Community Health Improvement Plan

2025-2028

Richmond City & Henrico County

RHHD
RICHMOND & HENRICO HEALTH DISTRICTS

VDH VIRGINIA DEPARTMENT OF HEALTH



Table of Contents

Message from the Health Director 3
Executive Summary 4
Workgroups 5
About Richmond City and Henrico County 8
What is a CHIP? 12
Mission, Vision, and Values 13
Building the CHIP 15
The Action Plans 17
- Health Priority Area 1: Chronic Disease 18
- Health Priority Area 2: Community Safety and Violence Prevention 31
- Health Priority Area 3: Mental Health (Including Substance Use) 38

Alignment: State Health Improvement Plan 47
Contact Us 48
References 49
Glossary 50
Appendices 53

Message from the Health Director

Richmond and Henrico Health Districts, our local governments, and many community partners worked together over the last year to produce this Community Health Improvement Plan (CHIP). This CHIP describes our commitment to the goals, objectives, measures, and strategies needed to address the three priority areas identified in the 2024 Community Health Assessment (CHA); Chronic Disease; Community Safety and Violence Prevention; and Mental Health (Including Substance Use).

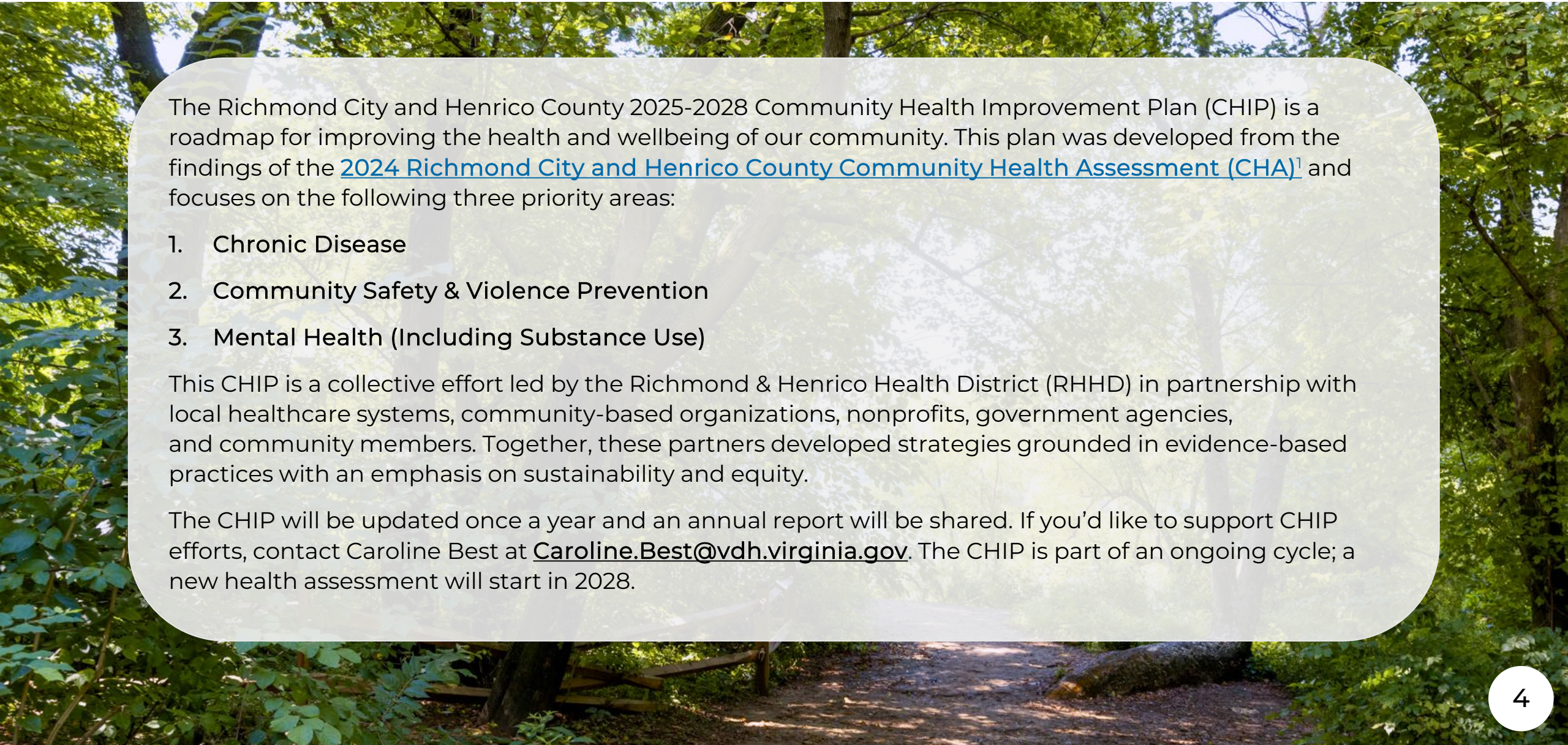
As you engage with this document, consider ways that you or your organization can get involved. Visit rhhd.gov/cha for contact information, quarterly newsletters, and annual reports. Thank you for your commitment to improving the health of our communities!

Best Regards,

Elaine Perry, MD, MS
Health Director
Richmond & Henrico Health Districts



Executive Summary



The Richmond City and Henrico County 2025-2028 Community Health Improvement Plan (CHIP) is a roadmap for improving the health and wellbeing of our community. This plan was developed from the findings of the 2024 Richmond City and Henrico County Community Health Assessment (CHA)[1] and focuses on the following three priority areas:

1. Chronic Disease
2. Community Safety & Violence Prevention
3. Mental Health (Including Substance Use)

This CHIP is a collective effort led by the Richmond & Henrico Health District (RHHD) in partnership with local healthcare systems, community-based organizations, nonprofits, government agencies, and community members. Together, these partners developed strategies grounded in evidence-based practices with an emphasis on sustainability and equity.

The CHIP will be updated once a year and an annual report will be shared. If you'd like to support CHIP efforts, contact Caroline Best at Caroline.Best@vdh.virginia.gov. The CHIP is part of an ongoing cycle; a new health assessment will start in 2028.

Workgroups

Thank you to all the organizations and individuals for their contributions to the development of the 2025-2028 Richmond & Henrico Health Districts Community Health Improvement Plan.

Chronic Disease Workgroup

Caroline Best, Richmond & Henrico Health Districts
Tamara Jones-Groves, Richmond & Henrico Health Districts
Anna Back, Richmond & Henrico Health Districts
Katrina Mazyck, Community First Underground Kitchen
Sydney Orgel, Feed More
Virginia Slattum, Richmond & Henrico Health Districts
Justine Blincoe, Fit 4 Kids
Jordan Hardy, Henrico Country Outreach & Engagement Agency
Margo Webb, Richmond & Henrico Health Districts
My'Kal Lofton, Shalom Farms
Jackson Iglehart, Richmond & Henrico Health Districts
Kerrissa Macpherson, Bon Secours Health System
Bryan Hooten, Richmond & Henrico Health Districts
Allison Schwartz, Community Member
Sarah Kelsey, Humana Medicaid
Aliyah Karner, United Way
Andrea Moore, Moore Equity Consultants

Community Safety & Violence Prevention Workgroup

Caroline Best, Richmond & Henrico Health Districts
Tamara Jones-Groves, Richmond & Henrico Health Districts
Cindy Pulido, Richmond & Henrico Health Districts
Patrice Shelton, Richmond & Henrico Health Districts
Mary Maupai, Safe Harbor
Penny Page, YWCA
Lorraine Wright-Jones, Richmond & Henrico Health Districts
Greisy Gill, YWCA
Sam Mickey, YWCA
Quincy Sykes Sr., Henrico County Prevention Services
Alex Medrano, Richmond & Henrico Health Districts
John Stern, Vision Zero Task Force
Eric Tang, Vision Zero Task Force
Mike Sawyer, Department of Public Works, Vision Zero Task Force
Kailie Smith, Safe Harbor

Mental Health (Including Substance Use) Workgroup

Caroline Best, Richmond & Henrico Health Districts
Tamara Jones-Groves, Richmond & Henrico Health Districts
Anna Back, Richmond & Henrico Health Districts
Jasmine Blue, Richmond & Henrico Health Districts
Patrice Shelton, Richmond & Henrico Health Districts

Mental Health (Including Substance Use) Workgroup

Caroline Best, Richmond & Henrico Health Districts
Tamara Jones-Groves, Richmond & Henrico Health Districts
Anna Back, Richmond & Henrico Health Districts
Jasmine Blue, Richmond & Henrico Health Districts
Patrice Shelton, Richmond & Henrico Health Districts
Anna Back, Richmond & Henrico Health Districts
Sarah Kelsey, Humana Medicaid
Eriqc Lumzy, Richmond Behavioral Health Authority
Ross Abrash, VCU Health
Candiece Bourne, Richmond Public Schools
Kennedy Cooper, YMCA
Dilshad Charania, Capaz-IT
Cindy Pulido, Richmond & Henrico Health Districts
John Richardson Lauve, St. Joseph's Villa
B. Ethan Coston, Virginia Commonwealth University
Carolina Lugo, Richmond & Henrico Health Districts
Monica Kelley, City of Richmond – Richmond Opioid Task Force
Amy Johnson, Henrico County Public Schools



About Richmond City and Henrico County

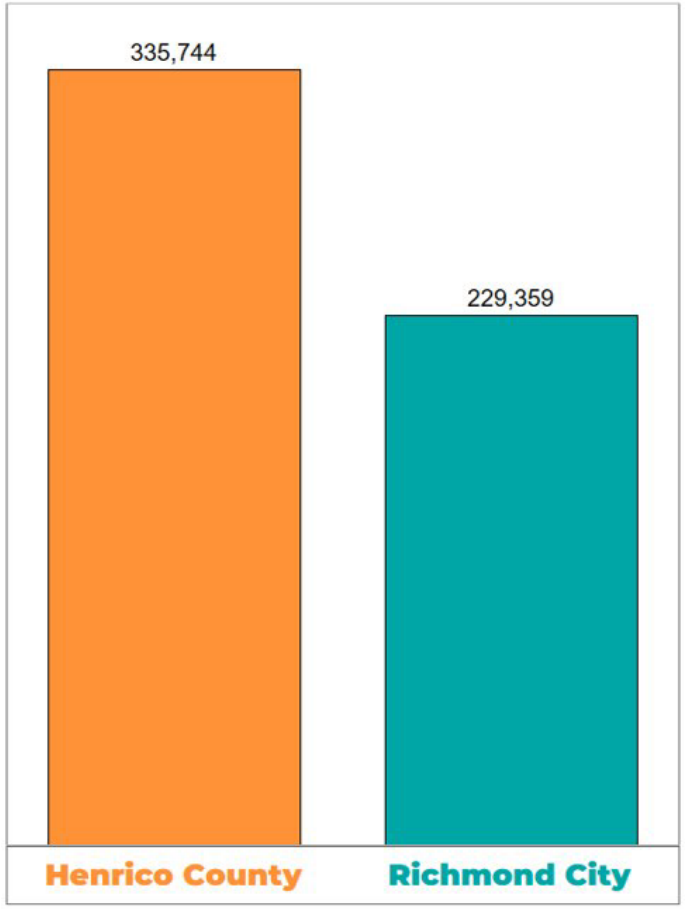
Richmond City and Henrico County are neighboring localities in Central Virginia with a combined population of more than 550,000 residents.[2] Together, Richmond and Henrico create a dynamic region with both urban and suburban characteristics, which impacts public health services, healthcare access, and community well-being. The contrast between these areas presents unique challenges and opportunities in addressing health needs and improving infrastructure.



