

FY 2022
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 2022 (July 1, 2021-June 30, 2022), 26 separate providers had clients subject to MOT, most of which were traditional community mental health agencies, but also included private practitioners and the Veteran's Administration. During this period furloughs and discharges were occasionally paused at the regional mental health institutes in response to the coronavirus pandemic so there were more MOT cases that ended in termination (47) than the number of new MOT cases that were added (17). At year's end there were a total of 314 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.

Most (30 of 47) of the individuals whose MOT obligation was terminated during FY 22 had their MOT terminated because they no longer required the legal obligation or whose circumstances changed so that it no longer applied (one entered a nursing home, two transferred to a mental health provider who didn't provide MOT, 12 passed away of natural causes, 15 simply did not require MOT in order to participate in treatment). Four MOT contracts were allowed to lapse. Four individuals had their MOT terminated by court order. Four were not compliant with treatment even with MOT. Two individuals were discharged from a regional mental health institute without MOT after being recommitted for non-compliance. One individual moved to another state and the MOT agency lost contact with two others. The length of time on MOT for those whose MOT was terminated during FY 21 ranged from 319 days to over 36 years.

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 22.

FY 2022
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). 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

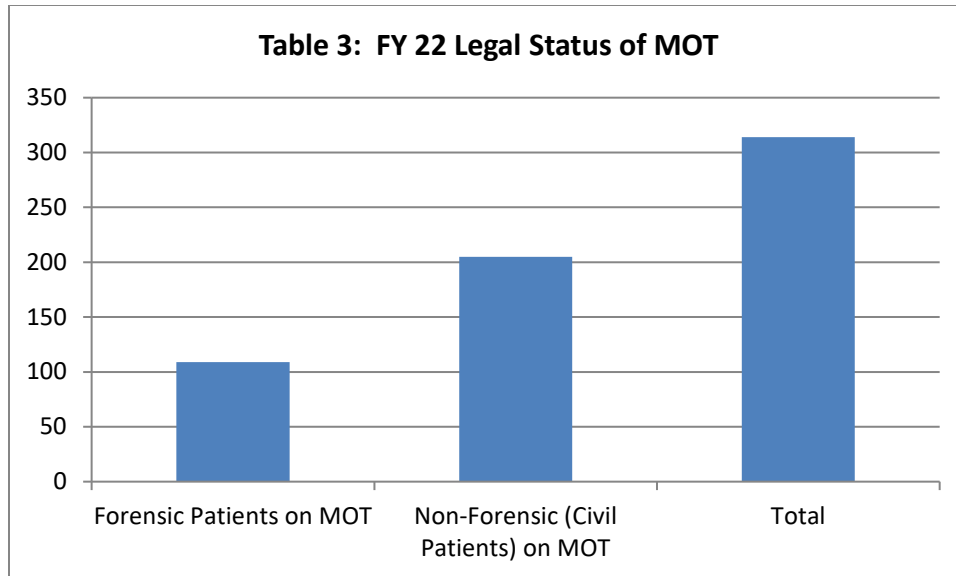
**Table 2: Total MOTs
June 30, 2022**

Type of MOT	Active MOTs	Suspended MOTs Due to Hospitalization	Total MOTs
303b	77	3	80
303g	7	0	7
602	197	24	221
Both 303b and 602	6	0	6
Totals	287	27	314

