BOARD of REGENTS

THE UNIVERSITY OF
NEW MEXICO.

AUDIT AND COMPLIANCE
COMMITTEE VIRTUAL MEETING

Friday, October 21, 2022 9:00 am

The University of New Mexico
Board of Regents' Audit and Compliance Committee
October 21, 2022 – 9:00 AM
Virtual Meeting
Agenda

ACTION ITEMS

1. Confirmation of a Quorum and Adoption of Agenda

2. Approval of Meeting Minutes from August 11, 2022

3. Audit and Compliance Committee proposed meeting dates for Calendar Year 2023

    February 9, 2023
    May 4, 2023 (Entrance Conference for FY23 Financial Statements Audit)
    August 10, 2023
    October 19, 2023 (Exit Conference for FY23 Financial Statements Audit)

INFORMATION ITEMS

4. Advisors' Comments

5. Director of Internal Audit Status Report (*Victor Griego, Internal Audit Director)*

6. Main Campus Chief Compliance Officer Status Report *(Francie Cordova, Chief Compliance Officer, Adrienne Helms, Clery Coordinator)*

7. Status of Audit Recommendations (Chien-Chih Yeh, *Internal Audit Manager)*
    Implemented
    Pending

EXECUTIVE SESSION

8. Vote to close the meeting and to proceed in Executive Session as follows:

    a. Presentation of FY22 External Financial Audit pursuant to exceptions at Section 10-15-1H NMSA (1978) and Section 12-6-5 NMSA (1978) (*Moss Adams, KPMG, and Norma Allen, University Controller*).
    b. Discussion of draft Internal Audit Reports, and discussions of information subject to attorney-client privilege pursuant RPM 1.2.
    c. Schedule of Audits in Process and Proposed FY23 Audit Work plan, pursuant to RPM 1.2.
    d. Vote to re-open the meeting.

9. Certification that only those matters described in Agenda item #8 were discussed in Executive Session and if necessary ratification of action, if any, taken in Executive Session.

10. Adjournment

THE UNIVERSITY OF NEW MEXICO
Board of Regents' Audit and Compliance Committee Virtual Meeting
August 11, 2022 – Draft Meeting Minutes

Members Present: Douglas Brown, Chair, Bill Payne, Vice Chair, Robert Schwartz (quorum).

Other Attendees: Garnett Stokes, Norma Allen, Terry Babbitt, Teresa Costantinidis, Doug Ziedonis, Ava Lovell, Bonnie White, James Holloway, Loretta Martinez, Ari Vazquez, Christine Landavazo, Duane Arruti, Brian Pietrewicz, Paul Chang, Angela Vigil, Bruce Cherrin, Francie Cordova, Angela Catena, Susan Rhymer, Mike Schwantes, Javier Young, Jared Udall, Kate Becker, Paula Williams, Kathy Agnew, Kevin Stevenson, Kirsten Martinez, Ajay Gupta (CLA), Dave Strzyzewski (CLA), Randy Romes (CLA), Daniela Baca, Darlene Fernandez, Mallory Reviere, Victor Griego, Chien-chih Yeh, Lisa Wauneka, Kevin Enright, Gonzalo Olivas, Amy O'Donnell. (Note: other attendees, including members of the public, were able to view through a link; therefore, it is impossible to know who viewed, and those attendees are not included in this list.)

Chair Brown called the meeting to order at 9:01 AM. He confirmed attendance of all three members of the Committee; therefore, there is a quorum.

ACTION ITEMS:

- The Committee approved the agenda.

- The Committee approved the minutes from May 5, 2022.

- The Committee approved the upcoming October 12, 2022 date.

INFORMATION ITEMS:

- Advisors' comments: None.

- Mr. Griego, Internal Audit Director presented his Director's Report. At the October meeting, Mr. Griego will propose the meeting dates for calendar year 2023. The Department is still working on a hybrid schedule based on guidance from Human Resources. There is one vacant auditor position. The Department will continue to review budget and staffing needs in an effort to fill that position. It would be nice to fill it in FY23.

  The department has nine (9) audits on the FY22 audit plan that are completed, presented or in planning and fieldwork. There are two (2) more that are assigned and two (2) that are unassigned. An audit of Children's Campus will be presented in this meeting in closed session. The department will be conducting a University-wide risk assessment and updated three-year audit plan which will be discussed later is this report. The department has substantially completed planning procedures for the Project Echo and Valencia Campus audits. The annual President's travel audit is in the planning phase. It is a short audit.

  Chair Brown asked for a status on Research Park. Mr. Griego replied that the Office of the State Auditor (OSA) initiated an audit for the Research and Public Service Projects for UNM. Mr. Griego has been working closely with them to help provide any information or documentation that they are requesting. The OSA is targeting an end of the month completion date for the audit. They will be providing their potential findings and recommendations. Regent Payne asked if OSA is auditing all those contracts, or if they are sampling. Mr. Griego replied that they sampled 11 or 12 specific RPSPs that they are doing transaction testing on. They are looking at internal controls or processes for administering the RPSP awards. It is very similar in nature to the scope of the audit performed by Internal Audit.

  For FY22, the Department received a total of 35 complaints. Twelve (12) have been completed and closed. Twelve (12) have completed planning/fieldwork. Eleven (11) need to be assigned. All complaints Internal Audit receives are financial-related. Two complaints that the department received require notification to this Committee under Regents' Policy 7.2. One has been completed and will be presented in closed session. The

other is in fieldwork, and Mr. Griego will provide a status update. Mr. Griego is still serving as a system administration for the EthicsPoint complaint system, assisting Francie Cordova at CEEO. They provided an EthicsPoint user training on July 29, 2022.

The Internal Audit department financial report for FY22 shows a final budget of $1,132,623. This primarily consisted of general pool I&G funding of $977,757; that is about 86% of the total budget. The department budgeted use of reserves of $149,000. However, actual expenses for the year came in below that at $950,998. That is less than the general pool funding. The reason for this is staff vacancy savings. When the department is fully staffed, the funding primarily just covers the labor costs. Two positions were vacant for most of the year. One was filled in April and the other is still vacant. The student employee is not working in the summer, but plans to resume working in the department in the fall.

The FY23 budget, which primarily consists of labor costs, is $1,351,742. The department does budget non-labor expenses, mostly related to fixed costs: IT services and software maintenance. The only variable cost is professional development and training. There are five (5) CPAs in the office that must get required training to maintain licensure.

Mr. Griego updated the Committee on the University-wide risk assessment. In FY2020, there was a collaborative effort between Internal Audit and the Compliance Offices. Planning procedures are initiated for the FY2023 assessment. The team consists of Mr. Griego, Main Campus Compliance, and UNMH and HSC Compliance. Right now, they are currently developing the risk assessment survey, which is targeted to address operational financial compliance and IT risks. For the last survey, Institutional Analytics assisted in development and distribution, as well as administration of the data. This time, IT Services will be assisting with the process. Chair Brown noted the irony regarding all the careful thought about risks, but none of us even thought about a pandemic and how such an overwhelming risk could hit that was unanticipated.

Regent Schwartz asked how the University goes about doing this. Where do you look? Is there anything that was discovered in the risk assessment three years ago, or six years ago, that surprised you and that you are glad you found? Mr. Griego responded that the survey is a key component. There are about 25 to 28 questions for about 200 units University-wide. They also look at the number of complaints that come through. That could indicate an area of risk. A heat map is developed based on the results of the risk assessment survey, complaints, size and impact of a unit, volume of transactions, dollar amounts spent, and the public image of the entity. For example, if something goes wrong with Athletics, it's going to be on the front page of the paper. They are always considered a higher risk. Internal Audit identifies common themes like turnover, limited resources, etc. These things create higher risk for pressure and potential misuse of funds. Compliance has their methodology for putting their work plan together. The risk assessment report will be presented together with the three-year audit plan. The survey should go out after winter break, and the report should be presented at the May meeting or possibly August, 2023.

Mr. Griego stated he just wanted to touch on Internal Audit's communication to this Committee that is required by internal auditing standards. The required communication includes: ongoing performance of the department; independence and objectivity of all staff members; and, adequate departmental resources to complete audits and investigations.

Moss Adams and KPMG are currently conducting the FY22 external audit. The audit is in the third year of a three-year contract. Results of that audit will be presented at the exit conference in the October 12th meeting. Norma Allen, University Controller stated that so far everything is running along really smoothly. They are just finishing up their schedules for the auditors.

Mr. Griego stated that Clifton Larson Allen has completed four audits during this reporting period that will be presented in closed session. They have all been presented and approved by each corresponding committee of the health system. There are also some reports that were presented at the last meeting that didn't get

formal approval because they had not yet been accepted by some of the committees on the health system side. They just need formal approval now.

UNM is currently going through two other external audits. Sandia Labs is looking at auditing every Main Campus and HSC purchase order. The Health Resources and Services Administration is conducting an audit of a drug pricing program. They have selected the samples. Right now, UNM is in the process of gathering the documentation and providing it to the third-party auditors.

- Francie Cordova, Chief Compliance Officer addressed the Committee with a CEEO report. Ms. Cordova provided more information about the risk assessment. It is an important tool to be able to identify risk, opportunities and challenges. The survey is one component of that. They utilize the risk assessment to inform their planning and compliance programming. They also use the ethics taskforce that the President put together to identify policy or training gaps, compliance risks or research they need to do. Of course, they also use the EthicsPoint hotline data. They can use benchmarking. It is pretty typical every time UNM does a risk assessment, that the top three risks are the same as every university across the nation. New for 2023, is, they will be interviewing 38 stakeholders on Main, South and Branch campuses to have them provide narrative and context to any risks they identify in the survey. CEEO will present that information to this Committee when the risk assessment is presented. In the spring, CEEO will be using recent data regarding accessibility gained through a survey (primarily about visitor experience, employment, and academic online learning environments) to identify risks.

  Ms. Cordova explained the last changes in Title IX regulations. The final regulations under the Trump administration came out in August of 2020. The were very aggressive in terms of how much Higher Education had to do. They were proud they got it done within the 90 days. They put up a hearing office that is doing really, really well. Angela Catena, Title IX Coordinator presented proposed Title IX changes under the Biden administration's Department of Education. Once the changes are final, CEEO will meet with people individually to talk through the final changes. Ms. Catena stated the previous changes focused solely on sexual misconduct. The new proposed changes have expanded to look at including sexual orientation and gender identity as protected under Title IX. They are also looking to expand protections for pregnant students and expanded the definition and jurisdictional considerations for sexual harassment. Under the Trump administration, they narrowed those quite a bit and limited what institutions could address under Title IX. The new proposed changes more closely reflect the guidance UNM was working under during the DOJ agreement. So, they are much more familiar with the proposed changes that the Biden administration has put forth.

