Decision-Making Tool – Ideas

v.5. 10.19.2017

PURPOSE: The purpose of this tool is to increase transparency for all stakeholders regarding funding and policy decisions.

CONTACT PERSON	CONTACT TITLE	DATE SUBMITTED

1. Is this a reduction or increase in funding or a change in policy? (Select all that apply).

    ☐   Funding Increase   (Complete sections A, C, and D)
    ☐   Funding Reduction   (Complete sections A, C, and D)
    ☐   Change in Policy   (Complete sections A, B, and D)

A. EQUITY IMPACT

2. Who benefits from this change?

3. Who is burdened by this change?

4. Who does not have a voice at the table?

5. How can policymakers mitigate unintended consequences?

B. POLICY CHANGE

6. In the following space, please provide information regarding:
    a) when the policy was established,
    b) how the policy was established, and
    c) what authority can change this policy.

7. Description of current policy:

8. Description of proposed policy:

C. FUNDING CHANGE

9. Is this reduction or increase specific to a revenue stream or to an agency?

    ☐ Agency Specific
    ☐ Revenue Stream

10. What is the name of the funding stream?

11. What restrictions, if any, are on the funds?

12. Is this one-time or ongoing revenue?

       ☐   One-time
       ☐   Ongoing

13. 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?

14. 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?

D. IMPACT

15. If this is a decrease in funding or one-time revenue, what is the projected cost and source of funds to continue services?

16. Which agencies are impacted?

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

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

29. Use the space below to discuss any "No" or "Unknown" responses:

	Item	Yes	No
30.	Are there impacts on specific geographic areas in Dane County?	☐	☐
31.	Will this impact a specific population based on gender, race, sexual orientation, age, income, criminal background?	☐	☐
32.	Will this decision decrease racial equity?	☐	☐
33.	Will this decision leave a gap in service?	☐	☐

34. Use the space below to discuss any "Yes" responses:

35. Please identify any areas of racial disparity this may impact:

	Area
☐	Behavioral Health
☐	Criminal Justice
☐	Education
☐	Employment
☐	Housing
☐	Income/Poverty
☐	Workforce
☐	Youth in out-of-home placement

36. What are the demographics of persons in the service area?

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