

## Appendix - February 17, 2022 Regular Board of Regents Meeting

### UNTS Acronym List

UNTS Acronym List rv 3.3.21

### AUDIT AND FINANCE COMMITTEE

#### Quarterly Financial Update

Quarterly Financial Update - Q1 2022 - Backup

#### Consolidated Compliance Background Report

Consolidated UNT System Q1 Compliance Background Report

# UNT System Acronym List

<b>ACT</b>	American College Testing: a standardized test used for college admissions
<b>ASF</b>	Assignable Square Feet
<b>AUX</b>	Auxiliary Reserves
<b>BOR</b>	Board of Regents
<b>BSC</b>	Business Service Center
<b>BSS</b>	Business Support Services
<b>CAE</b>	Chief Audit Executive
<b>CAFR</b>	Comprehensive Annual Financial Report
<b>CIA</b>	Chief Internal Auditor
<b>CIP</b>	Capital Improvement Plan
<b>CIP</b>	Construction in Progress
<b>CM</b>	Construction Manager
<b>CMAR</b>	Construction Manager at Risk
<b>CO</b>	Change Order
<b>COL</b>	College of Law
<b>CP</b>	Commercial Paper
<b>DEI</b>	Diversity, Equity and Inclusion
<b>FTE</b>	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.
<b>FTIC</b>	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.

<b>FTSE</b>	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.
<b>FTFE</b>	Full Time Faculty Equivalent: a measure of instructional faculty calculated from the percent of time directly related to teaching.
<b>FY</b>	Fiscal Year
<b>GAI</b>	General Academic Institution
<b>GMAT</b>	Graduate Management Admission Test: a standardized test for admission into graduate programs of business schools.
<b>GME</b>	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.
<b>GSF</b>	Gross Square Feet
<b>HEAF</b>	Higher Education Assistance Fund (also known as HEF)
<b>HERRF</b>	Higher Education Emergency Relief Fund
<b>HR</b>	Housing Reserve
<b>HR</b>	Human Resources
<b>HRI</b>	Health-Related Institution
<b>HSC</b>	Health Science Center
<b>HUB</b>	Historically Underutilized Business
<b>IA</b>	Internal Audit
<b>LAR</b>	Legislative Appropriations Request
<b>MCAT</b>	Medical College Admission Test: a standardized test for admission into medical school
<b>MP</b>	Master Plan

<b>NACUBO</b>	National Association of College and University Business Officers
<b>OBS</b>	Office of the Board Secretary
<b>OGC</b>	Office of General Counsel
<b>OGCA</b>	Office of Grants & Contract Administration
<b>OFPC</b>	Office of Facilities Planning and Construction
<b>P3</b>	Public-Private Partnership (also known as PPP)
<b>PM</b>	Project Manager
<b>PP</b>	Private Placement
<b>PUF</b>	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
<b>PSAT</b>	Preliminary Scholastic Aptitude Test: used to prepare high school students who plan to take the SAT for admission to college. (See SAT below)
<b>QEP</b>	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.
<b>RB</b>	Revenue Bonds
<b>RFP</b>	Request for Proposal
<b>RFQ</b>	Request for Qualifications
<b>RFS</b>	Revenue Financing System Bonds
<b>RPTC</b>	Reappointment, Promotion, and Tenure Committee
<b>RR</b>	Regents Rules
<b>SACS</b>	Southern Association of Colleges and Schools: a shortened abbreviation for “SACSCOC.” (See below).
<b>SACSCOC</b>	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.

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



# Backup Materials



# FY 2022 Q1 Performance: UNTS Consolidated

1.4%  
increase

## Q1 Revenue

- Total revenue increased by \$8.2m/1.4%.
  - Tuition and Fee revenue increased by \$12.9m/7.1% due to higher enrollment;
  - Sales of Goods and Services increased by \$8.5m/18.8% due to recovering from COVID-19 effects last fiscal year;
  - Grants and Contracts are flat due to continued federal COVID-19 relief funding and increased grant activity;
  - State Appropriations decreased by \$39.5m/15.8% due to timing issue in last fiscal year.

8.9%  
increase

## Q1 Expenses

- Total expenses increased by \$20.9m/8.9%.
  - Personnel costs increased \$10.2m/6.2% due to higher enrollment support;
  - Maintenance & Operations increased by \$7.1m/16.0% due to reopening campuses;
  - Scholarships and Financial Aid increased by \$2.9m/14.2% due to COVID-19 relief funding.

All \$ presented as thousands

	FY22 Q1 Budget	FY22 Q1 Actuals	FY21 Q1 Actuals	22 Actuals vs. 21 Actuals Variance (\$000's)	Variance (%)
<b>REVENUES</b>					
Net Tuition and Fees	182,961	195,353	182,453	12,900	7.1%
Sales of Goods and Services	75,212	53,627	45,138	8,489	18.8%
Grants and Contracts	41,280	46,981	47,115	(134)	-0.3%
State Appropriations	195,614	210,387	249,911	(39,524)	-15.8%
All Other Revenue	53,580	72,996	62,947	10,049	16.0%
<b>Total Revenues</b>	<b>548,647</b>	<b>579,344</b>	<b>587,563</b>	<b>(8,219)</b>	<b>-1.4%</b>
<b>EXPENSES</b>					
Personnel Costs	176,261	173,397	163,205	10,192	6.2%
Maintenance & Operation Costs	63,017	51,559	44,457	7,101	16.0%
Scholarships, Exemptions and Financial Aid	24,289	23,336	20,428	2,908	14.2%
All Other Expenses	12,088	6,532	5,816	716	12.3%
<b>Total Expenses</b>	<b>275,654</b>	<b>254,824</b>	<b>233,906</b>	<b>20,918</b>	<b>8.9%</b>
<b>TRANSFERS</b>					
<b>Total Net Transfers</b>	<b>(51,514)</b>	<b>(49,327)</b>	<b>(57,045)</b>	<b>7,719</b>	<b>-13.5%</b>
<b>Estimated Budgeted Impact on Fund Balances</b>	<b>221,479</b>	<b>275,193</b>	<b>296,611</b>	<b>(21,418)</b>	<b>-7.2%</b>



# FY 2022 Q1 Performance: UNT



All \$ presented as thousands

## Q1 Revenue

11.4%  
increase

- Total revenue increased by \$43.3m/11.4%.
  - Tuition and Fees increased by \$14.3m/9.1% due to increased enrollment;
  - Sale of Goods and Services increased by \$8.6m/26.9% due to campus reopening;
  - Grants and Contracts increased by \$2.0m/7.4% due to COVID relief funding.
  - State Appropriations increased by \$11.3m/9.2% due to 10% appropriations reduction last fiscal year.

## Q1 Expenses

3.5%  
increase

- Total expenses increased by \$5.4m/3.5%.
  - Personnel Costs increased by \$3.6m/3.4% due to higher enrollment support;
  - Maintenance & Operation Costs increased by \$1.9m/5.6% due to campus reopening support;
  - Scholarships and Financial Aid increased by \$0.9m/5.6% due to awards via COVID relief funding.

	FY22 Q1 Budget	FY22 Q1 Actuals	FY21 Q1 Actuals	22 Actuals vs. 21 Actuals Variance (\$000's)	Variance (%)
<b>REVENUES</b>					
Net Tuition and Fees	161,328	171,171	156,910	14,262	9.1%
Sales of Goods and Services	41,556	40,642	32,037	8,605	26.9%
Grants and Contracts	26,028	29,705	27,659	2,046	7.4%
State Appropriations	132,728	133,406	122,144	11,262	9.2%
All Other Revenue	41,847	46,916	39,820	7,096	17.8%
<b>Total Revenues</b>	<b>403,488</b>	<b>421,840</b>	<b>378,569</b>	<b>43,271</b>	<b>11.4%</b>
<b>EXPENSES</b>					
Personnel Costs	115,225	111,812	108,149	3,663	3.4%
Maintenance & Operation Costs	32,519	28,342	26,425	1,918	7.3%
Scholarships, Exemptions and Financial Aid	20,090	18,240	17,267	974	5.6%
All Other Expenses	8,194	2,583	3,708	(1,125)	-30.3%
<b>Total Expenses</b>	<b>176,029</b>	<b>160,978</b>	<b>155,549</b>	<b>5,429</b>	<b>3.5%</b>
<b>TRANSFERS</b>					
<b>Total Net Transfers</b>	<b>(57,044)</b>	<b>(64,569)</b>	<b>(64,206)</b>	<b>(362)</b>	<b>0.6%</b>
<b>Estimated Budgeted Impact on Fund Balances</b>	<b>170,415</b>	<b>196,294</b>	<b>158,814</b>	<b>37,480</b>	<b>23.6%</b>



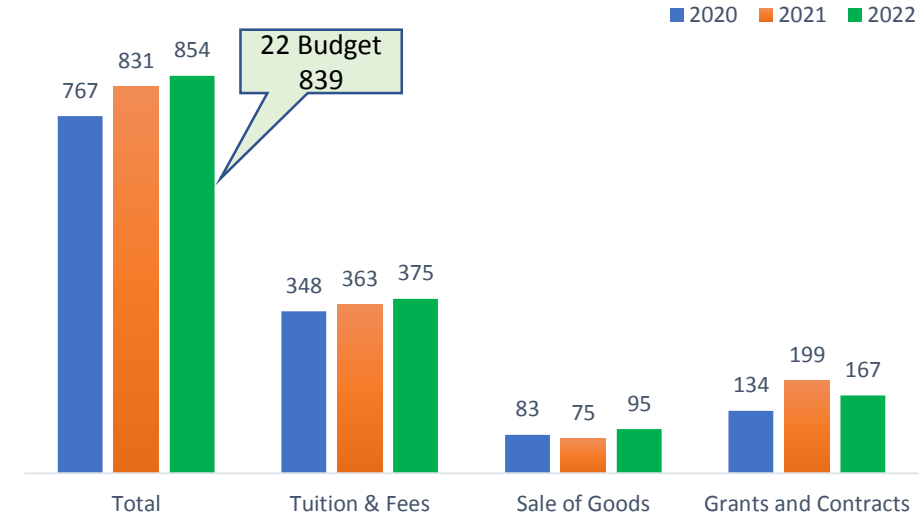


# FY 2022 prior years vs. actuals: UNT (\$m)

\*Note: These are the main drivers, and do not total

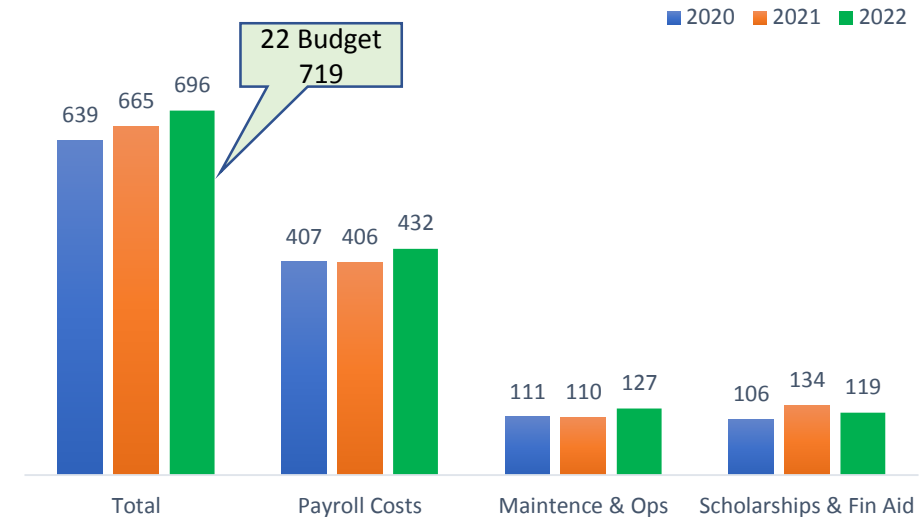
## • Projected Revenue:

- FY22 Revenue projecting above prior year by \$23m;
- Tuition and Fees above FY21 by \$12m due to increased enrollment;
- Sale of Goods \$20m more than prior year due to full reopening of campus;
- Contracts & grants less than prior year due to federal funding that mostly received in FY21.



## • Projected Expenses:

- FY22 Expenses projecting above prior year by \$31m;
- Payroll costs above FY21 by \$26m due to increased enrollment support;
- Maintenance & Operations above prior year due to increased enrollment support;
- Scholarships & Aid projected behind prior year by \$15m due to CARES Act funding in FY21.





# FY 2022 Q1 Performance: UNTHSC



All \$ presented as thousands

## Q1 Revenue

37.4% decrease

- Total revenue decreased by \$58.7m/37.4%.
  - Tuition and Fees decreased by \$1.5m/11.3%;
  - Sales of Goods and Services decreased by \$0.6m/4.9%;
  - Grants and Contracts decreased by \$4.8m/29.1% due to Tarrant County contract.
  - State Appropriations decreased by \$54.5m/56.8% due to timing issue in prior fiscal year.

## Q1 Expenses

23.4% increase

- Total expenses increased by \$11.3m/23.4%.
  - Personnel Costs increased by \$5.6m/16.5%;
  - Maintenance & Operations increased by \$3.4m/27.7% due to higher grant and contract activity;
  - Scholarships increased \$0.5m/81.0%.

