2016 Compliance Plan

March 2016

Dr. George C. Wright, President

Janet Gordon, System Ethics and Compliance Officer

2-11-2016
Date

3-30-16
Date
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INTRODUCTION – PRAIRIE VIEW A&M UNIVERSITY

Prairie View A&M University is a public, comprehensive land grant institution of higher education. The University was designated in a 1984 amendment to the Texas Constitution as an “institution of the first class.” It is dedicated to achieving excellence and relevance in teaching, research, and service. It seeks to provide a high quality educational experience for students and to invest in programs and services that address issues and challenges affecting the diverse ethnic and socioeconomic population of Texas and the world. With these responsibilities and goals comes the ever increasing pressures to comply with a complex array of regulations and to maintain an ethical and accountable culture. Thus, Prairie View A&M University has and will continue to invest resources to maintain a strong ethics and compliance program infrastructure that is based on its values including, but not limited to, access and quality, accountability, diversity, leadership, relevance and social responsibility.

In Prairie View A&M University’s Strategic Plan for 2015-2020, the President’s Message challenged employees to be relentless in developing and implementing strategies to effect a change in outcomes whether in behaviors, attitudes, job performance, resource utilization, customer care, rule and procedures compliance, or other outcomes. All of this is to enable the University to achieve the goal of effecting systemic, lasting change that moves the needle forward in areas where the University is idling or threatening to lose gains.

COMPLIANCE PROGRAM OVERVIEW

Prairie View A&M University started a Compliance Office in 2007. Since that time, the Office of University Compliance has incorporated new ideas and strategies in its efforts to serve as a resource and partner with the campus community in promoting an ethical and compliant environment. The Office of University Compliance is joined by other compliance program areas to provide a robust, university-wide compliance program. Specifically, the Office of University Compliance is responsible for providing leadership and oversight of compliance activities through its compliance program administrative responsibilities, audit liaison role, monthly statement of account reviews, compliance administrative reviews, training, and managing of hotline reports and investigations. The Office of University Compliance is also responsible for maintaining the University’s policy library and facilitating the development and updating of all university rules and administrative procedures.

Through all of its compliance programs, Prairie View A&M University continues to develop and improve its programs to ensure an ethical and compliant environment is maintained. While the University made progress last year in addressing the risks identified in its 2015 Compliance Plan, there is more to be done. The University’s 2015 Compliance Plan focused on four areas – improving operations in the University Police Department; developing and updating required University rules and procedures; developing an information technology plan; and ensuring key personnel were compliant with required research related trainings. The University Police Department made great strides in establishing processes and controls to ensure compliance with requirements, thus mitigating the University’s risks in this area. While the other three areas saw progress there is more to be done to reach the desired level of risk mitigation; therefore, these three areas continue as part of the University’s 2016 Compliance Plan. See Appendix I for the Compliance Plan Mitigation Reports completed by the subject matter experts for the four risk areas in the 2015 plan.
2016 COMPLIANCE PLAN RISK AREAS

The University’s 2016 Compliance Plan risk areas, along with the goals, strategies and metrics for each risk area, are listed below.

Culture of Compliance

A strong culture of compliance means having an overall environment that fosters ethical behavior and decision-making. A strong culture of compliance provides the cornerstone for ensuring that the University minimizes its risks for non-compliance with laws, policies, regulations, rules, procedures and other mandates. For 2016, to further develop and strengthen its culture of compliance, the University will focus on the following three areas:

I. Rules and University Administrative Procedures (UAPs)

Goals:

- Develop and/or update by September 30, 2016 all currently required University rules.
- Develop and/or update by January 31, 2017 all currently required university administrative procedures (UAPs).
- Review by January 31, 2017 all university administrative procedures that are not required by the System to ensure they are necessary and up-to-date.

Strategies:

- Office of University Compliance will work with the appropriate departmental contacts to ensure all required rules are updated and/or developed and all UAPs are updated and current. Use of an off-site workshop to facilitate more timely completion of the process for updating rules and UAPs will be considered.

Metrics:

- 100% of required rules and UAPs are completed through the University’s rule and procedure development process by September 30, 2016 and January 31, 2017, respectively.

