

BOARD of REGENTS



AUDIT AND COMPLIANCE COMMITTEE SPECIAL MEETING

*Friday, March 31, 2017 1:00 pm
Scholes Hall, Roberts Room*

The University of New Mexico
Board of Regents' Audit and Compliance Committee
Special Meeting
March 31, 2017 – 1:00 PM
Roberts Room
Agenda

ACTION ITEMS

1. Confirmation of a Quorum and Adoption of Agenda
2. Approval of Meeting Minutes from March 2, 2017
3. Audit and Compliance Committee Meeting dates for Calendar Year 2017. The following proposed meeting dates are being presented for Committee approval. The Committee meets in the Roberts Room. This schedule will accommodate both entrance and exit conferences for the FY17 External Financial Statements Audit.

April 28, 2017 at 1:00 PM (Entrance Conference for FY17 External Audit)

August 3 or 4, 2017 Start at 9:00 AM

October 20, 2017 Start at 9:00 AM (Exit Conference for FY17 External Audit)

4. Approval of the Contract for UNM FY17 Annual Financial Statements Audit (*Elizabeth Metzger, University Controller*)

INFORMATION ITEMS

5. Advisors' Comments
6. Main Campus Chief Compliance Officer Status Report (*Libby Washburn, UNM Main Campus Chief Compliance Officer*)
7. Director of Internal Audit Status Report (*Manu Patel, Internal Audit Director*)
8. Status of Audit Recommendations (*Chien-chih Yeh, Internal Audit Manager*)
Implemented
Pending

EXECUTIVE SESSION

9. Vote to close the meeting and to proceed in Executive Session as follows:
 - a. Discussion of draft Internal Audit Reports, and discussions of information subject to attorney-client privilege pursuant RPM 1.2
 - b. Discussion of limited personnel matters pursuant to exception at Section 10-15-1.H(2) NMSA (1978);
 - c. Schedule of Audits in Process and FY17 Audit Work plan, pursuant to RPM 1.2
 - d. Vote to re-open the meeting.
10. Certification that only those matters described in Agenda item # 9 were discussed in Executive Session and if necessary ratification of action, if any, taken in Executive Session.
11. Adjournment

THE UNIVERSITY OF NEW MEXICO
Board of Regents' Quarterly Audit and Compliance Committee Meeting
March 2, 2017 – Draft Meeting Minutes

Members Present: Chairman Jack Fortner, Tom Clifford, Garrett Adcock arrived during open session while in progress (quorum).

Other Attendees: Chaouki Abdallah, Liz Metzger, Duane Arruti, Jeff Gassaway, Amy Wohler, Kimberly Bell, Chris Vallejos, Francie Cordova, Carla Domenici, Che Nyamboli, Wayne Sullivan, Dennis Webber, Pamina Deutsch, Ella Watt, Purvi Mody, Pamela Pyle, Nicole Dopson, Joe Miera, Josh Lewis (Moss Adams), Steve Keene (Moss Adams), Manu Patel, Chien-chih Yeh, Lisa Wauneka, Victor Griego, Mallory Reviere, Amy O'Donnell.

Chairman Fortner called the meeting to order at 2:23 PM in ROBERTS ROOM, Scholes Hall, UNM.

ACTION ITEMS:

- The Committee approved the meeting agenda and the minutes from the meeting of November 11, 2016.

INFORMATION ITEMS:

- Chairman Fortner stated he cannot attend either of the proposed dates for the next meeting – April 21, 2017 or May 5, 2017. Internal Audit Director Patel stated he will send out proposed new dates. The Chairman stated the other dates for future meetings are fine.
- Chairman Fortner asked for advisor comments. There were no comments.
- Sanjay Bhakta, Deputy State Auditor, and Sarita Nair, Chief Government Accountability Officer and General Counsel from the New Mexico State Auditor's Office, and Josh Lewis from Moss Adams gave a presentation to the Committee regarding a special audit of indigent health care that is statewide, but beginning with UNMH. UNMH has, according to the State Auditor's Office, the most comprehensive data on the subject.

As the presentation began, Garrett Adcock, new Student Regent Appointee, arrived for the meeting. Chairman Fortner stated that he was appointed to fill a vacancy and in his opinion, Regent Adcock is a voting member and can vote.

Ms. Nair stated there are a lot of general misunderstandings about payments and funding for indigent health care, specifically with regard to the changing healthcare landscape. The areas they looked at included UNM Hospital, the UNM Medical Group, and the Sandoval Regional Medical Center. Ms. Nair reported staff were wonderful and cooperative.

There were four objectives: 1) a general layperson's understanding of healthcare finance; 2) address the issue of dedicated revenue and use of Bernalillo/Sandoval county mill levies; 3) costs compared to people served; and 4) research processing of people who have an insurance plan but also qualify for charity care. Chairman Fortner asked for clarification on the use of the term charity care. Ms. Nair replied that they use charity care and UNM Care sort of interchangeably.

The State Auditor's Office found costs for providing indigent care have decreased between 2014 and 2016, but UNMH is actually serving approximately 34% more people. A \$16 million shortfall still exists between what is truly dedicated to indigent healthcare and what is spent. They also found the Hospital was indeed processing people who qualify for charity care even if they have a

form of insurance. If the patients could not afford to pay co-pays and deductibles, they are provided by charity care.

The next steps are that they have required this test work be performed at all public hospitals in New Mexico. They are looking forward to being able to provide statewide data. They are grateful to UNM for providing the test run and to Moss Adams for developing the procedures.

Mr. Lewis presented the technical data to the Committee. Moss Adams had several meetings with the State Auditor's Office to determine what the project should look like when complete, what the procedures would be, and how the project would be structured. It was structured as an agreed-upon procedures engagement, meaning that Moss Adams would not provide an opinion. It is merely procedures performed and exact results. Included are over- and under-funding reports for Bernalillo and Sandoval counties. Also included is information regarding how the costs were determined. They tested the mathematical accuracy of the schedules with no issues found. The funding schedule has three parts – funding of indigent care (dollars coming in), costs, and number of patients receiving indigent care.

They also tested completeness of information with sampling of the cost piece. There are different categories – uninsured patients, patients qualifying under EMSA, etc. They used a sample size of 270. Of those 270, 16 had some documentation missing with regards to determination of qualification (approximately 6 percent). They may have had all but one piece. On the subject of cost of care related to the patient portion of bills (if they are unable to pay the deductible, etc.), the numbers that are recorded as to the cost of providing that charity are actually understated in the report. Chairman Fortner stated Mr. Lewis is using charity care in a different way than Ms. Nair did. Mr. Lewis responded that he is referring strictly to the people that qualify. In this particular case, it is somebody who has a plan but cannot pay a deductible and meets the threshold under UNM Care. Ella Watt, CFO, UNMH, added there are several ways, UNM being the largest. Chairman Fortner asked Ms. Watt if UNM Care has a deductible. She replied that they seek some form of payment. It would be a very small amount, depending on type of service, perhaps five to ten dollars. Additionally, the cost is captured for amounts that include charge-offs. So if a bill for \$1000 has a \$300 charge-off, the cost is captured as \$700. Therefore true costs are understated.

Mr. Lewis stated they did testing around payment of copayments. Of the sampled items, there were 101 transactions that should have a copayment according to policy. Only 19 copayments were collected, although an attempt was made. According to Mr. Lewis, that is not uncommon. Regent Clifford stated what would be really helpful to see how much money is being forgiven, and in each category. Because, for instance, there are people who qualify at 300 percent over poverty level, and that is way over the average income in this state. Ms. Watt stated they are considered charity care so they would not take action to collect, but she agrees that the policy is very generous. Ms. Watt stated she will run the data. For charity care-qualified patients, if there is a bill at the time of service for \$100, and the co-pay is five dollars, they will make an attempt at the payment of the five dollars. If they cannot get that payment, they will write the entire \$100 off. The \$95 was never going to be asked for. Interim President Abdallah asks what happens if they do not pay the copayment at time of service but they do pay it at a later time. Ms. Watt stated they would adjust it accordingly. Mr. Lewis informed the Committee if the money is collected, they made sure it was part of the detail feeding the numbers. The copayments are counted as money received for indigent care. Moss Adams verified that information and found no discrepancies.

Mr. Lewis noted that the ratios of cost to charge differ every year depending on the category where people land. The information here is much more precise than pulling the information off of Medicare cost reports, which is blended differently. Regent Clifford stated that the costs roughly doubled in fiscal year 2016. Mr. Lewis replied that is the shift of patients that are now buying insurance through the exchange. So they are shifting off of the uninsured "bucket" to a different reporting area of charity care. Ms. Watt verified that is indeed the case. Chairman Fortner asked what the reimbursement difference is between what was the Medicare reimbursement and the new exchange information. Ms. Watt replied she did not have that information with her. But if she had to guess, Medicare pays about 30 cents on the dollar on the outpatient side; it's more generous on the inpatient side. Healthcare plans are going to be closer to the Medicaid plans at about 35 to 37 cents on the dollar. Medicaid does not cover all of the costs either. People could have Medicaid coverage as well in this bucket. Not all Medicaid plans are created equal. For instance, there is a Medicaid plan that only covers family preventive care benefits. This plan only covers one free annual exam and birth control for the year. If that particular person needs to be seen for any other reason, they would qualify for UNM Care. That whole visit would be under UNM Care; Medicaid is not going to pay.

Mr. Lewis concluded with discussion about the final item that Moss Adams looked at, which was to compare number of patients to detail provided on the schedule. Again, there is an increase in number of patients, as Ms. Nair pointed out, with costs going down. That is due to the shift from covering 100 percent of the costs to only covering the deductible or copayment portion the patient is unable to pay. Interim President Abdallah noted that even if you add the two categories together, the cost has decreased. Ms. Watt noted that it is important to remember, however, that as stated earlier the numbers do not represent the actual cost of care.

Regent Clifford stated it is a helpful report but it still leaves a lot of questions. He also asked for a glossary of terms. The good news, according to Regent Clifford, is that Moss Adams found compliant results. Mr. Lewis agreed, and said that except for those few that had missing documentation, there were no other errors throughout the report. Regent Clifford asked how much we paid for this audit. The response was \$50,000. He then stated he thinks our staff could do this work. He does not think we need to bring in outside people; we should be able to do it internally, and we should expand on this. It should be a regular, annual report. It does not answer all of the questions the County has.

Regent Clifford stated if he was the County right now and sitting in this meeting, he would say that UNM has policies where it subsidizes care to non-indigent people. Ms. Watt replied everyone has to be indigent. Regent Clifford stated that is where definitions matter. In his mind, if someone is making more than the average income in the state, they are not indigent. The county is unhappy because they would like to know where their money is going. Legally, technically, all it does is support operations of the Hospital. That is not a very satisfying answer to them, and we owe them more. Implicitly, that funding is helping to subsidize this care. Even though it has come down, there is still a \$60 million hole in this report. So, how is that getting filled? Partly with the mill levy. Ms. Watt stated that is correct, so that we can continue to treat all patients. Regent Clifford stated he knows the County is still not happy. They are less happy every time he talks to them. To tell them it is all the statute says is not a very appropriate answer. As a governing body, the Regents need to understand this better. And they need to have better, more thorough discussions with the County rather than just pointing them to the black and white letter of the law. This is a good start, but it is not a complete set of answers.

Mr. Lewis advised the Committee that there is a set of definitions that were not included with this report, but he can provide them. Regent Clifford stated we need an internal report that we update every year. Ms. Watt stated that they used to provide an uncompensated care report that included uninsured care and charity care prior to this that was posted on their website. Uncompensated care is made up of those two pieces. Last year was the first year they did not do that because of this agreed-upon procedures engagement.

Regent Clifford asked about the scope. In what way did the scope of this agreed upon procedures audit go beyond what is done in the annual, external audit? Mr. Lewis replied that charity care gets disclosed in the footnotes but it is not recorded as revenue, similar to how contractual adjustments for insurance companies work. Accounting standards essentially say you don't report the revenue you knew you were never going to get. So they look at the disclosure, assess the disclosure, and tie out to general ledger detail. And they look at control testing over coding of adjustments. This one was much more targeted to dividing it up by county and individually making sure the people who were supposed to be getting charity care were getting it, for those who fall under the high-deductible plans. The people who were getting charity care were qualifying all the way down to a very large sample size. Looking at the individual support for each of those patients, as well as looking at the funding components in terms of how they billed.

Regent Clifford asked if it goes to the question of whether we are complying with statute, complying with the mill levy. What kind of statutory standard are we testing? Mr. Bhakta replied he does not think that is what they are testing. The County was not happy with what was provided by UNM in the past. The County came to the State Auditor's Office and asked them to look at it and asked if they could audit it. The State Auditor's office told the County they did not have the expertise in that area, but UNM agreed to an independent auditor. Regent Clifford asked if it would be a fair paraphrase to say that we are doing what we told the County we are doing. Mr. Bhakta replied yes. Mr. Lewis added that as far as what they have put on this report that is correct.

Chairman Fortner stated he agrees with Regent Clifford that it is a good start, but it is not enough information to satisfy.

By unanimous consent, the meeting went into Executive Session for the reasons stated in the agenda. The meeting went in to closed session at 3:05 PM.

- a. Discussion of draft Internal Audit Reports, and discussions of information subject to attorney-client privilege pursuant RPM 1.2
- b. Discussion of limited personnel matters pursuant to exception at Section 10-15-1.H(2) NMSA (1978);
- c. Schedule of Audits in Process and FY17 Audit Work plan, pursuant to RPM 1.2
- d. Vote to re-open the meeting.

The meeting returned to open session at 4:40 PM, with certification that only those matters described above were discussed in Executive Session.

- Amy Wohlert, Chief of Staff, President's Office, stated that Francie Cordova, Director, Office of Equal Opportunity (OEO), will provide an overview of the operations of OEO per previous request by the Committee. Ms. Cordova reports through Libby Washburn, Chief Compliance Officer, up to Ms. Wohlert. The OEO staff includes a Title IX Coordinator, Heather Cowan, and a

Clery Coordinator, Rob Burford. Ms. Cordova noted they have two very experienced investigators that hold J.D.s. One investigator is a retired A.P.D. Commander and former investigator for the EEOC. Another investigator has over 20 years of high level Human Resources investigations experience. The newest investigator is a 16-year probation officer with the Second Judicial District.

Chairman Fortner asked if the investigators investigate both Clery and Title IX issues. Ms. Cordova replied yes. She stated their office investigates all civil rights complaints. Their authority flows out of Regent and University administrative policies. The policies are all informed by federal and state laws. It is every protected status including age, race, veteran status, sexual orientation, gender identity, religion, etc.; there are 16 protected classes that they investigate claims based on. The bulk of their work is investigations, but that is a portion of what they do.

Chairman Fortner asked for a list of those 16 classes. Ms. Cordova replied she can provide that. Regent Clifford would like to know which acts apply to which ones. Ms. Cordova stated this is an initial overview and whatever they would like more detail on, she would be happy to do. Regent Clifford asked if there is a policy manual he should know more about. Ms. Cordova said they also have an internal document that is over 20 pages long. She will provide the Committee with all of this requested information. Chairman Fortner said that each time Ms. Cordova presents to the Committee, the presentation could be focused on one area, like Title VII, then Clery, etc. Ms. Cordova added that the Regents are the appellate body for some of their findings.

Ms. Cordova stated their case number is growing pretty significantly, in part because they are increasing partnerships and collaborations with the campus community. One of her charges when she came in was to revamp the office in terms of staffing and training outreach. There was a disconnect and a lot of turnover. The work that they do is very stressful.

Chairman Fortner asked for clarification on Title IX and if it only applies to students. Ms. Cordova said it does not only apply to students. The Chairman then asked how long ago the Title IX Coordinator came on board. Ms. Cordova stated it was about 18 months ago. Chairman Fortner decided he should restate the earlier comment and ask that the first presentation be about Title IX. It is such a new field and so difficult to investigate. Ms. Cordova stated these cases are increasing and they are glad people are reaching out to them. They want to prevent it as much as possible through education.

Ms. Cordova informed the Committee that they do a great deal more than investigations. They do all the civil rights training for the campus community. She is the ADA Coordinator for the University, so everything regarding access goes through their office. If someone needs a sign language interpreter or accommodation in the classroom, etc., that flows through her as well. They compile the federally-required Annual Affirmative Action plan for the University. This plan determines if any positions are underutilized for women, minorities, veterans, and individuals with disabilities. This University actually does pretty well in terms of underutilization. UNM has a vendor (national firm Jackson Lewis) that provides the statistics on underutilization. Her area is also key in terms of the Department of Justice compliance. Ms. Wohlert added that UNM's diversity goals are not necessarily the same as the Affirmative Action Plan.

Chairman Fortner inquired as to the makeup of the OEO staff with regard to minorities. Ms. Cordova answered that they have a very diverse staff. There are 11 full time staff. At least six are minorities and they are nearly three-quarters female. There is diversity in terms of sexual

orientation as well. The Title IX Coordinator was previously an investigator at the University of Michigan and then an investigator at UNM. The Clery Coordinator has been with UNM for over 20 years. He was the Dean of Students' Conduct Officer. Ms. Cordova said she believes about half of the staff have undergraduate students attending UNM so there is that investment as well.

Ms. Cordova informed the Committee about what OEO does not do. They do not sanction. They are independent, neutral fact-finders. They are not telling anyone to fire or suspend, etc. That authority lies with others. Students are sanctioned by the Dean of Students. The Dean, Chair or Provost sanctions faculty, and for staff it is Human Resources.

