Sacramento County Correctional Facility Master Planning Services

Final Report: A Vision for the Future

Section 5.0 – Strategic Development Approach C: New Special Purpose Satellite Facility with Capacity to Replace Rio Cosumnes Correctional Center & Renovation of the Main Jail

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STRATEGIC DEVELOPMENT APPROACH C

Key Elements Project Scope

Strategic Development Approach C investigated the potential of developing the Special Purpose Facility as part of a new satellite facility that will replace Rio Cosumnes Correctional Center (RCCC) within or directly adjacent to the area bounded by I-5, I-80, SR 50, and SR 99. This location was chosen based on proximity, travel time, and ease of access by law enforcement agencies, staff, professional service providers, attorneys and visitors. This location will also support efficient daily transport of defendants to court.

At this master planning level, the site is nonspecific, but location in this geographic area would also support recommended proximity to medical and behavioral health services, especially emergency services. Ideally, this would be a County-owned or publicly controlled site.

Section 2.0 includes a range of specific locational criteria to be applied in identifying and evaluating candidate sites if this approach is adopted as the preferred course of action by the Executive Committee and the Board of Supervisors.

Figure 5.1 - Strategic Development Approach C, Facility Utilization

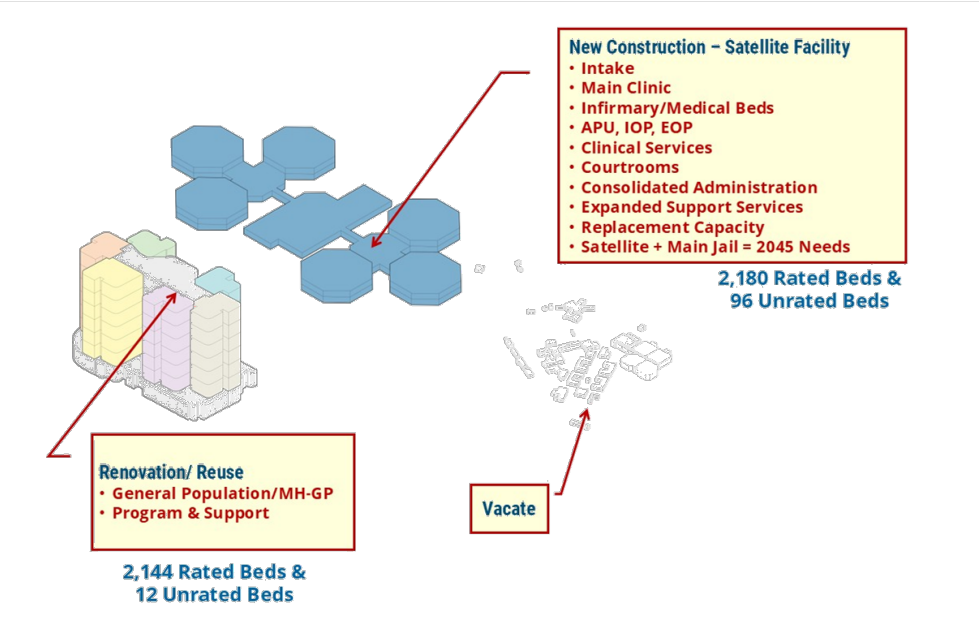


Figure 5.1 depicts proposed facility utilization, summarized as follows:

Hall of Justice & North Addition: The Hall of Justice (HOJ) as well as the North Addition proposed in Approaches A and B are not required for this approach because Intake/Transfer/Release and associated courtrooms will be included in the new satellite facility.

New Satellite Facility: The proposed satellite facility will accommodate all the projected space needs required to support the special needs medical and mental health populations, replace

the capacity of RCCC, and provide added capacity to meet the projected capacity needs through the year 2045.

Medical facilities will include an expanded Medical Clinic, Infirmary, Pharmacy, and associated staff space, as well as specialized housing that includes:

- Medically Assisted Treatment (MAT)
- Chronic Long-Term Medical Services
- Geriatric Housing

The satellite facility will also house the entire Mental Health Special Needs Population and associated staff support space including:

- Acute Psychiatric Housing (APU)
- Early Access & Stabilization Services (EASS)
- Jail-Based Competency Treatment (JBCT)
- Critical Needs Assessment Program (CNAP)
- Suicidal Inmate Temporary Housing Unit (SITHU)
- Intensive Outpatient Program (IOP)
- Enhanced Outpatient Program (EOP)
- Mental Health Treatment General Population (MH-GP): MH-GP single-cell housing, with double occupancy cells distributed throughout the Main Jail and the Satellite populations based on classification

Medical capacity includes 48 non-rated Infirmary beds and 224 rated beds for the other general medical populations. Mental Health Special Needs capacity includes 48 non-rated beds (in the APU) and 564 rated beds. In addition, the satellite facility will provide 1,392 general population beds housing various classifications, replacing the existing RCCC capacity.

