

2025 Q3 Quarterly Risk Management Assessment



2025 Q3 Quarterly Risk Assessment

- FTCA requires one risk assessment to be completed each quarter. 2 of the 4 risk assessments must cover a high-risk area.
- The one required risk assessment for Q3 is complete, making the requirement at 100% compliance through Q3.
- The tool used for the Q3 Risk Assessment is called the **Risk Assessment and Mitigation Tool – Safeguards for Behavioral Health Services**
 - 67 Criteria Audited
 - 61/67 compliant (91%)
 - Action Plan to correct other 5 criteria done and under way.
- Open Action plan goal = 75% or less

Risk Assessment and Mitigation Tool: Safeguards for Behavioral Health Services

Information provided by ECRI is not intended to be viewed as required by ECRI or the Health Resources and Services Administration, nor should these materials be viewed as reflecting the legal standard of care. Further, these materials should not be construed as dictating an exclusive course of treatment or procedure. Practice by providers varies, for reasons including the needs of the individual patient and limitations unique to the institution or type of practice. Best practice recommendations can change over time. All organizations should consult with their clinical staff and other experts for specific guidance and with their legal counsel, as circumstances warrant.

Refer to the "Resources" section at the end of the document for pertinent references and resources.

Objective	Yes/No	Comments/Supportive Documentation
Policies and Procedures	--	--
The health center has a process for conducting a community needs assessment for behavioral health that includes data and input from community stakeholders.	Yes	The community needs assessment is required to be conducted every two years.
The health center has a defined scope of services for behavioral health.	Yes	The health center has a defined scope of services to include health.
The health center maintains liability and malpractice insurance that is adequate for the staff and scope of behavioral health services provided.	Yes	The health center maintains liability and malpractice insurance and each individual behavioral health provider carries their own individual liability and malpractice insurance.
The health center conducts <u>universal behavioral/mental health screenings</u> on all patients.	Yes	Universal screenings such as PHQ9 and GAD 7 are used.

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Objective	Yes/No	Comments/Supportive Documentation
The health center has a <u>crisis care</u> management plan and implements crisis intervention strategies.	Yes	Policy exists for patients in crisis. When crisis patients are identified, a BH provider is immediately contacted to assist with the patient.
The health center <u>provides guidance on the use of opioid overdose reversal treatment</u> including naloxone and naloxone, and how to respond to an overdose.	Yes	All patient care staff are trained in Naloxone use and OD identification. Policy is in place for the use of Naloxone.
The health center has clear and documented follow-up and referral procedures for behavioral health services.	Yes	Referral policy is in place and BH providers are integrated with the primary care teams.
The health center has established relationships with outside behavioral health entities (emergency departments, urgent care, opioid treatment services, inpatient psychiatric care).	Yes	The health center has established MOUs with various outside behavioral health entities, such as Center for Behavioral Health, and Community Counseling Center. The health center has working relationships with inpatient psychiatric, and substance use rehab facilities such as Spring Mountain Treatment Center and Virtue Recovery.
The health center utilizes effective clinician-to-clinician <u>communication methods</u> , such as SBAR and <u>warm handoffs</u> .	Yes	BH providers are integrated in the clinics so that warm handoffs can occur immediately when needed.
The health center utilizes effective clinician-to-patient communication methods such as <u>ask-back</u> and motivational interviewing.	Yes	BH staff are trained in motivational interviewing and use this often with patients.
The health center follows <u>American Psychological Association's clinical practice guidelines</u> , <u>state and federal statutes</u> , and the U.S. Preventive Services Task Force's recommendations for <u>prescribing and managing medications</u> .	Yes	The health center follows APA, Nevada and federal statutes, and the U.S. Preventive Services Task Force's recommendations for prescribing and managing medications.

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Objective	Yes/No	Comments/Supportive Documentation
The health center performs a <u>Social Drivers of Health (SDOH) assessment</u> on all behavioral health patients.	Yes	CHWs are <u>available</u> to assist with all patient needs around SDOH.
The health center is mindful of therapeutic patient scheduling and appointment times (i.e., flexible appointments, service hours including evenings and weekends, autonomous scheduling, provider punctuality, time efficiency, office arrival and wait times).	Yes	Patients can schedule in person or telehealth appointments, new appointments are an hour and established 30 minutes, clinic hours are 7am to 5pm Mon-Fri.
The health center documents and updates emergency contact information during every patient encounter.	Yes	Contact information is verified every visit when the patient checks in for an appointment.
The health center adheres to strict <u>Health Insurance Portability and Accountability Act</u> privacy practices and state-specific <u>privacy and confidentiality laws</u> for behavioral health.	Yes	HIPAA training occurs annually for all employees.
The health center adheres to state and federal laws regarding <u>consent and privacy/confidentiality protections for minors</u> and for regulatory reporting requirements.	Yes	Consent is obtained at the initial visit and privacy/confidentiality rules are reviewed with the parent.
The health center completes accurate and supportive <u>documentation</u> for all behavioral health encounters.	Yes	All encounters are documented in eCW, our electronic health record.
The health center creates individualized behavioral health treatment plans which include patient goals.	Yes	Treatment plans are developed and documented in eCW for all patients.
The health center follows current guidelines for <u>people with suicide risk</u> .	Yes	Policies are in place for patients with SI. therapists contract for safety when needed.

