2022

# CHIP

## ASHTABULA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

YEARS 1-2 ANNUAL REPORT

# 2019-2021

Prepared by:

Ashtabula County Health Department

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# Executive Summary

The **Health Departments of Ashtabula County (HDAC)** Community Health Improvement Plan (CHIP) is a 3-year (2019-2022) **multi-sector, collaborative plan** designed to address two community-identified health priorities: 1) Mental Health & Addiction and 2) Chronic Disease. The Health Departments of Ashtabula County collaborates with 22 Lead Agencies, each with expertise in one of the priority areas, to plan and implement the CHIP strategies through the convening and coordination of CHIP Action Teams and Subcommittees.

In May 2022, the CHIP completed its **third year of implementation**. To evaluate progress and assess the year's activities, **Ashtabula County Health Department (ACHD)**, HDAC, Lead Agencies, and subcommittees completed an **annual review process** comprised of two main components: 1) An assessment and revision process for each of the CHIP strategies, and 2) A subcommittee survey to assess overall structure and function of the subcommittees tasked with CHIP strategy implementation. **This initial "annual" report covers two years (2019-2021) but subsequent reports will be done for each year.**

In addition to providing background on the structure, leadership, and community processes used for the development of the CHIP, this report contains the following components:

- Description of the **strategy assessment and subcommittee survey tools** used to support the annual review process
- Reflections on the **impact of the COVID-19 pandemic** on the CHIP strategies
- A **summary of the CHIP priority areas**, including long-term goals, notable highlights from CHIP year 1, and an updated list of partners
- Key **findings and recommendations** from the subcommittee survey to inform CHIP year 3 strategy implementation
- **Lessons learned** from the HDAC and the CHIP Lead Agencies

## Feasibility and Effectiveness of Strategies

Nalxone Kit distribution, Warmlines and mental health (virtual) trainings continued effectively throughout the pandemic. The Maternal and Child Health program was discontinued due to funding loss, and new avenues for tobacco cessation are still being explored since the demands of the former program put too great a strain on health department staff and resources. Health forums, farmer's market programs, and physical activity events, such as Longest Day of Play were cancelled during the pandemic.

As a result of the annual review process, the following strategy revisions were completed: 1) **Links to Cessation Support** added three new strategies to the three existing strategies, 2) **Smoke-free Policies** added three new strategies to five existing strategies, 3) **Community-**

**wide Physical Activity Campaign** added two strategies to the seven existing strategies, 4) **Community Health Workers** added two strategies to the two existing strategies, 5) **Health Care Access** made language revisions to one of their two strategies, and 6) **Improved Health Equity** added two new strategies to the three existing strategies.

A comparison between CHIP Year 2 and Year 3 strategies and a detailed breakdown of these revisions is included in Appendix A: CHIP Year 3 Strategies, pg. 20

# CHA & CHIP Background

## 2017-2018: Conducting the Community Health Assessment

In 2019, a Steering Committee comprised of various community stakeholders convened to conduct a Community Health Assessment (CHA). A mixed-methods, data-driven approach was utilized, including a Local Public Health Systems Assessment, Survey, Community Health Status Assessment, and a series of community member and stakeholder focus groups to gather mode detailed and contextualized feedback.

Data collected from the CHA process were compiled in a report and shared with the community through four listening sessions where participants identified four issues that most impacted their overall health and quality of life in Ashtabula County. The Steering Committee used a formula that weighted community feedback from the survey and listening sessions, and secondary data on the community's health status and behaviors to rank the seven community-identified priorities.

From this prioritization process, the community arrived at the following two priority areas for health improvement:

- **Mental Health and Addiction**
- **Chronic Disease**

Throughout the prioritization processes, the effects of **Social Determinants of Health and Prevention & Health Behaviors** were continually identified by the community as impacting health and overall quality of life. The Steering Committee determined that these areas would be the "lenses" through which the priority areas were addressed, and in which the strategies were chosen.

# 2017-2018: Community Health Improvement Plan Development

In 2018, community partners, with support from the Hospital Council of Northwest Ohio, used the **findings from the CHA to develop the 2019-2022 Ashtabula County CHIP**. Existing community partners and stakeholders formed broad, diverse planning groups to guide and inform the work of the plan. Community and environmental factors contributing to each of the four priority areas were identified, and long-term goals were developed. Partners then worked to identify possible community strategies to impact the long-term goals.

| Action Team | Lead Agency |
|---|---|
| **Mental Health & Addiction** | Ashtabula County Mental Health & Recovery Board |
| **Chronic Disease** | Health Departments of Ashtabula County |

When the 2019-2022 CHIP was completed in September 2018, the two planning committees transitioned into **Action Teams** to support each of the priority areas, and the lead coordinators of those Action Teams became the **Lead Agencies**. The Lead Agencies have agreed to take on the responsibility of convening the teams, assigning work as necessary, holding participants accountable for strategy level work, and reporting information to Ashtabula County Health Department and the CHIP Steering Committee. Due to the number of strategies and partners involved, Action Teams are further broken down into **Subcommittees** dedicated to accomplishing specific strategies within their respective priority areas. A graphic illustrating the structure of the CHIP is included in the next page.

### Health Department Role in the CHIP

The Health Departments of Ashtabula County provide **backbone support** to the CHIP, including providing technical assistance to CHIP Action Teams and Subcommittees, raising resources, conducting evaluations, and ensuring the sustainability of the plan. HDAC has an interest in the welfare of Ashtabula County, in addition to the wellbeing of everyone in the community. Its mission is to prevent disease, promote wellness, and protect and improve the environment in Ashtabula County. HDAC's dedicated staff works to prevent epidemics and the spread of disease, protect against environmental hazards, prevent injuries, promote and encourage healthy behaviors, respond to disasters, assist communities in recovery, and assure the quality and accessibility of health services.

A more detailed summary of the CHIP leadership and structure, including specifics on the overall approach guiding the plan is included in Appendix B: CHIP Leadership and Structure, pg. 22.

## CHIP Structure

Provides guidance and strategic oversight for the direction and Implementation of the CHIP

| Steering Committee | *Overarching leadership* |
|---|---|

| Health Departments | *Backbone Support* |
|---|---|

Provides technical assistance, raises resources, conducts evaluation, and ensures overall sustainability of the CHIP

### Action Teams & Lead Agencies

Action Teams address the two CHIP priority areas. Lead agencies are local organizations that coordinate each of the Action Teams. The Agencies were selected based on subject-matter expertise and capacity to lead the work.

