

**From:** [emohammadphd@icloud.com](mailto:emohammadphd@icloud.com)  
**To:** [Mayra E Alvarez](#)  
**Cc:** [BHSOAC; public.comment@mhsoc.ca.gov](#)  
**Subject:** Submission for April 24 MHSOAC Meeting – Equity Framework and Public Comment Fwd: April 24 OAC Public Session – Systems Equity Framework & Comment  
**Date:** Friday, April 25, 2025 7:26:55 AM  
**Attachments:** [BCCP Equity Framework OversightSubmission 2025.pdf](#)  
[BCCP Framework Submission to MHSOAC 04-24-2025.pdf](#)

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Dear Ms. Alvarez,

I hope this message finds you well. I'm writing to respectfully reconnect ahead of the April 24 meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC).

I remain deeply appreciative of your leadership—particularly our prior conversations about equity, trauma-responsive systems, and policy accountability for California's most vulnerable children and families.

Over the past year, I have continued this work at both the County and State levels, contributing a public framework grounded in clinical practice, systems analysis, and lived advocacy. The BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™) was formally introduced into the public record during testimony to the Los Angeles County Behavioral Health Commission on April 10, 2025. It reflects over a decade of equity analysis and cross-divisional engagement—spanning oversight protocols, suicide postvention, family navigation, workforce protections, and MHSA-aligned access reform.

**For transparency and inclusion in the public record, I've attached:**

- A 1-page summary with QR code linking to the full handout
- The full 4-page handout for Commission reference

I respectfully request that these materials be circulated to Commissioners and included as part of the April 24 meeting record. My comment will build on these contributions and speak to the ethical implementation, structural fidelity, and systems equity design required for MHSA's continued evolution.

Should any Commissioner or staff seek additional clarification, I remain available for follow-up.

Thank you for your continued stewardship and commitment to a behavioral health system grounded in transparency, dignity, and public accountability.

With appreciation and continued commitment to equity, accountability, and care,

Dr. Esroruleh Mohammad  
Clinical Psychologist (CPII – LACDMH, Involuntary Medical Leave)  
Author, BureauCare-to-Custody-Cemetery Pipeline™  
Systems Equity Advocate | Public Behavioral Health

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Begin forwarded message:

**From:** emohammadphd@icloud.com  
**Subject:** April 24 OAC Public Session – Systems Equity Framework & Comment  
**Date:** April 23, 2025 at 11:59:25 AM PDT  
**To:** Mayra E Alvarez <malvarez@childrenspartnership.org>

**Dear Ms. Alvarez,**

I hope this message finds you well. I'm writing to reconnect briefly ahead of the April 24 meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC).

As someone who has long appreciated your public service and leadership—particularly our earlier conversations about systems equity, access, and advocacy for California's most vulnerable children and families—I look forward to joining the upcoming session and offering public comment.

Over the past year, I've continued to engage at both the County and State level, contributing a public framework grounded in clinical, policy, and family advocacy experience. Recently, this model—submitted through public channels—has helped catalyze visible reforms across multiple Los Angeles County divisions. My comment will reflect that trajectory and invite a broader conversation about equity infrastructure, trauma-responsive systems, and ethical implementation under the MHSA.

Thank you again for your work—and for continuing to steward accountability, transparency, and community voice at the structural level.

**Dr. Esroruleh Mohammad**

Clinical Psychologist (CPII – LACDMH, Involuntary Medical Leave)  
Systems Equity & Family Advocate | Public Behavioral Health

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# **Introducing the BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™)**

*A Systems Equity Framework for Public Health, Institutional Safety, and Interagency Reform*

**Formally submitted on April 24, 2025, to:**

1. California Mental Health Services Oversight & Accountability Commission (MHSOAC)  
(Visit: <https://mhsoac.ca.gov> for more information)
2. Los Angeles County Behavioral Health Commission – Executive Hearing

## **What is the BCCP™?**

The **BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™)** is a trauma-informed, systems equity framework developed to diagnose and disrupt structural conditions that displace individuals and families from care into cycles of crisis, confinement, and often irreversible harm.

