
NEW LIFE
CREATING COMMUNITY
BY CRAIGEN-ARMSTRONG ADRIAN-BERUMEN

Dear readers:

Enclosed is our idea and vision. I'm sure there is a lot more to discuss but this should get the conversation started and the ideas flowing. Hopefully we can create something that will change the world for the better. That's what drives us. Having this experience has placed us in a position to do something about it. We believe with the right people we can.

We gave a good amount of attention to the inmate – inmate treatment. We believe this is huge when it involves treatment in a closed facility.

We share a lot about design and construction, which is important, but we want to stress our beliefs and philosophy in implementing a treatment of this kind is what this is all about. Some points to keep in mind:

- There is a need, in our minds, that there must be quality, intensive and genuine care provided during the judicial process
- Our focus is on care and support only. We're not trying to fix anyone (come as you are). We'll entertain and try to make life great for you.
- We must rescue the forgotten, the marginalized. We believe opportunity can create powerful change in the world and we want to provide that for those labeled violent. "Look what we're able to share with the world." We were deemed violent offenders. We've paved the way for many others who have transformed as well.
- This is a lifelong support family. You'll never be abandoned, neglected or left to the treatment of those who fail to understand the importance of support for those who are incapable. Not to criminalize, but to care. New Life will always be there.
- Create a replacement to the current meth epidemic through supreme entertainment and acceptance. Reducing recidivism of the mentally ill significantly.

We have been in the trenches, front lining, for three consecutive years. Eating, sleeping, and breathing mental illness. The pressure and sometimes frustration this environment brings has pushed us deep into the imagination to search out solutions. Solutions not attaching symptoms, but going after the cause of mass incarceration, the criminalization of mental illness and widespread homelessness.

We view this pressure as a gift; a heavy responsibility for carry, an opportunity to act upon, therefore birthing NEW LIFE Creating Community.

If we had to describe NEW LIFE in one sentence it would be, "A NEW WORLD," in all activity, that's unrealistic but at times it feels like that is exactly what we need. Before COVID-19 hit, things were chaotic enough when we think about homelessness, mental illness and recidivism/incarceration. These issues have spiraled so far out of control that its soothing for those of us who are in the trenches every day, to visualize a place where genuine care, justice, and functionality are a priority.

So we take a leap of faith and will put all we have to bring this vision to fruition.

All In,

Mental Health Assistants
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Authors of *The Solution: Mental Health Assistants* (2020)

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OVERVIEW

Witnessing a man in his mid-40's nude, on his knees and elbows, with his anus in the air facing the cell door, or a young man in his 20's sitting on the toilet frantically jamming his index finger in his anus until he severely injures himself, changes you forever. There is nothing that will deter us from attempting to push for change.

To live with and watch men who are struggling mentally, locked in solitude, decompensate, strengthens our belief that this is wrong. To be in the same pod with men who suffer severe psychotic episodes, bang, kick and scream, reinforces our conviction that things need to change. As Alisa Roth noted in the book, *Insane: American's Criminal Treatment of Mental Illness,* even the minds behind the country's first penitentiary believed people who committed crimes weren't bad people, but rather had been failed by various social institutions in the past: family, church, school, etc. However, at this same instance, the prison was organized around the belief that extreme solitude would aid prisoners' rehabilitation. The practice has since been used as a form of punishment in our jails and prisons. Its effect on our mentally ill inmates has been devastating as you can see from the examples above.

We were unable to uncover the reason behind the actions of these two men we've described due to their incoherent state, but we have to conclude it has a lot to do with childhood trauma of some form and the unrelenting solitude: caged in concrete and steel, all alone.

When Charles Dickens visited Philadelphia's Eastern State Penitentiary in 1842, he later wrote, "The system is rigid, strict and hopeless…and I believe it to be cruel and wrong…I hold this slow and daily tampering with the mysteries of the brain to be immeasurably worse than any torture of the body."

This was our very first penitentiary and there has not been any noticeable change since. Now is the time.

Living 24 hours a day, 365 days a year in a close quartered setting with the severely mentally disabled for three full years has given us access to information and behaviors that have motivated us to advocate for change. We "must" take action. The accounts we have recorded and the actions witnessed have us convinced that ordinary, age-old approaches to this novel and current epidemic (meth addiction and abuse) will only push us further into the abyss of recidivism and homelessness of

the mentally disabled. We have to respond with novel and far-reaching approaches. Our experience and belief gives us courage to recommend these unprecedented steps.

Until and unless one understands the impact meth has on our mentally impaired population, one might be challenged to accept our approach. Example: as we currently construct this plan for future treatment, we are incarcerated in the Los Angeles Twin Towers Correctional Facility and housed in two units each consisting of 22 to 24 mentally disabled men who are severely challenged by schizophrenia. We care for these men as Mental Health Assistants. We live in the unit with them twenty-four hours a day. No breaks. No days off. No vacations and no absences since we filled the position in 2017. We currently have a 27-year old patient who often cries aloud at night (9 p.m. to 10 p.m.). We rush to check on him, asking, "are you OK? What's wrong." His response: "I want a line!" A line (methamphetamine), meaning he wants a line to sniff. This blew us away. It wasn't – *I miss my family or my grandmother* -- but a line! Without tackling this underlying problem, we are not going to make meaningful progress because seven to eight out of every 10 who are shuffled through our program are meth abusers.

As we write this we just received word that one of our prior patients is awaiting transfer to our program. This is his fifth time here in the past three years. All instances have been meth-related. He arrives at about 140 pounds and after seven to eight months, he leaves at 200+. This is what drives us every day to create change.

We are deeply aware that effects of educational programs, substance abuse courses, group therapy etc. can be very beneficial. We are not opposed to them; they are a part of our approach because they are effective for some. However, our goal is rooted in a plan to create a replacement to meth; a community (permanent residence) where there is no access to meth. This community will restore value, deliver supreme life enjoyment, wellness, and entertainment. These are elements necessary to compete with the allure of meth.

The handling of mental illness and mass incarceration in this country has continued to be addressed with antiquated methods and ideas that ultimately perpetuates the status quo. This has placed us in neutral for the past 40 years and has now exploded into a systemic meltdown desperate for cutting-edge, alternative, and innovative approaches that push the envelope and move the needle in the direction of effective care and decarceration. This is precisely what New Life will do.

Design and function are vital to our concept. But our principles and beliefs are the foundation that our care and treatment rest on.

Points of Emphasis:

- Quality treatment, care and supportive accommodations *during the judicial process.* The importance of this cannot be overlooked.
- Focusing on care and support only. The primary concern is to make life is enjoyable. We are not trying to fix patients.
- Providing a chance for general inmates to serve as Mental Health Assistants, extending an opportunity for transformation and re-entry.
- A lifelong community of support; once family always family. This is not a "program" that expires and discharges.

