

Rhode Island

UNIFORM APPLICATION

FY 2025 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2025
(generated on 12/02/2024 12.52.13 PM)

Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State Unique Entity Identification

Unique Entity ID LWPVXFL8DS51

I. State Agency to be the Grantee for the Block Grant

Agency Name Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Organizational Unit Division of Behavioral Health

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City Cranston

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II. Contact Person for the Grantee of the Block Grant

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III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2023

To 6/30/2024

IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date 12/2/2024 12:51:41 PM

Revision Date 12/2/2024 12:51:53 PM

V. Contact Person Responsible for Report Submission

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Footnotes:

B. Implementation Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Youth
Priority Type:
Population(s): PP

Goal of the priority area:

Reduce youth (ages 12-17) use, misuse, and abuse of alcohol, marijuana, prescription drugs, and tobacco-related products including use of electronic nicotine delivery system products (ENDS).

Objective:

Reduce the use of substances that negatively affect the development of youth.

Strategies to attain the goal:

The evidence-based program, Project SUCCESS, in junior high/middle schools and high schools in more than 35 school districts statewide. Project Success includes programming directed at the entire school population (universal indirect); education for an entire grade of students (universal direct); and interventions for students at high risk for substance use (selected and/or indicated). Implementation of the six CSAP strategies by the state's seven regional prevention task forces which include regional coalitions working within their communities.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Reduce the percentage of youth ages 12-17 reporting 30-day use of alcohol, marijuana, prescription drugs, and electronic nicotine delivery system products (ENDS)
Baseline Measurement: 30 -day use of marijuana: 9.5%;; 30- day use of alcohol: 9.0%; 30-day use of e-cigarettes 9.1%; 30-day non-medical use of prescription medication 2.0%
First-year target/outcome measurement: Maintain the percentages of 30 day use of alcohol, marijuana, prescription drugs,, and ENDS products by junior high/middle school and high school students in municipalities across the state.
Second-year target/outcome measurement: One percentage point decrease in reported 30-day use of alcohol, marijuana, and ENDS products and continue to maintain percentage for prescription drugs by junior high/middle school and high school students in municipalities across the state.

New Second-year target/outcome measurement(if needed):

Data Source:

Rhode Island Student (RISS)

New Data Source(if needed):

Description of Data:

The Rhode Island Student Survey (RISS) is a risk and prevalence survey that is administered biennially in nearly every middle and high school in RI.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Past 30-day use among 12–17-year-olds from the 2024 RISS:
 Alcohol: 7.0%
 Marijuana: 9.1%
 ENDS: 6.3%
 Rx Drugs: 1.9%

Indicator #:

2

Indicator:

Increase the percentage of youth ages 12-17 reporting perception of risk of harm associated with substance misuse

Baseline Measurement:

Perception of risk of harm for alcohol: 42.3%; Perception of risk of harm for marijuana: 47.7%; Perception of risk of harm for prescription drugs: 74%; and electronic nicotine delivery systems (ENDS) 60.8%

First-year target/outcome measurement:

Maintain the perception of risk of harm for substances (based on baseline)

Second-year target/outcome measurement:

Increase perception of risk of harm for substances by 3% (based on first year target)

New Second-year target/outcome measurement(if needed):

Data Source:

Rhode Island Student Survey

New Data Source(if needed):

Description of Data:

The RI Student Survey (RISS) is a risk and prevalence survey that is administered bi-annually in nearly every middle and high school.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Perception of risk associated with substance use among 12-17-year-olds from the 2024 RISS:
 Alcohol: 44.8%
 Marijuana: 52.2%
 ENDS: 64.1%

Priority #: 2
Priority Area: Persons Who Inject Drugs
Priority Type:
Population(s): PWID

Goal of the priority area:

Reduce the number of overdose deaths of individuals in RI who inject drugs. Populations to be served include individuals who have overdosed regardless of route of administration.

Objective:

Reduce fatalities.

Strategies to attain the goal:

The State of Rhode Island will continue to provide outreach via the Recovery Community Centers. New this year is the addition of the Hope Initiative and the IMANI Project, which focuses on underserved communities by partnering with faith-based organizations as "safe space" for those who are not comfortable with traditional methods of providing services.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of unique contacts who met with a recovery coach through Anchor's ED program and/or recovery community center ED outreach
Baseline Measurement: 1,364
First-year target/outcome measurement: 1,430
Second-year target/outcome measurement: 1,500
New Second-year target/outcome measurement(if needed):

Data Source:

Recovery Community Center reporting to the BHDDH Contract Monitoring Unit

New Data Source(if needed):

Description of Data:

Our goal is to continue to reach about 100 new individuals each month through this program. Data will be submitted monthly by the Recovery Community Centers, as part of their contracts currently being finalized. It will be aggregated to an annual total for reporting.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Eventually, this indicator may experience a ceiling effect where there aren't as many unique contacts to work with in this program.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

The outcome was 1408 which is below the target. The reasoning is staffing vacancies along with one of the RCC's does not have a hospital in their catchment area.

