Sacramento County Correctional Facility Master Planning Services

Final Report: A Vision for the Future

Section 8.0 – Strategic Development Approach F: Construction of New Intake, Short-Term Holding, Court Staging Center and Reconstruction of Rio Cosumnes Correctional Center as Consolidated Detention Center, including Special Purpose Needs, Replacing Main Jail & Existing RCCC

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STRATEGIC DEVELOPMENT APPROACH F

Key Elements Project Scope

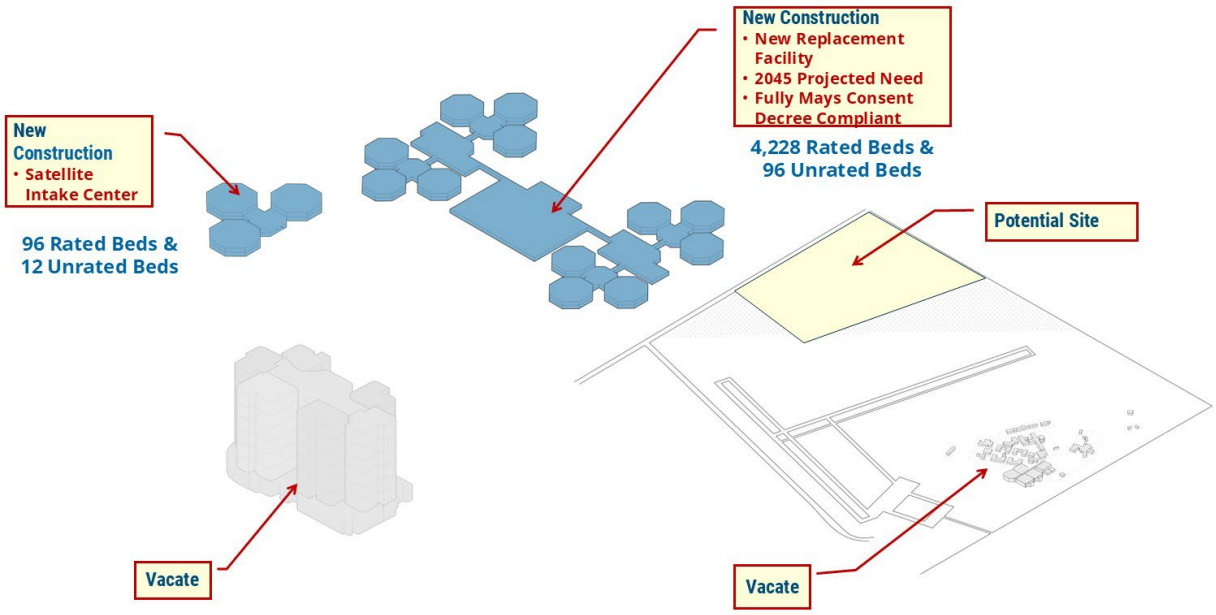
Rio Cosumnes Correctional Center (RCCC) has been the site of a secure detention and correctional facility for over 75 years and is generally accepted as the same by the public. Strategic Development Approach F: New Consolidated Facility at the RCCC site, was added for consideration by the Stakeholders at Workshop 5 as part of finalizing the range of approaches to be considered. The purpose of this addition was to test the viability of utilizing the RCCC site in lieu of the potential delays inherent in identifying and developing a new site for a large detention facility.

Strategic Development Approach F includes three major activities:

- Constructing a new Consolidated Detention and Correctional Facility on a portion of the County property at RCCC with the exact location to be determined.
- Constructing an Intake Center accommodating Intake/Transfer/Release, Short-Term Holding, and Court Staging 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 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.
- Vacating the Main Jail and existing RCCC upon completion of the new Consolidated Detention and Correctional Facility.

Figure 8.1 provides a graphic depiction of proposed facility utilization. Disposition of the Main Jail and RCCC facilities have been deferred as an issue for future consideration once the new consolidated facility is under construction.

Figure 8.1
Strategic Development Approach F
Facility Utilization



Consolidated Detention and Correctional Facility at RCCC: The proposed facility will accommodate all the projected spaces required to support the special-needs medical and mental health populations and the general population (less 96 beds allocated to the Intake Center) 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, 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 (in the APU) and 564 rated beds. Additionally, the consolidated Detention & Correctional Facility will provide 3,440 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 capacity of the new consolidated Detention & Correctional Facility is planned to be 4,228 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. This includes 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 1,511,064 building gross square feet (BGSF) as outlined in Figure 8.2 Preliminary Space Program. Population distribution for the medical and mental health special needs population is illustrated in Figure 8.3 Medical/Mental Health Projected Housing Distribution and for the General Population in Figure 8.4 General Population Projected Housing Distribution. (Refer to Appendix A.2 for detailed Housing Cluster Programs).

