Sacramento County Correctional Facility Master Planning Services

Final Report: A Vision for the Future

Section 9.0 – Potential Interim Actions, Opportunities for Cost Reduction, Implications of a “Do-Nothing” Approach

Published on October 30, 2026
Prepared at the Direction of Counsel

POTENTIAL INTERIM ACTIONS

Inherent to each strategic approach are significant cost and time risks that could result in continuing delays in realizing a long-term solution that both resolves all the Consent Decree physical deficiencies and provides the desired jail system of the future. To respond to this potential contingency, the Planning Team initiated an effort in Phase II to identify potential interim improvements. Knowledge gained in the earlier effort was further enhanced by the effort described in the Final Report to explore the potential for resolving the Consent Decree physical deficiencies and creating the desired jail system of the future through the adaptive use of existing facilities.

The adaptive use analysis of existing facilities focused on a complete renovation of the existing facilities to fully respond to identified physical deficiencies inherent in the Consent Decree, meet current Board of State and Community Corrections (BSCC) standards, incorporate best practices as reflected in the Phase I/II report (Appendix E) and pro forma space programs. The analysis also included all physical improvements identified in the Facility Condition Analysis and accessibility improvements throughout both facilities as identified in the Americans with Disabilities Act (ADA) assessment study. Again, while this analysis proved infeasible as a long-term approach due to the impact of flood plain requirements limiting the ability to renovate and reuse RCCC and the shortfall in beds, it provided valuable insight supporting the development of an Interim Action Plan.

It should be understood that these Interim Actions are not a substitute for developing a long-term Strategic Development Approach to fully resolve the issues inherent in the Consent Decree or provide the desired jail system for today and tomorrow. Rather, they are intended to provide the County with a series of potential improvements that could be implemented as part of a continuing negotiated response to avoid more drastic court measures in enforcing the terms of the Consent Decree.

The rationale for viewing these actions as only interim solutions to resolving the issues inherent in the Consent Decree and not representing a long-term solution can be summarized as follows.

- The Interim Actions only address several key issues identified in the Consent Decree and do not provide a comprehensive response to all issues across both facilities. They are intended to provide some direction leading to a minimum level of improvement. For example, they do not address the bulk of non-housing accessibility-related issues or issues impacting movement between housing and program and services. Of critical concern is the path of travel across the RCCC campus which presents multiple barriers to accessibility. Similarly, while they enhance the delivery of medical and mental health services they do not fully respond to best practices as outlined in the Phase I/II Report. These items are not a comprehensive, system-wide compliant response to the totality of the conditions of the Consent Decree.

- If adjustments are made to housing the Intensive Outpatient Program (IOP) and Enhanced Outpatient Program (EOP) populations in single cells as recommended (66% single IOP, 34% single EOP), total capacity at the Main Jail is reduced by 882 beds. In combination with RCCC, this results in a system capacity of 3,014 beds vs. a current average ADP of 3,391 people-in-custody, or a shortfall of 377 beds relative to the Average Daily Population (ADP), with no peaking factor available.

- The provision of Special Needs Beds planned on floors 3 through 5 (Interim Action 6) results in significant best practice compromises as listed below, and it is doubtful if this would be acceptable as the basis for a long-term solution. Additionally, since the exercise indicates that in any event construction of new beds will be required, it would make economic sense to continue using the existing beds as designed for double celling and build compliant special needs beds. Best Practices compromises include:

    - Two-tier Housing in lieu of single level.
    - Stacked double cells in lieu of beds on floor.
    - Lack of program & recreation space.
    - MAT and Chronic Medical Beds housed in cells in lieu of open, observable ward & 10% cells.

- Undertaking any of these actions while facilities are occupied will result in an extended schedule and potentially increase costs to a level significantly above the Rough-Order-of-Magnitude (ROM) estimates provided as part of this master plan study.

- Significant expenditures will be required and will only be partially recouped if the selected alternative includes adaptive use of the Main Jail.

- Expenditures at RCCC may eventually be sunk funds if the floodplain restrictions preclude long-term reuse and may be limited by the 50% investment limitation including the past five years which would trigger flood proofing requirements. (Note that the County Flood Plain Ordinance[1] would also include the cost of any necessary physical conditions upgrades).

- Excessive costs with limited value-for-money return; while some efficiencies and increase in quality of care will be achieved for medical and mental health services, the operation of two separate facilities will still require duplicate Sacramento Sheriff Office

[1] Note that Sacramento County has adopted stricter requirements to earn CRS points including the five-year cumulative cost requirement including repairs referenced in Section 902-57 of the Sacramento County Floodplain Management Ordinance which are more stringent than basic FEMA requirements. These enhanced standards contributed to the County's recent recertification as a Class 2 CRS community-the only Class 2 CRS community in California. As a result, residents in the unincorporated areas of Sacramento County who purchase flood insurance through the NFIP receive a 40% discount.

(SSO), Adult Correctional Health (ACH), Adult Correctional Mental Health (ACMH) and other civilian staffing positions.

- Cost of defense, subject matter experts, Class Counsel costs, and internal management and monitoring of compliance will continue with no real return on investment.

- Negotiations of individual items to avoid more drastic penalties applied by the Court under the Consent Decree may also result in additional costly conditions in order to gain acceptance of interim solutions.

In developing potential Interim Actions to address physical deficiencies, rather than considering a comprehensive solution of all items, the Planning Team has attempted to develop a condensed list of critical physical deficiencies that impact compliance with the conditions of the Consent Decree. This includes deficiencies directly related to the physical plant and deficiencies that affect the provision of acceptable levels of medical and mental health care on a timely basis. Additionally, scoping considers that most physical planning best practices recommended for a longer-term solution cannot be met in the existing physical plant. Ultimately, the list of possible Interim Actions will need to be reviewed by the Executive Committee, Class Counsel and the SMEs with agreement that these actions will satisfactorily address physical deficiencies impacting compliance with the Consent Decree on an interim basis. This may require some agreement on a timeframe for implementing a solution that fully complies with the conditions of the Consent Decree.

Five key interrelated areas of the Consent Decree are impacted by physical deficiencies.

- Mental Health Treatment and Services
- Medical Treatment and Services
- Accessibility
- Suicide Prevention
- Restricted Housing (Placement)

Of these, the County has addressed most if not all the Consent Decree conditions related to Suicide Prevention and Restricted Housing placement. Any work outlined as part of an Interim Action Plan will continue to comply with actions to date including ligature resistant design considerations. Key items identified as potentially contributing to compliance as a part of an Interim Action Plan for the remaining items are identified as follows.

Mental Health Services

Physical deficiencies related to accommodations and providing timely and appropriate care and treatment for individuals diagnosed as requiring Acute Psychiatric Care, IOP, EOP Enhanced or MH-GP levels of care that should be considered as part of an Interim Action Plan include:

- Adequate number of beds for each cohort.
- Consolidate beds in common locations by cohort.

- Provide smaller housing units to accommodate classification and allow increased out-of-cell time.
- For IOP provide 66% of beds in single cells; for EOP Enhanced, 34% of the beds should be in single cells; for MH-GP, 10% of beds should be in single cells.
- Provide accessible cells and showers for 50% of housing units.
- Provide office space for clinicians in proximity to population served.
- Provide adequate group rooms for required treatment sessions.
- Provide appropriate confidential interview rooms – HIPAA-compliant, privacy but with visibility from security, both contact and non-contact at housing areas and in Intake; Intake should also provide flex space to accommodate peak volumes.
- Provide appropriate staff support areas – conferencing, workstations, etc.

Medical Treatment

Physical deficiencies related to providing timely and appropriate care and treatment for individuals requiring medical care that should be considered as part of an Interim Action Plan include:

- Separate Acute Psychiatric Unit (APU) and Infirmary beds.
- Expand clinics to have multiple treatment rooms to increase physician efficiency like typical free-world clinics.
- Provide a wide range of services including space for tele-medicine; exam rooms like community clinics to increase efficiency and effectiveness of medical staff and access to care. Based on benchmark facilities 4 – 6 treatment rooms should be provided.
- Provide a full-emergency treatment room.
- To increase efficiency, provide in and out waiting areas for men and women reducing delays related to escort unavailability.
- Provide hospital-size rooms with three side bed access.
- Provide 20 percent of accessible hospital-size rooms, cells and showers.
- Provide equipment storage and staging space.
- Provide exam rooms at east and west common housing areas to reduce nurse waiting times by allowing services to be delivered in the cluster area associated with three housing units on each floor.
- Provide support space for medical staff.