Total projected rated capacity of the new satellite facility is planned to be 2,180 rated beds and 96 unrated beds (in the Infirmary and APU). This facility also will be planned in accordance with the best practices outlined in Section 6.0 of the Phase I/II Report (Appendix E) and as summarized in Section 2.0 of this Final Report, including the clustering of housing units to enhance staffing and operational efficiency, service delivery at the housing unit, and an improved normalized treatment environment that promotes wellness for staff and the incarcerated population alike.

The total gross area of the proposed satellite facility is projected at 1,030,823 building gross square feet (BGSF) as outlined in Figure 5.2 Preliminary Space Program. Population distribution for the medical and mental health special-needs population is illustrated in Figure 5.3 Medical/Mental Health Projected Housing Distribution and for the General Population in Figure 5.4 General Population Projected Housing Distribution (Refer to Appendix A.1 for detailed Housing Cluster Programs.)

Figure 5.2
Strategic Development Approach C
Special Purpose Satellite Facility & RCCC Replacement
Preliminary Space Program

Component		Non-Rated Beds	Rated Beds		NSF	DGSF Factor	DGSF
1.0	**Facility Entry/Public Spaces (visiting)**				**2,800**	**35%**	**3,780**
2.0	**Facility Administration**				**7,500**	**30%**	**9,750**
3.0	**Staff Support Facilities / Training**				**30,000**	**30%**	**39,000**
4.0	**Central Control/Security Operations**				**3,000**	**35%**	**4,050**
5.0	**Intake/Transport Release**				**25,068**	**35%**	**33,842**
5.1	Vehicular Sallyport				4,440	35%	5,994
5.2	Intake/Transport Control				365	35%	493
5.3	Law Enforcement & Medical/MH Screening				4,865	35%	6,568
5.4	Receiving & Processing				6,770	35%	9,140
5.5	Pre-Trial Services & Classification Unit				1,533	35%	2,070
5.6	Transport/Court Transport				1,619	35%	2,186
5.7	Release/Re-Entry				1,871	35%	2,526
5.8	Property Issue/Dress-In/Dress-Out				720	35%	972
5.9	Property Room/Issue Storage				2,885	35%	3,895
6.0	**Replacement Courtrooms w/support**				**15,385**	**30%**	**20,000**
7.0	**Centralized Programs (religious, library, commissary, education, CTE)**				**13,846**	**30%**	**18,000**
8.0	**Healthcare Services**	**(48)**	**224**		**67,560**	**44%**	**97,622**
8.1	Clinic				11,478	35%	15,495
8.2	Health Care Administration				3,324	35%	4,487
8.3	Pharmacy				1,530	35%	2,066
8.4	Infirmary	(48)			10,624	57%	16,728
8.5	Withdrawal Management		**64**		11,947	45%	17,309
8.6	Chronic Long-Term Medical		**96**		16,710	45%	24,227
8.7	Geriatric Beds		**64**		11,947	45%	17,309
	Housing	**(48)**	**1,956**		**319,997**	**55%**	**494,523**
10.0	**Special Needs/Mental Health Treatment Beds**		**564**		**123,892**	**53%**	**189,438**
	Acute Psychiatric Cluster - 48 Beds	(48)	0		14,028	55%	21,725
	Intensive Outpatent Program - 200 Beds		200		43,899	53%	67,303
	Enhanced Outpatient Program/MH-GP Single - 240 Beds		240		38,759	52%	59,079
	MH-GP Double Celled				Included in General Population		
	EASS/JCBT		60		12,808	52%	19,451
	CNAP/SITHU		64		14,398	52%	21,881
11.0	**General Population Housing - All Classifications**		**1,392**		**196,105**	**56%**	**305,085**
	Subtotal Male Beds		1,088		152,535	56%	237,449
	Subtotal Female Beds		304		43,570	55%	67,636
	Housing - Total Capacity Summary	**(96)**	**2,180**				
12.0	**Food Services / Staff Dining (Cook/Chill)**				**23,077**	**30%**	**30,000**
13.0	**Food Service Warehouse**				**11,154**	**30%**	**14,500**
14.0	**Laundry Services**				**5,000**	**20%**	**6,000**
15.0	**Maintenance**				**23,077**	**30%**	**30,000**
16.0	**Building Support / Utility Areas**				**50,000**	**20%**	**60,000**
TOTAL NSF/DGSF					**597,463**	**44%**	**861,067**
BGSF @ 20%						**20%**	**172,213**
TOTAL BGSF							**1,033,280**

Figure 5.3
Strategic Development Approach C
Special Purpose Satellite Facility & RCCC Replacement
Medical/Mental Health – Projected Housing Distribution

