



LA COUNTY BEHAVIORAL HEALTH COMMISSION (BHC)
“Advocacy, Accountability, and Oversight in Action”
Victor Manalo, Chair, Presiding

REGULAR MEETING MINUTES

MEETING DATE	July 10, 2025		
START TIME	11:00 AM	ADJOURNMENT TIME: 1:36 PM	
LOCATION	510 South Vermont Ave., Terrace Level Conference Room, Los Angeles, CA 90020		
ATTACHMENTS	MEETING RECORDING LINK	BHC Public Comment Document BHC Regular Meeting Non-verbatim Transcript for 7.10.2025 PART 1 BHC Regular Meeting Non-verbatim Transcript for 7.10.2025 PART 2	AGENDA LINK

IN ATTENDANCE	ABSENT (E= Excused; U = Unexcused)
COMMISSIONER NAME	
Reba Stevens, Thomas Roache, Bennett Root Jr., Michael Molina, Dr. Erica Holmes, Victor Manalo, Brittney Weissman, Susan Friedman, Lawrence Schallert, Marilyn Sanabria, Tyler Cash, and Stacy Dalgleish	Imelda Padilla-Frausto (U) and Marilyn Sanabria (U)
QUORUM PRESENT: Yes	APPROVAL: YES. Motion made by Commissioner Weissman. Seconded by Commissioner Root. Minutes approved on 9/11/25.
ADJOURNED: 1:36 PM	

MEETING MINUTES

AGENDA / ACTION ITEMS	DISCUSSION/DECISION SUMMARIES	FOLLOW-UP ITEMS
3. PUBLIC COMMENT –		
<i>Stakeholder Group Reports</i>	Stakeholder groups in attendance: <ul style="list-style-type: none"> SALT 6 SALT 4 	<ul style="list-style-type: none"> SALT 6 to share their events with the Behavioral



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	<ul style="list-style-type: none"> • SALT 7 <p>Stakeholder reports:</p> <ul style="list-style-type: none"> • SALT 6 Increased number of SALT members by spreading awareness of the team reassuring community members they will be heard and supported. Additionally, the new attendance requirement of the Bylaws has increased continuous attendance. • SALT 7 Reported on the outcome of clergy round table and the lack of knowledge around 988. • SALT 4 Reported that recent ICE raids have disrupted planned events and SALT 4 is currently looking to adjust. Additionally, there was encouragement to provide basic needs to the unhoused population to shift toward stability and positive thinking. 	<p style="text-align: center;">Health Commission.</p>
<p><i>General Comments</i></p>	<p>Jacob, Irene Ratlif, Charkes Wade, and Dr. Esroruleh Mohammad addressed the Commission by phone, in-person, and with emailed communication. See attached public comment document.</p>	
<p>4. CONSENT AGENDA</p>		
<p>a. Approval of the minutes:</p> <p style="margin-left: 20px;">I. May 08, 2025</p> <p style="margin-left: 20px;">II. June 12, 2025</p> <p>b. DMH Constituent Follow-Up Report</p> <p>d. BHC Budget Report BHC Budget Report FY2024-25 7/10/2025 BHC Budget Report FY2025-26 - 7/10/2025</p>	<p>Items a, b, and d on the consent agenda approved. Motion made by Commissioner Dalgleish. Seconded by Commissioner Roache.</p>	



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<p>c. DMH Legislative Update Reports (DMH & DPH-SAPC)</p> <p>DPH-SAPC Legislative/Budget Report 7/10/2025</p> <p>DMH Legislative Report 07 10 25</p>	<p>Discussion:</p> <p>DMH Legislative Report</p> <ul style="list-style-type: none"> • Commissioner Austria asked how the state plans to adjust the Department of Mental Health (DMH) budget given the impact of the One Big Beautiful Bill. • Commissioner Austria asked if DMH plans to serve people with mild to moderate mental health needs. • Commissioner Austria asked how SAPC clients would be affected due to potential budget cuts. • Commissioner Friedman clarified that TAY services cover up to the age of 21 or 24, not 19 as mentioned by the presenter. • Commissioner Dalglish pointed out that the budget should account for those who may not seek services due to the increased ICE activity in the county. • Commissioner Stevens asked how the entire county is working together to serve the population effectively. <p>DPH-SAPC Legislative Report</p> <ul style="list-style-type: none"> • Commissioner Stevens asked if ICE activity in LA County might lead to higher substance use rates. • Commissioner Dalglish asked about the likelihood of the Hypodermic Needles and Syringes programs being extended. <p>Requests:</p> <ul style="list-style-type: none"> • Commissioner Dalglish requested that the department consider how the state protects the confidentiality of personal information for undocumented people, and what languages this information is shared in. • SAPC staff will bring an update on the status of AB 309 (Zbur) Hypodermic Needles and Syringes, and how it might affect current 	<ul style="list-style-type: none"> • DPH SAPC Staff to provide information on the potential impact of AB 309 on current programs.



