

# ANNUAL REPORT OF BAKER ACT DATA Summary of 2015 Data

Prepared for the Agency for Health Care Administration by

Annette Christy, Ph.D. & Christina Guenther, B.A.
Department of Mental Health Law & Policy
de la Parte Florida Mental Health Institute
College of Behavioral and Community Sciences
University of South Florida



#### Introduction

In 1971, the Florida Legislature enacted the Florida Mental Health Act, a comprehensive revision of the state's mental health commitment laws. The law is widely referred to as the "Baker Act" in honor of Maxine Baker, the former state representative who sponsored the Act. Since the Baker Act became effective in 1972, multiple legislative amendments have been enacted to protect individuals' civil and due process rights.

There are several data reporting requirements in the Baker Act. Specific to the data used for analyses included in this report, as of 1996 all receiving facilities have been required to send a copy of every involuntary examination initiation form (i.e., reports from law enforcement officers, certificates of mental health professionals and court issued ex-parte orders) to the Florida Agency for Health Care Administration (AHCA) on the next working day after the person arrives at the facility.

Section 394.463 F.S. (2015) requires the AHCA to submit an annual report to the Department of Children and Families, the President of the Florida Senate, the Speaker of the House of Representatives, and the minority leaders of the Senate and House of Representatives.

## **Technical Notes**

Understanding what the data are <u>not</u> is as important as understanding what they are when considering related policy decisions. The Baker Act data analyzed for this report are from initiation forms received. However, some individuals for whom forms were received were never admitted to the receiving facility because an examination by a physician or psychologist performed prior to admission determined they did not meet criteria. The data also do not include information on what occurred after the initial examination. The data do not reveal how long individuals stayed at the facility and whether they remained on an involuntary or voluntary basis. Finally, there is anecdotal evidence suggesting some people spend most or all of their 72-hour involuntary examination period at emergency rooms of non-receiving facilities subsequent to being medically cleared. This reportedly occurs despite the legal requirement to transfer such persons to a designated receiving facility within 12 hours of medical clearance. Involuntary examination forms for people who never reach a receiving facility are not received by the Baker Act Reporting Center, so are not included in the data used for analyses in this report.

## 2015 Involuntary Examination Data

There were **193,410** involuntary examinations initiated in calendar year 2015. Three-quarters of involuntary exam initiations were for adults aged 18 through 64 (145,087, 75.02%), with 17.00% (n = 32,882) for those less than 18 years of age, and 7.17% (n = 13,865) were people 65 and older. There were 1,570 (0.81%) forms for which age could not be computed. There were 104,885 (54.23%) involuntary exam initiations for men and 85,375 (44.14%) for women, with gender not reported for 3,150 (1.63%) forms.

Counts of involuntary exam initiations for the last thirteen years are reported in Table 1 and shown in Figure 1. The percentage increase from each year to 2015 is also reported. For example, the number of involuntary exam initiations increased 84.92% from 2003 to 2015 and 34.79% from 2010 to 2015. The increase from 2014 to 2015 was 6.57%.

**Table 1:** Increases in Involuntary Exam Initiations from Each Year to 2015

Year	Involuntary Exam Initiations	Percent Increase to 2015		
2015	193,410			
2014	181,480	6.57%		
2013	171,797	12.58%		
2012	157,363	22.91%		
2011	150,550	28.47%		
2010	143,490	34.79%		
2009	136,368	41.83%		
2008	132,075	46.44%		
2007	122,482	57.91%		
2006	118,743	62.88%		
2005	118,415	63.33%		
2004	110,679	74.75%		
2003	104,593	84.92%		

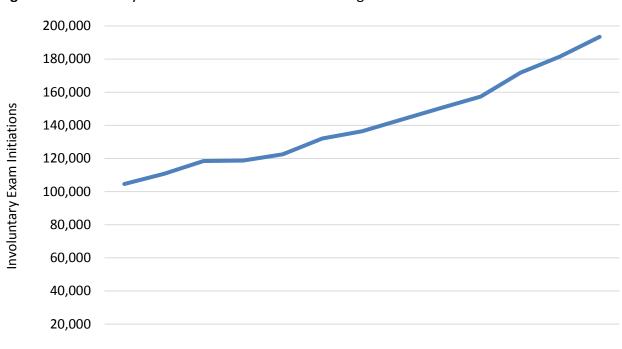


Figure 1: Involuntary Exam Initiations from 2003 through 2015

The increase in the numbers of involuntary exam initiations is greater than Florida population increase during this time. For example, census estimates from Florida Charts<sup>1</sup> show that from 2003 to 2015 the Florida population of people five and older increased 16.48%, while the number of involuntary exam initiations increased 84.92%. The Florida population of people five and older increased by 1.39% from 2014 to 2015, while involuntary exam initiations increased by 6.57% during this same time period.