II. Training

Goals:

- Ensure employees, including student workers, are current on all initial and refresher system required and job-specific required trainings.

Strategies:

- In TrainTraq establish job specific required training groups and use the system’s tracking capabilities to inform employees of required trainings. Continue to monitor required training reports to ensure compliance by all employees.

Metrics:

- At least 95% of employees are current on required trainings.
III. Communication

Goals:
- Identify effective ways to communicate information that supports a culture of compliance and ethics to the campus community.

Strategies:
- Office of University Compliance will work with the University Compliance Committee and other compliance areas to develop at least two new communication methodologies for communicating information related to compliance and ethics news.

Metrics:
- By July 2016, have two new communication methodologies in place.
- By December 2016, collect data from the campus community, via surveys or other means, to establish a baseline regarding the communication of information that supports a culture of compliance and ethics.

Research Compliance

Conducting sponsored research in compliance with pertinent ethical, legal and regulatory obligations is of the utmost importance. As stated in the University’s strategic plan, given its fourteen research centers, its five doctoral programs, and its legacy as a land grant institution, the expansion of the research component of the University’s mission may well prove to be another watershed event in the history of the University. For 2016, the University will focus on training, staffing, and IACUC and IBC reorganizations as outlined below:

I. Training (Continued from 2015 Compliance Plan)

Goals:
- Guide and reinforce completion of all trainings for all key personnel involved in using human subjects, vertebrate animals, and biosafety in research.

Strategies:
- Continue training key personnel (i.e. the Institutional Official, Compliance Committee Members, Office of Research Compliance staff, Principal Investigators, Personnel Active on Protocols) as appropriate using in-person, didactic, seminar-based, workshop-based, experience-based or online trainings.
- Continue documenting training completion for personnel actively engaged in research protocols.

Metrics:
- A training completion rate of at least 90% for key personnel.
II. *Inadequate Staffing*

Goals:
- Hire a Program Coordinator II to manage IRB, IACUC and IBC committee documentation and meeting cycles.

Strategies:
- Post position, interview and hire a Program Coordinator II.

Metrics:
- Goal will be considered complete when the Program Coordinator II has been hired, trained intensively and has performed successfully in the position for at least 90 days.

III. *IACUC Reorganization*

Goals:
- Complete reorganization of the IACUC program.

Strategies:
- Complete standard operating procedures (SOPs) for IACUC and Occupational Health Program.
- Update IACUC website with current information.
- Complete new IACUC protocol and annual review forms.

Metrics:
- The SOPs for the IACUC and Occupational Health Program will be approved.
- Approved IACUC SOPs will be posted on the website.
- The IACUC website will include detailed instructions for researchers on IACUC processes.
- New IACUC protocol and annual review forms will be in use and posted on the website.

IV. *IBC Reorganization*

Goals:
- Complete reorganization of the IBC program.

Strategies:
- Complete SOPs for IBC Program.
- Update IBC website with current information.
- Complete new IBC protocol and annual review forms.
- Begin biosafety lab certification program.
Metrics:
- The SOPs for the IBC will be approved and posted on the IBC website.
- The IBC website will include detailed instructions for researchers on IBC processes including lab certifications.
- New IBC protocol and annual review forms will be posted on the IBC website.
- All IBC covered labs will be certified.

Export Control Program

With global activities comes risks related to compliance with all of the export control regulatory requirements. The University must establish an export control program to ensure its employees are aware of and comply with export control requirements. For 2016, the University will focus on the following areas:

I. Export Control Manual

Goals:
- Completion of an Export Control Manual.
- Completion of functional area procedures regarding export control requirements (i.e. travel, human resources, research, immigration).

Strategies:
- Develop an export control manual that includes appropriate functional area procedures. Manual should be submitted for review and approval.

Metrics:
- The export control manual will be completed and approved by October 2016.
- The functional area procedures will be completed by April 2016.

II. Export Control Training Program

Goals:
- Establish an export control training program for faculty, staff and students.

Strategies:
- Conduct an assessment of the export control training needs for the various constituency groups at the University and establish a training program.