Accessibility

The Accessibility (ADA) Assessment Study identified a total of 499 physical deficiencies in the Main Jail and 1,544 physical deficiencies at Rio Cosumnes. These were classified in the report as Consent Decree related or other code or standards deficiencies. Key issues related to Consent Decree include:

- Minimum of 3% of cells accessible across all housing categories, including showers, dayrooms and all related support facilities.

- Accessible sleeping areas include showers and washrooms/toilets in dormitories and barracks.
- Accessible visiting areas.
- Accessible program and support areas, including associated accessible washrooms if provided (e.g., outdoor recreation areas, education, etc.)
- Accessibility provisions throughout Intake/Transfer/Release: Police write-up, Interview rooms, holding, dress-out/dress-in, circulation and path of travel.
- Accessible rooms and cells in medical areas include showers and washrooms/toilets.
- An area of major concern, especially at RCCC, is provision of an accessible path of travel between housing and program and support areas.

Based on the survey the following items were identified by the Planning Team as critical improvements related to accessibility that should be considered as part of an Interim Action Plan.

Housing: Cells & Showers

Best practices recommend that each housing unit have an accessible cell and shower. ADA and State of California standards, however, are based on a minimum percentage and utilization guidelines as follows[2]:

- **Mobility Accessibility:** At least 3% of total cells and rooms in jails, prisons and detention facilities must be accessible for individuals with mobility disabilities, including wheelchair users.
- **Dispersion by Classification:** Accessible cells must be distributed across each security classification and program level so individuals with disabilities can live among peers of matching classification.
- **Communication Features:** At least 2% of general holding and housing cells must include communication features for individuals who are deaf or hard of hearing, such as visible emergency alarms, amplified and volume-controlled phones.
- **Integrated Settings:** Individuals with disabilities must be placed in the most integrated setting appropriate to their needs and cannot be segregated or isolated solely due to a disability.
- **Medical Area Restrictions:** Individuals who are not ill or injured should not be housed in medical units unless they are actively receiving medical treatment or care.
- **Program Access:** Accessible housing units must provide equal physical access to dining, recreation, visitation, educational programs, and religious services.

Currently, combined housing at the Main Jail and RCCC consists of 1,300 cells and 26 dorms. Per the 3% standard and based on 1,300 cells, 39 accessible cells would be required, and a portion

[2]Source Americans with Disabilities Act 2010 ADA Standards for Accessible Design

of the dormitories as well as the barracks should provide accessible accommodations to meet other requirements, such as dispersion by classification and integrated settings.

Programs & Services

The following provides a summary of key programs and support areas to be addressed in providing for access as defined by ADA standards.

- **Main Jail**
  - **Visiting:** Visiting is on the mezzanine level and is currently inaccessible for people with disabilities.
  - **Recreation:** The fifth floor mezzanine recreation deck is accessible, but the toilet fixture, washbasin and drinking fountain do not comply with accessibility requirements.
  - **Intake:** Multiple accessibility deficiencies throughout Intake/Transfer/Release, including police write-up, Interview rooms, holding, dress-out/dress-in, circulation and path of travel.
  - **Court Holding:** No accessible cells or attorney/client visiting areas.
  - **Courtroom Access:** Courtroom access is primarily by stairs; accessible access is via lift in the vehicular sallyport.
  - **Accessible Route:** Numerous doors to program areas are less than 36" clear.
- **RCCC**
  - Program areas with washrooms do not provide accessible fixtures.
- Accessible Route: Ramps exceed maximum slope and length without landings, doors less than 36" clear; slope and cross slope of walkways exceed allowable limits.

Recommended Elements of an Interim Action Plan

The following is intended to provide the County with a preliminary list of Interim Actions that could be reviewed and reconciled with Class Counsel and the SMEs in developing an overall Interim Action Plan to resolve physical deficiencies impacting compliance with the Consent Decree – both in terms of the physical environment and impacting the delivery of medical and mental health treatment to the population.

Note that the numerical designation is only provided for identification of separate actions and is not intended to reflect level of importance or precedence.

Action 1: Expansion and Renovation of Intake/Transfer/Release

Planning and Design should be a process driven, re-engineering effort that reflects current and projected workflows and anticipates potential changes such as greater pre-trial services involvement, earlier intervention by the public defender, opportunities for community diversion. Key areas of improvement include appropriate and confidential interview and

screening areas for medical staff and mental health clinicians, with space provided to allow additional staff to be assigned to accommodate peak flows.

Re-engineering should investigate to what extent arrestees are rejected at the second screening and, if it is a limited number, consideration should be given to doing a single initial screening prior to law enforcement data entry thereby reducing the amount of time law enforcement officers spend waiting for a final determination. Planning should incorporate current concepts including open waiting in lieu of cramped holding cells. All areas should reflect consideration for accessibility and personal dignity. Confidential interview rooms should be provided for follow-up medical and mental health assessments, classification, and pre-trial diversion. Any holding cells provided should reflect Prison Rape Elimination Act (PREA) guidelines for limited exposure to staff or other arrestees. Finally, re-imagining the Intake area should create an environment reflective of trauma-informed design tenets – purposively using normative materials, soothing colors, good acoustics, adequate lighting etc. to reduce anxiety, tension and aggressive reactions resulting in an improved environment for staff and detainees alike. Refer to Figure F-01 in Appendix F.

Proposed interim options include:

- The area currently used to park sheriff's vehicles along the north side of the vehicular sallyport has been identified as possible swing space, if required, for the temporary relocation of functions such as reception/police write-up, transfer holding or other functions that could be displaced to accommodate construction.
- The current Police write-up/pre-boking area will be expanded into the sallyport to provide additional space for interview/screening rooms and reduce the congestion of the existing area.
- The original booking desks (inner core of the booking "loop") will be recaptured to provide additional support functions. Ideally, functions will be located around a central open waiting area.
- During construction it may be necessary to use either the east or west passageways only, for intake, transfer and release, as noted by the arrows on the illustration.
- All accessibility issues will be resolved through expansion and renovation.

Preliminary estimates of probable construction and project costs were developed for each potential Interim Action. Project costs are comparable to the range of costs currently used by the Sacramento County Department of General Services for Capital Improvement Planning with some modifications. Schedule for implementation is indeterminant at this point in time, as these are intended to be individual actions that can be implemented by agreement with Class Counsel if in fact a longer-term solution is delayed. For illustrative purposes, two horizons were used for providing an estimate of the impact of escalation:

- Three years is the duration included in the phasing plans for each of the Approaches to determine a course of action, resolve financing mechanism and California Environmental Quality Act (CEQA). This is the planned initiation point of a

longer-term project and if delays are encountered it could trigger a request for interim improvements by Class Counsel.

- Five years is generally the duration to the actual start of construction under each of the Approaches. Should a delay in construction start be encountered, it again could trigger a request for interim improvements by Class Counsel.

Figure 9.1 provides a summary of construction and project costs for Interim Action 1: Expansion and Reconfiguration of Intake. It should be noted that these are parameter Rough-Order-of-Magnitude (ROM) estimates of probable costs. If Sacramento County believes that they may need to employ one or more of these Interim Actions to respond to immediate or interim improvements required by Class Counsel under the Consent Decree pending a long-term solution, it is recommended that the County undertake a scoping study to confirm project scope and importantly to confirm if any additional infrastructure improvements would be required to support the implementation of the Interim Action. Additionally, costs will be impacted by the complexity of the specific implementation plan for each Interim Action.

Note that this action is a stand-alone activity not dependent on other Interim Actions. Refer to Appendix F, Figure F-11 for additional details on construction and project costs.

