



Established April 2023

“An Incarcerated Committee Advancing Public Safety”

THE CALIFORNIA MODEL

“A Manual by the Incarcerated to Transform CDCR’s Culture and Promote Public Safety”

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ISBN: 979-8-218-93825-3 (paperback)

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TABLE OF CONTENTS

NAVIGATING THIS PUBLICATION	5
ACRONYMS.....	6
ABOUT THE PEOPLE IN BLUE.....	7
PRIMARY CONTRIBUTORS.....	8
TPIB AMBASSADORS	8
SUBCOMMITTEES	8
PART I: PRELIMINARY REPORT	9
ACKNOWLEDGMENTS	10
PREFACE.....	11
EXECUTIVE SUMMARY.....	13
INTRODUCTION	19
INTRODUCTION: THE LINEAR REHABILITATION MODEL (LRM)	20
Phase One	20
Phase Two.....	20
Phase Three.....	21
Phase Four	21
IN DETAIL: THE LINEAR REHABILITATION MODEL (LRM)	23
Phase One: Orientation/Onboarding to Rehabilitation	23
Phase Two: Rehabilitation Programs	26
Phase Three: Health and Safety	28
Phase Four: Transitions—Financial Literacy.....	33
CONCLUSIONS.....	37
PART II: FINAL REPORT	39
ACKNOWLEDGMENTS	40
FOREWORD.....	41
INTRODUCTION	44
Key Recommendations For CDCR	45
Key Recommendations For SQRC.....	47
INTRODUCTION TO LINEAR REHABILITATION MODEL (LRM)	49
Phase One	50
Phase Two.....	52
Phase Three.....	52
Phase Four	53
IN DETAIL: LINEAR REHABILITATION MODEL (LRM)	55
LRM Phase One: Orientation/Onboarding to Rehabilitation.....	55
LRM Phase Two: Rehabilitation.....	61

LRM Phase Three: Health and Safety.....	64
LRM Phase 4: Transitions—Financial Literacy.....	70
CONCLUSIONS.....	75
PART III: IMPLEMENTATION REPORT.....	78
INTRODUCTION.....	79
BACKGROUND.....	80
LINEAR REHABILITATION MODEL (LRM).....	81
Phase One.....	81
Phase Two.....	82
Phase Three.....	83
Phase Four.....	83
WHAT IS THE ROLE OF SQRC IN THE ENVISIONED PROGRESSION?.....	84
HOW WOULD THE ADMINISTRATION’S VISION BE IMPLEMENTED?.....	84
HOW WILL SUCCESS BE MEASURED AND EVALUATED?.....	85
Short Term.....	85
Long Term.....	85
RECOMMENDATIONS.....	85
APPENDICES.....	87
Appendix A: Sample of California Model Survey.....	87
Appendix B: California Model Survey Data Summary.....	88
Appendix C: Orientation Program (in brief).....	93
Appendix D: Financial Literacy Report (in brief).....	98
Appendix E: Memo on “overfamiliarity”.....	100
Appendix F: Right 2 Heal Food Program.....	107

NAVIGATING THIS PUBLICATION

The [Preliminary Report](#) was incepted in early conversations about our individual and collective experiences with incarceration as well as a deep understanding of the history of the prisoners' rights movement in California and beyond. We wrote this report to process our understanding of why the California Model is needed at this point in time.

Building upon these revelations and history, we began to ask ourselves, *what are the systems we need to put in place to bring about healing and culture change?* To answer this question, we developed the [Final Report](#), exploring the various mechanisms through which CDCR's toxic culture could change.

Lastly, we created the [Implementation Report](#) to explain how to put in motion systemic change to create real shifts in the toxic culture of CDCR's prisons (and beyond).

ACRONYMS

APPS	Approved Personal Property Schedule
BGF	Black Guerilla Family
BLC	Base Line Condition
CDCR	California Department of Corrections and Rehabilitation
COMPAS	Correctional Offender Management Profiling for Alternative Sanctions
CSRA	California Static Risk Assessment ¹
DMV	Department of Motor Vehicles
GW	Green Wall
IC	Information Committee ²
IRS	Internal Revenue Service
LRM	Linear Rehabilitation Model
MTC	Mount Tamalpais College
MVB	Maintenance and Vocational Building
PLN	Prison Legal News
RAC	Rehabilitation Achievement Credit
RC	Reception Center
RVR	Rules Violation Report
SHU	Security Housing Unit
SQRC	San Quentin Rehabilitation Center
SSI	Social Security Institution
TPIB	The People In Blue
VIO	Violence Detriment
YOP	Youth Offender Program
SQRC	San Quentin Rehabilitation Center

¹ Turner, S. (2009). Development of the California Static Risk Assessment Instrument (CSRA). The UCI Center for Evidence-Based Corrections. <https://ucicorrections.seweb.uci.edu/files/2009/11/CSRA-Working-Paper.pdf>

² An *Information Committee* is a group of CDCR employees who attend all policy meetings for the purpose of disseminating information throughout the department and answering policy questions from staff. The purpose of the IC is to create uniform understanding of policy and procedure throughout the department.

ABOUT THE PEOPLE IN BLUE

Who are The People In Blue?

The People In Blue, also known as TPIB, is a diverse group of incarcerated people in the California prison system who first formed at San Quentin State Prison with the goal to guide reforms under the California Model and help change the culture from the inside out. Our founding group has ~130 years of lived experience in the carceral environment and consider themselves to be direct stakeholders in the redesign of San Quentin into an innovative rehabilitation center, as well as the statewide system as a whole under the California Model.

How did the People In Blue get started?

TPIB started with a call to action put out by the group's two founders, Arthur Jackson and Steve Brooks. Tam Nyugen, Henok Rufael, and Anthony Tafoya were the first to join them. Together, the groups two founders and three original members have over 130 years of incarcerated experience combined. Jackson and Brooks presented TPIB to the legislature and social justice organizations as a key stakeholder group. The legislature and the organizations agreed that we the incarcerated people should have a voice in the design and implementation of the proposed changes.

Who can join The People In Blue?

Our name refers to all incarcerated people living inside California's prison system. Any incarcerated person who believes the prison system needs reform and who agrees with the efforts of The People In Blue is welcome in our group. We interview incarcerated people, do surveys, and collect data so we can be a voice for all incarcerated people. Anyone sincere in their desire to support our efforts can join and potentially serve on our cultural transition team or become leaders, facilitators, and ambassadors in the community.

How did The People In Blue develop their ideas for the California Model?

As a collective, we have hundreds of years of combined, lived carceral experience. To develop our ideas, we drew on our collective experiences, both good and bad, and began to analyze them. For the good experiences, we sought to develop a path to replicating them. For the bad experiences, we investigated the conditions that made them bad, identified the harm that the conditions caused, and then began to develop ideas of systemic approaches to stop them from happening again, in the near term and in the future. As individuals, Jackson and Brooks and the rest of our group understood that a pure data-driven report would not do justice to the conditions and culture in which we currently live, and have lived, over the decades. We knew that these conditions and this culture must be memorialized and transformed using our lived experience if we are to have any chance of succeeding in changing the status quo for the last 60± years. This report is the result of our life's experience.

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THE CALIFORNIA MODEL

**“A Manual by the Incarcerated to Transform CDCR’s Culture and
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PART I: PRELIMINARY REPORT

ACKNOWLEDGMENTS

We would like to extend our sincere gratitude to the many individuals who contributed to this report, either directly or indirectly. In particular, we want to thank the people who are incarcerated for sharing their lived experience, questions, and suggestions on how the California Model should look and be implemented. We also want to thank those correctional officers who so bravely shared their insight, fears, and hopes on the California Model—we appreciate and admire your willingness to engage with us. Thank you to the many people—the incarcerated, the formerly incarcerated, the correctional staff, and experts in a wide variety of fields—who helped deepen our understanding of the intersections that rehabilitation has throughout the system. This includes the Light Keepers, Voices Heal, Guiding Rage Into Power (GRIP) programs, as well as the social justice insight given to us by the Coalition For Justice.

PREFACE

A word from the leadership of The People In Blue. By Arthur Jackson, President

I am aware that many object to the severity of my language; but is there not cause for severity? I will be as harsh as truth, and as uncompromising as justice. On this subject, I do not wish to think, or speak, or write, with moderation. No! No! Tell a man whose house is on fire to give a moderate alarm; tell him to moderately rescue his wife from the hands of the ravisher; tell the mother to gradually extricate her babe from the fire into which it has fallen;—but urge me not to use moderation in a cause like the present. I am in earnest—I will not equivocate—I will not excuse—I will not retreat a single inch—AND I WILL BE HEARD. (William Lloyd Garrison³, as cited in Urias, 2013)

In 1980, California had just twelve prisons and had incarcerated 24,000 people. We ended up with thirty-six prisons in the new millennium. But now with closures happening there are thirty-three prisons with just over 92,000 people held in cages, down from a high of 174,000 people in 2006, a total increase of 554 percent and an increase in the population of incarcerated women by 850 percent. California has the distinction of operating the third-largest prison system in the world, trailing only China and the United States as a whole. — (Trevor Paglen, 2006⁴)

During the process of compiling this report, a friend asked, “Why is this report needed?” Pondering her question, I considered the day Governor Gavin Newsom held his press conference at San Quentin State Prison wherein he acknowledged there is a “toxic culture” within CDCR.⁵ Hearing Gov. Newsom’s words, I became upset. I recalled my stay at 17 of California’s 34 prisons. The term toxic culture does not begin to capture the depth of the violence and dysfunction that I experienced. I have been incarcerated for 30 years in some of California’s most infamous prisons (e.g., Pelican Bay, Corcoran, Soledad, Centinela, Pleasant Valley, and Salinas Valley). I was held in each of these prisons at the very moment in history when some of the worst human atrocities were being committed daily. It was a time when society accepted, and even promoted, dehumanization as the price to be extracted for breaking the law. I watched as the incarcerated were humiliated, debased, threatened, raped, murdered, set-up, prevented from healing in any form, and denied their humanity until at last, they too succumbed and adopted the animalistic mentality that was manufactured by some of their captors. This manufactured mentality was then presented to the world as “normal.”

I watched as those officers who disagreed with the ill treatment of the incarcerated were ostracized, harassed, targeted, bullied, and more—just for not joining in those acts of inhumanity. If an officer reported to supervisors the inhumane treatment of the incarcerated, that officer would disappear with only rumors of what happened left in their place. I watched as the perpetrating

³ As cited in Urias, M. L. (2013). *Thoughts on Life And the Absolute Power of Thought*. Midnight Express Books.

⁴ Paglen, T. (2006). Recording California’s carceral landscapes. *Leonardo Music Journal*, 16,(1) 56-57.

⁵ Haines, J. (2023). Newsom: Major changes ahead for San Quentin. *San Quentin News*, pp. 1, 4. <https://sanquentinnews.com/newsom-major-changes-ahead-for-san-quentin/>

officers escaped accountability for their atrocities, time and time again. I read the history of our carceral system in California and about those who sounded the alarm long before me, warning every one of the trauma that was being perpetrated within prison walls. These warnings were trumpeted long before I came to exist within the prison society and had fallen on deaf ears. To have the governor finally declare what incarcerated activists have been saying all along, encouraged and yet greatly upset me given the senseless trauma and death inflicted upon both officers and people in blue. Yes, I was upset and concerned!

I recall those violent times and yelling from the rooftops—telling anyone and everyone who would listen—about the foul, racist, sadistic, and vile environment that I lived in. I remember seeking help in any form it could be provided. The court system has said much the same about the prison environment.^{6,7} As a reward for my efforts, I have been thrown in administrative segregation, transferred to prison after prison, and been declared “intimidating towards staff,” the latter of which resulted in a parole denial that has led to at least an additional five years of incarceration for me. Upon hearing our Governor’s matter of fact statement that there is a “toxic culture” within the California Department of Corrections and Rehabilitation (CDCR), I became upset because I know that this toxic culture is deadly—it has been authenticated with dead bodies on all sides.

For decades, incarcerated people have sat on the sideline listening and watching as the state of California crafted false narratives around criminality and public safety in communities most impacted by structural inequality. The only solution proffered was the creation of cage after cage, resulting in community after community filled with trauma. Alcoholics Anonymous defines insanity as “doing the same thing over and over expecting different results.” One then is left to conclude that the repeated efforts to secure public safety by building cages and creating trauma filled communities is insanity.

While I am saddened that it took so long for a California governor to acknowledge CDCR’s toxic culture, I am extremely grateful to Governor Newsom for his courage and leadership in this moment in history. His acknowledgment of the toxic environment and his commitment to change this culture has created a hope like I have never seen before within the prison system. This hope spurred me to action as I recognized this was an opportunity for real change. I sought out and connected with others who felt the same.

In conclusion, the answer to my friend’s question is that this report is needed because of the untold number of people suffering and dying over the decades as a direct result of the inhumane state of California’s carceral institutions. This report is needed because no one listened to the voices in history who demanded change. It is needed because defenseless incarcerated people have been harmed beyond all recognition and those who work with them have been traumatized by that same harm. This report is needed because we the incarcerated people have unique knowledge and ability to fix what the system has broken!

⁶ *Coleman/Plata v. Schwarzenegger*, 445 F.Supp.3d 557 (563 U.S. ___ 2011) U.S. 9th Cir. Federal Court/U.S. Supreme Court.

⁷ *In re Hall*. (2021). SC212933. Marin County Superior Court.

EXECUTIVE SUMMARY

From Revolution to Reconciliation. *By Steve Brooks, Vice President*

So in that spirit of reconciliation, recognition, we're here to do more and be better. Not just asking you to do more, the incarcerated, to do more and be better, but asking all of us to do more and be better. (Governor Gavin Newsom, 2023. Press conference announcing the California Model and the San Quentin Rehabilitation Center)

Gov. Newsom's press conference was historic. He spoke about an issue that has never before been a point of concern when discussing prison reform—prison guards are suffering from the same traumatizing effects of prison life as the incarcerated. Gov. Newsom mentioned that 10% of officers employed by the CDCR either contemplate suicide or commit suicide. The current system is leading officers to suffer bouts of PTSD, depression, and alcoholism and it is destroying relationships. Mending the relationship between incarcerated people and officers will be the catalyst that drives the new idea of a California Model based on health and wellness.

Right now, the prison system is structured like a war zone. Officers equip themselves as if they are headed off to war when entering prison facilities. They train to kill incarcerated people at shooting ranges and to gain control of incarcerated bodies using brutal force. Many officers believe it is their duty to punish and dehumanize the incarcerated. They walk along the catwalks with mini-14's draped over their shoulders. Kevlar vests protect them from being stabbed. Menacing cans of pepper spray hang from their belts along with batons. This military garb donned by officers reinforces within their psyche that prisons are war zones and that the incarcerated are enemy combatants to be subdued by whatever force necessary. This is true in many ways, including the bloody history dating back 50-years between Black incarcerated people and officers. San Quentin's administration has not forgotten this history. For the most part, relationships remain strained between officers, the Black incarcerated population, and their community.

There has been no other ethnic group in the history of the California prisons system who have had as bad a relationship with correctional officers as African Americans. That relationship has always been tainted and further strained by the history of racism in America. It has been strained by hundreds of years of African slavery, Black Codes, Jim Crow laws, segregation, and lynching.

In the 1970's, racism within the prison system hit a crescendo at San Quentin State Prison, touching off some of the most polarizing events that have ever occurred in the American prison system. These events set the stage for ongoing violent engagements between the incarcerated people housed in California prisons and the officers staffing those prisons. The Black Panther Party for Self Defense, a group described as having radical revolutionary views, was calling for a revolution in American Society. The call for revolution spilled into the prisons. Many correctional officers and prisoners lost their lives during this period. A group of incarcerated men known as "The Soledad Brothers," which included George Jackson, Fleeta Drumgo, and John Clutchette, were charged with murdering several prison guards. At the same time, Jonathan Jackson, George's brother, brazenly ran into a Marin County courtroom and attempted to help prisoner James McClain escape charges for stabbing a correctional officer. Jackson and McClain took several hostages in the attempted

escape, including the judge. All died in a shootout with law enforcement. After his brother was killed, George Jackson was killed by gun fire at the Adjustment Center at San Quentin along with several guards.⁸ This set off a chain of prison uprisings across the United States, including the infamous Attica Riot in New York where 33 prisoners and 10 guards died in a hail of bullets.

The violence of the 1970's was the catalyst for an increasingly toxic, violent, and confrontational culture between officers and incarcerated people. During this decade, several prison gangs came into being, including the Black Guerrilla Family (BGF), the Aryan Brotherhood, the Mexican Mafia, and the Nuestra Familia. These gangs divided the landscape of the California prison system and created a black-market economy fueled by smuggling drugs into the prisons. The prison gangs and underground economy created an ever-growing criminogenic culture that would thwart any efforts at reform. Everyone was a danger, from the prison guards to the incarcerated people to justice-impacted communities.

CDCR MEMO

April 4, 2023

“Realizing that a prison sentence itself, losing one’s freedom, is the punishment for the population we, serve, we must do better to create an environment that is healthier for our staff, while the population do all they can to rehabilitate themselves.”

– J. Macomber, Secretary

During the late 1970's early 1980's, Ronald Reagan's "War on Drugs" removed more and more Black and Brown people from their communities and placed them on prison yards throughout America.⁹ In the mid-1980s, Joseph Biden's and Bill Clinton's "War on Crime" led to the enacting of a new wave of massive crime bills.¹⁰ In California, the Three Strikes Law placed an unprecedented number of black and brown bodies in cages, under the auspice of public safety. The influx of black and brown bodies led to a massive, prison-building project under then Governor Pete Wilson. As more bodies were being labeled as dangers to society, super predators, or violent criminals, large 5,000-bed prisons facilities sprang up throughout California. People in cages were stored everywhere—from bunk beds on tier catwalks to gymnasiums—bodies were on top of bodies. The violence that

ensued from the overcrowded conditions turned some prisons into Roman-style "gladiator arena[s]." In the 1990's prison guards created their own gangs. One such officer gang was known as "The Green Wall," which led to a culture of silence when it came to wrongdoing on the part of their co-workers.¹¹ At Corcoran State Prison for example, guards were secretly staging fights between rival gang members for entertainment purposes in Segregated Housing Units. They allegedly invited women and ate snacks while watching prisoners brutalize each other. This occurred over an 8-year

⁸ Sawyer, K. (2022, April 27). One year to life – criminal, revolutionary, murderer, icon? On the anniversary of George Jackson's death, the answer depends on who you ask. *San Quentin News*. <https://sanquentinnews.com/one-year-to-life/>

⁹ Chinni, D. (July 2, 2023). Costs in the War on Drugs continue to soar. *NBC News*. <https://www.nbcnews.com/meet-the-press/data-download/costs-war-drugs-continue-soar-rcna92032>

¹⁰ Galston, W. A., and Ray, R. (August 28, 2020). Did the 1994 Crime Bill cause mass incarceration? *Brookings*. <https://www.brookings.edu/articles/did-the-1994-crime-bill-cause-mass-incarceration/>

¹¹ Hennessey, V. (2009, November 22). Whistleblower recounts origins of 'Green Wall' at Salinas Valley State Prison, September 11, 2018. *Monterey Herald*. <https://www.montereyherald.com/2009/11/22/whistleblower-recounts-origins-of-green-wall-at-salinas-valley-state-prison/>

period until a whistleblower stepped forward. The prisoners that the guards hated the most were shot. Seven men were killed and 50 wounded.^{12,13} During this time period, a brawl between correctional officers and members of the East Coast Crips led to several officers being stabbed at the maximum-security Calipatria State Prison in May of 1995.¹⁴ At that point, violence between guards and the incarcerated dramatically increased. These are just a few of the documented cases wherein violence occurred during the time of The Green Wall. The hatred that was building between correctional officers and the incarcerated reached a breaking point in 2005 when the founder of the Crips, Stanley “Tookie” Williams, was executed by lethal injection.¹⁵ He had transformed and rehabilitated himself to the point where he was nominated for a Nobel Peace Prize, and many people believe that Tookie may have been spared had it not been for this violent culture.

By 2006 there were 173,000 prisoners crowded into 34 California prisons that were grossly overcrowded. The prison system was at 167% to 200% of its design capacity of 85,000. Racial riots became the norm. People were stabbed, killed, and frequently had to be medevac’d to hospitals for life-saving treatment. The California prison system was collapsing in upon itself and lawsuits over racism and medical and mental health care were at center stage.

“...the evidence is clear that the state’s continued failure to address the severe crowding in California’s prisons would perpetuate a criminogenic prison system that itself threatens public safety.”

—Coleman-Plata v. Schwarzenegger, Three-Judge Court

In 2009 a three-judge panel ordered the state to reduce its overflowing prison population. The court ruled that the state’s outdated prison healthcare system amounted to “cruel and unusual punishment,” in violation of the Eighth Amendment of the U.S. Constitution. A Federal Receiver was given control over healthcare and eventually the prison population was capped at 137.5% of its designed capacity on average.¹⁶ During this time, more officers and incarcerated people were found to be suffering from mental illness and either contemplating or committing suicide than ever before. Following the courts declaration that CDCR’s mental health and medical apparatus was in violation of the Eighth Amendment of

the U.S. Constitution, California’s lawmakers began to pass a series of laws designed to decrease the prison population. Lawmakers began with realignment under AB 109 in 2011, which re-housed low-level, non-violent offenders in the state’s county jails.¹⁷ Then Proposition 36 released incarcerated people with nonviolent, non-serious crimes but who had received life sentences under the state’s Three Strikes Law.

¹² McCarthy, K. (2020). Challenging Gladiator Fights in the CDCR. *UCLA L. Rev. Discourse*, 68(72).

¹³ Vélez Young, M., & McCloskey, B. (2023, March 1). California Prison gladiator fights again! *Community Alliance*. <https://fresnoalliance.com/california-prison-gladiator-fights-again/>

¹⁴ Pens, D. (1995, September 15). CA prisoners assault prison office. *Prison Legal News* (13). <https://www.prisonlegalnews.org/news/1995/sep/15/ca-prisoners-assault-prison-office/>

¹⁵ NPR. (December 13, 2005). The Execution of Stanley ‘Tookie’ Williams. [Special Series] <https://www.npr.org/series/5045237/the-execution-of-stanley-tookie-williams>

¹⁶ *Coleman v. Schwarzenegger*, 922 F. Supp. 2d 882 (E.D. Cal. 2009)

¹⁷ Petrella, C. (2014, June 12). Consequences of California’s realignment Initiative. *Prison Legal News* (1). <https://www.prisonlegalnews.org/news/2014/jun/12/consequences-californias-realignment-initiative/>

In 2013, people incarcerated at Pelican Bay’s Secure Housing Unit (SHU) directly challenged their indefinite isolation and the toxic culture within the prison system by engaging in prolonged hunger strikes. These peaceful protests set the stage for transformation in the California prison system. An estimated 29,000 prisoners refused to eat, protesting prison conditions in an effort for better food and better library facilities.¹⁸ This helped fuel an unprecedented human-rights campaign to abolish indeterminate SHU programs and long-term solitary confinement. Soon thereafter, Proposition 47 and 57 came into effect to help release more low-level, nonviolent offenders and allow pathways to earn time-off credits through rehabilitative programming.

What happened next was unexpected but predictable—the overcrowded California prison system was hit by the deadly Covid-19 pandemic. For the first time many in the public realized the ugliness of mass incarceration. They also got a look at racial violence up close and personal with the videotaped murder of George Floyd. This was a unique and unequalled time in American history, especially in American corrections history. Over 2,600 infections of Covid-19 occurred at San Quentin during the first wave of the pandemic; 28 incarcerated people and one correctional officer died and many more were hospitalized or suffered permanent damage. A Marin County Superior Court judge ruled that California prison officials showed “deliberate indifference” and inflicted “cruel and unusual punishment” on people in San Quentin.¹⁹ In recognition of the contributions that overcrowding was making to the severity of the pandemic in California prisons, expedited releases under Penal Code Section 1170 “sentence recall” laws were enacted for some incarcerated people.

Today in California, African Americans make up 20% of people in jail and 28% of California’s prison population, but only 6% of the overall population in the state.²⁰ African Americans are second only to Hispanics in the state’s prisons, who make up 46%.²¹ A slavery Reparations Task Force in California found that the criminal justice system was a major contributor to racial inequality and recommended to Governor Newsom that the criminal justice system be transformed.²² Another innovation was the Racial Justice Act, a new law that provides a pathway to overturn convictions influenced by racism.²³ Many of these new measures are thanks to Gov. Newsom’s leadership.

¹⁸ Carroll, R. (2013, July 9). California inmates launch biggest hunger strike in state history. *The Guardian*. <https://www.theguardian.com/world/2013/jul/09/california-prisoners-hunger-strike>

¹⁹ In re Ivan Von Staich. (November 16, 2021). Marin County Superior Court, case no. SC212566.

²⁰ Vera Institute (2024, October 16) Incarceration Trends in California. <https://trends.vera.org/state/CA>

²¹ Harris, H., & Cremin, S. (2024, September) California’s Prison Population. *Public Policy Institute of California*. <https://www.ppic.org/publication/californias-prison-population/>

²² California Reparations Task Force (2023, June 29). California Task Force to Study and Develop Reparation Proposals for African Americans, Final Report. *State of California Department of Justice*, pp. 747-758. <https://oag.ca.gov/system/files/media/full-ca-reparations.pdf>

²³ Laub, H. (2022). How California’s Racial Justice Act of 2020 Protects Criminal Defendants from Racial Discrimination and Why the Equal Protection Clause is Not Enough. *Rich. Pub. Int. L. Rev.*, 26, 113. <https://scholarship.richmond.edu/pilr/vol26/iss2/8/>

California’s prison population is only about 40% of what it was in 2006 with approximately 95,600 people incarcerated as of 2023 (i.e., 91,300 men, 3,900 women, 400 non-binary people).²⁴ Gov. Newsom is closing five of California’s 36 prisons by 2025. Many hope he will close 10 by 2027. In order to successfully accomplish these prison closures, a radical shift in correctional thinking must happen. This is a moment where more stakeholders than ever before need to be involved in the conversation in order to achieve true reconciliation. These voices must include the incarcerated population and their families.

As the envisioned San Quentin Rehabilitation Center sits as yet undefined and on the horizon, the giant elephant in the room is: What is going to happen to violent/serious offenders and the lifers who have been imprisoned 25, 30, 40 years or more? What will happen to those already traumatized by our broken criminal justice system? Will they be allowed to inform the needed changes with their hard-earned life experience? Or will they again be cast to the side and told by those who have never been on the incarcerated side of the fence to, just sit back, we know what’s good for you.

It is one of the great ironies of the history of prison reform in California that the group with the biggest stake in reform, the group with lowest the recidivism rate, and the group with most amount of time incarcerated is the group most consistently marginalized from informing and participating in the benefits of reforms—lifers and long-term offenders with serious or violent offenses. Such offenders have been largely carved out of every reform effort since realignment: Propositions 36, 47, and 57; Covid-19 releases; and Penal Code section 1170 recall of sentencing reforms among others. These reforms have left out many such offenders in favor of younger, lower-level offenders who also have higher rates of recidivism and less lived experience.²⁵

TPIB’s objective is to present a plan to shift the culture in CDCR based on our lived experience, which will inform Gov. Newsom and his advisory council and design team of the blind spots in California’s reforms efforts, both now and historically. People with the most lived experience in the carceral system are best able to inform the advisory council and its committees of what’s truly needed to create a shift in culture consistent with Scandinavia-style standards in order to make the SQRC into the “homecoming” program envisioned by Gov. Newsom. The People In Blue, being the most system-impacted group, represent perhaps the most important stakeholders in this discussion. It is our lived experience that will create a system of health and wellness to reconcile the toxic relationship between officers and the incarcerated population, and to help those who have already been harmed by the system heal from that trauma.

“One study has found that while Black and White incarcerated people were equally likely to break rules, correctional authorities were more likely to report infractions by Black people.”
—*The California Reparations Report, 2023*

²⁴ Petek, G. (2023, February 16). The 2023-24 Budget: The California Department of Corrections and Rehabilitation. *Legislative Analyst’s Office*. <https://lao.ca.gov/reports/2023/4686/CDCR-Budget-021623.pdf>

²⁵ Jones, A. (2020, April). Reforms without results: Why states should stop excluding violent offenses from criminal justice reforms. *Prison Policy Initiative*. <https://www.prisonpolicy.org/reports/violence.html>

Consistent with our goals and the stated goals of Gov. Newsom, this report seeks to:

1. Identify and explain key takeaways from historical events and lived experiences, through which to understand the breadth and depth of the toxic culture that exists in prisons and between officers and the incarcerated.
2. Put forth a successful and scalable rehabilitation model that can be implemented at San Quentin and then throughout California's prison system, specifically with minimal adjustments needed to accommodate the security requirements of the differing institutions.
3. Put forth policy and regulation solutions that promote a healthy and sustainable shift in culture for CDCR officers and employees as well as incarcerated people.
4. Actively advocate that victims and survivors of crime, incarcerated families, and community leaders are actively part of and inform the culture shift.
5. Reduce violence and recidivism in our community.

