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I. Background

In 2019, section 394, part I, Florida Statutes (F.S.) the Florida Mental Health Act, was revised to require additional reporting in odd numbered years detailing findings on repeated involuntary examinations of minors

Act Reporting Center are listed in Table 1. The data analyzed for reporting come from data entered from these forms. If a data element is not present on forms, it is not in the Baker Act Reporting Center data.

Table 1: Forms Submitted to the Baker Act Reporting Center

Form ¹	Form Name
The underlined text below and elsewhere indicates a hyperlink to a web page. The links below will bring you to each form on the Department's website.	
<u>CFMH 3052a</u>	Report of Law Enforcement Officer Initiating Involuntary Examination
<u>CFMH 3052b</u>	Certificate of Professional Initiating Involuntary Examination
<u>CFMH 3001</u>	Ex Parte Court Order for Involuntary Examination
<u>CFMH 3118</u>	Cover Sheet to the Department

For the defined time period, the Cover Sheet ([CFMH 3118](#)) was used to systematically report demographic and provider information that correspond to forms [CFMH 3052a](#), [CFMH 3052b](#), and [CFMH 3001](#) listed above.² Upon receipt of forms, the Baker Act Reporting Center enters data and produces reports on behalf of the Department. Links to the statute, administrative code, forms, and other materials can be found on the Department's Crisis Services- Baker Act web page.³ Additional resources readers may want to reference are as follows (with links provided):

- x [The Baker Act receiving facility list](#)
- x [Rule 65E5, F.A.C.](#)
- x [Baker Act \(section 394, part I, F.S.\)](#)
- x [Annual Baker Act Reports](#)

The analyzed Baker Act data is from involuntary examination forms received by /TT2015f .224 8r333 0

Table 2: Involuntary Examinations, Population, and Rate of Involuntary Examinations Per 100,000 Population by Age Groups

Fiscal Year	Involuntary Examinations Per Fiscal Year				Population by Calendar Year (Denominator to Compute Rate Per 100,000)					Rate of Involuntary Examination Per 100,000 Population				
	<18	5-10	11-13	14-17	Year	<18	5-10	11-13	14-17	Fiscal Year	<18	5-10	11-13	14-17
FY2021-2022	36,188	2,925	10,996	22,267	2021	3,164,482	1,439,274	735,895	989,313	FY2021-2022	1,144	203	1,494	2,251
FY2020-2021	38,565	2,964	11,767	23,834	2020	3,132,279	1,419,080	729,316	983,883	FY2020-2021	1,231	209	1,613	2,422
FY2019-2020	35,979	3,653	10,300	22,026	2019	3,097,580	1,397,269	722,759	977,552	FY2019-2020	1,162	261	1,425	2,253
FY2018-2019	37,982	4,658	11,146	22,178	2018	3,056,048	1,386,973	708,286	960,789	FY2018-2019	1,243	336	1,574	2,308
FY2017-2018	36,150	4,099	9,957	22,094	2017	3,008,195	1,370,867	690,907	946,422	FY2017-2018	1,202	299	1,441	2,334

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Figure 1a: Count of Involuntary Examination for Children (<18) for 5 Years

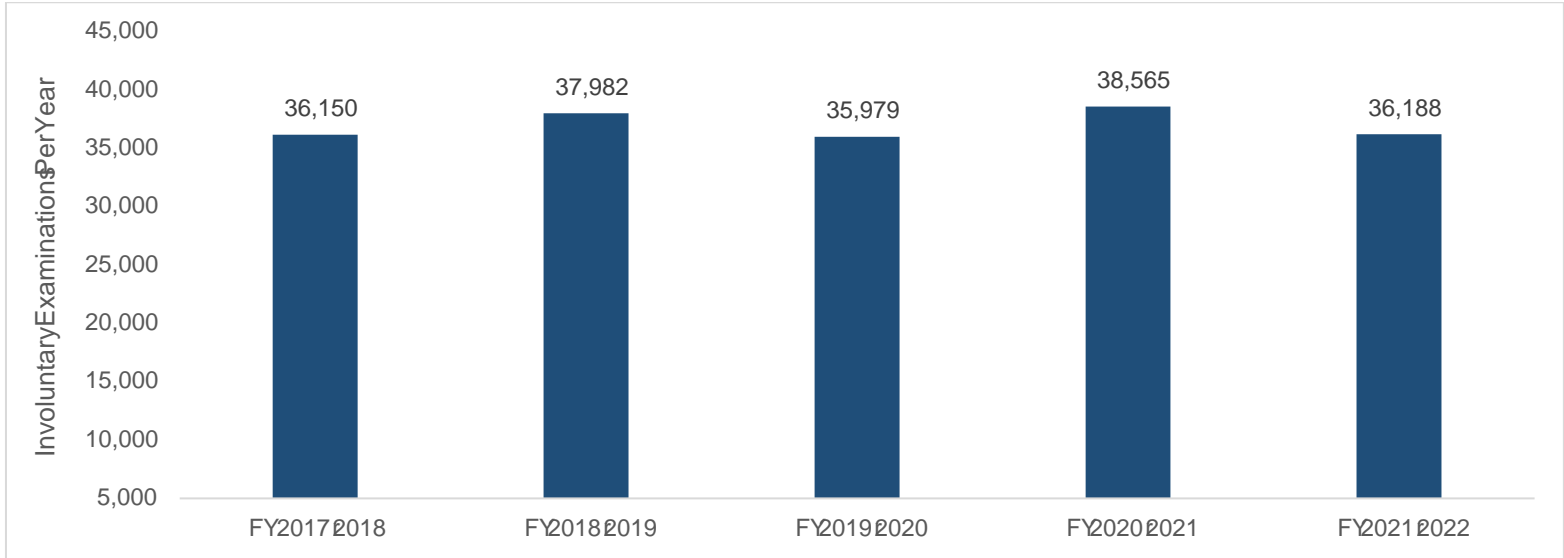
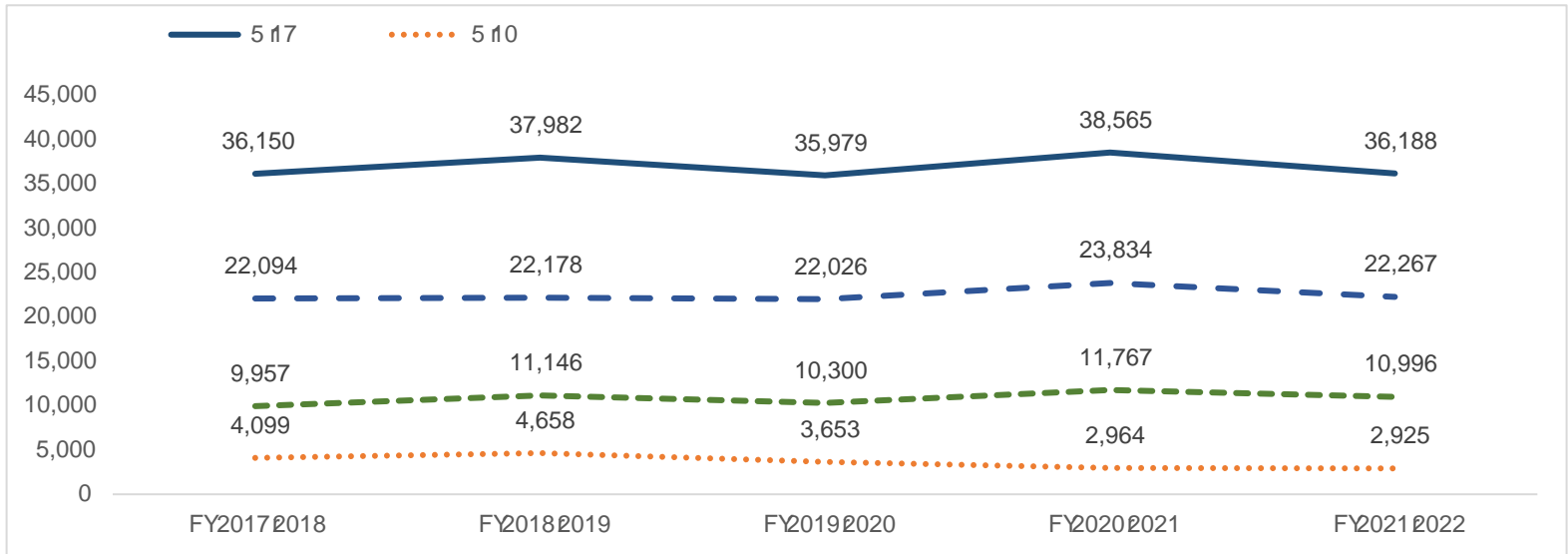


Figure 1b: Count of Involuntary Examinations by Age Group for 5 Years



2. Repeated Involuntary Examinations- Summary

Repeated involuntary examinations

Gender Nearly 66 percent of involuntary examinations of children (<18) are for females and are true for both 1 year and 3 year periods and varying amount of involuntary examinations during those time periods (see Table 4).

Table 4: Gender for Children Based on Number of Involuntary Examinations in FY 2021-2022

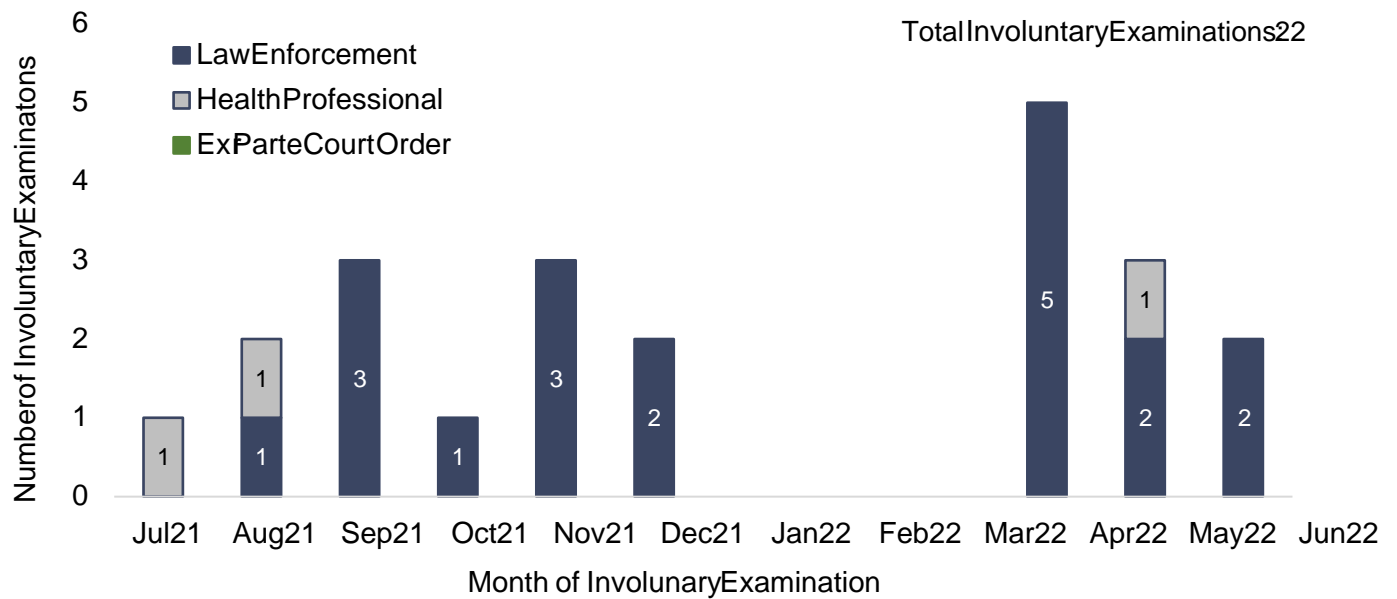
Involuntary Examinations During Time Period	1 Year FY 2021-2022		Three Years FY 2019-2020 through FY 2021-2022	
	Male	Female	Male	Female

3. PersonLevelExamples of Repeated Involuntary Examinations for One Year (FY2021-2022)

A one bar chart was created for each child of the 34 children with 11 or more involuntary examinations in FY 2021-2022. The range of involuntary examinations for the group was 11 to slightly less than 50.⁴ In Figures 4a-4d are examples of the types of patterns identified in the bar charts.

