

**DRAFT**  
**Humboldt County**  
**Department of Health and Human Services**  
**Mental Health Services Act**  
**Program Expansion**  
Fiscal Year 2007/2008

**BACKGROUND**

In October 2007, the State Department of Mental Health (DMH) released additional one-time funding augmentation for the Mental Health Services Act (MHSA) Community Services and Supports (CSS) component for fiscal Year 2007/2008.

The MHSA calls for setting aside up to five percent of total statewide funds collected for administrative costs associated with implementation and oversight by DMH. Under the provisions of the MHSA, the balance of unused administrative funds is distributed to the counties for services to persons with severe mental illness. After reviewing expenditure projections, DMH determined that unused administrative funds should be released now to augment each county's planning estimate and help further expand CSS mental health services at the local level.

**PROPOSED NEW OR EXPANDED PROGRAMS/SERVICES**

Humboldt County has available \$496,600 in new funding to support the expansion of MHSA Community Services and Support programs. Specifically, the County proposes to expand:

- The Adult Full Service Partnership program Comprehensive Community Treatment,
- The Rural Outreach Services Enterprise (ROSE) program,
- The Crises Intervention Services Expansion (formerly Street Outreach Services Expansion)

The proposed effective date is August 1, 2008

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**PROPOSED EXPANDED SERVICE: Comprehensive Community Treatment**  
**SERVICE CATEGORY**

Full Service Partnership

***Description of service, population to be served, number of clients served, and methods of service delivery***

The Full Service Partnership is changing from an Assertive Community Treatment model to a Comprehensive Community Treatment model to more accurately describe the program. The priority populations continue to include the underserved/unserved people who have serious mental illness, serious emotional disturbance, or co-occurring disorder who are at risk of hospitalization, incarceration, or institutionalization and/or those being discharged from institutions, acute psychiatric facilities, or jails. Currently, there are 15 people enrolled as Full Service Partners.

The Comprehensive Community Treatment (CCT) team provides intensive community services and supports (e.g.: housing, medical, educational, social, vocational, rehabilitative, or other needed community services) as defined by the partner to achieve recovery. Personal Services Coordinators (PSCs), including peer clients and peer family members whenever possible,

provide services to partners where the partner lives. In the future, the program will provide PSC availability 24 hours a day, 7 days a week. At present, PSCs are available 53 hours per week. The program is client and recovery focused and uses a housing and employment first approach. Each partner has a Personal Services Coordinator who helps in the development of their individualized recovery action plan and ensures an integrated service experience, including (but not limited to) services such as medication support, intensive community support, employment assistance, intensive case management/ coordination, and clinical services. As part of a larger adult system of care that exists within DHHS, the CCT program has all cross-branch and community resources available. Current collaborative relationships with community providers and other resources will be strengthened and expanded.

### ***Explanation of how this program relates to the issues identified in the Community Program Planning Process***

The community planning process identified a need to:

- Provide support for TAY to transition into adulthood through building relationships, life skills, and other supports.
- Emphasize recovery, wellness and harm reduction.
- Include peer clients as part of the team.
- Create a system that focuses on supporting persons with mental health and alcohol and other drug issues.
- Provide supportive services through a community-integration approach that is client-centered.
- Ensure multi-disciplinary case management and transportation services to and from natural settings.

This augmentation will help to achieve these recommendations identified by the advisory groups for each age bracket.

### ***Assessment of the County's capacity to implement***

Though strides have been made, DHHS lacks sufficient infrastructure in the areas of data collection and analysis, research and evaluation to be able to fully assess racial and ethnic disparities by age group in the unserved populations in Humboldt County. The county is not yet restricted by the threshold language requirements of DMH Information Notice No. 02-04, though the county is approaching the Spanish language threshold. A more thorough assessment of such demographics will be conducted in the next year as part of the Prevention and Early Intervention planning process.

To address the need to make programs culturally competent DHHS Office of Client & Cultural Diversity assures that culturally diverse communities and individuals are included in the development and delivery of Health and Humans Services policy, planning and programs. The Office assists DHHS in the recruitment and hiring of culturally and linguistically diverse staff. Expertise in gender and sexual orientation issues is crucial to the delivery of culturally inclusive services. The Training & Education Unit assesses competencies and needs in this area and develops appropriate basic and on-going trainings for staff, community partners, and other stakeholders.

