AGENDA
Audit, Risk Management, Compliance, and Ethics Committee
November 3, 2022

I.   Approval of Minutes – September 15, 2022

II.   Review of Operational Metrics

III.   Action Items
    A. Changes to the Annual Audit Plan (Mr. Wayne Poole)

IV.   Informational Items
    A. Athletics Compliance Update (Ms. Alex Keddie)
    B. Enterprise Risk Management Update (Ms. Stephanie Coleman)
    C. Top Risk Update: Student Crisis Management (Dr. Virginia Hardy/Student Affairs)
    D. Research Compliance Update (Ms. Becky Welch)
    E. External Audit Update (Mr. Wayne Poole)
    F. Recent Internal Audits (Mr. Wayne Poole)

V.   Other Business

AGENDA ITEM

I.   Approval of Minutes ....Vince Smith, Committee Chair

Situation:	Approval of the minutes from the most recent committee meeting.
Background:	N/A
Assessment:	N/A
Action:	This item requires a vote by the committee.

Minutes from the Audit, Risk Management, Compliance, and Ethics Committee
September 15, 2022 – Main Campus Student Center and Online Meeting

The Audit, Risk Management, Compliance, and Ethics Committee of the ECU Board of Trustees met online and in person on September 15, 2022.

Committee members present: Angela Moss (Vice Chair), Tom Furr, Jeff Roberts, Cassie Burt, and Ryan Bonnett.

Angela Moss, Vice Chair of the Committee, convened the meeting at 1:15 PM. Ms. Moss read the conflict-of-interest provisions as required by the State Government Ethics Act. Ms. Moss asked if anyone would like to declare or report an actual or perceived conflict. None were reported.

Ms. Moss asked for the approval of the minutes of the April 28, 2022 committee meeting.

Action Item: The minutes of the April 28, 2022 committee meeting were approved with no changes.

Review of **Operational Metrics**

Mr. Wayne Poole reviewed the operational metrics related to Internal Audit, Healthcare Compliance, Research Compliance, and Athletics Compliance, for the 2022 fiscal year and the 2023 fiscal year to date.

Action Items

None

Informational Items

Internal Audit Update – Mr. Wayne Poole
Mr. Poole provided copies of the Committee Charter and the Internal Audit Charter as well as the annual report of Internal Audit activity. Mr. Poole reported that the Internal Audit office is fully staffed and the operational budget for FY23 is the same as it was for FY22. Mr. Poole also reported that for the 2022 fiscal year were no audit impairments, no instances of non-conformance to audit standards, and no instances where management accepted risks that are required to be reported to the Board.

Mr. Poole also briefed the committee on the required annual self-assessment of the Internal Audit activity and advised us that Internal Audit meets or exceeds the required professional standards in all areas. The annual self-assessment is required by law, signed by the Chief Auditor and Chancellor, and is reported to the NC Council of Internal Auditing.

Enterprise Risk Management – Ms. Stephanie Coleman
Vice Chancellor Coleman shared the matrix of top risks and briefed the committee on the recent activities of the ERM Committee. Ms. Coleman discussed the workforce challenges risks and the risks related to position vacancies and potential impacts on internal controls. The committee engaged in discussion on workforce risks related to employee timekeeping and accountability.

Mr. Wayne Poole briefed the committee on the formation of a new Regulatory Compliance Workgroup that was formed at the direction of Chancellor Rogers. The group is charged with identifying significant compliance risks, as well as ways the various compliance offices can best coordinate with each other to ensure proper coverage of risks and alignment with the University's needs.

Healthcare Compliance/Office of Institutional Integrity – Ms. Michelle Deville
Ms. DeVille provided an update on healthcare compliance coordination efforts with ECU Health. She is serving as the co-chair of the ECU Health Audit and Compliance Steering Committee, and ECU is taking on some additional privacy, investigation, and review duties because of the ECU Health integration. Ms. DeVille also

advised the Committee that her office now reports to General Counsel Paul Zigas. (It previously reported to the Vice Chancellor for Health Sciences.)

Recent Internal Audits – Mr. Wayne Poole
Mr. Poole briefed the committee on a recent internal audit of pandemic relief funds and a recent consultation on the University Policy Process.

Athletics Compliance
Mr. Wayne Poole told the committee that a presentation on Name, Image, and Likeness legislation would be presented in the Athletics and Advancement Committee by Athletics Compliance officer Alex Keddie.

Closed Session

At 1:51 PM, Trustee Furr made a motion to go into Closed Session to protect the confidentiality of personnel information, internal audit workpapers, and other information that is considered confidential pursuant to applicable NC general statutes. The motion was seconded by Trustee Bonnett and approved unanimously.

Other Business

The committee returned to open session at 2:09 PM.
There was no other business to discuss, and the committee meeting was adjourned at 2:10 PM.

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Respectfully submitted,
Wayne Poole
ECU Office of Internal Audit and Management Advisory Services

AGENDA ITEM

II.   Operational Metrics .... Wayne Poole, Chief Audit Officer

Situation: Presentation of the metrics that are monitored by this committee.

Background: N/A

Assessment: Metrics are generally on track for this point in the FY.

Action: This item is for information only.

CEO Tracking Sheet
Fiscal Year - 2023
Audit, Risk Management, Compliance & Ethics Committee

