

Appendix Book - November 17, 2022 Regular Board of Regents Meeting

UNTS Acronym List

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AUDIT COMMITTEE

UNTS Enterprise Compliance Reports

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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: 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:

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	X
Autonomy and Resources		X
Incentives and Disciplinary Measures	X	
Periodic Testing and Review	X	
Investigations of Misconduct	X	X
Analysis and Remediation		

ASSESSMENT:

Administrative Changes

In September 2022, the Chief Compliance Officer requested, and received permission to change the name of the unit from University Compliance and Ethics to University Integrity and Compliance. Similarly, the CCO's title was updated to Vice President and Chief Integrity Officer. This emphasis on integrity rather than compliance is intended to demonstrate the importance of ethical behavior to the institution and better position the office to influence the university's culture. This change also aligns with the values discussion underway across the System Enterprise.

Risk Assessment

In the fourth quarter, UIC completed several tasks addressing compliance issues and the recent internal audit recommendations. The FY 2023 risk assessment process was completed, including interviews with campus executive leadership and subject matter experts across the institution. No additional significant risk issues were surfaced during this exercise. Additionally, UIC is gathering baseline data on low inherent risk activities and is working with other institutional compliance officers on choosing an automated system for tracking risk information.

Policies and Procedures

Improvements to university policies continue. By the end of the quarter, 83% of UNT policies were current, up from 56% in November 2021. A further 6% had updated drafts in the review process. We anticipate all policies will be current by August 2023. Since assuming responsibility for UNT policy in October 2021, UIC has assisted with retiring 12% of UNT policies, reducing redundancy, overlap, and excess. Additional retirements will occur as policies are reviewed.

Training and Communications

UIC assumed responsibility for management of UNT's learning management system from the Division of Finance and Administration. UIC will now have the ability to more directly influence training for UNT employees and will be able to take advantage of synergies between compliance functions and the LMS. Training completion percentages remain high, all at or over 95% for faculty and staff and 89% for student employees. UIC is also participating in a UNT Enterprise review of training across all institutions.

A new marketing plan for the integrity and compliance function has been developed and UIC will begin following that plan in fiscal year 2023. The plan includes in-person visits by UIC personnel to university units across campus. On these Compliance Awareness Walks (CAW), UIC will distribute small gift bags containing snacks and contact information to university employees. We believe this process will provide an opportunity for university employees to meet UIC staff, ask compliance questions, and build trust on campus.

Reporting and Accountability

UIC received 15 reports for the 4th quarter, reflecting a return to the average after last quarter's unusual numbers, which were due to multiple reports from two units. Nine of these reports were closed with one unsubstantiated. Six are still under review.

UIC has requested and received additional funding to train several UIC employees in conducting investigations. Three employees will be cross trained in conducting investigations and one will receive more in-depth training to allow her to oversee investigations. This should allow sufficient personnel to conduct investigations within the unit without impacting other unit activities. Three UIC-conducted investigations are currently underway.

Periodic Testing and Review

For HIPAA purposes, UNT is considered a hybrid entity. In addition to consultation on new health-related activities, the university is surveyed every two years to determine if existing activities fall under HIPAA regulation as covered components. UNT has seven covered components as of this review period. Several opportunities to improve unit procedures were noted in our review. With the support of OGC, UIC was able to assist the units in revising their procedures documents to meet requirements. Additionally, UNT policies related to health care were reviewed and revised.

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 the fourth quarter of Fiscal Year 2022 (FY22) and the first quarter of Fiscal Year 2023 (FY23). It reviews the overall effectiveness of the Compliance and Integrity Program (Program), focusing on the Compliance Program Assessment (IA 22-014), as well as the FY22 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 identified in IA 22-104, highlight FY22 CRWP quarterly actions, and note activities for the upcoming fiscal year.

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
Investigations of Misconduct	X	X
Analysis & Remediation	X	

Note: An Appendix is provided that describes each of the above categories.

Risk Assessment

Because the Compliance Risk Work Plan (CRWP) provides an effective means to identify, prioritize, and mitigate compliance risks identified in on-going meetings with stakeholders and the annual assessment, it now includes Specific, Measurable, Achievable, Relevant, and Time-Bound (SMART) goals that can be tracked and reported quarterly through completion. Additionally, the President's Cabinet and the University Executive Council, per the UNT Dallas Institutional Executive Compliance and Integrity Charter, are provided quarterly updates of the annual CRWP, reviewing mitigation efforts and their effectiveness.