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 is determined to 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 8.2
Strategic Development Approach F
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				**9,500**	**35%**	**12,825**
7.0 Centralized Programs (religious, library, commissary)				**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)**	**4,004**		**597,910**	**55%**	**927,693**
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		**3,440**		**474,018**	**56%**	**738,255**
Subtotal Male Beds		3,104		424,328	56%	661,009
Subtotal Female Beds		336		49,690	55%	77,246
Housing - Total Capacity Summary	**(96)**	**4,228**				
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				**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				**849,968**	**48%**	**1,259,220**
BGSF @ 20%					**20%**	**251,844**
TOTAL BGSF						**1,511,064**

Figure 8.3
Strategic Development Approach F
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 8.4
Strategic Development Approach F
General Population – Projected Housing Distribution

Component			Non-Rated Beds	Rated Beds		NSF	DGSF Factor	DGSF
11.0 General Population Housing - All Classifications				**3,440**		**474,018**	**56%**	**738,255**
Subtotal Male Beds - Clusters Required		**Required**		**3,104**		**424,328**	**56%**	**661,009**
11.1	192 Bed Cluster - 4-48 Double Beds	15.5		**2,976**		**401,218**	**56%**	**625,255**
				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 Beds	1		144		23,805	63%	36,907

Intake Center: Given the remote location of the RCCC site relative to law enforcement travel times and staging for movement to the Courts, it was determined that Strategic Development Approach F should include an Intake and Short-Term Holding Center 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 facility will include the four Superior Courtrooms that are currently located at the Main Jail and act as a staging area for overflow transport of defendants to the Superior Court building due to the capacity limitations of court holding.

The total gross area of the proposed Intake Center is projected at 151,069 BGSF as outlined in Figure 8.5 Preliminary Space Program. Based on a preliminary review of admissions and releases, 96 beds are provided for short-term holding, and 12 infirmary beds are provided for those arrestees pending transport to the consolidated facility for medical or mental health care. If this approach is the County's preferred course of action, the bed distribution will be confirmed.

Figure 8.5
Strategic Development Approach F
Intake Center - Preliminary Space Program

Component			Non-Rated Beds	Rated Beds		NSF	DGSF Factor	DGSF
1.0		**Facility Entry/Public Spaces (visiting)**				**1,500**	**35%**	**1,950**
2.0		**Facility Administration**				**2,000**	**30%**	**2,600**
3.0		**Staff Support Facilities / Training**				**4,200**	**30%**	**5,460**
4.0		**Central Control/Security Operations**				**1,630**	**35%**	**2,200**
5.0		**Intake/Transport Release**				**23,551**	**35%**	**31,794**
	5.1	Vehicular Sallyport				4,440	35%	5,994
	5.2	Intake/Transport Control				365	35%	493
	5.3	Law Enforcement & Medical/MH Screening				3,618	35%	4,884
	5.4	Receiving & Processing				6,500	35%	8,775
	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)**				**1,600**	**30%**	**2,080**
8.0		**Healthcare Services (satellite Clinic)**				**2,400**	**30%**	**3,120**
Housing			**12**	**96**		**21,725**	**53%**	**33,331**
		Short Medical/Mental Health	12			2,880	60%	4,608
11.0		**General Population Housing - All Classifications**				18,845	52%	28,723
	11.4	Male Beds		80				
		Female Beds		16				
12.0		**Food Services / Staff Dining (Retherm Kitchen)**				**3,200**	**30%**	**4,160**
13.0		**Laundry Services**				**800**	**30%**	**1,040**
14.0		**Maintenance**				**2,400**	**30%**	**3,120**
15.0		**Building Support / Utility Areas**				**8,333**	**20%**	**10,000**
TOTAL NSF/DGSF						**88,724**	**36%**	**120,855**
BGSF @ 25%							**25%**	**30,214**
TOTAL BGSF								**151,069**

Figure 8.6 Projected Capacity by Facility illustrates the capacity of the proposed facilities and the beds replaced by vacating the Main Jail and RCCC.

