Region 3 Behavioral Health Services
Organizational Risk Management Plan
October 2026

	Identified Loss/Risk Exposure (Is this a risk/loss exposure for Region 3 Behavioral Health Services? Who does it most immediately impact? State as a problem. At what point is there a risk? What is the driving reason for monitoring?)	Action Steps to reduce/eliminate the loss/risk exposure	Progress Made	Person (s) Responsible	Person Responsible to Monitor
A	**Contractual Liability-Decrease in Service Capacity/Providers**				
A1	Provider is at capacity-Federal Block Grant requirements affected if waitlist increases and/or decrease in capacity.	a.) Weekly Capacity Report and Waitlist Report completed by providers in the Central Data System (CDS). b.) Ongoing follow-up with provider if over capacity. c.) Monitor Interim Waitlist Report to track waitlist information and ensure priority populations are receiving interim services and needed treatment services within 120 days of placement on the waitlist.	a.) Ongoing. b.) Ongoing. c.) Ongoing.	Suzanne Davis	Suzanne Davis
A2	Decrease in capacity	a.) Weekly Capacity Report completed by providers in the CDS. b.) The percentage of capacity will be monitored and addressed. c.) Professional Partner Risk Management Plan in place.	a.) Ongoing. b.) Ongoing. c.) Review/revise annually.	a.)-b.) Suzanne Davis c.) Jill Schubauer	a.)-b.) Suzanne Davis c.) Jill Schubauer
A3	Provider fails to check clinicians' licenses to make sure that none have been revoked or suspended.	a.) Network Provider Enrollment Minimum Standards (NPEMS) policies and procedures signed by Agency Director annually. b.) Need to check for suspensions/revocation on an ongoing basis.	a.) Ongoing. b.) Ongoing.	Suzanne Davis	Suzanne Davis
A4	Provider background checks on employees	NPEMS policies and procedures reviewed ~~signed by Agency Director~~ annually.	Ongoing.	Suzanne Davis	Suzanne Davis
A5	Provider does not address the use of interpreters, translators, CLAS Standards, cultural competency (not in compliance with State regulations or Region 3 contract)	~~a.) CLAS Standards and Cultural Sensitivity Survey.~~ Agencies must continually attempt to adhere to items referenced in the CLAS Standards and Cultural Sensitivity Survey.	~~a.) To be completed every 3 years. Completed in FY24; to be completed during FY27.~~ ~~To be completed every 3 years. Completed in FY24; to be completed during FY27.~~ Attestation by providers completed annually.	Kayl Dahlke Suzanne Davis	Suzanne Davis
A6	Provider's CPA audits are not completed or not completed on time per contract	Audit/financial statement requirements and due dates are included in providers' signed agreements.	Annually as applicable.	Kerry Slaymaker	Kerry Slaymaker
A7	Monitor the utilization of higher levels of care.	a.) Monitor utilization and check accuracy of report with CDS monthly. b.) Provide education regarding other available services and transition to services. c.) Monthly meetings and communication with LRC to strategize on system flow through for complex indivduals in high levels of care. d.) Emergency Protective System meetings in Hall, Adams and Buffalo Counties to provide updates, educational opportunities and address challenges.	a.) Ongoing. b.) Ongoing; Region 3 services information has been provided to the Nebraska State Patrol Incident Negotiators, new officers at the Nebraska Training Academy, to Crisis Intervention Training group of Central Nebraska officers, and through Sequential Intercept Mapping process. c.) Ongoing. d.) Ongoing meetings.	a.) Suzanne Davis b.)-d.) Beth Reynolds	a.) Suzanne Davis b.)-d.) Beth Reynolds

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A	**Contractual Liability-Decrease in Service Capacity/Providers--Cont'd**				