Figure 4a is an example of a child with 22 involuntary examinations during the year. The child had between one and three involuntary examinations over a six month period, then none for three months, then between two and five for the next three months.

Figure 4a: Involuntary Examinations for One Child for One Fiscal Year by Month – Example 1



⁴ The exact count is not provided to protect identity given that the count that is a number slightly less than 50 is for one child.

Figure 4b is an example of a child with 18 involuntary examinations grouped over six months. Figures can be created going back to January 2018, which shows the longer term pattern.

Figure 4b: Involuntary Examinations for One Child for One Fiscal Year by Month – Example 2

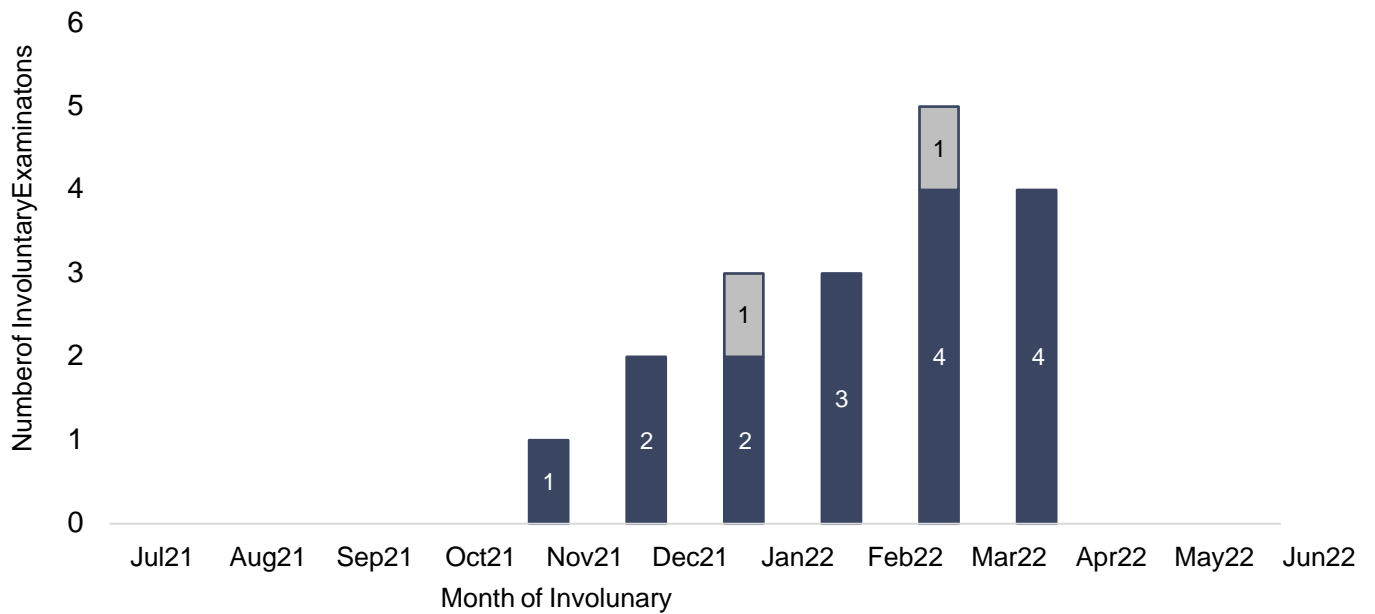


Figure 4c demonstrates a pattern of only law enforcement initiated involuntary examinations with at least one for each month during the year except for January.

Figure 4c: Involuntary Examinations for One Child for One Fiscal Year by Month – Example 3

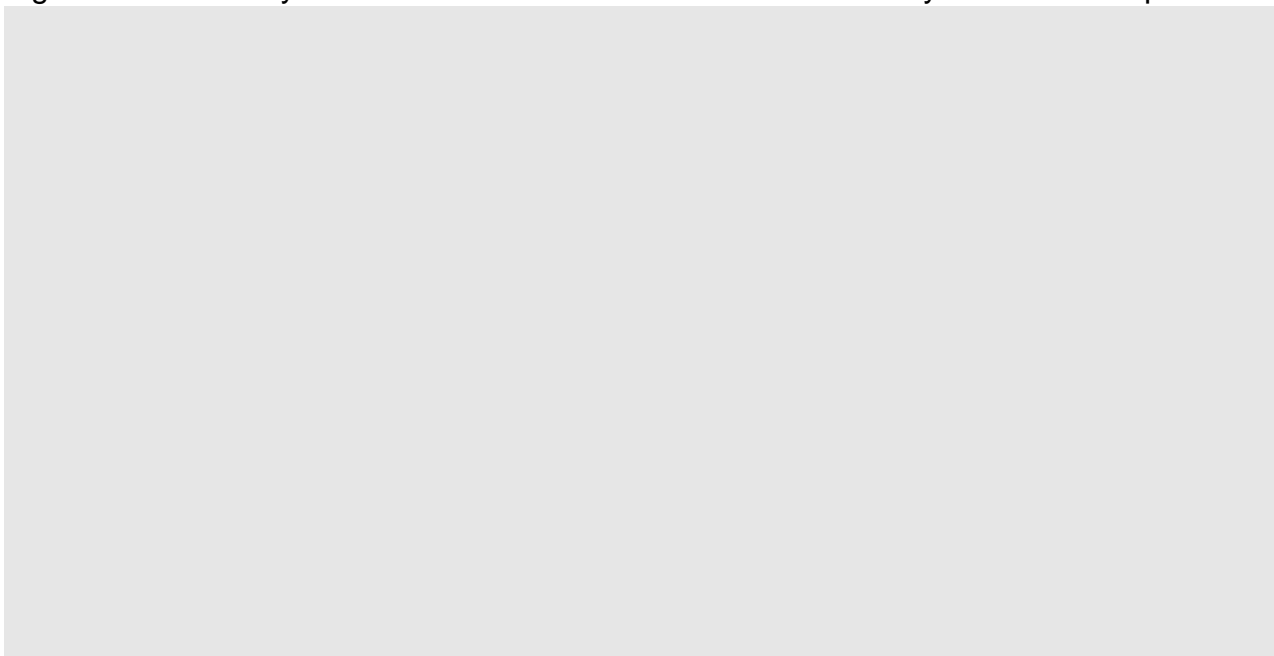
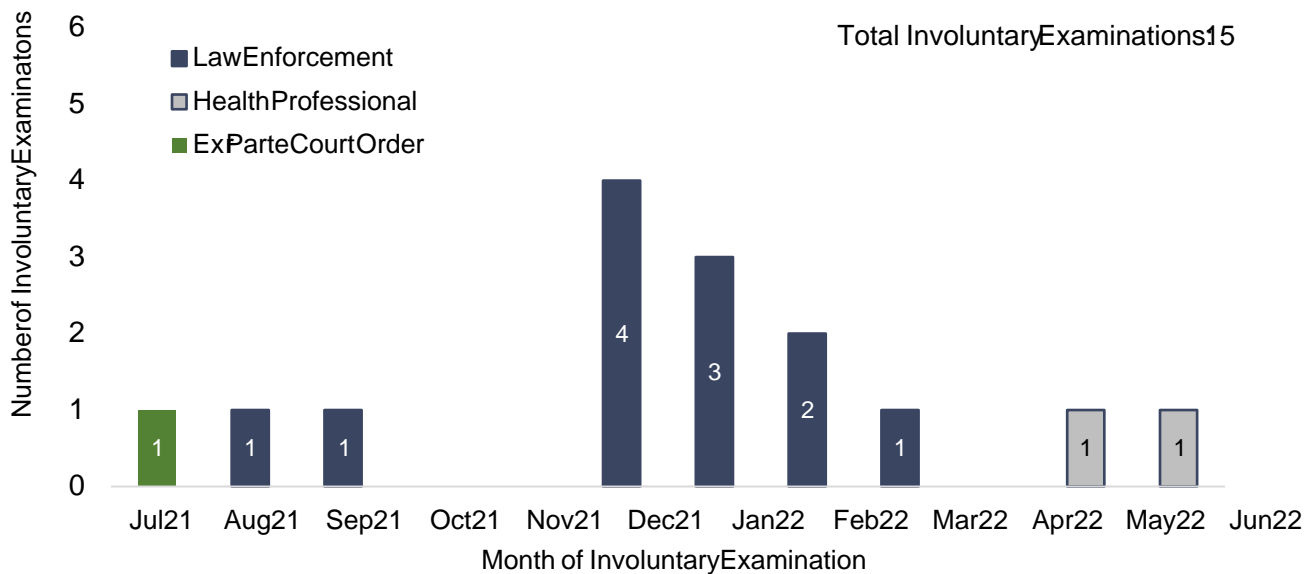


Figure 4d is a child that had involuntary examinations initiated by ex parte court order, law enforcement and health professionals.

Figure 4d: Involuntary Examinations for One Child for One Fiscal Year by Month – Example 4



4. County Level Information

Appendix C contains two tables of information on a variety of metrics at the county level. Readers focusing on a specific county can reference the metrics to provide more context about the county of focus. Section information includes some counties to demonstrate certain issues related to repeated involuntary examinations. Specific counties were chosen to present information as described below.

