



MULTISYSTEM HEALTHY ACTION COMMITTEE (MSHAC)

Having a consensus between agencies in these meetings has helped improve communication, referrals, collaboration and resource sharing regarding substance use disorder services.

Delaware Multisystem Healthy Action Committee (MSHAC) Kent County Meeting Summary

Date:

06/04/25

Minutes Completed By:

Jen Ettinger

Attendees

Michala Abrams, Ama Amponsah (DCADV), Marneda Bailey (NFP), Lydia DeLeon (Westside), Jen Ettinger (DPH), Celeste Hufford, Lynn Mann (Westside), Brittany McBride (Holcomb), Alana Moffa (DFS), Tawanda Morris (NFP), Heather Perdigon, Anmarie Stiller (PAT), Asia Summers (HFD), Breanna Thomas (ChristianaCare), Emily Thompson (DPH), Liset Villalobos (NFP), Stephanie Wagner (PAT), Corrine Waples, Dawn Walsh (DPH), Gary Webb (DPH),

Introduction

Attendee introductions.

Presentation

Ama Amponsah, Project Manager, DV & Community Health, Delaware Coalition Against Domestic Violence (DCADV):

- Founded in 1994, the DCADV is Delaware's federally recognized state domestic violence coalition.
- As a coalition, they strive to promote the conditions that prevent and eliminate domestic violence by educating members of the community, providing free informational resources, and training.
- The DCADV's public policy and advocacy team travels to Dover to speak with legislators, asking them to be the voice for victims and survivors.
- Domestic violence can affect the health of the victims and survivors, so a program has been created to address those resulting issues.
- We work with our member programs on prevention, discussing the root of domestic violence and how we can look at it in terms of intervention.
- We have an A-frame point of view about how it comes to social justice, anti-oppression, intersectionality, and acknowledging the intersectionality of different survivors.
- Coalition building is promoted through our member programs, such as Child Inc. and People's Place, with a primary focus on evaluation and evidence-based programming.
- Data continues to be collected over the years and is crucial to educate the public about domestic violence and its prevalence.
- We consider domestic violence a significant social and health problem across the country and the world.
- Data results collected by the CDC and the National Institute of Health show 1 in 2 women and 2 in 5 men have experienced intimate partner violence in their lifetime. This can include sexual and physical violence, and or stalking by an intimate partner.
- Domestic violence can lead to adverse health consequences, some of which are physical and chronic conditions.
- The condition could have nothing to do with the violence, but can be exacerbated by the violence.



MULTISYSTEM HEALTHY ACTION COMMITTEE (MSHAC)

Having a consensus between agencies in these meetings has helped improve communication, referrals, collaboration and resource sharing regarding substance use disorder services.

- Survivors can have higher rates of gastrointestinal disorders, chronic pain, and fatigue, including even things like asthma, diabetes, and certain types of cancer.
- Survivors are also affected mentally, seeing higher rates of anxiety, depression, and PTSD.
- Common health risk behaviors include drug and alcohol use. This behavior is the result of 2 main reasons, one as a coping mechanism, and we also see this as being because of substance use coercion. An abuser may manipulate or force a survivor to become dependent on drugs and alcohol to control them.
- Reproductive health can also be affected, ranging from higher rates of unintended pregnancies, preterm labor, low birth weights, maternal mortality, neonatal death, and infant fatalities.
- Seeing how the effects of domestic violence can impact people's health, at the coalition, we created the *Domestic Violence Communities Health Worker Program*.