Total Population

In 2024, Henrico County had a total population of 335,744 people and Richmond had 229,359 people.[2]

Figure 1. Total Population for Henrico County & Richmond City, 2024

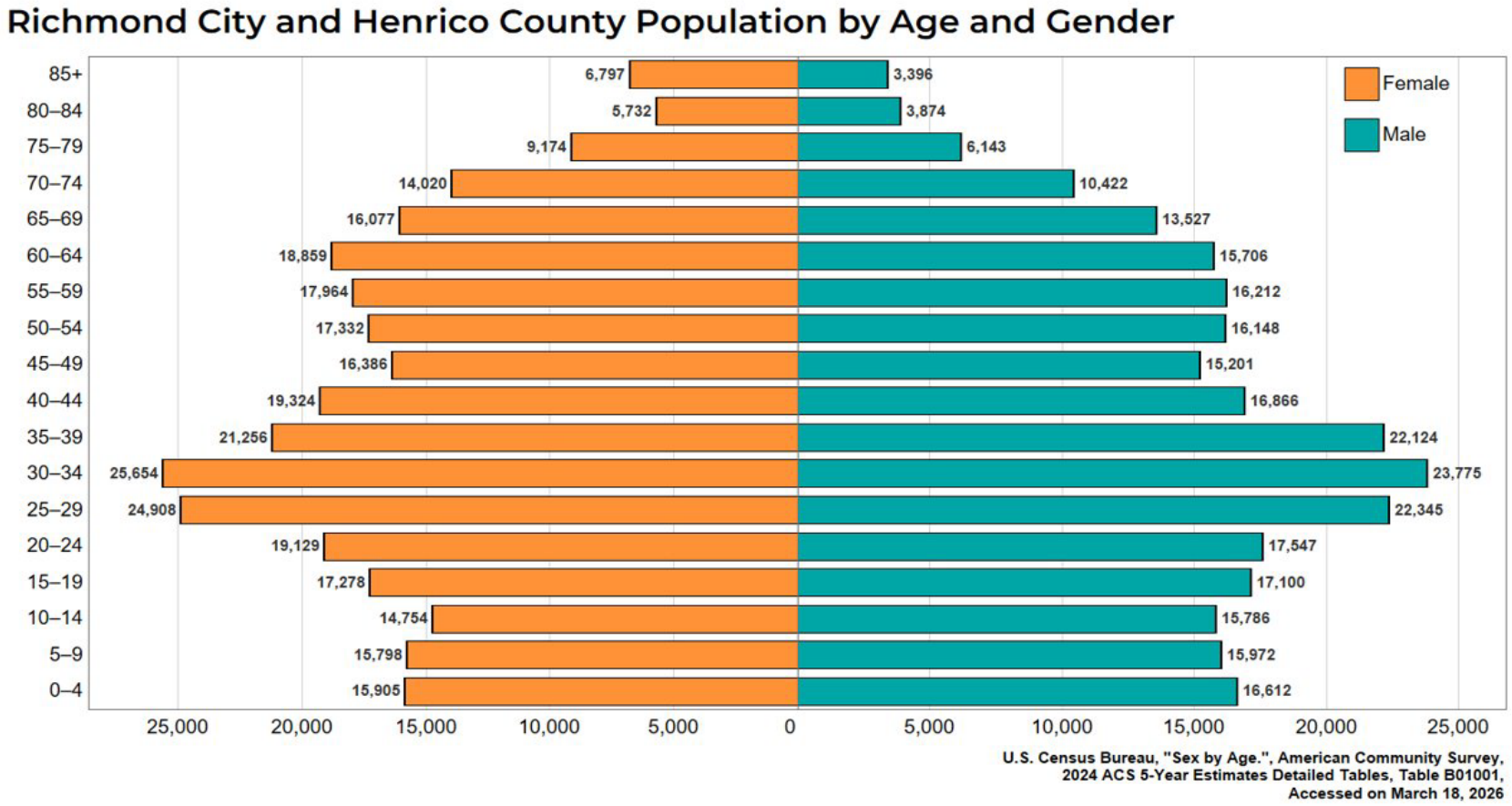


U.S. Census Bureau, American Community Survey, 2024 ACS 5-Year Estimates Detailed Tables, Table B02001, Accessed on March 18, 2026

Total Population by Age & Sex

Both localities had a higher female population in 2024, and the largest age group were those between 25-34 years old. [3]

Figure 2. Total Population by Age Group & Gender, for Richmond and Henrico

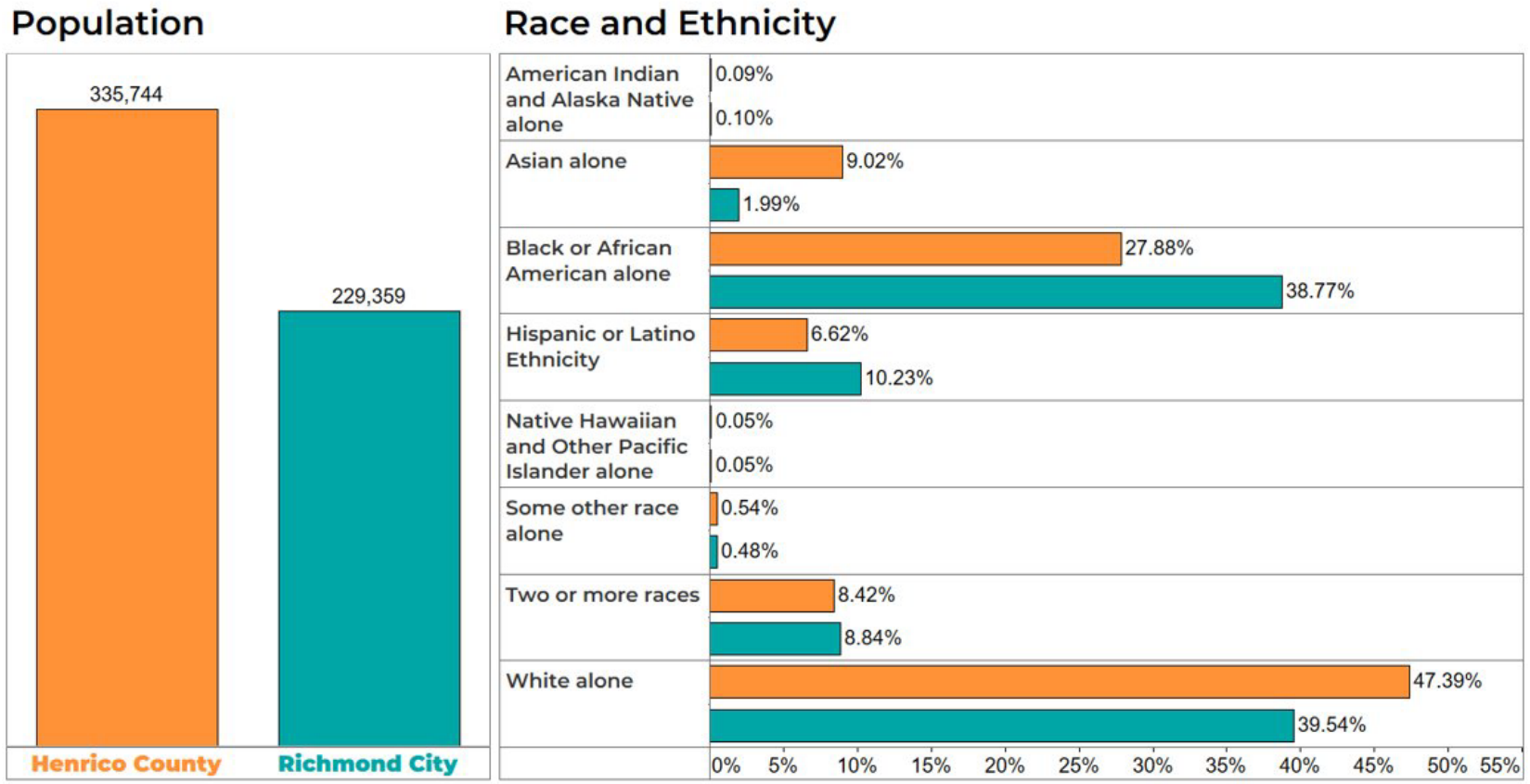


Total Population by Race & Ethnicity

In 2024, the most populous racial/ethnic group in Henrico County, was White at 47.39%.[2]

In 2024, the most populous racial/ethnic group in Richmond City was White at 39.54%.[2]

Figure 3. Percent of Total Population by Race/Ethnicity, Henrico & Richmond



U.S. Census Bureau, American Community Survey, 2024 ACS 5-Year Estimates Detailed Tables, Table B02001 & B03002, Accessed on March 18, 2026

What is a CHIP?

What is a Community Health Improvement Plan (CHIP)?

