

GENERAL ASSEMBLY OF NORTH CAROLINA  
1983 SESSION

CHAPTER 638  
HOUSE BILL 124

AN ACT TO EXPAND THE USE OF OUTPATIENT INVOLUNTARY  
COMMITMENTS FOR THE MENTALLY ILL.

The General Assembly of North Carolina enacts:

Section 1. G.S. 122-58.1 is amended on line 1 as set out in the 1981 Replacement Volume 3B of the General Statutes by deleting the word "a" and inserting in its place the language "an inpatient".

Sec. 2. G.S. 122-58.2 is amended by adding a new subsection (8) as follows:

"(8) 'Outpatient Treatment' may include medication; individual or group therapy; day or partial day programming activities; services and training including educational and vocational activities; supervision of living arrangements; and any other services prescribed to either alleviate the person's illness or disability, to maintain semi-independent functioning, or to prevent further deterioration that may reasonably be predicted to result in the need for inpatient commitment to a mental health facility."

Sec. 3. G.S. 122-58.3(b) is amended by inserting between the words "law enforcement officer" and "to" the words "or any other person authorized under G.S. 122-58.14".

Sec. 4. G.S. 122-58.3(d) is rewritten as follows:

"(d) If the affiant is a qualified physician, he may execute the affidavit before any official authorized to administer oaths. He is not required to appear before the clerk or magistrate for this purpose. His examination shall comply with the requirements of the initial examination as provided in G.S. 122-58.4(b) and (c). If the physician petitioner's recommendation is for inpatient commitment and the clerk or magistrate finds probable cause to believe that the respondent meets the criteria for inpatient commitment, he shall issue an order for transportation to or custody at a treatment facility described in G.S. 122- 58.4(c)(1). If a physician executes an affidavit for inpatient commitment of a respondent, a second qualified physician shall be required to perform the examination required by G.S. 122-58.6."

Sec. 5. G.S. 122-58.3 is amended by adding a new subsection (d1) as follows:

"(d1) Upon receipt of the custody order of the clerk or magistrate or a custody order issued by the court pursuant to G.S. 15A-1003 or G.S. 15A-1321, a law enforcement officer or other person designated in the order, within 24 hours after the order is signed, shall take the respondent into custody."

Sec. 6. Subsections (a) and (c) of G.S. 122-58.4 are rewritten and a new subsection (b1) is added as follows:

"(a) Without unnecessary delay after assuming custody the person designated by the clerk or magistrate to provide transportation shall take the respondent to a community mental health center for examination by a qualified physician; if a qualified physician is not available in the community mental health center, he shall take the respondent to any qualified physician locally available. If a physician is not immediately available, the respondent may be temporarily detained in a community mental health facility, if one is available; if such facility is not available, he may be detained, under appropriate supervision, in his home, in a private hospital or a clinic, in a general hospital, or in a regional mental health facility, but not in a jail or other penal facility.

(b1) The qualified physician shall examine the respondent as soon as possible, and in any event within 24 hours, after the respondent is presented for examination. The examination shall include but is not limited to an assessment of the respondent's:

- (1) current and previous mental illness, inebriety or mental retardation; including, if available, previous treatment history;
- (2) dangerousness to self or others as defined in G.S. 122-58.2(1);
- (3) ability to survive safely without hospitalization, including the availability of supervision from family, friends or others; and
- (4) capacity to make an informed decision concerning treatment.

(c) After the conclusion of the examination the physician shall determine which of the following conditions exist:

- (1) If the physician finds that the respondent is mentally ill or an inebriate, and is dangerous to himself or others, or is mentally retarded, and because of an accompanying behavior disorder, is dangerous to others, he shall recommend hospitalization, and he shall so indicate on the physician's examination report. The law enforcement officer or other designated person shall take the respondent to a community mental health inpatient facility or public or private inpatient facility designated or licensed by the Department of Human Resources for temporary custody, observation, and treatment of mentally ill or inebriate persons pending a district court hearing. If there is no community mental health inpatient facility so designated and if the respondent is indigent and unable to pay for his care at a private inpatient facility, the law enforcement officer or other designated person shall take the respondent to a regional psychiatric facility designated by the Division of Mental Health, Mental Retardation, and Substance Abuse Services for custody, observation, and treatment, and immediately notify the clerk of superior court of his actions.
- (2) If the physician finds that:
  - a. the respondent is mentally ill, and
  - b. the respondent is capable of surviving safely in the community with available supervision from family, friends or others, and
  - c. based on the respondent's treatment history, the respondent is in need of treatment in order to prevent further disability or

