Comment from Esroruleh Mohammad, August 25, 2025

From: Tamim Mohammad <tamimmohammad@gmail.com>

Sent: Monday, August 25, 2025 3:02 PM

To: BHSOAC Public Comment <publiccomment@bhsoac.ca.gov>; Mayra Alvarez <mayra.alvarez@bhsoac.ca.gov>; mmijic@sellersdorsey.com; Sandra Gallardo

<sandra.gallardo@bhsoac.ca.gov>; info@sellersdorsey.com; BHSOAC <mhsoac@mhsoac.ca.gov>

Cc: Contact PPSGC <contact@ppsgc.lacounty.gov>; Mental Health Commission <mhcommission@dmh.lacounty.gov>; ceop <ceop@bos.lacounty.gov>; stateauditor@doj.ca.gov; malvarez@childrenspartnership.org; Amariani Martinez <amariani.martinez@bhsoac.ca.gov>;

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contact.center@calcivilrights.ca.gov; DMH RTW <dmhrtw@dmh.lacounty.gov>; COCO_Contact_Us <contact_us@counsel.lacounty.gov>; First District <firstdistrict@bos.lacounty.gov>;

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<tamimmohammad@gmail.com>

Subject: Recognition-Only Prior Work + Minutes Correction + ADA Reasonable-Modification Request (Aug 28 Meeting) Re: BCCP™ Framework: Copyright Notice, Attribution Breach & Request for Oversight Review Re: Follow-Up: Ethical Use and Attribution of Registered Sy...

Good afternoon Chair Alvarez, Executive Director Grealish, Chief Counsel, Commission Clerk, Accessibility Coordinator, and Commissioners:

For the public record: I am Dr. Esroruleh Mohammad, clinical psychologist and author of the BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™) and the B2C3A™ Pipeline Prevention

Model. These frameworks were submitted into County record on **April 10, 2025**; U.S. Copyright **TXu 2-486-534** (effective **April 15, 2025**).

Attached is a **one-page**, **recognition-only** exhibit documenting structural convergence between **BCCP™/B2C3A™** and LACDMH's **PIVOT** redesign (June 9, 2025). It cites:

- a) a four-year \$34,788,012.23 redesign spanning prevention → FSP → peer recovery;
- b) navigation/step-down standards and priority-risk indicators (housing, justice involvement, institutionalization, child/juvenile justice); and
- c) procurement/EHR/TPA infrastructure.

For completeness, I have attached a background paper (5/22/2025) that frames the recognition-only request; my submission here remains non-disclosive and seeks only priorwork acknowledgment and record corrections.

Requests (recognition-only; no methods disclosed):

- 1. Please enter this email and the attached exhibit into the Commission's record with this neutral note:
 - "Prior Work Acknowledgment: Concepts overlap with the BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™) and B2C3A™ Pipeline Prevention Model (Mohammad; entered into public record Apr 10, 2025; U.S. Copyright TXu 2-486-534, effective 4/15/2025)."
- 2. Please correct the May 22, 2025 minutes to reflect both frameworks (BCCP™ and B2C3A™).
- 3. Please post my written comments submitted **May 28, June 17, and July 16, 2025** in the corresponding agenda tabs.
- 4. ADA reasonable-modification request (Title II, 28 C.F.R. § 35.130(b)(7)(i)): please accept my same-day written public comment until 4:00 PM PT on Thursday, August 28, 2025 and include it in the administrative record. This modification ensures equal access and does not impose an undue burden. If a different same-day cutoff is needed for inclusion before adjournment, please advise.

Record integrity: please preserve and produce public-comment submissions received **April 10–July 31, 2025**, together with posting logs/change-logs for the meeting tabs.