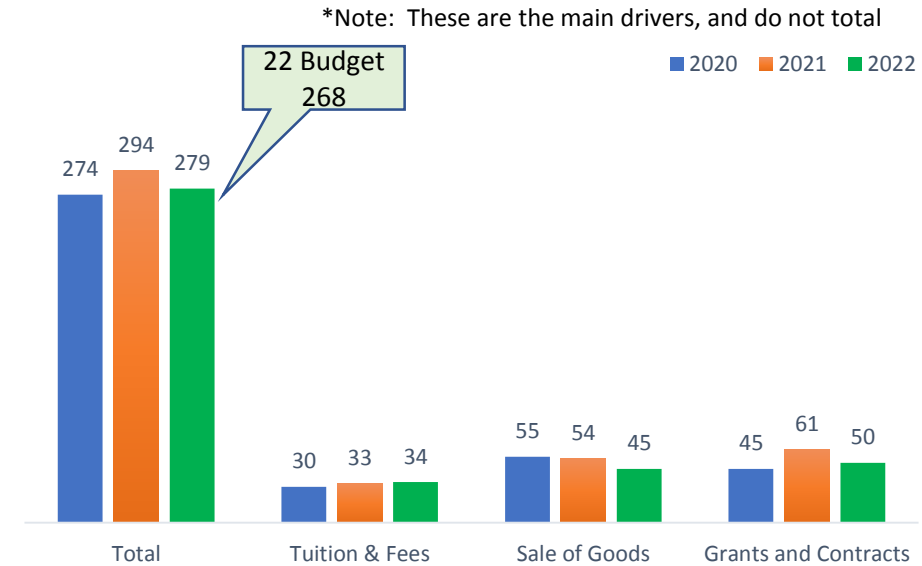
	FY22 Q1 Budget	FY22 Q1 Actuals	FY21 Q1 Actuals	22 Actuals vs. 21 Actuals Variance (\$000's)	22 Actuals vs. 21 Actuals Variance (%)
<b>REVENUES</b>					
Net Tuition and Fees	8,388	11,535	13,007	(1,472)	-11.3%
Sales of Goods and Services	32,268	11,445	12,033	(588)	-4.9%
Grants and Contracts	9,412	11,717	16,530	(4,814)	-29.1%
State Appropriations	27,842	41,458	95,996	(54,538)	-56.8%
All Other Revenue	8,109	22,134	19,454	2,680	13.8%
<b>Total Revenues</b>	<b>86,020</b>	<b>98,289</b>	<b>157,020</b>	<b>(58,731)</b>	<b>-37.4%</b>
<b>EXPENSES</b>					
Personnel Costs	39,001	39,714	34,080	5,634	16.5%
Maintenance & Operation Costs	22,675	15,447	12,092	3,355	27.7%
Scholarships, Exemptions and Financial Aid	212	582	0	582	
All Other Expenses	2,529	3,890	2,150	1,740	81.0%
<b>Total Expenses</b>	<b>64,417</b>	<b>59,633</b>	<b>48,322</b>	<b>11,311</b>	<b>23.4%</b>
<b>TRANSFERS</b>					
<b>Total Net Transfers</b>	<b>(14,489)</b>	<b>(16,909)</b>	<b>(21,570)</b>	<b>4,661</b>	<b>-21.6%</b>
<b>Estimated Budgeted Impact on Fund Balances</b>	<b>7,113</b>	<b>21,747</b>	<b>87,128</b>	<b>(65,381)</b>	<b>-75.0%</b>



# FY 2022 prior years vs. actuals: UNTHSC (\$m)

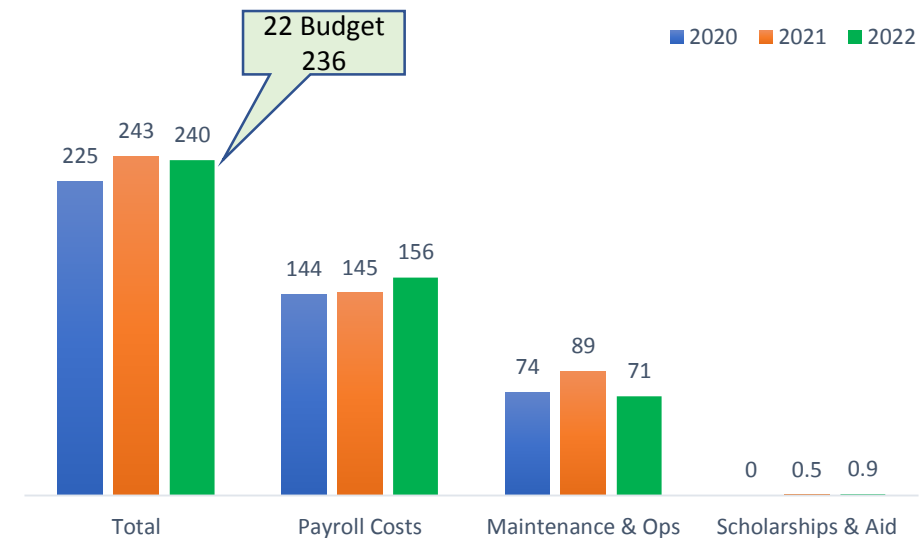
## • Projected Revenue:

- FY22 Revenue projecting \$15m below prior year;
- Tuition & Fees are slightly higher than prior year;
- Sale of Goods and Services projecting \$9m below prior year ;
- Grants and Contracts projecting below prior year due to \$9.0m Tarrant County contact in FY21 inflating prior year.



## • Projected Expenses:

- FY22 Expenses projecting \$3m below prior year;
- Payroll Costs higher than FY21 by \$11m;
- Maintenance & Operations projecting lower due to \$23m in expenses related to the Tarrant County vaccine contract (offset by revenue) in FY21;
- Scholarships higher by \$0.4m due to increased grant activity.





# FY 2022 Q1 Performance: UNTD

All \$ presented as thousands

## Q1 Revenue

16.0%  
increase

- Total revenue increased by \$7.1m/16.0%.
  - Tuition and Fees are flat to prior fiscal year;
  - Sales of Goods increased by \$0.5m/164.4% due to campus reopening;
  - Grants and Contracts increased \$2.6m/90.0% due to COVID relief funding;
  - State Appropriations increased by \$3.8m/15.2% due to 10% appropriations reduction last year.

## Q1 Expenses

16.3%  
increase

- Total expenses increased by \$2.5m/16.3%.
  - Personnel Costs increased by \$0.8m/7.5% in order to support enrollment growth;
  - Maintenance & Operations increased \$0.4m/16.3% due to campus reopening;
  - Scholarships and Financial Aid increased by \$1.4m/42.8% due to increased CARES funding.

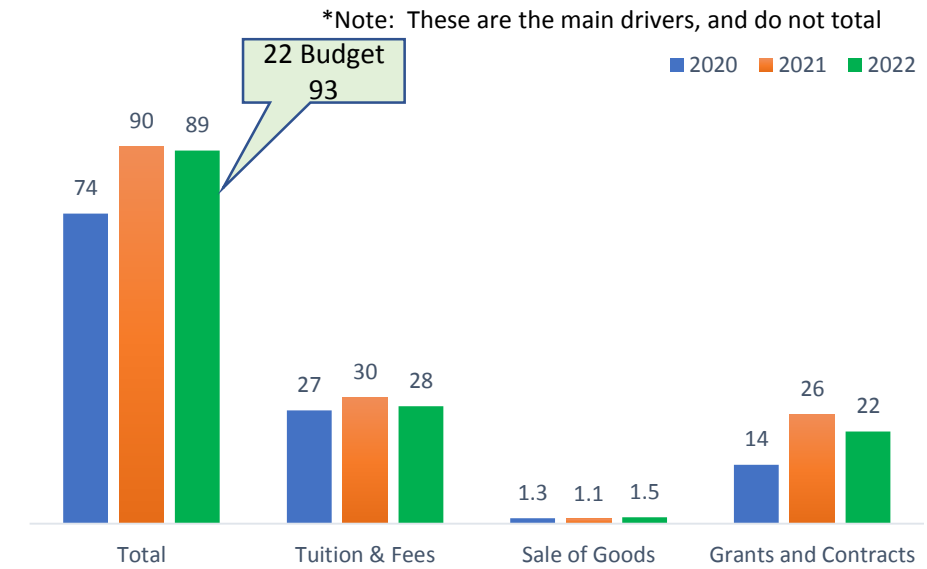
	FY22 Q1 Budget	FY22 Q1 Actuals	FY21 Q1 Actuals	22 Actuals vs. 21 Actuals	
				Variance (\$000's)	Variance (%)
<b>REVENUES</b>					
Net Tuition and Fees	13,244	12,646	12,536	110	0.9%
Sales of Goods and Services	661	811	307	504	164.4%
Grants and Contracts	5,840	5,560	2,926	2,634	90.0%
State Appropriations	29,512	28,996	25,162	3,834	15.2%
All Other Revenue	3,573	3,711	3,662	49	1.3%
<b>Total Revenues</b>	<b>52,830</b>	<b>51,724</b>	<b>44,593</b>	<b>7,131</b>	<b>16.0%</b>
<b>EXPENSES</b>					
Personnel Costs	10,924	10,875	10,119	756	7.5%
Maintenance & Operation Costs	3,341	2,601	2,237	364	16.3%
Scholarships, Exemptions and Financial Aid	3,986	4,514	3,161	1,353	42.8%
All Other Expenses	1,237	9	-43	52	-120.0%
<b>Total Expenses</b>	<b>19,488</b>	<b>17,999</b>	<b>15,474</b>	<b>2,525</b>	<b>16.3%</b>
<b>TRANSFERS</b>					
<b>Total Net Transfers</b>	<b>(10,164)</b>	<b>(10,157)</b>	<b>(10,857)</b>	<b>700</b>	<b>-6.4%</b>
<b>Estimated Budgeted Impact on Fund Balances</b>	<b>23,178</b>	<b>23,568</b>	<b>18,261</b>	<b>5,306</b>	<b>29.1%</b>



# FY 2022 prior years vs. actuals: UNTD (\$m)

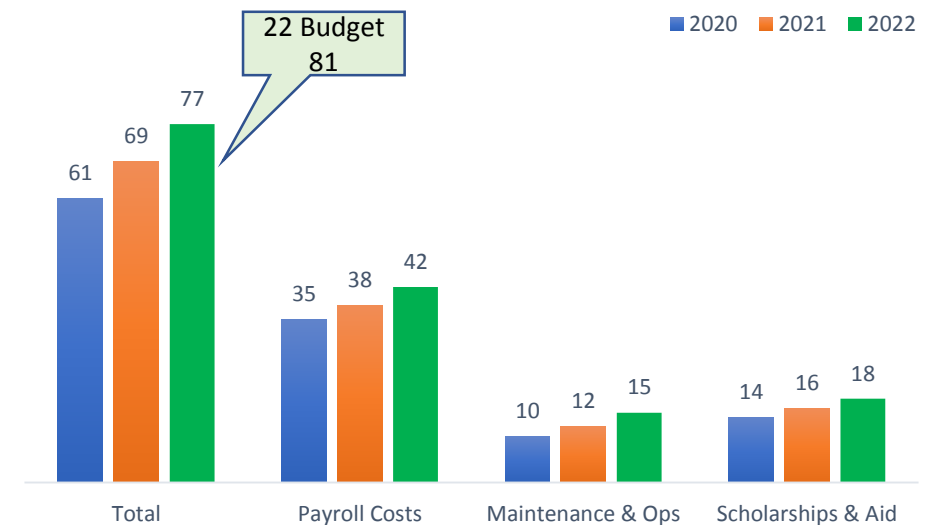
## • Projected Revenue:

- Total Revenue below prior year by \$1m;
- Tuition & Fees revenue projecting below prior year by \$2m;
- Sales of Goods & Services above prior year due to campus reopening;
- Grants & Contracts below prior year by \$4m due to COVID-19 funding inflating FY21.



## • Projected Expenses:

- Total Expenses above prior year by \$8m;
- Payroll Costs higher than prior year by \$4m anticipating needs for a rapidly growing institution;
- Maintenance & Operations projecting higher than prior year by \$3m due to growth of institution and recovery from COVID-19;
- Scholarships & Aid above prior year by \$2m due to delayed COVID-19 funding being expensed.





# FY 2022 Q1 Performance: UNT System Administration

UNT SYSTEM

All \$ presented as thousands

## Q1 Revenue

1.5%  
increase

- Total revenue increased by \$0.1m/1.5%.
  - Sales of Goods and Services slightly decreased;
  - State Appropriations also slightly decreased;
  - All Other Revenue increased by \$0.2m due to higher investment income.

## Q1 Expenses

11.3%  
increase

- Total expenses increased by \$1.7m/11.3%.
  - Personnel Costs increased by \$0.1m/1.3%;
  - Maintenance Costs increased by \$1.5m/39.5% due to FY22 strategic initiatives;
  - Other Expenses slightly increased.