A8	Network provider meets Region 3 Network and national accreditation standards to reduce liability.	a.) Submit the Denials and Ineligibles Report. b.) Providers notify Region 3 no later than forty-eight (48) hours after a critical incident of consumer's and/or staff member's name, date of incident, service(s) person was receiving, and if known, the cause of injury or death. c.) Follow up regarding critical incidents reported to ensure provider has addressed causes, trends, actions for improvement, results of improvement plans, necessary education and training of personnel, prevention of reoccurrence, internal and external reporting requirements. d.) Follow up regarding complaints, grievances, and appeals to ensure provider has addressed causes, trends, actions for improvement, results of improvement plans, necessary education and training of personnel, prevention of reoccurrence, internal and external reporting requirements. This will be reviewed by the Risk Management Team as applicable. e.) Professional Partner Program Risk Management Plan in place.	a.) Reported ~~monthly~~ quarterly by provider, Region 3 report compiled annually. b.) Within 48 hours. c.) Annually. d.) Annually e.) Review/revise annually.	a.)-d.) Suzanne Davis e.) Jill Schubauer	a.)-d.) Suzanne Davis e.) Jill Schubauer
B	`				
B1	Confidentiality breaches (Develop HIPAA process/training, printer, inter-office, hallways, phone conversations). Provider billing information secure on CDS and Electronic Billing System (EBS).	a.) Develop and inform staff of HIPAA Process, including reporting possible breaches to the Privacy/Compliance Officer. b.) Review Confidentiality Policy. c.) Develop and inform staff of laptop/desktop usage procedures regarding confidentiality and the use of secure email (ZIX). d.) Region 3 provides information on updates, training, and issues on the CDS and EBS. e.) Develop policy on Artificial Intelligence (AI).	a.) Staff training annually. Breach of Confidentiality form updated 10-2022. HIPAA Breach Risk Assessment created 9-2026. Compliance Investigation Form updated 9-2026. b.) Annually. c.) Staff training; Ongoing. Laptop usage handout is shared with new employees at hire. Zix email encryption/Zix cloud based updated-on an ongoing basis. Information shared is ongoing. d.) Ongoing. ERCS/PPP is informed of any changes and issues with CDS. Provider Confidentiality Statements for CDS and EBS are resubmitted to DHHS annually by October 31st. e.) Implement policy on AI during FY2~~6~~7.	~~Kerry Slaymaker~~ a.)-b.), e.)Tammy Burgeson c.) Warren Pennell d.) Kayl Dahlke	~~Kerry Slaymaker~~ a.)-b.), e.)Tammy Burgeson c.) Warren Pennell d.) Kayl Dahlke
B2	Professional boundaries	a.) Review the Code of Ethics Policy with staff and have staff sign the policy. b.) Schedule and conduct a staff training on professional boundaries. c.) Staff to discuss risk scenarios that come up and make recommendations. d.) Supervisors meet with staff to discuss best practices. e.) Grievance Policy is in place. f.) ERCS has Employee Relationships policy under consideration and review. g.) PPP has-Employee Relationships policy and Supervision and Training of Professional Partner Employees policy in place. h.) Consumer Rights and Responsibilities have been reviewed/revised to include trauma informed care. i.) Develop and inform staff of procedures in reference to the use of phones and any technology based device usage as it pertains to general use. j.) Wraparound (WA)Training. k.) Professional Partner Program Risk Management plan in place.	a.) Review and sign Annually. b.) New Employee onboarding and Ongoing as needed through program staffings. c.) Ongoing. d.) Ongoing; regularly at individual staffings. e.) Review Annually. f.) Review Annually. g.) Review Annually. h.) Ongoing. i.) Policy and staff training during onboarding; Ongoing. Cyber Security/general technology training is provided quarterly during monthly staff meetings. j.) PPP Consultant on a quarterly basis. WA training as needed for new PP staff; review WA principles at PPP staff meetings. k.) Review/revise annually.	a.)-c.), e.)Tammy Burgeson d.) All Supervisors f.) ~~Caleb Davis~~ Jill Schubauer g.)-h.), j.)-k.) Jill Schubauer i.) Warren Pennell	a.)-c.), e.)Tammy Burgeson d.) Tiffany Gressley f.) Jill Schubauer g.)-h.), j.)-k.) Jill Schubauer i.) Warren Pennell

