**Building Back Better:   
Our Vision for Montgomery County’s Safety Net System**

**July 1, 2020**

**Our Vision**

A strong safety net benefits everyone, and Montgomery County’s safety net will thrive through a shared commitment to nourish and sustain it. It will be:

* **Connected:** Collaborating to share resources, learning, and ideas, and to bring people together to recognize their common bond
* **Respected:** Positioning the safety net to be recognized as an essential element of every community
* **Well-resourced:** Ensuring the safety net system is appropriately and consistently funded to deliver comprehensive,

integrated, timely services that are staffed by professionals who are paid living wages and supported by knowledgeable volunteers

* **Person-centered:** Serving individuals more holistically, integrating services across organizations, and ensuring a healing-centered approach to trauma
* **Equitable:** Making concrete progress to address disparities rooted in race, class, gender, sexual identity, differential abilities, and language differences
* **Impactful:** Providing effective connections and services to improve lives and communities

**Our Shared Principles**

* **Common voice:** Promote the importance of the safety net system, leverage more support for it, and stand together for what is right
* **Anti-racism work:** Work to root out racism and make the safety net system anti-racist and equitable
* **Equal access:** Ensure access to equal education, health care, technology, services, and opportunity for all
* **Dignity:** Uphold the dignity of every member of every community
* **Partnership:** Develop strong, trusted partnerships that reduce redundancy and strengthen services
* **Community**: Build community with relationships, solidarity, and equity at the center

**Our Goals**

1. Centering DEI and anti-racism work
2. Structural funding changes
3. Strengthening the social fabric
4. Technology
5. Best practices
6. Emotional and mental health services
7. Coordination
8. Outreach and access

| **Goals** | **How:**  Get concrete and action-oriented | **Decision Makers:** Who holds the power, knowledge, and resources to make these possible – and how to engage and move them | **Other Ideas** |
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| 1. **Centering DEI and anti-racism work:**  * Promote policies and practices for staff and boards to center DEI and anti-racism – make it an expectation and a collective effort to be sure all organizations engage * Offer/require racial bias training and education * Engage in strategies to address root causes that result in groups of people being disproportionately in need of services * Educate community members about racial and social justice issues * Adopt a shared commitment to and protocols for collecting and using demographic data * Funders fund anti-racism as part of regular grant cycles * Create professional development and leadership opportunities for people of color |  | Local academic centers that work on equity and access issues  Funders |  |
| 1. **Structural funding changes:**  * Be assertive with funders to tell them what our clients’ needs are – get ahead of it and have more flexibility * Leverage/demand resources to build toward long-term goals (and not just respond to overwhelming immediate needs) for communities * Assure that staff members earn a living wage and receive benefits commensurate with the for-profit world * Increase income level to access help (e.g., Early Head Start, Head Start, and PreK Counts, other programs) * Maintain recent changes to WIC services * Call-out gender and racial inequities as reasons for under-funding * Challenge/change county/state contracts with limits for salaries and benefits |  |  |  |
| 1. **Strengthening the social fabric:**  * Proactively advance what is necessary to establish a strong social fabric in all communities: access to health care, education, child care, safety, good jobs, and other basic needs and life enrichment opportunities * Engage in collective advocacy and learning * Emphasize social change to go beyond social services and address inequities * Remove “non-lobbying” clause so organizations can speak-out * Provide public education about who became fragile and vulnerable as a result of COVID-19 |  |  |  |
| 1. **Technology:**  * Permit telehealth and tele-services going forward * Improve technology in organizations and communities * Secure free countywide Internet |  |  |  |
| 1. **Best practices:**  * Strengthen skills in financial management and scenario planning * Continue adaptations accelerated by COVID-19 (e.g., banking, virtual work) * Share purchasing power and back office services (e.g., for professional services, benefits) * Re-assess office space * Strengthen npo boards by bridging their knowledge gap about the sector |  |  |  |
| 1. **Emotional and mental health services:**  * Increase emotional health/isolation resources * Provide resources for health care workers and essential workers |  |  |  |
| 1. **Coordination:**  * Create a structure that deliberately and regularly brings partners together (government, nonprofits, emergency management, businesses, etc.) in support of the safety net * Establish a Safety Net Coordination Team * Establish a Consumer Advisory Council to advise all service providers * Reach out to new partners (faith, legal, health) * Replicate good collaborative models: TCN, Bucks-Mont Collaborative, ICN, Your Way Home, Community Connections, food networks |  |  |  |
| 1. **Outreach and access:**  * Engage formal and informal leaders, collectively, to ensure that resources are well-known * Build and maintain a volunteer corps * Address transportation barriers and improve public transportation * Remove red tape and obstacles to receiving help (e.g., eligibility, IDs) * Make services more mobile, less location-based: “centers without walls” by using parks, theaters, schools, restaurants * Expect/mandate cultural and language competence and inclusion * Prioritize vulnerable populations and improve capacities to care for those who are most vulnerable (DV victims, child abuse victims, immigrants, older adults, homeless, people with disabilities) |  |  |  |