

The Reformatorium

A Non-Profit Single-Stream Model to Replace Prisons, Jails, and Mental Hospitals

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Executive Summary

Citizens For Mental Health Reform proposes a non-profit single-stream facility—the Reformatorium—that combines the functions of mental hospitals, prisons, and jails under one rehabilitative model. The goal is to remove people from society when necessary, then either teach them how to live successfully in it again or provide comfortable long-term care, without the added trauma, gang dynamics, and family financial extraction that define the current system.

Super Intelligence (SI) operating at the kernel level on staff body cameras converts video to privacy-preserving wireframes with facial stills, voiceprints, and automatic transcription. Human teams and SI review the full record together. Facilities run as semi-closed-loop environments: technology is available, public internet is restricted by default, and outbound content is SI-reviewed. The model is designed for nationwide replication and, where needed, federal enforcement under the Eighth Amendment.

The Current System

Existing correctional environments compound the original harm. People with mental-health conditions or trauma histories are placed in settings that foster further injury, gang hierarchies, and high commissary and video-call prices that function as a tax on families. Charting depends on fallible human memory. Capital punishment remains in use in most murder cases and many others.

- Jail and prison conditions create additional trauma that blocks recovery
- Gang activity becomes a dominant social structure
- Families pay high rates for video calls and basic commissary items
- Incomplete or inaccurate charting leads to adverse actions
- Punitive philosophy, including capital punishment in most cases

Figure 1. The Old Way: Trauma, Gangs, and Extortion



The Reformatorium Model

The Reformatorium removes the correctional overlay. Its primary purpose is removal from society when required, followed by rehabilitation or dignified long-term care. Crime is treated as an inability to cope with societal rules—a condition that can be addressed. People do well if they can.

- Non-profit operation eliminates profit motives from confinement and care
- Trauma-informed treatment focused on healing and ending gang dynamics
- Federal codification of proven state reforms (Florida HB 1297, 2023)
- Capital punishment reserved for only the most extreme cases; most murder cases excluded
- Designed for nationwide replication; DOJ enforcement available under the Eighth Amendment where facilities violate constitutional standards



Technology: SI at the Kernel Level

Staff body cameras feed video that SI converts in real time to wireframe bodies with still facial images, voiceprints, and automatic transcription. This gives clinicians and SI a continuous, objective record and reduces errors from incomplete charting. Decisions are made by a human team working with SI, which can review the full picture.

Facilities operate as semi-closed loops. Care receivers have technology but not default public internet access. Individualized exceptions (email or limited social media) are possible. All outbound content passes through an SI review layer that blocks threats while preserving a balance between comfort and safety.



Path Forward

The Reformatorium is intended as a replicable model that can replace existing federal and state prisons, jails, and mental hospitals. Where adoption is insufficient, the Department of Justice can pursue closure of facilities whose disciplinary environments violate the Eighth Amendment. The objective is a substantial reduction in human suffering through a systems-level change.

“A stake in tomorrow can turn despair into purpose.”



Conclusion

Citizens For Mental Health Reform offers the Reformatorium as a practical alternative: non-profit, trauma-informed, technology-supported, and focused on healing and reintegration rather than additional punishment. We invite collaboration on pilots and expansion.

Respectfully,

Citizens For Mental Health Reform

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