

## 317 FLORIDA'S BAKER ACT

- I. PURPOSE: The purpose of this Standard Operating Procedure is to define the guidelines regarding the use of the Baker Act by Tampa Police Department officers.
- II. DISCUSSION: The Tampa Police Department recognizes the community's need to be secure regarding protections enacted under Florida's Baker Act. The Baker Act provides a legal procedure for voluntary and involuntary mental health examination and treatment. A court, a physician, a mental health professional, or a law enforcement officer may require a person be **involuntary examined** when he or she meets Baker Act criteria for involuntary examination. Involuntary examination allows a person to be taken into protective custody and delivered to a receiving facility.

"The Baker Act" or "The Florida Mental Health Act" is under Chapter 394, Part I, F.S., and covers the psychiatric examination and treatment of individuals due to a mental illness, but does not cover individuals solely with a substance abuse disorder needing examination and treatment (this is covered by the Marchman Act under Ch. 397, F.S., – See SOP 317.1), or individuals solely with a developmental disability (i.e.: intellectual disability or Autism, covered under Ch. 393, F.S.). However, an individual may be suffering from multiple diagnosis to include a co-occurring mental illness which may meet the criteria under the Baker Act for involuntary examination.

The operational guidelines for patrol's initial response to a person actively in mental or behavioral health crisis and the functions of the Behavioral Health Unit (BHU) are covered under SOP 625.1 Mental and Behavioral Health Response.

### III. DEFINITIONS:

- A. "Designated receiving facility" means a facility approved by the Florida Department of Children and Families, which may be a public or private hospital, crisis stabilization unit, or addictions receiving facility; which provides, at a minimum, emergency screening, evaluation, and short-term stabilization for mental health or substance abuse disorders; and which may have an agreement with a corresponding facility for transportation and services.
- B. "Mental illness" means an impairment of the mental or emotional processes that exercise conscious control of one's actions or the ability to perceive or understand reality, which impairment substantially interferes with the person's ability to meet the ordinary demands of living. For this part, the term does not include a developmental disability defined in chapter 393, intoxication, or conditions manifested only by dementia, traumatic brain injury, antisocial behavior, or substance abuse. A person may be eligible under the Baker Act even with one of these excluded conditions if they also appear to have a co-occurring mental illness.
- C. "Developmental disability" means a disorder or syndrome that is attributable to intellectual disability, cerebral palsy, autism, spina bifida, Down syndrome, Phelan-

McDermid syndrome, or Prader-Willi syndrome; that manifests before the age of 18, and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.

- D. “Dementia” is a term used to describe a group of symptoms affecting memory, thinking, and social abilities severely enough to interfere with daily life. It is not a specific disease, but several diseases can cause dementia. Dementia has several psychological changes which include personality changes, depression, anxiety, inappropriate behavior, paranoia, agitation, and/or hallucinations.

#### IV. RIGHTS OF PERSONS WITH MENTAL ILLNESS:

- A. Persons who have mental illnesses have guaranteed rights under § 394.459, F.S., “Rights of patients”. Some of these rights are as follows:
  - 1. Individual Dignity: Ensures all constitutional rights and requires that persons be treated in a humane way while being transported or treated for mental illness. Persons who have a mental illness but who are not charged with a crime shall not be deprived of any constitutional rights.
  - 2. Treatment: Prohibits the delay or denial of treatment due to a person’s inability to pay, requires prompt physical examination after arrival, requires treatment planning to involve the person, and requires that the least restrictive appropriate available treatment be used based on the individual needs of each person.
  - 3. Express and Informed Consent: Encourages people to voluntarily apply for mental health services when they are competent to do so, to choose their own treatment, and to decide when they want to stop treatment. The law requires that consent be voluntarily given in writing by a competent person after sufficient explanation to enable the person to make well-reasoned, willful, and knowing decisions without any coercion.

#### V. PROCEDURE:

- A. Adult Baker Act Involuntary Examination Initiated by Officer:
  - 1. Florida law enforcement officers are empowered by F.S. § 394.463 to take any individual into custody and deliver him or her to a receiving facility for involuntary examination if there is a reason to believe the individual has a mental illness **and because of this illness:**
    - a.1. The individual has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination;

**or**

- a.2. The individual is unable to determine for themselves whether the examination is necessary;

**and**

- b.1. Without care or treatment, the individual is likely to suffer from neglect or refuses to care for himself/herself; such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; **and it is apparent that such harm cannot be avoided through the help of willing, able, and responsible family members or friends or the provision of other services;**

**or**

- b.2. There is a substantial likelihood that without care or treatment the individual will cause serious bodily harm to self or others in the near future, as evidenced by recent behavior.

- 2. Officers investigating a Baker Act shall document the facts and determination under a General Offense Report for Baker Act.

- 3. **Baker Act Forms:** If the person will be transported for involuntary examination based on an officer Baker Act, the officer will need to complete the following forms:

- a. *Baker Act form in TraCS; or*
- b. *Report of Law Enforcement Officer Initiating Involuntary Examination* form, CF-MH 3052A, commonly referred to as “BA-52”; **and**
- c. *Transportation to Receiving Facility* form, CF-MH 3100, Part I always and Part II if utilizing TransCare or emergency medical personnel to transport.
- d. The Baker Act forms can be located at:
  - i. TraCS by going to Baker Act/Marchman Act form and selecting Baker Act (TraCS is the preferred method. The BA-52 and Transportation form are combined into one form in TraCS);
  - ii. Power DMS (search “Baker Act Form” and “Transportation Form”);

- iii. TPDNet under Baker Act/Marchman Act Forms, <https://tpdnet.tampagov.net/baker-act-marchman-act-forms>; or
- iv. Through the Department of Children and Families website at: <https://www.myflfamilies.com/service-programs/samh/crisis-services/baker-act-forms.shtml>
- e. In completing the Baker Act forms officers are required per law to include the following:
  - i. A detail of the facts and “circumstances” under which the person was taken into custody, which may include but does not require a description of the officer’s observations. This can be done in the “narrative” section of the TraCS form.
  - ii. The family members or others present when taken into custody, and the personal knowledge by family members and others about the individual’s condition. This may be located in the transportation portion and will be completed for all Baker Acts to include officer transports.
  - iii. Officers must include all known readily accessible emergency contact information (ECI) for the person accessible to the officer to include electronic databases maintained by DHSMV (DAVID), or FDLE. The ECI may be used by the receiving facility to inform the emergency contacts of the patient’s location. Officers should include the ECI with the report submitted to the receiving facility in the narrative or designated ECI section.
    - a. Note: ECI is also required to be included when an officer delivers an individual to a receiving facility pursuant to a certificate executed by a health care professional (medical Baker Act), ex-parte order (court Baker Act), and when an officer delivers a person to a hospital or addictions facility for protective custody (Marchman Act) or refusal to consent to assistance for medical treatment. Even when the Baker Act examination is not initiated by an officer (i.e.: court or medical) or when initiated by an officer but not transported by TransCare or EMS, an officer will complete the relevant portions of the Baker Act forms to provide the required information

for transportation to include ECI required for admission.

