Residents say access to health and dental care and mental health services are areas of concern in the Collier County Community Needs and Assets Assessment.

Collier County Commissioner Andy Solis doesn’t mince words when he’s discussing the pressing need for increased mental health and addiction treatment services in Collier County.

“It’s not a crisis. It’s an emergency,” he said.

Access to mental health and addiction services, as well as primary health and dental care, were highlighted as areas of residents’ concerns in the 2017 Collier County Community Needs and Assets Assessment, funded by the Richard M. Schulze Family Foundation to identify the community’s assets and gaps.

“Can we can handle the capacity if we want to provide services or expand services to meet these needs,” said Community Foundation of Collier County President/CEO Eileen Connolly-Keesler. “What will it cost us to provide some of these services?”

The community is collaborating to solve problems and provide care on both fronts. Law enforcement, nonprofits, local government and the courts are rowing together to address mental health and addiction needs to the best of their ability in the face of limited resources and growing demand. Several nonprofit health care providers also row in unison to ensure that they are not duplicating services and that underserved groups don’t fall through the cracks. Is it enough?

The public is invited to attend a community forum hosted by the Schulze Family Foundation to discuss health care and mental health services on Monday, Oct. 8, at 5 p.m. at the Headquarters Library on Orange Blossom Drive in Naples.

By the Richard M. Schulze Family Foundation
Collier County Sheriff Kevin Rambosk believes that headline-making tragedies, such as school and workplace shootings and family violence, have led to a heightened awareness in the general public about the need to identify and treat mental illness and substance abuse.

Commissioner Solis convened two workshops to address mental health and addiction issues. Seven priorities emerged, and he wants to establish a citizen advisory committee to develop a strategic plan for addressing mental health. “We have strategic plans for everything—sidewalks, libraries, median landscaping, playgrounds. For something as critical as mental health, we have no plan,” he said.

Since 2008, the Collier County Sheriff’s Office has trained its patrol officers, corrections officers and support staff in crisis intervention training to identify and de-escalate encounters with residents to stave off deadly encounters. That training has been extended to judges, attorneys, probation officers, firefighters, paramedics, and other key community members.

In a mental health crisis, people are more likely to encounter police than get medical help, according to Scott Boettcher, president and CEO of the David Lawrence Center. In communities across the country, and in Collier, our ‘local jails have become the de facto system’ to immediately deal with these issues. The county jail has medical units and personnel to observe and treat inmates and those committed under the Marchman Act who are impaired by substance addiction. Sometimes, they are taken to NIC or Physician’s Regional Hospital for medical attention. They are provided with information and resources for getting addiction treatment upon their release—which may or may not go heeded.

“It’s bad fiscal policy. We throw money at the jail to hold them there. No one gets better in the jail. And it’s a major public safety issue,” said Solis.

The David Lawrence Center is the only receiving facility for those who are voluntarily or involuntarily committed for observation and treatment under the Baker Act when they are posing a danger to themselves or others. And that number increases annually. The sheriff’s office sees a rise of 100 new commitments each year and predicts it will have close to 1,500 law enforcement Baker Acts by the end of the year.

The problem is that the David Lawrence Center doesn’t have room, and transferred 40 percent of Baker Acts—200 residents—from the county in 2016, creating a transportation hardship on the patient and their family. Collier County is woefully lacking in bed space based on state standards. Recently, five squad cars were backed up in the parking lot, waiting for space to open. “Those patrol cars are not out there doing what we want them to do, which is to protect and serve,” said Burgess.

During the past 10 months, the sheriff’s office has created a three-person mental health unit to proactively identify and check on people “in the community we’ve encountered many times” by informally touching base with them before they go into crisis. Did they get their prescriptions? Are they taking their medications? How are they feeling?” We would rather get you referred to David Lawrence Center rather than receiving a 911 that someone’s in crisis and about to hurt somebody else,” Rambosk said.

Early identification and intervention are the keys to better outcomes for adolescents throughout their lifetime. Burgess said David Lawrence Center has started a new partial hospitalization program for middle and high school youth presenting with serious anxiety, depression, self-injury, suicidal thoughts and early onset bipolar disorder symptoms.

The students spend full days at the center in group and family therapy, meet with clinicians, and return home at night over the course of two weeks. More than 250 have gone through the program. “It’s been working out really well,” Burgess said.

Providing more beds and more programs will “come down to how much we as a community want to rally around these issues,” said Burgess. Collier County leaders are trying to address the need for more mental health facilities as part of a seven-year, one-cent infrastructure sales tax referendum on the ballot in November. If approved by voters, it would earmark $35 million for a mental health/addiction treatment center. “We have tremendous data that supports we have mental health and addiction challenges in Collier County.”