Table 2, above, shows that less than 10% (8.5%) of patients on MOT had their MOT suspended because they were hospitalized. The majority of the 314 total MOTs originated in Shelby County courts which oversee a total of 160 MOTs (a large number but a significant reduction from 190 in FY 22). Forty-two MOTs originated in Davidson County, 23 in Hamilton, and 10 in Knox. Eleven originated in Madison County, six in Sumner, and five in Hardeman. Two counties (Rutherford and Lewis) had four MOTs each. Four counties (Anderson, Gibson, Scott, and Williamson) have three MOTs each. Six counties (Anderson, Hickman, Lauderdale, Obion, Robertson, and Tipton) have two MOTs each. Twenty-five counties have only one MOT (Bedford, Blount, Bradley, Campbell, Carroll, Chester, Coffee, Crockett, Cumberland, Dyer, Fayette, Giles, Grundy, Hawkins, Hardin, Marion, Maury, McMinn, Monroe, Overton, Rhea, Roane, Sullivan, Union, 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 22 there were 109 forensic patients on MOT and 205 non-forensic patients on MOT. This was a change from FY 21 when forensic patients (169) were much closer to the number of non-forensic (180) patients. 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 2022, 17 new MOT cases were initiated. Of these cases 12 were initiated under TCA § 33-6-602, four under TCA § 33-7-303b, and one under TCA § 33-7-303g. This is a continuing 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. This 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, and also because the courts suspended hearings periodically during the same period.

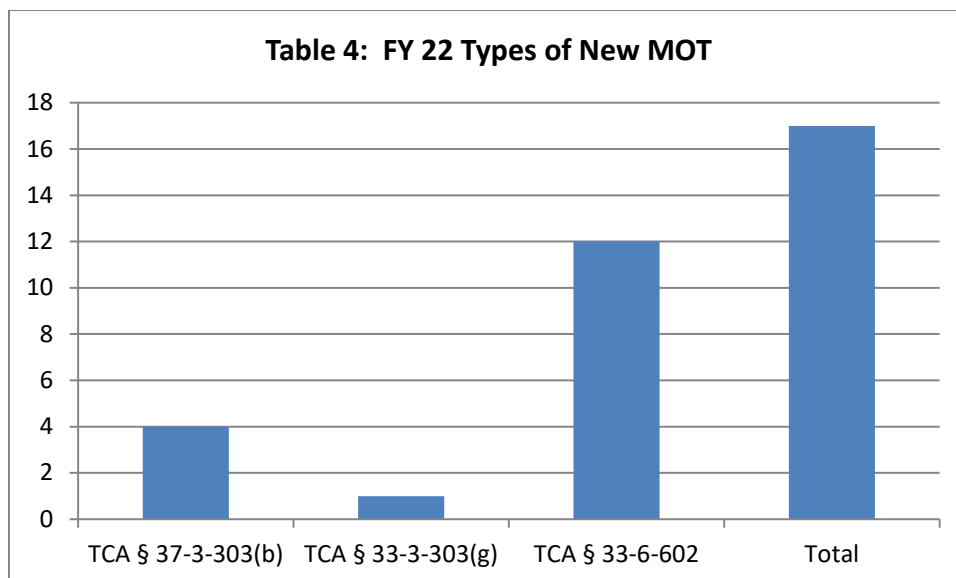
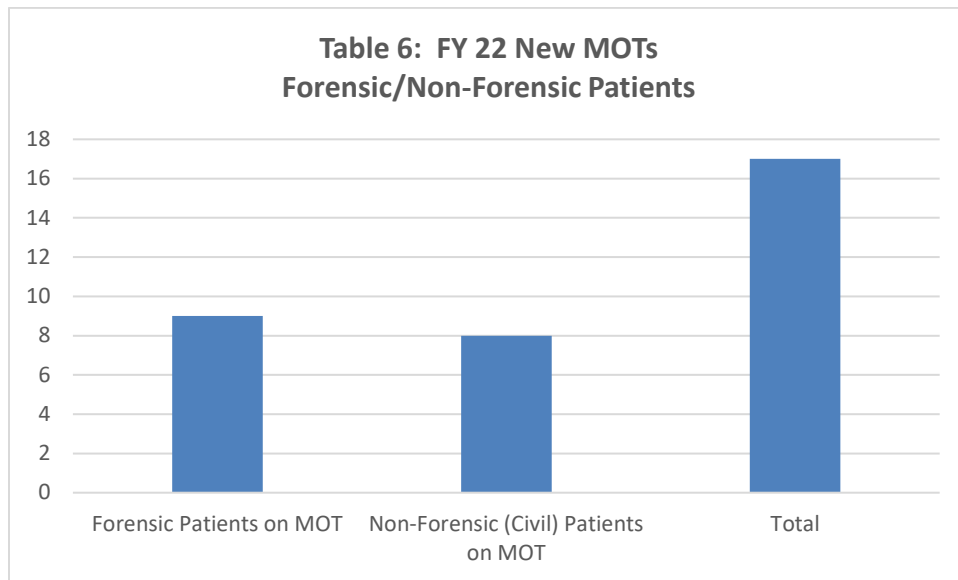


