

**NOTE: this page shall be added to the team report noted below, and shall become part of the final evaluation report associated with the review.**

DATE: February 3, 2017

INSTITUTION: Merritt College  
12500 Campus Drive  
Oakland, CA 94619

TEAM REPORT: External Evaluation Team Follow-Up Report (Team Report)

This report represents the findings of the evaluation team that visited Merritt College November 7-8, 2016.

SUBJECT: Commission Revisions to the Team Report

The Team Report provides details of the team's findings with regard to the Eligibility Requirements, Accreditation Standards, and Commission policies, and should be read carefully and used to understand the team's findings. Upon a review of the Follow-Up Report and evidentiary materials submitted by Merritt College and the Team Report, the following changes or corrections are noted for the Team Report:

1. The Commission considers the Standards cited in District Recommendations 5 and 6 to be met once the staffing plan has been fully realized and the College/District functional responsibilities have been followed. This will require additional time to document, but the College and District have resolved the deficiencies noted in these recommendations.

**DATE:** November 29, 2016  
**TO:** Accreditation Commission for Community and Junior College  
**FROM:** Linda Rose, Ed.D., Team Chair  
**SUBJECT:** Report of Follow-up Visit Team to Merritt College, November 9, 2016

## **Introduction**

An evaluation Team visit was conducted to Merritt College on November 9, 2016. When the Commission met June 3-5, 2015, it imposed Probation on Merritt College. The Commission then acted to require Merritt College to submit a Follow-up Report followed by a visit. The evaluation team, Dr. Linda Rose, Team Chair, and Team members, Dr. Anu Khanna, Dr. Arleen Satele, Dr. Erin Vines, and Dr. Aeron Zetner conducted the site visit to Merritt College. The purpose of the team visit was to verify that the October 1, 2016 Follow-up report, prepared by the College was accurate through examination of evidence, to determine if sustained, continuous, and positive improvements has been made by the College, and that the College has addressed the recommendations made by the previous evaluation team, resolved deficiencies noted in the recommendations, and meets the Eligibility Requirements, Accreditation and Commission Standards and Commission policies.

In general, the team found that Merritt College was organized and well prepared for the visit. The College arranged for meetings with individuals and groups that were agreed upon with the team chair and they assembled appropriate documents in the meeting room that was used by the Team. During the visit team members met with the President of the College, Vice President of Academic Affairs, and Accreditation Liaison Officer, Vice President of Administrative Services, members of College Council, and members of the College Budget Committee.

The Follow-Up Report and visit were expected to document resolution of the following recommendations:

**Recommendation 1:** In order to meet the Standard, the Team recommends that the College develop and implement policy and procedures for systematically reviewing the college mission statement. (I.A.3)

**Recommendation 2:** In order to increase institutional effectiveness, the Team recommends that the College implement an evidence-based process that links institutional planning and decision-making to the college mission. (I.A.4)

**Recommendation 3:** In order to meet the Standards, the Team recommends that the college implement systematic and evidence-based integrated planning processes that show clear linkages between planning, program review, Student Learning Outcomes (SLO) assessment, and resource allocation; delineates the roles of faculty, staff, administrators, and students participating in the planning process; and “closes the loop” through ongoing evaluation of the processes and the impact on student learning and achievement. The Team further recommends the College put in

place institutional structures that can sustain and stabilize the planning processes. (I.B.I-6; II.A.2.; I.B.3.c; II.B.4; II.C.2; III.A.6; III.B.2.B; III.C.2; III.D.4; IV.A.1a-b)

**Recommendation 4:** In order to meet the Standards, the Team recommends that the College accelerate the completion of comprehensive program reviews and Annual Program Updates (APUs) for all instruction, student services, learning resources, and administrative services; ensure that the process is systematic, integrated into college planning and resources allocation, and utilized for continuous program improvement. (I.B, I.B.I, I.B.3, I.B.4, I.B.6, II.A.2, II.A.2.a, II.A.2.e, II.A.2.f, II.A.6.b, II.B, II.B.3.c, II.B.4, II.C, II.C.2, III.A.6, IV.B.2.b, III.C.2, III.D.4, IV.A.1.a-b)

**Recommendation 5:** In order to meet the Standards, the Team recommends that the College establish institution set standards for student achievement and systematically assesses the institution's progress in meeting or exceeding these standards. (I.B, I.B.I-6, II.A., II.A.1.c, II.A.2.a,b,f,g,h; II.A.5, II.A.6)

**Recommendation 6:** In order to meet the Standards, the Team recommends that the College accelerate the identification and documentation of student learning outcomes for all courses, programs, certificates, and degrees; assess student attainment of those outcomes to ensure that all of its instructional courses and programs are of high quality and to make improvements. (I.B.I, I.B.3, I.B.5, I.B.6, II.A.1, II.A.2, II.A.2.a, II.A.2.b, II.A.2.c, II.A.2.e, II.A.2.f)

**Recommendation 7:** In order to meet the Standard, the Team recommends that the College work with the District Human Resources Department and follow its policy to systematically complete all personnel evaluations. (III.A.1.b)

**Recommendations 8:** In order to meet the Standard, the Team recommends that the College assess and determine the adequate number of qualified faculty and staff to support the College's mission. (III.A.2)

**Recommendation 9:** In order to meet the Standard, the Team recommends the College establish and implement a written policy providing for faculty, staff, administrator, and student participation in decision-making processes which specifies the manner in which individuals bring forward ideas from their constituencies and work together on appropriate policy, planning, and implementation. (IV.A.2.a, IV.A.2b, IV.A.3)

## **Team Analysis of College Responses to the 2015 Evaluation Team Recommendation**

### **Recommendation 1**

To meet the Standard, the Team recommends that the College develop and implement policy and procedures for systematically reviewing the college mission statement. (I.A.3)

#### **Findings and Evidence:**

Surveys and minutes from meetings held by the Sub-Committee for College Recommendation 1, and the College Educational Master Planning Committee showed that the College developed, recommended, and implemented a new ongoing cycle for reviewing the College mission statement. As implemented, this new five-year review cycle coincides with the update of the College's Educational Master Plan which was updated in the College's Collegial Governance and Decision Making Handbook. This new mission statement review process was approved by the College Educational Master Planning Committee (CEMPC) during the Spring 2016 term, which is reflected in the agenda and minutes from this meeting.

#### **Conclusion:**

The college developed and implemented a policy and procedures for systematically reviewing the College mission statement. The College has fully addressed the recommendation, and meets the Standard.

