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Suggested citation


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At the Ontario Centre of Excellence for Child and Youth Mental Health (the Centre), we support community-based, child and youth mental health agencies to deliver the best possible care for the young people they serve. We do this by sharing the latest evidence on topics that help agencies do the important work that they do. *Risk management in child and youth mental health* provides a high-level overview of *risk management* and is intended to support agencies during the beginning stages of developing and implementing a risk management framework for their organization.

This guide begins with an overview of risk management, presents a framework of choice, as well as a detailed approach to risk management for child and youth mental health agencies. It offers key considerations for risk management planning and provides helpful information on the various stages of risk assessment, identification, framework implementation and evaluation. Throughout the guide there are quick links to the various resources that are included in the appendices of this document. Each resource can be printed and used by your agency as an example to help inform your own risk management framework. These resources include user-friendly tools, templates, and case study examples from the child and youth mental health sector.

Information presented here comes from the latest literature on risk management and current knowledge and experience held within the sector, both of which are continually evolving. It is encouraged that the information and examples are used to guide your agency in developing a risk management framework that is tailored to your individual needs. If your organization has additional knowledge and/or tools that you think would strengthen this resource, please share them with us.

This resource was not designed, nor intended to be an in-depth examination of all potential risks that agencies may encounter within the context of child and youth mental health, such as clinical or service risks. For this information, we suggest consulting with your agency peers across the province who have established risk management frameworks and have been doing this work for some time now.
Risk management is an agency-centered approach used for identifying, assessing and responding to organizational risks. It allows you to identify potentially harmful situations and address them in a proactive and strategic manner by way of planning for and developing effective responses (Amato, 2016). Every enterprise or organization will face risks in the daily delivery of services. Leaders must learn to distinguish the risks that create opportunities for growth and enhanced value from the risks that are excessive and may lead to negative outcomes. Organizations will assess and respond to risks differently depending on their likelihood and potential impact on the organization and the broader community.

Implementing a risk management framework ensures that information about risk is adequately reported and used as a basis for accountability and decision-making at all relevant levels of organizations. This allows organizations to conduct a thorough risk assessment to help them identify what risks matter, how likely they are to happen, what the potential impact will be and how to avoid or mitigate them. There are several risk management frameworks in the literature to choose from, most of which offer similar dimensions or elements. What is most important is selecting a approach that is practical, easy to use and sustainable. It should also be appropriate for the size of the organization and community, its complexity and geographic reach. This is particularly relevant for Ontario’s child and youth mental health system as it transitions into 33 service areas.
Risk and risk management defined

Risk, in this context, refers to any uncertainty in achieving an organization’s objectives or the uncertainty that surrounds future events and outcomes. The uncertainties may include the likelihood of the event occurring, the expected frequency of the event, and the severity of the impact if the event occurs. Simply stated, risks include any factors that could have an impact on an agency’s objectives or processes, either positively or negatively.

Risk management refers to the identification, assessment and strategies put in place to help organizations mitigate the adverse effects of such risks. Several types of risk management are referred to in the literature (e.g., enterprise, operational, financial, etc.).

Enterprise risk management (ERM) is a risk management framework used by organizations to identify, assess and manage process-level risks across the entire organization and thus, enhances an organization’s viability (Deposit Insurance Corporation of Ontario, 2011). Enterprise risk management is often used to support organizations that face both clinical and non-clinical risks, such as child and youth mental health agencies. This framework is a proactive rather than reactive approach to managing risk, which results in more successes, fewer setbacks, and more effective operations and controls within organizations. ERM offers a structured, continuous assessment that encourages a planned and effective approach to managing risks. ERM is highly dependent on clear and purposeful communication with stakeholders, which, in turn, improves stakeholder trust and confidence in the organization.
Risk domains

In 2016, Ontario’s Ministry of Children and Youth Services (MCYS) developed a risk management framework and protocol that identifies seven ERM risk domains that MCYS funded agencies are now expected to assess and report on annually. The domains are defined below:

- **Governance/organizational risk** – the risk that the agency’s structure, Board functioning, accountabilities or responsibilities are not designed, communicated or implemented to meet the organization’s objectives. These may have a direct impact on the company’s strategic plan and can influence the entire organization (Mohammed & Sykes, 2012)

- **Service delivery risk** – the risk that funded services will not be completed or delivered in a timely manner, as expected. This may include losses associated with failed processes in the working environment of an organization (Office of the Superintendent of Financial Institutions Canada, 2016)

- **Stakeholder satisfaction/public perception risk** – the risk of failure to meet the expectations of the public, other clients, ministries or other stakeholders

- **Financial risk** – the risk of financial losses, overspending or the inability to meet budgets and plans. Includes issues related to credit, financial misstatement and other reporting errors (Johnson & Johnson, 2013)

- **Legal risk** – the risk that the agency will not be compliant with applicable Ministry of Community and Social Services (MCSS)/MCYS legislation, regulations and policy directive. Includes violations of laws or regulations concerning various areas such as environment, employee health and safety, product safety concerns, etc. (Johnson & Johnson, 2013)

- **Information technology (IT) and operational risk** – the risk that IT infrastructure does not align with business requirements and does not support availability, access, integrity and security of data. Includes business continuity risk as well as risk related to inappropriately disclosed information

- **Human resource (HR) risk** – The risk that capable and motivated staff will not be available to get the job done. This could be caused by resignations, turnover, inability to hire, lack of skills, strikes, injury, etc.
Any ERM framework can be developed and used within your organization, as long as it addresses risks from across all seven domains as required by the province. To help illustrate this would work in practice, the following page provides an example of an ERM framework adapted from the Canadian Mental Health Association. This framework has grouped risks into three distinct categories: business, resource and compliance risks. The organization then sub-categorized risks under the most applicable category and defined them using language that resonates with their work.