# Annual Review Process

## Strategy Assessments

Throughout CHIP Years 1-2, Action Teams submitted quarterly progress reports to the HDAC noting progress, needs, and the status of each CHIP strategy. An important aspect of the annual review process involves the HDAC, Lead Agencies, and subcommittees working collaboratively to reflect upon progress made, and revise the 3-year strategies, if needed. In the first year of the plan, the HDAC team developed a strategy assessment tool to guide this process. This year, HDAC utilized a modified and updated version of the original strategy assessment tool, the updated version included the following components:

- **CHIP Year 1-2 Progress:** Compilation of the strategy's status, and progress reports submitted for Year 2
- **Strategy Implementation**: Guiding questions to assess overall strategy implementation, including effectiveness, priority, community assets, and impact on the three CHIP lenses: Prevention, Health Behaviors, and Social Determinants of Health
- **Strategy Revisions (if applicable):** A subcommittee survey to assess overall structure and function of the subcommittees tasked with CHIP strategy implementation or be placed on hold for Year 3. Guiding questions to determine and justify if the strategy needs to be modified, combined with another strategy, or be placed on hold for Year 3
- **Long-Term Goal Alignment:** Indication of which CHIP long-term goal(s) the strategy addresses

The results of the strategy assessments, including the updated CHIP Year 3 strategies for each priority area can be found in Appendix A: CHIP Year 3 Strategies, pg. 20

## Subcommittee Survey

To operationalize the work, each Action Team convenes several subcommittees assigned to specific strategies within the plan for implementation. Subcommittees are composed of 5 to 20 partners and are often led by organizations other than the Lead Agencies. To assess the overall structure and function of the subcommittees across the CHIP, the HDAC developed a subcommittee survey containing questions in the following categories: 1) Structure, vision, and make-up, 2) Communications, 3) Roles and Alignment of Activities, 4) Strategy Implementation, and 5) Broad CHIP Alignment.

A summary of the survey results, key findings, and recommendations is included in the Subcommittee Survey Findings section, pg.17

# Impacts of the COVID-19 Pandemic

The pandemic has highlighted the importance of multi-sector, collaborative work that responds to the changing times and community context. The pandemic has also shown **community strength lies in its community partnerships** together addressing big challenges. The CHIP partners have demonstrated creativity and perseverance throughout this year, and in many ways, the collaborations and partnerships established through the CHIP have supported the community's response to COVID-19.

Though the pandemic has changed the implementation timelines for almost all strategies in the plan, it has not changed the Action Team's **commitment to the long-term goals**. Below are some of the ways in which the CHIP Action Teams and Subcommittees have refocused, and tailored their work to our current community context:

- The pandemic posed several challenges for the **Chronic Disease** Action Team including a drop in participation, the loss of key health department staff, and with health department and hospital representatives as leads, the team was pulled away to focus almost exclusively on COVID-19 reduction and mitigation efforts. On April 20, 2022, HDAC presented a call to participate in IPOD, which resulted in three new organizations pledging to participate.
- **Mental Health & Addiction** Action Team continued to meet to address multiple initiatives throughout the COVID-19 pandemic.
- Considering the HDAC's central role in responding to the COVID-19 pandemic, the Ashtabula County Health Department **formed a QI Coordinator position** to increase planning capacity and implementation support to the CHIP Lead Agencies, Action Teams, and Subcommittees.

# Goals, Progress Highlights, and Partners


**Lead Agency:**
**Ashtabula County Mental Health & Recovery Services**

In 2011, Ashtabula County service providers formed the Prevention Coalition, a collaborative group to address mental health, addiction and suicide priorities in the county. Considering the priorities and partners involved, the PC was perfectly positioned to then transition as the CHIP **Mental Health & Addiction** Action Team, with the Ashtabula County Mental Health and Recovery Services serving as the Lead Agency.

In CHIP Year 1-2, the **Mental Health & Addiction** Action Team continued to engage several community sectors and organizations interested in **improving mental health and addiction outcomes**, in areas including Naloxone Access, safe disposal of prescription drugs, increase awareness of suicide, improve mental health outcomes, and improve social competence, behavior, and resiliency in youth.

## 2019-2022 Mental Health & Addiction Long-Term Goals

- Increase awareness of free naloxone distribution sites by October 1, 2022
- Have at least one prescription drug take-back day annually
- Provide at least three Gatekeeper trainings annually
- Facilitate an assessment on awareness and understanding of trauma-informed care at least once a year
- All school districts will have at least one school-based alcohol/other drug prevention program by October 1, 2022.
- Train at least two individuals in PAX tools by October 1, 2022

### Year 1-2 Highlights

The bulleted list below includes highlights from the **Mental Health & Addiction Action Team** during Quarter 4, 2019 through Quarter 3, 2022.

- **Signature Health** started a Dual-Diagnosis Peer Education & Support Group every Friday at 3:30pm—open to the community

- ACMHRS has started a **PAX Good Behavior Newsletter** to share information and tools with teachers for classroom improvements.

- ACMHRS videos **Compassion Fatigue and the Disease of Addiction** are complete, and will be put on jump drives. They will be distributed to all first responders and other interested individuals

- Catholic Charities holds **Opening Doors** (ten-week parenting class) and **Getting Ahead** (16 session workshop assisting those who wish to rise out of poverty)

- 10-week **Celebrating Families** program (evidence-based curriculum for families with substance use disorder) held at Community Counseling Center

- Close to 350 Ashtabula County school staff trained in the **PAX Good Behavior** Game

- **P.A.R.T. Conference** (substance abuse and mental health prevention, awareness, recovery and treatment for Professionals) is held virtually throughout the month of October

- Staff in one school district was recently trained in the **Signs of Suicide** program.

- Ashtabula County Health Department held **NARCAN training** and distribution 2/20/2020
- Participated in **Drug Take Back Days**, and coordinate distribution of drug-disposal bags, and continuing public education activities
- Over 500 **NarCan** kits have been distributed by ACMHRS, ACHD, and partners

## Mental Health & Addiction Partners

The list below includes community-based organizations and groups that have contributed to advancing the goals and strategies of the CHIP Mental Health & Addiction Action Team.

**Table 1. Mental Health & Addiction Partners**

| |
|---|
| Ashtabula County Mental Health & Recovery Services |
| Ashtabula County Health Department |
| Ashtabula City Health Department |
| Conneaut City Health Department |
| Catholic Charities of Ashtabula County |
| Community Counseling Center of Ashtabula County |
| Family Planning Association |
| Lake Area Recovery Center |
| Signature Health |
| University Hospitals Conneaut/Geneva Medical Center |
| YMCA of Ashtabula County |

## Chronic Disease

**Lead Agency: Health Care/Public Health**


The CHIP **Chronic Disease** Action Team is composed of health systems, and those seeking to **decrease chronic disease in Ashtabula County**. In year 3, additional partnerships and collaborations have been established with health departments and hospitals to advance the strategies under the plan.

