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11 **UNITED STATES DISTRICT COURT**
 12 **EASTERN DISTRICT OF CALIFORNIA**
 13 **AND THE NORTHERN DISTRICT OF CALIFORNIA**
 14 **UNITED STATES DISTRICT COURT COMPOSED OF THREE JUDGES**
 15 **PURSUANT TO SECTION 2284, TITLE 28 UNITED STATES CODE**

17 RALPH COLEMAN, et al.,
 18 Plaintiffs,
 19 v.
 20 GAVIN NEWSOM, et al.,
 21 Defendants.

CASE NO. 2:90-cv-00520 KJM DAD P
THREE-JUDGE COURT

22 MARCIANO PLATA, et al.,
 23 Plaintiffs,
 24 v.
 25 GAVIN NEWSOM, et al.,
 26 Defendants.

CASE NO. C01-1351 JST
THREE-JUDGE COURT
**MICHAEL GOLDING DECLARATION
 SUPPORTING OF DEFENDANTS'
 OPPOSITION TO PLAINTIFFS'
 EMERGENCY MOTION TO MODIFY
 POPULATION REDUCTION ORDER**

1 I, Michael Golding, declare:

2 1. I am the Chief Psychiatrist for California Department of Corrections and
3 Rehabilitation's (CDCR) Statewide Mental Health Program Headquarters. I have held this
4 position since 2017. I am competent to testify to the matters set forth in this declaration and if
5 called upon to do so, I would and could so testify. I submit this declaration to support
6 Defendants' opposition to Plaintiffs' emergency motion to modify the population reduction order.

7 2. Consistent with the COVID-19 Mental Health Delivery Care Guidance Memorandum
8 (COVID-19 Mental Health Plan), CDCR is providing patients in the Mental Health Services
9 Delivery System (MHSDS) with mental health services and plans to continue to do so during the
10 COVID-19 pandemic.

11 3. Under the COVID-19 Mental Health Plan, MHSDS patients will continue to receive
12 mental health treatment, including Correctional Clinical Case Management System, Enhanced
13 Outpatient Program, Mental Health Crisis Bed, Acute Psychiatric Program, and Intermediate Care
14 Facility. Mental health treatment and services will also continue for the MHSDS patients in
15 segregated housing units.

16 4. While some of the group treatment and other mental health treatment and services may
17 be scaled back or stopped altogether as part of the COVID-19 Mental Health Plan, the Statewide
18 Mental Health Program will continue to provide individual clinical appointments, emergency
19 mental health treatment, and Interdisciplinary Treatment Team meetings as permitted based on
20 staffing or other health concerns. The mental health programs at individual institutions are also
21 taking many of the following steps to ensure that MHSDS patients are followed by their clinicians
22 and receive urgent or emergent mental health treatment. I have received information that:

- 23 a. Urgent and emergent consultation still are occurring at institutions;
- 24 b. In some institutions, charts are reviewed both at home and at the institution;
- 25 helping the onsite clinician make assessments of clinical issues, including
- 26 suicidality;
- 27 c. Although groups have been suspended in many institutions, at several institutions,
- 28 recreation therapists have been redirected to develop in cell activity;

- 1 d. At certain institutions, for example in EOP max custody and in mainline EOP
- 2 units, recreation therapists are checking on patients regularly at the cell side;
- 3 e. At certain institutions, weekend rotation schedules are occurring; and
- 4 f. Psychiatrists, psychologists, and other clinicians continue to see patients utilizing
- 5 individual appointments and rounding.

6 5. In addition to continuing the provision of mental health services for the MHSDS
7 patients, CDCR is continuing to apply suicide prevention measures to the entire inmate
8 population and is employing the following actions to safeguard inmates from risk of suicide:

- 9 a. Suicide risk assessments continue to be done;
- 10 b. Patients continue to be seen by clinicians and treated for their suicidality; and
- 11 c. Increased observations of those at risk for suicide continues to occur.

12 6. In a population, risk of death from transmitting COVID-19 disease in a pandemic is
13 far higher in most situations than increased risk of death from psychiatric morbidity due to that
14 pandemic, particularly since COVID-19 risk is transmissible between staff and patients due to
15 patient movement, but suicidal risk is not transmissible between patients based on patient
16 movement. There are limited resources to deal with the effects of the pandemic, including
17 shortages of masks, gloves, gowns, and faceshields, which endangers staff and patients. Thus
18 overall psychiatric and medical morbidity in a psychiatric population can best be ameliorated by
19 focused efforts on decreasing risks from COVID-19, which is best accomplished by minimizing
20 movement of patients, while focusing mental health efforts on increasing levels of care and
21 amount of care for patients at the institution in which they already reside. Patient movement,
22 including patient movement of asymptomatic patients who will later develop COVID-19 is a
23 significant risk to the overall mental health population, especially when it is possible to increase
24 mental health care for the patients at the institutions in which they already reside. CDCR can still
25 address inmates' mental health needs, as it has a plethora of individuals prepared to help in a
26 psychiatric emergency through one-on-one rounding, mental health consultations, and provision
27 of therapy by ancillary staff.

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7. I declare under penalty of perjury that the information in this declaration is true and correct to the best of my knowledge. Executed on this 31st day of Mach 2020 in Elk Grove, California.

/s/ MICHAEL GOLDING
MICHAEL GOLDING, M.D.
(Original signature retained by counsel)