Sacramento County Correctional Facility Master Planning Services

Final Report: A Vision for the Future

Section 6.0 – Strategic Development Approach D:

New Special Purpose Satellite Facility with Capacity to Replace Main Jail & Reconstruction/Expansion of Rio Cosumnes Correctional Center

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Prepared at the Direction of Counsel

STRATEGIC DEVELOPMENT APPROACH D

Key Elements Project Scope

Strategic Development Approach D is a variation of Approach C. It is based on the potential for developing the Special Purpose Facility as part of a new satellite facility replacing the Main Jail, rather than Rio Cosumnes Correctional Center (RCCC), within or directly adjacent to the area bounded by I-5, I-80, SR 50, and SR 99. Location is 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 a location in this geographic area would also support recommended proximity to 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 6.1 - Strategic Development Approach D, Facility Utilization

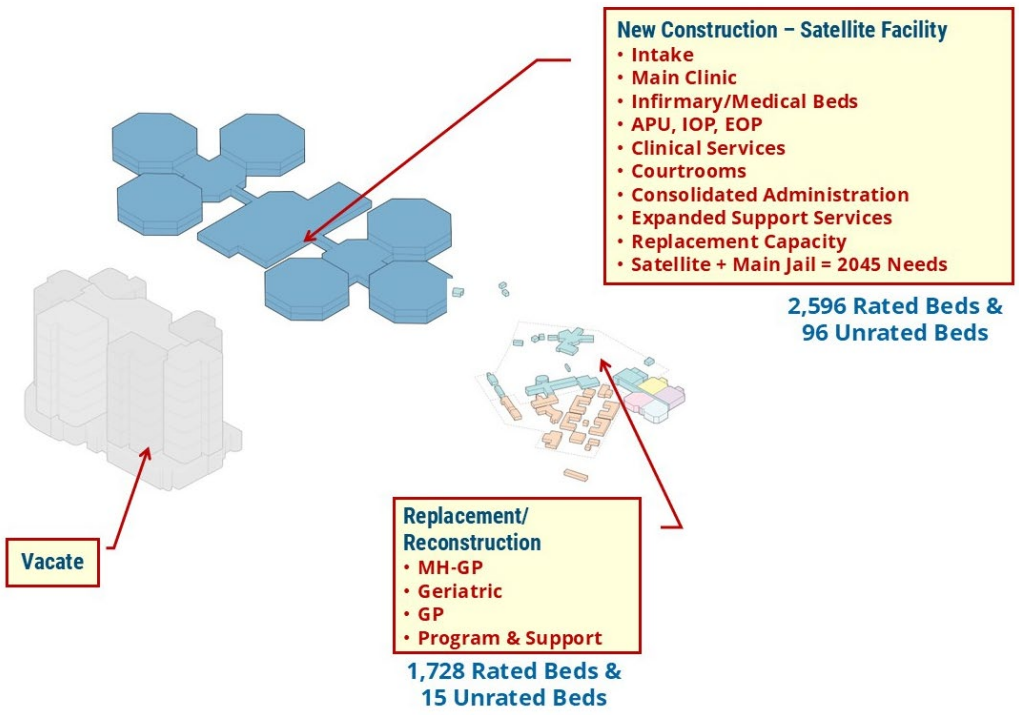


Figure 6.1 depicts proposed facility utilization, summarized as follows:

Hall of Justice & North Addition: The Hall of Justice (HOJ) and 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 and the Main Jail will be vacated.

New Satellite Facility: The proposed satellite facility will accommodate all the projected space required to support special purpose needs for the medical and mental health populations, replace the capacity of the Main Jail, 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, including:

- Medically Assisted Treatment (MAT)
- Chronic Long-Term Medical
- 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 population 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 (APU) and 564 rated beds. In addition, the satellite facility will provide 1,808 general population beds for housing in various classifications, replacing the existing Main Jail capacity.