## 2019-2022 Chronic Disease Long-Term Goals

- Prescriptions for Physical Activity
- Hypertension screening and follow-up
- Diabetes Prevention Program and prediabetes screening & referral

- Implement a Health Choices Campaign
- Decrease the percentage of third graders considered obese from 36.3% to 34% in 2019
- Decrease the percentage of Ashtabula County Head Start preschoolers considered obese from 14% to 12% in 2019

### Year 1-2 Highlights

The bulleted list below includes highlights from the **Chronic Disease Action Team** during Quarter 4, 2019 through Quarter 3, 2021.

- Implement an **Exercise Prescription Program** into two additional primary care offices by October 22, 2022
- Provide at least two free/reduced cost hypertension events annually
- **Help Me Grow Program** provided services for expectant mothers, newborns, infants and toddlers up to age 3
- **Adolescent Health and Resiliency** includes after school programs on nutrition, physical activity, dating violence, smoking and drug abuse prevention and safety
- July 10, 2019 completed **Health Assets & Resources List**
- Children who regularly attend childcare at the YMCA will receive a **gratis youth membership**

## Chronic Disease Partners

The list below includes organizations and groups that have contributed to advancing the goals and strategies of the CHIP Chronic Disease Action Team.

**Table 2. Chronic Disease Partners**

| |
|---|
| Ashtabula County Health Department |
| Ashtabula City Health Department |
| Conneaut City Health Department |
| Ashtabula County Department of Job & Family Services |
| Ashtabula County Medical Center |
| Catholic Charities of Ashtabula County |
| Family & Children First Council |
| OSU Extension |
| University Hospitals Conneaut/Geneva Medical Center |
| YMCA of Ashtabula County |

# Subcommittee Survey Findings

To operationalize the CHIP strategies, the four Action Teams host several **subcommittees assigned to one or more specific strategies** within the plan. Subcommittees are composed of members from varying community sectors interested in advancing the goals and strategies under each of the priority areas.

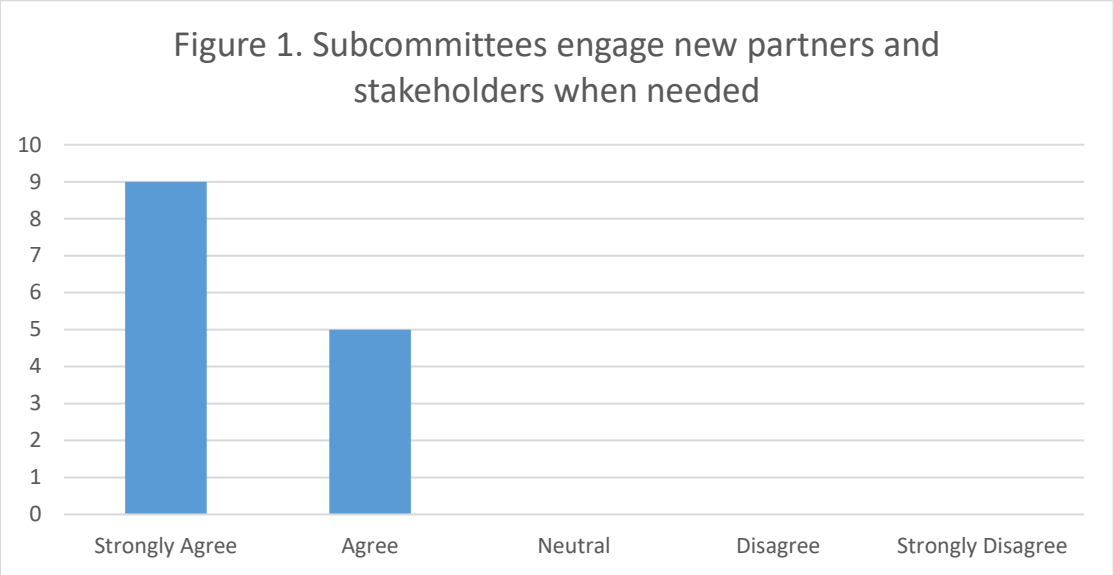
As part of the Annual Review process, subcommittee members and conveners, were asked to participate in a survey to assess overall subcommittee function, including: 1) Structure, vision, and make-up, 2) communications, 3) roles and alignment of activities, 4) strategy implementation, and 5) broad CHIP alignment. The sections below outline the survey findings and offer recommendations and next steps to inform CHIP Year 3 implementation.

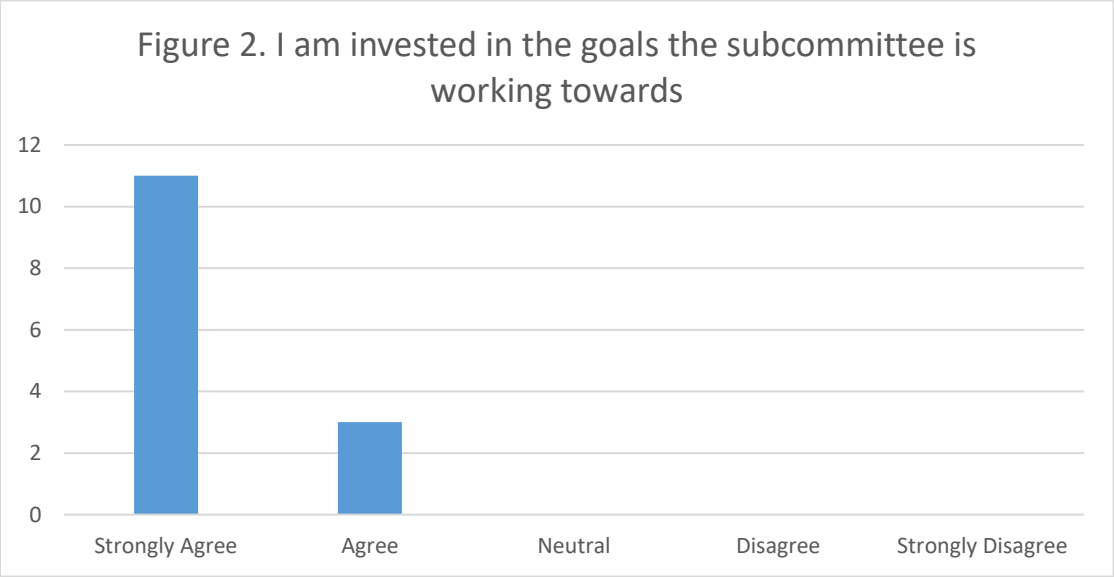
## Subcommittee Structure, Vision, and Make-Up

Each CHIP subcommittee was asked to have at least 2-3 members participate in the survey. Participants could include the subcommittee members, conveners, or lead agency representatives. A total of **14 subcommittee participants** completed the survey. The chart below illustrates the percent of participants that completed the survey from each action team: Mental Health & Addiction (6) and Chronic Disease (8).