  A hot topic right now is athletes' eligibility to participate on particular male or female athletics' teams. The Department of Education chose not to include guidance for that in the proposed regulations. They said they would put out separate notice to address that. CEEO is looking forward to more guidance for that. It has been really variable depending on the sport and very confusing for institutions to follow. The public comment period ends September 12th. They are anticipating the regulations to come out next year, mid 2023. It could be May or June if it's similar to 2020. There will probably be an expected implementation date sometime in the fall. So, there might be a short turnaround time again next year.

  CEEO is providing Title IX and Clery trainings this week. It is Clery week. Ms. Cordova stated they have some really great speakers, both local and national. Five New Mexico universities are participating. Today is specific training and reflections for UNM police and security guards about Clery and crime and safety. Then they will be doing one for the RAs as they embark on their new semester.

  Regent Payne asked Ms. Cordova about aligning the definition of sexual harassment with Title VII. Ms. Cordova replied that under Title VII, sexual harassment is defined as severe _or_ pervasive. When the Trump administration came in, they changed Title IX to severe _and_ pervasive. The two definitions in Title VII and Title IX no longer matched. The Biden administration is proposing to return Title IX back to match Title VII

definitions. Regent Schwartz asked if they are pleased with the changes that are proposed. Is UNM filing a comment with the agency that is making these changes? Ms. Cordova responded she thinks they are pleased because the pendulum did not swing as severely. They are allowing universities to continue with live hearings and advisors, and they are glad because they think it is a good system. They are happy that the definitions will align.

Ms. Cordova stated that CEEO did conduct an EthicsPoint training in conjunction with Internal Audit. EthicsPoint is the hotline system. It has been in place since 2015. Complaint number one was entered in April of 2015. The University is now at about 6700 complaints. They have done a lot of work to streamline the reporters' experience. They had been getting feedback that it was complicated and hard to file a complaint. They also created a mobile form. They will be doing a campaign in the fall to get the word out even more. Reporting is also available in just about any language via a live person. They also wanted to do a lot of training for the staff on the back end who are responding to the complaints, and the data stewards. UNM has about 50 of those. They want to make sure everyone is doing it consistently. They created SOPs in 2019 about how they would capture data and what fields were important to UNM as a University. That way they can better trend the data and benchmark against other universities. Mr. Griego is doing a little spot auditing of various areas to make sure it is being done consistently. People signed an agreement that they are going to follow that. Data is only as good as what goes in.

This is the point in the meeting, Ms. Cordova informed the Committee, that she would typically present the Ethics Point data for the academic year ending June 30th. But they are actually going to present it at the October meeting. They want everybody to really go back and make sure their data is clean before they run it.

- Chien-Chih Yeh, Internal Audit Manager presented the audit recommendation follow-up report for this reporting cycle. When an audit is completed, if there are any recommendations, they go on this report for follow up tracking. This reporting cycle, there are two recommendations that were completed and verified by Internal Audit regarding the RPSP audit. The first implemented recommendation is the Office of Government and Community Relations developed a process to identify purpose, metrics, and budget so they can be accountable in a similar manner to the regular RPSP. The second implemented recommendation is a reimbursement of an RPSP that was incorrectly charged, so they did a JV to reverse the transactions.

There are a total of six outstanding recommendations. The first one pertains to reserves. The deficit continues to be reduced. However, since there is still a significant balance, Internal Audit is keeping the recommendation open until a determination is made that a deficit reduction plan has been developed. The second one is Los Alamos. It is in the IT area. They have made some progress. But they have a new person overseeing the area right now. So, they requested a little bit more time, until the end of the year. There is an audit of Facilities Management where Internal Audit is in the process of review notes. The rest are not due yet.

Regent Schwartz asked about the designations of reserve funds as committed. What was the problem and why was it a problem? Kevin Enright, Senior Auditor responded to the question. Mr. Enright stated that the funds are State appropriations. UNM Policy specifically requires that State appropriations that are designated for a specific purpose must be categorized as committed. The reason for that is to ensure that the monies are expended for a purpose that is consistent with the legislative purpose. So, if the department does not directly specify that these are committed, it runs the risk that in the event we ever have a University-wide deficit reduction, or some sort of budget cuts, UNM might not realize that the State funds were misused - that funds were intended for a specific purpose but used for a different purpose. Regent Schwartz asked how they are classified if they are not committed. Teresa Costantinidis responded there are two more categories: dedicated and discretionary. Dedicated funds may be set aside for a specific purpose, but there is no legal commitment.

By unanimous consent, the meeting went into Executive Session at 9:32 AM per the agenda.

a) Discussion of draft Internal Audit Reports, and discussions of information subject to attorney-client privilege pursuant RPM 1.2;
b) Discussion of strategic plans of a public hospital pursuant to exception at Section 10-15-1.H(9)NMSA (1978);
c) Discussion of limited personnel matters pursuant to exception at Section 10-15-1.H(2) NMSA (1978);
d) Vote to re-open the meeting.

The following CLA audit reports were formally approved by this Committee at this meeting, although they were presented at the May meeting as pending approval by their respective Boards:

- UNMH and SRMC Charge Capture Management
- UNMH Copayment Collection Audit
- UNM Health System Remote Computing Controls
- UNMH Patient Registration Audit
- UNMH and SRMC Denials Management

The Committee unanimously approved the following CLA Board-approved audit reports presented in this meeting:

- UNM Health System User Account Management Controls
- UNMH/SRMC/UNMMG Provider Relief Funding
- UNM Health System OnBase Audit
- UNMMG Evaluation and Management (E/M) Coding Review

The Committee unanimously approved the following UNM report:

- 2021-03 Audit of UNM Children's Campus

The meeting returned to open session at 11:45 AM with certification that only those matters described above were discussed in Executive Session. The meeting adjourned at 11:45 AM.

Approved:

_____
Audit and Compliance Committee Chair

There is no handout required for this item

There is no handout required for this item

Internal Audit Director's Status Report
Audit and Compliance Committee Meeting
October 21, 2022

INFORMATION ITEMS

Audit Committee Meeting Calendar. This schedule will accommodate the FY23 External Financial Statements Audit entrance conference and exit conference. The following are the future proposed dates for Calendar Year 2023.

February 9, 2023
May 4, 2023 (Entrance Conference for FY23 Financial Statements Audit)
August 10, 2023
October 19, 2023 (Exit Conference for FY23 Financial Statements Audit)

Internal Audit Operations and Staffing. The Internal Audit department is currently working on a hybrid office and telecommuting schedule, which is based on telecommuting guidance issued by Human Resources.

Internal Audit has one vacant senior auditor position. Internal Audit is continuing to review available budget and department staffing needs in efforts to fill the vacant position.

The Annual Audit report covering Internal Audit's operations during FY 2022 will be presented in closed session.

Audit Plan Status. The project status and hours report for the audit plan is at Tab #5. The status of the proposed audit plan for the period of July 1, 2022 through September 30, 2022 is:

Completed	1
Committee Presentation	1
Planning/Fieldwork	4
Subtotal	**6**
Assigned	2
Unassigned	4
Total	**12**

The Audit of President's Travel, Entertainment and Other Expenses has been completed and will be presented in this meeting's closed session. Internal Audit is in the process of completing fieldwork audit procedures for Project Echo and UNM Valencia Branch Campus.

Planning procedures have been initiated for the FY2023 University-Wide Risk Assessment and Three-Year Audit Plan, and for an Information Security Audit.

Audit Software Platform Migration. The Internal Audit department staff are currently attending training for a full platform migration of our specialized audit software from TeamMate AM to TeamMate+. The migration is scheduled for November 4, 2022.

Complaint Status. The current status of complaints assigned to Internal Audit for FY2023, as of September 30, 2022, is:

Completed/Closed	4
Planning/Fieldwork	11
Unassigned	8
Total	**23**

Complaints assigned to Internal Audit for review are those of financial related matters (i.e., fraud, theft, misuse of funds, time abuse, etc.).

The Internal Audit director continues to serve as an EthicsPoint Administrator along with the Chief Compliance Officer.

Risk Assessment
Planning procedures for the FY 2023 University-Wide Risk Assessment are being performed. The risk assessment team is comprised of Internal Audit, Main Campus Compliance, and UNMH/Compliance offices. The team finalized the risk assessment survey for distribution to all university-wide units being assessed. The risk assessment survey questions are being designed to address operational, compliance, financial, and information security risks facing the university. The team is planning to launch the survey in February 2023 that will go to selected UNM personnel across the University. Information Technologies Support is assisting in the survey distribution and administration of the data. Internal Audit and the Compliance offices will develop their work plans based on independent methodologies.

External Financial Statement Audit
The FY22 external audit is complete, and the exit conference will be presented in closed session for Committee approval when the meeting returns to open session. The FY22 external audit is in the third year of its second three-year contract. The Controller's office is planning on submitting an external audit RFP in late October or early November.

Health System Internal Audit
Clifton Larson Allen (CLA) has completed one (1) audit, which has been presented and received approval from the applicable Health System Audit and Compliance Committee. The report will be presented in closed session by the CLA team for BOR A&C Committee approval.

Office of the State Auditor Special Audit
The Office of the State Auditor (OSA) has completed its special audit of UNM Research and Public Service Projects (RPSP). The exit conference was held on October 14th and the report should be finalized and distributed soon.

External Audits and Reviews. At Tab #5 is the summary information as of September 30, 2022 regarding the external audits/reviews (third party financial audits) of various grants, contracts, and programs by various grantor agencies. There are currently three (3) audits/reviews to report for this reporting period; one (1) is ongoing, and two (2) have been completed.

Sandia National Labs has completed an audit of all Main Campus and HSC Purchase Orders. The audit period covered awards from 7/1/2019 – 6/30/2021. The final audit report was received on 9/28/2022. Sandia National Labs submitted five (5) findings as a result of the audit. UNM is currently implementing corrective action in response to the findings and recommendations.