### **Recommendation 2**

To increase institutional effectiveness, the Team recommends that the College implement an evidence-based process that links institutional planning and decision-making to the college mission. (I.A.4)

#### **Findings and Evidence:**

Through the work of the Subcommittee for College Recommendation 2, members of this Committee conducted a gap analysis to determine the degree to which the College Mission drives institutional planning. In addition, through the work of the Subcommittee, strategies and mechanisms were developed to improve the linkage to the mission and its applicability throughout the institution. The team found that the College developed college planning processes and procedures, and held events that drew attention to the College Mission as a focal point to institutional strategy. Additionally, the College worked with the Peralta Community College District (PCCD) to update the Program Review instructional and non-instructional templates to require that programmatic and budgetary planning actions and requests provide a clear linkage to supporting the College Mission.

As means to build awareness and foster community around the College Mission as the central driver of institutional planning, the College published the mission statement in various public documents, committee agendas, and has centralized it through the College planning documents. The College Mission is circulated throughout the institution to build awareness and emphasis on its imperativeness to institutional planning. The completed 2015-2016 College Program Reviews show direct linkages of programmatic planning in alignment and support of the College Mission.

The College Mission is integrated throughout the institutional planning processes, written in handbooks, public documentation, and on College meeting agendas.

**Conclusion:**

The College has established and actualized a process that ties the College Mission to planning. The College has fully addressed the recommendation. The College meets the Standard.

**College Recommendation 3:** In order to meet the Standards, the Team recommends that the college implement systematic and evidence-based integrated planning processes that show clear linkages between planning, program review, Student Learning Outcomes (SLO) assessment, and resource allocation; delineates the roles of faculty, staff, administrators, and students participating in the planning process; and “closes the loop” through ongoing evaluation of the processes and the impact on student learning and achievement. The Team further recommends the College put in place institutional structures that can sustain and stabilize the planning processes. (I.BI-6; II.A.2.; I.B.3.c; II.B.4; II.C.2; III.A.6; III.B.2.B; III.C.2; III.D.4; IV.A.1a-b)

**Findings and Evidence:**

The Team found, through the examination of the College’s Integrated Planning and Budgeting model, the College’s Collegial and Decision Making Handbook, the Program Review Template, and the Annual Planning Calendar, the College has updated and implemented a systematic and evidence-based integrated planning process that shows clear linkages between planning, program review, Student Learning Outcomes assessment and resource allocation in all areas. The planning process is structured and stabilized and includes delineated roles that encourage and support participation from faculty, staff, administrators, and students. The College’s systematic planning process “closes the loop” through an ongoing calendared planning process, which evaluates the impact on student learning and achievement. The College has also reintroduced the College’s Assessment Week to evaluate all the College’s processes and the participatory governance structure.

**Conclusion:**

The College’s systematic and evidence-based integrated planning processes are comprehensive, inclusive and meets all components of the recommendation. The College fully addressed the recommendation and meets the Standards.

**College Recommendation 4:** In order to meet the Standards, the Team recommends that the College accelerate the completion of comprehensive program reviews and Annual Program Updates (APUs) for all instruction, student services, learning resources, and administrative services; ensure that the process is systematic, integrated into college planning and resources allocation, and utilized for continuous program improvement. (I.B, I.B.I, I.B.3, I.B.4, I.B.6, II.A.2, II.A.2.a, II.A.2.e, II.A.2.f, II.A.6.b, II.B, II.B.3.c, II.B.4, II.C, II.C.2, III.A.6, IV.B.2.b, III.C.2, III.D.4, IV.A.1.a-b)

### **Findings and Evidence:**

Prior to the last comprehensive evaluation, the college had not completed comprehensive program reviews, or annual program updates for instructional and student services programs, learning resources or administrative services. The team found, through a review of complete program review documents, that the College did accelerate the completion of comprehensive program reviews and Annual Program Updates (APUs) for all instructional, student services, learning resources, and administrative services. The program reviews are systematic, integrated into college planning and resource allocation, and utilized for continuous program improvement. The College presented evidence of each program review for all areas to support their assertion that they have met the Standard.

### **Conclusion:**

The Team examined a sampling of the College's completed program reviews in all areas. The college has fully addressed the recommendation and meets the Standards.

**College Recommendation 5:** In order to meet the Standards, the Team recommends that the College establish institution set standards for student achievement and systematically assesses the institution's progress in meeting or exceeding these standards. (I.B, I.B.I-6, II.A., II.A.1.c, II.A.2.a,b,f,g,h; II.A.5, II.A.6)

### **Findings and Evidence:**

The External Evaluation Team previously determined that the college had “*not yet established measurable institution-set standards for improving effectiveness consistent with the College Mission*” and recommended implementation of such standards. Since the conclusion of the Comprehensive visit, the College conducted a review and analysis of the existing institutional set standards to identify corrective actions that thoroughly address this recommendation. The college has identified institution-set standards and practices that systematically assess the institution's progress in meeting or exceeding these set standards.

The college developed a formal document titled *Merritt College Institution-Set Standards 2015-2016* which set minimum performance thresholds for student achievement with five metrics in the areas of course completion, student retention, degree, certification completion, and transfer. This document was then reviewed and approved by the College Educational Master Planning Committee (CEMPC) in December 2015. In addition, the team reviewed evidence and confirmed that these set standards were disseminated to college constituents and later adopted by Merritt's College Council and then included in the College's updated Educational Master Plan. Based on the Team review of the evidence provided, at the time of the follow-up visit, interviews with the Vice President of Instruction, and members of Council, the Team found the metrics to be aligned with the College's mission and planning processes. The Team also found through a review of minutes from CEMC and College Council meetings that a plan is in place for collecting appropriate data from the College and California Community College Chancellor's office to ensure the college remains focused on the measures and takes appropriate actions to address variances.

The team also reviewed evidence that illustrated the evaluation process has been integrated into college-wide annual planning summits and through the institution's new Annual Program Review (APU) update. By such integration, these practices ensure that college constituents are involved in the reviews and engaged in dialogue about progress made on established institution set standards. Through a review of meeting minutes as well as an interview with the Vice President of Instruction, and members of College Council, the team confirmed that the institution has developed and implemented formal, sustainable, transparent and inclusive practices to both set and systematically assess performance levels for institution-set standards. The team found that the College is committed to using these institution set-standards as a baseline for ongoing institutional improvement and also committed to sustaining these processes in efforts to decrease the negative impact that personnel changes may have on the College in the future.