INTRODUCTION

The People In Blue committee members have ~200 years of incarcerated experience combined. Our lived experience includes every security level, from maximum- to minimum-security prisons within the state of California. While housed in these different security-level prisons, we have individually engaged in, established, and/or facilitated programs and efforts to promote a healthy environment free of violence. Some of us have even embarked on all-out efforts to expose the toxicity that is the current prison system and to reveal the dire need for healing. We have worked tirelessly throughout our incarceration to challenge those conditions within a department that does not support rehabilitation and healing.

Gov. Newsom's announcement of a direction change for CDCR paves the way for real change on a fundamental level for California's prison system. America's form of retributive justice and incarceration has been criticized the world over. There has been no stronger criticism than from America's own experts in the field, who have identified the prison system as trauma inducing. TPIB recognizes the great potential in the idea of the California Model. The model, if implemented and maintained, has the potential to change how incarcerated people interact with officers and vice versa, as well as how society treats communities of color and system-impacted communities. TPIB has long dreamed of this moment, which up until now was just that—a dream! It is TPIB's sole focus and intent to make this dream a reality.

INTRODUCTION: THE LINEAR REHABILITATION MODEL (LRM)²⁶

The Linear Rehabilitation Model (LRM) is a case-specific, four-phase plan to be implemented primarily within the first year following the imposition of a prison sentence.

Phase One

The first phase of the LRM starts with a meeting between a correctional counselor, a corrections officer, a formerly incarcerated person, and the recently-sentenced person. The purpose of this meeting is to take advantage of the newly-incarcerated person's mental state immediately following the imposition of a prison sentence. It is TPIB committee members' lived experience that the period following the imposition of a prison sentence and actually being transferred to prison, is the most opportune time for the newly sentenced person to commit to a path of change. It is during this time the incarcerated person is likely most mentally amendable to rehabilitation. Immediately following the imposition of a prison sentence most, if not all people, are looking for better opportunities and choices. They are in a state of regret having made decisions that landed them in prison. Most, if not all, repeat offenders are tired of making decisions that lead them away from their desired life results. It is this time and mental state that must be seized and redirected toward hope and rehabilitation. During the meeting, a review of the incarcerated person's life history will occur. They will be presented with choices to provide better life outcomes, and they will be directly asked to make a decision to change. If they agree to the opportunity to change, they will be issued a book of rules, regulations, expectations, and consequences for any failure on their part and/or the part of any state employee and/or other incarcerated person.

Phase Two

The Second Phase of the LRM will establish a Base Line Condition (BLC) of the incarcerated person. A BLC is the physical, mental, emotional, social, and economic state in which the newly incarcerated person enters the prison system. This phase will occur at CDCR's reception centers (RC) or at the SQRC. The incarcerated person will be orientated by peers, medical staff, correctional officers, and counselors. The initial orientation (see [Appendix C](#)) will occur with a representative of all of the identified departments and the cohort entering the system during an identified time period. The next orientation will occur individually with a representative of each identified department. Three processes will occur during orientation:

1. The incarcerated person will be required to attend two initial rehabilitation groups:
 - a. A group that details the diseases and dangers common among communities in prison that live in close proximity and how the newly-incarcerated person can maintain their health and dignity within this environment.

²⁶ Wanting to get input from as many people in blue as possible, surveys were sent out by the San Quentin News to CDCR prisons. [Appendix A](#) contains an anonymized survey and [Appendix B](#), the data summary.

- b. A group established and operated by victims/survivors of crime so that the newly-incarcerated person can begin to get an idea of the impact of crime on the community.
2. Evaluations to determine what physical, mental, emotional, and economic condition the newly incarcerated person is in and what help is needed.
3. The incarcerated person will then meet with a planning counselor (someone who will be their counselor throughout their term of incarceration to the extent possible) and plan their movement in, through, and out of the prison system and back into the community. The counselor will help the incarcerated person obtain all information and resources needed to ensure that when released, the incarcerated person will be in the best possible position to be successful. The goals of this program will be ranked according to importance and to success.

Phase Three

The third phase of the LRM is execution of the plan established in the second phase. In this phase, the counselor identified in Phase Two will research the location of the resources and information compiled in that planning phase. The counselor will then connect the incarcerated person to those resources. The counselor with the incarcerated person's input, will begin to assemble a support network to help the incarcerated person achieve the benchmarks and goals established in Phases One and Two.

In Phase Three, the incarcerated person will be assigned an account in the Financial Literacy Program (outlined in [Appendix D](#)) located on the tablet. In this program, the newly-incarcerated person will be required to attend a virtual class on the elements of financial literacy. After successful completion of the class, the incarcerated person will open a mock bank account. They will then receive a virtual stipend and start the virtual process of paying bills (i.e., rent, lights, gas, and water), buying groceries, and budgeting for entertainment events.

Phase Four

The Fourth Phase of the LRM is transitioning out of the system with ongoing community support in connection with community supervisory services (i.e., parole or probation). This phase is fluid in light of credit-earning regulations and other early-release programs. In this phase, particular attention will be given to connecting the incarcerated person to community resources (i.e. employment, housing, ongoing rehabilitation programs, etc.).

In this phase the incarcerated person will be allowed 8-hour furlough days. The furlough days will be utilized for engaging community leaders for support and to meet with representative from the IRS, DMV, and SSI. The purpose of the 8-hour furloughs is to reorient the incarcerated person back into the community, as well as enable them to contact community leaders, clear any identification issues, obtain a California identification, and obtain a Social Security card.

During the last 90-120 days of incarceration, a person will be allowed to enter into contracts for housing and employment. The incarcerated person's counselor will assist the person paroling to only enter into contracts which they can afford from their income. The incarcerated person shall be also allowed to enter into a contract as to a start date for employment. For housing, the incarcerated

person will be allowed to deduct from their trust savings and pay the required move-in amounts for housing. CDCR or another state agency will pick up half the tab for housing (i.e., first, last, and security deposit).

IN DETAIL: THE LINEAR REHABILITATION MODEL (LRM)

Phase One: Orientation/Onboarding to Rehabilitation

1.1. Abstract

Currently, there is no information given to an incarcerated person entering the prison system regarding what to expect, what rehabilitation programs are available, nor how to access those programs. Most if not all people are unprepared for prison and are unaware of what to do or what opportunities are available to them. The state does not reliably provide this information.

The state's failures during the early stages of an incarcerated person's sentence misses a golden opportunity for true rehabilitation. The orientation program should be viewed as an early intervention tool, which if done correctly, will be effective in providing the incarcerated person with knowledge and tools to successfully transition into and out of CDCR custody. Moreover, this tool will reduce recidivism.

The orientation program cannot be fully successful in and of itself. The tool must have the complete support of correctional staff. Currently, incoming correctional staff undergo two orientation trainings. The first training occurs in the academy prior to being assigned to a post. The second and most impactful training occurs by other officers working at the initial post to which the officer is assigned. It is this second peer-to-peer mentoring training that typically infects new staff members with the toxic and often dangerous and misguided assumption about the duties and obligations of the correctional officer under the old correctional model.

Often the new officer is shown the ropes of their new post position by a troubled, jaded correctional officer who has usually been the subject of numerous complaints about their behavior. This officer then educates the new officer in the unprofessional ways he or she operates. As a result, the new officer then adopts the same unprofessional behavior. It is this second peer-to-peer training between officers that passes along toxic attitudes and behaviors.

1.2. Post-Conviction Contact in County Facilities: Seizing the Moment

- Create a state orientation committee to operate in county facilities.
- Committee members will be a trauma-informed counselor, correctional counselor, correctional officer, formerly-incarcerated person, and victims' right advocate.
 - Committee makes contact with newly-sentenced person for preliminary observation of condition and to determine willingness to engage in rehabilitative programming.
 - Observation and interviews takes place at regular intervals until transfer to state reception center.
 - Committee will advise receiving RC of observations, any signs of observable trauma, and make initial recommendations for intake actions.

1.3. Reimagining Reception: A Peer-based Orientation Model

- Create RC orientation committee.

- RC orientation committee members: trauma counselor, medical doctor, mental health doctor, rehabilitation counselor, victim’s right advocate, correctional officer, incarcerated person.
- Develop rehabilitation plan with incarcerated person:
 - Path to parole.
 - Educational goals (e.g., achieve GED/high school diploma).
 - Rehabilitation needs.
 - Set up and begin tablet financial literacy classes. For those who lack the education level to participate in financial literacy classes, develop alternative (i.e., audio sessions, video tutoring sessions, etc.).
 - Begin developing support network; people to assist incarcerated person through the system to parole, including family.
 - Identify possible parole region and contact resources regardless of length of sentence.
- While in the RC the incarcerated person will be required to attend:
 - Orientation class
 - Victim Impact/Restorative Justice classes

1.4. Modernizing Departmental Assessment Tools

- Restructure CDCR’s offender point system, taking into consideration the county facility interview.
- Restructure violence detriments (VIO) codes (i.e. “hard-19” points, etc.).
- Restructure new employee hire evaluation tools and criteria (e.g., mental fitness).

1.5. Transfers: Institutional Welcoming Committees

- Every institution will maintain its own orientation committee.
- Each institution will maintain a committee comprised of a trauma counselor, medical doctor, mental health doctor, rehabilitation counselor, victim’s rights advocate, correctional officer, incarcerated person.
 - Each institutions’ orientation committee will communicate with other institution’s committees through the rehabilitations communications department regarding incarcerated participants.
 - The incarcerated participant will be notified of all communications via the tablet.
- Upon the arrival of an incarcerated person at a new institution, the incarcerated person will be given an orientation as to the rehabilitation programs available at that institution and the processes outlined in the institution’s orientation manual.
- The institution will continue to build-out the incarcerated persons support network.
 - A designated person on the orientation committee will maintain contact with an incarcerated person’s network at regular intervals to keep track of the support being offered and to ensure the support is consistent with the incarcerated person’s parole goals.

1.6. Staff Relations (Pre & Post Assignment)

- The department will redefine the terms and criteria of “overfamiliarity” with input from the incarcerated, justice-impacted families, correctional staff, and expert’s in the field of sociology.²⁷
- The California Code of Regulations, Title 15, Section 3400 “Familiarity” pertaining to correctional officers and other prison employees, states: “Employee must not engage in undue familiarity with inmates, parolees, or the family and friends of inmates or parolees.” It would appear that this regulation is the source of an adapted or improvised policy of prohibition of “overfamiliarity.” The intent appears to be to establish a behavioral policy analog of the regulation covering officers and extending it to all “free persons” entering the prison and interacting with the incarcerated population.²⁸ The term overfamiliarity appears to create this enduring, toxic engagement between the non-incarcerated and incarcerated, thereby permanently “othering” the incarcerated person. For the true culture shift we all seek, there must be a redefining of how people on institutional grounds may interact, including between officers and incarcerated people.

1.7. Recommendations

CDCR should promulgate new rules and regulations of “overfamiliarity” consistent with the ideals of therapeutic communities.

- Every institution will maintain its own post-assignment orientation committee for officers.
 - The only officers on this committee are those who have been approved by both the incarcerated population and officers.
- There will be a separate committee comprised of both incarcerated people and officers for the onboarding of new officers.
 - When onboarding new officers, particular attention will be paid to culture and defining the elements of a toxic culture and a healthy one.
- Trauma-informed training for all CDCR employees.
 - The history of CDCR’s struggles and the incarcerated population’s struggles will be included in this orientation.
- CDCR should promulgate new rules and regulations consistent with the intent of this orientation section.
- Legislation should be pursued to enshrine this orientation program into California’s Penal Code and Welfare and Institutions’ Code governing CDCR.
- The Department of Operations Manual (DOM) should be amended to reflect the new definition of appropriate and inappropriate “familiarity,” and the orientation program and the specific details set out in this report.

²⁷ Margolis, E. T. (2023, July 25) Over-familiarity”—The Wrong Concern, The Wrong Term. See Appendix E.

²⁸ Lindahl N (2011) Intimacy, Manipulation, and the Maintenance of Social Boundaries at San Quentin Prison. *Institute for the Study of Societal Issues*. [Working Paper]. University of California, Berkeley

- Establish an independent, offsite, accountability-oversight committee made up of members from the community.
- Adopt oversight rules and regulations to protect the changes from being dismantled.

Phase Two: Rehabilitation Programs

2.1. Abstract

TPIB recognizes that the state of California, specifically CDCR, wants and needs to continue evolving its rehabilitation programs to help the incarcerated population learn to recognize the consequences of their past harmful actions. This should include trainings on how those criminal actions affected the survivors of their crimes, as well as how to address their own trauma (as relevant) that allowed them to make decisions or take actions to harm other human beings.

Currently CDCR has no method of providing an organized system of rehabilitation to the incarcerated population that is personalized and case specific. Presently there is no identifiable process of rehabilitation once a person enters the prison system; the state’s only concern is static “security.” Every effort is made to apply as many security deterrents as possible, while leaving rehabilitation to the individual to search out, discover, or provide for themselves. This method leaves the incarcerated individual in the position of being forced to find and achieve rehabilitation on their own.

However, over the past 10 years, incarcerated people have created numerous, highly effective rehabilitation programs at different institutions. These programs have helped both the incarcerated, and at times staff, recognize and heal from their traumas. This healing has in turn lowered recidivism rates for certain segments of the incarcerated population, especially indeterminately sentenced people (i.e., lifers). For this segment of the population, self-made self-help rehabilitation groups have worked wonders, which has then also benefited those with determinate sentences.

TPIB’s purpose is to offer our unique perspective on the benefits of rehabilitation and positive programming from our lived experience. We propose with the LRM a sequence and series of groups for incarcerated people to navigate so they can experience rehabilitation and healing.

We have experienced first-hand how the lack of rehabilitation programs affects the incarcerated population, including but not limited to continued criminal thinking, criminal actions, denial, and/or a lack of understanding into problematic behaviors. Recognizing how the past has shaped our thinking and actions, we seek to expand incarcerated-created rehabilitation programs and funding for those programs for post-parole care.

2.2. Identifying and Addressing Gaps

CDCR’s system for assigning incarcerated people to rehabilitative programs does not address their specific holistic needs. We have lived experience with the problems that exist within the old correctional system. The following are challenges that must be addressed to improve the availability and effectiveness of rehabilitation:

- Overpopulation (stress on staff and the incarcerated population)
- Disorganized rehabilitation planning

- No effective implementation of a rehabilitation plan for newly arrived incarcerated people
- Underutilization of resources for rehabilitation programs
- Lack of support for Youth Offender Programs (space/resources under-utilized)
- Long vetting process to clear volunteers and organizations to enter the prison
- Not utilizing available space for rehabilitative and reintegration planning

2.3. Incarcerated-Person-Created Rehabilitation Programs

Incarcerated people who have looked at and addressed their own trauma are the ones in the best position to develop processes to guide effective rehabilitation. A majority of the rehabilitation programs existing in CDCR were created by incarcerated people. These programs have been hugely effective. To ensure that the most effective programs are designed and promoted CDCR should:

- Allot incarcerated people the space, time, resources, and permission to create curriculum, programs, and workshops needed to shift the culture within the department.
- Allow incarcerated people the opportunity to direct and guide the implementation of the rehabilitative structure of their own program.
- Provide the incarcerated population market-rate compensation for the creation of effective rehabilitation programs.

2.4. Resource Officers and Counselors

Orientation committee members will be assisting the incarcerated person to complete programs identified in their rehabilitation and parole plans.

2.5. Recommendations

- Reduce SQ population by parole attrition, which will ease stress on correctional, medical, and mental-health staff, as well as the incarcerated population.
- Establish flexible criteria for transferring non-programming incarcerated people to different, more suitable accommodations and institutions.
- Offer financial and/or recognition incentives for officers participating in rehabilitative programming and for using therapeutic-community resolutions. Examples of incentives can include monetary compensation and/or assigned job title and position.
- For incarcerated people, compensation for creating rehabilitative programming can include Rehabilitative Achievement Credits (RACs), including removing the annual credit cap, as well as more privileges (e.g., outside vendor use for instruments, attendance of concerts, movie nights).
- Offer financial and credit-earning incentives for incarcerated people to create and facilitate rehabilitation programs based on their lived experience.
- Offer incentives for custody staff (including pay and or recognition) to sponsor rehabilitation groups alongside incarcerated people.
- Use currently available spaces and times for rehabilitative groups (i.e., Maintenance Vocational Building (MVB) from 3 pm to 8 pm and on weekends, Education Annex on

weekends from 6 am to 1 pm, and empty rooms in the Medical Building and Chapel areas during available timeslots).

- Replicate YOP processes currently serving the incarcerated youth at Valley State Prison and create a support network specifically for this segment of the population as outlined in Phase One of the LRM.
- Allocate specific, assigned space and times for weekly YOP mentor and mentee meetings and groups (YOP counselor/yard officer and lead mentors must have time to discuss challenges and successes with the program).
- Shorten and streamline the vetting process for volunteers to obtain “Brown Cards” to sponsor rehabilitation groups.
- Provide earned-housing unit privileges to every housing unit to allow even distribution of programmers to act as examples and mentors for new arrivals and incarcerated youth.

Phase Three: Health and Safety

3.1. Abstract

The Health and Safety component encompasses all issues that affect the mental and physical bodies of incarcerated people and correctional employees, both in the short- and long-term:

- Exercise
- Food/Nutrition
- Culture
- Physical structures
- Environmental conditions

Phase Three takes an in-depth examination of all elements involved in the health and safety of prisons, in this case specifically the SQRC. To begin a genuine model of rehabilitation, an understanding of the historical factors leading to the current environment is necessary.

Between the 1960s and the early 1990s, incarcerated people in the state of California enjoyed access to weightlifting equipment. By the mid-1990s, tough-on-crime attitudes led to the deterioration of common-sense policies in and around the care of incarcerated people. During the mid-1990s, a public hysteria was building around politicians and criminologist referring to young Black and Brown men as “superhuman criminals.” In his book, “Encyclopedia of Criminological Theory,” John J. Dilulio Jr., a criminologist and political scientist, coined the idea that “super predators” were running lose in American society in his moral poverty theory.²⁹ Dilulio warned that by the year 2000, an additional 30,000 young murderers, rapist, and muggers would be roaming America’s streets, sowing mayhem.³⁰

²⁹ Bennett, W. J., DiIulio, J. J., & Walters, J. P. (2010). Moral Poverty Theory. In F. T. Cullen & P. Wilcox (Eds.), *Encyclopedia of Criminological Theory*. Sage.

³⁰ Becker, E. (2001, February 9). As Ex-Theorist on Young ‘Super predators,’ Bush Aide has Regrets. *New York Times*. <https://www.nytimes.com/2001/02/09/us/as-ex-theorist-on-young-superpredators-bush-aide-has-regrets.html>

Hillary Clinton, who at the time was the First Lady of the United States, helped spread DiIulio's message about a supposed coming onslaught of young, minority, super predators.^{31,32} Societal panic led to the Pryce-Stupak Amendment of the 1994 Crime Bill.³³ The amendment proposed prohibiting weight training within prisons. "We have unwittingly been mass producing a super breed of criminals," said Congresswoman Pryce. "If you want to stop building a better thug, support the Pryce-Stupak Amendment." California Senator Steve Peace then introduced emergency legislation to remove weightlifting programs from California's prisons. In January 1998, California Department of Corrections' Chief Deputy Director Gregory Harding put out an administrative bulletin to get rid of all weightlifting equipment from the prisons.³⁴

Critics of the ban warned that taking such measures would lead to a sickened population of prisoners. On April 15, 1998, Willie Wisely reported in the *Prison Legal News* that, "The ban on weightlifting will cost California taxpayers millions of additional dollars to take care of prisoners." As of 2022, yearly healthcare costs for the incarcerated population averaged \$19,796 per incarcerated person.³⁵ In addition to the removal of weight-bearing exercise, and perhaps even more detrimental to the health of the incarcerated population, has been the severe reduction and in some cases the complete prohibition of nutritious meals, including fresh produce such as citrus fruits. Especially starting in the era of the "super predator" rhetoric and prison warehousing, the quality of the incarcerated populations' food servings has gradually decreased in nutrition, flavor, and portion size until it is now woefully inadequate for good physical and mental health, despite what the CDCR nutritionists who sign off on the menus say. While taken in isolation, some may try to argue that such deprivation does not affect an incarcerated persons' health. However, when taken collectively, the deprivation of weight bearing exercises, fresh produce, and adequate nutritional sustenance have resulted in the deterioration of the incarcerated population's health.

Adding CDCR's toxic and stress-inducing culture to the deprivation of exercise and nutrition, the situation has become untenable. As a result, not only is the system overloaded with physically disabled people, it is also overloaded with mentally ill people as a direct result of its chosen policies. When the restriction of outside exercise and movement for days, months, and years on end, such as due to lockdowns and modified programs, is thrown on top of everything else, the present toxic conditions are the result.

³¹ Cox, C. (2020, October 26). Fact Check: Hillary Clinton, not Joe Biden, used the phrase 'super predators'. *Reuters*. <https://www.reuters.com/article/idUSKBN27B1PB/>

³² Clinton, H. (1996). Hillary Clinton on "super predators" (C-SPAN). *YouTube*. <https://youtu.be/j0uCrA7ePno?feature>

³³ Congressional Record. (1994, April 20). *SUPPORT THE PRYCE-STUPAK AMENDMENT TO THE CRIME BILL*. Congressional Record, volume 140 issue 44 (Wednesday, April 20, 1994). <https://www.govinfo.gov/content/pkg/CREC-1994-04-20/html/CREC-1994-04-20-pt1-PgH19.htm>

³⁴ In 1998, Willie Wisely reported in the *Prison Legal News* that, "The ban on weightlifting will cost California taxpayers millions of additional dollars to take care of prisoners. Wisely, W. (April 1998). *Weights Banned in California*. <https://www.prisonlegalnews.org/news/1998/apr/15/weights-banned-in-california/>

³⁵ The California Legislature Nonpartisan Fiscal and Policy Advisor. (2018, January 18) *Recent report compares California inmate health care costs to rest of Nation*. California Legislative Analyst's Office. <https://lao.ca.gov/Publications/Report/3733>

3.2. Accessing Weight Bearing Exercise Equipment

- Employ fitness trainers to advise staff and the incarcerated population.
- Establish and maintain weightlifting areas (containing loose weights and machine weights).
- Establish safe weightlifting curriculum and classes.
- Allow staff to train with incarcerated population (all weight training time covered by employee contract).

3.2.1. Accessing nutrition and health experts

Employ nutritionist in a common area (preferably the gym) and permit the incarcerated population to access that person during exercise times. Also, allow the nutritionist to access (with permission) the incarcerated person's medical file to advise them on a personalized nutrition and exercise regimen.

3.3. Accessing Healthy Foods and Food Sources

Providing healthy food and access to healthy food sources will be achieved in a three phase plan over the course of three years, as proposed herein. Each phase and step will impact all areas where food is served or delivered within the institution (i.e., dining hall, canteen, receiving and release, and medical.)

3.3.1. Food Items

Currently CDCR allows package companies to make most of their more healthy food options (e.g., dried fruit, trail mix, raisins, dehydrated vegetables, real sugar, etc.) available for the women's facilities only while denying men's facilities the same items. The excuse has been that such restrictions reduce the amount of manufactured alcohol produced by incarcerated residents who are so inclined. This excuse not only penalizes the entire male population for the potential actions of a few, it contributes to the toxic culture within CDCR because it sends the message to the incarcerated population that their health comes second to the conduct of a few individuals.

Furthermore, studies have shown that Aspartame (an imitation sweetener), when consumed in quantity over time, can lead to cancer. For example, an incarcerated individual who has been imprisoned for 10 years who drinks a 16 oz. cup of coffee each day with four sweeteners would consume a total of 14,600 individual sweeteners or 127 boxes. These totals would double every 10 years, which puts the person at risk of cancer. This estimate only takes into account the consumption of sweeteners with coffee. Our estimates do not factor in other uses of sweetener with other items such as cereal, tea, and flavored drink mixes.

Phase One of the health and safety program extends and welcome into SQRC outside community partners who would create a vocational program, a food co-op pilot program, and a wellness-delivery model known as a "food pharmacy." These programs would take place on the unused land at San Quentin and would provide the facility with important food and wellness related services, along with creating a normalized workplace experience.

3.3.2. Package Vendors/Canteen

Introducing a new set of vendors that handle fresh food (e.g., Whole Foods) would help establish a new norm of incarceration connecting in a fundamental way with the lifeline of community resources and community organizations.

Incarcerated individuals lack fresh and nutritious foods. Allowing vendors that deliver those foods would create not only healthier eating environments, but also a healthier prison environment altogether. When we look at just the increase of vegetarians within the prison population, the means provided to maintain that diet are not adequate. Many vegetarians and vegans have to get their food stuffs through packages. The current restrictions prohibit a vast amount of viable, healthy options. Permitting fresh-food vendors, such as Whole Foods and other appropriate grocery stores, can be a game changer in terms dietary options and health for incarcerated individuals, as well as for normalization and financial literacy. The department would still provide the mandated vegetarian meal and standard meals, but grocery vendors would be available for additional options so that incarcerated individuals can receive proper nutrients and a well-balanced diet to help them function throughout the day.

3.3.3. Food Sources

CDCR should expand its partnership with the outside community to implementing the food co-op, culinary program, permaculture program, and the food pharmacy. These food sources would also teach farming techniques, promote a healing-food culture, and further subsidize healing foods for residents that are suffering from diabetes and other chronic health issues.

3.3.4. Approved Personal Property Schedule & Non Expendable Personal Property

A fresh food program for the incarcerated population would need places to allow the food to remain fresh over a reasonable period of time. This could include micro-fridges that would ensure the sustainability of fresh produce. Attached are the schematics of what such a micro-fridge would look like and would fit in the small space within the existing cells at San Quentin.

We are proposing adding George Foreman Grills, which would also increase the morale of the incarcerated population. Such non-expendable personal property items would help create a going-home mindset within the incarcerated population and dispel the “prison mindset.”

3.4. Institutional Infrastructure Needs

The design of the current dining hall does not fit the California Model envisioned by the stakeholders. We find that the dining hall is not the inclusive model and image that the California Model is seeking to achieve. Interviews and research indicates that the existing “chow halls” should be renamed “dining room” or “dining hall.”

Currently the culinary workers are paid little to nothing and have received no real job training pertaining to the field of culinary arts. Typically, institutions’ culinary positions are seen as job fillers, meaning if an incarcerated person needs a job they will be thrown in the kitchen if nothing else.

The infrastructure plan proposed herein is bold and includes a large amount of policy, procedure, and contractual reworks. We strongly believe that implementing this plan will not only benefit the residential community but also the department as a whole. The benefits from the

proposed dining room will propagate into our communities and community workspaces. Because the new dining hall will produce highly trained, certified culinary personnel ready for employment upon release this plan will promote inclusion and healthy living among incarcerated residents and staff.

3.5. Environmental Conditions

As we investigated the design of the institutional “chow hall” and how it fits with the California Model, we found that it is not the inclusive model or image for a healthy community. The layout should be for an open-style buffet where there are stations serving breakfast, lunch, self-made meals (e.g., waffles with a waffle maker), salad bar, and drink dispensers. Each of these stations will be staffed by incarcerated workers/trainees that are participants in the culinary program.

Currently culinary workers are paid little to nothing and receive negligible transferable job training in the field of culinary kitchen work. We are proposing a change to that old narrative by implementing a culinary program that focuses on training incarcerated workers in state-of-the-art food safety, food prep, cooking, and baking techniques and skills with an eye towards employment in the community. The idea is to train certified and qualified chefs and cooks in the kitchen so that upon their release from prison they will be a qualified prospective employee in the restaurant and culinary industry.

3.6. Recommendations

We are fully aware that the Health and Safety plan is bold and includes a large amount of policy, procedure, and contractual reworks. We strongly believe that implementing this plan will not only benefit the incarcerated community but also the department and its employees. The benefits of this plan will even transfer into our communities and the workplace due to the fact that there will be highly trained/certified individuals ready for employment in the food industry entering into society instead of starting with nothing. Besides healthy living, this program will promote inclusion for residents and staff by them dining together on nutritious and appealing meals in a more pleasant setting.

Thus, we make the following recommendations:

- Lift all restrictions on packages.
- Increase the quantity of food that is passed out during the morning and evening meals.
- Add alternatives for lactose- and gluten-intolerant residents.
- Permit the Right 2 Heal (R2H) Advisory Group and other non-profit organizations to facilitate or create, promote, and execute healthy food programs (i.e., food co-ops, gardens, etc.).
- Improve specialty-diet meals.
- Actively seek out new fresh-food vendors to handle fresh-food delivery (i.e., Whole Foods), as well as from minority-owned businesses in the surrounding community.
- Place blenders in the incarcerated residential buildings and other common areas around the institution.

