

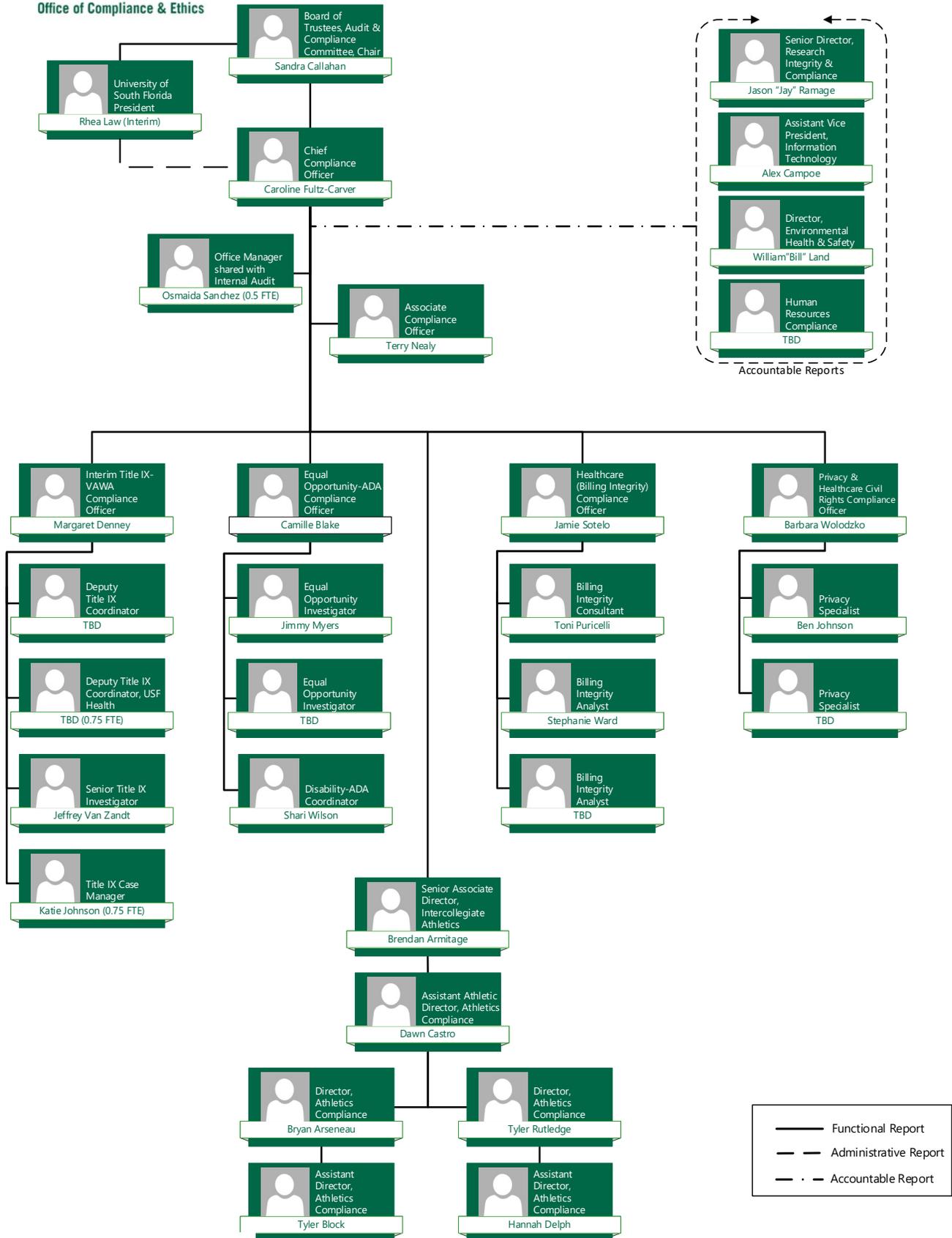
A photograph of a brick sign for the University of South Florida. The sign features the university's name in green and white letters. Below the name is a circular seal with a globe, a sun, and the words 'TRUTH' and 'WISDOM'. The year '1956' is also visible. The sign is set against a background of green trees and a blue sky.

2021 ANNUAL REPORT

OFFICE OF COMPLIANCE AND ETHICS

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2021 ANNUAL REPORT

USF Office of Compliance & Ethics

The University of South Florida created a compliance and ethics program in 2007 as a component of University Audit & Compliance (UAC) with the appointment of a Chief Compliance Officer (CCO). USF was the first institution within the State University System to implement a compliance and ethics program. The CCO was charged by the USF President and the USF Board of Trustees (BOT) to create and maintain an effective compliance and ethics program based on best practices to prevent, monitor, detect, and respond to non-compliance; and recommend corrective actions to fully meet regulatory requirements. In 2017, UAC separated into two entities: USF System Audit and the USF System Compliance & Ethics Program. This separation was made in accordance with [Board of Governors \(BOG\) Regulation 4.003](#), a regulation based on [Chapter 8, Part B, Section 2\(b\) of the Federal Sentencing Guidelines](#); the [Florida Code of Ethics for Public Officers and Employees](#); and industry best practices. With the consolidation of our three separately accredited institutions into one USF in 2020, USF System Audit became the Office of Internal Audit and the USF System Compliance & Ethics Program became the Office of Compliance & Ethics (“Compliance & Ethics”). During 2021 the following compliance programs, whose directors or unit representative held an accountable reporting relationship to the CCO, began reporting directly to the CCO: Athletics, Equal Employment Opportunity, Disability and Americans with Disabilities Act, Healthcare (Billing Integrity), Privacy and Healthcare Civil Rights, and Title IX.

This annual report summarizes the activities of Compliance & Ethics from January 1, 2021, to December 31, 2021. This report is organized by the “essential elements” for an effective compliance and ethics program as prescribed by the Federal Sentencing Guidelines and fulfills our annual reporting requirements in accordance with BOG Regulation 4.003 and our USF Board of Trustees (BOT)-approved [Program Plan](#).

Element I: Governance & High-Level Oversight

The University of South Florida addresses this element through the BOT Audit and Compliance Committee, the Office of Compliance & Ethics, and the Compliance Officers Workgroup.

A. Board of Trustees Audit and Compliance Committee

In accordance with BOG Regulation 4.003, the BOT Audit and Compliance Committee (the “BOT ACC”) has audit and compliance oversight responsibilities for the University of South Florida. The [BOT ACC Charter](#) outlines these responsibilities.

B. Office of Compliance & Ethics

Compliance & Ethics reports functionally to the BOT ACC and administratively to the USF President. This reporting relationship ensures the independence of Compliance & Ethics and assures adequate consideration of its compliance and ethics recommendations. The purpose, authority, and responsibilities of Compliance & Ethics are set forth in the following policy, charter, and program plan pursuant to Chapter 8, Part B, Section 2(b) of the Federal Sentencing Guidelines and BOG Regulation 4.003:

- [USF Policy 0-026: Office of Compliance & Ethics](#) provides our compliance and ethics program with the authority to coordinate and manage all USF compliance and ethics activities.
- [USF Office of Compliance & Ethics Charter](#) identifies the purpose, authority, and responsibilities of our compliance and ethics program.
- [USF Compliance & Ethics Program Plan](#) (“Program Plan”) summarizes the current status of our compliance and ethics program

C. Compliance Officers Workgroup

The Compliance Officers Workgroup assists the CCO in maintaining an effective and broad-based program designed to prevent, monitor, and detect areas of non-compliance and, when necessary, to fully meet compliance requirements and recommend corrective actions. At the onset of 2021, this workgroup was comprised of senior compliance officers in the following “high-risk” compliance units within USF.