Challenges to the county's capacity to fully implement CCT include but are not limited to:

- Rural geography of the county
- Slow process to hire Personal Service Coordinators for the program
- Collaborating with county personnel to hire peer clients and peer family members
- The limited availability of psychiatry staff, both employed by the County and available in the community
- Lack of availability of bilingual staff

Structural changes this year to help facilitate the county's capacity to implement CCT include but are not limited to:

- Reorganization of the Adult System of Care and Alcohol and Other Drug services into the Adult Behavioral Health Recovery Services Program (ABHRS) under one program manager to facilitate integration of behavioral health services.
- Addition of Personal Services Coordinators to the team
- Addition of an activity therapist to the team
- Opening of the client-run Wellness Center (aka: Hope Center) on the Mental Health campus to provide support and additional resources to people who have a mental illness
- Increased partnership of similar programs to encourage sharing of strengths and learning experiences rather than reinvention of processes
- Recent implementation of the Adult Recovery Mentoring and/or Referral (ARMOR) team, a multidisciplinary placement review team, whose role is to review, monitor, track and refer clients to CCT, the Hope Center, CIS and other community treatment resources. The ARMOR will focus on reducing inappropriate and unnecessary institutional placements for clients with severe mental illness, who more appropriately can be placed in a community setting with intensive supports such as those found in the CCT model.

***Brief description of Proposed Expansion***

This expansion will increase the number of partners served from 50 to 65. Total CSS program expansion funds requested for the CCT Full Service Partnership is \$184,986. Additional staff will be added to the CCT program in proportion to the needs identified by partners.

***Net cost per client of proposed expansion***

It is anticipated that the average annual cost for each partner will remain as initially reported: \$19,000.

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**PROPOSED EXPANDED SERVICE: ROSE (Rural Outreach Services Enterprise)**

**SERVICE CATEGORY**

System Development and Outreach and Engagement

***Description of service, population to be served, number of clients served, and methods of service delivery***

Humboldt County covers over 3,573 square miles and has pockets of population in many rural, remote, and outlying areas where there is little or no public transportation available. ROSE is a new service strategy that provides mobile access to culturally appropriate services in the rural, remote, and outlying geographic areas of Humboldt County and in other nontraditional settings. ROSE links with and provides support to existing community organizations such as Family and Community Resource Centers, community clinics, and Tribal Organizations in order to reach the unserved and underserved populations in those areas of the county. ROSE serves all age groups including but not limited to people who are homeless and at-risk of homelessness. Efforts focus on reducing cultural and ethnic barriers to access that tend to exist in more traditional mental health settings.

ROSE promotes strength based concepts and works to engage communities, clients, parents, and other family members in the recovery process. At full implementation, ROSE will be an outreach program for individuals with a variety of physical, mental, and social needs as well as prevention and education activities, thereby reducing the stigma associated with accessing

mental health services.

In the first quarter of FY2007-08, ROSE provided mobile access to services in rural or remote areas to 45 clients using one case manager. A second case manager was added in February 2008. At full implementation, ROSE will provide traditional professional staff as well as peer client and/or peer family member Mental Health Aides, all of whom will be trained and mentored in the concepts of wellness, recovery, and resiliency. At full implementation, services and supports will include but will not be limited to:

- Integrated outreach and prevention
- Clinical services
- Medication support services
- Services for co-occurring disorders
- Case management, information and referral
- Peer support including outreach and engagement, peer education and support services, and system navigation
- Social Service and Public Health Branch eligibility and prevention activities
- Linkage and referral to employment and housing services and supports in the community
- Mobile crisis outreach and engagement services to non-traditional settings to prevent the need for more intensive and invasive services

A self-contained, customized recreational vehicle (RV) has been ordered and arrival is anticipated in Summer 2008. The addition of the former Street Outreach Services RV which formerly only provided outreach and referral for the homeless, will result in at least two teams that serve all rural areas throughout the county. Two small four-wheel drive vehicles have also been purchased to help ensure services can reach areas that may not be accessible any other way.

