



November 21, 2019

BY CERTIFIED MAIL

Dr. Rolando Rael, President  
Luna Community College  
366 Luna Drive  
Las Vegas, NM 87701

Dear President Rael:

This letter is formal notification of action taken by the Higher Learning Commission (HLC) Board of Trustees (“the Board”) concerning Luna Community College (“the Institution”). This action is effective as of the date the Board acted, November 7, 2019. In taking this action, the Board considered materials from the most recent comprehensive evaluation, including, but not limited to: the Assurance Filing the Institution submitted, the report from the comprehensive evaluation team, the report of the Institutional Actions Council (IAC) Hearing Committee, and the institutional responses to these reports.

**Summary of the Action:** The Board extended Probation because the Institution remains out of compliance with the Criteria for Accreditation and meets the conditions for the extension of Probation set forth in HLC policy. The Institution meets Core Components 2.C, 2.D, 5.B, 5.C, 5.D with concerns. The Institution does not meet Core Components 2.A and 5.A. The Institution is out of conformity with Assumed Practice D.3. The Institution is required to host a focused visit no later than June 2020, to determine whether the Institution has ameliorated the findings that led to the extension of Probation.

**Institutional Disclosure Obligation:** HLC policy<sup>1</sup> requires that an institution inform its constituencies, including Board members, administrators, faculty, staff, students, prospective students, and any other constituencies about the sanction and how to contact HLC for further information. The policy also requires that an institution on sanction disclose this status whenever it refers to its HLC accreditation. HLC will monitor these disclosures to ensure they are accurate and in keeping with HLC policy. The Institution must submit drafts of its planned disclosures to these various audiences to its HLC Staff Liaison in advance of transmission and provide the staff liaison with a link to relevant information on its website.

### **Board Rationale**

The Board based its action on the following findings made with regard to the Institution:

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<sup>1</sup> INST.E.20.010, Probation.

The Institution now meets without concerns Criterion One, Core Component 1.C, “the institution understands the relationship between its mission and the diversity of society,” for the following reasons:

- The Institution revised its mission statement to reflect the diversity of its student body and faculty.
- The Institution provides appropriate support for diverse student populations.
- The Institution successfully secured Title V funding, which is competitively awarded to institutions serving Hispanic, low-income and under-represented student populations, to improve its program offerings and infrastructure.

The Institution now meets without concerns Criterion One, Core Component 1.D, “the institution’s mission demonstrates commitment to the public good,” for the following reasons:

- The Institution's students, faculty and staff are substantially engaged with external constituents and the local community through volunteer projects, internships and clinical experiences.
- The Institution solicits input from the community through its planning processes, advisory boards and other community engagement activities and is currently in the process of forming advisory boards for every academic program.

The Institution does not meet Criterion Two, Core Component 2.A, “the institution operates with integrity in its financial, academic, personnel, and auxiliary functions; it establishes and follows policies and processes for fair and ethical behavior on the part of its governing board, administration, faculty, and staff,” for the following reasons:

- The Institution has developed a shared governance policy, which was officially approved by the Board at its December 12, 2017 meeting.
- Additional Board policies have been established to improve integrity and to prevent nepotism, but not all of these policies have been implemented.
- Significant questions about the Board's adherence to policies and processes for fair and ethical behavior continue to be raised despite a number of training sessions having been conducted.
- The Board remains unclear about its role, and there is no evidence to support improved employee morale.
- While the Institution has developed a shared governance policy and a Shared Governance Council, conflicting reports concerning the level of Board support for a shared governance system at the Institution persist.

The Institution now meets, but with concerns, Criterion Two, Core Component 2.C, “the governing board of the institution is sufficiently autonomous to make decisions in the best interest of the institution and to assure its integrity,” for the following reasons:

- The Institution's Board has made progress in establishing a framework to assure that its deliberations reflect the priorities of the Institution.
- The Board has taken steps to increase transparency by extending its agenda to include time for public comment, a Faculty Senate report and a Staff Senate report.
- The conduct of the Board is still a concern, with some board members regularly directing the activities of staff even though a policy was adopted to ensure the Board does not encroach on the day-to-day operations of the Institution.

- All Board members have signed their annual acknowledgements of Ethics and Conflict of Interest policies.

The Institution is now in conformity with Assumed Practice A.1, “the institution has a conflict of interest policy that ensures that the governing board and the senior administrative personnel act in the best interest of the institution,” for reasons cited above under Criterion Two, Core Component 2.C.