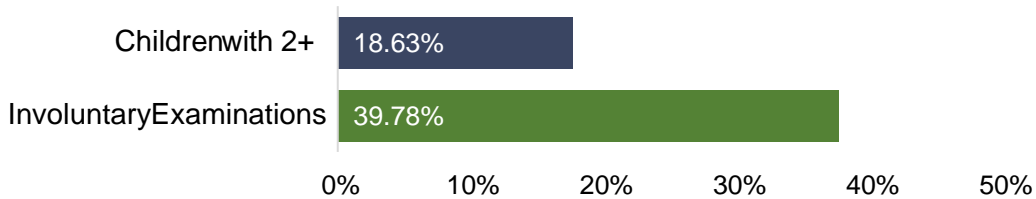
- x Small Numbers Impacting Reporting: Information for only 42 counties for figures on pages 1 through 14, and for 23 counties for figures on pages 19 through 25 are reported in bar charts due to the small numbers of involuntary examinations for children in relation to the level of reporting.⁵
- x Some figures are missing bars due to no children in that category who had an involuntary examination for the year.
- x Abbreviations are used for Non Hispanic (NH) and Hispanic (H) due to space constraints.
- x Percentages for African American/Black children are combined for those who were and were not of Hispanic origin because of the small percentage of children reported to be Black Hispanic and the need to redact for small cell sizes.

⁵ For example, guidance provided by the Minnesota Department of Health provides an example “[w]hen you have cells within tables, are some of the counts less than 5? If so, be cautious in presenting this data. Any calculated percentages will be unstable given the small denominator. A change of one person could make it seem like a 20% difference. In addition, depending on what data you are using, a small cell size could lead to the identification of an individual. In general, a cell size of fifteen or more tends to have more stability in terms of rates or percentages. See [Minnesota Department of Health Data: Quality, Analysis and Interpretation](#) Also see [Washington State Department of Health: Guidelines for Working with Small Numbers](#) and [New York State Department of Health: Rates Based on Small Numbers Statistics Teaching Tools](#).

5. Proportion of Children to Proportion of Involuntary Examinations

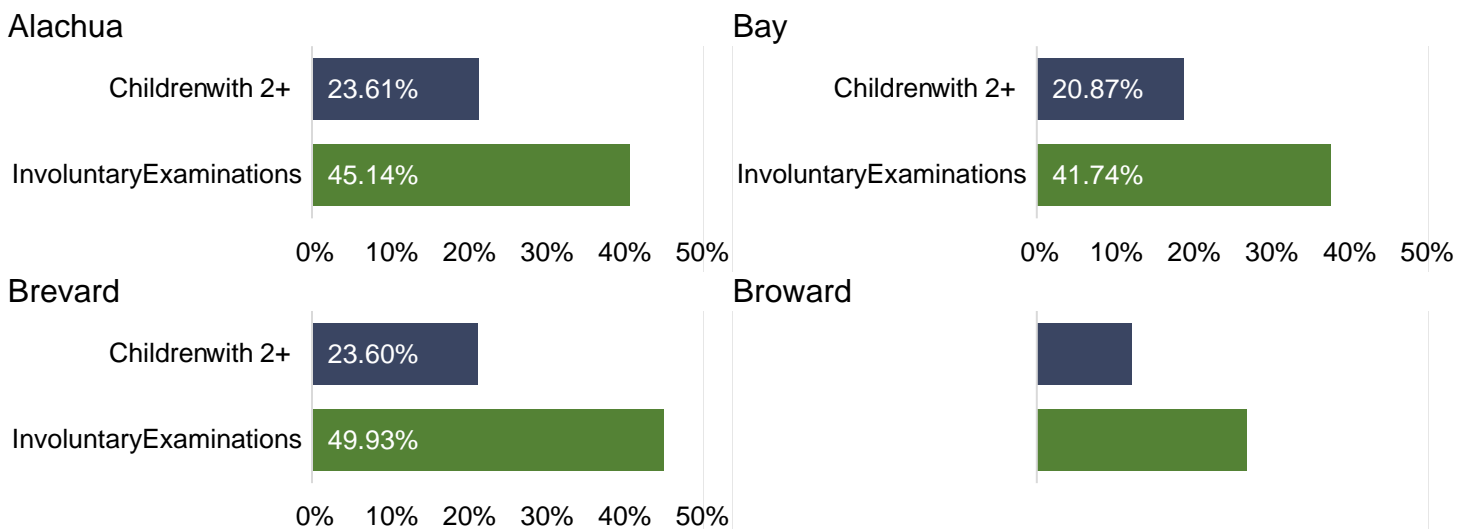
As seen in Table 3, children with multiple involuntary examinations account for a disproportionately sizeable percentage of involuntary examinations. The figures on the following pages represent statewide, and 42 counties for children with two or more involuntary examinations in FY 2021-2022. Tables account for a) percentage of all children with Baker Act examination these children account for (blue bar) and b) percentage the involuntary examinations are of the total involuntary examinations for the year. For example, statewide, the 11 children with two or more involuntary examinations account for 18.63 percent of children with involuntary examinations but the involuntary examinations accounted for 39.78 percent of all involuntary examinations for the year.

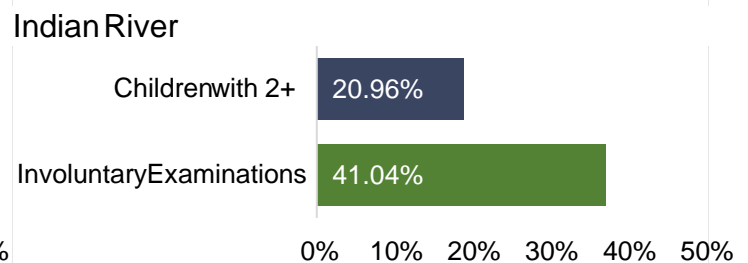
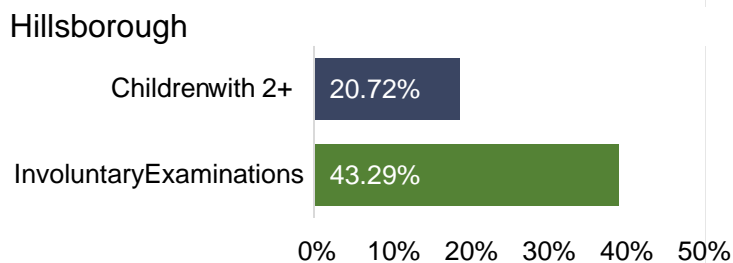
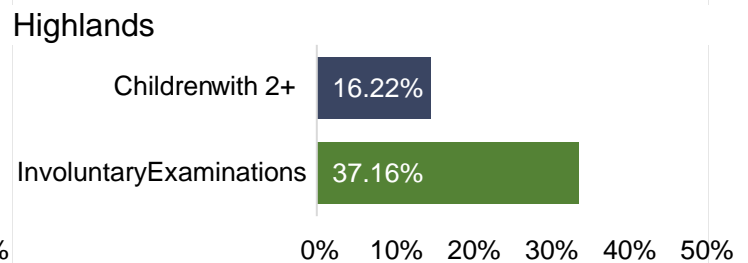
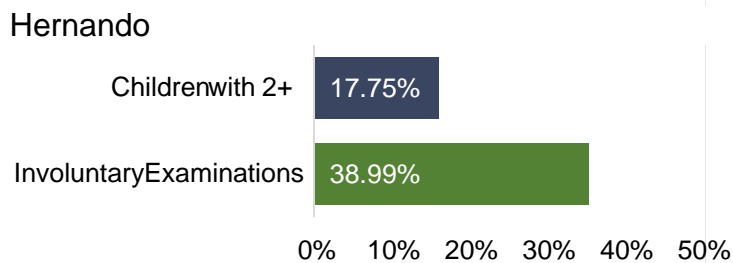
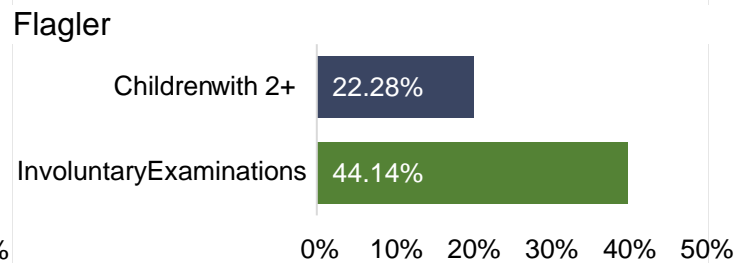
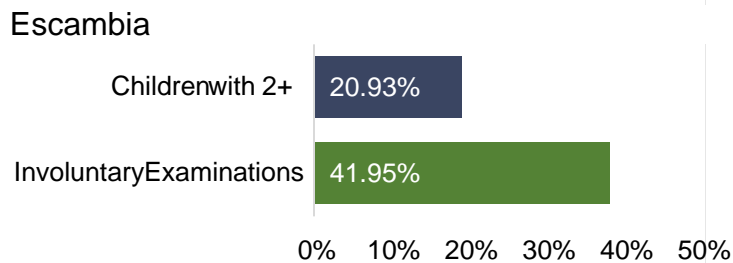
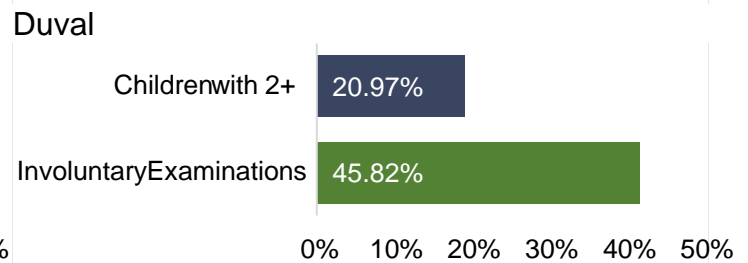
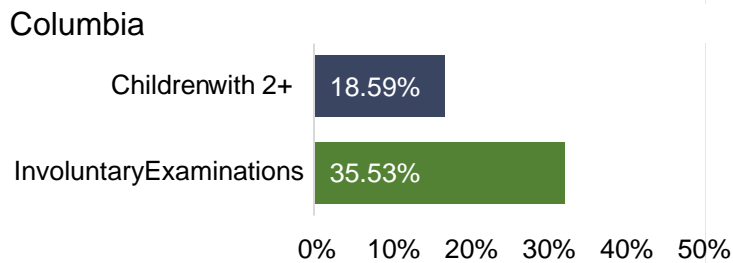
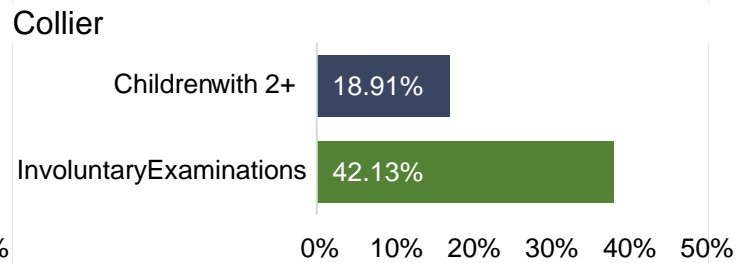
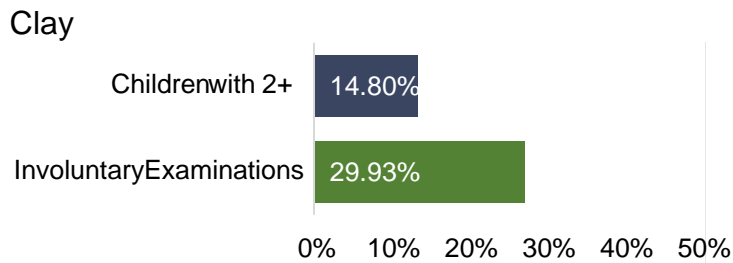
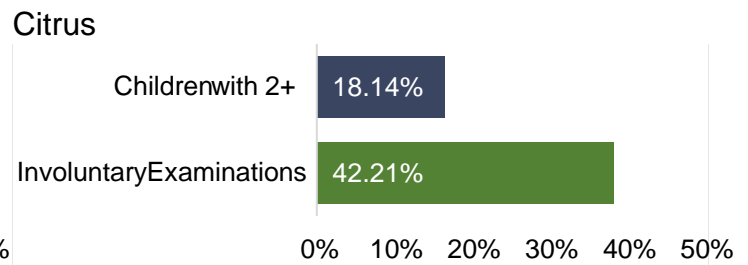
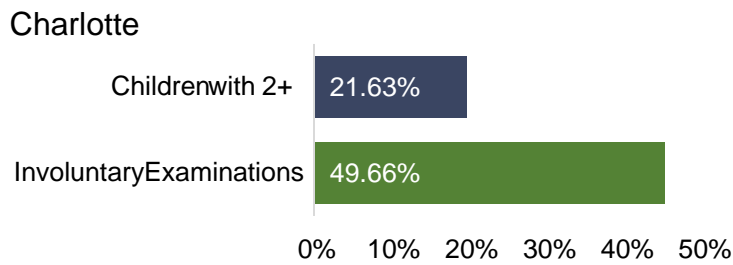
Figure 5: Percentage of Children with Two or More Involuntary Examinations and the Percentage of Involuntary Examinations Out of the Total

