



# Governor Raimondo's Task Force on Overdose Prevention and Intervention

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**DIRECTOR NICOLE ALEXANDER-SCOTT, MD, MPH;** RHODE ISLAND DEPARTMENT OF HEALTH

**DIRECTOR REBECCA BOSS, MA;** RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES, AND HOSPITALS



# WELCOME & ANNOUNCEMENTS



**I Count.  
You Count.  
We All Count.**

**RI Census 2020**



United States®  
**Census  
2020**

# Census 101

What is it and why does it matter?



# WHAT IS THE CENSUS?

CENSUS 101

## **A decennial count of the U.S. population.**



The U.S. Constitution requires a complete count of every single person living in the country, once every 10 years. The next census will be conducted in 2020, between March and July.

## **The largest peacetime operation of the U.S. government.**



The U.S. Census Bureau will open 250 field offices and hire about half a million temporary workers to conduct the 2020 census.

## **Subject to confidentiality protections under Title 13.**



Federal law prohibits the Census Bureau from sharing personal data with anyone, for any reason. It cannot be used by immigration enforcement or law enforcement, nor to determine eligibility for government benefits.

# WHY DOES IT MATTER?

CENSUS 101



## Distribution of federal funds.

Rhode Island receives about \$3.8 billion in federal funding\* each year based on the results of the census. These funds support dozens of social services and programs in our communities, such as:

- Medicaid
- Medicare Part B
- Section 8 Housing
- SNAP (Food Stamps)
- Head Start
- Public Transportation
- Foster Care
- School Lunch Program
- Health Centers
- WIC
- Federal Direct Student Loans
- Children's Health Insurance
- Energy Assistance
- Special Education
- Overdose Prevention

\*

**...and many more.**

Source: "[Counting for Dollars 2020: The Role of the Decennial Census in the Geographic Distribution of Federal Funds.](#)" *GW Institute of Public Policy*, The George Washington University, 3 Sept. 2019.

# THE IMPACT ON PUBLIC HEALTH

## CENSUS 101



According to analysts at the Boston University School of Public Health, incomplete or inaccurate census data could compromise efforts to plan for public health needs, reduce social inequalities in health, and identify and respond to public health threats for decades to come. \*



In 2016, **Rhode Island received \$2 billion from the U.S. Department of Health and Human Services for health-related programs**, including \$65 million to support the state children's health insurance program, \$25 million in funding for health care centers, and \$7.6 million in block grants for the prevention and treatment of substance abuse. \*\*

- \* Source: Cohen, Gregory H., et al. "[Census 2020—A Preventable Public Health Catastrophe](#)." *American Journal of Public Health*, vol. 109, no. 8, Aug. 2019, pp. 1077–1078.
- \* Source: "[Counting for Dollars 2020: The Role of the Decennial Census in the Geographic Distribution of Federal Funds](#)." *GW Institute of Public Policy*, The George Washington University, 3 Sept. 2019.

# WHAT ELSE IS AT STAKE?

## CENSUS 101



### **Representation in Congress.**

Population data collected during the census helps determine how many delegates each state sends to the U.S. House of Representatives.



### **Fair representation and civil rights.**

A complete and accurate count also helps with ensuring fair and equitable representation at the state and local levels and provides important demographic data that community leaders use in enforcing civil rights, such as fair housing.



### **Planning for Rhode Island's future.**

Businesses, government and nonprofits rely on census data to inform decisions about locations and services, make strategic investments, and plan for Rhode Island's future.

# WHO IS MOST AFFECTED?

CENSUS 101



**Geographic areas** with self-response rates lower than 73% are officially designated as “hard-to-count” by the U.S. Census Bureau.

In Rhode Island, more than 255,000 people (24% of the state’s total population) live in hard-to-count areas, which include the municipalities of Central Falls, Providence, Pawtucket, Woonsocket, and Newport.

In addition, some **demographic populations** are considered “hard-to-count” and vulnerable to a census undercount, including:

- Racial and ethnic minorities
- Low-income households
- Immigrants and refugees
- Children under age 5
- Seniors and older adults
- People with disabilities
- People experiencing homelessness
- People in non-traditional housing

# Census 2020

What's different and what are the challenges?



# WHAT ARE THE QUESTIONS?

CENSUS 2020

## **How many people are living or staying in the household.**

To get a complete count of the population as of April 1, 2020.

## **Whether the home is owned or rented.**

To gather statistics about homeownership and administer housing programs and informing planning decisions.

## **About the sex, age, race and ethnicity of each person.**

To collect demographic data that helps the government determine funding for public programs and enforce anti-discrimination laws.

## **About the relationship of each person in the household.**

To collect information about families and households that helps determine funding for programs that support families and children.

