

—NRS 433A.019 “Program of community-based or outpatient services” defined.

—“Program of community-based or outpatient services” means care, treatment and training provided to **persons in a mental health crisis**, including, without limitation:

- 1. A program or service for the treatment of alcohol or other substance use disorders;
- 2. A program of general education or vocational training;
- 3. A program or service that assists in the dispensing or monitoring of medication;
- 4. A program or service that provides counseling or therapy;
- 5. A service which provides screening tests to detect the presence of alcohol or drugs;
- 6. A program of supervised living; or
- 7. Any combination of programs and services for persons with mental illness.

Ê The term does not include care, treatment and training provided to residents of a mental health facility.

— (Added to NRS by 2013, 3486)

Assisted Outpatient Treatment

Assisted Outpatient Treatment definition:

Definition for “assisted outpatient treatment”: *“assisted outpatient treatment” means categories of outpatient services ordered by a district court, including but not limited to case management services, care coordination or assertive community treatment team services, prescribed to treat a patient’s mental disorder and to assist a patient in living and functioning in the community or to attempt to prevent a relapse or deterioration that may reasonably be predicted to result in harm to the patient or another or the need for hospitalization. Assisted outpatient treatment may include:*

(1) medication;

(2) periodic blood tests or urinalysis to determine compliance with prescribed medications;

(3) individual or group therapy;

(4) day or partial-day programming activities;

(5) educational and vocational training or activities;

(6) alcohol and substance abuse treatment and counseling;

(7) periodic blood tests or urinalysis for the presence of alcohol, illegal, or ~~illegal~~ recreational drugs for a patient with a history of alcohol or substance use disorder;

Commented [LR1]: Cannabis is legal now under the state law, but still need to be considered

(8) supervision of living arrangements; and

(9) any other services prescribed to treat the patient's mental disorder and to assist the patient in living and functioning in the community, or to attempt to prevent a deterioration of the patient's mental or physical condition;

Consider moving 433A.327 to 433A.500

NRS 433C "Assisted Outpatient Treatment" criteria:

A person may be ordered to participate in assisted outpatient treatment if the court finds by clear and convincing evidence that the person:

(i) Is 18 years of age or older;

(ii) Has a mental illness

(ii) Has a history of poor compliance with treatment for mental illness that has

(a) at least twice within the last forty-eight months, been a significant factor in necessitating hospitalization or necessitating receipt of services in a forensic or other mental health unit or a jail, prison or detention center; provided that the forty-eight-month period shall be extended by the length of any hospitalization, incarceration or detention of the person that occurred within the forty-eight-month period;

(b) resulted in one or more acts of serious violent behavior toward self or others or threats of, or attempts at, serious physical harm to self or others within the last forty-eight months; provided that the forty-eight-month period shall be extended by the length of any hospitalization, incarceration or detention of the person that occurred within the forty-eight-month period; or

(c) resulted in the person being hospitalized, incarcerated or detained for six months or more and the person is to be discharged or released within the next thirty days or was discharged or released within the past sixty days;

, or

d) Resulted in the person suffering or continuing to suffer severe abnormal mental, emotional or physical harm that significantly impairs judgment, reason, behavior or capacity to recognize reality.

(iii) Is capable of surviving safely in the community in which he or she resides with available supervision;

(iv) Is in need of admission to a program of community-based or outpatient services to prevent further disability or deterioration which presents a substantial

likelihood of serious harm to the person or others, as determined pursuant to NRS 433A.0195;

(v) Is unable or has limited ability to make an informed decision to seek treatment for mental illness voluntarily or to comply with recommended treatment for mental illness as a result of his or her current mental status or the nature of his or her mental illness;

Assisted Outpatient Treatment Petition to the court

1)The following parties can petition the court:

- a) a person eighteen years of age or older who resides with the respondent;**
- b) the spouse, parent, adult sibling, or adult child;**
- c) legal guardian of the person to be treated; or**
- d) any physician, physician assistant, psychologist, social worker, or registered nurse who is providing care to the respondent.**

Commented [LR2]: Are we talking about any nurse or an APRN?

