



PUBLIC COMMENT TO ADDRESS THE BEHAVIORAL HEALTH COMMISSION
July 24, 2025
Executive Committee Meeting

Commissioners by Supervisorial District

District	1 st	2 nd	3 rd	4 th	5 th
Supervisor	Hilda L. Solis	Holly J. Mitchell	Lindsey P. Horvath	Janice Hahn	Kathryn Barger
Commissioners	Susan Friedman	Kathleen Austria	Stacy Dalglish	Victor Manalo	Lawrence Schallert
	Bennett W. Root, Jr.	Reba Stevens	Thomas Roache	Michael Molina	Brittney Weissman
	Imelda Padilla-Frausto	Erica Holmes	Vacant	Marilyn Sanabria	Vacant

L.A. County Board of Supervisors Member: Supervisor Kathryn Barger

Agenda #	Name	Method used to address the Commission (e.g., By phone, in-person, or email)	Type of Public Comment (e.g., General or Stakeholder Report)	Comments
<p>The following individuals addressed the Commission either in person or by phone during this meeting. PLEASE NOTE: The text below has been retrieved from the non-verbatim transcript produced by our live captioning service. For the emailed communication, we have copied the text from the email received and pasted it on to this document.</p>				
Public Comment	Ezekiel Reyes	In person	Stakeholder Report/SA4	<p>Hi, I'm Ezekiel, software cochair. We are hosting or we are piggybacking off of a Korean event that's happening on Saturday, July 26th at 7:00 p.m., held at 200 13 South Hobart Boulevard, Los Angeles, California. We are hoping to see around 200 young people there.</p> <p>We've already been told that they have already signed up almost 100 families to visit, to stop by. So, it should be pretty good. We're looking into seeing how many more events we can, you know, get involved with throughout our community.</p> <p>As of right now, this is the community for the Korean we have a Hispanic Heritage Month coming up, so we're trying to figure out what we'll do for that.</p>

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				<p>Now, for the public comment, for my public comment, homelessness, those experiencing homelessness, there's transition phases like most of the people that we see like sleeping out on the street.</p> <p>That's the ending phase, like the people that don't care about how they look, how they smell, how they connect in front of you. That's the ending phase.</p> <p>We need not only to help those people, definitely, for sure, but we need to also help the individuals that are transitioning into that phase by way of helping them with food, by way of helping them with storing their items. That way, they don't have to consistently think negatively, pushing them further into a more destructive phase in the process.</p> <p>So, thank you very much.</p>
Public Comment	Brian Heyman	In person	General	<p style="text-align: center;">My name is Brian Heyman. I live in the City of Downey, and this is my first opportunity to attend the Behavioral Health Commission.</p> <p style="text-align: center;">I'm very active in the active military and veteran space when it comes to mental health, trying to help our active military and veterans and their families in mental health issues, not so much in crisis, thank goodness, they're not all in crisis.</p> <p style="text-align: center;">But we are facing a crisis of suicide among veterans. Some estimate the number to be 22 a day; I don't know how many it is, but one is way too many. But I want to commend this body, the full Commission especially for all the work it's doing with the Department of Veterans, the Department of Mental Health of</p>

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				<p>course, and Military and Veterans Affairs in helping veterans with many things besides just mental health.</p> <p>And it's taking a partnership; the VA in partnering with the Department of Military and Veterans Affairs and Mental Health has been very successful in helping veterans get off the street.</p> <p>The gentleman that spoke before me mentioned the end stage of homelessness. We have way too many veterans who are in the end stage of homelessness, and many more of them dealing with challenging housing issues further up the street.</p> <p>So, whatever this body can do going forward to help with the homeless veterans and especially those struggling with suicide ideation, it would be greatly appreciated. And that's all the comments I have. Best of luck to you all, thank you.</p>
Public Comment	Ricardo Kim	In Person	Stakeholder Report/SA4	<p>Morning, Chair, Members of the Commission. My name is Ricardo, an LA County stakeholder. There's a correction on the minutes for the regular that I'll bring up during the next regular meeting. I just wanted to say, um, that, you know, I'm grateful for the Department of Mental Health and SAPC, the Department of Public Health for what they're doing in terms of our BHSA CCP meetings.</p> <p>They are trying to engage and increase the membership. My concern is and our concern is that mental health, community health workers are not once again being ignored of their vital role in this process. So they are not being there's been no invitation.</p> <p>I just recently just before this meeting had a conversation with a community health worker who has not received an invitation to be a CPT member. And there has been no effort to outreach to all our</p>