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	<p>programs.</p> <p>Items C on consent agenda approved. Motion made by Commissioner Molina. Seconded by Commissioner Austria.</p>	
5. BUSINESS CARRIED FROM 5/08/25		
a. AOT Report	<p>Discussion:</p> <ul style="list-style-type: none"> • Commissioner Austria referred the Assisted Outpatient Treatment (AOT) topic to the Behavioral Health Executive Committee and emphasized the importance of ensuring staff feels valued. • Commissioner Dagleish asked what options are available for people who are in need but are found ineligible for AOT. • Commissioner Weissman asked AOT staff to provide recommendations on what their next steps should be in terms of their relationship with the Behavioral Health Commission. <p>Requests and decisions:</p> <ul style="list-style-type: none"> • Commissioner Weissman suggested creating an ad hoc or adding a sub-item under the new CARE Court motion dedicated to AOT oversight and receiving regular reports. • Chair Manalo asked the AOT item to be added to the agenda for the next Executive Committee meeting. 	<ul style="list-style-type: none"> • Crystal to follow up with the response from the program head and the motion’s author regarding the feasibility of adding an ad hoc or sub item. • Kenia to add the AOT item to the Executive Committee agenda.
6. STANDING ITEMS		
a. DMH Director Update – Dr. Lisa Wong	<p>Discussion:</p> <ul style="list-style-type: none"> • Commissioner Stevens suggested that CAF offer stipends for meetings related to SAPC to encourage participation. • DMH BHSAs Admin staff will collaborate with SAPC staff to identify which meetings should be included in the CAF program. • Commissioner Austria recommended increasing outreach and educating the public at community meetings about the steps needed 	<ul style="list-style-type: none"> • DMH BHSAs Admin staff to reach out to SALTs and UsCCs to encourage their participation in the BHC meetings.



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	<p>to join the CAF program.</p> <ul style="list-style-type: none"> • Commissioner Dalglish asked about the reasons behind the recent drop in CAF participation. • Commissioner Stevens raised concerns about the lack of adherence to the Bylaws by UsCCs and SALTs, which require attendance and reporting at BHC meetings, and asked what could be done to address this. • Chair Manalo stressed the importance of attendance and active participation from the BH commissioners, SALTs, and UsCCs. • Commissioner Stevens encouraged the DMH Director to consider options to ensure the department does not lose touch with the population who is currently hiding. She suggested another version of the Full-Service Partnership (FSP) program and to visit the homes of those in need. • Commissioner Austria asked how the state plans to manage the DMH budget because of the One Big Beautiful Bill. • Commissioner Roache asked whether the DMH has released a public statement explaining the safeguards DMH has for its clients. <p>Decisions:</p> <ul style="list-style-type: none"> • Dr. Wong requested that DMH BHS Admin staff reach out to SALTs and UsCCs to encourage their active participation. 	
<p>b. DPH-SAPC Update – Expanding Care Options for Patient Centered Care - Dr. Hurley, our Medical Director</p>	<p>Discussion:</p> <ul style="list-style-type: none"> • Commissioner Weissman asked about the guidance DPH-SAPC has on programs that will be impacted by the decreases in harm-reduction supplies. • Commissioner Schallert praised the attempts to work with community mental health centers and asked about the success rate seeing as he has yet to witness that in person. 	<ul style="list-style-type: none"> • SAPC staff to provide more information on harm reduction services.



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	<ul style="list-style-type: none"> Commissioner Schallert urged DPH-SAPC to consider increasing funding to early-start programs in the harm reduction plan. Commissioner Stevens pointed out that there is no community amongst those who are staying sober which would serve as a support group on how to remain sober and increase their coping skills. <p>Requests:</p> <ul style="list-style-type: none"> Commissioner Stevens requested more information regarding harm reduction services for Referrals for Needed Services. 	
<p>c. MHSA/BHSA Updates – Kalene Gilbert & Katherine Li BHSA Update 07/10/2025 SALTs FY 2024-25 Expenditure Report 07 10 25</p>	<p>Discussion: MHSA/BHSA Updates</p> <ul style="list-style-type: none"> Commissioner Friedman asked how DMH MHSA and DPH SAPC are planning on engaging at-risk youth. Commissioner Weissman suggested discussing how DMH-BHSA and DPH-SAPC will be affected by the new DHFH. <p>SALT Expenditure Report</p> <ul style="list-style-type: none"> Commissioner Austria stated she would like to have quarterly expenditure reports. <p>Requests:</p> <ul style="list-style-type: none"> Commissioner Weissman and Deputy Tyler Cash requested Sarah and the appropriate DMH Staff to provide an update about how DSH will affect DMH-BHSA and DPH-SAPC. Commissioner Dagleish requested information on future community events. 	<ul style="list-style-type: none"> DMH MHSA and DPH SAPC staff to provide information on the anticipated impact of DHFH and share information for future community events.
<p>8. Updates & Announcements</p>		



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a. Updates: - BHC At-Large Member Recruitment – 16 applications, no application for 25 years and younger category	Due to the loss of quorum, the commission could not proceed with the remaining agenda items. Items 6c through 8c are carried to 9/11.	
b. Announcements - BHC Annual Retreat – September 11, 2025, 9 a.m. to 3 p.m. @ DMH HQ		