Reporting and Accountability

All members of the President's Cabinet and key stakeholders are kept current on the overall effectiveness of the Program. The CCO provides quarterly updates of the IA 22-014 recommendations and annual CRWP to senior leadership.

As the FY22 CRWP evolves into the FY23 CRWP, it is important that the President's Cabinet remains actively engaged in monitoring not only the IA 22-014 recommendations and the five risk focus areas identified in the CRWP, but also other emerging risks. Quarterly, as well as ad hoc, updates from the CCO are key to ensuring this high-level oversight continues. To that end; the CCO has asked, for the first time, that each Cabinet member complete and submit a Compliance Risk Assessment Scorecard.

Commitment from Mid-Level and Senior Leadership

Throughout FY22, members of the President's Cabinet, the University Executive Council, 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 faculty, staff, students, and members of the local community. Leadership is also keenly aware that transitioning from a remote work environment to a new "norm" requires individual and collective resiliency. On-going and supportive communications from the president and each member of the Cabinet is key in conveying a message of support.

Autonomy and Resources

UNT Dallas recognizes that a documented Program framework serves as the foundation for a systematic and comprehensive approach to institutional compliance. Accordingly, the current Program framework continues to be reviewed.

Periodic Testing and Review

IA 22-014 offered a list of recommendations. The OIC is drafting a Plan of Action & Milestones (POA&M) to implement these recommendations, working with stakeholders to help ensure they are addressed in a reasonably timely and effective manner. 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. During FY22 and into FY23, as part of the review of the Program by Internal Audit, OIC is conducting compliance surveys.

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 System. Stakeholders, both, internal and external, need assurances that UNT Dallas is committed to ethical and responsible behavior. Communication is key to a culture of compliance. During this reporting period, the efforts put forth in addressing compliance education and training have required the active participation of Marketing and Communications. Throughout FY22, the OIC has worked closely with Marketing and Communications to provide timely compliance information, including announcements regarding upcoming mandated training. The OIC has also worked closely with the University community in communicating the need to complete required training in a timely manner

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.

Over the last six months, the OIC is working closely with the UNT Center of Excellence (COE) for training in building a more robust LMS. To that end, more courses are being added to UNT Dallas LMS library.

Policies and Procedures

UNT Dallas is committed to the implementation and maintenance of policies that facilitate the detection and prevention of 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. For FY22, there were 13 policies that were updated or introduced. The UNT Dallas Policy Director and the Policy Advisory Committee (PAC) remain actively engaged as policies continue to be reviewed and updated. Additionally, all four institutions are exploring opportunities to enhance the Policy Tech application or seek other more cost-effective and user-friendly options. Each institutional CCO has been a part of these discussions. Policy management will be an area of focus for FY23.

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.

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.

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. The required quarterly reports to the President for compliance with S.B. 212 were submitted, as well as the annual report that is sent to the Board of Regents.

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 IA 22-104 recommendations. Any changes to existing software applications will be discussed with the objective of seeking solutions that meet the needs of the entire UNT Enterprise.

Similarly, with the implementation of project timelines, the current allocation of resources should be able to meet project milestones.

RECOMMENDATIONS:

The OIC will focus on addressing the management actions put forth in response to the IA 22-014 recommendations. 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

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Analysis & 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: 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 FY22 Fourth 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.

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	X
Periodic Testing and Review		X
Investigations of Misconduct	X	
Analysis and Remediation		X

ASSESSMENT:

Risk Assessment

The HSC Risk Assessment has been completed and will be reviewed by the Compliance Advisory Committee and the HSC Cabinet (Executive Compliance Committee) to finalize priorities and for approval. The FY23 Compliance Work plan risks are monitored throughout the fiscal year. The approach this year will be to review medium and low risk areas to evaluate creep as well as high risk categories.

