MCDHHS Equity Principles and Standards

I. Equity Value

Equity refers to fair policies, decisions, and actions by the Montgomery County Department of Health and Human Services when impacting the lives of people.

Equity is a value of fairness that guides the way that Montgomery County Department of Health and Human Services works with customers, staff, and community to promote health, safety, well-being and self-sufficiency.

II. Equity Principles

Dignity – We believe that all individuals should be treated with dignity and respect.

Elimination of Disparities – We believe in preventing and eliminating social and health disparities to achieve optimal health and well-being.

Access – We believe in ensuring access to effective and high quality services that meet people's needs, when they need them, delivered by a professional workforce which is competent to provide those services in a caring and respectful manner.

Distribution of Resources – We believe that the resources of the Department should be distributed in a manner that maximizes the health, safety, well-being and self-sufficiency of the community as a whole.

Community Engagement and Participation – We believe that our diverse communities should be meaningfully engaged in providing input and feedback on policies, practices and services.

III. Equity Standards

The MCDHHS Equity Standards are intended to operationalize the Equity value and principles for the department. The standards will guide our actions to improve quality, expand access and eliminate inequities. By these standards, we will measure impact, advocate for resources and maximize health gain for the whole population.

1. An integrated service delivery system equitably supported

CHARGE AND ROLE - To work collaboratively with DHHS and with community partners to build a culture of inclusion that promotes and sustains equitable outcomes for all DHHS stakeholders. The Equity Work engages in systematic planning, implementation, and evaluation of activities that embed equity as a core value for all the department's operations, workforce, and seeks community input in the development and implementation of equity initiatives.

EQUITY WORKGROUP MEMBERS

Dr. James Bridgers, *Director, Health and Human Services*

Rozina Adhanom, *Services to End and Prevent Homelessness*

Pazit Aviv, *Aging & Disability Services*

Vicki Baltimore, *Human Resources*

Dr. Kisha Davis, *Montgomery County Health Officer*

Wanneh Dixon, *African American Health Program*

Lori Garibay-Aquino, *Children Youth and Family Services*

Karen Gutierrez, *Language Access*

Muhammad Hasan, *Asian American Health Initiative*

Mark Hodge, *Office of the Chief Operating Officer*

Shant'a Johnson, *MC Community Action Agency*

Kim Mayo, *Aging and Disability Services*

Arnecia Moody, *Behavioral Health and Crisis Services*

Tamara Mooney, *Planning Accountability and Customer Service*

Danny Muchoki, *Governance, Risk and Compliance*

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Dourakine Rosarion, *Directors Office*

Joy Royes, *Governance, Risk and Compliance*

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Rebecca F. Smith, *Equity Team*

Patricia Spann, *Child Welfare Services*

Beth Tabachnick, *Behavioral Health and Crisis Services*

by technology, which enables staff to share information
and work collaboratively for improved client outcomes.

2. Recruit, develop and maintain a workforce that is engaged,
    accountable, responsible, respected, recognized and

    prepared for changing roles within the department and representative of the community we serve.

3. Working in partnership with the community, focus on the promotion of community health and well-being and the
    prevention of adverse outcomes.

4. Services to customers are delivered in a respectful manner and in the context of the customer's culture, language,
    values, and beliefs.

5. Print and multimedia communication materials and forms are developed in easy to understand language, taking into
    consideration literacy level, cultural and linguistic appropriateness and people with other forms of communication
    needs.

6. Program hours are accessible to customers, wait time for walk in services will be reasonable, appointments will be kept
    on time.

7. Locations for direct services have adequate parking and are accessible by public transportation with the physical layout
    of the exterior and interior adopting a universal design approach to accommodate people of diverse ability.

8. Each employee understands disparities, inequities, the social determinants of health and well-being and is
    knowledgeable about community issues, needs and resources.

9. Data Standards are in place to accurately describe, measure, and evaluate disparities and inequities in ways that are
    compliant with federal and other funding requirements.

10. Decision tools supported by quantitative and qualitative data are applied to assist in determining policies and equitable
    distribution of resources.

11. Clear strategies for community engagement that focus on capacity building, creation of public policy, data collection
    and data sharing that supports health and equity across communities.