

Public comment from T. Mohammad

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Sent: Tuesday, March 24, 2026 11:04 AM

To: BHSOAC Public Comment <publiccomment@bhsoac.ca.gov>; BHSOAC <mhsoac@mhsoac.ca.gov>

Cc: Mayra Alvarez <mayra.alvarez@bhsoac.ca.gov>; Brenda Grealish <brenda.grealish@bhsoac.ca.gov>; Amariani Martinez <amariani.martinez@bhsoac.ca.gov>

Subject: Public Comment – March 26, 2026 BHSOAC Meeting

Good morning, Behavioral Health Services Oversight and Accountability Commission,

I am submitting this public comment for the March 26, 2026 Commission meeting to document system behavior following prior notice provided through multiple public submissions since April 2025 regarding ADA Title II communication requirements and program access within Medi-Cal behavioral health systems.

This submission is also provided pursuant to a documented ADA Title II written-only communication accommodation, previously confirmed in October 2025 in state and departmental proceedings. To ensure effective communication and equal access to participation, I respectfully request that this comment be accepted and included in the March 26, 2026 meeting record given the standard 72-hour submission guideline, or alternatively, that this request and submission be preserved as part of the Commission's ADA accommodation and access record.

After providing formal notice through Commission proceedings and related state and county channels, I experienced continued failure of effective communication and exclusion from CARE Court participation as a petitioner, including lack of required written information and failure to implement an approved written-only communication accommodation.

These issues directly reflect areas addressed in the Commission's current agenda, including caregiver advocacy and system data and accountability, while my own participation and access have remained limited.

As a result, timely access to necessary psychiatric care did not occur through county-administered systems. Instead, care was obtained through a prior treating psychiatrist outside the local system after more than two years without consistent access.

This comment is submitted to document that, following notice, program access barriers persisted and required external intervention to obtain care.

A related complaint has been submitted to federal oversight for review of these access and communication issues.

I respectfully request that this record be maintained as part of the Commission's oversight of access, communication, and accountability within behavioral health systems.

Respectfully,

Dr. Esroruleh T. Mohammad

Licensed Psychologist

CARE Court Petitioner