Attachments

1. BCCP_B2C3A_Public Authorship & Provenance Notice_Mohammad_2025.pdf

- 2. Who Leads the Redesign? Authorship, Accountability, and Structural Ethics in California's Behavioral Health Transformation (Mohammad, 5/22/2025)
 - **Background reference only** supporting the recognition-only exhibit. No operational methods or tools are disclosed beyond public materials.
- 3. RecognitionOnly_ConvergenceExhibit_PublicComment_Mohammad_BHSOAC_2025-08-25
- 4. Recognition-Only Convergence Exhibit BCCP™ / B2C3A™ and PIVOT (LACDMH, June 9, 2025) + BHSOAC Minutes (May 22, 2025)

Recognition-Only: This filing preserves provenance and **does not** disclose operational methods/tools or grant any license.

Please confirm receipt and docketing, and whether the ADA timing modification is approved, by **Tue, Aug 26, 5:00 PM PT** so I can plan accordingly.

Respectfully,
Dr. Esroruleh Mohammad
Clinical Psychologist | Systems Equity & Family Advocate
Author, BCCP™ / B2C3A™
tamimmohammad@gmail.com

Public Authorship & Provenance Notice

BureauCareTM Systems Equity Frameworks

Author: Dr. Esroruleh T. Mohammad, Ph.D. (Clinical Psychologist – on medical leave) **Creator:** BureauCare-to-Custody-Cemetery PipelineTM (BCCPTM); B2C3ATM Pipeline

Prevention Model

Role: Independent Systems Equity Scholar & Policy Advocate

Contact: tamimmohammad@gmail.com

Copyright: U.S. Copyright Registration TXu 2-486-534 (BCCPTM/B2C3ATM). Trademarks

claimed (TM).

Intended audience: County, state, and federal agencies; oversight bodies; publicly funded

partners.

Purpose of this notice

This notice affirms authorship and public provenance of the BureauCareTM systems equity frameworks and requests proper **attribution**, **engagement**, and **implementation fidelity** wherever these models or their core elements are referenced, adapted, or operationalized in public programs.

Frameworks & IP status

- BCCPTM (BureauCare-to-Custody-Cemetery Pipeline) and B2C3ATM Pipeline Prevention Model were developed independently by Dr. Mohammad (2013–2025).
- They provide diagnostic and prescriptive tools for prevention-first design, traumainformed postvention, interagency accountability, and navigation supports across behavioral health, justice, and family systems.
- Registered with the U.S. Copyright Office (TXu 2-486-534). Trademarks are asserted (TM).
- All rights reserved. Institutional use, adaptation, or derivative implementation requires attribution and author engagement to ensure fidelity and avoid misapplication.

How to cite (preferred)

Mohammad, E. T. (2025). *BureauCare-to-Custody-Cemetery Pipeline (BCCP)* and *B2C3A Pipeline Prevention Model*. Copyright TXu 2-486-534.

Contact: tamimmohammad@gmail.com.

A short in-document credit line is also acceptable:

"Framework elements adapted from Dr. Esroruleh T. Mohammad's BCCPTM/B2C3ATM; used with attribution."

Public record (selected chronology)

April 2025

- Apr 4 Submission to CARE Court Town Hall comment (authorship & access). Coincided with news of LA County's \$4B juvenile abuse settlement.
- Apr 10 Formal introduction of BCCPTM to LA County Behavioral Health Commission (written & formal testimony).
- Apr 24 MHSA Oversight Commission testimony affirming MHSA-alignment and early intervention relevance.

May 2025

- May 8 Follow-up to BHC (authorship/implementation ethics).
- May 14 BOS budget testimony linking systemic harm to oversight failure.
- May 21–22 PPSGC & MHSOAC Executive Committee submissions (dual-framework application).

June 2025

- June 6 MHSOAC apology for prior omission of BCCPTM comments (provenance strengthened).
- June 12–19 BHC, BOS, PPSGC, and DMH Town Hall submissions (authorship correction; fidelity). Formal authorship correction notices to BOS, DMH, BHC, and Director Wong.
- June 23 Probation Oversight Commission (Agenda Items 4 & 5).
- June 27 PRA releases showing slide-deck convergence with BCCPTM/B2C3ATM.
- **June 28** Testimony to Senator Sasha Pérez / DHCS /UCLA panel affirming attribution and trauma-aligned implementation.

