

JAIL FACILITIES
POPULATION REDUCTION IMPACTS
STUDY REPORT



November 21, 2022

By

nacht&lewis



POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

TABLE OF CONTENTS

Section

| | | |
|-----|---|---------|
| 0.0 | Executive Summary..... | Page 1 |
| 1.0 | Glossary..... | Page 5 |
| 2.0 | Introduction and Summary..... | Page 7 |
| 3.0 | Approach and Methodology..... | Page 13 |
| 4.0 | Jail Population Reductions and Resulting Needs..... | Page 19 |
| 5.0 | Facility Options..... | Page 31 |
| 6.0 | Evaluation of Options..... | Page 47 |
| 7.0 | Appendices..... | Page 57 |

Firm Bios

Summary of Assessment of Main Jail

RCCC Barracks Security Enhancements Project

Sacramento County Main Jail 300 West Pod JPS Conversion Feasibility Study

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

0.0 EXECUTIVE SUMMARY

Scope and Background

Our firm, Nacht & Lewis Architects, was retained to provide expert opinion on what the County can do to address the physical plant deficiencies of the two jails operated by the Sacramento County Sheriff. More specifically, we were asked what could be done to achieve the necessary physical plant changes so that the County can come into compliance with the provisions of the Federal Court ordered Mays Consent Decree (Consent Decree).

This work built on our previous report which showed that, in order for the County's Main Jail to come close to compliance with the Consent Decree, the population of that jail would need to be reduced by approximately 1,000 inmates. In that study we determined that even with that reduction there are significant areas of the jail, such as the booking loop, that would still not be able to achieve compliance.

Our previous report was issued at the same time that a report from Kevin O'Connell was provided to the County. Mr. O'Connell was asked to estimate how many inmates could reasonably be removed from the County jails if a variety of diversion and deflection programs were implemented. Mr. O'Connell concluded that, if the County implemented a variety of strategies, it could in time reasonably expect to reduce the total population of the jails by about 600 inmates.

Taking these two previous reports together, the County was left with the conclusion that it could not reasonably expect to release enough inmates to allow it to achieve compliance with the Consent Decree through population reduction alone. The question then, and now, is what needs to be done with the facilities themselves in order to allow the County to come into compliance?

Assumptions

To answer this question, we started with a few assumptions. First, we accepted that the County would **reduce the existing jail population by 600 inmates**. This would reduce the overall rated capacity of the County's jails from just over 4,000 to just over 2,972 beds – a very substantial 26% reduction that reflects current population levels. (Note that all facility options that are considered provide this exact number of beds.)

We also assumed that the County would continue to operate the only booking facility for fresh arrests made by every law enforcement agency (LEA) in the County.

Lastly, we assumed that future jail populations would look generally similar to the population that is currently in the jail. This means that while we assumed the number of beds would be reduced, the needs and the classifications of the remaining population would be substantially the same as the population today because very few high-acuity inmates would be released.

These assumptions lead to a few baseline points that any new renovation, repurposing, or construction has to meet in order for the County to achieve compliance with the Consent Decree. To start, any physical plant improvement has to have a **booking loop** that is large enough to process arrestees for all the LEAs in the County. That booking loop also must have the space to be ADA and HIPAA-compliant, with adequate

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

space for all the initial medical and mental health screening and other healthcare functions required by the Consent Decree.

Second, the **treatment space needed for mental health and medical services** must be sufficient to treat approximately the same number of inmates that need service within the current population. This is the case because the strategies set forth for population reduction by Mr. O’Connell do not meaningfully reduce the number of inmates that are in need of such services. To state this another way, the strategies Mr. O’Connell suggested reduce the number of lower acuity inmates with less serious charges in the general inmate population. Removing this number of inmates would create more space within the jails. However, the space that is freed up is not sufficient to provide group and individual treatment to the inmates with enhanced medical and mental health needs as required by the Consent Decree.

Meeting the needs of the jail populations with these enhanced needs is the biggest driver, outside the booking loop, of **the requirement for more, and improved, space** in the system. Our task was to consider how this space could best be created.

Options

In thinking about where and how to create this space we considered a number of possibilities. We considered building a **completely new jail** that would replace both existing jails. We considered making **modifications to the existing facilities** so that no new facility would need to be built. We finally considered the construction of a **facility that would supplement the existing main jail**.

As detailed in the report, a **completely new jail** (Options 2A and 2B) would provide the space necessary for compliance with the Consent Decree. Option 2A replaces the Main Jail and provides 1,898 new beds plus 1,074 renovated beds at RCCC; Option 2B replaces both jails and provides 2,972 new replacement beds (with related spaces for services). Option 2B greatly enhances efficiencies within the Sheriff’s Office and Correctional Health because there would not be the need for duplication of services such as exist now. However, the construction of a new, large jail would be the most expensive of the options we considered, and it would take the longest time to construct. A new jail also comes with the significant hurdle of locating and securing the site for such a facility.

We considered **renovation of the Rio Consumes Correction Facility (RCCC)**. Such a plan is attractive, in theory, because it would leverage an existing jail site. Nonetheless, the impediments to using RCCC to achieve compliance with the Consent Decree are many and they are overwhelming. The first of these hurdles is that there simply is not existing space at RCCC to provide the needed medical and mental health services as required by the Consent Decree. Therefore, that space would need to be constructed (Option 1B). Building new structures at RCCC would require a major renovation of its existing infrastructure to support this new space. Even if this were done, the fact that RCCC is remote and at times difficult to get to would not change. Option 1B provides 454 new replacement beds (and utilizes 160 Outpatient beds in the Main Jail).

Lastly, we examined the **creation of a new booking loop and healthcare facility** on the vacant lot next the Main Jail (the “Bark Lot”; Option 1A). As explained in detail in the report, this is the option we consider the best of the available choices for the County. We come to this opinion because the space would be adequate to meet the needs imposed by the Consent Decree, it would be cheaper and quicker to build

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

than a totally new jail, and it would remain centrally located, close to important services and population centers. Option 1A provides 294 new replacement beds (and utilizes 400 Outpatient beds in the Main Jail).

We believe there are **additional steps** that the County can consider that would accelerate improvement of conditions for the mental health populations and facilitate the achievement of goals for diversion. The former include interim improvements on the third floor of Main Jail – the so-called “3P” project at the third-floor unit **300 West**. Renovation of this unit would allow for the temporary expansion of the jail’s Acute Inpatient capacity by 37 beds which, in turn, would make room elsewhere for provision of other needed healthcare services. Later, this unit would serve as part of the OPP program (after the Main Jail’s population is reduced). To make the beds in 300 West available for the Acute Inpatient program, medium security beds would have to be decanted to RCCC by adding two control rooms to increase security at what are now minimum-security housing units.

The other project that can be considered is creation of an **Integrated Resource Center** (Alternative A1) following the model from Bexar County, Texas) which would serve as a hub for deflection and diversion from the jail system. It would offer both voluntary outpatient and short term in-patient services for individuals who might otherwise have been booked into the jail on suspicion of the commission of minor crimes and who evidence the need mental health services or housing assistance. Services would be provided by a consortium of governmental agencies and NGOs. We believe that this project would facilitate the implementation and effectiveness of the identified jail population initiatives from the O’Connell report.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

1.0 GLOSSARY

| Term | Definition |
|----------------------------|--|
| CHMHSF | Correctional Health and Mental Health Services Facility – The name of the facility originally planned to serve as an annex to the Main Jail to deliver high-quality medical and mental health services to facilitate the County’s ability to comply with the Mays Consent Decree. |
| The O’Connell Study | A report on a study by Kevin O’Connell titled “Sacramento County Jail Study” dated May 2022. The report considers possible jail population reduction strategies. |
| The Options Study | A report on a study by Nacht & Lewis titled “Main Jail Capacity to Meet the Consent Decree Report,” dated March 31, 2022. |
| ROM | Rough order of magnitude. |
| Special Populations | Special populations include individuals with serious medical and mental health needs as represented in the Mays Consent Decree whose clinical acuity requires sheltered housing outside of general population. Levels of acuity for special populations include a continuum of care: Acute Inpatient Unit or AIU, Intensive Outpatient or IOP, and Outpatient Psychiatric Program or OPP. Inmate-patients diagnosed with a medical condition requiring infirmary care, long-term medical care or withdrawal management services (i.e., detoxification) are also included in special populations. |
| Stakeholder Group | The group participating in the study represents the County “Stakeholders,” including General Services, County Counsel, the Sheriff’s Office Jail Management, and Adult Correctional Health. The stakeholder group meets regularly with the study team, provides data, and responds to operational and treatment questions posed by the consultant team conducting the study. |
| Inmate-Patient | An individual who is detained in the custody of the Sacramento County Sheriff’s Office, who has been diagnosed by a licensed healthcare professional with a medical or behavioral health condition, and who has an active treatment plan. Inmate-patients may be awaiting disposition or sentenced and are housed at either the Main Jail or RCCC. |

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

| Term | Definition |
|--|--|
| Sheltered Mental Health Housing | Housing units designated for Mays Class Members include the Acute Inpatient Unit (AIU), Intensive Outpatient Program (IOP), and Outpatient Psychiatric Pods (OPP). |

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

2.0 INTRODUCTION AND SUMMARY

Context and Purpose of This Study

This document supplements the Sacramento County Correctional Health and Mental Health Services Facility (CHMHSF) Facility Program report dated August 11th, 2021, to reflect planned reductions in the number of jail beds needed by the County. These reductions result from modifying the County's agreement with the U.S. Department of Justice to hold fewer federal prisoners and from a study by Kevin O'Connell that identified several changes to practices and programs operated by the County and other local jurisdictions.

The previous report proposed constructing the CHMHSF, a multi-story addition to the Main Jail on the adjacent empty lot (referred to as the Bark Lot). That report provided a space list detailing the rooms necessary to satisfy the various requirements of the Mays Consent Decree (Mays). The purpose of this supplemental report is to explore other options that consider the reduced number of beds and, thus, the smaller size of any proposed project.

This information is intended to be useful to County decision-makers in determining the best path forward to bring the County into compliance with the Mays Consent Decree.

Scope of The Report

This report covers the following topics:

- Study the impacts of jail population reduction strategies on the numbers and types of beds needed.
- Determine which functions from the CHMHSF space list could be accommodated in the Main Jail if the inmate population can be reduced.
- Determine which functions from the CHMHSF Space List could not be accommodated in the Main Jail due to lack of space or specific requirements the existing Main Jail construction cannot meet or for which it is not appropriate.
- Explore various options for a new building and/or building addition(s) based on the results of the scope above and provide a "rough order of magnitude" (ROM) cost estimate for each of the options as well as enough information about them to enable staffing requirements and long-term operating costs to be determined.
- Evaluate the pros and cons of each option.

Study Team

Nacht & Lewis conducted the study with support from project team members Jay Farbstein & Associates and Falcon Correctional & Community Services, Inc. Firm biographies are supplied for reference in the appendices.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

Approach and Methodology

Building upon the prior Options Study, the capacity needs for the jail's special and general populations were adjusted on three tracks. The first track examined removing eligible federal prisoners from the jail's special populations, with the balance of targeted reductions taken from the general population. The second track applied the recommendations and criteria of the O'Connell Study specifically to the special populations. The third track updated the Outpatient Psychiatric Program (OPP) population with more robust data that became available after the completion of the Options Study.

Jail Population Reductions and Resulting Needs

Recent demand has surpassed 3,700 jail beds between Main Jail and RCCC. The criteria of the reduction strategies had little applicability to the special populations and would only reduce these groups by an estimated 14 beds. General populations, by contrast, would be reduced by 722 beds, for a total reduction of 786 beds. The resulting jail system capacity needed would be 2,972 beds (this total capacity is consistent among all options).

Facility Options

In Option one, we proceeded with the understanding that the booking loop, medical clinic, and medical housing cannot be accommodated in the existing building referenced in the Appendices section Summary Assessment of Main Jail. Therefore, this study considers two groups of facility options to accommodate the needed beds in compliance with Mays. The first group (1A, 1B, 1C) entails modifications at the Main Jail with the construction of an addition on the adjacent Bark Lot for a new booking loop, plus a medical clinic and medical housing with three possibilities for where to build and locate new housing those inmate-patients whose clinical acuity requires higher levels of care. The second group (2A, 2B) includes two options for rebuilding part or all the County's jail facilities.

- 1A. Provide a building addition on the Bark Lot to accommodate the consent decree requirements that cannot be met in the renovated Main Jail. These would include a new booking loop, medical clinic, and housing, as well as the housing units for inmate patients requiring higher levels of care (Acute Inpatient Unit and Intensive Outpatient Program). Option 1A provides 294 new replacement beds (and utilizes 400 OPP beds in the Main Jail).
- 1B. Construct a building addition at RCCC to accommodate those inmate-patients whose clinical acuity requires higher levels of care (Acute Inpatient Unit and Intensive Outpatient Program). Option 1B provides 454 new replacement beds (and utilizes 160 OPP beds in the Main Jail).
- 1C. Construct a new building at a separate location (to be determined) to accommodate those inmate-patients whose clinical acuity requires higher levels of care (Acute Inpatient Unit and Intensive Outpatient Program). As a stand-alone facility, this option would require duplication of substantial support space. Option 1C provides 454 new replacement beds (and utilizes 160 OPP beds in the Main Jail).
- 2A. Replace the entire Main Jail with a new facility that would not only include the needed beds currently located in the Main Jail but also additional space requirements to satisfy the Mays Consent Decree. Option 2A replaces the Main Jail and provides 1,898 new beds plus 1,074

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

renovated beds at RCCC.

- 2B. Replace the Main Jail and RCCC with a new facility that would replace beds currently located in the Main Jail and RCCC, plus additional space requirements to satisfy the Mays Consent Decree. Option 2B replaces both existing jails and provides 2,972 new replacement beds.

In addition to the five primary options, there are two interim projects that are a necessary first step to accelerate improvements of conditions for the mental health populations at the main jail while any one of the options is designed and constructed. These projects include security improvements to two minimum-security barracks units at RCCC to house medium-security inmates from the main jail, thereby freeing up space for the renovation of the Main Jail's 3rd-floor 300W unit (the so-called "3P" project). The 3P project creates a temporary expansion of the Acute Psychiatric Inpatient Unit, increasing its capacity. The converted space can later serve as part of the OPP or IOP program (after the balance of the Main Jail is renovated and its population reduced).

Alternative facilities are also considered that could further achieve aspects of Mays compliance. The two "alternatives" are identified and described in less detail:

- A1. An "Integrated Resource Center,"¹ which would serve as a hub for deflection,² diversion,³ and/or community linkage from the jail system. It would offer voluntary outpatient and short-term in-patient services for individuals who might otherwise have been booked into jail for suspicion of minor crimes and who evidence the need for mental health services or housing assistance. A consortium of government agencies and community-based organizations would provide services. It is believed that this project would facilitate the implementation and

¹ "Integrated Resource Center" is a placeholder name reflecting the functional aspect of collocating several clinical and social services to meet the needs of individuals in behavioral health crises and/or requiring social support.

² **Deflection.** The term deflection was coined in 2014 to describe a range of alternatives to justice-involvement that may occur as part of community-oriented law enforcement practices. These alternatives are made available to Law Enforcement Agencies, whose officers have long lamented the lack of meaningful intervention provided by traditional options of arrest and detention, seeing the same individual back in the community, with apparently little in the way of treatment or stabilization, and requiring police intervention once again. Deflection programs allow LEA to assist citizens in accessing treatment for behavioral health conditions, including mental health and substance use disorder programming. Sometimes called *pre-arrest diversion*, *pre-booking diversion*, or *police-assisted diversion*, deflection acknowledges that an overwhelming majority of those who are justice-involved have behavioral health disorders, which place them at elevated risk for crime and recidivism. Deflection allows LEA to help citizens access treatment that can provide meaningful reduction in criminogenic risk and avoid use of the justice system for behavioral health crises, altogether.

³ **Diversion.** While efforts at deflection aim to eliminate any justice footprint for the service user in the community, diversion programming aims to minimize that footprint. If arrest and booking are necessary, diversionary programs offer alternatives to traditional punitive models of incarceration by identifying the criminogenic risks of an individual, assessing the specific needs of the individual, and assigning the person to a program that is tailored to meet those needs and thus ultimately reduce the likelihood of recidivism by reducing criminogenic risk.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

effectiveness of the identified jail population initiatives and expand upstream solutions to redirect low-risk cases with clinical needs more effectively.

- A2. One (or possibly more) Type 1 holding facilities. These would be secure booking and short-term holding facilities constructed and operated by local city police departments. If the City of Sacramento built such a facility, it is estimated that it would reduce the volume of bookings in the county by about one-quarter and could save beds. Further study of this alternative facility should be undertaken to determine its viability.

Evaluation of Options

Each of the five primary options was evaluated by the consultant team. The evaluation was based on criteria including its effectiveness in meeting Mays requirements, its impact on medical and mental health services, its impact on correctional operations, how long it would take to come online, and its capital and operating costs. Each main topic was broken down into a number of factors that could be scored, and the topics were assigned weights according to their importance (meeting Mays and getting that accomplished more quickly were assigned full weights while the others were assigned 50% weight (half as important)).

The result of this evaluation shows the following:

- Option 1A, a building addition on the Bark Lot that accommodates intake, medical clinic and housing and the bulk of the special populations is the highest rated.
- Options that require new sites to be obtained rated lower than those restricted to County-owned sites (1B, 2A and 2B).
- Massive replacement projects (2A and 2B), while meeting Mays very effectively, take a substantially longer time to come into compliance because new sites have to be obtained and have very high capital costs, though they could be expected to reduce long-term operating costs.

Summary of Conclusions

- Removing federal detainees and implementing O'Connell's population reduction strategies will have an insignificant impact on reducing special populations currently housed at the Main Jail and RCCC.
- These strategies for population reduction would largely impact the jail system's general population.
- Around 700 general population beds could become available systemwide due to population reduction strategies.
- The available bed space at the Main Jail could accommodate up to 400 OPP beds with adequate group room and recreation space to meet Mays out-of-cell time requirements.
- New construction is required to accommodate all other special populations in compliance with Mays (AIU, IOP, Long Term Medical, and Medical Detox) plus new intake, medical, and clinical services space.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

- It appears that Option 1A, a building addition on the Bark Lot that accommodates intake, medical clinic and housing and the bulk of the special populations is the highest rated from among the options that were evaluated.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

3.0 APPROACH & METHODOLOGY

Overview

The consultant team’s approach to the study can be described with the following five major tasks:

- Meetings with Stakeholder Group
- Update Jail Population Profile of Needs
- Refine Numbers of needed Special Population Beds
- Strategies for Meeting Space Needs
- Reports and Presentations.

The following narrative describes how each task was performed.

Meetings

Meetings with the Stakeholder Group began with a kick-off session via Zoom to review the goals, scope, and schedule for the project and coordinate additional data that would be needed. Periodic meetings were held to review progress and receive comments, supplemented by individual communications covering specific information or assumptions.

Update Jail Population Profile of Needs

Results from the Options Study were used as the starting point for updating the capacity needs of the Main Jail’s special and general populations. For sheltered mental health populations, defined as those meeting clinical criteria for placement in Acute Inpatient Unit (AIU), Intensive Outpatient Program (IOP), or Outpatient Psychiatric Pods (OPP), the data set was updated from the Options Study and expanded to capture a larger sample of those inmate-patients in OPP. Further adjustments were then made on three tracks that covered:

- reduction in the number of federal prisoners
- reductions recommended in the O’Connell Study, and
- updating the OPP population with more robust data that was provided.

Track 1: Examine the impacts of removing eligible federal prisoners from the jail’s special populations.

The first track entailed an examination of the impacts of removing federal prisoners. Additional information for all federal prisoners on the sample day used for the prior Options Study was provided by the Sheriff’s Office. The federal prisoners were cross-referenced with those in administrative segregation on the sample day and compared against inmate-patients designated as meeting clinical criteria for AIU, IOP, or OPP levels of care and housing to determine the impact

POPULATION REDUCTION IMPACTS STUDY REPORT

on those specific sub-populations requiring designated sheltered housing. Working over the spreadsheet used for the prior analysis, the small number of federal prisoners were omitted to show ADP for administrative segregation using the prior assumptions:

- detainees with diagnoses of Serious Mental Illness (SMI) would move from ad seg to sheltered mental health housing (AIU, IOP, OPP);
- strict adherence to the remedial plan for ad seg (refer to the Options Study for the criteria used to make this determination).

The list of federal inmates was then cross-referenced with all health records for the same dates evaluating: a) psychiatric diagnoses meeting clinical criteria for AIU, IOP, or OPP levels of care; and then also b) housing locations known to be designated as AIU, IOP, or OPP. In this way, the team could ensure that any federal prisoner housed in AIU, IOP, or OPP would be counted, as well as any federal prisoner not housed in the designated unit but meeting clinical criteria for that level of clinical acuity.

Track 2: Apply the recommendations and criteria of the O’Connell study to the special populations.

