

**Region 3 Behavioral Health Services  
Organizational Risk Management Plan  
October 2021**

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	
<b>A Contractual Liability-Decrease in Service Capacity/Providers</b>					
A1	Provider is at capacity-Federal Block Grant requirements affected if wait list increase and/or decrease in capacity.	a.) Weekly Capacity Report completed by providers in the Central Data System (CDS). b.) Written plan in place if over capacity.	a.) On-going b.) On-going	Melinda Dultz	Melinda Dultz
A2	Provider fails to check clinicians' licenses to make sure that none have been revoked or suspended.	a.) Provider Enrollment Information (PEI) policies and procedures signed by Agency Director annually. b.) Need to check for suspensions/revocation on an ongoing basis.	a.) On-going b.) On-going	Melinda Dultz	Melinda Dultz
A3	Decrease in capacity	a.) Weekly Capacity Report completed by providers in the CDS. b.) The percentage of capacity will be monitored and addressed.	a.) On-going b.) On-going	Melinda Dultz	Melinda Dultz
A4	Provider background checks on employees	PEI policies and procedures signed by Agency Director annually.	On-going	Melinda Dultz	Melinda Dultz
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. b.) Agencies must continually attempt to adhere to items referenced in the CLAS Standards and Cultural Sensitivity Survey.	a.) To be completed every 3 years. <b>Completed in FY21; to be completed during FY24.</b> b.) To be completed every 3 years. <b>Completed in FY21; to be completed during FY24.</b>	Melinda Dultz	Melinda Dultz
A6	Provider's CPA audits are not completed or not completed on time per contract	a.) <b>Audit/financial statement requirements and due dates are included in providers' signed agreements.</b>	a.) September 30-annually	Kerry Slaymaker	Kerry Slaymaker
A7	Monitor the utilization of higher levels of care.	a.) Monitor utilization monthly. b.) Provide education regarding other available services and transition to services. c.) Systems partners staffing consumers who utilize higher levels of care thru Complex Needs Workgroup	a.) On-going b.) On-going; facilitated Law Enforcement Training on Risk Assessment and Services, Law Enforcement Behavioral Threat Assessment training Mental Health First Aid Trainings are on-going. c.) Ongoing	Beth Reynolds	Beth Reynolds
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.	a) Monthly b) Within 48 hours c) annually	Melinda Dultz Beth Baxter	Melinda Dultz Beth Baxter