The City of Albuquerque is conducting an audit of various grants received by the Family Community Medicine department, which covered various grant periods. The City of Albuquerque issued one (1) finding and recommendation as a result of the audit. UNM is awaiting the final exit letter for the audit to be closed.

The Health Resources & Services Administration (HRSA) is conducting an audit of a Ryan White 340B Drug Pricing Program grant awarded to the Internal Medicine department. The audit scope covers 7/1/2021 through 6/30/2022. UNM is waiting for final exit information for the audit and is not yet aware of any findings.

Granting Agency/Entity	HRSA	Sandia National Labs (SNL)	City of Albuquerque
	Ongoing	Completed	Completed
Contract/Grant/Program Title	Ryan White Part C & D - 340B Drug Pricing Program (340B Program)	All SNL PO's	Various
Contract/Grant Period	Audit covers 7/1/21 - 6/30/22	Various; Audit covers costs incurred between 7/1/18 - 6/30/21	Various
Contract/Grant Total Amount	Various	Various	$2,000,000.00
Contract/Grant Amount - Current FY			
Principal Investigator	Iandiorio	Various	Arthur Kaufman and Venice Ceballos
Department	Truman/Internal Med	Various	FCM
Agency Audit/Review Notification Date		Original Engagement Letter - 8/5/21 (covered periods FY19 and F20) Revised Engagement Letter - 1/24/22 (added FY21 expenses to audit)	2/28/2022
Audit/Review Entrance/Visit Date(s)	Entrance Conference - 5/10/2022		4/30-5/2/22
Audit/Exit/Final Report Issued	N/A	Sep-22	Jul-22
Questioned Cost, if any	N/A	See Comments	N/A
Audit/Review Major Finding, if any	N/A	Pre-populated labor hours during holiday/year-end time; Tuition not prorated during last semester; CRSL invoices do not have approved rates; Wrong per diem on one sample; Wrong travel reimbursement on one sample; Other specific fieldwork which had no finding amount as Sandia SPOs approved.	N/A
Corrective Action Plan, if any	N/A	More communication has and will be given regarding timesheets, tuition prorations; It is understood rates for CSRL bills need approved by purchasing;	N/A
Planned Implementation Date	N/A	Partially completed; Rest will be done in November 2022	
Campus	HSC	Main and HSC	HSC
Auditor if Different than Grantor	HRSA	SNL	

| Comments | Provided samples and follow up audit requests. Waiting on final exit information. Truman had turnover of Business Manager, new employee still working to obtain closeout letter. | Received original engagement letter on 8/5/21 and provided General Ledger Detail for each PO listed on engagement letter. GL Detail provided between 8/19 and 8/25/21. We did not hear back from SNL Contract Auditor for remainder of 2021, so we reached out in January 2022 to get a status update. SNL Contract Auditor indicated he was tied up on other audits, but is now free to resume UNM audit. He also requested that FY21 expenditures be added to the initial request. Various samples were requested. Then in May 2022 we received the official samples. Various questions and additional sample requests were received. Exit interview done 09/26/2022. Final Audit Report received 09/28/2022. | Completed site visit, two items noted during on site review. Programmatic review of files and PO question on consultant. Subsequent resolution of purchase order issue, only issue was programmatic review that was a recommendation. No final exit letter received. |

Budget to Actual Report
July 1, 2022 through September 30, 2022

Description	Status	FY 23 Budgeted Hours (*)	FY 23 Actual Hours	Variance
Audit Plan				
Prior Year				
Children's Campus	Completed - Follow up	200	138	62
President's Travel and Entertainment FY22	A&C Committee	150	112	38
Information Security	Planning	400		400
UNM Valencia	Fieldwork	500	186	314
Project Echo	Fieldwork	400	60	340
Anderson School of Management	Assigned	500		500
Office of Medical Investigator (OMI)	Assigned	200		200
Enrollment Management	Unassigned	400		400
Internal Medicine	Unassigned	400		400
FY 2023				
2023 Risk Assessment	Planning	150	3	147
Non-Standard Payment (NSP) audit	Unassigned	100		100
President's Travel and Entertainment FY23	Unassigned			
Audit Plan Subtotal		3,400	499	2,901
Misconduct and Fraud		3,500	885	2,615
Audit Recommendations Follow-up		250	8	242
Management Requests		300		300
Non Audit Plan Subtotal		4,050	893	3,157
Total Project Hours		7,450	1,392	6,058
Leave and Administrative				
Holiday		784	192	592
Annual		1,176	231	945
Sick		672	167	505
CPE/Training		350	484	(134)
Administrative Time/Management		3,030	843	2,187
Administrative Staff Time		648	184	464
Audit and Compliance Committee, Meetings		550	141	409
IT Support/TeamMate		500	70	430
Total Leave and Administrative Hours		7,710	2,312	5,398
FY23 Total Hours		15,160	3,704	11,456

* Including 600 hours of student intern

Regents Audit and Compliance Committee

FY 2021-2022 Update

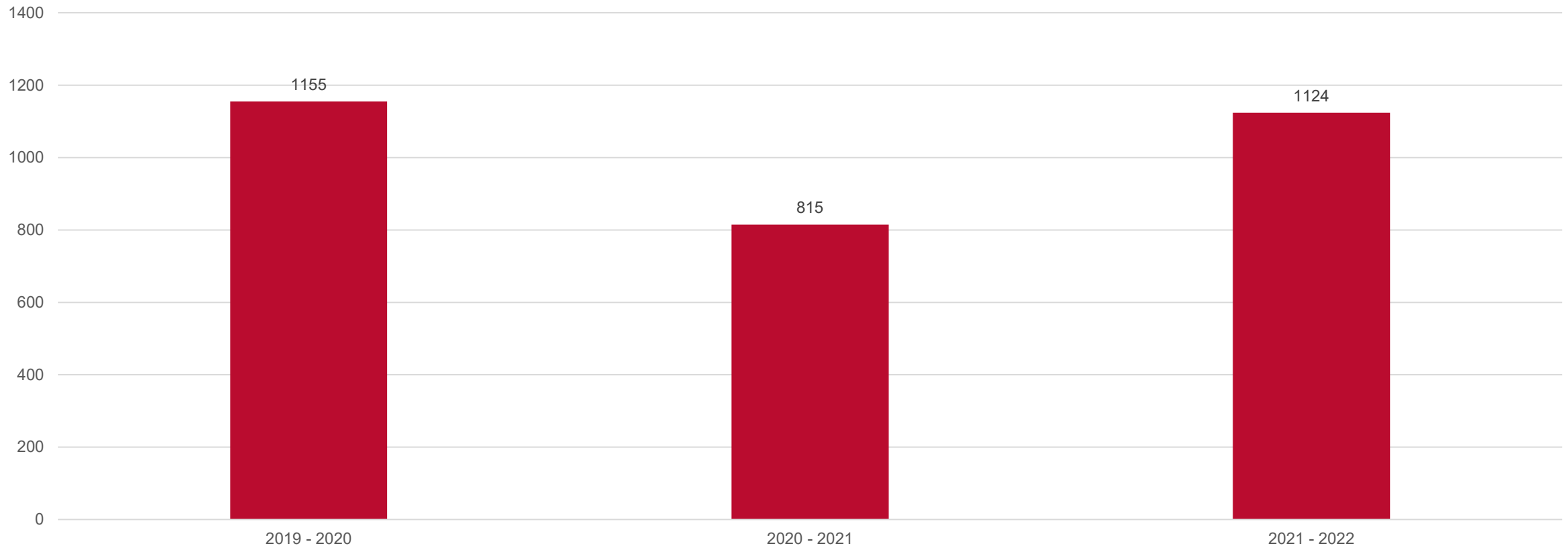**OFFICE OF COMPLIANCE, ETHICS & EQUAL OPPORTUNITY**

Office of Compliance, Ethics & Equal Opportunity

EthicsPoint Hotline Activity Report
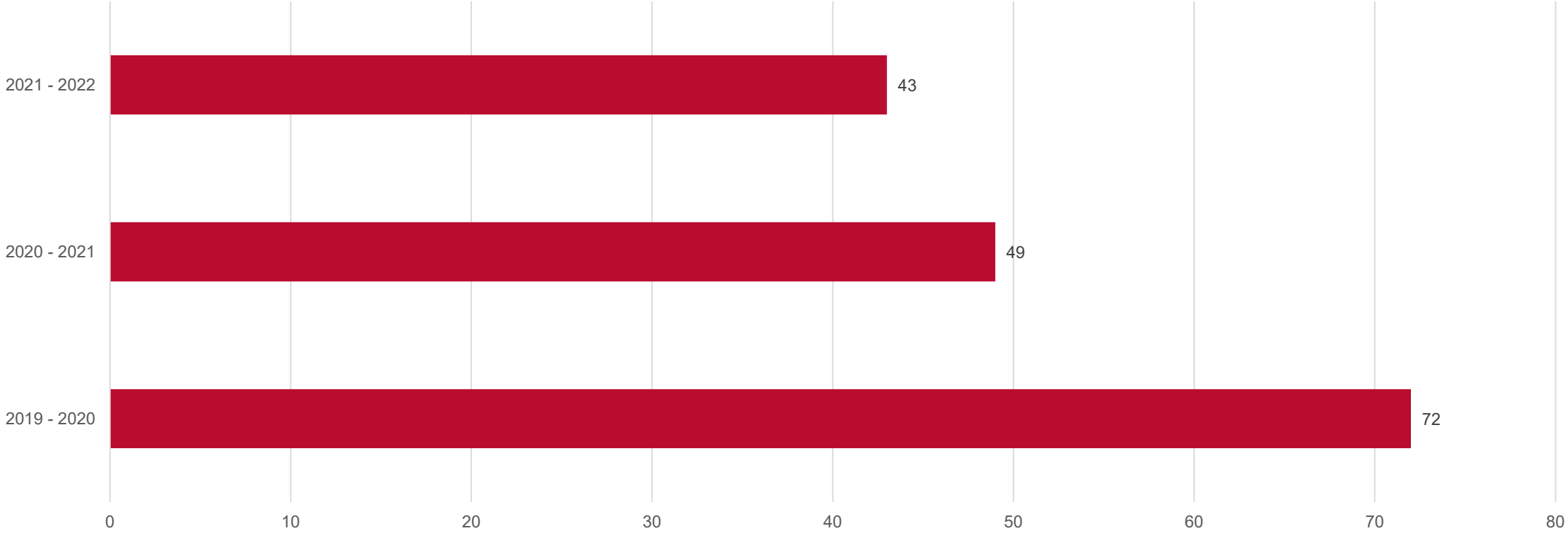
July 01, 2019 – Current