Total projected rated capacity of the new satellite facility is planned to be 2,596 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 providing

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 1,129,569 building gross square feet (BGSF) as outlined in Figure 6.2, Preliminary Space Program. Population distribution for the medical and mental health special needs population is illustrated in Figure 6.3, Medical/Mental Health Projected Housing Distribution, and for the General Population in Figure 6.4, General Population Projected Housing Distribution (refer to Appendix A.1 for detailed Housing Cluster Programs.)

Figure 6.2
Strategic Development Approach D
Special Purpose Satellite Facility & Main Jail 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)				**7,692**	**30%**	**10,000**
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)**	**2,372**		**377,887**	**55%**	**584,811**
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		**1,808**		**253,995**	**56%**	**395,373**
Subtotal Male Beds		1,472		204,305	56%	318,127
Subtotal Female Beds		336		49,690	55%	77,246
Housing - Total Capacity Summary	**(96)**	**2,596**				
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				**649,200**	**45%**	**943,355**
BGSF @ 20%					**20%**	**188,671**
TOTAL BGSF						**1,132,026**

Figure 6.3
Strategic Development Approach D
Special Purpose Satellite Facility & Main Jail 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; 1 Double				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 6.4
Strategic Development Approach D
Special Purpose Satellite Facility & Main Jail Replacement
General Population – Projected Housing Distribution

Component			Non-Rated Beds	Rated Beds		NSF	DGSF Factor	DGSF
11.0 General Population Housing - All Classifications				**1,808**		**253,995**	**56%**	**395,373**
Subtotal Male Beds - Clusters Required		**Required**		**1,472**		**204,305**	**56%**	**318,127**
11.1	192 Bed Cluster - 4-48 Double Beds	7		**1,344**		**181,195**	**56%**	**282,373**
				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**		**336**		**49,690**	**56%**	**77,246**
11.1	192 Bed Cluster - 4-48 Double Beds	1		192		25,885	56%	40,339
11.3	144 Bed Cluster - 2-48 Double; 1-32 Single; 1-16 Single Bed	1		144		23,805	63%	36,907

RCCC: Originally, this approach was based on the renovation and expansion of the RCCC to address current deficiencies and meet 2045 needs. It was revised mid-stream to consider replacement construction (and expansion) of the existing RCCC due to the floodplain zoning requirements as well. These requirements triggered full compliance with flood proofing due to the estimated cost of renovations, additions and replacement construction scope exceeding 50% of the value of the existing facility.

As floodproofing of the existing buildings spread across the campus is impractical, new construction on engineered fill that would raise the site a minimum of two feet above the base flood elevation (BFE) was adopted as the basis for planning. In addition, as anticipated in the original scenario, improvements will be made to both Bruceville Road, the primary accessway to the facility, and to Twin Cities Road to allow for continued access in an event that leads to flooding of the site and its surroundings. Note that any flood mitigation must comply with the requirements of the Sacramento Floodplain Management Ordinance, which stipulates that mitigation must not create any adverse impacts on adjacent properties or the overall floodplain as mapped. *(Refer to prior summary information in this section and more detailed information in Section 2.0 and Appendix C.)*

RCCC will be replaced by new construction on a portion of the County's property with the exact location to be determined. Total projected rated capacity will be 1,728 beds, which, along with the new satellite facility will provide a total capacity of 4,324 beds versus a projected 2045 need of 4,313 beds. The variance is attributable to standardizing housing unit capacities.

This facility will also 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.

The total area of the reconstructed RCCC is projected at 620,646 BGSF, as outlined in Figure 6.6, Preliminary Space Program. Projected capacity is 1,728 rated beds and 12 unrated infirmary beds as illustrated in Figure 6.5 Projected Housing distribution. (Refer to Appendix A.2 for detailed Housing Cluster Programs.)