Half of subcommittee participants (50%) expressed they formally met as a subcommittee **once a month,** and 50% of participants **followed-up on action items** with other members in between formal meetings, which suggests work is progressing outside of formal meeting times.

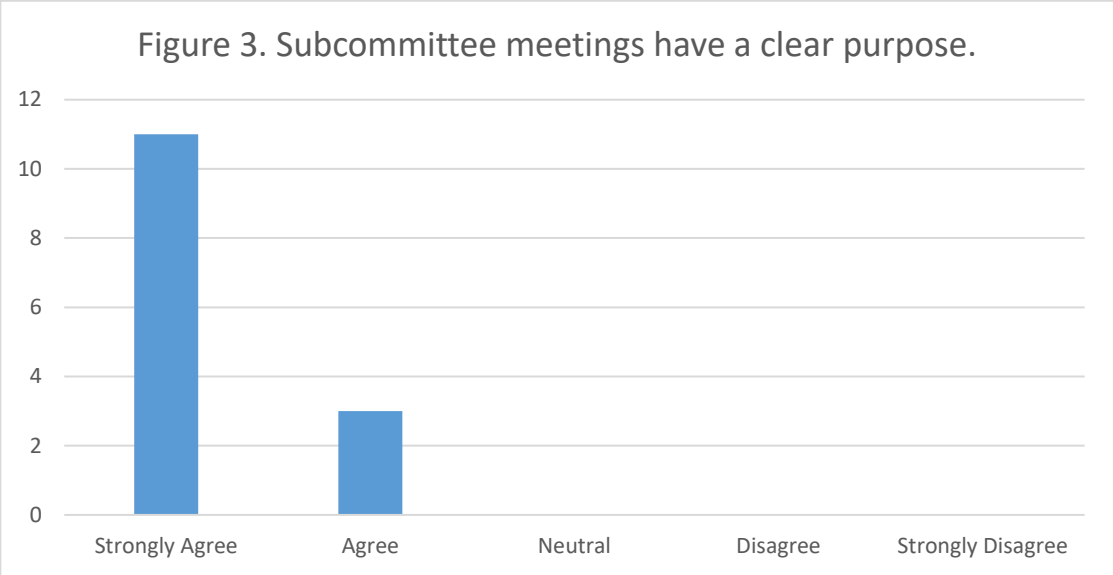
In terms of subcommittee make-up, 100% of survey participants agreed or strongly agreed the subcommittee **engaged new partners and stakeholders** when needed (Figure 1). 100% participants agreed or strongly agreed the members in the subcommittee were **invested in the goals** they were working towards (Figure 2).



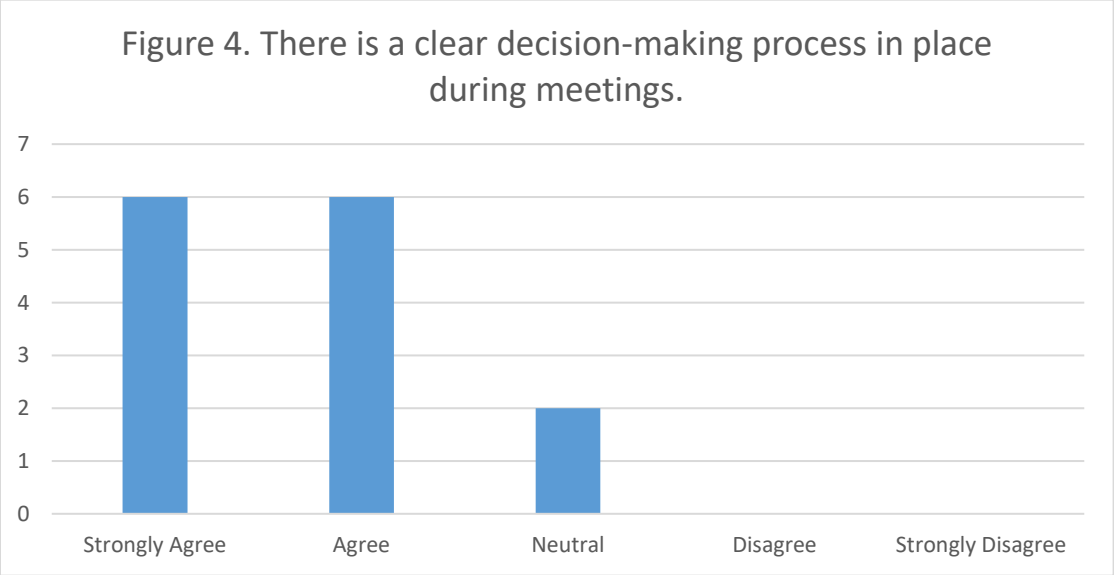



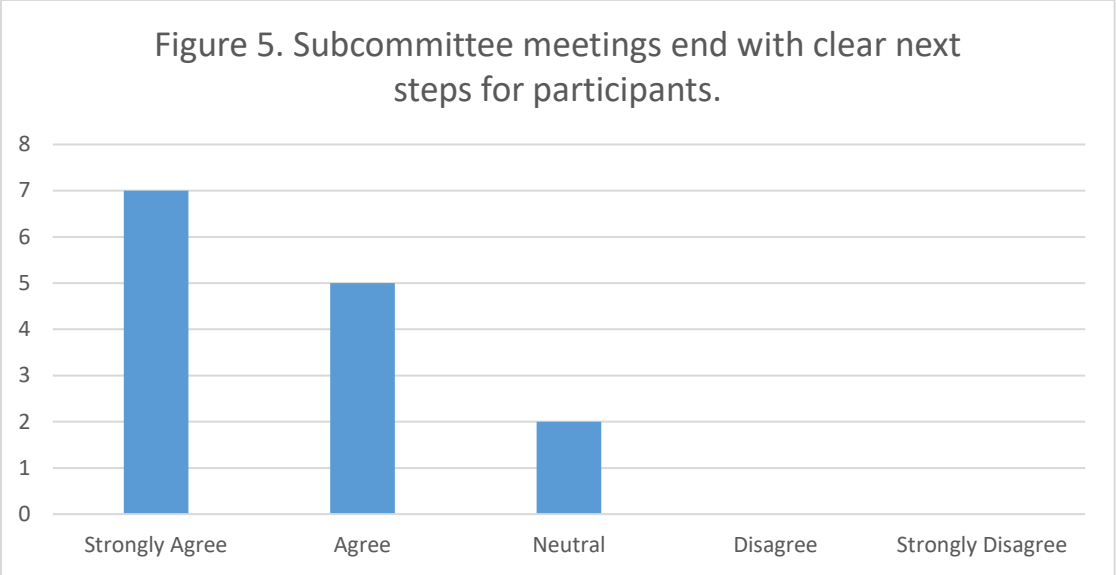
## Communications

Due to the number of strategies and organizations involved, ongoing communication among partners is crucial to the success and sustainability of the plan. The survey included five questions regarding subcommittee communications during and in-between meetings. Overall, survey participants (100%) agreed or strongly agreed subcommittee **meetings have a clear purpose** (Figure 3).



