

From: [Tamim Mohammad](#)
To: [MHSOAC Public Comment](#)
Subject: Public Comment Submission for May 22, 2025 – BureauCare-to-Custody-Cemetery Pipeline™
Date: Monday, May 19, 2025 9:08:17 AM

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Dear Commissioners,

I am writing to submit formal public comment for inclusion in the record of the May 22, 2025 Commission Meeting.

On April 10, 2025, I submitted a public-facing equity framework—the BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™)—to the Los Angeles County Behavioral Health Commission. On April 24, I offered further public comment to MHSOAC highlighting the framework’s relevance to statewide MHSA implementation.

The BCCP™ traces how administrative burden, fragmentation, and oversight failure escalate individuals from care into systems of containment, displacement, or irreversible loss. While it is now part of the Commission’s public record, there remains no formal acknowledgment or infrastructure for ethical application—despite its visible influence on current County strategies.

The model has already informed internal changes across multiple County divisions, including ARISE, QA/Access to Care, and CARE Court—yet continues to be implemented without attribution, author engagement, or fidelity to purpose.

For reference, [a summary of the framework is available here](#).

The BureauCare-to-Custody-Cemetery Pipeline™ is a copyrighted and trademark-pending model. Any application must include proper acknowledgment and be conducted in ethical alignment with its public interest purpose.

I respectfully request that this submission be shared with Commissioners and included in the public record.

Thank you for your continued leadership and oversight.

With appreciation,

Dr. Esroruleh Mohammad

Clinical Psychologist (CPH – LACDMH, Involuntary Medical Leave)

Author, BureauCare-to-Custody-Cemetery Pipeline™

Systems Equity Advocate | Public Behavioral Health

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Authorship, Legal Standing, and Public Record Affirmation

The BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™) was formally introduced during

public comment to the Los Angeles County Behavioral Health Commission on April 10, 2025, and submitted in writing as part of the official record. On April 24, 2025, additional components of the framework were presented before the California Mental Health Services Oversight and Accountability Commission (OAC).

Since that time, elements of the framework—including its terminology, analysis, and equity logic—have surfaced across County and State-level initiatives. This reference affirms authorship, protects intellectual integrity, and supports ethical application in the public interest.

Copyright and Trademark Notice

The BureauCare-to-Custody-Cemetery Pipeline™ and BureauCare Pipeline Prevention Model™ are original, proprietary frameworks developed and authored by Dr. Esroruleh Mohammad.

The term BureauCare™, along with the BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™) and the B2C3A Pipeline Prevention Model™, are pending trademarks filed with the U.S. Patent and Trademark Office (USPTO). These frameworks — and all associated language, structures, and analytic methodologies — are protected under U.S. copyright law. Unauthorized use, derivative adaptation, or institutional implementation without formal attribution, author consultation, or fidelity to ethical and public interest standards may constitute a violation of legal, professional, and intellectual property protections. All rights reserved.

A formal policy brief summarizing the BureauCare-to-Custody-Cemetery Pipeline™ and the B2C3A Pipeline Prevention Model™ is currently in preparation. This document will include field-tested strategies, systems alignment tools, and an implementation guide for agencies, jurisdictions, and equity planners committed to accountable reform. For collaboration or distribution, please contact the author directly.

Confidentiality & Institutional Context

This message is sent from a personal account due to current medical leave status. Departmental affiliations are listed for reference only, reflecting prior contributions and public record submissions made during active service and while on involuntary leave.

P.S.

Several protocols and oversight practices now active within CMMD, CLRM/Safety Intelligence, ARISE, CARE Court, and Access to Care reflect frameworks I developed and submitted while on unpaid medical leave. Their silent adoption—without acknowledgment or accommodation—raises ongoing concerns regarding transparency, systems equity, and ethical governance.