- Athletics Compliance
- Diversity, Inclusion & Equal Opportunity
- Environmental Health & Safety
- Professional Integrity Office, USF Health
- Research Integrity & Compliance
- Information Technology Security

In April 2021, USF took unprecedented steps to reimagine Diversity, Inclusion & Equal Opportunity (DIEO) in accordance with its commitment to further strengthen the University’s diversity, equity, and inclusion efforts. As part of USF’s commitment to best practices, the USF President redirected the following compliance functions within DIEO to report directly to the Office of Compliance and Ethics: Equal Employment Opportunity (EO), Title IX, and Disability/Americans with Disabilities Act (ADA). Prior to unification, these compliance functions had an accountable reporting relationship to the CCO via the EO Director position. The remaining diversity, equity, and inclusion functions of DIEO were placed under the leadership of an Interim Vice President for Institutional Equity under a new office named the Office of Diversity, Equity and Inclusion (DEI). These compliance function unifications aimed to provide a better, more seamless experience for

our students, faculty, and staff; help USF maintain its commitment to equity by focusing and resourcing EO, ADA, and Title IX compliance; and streamline the processes for these essential university functions.

The EO and ADA compliance functions were joined together into a new compliance program called EO-ADA Compliance. The responsibilities of the EO Director position were expanded to include ADA compliance and the position was reclassified as the EO-ADA Compliance Officer responsible for EO-ADA Compliance. Title IX compliance functions were joined with Violence Against Women Act (VAWA) compliance functions, historically housed in Compliance & Ethics, into a new compliance program called Title IX-VAWA Compliance. The responsibilities of the Title IX Coordinator position were expanded to include VAWA compliance and reclassified as the Title IX-VAWA Compliance Officer responsible for Title IX-VAWA Compliance.

In August 2021, Athletics Compliance and USF Health's Professional Integrity Office (PIO) unified with Compliance & Ethics. The PIO encompassed two compliance programs: the Billing Integrity Program and the HIPAA Privacy Program. These compliance programs were renamed upon joining Compliance & Ethics as the Healthcare Compliance Program and the Privacy and Healthcare Civil Rights Compliance Program, respectively. The director positions for these programs were reclassified as the Healthcare Compliance Officer and Privacy & Healthcare Civil Rights Compliance Officer, respectively.

Due to these governance changes, the resultant Compliance Officer Workgroup is comprised of the three remaining senior compliance officers in the following "high-risk" compliance functions who retained their accountable reporting relationships to the CCO:

- Environmental Health & Safety
- Research Integrity & Compliance
- Information Technology Security

Brief descriptions of accountable and direct reporting compliance programs and highlights from this reporting period are provided below.

Athletics Compliance

Athletics Compliance ensures compliance with National Collegiate Athletic Association (NCAA) and American Athletic Conference (AAC) rules and associated USF regulations and policies through its education, monitoring, and enforcement efforts. During the 2021-22 academic year, Athletics Compliance provided 240 in-person and virtual rules educational sessions. These sessions educated 700+ athletics employees, student-athletes, on-campus constituents, and external constituents. During this reporting period, Athletics Compliance drafted and submitted 19 waivers (NCAA and AAC waivers combined). Of these 19 waivers, 17 (89%) were approved and two were denied (11%).

NCAA Major Infractions Case

On October 29, 2021, the NCAA publicly released its Negotiated Resolution concluding its major infractions case against the University related primarily to multiple rules violations by football and women's basketball occurring between 2017 and 2020. The case resulted in several sport-specific penalties as well as three years of probation for the University. In response, the University implemented several best practice initiatives aimed at mitigating future compliance issues including, but not limited to, the following: increasing athletics compliance staff by 50%; relocating a full-time athletics compliance staff member to the Muma Basketball Center; centralizing the athletics compliance reporting structure such that it directly reports to the Office of Compliance & Ethics; and fortifying rules education and monitoring programs.

New Name, Image, and Likeness Statute

Florida Statute, §1006.74, Intercollegiate Athlete Compensation and Rights, went into effect on July 1, 2021. This statute made it permissible for current student athletes at any Florida institution to use their name, image, and likeness ("NIL") for monetary gains. Previously, the NCAA's guiding amateurism principles and subsequent bylaws prohibited the use of student athletes' NIL for their own monetary gain. However, the NCAA reversed course on July 1, 2021, and began allowing student athletes to follow their state's NIL legislation. The new statute requires the University to adhere to the following:

- 1) USF must provide the opportunity for up to five (5) hours of life skills, financial literacy, and branding education to our current student athletes.
- 2) USF employees may not "cause" compensation and, thus, USF staff cannot have any direct or indirect involvement in the securing or arranging of NIL deals or agreements.
- 3) USF may not reduce or cancel an athletics scholarship because of the value of a NIL deal a student athlete receives.
- 4) Student athletes must disclose their NIL deals and transactions through a centralized system outlining the details of the arrangement.
- 5) NIL deals cannot be used as either a recruiting inducement or as pay-for-play.

USF Athletics contracted a digital branding company, INFLCR, to provide a software platform which aids our student athletes in navigating the NIL landscape and assists them with NIL opportunities. The contractual relationship between INFLCR and USF Athletics provides Athletics Compliance with a disclosure monitoring platform for NIL deals involving student athletes pursuant to Florida Statute, §1006.74. This platform also provides student athletes with on demand educational videos related to helping them build their brand and financial literacy as well as an external marketplace for them to explore NIL opportunities.

From July 1, 2021, to December 31, 2021, there were 114 total NIL-related transactions using the new INFLCR platform. Student athletes' transaction types included sponsored

social media posts, product reviews, private lessons, camps and clinics, apparel endorsements, and appearances and autograph events. The total transactional value for all student athletes during this period was \$13,355.74.

Environmental Health and Safety

USF Environmental Health and Safety (EH&S), a department within the Division of Facilities Management, ensures potential safety and environmental hazards are properly mitigated or remediated in accordance with applicable federal, state, and local requirements; USF policies, procedures, guidelines; and industry best practices. EH&S serves as the liaison between the University and external agencies and provides environmental health and safety awareness and compliance training. EH&S administers multiple programs to achieve this end. Some highlights from FY2020-2021 include:

- Provided safety and compliance training to approximately 7,703 faculty, staff, students, and affiliates via classroom-based and online training courses.
- Conducted approximately 84 emergency evacuation drills and 44,712 fire extinguisher inspections (3,726/month); provided Fire Safety Education and Training sessions for approximately 110 individuals; and, issued 12 hot work permits.
- Performed 199 laboratory and facility safety/compliance related inspections (387 deficiencies; 97% corrected to date). Tested 691 fume hoods and conducted 37 laboratory or research related incident investigations.
- Coordinated the compliant management, treatment, and/or disposal of approximately 79,314 pounds of chemical waste, 6,936 pounds of pharmaceutical waste, and 3,498 containers of biomedical waste for the University.
- Facilitated the following external regulatory agency inspections:
 - 1 inspection by the Florida Department of Health (biomedical waste).
 - 13 inspections by the Environmental Protection Commission (regulated storage tanks and industrial wastewater compliance).
 - 261 fire and life safety code inspections by the Office of the State Fire Marshal (1.4 violations/inspection).
- Evaluated or mitigated approximately 212 Industrial Hygiene/Occupational Safety related issues and/or complaints (i.e., asbestos, ergonomics, mold, noise, odor, etc.).
- Provided permitting and code or safety-related inspection support for approximately \$95.1 million in construction-related value for the University.
- Processed or coordinated approximately 207 workers' compensation claims to ensure injured or ill workers receive proper medical treatment, disability leave, and supplemental wages, as necessary.
- Successfully completed the renewal of the Industrial Wastewater Permit for the Tampa Campus, effectively reducing the frequency of effluent monitoring requirements for several parameters.