# WHAT'S DIFFERENT IN 2020?

CENSUS 2020

## **Online self-response.**



The 2020 census is the first to offer an online self-response option. Both the online and phone options offer the ability to access the census questionnaire in English and 12 additional languages, including American Sign Language.

## **Write-in option for race and ethnicity.**



The 2020 census features changes to questions about race and ethnicity. For the first time, respondents will be able to write in their race or ethnicity if the options provided do not adequately or accurately describe their identity.



## **Same-sex household relationships.**

The 2020 questionnaire is also the first to allow respondents to indicate a same-sex relationship between household members.

# WHEN IS THE CENSUS?

CENSUS 2020

Households begin to receive notices in the mail with instructions on how to complete the census questionnaire.

MARCH 2020



MAY 2020



Census takers begin door-to-door visits to households that have not yet responded.

APRIL 2020



Census takers visit college dorms, senior centers, and other group quarters to count individuals who live among large groups of people.

JULY 31, 2020



The deadline to respond to the census. The Census Bureau concludes its 2020 enumeration activities.

# WHAT COULD GO WRONG?

CENSUS 2020



## **Confusion about the 2018 end-to-end test in Providence.**

Some residents of Providence County believe they have already completed the census and will need to be reminded to fill out the questionnaire in 2020.



## **Fears about the collection and use of citizenship data.**

The 2020 census will not include a citizenship question. However, national debate around the issue has caused widespread fear and misinformation that may discourage census participation, especially among immigrants and non-English-speakers.



## **Concerns about internet access and cybersecurity.**

With the debut of the first digital census. Additionally, about 17% of Rhode Island households have limited or no internet access.

# WHAT CAN I DO?

## GETTING OUT THE COUNT



### **Serve as an ambassador for your community.**

As leaders and trusted voices in your organizations, you are better equipped than anyone to explain why the census matters.



### **Spread awareness and combat misinformation.**

Incorporate messages about the census into your interactions with clients, community members, and neighbors.



### **Provide resources and assistance.**

Train frontline staff to talk about the census and provide computers and internet access for those who may not have access at home.



### **Engage in the conversation.**

Follow @RICensus2020 on Facebook, Twitter and Instagram to track the latest updates and stay tuned in to local outreach efforts.

# WHAT SUPPORT IS AVAILABLE?

## CENSUS CHAMPIONS



### **Get access to census resources and materials.**

The RI Census 2020 campaign is developing a series of toolkits, fact sheets, and promotional materials that communities can use to spread the word about the census.



### **Get trained as a Census Champion.**

Attend one of our Census Champion training sessions to learn how to talk to friends and community members about the census. Stay tuned for more information soon about upcoming sessions.



### **Get grant money through the Census 2020 Fund.**

Outreach grant funding is available for on-the-ground, targeted outreach to hard-to-count communities. For more information, contact Galen Auer at [gauer@commoncause.org](mailto:gauer@commoncause.org).

# WHAT IS A CENSUS CHAMPION?

## CENSUS CHAMPIONS



### **Someone who is trusted in their community.**

As leaders and trusted messengers in our communities, we are better equipped than anyone to explain why the census matters and to provide relevant guidance and information.



### **Someone who is knowledgeable about the census.**

Providing correct and consistent information about the census is vital to ensuring an accurate count, mitigating privacy concerns, and preventing fraud.



### **Someone who interacts with hard-to-count groups.**

The ideal census champion is someone whose daily work involves interacting with groups and individuals who are vulnerable to being undercounted in the 2020 census.

# OUTREACH GRANTS

GETTING OUT THE COUNT

Online application:  
[rifoundation.org/censusgrants](https://rifoundation.org/censusgrants)

Outreach grant funding is available for on-the-ground, targeted outreach to hard-to-count communities. Rhode Island-based nonprofit 501(c)(3) organizations, municipal governments, public agencies like libraries or schools, houses of worship, and community-based groups are eligible.

Grant awards will range between \$1,000 and \$25,000 and can support activities to raise awareness about the census, such as:

- Public engagement campaigns
- Neighborhood awareness
- Trainings
- Special events
- Resident organizing
- Designating space and technology as a census site
- Integrating census-related activities into your programs.

# QUESTIONS?

**Galen Auer**

[auer@commoncause.org](mailto:auer@commoncause.org)

401-286-0451





**Lori Needham;** President, Rhode Island Broadcasters Asso.  
**John Methia;** Executive Producer, Sociable!

# Mental Health Awareness Campaign



- Rhode Island Broadcasters Association
- Launch of an unprecedented mental health and social media awareness campaign and broadcast

# Partners



- The State of Rhode Island
- Rhode Island Broadcasters Association
- Production and Social Media and Creative Content Partner, *Sociable!*
- The campaign will focus on mental health and substance use issues.

