Sacramento County Correctional Facility Master Planning Services

Final Report: A Vision for the Future

Section 7.0 – Strategic Development Approach E: New Consolidated Detention Center, Including Special Purpose Needs, Replacing Main Jail & Rio Cosumnes Correctional Center

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Prepared at the Direction of Counsel

STRATEGIC DEVELOPMENT APPROACH E

Key Elements Project Scope

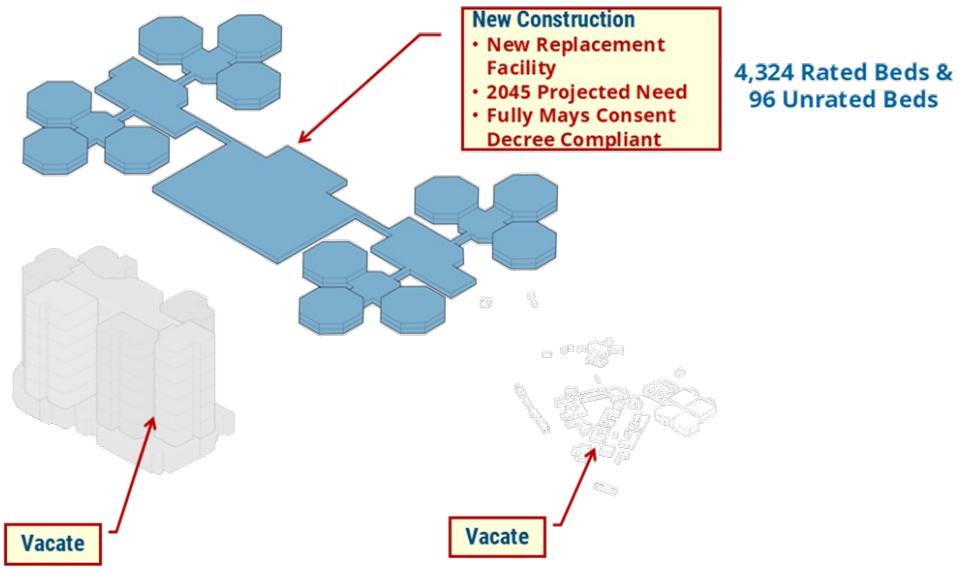
Strategic Development Approach E would replace both the Main Jail and Rio Cosumnes Correctional Center (RCCC) with a new consolidated Detention and Correctional Facility within or directly adjacent to the area bounded by I-5, I-80, SR 50, and SR 99. Location is based on proximity, travel time and ease 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 the master planning level, the site is non-specific, but 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 7.1 provides a graphic depiction of proposed facility utilization. Disposition of the Main Jail and RCCC properties has been deferred as an issue for future consideration once the new consolidated facility is under construction.

Figure 7.1
Strategic Development Approach E
Facility Utilization



The proposed facility will accommodate all the projected space needs required to support the special-need medical and mental health populations and the general population as projected 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
- Geriatric Housing

The consolidated 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; double occupancy cells currently distributed throughout the population of the Main Jail and RCCC 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. Additionally, the consolidated Detention & Correctional Facility will provide 3,536 beds of general population housing in various classifications, replacing the existing Main Jail and RCCC capacities and providing additional capacity as required to meet the 2045 projected capacity needs.

Total projected rated capacity of the new consolidated Detention & Correctional Facility is planned to be 4,324 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 consolidated Detention & Correctional Facility is projected at 1,575,298 building gross square feet (BGSF) as outlined in Figure 7.2 Preliminary Space Program. Population distribution for the medical and mental health special needs population is illustrated in Figure 7.3, Medical/Mental Health Projected Housing Distribution and for the

General Population, and Figure 7.4, General Population Projected Housing Distribution (refer to Appendix A.2 for detailed Housing Cluster Programs).