deterioration which would predictably result in dangerousness as defined by G.S. 122- 58.2(1), and

d. his current mental status or the nature of his illness limits or negates his ability to make an informed decision to voluntarily seek or comply with recommended treatment, the physician shall so indicate on the physician's examination report and shall recommend outpatient commitment. In addition the examining physician shall indicate the name, address, and telephone number of the proposed outpatient treatment physician or center. The person designated in the order to provide transportation shall return the respondent to his regular residence or to the home of a consenting person, and he shall be released from custody.

(3) If the physician finds that neither condition described in subdivisions (1) or (2) of this subsection exists, the respondent shall be released and the proceedings terminated.

Sec. 7. G.S. 122-58.4 is amended by adding a new subsection (e) as follows:

"(e) When outpatient commitment is recommended, the examining physician, if different from the proposed outpatient treatment physician, shall give the respondent a written notice listing the name, address, and telephone number of the proposed outpatient treatment physician or center and directing the respondent to appear at the address at a specified date and time. The examining physician before the appointment shall notify by telephone and shall send a copy of the notice and his examination report to the designated treatment physician or center."

Sec. 8. G.S. 122-58.5 as set out in the 1981 Replacement Volume 3B of the General Statutes is amended on lines 3 and 4 by deleting the words "the clerk of superior court" and inserting "and that hospitalization is recommended, the clerk of superior court of the county where the treatment facility is located" and by designating the present section as subsection (a) and by adding a new subsection (b) as follows:

"(b) Upon receipt of a qualified physician's finding that the respondent meets the criteria of G.S. 122-58.4(c)(2) and that outpatient commitment is recommended, the clerk of superior court of the county where the petition was initiated, upon direction of a district court judge, shall calendar the matter for hearing and shall notify at least 48 hours in advance, the respondent, the proposed outpatient treatment physician or center and the petitioner of the time and place of the hearing."

Sec. 9. G.S. 122-58.6 is amended by rewriting the title as follows:

"Inpatient commitment; examination and treatment pending hearing", and by deleting the citation "G.S. 122-58.4(c)" and inserting in its place "G.S. 122-58.4(c)(1)", and by adding a new sentence between the first and second sentences of subsection (a) as follows: "The examination must include but is not limited to the assessment specified in G.S. 122-58.4(b1)."

Sec. 10. G.S. 122-58.6(a) is amended by deleting the third and fourth sentences and inserting in their place the following:

"If the qualified physician finds that the respondent meets the criteria under G.S. 122-58.4(c)(2), he shall indicate his findings on the physician's examination report, release the respondent pending the district court hearing and notify the clerk of superior court of the county where the petition was initiated of his findings. In addition the examining physician shall indicate on the examination report the name, address and telephone number of the proposed outpatient treatment physician or center. He shall give the respondent a written notice listing the name, address and telephone number of the proposed outpatient treatment physician or center and directing the respondent to appear at that address at a specified date and time. The examining physician before the appointment shall notify by telephone and shall send a copy of the notice and his examination report to the proposed outpatient treatment physician or center. If the qualified physician finds that the respondent does not meet the criteria for commitment under either G.S. 122-58.4(c)(1) or G.S. 122-58.4(c)(2), he shall release the respondent and the proceedings shall be terminated. If released, the law enforcement officer or other person designated to provide transportation shall return the respondent to the originating county."

Sec. 11. Chapter 122 of the General Statutes is amended by adding a new section G.S. 122-58.6A as follows:

**"§ 122-58.6A. Outpatient commitment; examination and treatment pending hearing.** – (a) If a respondent who has been recommended for outpatient commitment by an examining physician different from the proposed outpatient treatment physician or center fails to appear for examination by the proposed outpatient treatment physician or center at the designated time, the physician or center shall notify the clerk of superior court, who shall issue an order to a law enforcement officer or other person authorized under G.S. 122-58.14 to take the respondent into custody and take him immediately to the treatment physician or center for evaluation.

(b) The examining physician or the proposed outpatient treatment physician may prescribe to the respondent reasonable and appropriate medication and treatment that are consistent with accepted medical standards pending the district court hearing.