**Conclusion:**

The team reviewed evidence that institution set-standards have been established and that there is an ongoing process to assess whether the college is meeting or exceeding the institution set-standards. The standards are integrated into the college's ongoing Annual Program Review process, which ensures that there is formal recognition of the importance of these set-standards. The college has addressed this recommendation and meets the Standards.

**College Recommendation 6:** In order to meet the Standards, the Team recommends that the College accelerate the identification and documentation of student learning outcomes for all courses, programs, certificates, and degrees; assess student attainment of those outcomes to ensure that all of its instructional courses and programs are of high quality and to make improvements. (I.B.1, I.B.3, I.B.5, I.B.6, II.A.1, II.A.2, II.A.2.a, II.A.2.b, II.A.2.c, II.A.2.e, II.A.2.f)

**Findings and Evidence:**

The 2015 External Evaluation Team identified inconsistencies and gaps in the college's identification and documentation of course and program learning outcomes. Additionally, the 2015 External Evaluation Team found there to be a lack of evidence that there was a systematic approach to identification, assessment, and documentation of results and dialogue regarding course and program improvement. Following this recommendation, the college conducted a review and analysis that identified corrective actions that needed to be immediately addressed in all areas of the institution. These efforts included a significant commitment by the college to resources and leadership to first and foremost support the capacity for engaging in this work. This resulted in an institutional commitment to hire four division coordinators to lead outcomes assessment efforts. Additionally, the college committed to engaging in institution-wide meetings and activities to promote and sustain participation in outcomes and assessment practices. Based on these activities, the college has made significant progress in identifying 100% of its SLOs, PLOs, SAOs and ILOs. While assessment levels are not yet at 100% for each of these areas, the team found evidence that reported increases across all areas in the number of assessments completed.

The team reviewed and confirmed supportive documentation and evidence, specifically the Learning Assessment Report and Acceleration Plan (which is also prominently accessible via the

College's website on Learning Outcome and Assessment), to determine the details that provide timelines and activities for how the college will demonstrate achieving proficiency and sustainability by June 2018 in all areas of the College. This report also highlights timelines and benchmarks. In an interview with the Vice President of Instruction as well as members of College Council, the team confirmed that this Learning Assessment Report and Acceleration Plan is a living document that has the full support of administration, faculty and staff in how it is implemented. Team interviews also confirmed that the College has provided adequate resources in support of these timelines and benchmarks being met, thus ensuring that workload capacity does not hinder achievement.

An additional corrective action identified by the college in terms of meeting this recommendation was to ensure that assessment results were systematically used to improve institutional effectiveness and that this process was clearly documented. The team reviewed evidence that demonstrated how the assessment cycle is conceptualized and articulated as a process to college constituents. Furthermore, a review of the college's document entitled *Administrative Procedures—Student Learning Outcomes and Assessment*, demonstrates that the college has developed and formalized procedures that integrate outcomes assessment into other college areas: planning and budgeting, the Educational Master Plan, and is integrated with data in planning and decision-making.

The College provided considerable evidence to support the current college-wide dialogue on assessment. The Team reviewed documentation that substantially indicates evidence of department and division-level dialogue, college-wide dialogue and communication, and use of data to drive assessment strategies at all levels of improvement for outcomes assessment work. In interviews with College Council members which included faculty, staff, and administration, it was emphasized and affirmed that the college was committed to implementing processes that were moving them from compliance to intentionality—making assessment and use of assessment results meaningful. Members confirmed that the effort has been both a bottom-up and top-down effort with all members of the institution involved with an eye toward ensuring sustainability of these processes.

**Conclusion:**

The college has addressed this recommendation by accelerating the identification and documentation of learning outcomes in all areas of the College. The timeline to complete the work is comprehensive and specific. The team found evidence to support the college's efforts to accelerate the identification and documentation of learning outcomes across the institution. The college is committed to making progress for meeting proficiency and sustainability towards continuous and ongoing assessment cycles. Although the College has not achieved 100% in the assessment of Instructional Programs, and Institutional Learning Outcomes the College has made significant progress. While the College has accelerated the work to identify, document, and assess learning outcomes in all areas of the College, it does not yet meet the Standards.



## **College Recommendation 7:**

In order to meet the Standard, the Team recommends that the College work with the District Human Resources Department and follow its policy to systematically complete all personnel evaluations. (III.A.1.b)

### **Findings and Evidence:**

The team found evidence that a Sub-Committee was created to coordinate with the District Office of Human Resources and Merritt's Office of the President, as well as the College's Faculty Evaluation Facilitator, and Tenure Facilitator to document personnel evaluation completion rates for the three-year period between 2013 and 2015. The Sub-Committee examined documentation of the College's personnel evaluation practices in three categories:

- Faculty (Tenure Track, Full-Time Contract Faculty, and Part-Time Faculty, Counselors, and Librarians)
- Administrators (Academic Administrators and Classified Managers)
- Classified Staff

The Team reviewed data on faculty evaluations which indicated that the College has made tremendous progress toward the timely completion of personnel evaluations of all tenure track, full-time contract, part-time faculty, counselors, and librarians. In the 2015-2016 academic year, the College successfully achieved 100 percent completion of faculty evaluations in all faculty personnel categories within the required timeframe.

In accordance with Board policies and schedules, as of the 2015-2016 academic year, the College achieved 100 percent completion of administrator evaluations. In 2015-2016, six out of eight academic administrator evaluations were completed.

In the case of Classified Staff personnel evaluations, the Sub-Committee's gap analysis of the data revealed that the College was not in compliance. Unlike faculty and administrator personnel evaluations, Classified Staff personnel evaluations are conducted by the administrator supervisor and are due for completion by the anniversary of the employee's hire date each year. In addition, the Team found that in June, 2016 through improved processes by the College, they were able to reach 100% completion for classified evaluations. The improved process involves the executive assistant to the President, who now monitors the completion of each evaluation of classified employees by communicating with the employee's supervisor. Discussion of these evaluations is a regular agenda item in the monthly management meetings.

### **Conclusion**

A review of the evidence indicates that the College has complied with the timely completion of personnel evaluations for tenure track faculty, full-time contract faculty, part-time faculty, counselors, librarians, and administrators. In addition, for classified employees, the College has created a systematic template and classified evaluation spreadsheets that are organized per the responsible manager. The College has fully addressed the recommendation. The College meets the standard.

### **College Recommendation 8:**

In order to meet the Standard, the Team recommends that the College assess and determine the adequate number of qualified faculty and staff to support the College's mission. (III.A.2)

#### **Findings and Evidence:**

The team reviewed evidence describing how the College has assessed and determined the adequate number of qualified faculty and staff to support the College's mission. A subcommittee was created to review the College's total FTE staffing levels. The sub-committee utilized the Educational Master Plan 2015-2020 representing permanent employee data which covered a five-year period, from 2011 to 2015.