Ms. Cordova provided statistics on the number of trainings they provide. This year they also instituted a mandatory training for all faculty and staff through Learning Central. There was nearly a 99% compliance rate. Ms. Cordova provided data on case load, including types of cases and outcomes. In 2016, almost 500 inquiries came in. Very few come in through the Hotline; it's mostly walk-ins or call-ins, as well as an on-line form or witnessed events. They attempt to resolve a great deal of them informally, and may include a non-punitive educational conference. The goal is to try to change the behavior. It is a very successful practice, as approximately 98% of the cases do not come back. Chairman Fortner asked what happens if a case comes in regarding belittling, or fat shaming for instance. Ms. Cordova stated that it is only jurisdictional to UNM if it is not based on a protected status. Those cases they will typically refer out to other areas. Regent Clifford asked for the data from prior periods to see what is happening as far as resolution. He would actually prefer just to see resolved cases. Chairman Fortner asked to see a breakout of sexual harassment cases by students or by staff. Regent Clifford added a time series is helpful as well to see what the trends are. Ms. Cordova noted a finding can get appealed and any sanction can get appealed as well. Ms. Cordova stated when she comes back the next time, she will present on Title IX as requested.

Regent Adcock informed Ms. Cordova and the Committee members that he is color blind, so he requests that the charts and graphs do not rely heavily on colors.

The Committee unanimously approved the following UNM Hospital audits:

- Hospital Outpatient Coding Audit, Report #2016-04
- Access UNM/PALS, Report #2016-05

The Committee unanimously approved the following UNM Audit:

- UNM Continuing Education and University-Wide Reimbursements Audit, Report #2017-05

The meeting adjourned at 5:12 PM.

Approved:

Audit and Compliance Committee Chairman

There is no
handout
required for
this item

**INFORMATION
TO
BE
SUPPLIED
AT
MEETING**

There is no
handout
required for
this item



Compliance Office - Main Campus

**MARCH 2017 AUDIT & COMPLIANCE COMMITTEE MEETING
UNM Compliance Office – Main Campus Update**

The UNM Compliance Office – Main Campus has been focusing on the following matters since the last update to the Audit & Compliance Committee in November 2016.

SAFETY AND SECURITY

DOJ Follow Up

The Compliance Office is overseeing the implementation process for the agreement with the U.S. Department of Justice to ensure that UNM is meeting its requirements and deadlines. UNM has filed three status updates with DOJ since the agreement was implemented on October 17, 2016. Since the last Audit & Compliance Committee meeting, UNM submitted a second status report on January 5, 2017, detailing the completion rate for sexual harassment training for all employees. The third status update was sent to DOJ on February 1, 2017. It included detailed information on the plan to provide in-person training to the entire student body as well as the plan to implement a comprehensive monitoring program.

See attached February 1 Status Report to DOJ

Minors on Campus

On January 9, 2017, the Main Campus Compliance Office convened the Minors on Campus Taskforce to discuss Phase 2 of the Minors on Campus Policy. The Taskforce discussed conducting a comprehensive inventory of the programs across campus that involve minors and possibly implementing a central tracking system to monitor these programs. The Compliance Office offered to take the lead on an inventory and to coordinate with IT on a tracking system.

A meeting was held with IT and the Main Campus Compliance Office to define a process where Minors on Campus programs at UNM would be surveyed and the information collected be automatically entered into a database. This would give UNM a baseline inventory of Minors on Campus programs. Currently Minors on Campus Programs and the numbers of minors coming onto UNM's campus have not been centrally recorded. This database would eventually be used to register Minors on Campus Programs and continually update data so that the most current information would be readily available. The Main Campus Compliance Office and IT will be talking to the University of Connecticut's Minor Protection Coordinator to gain insight into their registration application and their experience.

The Taskforce will convene again in April to discuss the progress on these tasks.

UNM COMPLIANCE HOTLINE

Protocols for Investigations

Investigation protocols serve to delineate the formal procedures for initiating investigations for a range of university compliance issues. Such protocols protect the integrity of the process as well as the rights of the person filing the complaint and the alleged offender. Currently, different units and departments within UNM have protocols in place but there are no uniform protocols when investigating concerns received through the UNM Compliance Hotline.

In January 2017, the Main Campus Compliance Office finalized the investigative protocols for handling day-to-day internal investigations received through the Compliance Hotline. These protocols describe how an investigation is initiated, conducted, documented and how a decision is ultimately reached and communicated. Consistent, uniform protocols will improve the integrity of the process.

See attached Protocols

Increase Awareness about the UNM Compliance Hotline

In January 2017, the Main Campus Compliance Office developed an outreach plan to increase awareness of and encourage reporting through the hotline. The Compliance Office is reaching out to UCAM for assistance with creating several inexpensive communication materials to distribute throughout the campus. In addition, starting in March, the Compliance office will begin to distribute a quarterly newsletter entitled *Lobos for Compliance*.

Short Form

The Main Campus Compliance Office is considering implementing an “Open Door Report Form.” This form is intended for escalating and/or documenting any report or question that involves actual or potential misconduct to policies, laws or regulations. Investigators have been requesting a “Short Form” to add cases to the UNM Compliance Hotline that do not require a full blown investigation. The form can be used to include all intake channels, including phone, web and open door reports in one system. The form will have a URL and can be used out in the field to capture information that will go directly into the UNM Compliance Hotline to be reviewed.

RISK ASSESSMENT

In March or April 2017, the UNM Internal Audit Department and the Main Campus Compliance Office will circulate a formal risk assessment to various UNM Units. Compliance Partners and

other entities on campus will be asked to identify and assess the institutional-level risks and opportunities for which they are responsible. Results of all risk assessments and response plans will be collected by Internal Audit and the Main Campus Compliance Office staff.

After Internal Audit quantifies the results of the risk assessment, the Main Campus Compliance Office will monitor the risks identified by the assessment throughout 2017. The Chief Compliance Officer will also meet with the Compliance Partners to generally discuss risk.

COMPLIANCE MATRIX

In December 2016, the Main Campus Compliance Office convened the Institutional Compliance Committee. At the meeting, the office distributed an updated UNM Compliance Matrix. The Matrix was developed by the Main Campus Compliance Office to document all known federal, state and local laws and regulations governing colleges and universities. It includes a brief summary of each law and the applicable reporting deadlines.

WHISTLEBLOWER POLICY

Fear of retaliation is a major reason that individuals fail to report misconduct. In implementing the UNM Compliance Hotline, UNM adheres to a non-retaliation policy. UNM's current whistleblower policy was last revised in 2007. A revised whistleblower protection policy is needed to encourage people to bring their concerns forward without fear of retaliation.

The Main Campus Compliance Office is working with the UNM Policy Office to finalize a new policy on Reporting Suspected Misconduct and Whistleblower Protection in 2017. A draft was recently circulated for constituent review.

ONGOING

The Main Campus Compliance Office will continue to evaluate emerging compliance trends in higher education and government and recommend best practices for UNM.

CONTACT INFORMATION

University of New Mexico Main Campus Compliance Office

Libby Washburn, Chief Compliance Officer

Eileen Sanchez, Compliance Specialist

609 Buena Vista Dr. NE, MSC05 3150

Albuquerque, NM 87131-0001

Phone: 505-277-0169 Fax: 505-277-1190 Email: compliance@unm.edu

<http://compliance.unm.edu>

UNM Compliance Hotline

Toll-Free Phone: 1-888-899-6092

<https://unm.ethicspoint.com>

**STATUS REPORT TO THE U.S. DEPARTMENT OF JUSTICE
SUBMITTED BY THE UNIVERSITY OF NEW MEXICO
February 1, 2017**

I. INTRODUCTION

The United States Department of Justice, Civil Rights Division, Educational Opportunities Section, the United States Attorney's Office for the District of New Mexico and the University of New Mexico entered into an Agreement on October 17, 2016, to address the University's obligations under federal civil rights laws to prevent and address sexual harassment, including sexual violence, and to provide clear and consistent policies and procedures for reporting, investigating and responding to such conduct. The Department of Justice (DOJ) recognized that throughout the investigation into the matter, the University has taken significant and proactive steps to strengthen its prevention of and response to sexual harassment and assault on the campus. The DOJ also acknowledged that the University has, in good faith, initiated many of the actions prior to execution of the Agreement.

UNM agreed to comply with the requirements of the Agreement starting on October 17, 2016, and to maintain compliance for the duration of the Agreement. This February 1, 2017, submission represents the third formal status report filed under the Agreement.

II. DELIVERABLES

Task: Sec. IV.B.1. – Training for Responsible Employees

Due Date: December 31, 2016

By December 31, 2016, the University will provide training to all University staff and faculty that it designates as responsible employees, including but not limited to members of the UNMPD. This training will explain the University's responsibilities under Title IX to address allegations of sexual harassment and how employees should respond to reports of sexual harassment.

Status Update:

Currently, in accordance with UAP Policy 2740, all UNM employees are designated as responsible employees. UNM requires all faculty, staff and student employees to take the online course, "*Intersections: Preventing Discrimination and Harassment*," on an annual basis. The training is designed to raise awareness about workplace harassment including sexual harassment, various types of discrimination, Title IX, and Campus SaVE Act information. The training includes the role of an employee in reducing or preventing incidents of sexual harassment, UNM's policies prohibiting sexual harassment, and available resources for those who have experienced sexual harassment. The training module was loaded into UNM's Learning Central training database in early 2016 and all employees were told they needed to complete the training by December 31, 2016.

In the University's second status report submitted on January 5, 2017, UNM provided DOJ with an update on responsible employee training completion statistics.

As of January 29, 2017, in Tab 3.1, is the Incomplete Mandatory Training list. This list includes all Faculty, Staff and Student Employees who have not completed the Intersections module. Tab 3.1a contains a

report of totals and percentages for employees who completed the Intersections Training as of January 29, 2017. A summary of the training completion report is as follows:

Intersections Training: Completions as of 1/29/17

Regular Staff	Complete	Incomplete	Total	% Complete
Contract Staff	174	1	175	99.4%
CWA Bargaining Unit	508	12	520	97.7%
Exempt Staff	1969	8	1977	99.6%
Non-Exempt Staff	1503	13	1516	99.1%
Police Bargaining Unit	40	1	41	97.6%
USUNM Bargaining Unit	810	11	821	98.7%
Total Regular Staff	5004	46	5050	99.1%

Regular Faculty	Complete	Incomplete	Total	% Complete
12 Month Faculty	1221	26	1247	97.9%
9 Month Faculty	1025	49	1074	95.4%
Executive Faculty	60		60	100.0%
Post Doctoral and Fellows	110	3	113	97.3%
Total Regular Faculty	2416	78	2494	96.9%

Student Employees	Complete	Incomplete	Total	% Complete
Graduate Student Bi-Weekly	101	18	119	84.9%
Graduate Student Monthly	1333	81	1414	94.3%
University Students - Monthly	47		47	100.0%
University Students Bi-weekly	1930	176	2106	91.6%
Total Student Employees	3411	275	3686	92.5%

Temporary and On Call	Complete	Incomplete	Total	% Complete
Exempt Temporary Staff	5	2	7	71.4%
On Call Staff	769	258	1027	74.9%
Teaching Non-Credit	211	460	671	31.4%
Temporary Faculty	405	202	607	66.7%
Temporary Staff Bi-Weekly	100	7	107	93.5%
Total Temporary	1490	929	2419	61.6%

Regular Faculty and Staff Total	7420	124	7544	98.4%
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All UNM Total	12321	1328	13649	90.3%
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***TAB 3.1 – List of Individuals who have not taken the Intersections Training**

***TAB 3.1a – Intersections Training Completed – Totals and Percentages**

Task: Sec. IV.A.2. – Student Training

Due Date: February 1, 2017

By February 1, 2017, the University will establish the necessary infrastructure to allow it to provide the in-person interactive training described in the Agreement on an ongoing basis.

Status Update:

Attached you will find UNM’s plan to provide in-person training to students on the UNM campus. This includes details regarding the processes UNM has put in place to track student attendance at training sessions, the penalties for not attending training sessions, and the draft schedule that we will use to implement the in-person training starting in late February 2017.

A draft waiver form for the in-person student training and a process for implementing the form is currently under review to ensure consistency in the type of evidence required and the judgment of adequate grounds for the waiver. The finalized materials will be sent to DOJ in the next regular report.

***TAB 3.2 - Draft Student Training Plan**

Task: Sec. IV.A.3. – Notices to Students

Due Date: February 1, 2017

Starting February 1, 2017, the University will issue notices to all current students that those who have not taken the in-person interactive training described in this Agreement through New Student Orientation or another campus opportunity will be required to take such training prior to the end of the Fall 2017 academic semester.

Status Update:

Throughout the month of February, UNM will begin issuing notices to all current students who have not taken the in-person interactive training. Attached you will find a draft email that will be distributed to these students as soon as it is approved by DOJ. In addition, you will find a draft email that will be sent to the administrators, faculty and staff on the UNM Campus regarding the in-person student training.

***TAB 3.3 - Draft email notice to Students and to Administrators, Faculty and Staff**

Task: Sec. VI.C. – Monitoring Plan

Due Date: February 1, 2017

Sec. VI.C. By February 1, 2017, the University will implement a monitoring program to assess the effectiveness of its efforts to prevent and address sexual harassment and retaliation and to promote a non-discriminatory school climate. The monitoring program should include an assessment of the effectiveness of its prevention and response efforts as they relate to the

University's diverse population, e.g. Limited English Proficiency, LGBTQI, and Native American students.

By February 1, 2017, the University will submit a monitoring plan to the Department for review. The monitoring program shall include an annual assessment of the effectiveness of its anti-harassment efforts and submission of the assessment to the Department as required by Section VII.E. The assessment will be completed by June 30, 2017, and then at the conclusion of each academic year for the life of this Agreement, and include:

- 1. A review of student climate surveys (see Section VI.B) to determine: where and when sex-based harassment occurs; deficits in students' knowledge of what constitutes sexual harassment that violates University policy, where to report it, and the results of reporting to different resources; barriers to reporting sexual harassment; and recommendations for how the University can better encourage reporting of and improve its response to complaints;*
- 2. A review of all reports of sexual harassment and the University's responses to such reports, particularly with respect to: whether such reports were adequately, reliably, promptly, and impartially investigated and resolved; how many resulted in a finding of violation of University policy and (where applicable) the disciplinary action taken; the University's actions to remedy the effects of any hostile environment and retaliation that occurred; how many reports involved particular groups of students or staff (e.g., first-year students, athletes, members of fraternities or sororities, or academic advisors) or particular patterns of behavior (e.g., drug- or alcohol-facilitated assault); whether any individuals engaged in repeat misconduct; and if so, the University's actions to prevent the repeated misconduct and remedy its effects;*
- 3. Detailed data on the number of sexual harassment reports received by the University, whether the University investigated each report, and, if investigated, the findings, the sanctions imposed (if applicable) and the dates of all relevant events in each report, including but not limited to the date of the complaint and the date findings were communicated to the complainant and respondent;*
- 4. Evaluation and analysis of the data collected, including an assessment of any changes in the number or severity of reported incidents of sexual harassment, particularly among subgroups of students or staff (e.g., first-year students, athletes, members of fraternities or sororities, or academic advisors);*
- 5. Conclusions derived from the monitoring program implemented under Section VI.C.;*
- 6. Any recommendations received from community members and stakeholders, including members of law enforcement, that are gathered for the annual assessment; and*
- 7. Any recommendations by the University for improvement of its sexual harassment response and prevention programs, and timelines for the implementation of the recommendations.*

Status Update:

Attached you will find a draft Monitoring Program plan. UNM is starting to employ the infrastructure needed to establish the monitoring program.

- *TAB 3.4 - Draft Monitoring Program Plan**
- *TAB 3.4a – Final Report – Attitudes and Beliefs Survey**
- *TAB 3.4b - Sample EthicsPoint Report – Participant Section**
- *TAB 3.4c - Sample EthicsPoint Report – Synopsis Section**
- *TAB 3.4d - SMART Member List**

Task: January 4, 2017 Letter from DOJ to UNM

In the January 4 letter, you suggested revisions to UNM’s documents and clarification on various matters. Below and attached you will find UNM’s revisions and clarifications.

Discrimination Claims Procedure

DOJ noted that UNM’s DCP lacks language specifically required by the Agreement. DOJ stated that some phrasing is confusing and may be misinterpreted by students, particularly those under stress of an investigation. DOJ also stated that the DCP also appears to be incomplete or missing information.

- *TAB 3.5 – Revised Discrimination Claims Procedure**
- *TAB 3.5a – Addendum 1-Checklist for Formal Investigation Process Individual**
- *TAB 3.5b – Addendum 2-Checklist for Formal Investigation Process Departmental**

OEO Internal Protocols

1. OEO Investigator Process Memo

In order to meet the requirements of section II.C of the Agreement, DOJ stated the Process Memo needs to include additional information. In addition, to comply with Title IX, DOJ noted that the Case Search section should require investigators to run the complainant’s and respondent’s names through the OEO database and contact the UNMPD to determine if there have been any prior incidents or allegations involving either party regardless of whether the complainant has selected a formal investigation or decided not to go forward with the process.

***TAB 3.6 – Revised OEO Investigator Process Memo**

2. OEO Investigative Case Process Checklist

To meet the requirements of section II.D of the Agreement, DOJ stated that the Checklist should identify to which University official(s) the Final Letters of Determination are sent for documentation. The Checklist should also provide a space for documentation of any disciplinary or remedial action taken. Both are necessary for the Title IX Coordinator to accurately oversee the process.

***TAB 3.7 – Revised Investigative Case Process Checklist**

3. OEO Email Templates

DOJ asked that the template emails be reviewed for consistency in content and form.

***TAB 3.8 – Revised OEO Email Templates**

4. OEO/UNM Police Department Memorandum of Understanding

DOJ requested information about the MOU including the date it was signed and went into effect.

***TAB 3.9 – OEO/UNMPD MOU – Signed by both parties, effective date of August 10, 2016**

5. OEO/Dean of Students Office Draft MOU

To meet the requirements of section II.D of the Agreement, DOJ stated that the draft MOU between OEO and the Dean of Students Office (“DoS”) needs additional provisions.