Smash of Mental Health Care & Addiction Collier County

| The ratio of mental health providers to the county’s population is 1:1,980 compared to the state’s much lower ratio of 1:700. This translates into a 36 percent shortage. |
| In 2016, there were 80 registered “health and mental health” nonprofits operating in Collier County—making up 5.2 percent of all local nonprofits, according to the Community Needs and Assets Assessment. |
| David Lawrence Center has 66 treatment beds to serve substance abuse patients and those who have been voluntarily or involuntarily committed through the Baker Act because they are a danger to themselves or others. |
| According to the Florida Department of Children and Families, communities should have 30 adult Baker Act beds for each increment of 100,000 of its population. To be at these levels, Collier County would need 100 beds (not including children’s services or addiction recovery). |
| Currently, 40 percent of Baker Act transfers from law enforcement to David Lawrence Center are transferred to Lee and Charlotte counties due to lack of space. |
| Juvenile Baker Act commitments rose 270 percent over the past five years—the highest in the state. |
| About 28 percent of inmates in the Collier County Jail have a mental illness. Every day, 100-250 inmates in the county jail receive psychiatric services. |

Alcohol and opioids are the top two reported addiction problems among adults in Collier County.

The incidents of use of NARCAN to revive victims of opioid overdose by the Collier County Emergency Medical Services rose from 282 in 2015 to 304 in 2017. It has been used by paramedics 250 times this year.

About the Richard M. Schulze Family Foundation

The Richard M. Schulze Family Foundation was created in 2004 by Best Buy founder, Dick Schulze, to give back to the communities where Dick and his family grew up—in Minnesota, where he built Best Buy to become the world’s largest electronics retailer and in Florida, where he now maintains a permanent residence. The Richard M. Schulze Family Foundation creates grant partnerships with organizations in the Twin Cities seven-county metropolitan area in Minnesota and in Lee and Collier counties that generate transformational results in human and social services, education, and health and medicine.

Find out more about the Foundation and the 2017 Collier County Community Needs and Assets Assessment: SchulzeFamilyFoundation.org.

Law, Order and a Cry for Help

The Richard M. Schulze Family Foundation has been hosting public forums to discuss significant topics raised in the Community Needs & Assets Assessment. Join us to share your ideas and hear from professionals, community leaders and nonprofits working on the frontlines of healthcare and mental health treatment in Collier County.

Upcoming Community Forums

| Environment – November 14, 2018 |
| Recreation/Leisure – December 11, 2018 |
| Employment/Economic Opportunity – January 7, 2019 |
| Safety – February 11, 2019 |
| Transportation/Infrastructure – March 11, 2019 |
| Social Services – April 8, 2019 |
The mental health and addiction crisis in Florida is growing at an unprecedented rate that is far outpacing funding and support to meet the crisis head-on. Collier County is no exception. These issues are more common than we would like to believe. One in four will experience a mental health challenge and one in seven will struggle with substance use. In Collier County, the problem is growing exponentially at a time when our local population is rapidly expanding.

Yet we continue to underfund and under discuss mental health. Florida ranks 50th dead last out of all states per capita funding of mental health care.

Suicide, homicide and deaths induced by drug overdose are now the leading causes of death for teens and young adults ages 15 to 24. In 2017, there were 71 suicides for every homicide—and an estimated 1,000 from crime 15 to 24 years of age attempt suicide each day.

Due to a “perfect storm” of factors, the local need for children’s mental health care has greatly increased. Admission to the David Lawrence Center Children’s Crisis Stabilization and Level I crisis center is a 24-hour-a-day, 7-day-a-week service available to anyone who is in a mental health crisis. We need to change our thinking, and services. As a community, we have a history of successful fundraising and collaboration—but it still demands a close public-private partnership to expand local facilities and services. In 2017, 39,892 people utilized mental health and substance abuse treatment services in fiscal year 2017-2018. Volunteer mentoring veterans, called “battling buddies,” help treat court participants with transportation, resumes and job searches. That’s a key component. I would love to have that same structure for mental health and drug court. It can be powerful across any treatment course scenario,” Martin said.

Drug court is the most intensive: drug testing three times a week, weekly court meetings, mental health or addiction evaluation, group therapy, daily attendance at a 22-step meeting, and an average of three to five years of probation. They are also required to maintain a full-time job or school enrollment.