- iv. The transportation section of the Baker Act form will need to be provided to TransCare or EMS when they are being used to transport the individual. The transporting representative should sign the form along with the officer. The initiation portion of the Baker Act form will also go with the transport representative unless the officer accompanies the individual to the receiving facility.
  - v. Completed Baker Act forms should be signed, printed and furnished to the receiving facility for inclusion in the clinical record.
4. A person that meets the Baker Act requirements for involuntary examination under § 394.463 may be taken into custody.
- a. Refusal to submit to a voluntary examination only applies when a person is “competent to consent” to treatment. Officers are not required to find a person has agreed to voluntary examination just because the person states they agree to examination. When completing the BA-52 form, if an officer believes the person isn’t making well-reasoned decision or is manipulating them by stating they agree to an examination to get out of the situation, the officer can mark box 1.b. “Individual is unable to determine for himself/herself whether examination is necessary”, instead of box 1.a. “Individual has refused voluntary examination...” The definition of “competent to consent” is whether a person is making a well-reasoned, willful, and knowing decision.
  - b. Per the Baker Act, a person is “incompetent to consent to treatment” when the “person’s judgment is so affected by a mental illness or substance abuse impairment that he or she lacks the capacity to make a well-reasoned, willful, and knowing decision concerning his or her medical, mental health, or substance abuse treatment.” In this situation, the officer would move on to determine whether the other criteria are met as described under A.1.b.1 or b.2.
  - c. As of July 1, 2024, officers have the same discretion that courts and medical professionals have in determining whether to initiate involuntary examination. The decision to not involuntarily commit someone who an officer believes meets Baker Act criteria for involuntary examination should only be considered after weighing the potential safety of the person and others based on the totality of the facts and circumstances available to the officer at the time. In

general, officers should commit an adult for involuntary examination when the officer reasonably believes the person meets Baker Act criteria for involuntary examination. *See* Legal Bulletin 2024-14. If an officer reasonably believes a person meets Baker Act involuntary examination criteria and elects not to Baker Act the person for involuntary examination, the officer shall document the reasons for the decision upon the approval by a supervisor in a General Offense report as a Baker Act indicating the facts supporting the decision.

5. Beginning July 1, 2024, the law was amended from a “willing family member or friend” to a “**willing, able, and responsible** family member or friend” when considering whether without treatment of an individual unable to determine for himself/herself that neglect could be avoided if the person was turned over to a family member or friend. Thus, in considering whether family member or friend will help prevent the neglect or lack of care for such an individual, the law requires officers to consider whether the family member or friend not only agrees to take care of the person, but who is also capable and responsible enough to do so. If the family member or friend was previously unable to prevent the neglect or refusal by care of the individual who poses a present threat or substantial harm to his or her well-being, officers should consider if harm is reasonably likely to be avoided by the family member or friend when they previously failed to do so.
6. Taking a person into custody under the Baker Act is a civil procedure, not requiring the same probable cause required under criminal law. An authorized person may initiate the involuntary examination by having reason to believe that a person appears to meet the criteria.
7. A law enforcement officer may consider the statements of other credible persons who have seen the behavior.
8. Should a person be evaluated by a qualified field clinician as part of the department Behavioral Health Unit or Crisis Intervention Response Team and the field clinician determines the person does not meet the criteria for Baker Act, an officer may still make an independent determination as to whether the person should be Baker Acted since an officer may rely on witness statements and facts that the field clinician is unable to consider. *See* SOP 625.1 Mental and Behavioral Health Response.
9. Transportation shall be handled as provided under the “Transportation” section of this policy.
10. Law enforcement officers taking such persons into custody for involuntary examination shall use only that degree of force and restraint necessary to facilitate the custodial action. The person shall be taken into custody using

the least restrictive manner available and appropriate under the circumstances. When criminal charges are involved, officers will follow the policies outlined under SOP 371 for searching and transporting of prisoners and SOP 371.1 covering restraining devices. If no criminal charges are involved, officers may only use restraints justified under the circumstances documenting the reasons for the restraint used. Patients' rights under the Baker Act require they be treated with dignity and restraints cannot be used unless for the protection of the patient or others. Under the Baker Act, it is not sufficient to state it is a practice to handcuff every person transported in a police vehicle. Officers will need to justify the restraints, even handcuffs, by facts constituting the need for protection of the person being transported or the safety of others (including officer safety). Concerns of safety to self or others may include threats, violence, anger, confusion, mood swings, medication (or need thereof), history, inability to understand the circumstances, or other circumstances or observations which led to the Baker Act involuntary examination and the need for the officer to transport.

11. The Fourth Amendment applies when officers are engaged in a non-criminal function such as Baker Act investigations and involuntary examinations. An officer may conduct a limited search in connection with a Baker Act investigation for safety reasons which is limited to a search of the persons and property necessary to ensure safety. A safety search during a Baker Act detention must be reasonable under the facts and is measured in terms of intrusiveness and necessity under the circumstances. Thus, a limited safety search of the person would be justified under the circumstances after a Baker Act detention when a person is reasonably believed to be armed with a weapon and who has threatened to harm himself or herself or others. However, a limited safety search does not justify the search of a location where no weapons or dangerous items would pose a safety risk, such as a wallet, once the person has been secured in handcuffs and in the back of a patrol car. *See* SOP 821 Search and Seizure and Legal Bulletin 24-14.
12. An officer when performing a Baker Act shall conduct a pat-down for weapons before placing a person in his or her vehicle or for transporting for involuntary examination but is not authorized to conduct a full search absent additional justification such as reasonable cause to believe the person is a safety concern or had a weapon or contraband after the pat-down, or due to medical emergency or exigency.
13. If a full search is reasonable under the circumstances based on the medical emergency or other exigency, a search of the person and any items that may contain dangerous material shall be conducted.

