Ventura County Todd Road Jail Feasibility Study for Medical and Mental Health Housing Unit

Prepared for:
County of Ventura, California

Prepared by:
HDR Architecture, Inc

April 18, 2011

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AE No. 11-17; Project no. ENT 10403

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PREPARED BY:

HDR Architecture, Inc.

IN ASSOCIATION WITH:

Cumming, LLC
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REFERENCE MATERIAL

1. 1994 Todd Road Jail Comprehensive Planning Manual
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5. Ventura County Jail; Environmental Impact Report (EIR) approved July 3, 1990, by the Ventura County BOS
6. 1988 Needs Assessment
7. Needs Assessment and Engineering Analysis, April 4, 2007

GLOSSARY OF TERMS AND ABBREVIATIONS

“Administrative segregation” means the physical separation of different types of inmates from each other as specified in Penal Code Sections 4001 and 4002, and Section 1053 of these regulations. Administrative segregation is accomplished to provide that level of control and security necessary for good management and the protection of staff and inmates.

“Admissions” (ADM)

“Average daily population” (ADP) means the average number of inmates housed daily during the last fiscal year.

“Average Length of Stay” (ALOS)

“Closed Circuit Television” (CCTV)

“Contact” means communications, whether verbal or visual, or immediate physical presence.

Correctional Standards Authority (CSA) – Previously known as the Board of Corrections, which board acts by and through its executive director, deputy directors, and field representatives.

“Custodial personnel” means those officers with the rank of deputy, correctional officer, patrol persons, sheriff’s service technicians (SST) or other equivalent sworn or civilian rank whose primary duties are the supervision of inmates.

“Delivering medication,” as it relates to managing legally obtained drugs, means the act of providing one or more doses of a prescribed and dispensed medication to a patient.

“Direct visual observation” means direct personal view of the inmate in the context of his/her surroundings without the aid of audio/video equipment. Audio/video monitoring may supplement but not substitute for direct visual observation.

“Disciplinary isolation” means that punishment status assigned an inmate as the result of violating facility rules and which consists of confinement in a cell or housing unit separate from regular jail inmates.

“Dispensing,” as it relates to managing legally obtained drugs, means the interpretation of the prescription order, the preparation, repackaging, and labeling of the drug based upon a prescription from a physician, dentist, or other prescriber authorized by law.

“Emergency” means any significant disruption of normal facility procedure, policies, or activities caused by a riot, fire, earthquake, attack, strike, or other emergent condition.

“Emergency medical situations” means those situations where immediate services are required for the alleviation of severe pain, or immediate diagnosis and treatment of unforeseeable medical conditions are required, if such conditions would lead to serious disability or death if not immediately diagnosed and treated.

“Facility/system administrator” means the sheriff, chief of police, chief probation officer, or other official charged by law with the administration of a local detention facility/system.

"Facility manager" means the jail commander, camp superintendent, or other comparable employee who has been delegated the responsibility for operating a local detention facility by a facility administrator.

"Full Time Equivalent" (FTE)

"Health authority" means that individual or agency that is designated with responsibility for healthcare policy pursuant to a written agreement, contract or job description. The health authority may be a physician, an individual or a health agency. In those instances where medical and mental health services are provided by separate entities, decisions regarding mental health services shall be made in cooperation with the mental health director. When this authority is other than a physician, final clinical decisions rest with a single designated responsible physician.

"Healthcare" means medical, mental health and dental services.

"Jail," as used in Article 8, means a Type II or III facility as defined in the "Minimum Standards for Local Detention Facilities."

"Law enforcement facility" means a building that contains a Type I Jail or Temporary Holding Facility. It does not include a Type II or III jail, which has the purpose of detaining adults, charged with criminal law violations while awaiting trial or sentenced adult criminal offenders.

"Licensed health personnel" includes but is not limited to the following classifications of personnel: physician/psychiatrist, dentist, pharmacist, physician's assistant, registered nurse/nurse practitioner/public health nurse, licensed vocational nurse, and psychiatric technician.

"Local detention facility" means any city, county, city and county, or regional jail, camp, court holding facility, or other correctional facility, whether publicly or privately operated, used for confinement of adults or of both adults and minors, but does not include that portion of a facility for confinement of both adults and minors which is devoted only to the confinement of minors.

"Local detention system" means all of the local detention facilities that are under the jurisdiction of a city, county or combination thereof whether publicly or privately operated. Nothing in the standards are to be construed as creating enabling language to broaden or restrict privatization of local detention facilities beyond that which is contained in statute.

"Local Health Officer" means that licensed physician who is appointed pursuant to Health and Safety Code Section 101000 to carry out duly authorized orders and statutes related to public health within their jurisdiction.

"Managerial custodial personnel" means the jail commander, camp superintendent, or other comparable employee who has been delegated the responsibility for operating a local detention facility by a facility administrator.

"Mental Health Director" means that individual who is designated by contract, written agreement or job description, to have administrative responsibility for the facility or system mental health program.

“Needs Assessment and Engineering Analysis” (NA/EA)

“Non-secure custody” means that a minor's freedom of movement in a law enforcement facility is controlled by the staff of the facility; and

(1) the minor is under constant direct visual observation by the staff;
(2) the minor is not locked in a room or enclosure; and,
(3) the minor is not physically secured to a cuffing rail or other stationary object.

“Non-sentenced inmate” means an inmate with any pending local charges or one who is being held solely for charges pending in another jurisdiction.

“People with disabilities” includes, but is not limited to, persons with a physical or mental impairment that substantially limits one or more of their major life activities or those persons with a record of such impairment or perceived impairment that does not include substance use disorders resulting from current illegal use of a controlled substance.

“Pre-Trial Detention Facility” (PTDF)

“Psychotropic medication” means any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders.

“Rated capacity” means the number of inmate occupants for which a facility's single and double occupancy cells or dormitories, except those dedicated for healthcare or disciplinary isolation housing, were planned and designed in conformity to the standards and requirements contained in Title 15 and Title 24.

“Remodel” means to alter the facility structure by adding, deleting, or moving any of the buildings’ components thereby affecting any of the spaces specified in Title 24, Section 2-470A.

“Repair” means to restore to original condition or replace with like-in-kind.

“Safety checks” means regular, intermittent and prescribed direct, visual observation to provide for the health and welfare of inmates.

“Secure detention” means that a minor being held in temporary custody in a law enforcement facility is locked in a room or enclosure and/or is physically secured to a cuffing rail or other stationary object.

“Security glazing” means a glass/polycarbonate composite glazing material designed for use in detention facility doors and windows and intended to withstand measurable, complex loads from deliberate and sustained attacks in a detention environment.

“Sentenced inmate” means an inmate that is sentenced on all local charges.

“Storage,” as it relates to legally obtained drugs, means the controlled physical environment used for the safekeeping and accounting of medications.

“Supervisory custodial personnel” means those staff members whose duties include direct supervision of custodial personnel.

“Todd Road Jail” (TRJ)

"Type I Facility" means a local detention facility 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 either for their own safekeeping or sentenced to a city jail as an inmate worker, and may house inmate workers sentenced to the county jail provided such placement in the facility is made on a voluntary basis on the part of the inmate. As used in this section, an inmate worker is defined as a person assigned to perform designated tasks outside of his/her cell or dormitory, pursuant to the written policy of the facility, for a minimum of four hours each day on a five day scheduled work week.

"Type II Facility" means a local detention facility used for the detention of persons pending arraignment, during trial, and upon a sentence of commitment.

"Type III Facility" means a local detention facility used only for the detention of convicted and sentenced persons.

"Type IV Facility" means a local detention facility or portion thereof designated for the housing of inmates eligible under Penal Code Section 1208 for work/education furlough and/or other programs involving inmate access into the community.

Executive Summary

This Feasibility Study was prepared for Ventura County as an update of the Needs Assessment that was approved by the Ventura County Board of Supervisors in March 1988, and the April 4, 2007 Needs Assessment and Engineering Analysis. This Feasibility Study presents a discussion of the background and current operating conditions of the Ventura County local detention system specific to the medical and mental health needs of the County's inmate population. HDR Architecture, Inc. was hired by the Ventura County Public Works Agency to prepare the Feasibility Study. Funding was provided for their effort by the Ventura County Sheriff's Department.

The Feasibility Study utilized data from the 2007 Needs Assessment and Engineering Analysis, extracting and updating information pertinent to providing medical and mental health services to the inmate population. In addition, information from the following data sources was used in the assessment and projections which were the basis for this Feasibility Study:

- Current Jail Statistics from 2007- 2010
- Medical and Mental Health Case Loads from 2007 – 2010
- California Forensic Medical Group (CFMG) Staffing Projections
- National Trend Data

A projection of future inmate growth was then used as the basis for the development of three TRJ Medical Unit Expansion concepts. In addition to the inmate population projections and analysis, this Feasibility Study involved several other tasks:

- Examination of the existing TRJ and PTDF facilities to gain a full understanding of operations and the medical and mental health needs system-wide.
- Assessment of the existing TRJ facilities to study how the new Medical and Mental Health Housing Unit can be integrated into facility operations efficiently and effectively.
- Assessment of the existing TRJ facilities to study how the new construction can be implemented without disrupting on-going operations.
- Development of architectural space programs based on three expansion concepts.
- Custody and Medical staffing requirements for the new Medical and Mental Health Housing Unit.
- Master planning options were studied as to how the new medical/mental health services will fit into the approved master plan for the TRJ Campus.
- The Feasibility Study also involved preliminary Site Investigations of the TRJ Campus with regard to existing infrastructure and security systems that could be impacted by the addition of the new Medical and Mental Health Housing Unit.
- Conceptual cost estimate.

In conclusion, this report supports the need for the expansion of the Todd Road Jail to increase capacity for Medical and Mental Health Services within the Ventura County Jail system and gives stakeholders the information they need to make an informed decision about the future of Medical and Mental Health Services at the County's detention facilities.

1.0 INTRODUCTION

Todd Road Jail (TRJ) and the Pretrial Detention Facility (PTDF) currently have a combined "rated capacity" of 1,575, which can handle 1496 inmates without overcrowded conditions. Approximately 5% of inmates require Medical or Mental Health treatment. There are currently 36 Mental Health and Medical beds at the PTDF and 0 at TRJ. A peak population of 87 inmates in need of Medical/ Mental Health Services was documented in August 2007. That number of inmates represents an additional 51 beds over-capacity for the health system. The average demand based on 20007 to 2010 data from the county service provider is 60 inmates. This exceeds capacity by 24 beds.

The volume of mental and medical health stays and the increasing average inmate population have resulted in the health system becoming strained. Due to overcrowding, inmates that may be better served within this new unit stay in a General Population Unit.

Trends affecting the jail system health care system are: jail population growth, aging inmate population, and increases in "at risk" population incarceration rates. Potential changes in the California Justice System could also affect the total jail population, and indirectly, the Medical and Mental health demand. Proposed revisions to the sentencing guidelines for county jails versus prison and the calculation of "good time" could have a dramatic impact on future needs.

Projection models were developed in 2007 that computed the future inmate Average Daily Population (ADP) for the Jail system for the years 2012, 2017 and 2022, taking into account "peaking factors" and a "classification factor". These models were then modified to determine the historical and future Medical/ Mental Health bed demand. These milestone years form the basis of the proposed options of 48, 64 and 96 Bed solutions.

2.0 BACKGROUND

In March 1988, the County completed a Needs Assessment that identified the need for additional jail beds in Ventura County. At that time, Ventura County had two primary detention facilities for confinement of non-sentenced inmates and sentenced inmates, the Pre-Trial Detention Facility (PTDF) located in Ventura, and the Honor Farm located in Ojai.

The 1988 Needs Assessment predicted that Ventura County would need to add 2307 new "rated beds" by the year 2010. A "rated bed", as defined by CSA, is a general inmate population bed and is not a medical, mental health, or disciplinary isolation bed. The 1988 Needs Assessment recommended that construction of jail facilities should occur over three phases as shown in Table 2.1. The Master Plan also indicated that all beds were intended for sentenced inmates with the exception of Phase II which would allow 400 beds "which are required for pre-trial population" (un-sentenced inmates).

Table 2.1
1988 Needs Assessment Results

Phase	Year	Beds Required
Phase I	1990	1,191
Phase II	2000	705
Phase III	2010	411
Total		2,307

Source: 1988 Needs Assessment.

2.1 Todd Road Jail (TRJ)

In 1990, Ventura County selected a large 157-acre rural site on Todd Road, near Santa Paula, for construction of a new jail. This site was selected over five other possible sites, including expansion of the PTDF. The Todd Road site was confirmed in the July 3, 1990 Environmental Impact Report (EIR) and Subsequent EIR to be acceptable for the three phases of construction identified in the 1988 Needs Assessment.

In 1990, a Master Plan was prepared to guide the design and operation of the new Todd Road Jail. In this document conceptual designs and cost estimates were prepared. To accommodate the construction budget, Phase I was divided into two phases (IA and IB).

On May 7, 1992, the Ventura County Board of Supervisors (BOS) approved a Conditional Use Permit (CUP) that allowed construction and operation of TRJ Phases IA and IB. Construction of Phases II and III were not approved. The CUP placed conditions for TRJ as follows:

- 782 beds in Phase IA.
- 439 additional beds in Phase IB (1,221 total beds).
- Total beds may temporarily increase by 38% under overcrowded conditions.
- 328,628 SF for Phase IA and IB building area footprint - (4.8% site coverage).
- 423,630 SF for Phase IA and IB total building area.

Construction of TRJ Phase IA was completed in 1995, as a "Sentenced Facility" with rated capacity of 782 beds. Construction of TRJ Phase IB was not completed because of insufficient

construction funding. Included within Phase IB were 48 beds of medical and mental housing plus out-patient (ambulatory services).

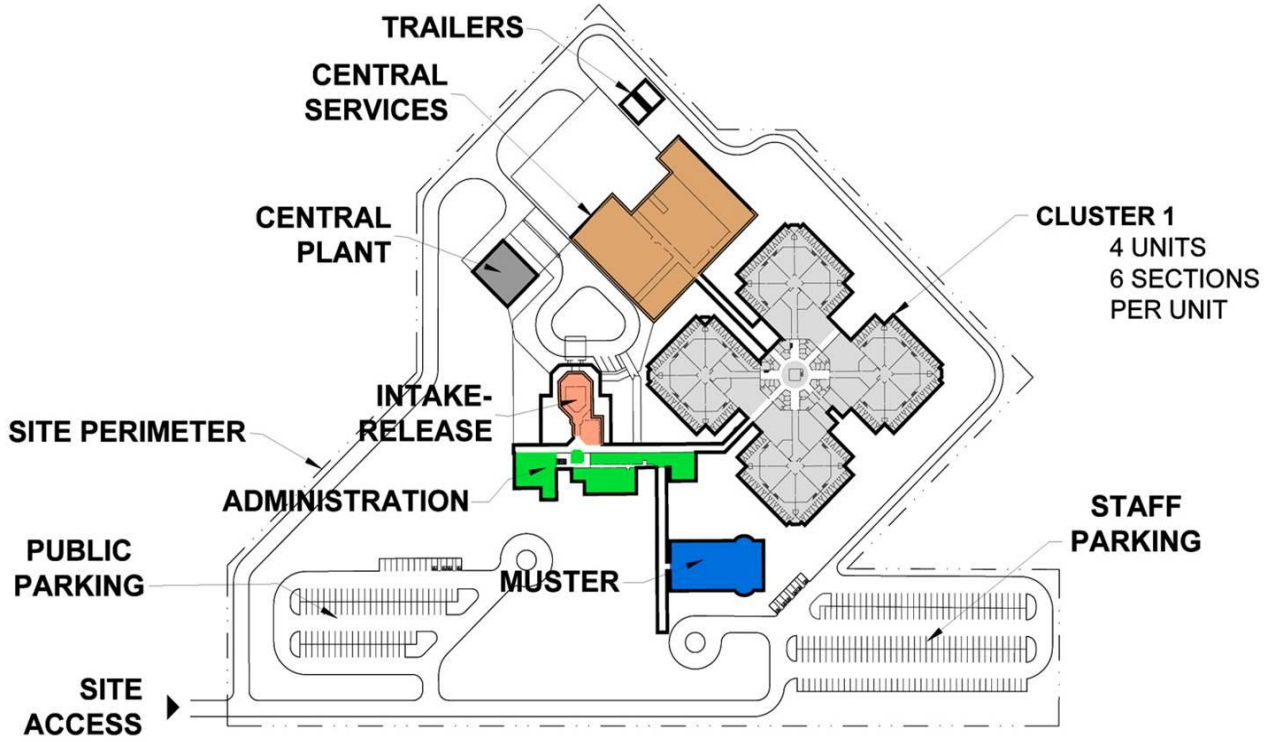

Figure 2.1
Todd Road Jail Existing Site Plan

A secure corridor is used to move inmates into the four housing units from the Intake/Release building. Inmates are brought by vehicle from PTDF to TRJ and enter through a secure vehicle sally port. They are escorted into the Intake/Release holding rooms from which they are escorted into one of the four housing units. Additionally, the Intake/Release building has facilities to provide inmates with basic healthcare needs including dental, medication, screening for infectious disease, medical exams and inmate program services. TRJ was designed to operate using “Interactive Inmate Management” which is a hybrid of direct and indirect supervision techniques supported by a facility design.