Policies and Procedures

In spring, 2022 our policy repository vendor created a Content Access report to assist in the effort. In the fourth quarter PolicyTech was accessed 5,422 times (our policies are accessible to our employees, students and the public) The top five policies accessed during the 4th quarter were: *Absence and Attendance, Employee Ethics and Standards of Conduct, Outside Employment, Flexible and Remote Work and Student Code of Conduct and Civility*. Many of our policy owners and subject matter experts have begun the process of their policy review which must be completed by December 31, 2022 therefore we will begin to see an increase in policy access over the next few quarters.

The HSC Code of Culture set forth not only our commitment to our policies and federal and state laws, it also emphasizes our commitment to Our Values and organizational culture. The Code of Culture is being updated to reflect our continued commitment to community engagement, diversity and inclusion, the environment, health disparities, and third-party vendor management. We will replicate the cadence of mindfulness and extraordinary teamwork throughout the document. The updated Code will be launched during Integrity and Awareness week in early November, 2022.

Training and Communications

New Employees must complete their mandatory training within 30 days of hire. The new employee training completion rate was 91% completion for the fourth quarter.

In early November, HSC along with many other organizations across the United States and internationally, will celebrate Integrity and Awareness Week. We will utilize this time to reflect on the ongoing commitment to our ethical culture, our values and high trust behaviors that support HSC's mission and vision.

In support of Integrity and Awareness Week, the Office of Institutional Integrity and Awareness will be hosting a variety of activities that continue to build and strengthen our ethical culture.

In the fall, HSC will launch the first of its adaptive learning modules for integrity training and education. Adaptive learning systems use a data-driven approach to adjust the pathway and pace of learning, content formats learning needs and changes in role. This innovative learning method also enables the delivery of personalized learning based on comprehension and retention.

Third Party Management

HSC requests that potential vendors provide their Code of Conduct, mission, vision and values as part of the Request for Proposal (RFP) and contracting process. A final draft of the HSC Partner Vendor Code of Conduct has been submitted for review. The attachment is a one page summary. This vendor code will be used in collaboration with additional efforts by UNT System Procurement for Third Party vendor management.

Commitment of Senior Management

The Chief Integrity Officer reports directly to the HSC President, Dr. Sylvia-Trent Adams. As a direct report, the Chief Integrity Officer attends the Cabinet and/or Executive Council meeting weekly. Additionally, the Chief Integrity Officer meets with the President bi-weekly and has direct access at all times.

Autonomy and Resources-HIPAA/Privacy

HIPAA audits help organizations (particularly healthcare) and business associates identify any risks to the integrity of PHI/ePHI and reduce the risk of fines and possible civil legal action should a breach occur.

In October, HSC will launch a HIPAA Privacy Audit, conducted by an external partner. The audit scope will consist of Privacy, Security and Breach Notification analyzing the following elements:

- Administrative Requirements
- Permitted Uses and Disclosures of PHI
- Authorizations
- Minimum Necessary
- Notice of Privacy Practices
- Organizational Requirements
- Other Individual Rights
- Other Requirements and Provisions
- Group Health Plans

This audit will assist HSC in acting to strengthen compliance with the Privacy Rule and assist with recommendations identified in the Compliance Program Effectiveness Assessment.

Periodic Testing and Review- Clinical Compliance

In early spring the clinical documentation audit System was updated, the approach was changed to audit proactively (prior to claims being sent for adjudication). The first of the claims audit through the new system and the proactive approach reviewed 14 providers in Geriatric and Internal Medicine. This yielded 338 cases; 1543 lines of billable services. The accuracy was 90%. Concerns found include errors in history, exam and medical-decision making. These are common error found in most clinical documentation.

A proactive audit of Correctional Medicine clinical documentation is currently in progress.

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. FY22 fourth quarter yielded 4 Trustline calls. Employee Misconduct, a student issue as well as general inquiries were the issue types reported. Total Cases for FY22 was 27; a 10% decrease from FY21.

Analysis and Remediation

HSC Institutional Integrity and Awareness continues to utilize the services of the After Action Review Administrator to assess the effectiveness and efficiency of integrity program activities. The valuable service in addition to planned root caused analysis training will assist with being proactive in determine areas for change to prevent misconduct

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HSC Partner and Vendor Code

Our Expectations

Our Partner and Vendor Code guides The University of North Texas Health Science Center at Fort Worth ("HSC")'s partners and vendors to make decisions in accordance with our Values in Action. We expect our partners and vendors to always act ethically and in compliance with this Partner and Vendor Code, as well as to report known or suspected violations of this Partner and Vendor Code or any other concerns related to unethical behavior.