July-August 2025

- July 4 Medium: From public comment to public policy (provenance analysis).
- July 10 BHC session (leadership language convergent with BCCP/B2C3A).
- July 15 BOS restores Measure J/CFCI; recognition-only attribution request submitted.
- July 23 Health & Mental Health Services Cluster materials reflect framework pillars.
- Aug 6–21 Cluster/FSS access issues documented; recognition-only memos request attribution/fidelity.
- Aug 21–22 Federal outreach re Executive Order design convergence; recognition-only packet submitted (White House Design Studio on EO).

(Full chronology and exhibits available on request.)

Implementation & attribution expectations

When agencies adopt or align with BCCPTM/B2C3ATM pillars (e.g., prevention-first design, postvention safeguards, fidelity checks, cross-system navigation, depopulation/decapacity harm-reduction), please:

1. Credit the source (see "How to cite").

- 2. **Engage the author** for fidelity reviews and adaptation guidance.
- 3. **Maintain public record completeness** by posting the submitted materials with meeting packets or linking to them in minutes.

Risks of non-fidelity / use without attribution

- Misapplication of tools or indicators (false positives/negatives in risk & harm tracking).
- Ethical misrepresentation of provenance, undermining public trust and equity aims.
- Gaps in postvention and family navigation that increase avoidable harm.
- Legal and administrative exposure for misattribution or derivative use without engagement.

Accessibility & communications

I request **email-based** communications as an ADA reasonable modification. Please route notice of receipt and any follow-up to **tamimmohammad@gmail.com**.

References (public)

- Mohammad, E. T. (2025a, July 4). From public comment to public policy: Silent uptake of the BCCP. Medium.
- Mohammad, E. T. (2025b, April 10). Introducing the BCCP. Medium.
- Mohammad, E. T. (2025c, May 22). Who leads the redesign? Medium.

(Links available upon request or via public search of the titles above.)

Acknowledgment language (ready for agendas/minutes)

"Staff note: Portions of this item draw upon the BCCP™ and B2C3A™ frameworks authored by Dr. Esroruleh T. Mohammad (TXu 2-486-534). The author has been notified and invited for fidelity consultation."

Reservation of rights

This notice is intended for the public record. Nothing herein waives any rights. All copyrights and trademarks are reserved to the author.

Contact for consultation, collaboration, or citation:

Dr. Esroruleh T. Mohammad • tamimmohammad@gmail.com • Copyright TXu 2-486-534

Medium





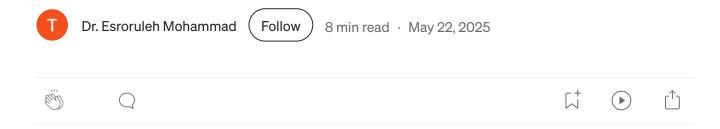


Sign in



Who Leads the Redesign?

Authorship, Accountability, and Structural Ethics in California's Behavioral Health Transformation



By Dr. Esroruleh Mohammad

Clinical Psychologist | Systems Equity Strategist Author, BureauCare $^{\text{\tiny TM}}$ and the BureauCare-to-Custody-Cemetery Pipeline $^{\text{\tiny TM}}$

Introduction

California stands at a crossroads in behavioral health transformation. As state and County systems announce sweeping "redesigns," the most urgent questions are not technical — they are ethical:

Who defines the framework?

Who leads the shift?

And who receives credit for the work already done?

On April 10, 2025, I formally introduced the BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™) during public comment to the Los Angeles County Behavioral Health Commission. On May 22, 2025, I reaffirmed the model before the Mental Health Services Oversight & Accountability Commission (MHSOAC) — linking it directly to the Commission's own calls for trauma-responsive infrastructure and prevention-first strategy.