From: [Tamim Mohammad](#)
To: [BHSOAC](#); [MHSOAC Public Comment](#)
Cc: [Mayra Alvarez](#); [Lisa Wong](#); [khatera.aslami@acgov.org](#); [Kim Lewis](#); [inbox@cbhpc.dhcs.ca.gov](#); [PublicComments](#); [ceop](#); [DMH RTW](#); [Patty Choi](#); [Esror Mohammad](#)
Subject: Follow-Up Submission: BureauCare-to-Custody-Cemetery Pipeline™ & Equity Framework Implementation
Date: Tuesday, May 20, 2025 9:02:51 AM

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Dear Commissioners and Oversight Staff,

Thank you for the engaged and courageous dialogue during the April 24 Oversight Commission meeting.

Several of the concerns raised—particularly regarding bureaucratic burden, equity infrastructure, and systemic trust—mirror the diagnostic findings outlined in the **BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™)**, which I formally submitted into the public record on April 10, 2025.

Developed over more than a decade of systems research, cross-divisional reform, and lived family advocacy, the BCCP™ identifies how institutional fragmentation and trauma-neglect escalate preventable risk—culminating in outcomes that disproportionately impact the very communities our public systems are tasked to protect.

The framework has already informed shifts in policy, equity planning, and oversight practices across several County initiatives, including **CMMD**, **QA/Access to Care**, **ARISE**, and others. Yet it continues to be applied without formal author consultation, attribution, or implementation fidelity—raising critical concerns around ethical use and institutional accountability.

Frameworks like the BCCP™ are not theoretical. They equip public agencies with the language and tools to diagnose and address long-standing system failures. But the impact of such tools depends on how they are applied—and by whom.

I respectfully offer to support the Commission's equity and oversight work through consultation, systems analysis, or implementation partnership. This message may also be added to the public record as a formal follow-up to my April 10 and April 24 comments. A public summary of the BCCP™ framework has been submitted via QR-linked handout.

This model is not intended for passive reference. It is a tool for ethical partnership—designed to prevent harm, restore trust, and align public systems with the equity values they claim to uphold.

In addition to service access barriers, the BCCP™ identifies a persistent structural

omission: the disconnect between MHSA-funded equity initiatives and internal workforce protections. This gap—now under review by the OAC—warrants sustained attention to ensure public safety includes not only those we serve, but also the workforce tasked with their care.

Respectfully,

Dr. Esroruleh Mohammad

Clinical Psychologist (CPH – LACDMH, Involuntary Medical Leave)

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

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Authorship & Public Record Affirmation

The BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™) was formally introduced during public comment to the Los Angeles County Behavioral Health Commission on April 10, 2025, and submitted in writing as part of the official record. On April 24, 2025, additional components were presented before the California Mental Health Services Oversight and Accountability Commission (OAC). Since that time, elements of the framework—including terminology, equity logic, and structural analysis—have surfaced across County and State-level initiatives. This reference affirms authorship and protects the framework’s ethical application in the public interest.

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The *BureauCare-to-Custody-Cemetery Pipeline™*, *BureauCare Pipeline Prevention Model™*, and *B2C3A Pipeline Prevention Model™* are original frameworks developed by Dr. Esroruleh Mohammad. These models and associated terms—including BureauCare™—are pending trademarks filed with the U.S. Patent and Trademark Office and are protected under U.S. copyright law.

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From: [BHSOAC](#)
To: [MHSOAC Public Comment](#)
Subject: FW: Follow-Up: PPSGC Public Comment & Framework Submission for Strategic Review Re: Public Comment for May 21, 2025 PPSGC Meeting Re: Public Comment Submission for May 21 PPSGC Meeting: BureauCare-to-Custody-Cemetery Pipeline™
Date: Thursday, May 22, 2025 9:42:35 AM
Attachments: [image001.png](#)

From: Tamim Mohammad <tamimmohammad@gmail.com>
Sent: Thursday, May 22, 2025 9:30 AM
To: Contact PPSGC <contact@ppsgc.lacounty.gov>; contact@bos.lacounty.gov; race-equity@ceo.lacounty.gov; fdavenport@ceo.lacounty.gov; media@ph.lacounty.gov; Mental Health Commission <mhcommission@dmh.lacounty.gov>; BHSOAC <mhsoc@mhsoc.ca.gov>
Cc: Lisa Wong <lwong@dmh.lacounty.gov>; Patty Choi <PChoi@dmh.lacounty.gov>; Esror Mohammad <emohammad@dmh.lacounty.gov>
Subject: Follow-Up: PPSGC Public Comment & Framework Submission for Strategic Review Re: Public Comment for May 21, 2025 PPSGC Meeting Re: Public Comment Submission for May 21 PPSGC Meeting: BureauCare-to-Custody-Cemetery Pipeline™

