

# Oregon Department of Corrections

## Policy / Rule Fiscal Impact Form

**Policy / Rule #:** 291-076 SUICIDE PREVENTION IN CORRECTIONAL FACILITIES

**Check One (Fiscal or No Fiscal -- If Fiscal is checked, check either one-time or on-going costs)**

**Fiscal Impact** -- (Analysis is described below. If unable to estimate costs or revenue, explain fully under "Comments" below.)

One-time costs - will impact current biennium only

On-going costs -- will impact current and/or future biennia

**No fiscal impact** -- (to the Department, Partners, or Inmates)

Expenditures:	Current Biennium (July 2025-27)				Future Biennia			
	Impact on Department	Impact on Partners	Impact on General Public	Impact on AIC	Impact on Department	Impact on General Public	Impact on Partners	Impact on AIC
Personal Services (salaries, overtime, differentials, etc.)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services & Supplies (training, supplies, equipment under \$5,000)	-	-	-	-	-	-	-	-
Capital Outlay (equipment over \$5,000)	-	-	-	-	-	-	-	-
Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b># of Positions</b>	-	-	-	-	-	-	-	-
<b>FTE (Full-Time Equivalent)</b>	-	-	-	-	-	-	-	-
<b>Revenues:</b>								
Total amount of revenue required*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

\*In the comment section, indicate where the money will come from to pay for costs, i.e., General Fund dollars, Canteen revenues, Inmate Work Program revenues, etc.

**Agency's Budget:** Is the proposal anticipated in the Agency's Budget? Yes \_\_\_\_\_ No   x  

**Local Mandates:** Does the proposal have a fiscal or revenue mandate effect on cities, counties, or special districts that triggers evaluation under Article XI, section 15 of the Oregon Constitution? Yes \_\_\_\_\_ No \_\_\_\_\_

**Comments:** (Include all assumptions for cost or revenue per unit and number of units, if applicable. Attach as many worksheets as necessary to give complete information.)

This change updates the rules to reflect current terminology and definitions and removes gendered language.

The rule change is not anticipated to have additional costs or staffing fiscal impacts on the department, other state agencies/partners, local governments (the counties), AICs or the general public.

**Agency:** Dept of Corrections

**Prepared by :** Ken Mayfield

**Phone:** \_\_\_\_\_

**Date:** 01/14/2026

**Title:** Senior Fiscal Analyst

**FAX:** \_\_\_\_\_

**Working with the DOC Budget Manager, please indicate the fiscal impact of the policy/rule. Complete this form, and return one copy to the DOC Budget Manager.**