Figure 8.6
Strategic Development Approach F
Projected Capacity by Facility

Facility	Rated Beds	Unrated Beds	Total Capacity
Special Purpose Facility at RCCC	788	96	884
Consolidated Detention Center at RCCC	3,440	0	3,440
Intake Center	96	12	108
Main Jail	(2,336)*	(57)*	(2,393)*
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 concurrently on slightly differing schedules. A key consideration in the phasing plan was allowing time based on the best available information for floodplain-related approvals. As previously discussed, significant time is required for the Federal Emergency Management Agency (FEMA) submission, review and approval process, including review and approval of a Conditional Letter of Map Revision (CLOMR), which is required prior to initiating construction at the RCCC, 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 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.

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 Proposals, 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 with 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.

Intake Center: Construction is anticipated to require 30 months, with beneficial occupancy targeted for March 2034, a total of 7 years, 3 months from project inception in January 2027. This will result in limited meaningful progress relative to the physical deficiencies of the current Intake/Transport/Release component of the existing Main Jail which contribute to issues related to the medical and mental health screening and assessment of new arrestees in a professional, timely manner that reflects HIPAA requirements and a basic respect for human dignity.

Consolidated Detention & Correctional Center at RCCC: Construction is anticipated to require 60 months, with beneficial occupancy targeted for September 2039, a total of 12 years, 9 months from project inception in January 2027. Construction of the Consolidated Detention & Correctional Center at RCCC will fully resolve physical deficiencies that directly or indirectly impact medical and mental health care in the jail system. However, there is significant potential for the schedule to be impacted due to extended time for FEMA review and approvals.

(Refer to Appendix A.8 for additional details 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, 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 8.7, Project Cost Model, probable construction costs in September 2026 dollars are $3.2B. 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 contactor 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 adds $2B to project costs. Along with other project costs, this results in a total estimated probable project cost of $5.49B—the highest cost of all six approaches considered. Any further schedule extension resulting from FEMA review and approval times would further ballon escalation costs.

Also note the cost of flood plain mitigation at the RCCC site. The base construction cost to raise the site elevation to 2'-0" above the base flood elevation (BFE) and to raise the access roads is $670M+ (un-escalated). 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. However, if the Executive Committee or the Board of Supervisors prefers Approach F, we would suggest that they consider an alternate site for a remote facility at substantial cost savings. (Refer to Appendix A.8 for additional supporting documentation regarding project and construction costs.)