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B	**Segregation in Care/Harm to Individuals Served--Cont'd**				
B3	Trauma Informed Care, Suicide Prevention, and Compassion Fatigue: Staff and System Partners Receive Training. How to Avoid Consumer Re-Traumatization.	a.) Provide training and information to providers and staff regarding trauma, compassion fatigue and related topics. ~~Trauma Informed Care and related trainings.~~ ~~b.) Compassion Fatigue Training and Compassion Fatigue Staff Workgroup.~~ b.) Training for Law Enforcement. c.) Trauma Informed Care-Mandatory Staff Development. d.) Mental Health First Aid-Trainings. e.) Suicide prevention and related trainings.	a.) Ongoing. b.) Ongoing since 9-2019. Training included Crisis Response, Crisis Intervention Training (CIT), Risk Assessment and Services, Behavioral Threat Assessment training (BETA), Mental Health First Aid (MHFA), LEAP (Listen-Empathize-Agree-Partner) and new recruitment mental health training through the Law Enforcement Academy. c.) Annually. d.) Ongoing. e.) Ongoing. Presented to staff annually.	a.)-b.) Beth Reynolds c.) Wellness Team ~~Tammy Burgeson~~ d.) Shyanne Adams e.) Jill Schubauer/Laurie Lee	a.)-b.) Beth Reynolds c.) Wellness Team Leader d.) Shyanne Adams ~~Tammy Burgeson~~ e.) Jill Schubauer
C	**c**				
C1	Changes in funding streams/no contract	a.) Reassess workforce/organizational needs. b.) Seek alternative funding opportunities. c.) Ensure infrastructure stays intact so organization continues to meet existing objectives. d.) Develop contingency plan in the event of a budget reduction.	a., b., c., and d.) Ongoing.	Leadership Team/ Supervisors	Tiffany Gressley Kerry Slaymaker
C2	Changes in vendors' direct deposit information	Via telephone, confirm with vendor validity of any new banking account information received; send email to vendor confirming telephone verification prior to initiating transfer of funds to new account.	Procedure established August 2018. Ongoing verification.	Fiscal	Kerry Slaymaker
D	**General Liability**				
D1	Effective Compliance	a.) Schedule and conduct a staff training. b.) Compliance Officer appointed by RGB. c.) Compliance Officer to review and recommend Compliance Plan updates to RGB. d.) Compliance Plan approved by RGB. e.) New staff recieve Compliance Plan training and sign acknowledgement.	a.) Annually. b.) Annually appointed. c.) As needed. d.) 1-23-15. e.) Ongoing.	~~Kerry Slaymaker~~ Tammy Burgeson	~~Kerry Slaymaker~~ Tammy Burgeson
D2	Insurance coverage adequate	Review policy changes and coverage amounts.	Annually in March.	Fiscal	Kerry Slaymaker
D3	Property loss due to fire, "acts of God", or accidents	a.) Property contents insurance, general liability insurance, cyber liability insurance, automobile insurance, and $5,000,000 Umbrella liability insurance coverage purchased. a1.) Region 3 furniture and equipment inventory will be reviewed for appropriate insurance coverage. b.) Entire backup of the server resides on the Datto appliance and Datto cloud. c.) Verified back-ups are done five times daily of all Region 3 data services that are housed locally. Virtualization is done by connecting to cloud storage, which the Datto applicance transmits copies to a secured off-site data center. The copies are held indefinitely. d.) The Region 3 website is backed up daily through host contract with Control Yours. e.) All inventory is stored in a database maintained by Fiscal. f.) Continuity of Operations Policy is in place.	a.) Re-evaluate annually in March. a1.) Review annually in February or March. b-e) Ongoing. f.) Ongoing review and revisions.	a.), e.)Fiscal b.)-d.) Warren Pennell f.) Tammy Burgeson	a.),e.) Kerry Slaymaker b.)-d.) Warren Pennell f.) Tammy Burgeson