KPI	Measurement	Prior Year	Target	Variance	July	August	September	October	November	December	January	February	March	April	May	June	Total
Audit Plan Completion (Internal Audit)	Percent of projects on annual plan that are completed	90.9%	80%	Plan	6.6%	6.6%	6.6%	6.6%	6.7%	6.7%	6.7%	6.7%	6.7%	6.7%	6.7%	6.7%	80.0%
				Actual	7.0%	7.0%	7.6%										21.6%
				+ / -	0.4%	0.4%	1.0%										
				YTD +/-	0.4%	0.8%	2.2%										
Auditor Productivity (Internal Audit)	Direct Audit & Consult hrs vs. Total hours	75.8%	75%	Plan	75.0%	75.0%	75.0%	75.0%	75.0%	69.0%	76.0%	76.0%	76.0%	76.0%	76.0%	76.0%	75.0%
				Actual	70.0%	77.0%	79.3%										75.8%
				+ / -	-5.0%	2.0%	4.3%										
				YTD +/-	-5.0%	-1.6%	0.8%										
Management Corrective Actions Completion Rate (Internal Audit)	Percent of recommendations resolved when IA follows up	97.4%	95%	Plan	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
				Actual	100.00%	100.00%	83.30%										94.40%
				+ / -	5.00%	5.00%	-11.70%										
				YTD %	5.00%	5.00%	-0.60%										100.00%
Number of Rules Education Sessions (Athletics Compliance)	Number of sessions spent educating athletes, staff & others	303	300	Plan	25	25	25	25	25	25	25	25	25	25	25	25	300
				Actual	27	33	36										96
				+ / -	2	8	11										
				YTD +/-	2	10	21										
Number of NIL Education and Consultation Sessions (Athletics Compliance)	Sessions spent educating athletes, staff & others (NIL-specific)	72	24	Plan	2	2	2	2	2	2	2	2	2	2	2	2	24
				Actual	4	6	7										17
				+ / -	2	4	5										
				YTD +/-	2	6	11										
Number of Education Sessions (Healthcare Compliance)	Number of sessions spent educating providers and staff	1123	1008	Plan	84	84	84	84	84	84	84	84	84	84	84	84	1008
				Actual	92	89	89										270
				+ / -	8	5	5										
				YTD +/-	8	13	18										
Number of Provider Documentation Reviews (Healthcare Compliance)	Number of providers whose doc. accuracy was reviewed	627	540	Plan	45	45	45	45	45	45	45	45	45	45	45	45	540
				Actual	50	51	46										147
				+ / -	5	6	1										
				YTD +/-	5	11	12										
Pass Rate Results of Healthcare Provider Documentation Reviews (Healthcare Compliance)	Percent of reviewed providers receiving a passing score	91.7%	90%	Plan	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
				Actual	94.4%	88.9%	100.0%										94.3%
				+ / -	4.4%	-1.1%	10.0%										
				YTD +/-	4.4%	1.7%	4.3%										
Employee COI Disclosure Rate (Research Compliance)	Percent of employees who submitted req'd disclosure	100.00%	100%	Plan										90.0%	5.0%	5.0%	100.0%
				Actual													0.00%
				+ / -													
				YTD +/-													

AGENDA ITEM

III.A. Changes to the Annual Audit Plan...Wayne Poole
Chief Audit Officer

Situation: Internal Audit is proposing two changes to the FY 2023 annual audit plan.

Background: This committee is required to approve changes to the plan, which was originally approved in April 2022.

Assessment: Internal Audit is proposing to add one consulting engagement and remove one audit engagement from the plan.

Action: This item requires a vote by the committee.

Project Description		Budgeted Hours	% of Total	Key Risk	Strategy/ Mission	Division
Integrated/Internal Controls/Operational/Performance Audits:						
Automated Journal Entries	WIP	260	1.5%	X		AF
Campus Living	WIP	80	0.5%	X	X	SA
Procurement and Contracting	OP	300	1.8%	X		AF
SoDM Patient Revenue Cycle	OP	300	1.8%	X	X	AA
Campus Rec and Wellness	OP	300	1.8%		X	SA
Succession Planning and Readiness	OP	300	1.8%	X	X	ALL
Sponsored Programs Subrecipient Monitoring	OP	300	1.8%	X		AA
Campus Safety Systems	OP	300	1.8%	X		AF
New Teacher Support Program	OP	300	1.8%		X	AA
Flex and Remote Work - Oversight and Accountability	OP	300	1.8%	X	X	ALL
Employee Supplemental Pay	OP	300	1.8%	X		ALL
		3040	**18.1%**			
Compliance Audits:						
GLBA Safeguards Rule	OP,CX (1)	300	1.8%	X		AF
Athletics Camps and Clinics	OP	300	1.8%	X		AT
Athletics Team Policies	OP	160	1.0%	X		AT
		760	**4.5%**			
Information Technology Audits:						
Employee Enterprise Account Terminations	OP	300	1.8%	X		AF
IT Controls - College of Engineering and Technology	OP	300	1.8%	X		AA
IT Controls - School of Dental Medicine	OP	300	1.8%	X		AA
Outward Facing Servers	OP	300	1.8%	X		AF
		1200	**7.1%**			
Investigative Reviews:						
Hotline Allegations Triage	OP	140	0.8%			ALL
Investigative Reviews - Already In Progress	WIP	200	1.2%			
Investigative Reviews - Not Yet Received/Started	OP	1300	7.7%			
		1640	**9.7%**			
Follow-Up Reviews:						
Action Plan Tracking and Follow-Up	OP	600	3.6%			ALL
IT Vulnerability Management	OP	120	0.7%	X		AF
Conflict of Interest Management Plans	OP	120	0.7%	X		AA
MCNC ISO-27002 Recommendations	OP	120	0.7%	X		AF
Campus Living Hiring Process	OP	80	0.5%	X		SA
		1040	**6.2%**			
Consultations/Management Advisory Services						
Routine and Unplanned Consultations	OP	700	4.2%			ALL
Routine Data Analytics Support for Clients	OP	400	2.4%			ALL
University Committees, Workgroups, Education, and Client Relations	OP	400	2.4%			ALL
ERM Program Support	OP	100	0.6%			AF
Student Athlete Course Clustering	OP	60	0.4%			AA
Youth Programs/Minors on Campus Consult	OP	200	1.2%			SA
University Policy Process	OP	100	0.6%			CH
Regulatory Compliance Workgroup	ADD (1)	100	0.6%			ALL
		2060	**12.2%**			
Other/Special Projects:						
External Audits, SBI Reports, Routine Mtgs	OP	1200	7.1%			ALL
Audit Software Admin and Maintenance	OP	200	1.2%			NA

OP=Original Plan
WIP=Carry over from prior year
ADD=Added since July 1
CX=Cancelled
PPD=Postponed