Table 5: FY 2022 Added MOTs by Month

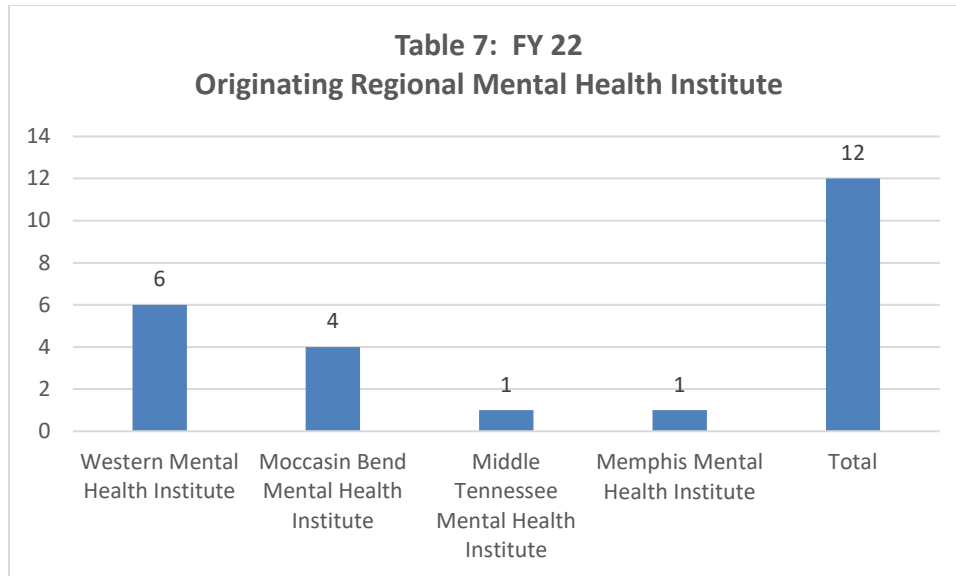
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	TOTALS
Added Total	2	2	1	1	0	4	1	1	2	0	0	3	17
303b	1	0	0	0	0	0	0	0	1	0	0	2	4
303g	0	0	0	0	0	1	0	0	0	0	0	0	1
602	1	2	1	1	0	3	1	1	1	0	0	1	12

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. Eight of the FY 22 new MOT cases had non-forensic legal statuses and nine had forensic legal statuses. The breakout by month, above, shows releases continued to be slow as movement was restricted due to the continuing pandemic, and new MOTs under the auspices of T.C.A. § 33-3-303(b) and (g) were impacted by the cancellation or reduction of court hearings.



Three of the 17 new MOT consumers had legal charges that originated in Hamilton County. Two had legal charges that originated in Hardeman and Shelby Counties. And ten had legal charges originating in Blount, Crockett, Davidson, Fayette, Hardin, Henderson, Lauderdale, Lewis, Madison, and Obion counties.

Of the 12 new MOTs originating under T.C.A. § 33-6-602, six originated at Western Mental Health Institute, four at Moccasin Bend Mental Health Institute, and one each at Middle Tennessee Mental Health Institute, and Memphis Mental Health Institute (which typically serves only acute forensic cases).