(c) In no event may a respondent released on a recommendation that he meets the outpatient commitment criteria be physically forced to take medication or forcibly detained for treatment pending a district court hearing. If a respondent becomes dangerous to himself or others pending a district court hearing on outpatient commitment, new proceedings for involuntary inpatient commitment may be initiated.

(d) If an inpatient commitment proceeding is initiated pending the hearing for outpatient commitment and the respondent is admitted to an inpatient facility to be held for an inpatient commitment hearing, the outpatient commitment proceeding shall be terminated and notice sent by the clerk of court in the county where the respondent is being held to the clerk of court of the county where the outpatient commitment was initiated."

Sec. 12. G.S. 122-58.7 is amended by rewriting the title as follows: "Inpatient commitment; district court hearing.", and by rewriting the second sentence of subsection (a) as follows: "Upon the court's motion or upon motion of the respondent's counsel, sufficiently in advance to avoid movement of the respondent, a continuance of

not more than five days may be granted.", and is further amended on line 1 of subsection (i) as set out in the 1981 Replacement Volume 3B of the General Statutes by deleting the word "a" and inserting in its place the words "an inpatient".

Sec. 13. Chapter 122 of the General Statutes is amended by redesignating G.S. 122-58.7A as G.S. 122-58.7B by adding a new section G.S. 122-58.7A as follows:

**"§ 122-58.7A. Outpatient commitment; district court hearing.** – (a) A hearing shall be held in district court within 10 days of the day the respondent is taken into custody pursuant to G.S. 122-58.3(e). Upon its own motion or upon motion of the proposed outpatient treatment physician or the respondent, the court may grant a continuance of not more than five days.

(b) The respondent must be present at the hearing. The petitioner and the proposed outpatient treatment physician or his designee may be present and may provide testimony.

(c) Certified copies of reports and findings of qualified physicians and medical records of previous and current treatment are admissible in evidence.

(d) At the hearing to determine the necessity and appropriateness of outpatient commitment, the respondent need not, but may, be represented by counsel. Provided, however, if the court determines that the legal or factual issues raised are of such complexity that the assistance of counsel is necessary for an adequate presentation of the merits or that the respondent is unable to speak for himself the court may continue the case for not more than five days and order the appointment of counsel for an indigent.

(e) Hearings may be held at the community mental health center in which the respondent is being treated, if it is located within the judge's judicial district, or in the judge's chambers. A hearing may not be held in a regular courtroom, over objection of the respondent, if in the discretion of a judge, a more suitable place is available.

(f) The hearing shall be closed to the public, unless the respondent requests otherwise.

(g) A copy of all documents admitted shall be furnished by the clerk to the respondent on request.

(h) To support an outpatient commitment order, the court is required to find by clear, cogent and convincing evidence that the respondent meets the criteria specified in G.S. 122- 58.4(c)(2). The court shall record the facts which support its findings and shall indicate on the order the center or person who is responsible for the management and supervision of the respondent's outpatient treatment."

Sec. 14. G.S. 122-58.8 is rewritten as follows:

**"§ 122-58.8. Disposition.** – (a) If the respondent has been held in an inpatient facility pending the district court hearing, the court may make one of the following dispositions:

(1) If the court finds by clear, cogent, and convincing evidence that the respondent is mentally ill or inebriate and is dangerous to himself or others, or is mentally retarded and, because of an accompanying behavior disorder, is dangerous to others, it may order inpatient treatment or a combination of inpatient treatment and outpatient treatment for a period not in excess of 90 days, at a mental health

facility, public or private, designated or licensed by the Department of Human Resources. If the commitment proceedings were initiated as the result of the respondent's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding, the commitment order shall so indicate. If the court orders inpatient commitment for a respondent who is under an outpatient commitment order, the outpatient commitment is terminated and the clerk of the superior court of the county where the district court hearing is held shall send a notice of the inpatient commitment to the clerk of superior court where the outpatient commitment was being supervised.