How first year target was achieved (optional):

Indicator #:

2

Indicator:

Number of persons who received outreach or contact with a recovery coach through Anchor MORE/recovery community center outreach programs

Baseline Measurement:

37,207

First-year target/outcome measurement:

39,000

Second-year target/outcome measurement:

40,900

New Second-year target/outcome measurement(if needed):

Data Source:

Recovery Community Center reporting to the BHDDH Contract Monitoring Unit

New Data Source(if needed):

Description of Data:

The number of people who received outreach/contact with a Peer Recovery Specialist tends to be higher in summer and spring months versus winter months.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

This may include a duplicate count of people as it's not indicated as a unique count.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

41,948 people received outreach/contact

Priority #:

3

Priority Area:

Individuals Experiencing Homelessness

Priority Type:

MHS

Population(s):

SMI

Goal of the priority area:

Ensure individuals receiving services from behavioral health services are being monitored to ensure they remain housed.

Objective:

Stakeholders are reporting evictions of clients receiving services from the mental health continuum of care. The objective is to decrease eviction rates of SMI individuals by ensuring providers are addressing housing instability.

Strategies to attain the goal:

1. Ensure provider reviews "residential arrangement" field in data collection tool (BHOLD).
2. Ensure provider perform Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) to determine service needs.
3. Participate in the chronic homeless housing wait list work group managed through the statewide Continuum of Care.
4. Engage individuals in supportive services.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Persons experiencing SMI who are connected with a mental health provider will remain housed.

Baseline Measurement: 87%

First-year target/outcome measurement: 87%

Second-year target/outcome measurement: 89%

New Second-year target/outcome measurement(if needed):

Data Source:

BHOLD

New Data Source(if needed):

Description of Data:

BHDDH collects data via an electronic system that providers enter data into directly. The BHOLD field "Residential Arrangement" collects data on 12 arrangements. All are considered housed except for "shelter", "homeless" and "unknown". The percentage in these categories will not increase, while the percentages in the housed categories will remain stable or increase.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Provider agencies will need to be cognizant of the data fields and the need to update. If there is no change in residential arrangement, it is unknown if the provider reviewed housing concerns with the client.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

88% of persons experiencing SMI who are connected with a mental health provider are housed for FY24.

Priority #: 4

Priority Area: Youth and Young Adults Experiencing Early Serious Mental Illness/First Episode Psychosis

Priority Type: MHS

Population(s): ESMI

Goal of the priority area:

Ensure youth and young adults have access and are receiving behavioral healthcare services.

Objective:

Increase the number of youth and young adults being served in the Healthy Transitions program.

Strategies to attain the goal:

The Healthy Transitions program will provide services to youth and young adults, ages 16 to 25, throughout Rhode Island. Each HT location will provide services to youth and young adults via block grant funds. The block grant funds will be used to provide services to uninsured and underinsured for all ages.

**Edit Strategies to attain the objective here:
(if needed)**

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of youth and young adults ages 15 through 26 newly enrolled in treatment services through the Healthy Transitions Program.

Baseline Measurement: 100 youth and young adults enrolled in HT

First-year target/outcome measurement: 112 youth and young adults enrolled in HT

Second-year target/outcome measurement: 125 youth and young adults enrolled in HT

New Second-year target/outcome measurement(if needed):

Data Source:

Data is currently being collected through the SAMHSA National Outcome Measures Surveys as well as the Rhode Island Outcomes Questionnaires. Going forward, all sites participating in the Healthy Transitions project will be required to submit data to BHOLD.

New Data Source(if needed):

Description of Data:

All contracts, regardless of discretionary or block grant funding have data reporting requirements that are included in this metric.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Newly enrolled in HT was 115

Priority #: 5

Priority Area: Adults Diagnosed with SMI

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Reduce unnecessary hospitalization use by Community Support Programs (CSP) clients.

Objective:

Improve communication and client flow between inpatient and community providers to ensure most appropriate levels of care are provided to stabilize individuals in the community.