- Outfit each living space with a micro-fridge and a George Foreman-style grill.
- Change the name of the chow halls to “dining halls” or “dining rooms.”
- Completely redesign the dining area to resemble more of a college campus and community friendly setting, complete with replacement of the serving plates and utensils.
- The layout should be an open-style feeding with a main course station, such as an omelet (breakfast)/stir fry bar (lunch/dinner), self-made meal station (such as a waffle bar equipped with a waffle maker), pastry/salad bar, and a drink dispenser with juice and water. Each of these stations would be equipped with workers/trainees who participate in the culinary program.
- Encourage officers, free-staff, volunteers, and incarcerated people to consume meals together.

Phase Four: Transitions—Financial Literacy

4.1. Abstract

Financial literacy has been found through multiple studies to be a cornerstone to lowering recidivism rates. By providing the knowledge, skills, strategies, and techniques for how to manage personal finances, an individual will not feel the weighted pressure of needing to find ways to generate income in unlawful, unethical ways. It can allow them to grow, prosper, and be successful in their employment and family roles.

The purpose of this section is to provide an in-depth look at ways CDCR can introduce a Financial Literacy curriculum to the incarcerated population in relation to the California Model. As it stands, CDCR has no known educational classes and zero rehabilitative groups that cover Financial Literacy. It is therefore failing to meet the standards of the proposed California Model in this crucially important area.

Our Financial Literacy Committee has conducted research and interviews of the incarcerated population at San Quentin along with educators and advocates to put together a conceptual curriculum that is both text-based and interactive with real-time information. The overall goal of the program would be to achieve a comprehensive, engaging approach that benefits all learning levels. The program would enable the incarcerated individual to have a higher rate of success upon re-entering the community.

In order to enable higher success upon re-entry, we envision a community setting and/or furlough days at each institution that will provide an interactive opportunity to educate the population on how to earn and manage money properly and legally along with a process for learning how to pay bills and prepare for parole.

4.2. Method: Identifying and Addressing Gaps

The program would be centered on two devices that would provide the full interactive experience and learning for growth:

1. CDCR identification cards would be used not only as an ID but also as a “credit card” for residents.
2. The Tablets would have the Financial Literacy Curriculum uploaded on to them to guarantee access to the full population, as well as a link to the individual’s Trust Account.

“Only 57% of Americans [are] financially literate ... and data suggest that financial literacy rates among those who are incarcerated are much lower. This puts these individuals at a severe disadvantage once they’re released.”

– SARC Foundation for Health, Equity, and Justice. March 12, 2019

<https://thesarcfoundation.org/>

With the updated, dual-purpose ID cards, each incarcerated person would have the ability to shop at canteen or a grocery-type setting and swipe or scan their ID like a credit card so money would be withdrawn from their account. It would also be used for accessing the dining hall and any other areas where they would purchase items. In addition to utilizing the ID cards as credit cards, the Tablets would have the Financial Literacy curriculum uploaded on to them to guarantee access to the full population. The curriculum would be linked to their Trust Account so the individual could track their account live, but also their “credit account” so that they could pay their bills and handle any other miscellaneous expenses or savings that need to be tended to.

4.3. Financial Literacy Program Subject Areas

The Financial Literacy program would consist of a variety of subject areas. These areas were chosen largely based on a study conducted by Lori Koenig and published in the Journal of Correctional Education, with curriculum ideas from EVERFI.³⁶ Each curriculum topic, with the exception of budgeting, showed an interest and understanding increase of more than 5% in the study. When it came to the overall concept of Financial Literacy, the study showed an average increase of 66% to 74%. The following are the proposed subject areas for the Financial Literacy program:

- **Banking Basics:** Covers the basic understanding of how financial institutions operate along with steps on how to open and manage checking and savings accounts. This unit will also cover investing basics and best-practices and strategies.
- **Income and Employment:** This unit will cover the financial literacy associated with employment and how it directly impacts the individual person and their employment. An understanding of how taxes and deductions come out of net income along with benefits that can be received from the employer to supplement income, such as health and life insurance.
- **Budgeting:** Will review strategies and tactics for developing and managing a personal budget in line with needs versus wants. Reviews various components of the budget along

³⁶ Koenig, L. A. (2007). Financial literacy curriculum: The effect on offender money management skills. *Journal of Correctional Education*, 58(1) 43-56.

with how useful a budget can be personally, as well as developing a system that tracks income, spending, and savings.

- **Consumer Skills:** This module covers how to be an informed consumer by evaluating one's own spending behaviors. Students will learn how to effectively navigate the purchase decision process for everyday purchases or larger purchases such as a car and a house along with knowledge of how to get the most value out of their purchases and the best payment methods. This will include concepts and best-practices related to renting, leasing, and owning a place to live or conduct business.
- **Managing Credit and Debit cards:** This module covers how credit and debit factors into spending strategies. The concepts and core principles of credit and debit are explored. The common pitfalls and consequences that come with the misuse of credit and debit along with effective debt management.
- **Financing Higher Education:** This module covers how to pay for college and the financial stressors that can come along with the process. This module also highlights the benefits of higher education along with various financing options and how to apply for financial aid and FAFSA.
- **Insurance:** This module covers the benefits of insurance and best purchasing practices for insurance. This module will explore the various types of insurance and how they work and operate.

In a 2013 study, justice-involved citizens reported a number of barriers preventing them from getting a bank account, including minimum account balances, high overdraft fees, and a general mistrust of banks.

Then there is the issue of actually signing up a bank account. Most financial institutions require some or all of the following:

- Permanent address
- Government ID
- Social security number
- Tax identification number

Financial literacy programs provide citizens with the information and resources they need to ensure they're set up with a proper bank account. Formerly incarcerated individuals often live paycheck to paycheck. Most people struggle to find stable employment following their release from prison. In fact, research suggests that only 55% will earn any money in the first year, with median earnings being \$10,090. This makes learning skills like saving and budgeting critical for a successful return to the community. If these individuals don't spend wisely and make the most of their money they may begin to fall into debt. If their financial situation becomes too dire, they're much more likely to resort to illegal activities in order to survive.

– SARC Foundation for health, equity, and justice. March 12, 2019 <https://thesarcfoundation.org/>

4.4. Recommendations

- Immediately incorporate a Financial Literacy program on the tablet.
- Allow incarcerated people to open and maintain a savings account and collect market rate interest on that account.

- Allow 8-hour furlough days leading up to release.
- Engage community leaders for re-entry support.
- Meet with representatives from the Internal Revenue Service, Department of Motor Vehicles, and Social Security Administration.
- Reorient the incarcerated person back into the community.
- During the last 90-120 of sentence, allow incarcerated people to enter into contracts for housing and employment.
- Allow incarcerated people to enter into a contract as to a start date for employment.
- Allow incarcerated people to deduct from their savings to pay required move-in amounts for housing prior to reentry.
- CDCR or other state agency will pick up half the tab for housing (i.e. first, last, and security deposit).
- The incarcerated person's counselor shall ensure the expenses of contracts do not exceed the income from employment.

CONCLUSIONS

1. Identify and explain key take-aways from historical events and lived experiences, by which to understand the breadth and depth of the toxic culture that exist between officers and the incarcerated.

The toxic culture in CDCR has a long and tumultuous history. The incarcerated population has blamed CDCR officers and administrators for the violence, while the officers and administrators have blamed the incarcerated population. Both have used such blame of the other to justify their continued participation in the ongoing, toxic culture. TPIB recognizes there is enough blame to go around on all sides and as such disregards the blame rhetoric and looks to discover solutions by examining history. Both the incarcerated population and administrators have valid points of blame. However, none of those points moves us to a solution we will all benefit from—an environment that is conducive to healing and rehabilitation for the incarcerated population and is healthier and promotes longevity among staff.

Within the context of the San Quentin Rehabilitation Center and the California Model, history should be looked at solely for the purpose of understanding the process of events that created the toxicity that exist today. A historical examination is necessary to identify and acknowledge what actions and decisions are inconsistent with the therapeutic community we seek to create moving forward. We must not repeat history! We encourage all stakeholders to view the history of CDCR through the lens of solutions. What action can we take today to provide a healthy and healing environment for all within the system tomorrow?

We incorporate by reference and implication the Final Report of the California Task Force to Study and Develop Reparations Proposals for African Americans, specifically Chapter 28's policies for addressing the "Unjust Legal System." We believe that training CDCR staff in several areas mentioned in the Task Force report is necessary for the success of the California Model. This includes:

- Mandate policies and training on bias-free policing.
- Create and fund department Racial Justice Act advocacy and compliance monitoring.
- Apply the Racial Justice Act to parole proceedings.
- Require correctional officers to attend implicit-bias training.
- Assess and remedy racially-biased treatment of African American adults and juveniles in custody in state prisons.³⁷

2. Put forth a successful and scalable rehabilitation model which can be implemented at San Quentin then throughout California's prison system with minimal adjustment to accommodate the security needs of the various different institutions.

³⁷ California Reparations Task Force (2023, June 29). California Task Force to Study and Develop Reparation Proposals for African Americans, Final Report. *State of California Department of Justice*, pp. 747-758. <https://oag.ca.gov/system/files/media/full-ca-reparations.pdf>

The Four-Phase LRM is a scalable model that can be implemented throughout the system with minor tweaks to accommodate institutional security.

3. Policy and regulation solutions promoting a healthy and sustainable shift in culture for both CDCR officers, free staff, and incarcerated people.

To ensure that the California Model is successful in its infancy and grows stronger as it ages, there must be mechanisms put into place to hold everyone accountable. The California Model must be given teeth, and the only way to give it the teeth it needs to be successful is community buy-in and involvement. This includes the creation of a community-oversight board.

CDCR has proven time and time again that it cannot police itself. The myriad of court rulings against the department show this, including the rulings and orders in Coleman/Plata litigation and the more recent *In re Ivan Von Staich* Marin County Superior Court Covid-19 ruling. The department is too big to hold itself accountable.

Therefore, a complete redrafting of the rules and regulations as it surrounds incarcerated people's and officers' conduct must be initiated. CDCR rules, regulations, and policy must be absolutely clear so as to leave little to no room for misinterpretation. As it currently stands, how each individual officer interprets a standing rule is "valid" even if the interpretation directly conflicts with other rules and or the law.

4. Actively advocate for victim/survivors of crime, incarcerated families, and community leaders to be part of and inform the culture shift.

The main prompting for the California Model is the acknowledgment that the system has failed in its duty to everyone. Because the system has failed everyone, everyone must be involved in fixing it. Everyone's involvement ensures nothing is missed and everyone is accountable for shifting the culture.

5. Reduce community violence and recidivism

A shift in culture within the prison system ensures the reduction of community violence. With true cultural shift as envisioned, the system will no longer return to the community traumatized people, blinded by their trauma who are likely continue to harm themselves and others. The majority of people release will be healed and will help their communities heal as well. To quote a notable group, Guiding Rage Into Power, "Healed people heal people." When these healed citizens' return to our communities they will be able to model what true healing in progress looks like. This will prevent others from being victimized. We have the ability to change not just our prisons, but our communities as well.

THE CALIFORNIA MODEL
**“A Manual by the Incarcerated to Transform CDCR’s Culture and
Promote Public Safety”**

PART II: FINAL REPORT

(Review in conjunction with Part I: Preliminary Report)

ACKNOWLEDGMENTS

We would like to extend our sincere gratitude to the many individuals who contributed to this report, either directly or indirectly. In particular, we want to thank the people who are incarcerated for sharing (and continuing to share) their lived experiences, questions, and suggestions on how the California Model should look and be implemented. We also want to lift up and thank those correctional officers and non-custodial staff who so bravely shared (and continue to share) their insight, fears, and hopes for the California Model—we appreciate and admire your willingness to go against the status quo and engage with us to create a healthier environment for us all.

We would also like to thank: Governor Gavin Newsom and his Advisory Committee Chair Darrell Steinberg; Co-Chairs Doug Bond, Brie Williams, and Ronald Broomfield; Advisory Council Members Scott Budnick, Neil Flood, Tinisch Hollins, Katie James, Ayanna Lalia, Terah Lawyer-Harper, Kenyatta Leal, Jody Lewen, Sam Lewis, Billie Mizell, Jonathan Moscone, General James Michael Myatt (Ret.), Alison Pachynski, Chris Redlitz, Michael Romano, Mimi Silbert, and Jesse Vasquez for their diligent work seeking and including incarcerated voices in the report. Thank you to IDEO³⁸ team members Becky Lee, Lillian Tran, Bianca Jimenez, Zena Barakat, Francis Beavers and the IDEO team for actively listening and fundamental understanding of the principles laid out here. Based on that understanding, they actively listened to our solutions, advocated for our voice to be included in the Advisory Council’s report, and made recommendations for change based on the analysis presented by TPIB in their [Preliminary Report](#).

³⁸ IDEO is a nonprofit design studio; <https://www.ideo.com/>.

FOREWORD

*By: The people in blue at the Central California Women's Facility (CCWF)*³⁹

We, the people in blue housed at the Central California Women's Facility (CCWF), would like to thank and commend Governor Gavin Newsom for being courageous, calling out the California prison system and its toxicity, and convening the council to find solutions to existing problems. The Council's in-depth examination of our toxic prison system and its recommendations to make the system more humane and develop pathways to return individuals (and their resources) back to their home communities in a healthier condition than when they entered the system, is nothing less than revolutionary.

While we applaud Governor Newsom and the Council's forward thinking and efforts at reform in this area, we are concerned with the actual implementation of the model. What will these reforms look like in the lives of incarcerated women and trans people? How long will it take for changes to become evident in our everyday lives? How will those who work and live in this system be held accountable if they fail to live up to the spirit of the California Model? These are just some of the concerns that plague the people in blue at CCWF.

A look across the state at our prison system reveals the same toxic culture has repeated itself in prison after prison, whether it is a "women's facility" or a "men's facility." However, in "women's" facilities this toxic culture takes on a whole new, more trauma inducing feature due to the ways that toxic masculinity has been allowed to reign unchecked. The California Model does not address this issue.

"As of November 2023, CCWF recorded: 180 women had served 20-25 years, 160 had served 15+ years, 200 had served 10+ years, [...] 2,000+ women had served less than 10 years"—said Tomiekia Johnson, an activist and writer currently incarcerated at CCWF. The trauma inflicted upon women because of toxic masculinity is best described by incarcerated person Betty Martinez:

The historical trauma women have experience within the California prison system has come mostly at the hands of male staff members. The abuse is so commonplace within CCWF it has been normalized, and abuse of anyone should never be seen as normal regardless of past decisions, gender, or present conditions.

Prior to coming to prison, most incarcerated women have suffered some form of physical, mental, or emotional abuse at the hands of the men in their life. This trauma is carried on by male staff members who are allowed to act with impunity and is the most difficult thing for the women to process. The widespread staff abuse of incarcerated women compounds the trauma of all incarcerated women present during the abuse, whether or not they are the direct target. The only pain worse than the officers' unchecked abuse is the constant unrelenting pain of being separated from children. The unchecked toxic masculinity within CCWF creates long lasting mental and emotional scars, preventing women from developing healthy relationships with their male counterparts post-release. When trying to confront and stop the abuse, the message from superior officers (mostly male), is that this is the price we

³⁹ Statements from [The People In Blue at CCWF](#) (edited version)

must pay for committing a crime. The feeling of not having any protective rights is debilitating and defeating.

The concept of toxic masculinity is a concept used to describe how patriarchal values (misogyny, homophobia, control, violent domination) have seeped into the systemic conditioning of men.⁴⁰ Within the women's institutions, toxic masculinity takes on a very different look, meaning, and urgency when an incarcerated woman or trans person is presenting with mental health issues and cannot advocate for themselves. Staff are not trained to engage the entirety of the population so when encountering an unfamiliar situation, the staff member presents with aggression making the situation worse. Incarcerated person Stephanie Erends proposes that [mental health] crisis response be trauma informed:

Before the "California Model" ever became a central focus in California politics, there was, and has been, an expectation that the institution assist incarcerated people in addressing the issues related to their trauma. What has been overlooked is how crisis care works in an institution. Crisis [care bed] is a room in the institutions' medical building where people are placed when there is an admission or other evidence of a threat to self or others. The patient is then put under 24 hour surveillance until such time it can be determined that the patient is no longer a threat to themselves or others. The process of being placed in crisis and discharged is extremely inhumane and further traumatizes the patient. There needs to be continuity between the mental health department and security.

Women and trans people of CCWF are representative of a growing number of incarcerated people in California. We are interested in changing the toxic culture in CDCR between the people in blue and the people in green. We want the violence and disrespect to stop. We are open to better relationships and communication with staff members. We believe we can become more optimistic and accepting of the California Model the more we see humanity reflected in our everyday interaction with staff members. We want real implementation and real results, not just words on paper. We truly believe we can accomplish the full spirit of change if there is accountability, better communication and planning to create a workable model.

We extend our sincerest gratitude and thanks to all incarcerated people, staff members, politicians, and most importantly victims who have embraced this idea of trauma-informed rehabilitation. We know that the road ahead of us is long and will at times seem impossible, but the incarcerated person's journey through this system as it currently stands has taught us that fortitude and perseverance will be the tools we need to push forward in the face of setbacks. We strongly encourage those who doubt, disbelieve, and/or wish to actively undermine this push for humanity, to consider the alternative: trauma, violence, death. All of us from incarcerated person to staff to retired staff, to the formerly incarcerated to the community at large have been negatively impacted by the toxicity of our prison system. We truly believe and support the idea that it is time we invest,

⁴⁰ See Ging, D. (2019). Alphas, betas, and incels: Theorizing the masculinities of the manosphere. *Men and masculinities*, 22(4), 638-657.

wholeheartedly in this new direction of trauma-informed healing. It is this healing and nothing else that will produce true public safety.

INTRODUCTION

This final report by The People In Blue (TPIB) is the first of its kind, a blueprint designed by incarcerated people to specifically address the toxic culture within the California Department of Corrections and Rehabilitation that has and continues to jeopardize public safety.

CDCR is undergoing a once in a lifetime transformation from one that was based on toxicity to one that is trauma informed. The California Model puts forth four key pillars to drive this new cultural transition that directly affect officers and staff. The “four pillars” of the California Model include: 1) dynamic security: promoting positive relationships between staff and residents; 2) normalization: making life inside prison as close to life outside; 3) peer mentorship: increasing and centering opportunities for residents to help their peers; and 4) becoming a trauma-informed organization: ensuring that all levels of staff are trained in trauma-informed care to foster a safer environment for all. These four pillars are designed to cultivate a culture of wellness among incarcerated people and staff and to teach incarcerated people how to be productive members of society upon reentry.

We, the incarcerated population have put in the work learning about ourselves and the historical factors that contributed to our decisions to commit crimes and cause trauma to our communities. The work we have done on ourselves forced us to change positions and view our communities from a whole new perspective. It is from this new vantage point that we have been able to understand the conditions that led to our incarceration, and it is from precisely this new vantage point that we are able to fundamentally understand what is needed to heal ourselves and help others heal.

Let there be no mistake. The penal system did not heal us. Non-profit groups did not heal us. The prison education/rehabilitation system did not heal us. We healed ourselves! If one were to look at the catalyst of every major provision mandating CDCR provide the incarcerated population with education and rehabilitation, it has come from the ideas, imagination, and at times litigation initiated by incarcerated people. The people in Pelican Bay State Prison engaging in a hunger strike⁴¹ for humane treatment is a perfect example of incarcerated people protesting for healing through education and self-help groups. If one were to look at California’s social justice landscape, they would see perfect examples of the idealistic mind of the incarcerated and formally incarcerated, who have found healing for themselves and now desire to lead others to the same healing.⁵ Almost every major Social Justice organization in the state of California came from the mind of an incarcerated or formerly incarcerated person.

There can be no question that incarcerated people are the direct cause of every major push for legislative mandates to educate and rehabilitate the incarcerated population. These efforts can be traced as far back as the prisoner rights movements of the sixties, seventies, and eighties, as detailed

⁴¹ The Pelican Bay Five Core Demands: 1) Eliminate group punishment and administrative abuse; 2) Abolish the debriefing policy and modify active/inactive gang status criteria; 3) Comply with the recommendations of the US Commission on Safety and Abuse in America’s Prisons recommendations and end long-term solitary confinement. 4) Provide adequate and nutritious food; and 5) Create and expand constructive programming. Global Nonviolent Action Database (n.d.). *California inmates hunger strike for humane conditions of confinement, 2011*. Swarthmore College. <https://nvdatabase.swarthmore.edu/content/california-inmates-hunger-strike-humane-conditions-confinement-2011>

in the “Executive Summary” of TPIB’s Preliminary Report. Even though we have initiated almost every push for educational and rehabilitative reform, we have never been given a seat at the table or credit for our efforts. In fact, our rehabilitative language has been co-opted, our rehabilitation ideas have been stolen, and our methods for group healing have been denied. A great majority of the rehabilitative groups now operating within CDCR came from the ideas and imagination of the incarcerated. There are those within the rehabilitation sphere who, having never been incarcerated nor subjected to the direct assault of this toxic culture, claim to be an authority (or expert if you will) on what rehabilitation should look like. We believe that rehabilitation should be based on the voices of those who are incarcerated. They have the most insight into why they violated the law and how they can heal themselves and help others. The arguments of those who have never been in prison are often paternalistic and lack the insight of lived experience. They do not respect the agency and dignity of incarcerated people. TPIB has more than 200 years of experience with incarceration and this has taught us that we are the ones in the best position to heal ourselves. We are in the best position to present a viable answer to the problem of public safety.

Moreover, TPIB’s dialogs with officers in preparation for this final report have forced us to recognize the change we seek is one even officers favor. However, they fear one major obstacle to this change—the theory of “overfamiliarity.” This term is at best vague and meaningless. Its meaning and definition can expand or contract depending on how it is being used and who is using the term. It is often used to keep those officers in check who would dare to see incarcerated people as human. It is used for the purpose of maintaining the status quo. The term and its vague definition must be rejected in its entirety and replaced with concrete policy, rules, and regulations that clearly define the conduct in which officers and incarcerated people can and cannot engage.

The theory and term “overfamiliarity” harkens back to the era of McCarthyism, also known as the second Red Scare. McCarthyism⁴² was the political repression and persecution of left-wing individuals and a campaign spreading fear of alleged communist and Soviet influence on American institutions and Soviet espionage in the US during the late 1940s through 1950s for the purpose of silencing political opponents. The theory of overfamiliarity accomplishes the same ends. It uses methods of investigation and accusation regarded as unfair in order to suppress opposition among the rank of officers. Officers must be allowed to flourish as human beings and not be constrained by the old system that not only traumatized incarcerated people but officers as well.

Consistent with TPIB’s stated goals of public safety and the stated goals of Gov. Gavin Newsom, TPIB supports the following recommendations for both CDCR and SQRC:

Key Recommendations For CDCR

1. Implement *The People’s Plan for Prison Closure*⁴³ by California’s United for A Responsible Budget (CURB).

⁴² Schrecker, E. W. (1988). Archival sources for the study of McCarthyism. *The Journal of American History*, 75(1), 197-208.

⁴³ Howard, A.-R., Brian, B., Gomez, K., Blum, L., Mello, J., Rowlett, M., Khan, F., Fraser, E., & Thomas, K. (2020). *The People’s Plan for Prison Closure*. <https://curbprisonspending.org/>.

<https://curbprisonspending.org/uploads/docs/resource-library/Peoples-Plan-for-Prison-Closure.pdf>

2. Implement the recommendations outlined in the *Hidden Hazards*⁴⁴ report by the Ella Baker Center for Human Rights.
3. Uplift and support the implementation of specific key recommendation outlined in the San Quentin Transformation Advisory Council’s report⁴⁵ as follows:
 - a. Provide every resident with a rehabilitation plan, reentry plan and a reentry support team from day one.
 - b. Optimize education, job readiness, and restorative justice programing.
 - c. Evolve the training for correctional officers to create a more rehabilitative culture.
 - d. Reduce the population significantly to end double-celling and to ensure greater access to rehabilitative programs.
 - e. Eliminate “Death Row” and replace it with dignified housing.
 - f. Reduce prison beds in favor of prerelease reentry beds that have been proven to improve public safety. (Note: TPIB does not support building an MCRP adjacent to SQRC or any prison. These programs are needed in the communities to which incarcerated people are returning and resources are scarce).
 - g. The construction of the new building 38 should be cut by at least one third. (Note: TPIB does not support the construction of building 38 without first utilizing all current available space and crafting new regulations specifically expediting and fast-tracking volunteer access to the prison for the purpose of facilitating rehabilitation groups).
 - h. Redirect the remaining funds (at least \$120M) to campus upgrades that normalize the environment.
 - i. Improve staff housing and work space. (Note: TPIB strongly supports and encourages special attention and incentives to be paid to those officers demonstrating the willingness to embrace and act within the spirit of the California Model.)

In addition, this report outlines the following recommendations based on TPIB’s own lived experiences for implementing the California Model.

4. Impress upon CDCR the critical importance of creating a statewide Information Committee (IC) for staff to be informed of changes to the system and be allowed to give input on those changes.
5. In order to implement the Mental Wellness aspect of the California Model, TPIB encourages:
 - a. The retention of more qualified clinicians, lower workloads to cap all caseloads at 15 (weekly) patients.

⁴⁴ Abdala, A., Bhola, A., Gutiérrez, G., Henderson, E., & O’Neill, M. (n.d.). (rep.). *Hidden Hazards: The Impacts of Climate Change on Incarcerated People in California State Prisons*. Ella Baker Center for Human Rights | UCLA Luskin School of Public Affairs. Retrieved from <https://ellabakercenter.org/reports/hiddenhazards/>

⁴⁵ Williams, B., Bond, D., Broomfield, R., Steinberg, D. (2024). *Reimagining San Quentin: Recommendations to Transform San Quentin State Prison into a Rehabilitation Center*. San Quentin Transformation Advisory Council.

- b. Support unlicensed clinicians in obtaining their professional licenses with supervision and supplemental PTO.
 - c. Select specially trained and supportive custody personnel to work collaboratively with clinicians.
 - d. Create adequate outside and office space for confidential discussions.
 - e. Provide generalized mental wellness therapy for all incarcerated people who want access.⁴⁶
6. Identify historical events and lived experiences through which to continually re-evaluate the breadth and depth of the toxic culture within CDCR and the means necessary to continue the change.
 7. Immediately devise a viable plan to implement the Linear Rehabilitation Model (LRM) throughout the California Prison System.
 8. Immediately rescind all vague “overfamiliarity” statutes and regulations and create a concrete set of rules defining appropriate and inappropriate conduct, utilizing the language set forth in Title 15 of the California Code of Regulations. Article 1, sections 3002 thru 3015 as straightforward policy governing staff and incarcerated people’s interactions.
 9. Craft policy, rules and regulations that mandate a rehabilitation and health plan for all incarcerated people.
 10. Lobby California’s politicians and political structure to put forth legislation, policy and regulations to make the recommendations put forth by The People In Blue and the Advisory Council a permanent fixture within CDCR.
 11. Immediately rescind all policy, rules, and regulations collectively punishing the incarcerated population by denying them access to fresh fruit, vegetables, and sugar based on the possibility someone may manufacture an alcoholic beverage.
 12. CDCR in concert with the incarcerated population develop processes and procedures to facilitate and promote the healing of victims, survivors of crime, and incarcerated people’s family members by ensuring they are embodied in the California Model and are actively part of and inform the culture shift.
 13. Above all else reduce violence, recidivism, and promote public safety in our community.

Key Recommendations For SQRC

1. Immediately implement TPIB’s 10-point rehabilitation plan.⁴⁷
2. Immediately reduce the population significantly to end double-celling and to ensure greater access to rehabilitative programs.
3. Eliminate “Death Row” and replace it with dignified housing. Reduce prison beds in favor of pre-release reentry beds that have been proven to improve public safety.

⁴⁶ The People in Blue. (2023). Prisons Create a Need for Mental Health Treatment. <https://drive.google.com/file/d/1aSyYyCv-CAzkivVP0DUursn-uPnj84SG/view>

⁴⁷ The People in Blue. (2023). (rep.). *TPIB’s 10 Rehabilitative Elements*. Retrieved from <https://drive.google.com/file/d/1FAHYAJqfUCORDxGPTCi4iqLkww4kAiGf/view?usp=sharing>

4. Make upgrades to San Quentin housing units' ventilation systems (including opening the windows) that normalize the environment.
5. Improve San Quentin staff housing and workspace.
6. Identify historical events and lived experiences, through which to continually re-evaluate the breadth and depth of the toxic culture within SQRC and the means necessary to continue the change.
7. Immediately craft policy, rules, and regulations to expedite gate clearance passes for community members who wish to support rehabilitation programs created by incarcerated people.
8. Immediately use currently available spaces and times for rehabilitative groups. For example, Maintenance Vocational Building (MVP) from 3 pm to 8 pm and on weekends; Education Annex on weekends from 6 am to 1 pm; Mount Tamalpais Study Hall in Education Annex, Monday through Sunday 6 am to 2 pm; and empty rooms in the Medical Building and Chapel areas during available timeslots.