We're all in! New Life Creating Community is a two-phase process. Phase One operates within the facility; Phase Two operates post-discharge. Once Phase One has run its course (judicial outcomes received, dispositions rendered), the inmate is transferred into the Phase Two community setting. These two phases also involve the Mental Health Assistants. If they follow specific requirements and approval is granted, the Mental Health Assistant can also be transferred to the Phase Two community settings. This will act as a permanent residence for both. Our goal is to have the patient and the MHA committed through the courts. For the patient, they receive:

- a treatment team who is familiar with them from the continuity of staff frequenting both establishments; (Phase One and Phase Two)
- family and acceptance as they are with lifelong community; and
- the supreme enjoyment, health and life fulfillment that Phase Two offers.

The Mental Health Assistant receives:

- An opportunity to apply themselves re-establishing their value while gaining valuable experience for potential employment;
- Resources and higher education opportunities;
- The ability to remove themselves out of a violent, self-destructive prison or jail;
- A unique, life enhancing experience in treating and caring for their mentally challenged counterparts and the potential to re-enter society.

This model is based upon using the Mental Health Assistant for inmate-to-inmate therapy in treatment of our mentally disabled patients. This dynamic is our most powerful approach. Their involvement is critical and serves four purposes:

a. Provides the patient with a peer care provider who they can relate with due to our similar status. This facilitates the establishment of trust that cannot be gained by no other. This trust gives the Mental Health Assistant access to information a patient will not reveal to authority or mental health personnel
b. Provides a 24-7 mentor for the patient.
c. Curbs cost; the MHA acts as a clinical social worker, therapist/group instructor, quasi-psychologist. Although the MHA lacks the "formal" credentials, they surpass all others in "direct experience."
d. Provides best care possible because the MHA is motivated to exert consistent effort and values the rewards that await the MHA in this role.

The purpose and importance of the Phase One plan is to provide the most serene, therapeutic and safe environment during the patients' court proceedings. In the normal course of events, this process is extremely taxing given the nature of the charges a patient may be facing and the uncertainty that lies ahead. The physical side of the ordeal is a strenuous one. The inmate is forced to awaken at 3 a.m. to be chained and shackled and dragged to court to sit in a filthy holding cell for hours all the while still shackled (the chains are not removed until the patient is returned to the cell they left at 3 a.m. that morning). This degrading and depressing environment only adds to the stress inherent in the Judicial process. often times resulting in extreme psychotic episodes or other forms of decompensation. The behavior resulting from a psychotic episode triggered by this environment works against the patient and affects his judicial outcome negatively. What typically happens is the patient is deemed unfit for court appearances, therefore prolonging the process and incarceration until the patient is stabilized. In some cases, the patient, unstable at the time, commits an act that results in a new offense and now begins to pile charges on top of charges.

For example, we had a patient here diagnosed with a mood disorder (extremely impulsive). One day he lost his cool, broke the glass on his cell door and this was used to label him "hostile." The information was relayed from Custody to Mental Health. As a result he was deemed incompetent to stand trial. He spent more than eight months in jail for his original offense of an open container in public.

Even worse, we currently have a patient here whose offense involved jumping over the counter at a Jack in the Box, grabbing a burger and fries and sitting down in the restaurant to eat. Obviously, he was arrested on the spot. Even more obvious, he needs help. He's been incarcerated for 10 months, all from new charges acquired in Twin Towers Correctional Facility due to his mental disorder, schizophrenia. This ensures further incarceration and maltreatment. It occurs too often.

Phase One of New Life is imperative at this juncture in a patient's judicial process. It will spur the patient on to early relief shaving off months and in some cases years of unnecessary incarceration, reserve judicial resources for more pertinent cases, and reduce tax dollars allocated every year to the medication and incarceration of the mentally disabled. Phase One also prepares patients for the Phase Two community setting through a curriculum that is required before transfer. This curriculum addresses societal responsibility and personal health, victim impact, restorative justice and more.

Phase One is critical for the Mental Health Assistant also. The Mental Health Assistant who, without the opportunity to play a key role in New Life, would remain in overcrowded, violent, self-defeating prisons or jails. The Mental Health Assistant (who is free of any mental disabilities) will aid mental health professionals in the treatment of the patient. Phase One will prepare the Mental Health Assistant for eventual transfer to our Phase Two community establishment to aid in the treatment of our patients while also positioning himself for potential re-entry. The Mental Health Assistant will undergo extensive training in treating the mentally disabled. He will also be required to participate in the victim impact and restorative justice process. The participation must be willing and desired by the Mental Health Assistant.

PRINCIPAL PARTICIPANTS

The primary target early on will be those who possess insight into their mental disabilities, have a desire to improve their condition, and are open to treatment and instruction. However, we understand the urgency of treatment for those who possess "zero" family, community or individual support. These individuals, bluntly put, are those who have nothing to do, nowhere to be and no one who cares. **These people are the true unserved**. Every step must be taken with the direct intention to rescue these individuals as soon as our resources and capacity permits. New Life will also provide the opportunity for model inmates, who have done all that is imaginable, given their environment, to transform, take responsibility, and make room for true accountability, to be trained as Mental health Assistants.

This unprecedented move will give the patients "new life" and the MHA a chance to expose their value, show their worth, convince courts, parole boards and society that they have taken steps toward genuine transformation worthy of a possible chance at freedom again.

New Life will expose the Mental Health Assistant to an environment that reveals true character in ways a prison setting cannot induce; introducing the Mental Health Assistant to unique challenges that come with treating the mentally impaired. These challenges are many, taxing, and require a genuine spirit of transformation to persist.

New Life Creating Community is not a program but a people who specialize in care for the mentally disabled while accessing the talent of the violent offender who has been discarded by mass incarceration but is willing to learn and serve.

WHO IS THE MENTAL HEALTH ASSISTANT?

The ideal candidates for a Mental Health Assistants are those inmates who are suffering from, enduring, and likely facing indeterminate prison sentences. Upon achieving the status of Mental Health Assistant, these inmates will have access to a myriad of resources and contacts aiding in probable future re-entry. The MHA-to-patient dynamic is the cornerstone of our treatment. We understand, through extensive experience, the benefits and value of the inmate (GP)/prisoner-to-patient treatment and its powerful effects. The relatability factor is indispensable in these secure settings, establishing an intimate trust that is inherent due to class and status. This is trust that no guard, mental health practioner or medical professional can attain. This unique dynamic also serves both individuals in a beneficial manner. The one who treats gains a life-long appreciation for mental illness and mental health; knowledge that inevitably will be called upon in one's lifetime. In return, the person treated gains a mentor, an example of transformation, and care provider who is invested and motivated to give the best treatment due to like positions and the possible reward; a likely opportunity for re-entry.

Currently there are no motivating incentives for an inmate deemed violent who has been dealt or is facing a long indeterminate sentence especially -- LWOPs (life without parole) -- to make any attempt toward transformation. Why should all treatment and assistance stop once a person is deemed a violent offender? In our opinion, *this is the point at which treatment should be emphasized*. Instead, the violent offender is stuffed in a tiny cell and virtually forgotten about, with a sense of

accomplishment: "we got rid of it," or "we took care of the problem." In reality, all that was done was a relocation which results in overcrowded, violent prisons and jails.

