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8	UNITED STAT	'ES DISTRICT COURT
9	FOR THE EASTERN DISTRICT OF CALIFORNIA	
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11	WILLIAM D. FARLEY,	No. 2:13-cv-1751 WBS KJN P
12	Plaintiff,	
13	V.	FINDINGS AND RECOMMENDATIONS
14	T. VIRGA, et al.,	
15	Defendants.	
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17	Plaintiff is a state prisoner, proceedin	g without counsel, with a civil rights action pursuant
18	to 42 U.S.C. § 1983. Pending before the cou	rt is plaintiff's motion for injunctive relief filed June
19	10, 2014. (ECF No. 56.) For the following r	reasons, the undersigned recommends that plaintiff's
20	motion be denied.	
21	Background	
22	This action is proceeding on the amer	nded complaint filed November 13, 2013, as to
23	defendants Virga, Meier, Stewart, Scogin, Go	onzales, Higgins, Delony, Hamkar and May. (ECF
24	No. 11.) All defendants are located at Califo	rnia State Prison-Sacramento ("CSP-Sac"). At the
25	time plaintiff filed his June 10, 2014 motion	for injunctive relief, plaintiff was housed at
26	California State Prison-Corcoran ("Corcoran"	"). (ECF No. 56.) In the motion for injunctive
27	relief, plaintiff alleged that he was not receiv	ing adequate medical and mental health treatment at
28	Corcoran. (<u>Id.</u>)	
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1	On July 21, 2014, the undersigned recommended that plaintiff's June 10, 2014 motion for
2	injunctive relief be denied. (ECF No. 65.) The undersigned found that plaintiff sought injunctive
3	relief against individuals not named in this action, i.e., prison officials at Corcoran. (Id.) Because
4	the court is unable to issue an order against individuals who are not parties to a suit pending
5	before it, the undersigned recommended that plaintiff's motion for injunctive relief be denied.
6	(Id.) See Zenith Radio Corp. v. Hazeltine Research, Inc., 395 U.S. 100, 112 (1969).
7	On September 23, 2014, the Honorable William B. Shubb remanded this matter for further
8	consideration. (ECF No. 76.) In his order, Judge Shubb stated,
9	Plaintiff names ten defendants in this case: T. Virga, Warden at
10	CSP-Sac, and Drs. Hamkar and Curren. (See Pl.'s Am. Compl. at 2.) In his objections to the F&Rs, plaintiff points out that Drs.
11	Hamkar and Curren are employed by the C.D.C.R. (See Pl.'s Objections at 2.) While service of process was directed to these
12	defendants at CSP-Sac, (see Docket No. 44), it is not clear whether these doctors work solely at CSP-Sac or provide services at
13	multiple prisons. Nor is it clear whether these doctors have the authority to deliver mental and medical care to plaintiff at CSP-
14	Corcoran. Defendants' location does not conclusively indicate the scope of their authority. Without further investigation into this matter, the court cannot conclude that an injunction against Dr.
15	Hamkar and Dr. Curren could not provide the plaintiff with relief.
16	(ECF No. 76 at 3.)
17	Judge Shubb remanded this matter to the undersigned for further consideration of whether
18	an injunction directed to any of the named defendants could provide the plaintiff with the relief he
19	requests. (<u>Id.</u> at 3-4.)
20	On October 15, 2014, the undersigned issued an order directing further briefing in
21	accordance with Judge Shubb's order. (ECF No. 77.) In this order, the undersigned observed
22	that since the undersigned issued the findings and recommendations, plaintiff was transferred to
23	the California Medical Facility ("CMF"). (ECF No. 73.) Based on this changed circumstance,
24	plaintiff's motion for injunctive relief concerning conditions at Corcoran is moot. (ECF No. 77.)
25	However, in accordance with Judge Shubb's order, the undersigned directed defendants to file
26	briefing addressing whether any defendant was able to deliver medical and/or mental health care
27	to plaintiff at any prison other than CSP-Sac. (Id.) In an abundance of caution, the undersigned
28	also directed Supervising Deputy Attorney General Monica Anderson to file a status report 2

1	addressing the status of plaintiff's mental health and mental health treatment at CMF. (Id.)
2	On October 29, 2014, defendants filed a response addressing all of the issues raised in the
3	October 15, 2014 order. (ECF No. 80.) Defendants observe that plaintiff's first amended
4	complaint names two health care providers, Dr. Hamkar and Dr. Curren. (Id. at 2.) None of the
5	other defendants provide medical or mental health care to inmates, so defendants Hamkar and
6	Curren are the only defendants who could potentially deliver medical or mental health care to
7	plaintiff. (<u>Id.</u>)
8	Defendant Hamkar is employed at the California Institution for Men. (ECF No. 80-1 at
9	1.) Defendant Curren remains employed at CSP-Sac. (ECF No. 80-2 at 1.) Their privileges do
10	not extend to other institutions, so they are not authorized to treat patients at CMF, where plaintiff
11	is now housed. (ECF Nos. 80-1 at 1, 80-2 at 1.)