In just six weeks, the system's vocabulary shifted. But whose voice is being carried forward? And whose work is quietly repurposed — without attribution, alignment, or engagement?

From Bureaucracy to Breakthrough: What Shifted?

On April 24, 2025, the Commission's public framing centered terms like "barriers," "realignment," and "stakeholder engagement." Yet, it continued to fall short of naming the deeper systemic logic that displaces individuals from care into crisis.

By May 22, 2025, the discourse changed. Commissioners began to name what had long remained unspoken:

"Tear the whole thing down."

"What is the cost of a child's life under County care?"

"What are we trying to accomplish — and who already has the tools?"

These are not rhetorical flourishes. They represent a paradigm shift in how systems begin to confront structural harm. They reflect the conceptual imprint of the $RureauCare-to-Custody-Cometery Pineline^TM (RCCP^TM) = 2$

framework that offers not just critique, but the structural analysis, language, and ethical clarity long missing from institutional discourse.

What the BCCP™ Offers

The BureauCare-to-Custody-Cemetery Pipeline™ is both diagnostic and prescriptive. It maps how procedural complexity, oversight breakdowns, and trauma-neglect escalate individuals and families from community-based care into institutional harm. It also offers tools for redirecting that trajectory — toward prevention, accountability, and equity.

This framework is not a post-hoc response to recent events. It was shaped across more than a decade of direct practice, cross-divisional systems analysis, and real-time advocacy — often from within County infrastructure and, later, under conditions of systemic exclusion and unpaid medical leave. While the BCCP™ was formally introduced into the public record on April 10, 2025, its tools have long informed internal reforms and strategic realignment across LACDMH divisions.

Framework-aligned shifts now visible across Los Angeles County include:

- Prevention and Early Intervention (PEI): Culturally grounded prevention/postvention protocols; equity-based hiring strategies; data integrity reforms; ethical leadership development.
- Contract Monitoring and Management Division (CMMD): Structural oversight tools; audit protocols; integrated site visit models; crossfunctional training standards; clinical-legal alignment.
- Clinical Liability and Risk Management/Safety Intelligence (CLRM/SI):

Postvention protocols for suicide and critical incidents; ethical risk analysis; preventive systems response.

- Quality Assurance (QA) / Access to Care: Centralized referral tracking, scheduling reform, and ethical informatics to reduce delays and improve care continuity.
- Workforce Education and Training (WET): Cultural humility trainings; implicit bias interventions; transparent development of equity-aligned policy.
- ARISE (Anti-Racism, Inclusion, Solidarity, Empowerment): Bridging internal workforce protections with MHSA equity mandates; connecting ADA compliance and psychological safety.
- CARE Court: Rights-centered navigation for family petitioners; oversight contributions to procedural design, quality standards, and systems implementation.

These shifts did not emerge from memos.

They emerged from practice.

Who Owns the Transformation?

- Who diagnosed the structural failures before the system named them?
- Who developed the oversight protocols now in use under exclusion, during leave, and without compensation?
- Who articulated the model now embedded in institutional realignment, but remains unnamed in it?

Equity without transparency is appropriation.

Transparency or Extraction?

As elements of the BCCPTM are adopted, the question is no longer *whether* the framework works — but *how* systems use it. Appropriating community-rooted, ethically developed frameworks without fidelity, transparency, or engagement constitutes institutional erasure.

Equity cannot be built through silent appropriation.

It must be grounded in authorship integrity, transparent dialogue, and principled collaboration.

Institutional Harm, Legal Reckoning — and the Cost of Delay

On **April 4, 2025**, the same day I submitted formal public comment documenting exclusion from CARE Court policy design, **McNicholas Law** announced a historic **\$4 billion settlement** over decades of systemic abuse and oversight failure in Los Angeles County's juvenile justice system.

This is not coincidence. It is structural confirmation.