- Developed and trained users on best management practices (BMPs) for the closed-loop water recycle system operated by USF Athletics and Recreation Departments on the Tampa campus. The BMPs and associated training assists the facility with maintaining compliance with permit requirements as well as effective operation to minimize pollution potential.
- Completed a Risk & Resilience Assessment and Emergency Response Plan (ERP) for the Tampa campus public water system (PWS) in order to satisfy new regulatory requirements as well as prepare for potential emergencies or issues that could affect the campus water supply.
- Supported the MDH Ambulatory Surgical Center team by conducting facility walkthroughs and maintenance record reviews with life safety inspectors to ensure continued Agency for Health Care Administration (AHCA) licensure and Accreditation Association for Ambulatory Healthcare (AAAHC) accreditation.
- Updated the University's regulatorily-required Spill Prevention, Control, and Countermeasure (SPCC) plan to include new oil filled equipment and updated spill prevention practices.

Research Integrity & Compliance

Research Integrity and Compliance (RIC), a division within USF Research & Innovation, ensures research performed within USF is safe, ethical, and complies with all applicable laws, regulations, University policies, and best practices. Highlights from FY2020-2021 include the following, organized by compliance oversight function:

Conflict of Interest in Research

- Reviewed 117 project-specific disclosures reporting research-related financial conflicts of interest. Of these, 88 (75%) required a management plan.

Human Subjects Research

- The Institutional Review Boards (IRBs) reviewed and approved 1,092 initial human subjects research study applications (816 Social Behavioral studies and 276 Biomedical studies).
- Reviewed and signed off on 191 human subjects research applications where USF investigators requested to use an external IRB.
- Provided live and online training to 4,210 individuals engaged in human subjects research.

Animal Care and Use

- The Institutional Animal Care and Use Committee (IACUC) reviewed and approved 263 new projects involving the use of live, vertebrate animals, including time-sensitive projects concerning COVID rapid response; 417 procedural changes; 699 amendments to approved protocols; and conducted 425 continuing reviews of previously approved projects.
- Certified 265 new individuals to work with animals.
- Performed 15 pre-performance reviews with veterinary staff for specialized projects.
- Processed 10 Memoranda of Agreement for inter-institutional collaborations involving live, vertebrate animals.
- Conducted inspections of 469 separate spaces used in animal research projects. Spaces included the central vivarium (housing areas, surgical suites, and procedural areas) and research laboratories where animals are housed and used. Inspections were conducted during semiannual program reviews and inspections; post-approval monitoring; and during the setup of new research spaces.

Biosafety

- Performed 101 inspections of laboratories in which infectious biological agents, biological toxins, select agents/toxins, and/or recombinant or synthetic nucleic acid molecules are being used.
- Provided biosafety training to 880 individuals.
- Responded to and investigated six biosafety incidents.
- The Institutional Biosafety Committee (IBC) reviewed and approved 75 new research projects; reviewed and approved 235 amendments to existing research protocols; and conducted 133 continuing reviews of ongoing projects.
- Coordinated with the Centers for Disease Control and Prevention (CDC) Division of Select Agents and Toxins (DSAT) on a hybrid inspection of USF's select agent program.

Scientific Diving and Boating Safety

- Coordinated training, planning, and execution of 72 divers to account for over 1,971 research dives through the safe passage of over 4,800 miles underway.

Equal Opportunity and Americans with Disabilities Act Compliance

EO-ADA Compliance is responsible for ensuring USF workplace and academic environments are free from discrimination, harassment, and retaliation based on protected categories of race, color, sex (including sexual harassment), national origin, sexual orientation, religion, age, disability, marital status, gender identity and expression, and veteran's status, as provided under Titles VI, VII, and II. EO-ADA Compliance has jurisdiction to engage in conflict resolution and/or investigate complaints that fall under the following anti-discrimination policies: [USF Policy 0-007, Diversity and Equal Opportunity: Discrimination and Harassment](#) and [USF Policy 0-108, Disability and Accommodations](#). EO-ADA Compliance is also responsible for preparing the annual Affirmative Action Plan. Some highlights from this reporting period include:

- Received 86 reports alleging discrimination based on a protected class of which 17 were investigated. Of those investigated, one (6%) was substantiated and 16 (94%) were unsubstantiated based on the preponderance of evidence standard.
- Maintained Equal Opportunity Liaisons (EOLs) list and revised as needed to facilitate EOLs were identified, notified they were EOLs, and ensured their completion of mandatory online EOL training.
- Completed six Civil Rights Form checklists on behalf of departments receiving federal grant monies. This checklist is required by federal entities in order for departments to be eligible for their federal funding.
- Served as member of USF President's Staff Salary Equity Task Force.
- Drafted the 2019 and 2020 Affirmative Action Plans for all three campuses.
- Served as EthicsPoint System Administrator backup to the CCO.
- Substantially revised and improved the Equal Opportunity and Disability/ADA websites.
- Resolved 18 student, staff, and faculty issues based on disability access or accommodations concerns.
- Administered the Johnson Scholarship including preparation of the Johnson Student Applicant Report and the Johnson Scholarship Verification Report for the academic year for the Board of Governors; and provided students with scholarship orientation.
- Created Johnson Scholarship Report and Verification Process Step-by-Step Guide.
- Assisted City of Tampa with Youth Leadership Award.
- Collaborated with City of Tampa-Freedom Playground Opening.
- Assisted City of Tampa with ADA anniversary video.
- Created Public Accommodations FAQs for ADA website.
- Collaborated with 3rd year USF medical students on accessibility for women in medical settings.
- Updated transgender or unisex bathroom guide for the ADA website.

Title IX and Violence Against Women Act Compliance

During this reporting period, Title IX compliance functions, which moved from DIO to Compliance & Ethics, were consolidated with the Violence Against Women Act (VAWA) compliance functions historically housed within the Office of Compliance & Ethics. These consolidated compliance functions were placed under the leadership of a newly created Title IX-VAWA Compliance Officer position. Several requirements under the VAWA are duplicative or enhance Title IX requirements; therefore, the combination of these compliance functions resulted in programmatic efficiencies. This new position reports directly to the CCO.

The Title IX-VAWA Compliance Program is responsible for ensuring the USF workplace and academic environments are free from discrimination based on sex including sexual harassment, sexual violence, relationship violence, stalking, and discrimination based on pregnancy. The Title IX-VAWA Compliance Program has jurisdiction to investigate and resolve complaints that fall under [USF Policy 0-004 Sexual Misconduct/Sexual Harassment \(Including Sexual Violence\)](#). Some highlights from this reporting period include:

- Streamlined procedures, reducing the average number of days to process a case from 54 to 40 days for the 2021 calendar year, which resulted in a 26% reduction in processing time. During the last six months of 2021 (July 1 to December 31) further streamlined process to reduce the average days to process a case to 23 days, which resulted in an overall 57% reduction in processing time.
- Provided 59 trainings to 3,424 attendees, including 2,909 USF employees, 237 members of Fraternity & Sorority Life, 178 student athletes, and 100 student ROTC cadets.
- Created and implemented online Title IX training and updated Title IX website.
- Maintained legal externship program with community law schools, including supervision of five legal externs.
- Received Outstanding Staff Awards for two of our Title IX team members.
- Received 357 reports during calendar year 2021 of which 40 (11%) were in progress from the previous calendar year and 317 (89%) were new submissions. Of these 357 reports processed during 2021, 338 (95%) were closed and 19 (5%) remained in progress by close of the calendar year.
- Of the seven investigations completed during 2021, two (29%) were substantiated and five (71%) were unsubstantiated based on the preponderance of evidence standard.