**BUSINESS RISK**
Risks that may relate to the delivery of care that include internal and external factors impacting on the operations of the Agency

- **QUALITY CARE & CLIENT SAFETY**
  Risk that the delivery of quality care is compromised due to inappropriate assessments, care planning and treatment that may result in an adverse outcome to the client.

- **CORPORATE GOVERNANCE**
  Risk that the organization structure, decision making processes, governance and oversight, internal culture and communication do not support the strategic direction of the organization.

- **OPERATIONS & BUSINESS SUPPORT**
  Risk that business operations do not efficiently and effectively support the needs of agency, its staff and clients.

- **REPUTATION & PUBLIC IMAGE**
  Risk that the agency’s public image is negatively affected by issues related to client satisfaction, media exposure and government relationships.

**RESOURCE RISK**
Risks that relate to the resources used by the organization to accomplish its objectives

- **HUMAN RESOURCES & STAFF RELATIONS**
  Risk associated with a lack of sufficiently skilled, qualified, motivated and committed staff to ensure delivery of quality care and sound healthcare management and administration.

- **FINANCIAL**
  Risk that agency lacks sufficient capital and operating funding to provide the desired level of programs and services to the population it serves. The risk of ineffective financial management and reporting.

- **INFORMATION, SYSTEMS & TECHNOLOGY**
  Risk that the use of information, systems, and technology are not supporting current and future needs of agency; is not operating as intended and/or is compromising the integrity and reliability of data.

- **PHYSICAL ASSETS**
  Risk that relates to the acquisition, maintenance and disposal of the agency’s physical assets, including buildings and equipment.

**COMPLIANCE RISK**
Risks that original from the requirement to comply with a regulatory framework, policies, directives or legal agreements

- **ENVIRONMENT, HEALTH & SAFETY**
  Risk that the agency does not provide a safe working environment for its clients, staff and the public. The risk of not being an environmentally friendly organization.

- **LEGAL & REGULATORY**
  Risk that the agency is exposed to undue legal liability as a result of non-compliance to legislation, contractual agreements and regulatory standards.

- **POLICIES**
  Risk of non-compliance with established direction and guidance as provided in policies, guidelines and directives – both internal and external to the agency.

- **STANDARDS**
  Risk of non-compliance with established accreditation standards and those requirements of the applicable professional regulatory bodies and standards committees.

(ADAPTED FROM: CMHA, 2016)
There are various interpretations of ERM and this guide provides an approach that can be easily adapted for your child and youth mental health agency. This approach is grounded in a philosophy that values continuous quality improvement and ongoing commitment to addressing the factors that contribute to risk. It is derived from the implementation literature and has been summarized using the following five key phases:

- building context
- risk identification
- risk assessment
- risk response
- risk monitoring/sustaining

Although this approach is presented in phases, these phases should not be considered definitive steps as risk management is an ever-evolving, non-linear process. The five phases are depicted in a relational diagram to illustrated the dynamic, iterative and responsive nature of risk management. Risk management requires a culture of continuous improvement that is able to respond to changes in internal and external factors (i.e. context, culture, risks). Although this guide provides a high-level overview of a risk management framework, the framework presented in this guide should be tailored to your organization, objectives, risks, and capacity.

The Centre promotes a holistic approach where all members of an organization (at all levels of the organization) view risk management as an integral and ongoing part of their jobs. This approach encourages staff to take responsibility for identifying risks in their role and for assisting in developing, implementing, and improving risk management processes. The approach outlined in this guide has been developed to help your agency implement a risk management framework appropriate for your agency. The approach should be adapted based on the individual needs of your agency, risks identified and the most appropriate strategies for risk response.
Building context and getting risk management ready:
Committing, developing a team, and identifying a risk management framework

Risk identification:
Process of finding, recognizing, and describing risks

Risk assessment:
Process to comprehend the nature and level of risk; provides the basis for risk evaluation and response

Risk response:
Process to modify or respond to a risk; can involve one or a combination of acceptance, avoidance, mitigation, or sharing

Monitoring and review:
Continual checking, supervising, critically observing, or determining the status of risks; for purposes of identifying changes from the established performance metrics

Each phase has been defined and outlined in the sections that follow.
Although ERM frameworks vary across organizations, the overall process for selecting and implementing a framework is consistent across the literature. In order to be successful in developing, implementing and sustaining an ERM framework, organizations should consider the following steps:

**Step 1: Commit to risk management**

The first step in developing a risk management framework is gaining leadership buy-in and commitment. Fundamentally, members of the leadership team must understand why risk management is important and why it must be included as part of their leadership role in the organization. They must also understand what is involved and what value it will add to the operations of the organization and the clients they serve. Creating a culture of risk management across the organization will help to ensure the framework, policies and processes will be actively deployed and adhered to, over time.

**Step 2: Identify a core team (of champions)**

Once leadership buy-in and commitment is assured, a core team of champions should be carefully selected and engaged. The core team will have a responsibility of selecting, designing and implementing an ERM framework. Selecting a core team to work on risk management begins with identifying a few champions, from leadership and staff levels. Champions will help to create a sense of urgency and interest in risk management by working with leadership to engage others in this work. Once selected, the team will be tasked with analyzing the internal and external environments to fully understand the strategic goals of the organization and potential risks associated with them.

**Step 3: Select a risk management framework**

Outlining the scope and reasons for selecting an ERM framework, identifying key stakeholders who will contribute to it and gathering any relevant background information required to inform and guide this work, will be important for the core team (University of Adelaide, n.d). This information will help the team better understand the context/environment, who to include in the process and help flag any potential opportunities and barriers to its implementation and future use (Health Service Executive (HSE) and Clinical Indemnity Scheme, 2009).