The second track examined the impact of the O’Connell Study on the special populations. A general review of the O’Connell recommendations indicated their applicability to administrative segregation and sheltered mental health populations, shown in Table 3.01. For the expanded sample of those in sheltered mental health housing, each case was individually cross-referenced with publicly-available data regarding justice involvement to estimate the impact of the jail reduction recommendations on the population of inmate-patients in sheltered mental health housing. The recommendations focused primarily on individuals charged with misdemeanors, having short lengths of stay, not being held on detainers, not being held for state hospital placement, and generally not facing violent felony charges. As a result, their impact on the populations in sheltered mental health housing was limited. The analysis is as follows:

Table 3.01: Impacts of O’Connell Jail Reduction Recommendations on Special Populations Demand

| No. | Description | Impact on Behavioral Health | Jail Daily Pop. Reduction | Estimated Impact on Special Populations Demand |
|-----|---|---|---------------------------|---|
| 1A | Deflect Quicks likely released the same day | This program would substantially reduce clients entering the jail with behavioral health needs, reducing the 33% who enter intoxicated, as well as the 13% who enter for other reasons but have Mental Health concerns. | 17 | Ignore: None represented in Ad Seg or Sheltered Mental Health Housing (AIU, IOP, OPP) |

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

| Table 3.01: Impacts of O’Connell Jail Reduction Recommendations on Special Populations Demand (continued) | | | | |
|---|--|--|---------------------------|--|
| No. | Description | Impact on Behavioral Health | Jail Daily Pop. Reduction | Estimated Impact on Special Populations Demand |
| 1B | Augment Crisis Response | This program would reduce seriously mentally ill clients entering the jail by 10% under non-violent circumstances and not involving court compliance issues. | 26 | No impact on Ad Seg, all with SMI assumed moved to treatment. Minimal impact (N = 1) on AIU, IOP, and OPP populations. |
| 1C | Cite Non-Violent Misd & Infractions | This program would reduce clients entering the jail who are new to the system and appear to lack identified SMI (as different from crisis response). Many in this group are DUIs, as well as drug possession, so this would have a larger influence on substance use than mental health. | 74 | No impact on Ad Seg, all felony charges. No impact on AIU, IOP, or OPP populations. |
| 2A | Release Low-Risk to Arraignment | This program would not intentionally address behavioral health, but screening and assessment could help to proactively address needs at discharge. | 16 | No impact on Ad Seg, no low risk. Minimal impact (N = 3) on AIU, IOP, and OPP populations |
| 2B | Expand Sentenced Alternatives for Low-Risk | This program would not intentionally address behavioral health, but screening and assessment could help to proactively address needs at discharge or during re-entry planning since these people stay 211 days, on average. | 101 | No impact on Ad Seg, no low risk. Minimal impact (N = 3) on AIU, IOP, and OPP populations |

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

| Table 3.01: Impacts of O’Connell Jail Reduction Recommendations on Special Populations Demand (continued) | | | | |
|---|---|--|---------------------------|---|
| No. | Description | Impact on Behavioral Health | Jail Daily Pop. Reduction | Impact on Special Populations Demand |
| 2C | Expand Pretrial Services Past Arraignment | This population is 47% SMI, which means implementing it with this population would have a significant impact on people who are SMI in jail. | 131 | Reduces ADS1 by ADP of 1.15, no impact on ADS2 Minimal impact (N = 3) on AIU, IOP, OPP populations, and other strategies will capture the same estimated population |
| 2D | Reduce LOS for Warrants Only | This program would be set up mainly for people without serious mental illness but may have other behavioral health needs. Although many people with SMI enter jail for warrants, program 2e is targeted at those programs. | 30 | No impact on Ad Seg, no warrants only. No impact on AIU, IOP, or OPP populations |
| 2E | Reduce Warrants for FTAs of MH Clients | This program would not intentionally address behavioral health, but screening and assessment could help to proactively address needs at discharge. | 39 | No impact on Ad Seg, no FTAs only. No impact on AIU, IOP, or OPP populations |
| 2F | Expand MH Diversion for Low Risk | This program will target people with SMI and possible Co-Occurring disorders, so there would be a sizable impact. | 81 | No impact on Ad Seg; all with SMI moved to treatment. Minimal impact (N = 3) on AIU, IOP, and OPP populations and other strategies will capture the same estimated population |
| 2G | Expand MH Court for Moderate Risk | This program will target people with SMI and possible Co-occurring disorders, so there would be a sizable impact. | 77 | No impact on Ad Seg; all mental health cases are moved to treatment. Minimal impact (N = 5) on AIU, IOP, and OPP populations |

The O’Connell Study provided assumptions on annual intakes and, if not specifics on length-of-stay, sufficient descriptions that known information on time to arraignment and pretrial or sentenced release could be used to estimate ADP for the populations covered. For the special

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

populations, those cases in the samples could be evaluated against the criteria for each recommendation, counted, and length-of-stay reductions determined to calculate related ADP. The difference between the special populations and those in the O’Connell estimates was assumed to be part of the jail’s general population.

Track 3: Update the OPP Population with more robust data available since the completion of the Options Study.

The third track included an analysis of robust data made available on the OPP population since the completion of the Options Study. Beginning with the same data set incorporated in the Options Study, the sample was expanded to include the federal detainees as indicated previously, as well as to capture the OPP population on the same dates data was captured for AIU and IOP populations. Each case was then compared against publicly-available justice system data and considered against each of the Jail Reduction Strategies.

Refine Numbers of Special Population Beds

The breakdown of ADP reductions of federal prisoners and resulting from the O’Connell recommendations were tabulated and translated into bed reductions using a 1.15 peaking and classification factor for pretrial detainees and a 1.05 factor for sentenced inmates. These reductions were subtracted from the bed needs based on actual ADP for the 12 months preceding this study to determine the resulting needs after population reductions. The bed needs for RCCC were incorporated into the results based on comments from a stakeholder review.

Population Strategies for Meeting Bed Needs

The consultant team identified four facility strategies for meeting Sacramento County’s jail needs for special and general populations. Two strategies were logical adaptations of prior planning efforts adapted to the bed reductions. Another two strategies resulted from the comments received by stakeholders during review meetings concerning the prior tasks. The strategies are detailed in chapter 4.0, Jail Population Reductions and Resulting Needs.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

4.0 JAIL POPULATION REDUCTIONS AND RESULTING NEEDS

Overview

This chapter reports how population reduction strategies applied to special and general populations. While reduction impacts are reported for each special population, reductions to general population are reported as a whole without any breakdown for minimum security, medium security, maximum security, intake, protective custody, or any other special designation.

Population Reductions

The results show that removing federal detainees and implementing recommended population reduction strategies from the O’Connell Study have an insignificant impact on reducing special populations currently housed at the Main Jail and RCCC. Consequently, the strategies for population reduction would largely impact the jail system’s general population.

Detailed findings for each special population follow.

Administrative Segregation

Ten federal prisoners, about ten percent of the sample, were in administrative segregation. Because of prior assumptions following the requirements of Mays, reducing the number of federal prisoners would, at most, reduce the need for Administrative Segregation One (ADS1) beds by one and Administrative Segregation Two (ADS2) beds by two. Although the numbers are small, reducing ten percent of the sample reduces the demand for administrative segregation beds by 15%.

Among the O’Connell Study recommendations, only recommendation 2C Expand the Use of Pretrial Release would have any impact on the administrative segregation bed needs. Like reductions in the number of federal prisoners, once that population has had eligible detainees moved to sheltered mental health housing and the constraints posed by Mays are applied, ADP in ADS1 would be reduced by 1.15, and there would be no impact on ADS2 because no inmates from the sample remained who fit the criteria proposed in the O’Connell Study. The bottom line is a reduction of one bed in ADS1.

The resulting reductions to administrative segregation are tabulated in Tables 4.2 through 4.5, following a discussion of the impacts on mental health, medical, and general populations.

Mental Health

Of the federal prisoners, none were identified as either diagnosed with a Serious Mental Illness (SMI) or currently housed in sheltered mental health housing units. Therefore, there was no impact of their removal on special populations for mental health purposes.

Turning to the recommendations from the O’Connell Study recommendations, a case-level assessment of each individual inmate-patient in sheltered mental health housing units was conducted. There were four examples of inmate-patients identified as defendants facing exclusively misdemeanor charges.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

For all four, however, they were assigned No Bail, indicating that the Court of Jurisdiction intentionally held the individual despite otherwise qualifying for the population reduction strategies proffered.

Within the Acute Inpatient Unit segment of the sample, four cases were selected for deeper analysis, potentially meeting the criteria for one or more of the suggested reduction strategies. There was one example of a defendant inmate-patient facing exclusively misdemeanor charges that could qualify for one or more of the population reduction strategies. The three other cases reflected lower-level or non-violent felony charges and misdemeanor matters, potentially meeting the criteria for one or more of the recommended population reduction strategies. However, in all three cases, the defendants were assigned No Bail.

Within the Intensive Outpatient Program segment of the sample, there were ten cases selected for further analysis, potentially meeting the criteria for one or more of the suggested reduction strategies. There were two examples of inmate-patient defendants facing exclusively misdemeanor charges. In the first case, an inmate-patient charged with Petty Theft and Attempted Robbery was held for San Francisco County and assigned \$50,000 bail. In the other case, the defendant charged with Unauthorized Entry into an Occupied Dwelling was being held for placement with the Department of State Hospitals and assigned \$50,000 bail. There were three examples of defendants with low-level or nonviolent felony charges who could potentially meet the criteria for suggested reduction strategies. In one case, however, the individual facing charges of Robbery and Vandalism was being held for placement with the Department of State Hospitals and assigned \$50,000 bail. In the second case, the individual charged with Misdemeanor Battery, Misdemeanor Vandalism, and Felony Vandalism was assigned No Bail. And in the third case, the individual charged with Misdemeanor Battery, Felony Battery, and Threats to Commit Grave Bodily Injury was assigned No Bail.

In the Outpatient Psychiatric Pods (OPP) segment of the sample, there were seven cases selected for further analysis, potentially meeting the criteria for one or more of the reduction strategies. Five cases were identified as exclusively facing misdemeanor charges. One individual charged with Indecent Exposure, Disorderly Conduct, and Resisting an Officer was assigned \$10,000 bail and considered to clearly meet the criteria for one or more of the suggested reduction strategies. The second individual facing exclusively misdemeanor charges of Commit a Violent Injury on an Officer and Resisting an Officer was being held on \$100,000 bail. The third case of an individual facing charges of Burglary, Petty Theft, Throwing a Substance at a Motor Vehicle, and Possession of Narcotics was assigned No Bail. In the fourth case, an individual charged with Vandalism, Petty Theft, and Willful Disobedience of a Court Order was assigned No Bail. And in the fifth case an individual charged with Resisting an Officer, Shoplifting, and Misdemeanor Trespassing was assigned No Bail. The final two cases were held for the Department of State Hospitals and charged with a nonviolent felony and assigned No Bail.

Using updated data provided by Adult Correctional Health and the Sheriff's Office, a more reliable projection of special population bed space needs is reflected in Table 4.01. Although the Acute Inpatient Unit, Intensive Outpatient Program, and Outpatient Psychiatric Pods are designated housing units with an assigned number of available beds, they are better represented as clinical levels of care for those diagnosed with psychiatric disorders and requiring sheltered housing. In each case, there are substantially more people identified as needing those levels of care than the number of assigned beds available. The housing units are always at capacity with significant waitlists, which must be considered when estimating the number of beds needed for each level of care.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

Table 4.01: Updated Projections for Special Housing

| Special Populations | Identified Need* | Low | High | Census** | Bed Need for Sample | Bed Need for Full Capacity |
|---|------------------|-----|------|----------|---------------------|----------------------------|
| Acute Inpatient (AIU) | 40 | 28 | 49 | 1899 | 45 | 57 |
| Intensive Outpatient Program (IOP) | 131 | 118 | 157 | 1899 | 158 | 199 |
| Outpatient Psychiatric Pods (OPP) | 332 | NA | NA | 2051 | 382 | 446 |
| Total Sheltered Mental Health | 503 | | | | 585 | 702 |

* AIU and IOP: Avg. Available Beds + Monthly Waitlist + ADS to Treatment (9 data points July 2021 - May 2022) | OPP: Single Point 8.4.2022 + ADS to Treatment

**AIU and IOP: Avg. of Monthly ADP (9 data points matched to Avg. Need) \ OPP: All Data from 8.4.2022

Calculations for the Acute Inpatient Unit and Intensive Outpatient Programs were conducted using the average number of designated beds, with the average monthly waitlist and the number of cases identified in the Administrative Segregation population added. Nine monthly snapshot data points were used, with the low and high ends identified to reflect the range.

Based on the Average Daily Population over the same nine data points and correcting for peaking and classification, the calculated bed space needs for the Acute Inpatient Unit was 45 for the current sample and would be 57 if the full capacity of the Main Jail were assumed. Recognizing substantial efforts at population reduction and management underway, although minimally impacting this population, 50 beds for the Acute Inpatient Unit is a reasonable estimate.

Using the same methodology, 158 Intensive Outpatient Program beds would be needed based on the nine-point sample, and 199 would be estimated if the Main Jail were at full capacity. With similar consideration for the substantial efforts to reduce and manage the population, 160 beds would be a reasonable estimate for the Intensive Outpatient Program population.

Calculations for the Outpatient Psychiatric Pods were based on a single point in time, cross-referenced between healthcare data and the Sheriff’s Office data, and with qualifying Administrative Segregation cases added. Peaking and classification calculations were added to arrive at an estimated 382 beds needed based on that day’s census of 2051. Corrected for the Main Jail potentially being at capacity, 446 beds would be needed to house the OPP population. Considering the substantial efforts underway to reduce and manage the jail population, 400 beds is a reasonable estimate for the Outpatient Psychiatric Pods.

Medical

Of the federal prisoners, none were identified as having significant medical issues or currently housed in areas designated for medical treatment or withdrawal management. Therefore, there was no impact of their removal on special populations for medical purposes.

Estimates for sheltered housing specific to the population with higher-acuity medical needs has remained unchanged, despite the strategies recommended in the O’Connell Study recommendations, given the chronic and acute healthcare issues seen in the incarcerated population and the glaring lack of adequate space for general medical services. A 30-bed infirmary (10 females, 20 males) would

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

provide sub-acute medical care with substantial capabilities to meet those needs.¹ Services would include pre-operative staging, post-operative recovery, intensive medical treatments, intravenous therapies, acute or severe Withdrawal Management Services (detoxification), or deterioration of chronic conditions. This transient unit focuses on stabilization and transfer to lower levels of care and as a bridge between general population within the jail and offsite hospital care. Additionally, Long-Term Medical Housing serves as a sheltered medical unit for patients who do not require infirmity-level care but who cannot reside in general population. An estimated 36 beds meet the needs of this population, after removing the demand for withdrawal management services (i.e. detoxification).

Withdrawal management services are a significant need and require a designated area for monitoring and treatment. The population requiring these services has been housed throughout the facility resulting in higher risk and acuity of patients who miss monitoring. The protocol requires assessment by nursing twice daily for five days. Caseloads for this population have not historically been identified and segmented by levels of acuity, so industry standards were used for estimating needs. Across the industry, a baseline estimate of 10% of patients housed in detention facilities require medically-managed detoxification services with up to 40% requiring some form of monitoring. The number of inmate-patients housed in a studied 30-day period was 2,139. Based on the minimum 10% industry standard, 213 would need monitoring for five days. This results in 1,065 bed days per month. When divided by the 30 days, the resulting bed needs per day is 35.5 for medical detoxification services. Assuming a portion of the remaining individuals requiring some monitoring are of an acuity level requiring closer observation and correcting for peaking and classification, 48 beds is a reasonable recommendation for this population.

General Population

Any reductions that could not be applied to the special populations above were assumed to impact the general population. Statistics from recent jail censuses were used to break this population down by pretrial and sentenced for both men and women. No further breakdown of the general population was done at this point in the study. Some further assumptions regarding the breakdown of dormitory, double cell, and single cells were made during the development of facility strategies discussed in Chapter 5.

The assumption for federal detainees developed with stakeholders was that following already implemented reductions, another 111 would be cut from the Main Jail population leaving 100 remaining contract holds. Four federal detainees could be cut using criteria for special populations, leaving 107 to cut from the general population. All federal detentions were assumed to be pretrial, and 7% were women and 93% male, based on the sample of federal detainees provided by the Sheriff's Office.

The reductions to special populations for release programs recommended by O'Connell were subtracted from the pretrial ADP reductions estimated by O'Connell and then translated into bed reductions using the peaking and management factor used throughout different phases of this study. O'Connell's total sentenced ADP reductions were multiplied by a 1.05 management factor to determine the bed need. Women were assumed to be 10.7% of the pretrial reductions and 10.1% of

¹ Inmate-patients with acute medical needs would still be treated off-site at an acute care hospital.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

the sentenced reductions based on recent data provided by the Sheriff's Office.

Summary

The results of the above analyses were put in a series of four tables, beginning with a breakdown of ADP reductions, followed by bed reductions, bed needs before reductions, and resulting bed needs after subtracting the reductions from bed needs. Tables 4.02 through 4.05, present the sequence from ADP reductions to bed needs after reductions.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

Table 4.02: Bed Needs by Housing Type Before Reductions

| Housing Type | Federal Pretrial | County Pretrial | Subtotal Pretrial | Sentenced | Line Item Subtotal |
|--------------------|---------------------|--------------------|----------------------|-----------|-----------------------|
| Male | | | | | |
| General Population | 196 | 1,261 | 1,457 | 1,267 | 2,724 |
| ADS1 | 1 | 5 | 6 | 2 | 8 |
| ADS2 | 2 | 8 | 10 | 2 | 12 |
| Acute Inpatient | - | 24 | 24 | 15 | 39 |
| IOP | 1 | 86 | 87 | 54 | 141 |
| OPP | - | 208 | 208 | 131 | 339 |
| Long-term Medical | - | 20 | 20 | 12 | 32 |
| Medical Detox | - | 38 | 38 | - | 38 |
| Subtotal Male | 200 | 1,650 | 1,850 | 1,483 | 3,333 |
| Female | | | | | |
| General Population | 15 | 174 | 189 | 122 | 311 |
| ADS1 | - | 1 | 1 | - | 1 |
| ADS2 | - | 1 | 1 | - | 1 |
| Acute Inpatient | - | 3 | 3 | 3 | 6 |
| IOP | - | 10 | 10 | 8 | 18 |
| OPP | - | 23 | 23 | 20 | 43 |
| Long-term Medical | - | 2 | 2 | 2 | 4 |
| Medical Detox | - | 5 | 5 | - | 5 |
| Subtotal Female | 15 | 219 | 234 | 155 | 389 |
| Total | | | | | |
| General Population | 211 | 1,435 | 1,646 | 1,389 | 3,035 |
| ADS1 | 1 | 6 | 7 | 2 | 9 |
| ADS2 | 2 | 9 | 11 | 2 | 13 |
| Acute Inpatient | - | 27 | 27 | 18 | 45 |
| IOP | 1 | 96 | 97 | 62 | 159 |
| OPP | - | 231 | 231 | 151 | 382 |
| Long-term Medical | - | 22 | 22 | 14 | 36 |
| Medical Detox | - | 43 | 43 | - | 43 |
| Total | 215 | 1,869 | 2,084 | 1,638 | 3,722 |

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

Table 4.03: ADP Reductions by Housing Type

| Housing Type | Federal Pretrial | O'Connell Pretrial | Subtotal Pretrial | O'Connell Sentenced | Line Item Subtotal |
|--------------------|------------------|--------------------|-------------------|---------------------|--------------------|
| Male | | | | | |
| General Population | -99.2 | -280.0 | -379.2 | -250.0 | -629.2 |
| ADS1 | -1.0 | -0.9 | -1.9 | 0.0 | -1.9 |
| ADS2 | -2.0 | 0.0 | -2.0 | 0.0 | -2.0 |
| Acute Inpatient | 0.0 | -0.9 | -0.9 | 0.0 | -0.9 |
| IOP | 0.0 | -2.7 | -2.7 | 0.0 | -2.7 |
| OPP | 0.0 | -4.5 | -4.5 | 0.0 | -4.5 |
| Subtotal Male | -102.2 | -285.4 | -387.6 | -250.0 | -637.6 |
| Female | | | | | |
| General Population | -7.8 | -33.5 | -41.3 | -28.1 | -69.4 |
| ADS1 | 0.0 | -0.1 | -0.1 | 0.0 | -0.1 |
| ADS2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Acute Inpatient | 0.0 | -0.1 | -0.1 | 0.0 | -0.1 |
| IOP | 0.0 | -0.3 | -0.3 | 0.0 | -0.3 |
| OPP | 0.0 | -0.5 | -0.5 | 0.0 | -0.5 |
| Subtotal Female | -7.8 | -34.1 | -41.9 | -28.1 | -70.0 |
| Total | | | | | |
| General Population | -107.0 | -313.5 | -420.5 | -278.1 | -698.6 |
| ADS1 | -1.0 | -1.0 | -2.0 | 0.0 | -2.0 |
| ADS2 | -2.0 | 0.0 | -2.0 | 0.0 | -2.0 |
| Acute Inpatient | 0.0 | -1.0 | -1.0 | 0.0 | -1.0 |
| IOP | 0.0 | -3.0 | -3.0 | 0.0 | -3.0 |
| OPP | 0.0 | -5.0 | -5.0 | 0.0 | -5.0 |
| Total | -110.0 | -319.5 | -429.5 | -278.1 | -707.6 |

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

Table 4.04: Bed Reductions by Housing Type

| Housing Type+A32:F56 | Federal Pretrial | O'Connell Pretrial | Subtotal Pretrial | O'Connell Sentenced | Line Item Subtotal |
|----------------------|------------------|--------------------|-------------------|---------------------|--------------------|
| Male | | | | | |
| General Population | -114 | -322 | -436 | -263 | -699 |
| ADS1 | -1 | -1 | -2 | 0 | -2 |
| ADS2 | -2 | 0 | -2 | 0 | -2 |
| Acute Inpatient | 0 | -1 | -1 | 0 | 0 |
| IOP | 0 | -3 | -3 | 0 | -2 |
| OPP | 0 | -5 | -5 | 0 | -3 |
| Subtotal Male | -117 | -328 | -445 | -263 | -708 |
| Female | | | | | |
| General Population | -9 | -38 | -47 | -30 | -77 |
| ADS1 | 0 | 0 | 0 | 0 | 0 |
| ADS2 | 0 | 0 | 0 | 0 | 0 |
| Acute Inpatient | 0 | 0 | 0 | 0 | 0 |
| IOP | 0 | 0 | 0 | 0 | 0 |
| OPP | 0 | -1 | -1 | 0 | -1 |
| Subtotal Female | -9 | -39 | -48 | -30 | -78 |
| Total | | | | | |
| General Population | -123 | -356 | -479 | -293 | -772 |
| ADS1 | -1 | -1 | -2 | 0 | -2 |
| ADS2 | -2 | 0 | -2 | 0 | -2 |
| Acute Inpatient | 0 | -1 | -1 | 0 | -1 |
| IOP | 0 | -3 | -3 | 0 | -3 |
| OPP | 0 | -6 | -6 | 0 | -6 |
| Total | -126 | -367 | -493 | -293 | -786 |

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

Table 4.05: Bed Needs by Housing Type After Reductions

| Housing Type | Federal Pretrial | County Pretrial | Subtotal Pretrial | Sentenced | Line Item Subtotal |
|------------------------|------------------|-----------------|-------------------|--------------|--------------------|
| Male | | | | | |
| General Population | 82 | 943 | 1,025 | 1,004 | 2,029 |
| ADS1 | - | 4 | 4 | 2 | 6 |
| ADS2 | - | 8 | 8 | 2 | 10 |
| Acute Inpatient | - | 23 | 23 | 15 | 38 |
| IOP | - | 83 | 83 | 54 | 137 |
| OPP | - | 203 | 203 | 131 | 334 |
| Long-term Medical | - | 20 | 20 | 12 | 32 |
| Medical Detox | - | 38 | 38 | - | 38 |
| Subtotal Male | 82 | 1,322 | 1,404 | 1,220 | 2,624 |
| Female | | | | | |
| General Population | 6 | 136 | 142 | 92 | 234 |
| ADS1 | - | 1 | 1 | - | 1 |
| ADS2 | - | 1 | 1 | - | 1 |
| Acute Inpatient | - | 3 | 3 | 3 | 6 |
| IOP | - | 10 | 10 | 8 | 18 |
| OPP | - | 22 | 22 | 20 | 42 |
| Long-term Medical | - | 2 | 2 | 2 | 4 |
| Medical Detox | - | 5 | 5 | - | 5 |
| Subtotal Female | 6 | 180 | 186 | 125 | 311 |
| Total | | | | | |
| General Population | 88 | 1,079 | 1,167 | 1,096 | 2,263 |
| ADS1 | - | 5 | 5 | 2 | 7 |
| ADS2 | - | 9 | 9 | 2 | 11 |
| Acute Inpatient | - | 26 | 26 | 18 | 44 |
| IOP | - | 93 | 93 | 62 | 155 |
| OPP | - | 225 | 225 | 151 | 376 |
| Long-term Medical | - | 22 | 22 | 14 | 36 |
| Medical Detox | - | 43 | 43 | - | 43 |
| Total | 88 | 1,502 | 1,590 | 1,345 | 2,935 |

Table 4.05 provides the numbers used to scope each facility option reported in the following chapter, 5.0 Facility Options, subject to rounding based on the housing unit size for each classification established in the CHMHSF draft facility program developed previously. Table 4.06 provides the total jail system bed needs after rounding for housing unit size. It should be noted that the bed needs do not include any

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

adjustments for future county general population growth but include factors for jail population peaking and classification management.