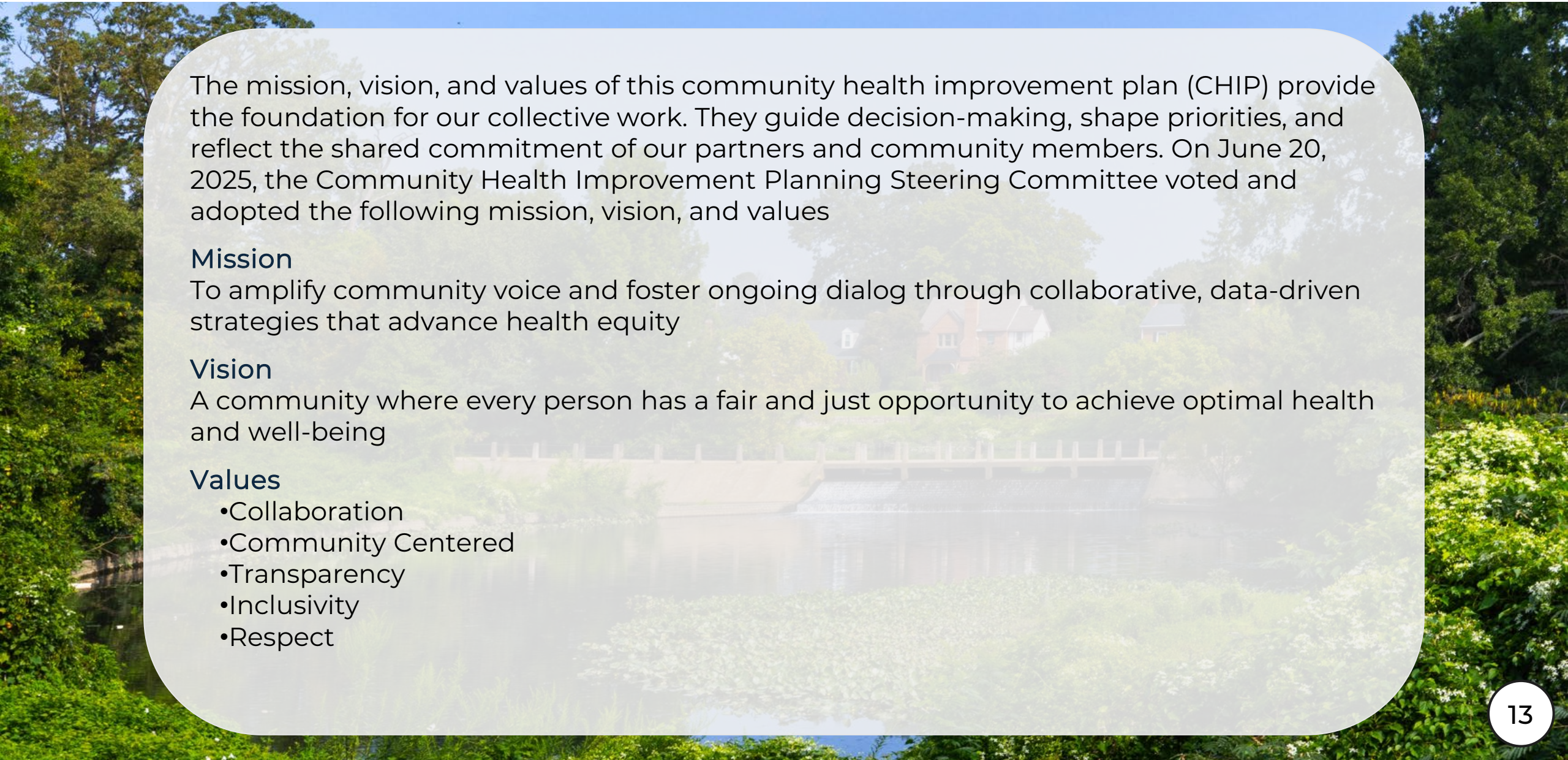
A community health improvement plan (CHIP) is a long-term systematic effort to improve the health of a community.[4] The CHIP is based on the results of the 2024 Richmond Henrico Community Health Assessment (CHA).[1]

The CHIP identifies priority health issues, establishes goals, and outlines strategies for improvement. It serves as a roadmap for how partners will work together to promote healthier communities. RHHD will monitor strategy progress, providing quarterly updates and an annual revision of the CHIP.

Implementation Period



CHIP Mission, Vision, and Values



The mission, vision, and values of this community health improvement plan (CHIP) provide the foundation for our collective work. They guide decision-making, shape priorities, and reflect the shared commitment of our partners and community members. On June 20, 2025, the Community Health Improvement Planning Steering Committee voted and adopted the following mission, vision, and values

Mission

To amplify community voice and foster ongoing dialog through collaborative, data-driven strategies that advance health equity

Vision

A community where every person has a fair and just opportunity to achieve optimal health and well-being

Values

- Collaboration
- Community Centered
- Transparency
- Inclusivity
- Respect

Goal Setting

In 2025, RHHD formed workgroups for each of the three health priority areas. The workgroups met four times throughout 2025 to establish overarching goals to provide broad targets for the development of the action plans.

Strategy Development

Following the development of goals to guide workgroup efforts, workgroups met biweekly from January 2026 to March 2026 to develop objectives and strategies centered around each goal. All of these components together build the Action Plan.

- Development of objectives focused on the question “What are action plan efforts intended to accomplish in the community?”[4,5]
- Development of strategies focused on the question “What specific actions will be carried out to meet each objective?” and “What individual responsibilities are needed to complete each strategy?” [5,6]

Impact/ Effort Analysis

Each workgroup completed an Impact/Effort Analysis of proposed goals and objectives (Appendix A). Groups plotted each objective on a matrix. The four quadrants of the matrix included: 1) High Effort/ Low Impact – Remove from Action Plan. 2) Low Effort/ Low Impact – Do it if adapted/time allows. 3) Low Effort/ High Impact- Prioritize first 4) High Effort/ High Impact- Do it next. This activity helped to build the CHIP timeline.[7]

Building the CHIP

Priority Selection

In September 2024, the CHA Team met to determine priorities for the CHIP. A list of over 10 potential priorities was developed based on the “what areas need improvement?” and the “what are your top health concerns?” questions in the CHA survey. The team reviewed the results of the CHA survey and supplemental data to ensure decisions were community informed. Using an interactive voting platform (Mentimeter), members selected the three health priorities they believed to be the most pressing.

Through this process, the team selected three health priorities:

- Chronic Disease
- Community Safety and Violence Prevention
- Mental Health (Including Substance Use)

These areas reflect both pressing health challenges and opportunities for collective action across Richmond and Henrico.

Steering Committee Review

The Steering Committee (Appendix B) met on March 11, 2026, to provide feedback on the draft Action Plans. Steering Committee members filled out a feedback worksheet for all goals and objectives. Feedback was used to further develop and add specificity to strategies.

The following questions were asked for each objective during the review:

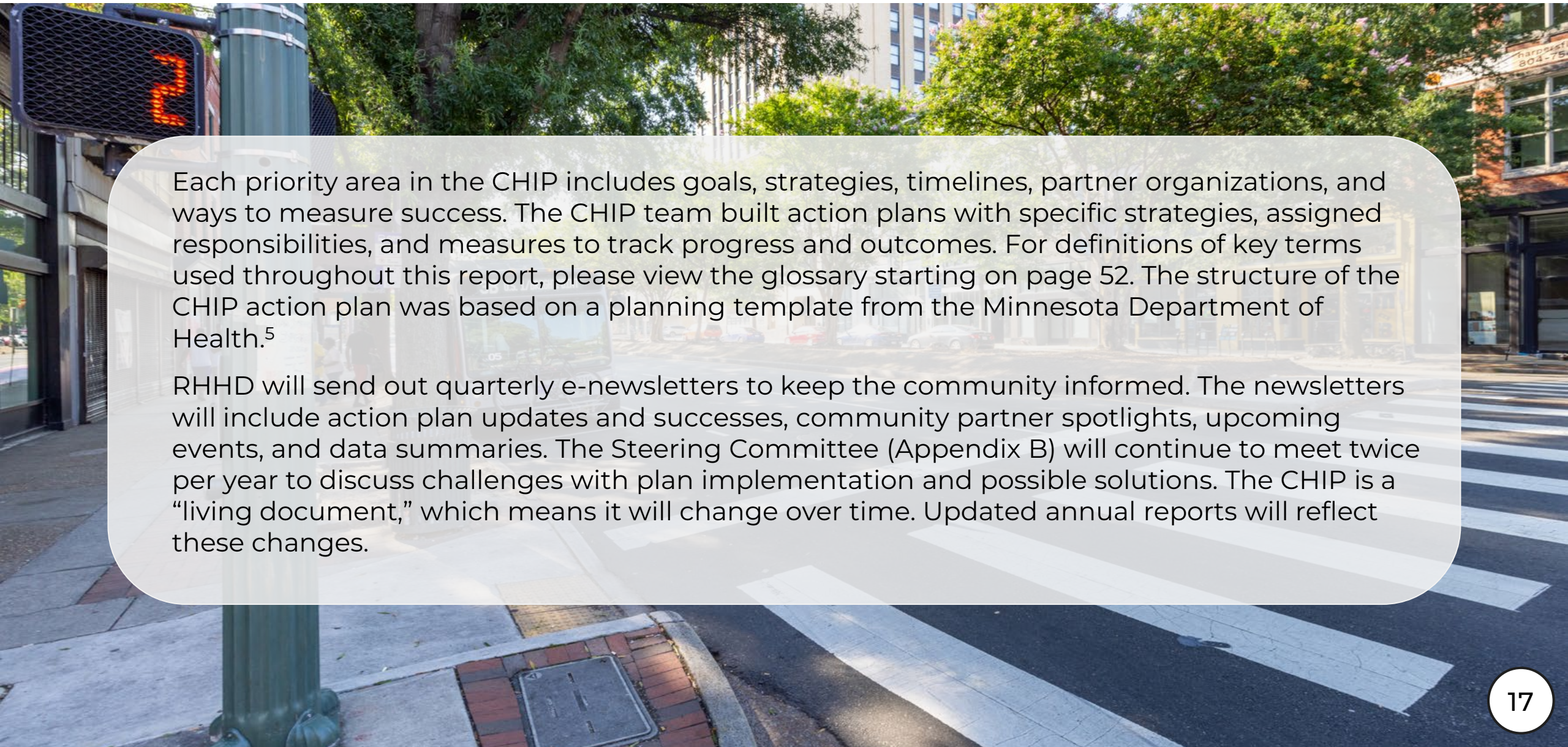
- Is this objective feasible?
- Is this objective acceptable to community members?
- Is this objective aligned with the CHIP's mission?
- Provide additional feedback:

Incorporation of Steering Committee Feedback

Following the Steering Committee feedback session, workgroups met a final time to finalize strategies, incorporate feedback, and reflect on workgroup participation. Workgroups dissolved in late March 2026.