Reporting on EthicsPoint hotline case statistics for UNM Main Campus, UNM Health Sciences Center, UNM Hospital, UNM Medical Group, Branch Campuses, and Sandoval Regional Medical Center.
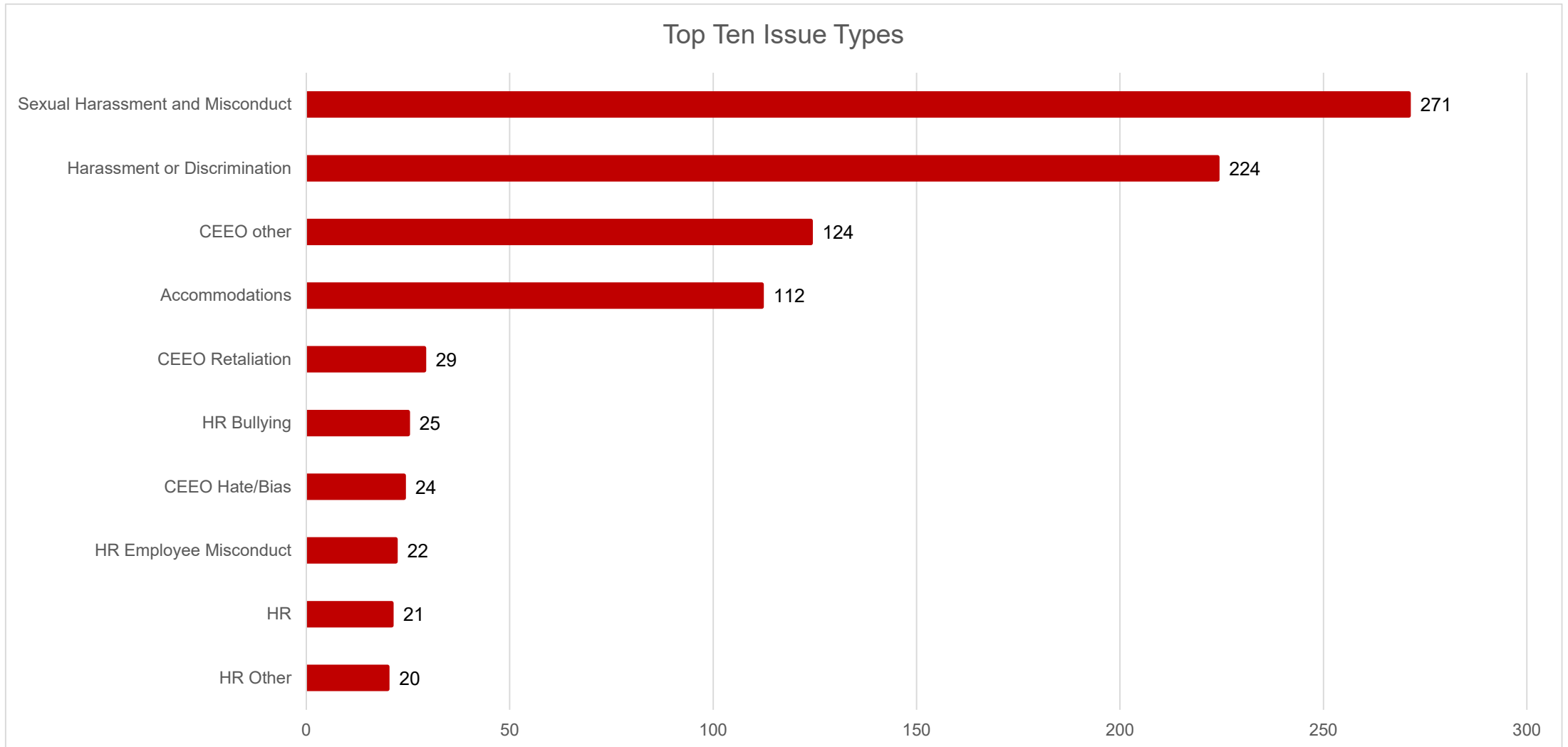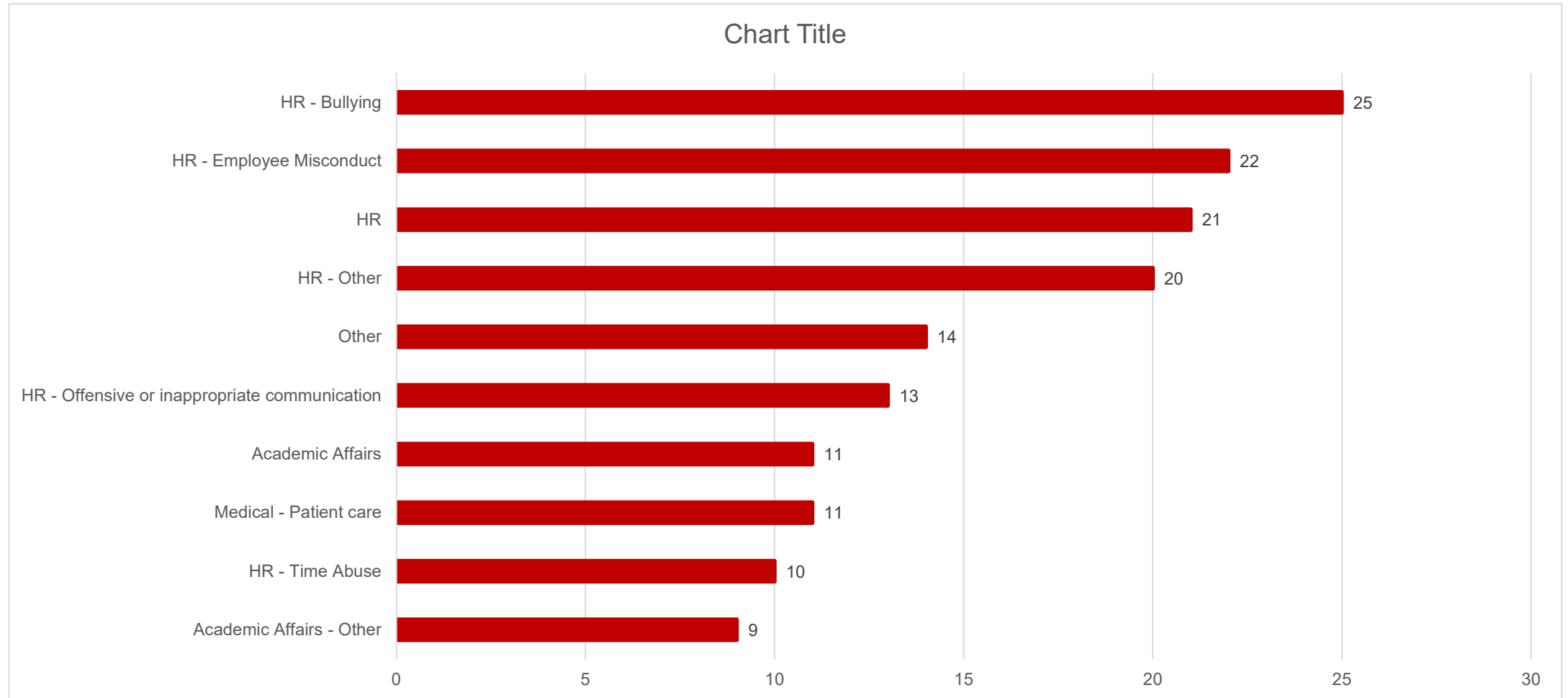
Performance of Cases –
Average Days Cases are Open (Including CEEO)

Top Ten Issue Types in Fiscal Year 2021 - 2022 (Including CEEO)

Top Ten Issue Types

Issue Type	Count
Sexual Harassment and Misconduct	271
Harassment or Discrimination	224
CEEO other	124
Accommodations	112
CEEO Retaliation	29
HR Bullying	25
CEEO Hate/Bias	24
HR Employee Misconduct	22
HR	21
HR Other	20

Top Ten Issue Types in Fiscal Year 2021 – 2022
(Not Including CEEO)

Chart Title

Issue Type	Value
HR - Bullying	25
HR - Employee Misconduct	22
HR	21
HR - Other	20
Other	14
HR - Offensive or inappropriate communication	13
Academic Affairs	11
Medical - Patient care	11
HR - Time Abuse	10
Academic Affairs - Other	9

Anonymous Reporting Percentages Over Past 3 Years (Including CEEO)

Academic Year	Percentage of Anonymous Reporters
2019 – 2020	17.58%
2020 – 2021	20.25%
2021 – 2022	15.79%