12	With regard to the status of plaintiff's mental health treatment at CMF, defendants
13	submitted the declaration of Dr. Sutherland, a staff psychiatrist at CMF. (ECF No. 80-3.) Dr.
14	Sutherland is one of plaintiff's treating psychiatrists. (Id. at 1.) Dr. Sutherland states,
15	2. Mr. Farley is currently being treated by the Department of State
16	Hospitals in the Acute Psychiatric Program ("APP") located at CMF. This is the highest acuity psychiatric program available
17	within the California Department of Corrections and Rehabilitation ("CDCR") prison system. Mr. Farley has been housed in the APP
18	since approximately September 17, 2014.
19	3. The APP operates under CMF's General Acute Care License. The APP consists of licensed inpatient psychiatric program beds,
20	with seven units and three yards. The APP is guided by the biopsychosocial rehabilitation model. This model recognizes the
21	interrelationship of factors that contribute to mental illness, including brain impairment, inter-psychic abnormalities, and
22	environmental, situational, and social factors. This treatment approach is designed to address each of these three areas, through
23	pharmacotherapy, group and individual therapy, and the program's structure and milieu. The theoretical framework of non-medical
24	treatment is cognitive behavioral. Sufficient flexibility is maintained in order to accommodate a wide range of special needs
25	and functioning levels. Implementation of the clinical program is accomplished through an interdisciplinary treatment planning and
26	decision making structure. The professional disciplines of Psychiatry, Psychiatric Social Work, Psychology, Nursing,
27	Dietetics, and Rehabilitative Therapy constitute a multidisciplinary approach to patient evaluation and treatment. An integral and
28	ongoing program evaluation system is maintained in order to provide an accurate and continuing description of the patient
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1	population, as well as to measure treatment efficacy.	
2	4. Mr. Farley variously self-reports diagnoses of mood disorder,	
2	bipolar disorder, impulse control disorder, psychotic disorder, polysubstance dependence, antisocial disorder, posttraumatic stress	
4	disorder, and acute deficit hyperactivity disorder. However, there have been many inconsistencies in his stories regarding his alleged	
5	diagnoses, and each story has a manipulative or self-serving quality so it seems likely that, other than malingering and polysubstance	
6	abuse, Mr. Farley's symptoms appear attributable to his Axis II personality disorders or possibly posttraumatic stress disorder.	
7	However, Mr. Farley frequently changes his reported symptoms in a misguided attempt to manipulate his housing placement.	
8	5. As of October 17, 2014, Mr. Farley reported his mood as "0"	
9	with 0 being good and 10 being bad. Mr. Farley has not expressed any suicidal ideations or engaged in any self-injurious behaviors	
10	since his admission to the APP. Mr. Farley is presently compliant with medication and treatment, and, for the most part, has been	
11	regularly attending his scheduled programs and appointments. Mr. Farley did refuse to attend his Interdisciplinary Treatment Team	
12	meeting on October 20, 2014, but attended the following day. During that meeting, he minimized his own behavior and blamed others for his actions.	
13	6. As recently as October 27, 2014, the Interdisciplinary Treatment	
14	Team made the medical determination to discharge Farley to an Enhanced Outpatient ("EOP") level of care. Farley was unhappy	
15	with this determination and stated that "he would probably be suicidal" if he was downgraded to EOP status and his housing	
16	changed accordingly. Mr. Farley's suicidal ideations are situational and directed only be his desire to be [sic] manipulate his housing	
17	assignment.	
18	(<u>Id.</u> at 1-3.)	
19	Analysis	
20	As noted above, plaintiff's pending motion seeks injunctive relief regarding conditions at	
21	Corcoran. Plaintiff has since been transferred to CMF. When an inmate seeks injunctive or	
22	declaratory relief concerning the prison where he is incarcerated, his claims for such relief	
23	become moot when he is no longer subjected to those conditions. See Weinstein v. Bradford, 423	
24	U.S. 147, 149 (1975); <u>Dilley v. Gunn</u> , 64 F.3d 1365, 1368-69 (9th Cir. 1995). On this ground,	
25	plaintiff's motion for injunctive relief should be denied.	
26	Accordingly, IT IS HEREBY RECOMMENDED that plaintiff's June 10, 2014 motion for	
27	injunctive relief (ECF No. 56) be denied.	
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1	These findings and recommendations are submitted to the United States District Judge
2	assigned to the case, pursuant to the provisions of 28 U.S.C. § 636(b)(l). Within fourteen days
3	after being served with these findings and recommendations, any party may file written
4	objections with the court and serve a copy on all parties. Such a document should be captioned
5	"Objections to Magistrate Judge's Findings and Recommendations." Any response to the
6	objections shall be filed and served within fourteen days after service of the objections. The
7	parties are advised that failure to file objections within the specified time may waive the right to
8	appeal the District Court's order. Martinez v. Ylst, 951 F.2d 1153 (9th Cir. 1991).
9	Dated: October 31, 2014
10	Ferdal & Newman
11	Far1751.inj(2) KENDALL J. NEWMAN UNITED STATES MAGISTRATE JUDGE
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