Metrics:
- An export control training program will be in place and active for faculty, staff and students in 2016.
Information Technology (IT)

IT governance and security controls and processes are important to ensure compliance with various federal and state laws related to information technology, information security and privacy, as well as, to ensure that the University’s information resources are meeting the needs of the University and are adequately protected and secure. For 2016, the University will focus on the following:

I. IT Technical Plan  (Continued from 2015 Compliance Plan)

Goals:
- Complete IT Technical Plan

Strategies:
- Information Technology Governance Committee (ITGC) will develop and finalize the IT Technical Plan by April 15, 2016.

Metrics:
- Technical Plan is completed and approved.

II. IT Risk Assessment

Goals:
- Perform a risk assessment on all mission critical systems.

Strategies:
- Complete the TAMUS/DIR approved tool Archer) by September 31, 2016 to identify the level of risk within the University’s mission critical systems.

Metrics:
- A completed risk assessment for mission critical systems and mitigation activities.

Account Reconciliations

To protect the University’s resources and to instill financial integrity, the University must have a documented reconciliation process for its accounts to ensure transactions are processed accurately, completely, and timely. For 2016, the University will focus on the following:

Goals:
- Departments will comply with the University’s account reconciliation/monthly statement of account review (MSA) requirements and management will monitor to ensure compliance.
Strategies:

- Departments will conduct annual self-assessments to evaluate their reconciliation/MSA processes.
- Departments will ensure employees are trained on appropriate reconciliation/MSA processes and controls.
- Business Affairs will provide direction and support to departmental staff regarding reconciliation/MSA controls.
- The Office of University Compliance will conduct 12 MSA reviews.

Metrics:

- 12 MSA reviews completed.
- Self-assessments completed by applicable departments with corrective actions identified for any problem areas.

**Safety and Security**

Prairie View A&M University is committed to providing a safe campus environment for students, faculty, staff and visitors. For 2016, the University will focus on the following two areas due to recent changes in regulatory requirements:

1. **Concealed Handgun – Campus Carry**

Goals:

- Provide information and training to the campus community related to the University’s new rule on license holders carrying a concealed handgun on campus.
- Monitor to ensure that the campus community is complying with statutory requirements related to carrying a concealed handgun on campus.
- Ensure requirements in these Acts related to reporting of incidents are included in the University’s Annual Security and Fire Safety Report.

Strategies:

- Utilize the University’s website, and various other means, to inform the campus community about the provisions of S.B. 11 and other pertinent state laws, the University’s established rules and requirements, and any other helpful information.
- Provide new and existing training materials relative to the carrying of a concealed handgun on campus. The materials should be readily accessible and publicized.
- Develop SOPs covering such topics as signage requirements in areas where the University prohibits the carrying of concealed handguns, communication of concealed handguns related information, maintenance of website information, and monitoring for compliance with all concealed handgun regulatory requirements.
Metrics:

- Information and training materials available to the University community for fall 2016.
- Carrying concealed handgun related procedures developed and available by September 1, 2016.

II. Campus Sexual Violence Elimination (SaVE) Act/ Violence Against Women (VAWA) Reauthorization Act/ Clery Reporting

Goals:

- Ensure program and training requirements in Campus SaVE Act and Violence Against Woman Act are being met for all campuses.
- Ensure requirements in these Acts related to reporting of incidents are included in the University’s Annual Security and Fire Safety Report.

Strategies:

- Establish a responsible party(s) for overseeing and monitoring activities related to the program and training requirements in the SaVE and VAWA Acts including primary and secondary prevention, bystander intervention and victim advocate.
- Establish a responsible party(s) for overseeing and monitoring activities related to the program and training requirements in the SaVE and VAWA Acts including primary and secondary prevention, bystander intervention and victim advocate.
- Ensure the University’s Relationship and Sexual Violence Prevention Program is operating as intended.
- Establish clear lines of communication for the sharing and reporting of incidents to the Clery Act Compliance Coordinator for inclusion in the Annual Security and Fire Safety Report.

Metrics:

- Incidents required to be reported are included in the 2016 Annual Security and Fire Safety Report.
- Program requirements are being met and responsible parties have been identified.
- Monitoring and oversight is occurring and is documented.
- Campus community has received training materials as required.
SUMMARY

Prairie View A&M University is committed to continue in its endeavors to develop and maintain a proactive compliance program that is based on leadership, integrity, accountability, monitoring, communication, self-assessment, and training. To address the risks identified in the 2016 plan and to achieve the goals identified, the University will invest the required resources with collaboration of the campus community and support from executive management.

