

FAQ

I know my family member is in crisis, but their provider and/or law enforcement do not see the same concerning behaviors, so they have not met the criteria for Baker Act. What can I do?

The Baker Act allows related individuals to complete documents requesting the courts order an involuntary examination. To request involuntary treatment this way, the related individual(s) provides a sworn statement using the Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination. This documentation can be obtained online or at any courthouse or Meridian clinic. Once filled out, you will submit the documentation to the Office of the Clerk of Court in the county where your family member resides (see Resources listing).

What kind of treatment and services are provided in CSU?

Every person will meet with a physician for psychiatric evaluation after admission. If continued treatment is recommended, they may also participate in recreational activities, group therapy, and discharge planning services.

What can a person have or use while on the Unit?

Individuals are allowed to have two (2) changes of clothes with them and can store/retrieve toiletry items from designated areas off the Unit. Non-hardback reading material is also permitted.

How do I visit or talk to someone in the CSU?

Unless it would be detrimental, individuals can receive phone calls and visitors during established time periods. If visitation or communication is restricted, a written notice will be provided.

I brought my family member in for help. Why can't I get any information about them now?

It is each individual's right to determine what information can and cannot be released related to their treatment and care. Even when someone may not be able to consent to treatment (i.e., they meet Baker Act criteria), in most cases, they will still retain their right to determine who can and cannot receive information about them. Before staff are able to share any information at all, an individual must agree to and sign a release of information. In the case of minors, the parent or legal guardian is authorized to receive and/or consent to release information.

Staff are always able to receive information about an individual. While your family member is inpatient, staff may contact you to get more details about the circumstances leading up to and involving the crisis. Collecting this information helps the treatment team have more insight from another perspective when making determinations regarding treatment, but this contact does not indicate that staff are able to share information with you.

FAQ continued...

Why was my family member released before the full time?

As soon as it is determined that someone does not meet the involuntary Baker Act criteria, they must agree to stay voluntarily or must be released. Additional treatment and services may be recommended by the treatment team, but they cannot be forced on someone who is legally competent to consent to treatment.

I know my family member needs more help, but they are not willing to participate in treatment. What can I do?

It is difficult to see someone you care about in distress or going through challenging circumstances. Our laws were written with the intention of preserving an individual's rights, even though that sometimes means watching them make decisions that may not be the best for them. If your family member does not wish to participate in treatment on a voluntary basis and is determined to be legally competent (as defined in Florida Statute), they do not meet the criteria for involuntary admission, and treatment cannot be forced on them. This does not mean that you cannot do anything. There are so many sources of help and information available now for individuals who have been affected by mental illness. The National Alliance on Mental Illness (NAMI) is one of the nation's largest mental health organizations and has an abundance of resources for family members and related individuals (see Resources listing for more info).

I use my guardianship documents everywhere, why will you not accept them?

If an individual is an adult or if the caregiver is not the minor's natural guardian (i.e., biological or adoptive parent), either a court order, Health Care Surrogate, or Power of Attorney document is required to enable you to consent on behalf of the individual. To qualify as a legal document, the law* requires:

- Court orders must be complete (all pages present) and signed by a Judge.
- A written document designating you as a health care surrogate must be signed by the individual or their natural/legal guardian and signed by two (2) witnesses.
- A written power of attorney document appointing you as agent must be signed by the individual or their natural/legal guardian, signed by two (2) witnesses, and acknowledged before a notary public (i.e., notarized by a separate individual).

If the documents do not meet these legal standards, we are unable to accept them.

*Please see the Florida Statute section in Resources for the specific statutory references.

Wellness is within everyone's reach.

NAMI Florida
For connections to family and peer support and resources
Phone: 850.671.4445 or 800.950.NAMI
Site: www.namiflorida.org
Email: info@namiflorida.org

Florida Statutes
A collection of the state laws divided into chapters by subject area
Baker Act – Chapter 394
Marchman Act – Chapter 397
Power of Attorney – Chapter 709
Guardianship – Chapter 744
Health Care Advance Directives (Health Care Surrogate) – Chapter 765
Site: www.leg.state.fl.us/Statutes/

Department of Children & Families
For information on mental health and substance abuse programs, services, and resources
Site: www.myflfamilies.com/service-programs/samh/get-help.shtml

Florida Clerks of Court & Comptrollers
Central information hub for all the Florida Court Clerks
Phone: 850.921.0808
Fax: 850.921.4119
Site Directory with Links to County Clerks:
www.flclerks.com/page/FindaClerk
Email: info@flclerks.com



Meridian Behavioral Healthcare, Inc.
Local: (352) 374-5600
Toll Free: (800) 330-5615
mbhci.org



Important Information for families about the Baker and Marchman Acts



Baker Act Overview

The Florida Mental Health Act, also known as the Baker Act, is the set of laws governing mental health treatment and services, including involuntary examination and placement. The Baker Act was designed to preserve individual rights while establishing guidelines for courts and qualified professionals to initiate involuntary examination and/or treatment for individuals in crisis due to mental illness.