“Certifying professional” defined. “Certifying professional” means:

- 1. a licensed psychologist**
- 2. a physician**
- 3. a physician assistant under the supervision of a psychiatrist**
- 4. a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160, or;**
- 5. an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120.**

How to petition:

- 1. A petition for an order authorizing assisted outpatient treatment may be filed in the district court for the county in which the respondent is present.**
- 2. Prior to the hearing, a copy of the petition will be served on the respondent, the respondent’s attorney, and the guardian of the respondent if appointed.**
- 3. The petition shall be accompanied by**

a) a sworn statement, a declaration, or a statement under NRS 53.045 by a certifying professional that shall state either:

i) The certifying professional has personally assessed the respondent no more than ten days prior to the filing of the petition, that the certifying professional recommends assisted outpatient treatment for the respondent and that the qualified professional is willing and able to testify at the hearing on the petition; or

ii) no more than ten days prior to the filing of the petition, the certifying professional or the certifying professional's designee has unsuccessfully attempted to persuade the respondent to submit to an assessment, that the qualified professional has reason to believe that the respondent meets the criteria for assisted outpatient treatment and that the certifying professional is willing and able to assess the respondent and testify at the hearing on the petition; and

b) A sworn statement, a declaration, or a statement under NRS 53.045 of program availability by an AOT provider.

Re-petition for AOT

A. No later than seven judicial days prior to the expiration of the period of assisted outpatient treatment, a party or the respondent's surrogate decision-maker may re-petition the court for a subsequent order authorizing continued assisted outpatient treatment for a period not to exceed six months. The petition shall be served upon those persons required to be served with notice of a petition for an order authorizing assisted outpatient treatment and every specified provider.

B. If the court's disposition of the petition does not occur prior to the expiration date of the current order, the current order shall remain in effect until the court's disposition.

AOT Hearing:

Hearing; assessment by a qualified professional.

A. Upon receipt of a petition meeting all requirements as outlined in (the AOT section on petitioning) the court shall schedule a date for a hearing:

(1) no later than thirty days after the date of petition; or

(2) if the respondent is hospitalized at the time of filing of the petition, before discharge of the respondent and within sufficient time to arrange for

a continuous transition from inpatient treatment to assisted outpatient treatment.

The court shall give notice of the petition and of the time, date and place of the hearing, his or her attorney, if known, the person's legal guardian, the petitioner, if applicable, the district attorney of the county or his or her designee or the Attorney General or his or her designee, and administrative office of any public or private mental health facility or hospital if the respondent is currently detained.

*1. The respondent is entitled to retain counsel to represent the person in any proceeding before the district court relating to **involuntary court-ordered admission**, and if he or she fails or refuses to obtain counsel, the court shall advise the person and the person's guardian or next of kin, if known, of such right to counsel and shall appoint counsel, who may be the public defender or his or her deputy.*

2. Any counsel appointed pursuant to subsection 1 must be awarded compensation by the court for his or her services in an amount determined by it to be fair and reasonable. The compensation must be charged against the estate of the person for whom the counsel was appointed or, if the person is indigent, against the county where the person alleged to be a person in a mental health crisis last resided.

3. The court shall, at the request of counsel representing the respondent in proceedings before the court relating to petition, grant a recess in the proceedings for the shortest time possible, but for not more than 5 days, to give the counsel an opportunity to prepare his or her case.

4. If the person alleged to be a person in a mental health crisis is ordered into Assisted Outpatient Treatment, counsel shall continue to represent the person until the person is released from the program. The court shall serve notice upon such counsel of any action that is taken involving the person while the person is subject to Assisted Outpatient Treatment.

3) Each district attorney or his or her designee or the Attorney General or his or her designee shall appear and represent the State in all Assisted Outpatient Treatment proceedings in the county.

E. If the respondent fails to appear at the hearing after notice, the court may conduct the hearing in the respondent's absence; provided that the respondent's counsel is present, and the respondent has been advised of their right to participate in the hearing and the potential consequences of the hearing, but has declined to attend.

F. If the respondent has refused to be examined by the certifying professional whose affidavit accompanied the petition, the court may order a mental

examination of the respondent. The examination of the respondent may be performed by the certifying professional whose affidavit accompanied the petition. If the examination is performed by another qualified professional, the examining qualified professional shall be authorized to consult with the qualified professional whose affidavit accompanied the petition.

G. If the respondent has refused to be assessed by a certifying professional and the court finds reasonable grounds to believe that the allegations of the petition are true, the court may issue a written order directing a peace officer who has completed crisis intervention training to detain and transport the respondent to a provider for examination by certifying professional. A respondent detained pursuant to this subsection shall be detained no longer than necessary to complete the examination and in no event longer than twenty-four hours.