Figure 7.2
Strategic Development Approach E
Consolidated Detention & Correctional Facility - 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)**				**18,462**	**30%**	**24,000**
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		**96**		16,710	45%	24,227
8.6	Chronic Long-Term Medical		**64**		11,947	45%	17,309
8.7	Geriatric Beds		**64**		11,947	45%	17,309
	Housing	**(48)**	**4,100**		**607,452**	**55%**	**942,252**
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**		**3,536**		**483,560**	**56%**	**752,814**
	Subtotal Male Beds		3,200		434,070	56%	675,898
	Subtotal Female Beds		336		49,490	55%	76,916
	Housing - Total Capacity Summary	**(96)**	**4,324**				
12.0	**Food Services / Staff Dining (Cook/Chill)**				**23,077**	**30%**	**30,000**
13.0	**Food Service Warehouse**				**12,083**	**20%**	**14,500**
14.0	**Laundry Services**				**4,615**	**30%**	**6,000**
15.0	**Maintenance**				**23,077**	**30%**	**30,000**
16.0	**Building Support / Utility Areas**				**50,000**	**20%**	**60,000**
TOTAL NSF/DGSF					**890,079**	**48%**	**1,314,796**
BGSF @ 20%						**20%**	**262,959**
TOTAL BGSF							**1,577,755**

Figure 7.3
Strategic Development Approach E
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 7.4
Strategic Development Approach E
General Population – Projected Housing Distribution

Component			Non-Rated Beds	Rated Beds		NSF	DGSF Factor	DGSF
11.0 General Population Housing - All Classifications				**3,536**		**483,560**	**56%**	**752,814**
Subtotal Male Beds - Clusters Required		**Required**		**3,200**		**434,070**	**56%**	**675,898**
11.1	192 Bed Cluster - 4-48 Double Beds	16		**3,072**		**410,960**	**56%**	**640,144**
				192		25,685	56%	40,009
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**		**49,490**	**56%**	**76,916**
11.1	192 Bed Cluster - 4-48 Double Beds	1		192		25,685	56%	40,009
11.3	144 Bed Cluster - 2-48 Double; 1-32 Single; 1-16 Single Beds	1		144		23,805	63%	36,907

The summary space program, including the detailed housing cluster programs, provides an initial determination of space requirements. Additional detailed programming and operational planning will be required if this approach proves be the preferred course of action to define facility requirements more fully. Preliminary discussions suggest that the facility would be sub-divided into several smaller management units of 800 to 1,200 beds, each with its own support core. One of these sub-management units would house the Special Purpose Cluster of medical and mental health services and housing.

Figure 7.5 Projected Capacity by Facility illustrates the capacity of the proposed facility and the beds replaced by vacating the Main Jail and RCCC.

Figure 7.5
Strategic Development Approach E
Projected Capacity by Facility

Facility	Rated Beds	Unrated Beds	Total Capacity
Consolidated Detention & Correctional Facility	4,324	96	4,420
Main Jail	(2,336)*	(57)*	(2,393)*
RCCC	(1,625)*	(34)*	(1,659)*
TOTAL	**4,324**	**96**	**4,420**

*Existing capacity retired; not included in total.

Phasing and Implementation Plan

Implementation of Approach E is planned as a single construction phase. 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 and preparation of a Request for Proposals, and selection of a 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 with a sufficient level of detail to allow negotiation of a Guaranteed Maximum Price, finalize the drawings and obtain permits.

Construction is anticipated to require 48 months, with beneficial occupancy targeted for September 2035, a total of eight years, nine months, from project inception in January 2027. This will result in a facility that fully responds to both the direct physical deficiencies outlined in the Consent Decree, as well as those that indirectly impact the timely, efficient and effective

delivery of medical and mental health treatment to the in-custody population – achieving total compliance in the shortest time of all six approaches considered.