Component		Non-Rated Beds	Rated Beds		NSF	DGSF Factor	DGSF
10.0 Special Needs/Mental Health Treatment Beds		**(48)**	**564**		**123,892**	**53%**	**189,438**
Acute Psychiatric Cluster - 48 Beds		(48)			**14,028**	**55%**	**21,725**
4 -10 Bed Male Units	Single						
1 - 8 Bed Female Unit	Single						
Intensive Outpatent Program - 200 Beds			**200**		**43,899**	**53%**	**67,303**
Unit 1 - 80 Beds			80				
4 -20 Bed Male Units	2 Single; 2 Double				14,633	53%	22,434
Unit 2 - 80 Beds			80				
4 -20 Bed Male Units	2 Single; 2 Double				14,633	53%	22,434
Unit 3 - 40 Beds (Twinned with EOP Unit)			40				
2 -20 Bed Male Units	2 Single				14,633	53%	22,434
Enhanced Outpatient Program/MH-GP Single - 240 Beds			**240**		**38,759**	**52%**	**59,079**
Unit 4 - 40 Beds (Twinned with IOP Unit)			40				
2 -20 Bed Male Units	2 Double				Included above		
Unit 4 - 80 Beds			80				
4 -20 Bed Male Units	2 Single; 2 Double				14,633	53%	22,434
Unit 5 - 60 Beds (IOP/EOP)			60				
1 -20 Bed Male Units	2 Single; 1Double				12,063	52%	18,322
Unit 6 -60 Beds (IOP/EOP)			60				
3 -20 Bed Female Units	2 Single; 1 Double				12,063	52%	18,322
MH-GP Double Celled					**Included in General Population**		
EASS/JCBT			**60**		**12,808**	**52%**	**19,451**
3-20 Bed Male Units	Single/Double		60		12,808	52%	19,451
CNAP/SITHU			**64**		**14,398**	**52%**	**21,881**
3-16 Bed Male Units	Single		64		14,398	52%	21,881
1- 16 Bed Female Unit	Single						

Figure 5.4
Strategic Development Approach C
Special Purpose Satellite Facility & RCCC Replacement
General Population – Projected Housing Distribution

Component			Non-Rated Beds	Rated Beds		NSF	DGSF Factor	DGSF
11.0 General Population Housing - All Classifications				**1,392**		**196,105**	**56%**	**305,085**
Subtotal Male Beds - Clusters Required		**Required**		**1,088**		**152,535**	**56%**	**237,449**
11.1	192 Bed Cluster - 4-48 Double Beds	5		**960**		**129,425**	**56%**	**201,695**
				192		25,885	56%	40,339
11.2	128 Bed Cluster - 2-32 Single; 2-32 Double Beds	1		**128**		**23,110**	**55%**	**35,754**
				128		23,110	55%	35,754
Subtotal Female Beds - Clusters Required		**Required**		**304**		**43,570**	**56%**	**67,636**
11.1	192 Bed Cluster - 4-48 Double Beds	1		192		25,885	56%	40,339
11.5	112 Bed Cluster - 2-48 Double; 1-16 Single Beds	1		112		17,685	63%	27,297

Main Jail: The Main Jail will be renovated primarily to house individuals classified as general population. Functional renovations will include expanded staff services, reduction in the size of housing units to support classification, the provision of accessible cells in each housing unit, and accessible improvements as required to comply with accessibility standards throughout the building. As previously noted, facility-related deferred maintenance and modernization items will also be addressed to return the Main Jail to a state of good repair, to the greatest extent feasible, equal to approaches that include significant new construction. Generally, the scope includes the following:

- Basement: Conversion of kitchen to retherm for Cook-Chill Food Service.
- First floor: Renovation to accommodate court staging and conversion of the area formerly dedicated to courtrooms to program space. Intake/Transfer/Release and related courtrooms will be relocated to the satellite facility
- Second floor: Expanded Staff Services & Custody Administration and satellite clinic and Infirmary—30,000 sf +/-
- Third through eighth floors: General Population
    - Accessible visiting provided by adding visitor elevator stops at the Main Jail floor; current program room and adjacent space reconfigured to provide accessible non-contact visiting room and two HIPAA-compliant interview rooms
    - Medical exam room is relocated to cluster area in both the East and West Towers to reduce waiting times and need for separate security staff to secure medical area during use
    - E200, E300, W200 & W300 subdivided; accessible cell and shower provided in every housing unit

    - Capacity: 2,144 beds rated
- Complete physical plant upgrade per the recommendations of the Facility Condition Assessment (FCA) and related studies (refer to Appendix E, the Phase I/II Report, Section 7.0: Facility Conditions & Accessibility Assessment and associated appendices.)

The resultant total rated capacity of the Main Jail would be 2,144 beds. The reduction is attributable to providing a 13-cell unit created by the subdivision of W200 to be dedicated to single celling for the general population on floors four through eight and additional single cells for Protective Custody. (Refer to Appendix A.5 for the preliminary housing plan developed to determine the probable capacity of the Main Jail under Strategic Development Approach C.)

Resulting total rated capacity for Strategic Development Approach C is 4,324 beds, which is comparable to all other approaches, as illustrated in Figure 5.5 Projected Capacity by Facility.