H. A certifying professional, who has personally examined the respondent within ten days of the filing of the petition, shall provide testimony in support of the finding that the respondent meets all of the criteria for assisted outpatient treatment and in support of the written proposed treatment plan developed which includes:

(1) the recommended assisted outpatient treatment, the rationale for the recommended assisted outpatient treatment and the facts that establish that such treatment is the least restrictive appropriate alternative;

(2) information regarding the respondent's access to, and the availability of, recommended assisted outpatient treatment in the county; and

(3) if the recommended assisted outpatient treatment includes medication, the types or classes of medication that should be authorized.

C. If the respondent has a surrogate decision-maker who wishes to provide testimony at the hearing, the court shall afford the surrogate decision-maker an opportunity to testify.

D. The respondent shall be represented by counsel at all stages of the proceedings.

Treatment plan

A. If not attached to the petition, a certifying professional shall provide a written proposed treatment plan to the court no later than the time of the hearing. The plan shall state all treatment services recommended for the respondent and, for each such service, shall specify a provider that has agreed to provide the service.

B. In developing a written proposed treatment plan, the certifying professional shall take into account, if existing, a psychiatric advance directive for and provide the following persons with an opportunity to participate:

(1) the respondent;

(2) all current treating providers;

(3) upon the request of the respondent, an individual significant to the respondent, including any relative, close friend or individual otherwise concerned with the welfare of the respondent; and

(4) any surrogate decision-maker.

I. The certifying professional may be required to testify to current medications the respondent is on or has historically be stabilized on. If the respondent wishes to challenge the recommended medications, the treating or examining prescriber, which may include physician, psychiatrist, APRN, PA under the supervision of a psychiatrist, must testify.

C. The written proposed treatment plan shall include case management services to provide care coordination and assisted outpatient treatment services recommended by the qualified professional. If the plan includes medication, it shall state whether such medication should be self-administered or administered by a specified provider and shall specify class of medication. In no event shall the plan recommend the use of physical force or restraints to administer medication to the respondent.

D. If the written proposed treatment plan includes alcohol or substance abuse counseling and treatment, the plan may include a provision requiring relevant testing for either alcohol or abused substances; provided that the certifying professional's clinical basis for recommending such plan provides sufficient facts for the court to find that the respondent has a history of co-occurring alcohol or substance abuse;

E. If the respondent has executed a psychiatric advance directive, the certifying professional shall include a copy of such advance directive with the submission of the proposed treatment plan.

AOT for criminal defendants:

A. A proceeding for Assisted Outpatient Treatment for a person who is the defendant in a criminal proceeding in the district court may be initiated by the upon receiving a petition from the district court, the state, or the defendant in accordance with the AOT petition process pursuant to (NRS.....) and;

(b) The defendant has been examined in accordance with NRS 178.415;

(b) The defendant is not eligible for commitment to the custody of the Administrator pursuant to NRS 178.461; and

(c) The Division makes a clinical determination that the defendant meets AOT criteria pursuant to (AOT criteria section).

Disposition

A. After the AOT hearing, receipt of a proposed treatment plan and consideration of all relevant evidence, the court may order the respondent to receive assisted outpatient treatment if it finds by clear and convincing evidence that the respondent meets all criteria pursuant to (AOT criteria section)

B. The court's order shall:

(1) provide for a period of outpatient treatment not to exceed six months;

(2) specify the assisted outpatient treatment services that the respondent is to receive; and

(3) direct one or more specified providers to provide or arrange for all assisted outpatient treatment for the patient throughout the period of the order.

C. If the court order includes medication, it shall state the class or classes of medication, based on the treatment plan and evidence presented. The court may order the respondent to self-administer medication or accept the administration of such medication by a specified provider. In no event shall the court require or authorize the use of physical force or restraints to administer medication to the respondent.

D. The court may not order treatment that the qualified professional does not recommend.

F. If the court has received testimony from a surrogate decision-maker or a copy of a psychiatric advance directive executed by the respondent, the treatment order shall not conflict with the preferences expressed in such testimony or advance directive without a showing of good cause.

From 433A.310, Section 5

~~Except as otherwise provided in NRS 432B.608,~~ at the end of the court-ordered period of treatment, the Division, any mental health facility that is not operated by the Division or a program of community-based or outpatient services may petition to renew the involuntary admission of the person for additional periods not to exceed 6 months each. For each renewal, the petition must include evidence which meets the same standard set forth in subsection 1 or 2 that was required for the initial period of admission of the

person to a public or private mental health facility or to a program of community-based or outpatient services.