The breakdowns at the heart of that case — fragmented oversight, administrative opacity, and bureaucratic inaction in the face of preventable harm — are precisely the failures forecast by the BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™). Just six days later, the BCCP™ was formally submitted to the Behavioral Health Commission, revealing how procedural complexity and trauma-neglect perpetuate cycles of institutional abandonment — under the false banner of care.

Rather than formally engage the framework — or the licensed clinician, systems strategist, and equity analyst who developed it — state and County leadership have instead pursued optics-based "transformation" strategies, external consultation contracts that sidestep meaningful accountability.

The framework is now part of the public record.

The author remains excluded.

This is not equity. It is strategic avoidance.

This is not reform. It is reputational management disguised as progress.

When institutions disregard community-informed models and silence those with lived insight, they do not reduce risk — they reproduce it. They do not prevent harm — they formalize its trajectory.

What is at stake now is not innovation. It is integrity. It is public safety.

The Sellers Dorsey Inflection Point

On May 22, the Commission introduced Sellers Dorsey, a for-profit, private equity-backed healthcare consultancy firm, to advise on "next steps."

But the core question is not whether transformation is needed.

It is: Why is it being outsourced when the framework already exists, is embedded in the public record, and was authored by someone inside the very system seeking reform?

To sideline internal expertise for external optics is not innovation.

It is a continuation of **BureauCare logic** — where positional authority is preserved and authorship is erased.

The Framework Exists. The Choice Is Now.

The BCCP™ is a trauma-informed systems equity framework grounded in data, public health ethics, family advocacy, and direct experience. Its companion, the BureauCare Pipeline Prevention Model™, provides actionable strategies for prevention, oversight redesign, and interagency alignment.

What's missing is not readiness.

It's institutional courage.

Will public systems act in good faith — Or protect legacy hierarchies?

Will they partner with those who authored the insight — or continue extracting frameworks from the very communities they exclude?

This is no longer about frameworks.

It is about trust, safety, and public integrity.

Closing Reflection

The BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™) was not developed in theory. It was forged through clinical labor, systemic

trauma-responsive service across Massachusetts and California's public behavioral health systems.

Its insights are already informing institutional strategy. The question is no longer whether change will occur — but whether it will be ethical, equitable, and accountable.

The BCCP[™] and its companion, the BureauCare Pipeline Prevention Model[™], offer prescriptive tools for systems redesign: rooted in public health ethics, cross-divisional application, and the lived navigation of precisely the gaps they now help address.

Structural equity cannot be retrofitted. It must be authored — at the root.

Efforts to replicate or implement these frameworks without ethical fidelity, attribution, or author engagement do not merely risk failure — they compound harm. BureauCare is not neutral. It is a system that institutionalizes delay, risk, and disposability. Its legacy is written in preventable deaths, public distrust, and cycles of systemic abandonment.

Now that the BCCP $^{\text{\tiny TM}}$ has been formally introduced into the public record — amid visible shifts in oversight strategy, language, and design — institutions can no longer claim unawareness. The tools exist. The evidence is submitted. The harm is preventable.

As legal and ethical scrutiny sharpens — from historic juvenile justice settlements to gaps in suicide postvention — this is no longer a matter of policy readiness. It is a test of public conscience, systems leadership, and

institutional will.

The question is: Who will lead the redesign?

Will systems center lived experience — or extract it? Will they practice equity — or perform it?

With continued commitment to systems equity, institutional integrity, and public trust,

Dr. Esroruleh Mohammad

Clinical Psychologist (on Medical Leave)
Author, BureauCare™, BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™),
and B2C3A Pipeline Prevention Model™
Systems Equity & Family Advocate| Public Behavioral Health

<u>TamimMohammad@GMail.Com</u> | <u>EMohammadPhD@icloud.com</u>

This publication is submitted independently and not on behalf of LACDMH.

Author's Postscript: Attribution, Risk, and Institutional Integrity

On April 4, 2025, I submitted formal comment to the CARE Court Town Hall documenting structural exclusion from County reform efforts that visibly echoed my own work. That same day, a \$4 billion settlement was announced in response to institutional failure and abuse in Los Angeles County juvenile detention systems. The timing is not incidental.