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Dear Prevention and Promotion Systems Governing Committee,

CC: Dr. Lisa Wong, Ms. Fesia Davenport, Dr. D'Artagnan Scorza, Dr. Barbara Ferrer, Ms. Patty Choi, Behavioral Health Commission, MHSOAC

I'm following up on the public comment I delivered during the May 21 PPSGC meeting. As noted, I am the author of the BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™)—a systems equity framework formally submitted to the Behavioral Health Commission on April 10, and now part of the County record.

The model maps structural contributors to systems failure—highlighting how fragmentation, administrative burden, and oversight delays escalate preventable outcomes across housing, justice, mental health, and child welfare pathways. These conditions disproportionately affect TAY, young children in vulnerable households, and families navigating multiple County systems simultaneously.

The PPSGC's journey mapping insights—particularly regarding disconnection, dual-system involvement, and institutional touchpoints—further underscore the urgent relevance of BCCP™. These dynamics are core components of the framework, including:

- Infrastructure misalignment
- Referral drop-off
- Procedural erosion of equity
- Crisis escalation in the absence of upstream support

To advance coordinated, cross-agency strategy—and avoid duplication or siloed response—I respectfully recommend formal review of the framework. It is an evidence-informed, independently developed tool, stress-tested across County divisions and ready for ethical application through transparent partnership.

For your reference, I've included my full public comment below, which was partially truncated due to time constraints during the session.

I've also included the Behavioral Health Commission and MHSAAC for alignment, given their oversight roles and prior formal receipt of this framework.

With appreciation and continued commitment to harm prevention and public trust,

Dr. Esroruleh Mohammad

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

Clinical Psychologist | Systems Equity Advocate (Medical Leave)

Public Behavioral Health

P.S.

Several protocols now active across CMMD, CLRM/Safety Intelligence, ARISE, CARE Court, and Access to Care reflect frameworks developed during unpaid medical leave. Their silent adoption—absent acknowledgment or inclusion—raises serious concerns regarding transparency, authorship ethics, and systems equity. A public summary of the *BureauCare-to-Custody-Cemetery Pipeline™* [is available here](#).

Full Public Comment – PPSGC Meeting (May 21, 2025)

Subject Header: Public Comment – PPSGC Meeting | Structural Accountability & BCCP™ Implementation Readiness

Good morning. My name is Dr. Esroruleh Mohammad, a Clinical Psychologist, systems equity strategist, and author of the BureauCare-to-Custody-Cemetery Pipeline™—a public behavioral health framework formally submitted to the Los Angeles County Behavioral Health Commission on April 10, 2025, and now part of the County's official public record.

The framework identifies how administrative fragmentation, procedural inertia, and trauma-neglect escalate structural risk—displacing individuals and families from care access into preventable cycles of homelessness, incarceration, and institutional loss. These are not just operational inefficiencies. They are ethical breaches—They are barriers that obstruct prevention and reproduce inequity.

Since its submission, elements of this model have surfaced across PEI, QA, CMMD, CLRM, ARISE, and Access to Care—and they mirror the very findings elevated in this Committee's

April 16 funding analysis: especially the urgent need for upstream safeguards, coordination across silos, and implementation with integrity.

But reform without alignment deepens harm. If the tools to address these challenges already exist—and are documented in the public record—why are they being applied without transparency, fidelity, or author engagement?

I also note the absence of LACDMH's Director from today's convening. Equity-centered leadership is not symbolic. It is structural. Public trust is not reclaimed through messaging. It is restored through principled accountability.

The BureauCare-to-Custody-Cemetery Pipeline™ is ready for ethical integration—anchored in systems analysis, lived experience, and public interest safeguards. The question is not whether we have the tools. The question is whether County systems have the will to use them—ethically, transparently, and collaboratively, together.