Figure 6.5
Strategic Development Approach D
RCCC Reconstruct – Projected Housing Distribution

Component			Non-Rated Beds	Rated Beds		NSF	DGSF Factor	DGSF
11.0 General Population Housing - All Classifications				**1,728**		**247,700**	**56%**	**384,980**
Subtotal Male Beds - Clusters Required		**Required**		**1,408**		**200,330**	**56%**	**311,562**
11.1	192 Bed Cluster - 4-48 Double Beds	6		**1,152**		**154,110**	**56%**	**240,054**
				192		25,685	56%	40,009
11.2	128 Bed Cluster - 2-32 Single; 2-32 Double Beds	2		**256**		**46,220**	**55%**	**71,508**
				128		23,110	55%	35,754
Subtotal Female Beds - Clusters Required		**Required**		**320**		**47,370**	**56%**	**73,418**
11.1	192 Bed Cluster - 4-48 Double Beds	1		192		25,685	56%	40,009
11.7	128 Bed Cluster – 2-48 Double; 2-16 Single Beds	1		128		21,685	63%	33,409

Figure 6.6
Strategic Development Approach D
RCCC Reconstruct - Preliminary Space Program

Component			Non-Rated Beds	Rated Beds		NSF	DGSF Factor	DGSF
1.0	**Facility Entry/Public Spaces (visiting)**					**2,000**	**35%**	**2,700**
2.0	**Facility Administration**					**9,250**	**30%**	**12,025**
3.0	**Staff Support Facilities / Training**					**12,000**	**30%**	**15,600**
4.0	**Central Control/Security Operations**					**2,593**	**35%**	**3,500**
5.0	**Intake/Transport Release**					**7,500**	**30%**	**9,750**
7.0	**Centralized Programs (religious, library, commissary, education, CTE)**					**2,500**	**30%**	**3,250**
8.0	**Healthcare Services**		**12**			**4,000**	**30%**	**5,200**
	Infirmary		12			2,880	60%	4,608
Housing								
11.0	**General Population Housing - All Classifications**			**1,728**		**247,700**	**55%**	**384,980**
	Subtotal Male Beds			1,408		200,330	56%	311,562
	Subtotal Female Beds			320		47,370	55%	73,418
	Housing - Total Capacity Summary			**1,728**				
Programs						**18,462**	**30%**	**24,000**
12.0	**Food Services / Staff Dining**					**6,000**	**20%**	**7,200**
13.0	**Laundry Services**					**7,692**	**30%**	**10,000**
14.0	**Maintenance**					**11,538**	**30%**	**15,000**
16.0	**Building Support / Utility Areas**					**20,000**	**20%**	**24,000**
TOTAL NSF/DGSF						**351,235**	**47%**	**517,205**
BGSF @ 20%							**20%**	**103,441**
TOTAL BGSF								**620,646**

Resulting total rated capacity for Strategic Development Approach D is 4,324 beds, which is comparable to all other approaches, as illustrated in Figure 6.7, Projected Capacity by Facility.

Figure 6.7
Strategic Development Approach D
Projected Capacity by Facility

Facility	Rated Beds	Unrated Beds	Total Capacity
Satellite Special Purpose Facility &	788	96	884
Main Jail Replacement Capacity	1,808	0	1,808
RCCC Reconstruct	1,728	12	1,740
Main Jail	(2,336)*	(57)*	(2,393)*
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 concurrently on slightly differing schedules. A key consideration in the phasing plan was allowing time, based on best available information for floodplain-related approvals. As previously discussed, significant time is required for the Federal Emergency Management Agency (FEMA) submission and approval process; review and approval of a Conditional Letter of Map Revision (CLOMR), which is required prior to initiating construction at the RCCC site; and achieving a Physical Map Revision (PMR) review and approval, which must be obtained prior to occupancy of RCCC. The phasing plan and schedule assume the worst case scenario based on information gathered regarding current FEMA review and approval times as outlined in Section 2.0 of this report, but even these conservative review times are less than certain[1].