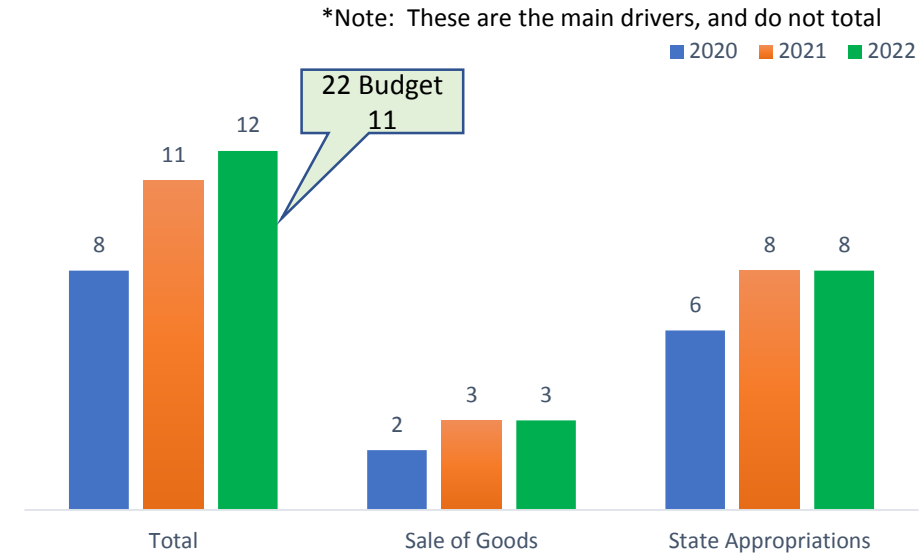
	FY22 Q1 Budget	FY22 Q1 Actuals	FY21 Q1 Actuals	22 Actuals vs. 21 Actuals	
				Variance (\$000's)	Variance (%)
<b>REVENUES</b>					
Net Tuition and Fees	0	0	0	0	
Sales of Goods and Services	728	728	762	(34)	-4.4%
Grants and Contracts	0	0	0	0	
State Appropriations	5,531	6,527	6,609	(82)	-1.2%
All Other Revenue	50	236	11	225	2081.0%
<b>Total Revenues</b>	<b>6,309</b>	<b>7,491</b>	<b>7,382</b>	<b>109</b>	<b>1.5%</b>
<b>EXPENSES</b>					
Personnel Costs	11,110	10,996	10,857	139	1.3%
Maintenance & Operation Costs	4,481	5,169	3,704	1,465	39.5%
Scholarships, Exemptions and Financial Aid	0	0	0	0	
All Other Expenses	129	50	2	48	3202.8%
<b>Total Expenses</b>	<b>15,720</b>	<b>16,215</b>	<b>14,562</b>	<b>1,653</b>	<b>11.3%</b>
<b>TRANSFERS</b>					
<b>Total Net Transfers</b>	<b>30,183</b>	<b>42,308</b>	<b>39,588</b>	<b>2,720</b>	<b>6.9%</b>
<b>Estimated Budgeted Impact on Fund Balances</b>	<b>20,772</b>	<b>33,585</b>	<b>32,408</b>	<b>1,177</b>	<b>3.6%</b>



# FY 2022 prior years vs. actuals: UNT System Administration

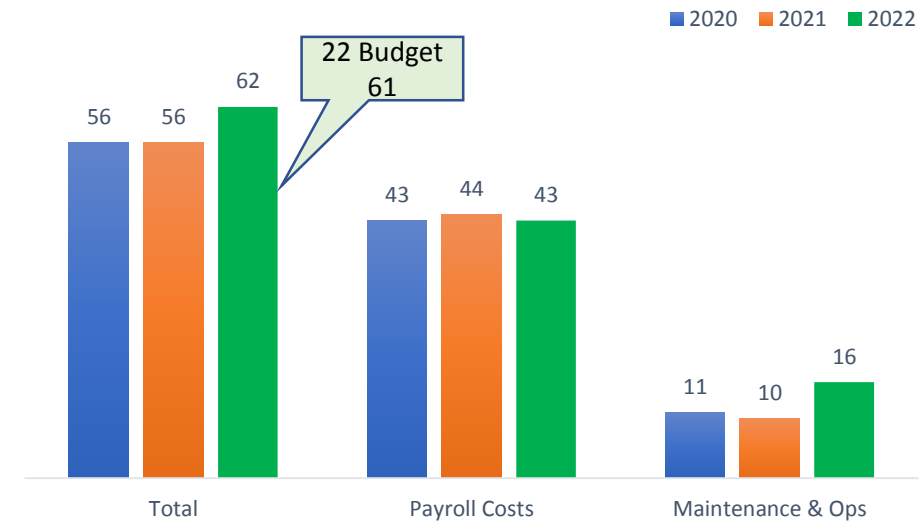
- Projected Revenue:

- Total Revenue above prior year by \$1m;
- Sale of Goods & Services are projecting flat to prior year;
- State Appropriations are also projecting flat to prior year.



- Projected Expenses:

- Total expenses above prior year by \$6m, however only \$1m over budget;
- Payroll Costs are projecting slightly below prior year;
- Maintenance & Operations above prior year by \$6m due to FY22 strategic initiatives, however only \$1m over budget.







# **OFFICE OF INSTITUTIONAL COMPLIANCE**

## **QUARTERLY COMPLIANCE REPORT**

### **FIRST QUARTER FY22**

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SUBMITTED BY  
TIM WILLETTE  
CHIEF COMPLIANCE OFFICER



**BOARD OF REGENTS MEETING**  
**FEBRUARY 17, 2022**

Unless Otherwise Noted: Activities reflected are as of November 30, 2021





## **Introduction**

The University of North Texas System Administration (SA) Office of Institutional Compliance (OIC) functions to assist in regulatory oversight, as well as oversee a Compliance and Integrity Program (Program) that fosters a culture of ethical, lawful, and responsible conduct. The OIC identifies, assesses, and monitors a wide range of existing and emerging compliance risks. Working closely with leadership is critical, requiring the active engagement of the Chief Compliance Officer (CCO) with each of the organizational leaders serving on the Chancellor's Cabinet, as well as with key stakeholders serving System Administration and the other three institutions. The organizational structure of the Program is provided in Appendix A.

## **Executive Overview**

Each Chief Compliance Officer (CCO) reports to the Board of Regents (Board), at a minimum, quarterly. These reports update the Board on the effectiveness of each Program.

This quarterly report provides a summary and highlights of compliance activities that have taken place during the first quarter (Q1) of Fiscal Year 2022 (FY22) at SA. It is divided into five sections.

- Introduction
- Executive Overview
- Compliance Integrity Program
- FY22 Compliance Risk Work Plan (CRWP) Quarterly Update
- Appendix

## **Compliance and Integrity Program**

The OIC at SA is responsible for maintaining a Program that includes, but is not limited to:

1. serving as a resource to address compliance concerns and communicate emerging risks;
2. facilitating the identification, prioritization, and mitigation of compliance risks;
3. assisting in determining risk mitigation strategies and how to measure their effectiveness;
4. continuously monitoring compliance requirements of applicable external authorities and periodically reviewing Regents rules and System regulations;
5. assisting in identifying, assessing, and monitoring training requirements; and
6. pro-actively engaging leadership in post-incident reviews to determine the need to implement corrective actions.

The primary objective of the Program is to foster a culture of collaborative compliance. The CCO is responsible for managing and overseeing the Program at SA.

***Since mid-March of 2020, the OIC has focused primarily on those compliance risks associated with the impact of the COVID-19 pandemic. During this quarter, most operations continue to function remotely.***



**The Chancellor’s Cabinet has continued to meet, sharing information about emerging federal, state, and local requirements. Having an informed and engaged organization has been key in continuing to meet the mission of the University.** This includes communicating an on-going awareness of and adherence to UNT System Regulation 02.1000; Compliance and Integrity Program, as well as the seven Federal Sentencing Guideline Objectives (FSGOs) listed below.

- **Active Oversight**

The OIC strives to engage leadership in promoting a culture of compliance throughout the University. Meeting weekly, the Chancellor’s Cabinet identifies, communicates, and assesses emerging risks. These meetings may include periodic discussions touching on key elements of the Program, as well as the annual CRWP. Quarterly, the Chancellor’s Cabinet, Chancellor’s Council, and the Board, are provided updates of the annual CRWP, along with emerging compliance concerns.

***Through on-going communications with key stakeholders and Cabinet members, the OIC is confident that leadership continues to recognize their key role in an effective Compliance and Integrity Program. This commitment to a culture of compliance will be required as UNT World transitions to a new Chancellor beginning in January of 2022. President Williams, in taking on the role as the next Chancellor, asked each member Cabinet to prepare an overview of their respective organizations—including next steps in their strategic plan. The goal of the OIC is to enhance all elements of the Program with evolving “best practices” in place.***

- **Policies, Standards, and Code of Conduct**

SA is committed to implementing and maintaining rules, regulations, and policies that facilitate the detection and prevention of unethical and illegal conduct throughout the SA. The rules, regulations, and policies promote integrity, principled behavior, and compliance with federal, state, and local regulations, Regents rules, System regulations, and the standards of all applicable accrediting bodies.

***Effective policy management has a great deal of upside for all institutional operations. It is one of the four risk focus areas included in the SA CRWP for FY22. Policy management recently moved to the OIC. With the move, a Policy Review Team (PRT) formed to help ensure a more robust dialogue of policy development. During this reporting period, the PRT met for an inaugural meeting. Additionally, the CCO is working closely with the SA Policy Manager to implement revised business processes that better use the Policy Tech application. This application is being used by all four institutions.***



- **Education and Training**

All SA employees must successfully complete mandated training related to the Program, as well as compliance elements that are key in the effective conduct of their position. Additionally, all UNT World employees must successfully complete training and be reminded twice a year of the ways to report suspected misconduct.

***During this reporting period, Internal Audit engaged in a review of the training programs at all four institutions. The audit team met several times with the CCO, as well with other SA key stakeholders. The report of their review and recommendations should be provided toward the end of January 2022. Throughout this period, System Administration is working closely with the UNT Center of Excellence (COE) for training in building a more robust LMS. Courses are being identified and, as required—revised for incorporation into a SA LMS library.***

- **Open Communications**

All SA employees must not only be aware of, but also understand the rules that govern their respective roles and the values underpinning UNT World. Stakeholders, both, internal and external, need assurances that SA is committed to ethical and responsible behavior. Communication is key to a culture of compliance.

***Throughout this reporting period, the OIC has worked closely with Marketing & Communications to provide timely compliance information, including announcements regarding upcoming mandated training. This collaboration will continue as Marketing & Communications moves to a new Content Management System.***

- **Monitoring and Auditing**

UNT System Administration is committed to continuous monitoring by implementing internal controls that allow for early detection and remediation of non-compliance within an organization. Audit activities serve to help ensure that operational management has in place internal controls that do not improperly bias the assessment of business processes.

***During this reporting period, Internal Audit (IA) completed several SA reviews. Details of these reviews will be included in the IA quarterly update to the Board. IA has advised the OIC a comprehensive review of all four institutional Programs will begin in early January of 2022.***

- **Enforcement Tools**

SA, 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.

***A review of investigation processes has begun with collaboration from Human Resources and the Office of General Counsel. This is a risk focus area that will be reported on quarterly. For this reporting period, reported concerns through the Trust Line were limited to two. Neither of these concerns rose to the level of requiring that the Board be advised. The required quarterly reports to the Chancellor for compliance with SB 212 were submitted. There were no reported items.***

- **Responsive Initiatives**

Keeping in mind an effective compliance program should be scalable, affordable, feasible, and enforceable, the OIC evaluates the effectiveness of its Program and the seven FSGOs on a regular basis. This evaluation also examines emerging compliance challenges. Providing information to leadership that is relevant and timely is an on-going concern as the OIC continues its efforts to identify and communicate emerging compliance concerns to not only key stakeholders, but all SA employees.

***For FY22, all aspects of the Program continue to be reviewed for gaps, with action plans being drafted in those areas in need of strengthening, including efforts to refine key components of the Program. Draft compliance assessment surveys have been completed.***



## FY22 Compliance Risk Work Plan (CRWP)

Compliance Targeted Areas	Commitment & Initiatives
Policy Management	<p>UNT SA is committed to fostering a culture of compliance in accordance with the Compliance &amp; Integrity Program, including the management of an effective policy library by:</p> <ul style="list-style-type: none"> <li>• continuing to migrate Regent rules, System regulations, &amp; policies to Policy Tech</li> <li>• coordinating efforts with UNTSA, UNT, &amp; UNTHSC</li> <li>• implementing standard templates</li> <li>• actively engaging a Policy Review Team</li> <li>• developing standard review protocols</li> <li>• coordinating with Communications to provide timely updates</li> <li>• updating the website for easier access, as well as informational resources &amp; links</li> </ul>
Investigation Processes	<p>UNT SA is committed to the highest ethical standards in its internal/external dealings; whistleblower process that include multiple reporting options; effective investigations &amp; report tracking; retaliation against those reporting potential instances of violation of laws, rules, policies, or improper activities.</p>
ADA Accommodations	<p>UNT SA is committed to establishing responsive programs for students &amp; employees with special needs, providing oversight &amp; timely case reviews. This is area of particular concern because of the impact the COVID-19 pandemic has had on every member of the UNT SA community.</p>
Compliance & Integrity Program	<p>UNT SA is committed to effectively addressing compliance issues, tracking changes, conflicting or unclear or inappropriate requirements, internal audit recommendations, trained staff &amp; adequate financial resources, reporting &amp; oversight, consistent &amp; equitable enforcement, adequate processes &amp; controls, &amp; robust training.</p>
Records Retention Management	<p>UNT SA is committed to having in place an effective records retention management program. To that end; the OIC is conducting a review of records retention management to include, but not limited to: policies &amp; procedures; training; list of designated records retention managers; retention schedules; open record laws; access to information; confidentiality; destruction of records; &amp; litigation production requests</p>



**CRWP FY22 Q1 Progress  
Risk Focus Area Updates**

• **Policy Management**

**Responsible Units/Stakeholders:** Senior Leadership  
**Commitment & Focus:** System Administration must have in place policies and procedures, in accordance with federal and state laws and regulations that provide guidance to employees on employment and operational issues. The procedures developed to implement these policies must be clear and efficient.  
**Risk Focus Champion(s):** Chief Compliance Officer

Tracking Indicators	Milestones & Dates	Expectations	Progress
Promoting an active culture of compliance in accordance with the SA Program, SA is: <ol style="list-style-type: none"> <li>1. updating policy on policies;</li> <li>2. implementing standard review protocol;</li> <li>3. developing &amp; executing a comprehensive review of regulations &amp; policies;</li> <li>4. reviewing &amp; revising (as necessary) website resources that provide for easier accessibility, as well as providing links to informational resources;</li> <li>5. Instituting active Policy Review Team; and</li> <li>6. Updating Policy Management website.</li> </ol>	Responsible Units/Stakeholders: <ul style="list-style-type: none"> <li>• Establish &amp; Track Goals for Each Initiative</li> </ul>	<ul style="list-style-type: none"> <li>• <b>TBD</b></li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly report to CEC &amp; BoR of tracking indicators with key metrics, completed milestones, &amp; updated risk assessment statement</li> </ul>

**FSGO Elements Addressed:** Structure & Governance/**Policies & Procedures**/Training & Education/**Communications**/Audit & Internal Controls/Enforcement & Discipline/Response & Prevention Strategic, Operational, Financial, Reputational, **Compliance**

**HE Risk Categories Impacted:** Staff, Visitors, Community, SA

**Groups Impacted:** UNT System Board of Regents Rule 05.100; *System and Institutional Policy Manuals*

**Applicable Guidance:** UNT System Regulation 02.1001; *Compliance and Integrity Program*  
 UNT System Policy 01.100; *Policy on Policies*  
 UNT System Policy 02.403; *Compliance and Integrity Program*





• **Investigation Processes**

**Responsible Units/Stakeholders:**

Senior Leadership, **Compliance**, General Counsel, Human Resources, Internal Audit

**Commitment & Focus:**

Verify allegations and complaints are being processed in accordance with applicable federal & state regulations, as well as applicable Regental rules and system-wide guidance. Put in place a mechanism to provide greater visibility of the number and status of investigations throughout UNT World to senior leadership. Verify SA has in place programs, including an effective communications campaign, to provide individuals the means of reporting concerns without fear of retaliation.