Project Description		Budgeted Hours	% of Total	Key Risk	Strategy/ Mission	Division
Student Intern Program	OP	120	0.7%			NA
Increase EnCase Forensic Capabilities	WIP	100	0.6%			NA
Risk Assessment/Audit Planning 2023-2024	OP	100	0.6%			ALL
Required IA Self-Assessment	OP	240	1.4%			CH
University Code of Conduct	WIP	40	0.2%			CH
UNCAA Conference Host 2022	WIP	200	1.2%			CH
		2200	13.1%			
Total Direct/Chargeable Hours		**11940**	**71%**			
Administration		1800	10.7%			NA
Leave/Holiday		2300	13.7%			NA
Professional Development		800	4.8%			NA
Total Indirect Hours:		**4900**	**29%**			
Grand Total Hours		**16840**	**100%**			

Original Plan Approved by Chancellor Rogers on April 12, 2022

Original Plan Approved by ECU Board of Trustees Audit, Risk Management, Compliance, and Ethics Committee on April 28, 2022

(1) Changes Approved by Chancellor Rogers Oct 14, 2022 and presented to BOT Audit Committee Nov 3, 2022

OP=Original Plan
WIP=Carry over from prior year
ADD=Added since July 1
CX=Cancelled
PPD=Postponed

AGENDA ITEM

IV.A. Athletics Compliance Update... Alex Keddie
Senior Associate AD for Compliance

Situation: The world of intercollegiate athletics is rapidly changing.

Background: This committee has oversight of all regulatory compliance functions. Ms. Keddie will be providing a short update on recent changes related to Athletics Compliance.

Assessment: N/A

Action: This item is for information only.

NIL Landscape

Data as of October 4, 2022

Note: States with an asterisk have enacted Executive Orders related to name, image, and likeness
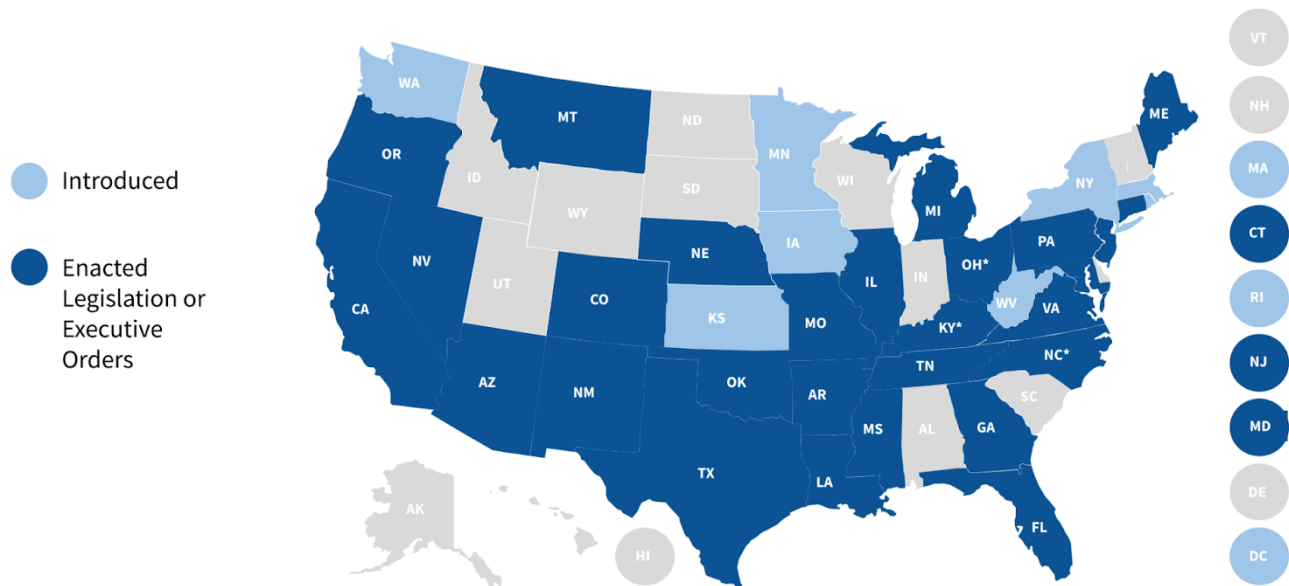
- 29 states have enacted name, image and likeness legislation (AL (2), AR (2; 3), AZ, CA (2), CO (2), CT (2; 3), FL (2; 3), GA, IL (2), KY, LA (2), MD, ME, MI (2), MO (2), MS (2; 3), MT, NE (2), NJ, NM, NV, OH (2), OK, OR, PA, SC (2), TN (2; 3), TX, VA (2; 3; 4))

- Of these, 26 states have enacted legislation/executive orders related to name, image and likeness that are currently effective (AL, AR, AZ, CA, CO, CT, FL, GA, IL, KY, LA, ME, MI, MO, MS, NC, NM, NV, OH, OK, OR, PA, SC, TN, TX, VA)

- 2 states have enacted a law that fully repeals the state's pre-existing NIL law (AL, SC)

- 8 states have enacted legislation amending their original NIL laws (CT, IL, LA, MO, MS, NE, OR, TN)

- 30 states, DC and Congress have introduced legislation related to name, image, and likeness (AL, CA, CT, FL, IA, IL, KS, KY, LA, MA, MD, ME, MI, MN, MS, NC, NE, NJ, NV, NY, OH, OK, OR, PA, RI, SC, TN, VA, WA, WV)

- 5 states have legislation related to name, image and likeness that are currently active (MI, NJ, NY, OH, PA)

- 6 states have legislation which has passed the 1st chamber (KS, MS, OH, RI, SC, WA)

- 2 states have legislation which has passed the 2nd chamber (NY, VA)

- 3 states have issued an Executive Order related to name, image and likeness. (KY, NC, OH)

- 1 state has adopted a regulation related to name, image and likeness (NV)

AGENDA ITEM

IV.B. Enterprise Risk Management Update ....Stephanie Coleman
Vice Chancellor for Administration and Finance

Situation: Regular update to the committee on the University's top enterprise risks and emerging risks.