Figure 5.5
Strategic Development Approach C
Projected Capacity by Facility

Facility	Rated Beds	Unrated Beds	Total Capacity
Satellite Special Purpose Facility &	788	96	884
Satellite Replacement Capacity	1,392	0	1,392
Main Jail	2,144	12	2,156
RCCC	(1,625)*	(34)*	(1,659)*
TOTAL	**4,324**	**108**	**4,432**

*Existing capacity retired—not included in total

Phasing and Implementation Plan

The phasing plan is based on implementing the two elements of the Approach sequentially. The initial phase is planned to be the satellite facility replacing RCCC. Once vacated, RCCC will provide swing space that will allow the Main Jail to be renovated while unoccupied.

As with all approaches, the phasing plan and schedule are based on a January 2027 start and allow a full year for Board of Supervisors decision-making regarding the preferred approach, funding, siting, and similar issues. This is followed by a two-year window to accommodate the California Environmental Quality Act (CEQA) process. During this time, activities related to project scoping, financing, preparation of a Request for Proposal, and selection of a design/build team would be completed. It is then estimated that one year and nine months

(twenty-one months) will be required to select and contract with a design/build team, complete the design to a sufficient level of detail to allow negotiation of a Guaranteed Maximum Price, finalize the drawings, and obtain permits.

Construction of the new satellite facility to accommodate Special Purpose Needs and the replacement of RCCC capacity is projected to require 48 months with a cumulative timeframe from schedule start in January of 2027 for eight years, nine months, resulting in beneficial occupancy in September 2035. Completion of the satellite facility will represent meaningful progress relative to correcting physical deficiencies directly or indirectly impacting medical and mental health care in the jail system. Additionally, over 50% of the available capacity in the system will meet California Title 24 and Americans with Disabilities Act (ADA) accessibility standards upon completion.

Phase 2, renovation of the Main Jail will begin upon occupancy of the satellite facility. Capacity added by the construction of the satellite facility and vacating the existing RCCC will provide sufficient capacity to vacate the Main Jail and allow the entire building to be renovated in a single phase. It is estimated that the renovation will require 36 months to complete, resulting in a total time since project initiation of 11 years, 9 months, resulting in beneficial occupancy and full compliance in September 2038.(Refer to Appendix A.5 for additional detail on the proposed phased implementation plan.)

Construction and Project Costs

As outlined in the County's initial Request for Proposals (RFP), it is understood that at this point in the study cost estimates are at best Rough-Order-of Magnitude (ROM) statements of probable cost. An independent estimator, Sierra West, was engaged to prepare the construction cost estimates. They brought to the project not only extensive experience in construction cost estimating for detention and correctional facilities but also familiarity with conditions at the Main Jail and RCCC from prior work.

As illustrated in Figure 5.6, Project Cost Model, likely construction costs in September 2026 dollars are $1.96B. As indicated, this amount includes new construction, renovations, deferred maintenance and seismic mitigation for the Main Jail in addition to new construction and functional renovations. Note that contractor costs were calculated based on actual cost per month rather than as a percentage given the high base construction trade cost. Other general contractor costs were based on more typical percentages of construction. Project cost factors were also adjusted downward from the County's typical cost model for capital planning, again, due to the relatively high escalated base construction cost.

Escalation was compounded at 5% per year to the midpoint of each construction phase and added $928M to project costs. Along with other project costs, this results in a **total estimated probable project cost of $3.03B – the second lowest cost of all six approaches considered.**

Also note that this approach avoids the significant costs and time associated with flood mitigation at the RCCC.