**Risk Focus Champion(s):**

Chief Compliance Officer

Tracking Indicators	Milestones & Dates	Expectations	Progress
1. Review, update (as needed), and effectively communicate institutional grievance mechanisms and procedures. 2. Review institutional procedures and protocols/ practices for whistleblower complaints and update as necessary. 3. Determine and implement means to enhance system-wide coordination and collaboration of investigations, including sharing of best practices. 4. Review current investigation and complaint processes to assess whether investigations are thorough, complete, timely, and fair.	Responsible Units/Stakeholders: <ul style="list-style-type: none"> <li>• Establish &amp; Track Goals for Each Objective</li> <li>• Implement Monthly Investigations Summary Log (ISL) Report</li> </ul>	<ul style="list-style-type: none"> <li>• <b>TBD</b></li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly report to CEC &amp; BoR of tracking indicators with key metrics, completed milestones, &amp; updated risk assessment statement</li> </ul>

**FSGO Elements Addressed:**

Structure & Governance/**Policies & Procedures/Training & Education/Communications/Audit & Internal Controls/Enforcement & Discipline/Response & Prevention**

**HE Risk Categories Impacted:**

Strategic, Operational, Financial, **Reputational, Compliance**

**Groups Impacted:**

Senior Leadership, Staff, Volunteers, Visitors, Community

**Applicable Guidance:**

UNT System Board of Regents Rule 04.700; *Policy Prohibiting Discrimination*  
 UNT System Board of Regents Rule 04.110; *Reporting Suspected Wrongdoing*  
 UNT System Board of Regents Rule 05.100; *Complaint and Grievance Process*  
 UNT System Board of Regents Rule 07.100; *Institution Student Policies*  
 UNT System Board of Regents Rule 10.700; *Fraud Policy*  
 UNT System Regulation 02.1000; *Compliance and Integrity Program*  
 UNT System Administration Policy 02.402; *Responsibilities and Rights of Employees Under UNT System & Its Component Institution's Compliance Programs*  
 UNT System Administration Policy 02.403; *Compliance and Integrity Program*  
 UNT System Administration Policy 02.140; *Reporting Suspected Wrongdoing*  
 UNT System Administration Policy 03.701; *Ethics and Standards of Conduct*



• **ADA Accommodations**

**Responsible Units/Stakeholders:** Compliance & **Human Resources**  
**Commitment & Focus:** Verify SA is committed to establishing responsive programs for individuals with special needs, providing oversight & timely case reviews.  
**Risk Focus Champion(s):** Chief Compliance Officer

Tracking Indicators	Milestones & Dates	Expectations	Progress
TBD	Responsible Units/Stakeholders: <ul style="list-style-type: none"> <li>• Establish &amp; Track Goals for Each Objective</li> <li>• Implement Monthly Investigations Summary Log (ISL) Report</li> </ul>	<ul style="list-style-type: none"> <li>• <b>TBD</b></li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly report to CEC &amp; BoR of tracking indicators with key metrics, completed milestones, &amp; updated risk assessment statement</li> </ul>

**FSGO Elements Addressed:** Structure & Governance/**Policies & Procedures/Training & Education/Communications/Audit & Internal Controls/Enforcement & Discipline/Response & Prevention**

**HE Risk Categories Impacted:** Strategic, Operational, Financial, Reputational, Compliance

**Groups Impacted:** Senior Leadership, Staff, Volunteers, Visitors, Community

**Applicable Guidance:** UNT System Board of Regents Rule  
 UNT System Regulation  
 UNT System Administration Policy





• **Compliance & Integrity Program**

**Responsible Units/Stakeholders:** Senior Leadership & **Compliance**  
**Commitment & Focus:** Review applicable applicable federal & state regulations, particularly THECB sections, Regent rules, & System regulations policies to identify gaps & take appropriate action to enhance effectiveness of Program.  
**Risk Focus Champion(s):** Chief Compliance Officer

Tracking Indicators	Milestones & Dates	Expectations	Progress
TBD	Responsible Units/Stakeholders: <ul style="list-style-type: none"> <li>Establish &amp; Track Goals for Each Objective</li> </ul>	<ul style="list-style-type: none"> <li><b>TBD</b></li> </ul>	<ul style="list-style-type: none"> <li>Quarterly report to CEC &amp; BoR of tracking indicators with key metrics, completed milestones, &amp; updated risk assessment statement</li> </ul>

**FSGO Elements Addressed:** **All**  
**HE Risk Categories Impacted:** Strategic, Operational, Financial, Reputational, **Compliance**  
**Groups Impacted:** Senior Leadership, Staff, Volunteers, Visitors, Community  
**Applicable Guidance:** UNT System Board of Regents Rule  
 UNT System Regulation  
 UNT System Administration Policy



• **Records Retention Management**

**Responsible Units/Stakeholders:**

Senior Leadership, Legal, Human Resources, & **Compliance**

**Commitment & Focus:**

Verify that SA has in place an effective records retention management program. Conduct a review of records retention management to include, but not limited to: policies & procedures; training; list of designated records retention managers; retention schedules; open record laws; access to information; confidentiality; destruction of records; & litigation production. Review applicable federal & state regulations, particularly THECB sections, Regent rules, & System regulations & policies to identify gaps & take appropriate action to enhance effectiveness of program.

**Risk Focus Champion(s):**

Chief Compliance Officer

Tracking Indicators	Milestones & Dates	Expectations	Progress
TBD	Responsible Units/Stakeholders: <ul style="list-style-type: none"> <li>Establish &amp; Track Goals for Each Objective</li> </ul>	<ul style="list-style-type: none"> <li>TBD</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly report to CEC &amp; BoR of tracking indicators with key metrics, completed milestones, &amp; updated risk assessment statement</li> </ul>

**FSGO Elements Addressed:**

**All**

**HE Risk Categories Impacted:**

Strategic, Operational, Financial, Reputational, **Compliance**

**Groups Impacted:**

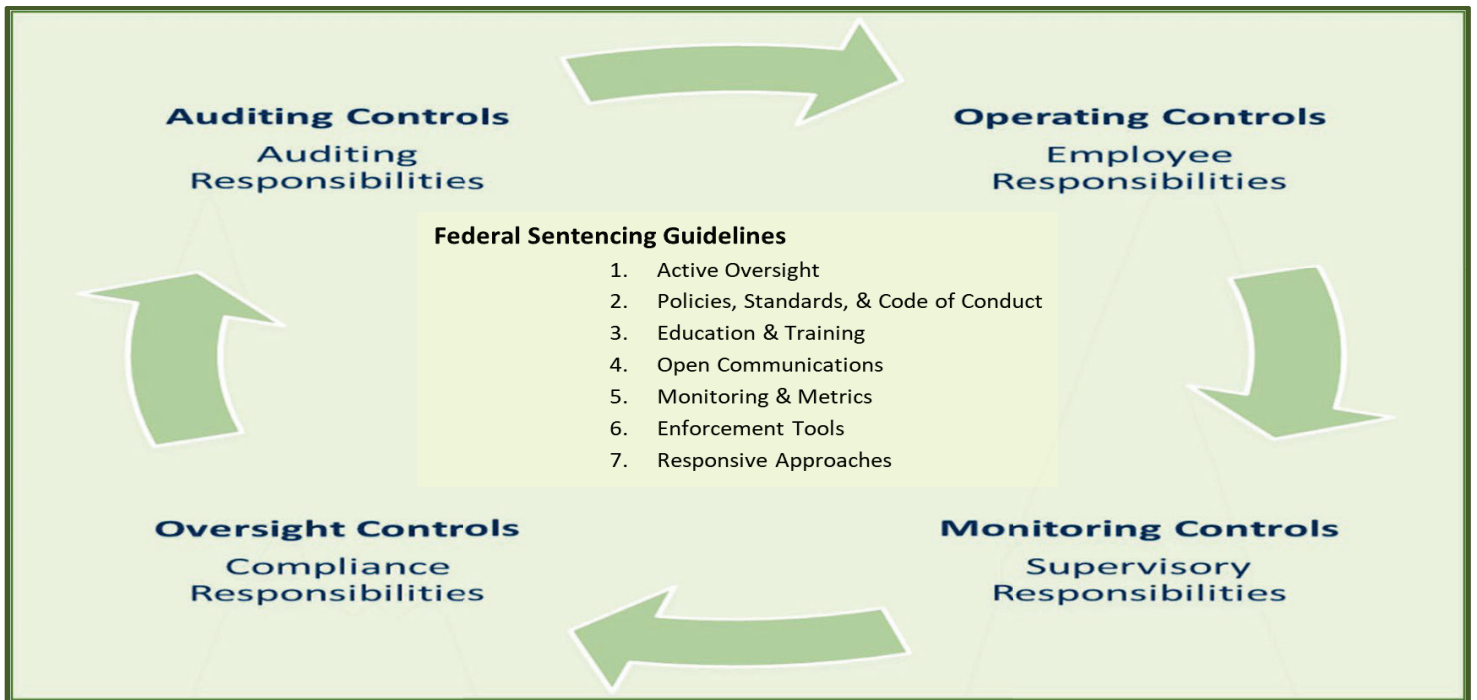
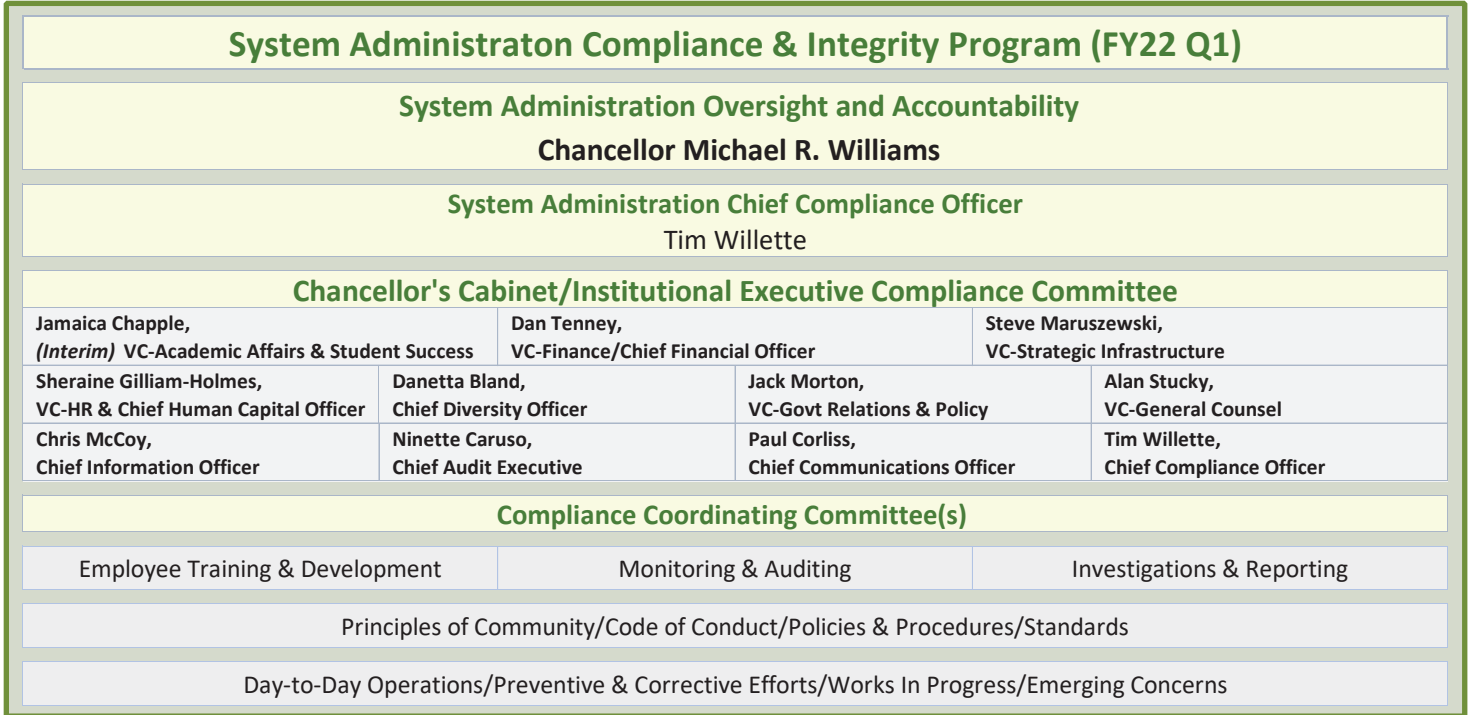
Senior Leadership, Staff, Volunteers, Visitors, Community

**Applicable Guidance:**

UNT System Board of Regents Rule  
 UNT System Regulation  
 UNT System Administration Policy



## Appendix A: Compliance and Integrity Program Organizational Overview



# UNT<sup>®</sup>

UNIVERSITY OF NORTH TEXAS<sup>®</sup>

UNIVERSITY COMPLIANCE AND  
ETHICS

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SUBMITTED BY

**CLAY SIMMONS**  
CHIEF COMPLIANCE OFFICER

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OVERVIEW

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FY2022 Compliance & Ethics Program Projects and Deliverables	Target
Document all compliance program processes	Q3
Conduct internal assessment of compliance program	Q4
Assess policy management process and begin revision	Q4
Determine baseline for CEP metrics	Q2
Develop metrics for 2 compliance risk priority mitigation plans	Q4
Begin revisions of Ethics policy	Q4
Develop reporting tool incorporating university-wide compliance investigations	Q2
Conduct and complete annual risk assessment	Q4

Not started	On time	Delayed	Missed Target	Complete
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EXECUTIVE SUMMARY

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- UCE finalized the FY22 risk assessment. One new risk priority was added regarding IT Security.
- UCE assumed responsibility for policy management and is beginning an assessment of the policy development and amendment process.
- UCE is planning for improvements to monitoring responsibilities under the CEP.