At Prairie View A&M University, the compliance programs are dedicated to monitoring compliance activities to ensure the University is constantly working to assess, monitor, and mitigate risks. Together we want to achieve a culture of compliance that meets the highest standards.

In Appendix II you will find graphs related to the University’s overall compliance program and the six risk areas included in the 2016 Compliance Plan. These graphs use the System Ethics and Compliance Office’s methodology to evaluate/assess the University’s risk mitigation and compliance program(s) efforts. Also attached is the definitions related to the methodology for measuring an effective compliance program which was used to create the graphs.
APPENDIX I
COMPLIANCE PLAN MITIGATION REPORT

Compliance Risk:

University Police Department
Campus Safety & Security

The purpose of this document is to honestly evaluate the current state of this compliance risk. If goal(s) are being achieved, explain how. If goal(s) have not yet been met, explain why.

The University Police Department’s goal was to transition into a police agency that operates in accordance with the Texas Police Chief’s Association’s Law Enforcement Best practices. While our transition is not complete, Police officers have received training and will continue to receive the necessary training on how to correctly respond to calls and how to correctly take reports.

We have updated the UPD procedures manual for the department to ensure it addresses issues related to professionalism and standardized police principles related to everything including investigating crime scenes and evidence collection.

The property and evidence room has been internally audited and all evidence and property has been cataloged.

The quality of our reports have significantly improved and officer training is ongoing.

Police operations will be monitored and documented through regular staff meetings and daily reviewing of paper work and processes by command staff. We review data based on officer initiated calls, dispatched calls, quality of reports, cases filed in the district attorney’s office, arrest, prosecutions and citations written to measure improvements and productivity.

Submitter’s Name

Zena Stephens, Police Chief

Submitter’s Signature

\[Signature\]

Date

1/28/2016
**COMPLIANCE PLAN MITIGATION REPORT**

**Compliance Risk:**

All required University Rules and Administrative Procedures are developed or updated and posted to the Policy Library.

The purpose of this document is to honestly evaluate the current state of this compliance risk. If goal(s) are being achieved, explain how. If goal(s) have not yet been met, explain why.

As of 12/31/2015, 12 of the 25 (48%) required Rules were current and posted to the Policy Library. During 2015, 3 Rules were developed and/or updated and approved. Currently, 3 Rules are pending OGC review and approval, and the University is actively working on 4 Rules.

As of 12/31/2015, 59 of the 74 (80%) required University Administrative Procedures (UAPs) were current and posted to the Policy Library. During 2015, 19 UAPs were developed and/or updated and approved. Currently, the University is actively working on 6 UAPs.

The Office of University Compliance facilitates the process to develop and/or update University Rules and UAPs. Monthly status update reports are distributed to the department heads of the responsible offices as well as executive management.

The Office of University Compliance also provides monthly communications via campus announcements of changes to System Policies and Regulations and University Rules and UAPs.

Although we have not met our goal of having all of the required Rules and UAPs developed and/or updated, I believe that we have made significant progress in moving towards our goal.

Submitter's Name

Craig L. Nunn

Submitter's Signature

Date

2/1/16
**COMPLIANCE PLAN MITIGATION REPORT**

**Compliance Risk:**

The 2015 Ethics and Compliance Plan goal for Research Compliance was to guide and reinforce completion of required trainings for all key personnel involved in using human subjects, vertebrate animals, and biosafety in research.

The purpose of this document is to honestly evaluate the current state of this compliance risk. If goal(s) are being achieved, explain how. If goal(s) have not yet been met, explain why.

The 2015 Goal for Research Compliance was achieved as evidenced by the following accomplishments.