Figure 9.1
Interim Action 1: Expand & Reconfigure Intake
Probable Costs

Interim Action	Construction Cost	Project Cost	Project Cost Escalated 3 Years	Project Cost Escalated 5 Years
Interim Action 1: Expand and Reconfigure Intake	$ 14,381,886	$ 20,632,300	$ 23,884,466	$ 26,332,624

Action 2: Expansion and Renovation of Medical Clinic & Infirmary

As noted above, there are multiple physical deficiencies that impact the timely and consistent delivery of appropriate medical services to the population both on an outpatient and inpatient basis. Action 2 attempts to resolve those issues through expansion of the overall footprint, development of enhanced clinical services, and renovation of existing inpatient housing. Refer to Figure F-02 in Appendix F.

Proposed interim options include:

- As outlined below under Action 6, it is anticipated that the APU program will be consolidated on the third floor of the Main Jail for staffing and operational efficiencies, as well as to separate the APU housing functions from the Medical Infirmary. Space currently occupied on Level 2 by the APU will be repurposed along with an overall reconfiguration of existing space to provide an enlarged clinic with in and outpatient waiting, multiple exam rooms and specialty clinics, and staff work areas. Ideally, the clinic spaces will be located on the western side of the medical suite, and the infirmary rooms will be located to the western side with nursing stations located at the juncture of the two functions.
- The existing infirmary rooms will be reconfigured, combining two cells to form a more typical hospital room for acute medical needs, with each room planned for accessibility.
- Housing units 100, 200 and 300 on Level 2 will continue to be used for sub-acute care in cell-type housing, with each unit provided with an accessible cell and shower. Housing units 200 and 300 will be subdivided to allow for classification differences but yet increase potential out-of-cell time.
- The recommended Interim Action increases clinical space by 3,285 sf which is a 50% increase in the existing clinic and infirmary dedicated area. The expansion and renovation provide a total of 40 inpatient beds – 8 hospital rooms in the infirmary proper and 32 single cell sub-acute rooms in housing units 100, 200 and 300.
- Scope also includes renovation of the Medical Clinic at RCCC including provision of an accessible cell and shower and enclosing cell fronts.

Preliminary estimates of probable construction and project costs were developed for each potential Interim Action. Project costs are comparable to the range of costs currently used by the Sacramento County Department of General Services for Capital Improvement Planning with some modifications. Schedule for implementation is indeterminant at this point in time as these are intended to be individual actions that can be implemented by agreement with Class Counsel if in fact a longer-term solution is delayed. For illustrative purposes, two horizons were used for providing an estimate of the impact of escalation:

- Three years is the duration included in the phasing plans for each of the Approaches to determine a course of action, resolve financing mechanism and CEQA. This is the planned initiation point of a longer-term project and if delays are encountered it could trigger a request for interim improvements by Class Counsel.
- Five years is generally the duration to the actual start of construction under each of the Approaches. Should a delay in construction start be encountered, it again could trigger a request for interim improvements by Class Counsel.

Figure 9.2 provides a summary of construction and project costs for Interim Action 2: Expansion and Renovation of Medical Clinic & Infirmary. It should be noted that these are parameter ROM estimates of probable costs. If Sacramento County believes that they may need to employ one or more of these Interim Actions to respond to immediate or interim improvements required

by Class Counsel under the Consent Decree pending a long-term solution, it is recommended that the County undertake a scoping study to confirm project scope and importantly to confirm if any additional infrastructure improvements would be required to support the implementation of the Interim Action. Additionally, costs will be impacted by the complexity of the specific implementation plan for each Interim Action.

Note that this action is dependent upon adapting the third floor of the Main Jail to accommodate the full APU program and associated acute treatment housing. Refer to Appendix F, Figure F-11 for additional details on construction and project costs.

Figure 9.2
Interim Action 2: Expansion and Renovation of Medical Clinic & Infirmary
Probable Costs

Interim Action	Construction Cost	Project Cost	Project Cost Escalated 3 Years	Project Cost Escalated 5 Years
Interim Action 2: Expansion and Renovation of Medical Clinic & Infirmary	$ 17,047,019	$ 21,990,654	$ 25,456,931	$ 28,066,266

Action 3: Provide Accessible Housing

Currently, combined housing at the Main Jail consists of 1,300 cells and 26 dorms. Based on 1,300 cells, the 3% standard results in a need for 39 accessible cells and a portion of the dormitories. Additionally, within the RCCC campus, the barracks should provide accessible accommodations to meet other requirements – dispersion by classification, integrated settings.

Refer to Figures F-05 through 08 in Appendix F. Planned adaptive use renovations to accommodate accessibility are shown in blue. Figure F-05 also illustrates housing utilization relative to Interim Action 6, but the actions are independent of each other.

Based on the foregoing, the following distribution of accessible cells/beds and showers and related support is recommended as follows in support of an Interim Action Plan.

Figure 9.3
Distribution of Accessible Cells

Main Jail		RCCC	
Floor	Accessible Cells	Housing Unit	Accessible Cells
2	11*	SBF 1 per Pod	2
3	6	CBF 1 per Pod	2
4	6	JKF 1 per Pod	2
5	6	KBF 1 per Pod	2
6	6	Barrack C/D 1 per side	2
7	6	SLF 1 per Unit	2
Total	**41**		**12**

*Medical Beds – higher percentage of accessible cells

This distribution provides a total of 47 housing units (39 cell housing units and eight dormitory/ barrack units) that cover all types of housing and accommodate multiple classifications. The range of housing assures that the range of potential housing assignments provided for accessibility responds to requirements for dispersion by classification and integrated settings and does not discriminate against an individual requiring accessible housing in terms of access to varying programs or living conditions.

Preliminary estimates of probable construction and project costs were developed for each potential Interim Action. Project costs are comparable to the range of costs currently used by the Sacramento County Department of General Services for Capital Improvement Planning with some modifications. Schedule for implementation is indeterminant at this point in time as these are intended to be individual actions that can be implemented by agreement with Class Counsel if in fact a longer-term solution is delayed. For illustrative purposes, two horizons were used for providing an estimate of the impact of escalation:

- Three years is the duration included in the phasing plans for each of the Approaches to determine a course of action, resolve financing mechanism and CEQA. This is the planned initiation point of a longer-term project and if delays are encountered it could trigger a request for interim improvements by Class Counsel.

- Five years is generally the duration to the actual start of construction under each of the Approaches. Should a delay in construction start be encountered, it again could trigger a request for interim improvements by Class Counsel.

Figure 9.4 provides a summary of construction and project costs for Interim Action 3: Provide Accessible Housing. It should be noted that these are parameter ROM estimates of probable costs. If Sacramento County believes that they may need to employ one or more of these Interim Actions to respond to immediate or interim improvements required by Class Counsel under the Consent Decree pending a long-term solution, it is recommended that the County undertake a scoping study to confirm project scope and importantly to confirm if any additional infrastructure improvements would be required to support the implementation of the Interim Action. Additionally, costs will be impacted by the complexity of the specific implementation plan for each Interim Action.

Note that this action is a stand-alone activity not dependent on other Interim Actions. Refer to Appendix F, Figure F-11 for additional details on construction and project costs.

Figure 9.4
Interim Action 3: Provide Accessible Housing
Probable Costs

Interim Action	Construction Cost	Project Cost	Project Cost Escalated 3 Years	Project Cost Escalated 5 Years
Interim Action 3: Provide Accessible Housing	$ 16,876,818	$ 21,771,226	$ 25,202,915	$ 27,786,214

Action 4: Provide Accessible Visiting, Confidential Interview Rooms and Medical Exam Rooms for Each Housing Cluster (East & West), Main Jail

This action addresses several physical deficiencies that affect compliance with the Consent Decree — an accessible visiting on the floor, confidential interview space, improved access and staging to increase efficiency of nurse and physician time for medical triage at the housing unit.

Refer to Figure F-09 in Appendix F.

