Region 5 Systems
Organizational Risk Management Plan
FY27 (DRAFT)

	Identified Loss/Risk Exposure (Is this a risk/loss exposure for Region 5 Systems? Who does it most immediately impact? State as a problem. At what point is there a risk? What is the driving reason for monitoring?)	**Severity Assessment** 1-Insignificant 2-Minor 3-Moderate 4-Major 5-Catastrophic	**Likelihood Assessment** 1-Rare 2-Unlikely 3-Moderate 4-Likely 5-Almost Certain	**Loss Exposure Analysis Score** (S X L) Loss/Risk Exposure Range: **1 to 25 Low to High**	**Preparedness Assessment** 1-Well-prepared 2-Adequately Prepared 3-Moderately Prepared 4-Poorly Prepared 5-Unprepared	**Ongoing Maintenance to Reduce/Eliminate the Loss/Risk exposure & Increase Preparedness**	**New Action Steps to Reduce/Eliminate the Loss/Risk Exposure.**	**Semi-Annual Progress** (Date Reviewed & Comments)	**Person (s) Responsible**	**CCT Comments** (Date Reviewed & Comments)
A	**Organizational Goals**									
A1	Organizational goals are not monitored	4	2	8	2	a) Annual Performance Improvement Plan (PIP) for the organization reviewed quarterly by Leadership Team (LT) and Corporate Compliance Team (CCT) with a deadline of 60 days after the end of the quarter b) Annual Network Performance Plan			Director of CQI	
A2	Loss of CARF accreditation	5	1	5	1	a) Monitoring by HR/Operations Director for CARF expectations/policies. b) Monitoring changes and ongoing procedures in place. c) Conduct meetings with expectations and re-writes of policy as needed. d) CCT review. e) Regional Governing Board (RGB) approval, if applicable.	Not Applicable		Director of Operations & Human Resources	
A3	Strategic planning is not occurring at Region 5	4	3	12	1	a) Annual review of strategic plan occurs. b) Sharing the strategic plan and gathering input occurs with employees, participants, network providers, BHAC, RGB, and system partners. c) Continue ongoing communication on how the plan is implemented at All-Employee meetings.	Not Applicable		Corporate Compliance Team	

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B	**Fiscal Management**									
B1	Unmet contractual obligations result in a loss of revenue for the organization	5	2	10	1	a) Contract negotiators/monitors have been identified for each contract to ensure deliverables are met. b) Annual risk assessments are completed for all Network Providers	a) Risk assessments will occur before contract start date for Opioid Settlement grantees with awards ≥ $10,000		Contract Negotiators, Department Directors, Corporate Compliance Team	
B2	Loss of Revenue (planning and preparation)	4	5	20	1	a) Ensure organization continues to meet existing objectives. b) CCT continue to evaluate funding opportunities. c) Policies and procedures are in place to respond to a loss of funding. d) Regular monitoring of the budget. e) Monitor county, state, federal legislation, and appropriations. f) Continue education and advocacy for behavioral health.	Not Applicable		Corporate Compliance Team	
B3	Late fiscal reports negatively impact fiscal budget	5	2	10	1	a) Reporting and monitoring of identified reports. b) Monitored by CCT. c) Fiscal Department to meet with Department Heads, as applicable, on a monthly basis to monitor budget			Director of Finance, Corporate Compliance Team	
B4	Lack of fiscal controls	5	2	10	~~2~~ 1	a) Ensure current protocols are following cost principles from the Federal Government. b) Continue ongoing collaboration/communication with DBH to establish procedures/policies.	Not Applicable		Director of Finance	

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B5	The insurance coverage is not adequate	5	1	5	1	a) Insurance policy reviewed annually by CCT and RGB.	Not Applicable		Director of Finance	

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C	**People-Internal & External**									
	People Internal:									
C1	Employees lack critical knowledge to execute job duties	3	2	6	1	a) Conduct new employee orientation. b) Provide mandatory CARF trainings. c) Identify specific operational trainings. d) Utilize employee development funds. e) Offer supervisory support to identify training needs. f) On-going discussions/reminders about Relias status at employee meetings. g) Update supervisors regarding policy/procedures.	Not Applicable		HR, Training Teams, Supervisors	
C2	Employees are not given adequate supervision	3	5	15	2	a) Track semiannual and annual supervisions by HR. b) Offer supervisor training about supervision expectations, as needed c) Supervisors are responsive to employee needs in between formal evaluations. d) Monitored by the PIP and annual employee surveys.	Not Applicable		Training Teams, HR, Corporate Compliance Team	