A. After a hearing meeting all requirements of Section 6 [43-1B-6 NMSA 1978] of the Assisted Outpatient Treatment Act, receipt of a proposed treatment plan meeting all requirements of Section 7 [43-1B-7 NMSA 1978] of that act and consideration of all relevant evidence, the court may order the respondent to receive assisted outpatient treatment if it finds by clear and convincing evidence that the respondent meets all criteria set forth.

B. The court's order shall:

- (1) provide for a period of outpatient treatment not to exceed six months;
- (2) specify the assisted outpatient treatment services that the respondent is to receive; and
- (3) direct one or more specified providers to provide or arrange for all assisted outpatient treatment for the patient throughout the period of the order.

C. If the court order includes medication, it shall state the type or types of medication and the dosage range found to be necessary, based on the treatment plan and evidence presented. The court may order the respondent to self-administer medication or accept the administration of such medication by a specified provider. In no event shall the court require or authorize the use of physical force or restraints to administer medication to the respondent.

D. The court may not order treatment that has not been recommended by the qualified professional and included in the written proposed treatment plan, nor direct the participation of a provider that has not been specified in such plan.

F. If the court has received testimony from a surrogate decision-maker or a copy of a psychiatric advance directive executed by the respondent, the treatment order shall not conflict with the preferences expressed in such testimony or advance directive without a showing of good cause.

From Nevada law:

NRS 433A.200 Filing of petition; certificate or statement of alleged mental health crisis; statement of parent consenting to treatment of minor; proceeding for admission of defendant in criminal action upon motion.

1. Except as otherwise provided in subsection 3 and [NRS 432B.6075](#), a proceeding for an involuntary court-ordered admission of any person in the State of Nevada may be commenced by the filing of a petition for the involuntary admission to a mental health facility ~~or to a program of community-based or outpatient services~~ with the clerk of the district court of the county where the person who is to be treated resides. The petition may be filed by the spouse, parent, adult children or legal guardian of the person to be treated or by any physician, physician assistant, psychologist, social worker or registered nurse or by any officer authorized to make arrests in the State of Nevada. The petition must be accompanied:

(a) By a certificate of a physician, a licensed psychologist, a physician assistant under the supervision of a psychiatrist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to [NRS 641B.160](#) or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to [NRS 632.120](#) stating that he or she has examined the person alleged to be a person in a mental health crisis and has concluded that the person is a person in a mental health crisis; or

(b) By a sworn written statement by the petitioner that:

(1) The petitioner has, based upon the petitioner's personal observation of the person alleged to be a person in a mental health crisis, probable cause to believe that the person is a person in a mental health crisis; and

(2) The person alleged to be a person in a mental health crisis has refused to submit to examination or treatment by a physician, psychiatrist, licensed psychologist or advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to [NRS 632.120](#).

2. Except as otherwise provided in [NRS 432B.6075](#), if the person to be treated is a minor and the petitioner is a person other than a parent or guardian of the minor, a petition submitted pursuant to subsection 1 must, in addition to the certificate or statement required by that subsection, include a statement signed by a parent or guardian of the minor that the parent or guardian does not object to the filing of the petition.

~~3.—A proceeding for the involuntary court-ordered admission of a person who is the defendant in a criminal proceeding in the district court to a program of community-based or outpatient services may be commenced by the district court, on its own motion, or by motion of the defendant or the district attorney if:~~

~~—(a) The defendant has been examined in accordance with [NRS 178.415](#);~~

~~—(b) The defendant is not eligible for commitment to the custody of the Administrator pursuant to [NRS 178.461](#); and~~

~~—(c) The Division makes a clinical determination that placement in a program of community-based or outpatient services is appropriate.~~

~~—(Added to NRS by [1975, 1604](#); A [1985, 54, 2270](#); [1989, 1551, 1760](#); [1995, 2413](#); [2001, 3044](#); [2005, 1322](#); [2013, 3489](#); [2015, 2993](#); [2017, 1749, 3004](#); [2019, 356](#))~~

(Rewritten in new AOT law)

NRS 433A.310 Findings and order; conditions for admission to program of community-based or outpatient services; expiration and renewal of admission to facility or program; alternative courses of treatment; transmittal of record to Central Repository for Nevada Records of Criminal History and law enforcement agencies.