With that said, we agree that responsibility and accountability are mandatory when violence is carried out and harm is done. Facing consequences is not something we are attempting to escape. On the other end of the spectrum, we equally agree that it's important to provide resources and a remedy for meaningful rehabilitation and eventual restoration that should follow.

The response with laws and policies addressing violence in our society through our judicial system perpetuates violence. It does this by cramming it in institutions, bolting the doors shut, and ignoring it. On the other hand, policy makers and pseudo-reformers continue to advocate for non-violent offenders. The most confusing part is the blatant disconnect between the judicial system and the Department of Corrections (the prison system). Let's examine the DOC. What do they stand to represent? In CA we have the CA Department of Corrections and Rehabilitation. In other regions of the country, the labeling is similar: Department of Corrections, etc. If we take a deeper look, the labeling alone is misleading or false in some ways. The notion emphasized is "corrections" and rehabilitation. For whom are those terms meant to support? For instance, a young man in his early twenties is sentenced by the court to a term of life without parole for a violent offense. This assures him a permanent residence in prison for the remainder of his natural life. Here's where things become confusing. The young man will be sent to the Department of Corrections and Rehabilitation. For what? What is the reason for rehabilitation or correction? So he can remain in the most violent places in our country? He'll never be in society again. What then is the need for or the motivation to invest in him with regards to resources, and/or programs, training. Why? This is precisely the reason effective rehabilitation in prison is non-existent. It isn't worth the cost. It seems the accurate title should be D.O.P. for the Department of Punishment. There is no current specific clause or exemption that states that offenders labeled violent are excluded from the rehabilitation aspect of corrections. To treat everyone except the violent offender sends a grim message to those who have offended; **you are defective, damaged, no longer valuable, nothing can help you**. This, in our view, is how the prison experience promotes violence, insubordination, and rebellion and instills a "nothing to lose" mentality. Consequently, prison is among the most bloodiest places on our planet.

New Life originates in the minds of two "violent offenders" who would be elated to see change in this arena, but we know there is a long road ahead. In the interim, we want to step in and go where none has gone before and give men and women the opportunity for redemption and a chance to apply

themselves. We will do this through our Mental Health Assistant Program. We will afford resources, education, training, psychological assistance and ways to restructure old thinking patterns, offer positions that can create value and reveal character that is believed to be non-existent. Plain and simple, we know these individuals can be of great use. "Look at us." *We are* the "violent offender." What else are we doing with them? To do nothing is, in it most purest form, negligence.

PHASE ONE: CLOSED FACILITY

The New Life Phase One secured facility will have the design of a large modern office building four stories high with spacious slightly tinted tempered (for security) windows allowing for unlimited sunlight into the facility exposing every floor. There will be a large spacious grass field surrounding the facility with colorful plants outlining the field. There will be four stationary security booths in each corner of the field. The gating is your typical vertical bar gate that ordinary businesses use for safety and privacy. High enough to prevent climbing but sturdy enough to prevent prying horizontally. The gate will consist of bright friendly colors. The parking structure for staff and security will be underground under the facility. There will be a security booth at the gate entrance for staff cars to enter and exit similar to some privately gated communities. Only permitted staff and security personnel are allowed through this electronic gate controlled by the security booth that checks I.D. of all incoming and outgoing vehicles. The facility will sit like its own island in the center of this huge grass field. (Picture a pro-football field, possibly larger.) The field will have shade trees, a small pond with ducks, park benches under the shade trees, cement ping pong tables, a tennis court, basketball court, food canopies/structures for making hot food and drinks. This field will be used exclusively for visiting with family only.

The roof of the facility will function as the outside recreation area. It will have a small grass field for sports such as football or soccer. There will be a swimming pool, basketball court and small garden area. Water fountains, vending machines and phones with a restroom area will be available. The roof will be encased by a wall covered in murals painted by the patients.

The first floor will be the lobby/front desk and indoor visiting section. It will include the records and information department, offices of head of operations and security offices. This will also be our Internal Care Unit (ICU) acting as our intake unit. This is the receiving floor for new patients. This section will have a team consisting of two psychiatrists, two social workers, two medical doctors, and two psychologists who are present at all times in the ICU intake unit. There will be weekly visits by dentists, podiatrists, eye doctors, dermatologists and other specialists who will be contracted. This unit will hold a capacity of twenty patients who are housed in 12 x 15 foot rooms that will have built-in TV's, a phone, and a video visit screen (for family and attorney). It will have a sink and toilet and twin sized cushioned beds. These rooms are for patients in need of psychiatric, medical or initial evaluation after admission. The rooms can also be used in the case of temporary isolation due to psychotic episodes.

Isolation is terminated once a person recovers. All health and medical care personnel are present 24 hours for premium and immediate care. The floor will have a triage/medical area and offices for all appropriate personnel. This will be the only floor with locked rooms. This is the treatment hub of the facility. These rooms are also padded.

The second floor will be the housing unit where patients live. The living quarters will be an open cubical style setting in maze-type formation. There will be single-patient cubicles providing privacy consisting of a twin-size bed with a thick mattress and pillow[1]. The cubicle will have a stool and desk and a locker for personal property. The cubicles will be separated by opaque-cloudy type partitions. All angles of the living quarters are open to sunlight through the large windows surrounding the entire floor. The restroom and shower area are separate from the living quarters but closely adjacent and also designed for privacy with partitions separating restroom stalls and showers. The living quarters will also have TV's overhead from the ceiling. Patients are allowed an iPod or portable Walkman for personal music while in their living area.

This area will house 20 patients. There will be a full kitchen and dining area (think of a breakfast diner-style restaurant) where patients can sit around a bar-type setting and adjacent seating creating a closeness and community feel. There will also be a cafeteria-like serving area where patients can be served in line with buffet style design able to choose from a variety of foods. Breakfast, lunch and dinner is served here.[2]

This floor will also contain two classrooms and a small library. The two classrooms will serve patients in the following subject areas:

- court competency
- lifestyle habits
- victim impact and accountability insight course

[1] In the current jail facility, the mattresses are approximately a two-inch thick cushion wrapped in hard plastic that lays on hard steel. The bedding material currently provided – a thin mattress and no pillow – cause constant complaints and forms of discomfort for many of our patients. This minor discomfort has preceded, in the past, instances of decompensation

[2] The current county jail facility that houses the mentally ill serves a large number of inmates, therefore the meals are inadequate and scarce in nature. They are mostly processed and contain partially enriched food that undoubtedly misses the nutritional guidelines.

- fundamentals of law and societal responsibility (i.e., understanding legal procedure from arrest to conviction, overview of general laws and their repercussions, applying to vote, for SSI, ID, etc.)
- health courses (i.e., diseases, substance abuse and anger management)
- computer classes.