Thank you,

The People in Blue

INTRODUCTION TO LINEAR REHABILITATION MODEL (LRM)

The Linear Rehabilitation Model (LRM) is in direct response to CDCR's failure to establish continuity in its efforts to "rehabilitate" the incarcerated population. While in the last 15 to 20 years, CDCR has developed and implemented various assessment tools to determine the rehabilitative needs of the incarcerated population (i.e., CSRA⁴⁸, COMPAS⁴⁹, CDCR Threat Assessment, Static-99R etc.), these tools did not translate into results on the ground, nor any meaningful success providing public safety or reducing the recidivism rate. The tools were not applied consistently nor uniformly. There was no plan of rehabilitation developed based on the results of the assessments, and in the rare cases that a plan was developed, there was no real effort to help the incarcerated person complete the plan. It appeared that the assessment tools were merely a "box check" procedure with no real intent to follow up on the assessment results with action.

TPIB's personal journey discovering healing for ourselves, allowed us to understand the path has to begin with a fundamental foundation and progress in a linear fashion from that point. We learned who we are and what we want out of life. Having developed the idea that there is a possibility for healing, we developed a plan to reconnect with our authentic selves. The plan was not written, it was not some clear-cut process of steps. It began as an unclear idea in our imagination that we no longer wanted to live the trauma of our past. As we progress through the system, we (TPIB members and other incarcerated people) created our own self-help groups geared toward our own healing. There was no systematic plan. We had to feel our way through by trial and error. As we felt our way along, we discovered so many people in blue suffered from the same trauma and needed the same healing. During this time CDCR had very few rehabilitation groups and even less desire to heal the incarcerated population. So, we, the incarcerated population, fumbled along creating the rehabilitation landscape that exist today for ourselves. Only now, our language of healing is becoming popular, and as a result is being co-opted for financial gain and notoriety.

As the incarcerated populations' self-help groups became more and more successful in identifying and reducing trauma, community members and CDCR staff alike began to take notice. Their offers of assistance soon became co-optation and eventually ownership. However, ownership did not translate into growth of the rehabilitation landscape or progress in individual healing. At best, it produced small pockets of rehabilitation groups in institutions where the administration recognized the public safety value and benefit in healing the incarcerated person.

In researching this final report, TPIB discovered an essential element of the LRM was not emphasized in accordance with its importance. Incorporating a mental health perspective into each phase of the LRM is an essential and imperative element.⁵⁰ The psychological effects of being in prison alone are enough to guarantee that each incarcerated person will need some form of mental health treatment. Prison is an unnatural environment as it is intended to be. Most people who commit crimes and find themselves in prison are also bringing some psychological deficiencies with them due to trauma, drugs, alcohol, or a mental health disorder. On top of this, psychological

⁴⁸ California Static Risk Assessment

⁴⁹ Correctional Offender Management Profiling for Alternative Sanctions

⁵⁰ Id. *The People in Blue* (2023)

stressors that lead to mental health problems in prison are numerous—self-condemnation, guilt, boredom, anxiety, depression, withdrawal from substances, psychotic disorders, missing family, not seeing children, and lack of freedom, to name a few. Being in a place with abnormal lighting, concrete and steel surfaces, constant surveillance, lack of privacy, social isolation, limited personal care service, ongoing harassment, and threats of physical and sexual violence and abuse can overwhelm the human senses. Statistics show about “44% of people in jail or prison have a mental health disorder”⁵¹ and “58% have a substance use disorder.”⁵² However, regardless of any history of mental illness, when people come to prison, they are more than likely to suffer more trauma, post-traumatic stress disorders, anxiety and depression. The old way of doing things was designed to cause people to lose their mental faculties as a punishment for crime.”⁵³

However, TPIB recognizes the system’s design and have created the LRM to combat its intent. Having examined our successful path to healing, we have been able to glean successful components from our healing process and put them together to form the Linear Rehabilitation Model to healing and public safety. It is the implementation of this individual, case-specific, four-phase plan at the moment of pronouncement of judgement that will reduce recidivism and create the public safety our communities’ desire.

Phase One

1. Intake: Incarcerated Individuals

Phase One of the LRM seeks to maximize the use of assessment tools already at the Department’s disposal as well as take advantage of the willingness to change that incarcerated individuals have immediately following sentencing. In this phase, a meeting will take place between the recently sentenced person and CDCR’s intake committee. The intake committee will consist of a mental health professional (it is essential to incorporate coinciding psychological assessment as the newly incarcerated person moves through Phase One), a medical professional, a rehabilitation counselor, a corrections officer, and a formerly incarcerated person. The purpose of this meeting is to assess the mental and physical needs of the incarcerated person and address their mental state immediately following the imposition of a prison sentence. It is TPIB’s lived-experience that the period between the imposition of a prison sentence and actually being transferred to prison is a critical time when the newly sentenced person may be most vulnerable to thoughts of suicide, may act out due to trauma, or could potentially commit to a path of change. During this time the incarcerated person requires guidance and mental health support. With this help, they may be mentally amenable to rehabilitation.

⁵¹ Sam, M. (2023, March 16). New data hubs show local impact of mass incarceration in California and Louisiana. *Vera Institute of Justice*. <https://www.vera.org/news/new-data-hubs-show-local-impact-of-mass-incarceration-in-california-and-louisiana>

⁵² Bronson J, Stroop J, Zimmer S, Berzofsky M. (2017). *Drug use, dependence, and abuse among state prisoners and jail inmates, 2007–2009*. Bur. Justice Stat. Rep. NCJ 250546, US Dep. Justice, Washington, DC. <https://www.bjs.gov/content/pub/pdf/dudaspi0709.pdf>

⁵³ The People in Blue. (2023). Prisons Create a Need for Mental Health Treatment. <https://drive.google.com/file/d/1aSyYyCv-CAzkivVP0DUursn-uPnj84SG/view>

It will be essential to incorporate coinciding psychological assessment as the newly incarcerated person moves through Phase One. As soon as possible, a mental health clinician will meet with each individual to conduct an initial intake and mental health assessment.

The meeting between the newly incarcerated person and the intake committee will be for the purpose of reviewing the incarcerated person's life history, presenting the person with choices to provide better life outcomes, and directly asking the person to commit to change. If they agree to the opportunity to change, they will be issued a book of rules, regulations, expectations, and consequences. This book will include policies that cover their own actions, all state employee actions, and all other incarcerated persons' actions and include consequences for policy violations.

Following the intake interview the newly incarcerated person will be given an assessment and based on the outcome, set up with a preliminary rehabilitative plan for healing. Assessment of the incarcerated person will include individual evaluations of:

- the incarcerated person's self-proclaimed needs
- the needs of the incarcerated person, identified by interviewing staff
- trauma status
- education level (including literacy levels)
- mental health status
- physical health status
- financial health status

A report with the compiled results of all assessments will be made and a copy will be provided to the incarcerated person, from which a preliminary rehabilitation plan will be created.

2. Intake: Correctional Officer/Free Staff Person

Phase One of the LRM will also include intake of newly employed Correctional Officers and Free Staff personnel. New CDCR employees should be required to take similar assessments upon entering the department. The assessments should be given at regular intervals during their employment with the department. The assessment results will be used to determine appropriate post assignments, but more importantly used to compare with the results of newly incarcerated people. This comparison will establish similarities instead of differences between officer and incarcerated person. Any new officer whose post assignment brings them into contact with the incarcerated population should be required to take such assessments. New Correctional Officers and staff members will be required to review the incarcerated person's assessment results and take classes on the data generated from them for the purpose of improving communication and developing an understanding of the incarcerated population. The review and study of the assessment data will not only humanize the incarcerated population, it will hopefully reveal any problems in the CDCR employee's own life and prompt them to seek self-help alongside the incarcerated population. Most importantly, Phase One will establish a line of communication between front line officers, incarcerated people, and administrators.

Phase Two

Phase Two of the LRM will establish a Base Line Condition (BLC) based on the assessment results from Phase One and any follow up assessments. A BLC is the physical, mental, emotional, social, and economic state in which the newly incarcerated person enters the prison system. This phase will occur at CDCR's reception centers (RC) or at the SQRC. The incarcerated person will be orientated by peers, medical and mental health staff, correctional officers, and counselors. During Phase Two, the newly incarcerated person will continue regular contact with a mental health professional as they adjust to their new surroundings and environment. The initial orientation will occur with a representative of all the identified departments and the cohort that entered the system during the same time period. The next orientation will occur individually with a representative of each identified department. The following processes will occur during institutional orientation:

1. Analysis of assessment results from Phase One.
2. Development of a preliminary rehabilitation plan.
3. Establishment of regular contact with mental health professionals to help adjust to the new surroundings and environment and, if necessary, begin to examine any physical, mental, and/or emotional trauma.
4. Mandatory attendance in two rehabilitation groups and optional recreation group:
 - i. A group that details the diseases and dangers common among communities in prison and how the newly incarcerated person can maintain their health and dignity within this environment;
 - ii. A group established and operated by victim/survivors of crime so that the newly incarcerated person can begin to heal and understand the impact of crime on the community; and
 - iii. One optional recreational group
5. (If necessary) Development of a financial/economic education plan based on assessment results of the newly incarcerated person's economic condition and financial literacy levels.
6. Assignment to a Correctional planning counselor who will plot the incarcerated person's movement into, through, and out of the prison system and back into the community. The correctional counselor will assist the incarcerated person in completing Phases Two, Three, and Four of the LRM ensuring the best possible outcome upon release.

Phase Three

Phase Three of the LRM is execution of the (revised) plans established in Phase Two. In this phase the Correctional Counselor identified in Phase Two will research the location of the resources and information compiled in Phases One and Two. The counselor will then connect the incarcerated person to those resources. The counselor and the incarcerated person together will assemble a support network to help the incarcerated person achieve the benchmarks and goals established in Phases One and Two.

While the plans from this phase are being put into action, the incarcerated person will be receiving ongoing support from mental health staff as needed to process issues, identify areas for growth, set progressive goals and take necessary steps to achieve them.

Also in Phase Three, the incarcerated person will be assigned an account in the Financial Literacy Program located on the tablet. In this program, the newly-incarcerated person will be required to attend virtual financial literacy classes. After successful completion of the virtual class, the incarcerated person will open a savings account facilitated by CDCR. They will then receive a stipend and start a virtual process of paying bills (i.e., rent, gas and electricity, water, groceries, and budgeting for leisure, etc.). At the incarcerated person's annual review, a financial literacy instructor will determine the progress made and make recommendations for additional classes or next steps. This annual process will occur until the incarcerated person is released. As the incarcerated person becomes more educated on finances and demonstrate a better grasp on balancing their virtual account, the annual financial review can be extended to once every two, three, or five years as applicable.

The incarcerated person's correctional counselor, mental health professional, family members, and entire support network will also develop a self-help plan for rehabilitation and healing. The support network will identify all needed and necessary self-help groups the incarcerated person must attend. The "rehabilitation/healing" plan will be created based on the results of the assessments. The plan will identify the self-help groups needed to address the issues discovered. Priority admittance to a self-help group will be based upon the group's importance in relation to the most serious issues discovered in the assessment, the incarcerated person's release date, where the groups are located, and the approximate length of the self-help group (i.e. start and completion times).

The rehabilitation/healing plan will be revised annually as each group is completed. All financial literacy groups will be ongoing until date of release. Phase Three will also consist of a dietary plan for the incarcerated person based upon the medical professionals' assessments in Phase One and Two.

Phase Four

Phase Four of the LRM will encompass transitioning the incarcerated person out of the system and back into the community. Before the transition phase begins, the incarcerated person will be directly connected with at least one mental health provider or clinician in the community who can provide ongoing therapy and/or medication management. They will be provided with ongoing community support connecting them with community supervisory services (i.e., parole or probation). This phase is fluid in light of credit-earning regulations and other early-release programs. In this phase, priority attention will be given to those incarcerated persons with the least amount of time remaining on their sentence; and ensuring they are connected to community resources (i.e., employment, housing, ongoing rehabilitation programs, etc.) upon their release.

Once an incarcerated person is in Phase Four, they will be allowed 8-hour furlough days. The furlough days will be utilized engaging with community leaders and victim rights organizations for support. Also, Phase Four will allow the incarcerated person to meet with representative from the Internal Revenue Service, Department of Motor Vehicles, and Social Security Administration to obtain the proper identification documents. Another purpose of the 8-hour furloughs is to create

agency in the incarcerated person, while reorienting them back into their community and allowing them to develop a plan for success before being released.

During the last 90-120 days of incarceration, the person's correctional counselor will help them enter into contracts for housing and employment. The correctional counselor will also oversee the incarcerated person's financial transaction for housing and transportation, ensuring they remain within budgetary constraints. CDCR and/or another state agency will pay half the costs of housing (i.e., first, last, and security deposit) and transportation.

IN DETAIL: LINEAR REHABILITATION MODEL (LRM)

LRM Phase One: Orientation/Onboarding to Rehabilitation

1.1. Current Problems for Incarcerated Individuals

- CDCR failure to inform/orient newly incarcerated people on departmental resources.
- CDCR failure to use COMPAS assessment tools and act on results.
- CDCR failure to develop viable release plan for newly incarcerated individuals.

Currently there is no information given to a newly incarcerated person about what to expect upon entering the prison system, what rehabilitation programs are available, and how to access those programs. Most, if not all, newly incarcerated people are unprepared for prison. They are unaware of what to do when incarcerated or what opportunities are available to them while in prison. The state does not reliably provide this information to anyone.

In the last 15 to 20 years CDCR has developed and/or employed various assessment tools to determine the rehabilitative needs of the incarcerated population (i.e., CSRA, COMPAS, Threat Assessment, Static-99R, etc.). None of these tools are being used as they were designed. As a result, these tools do not produce any measurable success in providing for public safety or reducing recidivism. While some of these tools are ineffectual, COMPAS provides a starting point for developing reliable transition plans.

1.1.1. Post-Conviction Contact in County Facilities: Seizing the Moment

- Intake of an incarcerated person must begin in county facilities.
- The county facility is where the incarcerated person is open to change.
- The county facility is also where the incarcerated person will be suffering the immediate mental health effects of incarceration. It is essential to incorporate psychological assessment results as the newly incarcerated person moves through the county facility in Phase One.
- As soon as possible a mental health clinician should meet with the individual to conduct an initial intake, during which their current mental status will be evaluated to establish a thorough psychological baseline. The intake should occur again within CDCR's reception centers.
- Intake Committee members will be a mental health professional, correctional counselor, correctional officer, and a formerly incarcerated advocate.
- The committee will make contact with the newly sentenced person for preliminary observation and to determine willingness to engage in rehabilitative programming.
- Observation and interviews should take place at regular intervals until transfer to the state reception center.
- The committee will advise receiving RC of observations, any signs of observable trauma, and make initial recommendations for intake actions.
- It will be essential for mental health professionals who are a part of the intake committee to incorporate psychological assessment as the newly incarcerated person moves through Phase One as soon as possible upon their arrival into the county facility after conviction. It is critical to obtain accurate, detailed information during this phase in order to identify and

provide effective treatment for any preexisting mental health and substance use disorders. A mental health clinician will perform an intake on the incarcerated person, during which their current mental status is evaluated. The intake process will include:

- A record review of past psychiatric treatment (while incarcerated and/or in the community).
- Providing information about CDCR mental health resources to the incarcerated person.
- Confirmation or clarification of significant issues to the extent possible.
- Encouragement for positive change for individuals through the intentional and proactive provision of psychological services.

1.1.2. Reimaging Reception: A Peer-based Orientation Model

- Create Departmental Orientation Committee. All newly incarcerated people must participate in a peer-based orientation. The orientation will consist of a trauma counselor, medical doctor, mental health doctor, rehabilitation counselor, victim's right advocate, and correctional officer together with the incarcerated person.
- During the time spent in the Department's reception center, a thorough review of the assessment results generated in the county facility will be conducted. Based on those assessment outcomes, the newly incarcerated person's peer-based orientation committee will help them develop a rehabilitation plan. If applicable, the plan will then be shared with the incarcerated person's family for input and support.
- Newly hired correctional staff should participate in all (nonconfidential) parole planning, to gain an understanding of what the incarcerated person must accomplish to change and be accountable for past decisions. This will encourage staff to become invested in the outcome of every incarcerated person's rehabilitation.
- Develop a rehabilitation plan with incarcerated person that includes:
 - A path to parole
 - Educational goals (e.g., achieve GED/high school diploma)
 - Rehabilitation needs
 - Tablet financial classes set-up. The incarcerated person should immediately begin Financial Literacy class. For those who lack the education level to participate in a literacy class, develop alternative (i.e., audio sessions, video tutoring sessions, etc.)
 - Development of a support network; people to assist incarcerated person through the system to parole, including family
 - Identification of possible parole region and contact resources regardless of length of sentence
- While in the RC the incarcerated person will be required to attend:
 - Orientation class.
 - Victim Impact/Restorative Justice classes.

1.1.3. Transfers: Institutional Orientation Committees

- Every institution will maintain its own orientation committee.

- Each institution will maintain a committee comprised of a trauma counselor, medical doctor, mental health professional, rehabilitation counselor, victim’s right advocate, correctional officer, and incarcerated person.
 - Each institution’s orientation committee will communicate with other institutions’ committees through the rehabilitation communications department regarding incarcerated participants.
 - The incarcerated participant will be notified of all communications via the tablet.
- Upon the arrival of an incarcerated person at a new institution, the incarcerated person will be given an orientation as to the rehabilitation programs available at that institution and the processes outlined in the institution’s orientation manual for attending those classes.
- The institution will continue to build-out the incarcerated persons support network.
 - A designated person on the orientation committee will maintain contact with an incarcerated person’s network at regular intervals to keep track of the support being offered and to ensure the support is consistent with the incarcerated person’s parole goals.

1.1.4. Modernizing and maximizing the use of departmental assessment tools

- Employ the use of the COMPAS assessment tool in identifying starting points for incarcerated people’s rehabilitation plans.
- CDCR has numerous assessment tools in its repertoire to identify the needs of the incarcerated population. CDCR began using COMPAS in 2008 at its 12 reception centers (RCs). However, the information gleaned from COMPAS was not used to its full capability in creating transitional plans for the incarcerated population. Tools such as COMPAS must be employed correctly. If used correctly, they will promote public safety and reduce recidivism. For example, the COMPAS assessment is designed to assess key risk and need factors in correctional populations by utilizing information obtained through official records, standardized interviews with clients, and a self-report questionnaire information provided by clients. The results from the assessment will inform the required dynamic case plans that will guide the incarcerated person throughout his or her lifecycle in the criminal justice system.
- The information gathered from this tool must be shared with the incarcerated person’s support network, staff at the institutional level, and the incarcerated person. This tool can be invaluable to an incarcerated persons’ success in prison as well as in the community.
- The use of the COMPAS assessment tool can also be used to determine the needs of correctional staff. Once the needs of officers are determined, an effort can then be made to create a plan to guide their career to a successful and fulfilling retirement.
- Restructure CDCR’s offender point system, taking into consideration the county facility interview.
- Restructure violence detriments (P- and VIO) codes (i.e. “hard-19” points, etc.)
- Restructure new employee hiring evaluation tools and criteria (e.g., mental fitness).

1.2. Introduction: Current Problems for Officers/Staff Employees

- Lack of organizational information sharing (top-down and bottom-up)
- Failure to educate incoming staff as to the humanity of the incarcerated population
- Ambiguous and harmful “overfamiliarity” concept and regulations

Following several town hall style meetings between San Quentin staff and TPIB, for the purpose of identifying a starting point for the California Model, we have discovered information does not flow freely within CDCR. Front line staff are much like the incarcerated population—they are thrown into an unfamiliar situation and expected to perform their duties without any guidance on the incarcerated population’s community norms. As a result, staff are trained to continue the same toxic culture that was there before them. When one adds the ambiguous “overfamiliarity” concept into the mix, we understand why the current culture is harmful and the training reinforces the “us vs. them” toxic mentality.

Front line staff are not included in the flow of information within CDCR. Especially when it comes to programs that the incarcerated population are involved in. For example, during a meeting between the Mount Tamalpais College’s (MTC) student body and correctional staff, TPIB discovered numerous staff members were completely unaware of how the college functioned. Some of these staff members have been employed at San Quentin 10+ years and have never been inside MTC’s study hall, nor had they been provided information as to the classes being taught by the college. The same is true for the numerous other rehabilitation programs that operate within San Quentin.

Additionally, staff members are not being notified of changes in the law as they relate to programs. This is completely unacceptable. Staff are expected to keep the incarcerated population safe but are not given information on what “safe” looks like. Even more harmful, numerous staff have communicated to TPIB of their fear of being accused of overfamiliarity if they inquire into the status of the incarcerated populations’ rehabilitation programs, even if it is for the purpose of providing a safe environment.

Staff are assigned to a post and trained on the dangers incarcerated people pose to each other and their colleagues. They are trained on how to restrain an incarcerated person. They are trained on the alleged “devious” and “manipulative” ways an incarcerated person tries to get over on or entrap staff in illicit activities. However, they are not trained on, or given information regarding those incarcerated people who are putting in the work to heal themselves or the programs they attend. The lack of information flow within any business or organization jeopardizes the viability of that organization.

The lack of information flow within CDCR is detrimental to more than just the department, it is dangerous to the lives of those incarcerated and to the lives of those who manage the security post in the department. It denies staff the opportunity to have input on what decisions and changes would make their jobs easier and safer without the use of force. It is also a source of frustration for staff. Moreover, the department’s failure here coupled with the rigorous in-service training around subduing the incarcerated person creates a fertile breeding ground for the toxic culture.

1.2.1. Staff Relations: Optional Dress Code While on Duty

A serious rethinking of the ways in which correctional officers dress in the prisons should be considered:

- Officers dress in military-style clothing which indicates that they are lording over enemies or prisoners of war. The correctional officers' uniform has a lot of stigma and trauma attached to it. Some incarcerated people don't want to be seen talking to officers because they think they'll be labeled as snitches. Others see the uniform as a symbol of abuse or oppression.
- Many incarcerated people have been beaten or psychologically abused by those who wear these uniforms. To them the uniforms are symbolic of a war on crime and the military industrial complex. They are also symbolic of racial animosity inherent in the Black Codes and Jim Crow laws. Therefore, in order to help facilitate a cultural transition based on wellness, correctional officers must be given an option to dress a little less militaristically. This can help facilitate better communication and relationships between the officers and the incarcerated population and help facilitate an environment of wellness.

1.2.2. Staff Relations: Replace term "overfamiliarity" in favor of concrete policies

What does, and does not, constitute overfamiliarity is going to be key to any cultural transition taking place at the SQRC and eventually throughout CDCR. Several things must be considered when examining the concept of overfamiliarity:

- What is the current definition of overfamiliarity?
- Does it clearly define an officer's permitted conduct?
- How does it fit within the idea of being a good neighbor?

The California Code of Regulations, Title 15, Section 3400 "Familiarity" as it pertains to correctional officers and other prison employees, states: "Employee must not engage in undue familiarity with inmates, parolees, or the family and friends of inmates or parolees." It would appear that this regulation is the source of an adapted or improvised policy prohibiting "overfamiliarity." The current definition of overfamiliarity is being too friendly, overly friendly, or intimate. Title 15 Code of Regulations state: "Employees must not engage in undue familiarity with inmates..." What does this currently mean? An institutional security officer may think that handshakes are OK, but hugs are not. A friendly tap on the shoulder may be okay for some but not others, or similarly, the use of first names. Other avoided actions are no sharing of food, no disclosing of personal information such as addresses or family situations, no money loans, correspondence outside of prison walls, or phone calls for inmates. And volunteers should adopt a professional attitude, with conservative dress and behavior. But how can one be sure what defined actions are ok?

The term overfamiliarity is a catchall term that terrifies officers and staff who don't want to lose their job for being overfamiliar. It maintains a divide between staff and incarcerated people. However, dynamic security focuses on relationships between staff and the population, striving to enhance overall wellbeing, ultimately fostering a safer environment for everyone. Correctional officers and incarcerated people will not feel comfortable doing this unless the term overfamiliarity is eliminated completely from the CDCR rule books.

Normalization works to create a prison experience that mirrors life in the broader community. The rationale is clear: the more life in prison is aligned with life outside, the transition

will be smoother for individuals upon release. People have to be able to be friendly and humane without fear of crossing a boundary in order to practice normalization. The obstacle overfamiliarity presents to normalization is clear: If an officer and incarcerated person are seen sitting in a gazebo, eating and talking, will one be fired and the other end up in the hole?

1.2.3. Staff Relations: Mediation before issuing a rules violation report (RVR 115)

- CDCR must seek an alternate form of discipline for an incarcerated person to achieve behavior modification before issuing an RVR.
 - One form of discipline is mediation. The process of seeking an alternate solution to an RVR is consistent with the California Model goals of restorative justice and dynamic security. Mediation should come before any 128s or RVRs.
 - Mediation can include any number of actions such as: extra duty, formal apology, mandatory attendance in designated self-help group, etc.

1.2.4. Staff Relations: Audio and video recording of RVR hearings

- All disciplinary hearings must be audio and video recorded to ensure disciplinary write-ups (RVRs) are not being weaponized.

1.3. Recommendations

- Fully employ the COMPAS assessment tool in determining the needs of newly incarcerated people in county facilities.
- Create detailed regulations for a CDCR Orientation Committee to operate in county facilities.
- Create detailed regulations for CDCR Reception Center orientation committee comprised of trauma counselor, medical doctor, mental health professionals, rehabilitation counselor, victim's right advocate, correctional officer, and incarcerated person.
- Craft policy rules and regulations permitting officers to dress like correctional counselors or have casual corrections shirts that are less threatening.
- Permanently eliminate all rules and regulations that allows disciplinary actions to be taken against staff and/or an incarcerated person based on the current vague term "overfamiliarity."
- Create a concrete policy detailing appropriate and inappropriate conduct between officers and incarcerated people consistent with the ideals of therapeutic communities.
 - As an option the department can create an exploratory committee made up of incarcerated people, justice-impacted families, correctional staff, and experts in the field of sociology to develop new policy, rules, and regulations. (see [Appendix E](#) attached to Preliminary Report).
- Craft policy, rules, and regulations mandating every institution maintain its own post-assignment orientation committee for officers.
 - The only officers permitted on this committee will have clearly demonstrated full compliance with the California Model (SQRC) and have been approved by both the incarcerated population and that institution's officers.

- Craft policy rules and regulations mandating a separate committee comprised of both incarcerated people and officers for the onboarding of new officers.
 - When onboarding new officers, particular attention will be paid to culture and defining the elements between a toxic culture and a healthy culture.
- Craft policy, rules, and regulations mandating trauma informed training for all CDCR employees.
 - The history of CDCR’s struggles and the incarcerated population’s struggles will be included in this training.
- Craft legislation to enshrine this orientation program into California’s Penal Code and Welfare and Institutions’ Code governing CDCR.
- The Department of Operations Manual (DOM) should be amended to reflect new terms and definitions of appropriate and inappropriate officer-incarcerated person conduct in lieu of “familiarity.”
 - All orientation programs inform new officers and incarcerated people of specific details set out in this report.
- Craft legislation establishing an independent, offsite, accountability-oversight committee made up of members from the community.
 - Empower a committee to craft oversight rules and regulations to be adopted to protect and safeguard the changes in culture created by the California Model.
- Information must be given to an incarcerated person entering the prison system regarding what to expect, what rehabilitation programs are available, and how to access those programs. CDCR must prepare a newly incarcerated person for success by advising them on what opportunities are available to them.
- Incoming Correctional Staff must also be educated on what a newly incarcerated person should expect when entering the prison system.
 - To properly perform their post duties the officer must be looped-in on the flow of information regarding incarcerated people’s programming.
- Create and maintain a CDCR communications department.
 - The purpose of this department is to first and foremost allow staff input on changes in the department, clearly define all departmental policy for staff, maintain a direct line of communication with front line staff, answer all questions from staff regarding responsibilities, and ensure uniformity and application of all policies.
- Audio and video record all RVR disciplinary (RVR) hearings.
 - CDCR is now monitoring all areas of the institution with audio and video surveillance. To monitor an RVR hearing would be simple given the surveillance infrastructure is already in place.

LRM Phase Two: Rehabilitation

2.1. Introduction: Current Problems

- Failure to inform/orient newly incarcerated people on departmental rehabilitative resources.

- CDCR views and treats rehabilitation as a piecemeal construct and not as a whole healing process.
- CDCR does not have overall information on available self-help groups or the location of said groups.
- CDCR does not have sufficient sex offender (p.c. 290) self-help groups.
- CDCR does not mandate incarcerated people attend self-help groups.
- CDCR fails to actively recruit non-profit organizations to assist incarcerated people build out relevant self-help groups.
- CDCR fails to sufficiently invest in youth offender groups.
- CDCR fails to maximize the use of empty institutional space for healing.

TPIB has conducted a thorough review of CDCR’s rehabilitation landscape in comparison with our own lived experience for this final report. CDCR provides rehabilitation programs haphazardly at best. There is no overarching theme of healing through rehabilitation for the incarcerated person. The department has no method of providing an incarcerated person with an organized system of rehabilitation that is personalized and case specific. There are no identifiable processes of rehabilitation once a person enters the prison system; the state’s only concern is static “security.” Every effort is made to apply as many security deterrents as possible, while leaving rehabilitation to the individual to search out, apply for admittance, or provide for themselves. This method leaves the incarcerated individual in the position of being forced to find and achieve rehabilitation on their own.