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E	**Employee Liability**				
E1	Personal safety	a.) Workplace Safety Training for staff. b.) Winter Safety Training for staff. c.) Conduct safety drills. d.) Recertify fire extinguishers. e.) Flu prevention. f.) Fire Marshal inspection. g.) Internal inspections: fire extinguishers, smoke alarms, exit signs, and emergency lights. h.) CARF Team addresses safety issues. i.) Review and revise Health and Safety policies. j.) Safety Training/Education at all-staff meetings. k.) First Aid and CPR (due every 2 years). l.) Review/Revise the H&S 2: Workplace Threats and Violence policy. m.) Incident Reports are reviewed by Regional Administrator. n.) Suicide Prevention Training for staff. o.) Trauma Informed Care training for staff. p.) Safety review and discussion at program staff meetings. q.) Professional Partner Program Risk Management plan in place. r.) Crisis Prevention Institute (CPI) de-escalation training for staff	a.) Annually. b.) Annually. c.) Annual drills conducted for: Bomb Threat, Tornado, Medical Emergency, Threatening Situations, Fire Evacuation, Utility Failure. d.) Annually. e.) Annually. f.) Annually. g.) Monthly. h.) Ongoing. i.) Ongoing. j.) Ongoing. k.) Ongoing. l.) Ongoing. m.) Ongoing. n.) Annually. o.) Annually. p.) Ongoing. q.) Review/Revise annually. r.) Ongoing	a.)- i.) CARF/Safety Team j.) Jen Puls k.) Jen Puls l.) ~~CARF/Safety Team~~ Tammy Burgeson m.) Regional Administrator n.) Jill Schubauer/Laurie Lee o.) ~~TIC Team~~ Wellness Team p.) Jill Schubauer~~;~~ ~~Beth Reynolds~~ q.) Jill Schubauer r.) Jill Schubauer	a.) - i.), Tammy Burgeson j.) Jen Puls k.) ~~Jean Starman~~ Jen Puls l.) ~~Jen Puls~~ Tammy Burgeson m.) Tiffany Gressley ~~Tammy Burgeson~~ n.) Jill Schubauer o.) ~~Taunya Overturf~~ Wellness Team Leader p.) Jill Schubauer~~;~~ ~~Beth Reynolds~~ q.) Jill Schubauer r.) Jill Schubauer
E2	Claims of discrimination in hiring/employment practices	a.) HR receives ongoing training regarding employment practices. b.) HR consults with legal counsel on employment practices. c.) Insurance policy covering discrimination in hiring practices purchased.	a.) HR attends trainings. b.) HR consults with legal. c.) Ongoing; annual policy purchased in March.	a.)-b.)Tammy Burgeson c.) Fiscal	a.)-b.) Tammy Burgeson c.) Kerry Slaymaker
E3	Claims of employee hurt on the job	a.) Worker's Compensation insurance purchased to cover claims. b.) Umbrella liability insurance coverage purchased to reduce risk of catastrophic financial liability to Region 3. c.) Automobile liability insurance in force for accidents involving claims of injury arising from an automobile accident. d.) Policies in place regarding incident reporting and safety in the workplace. e.) Incident Reports are reviewed by Regional Administrator.	a.)-c.) Purchased annually in March. d.) Ongoing. e.) Ongoing.	a.)-c.) Fiscal d.) Tammy Burgeson e.) Tiffany Gressley	a.)-c.) Kerry Slaymaker d.) Tammy Burgeson e.) Tiffany Gressley
E4	Retention/Turnover Issues: a.) Burnout/Stress b.) Communication Issues (Complaints and Problems Not Resolved)	a.) Staff Mental Health First Aid Training. ~~a1.) Staff Wellness Survey.~~ b.) Professional Partner Risk Management Plan in place. c.) Address Communication Issues through Strategic Planning. d.) Quarterly One-To-One Meetings. e.) Communication Policy Revision and Staff Awareness. f.) Staff Review of the Communication Policy and Code of Ethics Policy at 6-month ~~Goal~~ Review.	a.) Ongoing. ~~a1.) Annually.~~ b.) Review/Revise annually. c.) Ongoing. d.) Ongoing. e.) Ongoing. f.) Annually; Ongoing.	a.) Shyanne Adams b.) Jill Schubauer c.) Tiffany Gressley d.) Supervisors e)-f.) Tammy Burgeson	a.) Shyanne Adams b.) Jill Schubauer c.) Tiffany Gressley d.) Tiffany Gressley e.)-f.) Tammy Burgeson

