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# 2007 Quarterly Newsletter

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## 2007 THIRD QUARTER

- January 1 through March 31
- April 1 through June 30
- July 1 through September 30
- October 1 through December 31



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## Newsletter Goals

The goals (where we want these ministries to be) of this quarterly newsletter is to present my efforts in the project I have been advising friends and family of for about ten years, which goals can be found in the web site that has been provided above and which in brief are:

- Reassessment of the oppressed
- Changing society's perspective on oppression (ridding the stigmas)
- Utilization of the skills of the oppressed to the advantage of society and the oppressed
- Educating society on the subject of oppression
- Reduction of stress among the oppressed
- Turning oppression into an ongoing economic and ecologic experiment to the advantage of the oppressed and society in general
- Creation of storehouses for the oppressed to be used as found in the web site and my book "An Economic Proposal: Fact Becoming Reality"
- Agricultural restoration
- Turning neediness into the central point of uniting communities
- Forming valuable communities among the oppressed

## Newsletter Objectives

The objective (who and what our specific targets are to our goals) are:

- Self-sustenance (Independence) of the Oppressed homeless, impoverished, and individuals with special needs
- Industry (Vocational Management/Wilderness Survival) for the Oppressed who are able bodied
- Thrift (Resource Management) to guide the Oppressed through financial independence
- Teaching participants of the SIT Program to teach others the same principals.

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## Personal

### A STORY FROM OUR RECENT PAST

#### My Fight with a Squirrel

Upon request, I have been asked to tell this story, so forgive me if it sounds ridiculous, but it really is a true story and might explain how I wound up being on The Tri-City Mental Health Commission.

The first three months that we were truly homeless, we lived in a nice big tent that was settled in a KOA Kamp in Victorville. One night, Linda and I heard a squeaking noise and turned on our lantern. Being the man of the tent, Linda had me hunt the cause of the noise down, so I did. It was not the usual night stalker we hear about in the news, but someone was in the tent. Lo and behold, there was this tiny little squirrel who began teasing me by making gestures with his hands and showing me a silly little grin from ear to ear. My whole intent then became getting him out of the tent, so I opened the tent door to chase him out, meanwhile pointing as I shouted at him to get out. Before I knew it, I was chasing him all over the tent. Linda was screaming, "Get him! Get him!" Then I lost the little fellow.

I was determined to get this intruder out of our tent, so I picked up one of my boots and out jumped the little fellow, laughing away in the process. I jumped and dropped the boot, and there he was laughing at me again signaling me to come and get him.

I picked up my boot again and tried to capture him in it and could not find him anywhere. I listened carefully around the tent and carefully picked up the end of our sleeping bag, and there he was! He grabbed my wrist with both of his hands and flipped me. Linda started laughing at me and so did he.

As I laid there on my back listening to the two as they continued laughing at me, I dropped my head and the squirrel karate chopped me on the forehead and ran out the hole he made to get in while laughing even louder as he left. Well, the moral of the story: It's not the size that counts because if you think so you become a squirrel's nut like I did.

## RENAL COLIC

Early August, my renal colic came back and stayed for a week. Not a welcome guest, so I looked up kidney stones in "Back to Eden" by Jethro Kloss and discovered a very good solution for dissolving the stones - peach tree leaves. It worked very well for me, but I have to admit that it made me extremely uncomfortable at first, but once that discomfort passed so did the stone. Remember that.

## APARTMENT HUNTING

As of 10/23, we will officially be in our new place. The process was quite stressful. We really had a difficult time near the end of our hunt in finding a place because although my spiritual sister, Allison and her husband, also my best friend, were as gracious as can be by letting us stay with them, we wanted nothing more than to go home, collect our belongings and be with our feline children, Bobby and Trixie.

## Word Citizens Ministries

Since my involvement with Tri-City Mental Health Clinic and Commission, I have been finding a lot of the SIT Programs coming to life in many forms, although they are not ever going to be satisfactory to me until all the details of the SIT Program have been funded, put in place, and economically and ecologically put in place. I am quite grieved over the AB 2034 funding cut, but I still hold faith that the programs and my visions of World Citizens is going to manifest as the result of its demands.

Tri-City continues to stay focused on her empowered individuals ...

## Tri-City Mental Health Clinic

A lot is happening at Tri-City Mental Health Clinic.