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<b>B Segregation in Care/Harm to Consumers</b>				
<b>B1</b> Confidentiality breaches (HIPAA & develop HIPAA process/training, printer, inter-office, hallways, phone conversations). Provider billing information secure on CDS and Electronic Billing System (EBS).	<ul style="list-style-type: none"> <li>a.) Develop and inform staff of HIPAA Process, including reporting possible breaches to the Privacy/Compliance Officer.</li> <li>b.) Review Confidentiality Policy.</li> <li>c.) Develop and inform staff of procedure in reference to use of ZIX and laptop/desktop usage as it pertains to confidentiality.</li> <li>d.) Region 3 provides information on updates, training, and issues on the CDS and EBS.</li> </ul>	<ul style="list-style-type: none"> <li>a.) Staff training on 12-2-20.</li> <li>b.) Review/Revise 2-3-21.</li> <li>c.) Policy and staff training; on-going. Laptop usage handout is shared with new employees at hire and all employees on an on-going basis. Zix email encryption updated 10-2021. Moved Zix encryption and email threat protection to Zix cloud based 10-2021.</li> <li>d.) Ongoing. Provider Confidentiality Statements for CDS and EBS are resubmitted to DHHS annually by September 30th.</li> </ul>	<ul style="list-style-type: none"> <li>Kerry Slaymaker</li> <li>Tammy Burgeson</li> <li>Warren Pennell</li> <li>Kayl Dahlke</li> </ul>	<ul style="list-style-type: none"> <li>Kerry Slaymaker</li> <li>Tammy Burgeson</li> <li>Warren Pennell</li> <li>Kayl Dahlke</li> </ul>
<b>B2</b> Professional boundaries	<ul style="list-style-type: none"> <li>a.) Review the Code of Ethics Policy with staff and have staff sign the policy.</li> <li>b.) Schedule and conduct a staff training on professional boundaries.</li> <li>c.) Staff to discuss risk scenarios that come up and make recommendations.</li> <li>d.) Supervisors meet with staff to discuss best practices.</li> <li>e.) Grievance Policy is in place.</li> <li>f.) ERCS has "Staff Relations" Policy in place.</li> <li>g.) PPP has "Staff Relations" Policy in place.</li> <li>h.) Consumer Rights and Responsibilities have been reviewed/revisted to include trauma informed care.</li> <li>i.) Develop and inform staff of procedure in reference to the use of phones and any technolgy based device usage as it pertains to general use.</li> <li>j.) Wraparound (WA) Training.</li> <li>k.) Review the Organizational Clarity Requirements with staff.</li> </ul>	<ul style="list-style-type: none"> <li>a.) Review Annually</li> <li>b.) New Employee onboarding and on-going though monthly staffing.</li> <li>c.) On-going</li> <li>d.) On-going; regularly at individual staffings.</li> <li>e.) Review Annually</li> <li>f.) Review Annually.</li> <li>g.) Review Annually.</li> <li>h.) On-going</li> <li>i.) Policy and staff training during onboarding; On-going. Phone/Multi-factor Authentication training 9-21; myEvolv NX training 9-21.</li> <li>j.) PPP Consultant on a quarterly basis. WA training as needed for new PP staff; review WA principles at staff meetings.</li> <li>k.) Periodically at staff meetings.</li> </ul>	<ul style="list-style-type: none"> <li>Tammy Burgeson</li> <li>Jill Schubauer</li> <li>Caleb Davis</li> <li>Warren Pennell</li> </ul>	<ul style="list-style-type: none"> <li>Tammy Burgeson</li> <li>Jill Schubauer</li> <li>Caleb Davis</li> <li>Warren Pennell</li> </ul>
<b>B3</b> Trauma Informed Care, Suicide Prevention, and Compassion Fatigue: Staff and System Partners Receive Training. How to Avoid Consumer Re-Traumatization. Mindfulness.	<ul style="list-style-type: none"> <li>a.) Trauma Informed Care (TIC) 101 and Recovery Training</li> <li>b.) TIC Train the Trainer Training</li> <li>c.) Compassion Fatigue Training</li> <li>d.) Training for Law Enforcement</li> <li>e.) Trauma Informed Care-Mandatory Staff Development</li> <li>f.) Creating Calmer Classrooms/Calmer Classrooms trainings</li> <li>g.) Compassion Fatigue with Region 3 staff</li> <li>h.) Mindfulness trainings</li> <li>i.) Trauma and Youth trainings</li> <li>j.) Trauma Informed Care Consultation</li> <li>k.) Strategies for Restoring and Empowering Traumatized Youth</li> <li>l.) Mental Health First Aid Training</li> <li>m.) Suicide prevention related trainings</li> </ul>	<ul style="list-style-type: none"> <li>a.)-c.) and f.)-k.) On-going.</li> <li>d.) Ongoing training regarding Crisis Response training in all 22 counties. 9-20-19 Buffalo County Sheriff's office training. 11/16/19 Buffalo County Sheriff's office dispatch training. 11/14/19 Custer County Sheriff's office.</li> <li>e.) Ongoing. Presented to staff 02-20-2021</li> <li>l.) - m.) On-going.</li> </ul>	<ul style="list-style-type: none"> <li>Tiffany Gressley</li> <li>Beth Reynolds</li> <li>Trauma Informed Care Team</li> <li>Tammy Burgeson</li> <li>Jill Schubauer</li> </ul>	<ul style="list-style-type: none"> <li>Tiffany Gressley</li> <li>Beth Reynolds</li> <li>Tiffany Gressley (leads TIC Team)</li> <li>Tammy Burgeson</li> <li>Jill Schubauer</li> </ul>

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<b>C Loss of Funding/Financial Loss</b>					
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. ) On-going	Leadership Team/ Supervisors	Beth Baxter Kerry Slaymaker
C2	Changes in vendors' direct deposit information	a.) 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.	a.) Procedure established August 2018.	Fiscal	Kerry Slaymaker
<b>D General Liability</b>					
D1	Effective Compliance	a.) Schedule and conduct a staff training. b.) Corporate Compliance Officer appointed. c.) Compliance Committee to review and recommend Compliance Plan updates to RGB. d.) Compliance Plan approved by RGB. e.) New staff receive Compliance Plan training and sign acknowledgement. f.) Compliance 'best practice' questions periodically on staff meeting agendas.	a.) 9-10-21 b.) 10-28-16. Annually appoint, last 10-25-19 c.) Annually in September - October. d.) 1-23-15. e.) Ongoing f.) Ongoing	Kerry Slaymaker	Kerry Slaymaker
D2	Insurance coverage adequate	a.) Review policy changes and coverage amounts.	a.) Annually in March.	Fiscal	Kerry Slaymaker
D3	Property loss due to fire, "acts of God", or accidents	a.) Property contents insurance, general 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.) A entire backup of the server resides on the Datto appliance and Datto cloud. c.) Back-ups are done every hour Sunday through Saturday. Monday's Virtualization is done by connecting to cloud storage, which the Datto appliance transmits copies to a secured off-site data center. The copies are held indefinitely. d.) The Region 3 website is backed up daily through ihost via a contract with IntelliCom. 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) On-going. f.) Reviewed/Revised: 10-2021	Fiscal Warren Pennell Tammy Burgeson	Kerry Slaymaker Warren Pennell Tammy Burgeson