(Refer to Appendix A.7 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 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 7.6 Project Cost Model, probable construction costs in September 2026 dollars are $2.0B. 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 $813M to project costs. Along with other project costs, this results in a **total estimated probable project cost of $2.95B – the 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 site and seismic mitigation at the Main Jail.

(Refer to Appendix A.7 for additional supporting documentation regarding project and construction costs.)

Figure 7.6
Strategic Development Approach E
Project Cost Model

Strategic Approach E Project Cost Model			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		8 yrs, 9 mo of duration 8 yrs, 9 mo cumulative	
Description	**Renovation**	**New Construction**		**Pre-construction**		**Construction – New Replacement Facility**		**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								$ -
Satellite Facility								$ -
Replacement Facility						$ 1,494,831,868		$ 1,494,831,868
Subtotal - Base Renovation/Construction						$ 1,494,831,868		$ 1,494,831,868
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								$ -
Flood Mitigation - Access								$ -
Off-Site Utilities (Water Extension)								$ -
Subtotal: Base Construction Costs				$ -		$ 1,494,831,868		$ 1,494,831,868
Contractor Costs								
General Conditions/ General Requirements	$600K/mo	$500k/mo				$ 24,000,000		$ 24,000,000
General Contractor Fee	5%	5%				$ 75,941,593		$ 75,941,593
General Contractor Bond & Insurance	2.3%	2.3%				$ 36,679,790		$ 36,679,790
DBE - Project/ Phasing Contingency (13% Renovation/ 3% New)	13%	3%				$ 48,943,598		$ 48,943,598
DB Criteria Contingency - (Surety Bond, Builder's Risk, Trade Partners, Best Value, Subsistence)	7.0%	7.0%				$ 117,627,779		$ 117,627,779
Work Within Secured Perimeter	15%	0%						$ -
Permits	2%	2%				$ 35,960,493		$ 35,960,493
Design Builder Team Cost	10%	10%				$ 179,802,463		$ 179,802,463
Subtotal: Contractor Costs						$ 518,955,716		$ 518,955,716
TOTAL BASE CONSTRUCTION + CONTRACTOR COST						$ 2,013,787,584		$ 2,013,787,584
Escalation 5 %/yr compounded to midpoint of Construction	5%	5%			40%	$ 812,745,837		$ 812,745,837
ESCALATED CONSTRUCTION COSTS				$ -		$ 2,826,533,420		$ 2,826,533,420
County Other Project Costs								
FF&E	2%	2%				$ 56,530,668.40		$ 56,530,668
Architectural/Engineering Design, Legal, ASD and Consultants	$ 1,250,000	$ 1,250,000	yr	$ 2,500,000	8.75	$ 10,937,500	8.75	$ 13,437,500
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	8.75	$ 17,500,000
Construction Management and Inspection CMID	$ 2,500,000	$ 2,500,000	yr	$ 5,000,000	8.75	$ 21,875,000	8.75	$ 26,875,000
Soft Costs Contingency	10%	10%		$ 850,000		$ 5,031,250		$ 5,881,250
Subtotal: County Other Project Costs				$ 9,350,000		$ 111,874,418		$ 121,224,418
Total Project Costs				$ 9,350,000		$ 2,938,407,839		$ 2,947,757,839

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Responsiveness to Qualitative Criteria

The following section provides the rationale for rating Approach E 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 and reduce delays in seeing medical providers. Currently, this is an issue driven by the availability of exam rooms and provisions for the staging of patients in-custody to and from clinical services increasing delays related to escort availability. Improved facilities may also allow more services to be delivered on-site, reducing transportation to outside facilities.

Accomplishes full compliance in the shortest timeframe of the six approaches considered. Approach E was rated as highly positive/responsive

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 effective delivery care services, reducing delays in mental health treatment.

Accomplishes full compliance in the shortest timeframe of the six approaches considered. Approach E was rated as highly positive/responsive.