In 2002 with the closing of the Honor Farm and due to the growing volume of jail admissions and the increasing average length of stay of jail inmates, overcrowded conditions for the Ventura County Jail system were common. In 2006, the system experienced an average daily population (ADP) of 1,692 inmates in the first eight months of the year compared to the system’s rated capacity of 1,575. As a result of the overcrowding, detention staff found that the jail population generally presented higher risks.

2.2 2007 Needs Assessment and Engineering Analysis

In 2007 a Needs Assessment and Engineering Analysis was performed by HDR Architecture, Inc. as an update of the 1988 Needs Assessment. This updated Needs Assessment and Engineering Analysis provided an assessment of current operating conditions of the Ventura County local detention system and forecasted the revised requirements for the approved expansion of Todd Road Jail (TRJ). Historical population and jail database were used to provide the statistical variables for seven different inmate population projection models. Projections were developed through the year 2022. Statistical tests for the reliability or strength of correlation of the independent variables were used.

The projected bed needs were also allocated by gender and security levels for each of the optional target years. These projections also include an additional 4.4% for peaking and 5% for classification separations. Table 2.2 shows the results of the ARIMA model and bed projections for Ventura County. The bed space projections greatly exceeded the current jail system capacity of 1,775.

Three site expansion options were developed based upon reaching the projected bed space capacity in the years 2012, 2017 and 2022. A fourth option illustrated a complete "build out" of the TRJ beyond that contemplated in the original 1988 Needs Assessment and TRJ SEIR.

Inmate Projections - Needs Assessment and Engineering Analysis, April 4, 2007

CUP 2,103 Bed Limit | 5-Year Bed Need | 10-Year Bed Need

Bedspace Projections	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
*Projected ADP	1884	1,920	1,955	1,991	2,027	2,063	2,098	2,134	2,170	2,206	2,242
Peaking = 4.4%	83	84	86	88	89	91	92	94	95	97	99
Classification = 5%	94	96	98	100	101	103	105	107	109	110	112
Total Projected Beds	2,061	2,100	2,139	2,178	2,217	2,257	2,296	2,335	2,374	2,413	2,452
Source: Carter Goble Lee; October 2006.											

*ARIMA projection model has a R^2 correlation coefficient of .91

- The ARIMA Model predicted an increase of about 39 beds/year

Table 2.2 Inmate Projections, 2007 Needs Assessment and Engineering Analysis

2.3 1990 TRJ Master Plan

The 1990 Master Plan provides for the expansion of Todd Road Jail to accommodate future growth of the inmate population. This expansion is organized in the form of three additional clusters similar to the existing cluster. Each cluster consists of four housing units. One future cluster would be added to the southeast of the existing cluster. Two other future housing clusters would be added to the north of the existing intake area. All clusters are linked by an extension of the existing secure corridor. The Master Plan also allows for expansion of some of the support facilities. Future expansion building footprints are indicated by the dashed lines in Fig. 2.3 below, while existing buildings are indicated by the darker areas. Future expansion would require reconfiguration of access roads within the secured portion of the site, as well as some modification of the secure perimeter fence near the public parking area just north of the existing building.

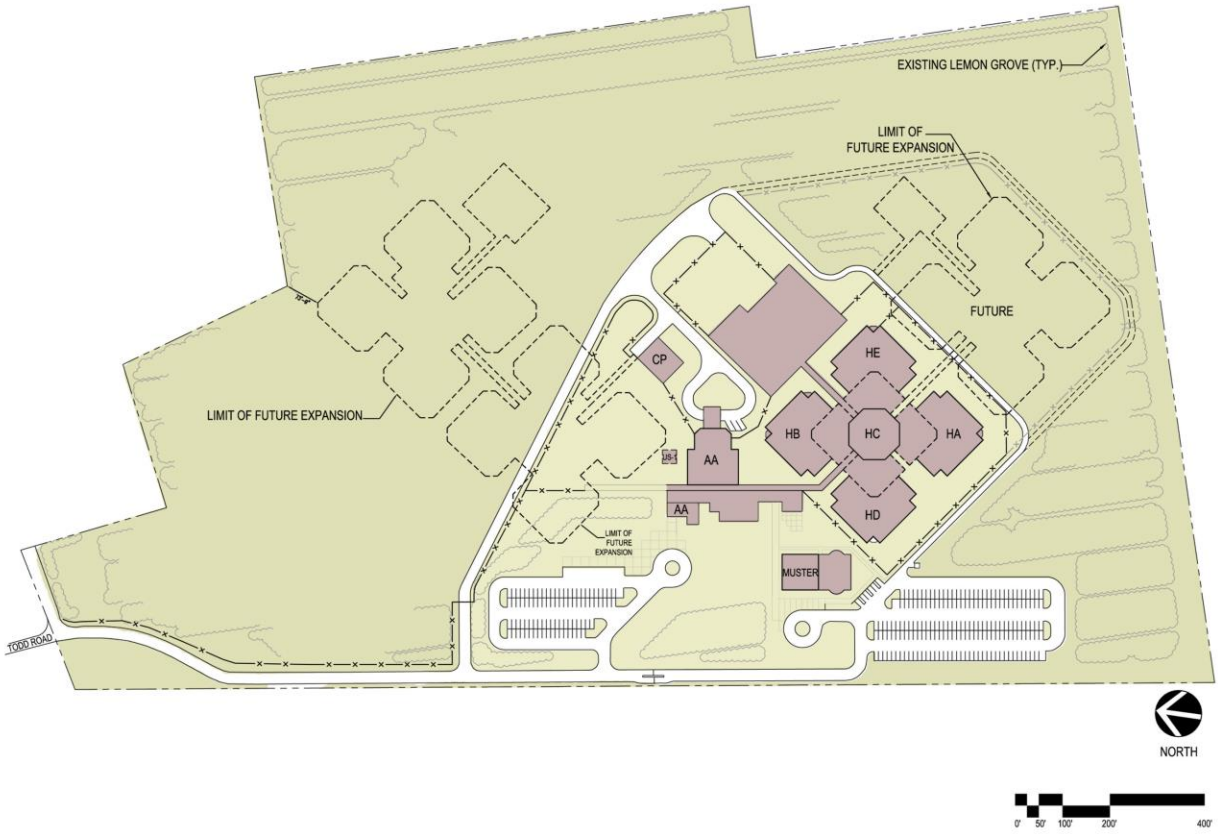

Fig. 2.3 1990 Master Plan

2.4 Medical and Mental Health Unit at Pretrial Detention Facility (PTDF)

This section summarizes the medical and mental health facility at the Pretrial Detention Facility (PTDF). This facility was opened in 1980 and can currently house approximately 890 sentenced and un-sentenced inmates. This facility, along with the East Valley booking facility, accepts arrestees from every law enforcement agency in Ventura County, processing over 29,000 bookings and releases every year. The types of inmates housed here are general population, violent/assaultive offenders, psychiatric, and inmates needing medical services. PTDF houses both male and female inmates, while TRJ currently houses male inmates only.

Ventura County Jail system medical and mental beds are located at the PTDF. The existing department contains 36 inmate patient beds, staff offices, 1 nurse station, 1 exam room, a medical records room and a pharmacy. A dental unit is provided on a separate floor. See Fig. 2.2. PTDF has no space for expansion.

Currently the unit houses short term or segregation inmates, with 3-10 being inmate patients based on available capacity. They have a defined need of as high as 20 inmate patients. Medical treatment will be limited to emergency care and isolation of inmate patients with communicable diseases not requiring invasive procedures or intensive clinical observation as provided in a hospital. Mental health patients posing a danger to others or themselves are also placed in the unit for observation. The Average Length of Stay (ALOS) is 5 days for Medical inmate patients and 3 days for Mental Health inmate patients.

PTDF hours of operations are as follows for the different services offered to the inmates:

- Nursing Staff – 24 hours a day 7 days a week
- Medical and Dental services – 8:00 a.m. – 5:00 p.m. Monday to Friday
- Mental/Behavioral Assessment – 8:00 a.m. – 5:00 p.m. Monday to Friday

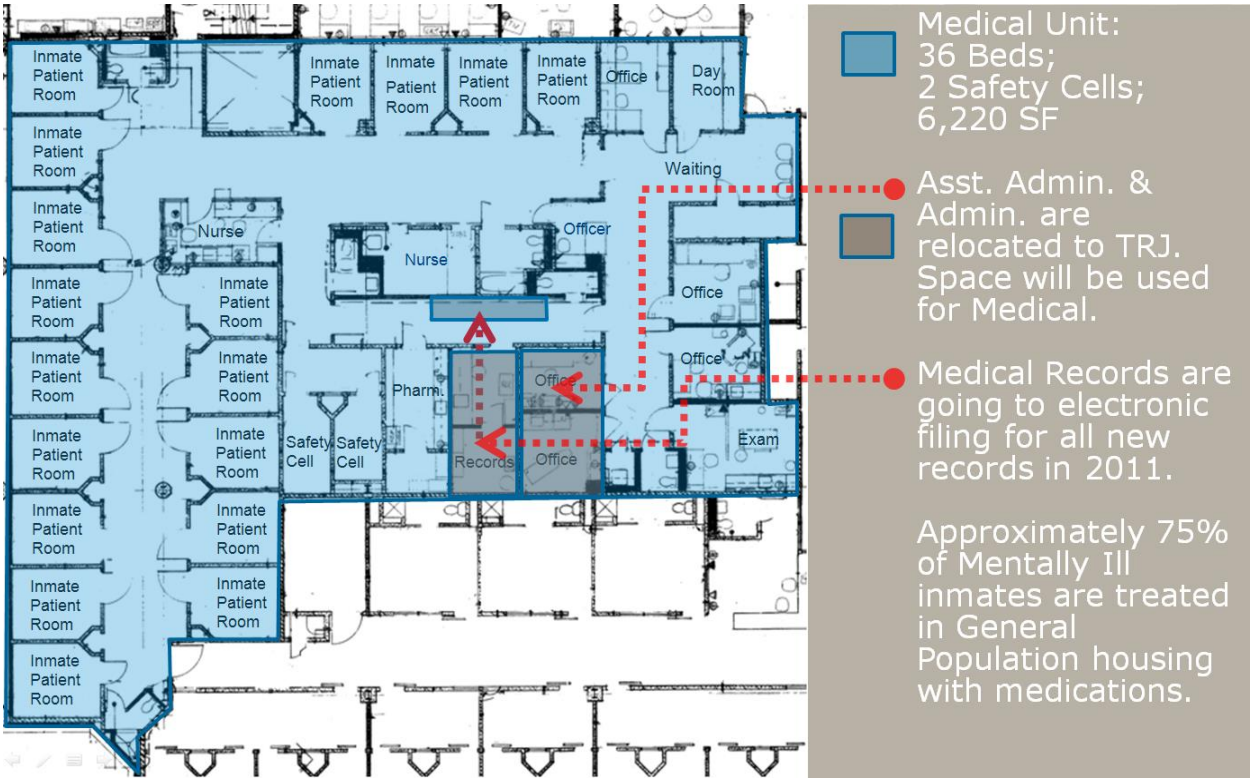

Figure 2.2
Pretrial Detention Facility (PTDF)

2.5 Current Medical and Mental Health Services

Todd Road Jail (TRJ) and the Pretrial Detention Facility (PTDF) currently have a combined "rated capacity" of 1,575 beds which can handle 1,496 inmates without overcrowded conditions. Approximately 5% of inmates require Medical or Mental Health treatment. Currently there are 36 Medical/Mental Health beds serving both men and women at the PTDF and there are 0 beds at TRJ.

A peak medical/mental health population of 87 inmates was documented in August of 2007. (This is based upon 2007 monthly workload statistics of 434 infirmary days at an average stay of 5 days per inmate patient.) That number of inmates represents an additional 51 inmates over the capacity of the current health system. The 2009 monthly workload statistics document an average demand for infirmary days of 60 patient inmates thus exceeding capacity by 24 beds. The workload statistics were provided from the County health service provider, California Forensic Medical Group (CFMG). Factors affecting the jail system healthcare are:

- Overall jail population growth
- General aging of the inmate population with medical and mental health issues
- Increases in "at risk" population incarceration rates
- Potential changes in the California Justice System sentencing guidelines, as well as Federal lawsuits which could increase County jail populations

2.6 Changing Demographics

Ventura County's population growth has been accompanied by a shift in the aging of the population and changes in the ethnic make-up of the County. By the year 2010, the Hispanic population is projected to be the County's primary ethnic group.

These trends are also reflected in the makeup of County jail population. The aging of the population has a relatively small impact on jail population growth; however, within the jail itself, the increasing number of older inmates results in an increased need for healthcare services and in some cases additional separation for older, more vulnerable inmates. The need for special housing clusters and increased healthcare resources for older inmates increases the demands on the jail system compared to previous decades. More bi-lingual staff will be needed to be able to effectively supervise and manage growing Hispanic and Asian populations. As with the geriatric inmate situation, but in far larger numbers, increases in the incidence of mental disorders and clinically diagnosed mental illnesses have also impacted the jail. Also, the growing number of inmates with dual diagnoses for substance abuse and mental illness requires more special need housing units and treatment resources. Between January 2005 and June 2006 an average of 235 new mental health cases were "opened" monthly by jail mental health staff[1].

Collectively, these demographic, behavioral, medical and mental health trends have created and will continue to create more demanding and complex inmate management conditions for detention staff in the future. While the aging of the population may suggest a drop in the need for jail beds, this has not been the case in the last two decades. A major underlying factor is the disproportionate counteracting impact of the 12 to 24 "at-risk" population group. While a slight reduction in the size of this group is projected, it is a group that has steadily become more violent, with more gang activity, drug and substance abuse involvement, and higher rates of mental disorders. These trends have resulted in a jail population that presents much greater security risks and more complex needs than in the past. The impact is more acute in California than in other states, primarily due to the uniquely high level of gang activity. The more serious nature of the crimes committed by this group directly correlates with longer sentences and the increasing average-length-of-stay observed in Ventura County over the last five years.

In summary, the impact of these growth trends in the general population is reflected in the inmate population. Collectively, they make jail operation more demanding with the need to provide more medical, mental health and substance abuse diagnostic and treatment services.

[1] As reported to the State of California Corrections Standards Authority by the Ventura County Sheriff's Department.

3.0 Future Inmate Population and Medical and Mental Health Bed Needs Projections

The projection models developed in the 2007 Needs Assessment and Engineering Analysis computed the Average Daily Population (ADP) for the jail system for the years 2012, 2017 and 2022 and took into account "peaking factors" and a "classification factor". These models were used to determine the future Medical and Mental Health bed demand. These milestone years form the basis of the proposed option concepts for the Medical and Mental Health Unit.

Analysis of Current Jail Statistics 2007-2010 and Medical and Mental Health Case Load data, 2007-2010 showed that approximately 5% of the jail general population require medical and/or mental health treatment. The milestone years of 2012, 2017 and 2022 along with their corresponding requirement for additional new beds formed the basis for the proposed bed capacity options of 48 beds, 64 beds and 96 beds. These options also took into account optimal staff to inmate-patient ratios, both in terms of custody staff and medical/mental health staff. And the operational model of "interactive" supervision was envisioned as the current practice within the Todd Road Jail. It should be noted that these additional medical/mental health beds are not counted toward the "rated capacity" of the jail.

An examination of Table 3.0 Current and Projected Medical/Mental Health Bed Needs shows that the 48 bed Option will meet current needs only. The 64 bed Option will take the system capacity to year 2012 through 2017. The 96 bed Option will handle the projected need at 2022.

Current Conditions & Projections- Medical and Mental Health (M/MH)

Current System Wide Actual Medical / Mental Health Beds Need			
2007-2010 ADP	Actual Average M/MH Bed Need ‡	Current M/MH Capacity	New M/MH Beds Needed
1622	81	36	45
Projected System Wide Medical / Mental Health Beds Need 2012			
ADP Projection*	AVG M/MH Bed Need ‡	Current M/MH Capacity	New M/MH Beds Needed
2061	103	36	67
Projected System Wide Medical / Mental Health Beds Need 2017			
ADP Projection*	AVG M/MH Bed Need ‡	Current M/MH Capacity	New M/MH Beds Needed
2257	113	36	77
Projected System Wide Medical / Mental Health Beds Need 2022			
ADP Projection*	AVG M/MH Bed Need ‡	Current M/MH Capacity	New M/MH Beds Needed
2452	123	36	87

‡: 5% +/- of ADP *: Based on 2007 Projections

Table 3.0 Current and Projected Medical/Mental Health Bed Needs

4.0 Medical and Mental Health Housing Unit

4.1 Medical and Mental Health Services

The data in Table 3.0 clearly indicates a need for medical and mental health services. As described earlier PTDF has no space for expansion. TRJ has the space to expand its current medical and mental health resources to enable the facility to treat inmates with medical and or mental health conditions requiring medical housing. This need is separate and distinct from the special needs inmates with disabilities including geriatric, infirmed, mentally handicapped, or mentally ill. TRJ expansion will include space for the relocation of medical records storage and two administrative offices from PTDF. The vacated space at PTDF will be utilized for clinical staff.