***TAB 3.10 – Revised OEO/Dean of Students Office MOU**

6. Flowchart Bias

DOJ has requested information on how, where, by whom, and to whom this will be disseminated.

The Flowchart for Bias reporting is for OEO Investigators.

7. OEO Finalized Workflow of Notifications of Title IX Concerns

DOJ noted the Workflow does not meet the requirements of section II.D.3 of the Agreement because it is unclear who has access to the Information Reports, and it does not identify who determines which UNM entities, for example, UNMPD and professional schools, must be provided information about findings and sanctions. DOJ also noted confusion by some of the information contained in the document. DOJ requested confirmation that when the document references Information Reports it is identifying Advocate by Simplicity. In addition, they requested an explanation as to why the Student Conduct Officer suspends inputting info on safety measures into the Information Reports after determining the safety measure is warranted. DOJ has asked whether there is another avenue by which the information regarding safety measures is conveyed to need-to-know parties, such as OEO or UNMPD, when input is suspended.

The OEO Workflow of Notification of Title IX Concerns is still under review and will be sent to the DOJ shortly.

Other University Policies and Informational Documents

1. Academic Accommodations

To meet the requirement of the Agreement at section II.D.2, DOJ has said that UNM must include information on the criteria for denying or granting requests for academic accommodations. In addition, the document should clarify the process by which staff members from the Advocacy Center make requests for accommodations from the specific UNM entities that will provide that accommodation, e.g., professors, and the disability center. DOJ also had concerns about the lack of clarity on information sharing

in this document, noting that neither this internal document nor the draft MOU between DOS and OEO clearly defines how information on academic accommodations is shared between the Advocacy Center, OEO, and DOS.

***TAB 3.11 – Revised Academic Accommodations**

2. No Contact Directives

DOJ encourages UNM, through the No Contact Directive (“NCD”) Handout and the NCD internal process draft, to emphasize that granting an NCD requires the Conduct Officer to reveal the name of the requesting party to the respondent. DOJ also requested clarification on whether policy requires every person seeking an NCD to interview with the DOS, and that the Advocacy Center cannot request an NCD on a complainant’s behalf during an investigation.

***TAB 3.12 – Clarification and Revised No Contact Directives**

Title IX Coordinator

We appreciate DOJ’s feedback on the work of our Title IX coordinator and acknowledge every point made in the January 4, 2017, letter. UNM is confident that our coordinator is well trained in Title IX, having worked in this area for many years in different university settings as well as attending numerous national training sessions focused on Title IX and sexual misconduct. She has a strong grasp of Title IX and has dedicated her career to these issues. Her credentials are robust and she has dramatically increased them over the years.

While Title IX has been in place for many years, it is an area in which the legal nuances have been evolving in the last five years. The "Dear Colleague Letters" and other relatively new guidance regarding Title IX have changed the playing field in this area. We also recognize that this work can be incredibly difficult. Title IX coordinators have a variety of interests they must meet and constituents with whom they must work closely with both on and off the campus. UNM thinks it is important for everyone, not just the Title IX coordinator, to understand the respective roles and responsibilities under Title IX.

To reiterate, UNM is taking DOJ’s January 4 comments very seriously and we are looking for other training opportunities for our coordinator and the UNM community. We will work together to continue to stay abreast of law and policy in this area. There is always room for growth and additional training and we will keep you apprised of the status of this issue as we pursue additional opportunities in the coming months.

UNMPD Training and Evaluations

DOJ suggested that UNM should review, and where necessary revise, its UNMPD training materials to make it clear that all allegations of sexual harassment, including attempted sexual assault, reported to UNMPD must be forwarded to OEO for response under Title IX.

DOJ asked UNM to advise whether the UNMPD Training Evaluation Form will be fleshed out to include information listed in the UNM Assessment Plan, such as pre-test and post-test questions. DOJ noted they were not provided with training evaluations by members of the UNMPD or any other University office.

DOJ has asked to be advised whether UNM has started collecting employee evaluations of its various trainings yet.

We appreciate DOJ's comments regarding the UNM Police Department. On August 10, 2016, UNMPD and UNM Office of Equal Opportunity (OEO) signed a Memorandum of Understanding, which addresses the reporting and communicating to the department regarding incidents of sexual assault.

The case that DOJ references took place in 2014, prior to the creation of this MOU. Since that time, the UNM Police Department has streamlined communication with OEO in an attempt to prevent recurrence of what happened in the case. The second incident noted by DOJ occurred at a UNM parking garage on November 20, 2016. The UNM Police Department was investigating the assault and prior to determining specifically what type of assault it was, a timely warning was issued in an attempt to alert the campus community of the assault as soon as possible. Consequently, the timely warning was issued parallel with the ongoing investigation in order to inform the public of a potential threat. Continued investigation by SMART investigators determined that elements were present of a sexual assault after a more comprehensive interview with the victim. Robert Burford, the Clery Coordinator for UNM and OEO employee, was informed of the situation early and spoke directly to the SMART investigator shortly after investigation started. The timely alert notified the entire UNM campus community to include UNM OEO. Due to the fact that the victim was not a UNM student, OEO would not typically be notified directly by the UNM Police Department unless they initiated an inquiry subsequent to the timely warning.

We believe that the UNM Police Department's training materials are clear that all allegations of sexual harassment and attempted sexual assault are reported to OEO for response under Title IX. We hope this summary provides DOJ with additional information that was not reported by the Albuquerque news outlets. UNM officials are available to discuss this matter in greater detail if needed.

Finally, regarding DOJ's comments about the UNM Police Department's training evaluations, OEO will be working on a comprehensive evaluation process that will also include training sessions provided by the UNM Police Department. As you are aware, during the week of January 3-5, 2017, UNM Police Department Officers and other members of the UNM community attended FETI training provided by Dr. Christopher Wilson. The training did not include a pre/post-test or evaluation but OEO has since circulated an evaluation form for the training sessions. OEO will continue to refine the evaluation process in the coming months.

Assessment Plans

DOJ asked UNM to clarify whether this is the full methodology of the assessment plan UNM intends to put into effect by February 1, 2017, as there are other components for assessment listed in section VI.C. of the Agreement, beyond just OEO. DOJ also asked whether the assessment tools described in the plan have been created and who is creating the assessment measures and analyzing them.

Assessment of UNM's anti-harassment efforts are described in the draft assessment plan for which DOJ provided feedback as of January 4, 2017. Some of these efforts have occurred and some are ongoing. For example, UNM has not yet started focus groups which are scheduled to take place in Spring 2017. These focus groups will target general campus community as well as the diverse populations on the UNM campus. The Title IX Coordinator has additionally identified that Directors from each of the Resource Centers (American Indian Student Services, El Centro de la Raza and African American Student

Services) on campus should be invited to the Title IX Committee to ensure that the needs of the unique populations they serve are being addressed in campus-wide efforts on gender discrimination and sexual harassment prevention.

There is additional and specific information on UNM's assessment efforts that can be found in the Monitoring Plan under Section 6 and 7.

Reporting Systems

System A: EthicsPoint by Navex Global sample report

To meet the requirements of the Agreement, DOJ notes the reporting system needs to record the dates of participant interviews and OEO's communications with complainant and respondent, and records information on extensions of time granted.

***TAB 3.13 – Revision to EthicsPoint**

System B: Advocate by Symplicity sample report

DOJ noted they are confused regarding how DoS, UNMPD, Residential Life, or another entity with access to the system would be able to ascertain the name of the person for whom the safety or support measure applies. In addition, DOJ has asked that we provide information on which entities have access to Advocate by Symplicity, EthicsPoint, or both so they can further understand how the systems inter-relate.

***TAB 3.14 – Clarification to Advocate System**

Spring 2016 NCCS Campus Climate Survey on Sex Misconduct

DOJ has requested that UNM confirm that this is the Climate Survey the University intends to use again, and the timeframe during which UNM intends to conduct the next survey. If this is the survey UNM intends to use, DOJ will assess the tool and provide any feedback or concerns that arise.

Yes, UNM confirms this is the Climate Survey we intend to use in 2017. We note that DOJ has reviewed this tool and has provided feedback on this tool via phone call on January 30, 2017. UNM is working with the vendor, NCCS, to incorporate this feedback.

III. CONCLUSION

This document represents UNM's third formal status report in accordance with the October 17, 2016, Agreement. UNM staff are available to discuss this status report and the attached documentation with the DOJ at any time. We look forward to a cooperative relationship in ensuring that UNM promotes and maintains a caring and safe educational environment with fair processes for all.



Compliance Office - Main Campus

UNM MAIN CAMPUS COMPLIANCE OFFICE - INTERNAL PROTOCOLS

The University of New Mexico is committed to the highest standards of integrity, controls, risk management and ethics in pursuit of its mission of engaging students, faculty and staff in its comprehensive educational, research and service programs. The UNM Main Campus Compliance Office strives to ensure institutional compliance with applicable laws, regulations and policies; to promote ethical behavior and integrity; and to provide the tools and guidance needed to meet all necessary oversight requirements.

UNM faculty, staff, students and members of the greater community are encouraged to report good faith concerns about suspected misconduct and possible violations of law, regulations or policies to their respective supervisors, departments and units. UNM takes all reports of misconduct or wrongdoing seriously. There might be a concern about adequate steps being taken to resolve concerns or a fear of retaliation for reporting concerns. Therefore, individuals may make inquiries and file complaints and allegations through the Main Campus Compliance Office. Inquiries, complaints and allegations may arrive through many channels: walk-in, phone call, fax, letter, email, hotline submission, etc. All inquiries, complaints and allegations should be logged into the UNM Compliance Hotline EthicsPoint Incident Management System. Submissions can be made confidentially and anonymously, if desired.

UNM Compliance Hotline Reporting Examples:

Financial: Accounting or internal control issues, fraud, theft or other financial issues.

Safety: Unsafe conditions, environmental issues or other safety matters.

Medical and Health: Patient confidentiality, billing/coding issues, misleading/inaccurate medical documentation or accreditation issues.

Human Resources: Harassment, discrimination, threats or other forms of misconduct.

Information Systems: Data privacy, confidentiality, or other waste or abuse of resources or information.

These internal protocols detail the process that the UNM Main Campus Compliance Office uses to research allegations of wrongdoing raised through inquiries and complaints. Every investigation will have unique issues and circumstances, challenges and outcomes. Following these protocols ensures that our reviews and investigations are conducted in a professionally consistent manner.

REPORTING CONCERNS

University of New Mexico Main Campus Compliance Office

609 Buena Vista Dr. NE

MSC05 3150

Albuquerque, NM 87131-0001

Phone: 505-277-0169

Fax: 505-277-1190

Email: compliance@unm.edu

Web: <http://compliance.unm.edu>

UNM Compliance Hotline

EthicsPoint Incident Management System

Toll-Free Phone: 1-888-899-6092

Web: <https://unm.ethicspoint.com>

(Toll free phone number or through the web intake form)

INTERNAL PROTOCOL STEPS

1) Receipt of an Inquiry, Allegation or Complaint

- a. Inquiries, allegations and complaints may be received or submitted as a phone call, walk-in, letter, fax or email. Other submissions can be input directly into the UNM Compliance Hotline.
- b. Inquiries, allegations and complaints may be forwarded from various University offices, management, the Board of Regents, state and local government agencies, etc.
- c. All inquiries, allegations and complaints will be entered in the UNM Compliance Hotline EthicsPoint Incident Management System. This allows for better internal benchmarking and trend-spotting as well as improved recordkeeping and better organization of cases.

2) Review of Inquiries, Allegations and Concerns

- a. Once a matter is received, the Main Campus Compliance Office will determine the significance, immediacy or urgency of the matter.
- b. The Compliance Office will determine whether the inquiry, allegation or complaint is valid and if sufficient information exists for an investigation.
- c. The Compliance Office will determine the most appropriate reviewing office to address and assess the facts.
- d. The objective is to process and assign the matter to the appropriate office within one business day.

3) Determine the Significance, Immediacy or Urgency of the Matter

- a. The Main Campus Compliance Office will determine if the matter needs expedited attention or if it can be dealt with in the normal course of action.
- b. The goal for resolution of all matters is 45 days. Some cases will be resolved faster.

More complicated matters will take longer.

4) Determine the Most Appropriate Office to Address and Assess the Inquiry, Allegation or Complaint

- a. The Main Campus Compliance Office will assign the matter to one of the following internal offices for review:
 - i. Human Resources
 - ii. Internal Audit Department
 - iii. Office of Equal Opportunity
 - iv. Safety and Risk
 - v. Research Compliance
 - vi. IT
 - vii. Office of the Provost
 - viii. Health Sciences Center
 - ix. UNM Hospital
 - x. Sandoval Regional Medical Center
 - xi. UNM Medical Group
 - xii. Office of University Counsel
 - xiii. UNM Police Department
 - xiv. Other

5) Once a Matter is Assigned, the Reviewing Office Will Determine the Following:

- a. Every inquiry, allegation or complaint does not automatically mandate an investigation. All matters will receive an initial review. Each reviewing office will make a threshold determination if further examination or formal investigation is necessary.
- b. If there is not sufficient information, the reviewing office will request additional information from the reporter.
- c. If no response is received from the reporter and there is not enough information available, the reviewing office will close the case and notate that the reporter has not responded to the request for additional information and the case is being closed due to "Insufficient Information." If the case is closed, the reviewing office should make a reasonable effort to notify the reporter of the action.
- d. The reviewing office will determine if the matter has been resolved in a different manner. For example, has an internal office policy been changed to correct this issue?

6) Determine if the Nature of the Complaint Requires a Full Investigation

- a. The inquiry, allegation or complaint alleges a violation of laws, regulations or policies.
- b. The inquiry, allegation or complaint alleges a violation of established employment practices.
- c. Related or similar issues have been received in the past.
- d. The inquiry, allegation or complaint involves individuals or departments that have been the subject of similar complaints.
- e. The matter is related to or similar to past or ongoing governmental investigations.

If there is an ongoing governmental investigation, the governmental entity/agency should be notified and the office should determine whether it should investigate, or defer to the governmental entity/agency.

- f. There is potential of criminal wrongdoing. In this instance, if the office receiving the allegation or complaint is not the UNM Police Department, the potential criminal wrongdoing should immediately be referred to the UNM Police Department.
- g. It alleges a violation of health and safety rules.
- h. There is a potential of significant loss of revenue or resources.
- i. The inquiry, allegation or complaint raises potential systemic issues.
- j. An investigation has been requested by management, the Board of Regents, a federal or state agency, etc.
- k. Investigation is required to forestall potential litigation or in anticipation of litigation. (Please contact the Office of University Counsel as an alert).
- l. The inquiry, allegation or complaint exposes UNM to publicity that could potentially damage its reputation.
- m. There is a potential to implicate the conduct of key employees, management, or important business interest and policies.
- n. It raises issues involving potential self-reporting obligations or cooperation with governmental agencies.

[The presence of any one of these factors can signal the need for an investigation]

7) Determine If the Matter Can Be Resolved Through Avenues Other Than Investigation

- a. If the issue can be resolved informally, the reviewing office can refer it to the appropriate individual to take corrective action.
- b. Is the issue a candidate for resolution through mediation or dispute resolution? If yes, UNM's Ombuds Services for Faculty and Staff can be a resource for the matter.
- c. The reporter can elect to withdraw his or her complaint at any time. However, the Main Campus Compliance Office or other reviewing offices reserve the right to continue an investigation into the concerns.

8) If an Investigation Is Required, Next Steps Include:

- a. Ensuring that the investigation includes a prompt and expeditious examination and analysis of the factual information.
- b. If the investigating body already has internal investigative protocols in place, investigators should follow these internal processes.
- c. If the investigating body does not have protocols, the Main Campus Compliance Office Suggested Investigation Guidance should be followed. *See below.* All investigations conducted by the Main Campus Compliance Office will use the Investigation Guidance.
- d. The Main Campus Compliance Office is available to help the reviewing office develop an investigation plan and work with the office before and during the process.

9) When analyzing the facts, investigators will base conclusions by balancing the probability of whether the alleged incident(s) occurred. This is the *Preponderance of the Evidence* civil standard of proof that an incident is more likely to have occurred than not.

10) Final Report or Recommendation

- a. A final report or recommendation is created at the conclusion of an investigation and should contain a summary of the facts gathered from the investigation.
- b. All case outcomes should be properly documented in the UNM Main Campus Compliance Hotline EthicsPoint Incident Management System.
- c. The report or recommendation should contain:
 - i. The nature of the report
 - ii. The summary of the facts gathered
 - iii. The people interviewed and documents reviewed
 - iv. Specific conclusion(s) reached on each key issues
 - v. Whether a breakdown of internal controls occurred to allow the problem to occur
- d. The report or recommendation should clearly state the findings:
 - i. Substantiated
 - ii. Partially Substantiated
 - iii. Unsubstantiated
 - iv. Insufficient Information
 - v. Not in Jurisdiction of the Reviewing Office
 - vi. Not a Legal/Policy/Ethics Violation
 - vii. Duplicate Case
 - viii. Inquiry Resolved
 - ix. Reported to Outside Entity
 - x. Allegation Resolved
 - xi. Case Withdrawn by Reporter
 - xii. Executive Resolution
 - xiii. No Response to Follow-Up

11) When Concluding the Investigation, the Investigator or Disciplining Office Should Determine:

- a. If there is a finding of wrongdoing, how severe was the violation or action?
- b. Did the evidence of the investigation fully support the allegation or not?
- c. Were others disciplined for this type of violation in the past? If so, what was their punishment?
- d. Was the subject aware of the rule or policy violated?
- e. Are there any mitigating or aggravating circumstances that should be taken into consideration?
- f. Do employees need training on the issues in this investigation?
- g. Who needs to be apprised of the results of the investigation?
- h. Does the matter need to be referred to a particular department or office for corrective action (i.e., discipline, re-assignment, termination, etc.)?
- i. Do any departmental or institutional policies or procedures need to be modified or implemented.
- j. After a violation of policy has been detected, ensure that UNM will take all reasonable steps to respond appropriately and prevent further similar violations from occurring.