Thank you.

This public comment reflects independent, personal perspective. I am currently on medical leave and not speaking on behalf of the County or Department of Mental Health.

On Tue, May 20, 2025 at 1:30 PM Tamim Mohammad <tamimmohammad@gmail.com> wrote:

Dear Commission Services,

Thank you for your follow-up.

Please place my public comment under **Agenda Item 8 – Presentation by Ernst & Young, LLP regarding their initial findings on the User Journey Mapping (UJM) Scoping Process.**

This item is directly aligned with the BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™) framework I submitted, which addresses systems fragmentation, care navigation breakdowns, and structural barriers to access—core dimensions of the UJM process. Formal inclusion under Item 8 ensures alignment, transparency, and accuracy in the public record.

With appreciation,

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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Authorship & Public Record Affirmation

The *BureauCare-to-Custody-Cemetery Pipeline™* (BCCP™) was formally introduced during public comment to the Los Angeles County Behavioral Health Commission on April 10, 2025, and submitted in writing as part of the official record.

On April 24, 2025, additional components were presented before the California Mental Health Services Oversight and Accountability Commission (OAC). Since that time, terminology, structural logic, and design elements have surfaced across County and State-level initiatives. This reference affirms authorship and protects the model's ethical application.

Copyright and Trademark Notice

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Confidentiality and Institutional Context

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P.S.

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A public summary of the *BureauCare-to-Custody-Cemetery Pipeline™* [is available here](#).

On Tue, May 20, 2025 at 10:02 AM Contact PPSGC <contact@ppsgc.lacounty.gov> wrote:

Hello,

Which item is your public comment for?

Warmly,

Commission Services

P. 213-974-1431

E. contact@bos.lacounty.gov

W. <https://ppsgc.lacounty.gov/>



From: Tamim Mohammad <tamimmohammad@gmail.com>

Sent: Tuesday, May 20, 2025 9:59 AM

To: Contact PPSGC <contact@ppsgc.lacounty.gov>

Subject: Public Comment Submission for May 21 PPSGC Meeting: BureauCare-to-Custody-Cemetery Pipeline™

CAUTION: External Email. Proceed Responsibly.

To the Members of the Prevention and Promotion Systems Governing Committee (PPSGC):

I respectfully submit the following statement for formal inclusion in the public record for the May 21, 2025 meeting.

As the author of the *BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™)*—a public health and systems equity framework designed to diagnose and interrupt structural breakdowns in County behavioral health systems—I write to affirm its direct relevance to the PPSGC’s mission: **prevention, cross-agency alignment, and equitable systems governance.**

The BCCP™ reflects over a decade of reform across PEI, CMMD, QA, CLRM/Safety Intelligence, CEOP, WET, and MHSA-aligned equity initiatives. It is grounded in lived experience, clinical service, and institutional analysis. The model was formally submitted into public record on April 10, 2025, during the Los Angeles County Behavioral Health Commission meeting—where its core premise, *bureaucracy as a structural barrier to care*, was directly engaged by Commissioners in real-time inquiry to MHSA Planning leadership.

Since that time, multiple shifts have echoed BCCP™ principles—such as centralized referral redesign, caregiver navigation reform, user journey mapping, CMMD oversight realignment, and the ARDI-to-ARISE transition in equity infrastructure. These developments underscore the framework’s relevance—but have proceeded without **author engagement, implementation fidelity, or formal attribution.**

This model was developed independently, in the public interest, and reflects County values of transparency, trauma-informed practice, and ethical leadership. Continued institutional use—absent authorship acknowledgment or structured partnership—raises ethical, legal, and professional concerns.

I respectfully request:

1. That the Committee ensure any current or future application of the BCCP™ framework is accompanied by formal author engagement and attribution;
2. That this submission be acknowledged in the May 21 PPSGC meeting minutes and formally archived in the public record, in the interest of transparency, procedural integrity, and equity.

I remain available for structured consultation and implementation support—provided it is

pursued in alignment with professional standards and the public trust.