For example, an incarcerated person might find a self-help group to address their substance abuse issues. However, cognitive distortions developed from substance use can be a barrier to sobriety and rehabilitation. Current rehabilitation programs allow immediate access to substance abuse classes but attending cognitive distortion classes might take months or even years. It is essential for CDCR to offer comprehensive rehabilitation programs addressing these needs promptly, ensuring effective treatment for the incarcerated population. TPIB’s LRM accomplishes this thoroughness. The purpose is to offer our unique perspective of the benefits of rehabilitation and positive programming from our lived experience. We propose with the LRM a sequence and series of mandatory groups for incarcerated people to navigate so they can experience rehabilitation and healing.

TPIB recognizes that the state of California, specifically CDCR, wants and needs to continue evolving its rehabilitation programs to help the incarcerated population learn to recognize the consequences of their past harmful actions. This should include trainings on how those criminal actions affected the victims of their crimes as well as how to address their own trauma (as relevant) that led them to make decisions or take actions to harm other human beings.

For CDCR to provide a holistic approach to rehabilitation, it must become invested in a healing approach to incarceration so that a realistic transition plan can be developed by the Orientation Committee. If there is no accessible information describing the self-help resources available to the county intake committees, Reception Center Orientation Committees, or the incarcerated person’s support network, a transition plan cannot be fully or reliably implemented to

address their core issues. To achieve optimum benefits from CDCR's rehabilitation resources, there must be a centralized information department to facilitate the flow of information.

We have experienced firsthand how the lack of rehabilitation programs affects the incarcerated population, including but not limited to continued criminal thinking, criminal actions, denial, and/or a lack of understanding into problematic behaviors. Recognizing how the past has shaped our thinking and actions, we seek to expand rehabilitation programs created by incarcerated people and funding for programs for post-parole care.

2.1.1. Identifying and Addressing Gaps

Currently CDCR's system for assigning incarcerated people to rehabilitation programs does not address their specific holistic needs. We have lived experience with the problems that exist within the old correctional system. The following are challenges that must be addressed to improve the availability and effectiveness of rehabilitation:

- Overpopulation (stress on staff and the incarcerated population)
- Disorganized rehabilitation planning
- No effective implementation of a rehabilitation plan for newly arrived incarcerated people
- Underutilization of resources for rehabilitation programs
- Lack of support for youth offender programs (space/resources underutilized)
- Long vetting process to clear volunteers and organizations to enter the prison
- Not utilizing available space for rehabilitative and reintegration planning

2.1.2. Incarcerated-Person Created Rehabilitation Programs

Incarcerated people who have looked at and addressed their own trauma are the ones in the best position to develop processes to guide effective rehabilitation. A majority of the rehabilitation programs existing in CDCR were created by incarcerated people. These programs have been hugely effective. To ensure that the most effective programs are designed and promoted, CDCR should:

- Allow incarcerated people the space, time, resources, and permission to create curriculum, programs, and workshops needed to shift the culture within the department.
- Allow incarcerated people the opportunity to direct and guide the implementation of the rehabilitative structure of their own program.
- Provide the incarcerated population market-rate compensation for the creation of effective rehabilitation programs.

2.1.3. Resource Officers, Counselors, Mental Health Professionals

Orientation committee members will assist the incarcerated person to complete the programs identified in their rehabilitation and parole plans.

The newly incarcerated person will continue regular contacts with a mental health professional as they adjust to their new surroundings and environment. This contact is important because regardless of someone's diagnoses (or lack thereof), there is abundant data (and narratives of lived experience) illustrating why individuals and the systems in which they exist will benefit from engaging in psychotherapy and healthy processing of emotions.

2.2. Recommendations

- Reduce SQ population by parole attrition, which will ease stress on correctional, medical, and mental-health staff, as well as the incarcerated population.
- Craft departmental policy, rules, and regulations consistent with §1104 (Bonta).⁵⁴ requiring rehabilitation programs and education to be made available for the incarcerated population.
- Create and maintain a master list of all self-help groups and resources available at each of CDCR's institutions.
- Offer financial and/or recognition incentives for officers participating in rehabilitative programming and for using therapeutic community resolutions.
- Offer financial and/or recognition incentives for incarcerated people who have created evidence-based rehabilitative programs. Compensation for creating rehabilitative programming can also include Rehabilitative Achievement Credits (RACs), including removing the annual credit cap, as well as more privileges (e.g., outside vendor use for instruments, attendance of concerts, movie nights).
- Offer financial and credit-earning incentives for incarcerated people to create and facilitate rehabilitation programs based on their lived-experience.
- Offer incentives for custody staff (including pay and or recognition) to sponsor rehabilitation groups alongside incarcerated people.
- Immediately use currently available spaces for rehabilitative groups (i.e., Maintenance Vocational Building (MVB) from 3 p.m. to 8 p.m. and on weekends, Education Annex on weekends from 6 a.m. to 1 p.m., and Chapel areas during available timeslots).
- Replicate YOP processes currently serving the incarcerated youth at Valley State Prison and create a support network specifically for this segment of the population as outlined in Phase One of the LRM.
- Allocate specific, assigned space and times for weekly YOP mentor and mentee meetings and groups (YOP counselor/yard officer and lead mentors must have time to discuss challenges and successes with the program).
- Shorten and streamline the vetting process for volunteers to obtain brown cards to sponsor rehabilitation groups.
- Provide earned-housing unit privileges to every housing unit to allow even distribution of programmers to act as examples and mentors for new arrivals and incarcerated youth.

LRM Phase Three: Health and Safety

3.1. Introduction: Current Problems

- Failure to provide the incarcerated population with fresh fruits, vegetables, and sugars
- Refusing to allow the incarcerated population to access fresh fruit, vegetables, and sugar on their own

⁵⁴ Corrections and Rehabilitation: Sentencing, Assemb. 1104, 560 (Cal. Stat. 2023).

- Utilizing collective punishment measures to deny the incarcerated population access to healthy food sources
- Jeopardizing the incarcerated population's health by forcing them to purchase and consume food that contains massive amounts of preservatives, aspartame, genetically modified organisms, and other harmful chemicals
- Failure to allow the incarcerated population access to nutrition professionals
- Failure to have a health plan (including a weight bearing exercise regime, trauma informed yoga, etc.) for the incarcerated population

The Health and Safety component encompasses all issues that affect the mental and physical bodies of incarcerated people and correctional employees, both in the short and long-term:

- Exercise
- Food/Nutrition
- Culture
- Physical structures
- Environmental conditions

Phase Three takes an in-depth examination of all elements involved in the health and safety of prisons, in this case specifically the SQRC. To begin a genuine model of rehabilitation an understanding of the historical factors leading to the current environment is necessary.

Between the 1960s and the early 1990s, incarcerated people in the state of California enjoyed access to weightlifting equipment. By the mid-1990s, tough-on-crime attitudes led to the deterioration of common-sense policies regarding the care of incarcerated people. During the mid-1990s, a public hysteria was building with politicians and criminologists referring to young Black and Brown men as “superhuman criminals.” In a 2005 popular news media article, criminologist John J. DiIulio, Jr., stated that the United States was destined for an influx of “super predators” based on perceptions of youth in the 1990s.^{55, 56} In the *Encyclopedia of Criminological Theory*, DiIulio and colleagues expanded on the dangerous concept of super predators, warning that by the year 2000, an additional 30,000 young murderers, rapists, and muggers would be roaming America's streets sowing mayhem.⁵⁷ Hillary Clinton, who was the First Lady of the United States at the time, helped spread DiIulio's message about a supposed onslaught of young minority super predators.^{58, 59} Societal panic

⁵⁵ DiIulio, J. J. (1995, November 27). Super Predators. *The Weekly Standard*. <https://fbaum.unc.edu/teaching/articles/DiIulioTheWeeklyStandard1995.pdf>

⁵⁶ Bennett, W. J., DiIulio, J. J., & Walters, J. P. (2010). Moral Poverty Theory. In F. T. Cullen & P. Wilcox (Eds.), *Encyclopedia of Criminological Theory*. Sage.

⁵⁷ Becker, E. (2001, February 9). As Ex-Theorist on Young 'Super predators,' Bush Aide has Regrets. *New York Times*. <https://www.nytimes.com/2001/02/09/us/as-ex-theorist-on-young-superpredators-bush-aide-has-regrets.html>

⁵⁸ Cox, C. (2020, October 26). Fact Check: Hillary Clinton, not Joe Biden, used the phrase 'super predators'. *Reuters*. <https://www.reuters.com/article/idUSKBN27B1PB/>

⁵⁹ Clinton, H. (1996). Hillary Clinton on "super predators" (C-SPAN). *YouTube*. <https://youtu.be/j0uCrA7ePno?feature>

led to the Pryce-Stupak Amendment of the 1994 Crime Bill,⁶⁰ which prohibited weight training within prisons. “We have unwittingly been mass producing a super breed of criminals,” said Congresswoman Pryce. “If you want to stop building a better thug, support the Pryce-Stupak Amendment.” California Senator Steve Peace then introduced emergency legislation to remove weightlifting programs from California’s prisons. In January 1998, California Department of Corrections’ Chief Deputy Director Gregory Harding put out an administrative bulletin to get rid of all weightlifting equipment from the prisons, and critics of the ban warned that taking such measures would lead to a sick population of prisoners.⁶¹

As of 2022, yearly healthcare costs for the incarcerated population averaged \$19,796 per incarcerated person.⁶² In addition to the removal of weight-bearing exercise, and perhaps even more detrimental to the health of the incarcerated population, has been the severe reduction and in some cases the complete prohibition of nutritious meals, including fresh produce such as citrus fruits. Especially starting in the era of the “super predator” rhetoric and prison warehousing, the quality of the incarcerated populations’ food has gradually decreased in nutrition, flavor, and portion size until it is now woefully inadequate for good physical and mental health despite what the CDCR nutritionists who sign off on the menus say. While taken in isolation, some may try to argue that such deprivation does not affect an incarcerated persons’ health. However, when taken collectively, the deprivation of weight bearing exercises, fresh produce, and adequate nutrition have resulted in the deterioration of the incarcerated population’s health.

In combination with CDCR’s toxic and stress-inducing culture, the situation has become untenable. As a result, not only is the system overloaded with physically disabled people, it is also overloaded with mentally ill people. When outside exercise and movement are restricted for days, months, and years on end due to lockdowns and modified programs, the present toxic conditions are the result.

The psychological effects of being in prison alone are enough to guarantee that each incarcerated person will need some form of mental health treatment. Prison is an unnatural environment. Most people find themselves in prison are also bringing some psychological problems with them due to trauma, drugs, alcohol, or a mental health disorder. On top of this, psychological stressors that lead to mental health problems in prison are numerous – self-condemnation, guilt, boredom, anxiety, depression, withdrawal from substances, psychotic disorders; missing family, children, and freedom, to name a few. Being in a place with abnormal lighting, concrete and steel surfaces, constant surveillance, lack of privacy, social isolation, limited personal care service, ongoing harassment, threats of physical and sexual violence and abuse can overwhelm the human senses.

⁶⁰ Congressional Record. (1994, April 20). *SUPPORT THE PRYCE-STUPAK AMENDMENT TO THE CRIME BILL*. Congressional Record, volume 140 issue 44 (Wednesday, April 20, 1994). <https://www.govinfo.gov/content/pkg/CREC-1994-04-20/html/CREC-1994-04-20-pt1-PgH19.htm>

⁶¹ In 1998, Willie Wisely reported in the Prison Legal News that, “The ban on weightlifting will cost California taxpayers millions of additional dollars to take care of prisoners. Wisely, W. (April 1998). *Weights Banned in California*. <https://www.prisonlegalnews.org/news/1998/apr/15/weights-banned-in-california/>

⁶² The California Legislature Nonpartisan Fiscal and Policy Advisor. (2018, January 18) *Recent report compares California inmate health care costs to rest of Nation*. California Legislative Analyst’s Office. <https://lao.ca.gov/Publications/Report/3733>

3.2. Accessing Weight Bearing Exercise Equipment 63

- Employ fitness trainers to advise staff and the incarcerated population.
- Establish and maintain weightlifting areas (containing loose weights and machine weights).
- Establish safe weightlifting curriculum and classes.
- Allow staff to train with the incarcerated population (all weight training time covered by employee contract).

3.2.1. Accessing nutrition and health experts

Employ nutritionist in a common area (preferably the gym) and permit the incarcerated population to access that person during exercise times. Also, allow the nutritionist to access (with permission) the incarcerated person’s medical file to advise them on a personalized nutrition and exercise regimen.

3.3. Accessing trauma informed yoga exercises

- Consult Prison Yoga Project founder James Fox.⁶⁴
- Employ yoga fitness trainers to advise staff and the incarcerated population.
- Establish and maintain yoga areas.
- Establish trauma informed yoga curriculum and classes.
- Allow staff to practice with incarcerated population (all employee yoga practice covered by employee contract).

3.4. Accessing Healthy Foods and Food Sources

Providing healthy food and access to healthy food sources will be achieved in a three-phase plan over the course of three years, as proposed herein. Each phase and step will impact all areas where food is served or delivered within the institution (i.e., dining hall, canteen, receiving and release, and medical.)

“It is the intent of the legislature that both the Department of Corrections and the Department of the Youth Authority eliminate or restrict access to weights and weight lifting equipment where is determined that the particular type of equipment involved or the particular prison population or inmate involved poses a safety concern both in the correctional facility and to the public upon release” —Senate Bill 22x
“Scientific studies have shown that weightlifting strengthens the heart muscle and cardiovascular system, thus lowering the chance of heart attack and stroke... As life prisoners age without the opportunity for weight bearing exercise, they will lose density in their long bones” and “muscle mass...resulting in hip fractures and suffer heart attack or stroke...increasing cost of incarceration from \$30,000 to over \$100,000 for each affected prisoner.”

— Willie Wisely, *Prison Legal News*, April 1998

⁶³ The People in Blue (2023). Weight lifting program. The Ban, the Health Crisis, and the Reinstatement. https://drive.google.com/file/d/1i6n_9IUSWITKacDviFgr6tGauXPox5KN/view

⁶⁴ <https://www.prisonyoga.org/our-team/>

3.4.1. Food Items

Currently, CDCR has disallowed package companies to provide healthy food options (e.g., dried fruit, trail mix, raisins, dehydrated vegetables, real sugar, etc.) to the entire incarcerated population. At the time TPIB's Preliminary Report was published CDCR's women's facilities were allowed to purchase some healthy food items from package vendors. That permission has since been rescinded. The excuse has been that such restrictions reduce the amount of manufactured alcohol produced by incarcerated residents. This excuse not only penalizes the entire population for the potential actions of a few, it contributes to the toxic culture within CDCR. It sends the message to the incarcerated population that their health comes second to the conduct of a few individuals.

Furthermore, studies have shown that aspartame (an imitation sweetener), when consumed in quantity over time, can lead to cancer. For example, an incarcerated individual who has been imprisoned for 10 years who drinks a 16 oz. cup of coffee each day with four sweeteners would consume a total of 14,600 individual sweeteners or 127 boxes. These totals would double every 10 years, which puts the person at extreme risk of cancer. This estimate only takes into account the consumption of sweeteners with coffee. Our estimates do not factor in other uses of sweetener with other items such as cereal, tea, and flavored drink mixes.

Phase Three extends and welcome into SQRC outside community partners who would create a vocational program, a food co-op pilot program, and a wellness-delivery model known as a "food pharmacy." These programs would take place on the unused land at San Quentin and would provide the facility with important food and wellness related services, along with creating a normalized workplace experience.

3.4.2. Package Vendors/Canteen

Introducing a new set of vendors that handle fresh food (e.g., Whole Foods) would help establish a new norm, connecting incarcerated people to community resources and community organizations.

Incarcerated individuals lack fresh and nutritious foods. Allowing vendors to deliver those foods would create a healthier diet and a healthier prison environment altogether. When we look at the vegetarians within the prison population, the means provided to maintain that diet are not adequate. Many vegetarians and vegans must get their food stuffs through packages. The current restrictions prohibit many viable, healthy options. Permitting fresh-food vendors, such as Whole Foods and other appropriate grocery stores, can be a game changer in terms of dietary options and health for incarcerated individuals, as well as for normalization and financial literacy. The department would still provide the mandated vegetarian meal and standard meals, but grocery vendors would be available for additional options so that incarcerated individuals can receive proper nutrients and a well-balanced diet to help them function throughout the day.

3.4.3. Food Sources

CDCR should expand its partnership with the outside community to implementing the food co-op, culinary program, permaculture program, and the food pharmacy. These food sources would also teach farming techniques, promote a healing-food culture, and further subsidize healing foods for residents that are suffering from diabetes and other chronic health conditions.

3.4.4. Approved Personal Property Schedule & Non Expendable Personal Property

A fresh food program for the incarcerated population would require places to store the food so it remains fresh over a reasonable period of time. This could include microfridges that would ensure the sustainability of fresh produce.

We are proposing adding George Foreman Grills, which would also increase the morale of the incarcerated population. Such non-expendable personal property items would help create a going-home mindset within the incarcerated population and dispel the “prison mindset.”

3.5. Environmental Conditions

As we investigated the design of the institutional “chow hall” and how it fits with the California Model, we found that it is not the inclusive model or image for a healthy community. Interviews and research indicates that the existing “chow halls” should be renamed “dining room” or “dining hall.” The layout should be for an open-style buffet where there are stations serving breakfast, lunch, self-made meals (e.g., waffles with a waffle maker), salad bar, and drink dispensers. Each of these stations will be staffed by incarcerated workers/trainees that are participants in the culinary program.

Currently culinary workers are paid little to nothing and receive no recognized transferable job training in the field of culinary kitchen work. We are proposing a change to that old narrative by implementing a culinary program that focuses on training incarcerated workers in state-of-the-art food safety, food prep, cooking, and baking techniques and skills with an eye towards employment in the community.

The idea is to train certified and qualified chefs and cooks in the kitchen so that upon their release from prison, they will be a desired and sought after employee in the restaurant and culinary industry.

3.6. Recommendations

We are fully aware that the Health and Safety plan is bold and includes a large amount of policy, procedure, and contractual reworks. We strongly believe that implementing this plan will not only benefit the incarcerated community, but also the department and its employees.

The benefits of this plan will even transfer into our communities and the workplace due to the fact that there will be highly trained/certified individuals ready for employment in the food industry entering into society instead of starting with nothing. Besides healthy living, this program will promote inclusion for residents and staff by them dining together on nutritious and appealing meals in a more pleasant setting. Thus, we make the following recommendations:

- Increase the quantity of food that is passed out during the morning and evening meals.
- Add alternatives for lactose-intolerant and gluten-intolerant residents.
- Permit the Right 2 Heal (R2H) Advisory Group and other non-profit organizations to facilitate or create, promote, and execute healthy food programs (i.e., food co-ops, gardens, etc.).
- Improve specialty-diet meals.
- Actively seek out new fresh-food vendors to handle fresh-food delivery (i.e., Whole Foods), as well as minority owned businesses in the surrounding community.

- Place blenders in the incarcerated residential buildings and other common areas around the institution.
- Outfit each living space with a micro-fridge and a George Foreman-style grill.
- Change the name of the chow halls to “dining halls” or “dining rooms.”
- Completely redesign the dining area to resemble more of a college campus and community friendly setting, with replacement of the serving plates and utensils.
- The layout should be an open style with a main course station, such as an omelet (breakfast)/stir fry bar (lunch/dinner), self-made meal station (such as a waffle bar equipped with a waffle maker), pastry/salad bar, and a drink dispenser with juice and water. Each of these stations would be equipped with workers/trainees who participate in the culinary program.
- Encourage officers, free-staff, volunteers, and incarcerated people to consume meals together.

LRM Phase 4: Transitions—Financial Literacy

4.1. Introduction: Current Problems

- Failure to provide the incarcerated population with fundamental financial training
- Failure to provide the incarcerated population with complete transitional plans and resources

Multiple studies have found financial literacy to be a cornerstone to lowering recidivism rates. By providing the knowledge, skills, strategies, and techniques for how to manage personal finances, an individual will not feel pressure to generate income in unlawful, unethical ways. Financial literacy can allow incarcerated people to grow, prosper, and be successful in their employment and family roles.

The purpose of this section is to provide an in-depth look at ways CDCR can introduce a financial literacy curriculum to the incarcerated population in relation to the California Model. As it stands, CDCR has no known educational classes and zero rehabilitative groups that cover financial literacy. It is therefore failing to meet the standards of the proposed California Model in this crucially important area.

Our Financial Literacy Committee has conducted research and interviews of the incarcerated population at San Quentin along with educators and advocates to put together a conceptual curriculum that is both text-based and interactive with real-time information. The overall goal of the program would be to achieve a comprehensive, engaging approach that benefits all learning levels. The program would enable the incarcerated individual to have a higher rate of success upon reentering the community.

In order to enable higher success upon reentry, we envision a community setting and/or furlough days at each institution. This will provide an

“Only 57% of Americans [are] financially literate ... and data suggest that financial literacy rates among those who are incarcerated are much lower. This puts these individuals at a severe disadvantage once they’re released.”

– *SARC Foundation for Health, Equity, and Justice*. March 12, 2019

<https://thesarcfoundation.org/>

interactive opportunity to educate the population on how to legally earn and manage money. It includes a process for learning how to pay bills and prepare for parole.

Built upon the same cornerstone to lowering recidivism rates as financial literacy is transition plans. It is critically important to have a detailed transition plan for leaving prison and returning back to the community. Building this plan must start on day one!

Approximately 20,000 to 30,000 people are released from prisons in California.⁶⁵ With one of the highest incarceration rates in the U.S., California holds around 95,000 people in state prison and another 35,000 under parole supervision. Most people who are released return to their old communities to restart their lives under community supervision like parole or probation. Some have been gone for two or three decades, sometimes longer. Others have done shorter stints—often less than five years—but still they have been incarcerated for decades as they repeatedly cycle through the system. Despite criminal justice reforms, the recidivism rate is stubbornly high, averaging 50% over the past ten years.⁶⁶ The exception is persons sentenced indeterminately (lifers) who are released following a parole hearing, of whom less than one percent were reconvicted of a felony crime in 2018.⁶⁷

TPIB are acutely aware of the recidivism statistics. Having studied the difference in recidivism rates between “life” term incarcerated people and “low risk” incarcerated people, we were able to determine the primary cause of the glaring differences was the absence of an LRM style plan.

Life-term incarcerated people are motivated to actively seek out those groups which would help address their trauma and provide plans for post-incarceration because they must demonstrate a behavior change to the BPH. On the other end of the spectrum, low risk incarcerated people are not mandated to attend self-help groups and most don’t. But for those who are willing to participate, they face extreme hardship trying to find a group to fit their needs. Should they get lucky and find the right group, they are forced to wait months. When they are assigned, they are harassed by officers, become frustrated, and quit. As a result, the low-risk person is returning to his or her community with no healing, no plan, and even more frustrated than when they entered prison. Thus, they reoffend, sometimes violently.

It is these “low risk” offenders that must be diligently pursued and persuaded to make a change in their lives, and this must occur from day one.

4.2. Method—Identifying and Addressing Gaps

The program would be centered on two devices that would provide the full interactive experience and learning for growth:

⁶⁵ California Law Revision Commission. (2021, July 13). Annual Report And Recommendations. Committee on Revision of the Penal Code. California Law Revision Commission. https://www.clrc.ca.gov/CRPC/Pub/Reports/CRPC_AR2021.pdf

⁶⁶ Howle, E. M. (2019, January). California Department of Corrections and Rehabilitation: Several Poor Administrative Practices Have Hindered Reductions in Recidivism and Denied Inmates Access to In-Prison Rehabilitation Programs. *Auditor of State of California*, 2018-113. <https://information.auditor.ca.gov/pdfs/reports/2018-113.pdf>

⁶⁷ Board of Parole Hearings. (n.d.) Recidivism. *California Department of Corrections and Rehabilitation*. <https://www.cdcr.ca.gov/bph/recidivism/>

1. CDCR identification cards would be used not only as an ID but also as a “credit card” for residents.
2. The tablets would have the Financial Literacy Curriculum uploaded on to them to guarantee access to the full population, as well as a link to the individual’s Trust Account.

With the updated, dual-purpose ID cards, each incarcerated person would have the ability to shop at canteen or a grocery-type setting and swipe or scan their ID like a credit card so money would be withdrawn from their account. It would also be used for accessing the dining hall and any other areas where they would purchase items.

In a 2013 study, justice-involved citizens reported a number of barriers preventing them from getting a bank account, including minimum account balances, high overdraft fees, and a general mistrust of banks.

Then there is the issue of actually signing up a bank account. Most financial institutions require some or all of the following:

- Permanent address
- Government ID
- Social security number
- Tax identification number

Financial literacy programs provide citizens with the information and resources they need to ensure they’re set up with a proper bank account. Formerly incarcerated individuals often live paycheck to paycheck. Most people struggle to find stable employment following their release from prison. In fact, research suggests that only 55% will earn any money in the first year, with median earnings being \$10,090. This makes learning skills like saving and budgeting critical for a successful return to the community. If these individuals don’t spend wisely and make the most of their money they may begin to fall into debt. If their financial; situation becomes too dire they’re much likely to resort to illegal activities in order to survive.

– SARC Foundation for health, equity, and justice. March 12, 2019 <https://thesarcfoundation.org/>

In addition to utilizing the ID cards as credit cards, the tablets would have the Financial Literacy curriculum uploaded on to them to guarantee access to the full population. The curriculum would be linked to their Trust Account so the individual could track their account live, but also their “credit account” so that they could pay their bills and handle any other miscellaneous expenses or savings that need to be tended to. The Financial Literacy program would consist of a variety of subject areas. These areas were chosen largely based on a study conducted by Lori Koenig and published in the *Journal of Correctional Education*, with curriculum ideas from EVERFI.⁶⁸ Each curriculum topic, with the exception of budgeting, showed an interest and understanding increase of more than 5% in the study. When it came to the overall concept of Financial Literacy, the study showed an average increase of 66% to 74%. The following are the proposed subject areas for the Financial Literacy program:

⁶⁸ Koenig, L. A. (2007). Financial literacy curriculum: The effect on offender money management skills. *Journal of Correctional Education*, 58(1) 43-56.

- **Banking Basics:** Covers the basic understanding of how financial institutions operate along with steps on how to open and manage checking and savings accounts. This unit will also cover investing basics and best-practices and strategies.
- **Income and Employment:** This unit will cover the financial literacy associated with employment and how it directly impacts the individual person and their employment. An understanding of how taxes and deductions come out of net income along with benefits that can be received from the employer to supplement income, such as health and life insurance.
- **Budgeting:** Will review strategies and tactics for developing and managing a personal budget in line with needs versus wants. Reviews various components of the budget along with how useful a budget can be personally and develops a system that tracks income, spending, and savings.
- **Consumer Skills:** This module covers how to be an informed consumer by evaluating one's own spending behaviors. Students will learn how to effectively navigate the decision process for everyday purchases or larger purchases such as a car and a house along with knowledge of how to get the most value out of their purchases and the best payment methods. This will include concepts and best-practices related to renting, leasing, and owning a place to live or conduct business.
- **Managing Credit and Debit Cards:** This module covers how credit and debit factors into spending strategies. The concepts and core principles of credit and debit are explored, including the common pitfalls and consequences that come with the misuse of credit and effective debt management.
- **Financing Higher Education:** This module covers how to pay for college and the financial stressors that can come along with the process. This module also highlights the benefits of higher education along with various financing options and how to apply for financial aid with FAFSA.
- **Insurance:** This module covers the benefits of insurance and best purchasing practices for insurance. This module will explore the various types of insurance and how they work and operate.

4.3. Transitions

- Immediately draft policy, rules, and regulations mandating every incarcerated person exiting prison have a plan to successfully transition.

4.4. Recommendations

- Immediately incorporate a Financial Literacy program on the Tablet.
- Allow incarcerated people to open and maintain a savings account and collect market rate interest on that account.
- Allow 8-hour furlough days leading up to release.
- Engage community leaders for re-entry support.
- Meet with representative from the IRS, DMV, and SSI.
- Reorient the incarcerated person back into the community.

- During the last 90-120 days of sentence, allow incarcerated people to enter into contracts for housing and employment.
- Allow incarcerated people to enter a contract as to a start date for employment.
- Allow incarcerated people to deduct from their savings to pay required move-in amounts for housing prior to reentry.
- CDCR or other state agency will pick up half the tab for housing (i.e. first, last, and security deposit).
- The incarcerated person's counselor shall ensure the expenses of contracts do not exceed the income from employment.
- The incarcerated person's support network developed throughout his term will assist in transitioning that person out of CDCR and back into the community.

CONCLUSIONS

1. Identify and explain key take-aways from historical events and lived experiences, by which to understand the breadth and depth of the toxic culture that exist between officers and the incarcerated.