Background: This committee oversees ERM.

Assessment: Ms. Coleman will update the committee on recent events and changes that impact the risk landscape.

Action: This item is for information only.

East Carolina University Enterprise Risk Management
2022-2024 Cycle Top Risks (as of November 2022)

Risk	Advisory Team(s)	Sponsor(s)	Updates
University workforce challenges: Recruiting and retaining qualified and diverse faculty and staff, including healthcare professionals; Retaining institutional knowledge for long-term success and sustainability; Competitive compensation; Faculty and staff wellness, stress, and burnout concerns; Morale and effectiveness of the workforce. Employee flexibility and remote work are key ways to mitigate these challenges, but these opportunities present risks related to cybersecurity, tax, export controls, compliance, and accountability of University assets.	Cabinet, Human Resources	VCAF	Update to Audit Committee Apr 2022. Various institutional and UNC System initiatives in progress.
University financial sustainability: The ability to maintain sustainable revenues from all sources (enrollment, auxiliaries, appropriations), understanding the impacts of the new funding model, and the impact of economic conditions during the period covered by this risk assessment	Cabinet, Finance	VCAF	Recurring financial updates to Finance and Facilities Committee.
Student recruitment and retention in an increasingly competitive market, magnified by reputation/perception challenges outside eastern NC	Strategic Enrollment Planning Team	Provost	Continuous efforts and recurring updates to University Affairs Committee.
Cyber threats (from external and internal sources) to the confidentiality, integrity, and availability of data and information systems	CIO, CISO	VCAF	Numerous reviews and mitigation efforts underway. Briefing for Audit Committee Sep 2022.
Position vacancies in key areas resulting in weakening of internal controls	Cabinet, Internal Audit	All VCs	Reviewed during annual self-assessment of internal controls and as part of internal audits.
Student crisis management, including food/housing insecurity, mental and physical health, and other urgent needs	Cabinet, Student Affairs	VCSA	Briefing to BOT Audit Committee, Nov 2022
Maintaining campus infrastructure, including routine and deferred maintenance, and hiring of external contractors/service providers	Campus Operations	VCAF	Recurring briefings to BOT Budget, Finance, and Infrastructure Committee
Continuing senior leadership transitions and reorganization, consistency and stability at the top, and impact on university's reputation, culture, strategy, goals, and sharing of information across divisions and units	Cabinet	Chancellor	
Clinical Healthcare: financial sustainability, dependence on external relationships for healthcare delivery, and risks related to the ECU Health integration	BSOM Dean	Chancellor, BSOM Dean	
Significant changing regulatory compliance requirements, including healthcare, HIPAA, research, foreign influence/research security, DoD cybersecurity requirements, athletics, Title IX, personnel, pandemic relief funding, equal opportunity, and privacy	Legal Affairs, Internal Audit, Compliance Offices	Chancellor, VC Legal Affairs	Regulatory Compliance Workgroup formed per Chancellor's direction, Aug 2022. Update to BOT Sep 2022.

East Carolina University Enterprise Risk Management
2022-2024 Cycle Secondary Risks
(These were considered by the ERM Committee but are not presently considered "top risks")

- ECU's reputation and visibility in large urban areas/competitive markets and with financial supporters (donors, legislators)
- Governance relationships and the impact on ECU's reputation, budget, and support *(in the top 10 during our previous risk cycle)*
- Sustainability of academic and student support programming and services and ability to meet student needs and parent and societal expectations, especially in the current environment *(in the top 10 during our previous risk cycle)*
- Technology backup, recovery, and continuity and coordination of priorities between IT and functional management
- Increased risk in academic integrity issues with the number of remote students and exams
- Legal liability issues specifically related to or resulting from COVID-19, including health and safety, student access, long-term accommodations, and employment matters (EEOC, ADA, etc.)
- Inability to sustain innovation and economic development due to resource constraints, impacting the engagement with and positive outcomes for eastern NC
- Business continuity planning that could be insufficient to prevent an operational failure from a disaster or other significant event(s)
- Lack of dedicated identification and monitoring of sponsored program expenditures and tracking of institutional metrics for externally funded research amplified by inadequate interfaces between the information systems used for research
- Conflicts of interest in research and patient care, which could result in loss of external funding and reputational damage
- Affiliated Entities' risk of noncompliance with operating agreements, misalignment with the university's mission, and potential for reputational damage
- Social unrest that could result in unsafe conditions, property damage, or reputational damage (could be related to students, employees, or the general public)

East Carolina University Enterprise Risk Management
Emerging Risks as of November 2022

- Inability to sustain extramural research and sponsored programs due to resource constraints, impacting faculty scholarship, discoveries and advances, faculty recruitment and retention, and student engagement.
- Responding to the changing demographics of our students. Adult learners' needs will be different than traditional college-aged students. Adult learners will not be as interested in student affairs services such as clubs, organizations, activities, etc., or perhaps athletics. The University will need to right-size these and other services to meet the needs of our different student populations.
- Monitoring the monkeypox situation and any other public health and safety issues that arise with the return of students to campus.

AGENDA ITEM

IV.C. Top Risk Update – Student Crisis Management...Virginia Hardy & Team
Vice Chancellor for Student Affairs

Situation: ECU students, like all college students, face many stressors during their experience. It is important that students, faculty, and staff help to identify individuals on campus who are exhibiting signs of difficulty for the safety of the individuals and others on campus.

Reporting behaviors of concern to professionals within the Dean of Students Office can be a crucial first step to helping an individual receive the support/resources needed and ensure the campus environment is a safe place for all individuals.

Background: The Dean of Students Office assists individuals in distress and connects them with the appropriate resources on or off campus. The university has two coordination and communication teams, Care Team and UBCT, that were established during the 2011-2012 academic year that help with identification, mitigation, education, and support.

Assessment: This presentation will describe the coordination and communication process used to identify and mitigate concerns, risks, threats and how to prevent dangerous incidents from happening in the campus community. The work of the Dean of Students office along with campus partners serves to create an environment focused on awareness of and responsiveness to concerning behaviors while simultaneously promoting student success by connecting students to appropriate support resources.