TRJ currently is an all male facility. It has an inmate capacity large enough to require its own clinic and infirmary operation with medical beds. The only alternative would be the costly transfer of inmates who require low level infirmary care to area hospitals.

4.2 Mental Health Needs

Approximately 15% of Ventura's jail population requires mental health attention. The majority of these inmates do not need a "mental health" bed; they need a housing section that supports their individual program and treatment needs. For those who are not able to function in general population, a dedicated housing section should be planned to also include a nursing station, counseling rooms and custody staff with mental health treatment staff also assigned. Mental health staff would need to provide diagnostics, develop treatment plans, work directly with the facility's healthcare staff, and assist in coordinating post release treatment plans with appropriate County agencies. It is currently anticipated that approximately 24 beds would be utilized for meeting this need. Some inmates will remain in the section long-term, but others will transition back to general population housing once they are deemed stable and ready.

4.3 Medical Disability Needs

The Ventura system, like all jail systems with aging populations, includes a significant number of persons with physical disabilities who do not require a "medical bed", but should be housed separately from the general inmate population. These individuals may include those who are geriatric, infirm, amputees, diabetics, those with serious vision impairments, etc. These individuals will be assigned to the Medical and Mental Health Housing Unit.

5.0 Proposed Expansion Options

As the projections and analysis of population and case loads were developed three program sizes evolved to meet current and future inmate population growth. Expansion Options of 48, 64 and 96 Beds were developed programmatically. Meetings were held with Sheriff's representatives, contracted healthcare providers and facility representatives in a collaborative effort to establish operational and space requirements for each option. The proposed Programs for each Option represent a synthesis of this multi-disciplinary effort.

5.1 Expansion Option Functional Program

The Medical and Mental Health Housing Unit consists of two distinct functional elements – the Housing component and a Clinic component. The expansion options of 48, 64 and 96 beds relate to the bed capacity of the Housing component. The Clinic is then programmed in each option to support the corresponding inmate population.

The Housing component is programmed as a single level, secure housing unit designed to be operated with the same "interactive supervision" approach used for the general population units at Todd Road Jail. Special attention was paid to the inmate-patient rooms with respect to type, size, and configuration as they are the basic building block of the Housing component. The inmate-patient room or cells are arranged to provide clear visibility and close access from a central custody station and nurse station. The nurse station and custody station shall have a physical and sound barrier to assure a secured and private environment. The geometry of the housing configuration is also important from the standpoint of being able to organize the Housing Unit into a variety of different health and acuity classifications. And while currently there are no females housed at TRJ, the Unit should be designed to accommodate them should that change in the future.

The typical inmate-patient cell is sized to accommodate two beds. This affords the flexibility of housing inmate-patients singly or two per cell, as capacity needs and treatment deem appropriate. The double cell has a smaller overall unit floor plate size than a comparable all single cell unit floor plate. It also requires fewer interior walls and plumbing fixtures than an all single cell housing unit.

The two other inmate-patient cell types programmed for the Medical and Mental Health Housing Unit are Safety Cells and Medical Isolation rooms. Safety Cells are single occupant, padded cells with an in-floor toilet fixture. The Medical Isolation room is to be designed for a reversible, negatively or positively, pressurized room paired with an ante room. A pantry is provided for food cart staging and storage of special dietary nourishment. All cell types have 2-sided bed access and are fully ADA compliant and have 4'-0" wide doors. All cells will have glazed cell fronts and doors to allow visual supervision and to "borrow light" from the Dayroom. Design of the Housing Unit should maximize day-lighting into the interior space.

The Clinic component is designed on two levels. The first level contains all the clinical spaces for treating inmate-patients, as well as clinical support spaces. All exam rooms and procedure rooms will have half-lite doors. The second floor will contain the Dental Clinic and Visitation area. All inmate-patients will access the second floor areas via stair or elevator within the Unit, not via the second floor corridor which is for staff and escorted visitors only. The second floor will also contain the administrative functions of the clinic as well as staff support spaces, such as break rooms, medical records and work/copy area.

The Clinic will perform basic outpatient medical services such as emergency care, casting, suturing and general radiographic diagnostics. Highly acute cases requiring invasive procedures, sedated treatment or inpatient care will be sent out to the County Hospital..

Treatment and Procedure rooms will be equipped with telemedicine and may flex as mental health and counseling rooms. Telemedicine and tele-psychiatry may be utilized as well as video visitation. Future implementation of electronic medical records is to be considered.

A Custody Officer will be present when there is direct contact between the healthcare provider and inmate-patients. Medical provider health assessment evaluation and mental health evaluation will be done in the General Housing as well as Medical and Mental Health Housing Unit. Administering medication will be done in the General Housing, Clinic and Medical and Mental Health Housing Unit.

Health providers circulate between Medical and Mental Health Housing Unit and General Housing with carts containing medication and supplies. Detainees escorted by custody officer will be moving from General Housing to Medical and Mental Health Housing Unit. Dietary and material services will be moving carts from central supply to Medical and Mental Health Housing Unit. A separate sally port will provide direct access to ambulances.

All inmate treatment rooms including exam rooms, procedure rooms and dental rooms will have a button duress alarm. One button will activate an open microphone heard at the nearest officer's station and the other will activate an alarm indication at the local officer's station and central control.

Days and Hours of Operation:
Nursing Staff – 24 hours a day 7 days a week
Medical and Dental services – 8:00 a.m. – 5:00 p.m. Monday to Friday
Mental/Behavioral assessment – 8:00 a.m. – 5:00 p.m. Monday to Friday and emergency assessment as needed.

5.2 Expansion Staffing Analysis

One of the County's major responsibilities for an expansion of the Medical and Mental Housing Unit will be to provide the additional staff required to operate the new housing unit, clinic and expanded support components. Accordingly the custody staffing pattern currently used at TRJ was examined for application to the proposed expansion options. Three optional expansion concept plans were developed and three staffing tables for each option – a 48 bed capacity, a 64 bed capacity and a 96 bed capacity, respectively.

A preliminary staffing needs analysis has been completed for each of the three different optional expansion concepts under consideration. Table 5.2 below provides summaries of each staffing plan by position classification and compensation categories. The analysis was done in close cooperation with TRJ staff in order to assure that the allocations would provide for efficient and sound staffing practices and procedures consistent with TRJ's organization, operational philosophy and methods. Healthcare staffing was developed by California Forensic Medical Group (CFMG). For a more detailed breakdown of clinical staffing projections see Tables 5.2 which show staffing for 48 beds, 64 beds and 96 beds respectively.

Additional Medical Staffing Projections*							
#of Patients	RN	LVN	CNA	MD	PSYCH MD	MFT/ LCSW	TOTAL FTE
48	10.08	5.04	5.04	1.00	1.00	1.20	**23.36**
64	10.08	5.04	10.08	1.20	1.20	1.20	**28.80**
96	15.12	5.04	10.08	1.40	1.40	1.20	**34.24**

Additional Detention Staffing Projection for 48, 64, 96 Patients						
Position	Days A	Days B	Nights A	Nights B	Relief Factor (.18)	TOTAL Staff FTE
Senior Deputy	1	1	1	1	.72	**4.72**
Deputy	1	1	1	1	.72	**4.72**
Total FTE						**9.44**

Position	Additional FTE's 48 Bed	Staffing Cost	Additional FTE's 64 Bed	Staffing Cost	Additional FTE's 96 Bed	Staffing Cost
Detention	9.44	$1,098,816	9.44	$1,098,816	9.44	$1,098,816
Medical	23.36	$2,445,094	28.80	$2,808,940	34.24	$3,489,924
Yearly Cost		**$3,543,910**		**$3,907,756**		**$4,588,740**
Yearly Cost/ Bed		**$73,831**		**$61,059**		**$47,799**

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*Annual detention staffing cost per county's 2006 classification and compensation schedules is $116,400/FTE
* Annual clinical staffing cost provided by CFMG

Table 5.2 Additional Staffing Projections

5.3 Expansion Option Space Program

The space program for the Medical and Mental Health Housing Unit expansion is included in the following pages. The spaces are organized functionally in groups according to the following departments:

- Clinic
- Dental
- Administration
- Medical Mental Health Outpatient Housing Unit

The first column designation indicates the preferred location for the spaces as presented in the 6.0 Conceptual Options. The 3 expansion options, 48 beds, 64 beds and 96 beds are presented in parallel columns to show space requirement comparisons. The expansion option space requirements are consistent for the Clinic, Dental and Administration. There are relative changes to the space requirements on the different options for the Medical Mental Health Outpatient Housing Unit department.

Below are the terminologies, abbreviations and definitions applicable to the calculations on the space program:

Net Area – net square feet (functional area)

Grossing Factor – Efficiency factor applied to the total functional area to estimate the total building gross square feet (**BGSF**). A department grossing factor is applied to each net department area to accommodate internal circulation, equipment clearance, wall partitions, etc. A building grossing factor is applied the total department gross area to accommodate external walls, vertical circulation, circulation between departments, building infrastructure, mechanical room, electrical room and telecommunication room.

Space Program

LEVEL	Space Description	Unit Area (SF)	Qty	Net Area (SF)	Unit Area (SF)	Qty	Net Area (SF)	Unit Area (SF)	Qty	Net Area (SF)
		Option 1 - 48 beds			Option 2 - 64 beds			Option 3 - 96 beds		
	Clinic									
1	Multipurpose Room	200	1	200	200	1	200	200	1	200
1	Mental Health/Psych Office	180	1	180	180	1	180	180	1	180
1	Clean Linen Storage	100	1	100	100	1	100	100	1	100
1	Exam/Treatment Room	130	2	260	130	2	260	130	2	260
1	Procedure Room	175	1	175	175	1	175	175	1	175
1	RN shared office	250	1	250	250	1	250	250	1	250
1	Facility Coordinator	120	1	120	120	1	120	120	1	120
1	Doctor's office	180	1	180	180	1	180	180	1	180
1	Housekeeping	60	1	60	60	1	60	60	1	60
1	Equipment Storage	200	1	200	200	1	200	200	1	200
1	Biohazards	80	1	80	80	1	80	80	1	80
1	Interview Room	80	2	160	80	2	160	80	2	160
1	Patient Toilet	50	1	50	50	1	50	50	1	50
1	Shower/Tub	100	1	100	100	1	100	100	1	100
1	Deputy station	100	1	100	100	1	100	100	1	100
1	Clinical Social worker's office	180	1	180	180	1	180	180	1	180
1	*Staff Toilet*	*65*	*2*	*130*	*65*	*2*	*130*	*65*	*2*	*130*
1	X-ray	260	1	260	260	1	260	260	1	260
1	Pharmacy	200	1	200	200	1	200	200	1	200
	Sub-total Net Area			2,985			2,985			2,985
	Dept Grossing Factor			1.60			1.60			1.60
	Dept Area			**4,776**			**4,776**			**4,776**
	Dental									
2	Lab/Work Room	120	1	120	120	1	120	120	1	120
2	Dental Chair Position	80	3	240	80	3	240	80	3	240
2	Equipment	40	1	40	40	1	40	40	1	40
2	Dentist	120	1	120	120	1	120	120	1	120
2	Holding	100	2	200	100	2	200	100	2	200
2	Supply Room	40	1	40	40	1	40	40	1	40
	Sub-total Net Area			760			760			760
	Dept Grossing Factor			1.60			1.60			1.60
	Dept Area			**1,216**			**1,216**			**1,216**
	Administration									
2	Conference with telemed	300	1	300	300	1	300	300	1	300
2	Program Manager	120	1	120	120	1	120	120	1	120
2	Clerical-admin assistant	120	1	120	120	1	120	120	1	120
	Sub-total Net Area			540			540			540
	Dept Grossing Factor			1.35			1.35			1.35
	Dept Area			**729**			**729**			**729**
	Clinic Dept Gross Area			**7,950**			**7,950**			**7,950**
	Bldg gross factor			1.30			1.30			1.30
	BGSF Clinic			**10,334**			**10,334**			**10,334**

	Support									
2	Staff Toilet & Bath	120	2	240	120	2	240	120	2	240
2	Medical Records	400	1	400	400	1	400	400	1	400
2	Staff Breakroom/Lounge	150	1	150	150	1	150	150	1	150
2	Work/Copy Room	120	1	120	120	1	120	120	1	120
	Sub-total Net Area			910			910			910
	Dept Grossing Factor			1.35			1.35			1.35
	Dept Area			**1,229**			**1,229**			**1,229**

		Option 1 - 48 beds			Option 2 - 64 beds			Option 3 - 96 beds		
	Medical Mental Health Outpatient Housing Unit									
	Cell - 2 beds	**145**	**24**	**3,480**	145	32	4,640	145	48	6,960
1	Dayroom (with phone,TV)			7,250			11,250			25,500
1	Video visitation/telemedicine	25	3	75	25	3	75	25	3	75
1	**Isolation (w/ showers)**	**220**	**2**	**440**	220	2	440	220	4	880
1	Isolation Vestibule/Anteroom	50	1	50	50	1	50	50	2	100
1	Nurses Station	200	1	200	200	1	200	300	1	300
1	Officer Station	150	1	150	150	1	150	150	1	150
1	Safety cell	100	4	400	100	4	400	100	6	600
1	Food Staging	200	1	200	250	1	250	300	1	300
1	Patient shower/drying ADA	40	6	240	40	8	320	40	12	480
1	Patient shower/drying	24	6	144	24	8	192	24	12	288
1	Soiled Utility	80	1	80	80	1	80	80	1	80
1	Clean Uility	120	1	120	120	1	120	120	1	120
1	Med Secured Storage	20	1	20	20	1	20	20	1	20
1	Janitor's closet	60	1	60	60	1	60	60	1	60
1	Emergency Response Equipme	20	1	20	20	1	20	20	1	20
1	Stretcher/wheelchair	50	1	50	50	1	50	50	1	50
1	Classroom/Multi-	300	3	900	300	3	900	300	3	900
1	Covered outdoor area	600	3	1,800	600	3	1,800	600	4	2,400
1	Pedestrian sallyport	80	2	160	80	2	160	80	2	160
1&2	Pedestrian sallyport	60	2	120	60	2	120	60	2	120
2	non-contact visitation booth	80	8	640	80	10	800	80	12	960
	Dept Net Area			16,599			22,097			40,523
	Dept Grossing factor			1.65			1.65			1.65
	Housing Unit Gross Area			**27,388**			**36,460**			**66,863**
	Building Grossing factor			1.15			1.15			1.15
	BGSF per Housing Unit			**31,497**			**41,929**			**76,892**
					DIFFERENCE		**10,432**	DIFFERENCE		**45,396**
	Total Outpatient Building Area			**41,831**	TOTAL		**52,263**	TOTAL		**87,227**
	48 beds total MOH + Clinic				**64 beds total MOH + Clinic**			**96 beds total MOH + Clinic**		

6.0 Conceptual Options

A series of Functional Diagrams were developed for the 48 Bed, 64 Bed and 96 Bed Options. These diagrams illustrate the relative size, configuration and adjacency of key spaces within the new unit. These diagrams depict the physical and functional relationship between the Housing component (rendered in the salmon color) and the Clinical component (rendered in blue) of the Program.

The Housing component is configured so that inmate-patient cells are visible from a central vantage point which contains a station for custody staff and a nurse's station. This provides excellent visual supervision and physical access by either custody staff or nursing staff. This configuration provides the flexibility for the Housing to be occupied by different classifications according to health needs and security level. Each quadrant has its own Multi-purpose space and Outdoor Recreation Yard. Showers are also distributed evenly around the Housing unit to allow convenient access for each quadrant.

The Housing functions are located on the first floor only, but could have a tall, two-story Dayroom space to allow ample natural light to be brought into the Unit from above. Natural light has been shown to have a very positive, therapeutic benefit. Isolation cells and Safety cells have their own quadrant, immediately off of the main entry and near the Clinic.