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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A public summary of the *BureauCare-to-Custody-Cemetery Pipeline™* [is available here](#).

May 22, 2025

Public Comment: General Comment

Good morning commissioners, staff, and community stakeholders.

My name is Jerry Hall, a longtime Advocate, former Advisory Board member, and blogger at BHABrehab.com.

I am compelled to address concerns that key elements required by the updated Behavioral Health Services Act (BHSA), specifically those detailing local Community Planning Processⁱ (CPP) procedures.

The heart of the issue is that the BHSA requires the local Behavioral Health Advisory Board (BHAB) or equivalent commissionⁱⁱ to 'review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.'

By all appearances, local Behavioral Health Systems (BHS) seem to misinterpret and subsequently inaccurately represent this actual *review and approval process* as completed to the DHCS.ⁱⁱⁱ

Current MHSA annual plans report the ways the BHS engaged stakeholders *was used* to create that plan, Not the procedures and budget that they plan to use to engage stakeholders during the next fiscal year to create the next BHSA IP.

Time is of the essence. While the FY2026-28 BHSA IP development processes are, for some counties, in full swing, others have not yet reviewed the new requirements with their advisory boards.

Without direction from the DHCS, this Behavioral Health Commission (BHC) and CALBHBC, will miss a key opportunity to guide counties statewide in improving their CPP practices.

The answer is not to overlook or bypass the BHSA requirement to inform and engage these advisory boards and BHS systems with guidance.

This should include a recommended CPP procedures plan and budget with a BHAB review and approval process.

Such a document could include a plan, timeline, and process map template that the BHS and BHAB use to document a collaboratively developed CPP and BHSA IP.

By including the CPP plan in the BHSA IP, every stakeholder would better understand how they can meaningfully participate in future BHSA IP planning opportunities.

I believe Consumer and Family members are uniquely qualified to co-develop their county's Integrated Plans as they are motivated to see a loved one suffer less and receive the care and services they need.

I appreciate your consideration and would appreciate any opportunity to share these concerns, ideas, and potential engagement opportunities.

ⁱ [Behavioral Health Services Act County Policy Manual. Section B. Community Planning Process](#). Version 1.2.0. April 2025. Retrieved from DHSC, May 3, 2025.

ⁱⁱ [WIC Section §5604.2, subdivision \(a\)\(4\)\(A\)](#)

ⁱⁱⁱ [WIC 5963.02 \(c\)\(10\)](#) Health Director certification, including stakeholder participation requirements.

May 22, 2025

Public Comment on Innovation Incubator (Item #9)

My comments are more focused on a few Innovation Program design elements or the mechanics of the system you deploy.

Firstly, I encourage you to consider and incorporate a 'Fail Fast' model by designing criteria used to evaluate and assess what isn't working more quickly, and to enhance projects that are delivering beyond expectations. We need this mentality to redirect funds more effectively towards revising tactics, rewarding success, and dropping pilots altogether to fund other pilots on a more timely basis.

Secondly, one of the first projects the CBH could fund is developing a framework that both the CBH and counties will use to identify and develop innovative projects more consistently statewide.

This framework must include a more transparent and collaborative process where the CBH and counties openly, and on a timely basis, inform the stakeholder community, especially consumers and their families, at each stage of the process, by publishing:

- their hypotheses, potential project ideas, and anticipated outcomes;
- for adopted projects, the ongoing challenges, opportunities, and revised tactics; and
- the outcomes and related data.

With open and transparent practices, counties could deploy similar pilots locally more economically, and they could develop complementary pilots that help us achieve the larger objective more efficiently.

Another positive consequence of openly publishing innovative project work is that it will encourage innovative processes that improve service-delivery efficiencies.

Thirdly, on sustainability, I encourage exploring and encouraging collaborations between the public sector and non-profit and/or private entities using the Social Enterprise Hybrid model. This hybrid model could be useful for funding initiatives in whole or in part using revenue-generating strategies by the partner-provider's organization.

Although there are many laws around how these elements could be deployed, I encourage you to explore them from a client-centered perspective and identify solutions to avoid conflict.

Thank you very much!