- The below chart summarizes the closure type for the 338 reports closed during calendar year 2021:

Closure Type	Report Count	Percentage of Closed Reports
Insufficient information	140	41%
Not Title IX jurisdiction/policy definition unmet	103	30%
Complainant requested closure	18	5%
Referred to another USF Unit	39	12%
Implemented Supportive Measures or Informal Remedy	25	7%
Formal Investigation Completed	7	2%
Merged with another report or addressed Externally	6	2%
Total Count Closed Reports:		338
		100%

Healthcare Compliance

The Healthcare Compliance Program, formerly Billing Integrity within PIO, focuses on compliance with federal, state and insurance-provider regulations and policies governing the provision of and billing for healthcare services provided by USF Health practitioners. Highlights from 2021 are provided below:

- Continued educational efforts from 2020 regarding 2021 outpatient Evaluation and Management (E&M) coding changes with an additional six department training sessions and three drop-in Teams Q&A sessions.
- Followed up education with random spot checks of over 600 claims and related provider feedback.
- Continued to support USFH practice plan with guidance related to telehealth workflows, EHR best practices and related regulatory coverage, documentation, and billing policies.
- Provided 153 individual new provider billing integrity orientations.
- Received and resolved over 300 direct inquiries/reported concerns (email, chat, phone, Helpline).
- Provided three requested specialty group trainings.
- Formalized a risk-based provider/service monitoring policy based on prior year pilot.
- Provided oversight for external engagement of surgical coding education and assessment.
- Investigated three internal reports of noncompliance and facilitated implementation of corrective actions, including refunds as applicable.

- Received 11 external audit requests and responded timely to nine with two remaining open at calendar year-end.
- Served as USF lead advisory for establishment of compliance program for USF Tampa General Physicians.

Privacy and Healthcare Civil Rights Compliance Program

The Privacy & Healthcare Civil Rights Compliance Program, formerly the HIPAA/Privacy compliance in PIO, focuses on compliance with the Health Insurance Portability and Accountability Act (HIPAA), federal and state privacy laws, regulations, and internal policies. Highlights from this reporting period include:

- Monitored unauthorized access within the electronic health record (“EHR” also known as the Epic system) and conducted randomized access audits to confirm compliance with HIPAA.
- Received and responded to over 2,500 emails and telephone calls from the general public, patients, and USF workforce members regarding patients’ privacy and health care civil rights related concerns.
- Received and investigated more than 400 access alerts generated by the FairWarning program. Imprivata purchased FairWarning in 2021 greatly reducing the number of false positive alerts and the number of alerts in general.
- Monitored and analyzed over 350 communications deleted within Epic by providers and clinical staff to assure no privacy incident resulted prior to deletion of said communication.
- Received, monitored, and investigated over 150 privacy incidents reported via CompliancePro Solutions software by our workforce members to determine if breach notification was required and if a policy violation occurred.
- Prepared and mailed breach notification letters to 14 patients and reported such privacy breach notifications to the Office of Civil Rights Health and Human Services (OCR/HHS) as required by law.
- Decreased our privacy investigations and reporting times by almost half this calendar year. Our days to investigate and report was down from an average of 26 days last year to only 13.3 days this calendar year. HIPAA allows for the maximum reporting time of 60 calendar days and our reporting time is 13.3 calendar days.
- Monitored and enforced compliance with mandatory HIPAA privacy training through our learning management system (SABA) for all workforce members within 10 days of hire and annually thereafter.

- Audited access to the EHR by researchers to ensure access to protected health information was authorized and within the research parameters pursuant to Institutional Review Board approval.
- Worked in conjunction with USF Health Information Management to provide guidance and ensure timely responses to patient requests for amendments to their electronic medical records, accounting of disclosures, requests for alternative communications, and requests for copies of medical records.
- Assisted and investigated privacy incidents forwarded by Tampa General Corporate Compliance regarding VIP patients and access issues regarding USF workforce members who have access to Tampa General Hospital's Epic platform.
- Performed root-cause analysis of misdirected faxes generated from within the EHR to determine if a reportable breach occurred and corrected facsimile numbers or referring provider names as appropriate.
- Conducted, trained, and provided feedback to our HIPAA liaisons within the clinics through monthly HIPAA questions/reports that they must complete. This identifies potential HIPAA violations and problem areas therefore reducing HIPAA violations.
- Reviewed and advised on MyChart proxy access questions for the information technology team to determine whether access should be granted to MyChart (the patient medical record portal).
- Notified workforce members of overlays (overlying one patient's medical records with another patient's information) created in the EHR and monitored completion of required Epic overlay retraining within 30 days to reduce the chance of creating another overlay.
- Investigated reports of HIPAA privacy potential breaches and facilitated corrective actions as needed, including retraining and other sanctions.
- Attended meetings, provided feedback, and fielded numerous inquiries regarding the implementation and requirements under the newly implemented 21st Century Cures Act.
- Reviewed and analyzed over 200 psychotherapy notes to ensure proper classification as "sensitive notes" to comply with the release requirements of the 21st Century Cures Act.
- Participated on the legal and compliance subcommittee for the implementation of Tampa General Hospital and USF Health's endeavor to form the Academic Medical Group (AMG), which does business as (d/b/a) USFTGP.
- Provided privacy monitoring services to AMG d/b/a USFTGP. Such services are paid for by USFTGP. Began tracking percentage of time spent providing these services to confirm payment meets our time expenditure.
- Drafted and negotiated Business Associate Agreements for USF and USFTGP, including obtaining annual re-certifications as mandated under HIPAA.
- Reviewed and approved individuals who applied to be observers in USF clinics.

- Closed an OCR/HHS investigation successfully without incurring financial penalties or having to enter into a corrective action plan.
- Reviewed all existing HIPAA privacy policies as required annually.
- Drafted and reviewed policies for the new organization AMG d/b/a USFTGP.
- Drafted and launched a new HIPAA annual training module for AMG d/b/a USFTGP workforce members under the learning management system (Mind Lab).
- Drafted and launched new HIPAA annual training module for USF workforce members within the learning management system (SABA).

Information Technology Security

Information Security ensures the security of USF information systems. Highlights from this reporting period include:

- Worked with external consultants brought in to perform a risk assessment of the HIPAA environment at USF Physician's Group.
- Participated in several audits led by the State Auditor General's office and the USF Office of Internal Audit (Internal Audit).
- Participated in multiple incident investigations on behalf of Human Resources, Internal Audit, General Counsel, and the Professional Integrity Office, determining the severity of the incident and the potential need for breach notification to appropriate state and federal entities.
- Reviewed and updated several USF IT processes, policies, and standards.
- Secured Box (cloud storage) folders for HIPAA and other high sensitivity data to be stored, controlled, and/or monitored.
- Reviewed almost 290 research contracts and Data Use Agreements.
- Reviewed multiple contracts for export-controlled projects for the College of Engineering, College of Medicine, and College of Arts and Sciences for IT security compliance.
- Worked with colleges and departments to identify and implement security control requirements in accordance with applicable Federal and State laws and regulations.
- Managed multiple rooms specifically identified for physical security needs per research contractual obligations containing more than 250 managed research computers.
- Implemented a framework to perform ongoing access reviews of critical system databases.
- Began implementation of a Privileged Access Management solution to mitigate the risks associated with compromised privileged accounts.

D. State University System of Florida Compliance & Ethics Consortium

In addition to being the first compliance and ethics program at a State University System (SUS) institution and the first SUS institution to fully implement BOG Regulation 4.003, we continued our participation in the SUS Compliance & Ethics Consortium (Consortium). The Consortium was established on June 27, 2013, to provide an avenue for member universities to discuss the development and improvement of SUS compliance and ethics programs, new federal and state regulations, best practices, and issues these institutions may be encountering. The purpose of the consortium is to ensure effective communication and collaboration in the development of compliance and ethics programs across the SUS. The consortium is comprised of Chief Compliance Officers and representatives from their respective compliance and ethics programs within the SUS; and, as non-voting, ex officio members, the Inspector General and Director of Compliance and his/her representatives from the SUS Florida Board of Governors.

During this reporting period, consortium member institutions were required to initiate their inaugural 5-year review of the effectiveness of their respective compliance and ethics programs (“peer review”) as required by BOG Regulation 4.003. Using the peer review process developed by the Consortium, USF served as secondary reviewer for the peer review of the effectiveness of University of North Florida’s compliance and ethics program, where Florida Polytechnical University served as the lead reviewer. USF was the subject of its own peer review performed by Consortium members, highlighted in *Element 8, Section A*.