The fact that these classes will take place on the same floor is to facilitate program structure and organization. After breakfast patients will attend groups/classes. Then there will be a break for lunch and afterwards an opportunity to attend alternate classes, similar to how periods are arranged in school. After the final class periods, patients are taken to the third floor, where entertainment options are offered. The third floor has a bowling alley, a move theatre/room, arcade, a music room/studio (where all genres of music can be played) and vending machines. Our patients also have the option of going to the roof (fourth floor) or outside rec area that has a medium size field for football or soccer outlined with a rubber track for running or walking, a pool, a garden area, a small lounge area with TV's, music, canopy for shade and two exercise workout systems that allows for an array of different exercises.

CAPACITY AND SECURITY

New Life will commence with twenty patients. This calls for a roughly a 3:1 ratio of patient to security/staff. (Staff includes the Mental Health Assistants.) The primary reason for the possible presence of the L.A. County Sheriff is for the transportation to county courts. This may demand some form of partnership.

The Sheriff's Department is not directly involved in either the treatment of patients or the security of the facility. Instead, their role is to provide support, if needed to the contracted security that will provide security for the facility. The purpose and presence of this contracted security is to support the Mental Health teams *only in the event more assistance is required*. This particular security will not use weapons or tasers. They are specifically trained to de-escalate any hostile or uncontrolled situation using the least amount of force required.

The psychological reinforcement we want to instill here is treatment, not policing. We are aware of the potential request for the authority of the sheriff. However, we will not ask the department to step outside of its primary objective and purpose.

The locked facility setting will predominantly be secure in and of itself and not require excessive manpower. The facility sits on its own island, with a sophisticated security system and security stations occupied 24/7 outside the facility. Once inside the facility it is virtually impossible to exit as entry and exit to each floor is through security elevators only requiring facial recognition and a physical security booth present. So, for example, if a Mental Health Assistant wanted to leave the second floor (living quarters) to the first floor (lobby) he would need staff or security to access the elevator. This eliminates the need for over policing and requires a limited presence of security; and even those will be plain clothes. This is of most importance with respect to our residents in both Phase One and Phase Two, with Phase Two requiring far less security.

Historically, the experience and interaction with law enforcement has been, for the most part, negative and largely violent. The mere presence of law enforcement can be a trigger and even depressing, thus inducing decompensation. The omission is instrumental to health.

PHASE TWO COMMUNITY CAMPUS

Phase Two envisions a post-incarceration community. The campus will function and appear as a gated community with duplexes and complexes and dorm-style living with front lawns decorated with colorful flowers and mini-streets with street signs (reminders of our purpose, with streets named Decarceration Avenue, Freedom Way, Recovery Drive.)

There will be the pathways/walkways throughout the campus for access to various sections of the community that will include individual stations and departments throughout.

- A **medical clinic** will include all necessary health care equipment, technology and personnel to treat any health conditions that may arise.
- A **psychiatric unit** will be available for potential psychotic episodes and appropriate staff will be always available; psychiatrist, social workers, psychologist and Mental Health Assistants.
- An **education center** will be available offering college degrees, trades, certification, general education and vocational courses. The educational center will also be able to assist those who did not complete high school or those who have no education to begin with. The goal is to put residents on the path to eventual and ultimate success. The education center will also offer computer and tech courses, including important resources like tutors and special interest classes, culinary and music appreciation. There will also be access to contacts to further the unique educational goals. There will be extra concentration on legal courses educating our residents on all aspects of the legal systems, how to understand the law they live under, the do's and don't when approached by the police, how to advocate for themselves in court and essential fundamentals. We have come to understand how important this information is in guarding against recidivism.

There will also be courses to address the stigma of mental illness and to reinforce the importance of taking anti-psychotropic medication, which is a major factor in patients refusing medication and choosing illegal substances instead. These powerful stigmas are often applied by close friends and even family which makes them so impactful. We want to attack this early and often through our education curriculum. We will focus on financial and resume development also.

Other features of the Phase Two campus community will include:

- A full gym with instructors and trainers, guiding on everything from weightlifting to yoga, wrestling, boxing and martial arts.
- A track and field to run, walk and do grass-field sports.
- A park and picnic area for community gatherings and cook-outs
- A movie theatre
- Swimming pool
- Smoking area
- Library and meditation rooms
- Chapel

The community will function as a permanent residence for residents, not restricting their departure. But caution will be applied before residents choose to depart from the campus. If someone wants to leave, there will be a convening with all mental health personnel, including the resident, to thoroughly investigate and inquire into the reasoning for departure with the sole purpose of retaining the resident if it's determined the reason is insufficient or detrimental to health. The goal and vision of the community is to prevent any desire to depart. If departure is still desired after New Life attempts to retain the resident, he will be discharged with every resource and supportive contact available at the time. New Life will use this instance to learn from the departure and correct or adjust our methods and operations to possibly prevent a desire of this kind from recurring. We also admit that we cannot save everyone. This fact will not deter our efforts. However New Life deems a case as such as a failure with respect to our goals and objective. If on the other hand the resident is requesting departure with sufficient motivations and is well-equipped to succeed beyond the campus, this can be a successful outcome. New Life also will conduct a formal convening by all pertinent mental health, goal specialists, social workers and life coaches for a successful discharge with continued external support with

expectations of follow-ups and regular progress reports including an open door policy extended in the event a return is necessary.