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 issue is also providing adequate out-of-cell time, access to outdoor recreation and facilities for continued mental health treatment for individuals clinically assessed under one of the treatment categories. The proposed consolidated solution will provide new restrictive housing with all program support including direct access to outdoor recreation and multiple smaller areas to accommodate individual or smaller group out-of-cell time.

Accomplishes full compliance in the shortest timeframe of the six approaches considered. Approach E was rated as highly positive/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, single cells, designed for improved observation and emergency communication.

Accomplishes full compliance in the shortest timeframe of the six approaches considered. Approach E was rated as highly positive/responsive.

Resolves Consent Decree: Compliance ADA Physical Deficiencies – When complete, this approach will fully address accessible housing, program and support areas throughout the facility in 100% compliance with California Title 24 and ADA accessibility requirements and standards.

Accomplishes full compliance in the shortest timeframe of the six approaches considered. Approach E was rated as highly positive/responsive.

Temporary Housing Required – This is a benefit to this approach as no temporary housing would be required. Approach E was rated as highly positive/responsive.

Impact on Custody Staffing – Figure 7.7, Sample Information – Staffing Duplication for Multiple Facilities, illustrates several primary operational functions that result in duplicate staffing. Additionally, there are staffing inefficiencies in the existing jails arising from the design requiring housing control rooms and the need to escort the population to recreation and program facilities.

The consolidated facility proposed in Approach E will primarily eliminate the need for duplicate functions and staffing. Additionally, based on contemporary best practices, electronic systems will be monitored and operated by the cluster management team on the floor in the common cluster area – eliminating the need for separate housing control rooms (e.g., current Main Jail housing control rooms require over 60 positions with shift relief). In addition, outdoor recreation, medical exam, multipurpose program rooms, interview rooms, video visiting, and appearance rooms will be provided in the housing unit or cluster to eliminate the need to escort the population to and from these facilities and centralize staff functions. Housing staff will support most programs and services.

A more thorough analysis of staffing patterns for the existing facilities and the preferred Strategic Development Approach is required to arrive at a final estimate of the savings. While consolidation is expected to generate staffing efficiencies, the increased workload associated with expanded capacity may offset some of the potential savings. Therefore, actual savings are likely to be less than 100% of the identified positions.

Approach E was rated as highly positive/responsive.

Impact on Medical/Mental Health Staffing – Figure 7.7 Sample Information – Staffing Duplication for Multiple Facilities illustrates several primary operational functions that result in medical and mental health duplicate staffing. Development of the consolidated 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 nursing station. Providing office space on-site for staff will reduce time spent traveling 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. Finally, the provision of contemporary treatment facilities and facilities to support staff should enhance staff retention and recruitment.

A more thorough analysis of staffing patterns for the existing facilities and preferred Strategic Design Approach is required to arrive at a final estimate of the savings. While consolidation is expected to generate staffing efficiencies, the increased workload associated with expanded capacity may offset some of the potential savings. Therefore, actual savings are likely to be less than 100% of the identified positions.

Approach E was rated as highly positive/responsive.

Figure 7.7
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 CERT Investigations	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 Pharmacists	Nursing Staff

Component	Custody Staffing		Civilian Staffing	
	Day Shift Only	Relieved	Day Shift Only	Relieved
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) – The consolidation of the Main Jail and RCCC will eliminate the need for inter-facility transportation of the population, as well as goods and services such as Laundry and proposed Cook-Chill food preparation. 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. Furthermore, when required, this will eliminate the cost of extended travel times from the current RCCC site to medical or dental treatment facilities.

Approach E was rated as highly positive/responsive.



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. Additionally, this approach will fully resolve all deferred maintenance and modernization issues identified on the Phase II Facilities Condition Assessment (FCA).

Approach E was rated as highly positive/responsive.



Construction Impact on Operations – New construction on a new site, therefore, no impact on ongoing operations.

Approach E was rated as highly positive/responsive.



Incorporates Defined Best Practices – Construction of a consolidated facility 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 E was rated as highly positive/responsive.