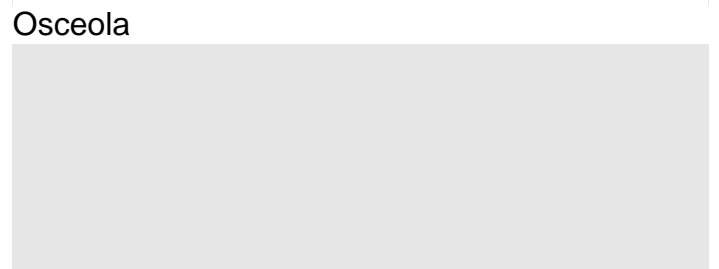
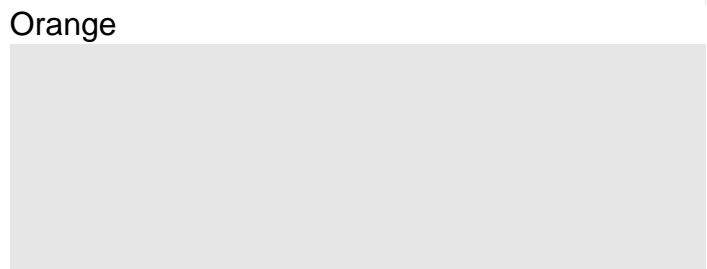
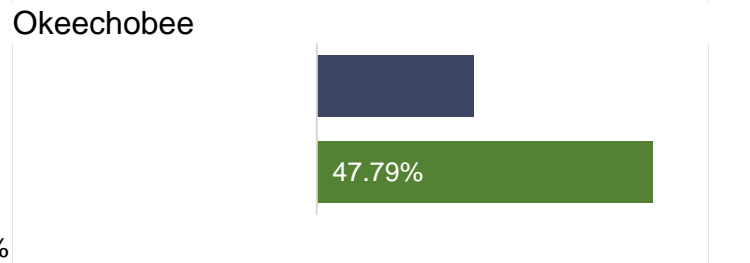
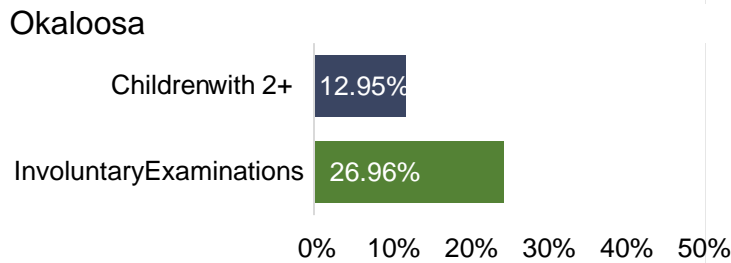
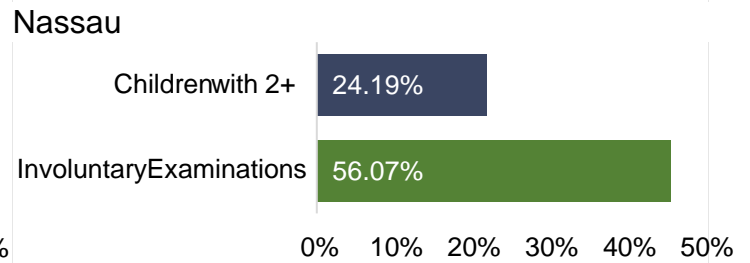
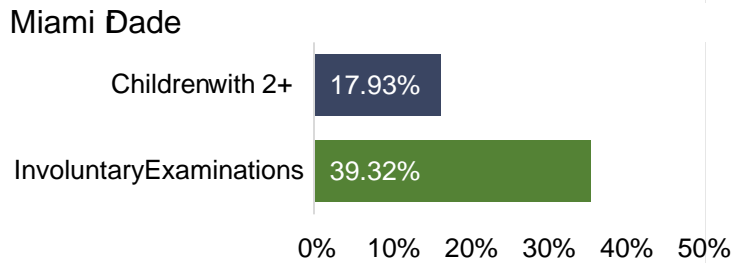
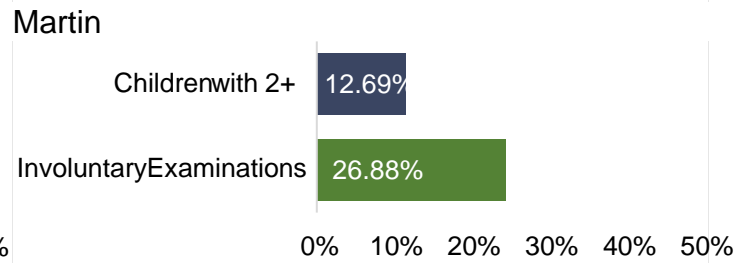
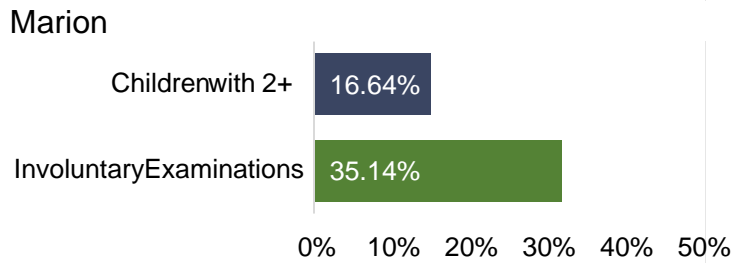
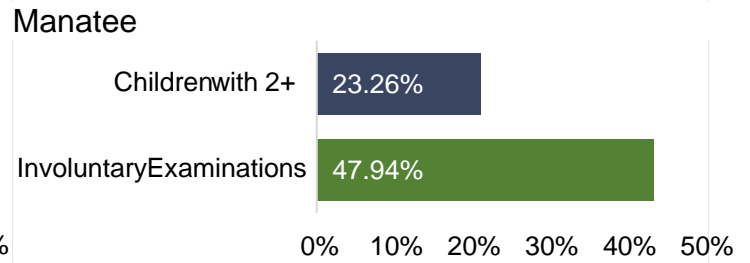
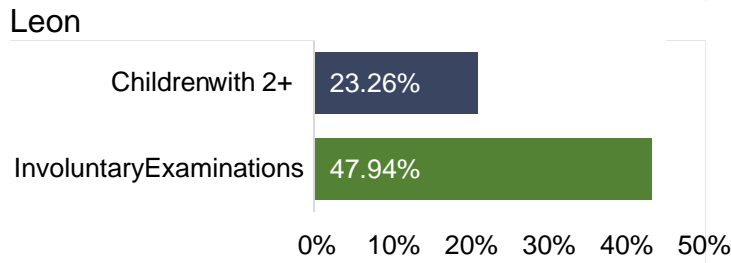
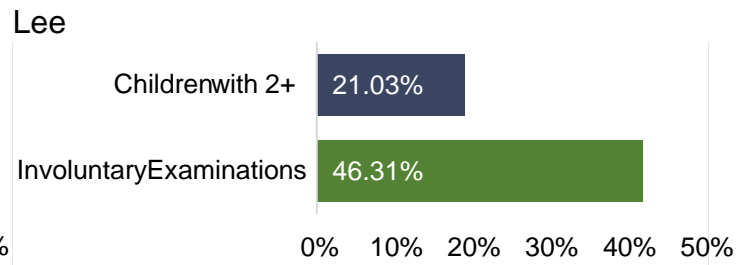
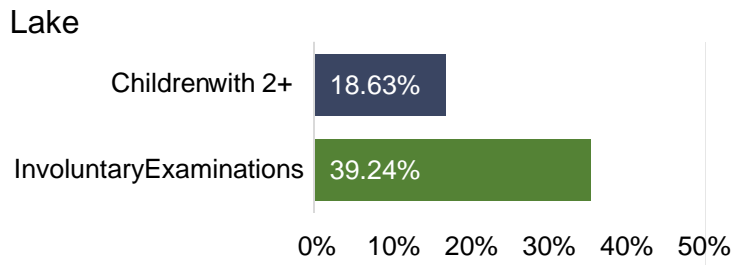


Variability in the metrics is evident in the 42 counties for which bar charts are provided on the following pages. For example, children who were residents of Broward County and had at least two involuntary examinations in FY 2021-2022 account for 13.52 percent of the children with involuntary examinations but the involuntary examinations accounted for 29.82 percent of all involuntary examinations for children for that county for the year. In contrast Pasco County, where 20.16 percent of children with two or more involuntary examinations accounted for 40.39 percent of the involuntary examinations Pasco County had more children with two or more involuntary examinations compared to Broward County, which is one example highlighting variability across counties.