Figure 5.6
Strategic Development Approach C
Project Cost Model

Strategic Approach C Project Cost Model			Phase 00		Phase I		Phase II		TOTAL ALL PHASES	
			3 yrs of duration 3 yrs cumulative		5 yrs, 9 mo of duration 8 yrs, 9 mo cumulative		3 yrs of duration 11 yrs, 9 mo cumulative		11 yrs, 9 mo of duration 11 yrs, 9 mo cumulative	
Description	**Renovation**	**New Construction**		**Pre-construction**		**Construction - Satellite Facility Replacing RCCC**		**Main Jail Renovation**		**Total Construction & Project Costs**
Trade Construction Costs										
Base Renovation/Construction										
Hall of Justice										$ -
County Administrative Complex										$ -
Main Jail - North Addition										$ -
Main Jail Renovations								$ 77,114,820		$ 77,114,820
RCCC- New Construction										$ -
Satellite Facility						$ 1,066,932,472				$ 1,066,932,472
Replacement Facility										$ -
Subtotal - Base Renovation/Construction						$ 1,066,932,472		$ 77,114,820		$ 1,144,047,292
Existing Physical Conditions										
Facility Conditions Assessment w/CAP								$ 110,828,076		$ 110,828,076
Climate Action Plan - Cost Above In-Kind Replacement								$ 8,736,376		$ 8,736,376
ADA								$ 37,498,650		$ 37,498,650
Detention Equipment								$ 22,132,344		$ 22,132,344
Electronic Safety and Security								$ 5,667,125		$ 5,667,125
Technology								$ 1,598,723		$ 1,598,723
Capital Improvement Plan FY 26 Costs Excluded from FCA								$ 13,232,447		$ 13,232,447
Subtotal - Existing Physical Conditions						$ -		$ 199,693,741		$ 199,693,741
Main Jail Seismic Mitigation								$ 10,500,000		$ 10,500,000
RCCC Site Related										
Flood Mitigation for New Construction										$ -
Flood Mitigation - Access										$ -
Off-Site Utilities (Water Extension)										$ -
Subtotal: Base Construction Costs				$ -		$ 1,066,932,472		$ 287,308,561		$ 1,354,241,032
Contractor Costs										
General Conditions/ General Requirements	$600K/mo	$500k/mo				$ 24,000,000		$ 21,600,000		$ 45,600,000
General Contractor Fee	5%	5%				$ 54,546,624		$ 15,445,428		$ 69,992,052
General Contractor Bond & Insurance	2.3%	2.3%				$ 26,346,019		$ 7,460,142		$ 33,806,161
DBE - Project/ Phasing Contingency (13% Renovation/ 3% New)	13%	3%				$ 35,154,753		$ 43,135,837		$ 78,290,590
DB Criteria Contingency - (Surety Bond, Builder's Risk, Trade Partners, Best Value, Subsistence)	7.0%	7.0%				$ 84,488,591		$ 26,246,498		$ 110,735,089
Work Within Secured Perimeter	15%	0%						$ 60,179,470		$ 60,179,470
Permits	2%	2%				$ 25,829,369		$ 9,227,519		$ 35,056,888
Design Builder Team Cost	10%	10%				$ 129,146,846		$ 47,060,345		$ 176,207,191
Subtotal: Contractor Costs						$ 379,512,202		$ 230,355,239		$ 609,867,441
TOTAL BASE CONSTRUCTION + CONTRACTOR COST						$ 1,446,444,674		$ 517,663,799		$ 1,964,108,473
Escalation 5 %/yr compounded to midpoint of Construction	5%	5%			40%	$ 583,771,544	66%	$ 344,227,277		$ 927,998,821
ESCALATED CONSTRUCTION COSTS				$ -		$ 2,030,216,217		$ 861,891,076		$ 2,892,107,293
County Other Project Costs										
FF&E	2%	2%				$ 40,604,324.34		$ 17,237,822		$ 57,842,146
Architectural/Engineering Design, Legal, ASD and Consultants	$ 1,250,000	$ 1,250,000	yr	$ 2,500,000	8.75	$ 10,937,500	3	$ 3,750,000	11.75	$ 17,187,500
CEQA	$ 1,000,000	$ 1,000,000	LS	$ 1,000,000						$ 1,000,000
FEMA - CLOMR/PMR	$ -	$ -		$ -						$ -
Construction Support, ASD	$ 2,000,000	$ 2,000,000	yr		8.75	$ 17,500,000	3	$ 6,000,000	11.75	$ 23,500,000
Construction Management and Inspection CMID	$ 2,500,000	$ 2,500,000	yr	$ 5,000,000	8.75	$ 21,875,000	3	$ 7,500,000	11.75	$ 34,375,000
Soft Costs Contingency	10%	10%		$ 850,000		$ 5,031,250		$ 1,725,000		$ 7,606,250
Subtotal: County Other Project Costs				$ 9,350,000		$ 95,948,074		$ 36,212,822		$ 141,510,896
Total Project Costs				$ 9,350,000		$ 2,126,164,291		$ 898,103,898		$ 3,033,618,189

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Responsiveness to Qualitative Criteria

The following section provides the rationale for rating Approach C in terms of its responsiveness both individually and in relation to the other approaches considered based on the requirements of the Mays Consent Decree and the defined Qualitative criteria. See Figure 1.3, Section 1.0, for the Quantitative & Qualitative Ratings Legend.

Resolves Consent Decree: Medical Care Physical Deficiencies – When complete, this approach will fully address physical issues relative to the adequacy of facilities and provide improvements which will increase efficiency and the effective delivery of care services. It will reduce delays in seeing medical providers. This issue is driven by availability of exam rooms, provisions for the staging of inmate-patients to and from clinical services with increasing delays related to escort availability. Improved facilities may also allow more services to be delivered on-site, reducing transportation.

The timeframe to meaningful progress of eight years, nine months, September 2035, is a positive. Full compliance, however, is not achieved until 11 years, 9 months (September 2038), with the completion of the Main Jail.

Ultimately, Approach C would address and resolve all direct and indirect physical deficiencies impacting medical services, as outlined in the Consent Decree. The rating, however, was reduced from full green, highly positive/responsive, to yellow, generally responsive, because of a minor issue of concern, specifically the extended schedule for renovation of the Main Jail.