Table 4.06: Bed Needs by Housing Type – Adjusted for Unit Size

| Classification | No. of Beds Needed |
|--|--------------------|
| General Population | 2258 |
| Administrative Segregation Housing | 20 |
| Outpatient Psychiatric Pod (OPP) Housing | 400 |
| Intensive Outpatient Program (IOP) Housing | 160 |
| Acute Inpatient Units (AIU) Housing | 50 |
| Long-term Medical Housing | 36 |
| Medical Detox | 48 |
| Total Jail System Beds Needed | 2972 |

For comparison, the Main Jail and RCCC currently have a Board Rated Bed Capacity of 4,005 beds². Table 4.07 shows the bed composition and facility square footage of the County’s current jail facilities.

Table 4.07: Current Jail Facilities

| Existing Facilities | | | |
|---------------------------------|-----------|---------|---------|
| Facility | Main Jail | RCCC | Total |
| Board-Rated Bed Capacity | 2,380 | 1,625 | 4,005 |
| Building Area (GSF) | 373,170 | 354,707 | 727,877 |

Determine Jail System Square Footage Needs for Reduced Population

To estimate the square footage required for the reduced jail system bed needs, the consultant team used the space list areas from the Sacramento County Correctional Health and Mental Health Services Facility (CHMHSF) Facility Program report and square footage data collected from recent jail facility programs from across California.

For functional areas, such as general population housing, special population housing and treatment spaces, long-term medical housing, and chemical substance detoxification housing, square footage assigned from the CHMHSF Facility Program was converted to a per-bed basis. Square footage

² Board Rated Bed Capacity means the number of inmate occupants for which a facility’s single- and double-occupancy cells, or dormitories, except those dedicated for medical or disciplinary isolation housing, were planned and designed in conformity to the standards and requirements contained herein and in Title 15, C.C.R.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

requirements for all other jail support functions, such as Intake, Medical Clinic, Central Programs and Recreation, Healthcare and Custody Administration, Food Services, Laundry, etc., were also based on an allowance of square footage from the CHMHSF Functional Program and space needs averages for a functioning Jail. Table 4.08 shows the estimated square footage needed for 2,972 beds in compliance with Mays.

Table 4.08: Main Jail Space Needs after Bed Reductions

| Functional Area | Avg. GSF/ Bed | No. of Beds | Total Space Needs Estimate System (GSF) |
|--|---------------|--------------|---|
| Minimum Security Housing | 135 | 328 | 44,280 |
| Medium Security Housing | 182 | 1666 | 303,212 |
| Maximum Security Housing | 303 | 264 | 79,992 |
| Administrative Segregation Housing | 334 | 20 | 6,680 |
| Outpatient Psychiatric Pod (OPP) Housing | 334 | 400 | 133,600 |
| Intensive Outpatient Program (IOP) Housing | 334 | 160 | 53,440 |
| Acute Inpatient Units (AIU) Housing | 669 | 50 | 33,450 |
| Medical/ Mental Health Clinical Services & Infirmary | Allow. | 0 | 31,500 |
| Intake & Transport | Allow. | 0 | 35,176 |
| Long-term Medical Housing | 228 | 36 | 8,208 |
| Medical Detox | 224 | 48 | 10,752 |
| Lobby & Public, and Professional Visiting | Allow. | 0 | 12,800 |
| Central Programs & Support | Allow. | 0 | 26,424 |
| Recreation | Allow. | 0 | 29,500 |
| Administration | Allow. | 0 | 15,082 |
| Staff Support | Allow. | 0 | 23,305 |
| Central Control & Armory | Allow. | 0 | 2,671 |
| Receiving/ Storage/ Maintenance | Allow. | 0 | 41,000 |
| Kitchen | Allow. | 0 | 26,400 |
| Laundry | Allow. | 0 | 11,700 |
| Total Gross Area Required for Jail Facilities | | | 929,172 |
| Total Beds | | 2,972 | |

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

Conclusion

Although bed space needs can be significantly reduced if population reduction strategies are fully implemented, Table 4.08 shows that nearly a 30% increase in square footage is required to comply with Mays. The square footage increases are mostly driven by the need for appropriate space to house and treat Mays Class Members who require sheltered mental health housing in the Acute Inpatient Unit, Intensive Outpatient Program, and Outpatient Psychiatric Pods. With or without bed reduction strategies fully implemented, new construction is required to achieve full compliance with Mays.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

5.0. FACILITY OPTIONS

The facility options discussed in this chapter are based on the resulting bed needs and facility square footage requirements found in Chapter 4.0, Reduction Study Results.

There are five main options in addition to two temporary (interim) facilities projects to bring the County into compliance with the Mays Consent Decree. Two alternative facilities are identified in this section that could address certain portions of the work required to comply with Mays. While the main options and temporary facilities are analyzed in greater depth, the alternatives are presented for consideration but with less information provided.

The main options fall into two groups. The first group, identified as Options 1A, 1B, and 1C, entails the renovation of the Main Jail and construction of a new intake plus medical housing and clinic on the adjacent empty lot, plus the construction of new mental health housing and treatment space in various possible locations. The second group of options, identified as Options 2A and 2B, includes the complete replacement of the Main Jail or of the entire system of jail facilities (the Main Jail and RCCC). Following each option's description are tables showing the relevant space allocations for each functional area to be included in the option, the total gross square footage required, and the replacement beds constructed. In addition, a second table provides the ROM cost and project duration for the option.

The two interim facilities projects involve remodeling existing housing at RCCC and the Main Jail. The first project, at RCCC, enhances the physical security of minimum-security barracks so that medium-security inmates from the Main Jail can be housed there, freeing up bed space on the 3rd Floor 300 West unit. The creation of these medium security units is a necessary first step to the second project, which is to remodel the 3rd Floor 300 West unit in the Main Jail to serve temporarily as the Acute Inpatient Unit. This project would significantly improve the conditions of confinement for the acute psychiatric population at the Main Jail while any one of the more extensive facility options is designed and constructed. This unit could later be utilized as a part of the OPP program (thus slightly reducing the number of beds needed in the main options).

In addition, two alternative facilities are presented that could potentially assist the County in addressing certain portions of the effort required to comply with Mays. The alternatives include constructing an Integrated Resource Center¹ that would assist with deflection and diversion of individuals who might otherwise be booked into the jail, and the possible construction of a Type 1 jail booking and short-term holding facility by one or more local cities.

A rough order of Magnitude (ROM) cost was assessed for each of the main facility options on a cost-per-square-foot basis from recently estimated and bid construction projects. Other cost factors were also considered in developing the ROM estimates, such as land cost (applicable to options 1C, 2A, and 2B), cost escalation, and project soft costs using a factor of 30% of the estimated construction cost. The ROM estimates are developed without a high level of project definition and are therefore used in this study for comparison and evaluation of each of the main options and not for project budgeting.

¹ This is a placeholder name, and given the importance of public engagement for a program like this, we strongly recommend a stakeholder-led process for naming the facility that reflects its specific mission and the meaning of its place in the community

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

Option 1: Renovate the Main Jail for ADA compliance and construct new intake, medical housing, and clinical space on the adjacent Bark Lot.

This comprises the base project, which requires that one of the three following variations be constructed as well:

1A. Add New Mental Health Housing and Treatment Space to the Structure To Be Built on the Bark Lot

Add new mental health housing to the intake and medical structure to be built on the Bark Lot to create an integrated continuum-of-care facility for Acute Inpatient, IOP, and OPP populations. This would result in a new multi-story building accommodating all key services at one site.

As a result of population reduction, housing vacated by general population detainees will be available to house Administrative Segregation and OPP detainees. Two existing housing units on each floor of floors 3 through 8 of the Main jail and one existing housing unit at RCCC would be assigned as OPP units. This approach would use existing facility resources to meet the needs of the least acute of the special mental health population under Mays, thereby reducing the scope of new construction. However, it is important to note that OPP detainees housed in the main jail would have priority use of the two program rooms on each floor, thereby limiting their use by general population inmates. Additionally, detainees with acute mental illness that are housed in the main jail would not benefit from the most up-to-date correctional design, such as program and recreation space that is directly accessible from housing units without an escort.

See Tables 5.01 and 5.02 on the following page for Option 1A details.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

Table 5.01: Option 1A Space Allocation

| Functional Area | Avg. GSF/ Bed * | No. of Beds Needed | BASE + MED. & MH @ MJ Estimate (GSF) |
|--|-----------------|--------------------|--------------------------------------|
| Minimum Security Housing | 135 | 0 | 0 |
| Medium Security Housing | 182 | 0 | 0 |
| Maximum Security Housing | 303 | 0 | 0 |
| Administrative Segregation Housing | 334 | 0 | 0 |
| Outpatient Psychiatric Pod (OPP) Housing | 334 | 0 | 0 |
| Intensive Outpatient Program (IOP) Housing | 334 | 160 | 53,440 |
| Acute Inpatient Units (AIU) Housing | 669 | 50 | 33,450 |
| Medical Clinical Services & Infirmary | allow. | 0 | 31,500 |
| Intake & Transport | allow. | 0 | 23,176 |
| Long-term Medical Housing | 228 | 36 | 8,208 |
| Medical Detox. | 224 | 48 | 10,752 |
| Lobby & Visiting | allow. | 0 | 2,954 |
| Central Programs & Support | allow. | 0 | 0 |
| Recreation | allow. | 0 | 9,694 |
| Administration (Custody and Healthcare) | allow. | 0 | 15,082 |
| Staff Support | allow. | 0 | 10,375 |
| Central Control & Armory | allow. | 0 | 2,445 |
| Receiving/ Storage/ Maintenance | allow. | 0 | 25,000 |
| Food Service | allow. | 0 | 16,600 |
| Laundry | allow. | 0 | 0 |
| Total Gross Area Required for Jail Facilities | | | 242,676 |

*Allow. = Allowance, which is space independent of the number of inmates served.

Table 5.02: Option 1A Summary

| OPTION 1A | MJ "bark Lot" | RCCC | New Site | Total |
|---------------------------|------------------|----------------|----------|---------|
| Replacement beds | 294 ¹ | 0 ¹ | 0 | 294 |
| New building area (GSF) | 242,676 | 0 | 0 | 242,676 |
| Estimated cost (ROM) | | | | \$450M |
| Project duration (months) | | | | 60 |

¹ 20 Ad. Seg. and 240 pretrial OPP detainees would be in the main jail in housing vacated by general population detainees, plus 160 sentenced OPP detainees in existing beds vacated by general population detainees at RCCC.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

1B. Construct New Mental Health Housing and Treatment Facility at RCCC

As an alternative to Option 1a, construct a new mental health housing and treatment facility at RCCC. This would divide services and require transporting acute patients from the Main Jail (e.g., at intake) to RCCC, which would be challenging and staff intensive. It will also require duplication of mental health staff at the Main Jail and RCCC and some redundancy of spaces, services, and amenities.

Table 5.03: Option 1B Space Allocation

| Functional Area | Avg. GSF/ Bed * | No. of Beds Needed | Base Project @ MJ Estimate (GSF) | PSYCHIATRIC UNIT @ RCCC Estimate (GSF) |
|--|-----------------|--------------------|----------------------------------|--|
| Minimum Security Housing | 135 | 0 | 0 | 0 |
| Medium Security Housing | 182 | 0 | 0 | 0 |
| Maximum Security Housing | 303 | 0 | 0 | 0 |
| Administrative Segregation Housing | 334 | 0 | 0 | 0 |
| Outpatient Psychiatric Pod (OPP) Housing | 334 | 160 | 0 | 53,440 |
| Intensive Outpatient Program (IOP) Housing | 334 | 160 | 0 | 53,440 |
| Acute Inpatient Units (AIU) Housing | 669 | 50 | 0 | 33,450 |
| Medical Clinical Services & Infirmary | allow. | 0 | 31,500 | 15,200 |
| Intake & Transport | allow. | 0 | 23,176 | 4,000 |
| Long-term Medical Housing | 228 | 36 | 8,208 | 0 |
| Medical Detox. | 224 | 48 | 10,752 | 0 |
| Lobby & Visiting | allow. | 0 | 2,954 | 1,500 |
| Central Programs & Support | allow. | 0 | 0 | 0 |
| Recreation | allow. | 0 | 800 | 8,894 |
| Administration (Custody and Healthcare) | allow. | 0 | 15,082 | 3,771 |
| Staff Support | allow. | 0 | 10,375 | 4,150 |
| Central Control & Armory | allow. | 0 | 2,445 | 806 |
| Receiving/ Storage/ Maintenance | allow. | 0 | 25,000 | 7,930 |
| Food Service | allow. | 0 | 16,600 | 0 |
| Laundry | allow. | 0 | 0 | 0 |
| Total Gross Area Required for Jail Facilities | | | 146,892 | 186,581 |
| Total Gross Area (Both Facilities) | | | 333,473 | |

*Allow. = Allowance, which is space independent of the number of inmates served.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

Table 5.04: Option 1B Summary

| OPTION 1B | MJ “bark Lot” | RCCC | New Site | Total |
|--|----------------------|----------------------|-----------------|-----------------|
| Replacement beds | 84 | 370 ¹ | 0 | 454 |
| New building area (GSF) | 146,892 | 186,581 ² | 0 | 333,473 |
| Estimated cost (ROM) | | | | \$605M |
| Project duration (months) | | | | 60 ³ |
| <p>Notes:</p> <p>¹ 20 Ad. Seg. and 240 pretrial OPP detainees would be in the main jail in existing housing vacated by general population detainees, plus 160 sentenced OPP detainees in the newly constructed replacement beds at RCCC.</p> <p>² Includes square footage for a complete medical services suite.</p> <p>³ The 60-month duration assumes that design and construction schedules are run concurrently for both sites.</p> | | | | |

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

1C. Construct a New Mental Health Facility at a Different Location

Construct a new mental health housing and treatment facility at a new site; the location is to be determined. This would divide services and require transporting acute patients from the Main Jail (e.g., at intake) to the new site. This will be challenging and staff-intensive. It will also require duplication of mental health staff at the Main Jail and the new site, which will require such physical infrastructure as receiving and transportation, food services, laundry, staff support, and the like.

Table 5.05: Option 1C Space Allocation

| Functional Area | Avg. GSF/ Bed * | No. of Beds Needed | Base Project @ MJ Estimate (GSF) | PSYCHIATRIC FACILITY @ SITE TBD Estimate (GSF) |
|--|-----------------|--------------------|----------------------------------|--|
| Minimum Security Housing | 135 | 0 | 0 | 0 |
| Medium Security Housing | 182 | 0 | 0 | 0 |
| Maximum Security Housing | 303 | 0 | 0 | 0 |
| Administrative Segregation Housing | 334 | 0 | 0 | 0 |
| Outpatient Psychiatric Pod (OPP) Housing | 334 | 160 | 0 | 53,440 |
| Intensive Outpatient Program (IOP) Housing | 334 | 160 | 0 | 53,440 |
| Acute Inpatient Units (AIU) Housing | 669 | 50 | 0 | 33,450 |
| Medical Clinical Services & Infirmary | allow. | 0 | 31,500 | 15,200 |
| Intake & Transport | allow. | 0 | 23,176 | 4,000 |
| Long-term Medical Housing | 228 | 36 | 8,208 | 0 |
| Medical Detox. | 224 | 48 | 10,752 | 0 |
| Lobby & Visiting | allow. | 0 | 2,954 | 1,500 |
| Central Programs & Support | allow. | 0 | 0 | 0 |
| Recreation | allow. | 0 | 800 | 8,894 |
| Administration (Custody and Healthcare) | allow. | 0 | 15,082 | 3,771 |
| Staff Support | allow. | 0 | 10,375 | 4,150 |
| Central Control & Armory | allow. | 0 | 2,445 | 806 |
| Receiving/ Storage/ Maintenance | allow. | 0 | 25,000 | 7,930 |
| Food Service | allow. | 0 | 16,600 | 7,320 |
| Laundry | allow. | 0 | 0 | 5,348 |
| Total Gross Area Required for Jail Facilities | | | 146,892 | 199,249 |
| Total Gross Area (Both Facilities) | | | | 346,141 |

*Allow. = Allowance, which is space independent of the number of inmates served.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

Table 5.06: Option 1C Summary

| OPTION 1C | MJ “Bark Lot” | RCCC | New Site | Total |
|--|-----------------|------|------------------|------------------|
| Replacement beds | 84 | 0 | 370 ¹ | 454 |
| New building area (GSF) | 146,892 | 0 | 199,249 | 346,141 |
| Estimated cost (ROM) | | | | \$655M |
| Project duration (months) | 60 ³ | | 106 ⁴ | 106 ⁴ |
| Notes: | | | | |
| ¹ 20 Ad. Seg. and 240 pretrial OPP detainees w/b in the main jail in existing housing vacated by general population detainees plus 160 sentenced OPP detainees in the new mental health facility. | | | | |
| ² Includes square footage for clinical services and support services such as kitchen and laundry. | | | | |
| ³ Approximate durations for design through construction and occupancy. | | | | |
| ⁴ Duration includes up to 3 years for land acquisition, CEQA, and land use entitlements plus 60 months of design, construction, and occupancy. | | | | |

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

Option 2: Replace Major Jail Facilities

2A. Replace the Main Jail

Construct a new full-service main jail to replace the existing downtown Main Jail which, relative to many services and amenities, is outdated and presents many challenges in attempting to meet the requirements of the Mays Consent Decree (which it cannot fully meet in any case). The new facility would be located on a new site within Sacramento County, the location of which is to be determined. It would function as the central booking facility for all jurisdictions within the county and provide capacity for mostly pre-trial detainees and those needing medical or mental health treatment. The new facility would be a modern jail that meets current BSCC standards and complies with all requirements of the consent decree remedial plan and replaces only existing bed capacity; no increased capacity would be added. The existing downtown Main Jail might be re-purposed for other County functions or demolished, and the property redeveloped.

2B. Replace the Main Jail and RCCC (system-wide replacement).

Construct a new full-service Jail to replace the existing downtown Main Jail and RCCC, both outdated, inefficient, and expensive to maintain. The new facility would be located on a new site within Sacramento County, the location of which is to be determined. It would function as the central booking facility for all jurisdictions within the county and provide capacity for pre-trial and sentenced inmates, participants in reentry and other programs, and others with low-risk classifications. The new facility would be a modern jail facility that complies with all requirements of the consent decree remedial plan and replaces only existing bed capacity; no increased capacity would be added. The existing downtown Main Jail and RCCC Campus might be re-purposed for other County functions or demolished and the properties redeveloped. (Note that either of these options could be a tower or campus-style facility and that a location is required that provides convenient access for all arresting and booking agencies as well as to the courts and specialized medical facilities.)

See Tables 5.07 and 5.08 on the following page for Option 2A and 2B details.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

Table 5.07: Options 2A & 2B Space Allocation

| Functional Area | Avg. GSF/ Bed * | No. of Beds Needed | Replace Main Jail Estimate (GSF) | Complete Facility Replacement Estimate (GSF) |
|--|-----------------|--------------------|----------------------------------|--|
| Minimum Security Housing | 135 | 328 | 24,840 | 44,280 |
| Medium Security Housing | 182 | 1666 | 155,064 | 303,212 |
| Maximum Security Housing | 303 | 264 | 44,844 | 79,992 |
| Administrative Segregation Housing | 334 | 20 | 6,680 | 6,680 |
| Outpatient Psychiatric Pod (OPP) Housing | 334 | 400 | 133,600 | 133,600 |
| Intensive Outpatient Program (IOP) Housing | 334 | 160 | 53,440 | 53,440 |
| Acute Inpatient Units (AIU) Housing | 669 | 50 | 33,450 | 33,450 |
| Medical Clinical Services & Infirmary | allow. | 0 | 31,500 | 31,500 |
| Intake & Transport | allow. | 0 | 23,176 | 35,176 |
| Long-term Medical Housing | 228 | 36 | 8,208 | 8,208 |
| Medical Detox. | 224 | 48 | 10,752 | 10,752 |
| Lobby & Visiting | allow. | 0 | 9,100 | 12,800 |
| Central Programs & Support | allow. | 0 | 16,600 | 26,424 |
| Recreation | allow. | 0 | 18,760 | 29,500 |
| Administration (Custody and Healthcare) | allow. | 0 | 15,082 | 15,082 |
| Staff Support | allow. | 0 | 21,232 | 23,305 |
| Central Control & Armory | allow. | 0 | 2,671 | 2,671 |
| Receiving/ Storage/ Maintenance | allow. | 0 | 25,000 | 41,000 |
| Food Service | allow. | 0 | 16,600 | 26,400 |
| Laundry | allow. | 0 | 7,400 | 11,700 |
| Total Gross Area Required for Jail Facilities | | | 657,999 | 929,172 |

Table 5.08: Options 2A & 2B Summary

| | OPTION 2A | OPTION 2B |
|---|------------------|------------------|
| Replacement beds | 1,898 | 2,972 |
| New building area (GSF) | 657,999 | 929,172 |
| Estimated cost (ROM) | \$1.31B | \$1.81B |
| Project duration (months) | 106 ¹ | 106 ¹ |
| ¹ Duration includes up to 3 years for land acquisition, CEQA, and land use entitlements plus 60 months of design, construction, and occupancy. | | |

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

Resulting Bed Summary by Option

The following Table 5.08 summarizes the number of new (replacement) beds constructed and the resulting system-wide bed count for each option. Note that the resulting system-wide bed count is consistently 2,972, substantially reducing the current bed capacity of over 4,000 beds.