The Action Plans



Each priority area in the CHIP includes goals, strategies, timelines, partner organizations, and ways to measure success. The CHIP team built action plans with specific strategies, assigned responsibilities, and measures to track progress and outcomes. For definitions of key terms used throughout this report, please view the glossary starting on page 52. The structure of the CHIP action plan was based on a planning template from the Minnesota Department of Health.[5]

RHHD will send out quarterly e-newsletters to keep the community informed. The newsletters will include action plan updates and successes, community partner spotlights, upcoming events, and data summaries. The Steering Committee (Appendix B) will continue to meet twice per year to discuss challenges with plan implementation and possible solutions. The CHIP is a "living document," which means it will change over time. Updated annual reports will reflect these changes.

Health Priority 1: Chronic Disease

Background:

Chronic diseases are a major focus of public health that are among the leading causes of morbidity, disability, and premature death worldwide. The burden of chronic diseases is growing in our localities, and addressing these diseases is a critical component of improving public health.[7] The 2024 Community Health Assessment highlighted Richmond and Henrico community members are concerned about chronic disease.[1] The CHA revealed specific areas of focus, including include access to care, health education, spaces for physical activity, and access to nutritious food.

The Chronic Disease workgroup met from 2025-early 2026. Workgroup members included representatives from Richmond & Henrico Health Districts, United Way, Bon Secours Health System, Community First Underground Kitchen, Feed More, Fit 4 Kids, Shalom Farms, Medicaid, Henrico Country Outreach & Engagement Agency, and Moore Equity Consultants. See page 3 for a full list of workgroup members.

The group discussed challenges faced by community members related to chronic disease. These discussions and CHA responses guided the drafting of an issue statement. The team described current initiatives in Richmond and Henrico, focusing on what was going well in the community, where to leverage partnerships and combine efforts, and possible strategies to address gaps.

Issue Statement

In 2023, Both Richmond City and Henrico County had higher heart disease death rates compared to Virginia overall.[8] Some community members have limited access to healthcare, health education, and nutritious foods, which can increase risk of heart disease.[1] Interventions that connect community members to healthcare, health education, and food access can improve our community's health.

Health Priority Area 1: Chronic Disease

Goal 1: Expand community blood pressure efforts

Objective 1.1: RHHD Community Health Worker (CHW) team will have an updated and standardized community blood pressure protocol for elevated BP readings and pathways to care by January 2027.

Benchmarks and methods of measuring success: Protocol updated (using evidence-based framework), 100% of CHW staff trained within the time-period.

Strategies	By When	Resources Needed	Lead Organization
Strategy 1.1.1: Research community blood pressure monitoring protocols	July 2026	Staff	RHHD
Strategy 1.1.2: CHW leadership/ RHHD Chronic Disease Team selects community blood pressure monitoring protocols	September 2026	Staff, evidence-based framework, updated materials	RHHD: Chronic Disease Workgroup, CHW leadership
Strategy 1.1.3: CHW team completes updated training on new community blood pressure monitoring protocols	January 2027	Staff, training materials, updated outreach materials	RHHD
Strategy 1.1.4: Explore additional RHHD teams/staff to train on updated protocols.	January 2028	Staff, training materials, updated outreach materials	RHHD

Objective 1.2: Starting in January 2027, RHHD will partner with community programs/organizations to expand community blood pressure efforts at least quarterly.

NOTE: Objectives 1.1, 1.2, and 1.3 are done in a Phase 1/Phase 2 model. Phase 1 is RHHD updates community blood pressure monitoring protocols and Phase 2 is subsequently connecting with organizations to implement community blood pressure monitoring programming.

Benchmarks and methods of measuring success: Number of community partnerships, at least one event quarterly, number of community members reached

Strategies	By When	Resources Needed	Lead Organization
Strategy 1.2.1: Community Organizations fill out RHHD outreach requests	January 2027	Outreach request form	Local community organizations

Strategies	By When	Resources Needed	Lead Organization
Strategy 1.2.2: Connect with Community Organizations that do events in community spaces (Ex: Shalom Farms Mobile Markets, YMCA, Faith-based organizations, Food Pantries)	January 2027	Outreach request form, staff	RHHD, Local community organizations
Strategy 1.2.3: Create a community blood pressure monitoring calendar	March 2027	Staff, outreach calendar, community partners	RHHD community programs team/ Chronic disease team
Strategy 1.2.4: Implement community blood pressure monitoring programming	First event by April 2027, subsequently quarterly	Staffing, community partnerships, blood pressure education/ outreach materials, blood pressure cuffs	RHHD CHW and outreach teams, RHHD staff

Objective 1.3: Expand community blood pressure monitoring efforts to one or more Henrico community spaces (Ex: recreation centers, community centers, libraries) by July 2028.

Benchmarks and methods of measuring success: Community partnerships established, outreach calendar created, number of community members reached

Strategies	By When	Resources Needed	Lead Organization
Strategy 1.3.1: RHHD completes updated community blood pressure monitoring protocols/ training	January 2027	Updated community blood pressure monitoring policies, materials, blood pressure cuffs, education and referral pages	RHHD
Strategy 1.3.2: Connect with CHIP community partners to determine locations for blood pressure monitoring	March 2027	Staff, community partnerships	RHHD

Strategies	By When	Resources Needed	Lead Organization
Strategy 1.3.3: Follow up meetings to determine structure, needs, initial pilot site, community blood pressure monitoring event cadence	June 2027	Staff, meeting time/space	RHHD
Strategy 1.3.4: Advertise community blood pressure monitoring programming	August 2027	Flyers, staff, Instagram posts, programming directory (if applicable).	RHHD
Strategy 1.3.5: Implement initial community blood pressure monitoring programming at pilot site	September 2027	Staff, blood pressure cuffs, AHA education materials, local health sites information	RHHD
Strategy 1.3.6: Adjust and expand programming based on community need/ capacity	July 2028	Blood pressure cuffs, education materials, local health sites information, staff	RHHD

Health Priority Area 1: Chronic Disease

Goal 2: Expand heart health education

Objective 2.1: RHHD creates a "Train the Trainer" resource by March 2027 to educate food pantries on heart health and strategies to implement in the food pantry setting to support health-printable education materials/posters, partnerships/contacts, local clinics to refer to (Partnership with Feed More).

Benchmarks and methods of measuring success: Creation of resource, number of times accessed on Learning Center, number of food pantries using the resources, qualitative feedback from volunteers.

Strategies	By When	Resources Needed	Lead Organization
Strategy 2.1.1: RHHD creates internal heart health/ blood pressure resource packet	January 2027	Updated materials, education and referral pages	RHHD
Strategy 2.1.2: RHHD and Feed More meet to review the resource, RHHD adapts resource packet based on feedback	April 2027	Staff, heart health resource packet	RHHD, Feed More

Strategies	By When	Resources Needed	Lead Organization
Strategy 2.1.3: Feed More uploads resource to Learning Center and shares resources with volunteers/ staff	May 2027	Feed More Learning Center, staff	Feed More
Strategy 2.1.4: Feed More will share training completion data and qualitative feedback with RHHD after a year of implementation	May 2028	Learning Center, qualitative feedback tracking	Feed More
Strategy 2.1.5: RHHD updates train the trainer resource annually based on feedback/ changes to evidence-based recommendations	May 2028	Resource packet, staff	RHHD

Objective 2.2: Implement four heart health education sessions annually, starting August 2026.

Benchmarks and methods of measuring success: Number of community partnerships, number of events, possible pre-/post-tests specific to events

Strategies	By When	Resources Needed	Lead Organization
Strategy 2.2.1: RHHD develops chronic disease education packets	August 2026	Staff	RHHD
Strategy 2.2.2: RHHD updates outreach form to include heart heath as requested topic	August 2026	Staff, outreach form	RHHD
Strategy 2.2.3: Connect with community partners on opportunities to implement heart health education	August 2026	Staff, evidence-based guidelines for presentation, community partnerships	RHHD
Strategy 2.2.4: Deliver 4 heart health education presentations	August 2027	Staff, presentation materials	RHHD
Strategy 2.2.5: Review qualitative and quantitative feedback- update packets as needed	October 2027	Staff	Chronic Disease Committee

Health Priority Area 1: Chronic Disease

Goal 3: Expand access to nutritious foods

Objective 3.1: Expand Fruit and Veggie week to at least one middle school during the 2027-2028 school year.

Benchmarks and methods of measuring success: New school partnership, number of students reached, education adapted for middle school youth

Strategies	By When	Resources Needed	Lead Organization
Strategy 3.1.1: Determine schools for 2028 Fruit and Veggie Week	December 2027	Staff, partnership with RPS	Fit 4 Kids
Strategy 3.1.2: RHHD supports adapting materials for middle school youth	February 2028	Staff, education materials	RHHD

Strategies	By When	Resources Needed	Lead Organization
Strategy 3.1.3: Recruit volunteers for Fruit and Veggie Week	March 2028	Staff, volunteers, flyers, posts	Fit 4 Kids leads, RHHD supports
Strategy 3.1.4: Implement Fruit and Veggie week in new Middle School	March 2028	Volunteers, partnerships with school nutrition program, staff, education materials	Fit 4 Kids leads, RHHD supports

Objective 3.2: By December 2028, host four listening sessions at food pantries annually to inform on cooking preferences, food options, health education.

Benchmarks and methods of measuring success: At least four sessions in four different locations, aiming to engage at least 20 community members per session. Collect feedback and share with local food pantries to inform food access efforts.