There may be a path forward if completion of the satellite facility alone is accepted as partially addressing or fully addressing the conditions of the Consent Decree, with renovation of the Main Jail or alternatively expansion of the satellite facility deferred to a future decision.

Resolves Consent Decree: Mental Health Physical Deficiencies – When complete, this approach will fully address physical issues relative to the adequacy of facilities and provide improvements which will increase efficiency and the effective delivery of care services, reducing delays in mental health treatment.

The timeframe to meaningful progress of eight years, nine months (September 2035) is a positive. Full compliance, however, will not be achieved until 11 years, nine months (September 2038), with the completion of the Main Jail.

Ultimately, Approach C will address and resolve all direct and indirect physical deficiencies impacting medical and mental health services, and for the satellite facility accessibility issues as outlined in the Consent Decree. The rating, however, was reduced from full green to yellow because of the extended schedule for renovation of the Main Jail.

There may be a path forward if completion of the satellite facility alone is accepted as partially addressing or fully addressing the conditions of the Consent Decree, with renovation of the Main Jail or alternatively expansion of the satellite facility deferred to a future decision.

Resolves Consent Decree: Compliance Restrictive Housing Physical Deficiencies – As noted in the description of this criterion, the provisions of the Consent Decree are primarily targeted at policies and procedures related to placement in restricted housing, especially for individuals with developmental disabilities or mental health issues. In terms of physical deficiencies, the key issues are providing adequate out of cell time, access to outdoor recreation, and facilities for continued mental health treatment for inmates clinically assessed under one of the treatment categories. The current plan suggests converting the medical housing units on the second floor to restrictive housing and assumes that adequate treatment and recreation areas will be provided. Access to outdoor recreation, however, is still limited due to movement to the shared recreation decks.

Approach C will address and resolve all direct and indirect physical deficiencies impacting delivery of restricted housing as outlined in the Consent Decree and provisions can be made for additional access to outdoor recreation. As the key operational concerns related to this Consent Decree consideration have been addressed in the current Main Jail, and Approach C does not result in a reduction in compliance, this criterion was rated as highly responsive.

Resolves Consent Decree: Compliance Suicide Prevention Physical Deficiencies – Provides improved housing for Suicidal Inmate Temporary Housing Unit in proximity to medical and mental health staff. Housing is single-level and consists of single cells designed for improved observation and emergency communication.

Approach C will address and resolve all direct and indirect physical deficiencies by providing enhanced facilities that reflect planning best practices in a relatively short timeframe of eight years, nine months.

Resolves Consent Decree: Compliance ADA Physical Deficiencies – When complete, this approach will fully address accessible housing, program and support areas throughout the jail system. Significant progress will be made within eight years and nine months with the completion of the satellite facility.

Completion of the Main Jail renovation, however, significantly extends the schedule for providing accessible housing and various programs and support facilities at the Main Jail and fully resolving accessibility issues.

Approach C will address and resolve all direct and indirect physical deficiencies related to accessibility as outlined in the Consent Decree. This rating, however, was reduced from full green to yellow based on the extended schedule for the Main Jail renovation.

Temporary Housing Required – The phasing plan provides adequate temporary beds by initiating renovation of the Main Jail after completion of the satellite facility and vacating the existing RCCC campus. Approach C was rated as highly positive/responsive.

Impact on Custody Staffing – Approach C continues to reflect the current two-facility operation with its inherent duplication of functions and, therefore, staffing. Figure 5.7 below, Sample Information—Staffing Duplication for Multiple Facilities, illustrates several primary operational functions that result in duplicate staffing. It should be noted that potential savings may not equate to 100% of identified positions as increased capacity from consolidation will create an increased workload; however, some savings should be anticipated. A more thorough analysis of staffing patterns for the existing facilities and preferred Strategic Development Approach is required to arrive at a final estimate of the savings.

In the discussion of the Qualitative Criteria in Section 1.0 of this report, it was noted that Approaches reflecting two facilities would be rated as having limited responsiveness relative to the Impact of Custody Staffing. Approach C has some nuances that, relative to other approaches, further determine the recommended rating for this criterion:

- Continued use of the existing Main Jail requires continued staffing of housing control rooms. With one control room on each side, the facility has 12 control rooms that require 24/7 staffing. With a typical relief factor, this equates to over 60 staffing positions. If the electronic controls are reconfigured and placed in the open workstations, only about half of these positions could be reallocated as E100 and W100 cannot be seen from the cluster work area requiring direct supervision staffing on the day shift at a minimum.
- The Main Jail will continue to require escorts and security staffing for outdoor recreation (as opposed to recreation areas at the housing units as programmed for new construction), again requiring additional staff beyond the best practice idealized facility model.

Nonetheless, it is believed that the perceived staffing and operational benefits of constructing the satellite facility will offset these issues to a significant degree. As a result, Approach C was rated as generally responsive, minor issue of concern relative to this criterion.

