Rhode Island State Action Plan Table 2024 Application/2022 Annual Report

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
Women/Maternal Health					
Reduce maternal morbidity/mortality	Pregnancy and Postpartum Death Review Committee (MMRC) Develop a perinatal quality collaborative with diverse representation from the community	Reduce Postpartum Hemorrhage Rate from 984 per 10,000 delivery hospitalizations in 2019 to 910 per 10,000 in 2025.			SOM 2: Postpartum hemorrhage rate
Address prenatal health disparities	Address prenatal health disparities within prenatal health programs	Reduce the percent of women who smoke during pregnancy from 5.5% in 2019 to 3.7% in 2025	NPM 14.1: Percent of women who smoke during pregnancy	***Inactive -*** *ESM 14.1.1: Number of programs funding grant activities addressing prenatal health disparities* ESM 14.1.2: Percent of RIDOH programs/initiatives serving the prenatal population that address prenatal health equity	NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations NOM 3: Maternal mortality rate per 100,000 live births NOM 4: Percent of low birth weight deliveries (<2,500 grams) NOM 5: Percent of preterm births (<37 weeks) NOM 6: Percent of early term births (37, 38 weeks) NOM 8: Perinatal mortality rate per 1,000 live births plus fetal deaths NOM 9.1: Infant mortality rate per 1,000 live births NOM 9.2: Neonatal mortality rate per 1,000 live births NOM 9.3: Post neonatal mortality

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
					rate per 1,000 live births NOM 9.4: Preterm-related mortality rate per 100,000 live births NOM 9.5: Sudden Unexpected Infant Death (SUID) rate per 100,000 live births NOM 19: Percent of children, ages 0 through 17, in excellent or very good health
Reduce maternal morbidity/mortality	Rhode Island Pregnancy and Postpartum Death Review (MMRC) Develop a perinatal quality collaborative with diverse representation from community	Reduce the percent of cesarean deliveries among low-risk first births from 27.2% in 2019 to 21% in 2025	NPM 2: Percent of cesarean deliveries among low-risk first births	ESM 2.1: Percent of providers completing a training program on obstetric hemorrhage ESM 2.2: Percent of nurses completing a training program on obstetric hemorrhage	NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations NOM 3: Maternal mortality rate per 100,000 live births
Address prenatal health disparities	Address prenatal health disparities within prenatal health programs	Increase the percentage of Title X clients using effective family planning methods from 64.5% in 2019 to 71% in 2025	SPM 5: Effective family planning methods among Title X clients		
Address prenatal health disparities	Address prenatal health disparities within prenatal health programs.	Reduce the B/W disparity ratio for use of effective family planning methods from 0.6:1 in 2020 to 0.8:1 in 2025.			SOM 7: B/W ratio of effective family planning methods
Address prenatal health disparities	Address prenatal health disparities within prenatal health programs.	Increase the percentage of primary caregivers who report using tobacco or cigarettes at Family Visiting enrollment and received information on and/or were referred to tobacco cessation counseling or services within 3 months of enrollment from 68% in			SOM 6: Tobacco cessation community resources

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
		2020 to 78% in 2025			
Perinatal/Infant Health					
Strengthen caregiver's behavioral health and relationship with child	Tele-consultation for behavioral mental health among caregivers and children Postpartum depression screening	Increase the percent of caregivers screened for depression in Family Visiting Programs from 85.5% in 2019 to 97% in 2025	SPM 1: Depression screening for primary caregivers		
Strengthen caregiver's behavioral health and relationship with child	Tele-consultation for behavioral/mental health for caregivers and children Postpartum depression screening	Increase the percent of infants placed to sleep on their backs from 82% in 2019 to 86.2% in 2025	NPM 5: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding	ESM 5.1: Percent of perinatal patients screened for depression ESM 5.2: Percent of perinatal patients screened for anxiety	NOM 9.1: Infant mortality rate per 1,000 live births NOM 9.3: Post neonatal mortality rate per 1,000 live births NOM 9.5: Sudden Unexpected Infant Death (SUID) rate per 100,000 live births
Strengthen caregiver's behavioral health and relationship with child	Teleconsultation for behavioral mental health among caregivers and children. Post-partum depression screening.	Increase the percent of primary care givers enrolled in Family Home Visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool from 54.3% in FFY 2021 to 84% in FFY 2025.			SOM 4: Parent-child interaction
Child Health					
Support school readiness	Parent education and support Improving early literacy	Increase the percent of children screened for healthy development from 30.5% reported in 2019 to 35.3% in 2025	NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year	ESM 6.1: Percent of participating Reach Out Read practices ESM 6.2: Percent of family slots in the Parents as Teachers Program that are filled	NOM 13: Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) NOM 19: Percent of children, ages 0 through 17, in excellent or very good health
Support school readiness	Parent education and support	Increase the percentage of children, ages 0-5, who are read	SPM 2: Family member reading daily to children,		