**IRB:**
- All IRB Members have completed the required CITI IRB Member training course as of June 2015.
- IRB Members have read all 33 new Standard Operating Procedures for the IRB as of June 2015. (Confirmations given via email responses.)
- On June 4, 2015, the DRC presented an in-person IRB training session to the College of Nursing Capstone students and faculty.
- Two Faculty and Staff IRB Training Sessions were given on August 31, 2015. Approximately 60 faculty, staff, and students attended.
- Director of Research Compliance passed the Certified IRB Professional exam offered by Public Responsibility in Research & Medicine (PRIM&R) in September 2015.
- The IRB Chair and one Non-Scientist member attended the PRIM&R IACUC Administrator 101 and 201 Conference on September 15 – 17 and discussed what they learned with the committee. (See Meeting Minutes of November 11, 2015 IRB Meeting).
- IRB SOPs reviewed again and formally approved by the committee on December 9, 2015.

**IACUC:**
- All IACUC members except one have completed the online CITI IACUC Members, Chairs and Coordinators training courses.
- All IACUC members began training on PHS Policy for the Humane Care and Use of Animals on August 27, 2015. All new protocols reviewed at IACUC meetings since then are reviewed against the seven required principles contained in PHS Policy IV, C, 1., a.-g.
- The Director of Research Compliance, Program Coordinator and Non-Scientist member of the IACUC attended the PRIM&R IACUC 101 &301 Conference in Honolulu Hawaii on September 3-4, 2015.
- Eight IACUC Members were training on basic IACUC roles and functions at the September 8th IACUC meeting.
- On November 10, 2015, the Director of Research Compliance held a training session on the new IACUC protocol form and the ethics behind the questions for staff and faculty.
- On December 7-8, 2015, the Attending Vet, the Institutional Official, the IACUC Chair, two IACUC members, three alternate IACUC members, and one scientist for the College of Agriculture attended the Scientists Center for Animal Welfare Conference in San Antonio.
IBC:
- All IBC members except 2 have completed the online CITI IBC Members training course.
- Several IBC Members have completed reading required chapters of the March 2013 NIH Guidelines and the BMBL.
- Bruce Whitney training the IBC committee in person on protocol review in the September 25, 2015 IBC Meeting.

All Committees:
- The Program Coordinator continues to confirm all training for IRB, IACUC and IBC protocols before issuing approval letters. (Training is confirmed by certificates printed and tracked on a training spreadsheet.)
- On August 18, 2015, the Director of Research Compliance (DRC) presented a brief training session at the College of Agriculture and Human Sciences Orientation Day. The session covered the IRB, IACUC and IBC committees.
- On May 19, 2015, the DRC presented a training session for IRB, IACUC and IBC committees at the Grant Writing Workshop on the Northwest Campus. Approximately 60 faculty attended that day.

Submitter’s Name

Donna J. Pulkrabek

Submitter’s Signature

[Signature]

Date

2/9/16
COMPLIANCE PLAN MITIGATION REPORT

Compliance Risk:

Information Technology and Governance Structure - this category relates to the provision of information technology infrastructure and providing services to all areas of the University. This includes issues related to duplication of effort, decentralization of information technology functions through the campus, and the ability to ensure compliance with policies and procedures and TAC 202 requirements.

Goal: IT Governance Committees (ITGC) will develop a three year Technology Plan in-line with our IT Strategic Plan. The plan will address areas such as infrastructure/network, enterprise applications, mobile applications, desktop support, website management, etc.

Metrics: we will review progress of the Technology Plan document quarterly and/or as needed to ensure progress is being made effectively and efficiently with the plan. We will review meeting minutes of the ITGC to verify progress of the plan.

The purpose of this document is to honestly evaluate the current state of this compliance risk. If goal(s) are being achieved, explain how. If goal(s) have not yet been met, explain why.

IT Governance Committee (ITGC) has identified six major categories and assigned Team Leads to develop three year Technical Plan. However, PVAMU is currently working on new University Strategic Plan, which will be completed by March 2016. After presentation by committee members working on the strategic plan and discussion within ITGC, ITGC has decided to defer IT Technical Plan until February 2016. This will allow ITGC to better align the IT initiatives with University goals/vectors.

Progress on IT Technical Plan: ITGC met with Dr. Tim Coley (IT Consultant) in December 2015. Team leads had one-on-one meeting with Dr. Coley and Mr. Asghar (ITGC Chair) and discussed planning process and templates (required information) for the plan. Team leads will submit required documentation by February 15, 2016. ITGC will finalize IT Technical Plan by February 29, 2016.