Domestic Violence Communities Health Worker Program (DV-CHW):

- The program is a sustainable public service delivery model for community-based advocacy that addresses the complex health, safety, and social needs of survivors.
- Program utilizes a public health approach and provides coordinated care to survivors of DV to increase their access to care and reduce some of the health disparities survivors face.
- The DV-CHWs are duly trained in advocacy, help survivors make a safety plan, and provide legal advocacy, attending court appointments with them.
- They offer care coordination and help survivors with transportation to and from doctors' appointments.
- The DV-CHW can also help them access healthcare, get them and their children seen by doctors, and make sure that the health appointments are up to date.
- Can also accompany appointments to help explain and talk to healthcare providers about nuances they may be experiencing.
- Working with survivors, the DV-CHW uses a unique trauma-informed approach, developing trust and striving for a lifelong lasting relationship to always be there for them.
- The DV-CHW meets survivors at locations where they feel safe and comfortable. This could be at their homes, grocery stores, libraries, coffee shops, and anywhere the survivor wants to meet.
- The DV-CHW communicates with survivors through face-to-face meetings, but also email, text, phone calls, and FaceTime; however, they need to make sure their needs are met. Ensuring any emerging or emergency concerns are also being addressed.
- The DCAVD went statewide in 2023. In NCC, our CHW team is housed with Child Inc., Community Health Advocate Team is Maite Aros, who is bilingual (Spanish), and Tisha Jackson, MHS, DV Community Health Advocate.
- The team answers the phone 8 am-8 pm, Monday-Thursday, and 8 am-5 pm on Friday. Outside those hours, the number will go to the 24-hour DV hotline. Please hand out this number if you have clients who you think may be experiencing DV. Someone will pick up the phone and safety plan with them at the very least.
- Kent and Sussex Community Health Advocates are housed with *People's Place*. The DV Hotline number is 302-422-8058. When you call that number, say you are interested in connecting with an ADV Community Health Worker, who can guide you through the referral process.



MULTISYSTEM HEALTHY ACTION COMMITTEE (MSHAC)

Having a consensus between agencies in these meetings has helped improve communication, referrals, collaboration and resource sharing regarding substance use disorder services.

- 73% of our survivors live in high-risk zip zones which DPH defines. This means participants are at a higher risk of poor birth outcomes. The DV-CHWs are actively engaging with all the communities.

Positive Outcomes of the Program since launching in 2019:

- The DV-CHW Program has served over **700 survivors** and has an average of **90 clients a month**.
- Of those **700 survivors, 83 have at least one child in their care. Six hundred children have been supported!**
- Domestic Violence doesn't affect just one person in a relationship; it affects the children's well-being.
- After being engaged with the DV-CHW, there has been a reduced number of poor health days.
- During intake, the survivor is asked how many days a month they feel have been bad, poor mental health, and physical health days. At intake, they could be experiencing 21 poor health days, and then by the third follow-up visit, we're seeing an over 50% decrease in those days.
- Impacts seen with the DV-CHW engaging with the clients are a reduction in poor health days, an increased amount of social support, reduced isolation, and survivors also report an increased amount of hopefulness and reduced financial stress.

Flex Funds Provided:

- We can provide FLEX funds, which are survivor centered. The approach to meeting survivors' tangible needs, while helping to support and empower them as they try to meet their safety and health goals, for themselves and their families.
- Flex funds are financial assistance and could be used to pay a copay for a health visit or pay off medical bills, which can prevent them from seeking further help.
- Flex can be used for bus passes, baby formulas, furniture, or any other basic need a survivor might need.
- Over the years, tracking what the flex funds are commonly used for: the basic needs, and the top needs are rent and utility bills, transportation, and the child's needs.

Positive Quotes from survivors:

- *She's been very helpful with many things in life; she's helped me with everything from my housing situation to my job and my health.*
- *I appreciate her support because I don't have anyone else to turn to for help or questions.*
- *She's helped me to be informed about many services.*
- *I appreciate the CHW for helping me so much now that I'm pregnant.*
- *I have no support from my partner, and most of my family has moved to other states. I feel more ready and comfortable now, as I approach my due date.*
- *I feel less anxious when I think about my situation, knowing my CHW can support me and help with resources.*

Training Available:

- Training is provided to healthcare teams, grassroots organizations, or anyone else who wants to learn how to support DV clients.



MULTISYSTEM HEALTHY ACTION COMMITTEE (MSHAC)

Having a consensus between agencies in these meetings has helped improve communication, referrals, collaboration and resource sharing regarding substance use disorder services.