Grounded in clinical expertise, lived systems navigation, and policy analysis, the framework provides practical tools for:

- Institutional accountability
- Interagency coordination
- Data-informed, equity-centered public leadership

## **Developed By:**

Dr. Esroruleh Mohammad  
Licensed Clinical Psychologist | Systems Strategist | Equity Consultant  
*Author of the BCCP™ and B2C3A™ Frameworks (2018–2025)*  
[TamimMohammad@GMail.Com](mailto:TamimMohammad@GMail.Com) | [EMohammadPhD@icloud.com](mailto:EMohammadPhD@icloud.com)



*Scan to access the full BCCP™  
handout and systems equity framework.*

Contributions include cross-divisional reform in PEI, CMMD, WET, QA, CEOP, ARISE, and MHSA-aligned strategy.

## **Public Access & Legal Notice**

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# Introducing the BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™)

## *A Systems Equity Framework for Public Health, Institutional Safety, and Interagency Reform*

**By Dr. Esroruleh Mohammad**

Clinical Psychologist | Systems Equity Strategist | Family Advocate

Author, *BureauCare-to-Custody-Cemetery Pipeline™*

Los Angeles County Department of Mental Health

**The BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™)** is a behavioral systems equity framework developed by **Dr. Esroruleh Mohammad** to diagnose, map, and prevent structural breakdowns in public care systems. It identifies how fragmented access, oversight failures, and trauma-neglect displace individuals and families—particularly those in historically marginalized and underserved communities—into cycles of homelessness, criminalization, and institutional harm.

**While anchored in behavioral health, the BCCP™ framework is applicable across public systems where ethical breakdowns, policy gaps, and bureaucratic inertia result in preventable harm.** It was developed to help bridge longstanding deficits in equity, access, and institutional accountability. More than a diagnostic model, BCCP™ offers a prescriptive structure for redirecting harmful system trajectories—trajectories that too often end not in care, but in containment, disenfranchisement, and irreversible loss. The framework charts a path toward trauma-responsive, community-anchored, and ethically accountable systems of care.

Developed independently and applied under real-world conditions, BCCP™ has been used to support institutional reform, risk prevention, equity-centered leadership, and cross-divisional oversight across Los Angeles County's public behavioral health system. Its contributions are grounded in case-based systems analysis, applied clinical strategy, and field-validated policy consultation—particularly in high-risk settings where institutional failures directly impact public health and safety.

This framework also anchors a growing movement toward institutional ethics and public accountability—offering tools, language, and leadership structures to align public systems with their stated mission: to care, to protect, and to serve.

### **Strategic Systems Impact and MHSA-Aligned Contributions**

This framework has directly informed systems redesign and equity planning in:

- 1. Program Oversight and Policy Review**

Prevention and Early Intervention (PEI), Contract Monitoring and Management Division (CMMD), Quality Assurance (QA), Clinical Liability and Risk Management (CLRM), Safety Intelligence (SI), Workforce Education and Training (WET), Anti-Racism, Diversity & Inclusion (ARDI), and the LA County Equity Oversight Panel (CEOP).

- 2. Suicide Postvention and Risk Ethics Protocols**

CLRM/SI consultation to standardize postvention for high-risk youth, address institutional liability gaps, and correct documentation pathways for suicide-related events.

- 3. MHSA-Aligned Policy Development and Access Reform**

Strategic contributions to ARISE, *Network Adequacy: Provider and Practitioner Application (NAPPA)*, and Access to Care—framing equity as both a structural responsibility and an operational imperative.

#### 4. **Cultural Competency and Workforce Equity Strategy**

Introduced systems-level strategies for equitable training access, implicit bias safeguards, and accountability protocols across MHSA initiatives, PEI, WET, CEOP, CMMD, and ARDI–ARISE transformation efforts.