New statute: Admission to Assisted Outpatient Treatment:

1. Except as otherwise provided in ~~subsection 2 and NRS 432B.6076 and 432B.6077~~, if the district court finds, ~~after proceedings for the involuntary court-ordered admission of a person:~~

~~— (a) That there is not clear and convincing evidence that the person with respect to whom the hearing was held is a person in a mental health crisis, the court shall enter its finding to that effect and the person must not be involuntarily admitted to a public or private mental health facility or to a program of community-based or outpatient services. If the person has been admitted to a public or private mental health facility or hospital pursuant to NRS 433A.160, the court must issue a written order requiring the facility or hospital to release the person not later than 24 hours after the court issues the order, unless the person applies for admission as a voluntary consumer pursuant to NRS 433A.140.~~

(b) That there is clear and convincing evidence that the respondent ~~person with respect to whom the hearing was held is a person in a mental health crisis~~ **meets criteria for assisted outpatient treatment**, the court may order the involuntary admission of the person ~~for the most appropriate course of treatment, including, without limitation, admission to a public or private mental health facility or participation in a program of community-based or outpatient services.~~ The order of the court must be interlocutory and must not become final if, within 30 days after the involuntary admission, the person is unconditionally released pursuant to [NRS 433A.390](#).

2. If the district court finds, after proceedings for the involuntary court-ordered admission of a defendant in a criminal proceeding pursuant to subsection 3 of [NRS 433A.200](#):

(a) That there is not clear and convincing evidence that the defendant with respect to whom the hearing was held is a person in a mental health crisis, the court shall enter its finding to that effect and the person must not be involuntarily admitted to a program of community-based or outpatient services.

(b) That there is clear and convincing evidence that the defendant with respect to whom the hearing was held is a person in a mental health crisis, except as otherwise provided in this paragraph, the court shall order the involuntary admission of the defendant for participation in a program of community-based or outpatient services and suspend further proceedings in the criminal proceeding against the defendant until the defendant completes or is removed from the program. If the offense allegedly committed by the defendant is a category A or B felony or involved the use or threatened use of force or violence, the court may not order the involuntary admission of the defendant for participation in a program pursuant to this paragraph unless the prosecuting attorney stipulates to the assignment. The order of the court must be interlocutory and must not become final if, within 30 days after the involuntary admission, the person is

unconditionally released pursuant to [NRS 433A.390](#). If the defendant successfully completes a program of community-based or outpatient services to the satisfaction of the court, the court shall dismiss the criminal charges against the defendant with prejudice.

3. If, pursuant to [NRS 176A.400](#), the district court issues an order granting probation to a defendant in a criminal proceeding with a condition that the defendant submit to mental health treatment and comply with instructions, admission to a program of community-based or outpatient services may be used to satisfy such a condition if the Division makes a clinical determination that placement in a program of community-based or outpatient services is appropriate.

4. A court shall not admit a person to a program of community-based or outpatient services unless:

(a) A program of community-based or outpatient services is available in the community in which the person resides or is otherwise made available to the person;

(b) The person is 18 years of age or older;

(c) The person has a history of noncompliance with treatment for mental illness;

(d) The person is capable of surviving safely in the community in which he or she resides with available supervision;

(e) The court determines that, based on the person's history of treatment for mental illness, the person needs to be admitted to a program of community-based or outpatient services to prevent further disability or deterioration of the person which presents a substantial likelihood of serious harm to himself or herself or others, as determined pursuant to [NRS 433A.0195](#);

(f) The current mental status of the person or the nature of the person's illness limits or negates his or her ability to make an informed decision to seek treatment for mental illness voluntarily or to comply with recommended treatment for mental illness;

(g) The program of community-based or outpatient services is the least restrictive treatment which is in the best interest of the person; and

(h) The court has approved a plan of treatment developed for the person pursuant to [NRS 433A.315](#).

5. Except as otherwise provided in [NRS 432B.608](#), an involuntary admission pursuant to paragraph (b) of subsection 1 or paragraph (b) of subsection 2 automatically expires at the end of 6 months if not terminated previously by the medical director of the public or private mental health facility as provided for in subsection 2 of [NRS 433A.390](#) or by the professional responsible for providing or coordinating the program of community-based or outpatient services as provided for in subsection 3 of [NRS 433A.390](#). Except as otherwise provided in [NRS 432B.608](#), at the end of the court-ordered period of treatment, the Division, any mental health facility that is not operated by the Division or a program ~~of community-based or outpatient services~~ **providing assisted outpatient treatment services** may petition to renew the involuntary admission of the person for additional periods not to exceed 6 months each. For each renewal, the petition must **be filed prior to the expiration of the period of the order for assisted outpatient treatment, and must** include evidence which meets the same standard set forth in subsection 1 or 2 that was required for the initial period of admission of the person to a public or private mental health facility or to a program of community-based or outpatient services.