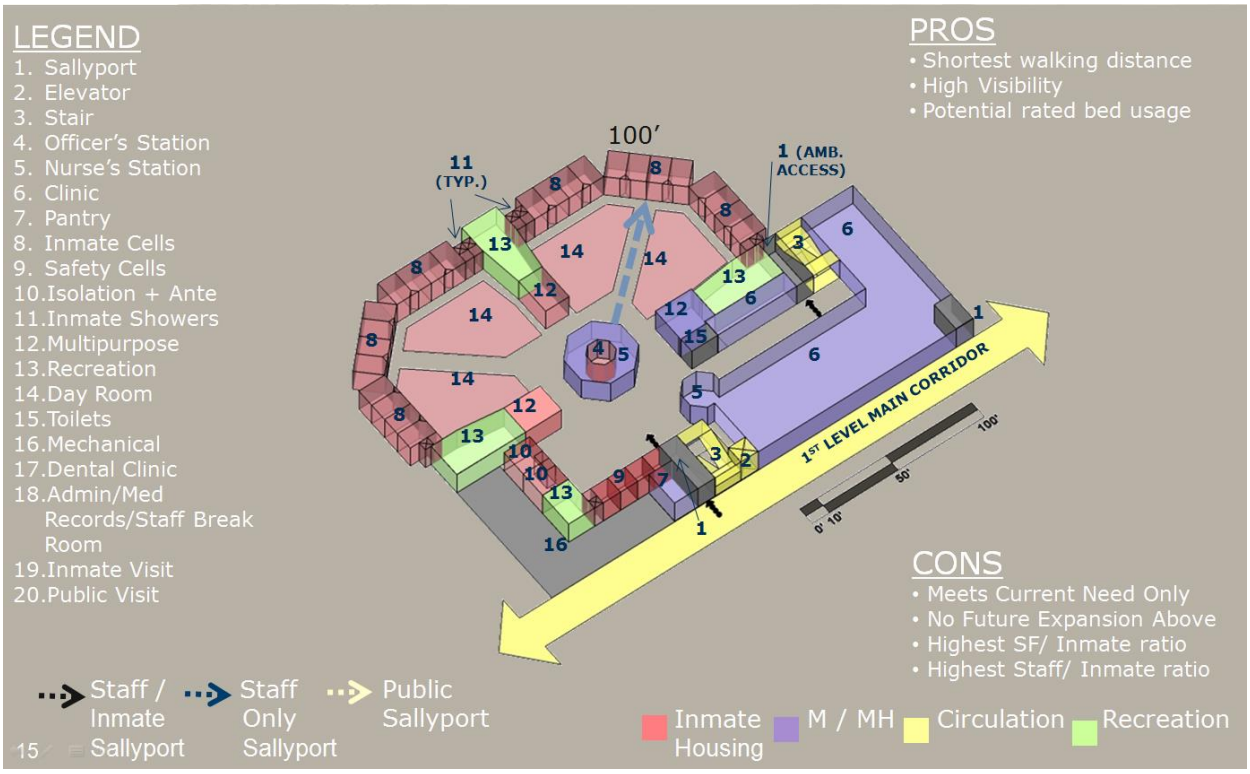
The Clinic component of the Unit is located on two floors. The majority of treatment spaces and corresponding support spaces are located on the First Floor to allow direct access for inmate-patients and staff. The Second Floor program spaces of the Clinic consist of a Dental Clinic , Visitation Area, Clinic Administration, Staff Support and Medical Records.

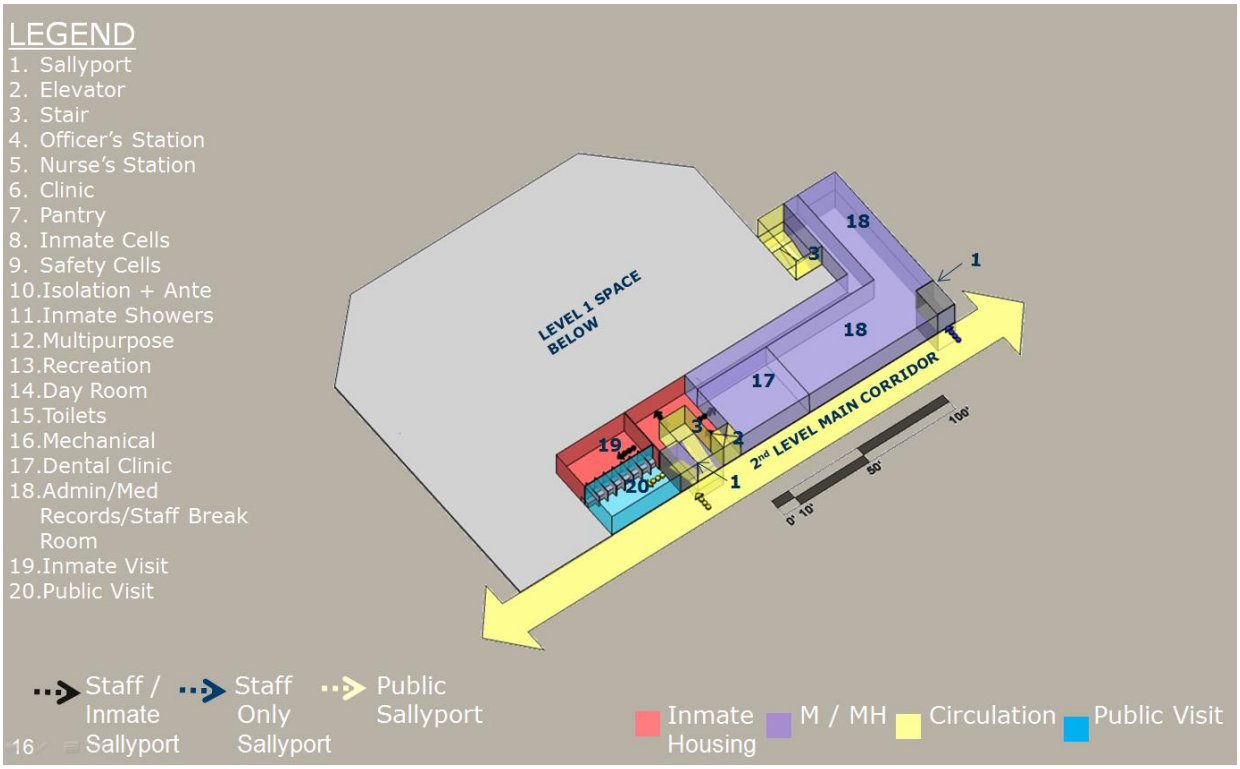
The Medical and Mental Health Services Unit is accessed off of the Main Level One Corridor. The Corridor at Level Two is for staff and escorted visitors only. Inmate-patients will access the Second Floor Dental Clinic and the Visitation area via an internal, secure stair or elevator, as indicated by the diagrams. There is a secondary Sallyport access to the exterior on the First Floor for emergency access to ambulances.

These diagrams should not be misconstrued as Building Plans, although the diagrams have been developed to approximate scale of the key program elements depicted. They do not illustrate each detailed space listed in the program.

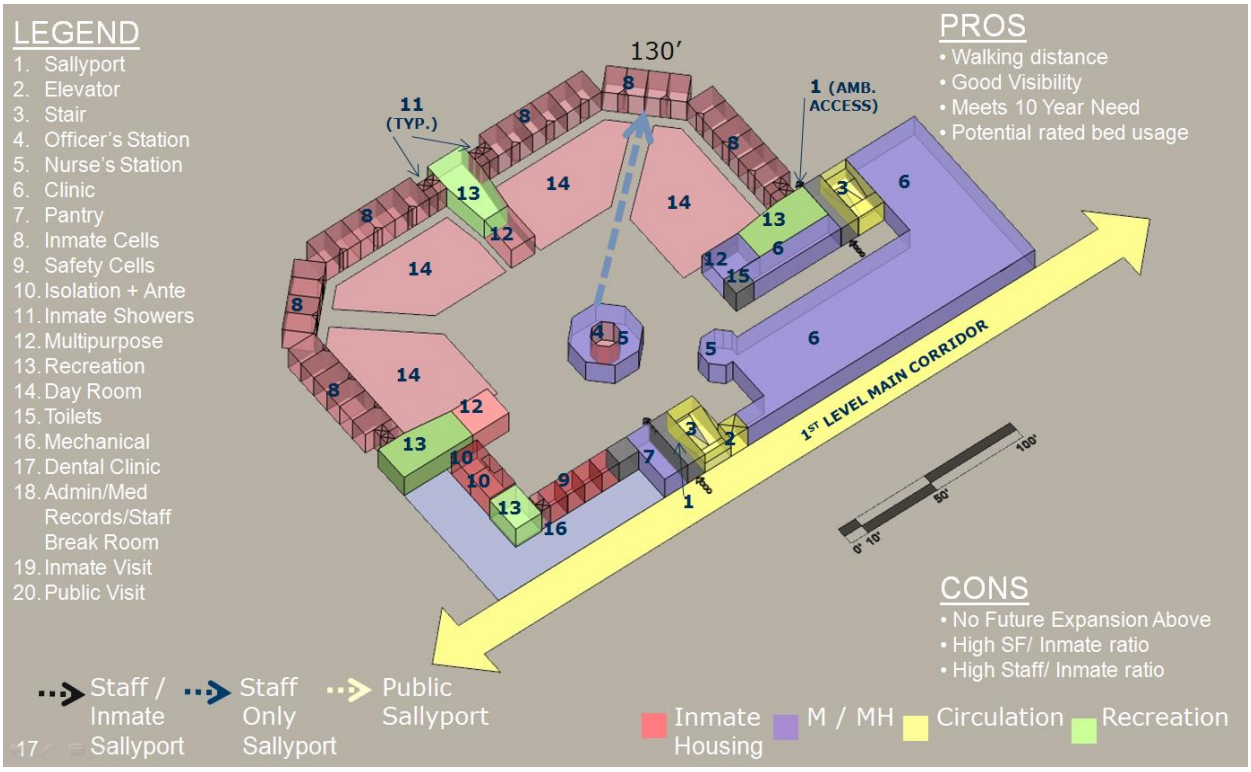
These three options form the basis of the conceptual options which have been developed with cost estimates and fit into the master plan.

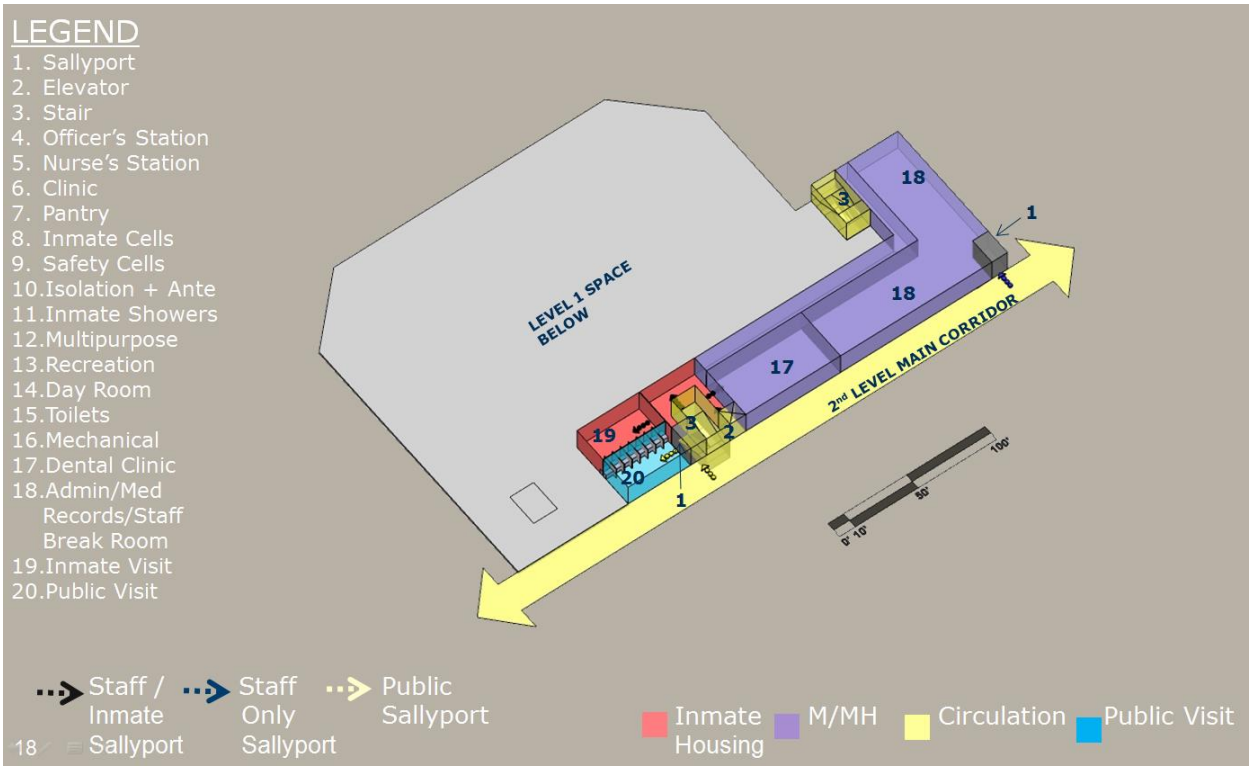
6.1 Functional Diagram of the 48 Bed Option – First and Second Floor



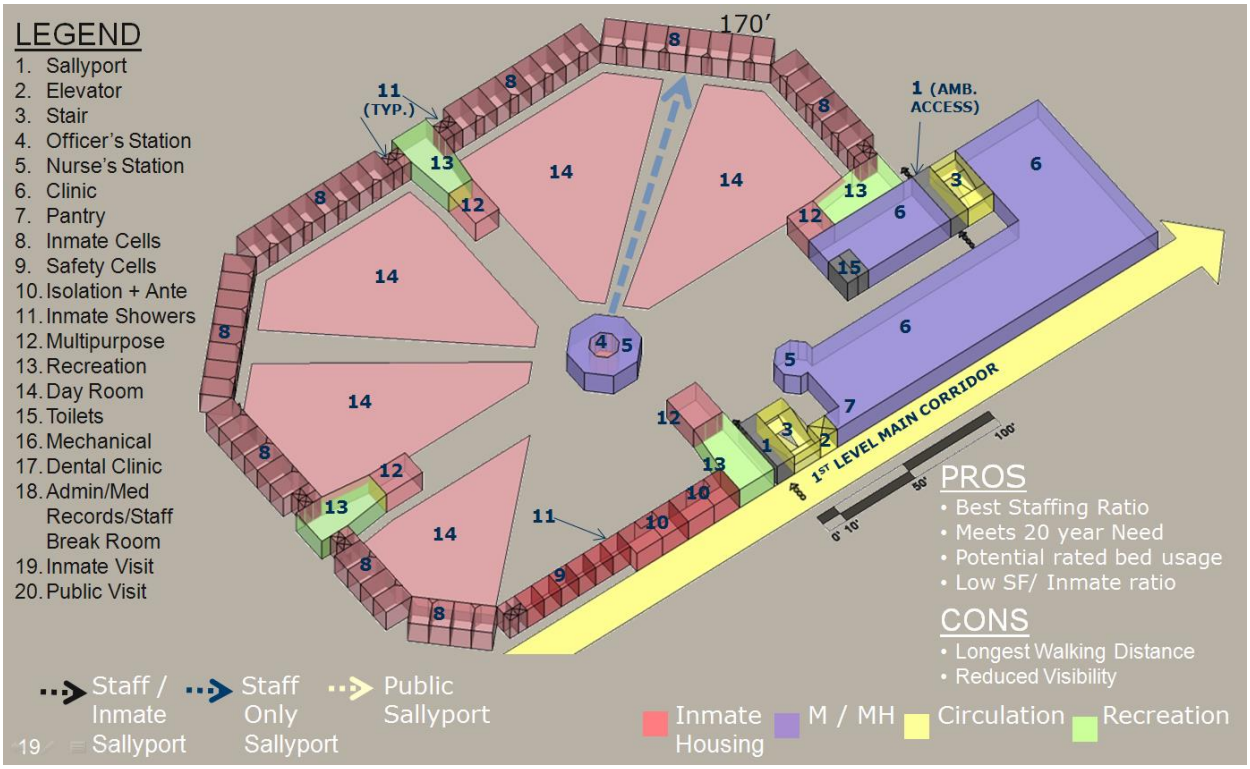


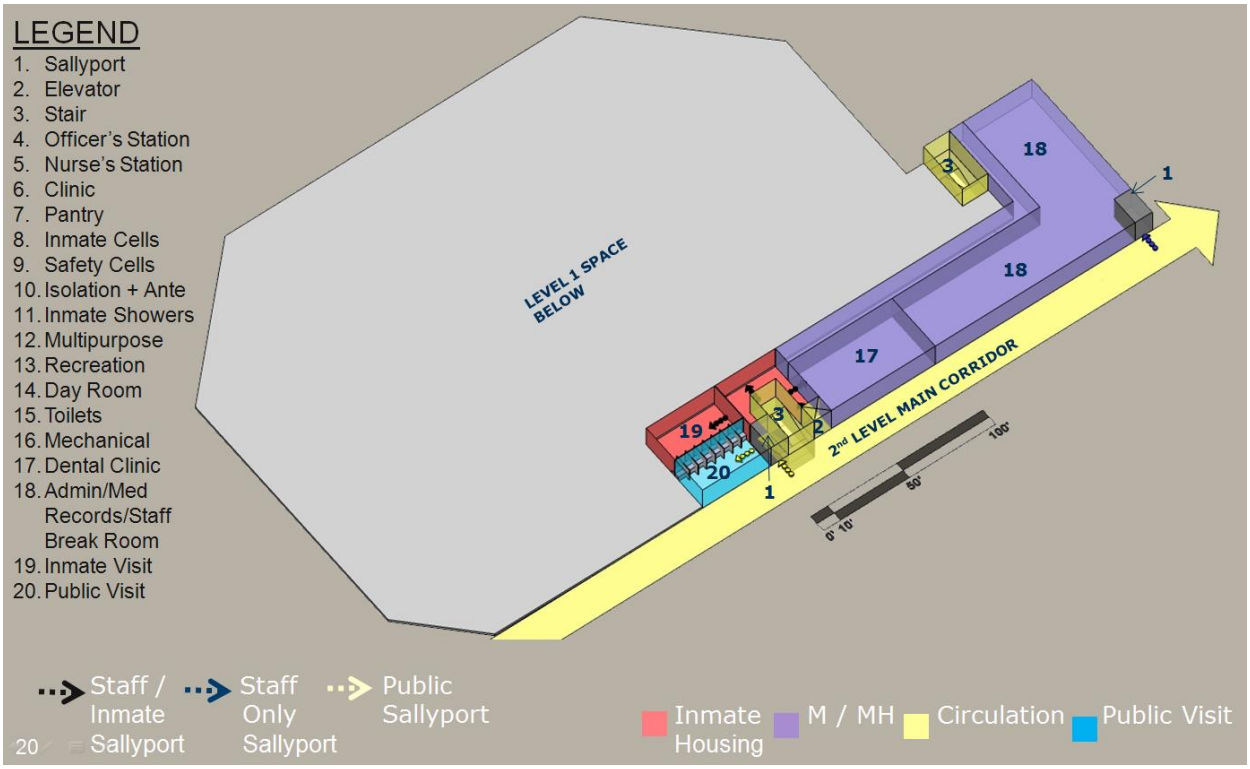
6.2 Functional Diagram of the 64 Bed Option – First and Second Floor