- k. The Main Campus Compliance Office will also refer to other appropriate offices as necessary (Dean of Students Office, Office of Equal Opportunity, Internal Audit, etc.).

12) The Investigator Should Note the Action Taken with the Case in The UNM Main Campus Compliance Hotline Ethicspoint Incident Management System

- a. No Action Taken
- b. No Action Necessary
- c. Correction of Policy Violation
- d. Ombuds Faculty
- e. Ombuds Staff
- f. Policy/Process Review
- g. Training
- h. Discipline
- i. Termination
- j. Executive Resolution

13) In the Case Where an Allegation is a Violation of Law or Regulation

- a. The Main Campus Compliance Office or reviewing office will coordinate with the UNM Police Department and/or the Office of University Counsel on next steps.
- b. If an investigation leads to a suspicion of criminal wrongdoing, the UNM Police Department and the Office of University Counsel should be immediately notified.
- c. The UNM Police Department and/or the Office of University Counsel will determine if a referral is needed to a duly authorized law enforcement or regulatory agency.

14) Follow Up With Reporter

- a. The case should be closed out through the UNM Main Campus Hotline EthicsPoint Incident Management System.
- b. This includes a note to the reporter informing them that the case has been closed.

15) Timing

- a. All cases should be managed and closed in a timely manner. The goal for resolution of all matters is 45 days.
- b. Did the investigation take longer than expected? If so, why?

16) Documentation

- a. All final reports or recommendations should be provided to the responsible administrator/department/vice president.
- b. A copy of the investigative report should be provided to the Main Campus Compliance Office via the UNM Compliance Hotline. This includes all materials related to the investigation, findings and recommendations for corrective action.
- c. The reviewing office should make certain it has a secure location for record keeping and control access to the file and its location, both physically (if applicable) and electronically (via the UNM Compliance Hotline).

17) Ensure Fair Treatment

- a. Any person filing an inquiry, complaint, allegation or assisting in an investigation will be protected against retaliation in accordance with University Administrative Policy 2200.
- b. All reports of compliance issues will be handled in a manner that protects privacy to the greatest extent practicable and to the extent permitted by law. Confidentiality should never be assured to anyone participating in an investigation.
- c. There is no assumption of wrongdoing; rather the investigation will be a fact-finding mission in order to determine appropriate follow up measures.

UNM MAIN CAMPUS COMPLIANCE OFFICE SUGGESTED INVESTIGATION GUIDANCE

While some offices, such as the Internal Audit Department, have their own investigation guidance and standards, it is understood that not everyone that is asked to do an investigation has such training. This document is not intended to be a how-to for managers or supervisors that are being asked to conduct investigations, but rather to provide information and practical advice.

1) Before the Interview

- a. Identify the preliminary issues that require an investigation.
- b. Identify relevant laws, regulations or University policies or procedures that may be applicable for the investigation.
- c. Identify the witnesses who will need to cooperate in the investigation and identify the individual(s) whose conduct is a potential focus of the investigation.
- d. Identify the documents and data that will require review.
- e. Develop a chronology of events.
- f. Set forth the protocols to maintain confidentiality and minimize the potential of a retaliation claim.
- g. Identify the individuals who should be kept advised of the progress of the investigation and the results.
- h. Evaluate whether there is a need to coordinate with any other pending investigation (internal or external).
- i. Determine that the personnel who conduct the investigation will be viewed as objective, above reproach and immune from influence.
- j. Determine other resources that may be required to supplement or coordinate with the investigation, such as IT personnel, or the Office of Internal Audit.
- k. Identify previous investigations related to this matter or similar issues.
- l. Interviews should be conducted as promptly as possible, while memories are fresh.

2) Fact Finding

- a. Determine if the allegation can be substantiated.
- b. Determine how the violation was committed.
- c. Identify the person(s) committing the act.
- d. Determine the extent of the loss.
- e. Document the facts.

3) Prepare for the Interview

- a. Prepare interview questions.
 - i. Keep questions simple.
 - ii. Ask questions that require narrative answers.
 - iii. Avoid negative questions (e.g. "Why didn't you...").
 - iv. Refrain from leading questions.
- b. Prepare a strategy for each interview and identify the scope of information to be obtained:
 - i. Will advance notice of the interview be provided?
 - ii. Where will the interview be conducted?

- iii. Will there be any safety concerns during or immediately after any interview?
If yes, contact the UNM Police Department.
- iv. Will signed statements be secured from any witnesses?
- v. Determine whether the employee is represented by a union or an attorney.
If yes, contact the Office of University Counsel for guidance on how to proceed.
- vi. Determine under what circumstances, if any, the interview will be terminated.
 - 1. Request for representation
 - 2. Refusal to cooperate
 - 3. Other
- vii. Determine the sequencing of the interviews.
- viii. Determine who will be present for each interview.
 - 1. Interviewer and note taker
 - 2. Interviewer and witness
 - 3. University Counsel
 - 4. Witness representatives

4) Review All Case Information Prior to Interview

- a. The initial complaint and any supplements.
- b. Applicable law, regulations and policies.
- c. Personnel files (only if necessary for the investigation).
- d. Managerial files (only if necessary for the investigation).
- e. Prior or similar complaints and investigation materials.
- f. Prior witness statements.
- g. Determine if there are prior comparable cases or similarly situated personnel that should be considered here.

5) Conduct the Interview

- a. Provide appropriate notices and warnings.
- b. Anticipate questions that will be raised and prepare the responses.

6) Guidance for Interviews

- a. At the beginning of the interview, explain the context of the interview and that the interview is for fact gathering.
- b. Be non-judgmental, impartial and open to dialogue.
- c. The interview should not be rushed. Allow the person to take their time to tell you what occurred, in their own words.
- d. Get background information to establish facts. Ask:
 - i. Who was involved?
 - ii. When and where did event occur?
 - iii. Is this an isolated event or part of a pattern?
 - iv. Do you have specific examples?
 - v. Did the person keep a journal, diary or records of the events? If so, ask for a copy.
 - vi. Are there any witnesses? If so, ask for names and contact information.

- vii. Did you tell anyone else your concern?
- viii. Do you have any documentation relating to your complaint? If so, ask for a copy.
- ix. Are there any other people that have the same or similar concern?
- x. Once questioning is complete, summarize the main points to ensure accuracy.
- xi. Remind them that they can add to their statement in the future if they remember any additional information.

7) Conclude Each Interview with the Following:

- a. Confidentiality of the investigation.
- b. Duty to not retaliate.
- c. Tell the interviewee to not discuss the matter with other employees.
- d. Expected timeframe for conclusion.

8) Compile Post-Interview Notes in a Timely Manner

- a. Document all relevant information obtained.
- b. Notes should be typed up as soon as possible after the interview.
- c. Document any notices or warning given during the interviews.
- d. Document the time, place and who was present during the interviews.
- e. Document the concluding instructions provided.
- f. Identify if an additional investigation is required as a result of the interviews.
- g. The interview notes should be factual and not contain your opinions.

9) Revise the Investigation Plan as Dictated by Events

- a. Additional documents and data to be obtained.
- b. Additional witnesses to be interviewed.
- c. Identify follow up that may be necessary.
- d. Have new issues been raised?
- e. Draft and review the investigative report to ensure everything was addressed during the investigation.
- f. Go over all witness statements and identify any that were unclear or inconsistent that would warrant a re-interview to clarify facts.
- g. Review all documentary evidence to ensure nothing is missing.
- h. Review any evidence the subject provided in defense and make sure it is included in the investigation.
- i. Assess the balance of material supporting and disputing the allegation.

10) Do Not Disseminate or Circulate Draft Report

11) Final Report or Recommendation

- a. All case outcomes should be properly documented in the UNM Main Campus Compliance Hotline EthicsPoint Incident Management System.
- b. A final report or recommendation is created at the conclusion of an investigation and should contain a summary of the facts gathered from the investigation.
- c. The report or recommendation should contain:

- i. The nature of the issue
 - ii. The summary of the facts gathered
 - iii. The people interviewed and documents reviewed
 - iv. Specific conclusion(s) reached on each key issues
 - v. Whether a breakdown of internal controls occurred to allow the problem to occur
- d. The report should clearly state the findings:
- i. Substantiated
 - ii. Partially Substantiated
 - iii. Unsubstantiated
 - iv. Insufficient Information
 - v. Not in Jurisdiction of the Reviewing Office
 - vi. Not a Legal/Policy/Ethics Violation
 - vii. Duplicate Case
 - viii. Inquiry Resolved
 - ix. Reported to Outside Entity
 - x. Allegation Resolved
 - xi. Case Withdrawn by Reporter
 - xii. Executive Resolution
 - xiii. No Response to Follow-Up

**Compliance Office Main Campus
UNM Compliance Hotline Report**

March 2, 2017

Submitted by Eileen Sanchez, CCEP
Compliance Specialist
EthicsPoint System Administrator
Compliance Office Main Campus

***UNM COMPLIANCE HOTLINE
BENCHMARKING REPORTS
JANUARY 1, 2016 TO DECEMBER 31, 2016***

The UNM Compliance Hotline Benchmarking Reports allow UNM to compare UNM’s hotline data to industry norms. Benchmarking also allows UNM to answer questions regarding the university’s culture, communications, investigations, training, policies and reporting channels. These reports identify and spot trends and patterns that may help to avoid potential risks to the university. The statistics identified in this report to the Regents does not include the Office of Equal Opportunity hotline statistics which are addressed in the report presented by OEO.

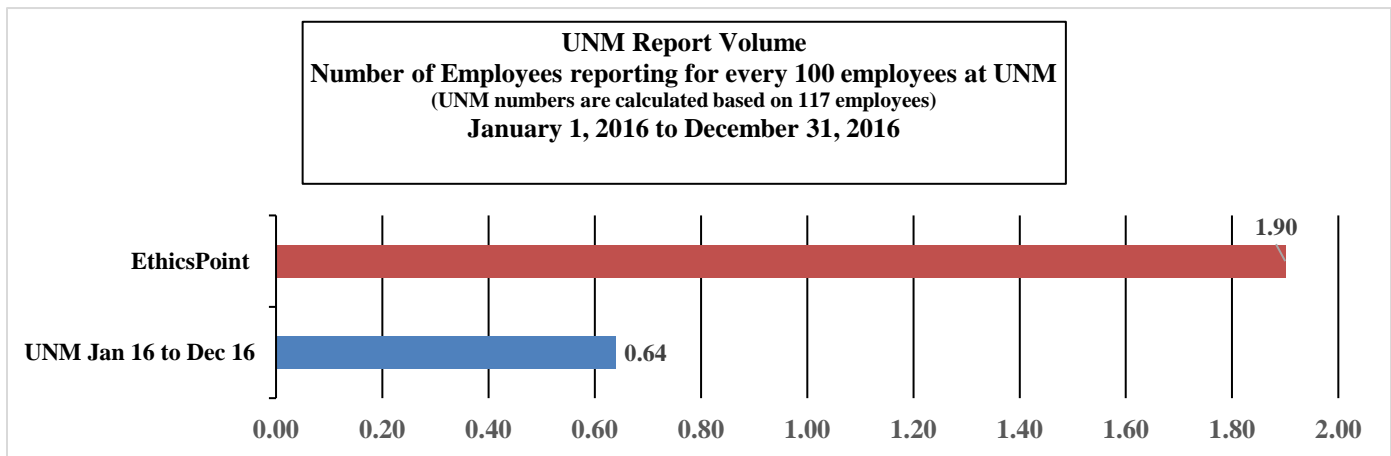
Report Volume

Report Volume benchmarking enables UNM to compare the total number of employees using the hotline with employees from other organizations who use their hotline. For FY 2016 UNM’s report volume has remained extremely low. **Only 0.64 employees report for every 100 employees.** This compares to other organizations with 1.90 employees reporting for every 100 employees. One of the Compliance Office’s goals in 2017 will be to increase employee’s knowledge of the reporting channels that are available. This will be accomplished with an outreach plan to increase awareness, the implementation of the “Open Door Report Form” and encouraging reporting through the hotline. Communication materials along with a quarterly newsletter are also planned.

Cases Opened = 179

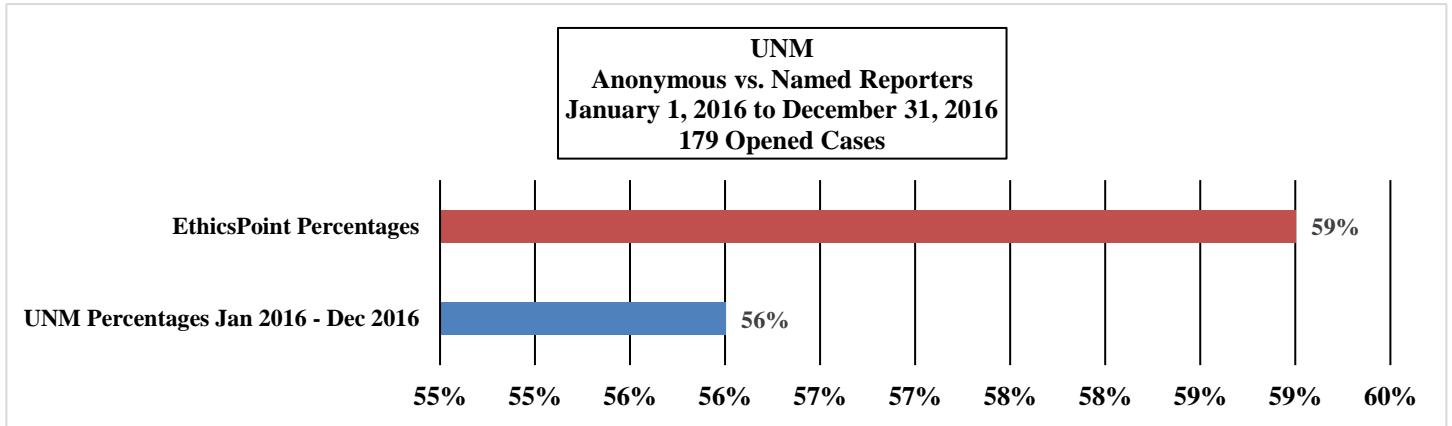
January 1, 2016 to December 31, 2016

Reported by: Employees = 117, Students = 8, Former Employees = 5, Parents = 1, Vendor = 1, Other/Anonymous = 47



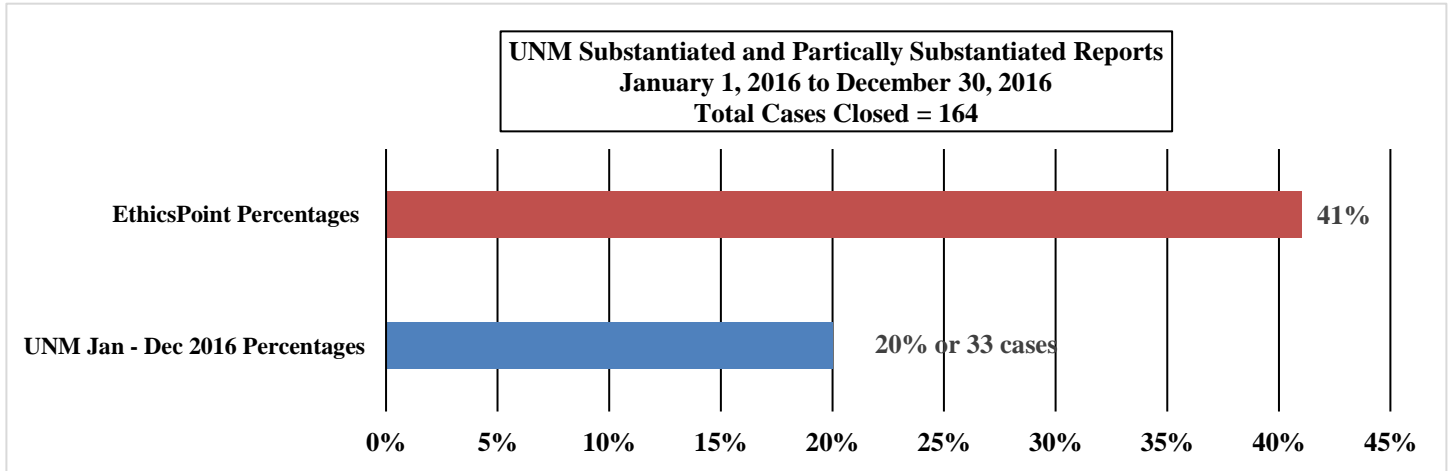
Anonymous Reporting Rate

The chart below shows the percentage of reporters who chose to withhold their identity. The data shows that **out of 179 opened cases, 56% of the university's reporters chose to remain anonymous.** UNM's rate has decreased from 59% in September 2016. This is a good indicator that reporters may be feeling more confident that their reports are being reviewed and would like to have investigators contact them so they can provide additional information.