The Consortium facilitated a several month collaborative effort to identify opportunities and challenges for SUS institutions implementing the four new foreign influence laws enacted by the legislature in 2021 and the existing state foreign influence law enacted in 2020. Compliance & Ethics leveraged the Consortium’s collaborative process to offer insights into our implementation process and assess the best practice policies and procedures leveraged by other SUS institutions. Additional details about the four new state foreign influence statutes and their impact on USF’s foreign influence compliance is discussed in *Element 2, Section B*.

Element 2: Establish Standards of Conduct, Policies, & Procedures

During the reporting period, Compliance & Ethics reviewed new USF policies and revisions to existing USF policies issued by the Office of the General Counsel for comment. Compliance & Ethics provided the Office of the General Counsel, whenever possible, with draft language aimed at harmonizing language with existing policies; reducing or eliminating redundant policy statements with existing policies; and clarifying language to facilitate understanding. Below are highlights from this reporting period:

A. Implementation of Researchers' Outside Activity and Financial Interest Disclosure Requirements

Florida Statute, §1012.977, effective July 1, 2020, significantly impacted the reporting responsibilities of USF employees engaged in the design, conduct, or reporting of research ("USF Researchers"). This statute requires USF Researchers to disclose outside activities related to their expertise and financial interests of any value other than that provided directly by USF. These new disclosure requirements significantly expanded the outside activity and financial interests disclosure requirements already in place for all USF employees under [USF Policy 0-027: Florida Code of Ethics for Public Officers and Employees \(FCOE\); Compliance and Disclosure](#), and [USF Policy 0-309: Individual Conflicts of Interest in USF Research Projects and USF Financial Conflicts of Interest \(FCOI\)](#). This statute also requires universities to suspend employees failing to disclose any outside activity or financial interest as required by §1012.977 pending the outcome of an investigation which shall not exceed 60 days. Upon conclusion of the investigation, this statute permits universities to terminate the contract of the employee.

Prior to F.S. §1012.977, USF employees' outside activity disclosure requirements were limited to outside activities involving one or more of the following six types of activities:

- 1) More than incidental use of USF facilities, equipment, or services.
- 2) Supervising or evaluating a USF student or employee in an outside activity the disclosing employee also supervises or evaluates as part of their assigned duties for USF.
- 3) Waiving or assigning their or USF's rights to inventions or works.
- 4) Candidacy for or holding public office.
- 5) Compensation (for faculty this requirement is limited to "professional compensation" under the UFF CBA).
- 6) Any other activity the employee should reasonably conclude may create a conflict of interest or commitment.

Under the new state disclosure requirements, USF Researchers must also disclose "any outside activity related to their expertise"; thereby, significantly increasing the types of outside activities requiring disclosure, review, and approval via the eDisclose system, administered by Compliance & Ethics.

Prior to F.S. §1012.977, USF Researchers were required to disclose financial interests which constituted a significant financial interest (SFI) as defined by USF Policy 0-309. Under the new state disclosure requirements, USF Researchers must also disclose all financial interests not provided by USF; thereby significantly increasing the types of financial interests requiring disclosure, review, and approval. The eCOI system, administered by the Research COI Program in Research Integrity & Compliance, part of Research & Innovation, was designed to enable the disclosure, review, and mitigation of SFIs. There was no disclosure and review system in place to collect the types of financial interests requiring disclosure and review under the new statute.

During this reporting period, Compliance & Ethics continued its partnership with Sponsored Research and Research Integrity & Compliance in the Office of Research & Innovation; USF Health Faculty Affairs; and the Office of the General Counsel to implement these new outside activity and financial interest disclosure and review requirements. New language was integrated into the eDisclose and eCOI systems; USF Policies 0-027 and 0-309 were updated; and design specifications were developed and implemented to identify researchers in eDisclose and direct them to new data collection forms for outside activities and financial interests not constituting an SFI. Likewise, new review and approval processes were developed and implemented in eDisclose to ensure compliance with this unfunded mandate from the state. As a result of this partnership, the University was able to successfully respond to the August 2021 Florida Board of Governor's Request for Information from all SUS institutions regarding the status of their compliance with F.S. §1012.977.

B. New State of Florida Foreign Influence Laws

The State of Florida enacted four new foreign influence-related statutes in July 2021. This new legislation emphasized increased vigilance against undue foreign influence on SUS institutions' research by seven foreign countries of concern (FCOC). These FCOCs are statutorily defined as the following: People's Republic of China; Russian Federation; Islamic Republic of Iran; Democratic People's Republic of Korea; Republic of Cuba; Venezuelan regime of Nicolas Maduro; Syrian Arab Republic; or any agency of, or any other entity under significant control of, any of the above countries. These new statutes require significant review, screening, approval, monitoring, and reporting responsibilities of our university without concomitant state funding to ensure compliance.

The Foreign Influence Committee (FIC), chaired by the CCO, established four subcommittees, one for each new statute. The subcommittees were charged with developing proposals for ensuring compliance with the new state requirements with an emphasis on leveraging existing USF policies, procedures, and resources. When current procedures or resources could not be successfully leveraged to ensure compliance, the FIC requested the subcommittees' proposals include implementation options and their associated budgetary impacts. The FIC and its subcommittees worked on the development of foreign influence implementation proposals between August 2021 until December 2021, at the end of which a consolidated framework of proposals was provided to the USF President for consideration. The budgetary impacts were summarized in the subcommittees' proposals and included the below dashboard identifying proposals with potentially significant budgetary impact (\$475K-\$2M, red), moderate budgetary impact (\$20K yellow), or no budgetary impact (\$0, green).

Unfunded Budget Impact	Florida Statute	Subcommittee Name
	§1010.35	Screening Foreign Researchers
	§1010.36	Foreign Travel-Research Institutions
	§1010.25	Foreign Gift Reporting
	§288.860	International Cultural Agreements

In addition to the subcommittee proposals, the FIC recommended the establishment of a new USF Foreign Influence Officer (FIO) position. This position would be responsible for coordinating and ensuring compliance with the four new statutes cited above as well as the F.S. §1012.977 described in the previous section and the Department of Education, Section 117, requirements for disclosing foreign gifts to and contracts with USF. The FIO's recommended responsibilities would include assessing foreign influence-related compliance activities, risks, and implementation requirements; addressing non-compliance concerns; recommending compliance mitigation strategies to management based on current law, guidance, and best practices.

A summary of the four new statutes and the subcommittees' proposals are provided below, listed by subcommittee name.

Screening Foreign Researchers

Section 1010.35, Florida Statutes, required screening of certain applicants for employment in research or research-related support positions. This new law impacts recruitment for positions or appointments responsible for the design, conduct or reporting of research ("Researchers"), including, but not limited to, positions or appointments responsible for accessing unpublished research data, processes, or findings. Prior to interviewing or offering employment, USF must screen applicants for certain research-related positions such as the following employment in research or research-related support positions, including graduate and undergraduate students seeking such positions; or employment as a visiting researcher. The Board of Governors requires the USF Chief Audit Executive to perform an operational audit of USF's compliance with these foreign researchers screening requirements by July 1, 2025.

The Screening Foreign Researchers Subcommittee was comprised of 15 members representing the following eight USF units: Central Human Resources, USF Research & Innovation (Export Controls), USF Information Technology, Office of General Counsel,

Office of the Provost, Research Integrity & Compliance, USF World, and USF Health Faculty Affairs.

To avoid significant delays during the recruitment process, as well as the potential loss of exceptional candidates who may be deterred by the exhaustive screening requirements under the new law, the University needed to implement screening procedures that balanced cost effectiveness and efficiency. To this end, the subcommittee suggested the institution consider the benefits and challenges of two options: 1) A less costly and efficient USF-only screening process that may result in candidates accepting opportunities from institutions able to make offers sooner, or 2) a more expensive, third-party screening solution that would ensure a more rapid screening process considering the volume of applicants requiring these new screening protocols. Their recommendations included increases in Human Resources and Research Integrity & Compliance staffing based on which of these two options USF implemented.