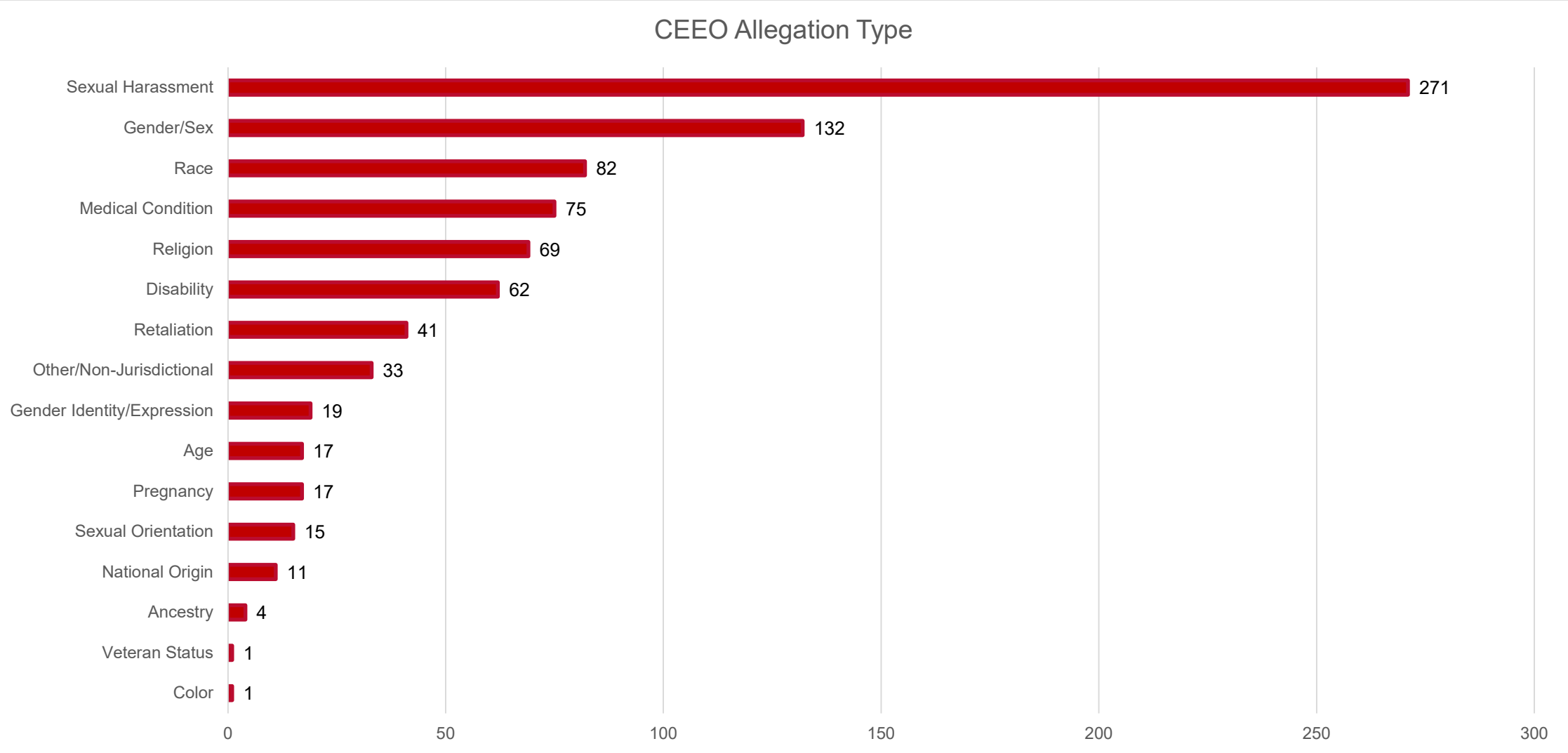# Anonymous Reporting Percentages Over Past 3 Years
(Not Including CEEO)

Academic Year	Percentage of Anonymous Reporters
2019 – 2020	53.09%
2020 – 2021	53.38%
2021 – 2022	51.63%

CEEO
Caseload Trend (Fiscal Year 2019-2022)

CEEO Complaints

Legend: Cases (Formal and Informal) — Outreach and Referrals

Fiscal Year	Cases (Formal and Informal)	Outreach and Referrals	Total
2019 - 2020	102	465	567
2020 - 2021	113	451	564
2021 - 2022	247	588	835
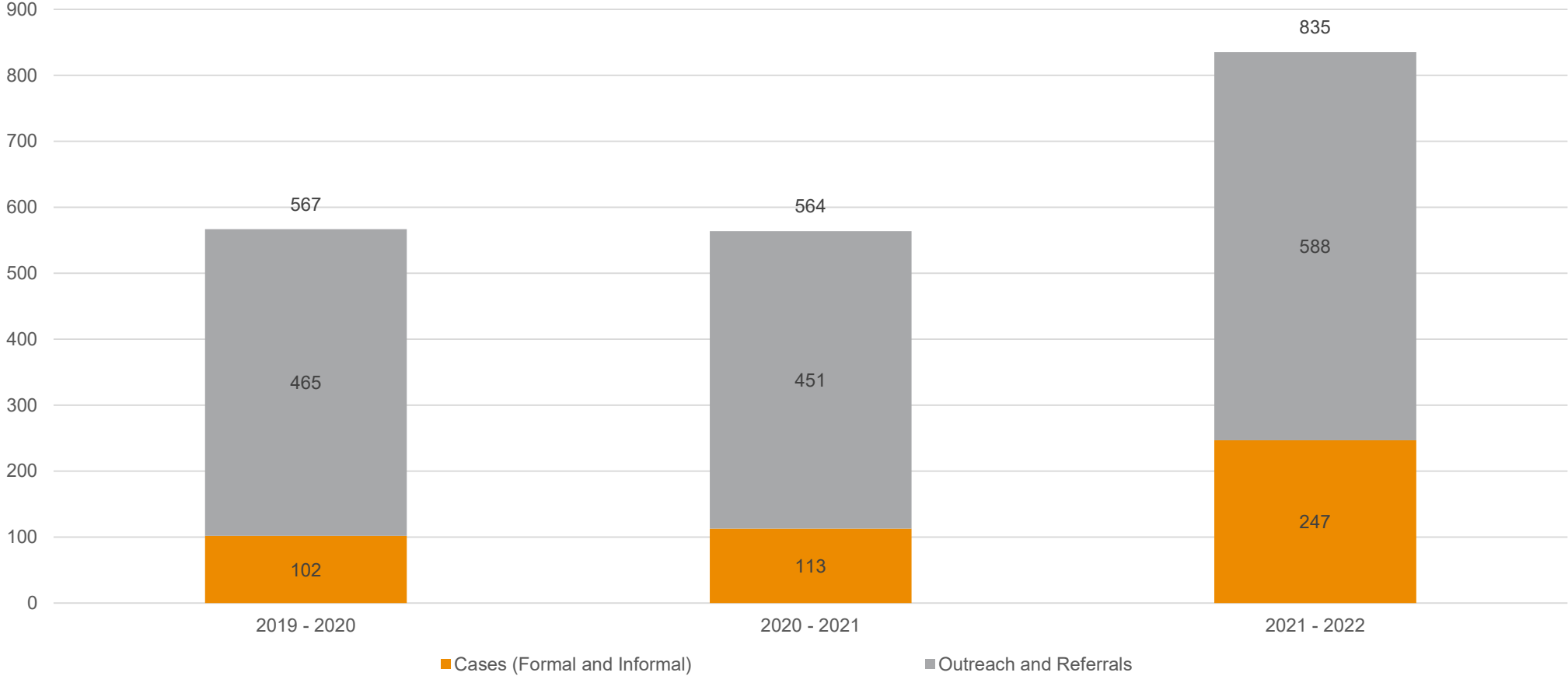
CEEO Complaints by Allegation Type
Fiscal Year 2021-2022

CEEO Allegation Type

Allegation Type	Count
Sexual Harassment	271
Gender/Sex	132
Race	82
Medical Condition	75
Religion	69
Disability	62
Retaliation	41
Other/Non-Jurisdictional	33
Gender Identity/Expression	19
Age	17
Pregnancy	17
Sexual Orientation	15
National Origin	11
Ancestry	4
Veteran Status	1
Color	1

Formal Investigations by Respondent Affiliation Fiscal Year 2021-2022

Pie chart showing: Employee 16%, Faculty 16%, GA/TA 1%, Staff 18%, Student 25%, Other 24%
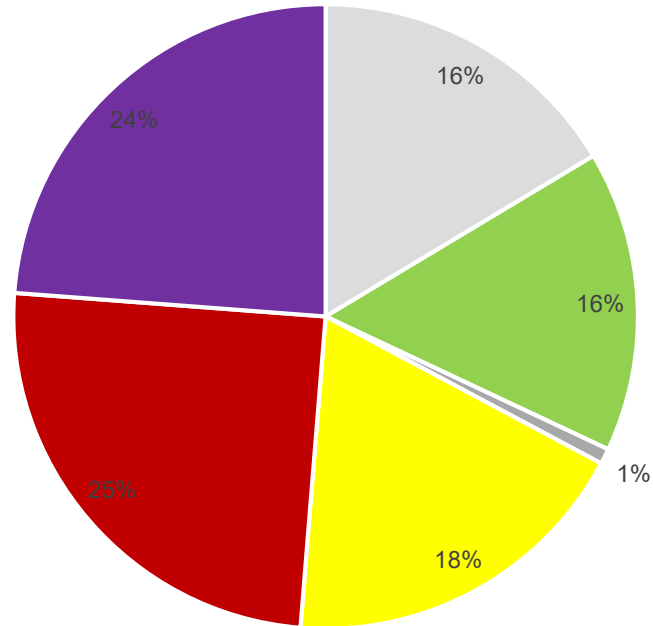
Legend: Employee, Faculty, GA/TA, Staff, Student, Other
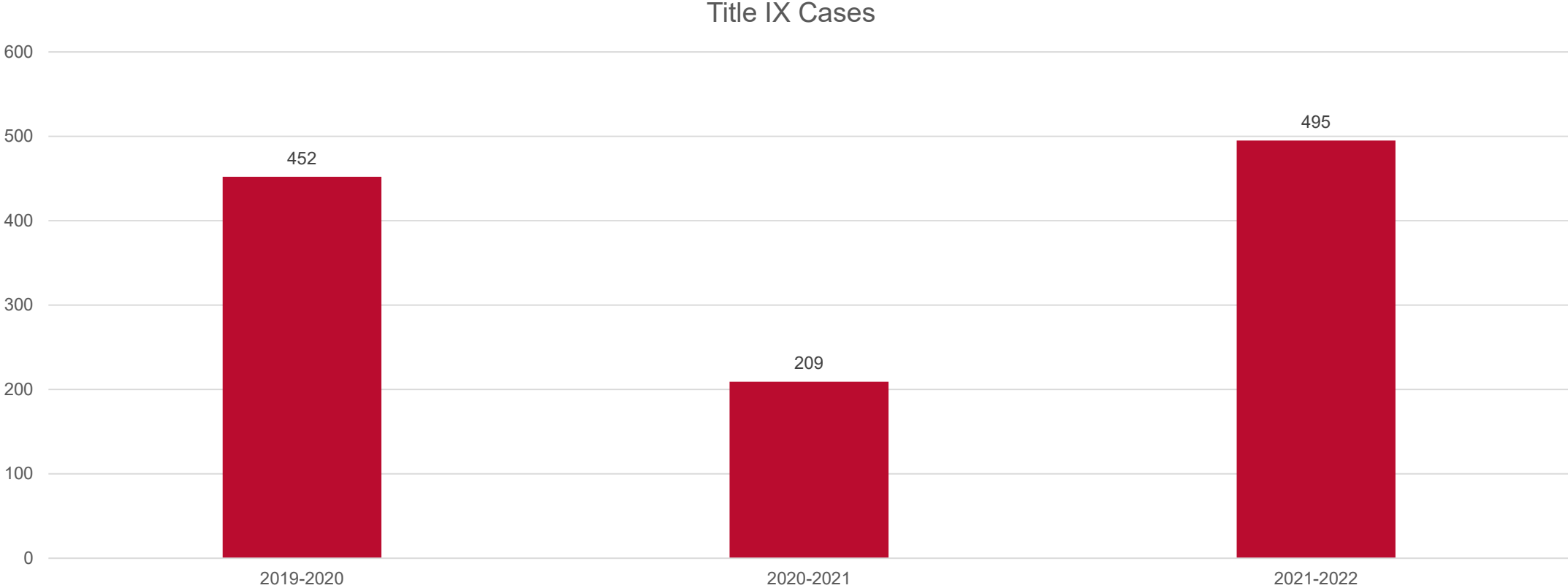
Title IX Complaints 2021 – 2022 Fiscal Year