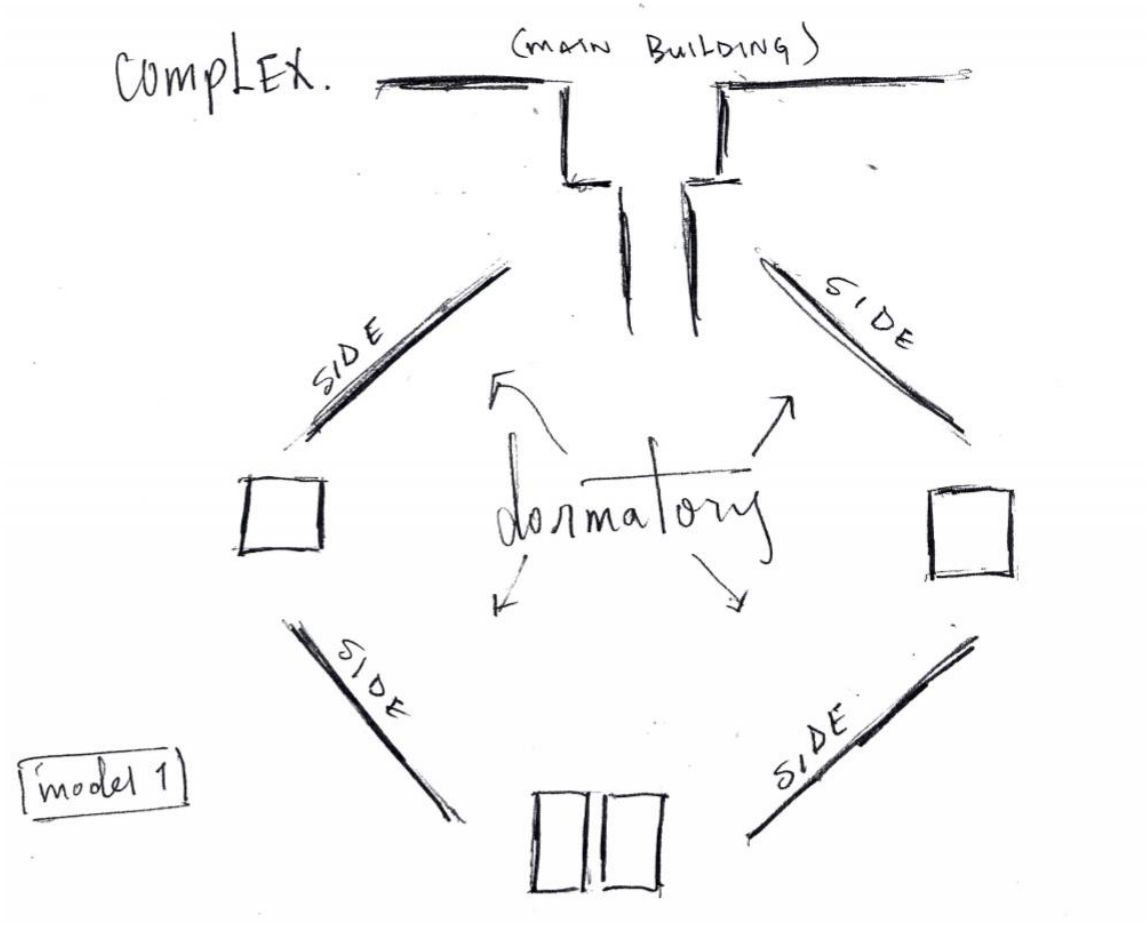
The design and grand vision of New Life is as such due to the powerful element that currently exists. (In other words: we are competing with the allure of meth addiction.) Methamphetamine and its addiction is a force that has wrecked our community and has baffled our criminal justice system in regards to mental health and the resulting disabilities, frustrating efforts to deliver proper treatment and protections. It has left us puzzled and frantically searching for solutions. New Life will fill the void created from meth addiction replacing it with ultimate entertainment and community acceptance. **If we're to attack and overcome this powerful epidemic that has a stranglehold on our most vulnerable population, it must be replaced with something just as attractive and powerful.** New Life has it!

The vision for the campus is to have several acres. The goal is to not only have space for now but also for the future. To grow. We expect to create a town-like campus thriving with entertainment, fellowship, activities, drug-free, with people of all kind (mental health specialists, patients, mental health assistants, graduates who return to contribute, etc.) benefiting from each other, in harmony. New Life will continue to expand, embracing the so-called damaged and bringing healing and a healthy lifestyle in the process.

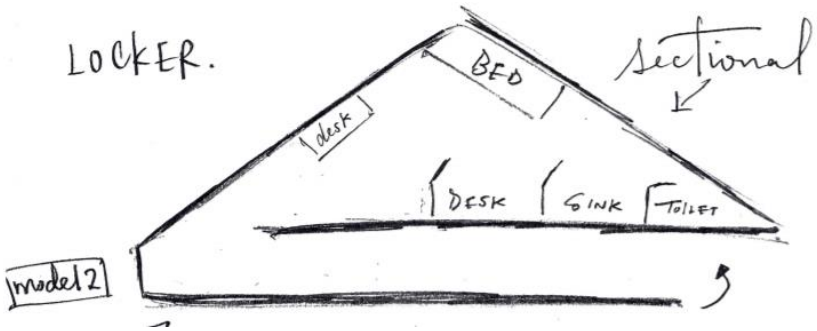
The New Life campus will be open to staff, volunteers, family, friends and those willing to contribute to patients. All others not approved are strictly prohibited. There will be cafeterias open 24/7, ponds, farms, gardens etc. open to all at any time except sleep hours (9 p.m. to 5 a.m.). Truly a new world bringing New Life.

Note: New Life also has an aspiration to create outside businesses that employ residents who desire to apply themselves in return for generating revenue for the community; eventually becoming a self-sufficient community.

New Life institutional campus dormitory-like complex.

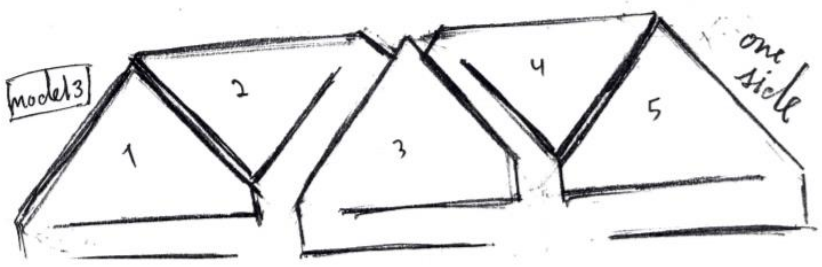


Sectionals of a dormitory will make up individual sleeping units – also includes personal toilet, sink, desk and locker.



The large walls create separation and privacy. There are no doors; just maze-structured rooms. Five of these rooms are grouped together to make a side, and each is quite big in size.

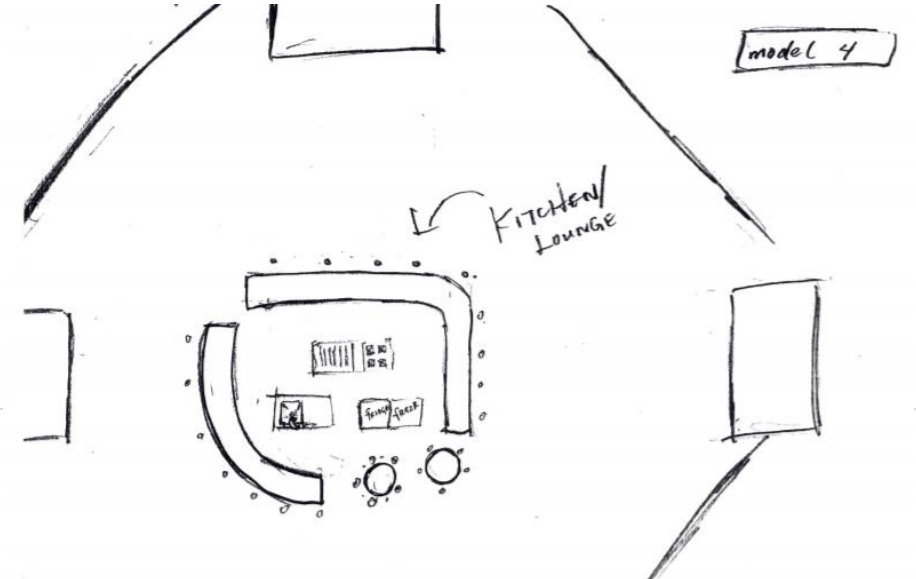
The openness and connection of rooms opening to the outdoor dorm-like setting creates community and closeness. Of course, rules can be put into place so that occupants' personal space and property will not be violated.