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F	**Professional Liability**				
F1	False innuendoes and accusations	a.) Code of Ethics policy. b.) Professional Liability Insurance purchased.	a.) Reviewed and signed annually. b.) Annually in March.	a.) Tammy Burgeson b.) Fiscal	a.) Tammy Burgeson b.) Kerry Slaymaker
F2	Claims of abuse by consumers or employees	a.) Workplace Health and Safety training and Crisis Prevention Institute (CPI) training provided to staff. b.) Training regarding avoidance of potential situations that could result in claims of abuse. c.) Professional Liability insurance and $5,000,000 Umbrella liability insurance coverage purchased.	a.) Annually and Ongoing. b.) Annually. c.) Annually in March.	a.)-b.) CARF/Safety Team c.) Fiscal	a.)-b.) Tammy Burgeson c.) Kerry Slaymaker
G	**Property Loss or Damage**				
G1	Claims of breach of confidentiality	a.) Staff trained on confidentiality issues related to HIPAA. b.) Confidentiality of Individual/Person Served-Information policy in place. c.) $5,000,000 Umbrella liability insurance coverage purchased.	a.) Annually. b.) Ongoing. c.) Purchased annually in March.	a.) Jen Puls b.) Tammy Burgeson c.) Fiscal	a.)-b.) Tammy Burgeson c.) Kerry Slaymaker
G2	Theft by employee	Safeguards in place regarding: a.) Who can write checks versus who can sign checks. b.) Two signatures for amounts over $5,000. c.) Procedures for handling of cash receipts, even though insignificant. d.) Handling of petty cash. e.) Procedures for handling of company credit cards. f.) Purchase of insurance coverage of employee theft. g.) Inventory will be tracked via database, including Region 3 equipment at employees' residences. Periodic checks will be done against the database. h.) Upon separation of employment, a checklist will be followed to ensure all Region 3 property is returned.	a.) Only Regional Administrator, Operations & HR Director, and Regional Governing Board Executive Committee can sign checks. In policy and practice. b.) Ongoing; one signor must be from RGB Executive Committee. In policy and practice. c.) In policy and practice; two staff must count cash before deposit. d.) Petty cash limit to $100 and kept in a locked fireproof box in a locked file drawer. In policy and practice. e.) Check out procedures, reconciliation and statement review. In policy and practice. f.) Ongoing; annual policy purchased in March. g.) Ongoing; equipment list included on employee Acknowledgement of Hybrid Work Policy form. h.) Ongoing.	a.)-g.) Kerry Slaymaker h.) Tammy Burgeson	a.)-g.) Kerry Slaymaker h.) Tammy Burgeson
G3	Claims of injury during transportation of consumers or others	a.) Automobile liability insurance in force for accidents involving claims of injury arising from an automobile accident. b.) $5,000,000 Umbrella liability insurance coverage purchased. c.) Initiated a no-texting while on work-time policy.	a.) Annually in February-March. b.) Annually in February-March. c.) 5-29-12.	a.)-b.) Fiscal c.) Leadership Team	a.)-b.) Kerry Slaymaker c.) Tammy Burgeson

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H	**Business Interruption**				
