Abstract

Portions of the Baker Act law provide rights for persons placed under involuntary hospitalization, which is absolutely necessary. However, it is the effectiveness of the Baker Act law, and the associated stakeholder costs, that are in question. Florida is the only state with a patient specific database on involuntary examination information, therefore making it an appropriate location to further examine involuntary hospitalization costs and effectiveness. This study analyzes new Baker Act cost data collected from community hospitals, law enforcement and fire rescue services. The outcomes indicate that money spent on the initiation of involuntary examination would be better utilized if applied toward community-based methods of mental health crisis treatment such as mobile crisis teams, crisis stabilization units and community clubhouses.