

**FY 2018  
Mandatory Outpatient Treatment (MOT)  
Annual Report**

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**

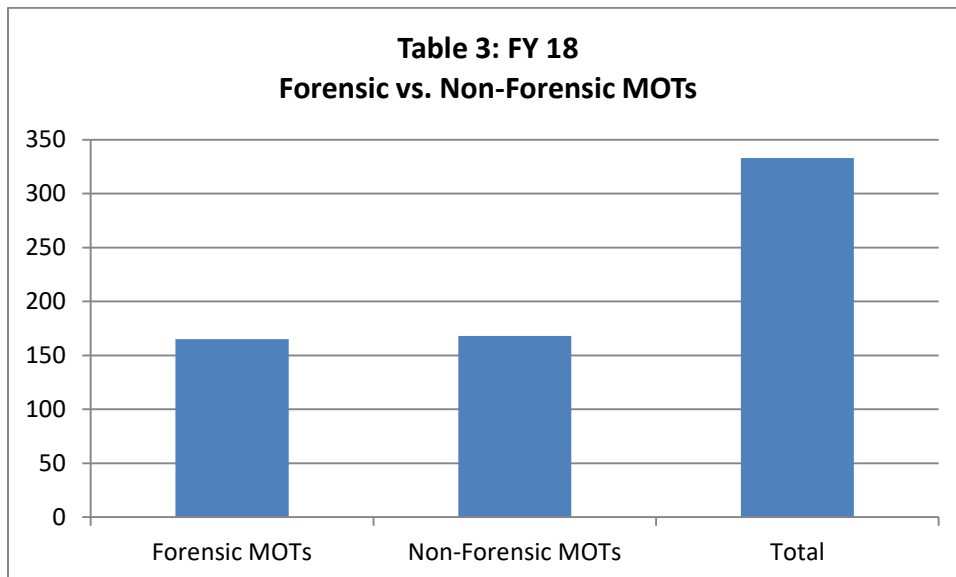
T.C.A. § 33-6-602	T.C.A. § 33-7-303(b)	T.C.A. § 33-7-303(g)
Starts in the hospital for those committed under Title 33, Chapter 6, Part 5	Starts in the community for NGRI acquittees after evaluation under T.C.A. § 33-7-303(a)	Is required for service recipients found not guilty by reason of insanity of 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	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 judicially committed, or may result in civil or criminal contempt

**Table 2: Total MOTs  
July 1, 2018**

Type of MOT	Active MOTs	Suspended MOTs Due to Hospitalization	Total MOTs
<b>303b</b>	100	3	103
<b>303g</b>	0	0	0
<b>602</b>	216	14	230
<b>Totals</b>	316	17	333

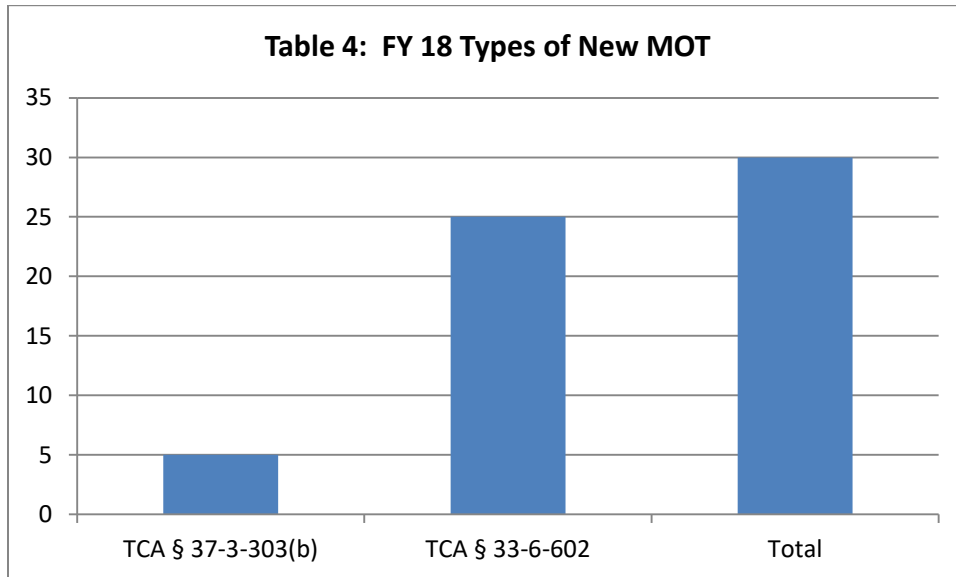
The majority of the 333 total MOTs originated in Shelby County courts which oversee a total of 179 MOTs. Fifty-one originated in Davidson, 18 in Hamilton, and 14 in Knox. Nine originated in Madison County, five in Hardeman and Sumner, four in Anderson. Six counties (Gibson, Rutherford, Scott, Sullivan, Tipton and Williamson) have three MOTs each. Four counties (Cumberland, Hickman, Lauderdale, Maury) have two MOTs each. Twenty-two counties have only one MOT (Bedford, Bradley, Campbell, Carroll, Cocke, Coffee, Giles, Grundy, Hardin, Hawkins, Henderson, Jefferson, Lewis, Marion, Marshall, McMinn, Montgomery, Overton, Putnam, Roane, Robertson, and Union).

