Comment from Esroruleh Mohammad

From: Tamim Mohammad <tamimmohammad@gmail.com>
Sent: Thursday, July 24, 2025 10:10 AM
To: DMH RTW <dmhrtw@dmh.lacounty.gov>; BHSOAC <bhsoac@bhsoac.ca.gov>; ceop <ceop@bos.lacounty.gov>; Mental Health Commission <mhcommission@dmh.lacounty.gov>; Contact PPSGC <contact@ppsgc.lacounty.gov>; BHSOAC Public Comment <PublicComment@bhsoac.ca.gov>; InspectorGeneral <InspectorGeneral@oig.lacounty.gov>; mhsa@dhcs.ca.gov; malvarez@childrenspartnership.org; COCO_Contact_Us <contact_us@counsel.lacounty.gov>; Amariani Martinez <amariani.martinez@bhsoac.ca.gov>; race-equity@ceo.lacounty.gov; Fesia <fdavenport@ceo.lacounty.gov>; Mayra Alvarez <mayra.alvarez@bhsoac.ca.gov>; info-POC <info@poc.lacounty.gov>; Gary Tsai <gtsai@ph.lacounty.gov>; Membership <membership@seiu721.org>; mportillo@ph.lacounty.gov; media@dhs.lacounty.gov; media@ph.lacounty.gov; pio@dmh.lacounty.gov; Barbara Ferrer <bferrer@ph.lacounty.gov>; Christina Ghaly <cghaly@dhs.lacounty.gov>; dhsportal@dhs.lacounty.gov; ThirdDistrict@bos.lacounty.gov; FirstDistrict@bos.lacounty.gov; MHSA@dmh.lacounty.gov; seconddistrict@bos.lacounty.gov; executiveoffice@bos.lacounty.gov; OCRMedia@hhs.gov; assemblymember.arambula@assembly.ca.gov; assemblymember.bryan@assembly.ca.gov; senator.perez@senate.ca.gov; assemblymember.santiago@assembly.ca.gov; assemblymember.friedman@assembly.ca.gov; assemblymember.carillo@assembly.ca.gov; assemblymember.jackson@assembly.ca.gov; Speaker.Rivas@assembly.ca.gov; vanessa_valdivia@padilla.senate.gov; tess_whittlesey@padilla.senate.gov; mmijic@sellersdorsey.com; info@sellersdorsey.com; marketinghelp@sellersdorsey.com; contact@counties.org; csacinstitute@counties.org; casework@padilla.senate.gov; appropriations_padilla@padilla.senate.gov; ian_bryan@butler.senate.gov; marvin_figueroa@butler.senate.gov; health_and_mental_health_services@ceo.lacounty.gov; stateauditor@doj.ca.gov; communitystakeholder@dmh.lacounty.gov; EDL-CEO-Public Safety Comments <PUBLIC_SAFETY_COMMENTS@ceo.lacounty.gov>; CEO Family And Social Services <Family_Social_Services@ceo.lacounty.gov>
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Subject: Public Record Documentation: BCCP™ Framework, Immigrant Displacement, and Systemic Accountability

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Subject: Public Record Documentation: BCCP™ Framework, Immigrant Displacement, and Systemic Accountability

Dear Colleagues and Oversight Leaders,

This message serves as documentation of a submitted public health framework addressing systemic displacement, prevention failures, and structural inequities that continue to impact

immigrant families, children, and vulnerable community members in Los Angeles County and statewide.

On April 10, 2025, I introduced the BureauCare-to-Custody-Cemetery Pipeline¦ (BCCP¦) to the Los Angeles County Behavioral Health Commission as a public record submission. This framework outlines how bureaucratic fragmentation, oversight failures, and trauma-neglect contribute to preventable harm, custodial escalation, and generational displacement. A companion model—B2C3A Pipeline Prevention Model¦ —offers prescriptive strategies for prevention infrastructure, family navigation, and trauma-responsive reform.

On July 17, 2025, I submitted a question referencing this framework to a public Town Hall on Immigration Enforcement hosted by Senator Sasha Pérez's office, with participation by ACLU and other civil rights organizations. The question, which addressed protections for immigrant children and families vulnerable to bureaucratic breakdown, was bypassed without acknowledgment.

This pattern—of invoking publicly submitted, copyrighted models only to face institutional silence—raises critical questions about the role of oversight bodies in protecting equity, attribution, and public safety.

What is at stake is not theory—but lives. These frameworks emerged from more than a decade of clinical service, systems consultation, and equity-based analysis across LACDMH divisions (PEI, CMMD, CLRM, QA, WET, ARDI/ARISE, CEOP). As noted in the attachments, elements of this work have already informed institutional reforms—though not always with transparency or acknowledgment.

This correspondence is submitted for public documentation, legal clarity, and systems accountability. A full consultation and implementation strategy remains available upon ethical and transparent engagement.

Attachments:

- BCCP_B2C3A_Systems_Equity_Framework_Summary.pdf
- BCCP_Public_Record_Notice_Mohammad.pdf

Thank you for your attention to this matter of public interest, health equity, and institutional responsibility.

Sincerely,
Dr. Esroruleh Mohammad
Clinical Psychologist | Author, BCCP™ & B2C3A™ Pipeline Prevention Model
Systems Equity & Family Advocate | Public Behavioral Health

Authorship and Public Record Affirmation
BureauCare™ Systems Equity Frameworks
Dr. Esroruleh Mohammad
Clinical Psychologist (currently on medical leave)
Author, *BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™)*
Founder, *BureauCare™ & B2C3A™ Pipeline Prevention Model™*
Independent Systems Equity Scholar & Policy Advocate

Intellectual Property & Framework Summary
The *BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™)* and *B2C3A™ Pipeline Prevention Model™* are proprietary systems equity frameworks developed independently by Dr. Esroruleh Mohammad between 2013 and 2025. They are grounded in field-based systems analysis, clinical expertise, lived experience, and public sector consultation.