Action: This item is for discussion only.

AWARENESS OF AND RESPONSIVENESS TO BEHAVIORAL CONCERNS TO ASSURE CAMPUS SAFETY AND MAXIMIZE STUDENT SUCCESS

BOARD OF TRUSTEES BRIEFING

EAST CAROLINA UNIVERSITY
DIVISION OF STUDENT AFFAIRS
Greenville, North Carolina
November 2022

Executive Briefing Purpose

The purpose of this briefing is to describe how the Division of Student Affairs, through leadership from the Dean of Student's Office, has implemented a coordination and communication process that:

1. mitigates concerns/risks to prevent dangerous incidents from happening in the campus community;
2. promotes student success by connecting students to appropriate support resources.

Creating an environment focused on awareness of and responsiveness to concerning behaviors is foundational to the campus community taking ownership of safety and mitigating risks.

➢ **Awareness:** Our students at East Carolina University, like all college students, face many stressors during their experience. Faculty, staff, and visitors to campus may also be experiencing stressors in their lives that impact their behavior in the workplace or during a campus event. The university encourages students, faculty, and staff to identify individuals on campus who are exhibiting signs of difficulty. Reporting behaviors of concern to professionals associated with the Dean of Student's Office can be a crucial first step to helping an individual improve and ensure the campus environment is a safe place for all individuals. The table below defines a continuum of risk and provides examples of corresponding behaviors of concern. Reporting can be initiated via direct communication, ECU LiveSafe App, or an online link via the ECU website (https://ecucares.ecu.edu/#behaviorsofconcern).

Behaviors of Concern		
Minimal Risk	**Moderate Risk**	**High Risk**
Usually not life-threatening but may be an indicator that the individual's coping skills are being challenged.	Exhibiting clear distress, may be harmful to self but threat is vague and indirect.	May indicate an imminent safety risk to self and/or community and may require assistance from campus and community responders.
✓Frequent class absences ✓Difficulty adjusting to college life ✓Significant time management or procrastination issues ✓Falling asleep in class ✓Changes in appearance or personal hygiene ✓Uncooperative	✓Withdrawal from friends or daily activities ✓Irritability with others or acting out in anger ✓Erratic behavior ✓Disruptive classroom behavior ✓Comments about weapons ✓Serious emotional distress ✓Disturbing content in academic work ✓Indications of alcohol or drug use interfering with academic or social performance	✓Expressed intent to harm self or others ✓Intense or uncontrollable anger ✓Brandishing a weapon ✓Drug or alcohol overdose ✓Fighting or assaultive behavior ✓Overt threats to kill ✓Suicide attempt or threat ✓Bizarre delusions or hallucinations

➢ **Responsiveness:** The Dean of Student's (DOS) Office assists individuals in distress and connects them with the appropriate resources on or off campus. The Center for Counseling and Student Development, the Department for Disability Support Services, the Office of Student Rights and Responsibilities, Student Health Services, Campus Living, and ECU Police Department function as key partners with the Dean of Student's Office in this process through engagement in two coordination and communication teams that were established during the 2011-2012 academic year:

1. **Care Team** – Cases of concern are lower on a scale of risk and typically do not pose a threat to others.
2. **University Behavioral Concerns Team (UBCT)** – Cases of concern are higher on a scale of risk and pose a potential or imminent threat to others.

The Care Team

➢ **Definition:** The Care Team at East Carolina University is a **behavioral intervention team developed to assist students who are in crisis due to significant academic, personal, emotional, physical, psychological, or social stressors.** The Care Team operates to receive, collect, consider, assess, and intervene upon information received that indicates a student is in significant distress and, as such, is not being successful in his or her development as a student at East Carolina University.

➢ **Intake to Intervention Implementation:** The Care Team reviews all available relevant information, speaks with the student of concern and other involved parties as appropriate, assesses the severity of the behavior of concern, develops a personalized plan of intervention, and coordinates the implementation of the plan of intervention through collaboration with relevant campus resources and affected University departments on the record of its proceedings.

➢ **Case Management and Monitoring:** Case management services are provided to support the student of concern and monitor the effects of the intervention plan. The plan may be reassessed, and a new course of intervention chosen if the original intervention proves ineffective in addressing the behavior of concern.

➢ **Care Team membership (6 core unit personnel with ad hoc consultation):** University units represented include Dean of Students, Student Health Services, Disability and Support Services, Center for Counseling & Student Development, Student Rights & Responsibilities, and Campus Living - Residence Life.

➢ **Referral to University Behavioral Concerns Team:** Whenever the Care Team assess the behavior of concern to indicate a potential threat of harm to other members of the campus community, the particular behavior is then referred to the University Behavioral Concerns Team for additional assessment and intervention to ensure the safety of the campus community at large.

University Behavioral Concerns Team (UBCT)

➢ **Definition:** The East Carolina University Behavioral Concerns Team (UBCT) works to maintain a safe University environment that is conducive to academic achievement while balancing its concern for individual students, faculty, and staff. **UBCT specifically addresses concerning behavior exhibited by a student or group of students, a faculty or staff member, or a visitor to the campus that may indicate a potential for harm to others within the campus community.**

➢ **Intake to Intervention Implementation:** The team gathers and reviews all available relevant evidence; speaks with the individual of concern and other involved parties as appropriate; conducts a threat assessment based upon the information available; develops a personalized plan of intervention; coordinates the implementation of the plan of intervention through collaboration with relevant campus resources and affected University departments on the record of its proceedings; and provides case management to monitor the effectiveness of the intervention plan.

➢ **Continuum of UBCT Intervention Options:** UBCT develops a personalized plan of intervention for an individual after considering a full range of suitable options. The individual's plan is tailored to the circumstances of a particular case.