Non-forensic MOTs are judicially committed to a hospital for involuntary care under Title 33, Chapter 6, Part 5, Tenn. Code Annotated and when eligible for discharge meet the criteria for MOT. Forensic MOTs may originate in the hospital if they are committed subsequent to T.C.A. § 33-7-301(b), or 33-7-303(c). Forensic MOTs may also originate in the community 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 18 there were 165 forensic MOTs and 168 non-forensic MOTs. Many of the non-forensic MOTs were originally forensic cases in the RMHIs under 33-7-301(b) but had their charges retired prior to discharge.



**New MOT Cases**

Thirty new MOT cases were initiated in FY 2018. Of these cases, 25 were initiated under TCA § 33-6-602 and five were initiated under TCA § 33-7-303(b). This was a decrease from FY 2017 in which 41 new MOT cases were initiated.

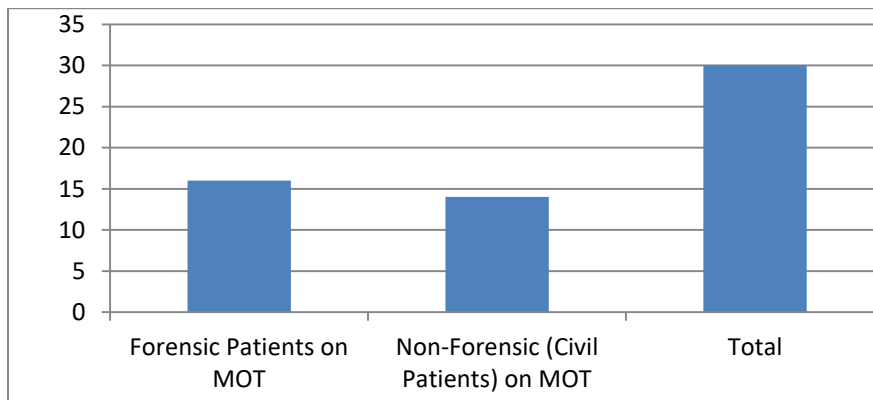


**Table 5: FY 2018 Added MOTs by Month**

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	TOTALS
<b>Added Total</b>	3	4	4	3	2	1	2	5	0	2	2	2	30
<b>303b</b>	0	1	0	1	2	0	1	0	0	0	0	0	5
<b>602</b>	3	3	4	2	0	1	1	5	0	2	2	2	25