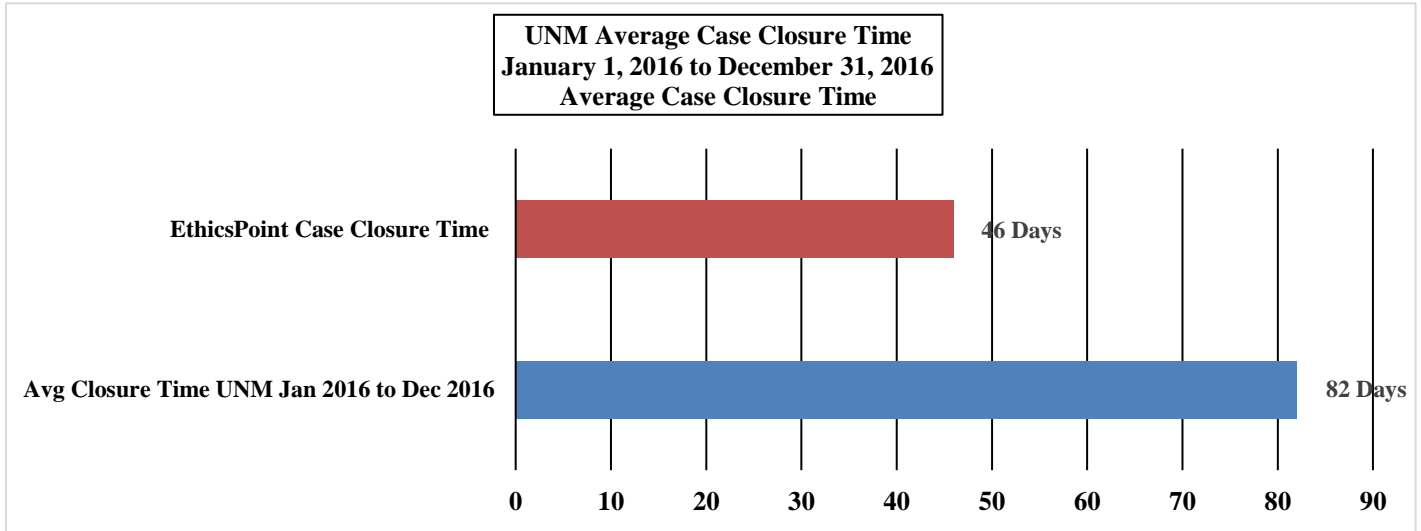
Substantiated and Partially Substantiated Reports

The Substantiation rate shows the number of allegations that had some merit. UNM's substantiation rate is very low at **20% or 33 cases.** It is slightly lower than it was in September 2016 and almost ½ or 21% lower than EthicsPoint percentages. The trend concerning low substantiation rates must be monitored to ensure that reporters are making high quality reports and that investigations into those reports are effective.



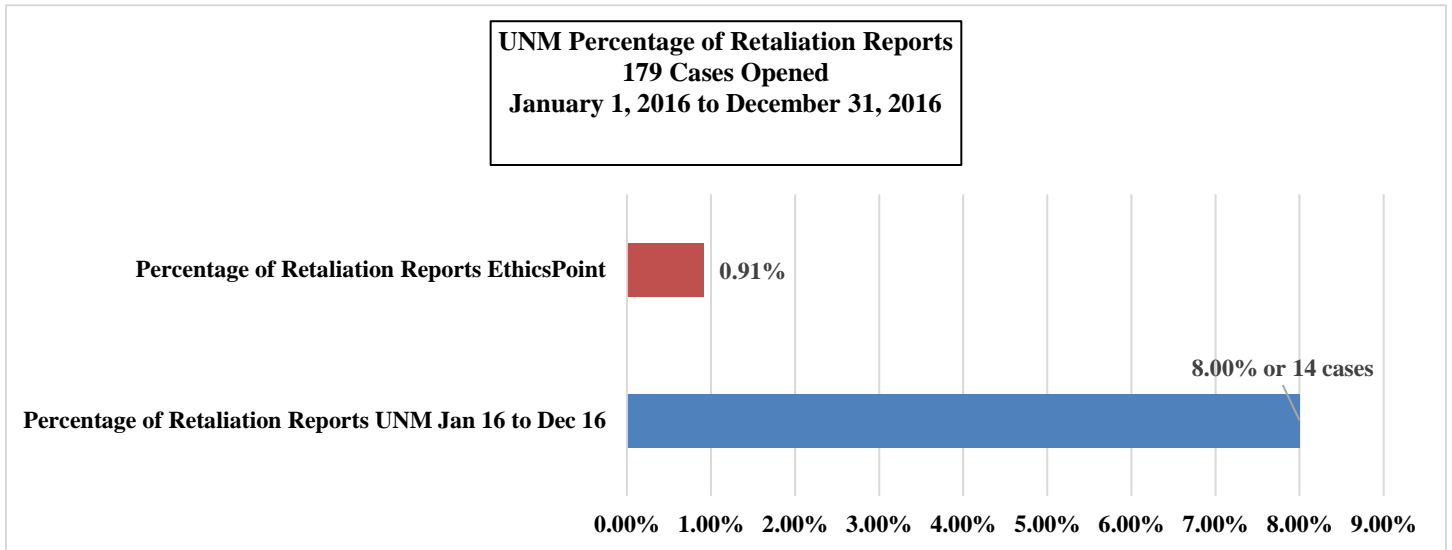
Case Closure Time

The chart shows the number of calendar days it takes to close a case. Investigations should be completed in a timely manner to ensure that reporters trust their reports are being taken seriously. The Average Case Closure Time for UNM has been steadily rising and is 36 days higher than EthicsPoint's case closure time. This increase in case closure time needs to be monitored. Some of the reasons for the increase could be the complexity of the cases coming in or that the university might not have enough resources to address the volume of reports being received. Cases are monitored monthly in the hotline to ensure that open cases are being updated and worked on a regular basis.



Reports of Retaliation

Retaliation issues are a serious concern and EthicsPoint now provides data to allow organizations to benchmark this important issue. Issues coming into the hotline with retaliation allegations are slowly rising. Persons who report suspected misconduct are protected from retaliation at UNM. Monitoring systems, such as the UNM Compliance Hotline, along with implementing anti-retaliation training may help to be effective in preventing retaliation.



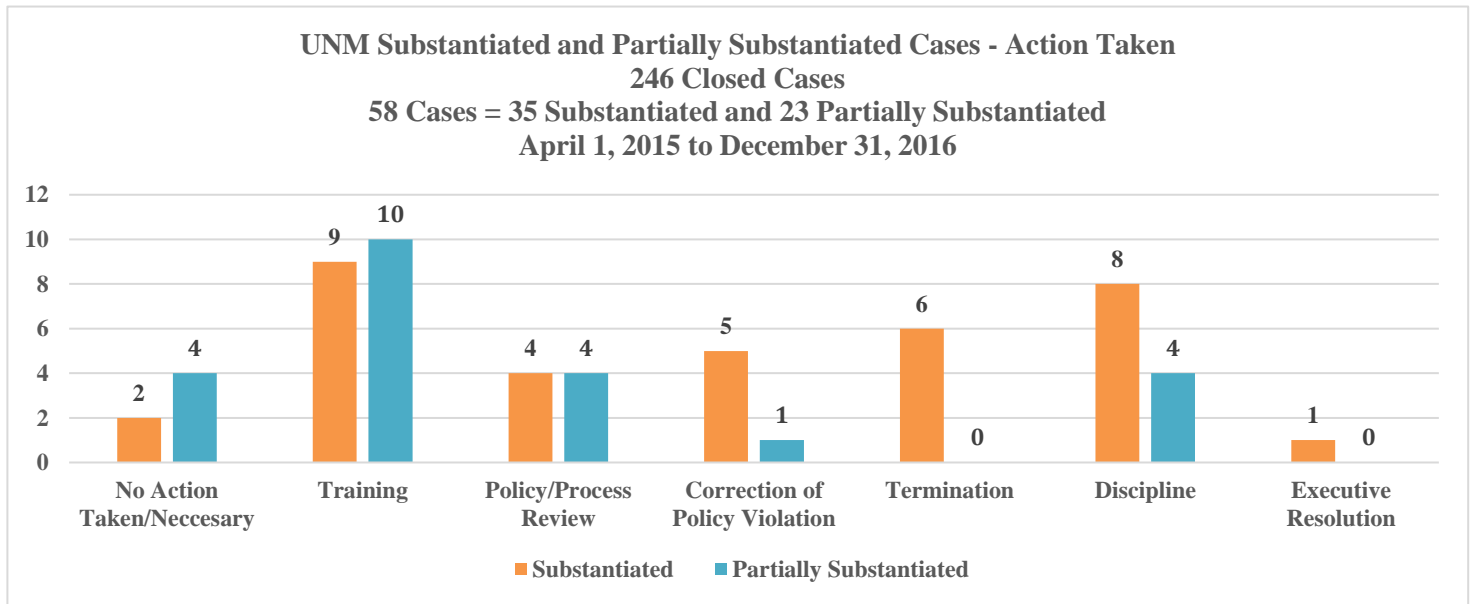
**UNM COMPLIANCE HOTLINE
STATISTICAL REPORTS
APRIL 2015 TO DECEMBER 2016**

(Note: This data is different than the previous benchmarking charts. The data in this section represents all cases since the UNM Compliance Hotline started receiving reports through EthicsPoint beginning April 1, 2015.)

The charts below show statistical data from the UNM Compliance Hotline beginning April 1, 2015 to December 31, 2016. Analyzing the hotline data allows UNM to spot potential compliance issues, trends and patterns and possible risks to the university. Collecting and reviewing hotline data permits UNM to capture and investigate reports from all locations and reporting channels in a centralized database.

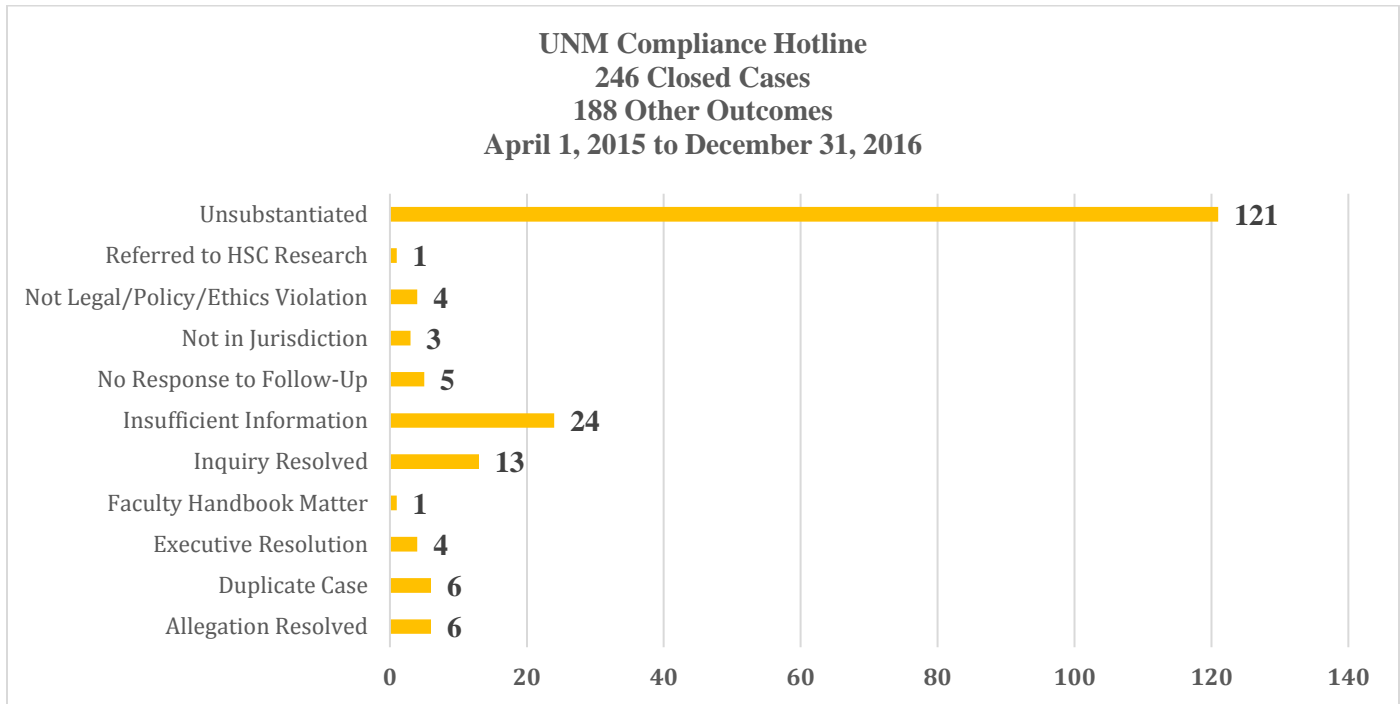
Action Taken for Substantiated and Partially Substantiated Cases

The chart below is broken out by the action taken for cases with Substantiated or Partially Substantiated as an Outcome. Reviewing and monitoring the action taken for closed cases will help to determine if appropriate action is being tendered based on the outcome and comparing the action taken to similar cases within the UNM Compliance Hotline. Of the 246 cases closed, only **24%** were Substantiated or Partially Substantiated.



Closed Cases – Additional Outcomes

The chart below shows **188 or 76%** of the closed cases had additional outcomes other than Substantiated or Partially Substantiated. Unsubstantiated cases accounted for **49%** of the closed cases.

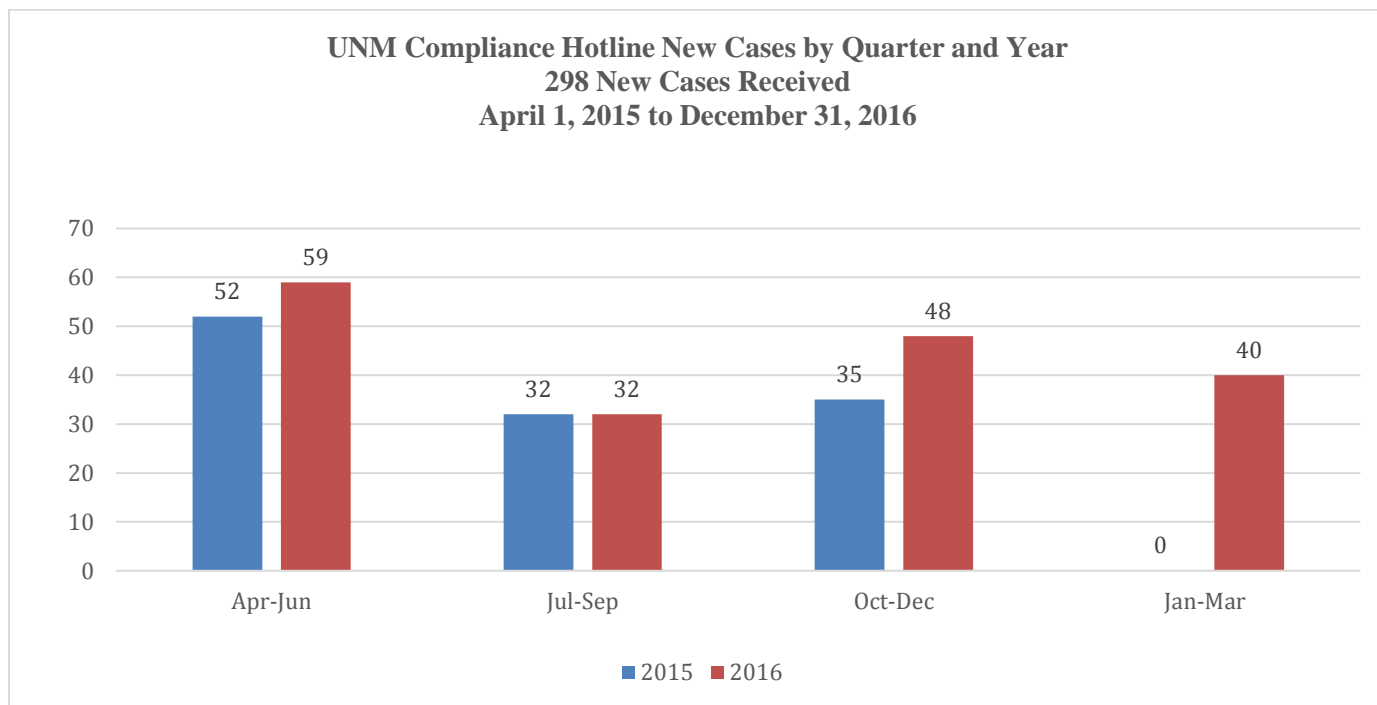


The Action Taken for the 188 additional outcomes is shown below.

