

SJV Risk Management Plan FY26

<u>Risk</u>	<u>Current Processes/Controls</u>	<u>Gaps</u>	<u>Actions</u>	<u>Progress/Results</u>	<u>Completion date</u>	<u>Persons Responsible</u>
Operations – Risks Cindy Faison	Current Processes/Controls	Gaps	Actions	Progress/Results	Completion date	Persons Responsible
Client Supervision High impact moderate probability	- Staff training - Procedures - Safety protocols - Vehicle Alarms - Risk Assessments to identify gaps and system issues	- Inexperienced staff - Lack of experienced bench strength - General lack of comprehension of the seriousness of client supervision at all levels - Increases in incidents of client supervision	Proposed quarterly staff trainings Intensified focus on building the culture Improved staff client supervision trainings	All Education Services staff received intense training on site and sound conducted by VEC Clinician 7/2025	June 30, 2026	Cindy Faison
			Strengthen staff accountability protocols and re-set strict disciplinary actions	Several staff have received disciplinary action including suspension and termination due to lack of supervision incident		
			Sharpening of implementations of recommendations from Risk Assessments	Significantly increased the oversight and follow up on Risk Assessment Corrective Action Plans Decrease in Risk Assessments and incident Reports regarding Out of sight and sound supervision incidents		
			New school leadership structure implemented to improve counselor supervision which will in turn improve staff skills and impact client supervision effective 10/25	In the process of evaluating the new school structure to determine impact and identify gaps Assessment and necessary revisions will be completed by August 17, 2026		
			Improved communication across campus by upgrading the walkie talkie equipment and system effective 9/25	Team SAFE feedback indicates that the Walkie talkies have greatly improved communication across campus		

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Changes to service offerings Legacy Services sunseting High impact Hight probability	- Monitoring regulatory changes - COA accredited - Currently meet staffing requirements - Experts in the field - Strong Infrastructure - VACBP membership - Licensed by DBHDS - Credentialed by all MCO's	Unknown requirements	Participating in webinars and conferences to stay abreast of all changes and decisions	Received document detailing the new service to include client and staff requirements, program components and funding sources etc. Document has been updated numerous times and still waiting on the final version	On going and carried into FY27	Steve Beasley
			Providing input on public and private surveys related to new proposed services Accessing informal and formal networks on a regular basis to gain information Steve Beasley participated in numerous Public comment platforms for VACBP for the new service s	COO, CFO, Compliance and Dir. Of Housing met to discuss transferring MHSB to be provided under Flagler Services Steve Beasley, Linda Saltonstall, and Katie Chlan were certified to be QMHP supervisors. DMAS released third posting to include draft policy of Community Psychiatric Support and Treatment (CPST) – school setting 10/2025 The General Assembly approved a 6-month delay to the start date of the replacement of legacy services to January 2027 Starting the training process for clinical staff 5/26/26 for EBS - MAPS and CANS		

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Ongoing funding uncertainty from HUD/uncertainty about what homeless services may look like for next 3 years High impact Hight probability	- Initially awarded a 2 year grant - Strong connection to Homeless network	Currently struggling to execute contracts that were awarded in FY 24 Unknown status of FY 25 grants (that are due to start Jan and July of 2026) Unknown federal priorities Constant “emotional whiplash” of funding uncertainty and impact on staff Unknown status of FY 26 and beyond and federal priorities State gubernatorial election and potential impact on homeless services	Sr. Director joined Virginia Housing State Legislative Committee Providing regular updates to Senior management and team Sr. Director provided an informational update/webinar on federal and state implications of the funding shifts – session was recorded for easy access for interested staff Connecting with partner agencies and other providers across the country Partnering with localities to assist with stability Working to deepen relationships with key legislative partners Secured funding through end of CY 2025 to cover gaps Working to prioritize private funds and identify dollars that can potentially be put aside for use in case of “emergency” Closer partnership with National Alliance to End Homelessness (NAEH) Participated in NAEH Federal Advocacy Day 9/17/25	2-year grants were rescinded after extensive advocacy efforts., but three of four FY 25 grants were renewed as is (after extensive work) Tremendous advocacy and work occurred to minimize destruction caused for FY 26 grants – were able to get some protection in THUD Appropriations Bill that passed 2/26. Made decision to cut RRH program for non-youth in Petersburg by 50% due to loss of fourth grant – able to avoid staff layoffs by utilizing frozen position in Richmond Sr. Director and Govt. Grants Manager attended NAEH Leadership Conference – will be working to implement information learned Completed analysis of all program financial feasibility and future of all programs as part of FY 27 budgeting process. Scheduled meetings with key community funders/partners to follow up on decisions made during the budgeting process.	<i>Ongoing and carried into FY 27</i>	Katie Chlan

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			Planning to access all available funds prior to possible Government shut down for awarded funding CEO and Dir. of Marketing spoke with Abigail Spanberger to advocate for increasing Housing Trust fund and preserving the continuum of care model Continuing to partner with community partners to build capacity and strengthen Continue to work with private funders to minimize disruptions and loss Participated in Housing Advocacy Day 2/11/26 (State) Sr. Director increased work with state legislative issues Sr. Director to attend NAEH Leadership Conference 3/1-3/4/26 for additional support Continued planning has occurred for FY 26 NOFO (due to be released by 6/1/26) and work has started to redesign all RRH programs <i>Decision was made to end role of CACH Lead Agency 9/30/26. Notifications are</i>	Notification has been made regarding FY25 awards (because of court order). All awarded grants will renew as is for one more operating year. <i>Ongoing risk with Flagler Funding continues. Steps have been taken to reduce expenses and “double down” on what we do well. Programs and staff positions have been cut/eliminated, and new positions and work is being designed. This item is not completed and will be ongoing into the coming year.</i>		

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			Currently taking place. This will free up about 11K/month in private funds. Finalizing plan to close Petersburg Office effective 9/30/26 (staff have not yet been notified) - and move all team members to Richmond (continue to provide services outside of Richmond to Petersburg). Will provide annual savings of about 65K In process of updating all job descriptions and ensure clarity regarding roles and better allow team to hold team members accountable and remain “future focused” as federally driven changes are coming Full team, community partners, relevant funders notified of changes re: Lead Agency (effective 10/1/26). Transition work has started and Flagler is providing support. Team has been notified of closure of Petersburg office and move to Richmond. Work on <i>details of this is ongoing</i>. <i>HUD FY26 NOFO was issued 6/1/26. National lawsuit was filed on 6/22/26. SJV will be moving forward as planned until update on lawsuit provided. Will be submitting renewal applications for</i>			

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			<i>YHDP grants, new RRH grant in Petersburg, Transitioning RRH program to TH in Richmond, and potentially submitting a SSO grant in Richmond. As it stands now, the likelihood of any of these projects being funded is minimal.</i>			
Emergency Preparedness High impact Low probability	- Mass communication system campus wide - Panic Buttons in all buildings - Text to talk speakers installed in multiple buildings - Conduct multiple lockdown drills annually - External doors locked 24/7 with security system (swipe card) 3 Knox boxes on campus for Fire department to access internal door keys - Two-hour emergency backup batteries to support internet, security management system and emergency lighting during a power outage	Blue Panic Button attached to computers are inefficient	Receiving quote to install red wall mounted panic buttons in all buildings	Panic Buttons installed February 10, 2026 across campus	February 10, 2026	Debbie Sheerin
		Multiple windows increase the risk for attackers to enter buildings	Received quote to install bullet proof "shutters" on classroom door windows	Decided not to move forward at this time due to the expense	December 2025	
		Windows in classroom doors lead to vulnerability				
		Text to talk speakers needed for over half of the Villa buildings	Received quote to install text to talk speakers in the remainder of buildings across campus	Text to talk speakers installed February 10, 2026, across campus	February 10, 2026	
		Multiple keys to internal doors allow slower Police response time	Conducted a thorough assessment of the entire campus key system	Evaluating potential changes to the key system	On going for FY27	
		Knox boxes only for 3 buildings	Exploring installing card readers for internal doors	Installed a card reader on one internal door in Cottage 5 to protect Flagler resources	January 2026	
			Researching grant for non-profit emergency resources			
			Working with local emergency services to explore the feasibility of installing additional Knox boxes for each building	Knox boxes have been installed and inspected by Fire marshal in BBB, Facilities and CSU	September 11, 2025	

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		Cameras needed to see and speak to visitors outside prior to allowing access into buildings	Exploring installing doorbell cameras for the Burke Barrett Building and Seton House	Camera in Cottage 5 has been installed	January 2026	
				Doorbell camera installed at the BBB	May 6, 2026	
				Seton House doorbell camera on hold until the State's TDO feasibility study is complete	On Hold	
				A tablet was purchased and mounted at the front desk of CRC for staff to view external cameras	May 6, 2026	
		No Generators for power outages	Working with Henrico County to explore possibility of full building generators for power outages	On hold awaiting further discussion	On going for FY27	
				Received funding to purchase a walk-in refrigerator to include a \$22,000 generator for Culinary and Villa Grocery	On going for FY27	
		Lack of Reunification Plan in the event of a campus wide evacuation	Received gold start method guidance from DJJ, formed team to create the plan	Created Plan Confirmed off site location to evacuate to (Scouts of America) signed MOU 6/18/26	February 2026 June 18, 2026	

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		6/18/26 - with the completion of the Reunification Plan. A staff training plan that will be completed in FY27				
		Stand-up walk-through Metal Detectors in only 3 buildings	10 Additional stand-up walk-through metal detectors were donated 12/25	Metal Detectors were installed at CRC and CSU	February 2026	
				VEC Metal Detector installed	April 2026	
Technology- Risk Eugene Tayman	Current Processes/Controls	Gaps	Actions	Progress/Results	Completion Date	Persons Responsible

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Phishing & Malware High impact Low probability	- New Hire IT Orientation Training - Staff Cyber Security Training - KNowbe4 Phishing Outlook add-in on all devices. - KNowbe4 application Reports. - New Staff training report. - Monthly reporting. - Microsoft Defender Spam filter application for all user accounts. - Microsoft Office 365 version - Maintain a Cyber Security Mindset for all staff. - User Operating system Updates Windows/Mac being performed.	- Staff Cyber Security Training. - New hire & Existing staff - Some Computers are missing critical system updates. - Staff Turnover-Maintaining accurate user accounts due to Terminations. - Client or staff with personal devices. - Microsoft Office Older versions to be updated to MS 365.	- Malwarebytes Antivirus application on all devices. - Training is being performed online. - Computer automated & updated - Scheduled Reports - Microsoft office 2019 removal in progress (19) remain of (199)	- Complete - Cyber security training-Ongoing - Complete - KNowbe4 Training-Ongoing - Microsoft Office 2019 removed & upgraded to MS Office 365	Jul/25 Oct/25 Nov/25	Eugene Tayman
Disaster Recovery Moderate impact Low-moderate probability	- Disaster Recovery Plan - HV-2 DR Server in Admin BLD - Power Outage 9/23	- Emergency Generator estimate for critical IT Area Needed. - HV-2 vs. HV-1 - Licensing upgrade need - Build new DR environment	- Developing a Request for quote for emergency generators for - Cottage 8 and Administration Building for network ability during a power outage - Purchased & applied Licenses.	- Added additional battery Pack for added runtime to admin DR cabinet. Increased runtime to 4Hrs. - Added additional battery packs for added runtime to Cottage 8 server cabinet. Increased runtime to 4Hrs. - Dr environment licenses added & completed site.	Nov/25 Dec/25 Feb/26	Eugene Tayman
Network Security Low impact Low probability	- Palo Alto Firewall (Main Campus) - Palo Alto Firewall (Byrd Office)	- Main Campus Firewall - License Renewal Apr 9th - Byrd Firewall to be moved to Petersburg to replace existing Firewall.	- Palo Alto Main campus was renewed. - Palo Alto Byrd Firewall moved to Petersburg. The firewall license was renewed.	- Main campus Firewall renewed. - Petersburg Firewall renewed.	Sept/25 Aug/26	Eugene Tayman

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End of life IT Systems Low-moderate impact Low probability	• Wi-Fi Controller EOS (May 2025) • Network Core Switch EOS (Oct 2025) • Synology Backups System EOL (December 2025) • Petersburg (Sonic Wall) Firewall EOL (Aug 16th, 2025) • Copier contract up for renewal 2/10/26	• Wi-Fi Controller & Ap's End of Life Capitol budget is being developed. • Network Core Switch EOL • Synology Drives are Villa's data backups. Hardware EOL • Petersburg Firewall to be retired (Sonic Wall) Replaced by Byrd Palo Alto. (Upgrade) • Quote to be developed for Copiers.	• Wi-Fi System quoted & added to Capitol needs. • Network Core switch Purchased & replaced. • Synology Back up device Purchased & replaced. • Petersburg Firewall replaced by the Byrd Firewall. • Quote Developed & Copier Contract Created.	• Wi-Fi Quote added to Capitol needs. • Network Core Switch quoted & replaced. • Synology devices Replaced. • Copier Contract & Equipment replaced.	Ongoing 3/26 Oct/25 2/26	Eugene Tayman

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Facilities	Current Processes/Controls	Gaps	Actions	Progress/Results	Completion Date	Persons Responsible
Human Resources- Tanya Davis	Current processes/Controls	Gaps	Actions	Progress/Results	Completion Date	Persons Responsible
Inexperienced Management Low-moderate impact moderate probability	- New Manager's Training - Management Development training - Established Policies and Procedures to guide decisions - HR support	- Lack of accountability for staff - Anxiety and fear of disciplining employees - Lack of confidence in decision making - Failure to manage expectations	Management Training conducted 9/2025 for all managers during Management Development Conduct 30-day check-ins with new hires to solicit feedback HR provides 1:1 coaching to managers on employee related concerns	Implemented ADP Performance Management Platform	4/2026	Tanya Davis
				Conduct quarterly New Manager's Training to consistently support and train new managers	Ongoing	Crystal Porter
				Review and provide feedback on disciplinary process, written documentation and performance concerns	Ongoing	Tanya Davis/Tiffany Scott
				Scheduled meetings to provide managers with feedback from new hires on employee experiences	Ongoing	Tanya Davis/Tiffany Scott
				Arranged a training on Performance Engagement for the Villa's leadership	6/23/26	Tanya Davis

Lack of effective in-service training Moderate-high impact Moderate probability	• Service Orientation Checklist • Therapeutic Options Trainer within each service area • Established required training by regulatory bodies • Onboarding trainings conducted bi-weekly for all new hires	More effective and user-friendly Learning Management System Management priority Management turn-over Lack of connectivity between services and Staff Development	Project team created to recommend improvements to our current in-service training Exploring a mentorship program across campus 30-day post hire survey emailed to employees to provide feedback on their onboarding and training experience In-service orientation checklist submitted at 30-day in-person check-in meetings Review of worker's compensation claims to identify training needs within service areas	Mentorship program piloted to assess success rate and evaluate effectiveness of program	11/2026	Crystal Porter
				Results of surveys are aggregated and feedback provided to managers	Ongoing	DeVonte Ragsdale
				Identifying service areas that lack adequate service orientation training, when checklist is not provided	Ongoing	Tanya Davis
				Worker's compensation data provided insight to establish required refresher training for TOVA for direct care employees	Ongoing	Crystal Porter
Financial – Risks Suzanne Hinton	Current Processes/Controls	Gaps	Actions	Progress/Results	Completion Date	Persons Responsible
Complicated Payroll Process making position extraordinarily difficult to fill/maintain.	Controller has detailed knowledge of the Payroll process, the requirements of the position other than payday, and is the back-up and trainer. Accounting Manager and CFO have been trained to perform the basics of the payday process in an emergency.	Current vacancy due to complicated nature of the process and position. Vacancy pulls Controller away from her duties to perform Payroll duties instead	Established task force to focus on the entire payroll issues Researching alternatives with ADP Consider alternatives to ADP	Signed a contract for new timeclocks. Timeclocks have been delivered and will be installed Feb/Mar - All time clocks have been installed; however are not operational at this time.	Will carry to FY27.	Suzanne Hinton

HIGH Probability/HIGH Impact				Finalized contract with ADP for comprehensive services. Implementation to begin following the implementation of the Performance Evaluation module also purchased. Implementation to take 90 days and estimated to start around May and be completed by July.	June 26, 2026 – first payroll completed in new ADP platform	
			Reset expectations for staff and managers and conduct training for managers during Management Development and Operations Team	Will use timeclocks and new ADP services training to emphasize expectations and revise policies as necessary.	Will carry to FY27 once clocks are operational	Suzanne Hinton
			Explore job description revisions	Research/Revise Job Description following implementation of ADP services to include additional duties related to time management.	Will carry to FY27	Suzanne Hinton
Funding Uncertainties	See above Operations					

Reputation Drew Melson	Current Processes/Controls	Gaps	Actions	Progress/Results	Completion Date	Persons Responsible
Negative client and staff experiences – families or individuals voice dissatisfaction publicly, affecting community perception of the Villa Media and social media coverage – negative coverage or misinformation can spread quickly and undermine the Villa’s positive work Moderate impact Moderate probability	- Client and staff feedback opportunities (annual Villa survey, quarterly surveys from Admissions to recently enrolled clients, Youth Crisis Services discharge surveys, 30-day interviews for new hires, exit interviews by HR) - Formal grievance procedures available to clients and families on Villa website and in student handbooks - Meeting accreditation requirements and licensing standards provides quality assurance for service delivery - Automated alerts (Google Alerts, etc.) notify staff when negative reviews/comments are posted - Social media policy - Positive relationships with local media - Proactive storytelling – regular social media posts, newsletters, and media outreach highlight our impact	Feedback is collected through multiple channels; is there a centralized system to track and analyze trends across programs? Survey participants may not always see how their input influences improvements or resolves concerns Monitoring online review notifications is reactive rather than proactive; notifications can be delayed. No standardized process for responding to negative comments or tracking outcomes	Share survey outcomes within 90 days to demonstrate responsiveness and transparency Include link to Give Feedback web page in other communications as appropriate throughout the year Create a decision tree for responding to negative feedback online or in media Prepare adaptable response templates for addressing negative feedback online Explore additional proactive online monitoring tools	Added feedback form link to our Contact web page	March 2026	Drew Melson
				Added Google review link to Admissions newsletter template to increase opportunities for positive feedback	April 2026	Drew Melson
				Enhanced reputation monitoring by directing all online review notifications to Director of Public Relations & Marketing email address for prompt awareness and follow-up	June 2026	Drew Melson
				Created a library of adaptable response templates for negative online feedback across 4 stakeholder categories: Former Employees, Parents/Guardians, Clients/Former Clients, “Silent” Critics (reviews with little/no detail)	June 2026	Drew Melson
				With new reputation management measures in place, elected not to implement paid online monitoring tools at this time.	N/A	Drew Melson

Crisis or incident response – mishandled emergencies or delayed/ineffective communication damages stakeholder trust High impact Low probability	- Staff trained in emergency protocols – medical emergencies, behavioral crises, etc. - Regular drills - Coordination with external partners (Henrico Fire, Police, etc.) - Emergency Preparedness Checklist with Crisis Response Team contact information distributed to staff	Crisis Response Plan last updated in 2018 Crisis Response Plan is included in the Agency orientation for onboarding and annual refreshers Is the Crisis Response Plan accessible anywhere other than the intranet?	Conduct a comprehensive review and update of the Crisis Response Plan Ensure Crisis Response Plan is easily accessible for all staff	Finalizing updates to Crisis Response Plan, will be completed in June 2026.	June 2026	Drew Melson
				Emergency Procedures manual to be updated and distributed in Summer 2026 in collaboration with Operations Project Manager. Updated Crisis Response Plan will be included in the manual.	Carried over to FY27	Drew Melson Debbie Sheerin
Legal – Risks Cindy Faison	<u>Current Processes/Controls</u>	<u>Gaps</u>	<u>Actions</u>	<u>Progress/Results</u>	Completion Date	Persons Responsible
Terminated Staff 12/2025 returning to campus on a regular basis (R.W.)	Issued a Cease-and-Desist warrant February 2026	Staff continues to visit campus	Consulting with Attorney for next steps	Issue resolved	April 2026	Cindy Faison

