

THE PEOPLE IN BLUE

“Advancing Public Safety”



THE CALIFORNIA MODEL

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

FINAL REPORT

(REVIEW IN CONJUNCTION WITH PRELIMINARY REPORT)



Website: www.thepeopleinblue.com
Blog: www.thepeopleinblue.home.blog
Email: t.p.i.b.2023@gmail.com

FOREWORD

BY: The People In Blue at CCWF

We, The People In Blue (TPIB) 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 Tomlekla Johnson. The trauma

inflicted upon women because of toxic masculinity is best described by incarcerated person Betty Martinez, who states:

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

The concept of toxic masculinity is used in academic and media discussions to refer to the ways that the misogyny, homophobia, and violent domination characteristic of hegemonic masculinity are socially destructive.

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 Ms. 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, wholeheartedly in this new direction of trauma-informed healing. It is this healing and nothing else that will produce true public safety.¹

The People in Blue - CCWF

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ACRONYMS

APPS	Approved Personal Property Schedule
BGF	Black Gorilla 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 ²
DMV	Department of Motor Vehicles
GW	Green Wall
IC	Information Committee ³
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

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-experience, 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 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 IDEO team members Becky Lee, Lillian Tran, Bianca Jimenez, Zena Barakat, Francis Beavers and the IDEO team for actively listening; it is reflected throughout the Council’s report.

TPIB COMMITTEE MEMBERS

Arthur Jackson (#H40738)

TPIB President

Anthony Tafoya (#AX0688)

TPIB Secretary

Tam Nguyen (#V26301)

TPIB Assistant Secretary/Sergeant at Arms

Steven Warren (#BK9858)

TPIB Committee Member

Oscar Acosta (#AL5071)

TPIB Committee Member

John Levin (#AI3643)

TPIB Committee Member

Steve Brooks (#K16234)

TPIB Vice President

Henok Rufael, (#G60755)

TPIB Sergeant at Arms

Robert Tyler (#P51975)

TPIB Committee Member

Louis S ale (#BG3058)

TPIB Committee Member

Randolph Jackson (#BA4631)

TPIB Committee Member

TPIB AMBASSADORS

Alexander Yohn (#BA9827)

Nythell Collins (#J60113)

Michael Walker (#T60369)

William Harris (#P17060)

Aaron Ramzy (#AY7432)

REHABILITATION COMMITTEE MEMBERS

ORIENTATION

Arthur Jackson
Robert Tyler (Light Keepers)

HEALTHY FOOD SOURCES

Louis Sále
Randolph Jackson

REHABILITATION

Tam Nguyen
Henok Rufael (Light Keepers)
Arthur Jackson

FINANCIAL LITERACY

John Levin
Randolph Jackson
Arthur Jackson

STAFF RELATIONS

Anthony Tafoya
Steve Brooks

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.

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 Strike for humane treatment is a perfect example of incarcerated people protesting for healing through education and self-help groups.⁴ 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 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 in one even officers favor. However, they fear one major obstacle to this change - the theory of “over-familiarity.” 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 that officers and incarcerated people can and cannot engage.

The theory and term “overfamiliarity” harkens back to the era of McCarthyism,⁶ also known as the second Red Scare. McCarthyism 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.

It is for this reason we extend our sincere thanks and gratitude to Governor Gavin Newsom, the Advisory Council, and the IDEO design team (Lillian Tran, Bianca J., Becky Lee, and Zena Barakat) for their 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.⁷

Thank you,
TPIB

KEY RECOMMENDATIONS FOR CDCR

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

- I. [Implement The People’s Plan for Prison closure by California’s United for A Responsible Budget \(CURB\)](#)⁸
- II. [Implement the recommendations outlined in the Ella Baker Center for Human Rights’ Hidden Hazards Report](#)⁹
- III. Uplift and support the implementation of specific key recommendation outlined in the Advisory Council’s report as follows:
 - 1) Provide every resident with a rehabilitation plan, reentry plan and a reentry support team from day one.
 - 2) Optimize education, job readiness, and restorative justice programing.
 - 3) Evolve the training for correctional officers to create a more rehabilitative culture.
 - 4) Reduce the population significantly to end double-celling, and to ensure greater access to rehabilitative programs.
 - 5) Eliminate “Death Row” and replace it with dignified housing.