2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015

Initiator Type and Evidence Type: As shown in Table 2, half (50.54%) of the involuntary exam initiations in 2015 were initiated by law enforcement, with close to half initiated by mental health professionals (47.58%), and the remaining (1.88%) initiated via ex-parte order of a judge. The most common evidence type upon which involuntary exam initiations were based was "harm only" (62.51%), with other exams initiated based on "harm and self neglect" (25.84%), "self neglect only" (9.23%), with evidence type not reported for 2.41% of forms. Over half of involuntary examinations (55.10%) were based on "harm to self only," with 21.34% based on evidence of "harm to self and others," and 5.96% "harm to others only."

More than half (67.22%) of involuntary exams initiated by mental health professionals were initiated by physicians who were not psychiatrists. Other types of mental health professionals initiated as follows: psychiatrists (9.23%), licensed mental health counselors (7.85%), licensed clinical social workers (6.01%), nurses (2.09%), psychologists (1.77%), Physician's Assistants (0.35%) and licensed marriage and family therapists (0.16%). Professional type was not reported for 5.32% of involuntary exams initiated by mental health professionals.

0

\_

<sup>&</sup>lt;sup>1</sup> http://www.floridacharts.com

 Table 2:
 Initiator Type, Evidence Type & Harm Type of Involuntary Exam Initiations in Calendar Year 2015

Variable	Involunta Initia		Figures		
Type of Initiator	#	%			
Law Enforcement	97,759	50.54%	Law Enforcement 50.54%		
Mental Health Professional	92,024	47.58%	Mental Health Professional 47.58%		
Judges	3,627	1.88%	Judges 1.88%		
			0% 10% 20% 30% 40% 50% 60% 70%		
Evidence Type	#	%			
Harm Only	120,908	62.51%	Harm Only 62.51%		
Harm And Self Neglect	49,982	25.84%	Harm And Self Neglect  Self Neglect Only  9.23%		
Self Neglect Only	17,854	9.23%	Not Reported 2.41%		
Not Reported	4,666	2.41%	0% 10% 20% 30% 40% 50% 60% 70%		
Harm Type	#	%	To California.		
To Self Only	106,567	55.10%	To Self Only 55.10%		
To Self And Others	41,280	21.34%	To Self And Others 21.34%		
To Others Only	11,524	5.96%	To Others Only 5.96%		
Harm Type Not Reported	11,519	5.96%	Harm Type Not Reported 5.96%		
Not Applicable (self neglect only) or Not Reported (Evidence Type Not Reported)	22,520	11.64%	Not Applicable/Not Reported 11.64%  0% 10% 20% 30% 40% 50% 60% 70%		

Counts of involuntary exam initiations based on the county of residence as reported on the Cover Sheet submitted with each form are presented in Table 3, along with the percentage of initiations for children (less than 18 years old) and the percentage of each initiator type. It is important to understand that there are many reasons why some counties have higher numbers of involuntary exam initiations than would be expected based on the population and those that are low based on the population. Only about half of counties have a Baker Act receiving facility, which is one reason accounting for disproportionate geographic distribution of involuntary examinations.

Percentages in Table 3 are computed *horizontally* such that they indicate for residents of each county the percentage exams for children and percent by initiator type. For example, Charlotte County residents had 1,519 involuntary exam initiations in 2015, with 54.71% initiated by law enforcement, 43.78% by mental health professionals and 1.51% by ex-parte judicial order. Almost one quarter (23.57%) of involuntary exam initiations for residents of Charlotte County were for children.

Table 3: Involuntary Exam Initiations by County of Residence – Calendar Year 2015

County of Residence	Involuntary Exam Initiations	% of Involuntary Exams for Children (<18)	Percentage of Involuntary Exams Initiated by			
			Law Enforcement	Mental Health Professionals	Judges	
Alachua	2,337	21.44%	37.48%	61.45%	1.07%	
Baker	213	18.78%	71.83%	24.41%	3.76%	
Вау	1,652	20.46%	66.22%	30.51%	3.27%	
Bradford	248	26.61%	62.50%	35.08%	2.42%	
Brevard	6,240	19.55%	58.45%	39.76%	1.79%	
Broward	13,952	15.42%	40.87%	58.34%	0.79%	
Calhoun	117	22.22%	61.54%	29.06%	9.40%	
Charlotte	1,519	23.57%	54.71%	43.78%	1.51%	
Citrus	1,079	25.67%	66.91%	29.75%	3.34%	
Clay	1,275	22.51%	55.69%	43.76%	0.55%	
Collier	1,696	24.94%	57.96%	40.98%	1.06%	
Columbia	901	25.42%	57.60%	39.07%	3.33%	
Desoto	274	33.94%	54.74%	43.80%	1.46%	
Dixie	100	16.00%	35.00%	60.00%	5.00%	
Duval	9,740	13.12%	59.68%	37.45%	2.86%	
Escambia	4,289	17.07%	39.92%	57.64%	2.45%	
Flagler	525	28.76%	67.24%	29.14%	3.62%	
Franklin	62	12.90%	62.90%	25.81%	11.29%	
Gadsden	397	17.38%	57.93%	31.74%	10.33%	