Submitter’s Name

Midhat Asghar

Submitter’s Signature

Date

1-25-16
APPENDIX II
Measuring an Effective Compliance Program: 1 - Inert; 2 - Emerging; 3 - Growing; 4 - Mature
Measuring an Effective Compliance Program: 1 - Inert; 2 - Emerging; 3 - Growing; 4 - Mature
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Measuring an Effective Compliance Program: 1 - Inert; 2 - Emerging; 3 - Growing; 4 - Mature
Information Technology

- Polices and Procedures
- Oversight
- Constituent engagement
- Training
- Communication
- Internal Monitoring
- Corrective Action Plans
- Risk assessments

Measuring an Effective Compliance Program: 1 - Inert; 2 - Emerging; 3 - Growing; 4 - Mature
Account Reconciliations

Measuring an Effective Compliance Program: 1 - Inert; 2 - Emerging; 3 - Growing; 4 - Mature
Measuring an Effective Compliance Program: 1 - Inert; 2 - Emerging; 3 - Growing; 4 - Mature
## Annual Compliance Program - Macro Assessment Tool

The chart below identifies the elements of an Effective Compliance Program as identified in the Federal Sentencing Guidelines.

**Directions:** Please rate each element as it applies to your specific area of compliance oversight.

<table>
<thead>
<tr>
<th>Element of an Compliance Program</th>
<th>1 (INERT)</th>
<th>2 (EMERGING)</th>
<th>3 (GROWING)</th>
<th>4 (MATURE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Risk Assessments</td>
<td>Little awareness of risk</td>
<td>Compliance and risk receive attention when a violation occurs</td>
<td>Establishment of enterprise risk assessment framework</td>
<td>Risks identified, anticipated, avoided, and/or mitigated on a continuous basis</td>
</tr>
<tr>
<td>2. Corrective Action Plans</td>
<td>Ad hoc, inconsistent, inadequate or lacking reactions to violations</td>
<td>Reactive “put out fires” mentality; realizing need to respond appropriately to violations</td>
<td>Developing mechanisms and procedures for discovering and responding to violations</td>
<td>Appropriate responses and corrective actions implemented when violations are discovered</td>
</tr>
<tr>
<td>3. Internal Monitoring</td>
<td>No systematic approach to compliance</td>
<td>Compliance programs developed or evaluated as problems arise</td>
<td>Establishment of compliance programs</td>
<td>Ongoing operation and monitoring of established compliance programs</td>
</tr>
<tr>
<td>4. Communication</td>
<td>Lacking or broken and distrustful communication over ethics and compliance</td>
<td>Constituents realize the need to communicate about ethics and compliance</td>
<td>Improving lines of internal communication; developing mechanisms for reporting</td>
<td>Clear, efficient, and open internal communication mechanisms and attitudes</td>
</tr>
<tr>
<td>5. Training</td>
<td>Ad hoc, sporadic, or non-existent training in ethics and compliance</td>
<td>Training activities in development and early stages of application</td>
<td>Training activities developed and administered at appropriate levels</td>
<td>Training activities periodically updated, efficiently administered and recorded</td>
</tr>
<tr>
<td>6. Constituent Engagement</td>
<td>No compliance structure, officers or committees</td>
<td>Constituents begrudgingly cooperate with regulators and newly established compliance officers and committees</td>
<td>Constituents open with regulators and compliance officers and committees</td>
<td>Constituents proactively engage with regulators and compliance officers</td>
</tr>
<tr>
<td>7. Oversight</td>
<td>Constituents including high-level personnel not consciously interested in compliance</td>
<td>Constituents ambivalent or partly essential about compliance requirements but growing in awareness of its importance</td>
<td>Constituents understand the importance of compliance and their responsibilities for compliance and ethics</td>
<td>Constituents invested in compliance; high level personnel oversee it</td>
</tr>
<tr>
<td>8. Policies &amp; Procedures</td>
<td>Few or no policies and procedures</td>
<td>Underdeveloped or unenforced policies and procedures</td>
<td>Policies and procedures developed to cover substantive operations</td>
<td>Policies and procedures promulgated, implemented and periodically reviewed and updated</td>
</tr>
</tbody>
</table>