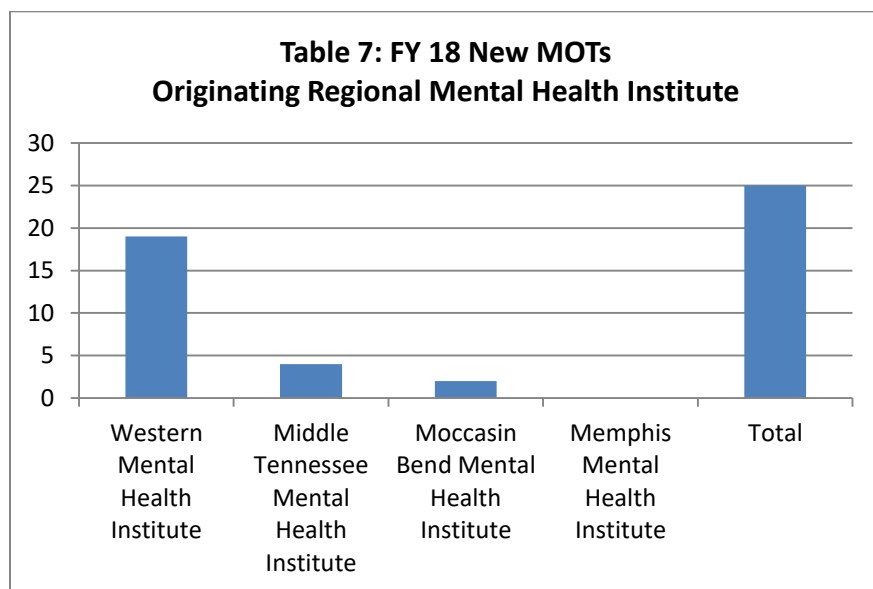
TCA § 33-6-602 patients may have been in either forensic or non-forensic legal status, whereas all TCA § 37-7-303(b) MOTs are considered forensic patients having been found NGRI on a criminal offense. Sixteen of the FY 18 new MOT cases had non-forensic legal statuses and 14 had forensic legal statuses.

**Table 6: FY 18 New MOTs  
Forensic/Non-Forensic Patients**



Of the 25 new MOTs originating under TCA § 33-6-602, 19 originated at Western Mental Health Institute, four at Middle Tennessee Mental Health Institute, two at Moccasin Bend Mental Health Institute, and zero at Memphis Mental Health Institute (which serves only acute forensic cases).

**Table 7: FY 18 New MOTs  
Originating Regional Mental Health Institute**



**Terminations**

In FY 2018, there were 40 MOT consumers whose MOT services were terminated. Five of these were terminated due to the death of the consumer (all due to natural causes). Thirty-five others had their MOT terminated by decision of the MOT agency’s Treatment Team or by court order.

**Table 8: FY 2018 MOTs Terminated  
By Type**

TCA § 33-7-303(b)	TCA § 33-6-602
3	37

**Table 9: FY 2018 Terminated MOTs by Month**

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	TOTALS
<b>Terminated Total</b>	2	4	2	3	2	4	2	2	5	6	3	5	40
<b>303b</b>	0	0	0	0	0	0	0	0	1	0	0	2	3
<b>602</b>	2	4	2	3	2	4	2	2	4	6	3	3	37

The length of MOT service of those 40 consumers whose MOT was terminated by the MOT agency or by court order varied as outlined below:

**Table 10: FY 2018 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
5	7	9	11	18

As noted above, five consumers died of natural causes while on active MOT in FY 18. Two of the five deceased consumers were receiving MOT services for 10+ years, one was receiving MOT services for 5-10 years, and two for less than one year (one of these died in a nursing home from a heart attack, and one died following a seizure). Four of the deceased five were receiving MOT services under TCA § 33-6-602 and one was receiving services under TCA § 33-7-303(b). Of the remaining 35 consumers whose MOT was terminated, 33 were receiving MOT services under TCA § 33-6-602 and two under TCA § 33-7-303(b).

The most common reason for an MOT to be terminated was that the person had successfully adjusted to the community and no longer needed MOT. As mentioned earlier, five individuals were deceased. Twenty individuals were doing well on their MOT and no longer needed a MOT obligation to remain compliant. Ten of the consumers were not compliant even with a MOT obligation, so the agency chose to terminate their contracts based on their lack of compliance. Two individuals moved out of the service area of their MOT agency (one out-of-state, one to an area without an available MOT agency). One MOT was terminated by court order, one was hospitalized for a lengthy time, and one moved into long-term care.

**Table 11: FY 2018 MOT Terminations  
By Reason**

MOT no longer necessary for compliance	Not compliant even with a legal obligation	Deceased	Hospitalized with extended stay or placed in long-term care	Moved out of state or out of service area	Terminated by Court Order
20 (50%)	10 (25%)	5 (12.5%)	2 (5%)	2 (5%)	1 (2.5%)

Only 14 of the 26 MOT agencies that were active in FY 2018 elected to terminate MOT services to a consumer.