Figure 8.7
Strategic Development Approach F
Project Cost Model

Strategic Approach F Project Cost Model			Phase 00		Phase I				Phase I		TOTAL ALL PHASES	
			3 yrs of duration 3 yrs cumulative		6 yrs, 9 mo of duration 12 yrs, 9 mo cumulative		4 yrs, 3 mo of duration 7 yrs, 3 mo cumulative		6 yrs, 9 mo of duration 12 yrs, 9 mo cumulative		12 yrs, 9 mo of duration 12 yrs, 9 mo cumulative	
Description	**Renovation**	**New Construction**		**Pre-construction**		**Construction – New Consolidated Facility at RCCC**		**Construction – New Intake/Transfer/ Release -Temporary Housing Facility**		**Total Construction New Satellite 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						$ 1,708,357,243		$ 173,482,651		$ 1,881,839,893		$ 1,881,839,893
Subtotal - Base Renovation/Construction						**$ 1,708,357,243**		**$ 173,482,651**		**$ 1,881,839,893**		**$ 1,881,839,893**
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**		**$ 494,000,000**
Flood Mitigation - Access						**$ 7,997,500**		**$ -**		**$ 7,997,500**		**$ 7,997,500**
Off-Site Utilities (Water Extension)						**$ 3,960,000**		**$ -**		**$ 3,960,000**		**$ 3,960,000**
Subtotal: Base Construction Costs				**$ -**		**$ 2,214,314,743**		**$ 173,482,651**		**$ 2,387,797,393**		**$ 2,387,797,393**
Contractor Costs												
General Conditions/ General Requirements	$600K/mo	$500k/mo				$ 36,166,500		$ 2,833,500		$ 39,000,000		$ 39,000,000
General Contractor Fee	5%	5%				$ 112,524,062		$ 8,815,808		$ 121,339,870		$ 121,339,870
General Contractor Bond & Insurance	2.3%	2.3%				$ 54,349,122		$ 4,258,035		$ 58,607,157		$ 58,607,157
DBE - Project/ Phasing Contingency (13% Renovation/ 3% New)	13%	3%				$ 72,520,633		$ 5,681,700		$ 78,202,333		$ 78,202,333
DB Criteria Contingency - (Surety Bond, Builder's Risk, Trade Partners, Best Value, Subsistence)	7%	7%				$ 174,291,254		$ 13,655,019		$ 187,946,273		$ 187,946,273
Work Within Secured Perimeter	15%	0%										
Permits	2%	2%				$ 53,283,326		$ 4,174,534		$ 57,457,860		$ 57,457,860
Design Builder Team Cost	10%	10%				$ 266,416,631		$ 20,872,671		$ 287,289,302		$ 287,289,302
Subtotal: Contractor Costs						**$ 769,551,528**		**$ 60,291,267**		**$ 829,842,795**		**$ 829,842,795**
TOTAL BASE CONSTRUCTION + CONTRACTOR COST						**$ 2,983,866,271**		**$ 233,773,917**		**$ 3,217,640,188**		**$ 3,217,640,188**
Escalation 5 %/yr compounded to midpoint of Construction	5%	5%			**66%**	**$ 1,984,160,690**	**35%**	**$ 82,489,104**	**0%**	**$ 2,066,649,794**		**$ 2,066,649,794**
ESCALATED CONSTRUCTION COSTS				**$ -**		**$ 4,968,026,961**		**$ 316,263,021**		**$ 5,284,289,982**		**$ 5,284,289,982**
County Other Project Costs												
FF&E	2%	2%								$ 105,685,800		$ 105,685,800
Architectural/Engineering Design, Legal, ASD and Consultants	$ 1,250,000	$ 1,250,000	yr	**$ 2,500,000**					12.75	$ 15,937,500	12.75	$ 17,187,500
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						12.75	$ 25,500,000	12.75	$ 27,500,000
Construction Management and Inspection CMID	$ 2,500,000	$ 2,500,000	yr	**$ 5,000,000**					12.75	$ 31,875,000	12.75	$ 34,375,000
Soft Costs Contingency	10%	10%		$ 1,650,000						$ 7,331,250		$ 8,981,250
Subtotal: County Other Project Costs				**$ 18,150,000**						**$ 186,329,550**		**$ 202,729,550**
Total Project Costs				**$ 18,150,000**						**$ 5,470,619,532**		**$ 5,487,019,532**

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Responsiveness to Qualitative Criteria

The following section provides the rationale for rating Approach F 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. The RCCC site location, however, is remote from medical and emergency services and will result in continued time-consuming transportation costs and increased costs for contract providers.

Only limited meaningful progress is provided by the construction of the separate Intake Center relative to resolving deficiencies with the Intake/Transfer/Release component of the Main Jail. While positive, this will probably not result in much relief from the conditions of the Consent Decree. The time frame of 12 years and 9 months for completion and full compliance of the Consolidated Detention & Correctional Center at RCCC, September 2039, is excessive. This timeframe could be extended further based on FEMA review times at the time of submissions. Experience suggests that this approach could have significant adverse legal consequences for the County, including undermining the County's ability to demonstrate compliance with the Consent Decree and potentially exposing the County to additional court intervention or sanctions.

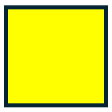
Ultimately, Approach F will address and resolve all direct and indirect physical deficiencies impacting medical services as outlined in the Consent Decree. The rating, however, was reduced from full green, highly positive/responsive, to orange, limited responsiveness, significant issue of concern, based on the extended schedule for construction of the Special Purpose Facility as part of the Consolidated Detention and Correctional Facility at RCCC, the potential for additional FEMA delays, and the ultimate time projected for completion and full compliance.

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 care services, reducing delays in mental health treatment.

Only limited meaningful progress is provided by the construction of the separate Intake Center relative to resolving deficiencies with the Intake/Transfer/Release component of the Main Jail. While positive this will probably not result in much relief from the conditions of the Consent Decree. The time frame of 12 years and nine months for completion and full compliance of the

Consolidated Detention & Correctional Center at RCCC, September 2039, is excessive. This timeframe could be extended further based on FEMA review times at the time of submissions. Experience suggests that this will be unacceptable to Class Counsel and the Court and could result in additional sanctions.