- 6) Reduce prison beds in favor of pre-release reentry beds that have been proven to improve public safety. *(Note: TPIB does not support building an MCRP adjacent to San Quentin or any prison. These programs are needed in the communities, where incarcerated people are returning and resources are scarce).*
- 7) 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).*
- 8) Redirect the remaining funds (at least \$120M) to campus upgrades that normalize the environment.
- 9) 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 recommendation based on TPIB’s own lived experiences for implementing the California Model.

- I. 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.

-
- II. Additionally, in order to implement the Mental Wellness aspect of the California Model, TPIB encourages:
- 1) The retention of more qualified clinicians, lower workloads to cap all caseloads at 15 (weekly) patients.
 - 2) Support unlicensed clinicians in obtaining their professional licenses with supervision and supplemental PTO.
 - 3) Select specially trained and supportive custody personnel to work collaboratively with clinicians.
 - 4) Create adequate outside and office space for confidential discussions.
 - 5) Provide generalized mental wellness therapy for all incarcerated people who want access.¹⁰
- III. CDCR 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,
- IV. Immediately devise a viable plan to implement the Linear Rehabilitation Model (“LRM”) throughout the California’s prison system,
- V. Immediately rescind all vague “over-familiarity” statutes and regulations and create a concrete set of rules defining appropriate and inappropriate conduct (utilizing the verbiage set forth in Title 15 of the California Code of Regulations. Article 1, sections 3002 thru 3015 as
- a guide to implement straightforward policy governing staff and incarcerated people’s interactions.
- VI. Craft policy, rules and regulations that mandate a rehabilitation and health plan for all incarcerated people.
- VII. 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.
- VIII. Immediately rescind all policy, rules and regulation 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.
- IX. 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.
- X. Above all else reduce violence, recidivism, and promote public safety in our community

KEY RECOMMENDATIONS FOR SQRC

- I. [Immediately implement TPIB's 10-point rehabilitation plan](#)¹¹
- II. Immediately reduce the population significantly to end double-celling, and to ensure greater access to rehabilitative programs.
- III. 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.
- IV. Make upgrades to San Quentin housing units' ventilation systems (including opening the windows) that normalize the environment.
- V. Improve San Quentin staff housing and work space.
- VI. 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.
- VII. Immediately craft policy, rules and regulations to expedite gate clearance passes for community members who wish to support rehabilitation programs created by incarcerated people.
- VIII. Immediately use currently available spaces and times 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., Mount Tamalpais study hall, in Education Annex, Monday through Sunday 6am to 2 pm, and empty rooms in the Medical Building and Chapel areas during available timeslots*).

Linear Rehabilitation Model (LRM)

The Linear Rehabilitation Model (LRM) is in direct response to CDCR’s failure to establish continuity in its effort to “rehabilitate” the incarcerated population. While in the last 15 to 20 years CDCR has developed and/or implemented various assessment tools to determine the rehabilitative needs of the incarcerated population (i.e. CSRA, COMPAS, 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 an 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-option 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 perspective¹² into each phase of the LRM is an essential and imperative element of the LRM.

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 stressors that lead to mental health problems in prison are numerous – self-condemnation, guilt, boredom, anxiety, depression, withdrawal from substances, missing family, children and freedom, to name a few. Being in a place with abnormal lighting, concrete and steel surfaces, with constant surveillance, lack of privacy, social isolation, limited personal care services, ongoing harassment, threats of physical and sexual violence and abuse can overwhelm the human senses. Statistics show about “forty-four percent of people in jail or prison have a mental health disorder”¹³ and “fifty-eight percent have a substance use disorder.”¹⁴ 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.”¹⁵

However, TPIB recognize the system’s designed intent and have created the LRM to combat that 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

a. Incarcerated Person

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 openness to change 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 he/she may be mentally amenable to rehabilitation.

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:

- a. An assessment of the incarcerated person’s self-proclaimed needs,
- b. An assessment of the needs of the incarcerated person, identified by interviewing staff,
- c. An assessment of trauma status,
- d. An assessment of education level,
- e. An assessment of mental health status,
- f. An assessment of physical health status,
- g. An assessment of financial health status,
- h. A review of the compiled results of all assessments (a copy of which will be provided to the incarcerated person), and
- i. A preliminary rehabilitation plan based on the results of the Assessments.