**Table 12: FY 2018 MOT Terminations  
By Community MOT Agency**

Agency Name	Number of Terminations	Total Number of Consumers Served FY 18
<b>Alliance Health Services</b>	<b>5</b>	93
<b>Case Management, Inc.</b>	<b>4</b>	33
<b>Centerstone, Inc.</b>	<b>4</b>	25
<b>Cherokee</b>	<b>1</b>	3
<b>Elam Mental Health Center</b>	<b>1</b>	2
<b>Generations</b>	<b>11</b>	52
<b>Helen Ross McNabb</b>	<b>1</b>	15
<b>LifeCare</b>	<b>1</b>	4
<b>Loving Arms</b>	<b>1</b>	1
<b>Pathways Community Mental Health</b>	<b>2</b>	11
<b>Professional Care Services</b>	<b>4</b>	6
<b>Support Solutions</b>	<b>1</b>	0
<b>Quinco</b>	<b>1</b>	7
<b>Volunteer</b>	<b>3</b>	29
A Plus Care Solutions	0	2
Ecker Center	0	1
Extended Family Care	0	1
Frontier	0	1
Dr. Hugh Moore (private provider)	0	1
Harbert Hills Nursing Home	0	1
Hometown Medical Services	0	2
MCK Behavior Services	0	1
Mental Health Coop	0	22
Pine Meadows Healthcare & Rehabilitation	0	1

Project Transition	0	1
Resources for Human Development	0	2
Ridgeview	0	11
Veterans Administration (Memphis)	0	5
<b>Total</b>	<b>40</b>	<b>333</b>

### MOT Agencies

Twenty-eight separate community agencies or private providers provided MOT services during FY 2018. Twenty-one agencies are traditional community mental health centers. Three agencies are contracted to provide services through the Department of Intellectual and Developmental Disabilities, which only accepts consumers with intellectual disabilities. These three contract agencies sometimes transferred the same consumer between themselves if issues arose with the placement or in response to the clinical needs of the client. Two providers are nursing homes. One provider is an individual in private practice. The final provider is the Memphis Veterans Administration Medical Center, which only accepts veterans with specific qualifications.