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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	Jaqueline Sandoval-Valenzuela	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	Pastor E	In Person	Stakeholder report	<p>This is the co-chair. I just want to say thank you for having us again. Last meeting, we did mention something about giving a report on growth and things we were doing at SALT6. And I'd be remorse if I didn't start out by saying this push was something that was dynamic. Part of this report because without our energy. Thank you. When I first came -- when I first came to SALT6, I was just a community member in 2022, it was virtual and we had 11 or 14 members and at that time, I could say personally getting the word out, most people weren't aware that erupted some things and then going into 2023. So we started out with 11 virtually and I'll say myself and the statements and the co-chair at that time. What really was successful was us getting the word out letting community</p>

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				<p>members know that there is a service area leadership team and there is a way to be heard. The biggest thing was people thought they were going to the meetings to be able to talk to and we were able to translate that into this is a room and a space that people can be heard dynamic. So what was great about it was getting the word out but also we were there to collaborate and work with them many ventures in the community not just financially but support, that went great. So now we're at a total of 89 members of our in-person meeting because in January of 2023 -- 2024, we went lye and have been that way since and now we're up to 89. We were at 115 but then people fell off. Now the new bylaws, it must be a five attendance out of a five of nine ratio to be a voting member. We're up to about ten now which is dynamic because we were only up to us chairs and the ones who would come and getting involvement and the collaboration of the community. That goes to this part here. We have two events coming up. July 19th, Faith and Boys where we are doing expungements, job placement, youth training and we're also doing health and wellness events to find out the needs of our community as we always do which is a great thing. We're at 150 in registration now and about 30 vendors. We're going to do a great thing on that day. And then on August 2nd in collaboration with not like us -- I got that name wrong. The I'll put that in my report, chief, but we're partnering with them in the Baldwin Hill Mall to do a back to school health and wellness check. We're going to be supplying 2500 backpacks. We're coming in with the services that will now coordinate into some of the services in the meetings. We're doing skits, we're doing plays. We're talking about bullying and peer</p>

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				pressure in a more active way to get the attention of our youth to let them know there are health and services for that. Of the that's about my report. Thank you guys for hearing from me today. We're doing great in SALT6. All SALTs are doing great but I know we're pushing to get the word out that mental health is not crazy, it's just something natural for all of us, but most people in my community have been told to get in touch with a therapist, to get in touch with a mental doctor, that means you're crazy and you don't do that. So we're changing the narrative to know that we all have problems and you need the help to get it.
Public Comment	Jacob	In person	General	Thank you for hosting. I worked since the late 80s among the jobs that I had my family's in Israel now I have my speech, it's very important to understand that the politics is enthrired. Why can't the U.S. be Internationally strong and take care of all its citizens and residents. The visitors all meet in Cape Cod. What they talk about is their money deals and next change of guard. As to myself I'm split between my French synagogue and that's it. That's all I wanted to say.
Public Comment	Yvonne Sandoval	In Person	Stakeholder Report	Good morning everybody. Commission, folks who have came to this meeting. You're here for a reason and so am I. I just want the to give the highlights for June. On June 7th, it was fantastic. Things were happening all around, you know, South Gate is a big community, they have a lot of residents and they have a very supportive mayor. So it helps with the stigma getting rid of the stigma like Pastor E. Said. So if you need somebody to talk to. My other co-chair and I went to the clergy round table that was held a

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				<p>couple of weeks ago and it was held in huntington park and it must have been like 26, 30 people there, and it was just awesome talking about mental health and it was great information, you know, and, of course, I realize because of my co-chair, she says, hey, talking to just anybody, do you know about 988? A lot of team don't know about 988. But I got on the bus and I asked the same question. She's made this informal thing, do you know about 988 and I asked everybody on the bus and because Erica that was our spokes person on the stand there there's so much activity going on at the same time and you don't really get to hear it, so we need to ask 988 folks. I did see them at Rio Hondo college. And we need more of that. You know, I took another folks from the seniors on another tour and I asked them, I go, hey, who knows here about 988, two people out of 988 and it's to remind everybody it's not police called. It's not a 911 and you don't necessarily have to have people go out to your house, you can text, talk, it's national. That's it. My time is up. Thank you everybody.</p>
Public Comment	Irene Ratliff	In Person	General	<p>Good morning. Irene Rapma. In the last meeting that we had, I had an expression regarding the upheaval of people who were angry about immigration. What I find interesting is we come to another time and I'm hopeful that the city and county of Los Angeles become friends with sue. I had a conversation with someone, a young man, not incarcerated and he said, you know, I couldn't join the military because I had tattoo on my neck. I had conversations and about selective services. Last month, they had a representative right here from the Department of Mental Health that focus on youth. We had two people, one to focus on substance abuse and the</p>

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				<p>other wanted to talk about those who are actually in facilities. Now, I had e-mailed them like I just had a whole package for that expression to talk about the brigade where I looked at the story and the story is is that we have a very large bottom whether we're talking about the people in our normal seat. Our youth who are not selected and create that something as a preventative measure against here it is some of the things that we may find as social issues, homelessness, joblessness.</p> <p>So when I look at myself, right and I'm like, wow, I know when I came here initially, I was crying out about about my concerns about drones and satellites, so it doesn't change to talk about chip which is constitution, human, independence, and civil rights and that being said how it is related to mental health and behavioral health and looking at now as an adult and yet here it is the concern collectively from the general population.</p>
Public Comment	Ezekiel Reyes	In Person	Stakeholder Report	<p>Hi, my name's Ezekiel Reyes. I'm the service area 4 co-chair. So I'll start with the updates first. Service area 4 is having problems due to us being significantly hit due to the I.C.E. raids and stuff like that. So a lot of our events that we had planned are now up for grabs at this point. So we're trying to plan out new ones. We're trying to find ways for the Hispanic heritage month when it comes up and so we're having problems for that at this point. So there's also the Korean heritage as well and so we're just having problems and figuring out how this will work without interference from the outside. So there's that. So I always explained food is a necessity or hot meal. That's just part of an algorithm that an individual is living whenever they're experiencing homelessness, so like in order to</p>

