Rhode Island State Action Plan Table 2025 Application/2023 Annual Report

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

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					NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
Reduce maternal morbidity/mortality	Reduce the percent of cesarean deliveries among low-risk first births from 27.2% in 2019 to 21% in 2025	Rhode Island Pregnancy and Postpartum Death Review (MMRC) Develop a perinatal quality collaborative with diverse representation from community	ESM LRC.1 - Percent of providers completing a training program on obstetric hemorrhage ESM LRC.2 - Percent of nurses completing	NPM - Percent of cesarean deliveries among low-risk first births (Low-Risk Cesarean Delivery, Formerly NPM 2) - LRC	NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM NOM - Maternal mortality rate per 100,000 live births (Maternal

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			a training program on obstetric hemorrhage		Mortality, Formerly NOM 3) - MM
Address prenatal health disparities	Increase the percentage of Title X clients using effective family planning methods from 64.5% in 2019 to 71% in 2025	Address prenatal health disparities within prenatal health programs		SPM 5: Effective family planning methods among Title X clients	
Address prenatal health disparities	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.	Address prenatal health disparities within prenatal health programs.			SOM 7: B/W ratio of effective family planning methods
Address prenatal health disparities	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 2020 to 78% in 2025	Address prenatal health disparities within prenatal health programs.			SOM 6: Tobacco cessation community resources
Reduce maternal morbidity/mortality	This objective is tbd, pending data analysis for the 2023 PRAMS Survey.	Implement Hear Her Campaign in RI. Work through PNQCRI to promote strategies of improving postpartum checkup compliance.	No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.	NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV	This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.
Perinatal/Infant Health					
Strengthen caregiver's behavioral health and relationship with child	Increase the percent of caregivers screened for depression in Family Visiting Programs from 85.5% in 2019 to 97% in 2025	Tele-consultation for behavioral mental health among caregivers and children Postpartum depression screening		SPM 1: Depression screening for primary caregivers	

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Strengthen caregiver's behavioral health and relationship with child	Increase the percent of infants placed to sleep on their backs from 82% in 2019 to 86.2% in 2025	Tele-consultation for behavioral/mental health for caregivers and children Postpartum depression screening	ESM SS.1 - Percent of perinatal patients screened for depression ESM SS.2 - Percent of perinatal patients screened for anxiety	NPM - A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS	NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID
Strengthen caregiver's behavioral health and relationship with child	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.	Teleconsultation for behavioral mental health among caregivers and children. Post-partum depression screening.			SOM 4: Parent-child interaction
Child Health					
Support school readiness	Increase the percent of children screened for healthy development from 30.5% reported in 2019 to 35.3% in 2025	Parent education and support Improving early literacy	ESM DS.1 - Percent of participating Reach Out Read practices ESM DS.2 - Percent of family slots in the Parents as Teachers Program that are filled	NPM - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS	NOM - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) (School Readiness, Formerly NOM 13) - SR NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
Support school	Increase the percentage of	Parent education and support		SPM 2: Family member	

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readiness	children, ages 0-5, who are read to daily by a family member from 49.3% in 2019 to 55% in 2025	Improving early literacy		reading daily to children, ages 0-5	
Support school readiness	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.	Parent education and support.			SOM 5: Early language and literacy activities
Support school readiness	The percentage of children with a medical home will increase from 48.0% in 2021-22, to 55% in 2022-23.	Promote patient centered medical homes Promote a web-based application to address effective care coordination in the Medical Home Portal	***Inactive -*** *ESM MH.1 - Number of web hits on the Medical Home Portal* ESM MH.2 - Percent of pediatric practices trained on care coordination ESM MH.3 - Percent of Medical Home Portal users that access a resource link	NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH	NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC

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Adolescent Health					
Support adolescent mental and behavioral health	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	Support policy and partnerships to promote youth mental or behavioral health in schools and the community		SPM 3: ED visits for suicide ideation, ages 15-19	
Support adolescent mental and behavioral health	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	Support policy and partnerships to promote youth mental or behavioral health in schools and community	***Inactive -*** *ESM BLY.1 - Number of adolescents screened for suicide ideation referred for support* ESM BLY.2 - Percent of adolescents screened for suicide ideation referred for support	NPM - Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others (Bullying, Formerly NPM 9) - BLY	NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide
Support adolescent mental and behavioral health	Reduce the percentage of suicide attempts among high school student from 14.7% in 2019 to 9% in 2025	Support policy and partnerships to promote youth mental or behavioral health in schools and the community.			SOM 3: Suicide attempts among high school students
Children with Special Health Care Needs					
Ensure effective Care Coordination for CSHCN	Increase the percent of parents of CSHCN reporting effective care coordination for their child from 50.4% in 2019 to 56% in 2025	Promote patient centered medical homes for CSHCN Promote a web-based application to address effective care coordination in the Medical Home Portal		SPM 4: Percent of parents of CSHCN who reported receiving needed effective care coordination for their child	
Ensure effective Care Coordination for CSHCN	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	Promote patient centered medical homes Promote a web-based application to address effective care coordination in the Medical Home Portal	***Inactive -*** *ESM MH.1 - Number of web hits on the Medical Home Portal* ESM MH.2 - Percent of pediatric practices trained on care	NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH	NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC

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			coordination ESM MH.3 - Percent of Medical Home Portal users that access a resource link		NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC
Cross-Cutting/Systems Building					
Adopt social determinants of health in MCH planning and practice to improve health equity	Increase the percent of 9th graders graduating in 4 years with a regular diploma from 83.9% in 2019 to 87% in 2025	Youth Advisory Council Health Equity Zones		SPM 6: High school graduation rate	
Adopt social determinants of health in MCH planning and practice to improve health equity	Reduce the percent of children living in poverty from 18% in 2019 to 15% in 2025	Youth Advisory Council Health Equity Zones			SOM 1: Percent of children living in poverty