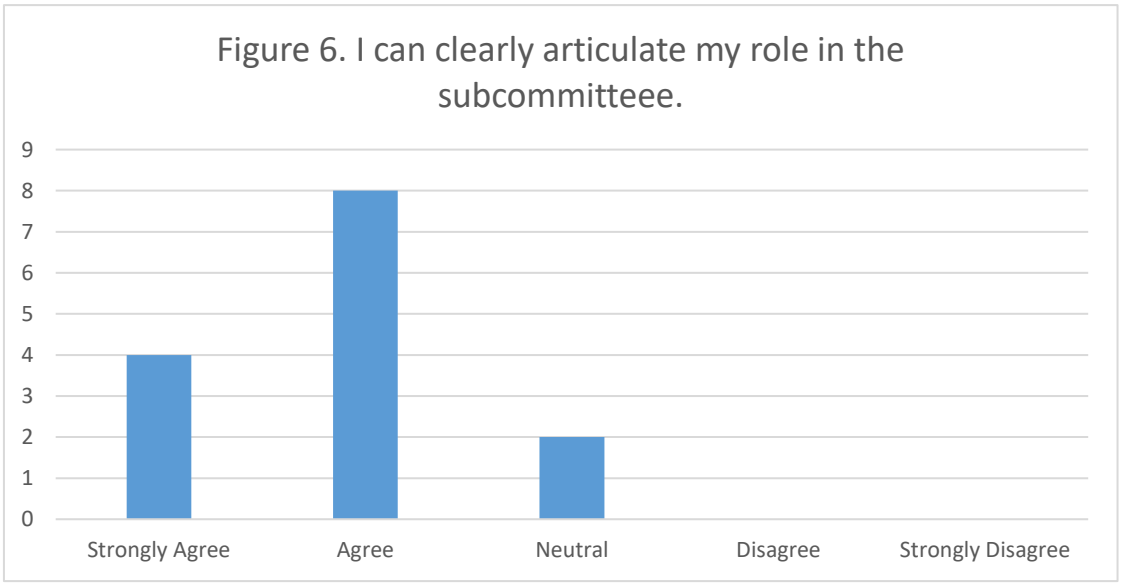

Additionally, 86% of participants agreed or strongly agreed there is a clear **decision-making process** in place during meetings, while 14% were neutral (Figure 4). Lastly, most participants (86%) also expressed agreement that subcommittee **meetings end with clear next steps** for participants (Figure 5).



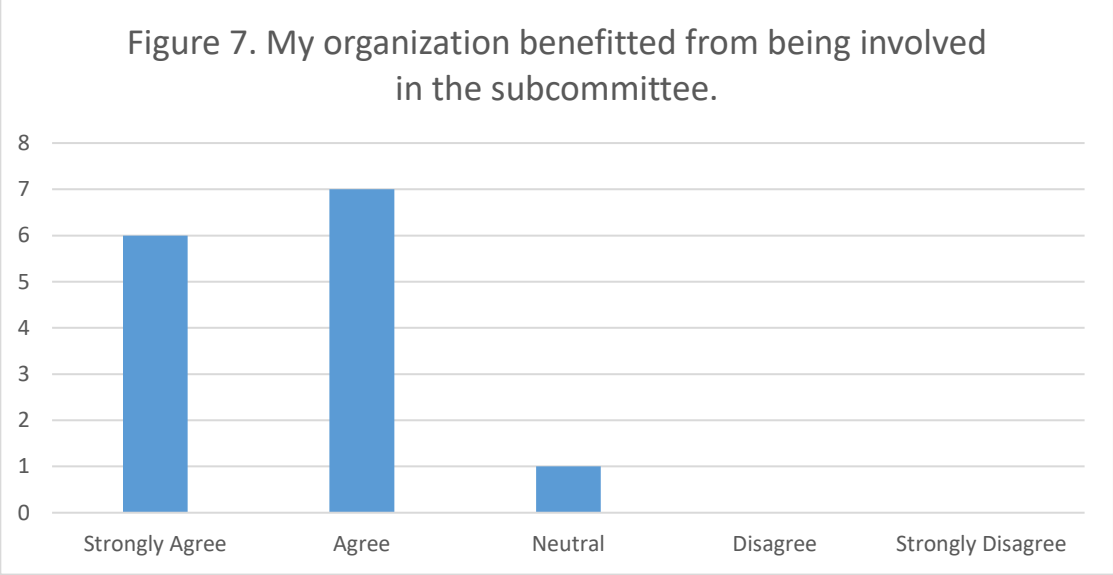


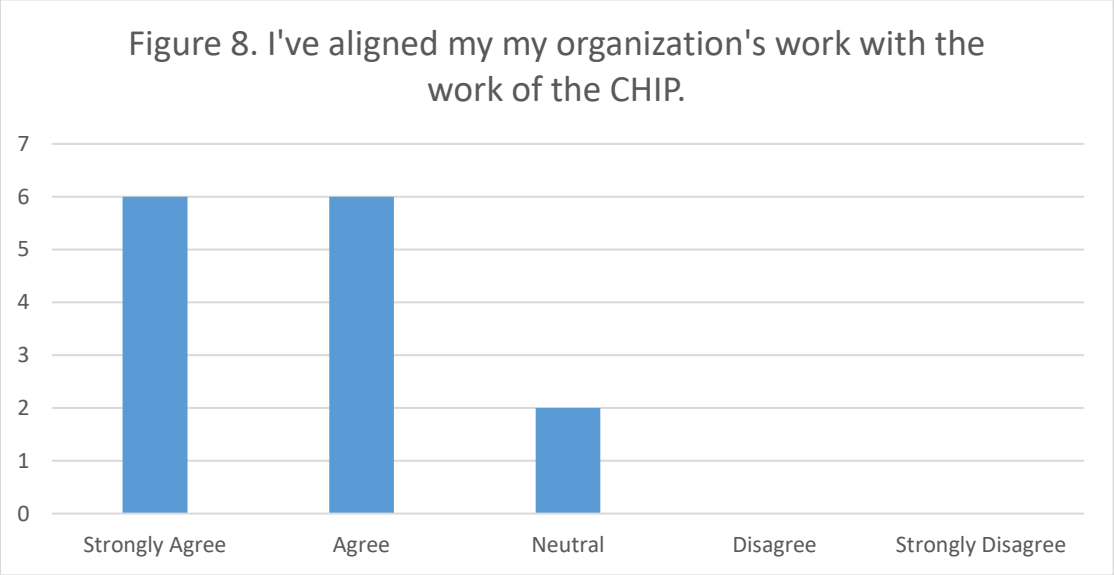

## Roles and Alignment of Activities

The survey included four questions regarding roles and activity alignment among the partners and organizations involved. From the subcommittee members that participated, 86% of them agreed or strongly agreed they could **clearly articulate their role** in the subcommittee, while 14% disagreed or had no opinion (Figure 6).



