal Status Code  
Non-Compliant Consumers**

Discharge Legal Status Code	Number
303(b) or (g) after Outpatient Evaluation (since 7/1/2009)	15
Commitment after NGRI; Includes at Least One Felony Charge	11
Criminal Charges Dropped With Civil Commitment	8
<b>Total</b>	<b>34</b>

After an Affidavit of Non-Compliance was filed, eight of the non-compliant MOT consumers were subsequently hospitalized. Seven were returned to their original regional mental health institutes following a hearing on their non-compliance. Another was hospitalized by court order for treatment under the auspices of TCA § 33-7-301(b) related to new criminal charges.

Seven consumers were awaiting their MOT non-compliance hearing at the end of FY 23.

Seven consumers became compliant during the non-compliance procedures and their court hearings were cancelled.

Four consumers have current situations where their location is unknown to their MOT agency. Four consumers were in jail. All four had charges related to their MOT non-compliance as well as new charges.

One consumer had her MOT terminated prior to her non-compliance hearing as she could not be located after a significant period of time had elapsed.

One consumer moved out of state without permission. Another consumer had a court hearing and in the hearing the non-compliance affidavit was dismissed.

The final consumer’s MOT was terminated by her death.

**Table 21: FY 24 Outcome of Non-Compliance Affidavits**

Status	Number
Hospitalized for non-compliance or further treatment.	8
Awaiting non-compliance hearing	7
Consumer became compliant prior to court hearing	7
Location unknown to MOT agency.	4
In jail awaiting hearing on unrelated charges or non-compliance	4
Affidavit of Non-Compliance dismissed by court.	1
Moved out of state without permission	1
MOT terminated when agency could not locate consumer after significant period of time.	1
Deceased	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 21) 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. Renewals/reviews were due every six months, so each consumer who was rated would have been rated twice yearly.



**Table 22: FY 2024 Numeric Compliance Ratings**

Compliance Ratings	July to December 2018	January to June 2019	July to December 2020	January to June 2020	July to December 2020	January to June 2021	July to December 2021	January to June 2022	July to December 2022	January to June 2023	July to December 2023	January to June 2024
0*	5	3	2	0	3	0	0	0	4	3	2	2
1	12	12	12	12	16	14	17	12	9	7	8	7
1.1 to 1.69	14	17	16	17	15	23	8	8	8	7	7	10
1.70 to 1.99	9	9	4	3	4	3	9	10	7	4	6	5
2	90	86	81	69	74	72	70	57	61	68	57	56
Total Rated	130	127	115	101	112	112	104	87	88	88	79	80
Total Not Rated	225	228	191	196	237	237	210	227	168	163	159	148

\*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 23: FY 2024 Types of Original Legal Charges by Frequency**

<b>Charge(s)</b>	<b>Number of Occurrences</b>
Aggravated Assault (felony)	79
Simple Assault (misdemeanor)	32
None	28
Theft	21
Murder	21
Sex Offense	20
Vandalism/Trespassing/Nuisance	19
Attempted Murder	16
Weapons Offenses	11
Arson	8
Robbery	8
Kidnapping/Attempted Kidnapping	3
Escape/Failure to Comply/Obstruction of Justice	1
Obstruction of Justice	1
<b>Total</b>	<b>268</b>

**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 24. Of these 47 defendants 32 are still active (including eight who are awaiting a court order). Fifteen individuals are no longer active. Of these 15 defendants, nine were completed with five being competent and four not being competent. Two individuals had their charges dropped, one was uncooperative, and one was deferred.

## **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 24 to pay for MOT services for persons on MOT under the new law who do not have insurance or income to meet their treatment or housing needs. During FY 24 one consumer was 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 nine. 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 24 **new** affidavits of non-compliance were filed in only **7%** of all MOT cases. When those affidavits that were carried over from FY 23 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, 2024, only 9% 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.