Strategies	By When	Resources Needed	Lead Organization
Strategy 3.2.1: Brainstorm listening session questions, facilitator roles, and identify incentives for participants and facilitators	January 2027	Staff	RHHD
Strategy 3.2.2: Connect with local food access organizations for input on listening sessions	April 2027	Staff, community partnership	RHHD
Strategy 3.2.3: Hold the listening sessions. Summarize findings to share with partner organizations.	January 2028	Staff, technology, incentives, community partnerships, listening session locations, participants, volunteers	RHHD
Strategy 3.2.4: Determine if local food access organizations adapted services/efforts in response to findings from the sessions	April 2028	Staff, community Partners	RHHD

Health Priority 2: Community Safety and Violence Prevention

Background:

Richmond City and Henrico County community members revealed community safety and violence to be significant concerns. However, because of each locality's unique characteristics, these concerns present in different ways.[1] CHA findings demonstrate the wide-ranging nature of topics that impact community safety.[1]

The Community Safety workgroup met from 2025-early 2026. Workgroup members included representatives from Richmond City government, Vision Zero Task Force, Department of Public Works, Henrico County Prevention Services, RHHD staff, YWCA, and Safe Harbor. See page 4 for a full list of workgroup members.

The group reviewed community safety concerns highlighted by the community health assessment to draft an issue statement. Community safety is a broad topic, so specific community member concerns guided workgroup efforts. The team described current initiatives in Richmond and Henrico, focusing on what was going well in the community, where to leverage partnerships and combine efforts, and possible strategies to address gaps.

The workgroup developed two goals: 1) strengthen partnerships with organizations working to address domestic violence and 2)support local government's Vision Zero Task Force initiatives to eliminate traffic fatalities and severe injuries.

Issue Statement

Richmond and Henrico community members who responded to the CHA expressed that violence was their top health-related concern.[1] Because each locality is unique, community safety concerns by community members are wide-ranging, including traffic safety and domestic violence.

Priority 2: Community Safety

Goal 4: Support Vision Zero Task Force initiatives

Objective 4.1: By May 2027, the Vision Zero Task Force will partner with an RPS School Health Task Force to support Vision Zero for Youth / High Risk Impaired Driver Action Plan.

Benchmarks and methods of measuring success: Partnership with task force, number of coalition members, number of community partners, meeting schedule established

Strategies	By When	Resources Needed	Lead Organization
Strategy 4.1.1: Vision Zero Task Force connects with RPS School Health Advisory Board	July 2026	Staff	Vision Zero Task Force
Strategy 4.1.2: Vision Zero Task Force presents at RHHD/ RPS health meeting	September 2026	Staff	RHHD, Vision Zero Task Force
Strategy 4.1.3: Community partner meetings to build coalition for School Health Task Force	February 2027	Community partnerships, staff	Vision Zero Task Force, RHHD supports
Strategy 4.1.4: School Health Task Force meeting cadence starts	May 2027	Community partnerships, staff	Vision Zero Task Force, RHHD supports

Objective 4.2: Richmond Department of Transportation (RDOT) will connect with community members to share safe transportation information at three or more community events per year starting September 2026.

Benchmarks and methods of measuring success: Number of events, community partnerships established

Strategies	By When	Resources Needed	Lead Organization
Strategy 4.2.1: RHHD updates monthly outreach calendar	June 2026	Staff, outreach calendar	RHHD
Strategy 4.2.2: RHHD shares upcoming events in quarterly newsletter	August 2026	Staff, quarterly newsletter, outreach calendar	CHIP team (RHHD)
Strategy 4.2.3: RDOT shares transportation information with community members	September 2027	Staff, outreach information	RDOT

Priority 2: Community Safety

Goal 5: Strengthen partnerships with organizations that address domestic violence

Objective 5.1: Expand healthy relationship focused curriculums offered to Richmond and Henrico youth in the 2026-2027 school year.

Benchmarks and methods of measuring success: RHHD adolescent health training with YWCA, materials adapted/created, number of students reached, number of education sessions completed, pre-/post-test results

Strategies	By When	Resources Needed	Lead Organization
Strategy 5.1.1: RHHD Adolescent Health team does training session with YWCA on healthy relationships curriculums	August 2026	Staff	YWCA

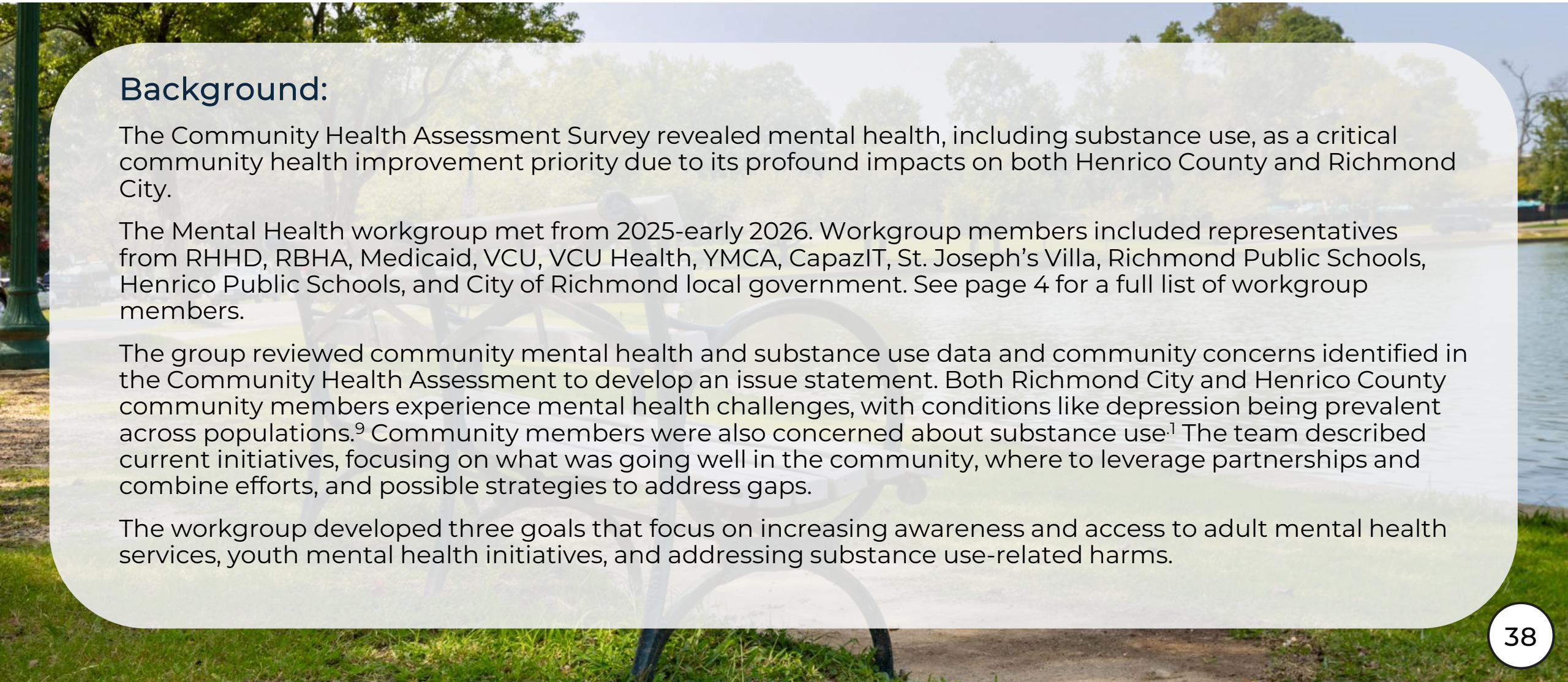
Strategies	By When	Resources Needed	Lead Organization
Strategy 5.1.2: RHHD Adolescent Health Team adapts YWCA Healthy Relationships Curricula to meet programming needs	October 2026	Staff, curriculums shared from YWCA	RHHD
Strategy 5.1.3: Implement education sessions with high school students	June 2027	Staff, adapted curriculum, education materials	RHHD
Strategy 5.1.4: Share lessons learned/ program results with YWCA	August 2027	Staff	RHHD

Objective 5.2: Community organizations with domestic violence prevention initiatives (ex: YWCA, REAL Life) will participate in at least one Trauma Healing Response Network (THRN) event per year starting August 2026.

Benchmarks and methods of measuring success: Events attended, community members reached

Strategies	By When	Resources Needed	Lead Organization
Strategy 5.2.1: THRN quarterly event planning	July 2026	Staff	THRN
Strategy 5.2.2: Quarterly CHIP newsletter includes upcoming THRN events	August 2026	Staff, newsletter	CHIP team, RHHD
Strategy 5.2.3: Community partners connect with THRN events/vendor requests	August 2027	Staff, newsletter	CHIP team, RHHD
Strategy 5.2.4: Community organizations share information directly with community members at THRN events	August 2027	Community partnerships	Community organizations, THRN

Health Priority 3: Mental Health (Including Substance Use)



Background:

The Community Health Assessment Survey revealed mental health, including substance use, as a critical community health improvement priority due to its profound impacts on both Henrico County and Richmond City.

The Mental Health workgroup met from 2025-early 2026. Workgroup members included representatives from RHHD, RBHA, Medicaid, VCU, VCU Health, YMCA, CapazIT, St. Joseph's Villa, Richmond Public Schools, Henrico Public Schools, and City of Richmond local government. See page 4 for a full list of workgroup members.

The group reviewed community mental health and substance use data and community concerns identified in the Community Health Assessment to develop an issue statement. Both Richmond City and Henrico County community members experience mental health challenges, with conditions like depression being prevalent across populations.[9] Community members were also concerned about substance use.[1] The team described current initiatives, focusing on what was going well in the community, where to leverage partnerships and combine efforts, and possible strategies to address gaps.

The workgroup developed three goals that focus on increasing awareness and access to adult mental health services, youth mental health initiatives, and addressing substance use-related harms.

Issue statement

Mental health challenges were a top concern for Richmond and Henrico community members.[1] Both Richmond City and Henrico County experience mental health challenges, with conditions like depression being prevalent across populations.[9]

Priority 3: Mental Health (Including substance use)

Goal 6: Increase access to adult mental health resources

Objective 6.1: City of Richmond's opioid task force (ROTF) mental health and substance use services map/resource guide will be published in 2026.

