

**University of California**



**Ethics and Compliance Program Activity Summary**

**Report to**

**Compliance and Audit Committee of the Regents**

**July 14, 2009**

	Scoring Criteria			Comments
Activities	1 Not Completed	2 Partially Complete	3 Completed	
<b>Standards of Conduct and Policies and Procedures</b>				
Continue developing Ethics Compliance & Audit Services (ECS) Department Policies		Partially Complete		Business processes being modified
Develop and implement Office of the President Policy Management Process		Partially Complete		Modifying approach due to budget impacts
Develop Health Insurance Portability & Accountability Act (HIPAA) Systemwide Policies		Partially Complete		Privacy Officer on board 7/09
<b>Oversight (Governing Body, Compliance Structure and Compliance Officer)</b>				
Assist/Facilitate Compliance & Audit Committee Meetings of the Board of Regents			Completed	
Facilitate and co-lead Systemwide Ethics & Compliance Risk Council (SECRC)			Completed	
Participate in and co-chair President's Compliance Committee			Completed	
Establish System/Campus/Program Office performance metrics, aligned to President's Accountability measures		Partially Complete		1st year of implementation
Implementation of a compliance risk management and policy management and tracking system		Partially Complete		Initiated project implementation in 6/2009.
Name Campus Ethics and Compliance Officers (CECOs)			Completed	
Form Campus Ethics & Compliance Risk Committees (CECRCs) with the majority of campuses meeting as scheduled			Completed	
Appoint, Campus Provosts as Co-Chairpersons with Local Compliance Officer of the CECRCs			Completed	
Campus discussions around risk identification		Partially Complete		Campuses continue working on risk assessment activities.

Activities	Scoring Criteria			Comments
	1 Not Completed	2 Partially Complete	3 Completed	
Assist/Facilitate systemwide compliance efforts around new regulations and rules, i.e. Red Flags Rule, Higher Education Opportunity Act, etc.			Completed	Ongoing
<b>Education and Training</b>				
Roll out Sexual Harassment Prevention/CA-AB1825 Training for all supervisors and faculty (January, 2009 - ongoing)			Completed	
Develop and schedule General Compliance Training for all UC employees		Partially Complete		Module developed for campus use
Develop Compliance and Conflict of Interest (CoI) for Researchers training as tool for campuses		Partially Complete		Training developed for campus use-modified approach due to budget implications
Develop General Privacy & Security Training module for all employees (Systemwide training being developed for projected rollout 2Q09-10 & Medical Center staff exempted if HIPAA training has been completed during annual training period)		Partially Complete		HIPAA module nearly completed--awaiting Privacy Officer placement
Annual Compliance & Audit Symposium (2 days - February 2009; 200+ attendees systemwide) for system			Completed	
Host free audio conferences sponsored by external entities for relevant audiences systemwide on specific compliance risks			Completed	
Sponsor ECS in-person faculty export control training at each campus			Completed	
Develop CoI for Designated Officials (DOs) training and schedule for DOs across system.			Completed	
Sponsor audio/webinars with speakers from within UC (The Cleary Act, Time & Effort Reporting for Researchers, International Research, Export Control)			Completed	

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<b>Communication/Anonymous Reporting</b>				
Complete RFP/procurement/implementation of Hotline/case management system			Completed	
Provide training on case management platform			Completed	
Develop and distribute campus communications including posters, flyers & brochures			Completed	
Implement Whistleblower Program training			Completed	
Provided Local Designated Officer (LDO)/campus training on investigations, etc.			Completed	
<b>Enforcement and Screening</b>				
Establish Senior level work group (SVP/Chief Compliance Officer, Provost/EVP, General Counsel/VP, Academic Senate Chair) to address consistency in enforcement and disciplinary/administrative actions between administrative staff and academic personnel policies		Partially Complete		Work group established and continuing to develop enforcement guidelines.
Establish systemwide HIPAA breach response strike team to develop consistent adjudication and discipline recommendations across system for HIPAA breaches.		Partially Complete		Start date of Privacy Officer scheduled for July 20, 2009.
Response and Prevention to systemwide risk incidences and monitor for resolution		Partially Complete		Still working on communication systems to get timely information
<b>Audit and Monitoring Activities</b>				
Effort Reporting Systems (ERS) - perform fact finding and in partnership with the ERS Management Working Group make recommendation to enhance effort reporting systems and processes.			Completed	

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Systemwide Internal Audit - Indirect cost waivers		Partially Complete		Final report being written
Royalty Audits--framework developed for implementation 09/10			Completed	
<b>Response and Prevention</b>				
<b>System &amp; Campus</b>				
<i>Lead efforts in helping to create compliance activities</i> around key potential risk areas: HIPAA Privacy, Delegation of Authority, etc.			Completed	
<b>Prevention Activities</b>				
<i>Oversee, from a compliance perspective, planning activities related to new and/or amended laws and regulations:</i>				
· Red Flags Rule (Federal Trade Commission)			Completed	
· E-Verify (Dept of Homeland Security)			Completed	
· American Recovery & Reinvestment Act (ARRA)--development of monitoring activities and oversight		Partially Complete		Awaiting guidance on IG monitoring activities from various agencies
· National Science Foundation--America Competes Act			Completed	
· Higher Education Opportunity Act (HEOA)--development of monitoring tools		Partially Complete		Continue working on monitoring tools