***Explanation of how this program relates to the issues identified in the Community Program Planning Process***

The community planning process identified a need to:

- Develop low-cost and free transportation options
- Focus on culturally-inclusive outreach
- Create a parent and caregiver-focused support program for children/youth
- Increase collaboration between adult-focused providers and system and child/youth-focused providers and system; between agency providers focused on children/youth; and between persons delivering services to an individual child/youth and their family
- Provide support for TAY to transition into adulthood through building relationships, life skills, and other supports
- Create a mobile service, consultation, and resource team
- Establish mental health annexes (e.g.: community storefronts) in outlying areas
- Create a mobile crisis team
- Moderate and remove operational barriers to access
- Assist clients in identifying and receiving services
- Create multi-disciplinary teams
- Create a system that focuses on supporting persons with mental health and alcohol and other drug issues
- Create and maintain an integrated delivery system that promotes timely delivery of primary services and follow up through an increased number of case managers
- Provide supportive services through a community-integration approach that is client centered
- Create county-wide mental health services that are available to older adults

- Ensure multidisciplinary case management and transportation services to and from natural settings for older adults are in all parts of the county
- Assure active and regular participation in collaboration between the Mental Health Branch, private health, and mental health providers, and the broader community.

This one time augmentation will help to achieve these recommendations identified by the advisory groups for each age bracket.

### ***Assessment of the County's capacity to implement***

Though strides have been made, DHHS lacks sufficient infrastructure in the areas of data collection and analysis, research and evaluation to be able to fully assess racial and ethnic disparities by age group in the unserved populations in Humboldt County. The county is not yet restricted by the threshold language requirements of DMH Information Notice No. 02-04, though the county is approaching the Spanish language threshold. A more thorough assessment of such demographics will be conducted in the next year as part of the Prevention and Early Intervention planning process.

To address the need to make programs culturally competent DHHS Office of Client & Cultural Diversity assures that culturally diverse communities and individuals are included in the development and delivery of Health and Humans Services policy, planning and programs. The Office assists DHHS in the recruitment and hiring of culturally and linguistically diverse staff. Expertise in gender and sexual orientation issues is also crucial to the delivery of culturally inclusive services. The Training & Education Unit assesses competencies and needs in this area and develops appropriate basic and on-going trainings for staff, community partners, and other stakeholders.

Barriers to the county's capacity to fully implement ROSE include:

- Difficulty recruiting and a slow process for hiring staff for the program
- Collaborating with county personnel to hire peer client and peer family members
- The limited availability of psychiatry staff, both employed by the county and available in the community
- Lack of availability of bilingual staff

Changes this year to help facilitate the county's capacity to implement ROSE include but are not limited to:

- Reorganization of the Adult System of Care and Alcohol and Other Drug services into the Adult Behavioral Health Recovery Services Program (ABHRS) under one program manager to facilitate integration of behavioral health services.
- The jeeps have arrived, allowing staff or small teams to reach more remote areas
- One RV has been ordered and the RV formerly used by the AB2034 program will be utilized as ROSE.
- Recent implementation of the Adult Recovery Mentoring and/or Referral (ARMOR) team, a multidisciplinary placement review team, whose role is to review, monitor, track and refer clients to CCT, the Hope Center, CIS and other community treatment resources. The ARMOR will focus on reducing inappropriate and unnecessary institutional placements for clients with severe mental illness, who more appropriately can be placed in a community setting with intensive supports such as those found in the CCT model and to facilitate prompt and appropriate community reentry planning.

### ***Brief description of Proposed Expansion***

This expansion will increase the number of people served from 300 to 936. Total CSS program

expansion funds requested for the Rural Outreach Services Enterprise is \$206,571. The expanded team members include, but may not be limited to, clinical professionals for crisis-specific outreach and engagement and Peer Support Specialists for community outreach and engagement, peer education and support services, and system navigation assistance.

***Net cost per client of proposed expansion***

The net cost per client of this proposed expansion is \$324.