#### 5. **CARE Court Implementation**

Offered peer-informed navigation models, procedural safeguards for petitioners and respondents, disability rights, and early-stage consultation to align court processes with MHSA principles and legal protections.

This is an actionable, evidence-informed framework designed for leadership teams, oversight bodies, and public agencies committed to advancing systems accountability, harm prevention, and sustainable care access—in alignment with the MHSA’s mission to transform public mental health systems through equity, innovation, and community voice.

### **MHSA-Aligned Systems Contributions (2018–2025)**

#### 1. **PEI:**

Strengthened data integrity, ethical hiring, and culturally grounded prevention/postvention. Developed access-expanding strategies and integrity safeguards for programming in historically underserved communities.

#### 2. **CMMD:**

Enhanced clinical oversight, administrative workflows, and equitable funding structures. Designed a Board of Supervisor complaint resolution protocol, refined program audits, and established trauma-informed training standards for site reviews.

#### 3. **QA:**

Proposed centralized, ethical informatics systems for referral tracking, waitlist follow-up, and inter-agency coordination—leading to measurable improvements in continuity of care.

#### 4. **CLRM / Safety Intelligence:**

Corrected high-risk reporting pathways, launched suicide postvention standards for youth, and consulted on systems-level accountability improvements for client safety and risk management.

#### 5. **WET:**

Introduced cultural competency access models, implicit bias policy structures, and transparent workflows for training and provider equity.

#### 6. **ARISE (Anti-Racism, Inclusion, Solidarity & Empowerment):**

- Evolved from the ARDI initiative and was substantively shaped by policy recommendations submitted to LACDMH leadership in 2023.
- Although the framework informed the division’s strategic foundation, the author was excluded from authorship, leadership, and formal implementation.
- This disconnect raises serious questions about institutional ethics, MHSA compliance, and equity-in-practice.
- **Recommendation:** Rename the division *Advancing Racial Inclusion and Systems Equity* to reflect its structural function, authorship lineage, and public mandate.

#### 7. **CARE Court:**

Provided operational tools for family navigation, respondent evaluation, procedural clarity, and oversight alignment. Contributed directly to equity-safeguarding practices during early implementation phases.

#### 8. **MHSA–Workforce Alignment:**

Formally advanced the systems framework linking MHSA-funded equity initiatives with internal workforce protections—affirming that public accountability and employee safety are mutually reinforcing. These contributions were advanced through internal policy recommendations,

strategic memoranda, and cross-divisional consultation—submitted across ARDI, ARISE, CEOP, DMH Human Resources, DHR, and SEIU Local 721.

### **Protocol Development:**

#### **Board of Supervisor Complaint Resolution Protocol**

Developed a trauma-informed, cross-divisional protocol for addressing high-risk service failures in partnership with contracted community agencies. Emphasized dignity, accountability, and transparency. Training delivered to CMMD clinical and programmatic leadership (October 2023).

#### **Vision for Ethical Systems Leadership**

1. Structural equity must include lived, clinical, and systems-informed expertise.
2. Innovation requires attribution—not silent extraction.
3. Community safety demands integrity—not only in services, but in leadership.
4. Equity must be practiced internally with the same fidelity expected externally.
5. Authorship matters: reform begins with how systems treat the workforce entrusted with implementing it.

#### **Note on Companion Implementation Tools**

While the *BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™)* serves as a diagnostic framework, a companion model—*B2C3A Pipeline Prevention Model™*—has been independently developed by Dr. Esroruleh Mohammad to support prescriptive implementation when systems are prepared to act with structural integrity, equity, and public accountability.

Grounded in lived expertise, trauma-responsive systems design, and cross-divisional analysis, the *B2C3A Pipeline Prevention Model™* offers implementation tools that remain available through formal partnership or authorized consultation.