Table 5.07: Bed Summary by Option

| | Existing | Option 1A* | Option 1B** | Option 1C** | Option 2A | Option 2B |
|--------------------------------------|----------|------------|-------------|-------------|-----------|-----------|
| Replacement Beds in New Construction | - | 294 | 454 | 454 | 1,898 | 2,972 |
| Reduced Beds in Existing MJ | 2,380 | 1,604 | 1,444 | 1,444 | - | - |
| Reduced Beds in Existing RCCC | 1,625 | 1,074 | 1,074 | 1,074 | 1,074 | - |
| Bed Capacity Total | 4,005 | 2,972 | 2,972 | 2,972 | 2,972 | 2,972 |

* 400 OPP beds occupy existing housing at MJ in this option.

** 160 OPP beds included with new construction instead of housed at MJ in this option.

Temporary (Interim) Facility Projects

RCCC Barracks Security Enhancements Project

This project is to enhance the physical security of minimum-security barracks at RCCC to house medium-security inmates from the main jail, and free up beds on the 3rd Floor 300 West unit. The project includes adding a control room to barracks C and D and a control room to barracks G and H for two new control rooms. The project is a necessary first step to creating an interim housing solution for the Acute Psychiatric population at the Main Jail. Details of this project, including cost and schedule, are included in the Appendices.

Main Jail 3rd Floor 300 West Acute Unit

The 300 West Acute Unit would be constructed to temporarily house acute psychiatric patients, reduce the current waiting list for the main Acute Unit, and significantly improve the conditions of confinement. After new medical and mental health housing is built on the Bark Lot, the 300 West Acute Unit could be converted into transitional housing for OPP patients requiring enhanced services within the OPP level of care but not meeting the clinical acuity requirements for an IOP level of care. Alternatively, this transitional unit could be used for IOP patients who would benefit from housing in the Main Jail as a specific location if this option is used in conjunction with the main option that moves the IOP population to a different location. Details of this project, including costs, are included in the Appendices.

Alternative Facilities

Two alternative approaches have been identified that could address certain portions of the work required to comply with Mays. These alternatives for consideration include the possible construction of an Integrated Resource Center that would assist with deflection and diversion of individuals who might otherwise be booked into the jail, and the possible construction of a Type 1 jail booking and short-term holding facility by one or more local city.

POPULATION REDUCTION IMPACTS STUDY REPORT

A.1. Construct an Integrated Resource Center

While many evidence-based and impressive programs exist, the County needs a formal means of integrating services in a single place, easily accessed by service users and providers alike. The IRC would join a growing number of community-based facilities across the country that are specifically designed to deflect individuals in behavioral health crises from entering the justice system or to divert them with minimal justice involvement. These are treatment facilities providing an array of psychiatric, substance use disorder, medical, case management, care coordination, and social services all in one physical location, overseen by an integrated team of healthcare professionals.

- Target population: citizens of the County whose behavioral health crises makes contact with the justice system imminent, yet not felonious nor severe enough to expect detention and incarceration to be appropriate, necessary, or pragmatic as the least restrictive means of meeting the criminogenic needs of the individual and preserving the protective factors associated with continued community engagement.
- Funding Source: all services in the IRC would be provided voluntarily and outside the secure perimeter of a jail. This makes it likely that all services provided would be reimbursable by third-party payors, assuming all credentialing, licensing, and other oversight requirements are met. The operation of the IRC may be cost-neutral, but that analysis can be conducted by comparing operating costs with billable services.
- Clinical needs: during interviews, it was clear that deep-end services for those with Severe and Persistent Mental illness (SPMI), moderate-to-severe substance use disorders (SUD), and treatment for Co-Occurring Disorders (COD) are priority populations, where the demand for services far outweighs the corresponding availability of beds. The IRC aims to meet those needs in an evidence-based model of integrated healthcare and social services that allows for individuals to:
 - o Provide sobering stations for those currently intoxicated
 - o Stabilize the behavioral health crisis
 - o Obtain immediate medical and behavioral healthcare
 - o Access on-site social services
 - o Engage in facilitated transitions into community-based care
 - o Continue to access outpatient & intensive outpatient care after discharge
 - o Engage in Care Coordination²

² The concept of Care Coordination in the IRC is adapted from Quality Improvement literature in the field of healthcare and applied to the IRC population to attain similar goals. The Agency for Healthcare Research and Quality defines Care Coordination as follows:

Care coordination involves deliberately organizing patient care activities and sharing information among all the participants concerned with a patient's care to achieve safer and more effective care. This means that the patient's needs, and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient.

In the IRC, Care Coordinators would oversee the collection and integration of information into a comprehensive profile of the individual being served. As the person travels from intake, through the assessment and classification process, through the appropriate Therapeutic Community, and ultimately

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

- Continuum of care for substance use disorder treatment services: in this specific model, the IRC provides a continuum of care that maps on to the American Society of Addiction Medicine (ASAM) Levels of Care. It is recommended that the ASAM Continuum³ be utilized as the scaffolding for the assessment and placement of patients and could include the following Levels of Care:
 - Medically Monitored Residential Withdrawal Management (3.7)⁴
 - Early Intervention (0.5)⁵
 - Outpatient (1.0)⁶
- Continuum of care for Psychiatric service: psychiatric services are also provided on a continuum of care, both meeting the emergent and urgent needs of the individual, while also facilitating efficient access to the existing continuum of community-based resources. Proposed services include:
 - Short-stay residential component lasting up to 72 hours, likely in the vein of Crisis Stabilization Unit, Residential Crisis Services, Psychiatric Hospital Facility, etc.
 - Comprehensive clinical assessment and treatment planning
 - Psychiatric assessment, diagnosis, and initiation of treatment
 - Co-Occurring Disorder (COD) integrated treatment
 - Attached outpatient services
- Medical Services: the IRC could be staffed 24/7 with medical providers, including physicians and mid-level providers, but will likely be required to staff RNs 24 hours per day. The medical service is capable of screening, assessment, and treatment of common ailments in this vulnerable population. The IRC must be able to screen and accept service users without requiring clearance from an Emergency Department, and in so doing, this becomes an Emergency Room diversionary program, which is likely to demonstrate substantial savings.⁷

back to the community, the Care Coordinator ensures that each component of the person's unique needs is addressed.

³ Mee-Lee, D. (Ed.). (2013). The ASAM criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions. The Change Companies: Carson City, NV.

⁴ This level of care provides 24-hour nursing care with the availability of a physician for significant somatic or behavioral health problems. Individuals at this level of care have a history of withdrawal management in a less intensive setting, and a demonstrated inability to adhere with less intensive forms of treatment.

⁵ Individuals at this level of care are considered to be at-risk for developing substance-related problems, but who may not yet meet the criteria for a diagnosable substance use disorder.

⁶ Typically consists of less than 9 hours of service per week and encompasses a wide variety of interdisciplinary services as the least intensive level of clinical treatment.

⁷ According to the Healthcare Finance Management Association (HFMA), \$8.3 billion is spent each year at Emergency Departments that could be provided elsewhere, with an average cost per visit of \$1,917. Citing a report issued by Premier, "The average patient with psychiatric service needs directly costs an [Emergency Department] \$1,198 - \$2,264 per visit, with many patients presenting dozens of times over a year." Furthermore, the report estimates that eliminating unnecessary use of these departments for mental illness could save approximately \$4.6 billion annually. In addition to the cost savings for hospitals

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

- Proposed procedure
 - o Individual engages in behavior that normally would warrant LEO notification.
 - o LEO responds OR community-based clinical personnel refer
 - o Citizen is identified as meeting criteria for admission to IRC, including likelihood of being a “Quick,” cite-and-release, or nuisance misdemeanor
 - o Individual is voluntarily transported to IRC by LEO, Mobile Crisis, or clinical personnel
 - o Service user enters vestibule through sallyport, and is immediately screened by Qualified Healthcare Professional (QHP), most likely RN or Paramedic
 - o All service users receive Care Coordination as soon as clinically appropriate
 - o Results of screening trigger referrals for assessments based on identified needs – Social Work, Care Coordination, Substance Use Disorder Services, Social Services
 - o Assessments happen immediately, with prioritized clinical needs triaged, in order to identify the appropriate clinical service: Sobering, Psychiatric Stabilization, or Withdrawal Management Services
 - o Sobering Services expect length of stay 4-12 hours
 - o Withdrawal Management Services expect length of stay up to 72 hours or until community-based programming is secured
 - o Psychiatric stabilization service expect length of stay up to 72 hours or until community-based programming is secured
 - o Once behavioral health crisis is resolved, individual may be discharged to lower level of care, which may be provided through attached outpatient medical and behavioral health clinics

See the following page for diagrams that illustrate some features of an IRC.

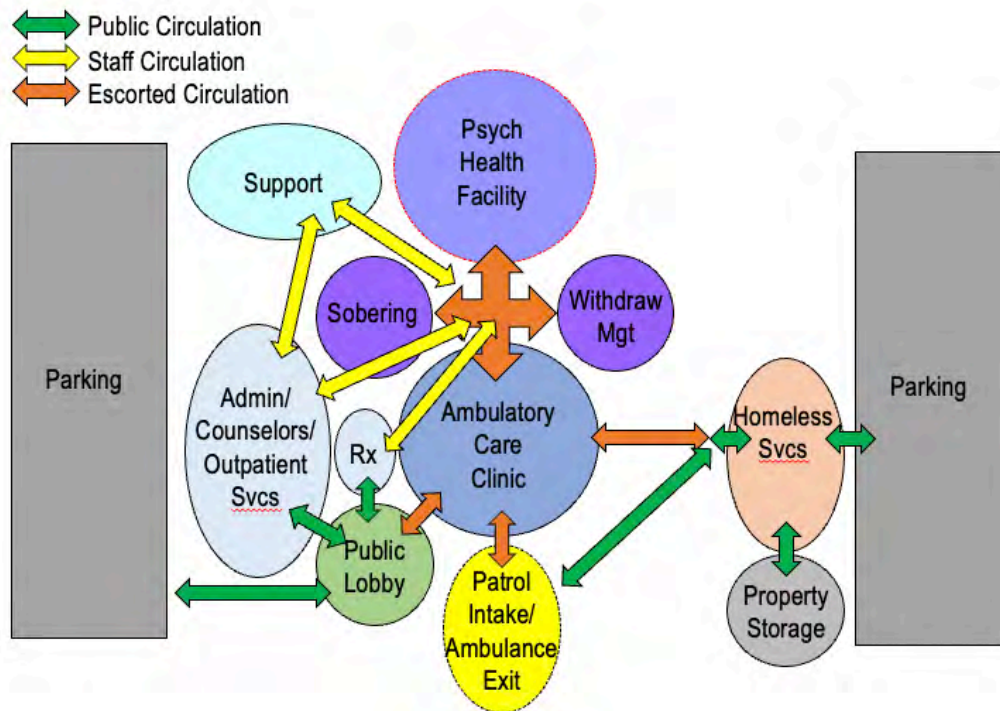
and taxpayers, LEOs and EMS can eliminate unnecessary transportation time, risks, and the hours they report often spending in the Emergency Department waiting for the individual to be medically cleared. (Rich Daly and HFMA Senior Writer/Editor, 2/11/2019 - <https://www.hfma.org/topics/news/2019/02/63247.html>).

POPULATION REDUCTION IMPACTS STUDY REPORT

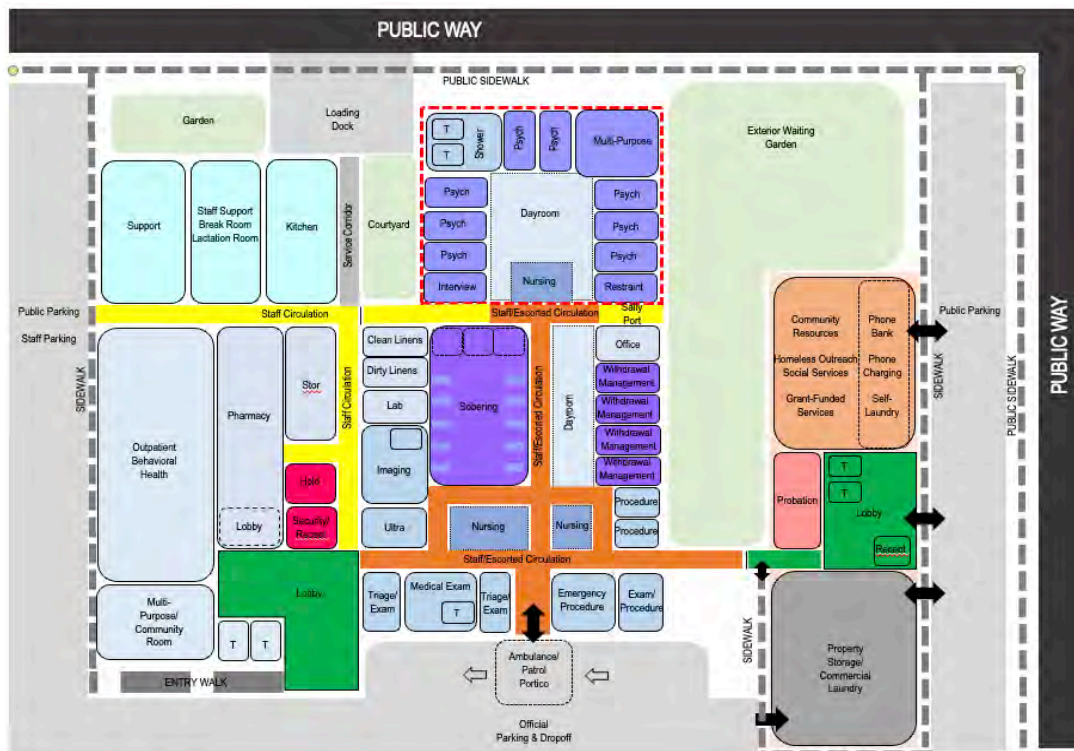
Sacramento County – CHMHSF

November 21, 2022

Integrated Resource Center – Adjacency Diagram



Integrated Resource Center – Facility Planning Diagram



POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

A.2. Construct Type I Facilities Within the Larger City Jurisdictions

Type I facilities are local detention facilities used for the detention of persons, for not more than 96 hours, excluding holidays, after booking. Such a Type I facility may also detain persons on court order for their safekeeping. These could be constructed by jurisdictions such as the City of Sacramento and Elk Grove. Each would allow the agencies within the jurisdiction to have a convenient location to bring arrestees. This could be particularly important to the cities if the county's intake function were to be relocated out of central Sacramento. Benefits to the County include the removal of about one-quarter of the total intake workload attributable to Sacramento PD.

Based on the O'Connell Study, approximately 25% of current jail bookings are accounted for by Sacramento PD. This amounts to almost 10,000 of the roughly 40,000 annual bookings. Of these, about 2,500 are "quicks" who are released without staying overnight. Of those who stay in jail for less than 72 hours, Sacramento PD detainees account for a little over 2,000 per year, which equates to an average daily population of approximately 18—allowing for separating incompatible detainees and for peaking, as well as dividing the groups into manageable units, approximately 24 to 30 beds might be needed.

The capital and operating costs to the cities of Sacramento and Elk Grove would be very considerable. And that suggests that the probability of it happening would be very low.

In addition, this new paradigm would need to consider arraignment and delivery of detainees to court and the existing legal obligations of the Sheriff under state law.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

6.0 EVALUATION OF OPTIONS

Overview

This section presents the criteria for evaluating the pros and cons of each facility option; it then applies those criteria to the main options described in the preceding chapter (1A, 1B, 1C, 2A and 2B). There are five main criteria:

1. **Effectiveness in achieving compliance** with the requirements of the Mays Consent Decree
2. Impacts on **healthcare staffing and operations**
3. Impacts on **staffing and operations for the sheriff's office**
4. **Time** needed for completion
5. **Capital and operating costs.**

Criteria For Evaluating the Pros and Cons of Each Proposed Option

There is no overall order of importance, but a simple weighting for criteria aimed at satisfying Mays is proposed as the over-arching and most important (and is the reason for this study). The other three measure the impacts of factors that contribute to achieving Mays or represent an option's impacts on issues of importance to the County, such as the costs it will have to bear in the process of meeting its Mays obligations.

Each criterion is described below by answering the following three questions:

What is it?

What does it affect and why is it important?

How can it be measured (what are its pros and cons, impacts and costs)?

After assessing each option in these terms, a relative **rating** has been assigned for client review and ratification or modification. The rating is on a simple 1 to 10 scale where 1 is very poor and 10 is very good. An average and weighted average were developed for each option, with effectiveness in achieving compliance and time to completion weighted 100% and others 50%. The option that gets the highest score would be considered to be the most advantageous. Based on the simple and weighted ratings on all criteria, the rank-order the options is readily apparent.

1. Compliance with Mays

What is it? For this analysis, it is the effectiveness of each option in achieving compliance and, more particularly, the ways in which the option's proposed built environment affects achievement of compliance.

What does it affect and why is it important? The built environment supports the activities and delivery of services required by Mays. Some Mays requirements are specific to the built environment such as conformance with ADA. Others are affected by the provision of spaces and their location and

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

environmental qualities (such as achieving acoustic privacy for confidential interviews). It is of the highest importance (mandatory) since the County is obligated to live up to its agreements in Mays and could face significant costs and/or other penalties should the County fail to meet these requirements in a timely fashion (as emphasized in the 4th criterion).

How can it be measured? How well do the option's proposed facilities satisfy the Mays requirements? An option that is judged to be fully effective in meeting Mays would receive the highest rating while one that failed in some ways would get a lower rating. It is worth noting that some options for meeting Mays, especially in existing facilities, might have unintended consequences, such as utilizing resources (such as group rooms for inmate-patients in sheltered mental health housing) that would make them unavailable to other inmates for programs. For the options being considered, the intake area and clinic are not factors since all options include a new intake area.

Specific Rating Factors:

ADA – Compliance

Sheltered Mental Health Housing – Space Provision

Ad Seg – Space Provision & Out-of-Cell Time (including recreation)

Services – Space Provision (programs, treatment and staff support)

2. Impacts on Healthcare Staffing and Operations

What is it? The built environment's effects on the number of healthcare staff it will take to provide the services required by Mays and, thus, the efficiency and effectiveness of operations. This, in turn, affects the cost to the County of providing the services. These are operating costs and persist for the entire time that Mays is in effect (and possibly longer). It also directly affects the provision of space for the required activities.

What does it affect and why is it important? The provision and layout of spaces affects healthcare staff's ability to offer services efficiently and effectively. The quality of the working environment also can be expected to affect morale, hiring and retention. In terms of importance, the delivery of services and support of healthcare providers' needs is central to achieving the requirements in Mays and thus also of the highest importance.

How can it be measured? The outcome measures for this criterion result from a review of where needed spaces are provided and located and the ways in which these factors make service delivery more or less effective and staffing more or less efficient. For example, if staff are required spend considerable time moving from location to location, that would be a negative whereas if most services are provided at the housing unit and the units are convenient to the infirmary, that would be a positive (and, as an added benefit, the risks entailed with escorting unstable inmate-patients would also be avoided). Inversely, if more staff are needed to provide the required services, that would be a negative since, the more staff, the higher the costs to the County. For the options being considered, the intake area is not a factor since all options include a new intake area; similarly for the space provision in the clinic, though its location varies relative to special housing.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

Specific Rating Factors:

- Clinic – Location
- Special Housing – Space Provision (medical exam, program/treatment and staff support)
- Central Staff Support – Space Provision
- Environmental Quality
- Unintended Consequences – Sharing program space
- Add Circulation Convenience
- Operating Multiple Sites
- Staff Required

3. Impacts on Staffing and Operations for the Sheriff’s Office

What is it? The built environment’s effects on the number of correctional staff (i.e., deputies) it will take to supervise and provide security for the services required by Mays (as well as standard day-to-day operations) and, thus, the cost to the County of providing these services (and of operating each facility option). These are operating costs and persist for the entire time that Mays is in effect and as long as the facility is in operation.

What does it affect and why is it important? The layout and location of services will affect the number of correctional staff required to supervise and escort detainees. The quality of the working environment also can be expected to affect correctional staff’s stress levels, morale and thus their hiring and retention. In terms of importance, this mainly affects the County’s cost for operating the facilities identified in each option, but also impacts the effectiveness of security provisions.

How can it be measured? The outcomes for this criterion result from a review of where needed spaces are provided and located in a manner that makes correctional staffing more or less effective and efficient. If correctional staff are required to spend considerable time escorting detainees from location to location (for programs and services as well as access to outdoor recreation), that would be a negative, whereas if most services are provided at the housing unit, that would be more efficient and would be a positive (and the risks entailed with escorting volatile detainees would also be avoided). In other words, if more staff are required for supervision and escort, that would be a negative. In addition, the operation of multiple sites can be expected to be more costly than if services are located on a single site (or the required transportation between them is limited) as well the redundancy it would require. For the options being considered, the intake area is not a factor since all options include a new intake area; similarly for the space provision in the clinic, though its location varies relative to special housing.

Specific Rating Factors:

- Clinic – Location
- Special Housing – Visual Observation, Program Space Provision (medical exam, program/treatment and staff support)
- Central Staff Support – Space Provision & Location of Recreation
- Environmental Quality
- Unintended Consequences – Sharing program space

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

Circulation Convenience – Internal & Among Facilities
Operating Multiple Sites
Staff Required

4. Time Needed to Complete the Option

What is it? The various facility options will take differing lengths of time to complete and might be completed in stages or all at once. Completion is necessary to effectively offer the services required by Mays.

What does it affect and why is it important? Completion and operationalization are affected by the length of time it takes to plan, construct, and staff up a facility – and thus to meet the requirements of Mays. Since compliance must be achieved in a “timely” manner, time is of the essence and timeliness is required to demonstrate to the plaintiffs’ attorneys and experts that required changes will be – or have been – implemented. If a new site must be acquired, it adds an entire layer of unknowns and complexities which can take varying lengths of time to complete. This is in contrast to limiting work to existing County-owned jail sites (the Main Jail and/or RCCC).

How can it be measured? Facility options requiring land acquisition and development or redevelopment of new land will require substantially more time to complete as well as potential risks that arise during environmental compliance procedures, NIMBY protests from higher costs, and the like whereas options for new facilities constructed at MJ or RCCC will require far less time to complete and entail fewer risks. Renovation projects can entail their own complexities of phasing and work within an operating correctional facility that may take varying lengths of time. In terms of outcomes, projects that can be built faster will be more positive while those that take the longest time will get the lowest ratings.

