

Performance Measures

Department of Health

Central Management

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 the Governor's Overdose Task Force and other state and community partners, have 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. [Note: CY 2024 data may lag as toxicology results can take three months to confirm.]

	<i>Frequency: Annual</i>	<i>Reporting Period: Calendar Year</i>			
	2022	2023	2024	2025	2026
Target	--	417	401	384	367
Actual	436	404	264	--	--

Performance Measures

Department of Health

State Medical Examiner

Postmortem Turnaround Time

The Office of State Medical Examiners (OSME) strives to complete the postmortem examination (autopsy or inspection) in as timely a manner as possible after a decedent's body is received at the state morgue. Timely completion of examination allows for decedents to be released to funeral homes expediently. The figures below represent the percent of examinations conducted within two days of decedent being received. [Note: This performance measure was established in FY 2025. Targets and actuals are under development].

	<i>Frequency: Annual</i>	<i>Reporting Period: Calendar Year</i>			
	2022	2023	2024	2025	2026
Target	--	--	80%	85%	90%
Actual	--	--	--	--	--

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.

	<i>Frequency: Annual</i>	<i>Reporting Period: Calendar Year</i>			
	2022	2023	2024	2025	2026
Target	35,000	50,000	50,000	50,000	50,000
Actual	36,669	50,067	41,433	--	--

Compliance with CLAS Standards

According to the Office of Minority Health at the US Department of Health and Human Services, the National CLAS (culturally and linguistically appropriate services) standards offer a blueprint for providing services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs.

As such, the Health Equity Institute provides training and technical assistance to partners inside and outside of state government and, medical and healthcare providers, 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 are 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 suggested timeframe. [Note: This performance measure was established in FY 2023 and historical targets are not available for CY 2022.]

	<i>Frequency: Annual</i>	<i>Reporting Period: Calendar Year</i>			
	2022	2023	2024	2025	2026
Target	--	50%	65%	80%	80%
Actual	89%	80%	94%	--	--

Performance Measures

Department of Health

Environmental Health

Blood Lead Screening at 18 Months

The earlier children with elevated blood lead levels 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 18 months.

	<i>Frequency: Annual</i>		<i>Reporting Period: Calendar Year</i>		
	2022	2023	2024	2025	2026
Target	73%	74%	75%	76%	76%
Actual	69%	71%	70%	--	--

Proportion of the Population Served by Public Water Systems in Full Compliance

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>Frequency: Annual</i>		<i>Reporting Period: Calendar Year</i>		
	2022	2023	2024	2025	2026
Target	85%	85%	85%	85%	85%
Actual	75%	78%	72%	--	--

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 within 10 business days.

	<i>Frequency: Annual</i>		<i>Reporting Period: Calendar Year</i>		
	2022	2023	2024	2025	2026
Target	80%	80%	80%	80%	80%
Actual	61%	60%	85%	--	--

Performance Measures

Department of Health

Health Laboratories

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.

	<i>Frequency: Annual</i>	<i>Reporting Period: Calendar Year</i>			
	2022	2023	2024	2025	2026
Target	0%	90%	90%	90%	90%
Actual	0%	2%	20%	--	--

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 CY 2022 targets and actuals are not available.]

	<i>Frequency: Annual</i>	<i>Reporting Period: Calendar Year</i>			
	2022	2023	2024	2025	2026
Target	--	45%	45%	60%	60%
Actual	--	27.0%	20.5%	--	--

Performance Measures

Department of Health

Customer Services

Performance Measures

Department of Health

Policy, Information and Communications

Vital Records -Average Customer Wait Time

The State Office of Vital Records aims to improve the customer experience by implementing a public facing customer service center. The figures below represent the average number of minutes customers wait before being served [Note: This performance measure was established in FY 2025. Targets and actuals are under development].

	<i>Frequency: Annual</i>	<i>Reporting Period: Calendar Year</i>			
	2022	2023	2024	2025	2026
Target	--	--	25	15	10
Actual	--	--	--	--	--

Performance Measures

Department of Health

Preparedness, Response, Infectious Disease, and Emergency Medical Services

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 the state must minimize the severe impact that this virus has on the health of our state's residents. The state must also prevent this virus from overwhelming the hospitals and healthcare systems. Vaccinations and therapeutics are effective tools that 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 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.

Frequency: Annual

Reporting Period: State Fiscal Year

	2022	2023	2024	2025	2026
Target	--	593	563	535	200
Actual	624	239	184	--	--

Performance Measures

Department of Health

Healthcare Quality and Safety

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

	2022	2023	2024	2025	2026
Target	--	100%	100%	100%	100%
Actual	--	100%	100%	--	--

Performance Measures

Department of Health

Emergency Preparedness and Infectious Disease

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 2024 data are preliminary and may change as new case investigations are completed.]

	<i>Frequency: Annual</i>	<i>Reporting Period: Calendar Year</i>			
	2022	2023	2024	2025	2026
Target	40	36	65	65	63
Actual	66	68	93	--	--