Benchmarks and methods of measuring success: Publication of resource page/map, number of mental health providers on page

Strategies	By When	Resources Needed	Lead Organization
Strategy 6.1.1: ROTF publishes resource page	August 2026	Staff	ROTF
Strategy 6.1.2: Share resource page updates with local mental health organizations	August 2026	Staff, newsletter	CHIP team/ RHHD
Strategy 6.1.3: Mental Health Workgroup team provides feedback and shares resource map with colleagues and community members	October 2026 initially, subsequently feedback is reviewed quarterly	Staff	Mental Health Workgroup

Priority 3: Mental Health (Including substance use)

Goal 7: Address substance use-related harms in Richmond and Henrico

Objective 7.1: RHHD will collaborate with Empower Henrico Task Force to support coalition efforts to address substance use in Henrico.

Benchmarks and methods of measuring success: Number of meetings, number of committees supported by RHHD staff, number of additional Naloxone sites

Strategies	By When	Resources Needed	Lead Organization
Strategy 7.1.1: Empower Task Force Meetings	Ongoing, bimonthly	Staff	Empower Task Force
Strategy 7.12: Expand Naloxone access in Henrico	October 2026	Staff, community partnerships, sites, materials	Empower Task Force, RHHD
Strategy 7.1.3: Community feedback, review possibilities for additional expansion	October 2027	Staff, community partnerships and community member feedback	Empower Task Force, RHHD

Objective 7.2: RHHD will collaborate with Richmond Opioid Task Force (ROTF) to support coalition efforts to address substance use in Richmond.

Benchmarks and methods of measuring success: Number of meetings, number of committees supported by RHHD staff, number of additional Naloxone sites

Strategies	By When	Resources Needed	Lead Organization
Strategy 7.2.1: Monthly ROTF Meetings	Ongoing, monthly	Staff	ROTF
Strategy 7.2.2: Expand Naloxone access in Richmond	October 2026	Staff, community partnerships, sites, materials	RHHD, ROTF
Strategy 7.2.3: Community feedback, review possibilities for additional expansion	October 2027	Staff, community partnerships and community member feedback	RHHD, ROTF

Priority 3: Mental Health (Including substance use)

Goal 8: Increase access to youth mental health resources

Objective 8.1: Distribute youth mental health resources to Richmond Public Schools (RPS) and Henrico County Public Schools (HCPS) families annually starting in 2027-2028 school year.

Benchmarks and methods of measuring success: Number of school partnerships, Number of families reached, mental health information shared at least once annually

Strategies	By When	Resources Needed	Lead Organization
Strategy 8.1.1: ROTF published mental health and substance use resource list/map - including youth section	August 2026	Staff	ROTF

Strategies	By When	Resources Needed	Lead Organization
Strategy 8.1.2: Share resource at school health tri-annual meetings with school wellness teams and School Health Advisory Boards	April 2027	Staff	RHHD, ROTF
Strategy 8.1.3: Develop plan with school health team on distributing mental health resources	July 2027	School partnerships, staff	RPS, HPS, RHHD
Strategy 8.1.4: Distribute mental health resource information	January 2028	Parent Square, Mental Health Resource Guide, community/ school partnerships	RPS, HCPS
Strategy 8.1.5: Update Mental Health Resource Guide annually	June 2028	Mental Health Resource Guide, staff	ROTF

Objective 8.2: By June 2028, expand RHHD mental health and substance use disorders education in at least one Richmond Public School (RPS) middle school as a pilot program.

Benchmarks and methods of measuring success: New school partnership, number of students reached, pre/posttests, adapted curriculum

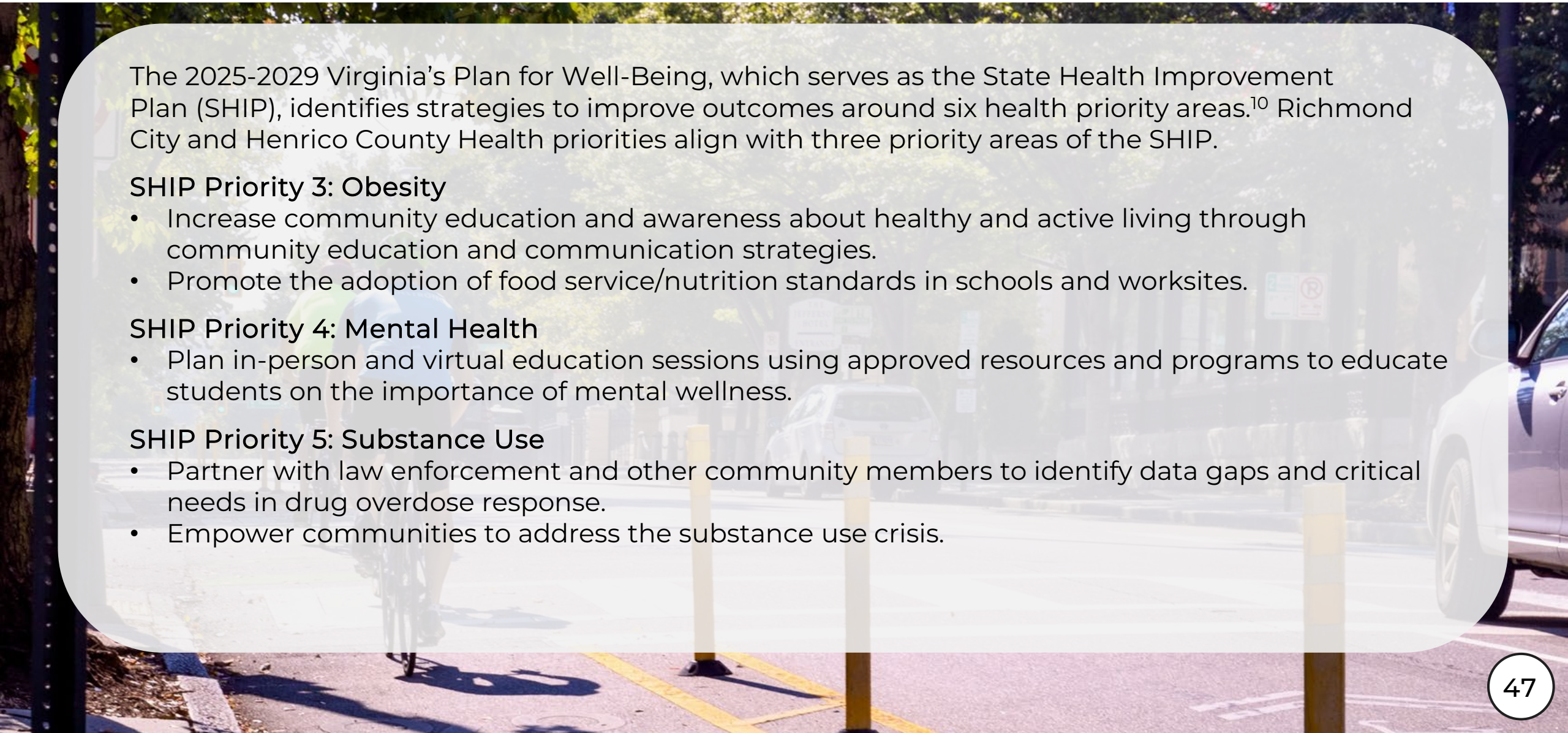
Strategies	By When	Resources Needed	Lead Organization
Strategy 8.2.1: RPS/RHHD meetings to determine pilot school and curriculum needs	August 2027	Staff, RPS partnership	RHHD
Strategy 8.2.2: Adapt mental health lunch and learn/ education curriculums to middle school needs	August 2027	Staff, curricula, materials	Adolescent Health Team
Strategy 8.2.3: Implement middle school mental health/substance use education sessions	June 2028	Staff, curricula, materials	RPS/ Adolescent Health Team
Strategy 8.2.4: Review student feedback/ pre-/post-tests to build upon initial curriculum	June 2028	Staff, curricula, materials	Adolescent Health Team

Objective 8.3: Strengthen partnership between RHHD WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) and Head Start to increase referrals for Head Start in the 2027 enrollment season to connect children with Head Start mental health supports and services.

Benchmarks and methods of measuring success: Head Start enrollment information pages distributed, number of outreach days

Strategies	By When	Resources Needed	Lead Organization
Strategy 8.3.1: RHHD connects with Head Start re: clinic outreach & participates in Head Start Advisory Board	December 2026	Staff	RHHD
Strategy 8.3.2: Head Start sends enrollment resources to local WIC offices	February 2027	Flyers, info sheets	Head Start
Strategy 8.3.3: Head Start outreach/ information in local WIC offices	June 2027	Staffing	RHHD (WIC), Head Start

Alignment: Virginia's Plan for Well-Being



The 2025-2029 Virginia's Plan for Well-Being, which serves as the State Health Improvement Plan (SHIP), identifies strategies to improve outcomes around six health priority areas.[10] Richmond City and Henrico County Health priorities align with three priority areas of the SHIP.

SHIP Priority 3: Obesity

- Increase community education and awareness about healthy and active living through community education and communication strategies.
- Promote the adoption of food service/nutrition standards in schools and worksites.