2021-2022 Title IX Basis of Complaint

Basis of Complaint	Count
Sexual Harassment	271
Gender / Sex	132
Retaliation	41
Gender Identity / Expression	19
Pregnancy	17
Sexual Orientation	15
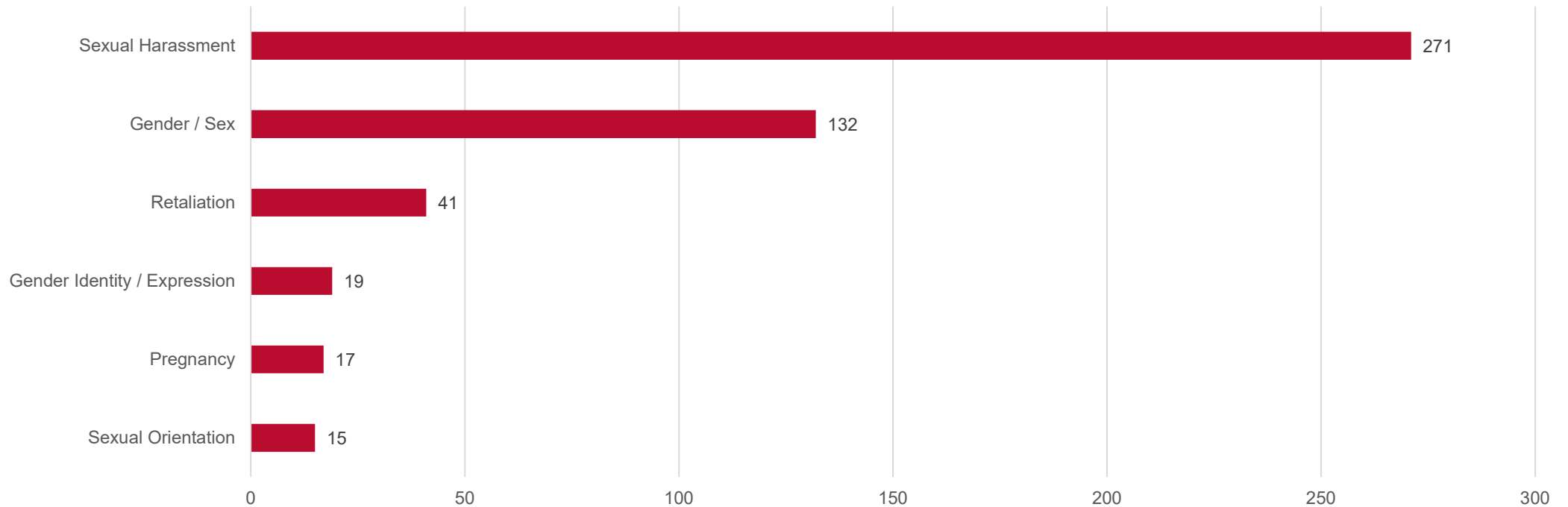
Office of Compliance, Ethics & Equal Opportunity

Jeanne Clery Act Report

January 1, 2019 – December 31, 2021

Reporting on Clery Act crime statistics for UNM Main Campus

What Is the Clery Act?
Adrienne Helms – Clery Coordinator

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (the Jeanne Clery Act) is a federal law that was signed in 1990 following the tragic death of a first-year university student named Jeanne Clery in 1986.

The law aims to:

- Help current and prospective students, faculty, and staff make informed decisions about studying, living, or working at UNM
- Spurs the development and implementation of safety and security programs
- Aids in the prevention of crimes and maintaining community overall

Clery Act Requirements

The Clery Act requires all public and private colleges and universities that participate in federal student aid programs to:

- Collect, classify, count, and publish campus crime data to the public and the Department of Education in the Annual Security and Fire Safety Report (ASFSR)

- Support victims of violence

- Publicly outline the policies and procedures they have put into place to improve campus safety

- Issue alerts (timely warnings and emergency notifications)

- Maintain a daily crime and fire log

- Facilitate primary prevention programs to reduce individuals' risk of becoming a victim of sexual violence and other crimes

THE UNIVERSITY OF NEW MEXICO

A S F S R

ANNUAL SECURITY AND FIRE SAFETY REPORT

Crime and Fire Statistics for Calendar Years 2021, 2020, and 2019 and Policy Statements for the 2022-2023 Academic Year for UNM Main Campus and Rio Rancho Campus

Prepared By
UNM Office of Compliance, Ethics & Equal Opportunity in Compliance with the

Jeanne Cleary Disclosure of Campus Security Policy and Campus Crime Statistics Act

Sanctions for Noncompliance

- Up to $62,689 per misclassification or failure to issue notification/report

- ED Final Program Review Determination Reports held in public record

- Damage to reputation

- On-site monitoring

- Loss of financial aid (Title IV funding)

- Litigation

The Department of Education can initiate an audit at any time, whether initiated by the Department, a complaint, whistleblower, or media report that draws attention to the University.

University of California-Berkeley:

- Fined $2.4 million in 2020
- 1,125 of 32,000 records DOE reviewed at UC-Berkeley were misclassified. 87% were cases involving the misclassification L/D/W disciplinary referrals.
- Additional errors in daily reporting, failure to issue annual reports, TWs, and ENs
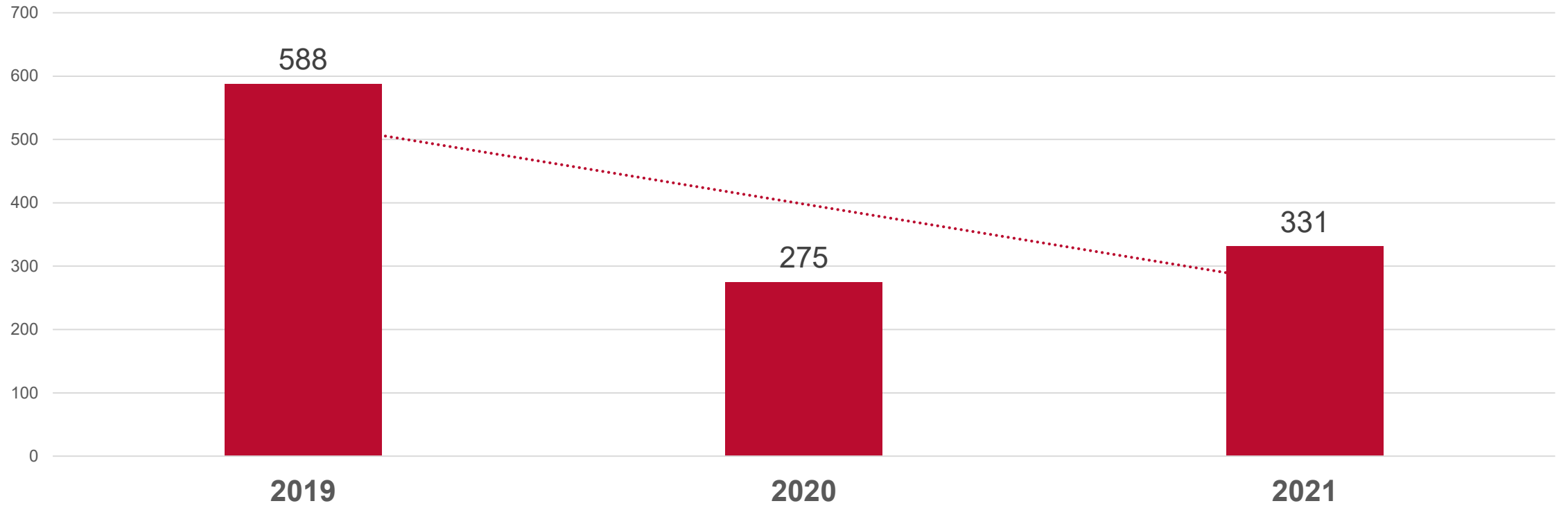
Michigan State University:

- Fined $4.5 million in 2019
- Miscounting and misclassifying reports
- Failure to report Larry Nassar, who sexually abused hundreds of female gymnasts

Penn State:

- Fined $2.4 million in 2016
- Failure to report Larry Sandusky's sexual abuse of at least eight boys
- $2,167,000 was for failing to properly classify and report crime statistics during the years from 2008 to 2011: 300 undisclosed, including five sexual assaults