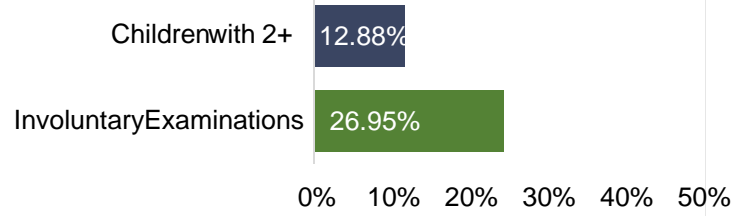
Table 5a. Proportion of Children to Proportion of Involuntary Examinations



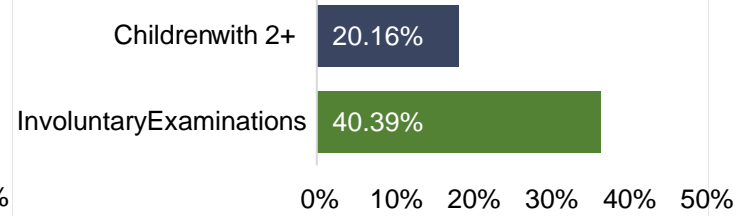




PalmBeach



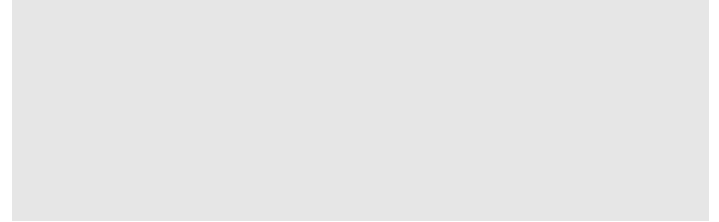
Pasco



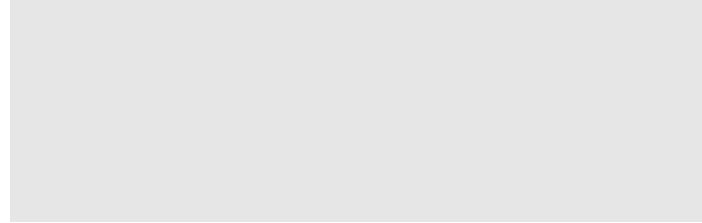
Pinellas



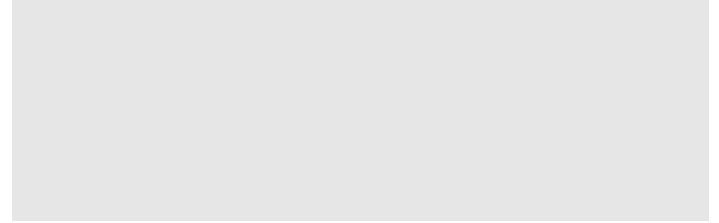
Polk



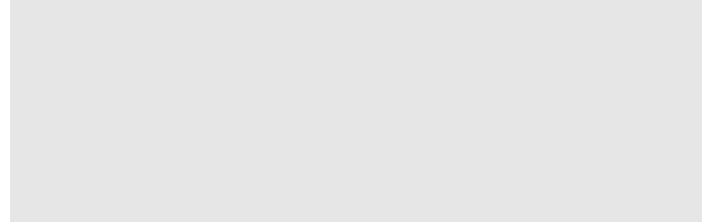
Putnam



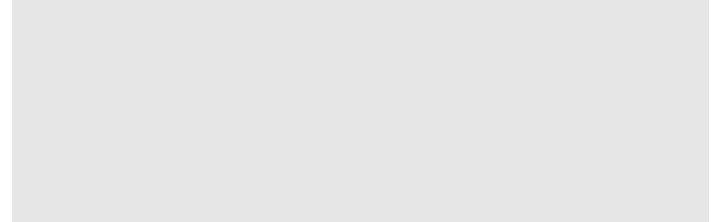
SaintJohns



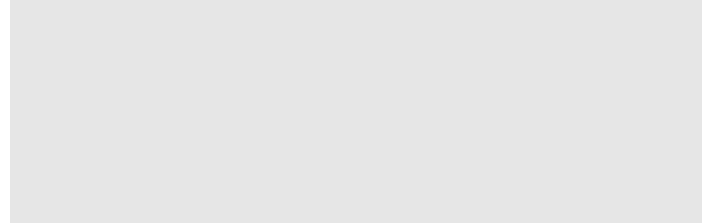
SaintLucie



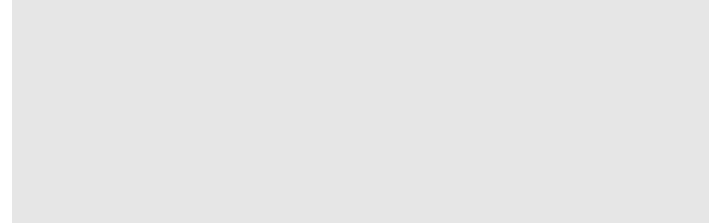
SantaRosa



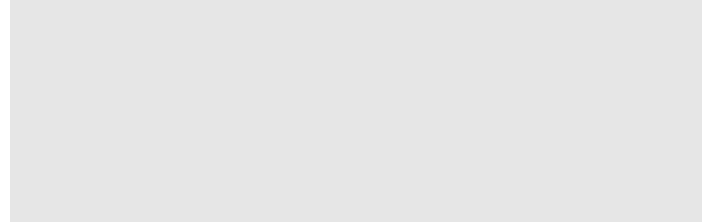
Sarasota



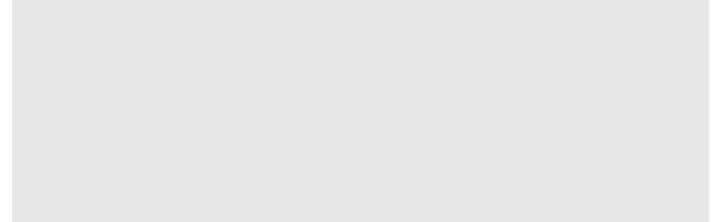
Seminole



Suwanee



Volusia



6. Location at Time of Involuntary Examination Initiation

Baker Act receiving facility staff

Figure 6a: Location at Time of Involuntary

Table 7a: Location at Time of Involuntary Examinations - Child Welfare Involved - Males

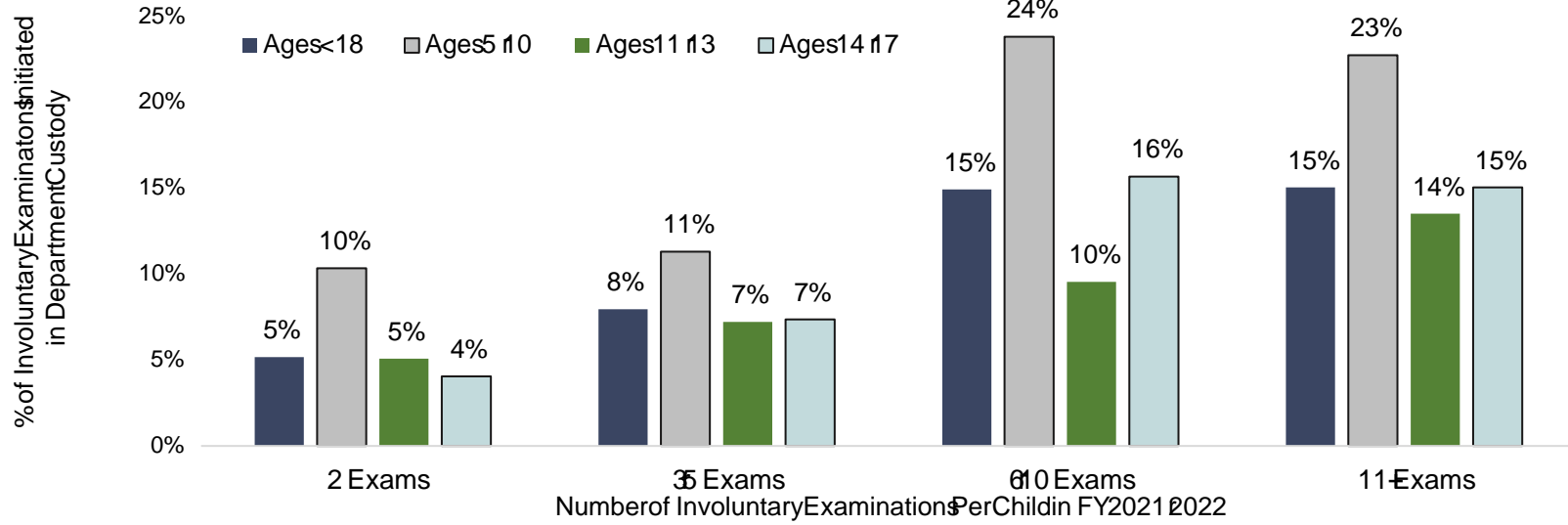


Table 7b: Location at Time of Involuntary Examinations - Child Welfare Involved - Females

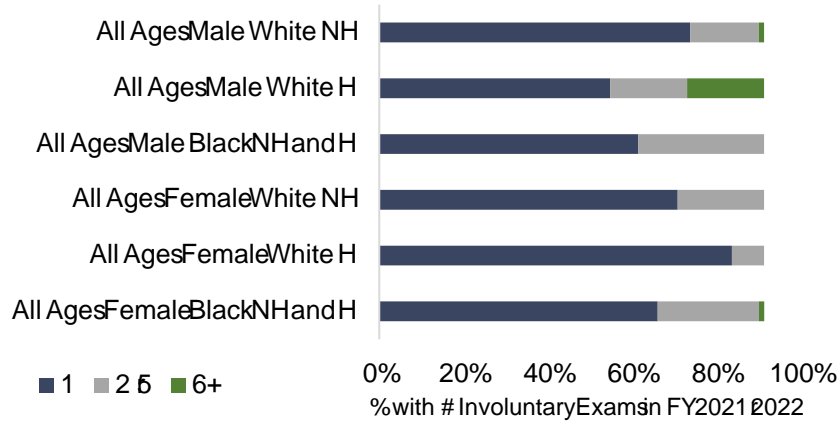
Statewide

During FY2021-2022 there were 34,304 involuntary examinations for 25,387 children. NH = Non Hispanic, H = Hispanic

Statewide

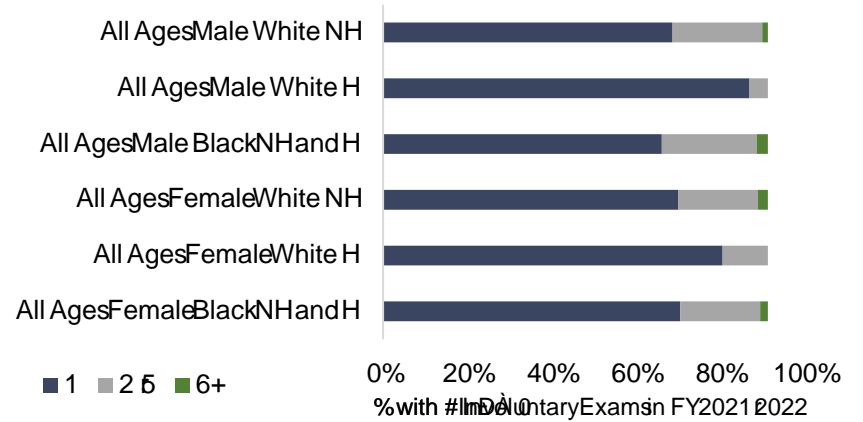
Alachua

During FY2021-2022 there were 377 children residents with 525 involuntary examinations.