## INTRODUCTION

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Our main efforts during the quarter included finalizing the annual risk assessment, preparing to assume responsibility for the policy management process, revising policy procedures, and planning for improvements to the monitoring responsibilities of the office. UCE also continued its work in COVID-19 response.

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## COMPLIANCE PROGRAM

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### Policies and Procedures

In the first quarter, UCE assumed responsibility for the policy management process. This change in the organization will allow a more focused approach to policy management and an elevated profile for the process. A policy director is in place and familiarizing himself with the university's practices and procedures. Initial plans for the program are already being implemented, which include modifying the policy template to ensure it is accessible, conducting an assessment of out-of-date policies, and maintaining throughput of policies already in process. UCE also revised the policy website to make it more useful for employees and is beginning to gather data on policy access to identify potential issues within the university. Additional reporting to the board is anticipated as that data is gathered over time and reports are developed. In addition to these efforts, the policy director is working with university colleagues to establish a program of marketing communications to improve the visibility of policy changes. This increased visibility is intended to improve compliance with policy as more employees become aware of policy amendments.

### Compliance Officer and Compliance Committee

COVID-19 related tasks are not as time consuming as earlier in the pandemic, but continued in the 1st Quarter. Focus shifted to managing testing and containment on campus and planning for the expected winter wave of infections. The university has also begun planning for winding down the pandemic response if the pandemic becomes less severe, as expected.

UCE finalized its annual risk assessment in the quarterly Executive Compliance Committee meeting. No changes were suggested by the Committee and the risk priorities list was approved as presented. One risk priority was added to the list, IT security, and one regarding training was removed

### Education and Training

UCE continued to track training across the campus as our suite of required training modules are now in place (see the UNT Training Compliance Snapshot Q1, 2022 in the Appendix, p.9). Faculty completion of the UNT Policies & Title IX training is lower than expected, but we believe that this is an artifact of the training cycle. Many employees are in the window to complete their training at the time the report was compiled.

### Effective Communication/Trust Line

UCE received 18 reports for the 1<sup>st</sup> Quarter (see Q1 Trust Line Reports chart, Appendix, p.7). Fifteen of those reports have been closed. Two cases were substantiated, and additional training was delivered.

### Auditing and Monitoring

UCE's review of HIPAA covered components at UNT for compliance with the Protected Health Information Privacy policy was still on hold during the quarter. A new compliance analyst began working in the 1<sup>st</sup> quarter who comes to UNT with a background in HIPAA-related entities. She will be reviewing the work done to date, then develop a plan for completing the HIPAA review in the Spring semester.

UCE is also developing a reporting tool incorporating investigation reports from all campus investigatory offices. This tool will be used to watch for trends and to track activity across the university. It is anticipated that an initial model will be developed in the next quarter.

### Disciplinary Guidelines

The investigation report tool mentioned under auditing and monitoring is intended to provide information to UCE that will allow visibility into substantiated investigations. Almost all investigations at UNT have a sanctioning authority separate from the investigatory body to ensure objectivity. Once substantiated investigations are visible to UCE, we will be able to follow up with the sanctioning authority to gather information on discipline and ensure it is equally applied across the institution.

### Response and Corrective Action

No new information to report this quarter.



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**FY22 RISK ASSESSMENT- Q1 PROGRESS**

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The UNT Compliance Risk Priorities for FY22 are essentially the same as those for FY21. These risk priorities are usually quite complex and span large parts of the organization, and often take several years to establish effective mitigation plans. None of the current priorities present a high risk of imminent failures and all are being addressed appropriately.

FY2022 Risk Priorities	Q1	Q2	Q3	Q4
1. IT security				
2. University policies				
3. International collaborations				
4. Accessibility of online programs				
5. Conflicts of interest and commitment				
6. Prevention of sexual discrimination and violence & Title IX compliance				
7. COVID-19 related compliance				

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**ADDITIONAL CAMPUS INFORMATION**

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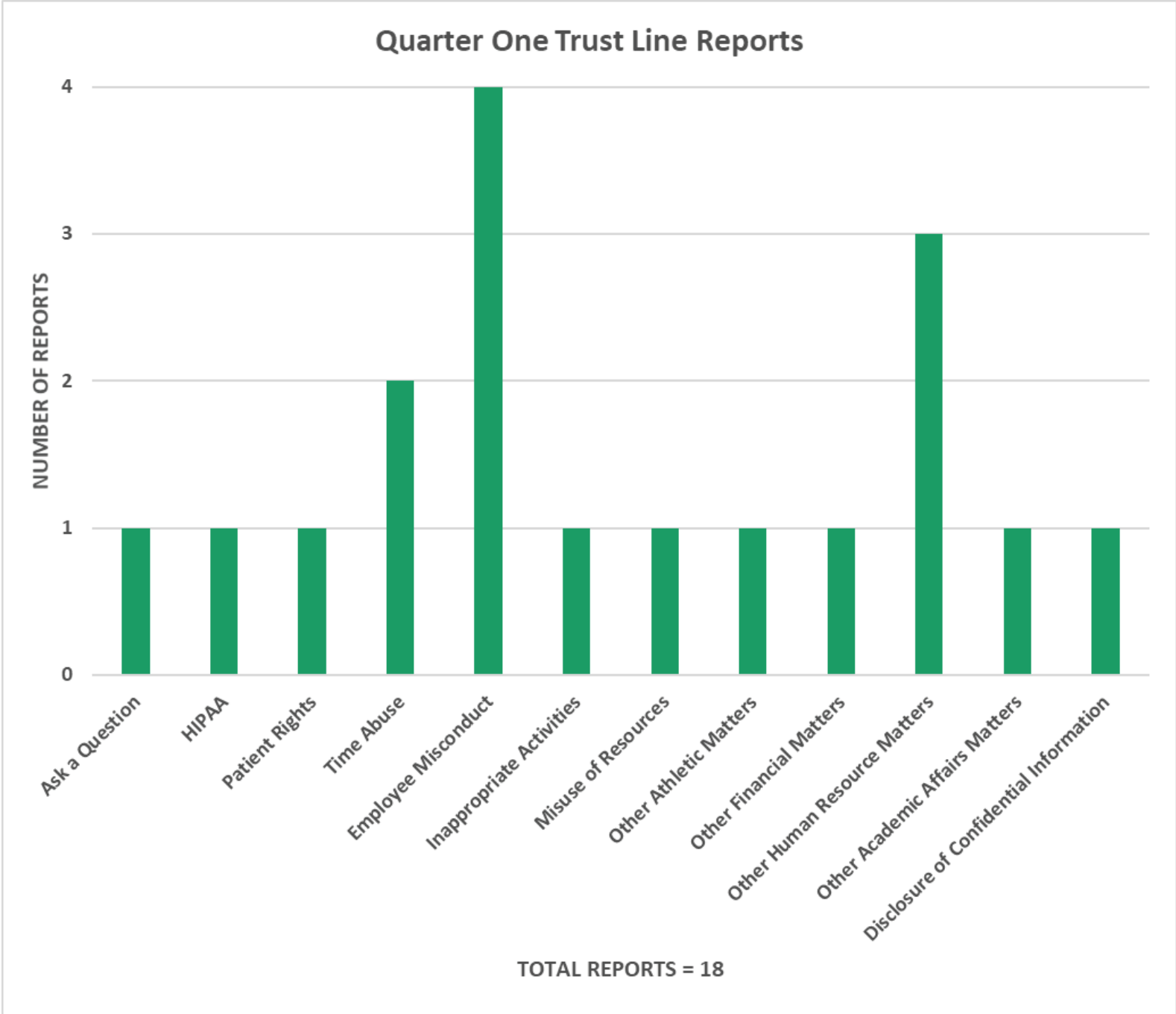
A. COVID-19 Response

UCE has been heavily involved in the university’s COVID-19 response, working with policy, safety, research, and athletics groups to modify work and learning environments on campus. UCE continues to be very involved in COVID-19 related issues. We anticipate this effort to wind down in the near future.

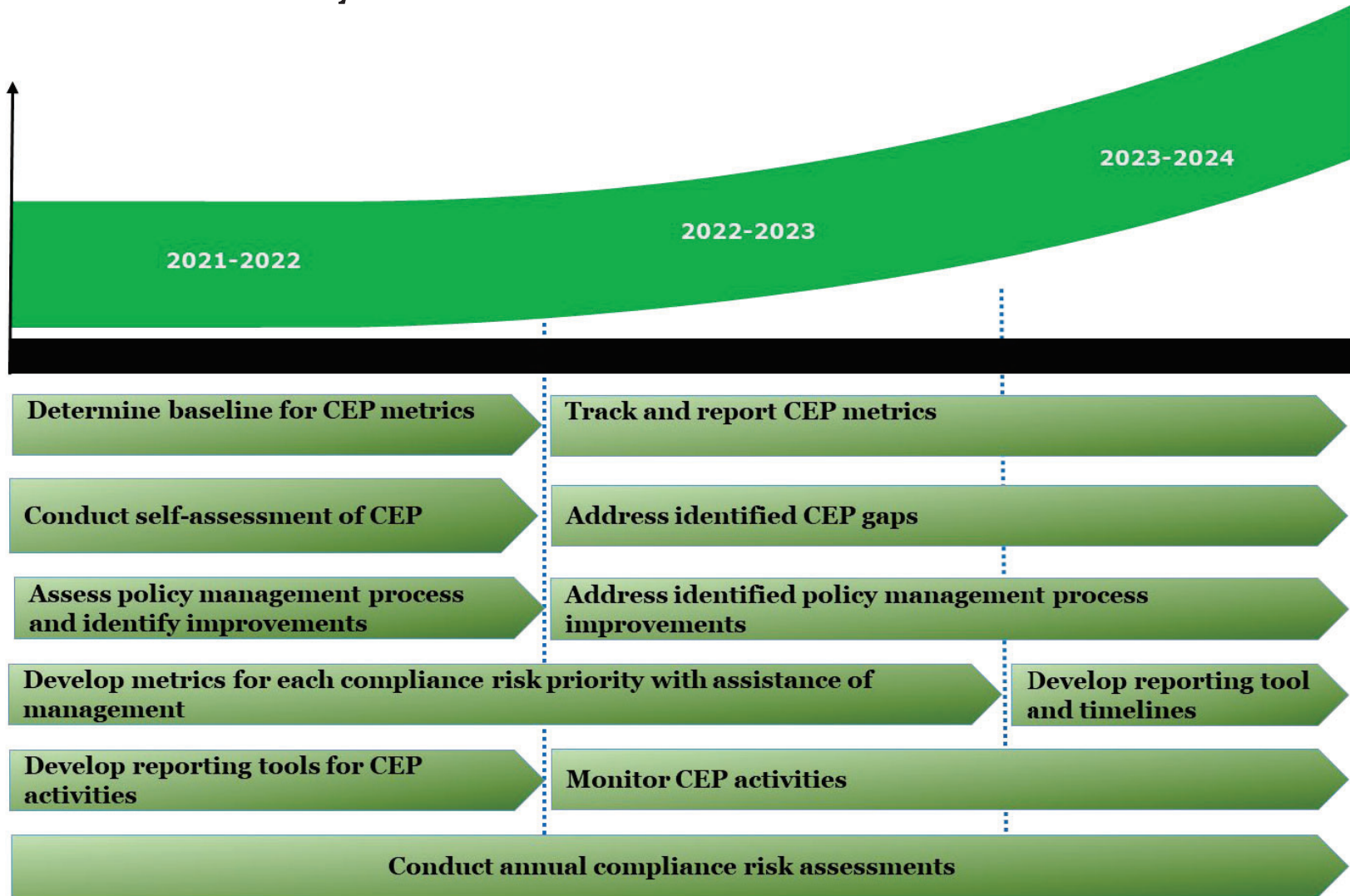
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ASSOCIATED CHARTS/APPENDIX