## THE TRI-CITY MENTAL HEALTH COMMISSION

### MHSA Delegates Process

The Tri-City Mental Health Commission, along with many delegates from Tri-City Mental Health Clinic staff, NAMI, municipal representatives, and interested community members have been very much involved in deliberations to chart the future of the New Tri-City Mental Health Clinic which has officially come out of bankruptcy as of August 6. We finished Round One of deliberations on September 27, 2007, after a total of 40 hours of meetings.

As a delegate to the stakeholders' process to help Tri-City Mental Health Clinic chart her future and prepare

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for the MHSA, I can only speak for myself that it has been very exciting, challenging, taxing, and tiring, but looking very positive. To see the community so involved in the future of Mental Healthcare inspires me deeply.

My main focuses have been client driven processes and legislative compliance. I have struggled so much in the process because we deliberated a lot on matters that can be very involved such as governance, structure, facts versus stories, voting on how we want the new Tri-City Mental Health Clinic to be, but now that we are focusing more on those whom we are to serve without politicizing my constituents so much, I have developed a confidence that our walk into the future of actions and activity that will evidence that our community cares about the mentally ill.

John Ott, the consultant facilitating the process, was kind enough in one of our latter meetings to note to everyone how persistent I have been about the Welfare and Institution Codes, the Mental Health Services Act, and the importance of not keeping the consumer of Tri-City Mental Health Clinic services and programs out of the mental wellness process. Granted, as I stated to the delegates present, "Political leverage, leadership, and resource management are of essence, but I want to hear more about how our constituents will be affected by our decisions." In another meeting, I stated to all present that, every time I have ever opened my mouth in these deliberations, my whole focus has been in advocacy of our constituents whom we serve and that if we are here for any other reason than to serve our constituents then we have no business being in these meetings. I looked around the room and did not see a single eye looking at me, but they were all cast down for some reason. The good thing, however, was the fact that no one left and all proved to me that they were there for the right reason and with the desire to stay focused in the same light as I was.

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### The Tri-City Mental Health Commission Handbook

I have just about finished the handbook for The Tri-City Mental Health Commission and which I am using faithfully. I am just waiting to put the new bylaws in an appendix reserved specifically for them. I also had the honor of meeting in person Daphne Shaw of the Mental Health Planning Council whose letter in 1999 inspired the Patients' Rights portion of the handbook. The book is laptop friendly and has an index in the back of it which makes it easy for me when I print it out to find every subject matter related to my duties as a commissioner.

One thing I notice is the fact that according to the Welfare and Institutions Code what we call a commission is also the advisory board to the Joint Powers Authority which in most counties is equivalent to County Board of Supervisors. Individuals who have been involved in a local mental health board for more than a year should know this by now. The handbook clarifies many subjects that involve what we are called to do,

what we are allowed to do, what our composition is supposed to look like. This knowledge allows us to advise the Joint Powers Authority.

This handbook is now available at \$20 per downloaded copy to cover the cost of time and effort I put into it, which includes any updates that I make along the way to. I need 100 orders with the cash in hand at \$30.00 per hardcover book to get it printed, unless the Planning Council has other plans for the book.

### Message from John Otts from John Otts and Associates

In August 2007, Tri-City Mental Health Center emerged from three years of bankruptcy. In the months preceding this significant milestone, the Tri-City Governing Board authorized an expansive stakeholder process to answer three questions:

- ❖ Mission: What should the mission of Tri-City Mental Health Services be now?
- ❖ Governance: What should the composition of the Tri-City Mental Health Governing Board be now?
- ❖ Executive Director: What are the essential characteristics of the next Executive Director?

Between June and September 2007, delegates to the process met twelve times—over 40 hours—to work toward consensus recommendations. During the process delegates evolved the three questions into two primary inquiries:

- ❖ Mission and values: As Tri-City emerges from bankruptcy, what should its mission be now, and what core values should guide its work?
- ❖ Governance and management: What should the roles and responsibilities, core competencies, and structure be now, both for the Governing Board and the Mental Health Commission? Additionally, what should the roles and responsibilities and core competencies be for the new Executive Director?

Delegates achieved remarkable consensus on their responses to these questions. Their recommendations have now been endorsed by the Tri-City Board, and now go to the City Councils from the three cities for consideration. Assuming approval of the recommendations by the three City Councils, Tri-City will begin preparing for its MHSa planning process early next year.

## TRI-CITY MENTAL HEALTH CLINIC

### Vocational Services

Tri-City continues to stay focused on her empowered individuals through programs such as we find in Vocational Services which are facilitated by Rosalind Watson. Vocational Services has been quite fruitful to all of us who attend her groups and include a variety of vocational options designed to promote employment opportunities for adults with mental illness. Services include Passport to Employment Group, Vocational Evaluation, Employment Transition Services, Employment Skills Training, Job Development, Employment Supports, Self Employment Services and Employment Retention Services.