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				change an individual that's experiencing homelessness to start thinking positively or help the person quit doing drugs, we need to create a hiccup in their algorithm on a daily basis, so a hot meal was one of them. Like a place for them to store their item social security another one. Like we need to create these kinds of things so that they can choose, like they can see a path created for them and they'll choose based off their circumstances because when you're homeless, you get bored. And you want to do new things. So why not create a path for them by setting up things, services that can help them think more positively that way they themselves can look for a way off the streets instead of us focusing on housing. Again, to a homeless person, that's hieroglyphs. They don't care. We can adapt to our environment. We can sleep on the streets if it's necessary, but the problem with all of that is the basic necessities that aren't being met and that's where I'd like to emphasize the need that we need to focus on. Like we can work on things that are really high up on the level. So we can also help with the basic necessities as well. So thank you.
Public Comment	Charles Wade	By Phone	General	Hello. I'm (indiscernible) from SALT6. I want to thank you for having this meeting. I was hoping I can ask Dr. Wong if she can tell someone to send me my stipend for the month of April, but I missed that opportunity. But thank you very much.
Public Comment	Dr. Esroruleh Mohammad	By Phone	General	Good morning, commissioners. My name is Dr. Asda Mohamed. I'm currently on involuntary medical leave. Systems equity framework formerly submitted to this board on April 10th. The model wasn't born in theory. It merged from over a decade of front

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				line services, systems of a reform and personal advocacy including my own building, psychiatric provider excluded for eligibility since then, an oversight reform has surfaced from county policy. While this advances the author remains exclusive. There's a no compensation, no attribution. No reWilliam burstment. This is not a technical is a those with lived expertise. That knowledge was offered to prevent preventable death. DMH, Dr. Wong bares responsibility not (indiscernible) at the expense of ethical practices. Equity was not answered (indiscernible). To accommodate the presentation illustrates exactly why this matters. No framework can be advanced without honoring the people and (indiscernible) that make it possible. Thank you.
Public Comment				
Public Comment				
Emailed Public Comment Correspondence				
Public Comment	Dr. Esroruleh Mohammad	EMAIL	GENERAL	<p>Dear Behavioral Health Commission,</p> <p>Please accept the following public comment for inclusion in the official record of the July 10, 2025 Commission meeting. I will also be presenting this comment verbally during the public comment portion of the meeting.</p> <p>Public Comment – July 10, 2025 LA County Behavioral Health Commission</p>

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				<p>Good morning Commissioners and County leadership,</p> <p>My name is Dr. Esroruleh Mohammad. I am a Clinical Psychologist on involuntary medical leave from LACDMH, and the author of the BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™)—a systems equity framework formally introduced into the public record during your April 10, 2025 session.</p> <p>This model was developed over more than a decade of clinical service, systems-level analysis, and equity-based reform efforts across PEI, CMMD, QA, WET, ARISE, and Access to Care. Several of these components—including suicide postvention protocols, centralized referral tracking, and oversight redesign—are now active County policy, mirroring BCCP™ submissions introduced while I remained medically sidelined.</p> <p>BCCP™ was submitted to support public safety, ethical oversight, and trauma-informed transformation. Since that submission, I've witnessed multiple components of the BCCP™—and its companion B2C3A™ Prevention Model—implemented or referenced across County divisions, from postvention to referral tracking, cultural competency, and CARE Court reforms.</p> <p>What remains missing is not implementation—but attribution, ethical engagement, and structural remedy.</p>

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July 10, 2025

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				<p>Public systems must not absorb trauma-informed strategies rooted in lived experience and research-informed service while excluding their author, especially under conditions of unpaid medical leave. When frameworks like BCCP™ are adopted without fidelity or consultation, the result is not only erasure—it is systems-level distortion.</p> <p>This Commission holds a charter responsibility to ensure that equity is not performative, but practiced—and that public authorship is protected, not quietly replaced.</p> <p>I respectfully urge the Commission to:</p> <p>Formally review the BCCP™ framework, as submitted to the public record.</p> <p>Ensure that its use aligns with transparency, consultation, and institutional accountability.</p> <p>Uphold the ethical standards your Commission was created to safeguard.</p> <p>Attached for Reference: BCCP™ Attribution & Oversight Timeline (2018–2025).pdf</p>

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PUBLIC COMMENT TO ADDRESS THE BEHAVIORAL HEALTH COMMISSION
Regular Meeting
July 10, 2025

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
				Thank you for your time—and for recommitting this space to equity, not exclusion.
Public Comment				
Public Comment				

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From: [Tamim Mohammad](#)
To: [Mental Health Commission](#)
Cc: [COCO Contact Us](#); [CEO ARDI](#); [ceop](#); [Contact PPSGC](#); [mhsa@dhcs.ca.gov](#); [MHSOAC Public Comment](#); [info-POC](#); [DMH RTW](#); [DMH PIO](#); [stateauditor@doj.ca.gov](#); [InspectorGeneral](#)
Subject: Written Public Comment Submission – July 10, 2025 BHC Meeting (Dr. Esroruleh Mohammad)
Date: Thursday, July 10, 2025 8:35:11 AM
Attachments: [BCCP™ Attribution & Oversight Timeline \(2018–2025\).pdf](#)

CAUTION: External Email. Proceed Responsibly.