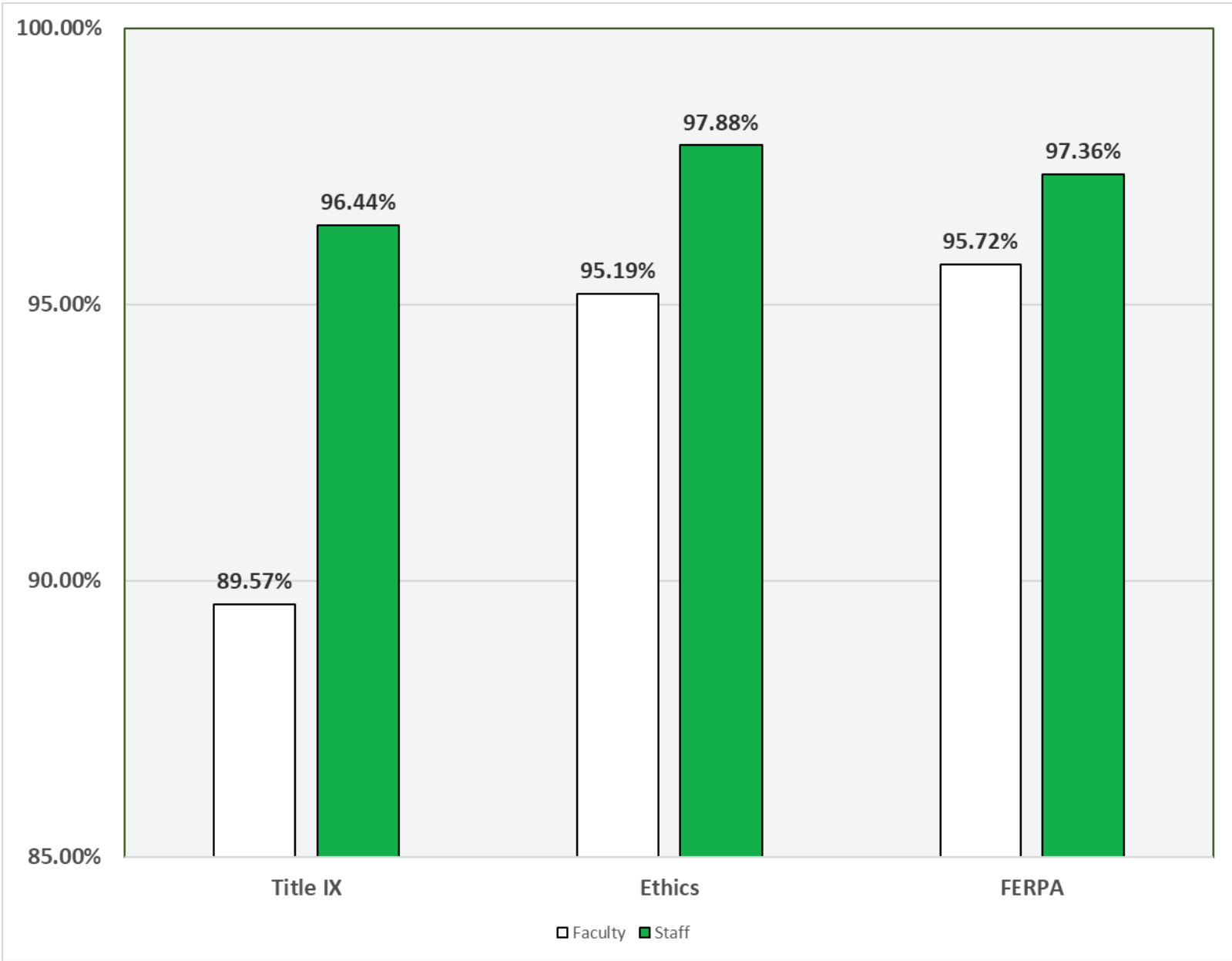
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## FY 2022 UNT Compliance and Ethics Program Maturity Continuum



# UNT Training Compliance Snapshot Q1, 2022





# Quarterly Compliance Report

FIRST QUARTER FY 2022

Submitted by  
Desiree Ramirez, CCEP, CHC  
Senior Vice President and Chief Integrity Officer

## EXECUTIVE SUMMARY

*This executive summary highlights the operational and impactful information effecting the compliance program*

In recent years, **integrity based compliance programs** have seen a notable increase across industries. Companies such as Volkswagen, Toyota and General Motors have developed integrity-based compliance programs from controversy. However, the concept and principles of these programs if done proactively can achieve effective organizational outcomes that empower employees and students to make the right, ethical decisions in difficult circumstances.

**Environmental, Social and Governance (ESG)** can be defined as the cultural and ethical governance of an organization. ESG helps to examine how an organization contributes to and performs on environmental, social, and ethical challenges, and the overall governance of the organization. ESG touches on issues ranging from human rights and labor laws, health and safety, privacy of personal information, corruption and bribery, and an organization's carbon footprint and environmental practices. ESG related behaviors are largely incorporated into compliance programs. According to a recent Harvard Law report, organizations that evidence support of ESG principles are "ahead of the pack for sustainable business practices". Creating a vendor/supplier code and closely aligning our relationships with our values and principles is one of many ways to sustain our brand reputation and commitment to ESG.

**Regulatory Highlights** from government agencies assist compliance officers by highlighting legislative changes they may affect the compliance program. The November **Federal Register** publishes the CY 2022 Payment Policies under the Physician Fee Schedule sets forth expected changes to the Medicare and Medicaid program in payment and practice for compliant documentation and billing. Review of HIPAA penalties and fines from the **Office of Civil Rights** provides a proactive looks at any vulnerabilities the institution may have in relation to Privacy and Security regulations.

HSC continues to sustain the **elements of an effective compliance program** in our Code of Culture commitment, employee and student integrity education and training, reporting (including Title IX and EO) and investigations and conflict of interest policy. HSC also celebrated **Compliance and Ethics Week** (Integrity and Awareness week) in early November that served as the kickoff to annual employee training.

Ethisphere, is a global leader in defining and advancing the standards of ethical business practices. The Office of Institutional Integrity and Awareness submitted data to Ethisphere to receive a report that **benchmarks** HSC practices to those of companies included on Ethisphere's **World's Most Ethical Companies®** List .Recommendations and feedback from the benchmarks are included in the **FY22 Compliance WorkPlan (see appendix)**

Lastly, I would like to take the opportunity to **re-introduce myself** to current and newer Board of Regents members. I look forward to providing excellent service to Board members, students, employees and the community we serve.

## COMPLIANCE REPORT

### Integrity-Based Framework

Integrity is a cornerstone of an effective compliance program. The Integrity Framework is a proactive systemic and comprehensive approach that brings together instruments, processes, and structures for fostering integrity and preventing misconduct. The use of an integrity framework can positively influence employee behavior and experience and contribute to creating a positive work environment thus establishing a healthy relationship between the individual and the organization. This subsequently increases the value of the organization's reputation to their partners, stakeholders and the community.

Integrity risk can pose a threat to the reputation and profitability of the institution due to people-related incidents such as misconduct, bullying and sexual harassment, inappropriate use of social media, breaches of privacy, conflicts of interest, fraud and retaliation. This now also encompasses cyber-crime and expectations in response to societal controversies. Integrity risk carries serious consequences for businesses and employees, including fines, civil penalties and criminal charges. This can damage brand and reputation, impact people turnover and company culture. Management of integrity risk has become a critically important element to managing an effective compliance program.

An integrity based framework consists of three essential pillars: (1) instruments (e.g. ethics code, conflict-of-interest policy, whistleblowing arrangements); (2) processes (development planning, implementing, evaluating and adapting); and (3) structure (appointing responsibility and coordination). Management of this framework undertakes activities to address new and emerging risk with both a reactive and proactive approach. These pillars create a framework outline and dimensions:

- I. Determining and defining integrity
- II. Guiding towards integrity
- III. Monitoring integrity
- IV. Enforcing integrity (fair & appropriate procedures and sanctions)
- V. External context (reputation, audit and legal)

An integrity-based framework combines both the rules-based and values-based approaches and ensures the balance of their components within one framework. This drives the program by individual principles, values, leadership, organization expectations of conduct and legal regulations. An integrity-based approach to compliance is an active, conscious approach by HSC that emphasizes responsibility for ethical behavior and commitment to our Code of Culture. By utilizing this proactive approach, we demonstrate the consistency of our values in action with choices and decisions as an institution and individually.



## **Environmental, Social and Governance (ESG) and Compliance**

Environmental, social and governance standards provide an institution support in its duty to conduct due diligence to identify relevant concerns that may affect their reputation and take necessary action to prevent and mitigate risk. This includes the evaluation and review of vendors, third parties and business partners. Vendor risk has gained prominence over the past few years as the awareness of environmental and social issues grow. The examination of how an organization contributes to and performs on environmental, social, and ethical challenges, and the overall governance of the organization is crucial. The reputation of those who are in partnership with them can be negatively impacted if violations of human rights, labor and anti-corruption are substantiated and even if they are not the association can be damaging to their partners.

As compliance leaders, it is important that we establish policies and processes that drive strategies, standards and accountability for our business partners that sustain the reputation of our values-based culture. It is impossible to determine that every business partner will have zero violations, but setting expectations enables the institution to identify potential red flags. In some cases, vendors are asked for a copy of their Code of Conduct as part of the Request for Proposes (RFP) process. Many are taken aback and some do not have a documented or digital Code. A Code of Conduct is paramount to any values-based organization.

An ESG strategy as part of the third-party risk management process, incorporated into the current integrity program ensures that HSC has an agile and holistic view into the assessment and monitoring of organizational business partnerships. HSC is currently working to create a vendor Code of Conduct/Culture, checklist, and contract language that will closely align with HSC's Code of Culture and policies.

## **Regulatory Highlights**

### HHS Office of Civil Rights

In November 2021, the Office of Civil Rights (OCR) brought HIPAA related enforcement actions against five providers under its HIPAA Right of Access Initiative. The Right of Access Initiative is intended to support an individual's ability to get their health records in a timely fashion at a reasonable cost, as HIPAA requires. Without an extension, a HIPAA-regulated entity must provide an individual or a representative with their records 30 days after receiving a request. The actions brought the total number of enforcements carried out under the agency's HIPAA Right of Access Initiative to 25. OCR fines for 2021 under the Right of Access Initiative totaled \$852,150 vs \$537,500 in 2020.

HSC has no current concerns regarding this initiative.



Center for Medicare and Medicaid Services- Federal Register

The Centers for Medicare & Medicaid Services (CMS) released the 2022 Medicare Physician Fee Schedule final rule on November 2. This rule includes updates to payment rates for physicians and other health care professionals for 2022, this included payment cuts for physicians that would go into effect January 1, 2022, unless Congress acted.

On December 7, 2021, the Protecting Medicare and American Farmers from Sequester Cuts Act (S 610) stopped the 3.75% payment cuts to the Medicare physician fee schedule. This cut would have significantly affected reimbursement and payment to HSC Health. Other items within the final rule include the expansion of telehealth for mental health; and clarification of policies on shared visits, critical care and teaching physicians' services. The office of Institutional Integrity and Awareness will conduct its annual Final Rule education and update to our clinical providers in January.

**Compliance Program Elements**

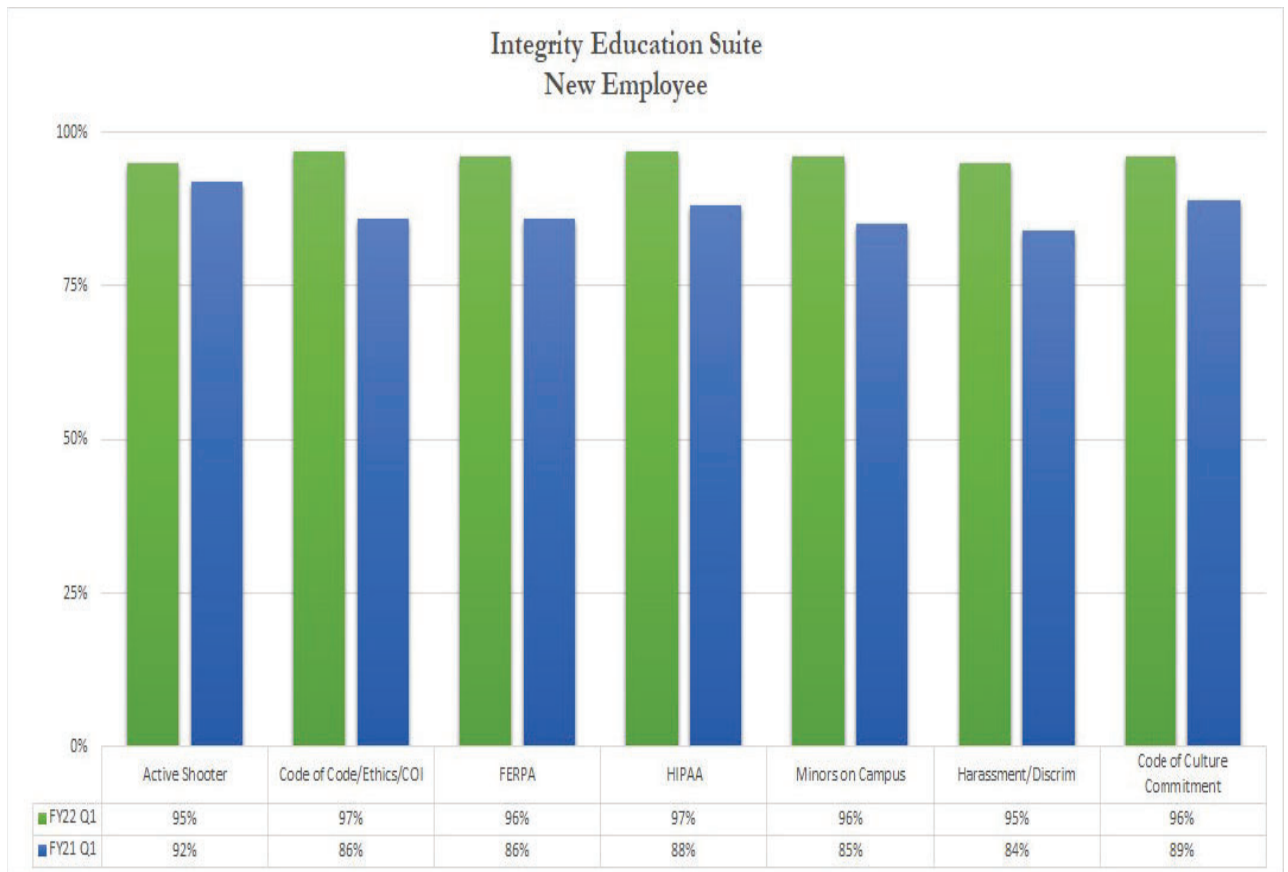
The elements of an effective compliance program are listed in the table below:

<b>Program Elements</b>	<b>Reported</b>
Policies and Procedures	Nothing to report
Training and Education	New Employee Education and Training
Compliance Officer/Cmte	Nothing to report
Effective Communication	Integrity and Awareness Week
Monitoring and Auditing	Nothing to Report
Disciplinary Guidelines	Nothing to report
Reporting an Corrective Action	Trust line reporting and monitoring/investigations

## Education and Training

New Employee Training is completed within 30 days of hire. All new employees are expected to complete eight modules and review and attest to the HSC Code of Culture. All employees began their integrity education in early November. This year, the annual Integrity Training Program will include a refresher on specific topics thus reducing training time as compared to previous years; full mandatory training will be administered on a three-year cycle. Additionally, supervisors were provided access to the learning management system’s analytics tool to help them review training progress for designated team members. With this new feature, they are able to check the status of all HR, Compliance and Professional Development training at any time for direct reports. Below you will find training completion rate for FY22 Quarter 1 new employee training. We have seen a slight increase in on-time completion rates in comparison to last year.