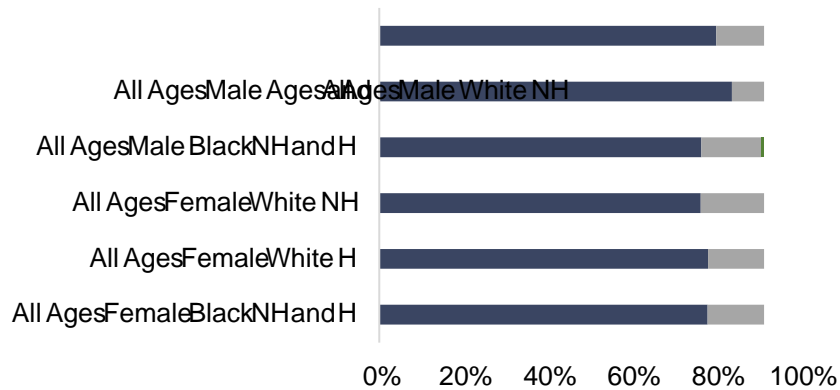
Brevard

During FY2021-2022 there were 928 children residents with 1,416 involuntary examinations.



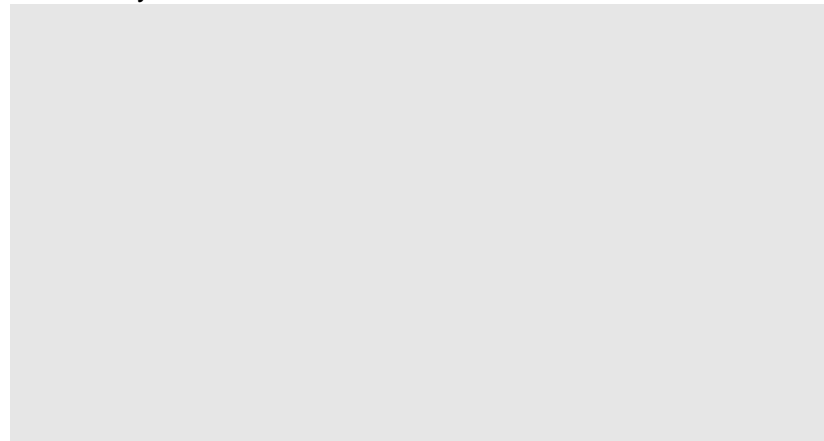
Broward

During FY2021-2022 there were 1,524 children residents with 1,878 involuntary examinations.



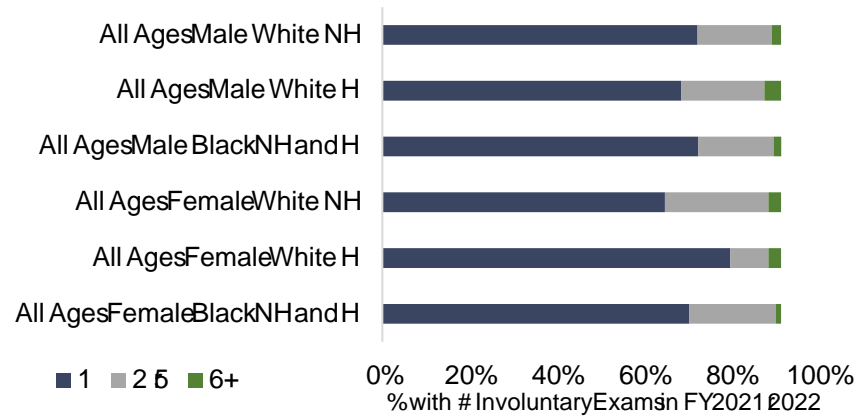
Collier

During FY2021-2022 there were 571 children residents with 800 involuntary examinations.



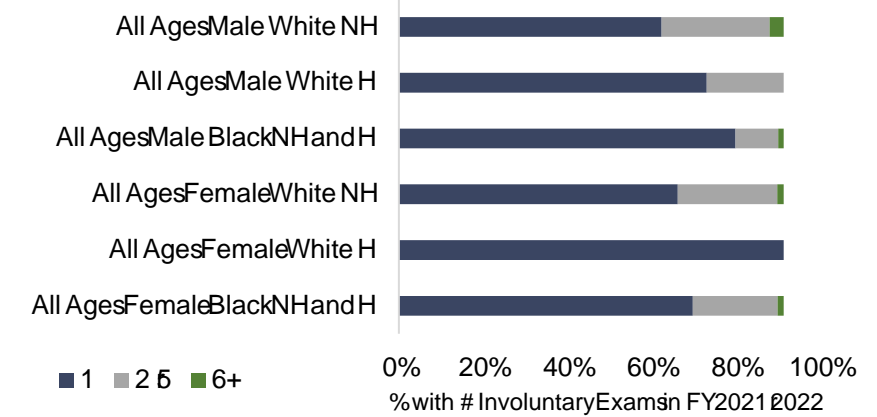
Lee

During FY2021-2022 there were 856 children residents with 1,259 involuntary examinations.



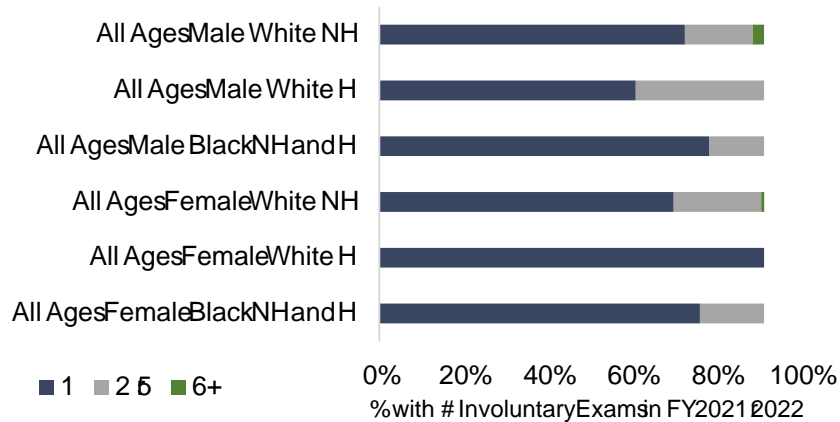
Leon

During FY2021-2022 there were 460 children residents with 678 involuntary examinations.



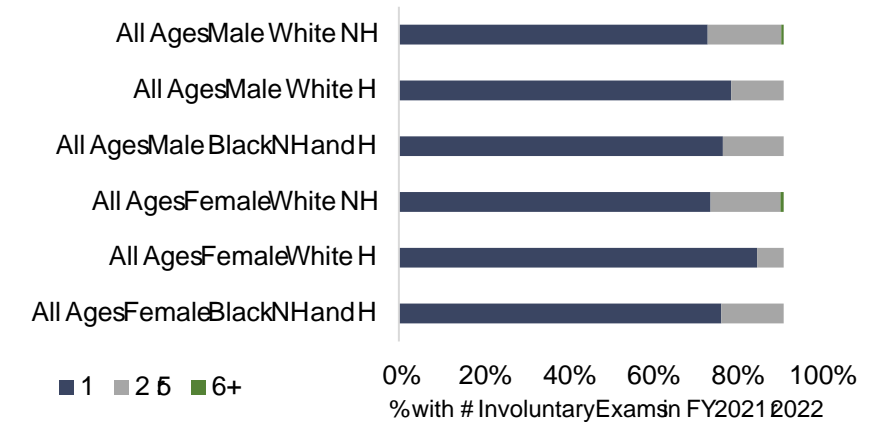
Manatee

During FY2021-2022 there were 304 children residents with 398 involuntary examinations.



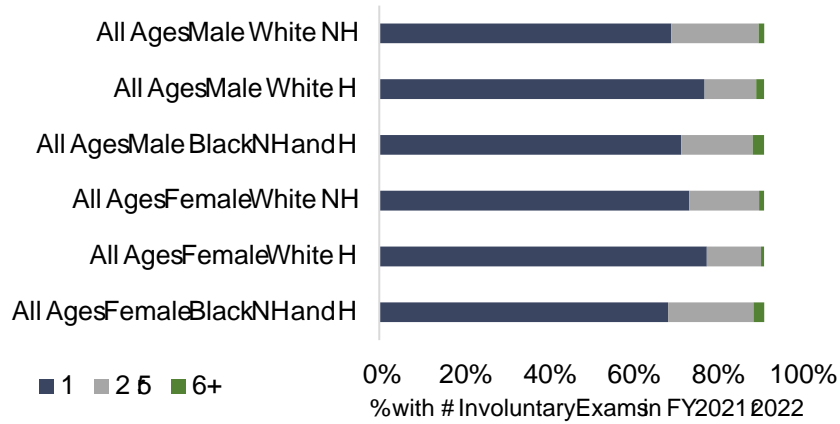
Marion

During FY2021-2022 there were 691 children residents with 888 involuntary examinations.



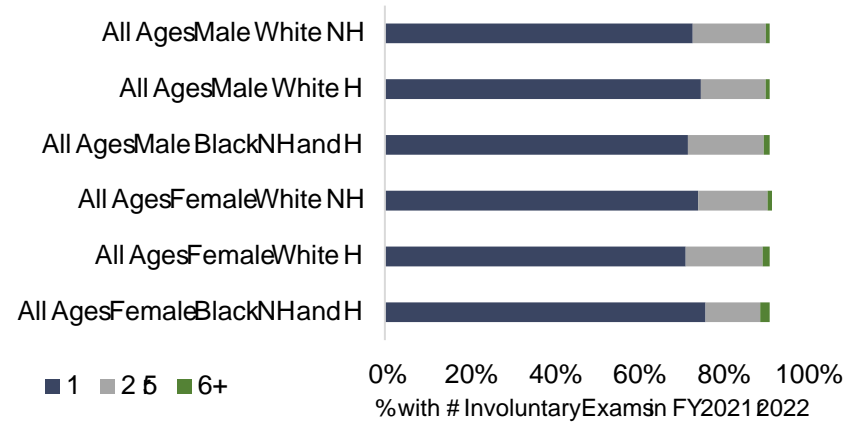
Miami Dade

During FY2021-2022 there were 1,963 children residents with 2,655 involuntary examinations.



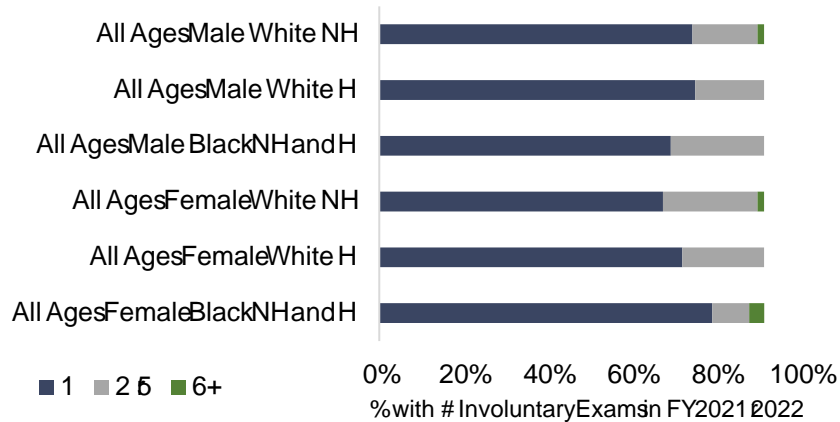
Orange

During FY2021-2022 there were 1,722 children residents with 2,290 involuntary examinations.