County of Residence	Involuntary Exam Initiations	% of Involuntary Exams for Children (<18)	Percentage of Involuntary Exams Initiated by		
			Law Enforcement	Mental Health Professionals	Judges
Gilchrist	85	30.59%	35.29%	60.00%	4.71%
Glades	51	17.65%	49.02%	45.10%	5.88%
Gulf	93	16.13%	54.84%	37.63%	7.53%
Hamilton	124	11.29%	58.87%	37.90%	3.23%
Hardee	170	21.18%	61.18%	37.06%	1.76%
Hendry	256	32.81%	66.02%	33.98%	0.00%
Hernando	1,045	36.08%	50.91%	46.41%	2.68%
Highlands	998	12.53%	54.11%	45.39%	0.50%
Hillsborough	14,514	20.67%	48.21%	50.52%	1.27%
Holmes	162	17.90%	67.28%	27.78%	4.94%
Indian River	951	16.72%	54.57%	42.48%	2.94%
Jackson	289	21.45%	57.09%	24.22%	18.69%
Jefferson	119	20.17%	70.59%	21.01%	8.40%
Lafayette	36	22.22%	69.44%	25.00%	5.56%
Lake	2,451	21.66%	50.80%	46.31%	2.90%
Lee	5,570	20.99%	57.47%	41.31%	1.22%
Leon	2,247	18.47%	55.54%	40.90%	3.56%
Levy	270	27.78%	50.00%	47.78%	2.22%
Liberty	57	21.05%	56.14%	42.11%	1.75%
Madison	234	14.53%	66.67%	27.35%	5.98%
Manatee	2,370	23.33%	53.71%	44.05%	2.24%
Marion	3,141	27.73%	69.12%	29.42%	1.46%
Martin	934	15.74%	31.05%	66.60%	2.36%
Miami-Dade	26,542	9.54%	46.49%	51.35%	2.16%
Monroe	452	3.54%	35.40%	63.50%	1.11%
Nassau	408	18.87%	58.33%	40.44%	1.23%
Okaloosa	1,669	18.93%	29.00%	66.99%	4.01%
Okeechobee	360	28.06%	42.50%	55.00%	2.50%
Orange	11,101	14.06%	48.46%	50.34%	1.20%
Osceola	3,110	20.96%	52.35%	46.17%	1.48%
Palm Beach	9,734	15.41%	44.90%	53.63%	1.47%
Pasco	5,841	20.85%	59.85%	37.39%	2.76%
Pinellas	11,235	19.53%	48.56%	49.70%	1.74%

County of Residence	Involuntary Exam Initiations	% of Involuntary Exams for Children (<18)	Percentage of Involuntary Exams Initiated by			
			Law Enforcement	Mental Health Professionals	Judges	
Polk	7,350	23.70%	64.69%	34.67%	0.64%	
Putnam	557	23.88%	43.99%	53.50%	2.51%	
Saint Johns	878	20.50%	52.16%	44.53%	3.30%	
Saint Lucie	2,994	15.63%	41.92%	56.11%	1.97%	
Santa Rosa	1,179	19.42%	39.53%	57.17%	3.31%	
Sarasota	3,369	22.32%	50.10%	47.94%	1.96%	
Seminole	3,187	25.82%	63.54%	34.11%	2.35%	
Sumter	439	18.45%	66.06%	29.61%	4.33%	
Suwannee	484	28.93%	72.52%	26.45%	1.03%	
Taylor	151	15.89%	49.01%	48.34%	2.65%	
Union	90	25.56%	56.67%	41.11%	2.22%	
Volusia	3,889	22.09%	65.98%	30.55%	3.47%	
Wakulla	224	41.96%	52.23%	43.30%	4.46%	
Walton	331	18.13%	38.97%	58.01%	3.02%	
Washington	193	20.73%	72.02%	25.39%	2.59%	
Not Reported	14,860	6.92%	43.57%	55.29%	1.14%	
Total	193,410	17.00%	50.54%	47.58%	1.88%	

## **Notes**

## Suggested Citation:

Christy, A. & Guenther, C. (2016). *Report of 2015 Baker Act Data*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.

Questions about this report may be addressed to Annette Christy at the Baker Act Reporting Center (<a href="achristy@usf.edu">achristy@usf.edu</a>; 813-400-9015, also see <a href="http://bakeract.fmhi.usf.edu">http://bakeract.fmhi.usf.edu</a>).

General questions about the Baker Act Reporting Center may be sent to the Center email (<u>bakeract@usf.edu</u>) or phone number (813-974-1010).