93% of participants agreed or strongly agreed their organization had **benefitted from being involved** in the subcommittee, while about 7% were neutral (Figure 7). About 86% of participants agreed or strongly agreed partners had **aligned their organization's work with the work of the CHIP** (Figure 8).




## Strategy Implementation

Subcommittees are tasked with turning the strategy(s) into action, this section included two questions to understand overall implementation across subcommittees. When asked if the subcommittee had an **active action plan**, 14% of participants indicated their subcommittee was still in the assessment and planning phases, while 86% of participants indicated they did have an active action plan for implementation

## Broad CHIP Alignment

While each subcommittee focuses on one or two strategies, their work is an important piece of the larger CHIP which includes other priority areas and three CHIP lenses (Health Behaviors & social Determinants of Health). When asked whether the **two CHIP lenses** were being considered in the application of their subcommittee's work (50% strongly agreed; 43% agreed; 7% were neutral) (Figure 9). Additionally, only 71% of participants strongly agreed or agreed they had a good understanding of what the **other CHIP action teams** were working on (Figure 10).

Figure 9. The two CHIP lenses were considered in application of subcommitte's work.

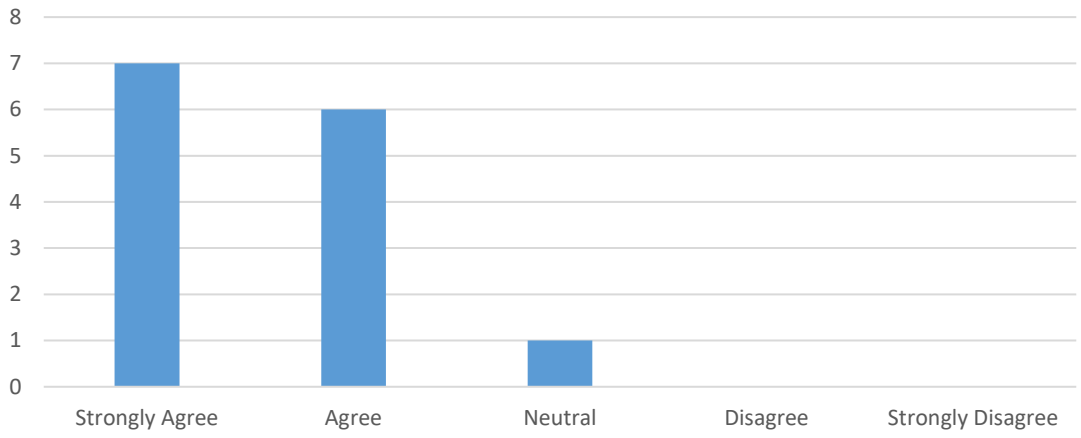
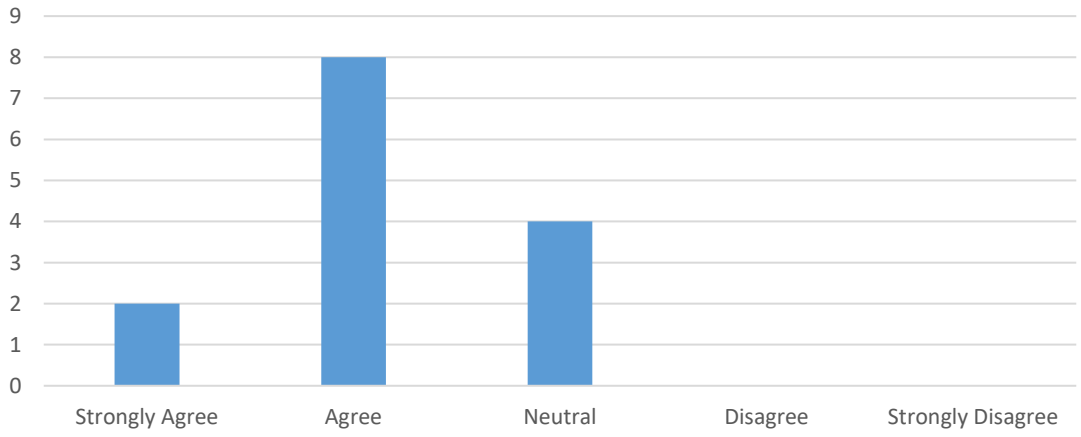



Figure 10. I have a good understanding of what other chip teams are working on.



# Key Findings and Recommendations

| Key Findings | Recommendations |
|---|---|
| **Strengths**<br>• Mental Health & Addiction Subcommittee had regularly scheduled formal meetings that serve a specific purpose or objective<br>• Subcommittee members are invested in their strategies, and include new partners and stakeholders to advance the work when needed<br>• Most participants expressed their organization had aligned their work to the work of the CHIP<br>• Most participants also expressed their organization had benefitted from being involved in the CHIP | • Increase communication across CHIP Action Teams and Subcommittees about current initiatives, progress, and accomplishments<br>• Chronic Disease subcommittee needs to recruit additional lead agencies outside of healthcare and public health in order to ensure continuity during a health-related emergencies<br>• Provide opportunities for cross- sharing of resources, best practices, and lessons learned across CHIP Action Teams and Subcommittees, specifically for strategies that closely align<br>• Establish a process and mechanism to further define and evaluate the application of the two CHIP lenses across all levels of the CHIP<br>• When possible, Lead Agencies and conveners should discuss the roles of subcommittee members, including expectations and opportunities for involvement on specific tasks, projects, etc. |
| **Areas for Improvement**<br>• Though subcommittee members are invested in the work, some expressed they could not clearly describe their specific role<br>• Chronic Disease subcommittee challenges developed in the onset of the COVID-19 pandemic pulling away members who worked in healthcare/public health<br>• The application of the two CHIP lenses to the plan's strategies is not clearly defined at the subcommittee level<br>• Some participants expressed not being aware of the other CHIP action team's strategies and initiatives | |