The toxic culture in CDCR has a long and tumultuous history. The incarcerated population has blamed CDCR officers and administrators for the violence, while the officers and administrators have blamed the incarcerated population. Both have used such blame of the other to justify their continued participation in the ongoing, toxic culture. TPIB recognizes there is enough blame to go around on all sides and as such disregards the blame rhetoric and looks to discover solutions by examining history. Both the incarcerated population and administrators have valid points of blame. However, none of those points moves us to a solution we will all benefit from—an environment that is conducive to healing and rehabilitation for the incarcerated population and is healthier and promotes longevity among staff.

Within the context of the San Quentin Rehabilitation Center and the California Model, history should be looked at solely for the purpose of understanding the process of events that created the toxicity that exist today. A historical examination is necessary to identify and acknowledge what actions and decisions are inconsistent with the therapeutic community we seek to create moving forward. We must not repeat history!

We encourage all stakeholders to view the history of CDCR through the lens of solutions. What action can we take today to provide a healthy and healing environment for all within the system tomorrow?

We incorporate by reference and implication the Final Report of the California Task Force to Study and Develop Reparations Proposals for African Americans, specifically policies in Chapter 28⁶⁹ for addressing the “Unjust Legal System.” We believe that training CDCR staff in several areas mentioned in the Task Force report is necessary for the success of the California Model. This includes:

- Mandate policies and training on bias-free policing.
- Create and fund department Racial Justice Act advocacy and compliance monitoring.
- Apply the Racial Justice Act to parole proceedings.
- Require correctional officers to attend implicit-bias training.
- Assess and remedy racially-biased treatment of African American adults and juveniles in custody in state prisons.

2. Put forth a successful and scalable rehabilitation model which can be implemented at SQRC then throughout California’s prison system with minimal adjustment to accommodate the security needs of the various different institutions.

⁶⁹ California Reparations Task Force (2023, June 29). California Task Force to Study and Develop Reparation Proposals for African Americans, Final Report. *State of California Department of Justice*, pp. 747-758. <https://oag.ca.gov/system/files/media/full-ca-reparations.pdf>

The Four-Phase LRM is a scalable model that can be implemented throughout the system with minor tweaks to accommodate institutional security.

3. Craft policy and regulation solutions promoting a healthy and sustainable shift in culture for both CDCR officers, free staff, and incarcerated people.

To ensure that the California Model is successful in its infancy and grows stronger as it ages, there must be mechanisms put into place to hold everyone accountable. The California Model must be given teeth, and the only way to give it the teeth it needs to be successful is community buy-in and involvement. This includes the creation of a community-oversight board. CDCR has proven time and time again that it cannot police itself. The myriad of court rulings against the department show this, including the rulings and orders in Coleman/Plata litigation and the more recent *In re Ivan Von Staich* Marin County Superior Court Covid-19 ruling. The department is too big to hold itself accountable. Therefore, a complete redrafting of the rules and regulations as it surrounds incarcerated people's and officers conduct must be initiated. CDCR rules, regulations, and policy must be absolutely clear so as to leave little to no room for misinterpretation. As it currently stands, how each individual officer interprets a standing rule is "valid" even if the interpretation directly conflicts with other rules and or the law.

4. California's politicians and political structure must support the culture shift within California's state prisons by crafting legislation enshrining the solutions in California law.

For far too long, California's political structures have played catch-up from the major fall outs that have occurred because of CDCR's toxic culture. From the aftermath of George Jackson's killing to the forced sterilization of 148 women prisoners⁷⁰ to the most recent 28 deaths of incarcerated people and death of one correctional officer as a direct result of the toxic indifference of CDCR during the COVID-19 outbreak,⁷¹ these incidents have cost tax payers millions and will potentially cost millions more. The state cannot continue to fund toxicity. This is a once-in-a-lifetime opportunity to craft legislation to permanently rid California of a system that does not work. establishing an independent, offsite, accountability-oversight committee made up of members from the community.

5. Actively advocate for victim-survivors of crime, incarcerated families, and community leaders to be part of and inform the culture shift.

The main prompting for the California Model is the acknowledgment that the system has failed in its duty to everyone. Because the system has failed everyone, everyone must be involved in fixing it.

⁷⁰ La, L. (2023, March 22). "More pain for California's forced sterilization patients. *Cal Matters*. <https://calmatters.org/newsletters/whatmatters/2023/03/forced-sterilization-california/#:~:text=An%20expos%C3%A9%20from%20The%20Center,In%202021%2C%20Gov>

⁷¹ Office of the Public Defender (2021, November 18). Judge Rules CDCR Inflicted Cruel & Unusual Punishment on Incarcerated People at San Quentin During COVID-19 Pandemic. [Press Release] <https://t1.sfpublicdefender.org/news/2021/11/judge-rules-cdcr-inflicted-cruel-unusual-punishment-on-incarcerated-people-at-san-quentin-during-covid-19-pandemic/>

Everyone's involvement ensures nothing is missed and everyone is accountable for shifting the culture.

6. Reduce community violence and recidivism.

A shift in culture within the prison system ensures the reduction of community violence. With true cultural shift as envisioned, the system will no longer return to the community people who are blinded by their trauma and likely continue to harm themselves and others. The majority of people released will be healed and will help their communities heal as well. To quote a notable group, Guiding Rage Into Power, "Healed people, heal people." When these healed people return to our communities, they will be able to model what true healing looks like. This will prevent others from being victimized. We have the ability to change not just our prisons, but our communities as well.

THE CALIFORNIA MODEL

**“A Manual by the Incarcerated to Transform CDCR’s Culture and
Promote Public Safety”**

PART III: IMPLEMENTATION REPORT

(Review in conjunction with **Part I: Preliminary Report** and **Part II: Final Report**)

INTRODUCTION

The People In Blue is now a 16 member committee. We have nearly two centuries of combined incarcerated experience. Our lived-experience includes every security level, from maximum- to minimum-security prisons within the State of California. We are using our lived experience to change the face of corrections as we know it.

This report is to provide suggestions to the LAO, state legislatures, and prison administrators for implementation of the California Model, a plan already developed and published by The People In Blue, in September 2023. The LAO has outlined numerous concerns regarding the California Model and its implementation. The concerns' brought out by the LAO are realistic and should be answered before moving forward.

It is TPIB lived experience that the manner in which CDCR is proceeding with the implementation of the California Model is a recipe for failure. We look back to the failed California Rehabilitation Center in Norco and the placement of "Rehabilitation" in CDCR. These Rehabilitation models were funded only with the promise of a plan, and they failed miserably. Thus, the California Model cannot work without:

1. **Uniformity:** All California Model prisons must be held to the same standard with the same policy, rules, regulations, and programs. Only deviating minimally for security, gender, and infrastructure purposes. Without uniform expectations, the new regionalization policy announced by CDCR will only serve to undermine the success of the California Model. because each region will be allowed to develop and implement its own version of a "California Model." This will prevent any uniform matrix in determining success.
2. **Accountability:** All custody staff, CDCR employees, and incarcerated people must be mandated to conduct themselves according to societal community norms. These norms must be reflected in policy, rules, regulations, and programs. When any community member violates or deviates from these community norms, there has to be consequences. The consequences must apply equally across the board and not just to the incarcerated.
3. **Consistency:** Institutions of the same security level and design must not deviate from the California Model once established.
4. **A Deliberate Phased Roll Out:** The California Model must not be rolled out beyond the eight pilot prisons: (i.e. San Quentin Rehabilitation Center, Old Folsom State Prison, CSP Folsom, Valley State, Salinas Valley, SATF, Donovan, CCWF) until such time as CDCR and the Administration can promulgate the policy, rules, regulations, and law needed to support the California Model.

Gov. Newsom's announcement of a direction change for CDCR paved the way for real change on a fundamental level for California's prison system. America's current form of retributive justice and incarceration has been criticized the world over. There has been no stronger criticism than from America's own experts in the field (which includes incarcerated people), who have identified the prison system as trauma inducing. TPIB recognizes the great potential in the idea of the "California Model."

The model, if implemented and maintained with proper checks and balances, has the potential to change how we incarcerate people, lower the recidivism rate, as well as lower the cost of incarceration, and change how society treats communities of color and the system-impacted.

BACKGROUND

We have thoroughly reviewed the LAO'S 2025-26 assessment and recommendations regarding CDCR's budget proposals. We concur with the LAO's concerns regarding CDCR's lack of a plan, especially when TPIB has published a viable blueprint for implementation of the California Model which answers all the questions posed in the LAO's brief. What is even more concerning is that several programs outlined in TPIB's published report have been implemented at San Quentin Rehabilitation Center (SQRC) and funded (i.e., Peer Support Specialist, normalization events, mediation, etc.) but the bulk of TPIB's implementation plan has been ignored.

TPIB, as direct stakeholders in the success of the California Model, has taken the lead in not only changing their own individual views, but also in identifying the changes that are needed in the system, developing the necessary programs that are needed, and more importantly organizing and producing events designed to be an example for the administration as to how the needed programs should look and work together to serve both staff and the incarcerated population.

For example, TPIB sat down for round table discussions with both staff and incarcerated people to determine the most important issues to be addressed by the California Model. The discussions did not just consist of round table talks, it included surveys of the population at San Quentin as well as throughout the prison system via *The San Quentin News*. Through these discussions and our lived experience, TPIB designed and produced the first ever report and recommendations as to how the California Model must be implemented in order for it to work, from an incarcerated persons perspective.⁷² Within the Report of Recommendations, TPIB introduced the Linear Rehabilitation Model (LRM). A model designed to create a safe environment for officers, heal the incarcerated person and prepare him/her for release from the moment the person enters the prison system, support him/her once released, create safer communities, and reduce the recidivism rate.

TPIB then demonstrated how the California Model should begin, by organizing an orientation event that involved the entire SQRC institution. The purpose of the event was to inform and declare the start of the California Model. TPIB generated a list of all rehabilitation groups operating in the institution, asked the sponsors of those groups to show up on a designated day and time, and then invited the entire SQRC community (both staff and incarcerated people) to come out to the event, meet other community members, and sign up for healing programs. Additionally, TPIB secured a donation of \$15,000 to purchase orientation kits containing a clear backpack, a journal, a

⁷² Gov. Newsom's San Quentin transformation Advisory Council met with TPIB on numerous occasions and utilized nearly our entire report in making its recommendations. (See: Advisory Council Report references 28 and 40; also compare TPIB'S Final Report with "*Reimagining San Quentin Recommendations to Transform San Quentin State Prison into a Rehabilitation Center*")

pen, a pencil, a list of the available rehabilitation programs at SQRC, and a template for a self-assessed rehabilitation plan) for every incarcerated person at San Quentin.

Following the Orientation event, TPIB organized numerous other events (i.e. a resource fair, Victim/Survivor Healing Garden, and most recently a family communication workshop that ended in a "Parenting Prom") as examples of the programs the California Model should be supporting and how they should be implemented.

The LRM was designed to begin in the county jails where individuals are sentenced to state prison to serve their sentence. However, the logistics of each county working with the state to put into place Phase One of the LRM is time consuming and costly, given the state of the Department of Corrections and Rehabilitation. TPIB therefore chose to alter the Model so that it begins in CDCR's reception centers. Once the model is operating at full staff, the administration can revisit the need to contract with California's county jails to begin the LRM there.

LINEAR REHABILITATION MODEL (LRM)

How is progression through the prison system envisioned? The Linear Rehabilitation Model (LRM) answers this question. The Linear Rehabilitation Model (LRM) is an individual, case-specific, four-phase plan to be implemented immediately following the imposition of a prison sentence. It provides a systematic approach to and process for creating a safe healing environment in prison for both staff and incarcerated people. The model also provides a method of healing and rehabilitating the incarcerated person from the moment of incarceration to release. Moreover, TPIB believes the LRM if fully implemented will have a higher success rate and a substantially lower implementation cost than any other rehabilitation model that has been implemented within CDCR.

Phase One

The first phase of the LRM will begin in CDCR's reception centers (instead of county facilities) and be performed by Departmental Assessment Committees (DAC). The DAC will be composed of a trauma counselor, a medical doctor, a mental health doctor, a rehabilitation counselor, a victim's right advocate, a correctional officer, and a currently incarcerated person. The purpose of this meeting is to establish the Base Line Condition (BLC) of the incarcerated person. The BLC is the physical mental, emotional, social, and economic state in which the newly incarcerated person enters the prison system. Based on the incarcerated person's BLC the committee will assist the incarcerated person to:

1. Identify their rehabilitation needs.
2. Develop a rehabilitation plan.
3. Identify Educational goals (e.g. achieve GED/high school diploma).
4. Set up financial literacy classes. For those who lack the education level to participate in literacy class, develop alternative classes (i.e., audio sessions, video tutoring sessions, etc.).
5. Plan path to parole.
6. Developing support network (i.e. people to assist incarcerated person through the system to parole, including family).

7. Identify possible parole region and contact resources regardless of length of sentence.
8. If the Incarcerated person is within 2 years or less to their release date, DAC will require the incarcerated person to immediately participate in financial literacy classes and connect him or her with community rehabilitation organizations via the institutional Rehabilitation Department.

Phase Two

The Second Phase of the LRM will begin at CDCR's California Model pilot institutions,⁷³ and be performed by institutional Welcoming Committees. The Welcoming Committee (WC) will be comprised of a trauma counselor, a medical doctor, a mental health doctor, a rehabilitation counselor, a victim's right advocate, a correctional officer, and a current incarcerated person. The purpose of the Welcoming Committee will be to orient the new arrival to the institution's policies, rules, and regulations. Based on the incarcerated person's BLC, the Welcoming Committee will:

1. Convene an institutional orientation that will occur with a representative of all of the identified departments and the cohort entering the system during an identified time period.
2. Meet individually with each new arrival and:
 - a. communicate with other institutions' committees, including the DAC, through the rehabilitations communications department regarding incarcerated participants.
 - b. give an orientation about the rehabilitation programs available at that institution and the processes outlined in the institution's orientation manual.
 - c. continue to build-out the incarcerated persons support network.
3. Designate a person on the welcoming committee to maintain contact with the incarcerated person's support network at regular intervals to keep track of the support being offered, and to ensure that the support is consistent with the incarcerated person's stated needs and parole goals.
4. Designate a peer mentor to present the new arrival with choices to provide better life outcomes, and they will be directly asked to commit to a decision to change.
5. Assign the incarcerated person to those self-help groups identified in assessment results.
6. The incarcerated person will be required to attend two, initial rehabilitation groups:
 - a. A group that details the diseases and dangers common among communities in prison that live in close proximity and how the newly-incarcerated person can maintain their health and dignity within this environment.
 - b. A group established and operated by victims/survivors of crime so that the newly-incarcerated person can begin to get an idea of the impact of crime on the community
7. At regular intervals (preferably every 2 years) re-evaluate what physical, mental, emotional, and economic condition the incarcerated person is in and what help is needed.

⁷³ Once the California Model is defined and operating within the people prisons, the model will be taken to other institutions one at a time.

8. Assign the incarcerated person to a planning counselor (someone who will be their counselor throughout their term of incarceration to the extent possible) and assist in planning their movement in, through, and out of the prison system and back into the community.
9. The counselor will help the incarcerated person obtain all information and resources needed to ensure that when released, the incarcerated person will be in the best possible position to be successful. The goals of this program will be ranked according to importance to success.

Phase Three

The third phase of the LRM is execution of the plan established in the second phase. In this phase:

1. The counselor identified in Phase Two (8) will research the location of the resources and information compiled in the planning phase.
2. The counselor will facilitate the match of the incarcerated person to the needed resources.
3. The counselor with the incarcerated person's input, will assemble a support network to help the incarcerated person achieve the benchmarks and goals established in Phases One and Two.
4. The incarcerated person will be assigned an account in the Financial Literacy Program located on the tablet. In this program, the newly-incarcerated person will be required to attend a virtual class on the elements of financial literacy.
 - a. After successful completion of the class, the incarcerated person will open a mock bank account.
 - b. They will then receive a virtual stipend and start the virtual process of paying bills (i.e., rent, lights, gas, and water), buying groceries, and budgeting for entertainment events.

Phase Four

The Fourth Phase of the LRM is transitioning out of the system with ongoing community support in connection with community supervisory services (i.e. parole or probation). This phase is fluid in light of credit-earning regulations and other early-release programs. In this phase, particular attention will be given to connecting the incarcerated person to community resources (i.e. employment, housing, ongoing rehabilitation programs, etc.).

1. The incarcerated person will be allowed 8-hour furlough days.
2. The furlough days will be utilized for engaging community leaders for support and to meet with representative from the IRS, DMV, and SSI.
 - a. The purpose of the 8-hour furloughs is to reorient the incarcerated person back into the community, as well as contact community leaders, clear up any identification issues, obtain a California identification, and obtain a Social Security card.
3. During the last 90-120 days of incarceration, a person will be allowed to enter into contracts for housing and employment.

4. The incarcerated person's counselor will assist the person paroling to only enter into contracts which they can afford according to their income.
5. The incarcerated person shall also be allowed to enter into a contract as to a start date for employment.
6. For housing, the incarcerated person will be allowed to deduct from their trust savings and pay the required move-in amounts for housing.
7. CDCR or another state agency will pick up half the tab for housing (i.e. first, last, and security deposit).

WHAT IS THE ROLE OF SQRC IN THE ENVISIONED PROGRESSION?

The role of SQRC is to be an example or flagship for the California Model's other pilot prisons (i.e. CSP-Folsom, Corcoran, Valley State, Salinas Valley, SATF, RJ Donovan, and CCWF). As the example or flagship for the California Model, SQRC will:

1. Establish and implement the policies, rules, and regulations that are needed to support the success of the California Model. As well as identify what current policies, rules, and regulations hinder the California Model.
2. Develop and implement the culture change training needed for officers.
3. Be the training hub for incarcerated facilitators, mentors, and sponsors.
4. These Facilitators, mentors, and sponsors will be eligible for transfer to other institutions to help start self-help groups at those institutions.
5. Identify and present a list of self-help/healing programs to other institutions for implementation.
6. Re-define the terms and criteria of "Over-Familiarity" with input from the incarcerated, justice-impacted families, correctional staff, and experts in the field of sociology.
7. Bring staff-incarcerated person's interaction as close as possible to resemble community interactions.
8. Be the foregoing trauma informed training institution for all custody staff and employees.
9. Assist in establishing an independent, offsite, accountability-oversight committee made up of members from the community.
10. Create the oversight rules and regulations to protect the California Model changes from being dismantled.
11. Create and implement single cell program targeting those institutions with similar cell design.

HOW WOULD THE ADMINISTRATION'S VISION BE IMPLEMENTED?

The California Model must remain within the 8 pilot prisons, until such time as the model can be clearly defined and the policy, rules, and regulations setting the boundaries of the program are in place. The eight pilot prisons will operate under one leadership in the department who should answer only to the State's Legislature. Once the California Model is operating sufficiently within the eight pilot prisons, the model should be rolled out to the rest of the system one prison at a time.

Each prison will be onboarded to the California Model until the entire prison system is operating under the new model.

HOW WILL SUCCESS BE MEASURED AND EVALUATED?

The California Model's matrix of success will be confined to those prisons officially onboarded onto the California Model. Success will be measured by:

Short Term

1. Whether or not California Model pilot prisons are functioning in relatively the same manner.
2. Decrease violent interactions between staff and incarcerated people.
3. Increase in the number of consequences imposed upon bad acting officers and officers bullying to keep the system in its current state of toxicity.
4. The decreased number of institutional closures during programing days, times, and hours.
5. The increase in the number of incarcerated trainees, mentors, facilitators, and sponsors transferred to other prisons to start rehabilitation/healing programs.
6. Rehabilitation/healing programs and the success of those programs at those institutions.
7. Increase/decrease level of violence/appeals/complaints, etc.
8. Increase in the people released, especially lifers.
9. Increase in documented mediation events and decrease in Rules Violation Reports.
10. Increased usage of officer decompression rooms.
11. Decrease in Officers sick/stress leave days.
12. Increased mental health participation by both custody staff and incarcerated people.

Long Term

1. Increase in life expectancy of both the incarcerated and staff.
2. Lower recidivism rates starting with the 8 pilot prisons (and then rest of the system as more and more institutions are on boarded onto the California Model).
3. Less people in prison.
4. Decrease in Officers sick/stress leave days.
5. Decrease in the use of prescribed medication (i.e. High blood pressure med, Psych meds, Harm reduction meds, etc.).

RECOMMENDATIONS

TPIB has published a report in specific detail on implementation of the California Model. As we have continually proclaimed, the California Model is a transformative culture changing idea, if implemented with the proper checks and balances. The culture change that is needed and the proper checks and balances necessary to bring about that change are not and cannot be found or obtained solely in the construction new prison buildings. The change we are looking to achieve can only be found in leadership working together with those living and working in the prison. thus, our

recommendation is to research and implement TPIB's recommendation in their entirety with the direct assistance of TPIB.

Signed: Arthur D. Jackson 4/30/25
Arthur Jackson(#H40738) Date
TPIB Cofounder | President | Spokesperson

Signed: Steven Brooks 4/29/25
Steve Brooks (#K16234) Date
TPIB Cofounder | Vice President | Spokesperson

APPENDICES⁷⁴

Appendix A: Sample of California Model Survey

Los Angeles, California

The California Model Survey

On March 17, Gov. Gavin Newsom came to San Quentin to announce plans to transform the prison into a rehabilitation center. As planning for the transformation begins, stakeholders will discuss what the new California Model of rehabilitation will look like. We anticipate that it will include up-scaling education, vocation, and reentry programs. The San Quentin News wants to hear your views. If you would like to join the discussion, please complete the survey below.

Please circle your answers.

- Incarcerated voices should be heard when it comes to creating the new California Model of rehabilitation.
 AGREE DISAGREE
- A formal committee of incarcerated voices with years of lived carceral experience should be included in discussions about how to develop the California Model.
 AGREE DISAGREE
- Should the California Model apply only to level I and level II facilities?
YES NO No No No
- Are you interested in improving relationships between incarcerated people and prison staff members to make the California Model work?
 YES NO
- Are you willing to set aside prison and gang politics and program to facilitate the California Model?
 YES NO
- Are you willing to participate peacefully and nonviolently in a rehabilitation program designed to get you home to your family with education and job skills?
 YES NO
- Are you willing to work together and provide educational assistance to fellow incarcerated people to help make the California Model work?
 YES NO
- If you could design a prison to meet your rehabilitative needs and get you home healthy, with an education and vocational experience, what would it look like?
Please use one separate sheet of paper (200 words or less) to answer.

Return Surveys to:

San Quentin News Survey
1 Main Street
San Quentin, California 94964

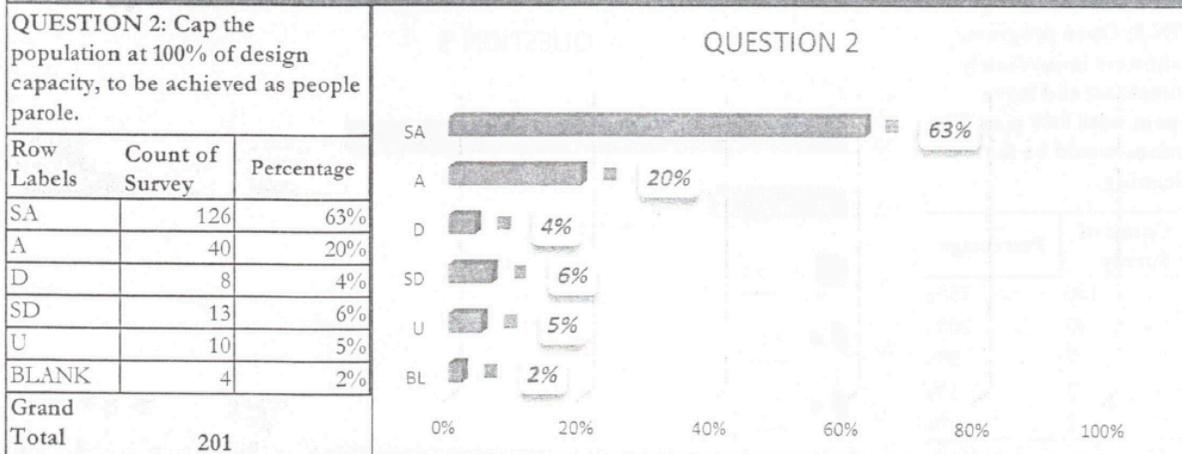
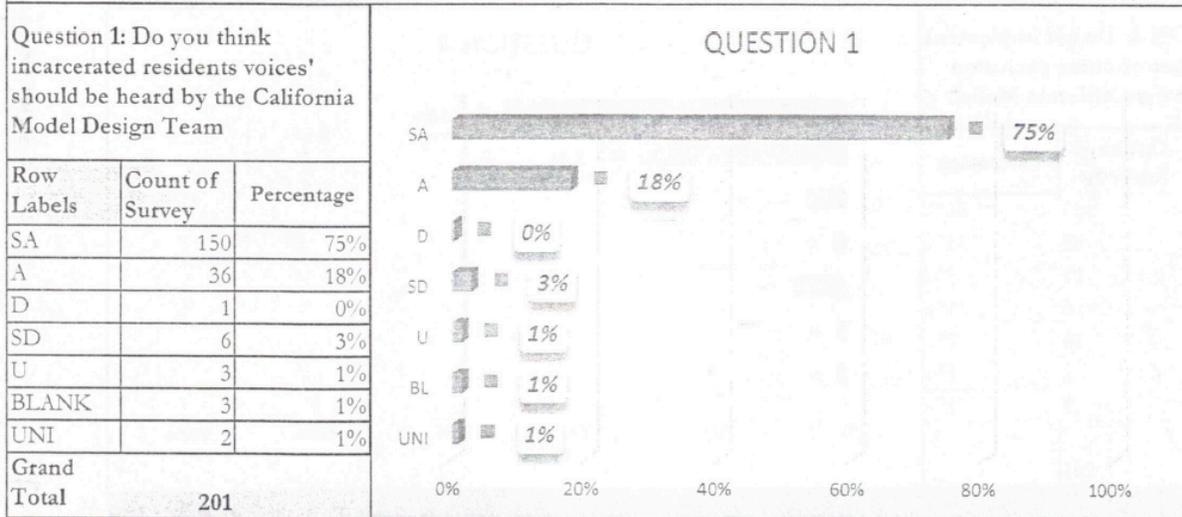
Survey from People in Blue

⁷⁴ These documents are original, scanned copies that were created inside of or mailed into San Quentin Rehabilitation Center.

Appendix B: California Model Survey Data Summary

POPULATION SURVEY
 TPIB 10-POINT REHABILITATION PLAN

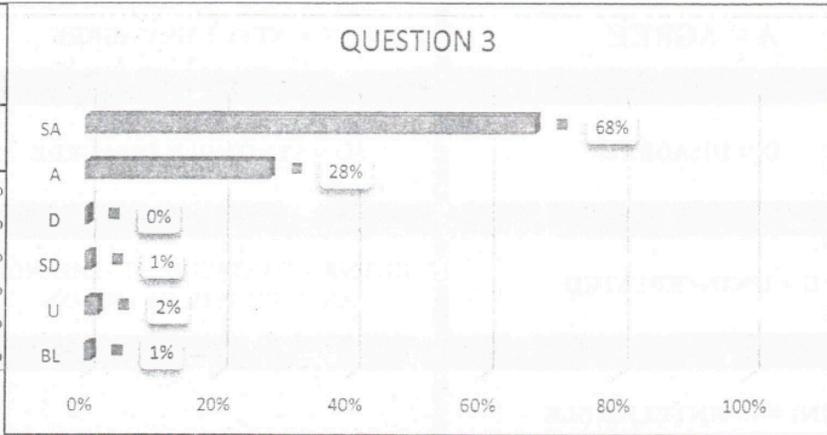
A = AGREE	SA = STRONGLY AGREE
D = DISAGREE	SD = STRONGLY DISAGREE
U = UNINTERESTED	BLANK = PARTICIPANTS DID NOT ANSWER THE QUESTION
UNI = UNINTELLIGIBLE	



POPULATION SURVEY
 TPIB 10-POINT REHABILITATION PLAN

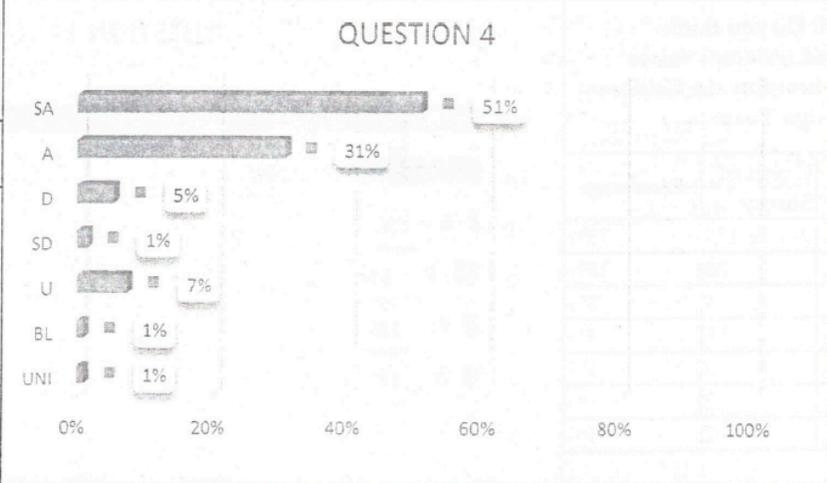
QUESTION 3: Speed up volunteer gate clearance process for outside volunteers

Row Labels	Count of Survey	Percentage
SA	136	68%
A	56	28%
D	1	0%
SD	2	1%
U	4	2%
BLANK	2	1%
Grand Total	201	



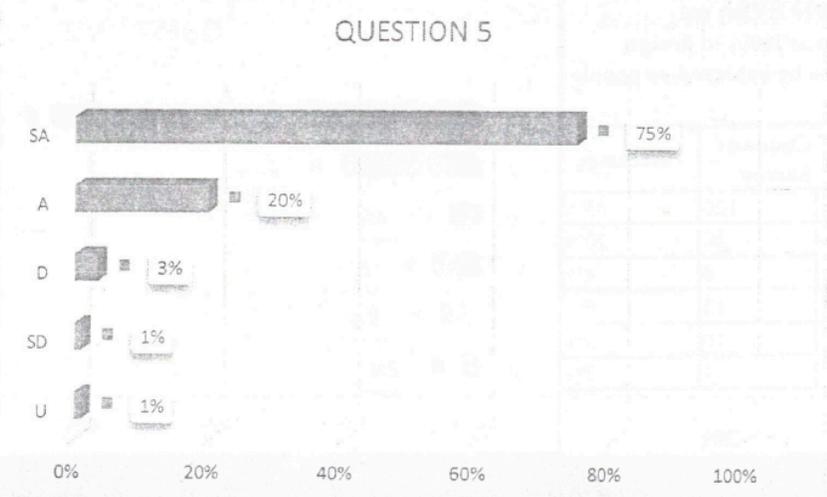
QUESTION 4: Do not implement any sentence or crime exclusion criteria for the California Model.