- (2) If the court finds by clear, cogent, and convincing evidence that the respondent is mentally ill; that he is capable of surviving safely in the community with available supervision from family, friends or others; that based on respondent's treatment history, the respondent is in need of treatment in order to prevent further disability or deterioration which would predictably result in dangerousness as defined by G.S. 122-58.2(1); and that the respondent's current mental status or the nature of his illness limits or negates his ability to make an informed decision to voluntarily seek or comply with recommended treatment, it may order outpatient commitment for a period not in excess of 90 days. If the commitment proceedings were initiated as the result of the respondent's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding, the commitment order shall so indicate.
- (3) If the court does not find that the respondent meets either of the commitment criteria set out in subdivisions (1) and (2) of this subsection, the respondent shall be discharged and the facility in which he was last a patient so notified.
- (4) Before ordering any outpatient commitment, the court shall make findings of fact as to the availability of outpatient treatment. The court shall also indicate on the order the outpatient treatment physician or center who is to be responsible for the management and supervision of the respondent's outpatient commitment. The court shall order venue for further court proceedings to be transferred to the county where the outpatient commitment will be supervised. When an outpatient commitment order is issued for a respondent held in an inpatient facility, the court may order the respondent to be held at the facility for no longer than 72 hours in order for the treatment facility to notify the designated outpatient treatment physician or center of the treatment needs of the respondent. The facility shall send a copy of the outpatient commitment order to the designated outpatient treatment physician or

center. Upon an order changing venue, the clerk of superior court of the county where the facility is located shall transfer a copy of the order of outpatient commitment to the clerk of superior court of the county where the outpatient treatment is to be supervised.

(b) If an examining physician has recommended outpatient commitment and the respondent has been released pending the district court hearing, the court may make one of the following dispositions:

- (1) If the court finds by clear, cogent, and convincing evidence that the respondent is mentally ill; that he is capable of surviving safely in the community with available supervision from family, friends or others; that based on respondent's treatment history, the respondent is in need of treatment in order to prevent further disability or deterioration which would predictably result in dangerousness as defined in G.S. 122-58.2(1); and that the respondent's current mental status or the nature of his illness limits or negates his ability to make an informed decision to voluntarily seek or comply with recommended treatment, it may order outpatient treatment for a period not in excess of 90 days.
- (2) If the court does not find that the respondent meets the criteria of commitment set out in subdivision (1) of this subsection, the respondent shall be discharged and the facility at which he was last a patient so notified.

(c) Treatment at a private facility or by a private physician shall be at the expense of the respondent to the extent that such charges are not disposed of by contract between the area mental health, mental retardation, and substance abuse authority and the private facility. The area mental health, mental retardation, and substance abuse authorities are authorized to set fees for inpatient or outpatient treatment services provided under a commitment order in accordance with G.S. 122-35.47."

Sec. 15. Chapter 122 of the General Statutes is amended by adding a new section G.S. 122-58.8A as follows:

**"§ 122-58.8A. Immunity from liability.** – None of the facilities or centers described in G.S. 122-58.2(5) (6) and (7), or any of the officials, staff or employees thereof, or any physician or other individual who is responsible for the management, supervision and treatment of a respondent's outpatient commitment shall be financially liable, personally or otherwise, for actions of the respondent if such entities, physicians or individuals follow accepted professional judgement, practice and standards in the management, supervision and treatment of the respondent. This immunity is in addition to any other legal immunity from liability to which these entities, physicians or other individuals may be entitled."

Sec. 16. Chapter 122 of the General Statutes is amended by adding a new section G.S. 122-58.10A as follows:

**"§ 122-58.10A. Duties for follow-up on commitment order.** – (a) If the commitment order directs inpatient treatment, the qualified physician attending the respondent is authorized to administer to the respondent reasonable and appropriate medication and treatment that is consistent with accepted medical standards. Provided, however, when a

respondent refuses medication, he shall be afforded the protections provided by the rules adopted by the Commission for Mental Health, Mental Retardation and Substance Abuse Services in force at the time of providing treatment regarding a patient's right to refuse treatment. The qualified physician attending the respondent shall release or discharge the respondent in accordance with G.S. 122-58.13.

(b) If the commitment order directs outpatient treatment, the outpatient treatment physician is authorized to prescribe or administer to the respondent reasonable and appropriate medication and treatment that is consistent with accepted medical standards.