BE RESPECTFUL Mutual Respect & Inclusivity

We expect partners and vendors to share HSC's commitment to mutual respect. We will not tolerate harassment or discrimination of any kind. We require all team members, as well as all our partners and vendors, to treat one another kindly and respectfully.

Safe Workplace

We require all our team members, as well as all our partners and vendors, to comply with all health and safety policies that apply to the work they do for or on behalf of HSC.



BE FAIR Anti-bribery

HSC complies with all anti-bribery and anti-corruption laws that apply to our work and will not tolerate bribery in any form from our team members, our partners or our vendors. This includes attempts to influence government officials by offering any type of reward or favor.

Gifts & Business Courtesies

As a general rule, partners and vendors may not give gifts, payments, or anything of value (including entertainment) to HSC team members if it could cloud a team member's judgment or the judgment of others, or sway a team member's or others' decision-making.

Conflicts of Interest

Conflicts of interest arise when our personal interests interfere—or even appear to interfere—with our official duties and responsibilities. To preserve our reputation for integrity, HSC expects our partners and vendors to disclose any situations that affect or appear to affect their ability to act in a fair and objective way.



BE PROFESSIONAL Use of Assets, Information, & Technologies

We expect team members as well as our partners and vendors to use HSC assets only in their work for or on behalf of HSC. We also expect team members, as well as partners and vendors to always use HSC systems responsibly and in compliance with applicable HSC policies. Team members, partners and vendors may never share confidential information about HSC or confidential or private information that they encounter because of their work on behalf of HSC, without written permission to do so.

Patient Care

We expect everyone who works on behalf of HSC, including our partners and vendors, to always prioritize the best interests of the patient and to treat patients with respect, honesty, and dignity.

We also expect partners and vendors to document and record all patient records in accordance with applicable policies and to always protect the confidentiality of patient information.

Responsible Business Practices

We choose to work only with partners and vendors who demonstrate responsible business practices. This includes a commitment to labor and human rights laws.



RAISE QUESTIONS & CONCERNS Available Resources

At HSC, we are all in this together. Raising questions and concerns is an important part of trusting one another. We expect everyone on our team, including our partners and vendors, to report misconduct or potential misconduct if it arises. There are several resources available if you have a question or wish to report a concern, including:

- Your HSC department contact
- HSC Contract Administration
- HSC's Senior Vice President and Chief Integrity Officer
- The HSC Trust Line (Online or 844-692-6925)

OUR VALUES

SERVE OTHERS FIRST. When we do what is right and take care of one another, we earn our reputation as a trusted partner.

INTEGRITY. Integrity transcends every decision we make. Whether we are conducting research or teaching students, or seeking an expense reimbursement, honesty and truthfulness must be our guide.

RESPECT. By respecting one another, we form the team that defines us. Treating one another with respect, from the person who serves us in the cafeteria to the person who funds our research, is critical to our success.

COLLABORATION. Our culture of ethics depends on teamwork. We cannot build this culture alone. When we work as a team, good things happen.

BE VISIONARY. See the benefit in doing what is right all the time. See how treating people respectfully and fairly actually improves the strength and caliber of our team, our research opportunities, our patient care, and our overall success at HSC and as One University.



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

Dept.: UNT System Administration Compliance & Integrity Program

SUMMARY: The goal of the redesigned UNT System Administration Compliance and Integrity Program is to ensure System Administration processes that directly and indirectly affect the strategic objectives of the UNT System component institutions are administered ethically and in compliance with applicable federal and state regulatory standards and rules adopted by the Board of Regents. In order to achieve this goal, the program is redesigning and rebuilding its infrastructure, including implementing recommendations from the external Compliance Program Effectiveness Assessment that was completed in May 2022.