Outcomes	Action Taken
Allegation Resolved	1 Policy Process Review, 4 Training, 1 Executive Resolution
Duplicate Case	6 Duplicate Case
Executive Resolution	1 No Action Taken/Necessary, 3 Executive Resolution
Faculty Handbook Matter	1 No Action Taken
Inquiry Resolved	7 No Action Taken/Necessary, 4 Policy Process Review, 2 Executive Resolution
Insufficient Information	23 No Action Taken/Necessary, 1 Correction of Policy Violation
No Response to Follow-Up	5 No Action Taken/Necessary
Not in Jurisdiction	3 No Action Taken/Necessary
Not Legal/Policy/Ethics Violation	3 No Action Taken/Necessary, 1 Policy Process Review
Referred to HSC Research	1 Correction of Policy Violation
Unsubstantiated	108 No Action Taken/Necessary, 4 Policy Process Review, 5 Training, 1 Executive Resolution, 2 Correction of Policy Violation, 1 Ombuds/Staff

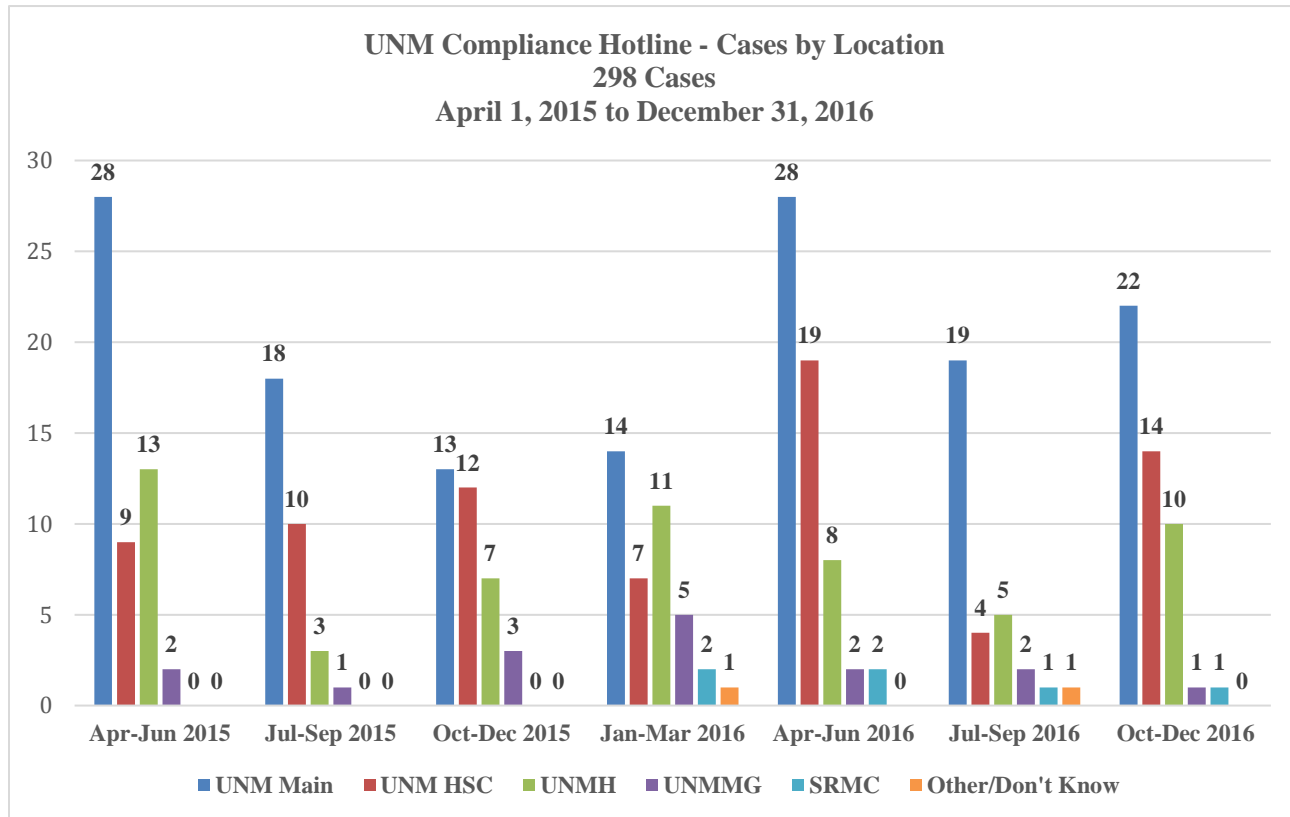
Cases by Quarter

The number of cases being received by Quarter and Year is shown below. It appears from this data that the numbers have been consistent for Apr-Jun and Jul-Sep for both 2015 and 2016. New Cases received for Oct-Dec 2016 were higher than in 2015. Analysis of the data also shows that more cases are coming to the hotline at the end of the semesters during the academic year. Monitoring future quarters will help to determine trends and peak reporting times.



**Total Cases Opened by Quarter and Location
298 Cases**

The chart below depicts the 298 opened cases and where the allegations were reported from. The end of the semester during the academic year data shows that the highest number of cases are being reported during this time period. Monitoring and tracking cases by location and times of the year can help identify trends and problems within specific areas at UNM.



**Internal Audit Director’s Status Report
Audit and Compliance Committee Special Meeting
March 31, 2017**

INFORMATION ITEMS

Audit Committee Meeting Calendar. The following proposed meeting dates are being presented for Committee approval. The Committee meets in the Roberts Room. This schedule will accommodate both entrance and exit conferences for the FY17 External Financial Statements Audit.

- April 28, 2017 Start at 1:00 PM (Entrance for FY17 External Audit)
- August 3 or 4, 2017 Start at 9:00 AM
- October 20, 2017 Start at 9:00 AM (Exit Conference for FY17 External Audit)

Fiscal Year 2017 External Financial Statements Audit. In accordance with the State Auditor’s requirement, the University of New Mexico issued RFP-1928-17 “Audit Firm for Financial Statements and Compliance Audits” on February 2, 2017. The deadline to submit responses was February 24, 2017 at 2:00 MDT. The University has received four responses. The University Controller presents the audit firm recommendation for the Committee approval. The Audited Financial Statements report due date is November 1, 2017.

Audit Plan Status. The project status and hours report for the plan is at Tab #9C. The status of the proposed plan as of February 28, 2017 is:

Completed	7
Fieldwork	8
Subtotal	15
Assigned	3
Unassigned/Deferred	6
Total	24

The Fiscal Year 2017 (FY17) audit plan includes nine audits carried over from FY16. The Department will adjust the FY17 audit plan based on input from the Audit and Compliance Committee and the Executive leadership.

Department Financial Report. At Tab 7 is the Internal Audit Department’s budget status report for your review. The FY17 adjusted budget is \$856,100, of which \$806,100 is from the general pooled account, and \$50,000 from the departmental reserve. As of February 28, 2017, the department’s actual expenditures are \$515,149, and encumbrances are \$237,959. The department will have projected reserves of \$65,000 as of June 30, 2017.

External Audits and Reviews. At Tab 7 is the summary information regarding the external audits and reviews (third party audits) of various grants, contracts, and programs by various federal and state grantors as of March 31, 2017. There are four (4) reviews underway by various federal and state agencies. The Health Resources and Services Administration is auditing two grants totaling \$2.4 million from grant period August 1, 2015 through July 31, 2017; the Department of Public Safety, State of New Mexico is auditing \$168.5 thousand; and the WithumSmith and Brown contract auditor for the National Science Foundation (NSF) is

Internal Audit Director's Status Report
Audit and Compliance Committee Special Meeting
March 31, 2017

auditing various grants. The time period and dollar amounts of NSF audit has not been determined yet.

The Center for Medicaid and Medicare Services (CMS) has contracted with Connolly to conduct billing reviews. The University of New Mexico Hospital and Sandoval Regional Medical Center have received various requests from the Recovery Audit Contractor (RAC) to provide over 626 records related to patient billings, totaling \$15.8 million from June 1, 2015 to December 31, 2015. The RAC auditors had no findings for \$13 million (495 records); the University Health System has paid back approximately \$610 thousand (120 records). We have not received any additional information since the August 2016 report.

Student Internship. The Internal Audit department currently has two student interns. Two student interns graduated and left the department in December 2016; however, due to budgetary constraints these positions will be left open.

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Account Description	Budget (FYTD) Adopted	Budget (FYTD) Adjustments	Budget (FYTD) Accumulated	Actuals Current Month	Actuals Pct	Actuals Fiscal YTD	Actuals Pct	Encumbrances	Balance Available	Balance Pct
Revenue										
07ZZ - Reimbursement Holding	\$0.00	\$0.00	\$0.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$0.00	.00%
1640 - Allocations Pooled Allocatio!	\$802,250.00	\$0.00	\$802,250.00	\$0.00	.00%	\$802,250.00	100.00%	\$0.00	\$0.00	.00%
1660 - Allocations Other Gen	\$0.00	\$3,850.00	\$3,850.00	\$0.00	.00%	\$3,850.00	100.00%	\$0.00	\$0.00	.00%
1900 - Reserves	\$0.00	\$0.00	\$0.00	\$0.00	.00%	\$74,012.35	.00%	\$0.00	(\$74,012.35)	.00%
1901 - Budgeted Use of Reserves	\$50,000.00	\$0.00	\$50,000.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$50,000.00	100.00%
1903 - Change in Reserves	\$0.00	\$0.00	\$0.00	\$0.00	.00%	(\$3,231.02)	.00%	\$0.00	\$3,231.02	.00%
*TOTAL Revenue	\$852,250.00	\$3,850.00	\$856,100.00	\$0.00	.00%	\$876,881.33	102.43%	\$0.00	(\$20,781.33)	(2.43%)
Expense										
2020 - Administrative Professional !	\$643,931.00	\$0.00	\$643,931.00	\$53,653.61	8.33%	\$420,132.61	65.24%	\$218,784.20	\$5,014.19	.78%
2060 - Support Staff Salary Detail !	\$38,932.00	\$0.00	\$38,932.00	\$3,594.73	9.23%	\$30,398.23	78.08%	\$17,069.60	(\$8,535.83)	(21.92%)
20J0 - Student Salaries Gen	\$32,000.00	\$0.00	\$32,000.00	\$1,415.00	4.42%	\$21,649.00	67.65%	\$0.00	\$10,351.00	32.35%
20P0 - Temporary Salary Gen	\$30,550.00	\$0.00	\$30,550.00	\$264.15	.86%	\$2,580.54	8.45%	\$0.00	\$27,969.46	91.55%
20SA - Salary Adjustments	\$42,800.00	\$3,850.00	\$46,650.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$46,650.00	100.00%
3100 - Office Supplies General	\$1,500.00	\$0.00	\$1,500.00	\$87.67	5.84%	\$535.54	35.70%	\$0.00	\$964.46	64.30%
3110 - Books Periodicals Gen	\$250.00	\$0.00	\$250.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$250.00	100.00%
3140 - Computer Software Gen	\$200.00	\$0.00	\$200.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$200.00	100.00%
3150 - Computer Supplies <\$5,001	\$200.00	\$0.00	\$200.00	\$0.00	.00%	\$112.46	56.23%	\$0.00	\$87.54	43.77%
3189 - Computers & Servers <\$5,0!	\$0.00	\$0.00	\$0.00	\$0.00	.00%	(\$1,135.46)	.00%	\$2,104.88	(\$969.42)	.00%
31A0 - Business Food - Local	\$1,007.00	\$0.00	\$1,007.00	\$0.00	.00%	\$410.00	40.71%	\$0.00	\$597.00	59.29%
31C0 - Dues Memberships Gen	\$4,500.00	\$0.00	\$4,500.00	\$1,400.00	31.11%	\$2,760.00	61.33%	\$0.00	\$1,740.00	38.67%
31J0 - Parking Permits Gen	\$500.00	\$0.00	\$500.00	\$0.00	.00%	\$400.00	80.00%	\$0.00	\$100.00	20.00%
31K0 - Postage Gen	\$80.00	\$0.00	\$80.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$80.00	100.00%
31P0 - Training Materials Supplies !	\$0.00	\$0.00	\$0.00	\$0.00	.00%	\$109.00	.00%	\$0.00	(\$109.00)	.00%
3800 - In State Travel Gen	\$2,000.00	\$0.00	\$2,000.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$2,000.00	100.00%
3805 - Instate Travel-Per Diem Sta!	\$500.00	\$0.00	\$500.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$500.00	100.00%
3810 - Instate Travel-Per Diem No!	\$200.00	\$0.00	\$200.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$200.00	100.00%
3820 - Out Of State Travel Gen	\$2,500.00	\$0.00	\$2,500.00	\$0.00	.00%	\$1,418.24	56.73%	\$0.00	\$1,081.76	43.27%
3825 - Out State Travel-Per Diem !	\$500.00	\$0.00	\$500.00	\$0.00	.00%	\$189.00	37.80%	\$0.00	\$311.00	62.20%
3830 - Out State Trvl-Per Diem No!	\$200.00	\$0.00	\$200.00	\$0.00	.00%	\$79.80	39.90%	\$0.00	\$120.20	60.10%
6000 - Telecom Charges Gen	\$4,000.00	\$0.00	\$4,000.00	\$292.50	7.31%	\$2,340.00	58.50%	\$0.00	\$1,660.00	41.50%
6020 - Long Distance Gen	\$100.00	\$0.00	\$100.00	\$10.56	10.56%	\$34.85	34.85%	\$0.00	\$65.15	65.15%
6060 - Voice Mail Box Gen	\$700.00	\$0.00	\$700.00	\$45.00	6.43%	\$360.00	51.43%	\$0.00	\$340.00	48.57%

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Account Description	Budget (FYTD) Adopted	Budget (FYTD) Adjustments	Budget (FYTD) Accumulated	Actuals Current Month	Actuals Pct	Actuals Fiscal YTD	Actuals Pct	Encumbrances	Balance Available	Balance Pct
6300 - Alarm System Gen	\$300.00	\$0.00	\$300.00	\$72.74	24.25%	\$151.49	50.50%	\$0.00	\$148.51	49.50%
6315 - Electronic Databases	\$0.00	\$0.00	\$0.00	\$95.00	.00%	\$765.00	.00%	\$0.00	(\$765.00)	.00%
63A0 - Conference Fees Gen	\$4,000.00	\$0.00	\$4,000.00	\$0.00	.00%	\$990.00	24.75%	\$0.00	\$3,010.00	75.25%
63A2 - Seminars/Training Fees	\$4,000.00	\$0.00	\$4,000.00	\$0.00	.00%	\$3,860.00	96.50%	\$0.00	\$140.00	3.50%
63C0 - Copying Gen	\$100.00	\$0.00	\$100.00	\$0.00	.00%	\$6.00	6.00%	\$0.00	\$94.00	94.00%
69Z0 - Other Professional Services!	\$20,000.00	\$0.00	\$20,000.00	\$716.59	3.58%	\$10,589.95	52.95%	\$0.00	\$9,410.05	47.05%
70E0 - Computer Hardware Mainte!	\$0.00	\$0.00	\$0.00	\$0.00	.00%	\$687.50	.00%	\$0.00	(\$687.50)	.00%
70E1 - Computer Software Mainten!	\$8,500.00	\$0.00	\$8,500.00	\$900.00	10.59%	\$10,951.00	128.84%	\$0.00	(\$2,451.00)	(28.84%)
70F0 - Equipment Rent Expense G!	\$3,000.00	\$0.00	\$3,000.00	\$184.09	6.14%	\$1,838.78	61.29%	\$0.00	\$1,161.22	38.71%
80K0 - Banner Tax	\$700.00	\$0.00	\$700.00	\$38.04	5.43%	\$374.54	53.51%	\$0.00	\$325.46	46.49%
80K2 - Foundation Surcharge	\$4,500.00	\$0.00	\$4,500.00	\$313.66	6.97%	\$2,561.06	56.91%	\$0.00	\$1,938.94	43.09%
*TOTAL Expense	\$852,250.00	\$3,850.00	\$856,100.00	\$63,083.34	7.37%	\$515,149.13	60.17%	\$237,958.68	\$102,992.19	12.03%

[Index: 676000 - 113280-AUDIT DEPARTME-General Activ](#)

Account Description	Budget (FYTD) Adopted	Budget (FYTD) Adjustments	Budget (FYTD) Accumulated	Actuals Current Month	Actuals Pct	Actuals Fiscal YTD	Actuals Pct	Encumbrances	Balance Available	Balance Pct
Total Revenue:	\$852,250.00	\$3,850.00	\$856,100.00	\$0.00	.00%	\$876,881.33	102.43%	\$0.00	(\$20,781.33)	(2.43%)
Total Expense:	\$852,250.00	\$3,850.00	\$856,100.00	\$63,083.34	7.37%	\$515,149.13	60.17%	\$237,958.68	\$102,992.19	12.03%
Net:	\$0.00	\$0.00	\$0.00	(\$63,083.34)	.00%	\$361,732.20	.00%	(\$237,958.68)	\$123,773.52	.00%

Parameters:

[Index: 676000 - 113280-AUDIT DEPARTME-General Activ](#)

Groupings:

Warning: These reports will show fiscal year activity. For inception to date activity for Grants please use the FRRGLDS - Grant Ledger Detail Summary report.

**External Audits and Reviews
As of March 31, 2017**

Granting Agency/Entity	National Science Foundation (NSF)	State of New Mexico - DPS	HRSA	HRSA	CMS (Patient Billings) - RAC Requests as of December 31, 2015
Contract/Grant/Program Title	Various	3RAP2	3RY66	3RX49	Medicare
Contract/Grant Period	Various	10/1/15 - 12/31/16	8/1/15 - 7/31/17	4/1/15 - 3/31/17	Various
Contract/Grant Total Amount	TBD	168,500.00	945,256.00	1,465,732.00	N/A
Contract/Grant Amount - Current FY					N/A
Principal Investigator	Various	Hannah Kastenbaum	Steven Williams	Steven Williams	N/A
Department	Various	OMI	Infectious Diseases	Infectious Diseases	Hospital RAC Audits
Agency Audit/Review Notification Date	TBD	State of New Mexico -	HRSA	HRSA	Various
Audit/Review Entrance/Visit Date(s)	7/14/2016	1/26/2017	6/13/2017	6/13/2017	Remote
Audit/Exit/Final Report Issued	TBD	Pending			Continuous
Question Cost, if any	TBD				N/A
Audit/Review Major Finding, if any	TBD				See Comments
Corrective Action Plan, if any	TBD				In Process
Planned Implementation Date	TBD				N/A
Campus	Main/HSC	HSC	HSC	HSC	Hospital RAC Audits
Auditor if Different than Grantor	WithumSmith+Brown (WSB)				Connolly
Comments	NSF, OIG Audit	Closeout Assessment			\$15.8 million total RAC audits (626 records requested), of which \$13 million (495 records) had no audit findings. UNM Health System paid back a net of \$610K (120 records that were coded at higher and lower levels) and \$145K (11 records are pending review) may be at risk of pay back as of August 31, 2016.