- This Interim Action would provide accessible visiting spaces on each floor and interview rooms which provide increased privacy for mental health treatment. These improvements specifically respond to the Consent Decree stipulations. Currently, non-contact visiting areas are on the mezzanine and are not accessible

for physically challenged inmates. A single accessible visiting room has been provided on the second floor but requires escorted movement and is not comparable to visiting opportunities provided to non-physically challenged inmates.

- In an attempt to show compliance with the Consent Decree, the County has added glazed cubicles in the central core of each housing pod. However, these cubicles are open to above and do not provide confidential interview space - they are glazed to allow full view into adjacent housing units and are in effect "fishbowls" for treatment counseling and interviews. While recognized as a good faith effort, the lack of privacy both audio and visual has been cited as a deficiency by the plaintiffs.
- The mezzanine non-contact visiting area is accessed via two elevators and an emergency egress stair from the public lobby on the non-secure side. As illustrated in Figure F-09 a review of the drawings and field conditions indicated that additional stops for the elevators and an egress door to the stair could be provided on the main floor, allowing the existing group room to be converted to an accessible non-contact visiting room and two private interview rooms, with glazed fronts visible from the central officer station.
- The existing group room would be relocated to space adjacent to the 100 unit in both the East and West housing clusters on each floor.
- The existing Medical Exam Room would similarly be duplicated in both the East and West housing clusters on each floor which should provide increased access to care for the population and reduce nurse waiting times for patients to be brought to and from the current centrally located medical exam room and allow for supervised waiting/staging for nurse or doctor visits.

Preliminary estimates of probable construction and project costs were developed for each potential Interim Action. Project costs are comparable to the range of costs currently used by the Sacramento County Department of General Services for Capital Improvement Planning with some modifications. Schedule for implementation is indeterminant at this point in time as these are intended to be individual actions that can be implemented by agreement with Class Counsel if in fact a longer-term solution is delayed. For illustrative purposes, two horizons were used for providing an estimate of the impact of escalation:

- Three years is the duration included in the phasing plans for each of the Approaches to determine a course of action, resolve financing mechanism and CEQA. This is the planned initiation point of a longer-term project and if delays are encountered it could trigger a request for interim improvements by Class Counsel.
- Five years is generally the duration to the actual start of construction under each of the Approaches. Should a delay in construction start be encountered, it again could trigger a request for interim improvements by Class Counsel.

Figure 9.5 provides a summary of construction and project costs for Interim Action 4: Provide Accessible Visiting, Confidential Interview Rooms and Medical Exam Rooms for each housing

cluster (East & West), Main Jail. It should be noted that these are parameter ROM estimates of probable costs. If Sacramento County believes that they may need to employ one or more of these Interim Actions to respond to immediate or interim improvements required by Class Counsel under the Consent Decree pending a long-term solution, it is recommended that the County undertake a scoping study to confirm project scope and importantly to confirm if any additional infrastructure improvements would be required to support the implementation of the Interim Action. Additionally, costs will be impacted by the complexity of the specific implementation plan for each Interim Action.

Note that this action is independent of other actions. Phased implementation will be required to allow visiting to continue on one elevator while the other is modified. Refer to Appendix F, Figure F-11 for additional details on construction and project costs.

Figure 9.5
Interim Action 4: Provide Accessible Visiting, Confidential Interview Rooms & Medical Exam Rooms in each Housing Cluster
Probable Costs

Interim Action	Construction Cost	Project Cost	Project Cost Escalated 3 Years	Project Cost Escalated 5 Years
Interim Action 4 Provide Accessible Visiting, Confidential Interview Rooms & Medical Exam Rooms	$ 15,678,504	$ 20,225,271	$ 23,413,279	$ 25,813,140

Action 5: Provide Accessible Court Holding and Attorney Visiting and an Accessible Path from Holding to the Courtrooms

No accessible cells or attorney/client visiting areas are provided in the existing court holding area. Courtroom access is primarily by stairs. Accessible access for those requiring it is via a lift in the vehicular sallyport, which does not reflect provisions for equal access.

Refer to Figures F-10 and F-11 in Appendix F.

- As illustrated in Figure F-10, cells and adjacent interview areas in the basement will be reconfigured to accommodate accessibility, and Figure F-11 illustrates a change on the main floor to relocate a court clerk's office to provide a direct connection on

the first floor between the elevators connecting to court holding in the basement and the courtrooms, providing equal access for those who are physically challenged.

Preliminary estimates of probable construction and project costs were developed for each potential Interim Action. Project costs are comparable to the range of costs currently used by the Sacramento County Department of General Services for Capital Improvement Planning with some modifications. Schedule for implementation is indeterminant at this point in time as these are intended to be individual actions that can be implemented by agreement with Class Counsel if in fact a longer-term solution is delayed. For illustrative purposes, two horizons were used for providing an estimate of the impact of escalation:

- Three years is the duration included in the phasing plans for each of the Approaches to determine a course of action, resolve financing mechanism and CEQA. This is the planned initiation point of a longer-term project and if delays are encountered it could trigger a request for interim improvements by Class Counsel.
- Five years is generally the duration to the actual start of construction under each of the Approaches. Should a delay in construction start be encountered, it again could trigger a request for interim improvements by Class Counsel.

Figure 9.6 provides a summary of construction and project costs for Interim Action 5: Provide Accessible Court Holding and Attorney Visiting and an Accessible Path from Holding to the Courtrooms. It should be noted that these are parameter ROM estimates of probable costs. If Sacramento County believes that they may need to employ one or more of these Interim Actions to respond to immediate or interim improvements required by Class Counsel under the Consent Decree pending a long-term solution, it is recommended that the County undertake a scoping study to confirm project scope and importantly to confirm if any additional infrastructure improvements would be required to support the implementation of the Interim Action. Additionally, costs will be impacted by the complexity of the specific implementation plan for each Interim Action.

Note that this action is independent of other actions. Refer to Appendix F, Figure F-11 for additional details on construction and project costs.

Figure 9.6
Interim Action 5: Provide Accessible Court Holding and Attorney Visiting and an Accessible Path from Holding to the Courtrooms
Probable Costs

Interim Action	Construction Cost	Project Cost	Project Cost Escalated 3 Years	Project Cost Escalated 5 Years
Interim Action 5 Provide Accessible Court Holding and Attorney Visiting and an Accessible Path from Holding to the Courtrooms	$ 1,143,279	$ 1,474,830	$ 1,707,300	$ 1,882,298

Action 6: Mental Health Housing & Treatment

The approach to meeting current and projected needs for Mental Health Housing—APU, Intensive Outpatient Program, EOP and Mental Health – General Population—as an Interim Action is based on the studies completed as part of analyzing the reuse potential of the existing Main Jail to accommodate these needs without new construction. (See Figures F-03 through F-05 in Appendix F.

- Floors 3 through 5 are dedicated to housing inmates clinically assessed as requiring mental health treatment services. Housing units have been subdivided to accommodate differing classification and treatment needs and to provide smaller, more therapeutic communities. Housing is a mix of single-cell and double-cell housing in accordance with the best practices outlined in the projection methodology and facility assessment Phase I/II report, Sections 3.0 and 6.0. Improvements as outlined above related to accessibility, visiting, interview space and medical exam are included on each of these floors and housing unit 100W is planned for conversion to program and treatment space and mental health clinicians' offices.
- Third floor will house the various populations assigned to the acute care category:
    - Acute Psychiatric Unit (APU)
    - Suicidal Inmate Temporary Housing Unit (SITHU)
    - Critical Needs Assessment Program (CNAP)
    - Early Access and Stabilization Services (EASS)
    - Jail Based Competency Treatment (JBCT)
- Fourth floor will house the various populations assigned to the subacute care category:
    - Intensive Outpatient Program (IOP)
    - Enhanced Outpatient Program (EOP)
    - Mental Health – General Population (MH-GP) Single Cell Housing
- Fifth floor will house medical populations and general population inmates (units will not be subdivided):
    - Chronic Medical/Long-Term Care (CRM)
    - Medically Assisted Treatment (MAT)
    - General Population
- Sixth and Seventh floors will accommodate General Population, Protective Custody and Restrictive Housing.
- Figure 9.7 provides a comparison of current and projected ADP for each of the mental health and medical cohorts and beds provided via this Interim Action. Note that it was assumed that the geriatric population would be housed in Barrack M at RCCC. Table F-04 in Appendix F provides a snapshot view of the housing plan developed to support consideration of this Interim Action.