# The Broadcast Special



- Half-hour broadcast special airing simultaneously on all local television stations
- December 14 at 7:30 p.m.
- Provide local resources for viewers and listeners

# The Broadcast Special



# Long-Term Social Media Initiative



- Monthly Facebook, Instagram, Twitter, and YouTube presentations
- Powerful and pertinent content and discussion
- Enhance State efforts to reduce negative perceptions of mental health and substance use issues and promote local resources
- Engage with Rhode Islanders on all social media platforms



**Please watch the December 14  
Broadcast Special**

**Like, Follow, and Share on Social Media**

**#itsokRI**

**It's OK To Not Be OK**



**sociable!**

**John Methia**  
Executive Producer  
*Sociable!*



**Lori Needham**  
President  
*Rhode Island Broadcasters  
Association*

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RHODE ISLAND MEDICAID

# MEDICATION-ASSISTED TREATMENT (MAT)

## ENROLLMENT ANALYSIS

*HOW CAN WE BETTER ENGAGE, SUPPORT, AND CONNECT THOSE WITH AN OPIOID USE DISORDER (OUD) TO TREATMENT?*

If we raise MAT uptake for 3 high risk groups to just 35%  
we could save 70-120 lives in Medicaid  
over 5 years.

Overdose | Alcohol Use Disorder | Co-occurring mental illness

[Degenhardt L, Randall D, Hall W, Law M, Butler T et al. \(2011\) Mortality among regular or dependent users of heroin and other opioids: a systemic review and meta-analysis of cohort studies. Addiction 10: 32-51](#)

Larochelle, et al. [Medication for opioid use disorder after nonfatal opioid overdose and association with mortality. A cohort study.](#) *Annals of Internal Medicine*. June 19, 2018.

“ This is not about 'you're some awful person who has an opioid use disorder'. We understand things happen.

It's more about 'this is your diagnosis, these are the medications that are evidence-based'. We know they work. Let's talk about your options.

”

Let's help you achieve a higher level of life, of well-being.

*-Anonymous Interviewee from key informant interview*

MAT ENROLLMENT STUDY

State of Rhode Island Data Ecosystem

# We know MAT works, and that RI is national leader in progressive approaches to the overdose crisis.

## MAT Works

- 40-60% decrease in all cause and opioid-related mortality
- 50% lower risk of relapse than behavioral treatment without MAT
- Expenditures *per month* were from \$153 to \$233 lower for MAT episodes

## Rhode Island is a Leader

- Medicaid fully covers MAT
- No MAT waiting list; providers have capacity
- One of a few states where NPs can prescribe buprenorphine
- First state to offer all three MAT drugs in Corrections
- Commitment to SUD parity through OHIC-led parity exams

LAROCHELLE MR, BERNSON D, LAND T, ET AL. MEDICATION FOR OPIOID USE DISORDER AFTER NONFATAL OPIOID OVERDOSE AND ASSOCIATION WITH MORTALITY: A COHORT STUDY. ANN INTERN MED. 2018;169:137-145. [EPUB AHEAD OF PRINT 19 JUNE 2018]. DOI: [HTTPS://DOI.ORG/10.7326/M17-3107](https://doi.org/10.7326/M17-3107)

[J Subst Abuse Treat.](#) 2015 Oct;57:75-80. doi: 10.1016/j.jsat.2015.05.001. Epub 2015 May 7.

But Rhode Island's MAT enrollment rate is about average and lags behind Vermont, who led an innovative "Hub and Spoke" + ER Induction approach to treatment on demand.

National

10%-28%

28%: Commercial + Medicare,  
**Ever** evidence of MAT

Vermont

65%

All Payer,  
MAT within **14 days**  
of OUD Dx

Rhode Island

26%

Medicaid,  
MAT within **6 months**  
of OUD Dx

OPTUMLABS, PUBLISHED ON HEALTH AFFAIRS BLOG 12/18/17: [HTTPS://WWW.HEALTHAFFAIRS.ORG/DOI/10.1377/HBLOG20171215.681297/FULL/](https://www.healthaffairs.org/doi/10.1377/hblog20171215.681297/full/)

VERMONT HEALTH, MEDICATION ASSISTED TREATMENT FOR OPIOID USE DISORDER TRENDS  
[HTTPS://WWW.HEALTHVERMONT.GOV/SITES/DEFAULT/FILES/DOCUMENTS/PDF/ADAP\\_MEDICATION%20ASSISTED%20TREATMENT%20FOR%20OPIOID%20USE%20DISORDER%20TRENDS.PDF](https://www.healthvermont.gov/sites/default/files/documents/pdf/adap_medication%20assisted%20treatment%20for%20opioid%20use%20disorder%20trends.pdf)

Our enrollment rate for people most at risk of fatal overdose – those with a previous nonfatal overdose – is even lower and lags Massachusetts.