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, 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 Proposals, and selection of a

[1] This extends the schedule for the renovation due to FEMA review times for the Conditional Letter of Map Revision (CLOMR) which is required prior to initiating construction and the Physical Map Revision (PMR) review and approval which must be obtained prior to occupancy of RCCC. The phasing plan and schedule assumes the worst case based on information gathered regarding current FEMA review and approval times as outlined in Section 2.0 of this report, but even these conservative review times are less than certain.

design/build team would be completed. It is then estimated that one year and nine months (21 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.

Based on the best available information, this total time period from project inception (4 years and 9 months) should allow for completion of the CLOMR process, which is required prior to initiating construction at RCCC in the floodplain.

Construction of the new satellite facility accommodating Special Purpose needs and the replacement of Main Jail capacity is projected to require 48 months with a cumulative timeframe from the schedule start in January 2027 of 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 that directly or indirectly impact medical and mental health care in the jail system. In addition, upon completion, over 50% of the available capacity in the system will meet California Title 24 and Americans with Disabilities Act (ADA) accessibility standards.

Reconstruction of RCCC is based on a 60-month or five-year construction schedule, including engineered fill for the site and raising both Bruceville Road and Twin Cities Road above the BFE. During this time, the PMR would also be completed and submitted to FEMA for review and approval. Best available information suggests this could be a seven-year process, and the building cannot be occupied until the approval is in hand, resulting in a beneficial occupancy date of September 2039. (Refer to Appendix A.6 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 level of the study, cost estimates are at best Rough Order of Magnitude (ROM) statements of probable costs. An independent estimator, Sierra West, was engaged to prepare the construction cost estimates. The firm 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 previous work.

As illustrated in Figure 6.8 Project Cost Model, probable construction costs in September 2026 dollars are $3.08B. Note that contractor costs were calculated based on actual cost per month rather than as a percentage due to 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 $1.54B to project costs. Along with other project costs, this results in a **total estimated project cost of $4.8B, the second-highest cost of all six approaches considered.**

Also note the cost of floodplain mitigation at the RCCC site. The base construction cost to raise the site elevation to 2'-0" above the BFE and to raise the access roads is $690M+. Flood mitigation is a significant part of the overall project development cost. The Planning Team recognizes that the development of RCCC is an enticing opportunity due to the potential for reducing community opposition. If, however, if the Executive Committee or the Board of Supervisors prefers Approach D, we would suggest that they consider an alternate site for a remote facility at substantial cost savings. (Refer to Appendix A.6 for additional supporting documentation regarding project and construction costs.)