Figure 9.7
Interim Action 6: Mental Health Housing & Treatment
Projected 2045 Need vs. Bed Provided

Cohort	Current Need	Projected Need		Interim Action Beds Provided		
	ADP	ADP	Capacity	Single	Double	Total
Acute Psychiatric Unit (APU)	41	42	48	42	0	42
Intensive Outpatient Program (IOP) (Includes DD)	156	168	193	126	64	190
Enhanced Outpatient Program (EOP)	160	171	197	58	117	175
Mental Health Treatment General Population (MH-GP) Single Cells	30	33	30	37	0	37
Suicidal Inmate Temporary Housing Unit (SITHU)	16	17	20	20	0	20
Critical Needs Assessment Program (CNAP)	32	34	39	41	0	41
Early Access and Stabilization Services (EASS)	Contract Limit 10 beds			14	0	14
Jail Based Competency Treatment (JBCT)	Contract Limit 44 beds			43	0	43
Chronic Medical/Long-Term Care	45	48	55	49	0	49
Medically Assisted Treatment (MAT)	64	69	79	91	0	91

- The adaptive use of the Main Jail to meet current and projected needs of the mental health and medical populations will result in a reduction in rated capacity due to a significant increase in single celling.
    - Relative to the BSCC-rated capacity of 2,400 beds, the resulting capacity will be 1,501 beds or a reduction of 899 beds.
    - Relative to SSO's operating capacity of 2,367 beds, the resulting capacity will be 1,501 beds or a reduction of 866 beds.
    - Total system capacity based on BSCC's current rated capacity of RCCC will be 3,050 beds, vs. a 2025 average ADP of 3,264.
    - The SSO's operating capacity for RCCC, however, is significantly higher than BSCC's rated capacity. Using that number as a baseline for RCCC results in a total system capacity of 3,761 beds vs. a 2025 average ADP of 3,264, or a 15% buffer between recent average ADP and capacity.
    - It should also be recognized that this significantly reduces the percentage of beds in cell-type housing vs. dormitories and barracks at RCCC. Both capacity needs and classification needs may impact the viability of this Interim Action in the future should the jail population grow or should the inmate profile demand more secure housing settings.
- The housing plan is intended to inform the basis for this Interim Action but is flexible and as needs change with the ebb and flow of the population, SSO in concert with ACH and ACMH can adjust housing assignments just as they do now to accommodate variations in the population mix and profile.

Preliminary estimates of probable construction and project costs were developed for each potential Interim Action. Project costs are comparable to the range of costs currently used by the Sacramento County Department of General Services for Capital Improvement Planning with some modifications. Schedule for implementation is indeterminant at this point in time as these are intended to be individual actions that can be implemented by agreement with Class Counsel if in fact a longer-term solution is delayed. For illustrative purposes, two horizons were used for providing an estimate of the impact of escalation:

- Three years is the duration included in the phasing plans for each of the Approaches to determine a course of action, resolve financing mechanism and CEQA. This is the planned initiation point of a longer-term project and if delays are encountered it could trigger a request for interim improvements by Class Counsel.
- Five years is generally the duration to the actual start of construction under each of the Approaches. Should a delay in construction start be encountered, it again could trigger a request for interim improvements by Class Counsel.

Figure 9.8 provides a summary of construction and project costs for Interim Action 6: Mental Health Housing & Treatment. It should be noted that these are parameter ROM estimates of probable costs. If Sacramento County believes that they may need to employ one or more of these Interim Actions to respond to immediate or interim improvements required by Class

Counsel under the Consent Decree pending a long-term solution, it is recommended that the County undertake a scoping study to confirm project scope and importantly to confirm if any additional infrastructure improvements would be required to support the implementation of the Interim Action. Additionally, costs will be impacted by the complexity of the specific implementation plan for each Interim Action.

Note that this action is independent of other actions. Phased implementation will be required due to limitation of temporary capacity or swing space available to vacate multiple housing units concurrently. Consolidation of the APU on the Third Floor is a prerequisite for expansion of the medical clinic on the Second Floor. This action could be implemented on a floor-by-floor basis with varying population mixes based on immediate demands. Cost table provides a parameter ROM on an individual floor basis by allocating the total projected cost across the three floors equally and adding a premium of 25%.

Refer to Appendix F, Figure F-11 for additional details on construction and project costs.

Figure 9.8
Interim Action 6 Mental Health Housing & Treatment
Probable Costs

Interim Action	Construction Cost	Project Cost	Project Cost Escalated 3 Years	Project Cost Escalated 5 Years
Interim Action 6 Mental Health Housing & Treatment	$ 21,735,551	$ 28,038,861	$ 32,458,486	$ 35,785,481
Interim Action 6 Mental Health Housing & Treatment Individual Floor	$ 9.056,480	$ 11,682,859	$ 13,524,369	$ 14,910,617

Action 7: Improvements to Roger Bauman Facility (RBF) to Provide Temporary Capacity or Swing Space

Until recently the RBF was vacant. It is currently occupied as temporary beds (swing space) to accommodate renovations at RCCC. RBF could provide from 252 (BSCC-rated capacity) to 300 beds of swing space to support implementation of an Interim Action Plan. Some minimal renovations would be recommended:

- Abatement of known hazardous material in the cell portion of the building.

- In two cell pods, combine two cells to provide accessible cell and shower.
- Convert one multi-occupancy cell on each side of the facility to PREA-compliant showers.
- Convert library and support space to two open dayrooms visible from the control room each serving one side of the facility.

Preliminary estimates of probable construction and project costs were developed for each potential Interim Action. Project costs are comparable to the range of costs currently used by the Sacramento County Department of General Services for Capital Improvement Planning with some modifications. Schedule for implementation is indeterminant at this point in time as these are intended to be individual actions that can be implemented by agreement with Class Counsel if in fact a longer-term solution is delayed. For illustrative purposes, two horizons were used for providing an estimate of the impact of escalation:

- Three years is the duration included in the phasing plans for each of the Approaches to determine a course of action, resolve financing mechanism and CEQA. This is the planned initiation point of a longer-term project and if delays are encountered it could trigger a request for interim improvements by Class Counsel.
- Five years is generally the duration to the actual start of construction under each of the Approaches. Should a delay in construction start be encountered, it again could trigger a request for interim improvements by Class Counsel.

Figure 9.9 provides a summary of construction and project costs for Interim Action 7: Improvements to Roger Bauman Facility (RBF) to Provide Temporary Capacity or Swing Space. It should be noted that these are parameter ROM estimates of probable costs. If Sacramento County believes that they may need to employ one or more of these Interim Actions to respond to immediate or interim improvements required by Class Counsel under the Consent Decree pending a long-term solution, it is recommended that the County undertake a scoping study to confirm project scope and importantly to confirm if any additional infrastructure improvements would be required to support the implementation of the Interim Action. Additionally, costs will be impacted by the complexity of the specific implementation plan for each Interim Action.

Note that this action is independent of other actions but could be a precedent activity to initiating an Interim Action Plan Refer to Appendix F, Figure F-11 for additional detail on construction and project costs.

Figure 9.9
Interim Action 7: Improvements to RBF to Provide Temporary Capacity or Swing Space
Probable Costs

Interim Action	Construction Cost	Project Cost	Project Cost Escalated 3 Years	Project Cost Escalated 5 Years
Interim Action 7 Improvements to Roger Bauman Facility (RBF) to Provide Temporary Capacity or Swing Space	$ 2,929,615	$ 3,779,203	$ 4,374,900	$ 4,823,328

Summary

Figure 9.10 provides a summary of the costs associated with all of the potential Interim Actions identified, including a floor-by-floor cost for Interim Action 6: Mental Health Housing and Treatment. A total is not provided as the intent of this exercise was not to develop an alternate approach but rather was intended to provide the County with a menu of options to consider should interim improvements be pursued by Class Counsel pending the implementation of a long-term solution. It should be noted that many of these items were studied as part of reviewing the feasibility of addressing long-term needs with existing facilities only and while appropriate for interim relief were not considered long-term answers based on best practices for creating a treatment environment.