14. Persons taken into custody shall be promptly delivered to the appropriate, or the nearest receiving facility or the facility designated in the County-approved transportation plan.
15. Any person needing medical clearance shall be transported to the nearest hospital emergency room.
16. Whenever an entity other than the Tampa Police Department (EMS, Crisis Van, etc.) transports a person under the Baker Act, the officer will provide the completed Baker Act forms, or applicable portions depending on the who initiated the Baker Act (court, medical or officer), to provide to the Baker Act receiving facility with a copy retained by the transporter. The transporting entity may agree to take the paperwork and provide it upon admission.
  - a. Designated adult receiving facilities currently in Hillsborough County are:
    - i. Gracepoint (Central Receiving Facility and public Crisis Stabilization Unit), 2212 A & B East Henry Avenue, (813) 272-2958;
    - ii. HCA Florida West Tampa Community Hospital (private Baker Act receiving facility), 6001 Webb Rd., (844) 423-4283;
    - iii. St. Joseph's Hospital (private Baker Act receiving facility), 3001 W. Dr. Martin Luther King Jr. Blvd. (Emergency Department), (813) 870-4300;
    - iv. James A. Haley Veterans Administration Medical Center (Baker Act facility for Veterans only), 13000 Bruce B. Downs Blvd.), (813) 972-2000; and
    - v. Tampa General Hospital (TGH) Behavioral Health Hospital, 1303 W. Kennedy Blvd, (813) 893-6300.
17. The original Baker Act form will be left at the receiving facility with the patient.
18. A person refusing medical treatment is not sufficient grounds for initiating a Baker Act.
19. Persons with dementia, disruptive disorders, conduct disorders, or developmental disabilities will not be taken into protective custody under



the Baker Act unless there is an apparent or known mental illness that would be the basis of the Baker Act.

20. It is important for officers not to unnecessarily invoke the Baker Act for persons who seem to be intoxicated, have developmental disabilities, or are antisocial unless there is reason to believe they also have a co-occurring serious mental illness, as it is defined in the law.
21. Officers should apply this policy consistent with Mental Health and Behavioral Health Response – SOP 625.1.
22. Officers who determine a suspect may be a danger to him or herself with a firearm in the near future shall complete a report and the required referral of the Risk Protection Order (RPO) as provided under SOP 317.2.

B. Voluntary Admission (Adults and Minors):

1. Individuals may apply for services at a designated receiving facility for voluntary admission if they meet the following criteria:
  - a. Is competent to provide express and informed consent to treatment;
  - b. Can benefit from inpatient services; and
  - c. Cannot receive the same benefit from receiving services at a lower level of care.
2. Designated receiving facilities have discretion whether to admit an individual who is requesting voluntary admission. A designated receiving facility may not accept a person for voluntary admission when the facility does not have available beds, available services, *authorization from the individual's insurance company* and the clinical opinion of a professional of the need to be admitted.
3. Unlike those admitted for involuntary admission, individuals who are admitted for voluntary do not need to present as posing an imminent threat of inflicting significant physical harm to self or others. Not everyone who requests voluntary admission to a designated receiving facility will be appropriate for services at an inpatient level of care.
4. As discussed under paragraph A, an individual who lacks capacity and competency may not be able to provide express and informed consent. An individual who says they will voluntarily seek admission may still be involuntarily Baker Acted if the officer determines they meet Baker Act criteria and are unable to consent.

5. Officers are not responsible to transport individuals who seek voluntary admission. It is for safety and security reasons that officers transport or the service provider transports individuals who are involuntary status. An individual who is determined to be voluntary status may be transported by a friend or a family member and may be transported in public or private transportation, such as a ride share service.
6. Officers shall not consider a person to be voluntary in order to avoid involuntary Baker Act requirements and documentation.
7. Officers are discouraged from transporting individuals to designated receiving facilities for voluntary admission since the facility may not admit the individual who would then be left at the facility potentially without transportation.
8. An officer who elects to transport an individual for voluntary admission should remain at the designated receiving facility until the officer verifies the individual was admitted. If an individual who was transported by an officer for voluntary status is not admitted by the receiving facility, the officer should ensure the individual is able to safely obtain transportation from the designated receiving facility.
9. In order for minors (under 18) to qualify for voluntary admission to a designated receiving facility, the minor must agree, the minor's parent or legal guardian must provide express and informed consent, and the facility must review and accept the minor.

C. Juveniles, children, or minors (17 years or younger) Baker Act:

1. Under § 394.499, F.S., children's behavioral crisis units are created to provide emergency medical health and substance abuse services for children under 18 who meet the criteria for Baker Act admission or examination. These are referred to as integrated children's crisis stabilization units. The term juvenile, children or minor means the same thing for purposes of this policy.
2. Children who meet the criteria for Adult Baker Act as described above are eligible to receive services at an integrated children's crisis stabilization unit.
3. In general, parents have a right to make medical decisions for their children. Prior to a juvenile Baker Act involuntary examination, officers should obtain parental consent unless there is a true or reasonably perceived emergency. Officers will not need parental consent when there is probable

cause to believe the child is threatened with imminent harm unless involuntarily examined under the Baker Act.

4. Prior to transporting a juvenile who appears to meet all Baker Act criteria, officers will make every reasonable effort to contact the juvenile's parent, guardian or nearest relative.
  - a. As of July 1, 2024, if transporting a juvenile and the parent or legal guardian of the juvenile is present, the officer shall provide the parent or legal guardian with the name, address, and contact information for the facility to which the juvenile is being transported before departing, unless the officer believes that providing such information causes a safety concern to the juvenile.
  - b. A juvenile is authorized under the statute to be released to a willing family member or friend when the officer believes that the juvenile will not present a threat of substantial harm to his or her well-being with care or treatment, the juvenile is not likely to suffer neglect or refuse to care for himself/herself, and it is "apparent that such harm can be avoided through the help of a willing family member or friend". Under § 394.463, F.S., the criteria for adult Baker Act under this condition states the family member or friend must be "willing, able, and responsible", but § 394.499 for juveniles just states "willing" family member or friend.
  - c. In determining whether it is apparent that harm can be avoided for a juvenile in possible crisis through the help of a willing family member, officers should consider the strategies that will be utilized, history of the prior efforts to help the minor, the acceptance and ability of the family or legal guardian to provide support, and safety of those involved based on the facts and circumstances of the situation. Reasons for releasing to a family member or friend should be documented in a Baker Act report and approved by a supervisor.
  - d. It is recommended that BA-52 or TraCS Baker Act form reflect the attempts to notify the nearest relative of the minor and that the officer document the contact or attempts to contact in the general offense report as well. (Marchman Act also requires this to be done).
5. Officers will complete the applicable procedures and documentation for juvenile Baker Acts as described above, the designated integrated children's crisis stabilization unit receiving facilities currently in Hillsborough County for juveniles are:

- a. Children's Crisis Stabilization Unit (CCSU) (public and managed by Gracepoint for juveniles between the age of 5 to 17), 2208 E. Henry Ave., 272-2882; and
  - b. Private Baker Act Receiving Facilities as described above.
- 6. Baker Act Occurring at School:
  - a. Before a principal/designee contacts a law enforcement officer, they must verify that de-escalation strategies have been utilized and outreach to a mobile response team has been initiated unless the principal designee reasonably believes that any delay in removing the student will increase the likelihood of harm to the student or others.
  - b. This requirement does not supersede the authority of a law enforcement officer to act under the Baker Act. However, the officer's discretion to involuntarily commit a juvenile to involuntary examination as described under paragraph V.A.7.c. may fit these situations. Officers should inquire of the principal/designee what strategies have been utilized to remove the student from school as well as what facts they are relying on in the principal/designee's opinion that a delay in removing the child will increase the likelihood of harm to the student or others. This information shall be documented in the Baker Act report when it is determined the juvenile meets criteria regardless of whether the juvenile is committed for examination.
  - c. Although incidents at a school may be stressful and alarming, if they do not rise to a true emergency where there is probable cause to believe the child is threatened with imminent harm, the child should be given ample alternatives to Baker Act involuntary examination without parental approval. Alternatives include finding a secure location at the school where the child can be monitored to determine whether the child is able to safely wait for the arrival and consent of a parent.
  - d. Each district school board shall develop a policy and procedures for notification of parents or guardians.

6. Baker ACT at JAC:

Officers may be required to respond to JAC for Baker Act of a juvenile. *See* SOP 313.5 Juvenile Assessment Center. Officers will evaluate using the same Baker Act Criteria and transport any juvenile meeting criteria to the children's crisis stabilization unit.

D. Behavioral Health Unit (BHU) (SOP 625.1):

1. When BHU is available to respond to a call involving a potential mental health crisis, officers should follow SOP 625.1 for handling the call.
2. The responding officer should perform the following:
  - a. Secure the scene, especially regarding the officer and subject's safety.
  - b. Determine if the circumstances require the continued response of the BHU members and inform the Communications Center of the status. BHU will respond, if available.
  - c. Gather all available information to brief the BHU Officer upon arrival. Information should include, but is not limited to, the following:
    - i. Observations of the person's actions, demeanor, etc.;
    - ii. Interviews with family/friends on scene; and
    - iii. Interview with the subject person (try to get information of diagnosis, medications, last time medication(s) were taken, look for medical alert bracelet, etc.).
  - d. When a BHU member is dispatched to a call or any other circumstance where the BHU is acting in its designed capacity, the Field Clinician will take the primary lead on assessing the person undergoing the behavioral health crisis and make the initial determination.
  - e. BHU Officers are allowed to reach different conclusions from Field Clinicians on involuntary commitment and may override the decision of a Field Clinician in the event the BHU Officer is provided additional information for which the Field Clinician may not be aware of or allowed to consider in making the determination as to whether the person meets the criteria for involuntary examination.
  - f. Upon completion of a BHU call, **the primary officer shall originate** a General Offense (GO) report, a supplement report or Street Check (SC), in accordance with established report writing guidelines.

E. Arrest:

1. Persons arrested on felony charges shall be transported to Central Booking at the Orient Road Jail. The examination will be conducted at the Orient Road Jail.
  - a. Officers will note on arrest affidavit any known escape or suicide potential of the person. Any other known personal traits of a security or medical nature should also be noted.
  - b. The original Baker Act documents shall be given to the booking supervisor who will provide copies to the medical staff and ensure the original document is placed in the inmate's file.
2. The Baker Act states that when an officer has custody of a person based on either "noncriminal" or "minor criminal behavior" that meets the statutory guidelines for involuntary examination, the officer shall transport the person to the nearest receiving facility for examination. The Baker Act does not say "misdemeanor" as the determination as to booking versus nearest receiving hospital. A receiving facility does not include a county jail.
3. "Minor criminal behavior" refers to criminal behavior which is not dangerous or not as serious as other criminal behavior and is not limited to crimes chargeable as misdemeanors but may include felonies which do not involve violence against another person.
4. While an arrested felon must be booked, the law allows a person in custody who has committed a felony which may be considered minor criminal behavior to be first examined and then arrested. In general, felonies would not be considered minor based on the severity of punishment for the charge. However, an example of minor criminal felony behavior might be when an officer while Baker Acting a subject discovers 25 grams of cannabis. In such an event it might be better to proceed with the Baker Act before initiating an arrest for the felony.
5. When the law requires arrest and booking due to the nature of the misdemeanor offense, then officers should book the person into the jail even when it is a misdemeanor violation as not all misdemeanors are minor criminal behavior. Domestic Violence Battery and DUI violations are examples of misdemeanor offenses where booking would be appropriate. An examination could be done post-booking. It is not appropriate to do a pick-up or direct file after transporting to the nearest receiving facility when the law requires the person to be immediately arrested and booked or when the crime is more than minor criminal behavior.

6. The Baker Act requires receiving facilities to release persons with criminal charges to law enforcement at the time the person is discharged. § 394.463(2)(i), F.S.
7. Generally, officers will not initiate an involuntary examination on a person arrested for a serious violent felony but will charge and book the person accordingly. The jail medical personnel may initiate an involuntary examination if they believe the person meets criteria for Baker Act involuntary examination.
8. For individuals who qualify for release on their own recognizance in lieu of booking, the arresting officer shall complete the applicable incident report and Criminal Report Affidavit for a “Mandatory Appearance in Court” and document observations of the person’s actions and behavior.
  - a. The arresting officer shall transport the person to an appropriate receiving facility for the examination and release the person to the custody of the receiving facility.
9. Juveniles (youth 17 years or younger) meeting Baker Act criteria will not be accepted by the Juvenile Assessment Center (JAC).
  - a. The juvenile will be taken to the most appropriate receiving facility, currently the children’s crisis stabilization unit (CCSU) or a hospital and the Criminal Report Affidavit is to be left with the children’s crisis stabilization unit or hospital in the event the child is Baker Acted.
  - b. The children’s crisis stabilization unit will then contact the originating agency for transport to the J.A.C. when the evaluation is completed.
10. Section 901.15, F.S., states that it is lawful to arrest a person without a warrant when an assault or battery has been committed upon any employee of a receiving facility who is engaged in the lawful performance of his or her duties, or of an emergency care provider. If at a receiving facility, the receiving facility needs to identify that the patient was under an involuntary Baker Act pending an examination or had been examined and met the criteria for involuntary inpatient placement. § 394.455 and § 784.07, F.S.
11. Officers who respond to a call at a receiving facility, hospital or medical health professional concerning a complaint of battery by the subject under a Baker Act, or determined by a medical health professional to meet the Baker Act criteria, will need to determine whether the person has capacity to form the intent necessary to commit a crime. If the officer determines the intent to commit a crime is at issue, the victim may file a request for