***b. 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 him/her 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 in, 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 Phase 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, lights, gas, water, groceries, and budgeting for entertainment events, 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 2, 3, or 5 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 professional’s assessment in Phase One and Two.

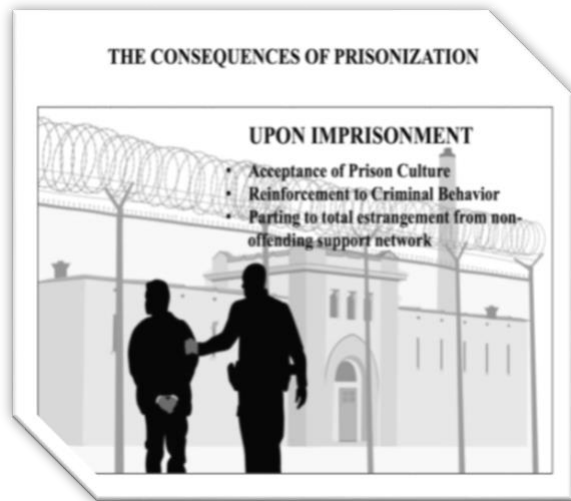
PHASE FOUR

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 IRS, DMV, and SSI, to obtain the proper identification documents. Another purpose of the 8-hour furloughs are 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.



LRM PHASE ONE: ORIENTATION/ONBOARDING TO REHABILITATION

1.1 Abstract

Problems

Incarcerated Person

- ❖ FAILURE TO INFORM / ORIENT NEWLY INCARCERATED PEOPLE ON DEPARTMENTAL RESOURCES.
- ❖ FAILURE TO USE COMPAS ASSESSMENT TOOLS AND ACT ON RESULTS.
- ❖ 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.

1.2 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, formerly incarcerated person, and victims’ right 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.

1.3 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 rehabilitation plan with incarcerated person that includes:
 - 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 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.

1.4 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 institution’s 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.

1.5 Modernizing and maximizing the use Departmental Assessment Tools

- Employ the use of the COMPAS assessment tool in identifying starting



points for incarcerated people’s rehabilitation plan.

- CDCR has numerous assessment tools in its repertoire to identify the needs of the incarcerated population. CDCR began using one of these assessment tools COMPAS (*C*orrectional *O*ffender *M*anagement *P*rofilng for *A*lternative *S*anctions) in 2008 at its 12 reception centers. 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 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 person’s 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).

Problems

Officer/Staff Employee



- ❖ LACK OF ORGANIZATIONAL TOP DOWN-BOTTOM UP COMMUNICATION / INFORMATION SHARING
- ❖ FAILURE TO EDUCATE INCOMING STAFF AS TO THE HUMANITY OF THE INCARCERATED POPULATION
- ❖ AMBIGUOUS AND HARMFUL “OVER-FAMILIARITY” 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 “over-familiarity” 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, their fear of being accused of over-familiarity 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 man 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.

1.6 Staff Relations optional dress code while on duty

- CDCR is undergoing a once in a lifetime transformation from one that was based on toxicity to one that is trauma informed. Four key pillars will be driving this new cultural transition. The concept of dynamic security, normalization, peer mentorship, and

becoming a trauma informed organization. These four pillars are designed to cultivate a culture of wellness among incarcerated people and staff and to teach incarcerated people how to be “good neighbors” when they return to society. With these things in mind, 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.

1.7 Staff Relations: Elimination of theory and term “overfamiliarity” in favor of concrete defined policy, rules, and regulations for officer conduct

- What does, and does not, constitute overfamiliarity is going to be key to any cultural transition taking place at the San Quentin Rehabilitation Center and eventually throughout CDCR. Several things must be considered when examining the concept of overfamiliarity:
 - First, what is the current definition of overfamiliarity?
 - Second, does it clearly define an officer’s permitted conduct? and
 - Third, 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 “over-familiarity.” 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 say: “handshakes are OK but no hugs, no friendly taps on the shoulder, no use of first names, no sharing of food, no disclosing of personal information such as addresses

or family situations, never loan money, transport correspondence, or make 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.
- 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?”

1.8 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 a 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 128’s or RVR’s.
 - Mediation can include any number of actions such as: Extra Duty, Formal Apology, mandatory attendance in designated self-help group, etc.