6.3 Functional Diagram of the 96 Bed Option – First and Second Floor





7.0 Engineering Analysis of the Existing TRJ Facility

7.1 Site Investigation – Utility Station 1 (US 1)

The siting of a new building adjacent to the existing facility could require the relocation of the existing sub-station, referred to on the plans as US-1. As-built documents were reviewed and two site visits were conducted to determine the feasibility of relocating the sub-station to a new location. Facilities representatives provided lists of conduit and types of wiring, which include Standard and Emergency Power, Communications, Fire Alarm and other low-voltage wiring. Based on this information, recommendations have been formulated on the relocation of the power portion of the sub-station.

Findings:

- US-1 has emergency and standard power running through it.
- Low voltage wiring for communications, security, fire alarm, etc. is run underneath the sub-station. If a new building goes over the US-1 location, the underground wiring could remain, as long as it is still accessible.
- Emergency and standard power are running through a single source breaker. If the breaker fails, all power to the facility goes down until a repair is made.

Recommendations:

- Any changes to US-1 should be procured as a stand-alone project as soon as possible. The recommendation of work to be performed would depend on the site selection.
- If a site option is selected which requires the relocation of US-1, a temporary outside power source can be brought in to operate the facility for the switch-over. The separation of emergency and standard power can occur as part of that process.
- If a site option is selected which does not require the relocation of US-1, emergency and standard power should be separated as independent systems and US-1 would remain in its current location.

7.2 Electrical Review

Existing Conditions:

HDR Architecture has reviewed the existing “Inspector of Record” drawings dated November 1990, which we received from the County. It is our understanding that these drawings are from the Inspector of Record, which included field changes made to the drawings during construction. Underground conduit routes and underground conduit quantities are based on existing "Electrical Site Plan" drawing E0-2, existing "Duct Bank Details", drawing E4-6 and existing "Utility Yard Plans & Duct Bank Details" drawing E4-7, dated March 9, 1992. Also, HDR made a site visit to confirm some of the above grade electrical devices and locations.

The existing 16.3KV primary service from Southern California Edison (SCE) feeds the facility via power riser poles located west of the site. The 16.3KV cable is routed underground from the power pole to the SCE pad mounted switching gear. The assumed routing is under Todd Road

(Sketch 1 – Existing Conditions). The power cable continues its route, under the public parking lot, through a manhole, through the orchard, sharing a common duct bank with cables for Gate/Door controls, Intercom, MATV, CCTV signal, CCTV power, Card Reader, medium voltage power cables and the telephone cables. It should be noted HDR did not field verify the contents of the conduits within the duct banks.

The normal power is terminated at the Service Entrance Switchboard located at US1, and includes a metering section, medium voltage main service disconnect switch and distribution switches for the facility. The communications systems terminate within an underground communication pull box at the same location.

There are two (2) power distribution loops, normal power and emergency power, feeding five utility distribution substations in the facility, US1, US2, US3, US4 and US5. In the US1 station, two (2) transformers US1T1 and US1ET1 step down the incoming 16KV voltage to 480V, 3-phase, 4-wire, and feed distribution panelboards AHDP and AEHDP in the Administration Building (Central Control Room) respectively. Medium voltage cables for both power loops leave US1 Station and continue their route to US4 Station via Substations 2 & 3. Similarly, within the Central Plant, three (3) emergency generators serve the facility, and feed the panel board AEHDP in the Administration Building originating at US4 Station. See Sketch 2 – Details, Sketch 3 – US1 Layout and Field Survey Sketches, and Sketch 4 – Partial Electrical One-Line Diagram.

Cables for special systems are also routed through an in-ground communication pull box located beneath the US1 Station, which serves as an intermediate point to connect all low voltage cables for the special systems to the rest of the facility from head-end control units at the Administration Building (Central Control Room). The special systems listed here include Pneumatic Tube System, Card Reader, Fire Alarm, Staff Intercom, MATV, Microwave/Intrusion detection, Intercom, Gate/Door controls, CCTV signal and CCTV power. Similarly, there are also low voltage cables routed in the duct bank from three (3) generators in the Central Plant to remote generator annunciator panel in the Administration Building. See Sketch 2 – Details, Sketch 3 – US1 Layout and Field Survey Sketches, and Sketch 4 – Partial Electrical One-Line Diagram.

Proposed Changes:

There are four (4) expansion options for the facility proposed from the existing report, “Ventura County Todd Road Jail Needs Assessment and Engineering Analysis“, dated April 4, 2007. Expansion Options 2 and 4 will require the relocation of the Utility Station US1 services. HDR was requested to study the impacts of the relocation of US1 Station or building around the US1 Station. The following paragraphs will discuss various options for the US1 station.

Option 1 - Relocating the existing US-1 station:

The new utility station US1R (Service Entrance Switchboard, new transformers US1T1 and US1ET1, and new underground communication pull box) will need to be provided at a different location on site to provide future expansion opportunities, and in advance of expansion, in order to minimize the electrical service downtime. Then, existing services can be disconnected, transferred to the US1R Station and the existing US1 equipment can be removed. This will require phased construction.

Phase 1 - Install a new primary service (16KV) from the utility side as required, install feeders (480V) to the Administration Building and install the US1R station.

Phase 2 - Disconnect the existing main service switchboard and connect the service to the new main switchboard constructed to SCE standards, at the US1R Station. Provide portable generator(s) as required to back up the facility normal power requirements. The electrical system downtime could be up to 16 hours depending on coordination with SCE and the Contractor.

Phase 3 - Disconnect the existing normal power feeder and connect the new 480V feeder to the main distribution panel board AHDP.

Phase 4 - Disconnect the existing emergency power feeder and connect the new 480V feeder to the main distribution panel board AEHDP. Provide portable generator(s) as required to back up the facility. The electrical system downtime could be up to 16 hours depending on coordination with Contractor.

Phase 5 - Multiple downtimes are anticipated for normal and emergency power switchovers. Each downtime could last 8-16 hours. Temporary generator can be utilized during the power outage period.

The existing in-ground communication pull box in the US1 station is the main junction for all the special system cables to the rest of the facility, from the head end units in the Administration Building. As the pull box will be relocated, all affected special system cables will need to be rerouted. It will be a major surgery to the "central nerves" of the special systems for the whole facility since backbone cables and major branch cables for each system will be rerouted, disconnected and reconnected. HDR has not fully reviewed and phased this work because this type of work requires specialty consultants, which have not been engaged at this time.

Below are some pros and cons related to this option:

Pros:
New expansion of the medical/mental facility could be attached to the existing building to better use the underutilized space in the Intake building, and create a permanent connection to the existing facility, both the Intake and Administration building.

Cons:
The relocation of the US1 station will cause substantial cost from (a) the work listed above; (b) additional utility charge; and (c) temporary power provision cost for the cut-over period.

There could be significant downtime for all electrical systems as stated below. The cost related to this downtime cannot be estimated at this time.

Coordination with SCE is required and approval from SCE will need to be obtained as the main service switchboard in the US1 is owned by SCE.

The cable reconnection, system commissioning and troubleshooting could cause downtime as estimated below:

- Downtime for the telecommunication system could be a week.
- Downtime for fire alarm system could be 72 hours.

- Downtime for other special systems could be up to two weeks.
- Complex and/or unexpected field conditions could lead to system downtime beyond what is expected.
- Additional considerations related to the communications systems: TIE/EIA-568 and 569 recommends a maximum of 300 feet of horizontal cables for a communication system. Rerouted telecommunication horizontal cables may pass this length limit. It is possible that a dedicated Intermediate Distribution Frame (IDF) would be required to maintain system performance.

In conclusion, our recommendation is "NOT" to relocate the Utility Station US1 for the reasons indicated above, including complicated construction phasing, tremendous system downtime and extra construction cost from the station relocation.

Option 2 – Building the new construction around the existing US-1 station:

The second option is to build the new construction around the existing Utility Station US1. 5' clearance around the existing 16.5KV main service switchboard and accessibility to the existing equipment are required, as per SCE standard.

Pros:
This option will eliminate all the extra cost caused by the station relocation and minimize electrical service and special system downtime for the facility. The construction phasing and related facility management would not be as complicated as Option 1.

Cons:
It is possible that we could maintain the existing duct bank in the current location as the new construction will be built on and around it. Detailed coordination will be required to avoid placing the foundation over the existing duct bank and make sure the manholes are not covered by the new construction. In addition, a supplementary duct bank across the footprint of the new construction is recommended for future redundancy. The new duct bank will provide a pathway for cabling under the building without disturbing the existing duct bank.

In conclusion, we recommend maintaining the existing station US1 due to the reasons of cost savings, minimum facility downtime, less construction phasing work and relatively much easier facility planning/management during construction.

7.3 Mechanical/Plumbing/Site Utilities Review

Existing Conditions:

Reference is existing drawings C3-2 and M2-11. Existing 3" domestic water pipe, 6" fire line and 4" Siamese fire department connection below grade entering POD AC.

Proposed Changes:

Extend existing 3" domestic water, 6" fire and 4" Siamese connections northwest and route around and clear of future proposed new POD.

Existing Conditions:

Reference is existing drawing C1-2. Existing 8” storm drain and existing sub soil drainage system.

Proposed Changes:

Relocate and reconfigure existing 8” storm drain and sub soil drainage system routing west around the perimeter of existing Transfer POD. Relocate northwest and clear of future proposed new POD.

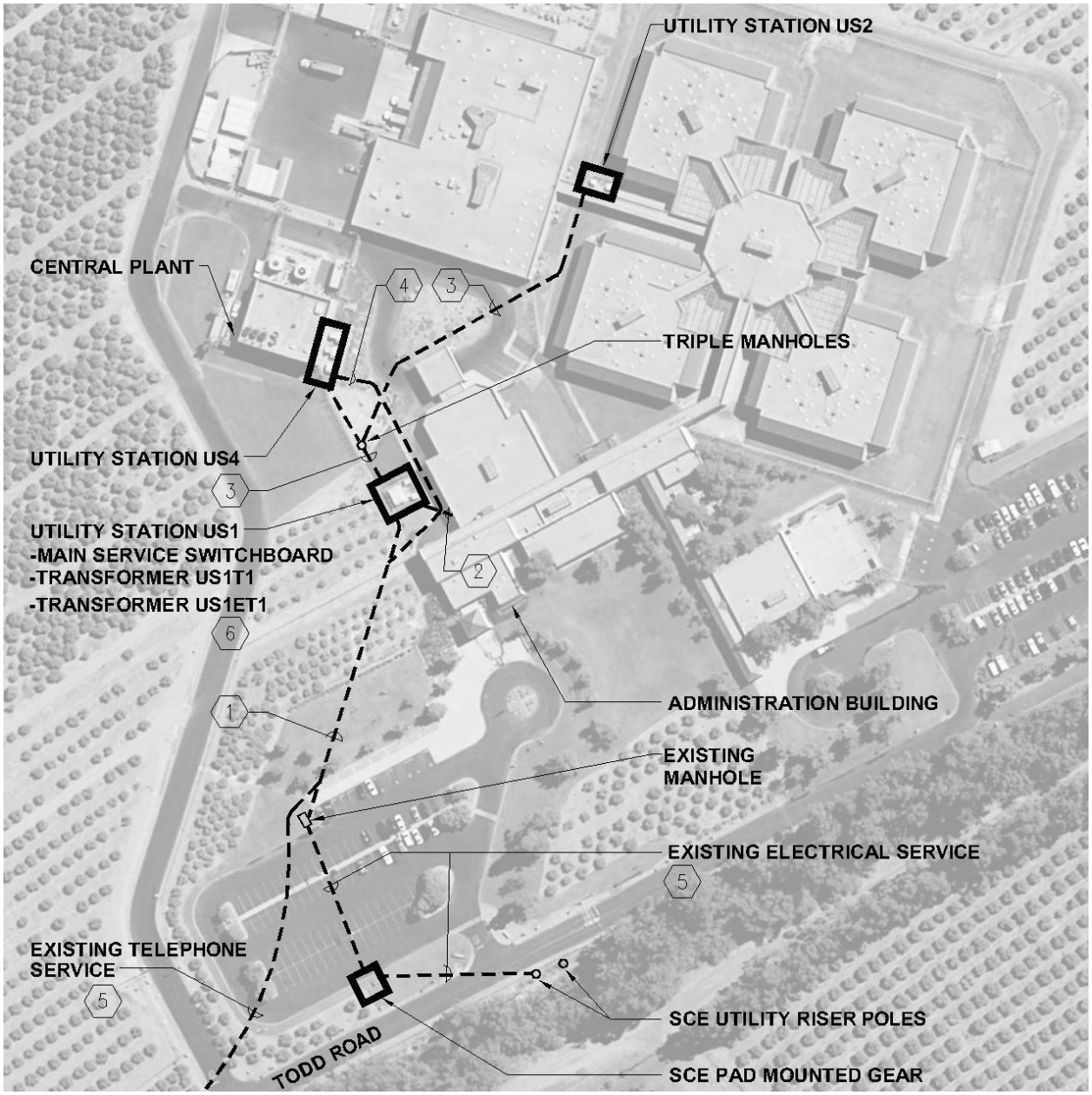
Existing Conditions:

Reference is existing drawing M3-5. Existing 12” chilled water supply and return underground pipes.

Proposed Changes:

Reroute existing 12” chilled water supply and return pipes to proposed new exterior shaft on north side of building Pedestrian Sallyport, Room AC-101. Rise up from below grade and route south (overhead) within building and reconnect to existing above grade riser in existing Mechanical Room AC-111.

Sketch 1 – Existing Conditions



Not to Scale

Key Notes (for Sketch 1 & 2):

1. Underground duct bank with conduit quantities as below:
   - (1) M.V. Power
   - (1) Intercom
   - (1) MATV
   - (1) CCTV Power
   - (1) Gate/Door Controls
   - (2) Telephone
   - (1) Card Reader
   - (1) CCTV Signal

See attached existing detail 5/E4-6 on detail sheet, Sketch 2.

2 Underground duct bank with conduit quantities as below to administration building:

(3) 480V Emergency Power	(2) 480V Normal Power
(1) Generator Enunciator	(1) Pneumatic Tube System
(1) Card Reader	(1) Fire Alarm
(1) Staff Intercom	(1) MATV
(1) Intrusion Detection	(3) Telephone
(1) CCTV Power	(1) CCTV Signal
(1) Intercom	(1) Gate/Door Controls

See attached existing detail 6/E4-7 on detail sheet, Sketch 2.

3 Underground duct bank with conduit quantities as below:

(1) M.V. Emergency Power	(1) M.V. Normal Power
(1) Generator Annunciator	(1) Pneumatic Tube System
(1) Card Reader	(1) Fire Alarm
(1) Staff Intercom	(1) MATV
(1) Intrusion Detection	(5) Telephone
(1) Intercom	(1) Gate/Door Controls
(1) CCTV Signal	(1) CCTV Power

See attached existing detail 8/E4-6 on detail sheet, Sketch 2.