prosecution for misdemeanor violations with the State Attorney's Office or the officer may direct file felony charges when the officer determines there is no probable cause based on lack of capacity. If probable cause exists but the officer feels it is appropriate to allow additional review or to have the person remain in a facility, the case may be direct filed with the State Attorney's Office.

F. Documentation and/or Referral through TPD RMS or CAD:

1. Whenever an officer initiates Baker Act measures, the officer will complete a report detailing the facts and circumstances that caused the person to be taken into custody for involuntary examination.
2. An officer may wish to have witnesses to behavior write and sign a statement to be attached to the incident report in case the witness's statement changes in the future. This will uphold the officer's "good faith" in initiating the involuntary examination.
3. When an officer responds to a person in crisis and the person does not meet the statutory requirements of the Baker Act, the officer, at a minimum, shall add call notes providing an explanation for their decision.
4. When an officer responds to a person in crisis due to a mental health issue and the person meets the criteria for an involuntary Baker Act, but it is apparent that such harm can be avoided through the help of willing, able, and responsible family members or friends or the provision of other services, the officer will still complete a Baker Act report.
5. When an officer is assisting in the transfer of a Baker act due to an ex-parte order or a certificate for Baker Act issued by a mental health professional, a field interview (street check) will be completed as further described herein.
6. When an officer is called to stand-by for the transfer of a Baker Act into a receiving facility or between receiving facilities, the officer shall document CAD notes that he or she stood by for the entity or caller without involvement. This will be documented as a Signal 20. If officer involvement beyond standing by becomes necessary, the incident will need to be documented in a report depending on the level of involvement.
7. If BHU responds and originates the general offense, the dispatched or initial officer is still responsible for writing a supplement.
8. If an officer writes a Baker Act report, it will be auto-routed to the BHU for review. If no Baker Act report is initiated, referrals should be made via TPD e-mail to the BHU for review.



G. Transportation:

1. The Baker Act permits law enforcement officers to transport any person for whom an involuntary examination has been initiated to the appropriate, or nearest receiving facility. The Baker Act allows the county to contract with a private transport company for transportation of persons to Baker Act receiving facilities at the sole cost of the county when it is agreed by the transport company and the officer that the continued presence of law enforcement is not necessary for the safety of the person or others. Officers will need to handle the transport when the continued presence of an officer is needed for the safety of the person or others. TransCare determines otherwise per the transportation plan. In accordance with § 394.462, F.S., and the Baker Act, Hillsborough County has entered a transportation plan.
2. Officers transporting a person under the Baker Act shall restrain the person in the least restrictive manner available and appropriate under the circumstances as further described under section V. A.10.
3. Hillsborough County has contracted with TransCare to provide transportation services for persons taken into custody under the Baker Act, Marchman Act and for Involuntary Ex-Parte and Pick-Up Orders.
4. Officers may contact TransCare directly at **2-1-1 (option #4) or 813-964-1594**. Officers may transport the subject if TransCare cannot respond within 30 minutes. The Transportation Plan overrides the need to transport to the nearest Central Receiving Facility.
  - a. TransCare will not allow requests for transportation services to be made by the communications center.
  - b. TransCare will transport combative and flight risk individuals but must be advised prior to dispatch. TransCare shall be advised that restraints are needed when a subject is combative or a flight risk.
  - c. Officers may need to assist TransCare in securing individuals or with transportation.
  - d. TransCare will not transport someone for a voluntary mental health evaluation.
5. If agreed upon, TransCare has the ability to transport any person under a Baker Act, regardless of the person's compliance or lack thereof provided the person does not need medical treatment.

6. If TransCare cannot respond within a reasonable amount of time, the officer will transport the person to the appropriate, or nearest, receiving facility.
7. When an officer takes custody of a person in order to transport under the Baker Act, the officer may request assistance from emergency medical personnel if such assistance is needed for the safety of the officer or the person in custody. § 394.462(1)(e), F.S.
8. Individuals needing medical attention will need to be transported by Tampa Fire Rescue (TFR), ambulatory services, or TransCare when appropriate to the hospital. Officers may follow the transport to a hospital upon request due to a combative patient.
9. The Baker Act prohibits firearms from being brought onto the grounds of a hospital providing mental health services, including by law enforcement, unless specifically authorized by law or by the hospital administrator. If advised by a facility that officers are not authorized to carry a firearm in the facility, please contact your supervisor to review the options.
10. A law enforcement officer does not have to wait at a hospital or other receiving facility for the person to be medically screened, treated, or to have their insurance verified. The officer's only duties are to present the person and the required paperwork and make a responsible handoff to the appropriate staff. However, if the person is acting in a dangerous manner, beyond the ability of the staff to manage, the officer should stay to assist for a temporary period until hospital clinical or security staff can arrive.
11. In the event there is no time for an officer to complete the Baker Act involuntary examination initiation form before the person is taken by ambulance to an emergency department, the officer or physician may still initiate the involuntary examination. However, because the physician will not have observed the statements and behavior, the officer may be the only one who can initiate the Baker Act. An officer can rely on credible hearsay while a mental health professional cannot, and it may not be reasonable to expect a physician to initiate an involuntary Baker Act under the circumstances of a medical emergency transport. In such a circumstance when the paperwork was not already initiated prior to the patient's transport to the hospital, the officer should complete the initiating paperwork and deliver it to the hospital when the mere presentation of the patient will not allow the treating physician with the information necessary to make a determination.
12. Officers will ensure the Baker Act forms are completed and presented to the receiving facility staff.