- One of the training courses is targeted at healthcare providers and healthcare teams and focuses on the dynamics of DV. How to promote healthy relationships, universal education, and how to connect patients to community resources.
- The trainings can be tailored specifically to the needs of the programs, as long or as short as you prefer. A website was provided, along with a QR code, to access all resources and training materials (shared in the presentation and sent to the group).

Program Updates

HOLCOMB, Brittany McBride:

- ✓ Currently, we have three workers in Kent County. The case workers each have a caseload of 13, 12, and 8. No concerns or issues.

ChristianaCare, Breanna Thomas:

- ✓ No new updates but still receiving referrals for the needs of families in New Castle County.

DFS, Alana Moffa:

- ✓ Expansion of the Fair Program to include four providers. Statewide, as well as two new providers, Merakey and JusticeWorks, have begun receiving cases.
- ✓ For the FAIR program, they are at the beginning, and so this is new at this end. We are continuing to work with our prevention service, which is also provided through Merakey, as part of *Pathway 1*.
- ✓ Onboarding everyone and starting to assign new cases and getting everyone in gear.

Westside, Lynn Mann:

- ✓ In May, we had our spring Showers, a baby shower in Dover. In June, for the virtual class, we will have a change because it falls on a holiday. It will be moved to Wednesday, June 18th.

Quality Insights: (No one was present, but Emily provided an update on the staff change.)

- ✓ Elise Harry is now overseeing the program for referrals and coordinating other resources and services with the CHW. Cindy is still available to receive referrals.

Polytech, PAT, Stephanie Wagner:

- ✓ Fully staffed and have openings in both Kent and Sussex counties.
- ✓ Discussed the frustration with the lack of referrals coming in and the lack of resources being shared with families.

PAT DECC and EHS, Anmarie Stiller:

- ✓ PAT is hiring one full-time and one part-time position and is looking for more bilingual staff.
- ✓ Currently accepting referrals. NDEHS currently has a small waitlist, but this changes from day to day. Will have some openings toward August.
- ✓ Messy Night is July 10th here on DECC from 6 p.m. to 7:30 p.m. All are welcome!

NFP, Marneda and Liset:



MULTISYSTEM HEALTHY ACTION COMMITTEE (MSHAC)

Having a consensus between agencies in these meetings has helped improve communication, referrals, collaboration and resource sharing regarding substance use disorder services.

- ✓ Will be losing one bilingual nurse at the end of June. If anyone you know is interested in joining the NFP team, we are looking for a bilingual nurse with a bachelor's degree.
- ✓ We do have openings for families in all three counties.
- ✓ Excited to share some of last quarter's benchmark results, our team has been working hard to complete assessments for the 6- and 4-month language skills. We are at 98% and 99% completion rates.

HFD, Asia Summers:

- ✓ We have openings across all three counties.
- ✓ Have hired a new staff person in NC who speaks Spanish.
- ✓ Our new hire, Angela, has just started enrolling in families this month and already has three families!

PCAD Wrap-around training, Asaiah Beaman Fisher:

- ✓ Have some great opportunities and training for our summer and fall lineup.
- ✓ Next month, Jen Clements will be talking about work-life balance. She led a great conversation at our reflective supervision network meeting, which included supervisors and team leaders. This conversation will continue with the entire workforce in July.
- ✓ Partnering with Alana Moffa, DFS, for a plan of safe care training at the end of this month.
- ✓ Working with the Mental Health Association in DE to do an adult mental health first aid training in Sept.

Announcements

Resources Shared

Westside Virtual *All About Families* Class, Wed. June 18th. Spanish at 10 am and English at 11 am.
DECC PAT Messy night – July 10th, 6 p.m. to 7:30 p.m.

Next Steps

Future presenter ideas (Jen reaching out):
Parent Information Center - [PIC of Delaware](#) | [Contact Us - PIC of Delaware](#), jaaron@picofdel.org & candrews@picofdel.org
Do Care Doula – [Contact — Do Care Doula Foundation](#)
Helping downtown families. Walk-in pantry on Loockerman St.

Date of Next Meeting

Wednesday, September 3, 2025, 1 to 3 p.m.
Wednesday, December 3, 2025, 1 to 3 p.m.