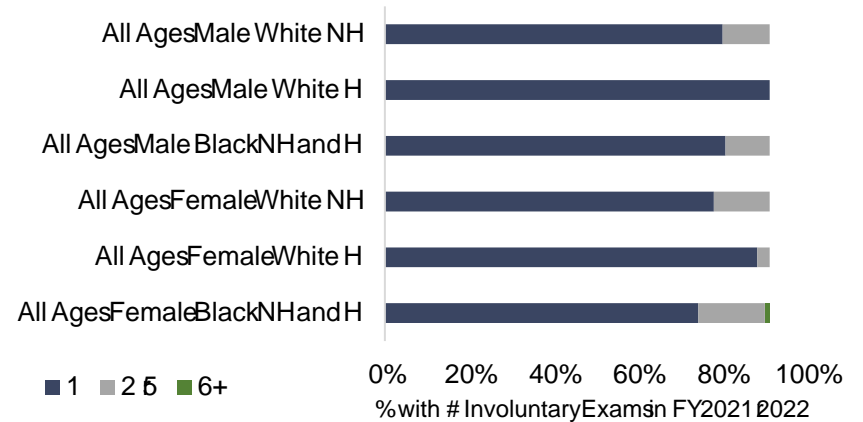
Osceola

During FY2021-2022 there were 540 children residents with 706 involuntary examinations.



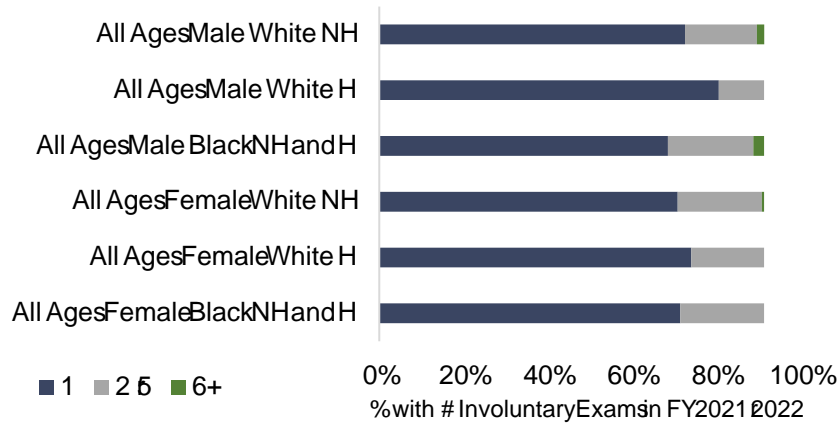
Palm Beach

During FY2021-2022 there were 815 children residents with 972 involuntary examinations.



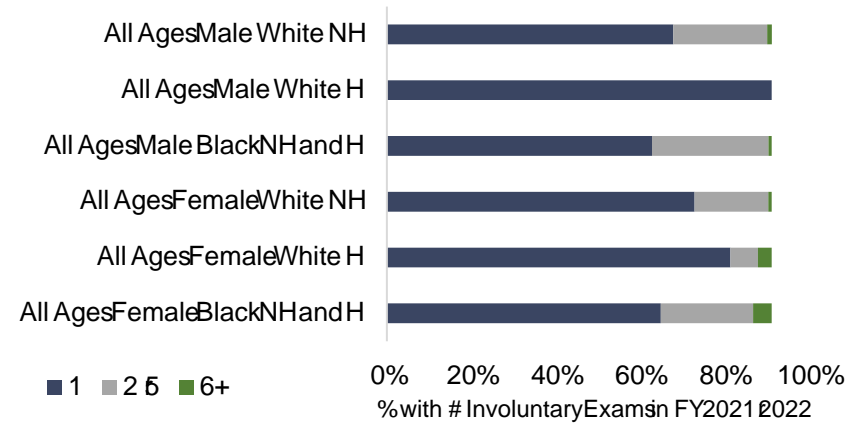
Pasco

During FY2021-2022 there were 878 children residents with 1,176 involuntary examinations.



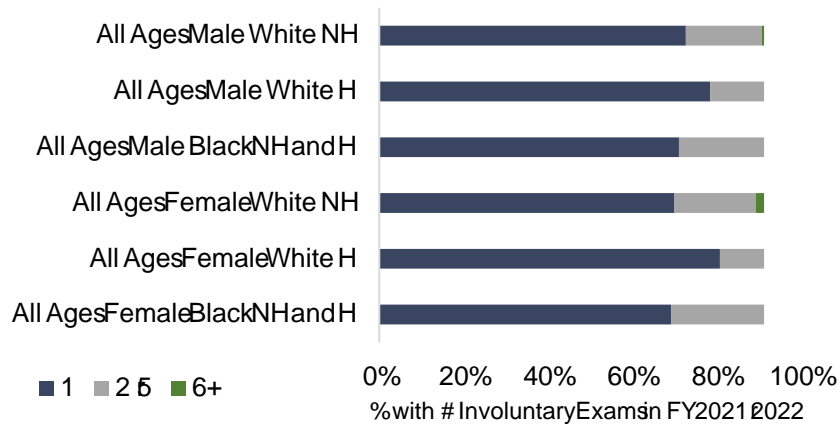
Pinellas

During FY2021-2022 there were 1,159 children residents with 1,694 involuntary examinations.



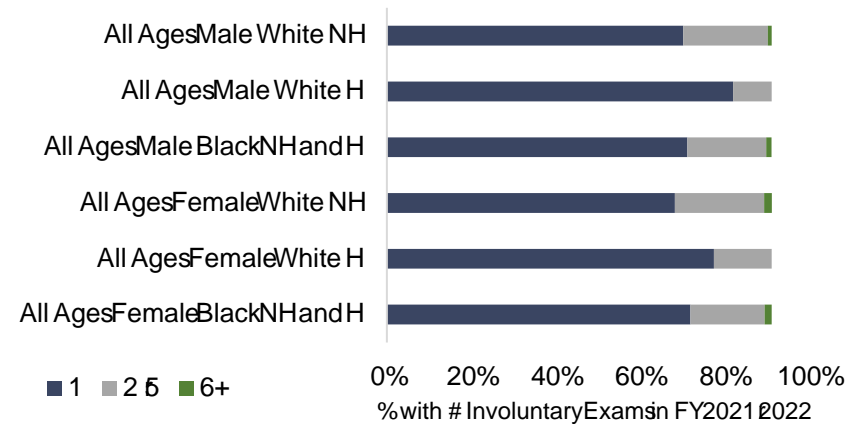
Polk

During FY2021-2022 there were 1,229 children residents with 1,639 involuntary examinations.



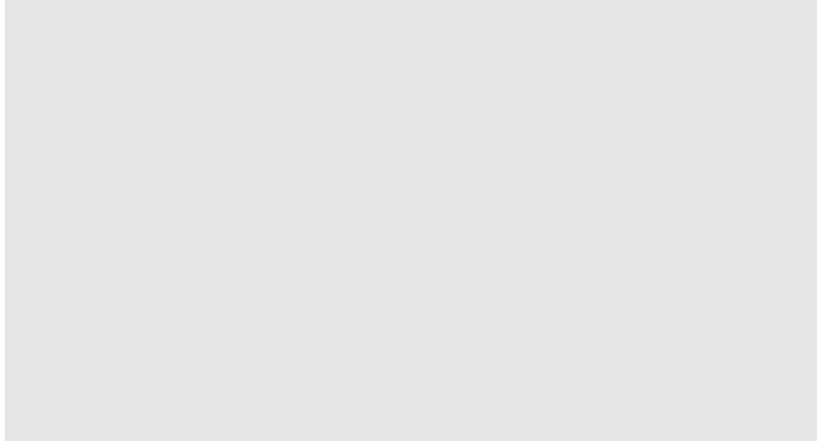
Saint Lucie

During FY2021-2022 there were 574 children residents with 783 involuntary examinations.



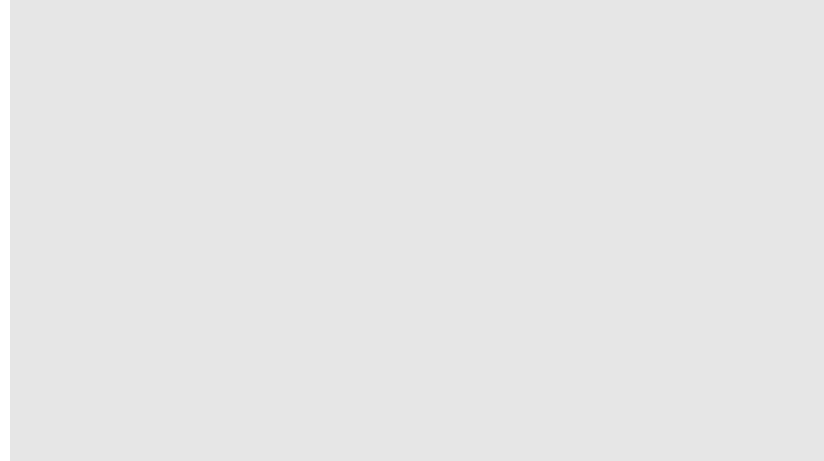
Sarasota

During FY2021-2022 there were 524 children residents with 797 involuntary examinations.



Seminole

During FY2021-2022 there were 647 children residents with 853 involuntary examinations.