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
	Improving early literacy	to daily by a family member from 49.3% in 2019 to 55% in 2025	ages 0-5		
Support school readiness	Parent education and support.	Increase the number of children enrolled in Family Home Visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs to a child every day from 90.6% in FFY 2021 to 96.0% in FFY2025.			SOM 5: Early language and literacy activities
Adolescent Health					
Support adolescent mental and behavioral health	Support policy and partnerships to promote youth mental or behavioral health in schools and the community	Reduce the rate of ED visits for suicide ideation from 10.4 per 1000 adolescent (ages 15-19) ED visits in 2019 to 9 per 1000 ED visits in 2025	SPM 3: ED visits for suicide ideation, ages 15-19		
Support adolescent mental and behavioral health	Support policy and partnerships to promote youth mental or behavioral health in schools and community	Reduce the percent of adolescents, ages 12 through 17, who are bullied or who bully others from 38.5% in 2019 to 31% in 2025	NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others	***Inactive -*** *ESM 9.1: Number of adolescents screened for suicide ideation referred for support* ESM 9.2: Percent of adolescents screened for suicide ideation referred for support	NOM 16.1: Adolescent mortality rate ages 10 through 19, per 100,000 NOM 16.3: Adolescent suicide rate, ages 15 through 19, per 100,000
Support adolescent mental and behavioral health	Support policy and partnerships to promote youth mental or behavioral health in schools and the community.	Reduce the percentage of suicide attempts among high school student from 14.7% in 2019 to 9% in 2025			SOM 3: Suicide attempts among high school students
Children with Special Health Care Needs					
Ensure effective Care Coordination for CSHCN	Promote patient centered medical homes for CSHCN Promote a web-based application to address effective care coordination in the Medical Home Portal	Increase the percent of parents of CSHCN reporting effective care coordination for their child from 50.4% in 2019 to 56% in 2025	SPM 4: Percent of parents of CSHCN who reported receiving needed effective care coordination for their		

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
			child		
Ensure effective Care Coordination for CSHCN	Promote patient centered medical homes Promote a web-based application to address effective care coordination in the Medical Home Portal	Increase the percent of children with SHCN, ages 0 through 17, who have a medical home from 44.3% in 2019 to 49.7% in 2025	NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home	***Inactive -*** *ESM 11.1: Number of web hits on the Medical Home Portal* ESM 11.2: Percent of pediatric practices trained on care coordination ESM 11.3: Percent of Medical Home Portal users that access a resource link	NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system NOM 18: Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling NOM 19: Percent of children, ages 0 through 17, in excellent or very good health NOM 25: Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year
Cross-Cutting/Systems Building					
Adopt social determinants of health in MCH planning and practice to improve health equity	Youth Advisory Council Health Equity Zones	Increase the percent of 9th graders graduating in 4 years with a regular diploma from 83.9% in 2019 to 87% in 2025	SPM 6: High school graduation rate		
Adopt social determinants of health in MCH planning and practice to improve health equity	Youth Advisory Council Health Equity Zones	Reduce the percent of children living in poverty from 18% in 2019 to 15% in 2025			SOM 1: Percent of children living in poverty