Figure 6.8
Strategic Development Approach D
Project Cost Model

Strategic Approach D Project Cost Model

Description	Renovation	New Construction	Phase 00		Phase I				TOTAL ALL PHASES	
			3 yrs of duration 3 yrs cumulative		5 yrs, 9 mo of duration 8 yrs, 9 mo cumulative		6 yrs, 9 mo of duration 12 yrs, 9 mo cumulative		12 yrs, 9 mo of duration 12 yrs, 9 mo cumulative	
				Pre-construction		Construction - Satellite Facility Replacing Main Jail		Reconstruction of RCCC		Total Construction & Project Costs
Trade Construction Costs										
Base Renovation/Construction										
Hall of Justice										$ -
County Administrative Complex										$ -
Main Jail - North Addition										$ -
Main Jail Renovations										$ -
RCCC- New Construction								$ 619,764,670		$ 619,764,670
Satellite Facility						$ 1,138,419,730				$ 1,138,419,730
Replacement Facility										$ -
Subtotal - Base Renovation/Construction						$ 1,138,419,730		$ 619,764,670		$ 1,758,184,399
Existing Physical Conditions										
Facility Conditions Assessment w/CAP										
Climate Action Plan - Cost Above In-Kind Replacement										
ADA										
Detention Equipment										
Electronic Safety and Security										
Technology										
Capital Improvement Plan FY 26 Costs Excluded from FCA										
Subtotal - Existing Physical Conditions						$ -		$ -		$ -
Main Jail Seismic Mitigation										$ -
RCCC Site Related										
Flood Mitigation for New Construction								$ 494,000,000		$ 494,000,000
Flood Mitigation - Access								$ 7,997,500		$ 7,997,500
Off-Site Utilities (Water Extension)								$ 3,960,000		$ 3,960,000
Subtotal: Base Construction Costs				$ -		$ 1,138,419,730		$ 1,125,722,170		$ 2,264,141,899
Contractor Costs										
General Conditions/ General Requirements	$600K/mo	$500k/mo				$ 24,000,000		$ 36,000,000		$ 60,000,000
General Contractor Fee	5%	5%				$ 74,062,088		$ 42,145,007		$ 116,207,095
General Contractor Bond & Insurance	2.3%	2.3%				$ 35,771,988		$ 20,356,039		$ 56,128,027
DBE - Project/ Phasing Contingency (13% Renovation/ 3% New)	13%	3%				$ 47,732,275		$ 27,162,036		$ 74,894,311
DB Criteria Contingency - (Surety Bond, Builder's Risk, Trade Partners, Best Value, Subsistence)	7.0%	7.0%				$ 114,716,567		$ 65,279,426		$ 179,995,993
Work Within Secured Perimeter	15%	0%								
Permits	2%	2%				$ 35,070,493		$ 19,956,853		$ 55,027,346
Design Builder Team Cost	10%	10%				$ 175,352,467		$ 99,784,266		$ 275,136,733
Subtotal: Contractor Costs						$ 506,705,878		$ 310,683,627		$ 817,389,505
TOTAL BASE CONSTRUCTION + CONTRACTOR COST						$ 1,645,125,608		$ 1,436,405,797		$ 3,081,531,404
Escalation 5 %/yr compounded to midpoint of Construction	5%	5%			40%	$ 663,957,311	66%	$ 955,156,719		$ 1,619,114,030
ESCALATED CONSTRUCTION COSTS				$ -		$ 2,309,082,919		$ 2,391,562,516		$ 4,700,645,434
County Other Project Costs										
FF&E	2%	2%				$ 46,181,658.37		$ 47,831,250		$ 94,012,909
Architectural/Engineering Design, Legal, ASD and Consultants	$ 1,250,000	$ 1,250,000	yr	$ 2,500,000	8.75	$ 10,937,500	4	$ 5,000,000	12.75	$ 18,437,500
CEQA	$ 1,000,000	$ 1,000,000	LS	$ 1,000,000						$ 1,000,000
FEMA - CLOMR/PMR	$ 8,000,000	$ 8,000,000		$ 8,000,000						$ 8,000,000
Construction Support, ASD	$ 2,000,000	$ 2,000,000	yr		8.75	$ 17,500,000	4	$ 8,000,000	12.75	$ 25,500,000
Construction Management and Inspection CMID	$ 2,500,000	$ 2,500,000	yr	$ 5,000,000	8.75	$ 21,875,000	4	$ 10,000,000	12.75	$ 36,875,000
Soft Costs Contingency	10%	10%		$ 1,650,000		$ 5,031,250		$ 2,300,000		$ 8,981,250
Subtotal: County Other Project Costs				$ 18,150,000		$ 101,525,408		$ 73,131,250		$ 192,806,659
Total Project Costs				$ 18,150,000		$ 2,410,608,327		$ 2,464,693,766		$ 4,893,452,093

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Responsiveness to Qualitative Criteria

The following section provides the rationale for rating Approach D 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 effective delivery of care services. It will reduce delays in seeing medical providers, which is an issue driven by availability of exam rooms, and provisions for staging of inmate-patients to and from clinical services, thereby increasing delays related to escort availability. Improved facilities may also allow more services to be delivered on-site, reducing transportation.

The time to meaningful progress of eight years, nine months (September 2035), is a positive. Full compliance, however, is not achieved until years later, in September 2039, with completion of the reconstruction of RCCC and the potential for unforeseen delays due to FEMA processing times.