Volusia

During FY2021-2022 there were 778

C. Coding of Involuntary Examination Form Text

1. Concepts of Coding

To

Transportation Form (CFMH3100)

Content obtained from the Transportation Receiving Facility Form, available in 30 percent (n

x Aggressive/Agitated Behavior

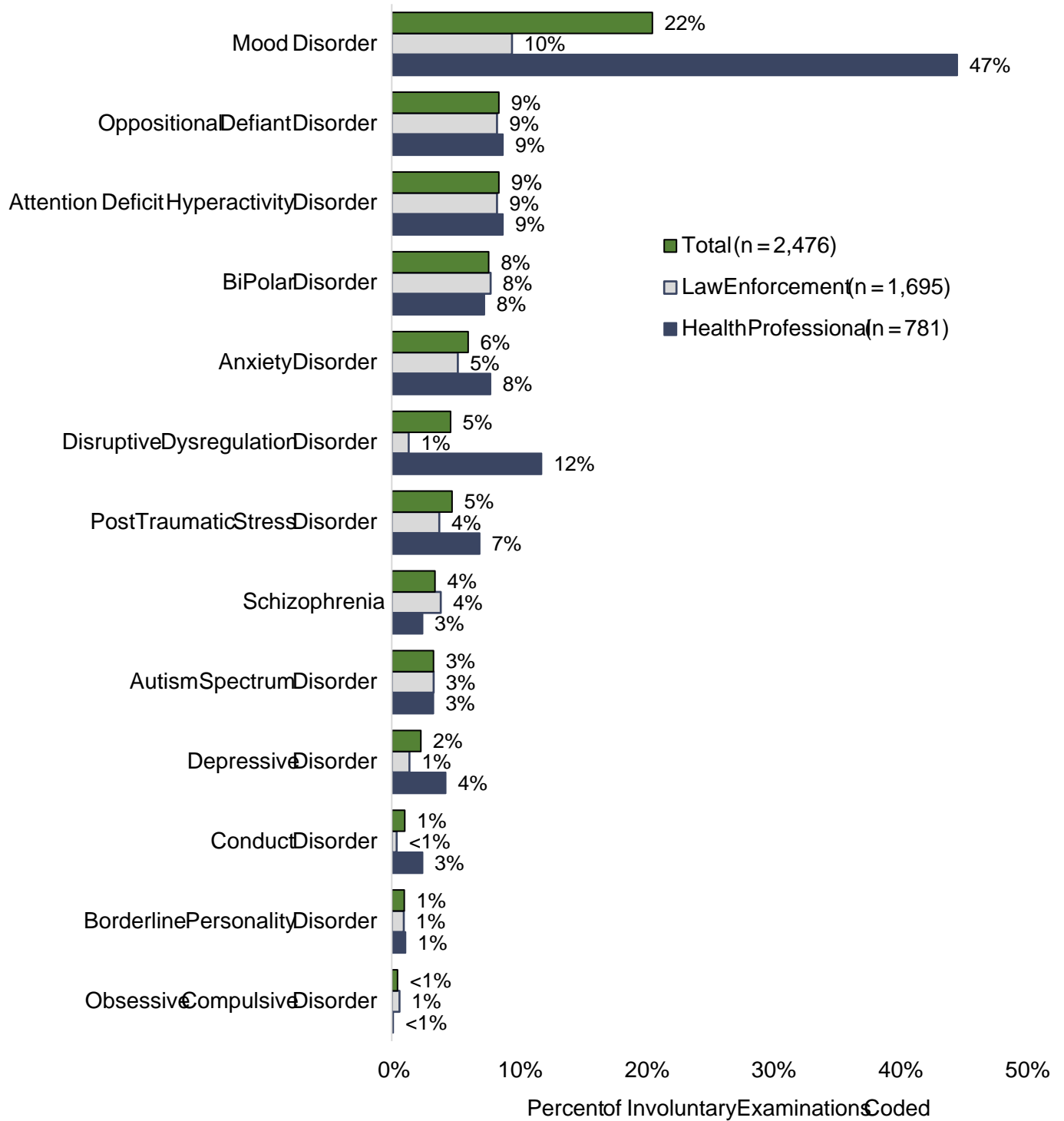
Text on the forms included a variety of behaviors that, for coding purposes, were categorized as either being agitated or aggressive. The summation is that the behavior type could be an indication of harm to self or others. Note that some variables in Figure 12 could have been traumatic and categorized as one of the ten experiences conceptualized in the Adverse Childhood Experiences (ACEs) study (see page

percent), and anxiety (1 percent). Behaviors and symptoms contained on less than one percent of forms included paranoia, starving/restrictive eating, and throwing up on purpose.

x Diagnosis

Information was coded related to diagnoses on the health professional, law enforcement, and transportation forms. Coding related to diagnosis was not

Figure 12: Coding Content – Diagnoses



x School Involvement, Mobile Response Teams or 988, and Social Media

Forms for 11 involuntary examinations mentioned a Mobile Response Team (MRT) and included the individual completing the form having indicated in text that information was obtained regarding MRT involvement.

Forms for five involuntary examinations mentioned 988. The 988 Suicide & Crisis Lifeline was effective nationwide in July of 2022. Data coded was for involuntary examinations from July of 2021 through June of 2022, before 988 was fully implemented. Data indicated individuals either called or texted 988 but were not definitive if the call or text led to a response or initiation of an involuntary examination.

was

Forms for 10 involuntary examinations referenced as 011 T [(ff, n, f, Sc, 300.03>Tj /TT2 289f .224 0 TD .0004 Tc [

III. Issues Related to the Root Causes of Involuntary Examinations

Section three summarizes issues that could contribute to the root causes of repeated involuntary examinations of minors. The scope of this report does not allow for analyzing of these issues/topics. Links to additional resources have been provided in the text and footnotes for reference.

1. Workforce Shortages

Workforce shortages impact social determinants of health in general and health outcomes more specifically to include the use of involuntary examinations for children.⁹ Impact is based on the premise that shortages of professionals to address behavioral health needs, make it more likely that a child experiences a crisis that leads to an involuntary examination. Health workforce shortage is a

There is a shortage in the healthcare workforce in general for primary care specialists, emergency room physicians, and physicians in many other sub-specialties.²

The ratio of population size to the number of mental health providers is in Table 8. For instance, should a county present with population totaling

experienced at least one ACE and one quarter experienced at least two ACEs. Adults who reported four or more ACEs had a four to 12 fold increase in health risks compared to adults who reported no ACEs.

4. À 0

Table 11: 2021 Statewide Counts and Rates Per 100,000 for Suicide and Intentional Self-Harm by Age Groups** Redacted due to small cell size.

5. Social Media

Dr. Marcia Morris, associate professor in the Department of Psychiatry and associate program director for University of Florida's Student Health Psychiatry highlighted both the positive and negative aspects of social media in a May of 2023 web posting for the University of Florida News as follows:

“Undoubtedly, social media can be a powerful tool for fostering connections, accessing resources, promoting creativity, and facilitating self-expression. However, it is important to address the potential negative effects of prolonged usage, such as feelings of isolation or the development of negative emotions.”²²

Time spent on social media has been shown to reduce the quality of sleep and the amount of daily physical activity, which are important for mental and physical health. In the new digital age, how youth spend time is vastly different from previous generations. Risk factors for health issues are becoming more internalized,

7. Resiliency

The Department is committed to supporting resiliency in Floridians. It has expanded the behavioral health training program with the Florida Alcohol and Drug Abuse Association (FADAA) to promote and support resiliency in children and youth by offering webinars, workshops, and online courses related to coping skills, wellness, strength-based care, and communications. The Department continues to offer training for behavioral health professionals, health care practitioners, child welfare professionals, caregivers, and other stakeholders for continuing education credits.

A priority of the Department of Education is

public private partnership models and the application of evidence based practices." The purpose of CJMHSAs Reinvestment Grants is:²⁸

- x Diverting individuals with mental health and/or substance use disorders from the criminal and juvenile justice systems,
- x Improving the accessibility and effectiveness of treatment services for adults and juveniles who have a mental illness, substance use disorder, or co-occurring disorder and who are in or at risk of entering the criminal or juvenile justice systems and
- x Providing funds to plan, implement, or expand initiatives that increase public safety and avert increased spending on criminal and juvenile justice systems.

Examples of grants funded efforts:

- x Mental health courts.
- x Diversion programs.
- x Crisis intervention teams.
- x Treatment accountability services.
- x Coordinated specialty care programs.
- x Alternative prosecution and sentencing, housing, and
- x and
- x Specialized training for criminal justice, juvenile justice, and treatment services professionals.
- x Service delivery of collateral services such as housing, transitional housing, and supported employment.
- x Reentry services to create or expand mental health and substance abuse services and supports for affected individuals.

Individuals need knowledge of a service to access it. Recent efforts

V. Appendices

Appendix A: Brief Summary of Initiatives and Services

Hope Florida: A Pathway to Prosperity

Hope Florida uses Hope Navigator to guide Floridians on an individualized path to prosperity, economic self-sufficiency, and hope by focusing on community collaboration between the private sector, faith-based community, nonprofits and government entities to breakdown traditional community silos, in an effort to maximize resources and uncover opportunities. Hope Navigators are essential in helping individuals identify their unique and immediate barriers to prosperity, develop long-term goals, map out a strategic plan, and work to ensure all sectors of the community have a 'seat at the table' and are part of the solution.

Several Federal and state funded programs listed below are available to support children and families facing mental health concerns and complications.

Behavioral Health Network (BNet)

The Behavioral Health Network (BNet) program developed in partnership with the Department of Health and the Department of Children and Families. BNet is a statewide network of behavioral health service providers serving children five to 18 years of age with a serious emotional disturbance, mental health, or substance use disorder, offering services that include, but are not limited to, in-home and outpatient individual and family counseling, targeted case management, psychiatry services, pharmaceuticals for behavioral health or substance use conditions, up to 30 days of residential care and 10 days of inpatient care, individualized wrap-around services, parent assistance, and respite. BNet is available to children enrolled in the Children's Medical Services Health Plan or subsidized Florida Healthy Kids members.³⁵

Community Action Treatment (CAT)

During FY22/23 the Department increased access to Community Action Treatment (CAT) Teams that provide comprehensive, intensive, community-based treatment to families with youth 11 to 21 years of age, who are at risk of out-of-home placement due to a mental health or co-occurring disorder and related complex issues for whom traditional services are not or have not been adequate. As part of this effort the Department developed three new CAT models, an in-home family treatment approach, a family crisis care coordination model, and a model adapted for younger children, to expand the capacity of CAT team services. CAT teams use a multi-disciplinary clinical team approach with families with round-the-clock on-call care availability outside of normal business hours, 365 days a year.³⁶ Teams throughout the state can be found on the [Department's website](#).

Coordinated Specialty Care (CSC) Early Psychosis

Coordinated Specialty Care (CSC) is a recovery-oriented treatment program for individuals with first episode psychosis (FEP). CSC promotes shared decision-making and uses a team of specialists working with the individual to create a personal treatment plan. There are currently 16 CSC providers in Florida.

Family Intensive Treatment (FIT)

There are 28 Family Intensive Treatment (FIT) teams providing intensive, team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Families are eligible to receive FIT services when a child is determined to be "unsafe" by a child welfare professional, with priority given to families with children zero to 10 years of age. Referrals for FIT team services are made by child

³⁵ <https://www.sunshinehealth.com/members/cms/benefitservices/florida-behavioral-health-network.html>

³⁶ <https://centerstone.org/programs/childrens-community-action-treatment-cat-team/>

welfare professionals, including child protective investigators, child welfare casemanagers, or community based care lead agencies. Teams throughout the state

Appendix C: Statewide and County Metrics for Context

Data below obtained from FL Health CHARTS contains metrics related to self harm, emotional/behavioral disability reported in educational settings, abuse/violence/foster care placement, and questions related to ACEs, which are taken from the Florida Youth Substance Abuse Survey (FYSA). The FYSA tracks indicators related to substance abuse, mental health, and ACEs. More information and complete FYSA Survey results can be found on the Department's website.

Table B1: Characteristics of Children Statewide and Florida Counties

County

Table B2 Characteristics of Children Statewide

County

Percent of

Appendix D: Coding Variables (Data Entry Screen)

This graphic of the data entry form for coding is presented on the final page due to larger size and ensuring the variables are visible. The page is sized to 11 X 17 (ledger).

