

1. What is a Baker Act?

Established in Part I of Chapter 394, Florida Statute, the Florida Mental Health Act, commonly referred to as the Baker Act, is a Florida law that allows families, health care providers, law enforcement officers, or other professionals to seek emergency mental health services and temporary detention for individuals who are impaired because of their mental illness, and who are unable to determine their own needs for treatment.

2. What are the criteria for a Baker Act?

The Baker Act criteria are met when there is reason to believe an individual has a mental illness and because their mental illness:

- They have refused voluntary examination; or they are unable to determine for themselves that examination is necessary; and
- Without care or treatment, they may suffer from personal neglect or refuse to care for themselves which presents a threat of substantial harm to their well-being; or
- There is a substantial likelihood that without care or treatment, the individual will cause harm to themselves or others in the near future.

3. Are law enforcement officers required to initiate a Baker Act?

No. Law enforcement officers may initiate a Baker Act when they believe an individual meets the criteria and the Baker Act can't be safely avoided through involving a mobile response team or co-responder team. When law enforcement officers initiate a Baker Act they are required to transport the individual to an appropriate, or nearest facility for examination. If transporting a minor, law enforcement officers must inform any parent present at the scene of the location and contact information of where the minor will receive the involuntary examination.

4. Can any medical or mental health professional initiate a Baker Act?

No. The Florida Mental Health Act allows specific professionals to initiate a Baker Act. The following licensed professionals may complete a certificate stating that they have examined an individual within the preceding 48 hours and found that the individual appears to meet Baker Act criteria: a physician, a physician assistant, a clinical psychologist, a psychiatric nurse, an advanced practice registered nurse (registered under s. 464.0123, Florida Statutes), a mental health counselor, a marriage and family therapist, or clinical social worker.

5. Are the courts allowed to initiate a Baker Act?

Yes. A circuit or county court may enter an ex parte order stating that a person appears to meet the criteria for an involuntary Baker Act examination and specify the findings that allowed this conclusion to be made. The ex parte order for a Baker Act must be based on written or oral sworn testimony, typically from family or friends, that includes specific facts.

6. Can any facility admit someone involuntarily under the Baker Act?

No. Only designated Baker Act receiving facilities are permitted by law to involuntarily hold an individual for a mental illness.

7. Once the Baker Act is initiated, where is care provided?

For evaluations under the Baker Act, an individual can receive care in any designated Receiving Facility, which can include hospitals with an inpatient psychiatric unit, Crisis Stabilization Units (CSUs), and Short-term Residential Treatment (SRT) facilities.

8. What does discharge planning look like when an individual is released from a receiving facility or treatment facility?

When an individual is discharged from a receiving or treatment facility, discharge planning is required to consider the following:

- Follow-up behavioral health appointments.
- Information on how to obtain prescribed medications.
- Information pertaining to available living arrangements, transportation, and recovery support opportunities.

- Information regarding the availability of local mobile response services, suicide prevention resources, social supports, and self-help groups if the patient is a minor.
- Address policies and procedures for the needs of high utilizers, including:
 - a) Review of effectiveness of previous discharge plans.
 - b) How the new discharge plan will address the problems with the failed discharge plan.
 - c) Strategies to reduce need for future admissions.
- Personalize crisis prevention plan.
- Engage family members, guardians, or natural supports in discharge planning.
- Review discharge instructions with family members, guardians, or natural supports, including prescribed medications, follow-up appointments, and recommended resources.
- If recommended level of care is not available at discharge, interim services must be initiated.

9. How do I access behavioral health services in Florida?

The Department contracts with seven Managing Entities throughout Florida to manage a regional network of service providers to ensure behavioral health services are available in local communities. The contact information for each Managing Entity and the counties they serve can be found here:

<https://www.myflfamilies.com/services/substance-abuse-and-mental-health/samh-providers/managing-entities>.

10. What can I do if someone I care about is in crisis?

If you or someone you know is someone is in emotional distress or experiencing a suicidal crisis, call or text 988 to reach the [Florida 988 Lifeline](#) to receive free and confidential emotional support.

Mobile Response Teams (MRTs) are another option for crisis response services operating throughout Florida. MRTs are available 24 hours a day to help diffuse crisis situations and to divert individuals from involuntary Baker Act examinations. They are intended to provide onsite services to individuals of **all ages**, in any setting where a behavioral health crisis occurs, whether that be at home, at school, in the community, or an emergency department. The current list of Florida Mobile Response Teams is located at

<https://www.myflfamilies.com/specialty-treatment-team-maps>.

11. Are law enforcement officers required to complete the CF-MH 3052a form or any documentation when initiating a Baker Act?

Yes, when law enforcement officers determine that a Baker Act is necessary (see FAQ # 3) and decide to initiate an involuntary examination under the Baker Act, they are required to complete form CF-MH 3052a, *Report of Law Enforcement Officer Initiating Involuntary Examination*. This form documents the officer's observations and the circumstances that led them to believe the individual met the criteria for involuntary examination under Section 394.463(1), F.S.

This form **must** accompany the individual to the receiving facility to ensure proper legal documentation and continuity of care.

12. When does the 72-hour examination period begin for an individual who arrives at a hospital under the Baker Act?

In accordance with Section 394.463(2)(g), F.S. the 72-hour examination period begins when an individual arrives at a designated receiving facility. If the individual is experiencing a medical emergency, the examination period pauses until the patient is medically cleared. However, under the updated statutory language, this provision no longer applies to non-designated facility's, such as general hospitals. At these hospitals, the Baker Act "clock" is considered active unless and until the attending physician documents medical clearance. The 72-hour period resumes only when the patient arrives at the designated receiving facility, this ensures the transit and transfer delays do not restart the clock.

It is important to note, Section 394.455(40), F.S. defines '**Receiving Facility**' as a public or private facility or hospital designated by the department to receive and hold or refer, as appropriate, involuntary patients under emergency conditions for mental health or substance abuse evaluation and to provide treatment or transportation to the appropriate service provider. The term does not include a county jail.

13. If an individual is medically cleared in a non-designated hospital but placement is not secured with 12-hours, what is the hospitals responsibility? Should the individual be released?

No, if an individual is medically cleared in a non-designated hospital under the Baker Act and placement in a designated receiving facility is not secured within 12- hours, the hospital must not release the individual if they continue to meet the criteria for involuntary examination under Section 394.463.(1), F.S., the hospital is required to:

- Notify a designated receiving facility within 2-hours of medical clearance, and
- Transfer the individual within 12-hours to the accepting/receiving facility for completion of the Baker Act evaluation.

House Bill 1091 further clarifies address the procedural gap and authorizes a receiving facility to retain an individual that continues to meet the criteria for involuntary examination for the remainder of the 72-hour examination period even if the 12-hour transfer requirement is not met, provided the failure to comply lies with the transferring facility.