Per the EMP, Merritt College employed 145 permanent staff in fall 2015. Overall, the number of employees has increased by four people, or 3% in recent years, mainly due to a doubling of administrators from four to nine. In 2011, all Deans were laid off due to a State and District budget fiscal crisis. The College has been restoring the positions for Deans over the past three years to ensure institutional stability and viability. The number of classified staff remained constant at 65, while the number of permanent faculty decreased by one over the past five years.

The Team found evidence that the Permanent staffing data was disseminated college-wide to support faculty and staff hiring prioritizations. The data was used to support human resource requests for faculty and classified staff. Overall, the analysis of the permanent staffing data highlighted in the EMP demonstrates that the College has sufficient permanent faculty, administrators, and classified staff to support the mission and quality educational programs and services. Although the College has experienced a significant amount of administrator turnover in recent years, the College has stabilized permanent administrator hires since 2015. The College has established a formalized process for disseminating annual permanent full-time staffing data to all College constituencies.

The staffing data reviewed by the Team correlates with the FTE figures in the College's current fiscal year budget. This information is used in their Program Review and Annual Program Update (APU) process as programs and services prioritize their human resource needs in the next fiscal year. Thus, permanent staffing levels will be formally integrated into the College's annual integrated planning and budgeting cycle.

The Team also reviewed evidence that shows the college's linkage with the District staffing planning process. The District developed a Human Resources Staffing Plan (2016-2019), which was presented at the District Planning and Budgeting Council meeting held on May 27, 2016. The goal of the staffing plan is to assist the District Office and the college in systematically identifying and prioritizing their staffing needs.

The District Office of Human Resources provides the data and assists the college in formulating their yearly hiring proposals. Using the District staffing plan, the College uses the District gap analysis to ensure sufficient human resources staffing. To ensure sufficient staffing, the gap analysis compares current staffing levels to optimal staffing levels for each employee sub-group. Metrics by employee sub-groups was also used to evaluate new position requests. As an added

measure, the staffing plan contains a section describing the procedures that will be used for evaluating overall hiring processes and staffing.

### **Conclusion**

The Team found that the College and the District now have several processes in place to systematically prioritize staffing needs and assess the adequacy of its human resources. These processes are integrally linked with the College and District level integrated planning and budgeting processes, including the annual planning cycles. Further review of the evidence indicates that the College has sufficient levels of faculty, administrators, and classified staff to meet its mission and to support the effective delivery of high-quality educational programs and services. The College has fully addressed the recommendation. The College meets the standard.

**College Recommendation 9:** In order to meet the Standard, the Team recommends the College establish and implement a written policy providing for faculty, staff, administrator, and student participation in decision-making processes which specifies the manner in which individuals bring forward ideas from their constituencies and work together on appropriate policy, planning, and implementation. (IV.A.2.a, IV.A.2b, IV.A.3)

### **Findings and Evidence**

The Team found evidence indicating that the College has worked to ensure that a written policy identifying the way faculty, staff, administrators, and students participate in decision making processes has been implemented. The College determined, with the assistance of members of the California Community Colleges Chancellor's Office, Institutional Effectiveness Partnership Initiative Team that the College's faculty and staff maintain its structure for participatory governance and planning, decision making and ongoing evaluation of those processes. Interviews with the College's President, the Vice President of Academic Affairs, and members of the College Educational Master Planning Committee (CEMPC) indicated that many faculty, administrators, and staff actively participated the review of the College's new Collegial Governance and Decision Making Handbook which was approved in February 2016. The Handbook was shared with all participatory governance groups. Each group was asked to provide updates to the existing Handbook. Once the updates were completed and included in the new Handbook, it was presented for approval at College Council. In an interview with the Vice President of Instruction, emphasis was placed on the way the entire college came together to address the recommendations by identifying corrective actions which led to the development of the written policy. In addition, the interim President and the Vice President of Instruction indicated that the former president of the College committed fiscal and human resources to support the work to address all the college recommendations following the 2016 External Team Evaluation. This support assured the participation of faculty, staff, students, and administrators in bringing forward ideas correct the deficiencies.

### **Conclusion**

A review of evidence contained in the Accreditation Follow-up Report, meeting minutes, and interviews show that the College adopted and implemented written policies that provide guidelines of participation for faculty, staff, administrators and students in the College's decision

making process. The College fully addressed the recommendation and meets the Standards.

## **Team Analysis of Responses to the 2015 Evaluation Team District Recommendations**

### **District Recommendation 1**

In order to meet the Standards, the team recommends that the District follow the 2014 audit recommendations and develop an action plan to fund its Other Post-Employment Benefits (OPEB) liabilities, including the associated debt service (III.D.1.c, III.D.3.c).

### **Findings and Evidence:**

The external audit report dated June 30, 2015, shows that the 2014 audit recommendation was partially implemented. It is anticipated that the 2016 audit should resolve this deficiency. However, at the time the external evaluation team visited the District, the audit results were not available and are not expected until December 2016.

However, the District has developed both a short term and long term action plan to mitigate the impact of the OPEB debt service on District finances.

Short term actions include the following:

- The District's B2 tranche was restructured by converting \$38,450,000 of Convertible Auction Rate Securities to variable rate bonds with a Letter of Credit from Barclay's Bank on August 5, 2016.
- The District may use this approach with subsequent tranches, the next one maturing in 2020.

The following long term plan was approved by the Board of Trustees on April 29, 2016

- Develop a 10-year cash flow analysis of all District funds to fund the OPEB bond debt and the District's pre-2004 retirees.
- Create an irrevocable trust for the District's post-2004 retirees.
- Commit annually 5 percent of general fund revenues, specifically the State Apportionment Computational Revenue, to OPEB bond debt service and the establishment and maintenance of an irrevocable trust.
- Strategically refund OPEB bonds and/or swaps as required by subsequent tranches.
- Reduce the District's overall OPEB liability.
- Update the District's Substantive Plan on an ongoing basis per GASB 43/45.

The team was able to validate these actions through review of all the evidence presented as well as interviews with District staff. Of particular note, the pending 2016 external audit would validate the planned actions.

### **Conclusion:**

The District has fully addressed the recommendation, corrected the deficiencies, and now meets the Commission's Standards.

## **District Recommendation 2**

In order to meet the Standards, the team recommends that the District resolve the ongoing deficiencies identified in the 2013 and 2014 external audit findings (III.D.2.b, III.D.3.h).