Follow Up Report Summary - Implemented
March 2017 Open Session

Row Labels	Project Name	Count of Recommendation Title
1	P-Card	1
2	Review of College of Arts and Sciences Operations	1
3	UNM Taos	1
4	Payroll Follow-Up Audit	3
5	Safety and Risk Services	2
6	CTSC Food and Nutrition P-Card Use	1
7	Men's Basketball P-Card Use	4
Grand Total		13

**Follow Up Report - Implemented
March 2017 Open Session**

No	Project Name	Report Approval Date	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Recommendation Action	Responsible Party
1	<u>P-Card</u>	6/20/13	<u>Recommendation 2 - Implementation of new system to record and track hazardous chemicals and radioactive materials</u>	The Purchasing department and SRS should implement a system which effectively records the purchase of hazardous materials and radioactive materials, and provides all relevant information to SRS for tracking.	SRS purchased the Enterprise Re-Agent Manager (ERM) software and is implementing this software in five UNM Departments effective August 2013. This ERM software will replace ICID. ERM is a SciQuest Product that communicates with Banner. Purchasing and SRS are working as a team to populate the ERM software with data from Chemical and Research Laboratory Supplies (CRLS). SRS established a main campus Chemical and Laboratory Safety Committee and is working with the committee to attempt to implement ERM campus-wide. SRS needs the support of UNM management to promulgate policies to require the use of ERM software and the inventory of chemical and radioactive materials.	12/31/2016	Safety and Risk Services worked with Purchasing to implement the Enterprise Re-Agent Management (ERM) system for tracking hazardous chemicals and radioactive materials. The ERM system allows the purchase of hazardous chemicals and radioactive materials directly through LoboMart, which automatically get uploaded to the system for tracking. Hazardous chemicals and radioactive materials purchased through CRLS are scanned with bar codes and sent to SRS to be entered into the ERM system twice a month. The Purchasing department, through its Hazardous Chemicals and Radioactive Materials Purchasing & Tracking Program, is now requiring hazardous and radioactive material purchases be made directly from a vendor using a P-card to be reported to SRS and HSC Radiation Safety, respectively. Finally, SRS conducts a full inventory of hazardous chemicals and radioactive materials for the entire main campus on a semi-annual basis. Internal Audit reviewed a copy of the 2016 inventory taken for Area 4 and also observed SRS staff updating the ERM system with purchases made through CRLS.	Carla Domenici, Dir, Safety & Risk Services
2	<u>Review of College of Arts and Sciences Operations</u>	4/18/13	<u>Implementation of Process to Track Research Activities</u>	A process should be implemented that enables colleges to effectively track and monitor time that faculty members spend on research activities to help management determine if faculty members are meeting academic load requirements and workload guidelines.	To track faculty research activities, an RFP was created for the purchase of a scholarly productivity subscription service, which will have the ability to track faculty research activities. The products of three vendors responding to the RFP are being evaluated Fall 2014, and a decision on purchase is expected to be made by January 1, 2015. Actual implementation of the software is expected to be completed by December 15, 2015.	6/30/2017	Internal Audit observed the Faculty Research web-based application developed by the UNM Provost's Office. Internal Audit received Administrative access to the application and was able to browse the application and generate an "Annual Faculty Activity Report" for Dr. Greg Heileman, which presented his research activity. The application will soon be available for UNM faculty to begin populating the database with research activity.	Greg Heileman, Associate Provost; Provost

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No	Project Name	Report Approval Date	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Recommendation Action	Responsible Party
3	<u>UNM Taos</u>	04/22/15	<u>Recommendation 9 - All UNM Taos Employees Should Take Required Training</u>	All UNM Taos faculty, staff, and student employees should take the required annual training courses.	Determine which faculty, staff and students employees are required to take the training. Develop a communication mechanism to inform and remind those who need the training and provide notification to supervisors.	1/31/2017	The UNM Policy office has revised Policy 3290 to reflect that all UNM employees are now required to take certain mandatory training. Learning central will provide training modules to all employees receiving a paycheck. Training modules have been loaded onto all employees Learning Central accounts. A report mechanism is in place to identify employees, including part-time and temporary, that have not taken the training. The reporting is embedded in system to notify the supervisors of employees, who then notifies the employees of their training responsibilities.	Br Campus; Debra Martinez, HR Administrator 2
4	<u>Payroll Follow-Up Audit</u>	8/18/15	<u>Recommendation 4 - Develop a Policy to Ease the Administrative Burden</u>	The University Controller's Office should work with the UNM Policy Office to develop (or amend) a policy to allow de minimus write-offs in order to ease the administrative burden of collection when the cost of collection exceeds the amount to be collected.	Payroll will submit revisions to the Policy Office. These revisions will depend on the analysis and corresponding direction taken in Recommendation 5 below.	1/31/2017	1/31/2017 - On 12/12/2016, The Payroll Office and UNM Policy Office amended policy 2680 - Payroll Overpayments and Collections to optimize procedures for collecting overpayments to UNM Employees.	Elizabeth Metzger, University Controller
4	<u>Payroll Follow-Up Audit</u>	8/18/15	<u>Recommendation 5 - Automated Tracking of Accounts Receivable</u>	The University Controller's Office should research tracking of overpayments in the Banner Accounts Receivable module as a means to ease the administrative burden of manually tracking employee receivables.	Stale dated receivables will be written off. The Banner Accounts Receivable module will be assessed for tracking overpayments and is then intended to be utilized to track overpayments that require repayment of at least 2 pay cycles for that employee.	1/31/2017	1/31/2017 - The Controller's Office has evaluated the effectiveness of using the Banner Accounts Receivable module. Policy 2680 revisions went into effect in December 2016. Based on these revisions and the ongoing process to evaluate cost of administration to collect versus amount of collection, utilizing the Banner Accounts Receivable module to track future overpayments was deemed unnecessary.	Elizabeth Metzger, University Controller
4	<u>Payroll Follow-Up Audit</u>	8/18/15	<u>Recommendation 1A - Required Training - 2015-01-A Stand Alone Report</u>	The University's President should direct the Human Resources Department, the Office of Faculty Affairs and Services, HSC Faculty Contracts, SOM Office of Academic Affairs, and Graduate Studies to work with the UNM Policy Office to revise Policy 3290, clarifying that all University employees and academic volunteers must take mandatory training courses.	The President will direct appropriate offices to identify a mechanism to provide and track mandatory training to all employees, and will develop a mechanism to hold employees and managers responsible for compliance. Once the feasibility of expanding training has been verified, these offices will work with the UNM Policy Office to make appropriate revisions to UAP 3290 to reflect these changes.	1/31/2017	The UNM Policy office has revised Policy 3290 to reflect that all UNM employees are now required to take certain mandatory training. Learning central will provide training modules to all employees receiving a paycheck. Training modules have been loaded onto all employees Learning Central accounts. Report mechanism is in place to identify employees that have not taken the training. The reporting is embedded in system to notify the supervisors of employees, who then notifies the employees of their training responsibilities.	Robert George Frank, President; Kevin Stevenson, Strategic Planner

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No	Project Name	Report Approval Date	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Recommendation Action	Responsible Party
5	<u>Safety and Risk Services</u>	11/5/15	<u>Recommendation 6 - Safety Concerns Reported to SRS</u>	The Director of Safety and Risk Services should develop and document a process for investigating safety concerns reported to SRS. The process should include detailed use of TMA or similar software to ensure that a clear audit trail from the date of report to final disposition is noted. The process should specifically include the requirement to notify the person who expressed concern about the final outcome.	SRS will work with PPD ISS to train and re-train its employees on TMA. Ideally, TMA can serve as the software for tracking the work and response of SRS staff. SRS will continue to use TMA through June 30, 2016. If the results are not improved, then it will consider the purchase of a software more specifically designed to occupational safety needs.	6/30/2017	SRS documented and finalized a formal SOP for processing safety concerns received at SRS. IA verified the SOP was implemented and followed in a review of an incident reported and addressed in late 2016.	Michael Tuttle,Mgr,Risk Mgmt, Ins & Claims; Carla Domenici, Dir,Safety & Risk Services
5	<u>Safety and Risk Services</u>	11/5/15	<u>Recommendation 17- SRS Training - CSO Training</u>	The University President should send a directive to CSOs, PIs, and PCard holders identified as persons who make chemical purchases to comply with their annual requirements to complete CSO and/or ERM training. They should be reminded of the importance to ensure lab safety and accurate chemical labeling and inventory.	In response to Internal Audit report 2015-01-1, the University President directed a group to address university-wide mandatory training for employees. As a component of that effort, the President will direct this group to also develop a mechanism to ensure position-specific mandatory training for CSOs, PIs, and Pcard holders that make chemical purchases.	12/31/2016	HR and SRS worked to compile a list of PIs and CSOs that should obtain required training. HR provided a copy of that list and IA confirmed that their learning plans were updated to include required training.	Dorothy Terese Anderson,Vice President,Human Resources; Provost
6	<u>CTSC Food and Nutrition P-Card Use</u>	3/3/16	<u>Recommendation 3 - P-Card Office Review and P-Card Reviewer and Approver Training</u>	The P-Card Manager should: Strengthen the P-Card reconciliation review process to ensure documentation submitted for purchases is complete and accurate. Provide a P-Card training for Department P-Card reviewers and approvers to ensure P-Card activity is adequately reviewed.	We agree with the audit recommendations. UNM departments are ultimately responsible for submitting properly approved, complete and accurate documentation with their P-Card logs. For this reason, each P-Card log requires the signatures of both the cardholder and Dean/Director/Department Head. Although the P-Card department conducts 100% reviews of PCard transactions, our current resources prohibit us from recalculating the totals of each of the 170,000+ PCard transactions each year. While this could likely be accomplished if significant additional resources were to be provided, the additional cost vs. benefit received would most likely be prohibitive. In response to this recommendation, we have effective immediately, begun to examine and recalculate a portion of receipts that contain elements of higher risk and have an appearance that they have been altered.	12/31/2016	Amy Overby, CTSC Interim Director approves all CTSC purchases and reviews receipts and other documentation after a purchase is made. The UNM P-Card office developed an "Approver Training," which is available for supervisors and P-Card reviewers on the new Chrome River system. Internal Audit reviewed the training on the Chrome River website.	Peggy Sedillo,Mgr,Purchasing
7	<u>Men's Basketball P-Card Use</u>	5/5/16	<u>Recommendation 3 - Payment for Scouting Services</u>	The Athletics Chief Financial Officer should determine which scouting service providers have not been paid for services, verify services have been performed, and make payment arrangements.	The list of vendors which has not been paid will be remediated. For next fiscal year, the Athletics Business Office will work closely with teams on the purchases of recruitment services and maintain a written list of scouting services.	12/31/2016	Internal Audit reviewed payment documentation verifying payment to all scouting service providers that had not previously been paid for scouting service provided.	Yvonne Otts,Financial Analyst

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No	Project Name	Report Approval Date	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Recommendation Action	Responsible Party
7	<u>Men's Basketball P-Card Use</u>	5/5/16	<u>Recommendation 6 - Receipts, Invoices, and Other Supporting Documentation</u>	<p>The Athletics Chief Financial Officer should develop P-Card policies and procedures requiring documentation that lists participants that were provided meals during Men's Basketball events.</p> <p>The Athletics Chief Financial Officer should ensure that adequate supporting documentation is obtained for all P-Card purchases. Itemized receipts should be submitted for all purchases.</p>	<p>The Department has begun to include a listing of the team rosters and coaches with P-Card statements. The Department will also ensure that the use of memos to justify lost receipts and invoices is substantially curtailed.</p>	12/31/2016	Internal Audit performed follow-up P-Card test work and noted participants for team meals were listed, and itemized receipts were provided for all purchases tested.	Yvonne Otts, Financial Analyst
7	<u>Men's Basketball P-Card Use</u>	5/5/16	<u>Recommendation 6 - Receipts, Invoices, and Other Supporting Documentation</u>	<p>The P-Card Manager should develop P-Card policies and procedures requiring documentation that lists participants that were provided meals during Men's Basketball events.</p> <p>The P-Card Manager should also ensure that adequate supporting documentation is obtained for all P-Card purchases. Itemized receipts should be submitted for all purchases.</p>	<p>We agree with the recommendation and have already completed and implemented our corrective action. After deliberation with the Athletics department, both parties agreed that, effective immediately, complete meal logs for all players, coaches and allowable guests would be provided as transactional documentation for all meals purchased on P-Card. Additionally, P-Card infractions will now be reported immediately if a cardholder fails to provide adequate detail to support a meal transaction.</p>	12/31/2016	Internal Audit performed follow-up P-Card test work and noted participants for team meals were listed and itemized receipts were provided for all purchases tested.	Peggy Sedillo, Mgr, Purchasing
7	<u>Men's Basketball P-Card Use</u>	5/5/16	<u>Recommendation 11 - P-Card Trainings for Supervisors and Reviewers</u>	<p>Provide P-Card training for Department P-Card reviewers and approvers to ensure P-Card activity is adequately reviewed to detect P-Card misuse.</p>	<p>We agree with the audit recommendation. In the past, P-Card training has been required for P-Card holders only. As per Internal Audit's recommendation, we now also agree to begin requiring separate training for our departmental reviewers and approvers. This new form of training will focus on preparing P-Card reviewers and approvers to detect P-Card misuse and also to adequately review P-Card transactions. We will roll this new training out concurrent with the Chrome River system go-live for P-Card, currently scheduled for 7/1/16.</p>	12/31/2016	The UNM P-Card office developed an "Approver Training", which is available for supervisors and P-Card reviewers on the new Chrome River system. Internal Audit reviewed the training on the Chrome River website.	Peggy Sedillo, Mgr, Purchasing

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Row Labels	Project Name	Count of Recommendation Title
1	Safeguards for Protecting Private Data– Service Providers and Contractors	2
2	Review of College of Education Operations	1
3	Cancer Center Portable Devices	1
4	UNM Taos	1
5	Harwood Museum	2
6	Payroll Follow-Up Audit	8
7	Safety and Risk Services	3
8	Brain Safe Project	1
Grand Total		19

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No	Project Name	Report Approval Date	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Last Status Update	Responsible Party
1	<u>Safeguards for Protecting Private Data-Service Providers and Contractors</u>	10/25/13	<u>Recommendation 1 - UNM Information Security Program</u>	The CIO needs to implement the UNM Information Security Program University-wide.	Concur. The CIO will continue implementation of the Information Security Program with the advisory structure approved by the President. The CIO submitted a recommendation to the IT Governance Council UNM Policy 2560 (President, EVPs, and Chancellor) to create a University wide security council. The existing and operational UNM Information Security Program will be assigned to the appropriate advisory structure.	4/1/2017	IA is in receipt of a memo outlining how the proposed UNM Security Program compares to benchmark institutions. The Interim CIO and ISO will continue to conduct conversations with ISOs and contacts at University of Illinois, Temple University, and Texas Tech University to compare programs and look for additional opportunities for improvement. In addition, the Deputy CIO will also review the Security Program for the State of NM. We will compile the details of our request and modify the outline of our approach and submit for review.	Duane Ej Arruti, INT Chief Information Officer
1	<u>Safeguards for Protecting Private Data-Service Providers and Contractors</u>	10/25/13	<u>Recommendation 2 - University Information Security Function</u>	The President should give the CIO the explicit authority and responsibility to manage information security University-wide, including the decentralized computing services. The President should also ensure that the CIO has the budget to develop, implement, and enforce security policies.	Concur. The President's Office is working with the EVP for Administration, the Provost and EVP for Academic Affairs, and the Chancellor for Health Sciences on the appointment of an appropriate advisory structure. We will work with the EVP for Administration and the CIO to evaluate whether this office has sufficient budget and authority to develop, implement, and enforce security policies. The Information Security Office, through the CIO, has established a security management reporting mechanism and makes quarterly reports to senior management on the status of information security at UNM.	7/31/2017	In response to recommendations released by Technology Integration Group in September 2016, IT has begun to identify Information Technology Officers in several areas across campus. We currently have identified 5 ITOs. In our continued efforts to examine efficiency and effectiveness, the ITOs will be reviewing several campus wide initiatives over the course of the next year, including an improved approach to security management. Information Security Management will be a key area of focus. We anticipate having a plan in place by 7/31/17.	Duane Ej Arruti, INT Chief Information Officer

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No	Project Name	Report Approval Date	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Last Status Update	Responsible Party
2	<u>Review of College of Education Operations</u>	06/11/14	<u>Recommendation 3 - Time to acquire a degree at UNM COE</u>	The Dean of the College of Education should work with Office of the Provost to ensure any redesign of the College addresses the Provost's recommendation for reducing minimum credit hours for degree programs.	A college-wide Curriculum Review has been underway since 2013; one objective of the review is to reduce the required number of credit hours in each bachelor degree program to 120 hours, or close to it. The NM PED requires 57 credit hours in core courses for teacher preparation programs. The PED is reviewing this requirement. The Early Childhood Education program (ECE) is well under way to restructuring the program into a 5 year degree program, and in compliance with regulatory and accreditation agencies.	12/31/2017	10/13/2016 - At this time, the College of Education has not explored this option because NM Public Education Department has continued to impose new requirements for teacher education programs. These requirements include incorporating NMTEACH in our course work and in our supervision of teacher candidates and meeting additional national standards (InTASC). Additionally, NM PED will be implementing a new state requirement in order to receive program approval. This new state requirement is expected to include additional program requirements that have yet to be defined. This state approval process will begin in fall 2017.	Salvador Hector Ochoa, Dean
3	<u>Cancer Center Portable Devices</u>	10/16/14	<u>Recommendation 5 - Archived PHI</u>	The Chief Financial Officer of the CC should explore the feasibility of using the PACS system for archiving information.	UNM Cancer Center will investigate the possibility of utilizing a PACS system for archiving ongoing treatment and planning data. In regards to existing archived storage on portable CDs, UNM Cancer Center is currently in the process of moving this data from the CD archives to a shared network folder. The transition of this data to the network folder to be completed by April 30, 2015. In regards to archived storage on tape media, an RFP to be issued for the permanent archive of this media from tape to a networked server/folder. To be completed by June 30, 2015.	7/31/2017	Cancer Center is working to implement new PHI Archiving system and train all staff by July 2017. Requested and granted extension to 7/31/17.	RODNEY MARTINEZ, Chief Financial Officer
4	<u>UNM Taos</u>	04/22/15	<u>Recommendation 8 - Develop General IT Security Policies and Procedures</u>	UNM-Taos IT Department should document IT security policies and procedures, which enforce procedures for regular back-up and off-site storage of IT systems, developing a disaster recovery plan, and encrypting computers issued to employees.	UNM-Taos IT will develop an operations manual documenting IT security policies and procedures. Procedures will be modeled on those implemented at UNM-Valencia and Gallup. The IT department has already started developing the process for backups and offsite storage, and will identify disaster recovery procedures, test them regularly once the backups are working as expected. Encryption will be implemented on an ongoing basis for laptops assigned to faculty and staff.	12/31/2016	UNM Taos management stated that UNM Taos has the networking infrastructure in place to do back-ups between the Klauer Campus and downtown campus. However, due to understaffing they have not been able to develop written processes and implement back ups and a disaster recovery plan. Management believes they will finalize written procedures and implement back-up and the disaster recovery plans by May 1, 2017.	Mario Suazo, Dir,Business Opns/Sm Branch

