KRC Executive Committee Meeting

Minutes
August 18, 2014

Present: Susan Lara, President
Steve Essleman, Vice President (by phone)
Lorie Stewart, Secretary
Frank Meyer, Treasurer (excused)
Staff: Duane Law, CEO

Meeting Started at 4:17 pm

1**) Presentation by the KRC forensic unit**. This unit meets every Tuesday. These ladies work with clients on: probation, parole, sex offenders.

Those present:
Michelle Farley, developmental center liaison (DCL)
Jamie Bargan, Service Coordinator Forensic Unit
Corrine Rojo, Service Coordinator Forensic Unit
Cynthia Quispe, Service Coordinator Forensic Unit

Cynthia and Celia went over 6500's:
They see clients on parole/not, sex offenders registered/not. These clients are not competent to stand trial. A 6500 is when a client is a DTS (danger to self) or DTO's (danger to others) based on their developmental disability. 6500 has to be renewed every year by a judge. Usually client is placed in a group home placement. KRC sets the visiting standards. After 6 months a consumer can earn 1 hour a week of a visitor (never unsupervised).
Placement is determined by the placement team.

Outpatient and Juvenile:
Usually deal with clients who have committed a felony crime. A client is arrested but not competent to stand trial. If they are competent we usually have 3 yrs. NAPD has a LEAP program that provides competency training. They are required to give quarterly reports.

Juveniles:
Can be on a 6500 due to dangerousness to self or others, or have committed a felony & are not competent to stand trial.

Corine: does diversion program PC 1001.12. It's usually a 2 year program. Getting client to comply follow forensic visiting rules. Meds are court ordered. If the client violates their program, the team meets and collaborates.

Every 6 months forensic team gives an update to the court. They update every 3 months. When a client is on diversion, their charges get “suspended.” After 2 years, a client can petition and ask for the charges to get removed. This is at the judge’s discretion. Sometimes a judge will put them on probation. The clinical team has a good relationship with probation.

Usually all their clients from the forensic unit has an Axis 1 diagnosis in addition to their developmental disability. Historically KRC doesn't have a good relationship with mental health. Often KRC staff is told that the "disability is organic" and metal health will not serve the client. Good Samaritan Hospital (a hospital for the mentally disabled) won't take a patient if they are not actively hearing voices. The mental health wants us to share information with them but won't share with us. Per Duane we have "substantive resistance" from mental health, Mary K Shell and Good Samaritan Hospital. We also have some issues with law enforcement because they often times refuse to make reports when requested. If a patient is AWAL (absent without authorized leave), the police department will refuse to pick them up.

The poor relationships with the abovementioned is scary because it will be harder as developmental centers close.

Currently each forensic department case manager has 50 patients. A total of 250 clients.

Staff would like a safe room. Currently use room by lobby. They are requesting training to help then de-escalate dangerous situations they might face with their clients.

KRC will be working with Duane to have active shooter training. Duane looking into training and retro-fitting a room (s).

2) BI-annual vendor audit
3.9 million is being demanded from ETA to pay DDS. ETA did not provide any documentation of services they were providing.

3) Board training was discussed. Susan is working on figuring out a date and also have a vendor tour the same date. We agreed to look at the facility Marc, Susan's brother resides in. Owner is open to us visiting.

Meeting adjourned 5:33 PM