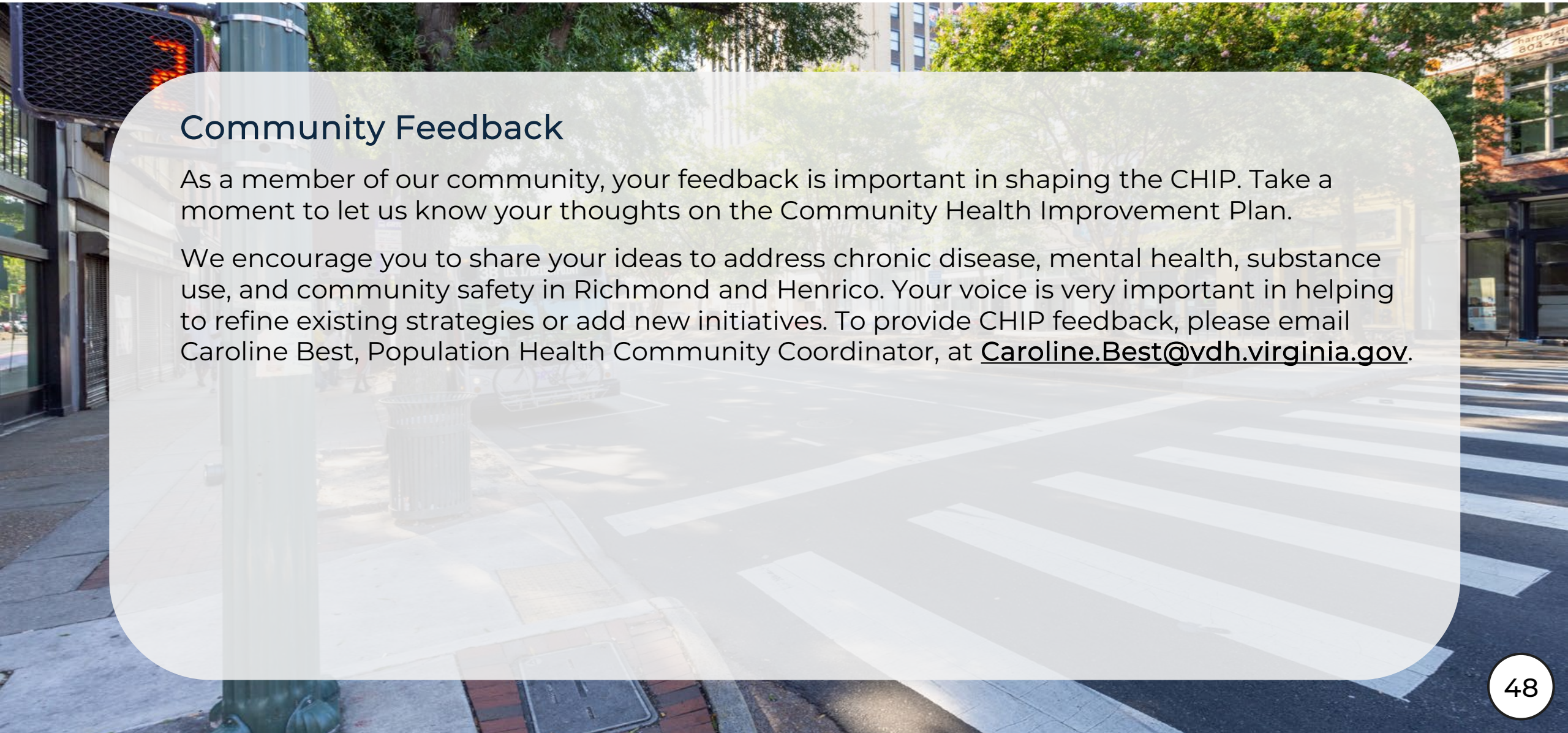
SHIP Priority 4: Mental Health

- Plan in-person and virtual education sessions using approved resources and programs to educate students on the importance of mental wellness.

SHIP Priority 5: Substance Use

- Partner with law enforcement and other community members to identify data gaps and critical needs in drug overdose response.
- Empower communities to address the substance use crisis.

Contact Us



Community Feedback

As a member of our community, your feedback is important in shaping the CHIP. Take a moment to let us know your thoughts on the Community Health Improvement Plan.

We encourage you to share your ideas to address chronic disease, mental health, substance use, and community safety in Richmond and Henrico. Your voice is very important in helping to refine existing strategies or add new initiatives. To provide CHIP feedback, please email Caroline Best, Population Health Community Coordinator, at Caroline.Best@vdh.virginia.gov.

References

1. Richmond City & Henrico County Community Health Assessment (2024). Available from: https://www.vdh.virginia.gov/content/uploads/sites/119/2025/04/2024-Richmond-and-Henrico-CHA-508.pdf.
2. U.S. Census Bureau. American Community Survey. 2024 ACS 5- Year Estimates Detailed Tables, Tables B02001 &B03002, Accessed on March 18, 2026.
3. U.S. Census Bureau. American Community Survey. 2024 ACS 5- Year Estimates Detailed Tables, Table B01001, Accessed on March 18, 2026.
4. Public Health Accreditation Board Glossary of Terms Version (2011). Available from: https://www.phaboard.org/wp-content/uploads/PHAB-Acronyms-and-Glossary-of-Terms-Version-1.02.pdf.
5. Minnesota Department of Health (2017). Tools and Templates for Assessment and Planning Assessment and Planning for Local Public Health. Available from: https://www.health.mn.gov/communities/practice/assessplan/lph/index.html.
6. The Community Tool Box: Center for Community Health and Development at the University of Kansas (2025). Available from: https://ctb.ku.edu/en.
7. University of South Carolina Organizational Excellence. Effort Impact Grid. Available from: https://sc.edu/about/offices_and_divisions/organizational_excellence/resources/facilitation/impact_effort_grid.php.
8. Virginia Department of Health (2023).Virginia Heart Disease Death Rate per 100,000 Population. Available at: https://public.tableau.com/app/profile/tableau.vdh/viz/shared/RQS94KKQ4.
9. Centers for Disease Control and Prevention (2025). PLACES: Local Data for Better Health: Compare Counties | PLACES | D. Retrieved from https://places.cdc.gov/?view=county&locationIds=51087.
10. 2025-2029 Virginia's Plan for Well-Being (2025). Available from: https://virginiawellbeing.com.

Glossary

Acceptability
The quality of being satisfactory and able to be agreed to or approved of

Alignment
A position of agreement

Benchmark Measures
How change in behavior, environment, and/or policy will be measured in implementation

Community Health Assessment (CHA)
Community health assessment calls for regularly and systematically collecting, analyzing, and making available information on the health of a community, including statistics on health status, community health needs, epidemiologic, and other studies of health problems.

Community Health Improvement Plan (CHIP)
Community Health Improvement Plan (CHIP) is a long-term, systematic effort to tackle the most important health priorities identified by the community. The CHIP is based on the results of the 2023-2024 RHHD CHA.

Feasibility
Possible to do easily or conveniently

Goals
Broad statements, describing a desired population condition of well-being

Health Priority
A health issue identified during the CHA process

Lead Organizations
Organizations and individuals who have agreed to facilitate the work

Objectives
Specific, measurable, achievable, relevant statements with a timeframe. Objectives specifically describe what your efforts are intended to accomplish and what change you hope to achieve. They help quantify the achievement of the goal.

Outcomes
Represents a specific result a program is intended to achieve

Resources Needed
The assets, materials, capabilities, or entities that are required to fulfill a need, achieve a goal, or provide support

Source
The location or organization where the data is being used originates from.

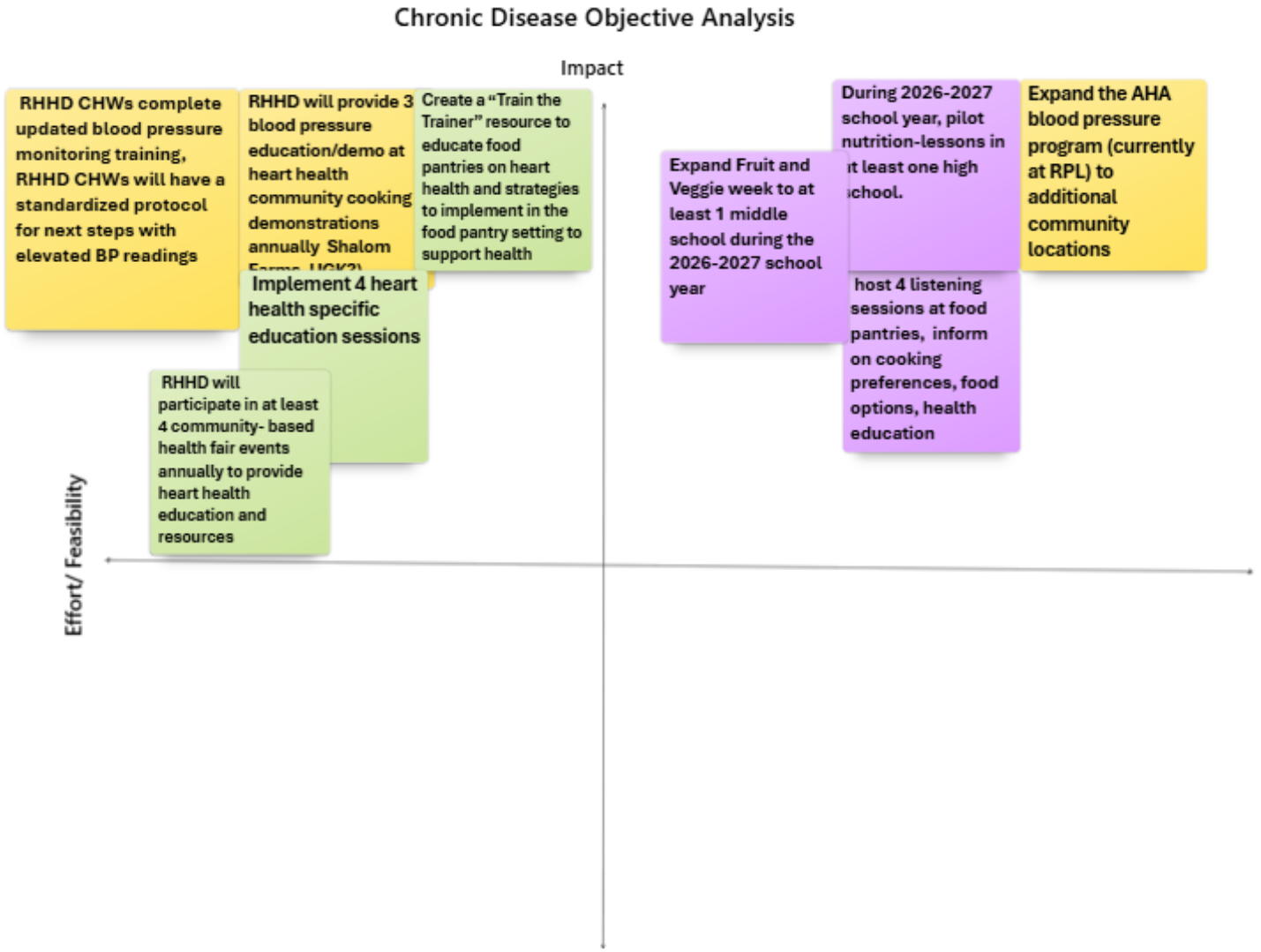
Strategies
A collection of tangible actions to be carried out that have a reasonable chance of achieving goals and objectives.

