## **FISCAL NOTE**

| STATE OF A   | STATE OF ALASKA       |                        |             |             |                                       | Fiscal Note Number: |                          |          |  |
|--|-----------------------|------------------------|-------------|-------------|---------------------------------------|---------------------|--------------------------|----------|--|
| 2009 LEGISLATIVE SESSION   |                       |                        |             |             | Bill Version:                         |                     | CSHB009 (JUD)            |          |  |
| - ·- · · · · · · · · · · · · · · · · ·   |                       |                        |             |             | () Publish Date:                      |                     |                          |          |  |
|  |                       |                        |             |             |                                       |                     |                          |          |  |
| Identifier (file name): HB009CS(JUD)-DHSS-API-02-19-09   |                       |                        |             |             | Dept. Affected:                       |                     | Health & Social Services |          |  |
| Title  | ,                     | Capital Punishment     |             |             | RDU                                   |                     | Behavioral Health        |          |  |
| _  | ·                     |                        |             |             | Component Alaska Psychiatric Hospital |                     |                          |          |  |
| Sponsor  |                       | Chenault               |             |             | - ·                                   | ·                   |                          |          |  |
| Requester  | Requester House JUD   |                        |             |             | Component Number 23160                |                     |                          |          |  |
| · -  |                       |                        |             |             | <del></del>                           |                     |                          |          |  |
| Expenditures/  | /Revenues             |                        |             | (Thou       | sands of Do                           | llars)              |                          |          |  |
| Note: Amounts do not include inflation unless otherwise noted below.   |                       |                        |             |             |                                       |                     |                          |          |  |
|  | Appropriation         |                        |             |             |                                       |                     |                          |          |  |
|  |                       | Required               |             |             | Inforr                                | mation              |                          |          |  |
| OPERATING EXPENDITURES   |                       | FY 2010                | FY 2010     | FY 2011     | FY 2012                               | FY 2013             | FY 2014                  | FY 2015  |  |
| Personal Service   | es                    |                        |             |             |                                       |                     |                          |          |  |
| Travel   |                       |                        |             |             |                                       |                     |                          |          |  |
| Contractual  |                       |                        |             |             |                                       |                     |                          |          |  |
| Supplies   |                       |                        |             |             |                                       |                     |                          |          |  |
| Equipment  |                       |                        |             |             |                                       |                     |                          |          |  |
| Land & Structure Grants & Claims   |                       |                        |             |             |                                       |                     |                          |          |  |
| Miscellaneous  |                       |                        |             |             |                                       |                     |                          |          |  |
| TOTAL OPERATING  |                       | 0.0                    | 0.0         | 0.0         | 0.0                                   | *                   | *                        | *        |  |
| TOTAL  | LICATINO              | 0.0                    | 0.0         | 0.0         | 0.0                                   |                     | <u> </u>                 | <u> </u> |  |
| CAPITAL EXPE   | NDITURES              |                        |             |             |                                       |                     |                          |          |  |
|  |                       |                        |             |             |                                       |                     |                          |          |  |
| <b>CHANGE IN RE</b>  | VENUES (              | 1                      |             |             |                                       |                     |                          |          |  |
|  |                       |                        |             |             |                                       |                     |                          |          |  |
| FUND SOURCE (Thousands of Dollars)   |                       |                        |             |             |                                       |                     |                          |          |  |
| 1002 Federal Re  | eceipts               |                        |             |             |                                       |                     |                          |          |  |
| 1003 GF Match  |                       |                        |             |             |                                       |                     |                          |          |  |
| 1004 GF  |                       |                        |             |             |                                       |                     |                          |          |  |
| 1005 GF/Program Receipts   |                       |                        |             |             |                                       |                     |                          |          |  |
| 1037 GF/Mental Health  |                       |                        |             |             |                                       |                     |                          |          |  |
| Other Interagency Receipts TOTAL   |                       | 0.0                    | 0.0         | 0.0         | 0.0                                   | *                   | *                        | *        |  |
|  | /IAL                  | 0.0                    | 0.0         | 0.0         | 0.0                                   |                     | <u> </u>                 | <u> </u> |  |
| Estimate of any  | current year (FY      | (2009) cost:           |             |             |                                       |                     |                          |          |  |
| _omnato or any   | , carront your (i i   | 2000, 0001.            |             |             | -                                     |                     |                          |          |  |
| POSITIONS  |                       |                        |             |             |                                       |                     |                          |          |  |
| Full-time  |                       |                        |             |             |                                       |                     |                          |          |  |
| Part-time  |                       |                        |             |             |                                       |                     |                          |          |  |
| Temporary  |                       |                        |             |             |                                       |                     |                          |          |  |
|  |                       |                        |             |             |                                       |                     |                          |          |  |
| ANALYSIS: (  | (Attach a separate pa | age if necessary)      |             |             |                                       |                     |                          |          |  |
| If the proposed legislation is enacted, the fiscal impact to the Department is indeterminate.                        |                       |                        |             |             |                                       |                     |                          |          |  |
| if the propos  | sed legislation is    | enacted, the fi        | scai impact | to the Depa | rtment is inc                         | ieterminate         | 2.                       |          |  |
|  |                       | _                      |             |             |                                       |                     |                          |          |  |
| If it takes the first cases three to five years to reach sentencing under this legislation, the fiscal impact in the |                       |                        |             |             |                                       |                     |                          |          |  |
| initial three years will be minimal. Beyond that period, the fiscal impact is difficult to estimate since the        |                       |                        |             |             |                                       |                     |                          |          |  |
| department cannot estimate the identified population affected. The expectation is that the number of death           |                       |                        |             |             |                                       |                     |                          |          |  |
| row inmates meeting the criteria requiring mental health treatment will be negligible. However, should such an       |                       |                        |             |             |                                       |                     |                          |          |  |
| individual be identified by the courts and subsequently require transfer to API for treatment, costs are             |                       |                        |             |             |                                       |                     |                          |          |  |
| anticipated to be \$900.00/day, or \$328,500/year based upon current costs.  |                       |                        |             |             |                                       |                     |                          |          |  |
| ,  |                       |                        |             |             |                                       |                     |                          |          |  |
|  |                       |                        |             |             |                                       |                     |                          |          |  |
|  |                       |                        |             |             |                                       |                     |                          |          |  |
|  | Melissa Stone         |                        |             |             | Phone <u>269-3410</u>                 |                     |                          |          |  |
| Division E   | Behavioral Health     |                        |             |             | Date/Time 1/28/09 5:00 PM             |                     |                          |          |  |
|  |                       |                        |             |             |                                       |                     |                          |          |  |
| Approved by: Alison Elgee, Assistant Commissioner  |                       |                        |             |             | Date                                  | 2/19/2009           |                          |          |  |
| <u> </u>   | DHSS Finance & N      | <u>//anagement_Ser</u> | vices       |             |                                       | _                   |                          |          |  |

(Revised 9/10/2008 OMB) Page 1 of 1