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<b>E Employee Liability</b>					
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 and shots. f.) Fire Marshal inspection. g.) Internal inspections: fire extinguishers, smoke alarms, exit signs, and emergency lights, (monthly). h.) CARF Team addresses safety monthly. i.) Review and revise Health and Safety policies. j.) Safety Training/Education at all-staff meetings. k.) Safety John Newsletter l.) First Aid and CPR (due every 2 years). m.) Review/Revise the H&S 2: Workplace Threats and Violence policy. n.) Incident Reports are reviewed by Leadership Team. o.) Notification to staff and consumers via website <b>and outgoing phone message</b> . p.) Suicide Prevention Training for staff. q.) Trauma Informed Care training for staff. r.) Safety review and discussion at program staff meetings.	a.) <b>Annually. Training held on 9-10-21.</b> b.) <b>Annually. 11-9-20.</b> c.) <b>Bomb Threat: 5-51-21; Tornado: 8-31-20., 9-3-20, &amp; 5-21-21; Medical Emergency 8-31-20, 9-3-20, and 6-29-21; Threatening Situations: 9-10-21; Fire Evacuation 11-5-20; Utility Failure: 11-9-20.</b> d.) <b>Annually. 10-6-21</b> e.) <b>Annually.</b> f.) <b>Annually.</b> g.) On-going. h.) On-going. i.) <b>On-going.</b> j.) <b>On-going.</b> k.) <b>On-going.</b> l.) <b>Posted quarterly (minimum).</b> m.) <b>On-going.</b> n.) <b>Annually.</b> o.) On-going. p.) <b>As needed.</b> q.) <b>Annually.</b> r.) <b>Annually; offered 02-20-2021.</b> r.) On-going.	a.)- i.) CARF/Safety Team j.) Jen Puls k.) Jean Starman l.) Jen Puls m.) - n.) Tammy Burgeson Team o.) Warren Pennell p.) Jill Schubauer q.) TIC Team r.) Jill Schubauer; Beth Reynolds	a.) - i.), Tammy Burgeson j.) Jen Puls k.) Jean Starman l.) Jen Puls m.) - n.) Tammy Burgeson o.) Warren Pennell p.) Jill Schubauer q.) Tiffany Gressley r.) Jill Schubauer; Beth Reynolds
E2	Retention/Turnover Issues: a.) Burnout/Stress b.) Communication Issues (Complaints and Problems Not Resolved)	a.) Staff Mental Health First Aid Training. a1.) Staff Stress Survey. b.) Address Communication Issues through Strategic Planning. b1.) Quarterly One-To-One Meetings. b2.) Communication Policy Revision and Staff Awareness. b3.) Staff Review of the Communication Policy and Code of Ethics Policy at 6-month Goal Review.	a.) On-going. a1.) Wellness address annually with employee 'stress activity' and a stress survey; Created Compassion Fatigue Workgroup <b>a.k.a. R.E.S.T.</b> Support activities include Wellness survey, monthly messages available at employee cost, participation in Walk Out on Your Job. b.) Annually; On-going b1.) On-going. b2.) On-going. b3.) Annually; On-going.	Wellness Team Supervisors Tammy Burgeson Tammy Fiala	Wellness Team Supervisors Tammy Burgeson Tammy Fiala
<b>F Professional Liability</b>					
F1	False innuendoes and accusations	a.) Included in the Code of Ethics policy. b.) Included retaliation information in the Code of Ethics Policy. c.) Professional Liability Insurance purchased.	a.) Reviewed annually. b.) Reviewed annually. c.) Annually in March.	Tammy Burgeson Fiscal	Tammy Burgeson Kerry Slaymaker