Impact on Medical/Mental Health Staffing – Approach C reflects the current two-facility operation with its inherent duplication of functions and, therefore, staffing. Figure 5.7, Sample Information—Staffing Duplication for Multiple Facilities, illustrates several primary operational functions that result in duplicate staffing. Relative to medical and mental health staffing, development of the satellite facility should have a positive impact.

Housing by cohort should help increase staffing efficiency in the delivery of services. Consolidation of the APU into one location should allow it to be served by a single, multi-station nursing station. Providing office space on-site for staff will reduce time spent in transit moving from the current office location on G Street to and from the Main Jail. Modernizing medical space with multiple exam rooms should enhance the provision of medical services. The provision of contemporary treatment facilities and facilities to support staff should enhance retention and recruitment. Finally, collocating the main medical/mental health component with

Intake/Transfer/Release will make staff readily available to assist during workload surges that require additional staff for initial medical and mental health assessments.

In the discussion of the Qualitative Criteria in Section 1.0 of this report, it was noted that Approaches reflecting two facilities would be rated as having limited responsiveness relative to Impact on Medical/Mental Health Staffing. However, as with custody staffing, it is believed that the perceived staffing and operational benefits of constructing the satellite facility will offset these issues to a great degree. As a result, Approach C was rated as generally responsive, minor issue of concern relative to this criterion.

Figure 5.7
All Strategic Development Approaches
Sample Information – Staffing Duplication for Multiple Facilities

Component	Custody Staffing		Civilian Staffing	
	Day Shift Only	Relieved	Day Shift Only	Relieved
Facility Entry/Lobby	N/A	Screening Staff	N/A	N/A
Facility Administration	Compliance	N/A	Support Staff	N/A
Central Control/Security Operations	N/A	Custody Admin Central Control	N/A	N/A
Intake/Transport Release	N/A	Custody Staff	N/A	Medical MH Staff
Centralized Programs	Escorts Program Security	N/A	Teachers Volunteer Coord.	N/A
Healthcare Services	N/A	Custody Staff	Nursing Staff Physicians Dentists	Nursing Staff
Food Services	N/A	Custody Staff	Dietician	Cooks
Laundry Services	N/A	N/A	N/A	N/A
Maintenance	N/A	N/A	All Trades	Emergency Services

Transportation Impact (Internal & External) – Approach C reflects the current two-facility operation with continued requirements for interfacility transportation. Expanded clinical services on-site should provide for a reduction in off-site medical transports by providing adequate space for specialist services to be provided on a contract basis. Additionally, the provision of hospital-type observable rooms may reduce reliance on outplacement, impacting both transportation and per diem costs. Finally, the distance and travel time between the two facilities will be reduced, and excessive travel times from RCCC to specialty services will be eliminated.

In the discussion of the Qualitative Criteria in Section 1.0, it was noted that Approaches reflecting two facilities would be rated as having limited responsiveness relative to Transportation because they continue the status quo. Based on the foregoing discussion, however, Approach C was rated as generally responsive, minor issue of concern.

Impact on Facility Operational Costs – New construction will comply with current energy codes and mandates of the County's Climate Action Plan (CAP). Though not addressed at the Master Plan level, future planning can consider alternative energy sources such as solar panels, geothermal, etc. Renovation scope includes full upgrade of existing Main Jail systems to reflect current energy reduction targets with equipment compliant with the County's CAP. Similarly, the reconstruction of RCCC will be compliant with the basic requirements of the CAP.

Approach C was rated as highly responsive.

Construction Impact on Operations – New construction on a new site and renovation of the Main Jail while vacant will have no impact on ongoing operations.

Approach C was rated as highly responsive.

Incorporates Defined Best Practices – The construction of the satellite facility will be based on fully responding to contemporary best practices outlined in Section 6.0 of the Phase I/II report (Appendix E) and as captured in the model space programming and project budget. The Main Jail obviously is constrained by existing construction, which reflects current thinking at the time of construction, not today. The scope of Approach C attempts to address many of the gaps identified including accessible visiting, appropriate interview and treatment rooms, and smaller housing units. Key gaps relative to best practice include recreation in direct proximity to the housing units and limited program areas, which are considered of minor concern in the overall scope.

Approach C was rated as generally responsive, minor issue of concern.

Operational Flexibility – Approach C provides for maximum flexibility in accommodating changes to the population profile for both general and special populations by standardizing a range of unit sizes to allow flexibility of assignment based on classification or clinically assessed treatment needs.

Approach C is rated as highly positive/responsive.



Quality of Environment – Under Approach C, the environment for staff and people in custody is greatly improved and reflects the creation of a normative, light-filled environment—a potential benefit in terms of staff retention and recruitment. Scope includes updates to the Main Jail within the limitations of the existing construction.

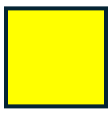
Approach C is rated as highly positive/responsive.