Ultimately, Approach F 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 extended schedule for construction of the Special Purpose Facility as part of the Consolidated Detention and Correctional Facility at RCCC, the potential for additional FEMA delays, and the ultimate time projected for completion and full compliance.



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 people with a developmental disability or mental health issues. In terms of physical deficiencies, the key issue is also providing adequate out-of-cell time and access to outdoor recreation and facilities for continued mental health treatment for individuals clinically assessed under one of the treatment categories

Again, timing is of significant concern resulting in a reduced rating of generally responsive, minor issue of concern based on the extended schedule for construction of the Special Purpose Facility as part of the Consolidated Detention and Correctional Facility at RCCC, potential for additional FEMA delays and the ultimate time projected for completion and full compliance.



Resolves Consent Decree: Compliance Suicide Prevention Physical Deficiencies – Provides improved housing for the 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.

Again, timing is of significant concern resulting in a rating of limited responsiveness, significant issue of concern based on the extended schedule for construction of the Special Purpose Facility as part of the Consolidated Detention and Correctional Facility at RCCC, the potential for additional FEMA delays, and the ultimate time projected for completion and full compliance.



Resolves Consent Decree: Compliance ADA Physical Deficiencies – When complete, this approach will fully address accessible housing, program and support areas throughout the jail system.

Again, timing is of significant concern resulting in a reduced rating of limited responsiveness, significant issue of concern based on the extended schedule for construction of the Special Purpose Facility as part of the Consolidated Detention and Correctional Facility at RCCC, the potential for additional FEMA delays, and the ultimate time projected for completion and full compliance.

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

Impact on Custody Staffing – Figure 8.8, Sample Information—Staffing Duplication for Multiple Facilities, illustrates several primary operational functions that result in duplicate staffing. In addition, staffing inefficiencies in the existing jails are evident in the design, including the need to staff required housing control rooms, and the need to escort the population to recreation and program facilities.

Because Approach F requires two facilities, the remote Consolidated Detention and Correctional Facility at RCCC and a separate Intake Center, duplication of staffing will continue. Moreover, for a period of five years or more, SSO will be operating three facilities—the Main Jail, RCCC, and the new Intake Center, creating additional demands for staff.

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 Custody Staffing. While some additional efficiencies will be provided by the construction of the Consolidated Detention and Correctional Facility at RCCC, based on the foregoing, it is believed that they will be offset by separating Intake from the main facility. This criterion, therefore, is rated as non-responsive.

Impact on Medical/Mental Health Staffing – Figure 8.8, 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 Consolidated Detention and Correctional Facility at RCCC should have a positive impact. 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 in transit 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; however, this advantage may be offset by the remote location.

Because Approach F requires two facilities, the remote Consolidated Detention and Correctional Facility at RCCC and a separate Intake Center, duplication of staffing will continue. Moreover, for a period of five years or more, SSO will be operating three facilities—Main Jail, RCCC, and the new Intake Center, creating additional demands for staff.

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. This rating was reduced to not responsive to criterion or excessive cost to respond due to duplication of staff and the potential need for

additional medical and mental health staff to be assigned to the Intake Center to deal with surges in workload, recognizing that other staff will not be available to be temporarily reassigned to expedite processing when needed.

Figure 8.8
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
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 F reflects the current two facility operations 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. In addition, the provision of hospital type observable rooms may reduce reliance on outside placements, 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. While medical transports may be reduced when they are required, distance and time will be much greater than from the current Main Jail. Additionally, the separation of Intake from the primary medical/mental health care function is anticipated to increase transport requirements based on assessment and referral to medical/mental health at the time of initial booking.



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

Approach F was rated as highly positive/responsive.



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

Approach F was rated as highly positive/responsive.



Incorporates Defined Best Practices – Construction of the Consolidated Detention and Correctional Facility at RCCC and Intake Center 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 F was rated as highly positive/responsive.



Operational Flexibility – Approach F provides 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 F was rated as highly positive/responsive.



Quality of Environment – Under Approach F, 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 F was rated as highly positive/responsive.

Potential for Phased Construction – Phased construction would result in an increase in operational costs on an ongoing basis for three separate facilities and extend the time to total compliance risking further litigation. Also, of concern is the potential for public approval of multiple bond issues, continued cost of Capital Improvement Plan (CIP) investments until complete, and increased escalation.