Foreign Travel-Research Institutions

Section 1010.36, Florida Statutes, requires state universities to establish an approval and monitoring program for international travel by January 1, 2022. The international travel program must require the Research Integrity Office (RIO), an office which the statute required the USF President designate as such, to preapprove and screen any employment-related foreign travel and employment-related foreign activities engaged in by all USF faculty, researchers, and research department staff. The law specifies the RIO's preapproval be based on the following:

- Travelers' review and acknowledgment of guidance related to countries under sanctions or other state or federal restrictions ("Travel Guidance"). The statute mandated the content of this Travel Guidance; and
- Travelers' binding commitment or "attestation" to follow USF's travel policy and to provide records related to outside funding for foreign travel.

In addition, the new statute requires USF to submit an annual foreign travel report to BOG or other appropriate governing board beginning in 2022 for foreign travel which occurred during the previous fiscal year. The annual foreign travel report must include the names of the travelers, foreign locations visited, and foreign institutions visited. BOG Regulation 9.012, Foreign Influence, requires USF's Chief Audit Executive to perform an operational audit of USF's compliance with these foreign travel screening requirements by July 1, 2025.

The Foreign Travel-Research Institutions Subcommittee was comprised of 12 members representing the following four USF units: USF World, USF Information Technology, USF Research & Innovation, and the University Controller's Office.

The subcommittee proposed modifying USF's travel request system to capture additional data points needed for annual reporting; travelers' review and acknowledgement of the

Travel Guidance; and travelers' attestations. The subcommittee also developed a process for RIO to meet its review, preapproval, monitoring, and annual foreign travel reporting responsibilities.

Foreign Gift Reporting

Section 1010.25, Florida Statutes, Foreign Gift Reporting, requires SUS institutions to disclose gifts USF received directly or indirectly from any foreign source with a value of \$50,000 or more during a single fiscal year to the Board of Governors (BOG) on a semi-annual basis. Under this new law the term "gift" means any contract, gift, grant, endowment, award, or donations of money or property of any kind, or any combination thereof, including a conditional or an unconditional pledge of such contract, gift, grant, endowment, award, or donation. The new law specifies the type of information which must be disclosed, including, but not limited to, information about the source, value, timing, purpose, and any conditions or restrictions of the gift. There are exemptions to the disclosure requirement for information that is deemed confidential or exempt by state or federal law. USF's first foreign gift report submission to the BOG was provided by the January 31, 2022. This statute requires the BOG's Office of the Inspector General and Director of Compliance to conduct annual audits or inspections to determine SUS institutions' compliance with these new foreign gift reporting requirements beginning July 1, 2022.

This subcommittee was comprised of 24 members representing the following 13 USF units: Office of Compliance & Ethics, University Controller's Office, Office of Intercollegiate Athletics, Office of Financial Aid, Office of General Counsel, USF Health Office of Research, USF Sponsored Research, USF Research Integrity & Compliance, USF Research & Innovation, Office of Resource Management, University Advancement, Government Relations, and USF Health Faculty Affairs. Membership of the Foreign Gifts/Contracts Group was leveraged for this subcommittee. The Foreign Gifts/Contracts Group was established by Compliance & Ethics in 2019 to facilitate compliance with foreign gifts and contracts reporting under federal law as requirement by to the Department of Education. Compliance & Ethics administers this group, coordinates their work product, and ensures compliance with federal foreign gift and contract reporting requirements.

Leveraging the gift and contract reporting process in place to comply with federal law, the subcommittee developed a process to comply with the new state foreign gift reporting requirements. This process includes the use of BOG-provided submission template and new reporting database, called Information Request System (IRS). USF was one of several SUS institutions asked to beta test and provide feedback regarding the BOG's submission template and IRS. The new process resulted in additional duties and responsibilities for the Foreign Gifts/Contracts Group without a concomitant cost increase to USF.

International Cultural Agreements

Section 288.860, Florida Statutes, placed restrictions on and required greater oversight for agreements entered into with FCOCs. The statute states a “state university authorized to expend state-appropriated funds may not participate in any agreement with or accept any grant from a FCOC which: (a) Constrains the freedom of contract of such public entity; (b) Allows the curriculum or values of a program in the state to be directed or controlled by the [FCOC]; or (c) Promotes an agenda detrimental to the safety or security of the United States or its residents. Prior to the execution of any cultural exchange agreement with a FCOC, the substance of the agreement shall be shared with federal agencies concerned with protecting national security or enforcing trade sanctions, embargoes, or other restrictions under federal law. If such federal agency provides information suggesting that such agreement promotes an agenda detrimental to the safety or security of the United States or its residents, the public entity may not enter into the agreement.”

The International Cultural Agreements Subcommittee was comprised of two members representing the following USF units: Office of General Counsel and USF World.

The International Cultural Agreements Subcommittee proposed a supplemental review process for international agreements involving FCOCs. The proposed process is triggered by a faculty member’s answers to an additional section on USF World’s Feasibility Form. The additional section will 1) confirm the FCOC; 2) require the faculty member to provide greater details of the proposed international agreement; and 3) alert the subcommittee of the need for increased review of the proposed program. The subcommittee will provide oversight and additional review of the proposed agreement to ensure compliance with Florida Statute and any future guidance from the BOG.

C. Higher Education Act

The Higher Education Act of 1965 (HEA) governs the administration of federal funding for higher education programs. The university must comply with HEA in order to remain eligible for Title IV funding from the U.S. Department of Education (ED) and for funding from other federal agencies sponsoring USF research projects.

Foreign Gifts to or Contracts with USF

Under Section 117 of HEA, institutions of higher education must disclose contracts with or gifts (“gifts/contracts”) to USF from a foreign source that, alone or combined, have a value of \$250,000 or more for a calendar year. Institutions must disclose these gifts and contracts to the ED on January 31st or July 31st, whichever occurs first after the reporting threshold is crossed. Although these requirements have been in place for more than 30 years, the ED never issued regulations. In early 2019, the ED initiated investigations into compliance with Section 117 at four prominent research universities. The ED also advised institutions of their intent to modernize their information collection portal. These portal changes required the disclosure of significantly more information. Using the new portal

was voluntary in January 2020 and mandatory thereafter. On June 22, 2020, the ED issued new foreign gifts or contracts reporting guidance effective for July 2020 reporting. Prior to this new guidance, USF was required to report gifts and contracts received. Under the new guidance, USF must report any gift promised which meets the reporting threshold, regardless of whether USF receives the full value of the promised gift. The guidance also required USF to report the value of any contract meeting the reporting threshold, regardless of whether USF receives all of the payments promised under the contract.

During calendar year 2021, Compliance & Ethics continued to leverage the Foreign Gifts and Contracts Group to comply with these federal foreign gifts and contracts reporting requirements. Compliance & Ethics continued its responsibility for coordinating receipt and compliance review of foreign contracts and gifts data prior to submission to the ED. During this reporting period, 45 foreign gifts to and contracts with USF were reported to the Department of Education in accordance with Section 117.

Higher Education Opportunity Act (HEOA)

The Higher Education Opportunity Act of 2008 (HEOA) amended HEA and includes compliance with the following federal laws:

- Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act (Clery);
- Violence Against Women Act (VAWA) amendments to the Clery Act;
- Equity in Athletics Disclosure Act (EADA);
- Student Right to Know Act; and
- The Drug Free Schools and Communities Act (DFSCA).

