

---

## Performance Measures

---

### Department of Health

---

### Central Management

---

#### Changes to Policies or Practices with CLAS Standards

---

According to the Office of Minority Health at the US Department of Health and Human Services, culturally and linguistically appropriate services (CLAS) is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. By tailoring services to an individual's culture and language preferences, health professionals can help bring about positive health outcomes for diverse populations. The provision of health services that are respectful of and responsive to the health beliefs, practices, and needs of diverse patients can help close the gap in health outcomes.

As such, the Health Equity Institute provides training and technical assistance to partners inside and outside of state government, including grantees and non-grantees, to support increased awareness of, and compliance with, CLAS standards. This includes regularly scheduled didactic training and one-on-one technical assistance sessions led by Institute experts. Training and technical assistance participants will be surveyed after receiving training or technical assistance to determine if they have made, or intend to make changes within the next 60 days, to policies and/or practices to support CLAS compliance in their organizations. The figures below represent the percent of survey respondents that have made, or intend to make, changes within the next 60 days to policies or practices to support compliance with CLAS standards. [Note: This performance measure was established in FY 2023 and historical targets and actuals are not available.]

---

	<i>Frequency: Annual</i>					<i>Reporting Period: Calendar Year</i>				
	2021	2022	2023	2024	2025					
<b>Target</b>	--	--	50%	65%	80%					
<b>Actual</b>	--	89%	80%	--	--					

---

---

## Performance Measures

---

### Department of Health

---

### Community Health and Equity

---

#### Naloxone Kits Distributed in High Burden Communities

---

Naloxone is a life-saving drug which can prevent deaths from overdose. It is a critical harm reduction tool to reduce overdose deaths and to engage people who use drugs. The availability of naloxone through community-based harm reduction programs enhances client engagement and referrals for addiction treatment. The figures below represent the the number of naloxone kits distributed by community-based agencies, such as local harm reduction organizations and recovery centers, and through first responder leave behind programs. [Note: Due to reporting lag, only the first three quarters of CY 2023 are reported. This performance measure was established in FY 2023 and historical targets are not available.]

	<i>Frequency: Annual</i>		<i>Reporting Period: Calendar Year</i>		
	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
<b>Target</b>	--	35,000	50,000	50,000	50,000
<b>Actual</b>	21,574	36,590	38,583	--	--

---

## Performance Measures

---

### Department of Health

---

### Environmental Health

---

#### Blood Lead Screening at 12 Months

---

The earlier children with elevated blood lead levels (EBLL) are identified, the earlier lead exposures can be identified and eliminated. Processing of lead screenings was disrupted by COVID-19. The department is working to return to standard lead screening processing timeliness. The figures below represent the proportion of Rhode Island children who have received at least one blood lead screening by 12 months.

	<i>Reporting Period: Calendar Year</i>				
<i>Frequency: Annual</i>	2021	2022	2023	2024	2025
<b>Target</b>	81%	73%	74%	75%	76%
<b>Actual</b>	73%	77%	74%	--	--

---

#### Proportion of Population Served by Public Water Systems

---

The almost 500 public water systems in Rhode Island need to comply with a number of requirements in the Safe Drinking Water Act and Rhode Island statutes and regulations. These public water systems serve an average daily population between 25 and over 300,000. The figures below represent the percent of the population served by drinking water supplies that have not received any violations over the year, based on a 5-year moving average. Violations can be health-based such as exceedances of the nitrate maximum contaminant level, monitoring such as failure to sample for coliform bacteria, reporting such as failure to report sample results, public notice such as failure to inform the public of a violation, or treatment techniques such as failure to correct a significant deficiency.