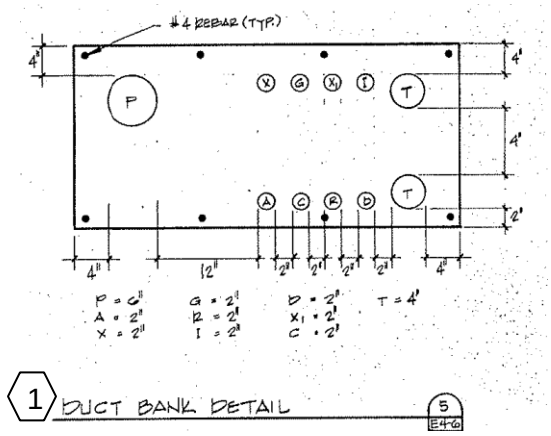
4 2" underground conduit for telecom to central plant.

5 Underground duct bank or conduit route is assumed.

6 See attached Sketch 3 for layout and actual dimension of Utility Station US1.

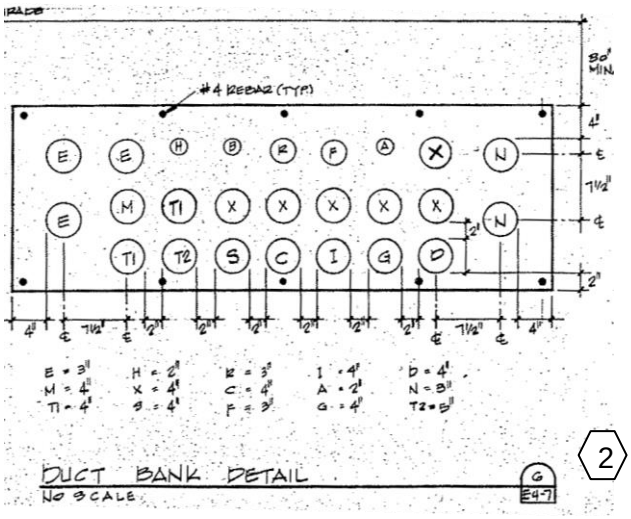
General note:

1. All existing underground duct bank routes. Underground conduit routes and underground conduit quantities are based on existing "Electrical Site Plan" drawing E0-2, existing "Duct Bank Details", drawing E4-6 and existing "Utility Yard Plans & Duct Bank Details" drawing E4-7, dated March 9, 1992.



1

2.



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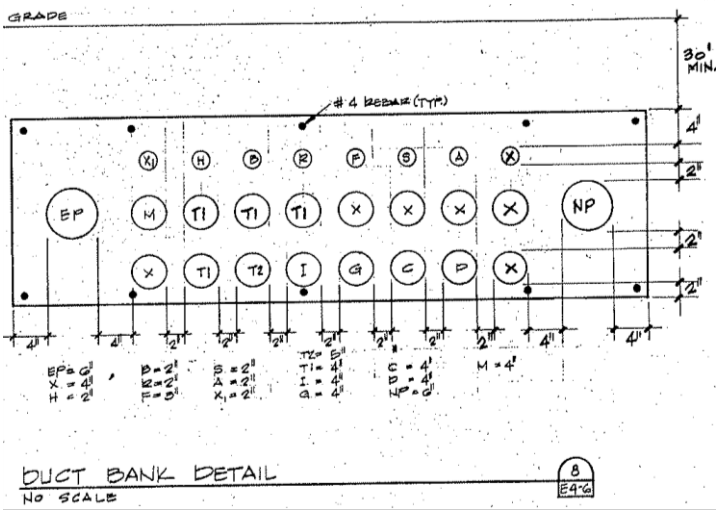


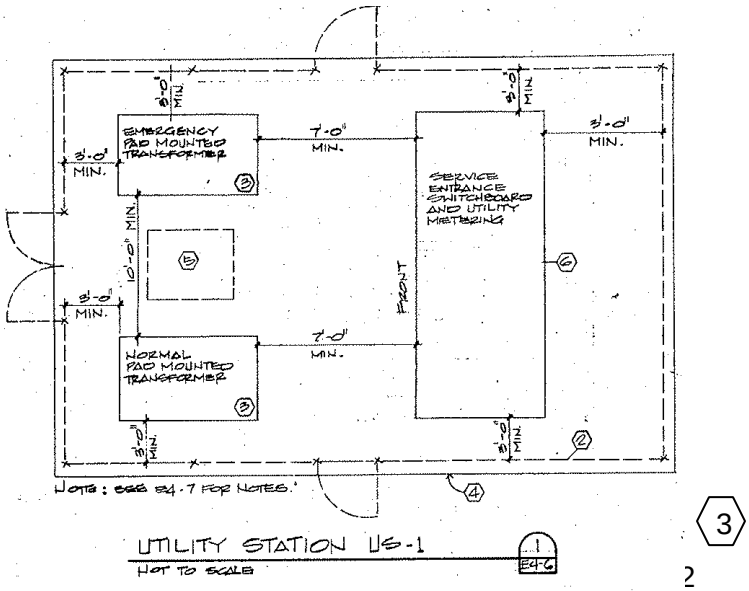
LEGEND

EP = EMERGENCY POWER MED. VOLTAGE
NP = NORMAL POWER MED. VOLTAGE
P = SERVICE ENTRANCE POWER MED. VOLTAGE
E = EMERGENCY POWER 600 V CLASS
N = NORMAL POWER 600 V CLASS
T = TELEPHONE
A = MATV
S = STAFF INTERCOM
F = FIRE ALARM
C = CCTV
R = CARD READER SYSTEM
B = PNEUMATIC TUBE SYSTEM
I = INTERCOM
G = GATE/DOOR CONTROLS
D = CCTV POWER
H = GENERATOR ANNUNCIATOR
X = SPARE
M = MICROWAVE/INTRUSION DETECTION
NOTE: UNUSED CONDUITS TO BECOME SPARES.

General note:

1. The details shown on this sketch are copied from the existing drawings and E4-7 dated March 9, 1992.

E4-6



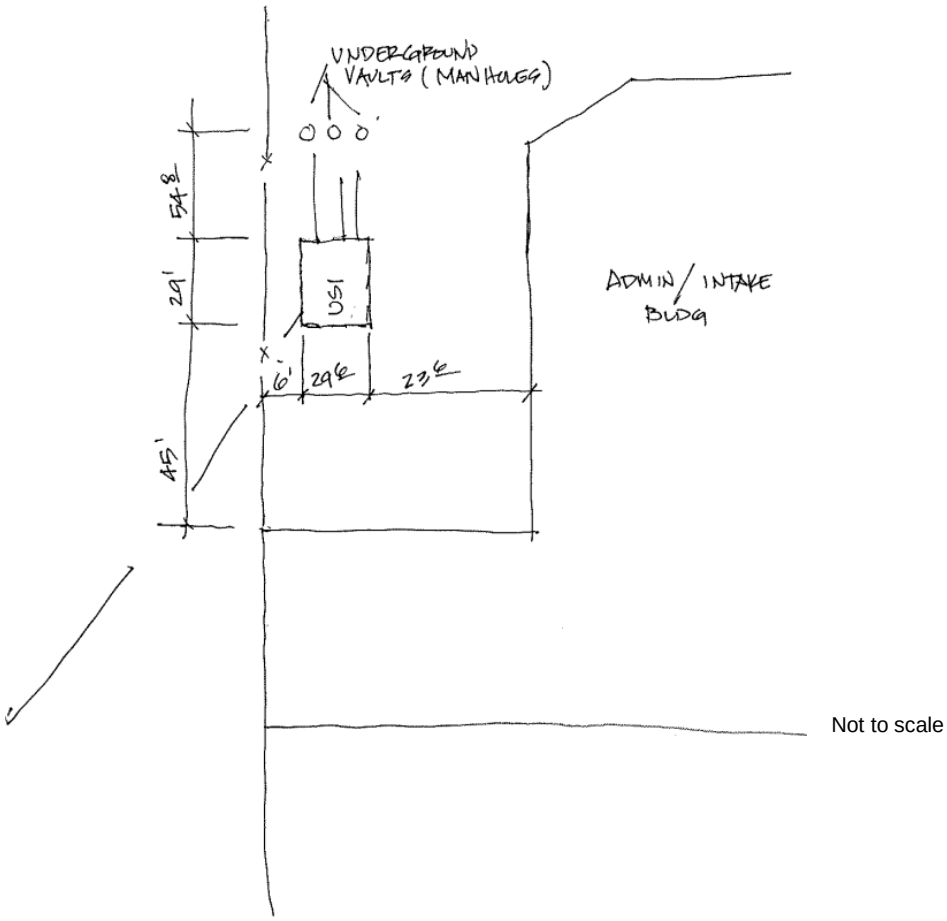
3

Sketch 2 – Details

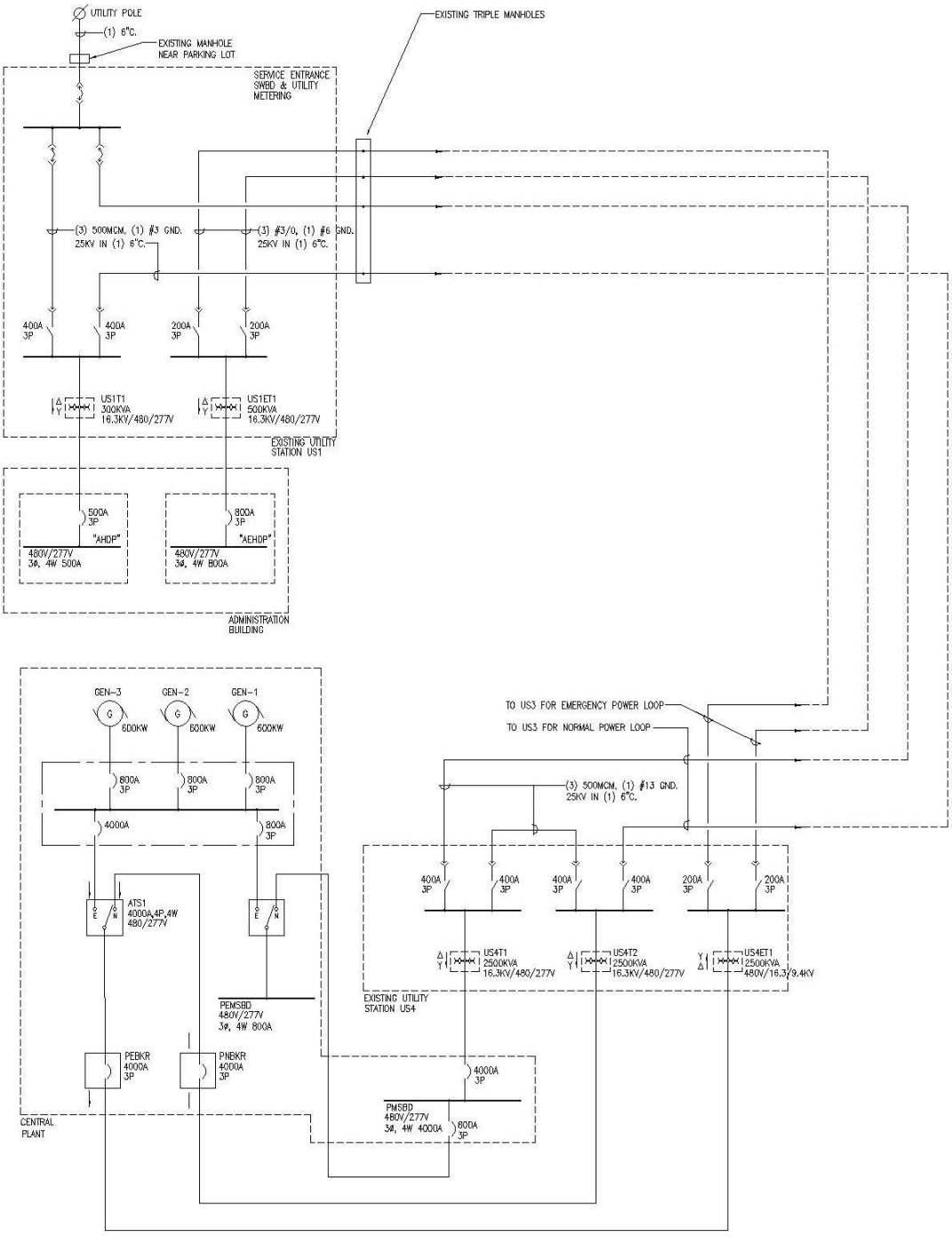
General note:

1. The detail 1/E4-6 shown on this sketch is copied from the existing drawings E4-6, dated March 9, 1992. The detail as shown is for reference only. See field survey sketch for actual dimension of the US1 station.

Sketch 3 – US1 Layout and Field Survey Sketches



Not to scale



Sketch 4 – Partial Electrical One-Line Diagram

8.0 Master Plan Site Options

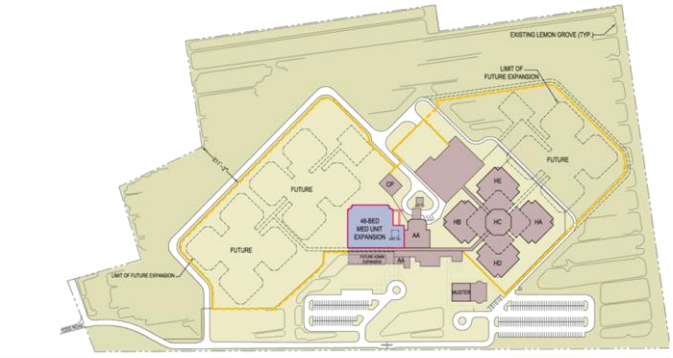
The Conceptual Site Options were developed based on the existing, approved 1990 Master Plan. A test fit of each plan option – 48 Bed, 64 Bed and 96 Bed - was conducted to verify that the proposed Medical and Mental Health Outpatient Unit would accomplish the following:

- Fit into the site and adhere to the requirements of the 1990 Master Plan, Conditional Use Permit (CUP) and the SEIR, including setbacks and landscape buffers
- Conform to the site security and operations requirements that exist at TRJ
- Allow construction of the proposed facility without adversely impacting ongoing operations or security of TRJ
- Not interfere with future expansion plans for rated beds
- Limit the amount of rework required at each future phase of the build-out process

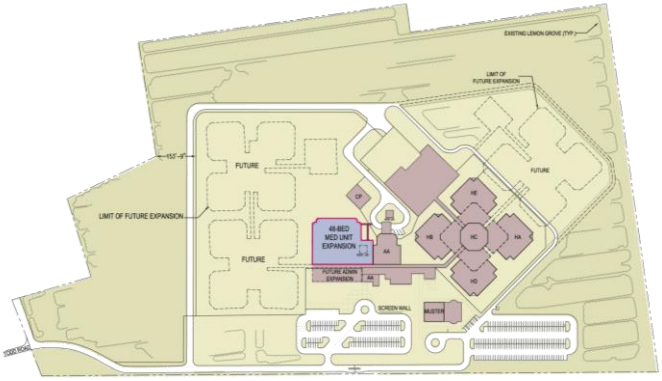
A series of Master Plan Options were studied for each of the three Expansion Options – 48 Bed, 64 Bed and 96 Bed. 8.1, 8.2 and 8.3 illustrate this series of studies.

.