Pre-vocational services are offered in the Passport to Employment Group to help

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remove barriers to employment and improve community functioning. Next Newsletter I'll list the 10 of several experiences that these include.

### Money Management Group

Money Management is facilitated by Sonny Alino, MHRS II and Denisse Carrillo, CM and provides client assistance with improving their budgeting skills so they would be able to save money every month being on a limited income, such as those receiving SSI/SSDI checks every month as well as those living on General Relief subsidy.

The group provides guidance on how to manage money, develop a spending plan, how to get out of debt, how to track spending, avoiding unnecessary spending, how to use money wisely, how to develop financial goals, handling the unexpected, renting an apartment, comparative shopping and preparing for retirement.

The group addresses skill areas needed for positive transition into the community, developing responsibility for self, self-sufficiency, utilization of community resources, beliefs about money, savings, banking, and credit. It is also a group that educates the client on practical money skills for life. The goal is for client to know how to manage their finances and budget on their limited income.

## CALMHB/C

### THE CALIFORNIA PLANNING COUNCIL

I had the honor of attending the Planning Council meetings this month, which is partially why this Quarter's Newsletter is so late along with my CALMHB/C meetings. I wanted to include a brief on these two meetings in this newsletter before I sent it out.

#### Day One

The first day we spoke about Social Security Work Incentives, labels placed on people with mental illness and the affects of stereotypes, [Project Implicit](#), and ideas on implementing valuable and doable Cultural Competency in the State of California.

The dialogues were absolutely inspiring, and the questions that were addressed were so on target, meaningful, and evident of deeply informed individuals. I wish I could be at the meeting in January, but that requires an invitation through the Joint Powers Authority.

I took copious notes, and could not even begin to tell you what transpired, but they are moving forward.

#### Veterans Affairs

Among the topics presented, most dealt with veterans affairs which Cary Martin, President Emeritus to CALMHB/C graciously and most conservatively commented on in the public comments section. The next day [USA Today](#) had an article on the front

page. We continued the discussion on services for veterans in the CALMHB/C meeting on Friday.

Bill Reardon, Legislative Chair, California Association of County Veterans Service Officers addressed the subject of veteran benefits. He does not work for the VA but helps with the paperwork to ensure that those who qualify get their VA benefits and to see what priority group they qualify for as well as compensation for various in-service disability issues. One type among his clients suffers from PTSD. His address was not only well received, but fit right into the next speaker's presentation.

Amy Fairweather, Project Director, Sword to Plowshares, deals with Iraq War veterans suffering with trauma, particularly PTSD or other mental health conditions. An example is somatic brain injury which is a major issue and very difficult to diagnose, but there is plenty of advocacy. Some of the effects of trauma lead to bad conduct. Due to somatic brain injury, this bad conduct causes them to wrongfully receive dishonorable conduct discharge, thus losing their benefits. Due to this travesty, the community needs access to information on what veterans need.

Ernestina Carrillo, Program Manager, San Francisco County Community Behavioral Health Services spoke to us and stated that San Francisco provides outreach and mental healthcare services (case management) for homeless veterans who are suffering from mental healthcare issues. The open door policy is important for all clinics and boards/commissions to know about.

Patricia Ryan, Executive Director, County Mental Health Directors Association, also spoke on mental health needs of veterans. She advised us that it was often iterated that veterans ought not to receive county mental health services which proved to be false.

### Public Comments

Sheree Kruckenberg spoke before I did and gave an excellent presentation with a handout breaking down the Inpatient Care Psychiatric Bed Distribution throughout California.

I had the opportunity to make a request to have the Planning Council assist in the review, edit, and publishing of my Commissioner's Handbook to find out in the CALMHB/C meeting that a committee meeting I was not a part of was in the process of recreating their workbook and working on training for local mental health boards. I stood to request review, editing, and publishing assistance of my commissioner's handbook but, although there was much discussion, no one advised me of the new workbook being created.

### Report from the DMH:

Stephen W. Mayberg, PhD, Director, DMH

After I spoke, Dr. Mayberg, Director of the Department of Mental Health, spoke on the major changes in staffing, the strategic planning that is transpiring in his office, and his intent of working closer with Commissions, particularly as he noted how much he appreciated Ms. Kruckenberg and my advising the council on how people have fallen

through the cracks of the system. He advised us that there would be no impact on Planning Council from these changes, other than better data and evaluation.