Row Labels	Count of Survey	Percentage
SA	103	51%
A	62	31%
D	11	5%
SD	6	1%
U	15	7%
BLANK	2	1%
UNI	2	1%
Grand Total	201	



QUESTION 5: Open program, including showers immediately following breakfast and leave program open until 9:00 p.m. The only exceptions would be for building cleaning.

Row Labels	Count of Survey	Percentage
SA	150	75%
A	40	20%
D	7	3%
SD	2	1%
U	2	1%
Grand Total	201	

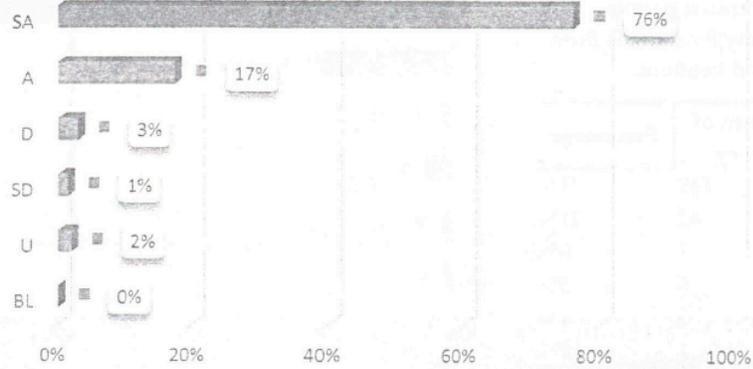


POPULATION SURVEY
 TPIB 10-POINT REHABILITATION PLAN

QUESTION 6: Hire contract cleaning crews and/or incarcerated cleaning crews to perform a massive one time deep cleaning of each building.

QUESTION 6

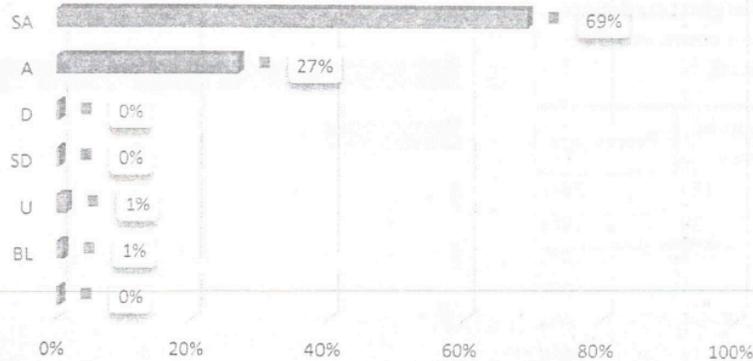
Row Labels	Count of Survey	Percentage
SA	153	76%
A	35	17%
D	6	3%
SD	3	1%
U	4	2%
BLANK		0%
Grand Total	201	



7. Create institutional consistency in regards to the Daily Program for all buildings inf Facility A & B.

QUESTION 7

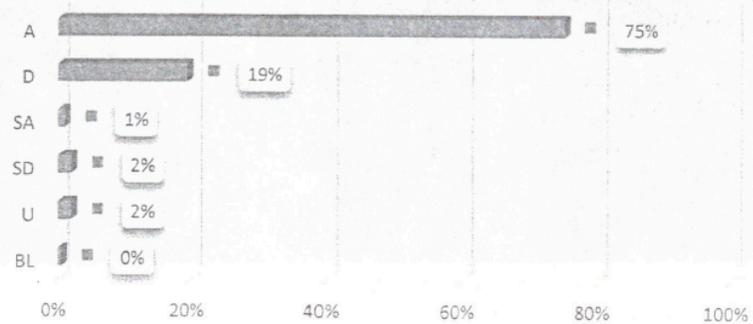
Row Labels	Count of Survey	Percentage
SA	139	69%
A	54	27%
D	1	0%
SD	1	0%
U	3	1%
BLANK	2	1%
UNIT	1	0%
Grand Total	201	



8. Remove all restrictions on healthy food items in vendor package.

QUESTION 8

Row Labels	Count of Survey	Percentage
SA	151	75%
A	39	19%
D	2	1%
SD	4	2%
U	4	2%
BLANK	1	0%
Grand Total	201	



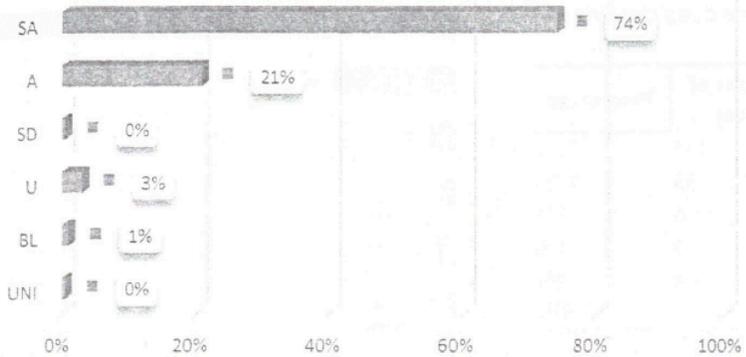
POPULATION SURVEY
 TPIB 10-POINT REHABILITATION PLAN

9. Expand, add, and/or increase the APPS (Authorized Personal Property Schedule) for residents to allow incarcerated people access to healthy food items form [sic] health food vendors.

Row Labels	Count of Survey	Percentage
SA	149	74%
A	42	21%
SD	1	0%
U	6	3%
BLANK	2	1%
UNI	1	0%

Grand Total 201

QUESTION 9

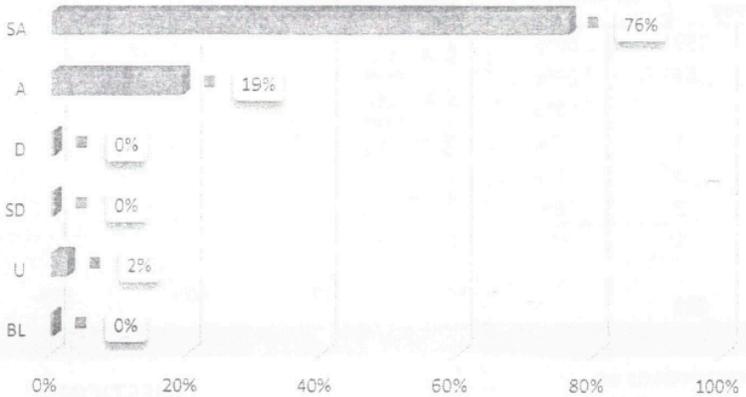


10. Open San Quentin gym and add machine weights, stationary bikes, pickle ball court, etc. For residents and staff.

Row Labels	Count of Survey	Percentage
SA	153	76%
A	39	19%
D	1	0%
SD	1	0%
U	5	2%
BLANK	1	0%
UNIT	1	0%

Grand Total 201

QUESTION 10

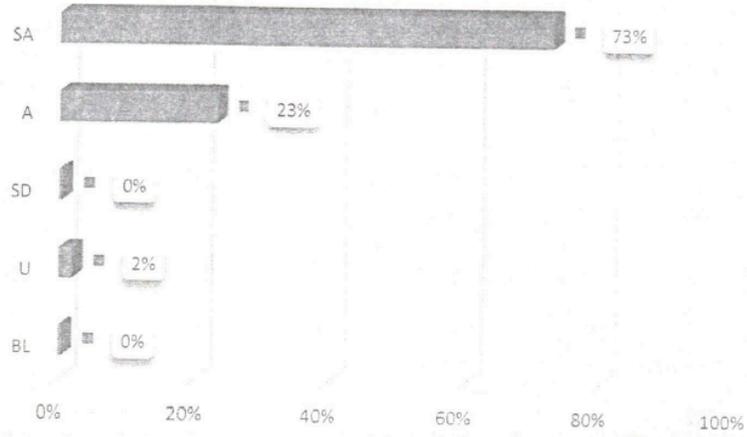


POPULATION SURVEY
 TPIB 10-POINT REHABILITATION PLAN

11. Conduct ongoing Town Hall style forums for both officers and incarcerated people to announce new and or potential program rule changes, as well as to receive questions and or advice to better understand eachother.

QUESTION 11

Row Labels	Count of Survey	Percentage
SA	147	73%
A	47	23%
SD	1	0%
U	4	2%
BLANK	1	0%
UNIT	1	0%
Grand Total	201	



Fundamentals of Confidence

Facilitator's Manual



This curriculum is not to be taught, it is to be discussed, interrogated, questioned and engaged. This is a role-playing course.
(prelude to Education & Rehabilitation)

FOC Facilitator's Manual COPYRIGHT 2018 Arthur D. Jackson
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Overview of course

Mention the word etiquette and the average person's mind will conjure up a thousand different pictures of "cultured" well-to-do families eating the right way, sitting the right way, talking the right way, or any of a number of other acts that are considered "the right way". This course does not teach that type of etiquette!

- The exercises and activities in this course have been specifically designed to target young adults and encourage them to use this material when engaging with each other and society at large.
- This course will instill confidence in the individual; which will create an innate sense of respect and consideration for self and others.
- The information, exercises, and workshops presented in this course is intended to promote civility, compromise, and understanding first with self, then within the environment and finally within the community which they live.
- This course presents the foundational material upon which a young adult can build confidence, and increase their potential for success in therapeutic and educational settings. Which will reduce violence, Foster empathy, and produce a more cohesive Society both in the prison community as well as in the free community.
- Finally, this course is designed to help the recently released individual confidently reoriented and reintegrate him/herself within his/her respective community after a prolonged period of incarceration.

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Contents

	<i>Page no:</i>
Preface	
<u>Introduction</u>	2
1. <u>Hygiene</u>	4
A. BATHING.	5
B. WASHING HANDS	8
C. CUTTING YOUR FINGER AND TOE NAILS	13
D. BRUSHING AND FLOSSING TEETH	18
E. PHYSICAL WELLNESS	24
F. MENTAL WELLNESS	27
2.. <u>Manners</u>	31
A. RESPECT	32
B. BEING ON TIME	37
C. BEING PREPARED	40
D. LANGUAGE.	41
3. <u>Common Sense</u>	43
A. DECISION = CONSEQUENCES	44
4. <u>Patience</u>	45
5. <u>Mindfulness</u>	49
6. <u>Conclusion</u>	52

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INTRODUCTION

Etiquette Training a Prelude to Education and Rehabilitation

Today we are witnessing the result of the loss of etiquette. Society now looks to the law to identify, define, and dictate what behaviors are socially acceptable.

Disrespectful, abrasive, and rude behavior has become the societal norm. As a result Prisons and Corrections Departments across the U.S. are full of those who have failed to employ the principles of etiquette.

The term etiquette means, when, where, and how it is displayed is essential to the way we as humans interact and treat each other. It may look different in different cultures and may be displayed in different ways, but it has a universal foundation which I have developed that can be applied to every ethnicity and in every culture.

It requires one to be respectful to fellow community members; to maintain a standard of personal cleanliness, to exhibit (to some extent) patience, and to understand that one's decisions will have consequences which will directly or indirectly affect their entire community.

The training provided in this course will teach men and women how they should engage with others in social, academic, and professional situations. These training sessions will reduce violence, foster empathy, and create a more cohesive society.

The trainings include instructions on:

Hygiene. This training is intended to teach people how, when, and where to pay attention to themselves. The object is to get the student to focus on him/herself beginning with the outside body. Such as, odor, nails, hair, muscles, feet, hands, face, etc. As the focus on the outside gradually increased it fosters an interest and respect for self which in turn breeds confidence in appearance. This initial training sets the stage for training on Manners;

Manners. This training is intended to teach participants how respect is shown by one human to another. The object is to get the participant to focus on their behavior towards

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others. As well as how others should behave toward him or her. Moreover, this training will teach the participant situational etiquette. Such as, how one behaves in a work environment, or in a social environment, or in a classroom, etc. Also, the participant will learn that while one is entitled to act, dress, and behave as one would like; in order to be successful and foster positive business and social contacts he or she may have to adopt certain etiquettes that they may not be accustomed to. Thus, providing the participant with tacit in recognizing when different etiquettes are required in different situations. Manners prepares the participant for Common Sense training.

Common Sense. This training is intended to get the participant to look at his or her actions and decisions, to understand how they bring about reactions. The focus here is on how most, if not all, situations are prompted by a decision or action that they themselves have made. This helps the participant focus on the moment a decision needs to be made and recognize in that instant there will be consequences. This section empowers the participant to focus on a desired outcome, rather than making decisions on a whim. Common Sense training must be accompanied by training in patience.

Patience. This training is intended to get the participant to understand that there is a space that can be created between stimuli and response where informed and powerful decisions are made. And it is in this moment that success happens. Also, it helps the participant understand that this space does not just occur, it has to be developed.

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Appendix D: Financial Literacy Report (in brief)

Financial Literacy Report

Overview Introduction: The purpose of this report is to provide an in depth look at ways that CDCR could introduce a Financial Literacy curriculum to the Justice Involved population in relation to the California Model. As it stands right now CDCR has zero educational classes and zero rehabilitative groups that cover Financial Literacy therefore failing to meet the standards of the proposed California Model.

The Financial Literacy Committee has conducted research and interviews of the incarcerated population along with educators and advocates to put together a curriculum that is both text base and interactive to achieve a comprehensive, engaging approach that impacts all learning levels.

Objective: To establish a real time financial literacy program for the California Model that would enable a higher success upon re-entry.

Vision/Mission: In order to enable a higher success upon re-entry we envision a community setting at each institution that provides an interactive opportunity to educate the population on how to earn and manage money along with building a process for learning how to pay bills and prepare for parole.

Options for Delivery: The program would be centered around two devices that would provide the full interactive experience and learning growth.

- The identification cards would be used not only as ID's but also as a "Credit Card".
- The tablets would be used to have the Financial Literacy Curriculum uploaded on to them so that it would guarantee access to the full population and a link to the individuals Trust Account.

Proposal:

The identification cards would be used not only as ID's but also as a "Credit Card". You would have the ability to shop at canteen or a grocery type setting and swipe (scan) your ID like a credit card and money would be withdrawn from your account. It would also be used for accessing the dinning hall and any other areas that you would purchase something.

In addition to utilizing the id cards as credit cards the tablets would be used to have the Financial Literacy Curriculum uploaded on to them so that it would guarantee access to the full population. The curriculum would be linked to the Trust account so the individual could track their account live but also there credit account so that they could pay their bills and handle any other misc. expenses or savings that need to be tended to.

Rationale: This curriculum would build responsibility within the individual which would translate to proper money management skills and executing on time payment of life functioning utility bills . The intent is not to create financial experts but to grow fiscal responsible individuals for society.

Executive Strategy:

Tech/Project Approach: Creating a system that is similar to medical that an individual is able to use their ID card to make payments at various locations of the institution. Along with working with GTL and Getting Out to create a compatible program that is installed onto the tablet.

Resources to be Used:

Project Deliveries(what will be used to deliver the proposal):

Timeline for Execution:

Supplied documents (research):

Expected Results:

Expected Benefits:

Other Benefits:

Budget/Costs:

Qualifications/Leaders of Proposals:

Conclusion :

Executive Summary

Appendix E: Memo on “overfamiliarity”

To: The People In Blue

From: Eliezer T. Margolis, PhD ABPP (Rehabilitation)⁷⁵

Date: July 25, 2023

Subject: “Over-familiarity”—The Wrong Concern, The Wrong Term

Background: In mid-March of 2023, California Governor Gavin Newsom announced a new initiative to transform San Quentin State Prison into the San Quentin Rehabilitation Center. The “complete overhaul”⁷⁶ of San Quentin is intended to serve as the flagship demonstration project of the California Department of Corrections and Rehabilitation’s (CDCR) newly promulgated “California Model” of incarceration. The CDCR website describes the aims of the California Model in this way: “... to develop a **human-centered culture of healing**, positive staff-inmate communication, and improved living and working conditions. [emphasis added]”⁷⁷

The Issue of Concern: As of this writing, a CDCR regulation continues to be in effect that proscribes any behavior between incarcerated persons and program volunteers that could be construed, at will, by correctional officers or prison administrators as constituting a condition of “over-familiarity.” This memo presents an expert opinion offered by a board-certified rehabilitation psychologist⁷⁸ that addresses the complete unsuitability of this CDCR proscription against over-familiarity; pointedly, in light of the prospect of San Quentin’s transformation into a Rehabilitation Center. While this is by no means a new issue of concern⁷⁹ nor novel to California’s prison system,⁸⁰ a thoroughgoing reconsideration of the policy and its implementation is called for given CDCR’s vaunted commitment to a new, expressly rehabilitative approach to prisons.

Position: No reasonable person would dispute the need for carceral institutions and systems to have rules and regulations governing the conduct of the individuals in their custody and of those “free people” who interact with them in the course of occasional (non-friend or non-family) visitation, education or other volunteer programming. The question becomes what kind of policy governing the interaction of incarcerated individuals and “free people” would be consistent and

⁷⁵ The writer has served as a volunteer faculty member of Mount Tamalpais College for three semesters, beginning with the Spring, 2023 semester.

⁷⁶ CDCR. (2023, April 07). *California Model Will Transform Corrections*. CA.GOV. Retrieved July 16, 2023 from <https://www.cdcr.ca.gov/insidecdcr/2023/04/07/the-california-model-will-transform-corrections/>

⁷⁷ CDCR. (2023, April 07). *California Model Will Transform Corrections*. CA.GOV. Retrieved July 16, 2023 from <https://www.cdcr.ca.gov/insidecdcr/2023/04/07/the-california-model-will-transform-corrections/>

⁷⁸ American Board of Professional Psychology

⁷⁹ See for example, Bienek, C. (September 01, 2010). *The Enduring Problem of Over-Familiarity*. San Quentin News. Retrieved July 16, 2023 from <https://sanquentinnews.com/the-enduring-problem-of-over-familiarity/>.

⁸⁰ See for example, Collett, E. (2016, September). Undue familiarity. *The Sun, Issue 489*, 26-32.

make sense with both the aims of a carceral institution dedicated to rehabilitation and the security needs of that institution.

Vague, Inapt and Pernicious: In subsequent sections this memo will address the pernicious effects of the CDCR policy proscribing over-familiarity in terms of its impact in shaping prison culture, with particular reference to rehabilitation and education. This section addresses the problematic nature of both the term and the concept of over-familiarity itself.

The California Code of Regulations, in a section entitled “Familiarity,” pertaining to correctional officers and other prison employees, states: “Employees must not engage in undue familiarity with inmates, parolees, or the family and friends of inmates or parolees.”[emphasis added]⁸¹

It would appear that this regulation is the source of an adapted or improvised policy of prohibition of over-familiarity. The intent appears to be to establish a behavioral policy that would be an analog of the regulation covering employees, extending it to all “free persons” entering the prison and interacting with the incarcerated individuals there.

The wording of the undue familiarity regulation cited above is notable for having been couched in a general manner, as a principle. While the actual application of an undue familiarity regulation of the conduct of prison employees is relatively straightforward despite its general form, its over-familiarity analog opens the door to an unacceptable degree of vagueness. As a result, barring instances of overtly transgressive or nefarious behavior, the perception and rating of conduct deemed over-familiar is subject to myriad, mostly arbitrary interpretations possessing an unacceptably low level of inter-rater reliability. The vagueness of this over-familiarity analog assumes two very troubling aspects. It inevitably leads to an unequal enforcement of the behavioral policy that can be experienced as dictatorial and unfair. Moreover, dense uncertainty about what actually constitutes an over-familiarity infraction leads to a kind of institution-wide, low-level paranoia that suppresses healthy social intercourse and induces surreptitiousness.

A proposal. In light of the foregoing, what is clearly called for is a vigorous resetting of the overfamiliarity policy, beginning with a change in the term used to identify the policy. Transgressive and exploitative behavior in all its many possible variants is the true focus of the understandable concern that carceral institutions have about potentially dangerous relations between involving “free people” and the incarcerated individuals in their custody. In other words, it is inappropriate kinds of familiarity, not over-familiarity per se, that should be the focus of concern of an institution-wide policy of this kind. Therefore, as a first step, I strongly urge that the identifier for the policy targeting out-of-bounds behavior be renamed inappropriate familiarity.

While a giant step forward, changing the term of reference for the behavioral policy will not be enough by half. It must be linked with a project to generate a fairly comprehensive taxonomy of the key species of appropriate and inappropriate familiarity. More than a mere listing of appropriate and inappropriate varieties of familiarity, the listing must be accompanied by a set of clear and specific

⁸¹ California Code of Regulations, Title 15, §3400

behavioral descriptions with concrete examples of each. Only this kind of explicit identification of species of conduct has the ability to bring about a readily understood, widely shared and, therefore, ultimately equitable approach to the carceral institution's need to control transgressive forms of relationship-making. In 2010, a member of Connecticut's Legislative Assembly developed a schedule of offenses bearing on undue familiarity between correctional employees and prisoners that might prove informative as a useful exemplar of specificity and concreteness.⁸² It included rubrics describing recognizable offenses, the class those offenses fall into and description of the associated sanctions by class.

Rehabilitation: Creating the Humanizing Environment, Promoting Relatedness: It would be inconceivable to imagine that one could transform San Quentin-the-prison into San Quentin-the-rehabilitation-center without transforming the existing culture of the prison. It is reassuring, therefore, to note that the language that CDCR chose to use in rolling out news of the transformation prominently included a core objective "to develop a human-centered culture of healing." The suppressed premise in that aspirational language is that the existing culture is neither one of healing nor is it a culture centered on humanistic values. This section addresses in detail how the current policy on over-familiarity is inimical to ever achieving a rehabilitation-forward culture at San Quentin.

With the policy of proscribed over-familiarity in force, the culture of the prison veers away from the essential humanism that fosters the quality of openness, which is a precondition of meaningful relationship-making. The policy inclines instead toward reinforcing a culture of Orwellian surveillance; a culture that breeds a social climate of perpetuated isolation, mistrust and suspicion. With the over-familiarity policy in place, the prospects for human interaction are narrowly canalized into transactional modes of relating that tend to objectify and commodify persons. Restricting relationship-making to transactional modes of interaction tends to produce, in human terms, what can only be characterized as an impoverished social environment. This tendency is exaggerated to gravely detrimental effect in a setting in which individuals are already being warehoused as numbered commodities. In sum, the policy of proscribed over-familiarity results in a blanket inhibition of authentic movement to establish meaningful relatedness. It is a pervasive inhibition that engenders a social environment that is distinctly anti-human in character and, therefore, antithetical to healing.

Rehabilitation in a carceral context is a change process that proceeds from fundamentally psychological healing. The changes wrought through persistent and determined efforts to rehabilitate while incarcerated can be dramatic. Because of this, the psychological healing that is the underlying dynamic bringing change is often imbued with spiritual overtones of an "amazing grace"-type.⁸³ It is only through healing—the healing of a person, a self, a soul—that the new growth signifying genuine personal transformation becomes possible. Accordingly, rehabilitation in

⁸² Orlando, J. (2010, March 19). *OLR Research Report: Undue Familiarity Between Correction Officers and Inmates*. Connecticut General Assembly. Retrieved July 16, 2023 from <https://www.cga.ct.gov/2010/rpt/2010-R-0164.htm>

⁸³ Zehr, H. & Toews, B. (2002). *Still doing life: 22 Lifers, 25 years later*. NY: The New Press.

a carceral context can be viewed as nothing less than the rehabilitation of a given incarcerated person's humanness. Rehabilitation catalyzes the rebirthing of a robust humanness, the sort embodied in behavioral traits such as kindness, sincerity, generativity, compassionate response, empathic regard, altruism. Notwithstanding past offenses, true rehabilitative transformation, because it is a form of healing, has the power to allow incarcerated persons to reclaim a lost innocence and encourages them to affirm a sense of their basic goodness, thereby restoring them to full membership in the human community.⁸⁴

The very root of humanness is relatedness. We only come to know the measure of our own humanness in authentic relation with others. In this way, the path of psychological healing intrinsic to rehabilitation in a carceral context stems from the establishment of what has been called dialogic relatedness.⁸⁵ It is the relatedness manifest in the intersubjective (I-Thou) meeting⁸⁶ of two humans, neither of whom is reduced to an object in the other's conscious experience. This kind of "meeting" is an affectively charged moment of profound human connection and valuing. It is a beholding of the Other that occurs at great personal depth, with great intensity and with complete transparency (a quality of non-sexual intimacy). This kind of meeting is necessarily grounded in respectful discernment and radical acceptance of the unabridged individuality and subjectivity of the Other.

In the meeting of dialogic encounter both persons "show up," that is, both are sufficiently transparent to one another to permit each to gain a clear sense of who the other uniquely is. A critical element at the heart of the dialogic encounter, then, is the preserved individuality of each person that is exposed in the respective choice of each person to move into authentic relatedness with the other. What should now be obvious is that the capacity to experience authentic relatedness with another rests squarely on a condition of exceeding familiarity. Without being "seen" and known in their individuality, authentic and deep relatedness cannot be obtained between people. And where authentic relatedness is lacking, humanness shrivels and the project of rehabilitation founders.

Although a discussion of self-disclosure is beyond the scope of this opinion, it is worth noting in passing that the policy proscribing over-familiarity seems to be stuck in a misapprehension about how humans become revealed to one another in the most important of ways, e.g., the dialogic encounter of authentic relatedness. One can become wholly known to another human without the necessity of disclosing any of the particular details of one's private life. For the incarcerated person this could mean the details of their offending. For volunteers⁸⁷ this could mean such details as where they reside, their phone numbers, banking and finances, family composition, sexual interests,

⁸⁴ Irwin, J. (2009). *Lifers: Seeking redemption in prison*. NY: Routledge.

⁸⁵ Friedman, M. (1985). *The healing dialogue in psychotherapy*. NY: Jason Aronson.

⁸⁶ Buber, M. (1957/1963). Healing through meeting. In M. Friedman (Ed. and trans.), *Pointing the way* (pp. 93-97). New York: Harper and Row. (Original work published 1951)

⁸⁷ Throughout this section, although, the relationship between incarcerated persons and "free" volunteers is highlighted, much of the substance of the comments should also apply to relationships between incarcerated persons and correctional officers, if San Quentin is to transform into a "rehabilitation center."

etc. It is the sharing of such “sensitive” information by volunteers that does indeed warrant a policy to prevent inappropriate kinds of relationship-making.

After dedicating years of personal rehabilitative work to confronting objective guilt and to gaining the sense of integrity that comes with taking full responsibility and standing fully accountable, the incarcerated person will have been readied for a moment of real connection—a dialogic encounter—to take place between them and a “free person” volunteering in one of the rehabilitation programs in the prison. It is the moment in which authentic relatedness is sparked into existence. It comes about through an accurate empathy⁸⁸ in which the Other is beheld. It must, therefore, be sufficiently familiar in a most personal way—a way that acknowledges and embraces the individuality of the other. This kind of meeting creates the conditions for the incarcerated person to experience a reflection of their own humanness. This reflection of restituted humanness will typically incorporate the incarcerated person’s powerful experience of recognizing how their rehabilitative striving has given them purchase on reclaiming an enduring sense of their own goodness. The forging of authentic relatedness with a “free” volunteer provides the incarcerated person with a vivid experience from which to imagine a real possibility of being taken back into the “free world.” This stirring experience of interpersonal mirroring will commonly strengthen the incarcerated person’s rehabilitative intent, spurring further and intensified engagement in rehabilitative programming. However, if the invidious policy of proscribing over-familiarity is retained in its unaltered state, it will remain a serious barrier to the path toward healing and rehabilitation.