On any given week, Martin is working with 200 to 300 participants: about 65 for drug offenses, 12 to 15 veterans and 30 to 40 for mental health treatment. Funding comes from various pots: $86,000 from the state for veterans, and $400,000 over three years from the U.S. Department of Justice. There is no dedicated funding for the mental health court, but the county and David Lawrence Center stepped in to fund full-time personnel and case management. “It’s a chunk of change but it is a pittance compared to the cost of incarcerating those folks, especially over and over again,” Martin said.

In Collier County, it costs about $140 a day to house an inmate in the county jail, and that cost goes up when they need medical and psychiatric supervision.

266,017 - Number of services provided to children and adults
39,892 - Number of individual, group and family therapy sessions
300 - Number of employees

Twentieth Circuit Collier County Janice Martin presides over three treatment courts—drug, veterans and mental health—designed to force criminal offenders into treatment and services that will lead them to more productive lives, keep them out of jail, and reduce the chance that they will become a repeat offender.

All three programs are voluntary and can lead to a reduction or dismissal of the defendant’s charge—an enticing incentive. But these courts also require a significant commitment: compliance with court-directed evaluation and an individualized treatment plan for at least one year, weekly court meetings with Martin and regular probation appointments. The drug program is even more intensive due to its nature as a felony, and it includes 12 additional months of probationary supervision.

Mental health court is designed for someone who suffers from a severe or persistent mental illness, and is facing misdemeanor or felony charges or a violation of probation. Martin said these cases tend to involve petit theft, domestic violence, and battery on a law enforcement officer or resisting arrest, though they can rise to felonies as serious as arson.

Typically, veterans struggling with anxiety and depression caused by PTSD or disordered thinking related to traumatic brain injury, sometimes coupled with substance abuse, find themselves in trouble for domestic abuse, a DUI or driving on a suspended license. Many can be linked to V.A.

The state is planning to certify and fund treatment courts throughout the state. Martin is serving on the Florida Supreme Court steering committee that’s crafting the process. The National Association of Drug Court Professionals estimates that every $1 invested in these types of programs saves an average of $3.33 in justice system costs. The return on investment in soft costs is about $27 for every $1 invested.

“Our knowledge of the ‘garden variety thief’ I don’t believe in that anymore,” Martin said. “The charges always lead us to take a closer look and dig deeper into an issue underlying it—and it’s bound to be mental health or addiction, or most likely both.”

According to the Collier County Sheriff’s Office, approximately 20 percent of those involved in theft crimes are doing so to fund a drug habit.
Residents cite lack of affordable oral care—a key to overall health—as one of their greatest concerns.

“Ouch!” That’s something many dentists hear after telling a patient they are in need of an extraction, root canal or dentures. It’s not often they hear the patient agree, but it’s often when the patient is handed the bill. “Unfortunately, we’re not used to that,” said Dr. Nicholas Farrow at Senior Friendship Health Center. “They're not getting regular cleanings and checkups. "Mobile units are an important way to bring care to those 50 to 64, offers everything from dentures for veterans.” The nonprofit Senior Friendship Health Center. Some 1,200 patients—60 percent of the center’s patient load—receive dental care. 

Yet, for many in Collier County, dental services are out of reach because patients without dental insurance must pay full cost. “The cost of dental care in Collier County is $322 per capita—more than the state average of $236, $1,722 per family,” said Tim Jimenez-Lara. “How do we serve kids but not adults?" The biggest hurdle he sees—echoed by many in the low-income, uninsured sector—is a woeful lack of resources to expand both physical buildings and personnel to run additional services. As an example: St. Matthew’s opened Justin’s Place to serve those who are homeless, mentally ill, addicted, and those out of incarceration to get them back on their feet and living productive, mainstream lives.

A dental patient gets a checkup with Dr. Nicholas Farrow at Senior Friendship Health Center.

The non-profit’s catering, thrift store, Port Labelle, and personnel to run additional services. As an example: St. Matthew’s opened Justin’s Place to serve those who are homeless, mentally ill, addicted, and those out of incarceration to get them back on their feet and living productive, mainstream lives.

In 2008, the National Health Care Clinic began offering dental services to its scope of services, which “became apparent that patients with dental infections were in need of care,” he said. "Due to the highly personalized nature of the practice, most concierge medical practices limit their patient base. This trend is resulting in long wait times during peak tourist season, and it appears to be impacting access to women’s re-productive health services. It also limits options and medical access for Medicaid patients—those 65 and older.

"It’s middle-class America that’s in need of this care," he said.