He updated us on the AB 2034 Cut and that there are lots of threats of lawsuits; meanwhile, he stated that the decision for the cut was made based on strong legal reasons; otherwise, it would not have happened. However, next year's budget is going to be offset because of this cut, but in spite of the "funding" cut the AB 2034 programs will not have to be cut.

Dr. Mayberg also updated us that State hospitals received staff salary increases.

Overall, he said, "We are moving forward" and in the right direction. 400M is being shifted for the homeless. A Cultural Competency Contract is in place and will be ready for review soon. Medi-Cal will be a separate unit of billing and will be reporting to the deputy on the community side.

I would have to say that the strongest emphasis made by Dr. Mayberg was his urge to look for and pay close attention to what the AB 900 series say.

### CALMHB/C

Once again, as with the last quarter's meeting, CALMHB/C went quite well. Karen Hart, liaison for the Planning Council to CALMHB/C, did an extensive overview of the Planning Council meetings that I took copious notes on but could not elaborate on for the sake of time and space in this Newsletter.

We also had a wonderful presentation by Emily Brayton, Area Specialist from Janssen Pharmaceutical on "What does best practice look like?" Some of the points that I appreciated hearing from her were

1. The continuity of therapy often begins in a hospital.
2. Plans are important for injectable medication.
3. Prior to discharge from hospital, make sure there's written educational materials and instructions with the injectable care
4. Include family members and loved ones for support whenever possible
5. Three models
  - 5.1. Push Model = dependent on patient
  - 5.2. Integrated model = shared information
  - 5.3. Pull Model = dependent on member of outpatient team
6. Best practice therapy treatment requires talking – ongoing communication and collaboration

Her overall PowerPoint presentation with the detailed pictures demonstrating the different models and how they worked was very helpful and enlightening. I personally enjoyed her presentation.

After we gave our updates on our counties, I and another member had to miss the presentation on the new workbook The Planning Council is working on in order for us to catch our shuttle, but from what I heard it was not very interesting. The people being paid to redo the workbook and speaking on it are apparently just re-

extrapolating and re-organizing the information the current workbook already has. In other words and in my personal opinion, The Planning Council needs to put this project on hold and save money the tax payers some money by following through with my request to review, edit, and publish my book first and then follow suit with a similar handbook to mine for The California Mental Health Planning Council. My book which I present below has Appendices and an Index so that one can find what they are looking for. As for training, my suggestions welcome the suggestions of others for the updated versions in the future. However, my version is primarily good for computer usage.

### Updates

- Please note that we have moved as mentioned above, so our new address and phone number are found below.
- A complimentary copy of [An Economic Proposal: Fact Becoming Reality](#) is still downloadable in PDF format at my website below. In this book, I present the reasons I am striving to establish World Citizens SIT Ministries and invite you to join me in making the principles and ideas therein a reality, but I need resources, including but not just funding. I also need volunteers to make it happen and to bring the Oppressed together to make it their new reality. I also need my government contacts to provide me with guidance, support, and referrals. Being election time again, responses from my government contacts will be greatly appreciated, so if you are a government official, please have the appropriate persons contact me via telephone, email, or snail mail about my proposal in "An Economic Proposal: Fact Becoming Reality."
- [Nolan A. Kingston's Local Mental Health Board Handbook](#) will be completely ready as soon as the Commission creates its new bylaws and the new MHSA Agreement for Tri-City has been signed into law, but the current version is downloadable for \$20 per book with free updates. I anticipate being on the ad hoc committee for the creation of the new bylaws. My goal is to help new Commissioners know what exactly their roles and duties are when they come onboard with access to all the references that pertain to the position.
- If you wish to have a copy of my copious notes from the Planning Council once I have organized and translated them from my form of short-hand, email me, and I'll be happy to send you a copy.

### Last Note

Linda and I sincerely wish to thank all of you who have been with us through these very challenging times; those who have stayed posted on my newsletters over the years; and those of you who have offered your homes, your resources, and other kindness, especially your patience. We both share in the belief that somewhere in the cycle of life your generosity, patience, and words of comfort will not go unrewarded.

Please stay in touch; you all make a difference in our lives. May the blessings of Providence continue to be recognized with our warmest wishes and love always.

The Kingston Family

Nolan, Linda, Bobby, and Trixie

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permission is granted to distribute it  
among relatives I may have not  
reached, members of organizations that  
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contains provided that no monetary  
profit is made from it.*

*Thank you.*

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