1.9 Staff Relations: Audio and video recording of RVR hearings

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

1.10 Recommendations¹⁶

- 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 programing.
- 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.
- Audibly and visually 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.

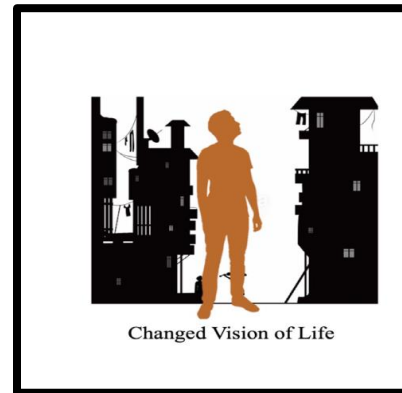
LRM PHASE TWO: REHABILITATION

2.1 Abstract

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 (NPO) 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.

2.2 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 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:

- 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.

2.5 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.

2.6 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 Assembly

Bill 1104¹⁷ 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

empty rooms in the Medical Building and Chapel areas during available time-slots).

- 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 Abstract

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
- ❖ 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, GMOs, 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 in and around the care of incarcerated people. During the mid-1990s, a public hysteria was building with 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 loose in American society in his moral poverty theory.¹⁸ Dilulio warned that by the year 2000, an additional 30,000 young murderers, rapist, and muggers would be roaming America’s streets sowing mayhem.¹⁹

Hillary Clinton, who was the First Lady of the United States at the time, helped spread Dilulio’s message about a supposed onslaught of young minority super predators.^{20,21} Societal panic led to the Pryce-Stupak Amendment of the 1994 Crime Bill.²² 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.²³

Critics of the ban warned that taking such measures would lead to a sick population of prisoners. In 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.²⁴

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 say who sign off on the menus. 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.

3.2 Accessing Weight Bearing Exercise Equipment²⁵

- 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).

“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 an \$30,000 to over \$100,000 for each affected prisoner.”

*—Prison Legal News
April 1998
Willie Wisely*

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.²⁶
- 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.)

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 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.

3.4.2 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

micro-fridges 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 FOUR: TRANSITIONS – FINANCIAL LITERACY

4.1 Abstract

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 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!

According to research every year 20,000 to 30,000 people are released from prisons in California.²⁷ 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

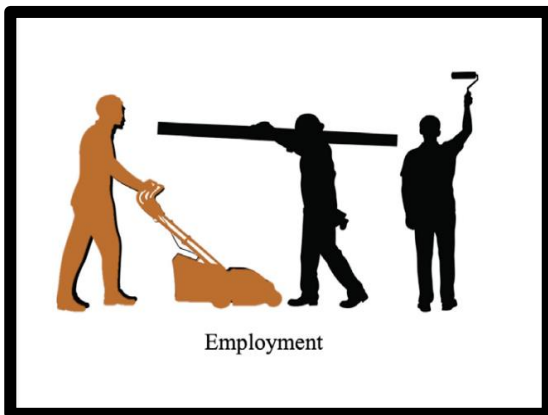
“Only 57% of Americans [are] financially literate ... and data suggest that financial literacy rates among those who are incarcerated are much lower. This puts these individuals at a severe disadvantage once they’re released.”

—SARC Foundation for health, equity, and justice. March 12, 2019
<https://www.sarccenterfoundation>

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.²⁸ 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 2018.²⁹

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:

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 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

FINANCIAL LITERACY

“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://www.sarccenterfoundation>

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.³⁰ 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 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 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, 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

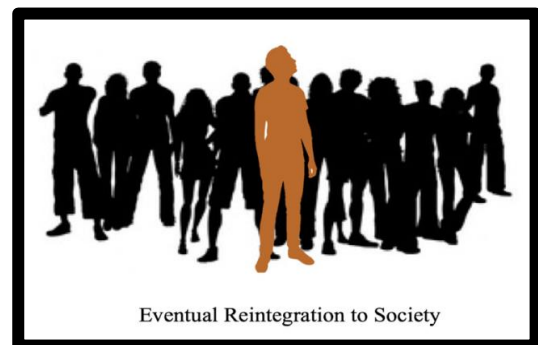
The toxic culture in CDCR has a long and tumultuous history. The incarcerated population has blamed CDCR officers and administrators for the violence, while the officers and administrators have blamed the incarcerated population. Both have used such blame of the other to justify their continued participation 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 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.³¹



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

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 structure 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 prisoners,³² to the most recent 28 deaths of incarcerated people and 1 correctional officer death as a direct result of the toxic indifference of CDCR during the COVID-19 outbreak,³³ 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. 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 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 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.