Next year, training will be administered on an annual rolling basis based on the employee’s last training cycle. Additionally, integrity education will be provided as adaptive learning in the near future. This will allow compliance education to meet the knowledge and skill of the employee on compliance and integrity topics.



### Integrity and Awareness Week (Compliance and Ethics Week)

During November 8th-12<sup>th</sup>, HSC along with many other organizations across the United States and internationally celebrated Integrity and Awareness Week. During that week, time was utilized to reflect on the ongoing commitment to our ethical culture and to our values and high trust behaviors that support HSC's mission and vision. Having a week designated to corporate compliance and ethics allows compliance and ethics (C&E) professionals to focus on the culture of compliance and not just the rules and regulations. A schedule of activities was planned throughout the campus including compliance themed escape rooms, scandal trivia, and Title IX live training. During this week, the Chief Integrity Officer provided education to the campus on the integrity-based approach compliance program. Feedback and effectiveness metrics will be forthcoming.

### Trust Line Reporting

HSC received four Trust Line calls in the first quarter; with one case closed and three in process. This is a decrease from the last quarter of five calls received; and a decrease from the same timeframe over the last 3 fiscal years. There is no indicated trend, however with the FY21 policy transformation completed and providing more clarity, employees have been empowered to have more information and education about expectations.



Title IX and EO Investigations

Title IX / Sexual Misconduct Complaint Data

Date	Report of Incident Received	Preliminary Investigation	Formal Investigation	Remediation
Sept 1 - Nov 30	8	6	0	0

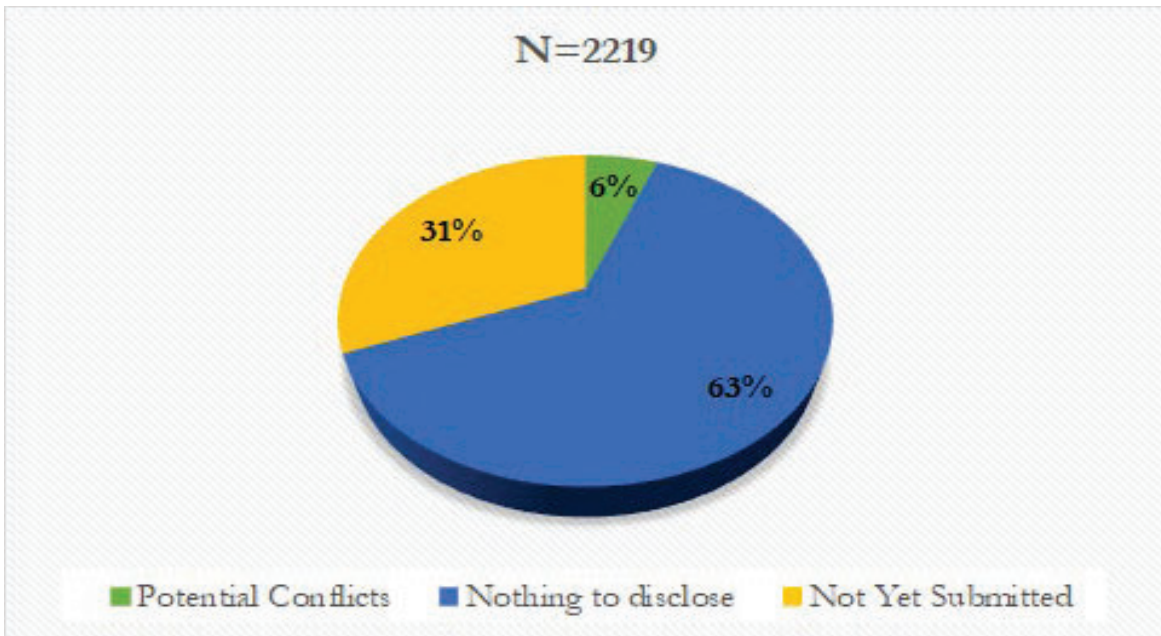
- **Eight incidents reported** to the Title IX Office. HSC lacked jurisdiction for **two** of the **eight** reported incidents.
- **Six Preliminary Investigation(s) - Three** Sexual Harassment. **One** Sexual Assault (off campus). **Two** complaints found to be outside of Title IX / Sexual Misconduct. **Five** of the **six** preliminary investigations were closed. **One** is pending closure.
- **Zero Formal Investigations** for this time period.

Date	Report of Incident Received	Sex-Based	Disability-Based	Race-Based
Sept 1 - Nov 30	9	1	6	1

- **1 Sex based** – reviewed in collaboration with HSC Title IX – closed, no resolution requested
- **6 disability based** – closed, previously investigated
- **1 race based** – closed, unresponsive complainant
- 1 case is currently open pending a formal complaint form – disability based

### Conflict of Interest

Completing the Conflict of Interest disclosure form annually ensures that the people of the State of Texas have complete confidence in the integrity of their public servants who adhere to the highest ethical standards and principles of higher education. In order to fulfill this commitment, HSC requires all Employees, including Students paid from sponsored grants, to complete the Annual Conflict of Interest eDisclosure process and certify that they have reviewed and are familiar with their responsibilities as described by policy and regulations. The edisclosure forms were made available to employees on September 1 with a deadline to complete by October 1. Management plan reviews focus mostly on potential conflicts in research, financial, outside employment and activities and nepotism.



## World' Most Ethical (WME) Companies Benchmarks

HSC measured comparably with WME peers in areas such as Program Structure and Oversight, Training and Communication and Detection and Monitoring. Areas noted to improve program effectiveness included: Use of analytics, including tracking whether policies, procedures, or other written guidance is being viewed; Conducting manager-specific training at orientation and on a periodic basis; Implement root-cause analysis after investigations to evaluate training and communications effectiveness; Third party due diligence topics and assessments

## Meet the Chief Integrity Officer

**Desiree Ramirez, CCEP, CHC**, is Senior Vice President and Chief Integrity Officer for The University of North Texas Health Science Center at Fort Worth (HSC). Ramirez oversees HSC's integrity-based compliance program, which emphasizes responsibility for ethical behavior and commitment to HSC's Code of Culture. Since she joined HSC in 2017, Ramirez has been responsible for the oversight and management of HSC's Compliance Program, and leading governance, risk and compliance efforts. In addition to her role, Ramirez chairs the HSC diversity, equity and inclusion team – Reinventing Inclusive Solutions for Equity (RISE). The RISE team brings forth solutions that create strategies to address and promote inclusive growth, equity in race, health, and gender on the HSC campus, along with supporting community engagement that provides for long-term health equality. Under her leadership, the team articulates diversity, equity and inclusion fueled by the commitment to HSC values and Code of Conduct. In less than a year, the RISE Team has defined a Diversity, Equity and Inclusion Framework, making the Framework values part of the Strategic Roadmap of the University. Additionally under Ramirez's leadership, HSC created a diversity, equity and inclusion repository containing research and education resources. Finally, her team was responsible for launching the first campus-wide cultural assessment. Ramirez is a sought-after speaker on compliance issues, and is known for her innovative leadership and for emphasizing education, awareness and inclusivity in her approach to compliance. Prior to joining HSC, she served as the Chief Compliance and Corporate Integrity Officer for Morehouse School of Medicine. Ramirez also served for 10 years as a Regulatory Compliance Manager for Mayo Clinic and in various compliance, finance and revenue cycle roles at George Washington University Medical Center and Mount Sinai Beth Israel. Ramirez was born and raised in New York City. She earned a bachelor's degree in business administration from Howard University in Washington, D.C., and a master's degree from Teacher's College, Columbia University in New York City. She holds an Executive Certificate in Health Policy, Finance and Law from the American University's Washington College of Law and a Leadership Certificate in Diversity and Inclusion from Cornell University, School of Industrial and Labor Relations.

## Appendix: FY22 Compliance Workplan

IDENTIFIED RISK	INHERENT RISK (i.e. no controls present or controls fail)			CONTROLS	RESIDUAL RISK (i.e. after controls)		
	Risk Name	Consequence	Likelihood		Inherent Risk Rating	Existing Controls	Controls Rating
Compliance Workplan and Risk Assessment mitigation	3. Moderate	3. Possible	medium	Current risk assessment process based on survey and interviews. Risk identified across departments; can be difficult to implement risk solutions.	Adequate	3. Possible	medium
Reporting and Investigations Process	4. Major	4. Likely	high	Many lines of reporting throughout campus, confusion created as issues can be cross functional. Open door policies, but need to ensure information is recorded timely and correctly. Trustline and Student hotline; direction for assistance and services needs to be concise and easily accessible. Education needed on various campus functions	Adequate	4. Likely	high
Targeted Training, With a Demonstrated Impact	3. Moderate	3. Possible	medium	Annual training in completed by all, need targeted training based on role and function. Policy attestation needed for some policies; guidance on compliance and integrity also needed. Inclusivity and Integrity discussions and workshops	Adequate	3. Possible	medium
Data-Led Program elements	4. Major	4. Likely	high	Data analytics only available on training and education. Data analytics needed on policies to create proactive strategies and mitigate risk. Reinforce behavioral expectations. Annual scorecard mechanism needed.	Inadequate	4. Likely	high
HIPAA and HITECH	4. Major	3. Possible	high	Targeted education to vulnerable areas; physical controls for implemented. Facilities staff greater awareness. Stricter corrective action taken for policy violations. Updated privacy policy. Privacy audit postponed; plan for FY22	Adequate	3. Possible	high
Export Control	4. Major	4. Likely	high	Educated high risk research components regarding export regulations and the need for reviews of all foreign engagements; Perform Restricted Party Screenings on all foreign entities identified to the IC Officer as associated with HSC; Perform export control reviews on all foreign collaborations and transactions involving the potential for export-controlled items or information; Added resources for guidance and education on the HSC IC website; Review all HSC employee visa applications and renewals for export control risk; Formed an HSC International Compliance Committee; Export control reviews on all known international travel and foreign equipment use.	Adequate	3. Possible	high
Third Party social responsibility standards	2. Minor	4. Likely	medium	Request for Code of conduct from vendor does not occur consistently in contracting; no ESG vetting occurs currently. Increasing awareness of environmental, social and governance(ESG) standards; incorporate language for contracts and agreements to ensure ethical business operations with third parties and vendors	Inadequate	3. Possible	medium





**OFFICE OF INSTITUTIONAL COMPLIANCE  
QUARTERLY COMPLIANCE REPORT  
FIRST QUARTER FY22**

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SUBMITTED BY  
TIM WILLETTE  
CHIEF COMPLIANCE OFFICER



**BOARD OF REGENTS MEETING  
FEBRUARY 17, 2022**

## **Introduction**

The University of North Texas at Dallas (UNT Dallas) Office of Institutional Compliance (OIC) functions to provide regulatory oversight, as well as oversee a compliance program that fosters a culture of ethical, lawful, and responsible conduct. The OIC identifies and analyzes a wide range of existing and emerging compliance risks. Working closely with key campus stakeholders is critical, requiring the Chief Compliance Officer (CCO) to collaborate with each member of the President's Cabinet, as well as with others within the institution and throughout the system. The organizational structure of the UNT Dallas Compliance and Integrity Program (Program) is provided in Appendix A.

## **Executive Overview**

This quarterly report provides a summary and highlights of compliance activities that have taken place during the first quarter (Q1) of Fiscal Year 2022 (FY22) at UNT Dallas. It is divided into five sections.

- Introduction
- Executive Overview
- Compliance Integrity Program
- FY22 Compliance Risk Work Plan (CRWP) Quarterly Update
- Appendices

## **Compliance & Integrity Program**

The OIC at UNT Dallas is responsible for maintaining an effective Program that includes, but is not limited to: 1) serving as a resource to address compliance concerns and communicate emerging risks; 2) facilitating the identification, prioritization, and mitigation of compliance risk focus areas; 3) assisting in determining risk mitigation strategies and how to assess their effectiveness; 4) reviewing and-as needed-updating campus policies; 5) assisting in identifying and monitoring training requirements; and 6) helping with the implementation of corrective actions, as appropriate. The Program identifies, assesses, monitors, oversees, and helps ensure UNT Dallas complies with applicable laws and regulations, Regents rules, System regulations, and campus policies. The CCO heads up the OIC is responsible for managing and overseeing the UNT Dallas Program.

***During this reporting period, the OIC continued to focus on mitigating the impact of the COVID-19 pandemic on students, faculty, staff, and members of the surrounding community. The President continues to meet with key stakeholders twice a week. These briefings continue to keep all members of the UNT Dallas community informed of federal, state, and local requirements.*** Toward that end; the Program has served to help ensure on-going awareness of and adherence to UNT System Regulation 02.1000; *Compliance and Integrity Program*, as well as the seven Federal Sentencing Guideline Objectives (FSGOs) listed below.

- **Active Oversight**

All members of the President’s Cabinet and key stakeholders are kept current on the overall effectiveness of the Program. The OIC has provided quarterly updates of the annual CRWP to senior leadership. The commitment to fostering a culture of compliance is prevalent in all operations at UNT Dallas. In their leadership roles, members of the President’s Cabinet are committed to championing a culture of compliance, founded on principles of personal integrity and ethical behavior. This has never been more apparent than during this fiscal year when most staff and faculty members have been working remotely.