The framework selected or developed is less important than the dimensions it will monitor. As stated above, MCYS transfer payment agencies are required to assess risk
across seven (7) key dimensions: governance/organizational risk; service delivery risk; stakeholder satisfaction/public perception risk; financial risk; legal risk; information technology and operational risk and; HR risk, all described above. It is recommended to incorporate these dimensions into a risk management framework that makes sense for the organization and that will be easiest to integrate within the existing structure.

Keep in mind that the strategy used to select, prioritize and measure risks will evolve over time. Begin with what’s already being measured, and build on a foundation that’s already been established. Learning from other child and youth mental health agencies who have done this and who are of similar size and scope, is highly recommended. Refer to the appendix for a case example of how an agency integrated ERM into their organization.

**Step 4: Assess for readiness and capacity**

Before implementing a framework, be sure to assess for risk management knowledge and capacity across the organization. Engage staff and leaders early in the process, being mindful of the climate for change. Ask yourself, how have staff, leaders and board members adapted to and sustained organizational changes in the past? Consider what other changes are currently underway within the organization. It will be important to understand what other competing priorities you are up against before launching into this work.

After assessing readiness the next step is to build staff knowledge and awareness of risk management and the processes to be implemented and sustained. One way of approaching this is to design a training plan that meets the diverse needs of the team. Note that content will vary depending on roles and responsibilities of those involved in the training.

**Step 5: Create a project charter**

Once an ERM framework has been selected, a critical next step will be to create a project charter. A charter is a statement of the project’s scope, goals and objectives, timelines and deliverables. This will include identifying core team members who will lead and do the work. It must also clearly delineate the team’s roles and responsibilities. A project charter will be useful in establishing key messages for regular communications about this work and will help to measure the success of its implementation.
After assessing for readiness and establishing a risk management framework, identifying organizational risks is the first real step in any risk management process. Risks cannot be avoided or mitigated if they are unknown. Within the child and youth mental health sector, the risk management process should include both clinical and non-clinical risks. A comprehensive list of risks, organized by risk dimension (for transfer payment agencies: governance/organizational risk; service delivery risk; stakeholder satisfaction/public perception risk; financial risk; legal risk; information technology and operational risk and; HR risk) and business units (e.g., department, clinical program, etc.) is critical to understand the depth and breadth of enterprise risks.

A formal identification process is necessary to fully understand the circumstances and contributing factors that underlie each risk (Health Service Executive (HSE) and Clinical Indemnity Scheme, 2009). During this phase, organizations are encouraged to begin broad, as this will help shape the organizations’ risk profile. Risks will vary in priority across staff and leadership but all identified risks, regardless of where they come from, must be included. This will help the core team with continued buy-in and perceived engagement from staff and leadership, overtime.

In the mental health sector, it is important to develop an effective and proactive approach to the identification and understanding of the risks inherent within the delivery of mental health services. Other key factors to consider when identifying risks include consulting with stakeholders, risk categories and recording and reporting risks.

**Consult with stakeholders**
It is important to consult all key stakeholders and service users in the process of identifying risks. Key stakeholders can provide insights into the broad scope of existing and potential risks to help the core team determine whether certain risks are reoccurring in specific client populations and prevent future adverse events (Health Service Executive (HSE) and Clinical Indemnity Scheme, 2009). Key stakeholders may include staff, youth, families, professionals and community partners. Commonly used methods for engaging these groups to identify risks include in-person discussions (focus groups or interviews) or questionnaires. A template to assist you in recording feedback from all stakeholders during risk identification is available here.

**Risk categories**
Provided on the next page are examples of common risk groups identified by stakeholders in the child and youth mental health sector. They have been included here to help organizations introduce the idea of organizational risks to key stakeholders and to engage them in the risk identification process.
Reporting and recording risks
At this stage, it is important to plan for and implement a system for risk reporting and recording. Most child and youth mental health agencies already have policies and procedures in place for implementing, monitoring and reporting risks. These documents should be flexible to include new risks as they are identified or prioritized over time. An example of a risk report form as well as a tip sheet are provided here. Employees who are assigned to report, analyze and record risks will also need clear guidelines to ensure risk reporting is accurate and aligned with existing metrics, and that data is useful for further assessment and mitigation.

Using a standardized system to report incidents or adverse events associated within a clinical or service-providing organization can aid in the reporting and categorization of risks. Common items that typically appear on incident report forms include:

- Details of the incident including who, what, when, where
- Whether any injury or harm was sustained (provide a description)
- Immediate actions taken to mitigate and report the risk
- Description of who was notified (e.g. leadership, police, emergency services, parent (if applicable), other)
- The process and results of the review/investigation including contributing factors, actions to prevent recurrence, and debriefing session
- Recommendations for further action

Other benefits of risk identification
Risk identification can also support and inspire new research within child and youth mental health. By identifying clinical risks and formulating research questions with these risks in mind, researchers may be inspired to develop new risk management frameworks that may lead to future evidence-based practices (Patterson et al., 2016).
Risk assessment involves classifying and prioritizing the identified risks. The core team will examine the degree of actual or potential impacts different risks have, and their likelihood of occurrence (Health Service Executive (HSE) and Clinical Indemnity Scheme, 2009). This analysis can be qualitative, quantitative or a combination of both. Criteria for evaluating risks should reflect the context and objectives of the organization as well as stakeholder’s views and legal requirements (Global CCS Institute, 2011). Examining existing policies and legislations can also be useful in determining what improvements to make.

This work should be linked to the organization’s quality improvement efforts, and an organized assessment inventory should be maintained for more efficient assessment of future risks. Sharing this information across teams, organizations and community partners can allow for a more collaborative and comprehensive risk assessment process to take place within the broader community. Key elements of a risk assessment include classifying risks and using a heat map.