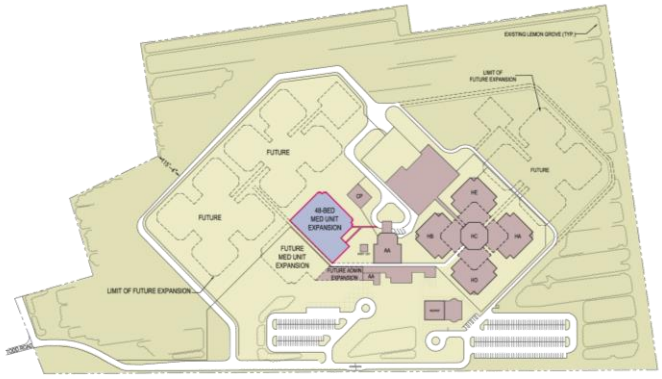
8.1 Master Plan Site Option Matrix 48 Beds



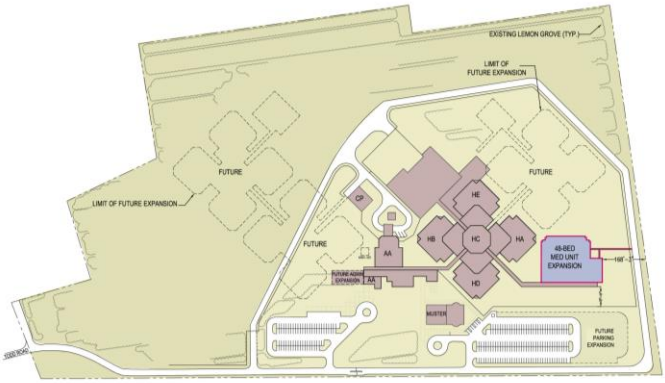
Site Option 1



Site Option 2

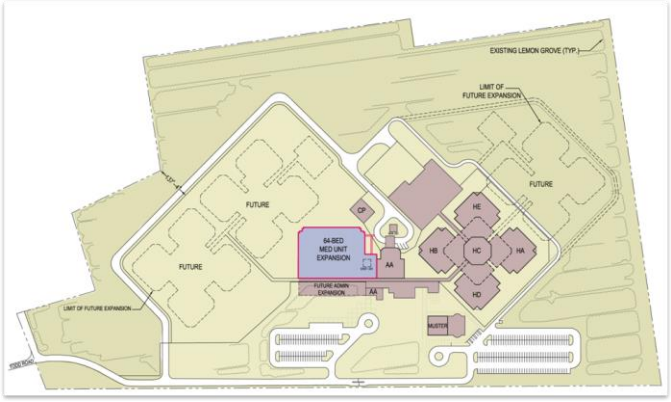


Site Option 3

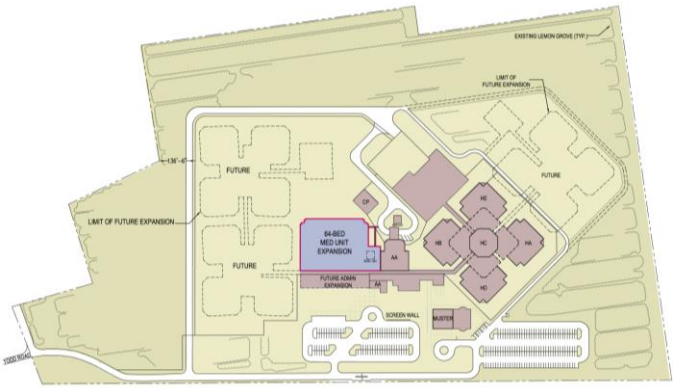


Site Option 4

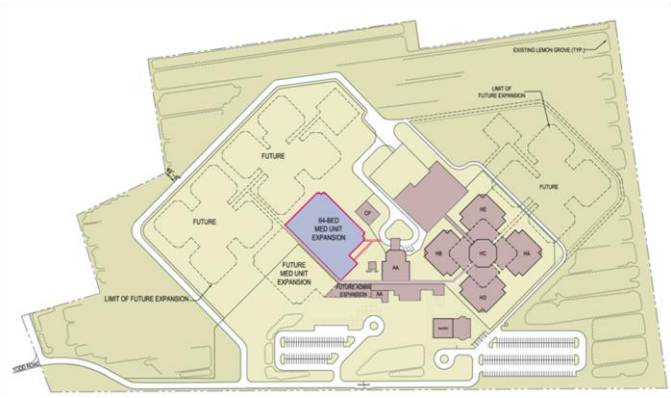
8.2 Master Plan Site Option Matrix 64 Beds



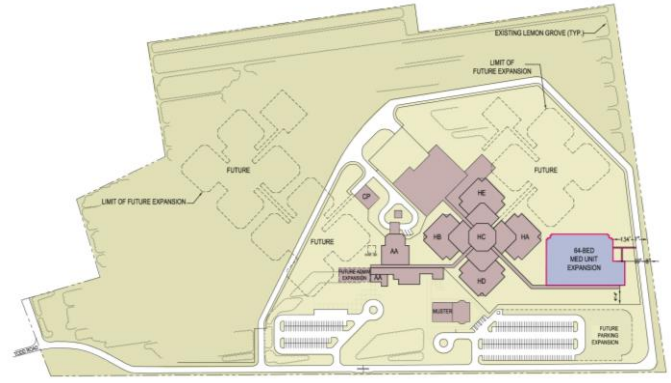
Site Option 1



Site Option 2

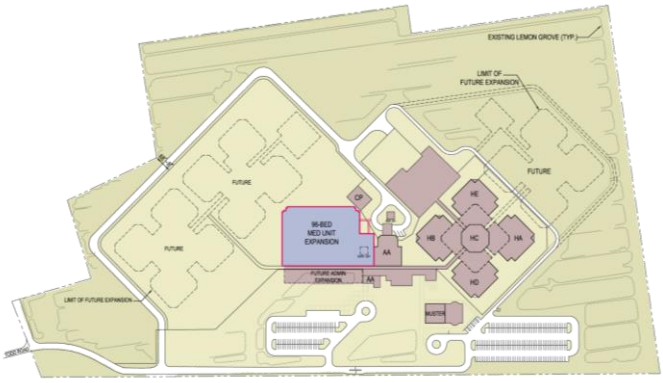


Site Option 3

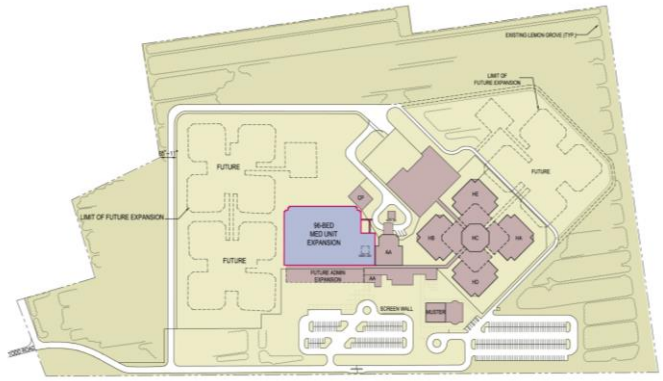


Site Option 4

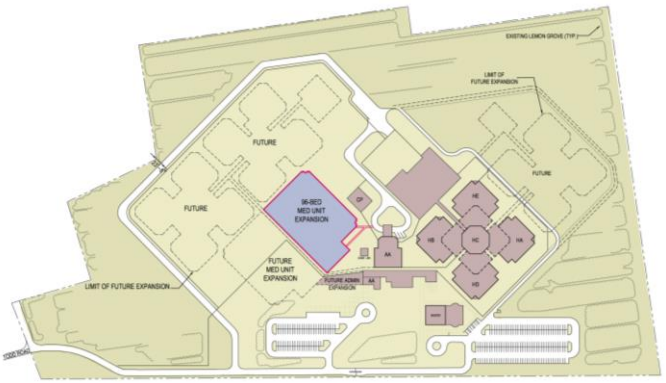
8.3 Master Plan Site Option Matrix 96 Beds



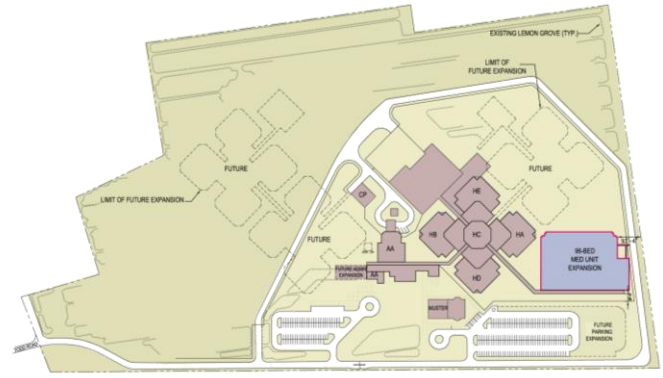
Site Option 1



Site Option 2



Site Option 3



Site Option 4

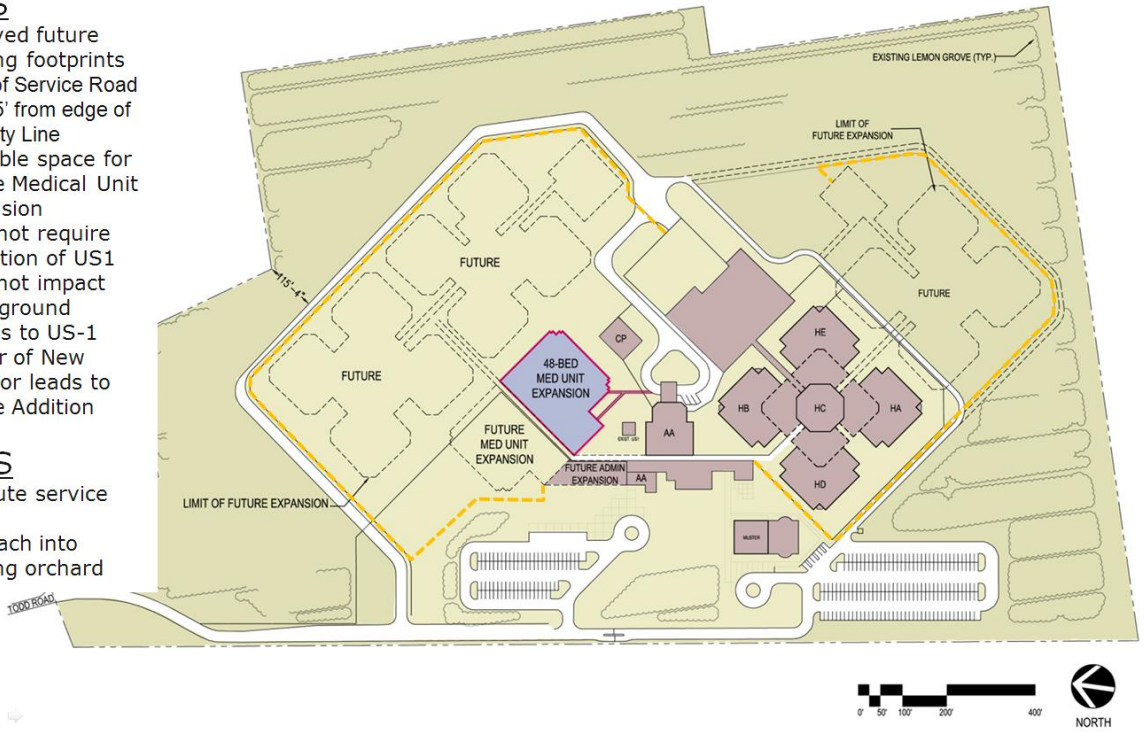
Conclusion

Master Plan Site Option 3 seems to provide the greatest flexibility to the facility. And, it does not require the re-location of Utility Station 1 (US 1) which is a considerable savings in cost and impact to on-going operations. It allows either a 48, 64 or 96 Bed Unit to be constructed and still allows for the future build-outs to occur with limited additional re-work later. It provides for a total build out capacity in excess of the original plan. It also minimizes the distances to the current services and is well positioned to take advantage of future units and support space. 8.4, 8.5, 8.6 illustrates further the Pros and Cons of Master Plan Site option 3.

8.4 Master Plan Site Option 3 – 48 Bed Expansion

PROS
- Resolved future building footprints
- Edge of Service Road at +115' from edge of Property Line
- Available space for Future Medical Unit Expansion
- Does not require relocation of US1
- Does not impact underground utilities to US-1
- Center of New Corridor leads to Future Addition

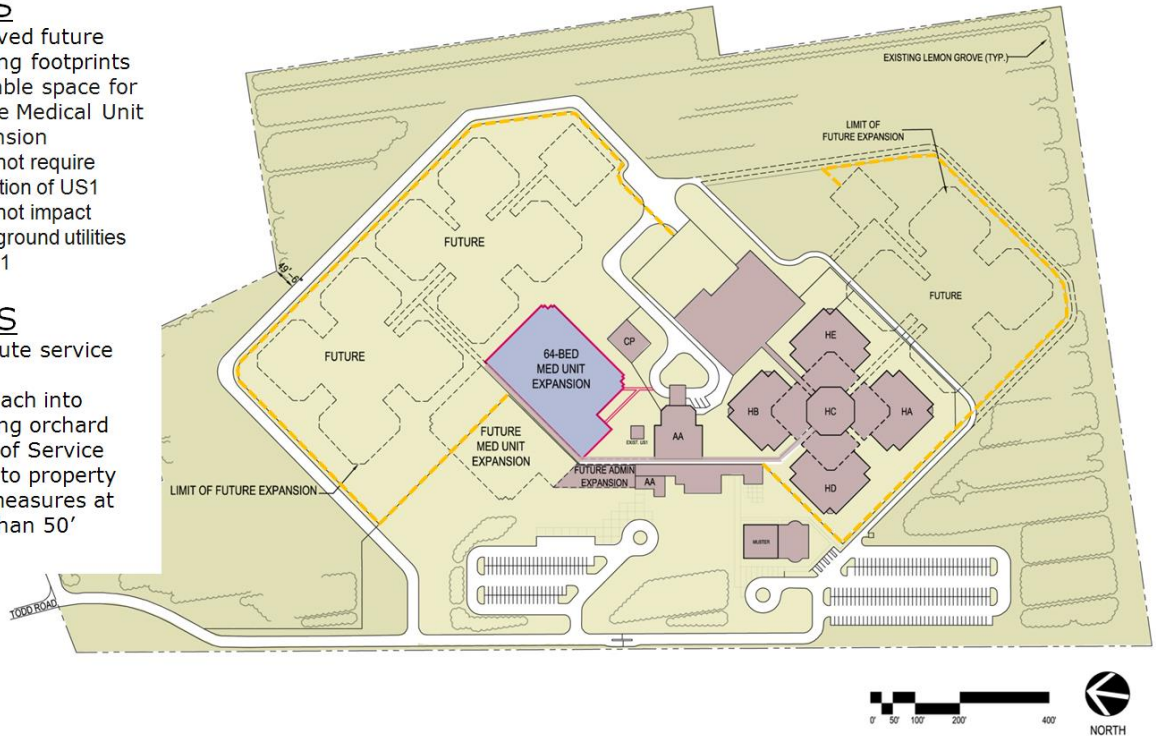
CONS
- Re-route service road
- Encroach into existing orchard



8.5 Master Plan Site Option 3 – 64 Bed Expansion

PROS
- Resolved future building footprints
- Available space for Future Medical Unit Expansion
- Does not require relocation of US1
- Does not impact underground utilities to US-1

CONS
- Re-route service road
- Encroach into existing orchard
- Edge of Service Road to property line measures at less than 50'



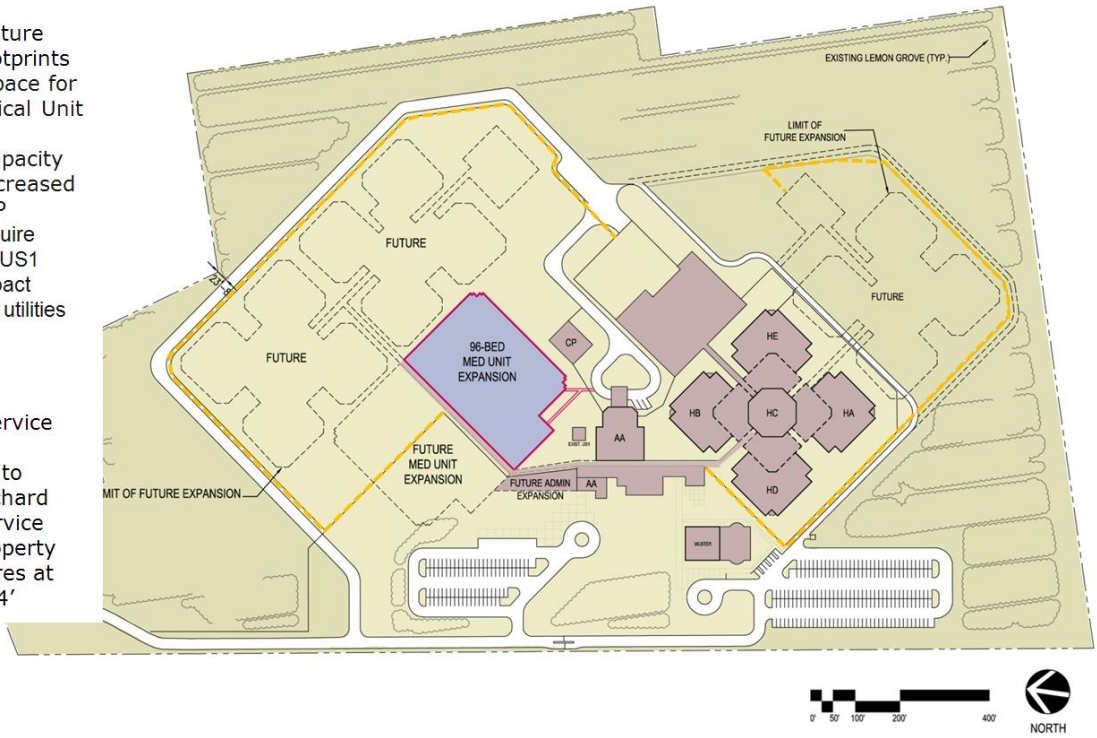
8.6 Master Plan Site Option 3 – 96 Bed Expansion

PROS

- Resolved future building footprints
- Available space for Future Medical Unit Expansion
- Site Bed Capacity could be increased beyond CUP
- Does not require relocation of US1
- Does not impact underground utilities to US-1

CONS

- Re-route service road
- Encroach into existing orchard
- Edge of Service Road to property line measures at less than 24'



9.0 Conceptual Cost Estimate

A Conceptual Cost Estimate was performed by Cumming, LLC. The estimate was based on the three expansion options – 48 Bed, 64 Bed and 96 Bed – in the Master Plan Site Option 3 configuration. The estimate included the building program of Clinic and Medical/Mental Health Outpatient Housing and Main Corridor extension. It also included Site Preparation and Demolition, Site Improvements and Site Utilities. The Total Building and Sitework construction then factored in escalation based on a start date of September 2012. Construction duration ranged from 14 months for the 48 Bed Option to 20 months for the 96 Bed Option. The respective Total Costs were as follows:

- 48 Bed Option $21,644,256.00
- 64 Bed Option $26,008,362.00
- 96 Bed Option $40,816,351.00

These totals translate to the following Cost Per Bed:

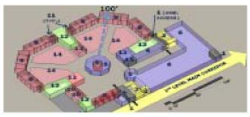
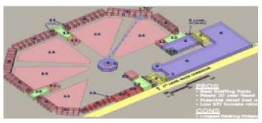
- 48 Bed Option $450,922.00
- 64 Bed Option $406,381.00
- 96 Bed Option $425,170.00

Table 9.1 below provides the Construction Cost Summary.