Dear Behavioral Health Commission,

Please accept the following public comment for inclusion in the official record of the **July 10, 2025** Commission meeting. I will also be presenting this comment verbally during the public comment portion of the meeting.

Public Comment – July 10, 2025 | LA County Behavioral Health Commission

Good morning Commissioners and County leadership,

My name is **Dr. Esroruleh Mohammad**. I am a Clinical Psychologist on involuntary medical leave from LACDMH, and the author of the **BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™)**—a systems equity framework formally introduced into the public record during your April 10, 2025 session.

This model was developed over more than a decade of clinical service, systems-level analysis, and equity-based reform efforts across PEI, CMMD, QA, WET, ARISE, and Access to Care. Several of these components—including suicide postvention protocols, centralized referral tracking, and oversight redesign—are now active County policy, mirroring BCCP™ submissions introduced while I remained medically sidelined.

BCCP™ was submitted to support public safety, ethical oversight, and trauma-informed transformation. Since that submission, I've witnessed multiple components of the BCCP™—and its companion **B2C3A™ Prevention Model**—implemented or referenced across County divisions, from postvention to referral tracking, cultural competency, and CARE Court reforms.

What remains missing is not implementation—but attribution, ethical engagement, and structural remedy.

Public systems must not absorb trauma-informed strategies rooted in lived experience and research-informed service while excluding their author, especially under conditions of unpaid medical leave. When frameworks like BCCP™ are adopted without fidelity or consultation, the result is not only erasure—it is systems-level distortion.

This Commission holds a charter responsibility to ensure that equity is not performative, but practiced—and that public authorship is protected, not quietly replaced.

I respectfully urge the Commission to:

1. Formally review the BCCP™ framework, as submitted to the public record.
2. Ensure that its use aligns with transparency, consultation, and institutional accountability.
3. Uphold the ethical standards your Commission was created to safeguard.

Attached for Reference:

BCCP™ Attribution & Oversight Timeline (2018–2025).pdf

Thank you for your time—and for recommitting this space to equity, not exclusion.

Respectfully,

Dr. Esroruleh Mohammad

Clinical Psychologist (on Medical Leave)

Author, BureauCare-to-Custody-Cemetery Pipeline™

Creator, B2C3A™ Pipeline Prevention Model™

Systems Equity & Family Advocate

tamimmohammad@gmail.com

Please confirm receipt of this written comment for inclusion in the July 10 public record.

Thank you for your continued service.

Sincerely,

Dr. Esroruleh Mohammad

BCCP™ Attribution Timeline and Stakeholder Notice

Prepared by Dr. Esroruleh Mohammad

Copyright Registration: TXu 2-486-534

Framework Title: *BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™)*

I. Formal Submission to Public Record

Date: April 10, 2025

Venue: Los Angeles County Behavioral Health Commission – Written & Verbal Public Comment

Key Components Submitted:

1. Systems equity analysis
2. Oversight reform strategies
3. Trauma-informed care alignment
4. Navigation and access infrastructure for underserved families
5. Evaluative criteria to measure bureaucratic burden and administrative harm
6. Family-centered, trauma-responsive design for CARE Act implementation
7. Equity-aligned language and data reform for cross-agency collaboration
8. Notification of companion implementation framework under development (B2C3A Prevention Model™)

I-A. Linked Institutional Event and Public Accountability Context

April 4, 2025

Context: On the same day that public comment was submitted to the CARE Court Town Hall—documenting structural exclusion and implementation without engagement—a historic \$4 billion settlement was announced for widespread abuse and oversight failure in Los Angeles juvenile detention facilities.

Implication: What systems fail to address through ethical engagement, they are eventually forced to confront through public consequence—often at grave human and institutional cost. This convergence underscores the relevance and urgency of prevention frameworks like the BCCP™ and B2C3A™—tools designed to preempt precisely the kind of institutional harm now requiring retroactive compensation.

I-B. Family-Led Stakeholder Notice and CARE Court Accountability

March 28, 2025

A formal notice was submitted to the CARE team, legal counsel, and Dr. Lisa Wong, Director of LACDMH, affirming the family’s sustained advocacy grounded in both direct caregiving and systems-level engagement. The correspondence cited procedural inconsistencies, exclusion from planning, and unacknowledged use of community-informed insights in CARE Court design. It called for meaningful engagement over extraction and positioned the case as a critical reference for integrity in emerging CARE Act policies.

May 8, 2025

A second formal notice followed, documenting the lack of outreach or engagement updates regarding a court-ordered CARE Act evaluation. The message warned that continued failures could constitute noncompliance with the court's directive and compromise the CARE Act's mission. It reiterated the family's stakeholder status in shaping procedural equity and implementation fidelity. A written response was requested by close of business.