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**PROPOSED EXPANDED SERVICE: Crisis Intervention Services Expansion**

**SERVICE CATEGORY**

System Development and Outreach and Engagement

***Description of service, population to be served, number of clients served, and methods of service delivery***

The functions of "Street Outreach Services (SOS) Expansion" have been transitioned to Crisis Intervention Services (CIS) Expansion to more accurately reflect the nature of crisis and pre-crisis services provided through this project. CIS has established a formal collaborative partnership with law enforcement by engaging in cross-training and using a team approach to intervene with the people who have a mental illness or co-occurring disorders, including those who are homeless or at risk of homeless.

CIS provides outreach, engagement, linkage, and referral services. The initial expansion enabled staff to respond even earlier in order to intervene and prevent hospitalizations and incarcerations. CIS has been able to provide crisis support during critical incidents or potential critical incidents involving persons who may have a mental illness or co-occurring disorder. This crisis response capability will be expanded to partner with hospital emergency services in the county. Milestones for the original SOS Expansion program to date include:

- Policies and Procedures, phone trees, and after-hours response by County Mental Health are being developed by County staff and law enforcement.
- Twenty four clients were served by the CIS program in the first quarter of FY 2007/08.

As part of the CIS Expansion the national Crisis Intervention Team (CIT) model has been implemented whereby partnerships between law enforcement, mental health systems, people with mental illness, and their family members can assist people who are experiencing a mental health crisis to gain access to the treatment system in non-traditional ways and places. In order to ensure that the goals and concepts of recovery inherent in the program are practiced and reinforced, staff and law enforcement officers participate in CIT training. In addition, partnering with law enforcement provides DHHS a unique opportunity to advance the concepts and goals of wellness and recovery throughout the community. To date, CIS-related milestones include:

- In September 2006, one County Mental Health Supervisor, one Eureka Police Officer, and one National Alliance on Mental Illness (NAMI) representative attended the national Crisis Intervention Team conference.
- In November 2006 nine team members, including four Mental Health County staff, four Eureka Police Department Officers, and one NAMI representative attended a 32-hour Police Officer Standards and Training (POST)-certified Crisis Intervention Team training.
- Mental Health staff developed and presented local 32-hour POST-certified Crisis Intervention Team trainings in March 2007, September 2007, and March 2008 with approximately 30-40 participants at each session, for a total of 110 graduates as of March 2008. Of the 110 graduates, 11 were Mental Health Branch staff.

***Explanation of how this program relates to the issues identified in the Community Program Planning Process***

The community planning process identified a need to:

- Develop a training program for professionals related to TAY
- Develop an educational program for the public related to TAY
- Create mobile service, consultation, and resource team
- Create a mobile crisis team
- Moderate and remove operational barriers to services access
- Assist clients in identifying and receiving services
- Provide respectful engagement for the whole person
- Emphasize recovery and wellness
- Make the key guiding principle be "We are all service providers".
- Create a system that focuses on supporting persons with mental health and alcohol and other drug issues
- Ensure clients and their support systems will have access to mental health services twenty-four hours a day, seven days a week, through face-to-face or tele-technology services
- Assure active and regular participation in collaboration between mental health branch, private health and mental health providers, and the broader community
- Create an educational program for all ages (pre-school through older adult) targeting service providers, educators, law enforcement, and community members that will educate people regarding mental health
- Create a single, centrally-managed data collection system that is client-centered and is instantaneously available by staff from multiple agencies (e.g.: case managers, organizational providers, emergency response services, family support centers, law enforcement, and jails) that are involved in clients' lives.

This augmentation will help to achieve these recommendations identified by the advisory groups for each age bracket.

***Assessment of the County's capacity to implement***

Though strides have been made, DHHS lacks sufficient infrastructure in the areas of data collection and analysis, research and evaluation to be able to fully assess racial and ethnic disparities by age group in the unserved populations in Humboldt County. The county is not yet restricted by the threshold language requirements of DMH Information Notice No. 02-04, though the county is approaching the Spanish language threshold. A more thorough assessment of such demographics will be conducted in the next year as part of the Prevention and Early Intervention planning process.