32%

Massachusetts all payer,  
MAT within 12 months  
of nonfatal overdose

8%

Rhode Island Medicaid,  
MAT within 6 months  
of first overdose

KRAWCZYK, NOA ET AL. PREDICTORS OF OVERDOSE DEATH AMONG HIGH-RISK EMERGENCY DEPARTMENT PATIENTS WITH SUBSTANCE-RELATED ENCOUNTERS: A DATA LINKAGE COHORT STUDY ANNALS OF EMERGENCY MEDICINE, VOLUME 0, ISSUE 0

LAROCHELLE MR, BERNSON D, LAND T, ET AL. MEDICATION FOR OPIOID USE DISORDER AFTER NONFATAL OPIOID OVERDOSE AND ASSOCIATION WITH MORTALITY: A COHORT STUDY. ANN INTERN MED. 2018;169:137–145. [EPUB AHEAD OF PRINT 19 JUNE 2018]. DOI: [HTTPS://DOI.ORG/10.7326/M17-3107](https://doi.org/10.7326/M17-3107)

# In Rhode Island, the double ‘negative perceptions’ of OUD and MAT is one of the deepest barriers to enrollment.

## Commonly Cited Barriers, Nationally

1. Internal Negative Perceptions
2. Negative Perceptions: OUD
3. Negative Perceptions: MAT
4. Treatment Cost
5. Provider Capacity

“What people [on methadone] have told me...is ‘nobody supports me.’

My church doesn’t support me.  
My family doesn’t support me.  
My friends don’t support me.  
Nobody supports me.’

*-Anonymous Interviewee from key informant interview*

# In Rhode Island, the double ‘negative perceptions’ of OUD and MAT is one of the deepest barriers.

“...They say, ‘methadone is like liquid handcuffs’ or ‘it weakens your bones’ or ‘it causes you to lose your teeth’, or things like that.”

*-Anonymous Interviewee from key informant interview*

“We are not teaching families about recovery and about medication-assisted recovery. We’re not helping them understand, we’re not providing support.

**When your family member can’t support you on your pathway, you’ve lost a lot.”**

*-Anonymous Interviewee from key informant interview*

# If negative perceptions are a key barrier, who is most at risk of experiencing it, and not enrolling in treatment?

- **Study Goal:** How can the state improve / tailor its outreach and service to those who are less likely to enroll in MAT? Where are the pockets of strong enrollment? Can we apply our strengths to weaker areas?
- **How:** State Opioid Response (SOR)-funded project to study distinguishing patterns and characteristics of Medicaid members who enroll in MAT within 6 months of their first Medicaid-identified OD or OUD.
  - Study period: July 2013 – June 2018 (FY14-FY18)
  - 5 data sets included: Medicaid claims and enrollment, DLT (income), DHS eligibility, DCYF, Corrections (via Medicaid enrollment)



‘Complex’ people are not enrolling in treatment  
– but regular care (even from the ER) helps

### **RISK** Factors:

1. Overdose (especially > 1)
2. Alcohol Use Disorder
3. Co-Occurring Mental Illness
4. Age 60+
5. Back pain
6. Non-White
7. Temporary Work