***Throughout this reporting period, members of the President’s Cabinet, along with other stakeholders, have been actively engaged in identifying, communicating, and assessing emerging risks. Leadership continues to be actively engaged in an evolving operational environment that is supportive of the efforts put forth by faculty and staff. Additionally, members of the President’s Cabinet are actively engaged in the monitoring of the five risk focus areas identified in the FY22 CRWP.***

- **Policies, Standards, and Code of Conduct**

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.

***During this reporting period, the Policy Director has revamped the policy process, as well as oversee the transition of the policy database from a legacy system to the Policy Tech platform. This effort has provided the Policy Director and the CCO the opportunity to collaborate with the UNT System Administration Policy Manager. The migration from the legacy database to the Policy Tech application is complete.*** Policy management will continue to be a risk focus area for the campus FY22 CRWP.

- **Education and Training**

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.

***During this reporting period, Internal Audit engaged in a review of the training programs at all four institutions. The audit team met several times with the CCO, as well with other UNT Dallas key stakeholders. The report of their review and recommendations should be provided toward the end of January 2022. Throughout this period, UNT Dallas is working closely with the UNT Center of Excellence (COE) for training in building a more robust LMS. Courses are being identified and, as required—revised for incorporation into a UNT Dallas LMS library.***

- **Open 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 UNT World. 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 has required the active participation of Marketing & Communications. Throughout this reporting period, the OIC has worked closely with Marketing & Communications to provide timely compliance information, including announcements regarding upcoming mandated training.***

- **Monitoring and Auditing**

UNT Dallas is committed to continuous monitoring by implementing internal controls that allow for early detection and remediation of non-compliance within an organization. Audit activities serve to help ensure that operational management has in place internal controls that do not improperly bias the assessment of business processes.

***During this reporting period, Internal Audit (IA) completed several UNT Dallas reviews. Details of these reviews will be included in the IA quarterly update to the Board. IA has advised the OIC a comprehensive review of all four institutional Programs will begin in early January of 2022. The OIC continues to work closely with key stakeholders to ensure audit finding are being addressed in a timely and thorough manner.***

- **Enforcement Tools**

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.

***A review of investigation processes has begun with collaboration from Human Resources and the Office of General Counsel. This is a risk focus area that will be reported on quarterly. For this reporting period, reported concerns through the Trust Line were limited to two. Neither of these concerns rose to the level of requiring that the Board be advised. The required quarterly reports to the President for compliance with SB 212 were submitted.***

- **Responsive Initiatives**

Keeping in mind that a Program should be scalable, affordable, feasible, and enforceable, the OIC evaluates the effectiveness of the program and the seven FSGOs on a regular basis. This evaluation also examines emerging compliance challenges.

**During this reporting period, several areas were reviewed, including the need to assess and, as applicable, refine key components of the Program. Draft compliance assessment surveys have been completed.**

**FY22 Compliance Risk Work Plan (CRWP)**

<b>Compliance Targeted Areas</b>	<b>Commitment &amp; Initiatives</b>
<i>Compliance &amp; Integrity Program / Institutional Training</i>	UNT Dallas is committed to effectively addressing compliance issues, tracking changes, conflicting or unclear or inappropriate requirements, internal audit recommendations, trained staff & adequate financial resources, reporting & oversight, consistent & equitable enforcement, adequate processes & controls, & robust training.
<i>Investigation Processes/ Title IX Program</i>	UNT Dallas is committed to the highest ethical standards in its internal/external dealings; whistleblower process that include multiple reporting options; effective investigations & report tracking; retaliation against those reporting potential instances of violation of laws, rules, policies, or improper activities.
ADA Accommodations	UNT Dallas is committed to establishing responsive programs for students & employees with special needs, providing oversight & timely case reviews. This is area of particular concern because of the impact the COVID-19 pandemic has had on every member of the UNT Dallas community.
NAIA Compliance	With the introduction of women’s & men’s cross-country, track, & basketball, the University entered the world of intercollegiate athletics. UNT Dallas is committed to hiring competent & committed coaches, recruiting eligible student-athletes, identifying & effectively deploying financial & physical resources, & making sure a strong commitment to ethical behavior remains at the forefront. These all play a part toward ensuring the University remains in good stead with the NAIA.
Records Retention Management	UNT Dallas is committed to having in place an effective records retention management program. To that end; the OIC is conducting a review of records retention management to include, but not limited to: policies & procedures; training; list of designated records retention managers; retention schedules; open record laws; access to information; confidentiality; destruction of records; & litigation production requests



**CRWP FY22 Q1 Progress**

**Risk Focus Area Updates**

• **Compliance & Integrity Program/Institutional Training**

**Responsible Units/Stakeholders:** Senior Leadership & **Compliance**

**Commitment & Focus:** Review applicable applicable federal & state regulations, particularly THECB sections, Regent rules, System regulations, & UNT Dallas policies to identify gaps & take appropriate action to enhance effectiveness of Program.

**Risk Focus Champion(s):** Chief Compliance Officer

Tracking Indicators	Milestones & Dates	Expectations	Progress
TBD	Responsible Units/Stakeholders: <ul style="list-style-type: none"> <li>Establish &amp; Track Goals for Each Objective</li> </ul>	<ul style="list-style-type: none"> <li><b>TBD</b></li> </ul>	<ul style="list-style-type: none"> <li>Quarterly report to CEC &amp; BoR of tracking indicators with key metrics, completed milestones, &amp; updated risk assessment statement</li> </ul>

**FSGO Elements Addressed:**

**All**

**HE Risk Categories Impacted:**

Strategic, Operational, Financial, Reputational, **Compliance**

**Groups Impacted:**

Senior Leadership, Staff, Volunteers, Visitors, Community

**Applicable Guidance:**

UNT System Board of Regents Rule  
UNT System Regulation  
UNT Dallas Policy

• **Investigation Processes/Title IX Program**

**Responsible Units/Stakeholders:** Senior Leadership, **Compliance**, General Counsel, Human Resources, Internal Audit

**Commitment & Focus:** Verify allegations and complaints are being processed in accordance with applicable federal & state regulations, as well as applicable Regental rules, system-wide guidance, & UNT Dallas policies. Put in place a mechanism to provide greater visibility of the number and status of investigations throughout UNT World to senior leadership.

Verify UNT Dallas has in place programs, including an effective communications campaign, to provide individuals the means of reporting concerns without fear of retaliation.

**Risk Focus Champion(s):** Chief Compliance Officer

Tracking Indicators	Milestones & Dates	Expectations	Progress
<ol style="list-style-type: none"> <li>1. Review, update (as needed), and effectively communicate institutional grievance mechanisms and procedures.</li> <li>2. Review institutional procedures and protocols/ practices for whistleblower complaints and update as necessary.</li> <li>3. Determine and implement means to enhance system-wide coordination and collaboration of investigations, including sharing of best practices.</li> <li>4. Review current investigation and complaint processes to assess whether investigations are thorough, complete, timely, and fair.</li> </ol>	Responsible Units/Stakeholders: <ul style="list-style-type: none"> <li>• Establish &amp; Track Goals for Each Objective</li> <li>• Implement Monthly Investigations Summary Log (ISL) Report</li> </ul>	<ul style="list-style-type: none"> <li>• <b>TBD</b></li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly report to CEC &amp; BoR of tracking indicators with key metrics, completed milestones, &amp; updated risk assessment statement</li> </ul>

**FSGO Elements Addressed:** Structure & Governance/**Policies & Procedures/Training & Education**/Communications/Audit & Internal

**HE Risk Categories Impacted:** Controls/**Enforcement & Discipline/Response & Prevention** Strategic, Operational, Financial, **Reputational, Compliance**

**Groups Impacted:** Senior Leadership, Staff, Volunteers, Visitors, Community

**Applicable Guidance:** UNT System Board of Regents Rule 04.700; *Policy Prohibiting Discrimination*  
 UNT System Board of Regents Rule 04.110; *Reporting Suspected Wrongdoing*  
 UNT System Board of Regents Rule 05.100; *Complaint and Grievance Process*  
 UNT System Board of Regents Rule 07.100; *Institution Student Policies*  
 UNT System Board of Regents Rule 10.700; *Fraud Policy*  
 UNT System Regulation 02.1000; *Compliance and Integrity Program*  
 UNT Dallas Policies

• **ADA Accommodations**

**Responsible Units/Stakeholders:** Compliance & **Human Resources**

**Commitment & Focus:** Verify UNT Dallas is committed to establishing responsive programs for individuals with special needs, providing oversight & timely case reviews.

**Risk Focus Champion(s):** Chief Compliance Officer

Tracking Indicators	Milestones & Dates	Expectations	Progress
TBD	Responsible Units/Stakeholders: <ul style="list-style-type: none"> <li>• Establish &amp; Track Goals for Each Objective</li> <li>• Implement Monthly Investigations Summary Log (ISL) Report</li> </ul>	<ul style="list-style-type: none"> <li>• <b>TBD</b></li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly report to CEC &amp; BoR of tracking indicators with key metrics, completed milestones, &amp; updated risk assessment statement</li> </ul>

**FSGO Elements Addressed:** Structure & Governance/**Policies & Procedures/Training & Education**/Communications/Audit & Internal Controls/**Enforcement & Discipline/Response & Prevention**

**HE Risk Categories Impacted:** Strategic, Operational, Financial, Reputational, Compliance

**Groups Impacted:** Senior Leadership, Staff, Volunteers, Visitors, Community

**Applicable Guidance:** UNT System Board of Regents Rule  
UNT System Regulation  
UNT Dallas Policies



• **NAIA Compliance**

**Responsible Units/Stakeholders:**

Compliance & Athletics Director

**Commitment & Focus:**

The Intercollegiate Athletics Compliance Director must work to establish an environment of education & adherence to institution, conference, & NAIA regulations. This includes implementing a program to monitor intercollegiate athletics & ensure compliance with NAIA & conference rules & regulations, as well as applicable federal & state requirements.

**Risk Focus Champion(s):**

Chief Compliance Officer

Tracking Indicators	Milestones & Dates	Expectations	Progress
TBD	Responsible Units/Stakeholders: <ul style="list-style-type: none"> <li>Establish &amp; Track Goals for Each Objective</li> </ul>	<ul style="list-style-type: none"> <li><b>TBD</b></li> </ul>	<ul style="list-style-type: none"> <li>Quarterly report to CEC &amp; BoR of tracking indicators with key metrics, completed milestones, &amp; updated risk assessment statement</li> </ul>

**FSGO Elements Addressed:**

Structure & Governance/**Policies & Procedures/Training & Education**/Communications/Audit & Internal Controls/**Enforcement & Discipline/Response & Prevention**

**HE Risk Categories Impacted:**

Strategic, Operational, Financial, Reputational, Compliance

**Groups Impacted:**

Senior Leadership, Staff, Volunteers, Visitors, Community

**Applicable Guidance:**

UNT System Board of Regents Rule  
UNT System Regulation  
UNT Dallas Policies

• **Records Retention Management**

**Responsible Units/Stakeholders:** Senior Leadership, Legal, Human Resources, & **Compliance**  
**Commitment & Focus:** Verify that UNT Dallas has in place an effective records retention management program. Conduct a review of records retention management to include, but not limited to: policies & procedures; training; list of designated records retention managers; retention schedules; open record laws; access to information; confidentiality; destruction of records; & litigation production. Review applicable federal & state regulations, particularly THECB sections, Regent rules, System regulations, UNT Dallas policies to identify gaps & take appropriate action to enhance effectiveness of program.  
**Risk Focus Champion(s):** Chief Compliance Officer

Tracking Indicators	Milestones & Dates	Expectations	Progress
TBD	Responsible Units/Stakeholders: <ul style="list-style-type: none"> <li>Establish &amp; Track Goals for Each Objective</li> </ul>	<ul style="list-style-type: none"> <li><b>TBD</b></li> </ul>	<ul style="list-style-type: none"> <li>Quarterly report to CEC &amp; BoR of tracking indicators with key metrics, completed milestones, &amp; updated risk assessment statement</li> </ul>

**FSGO Elements Addressed:** All  
**HE Risk Categories Impacted:** Strategic, Operational, Financial, Reputational, **Compliance**  
**Groups Impacted:** Senior Leadership, Staff, Volunteers, Visitors, Community  
**Applicable Guidance:** UNT System Board of Regents Rule  
 UNT System Regulation  
 UNT Dallas Policies

**Appendix A:  
Compliance & Integrity Program (Program) Organizational Overview**

<b>UNT Dallas Compliance &amp; Integrity Program - Campus Structure (FY22 Q1)</b>		
<b>Campus Oversight &amp; Accountability</b> <b>President Bob Mong</b>		
<b>Campus Chief Compliance Officer</b> Tim Willette		
<b>Institutional Executive Compliance Committee</b>		
<b>President Bob Mong</b>		
Betty Stewart, Provost & EVP	Tim Willette, CCO	Arthur Bradford, CFO & EVP
<b>President's Cabinet</b> <b>President Bob Mong</b>		
Betty Stewart, Provost & EVP	Arthur Bradford, CFO & EVP	Monica Williams, VP-UA
Stephanie Holley, VP-SA&S	José da Silva, AVP & Dean of Students	Wanda Boyd, AVC-EDI/HR Executive Director
Michael Williams, Distinguished Leader in Residence	Angie Castillo, Executive Assistant to President	Tim Willette, Chief Compliance Officer
<b>Compliance Coordinating Committees/Other Operational Committees</b>		
Employee Training	Monitoring & Auditing	Reporting/Investigating
Principles of Community/Code of Conduct/Policies & Procedures/Standards		
Day-to-Day Operations/Preventive & Corrective/Works In Progress/Emerging Concerns		