As noted in the cost discussion of each action, if Sacramento County believes that they may need to employ one or more of these Interim Actions to respond to immediate or interim improvements required by Class Counsel under the Consent Decree pending a long-term solution, it is recommended that the County undertake a scoping study to confirm project scope and importantly to confirm if any additional infrastructure improvements would be required to support the implementation of the Interim Action. Additionally, costs will be impacted by the complexity of the specific implementation plan for each Interim Action.

Figure 9.10
Summary All Potential Interim Actions
Probable Costs

Interim Action	Construction Cost	Project Cost	Project Cost Escalated 3 Years	Project Cost Escalated 5 Years
Interim Action 1: Expand and Reconfigure Intake	$ 14,381,886	$ 20,632,300	$ 23,884,466	$ 26,332,624
Interim Action 2: Expansion and Renovation of Medical Clinic & Infirmary	$ 17,047,019	$ 21,990,654	$ 25,456,931	$ 28,066,266
Interim Action 3: Provide Accessible Housing	$ 16,876,818	$ 21,771,226	$ 25,202,915	$ 27,786,214
Interim Action 4 Provide Accessible Visiting, Confidential Interview Rooms & Medical Exam Rooms	$ 15,678,504	$ 20,225,271	$ 23,413,279	$ 25,813,140
Interim Action 5 Provide Accessible Court Holding and Attorney Visiting and an Accessible Path from Holding to the Courtrooms	$ 1,143,279	$ 1,474,830	$ 1,707,300	$ 1,882,298
Interim Action 6 Mental Health Housing & Treatment	$ 21,735,551	$ 28,038,861	$ 32,458,486	$ 35,785,481
Interim Action 7 Improvements to RBF to Provide Temporary Capacity or Swing Space	$ 2,929,615	$ 3,779,203	$ 4,374,900	$ 4,823,328
Interim Action 6 Mental Health Housing & Treatment If by Individual Floor	$ 9,056,480	$ 11,682,859	$ 13,524,369	$ 14,910,617

OPPORTUNITIES FOR COST REDUCTION

Four opportunities for cost reduction were identified as part of the analysis of Strategic Development Approaches. The first three cost reduction opportunities involve adjustments to the initial bed space capacity estimates, with planned expansion in the future.

As outlined in Section 2 of this report, the ADP is projected to be at 3,490 people-in-custody by 2045. The ADP represents only an average. A capacity buffer, referred to as peaking factor, must be applied to the projected ADP to ensure that sufficient beds are available at any given time to accommodate changes in custody classification and levels of care, This includes maintaining vacancies across housing units by sex, custody level, level of care, administrative holds, legal status, etc., as well as allowing for routine maintenance and a margin for population-driven changes that may increase the population above the demographic baseline(such as intake surges, Prop 36, or other legislative shifts).

The Planning Team analyzed three scenarios for establishing an appropriate peaking factor for the Sacramento County detention population:

- **Low, +18 percent** (operating at about 85 percent of capacity): appropriate for a facility whose bed types are well matched to its population composition; provides margin for specialized-housing needs.
- **Base, +23 percent** (operating at about 81 percent of capacity): within commonly cited practice; adds margin for the elevated buffer the current facility requires (explained below), and for routine contingencies.
- **High, +30 percent** (operating at about 77 percent of capacity): an explicit allowance for rare adverse events, including flood conditions or a future public-health emergency with operational effects comparable to COVID-19. An upper bound driven by current operational constraints rather than an estimate of expected need.

Discussions with Stakeholders and the Executive Committee led to a decision to adopt the 23% peaking factor as a basis for planning. This was applied to the projected ADP (4,269 beds) and then a fixed capacity of contract beds (44) was added, resulting in a total projected capacity need for 4,313 beds. This compares to a current BSCC-rated capacity of 4,005 beds and an SSO operating capacity of over 4,700 beds.

While the three options involving adjustments to the initial bed space capacity estimates provide a path to cost reduction, it is important to recall history. Upon completion, the Main Jail was already faced with an ADP over and above design capacity and, shortly after occupancy, moved toward double celling. The projected space programming for Master Planning already assumes double celling for the general population effectively eliminating a fallback if the ADP exceeds planned occupancy based on cost reduction options. However, if continued population management efforts prove successful, the reduced capacity may be adequate beyond the planning horizon.

The fourth cost reduction opportunity applies to approaches that include reconstruction on the RCCC site recommending that, if approaches which involve a more remote site are preferred from a systemic organization perspective, significant savings can be realized by identifying an alternative site for development in lieu of RCCC.

Cost Reduction Opportunity 1: Reduce 2045 Peaking Factor from 23% to 18%

This suggested cost reduction would reduce the peaking factor applied to the 2045 ADP projection from 23% to the lower factor of 18%. As noted, this would still provide a normal operating capacity of about 85% of the total system-wide bed capacity, which is a more typical planning standard for detention and correctional facilities.

This higher peaking factor was initially adopted primarily based on past and current experience where the relatively large size of housing units at the Main Jail (60, 64 and 80 beds) impacts the ability to use a higher percentage of cells and beds due to the need to separate the population by classification and treatment level, resulting in a current utilization rate more in line with a 23% peaking factor – 80% - 81%. The proposed program is based on much smaller housing units, such as treatment-based housing units ranging from 16 to 20 beds and general population housing units ranging from 32 to 48 beds. Planning for smaller housing units should allow for a higher utilization rate closer to 85%.

Applying 18% to the projected 2045 ADP results in a capacity need of 4,118 beds. Added to this number are the fixed number of 44 state contracted return to competency beds (ROC) for a projected 2045 total capacity need of 4,162 beds. This will result in a reduction in the projected capacity for planning of 151 beds from the basis for planning projection of 4,313 beds.

For cost estimating it was assumed that one 192 bed cluster as programmed would be removed. Based on the programmed capacity for planning of 4,324 beds, which resulted from the standardization of housing unit sizes, the resultant capacity would be 4,132 rated beds.

Probable construction cost savings are estimated at $68,625,874. Project cost savings will vary by Approach based on the phasing plan and timeframe which establishes estimated escalation costs. As an example, project cost savings were calculated for the two highest ranked Approaches – Approach E and Approach C and are summarized in Figure 9.11 below.

Figure 9.11
Cost Reduction Opportunity #1
Reduce 2045 Peaking Factor from 23% to 18%

Approach	Base Project Cost	Reduced Project Cost Cost Reduction Opportunity 1: Reduce 2045 Peaking Factor from 23% to 18%
Delete One 192 Bed Cluster		($ 96,076,223)
Approach E: New Consolidated Detention and Correctional Center Incorporating Special Purpose Needs	$ 2,947,757,839	$ 2,851,681,616
Approach C – New Satellite Facility Incorporating Special Purpose Needs and Replacement Capacity for RCCC + Additions and Renovations to the Main Jail	$ 3,033,618,189	$ 2.937,541,966

Additionally, any reduction in capacity will result in a reduction in both custody and program and services staffing and operational costs, which should be further analyzed for the selected approach and any cost reduction action selected for implementation.

Cost Reduction Opportunity 2: Construct Housing Capacity to 2035 ADP Projected Needs with a Peaking Factor of 18%

This cost reduction opportunity is based on constructing core facilities to support the projected capacity needs of 2045 and constructing initial housing capacity based on 2035 needs with a peaking factor of 18%, with planned future expansion. The projected capacity required in 2035 with an 18% peaking factor is 3,877 beds, or a reduction of 436 beds from the basis for planning projection of 4,313 beds.

For cost estimating, it was assumed that one 192 bed and two 128 bed clusters as programmed totaling 448 beds would be removed. Based on the programmed capacity for planning of 4,324 beds, which resulted from the standardization of housing unit sizes, the resultant capacity would be 3,876 rated beds.