Potential for Phased Construction – The approach could easily be developed in phases, with the satellite facility as Phase I. Phase I planning could include consideration of future expansion in lieu of renovation of the Main Jail. Deferring full renovation of the Main Jail, however, will result in a significant Capital Improvement Plan (CIP) or emergency repair funding at the Main Jail.

While the FCA projected limited immediate remedial work, it repeatedly noted that equipment was aged but functional, meaning it has exceeded its life expectancy but is still working. In addition, the ability to develop on a phased basis would require agreement from Class Counsel that construction of the satellite facility resolves the physical deficiency requirements of the Consent Decree, additional public support for funding in the future, and increased costs for escalation.

Relative to the potential for phased construction, Approach C was rated as having limited responsiveness, significant issue of concern.



Risks/Potential Impediments to Implementation – Potential risks associated with Approach C include:

- CEQA Litigation: The potential for CEQA litigation especially related to developing a new site for a facility of this size.
- Public Rejection of Financing: Without a defined revenue source, the only potential for project funding will be a public bond issue that includes a dedicated revenue stream. There will be opposition to the project both from a “no jails” and “no taxes” perspective.
- Continued Consent Decree Litigation: The shorter time to full compliance should reduce likelihood of continued litigation, sanctions, or interim actions.

Based on the above, Approach C was rated generally responsive, minor issue of concern regarding risks/potential impediments to implementation.

Recommended Ranking

Strategic Development Approach C, New Special Purpose Satellite Facility with Capacity to Replace Rio Cosumnes Correctional Center & Renovation of the Main Jail, was **ranked second for consideration among the six approaches considered**.

The primary issues leading to this determination include:

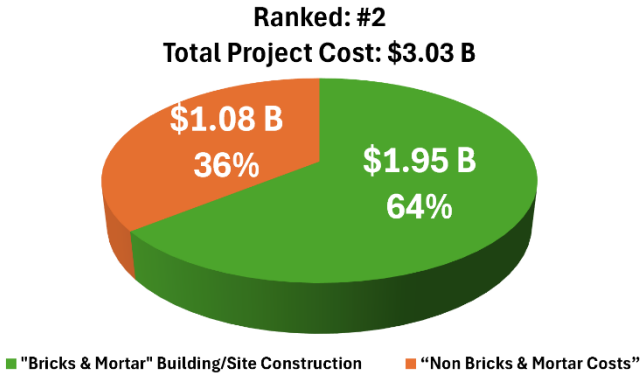
- Short time to make meaningful progress toward compliance with all of the key issues of the Consent Decree through the construction of the satellite facility. Based on initiating the decision-making process in January 2027, beneficial occupancy would occur at eight years, nine months (September 2035).
- Acceptable schedule for full compliance by renovating the Main Jail, requiring an additional three years with completion in September 2038.
- Ability to renovate the Main Jail in a single phase while vacant.
- The construction cost is within an acceptable range relative to other approaches considered at $1.96B.
- The project cost of $3.03B is the second lowest of the six approaches because site mitigation measures are not required and the reduced time to completion also results in a lower cost for escalation ($928M). Note that the cost model does not include an allowance for site acquisition with the goal of identifying publicly owned property.
- Consolidation will result in some operational cost savings related to the current situation.
- Delivery of medical and mental health treatment will be improved in both timeliness and efficacy.
- Physical deficiencies identified in the Consent Decree and physical deficiencies indirectly impacting medical and mental health treatment will be fully resolved in a relatively short overall implementation schedule.
- Assuming progress is continually made on the non-facility staffing, operational, and quality of care issues, this approach could lead to the full resolution and discharge of the Consent Decree in the shortest time possible.
- Avoids delay and costs associated with the development of the RCCC site and Federal Emergency Management Agency (FEMA) approvals.

Value for Money: A key consideration has to be, "What am I buying for what I am spending"? In other words, what is the bricks and mortar cost of the asset versus dollars going to floodplain mitigation, escalation and other project development costs? Figure 5.8 Value for Money attempts to answer that question by comparing the cost of construction and required site development in today's dollars exclusive of mitigation costs, escalation and other project costs to the total project development cost based on the phasing plan and schedule.

As illustrated in Figure 5.8 and based on the cost of bricks and mortar for the construction of a new consolidated facility, the actual expenditure for beneficial construction in today's dollars is

64% of the total project cost over time, with only 36% going to other costs—mitigation, escalation, and limited program management costs. This is the second highest value for money percentage of any of the six approaches considered with a range from a low of 43% to a high of 68%. Strategic Development Approach C also provides the potential for a reduction in staffing, operations, and transportation costs.

Figure 5.8
Strategic Development Approach C
Value for Money



The Planning Team believes that Approach C, Special Purpose Satellite Facility, RCCC Replacement, & Main Jail Renovation, as outlined represents a best-value decision for Sacramento County, in terms of facilities, time, contemporary best practices and full resolution of the Consent Decree and therefore ranked second among the six approaches.