### Classifying risks

An important part of assessing a risk is to determine the nature, source and type of impact should it occur. This is done by using a risk matrix, a visual table of existing and potential risks to enable ranking and prioritizing of risks. In addition, it is often used by leaders to determine which risks, if any, are acceptable and opportunistic for the organization (Duijm, 2015). A risk matrix also allows the core team to see if specific risks require additional metrics or if improvements to the existing plan must be made (Dumbrava & Iacob, 2013).

Risks can be classified using a common set of assessment criteria, tailored to your agency, to determine their likelihood and impact (Berg, 2010).

- **Low priority risks** — when the likelihood of harm is minimal; the treatment is relatively cost-effective, or the opportunity outweighs the threat - the risk is therefore considered to be acceptable

- **High priority risks** — when the likelihood of harm is high; the treatment is extensive and or costly or the threat outweighs the opportunity - the risk is therefore considered to be unacceptable.

It is important to note here that risks will shift in their likelihood and impact overtime, thus impacting their level of priority. The risk matrix should be reviewed on a regular basis to ensure that the levels of priority are still appropriate and relevant to the current context.
Using a heat map
A commonly used type of risk matrix is a heat map. Mapping risks on a heat map is an approach that allows those responsible to see the potential impact of particular risks (Health Service Executive (HSE) and Clinical Indemnity Scheme, 2009). Heat maps are low-cost, visual assessments that plot the risk and estimate the frequency as well as the potential severity of the event on a scale of 1 - 5 (Ingram and Headey, 2004) in a table format. Once plotted, risks will naturally appear in relation to one-another and a mapping of priorities will emerge.

Developing a heat map with your team will provide a very helpful tool to keep on top of risk exposures and potential impact. An example of a heat map is provided below; this table classifies risks as extreme, high, medium or low.

To use this tool properly, the core team must fully understand how and why risks have been plotted and prioritized in this way, based on their impact and likelihood. On the following page is a helpful chart that outlines various types of risks assessed within the child and youth mental health sector and the areas of impact or relevant rating they may have when using a heat map.
**Likelihood of Occurrence**

<table>
<thead>
<tr>
<th>LIKELIHOOD OF OCCURRENCE</th>
<th>acceptable</th>
<th>acceptable w controls</th>
<th>undesirable</th>
<th>unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Insignificant</td>
<td>Minor</td>
<td>Moderate</td>
<td>Major</td>
</tr>
<tr>
<td>Almost certain 5</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
<td>Very high</td>
</tr>
<tr>
<td>Likely 4</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Decent chance 3</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Possible 2</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>Unlikely 1</td>
<td>Low</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
</tr>
</tbody>
</table>

**Probability x Impact = Risk Rating**

- Low requires little to no action
- Medium requires medium priority action
- High requires high priority action
- Very high requires urgent and immediate action

**Risk Likelihood Table** - How likely is it that something will go wrong?

<table>
<thead>
<tr>
<th>LIKELIHOOD</th>
<th>Unlikely</th>
<th>Possible</th>
<th>Decent chance</th>
<th>Likely</th>
<th>Almost certain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probability</td>
<td>&lt;1-10%</td>
<td>10-20%</td>
<td>20-50%</td>
<td>50-75%</td>
<td>&gt;75%</td>
</tr>
<tr>
<td>Unlikely to occur</td>
<td>Will only occur in exceptional circumstances</td>
<td>Reasonable chance of occurring</td>
<td>Likely to occur</td>
<td>More likely to occur than not</td>
<td></td>
</tr>
</tbody>
</table>

**Risk Impact Table** - How bad would it be if something did go wrong?

<table>
<thead>
<tr>
<th>AREAS OF IMPACT</th>
<th>Insignificant</th>
<th>Minor</th>
<th>Moderate</th>
<th>Major</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service interruption</td>
<td>Does not impact on the delivery of care</td>
<td>Short-term disruption; contained to the situation</td>
<td>Some disruption with unacceptable impact on customer service; non-permanent loss of service</td>
<td>Sustained loss of service; major contingency plans being invoked</td>
<td>Permanent loss of core service or facility</td>
</tr>
<tr>
<td>Financial cost</td>
<td>&lt; $1000</td>
<td>&gt;$10,000</td>
<td>&gt;$100,000</td>
<td>&gt;$500,000</td>
<td>&gt;$1,000,000</td>
</tr>
<tr>
<td>Agency reputation</td>
<td>Unlikely to warrant coverage in media</td>
<td>Local media - short term; minor affect on public attitudes</td>
<td>Local media with long term impact on public attitudes</td>
<td>National media; public confidence undermined; usage of services affected</td>
<td>National media; MP concerns</td>
</tr>
<tr>
<td>Target achievement</td>
<td>No impact on targets</td>
<td>Insufficient impact on targets</td>
<td>Adverse effect on targets but recoverable</td>
<td>Failure to meet targets; may affect funding</td>
<td>Failure to meet targets; loss of programs; layoffs</td>
</tr>
<tr>
<td>Customer satisfaction</td>
<td>Unlikely to cause complaint</td>
<td>Complaint possible; litigation unlikely</td>
<td>High potential for complaint; litigation possible but not certain</td>
<td>Litigation expected</td>
<td>Litigation certain</td>
</tr>
<tr>
<td>Legal action</td>
<td>No injuries</td>
<td>Short term injury/illness &lt; three days</td>
<td>Long term sickness; semi-permanent injury</td>
<td>Permanent injury</td>
<td>Death or permanent injury to more than one person</td>
</tr>
<tr>
<td>Injury/Harm</td>
<td>No inquiry</td>
<td>Planned review</td>
<td>Drop-in investigation with rectifiable orders</td>
<td>Investigation resulting in legal charges</td>
<td>Investigation resulting in loss of program / license</td>
</tr>
<tr>
<td>Legislative Review</td>
<td>No effect on staff morale</td>
<td>Short term minor effect on staff morale</td>
<td>Long-term impact on staff morale</td>
<td>Union activity; staff turnover affected; meeting outcomes affected</td>
<td>Union voted in; staff turnover considerable</td>
</tr>
<tr>
<td>Culture</td>
<td>No chance of death</td>
<td>No chance of death</td>
<td>No chance of death</td>
<td>Death possible</td>
<td>Death imminent</td>
</tr>
<tr>
<td>Death</td>
<td>No chance of death</td>
<td>No chance of death</td>
<td>No chance of death</td>
<td>Death possible</td>
<td>Death imminent</td>
</tr>
</tbody>
</table>

(Lutherwood, 2016)
Heat maps are often used to help leadership visually depict priorities. They use color coding to identify high, medium and low risks at different times, in response to changes in the environment. Heat maps also help to identify where the ‘hot spots’ and ‘safe zones’ are.

