

IN THE COURT OF CRIMINAL APPEALS OF TENNESSEE
AT NASHVILLE
Assigned on Briefs May 12, 2026

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STATE OF TENNESSEE v. DEVIEST PATTON

**Appeal from the Circuit Court for Rutherford County
No. 91151 Howard W. Wilson, Chancellor**

No. M2025-01139-CCA-R3-CD

Following a bench trial, Deviest Patton (“Appellant”) was found not guilty by reason of insanity. The trial court ordered Appellant to be diagnosed and evaluated pursuant to Tennessee Code Annotated section 33-7-303(a)(1). Upon completion of the evaluation, the State filed a complaint for judicial commitment. Following an evidentiary hearing, the court ordered Appellant to be judicially committed. On appeal, Appellant asserts the trial court erred by ordering judicial hospitalization. Discerning no error, we affirm.

Tenn. R. App. P. 3 Appeal as of Right; Judgment of the Circuit Court Affirmed

ROBERT L. HOLLOWAY, JR., J., delivered the opinion of the court, in which TIMOTHY L. EASTER and STEVEN W. SWORD, JJ., joined.

Gerald L. Melton, District Public Defender, and Brennan M. Foy and Billie I. Zimmermann, Assistant District Public Defenders, for the appellant, Deviest Patton.

Jonathan Skrmetti, Attorney General and Reporter; Garrett D. Ward, Senior Assistant Attorney General; Jennings H. Jones, District Attorney General; and Sarah N. Davis, Assistant District Attorney General, for the appellee, State of Tennessee.

OPINION

This case arises from an incident in which Appellant, who was driving a car on Interstate 24 (“I-24”), shot himself in the head. Appellant then exited the car and began walking around I-24. A two-hour standoff with law enforcement officers ensued before they took Appellant into custody. The Rutherford County Grand Jury returned a multi-count indictment charging Appellant with two counts of possession of a weapon by a convicted felon with a prior felony drug conviction, one count of obstructing a roadway, and one count of reckless endangerment with a weapon.

The trial court ordered a forensic evaluation pursuant to Tennessee Code Annotated section 33-7-301(a)(1) to determine Appellant's competency to stand trial and mental condition at the time of the commission of the offenses. Following the evaluation at Volunteer Behavioral Health (VBH), Dr. Ron Nieberding reported that Appellant was "not competent to proceed with his case at the present time" and that "the current evaluation did not yield clear evidence" that Appellant "was unable to appreciate the nature of his reported behavior at or near the time of the instant offenses." Dr. Nieberding recommended that Appellant be referred to the Middle Tennessee Mental Health Institute (MTMHI) for "further assessment, treatment, and competency restoration training."

Based on Dr. Nieberding's recommendation, the trial court ordered a forensic evaluation to be completed at MTMHI. By letter dated January 14, 2025, the forensic evaluator advised the court that Appellant's "condition is such that he **can adequately assist** his attorney in a court of law." The evaluator concluded that Appellant "**understands the nature** of the pending legal matter against him and the consequences that may follow; furthermore, he is **able to advise** counsel and participate in his own defense." Regarding Appellant's mental condition at the time of the alleged offenses, the evaluator's opinion was "that severe mental disease or defect **did prevent** [Appellant] from appreciating the nature or wrongfulness of such acts" pursuant to Tennessee Code Annotated section 39-11-501. The forensic evaluator and treatment team were further of the opinion that Appellant "**does not meet** the standards of judicial commitment to a mental institute." (Emphasis in original).

Thereafter, Appellant notified the trial court and the Rutherford County District Attorney General that he intended to rely on the affirmative defense of not guilty by reason of insanity, waived his right to a jury, and proceeded to trial.

April 7, 2025 Bench Trial

The testimony at trial established that, on January 29, 2023, Rutherford County Sheriff's Office (RCSO) Detectives Christina Overton and Joe Duncan responded to a dispatch for shots fired on I-24. By the time Detectives Overton and Duncan arrived at the scene, RCSO deputies had blocked off both I-24 and Interstate 840. Detective Overton testified that Appellant was standing in the middle of the eastbound lanes of I-24, his face was covered in blood, and he was holding a handgun under his chin. Detective Overton testified that she repeatedly used her patrol car's loudspeaker to direct Appellant to put the gun down. The SWAT team arrived and used drones, flash bangs, and a K-9 unit to finally take Appellant into custody. Appellant was transported to Ascension Saint Thomas Rutherford before being transferred to Vanderbilt University Medical Center. Detective Overton said the standoff with Appellant lasted approximately two hours. RCSO deputies

found Appellant's girlfriend inside Appellant's vehicle, which was parked on the shoulder of I-24.