Terminations

In FY 2022, there were 47 MOT consumers whose MOT services were terminated, an increase from FY 21 when 35 MOT consumers had services terminated. Twelve of these were terminated due to the death of the consumer by natural causes. Thirty others had their MOT terminated by decision of the MOT agency’s Treatment Team or by court order. Four of the consumers had MOTs that were not renewed by their MOT agencies, so their MOT was allowed to lapse. One of the consumers left their housing without permission and moved to another state with no plan to return.

Of the 47 consumers whose MOT were terminated or lapsed, seven received MOT services under the auspices of T.C.A. § 33-7-303(b), and 40 received MOT services under the auspices of T.C.A. § 33-6-602.

**Table 8: FY 2022 MOTs Terminated or Lapsed
By Type**

T.C.A. § 33-7-303(g)	TCA § 33-7-303(b)	TCA § 33-6-602
0	7	40

Table 9: FY 2022 Terminated MOTs by Month

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	TOTALS
Terminated Total	4	3	1	5	12	3	4	1	5	4	4	1	47
303b	1	0	0	1	0	1	1	0	3	0	0	0	7
303g	0	0	0	0	0	0	0	0	0	0	0	0	0
602	3	3	1	4	12	2	3	1	2	4	4	1	40

The length of MOT service of those 35 consumers whose MOT was terminated by the MOT agency, death, or by court order ranged from six months to over 36 years, as outlined below:

**Table 10: FY 2022 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
1	4	5	18	19

As noted above, twelve consumers died of natural causes while on active MOT in FY 22. Seven of the deceased consumers were receiving MOT services under TCA § 33-6-602 and five were receiving services under TCA § 33-7-303(b). Of the remaining 35 consumers whose MOT was terminated, 28 were receiving MOT services under TCA § 33-6-602 and seven 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. Fifteen individuals were doing well on their MOT and no longer needed a legal obligation under MOT to remain compliant. Four MOTs were terminated by court order and four were allowed to lapse by the MOT agency. Three of the consumers were not compliant even with a MOT obligation or were deemed inappropriate for MOT, so the agency chose to terminate their contract based on their lack of compliance or perceived inability to comply. Two individuals transferred to a new mental health provider who did not provide MOT services. Two consumers moved to other states or out of the service area and the agencies lost contact with two consumers. Two consumers were discharged without MOT from a regional mental health institute following hospitalizations for non-compliance. One consumer entered a nursing home. As mentioned earlier twelve individuals were deceased.

**Table 11: FY 2022 MOT Terminations
By Reason**

MOT no longer necessary for compliance	Deceased	MOT allowed to lapse by agency	Terminated by court order	Agency lost contact or consumer moved.	Not compliant even with a legal obligation.	Discharged from RMHI without MOT	New provider that doesn't accept MOT	Nursing home placement
15 (32%)	12 (26%)	4 (9%)	4 (9%)	4 (9%)	3 (6%)	2 (4%)	2 (4%)	1 (2%)

Only 14 of the 26 MOT agencies that were active in FY 2022 elected to terminate MOT services to a consumer.

Table 12: FY 2022 MOT Terminations By Community MOT Agency

Agency Name	Number of Terminations	Total Number of Consumers in MOT Service June 30, 2022
A Plus Care Solutions	1	0
Alliance Health Services	22	92
Centerstone	1	30
CMI Healthcare Services	4	25
Elam Mental Health Center	1	1
Frontier	1	0
Generations	4	39
Helen Ross McNabb	3	12
Mental Health Coop	1	22
Pathways Community Mental Health	3	14
Pine Meadows Healthcare & Rehabilitation	1	0
Support Solutions	1	3
Tennessee Voices	2	8
Volunteer	2	29
Absolute Care	0	4
Cherokee	0	1
Extended Family Care	0	1
Harbert Hills Nursing Home	0	1
HealthQuest	0	1
Hometown Medical Services	0	8
Loving Arms	0	1
Professional Care Services of West TN	0	7
Project Transition	0	1
Quinco	0	5
Ridgeview	0	9
Veterans Administration Medical Center Memphis	0	4
Total	47	314

MOT Agencies

Twenty-six separate community agencies or private providers provided MOT services during FY 2022. Nineteen agencies are traditional community mental health centers. Two providers are nursing homes. Two agencies are contracted to provide services through the Department of Intellectual and

Developmental Disabilities, which only accepts consumers with intellectual disabilities. Two providers are individuals in private practice who provide contracted services to housing agencies. 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.