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

ASSESSMENT: The external review assessed 11 attributes and evaluated the System Administration Compliance and Integrity Program’s overall effectiveness as “Initial” on a five-phase continuum, which progressed from least to most effective accordingly: Repeatable, Defined, Managed and Optimized. The program’s ultimate objective is to achieve optimum effectiveness in all attributes. Over the next nine months, the objective is to establish a compliance infrastructure that is “repeatable” (meaning compliance management processes are established and systemic/repeatable), with one-third (four) approaching or in the “defined” maturity category (meaning compliance is measured and managed, primarily qualitatively). These assessed attributes are identified in the chart below and described in the Appendix to this report. The categories on which the program currently is focusing are noted in the “Ongoing Progress” column. Categories in which progress has been made toward the interim objective are noted in the “Maturity Progress” column.

Ongoing Process: Compliance Program Elements			
Maturity Progress: Framework Assessment Reporting			
	Category	Ongoing Progress	Maturity Progress
1	Risk Assessment	X	
2	Policies and Procedures	X	X
3	Training and Communications	X	X
4	Reporting and Accountability	X	X
5	Third-Party Management		
6	Commitment by Sr./Mid-Management	X	X
7	Autonomy and Resources	X	X
8	Incentives and Disciplinary Measures		
9	Periodic Testing and Review		
10	Investigations of Misconduct	X	
11	Analysis and Remediation	X	

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

Policies and Procedures. The System Administration policy office has implemented recommendations made by the Compliance and Integrity Program in May of this year. These recommendations improved access to System Administration policies. The program has begun evaluating System Administration compliance-related policies: (1) ethics and standards of conduct; (2) conflict of interest disclosure; (3) criminal history background checks; (4) dual employment and other outside activities; (5) prohibition against sexual assault/sexual harassment; (6) reporting suspected misconduct; (7) rights and responsibilities of employees under the Compliance and Integrity program; and (8) fraud. System Administration policy requires that policies be reviewed a minimum of every six years. The program is developing a process for facilitating compliance with this requirement.

Training and Communications. The program is working with Human Resources to inventory training that the System Administration requires employees across the UNT System Enterprise to take. The objective of this initiative is to coordinate the System Administration-required training with the campuses to assist the latter manage their training programs. The program also continues to work on establishing a defined training program for the Board of Regents as recommended by Internal Audit.

Reporting and Accountability. The program has developed a draft compliance charter, that includes provisions for a formally established executive compliance committee comprised of the Chancellor and his direct reports. The draft charter also includes a compliance working group comprised of individuals who report directly to members of the executive compliance committee and who have expertise in operational or compliance areas that directly affect the component institutions. Neither committee has been a functioning component of the System Administration compliance program. The executive committee is dictated by the System Compliance Regulation. The regulation makes the compliance working group.

Commitment by Senior/Middle Management. Previously, the System Administration did not have a position that was dedicated solely to the System Administration's compliance program and the program's previous design did not account for the organization's unique role as a service provider to the component institutions. The redesigned program has a dedicated compliance position and is being properly designed, which will enhance overall compliance governance. The program has hired a Director of Compliance who will be responsible for day-to-day compliance operations and working with the Chief Compliance Officer to execute the program's strategic vision and redesign the program's framework

Autonomy and Resources. See Commitment by Senior/Middle Management.

FINANCIAL IMPLICATIONS/TIMELINE: The timeline for implementing the redesign is set out in the action plan created as part of the external Compliance Program Effectiveness Assessment presented to the Board at the August 2022 meeting.

RECOMMENDATION: None at this time.

Appendix

	Category	Definition
1	Risk Assessment	<i>Does the Institution have a comprehensive risk assessment process?</i>
2	Policies and Procedures	<i>Has the Institution established standards and procedures to prevent and detect misconduct, including criminal conduct?</i>
3	Training and Communications	<i>Do Institution employees receive training regarding ethical conduct and compliance with regulations and policies, and procedures?</i>
4	Reporting and Accountability	<i>Does the Institution take reasonable steps to communicate aspects of the compliance and ethics program to the appropriate individuals?</i>
5	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>
6	Commitment by Senior and Middle Management	<i>How has the Institution responded to specific instances where compliance raised concerns?</i>
7	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>
8	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>
9	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>
10	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>
11	Analysis and Remediation	<i>When noncompliance, unethical behavior, or criminal conduct has been detected, does the Institution reasonably prevent further similar behavior?</i>