Detective Overton interviewed the girlfriend, who said that she and Appellant were driving from Nashville. She said that Appellant had consumed cocaine and was "joking around with her until he became paranoid and believed that she was going to turn him into law enforcement." Appellant then "slammed on the brakes" and swerved onto the shoulder of the interstate. She said that Appellant "pulled the gun out" and "shot himself in the face." She then called 911. On cross-examination, Detective Overton agreed that Appellant's girlfriend admitted the gun belonged to her.

Dr. Megan O'Grady worked as a contractor with MTMHI. In January of 2025, Dr. O'Grady "was tasked with evaluating [Appellant's] competency to stand trial." Dr. O'Grady opined that Appellant "did meet criteria to be competent to stand trial, showing that he understood the nature of the legal proceedings; was able to assist in his defense; was able to work with counsel; understood the charges and potential penalty against him for certain things" but that he "did not understand the nature and wrongfulness of his actions at the time of the incident." Dr. O'Grady opined that Appellant met the "criteria for the insanity defense" but "did not meet committability [criteria], as he was psychiatrically stable and competent." Dr. O'Grady opined that Appellant showed evidence of psychosis. Dr. O'Grady's ultimate diagnoses were unspecified schizophrenia spectrum, psychotic disorders, and unspecified mood disorder.

The trial court found Appellant not guilty by reason of insanity on all counts. Pursuant to Tennessee Code Annotated section 33-7-303(a)(2), the court ordered that "[Appellant] be detained without bond for a minimum period of thirty days and a maximum period of sixty days in order to be evaluated at [VBH] on an outpatient basis." The order provided that, if VBH determined that Appellant "me[t] the standards for judicial commitment pursuant to Tennessee Code Annotated section 33-6-502, the proper official shall furnish the [c]ourt with the proper certification." Alternatively, the order provided that, if VBH determined that Appellant did not meet the standards of judicial commitment, the proper official shall furnish the court "with a detailed plan for outpatient treatment."

VBH issued a report concluding that Appellant suffered from a mental illness or serious emotional disturbance, posed a substantial likelihood of serious harm to himself or others, and needed care and treatment. The report stated that "all available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet his needs." Attached to the report were two certificates of need, one prepared by Troy Gilson, M.D., the other by June E. Young, Psy.D.

Following the issuance of the VBH report, the State filed a motion for judicial hospitalization and a “Complaint for Involuntary Commitment Under Title 33, Chapter 6, Part 5, Tenn. Code Ann.,” claiming that Appellant “has threatened or attempted suicide or to inflict serious bodily harm on himself” as shown by the two certificates of need.

Judicial Commitment Hearing

At the July 11, 2025 judicial commitment hearing, Dr. Young testified that she was a forensic psychologist contracted through VBH to provide forensic evaluations in criminal cases and that she conducted a forensic evaluation of Appellant. Dr. Young noted that Appellant had been previously diagnosed with “unspecified schizophrenia spectrum,” other psychotic disorders, unspecified mood disorder, and post-traumatic stress disorder. Dr. Young testified that, at the time of her observations, Appellant was prescribed antipsychotics to treat his auditory hallucinations and antidepressants to treat his depression. However, she said that Appellant voluntarily stopped taking his medication before she could evaluate him.

Dr. Young said that, during the evaluation, Appellant reported that he was having “command auditory hallucinations to kill himself,” “visual hallucinations of demons and ghosts,” “olfactory hallucinations of a burning smell and fresh water,” and “tactile hallucinations of things touching him, and his skin crawling.” She said that he also suffered from insomnia, reduced appetite, and depression. Dr. Young opined that Appellant’s command auditory hallucinations caused him to pose a substantial likelihood of harm to himself and others. Dr. Young said that all measures less drastic than commitment had already been tried without success.

Dr. Troy Gilson, a board-certified psychiatrist, testified that he worked at VBH. As part of his duties, he saw patients and conducted forensic evaluations. He was aware of Appellant’s “history of non-compliance with taking his medication.” He said that Appellant’s claim that he did not take his medications because he could not afford them was untrue. The medications were provided to Appellant at no cost, and the refusal to take the medications was a voluntary decision made by Appellant. Dr. Gilson said that Appellant suffers from a schizophrenia spectrum disorder and that he experiences command hallucinations that occur when “voices” direct someone to do things.

On cross-examination, Dr. Gilson agreed that the objective of involuntary judicial commitment was to stabilize Appellant “with the goal of release into the community at some point.”

Two Certificates of Need, one signed by Dr. Young and the other signed by Dr. Gilson, were entered as exhibits. Both certified that Appellant “is subject to involuntary

care and treatment under [Tennessee Code Annotated section] 33-6-502” because he “has mental illness or serious emotional disturbance” and “poses a substantial likelihood of serious harm because of the mental illness or serious emotional disturbance.”

