

Decision-Making Tool – Ideas

v.4. 9.7.2017

	CONTACT PERSON	CONTACT TITLE	DATE SUBMITTED
1.	Is this a reduction or increase in funding Funding Increase Funding Reduction	or a change in policy? (Select all that	apply).
	☐ Change in Policy		
ч.	POLICY CHANGE		
2.	In the following space, please provide inf a) when the policy was established, b) how the policy was established, at c) what authority can change this po	nd	
3.	Description of current policy:		
٥.	Description of current policy.		
4.	Description of proposed policy:		
В.	FUNDING CHANGE		
5.	Is this reduction or increase specific to a	revenue stream or to an agency?	
	Agency SpecificRevenue Stream		

6.	What is the name of the funding stream?
7.	What restrictions, if any, are on the funds?
0	In this one time or engoing revenue?
8.	Is this one-time or ongoing revenue? One-time
	Ongoing
9.	If this is unrestricted one-time or ongoing revenue, what priorities were identified at the County Board budget hearings that these funds could be used to address?
10.	If this is unrestricted one-time or ongoing revenue, what items did not get funded previously that are on the Department's list of priorities?
	IMPACT
11.	If this is a decrease in funding or one-time revenue, what is the projected cost and source of funds to continue services?

12. Which agencies are impacted?

Agency Name/ Program	Current Funding	Revised Funding Amount	% of Total Program Funds	Priority
Total				

	Item	Yes	No	Unknown
13.	Is this a mandated service?			
14.	Does this address a priority of DCDHS?			
15.	Does this address a priority of the County Board?			
16.	Is this an evidence-based practice (EBP)?			
17.	Have staff been specifically trained to implement the EBP?			
18.	Was the EBP toolkit used to guide implementation?			
19.	Was fidelity to the model monitored within the past year?			
20.	Was an outside monitor used to review fidelity to the model?			
21.	Has this service or service provider met performance expectations?			
22.	Is this a WBE/MBE vendor?			
23.	Have persons (clients, community, service providers) impacted by this decision been involved in the process?			
24.	Will this decision increase racial equity?			

		-					
25	Use the space b	alow to	n discuss	any "No	" ∩r "l	l Inknown"	recounces.

	1	Yes	No
U. TIE	there impacts on specific geographic areas in Dane County?		
7. Will	this impact a specific population based on gender, race, sexual		
orie	ntation, age, income, criminal background?		
	this decision decrease racial equity?		
9. Will	this decision leave a gap in service?		
0. Use t	ne space below to discuss any "Yes" responses:		
J. 030 ti	ic space below to discuss any Test Tesponses.		
1. <u>Pleas</u>	e identify any areas of racial disparity this may impact:		
	Area		
	Behavioral Health		
	Criminal Justice		
	Education		
	Employment		
	Housing		
-=-			
	Income/Poverty		
	Workforce		
	Workforce		
2. What	Workforce Youth in out-of-home placement		
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