13. The appropriate facility in accordance with the transportation plan must accept persons brought by officers, emergency medical transport, or TransCare for involuntary examination and provide a basic screening or triage sufficient to refer the person to the appropriate services. § 394.462(1)(k) and (l). No receiving facility can refuse a person on involuntary status from law enforcement and should not ask the officer to further transport a person with potential medical issues.
14. If called to an ALF due to a patient refusing to take medications, officers have the right to refuse to initiate a Baker Act when there is no diagnosis of mental illness and it is a medical issue as to whether the taking of medications constitutes a real, present, and substantial harm to the person's well-being. Agitation alone doesn't necessarily cause serious bodily injury and the officer would need to ensure Baker Act involuntary examination criteria are met when a person appears to have the capacity to make their own decisions as to refusal to take medications. Just because a person lives in an ALF does not change the person's right to refuse to take medications when the person has the capacity to make such a decision.
15. Officers have no duty to transport between hospital facilities. Hospitals transferring of patients between facilities should be handled by the hospital. The sending facility is responsible for the person's safety until securely in the destination facility, regardless of the method of transportation used.
16. A person that has dementia or is 65 or older shall be transported to either HCA Florida West Tampa Community Hospital or St. Joseph's Hospital (3001 W. Dr. Martin Luther King Jr. Blvd.) because these individuals are more likely to require medical exam/treatment.
17. Juveniles (youth 17 years or younger) are to be transported to the most appropriate receiving facility, currently the Children's Crisis Stabilization Unit (CCSU) or a hospital, not to the Central Receiving Facility.
18. Custody of a person who is transported and related documentation shall be relinquished to a responsible individual at the receiving facility.
19. In the event that a doctor's office/medical facility calls the Tampa Police Communications Center for a transport and all the appropriate Transportation Forms have been completed, TPD communications may be able to transfer the person directly to TransCare if agreed to by TransCare and ECI is provided for the hospital. TransCare may still request assistance from TPD for a combative person or in order to complete the required transportation information and ECI for the hospital.

H. Involuntary Commitment Orders - Ex-Parte and Pick-Up Orders:

1. A Circuit Court Judge may enter an Ex-Parte Involuntary Commitment Order or a Pick-Up Order for Assessment and Stabilization (hereinafter “Orders”) stating that a person appears to meet the criteria for involuntary examination. These Orders must be based on written or oral sworn testimony prior to being issued by a Judge in the Mental Health Division. Upon the issuance of such an Order, a law enforcement officer is authorized under the law to take a person into custody and deliver him or her to an appropriate, or the nearest, designated receiving facility. § 394.463(2)(a)1.
2. Hillsborough County Sheriff’s Office (HCSO) sworn personnel and the Court Services Bureau, Civil Service personnel are responsible for proactively serving these Orders issued in Hillsborough County and are responsible for the delivery of the person to the treatment center listed on the order or the appropriate or nearest facility. HCSO Civil Processing Section can be reached at (813) 242-5200.
3. These Orders are to be served expeditiously and a HCSO deputy is allowed per HCSO SOP GEN 505.03 to take a person into custody without a copy of the order if the deputy has knowledge of the order.
4. The Baker Act states that an officer acting in accordance with an ex-parte order may serve and execute such order on any day of the week, at any time of the day or night. It further allows an officer to use such reasonable force as is necessary to gain entry to the premises, and any dwellings, buildings, or other structures located on the premises, and to take custody of the person.
5. HCSO Civil Process Section scans orders into HCSO Versadex and HCSO Communications Center or HCSO Records Transaction Unit (RTU) (247-8247) can determine if an Order exists at any time of the day and obtain copies.
6. Per HCSO SOP, City of Tampa Orders are divided among the HCSO district offices for expedited service. The deputy serving the Order shall arrange for transportation.
7. On occasion, an officer might run a person and learn the person has an Order which has not yet been served. When this occurs, the officer shall:
  - a. Verify the Order is valid by contacting TPD dispatch who will contact the Hillsborough County Sheriff’s Office Communications Center or RTU. Under the statute, an Order is only valid for 7 days from the date signed by the judge unless a longer period is specified in the Order. In Hillsborough County most orders specify 30 days.

- b. If deemed as valid, detain the subject and ask for the nearest HCSO deputy to respond to take custody and serve the Order.
- c. While waiting for an HCSO deputy to respond, an officer will maintain custody of the subject for a “reasonable amount of time” as based upon circumstances such as, but not limited to, call volume and supervisor direction.
- d. If a deputy does not respond in a reasonable amount of time, an officer will:
  - i. Obtain a digital copy of the Order from HCSO by requesting the order be sent to his or her city e-mail address.
  - ii. Officers should serve the person as soon as possible once taken into custody if HCSO does not respond in a reasonable amount of time.
  - iii. Print a copy of the Order for service and arrange transportation of the person to the appropriate or nearest receiving facility.
  - iv. A copy of the Order must be delivered to the person to be served, and an extra copy along with the completed portions of the Baker Act forms for transportation and ECI will be delivered to the receiving facility.
  - v. The officer should arrange for transport or transport as provided under this policy.
  - vi. If a face sheet is provided by HCSO with the Order, complete the face sheet and ensure that it is scanned and returned to HCSO Civil Process Section via e-mail to: [TRNSFAX@HCSO.TAMPA.FL.US](mailto:TRNSFAX@HCSO.TAMPA.FL.US)
  - vii. HCSO Civil Process Section will update HCSO Versadex that the Order was served and forward a return of service to the Clerk of Court.
  - viii. If no face sheet was provided with the Order, the officer should still e-mail HCSO Civil Process Section that the Order was served. Failure to do so could result in the same order being served by HCSO. Officer’s must include in the e-mail notification:

- a. Name and badge number of the officer who served the Order;
    - b. Name and date of birth of the person served;
    - c. Date, time and location of service;
    - d. The name of the receiving facility the person was transported to; and
    - e. A copy of the order served.
  - ix. Advise TPD communications that the Order was served and ensure HCSO communications is advised.
  - x. If an Order has expired, HCSO Communications should be advised that the Order was not served due to expiration and CAD notes should reflect the notification.
7. If the Order has expired, the officer shall attempt to perform their own Baker Act evaluation to determine whether the person still meets criteria for involuntary examination.
  8. If the person has an ex-parte order issued outside of the county, officers may transport to the nearest receiving facility to be transported to the next county.
  9. Calls for officer assistance with transfers under ex-parte orders for Baker Act should utilize Signal 20c – Mental Health Issues Transfer to Crisis Center.
  10. A Field Interview (FKA: Street Check), Type: Z- Other, Reason: 74 – Mental Illness, should be authored explaining the officer’s involvement in the ex-parte order. This is not an officer-initiated Baker Act but is an involuntary Baker Act based upon an ex-parte order. This would not require a Baker Act GO as it is not a TPD initiated Baker Act.