For the purposes of this report, the term “HEOA” refers collectively to the above-listed federal laws and their associated regulations. HEOA requirements are complex and often involve cross-jurisdictional compliance risks, e.g., regulatory risks affecting more than one university leadership area and/or more than one campus. Below is a summary of our 2021 HEOA compliance activities:

Clery Annual Security and Fire Safety Report

Compliance & Ethics continued to assist the University in meeting its HEOA compliance responsibilities in accordance with [USF Policy 0-233: Higher Education Opportunity Act \(HEOA\) Initiative: USF, Portal, and Security & Fire Safety Reporting Compliance](#). Our office worked closely with the Clery Coordinator at the USF Police Department to facilitate a process for producing Annual Security and Fire Safety Reports (ASRs) for each campus (USF Tampa, USF Health South, USF St. Petersburg, and USF Sarasota-Manatee) as defined by the Clery Act. ASR production by the federally mandated deadline of October 1 each year, involves compilation of content from 13 authors across three campuses,

including distribution of these reports to all current USF students and employees and submission of required VAWA and other crime statistics to the U.S. Department of Education.

Department of Education Financial Aid Eligibility Notification

In August 2021, the Program Director of the Office of Financial Aid requested assistance from Compliance & Ethics regarding revising language concerning eligibility for financial aid and student drug offenses based on new policies adopted by the U.S. Department of Education. Our office worked with Financial Aid to adjust its notification language, procedures, and web-based disclosures to ensure consistency with the new Department of Education policy.

Constitution and Citizenship Day

Compliance & Ethics continued its compliance oversight activities relating to the *Consolidated Appropriations Act of 2005*. This federal legislation commemorates the September 17, 1787, signing of the United States Constitution. This legislation requires each educational institution that receives federal funds to hold an educational program on the United States Constitution for students served by the educational institution on September 17th each year in order to remain eligible for federal funds. In addition, some research sponsors require evidence of compliance with this requirement in order for USF to remain eligible for study sponsor funding. Compliance & Ethics contacted Student Success and the USF Center for Leadership and Civic Engagement in August 2021 and reviewed their plans for 2021 to assure compliance with this annual requirement. The USF Center for Leadership and Civic Engagement planned and subsequently implemented both virtual and on-campus events across all USF campuses ensuring compliance with this federal requirement.

Elements 3 & 4: Create a Fair and Ethical Culture & Open Lines of Communication

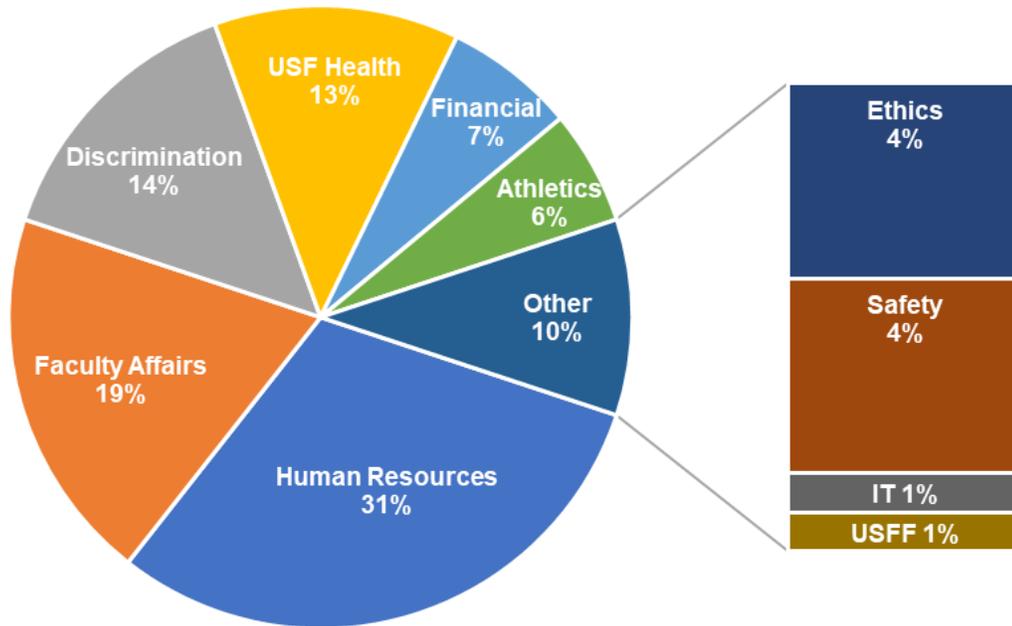
Under the provisions of [USF Regulation 5.001: Fraud Prevention and Detection](#), all USF managers and their employees are responsible for preventing, detecting, and reporting waste, fraud, financial mismanagement, or other violations of USF policy or regulation.

EthicsPoint—our third party hosted hotline—enables USF employees and other members of the USF community to safely, securely, and anonymously report activities which may involve misconduct, fraud, abuse, and other violations of USF policies. This hotline serves as one of the primary tools assisting USF in our efforts to create and maintain a “culture of compliance”.

During calendar year 2021, we addressed 118 reports. Of these, 107 (91%) were closed and 11 (9%) remained open. Of the closed reports, 5 (4.67%) were substantiated, 83 (77.57%)

were unsubstantiated, and 19 (17.76%) were referred. Reports are “referred” when the reported incident falls outside of the scope of EthicsPoint, e.g., academic matters involving faculty or students. Please see the below chart and table for more detailed information by primary issue.

EthicsPoint Reports By Primary Issue



	Substantiated	Unsubstantiated	Referred	Open	Total
Human Resources	0	29	2	5	36
Faculty Affairs	2	15	5	1	23
Discrimination	0	12	5	0	17
USF Health/Medical	1	9	3	2	15
Financial	0	4	1	3	8
Athletics	0	6	1	0	7
Ethics	1	4	0	0	5
Safety	1	2	2	0	5
Information Technology	0	1	0	0	1
USF Foundation	0	1	0	0	1
Total	5	83	19	11	118

Element 5: Education and Training

A. Compliance & Ethics Training for New Employees

Our program provides compliance and ethics training or training content to new USF employees as follows:

- Online compliance and ethics training required of new administration and staff employees on the Tampa campus as part of new employee orientation, a program administered by Central Human Resources. During 2021, 442 new employees completed this training.
- We received no requests for in-person training during 2021, due to training being offered/delivered exclusively in an online format.
- One-on-one orientation sessions with new Sarasota-Manatee faculty, administration, and employees, which is provided by their Human Resources representatives, continued to use materials provided by our program.

B. Compliance & Ethics Training for Current Employees

Certain USF employees are required to complete an annual Florida Code of Ethics (FCOE) disclosure in eDisclose, our online disclosure and review system. This disclosure includes education on current FCOE, nepotism, outside activity, and financial interest prohibitions and restrictions under the FCOE and [USF Policy 0-027](#). The following employee position types must annually complete an FCOE disclosure:

- All Faculty;
- All Administration employees;
- Staff employees issued a procurement card (PCard) or role in FAST (our financial accounting system); and
- Temporary employees issued a PCard or FAST role.

During 2021, 6,804 FCOE disclosures were submitted by USF faculty, administration, staff, and temporary employees in eDisclose. This translated to 6,384 individual USF employees receiving FCOE, nepotism, outside activity, and financial interest training during calendar year 2021.

Element 6: Detection, Remediation, and Enforcement

Compliance & Ethics continues to work with compliance units to detect compliance gaps. When such gaps are identified, our program convenes multidisciplinary teams to develop and implement cross-jurisdictional policies and procedures aimed at addressing compliance gaps, including enforcement.