Specific Rating Factors:

Site Acquisition Time – if required
Design & Construction Time – depending on scale of project
Risks – of delay and cost increases

5. Capital and Operating Costs Required to Implement the Option

What are they? Capital costs entail the initial hard and soft costs directly related to each option. They include site acquisition (if necessary) and building design and construction. Given that some options entail abandoning existing facilities, a given option may have offsetting income from sale or value from alternative utilization of these assets. Operating costs are on-going, must be budgeted annually, and persist for the entire time that Mays is in effect (and beyond).

What do they affect and why are they important? The scope of the project in each option and its location, design and layout will affect both capital and operating costs. Capital costs include purchasing a site, if necessary, and on-site and off-site development costs including site preparation, construction, and connections to existing utilities (or their provision on-site) as well as soft costs such as planning, architecture and engineering. Operating costs are on-going and persist for the entire time that Mays is in

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

effect (and beyond). They include staff salaries and benefits (which together are by far the biggest component), utilities, maintenance and the like. Capital and operating costs are of obvious importance to the County due their magnitude and significance to the County budget.

How can they be measured? Capital costs are affected by the scope of the project, where it is constructed (downtown, urban fringe or rural), whether the site is already owned, and the like. These costs can be estimated with some accuracy, even without detailed designs. Operating costs can also be estimated, but without detailed designs and their related staffing plans (for some options), they can only be estimated using rules of thumb. Obviously, lower costs are preferable to higher costs, especially if the magnitude of difference is significant.

Specific Rating Factors:

Capital Cost – Hard Costs & Soft Costs (minus potential credits)
Operating Costs – Staff Salaries and Benefits, Utilities & Maintenance

Rating System

For each item, there is a verbal description of how each options performs on it. This is translated into a simple five-point rating. The five-point scale was adopted since the team felt that a more refined system (10 point or 100 point) would be misleading in terms of the level of accuracy that they imply. Note that the ratings are shown only in the table at the end of the chapter.

The numerical ratings can be interpreted as follows:

5 = very good or excellent
4 = good
3 = neutral
2 = poor
1 = very poor

Obviously, the scheme with the most points would be deemed to be the best. Initial ratings were done by the project team in anticipation of input from County staff.

Evaluation of the Options

The options described in Chapter 5.0, listed below, were evaluated:

- 1. Renovate Main Jail + New Intake, Medical Housing & Clinic on Bark Lot**
 - 1A. Add New Mental Health Housing on Bark Lot**
 - 1B. Build New Mental Health Housing at RCCC**
 - 1C. Build New Mental Health Facility at New Site**
- 2. Replacement Facilities**
 - 2A. Replace the Main Jail**
 - 2B. Replace the Main Jail and RCCC**

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

The following briefly describes the justifications for each rating. The discussion emphasizes the options as presented in Chapter 5.0, with mention of alternatives only when significant.

1. Compliance with Mays

ADA – new construction (2A & 2B) will be fully compliant. Main Jail and RCCC require complex, expensive and time-consuming renovations to come into compliance (1A, 1B, 1C).

Sheltered Mental Health and Medical Housing – new construction (2A & 2B) will provide all spaces needed for compliance with Mays. Re-allocation/ renovation of Main Jail (1A, 1B, 1C) spaces will require trade-offs and/or may not be fully compliant for OPP.

Ad Seg – Options that place Ad Seg in new construction (2A & 2B) will be fully compliant. Options that place Ad Seg in the Main Jail (1A, 1B, 1C) will face challenges providing adequate out-of-cell time and escorting detainees to recreation, even with “special management yards”.

Services – (program, treatment and staff support spaces required to meet Mays)

Space Provision – All the options as presented are capable of providing complete, appropriately located program, treatment, and support space. The briefly described alternative to house OPP in the existing Main Jail and RCCC would provide necessary access to program space, but most treatment and staff support space would have to be located less conveniently at the Bark Lot.

2. Impacts on healthcare staffing and operations

Clinic

Location – A new clinic at the same location as special housing will be most operationally effective (1A, 2A, 2B). If new special housing is built at RCCC or on another site, it will be inconvenient and may require redundant services (1B & 1C).

Sheltered Mental Health and Medical Housing – All options as presented will provide exam rooms, treatment space, and staff space in new construction as part of or convenient to specialty housing. The alternative to house OPP in the existing Main Jail in options 1A through C will leave OPP units on some floors to use exam rooms on other floors, the need to escort OPP patients from one building to another for central clinical services, and require staff to circulate from the new building to the existing to serve OPP patients.

Staff Support Spaces – central staff support spaces will be fully provided in new construction but may be compromised in options that entail re-allocation/ renovation of Main Jail or RCCC spaces (1A, 1B & 1C) that may require trade-offs and may not provide all that is needed.

Environmental Quality – full new construction (2A, 2B) will provide a higher quality environment compared to the Main Jail and (maybe) RCCC (access to natural light and views as well as quality space and natural light) at least for some special populations (OPP in 1A, 1B, 1C).

Unintended Consequences – The only unintended consequences apply to the alternative to house OPP in the existing Main Jail in options 1A through C. Use of program space for OPP in Main Jail will restrict program scheduling for the general population.

Operating Multiple Sites – Option 2B consolidates all operations at one site, with the associated staffing efficiency and elimination of the need for transport between sites (transport to court and specialty medical services would still be required). Options 1A, 1B and 2A will require

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

transport to the clinic from the remote site for services that cannot be handled at the housing units. Option 1C will require transport to the central clinic from two remote sites.

Staff Required – Option 2B provides the best staffing efficiency by locating all functions and staff at the same site. Options 1A and 2A provide somewhat less staffing efficiency with intake and specialty housing at the same site but general and some specialty housing at a remote site. Option 1B separates the staff assigned to screening at intake from those providing services at one remote site, while Option 1C has two remote sites separate from intake.

3. Impacts on corrections staffing and operations

Intake

Location – Option 2B will be best with all housing located with intake. 1A and 2A will be about as good with the intake of detainees close to special housing. Options 1B and 1C will be least effective with intake and special housing separated.

Special Housing –all the options as presented will be capable of having housing unit officers visually supervise housing units along with associated program and recreation areas, and manage patient movements among them without escort. The alternative to keep OPP in the Main Jail in 1A, 1B, or 1C will require additional roving correctional officers to escort patients to these services and supervise the paths of travel.

Add Circulation Convenience – Option 1A with special housing adjacent to all other needed functions will be better than 1B and 1C which are remote. Option 2A will be good but 2B will be better with consolidated facilities.

Staff Required – All new construction (2B) can be expected to be the most efficient and a substantial improvement for corrections staffing. Rebuilding the Main Jail (2A) will be an improvement for that facility with no impact on RCCC. Option 1B will add some transport staff, floor staff, and escort staff but will be relatively straightforward to monitor inmate movements. Adding new construction at the Bark Lot in Option 1A will require some additional custody staffing for escort between buildings, duplication of visitor screening, and added floor posts; with more staffing needed than Option 1B due to the complexity of circulation between the existing building and the new one. Option 1C will be the most staff intensive to operate an additional, third site.

4. Time needed to complete the option

Site Acquisition – utilization of County-owned property (1A, 1B) will not require added time while acquiring a new site (1C, 2A & 2B) will add an estimated four years.

Design & Construction – time for design and construction is less for the smaller projects (1A, 1B, 1C) and more for the larger ones (2A and especially 2B).

Risk – acquiring a new site (1C, 2A & 2B) can entail unforeseen risk (NIMBY, protests, environmental review which can result in delay) while building on County-owned (1A, 1B) land does not entail these risks. County taxpayer approval of the more costly options.

5. Capital and operating costs required to implement the option

Capital Cost – smaller projects (1A, 1B, 1C) will have lesser costs. Major replacement projects will cost much more (2A and especially 2B).

Operating Costs – Total staff salaries and benefits, utilities & maintenance costs should be lower in more staff-efficient and newer facilities (2A and especially 2B; with lesser efficiency for 1A and still less for 1B at RCCC and somewhat less for 1C with a free-standing mental health facility).

Risk – acquiring a new site (1C, 2A & 2B) can entail unforeseen risk (NIMBY, protests, environmental review which can result in cost increases due in part to delay) while building on County-owned (1A, 1B) land does not entail these risks.

Rating the Options

Table 6.01 shows a preliminary rating of each option on a 10-point scale where 10 is the best and 1 is the worst.

The summary of ratings, which result in the ranking of each option, is shown at bottom of the table in two ways. First, all factors are rated equally. Then a weighting factor is applied where meeting Mays and timing are given full (100%) weight, while all the others are given half (50%) weight.

The consultant team and the Stakeholder group have reviewed the ratings and weighting assigned to each factor for each option.

The result of this analysis is that **Option 1a is the highest rated** in both the weighted and unweighted versions, and **Option 1c is the lowest**. There is some variation with the other options, but they always come out somewhere in between.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

| TABLE 6.01 EVALUATION OF OPTIONS | | | | | |
|--|--|----------------------------|---------------------------------|---------------------------|-----------------------|
| FACILITY OPTIONS | | | | | |
| Rating Factors | 1. Renov. MJ + New Intake, Med. Housing & Clinic on Bark Lot | | | 2. Replacement Facilities | |
| | 1A. New MH Hsg. on Bark Lot | 1B. New MH Housing at RCCC | 1C. New MH Facility at New Site | 2A. Replace MJ | 2B. Replace MJ & RCCC |
| 1. Compliance with Mays | | | | | |
| ADA | 6 | 3 | 3 | 10 | 10 |
| Special Housing | 9 | 9 | 9 | 10 | 10 |
| Ad Seg | 8 | 8 | 8 | 10 | 10 |
| Services - Space Provision | 9 | 9 | 9 | 10 | 10 |
| 2. Impacts on Healthcare Staffing and Operations | | | | | |
| Clinic - Location | 10 | 6 | 6 | 10 | 10 |
| Special Housing | | | | | |
| Exam rooms (OPP) | 9 | 9 | 9 | 10 | 10 |
| Treatment space (OPP) | 9 | 9 | 9 | 10 | 10 |
| Staff space (OPP) | 9 | 9 | 9 | 10 | 10 |
| Staff Support Spaces (OPP) | 9 | 9 | 8 | 10 | 10 |
| Environmental Quality (OPP) | 9 | 9 | 9 | 10 | 10 |
| Unintended Consequences (OPP) | 9 | 9 | 9 | 10 | 10 |
| Circulation Convenience | 10 | 7 | 7 | 10 | 10 |
| Staff Required | 10 | 6 | 6 | 10 | 10 |
| 3. Impacts on Corrections Staffing and Operations | | | | | |
| Intake - Location | 10 | 6 | 6 | 10 | 10 |
| Special Housing | | | | | |
| Visual Observation (OPP) | 9 | 9 | 9 | 10 | 10 |
| Program Space (OPP) | 9 | 9 | 9 | 10 | 10 |
| Recreation (OPP) | 9 | 9 | 9 | 10 | 10 |
| OA Circulation Convenience | 8 | 6 | 6 | 8 | 10 |
| Staff Required | 8 | 6 | 6 | 8 | 10 |
| 4. Time Needed to Complete the Option | | | | | |
| Site Acquisition | 10 | 10 | 1 | 1 | 1 |
| Design & Construction | 10 | 10 | 10 | 2 | 1 |
| Risk | 9 | 9 | 9 | 4 | 4 |
| | | | | 3 | 1 |
| 5. Capital and Operating Costs Required to Implement the Option | | | | | |
| Capital Cost | 10 | 10 | 8 | 3 | 1 |
| Operating Costs | 8 | 8 | 6 | 8 | 10 |
| Risk | 10 | 10 | 8 | 3 | 1 |
| Total Points | 226 | 204 | 188 | 210 | 209 |
| Average | 9.04 | 8.16 | 7.52 | 8.4 | 8.36 |
| Weighted Average | | | | | |
| (1 and 4 get 100%; others get 50%) | 143.5 | 131 | 118.5 | 127 | 127 |
| Average | 5.74 | 5.24 | 4.74 | 5.08 | 5.08 |
| WEIGHTED RANKINGS | 1 | 2 | 5 | 3/4 | 3/4 |

7.0 APPENDICES

Firm Bios

nacht&lewis

Established in 1922 in Sacramento, Nacht & Lewis has provided professional planning and architectural design services to California clients for 97 years as a California Corporation.

History of Detention and Corrections Work

Nacht & Lewis has over 50 years of justice experience and 38 years designing correctional environments such as new county jails, juvenile halls, and California State Prison medical and mental health facilities. Our history in correctional design began in 1980 with Sacramento County, designing various new facilities and renovations at the County's Rio Cosumnes Correctional Facility. These experiences ultimately led to Nacht & Lewis' selection to design the downtown Sacramento Main Jail in partnership with HOK. Since then, Nacht & Lewis has provided architectural design and planning services for jail projects in numerous California counties. These projects range in scale and complexity, from large new jail facilities to renovations. Our work spans the state of California and into Nevada; our list of jail clients includes Amador, Butte, Colusa, El Dorado, Lake, Marin, Merced, Mendocino, Mono, Napa, Placer, Riverside, Sacramento, and Siskiyou Counties.

Jay Farbstein & Associates

Jay Farbstein & Associates, Inc. is a leading practitioner of adult and juvenile correctional facility planning.

- We offer a comprehensive range of **corrections planning and related services** that include:
 - needs assessments to define system operations and long-term needs
 - facility programs, including operational and architectural programs
 - site selection and master planning
 - design consulting to ensure that program requirements are satisfied
 - training and organization of training programs
 - facility users manuals
 - design evaluation studies
 - expert witness in conditions of confinement cases.

- We have planned correctional facilities of various **sizes and types**, from small jails and juvenile detention facilities to large, maximum-security prison complexes. These include, among others:
 - local, state, and federal jurisdictions
 - large and small jails
 - medium & maximum-security prison complexes — up to 3,000 beds
 - additions to existing facilities

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

- facilities for juveniles, women, work release, and special populations such as mentally disturbed and drug and alcohol abusers.
- We have planned **dozens of projects** and thousands of beds valued at billions of dollars.
- We are at the **forefront of corrections planning methods**, many of which we developed for the National Institute of Corrections, National Institute of Justice, and California Board of Corrections. We have published numerous articles and books, such as our *Correctional Facility Planning and Design*, published by Van Nostrand Reinhold.
- Our methods entail a high degree of **client and user contact**. This involvement ensures a facility responsive to the needs of owners and staff.
- We are familiar with correctional **programs** as well as the activities and needs of all the various actors, including staff, community agencies, and inmates. We have planned areas for intake and release, living, dining, food preparation, education, recreation, crafts, shops, industries, counseling, visiting, administration, and courts.
- We are familiar with the range of **operating philosophies** which managers hold for correctional facilities — including special expertise in direct supervision — and are prepared to assist managers in developing facilities which are well matched to their intended operations.
- We are familiar with security and safety requirements for detention facilities.
- Our correctional facilities have been widely recognized. We have received awards from the American Institute of Architects, the American Correctional Association and Progressive Architecture magazine for the design, planning, and research of correctional facilities.



Falcon, Inc. is a nationwide consulting and management firm that brings together the most distinguished and credentialed leaders in Correctional Mental Health. With dozens of specialized correctional mental health experts and hundreds of years of collective experience, Falcon Inc. ensures that jail and prison programs are successful and effectively address the unique challenges of the mental health population.

Falcon Inc. experts work in partnership with government and community leaders to advance mental health programs in jails and prisons, focusing on specific challenges and partnering with decision-makers willing to seek change. Whether it's establishing sustainable care, jail planning, expansions, increasing inmate and staff safety, reducing liability, refining systems or reintegration strategies, Falcon, Inc. designs and implements custom programs to meet the industry's most complex mental health needs.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

Summary of Assessment of Main Jail

Background

The following material highlights relevant background information formerly presented in the Sacramento County CHMHSF Facility Program report dated May 25th, 2021. The information has been reorganized as a quick reference to help explain what areas are appropriate for continued use per the Mays consent decree and best practices.

The Sacramento County Sheriff's Department operates two jail facilities: the Main Jail and Rio Cosumnes Correctional Facility (RCCC). Both adult detention facilities have a combined Board of State and Community Corrections (BSCC) rated capacity for 4,005 pretrial and sentenced offenders.

The Main Jail is located at 651 I Street in downtown Sacramento. It is located on an urban city block measuring 300 feet by 320 feet. The existing jail occupies the southern two-thirds of the site. An existing Hall of Justice building occupies the northwest corner of the site. A 200' x 150' vacant parcel, referred to as the "bark lot," is located on the northeast corner. There is no other space to expand the main jail on the urban city block, although it may be possible for the county to purchase the Hall of Justice building and use it to house administrative functions. That building is not compliant for detention or clinical uses.

The existing jail is eight stories tall, plus a basement. Floor 1 accommodates the public lobby, four courtrooms, intake, and vehicle sallyport. Administration, staff support, the medical clinic, and psychiatric and medical beds are on floor 2. Floors 3-8 are strictly housing floors arranged in six-tiered housing units; three west of the vertical circulation core and three east. Finally, a basement accommodates the kitchen, laundry, mechanical spaces, and temporary courtroom holding. Because of the six-tiered floors, there are 15 occupied levels in the tower. See Diagram A.1 – Building Section.

The existing main jail was designed in the mid-1980s under the 1988 Uniform Building Code and completed in 1989. The bark lot was reserved for an additional tower because the anticipated population increase and crime trends showed there would be a need to expand by the mid-1990s; 30 years later, the jail has yet to be expanded. Originally the cells were single bunked with 1,188 beds, but secondary bunks were added over the years, and the current population cap is 2,432.

The jail was designed with three large recreation yards (with a capacity of 50 inmates per yard), each serving two floors/twelve pods. This requires large groups of inmates to recreate together. In the 1990s, there was a greater percentage of inmates who could mix for out-of-cell time in dayrooms and yards; this is no longer possible. Because the jail was never expanded, it was already overcrowded by the 1990s, which impacted operations, staffing, and safety. It now typically houses double the inmates it was designed for.

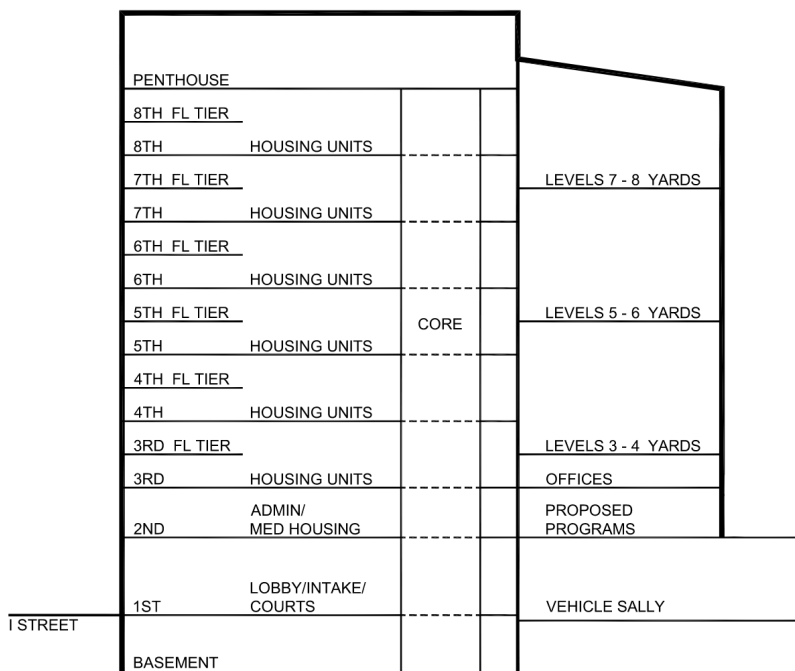
The jail does not function safely at the current density and is difficult to manage; this is the cause of many of operational and safety issues documented. It requires far more staff than the building was designed to accommodate, without offices and support space for those staff. The physical plant of the building cannot provide the services now required by evolving needs and a paradigm shift in jail missions.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

Diagram A.1: Building Section



Challenges with the Existing Building

The 1989 jail was not designed for modern codes and operational requirements. The Americans with Disability Act (ADA) was established in 1991 after the project was completed. ADA has overarching requirements which impact the entire jail program, not just the physical spaces in the building. However, the physical requirements alone cannot be met in the current building. Accessible fixtures and clearances are not provided, and the renovation necessary to mitigate this nonconformance is challenging in a building primarily using concrete and masonry wall- many of which are structural bearing walls. See the Renovation Considerations section below.

Floors 3 through 8 of the building are tiered. Tiers are not ADA compliant and there is no means to provide elevators to the tier levels. Additionally, while some counties do use tier levels for various mental health populations, best practices would use only the main level of each floor for these types of inmates. Due to mechanical limitations, there is no way to increase the floor area of the tiers. In addition, the cell walls and even bunks are part of the structural system which prohibits renovation. Furthermore, the plumbing chases at the front of cells extend from the tier on floor 8 to the 2nd floor so they cannot be modified on any floor without impacting plumbing to cells on all other floors.

It is also important to note that even if the jail population were dramatically reduced, this does not reduce the minimum requirements for ADA- where one of each type of accessible accommodation is required. For example, Intake/Booking area requires a minimum of one accessible space for each of the

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

following: single male holding cell, single female holding cell, group male holding cell, group female holding cell, male detox cell, female detox cell, male observation cell, female observation cell, change-in (with shower), change-out. Because the sheriff cannot predict who will be arrested at any given time, the law requires every type of accommodation be available so that no person with a disability is placed in an incorrect type of accommodation, which would violate that person's civil rights. This also applies to each distinct population held in the jail, and may be further delineated by gender identification.

HIPAA (Health Information Privacy) was established in 1996. HIPAA requires acoustically private spaces for detainees to speak with clinicians. These spaces also need to be visually observable from custody officers due to security requirements. Moreover, some of these spaces also need to be ADA compliant. These missing spaces need to be incorporated in the pre-book and booking areas, as well as in other clinical spaces.

AB 109 legislation (the movement of state inmates to county jails) has resulted in longer term inmates as well as related chronic medical conditions. In addition, the introduction of state inmates into the jail means the jail is now subject to a myriad of lawsuits impacting CDCR, including *Armstrong v. Newsom* (ADA), *Coleman v. Brown* (mental health), *Perez v. Cate* (dental), *Plata v. Schwarzenegger* (medical). Regardless of *Mays v. County of Sacramento*, these other lawsuits should inform the requirements of the main jail.

There has been a significant increase in inmates with mental health issues. Jails have become the de facto mental health provider across the country. While efforts to divert persons suffering with mental health issues is ongoing, there will always be a need for mental health services for persons who have committed felonies and are required by legislation and the courts to be held in jail. Said another way, regardless of out-of-custody mental health facilities and diversion programs, there will always be a need to provide mental health services to violent inmates who are in the jail system.