## HDAC & Lead Agency Lessons Learned

CHIP Year 1-2 have solidified the importance of **strong core partnerships** that maintain **momentum and commitment** to the plan's goals and strategies, despite external disruptions. These core partnerships, both between the HDAC and Lead Agencies, and between Lead Agencies and their respective subcommittees serve as the foundation for the CHIP. Below are factors identified by the Lead Agencies and HDAC, which have contributed to the continued momentum experienced throughout CHIP:

- **Memorandums of Understanding (MOUs)** between HDAC and the Lead Agencies, and at times between the Lead Agencies and Subcommittee conveners to define expectations
- **Consistent communication and reporting mechanisms**, including: 1) Quarterly progress reports, 2) Lead agency check-in meetings, 3) CHIP Steering Committee meetings, and 4) Establishing a comprehensive annual report and review process
- **A common agenda and shared mission alignment** to the goals and strategies of the CHIP among participating organizations
- **Backbone and coordination support** such as HDAC and Lead Agency representatives, to provide staffing, resources, and skills to convene and coordinate work among participating organizations
- **Funding and resource sharing** across organizations to support the plan's initiatives and ensure sustainability

In reflecting on CHIP Year 1-2, HDAC and Lead Agencies identified the following areas of focus going into Year 3 of implementation: 1) Consistent communication and reporting, both to the community and within the CHIP groups, and 2) Resource sharing across organizations involved in CHIP work. HDAC and Lead Agencies have discussed opportunities to improve the internal reporting processes so that milestones and progress made throughout the year can be more easily shared and communicated across CHIP partners, and throughout the community. The core CHIP team has also started discussing opportunities to maximize efforts by aligning work and partnerships with other CHIP teams and subcommittees of similar or overlapping focuses.

In CHIP Year 3, CHIP Action Teams and Subcommittees are looking forward to building upon the capacity-building, planning, and assessment that has occurred in the last two years of CHIP to further support implementation, strengthen collaborations, and continue to adapt to the community's needs and context.

## CHIP Sponsors

Thank you to our community partners and sponsors for without their **continued support and contributions** year 1-2 of the CHIP would have not been possible:

- Ashtabula County Health Department
- Ashtabula City Health Department
- Conneaut City Health Department
- Ashtabula County Children Services
- Ashtabula County Commissioners
- Ashtabula County Community Action Agency
- Ashtabula County Families and Children First Council
- Ashtabula County Department of Job & Family Services
- Ashtabula County Medical Center
- Ashtabula County Mental Health & Recovery Services
- Ashtabula Regional Home Health Services
- Ashtabula County YMCA
- Catholic Charities of Ashtabula County
- Community Counseling Center
- Country Neighbor Program
- Edgewood Nazarene Church
- Family Planning Association
- Kent State-Ashtabula
- Lake Area Recovery Center
- OSU Extension
- Signature Health
- The Center for Health Affairs
- University Hospitals Conneaut Medical Center
- University Hospitals Geneva Medical Center

# Appendix A: CHIP Year 3 Strategies

The Lead Agencies in collaboration with HDAC worked with subcommittees and partners to evaluate CHIP Year 1-2 progress and revise their specific strategies to inform Year 3 implementation. The **revised strategies** under each of the priority areas are listed in the column titled CHIP Year 3 below, changes or new additions are noted in bold.

## Prevention and Health Behavior Strategies

| CHIP Year | CHIP Year 3 |
|---|---|
| 224 Naloxone Kits Distributed- efforts expanded from just the Health Department to Treatment Agencies, Churches and 1st Responders—who began a "leave behind" program which allowed them to leave naloxone at the site following a nonfatal overdose. | 466 Naloxone Kits Distributed between Health Department, Treatment Agencies, First Responders and churches. Expanded the number of organizations distributing Naloxone |
| Around 500 Deterra Medication Disposal Bags were distributed to Ashtabula Co. Seniors through services provided by Country Neighbor. Deterra Bags were also distributed with Naloxone Kits. | Over 500 Deterra Bags were distributed, directed toward Senior Citizens in Ashtabula County |
| Mental Health First Aid and Question, Persuade, Refer (suicide prevention gatekeeper trainings) began being offered Virtually | Mental Health First Aid and Question, Persuade, Refer trainings continued to be offered virtually, and started to be offered in person toward the end of 2021. |
| Suicide Postvention Training provided with Dr. Frank Campbell—Local Outreach to Suicide Survivors. | Provided "Thinking of you" care packages to seniors in south county—filled with care line information and outreach materials as a way to show seniors we are thinking of them, and let them know to reach out if they need help. |
| Initiated a campaign asking area residents to send greeting cards to Country Neighbor that they could distribute to seniors when they drop off meals. | Overdose Deaths in 2021 decreased by 30.7% |
| Botvin LifeSkills programs began to be offered virtually in many school districts | Prevention Education: Catch My Breath (in-person or virtual) Trauma Informed Care trainings (virtual) Botvin Lifeskills (in person) |
| Around 100 additional school staff attended various PAX trainings (PAX GBG, Heroes…) | Maintained drug take back days through University Hospitals and CEAAC Task Force |
| Wellness checks at businesses | Women's health screenings in workplaces |

## Social Determinants of Health Strategies

| CHIP Year 2 | CHIP Year 3 |
|---|---|
| The Quick Response Team started back up in later 2020, continuing with Naloxone Distribution—Responded to 205 Non-Fatal Overdoses | Quick Response Team responded to 285 Non-fatal overdoses in 2021 |
| Mental Health and Recovery Services Board website provided Behavioral Health Screening Tools—expanded awareness of these tools through social media. | Treatment Agencies provided staff to be trained in Community Reinforcement and Family Training (CRAFT)—a training for Concerned Significant others wanting to get their loved on into treatment. |
| ACMC build depression screening tool into their EHR | Expanded Prevention Services to a team of providers, as opposed to one prevention specialist |
| 10+types of Support Groups provided | University Hospitals & Ashtabula County Medical Center began initiating Buprenorphine in the ED and linking patient to treatment with area providers. |
| Warmlines and Crisis textlines promoted for Healthcare workers and Community members | MHRS Board updated Prescription drop-box brochure |
| Prevention Education: Catch My Breath (in-person or virtual) Trauma Informed Care trainings (virtual) Botvin Lifeskills (in person) | Distributed COVID Careline Materials to agencies, libraries, Drs. Offices |
| Increase the focus of chronic diseases by decreasing the number of strategies | Increase the focus of chronic diseases by decreasing the number of strategies |
| Tobacco policy for the IPOD | Tobacco policy for the IPOD |
| Improve transportation options | Work with libraries on hosting telehealth appointments |
| Work with physicians to implement Prescriptions for Physical Activity into office visits | UH/ACMC posted prescriptions for physical activity on their websites |

# Appendix B: Summary of CHIP Leadership & Structure

The CHIP utilizes S.M.A.R.T. criteria (Specific-Measurable-Achievable-Relevant & Timed) as a best practice approach to inform the implementation of the plan. This approach recognizes the following components as crucial to addressing complex, and multi-faceted community priorities: 1) Participants and organizations committed to a shared agenda, 2) Established goals to evaluate progress, 3) Continuous communications and coordinated activities among key partners to ensure success, and Backbone support to provide technical assistance that is 4) directional, and that 5) adheres to an established timeframe. The sections below provide a breakdown of how the CHIP operationalizes the S.M.A.R.T. Approach to our specific community context in the planning, implementation, and oversight of its strategies.