To address the need to make programs culturally competent DHHS Office of Client & Cultural Diversity will assure that culturally diverse communities and individuals are included in the development and delivery of Health and Humans Services policy, planning and programs. The Office of Client & Cultural Diversity assists DHHS in the recruitment and hiring of culturally and linguistically diverse staff. Expertise in gender and sexual orientation issues is also crucial to the delivery of culturally inclusive services. The Training & Education Unit will assess competencies and needs in this area and develop appropriate basic and on-going trainings for staff, community partners, and other stakeholders.

Changes this year to help facilitate the County's capacity to implement CIS include but are not limited to:

- Established an Open Access model for outpatient services, with expanded hours, that includes behavioral health intake, psychosocial assessment, medication evaluation, treatment and referrals, with the addition of: 1 FTE Psychiatric Nurse Practitioner to

assess and prescribe medications to avoid decompensation; 1 FTE Clinician of the Day to support assessment, treatment and referral at time of initial contact.

- Expand Crisis Intervention Services at our 23 hour PES unit with the addition of clinicians staffing 7 days a week, with coverage from 10pm to 8am, for early assessment and community referral and engagement in treatment to prevent further decompensation.
- Recent implementation of the Adult Recovery Mentoring and/or Referral (ARMOR) team, a multidisciplinary placement review team, whose role is to review, monitor, track and refer clients to CCT, the Hope Center, CIS and other community treatment resources. The ARMOR will focus on reducing inappropriate and unnecessary institutional placements for clients with severe mental illness, who more appropriately can be placed in a community setting with intensive supports such as those found in the CCT model and to facilitate prompt and appropriate community reentry planning.
- Development of a Crisis Residential model facility to prevent hospitalizations and to provide support and transition services to the clients needing these supports as they transition from institutional placements, acute hospital episodes, the PES to increase their engagement in support services including CCT, CIS and Hope Center as well as other community treatment resources.

#### ***Brief description of Proposed Expansion***

This expansion will increase the number of members served from 30 to 64. Total CSS program expansion funds requested for the Crises Intervention Team is \$55,403.

The purpose of this service expansion is to reduce the occurrence of incarcerations and hospitalizations of transition-age youth, adults, and older adults who have a mental illness or co-occurring disorder and are homeless or at risk of homelessness. Additional mental health staff will be added to current programs for the purpose of accompanying law enforcement to communities and neighborhoods where people who are homeless congregate or people experiencing a mental health crisis pose a threat to themselves or others in order to provide timely interventions; responding to local hospital emergency rooms to assess, engage, and refer clients to appropriate services and supports; and to develop more direct outreach, engagement, and access strategies. This service expansion enables staff to respond to crisis and pre-crisis situations in order to intervene and prevent hospitalizations, incarcerations, and/or death.

#### ***Net cost per client of proposed expansion***

The net cost per client of the proposed expansion is \$1629.

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#### ***ADMINISTRATIVE COSTS***

Administrative overhead for expanded Services \$49,664

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#### **COMMUNITY PROGRAM PLANNING PROCESS**

As part of the development process for the original MHSA CSS Three-Year Program & Expenditure Plan, stakeholder input was gathered as follows:

- Prop 63 steering committee (expanded and renamed MHSA Steering Committee)
- MHSA Steering Committee Ad Hoc work groups
- Regional Community Meetings – 6 throughout county
- Targeted Stakeholder Meetings – 13 meetings (Clients, Families of clients, Education, Law Enforcement/Courts/Probation, Native American community, Hispanic/Latino community, Asian/Pacific Islander community, DHSS Mental Health Branch Organizational and Fee For Service providers, Community Clinics and Primary Care Providers, Transition-Age Youth, Gay/Lesbian/Bisexual/Transgender Community, Homeless community, DHHS Mental

- Health Branch staff)
  - Age specific advisory groups – reviewed data, identified common themes, developed recommendations for CSS
  - Community strength and needs survey – distributed at various meetings
- Client/consumer interviews

## DOCUMENTATION OF LOCAL REVIEW PROCESS

### Public Comment

Two MHSA Plans were posted for public comment simultaneously from April 18<sup>th</sup> through May 18<sup>th</sup> 2008. The plan for Community Services and Supports Fiscal Year 2005-2006 funds and the Plan for Fiscal Year 07- 08 MHSA One-Time Augmentation Funds. The following information regarding the local review process pertains to both Plans.