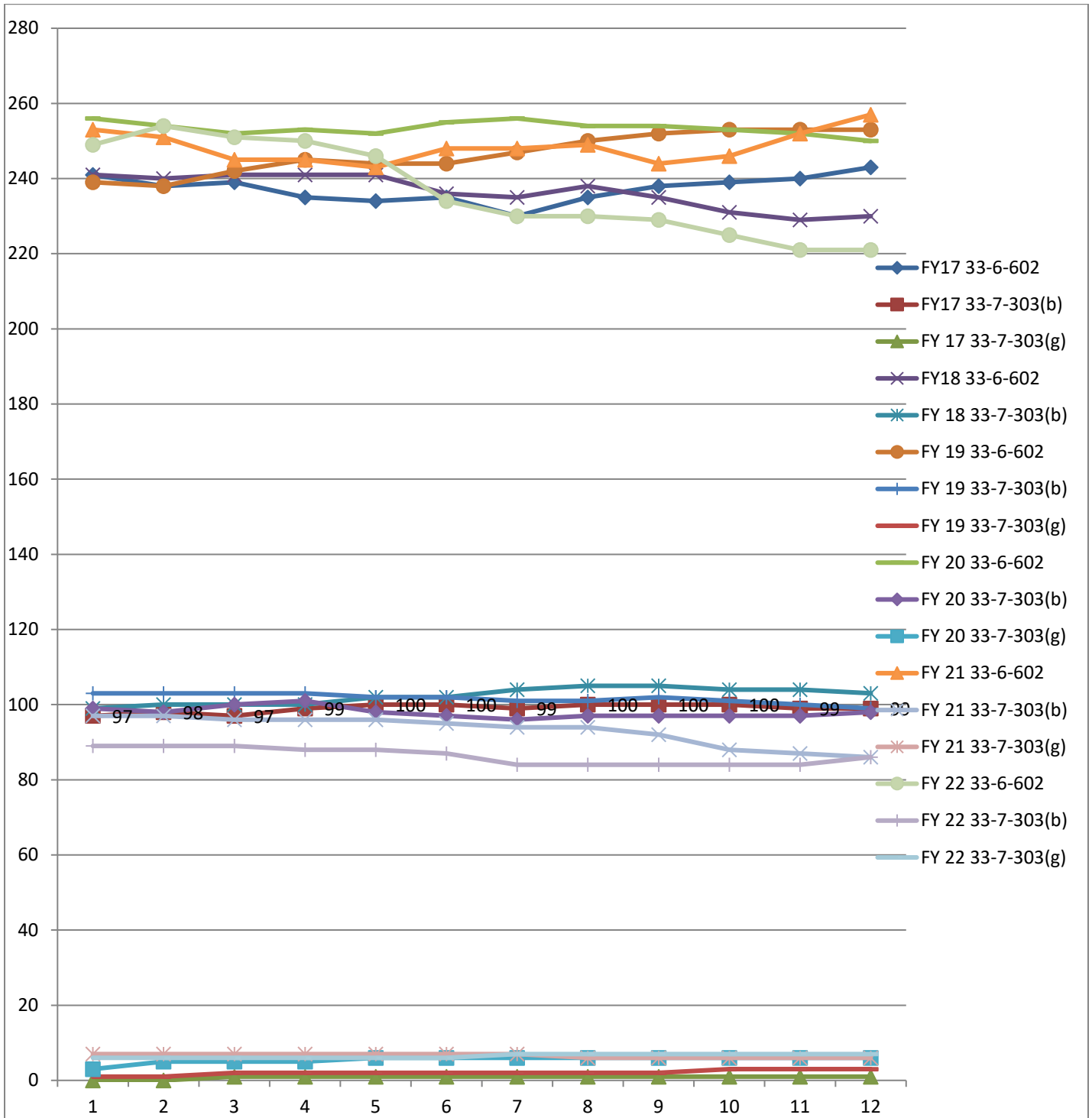
Table 13: FY 2015, FY 2016, FY 2017, FY 2018, FY 2019, FY 2020, FY 2021, FY 2022 Monthly MOTs