II. Prior Notification to Department Leadership

Dates: April 3–4, 2025

Recipient: Dr. Lisa Wong, Director, LACDMH

Key Communications:

- Identified adoption of BCCP™-aligned strategies in ARISE, WET, and MHSA equity documents
- Noted absence of author attribution or consultation
- Requested formal acknowledgment and structured engagement

III. Pattern of Unacknowledged Institutional Adoption

April 30, 2025:

- LACDMH publicly released a framework mirroring BCCP™ language and structure

May 20, 2025:

- CARE Court Stakeholder Report used themes and constructs submitted in the April 4 comment
- No reference to lived experience, authorship, or contribution from the original developer

Note: Both events occurred following formal public record submissions and correspondence requesting recognition of authorship and alignment with the BCCP™ framework.

IV. Mirrored Institutional Communications

April 30, 2025:

- Navigation supports, trauma coordination, and equity-aligned oversight outlined in departmental framework reflected BCCP™ methodology

May 20, 2025:

- CARE Court Report paralleled the BCCP™-submitted themes from April 4, including systems navigation, risk analysis, and trauma-informed care
- Omitted attribution to authorship, despite the structural overlap

V. Record of Contributions During Medical Leave (2023–2025)

BCCP™ tools informed and predated implementation in:

1. Suicide postvention protocols (CLRM/SI)
2. Referral and waitlist tracking systems (QA/Access to Care)
3. Clinical oversight models (CMMD)
4. Equity transformation initiatives (ARISE, WET)

January 21, 2025: A formal cease-and-desist notification was issued in response to unauthorized appropriation of submitted frameworks during involuntary medical leave.

VI. Legal and Ethical Framework

- **Copyright Registration:** TXu 2-486-534
- **Public Comment Record:**
 - April 4, 2025 (CARE Court Town Hall – written)
 - April 10, 2025 (Behavioral Health Commission – written and in-person)
 - April 24, 2025 (State Mental Health Services Oversight & Accountability Commission – written and virtual)
- **Policy Areas Addressed:**
 - Oversight redesign
 - Postvention ethics
 - Navigation infrastructure
 - Equity strategy
 - ADA and disability accommodations
 - Authorship accountability in public systems
- **June 23, 2025** — A formal complaint submitted to the California Board of Psychology regarding the Department’s unauthorized use of BCCP™ and ethical responsibilities of licensed psychologists in leadership positions.

VI-A. Regulatory Review and Ethics Notification

Please be advised that multiple matters involving systemic risk, oversight failure, and retaliatory exclusion from professional functions are under formal review by the California Board of Psychology (Case Nos. 6002025000531 and 6002025000614). I continue to support all investigative and compliance efforts in alignment with professional ethics, public protection, and legal responsibility.

VII. Supplemental Timeline of Strategic Submissions and Public Record Convergence (May–July 2025)

- **May 8, 2025**
 Third public comment submitted to the Behavioral Health Commission (BHC) and MHSA Planning Leadership. On the same day, an internal County communication—non-binding but consequential—suggested suppressing public authorship claims. This occurred despite the framework’s public record status, ongoing medical leave, and previously verified contributions.
- **May 14, 2025**
 Written testimony submitted to the Los Angeles County Board of Supervisors during FY 2025–2026 Budget Hearings. Testimony formally urged adoption of the BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™) as a foundational equity, oversight, and prevention framework.
- **May 21-22, 2025**
 Public comment submitted to the Prevention & Promotion Systems Governance Committee (PPSGC), Behavioral Health Commission, and MHSOAC. Testimony identified structural exclusion, procedural breakdowns, and unauthorized institutional replication of the BCCP™ framework without attribution or engagement.
- **June 12, 2025**
 Reaffirmation of authorship submitted following observed use of BCCP™ concepts in County strategies without author consultation, acknowledgment, or ethical engagement.
- **June 13, 2025**
 Ethics and copyright protection notice filed with the Board of Supervisors. Submission documented use of the BCCP™ framework in County processes without proper attribution, engagement, or alignment.
- **June 18, 2025**
 Public testimony delivered to the PPSGC and MHSA Town Hall, addressing misappropriation of the BCCP™ and the urgent need for ethical implementation and structural accountability.
- **June 19, 2025**
 Formal correction notice submitted to the LA County Mental Health Commission and copied to County oversight entities including the Board of Supervisors, CEOP, DMH Return-to-Work, and external regulators. The notice documented replication of the BCCP™ framework in County materials without attribution. Due to a communication restriction issued by LACDMH HR on May 8, 2025, the message could not be sent directly to Director Dr. Lisa Wong. However, concerns regarding authorship and institutional ethics were addressed through appropriate record channels.
- **June 23, 2025**
 Submission to the Probation Oversight Commission (POC) for Agenda Items 4 and 5. Comment addressed delays in youth service tracking and proposed the B2C3A™ Pipeline Prevention Model as a systems remedy for institutional risk, trauma escalation, and care access breakdowns.
- **June 28, 2025**
 Public comment delivered at Senator Sasha Pérez’s *Children’s Mental Health Town Hall*.