Ultimately, Approach D will 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 orange - limited responsiveness, significant issue of concern-, based on the potential delays in FEMA approval resulting in an extended schedule and increased escalation costs.

There may be a path forward if completion of the satellite facility alone is accepted by Class Counsel as partially or fully addressing the conditions of the Consent Decree.

Resolves Consent Decree: Mental Health Physical Deficiencies – When complete, this approach will fully address physical issues relative to the adequacy of facilities, provide improvements, which will increase efficiency and effective delivery of delivery restricted 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, is not achieved until years later, September 2039, with completion of the reconstruction of RCCC and the potential for unforeseen delays due to FEMA processing times.

Ultimately, Approach D will address and resolve all direct and indirect physical deficiencies impacting mental health services as outlined in the Consent Decree. The rating, however, was reduced from full green, highly positive/responsive, to orange, limited responsiveness, significant issue of concern, based on the potential delays in FEMA approval resulting in an extended schedule and increased escalation costs.

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 however time to completion remains a concern.



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 those who may be suffering from a developmental disability 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.

Approach D will address and resolve all direct and indirect physical deficiencies impacting delivery restricted housing, as outlined in the Consent Decree, and provisions can be made for additional access to outdoor recreation. Approach D was rated highly positive/responsive.



Resolves Consent Decree: Compliance Suicide Prevention Physical Deficiencies – Provides improved housing for a 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 D will address and resolve all direct and indirect physical deficiencies by providing enhanced facilities reflecting best practices in planning in a relatively short time frame of eight years, 9 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 RCCC reconstruction, however, significantly extends the schedule for accessible housing and various program and support facilities at RCCC and the full resolution of accessibility issues.

Approach D 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 RCCC reconstruction and the potential for FEMA delays.



Temporary Housing Required – No temporary housing is required because both elements of the approach are new construction.

Approach D was rated as highly positive/responsive.

Impact on Custody Staffing – Approach D continues to reflect the current two-facility operation with its inherent duplication of functions and, therefore, staffing. Figure 6.9, 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 Impact of Custody Staffing. Approach D has some nuances that, relative to other approaches, further determined the recommended rating for this criterion:

- The two-facility configuration will require staffing for duplicate functions at the satellite facility and RCCC. The contemporary facility designs are expected to reduce some existing staffing inefficiencies, including separate housing control rooms and escorts to centralized recreation and program areas.
- The RCCC 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.

However, 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 D was rated as generally responsive, minor issue of concern relative to this criterion.

Impact on Medical/Mental Health Staffing – Approach D reflects the current two-facility operation with its inherent duplication of functions and, therefore, staffing. Figure 6.9, Sample Information—Staffing Duplication for Multiple Facilities, illustrates several primary operational functions that result in duplicate staffing. Relative specifically to medical and mental health staffing, the development of the satellite facility should have a positive impact on staffing.

Housing by cohort should help increase staffing efficiency in the delivery of services. Consolidation of the APU into a single 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 staff support facilities should enhance staff retention and recruitment. Finally, co-locating 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 D was rated as generally responsive, minor.

Figure 6.9
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 Dentist	Nursing Staff
Food Services	N/A	Custody Staff	Dietitian	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 D reflects the current two-facility operation with continued requirements for inter-facility 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.

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 Transportation as they continue the status quo. Approach D was rated as limited responsiveness, significant issue of concern.

Impact on Facility Operational Costs – New construction will comply with current energy codes and the mandates of the County's Climate Action Plan (CAP). While 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 RCCC systems to reflect current energy reduction targets with equipment compliant with the County's CAP.

Approach D was rated as highly responsive.

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

Approach D was rated as highly responsive.

Incorporates Defined Best Practices – Construction of the satellite facility and reconstruction of RCCC is 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.

Approach D was rated as highly responsive.

Operational Flexibility – Approach D 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 D is rated as highly positive/responsive.

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

Approach D is rated as highly positive/responsive.