### **Findings and Evidence:**

The team reviewed evidence demonstrating the District has resolved the ongoing deficiencies identified in the 2013 and 2014 external audit. The team was able to confirm the resolution of these ongoing deficiencies through its review of the Annual Financial Reports dated June 30, 2014, and June 30, 2015, and interviews with District staff.

The June 30, 2014, external audit showed 10 of the 14 deficiencies from the 2013 external audit were resolved. The 2015 external audit showed 3 more deficiencies resolved. The one outstanding deficiency carried into 2015 was partially completed (2013-006 & 2014-002: Reporting – Common Origination and Disbursement).

The June 30, 2015, external audit showed 10 of the 12 deficiencies from the 2014 external audit were resolved, while 2 deficiencies showed partial implementation (2014-002: Reporting Common Origination and Disbursement & 2014-001: District Financial Condition).

Evidence demonstrates that the district significantly reduced the number of external audit findings.

### Audit Deficiencies

#### 1) 2013-006 & 2014-002: Reporting – Common Origination and Disbursement (COD)

**Audit Findings:** The outstanding deficiency from 2013 and 2014 is the proper reporting of disbursement within the 30-day requirement. According to the 2015 audit report (2015-003), the auditors noted “The District did implement a new process during 2015 spring semester, thereby addressing the issue, several instances of noncompliance were noted during the fall semester.” The new process included a cross-functional team, consisting of Finance, Financial Aid, and IT, that developed a file transfer submittal process to ensure compliance with Federal requirements. Instructions and training have been disseminated to the colleges and the District's Financial Aid Policy and Procedures Manual has been updated to reflect this new process.

**Current status:** Partially implemented. In spring 2015, there were no audit findings. It is anticipated that the 2016 audit should validate the resolution of these deficiencies. However, at the time the external evaluation team visited the District, the audit results were not available and are not expected until December 2016.

#### 2) 2014 – 001: District Financial Condition

**Audit Findings:** The District is required to maintain operational and budgetary financial stability both at the fund level and the entity-wide level. The District's total OPEB bond obligation is \$218 million. While the District has \$215 million in investments related to the OPEB obligation,

these investments are not in an irrevocable trust. The District's self-insurance fund has a deficit balance of \$1.6 million.

Current status: Partially implemented. According to the Vice Chancellor of Finance and Administration, an irrevocable trust has been created and the self-insurance fund has a positive ending balance estimated at \$468,000 in June 2015. Pending the receipt of the 2016 external audit, this outstanding deficiency should be resolved. However, at the time the external evaluation team visited the District, the audit results were not available and are not expected until December 2016.

For continuous improvement and implementation, under the leadership of the current Vice Chancellor for Finance and Administration, who was hired in August 2015, the Office of Finance and Administration has reorganized its structure to include two new positions: a senior accountant and a payroll manager. Each of these positions will provide additional support and guidance to the colleges, as well as to provide for enhanced internal controls through monitoring. Given the work of the Audit Resolution Work Team and other collaborative District efforts, the District has reduced completely the number of findings.

**Conclusion:**

The District has resolved all ongoing deficiencies identified in the 2013 and 2014 external audits, and the non-recurrent audit functions that are considered key to its operational efficiency, fiscal integrity, and educational services delivery capacity have been addressed. The District also is continuing to evaluate other business processes (e.g., debt issuance/management and purchasing/contracting processes), thereby ensuring a model for continued improvement. There is ongoing discussion and evaluation within the Planning and Budgeting Council (PBC).

The District has fully addressed the recommendation, corrected the deficiencies, and now meets the Commission's Standards.

**Commission Concern 1**

Regarding District Recommendations 1 and 2, the Commission carefully reviewed the team report and the District's external audit and found that the District must provide the documented, long-term planning necessary for the continued financial stability of the District. This must include attention to obligations coming due in the future such as the postemployment health care benefits, the annual line of credit repayment, and the appropriate resolution to audit findings from 2013 and 2014 which impact the District both at the operating fund level and the entity-wide financial statement level (III.D.1.c, III.D.2.b, III.D.3.c, III.D.3.h).

**Findings and Evidence:**

The District did not include a separate response to Commission Concern 1 in its Follow-Up Report. The Findings and Evidence, and Conclusion presented here were drawn from information included in the responses to District Recommendations 1 and 2.

The District asserts that it has developed a long-term plan to continually fund its Other Post-Employment Benefits (OPEB) liabilities, including its associated debt service. The District also

states that they have taken short-term actions to mitigate the impacts of the OPEB debt service on District finances.

The District has made significant progress in addressing District Recommendations 1 and 2. Specifically, the District conducted a special board retreat to address the recommendation on OPEB Liability on July 12, 2016. The presentation to the Board, delivered in the workshop, contained evidence of short- and long-term planning as required in Commission Concern 1.

Short-term actions include the following:

- The District's B2 tranche was restructured by converting \$38,450,000 of Convertible Auction Rate Securities to variable rate bonds with a Letter of Credit from Barclay's Bank on August 5, 2016.
- The District may use this approach with subsequent tranches, the next one maturing in 2020.

The Board of Trustees approved the following long-term plan on April 29, 2016:

- Develop a 10-year cash flow analysis of all District funds to fund the OPEB bond debt and the District's pre-2004 retirees.
- Create an irrevocable trust for the District's post-2004 retirees.
- Commit annually 5 percent of general fund revenues, specifically the State Apportionment Computational Revenue, to OPEB bond debt service and the establishment and maintenance of an irrevocable trust.
- Strategically refund OPEB bonds and/or swaps as required by subsequent tranches.
- Reduce the District's overall OPEB liability.
- Update District's Substantive Plan, on ongoing bases, per GASB 43/45.

The audit findings from 2013 and 2014 impact the District at the operating fund level and the entity-wide financial statement level. The June 30, 2014, external audit showed 10 of the 14 deficiencies from the 2013 external audit were resolved. The 2015 external audit showed 3 more deficiencies resolved. The only outstanding deficiency was carried from 2014 into 2015 as partially completed.

The June 30, 2015, external audit showed 8 of the 10 deficiencies from the 2014 external audit were resolved. One deficiency shows partial implementation. The other deficiency was unresolved in the 2015 external audit. The 2016 preliminary audit report would validate the resolution of these deficiencies. However, at the time the external evaluation team visited the District, the audit results were not available and are not expected until December 2016.

Pending the receipt of the 2016 external audit, these outstanding deficiencies should be resolved.

**Conclusion:**

The District has fully addressed Commission Concern 1, corrected the deficiencies, and now meets the Commission's Standards.