Each living section will be comprised of a total of five sectionals (View Model 3). This whole complex will consist of four grouped sectionals forming a diamond, totaling 20 sectionals. In two corners (across from each other) there will be single sectionals for Mental Health Assistants and in another corner, opposing main building (View Model 1) will be sectionals grouped together for the housing of two more MHA's creating a total of 24 rooms and a main building for all mental health personnel.

Centered from all the sleeping sections will be an open kitchen (stove/grill, refrigerator, freezer, cabinets, cookware, food) and a lounge that wraps around. (See Model 4)

Food preparation is led by Mental Health Assistants and also assisted by eligible residents. . Dining areas are open, encouraging the residents to eat together, creating a healthy social life (a remedy in and of itself). Diet is vital to optimal health and sleep. Meals will be specifically prepared to meet a nutritional balance, limiting fatty and processed food. Foods that are currently issued at jails contributes to diabetes and excessive weight gain. At New Life, three meals are hand cooked each day, also complemented with three healthy snacks each day filled with nutrients, vitamins, carbs and proteins.

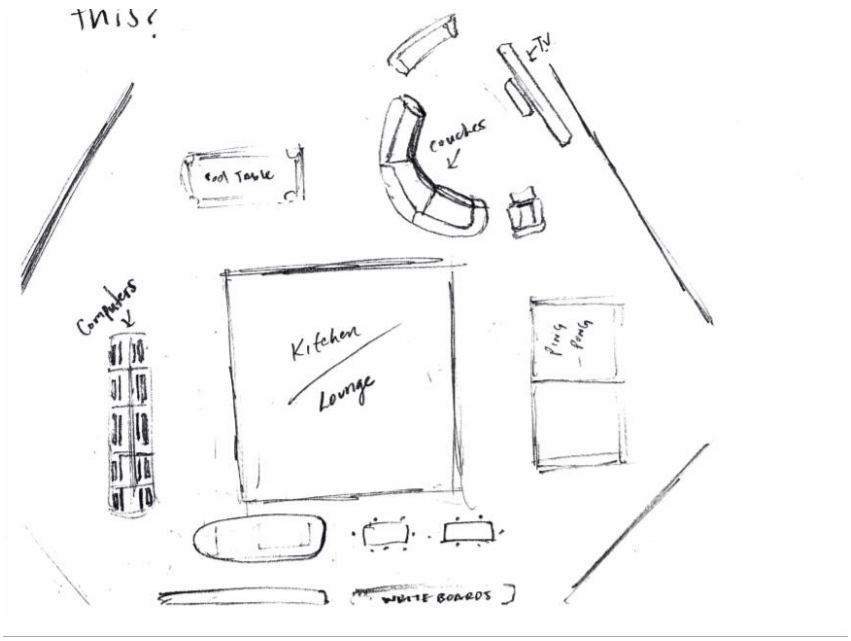


The kitchen/lounge setting will be patio-like with a huge canopy covering, protecting against the outdoor weather

regardless of the weather conditions. It will be set up so that the area can be fire-heated on cold days and include good drainage for rainy days. The goal is to be able to experience the seasons: winter through fall, enjoying the structure.

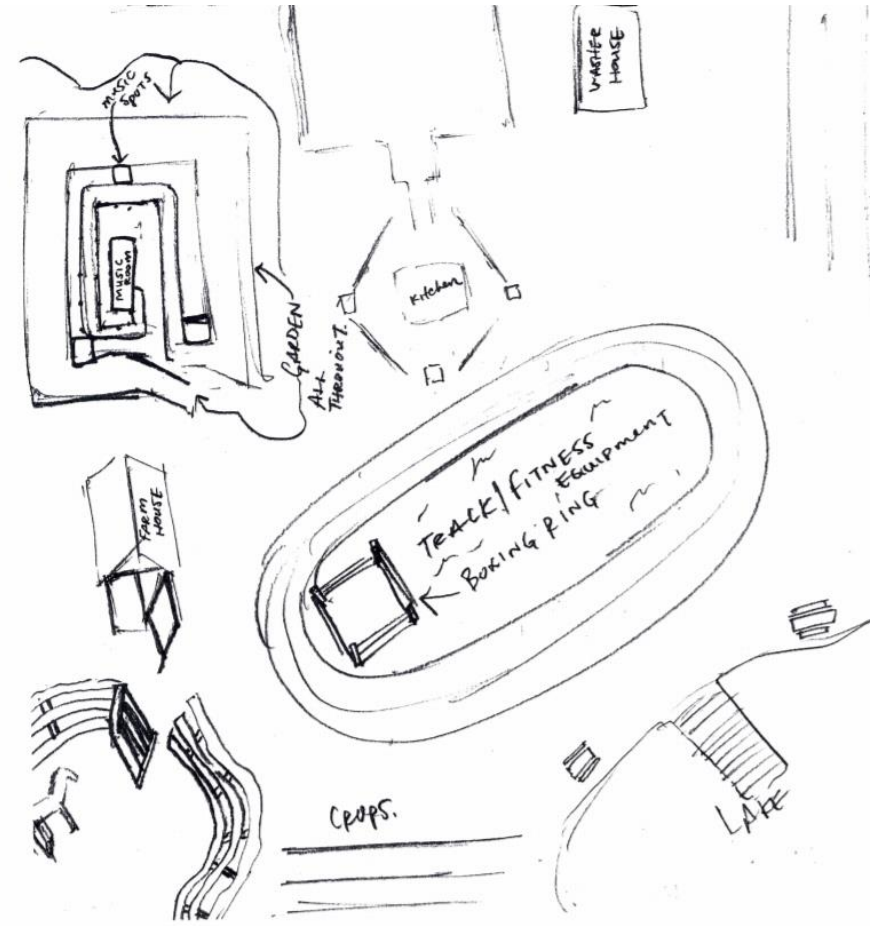
Sharing the space with the kitchen (surrounding kitchen/lounge area) will be TV stations (e.g., multiple TV's and speakers hanging from canopy coverings), couches, recreational games (ping-pong, pool tables, board games, and educational resources (white boards, computers, etc). A variety of accessible activities encourages trust, freedom, responsibility, integration, fellowship and good behavior. [3]

Model 5



3

The current rehabilitation centers lack variety and any motivation to improve/grow. Populations are either isolated to the max or congested with inmates in one area usually creating an inflamed environment leading to hostility and violence which give a reason to further isolate and discipline.



All along the outside of the sleeping sectionals, various activities also take place.

- Tending to the farm, crops, garden
- Music room in the garden with instruments
- There are also "music spots" in the garden, small bedding, tables and radios
- Washing clothes
- Exercising (this open campus is equal to the size of a football stadium)

The design is created based upon the questions: *"what would make my life pleasant? What would encourage me to remain healthy? How can I create the same feeling that drugs cause?"*

We believe a set-up such as this will only encourage the residents to stay, to remain living well, to do what is required to become a part of this community.