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C3	Breach of confidentiality	4	5	20	~~3~~ 2	a) Continue mandatory training on confidentiality, HIPAA, new employee orientation, and HR practices. b) Continue to ensure security systems (building, computers, equipment) are in place. c) Ensure policy/procedures are maintained and enforced.	Not Applicable		Training Teams, HR, Operations	
C4	Employees do not have a formal communication avenue to express requests or concerns. There is no monitoring or ensuring issues are addressed.	3	1	3	1	a) Maintain Continuous Quality Improvement (CQI) process for concerns/requests.	a) The name of the CQI Concerns Request process will be evaluated to better describe the purpose by 12/31/26.		Director of CQI	

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C5	Employees do not have adequate technology resources to efficiently and effectively meet the business objectives of Region 5 Systems	5	4	20	1	a) Continual assessment and monitoring of changing technology trends is the responsibility of Region 5's Technology Systems Manager. Major Region 5 technology applications and resources are under 24/7 monitoring via contracted support (Helm). b) The Technology Systems Manager reports annually to CCT on its existing future technology needs and recommends strategies for cost savings, future growth, and productivity gains. c) Employees are able to communicate technology needs via an electronic service request system which is monitored by key employees within Region 5. Region 5 uses contracted supports where applicable to assist with large-scale technology challenges. d) Service requests are responded to in a timely manner. e) Employees are consistently using the Pegboard to document their whereabouts for safety purposes. f) Databases are usable and are consistently backed-up (storage). g) Network drives are operable, accessible, and backed-up (storage). h) Ensure Technology vendor is responsive to the needs of Region 5 Systems which enables us to carry out our business practices. i) Continue to assess/monitor database systems for necessary updates or changes (example: moving to web-based/upgrades, ensuring systems facilitate effective and efficient work).	a) The Technology Systems Manager will develop an ongoing plan for offering technology training to employees.		Technology Systems Manager	

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C6	Professional Partners do not meet contract deliverables when unable to obtain appropriate releases of information	4	3	12	1	a) Utilize Docusign in Professional Partner Program, as needed b) Monthly review of documentation by FYI to assess if a MIA review was completed to determine if there are missing releases of information. c) Quality Team conducts quarterly file reviews for FYI, where authorizations for release of information are reviewed.			FYI Director	
	People External:									
C7	Participants in the FYI program do not have an opportunity to participate in a monthly team meeting	3	3	9	1	a) Quality Team conducts quarterly file reviews for FYI. b) LT reviews identified reports, makes recommendations, accepts the recommendation, and asks for Quality Improvement Action Plans. c) Conduct Wraparound Fidelity Index (WFI) evaluations for FYI. d) FYI conducts monthly documentation reviews. e) Supervisors conduct reviews with the Professional Partner (Gauges).			Quality Team, Supervisors, CQI Department	
C8	FYI youth are at risk of out-of-home placement	3	3	9	1	a) Collect discharge data. b) Collect WFI evaluation data. c) Indicators from the PIP are used to report and monitor the number of participants in out of home placement. d) Conduct weekly clinical reviews.	Not Applicable		FYI Program, CQI Department	

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C9	Resources not adequately distributed geographically	2	3	6	1	a) The county of residence for participants served in the FYI and RAP programs is monitored for distribution throughout Region 5 Systems territory. The FYI and RAP programs have an associated indicator in the Performance Improvement Plan.	Not Applicable		Corporate Compliance Team	
C10	A lack of oversight/monitoring of network provider system	2	2	4	1	a) Conduct annual site visits b) Ensure provider contract compliance. c) Monitor provider enrollment/credentialing. d) Ensure communication process with providers. e) Monitored in the PIP. f) Increased monitoring through discharge non-compliance, critical incidents, appeals, complaints, and ineligibles and denials. g) Monitor performance on Recovery Outcomes and National Outcome Measures for persons served, by provider and service. h) Compliance with Network CARF standards.	a) Develop and implement policies and procedures for evidence-based practice fidelity reviews with provider network by 12/31/2026. b) Implement Section B Standards for Unaccredited Providers in the annual site visit process by 9/15/2026.		Director of Network Services	