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

Approach E was rated as highly positive/responsive.

Quality of Environment – Under Approach E, the environment for staff and people in-custody is greatly improved and reflects the creation of a normative, light-filled environment in the New Consolidated Facility. This is a potential benefit in terms of staff retention and recruitment.

Approach E was rated as highly positive/responsive.

Potential for Phased Construction – The project could be developed in phases, with Phase I focusing on core facilities and the Special Purpose facility program or construction of the core to support the ultimate build-out to 4,324 beds, the projected total capacity needed, with a reduction in the initial housing capacity actually constructed per the cost reduction opportunities analyzed. It is important to recognize that the first instance (core plus special needs, plus a general population cohort planned as accessible housing) will result in continued operation of multiple sites and that either phasing option will result in multiple bond issues.

Relative to phased development, Approach E was rated as highly responsive.

Risks/Potential Impediments to Implementation – Potential risks associated with Approach E with annotations impacting rating of this criterion 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 likely delay continued litigation, sanctions or interim actions.

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

Recommended Ranking

Strategic Development Approach E: New Consolidated Detention Center, including Special Purpose Needs, Replacing the Main Jail & Rio Consumnes Correctional Center was **ranked as first for consideration within the six approaches considered**.

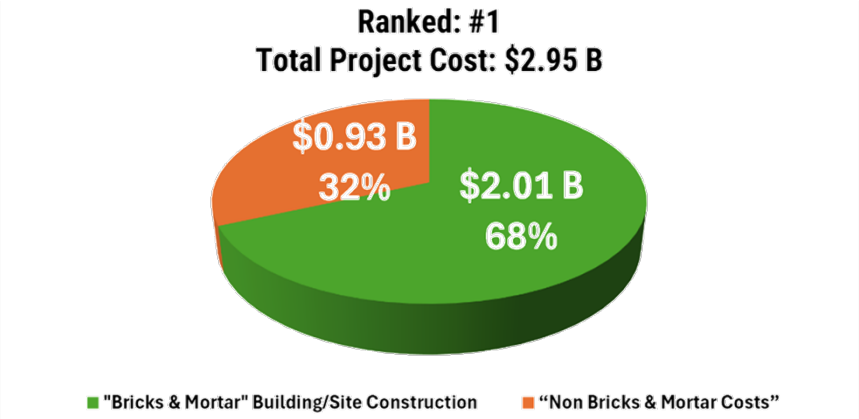
The primary issues leading to this determination include:

- Shortest time to full compliance – 8 years, 9 months based on initiating the decision-making process in January 2027, placing beneficial occupancy in September 2035.
- The construction cost is within an acceptable range relative to the other approaches considered - $2.0B.
- The project cost at $2.95B is the lowest of the six approaches considered because site mitigation measures are not required and the reduced time to completion also results in the lowest cost for escalation at $813M. 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 operational cost savings related to staffing and transportation.
- Delivery of medical and mental health treatment will be improved in both timelines and efficacy.
- Physical deficiencies identified in the Consent Decree, and physical deficiencies indirectly impacting medical and mental health treatment, will be fully resolved within 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 is “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 7.8 Strategic Development Approach E 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 7.8 based on the cost of ”bricks & mortar” for the construction of a new consolidated facility, the actual expenditure for beneficial construction in today’s dollars is 68% of the total project cost over time with only 32% going to other costs – mitigation, escalation, and limited program management costs. *This is the highest value-for-money percentage of any of the six approaches considered with a range from a low of 43% to this high of 68%. Strategic Development Approach E also provides the greatest potential for a reduction in staffing, operations, and transportation costs.*

Figure 7.8
Strategic Development Approach E
Value for Money



The Planning Team believes that Approach E, as outlined, represents the best-value decision for Sacramento County in terms of facilities, time, contemporary best practices, and full resolution of the Consent Decree.