We intend to create a more attractive environment; a more natural and serene environment, different from the usual program setting. These are the characteristics of the current setting:

- locked down,
- always inside (a sense of distrusting)
- no access to nature (sunlight, bugs or animals, trees, etc)
- recycled air
- either very isolated or very clustered
- dull colors along with nothing but concrete and steel
- loud noises (i.e., banging on doors, slamming doors and tray slots, and loud screaming)

A wall borders all activities and campus grounds and is connected to the main building. The wall will be implemented as a reminder of safety, not confinement. The wall represents a temporary boundary yet it will be colored and covered with art and nature as a reminder of a more therapeutic environment.

CAPACITY AND SECURITY

New Life is first and foremost a community. If we think about some of the more desirable communities in America, we can point out that the presence of law enforcement or any form of authority is miniscule. This has a lot to do with the location of the environment, but more to do with the residents, their needs, concerns and the accommodations that ensue. These communities are serene and welcoming because they are provided with needed resources and requested services in a timely fashion. Therefore, the demand for security, boundaries, confinement and authority is very low.

New Life is one of these communities. Residents are afforded every resource and service imaginable. In addition, patients will rise everyday essentially in their own theme park where dreams are fulfilled, aspirations achieved, goals realized, appetites fed, and love is available in abundance. The only need for security, in our view, is for the safety of our residents from surrounding populations.

These are the characteristics of security on the campus of New Life:

- Mural, flower-decorated wall restricting unwanted visitors
- Security camera system
- Unarmed security to prevent unlawful entry only
- Mental health teams specifically trained to de-escalate, properly restrain and isolate in the event of possible physical alternations.

We are recommending the following as a security detail.

- Eight guards per 8-hour shift
    - Three different shifts: AM, PM, Early Morning
    - 1 watching surveillance, outside walls
    - 2 Main Building
    - 3 outdoor fields
    - 2 inner quarters

- All security personnel are in civilian clothing with walkie-talkies only. They are trained in de-escalation and physical contact

All volunteers, mental health personnel, and MHA's are trained for de-escalating certain situations. Also, all members of New Life are hand picked for security purposes but all are encouraged to engage intimately with residents. Mental health personnel (Mental Health Assistants, social workers, group therapists, psychiatrists, volunteers) will have a specific set of patients (no more than five). This is strictly to ensure that our patients get all the care they need.

Mental Health Assistants will be considered as part of the staffing ratio. Although this person is a violent offender (may be sentenced to life or facing a serious charge) this individual will be chosen by specific standards:

- The awareness they possess concerning their charge or conviction,
- their willingness to come to restorative terms with victims of their crimes,
- their conduct and contributions while in Phase One, including completing all educational courses along with approval for transfer by all Phase One staff.

[See "Selection Process" on page ___.] This process will be an extensive one, but specifically for the benefit of the patients care and the assistance to the security working with New Life.

On New Life campus, any guards or staff are engaged with community, becoming a part of "the family," non intimidating and very sincere in care and encouragement. All people will be "hand-picked" – the population will be different. **We don't need people who must have a guideline or policy. We need people who can sympathize, have morals and use their heart and intuition.**

New Life Community will serve between 20 to 40 residents depending upon the speed at which patients are transferred from the closed facility. Capacity will not exceed 40 patients. However, as community resources and staff increases, so will capacity. Ultimately expected capacity is unlimited with unending expansion being the vision. We are the New World!

VALUE AND PURPOSE COMMUNITY CONTRIBUTION

The stigmas and treatment of the mentally ill can, over a period of time, begin to strip one of their self-worth, confidence, and sense of purpose. The negation of these qualities can alone cause further psychological deterioration.

New Life will develop, instill or revive those vital qualities that are imperative to every human regardless of their level of competence. Having a sense of purpose and understanding one's value can be therapeutic in and of itself and be a potential remedy to the very disturbances that patients try every day to alleviate or escape.

Patients will be assigned responsibilities within the Phase One closed facility and community that will build character establishing traits such as leadership, confidence, assertiveness and the "I CAN" or "I MATTER" attitude. This will prepare them for greater responsibilities in the Phase Two community.

In Phase Two, the residents will be included in the governing aspect of the community that directly affects the residents. For instance, they will have a voice regarding rules, policy or structure affecting living condition or facility and community operations. This democratic approach gives residents a level of mutual accountability that is expected of each other. This approach also alleviates the need for a grievance or complaint system.

Residents will also occupy work crew positions. These positions will facilitate community and facility operations, maintain and enhance the landscape of the community. These crew positions include, but are not limited to:

- library clerk assistant
- teacher/instructor aid
- landscaping and gardening crew chief
- patient community spokesperson (acting as a patient representative in democratic meetings)
- maintenance and cleaning crews
- kitchen assistants to cooks
- work positions in:
    - movie theatre

- arcade
- bowling alley
- music studio

SELECTION PROCESS

New Life has a far reaching goal and vision to treat all those in need. The first step toward this vision is to provide treatment to those who desire to apply themselves, lacking only that support needed to ascend. In the interim, New Life will be preparing and expanding to treat the exigent dilemma that has desensitized society and overcrowded the jails. The most important work; the mentally disabled homeless abandoned segment of the mentally impaired population. Understanding the challenge and expansion required, we begin with the acquiescent patient.

Guideline:

- Is patient willing to adhere to medication therapy?
- Does patient possess insight into the mental illness?
- Is patient willing to receive assistance (commit to community)?

Full agreement is necessary.

Additional considerations:

- Has patient been hospitalized before (history)?
- Current offense
- Does patient use illegal drugs? Do they desire to stop?
- Does patient have family support?
- Is Conservatorship needed?

Mental Health Assistants must be included in this evaluation process of potential participants prior to acceptance to ensure a genuine desire for quality health is present [in the candidate].

The Mental Health Assistant

Our inmate Mental Health Assistant will undergo a stringent evaluation process prior to placement. These inmates must also be evaluated and approved by fellow Mental Health Assistants to ensure genuine transformation is present.

Guidelines:

- The potential Mental Health Assistant must be currently enrolled in, or participating in prison educational or rehabilitation programs that exist in their current facility.
- The candidate must possess full insight and responsibility for harm done and be willing to participate in a reconciliation/restorative justice project if presented.
- Disciplinary history must be tolerable. Given the nature of the prison environment and conditions, an exception history is not mandatory, however, preferred.

Additional considerations:

- Those inmates who gain preference are those who have used their time wisely obtaining degrees, certifications, or trades.
- They must possess a genuine desire for transformation
- They must express considerable interest to treat and assist the mentally impaired

TRAINING AND EDUCATION

Training and education will be required for all participants; patients, staff, custody and Mental Health Assistants. Patients and Mental Health Assistants will undergo most of the required training and education while awaiting transfer to the outside community. New Life focuses on training and education that's more applicable to the present circumstances while also keeping preparation at the forefront.

Training and education will include, but is not limited to:

- Court awareness and competency (a general understanding of how the U.S. legal system operates. Literally and figuratively.)
- Societal responsibility and personal health (one's responsibility as a member of society)
- Respecting the rights of fellow members; not to harm, steal or disrespect
- Acquiring ID, voting, SSI, etc.
- Sex education and infectious disease prevention
- Substance abuse and anger management
- Victim impact and restorative justice

These courses must be completed prior to transfer to a community setting by both patients and MHA's. These courses will also be offered at the community establishment and administered by the Mental Health Assistant. The Mental Health Assistant will also undergo specific training for the treatment of the mentally impaired. The MHA must be well versed in all courses and training due to their vital role in not only conducting courses for the patients but also training future Mental Health Assistants.