- **Hot spots** refer to areas on the map indicating a high likelihood of such risk exposures and high impact on the organization and community
- **Safe zones** refer to areas on the map indicating a low likelihood of risk exposures and low impact of risk to the organization and community.

Below is a table that provides examples of the level of response and involvement required for the levels of risk identified in the heat map (i.e. extreme, high, moderate, low).

<table>
<thead>
<tr>
<th>RISK LEVEL</th>
<th>ACTION AND LEVEL OF INVOLVEMENT REQUIRED</th>
<th>EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXTREME RISK</td>
<td>IMMEDIATE ACTION REQUIRED</td>
<td>MULTIPLE LOSS OF LIFE, LOSS OF REPUTATION</td>
</tr>
<tr>
<td></td>
<td>INFORM EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS</td>
<td></td>
</tr>
<tr>
<td>HIGH RISK</td>
<td>INFORM ED</td>
<td>LOSS OF LIFE, SERIOUS HARM OR INJURY, DAMAGING LITIGATION CLAIM</td>
</tr>
<tr>
<td></td>
<td>IT IS ESSENTIAL TO INVOLVE SENIOR MANAGEMENT TO ASSIST WITH MANAGING THE RISK. A REPORT SHOULD BE SUBMITTED TO THE BOARD</td>
<td></td>
</tr>
<tr>
<td>MODERATE RISK</td>
<td>MANAGEMENT MITIGATION AND ONGOING MONITORING REQUIRED</td>
<td>SIGNIFICANT MANAGEMENT TIME REQUIRED, OPPOSES STRATEGIC PLAN</td>
</tr>
<tr>
<td></td>
<td>INFORM THE RELEVANT SENIOR MANAGEMENT</td>
<td></td>
</tr>
<tr>
<td>LOW RISK</td>
<td>MONITOR RISKS (THERE IS NO HARM, INSIGNIFICANT IMPACT)</td>
<td>LOW IMPACT TO AGENCY ORGANIZATION</td>
</tr>
<tr>
<td></td>
<td>MANAGE USING ROUTINE PROCEDURES WITH THE AGENCY</td>
<td></td>
</tr>
</tbody>
</table>
When developing a heat map to identify and prioritize risk in your agency:

1. Assign the severity/impact/consequence of the risk (i.e., minor, moderate, major, severe)
2. Assign the likelihood/frequency of the risk occurring (i.e., rare, unlikely, likely, almost certain)
3. Score risk impact using a risk matrix that is most appropriate for your agency (i.e. extreme, high, moderate, low)
4. Prioritize action and response to address the risk

Having this clear understanding will assist the core team and leadership as they navigate through the risks and prioritize them appropriately. Keep in mind that different types of risks may require different assessment methods to appropriately address and prioritize them. Encourage employees and key stakeholders to participate in risk identification and risk mapping to ensure the end result is a true reflection of the whole organization. This should be supported with ongoing conversations, regular reviews and monitoring.
Once you have identified, assessed and prioritized organizational risks, consider how best to respond to the different types and levels. Measurement techniques for this stage will vary depending on the type of risks identified (i.e. clinical, organizational, process risks). As you go through this process, keep in mind the importance of monitoring acceptable risks to ensure they remain acceptable and have not increased in frequency or severity. One approach is to compare current risks against previously documented and approved risk criteria (Berg, 2010).

For the child and youth mental health sector, information on approved risk criteria can be found in the Transfer Payment Risk Assessment guide (Ministry of Children and Youth Services & Ministry of Community and Social Services, 2016). For risks that do not fall within what is considered acceptable, it is important to mitigate and prioritize responses. A risk registry is often used to record, assess, and review risk response strategies in an organization. An example template of a risk registry can be found here.

Risk response strategies will vary depending on the type of risk. Risk response strategies will often involve combinations of prevention and mitigation measures. All risks will need to be assessed on an individual basis to determine the most appropriate response. Initially, the focus of risk management should be on preventative measures to reduce the occurrence of a risk. In the field of mental health, no prevention strategy will be completely effective and therefore it will be essential to put in place robust mitigation strategies that will reduce the impact of the risk, should it occur. Where possible, consult with your stakeholders and fellow peers who have established risk management approaches.
When responding to risk, priority should be given to risks that are the most likely to occur and which have the most impact on an organization and community. When referring to the heat map these risks are found in the upper right corner of the table and identified as extreme risks. After assessing the severity of risks, determining the type of response depends on the tolerance/severity level of the risk. A response form template is provided here to assist in recording feedback from stakeholders and detailing prevention and mitigation strategies.

**Types of risk response**

- **Risk avoidance** involves the organization deciding not to proceed with the activity that was likely to generate the risk (Berg, 2010).
- **Retention** involves accepting the risk and continuing operations but with controls in place (Toosarvandani et al., 2012).
- **Risk transference** involves moving the risk partially or completely to another department or organization. This may be done through insurance or through contractual methods. Within this process, the risk is still present as it has not been completely managed (Berg, 2010).
- **Mitigation** is a form of risk response involving actions designed to reduce a risk or reduce the impact, should the risk event occur. When it is not possible to eliminate a risk, consider how best to mitigate it. Often it is not possible to eliminate risks in the mental health sector, therefore the plan must be to reduce the risk to as low a level as possible (Toosarvandani et al., 2012). Strategies that are put into place to mitigate a risk are called controls. These controls should be developed with the consultation of stakeholders, recorded and reviewed over time.
In child and youth mental health agencies, risk management will involve a wide range of stakeholders and disciplines. The framework must include a clear vision and purpose, defined goals and objectives, an engaging assessment process and designated roles and responsibilities. In order to sustain a risk management framework overtime, there must be a clear and concise plan for implementation and evaluation as well as a plan for monitoring the activities overtime.

This last phase cannot be underscored enough. This phase should be integrated throughout the risk management journey and revisited often. Every aspect of the risk management process needs to be monitored and reviewed. Unless there is a well-planned and implemented monitoring policy and process, along with key people assigned to oversee it, the sustainability of the ERM will be in question. Key elements to incorporate here are quality assurance, ongoing communication and resolution.

**Quality assurance**

A quality assurance plan will help keep risk management active, useful and ongoing. The importance of setting targets and timelines at this stage is key to the success of the framework. Having a clear plan in place for what data to collect, how and when it will be monitored and by whom it will be reported are critical to the effectiveness of the risk management framework.

Establishing a regular timeline to review the risk matrix and reprioritize risk exposures is imperative (e.g., quarterly, biannually) and must be a leadership team decision. If actively used, the risk register will require frequent adjustments (e.g., monthly, quarterly) to ensure leaders are paying attention to changes in the environment and any new potential risks facing the organization. Initially, it will be important to provide people with the right amount of education and coaching so they can interpret the information they are receiving. A short interpretation guide may be helpful.
**Ongoing communication**
As risk priorities and targets shift overtime, the risk management framework and its processes should also adjust to reflect the changing nature of your work and context. A template for a risk assessment framework log has been provided here. Every aspect of the risk management approach needs to be monitored and reviewed to ensure relevancy and continuous quality improvement.

Communicate these changes by sharing updates in risk management policies, procedures and reports being generated and how they might impact the organization. Communication is critical to create an engaged, informed and prepared staff who inevitably play a big part in mitigating organizational risks.

**Resolution**
Continue to review and adjust the risk inventory, register, heat map and reporting tools as changes take place. This supports a systematic approach to monitoring and responding to risks of the day. Although data is key to understanding the current picture, the most important part of risk management is what the organization does with the information, not the data itself.

Be sure to highlight which risks have active mitigation strategies in place and whether they are working effectively. This should be noted alongside benchmarks, metrics or indicators for management purposes (Carroll, 2016). Plan to review processes and expectations with key staff before setting them in motion. (Johnson & Johnson, 2013).

Software programs and detailed registers are commonly used to track risk management frameworks over time. It is recommended that your agency and core team come together to develop a tool that is most appropriate for your needs.
CONCLUSION

Child and youth mental health agencies must continue to adapt their programs and services to meet new and complex needs in their communities. This state of constant change requires leaders to be aware of the wide-number of potential risks that pose both opportunities and threat to their clients, staff, fellow leaders and the broader community. Introducing an enterprise risk management framework into the organization is key to ensure that staff and leaders feel prepared and able to address risks before they become harmful, costly and damaging to the organization.

Taking a planned and thoughtful approach to implementing such a framework is key to the effectiveness and sustainability of risk management, risk mitigation and prevention. Using the approach above along with the tools, templates and case studies provided in this document will help agencies move, in a thoughtful way, through this process.
References


APPENDICES

TOOLS

- From p10, Case examples
- From p11, Consulting with stakeholders (download)
- From p13, Incident reporting form (download)
- From p13, Incident report tip sheet (download)
- From p19, Risk registry (download)
- From p20, Risk assessment and response form template (download)
- From p22, Risk assessment framework (download)
## Risk Assessment Framework

<table>
<thead>
<tr>
<th>Identify</th>
<th>Respond</th>
<th>Monitor</th>
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<tbody>
<tr>
<td>List of Risks</td>
<td>Strategic Goal</td>
<td>Link Within Organization</td>
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<td></td>
<td>Impact (H/M/L)</td>
<td>Current Response</td>
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<td>Further Potential Response</td>
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<td>Timelines</td>
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<td></td>
<td>Responsibility</td>
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<td>Review of Ongoing Impact</td>
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**Date for review:**

**Person responsible for review:**
Lutherwood is a multi-service, multi-site, community-based organization in Ontario. They offer residential and community mental health services, employment and housing services, and lead a retirement and assisted living facility (Luther Village) which is a social enterprise. In addition to the operational divisions, they have a Foundation as well as oversight as a Lead Agency. Lutherwood’s risk management framework fits these diverse areas despite their different mandates. They are also continuously improving how risk management informs strategic and operational planning.

For Lutherwood, their risk program grew as they began to understand more about risk and how to manage it. Some 18 years later, they continue to expand this work. Here’s an overview of the process:

- **1998** was the beginning of intentional risk management at Lutherwood with an annual report to the board that identified the top ten risks. They still produce this report annually for Lutherwood, the Foundation and Luther Village and are in the process of doing one for Lead Agency core service providers.
- The first growth spurt was mid-2000, when they looked at risk culture and were trained on using an integrated and open approach. It was at this time that two risk coordinator positions were put in place to manage risk on the ground level. The roles were later amalgamated into one risk manager position that manages risk across all service areas – a more affordable and effective model.
- In **2012**, Lutherwood built a risk rating matrix to help them become more objective in how they identify and rate risks. They introduced a work plan to keep them accountable in doing what they said they would do to mitigate risk, and produced a mid-year report which provides a formal check-in with the Board of Directors.
- More recently, growth has been in the area of defining their risk appetite and tolerance and creating numbers that measure tolerance called key risk indicators (KRIs). This helps them in identifying trouble earlier. They have numerical KRIs for staff injuries and absenteeism. A big project in the works is developing a risk database that will organize data and help track and use KRIs more effectively.

Lutherwood recently restructured and realigned systems that historically worked in silos to create a quality framework that has risk, accreditation and evaluation working side-by-side with the common purpose of enhancing the quality of client experiences and outcomes.

Creating a risk management framework helps to provide an overall structure where you can zoom in on specific risks where needed and builds it into everyday operations. It helps everyone speak the same language, avoid over or under responding to risks, creates awareness, helps with flow of information and creates an opportunity for learning, quality improvement, growth and innovation that come from risk taking.

Risk management is not a perfect science. It is quite subjective in the human service industry. How do they know it works? By the level of engagement from leadership, staff and the Boards in using the tools and processes they have in place. They also have a few risk measurements that help demonstrate when a risk decreases and we are continuously improving as they learn.

**FIVE KEY ELEMENTS OF LUTHERWOOD’S ENTERPRISE RISK MANAGEMENT FRAMEWORK**

1. **Organize** – people, roles and responsibilities related to risk including an open and integrated culture where it is safe to talk about risk
2. **Identify** - processes for identifying and reporting risks
3. **Measure** – measure, prioritize and monitor risks using KPIs, data and evaluation
4. **Monitor** – the tools used to analyze risk at an operational level
5. **Mitigate** – an inventory of the compliance, auditing and systems that are in place to mitigate specific risks such as suicide, client aggression, reputation and finance (e.g. MCYS TPRA (ministry risk assessment))
The Canadian Mental Health Association Waterloo Wellington (CMHAWW) is the largest community based mental health organization in Canada with 33 affiliated branches across Ontario. Throughout their growth and transition, quality and risk was monitored through a self-assessment process every three years by a national accreditation body. In 1998, the organization initiated an Enterprise Risk Management Framework (ERM). This framework has three pillars: business, resource and compliance risk. Combined, this approach allows them to prioritize and examine risks in an integrated fashion that is transparent and accountable.

The key to a just culture in their organization is having a dedicated staff member that provides expert consultation and facilitation, and who reviews and links risk-related activities to evidence-based best practices. ERM is embraced throughout the organization from the Board of Directors to committees, senior leadership, management and direct service providers. Year to year, risks are identified. Many have been closed and some will remain open and monitored.

The benefits of this approach include a deeper understanding of risks across the organization, as well as an appreciation for the potential impact risks might have on their ability to achieve strategic alignment across all levels on risk tolerance. They are now looking at implementing a computerized, decision-support incident management tool with customized forms that will allow staff to report adverse events, near misses and good catches with real-time alerts.
### MISSION

### STRATEGIC GOALS

<table>
<thead>
<tr>
<th>TEAM RISKS</th>
<th>PROGRAM SCOPE</th>
<th>ORGANIZATIONAL CONSIDERATIONS</th>
<th>EXTERNAL CONSIDERATIONS</th>
<th>STAKEHOLDER EXPECTATIONS</th>
<th>PERFORMANCE CHALLENGES</th>
<th>BUDGET CONSIDERATIONS</th>
<th>RISK STATEMENT (IF/THEN)</th>
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*Date for review:*

*Person responsible for review:*
INCIDENT REPORTING FORM

THIS FORM CAN BE USED TO REPORT ANY WORKPLACE ACCIDENT, INJURY, ILLNESS & INCIDENT

DETAILS OF THE PERSON (S) INJURED OR INVOLVED:

REPORTED BY: ________________  DATE OF REPORT: ________________
TITLE /ROLE: ________________  INCIDENT NO: ________________

INCIDENT DETAILS:

TIME OF OCCURRENCE: ________________  DATE OF OCCURRENCE: ________________
LOCATION: ________________  INDIVIDUALS INVOLVED: ________________
INJURED PERSON: ________________  MALE/FEMALE: ________________
DATE OF BIRTH: ________________  PHONE NUMBER: ________________

DESCRIPTION OF INCIDENCE

(DESCRIPTION OF TASK BEING PERFORMED AND THE SEQUENCE OF EVENTS)

OUTCOME AND MEASURES TAKEN TO ADDRESS HAZARDS RELATED TO INCIDENT:

________________________________________________________________________
________________________________________________________________________

DID THE INJURY INVOLVE HOSPITAL OR PHYSICIAN, IF YES:

HOSPITAL NAME: ________________  PHYSICIAN NAME: ________________
INJURED PERSON SIGNATURE: ________________  WITNESS SIGNATURE: ________________

IMPORTANT NOTES:

________________________________________________________________________

________________________________________________________________________
## CMHA – Leadership Incident Report Tip Sheet

### You Became Aware That An Incident Occurred

- You ask your staff what happened and don’t just accept an IR in your mailbox.
- You obtain details of the event collaboratively with staff.
- You determine when the event occurred.
- You determine what area/service was impacted.
- You review with individual(s) involved why they thought it happened.
- You review with person the process or activity in which the event occurred.
- You determine steps taken in the process, as it is designed currently at Trellis.
- You determine with your staff what the most proximate factors were.
- You determine what steps were involved in (contributed to) the event.
- You determine/communicate if there any other factors that has directly influenced this outcome.
- You are aware if there are other areas or services are impacted.
- You consistently consult with your Director, Risk Manager on a timely basis regarding high risk incidents for accountability and support reasons.
- You always complete the area with your staff/team: **Recommendations: Individual; Systemic and forward on a timely basis to Risk Manager**

### You Have Determined That This Is A Clinical Issue

- You look at the client CID and determine quickly if this is a client fairly new to Trellis or has a long history at Trellis;
- You open up the CW synopsis which tells the client’s story;
- You look at client’s DNA rate and correspondence on file to see if he/she responded to letters;
- You look for alerts on the client’s file.
- You look at After Hour Crises Activity;
- You and your staff review the client file (physical and electronic) to determine if any gaps in services;
- You determine the last time client seen and by whom;
- You look to see if Trellis received collateral information in the event the client had spent some time in hospital;
- You look at the medication reconciliation process/management;
- You look to see if client had been formally assessed by Psychiatry in the recent past;
- You look to see if there is a risk pattern that is continually repeated over time;

- You remember that the following system issues from previous IR reviews may also be evident in this incident such as:
  - Incomplete/inadequate proactive risk assessment;
  - Lack of current Diagnostic Impression/Diagnosis;
  - Inadequate evidenced-based medication use;
  - Lack of awareness re preventative ECT;
  - Inadequate communication across the system;
  - Inadequate continuum of care/linkage for the revolving door client;
  - Lack of client access to effective mental health services;

- **You look for similar patterns from previous Incident Report Reviews to ensure that the recommendations made then have resulted in successful treatment/quality of life outcomes due to the changes made.**
YOU DETERMINE THIS IS AN OPERATIONAL INCIDENT

- You look to the agency Governance/IT/IM/Finance/HR policies and procedures.
- You look to see if the agency Occupational Health and Safety Policies and Procedures are relevant.
- You access the HR manual.
- You pull in the agency HR/Finance/Administrative leadership for consultation/input.
- You determine if this incident has occurred in the past and recall the lessons learned then to determine if the recommendations made a difference or not;

HUMAN RESOURCES ISSUES/FACTORS:

- You determine if there are any human factors relevant to the outcome.
- You see a pattern in the incident type from previous incidents?
- You look to see to what degree staff properly qualified and/or trained and currently competent for their responsibilities
- You look to see how actual staffing compare with ideal levels in relation to the incident did.
- You determine if there are plans in place for dealing with contingencies that would tend to reduce effective staffing levels, e.g., unusual sick time off in a service, etc.
- You determine to what degree staff performance in the operant process (es) is addressed. Has this incident type happened in the past with same employee; did the training take place from the last incident, etc. (e.g., privacy breach).
- You determine how orientation and in-service training can be improved.

EQUIPMENT FACTORS

- If relevant you determine how equipment performance affected the outcome.

INFORMATION MANAGEMENT FACTORS

- You determine to what degree is all necessary information available when needed.
- You determine if staff documentation is accurate; complete; unambiguous.
- You determine to what degree is communication among participants adequate, and did it contribute to the incident outcome.

ENVIRONMENTAL MANAGEMENT ISSUES

- You determine what factors directly affected the outcome.
- You assess to what degree was the physical environment appropriate for the processes being carried out.
- You consult with HR/OHSC members re what systems are in place to identify environmental risks;
- You work with HR/OHSC re what emergency and failure-mode responses have been planned and tested.
CMHA – LEADERSHIP INCIDENT REPORT TIP SHEET

UNCONTROLLABLE EXTERNAL FACTORS

☐ You have heard from staff that these incidents are beyond the organization’s control and you have provided a forum/information to your staff/team to debate, have a conversation and truly be able to determine if this is true. E.g. Suicide prevention
☐ You have determined what can be done against the effects of these uncontrollable factors.
☐ You have consulted with your leadership team re other sources of information, perspectives that can aid in your discussions.

LEADERSHIP ISSUES

☐ You self-reflect and bring to your staff, team to determine to what degree is the culture conducive to risk identification and reduction.
☐ You regularly point to industry best practices around controversial issues like suicidal prevention, ethical decision making, etc.
☐ You have a conversation when the Incident is a controversial one, and give voice to your staff.
☐ You consult with your own supervisor and bring back issue to leadership team to ensure we are all on the same page around the issue;
☐ You model and influence the importance of the just culture approach within an accountability framework that focuses on improving our behaviour around preventing the re-occurrence to reduce similar incident in the future
☐ You determine barriers to communication of potential risk factors at the leadership table.
☐ You determine to what degree is the prevention of adverse outcomes communicated as a high priority and how; to your clinical team, operations team, leadership team.
☐ You respond and follow up in a timely basis with both staff involved and team for high and moderate incidents.
☐ You regularly bring to your team meeting the quarterly Incident Report Summary and the information regarding systems issue improvements.
☐ You understand and can speak to the reports being provided and your team knows by your behaviour that you align with client/staff safety incident reporting and its value.
<table>
<thead>
<tr>
<th>IDENTIFIED RISKS TO THE ORGANIZATION</th>
<th>RISK CONTROLS Mitigation Strategy</th>
<th>CALCULATED RISK RATING OF AREA</th>
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<tbody>
<tr>
<td>IDENTIFIED RISKS IN AREA</td>
<td>DESCRIPTION OF THE RISK</td>
<td>ASSESSMENT OF THE RISK</td>
</tr>
<tr>
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<td>LIKELIHOOD RATING</td>
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<td>STRATEGIC RISK</td>
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## Risk Assessment and Response

### Category: (e.g. Financial, Human Resources, Service Delivery, etc.)

**Description**

### Link to Strategic Goal:

- | Action 1
- | Action 2

### Risk Rating

<table>
<thead>
<tr>
<th>Impact (H/M/L)</th>
<th>Likelihood (H/M/L)</th>
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<tbody>
<tr>
<td>Action 1</td>
<td>Action 2</td>
</tr>
</tbody>
</table>

### Internal Considerations

- | Action 1
- | Action 2

### External Considerations

- | Action 1
- | Action 2

### Internal Mitigating Factors

- | Action 1
- | Action 2

### External Mitigating Factors

- | Action 1
- | Action 2

### Risk Response:

**Actions Required**

- | Action 1
- | Action 2

**Person Responsible**

- | Action 1
- | Action 2

**Timelines**

- | Action 1
- | Action 2