For consultation, collaboration, or implementation partnership inquiries, please contact:

#### **Dr. Esroruleh Mohammad**

Clinical Psychologist | Systems Equity Strategist | Family Advocate

Author, BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™) & B2C3A Pipeline Prevention Model™  
*A Systems Equity Framework for Public Health, Institutional Safety, and Interagency Reform*

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#### **Author's Note**

The *BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™)* is a systems equity framework developed and authored by Dr. Esroruleh Mohammad. It identifies how administrative burden, oversight failure, and trauma-neglect displace individuals and families from care into cycles of institutional harm.

Since 2018, elements of the BCCP™ have been applied across multiple divisions of the Los Angeles County Department of Mental Health, including:

1. Prevention and Early Intervention (PEI)
2. Clinical Liability and Risk Management (CLRM) / Safety Intelligence
3. Quality Assurance (QA)
4. Contract Monitoring and Management Division (CMMD)
5. Workforce Education and Training (WET)
6. ARISE (Anti-Racism, Inclusion, Solidarity, and Empowerment)
7. CARE Court

The framework also formally introduced the strategic link between MHSA-funded equity initiatives and internal workforce protections — connecting public accountability, psychological safety, and institutional risk mitigation. These contributions were advanced through policy guidance submitted across **ARDI, ARISE, CEOP, DMH HR, and SEIU Local 721.**

**Selected Contributions Include:**

- A Board of Supervisors Complaint Response Protocol, designed to guide ethical resolution of high-risk concerns (delivered to CMMD leadership and clinical teams in October 2023)
- Systems-level analysis and strategic recommendations for high-profile child welfare cases, including suicide prevention and risk mitigation
- A reform memo submitted on September 29, 2023, to CMMD leadership documenting oversight gaps and proposing policy updates (e.g., Exhibit 1100)

*The BCCP™ frameworks and analyses presented in this document were independently developed by Dr. Esroruleh Mohammad between 2013–2025, including during a period of unpaid medical leave pending ADA/FEHA accommodation review. These contributions fall outside the scope of formal CPII duties and are grounded in clinical expertise, cross-divisional systems work, and public interest engagement. While many of its tools have informed County-level reforms, implementation occurred without author consultation or acknowledgment. This reflects a broader institutional pattern: silent adoption of equity work authored by sidelined contributors.*

Such dynamics are precisely what the BCCP™ was designed to diagnose: systems that default to procedural optics over trauma-informed action — and replicate inequity while claiming reform.

These concerns mirror statewide patterns in California’s behavioral health infrastructure — now under heightened public, legal, and institutional scrutiny.

**Language & Framing Attribution**

The following public framing was authored and introduced by Dr. Esroruleh Mohammad as part of a systems equity strategy submitted to the Los Angeles County Department of Mental Health and the Behavioral Health Commission on April 10, 2025:

- “Los Angeles County should mean that Los Angelenos count.”
- “There are no angels without ethics. No equity without accountability. No mental health without justice.”
- “Equity must not be performative. It must be practiced—internally and externally.”

These statements represent signature language within a broader model for structural reform, ethical leadership, and systems-level accountability in public behavioral health. They may not be reproduced, quoted, or applied without proper attribution.

**Introducing the BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™):**

*A Systems Equity Framework for Public Health, Institutional Safety, and Interagency Reform*

**Document ID:** BHC-DMH-April2025-v1.2

**Date of Submission:** April 10, 2025

**Author:** Dr. Esroruleh Mohammad

**Legal and Ethical Notice:**

This framework was formally introduced on April 10, 2025, as part of public comment submitted to the Los Angeles County Behavioral Health Commission. All models, language, and analysis contained herein are the original work and intellectual property of Dr. Esroruleh Mohammad.

This document reflects over a decade of systems-level research, professional practice, case-based observation, and cross-divisional analysis—developed independently, including during a period of unpaid medical leave while awaiting ADA accommodation approval.

It reflects sustained systems analysis, field implementation, and cross-divisional consultation.

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**Equity must not be performed. It must be practiced—through authorship, accountability, and public integrity**