Copies of the MHSA Plans were made available to all stakeholders through the following methods:

- Electronic format at: the Humboldt County Department of Health and Human Services, Mental Health Branch, Mental Health Services Act website.
- A poster, comment box, and hard copy format at:
  - Humboldt County Department of Health and Human Services Professional Building, 507 F Street, Eureka Ca, 95501.
  - Humboldt County Department of Health and Human Services Mental Health Branch, 720 Wood Street, Eureka Ca, 95501
  - Humboldt County Department of Health and Human Services Children Youth and Family Services 1711 3<sup>rd</sup> Street, Eureka Ca 95501
  - Hope Center 2933 H Street, Eureka Ca, 95501
- The Plans were emailed or mailed to all persons who requested a copy in writing or by phone.
- An informational notification and the Plans were sent to stakeholders including where to obtain the Plans, and where to make comments. (See Attachment A)
- Advertisements were placed in the local newspaper April 19<sup>th</sup>, April 26<sup>th</sup>, May 3<sup>rd</sup>, and May 10<sup>th</sup> with the Plans availability including where to obtain it, and where to make comments. (See Attachment B)
- The Mental Health Branch Director and the MHSA Coordinator announced to DHHS staff, community-based organizations and partner agencies in various meetings that copies were available to be downloaded from the website and hard copies were available from the MHSA Coordinator.

### Summary Analysis of Substantive Comments

During the Public review period, comments from stakeholders were received in a variety of ways including emails, phone calls, and comment boxes.

**Theme:** Recommendations and comments for Crisis Intervention Services (CIS) included:

- Additional training and collaboration with law enforcement in rural areas.

**Response:** Additional Crises Intervention Team trainings will take place and outreach efforts to rural communities will continue.

**Theme:** Recommendations and comments for Rural Outreach Services Enterprise (ROSE) included:

- Provide health screenings in addition to mental health services

- Provide transportation to ROSE vehicle
- When developing signage for the ROSE RV be consciences of stigma and discrimination

**Response:** At full implementation, Social Service and Public Health Branch staff will partner with the ROSE team to provide services in addition to mental health services. Two small four-wheel drive vehicles have been purchased and travel to various rural, remote, and outlying communities and will provide transportation for the ROSE RV. Combating stigma and discrimination will be considered when developing signage for the ROSE RV.

**Theme:** Recommendations and comments for peer client and peer family members included:

- Hire more peer client and peer family members to participate on service delivery teams
- Training must be available for peer client and peer family members and current staff to create a better understanding of the roll that peer client and peer family members have in the recovery model.

**Response:** Peer client and peer family member positions have been and will continue to be added to programs. Recovery model training opportunities that include peer client and peer family member participation in service delivery will continue.

**Theme:** Recommendations and comments regarding rural access to services included.

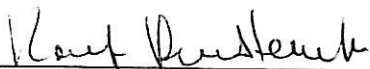
- Ensure services reach rural communities.
- Make connections with local community in rural areas to understand local culture and players.
- Participation of DHHS Mental Health Branch staff in southern Humboldt community organizations is appreciated.

**Response:** On-going efforts will continue to ensure expansion of access to services in rural communities.

Comments received and continuing stakeholder participation has guided the refinement of MHSA CSS implementation. Careful documentation was made of all comments received, substantive to this plan or not, and have been reviewed and considered.

The recommendations and comments received were valuable to the continuing implementation of MHSA CSS and to future MHSA planning. A suggested substantive change to this plan that has been made was to refer to people who are providing peer services to be referred to as peer clients and peer family members rather than clients and family members.

**CERTIFICATION BY COUNTY MENTAL HEALTH DIRECTOR**  
**The Director certifies that the County will comply with the non-supplant requirements.**




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Karolyn Rim Stein, Director  
 Department of Health & Human Services  
 Mental Health Branch  
 Humboldt County

# Attachment A



Humboldt County  
Department of Health and Human Services

# Mental Health Services Act

The Mental Health Services Act provides funding to counties to expand and develop innovative and integrated mental health services.