	<i>Reporting Period: Calendar Year</i>				
<i>Frequency: Annual</i>	2021	2022	2023	2024	2025
<b>Target</b>	85%	85%	85%	85%	85%
<b>Actual</b>	76%	75%	78%	--	--

---

#### Food Establishment Reinspections Conducted

---

Critical violations are those linked to foodborne illness. They are designated as Priority or Priority Foundation on the inspection form and include items like food handlers not washing hands, temperature abuse of foods requiring refrigeration or hot holding, cross contamination, and employees working while ill. When critical violations are found, the inspection is coded unsatisfactory. If the follow up inspection has critical violations, it is marked continuing unsatisfactory. Depending on the specific hazards, the goal is to follow up on these inspections as soon as reasonable within 10 working days. The figures below represent the percent of food establishments that were reinspected.[Note: Due to reporting lag, only the first three quarters of CY 2023 are reported.]

	<i>Reporting Period: Calendar Year</i>				
<i>Frequency: Annual</i>	2021	2022	2023	2024	2025
<b>Target</b>	80%	80%	80%	80%	80%
<b>Actual</b>	67%	61%	60%	--	--

---

---

# Performance Measures

---

## Department of Health

---

### Health Laboratories and Medical Examiner

---

#### Non-Fatal Overdose Reporting Timeliness

---

Specimens from non-fatal overdose cases are submitted to the Rhode Island State Health Laboratories to measure current trends in substance abuse resulting in hospitalization. This data is used in addition to testing of seized drugs and forensic toxicology to provide a holistic view of opiate and other drug abuse. This data is important for measuring the impact of opiate abuse mitigation efforts and to identify emerging drug use patterns. The figures below represent the percent of non-fatal overdose results reported within two weeks for specimens received by the Rhode Island State Health Laboratories. [Note: This performance measure was established in FY 2023 and historical targets and actuals are not available.]

	<i>Reporting Period: Calendar Year</i>				
	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
<b>Target</b>	90%	90%	90%	90%	90%
<b>Actual</b>	--	0%	2%	--	--

---

#### Non-Fatal Overdose Toxicology Submissions

---

Specimens from non-fatal overdose cases are submitted to the Rhode Island State Health Laboratories to measure current trends in substance abuse resulting in hospitalization. This data is used in addition to testing of seized drugs and forensic toxicology to provide a holistic view of opiate and other drug abuse. This data is important for measuring the impact of opiate abuse mitigation efforts and to identify emerging drug use patterns. Timely and representative sample submission from non-fatal overdoses is critical to generating real-time data for actionable harm reduction strategies. These samples are mandated through RIDOH's regulations as part of the public health response for the opioid response. The figures below represent the percent of samples that are submitted to the Rhode Island State Health Laboratories for non-fatal opioid overdoses reported to the health department from the 48-hour reporting system from individuals who present to the hospital and fatal overdoses. [Note: This performance measure was established in FY 2024 and historical targets and actuals are not available.]

	<i>Reporting Period: Calendar Year</i>				
	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
<b>Target</b>	--	--	45%	45%	60%
<b>Actual</b>	--	--	27%	--	--

---

---

## Performance Measures

---

### Department of Health

---

### Customer Services

---

#### Social Work License Issuance

---

RI has insufficient behavioral health workforce capacity, which includes a shortage of licensed social workers. To help address this issue, RIDOH has selected, as a key performance measure, the licensing of social workers as quickly as possible to ensure their rapid entry into the workforce. Timely license processing helps ensure that Clinical Social Workers (CSW) and Independent Clinical Social Workers (ICSW) are being licensed in a timely manner. Meeting that timeframe increases patient access to important mental health services. The figures below represent the proportion of CSW and ICSW licenses issued within three business days of receipt of the completed application, including the applicant's supporting educational and post-graduate clinical hours documentation. [Note: This performance measure was established in FY 2024 and historical targets and actuals are not available.]