These models provide both diagnostic and prescriptive tools to identify and address structural breakdowns in behavioral health access, trauma-response systems, and institutional care infrastructure.

The frameworks are registered with the U.S. Copyright Office (TXu 2-486-534). Trademark protection is in progress.

Unauthorized use, adaptation, or derivative application without attribution, author engagement, or fidelity to purpose may constitute legal, ethical, and professional violations.

Timeline of Public Record Submissions & Authorship Affirmation

- *April 4, 2025* – Public comment submitted to CARE Court Town Hall detailing exclusion of framework authorship. Same day as the $4 billion LA County juvenile abuse settlement—underscoring the urgency of prevention-centered frameworks.
- *April 10, 2025* – Formal introduction of BCCP™ at the Los Angeles County Behavioral Health Commission (BHC); written and in-person submission.
- *April 24, 2025* – Public comment to the Mental Health Services Oversight and Accountability Commission (MHSOAC), affirming MHSA alignment.
- *May 8, 2025* – Follow-up submission to BHC addressing authorship, attribution, and implementation ethics.
- *May 14, 2025* – Testimony and written submission to the Los Angeles County Board of Supervisors during FY 2025–26 Budget Hearings.
- *May 21–22, 2025* – Strategic submissions to the Prevention & Promotion Systems Governance Committee (PPSGC) and MHSOAC Executive Committee outlining dual-framework application.
- *June 12–13, 2025* – Reaffirmation of authorship and formal copyright notice submitted to the BHC and Board of Supervisors regarding misuse and silent adoption.
- *June 18–19, 2025* – Testimony to PPSGC and LACDMH Town Hall on implementation fidelity. Formal authorship correction notice submitted to LACDMH and Director Wong regarding BCCP™ replication without consultation.

- *June 23, 2025* – Submission to the Probation Oversight Commission (POC) on Agenda Items 4 & 5: Delayed service, risk tracking, and B2C3A™ alignment.

Contextual Note

The April 4, 2025, $4 billion County settlement affirms the high costs of institutional failure and underscores the need for ethical infrastructure rooted in systems prevention. The BCCP™ and B2C3A™ Pipeline Prevention Model™ were developed precisely to prevent the structural neglect that perpetuates trauma, exclusion, and public harm.

Many of the oversight tools now visible in CMMD, CLRM/Safety Intelligence, ARISE, CARE Court, and Access to Care reflect my independently submitted frameworks—offered during a period of unpaid, involuntary medical leave, without proper acknowledgment or accommodation.

This raises serious concerns about implementation ethics, transparency, and attribution integrity.

Implementation Fidelity & Risk of Misuse

These frameworks are designed for accountable implementation across public behavioral systems.

Use without engagement, consultation, or attribution risks:

- Misapplication of tools
- Compromised ethical integrity
- Public confusion regarding source and purpose
- Erosion of institutional trust

For Consultation or Citation Inquiries

Dr. Esroruleh Mohammad
Email: TamimMohammad@Gmail.com
U.S. Copyright Registration: TXu 2-486-534

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™*

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, and Inclusion (ARDI), and the LA County Equity Oversight Panel (CEOP).
2. **Suicide Postvention and Risk Ethics Protocols**
   Consultation to CLRM/SI to standardize postvention protocols 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 initiatives—framing equity as both a structural responsibility and an operational imperative.
   Documented advocacy and systems analysis as both a family petitioner and licensed clinical

psychologist.
Contributed oversight logic, family navigation protocols, and rights-based evaluation strategies—many of which now shape County implementation models, despite exclusion from formal authorship or partnership.

4. **Cultural Competency and Workforce Equity Strategy**
    Introduced systems-level strategies for equitable training access, cultural competency/implicit bias safeguards, and accountability protocols across MHSA initiatives, PEI, WET, CEOP, CMMD, QA and ARDI–ARISE transformation efforts.

5. **CARE Court Implementation**
    Provided peer-informed navigation models, procedural safeguards for petitioners and respondents, disability rights advocacy, 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)**:
    o   Evolved from the ARDI initiative and was substantively shaped by policy recommendations submitted to LACDMH leadership in 2023.
    o   Although the framework informed the division's strategic foundation, the author was excluded from authorship, leadership, and formal implementation.
    o   This disconnect raises serious questions about institutional ethics, MHSA compliance, and equity-in-practice.
    o   **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 Prevention Model™* offers implementation tools that remain available through formal partnership or authorized consultation. For consultation, collaboration, or implementation partnership inquiries, please contact:

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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 postvention 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.

Note: A forthcoming publication will further expand on the systems insights, lived experiences, and reform strategies introduced here, offering a deeper structural analysis for future public health and equity leadership.

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.

Trademark Notice:

BureauCare-to-Custody-Cemetery Pipeline™ and *B2C3A Pipeline Prevention Model™* are proprietary frameworks authored by Dr. Esroruleh Mohammad. Trademark registration is pending with the United States Patent and Trademark Office.

Unauthorized use, adaptation, or reproduction—without express written consent—may constitute a violation of federal intellectual property law and breach ethical obligations tied to public health, safety, and systems equity.

Use without attribution, engagement, or fidelity to purpose may constitute an ethical breach and professional misrepresentation.

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