Education: Honoring the Student-Teacher Bond

It has been compellingly demonstrated that education is a dynamic engine of rehabilitation in human affairs across the board. In recognition of this fact, education, though a category of rehabilitative programming in the carceral context, deserves some separate consideration here. Such consideration is particularly pertinent in light of the fact that an autonomously functioning, fully accredited California community college, Mount Tamalpais College, is housed in San Quentin State Prison. The College, the first of its kind in the United States, has a complement of paid administrators but its faculty is comprised entirely of “free” people volunteers.

San Quentin’s policy of proscribing over-familiarity has an unmistakably pernicious effect on the educational process. The policy stands out as a glaring contradiction to the hallowed human values associated with the inherently collaborative project of education. In material or concrete terms, the policy presents a serious impediment to the central vehicle of education, the student/teacher relationship. Not only is this relationship a time-honored one, but many regard the bond between student and teacher to be a sacred one. Similar to the relatedness that is the chief mode of rehabilitative activity (discussed above), effective education requires teachers to become exquisitely familiar with their students’ individuality. This is so whether it pertains to gaining knowledge of a student’s psycho-educational learning profile, their schooling history, their academic strengths and weaknesses, their motivation to learn or their personal interests. Quite clearly, the policy on over-

⁸⁸ Rogers, C.R. (1951). *Client-centered therapy: Its current practice, implications and theory*. Boston: Houghton Mifflin.

familiarity presents a barrier to teachers and students alike. It is a barrier that prevents them from establishing the kind of authentic relatedness with one another that gives the teacher access to the student's subjective world and the student emotional access to the teacher's true interest in serving them.

The current CDCR policy proscribing any form of relationship that could be construed as overfamiliar imposes severe constraints that put incarcerated college students, particularly, at a marked disadvantage in comparison to their "free" peers pursuing higher education. Without restrictions on the kinds of relationship-making dictated by the policy on over-familiarity, "free" college-attending peers are able to benefit from the relatively uninhibited collaboration, the open inquiry, and the unfettered discourse that are emblematic of and contributory to well-functioning learning communities in higher education.

For all students, a range of exclusively personal experiences arises from teacher-student interactions that constitute an inextricable, subliminal dimension of the educational process. Some of the most salient of these experiences are associated with the special variety of closeness that derives from the feelings that a teacher has taken a wholesome interest in the student as a person and is invested in their intellectual development—in other words, that the student matters and what they think matters, that their mind is respected and their commitment to learning is trusted as equal to their teacher's. It is also customary for engaged students to want to know, at a more than superficial level, who their teachers are. One readily appreciates how the establishment of closeness of this kind might be of heightened significance for an incarcerated student population. However, none of these experiences, so integral to the whole of the educational process, are possible when a policy proscribing over-familiarity dominates the social environment in which the educational process transpires. In such a situation, students may have the capacity to acquire content knowledge and hone academic skills, but unlike their "free" peers, they are psychologically malnourished in terms of the vibrant, quintessentially human element with which their education would otherwise be infused.

College education encompasses many different types of learning experiences, only some of which fall within the formal structure of credit-bearing courses. College environments are known for being abundant in worthwhile extra-curricular opportunities in which learning takes place through informal, incidental, experiential, and enrichment modes of education. Typically, however, these modes rely heavily on an augmented style of interpersonal relatedness proscribed by prison policy on over-familiarity.

It is standard practice for institutions of higher learning to have ethical codes of conduct, along with the protocols and internal machinery for dealing with breaches of such codes. Thus, from a theoretical standpoint, it can be seen that the current prison-wide policy proscribing overfamiliarity, which negatively impacts the learning community in San Quentin's Mount Tamalpais College, could be made entirely redundant. The promulgation of an ethical code of conduct by the College, in consultation with CDCR authorities, along with the adoption of an associated administrative framework to handle ethical transgressions, would go a long way toward ameliorating the inhibition of genuine and reaching contact that adversely affects the College's students and teachers alike.

Because the College already implements its own, autonomous ethical guidelines regarding forms of scholarly violation (plagiarism, cheating, etc.), the adoption of a more comprehensive ethical code of conduct covering inappropriate forms of familiarity would merely expand on what already is in force at the college.

The Universal Good: Promoting Successful Societal Reentry

CDCR's policy of proscribing behavior deemed over-familiar between incarcerated individuals and the "free" people with whom they interact is troubling because it is so conspicuously inconsistent with the ultimate aim of rehabilitation in a carceral context: successful reintegration in the broader society following parole release. It is axiomatic that incarcerated individuals who are adequately prepared, in all ways, to reenter society are far more unlikely to return to prison.

One of the principal means of assisting incarcerated individuals to prepare socially and psychologically for societal reentry can be achieved through providing them with substantive opportunities for casual and relatively free-form interaction with "free" people. Such unstructured mixing offers incarcerated individuals the chance to practice and hone social skills appropriate to the reaction patterns, relational styles and nuanced behavioral sensibilities of the inhabitants of the "free" life to which they aspire to return. Metaphorically, it gives incarcerated individuals a sheltered opportunity to stick their toes into the social sea beyond the prison's walls, conferring in the process an experiential understanding of some of the possibly jarring differences in the social systems they seek to move between. This cardinal benefit from social mixing with "free" volunteers is always potentially available to incarcerated individuals in every setting in which they participate in rehabilitative programming, but only if the vital relatedness of the interactions is not diminished or distorted by virtue of the policy on over-familiarity.

A policy on over-familiarity that has the effect of truncating relationship-making presents a striking philosophical inconsistency. Ever-present awareness of the policy intrudes on relationship-making and disrupts the welling up of a communal consciousness that would otherwise flow organically from strong established relatedness. The twin precepts of accountability and responsibility-taking that are the indispensable guides for incarcerated persons, most especially for those contemplating a life outside of imprisonment, are anchored in such communal consciousness. There is a sentiment of "we-ness" or spirit of communion associated with communal consciousness that helps to dissolve the them/us divide that, when not healed, leads to a persistent alienation deleterious to positive post-parole adjustment. Most importantly, however, the main idea inherent in communal consciousness is that our social life together is a shared, cohesive one, that we are seamlessly interconnected. The assimilation of this principle of maximal interconnection is the first step in an incarcerated person's rehabilitative transformation. It stems from nothing less than the real, embodied, and meaningful relatedness established with others. It is, in fact, the exact value set that we should want to inculcate in those reentering community life. Tragically, the current policy on over-familiarity stands in opposition.

Appendix F: Right 2 Heal Food Program (by Kelton O'Connor)

THE RIGHT 2 HEAL (R2H) FOOD PROGRAM STRATEGY

In a world where communities of color remain the most impoverished, and the most affordable foods are also the most deadly, food has become the most fatal club swung by structural racism. And nowhere else is the harm of the food desert more pronounced than in jails and prisons.

Even on your side of the wall, remedy is in short supply. You fight food insecurity with cheap foods and inadvertently fuel the plagues of modernity. You try to feed your children better only to find you have invested in the wellness of garbage cans. Public education is rarely a match for the glitzy marketing schemes of trans-national corporations, or the decision architecture that food retailers deploy on every street corner and every food aisle. Public health campaigns constantly implode, fizzle, or backfire, in ways everyone saw coming... in ways no one saw coming.

The story will not be different in jails and prisons. Here, hearts are heavy, and deadly food is a last refuge. This is the ultimate proving ground for practitioners of public health.

In places like this... how do we simultaneously address food scarcity and the plagues of modernity? How do we use food as a medicine, while also embracing the joy of eating? This is the question all food activists must ask themselves, whether they work on your side of the wall, or ours. And it is the question that inspired the Right 2 Heal (R2H) design theory.

The goal of R2H design theory is to reshape food environments throughout marginalized communities — urban, rural, and incarcerated — in order to heal people that are being harmed by poor access to food, and the poor quality of food to which they have access. Simply put, our goal is to provide Black, Brown, and poor White people with daily access to “Healing Food.”

We define Healing Food as food that is not just healthy, but also affordable, desirable, and satiating. Healthy foods are not healing to people who cannot purchase them, do not desire them enough to eat them, and are not satisfied after having eaten them. We emphasize, food must sate ones appetite to be healing, because only foods that satisfy can reverse the Dorito Effect, free people from cycles of overeating, and support sustained recovery from food desert physiology.

In application, our strategy achieves the goal of making healing foods accessible to all socioeconomic strata by coupling classic food assistance approaches, and novel Food-is-Medicine (FIM) approaches, with solidarity economics, site specific decision architecture, and dynamic lifestyle education.

Integrating this design approach into The California Model is critical because rates of cardiometabolic illness are elevated within communities of color (1), even further elevated in prison populations (2), and dietary practice is increasingly recognized as a major factor in brain health and emotional wellbeing (3, 4, 5, 6, 7). The emergence of the field known as neuroimmunology has shaken the medical world with the revelation that the immune system is deeply involved with the central nervous system, and has illuminated causal pathways through which gut health can impact brain health (8). Hailed as an authentic paradigm shift in our model of the brain, the neuroimmunological view is forcing a rewrite of medical text books. This deeper understanding of the brain is also vindicating a spectrum of holistic lifestyle treatments – many of which focus squarely on dietary practice. This suggests the decisions we make when designing food components of the California Model will have impacts on the neuroplasticity of incarcerated brains, rates of recovery from substance abuse, and untold psychiatric destinies.

Application of our design approach here at SQ will entail creating a number of state funded food assistance programs, one of which will pay for itself in year-1 of operations. And a number of co-ops (both consumer and worker operated) that will secure their own startup funds, and be responsible for maintaining financial self-sufficiency.

This report discusses the operational dynamics of the following programs:

- A worker operated, regenerative farming co-op that practices carbon negative agricultural techniques, teaches solidarity economics, and generates agricultural products for distribution to local markets and to SQ residents.
- A consumer food co-op/café that operates a made-to-order food service and promotes healing food culture by way of convenience, cost reduction, and culinary art.
- A universal food stipend that provides all incarcerated people with access to the proposed food co-op/café.
- An FIM program that further subsidizes healing foods for San Quentin's most ill residents, and reinvests all associated medical savings into improving the quality of food served to all San Quentin residents.

Importantly, our proposed worker co-ops will help to subsidize healing foods for all SQ residents by donating portions of their harvests/revenue to the consumer food co-op. The consumer food co-op will, in turn, optimize the effect of our proposed FIM program. The synergistic effect of these combined programs will improve access to food for incarcerated people, without compounding the effects of the carceral food desert; and will improve the health of incarcerated people, while also honoring diverse food cultures and the joy of eating.

Our strategy, if replicated across the state, would shift meaningful portions of CDCR's \$billion+ annual medical budget away from a reactive healthcare system and into an ecologically regenerative, socially just, and clinically healing food system. The outcome would be the establishment of an integrative medical model in the carceral space.

ABOUT THIS REPORT

The three sections of this report approximately correspond to the three phases of the program implementation scheme introduced in the body report. Operational dynamics of our proposed programs are summarized in “program logics” charts and further explored in text. Each section provides key background information in order to properly contextualize discussion of program operations.

Section-1 discusses prison co-ops as tools for reducing recidivism, and describes how non-profit organizations will work with residents of SQ to build pilot co-op programs.

Section-2 discusses how FIM approaches work, why their advent could be a turning point in our struggle against the plagues of modernity, and describes an FIM program could be adapted at SQ. This type of program requires a greater period of advisory interface and logistical planning, so it is likely to be implemented in year-2 or year-3.

Section-3 provides brief comments on the onus of tracking outcomes related not just to new food programs, but all aspects of this historic reform effort. CDCR's current IRB process is time expensive, so serious studies are unlikely to report findings until year-3.

PHASE-1: THE SECRET WEAPON OF SOLIDARITY ECONOMICS — YOUR NEIGHBORHOOD CO-OPS.

The consumer co-op model and the worker co-op model are both important features of our health promotion strategy because they offer unique ways of promoting healing foods culture and

reducing the cost of healing foods (9), but also because prison co-ops boost self-worth, improve mental health, and reduce recidivism (10).

Prison coops are thought to have reduced recidivism dramatically where they are operated in certain European nations (11), some African nations (12), and in Puerto Rico (13). Recidivism in Italy runs at about 70-90%, but only for co-op non-participants (11). For the 10% of Italy's prison population that does participate in prison co-ops, recidivism is 5% (11). This is impressive since Italian coops are operated not just in low security prisons, but at prisons of every security level, even at maximum-security facilities (10).

There are no prison coops in the US, however the USDA recognizes coops as an important means of support for system impacted people (14). Cooperative business models are gaining attention and support on the left and the right (15), and are believed to be recession proof (16, 17). Importantly, prison coops appear to be a means of satisfying calls for improved wages for incarcerated people, without saddling the state with divisive expenses. For these reasons we strongly recommend that the California Model include a framework that fosters the formation of prison co-ops.

Non-profit Custodianship

We recommend California adopt a "Nonprofit Custodianship" system similar to the "social co-op" system that is used to such great effect in Italy. In our proposed Nonprofit Custodianship System, 501c3 organizations enable the existence of prisoner operated co-operative enterprise by providing fiscal sponsorship of worker operated enterprises. The custodian org upholds fiduciary and moral trust with the correctional department, the public, and elements of the social justice community; while also supporting incarcerated workers by connecting co-ops with budgets for construction of new facilities, other startup funds, and various technical support. Custodians are responsible for providing workshops and trainings that educated incarcerated people about cooperative values and cooperative management approaches. In this system incarcerated workers are the principal financial beneficiaries, and custodians are required to honor the leadership and entrepreneurial agency of incarcerated people.

We believe that the agricultural, culinary, and consumer co-ops we propose for integration into the San Quentin experiment can be initiated at negligible cost to the state and without legislative action because the nonprofit custodianship system can be operated within existing California law, and San Quentin residents have relationships with ideal custodian organizations and philanthropic

networks. However, if this custodianship system is rolled out to all CDCR facilities we strongly recommend experts be commissioned to design a selection and oversight process that includes proven social justice stakeholders in the vetting of potential custodians.

Regenerative Agriculture as a Co-operative Business Model at San Quentin

San Quentin includes in its lease over 400 acres of fertile, mostly unused land. The Mediterranean climate of the San Francisco bay area is conducive to agricultural enterprise and provides ample market demand. This resource, and the land that surrounds most other California prisons, presents an opportunity to turn our carceral facilities into agricultural universities that train people in the regenerative farming practices that will help reverse climate change, and the solidarity economics that will lift up those we have long held down.

Agricultural co-ops are logistically workable at most, if not all facilities because many prisons already issue “gate passes” that allow incarcerated people to work outside prison walls, and the design team is expected to propose the return of work furloughs.

The co-op’s achievement of financial self-sufficiency will be supported by a number of sound business ventures, including an aquaponics facility, a tree nursery, and a food forest.

- Aquaponic cultivation is a space efficient and climate resilient means of producing a wide variety of agricultural good, as well as fish. Our intention is to produce crops for sale and consumption, and native fish for restocking California’s creeks and rivers.
- There is a need for new tree nurseries in California, and by supporting this market we can help restore California ecosystems and remove carbon from the atmosphere.
- Food forests are carbon negative food solutions that take time to reach productive maturity, but they are not labor intensive methods and once established they produce food for many years.

Apiculture and myciculture also fit with our mission of responsible and regenerative agricultural enterprise. There is need for regeneration of honey bee populations due to catastrophic rates of colony collapse (18). Some mushroom extracts have been found to protect against colony collapse (19). Producing these extracts may be a smart business venture unto itself, and would definitely help protect the colonies of a SQ apiary. Maintaining an apiary, and practicing methods of protecting it from colony collapse, would provide income, meaningful support to the local ecosystem, and would

provide co-op members with knowledge and experience in a trade that is critical in the salvaging of our biosphere.

Regenerative Agriculture Co-ops from a Policy Analytics Perspective

It is rumored that the design team's paper will recommend expanding agricultural work programs throughout the state, but the social justice community will rankle at the creation of new prison farm programs unless farm workers are provided a minimum wage and workplace participation is voluntary.

Of all prison work programs that could be expanded, farm projects face particular difficulty in today's political climate because anti-plantation rhetoric is being leveraged and has gained a degree of salience. Unfortunately, spending tax dollars to pay all incarcerated workers a minimum wage would also be an immensely divisive and prohibitively expensive proposal. Alternatively, externalizing the cost of wage increases by allowing incarcerated people to participate in farming co-ops would not only sidestep complaints related to cost, meritocracy, and morality, but would also be likely to positively engage vocal elements of the left that are presently underwhelmed and/or sharply critical of the Governor's reform efforts.

Another benefit of choosing the co-op solution is that co-op businesses maintain a practice of providing material support to other cooperative businesses. Case in point, the incarcerated people here at San Quentin who are presently engaged in efforts to form a regenerative agriculture co-op aspire to a model in which their co-op regularly donates a percentage of its harvest to the proposed café co-op. This will meaningfully reduce the cost of food for SQ residents, and further optimize the effect of any FIM program that delivers food assistance by way of the healing foods café.

"The Woodford Café"

If it were not for the trailblazing work of Jean Woodford, the first and only woman to serve as Warden of San Quentin, SQ would not have undergone the renaissance that it did over the last two decades: Governor Schwarzenegger may never have put the "R" into "CDCR," the NPR-syndicated *Ear Hustle* and many other important prisoner-led projects would not exist, and there is a chance that the entire prison reform narrative in California would be so altered that the California Model might not have come to be. Some of Jean's policy proposals were so ahead of their time that they

are only now being considered for implementation as part of the California Model; for example, requiring correctional officers to address incarcerated people as “clients” rather than “inmates.” Most of the residents of San Quentin who met Jean have long since moved on, but a few of the old timers still remember her with respect, and we would like her name and legacy to be honored here on the yard she once cared for. We feel it is fitting and important that she is commemorated in the name of something that is created through the leadership of incarcerated people, so it’s clear that she is remembered lovingly not just by the people in green, but also by the people in blue.

To ensure Jean’s name will always be associated with the mission to heal, we propose naming the first prison food co-op in the US, “The Woodford Café.”

It is assumed that the state will adopt the Norwegian prison food model, which consists of a grocery outlet, a food stipend that enables all residents to participate in the marketplace, and self-cook stations that enable incarcerated people to prepare their own “home-cooked” meals. We support this plan, but we also recognize that the Norwegian system mainly provides occasional access to comfort foods. We believe this system can be improved in order to provide daily access to healing foods.

In our version of this system, the Norwegian food outlet consists of two separate co-ops that operate out of the same location. These sister co-ops would be a classic “food co-op” that is operated on a consumer co-op model, as well as a culinary enterprise that would be organized on the worker operated co-op model. Together, they would make The Woodford Café.

The culinary co-op will operate a made-to-order meal service for SQ residents and staff, and manufacture packaged goods for sale to local markets and for donation to its sister co-op. The medical and cultural effect of the café’s made-to-order service will be optimized by an intensive culinary training program. Graduation from this training program will be a prerequisite for anyone who wishes to join the culinary worker co-op, and it will prepare all graduates to compete in real world food services.

The culinary co-op will achieve financial self-sufficiency mainly through its manufacturing of goods for sale to the public, while preparing meals for SQ residents at the lowest possible rate. If the product lines produced by the culinary co-op become sufficiently successful, material contributions would also be made to the consumer co-op, similar to those that the agricultural co-op would make

make. When all co-ops work collectively to reduce the cost of healing foods for the entire population the modest stipend that would provide occasional comfort in the Norwegian system will become a more meaningful healing tool.

The consumer co-op will accommodate a diversity of food traditions by democratizing wholesale purchases of perishables, produce, and baking supplies, and by retailing goods at prices as close to wholesale as possible. This co-op will do trade in whatever goods the voting members wish to trade in, accept for ultra-processed junk. The co-situation of the Café and grocery store will also embed decision architecture into the food environment that promotes healing ways of life. Our decision architecture will achieve this goal by serving an exclusively healing menu via the more conveniently accessed, made-to-order food service.

If someone wants to make more traditional comfort foods, the systems supports their interest, but they must purchase baking ingredients and take time out of their day to prepare their celebrated foods at self-cook stations. By making ingredients for all food traditions available, but healing foods markedly more convenient to access, food culture can be compassionately, but reliably improved.

This is just one example of how the decision architecture that the food industry has long used to advantage over-consumption can instead be used to advantage healing – while still respecting all food cultures.

In all ways the decision architecture that new SQ food projects create (intentionally or unintentionally) should be scrutinized before those programs are implemented. In all cases, new programs should increase availability, accessibility, and utilization of foods that are, at the very least, not remarkable harmful to people and ecology. Ultra-processed junk foods are already so accessible to the incarcerated population that they are the standard currency of the informal markets which permeate the carceral setting. There is no need to make them more accessible.

A major point of interest, in this regard, is where and how proposed food stipends are to be made redeemable. If no forethought is put into this, the overall effect of our food reform effort could be a compounding of food desert harms. Or a transition from food desert to food swamp. (Food swamps are areas where healthy food is available, but is inundated by unhealthy options. Food swamps are thought to be just as harmful, and much more prevalent, than food deserts.)

Notably, we undertake this effort at a moment when the scientific community is telling us that changing our dietary practices is a non-negotiable part of surviving climate change; and a moment when all our assumptions about humanity's inability to draw back from the metabolic abyss

are being challenged by a humble corner of medical practice known as the Food-is-Medicine movement.

PHASE-2: FOOD-IS-MEDICINE

In 2022 the White House issued the National Strategy on Hunger, Nutrition, and Health that underscored the importance of investing in FIM approaches (20). A growing body of evidence indicates that these approaches are both clinically effective and cost effective (21 ,22, 23), and are increasingly applied in mainstream medical spaces (24).

At first glance, FIM approaches appear unremarkable. These programs treat food insecure people struggling with common metabolic illnesses – like diabetes and heart disease – by prescribing the same basic lifestyle prescriptions that doctors drone on about every day of the week... eat fewer sugary foods, exercise more, etc. etc. These seemingly humble programs, however, appear to significantly *increase adherence to standard lifestyle prescriptions...* especially for low income people. For that reason, they may be nothing less than the Holy Grail of lifestyle medicine, and a turning point in the war against the plagues of modernity.

In FIM methodologies qualified medical professionals classify healthy food as a medicine; prescribe this “medicinal food” to food insecure people who face illness that responds well to improved diet; and then use healthcare dollars to subsidize the cost of that medicinal food. Such Medicinal Food Assistance (MFA) is typically administered on the condition that patients participate in lifestyle education, peer-to-peer support groups, and other behavior modification programs. Health insurers are incentivized to cover the cost of MFA and associated services, because these costs are often less expensive than the cost of the tests, treatments, and operations that would be necessary in the absence of FIM solutions.

Common examples of FIM systems that administer MFA include:

- 1) Food Pharmacies that issue healthy food just as any pharmacy would issue medication.
- 2) Medically tailored meals (MTM) that are customized to the patients personal medical needs.
- 3) Grocery prescription programs that provide vouchers that can be redeemed for healthy food at participating markets.

All of these systems are entering into a phase of clinical application and should be introduced where healing is most needed – in food deserts throughout Rural and Urban America, and in jails and prisons everywhere.

Clinicians describe FIM systems as breakthroughs that help “food insecure” people combat “metabolic illness.” However, food insecurity and metabolic illness are concentrated in communities of color (1) and kill thousands of people every day (25,26), so FIM systems would be better described as a powerful weapon in the fight against racial injustice. Approximately 7% of White adults in the US are diabetic, while for Black Americans the rate is 12%, and for Indigenous Americans and Pacific Islanders the rate is 15% (27). On some reservations prevalence runs as high as 60% (28). This disproportionality is not the outcome of chance or character. It is the consequence of a system that regards food deserts as a basic human right and wellness as a privilege.

Overtuning these injustices will require that we go beyond defending people’s right to standard, pill-for-an-ill healthcare. We must defend all people’s right to heal and that will require that we heal the medical model itself. To do this we must never pass up an opportunity to implement FIM approaches. And we must constantly improve the degree and scope of these systems’ impact.

A limitation of most FIM systems is that the savings they generate are either lost to the vagaries of public book keeping, snatched as profit by private insurers, or spent on exactly the kind of allopathic care that could be avoided if they were instead reinvested into further FIM approaches.

A fundamental tenet of R2H design theory is that all savings generated by FIM systems should be tracked and reinvested into further FIM. Moreover, interventional FIM systems should be used to generate budgets for preventative FIM systems, in order to impact food insecure people who are not yet sick – but are at elevated risk of becoming sick specifically due to food insecurity. If this kind of reinvestment scheme proves workable and is adopted widely, it could radically accelerate integration of the holistic model and the allopathic model – substantially impacting society and planetary ecology.

In the long run, this approach will push systems away from profit maximization and budget minimization. Nevertheless, discussing financial outcomes associated with early stages of the process can be helpful when seeking buy-in from various stakeholders. An exemplary Food Pharmacy operated by Geisinger Health Systems, which focuses mostly on the treatment of food insecure diabetics, estimates reduced medical spending in the ball park of \$16K per patient, per year; for an annual program operating cost of just \$2.4K per patient, per year (29).

We propose that here at San Quentin a standard FIM food voucher system is coupled with a novel MFA delivery system – AKA the Woodford Café. This system will strengthen adherence to lifestyle prescriptions by delivering MFA that is, when compared to other MFA, remarkably well prepared.

Regardless of the impact of this culinary MFA delivery system, any FIM program will render much greater per patient savings when operated in the carceral setting, because providing healthcare in prison involves hidden expense and in this setting some FIM operating costs can be externalized. The most outstanding hidden expense is the cost of sending security escorts with each and every patient transferred to an outside hospital. Transporting incarcerated patients to and from outside hospitals is a daily occurrence that balloons the cost of routine medical care. These costs are not accounted for as medical care, however, in real terms, the state will be able to count the reduction of these costs as an outcome of FIM programs.

Here at San Quentin the cost of providing lifestyle education and peer-support components of FIM approaches would be externalized because SQ residents are already working to establish and operate these programs at no cost to the state. We are working with qualified experts to design a Brain Care course, and a peer-to-peer support group for people facing cardiometabolic conditions such as diabetes, heart disease, cancer, and eating disorders. These groups will be operated by mission driven volunteers, in collaboration with incarcerated co-facilitators.

We propose our MFA program be designed by an independent outfit, in partnership with departmental authorities, and that it be operated by San Quentin medical. This program will involve a simple screening criteria. To receive MFA patients would only have to be diagnosed with one of the cardiometabolic conditions that will qualify for MFA treatment, and will have to be willing to participate in lifestyle education courses. If a person meets this criteria they will be provided with a healing foods meal-credit account which will renew its reserve of meal credits on a weekly basis. These credits will be redeemable only for healing foods prepared at the Woodford Café, and specific grocery items.

Our FIM system will be funded by the state, to begin with, but outcomes will be analyzed and estimated medical savings will be used to justify sustaining investments. If this program is found to be substantially cost effective, its benefits could be used as a basis to justify/offset improvements in the quality of food served to all incarcerated people via prison chow halls.

PHASE 3: Outcome Assessment

Reasonably accurate tracking of outcomes associated with FIM programs is essential to the creation of a FIM system that leverages the benefits of interventional models for the purpose of funding preventative models. A number of different methods can be used to leverage medical savings for the purpose of increasing the states investment into food for all incarcerated people, but

all of these methods depend on good outcome tracking. For this reason we recommend the involvement of an independent research outfit, the development of research methodologies that are (at the very least) quasi-experimental, and the pursuit of a substantial research grant.

Due to known difficulties related to prison IRB processes it is also recommended that an expedited (but, by no means, less rigorous) IRB process should be created for all outcome tracking associated with all aspects the historic California Model. Due to the rapid schedule of its role-out, and the importance of proving these reforms do in fact reflect a new standard, we must be able to conduct science on the same timeline afforded to the rest of the scientific world.

To those who might be alarmed at calls for the research community to be given better access to a demographic that has historically been harmed by the research community, it should be emphasized that doing ground breaking FIM research in prison is actually a form of research reparations.

It would be painful if, after testing harmful and even deadly treatments on incarcerated people because they were voiceless, we then turned around and ignored those same voices when they called for research that is critical to the proliferation of healing systems within the carceral setting. It would be painful if we refused to subject this population to studies in which the only risk is that they might not be as healing as expected... studies that deploy nothing but fresh fruits and vegetables and mundane lifestyle recommendation that doctors already prescribe to residents of prisons everywhere. It would be painful if, out of a concern for incarcerated people's wellbeing, we did not perform studies which investigate only the degree of healing achieved... the number of dollars saved... the number of marginalized people that can be prevented from dying on freedoms doorstep.

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