Statement reaffirmed both the BCCP™ and B2C3A™ models as trauma-responsive, equity-centered, and grounded in a decade of systems analysis. Comment highlighted structural exclusion from implementation and policy forums, despite clear institutional reliance on the frameworks' insights.

Testimony emphasized the models' relevance to structural trauma, post-disaster care, and ethical transformation. Representatives from DHCS, academia, and family-based advocacy groups were present. MHS and DMH leadership—despite direct roles in access and equity—were notably absent.

Video archive available at timestamp 1:03:55:

[Healing Together: Children's Mental Health After Eaton Fire](#)

- **July 8, 2025**

Formal public comment submitted—written and in-person—to the Los Angeles County Board of Supervisors (Agenda Items 3, 6, 12, and 13). In person Testimony addressed unauthorized institutional use of both the BCCP™ and B2C3A™ frameworks. Statement called for transparent attribution, author engagement, and policy alignment with protected public record models.

- **July 9, 2025**

Written and verbal comment submitted to the Los Angeles County Family & Social Services (FSS) Cluster Agenda Review in response to the Refugee Support Services Plan. The statement emphasized the frameworks' relevance to trauma-responsive refugee care, family-centered coordination, and equitable systems alignment—grounded in both clinical leadership and lived refugee experience. Despite documented County use of the BCCP™ and B2C3A™ models in areas such as Access to Care, CLRM, suicide postvention, centralized scheduling, and family navigation, the author remains excluded from formal consultation, leadership roles, and attribution.

- **July 9, 2025**

Written public comment was submitted to the Los Angeles Countywide Criminal Justice Coordination Committee (CCJCC) after the meeting proceeded without public comment. The submission applied the BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™) framework to issues discussed— including family separation, ICE–LAPD procedural gaps, and the intergenerational impact of trauma—by diagnosing how bureaucratic fragmentation, oversight failure, and trauma neglect displace vulnerable individuals, including youth, families, and veterans, from care into custody and loss.

The comment linked the framework to the County's \$4 billion juvenile justice settlement and noted that both BCCP™ and its companion B2C3A™ model have been used in County initiatives without consultation or attribution. It called for recognition, author engagement, and implementation fidelity, and included attachments outlining the frameworks and timeline of prior ethical filings.

- **July 10, 2025**

Written and verbal public comment submitted to the Los Angeles County Behavioral Health Commission by Dr. Esroruleh Mohammad, Clinical Psychologist (currently on

involuntary medical leave from LACDMH) and author of the BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™). The statement documented uncredited implementation of trauma-informed strategies developed through the BCCP™ and the B2C3A™ Pipeline Prevention Model—both formally submitted to the Commission on April 10, 2025. The comment highlighted how key components (e.g., suicide postvention, centralized scheduling, referral oversight) are now reflected in active County policy without attribution, consultation, or fidelity to purpose. Concerns were raised regarding institutional ethics, systemic accountability, and the public risks of implementing equity frameworks under conditions of author exclusion.

- **July 7-10, 2025**

Follow-up submission sent to the Office of the County Counsel and CEOP documenting institutional use of the BCCP™ and B2C3A™ frameworks without attribution or consultation. The correspondence called for independent review of the ethical, procedural, and legal implications of adopting protected public health strategies during a period of active exclusion and involuntary medical leave. Attachments included a summary of documented public record submissions, copyright registration confirmation, and alignment with County equity mandates.

This timeline reflects a growing pattern of institutional adoption without attribution—underscoring both the frameworks’ relevance and the ethical obligation for transparency, fidelity, and author engagement moving forward.

VII-A. Ethics Climate and Retaliatory Risk Marker

June 24, 2025 — A County Policy of Equity (CPOE) complaint was issued during my unpaid medical leave. Though designated ‘non-jurisdictional,’ the filing signals a credible pattern of institutional retaliation and suppression of authorship visibility following repeated protected disclosures and public record contributions.

Strategic Convergence Noted: April 4, 2025 — same date as CARE Court Town Hall written submission on structural exclusion — also marked the announcement of a **\$4 billion settlement** related to abuse and oversight failures in Los Angeles juvenile detention centers. This same-day convergence of public record submission and historic settlement further highlights the systemic consequences of inaction and the urgent need for trauma-responsive frameworks like BCCP™ and B2C3A™.

VII-B. Documentation of Framework Use Without Attribution

June 6, 2025

The Mental Health Services Oversight and Accountability Commission (MHSOAC) issued a formal apology for failing to acknowledge and incorporate multiple public comments submitted by Dr. Esroruleh Mohammad on April 24 and May 22, 2025. These submissions explicitly referenced the BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™) framework and outlined structural gaps in authorship integrity, equity fidelity, and ethical oversight.

June 27, 2025

In response to a formal Public Records Act (PRA) request, Los Angeles County released presentation materials from the June 18 Prevention Planning Subgroup Committee (PPSGC). These included logic models and implementation strategies that closely mirror the tiered design, structural theory, and public health priorities embedded in the BCCP™ and B2C3A™ Pipeline Prevention Model™ frameworks.