Strategies to attain the goal:

System Review by catchment areas with all providers, both inpatient and community to review client flow, processes and barriers to services.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Rate of community support programs (CSP) clients being re-admitted to hospitals within 30 days of previous admission per 1000

Baseline Measurement: 262 readmits per 1,000

First-year target/outcome measurement: Less than 260 readmits per 1,000

Second-year target/outcome measurement: Less than 260 readmits per 1,000

New Second-year target/outcome measurement(if needed):

Data Source:

MMIS

New Data Source(if needed):

Description of Data:

Medicaid claims data for CSP members

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Data aligns with the MACPRO (CMS) reporting which is based on the Calendar Year.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Reached with 200.4 readmits per 1000.

Indicator #: 2

Indicator: Number of psychiatric admits by CSP clients per 1,000

Baseline Measurement: 108 admissions per 1,000 clients

First-year target/outcome measurement: 105 ER admissions per 1,000 clients

Second-year target/outcome measurement: 105 ER admissions per 1,000 clients

New Second-year target/outcome measurement(if needed):

Data Source:

MMIS

New Data Source(if needed):

Description of Data:

Reporting is calendar year to align with the MACPRO (CMS) reporting.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Achieved with 71 admits per 1000

Priority #: 6

Priority Area: Women and children

Priority Type:

Population(s): PWWDC

Goal of the priority area:

To connect pregnant women and women with dependent children with SUD to services.

Objective:

Ensuring pregnant people are screened and offered SUD services.

Strategies to attain the goal:

The Substance Exposed Newborn Program works to improve the health and well-being of pregnant people, children, and families affected by prenatal substance use.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator: Number of SEN program participants who accepted and received at least one in-person visit.

Baseline Measurement: 336

First-year target/outcome measurement: 360

Second-year target/outcome measurement: 370

New Second-year target/outcome measurement(if needed):

Data Source:

Program data sent to the program liaison.

New Data Source(if needed):

Description of Data:

Data is submitted to BHDDH staff from the Department of Health on a monthly basis.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

n/a

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

The outcome was 311 which is below the target. The reasoning is that Family Visiting is a voluntary program so, families can accept or decline services.

How first year target was achieved (optional):

Indicator #: 2

Indicator: Number of SEN program participants for whom First Connections provided care coordination activities.

Baseline Measurement: 156

First-year target/outcome measurement: 165

Second-year target/outcome measurement: 175

New Second-year target/outcome measurement(if needed):

Data Source:

Data submitted to the program liaison.

New Data Source(if needed):

Description of Data:

Data is submitted to BHDDH on a monthly basis from the Department of Health.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

The outcome was 145 which is below the target. The reasoning is that not all families require care coordination. The family's need is related to level of acuity of the substance(s) used or medication currently taking. For instance, SEN families with SSRI-only or Nicotine-only exposure may have less need for care coordination than a family more acutely affected by prenatal substance use.

How first year target was achieved (optional):

Priority #:

7

Priority Area:

Referrals from first responders to the triage center

Priority Type:

MHS

Population(s):

BHCS

Goal of the priority area:

Increase of referrals from the first responders, including EMS, fire and police, to the triage center located in East Providence

Objective:

Divert behavioral health clients from the emergency room to more appropriate assessment and referral service.

Strategies to attain the goal:

MOUs with municipalities, outreach and engagement activities. Participation in first responders work group. Participation in daily Huddle that connects with behavioral health hospital open beds to prevent back up in emergency departments.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator:

increase the number of clients referred to the triage center that are already identified as in crisis.

Baseline Measurement:

41 referrals from 1st responders to the triage center

First-year target/outcome measurement:

50 referrals from 1st responders to the triage center

Second-year target/outcome measurement:

60 referrals from 1st responders to the triage center

New Second-year target/outcome measurement(if needed):

Data Source:

Direct reporting from BH Link to BHDDH Project Manager.

New Data Source(if needed):

Description of Data:

Each person referred from a first responder.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

There were 28 referrals from 1st responders to the triage center which is below the target. The reasoning for this is logistical challenges including a bridge closure critical to the accessibility of BH Link that began in December 2023. There was also no liaison to bridge the relationship between 911 dispatchers and the 988-call center until August 2024.

How first year target was achieved (optional):

Priority #:

8

Priority Area:

Children Experiencing Serious Emotional Disturbance

Priority Type:

MHS

Population(s):

SED

Goal of the priority area:

Ensure children have access and are receiving behavioral healthcare services.