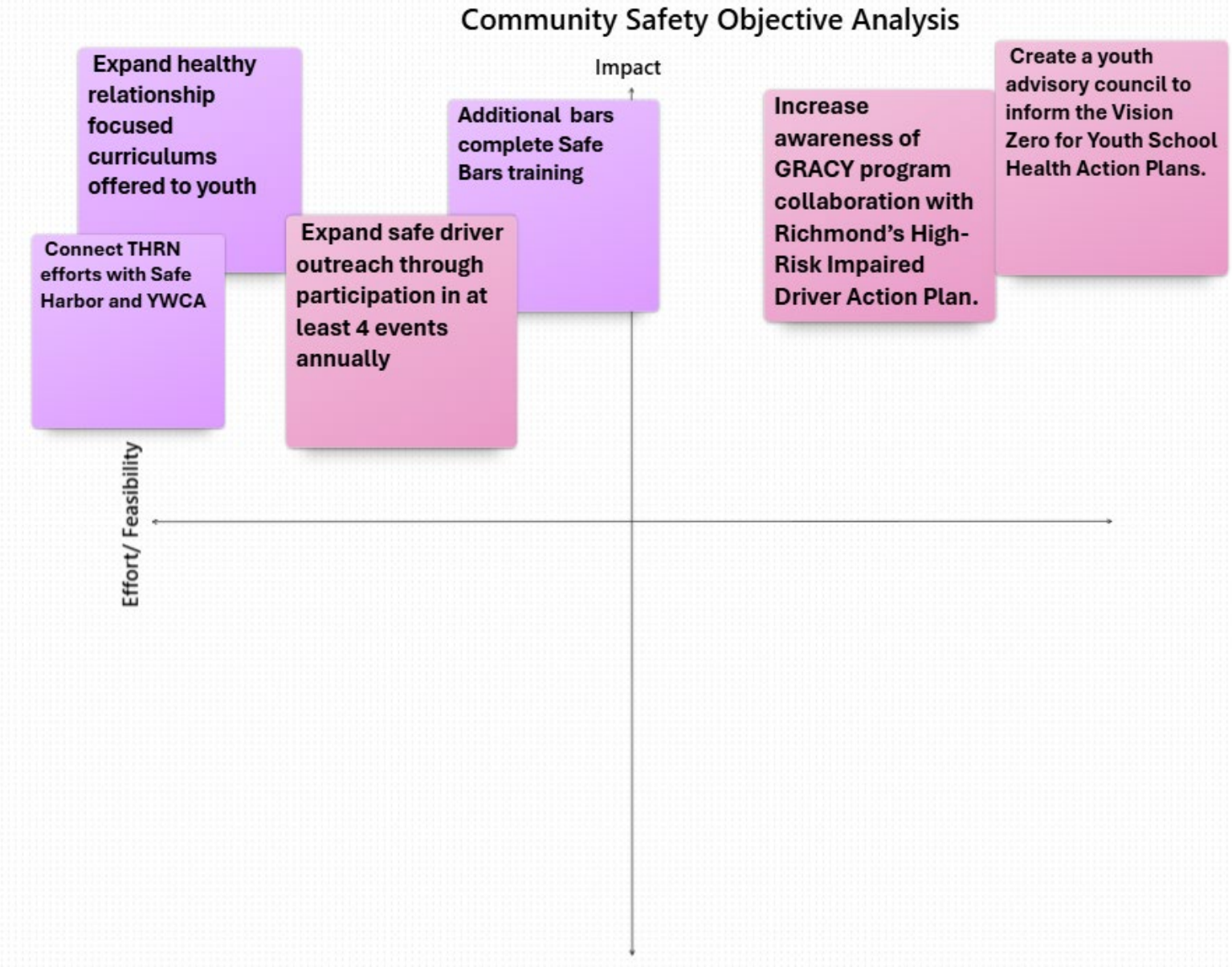
Timelines
Sets the parameters for when a strategy will be completed.

Workgroup
A group of people who work together on CHIP health priority areas

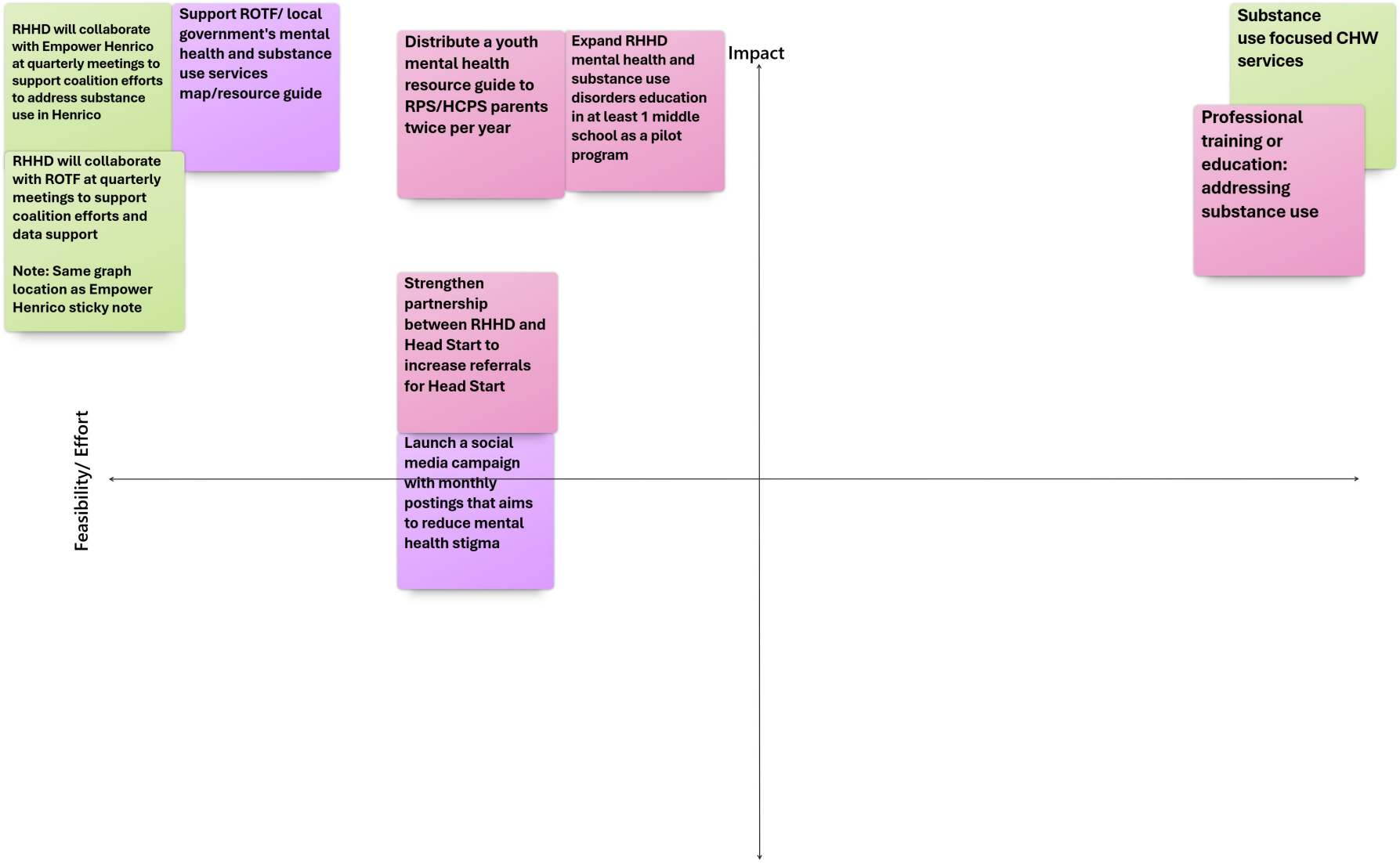
**Glossary adapted from Chickahominy Health District Hanover CHIP Report*

Appendix A: Effort Impact Matrices




Community Safety Objective Analysis
Impact
Effort/ Feasibility
Expand healthy relationship focused curriculums offered to youth
Additional bars complete Safe Bars training
Create a youth advisory council to inform the Vision Zero for Youth School Health Action Plans.
Increase awareness of GRACY program collaboration with Richmond's High-Risk Impaired Driver Action Plan.
Connect THRN efforts with Safe Harbor and YWCA
Expand safe driver outreach through participation in at least 4 events annually

Mental Health Objective Analysis



Appendix B: Steering Committee

Thank you to all the organizations and individuals for their contributions to the development of the 2025-2028 Richmond & Henrico Health Districts Community Health Improvement Plan.

Community Health Improvement Plan Steering Committee

Dr. Elaine Perry, Richmond & Henrico Health Districts
Deanna Krautner, Richmond & Henrico Health Districts
Dr. Melissa Viray, Richmond & Henrico Health Districts
Tamara Jones-Groves, Richmond & Henrico Health Districts
Justine Blincoe, Fit 4 Kids
Anna Back, Richmond & Henrico Health Districts
My'Kal Lofton, Shalom Farms
Katherine Werner, Richmond & Henrico Health Districts
Celeste Anderson, United Way of Greater Richmond and Petersburg
Virginia Slattum, Richmond & Henrico Health Districts
Cindy Pulido, Richmond & Henrico Health Districts
Ross Abrash, VCU Health
Candiece Bourne, Richmond Public Schools
Kerrissa Macpherson, Bon Secours Health System
Bryan Hooten, Richmond & Henrico Health Districts
Breanne Amburst, Neighborhood Resource Center

Appendix B: Steering Committee (page 2)

Thank you to all the organizations and individuals for their contributions to the development of the 2025-2028 Richmond & Henrico Health Districts Community Health Improvement Plan.

Community Health Improvement Plan Steering Committee

Alexander Chapman, Henrico Area Mental Health
Mike Walsh, Henrico County Mental Health & Developmental Services
Lorraine Wright-Jones, Richmond & Henrico Health Districts
Monica Kelley, City of Richmond – Richmond Opioid Task Force
Jelisa Turner, Henrico County Outreach & Engagement
Jackson Iglehart, Richmond & Henrico Health Districts
Bob Becker, Richmond & Henrico Health Districts





Facebook

Instagram

Website: rhhd.gov/cha

@richmondcity_hd

RHHD
RICHMOND & HENRICO HEALTH DISTRICTS

VDH VIRGINIA DEPARTMENT OF HEALTH