	FY15 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
July	245	97	253	101	241	97	241	99	239	103	256	99	284	93	249	89
August	245	97	252	101	238	98	240	100	238	103	254	98	284	93	254	89
September	247	97	249	101	239	97	241	100	242	103	252	100	281	92	251	89
October	250	98	249	99	235	99	241	100	245	103	253	101	274	92	250	88
November	248	98	255	99	234	100	241	102	244	102	252	98	272	92	246	88
December	247	99	254	99	235	100	236	102	244	102	255	97	271	91	234	87
January	248	100	252	98	230	99	235	104	247	101	256	96	267	90	230	84
February	246	100	252	99	235	100	238	105	250	101	254	97	267	90	230	84
March	245	100	246	99	238	100	235	105	252	102	254	97	260	89	229	84
April	250	100	246	99	239	100	231	104	253	101	253	97	260	87	225	84
May	257	100	243	99	240	99	229	104	253	100	252	97	259	87	221	84
June	256	101	240	98	243	99	230	103	253	99	250	98	257	86	221	86

	FY 18 303g	FY 19 303g	FY 20 303g	FY 21 303g	FY 22 303g
July	0	1	3	7	6
August	0	1	5	7	6
September	1	2	5	7	6
October	1	2	5	7	6
November	1	2	6	7	6
December	1	2	6	7	7
January	1	2	6	7	7
February	1	2	6	6	7
March	1	2	6	6	7
April	1	3	6	6	7
May	1	3	6	6	7
June	1	3	6	6	7

In FY 22 the number of MOTs under TCA § 33-6-602 showed significant decline as they decreased from a high of 249 in July, 2021 to a low of 221 in June, 2022. MOTs under TCA § 37-3-303(b) remained about the same as they decreased from a high of 89 to a low of 86. There was one added MOT under TCA 33-7-303(g) this year increasing the total to seven.

**Table 14: 2017, FY 2018, FY 2019, FY 2020, FY 2021, FY 2022
Monthly MOTs by Trend Line**



Affidavits of Non-Compliance

All MOT consumers signed 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 were 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 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 2022, a total of 19 new Affidavits of Non-Compliance were filed and eight others continued from the previous fiscal year awaiting resolution, for a total of 27. At the end of the year only 19 were still unresolved. The 19 new Affidavits were a decrease from 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 22 there were 314 individuals on MOT; 27 individuals with non-compliance affidavits which is 9% of the total. The majority of the non-compliant MOT consumers had legal charges that originated in Shelby County, which also had 52% of the total number of MOTs.

Table 15: FY 22 County of Original Legal Charge, Non-Compliant MOTs

Originating County	Number
Shelby	9
Davidson	4
Hamilton	4
Madison	2
Carroll	1
Grundy	1
Hardeman	1
Knox	1
Monroe	1
Roane	1
Rutherford	1
Sumner	1
Total	27

Of the twenty-seven non-compliant consumers, 16 (59%) had MOT under the auspices of T.C.A. § 33-6-602, and eleven (41%) under the auspices of T.C.A. § 33-7-303(b) or (g).

