



Decision-Making Tool

v.7 1.18.2018

PURPOSE: The purpose of this tool is to increase transparency and accountability for all stakeholders and to assure a racial and social equity lens is applied to decisions made by the oversight bodies of the Dane County Department of Human Services.*

SPONSOR*	SPONSOR* TITLE	DATE SUBMITTED

1. Brief 1-2 sentence description of the proposed change.*

2. 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

3. Who benefits from this change?

4. Who is burdened by this change?

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

6. How can policymakers mitigate unintended consequences?

7. Is there an existing program or policy similar to what is being proposed?

B. POLICY CHANGE

8. 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.

9. Description of current policy:

10. Description of proposed policy:

C. FUNDING CHANGE

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

- Agency Specific
- Revenue Stream

12. What is the name of the funding stream?

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

14. Is this one-time or ongoing revenue?

- One-time
- Ongoing

15. What other sources of funds are available that could support this effort? What is the likelihood of obtaining* those other funds?

16. If this is unrestricted revenue, what priorities were identified at the County Board budget hearings that these funds could be used to address?

17. If this is unrestricted revenue, what items that did not get funded previously are on the Department's list of priorities?

D. IMPACT

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

19. Which agencies are impacted?

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

Item	Yes	No	Unknown
20. Is this a mandated service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Does this address a priority of DCDHS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Does this address a priority of the County Board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is this an evidence-based practice (EBP)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Have staff been specifically trained to implement the EBP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Was the EBP toolkit used to guide implementation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Was fidelity to the model monitored within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Was an outside monitor used to review fidelity to the model?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Has this service or service provider met performance expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Is this a WBE/MBE vendor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Is it anticipated that the proposed vendor could meet the County's contracting requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Have persons (clients, community, service providers) impacted by this decision been involved in the process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Will this decision increase racial equity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

39. 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

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