A better approach may be to construct the core to support the projected capacity needed and design the facility to the 4,324 projected total capacity but reduce the initial housing capacity actually constructed.

Relative to phased development, Approach F was rated as not responsive to criterion or excessive cost to respond based on the discussion above, especially the increased staffing and operational costs of three facilities for an extended period of time.

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

- CEQA Litigation: The potential for CEQA litigation may be reduced as both the Main Jail and RCCC sites have been used for carceral purposes for some time: however, there are known parties that are against maintaining or expanding the Main Jail in downtown Sacramento, while residents impacted by the floodplain mitigation may oppose development at RCCC.
- Floodplain Litigation: The 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 developments.
- 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.
- 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 Mays Litigation: The extended schedule could potentially result in continued Mays litigation and additional sanctions and requirements for interim actions. Sanctions could include drastic measures by the Court such as appointment of a Special Master or placing the County jail system in Receivership as the California Department of Corrections and Rehabilitation (CDCR) health care system was several years ago.

Based on the above, Approach F was rated as not responsive to criterion or excessive cost to respond regarding risks/potential impediments to implementation.

Recommended Ranking

Strategic Development Approach F, New Consolidated Detention and Correctional Facility at RCCC and New Intake Center Replacing the Main Jail & Rio Cosumnes Correctional Center, **ranked last among the six approaches considered and is recommended for elimination from further consideration.**

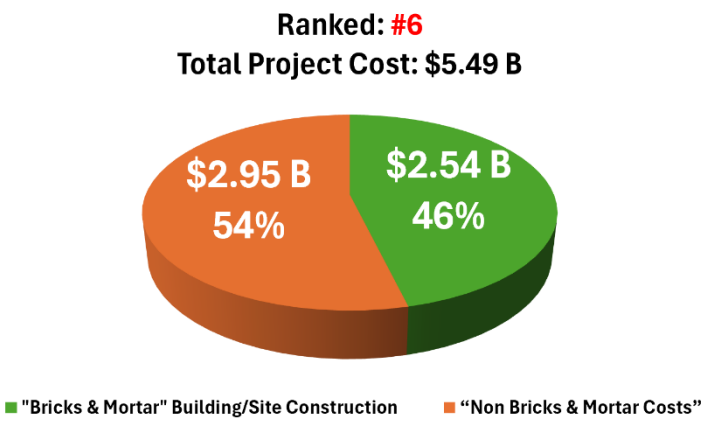
The primary issues leading to this determination include:

- The 12 years, nine months required for the construction of the consolidated facility at RCCC with no interim evidence of meaningful progress and the potential for further extension of the schedule due to FEMA review and approval timeframes related to floodplain mitigation is of significant concern to presenting a viable and acceptable solution while responding to conditions of the Consent Decree.
- Both the construction cost at $3.2B and the project cost estimated at $5.49B are driven by escalation over time ($2.0B) and cost attributable to mitigation measures ($670M, un-escalated) are the highest of all approaches considered and viewed as excessive relative to other approaches.
- The risk of protracted continued Mays litigation which could result in additional interim actions and costs, sanctions, and potentially drastic measures by the Court related to oversight of the Jail system in Sacramento County.
- FEMA review and approval delays which are beyond the control of the County relative to maintaining the proposed schedule.

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 8.9 Strategic Development Approach F 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 8.9 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 only 49% of the total project cost, time with over half (51%) going to other costs: mitigation, escalation, and limited program management costs. *This is a low value for money percentage relative to the other five approaches considered with a range from a low of 43% to a high of 68%. As with all other approaches based on construction at the RCCC site, Strategic Development Approach F has an inherent risk of schedule extension due to FEMA, but unlike other approaches, there is no interim step that provides meaningful progress toward a resolution of the physical deficiency conditions of the Consent Decree, potentially resulting in further litigation, additional expenditures for interim solutions, and potentially severe sanctions from the Court.*

Figure 8.9
Strategic Development Approach F
Value for Money



The Planning Team believes that Approach F does not present a value-based alternative for the County and should be eliminated from consideration.

We recognize that RCCC is and has been the site of a secure detention and correctional facility for over 75 years and is generally accepted as the same by the public and perhaps would be generally more acceptable as a jail site. If the Executive Committee or Board of Supervisors views the concept of Approach F as favorable, with remote Consolidated Detention and Correctional Facility plus a more urban Intake Center, we would recommend that the County forgo consideration of the RCCC campus and pursue other remote sites.