



Decision-Making Tool – Ideas

v.3. 8.1.2017

CONTACT PERSON	CONTACT TITLE	DATE SUBMITTED

1. Is this a reduction or increase in funding or a change in policy?

- ☐ Funding Increase
☐ Funding Reduction
☐ Change in Policy

A. POLICY CHANGE

2. 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.

3. Description of current policy:

4. Description of proposed policy:

B. FUNDING CHANGE

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

- ☐ Agency Specific
☐ Revenue Stream

6. What is the name of the funding stream?

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

8. Is this one-time or ongoing revenue?

- ☐ One-time
- ☐ Ongoing

C. IMPACT

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

10. Which agencies are impacted?

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

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

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

	Item	Yes	No
24.	Are there impacts on specific geographic areas in Dane County?	<input type="checkbox"/>	<input type="checkbox"/>
25.	Will this impact a specific population based on gender, race, sexual orientation, age, income, criminal background?	<input type="checkbox"/>	<input type="checkbox"/>
26.	Will this decision decrease racial equity?	<input type="checkbox"/>	<input type="checkbox"/>
27.	Will this decision leave a gap in service?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

	Area
<input type="checkbox"/>	Behavioral Health
<input type="checkbox"/>	Criminal Justice
<input type="checkbox"/>	Education
<input type="checkbox"/>	Employment
<input type="checkbox"/>	Housing
<input type="checkbox"/>	Income/Poverty
<input type="checkbox"/>	Workforce
<input type="checkbox"/>	Youth in out-of-home placement

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

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/human services board – budgeting decision-making tool – 8.31.2017.docx