### Active MOTs

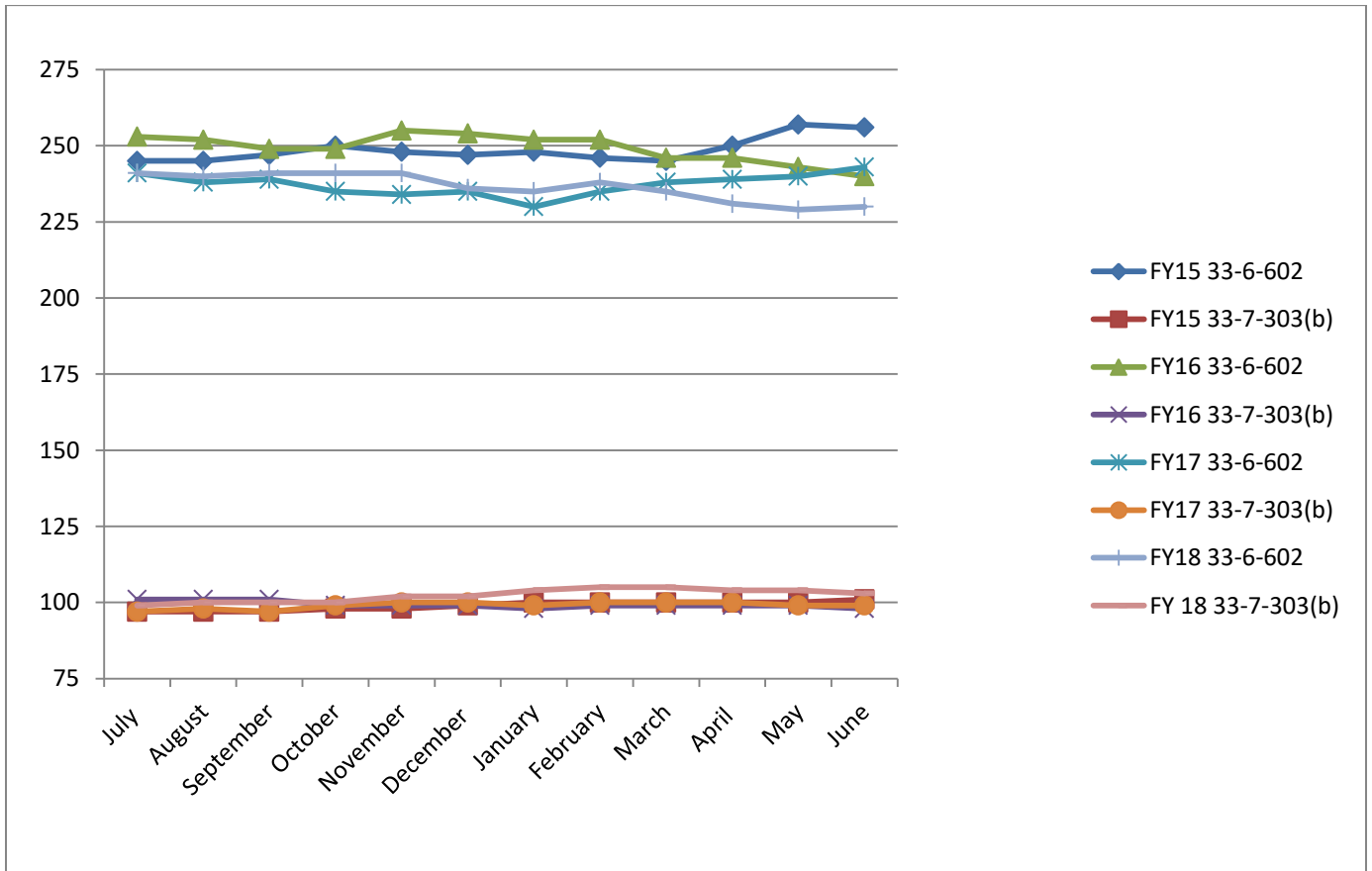
The total number of active MOTs changes monthly as new MOTs are originated and active MOTs are terminated.

**Table 13: FY 2015, FY 2016, FY 2017, FY 2018 Monthly MOTs**

	<b>FY15 33-6-602</b>	<b>FY15 33-7-303(b)</b>	<b>FY16 33-6-602</b>	<b>FY16 33-7-303(b)</b>	<b>FY17 33-6-602</b>	<b>FY17 33-7-303(b)</b>	<b>FY 18 33-6-602</b>	<b>FY 18 33-7-303(b)</b>
<b>July</b>	245	97	253	101	241	97	241	99
<b>August</b>	245	97	252	101	238	98	240	100
<b>September</b>	247	97	249	101	239	97	241	100
<b>October</b>	250	98	249	99	235	99	241	100
<b>November</b>	248	98	255	99	234	100	241	102
<b>December</b>	247	99	254	99	235	100	236	102
<b>January</b>	248	100	252	98	230	99	235	104
<b>February</b>	246	100	252	99	235	100	238	105
<b>March</b>	245	100	246	99	238	100	235	105
<b>April</b>	250	100	246	99	239	100	231	104
<b>May</b>	257	100	243	99	240	99	229	104
<b>June</b>	256	101	240	98	243	99	230	103

Despite monthly variations the total number of MOTs remains similar over time. MOTs under TCA § 33-6-602 varied in number from a low of 240 in June of 2016 to a high of 257 in May of 2015. MOTs under TCA § 37-3-303(b) varied from a low of 97 for several months to a high of 105 for several months.

**Table 14: FY 2015, FY 2016, FY 2017, FY 2018 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 at the court hearing they may be re-committed to the hospital of their original commitment. If they are receiving MOT services under the auspices of T.C.A. 33-7-303(b) the court may order civil or criminal contempt charges.

During FY 2018, a total of 31 new Affidavits of Non-Compliance were filed, however two of these were filed on the same individuals, so 29 individuals were involved.



The majority of the non-compliant MOT consumers had legal charges that originated in Shelby County, which also had 54% of all MOTs.