**District Recommendation 3**

In order to meet the Standards, the team recommends that District General Services (DGS) work with college personnel to implement a plan to address total cost of ownership for new facilities and equipment, including undertaking critical deferred maintenance and preventive maintenance



needs at the college in order to assure safe and sufficient physical resources for students, faculty and staff (III.B.1, III.B.1.a, III.B.2.a).

### **Findings and Evidence:**

The team reviewed evidence describing how the District General Services (DGS) works with college personnel to implement a plan to address total cost of ownership for new facilities and equipment, including undertaking critical deferred maintenance and preventive maintenance needs at the Colleges in order to assure safe and sufficient physical resources for students, faculty and staff.

An action plan was created to develop the District's Total Cost of Ownership (TCO). The plan was completed by the Department of General Services (DGS) and the Districtwide Facilities Committee (DFC) and presented at the District's August summit meeting 2015. At that time, the plan included the following elements:

1. A list of new and modernization facilities projects, to include funding resources.
2. An action plan for addressing equipment needs (and technology acquisition) and critical deferred maintenance needs.
3. An action plan for addressing preventive maintenance needs: The District is responsible for 98 buildings throughout the District, including the District Administrative Center (DAC) with a total area of 1,596,887 gross square feet.

Meeting minutes from October 2015 document the TCO District Team Committee was formed to examine the TCO needs of all four colleges and continue to revise the existing TCO Plan (alternatively referred to as Guidelines). This committee began its work by meeting with each college to address the TCO elements that are college-specific and the resources needed to achieve college objectives. A list of capital projects and scheduled and deferred maintenance projects was then generated. After reviewing minutes, initial meetings were held at the four colleges for input. Furthermore, a town hall meeting was held at Berkeley City College to encourage additional dialogue pertaining to new facilities for TCO planning.

In November 2015, DGS presented a revised TCO plan to the District's Planning and Budgeting Council to establish and document institutionally agreed upon, systematic procedures for evaluating facilities and maintenance needs at all four colleges. The TCO included a financial projection to help identify direct and indirect costs of facility and equipment needs, to include the total economic value of the physical property investment, scheduled and deferred maintenance needs of the colleges, staffing, training, safety, modernization, maintenance, and costs of technology acquisition and replacement.

Evidence indicates significant progress in addressing deferred maintenance projects across the colleges. There were 1,270 work orders in August 2015. One year later, in August 2016, there were 105 outstanding work orders. To address safety needs, the District has distributed 250 digital radios districtwide to bridge communication between law enforcement officers and District constituents.

As the District continues to evaluate the TCO guidelines, in May 2016 there was a revision to include IT. It was determined that the cost of acquiring technology and equipment was key to the network infrastructure across the colleges. Implementation includes each college developing a list of priority technology requests that is vetted through the college shared governance process and submitted to the District Technology Committee (DTC) and PBC. For fiscal 2016-2017, the District IT unit was allocated \$1.8 million which is approximately 1.4% of the District's total adopted budget.

For continuous quality improvement, evidence shows that the District conducted a Facility Conditions Assessment study (FCA), in collaboration with the California Community Colleges, in 2013. This assessment is included within the colleges' 5-year capital outlay plans. The District's Facilities Assessment Index (FCI) was completed in September 2016 and will help to determine ongoing facilities and maintenance planning. The TCO Guidelines call for the establishment of an in-house Task Force to monitor the implementation of the FCA study recommendations.

For implementation and evaluation, the District has continually utilized the TCO guidelines in requesting proposals for new buildings, proposing additional staffing levels, safety issues, IT requirements, deferred maintenance and equipment. The District has utilized Survey Monkey and recently compared a 2015 satisfaction survey with one from 2013. One of the outcomes is the revised work order system, which led to a significant reduction in work orders. From interviews with DGS, they began in May 2016 to have the district facilities director, manager and staff go to each college's Facility Committee to have regular dialogue regarding outstanding college needs and services, and to provide updates about District-related facility activities.

**Conclusion:**

The District constructed a DGS Action Plan for creating new TCO Guidelines in collaboration with the colleges. The District continues to make progress in addressing and satisfying deferred maintenance needs at the colleges, "in order to assure safe and sufficient physical resources" for all members of the District community. The reorganization of DGS has revitalized leadership presence and efficiency. Four new assistant chief engineers were hired by October 2016, to address facilities and maintenance needs at each college. Beginning in summer 2016, the Chancellor's C-Direct featured DGS reports that detailed progress on deferred maintenance. These reports have improved communication Districtwide as TCO objectives are implemented.

The District has fully addressed the recommendation, corrected the deficiencies, and now meets the Commission's Standards.

**District Recommendation 4**

In order to meet the Standards, the District should clearly identify the structures, roles, responsibilities and document the processes used to integrate human, facilities, technology planning, and fiscal planning in support of student learning and achievement and regularly evaluate the process in order to fairly allocate resources to support the planning priorities (III.A.6, III.B.2, III.C.2, III.D.4, IV.B.3.g).

### **Findings and Evidence:**

To identify the structures, roles and responsibilities used to integrate human, facilities, technology, planning and fiscal planning in support of student learning and achievement, the District provided an overview of the integrated planning structure through its Planning and Budget Integration Model (PBIM). The PBIM guides the Planning and Budget Council (PBC) that oversees district-wide planning and is supported by subject matter committees that focus on education, facilities, and technology.

The role and responsibilities of PBC are outlined in the PBIM Handbook and include the following activities:

- Provide oversight to the District and colleges' Strategic and Educational Plans
- Recommend a coordinated, District-wide planning approach
- Recommend a prioritization of plans across subject areas and colleges
- Identify funding approaches to support priorities
- Review educational and resources priorities, Board policies and administrative procedures, and integrated planning and budgeting
- Review recommendations from the subject area committees and provide final recommendations to the chancellor
- Provide transparent two-way communication of directions and decisions

Following the annual planning calendar, the District begins the annual planning process during the District-wide planning summit in August, where data, evaluation, and outcome information is reviewed by leadership and constituent groups to provide direction and focus for the upcoming year. The PBC activities are outlined in the annual calendar for planning, program review, and annual program updates.

The PBIM planning strategies utilize Program Review and other data to facilitate plans and resource requests that support decisions from the institutions. The prioritized requests are provided to Chancellor's Cabinet for prioritization and given to PBC for final review for recommendation to the chancellor. As outlined in the Program Review calendar, all sites conduct comprehensive or annual programmatic planning reports that render strategies and requests for resources. The evidence showed that all program review manuals were updated for the various programs and all reviews were conducted and completed in 2015-16.