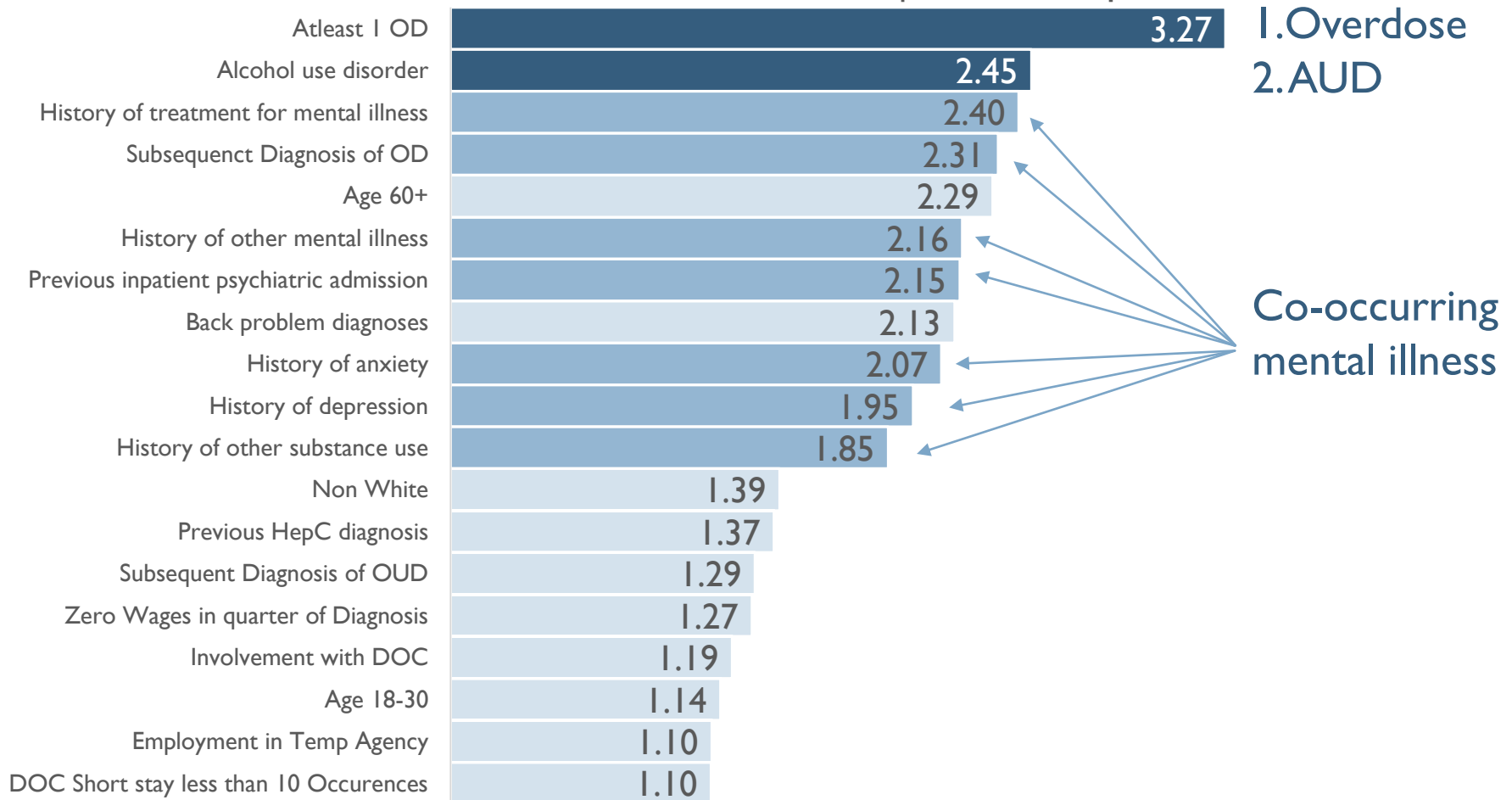
### **PROTECTIVE** Factors:

1. High # of PCP Visits
2. High # of ER Visits (all cause)
3. Age 30-39
4. Temporary Assistance For Needy Families (TANF)