Potential for Phased Construction – The approach could easily be developed in phases, with the satellite as Phase I. Phase I planning could include consideration of future expansion in lieu of RCCC reconstruction. Requirements of the Consent Decree, additional public support for funding in the future, and increased costs for escalation are additional areas of concern.

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

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

- CEQA Litigation: The potential for CEQA litigation, especially related to developing a new site for a facility of this size and related to floodplain mitigation.
- FEMA Review and Approval Delays: Phasing plans have used the best available information in predicting schedules; however, as the agency continues to evolve, at this point in time, staff availability, workloads, and public objections could significantly extend the schedule.
- Floodplain Litigation: FEMA approval process will require public hearings (in addition to CEQA requirements) and there has been public outcry over floodplain issues in the past that are assumed to be the result of County actions as well as upstream activities.
- 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 limit exposure to continued litigation, sanctions or interim actions.

Based on the above, Approach D was rated limited responsiveness, significant issue of concern regarding risks/potential impediments to implementation.

Recommended Ranking

Strategic Development Approach D, New Special Purpose Satellite Facility with Capacity to Replace Main Jail & Reconstruction/Expansion of RCCC, **ranked third for consideration among the six approaches considered.**

The primary issue leading to this determination was the relatively short time to meaningful progress to comply with all the key issues of the Consent Decree through the construction of the satellite facility. Based on initiating the decision-making process in January 2027, the schedule estimates beneficial occupancy in eight years, 9 months., September 2035. However, there are schedule concerns related to the reconstruction of RCCC, including an additional four

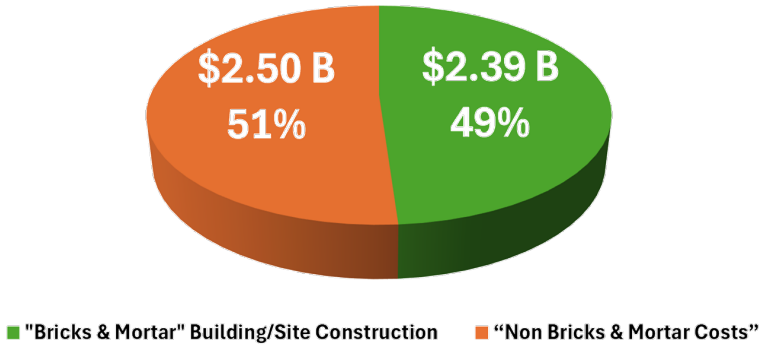
years to occupancy beyond the satellite facility and the potential for additional delays relative to FEMA review and approval time durations.

From a cost perspective, however, this is one of the most expensive approaches, with a base construction cost of $3.08B and project costs exceeding $4.8B. Floodplain mitigation costs are estimated at $690M, un-escalated. Escalation included in the project cost is exceeds $1.5B, with the potential for significant increases due to potential FEMA approval delays.

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 vs. dollars going to floodplain mitigation, escalation and other project development costs? Figure 6.10, 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 6.10, based on the cost of bricks and mortar for the construction of the satellite facility and reconstruction of RCCC, the actual expenditure for beneficial construction in today's dollars is only 54% of the total project cost over time with 46% going to other costs – mitigation, escalation, and limited program management costs. *This is the third 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%.*

Figure 6.10
Strategic Development Approach D
Value for Money
Ranked: #3
Total Project Cost: $4.89 B



The Planning Team believes that Approach D, Special Purpose Satellite Facility & Main Jail Replacement, 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 relative to the satellite facility only.

The Planning Team, however, does not believe the investment in the RCCC site represents a best value decision. We recognize that RCCC is and has been the site of a secure detention and correctional facility for over 75 years, is generally accepted as the same by the public, and perhaps would be generally more acceptable as a jail site. However, should the Executive Committee or Board of Supervisors view Approach D favorably, with Satellite replacing the Main Jail and Special Purpose Facility plus a second remote jail, we would strongly recommend that the County forgo consideration of the RCCC and pursue other remote sites, or give further consideration to the higher ranked Strategic Development Approaches E and C.