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

<b>Originating County</b>	<b>Number</b>
Shelby	21
Davidson	5
Hardeman	1
Madison	1
Williamson	1
<b>Total</b>	<b>29</b>

Of the twenty-nine non-compliant consumers, 19 had MOT under the auspices of T.C.A. § 33-6-602, and 10 under the auspices of T.C.A. § 33-7-303(b).

**Table 16: T.C.A. Status of Non-Compliant MOT Consumers**

<b>Type of MOT</b>	<b>Number</b>
T.C.A. § 33-6-602	19
T.C.A. § 33-7-303(b)	10
<b>Total</b>	<b>29</b>

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 with MOT under the auspices of T.C.A. § 33-7-303(b).

**Table 17: Discharge Legal Status Code Non-Compliant Consumers**

<b>Discharge Legal Status Code</b>	<b>Number</b>
Criminal Charges Dropped With Civil Commitment	12
303(b) after Outpatient Evaluation (since 7/1/2009)	7
303(b) after Inpatient Evaluation (before 7/1/2009)	3
Involuntary Civil Commitment	3

Re-Commitment to MHI after prior MOT Non-Compliance after civil (non-forensic) commitment	2
Re-Commitment to MHI after prior MOT Non-Compliance after forensic commitment	1
Commitment after NGRI; Includes at Least One Felony Charge	1
<b>Total</b>	<b>29</b>

Ten of the non-compliant MOT consumers were hospitalized either by court order (nine) or by emergency status (one). Seven were awaiting a court hearing concerning their non-compliance at the end of FY 18. Five were terminated due to non-compliance by court action or by the agency (one consumer was terminated by the court after they moved out of state without permission and four were terminated by the MOT agency after they were unable to bring them into compliance despite consistent attempts). Four consumers became compliant with their MOT contract after the Affidavit of Non-Compliance was filed. Three of the non-compliant consumers have unknown locations - one has had a court hearing and has a court order to transport him to the originating hospital when he is located, but the other two were unable to be served as their location is unknown.

**Table 18: Outcome of Non-Compliance Affidavit**

Hospitalized	10
Awaiting Non-Compliance Hearing at End of FY 18	7
Terminated by Court or by MOT Agency for Non-Compliance	5
Became Compliant after Affidavit Filed	4
Location Unknown	3
<b>Total</b>	<b>29</b>

### **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.

Twelve of 40 MOT agencies providing compliance ratings used the numeric scoring system. Certain of these twelve 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 gradations of numbers to express variance in compliance. Renewals/reviews were due every six months, so each consumer would have been rated twice yearly.

**Table 19: FY 2018 Numeric Compliance Ratings**

<b>FY 2018 Compliance Ratings</b>	<b>July to December 2017</b>	<b>January to June 2018</b>
<b>0*</b>	<b>2</b>	<b>5</b>
<b>.5</b>	<b>1</b>	<b>0</b>
<b>1</b>	<b>11</b>	<b>12</b>
<b>1.1 to 1.69</b>	<b>7</b>	<b>6</b>
<b>1.70 to 1.99</b>	<b>7</b>	<b>6</b>
<b>2</b>	<b>107</b>	<b>98</b>
<b>Total Rated</b>	<b>135</b>	<b>127</b>
<b>Total Not Rated</b>	<b>169</b>	<b>171</b>

\*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.

\*\*Totals do not match due to new consumers, terminations, and suspensions while consumers are hospitalized.

**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.” Patients with multiple charges are only counted once under the most serious charge.

**Table 20: FY 2018 Types of Original Legal Charges by Frequency**

<b>Charge(s)</b>	<b>Number of Occurrences</b>
Aggravated Assault	91
None	67
Simple Assault	45
Vandalism/Trespassing/Nuisance	34
Theft/Robbery/Fraud	27
Murder	19
Attempted Murder	16

Sex Offense	8
Weapons Offenses	7
Arson	6
Escape/Failure to Comply/Obstruction of Justice	5
Robbery	4
Kidnapping	3
Obstruction of Justice	1

**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 (e.g. first degree murder) due to intellectual disability. 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 30 defendants with a developmental disability ordered to participate in MOT for incompetent defendants in FY 18. Two have completed their competency training and our Department was awaiting notification of completion for the 28 others who were still receiving training at the end of FY 18.

**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, 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 18 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 18 no consumers were discharged under the new law.