- (1) If the respondent fails to comply or clearly refuses to comply with all or part of the prescribed treatment, the physician or his designee shall make all reasonable effort to solicit the respondent's compliance. Such efforts shall be documented and reported to the court with a recommendation to the court whether the respondent should (1) have his case dismissed or (2) be given a supplemental hearing.
- (2) If the respondent fails to comply, but does not clearly refuse to comply, with all or part of the prescribed treatment after reasonable effort to solicit the respondent's compliance, the physician or his designee may request the court to order the respondent taken into custody for the purpose of examination. Upon receipt of such a request, the clerk shall issue an order to a law enforcement officer to take the respondent into custody and to take him immediately to the designated outpatient treatment physician or center for examination. The law enforcement officer shall turn the respondent over to the custody of the physician or center who shall conduct the examination and then release the respondent.
- (3) In no case may the respondent be physically forced to take medication or forcibly detained for treatment unless he poses an immediate danger to himself or others. In such cases inpatient commitment proceedings shall be initiated.
- (4) At any time that the outpatient treatment physician finds that the respondent no longer meets the criteria set out in G.S. 122-58.4(c)(2), the physician shall so notify the court and the case shall be dismissed. Provided, however, if the respondent was initially committed as a result of conduct resulting in his being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding, the designated outpatient treatment physician or center shall notify the clerk that discharge is recommended. The clerk shall calendar a supplemental hearing as provided in G.S. 122-58.10B to determine whether the respondent meets the criteria for outpatient commitment.
- (5) Any person who has knowledge that a respondent on outpatient commitment has become dangerous to self or others as defined by G.S.

122.58.2(1) may initiate a new petition for inpatient commitment as provided in this Article.

(c) If the respondent on outpatient commitment intends to move or moves to another county within the State, the designated outpatient treatment physician or center shall notify the clerk of court in the county where the outpatient commitment is being supervised. The clerk shall calendar a supplemental hearing within 10 days and give notice of the hearing to the petitioner, the designated outpatient treatment physician or center, and the respondent. At the supplemental hearing, the court shall determine if the respondent meets the criteria for outpatient commitment set out in G.S. 122-58.4(c)(2). If the court determines that the respondent no longer meets the criteria for outpatient commitment, it shall discharge the respondent from the order and dismiss the case. If the court determines that the respondent continues to meet the criteria for outpatient commitment, it shall continue the outpatient commitment but shall designate a physician or center at the respondent's new residence to be responsible for the management or supervision of the respondent's outpatient commitment. The court shall order the respondent to appear for treatment at the address of the newly designated outpatient treatment physician or center and shall order venue for further court proceedings under the outpatient commitment to be transferred to the new county of supervision. Upon an order changing venue, the clerk of court in the county where the outpatient commitment has been supervised shall transfer the records regarding the outpatient commitment to the clerk of court in the county where the commitment will be supervised. Also, the clerk of court in the county where the outpatient commitment has been supervised shall send a copy of the court's order directing the continuation of outpatient treatment under new supervision to the newly designated outpatient treatment physician or center.

If the respondent moves to another state, the designated outpatient treatment physician or center shall notify the clerk of superior court of the county where the outpatient commitment is supervised and the outpatient commitment shall be terminated.

(d) The clerk of superior court of the county where outpatient commitment is to be supervised shall keep a separate list regarding outpatient commitment and shall prepare quarterly reports listing all active cases, the assigned supervisor and the disposition of all hearings, supplemental hearings and rehearings."

Sec. 17. Chapter 122 of the General Statutes is amended by adding a new section G.S. 122-58.10B as follows:

**"§ 122-58.10B. Outpatient commitment; supplemental hearings.** – (a) Upon receipt of a request for a supplemental hearing, the clerk shall calendar a hearing to be held within 14 days and notify, at least 48 hours in advance of the hearing, the petitioner, the respondent, his attorney, if any, and the designated outpatient treatment physician or center. The respondent shall be notified by personally serving on him an order to appear. The procedures for the hearing shall follow G.S. 122-58.7A. In hearings for alleged noncompliance, the court must determine whether the respondent has failed to comply and, if so, the causes for noncompliance. If the court determines that the respondent has failed or refused to comply it may:

- (1) upon finding probable cause to believe that the respondent is mentally ill and dangerous to himself or others, order an examination by the same or different qualified physician as provided in G.S. 122-58.4(b1) and (c) in order to determine the necessity for continued outpatient or inpatient commitment;
- (2) reissue or modify the outpatient commitment order in compliance with G.S. 122-58.8; or
- (3) discharge the respondent from the order and dismiss the case.

(b) At any time during the term of an outpatient commitment order, a respondent may apply to the court for a supplemental hearing for the purpose of discharge from the order. Such application must be made in writing to the clerk of superior court."

