



**PUBLIC REQUEST TO ADDRESS  
THE BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES, CALIFORNIA**

MEMBERS OF THE BOARD

HILDA L. SOLIS  
HOLLY J. MITCHELL  
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JANICE HAHN  
KATHRYN BARGER

**Correspondence Received**

The following individuals submitted comments on agenda item:				
Agenda #	Relate To	Position	Name	Comments
31.		<b>Favor</b>	Frances Saunders	
		<b>Other</b>	Esreruleh Mohammad	<p>Public Comment for the Record Los Angeles County Board of Supervisors – July 16, 2025 Submitted by: Dr. Esreruleh Mohammad, Clinical Psychologist (on Involuntary Medical Leave) Author, BureauCare-to-Custody-Cemetery Pipeline™   Developer, B2C3A Pipeline Prevention Model™ U.S. Copyright Registration #TXu 2-486-534 (2025)</p> <p>Dear Honorable Board of Supervisors,</p> <p>I submit this comment to reaffirm the critical need for ethical alignment, attribution, and implementation integrity across Los Angeles County's prevention, equity, and mental health infrastructure.</p> <p>Since April 2025, I have formally submitted to the County multiple systems equity frameworks—diagnostic and prescriptive models addressing structural risk, access fragmentation, and institutional neglect. These include:</p> <p>The BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™): A diagnostic framework introduced to the Behavioral Health Commission on April 10, 2025, and entered into the public record.</p> <p>The B2C3A Pipeline Prevention Model™: A companion, solutions-based model for ethical, trauma-informed implementation and structural redesign.</p> <p>Elements of these frameworks have since appeared—without acknowledgment—in County presentations, strategy documents, and prevention policy updates. These include:</p> <p>PPSGC's June 18 Prevention Framework;</p> <p>Statements of institutional harm by departmental leaders;</p> <p>Centralized scheduling, suicide postvention, and equity infrastructure advancements reflecting frameworks submitted during my involuntary medical leave.</p> <p>Despite clear structural convergence, there has been no formal consultation, no attribution, and no inclusion—only silent adoption under conditions of professional exclusion.</p> <p>This is not a procedural oversight. It is an ethical and institutional accountability crisis.</p>

As of: 7/16/2025 7:00:03 AM

				<p>As of this writing:</p> <p>I remain on involuntary unpaid medical leave;</p> <p>My ADA accommodations remain unacknowledged by senior leadership;</p> <p>My public contributions are omitted from public minutes and departmental communications.</p> <p>I respectfully request that the Board:</p> <p>Ensure that the PPSGC and DMH equity teams formally review and publicly acknowledge submitted frameworks reflected in ongoing prevention and promotion strategies;</p> <p>Direct relevant departments to release all slide materials and public-facing documentation referencing prevention frameworks aligned with BCCP™ and B2C3A™;</p> <p>Provide an appropriate channel for author consultation and framework integration—particularly as County operations move forward with language and strategies directly informed by public-submitted materials.</p> <p>The cost of institutional silence is not only professional—it is public. Preventable child deaths, suicides, and barriers to care are not theoretical failures. They are the lived consequences of broken systems that too often protect authority over access.</p> <p>The frameworks I developed were submitted in good faith, grounded in lived experience, systems research, and clinical ethics. Their purpose is prevention—not postmortem justification.</p> <p>I urge this Board to ensure that the County's transformation is grounded not only in policy language, but in the moral infrastructure required to lead with transparency, equity, and public trust.</p> <p>Respectfully, Dr. Esroruleh Mohammad Clinical Psychologist (Involuntary Medical Leave) Author, BureauCare-to-Custody-Cemetery Pipeline™ Developer, B2C3A Pipeline Prevention Model™ Systems Equity &amp; Family Advocate   Public Behavioral Health U.S. Copyright Registration #TXu 2-486-534 (2025)</p>
		Item Total	2	
Grand Total			2	

## **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. Convergence Timeline of Protected Contributions, Institutional Uptake, and Ethical Risk Indicators (May–July 2025)

- **May 8, 2025**  
**Public comment delivered** to BHC and MHSA Planning Team. On the same day, an internal County communication—though non-binding—proposed the suppression of public authorship visibility. This occurred despite the framework’s public record status and the author’s ongoing medical leave, raising significant procedural and ethical concerns.
- **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 MHSAOAC. Testimony identified structural exclusion, procedural breakdowns, and unauthorized institutional replication of the BCCP™ framework without attribution or engagement.
- **June 12, 2025**  
**Reaffirmation of authorship issued** in response to observed use of BCCP™ concepts in County strategies without attribution or consultation. The statement emphasized the ethical obligations of institutions benefiting from authored frameworks developed under duress.
- **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 17, 2025**  
Submitted the BureauCare-to-Custody-Cemetery Pipeline™ (BCCP™) framework to the Metro LA (SPA 4) Regional Health Meeting, led by LA County Department of Public Health. Though unable to attend in person, Dr. Mohammad provided a written submission highlighting how BCCP™ addresses systemic fragmentation, trauma neglect, and structural inequity in public health systems. The submission aligned with SPA 4 priorities and included a QR-coded handout and public authorship record published by MHSAOAC. It reinforced the framework’s relevance to structural prevention, culturally responsive access, and cross-agency accountability.
- **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. MHSA 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**

**In-person testimony delivered** before the Board of Supervisors regarding Agenda Items 3, 6, 12, and 13. Testimony outlined unauthorized institutional use of the BCCP™ and B2C3A™ frameworks and formally called for author recognition, implementation fidelity, and structural redress.

- **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**

Delivered written and verbal public comment to the Los Angeles County Behavioral Health Commission, now under new leadership (Chair and Co-Chair). The submission documented: The uncredited implementation of trauma-responsive tools and interagency transformations rooted in the BCCP™ and B2C3A™ frameworks; The absence of author consultation or institutional acknowledgment; The contradiction between the County's performance of equity and its systemic exclusion of equity-authored frameworks.

During the session, several Commissioners echoed themes directly aligned with the frameworks' original warnings and design intent. One Commissioner remarked, *"There are people at my church who don't want to talk about young people who have taken their lives by suicide... What can each of us do to contribute? How do we get people to talk?"*—publicly validating a core concern first raised by Dr. Mohammad in 2022 and 2024, for which he was later removed from service.

Following a presentation by DMH Director Dr. Lisa Wong, another Commissioner addressed her directly, stating: *"I am going to hold you accountable. We need to get the solutions."*

Another Commissioner expressed concern about the ripple effects of administrative restructuring: *"There's a big shuffle going on. How do we make sure it doesn't affect staff and providers?"*—highlighting the structural instability that has long been documented in the BCCP™ framework.

Later in the meeting, after a DPH-SAPC presentation, another Commissioner observed: *"Because in my experience in over 35 and 40 years in community mental health... That's a new thing. And I've not seen that happen. I'm on the ground, but I'll go, because I'm gonna go back to my community mental health centers and I'm going, 'Hey, I just heard from Dr. — did you know there's a tool for this?'"*

This moment, and the larger timeline it belongs to, reveals a central irony: the tools of prevention are in use, but the architect is exiled; the performance of change is visible, but the ethics of transformation remain deferred.

This submission enters the public record as an affirmation of authorship, a call for restitution, and a direct challenge to systems that speak equity while erasing its source.



- **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.”*