#### H. Involuntary Examination by Certificate Issued by Mental Health Professional

1. A physician, a physician assistant, a clinical psychologist, a psychiatric nurse, an advanced practice registered nurse registered under s. 464.0123, F.S., a mental health counselor, a marriage and family therapist, or a clinical social worker (hereafter referred to as a “mental health professional”) may execute a certificate stating that he or she has examined a person within the preceding 48 hours and finds that the person appears to meet the criteria for

involuntary examination and stating the observations upon which that conclusion is based. *See* s. 394.463(2)(a)3, F.S.

2. If other less restrictive means, such as voluntary appearance for outpatient evaluation, are not available, an officer shall take into custody the person named in the certificate and deliver him or her as provided under the transportation section to the appropriate, or nearest, facility within the designated receiving system for involuntary examination.
3. If the officer is taking a person into custody under a certificate for Baker Act, the officer shall include in the Baker Act form the circumstances under which the person was taken into custody (i.e.: certificate for Baker Act provided and included which was signed by (name) who is a (type of mental health professional) which states the person was examined within the last 48 hours and qualifies for Baker Act involuntary examination.) The certificate will be part of the Baker Act paperwork. The report must also include all emergency contact information (ECI) for the person that is readily accessible to the officer, including information available through electronic databases maintained by the Department of Law Enforcement or by the Department of Highway Safety and Motor Vehicles. The report and certificate shall be made a part of the patient's clinical record.
4. While the criteria to Baker Act is the same, the basis for initiation for mental health professional is different from officers. Officers are only required to describe the circumstances under which the person was taken into custody and do not have to witness the actual behavior as it can be based on testimony of others, facts, and general observations. A mental health professional needs to have actually witnessed the behavior. Therefore, even when presented with a certificate for Baker Act by a mental health professional, officers should verify the certificate is based on behavior witnessed by the qualified person. If a certificate is not valid (not filled out correctly), officers may consider whether there are enough facts and sworn witness testimony to initiate an officer Baker Act.
5. Calls for officer assistance with transfers under certificates for Baker Act from a mental health professional should utilize Signal 20c – Mental Health Issues Transfer to Crisis Center.
6. A Field Interview (FKA: Street Check), Type: Z- Other, Reason: 74 – Mental Illness, should be authored explaining the person was transported under a certificate issued by a qualified person based on observations witnessed by the mental health professional. This is not an officer-initiated Baker Act but is an involuntary Baker Act authorized by a mental health professional. This would not require a Baker Act GO as it was not a TPD initiated Baker Act.

I. Escape or Elopement of Involuntary Examination; Refusal to Leave:

1. It is the responsibility of Baker Act receiving facilities and hospital staff to retain persons safely and not allow them to elope or depart against medical advice if they meet the criteria for involuntary commitment.
2. If a person departs from involuntary examination prior to being cleared within 72 hours of arrival and prior to a Petition for Involuntary Placement being filed with the court, officers may be requested to take custody of the person and transport to the appropriate, or nearest receiving facility upon being provided with a copy of the Baker Act paperwork. Officers may not retake a person if the person is in a place where a warrant is required for entry unless exigent circumstances exist. If officers are unable to retake the person due to the necessity of a warrant to enter, the facility should be advised they will need to obtain an ex-parte order.
3. Once an involuntary examination has been initiated by a court via a court order, a mental health professional via a certificate, or another law enforcement officer via a Baker Act commitment and the person elopes (leaves), an officer has a duty to take the person into custody and deliver the person to the nearest receiving facility for the examination to take place. This is true when an involuntary examination was initiated outside of the City and an officer is alerted to an individual who eloped from a facility outside of the City after the initiation of a Baker Act involuntary examination. Once a Baker Act is initiated by another authorized party, an officer may transport or arrange for transport.
4. A person who was determined to meet involuntary examination under the Baker Act and while being transported by TransCare or EMS involuntarily and leaves the custody of TransCare or EMS before transfer to a hospital may be picked up by an officer and returned to the appropriate receiving facility for involuntary examination during the 72 hour period. Depending on the circumstances, the person will be considered a missing person or a missing endangered person as defined under SOP 333.
5. If the Baker Act transport was due to an officer-initiated Baker Act, a supplement to the original report would be completed. If the involuntary assessment was initiated by a court order or mental health professional certificate, the officer would complete a Field Interview (street check) as described herein.
6. In most situations an escape or elopement pick up will occur soon after the event. The entity from whom the person escaped or eloped may need to seek an ex-parte order in the event the person is not picked up within 72 hours of the escape or elopement. The Pick Up Desk shall remove any pick-up for the person who has eloped for Baker Act after 72 hours.



Communications must be advised when a person is picked up and the pick-up will be removed.

7. An involuntary examination has not ended simply because a person has eloped – it is still in effect because the person has not been released from the involuntary examination. However, after 72 hours officers will need either an ex-parte order or will need to make a determination based on the totality of the facts that the person meets the involuntary examination criteria for an officer-initiated Baker Act.
8. If a person departs from involuntary examination and a Petition for Involuntary Placement has been filed, the appropriate law enforcement agency should be provided a copy of the petition and requested to return the person to the facility from which the petition was filed.
9. If a person is under Court Order for Involuntary Placement and leaves without authorization, the administrator of the facility may request the assistance of law enforcement to search for and return the person upon being provided a copy of the order.
10. If a person elopes from a hospital emergency department, the person should be returned to the hospital for appropriate transfer as required by the federal EMTALA law.
11. If an adult patient is on voluntary status elopes from a facility without authorization, an authorized mental health professional would need to initiate an involuntary examination (52B) and then request law enforcement to find the person and return the person to the nearest or most appropriate receiving facility. A pick-up of a voluntary turned involuntary would expire in 72 hours. Voluntary patients have the right to “request” release, not a right to release.
12. Officers providing security as extra-duty at a hospital may assist in restraining an involuntarily committed person who meets criteria when requested by hospital staff for assistance. However, hospital staff should be primary.
13. If a hospital has performed all of its duties under the Baker Act and federal laws, it has the right to discharge a patient who doesn’t meet or no longer meets the criteria for involuntary status. The facility should initiate removal with its own staff before calling law enforcement. Officers may stand by for the removal and follow trespass procedures when appropriate.