---

*Frequency: Annual*

*Reporting Period: Calendar Year*

	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
<b>Target</b>	--	--	100%	100%	100%
<b>Actual</b>	--	--	100%	--	--

---

---

## Performance Measures

---

### Department of Health

---

### Policy, Information and Communications

---

#### Opioid Overdose Fatalities

---

Over the past 20 years, overdose deaths have been increasing nationally and particularly in Rhode Island. To address this epidemic, RIDOH, in collaboration with state and community partners, has implemented a comprehensive portfolio of interventions to prevent drug-related harms in Rhode Island. Adequate access to naloxone, education in proper harm reduction practices, and removing barriers to the utilization of emergency medical services ensure that fewer overdoses result in a fatality. Through adequate promotion of prevention strategies, our goal is to reduce the number of accidental fatal drug overdoses that occur in Rhode Island. The figures below represent the number of individuals who died from an accidental fatal drug overdose as reported by the Office of the State Medical Examiner. [Note: This performance measure was established in FY 2024 and historical targets are not available. RIDOH has confirmed cases for January-June 2023. Cases for the second half of CY 2023 are still under review. As a result, the number of cases for CY 2023 is still pending, and RIDOH anticipates that, once all cases are closed, the number will likely increase to over 400.]

	<i>Reporting Period: Calendar Year</i>				
<i>Frequency: Annual</i>	2021	2022	2023	2024	2025
<b>Target</b>	--	--	417	401	384
<b>Actual</b>	435	434	296	--	--

---

---

## Performance Measures

---

### Department of Health

---

### Preparedness, Response, Infectious Disease, and Emergency Medical Services

---

#### Newly Diagnosed HIV Cases

---

Reductions in new diagnoses may point to decreases in disease transmission as a result of increased condom use and PrEP, as well as greater engagement in care, which are pillars of the HIV Prevention Program. New diagnoses also indicate success in finding previously undiagnosed cases and ensuring that individuals are aware of their status. The figures below represent the number of new cases of HIV diagnosed in Rhode Island on an annual basis. [Note: Calendar year 2023 data are preliminary and may change as new case investigations are completed.]

---

*Frequency: Annual*

*Reporting Period: Calendar Year*

	2021	2022	2023	2024	2025
<b>Target</b>	45	40	36	32	60
<b>Actual</b>	69	66	68	--	--

---

#### Timely Rabies Vaccination Referral

---

Timely post exposure prophylaxis (PEP) with rabies vaccine after a high-risk animal bite is 100 percent effective in preventing human rabies which is a uniformly fatal disease in humans. The rabies surveillance and prevention program handles about 3,000 reports of animal to human exposure annually, assesses risk, and case manages individuals to obtain timely vaccinations. The figures below represent the proportion of eligible high-risk cases that are referred for vaccination within five days of receipt of the report. [Note: Calendar year 2023 data is preliminary and may change as cases are completed.]

---

*Frequency: Annual*

*Reporting Period: Calendar Year*

	2021	2022	2023	2024	2025
<b>Target</b>	100%	100%	100%	100%	100%
<b>Actual</b>	95%	90%	87%	--	--

---

---

## Performance Measures

---

### Department of Health

---

### COVID-19

---

#### New COVID-19 Hospital Admissions per 100,000 Population

---

COVID-19 will continue to circulate in Rhode Island's communities, so we must minimize the severe impact that this virus has on the health of our state's residents. We must also prevent this virus from overwhelming our hospitals and healthcare systems. Vaccinations and therapeutics are effective tools at our disposal help protect the public from severe illness which lead to hospitalizations. The figures below represent the rate of the total number of patients (Rhode Island residents) admitted with laboratory-confirmed COVID-19 to an adult or pediatric inpatient bed each day during the calendar year per 100,000 population in a Rhode Island hospital. All rates were calculated using the U.S. Census Bureau's 2020 ACS 5-year estimates for Rhode Island. [Note: CY 2023 data is preliminary and will likely increase as more reports are received throughout January]

---

*Frequency: Annual*

*Reporting Period: State Fiscal Year*

	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
<b>Target</b>	--	--	593	563	535
<b>Actual</b>	611	624	239	--	--

---