New LIfe will provide a litany of vocational, educational and trade courses meeting the desires and aspirations of all. Most will be implemented by survey from the very participants we treat.

COMMUNICATION

Visiting is strongly encouraged. At our Phase One facility, families will be permitted to visit (contact) which will be the first in a closed county facility for offenders awaiting judicial outcomes.

All county facilities in this state that house inmates who are awaiting the disposition of criminal charges do not allow contact visits with family or legal representatives. The non-contact visiting behind a glass that is allowed lasts no longer than thirty-minutes, regardless of the distance the family must travel to visit. The rationale that supports these restrictions is that these limitations are in place for the safety and security of the facility (i.e., drugs, weapons, communications devices, etc.) from entering the institution. These security measures are in place to also prohibit communication from inmates to visitors that cannot be closely monitored. These monitored conversations and visits are, in a lot of cases, the evidence used in a court of law to secure convictions. **These restrictions and intrusions are placed above the importance of communication and contact with supporters who are vital to those experiencing trauma, distress or a life-changing event.** These limitations also contradict a known clause of the Constitution that we're all familiar with, "innocent until proven guilty," whereas most inmates in county facilities are pre-trial detainees. Pre-trial detainees are inmates who have not been convicted of any crime who, by law, are supposed to be afforded more rights and protections than those who have been convicted. Convicted prisoners are allowed visitors.

These restrictions are not necessary for the mentally ill who are in most cases forthcoming for the reasoning behind their acts and subsequent incarceration. This usually leads to treatment in a rehab program or state hospital. This removes the need for constant monitoring of conversations and covert investigations. The mentally disabled have been swept up in this vast system that was designed to spy, investigate, punish and violate.

New Life understands the ramifications of these restrictions and their impact on the mentally impaired. **We witness the mental breakdowns, temper tantrums, psychotic episodes, severe depression and intense feelings of loneliness and separation resulting from these restrictions and impediments.** Take, for example, the expensive phone call fees essentially cutting ties between patients and families who are in no financial position to pay these high fees. The visiting is non-contact (behind a glass) for 30 minutes – visits that cause families to use a risk vs. reward analysis when deciding to visit. The reward is obviously to see their loved one. The risk, however, is the amount of money spent on gas, train, or bus to travel for a 30-minute non-contact visit, or to miss a day's work which can literally take

food off the table or even worse, a roof from over their head. When it is all weighed out, the end result is thousands of mentally ill patients left to languish in a stuffy cell with a feeling of "no one cares."

These types of decisions involving living conditions for families should not have to be made when it involves the support of a loved one. Unfortunately, this is a reality. Additionally, there are issues related to the policies governing the mail, and the stringent rules that slow down the delivery and can prevent correspondence entirely.

It is important to understand how critical the support and communication from families and friends are during this particular period of the judicial process where, in some cases, patients are facing charges that can potentially subject them to long periods of incarceration. New Life will remove all barriers to communication and support. We know the impact these support networks can have regarding the incidence of psychotic episodes, maintaining medication adherence and re-establishing a feeling of connectedness. This access to outside communication benefits the patient and facilitates the acclimation to a change in life that can, in and of itself, trigger decompensation.

At our Phase One facility, families are encouraged to visit also. Video visiting is available throughout the community. Families are allowed to attend graduations, special achievement and events such as family day where community staff meets the family intimately. What better way to treat someone by knowing and having a sense of accountability to their loved ones? New Life feels it is important to establish lasting relationships with families also. New Life will also allow volunteers, chaplains and other support services connecting patients with the outside.

Our community Intimate Partner Relationships (IPR) conjugal accommodations will be arranged for patients who are suitable and who met a level of advancement in the community:

(1) Medication adherence
(2) Contribution to community
(3) Cooperation

These relationships are important to growth, culture, and self-esteem but not immediately necessary. These accommodations are reserved for those patients who are capable of maintaining a safe and responsible relationship. The patients who are eligible for these accommodations are patients who meet the criteria for possible eventual departure.

EVALUATION AND OUTCOMES

The outcomes that are of most importance and demand considerable scrutiny are:

Phase One Closed Facility:

- Instances of use of force or lack thereof by staff and custody
- Psychiatric medication adherence
- Incidence of psychotic episodes requiring psychiatric treatment or lack thereof
- The effect of fraternization (which is strongly urged). Current facilities severely discipline staff for fraternization fearing possible manipulation by inmates which, in our belief, creates separation and a disconnect between staff and patients making therapy and treatment impossible. This creates an environment founded on punishment and authoritativeness. We promote the creating of relationships between patients and staff and look to see positive results.
- Acts of insurgency by patients and/or acts of violence toward staff and inmates.
- Commitment to Phase Two community establishment
- Successful integration of MHA's and their individual success and progress including complete reconciliation

Phase Two Community Establishment

- AWOL or any occurrence of attempts to AWOL
- Request to depart from community
- Psychiatric medication adherence
- Incidence of psychotic episodes requiring psychiatric treatment or lack thereof
- Ultimate relief for MHA's and eventual re-entry

IMPORTANCE AND NECESSITY

We are all familiar with this quote: Insanity is doing the same thing over and over again and expecting different results. Our current state concerning mental illness and mass incarceration is just that: insane! The effects, however, of this insanity is exclusive to a particular demographic and class and status; the poor and incarcerated populations.

As Mental Health Assistants in the Los Angeles County Twin Towers facility, embedded in the nucleus of this current crisis, we have experienced first-hand the shortfalls and failed attempts in treating the mentally impaired. Our current setting is a microcosm of what has taken hold in our communities throughout the state; severe psychosis, drug induced psychosis, chronic meth addition, homelessness and an authority that possesses a predisposition to treat these states and behaviors as criminal rather than a cry for help.

With this in-depth knowledge and up-close exposure, we are certain in what is not working, but confident in what will work in our quest for proper care, decarceration, and the re-establishment of health and safety in our communities.

Now is the time and place for a new direction; an approach that's genuine and confronts the source of our difficulties without the fear of failure, criticism or political backlash. We're fully aware that these steps must be taken to stop the current abuse and mass warehousing. The risk blatantly outweighs any pushback that's expected. It is as close to mandatory as it is to the eruption of the ticking time bomb we've inadvertently constructed by the hands of self-interest, bigotry, and the profiteers.

Complicated? No. Simple, but requires some tough work? Yes. New Life is all in. Two root causes New Life is built to attack: meth addiction and displacing unfit treatment and housing facilities. This will place us on the path to recovery. New Life will create a replacement for meth cravings and relocate those who demand treatment and desire transformation into a setting that is equipped and staffed to carry out these objectives. These are the two most exigent causes of our symptoms. And we will cure them. Join us!