# Relative Risk Factors visualized

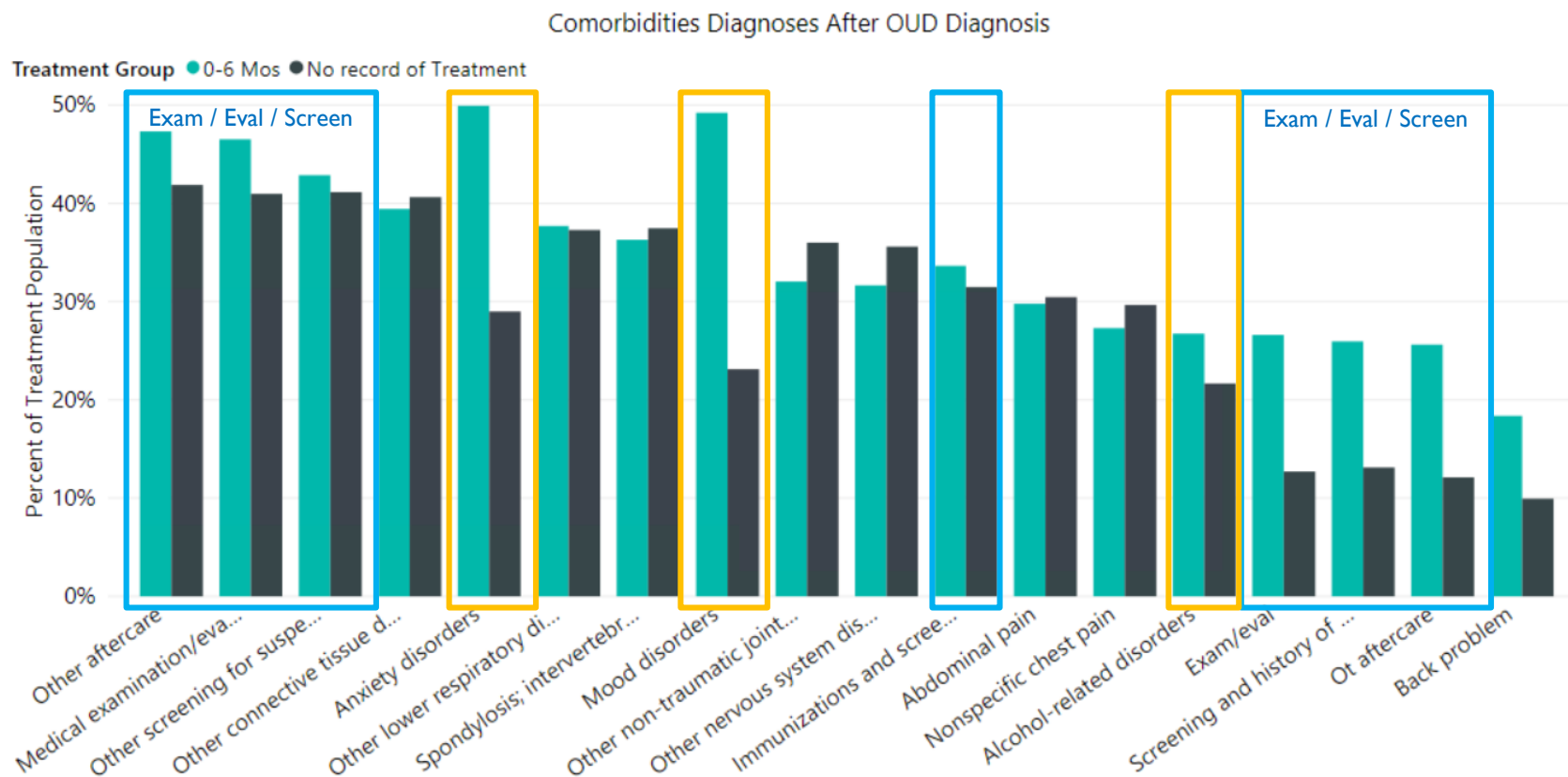
## Relative Risk Factors

Standard 6-Month Event Window | Limited Population



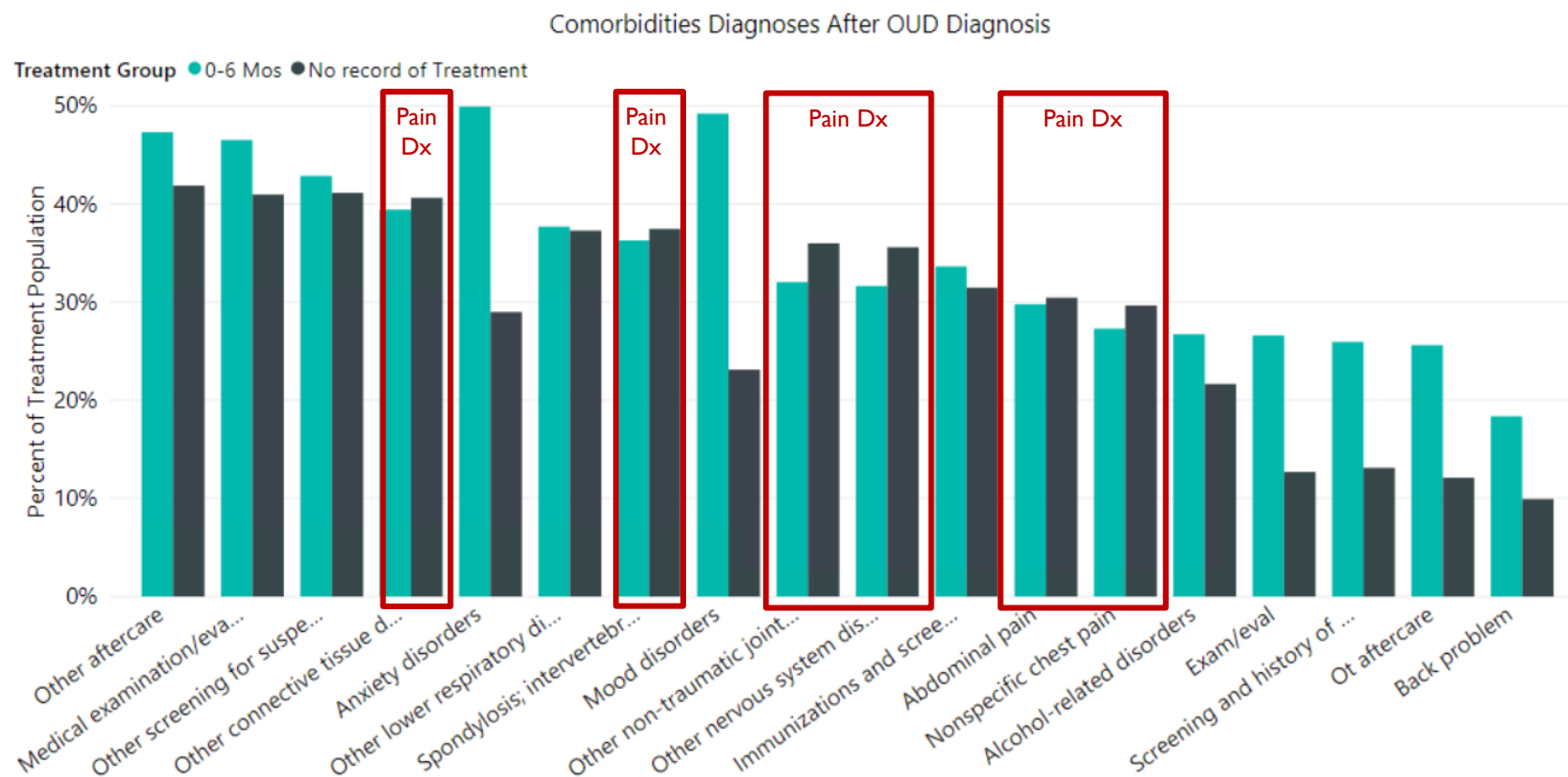
# What Happens After the First OUD Diagnosis?

