Lane County Community Resilience Toolkit:  
Chronic Behavioral Health Conditions (Mental Health/Substance Use)  
Executive Summary

Introduction:

The Chronic Behavioral Health Conditions Team consists of representatives from community-based and governmental organizations, including primary care and behavioral health providers, community advocacy organizations, local Coordinated Care Organizations, and Lane County Health & Human Services. The Team identified both strengths and needs associated with recovery from COVID-19 and the resulting economic downturn, as well as resources and recommended practices. The Team also identified the stresses and loss points that most affect this population. The work of the Team will continue with periodic updates and additional material added to the Toolkit as the pandemic continues.

Major Conclusions:

1. The COVID-19 pandemic and 2020 economic downturn may have negatively affected those with chronic behavioral health conditions in a variety of ways, exacerbating mental health symptoms, increasing substance use and overdose potential in many individuals.
2. The pressures of quarantine, social distancing, limited transportation, and disrupted work/school schedules may result in increased trauma responses which can result in anxiety, depression relapse or other conditions.
3. Individuals with the fewest resources have the greatest need for services and assistance, with basic needs for food, shelter and utilities in addition to unmet healthcare services.
4. Technology resource disparities, particularly lack of hardware and adequate broadband, prevent virtual connectivity to needed services and social connections.
5. Rural communities have experienced disproportionate disparities due to limited broadband services.

Identified Stress/Loss Points for those with Chronic Behavioral Health Conditions:

- Isolation, loneliness and separation from support systems and treatment practitioners
- Loss of in-person 12 Step and other social/peer meetings for those in recovery
- Loss of in-person group support for socialization and peer mentoring
- Individuals with serious chronic behavioral health conditions have experienced greater challenges meeting their healthcare needs via telehealth due to an exacerbation of symptoms that interfere with access
- Lack of computer literacy has limited use of telehealth and support/recovery services for many in this population
- Stimulus checks may have been diverted by family or other fraudulent activity
- Unemployment checks and stimulus money may increase substance use or gambling for those with addiction issues
- Job loss and the loss of daily structure occurs with schools and workplaces closed/limited hours
- Overwhelmed family relationships may reflect additional stressors and may exacerbate chronic behavioral health conditions, including suicidal thinking
- Limited access to crisis services and residential treatment programs due to reduced capacity
- Civil Commitments are especially difficult—there is no OR State Hospital access
- Eviction letters from rental homes because of complaints over behavioral health issues
- Need for crisis beds is high; sobering services are limited
- Need for transitional and permanent housing options, including recovery housing
- Need for better system coordination between Senior and Disability Services, behavioral health services, housing services
- Meaningful social connection is missing due to lack of in-person services
- Limited case management and skills training due to restricted community interaction has impacted those who require intensive care management