The BureauCare-to-Custody-Cemetery Pipeline[™] was designed to **prevent** the very consequences exposed by this settlement: unaccountable systems, fractured oversight, and preventable trauma. Its prescriptive counterpart, the B2C3A Pipeline Prevention Model[™], offers field-tested tools for ethical

alignment and trauma-responsive infrastructure.

On April 10, I introduced the BCCP[™] to the Los Angeles County Behavioral Health Commission, placing it in the public record. By May 22, its structure had already surfaced in departmental frameworks and stakeholder submissions — without attribution.

When frameworks built for public protection are implemented without engagement or fidelity, the risk is not only distortion. It is **deepened** inequity — and institutional replication of the very harms reform is meant to correct.

Equity without **authorship integrity** is performance. Systems equity demands transparency, accountability, and co-stewardship — not extraction.

Copyright and Trademark Notice

The BureauCare-to-Custody-Cemetery Pipeline[™] and the B2C3A Pipeline Prevention Model[™] are original, proprietary frameworks developed and authored by Dr. Esroruleh Mohammad. They are registered with the U.S. Copyright Office (TXu 2–486–534), with trademark filings pending at the USPTO.

Unauthorized use, adaptation, or derivative application — without formal engagement, attribution, and fidelity to purpose — may constitute a violation of legal, professional, and ethical standards.

Update (July 2025):

Recent Los Angeles County Board of Supervisors motions — particularly

Items 6 12 and 13 of the July 8 2025 agenda — reflect unmistakable

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alignment with the diagnostic findings and policy logic of the $BureauCare-to-Custody-Cemetery\ Pipeline^{TM}$ (BCCPTM) and its companion $B2C3A\ Pipeline$ $Prevention\ Model^{TM}$. While this validates the frameworks' institutional

relevance, the absence of formal attribution or author engagement raises enduring concerns about transparency, ethics, and equity in public systems implementation.

For a detailed policy analysis of this convergence, see the full article: "From Public Comment to Public Policy"

Legal and Ethical Disclaimer

This article reflects the author's independent clinical and systems-level analysis and public interest reporting, protected under:

- California Labor Code §1102.5 (Whistleblower protections)
- First Amendment protections for public policy critique
- Statutory frameworks governing workplace safety, equity oversight, and public accountability

For consultation, citation, or implementation inquiries, contact:

Dr. Esroruleh Mohammad — TamimMohammad@GMail.com





Title: Recognition-Only Convergence Exhibit — BCCPTM / B2C3ATM and PIVOT (LACDMH, June 9, 2025) + BHSOAC Minutes (May 22, 2025)

Prior Submission: BCCPTM / B2C3ATM entered into County record Apr 10, 2025; U.S. Copyright TXu 2-486-534 (effective Apr 15, 2025).

Purpose: Preserve provenance via neutral prior-work acknowledgment. No methods/templates/tools disclosed.

Top Convergences (Page \rightarrow **Quote** \rightarrow **Type** \rightarrow **Alignment):**