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				<p>mental health community health workers across all eight service areas, and they need to be at the BHSA meetings. And if they are scheduled to work, it would be nice that they get paid to go to these meetings.</p>
Public Comment	Irene Ratliff	In Person	General	<p>You know, I was pondering, like what am I going to say? There's just so much to say. A year ago I came and I remember wearing my happy birthday glasses. It is my birthday coming up again. And I think that my commitment to try to explain my anger at what I'm experiencing has not been met through the department like that, honestly. And I know that some of the conversations like when I touch bases, for an example, with sexual assault, when I reached out to the underserved cultural community, which we have here with DMH, the LGBTQ community, the Black and African USCC, it has not been it has not been something forthcoming at, say, in being resourceful for my cry. Now, I kind of dabbled a little bit into the general community. And I guess the activism that I was looking for was not created, right? And I know that I had mentioned a lot of other different things that occurred to me, not only for myself, but then yet here it is, looking at the larger picture as some of the conversations, listening in regards to the general population starting with our kids, our youth, looking at re-entry. And then when I look at myself, an educated woman, caught up, I end up reaching out -- Yes. Regarding monetary support, it's one thing to talk about event planning, but you're just now talking about livelihood and said unfortunately, I thought that there was an</p>

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				emergency, which it was. And to look at now something that is homeless and to look at veterans and yet here it is, a conversation that I'm speaking of in regards to the brigade, you know. There's just so much work. And I don't think that, here it is, one individual's cry is sufficient. However, it only requires one person to open and knock on doors. Thank you. Irene Ratliff, Street Company.
Public Comment	Dr. Mohammed	By Phone	General	I'm a psychologist that's currently on involuntary medical leave from LA County DMH. (Indiscernible) pipeline prevention (indiscernible). These frameworks were developed over a decade of clinical assistance service and introduced to the Commission and other County bodies beginning in April of 2025. There is fragmentation, administrative burden and failed oversight, these cycles of preventable harm, especially among (indiscernible) caregivers and disabled professionals. Since then, County leaders have begun implementing strategy, language, infrastructure, even entire (indiscernible). These are the frameworks I submitted. (Indiscernible) in a participation. What does it say about our system when frameworks built to prevent harm are (indiscernible)?
Public Comment				
Public Comment				
Public Comment				

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Public Comment				
Emailed Public Comment Correspondence				
Public Comment	Dr. Esroruleh Mohammad	Email	General	<p>Public Comment – July 24, 2025: Good afternoon Commissioners, My name is Dr. Esroruleh Mohammad. I'm a Clinical Psychologist currently on involuntary medical leave, and the author of the BureauCare-to-Custody-Cemetery Pipeline™ and B2C3A™ Pipeline Prevention Model.</p> <p>These frameworks were developed over a decade of clinical and systems-level service and introduced to this Commission and other County bodies beginning April 2025. They diagnose how fragmentation, administrative burden, and failed oversight deepen cycles of preventable harm—especially among historically excluded communities, caregivers, and disabled professionals.</p> <p>Since then, County leaders have begun implementing strategies—language, infrastructure, even entire logic models—that mirror the frameworks I submitted. But I remain excluded from participation, acknowledgment, or consultation.</p> <p>What does it say about our system when frameworks built to prevent harm are adopted without naming the person who authored them? What does it say when a disabled clinician is silenced—while their work is used to guide multimillion-dollar reforms?</p> <p>This Commission has the opportunity to demonstrate ethical leadership. Not just by advancing equity rhetoric, but by practicing attribution, inclusion, and accountability.</p>

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				<p>My question to each of you is this: If we want to end cycles of suicide, harm, and public distrust—can we do that through silence, or must we start by telling the truth? Note: As of May 8, 2025, I remain under a formal communication restriction issued by LACDMH Human Resources, prohibiting written communication with department leadership—including those currently engaged in parallel implementations of these frameworks. For this reason, Director Lisa Wong is not copied. This exclusion remains in effect despite the foundational influence of BCCP™ and B2C3A™ on current access, safety, and postvention policy structures within LACDMH. Thank you.</p>
Public Comment				
Public Comment				

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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