Appellant testified that he disagreed with the diagnoses of Drs. Young and Gilson. He denied suffering from schizophrenia or experiencing hallucinations on a regular basis. He also said he did not have bipolar disorder. He claimed that a “drug-induced psychosis . . . caused this whole problem” and that he “was hallucinating with the drugs, not a mental condition.” Concerning his decision to not take his prescribed medications, Appellant said: “I don’t have schizophrenia. So, I don’t hallucinate on a regular basis. So, I don’t want to take the medication.” He also claimed that he did not suffer from insomnia, nightmares, or loss of appetite. He testified that his previous seizures were caused by his prescribed medications. He denied ever having a hallucination or hearing voices when “not on drugs.”

Appellant said that before he was arrested, he worked in shipping and handling at Southern Hobby, and before that job, he worked as the manager at an AutoZone location. Concerning the self-inflicted gunshot wound, Appellant said that the bullet entered under his chin, went through his jaw, and exited from his nose. Appellant said that, if released from custody, he would live with “[m]y kid’s mother.”

The trial court made oral findings on the record. Based on the testimony of Drs. Gilson and Young and the two certificates of need, the court found by clear, unequivocal, and convincing evidence that Appellant “is mentally ill, and because of this illness poses a substantial likelihood of serious harm” and “that all available and less drastic alternatives to commitment to a mental hospital are unsuitable.” The court ordered Appellant “to be entrusted to the commissioner of mental health” for treatment at MTMHI.

Analysis

Appellant claims that the trial court erred by ordering judicial hospitalization following a judgment of not guilty by reason of insanity. Appellant argues that the evidence presented supports “less-restrictive alternatives, such as outpatient treatment.” The State argues that the trial court properly imposed judicial commitment. We agree with the State.

Because involuntary commitment proceedings are civil in nature, we review the trial court’s factual findings de novo upon the record with a presumption of correctness, unless the evidence preponderates otherwise. *State v. Groves*, 735 S.W.2d 843, 844 (Tenn. Crim. App. 1987); *see* Tenn. R. App. P. 13(d); *State v. Mallady*, No. M2014-01664-CCA-R3-CD, 2015 WL 4557258, at *8 (Tenn. Crim. App. July 29, 2015), *no perm. app. filed*.

Whether the facts established by the proof satisfy the statutory clear-and-convincing-evidence standard for judicial commitment is a question of law, which we review de novo.

Following a verdict of not guilty by reason of insanity, the trial court “shall immediately order the person to be diagnosed and evaluated on an outpatient basis.” Tenn. Code Ann. § 33-7-303(a)(1). If the offense for which a person was found not guilty by reason of insanity was a felony and the person was in custody at the time the verdict was returned, the court may order the person held without bond pending evaluation “performed by the community mental health agency or licensed private practitioner designated by the commissioner[.]” Tenn. Code Ann. § 33-7-303(a)(2). Such evaluation must be completed within thirty days of receipt of the order by the person or entity conducting the evaluation. *Id.*

“Following diagnosis and evaluation, if certification is provided that the person is committable under chapter 6, part 5 of this title, the district attorney general shall file a complaint in the [trial court with criminal jurisdiction] for judicial commitment[.]” Tenn. Code Ann. § 33-7-303(b)(1). A person may be judicially committed “if and only if” two licensed physicians, or one licensed physician and one qualified licensed psychologist, or one licensed physician and one qualified advanced practice provider, file “certificates of need for care and treatment” certifying that the person satisfies all four requirements of Code section 33-6-502(a)(1)–(4) and showing the “factual foundation for the conclusions on each item.” Tenn. Code Ann. §§ 33-6-502(a), -503.

Under Code section 33-6-502(a), judicial commitment is appropriate when a person: (1) has a “mental illness or serious emotional disturbance”; (2) poses a “substantial likelihood of serious harm because of” that condition; (3) requires “care, training, or treatment” for the condition; and (4) cannot be adequately treated through “less drastic alternatives to placement in a hospital or treatment resource.” A “substantial likelihood of serious harm” exists when “a person has threatened or attempted suicide or to inflict serious bodily harm on the person”; threatened or attempted homicide or other violent behavior; placed others in reasonable fear of violent behavior and serious physical harm; or is “unable to avoid severe impairment or injury from specific risks”; and there is a substantial likelihood that such harm will occur absent involuntary treatment. Tenn. Code Ann. § 33-6-501.

Based on certificates of need filed by one licensed physician and one qualified licensed psychologist, the four statutory requirements for judicial commitment under Tennessee Code Annotated section 33-6-502(a)(1)–(4) were established. Pursuant to Tennessee Code Annotated section 33-6-501(3), Appellant poses a substantial likelihood of serious harm because he has inflicted serious bodily harm upon himself, and there is a

substantial likelihood that such harm will recur unless he is placed under involuntary treatment.

Conclusion

The evidence supports the trial court's finding that the statutory requirements for judicial commitment were established by clear, unequivocal, and convincing evidence. Accordingly, the judgment of the trial court is affirmed.

s/Robert L. Holloway, Jr.
ROBERT L. HOLLOWAY, JR., JUDGE