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<b>G Property Loss or Damage</b>					
<b>G1</b>	Claims of breach of confidentiality	a.) Staff trained on confidentiality issues related to HIPAA and State law. b.) Policies in place. c.) \$5,000,000 Umbrella liability insurance coverage purchased.	a.) 12-2-20. b.) On-going c.) Purchased annually in March.	Jen Puls Fiscal	Tammy Burgeson Kerry Slaymaker
<b>G2</b>	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.) On-going; annual policy purchased in March.	Tammy Burgeson Fiscal	Tammy Burgeson Kerry Slaymaker
<b>G3</b>	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.) Purchase of insurance coverage of employee theft. f.) Inventory will be tracked via database, including Region 3 equipment at employees' residences. Periodic checks will be done against the database. g.) Upon separation of employment, a checklist will be followed to ensure all Region 3 property is returned.	a.) Only Regional Administrator, Operations Manager, and Regional Governing Board Executive Committee can sign checks. In policy and practice. b.) On-going; 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.) On-going; annual policy purchased in March. f.) On-going; partial internal audit 8-9-2020. g.) On-going.	Kerry Slaymaker Tammy Burgeson	Kerry Slaymaker Tammy Burgeson
<b>G4</b>	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 Leadership Team.	a.- c.) Purchased annually in March. d.) On-going. e.) On-going.	Fiscal Leadership Team	Kerry Slaymaker Tammy Burgeson
<b>G5</b>	Claims of abuse of co-workers or consumers by employees	a.) Safety in the workplace training provided. 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.) Workplace Health and Safety training held on 9-10-21. b.) Workplace Health and Safety training held on 9-10-21. c.) Annually in March.	CARF/Safety Team Fiscal	Tammy Burgeson Kerry Slaymaker
<b>G6</b>	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.	Fiscal Leadership Team	Kerry Slaymaker Tammy Burgeson
<b>H Business Interruption</b>					
<b>H1</b>	Keep organization running and meeting contract	a.) Revise the H&S 2: Natural Disaster and H&S 3: Continuity of Operations. 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 8x5 next business day. d.) An additional appliance (ASA) was configured as a back-up allowing us to connect to our internet service provider (should the production device go down). e.) Share flu prevention protocol with staff. f.) Share HR I-7: Inclement Weather with staff. g.) Continuity of Operations Policy is in place.	a.) October 2021 and on-going. b.) Changed EHR 3-2018. c.) On-going. d.) On-going. e.) Annually in September-October. f.) Annually in October. g.) Reviewed/Revised: 10-2021	CARF/Safety Team Tammy Burgeson Warren Pennell	Tammy Burgeson Warren Pennell
<b>H2</b>	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.	a.) 10-22-10. Review/Revise in 2022. b.) Job descriptions reviewed/revised annually.	Tammy Burgeson	Beth Baxter

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<b>I Loss of Goodwill and Public Image</b>					
I1	Developing and coordinating systems of care process	a.) Offer Suicide Prevention training and resources for stakeholders. b.) Offer Complex Needs Training for stakeholders. c.) The Behavioral Health Education Center of NE (BHECN)-Kearney Project Advisory Council meetings held. d.) Successful Implementation of Trauma Informed Care practices for stakeholders. e.) Mental Health First Aid Training offered to staff and public. f.) Youth Mental Health First Aid g.) System of Care meetings held. h.) Grievance Policy and Procedures available for consumers/public. i.) Offer Compassion Fatigue, TIC 101, TIC TOT, Calmer Classrooms, Mindfulness, Trauma and Recovery, Trauma Informed Schools. j.) Offer Cultural Competency training for staff. k.) Provider audit. l.) Provider Programmatic Review and Program Plan Review. m.) Provider Enrollment status maintained. n.) Provide consumer inclusion training through Regional Consumer Council meetings. o.) Wraparound consultation. p.) Insurance coverage for cyber risk management and breach recovery services is in place. q.) Probation meetings held with Families CARE, Probation, and Region 3. r.) H3C meetings attended by Region 3 staff. s.) Buffalo County Suicide Prevention meetings attended by Region 3 staff.	a.) As requested. b.) On-going. c.) BHECN-Kearney Advisory Council meeting held quarterly. d.) On-going. e.) On-going; multiple throughout the year. f.) On-going; multiple throughout the year. g.) Bi-monthly, as scheduled. h.) On-going. i.) On-going. j.) On-going. <b>10-8-21.</b> k.) Annually. l.) Every 3 years; completed in <b>FY21</b> . To be completed during <b>FY24</b> . m.) On-going. n.) Quarterly. Provided through consumer meetings. o.) <b>Quarterly.</b> p.) On-going; reviewed each March q.) Probation Partnership meeting bi-monthly; ongoing. r.) Monthly; ongoing. s.) Monthly; ongoing.	Jill Schubauer Kayl Dahlke Tiffany Gressley Melinda Dulitz Beth Reynolds Tammy Fiala CARF/Safety Team <b>Kerry Slaymaker</b> Beth Baxter	Jill Schubauer Kayl Dahlke Tiffany Gressley Melinda Dulitz Beth Reynolds Tammy Fiala <b>Tammy Burgeson</b> <b>Kerry Slaymaker</b> Beth Baxter

Division of Behavioral Health

**Annual Review by Risk Management Team: October 2021**  
**Leadership Team Approval: December 7, 2021**  
**Regional Governing Board Approval: August 26, 2022**  
**Next Review by Risk Management Team: September-October 2022**

*Risk Management Team: Randy McCall, Tammy Burgeson, Kerry Slaymaker, Beth Reynolds, Melinda Dulitz, Jill Schubauer, Tammy Fiala, Warren Pennell, Kayl Dahlke.*