Probable construction cost savings are estimated at $120,369,400. Project cost savings will vary by Approach based on the phasing plan and timeframe which establishes estimated escalation costs. As an example, project cost savings were calculated for the two highest ranked Approaches – Approach E and Approach C and are summarized in Figure 9.12 on the following page.

Figure 9.12
Cost Reduction Opportunity 2
Construct Housing Capacity Based on 2035 Projected ADP with a Peaking Factor of 18%

Approach	Base Project Cost	Reduced Project Cost Cost Reduction Opportunity 2 Construct Housing Capacity Based on 2035 Projected ADP with a Peaking Factor of 18%
Delete One 192 Bed & 2 128 Bed Clusters		($ 168,517,160)
Approach E: New Consolidated Detention and Correctional Center Incorporating Special Purpose Needs	$ 2,947,757,839	$ 2,779,240,679
Approach C – New Satellite Facility Incorporating Special Purpose Needs and Replacement Capacity for RCCC + Additions and Renovations to the Main Jail	$ 3,033,618,189	$ 2,865,101,029

Additionally, any reduction in capacity will result in a reduction in both custody and program and services staffing and operational costs, which should be further analyzed for the selected approach and any cost reduction action selected for implementation.

Cost Reduction Opportunity 3: Construct Housing Capacity to 2045 ADP with no Peaking Factor

This cost reduction opportunity is based on constructing core facilities to support the projected capacity needs of 2045 with the 18% peaking factor and constructing initial housing capacity based on the projected 2045 ADP only, with planned future expansion. The projected capacity required based solely on ADP in 2045 with no peaking factor is 3,534 beds, or a reduction of 779 beds from the basis for planning projection of 4,313 beds. This capacity is 314 beds over the 2025 ADP.

This cost reduction model reflects the fact that projections over a 20-year planning horizon are subject to great variance – both upward and downward. Recent trends have focused on reducing carceral trends and the County is committed to providing increased mental health and homelessness services in the community which can have an impact on the jail population. Effectively, this approach reduces the potential for over-building, recognizing that additional expenditures for expansion may be required in the future.

For cost estimating, it was assumed that four 192 bed clusters as programmed totaling 768 beds would be removed. Based on the programmed capacity for planning of 4,324 beds, which resulted from the standardization of housing unit sizes, the resultant capacity would be 3,548 rated beds.

Probable construction cost savings are estimated at $326,289,294. Project cost savings will vary by Approach based on the phasing plan and timeframe which establishes estimated escalation costs. As an example, project cost savings were calculated for the two highest ranked Approaches – Approach E and Approach C and are summarized in Figure 9.13 below.

Figure 9.13
Cost Reduction Opportunity #3
Construct Housing Capacity to 2045 ADP with no Peaking Factor

Approach	Base Project Cost	Reduced Project Cost Cost Reduction Opportunity # 3: Construct Housing Capacity to 2045 ADP with no Peaking Factor
Delete Four 192 Bed Clusters		($ 362,030,128)
Approach E: New Consolidated Detention and Correctional Center Incorporating Special Purpose Needs	$ 2,947,757,839	$ 2,585,727,711
Approach C – New Satellite Facility Incorporating Special Purpose Needs and Replacement Capacity for RCCC + Additions and Renovations to the Main Jail	$ 3,033,618,189	$ 2,671,588,061

Additionally, any reduction in capacity will result in a reduction in both custody and program and services staffing and operational costs, which should be further analyzed for the selected approach and any cost reduction action selected for implementation.

Cost Reduction Opportunity 4: Alternate Siting, Approaches A or D

If one of the approaches that includes a remote facility on the RCCC site is approved for further study, the identification of an alternate remote site should be considered to both avoid floodplain mitigation costs estimated at $700M and reduce escalation costs due to a shortened schedule. However, these approaches would still be more costly than the higher ranked Approaches E and C. Note that Approaches B and F are not included in these cost savings as

they were recommended for elimination. They included Special Purpose needs housing units which should not be provided at a remote location.

Refer to Appendix A.9 for cost estimating detail.

IMPLICATIONS OF A "DO-NOTHING" APPROACH

Mays Consent Decree

Anything suggested in response to the Consent Decree is speculation on the part of the Planning Team, but the findings of this Master Plan do provide approaches that would support probable compliance with the Consent Decree based on the Planning Team's interpretation of the Consent Decree requirements and second Memorandum of Agreement.

The range of impacts and sanctions resulting from a "Do -Nothing" approach could include:

- Continued cost of defense, Class Counsel costs, periodic Subject Matter Experts assessments, internal monitors, consultants and expert witnesses.
- Costs for design and construction of interim improvements as part of negotiating conditions and additional Memorandums of Agreement (MOAs).
- Monetary fines imposed by the Federal Court on the County missed deadlines, or non-compliance with agreed to conditions of the Consent Decree and subsequent MOAs.
- Specific orders for increased staffing or other approaches to providing appropriate and timely levels of care for both medical and mental health patients in custody.
- Potentially drastic actions such as appointment of a Special Master who is an independent, neutral expert appointed by a court to oversee, investigate, and enforce structural changes within prisons, jails, or detention centers. For example, New York Rikers Island is now under the oversight of a court-appointed independent "remediation manager" (effectively a federal receiver/special master) in charge of overseeing operations at the Rikers Island jail complex, who answers only to the federal court and is empowered with sweeping authority to override the mayor and the city's Department of Corrections (DOC). This includes the power to overhaul staffing models, handle employee discipline, manage infrastructure repairs, and reshape security policies.
- An even more drastic sanction open to the federal court, typically as a last resort, is to place the correctional medical and mental health systems under receivership[3]. An

[3] "In jails and prisons, receivership is a legal remedy in lawsuits to address constitutional violations (e.g. inadequate conditions of confinement, unconstitutional levels of care, violations of federal rights, etc.). It serves as a measure of last resort therefore being used only when all other tactics to comply with federal law have failed. It strips the government of all operational authority and control, transferring full management of the specified system (e.g. healthcare or entire facilities) to a neutral, independent

example of this is the California Department of Corrections medical services which were placed under the direct management and operation of the Receiver who is empowered to make decisions that had a direct impact on the California state budget, resulting in a $2.49B investment in health care facilities.[4] In 2025, a Receiver was also appointed in another case over California Department of Corrections and Rehabilitation's (CDCR's) mental health system.

Current Physical Conditions

Even if the County adopts a "Do Nothing" approach relative to the conditions of the Consent Decree, the County is faced with a significant cost for deferred maintenance and modernization of systems at both the Main Jail and RCCC. The annual Capital Improvement Program (CIP) has typically projected a budget requirement for millions of dollars in work related to deferred maintenance items and modernization for both the Main Jail and RCCC. For the five-year look ahead – FY26/27 through FY 30/31, the suggested budgeted work items for these facilities are, respectively, $39M and $26M.

Actual expenditures, however, have historically fallen short of CIP projections. Actual expenditures for the past five years (2022-2026) were only $17.3M for the Main Jail and only $8.4M for RCCC. This continued underfunding due to County budget constraints and overall countywide pressing demands has only contributed to a growing backlog of deferred maintenance needs.

As part of Phase II, the Planning Team undertook a detailed Facility Conditions Assessment (FCA). Relative to basic existing conditions at the Main Jail, the FCA projected a need for $14.8M in immediate repairs[5] but also noted that within the ten-year timeframe an investment of $114M would be required. The 20-year total exceeds $155M[6].

Similarly, the FCA projected a need for $4.0M in immediate repairs[7] for RCCC but also noted that within the 10-year timeframe an investment of $60M would be required. The 20-year total exceeds $122M.[8]

Perhaps the most appropriate comment in the FCA regarding existing systems and conditions is "aged but functional" indicating that, while well beyond their life cycle, the equipment is still working, largely due to the efforts of maintenance staff to keep equipment operating even when parts are no longer available and systems are obsolete.

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court-appointed expert in charge, "the receiver". Source: https://www.brennancenter.org/our-work/research-reports/receiverships-jails-and-prisons-explained

[4] Source: California Legislative Analyst's Office, Overview and Update on the Prison Receivership, November 2003.