Planning in the District is governed by District strategic goals and institutional objectives. This framework provides a foundational structure wherein District, college, and programmatic planning draws integration points and connections between plans to meet at a centralized vision. The District utilizes the Program Review process to conduct annual assessments across the different instructional and non-instructional programs at the colleges and district in support of evidence-informed decision-making. The review of Program Review documentation (i.e., templates and completed documents) found a direct linkage between programmatic initiatives, College goals, District goals, and institutional objectives.

The District provided four flowcharts related to the instructional resource, staff resource, technology, and facilities resource allocation. This was documented in a college-level prioritized summary of a report listing new resource needs (i.e. staffing, technology, facilities, and other).

The college reports draw an alignment between the college goals and District strategic goals to support overall requests for resources. The resource prioritization employs a multifaceted approach to creating a ranking of resources and positions at the college-level. Through interviews, it was confirmed that prioritization is completed by the college presidents in Chancellor's Cabinet and distributed to PBC for approval and recommendation to the Chancellor. Documentation of discussion around the cabinet-level prioritization process was limited, and a final district-wide prioritization outcome was not evident. However, interviews affirmed a new resource allocation structure is being proposed District-wide to better streamline the structure of budget development and resource allocation.

The documentation and dissemination of information and minutes are made available publicly for review. Also, an emphasis on communication is structured around two-way communication between the colleges' Planning and Budget Committees, the subject matter committees and the PBC and between the Chancellor and Board. This information is reflected throughout the minutes from the associated committees.

The District outlined an assessment timeframe for the PBIM to occur during the spring term and utilizes the assessment results in the annual districtwide planning summit in August. The assessment process employs a PBC goal assessment matrix to assess the effectiveness and progress made on PBC goals. Additionally, an assessment survey of PBIM is conducted to yield quantitative and qualitative feedback and recommendations to support an evidence-informed evaluation for continuous improvement. This assessment strategy is tied directly to specific institutional objectives, which were discussed in the August 2016 planning summit.

**Conclusion:**

Through the review of the District response to the Recommendation, actions taken by the District, and the evidence provided, it is apparent that the District has developed and follows a structure, the roles, and the responsibilities presented in the Planning and Budget Integration Model (PBIM). Under this model, the Planning and Budget Council (PBC) and the subject matter committees oversee the prioritization of planning and resources.

In addition, the District follows an integrated and evidence-informed approach for planning the Program Review process. This approach has led to the documented prioritization of staffing, facilities, technology, and fiscal planning based on linkages to the College goals, institutional objectives and District strategic goals. While the evidence found prioritized documentation at the college-level, the results of the final resource prioritization were unavailable; however, the new prioritization model and process is anticipated to alleviate this challenge through subject matter committees' resource prioritization.

Finally, the review of documentation found consistency in assessment processes of the PBIM and that the findings are used to make timely modifications to the planning process.

The District has fully addressed the recommendation, corrected the deficiencies, and now meets the Commission's Standards.

### **District Recommendation 5**

In order to meet the Standards, the team recommends that the District ensure retention of key leadership positions and that adequate staffing capacity is available to address the needs of the colleges in three critical areas reflected in the accreditation standards: institutional effectiveness and leadership, institutional research, and financial accountability and management (III.A.2, III.A.6).

#### **Findings and Evidence:**

The District has developed and enhanced existing planning processes to address the recruitment and retention of key leadership positions. In addition, the District has developed a 2016-2019 Staffing Plan to ensure that adequate staffing capacity is available to address the demands of institutional effectiveness and leadership, institutional research, financial accountability, and management. In July 2015, a new Vice Chancellor for Finance and Administration was approved by the Board of Trustees and in July 2016, an interim Director of Institutional Research and Planning was also approved by the Board. At the time of this visit, the District was implementing the new Staffing Plan.

Beyond the planning that has been done, the District is in transition with the leadership of the colleges. Of the four colleges, three had interim presidents; two have searches underway at the time of the evaluation team's visit that are expected to be completed at the end of fall 2016. The third college will initiate its search in spring 2017. In addition, there are still key leadership positions, identified by the District and the colleges, that remain without permanent staff.

Interviews with the Vice Chancellor of Human Resources and the Vice Chancellor of Administrative Services indicated that the Staffing Plan is integrated with the current planning model by being aligned with the District's four-year strategic planning process. It will be reviewed on an annual basis with a comprehensive review of the process every two years. Included in the Staffing Plan is a gap analysis that is intended to assist the planning process at each of the four colleges. A review of the plan indicates the development of a schedule for the review of staffing levels at each college using a formula to determine and assess the optimum staffing levels. Assumptions will be used in the process of hiring administrators, classified staff, and facilities support staff to address needs for custodial, grounds, and maintenance.

In "The New Peralta Way: An address to the Peralta Community College District Faculty and Staff," the chancellor provided an overview of priorities for the future of the District. In a memo dated March 1, 2016, the chancellor communicated his commitment to retain key leadership in the District. The memo was distributed to all employees in the District. The memo indicated that the Chancellor used the solicited responses he had received from District employees to develop the re-organization for the District in support of the colleges. The District's 2015-2016 Strategic Goals and Institutional Objectives identify the focus and intent of the Chancellor to strengthen accountability, innovation, and collaboration and to enhance District and college leadership to support student success.

**Conclusion:**

The District has developed an integrated Staffing Plan and has communicated a commitment to increase the retention of key leadership positions. While processes already existed to determine the number of faculty to be hired to meet state requirements, the evidence reviewed demonstrated the Staffing Plan will assist the District and the colleges in identifying the need for specific positions in the areas of College leadership, administration, and classified staffing.

The District has developed and is implementing processes that will enhance its ability to ensure adequate staffing. However, the existing vacancies in college leadership indicate the District must successfully complete those hires and the scheduled evaluation of the process that is integrated into the model in order to meet the Standards.

The District is in the process of addressing the recommendation and correcting the deficiencies, but it has not yet achieved compliance with the Commission's Standards.

**District Recommendation 6**

In order to meet the Standards, the team recommends that the district clearly delineate and communicate the operational responsibilities and functions of the district from those of the colleges and consistently adheres to this delineation in practice; and regularly assesses and evaluates District role delineation and governance and decision-making structures and processes to assure their integrity and effectiveness in assisting the colleges in meeting educational goals (IV.B.3).