Baker Act Criteria

In order to temporarily commit someone who has or is believed to have a mental illness* (as defined in Baker Act statute) to a mental health facility, they must meet the following criteria:

- The individual has refused a voluntary mental health evaluation OR the individual is not able to determine whether an examination is needed;
- AND
- The individual presents an imminent threat of harm to self or others OR is unable or unwilling to care for themselves, which poses an imminent threat of harm.

**For the purposes of the Baker Act, mental illness does not include a developmental disability (defined in Chapter 393, FL Statute), intoxication, or conditions manifested only by antisocial behavior or substance use impairment.*

Individuals in crisis are also able to choose a voluntary Baker Act, so long as they are willing and able to consent to treatment.

Baker Act vs. Marchman Act

Both the Baker Act and Marchman Act identify processes for those who are incapable of determining their need for treatment and present an imminent danger to self or others. The Baker Act applies to individuals incapacitated due to mental illness, whereas the Marchman Act relates to incapacity due to substance abuse. The Marchman Act can be initiated through similar avenues as the Baker Act.

Initiating Involuntary Examination

An involuntary examination can be initiated by any of the following ways:

- A licensed qualified professional (as defined in Baker Act) may determine an individual they examined within the preceding 48 hours meets the involuntary examination criteria.
- A law enforcement officer may determine a person meets the criteria for involuntary examination.
- A circuit court may enter an ex parte order requiring involuntary examination based upon petition and sworn testimony from related individual(s).

Ongoing Involuntary Placement

On evaluation, a psychiatrist may determine an individual continues to meet the initial Baker Act criteria, with less restrictive options judged inappropriate. A petition may then be submitted to the courts requesting involuntary inpatient placement. A hearing is then scheduled by the court to evaluate the petition, and the court either issues an order for involuntary placement or issues an order to release.

Time Frames & Actions

An individual may be held for **up to** 72 hours for involuntary examination. Once the examination is complete, one of the following must occur:

- No intervention is recommended, and individual is released (unless charged with a crime);
- Individual is released with a recommendation for outpatient treatment, which is voluntary (unless charged with a crime);
- Individual agrees to continued inpatient treatment voluntarily; OR
- A petition for involuntary placement is filed with the courts and a hearing scheduled.

If involuntary placement is granted, the court may issue an order for involuntary placement for **up to** 180 days.

Please Note: These time frames do not indicate an individual’s expected length of stay. If a person does not wish to stay voluntarily, they must be released as soon as they are evaluated to no longer meet the Baker Act criteria.

Health Care Surrogates & Guardian Advocates

The ability to consent to treatment is evaluated and determined for each individual. If the psychiatrist determines an individual is unable to consent to medications/treatment, a Guardian Advocate may be pursued and appointed by the court. The Guardian Advocate will most often be a previously identified health care surrogate and/or relative, though in some cases the court determines a professional guardian is appropriate. For minors without natural guardian involvement, a Guardian Advocate is required before medication can be provided if the current caregivers are unable to provide the appropriate legal documentation (i.e., Court Order or appropriately worded Advance Directive/Health Care Surrogacy or Power of Attorney document).

Discharge Process

Discharge planning is a process that begins at admission. Staff work with the individual, related individuals, and the treatment team to prepare for discharge throughout the inpatient stay. When it is determined an individual no longer meets the involuntary Baker Act criteria, and they do not wish to stay or do not require continued inpatient treatment, they must be discharged.

In some cases where an individual remains in crisis (i.e., remains an imminent risk of danger to self/others) but is able to determine their need for treatment, they may be transferred to a voluntary status and remain inpatient for further stabilization. Everyone is provided a copy of their Discharge Plan, Safety Plan (if applicable), medication(s)/prescription(s), and a follow-up appointment within seven (7) days of their discharge date. At this post-inpatient appointment, individuals can be connected to additional aftercare services (e.g., counseling, medication management, primary care, etc.).