A. Form One Financial Interest Disclosure

Since 2018, Compliance & Ethics holds university-wide responsibility for ensuring compliance with financial interest disclosure requirements under Florida Statutes, Section 112.3145. Under this statute, USF employees with statutorily defined titles, roles, or spending authority (“Form 1 Filers”) must report their financial interests directly to the Florida Commission on Ethics (COE) using their Form 1-Statement of Financial Interest (Form 1). Such disclosures are required upon becoming a Form 1 Filer, annually thereafter, and when the filer no longer meets the criteria of a Form 1 Filer. In furtherance of this responsibility, a procedure was developed and implemented to define roles and responsibilities for Form 1 disclosure by “specified state employees” (VPs, Deans, etc.), “state officers” (board members), and “purchasing agents”. Effective processes ensuring compliance with these financial interest disclosure requirements for our Board of Trustee members and employees assists them in avoiding fines of \$25 per day for failure to timely file. During 2020, our method for identifying Form 1 Filers was reviewed in consultation with the Office of the General Counsel to ensure our reporting reflected current statutory criteria for identifying filers. This resulted in an updated procedure, created in collaboration with Human Resources, Purchasing, Procurement Card, and Board of Trustees administrative support units, including the campus boards at our St. Petersburg and Sarasota-Manatee campuses.

During this reporting period, Compliance & Ethics submitted a proposal to IT to develop a technology-based process to streamline and automate the manual Form 1 Filer identification, notification, and reporting process. This project is ongoing.

Element 7: Risk Assessment, Audit, and Monitoring

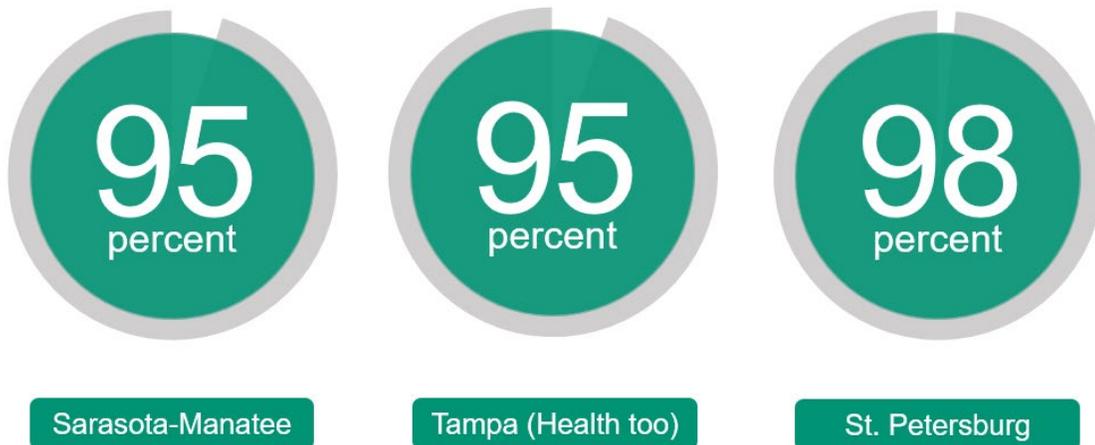
Compliance & Ethics performs compliance reviews, risk assessments, and other consulting projects for known or suspected compliance gaps. Such compliance gaps can arise when USF has no known internal controls or existing controls are inconsistent with the law or industry best practices. Such reviews, assessments, and projects performed by our office aim to bring the process or unit into compliance and, thereby, mitigate risk to the institution. Below is a discussion of compliance reviews, risk assessments, and other consulting projects performed by our program this reporting period.

A. Annual FCOE Disclosure Compliance Monitoring

Compliance & Ethics continued its monitoring of employee compliance with the annual Florida Code of Ethics (FCOE) disclosure requirements as set forth in USF Policy 0-027. New employees must complete an FCOE disclosure within the first 30 days of their employment start date. Employees receive three reminders prior to expiration of their most recent FCOE disclosure. In addition, our program sends senior managers monthly FCOE Disclosure Compliance Reports (FCOE Reports) identifying all employees under their purview who are required to complete an annual FCOE disclosure and whether they

have done so within the past 12 months. Senior managers and their designees then follow up with noncompliant employees to ensure they complete their annual FCOE disclosure in eDisclose.

During 2021, our monitoring and subsequent follow up by senior managers resulted in an overall FCOE disclosure compliance rate of 95% for USF. The percentage of employees meeting their annual FCOE disclosure requirement is provided by campus below.



B. Annual Sponsored Research Exemption Reporting

The Florida Code of Ethics for Public Officers and Employees (FCOE) prohibits USF employees from having employment or contractual relationships with business entities also doing business with the USF, unless an exemption under §112.313(12)(h) applies. There are multiple exemptions afforded under the FCOE, one of which, the Sponsored Research Exemption (SRE), when approved by the President and Board of Trustees Chair, must be reported to the Florida Governor and Legislature by March 1 each year.

USF employees disclose relationships which may be eligible for an SRE as part of their annual FCOE disclosure in eDisclose. Compliance & Ethics is responsible for reviewing FCOE disclosures and determining whether an SRE applies to the disclosed relationship. Our program, in collaboration with Patents and Licensing and the Office of the General Counsel, utilizes a multi-jurisdictional procedure to ensure transactions eligible for an SRE are identified, reviewed, approved, and reported pursuant to statutory requirements.

During 2021, we reported nine employment or contractual relationships with USF employees eligible for a sponsored research exemption to the Governor and Legislature.

Element 8: Assessment of Effectiveness

During 2021, Compliance & Ethics completed two assessments of effectiveness required under Board of Governors Regulation 4.003(7)(c) and 4.003(8): a 5-year compliance program effectiveness review and our annual report, respectively.

BOG Regulation 4.003(7)(c) requires at least once every five (5) years, the president and board of trustees shall be provided with an external review of our compliance and ethics program's design and effectiveness and any recommendations for improvement, as appropriate. BOG Regulation 4.003(8) requires Compliance & Ethics to report at least annually on the effectiveness of the Program.

A. 5-Year Compliance Program Effectiveness Review

During this reporting period, external reviewers from New College of Florida and the University of North Florida, where New College served as the lead reviewer, began their review of the design and effectiveness of the Compliance & Ethics Program. The review used metrics and a self-assessment tool developed by the SUS Compliance Officer Consortium in conjunction with BOG Inspector General guidance. The self-assessment tool is based on the seven elements of an effective compliance program under Chapter 8 of the Federal Sentencing Guidelines, BOG Regulation 4.003 requirements for such programs, and best practices. The external review began in October 2021.

During this reporting period, our office completed the extensive self-assessment including the provision of 69 documents and over 2,036 pages of supporting material to the external review team for their consideration when evaluating the effectiveness of the USF Compliance & Ethics Program. We also prepared and provided preparatory training and guidance for the following key USF representatives for their interviews with the external reviewers: Trustee Sandra Callahan, Chair, USF Board of Trustees Audit & Compliance Committee; USF President Rhea Law; Senior Vice Provost Dwayne Smith; General Counsel Gerard Solis; Chief Audit Executive Virginia Kalil; Assistant Vice Chancellor and Dean of Students, St Pete Campus, Dr. Jake Diaz; and USF Health Assoc Vice President for Faculty Relations, Olga Joanow. These representatives participated in a critical component of the assessment; that is, establishing senior leaders' level of commitment and support for USF's compliance functions through their one-on-one interviews with the external reviewers. The "tone from the top" and leadership knowledge about the compliance and ethics program is a critical component of demonstrating an effective compliance program under the Federal Sentencing Guidelines, BOG regulation, and industry best practices.

B. Annual Report

Under BOG Regulation 4.003(8), the CCO is required to provide an annual report on the effectiveness of our program (“Annual Report”) to the BOT. Any Program Plan revisions based on the CCO’s Annual Report must be approved by the BOT. Copies of this Annual Report and, revisions to our Program Plan based on the Annual Report, must be provided to the BOG.

This Annual Report fulfills our annual reporting requirement on the effectiveness of the Compliance & Ethics program pursuant to BOG Regulation 4.003. Revisions to our Program Plan, based on this Annual Report, are recommended by Compliance & Ethics due to the governance changes whereby accountable reporting of high-risk compliance functions has changed to direct reporting to the Office of Compliance & Ethics.