Recent Examples

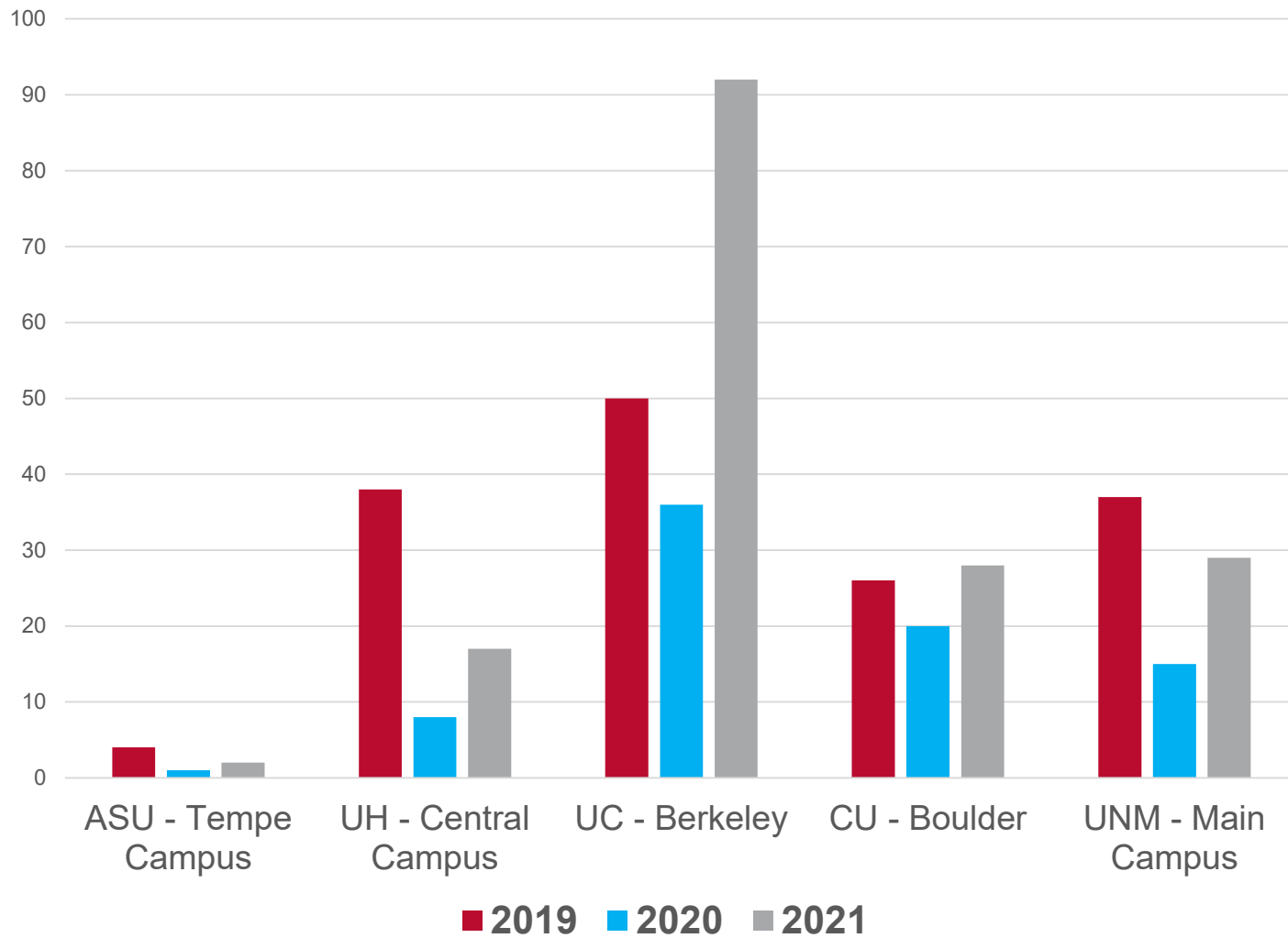Overall Crime

Comparisons

UNM – Main Campus

Arizona State University (ASU) – Tempe Campus

University of Houston (UH) – Central Campus

University of California (UC) – Berkeley
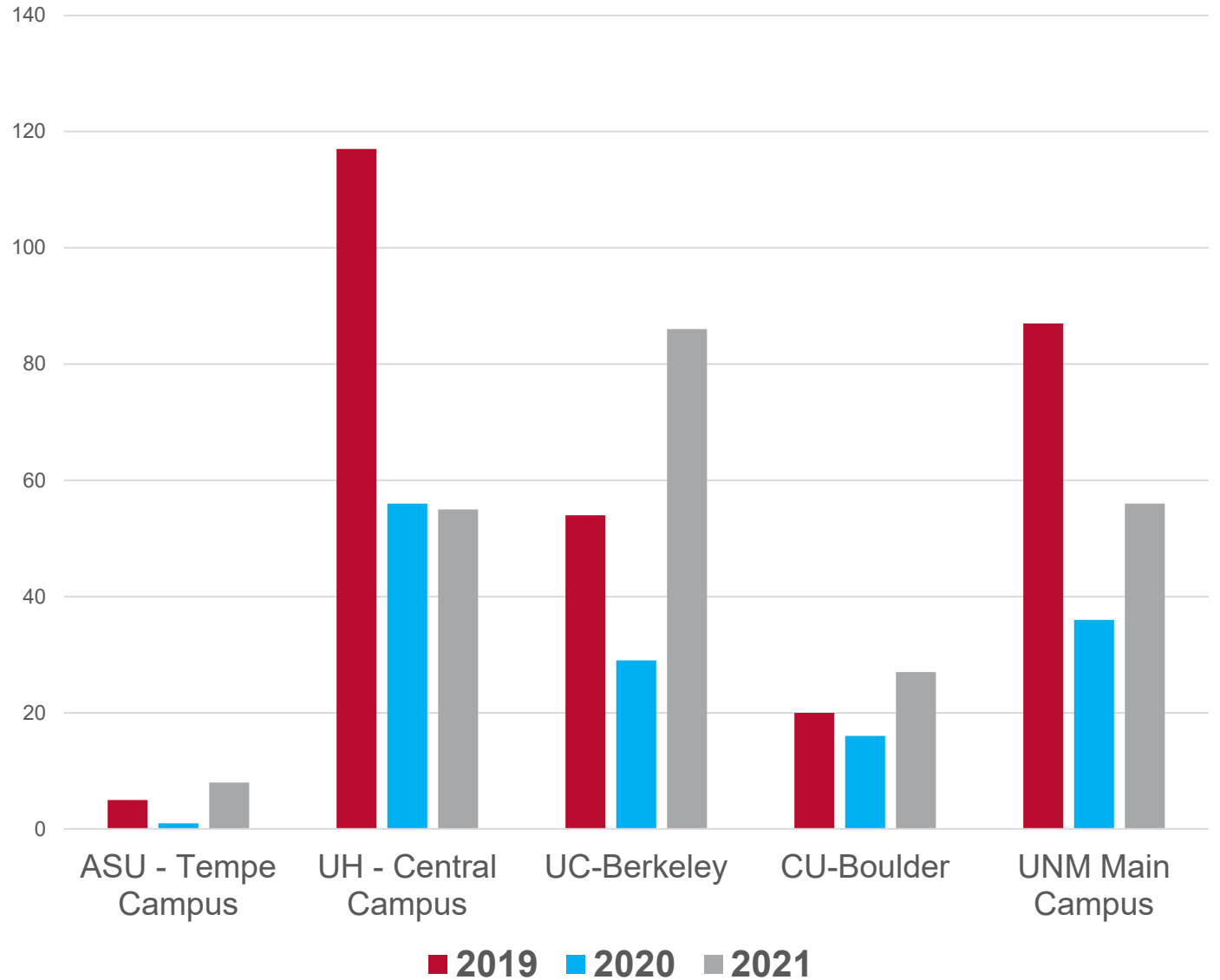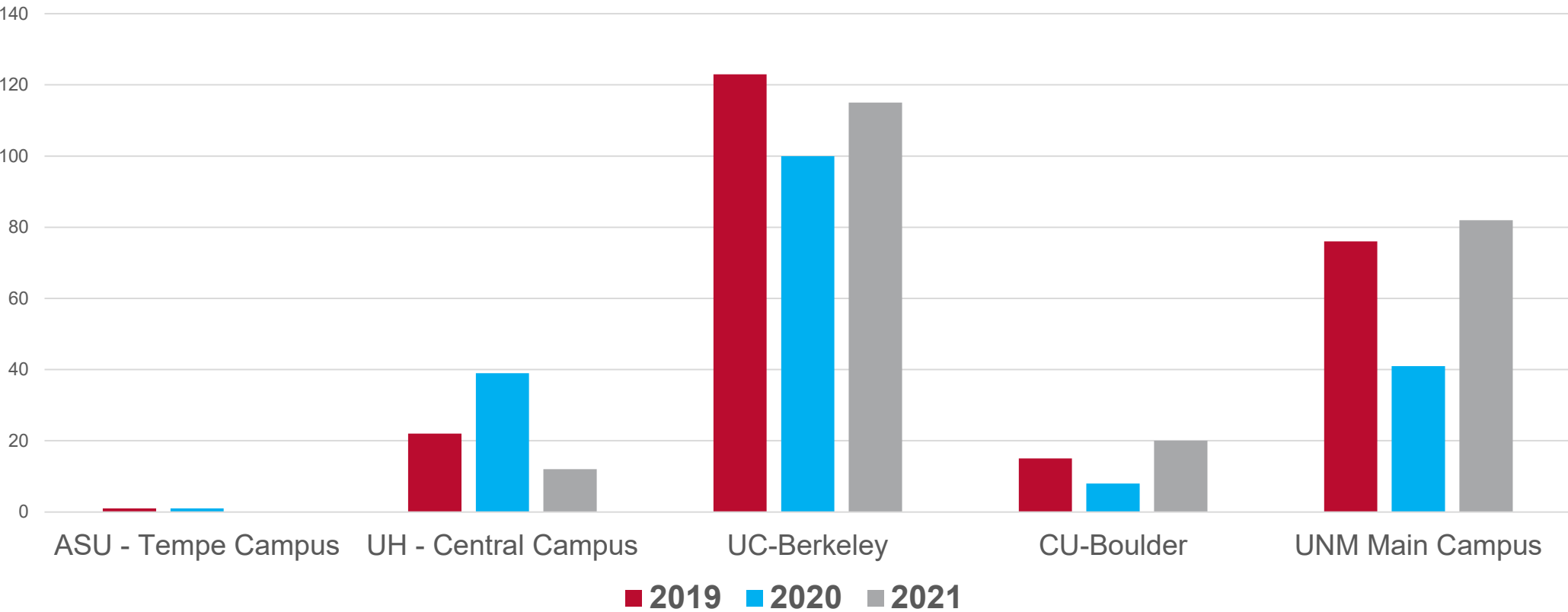
Colorado University (CU) – Boulder

Sex Offenses

- Rape/Attempted Rape
- Fondling
- Incest
- Statutory Rape

Motor Vehicle Thefts

Safety and Crime Prevention Initiatives

- Campus Safety Week

- Increased UNMPD staffing levels

- Enhanced training

- Community Policing events with University stakeholders

- Safe Campus Living Task Force

- Public Safety ECHO (Collaborative with Nob Hill Neighborhood Association)