Table 16: FY 22 Type of Non-Compliant MOT Consumers

Type of MOT	Number
T.C.A. § 33-6-602	16
T.C.A. § 33-7-303(b)	10
T.C.A. § 33-7-303(g)	1
Total	27

The majority of non-compliant consumers 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 category of non-compliant consumers is those who were involuntarily committed to a RMHI following an emergency hospitalization with no criminal charges. The third largest group is those committed to a RMHI following an adjudication of NGRI on at least one felony charge. And the fourth group is those placed on MOT following a trial in the community but who were not hospitalized.

Table 17: FY 22 Discharge Legal Status Code Non-Compliant Consumers

Discharge Legal Status Code	Number
Criminal Charges Dropped With Civil Commitment	7
Involuntary Civil Commitment	6
Commitment after NGRI; Includes at Least One Felony Charge	5
303(b) or (g) after Outpatient Evaluation (since 7/1/2009)	8
Total	27

Seven consumers were awaiting their MOT non-compliance hearing at the end of FY 22. Six consumers were in jail. Four were in jail awaiting hearings on charges unrelated to their MOT non-compliance. One consumer was in jail due to a probation violation. For one other, at the non-compliance hearing the court ordered that he return to the hospital as a recommitment after MOT non-compliance so he was in Jail awaiting admission.

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

Three consumers did not appear at their non-compliance hearings, and warrants were issued by the court.

After an Affidavit of Non-Compliance was filed, three of the non-compliant MOT consumers were subsequently hospitalized. Two were hospitalized on an emergency basis, one of these was subsequently judicially committed as a civil commitment superseding emergency hospitalization, and the other was awaiting discharge when a more appropriate MOT provider is located. The third was hospitalized by court order for treatment under the auspices of TCA § 33-7-301(b).

Two consumers had their MOTs terminated prior to their non-compliance hearings as one could not be located for over a year and the other moved to Missouri.

The final consumer’s whereabouts is currently unknown, although the MOT agency has been in contact with crisis responders in the city where they are believed to be residing to ask them to watch for him.

Table 18: FY 22 Outcome of Non-Compliance Affidavit

Awaiting non-compliance hearing	7
In jail awaiting hearing on unrelated charges or awaiting admission to RMHI.	6
Consumer became compliant prior to court hearing	5
Warrant issued when consumer did not appear for hearing	3
Hospitalized for non-compliance, further treatment, or as an emergency	3
MOT terminated by court or by agency	2
Location unknown.	1
Total	27

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.

More than half (15 of 26) MOT agencies or independent practitioners providing compliance ratings used the numeric scoring system. Some of these fifteen 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 19: FY 2022 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
0*	5	3	2	0	3	0	0	0
1	12	12	12	12	16	14	17	12
1.1 to 1.69	14	17	16	17	15	23	8	8
1.70 to 1.99	9	9	4	3	4	3	9	10
2	90	86	81	69	74	72	70	57
Total Rated	130	127	115	101	112	112	104	87
Total Not Rated	225	228	191	196	237	237	210	227

*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 20 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 20: FY 2022 Types of Original Legal Charges by Frequency

Charge(s)	Number of Occurrences
Aggravated Assault (felony)	88
None	47
Simple Assault (misdemeanor)	43
Theft	28
Vandalism/Trespassing/Nuisance	24
Murder	19
Attempted Murder	18
Sex Offense	18
Arson	9
Weapons Offenses	9
Robbery	5
Kidnapping	4
Escape/Failure to Comply/Obstruction of Justice	2
Total	314

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 Intellectual and Developmental Disabilities (TDIDD) 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 33, Chapter 5, Parts 4 and 5.

There were 42 defendants with a developmental disability ordered to participate in MOT for incompetent defendants in FY 22. Twenty-two have completed their competency training. TDMHSAS is awaiting notification of completion for the 20 others who were still receiving training at the end of FY 22.

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 22 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 22 one consumer was discharged under the new law, raising the total number of persons on MOT under the auspices of T.C.A. § 33-7-303(g) to seven. 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. Affidavits of non-compliance were filed in only 9% of all MOT cases. 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, 2022, only 8.5% 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.