On behalf of OCHIN, we appreciate the opportunity to provide comments on the Substance Abuse and Mental Health Services Administration (SAMHSA) Request for Information on SAMHSA's Role in Possible Agency Actions Regarding Mental Health and Substance Use Wellbeing in the Context of Climate Change and Health Equity (RFI). OCHIN is a national, nonprofit community-based health IT innovation and research network that includes more than 1,000 community health care sites with 21,000 providers in 47 states, reaching more than 6 million patients. The OCHIN network is comprised of federally qualified health centers (FQHCs), rural health clinics (RHCs), Ryan White HIV/AIDS Program centers, certified community behavioral health clinics (CCBHC), complex specialty mental health organizations, and critical access hospitals. OCHIN appreciates SAMHSA’s interest and concern for the impact environmental disasters will have on mental health and substance use disorders. We urge SAMHSA to exercise all existing administrative and statutory authority to permanently advance key policies outlined below to address the impact of environmental disasters on underserved communities.

**OCHIN: Driving Equity**

For over 21 years, OCHIN has been an established leader in equitable health care innovation, and a trusted partner to a large and growing national provider network. Our network members’ patients are clinically complex and face significant structural inequality including social determinants of health (SDOH). Almost 45% of network patients are covered by Medicaid and 32% are uninsured.

OCHIN’s members serve rural, partially rural, urban, and suburban communities and their patients represent a richly diverse demographic tapestry. Nearly 30% of the network’s patients are best served in a language other than English, over 40% are Persons of Color and nearly 26% are Hispanic/Latino. In addition, over 52% are women, 23% are children, almost 11% are seniors and 2% are veterans. The network also includes people living with disabilities and members of the LGBTQ+ community.

**Recommendations**

The following are key recommendations to advance environmental disaster mitigation and adaptation in the context of behavioral and mental health services for underserved and rural communities:
• **Expand health IT workforce development for community health workers to ensure connectivity and communication during environmental disasters and to meet decentralized needs.**

Existing community health clinic operational and support staff with health IT skills’ shortages negatively impact the capacity of substance use disorder and mental health providers to maintain access to clinical services and to support public health response. The shortages undermine the ability of clinics to maintain access during an environmental disaster precipitated disaster. Workforce investments are needed to ensure continued access during environmental disaster related events impacting care.

• **Expand access to telehealth services for medication assisted treatment and behavioral and mental health services.**

Telehealth is both an adaptation and mitigation strategy against environmental disasters because telehealth reduces greenhouse gas emissions and reliance on local providers during and after an environmental disaster. Lack of payment parity weakens telehealth feasibility for behavioral and mental health services and reduces patient access. In an emergency situation such as a flood or wildfire, patients will be separated from their primary provider while also experiencing heightened levels of psychological distress, a combination of circumstances that can lead to regression in substance use disorder care or degradation of mental health, outcomes they may be avoided with access to telehealth. Expanding access to telehealth provides patients access to necessary care when they need it most. In addition to need, telehealth may reduce CO2 pollution, helping to reduce the severity of disasters when they do occur. A 2022 study estimated that if all face-to-face behavioral health visits for adults were converted to telehealth visits, approximately 830,000 metric tons of CO2 would be mitigated annually.!

• **Modernize and improve health information technology infrastructure, specifically certified electronic health records systems, for behavioral health providers.**

Modernized electronic health records systems are essential for efficient and effective patient care, this is especially true during times of emergency or environmental disasters when paper records are rendered useless due to evacuations, damage, and displacement. Behavioral and mental health providers have not received the same incentives to adopt certified interoperable health IT systems as did many other providers in various federal programs. As a result, there remain challenges with integrating these services and facilitating secure interoperable exchange of health data, a problem only exacerbated by environmental disasters. Without modernized, certified, and interoperable EHRs, behavioral and mental health providers will be unable to retrieve patient records during environmental disasters.

• **Support investments into cybersecurity resiliency for providers and clinics in rural and underserved areas to strengthen them against opportunistic cyber-attacks during environmental disasters.**

An important yet often overlooked responsibility during times of emergency is cybersecurity. During emergencies bad actors may infiltrate and steal, damage, or otherwise cause harm to both patients and providers. Compounding the damage caused by these opportunistic attacks is the fact that many providers, particularly those in rural and underserved areas, currently lack sophisticated cybersecurity defenses and the staff to implement and manage them. Sustainable funding is needed to maintain cybersecurity operations on an ongoing basis. Without such resources clinics may find themselves
unable to resume operation once the danger imposed by a disaster has lifted, causing ripple effects that reduce patient access to care and worsen the harm caused by the disaster.

- **Advance and adopt national digital data standards that enhance health equity and ease the transfer of information during times of emergency.**

Data, especially substance use disorder and behavioral health, must be interoperable and easily accessible for new providers if a patient moves or evacuates during an environmental disaster and their normal provider is unavailable. Outdated and cumbersome regulations that limit the sharing of SUD and behavioral health data only serve to harm patients, a reality that is exacerbated during disasters. National digital data standards designed to advance the adoption of true interoperability to ensure data movement, readability, and accessibility is possible without cyphers or specialized technology and is crucial to building care systems that can be accessed anywhere, regardless of natural disasters. Adopting and advancing national digital standards, improves health equity, increases access to care, and improves patient outcomes, particularly when faced with traumatic displacement events.

OCHIN welcomes partnering with SAMHSA to scale learnings in the OCHIN network related to substance use disorder treatment, behavioral, and mental health care delivery in the effort to combat the effects of environmental disasters. Please contact me at stollj@ochin.org to discuss how we can offer our expertise in developing policy to address behavioral and substance use care in the wake of environmental disasters.

Sincerely,

Jennifer Stoll
Executive Vice President
External Affairs

---