No	Project Name	Report Approval Date, # of Recommenda-tions, Risk (H/M/L)	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Last Status Update	Responsible Party
1	Reserves	5/23/2019, 7, M	Recommendation 3 - Deficit Reduction Plans (Provost's Office Director of Financial Operations)	The Provost's Office Director of Financial Operations should ensure FY 2018 deficits for Enrollment Management are eliminated prior to the close of FY 2019, and monitor and enforce current deficit reduction plans to ensure existing departments' deficits are reduced and eliminated according to plans.	If it is determined that a deficit reduction plan is needed, units will work with the Provost's Office to establish a reasonable reduction plan within UAP 7000 policy limitations. At this time, all deficit reduction plans are monitored and documented by the Provost's Office. Enrollment management did not have a documented deficit reduction plan because the FY18 deficit was to be eliminated by the end of FY19. Enrollment Management has verified that the accumulated deficit will be eliminated by the end of FY19. The Provost's Office fiscal team will verify that the deficit has been eliminated at the end of the fiscal year and will send the corresponding report to Internal Audit to document that no further action is needed.	6/30/2020	The deficit for Student Publication's decreased from ($229,575) at the beginning of FY22 to ($215,786) at the end of FY22. Management indicated that a revised plan for Student Publications may be developed now that there is new leadership in Student Affairs. A revised sustainable plan may be developed by the end of the calendar year. Although the deficit decreased during FY22, IA will continue to monitor the deficit.	Nicole Christine Dopson, Financial Officer Optg Grp
2	Los Alamos Branch Campus	5/7/2020, 6, M	Recommendation 6 - General Information Technology Security	NM-LA IT department should strengthen its IT security by executing the following: Developing a written information security program, communicating the program's policies and procedures with employees, and monitoring its implementation periodically.	We agree with the auditor's comments and recommendation. The following action will be taken to improve our processes with IT security. UNM-LA IT, with assistance from UNM IT, will review UNM policies with regard to: (1) computer accounts and user identification, (2) access control, (3) acceptable computer use, (4) computer security awareness, and (5) tracking software maintenance and licenses and other recommendations listed. A written program of these policies, and the procedures related to them, will be compiled and communicated to employees during new hire orientation, annually as part of our annual policy awareness process, and through the Operating Procedures manual.	12/31/2022	Partially completed – Los Alamos management indicates that it has completed several recommendation components and is in the process of implementing the remaining action items. An extension of the targeted implementation date to the end of December 2022 was requested and approved.	Mike Holtzclaw, Chancellor/Branch; Bob Harmon, Dir,Business Opns/Sm Branch: Los Alamos Branch
3	Audit of Facilities and Management Division	10/14/2021, 2, M	Recommendation 2 - Audit Findings from Hotline Investigations	FM should strengthen internal controls to: complete a thorough review of construction projects to ensure that outside contractors and vendors are fulfilling their responsibility prior to making final payment; and, to ensure required permits are obtained prior to the commencement of construction projects.	FM has established an expectation that projects are fulfilled as expected by the vendor/contractor performing work. Work shall not commence until vendor/contractor or trades personnel can verify that permits have been obtained. Final payment to vendor/contactors will be withheld until verification of work is completed and inspected. A checklist will be developed as part of project closing procedures.	4/30/2022	Internal Audit is conducting a review of service contracts to ensure procurement and accounts payable policies and procedures are being followed, and to ensure required permits are always obtained.	Alfred Sena,Dir,Facilities Management

No	Project Name	Report Approval Date, # of Recommenda-tions, Risk (H/M/L)	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Last Status Update	Responsible Party
4	Audit of Research and Public Service Projects (RPSP)	5/5/2022, 5, H	Recommendation 2A - Centralize RPSP Monitoring	Academic Affairs will establish an annual review process to raise awareness of programmatic expectations on the part of RPSP Project Directors.	Academic Affairs accepts the recommendation and will establish an annual review process that will sample approximately one third of continuing RPSPs each year to raise awareness of programmatic expectations on the part of RPSP Project Directors. RPSP-like projects, identified by Government Relations in collaboration with Academic Affairs, and in accordance with Recommendation 1 will be included in the set of projects sampled for Academic Affairs review.	9/30/2022	Considering the recent target implementation date of 9/30/2022, Internal Audit will perform follow up procedures during the next follow-up cycle and report the status of corrective action at the next A&C Committee meeting.	James Paul Holloway, Provost/Exec VP for AA
5	Audit of Research and Public Service Projects (RPSP)	5/5/2022, 5, H	Recommendation 3A - Monitor Categorization of Reserves (Main Campus)	The Office of Planning, Budget and Analysis should work with Departments/Units who receive RPSP funding to ensure RPSP's reserves are properly categorized as "committed."	The Office of Planning, Budget and Analysis (OPBA) will identify all current active RPSP funding indices to ensure that reserves are appropriately categorized as "committed." In the short term, we will manually review our list of active RPSP indices to ensure proper categorization of reserves. In the long term, for all new RPSP indices setup going forward, we will explore a change to the naming convention for each RPSP index that more clearly identifies the RPSP activity, as well as incorporate a unique identifier within the Fund, Org, Program, or Activity (FOPA). OPBA will work with IT to see if there's a way to automatically categorize reserves as "committed" using the unique identifier in the Categorization of Reserves (CAR) system. Lastly, we will emphasize in our annual training to departments prior to opening the CAR system that RPSP activity must be categorized as committed.	9/30/2022	Considering the recent target implementation date of 9/30/2022, Internal Audit will perform follow up procedures during the next follow-up cycle and report the status of corrective action at the next A&C Committee meeting.	Jeremy Hamlin,Dir,Univ Budget Operations

No	Project Name	Report Approval Date, # of Recommenda-tions, Risk (H/M/L)	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Last Status Update	Responsible Party
6	Audit of Research and Public Service Projects (RPSP)	5/5/2022, 5, H	Recommendation 3B - Monitor Categorization of Reserves (HSC)	The Health Sciences Budget Office should work with Departments/Units who receive RPSP funding to ensure that RPSP's reserves are properly categorized as "committed."	The Health Sciences Budget Office will identify all current active RPSP funding indices to ensure that reserves are appropriately categorized as "committed." In the short term, we will manually review our list of active RPSP indices to ensure proper categorization of reserves. In the long term, for all new RPSP indices setup going forward, we will explore an addition to the naming convention for each RPSP index to clearly identify the RPSP activity to incorporate a unique identifier within our FOPA. OPBA and HSC Budget Office will work with IT to see if there is a way to automatically categorize reserves as "committed" using the unique identifier in the Categorization of Reserves (CAR) system. Lastly, we will emphasize in our annual training to departments prior to opening the CAR system that RPSP activity must be categorized as committed.	9/30/2022	Considering the recent target implementation date 9/30/2022, Internal Audit will perform follow up procedures during the next follow-up cycle and report the status of corrective action at the next A&C Committee meeting.	Joseph Wrobel,Int Chf Budgt & Facil Officer/
7	Audit of UNM Children's Campus	8/11/2022, 3, M	Recommendation 1 - In-House Accounting Support at UNMCC	UNMCC should work with the Provost's office to obtain resources to assist with its financial and accounting operations while it continues its efforts in filling vacant key positions.	UNMCC agrees the strategic decision was made to temporarily hold key positions vacant to support the department's fiscal solvency, and for compliance with New Mexico State Child Care Licensing Regulations and COVID Safety Guidelines. While it was initially challenging to find suitable candidates to fill key positions, UNMCC Senior Leadership Team is currently fully staffed. The Operations Manager was hired in April 2022 to provide financial oversight for the department, along with a Fiscal Services Technician to support the day-to-day fiscal operations of the program in May 2022. These hires re-established an efficient workflow and effective separation of duties for the Children's Campus. Should key positions become vacant in the future, UNMCC will work with the Provost's Office to obtain necessary resources for its financial and accounting operations. Department will monitor and ensure that key positions remain filled, ensuring an efficient and effective separation of duties.	12/31/2022	Recommendation on track for implementation by December 31, 2022.	Daniela Marysol Baca,Dir,Child Care Center

No	Project Name	Report Approval Date, # of Recommenda-tions, Risk (H/M/L)	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Last Status Update	Responsible Party
8	Audit of UNM Children's Campus	8/11/2022, 3, M	Recommendation 2 - Required Training - Cash Management	UNMCC's management should develop procedures to ensure that individuals responsible for handling cash take the online Cash Management training.	UNMCC agrees that upon UNM Internal Audit's review of the status of cash handling training for the department, the Administrative Assistant II had not completed the proper training. The cash handling training is one the Children's Campus requires staff responsible for handling cash to complete during their initial onboarding to the department if they will be responsible for handling cash. Unfortunately, this individual's hire was processed at the start of the pandemic, requiring them to complete the training while working remotely and with limited support during their initial onboarding. A mechanism was not in place at the time to ensure that the training had in fact been completed remotely as required. Upon notification by IA, the individual immediately completed the necessary training. The Operations Manager will develop Standard Operating Procedures to ensure that individuals responsible for cash handling have completed the proper training prior to handling any cash for the department.	12/31/2022	IA verified that the individual completed the required training. The remaining component of the recommendation is not due until Dec. 2022.	Daniela Marysol Baca,Dir,Child Care Center
9	Audit of UNM Children's Campus	8/11/2022, 3, M	Recommendation 3 - Access Control	UNMCC management should: 1. Develop formal authentication policies to periodically reconcile active users to active employees and identify any unusual user(s); and 2. Ensure all users are assigned a user role.	1. UNMCC agrees that a formal policy to periodically reconcile Smartcare active users to active employees was not in place at the time of IA review. UNMCC's internal process is to assign a new employee the appropriate user role when their account is established in the Smartcare system, and to electronically archive the individual within the system when they leave the department or no longer require that level of access. However, a formal process was not in place to ensure reconciliation between active user roles and active employees. 2. The Children's Campus agrees that the IA review determined that one of the department's Cooks was not assigned the "Cook" role in the Smartcare System. This individual was hired prior to the transition from Childcare Manager to Smartcare and the migration of data from one system to the other inadvertently excluded an assigned user role for this individual.	12/31/2022	Corrective action not yet due.	Daniela Marysol Baca,Dir,Child Care Center

EXECUTIVE SESSION