Except when the courts deem it necessary, most non-violent inmates are released quickly or simply cited and released (not booked into the jail system) which results in a higher percentage of violent inmates in the jail. Often, these inmates have gang affiliations and/or are a danger to others and cannot be housed together or receive out-of-cell dayroom or yard time with others. This makes the management of inmates more difficult, which is exacerbated by the need to increase staff and infrastructure to manage a jail population that is double what the jail was originally designed to accommodate.

Renovation Considerations

Construction within operational detention facilities is very dangerous. The danger is from the introduction of contraband and weapons stock (materials that can be fashioned into lethal devices). Very strict background checks are required for workers, often resulting in a limited contractor pool. Tool management on site is time intensive. Each day, contractors must begin by categorizing all tools to enter the building, then they need to transport those tools to the area of work. Often they need to secure tools during lunch breaks. At the end of each shift, all tools need to be inventoried once again and secured. Because of this, 25% of the workday is dedicated to tool management. Tools cannot be left in the area of alteration because they are lethal; they must be removed each day.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

Exit paths must remain unblocked at all times. Detention occupancies require a second exit when the occupant load is greater than 10 persons, meaning that almost every space requires two compliant exits. Construction cannot compromise exits doors or exit paths. Fire ratings and clear widths of exit paths and corridors need to remain functional at all times. Each area of alteration requires a separate plan for maintaining proper exiting and generally requires approval by the fire marshal. Any violation of egress requirements will be unsafe, introduced liability for the County, and could result in the project being shut down. In general, this means construction cannot occur in operational areas.

In a jail facility, many walls are structural. Modifications to structural walls are significant and generally require alterations to footings, sawing of concrete, welding/torching of steel, and other disruptive construction that not only introduces products of combustion, but lots of construction dust and debris. It is unhealthy for occupants to be in the same area as construction, even if abatement is not required. This type of construction generally needs to be completely sealed off from occupied spaces by air/smoke tight barriers.

Alterations impact fire suppression systems (sprinklers). It is difficult to modify one portion of sprinklers without shutting off sections. Areas of the jail without sprinkler coverage cannot be occupied which is why entire areas generally need to be vacated for construction. Where area of a building need to remain operational, construction there is extremely costly and time intensive.

The cost of construction within secure facilities is high and should be limited to areas that can be entirely vacated. Even if this can be accomplished, where significant changes are required and/or there is a large scope of work, at some point it is more cost effective to construct new. If areas cannot be vacated and must remain operational, construction there is extremely hazardous and should be avoided unless there are no alternatives. Cost should not be the driver where lives of inmates, correctional officers, and contractors are in significant danger.

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

RCCC Barracks Security Enhancements Project

RCCC Barracks Security Enhancements Project

Jeffrey A. Gasaway, Director
Department of General Services

Administration and Business Services
Contract and Purchasing Services
Facility and Property Services
Fleet Services



County of Sacramento

INTERNAL MEMORANDUM

Date: 08/29/2022

To: Brian McKenzie

Via: Carlos Zamudio Reviewed &
Approved

CC: Lieutenant Vanessa Johnson
Sergeant Michael Mantzouranis
Deputy Ben Everett
Carlos Zamudio
Reginald Harris
Steve Cooke
Dennis Fong

From: Maria Real, Project Manager

Subject: CC-080239-00
2058 – RCCC Construct Control Rooms

A preliminary scope and estimate has been prepared for the RCCC Construct Control Rooms project. The estimate is based on

- Site visit on May 4, 2022, 11:00 a.m. to 12:30 a.m.
Met with Deputy Ben Everett and Sergeant Michael Mantzouranis
- Working hours
 - secure normal working hours
- Access to site during construction
 - Check with Department on access requirements during construction
 - Department to provide escorts
- Type of background check
 - Detention Facility Requirements

- Type of services provided by ASD:
 - Determine project scope with customer department
 - Complete scope and estimate and develop project budget; update budget as needed with scope changes
 - Coordinate any feasibility, special studies, and/or environmental documents
 - Coordinate any required hazardous material survey
 - Coordinate plan checks with local and state agencies, utility companies, Authorities having jurisdiction (AHJ), etc.
 - Coordinate/ supervise the preparation of construction documents and technical specifications by consultant
 - Submit for permitting and communicate plan check comments to consultant
 - Prepare Board Package for Approval to Advertise
 - Complete PPCSR for contract number
 - Prepare Special Provisions
 - Coordinate with Contract Services Notice to Contractors, Plans, and Special Provisions onto Open Gov procurement site
 - Attend pre-bid meeting
 - Respond to Contractor's questions
 - Prepare Addenda and coordinate with Contract Services to upload
 - Attend Bid Opening
 - Review Bid Proposal Package
 - Prepare Notice of Intent to Award
 - Respond to Bid Protest
 - Board Package For Approval to Award or Notice of Award
 - Provide Construction Support

- CMID (Construction Administration/Management, Inspection, Labor Compliance, etc...)

- Project delivery method is anticipated to be Design Bid Build
 - Plans
 - Special Provisions
 - Technical Specifications
 - Engineer's Estimate
 - Pre-Bid Meeting
 - Complete PPCSR for Contract Number
 - Coordinate with Contract Services to upload Notice to Contractors, Plans, and Special Provisions onto Open Gov procurement site
 - Prepare Board Package For Approval to Advertise
 - Attend Bid Opening

- Respond to Contractor's questions
- Prepare Addenda and coordinate with Contract Services to Upload Addenda onto OpenGov
- Review Bid Proposal Package
- Prepare Notice of Intent to Award
- Respond to Bid Protest
- Board Package For Approval to Award or Notice of Award
- Provide Construction Support

PRELIMINARY SCOPE

The scope of work includes the addition of a control room to barracks C and D and a control room to barracks G and H for a total of two new control rooms. The new control rooms will be designed and built in similar fashion to existing control room for barracks J and K.

PRELIMINARY ESTIMATE

Project Hard Costs = \$3,727,930.00
Project Soft Cost = \$971,100.00
Sub-Total Project Cost = \$4,699,030.00

Facility Planning &
Management Approval_____Date_____

Total Project Cost including Department Funded and Market Condition Factor = \$5,638,836.00

Please see the attached Project Cost Estimate Summary for a breakdown of this figure.

PRELIMINARY PROJECT SCHEDULE

Construction Documents will take approximately 3 months, Contract Award and Execution 2 months, Construction 9 months and Punch List project Closeout 1 month. Project will be completed in 1 phase. Total duration of project is estimated to be 15 months.

PRELIMINARY OPERATIONS & MAINTENANCE IMPACT

After discussion with General Services Building Operations staff, this project will have a small impact on the operations and maintenance costs for the proposed facility. The O&M costs are estimated to increase by \$5,000.00 per year.

CC-080239-00

2058 – RCCC Construct Control Rooms

Page 4

PRELIMINARY UTILITY IMPACT

After discussion with the Energy Program Manager, this project will increase on the utility costs for the proposed facility. The utility costs are estimated to increase by \$3,000.00 per year.

ATTACHMENTS

- A. Project Cost Estimate Summary
- B. Existing Control room for Barracks J & K floor plan

ATTACHMENT A

Contract No.

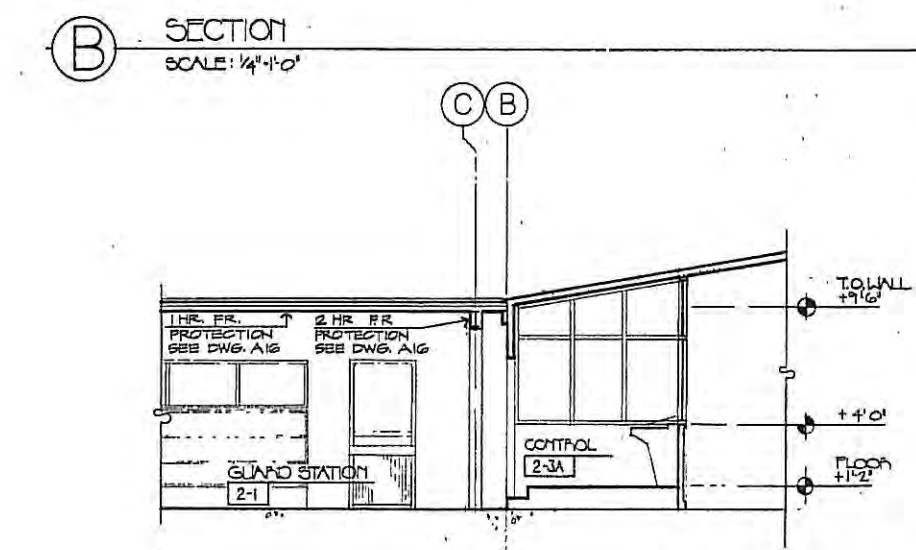
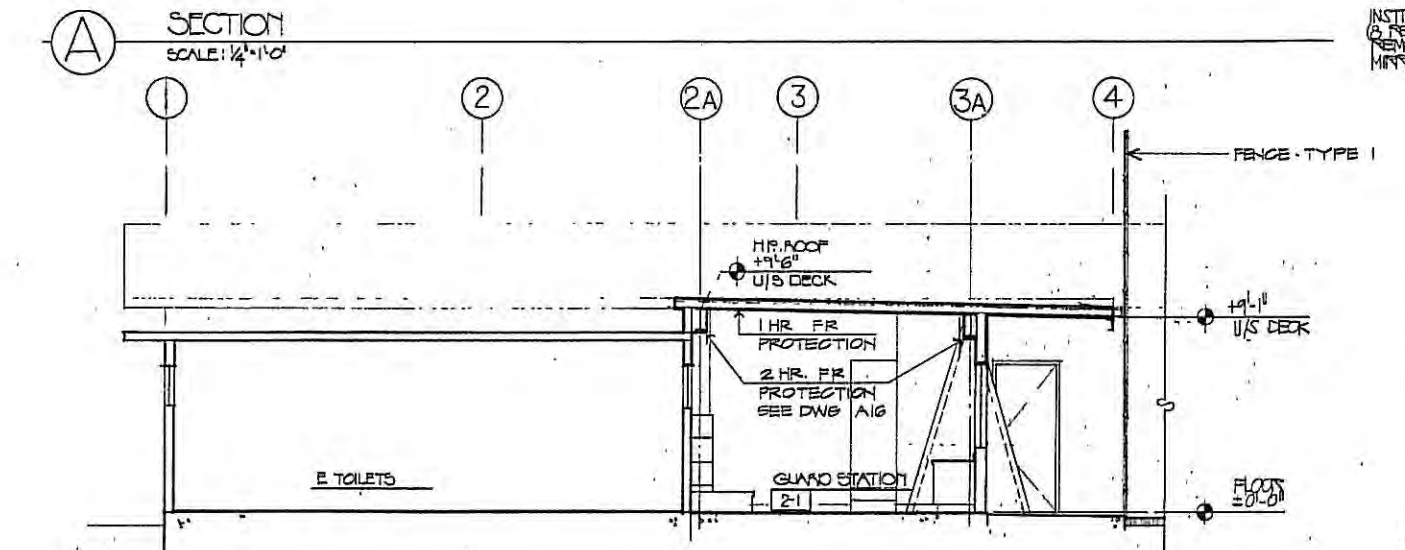
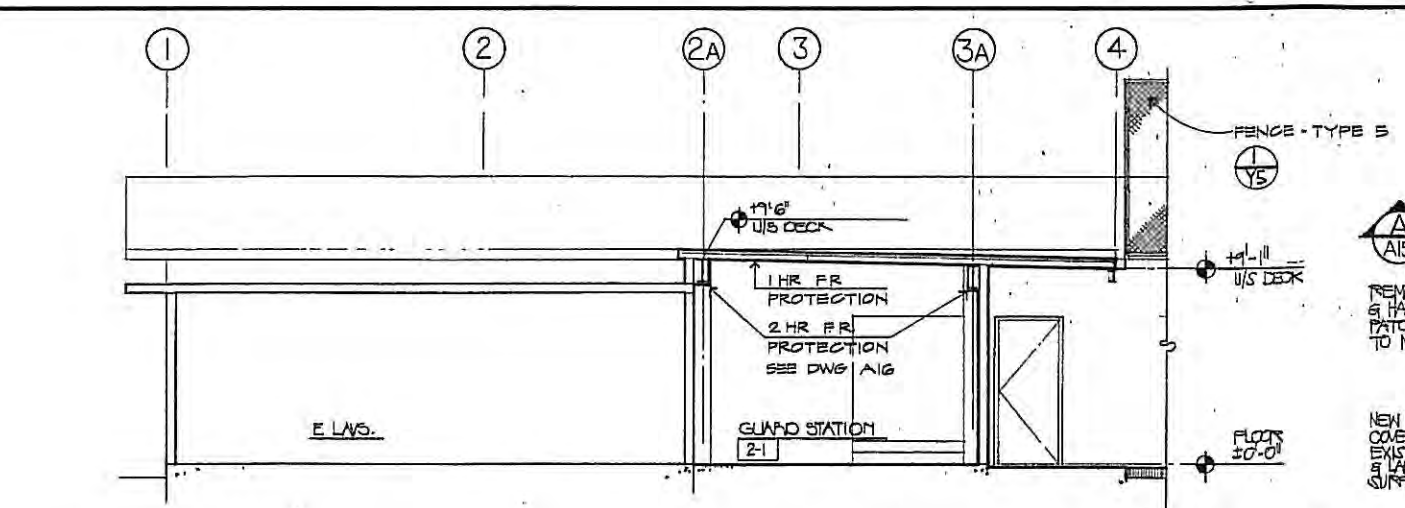
| | | |
|--|------------------------|----------------|
| COUNTY OF SACRAMENTO | WBS No. | -CC-080239-00 |
| DEPARTMENT OF GENERAL SERVICES | ASD Project No. | 2058 |
| ARCHITECTURAL SERVICES DIVISION | Contract No. | |
| 9660 Ecology Lane | Prepared by: | Maria Real |
| Sacramento, CA. 95827 (916) 876-6192 | Approved by: | Steve Cooke |
| | Date: | August 5, 2022 |

Project Name:

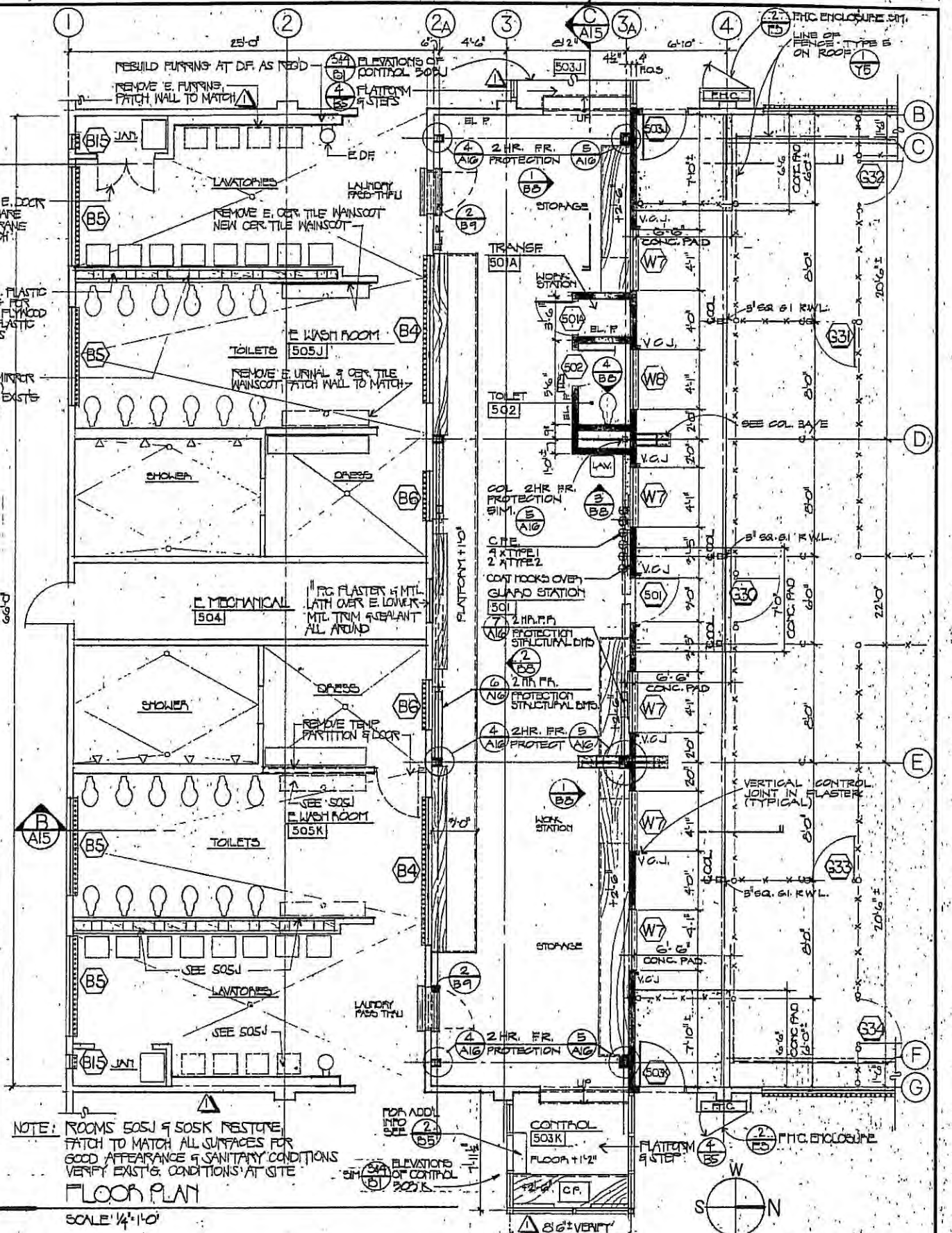
RCCC Construct Control Rooms

PROJECT COST ESTIMATE SUMMARY

| TOTAL COST SUMMARY | |
|---|---------------------|
| 10 Construction Contracts | \$ 3,389,020 |
| 10.1 Construction Contingency 10% | 338,910 |
| 20 Project Management / Design (ASD) | 43,500 |
| 30 Consultant Services | 723,200 |
| 40 Construction Inspection (CMD/BCM) | 121,600 |
| 50 County Contracts | - |
| 60 Miscellaneous Hard Costs | - |
| 70 Miscellaneous Soft Costs | 82,800 |
| SUB-TOTAL PROJECT COST | 4,699,030 |
| 80 Departmental Costs | - |
| SUB-TOTAL MARKET CONDITION FACTOR | 939,806 |
| TOTAL PROJECT COST | \$ 5,638,836 |
| PROJECT HARD COST | 3,727,930 |
| PROJECT SOFT COST | 971,100 |
| SUB-TOTAL PROJECT COST | 4,699,030 |
| DEPARTMENTAL HARD COST | - |
| DEPARTMENTAL SOFT COST | - |
| SUB-TOTAL DEPARTMENTAL COST | - |
| SOFT COSTS AS PERCENTAGE OF TOTAL | 17.22% |



| EXTERIOR FINISH SCHEDULE | |
|--|-------|
| EXISTING BARRACKS J & K TO MATCH AS REQUIRED DUE TO WORK UNDER THIS CONTRACT | PAINT |
| CONCRETE | PAINT |
| P.C. PLASTER INCLUDING METAL TRIM | PAINT |
| STEEL DECK SOFFIT | PAINT |
| SHEET METAL WORK AND FLASHINGS | PAINT |
| STEEL DOOR AND FRAME | PAINT |



NOTE: ROOMS 505J & 505K RESTORE, PATCH TO MATCH ALL SURFACES FOR GOOD APPEARANCE & SANITARY CONDITIONS. VERIFY EXIST'G. CONDITIONS AT SITE.

REVISOR FOR RECORD

RECORD DRAWING
THIS TRACING OR DUPLICATE REVISED TO RECORD MODIFICATIONS REPORTED BY THE CONTRACTOR AND PER DOCUMENTED REVISIONS. REFER TO SUP' DWGS. YES NO.
DATE: AUG. 1, 1983

NACHT & LEWIS ARCHITECTS
SACRAMENTO CALIFORNIA
PROJ. 3166
DATE: MARCH 15, 1982

UNIT 5 - PARTIAL PLAN AND SECTIONS
CONSTRUCTION - PHASE 1
RIO COSUMNES CORRECTIONAL CENTER
12500 BRUCEVILLE ROAD, ELK GROVE, CA
COUNTY OF SACRAMENTO, CA.

A15
OF 98

POPULATION REDUCTION IMPACTS STUDY REPORT

Sacramento County – CHMHSF

November 21, 2022

Sacramento County Main Jail 300 West Pod JPS Conversion Feasibility Study



May 27, 2022

Mr. Jeff Gasaway
Sacramento County
Architectural Services Division
9660 Ecology Lane
Sacramento, CA 95827

Re: Sacramento County Main Jail 300 West Pod JPS Conversion Feasibility Study

Dear Mr. Gasaway,

This letter aims to report the findings of our study of the feasibility of converting the Main Jail 300 west pod into an acute psychiatric unit. To determine feasibility, the Nacht & Lewis team was tasked with:

1. Confirming the existing conditions and infrastructure, including verification of existing structural, electrical, and mechanical systems and capacities.
2. Meeting with jail and correctional health care staff who operate the Jail Psychiatric Services (JPS) to confirm the functional space needs for the acute psychiatric unit.
3. Developing a test fit conceptual plan for the acute psychiatric unit based on safety and security needs and the functional needs for acute psychiatric care.
4. Confer with an independent cost estimator to determine the cost of construction for the unit.

Our services for this study did not include a staffing and cost of operations analysis.

The feasibility study team consists of experts in the design and operations of correctional health care and psychiatric care environments. Resumes and firm bios for team members can be provided upon request.