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Objective	Yes/No	Comments/Supportive Documentation
The health center has a policy for <u>weapons and firearms</u> , and for <u>active shooter</u> situations.	Yes	Policy is in place and annual training occurs for all staff.
The health center conducts debriefing and safety huddles to support safe and effective behavioral health services.	No	This practice will need to be established.
The health center follows federal and state <u>laws concerning access to prescription drugs</u> including storage and dispensing, time and dosage limits, physical examination requirements, and tamper-resistant prescription forms.	Yes	All prescriptions are done electronically, and patients receive evaluation and follow-up regularly for prescription refills.
The health center uses a state-controlled prescription drug monitoring program.	Yes	All prescribers are required to use PMP Aware before prescribing any controlled substances. This is state law.
The health center <u>measures screening rates</u> and patient outcomes, including trending of current <u>Health Center Program Uniform Data System</u> quality of care measures for behavioral health, through patient registries or other tracking methods.	Yes	We use Azara for UDS and QI measurement.
The health center has an <u>incident/event reporting system</u> that promotes shared learning.	Yes	We have a robust risk management program including quarterly review of incident reports.
The health center maintains a continuous quality improvement plan for behavioral health services.	Yes	QI plans are in place for all health center programs.

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2025 Q3 Quarterly Risk Assessment Findings

5 Findings



CY25 Safeguards for BH Services - Findings and Action Plan

Assessment conducted by: Tabitha Johnson, LMFT, LCADC, Behavioral Health Manager and Dr. Robin Carter, DO, Medical Director

Q3 Assessment Completed on: 9/15/2025

Overall Score: 61/67 or 91%

Findings/areas of highest risk identified:

1. **Policies and Procedures –**
 - a. The health center conducts debriefing and safety huddles to support safe and effective behavioral health services.
 - i. Assessment Notes
 1. This practice will need to be established.
2. **Patient Centered Care**
 - a. The health center utilizes patient navigators specific to behavioral health services.
 - i. Assessment Notes
 1. At this time, this position is not filled.
3. **Staffing and Workforce Development**
 - a. The health center has a plan to identify and address behavioral health workforce shortages and burnout.
 - i. Assessment Notes
 1. This will need to be formally established. However, the behavioral health manager connects often with behavioral health staff to ensure that adequate self-care is being used to prevent burnout.
4. **Safe Environment and Infrastructure**
 - a. The health center provides soothing music, toys, and comfortable furniture.
 - i. Assessment Notes
 1. There is no music, or toys in the BH area, but comfortable seating is available.
 - b. The health center counsels patients and their families about firearms and gun safety.
 - i. Assessment Notes
 1. Policy needs to be established and posted in BH Center.

2025 Q3 Quarterly Risk Assessment Action Plan

5 Activities will correct and prevent 5 findings by March of 2026.



CY25 Safeguards for BH Services - Findings and Action Plan

CY25 Goals	CY25 Activities (What, Who, When)	CY25 Performance 3 & 6 Month Follow Up
Correct Criterion #1a – The health center conducts debriefing and safety huddles to support safe and effective behavioral health services.	<ul style="list-style-type: none"> BH Manager & Medical Director consult on policy verbiage and workflow for huddles by January 2026. Identify what constitutes a safety issue (consult with safety officer and security as needed) and what needs to be communicated to mitigate and prevent future safety incidents by January 2026. Define workflow and procedure for huddles with ops teams and BH team. Create a procedure in the proper SNHD/SNCHC format and have CEO review by January 2026. Implement new debriefing and safety huddles process for all BH and Clinic operations teams by April 2026. 	January 2026 – April 2026 – July 2026 –
Correct Criterion #2a – The health center utilizes patient navigators specific to behavioral health services.	<ul style="list-style-type: none"> CEO, BH Manager, & Medical Director must decide what this role entails and if another FTE is required, or if these responsibilities can be shouldered by existing staff. Job descriptions need to be updated as determined by April 2026. Once duties have been defined, and whether a new or existing FTE will assume those duties, a process must be developed for tracking the activities of this team member for reporting, transparency, and quality improvement by July of 2026. 	January 2026 – April 2026 – July 2026 –
Correct Criterion #3a – The health center has a plan to identify and address behavioral health workforce shortages and burnout.	<ul style="list-style-type: none"> BH Manager & Medical Director will define what burnout is and identify mitigation and planning tactics to minimize burnout. Cadence of review and first meeting will occur by July 2026. BH Manager & Medical Director will regularly review staffing levels and patient demands and proactively plan access and service provision growth through new providers and operational efficiencies where, when, and how it is logistically possible. 	January 2026 – April 2026 – July 2026 –
Correct Criterion #4a – The health center provides soothing music, toys, and comfortable furniture.	<ul style="list-style-type: none"> BH Manager & Medical Director will work with Business Office on budget needs for ambiance in patient areas, which items to purchase. BH Manager will work with AA to place a purchase order and get materials in and activate or place all new supplies appropriately for the BH Center by April 2026. 	January 2026 – April 2026 – July 2026 –
Correct Criterion #4b – The health center counsels patients and their families about firearms and gun safety.	<ul style="list-style-type: none"> BH Manager and Medical Director will work with the Safety Officer to post current SNHD policy compliant firearm and gun safety disclaimers in the BH waiting area by January 2026. 	January 2026 – April 2026 – July 2026 –

Questions?