Sec. 18. G.S. 122-58.11 is amended by rewriting the title as follows: "Inpatient commitment; rehearings.", and by rewriting subsection (d) as follows: "(d) At rehearings the court may make the same dispositions authorized in G.S. 122- 58.8(a) except a second commitment order may be for an additional period not in excess of 180 days."

Sec. 19. G.S. 122-58.11 is amended by repealing subsection (f) and by adding a new subsection (g) to read as follows: "(g) At any and all rehearings the court has the option to order outpatient commitment for a period not in excess of 180 days in accordance with the criteria specified in G.S. 122- 58.4(c)(2) and following the procedures as specified in this Article."

Sec. 20. Chapter 122 of the General Statutes is amended by adding a new section G.S. 122-58.11A as follows:

**§ 122-58.11A. Outpatient commitment; rehearings.** – (a) Fifteen days before the end of the initial or subsequent periods of outpatient commitment if the outpatient treatment physician determines that the respondent continues to meet the criteria specified in G.S. 122-58.4(c)(2), he shall so notify the clerk of superior court of the county where outpatient treatment is supervised. If the respondent no longer meets the criteria, the physician shall so notify the clerk who shall dismiss the case. Provided, however, if the respondent was initially committed as a result of conduct resulting in his being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding, the physician shall notify the clerk that discharge is recommended. The clerk shall calendar a supplemental hearing as provided in G.S. 122-58.10B. The clerk, at least 10 days before the end of the commitment period, on order of the district court, shall calendar the rehearing and shall notify the petitioner, the respondent, his attorney, if any, and the designated outpatient treatment physician or center of the time and place of the hearing.

(b) Rehearings are governed by the same procedures as initial hearings, and the respondent has the same rights he had at the initial hearing, including the right to appeal.

(c) If the court finds that the respondent no longer meets the criteria of G.S. 122-58.4(c)(2), it shall unconditionally discharge him. A copy of the discharge order shall be furnished by the clerk to the designated outpatient treatment physician or center. If the

respondent continues to meet the criteria of G.S. 122-58.4(c)(2), the court may order outpatient commitment for an additional period not in excess of 180 days."

Sec. 21. G.S. 122-58.13(a) is amended by adding a new sentence between the first and second sentences as follows:

"However, if the chief of medical services of the inpatient facility determines that the patient meets the criteria for outpatient commitment as defined in G.S. 122-58.4(c)(2), he may request the clerk to calendar a supplemental hearing to determine whether an outpatient commitment order shall be issued."

Sec. 22. G.S. 122-8.1 is amended by adding a new subsection (g) as follows:

"(g) Notwithstanding the provisions of subsections (a) and (c) of this section, or any other statutory provisions contained in the North Carolina General Statutes, facilities, centers, physicians and other individuals responsible for the management, supervision and treatment of respondents committed for outpatient treatment under the provisions of Article 5A of this Chapter shall be authorized to disclose, request, and receive information necessary to enable them to fulfill their responsibilities."

Sec. 23. G.S. 7A-451(a)(6) is rewritten as follows:

"(6) A proceeding for an inpatient involuntary commitment to a treatment facility under Article 5A of Chapter 122."

Sec. 24. Chapter 7A of the General Statutes is amended by adding a new G.S. 7A-451.1 as follows:

**"§ 7A-451.1. Counsel fees for outpatient involuntary commitment proceedings. –**  
The State shall pay counsel fees for persons appointed pursuant to G.S. 122-58.7A."

Sec. 25. If any section, paragraph or clause of this act is declared unconstitutional by a court of competent jurisdiction, that judgement shall not affect or invalidate the remainder of the act, but is limited to the section, paragraph, or clause of this act that was declared unconstitutional.

Sec. 25.1. Section 10 of Chapter 380 of the 1983 Session Laws is repealed.

Sec. 26. This act shall become effective only if Senate Bill 116 "AN ACT TO APPROPRIATE FUNDS FOR THE PURPOSE OF IMPLEMENTING H.B. 124, INVOLUNTARY OUTPATIENT COMMITMENT" is ratified on or before August 15, 1983, or if funds to implement this act are appropriated in "AN ACT TO MAKE APPROPRIATIONS FOR CURRENT OPERATIONS OF STATE DEPARTMENTS, INSTITUTIONS, AND AGENCIES, AND FOR OTHER PURPOSES" on or before August 15, 1983.

Sec. 27. Except as provided in Section 26, this act shall become effective January 1, 1984.

In the General Assembly read three times and ratified, this the 29th day of June, 1983.