Objective:

Increase the number of children receiving contact through statewide Mobile Response and Stabilization Services (MRSS) Program

Strategies to attain the goal:

MRSS will be available to respond to outreach 24/7/365. Referrals will be accepted from the 988-crisis hotline, schools, children's hospital, primary care providers, etc.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator:

Number of children served through the statewide Mobile Response and Stabilization Services (MRSS) Program

Baseline Measurement:

543 children served through MRSS

First-year target/outcome measurement:

720 children served through MRSS

Second-year target/outcome measurement:

840 children served through MRSS

New Second-year target/outcome measurement(if needed):

Data Source:

Data is currently being collected through agency reporting to EOHHS.

New Data Source(if needed):

Description of Data:

All contracts, regardless of discretionary or block grant funding have data reporting requirements that are included in this metric.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

706 children were served through MRSS which is 98% of the target. The program was relatively new which makes it challenging to establish accurate baseline data and predictions for the program's performance.

How first year target was achieved (optional):

Indicator #: 2

Indicator: Number of school- based referrals to the statewide Mobile Response and Stabilization Services (MRSS) Program

Baseline Measurement: 147 school-based referrals to MRSS

First-year target/outcome measurement: 210 school-based referrals to MRSS

Second-year target/outcome measurement: 260 school-based referrals to MRSS

New Second-year target/outcome measurement(if needed):

Data Source:

Data is currently being collected through agency reporting to EOHHS.

New Data Source(if needed):

Description of Data:

All contracts, regardless of discretionary or block grant funding have data reporting requirements that are included in this metric.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

183 school-based referrals to MRSS which is 87% of the target. There were no school-based referrals to MRSS over the summer which was part of the reporting time period.

How first year target was achieved (optional):

Priority #: 9
Priority Area: Persons with Tuberculosis
Priority Type:
Population(s): TB

Goal of the priority area:

To reduce the incidence of tuberculosis in RI

Objective:

Monitor incoming and current clients for infectious disease to reduce the spread of infectious disease

Strategies to attain the goal:

- 1.) Screen incoming and clients for tuberculosis
- 2.) Referring any positive tuberculosis screen to RISE Clinic at Miriam Hospital

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Case rate of tuberculosis in RI
Baseline Measurement: 1.3 cases per 100,000
First-year target/outcome measurement: 1.4 cases per 100,000
Second-year target/outcome measurement: 1.3 cases per 100,000

New Second-year target/outcome measurement(if needed):

Data Source:

RIDOH TB Reporting

New Data Source(if needed):

Description of Data:

Cases per 100,000 of TB as reported to RIDOH

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

There is a reporting lag between collection and dissemination. The baseline is from 2022. Also, there may be a ceiling effect due to low incidence in RI.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

The baseline from 2022 should have been 1.6 based on updated reports. The outcome was 2.5 cases per 100,000 which is below the

target. There is TB Elimination Plan which includes TB Directly Observed Therapy for every active TB case diagnosed in RI. BG isn't funding TB services.

How first year target was achieved (optional):

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Footnotes:

C. State Agency Expenditure Report

MHBG Table 3 - Set-aside for Children's Mental Health Services

This table provides a report of statewide expenditures for children's mental health services during the last completed SFY. States and jurisdictions are required not to spend less than the amount expended in FY 1994.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

Statewide Expenditures for Children's Mental Health Services			
A Actual SFY 1994	B Actual SFY 2023	C Estimated/Actual SFY 2024	Please specify if expenditure amount reported in Column C is actual or estimated
\$730,711	\$11,237,111	\$11,237,111	<input type="radio"/> Actual <input checked="" type="radio"/> Estimated Actual Estimated

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA:

3/31/2025

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

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Footnotes:

Awaiting information from DCYF on statewide youth MH expenditures.

C. State Agency Expenditure Report

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

This table provides a report of expenditures of all statewide, non-Federal expenditures for authorized activities to treat mental illness during the last completed SFY.

Reporting Period Start Date: 7/1/23 Reporting Period End Date: 6/30/24

A Period	B Expenditures	C <u>B1 (2022) + B2 (2023)</u> 2
SFY 2022 (1)	\$40,147,776	
SFY 2023 (2)	\$37,293,249	\$38,720,513
SFY 2024 (3)	\$32,795,872	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2022	Yes	<input checked="" type="checkbox"/>	No
SFY 2023	Yes	<input checked="" type="checkbox"/>	No
SFY 2024	Yes	No	<input checked="" type="checkbox"/>

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: 3/15/2025

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Footnotes:

Delayed due to medicaid claims lag.

F. State General Data Notes

State General Data Notes

MHBG Table Number	General Data Note
No Data Available	

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Footnotes: