

Appendix Book - February 16, 2023 Regular Board of Regents Meeting

UNTS Acronym List

UNTS Acronym List rv 3.3.21

AUDIT COMMITTEE

Consolidated Compliance Background Report

Consolidated Compliance Report.pdf

UNT System Acronym List

ACT	American College Testing: a standardized test used for college admissions
ASF	Assignable Square Feet
AUX	Auxiliary Reserves
BOR	Board of Regents
BSC	Business Service Center
BSS	Business Support Services
CAE	Chief Audit Executive
CAFR	Comprehensive Annual Financial Report
CIA	Chief Internal Auditor
CIP	Capital Improvement Plan
CIP	Construction in Progress
CM	Construction Manager
CMAR	Construction Manager at Risk
CO	Change Order
COL	College of Law
CP	Commercial Paper
DEI	Diversity, Equity and Inclusion
FTE	Full Time Equivalent: generally used in reference to Full Time Student Equivalent (FTSE) but can also be used in reference to Full Time Faculty Equivalent (FTFE). See FTSE or FTFE below for definitions.
FTIC	First Time in College: a student who has never enrolled in a college or university. Students who have earned college credits only through dual credit courses are still considered FTIC.

FTSE	Full Time Student Equivalent: is computed by dividing headcount enrollment by a set number of semester credit hours based on the rank of the student (Undergraduate FTSE = 15 SCH; Masters and Special Professional FTSE = 12 SCH; Doctoral FTSE = 9 SCH). FTSE is generally lower than headcount enrollment because of part time students.
FTFE	Full Time Faculty Equivalent: a measure of instructional faculty calculated from the percent of time directly related to teaching.
FY	Fiscal Year
GAI	General Academic Institution
GMAT	Graduate Management Admission Test: a standardized test for admission into graduate programs of business schools.
GME	Graduate Medical Education: clinical training following graduation from medical school leading to specialty certification. Texas, like most states, requires one year of graduate medical education to be eligible for state licensure. Also called residency training.
GSF	Gross Square Feet
HEAF	Higher Education Assistance Fund (also known as HEF)
HERRF	Higher Education Emergency Relief Fund
HR	Housing Reserve
HR	Human Resources
HRI	Health-Related Institution
HSC	Health Science Center
HUB	Historically Underutilized Business
IA	Internal Audit
LAR	Legislative Appropriations Request
MCAT	Medical College Admission Test: a standardized test for admission into medical school
MP	Master Plan

NACUBO	National Association of College and University Business Officers
OBS	Office of the Board Secretary
OGC	Office of General Counsel
OGCA	Office of Grants & Contract Administration
OFPC	Office of Facilities Planning and Construction
P3	Public-Private Partnership (also known as PPP)
PM	Project Manager
PP	Private Placement
PUF	Permanent University Fund: a sovereign wealth fund created by the State of Texas to support higher education at the University of Texas System and Texas A&M System, but not other public higher education systems or institutions in Texas
PSAT	Preliminary Scholastic Aptitude Test: used to prepare high school students who plan to take the SAT for admission to college. (See SAT below)
QEP	Quality Enhancement Plan: required for reaffirmation of accreditation by SACSCOC. The QEP describes a carefully designed and focused course of action that addresses a well-defined topic or issue(s) related to enhancing student learning.
RB	Revenue Bonds
RFP	Request for Proposal
RFQ	Request for Qualifications
RFS	Revenue Financing System Bonds
RPTC	Reappointment, Promotion, and Tenure Committee
RR	Regents Rules
SACS	Southern Association of Colleges and Schools: a shortened abbreviation for “SACSCOC.” (See below).
SACSCOC	Southern Association of Colleges and Schools Commission on Colleges: the recognized regional accrediting body for institutions of higher education that

award associate, baccalaureate, masters or doctoral degrees in eleven U.S. Southern states.

SAT	Scholastic Aptitude Test: A standardized test for college admissions.
SCH	Semester Credit Hour: the unit of measuring educational credit, usually based on the number of classroom/instructional hours per week throughout a term.
SF	Student Fees
SF	Square Feet
SFP	Statement of Financial Position
SRECNP	Statement of Revenues, Expenses and Changes in Net Position
STEM	Science, Technology, Engineering and Math
TAMS	Texas Academy of Mathematics and Science: the nation's first early college entrance residential program for gifted high school aged students
THC	Texas Historical Commission
THECB	Texas Higher Education Coordinating Board: a nine member board appointed by the Governor that provides coordination of higher education in Texas and was created by the Texas Legislature in 1965.
TRB	Tuition Revenue Bond
T/TT	Tenured/Tenure Track Faculty: faculty who hold the ranks of assistant professor, associate professor, and professor prior to or after the awarding of tenure.
VC	Vice Chancellor



Executive Report

To: Laura Wright, Chair, UNT System Board of Regents
Melisa Denis, Chair, Audit Committee

From: Renaldo Stowers, Senior Associate General Counsel & Chief Compliance Officer
Steve Hill, Director of Compliance

Dept.: UNT System Administration Compliance & Integrity Program

SUMMARY: The Compliance and Integrity Program redesign currently is focused on identifying and assessing System Administration compliance risks that directly and indirectly affect the strategic objectives of the component institutions and those that expose the organization or its officials to criminal or regulatory sanctions and assist the applicable business units in implementing necessary training and controls to address these risks.

PURPOSE: This report provides an update on the progress made toward redesigning the program’s infrastructure and implementing recommendations made by the external reviewer.

ASSESSMENT: The program’s objective is to achieve no less than the third maturity level (Defined) in each Framework Category by the target date, with the strategic goal of achieving the fifth and highest level (Optimized) by the end of FY25. “Defined” means the area is qualitatively managed as opposed to being managed in an ad hoc or intuitive manner. The program’s progress and activity over the first and second quarters of FY 23 are reflected in the chart below:

Framework Category: Components of a compliance program Target Completion: Projected date Framework Category achieves “Defined” level Maturity Progress: Assessment of progress to date Ongoing Progress: Categories on which the Program is focusing in the current quarter				
	Framework Category	Target Completion*	Maturity Progress Q1	Ongoing Progress Q2
1	Risk Assessment	Aug 31, 2023	-	x
2	Management Commitment	Aug 31, 2023	Hire Compliance Director	x
3	Autonomy & Resources	Aug 31, 2023	Hire Compliance Director	x
4	Policies & Procedures	Dec 31, 2023	Evaluating compliance-related polices	x
5	Reporting & Accountability	Aug 31, 2024	Began developing compliance charter	x
6	Training & Communications	Aug 31, 2024	Inventoring compliance-related training across UNTSA	x
7	Incentives & Discipline	Aug 31, 2024	-	-
8	Investigation Process	Aug 31, 2024	-	-
9	Analysis & Remediation	Aug 31, 2024	-	-
10	Periodic Testing & Review	Aug 31, 2025	-	-
11	Third-Party Management	NA	NA	NA

The following is a summary of the six categories in which progress has been made in Q2:

Risk Assessment. Collecting data to develop a database of historic compliance risks, controls, and trainings.

Management Commitment. Compliance director began December 19, 2022.

Autonomy & Resources. Developing budget for FY24.

Policies and Procedures. Continuing to evaluate compliance-related policies and developing schedule to revise as necessary.

Reporting & Accountability. Finalizing compliance program charter and information to establish a compliance working group as authorized by the System compliance regulation.

Training & Communication. Redesigning current compliance and ethics training offering and assessing the scope of compliance communications to new and current employees.

FINANCIAL IMPLICATIONS/TIMELINE: The Chief Compliance Officer and Director of Compliance are assessing the financial implications of the intermediate and long-term objectives, including exploring procuring access to a Governance, Risk and Compliance tool along with the component institutional compliance programs.

RECOMMENDATION: None at this time.



Executive Report

To: University of North Texas System Board of Regents, Audit Committee

From: Desiree K. Ramirez, CCEP, CHC, Senior Vice President and Chief Integrity Officer

Dept.: University of North Texas Health Science Center at Fort Worth
Office of Institutional Integrity and Awareness

SUMMARY:

This serves as the HSC FY23 First Quarter compliance report on the effectiveness of compliance program to UNT Board of Regents Audit Committee. This is provided in accordance with the UNT System Audit Committee charter

PURPOSE:

The purpose of this report is to demonstrate progress of identified areas noted in the Compliance Program Effectiveness Assessment provided by Protiviti. As a reminder, the table below reiterates the categories and relevant information from the assessment. Please see appendix for definitions. Bolded categories reported for this quarter.

Ongoing Process: Compliance Program Elements		
Maturity Progress: Framework Assessment Reporting		
Category	Ongoing Process	Maturity Progress
Risk Assessment	X	
Policies and Procedures	X	
Training/Communication	X	
Reporting and Accountability	X	
Third Party Management		X
Commitment by Mgmt.	X	
Autonomy and Resources		X
Incentives/ Disciplinary Measures	X	X
Periodic Testing and Review		X
Investigations of Misconduct	X	
Analysis and Remediation		X

ASSESSMENT:

Policies and Procedures

Tracking policy access as a proactive measure informs the Compliance and Integrity Program's education and training opportunities and areas of focus for monitoring.

In the first quarter HSC published policies were accessed 4, 291 times. The top five policies accessed during the 4th quarter were: *Absence and Attendance, Employee Ethics and Standards of Conduct, Outside Employment, Prohibition against Discrimination, Sexual Misconduct and Harassment and Student Code of Conduct and Civility*. The policies access also reflect concern voiced this quarter via the Trust Line (see below). Integrity Training updated to address concerns.

All policies were reviewed on or before December 31, 2022; the first cycle review since the Policy Transformation effective date of January 1, 2021. Policy owner and subject matter experts identified policy revisions that will be updated during the course of the year. The Integrity Office will focus on assisting with development of procedures for all relevant policies.

The HSC Code of Culture was developed and launch in April, 2019. The Code was refreshed to reflect our continued commitment to community engagement, diversity and inclusion, the environment, health disparities, and third-party vendor management. The update was completed in December, 2022; the launch was delayed until April, 2023 to update the HSC values to the UNT System Values.

Training and Communications

New Employees must complete their mandatory training within 30 days of hire. The new employee training completion rate was **88%** completion for the first quarter.

We informed the campus that our training launch which typically happens in November would be delayed until April, 2023. Our training solution was purchase by another vendor and we are diligently working through some changes to ensure that all new training courses are up to the standards of HSC and to ensure a smooth end user experience. Initiating the annual training in April will align with the launch of our updated Code of Culture and our new adaptive learning modules.

To remain compliant with federal/state law and our institutional policies, the HIPAA and FERPA training courses will be assigned to employees; our HIPAA Training will be our first adaptive learning course, which is a product of our collaboration with the Academic Innovation team.

In early November, HSC celebrated Integrity and Awareness Week (IAW). The team hosted a variety of activities spanning from ethical trivia, lunch and learns hosted by key leadership personnel, and an integrity and awareness celebration event. It was a weeklong engagement to drive home our individual and collective commitment to integrity and ethics.

Engagement opportunities were available virtually in an effort to be inclusive of team members unable to attend in-person events. Virtual activities were offered daily along with key messages supporting high trust behaviors along with opportunities to win prizes and giveaways. This year, we awarded teams with the highest participation rate. **HSC Facilities Team** was extended this award due to their exemplary participation in events and virtual activities.

Effectiveness Data Points for IAW

- Increased participation and engagement by 300% from FY21
- Surpassed minimum reach of 50 participants for each event
- Survey responses reflect overall positive outlook of IAW
- Survey responses reflect campus interest to participate and collaborate on future IAW events
- Increased participation of virtual activities offered by 100%

Third Party Management

HSC Partner Vendor Code of Conduct was finalized. The launch will be delayed to update with the System values and to align with changes within the Office of Procurement Resources.

The Office of Integrity will be exploring resources for training and education on Environmental, Social and Governance (ESG) as it relates to compliance and integrity in Higher Education.

Periodic Testing and Review- Clinical Compliance

In the first quarter, the Office of Integrity conducted clinical documentation audits for the Departments of Geriatrics and Internal Medicine. We reviewed a total of 14 providers totaling 338 Cases which equates to 1543 Lines of services provided. The overall line accuracy rate was 90%. Concerns noted include:

- Misunderstanding of the medically appropriate history and/or exam- lack of consistency between exam and history and medical-decision making (MDM)
- Diagnosis AND Plan must be documented; not just diagnosis

A proactive audit of Correctional Medicine clinical documentation is currently in progress. The Consultant has reviewed 46% of 936 records identified.

Investigations of Misconduct

The compliance and integrity program must have an efficient and trusted mechanism by which employees and students can anonymously or confidentially report allegations of a breach of the company's code of conduct, policies, or suspected or actual misconduct. HSC encourages employees and students to report any suspected compliance concerns. FY23 First quarter yielded 9 Trustline calls. Issue types reported included discrimination/harassment (3); Inquiries (2); other issue types were employee misconduct, patient care, retaliation and theft. Six cases were closed and three are in process.

Reference

Category	Definition
Risk Assessment	<i>Does the Institution have a comprehensive risk assessment process?</i>
Policies and Procedures	<i>Has the Institution established standards and procedures to prevent and detect misconduct, including criminal conduct?</i>
Training and Communications	<i>Do Institution employees receive training regarding ethical conduct and compliance with regulations and policies, and procedures?</i>
Reporting and Accountability	<i>Does the Institution take reasonable steps to communicate aspects of the compliance and ethics program to the appropriate individuals?</i>
Third Party Management	<i>Does the Institution have a process to identify and proactively monitor high-risk vendor relationships (e.g., business associates, etc.)?</i>
Commitment by Senior /Middle Mgmt.	<i>How has the Institution responded to specific instances where compliance raised concerns?</i>
Autonomy and Resources	<i>Has there been sufficient staffing for compliance personnel to effectively audit, document, analyze, and act on the results of the compliance efforts?</i>
Incentives and Disciplinary Measures	<i>Does the Chief Compliance Officer promote and enforce the Program consistently through appropriate incentives and disciplinary measures to encourage a culture of compliance and ethics?</i>
Periodic Testing and Review	<i>What testing of controls, collection and analysis of compliance data, and interviews of employees and third parties does the Institution undertake?</i>
Investigations of Misconduct	<i>How has the Institution ensured that the investigations have been properly scoped, and were independent, objective, appropriately conducted, and properly documented?</i>
Analysis and Remediation	<i>When noncompliance, unethical behavior, or criminal conduct has been detected, does the Institution reasonably prevent further similar behavior?</i>



Executive Report

To: University of North Texas System Board of Regents, Audit Committee

From: Clay Simmons, Vice President and Chief Integrity Officer

Dept.: University of North Texas, University Integrity and Compliance

SUMMARY:

This serves as the UNT FY23 First Quarter compliance report on the effectiveness of its compliance and ethics program. University Integrity and Compliance (UIC) continues to build out the compliance and ethics function at UNT and conduct ongoing training, monitoring, and reviews across UNT. UIC made good progress in this quarter and is on track to meet all stated goals.

PURPOSE:

The purpose of this report is to demonstrate progress of identified areas noted in the Compliance Program Effectiveness Assessment provided by Protiviti. See Appendix for Definitions.

Ongoing Process: Compliance Program Elements		
Maturity Progress: Framework Assessment Reporting		
Category	Ongoing Process	Maturity Progress
Risk Assessment	X	
Policies and Procedures		X
Training and Communications		X
Reporting and Accountability		X
Third Party Management		X
Commitment by Senior/Middle Mgmt.	X	
Autonomy and Resources		X
Incentives and Disciplinary Measures	X	
Periodic Testing and Review		X
Investigations of Misconduct	X	
Analysis and Remediation	X	

ASSESSMENT:

Risk Assessment

UIC continues to monitor risks previously identified in the annual risk assessment while monitoring the institution and environment for emerging issues.

In an effort to streamline oversight of risk within the institution, UIC is coordinating the purchase of a Governance, Risk, and Compliance software solution to be used by all System Enterprise compliance functions and System IT Security. This solution will allow improved tracking of risks across the institutions and increase front-line management participation in describing risks and improving mitigation activities. The purchase of this solution is in its final stages and should be completed in the 2nd Quarter of the year.

Policies and Procedures

UNT's policy director left the university for another opportunity in November 2022. Improvements to university policies paused as the office searched for a new director. The next policy director was identified and will begin on January 31, 2023.

UNT's Policy webpage garnered an average of 5000 visitors per month for the 1st quarter. Student facing policies, including Student Attendance and Authorized Absences, Student Academic Integrity, and Code of Student Conduct led all three months.

UIC is developing a Code of Conduct for UNT employees. This will serve as a guide for our employees linking the System values with university policy and procedure. The Code is tentatively scheduled for a soft launch in May, 2023.

Training and Communications

UIC is participating in a UNT System Enterprise review of training across all institutions. This effort is intended to ensure adequate training across the System.

Completion percentages for the four required training modules remain high, all at or over 95% for faculty, 98% for staff, and 89% for student employees. Late in the quarter, UIC emailed an updated list of all non-compliant employees to each UNT Vice President with a message encouraging leaders to reinforce the importance of completing required training. We anticipate an increase in compliance due to this effort.

UIC implemented Compliance Awareness Walks (CAW), which are in-person visits by UIC personnel to university units across campus. UIC distributes small gift bags containing snacks and contact information to university employees to raise awareness of the compliance program. This process provides an opportunity for university employees to meet UIC staff and ask compliance questions and builds trust on campus. In the first quarter, UIC personnel visited 17 facilities and distributed 200 gift bags to employees.

Reporting and Accountability

UIC received 18 reports for the 1st quarter, which is about double the quarterly average compared to previous years. Thirteen of these reports were closed with five still under review.

UIC has split an open position to create a dedicated investigator position. This position will be responsible for conducting UIC investigations with the support of cross-trained UIC personnel. One investigation is ongoing at this time.

Periodic Testing and Review

UIC has commenced a review of departmental scholarships across the university. The goals of this review are to ensure departmental scholarships comply with university policies and procedures and are being used appropriately. This project is in the initial scoping phase and will be more fully described in future reports.

Appendix

Category	Definition
Risk Assessment	<i>Does the Institution have a comprehensive risk assessment process?</i>
Policies and Procedures	<i>Has the Institution established standards and procedures to prevent and detect misconduct, including criminal conduct?</i>
Training and Communications	<i>Do Institution employees receive training regarding ethical conduct and compliance with regulations and policies, and procedures?</i>
Reporting and Accountability	<i>Does the Institution take reasonable steps to communicate aspects of the compliance and ethics program to the appropriate individuals?</i>
Third Party Management	<i>Does the Institution have a process to identify and proactively monitor high-risk vendor relationships (e.g., business associates, etc.)?</i>
Commitment by Senior /Middle Mgmt.	<i>How has the Institution responded to specific instances where compliance raised concerns?</i>
Autonomy and Resources	<i>Has there been sufficient staffing for compliance personnel to effectively audit, document, analyze, and act on the results of the compliance efforts?</i>
Incentives and Disciplinary Measures	<i>Does the Chief Compliance Officer promote and enforce the Program consistently through appropriate incentives and disciplinary measures to encourage a culture of compliance and ethics?</i>
Periodic Testing and Review	<i>What testing of controls, collection and analysis of compliance data, and interviews of employees and third parties does the Institution undertake?</i>
Investigations of Misconduct	<i>How has the Institution ensured that the investigations have been properly scoped, and were independent, objective, appropriately conducted, and properly documented?</i>
Analysis and Remediation	<i>When noncompliance, unethical behavior, or criminal conduct has been detected, does the Institution reasonably prevent further similar behavior?</i>



Executive Report

To: University of North Texas (UNT) Board of Regents (BOR)
Audit Committee

From: Tim Willette, UNT Dallas Chief Compliance Officer (CCO)

Dept.: UNT Dallas Office of Institutional Compliance (OIC)

SUMMARY:

This report summarizes compliance activities that have taken place during Quarter One (Q1) of Fiscal Year 2023 (FY23). It reviews the overall effectiveness of the Compliance and Integrity Program (Program), focusing on the Compliance Program Effectiveness Assessment (IA 22-014), and Q1 progress on the FY23 Compliance Risk Work Plan (CRWP).

PURPOSE:

The OIC monitors and reports on a wide range of existing and emerging compliance risks. The purpose of this report is to present the quarterly progress of management actions taken in response to the recommendations contained in IA 22-104, highlight Q1 FY23 CRWP actions, and note activities for the upcoming quarter and beyond.

ASSESSMENT:

Ongoing Process:	Compliance Program Elements	
Material Progress:	Framework Assessment Reporting	
Category	Ongoing Process	Maturity Progress
Risk Assessment	X	X
Reporting & Accountability	X	X
Commitment from Mid-Level/Senior Leadership	X	X
Autonomy & Resources	X	X
Periodic Testing & Review		X
Training & Communications	X	X
Policies & Procedures	X	X
Third Party Management		X
Incentives & Disciplinary Measures	X	X
Investigations of Misconduct	X	X
Analysis & Remediation	X	

Note: The Appendix describes each of the above categories.

Risk Assessment

The FY23 Compliance Risk Work Plan (CRWP) serves as an effective means to identify, prioritize, mitigate, and monitor key compliance risks. The processes involved in drafting the CRWP go well beyond the annual 13-week risk assessment that begins with an update of the institutional risk registry and ends with the review and approval of the plan by the UNTD President's Cabinet. The CRWP includes information from on-going meetings with stakeholders, periodic surveys, collaboration among and within institutional committees, targeted testing, and pro-active engagement from leadership. In an effort to strengthen Compliance and Integrity Program (Program), the FY23 CRWP contains Specific, Measurable, Achievable, Relevant, and Time-Bound (SMART) goals that can be tracked and reported quarterly through completion for each of the risks.

Additionally, all four of the institutional Chief Compliance Officers (CCOs), along with representatives from Information Technology Shared Services (ITSS) are working with Purchasing on an initiative to identify and procure a Governance, Risk, and Compliance (GRC) application. Implementing this GRC tool system-wide will lead to greater collaboration, enhanced standardization, sharing of best practices, and increased efficiencies among and within each of the institutions.

Reporting and Accountability

The Cabinet, University Executive Committee (UEC), and other institutional leaders are regularly updated on the overall effectiveness of the Program. The CCO supplies these groups quarterly updates of the management actions being pursued in response to the recommendations documented in IA Report 22-014; *Compliance Program Effectiveness Assessment*, as well as the annual CRWP.

These updates, as well as the prompt communication of emerging concerns, are key to ensuring this high-level oversight continues. To that end; the CCO is reviewing input received from those Cabinet members, as well as input received from members of other groups who completed the Compliance Risk Assessment Scorecard provided in Q1 of FY23.

Commitment from Mid-Level and Senior Leadership

Throughout Q1 FY23, members of the Cabinet, the UEC, and other stakeholders have been engaged in identifying, communicating, and assessing emerging risks. Leadership is keenly aware of the evolving operational environment and its wide-ranging impact on students, faculty, staff, and members of the local community. Leadership also recognizes that transitioning from a remote work environment to a new "norm" requires individual and collective resiliency. On-going and consistent communications from leadership is key in conveying a message of support.

Autonomy and Resources

UNT Dallas is committed to having in place a Program that serves as the foundation for a systematic and comprehensive approach to institutional compliance. Quarterly, the OIC reviews and updates the Program organizational structure. The Q1 FY23 Program organizational structure is available to the Cabinet and UEC members.

Periodic Testing and Review

IA Report 22-014; *Compliance Program Effectiveness Assessment* offered a list of 30 recommendations. One of the recommendations proposed drafting and implementing a Plan of Action & Milestones (PoA&M) to track the management actions being taken to address all 30 recommendations. One of the recommendations proposed the inclusion of management actions for testing and monitoring risks. The PoA&M and an updated version of the FY23 CRWP address this recommendation.

Keeping in mind that a Program should be scalable, affordable, feasible, and enforceable, the OIC evaluates the effectiveness of the Program and the seven federal sentencing guideline objectives on a regular basis. This evaluation also examines emerging compliance challenges. Throughout FY23, OIC will continue to conduct compliance surveys, monitor and track the metrics of each of the FY23 CRWP risks, and assess the overall effectiveness of the Program, as well as the mitigation strategies for each risk.

Training and Communications

All UNT Dallas employees must not only be aware of but also understand the rules that govern their respective roles and the values underpinning the UNT Enterprise. Stakeholders, both, internal and external, should receive timely and relevant reminders that UNT Dallas is committed to ethical and responsible behavior. Communication is key to a culture of compliance.

All UNT Dallas employees must successfully complete training identified in the Program, as well as compliance elements that are key in the conduct of their position. Additionally, employees must be trained and periodically reminded of the ways to report suspected misconduct. In Q1 FY23, worked closely with Marketing and Communications, as well as ITSS to provide timely compliance information, including announcements regarding upcoming mandated training. The OIC has also made efforts to communicate the importance of successfully completing required training in a timely manner.

As was the case in FY22, the CCO meets monthly and as needed with the UNT Director of Business Operations Training (LMS Director). The two continue to work closely in identifying training requirements and resources with the objective of building a more robust LMS for UNTD. These discussions have touched upon the need to identify and translate into Spanish key compliance-related training courses. The CCO has requested and now receives monthly reports for several compliance-related courses in an effort to track completion rates and generate reminders to employees.

During Q1 FY23, all four of the CCOs met with Vice Chancellor (VC) Donna Asher and a member of Strategic Planning. VC Asher is overseeing efforts involving the recommendations contained in Internal Audit Report 22-004; *Training Program Identification, Development & Implementation*. Inventories of current training and the media used, along with role-based training, were collected and reviewed. This has enabled all the institutions to identify potential gaps in their respective training programs, as well as share best practices and training resources. Over this FY, efforts will be focused on drafting procedures that all institutions can implement in introducing and communicating training requirements within their respective institutions. Additionally, protocols will be established to document how and who determines whether to mandate certain training courses.

Policies and Procedures

UNT Dallas is committed to the implementation and maintenance of policies that detect and prevent unethical and illegal conduct at the University. These policies promote integrity, principled behavior, and compliance with federal and state laws, Regents rules, System regulations, and the standards of all applicable accrediting bodies. Policy Management is one of the five risks included in the FY23 CRWP.

During Q1 FY23, the Policy Advisory Committee (PAC) met several times, reviewing and commenting on several requests from policy owners before the Policy Director routed each request to the Office of General Counsel for legal sufficiency. Five institutional policies were either introduced or updated during this quarter. Additionally, all four institutional CCOs continue to explore opportunities to either enhance the Policy Tech application or seek other more cost-effective and user-friendly options.

Third Party Management

UNT Dallas is identifying training that third party vendors should take and ensuring that these trainings are completed. This has required collaboration with key stakeholders. Efforts will be coordinated with those contained in Internal Audit Report 22-004; *Training Program Identification, Development & Implementation*.

Incentives and Disciplinary Measures

UNT Dallas is committed to continuous monitoring by implementing internal controls that allow for early detection and remediation of non-compliance within an organization. The role played by Internal Audit in fulfilling the approved annual Audit Plan serves to help ensure that the University has in place internal controls that do not improperly bias the assessment of business processes or compromise the integrity of our mission.

Additionally, UNT Dallas is seeking ways to promote the Program. This includes publicizing the Trust Line to the entire Trailblazer community through intranet, email, newsletters, and other forms of social media. For FY23, the OIC is drafting a schedule of timely and relevant compliance-related communications using the aforementioned media.

A recommendation in IA Report 22-104; *Compliance Program Effectiveness Assessment* notes that Compliance is not a stated category in the performance evaluation process. This recommendation will require the involvement of Human Resources. The UNTD Compliance Program Effectiveness Assessment PoA&M addresses this recommendation in more detail.

Investigation of Misconduct

UNT Dallas, through the Program, incorporates measures that help ensure employees understand the consequences of engaging in unethical behavior or participating in non-compliant activities. This includes procedures for enforcing and disciplining employees who violate compliance standards or fail to report non-compliant activities. Disciplinary provisions equitably enforced are critical to the credibility and integrity of the Program.

Throughout Q1 FY23, the Title IX Coordinator has met routinely with the president. She completes and goes over the quarterly S.B. 212 report for his review and signature. During this quarter, the Title IX Coordinator and the CCO have been reviewing existing investigation processes and are in the process of updating material involving a variety of investigation elements. Upon completing these drafts, they will meet with the president to determine next steps. Also, a review of current policies is underway in anticipation of changes to the Title IX regulation by the Biden Administration basis with the president.

All four CCOs are working together to identify and procure a new application to report misconduct. This effort affords the four institutions to leverage their purchasing power, as well as implement a standard, yet discrete, means to report misconduct.

FINANCIAL IMPLICATIONS/TIMELINE:

With a lean budget, the OIC does not anticipate that a lack of financial resources will create any impediments to adversely impact the FY23 CRWP or the implementation of management actions in response to the recommendations contained in IA Report 22-104; *Compliance Program Effectiveness Assessment*. Quarterly reviews will continue with updates and revisions submitted to institutional leadership for review, comment, and, when necessary, approval. Any changes to existing software applications will be discussed with the objective of seeking solutions that meet the needs of the entire UNT Enterprise.

By implementing project timelines and resource allocation graphs, the OIC will be in a better position to determine whether additional resources may be necessary. It will also provide opportunities to reassess the risks, the proposed action taken to address them, and the impact of revising mitigation actions to address resource concerns.

RECOMMENDATIONS:

The OIC will focus on addressing the management actions put forth in response to the recommendations contained in IA Report 22-014; *Compliance Program Effectiveness Assessment*. The OIC will continue to collaborate with each institutional CCO to leverage resources and develop best practices. The FY23 CRWP will continue to focus on the current five risk focus areas.

Appendix

Category	Definition
Risk Assessment	<i>Does the Institution have a comprehensive risk assessment process?</i>
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Reporting & Accountability	<i>Does the Institution take reasonable steps to communicate aspects of the compliance and ethics program to the appropriate individuals?</i>
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Commitment by Mid-Level/ Senior Leadership	<i>How has the Institution responded to specific instances where compliance raised concerns?</i>
Autonomy & Resources	<i>Has there been sufficient staffing for compliance personnel to effectively audit, document, analyze, and act on the results of the compliance efforts?</i>
Incentives & Disciplinary Measures	<i>Does the Chief Compliance Officer promote and enforce the Program consistently through appropriate incentives and disciplinary measures to encourage a culture of compliance and ethics?</i>
Periodic Testing & Review	<i>What testing of controls, collection and analysis of compliance data, and interviews of employees and third parties does the Institution undertake?</i>
Investigations of Misconduct	<i>How has the Institution ensured that the investigations have been properly scoped, and were independent, objective, appropriately conducted, and properly documented?</i>
Analysis & Remediation	<i>When noncompliance, unethical behavior, or criminal conduct has been detected, does the Institution reasonably prevent further similar behavior?</i>