July 3, 2025

The Los Angeles County Board of Supervisors is scheduled to review multiple agenda items—specifically Items 3, 6, 12, and 13—that reflect direct uptake of language, policy logic, and model elements advanced through the BCCP™ and B2C3A™ frameworks. These include trauma-informed family navigation, youth prevention programming, equity-centered workforce infrastructure, and multilingual outreach strategy. All areas are documented in submissions made between April and June 2025 through public record comment, formal presentation, and copyright-registered handouts.

July 8, 2025

The Los Angeles County Board of Supervisors reviewed agenda Items 3, 6, 8, 12, and 13, which advanced youth justice, interdepartmental alignment, trauma-informed systems access, and equity-centered workforce infrastructure. These motions referenced the need for “prescriptive solutions,” “harm repair,” and “cross-departmental coordination”—language and policy logics directly aligned with the BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™) and its companion B2C3A™ Pipeline Prevention Model™.

Notably, Dr. D’Artagnan Scorza and ARDI introduced a Countywide “Displacement Index,” echoing the diagnostic framework of BCCP™—which maps displacement across care, custody, and institutional systems. These thematic and structural overlaps affirm the frameworks’ institutional relevance but were advanced without formal author engagement, attribution, or ethical alignment.

This pattern of silent adoption was preceded by:

- Submission of the BCCP™ framework during public comment to the Behavioral Health Commission (April 10, 2025);
- Copyright registration of associated models and prevention materials (April–July 2025);
- Formal comment and consultation during County CARE Court Town Hall (April 4, 2025);
- Multiple submissions to the Oversight Commission, CEOP, and MHSA planning bodies (April–June 2025).

These actions—taken in close temporal proximity to protected submissions—constitute not only ethical violations but also a potential chilling effect on future community-engaged innovation in public systems.

Strategic Pattern Identified

Between 2018 and 2025, multiple reforms were enacted across LACDMH and affiliated bodies that reflect the specific dimensions articulated in the BCCP™ and B2C3A™ models:

1. Trauma-informed infrastructure
2. Suicide risk ethics and postvention protocols
3. Family-centered access and navigation
4. Cross-divisional operational realignment
5. Cultural and procedural competency reforms

These developments coincided with the author's exclusion during unpaid medical leave, despite protected language filings, ethical notices, and copyright registration.

Implication

These disclosures affirm the frameworks' institutional relevance and transformative potential—while exposing serious procedural and ethical concerns. The silent extraction of authored models developed under exclusion and medical duress risks distorting not only attribution, but also implementation fidelity and public accountability.

Summary Statement

What began as public service and systems leadership has been reabsorbed—without acknowledgment, co-authorship, or transparent partnership. This is not systems change. It is institutional appropriation—strategic in appearance, extractive in execution. Ethical transformation demands more than reform language; it requires acknowledgment of the very sources that make transformation possible.

For public frameworks to serve the public good, they must be implemented with authorship fidelity, collaborative engagement, and an unwavering commitment to ethical governance.

VIII. Institutional Responsibility, Governance Standards, and Ethical Remedy

The pattern of silent adoption and implementation of BCCP™ and B2C3A™ insights—without author consultation, acknowledgment, or fidelity—constitutes a systemic breach of governance, equity, and authorship ethics.

This record affirms:

1. Intellectual and Moral Ownership

The *BureauCare-to-Custody-Cemetery Pipeline™* and *B2C3A™ Prevention Model* are authored frameworks grounded in lived experience, public service, and systems equity research. Their appropriation without engagement or citation is not merely oversight—it is institutional harm.

2. Ethical Remedy Required

Acknowledgment and author engagement are not symbolic gestures; they are baseline

obligations under professional ethics and implementation science. Application without transparency compromises public safety, accountability, and long-term outcomes.

3. Institutional Responsibility and Course Correction

Public systems that apply trauma-informed, community-driven frameworks must do so with integrity. Institutions cannot ethically claim transformation while disregarding the contributions, authorship, and rights of those who built the tools they now apply.

4. Public Trust Cannot Be Built on Silent Extraction

The harm these frameworks were designed to prevent cannot justify harm caused by their misuse. A sustainable path forward requires formal implementation that centers ethics, consent, and fidelity to purpose.

IX. Conclusion

The *BureauCare-to-Custody-Cemetery Pipeline™* and *B2C3A™ Prevention Model* are not theoretical constructs. They are trauma-informed public health infrastructures developed to prevent systemic failure. The unacknowledged use of these frameworks poses not only ethical risks but also legal and reputational consequences for public institutions.

Update (July 2025)

Recent motions adopted by the Los Angeles County Board of Supervisors—specifically Items 3, 6, 12, and 13 of the July 8, 2025 agenda—reflect unmistakable alignment with the diagnostic insights and policy architecture of the *BureauCare-to-Custody-Cemetery Pipeline™* (BCCP™) and its companion *B2C3A Pipeline Prevention Model™*. This convergence confirms the frameworks’ institutional relevance and strategic value. However, the ongoing lack of formal attribution or author engagement underscores enduring concerns around transparency, ethics, and implementation integrity in public systems.

For an in-depth policy analysis of this convergence, see: [“From Public Comment to Public Policy”](#) or scan the QR code below.



Note: The frameworks cited are formally registered with the U.S. Copyright Office (TXu 2–486–534), with an effective registration date of April 15, 2025. The document submitted was titled “*BHC-DMH-April2025-v1.2.*”