[5] NOTE: All FCA numbers are subcontractor trade costs and do not include General Conditions, General Contractor Costs, Contingencies, Escalation and Soft Project Costs as addressed later in this narrative.

[6] Future trade costs escalated at 4% per year.

[7] NOTE: All FCA numbers are subcontractor trade costs and do not include General Conditions, General Contractor Costs, Contingencies, Escalation and Soft Project Costs as addressed later in this narrative.

[8] Future trade costs escalated at 4% per year.

In addition to the FCA, the Planning Team had consultant experts review detention equipment, electronic security systems and technology as a supplemental assessment. Generally speaking, equipment is also "aged but functional." In some instances, items are noted as "barely functional." The electronic security system operates on outdated system – which is no longer available. Parts are not available for detention locks or combination detention fixtures. There is limited technology available in the building.

Figure 9.14 Facility Upgrade Costs provides an update of the information originally provided in the Phase I/II Report (Appendix E) regarding the probable construction and project costs associated with the recommended deferred maintenance and modernization costs at the Main Jail and RCCC.

It adds to the trade costs documented in the FCA and other reports contractor costs, project costs and escalation assuming that the deferred maintenance and modernization work is completed in six phases at each facility due to the impact of limited availability of temporary beds. It also assumes that all deficiencies will be corrected, deferred maintenance will be completed, and systems will be modernized to provide comparability to "new" construction and reset the life cycle of each facility.

It should be noted that the upgrade costs assume that equipment will be updated where possible to meet the requirements of the County's Climate Action Plan, but additional research is necessary to determine whether upgrades to infrastructure are required to support Climate Action Plan (CAP) responsive equipment. Also note that for the Main Jail these costs do not include the Central Utility Plant located in the County Administration Building, which serves multiple County properties including the Main Jail. If for some reason the common Central Plant was abandoned or upgrades for capacity were needed, additional costs could be anticipated.

As indicated in Figure 9.14, the total construction cost for the Main Jail is $279M, and for RCCC, $123M, resulting in a total probable construction cost of $402M for repairs and modernization of detention, electronic security and technology. Project costs including contingencies at 20% for renovations increase the base total project cost for both facilities to $693M, with project costs for the Main Jail and RCCC of $481M and $212M, respectively.

A repair/renovation and modernization project of this scale and magnitude will require phased implementation. This was reviewed and discussed initially with the Stakeholder Group and the Executive Committee at Workshop 4. The critical limiting factor to phasing is the availability of temporary beds or swing space. It was determined that outside resources in adjacent counties are limited and that most jurisdictions will be reticent to accept Sacramento County people-in-custody as the conditions of the Consent Decree would follow with the population. As a result, phasing for both facilities is based on two years of planning, design and procurement and six construction phases. Each construction phase was planned with a two-year duration, both for construction and the relocation of the population which will have its own challenges related to classification issues, program space, staffing, and the delivery of medical/MH and other services. The extended schedule has a significant impact on escalation costs.

As indicated in Figure 9.14, total escalation is estimated at just over $246M, with costs for the Main Jail and RCCC of $177M and $89M, respectively. This raises the total project cost to over $939M, with costs at the Main Jail of $658M and of $281M at RCCC.

There are two critical issues for consideration relative to the repair/renovation and modernization needs of RCCC:

- The budget for RCCC is solely based on the repair and upgrade of existing construction. Many of the existing buildings are reaching obsolescence, especially the modular buildings and trailers. Others are generally inadequate for their purpose, such as booking, medical and even some of the older housing buildings. It is questionable whether repair/renovation and any modernization in fact represent a good value-for-money investment by Sacramento County.

- Based on the review of floodplain considerations, it is probable that the level of work anticipated will result in a code mandate, both by the County Zoning Code and federal requirements, to comply with flood proofing measures to a minimum of 2'0" above the base flood elevation (BFE). On average, the buildings are 4.5 feet below the proposed 24.0 foot critical facility flood protection elevation of two feet above BFE of 22.0 feet, with some of the buildings five to six feet below the required 24.0 foot elevation.

Flood protection measures such as dry floodproofing, perimeter floodwalls, and deployable flood gates were evaluated as potential methods for reducing flood risk to existing RCCC facilities. Although these strategies may provide localized protection for individual facilities, they present several challenges at RCCC. Because the campus contains numerous buildings, utilities, access points, and support infrastructure, a comprehensive flood protection system would likely require multiple floodwalls, gates and protected utility crossings to function effectively.

For these reasons all the approaches under consideration included reconstruction and expansion at the RCCC site rather than renovations and expansion.

Even if the County made or received an exception, investing several hundred million dollars in facilities in a known flood hazard area may not represent a good value proposition for taxpayer money.

In summary, the cost of repair/renovation and modernization represents one-third of the Project Cost of a totally new contemporary facility, and after spending this money on physical deficiencies, the County will be no closer to resolving the physical issues inherent in the Consent Decree. Additionally, when complete, the County would have facilities in a "state of good repair" that would effectively be like having a new 1980s Main Jail and a like-new 1959–1999 Rio Cosumnes Correctional Center.

Figure 9.14
Facility Upgrade Costs

	Main Jail	Rio Cosumnes Correctional Center	Total
Base Trade (Subcontractor) Costs[9]			
FCA Costs based on Assessment	$ 110,828,076	$ 41,557,420	$ 152,385,496
Detention Equipment	$ 22,132,344	$ 1,750,000	$ 23,882,344
Electronic Security	$ 5,667,125	$ 2,930,804	$ 8,597,929
Technology	$ 1,598,723	$ 1,582,853	$3,181,576
ADA	$ 37,498,650	$ 21,810,861	$ 59,309,511
Current CIP (2027 – 2031)	$ 38,976,330	$ 25,849,929	$ 64,826,259
Subtotal – Base Trade Costs	**$ 216,701,248**	**$ 95,481,867**	**$ 312,183,115**
General Contractor Costs			
General Conditions	$ 39,006,225	$ 17,186,736	$ 56,192,961
General Requirements	$ 7, 584, 129	$ 3,341,865	$ 10,926,409
Insurance and Bonds	$ 4,984,129	$ 2,196,083	$ 7,180,212
Contractor OH&P	$ 10,835,062	$ 4,774,093	$ 15,609,156
TOTAL CONSTRUCTION COST Base Trade Costs + General Contractor Costs	**$ 279, 111,207**	**$ 122,980,645**	**$ 402,091,852**

[9] All information except CIP from Phase I/II Report; FCA costs in September 2026 Dollars from Phase I/II Report Appendices V & VI State of Good Repair; CIP Costs from Sacramento County DGS.

Figure 9.14 *(contd.)*
Facility Upgrade Costs

	Main Jail	Rio Cosumnes Correctional Center	Total
Other Project Costs			
Premium for Phasing & Working in Secure Environment	$ 27,911,121	$ 12,298,0647	$ 40,209,185
Permits	$ 5,582,224	$ 2,459,613	$ 8,041,837
Construction Contingency	$ 55,822,241	$ 24,596,129	$ 80,418,370
FFE	$ 9,210,670	$ 4,058,361	$ 13,269,031
Architectural/Engineering Design, ASD and Consultants	$ 40,526,947	$ 17,856,790	$ 58,383,737
Construction Support, ASD	$ 18,421,340	$ 8,116,723	$ 26,538,062
Construction Management and Inspection CMID	$ 25,789,876	$ 11,363,412	$ 37,153,287
Soft Costs Contingency	$ 18,421,340	$ 8,116,723	$ 26,538,062
Subtotal - Other Project Costs	**$ 201,685,758**	**$ 88, 865,814**	**$ 290,551,572**
TOTAL PROJECT COST 2029 $$$$	**$ 480,796,966**	**$ 211,846,459**	**$ 692,643,424**
Escalation – 6 Phases each Facility	**$ 177,337,654**	**$ 69,360,024**	**$ 246,697,679**
TOTAL PROJECT COST PHASED CONSTRUCTION	**$ 658,134,620**	**$ 281,206,483**	**$ 939,341,103**