Those who later enroll in MAT: More screenings, evaluations, immunizations + Dx of Anxiety, depression, AUD



# What Happens After the First OUD Diagnosis?

Those who don't enroll: Slightly more likely to have a pain diagnosis



# PRIMARY PROGRAM AND POLICY OPPORTUNITIES

## A: Launch

MAT Peers | Provider  
Champions

## B: Increase

OUD Screening and  
MAT Referrals

## C: Deepen

OUD treatment integration  
with BH + PCP

1. <b>Coordinate and empower MAT peers &amp; provider champions</b>	1. <b>Those serving at the point of overdose</b>	1. <b>Primary care + Pain</b>
2. Community: Identify and support MAT peers and Champions	2. Alcohol detox and residential	2. Community Mental Health Organizations
3. Where does MAT prevent recovery Opportunities? [Employment + housing especially]	3. Inpatient psychiatric hospitals	3. General outpatient BH



# PRIMARY PROGRAM AND POLICY OPPORTUNITIES: DETAIL

## A: Launch

## B: Increase

## C: Deepen

MAT Peers | Provider Champions

OUD Screening and MAT Referrals

OUD treatment integration with BH + PCP

### 1. State coordinate and empower MAT peers & provider champions

- ☐ Test and expand existing MAT peer programs:
  - Medication Assisted Recovery Specialists (MARS) via BHDDH and DLT;
  - First Connections SEN and their MAT peers;
  - Substance Misuse Assisted Recovery Team (SMART)
  - MAT Peers for warm handoffs between levels of care
- ☐ Establish provider champion network(s)

### 2. Community: Identify and support MAT peers and Champions

- ☐ MAT Peers: Identify those who have success with MAT in their recovery experience.
- ☐ Provider Champions: identify provider organizations or individuals who can champion, facilitate and liaise with state on MAT pathways.
- ☐ CODE mini-grantees serve as connectors
- ☐ Engage communities of color and historically marginalized groups to ensure network and clients represent those in need.

### 3. Reduce policy barriers to MAT

- ☐ Review + revise areas where MAT prevents:
  - Recovery housing or assisted living
  - Employment certifications / licensure
  - Employment broadly (drug testing)
- ☐ Improve recovery friendly education for Employers

### 1. Those serving at the point of overdose

- ☐ Incorporate MAT peers in overdose response
- ☐ Offer bup. induction at BH Link
- ☐ Expand bup. induction at hospitals
- ☐ Strengthen BH LINK as step to higher levels of care when BH hospital capacity compromised
- ☐ Expand HOPE to allow engagement closer to point of overdose; Empower HOPE with MAT peers and stigma-reducing language.

### 2. Alcohol detox and residential

- ☐ Strengthen screening, referral and on-site induction process for clients; connect with MAT peers
- ☐ Homelessness and housing orgs: develop OUD screening and referral capacity, especially for clients with AUD.
- ☐ Naltrexone for those with an AUD in all settings

### 3. Inpatient psychiatric hospitals

- ☐ State and inpatient psychiatric providers engage to identify institution-specific barriers.
- ☐ Inpatient and residential: strengthen workflows for screening, induction, referral to treatment.
- ☐ Offer 30 day bus passes to those with SUD leaving the ACI, residential or inpatient setting when enrolled in treatment.