The Institution continues to meet, but with concerns, Criterion Two, Core Component 2.D, “the institution is committed to freedom of expression and the pursuit of truth in teaching and learning,” for the following reason:

- The Institution has the framework to support freedom of expression for faculty and staff outside the classroom; however, it is still unclear whether the implementation of this framework is feasible based on the complaints related to Board conduct investigated by the visiting team.

The Institution now meets without concerns Criterion Three, Core Component 3.C, “the institution has the faculty and staff needed for effective, high-quality programs and student services,” for the following reasons:

- The Institution has adequate staff to support student learning.
- Faculty are appropriately qualified and adequate numbers of faculty are in place to oversee the curriculum.
- New faculty hires are vetted at the department level using the appropriate faculty qualification guidelines.

The Institution is now in conformity with Assumed Practice B.2.a, “qualified faculty members are identified primarily by credentials, but other factors, including but not limited to equivalent experience, may be considered by the institution in determining whether a faculty member is qualified. ...,” for reasons cited above under Criterion Three, Core Component 3.C.

The Institution now meets without concerns Criterion Four, Core Component 4.A, “the institution demonstrates responsibility for the quality of its educational programs,” for the following reasons:

- The Institution has implemented program review across the curriculum and follows the same processes for all courses regardless of instructor, delivery method or location.
- Academic program reviews are current for all active programs within the current three-year cycle.
- The Institution has mapped its course learning outcomes to program learning outcomes, including within such maps any required connections to the New Mexico Department of Higher Education General Education Common Core.
- The Institution has developed a reasonable timeline and plan to meet the state's fall 2020 deadline to incorporate recently revised common core requirements.

The Institution now meets Criterion Four, Core Component 4.C, “the institution demonstrates a commitment to educational improvement through ongoing attention to retention, persistence, and completion rates in its degree and certificate programs,” for the following reasons:

- The Institution has demonstrated that student retention, persistence and completion are moving toward the goals set and data is being better utilized to support these efforts.
- A detailed three-year student retention and completion action plan has been developed and implemented.
- The newly appointed Institutional Research Director is compiling data to present accurate reports and usable data sets to academic departments, the Retention and Completion Committee, the Assessment Committee, shared governance committees and the administration.

The Institution is now in conformity with Assumed Practice C.7, “institutional data on student retention, persistence, and completion are accurate and address the full range of students who enroll,” for reasons cited above under Criterion Four, Core Component 4.C.

The Institution continues not to meet Criterion Five, Core Component 5.A, “the institution’s resource base supports its current educational programs and its plans for maintaining and strengthening their quality in the future,” for the following reasons:

- There is no financial plan or facilities master plan to support the strategic plan.
- Enrollment projections do not appear feasible based on declining enrollment trends and regional demographic patterns.
- Although the 2017-2018 financial audit removed the adverse opinion regarding the finances and operation of the Institution’s Foundation, no progress has been made on reorganizing and defining the legal relationship between the Institution and the Foundation.
- The Institution continues to operate with financial deficits with no concrete alternative financial plan.
- For both FY2017 AND FY2018, the Institution reported declines in net position of approximately \$400,000 each year in its statements of revenues, expenses and changes in net position.
- Despite the institution's Composite Financial Index score appearing to be above the zone, other factors indicate a worsening financial status both in terms of operating performance and overall performance.

The Institution remains out of conformity with Assumed Practice D.3, “the institution has future financial projections addressing its long-term financial sustainability,” for reasons cited above under Criterion Five, Core Component 5.A.

The Institution continues not to meet Criterion Five, Core Component 5.B, “the institution’s governance and administrative structures promote effective leadership and support collaborative processes that enable the institution to fulfill its mission,” for the following reasons:

- The Institution continues to experience a lack of cohesion in leadership, as the Board continues to be in flux with the recent resignation of two Board members
- Faculty and staff continue to express concerns about the lack of transparency, as evidenced in the recent presidential search process.

The Institution now meets, but with concerns, Criterion Five, Core Component 5.C, “the institution engages in systematic and integrated planning,” for the following reasons:

- The strategic plan goals are articulated in largely measurable terms. However the Institution does not specify strategies that will be utilized to achieve each goal.
- While numerous steps have been taken to improve the Institution's planning processes and resource allocation strategies, it is too early in the process to determine if the stated plans will be fully developed, implemented and evaluated.

The Institution now meets, but with concerns, Criterion Five, Core Component 5.D, “the institution works systematically to improve its performance,” for the following reasons:

- Data is now being utilized more effectively with the establishment of an institutional research department.
- While plans are in place to improve performance, the Institution is only just beginning to implement them with the support of data.