## *What do you think?*

There is a 30-day Public Comment period from **April 18 through May 18, 2008** for the Mental Health Services Act Program Expansion Plans. Plans are available and comments may be placed in the "MHSA Comment Box" at:

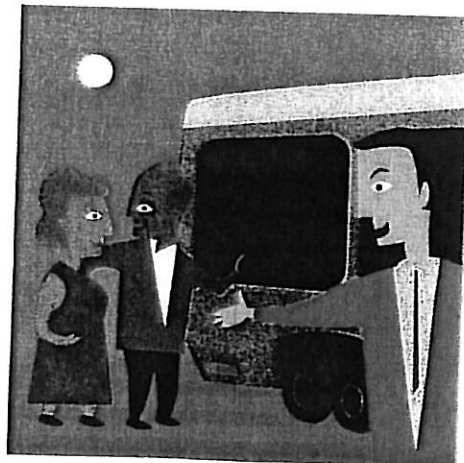
- Humboldt County Department of Health and Human Services Professional Building: 507 F Street, Eureka
- Humboldt County Department of Health and Human Services Mental Health Branch: 720 Wood Street, Eureka
- Humboldt County Department of Health and Human Services Mental Health Branch Children Youth and Family Services: 1711 3<sup>rd</sup> Street
- Hope Center 2933 H Street, Eureka
- County website: [co.humboldt.ca.us](http://co.humboldt.ca.us)

To request Plans be sent to you or to make a comment please contact us at:

Phone: (707) 441-3770

Email: [mhsacomment@co.humboldt.ca.us](mailto:mhsacomment@co.humboldt.ca.us)

Address: Department of Health and Human Services, Mental Health Branch  
Attn: Karen Lofts-Jarboe  
720 Wood Street  
Eureka, Ca 95501



# Attachment B

SOULMATE. HOPE I FIND  
MINE BEFORE I'M A  
PRUNEY OLD CRONE.

BEN? OR  
AARON  
HILL?

SIGH =  
GUESS I'LL JUST SIT  
HERE UNTIL MR. RIGHT.

DING  
DONG

Jaclyn -  
This is what ran.  
Had Ted correct  
e-mail address  
(doubled) and  
will run next  
Three Saturdays.  
the job market 4<sup>th</sup> & K, Eureka  
445-6149 www.thejobmarket.org

CROCK / Bill

YOU'LL  
ABOUT

A  
LARGE

NEW, WHO WANTS TO  
BUY A MAGIC RING  
THAT WILL GUIDE  
US TO THE FORT P

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BUY HOT  
OF HAM-  
ER BUNS!

MEANWHILE, IN THE NIAGARA  
HILTON HONEYMOON SUITE

I HAVE A CONFESSION  
TO MAKE, DARLING

MY TAIL ISN'T REAL

DID YOU BRING ME  
A SOUVENIR?

**The Humboldt County Department of Health and Human Services**

(DHHS) Mental Health Branch seeks public comment on  
The Mental Health Services Act - Community Services and Supports Fiscal Year 05/06  
Remaining Funds and the  
Fiscal Year 07/08 One-time Augmentation Plans

The plans are available in an electronic format at the DHHS Mental Health Branch  
website: [co.humboldt.ca.us](http://co.humboldt.ca.us)

The plans are available in hard copy and comments may be placed in the MHSA Comment  
box at:

- DHHS Professional Building, 507 F St. Eureka, CA
- Mental Health Branch, 720 Wood St. Eureka
- Children Youth and Family Services, 1711 Third St. Eureka
- Hope Center, 720 Wood St. Eureka

Comments can be addressed to:

DHHS Mental Health Branch  
Attn: Karen Loftis-Jarboe

By phone at (707) 441-3770  
By e-mail: [HYPERLINK](mailto:HYPERLINK)

<mailto:mhscomments@co.humboldt.ca.us> [mhscomments@co.humboldt.ca.us](mailto:mhscomments@co.humboldt.ca.us)  
720 Wood St. Eureka, CA 95501

**Comment Period Ends May 18, 2008**