## CHIP Steering Committee

A group of 12–15 individuals representing organizations that have been involved throughout the entirety of the CHA and CHIP process. Individuals on the committee are high-level decision makers within key stakeholder organizations in Ashtabula County. The committee is tasked with **generating resources, anticipating barriers to implementation, building relationships, and ensuring collaboration** across Action Teams, and providing guidance for managing political relationships, among other things.

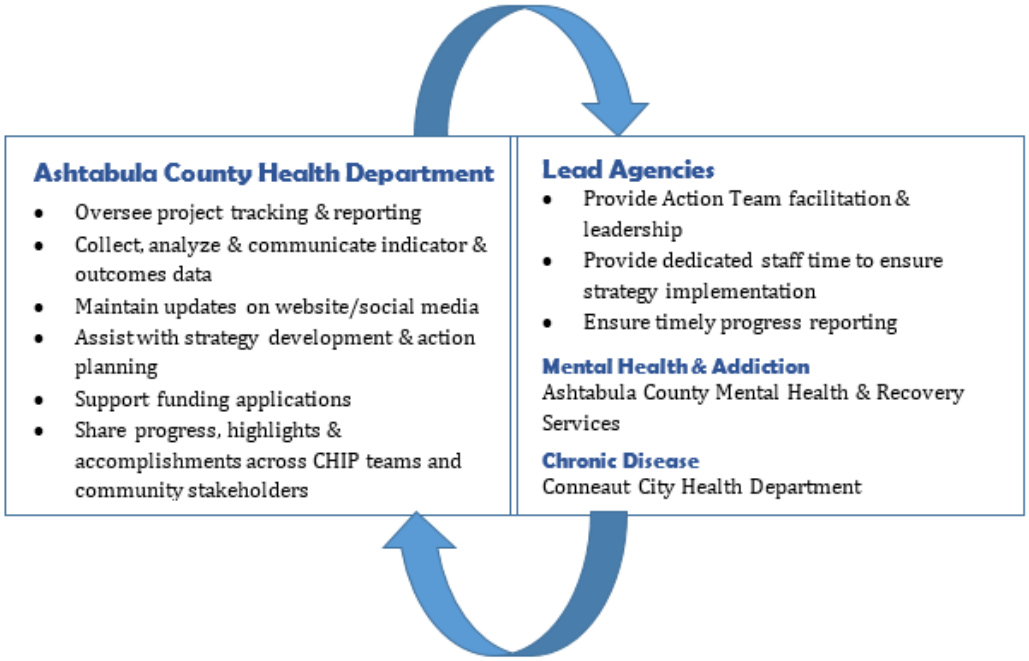
## Health Department Administration

Ashtabula County Health Department provides administrative backbone support for the implementation, evaluation, funding, and revision of the CHIP. ACHD staff provide support and participate in CHIP activities, but staff specifically tasked with CHIP implementation include the Health Commissioner and the Quality Improvement Coordinator.

ACHD provides technical assistance to the Lead Agencies, Action Teams, and Subcommittees including: 1) Support strategy development, action planning, and implementation, 2) Seek resources and apply for funding, 3) Provides updates and data to Healthy Northeast Ohio for publication, and 5) Build relationships and connect individuals and organizations to advance the work of the CHIP.

## Lead Agencies

Two community organizations (i.e. "Lead Agencies") have taken ownership of the two CHIP priority areas. These are HDAC and partner agency ACMHRS, both of which have a proven track record of working collaboratively on their respective issue within the community. These agencies




participated throughout the CHA and CHIP process and have committed themselves to the three-year implementation of the CHIP.

## Action Teams

The two priority areas of the CHIP are being implemented through the work of community partners that comprise the four action teams. These teams are each led by the Lead Agencies and are tasked with implementing the strategies that were identified throughout the creation of the CHIP. Action teams meet at least quarterly and pull together many community stakeholders. Action teams delegate subcommittees to focus on one or two strategies within the plan.

## Subcommittees

Subcommittees are tasked with the implementation of one or two specific strategies within the plan and are usually comprised of action team members. Subcommittees are convened by either the Lead Agency, or by key community partners that have a stake in the project and have committed to seeing the project through.

## Reporting

To both ensure accountability and measure progress, routine reporting mechanisms have been put into place:

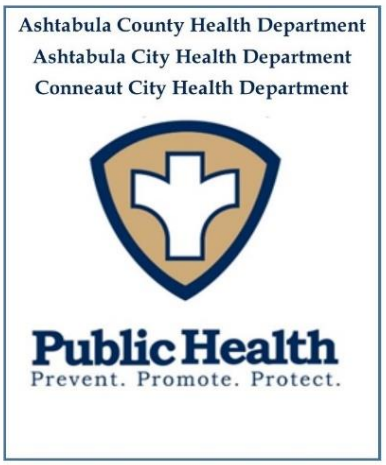
- **Quarterly Reports:** At the end of each quarter Lead Agencies work with each subcommittee to complete a progress report tool. Using the quarterly reporting tool provided by ACHD, the Lead Agencies provide progress notes, key partnerships, goals for next quarter, and barriers to implementation. They then assign each strategy a "status"

(on track, low risk, high risk, off track, or inactive). These categorizations provide a snapshot of how well the strategies are moving and which areas need additional attention or support.

- **Annual Report:** At the end of each CHIP year, ACHD works with Lead Agencies to compile highlights, progress, and survey findings into an annual report. This report is shared with all CHIP members, the Ashtabula County Commissioners, Ashtabula County Board of Health, and posted to the ACHD website.
- **Board of Health:** At least twice per year the HDAC, sometimes in conjunction with the Lead Agencies, provides an oral update on the status and progress of the CHIP to the Boards of Health in their jurisdiction.

## Annual Review Process

At the end of each CHIP year**,** the HDAC works with Lead Agencies to assess every strategy in the CHIP. The strategies are assessed for effectiveness, priority, community assets, and impact on the two CHIP lenses: Health Prevention & Behaviors and Social Determinants of Health. The strategy assessments are an opportunity to evaluate each strategy, and revise, remove, and/or add strategies, if necessary, based on the community context. An updated version of the CHIP with the edited strategies is formally published each year.

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