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No	Project Name	Report Approval Date	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Last Status Update	Responsible Party
5	<u>Harwood Museum</u>	06/29/15	<u>Recommendation 7 - Art Collection Record Keeping</u>	Harwood should (1) complete data entry of art collection items that are missing critical information, such as value and loaned items from other museums; (2) clean up duplicate data resulting from the database migration; (3) ensure the collection records are reviewed by the Director periodically; (4) report accurate value for fine art insurance coverage to UNM Safety and Risk Services based on data generated from the complete and accurate database.	Incoming and outgoing loans have been tracked in the new database since its August 1, 2014 launch. The previous database did not have that capability. By November 1, 2015, all data entry of collection items missing critical information, including value, when that information is available and clean-up of duplicate data entry items will be complete. Beginning immediately, the director will review collection records on a quarterly basis. A current, accurate valuation of the Harwood's entire collection will require the engagement of a professional appraiser. This is a significant expense that the Harwood's operating budget cannot currently support. The timeline for completing the collection valuation will be informed by the Harwood Board's fundraising strategies to address operating revenue shortfalls.	7/31/2017	Management stated that the art collection database is being updated simultaneously as they conduct the physical inventory. Collection data including historical values are being entered in the system as the inventory counts are conducted. Management believes that the value of the art collection will be available for insurance reporting purposes once the physical count is complete and the database is updated. Management also believes its full physical inventory will be completed prior to the deadline. Harwood's new Director who is overseeing this process received a slight extension to July 2017 to implement this recommendation.	Richard Tobin, Dir, Harwood Museum
5	<u>Harwood Museum</u>	06/29/15	<u>Recommendation 8 - Art Collections Inventory</u>	Harwood should complete a formal physical inventory for its collection items, maintain current inventory records, and notify Inventory Control of its certified inventory results within a year.	In keeping with professional best practices, the director will create a narrative description of protocol and timelines for inventory control. This information will be incorporated into the Harwood's Collections Management Policy. The new protocol and policy will be implemented by November 1, 2015. A formal physical inventory of the museum's 4,900 object collection will require additional funding, in order to support two temporary Curatorial Assistants who will conduct the inventory under the guidance of the Curator of Collections and Exhibitions. If new funding is identified by the Harwood Board, the inventory will be completed by May 1, 2017, in keeping with the American Alliance of Museums' recommendation that formal inventories take place every ten years. In the event additional funding to hire two new temporary employees is not forthcoming in FY16, the Director will work with UNM Human Resources to undertake a staffing analysis to ascertain whether a staffing reorganization could shift existing staff resources to the task of completing an inventory within one year as recommended.	7/31/2017	Harwood recently hired a new Director and the Museum is currently conducting its physical inventory (art collection). Management believes the full inventory will be completed by July 2017 and received a slight extension from the previous deadline of May 1, 2017 to July 31, 2017. Management also stated that the art collection database (TMS) is being simultaneously updated as they conduct the physical inventory.	Richard Tobin, Dir, Harwood Museum

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No	Project Name	Report Approval Date	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Last Status Update	Responsible Party
6	<u>Payroll Follow-Up Audit</u>	08/18/15	<u>Recommendation 1 - Payroll Adjustment Codes</u>	The University Controller's Office should revise the adjustment code forms and explanations of the causes of the adjustments to clarify the causes, conditions, and responsible parties creating the adjustments.	Payroll will work with HR and EDCs to identify the needed enhancements. Payroll will work with FSMIT to add the enhancements to the report. Payroll will assess options for notifying departments of their adjustments.	4/1/2017	10/11/2016 - Implementation of the Talent Management System (TMS) has been delayed until April, 2017. Implementation of the audit recommendations depended upon the full functioning of the TMS and has therefore also been delayed.	Elizabeth Metzger, University Controller; Julian Sandoval, Chief Financial Svcs Officer
6	<u>Payroll Follow-Up Audit</u>	08/18/15	<u>Recommendation 2 - Payroll Adjustment Late Paperwork Training</u>	The University Controller's Office should develop mandatory training on business practices, required processes, and meeting deadlines aimed at reducing late filing of employment paperwork, EPAFs, payroll adjustments, and employee accounts receivable.	Payroll will work with HR and EDCs to improve communication and training. Adjustments are very heavily tied to the initial job setup. HR and the EDCs will need to partner with Payroll to provide the applicable training for each step of the required processes, and support from the University Provost will be needed to include Deans and Chairs in the mandatory training.	4/1/2017	10/11/2016 - Implementation of the Talent Management System (TMS) has been delayed until April, 2017. Implementation of the audit recommendations depended upon the full functioning of the TMS and has therefore also been delayed.	Elizabeth Metzger, University Controller
6	<u>Payroll Follow-Up Audit</u>	08/18/15	<u>Recommendation 3 - Administrative Fee</u>	The University Controller's Office should consider charging an administrative fee to departments that submit late EPAFs or other employment documents, as well as for causing unnecessary payroll adjustments.	Payroll will assess options for a fee structure but would like to first determine the successful implementation of the remaining recommendations within this document, especially to identify the root causes of adjustments. Payroll also needs to see how the Talent Management Suite implementation impacts processes. The fee structure will be applied accordingly to departments, HR, and EDCs as applicable.	9/30/2017	10/11/2016 - Implementation of the Talent Management System (TMS) has been delayed until Spring, 2017. Implementation of the audit recommendations depended upon the full functioning of the TMS and has therefore also been delayed.	Elizabeth Metzger, University Controller
6	<u>Payroll Follow-Up Audit</u>	08/18/15	<u>Recommendation 6 - Assess One Source Portal</u>	UNM HR should work with OFAS to assess the impact of new processes being implemented, especially Talent Management, on the hiring process instructions detailed in the One Source Information portal.	HR IT will work with the various Employment Data Centers (EDCs) to determine the current usage of the OneSource personnel action portal and to review the current content for accuracy of information. The EDC Team will then determine if it is appropriate to continue with the maintenance of the OneSource Portal and if so, develop an action plan for updating the OneSource content to reflect changes in hiring processes to coincide with the TMS implementation. If it is determined that OneSource should not be maintained then the EDCs will provide a recommendation to Administration on the appropriate mechanism to convey the hiring processes to departments.	1/1/2017	3/15/2016 - Implementation of the Talent Management System (TMS) is delayed until July 1, 2016. HR has completed the update of the OneSource portal to reflect current processes, and will incorporate any further changes due to TMS by July 1, 2016. 6/28/2016 - Talent Management has been further delayed to January 2017, and thus the implementation of related audit findings are also delayed to January 2017.	Dorothy Terese Anderson, Vice President, Human Resources

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6	<u>Payroll Follow-Up Audit</u>	08/18/15	<u>Recommendation 7 - OFAS Adjustment Email Notification</u>	OFAS should work with UNM IT to adopt an EPAF email notification system similar to the one developed by HR IT for UNM Staff.	OFAS will take the lead in soliciting IT's support to implement email notifications for faculty EPAFs before the end of the fall semester. OFAS will not implement all email notifications given their lack of resources and time to do so until the staff process is fully tested, implemented and assessed. OFAS will work with HSC and SOM Faculty Employment Areas.	6/30/2017	Implementation of the Talent Management System (TMS) is delayed until July 1, 2016. OFAS is working with IT to develop and test the EPAF notification system, but will not have a go-live date until after TMS is fully implemented. 10/6/2016 - As of September of 2016, IT will create an ePAF team that will include participation of all employment areas to manage ongoing development of ePAFs that will be inclusive of all employee types and similar processed to improve automation across campus. By June 30, 2017, OFAS will continue to work with IT to build three remaining ePAFs that have been identified and consider any others that HR or HSC Faculty Contract office find necessary.	Theresa Ramos,Dir, Faculty Employment & Svcs; Carol Parker, Sr. Vice Provost
6	<u>Payroll Follow-Up Audit</u>	08/18/15	<u>Recommendation 8 - OFAS to Continue Automation of Processes</u>	OFAS should expedite the transition to automated processing of contract renewal processes, and develop a time line to coincide with implementation of Talent Management. OFAS should work with UNM IT to further develop EPAF processes for employment transactions that are not currently using EPAFs.	<p>June 30, 2016: OFAS will work with IT and HSC Faculty Employment Areas to develop additional EPAFs to automate existing paper employment transactions.</p> <p>July 1, 2015: The paperless contract renewals was implemented Main and Branch Campus Faculty.</p> <p>January 30, 2016: OFAS will work with HSC and SOM Faculty Employment Areas to utilize Talent Management for automating onboarding process for new hires with an integration of employee information from TM to Banner. However, fall hiring activity for AY 2016-17 will have started prior to the implementation of TM for Main and Branch Campuses; therefore, there will be delays if fully utilizing TM for Main and Branch Campuses until Spring/Summer 2016. All three faculty employment areas are and will continue to participate in the TM project.</p>	6/30/2017	Implementation of the Talent Management System (TMS) is delayed until July 1, 2016. OFAS has completed several new EPAFs; however, OFAS is working with HSC on their timeline schedule and will not complete all of the EPAFs until after the implementation of TMS. 10/6/2016 – OFAS is working with IT to develop and implement ePAFs for extending Research Faculty and Postdocs, as well as adding new Special Administrative Compensation to F9 faculty appointments. The goal is to have these completed prior to June 30, 2017.	Theresa Ramos,Dir, Faculty Employment & Svcs; Carol Parker, Sr. Vice Provost

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No	Project Name	Report Approval Date	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Last Status Update	Responsible Party
6	<u>Payroll Follow-Up Audit</u>	08/18/15	<u>Recommendation 9 - OFAS to Work with Payroll Department</u>	OFAS should work with the Payroll Department to integrate their new processes with payroll department processes, work out kinks, discuss issues, and solve potential problems with the rollout of the new system.	OFAS will continue to collaborate with Payroll to complete vital error reports related to employment transactions; continue to meet to address gaps in the understanding of faculty related projects and/or to request their support in testing automation as needed.	6/30/2017	Implementation of the Talent Management System (TMS) has been delayed until July, 2016. Implementation of the audit recommendations depended upon the full functioning of the TMS and has therefore also been delayed. 10/6/2016 - OFAS is continuing to work with Payroll on vital errors and they continue to collaborate with OFAS regarding the TMS project. The two team meet as needed as they both move forward with internal process improvements.	Theresa Ramos,Dir, Faculty Employment & Svcs; Carol Parker, Sr. Vice Provost
6	<u>Payroll Follow-Up Audit</u>	08/18/15	<u>Recommendation 10 - HSC to Develop Additional EPAFs</u>	HSC should work with UNM IT and UNM HR to further develop EPAF processes for employment transactions that are not currently using EPAFs.	The HSC Faculty Contracts Office will help develop ideas and implement new EPAFs with UNM HR and UNM IT for faculty employment transactions not currently using EPAFs. This is dependent on UNM IT programming the EPAFs into Banner.	3/31/2017	Implementation of the Talent Management System (TMS) has been delayed until July, 2016. Implementation of the audit recommendations depended upon the full functioning of the TMS and has therefore also been delayed.	Michael Schwantes,Dir, Fin Syst & Rstr Acctg
7	<u>Safety and Risk Services</u>	11/05/15	<u>Recommendation 8 - Construction Safety</u>	The Director of Safety and Risk Services should require that SRS participate in all construction projects as directed by the Construction Safety Manual. As a documentary audit trail, SRS should collect and keep documentation that they attended the pre-bid meetings, approved the CSSP, and sent the Notice-To-Proceed after approving the CSSP.	SRS will insure that its staff attend all construction and remodel meetings. Further it will insure that the documentation requirements set forth in the Construction Safety Manual are adhered to by SRS staff.	6/30/2017	Extension requested and granted. SRS has made progress toward a standardized process to ensure documentation of each phase of SRS involvement in construction projects is completed. Currently IA is working with SRS to follow a current construction project through all phases.	Chemanji Shu-Nyamboli, Environ Hlth Manager; Carla Domenici, Dir, Safety & Risk Services
7	<u>Safety and Risk Services</u>	11/05/15	<u>Recommendation 9 - Peer Review</u>	SRS should participate in regular peer reviews, including one in the next 12 months, in order to gain insight and efficiency through interaction with similar and/or peer institutions.	SRS will complete the peer review in the time-frame set forth.	6/30/2017	Extension approved by IA Director.	Carla Domenici, Dir, Safety & Risk Services

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7	<u>Safety and Risk Services</u>	11/05/15	<u>Recommendation 18 - Chemical Purchases and Perpetual Inventory</u>	<p>The Executive Vice President for Finance and Administration, Executive Vice President for Academic Affairs/Provost, and the Chancellor for Health Sciences should work with the Director of Safety and Risk Services to determine the best course of action to ensure that all chemicals purchased are properly and accurately inventoried via the ERM system. Two considerations might be that all chemical purchases are only allowed to be made via CRLS or LoboMart, or that SRS be the central receiving point for all chemical purchases made outside of CRLS.</p>	<p>A. EVP for Finance and Administration: The departments that purchase chemicals that report to me include PPD and Student Housing. I will work with the Vice-President of Institutional Support Services to insure that those areas coordinate with SRS to insure that chemical purchases are recorded in ERM. I will also work with the Purchasing Department to secure their cooperation in working with SRS to make purchasing through ERM as streamlined as possible. Lastly, I will work with SRS to assist them in becoming the central receiving point for all chemical purchases made outside of CRLS.</p> <p>B. EVP for Academic Affairs/Provost: With the Risk Management Division, Academic Affairs will issue a memo to all units that purchase chemicals within our organization by October 31, 2015. The memo will detail compliance requirements and a proposed schedule for appropriate training and implementation of the ERM system.</p> <p>C. Chancellor for Health Sciences: The Health Sciences Center agrees with the Internal Audit finding and recommendation to work with SRS to accurately inventory chemical purchases in the ERM. The HSC will work with SRS to complete the installation of inventory control processes with bar codes which is being implemented at all HSC labs. The systems are being put in place at the request of SRS over the past year to address this issue.</p>	12/31/2016	<p>Item A - SRS has been conducting ongoing chemical inventory throughout main campus to ensure that chemicals are properly updated to ERM. In addition CRLS has been consistently applying bar codes and sending a list to SRS of chemicals to ensure that ERM is properly updated. With regard to the portion of the response addressing a central receiving area at SRS, that has not been determined at this time. CLEARED item B - SRS sent a memo on behalf of the Provost to the Dean of each college informing them of the recommendation and requesting that they send a list of all persons that make chemical purchases to SRS.</p> <p>Item C - HSC labs have been inspected on an ongoing basis by SRS. IA accompanied SRS personnel on six of those inspections during fall 2016. IA took a chemical list for each of the labs and attempted to trace chemicals from the floor to the ERM list of chemicals and also from the ERM list of chemicals to the floor. IA also asked if lab personnel was aware of ERM and if they had completed ERM training. For three of the labs, IA was able to trace back and forth from the list and floor with no exception and noted bar codes on chemicals. The College of Nursing labs IA visited did not have bar codes and were not aware of ERM nor had they attended the training. They were more than willing to attend training. At this point it is difficult to say with complete assurance that HSC labs are ERM compliant. IA is committed to work with SRS to continue walk along during lab inspections on the HSC and main campus logs to monitor ERM implementation.</p>	David Harris, Executive Vice President; Paul Roth; Provost

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8	<u>Brain Safe Project</u>	09/02/16	<u>Recommendation 4 - Non-Compliance with IRB Process</u>	MRN should be required to securely transfer all data collected and results generated from the Brain Safe project to the University. MRN should provide certification and assurance that all data collected and results generated from the project have been securely deleted and are unrecoverable.	On March 10, 2015, the HSC IRB determined that the conduct of the Brain Safe Project without IRB review and approval by MRN researcher Kent Kiehl, PhD, represented serious noncompliance with the federal regulations and UNM HSC Faculty Handbook Policy E90. The IRB determination of serious noncompliance was filed with OHRP on March 23, 2015. As a result of its investigation into the conduct of the Brain Safe Project, the IRB, in ensuring the protection of human subjects, required that MRN forfeit custody of any and all Brain Safe data to UNMHSC. MRN complied with the directive on July 27, 2015. Prior to taking this action, the IRB consulted with an outside firm whose expertise lies in human subjects research compliance. On July 6, 2015, they issued their report acknowledging the actions taken by the IRB, and confirmed that the corrective action suggested by the IRB, including the transfer of data custody from MRN to UNMHSC, was appropriate.	12/31/2015	HSC management indicated that all Brain Safe data and results has been securely transferred to the University. However, Internal Audit has not been provided evidence of a certification and assurance that all data collected and results generated from the project have been securely deleted and are unrecoverable.	UNM President; Paul Roth

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