- **Student Cases:** Intervention plans for students may fall across a wide continuum in relation to the progressive level of concern the team might have regarding an individual student's behavior, safety, and the welfare of others. Plans developed may range from simply maintaining a confidential record of the reported student behavior or, in severe circumstances, may progress to an involuntary withdrawal of a student from the University or a referral for disciplinary action to the Office of Student Rights and Responsibilities. The team works in an advisory capacity.
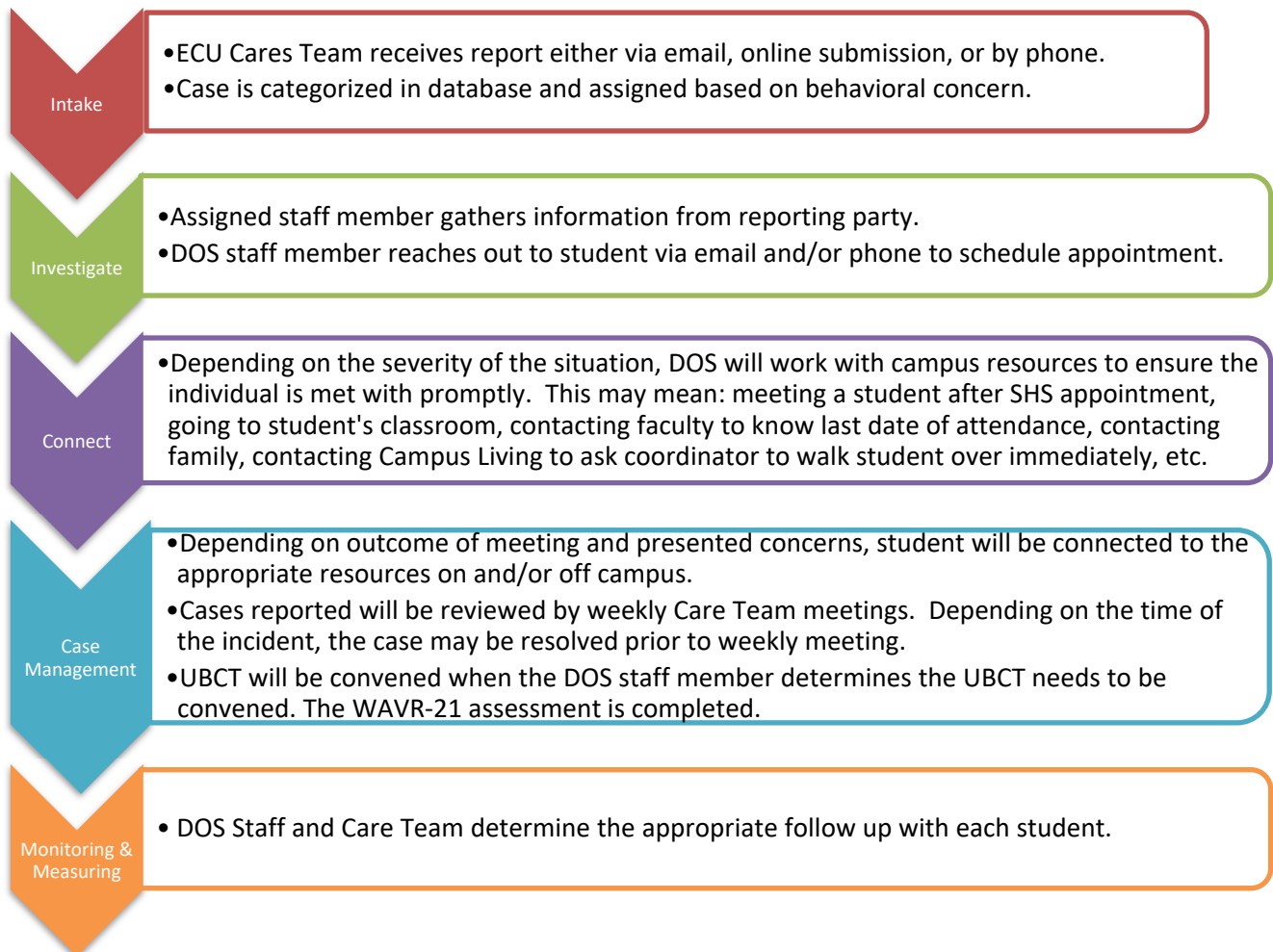
- **Faculty and Staff Cases:** Intervention plans for faculty or staff are developed in consultation with the supervisor in the departmental unit of employment, Human Resources, and University Council, who serve in an advisory capacity.