The Institution is now in conformity with Assumed Practice D.4, “the institution maintains effective systems for collecting, analyzing, and using institutional information,” for reasons cited above under Criterion Five, Core Component 5.D.

The Institution is now in conformity with Assumed Practice A.4, “the institution provides clear information regarding its procedures for receiving complaints and grievances from students and other constituencies, responds to them in a timely manner, and analyzes them to improve its processes,” for the following reasons:

- The Institution has a systematic process for the review and resolution of student complaints in a timely manner that is documented in the Student Handbook and referred to in the Grievances section of the Institution's academic catalog.
- Students are able to accurately describe where they would go to resolve a concern even if they are unfamiliar with the intricacies of the formal process.

The Institution is now in conformity with Assumed Practice C.6, “institutional data on assessment of student learning are accurate and address the full range of students who enroll,” for the following reason:

- The Institution has formed an Assessment Committee that combines departmental processes to provide institution-wide focus on assessment of student learning.

The Institution now meets the Federal Compliance Requirement related to Title IV Program Responsibilities for the following reasons:

- The Institution appropriately discloses campus crime information, athletic participation and financial aid information.
- The Institution appropriately complies with Student Right to Know/Equity in Athletics regulations.

The Institution does not meet the Federal Compliance Requirement related to Review of Student Outcome Data for the following reasons:

- The Institution maintains a Fact Book that includes student enrollment, retention and completion data for each department and program.
- Relevant data is being used in the academic program review process and for making decisions on eliminating programs with low enrollments.

- Data is being collected and student learning outcomes are being assessed at the course, program and general education levels.
- However, the Institution's lack of participation in the College Scorecard resulted in federal metrics on student retention rate, graduation rate, and placement rate not being provided with its HLC federal compliance filings.

The Institution otherwise meets all Core Components, Assumed Practices, and Federal Compliance Requirements.

The Commission may extend Probation for an institution if it demonstrates that it meets certain conditions under HLC policy, and the findings outlined above and evidence in the record reflect that the Institution meets those conditions.

### Next Steps in the HLC Review Process

**Focused Visit:** The Board required that the Institution submit a Focused Visit Report no later than May 7, 2020, or at least four weeks prior to the visit, providing evidence that the Institution is no longer out of compliance with Core Components 2.A, 5.A, and 5.B and is in conformity with Assumed Practice D.3 and that it has ameliorated the issues that necessitated the extension of Probation. The Institution will host its Focused Visit no later than June 2020, focused on determining whether the remaining findings of non-compliance have been fully ameliorated.

**Board Review:** The Board will review the focused visit team report and related documents at its November 2020 meeting to determine whether the Institution has demonstrated that it is now in compliance with all Criteria for Accreditation and whether Probation can be removed, or if the Institution has not demonstrated compliance, whether accreditation should be withdrawn, or other action taken.

### HLC Disclosure Obligations

The Board action resulted in changes that will be reflected in the Institution's Statement of Accreditation Status as well as the Institutional Status and Requirements Report. The Statement of Accreditation Status, including the dates of the last and next comprehensive evaluation visits, will be posted to the HLC website.

In accordance with HLC policy,<sup>2</sup> information about this action is provided to members of the public and to other constituents in several ways. This Action Letter and the enclosed Public Disclosure Notice will be posted to HLC's website not more than 24 hours after this letter is sent to the Institution. Additionally, a summary of Board actions will be sent to appropriate state and federal agencies and accrediting associations. This summary also will be published on HLC's website. The summary will include this HLC action regarding the Institution.

On behalf of the Board of Trustees, thank you in advance for your cooperation. If you have questions about any of the information in this letter, please contact your HLC Staff Liaison, Dr. Stephanie Brzuzy.

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<sup>2</sup> INST.G.10.010, Management of Commission Information; COMM.A.10.010, Commission Public Notices and Statements

President Rael, November 21, 2019 7

Sincerely,

A handwritten signature in black ink that reads "Barbara Gellman-Danley". The signature is written in a cursive, flowing style.

Barbara Gellman-Danley  
President

Enc: Public Disclosure Notice

Cc: Chair of the Board of Trustees, Luna Community College  
Kenneth Patterson, Vice President of Instruction, Luna Community College  
Evaluation Team Chair  
IAC Hearing Committee Chair  
Stephanie Brzuzy, Vice President for Accreditation Relations, Higher Learning Commission  
Anthea Sweeney, Vice President for Legal and Governmental Affairs, Higher Learning  
Commission  
Kate O'Neill, Cabinet Secretary, New Mexico Higher Education Department  
Herman Bounds, Accreditation and State Liaison, Office of Postsecondary Education, U.S.  
Department of Education