One trend noted in the Collier County Community Needs and Assets Assessment is the shift of primary care physicians who are becoming concierge doctors. "Concierge providers ask patients to pay an annual retainer (between $3,500 and $6,000), which is not covered by insurance carriers. This allows patients direct access to their physician, with many extra benefits," according to the assessment.

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Fourty percent of the babies born in Collier County are delivered through the private, not-for-profit Healthcare Network of Southwest Florida. Perhaps that is not surprising, considering the primary and dental health care provider that was established in 1977 now has 24 offices throughout Collier County serving 50,000 patients annually—both insured or uninsured—with fees based on a sliding scale. It is building a new, 50,000-square-foot health care center in Golden Gate City to provide primary care for children and adults, as well as a geriatric center. Golden Gate is “one of the most underserved residents living in Collier County, said Healthcare Network CEO Mike Ellis. Though the network originally began in Immokalee, service workers, educators and first responders have migrated to Golden Gate, where there are no primary care services, other than the network’s pediatric clinic. "It’s middle-class America that’s in need of this care," he said.

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A young child receives a book during a checkup at Healthcare Network of Southwest Florida.
To address this problem, Ellis said the Healthcare Network hired a geriatrician to develop a holistic approach for meeting the unique needs of the elderly by incorporating nutrition, psychological, pharmaceutical and social services in their primary care plan. Seniors often “require more physician time” to address complex issues that may arise in the aging process, Ellis said, and the goal is to create a comprehensive care team.

In addition to the Healthcare Network, several nonprofits are on the frontlines of providing care to varying underserved segments of the population, and, like the Healthcare Network, they are evolving to meet emerging needs in the community. The Neighborhood Health Clinic was launched almost 20 years ago to provide episodic and urgent care to the working poor. It quickly became obvious that patients were facing bigger issues than a bout with the flu. Since Day One, said clinic cofounder Nancy Lascheid, its services have been patient-driven. Where there’s need to fill, they adapt to fill it. “One advantage we have is that we are privately funded and have a volunteer medical staff,” Lascheid said. “As situations are known to us, we can address them in a heartbeat. We can just go forward. If there’s a need, let’s fix it.”

The clinic has always had stringent requirements: Patients must be established Collier County residents aged 34 to 64, who can document they work 80 hours a month, with an income at or below 200 percent federal poverty level and no other option for care. Today, it focuses on patients diagnosed with the nation’s leading chronic diseases — diabetes, hypertension, asthma, heart disease and arthritis.

Treating chronic disease is intensive, requiring routine office visits, a consistent medication regimen, patient education, and care for ancillary problems, such as festering wounds and neuropathy. The clinic also accepts patients with other serious illnesses, such as cancer and hepatitis. A few years ago, it opened a hepatitis clinic to supervise patients from 48 to 52-week, $35,000 treatment program that caused patients to feel ill for half the month. When a more cost-effective “miracle pill” regimen lasting about two months with few side effects and a 100 percent success rate was approved, the clinic became the first in the nation to work with drug maker Gilead on a patient assistance program.

Today, the clinic is building a 10,000-square-foot addition next to its current 11,500-square-foot facility to accommodate the 10,000 annual patients coming through the doors for 28,000 procedures. Working with pharmaceutical companies, the clinic stretches its $87,000 pharmacy budget to dispense in excess of 4 million prescriptions.

The clinic collaborates regularly with local health care providers and nonprofits to ensure there are too many gaps in local services and discuss emerging trends or needs. “By the time someone gets to us, it’s because there are no other options. We are the safety net in the community,” said Neighborhood Health Clinic CEO Leslie Lascheid.

The Senior Friendship Health Center sees patients 55 to 64 (sometimes older) who earn up to 100 percent of the federal poverty level—$24,380 for a single person. Some of its 850 primary care patients work full- or part-time, or seasonally. They may be retired but don’t qualify for Medicare, and none have dental or vision insurance. Seventy-four percent of patients are women who live at 200 percent of poverty level, making only $12,110 annually. The Senior Friendship Health Center, founded in 1985 and run by 22 volunteer doctors and nurses, provides a host of primary care services, including ears, nose and throat, ophthalmology, pulmonology, cardiology, dermatology, endocrinology, gynecology, physical therapy, and medication assistance.

MJ Scarpelli, director of development and marketing, said a review of patient medical records shows they are facing the same issues as the Neighborhood Health Clinic: patients with chronic disease.

“We found out 80 percent, give or take, have diabetes or pre-diabetes,” Scarpelli said. Obesity and chronic obstructive pulmonary disease are also prevalent in clinic patients.

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