On March 3, Nacht & Lewis conferred with Sheriff's staff, correctional health care, and JPS to discuss the acute psychiatric unit's functional, safety, and security needs. The following list of needs provided by the Sheriff's office was reviewed in the meeting:

- a) Inside the Psychiatric (JPS) Office
 - 1) Review upgrade to electrical service and outlets from 40 amp to 80 amp.
 - 2) Two staff panic buttons connected to the Status Touch Screen system.
 - 3) Touch Screen system to monitor all emergency/panic buttons within the 300 pod cells.
 - 4) Miscellaneous desk, workstations, computers, phones, etc. No hutches, tall file cabinets, shelving, or window coverings will obscure the views.
 - 5) Heat and air added to JPS control office.
 - 6) Two no-draft speak-thru ports in the two interview booths, one on each side.
 - 7) Interview areas need an ADA bench and removal/swinging stool.
 - 8) Add 24 or 48 data port switches.
 - 9) Data lines

- 10) Staff restroom.
- b) Dayroom, 300 Pod, and Cell Improvements
 - 1) Cages around both stairways with a roof (no climb metal mesh).
 - 2) One ADA cell.
 - 3) One ADA shower.
 - 4) One Safety cell, padded with floor toilet/drain.
 - 5) Six (6) bottom tier cells with restraint beds; remove the concrete bed structure.
 - 6) Six (6) top-tier cells with restraint beds; remove the concrete bed structure.
 - 7) All cell doors to be replaced with larger top glass panels and food / handcuffing ports.
 - 8) Install two (2) pass-through doors in the back of the pod. Must have the ability to cycle both doors from 300 west control. Advantage: ability to run different dayrooms or programs at the same time. Like 7/8 west 300-400 pods.
 - 9) Remove all top bunks on the top tier.
 - 10) Install bubblers on the sinks.
 - 11) Remove all towel hooks in the cells.
 - 12) Install 40 FLIR corner cameras, one in each cell, one each video archiver (stored at D-Tech), one each video server (stored at D-tech), and two each 40 monitors (in JPS Control Office), one each Dell computer with FLIR site license.
 - 13) Transparent interview area next to 100 pod wall. Should not obscure views into the 200 pod.
 - 14) Additional cameras are needed to cover the newly created blind spots. TBD.

Nacht & Lewis prepared a test fit plan based on the above functional needs following the meeting. See enclosed "Test-fit Plan" option one and option two for layouts.

On May 17, Nacht & Lewis and consultants performed a site visit to confirm the existing conditions and infrastructure. Following the site visit, the team met and conferred about the feasibility of the test fit plan.

Summary Findings

Overall, the test-fit plan shows that most of the acute psychiatric unit's custody and JPS space needs can be achieved. However, only three of the twelve restraint beds requested by JPS can be accommodated due to existing conditions that cannot be modified. The existing cells do not have adequate floor space to accommodate restraint beds. Floor mounted restraint beds require maneuvering space on at least three sides of the bed. This is necessary so that clinicians and custody officers can attach restraints on a patient without reaching over the individual. This is a safety concern for staff and patients who risk injury when applying restraints if maneuvering space is not provided.

To create the necessary access around the restraint bed, Nacht & Lewis studied alternative cell modifications, including removing the existing concrete bunks and plumbing chases. The existing concrete bunks along the exterior wall are part of the building structure lateral system (moment frames). Removing any part of this moment frame will trigger a complete building analysis of the lateral system and, likely, a retrofit (*see enclosed structural letter for further details*). Next, Nacht & Lewis reviewed a second option for adding restraint beds in the 300 west pod. The second option looked at removing the nonstructural wall between two cells. The restraint bed will fit in two cells with access to three sides of the restraint bed;

however, this will require the removal of the two toilets and the triangle shaped plumbing chase. The challenge with removing the plumbing chase is that the chase connects plumbing lines from floors 3 through 8. To remove or reroute the plumbing out of the triangled shaped chase requires closing down all cells associated with that chase from floors 3 through 8. For this reason, it is not feasible to remove the plumbing chase to accommodate restraint beds.

Although all ligature resistance and safety concerns can be addressed with modifications to the existing facility, ¹ the additional JPS requests outlined below could not be accommodated due to a lack of available floor space.

- 1) Confidential group programming space – 2 to 3 areas that can accommodate 8 to 10 people.
- 2) Confidential interview space - 3 areas that can accommodate 2 to 3 people.
- 3) Confidential MDT room – 1 area to accommodate seven people.
- 4) Nursing workstation – 1 area to accommodate three nurses.
- 5) Private office 1 – MDs, residents – accommodate 5 to 6 people.
- 6) Storage area 1.
- 7) Shared office space – 1 area to accommodate two social workers.

The Mechanical needs for the new unit can be met with few challenges. *See attached Mechanical letter for further detail.*

The Electrical needs for the project can be met with few challenges. However, the power needs for the new unit will require more power than is currently available on the 3rd floor. Therefore, new electrical feeds will need to be brought to the floor from the basement, and possible pathways for the feeds will need to be reviewed as one was not apparent on as-built drawings or during our site visit. In addition, a new subpanel will need to be added to the third-floor electrical room. *See attached Electrical letter for further detail.*

Mental Health Considerations

Dr. Robin Timme, an expert on the operations of correctional mental health facilities, reviewed the test-fit plan and provided the following insights.

Relevant Requirements from Mays:

- **Individuals identified as requiring admission to the Acute unit must be placed in that unit at the earliest possible time, and in all cases within 24 hours.**

Discussion: Based on estimates from the existing data set, approximately 34 patients could be expected to meet the criteria for Acute treatment in this dedicated unit. The proposed test-fit plan meets capacity, accounts for additional peaking to 38 in the target population, and eliminates the need for an overflow unit. This would obviate the need for the Suicidal Ideation Temporary Housing Unit (SITHU) on the Intensive Outpatient Program (IOP), which creates unacceptable conditions of confinement for those awaiting an Acute bed. While this is a dramatic improvement in conditions of treatment and

¹ Ligature resistance and safety concerns require cell door replacement, removal of the upper bunks', removal of towel hooks and bubblers on the sinks, cages around the stairways, and additional camera.

confinement for the SITHU population, and while the *Mays* Monitors are likely to support and encourage this, it is not directly addressed in the *Mays* Consent Decree document.

While the community standard for an Acute inpatient unit designated as an Institution for Mental Disease (IMD) is not to exceed 16 beds, the proposed two units at 19 beds per unit are not far off that number. Currently, Medicaid dollars cannot be accessed for services provided to incarcerated individuals or who are otherwise involuntarily receiving services. However, future trends could include reimbursing voluntary services for pretrial populations who enjoy a presumption of innocence, an emerging conversation across the country today and worthy of consideration in the planning process. It should also be noted that the 16-bed IMD exclusion is also being debated across the country. It was initially enacted in 1965 to deinstitutionalize hospitals and prevent the indefinite institutionalization that had occurred to date. These issues warrant attention when planning and designing any psychiatric unit, whether in a jail or in the community.

Office space for staff is critical and also contemplated in *Mays*. According to the contracted provider of mental health services, the unit must accommodate a nursing workstation that allows for direct observation of both units. Additionally, a space for two mental health clinicians, an attending psychiatrist, and five residents, is also required for adequate operations. This does not appear to be feasible in the current test fit.

- **A program for progressive privileges (including time out of cell, property allowances, etc.) must be developed for patients as they demonstrate progress in treatment and behavior.**

Discussion: the proposed plan contemplates the subdivision of the 300 West pod into two distinct but connected units. Furthermore, it proposes beds on both the first and second tiers, creating the potential for four separate sections of the Acute unit. Although it is never recommended to house imminently dangerous patients on a mezzanine, this plan thoughtfully considers a recovery-oriented program that could allow patients to move through a progressive privileging system that maps onto multiple areas, physically clustering patients on acuity level and progress in treatment and behavior.

- **Restraints and seclusion are used only when necessary, as the least restrictive means of protecting the patient and others from imminent danger and are discontinued upon resolution of imminence. Additionally, individuals in clinical restraints or on seclusion shall be on constant watch, or on constant video monitoring with direct visualization documented every 15 minutes. Nursing staff shall conduct vital signs, neurovascular assessment, and limb range every two hours for those in clinical restraints and offer an opportunity for toileting at that time.**

Discussion: The proposed number of beds for potential clinical restraint appears sufficient. Clinical restraint should only be used when it is the least restrictive means of protecting the patient and others from imminent danger. Existing data sets do not suggest the need for 12 restraint beds at any given time, but the locations of those 12 beds will allow for a great deal of flexibility in terms of the patient's location requiring restraints. On the other hand, there will be the risk of overuse of restraints with extra restraint beds. Strong utilization review is necessary to protect patients' rights while maintaining safe and secure operations. Although nursing staff would be able to access the patient to perform the necessary assessments and interventions, requiring entry onto the unit every two hours in this setting will be operationally disruptive, likely resulting in all other patients being confined to the cell for the necessary time to complete those assessments. If multiple patients were in clinical restraints, the entire Acute unit could require confinement to quarters for a prolonged time.

These observations notwithstanding, the standard-sized restraint beds will not fit in the existing cells on 300 West, and the existing concrete bunks cannot be removed (see structural engineer's letter). Contemplating an Acute psychiatric unit that cannot utilize clinical restraints as the least restrictive means of protecting the patient or others from imminent danger is simply a recipe for disaster. By definition, the Acute population is imminently dangerous to self, dangerous to others, or gravely disabled by serious mental illness. While restraint should undoubtedly be considered a last resort, the likelihood of serious injury or death during a psychiatric crisis should be seen as unacceptable.

Additionally, placement in seclusion or restraint requires a placement on Constant Watch or camera watch with observation at staggered intervals. It is hard to imagine the ability to provide that level of observation for 12 different cells, including safe and protected areas for observers to sit outside of the cells to perform their duties.

Lastly, the request for cages around staircases and along the entire second tier, combined with the presence of restraint beds on the mezzanine, is extremely concerning from an emergency response perspective. A rapid response team, likely comprised of 5 – 6 deputies plus two nurses, rushing a fully caged staircase to access a cell in an emergency will result in bottlenecks and confusion. In addition, the route could easily be blockaded by patients at the top of the staircase. It is also noted that materials other than metal caging are preferable because most camera systems will focus on the metal material rather than the movement beyond.

- **All designated Mental Health Units shall offer a minimum of 7 hours of unstructured out-of-cell time per week and 10 hours of structured out-of-cell time per week for each patient. While the number of hours may fluctuate, every patient is offered some amount of out-of-cell time every day of the week.**

Discussion: The 3rd floor currently has two group rooms to provide programming and group treatment for all individuals housed there. Based on 38 Acute patients, accessing one group per day (the minimum contemplated), in a confidential setting, with 17.5 hours per week available for programming (based on existing data), and assuming each group room can hold eight patients and one facilitator, two group rooms will be sufficient as a baseline minimum. However, a third group room would be necessary if ten groups are intended, as appears to be contemplated in *Mays*. For example, Adult Correctional Health and its contracted providers could operate groups 24 hours per week instead of the 17.5 currently reported. In that case, ten groups of 8 patients could effectively operate in 2 group rooms. Please note that while this appears to satisfy requirements in *Mays*, this model also assumes that those rooms are occupied 100% of the available time for programming leaving other inmates housed on that floor without access to program rooms.

Construction Cost

An estimate of probable construction was prepared by an independent construction cost estimator, Sierra West Group. Based on the list of needs provided by the Sheriff's office and the test-fit plan, the project cost could be \$6.7 to \$8.4 million.

Summary Conclusion

The study shows that converting the 3rd floor west pod for use as an acute psychiatric housing unit is feasible albeit not ideal. The proposed test-fit plan meets capacity needs, accounts for additional peaking to 38 in the target population, and eliminates the need for an overflow unit, a dramatic improvement in conditions of treatment and confinement for the acute population. Still, the study also shows that not all of the necessary functional spaces requested by JPS can fit. As a result, the unit will likely fall short of full compliance with the *Mays* requirements for the acute psychiatric population. In addition, meeting out-of-cell time requirements for acute patients on this floor will be challenging. There are only two group rooms and limited floor space to provide dedicated group treatment/program rooms within the unit. Therefore, acute patients must be escorted to one of the two program rooms outside the unit. Those rooms will likely be occupied 100% of the available time for programming the acute patients leaving other inmates housed on that floor without access to program rooms. Finally, we believe this conversion should be viewed as a temporary solution that improves the conditions of confinement for acute psychiatric patients, while a permanent solution to full *Mays* compliance can be implemented.

Sincerely,

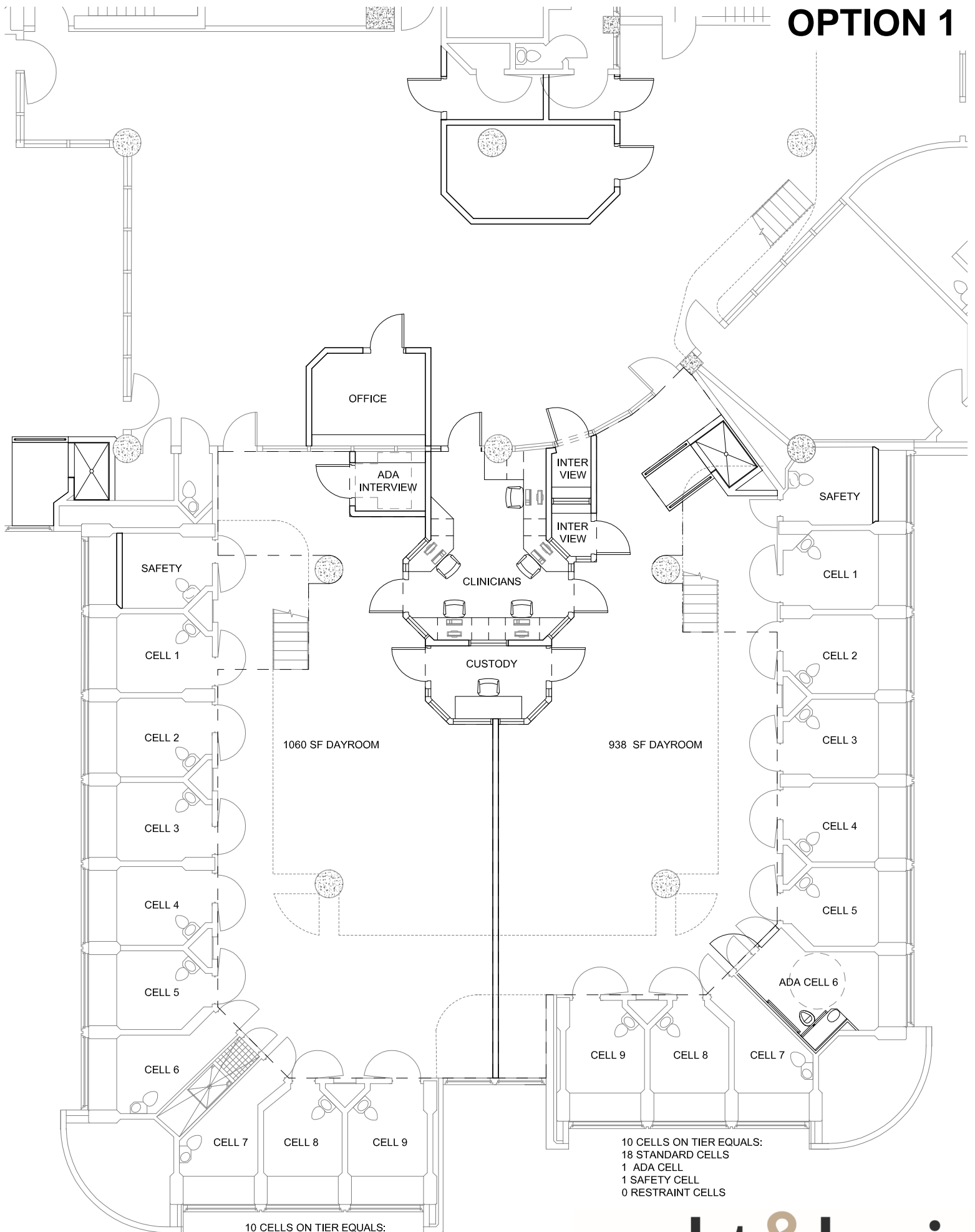
NACHT & LEWIS



Eric Fadness, AIA
Principal

cc: Mr. Chris Bryson

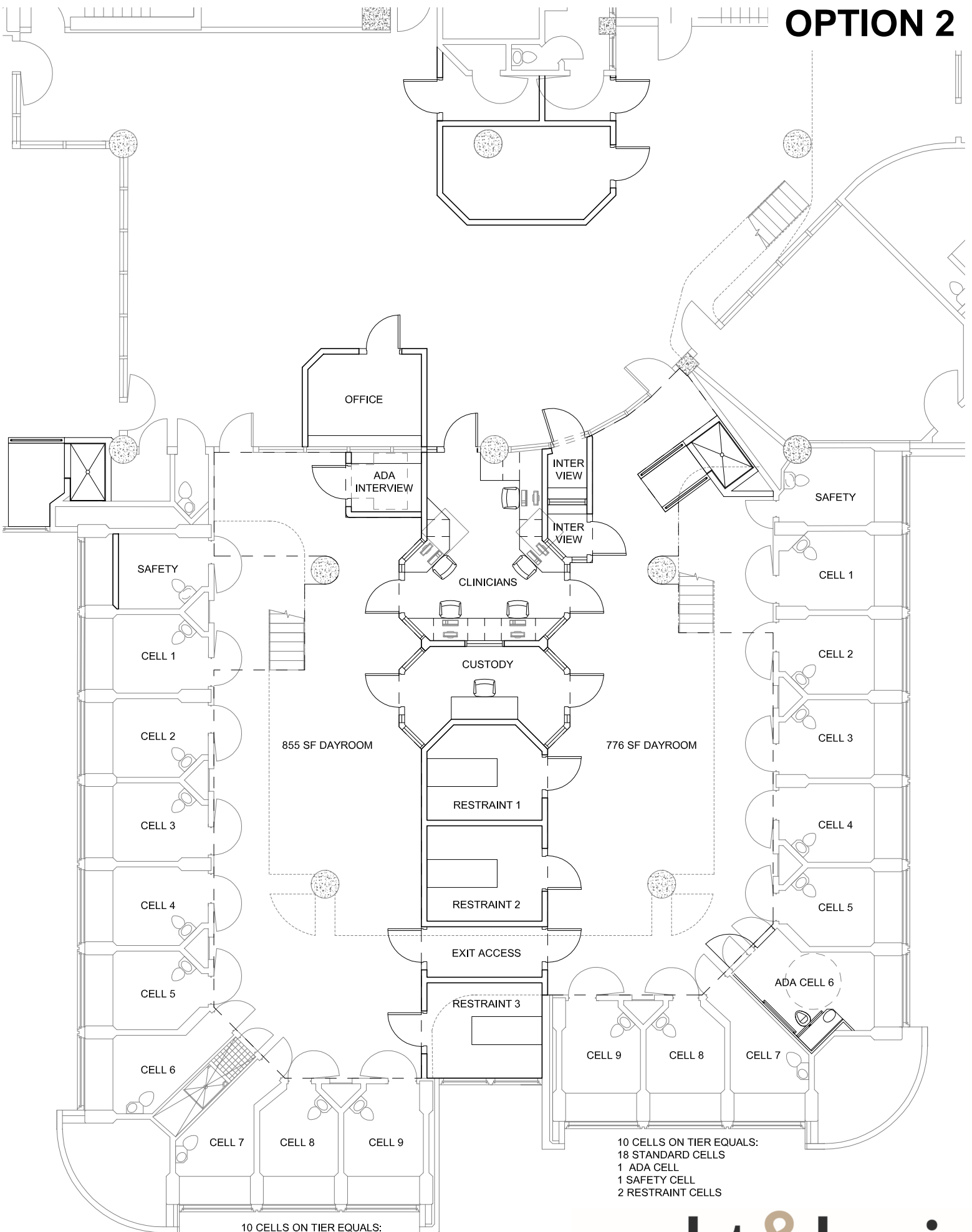
OPTION 1



10 CELLS ON TIER EQUALS:
19 STANDARD CELLS
1 SAFETY CELL
0 RESTRAINT CELLS

10 CELLS ON TIER EQUALS:
18 STANDARD CELLS
1 ADA CELL
1 SAFETY CELL
0 RESTRAINT CELLS

OPTION 2



10 CELLS ON TIER EQUALS:
19 STANDARD CELLS
1 SAFETY CELL
1 RESTRAINT CELLS

10 CELLS ON TIER EQUALS:
18 STANDARD CELLS
1 ADA CELL
1 SAFETY CELL
2 RESTRAINT CELLS



600 Q Street, Suite 200
Sacramento, CA 95811

P 916 443 0303

Sacramento
Los Angeles
Phoenix
San Francisco
Silicon Valley

buehlerengineering.com

SACRAMENTO COUNTY JAIL 300 POD REMODEL FEASIBILITY STUDY

Sacramento, CA 95814

May 26, 2022

GENERAL DESCRIPTION

The subject of the investigation is the 300 Pod at the Sacramento County Main Jail located at 651 I Street in Sacramento, California. This pod is located on the third floor in the southwest corner of the building and is being considered for renovation to accommodate restraint beds and a new configuration of spaces for staff and inmates.

We have reviewed the existing structural drawings by Martin, Middlebrook & Nishkian dated 2011 as well as recent photos from a site visit performed by Nacht & Lewis Architects on May 17, 2022 to determine the feasibility from a structural perspective of the proposed renovation.

DESCRIPTION OF THE STRUCTURE

The existing structure is a nine-story above grade cast-in-place concrete structure with a precast concrete façade. There is one level below grade. The gravity system is comprised of concrete beams and girders that support either a waffle slab (grid of concrete slab and joists) or a flat concrete slab. The concrete girders are supported on concrete columns. Foundations include concrete pile caps and concrete piles.

The lateral system includes concrete moment frames around the perimeter and concrete shear walls dispersed between cells. These lateral systems occur above the second floor as the second-floor slab acts as a transfer diaphragm, dispersing the lateral load to concrete shear walls below.

During a site visit made by Nacht & Lewis Architects, an interior concrete wall was discovered down the center of the space in the 300 Pod. This wall is not shown on the existing structural drawings. The location of the wall suggests that the wall is a non-structural partition that is likely not part of the lateral system. Removal of a portion if not all of this concrete wall would be required to provide new rooms planned for the renovation.

CONCLUSIONS

Proposed renovations to accommodate new restraint beds are highly dependent on altering existing concrete elements that occur in each cell adjacent to the

exterior wall. We have determined that these concrete elements are the concrete beams that make up the moment frame lateral system. As such, these elements cannot be altered or removed without triggering a full building analysis and, likely, a retrofit.

Similarly, the concrete shear walls between cells should not be altered, however they appear to occur at every other cell. This may create an opportunity to combine cell spaces by removing the interior non-bearing, non-shear wall elements at every other cell.

Removal of the interior concrete wall discovered during the site visit is not anticipated to be of structural concern, however, additional in field verification of connection to the structure and acquisition of any documentation on the wall's construction and intended use should be done prior to removal.

Below is a high-level overview of the structural work that would be required, should alteration to the concrete moment frames or shear walls be desired.