- 1. p.1 (PIVOT) "Total Amount Requested: \$34,788,012.23... Duration: 4 Years... significant redesign... across FSP, General Outpatient, MHSA Prevention, Peer Resource Centers."
 - o Type: Systems redesign; capital/ops alignment.
 - o Alignment: Mirrors B2C3A's staged redesign and BCCP's upstream capital/ops alignment across care settings.
- 2. p.2–3 (PIVOT) "Define levels of care... step-down services... adapt enrollment/transfer... develop infrastructure to collect data... include housing, justice involvement, institutionalization, child welfare, juvenile justice indicators."
 - o Type: Navigation logic; priority-risk data.
 - Alignment: Tracks BCCP pipeline risk-mapping and B2C3A's data-anchored transitions.
- 3. p.5–6 (PIVOT PATHWAYS) "Transition prevention to BHSA Early Intervention... enable Medi-Cal billing... select a Third-Party Administrator... EHR purchase/supports."
 - o Type: Coordinated access; procurement restructuring.
 - Alignment: Operationalizes B2C3A's coordinated-access plus procurement/EHR/TPA scaffolding.
- 4. p.6–7 (PIVOT PRCs → Clubhouses) "Transform PRCs to Clubhouse model... accreditation... data-driven evaluation... regional training hub."
 - o Type: Postvention & recovery infrastructure.
 - o Alignment: Aligns with BCCP postvention/continuity + capability-building.
- 5. BHSOAC Minutes 5/22/25 "Esroruleh Mohammad, Ph.D.... author of the 'BureauCare-to-Custody-Cemetery Pipeline'..."
 - o Type: Institutional timing/alignment.
 - o Alignment: Confirms BCCP's presence in the record while PIVOT-style redesign advances.

Record Accuracy (recognition-only):

- Meeting cadence: no public Commission meetings May 23–Aug 27.
- Minutes: 5/22 minutes list BCCPTM but omit companion B2C3ATM referenced in my filings.

• Posting: written comments submitted May 28, June 17, July 16 are not visible in meeting tabs, while later ones appear.

Requested neutral note for the record:

"Prior Work Acknowledgment: Concepts overlap with the BureauCare-to-Custody-Cemetery PipelineTM (BCCPTM) and B2C3ATM Pipeline Prevention Model (Mohammad; entered into public record Apr 10, 2025; U.S. Copyright TXu 2-486-534, effective 4/15/2025)."

References

- Mohammad, E. T. (2025c, May 22). Who leads the redesign? Medium. https://medium.com/@tamimmohammad/who-leads-the-redesign-5dd1d6013707
- BureauCare-to-Custody-Cemetery PipelineTM (BCCPTM) and B2C3ATM Pipeline Prevention Model. Entered into County record April 10, 2025; U.S. Copyright TXu 2-486-534 (effective April 15, 2025).

Good morning, Chair and Commissioners. I'm Dr. Esroruleh Mohammad, clinical psychologist and author of the BureauCare-to-Custody-Cemetery PipelineTM (BCCPTM) and the B2C3ATM Pipeline Prevention Model—entered into County record on April 10, 2025; U.S. Copyright TXu 2-486-534 effective April 15, 2025.

For broader context, I have also published a public-facing summary of this work in Who Leads the Redesign? Authorship, Accountability, and Structural Ethics in California's Behavioral Health Transformation (Medium, May 22, 2025).

For the record: after my April 24 and May 22 filings, the Commission did not convene publicly for three months while County redesign work advanced. The approved May 22 minutes name **BCCPTM** but omit the companion **B2C3ATM** prevention model referenced in my submissions. Several of my written comments (May 28, June 17, July 16) are not posted in the agenda tabs.

Today I'm filing a **recognition-only** exhibit documenting **structural convergence** between my frameworks and LACDMH's **PIVOT** redesign: a four-year \$34.8M system redesign spanning **prevention** → **FSP** → **peer recovery**; navigation and step-down standards with priority-risk indicators; and procurement/EHR/TPA infrastructure—core BCCP/B2C3A categories.

My requests are modest and pro-trust:

- 1. Enter the exhibit with a neutral **prior-work acknowledgment**.
- 2. Correct the May 22 minutes to reflect both frameworks (BCCP and B2C3A).
- 3. Post the missing written comments so the public record is complete.
- 4. When redesign evaluations are posted, please include **disaggregated early-warning metrics** tied to navigation and diversion—not punitive substitution.

Respectfully submitted,

Dr. Esroruleh T. Mohammad, Ph.D.

Clinical Psychologist (on Involuntary Medical Leave)

Author, BureauCare-to-Custody-Cemetery PipelineTM (BCCPTM) and B2C3ATM Pipeline Prevention Model

Date: August 25, 2025