Todd Road Jail Medical and Mental Health Outpatient Housing Unit
Ventura County, California
Rough Order of Magnitude Statement of Probable Cost

November 17, 2010

CONSTRUCTION COST OPTIONS SUMMARY

Section	Option 1 - 48 Beds Area	Units	Cost / SF	Total	Option 2 - 64 Beds Area	Units	Cost / SF	Total	Option 3 - 96 Beds Area	Units	Cost / SF	Total
Building Program												
Clinic	11,900	SF	$380.00	**$4,522,000**	11,900	SF	$380.00	**$4,522,000**	11,900	SF	$380.00	**$4,522,000**
Medical Mental Health Outpatient Housing Units	30,100	SF	$345.00	**$10,384,500**	40,350	SF	$350.00	**$14,122,500**	76,350	SF	$355.00	**$27,104,250**
Main Corridor Link Extension (2 Story)	12,000	SF	$280.00	**$3,360,000**	12,000	SF	$280.00	**$3,360,000**	14,000	SF	$280.00	**$3,920,000**
TOTAL ESTIMATED BUILDING CONSTRUCTION COST	42,000	SF	**$434.92**	**$18,266,500**	52,250	SF	**$421.14**	**$22,004,500**	88,250	SF	**$402.79**	**$35,546,250**
Site Work - Option 3												
Site preparation												
Prep building pad/demo/grading	38,127	SF	$5.00	**$190,635**	55,847	SF	$5.00	**$279,235**	74,363	SF	$5.00	**$371,815**
Demo road	18,000	SF	$2.00	**$36,000**	18,000	SF	$2.00	**$36,000**	18,000	SF	$2.00	**$36,000**
Demo fence	445	LF	$10.00	**$4,450**	445	LF	$10.00	**$4,450**	445	LF	$10.00	**$4,450**
Site Improvements												
New road	50,000	SF	$15.00	**$750,000**	50,000	SF	$15.00	**$750,000**	50,000	SF	$15.00	**$750,000**
New fence	670	LF	$60.00	**$40,200**	670	LF	$60.00	**$40,200**	670	LF	$60.00	**$40,200**
New sidewalk	2,000	SF	$10.00	**$20,000**	2,000	SF	$10.00	**$20,000**	2,000	SF	$10.00	**$20,000**
New ambulance access	3,000	SF	$18.00	**$54,000**	3,000	SF	$18.00	**$54,000**	3,000	SF	$18.00	**$54,000**
Site utilities												
Wet utilities	1	LS		**$800,000**	1	LS		**$950,000**	1	LS		**$1,150,000**
Site electical	1	LS		**$500,000**	1	LS		**$600,000**	1	LS		**$750,000**
Temp power connection	1	LS		**$150,000**	1	LS		**$150,000**	1	LS		**$150,000**
TOTAL SITEWORK CONSTRUCTION COST				**$2,545,285**				**$2,883,885**				**$3,326,465**
TOTAL BUILDING AND SITEWORK CONSTRUCTION COST AS OF NOVEMBER 2010				**$20,811,785**				**$24,888,385**				**$38,872,715**
Escalation (Start of Construction September 2012)												
Option 1 - 48 Beds 14 Months 4.00%				**$832,471**								
Option 2 - 64 Beds 17 Months 4.50%								**$1,119,977**				
Option 3 - 96 Beds 20 Months 5.00%												**$1,943,636**
TOTAL BUILDING AND SITEWORK CONSTRUCTION COST TO MIDPOINT OF CONSTRUCTION				**$21,644,256**				**$26,008,362**				**$40,816,351**
			Cost Per Bed	**$450,922**			**Cost Per Bed**	**$406,381**			**Cost Per Bed**	**$425,170**

Prepared by Cumming

Sheet 1 of 1

Table 9.1

APPENDICES

A. Workload Statistics
B. Inmate Classification System

Appendix A
Workload Statistics

MONTHLY WORKLOAD STATISTICS 2007
VENTURA ADULT FACILITIES SUMMARY

CATEGORY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD TOTALS
1. MEDICATION ADMINISTERED	40996	43725	43548	44465	44279	41344	41390	42050	53374	41207	41233	39733	517344
2.OTC MEDICATION ADMINISTERED													
3. SICK CALL	929	1043	1035	1096	1128	1009	1003	1031	889	1072	989	844	12068
4. PHYSICIAN SICK CALL	183	239	287	287	283	282	248	251	247	326	228	183	3044
5. DENTAL VISITS/ON-SITE	124	207	201	164	185	173	132	178	159	191	179	162	2055
6. DENTAL VISITS/ ORAL SURGERY OFF-SITE			1									1	2
7. EMERGENCY ROOM VISITS	11	15	16	15	21	13	17	15	15	20	14	22	194
8. HOSPITAL DAYS	39	22	26	51	39	13	29	30	15	33	16	37	350
9. HEALTH INVENTORY	704	734	760	762	807	723	708	832	647	730	706	603	8716
10. MENTAL HEALTH WORKER	475	418	449	407	406	404	384	435	406	488	442	415	5129
11. PSYCHIATRIC CONTACTS	363	421	386	276	382	343	371	389	329	383	317	295	4255
12. TB SCREENINGS	606	671	699	702	741	680	692	765	584	655	655	538	7988
13. ON-SITE X-RAYS	122	108	120	127	127	126	145		130	161	123	102	1543
14. OFF-SITE X-RAYS			2		1	1		1	3		1	2	11
15. INFIRMARY DAYS	204	361	402	305	321	291	340	434	313	291	277	303	3842
16. 6 MONTH PHYSICALS	24	52	60	43	54	72	31	102	49	60	56	18	621
17. SPECIALTY SERVICES													
A. OB\GYN OFF-SITE	9	11	9	14	11	13	15	17	17	16	17	10	159
B. ORTHOPEDIC	7	16	12	10	11	9	11	9	14	10	7	9	125
C. CARDIOLOGY									1	2			3
D. OUTPATIENT SURGERY	1	5	2	4	2				3	4		1	22
E. SCANS (CT/MRI/ULTRA/MAMM)	8	4	4	4	3	5	10	6	3	10	6	3	66
F. ENT													
G.OPTHAMOLOGY	3	2	1	3	4	2	3	2	2		1		23
H.OTHER	4	6	3	7	1	4	9	5	12	9	4	6	70
18. CONFIRMED COMMUNICABLE DISEASES													
A. TB				1			1						2
B. HIV	1	1	2									1	5
C. HEPATITIS A												1	1
D. HEPATITIS B			2							1			3
E. MENINGITIS													
F. STD	2	4			1	3	6	1		4	4	2	27
G. ECTOPARASITES	1	1		2	1	1				1	1		8
H. OTHER		4	1		6		1	3	1		1		17
19. INCIDENTS													
A INMATE DEATHS				1									1
B INMATE GRIEVANCES	30	26	31	26	22	17	22	27	28	26	18	18	291
C SUICIDE ATTEMPTS	1		1		1			1					4
AVERAGE INMATE POPULATION	1687	1755	1758	1808	1803	1720	1692	1670	1624	1620	1627	1597	1696.75

MONTHLY WORKLOAD STATISTICS 2008													
VENTURA ADULT FACILITIES SUMMARY													
CATEGORY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD TOTALS
1. MEDICATION ADMINISTERED	42221	40321	39902	42079	43869	43743	42557	40299					334991
2.OTC MEDICATION ADMINISTERED													
3. SICK CALL	1120	976	937	1059	1024	964	1117	1021					8218
4. PHYSICIAN SICK CALL	258	291	252	297	310	343	305	289					2345
5. DENTAL VISITS/ON-SITE	181	181	162	160	169	140	182	143					1318
6. DENTAL VISITS/ ORAL SURGERY OFF-SITE	1	7	5	4	1	1	2	1					22
7. EMERGENCY ROOM VISITS	18	24	8	18	24	27	19	25					163
8. HOSPITAL DAYS	21	23	10	26	47	45	97	28					297
9. HEALTH INVENTORY	702	712	713	634	539	603	643	653					5199
10. MENTAL HEALTH WORKER	466	476	434	491	550	446	609	478					3950
11. PSYCHIATRIC CONTACTS	321	305	258	359	344	286	238	292					2403
12. TB SCREENINGS	660	637	741	565	581	600	733	574					5091
13. ON-SITE X-RAYS	118	131	119	108	129	132	137	110					984
14. OFF-SITE X-RAYS	1			1	1		21						24
15. INFIRMARY DAYS	334	367	337	281	396	226	383	358					2682
16. 6 MONTH PHYSICALS	26	54	48	88	70	29	47	88					450
17. SPECIALTY SERVICES	44	45	46	51	58	53	67	60					424
A. OB\GYN OFF-SITE	10	13	15	23	25	17	21	21					145
B. ORTHOPEDIC	11	7	8	3	3	9	10	8					59
C. CARDIOLOGY								1					1
D. OUTPATIENT SURGERY	3	2	2	2			6						15
E. SCANS (CT/MRI/ULTRA/MAMM)	3	7	7	9	6	3	5	7					47
F. ENT	1	1	3			1							6
G.OPTHAMOLOGY	1	1	9	8	6	2	2	1					30
H.OTHER	15	14	2	6	18	21	23	22					121
18. CONFIRMED COMMUNICABLE DISEASES													
A. TB						1	1						2
B. HIV				2				1					3
C. HEPATITIS A		1											1
D. HEPATITIS B													
E. MENINGITIS													
F. STD	1	1	2	9	4	2		2					21
G. ECTOPARASITES				1	1								2
H. OTHER			4										4
19. INCIDENTS													
A INMATE DEATHS					1	1		1	1				4
B INMATE GRIEVANCES	29	33	29	27	32	30	25	19					224
C SUICIDE ATTEMPTS		1			1	2							4
AVERAGE INMATE POPULATION	1607	1631	1648	1668	1725	1679	1680	1655					1661.63

MONTHLY WORKLOAD STATISTICS 2009													
VENTURA ADULT FACILITIES SUMMARY													
CATEGORY	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**YTD TOTALS**
1. MEDICATION ADMINISTERED	42762	46952	49791	49648	47175	49198	50180	48210	49819	53071	52522	50728	590056
2.OTC MEDICATION ADMINISTERED													
3. SICK CALL	1087	1149	1186	1283	1013	1114	1207	1115	1038	1043	1017	932	13184
4. PHYSICIAN SICK CALL	258	242	271	229	280	341	283	346	344	382	289	251	3516
5. DENTAL VISITS/ON-SITE	176	147	169	204	141	156	204	125	158	119	125	173	1897
6. DENTAL VISITS/ ORAL SURGERY OFF-SITE			1	2						2			5
7. EMERGENCY ROOM VISITS	22	19	12	7	20	12	10	15	16	13	15	11	172
8. HOSPITAL DAYS	22	14	9	15	11	17	14	32	8	14	28	4	188
9. HEALTH INVENTORY	618	629	734	645	587	608	669	741	734	690	625	616	7896
10. MENTAL HEALTH WORKER	404	477	489	555	449	480	465	446	501	444	397	422	5529
11. PSYCHIATRIC CONTACTS	322	268	413	373	455	358	423	397	427	400	380	372	4588
12. TB SCREENINGS	578	592	623	588	547	452	624	673	630	627	580	541	7055
13. ON-SITE X-RAYS	130	102	144	136	115	112	135	120	119	132	151	110	1506
14. OFF-SITE X-RAYS					1				1				2
15. INFIRMARY DAYS	349	325	339	212	263	267	362	250	374	291	274	246	3552
16. 6 MONTH PHYSICALS	64	64	75	52	59	52	54	81	64	40	58	50	713
17. SPECIALTY SERVICES	***64***	***59***	***58***	***55***	***64***	***64***	***82***	***65***	***65***	***66***	***53***	***51***	***746***
A. OB\GYN OFF-SITE	10	14	13	14	24	22	21	16	13	7	10	11	175
B. ORTHOPEDIC	5	15	9	5	10	10	10	11	8	9	9	8	109
C. CARDIOLOGY		1										1	2
D. OUTPATIENT SURGERY	3	2	5	3	2		1	4	3	3	1		27
E. SCANS (CT/MRI/ULTRA/MAMM)	5	6	6	6	5	5	6	6	13	9	8	8	83
F. ENT			1	1									2
G.OPTHAMOLOGY	5	5	4	4	5	2	2	2					29
H.OTHER	36	16	20	22	18	25	42	26	28	38	25	23	319
18. CONFIRMED COMMUNICABLE DISEASES								1					1
A. TB													
B. HIV			1				1						2
C. HEPATITIS A													
D. HEPATITIS B						1				1			2
E. MENINGITIS													
F. STD	1	3	5	3	1	1			1		1		16
G. ECTOPARASITES				1									1
H. OTHER	1					1	1	2					5
19. INCIDENTS													
A INMATE DEATHS		1						1					2
B INMATE GRIEVANCES	33	34	29	22	26	32	24	15	9	23	11	19	277
C SUICIDE ATTEMPTS							1						1
AVERAGE INMATE POPULATION	1652	1680	1684	1704	1614	1589	1589	1611	1591	1570	1545	1444	1606.08

Appendix B
Inmate Classification System

CLASSIFICATION CRITERIA	
ADSEG	Inmates segregated for their own safety on the safety or safety of others. Additional Precaution (API) Inmate with civil charges only
PSYCH	Inmates displaying a continual pattern of bizarre behavior or mental disorder. Restrictions: Housed and moved alone or with compatible Psych. No more than 2 moved at one time. Staff to inmate ratio 1:2
P.C.	Inmates segregated for their own safety. Inmates who are informants. Inmates who have subservient characteristics; possibly homosexual but not blatant. Housed and moved with compatible PC's. No more than 8 (PC's) or 4 (PCVC/VA's) moved at one time. Staff to inmate ratio 1:5 for PC's and 1:4 for PCVC/VA's.
V.C.	Those inmates charged with Penal Code Sections 187,664,187,151.2,209,207,209,209.5,265,217.1… [VC, VCVA, VCST] Time limit 10 years. Restrictions: Housed and moved with compatible VC.VA's. No more than 4 moved at one time. Staff to inmate ratio 1:4
V.A.	Inmates who have assaulted staffs show a pattern of violence toward others [VA, VAST]. Time limit 5 years. Restrictions: Same as VC
S.T.	General Population inmates charged with Penal Code Sections 4011.7, 4530, 4532, 4584, 4450, 4573, 4600, 405(a), 405(b), 6054. W&I Code Sections 1001.5, 1766.7, 871, 871.5 [ST] Time Limit 15 Years. Restrictions: Housed and moved with other GP inmates per facility Housing Plan. No more than 8 moved at one time. Staff to inmate ration 1:5
LEVEL 3	General Population inmates charged with Penal Code Sections 211, 215, 222. Any 245 charges, 261, 241, 422, 244.59b) [L3]. Time Limit 5 Years. Restrictions: Housed and moved with other GP's per facility Housing Plan. No more than 20 moved at one time. Staff to inmate ratio 1:10
LEVEL 2	Housed and moved with other GP's per facility Housing Plan. No more than 20 moved at one time. Staff to inmate ratio 1:10. Not allowed outside access.
LEVEL 1	Sentenced inmates [L1, L1KN]. Note: Inmates with HOLDS can never be classified Level 1, only Level 2. Restrictions: Housed in GP, No more than 20 moved at one time. Ratio 1:10
TODD NO	Those inmates charged with Penal Code Sections ... and any third-strike inmates. Inmates with serious medical conditions (TN)
TS	Those inmates charged by the DA with a third-strike allegations (TS)
SUICIDAL	When an inmate is suicidal, place an SU at the end of the classification. This is to be removed when the inmate is treated by medical staff. If there is no room for the SU, remove the least important class to make room.