### 1. Primary care + Pain

- ☐ Test effectiveness and expand new integrated, “flipped” care models: VICTA, Community Health Teams, SEN, SMART
- ☐ Engage low-volume bup. prescribers for capacity increase.
- ☐ Promote PCP interactions and bup induction for 60+, pain

### 2. Community Mental Health Organizations

- ☐ Expand buprenorphine, vivitrol induction at CMHOs.
- ☐ Consider care coordination standards in contracts and licensure conditions with State.
- ☐ SUMHLC: coordinate referral to treatment standards among providers and language suggestions for referrals.
- ☐ Support safe coordination of integrated care through standard interpretation of 42 CFR Part II (substance use treatment data) and the State Mental Health Law.
- ☐ State + CMHOs + OTPS: Workflow redesign to ensure those with SPMI and OUD have a holistic health home experience.

### 3. General outpatient BH

- ☐ Establish integrated care networks and process flows for SUD + general mental illness needs.
- ☐ Facilitate licensure and billing for independent social workers as integrated care champions.
- ☐ Leverage secure information sharing technology, such as CurrentCare, to coordinate treatment among providers.

# THANK YOU!

## Ecosystem & Analytics Team

- Sivakumar Batthala
- Jessie Hole
- Kim Paull
- Alyssa Ribeiro
- Steve Raymond
- Hannah Sieber
- Cheyenne Thompson
- Lisa Tse
- Rouba Youssef
- Kevin Wilson (The Policy Lab at Brown)

## Agency Data Partners

- Department of Human Services
- Department of Children, Youth and Families
- Department of Health
- Department of Labor and Training
- Dept of Behavioral Health, Developmental Disabilities and Hospitals
- Medicaid

# THANK YOU!

## PROJECT ADVISORY GROUP

Organization	Name
Anchor	Jon Goyer
BHDDH	Linda Mahoney
BHDDH	Jamie Goulet
BHDDH	Gabby Arredondo
BHDDH	Macy Daly
BHDDH	Andrew Nelson
BHDDH	Lori Dorsey
BHDDH	Jaime Bernard
Brown School of Public Health	Brandon Marshall
Brown School of Public Health	Jesse Yedinak
Brown School of Public Health	Rose Martin
Brown University	Laura Levine
Building Futures RI	Jill Sypole
CODAC	Linda Hurley
CODAC	Diane Plante
CODAC	Lesley Barber
Community Care Alliance	Michelle Taylor
Dept. of Corrections	Jennifer Clark
Dept. of Corrections	Laureanne Howard
Dept. of Corrections	Caitlin OConnor
Dept. of Health	James Rajotte
Dept. of Health	James McDonald
Dept. of Health	Jenn Koziol
Dept. of Health	Leanne Lasher
Dept. of Health	Carolyn Malone
Dept. of Health	Laura Chambers
Dept. of Health	Roseanne Giogianni
Dept. of Health	Sarah Bowman
Dept. of Health	Dahianna Lopez

Organization	Name
Dept. of Human Services	Maria Cimini
Dept. of Human Services	Kevin Slattery
Dept. of Labor and Training	Amelia Roberts
Executive Office of Health and Human Services	Cathie Cool Rumsey
Governor's Office	Ryan Erickson
Governor's Office	Tom Coderre
Governor's Office	Maria Messick
Lifespan	Jody Rich
Medicaid	Rebecca Lebeau
Medicaid	Jason Lyon
Medicaid	Chantele Rotolo
Parent Support Network	Lisa Conlan
PONI / Lifespan	Michelle McKenzie
Project Weber Renew	Colleen Daley Ndoeye
Rhode Island State Police	Matthew Moynihan
RI Cares	Ian Knowles
Substance Use and Mental Health Leadership Council	Sue Storti
The Policy Lab at Brown University	Tara Hill
The Policy Lab at Brown University	David Yokum
The Policy Lab at Brown University	Kevin Wilson
Thundermist	Susan Jacobsen
University of Rhode Island	Skye Leedah

# Acronym Key

CCAP	Child Care Assistance Program
DOC	Department of Corrections
Dx	Diagnosis
ED	Emergency Department
FTE	Full Time Equivalent (represents the portion of 12 calendar months of enrollment)
IP	Inpatient
KPI	Key Performance Indicator
OD	Overdose
OUD	Opioid Use Disorder
PCP	Primary Care Provider
RIW	Rhode Island Works (Rhode Islands TANF program)
SNAP	Supplemental Nutritional Assistance Program
SOR	State Opioid Response grant, which funded this study
SSDI	Social Security Disability Income
SSI	Social Security Income
TANF	Temporary Assistance for Needy Families
TDI	Temporary Disability Insurance
Tx	Treatment
UI	Unemployment Insurance



# PUBLIC COMMENT