➢ **UBCT Membership (10 core unit personnel with ad hoc consultation):** University units represented include Dean of Students, Student Health Services, Disability and Support Services, Center for Counseling & Student Development, Office of Student Rights & Responsibilities, Campus Living - Residence Life, ECU Campus Police, Human Resources, Academic Counseling – Health Sciences, and a faculty member along with ad hoc consultation from the University Attorney and the Office of Equity and Diversity.
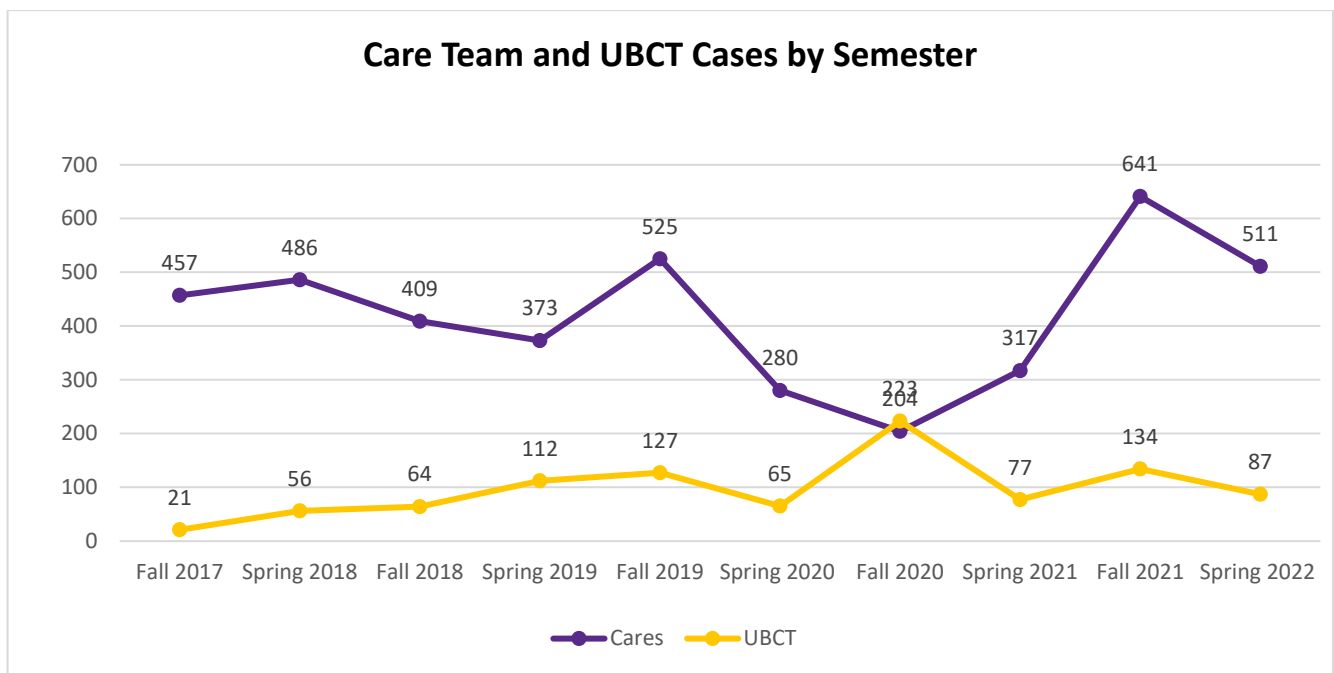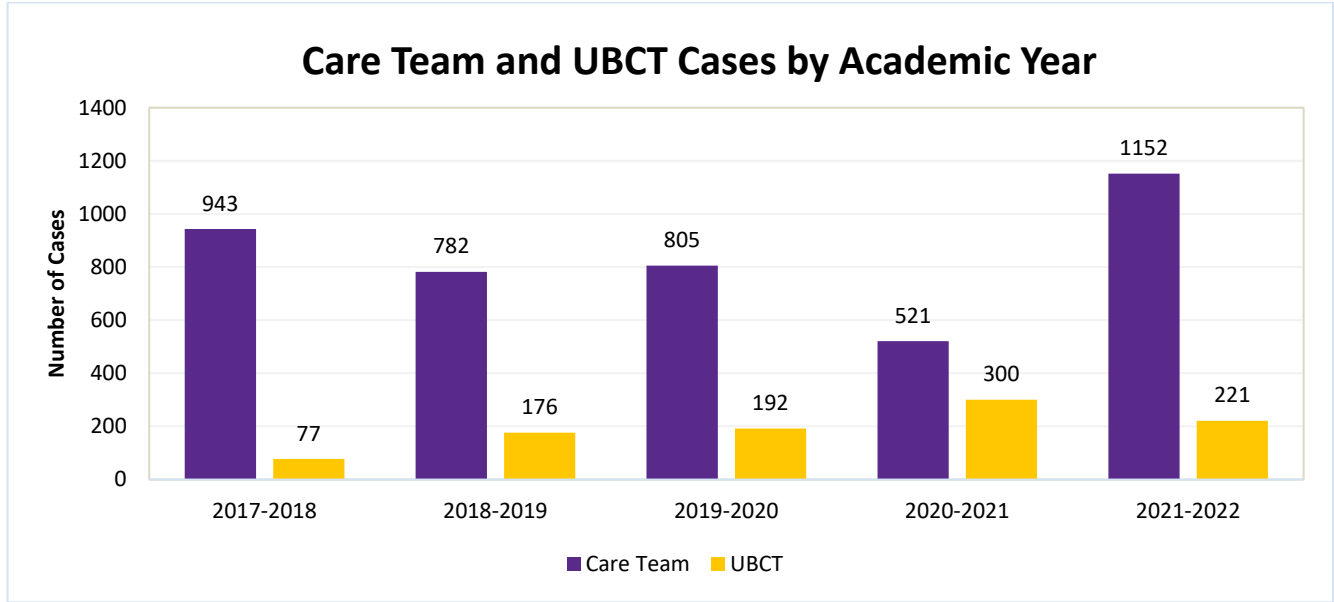
Privacy and Confidentiality

The Care Team and the University Behavioral Concerns Team do not release or share protected student information to any member of the campus community unless the recipient has a legitimate interest for the use of that protected information to perform a service or carryout a responsibility within that person's scope of employment. The teams' procedures for dealing with the disclosure of student educational records are in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA). Additionally, the teams comply with all federal and state law in discussing sensitive and confidential information about students, faculty and staff.

Case Review Process: This flow chart illustrates the sequencing of case review from start to completion.

Intake	•ECU Cares Team receives report either via email, online submission, or by phone. •Case is categorized in database and assigned based on behavioral concern.
Investigate	•Assigned staff member gathers information from reporting party. •DOS staff member reaches out to student via email and/or phone to schedule appointment.
Connect	•Depending on the severity of the situation, DOS will work with campus resources to ensure the individual is met with promptly. This may mean: meeting a student after SHS appointment, going to student's classroom, contacting faculty to know last date of attendance, contacting family, contacting Campus Living to ask coordinator to walk student over immediately, etc.
Case Management	•Depending on outcome of meeting and presented concerns, student will be connected to the appropriate resources on and/or off campus. •Cases reported will be reviewed by weekly Care Team meetings. Depending on the time of the incident, the case may be resolved prior to weekly meeting. •UBCT will be convened when the DOS staff member determines the UBCT needs to be convened. The WAVR-21 assessment is completed.
Monitoring & Measuring	• DOS Staff and Care Team determine the appropriate follow up with each student.