H1	Keep organization running and meeting contract	a.) H&S 2: Natural Disaster policy is in place. b.) Electronic Health Records (EHR) are hosted offsite, at multiple sites and can be accessed securely from anywhere. c.) All network equipment/servers are covered via contract to be replaced by next business day. d.) Verified back-ups are done five times daily of all Region 3 data services that are housed locally. Virtualization is done by connecting to cloud storage, which the Datto applicance transmits copies to a secured off-site data center. The copies are held indefinitely. e.) Share flu prevention protocol with staff. f.) Share HR I-7: Inclement Weather with staff. g.) Continuity of Operations Policy is in place. h.) Insurance coverage for cyber risk management and breach recovery services is in place. i.) Staff training on cyber risks. j.) Professional Partner Risk Management Plan in place.	a.) Ongoing. b.) Changed EHR 3-2018. c.) Ongoing. d.) Ongoing. e.) Annually in September-October. f.) Annually. g.) Ongoing. h.) Ongoing. Purchased annually in March. i.) Ongoing. j.) Review/revise annually.	a.), e.) CARF/Safety Team f.)-g.) Tammy Burgeson b.)-d.), i.) Warren Pennell h.) Fiscal j.) Jill Schubauer	a.), e.)-g.) Tammy Burgeson b.)-d.), i.) Warren Pennell h.) Kerry Slaymaker j.) Jill Schubauer
H2	Develop written succession plan and approved by Regional Governing Board	a.) Develop Written Succession Plan, inform staff, and approve by Regional Governing Board. b.) Include succession responsibilities in the job descriptions. c.) Create procedure manuals for all positions.	a.) Developed 10-22-10. Review/Revise in 2026. b.) Job descriptions reviewed/revised annually. c.) Require all applicable staff to have procedure manual for instructions on position duties. Encourage cross-training.	a.) Tammy Burgeson b.) Tammy Burgeson c.) Supervisors	a.) Tiffany Gressley b.) Tammy Burgeson c.) Supervisors
I	**Loss of Goodwill and Public Image**				
I1	Developing and coordinating systems of care process	a.) Offer Suicide Prevention training and resouces for stakeholders. b.) Successful Implementation of Trauma Informed Care practices for stakeholders. c.) Mental Health First Aid Trainings offered to staff and public. d.) Grievance Policy and Procedures available for consumers/public. e.) Offer Cultural Competency training for staff. f.) Network Provider Services Purchased Verification audit. g.) Network Provider Programmatic Review and Program Plan Review. h.) Network Provider Enrollment status maintained. i.) ~~Provide education and promotion through Community Advocates Coalition meetings.~~ i.) Wraparound consultation. j.) Insurance coverage for cyber risk management and breach recovery services is in place. k.) Region 3 staff participate in community coalition and board meetings across all systems and stakeholder groups. l.) Cluster Based Planning/Therapeutic Consultation m.) Artificial Intelligence policy in place.	a.) As requested. b.) Ongoing. c.) Ongoing; multiple throughout the year. d.) Ongoing. e.) Annually. f.) Annually. g.) Every 3 years; completed in FY24. To be completed during FY27. h.) Ongoing. i.) ~~Ongoing. Provided through coalition meetings.~~ i.) Quarterly. j.) Ongoing; reviewed each March. k.) Monthly: ongoing. l.) As needed. m.) Implement policy on AI during FY267.	a.) Jill Schubauer/Laurie Lee b.) Kayl Dahlke c.) Shyanne Adams d.) Tiffany Gressley e.) Tammy Fiala f.) Kayl Dahlke g.)-h.) Suzanne Davis i.) Jill Schubauer ~~CARF/Safety Team~~ j.) Kerry Slaymaker k.) System Coordination Staff l.) Jill Schubauer m.) Tammy Burgeson	a.) Jill Schubauer b.) Tiffany Gressley c) Shyanne Adams d.)-e.) Tiffany Gressley f.) Kayl Dahlke g.)-h.)Suzanne Davis Beth Reynolds Tammy Fiala i.) Jill Schubauer j.) Kerry Slaymaker k.) Tiffany Gressley l.) Jill Schubauer m.) Tammy Burgeson

Annual Review by Risk Management Team: October 2026
Regional Governing Board Approval: October 30, 2026
Next Review by Risk Management Team: October 2027

Risk Management Team: Tammy Burgeson, Kerry Slaymaker, Beth Reynolds, Suzanne Davis, Jill Schubauer, Tammy Fiala, Warren Pennell, Kayl Dahlke.