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- ¹ Statements from [The People In Blue at CCWF](#) (edited version) APPENDIX A.
- ² Turner, S., Hess, J., Jannetta, (2009) “Development of the California Static Risk Assessment Instrument” California Code of Regulations, Title 15 Sec. 3768.1
- ³ 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.
- ⁴ Pham, J. (2107) Global Nonviolent Action Database. “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.” <https://nvdatabase.swarthmore.edu/content/california-inmates-hunger-strike-humane-conditions-confinement-2011>
- ⁵ McMahan, M. (2011). Support Pelican Bay SHU Prisoner’s Five Core Demands (Hunger Strike) – petition (19,740 supporters). <https://www.change.org/p/support-pelican-bay-shu-prisoners-five-core-demands-hunger-strike>.
- ⁶ “McCarthyism” (noun). A vociferous campaign against alleged communists in the US government and other institutions carried out under Senator Joseph McCarthy in the period 1950-54. Many of the accused were blacklisted or lost their jobs, although most did not in fact belong to the Communist Party. (A campaign or practice that endorses the use of unfair allegations and investigations).” Oxford Languages Dictionary.
- ⁷ Jackson, A., Brooks, S., Nguyen, T., Tafoya, A., Warren, S., Acosta, O., Levin, J., Rufael, H., Tyler, R., Sale, L., & Jackson, R. (2023). Implementation of the California Model: A Four-Part Manual by the Incarcerated to ‘Transform CDCR’s Culture, A Preliminary Report. The People In Blue. https://drive.google.com/file/d/1fTN2uPrm-yJfkTHV_iOiTK6Ym-C5BMUn/view
- ⁸ <https://curbprisonspending.org/wp-content/uploads/2021/04/Peoples-Plan-for-Prison-Closure.pdf>
- ⁹ <https://ellabakercenter.org/reports/hiddenhazards/>
- ¹⁰ Anonymous Author. (2023). “Prisons Create a Need for Mental Health Treatment”
- ¹¹ <https://thepeopleinblue.home.blog/2023/06/30/tpibs-10-rehabilitative-elements/>
- ¹² Anonymous Author. (2023). “Prisons Create a Need for Mental Health Treatment”. APPENDIX B.
- ¹³ McCann, S. (2023). “New Data Hubs Show Local Impact of Mass Incarceration in California and Louisiana” <https://www.vera.org/news/new-data-hubs-show-local-impact-of-mass-incarceration-in-california-and-louisiana>.
- ¹⁴ Bronson, J. Stroop, J. (2020) “Drug Use, Dependence, and abuse Among State Prisoners and Jail Inmates, 2007-2009) (revised August 10, 2020). <https://bjs.ojp.gov/content/pub/pdf/dudaspi0709.pdf>
- ¹⁵ Id. Anonymous Author. (2023). “[Prisons Create a Need for Mental Health Treatment](#)”. APPENDIX B.
- ¹⁶ Refer to Jackson, A., Brooks, S., Nguyen, T., Tafoya, A., Warren, S., Acosta, O., Levin, J., Rufael, H., Tyler, R., Sale, L., & Jackson, R. (2023). Implementation of the California Model: A Four-Part Manual by the Incarcerated to ‘Transform CDCR’s Culture, A Preliminary Report. The People In Blue. https://drive.google.com/file/d/1fTN2uPrm-yJfkTHV_iOiTK6Ym-C5BMUn/view

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- ¹⁷ Bonta, M., (2023). Assembly Bill 1104 “Under existing law, the legislature finds and declares that the purpose of sentencing is public safety achieved through punishment, rehabilitation, and restorative justice and that programs should be available for incarcerated persons, including educational, rehabilitative, and restorative justice programs that are designed to promote behavior change and to prepare all eligible offenders for successful re-entry into the community. <https://legiscan.com/ca/text/AB1104/id/2827135>.
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- ²¹ Clinton, Hillary. (1996). “Super Predators.” (C-Span) <https://youtu.be/j0uCrA7ePno?feature>
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