J. Introduction of Contraband Hospitals Providing Mental Health Services:

1. Except when authorized by law or by the person in charge of the hospital providing mental health services, § 394.458, F.S., makes it a third-degree felony for anyone to introduce into or upon the grounds of such hospital the following: firearms, controlled substances or any intoxicating beverage.
2. It is also a third-degree felony for a person to transmit contraband to or attempt to transmit contraband to any patient of a hospital providing mental health services while outside the grounds of the hospital.
3. While a hospital has to respect the right of a patient's right to possession of his or her clothing and personal effects, § 394.459(6), F.S., allows a facility to take temporary custody of such effects when required for medical and safety reasons and shall return the items unless the return would be detrimental to the patient, such as illegal contraband.
4. Hospitals may ask officers to remove contraband they recovered from a person but may not be able to disclose the patient information due to privacy laws. In such an event the officer will place the contraband as found property when the person is not known. Intoxicating liquors may be disposed of on scene.

K. Confidentiality of Records:

1. Any person, agency, or entity receiving information pursuant to the Baker Act must maintain such information as confidential and exempt under Florida public records law §119.07(1), F.S. However, officers' incident reports are public records and can be released to the public, even if the reports have some information as contained in the official forms which are exempt.

L. Risk Protection Orders (RPO):

1. If a person is a danger to him or herself or others with a firearm, officers should follow the RPO Procedures outlined under SOP 317.2. One factor of many the court could consider in deciding of whether a person is a potential danger is evidence that the person is seriously mentally ill or has recurring mental health issues. The court would want a nexus that the person has the present or future ability and intent to possess a firearm and because of the facts of the mental illness or mental health issues subjecting the person to a Baker Act the officer believes the person is a danger to him or herself or others with a firearm.

M. Alternatives to Baker Act:

1. The Baker Act should only be used in situations where the person has a mental illness as defined in the Baker Act and meets all the remaining

statutory criteria for voluntary or involuntary admission. The legal definition of mental illness excludes intoxication, substance abuse impairment, any form of developmental disability, and antisocial behavior. For many persons, the use of other statutes may be more appropriate. Some alternatives may include:

- a. Substance abuse treatment, Marchman Act, Ch. 394, F.S., see SOP 317.1, provides for involuntary admission if good faith belief person is substance abuse impaired and meets criteria for law enforcement protective custody, emergency admission by a physician, court order, or is a minor to JARF.
- b. Developmental disabilities that may occur before the age of 18 and continue indefinitely, Ch. 393, F.S., allows for involuntary admission upon court order.
- c. Emergency Examination and Treatment of Incapacitated Persons, § 401.445, F.S., allowed when life-threatening and treatment provided without consent. Requires an authorized professional acting under the direction of medical supervision of a physician. EMT will often call a physician and determine a person does not meet criteria for emergency examination; however, this does not mean law enforcement who weighs different facts and evidence is prohibited from considering whether the person meets criteria for Marchman Act or Baker Act.
- d. Federal EMTALA – Emergency Medical Treatment and Active Labor Act, 42 U.S.C. 1395dd, and emergency access to care § 395.1041, F.S., prohibits the delay and/or denial of emergency medical services, including psychiatric and substance abuse, due to the inability to pay for care. A hospital providing emergency services and care to a person who is being involuntarily examined under the Baker Act must adhere to all rights of patients and involuntary examination procedures provided by the Baker Act, regardless of whether the hospital is designed as a receiving or treatment facility, and regardless of whether the person is admitted to the hospital.
- e. Medical Consent Law, § 766.103, F.S.
- f. Adult Protective Services, § 415.1051, F.S., may be appropriate when a vulnerable adult is alleged to be a victim of abuse, neglect or exploitation and lacks the capacity to consent and care. A “vulnerable adult” is a person whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, long-term

physical or developmental disability, dysfunction, brain damage, or infirmities of aging. See also SOP 333 – Missing Persons.

- g. Child Protective Services, in addition to other protective services based on abuse or neglect covered under Ch. 39, F.S., § 39.407 provides that the Department of Children and Families is authorized to have medical screenings performed on a child who is removed from the home and maintained in an out-of-home placement. See SOP 313.7 Child Abuse Investigations.
- h. Guardianship, Ch. 744, F.S., occurs when a person has judicially been determined to lack capacity to manage essential care for self and guardian has been appointed to make life decisions. The Baker Act prohibits the voluntary admission of a person who has been determined to meet the requirements of guardianship due to incapacitation. A guardian may provide express or informed consent while a person is held under involuntary status.
- i. Advance Directives Act/Health Care Surrogate and Proxy, Ch. 765, F.S., occurs when a competent person has previously executed an advance directive designating a health care surrogate and a physician has now found the person to be incompetent or incapacitated to consent and the surrogate may instead be asked to provide for consent. The Baker Act requires that any person who has a health care surrogate or proxy making treatment decisions be on an involuntary status.

N. Providing False Information:

- 1. § 394.463(5), F.S., makes it a first-degree misdemeanor for a person to knowingly and willfully furnish false information for the purposes of obtaining emergency or involuntary admission of another; or causing or otherwise securing, or conspiring with or assistance to cause or secure, any emergency or other involuntary procedure of another person under false pretenses; or to cause or conspire or assist another in the denial of any right accorded to a person under the Baker Act. See Legal Bulletin 2022-09.

O. Immunity from Liability:

- 1. Any person or officer who acts in good faith in compliance with the provisions of the Baker Act is immune from civil or criminal liability for his or her actions in connection with the admission, diagnosis, treatment, or discharge of a patient to or from a facility. However, this does not relieve any person or officer from liability if such person commits negligence. § 394.459(10)

2. Documentation of good faith is helpful in defending against alleged claims of liability or false imprisonment.

P. Additional Information:

1. TPDNet:

“Baker Act/Marchman Act Criteria” is a simple overview of these Acts as provided by Gracepoint.

“Baker Act Q & A” is part of the Baker Act User Reference Guide put together by the University of South Florida and provides frequently asked questions and answers by law enforcement about the Baker Act. Officers will find answers to many of their questions.

2. Hillsborough Clerk of Court:

- a. For resources and information on Baker Acts, Marchman Acts, and Risk Protection Orders and how a person can seek a petition for involuntary commitment:

<https://www.hillsclerk.com/Court-Services/Mental-Health-and-Risk-Protection-Orders>

3. Other sites:

- a. Florida Department of Children and Families Baker Act site provides overview, laws, and training information:

<https://www.myflfamilies.com/service-programs/samh/crisis-services/baker-act.shtml>

- b. University of South Florida Baker Act Reporting Center:

<https://www.usf.edu/cbcs/baker-act>

Supersedes SOP 317, dated 11/24.