Care Team and UBCT Case Trends

Care Team and UBCT Cases by Academic Year

Number of Cases

Year	Care Team	UBCT
2017-2018	943	77
2018-2019	782	176
2019-2020	805	192
2020-2021	521	300
2021-2022	1152	221

■ Care Team ■ UBCT

Care Team and UBCT Cases by Semester

Semester	Cares	UBCT
Fall 2017	457	21
Spring 2018	486	56
Fall 2018	409	64
Spring 2019	373	112
Fall 2019	525	127
Spring 2020	280	65
Fall 2020	204	223
Spring 2021	317	77
Fall 2021	641	134
Spring 2022	511	87

●— Cares   ●— UBCT

➢ **2020-2021 Academic Year:** In early fall semester 2020, ECU transitioned to remote learning for all students. While the number of Cares cases decreased, UBCT cases significantly increased. A majority of the UBCT cases can be attributed to students who stayed in Greenville. Given the pandemic and isolation, students often had too much time on their hands, suffered from boredom, and experienced limited interpersonal and constructive engagement. Thus, a high level of alcohol and drug use along with emerging mental health concerns were exhibited in terms of behavioral concerns.

➢ **2021-2022 Academic Year:** Following a full year of remote learning and return to more traditional campus operations, the Care Team and UBCT saw an increase of interpersonal violence, community conflict, complex mental health issues, and harassing/threatening behaviors.

➢ **Fall 2022 Current Concerns:** The overall 2022-2023 Care Team and UBCT cases are expected to exceed last year's annual totals. For the months of August and September, fall 2022 Cares cases (n = 187) increased by 79 over fall 2021 cases (n = 108). Similarly, fall 2022 UBCT cases (n = 105) increased by 79 over fall 2021 cases (n = 26). A majority of cases are among first-time, first year students although distributed throughout the student body. The isolation experienced during the pandemic has resulted in limited coping skills and problem solving. Many of the students referred to the Cares or UBCT are utilizing threats or violence to solve problems, on themselves or against others. It has also been noted that a sizeable number of students enroll with multiple existing mental health diagnosis. Finally, students want to make friends but appear to have developmentally limited levels of social skills.

Intervention Implementation

➢ **Risk Assessment WAVR-21 to Plan Development Purpose:** The University Behavioral Concerns Team determines the level of risk presented by the behavior of concern by assessing the initial concern, additional corroborating evidence, history of concerning behavior and other relevant information as deemed appropriate. The WAVR-21 (version 3) assessment serves as a structured rubric evaluating 21 risk factors followed by development of a risk opinion narrative organized around six questions in which responses serve as the action framework for an intervention plan. Based on this determination, the UBCT develops an intervention plan with strategies to address the identified level of risk.

- The recommended plan will have a positive effect on the individual of concern, reducing the threat to the University community; and
- The plan presents the best available option under the circumstances for both the individual of concern and the great University community.

➢ **Intervention Plans:** Intervention plans may include the following actions, but are not limited to, recommendations such as the following:

- Referrals to resources and appropriate on and off campus agencies.
- Mandates for evaluations by the Center for Counseling and Student Development or other external agencies.
- Meeting with the Office of Student Rights and Responsibilities (OSRR).
- A recommendation to OSRR of interim disciplinary measures.
- Voluntary or involuntary withdrawal (involuntary is awaiting approval).
- Follow up with supervisor if student is an employee of the university.
- Mandate a timeframe for updating the UBCT on the progress of recommended intervention plan (i.e., weekly, in two weeks, in a month, etc.).

➢ **Monitoring and Follow-up:** For student behavior, the implementation and outcome of each intervention plan is coordinated and monitored by the Risk Assessment Coordinator situated within the Dean of Student's Office.

Briefing Conclusion

This briefing describes how the Division of Student Affairs, through leadership from the Dean of Student's Office, has implemented a coordination and communication process that mitigates concerns/risks to prevent dangerous incidents from happening in the campus community and promotes student success by connecting students to appropriate support resources. Creating an environment focused on awareness of and responsiveness to concerning behaviors is foundational to the campus community taking ownership of safety and expanding student success.

AGENDA ITEM

IV.D. Research Compliance Update ....Becky Welch
Associate Vice Chancellor for Research Administration

Situation:	Recent changes in the organizational structure within REDE resulted in changes in some compliance-related roles.
Background:	Since this committee oversees regulatory compliance functions, the members should be aware of the changes.
Assessment:	N/A
Action:	This item is for information only.

Chief Research and Engagement Officer

- *Exec. Assist.*
- Compliance Monitoring and Strategic Initiatives
- Post-IRB approval Monitoring

AVC Research Development
- Postdoctoral Affairs
- Undergraduate Research/RCAW
- Proposal Development
- Limited Submissions
- Faculty Development
- Centers and Institutes
- Startup
- Core Facilities & Shared Spaces

AVC Research Administration & Compliance
- Pre-Award
- Post-Award
- eRA and Data Analytics
- Human Subjects & Animal Protection
- Data Governance & Stewardship
- Res. Integrity & Compliance
  - Export Controls & Foreign Influence

AVC Economic & Community Engagement
- CPE
- National Security and Industry Initiatives
- Licensing and Commercialization
- Regional Development
  - ECRIC
  - SEED@ECU
  - SBTDC
- Engaged Research
  - RISE29
  - PFI
  - EOSA

AGENDA ITEM

IV.E. External Audit Update .... Wayne Poole
Chief Audit Officer

Situation:	The annual external financial audits of the University and its affiliated entities are underway.
Background:	This committee is responsible for receiving reports of all internal and external audits.
Assessment:	The committee will receive an update on the ongoing audits. The reports are expected to be published prior to the committee's next meeting.
Action:	This item is for information only.

AGENDA ITEM

IV.F.   Recent Internal Audits...Wayne Poole
Chief Audit Officer

Situation: The committee receives a briefing at each meeting on selected internal audit engagements that have been closed.

Background: Committee Chair Smith selected the engagements to be discussed at this meeting.

Assessment: Mr. Poole will present background and results of the selected engagements.

Action: This item is for information only.

AGENDA ITEM

V.   Other Business .... Wayne Poole, Chief Audit Officer

Situation: Other items to be brought to the committee if applicable

Background: N/A

Assessment: Other Items to be brought to the committee if applicable

Action: This item is for information only.