6. If the petition for renewal is filed prior to the expiration of a current order, and the court's disposition of the renewal does not occur prior to the expiration date of the current order, the current order shall remain in effect until the court's disposition. The disposition of the renewal shall occur no later than ten calendar days following the filing of the application.

6- 7. Before issuing an order for involuntary admission or a renewal thereof, the court shall explore other alternative courses of treatment within the least restrictive appropriate environment, including involuntary admission to a program of community-based or outpatient services, as suggested by the evaluation team who evaluated the person, or other persons professionally qualified in the field of psychiatric mental health, which the court believes may be in the best interests of the person.

7 8. If the court issues an order involuntarily admitting a person to a public or private mental health facility or to a program of community-based or outpatient services pursuant to this section, the court shall, notwithstanding the provisions of [NRS 433A.715](#), cause, within 5 business days after the order becomes final pursuant to this section, on a form prescribed by the Department of Public Safety, a record of the order to be transmitted to:

(a) The Central Repository for Nevada Records of Criminal History, along with a statement indicating that the record is being transmitted for inclusion in each appropriate database of the National Instant Criminal Background Check System; and

(b) Each law enforcement agency of this State with which the court has entered into an agreement for such transmission, along with a statement indicating that the record is being transmitted for inclusion in each of this State's appropriate databases of information relating to crimes.

8 9. As used in this section, "National Instant Criminal Background Check System" has the meaning ascribed to it in [NRS 179A.062](#).

(Added to NRS by [1975, 1606](#); A [1981, 1134](#); [1983, 508](#); [1989, 1761](#); [1993, 2115](#); [2001, 3046](#); [2005, 1323](#); [2009, 2491](#); [2013, 3492](#); [2015, 1815](#); [2017, 1646, 3006](#))

NRS 433A.315 Development of written plan for course of treatment and program of community-based or outpatient services. If a court determines pursuant to [NRS 433A.310](#) that a person should be involuntarily admitted to a program of community-based or outpatient services, the court shall promptly cause two or more persons professionally qualified in the field of psychiatric mental health, which may include the person who filed the petition for involuntary court-ordered admission pursuant to [NRS 433A.200](#) if he or she is so qualified, in consultation with the person to be involuntarily admitted, to develop and submit to the court a written plan prescribing a course of treatment and enumerating the program of community-based or outpatient services for the person. The plan must include, without limitation:

1. A description of the types of services in which the person will participate;
2. The medications, if any, which the person must take and the manner in which those medications will be administered;
3. The name of the person professionally qualified in the field of psychiatric mental health who is responsible for providing or coordinating the program of community-based or outpatient services; and
4. Any other requirements which the court deems necessary.

(Added to NRS by [2013, 3486](#))

NRS 433A.320 Clinical abstract to accompany order. The order for involuntary court admission of any person to a public or private mental health facility or to a program of community-based or outpatient services must be accompanied by a clinical abstract, including a history of illness, diagnosis, treatment and the names of relatives or correspondents.

(Added to NRS by [1975, 1607](#); A [2013, 3493](#))

NRS 433A.323 Failure to participate in program or carry out plan of treatment: Petition and order to take person into custody; evaluation.

1. When a person who is involuntarily admitted to a program of community-based or outpatient services fails to participate in the program or otherwise fails to carry out the plan of treatment developed pursuant to [NRS 433A.315](#), despite efforts by the professional responsible for providing or coordinating the program of community-based or outpatient services for the person to solicit the person's compliance, the professional may petition the court to issue an order requiring a peace officer to take into custody and deliver the person to the appropriate location for an evaluation by an evaluation team from the Division pursuant to [NRS 433A.240](#). The petition must be accompanied by:

(a) A copy of the order for involuntary admission;

(b) A copy of the plan of treatment submitted to the court pursuant to [NRS 433A.315](#);

(c) A list that sets forth the specific provisions of the plan of treatment which the person has failed to carry out; and

(d) A statement by the petitioner which explains how the person's failure to participate in the program of community-based or outpatient services or failure to carry out the plan of treatment will likely cause the person to harm himself or herself or others.

2. If the court determines that there is probable cause to believe that the person is likely to harm himself or herself or others if the person does not comply with the plan of treatment, the court may issue an order requiring a peace officer to take into custody and deliver the person to an appropriate location for an evaluation by an evaluation team from the Division pursuant to [NRS 433A.240](#).

3. As used in this section, "appropriate location" does not include a jail or prison.

(Added to NRS by [2013, 3486](#))