EVALUATION AND RETROFIT

Should alterations to the concrete moment frames or concrete shear walls be desired the following structural considerations or similar options will likely be necessary:

- Full building ASCE 41 Tier 3 structural analysis and evaluation. ASCE 41 is the recognized standard for evaluation and retrofit of existing buildings. A Tier 3 evaluation involves an in-depth analysis of the entire structure and evaluation of all primary structural elements in the structure.
- It may be possible to limit retrofit solutions to a region of the building (i.e. the level of the 300 Pod and the adjacent levels above and below), however retrofit may be required to extend elsewhere in the building and can only be determined after evaluation.
- Retrofit solutions might include replacing the concrete moment frame system with a concrete shear wall in one of the bays on each grid line altered. New shear walls may need to extend to floors immediately above and below the third level.
- If concrete beams are removed along a grid line where a new shear wall is being provided, new or retrofitted collector elements may be required. Retrofitted collector elements may include providing fiber reinforced polymer (FRP) on the portion of concrete beams that remain below slab or the addition of new concrete or steel elements along the grid line that are connected to the new shear wall.

See attached plans which show the primary structural elements present in the region of the planned alteration as well as conceptual retrofit solutions to be used for a pricing exercise.

EXPERIENCE AND QUALIFICATIONS OF BUEHLER ENGINEERING, INC.

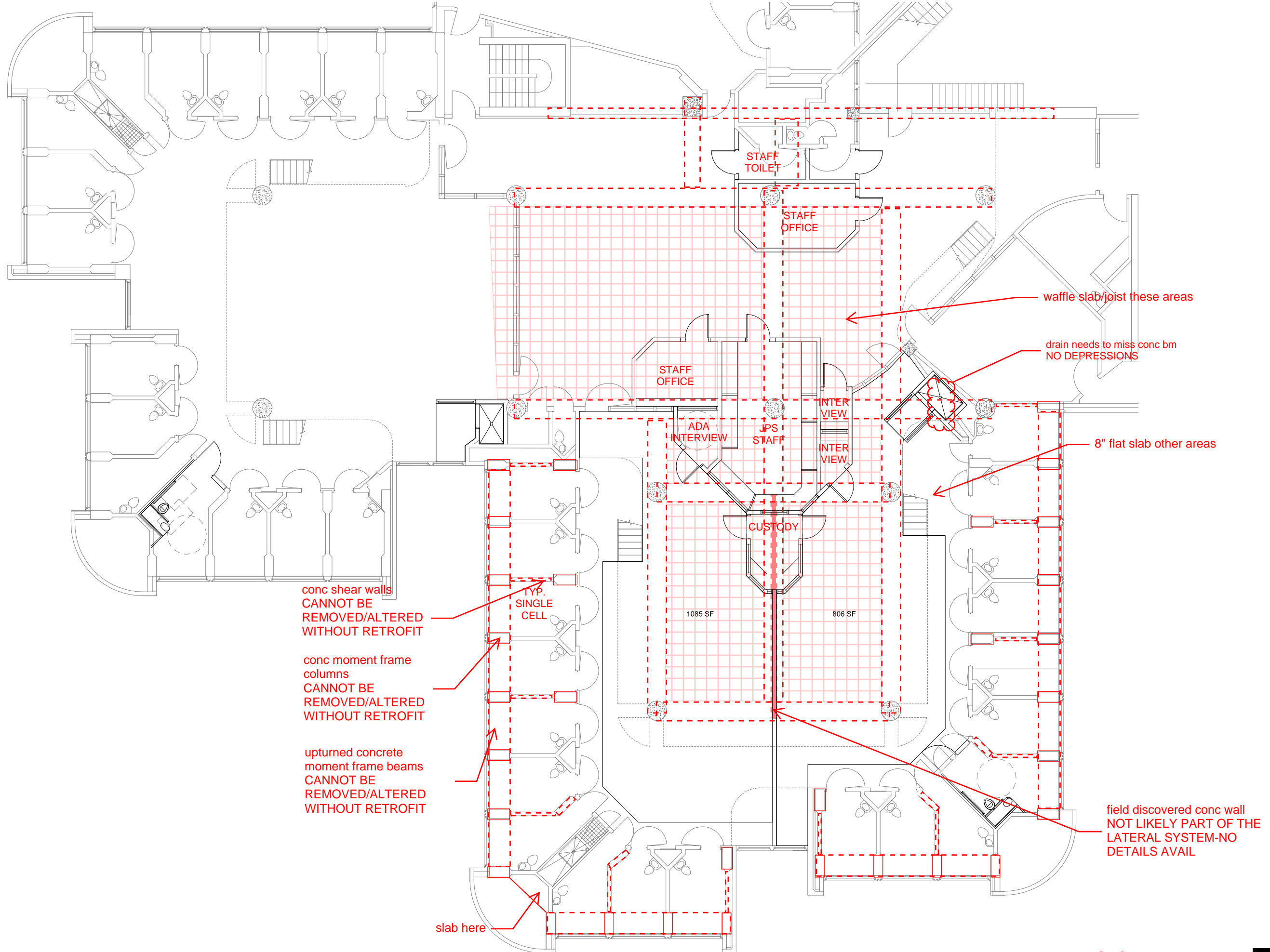
Buehler Engineering, Inc. was founded in 1946 under the original name of Walter A. Buehler, Structural Engineer. The firm has been engaged in structural design of a wide variety of projects over the life of the firm. The firm currently has a total staff of 92, including 41 registered structural engineers. The firm maintains computer facilities for the analysis and design of engineering structures. Engineering services are provided for the design and analysis of building and other structures and for structural investigations.

LIMITATIONS

The services of Buehler Engineering, Inc. performed for this project have been provided at a level that is consistent with the general level of skill and care ordinarily provided by engineers practicing in structural engineering. Sketches are schematic in nature for general cost estimating purposes. Work is necessarily done under the constraints of time and budget. Conclusions and information presented in this report are dependent on information provided by others. No warranty is expressed or implied.

Submitted:

Krista Looza, S.E.
Principal
For Buehler Engineering, Inc.



conc shear walls
CANNOT BE
REMOVED/ALTERED
WITHOUT RETROFIT

conc moment frame
columns
CANNOT BE
REMOVED/ALTERED
WITHOUT RETROFIT

upturned concrete
moment frame beams
CANNOT BE
REMOVED/ALTERED
WITHOUT RETROFIT

TYP.
SINGLE
CELL

1085 SF

806 SF

slab here

waffle slab/joist these areas

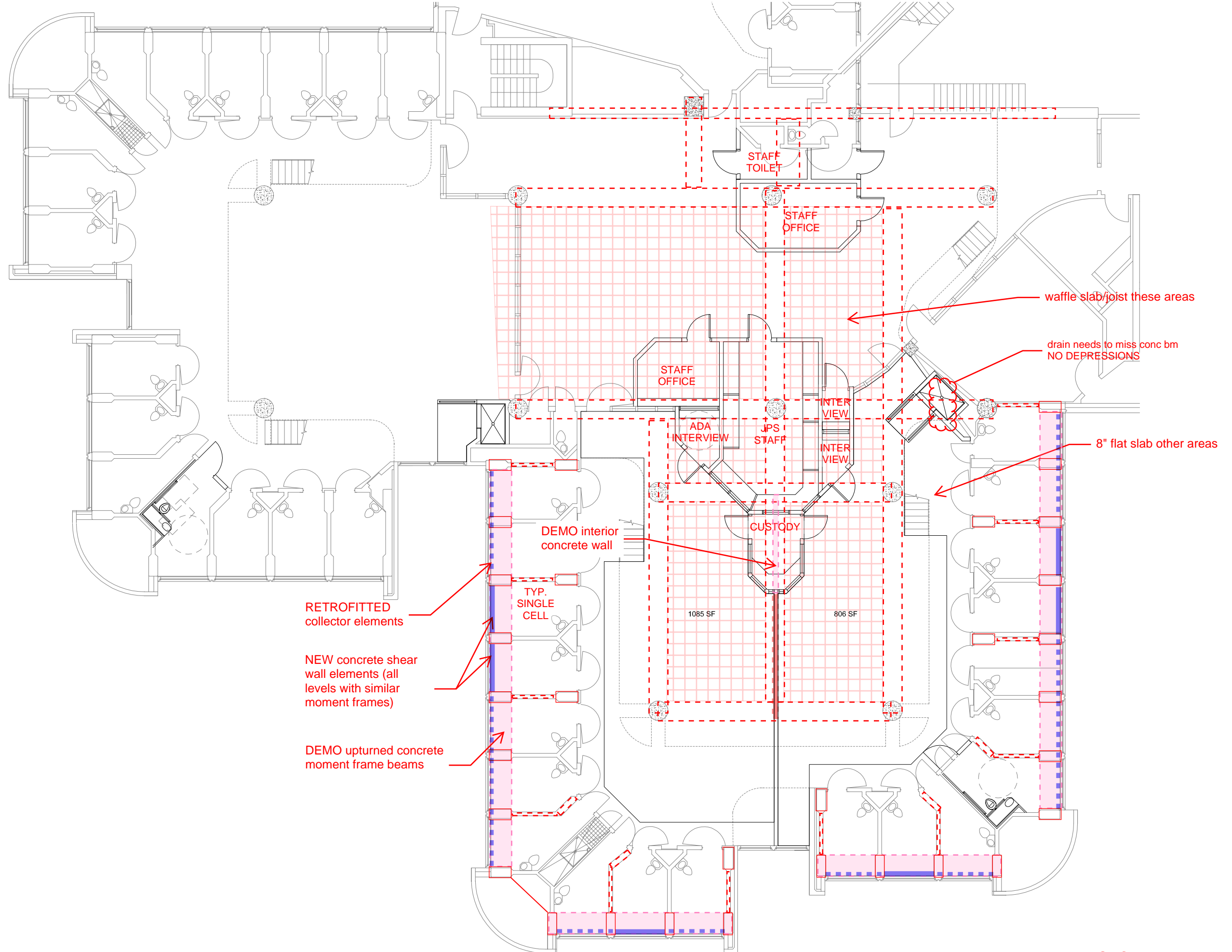
drain needs to miss conc bm
NO DEPRESSIONS

8" flat slab other areas

field discovered conc wall
NOT LIKELY PART OF THE
LATERAL SYSTEM-NO
DETAILS AVAIL

**EXISTING STRUCTURAL
ELEMENTS**





RETROFITTED collector elements

NEW concrete shear wall elements (all levels with similar moment frames)

DEMO upturned concrete moment frame beams

DEMO interior concrete wall

TYP. SINGLE CELL

1085 SF

806 SF

STAFF TOILET

STAFF OFFICE

STAFF OFFICE

ADA INTERVIEW

JPS STAFF

INTER VIEW

INTER VIEW

CUSTODY

waffle slab/joist these areas

drain needs to miss conc bm NO DEPRESSIONS

8" flat slab other areas

RETROFIT CONCEPTS



May 25, 2022

LPCE #: 22-2066

Sacramento County Main Jail 300W – JPS Conversion

LP Consulting Engineers (LPCE) and NLA were tasked with evaluating the potential conversion of the 300W pod of the Sacramento County Main Jail into an acute psychiatric unit. LPCE has evaluated the test fit developed by NLA and has visited the facility to investigate the existing conditions. However, due to an incident in the subject pod at the time of our site visit, we were unable to access the subject area and investigated similar conditions on the 4th floor instead.

The following is a summary of initial findings/observations pertaining to the Mechanical, Plumbing, Electrical, Low Voltage and Fire Alarm systems at the facilities listed above.

MECHANICAL

Existing Conditions Assessment:

1. Main Open Areas/Dayrooms:
 - a. The 300W pod is served by a built-up air handler in the penthouse (SF-1) with heating and cooling coils located in the penthouse. Supply and return ductwork drop from the penthouse in a shaft to serve variable air volume (VAV) boxes on each floor. There is no chilled or heating hot water piping readily available within the exposed 300W pod. VAV boxes within this area do not include heating or cooling coils.
2. Inmate Cells:
 - a. The 300W pod inmate cells are served by a built-up air handler in the penthouse (SF-3) with heating and cooling coils located at each floor within the corner chase. Supply and return/exhaust ductwork extend from the corner chase behind the cells to serve sidewall diffusers/grilles in each cell.
 - i. The existing diffusers/grilles do not appear to be ligature resistant.

Recommended Improvements:

1. Main Open Areas/Dayrooms & New Support Rooms:
 - a. The new programming for the 300W pod includes multiple smaller rooms within the main open spaces.
 - i. Existing overhead VAV boxes and related ductwork shall be modified and rebalanced for construction of new rooms.

1. A VAV box and two large duct mains will need to be relocated.
 - ii. The proposed new staff toilet is located in same location as an existing restroom and the existing exhaust system can be modified and reused for the new room.
 - iii. New VAV boxes shall be added to serve the new rooms and connected to the existing supply ductwork within the space. Approximately four (4) new VAV boxes would be necessary.
 1. New controls shall be provided for the new VAV boxes and integrated with the existing EMS system.
2. Inmate Cells:
 - a. Multiple cells will remain unchanged in the new program. For these cells, the sidewall diffusers/grilles will need to be replaced with maximum security, ligature resistant diffusers/grilles.
 - b. Cells being modified to allow for restraint beds will need to have diffusers/grilles locations relocated for the new layout. Existing ductwork within the chase will need to be modified slightly and new maximum security, ligature resistant diffusers/grilles will need to be added.
 - c. New exhaust serving the new ADA/CBC access compliant shower will need to be provided.
 - i. A new maximum security, ligature resistant sidewall grille will need to be provided in the new shower with related exhaust ductwork offsetting in the existing Program Room north of the shower location.
 - ii. New ductwork will need to be concealed within a new soffit/chase.
 - iii. New ductwork will need to penetrate into the existing exhaust duct chase behind the adjacent cell and connect to the existing exhaust duct.

PLUMBING

Existing Conditions Assessment:

1. Main Open Areas/Dayrooms:
 - a. Minimal plumbing infrastructure exists in the main open areas.
 - b. A small existing restroom exists in the approximate location of the new proposed staff restroom.
 - c. A drinking fountain was observed (on the 4th floor) that is not currently shown on the available as-built documents.
 - d. The 300W pod is located above the 2nd floor administration area. LPCE was informed the administration area consists mostly of t-bar ceilings.
2. Inmate Cells:
 - a. Inmate cell plumbing fixtures are located along existing wedge shaped chases with cold/hot water and sewer/vent risers within the chase.

- b. Existing plumbing fixtures are stainless steel penal type combination fixtures.
 - i. Fixtures LPCE observed were not ADA/CBC access compliant.
 - ii. Fixtures LPCE observed were not ligature resistant.
 - iii. Fixtures LPEC observed included a bubbler, but it appears to have been field cut/modified, potentially to eliminate the mouth guard.
- c. As-built drawings show four (4) centralized showers located along the corner chases.

Recommended Improvements:

- 1. Main Open Areas/Dayrooms & New Support Rooms:
 - a. The new programming for the 300W pod includes a new staff toilet. The proposed new staff toilet is located in same location as an existing restroom. The existing cold/hot water and sewer/vent piping would need to be modified and reconnected to the new fixture locations.
- 2. Inmate Cells:
 - a. Multiple cells will remain unchanged in the new program. For these cells, the existing combination fixtures would need to be replaced with new ligature resistant fixtures and reconnected to the existing hot/cold and sewer/vent risers within each wedge shaped chase.
 - b. Cells being modified to allow for restraint beds will need to have combination fixture locations relocated for the new layout. Existing plumbing within the chase will need to be modified and new ligature resistant combination fixtures will need to be added.
 - c. New plumbing serving the new ADA/CBC access compliant shower will need to be provided.
 - i. A new front access, ligature resistant, ADA/CBC access compliant penal shower will need to be added.
 - ii. The proposed new shower location is directly adjacent to an existing plumbing chase. Cold/hot water piping will need to offset within the chase and connect to the existing risers.
 - iii. The 300W pod is located over the 2nd floor administration area. New sewer/vent piping shall be run below the 3rd floor (in the 2nd floor ceiling space), from the new shower and connect to existing sewer/vent piping below floor.

ELECTRICAL

Existing Conditions Assessment:

1. Basement Main Electrical Room
 - a. The facility's main electrical SMUD service and Main Switchboard "HNDB" is 4000 ampere, 277/480V, 3 phase providing normal power throughout the facility. Two (2) 750kW, 277/480V, 3 phase generators with three (3) automatic transfer switches provide emergency power to multiple motor control centers (MCC) and to a 1200A, 277/480V, 3 phase Distribution Board "HEDB" that provide emergency power throughout the facility.
 - b. The emergency power Distribution Board "HEDB" fed to multiple 277/480V, 3 phase panelboards in each floor level electrical room plus to a 225kVA, 480 to 120/208V, 3 phase transformer "TX-3".
 - c. Transformer "TX-3" fed to a 600A, 120/208V, 3 phase, emergency power Distribution Board "LEDB",
 - d. The emergency power Distribution Board "LEDB" fed to multiple 120/208V, 3 phase panelboards in each floor levels electrical rooms.
2. Main Open Areas/Dayrooms:
 - a. There are LED light fixtures at the high open structure ceiling providing adequate lighting. Lighting is controlled at the security staff control room.
 - b. Other than an electrical outlet up high for the wall mounted television, there are no other electrical power outlets.
3. Inmate Cells:
 - a. There is one ceiling mounted light fixture and no electrical outlet. Lighting is controlled at the security staff control room.
4. Electrical Room, 300W pod 3rd level
 - a. One emergency power panel "LE31", rated 100A, 120/208V, 3 phase fed from a floor mounted 30kVA, 480V to 120/208V, 3 phase transformer "TX-10". Transformer "TX-10" fed from emergency panel "HE-41" located in level 4 electrical room.
 - b. Panel "LE31" has total of five (5) circuit breakers turned off. It's not clear if they are turned off because they are spare circuit breakers or turned off due to devices or equipment shut down.

Recommended Improvements:

1. Main Open Areas/Dayrooms & New Support Rooms:
 - a. The new programming for the 300W pod includes multiple smaller rooms within the main open spaces consisting of one Custody (control) room, JPS Staff room, two (2) Staff Offices, three (3) interview rooms and one (1) Staff Toilet room.

- b. Because the exact office equipment and control room equipment electrical needs are unknown, LPCE assumes a new 200A to 225A, 120/208V, 3 phase panelboard will to be located in the 3rd level electrical room. The new panelboard will be fed from the basement's existing 120/208V, 3 phase emergency power Distribution Board "LEDB".
 - c. The panelboard will provide the electrical need for lighting, mechanical equipment, office and control room equipment plus 25% spare load.
 - d. LED lighting fixtures (prison security types) in all the rooms. Local lighting controls in Staff offices, JPS Staff, Custody and Staff toilets rooms. Interview rooms control at the security staff control room.
 - e. General electrical receptacles and dedicated receptacles in JPS Staff and Staff offices will be needed. General electrical receptacles, dedicated receptacles and special outlets and power needed in the Custody room.
2. New Shower:
 - a. Ceiling surface LED fixture (prison security types) wet location type in each shower. Lighting is controlled at the security staff control room.
3. Inmate Cells:
 - a. No new electrical work needed.

FIRE ALARM

Existing Conditions Assessment:

1. The building fire alarm control panel is located in a secured part of the building with facility personnel access only. It's a Notifier NFS-640. See Exhibit A, photo FA1.
2. Inmate Cells:
 - a. No fire alarm devices were within the existing cells. New cells will remain unchanged in the new program and no additional fire alarm devices are needed to comply with current California Fire Code.

Recommended Improvements:

1. The planned tenant improvements do not appear to affect any fire alarm components. All observed initiation and notification devices appear to be in good working order and fully functional.
2. Existing system has the potential to be expanded to accommodate any additional fire alarm devices required by tenant improvements.



PHOTO FA1 FIRE ALARM CONTROL PANEL (FACP)

LOW VOLTAGE SYSTEMS

Existing Conditions Assessment:

1. The Psych 300 pod network data/voice, security systems are within expansion capability.

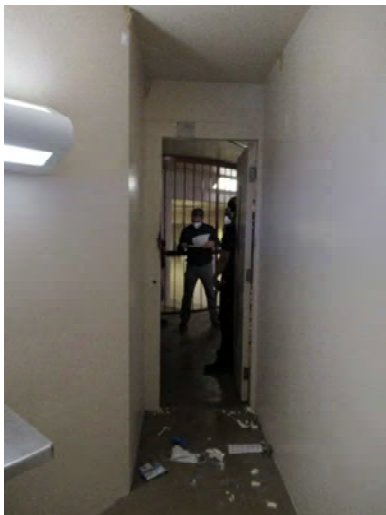
Recommended Improvements:

1. The existing Electrical/Telecom room on the third floor is currently utilized on most interior walls but can be renovated with a new floor mounted rack.
2. An alternate location for the IDF expansion is within the Psych office.
3. New FLIR ariel 3MP corner cameras, and wall mounted panic buttons for security and inmate monitoring can be located within the cells above the toilet/sink.
4. Conduits will route through the plumbing chase to the walls within the dayroom pod.
5. The routing of conduit to the control equipment will be required to be surface mounted at the dayroom pod which will present security and/or ligature resistance issues.
6. Detailed Itemizations:
 - a. Existing network IDF located on rolling rack in Electrical/Telcom room. Expansion is available but does pose concern with network cabling cable failure due to nature of moving/rolling rack.
 - b. Add new network IDF cabinet (Hubbell Rebox RE4X) in Psych Office adjacent to door, or within ceiling space with drop down rack.
 - c. Install new fiber to existing IDF at existing control room, or route to basement MPOE/MDF.
 - d. Install new 24-port PoE switch w/ patch panel for Cat6 cabling.
 - e. Install small format UPS battery backup, 120/20 dedicated circuit required, 1500VAC or 2200VAC, battery runtime survey required.
 - f. Provide new workstation outlets under counter for computer workstations, phone system.
 - g. Add 24" multi-point touchscreen for emergency/panic alarm status notifications.
 - h. Install new 40" UHD monitors to review cell FLIR cameras. Left/Right pod cells to each monitor for perspective viewing. Existing camera NVR located on 6th floor. Possible to route to 3rd floor, need to review network riser for connectivity.
 - i. Install 4 ea. 360-degree panoramic-viewing FLIR cameras in dayroom pod. Location to be placed near or above inmate sink/toilet for pathway routing through plumbing chase.
 - j. Relocate existing wall phone at Dayroom for new ADA shower.
 - k. Install new surface mount conduit horizontal backbone.
 - l. Install new inmate cell FLIR ariel 3MP corner camera.
 - m. Install new 1/2"C to camera. Route conduit through wall to surface mount junction box located on secure side of room.

- n. Install new inmate cell Panic Button. Location to be placed near or above inmate sink/toilet for pathway routing through plumbing chase.



EXISTING NETWORK RACK AT 300W IDF, ROLLING RACK



INMATE CELL CAMERA VIEWING CORRIDOR ENTRY AND SLEEPING AREA.



PLUMBING CHASE FOR INMATE CORNER CAMERA AND PANIC BUTTON ROUTING



EXISTING DAYROOM PHONES TO BE RELOCATED FOR NEW ADA SHOWER

END OF REPORT