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C11	Families/participants are not a part of the decision-making process	4	4	16	1	a) Maintain contract to address consumer initiatives. b) Utilize family/consumer advisory committee/groups. c) Seek membership of persons served on BHAC and SquareOne Governance Board. d) Utilize special contracts for consumer driven/provided services. e) Utilize grievance procedures. f) Monitor WFI evaluation data (FYI). g) Ensure dedicated funding towards consumer involved activities.	Not Applicable		FYI Program, CQI Department, Corporate Compliance Team	
C12	Appropriate safety planning does not occur with behavioral health participants	3	3	9	1	a) Continue WRAP/Recovery training, suicide prevention training b) Continue expectation of all providers to participate in Zero Suicide initiative. c) Continue annual audit of providers and three-year fidelity audit, feedback process to providers. d) Continue quarterly file reviews of FYI, RAP, RPH/LPH/RTPH e) CCT reviews quarterly file reviews for FYI, RAP, RPH/LPH/RTPH. f) Continue FYI external fidelity review by DHHS. g) Audits check for inclusion of peer/family resources in safety plans.	Not Applicable		Professional Partners, Network Providers, Quality Team, System Coordination Team	

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D	**Good Will (Reputation)**									
D1	Regional Administrator's county visits do not occur	4	1	4	1	a) Continue the Regional Administrator schedule and attend annual county visits. b) Attend the annual Nebraska Association of County Officials (NACO) conference as requested.	Not Applicable		Regional Administrator	
D2	Emergency System trainings do not occur	4	2	8	1	a) Continue training providers/law enforcement/county attorneys on a periodic basis. b) Continue conference call reviews for discharge planning. c) Facilitate high utilizers review and most vulnerable team meetings as scheduled. d) Facilitate regular meetings of Stepping Up steering committees for interested counties and ensure implementation of identified action steps. e) Continue to send a letter twice a year (July/August & January) to county attorneys, law enforcement (all county sheriffs' departments and city police, where primary county seat is), also send to Wilbur & Crete, public defenders, and each RGB member regarding "open bedtime/one call" and crisis team numbers. f) Annually at the November RGB meeting, the Director of Emergency Services will attend to report out on the emergency system (i.e. youth, adult, justice, and BETA).	Not Applicable		Director of Emergency Services	

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E	**Health/Safety**									
E1	Services, programs, resources, and physical building are not accessible to customers/ employees (hours, physical, attitudinal barriers)	5	2	10	1	a) Continue accessibility survey of persons served and employees. b) Review survey results by CCT and Health & Safety CQI Team. c) Continue incident/grievance reporting process. d) Continue CQI concerns/requests process	Not Applicable		Health & Safety Team, HR, CQI Department, Corporate Compliance Team	
E2	Lack of environmental security (building security)	4	3	12	1	a) Maintain building access control system. b) Continue to review security report by CCT. c) Continue to maintain alarm system. d) Continue to maintain internal emergency code. e) Continue to monitor building and information systems. f) Continue with off-site data storage being securely replicated over the internet with Region 5 Systems data storage provider.	Not Applicable		Technology Systems Manager, Safety Coordinator, Corporate Compliance Team, First Responders Team	
E3	Lack of records retention management (electronic/paper, email, records of persons served, personnel)	4	3	12	2	a) Annual review of policy by CCT to ensure policy is applicable to current laws and internal procedures. b) Monitor supervisors to ensure records are being destroyed according to established schedule.	Not Applicable		Director of Operations & Human Resources	

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E4	Lack of an updated business interruption plan (natural disaster and/or key organizational functions)	4	1	4	1	a) Business Interruption Team (BIT) meets annually. b) Conduct tabletop exercise as needed to test the business interruption plan.	Not Applicable		Corporate Compliance Team	
E5	Background checks not completed per policies (BHAC and employees)	3	2	6	1	a) Complete appropriate background checks on employees at hire, every two years, and/or when required. b) Complete appropriate background checks on BHAC members at the time of membership, every three years, and/or when required. c) HR will conduct a review of background check related policies.	Not Applicable		HR Department	
E6	Health & Safety Drills are not completed according to the established schedule	4	1	4	1	a) Health & Safety Coordinator establishes an annual plan of required drills to ensure employees have opportunities to practice responding to mock drills. b) Results of drills are shared with all employees.	Not Applicable		HR Department	