**Findings and Evidence:**

Growing out of its annual governance summit meeting, the District developed Unit Delineations of Functions for District Service Centers (DSC). The Unit Delineations of Functions are included in the DSC Program Reviews and are available online in interactive function charts. Additionally, the District created a District Functions Matrix, which apportions functions, based on the accreditation Standards, between the District and the colleges.

The District utilized a satisfaction survey to assess how well DSCs are meeting the needs of the colleges. One goal for the survey was to assess and evaluate District role delineation. However, none of the survey items addressed delineation of functions. Stakeholders from the colleges and the District provided feedback about the DSCs. Because the surveys were linked to the DSC Program Reviews, Program Review participants were also surveyed and the results were used to make recommendations for improving the Program Review process. Other outcomes included reorganizing District Offices, creating new positions at the District, and developing a Staffing Plan.

**Conclusion:**

The District has made progress in delineating and communicating its functions. The District's development of Unit Delineation of Functions and the District Functions Matrix has delineated and communicated operational responsibilities and functions of the district from the colleges. While its survey focused on DSCs, it did not address delineation or other decision-making

structures and processes. As such, adherence to delineation was not documented, and evaluations of governance and decision-making structures and processes were not addressed.

The District is in the process of addressing the recommendation and correcting the deficiencies, but it has not yet achieved compliance with the Commission's Standards.

### **District Recommendation 7**

In order to meet the Standards, the team recommends the Governing Board adhere to its appropriate role. The Board must allow the chancellor to take full responsibility and authority for the areas assigned to district oversight (IV.B.1, IV.B.1.a, IV.B.1.e, IV.B.1.j).

### **Findings and Evidence:**

The District hired a new Chancellor following the retirement of the previous Chancellor in Spring 2015. The selection of the new Chancellor was completed by July 1, 2015, with a contract that included provisions that allowed the Chancellor to assume more demonstrable responsibility for District oversight.

In August 2015, the Chancellor introduced the concept, "The New Peralta Way," to all Peralta Community College constituents. This is an initiative intended to improve "leadership through the strengthening of competence, passion, integrity, and intimacy—a leadership focused on enhancing student success." Following this address, a "Team Building" retreat was held in September 2015, in which the Trustees and the Chancellor developed formal goals, expected outcomes, and timelines. Both the Board and the Chancellor agreed to respective evaluations to review the progress toward these goals, outcomes, and timelines in Summer 2016.

On December 8, 2015, the Board and the Chancellor adopted goals that included policies about the quality of the program integrity of institutional actions and the effectiveness of student learning programs and services. To increase communication, the Chancellor writes a weekly report named the C-Gram message to keep the Board apprised on District activities and minimize unwelcome surprises. In addition, prior to each scheduled board meeting, the Chancellor, the Board President and Vice President, Legal Counsel, and Chief of Staff meet to go over the Board agenda so all are aware of the issues. Additionally, Board members are apprised of the Chancellor's weekly agenda, which provides them opportunities to stay informed, as well as have input and participation in relevant activities. Also, the Chief of Staff keeps the Chancellor aware of ongoing concerns, important issues, and outstanding items to be addressed by the Chancellor. The team validated that these types of communication are being well received by the Board of Trustees.

In order to address the frustration of community constituents' concerns for perceived lack of action on the part of college administrations and in order to minimize the need for constituents to appeal directly to Board members, the Chancellor has pledged that "all public issues will be satisfactorily addressed." In addition, Trustees have committed to refer all individuals to the Chancellor's Office for their public concerns.

Beginning fall 2016, the District publishes a calendar to ensure all Board Policies are scheduled for review on a rotating basis. A posted schedule states Board Policy series 1000, 2000, and 3000 are under review in fall 2016. District Cabinet minutes dated September 12, 2016, verified this activity is in process.

**Conclusion:**

The District has fully addressed the recommendation, corrected the deficiencies, and now meets the Commission's Standards.

**District Recommendation 8**

In order to meet the Standards, the team recommends that the District systematically evaluate the equitable distribution of resources and the sufficiency and effectiveness of district-provided services in supporting effective operations of the colleges (IV.B.3.b, IV.B.3.c, III.D.1.a, III.D.1.b, III.D.3.h).

**Findings and Evidence:**

The District has taken a number of actions to ensure the equitable distribution of resources to the colleges. This included both the re-evaluation by shared governance groups of the Budget Allocation Model (BAM) and the Program Review processes. Additionally, the District initiated the development of a Human Resources staffing plan, a review of the District's technology services, and improvements to the District's responses for routine maintenance, preventive maintenance, and deferred maintenance requests.

The evaluation team reviewed evidence and interviewed personnel involved in the district planning and resource allocation processes. Interviews with individuals at the colleges provided additional insight into the processes.

The BAM has been reviewed and significant changes have been proposed with a goal of making it more equitable. As noted in the District's Follow-Up Report, the five proposals addressed:

- Removing full-time salary and benefit costs from the colleges' allocations
- Maintaining decentralized allocations of fixed costs and basing future allocations on prior year actuals
- Making no changes with respect to resource allocations and capped courses
- Allocating the appropriate level of custodians based on industry best practices
- Forming a separate task force to review and assess service levels, efficacy, and reasonableness of costs associated with District services

At the time of the visit, it had not been determined whether or not the recommended changes would be adopted by the District; however, the discussions were calendared for specific committees during the fall semester.

Those interviewed conveyed a confidence in the processes used for determining the prioritization of faculty positions. The requests emerge from Program Review, are prioritized at the college, and then collaboratively prioritized at the District. However, a similar process does not exist for



the prioritization of classified positions. The District initiated a task force to review and develop a process for the prioritization of classified positions.

With respect to technology resources, there has been robust discussion within the District Technology Committee and IT staff regarding the clarification of the District's role in providing services (e.g., providing the infrastructure) and the colleges' roles in planning technology (e.g., instructional technology needs). Meetings with IT staff indicated efforts were underway to improve the understanding of IT complexities and increase transparency in IT discussions. First, a new IT Steering Group will help sort requests for technology projects and resources working in conjunction with the District Technology Committee. A flowchart has been developed that demonstrated the proposed processes to be used in evaluating whether or not District IT can provide the requested service. Additionally, IT staff have proposed to the District Technology Committee a project management approach to technology needs which includes the following steps:

- Initialization and planning
- Analysis and design
- Develop, configure, and execute
- Test, train, and monitor
- Deploy, optimize, closeout

This project approach helps to demonstrate to IT users the complexity involved in some IT requests and the time needed to fully implement the request. Although not finalized, the discussions between the IT Staff and the District Technology Committee are providing a vehicle for the evaluation of IT services.

The District does have shared governance structures in place to evaluate the equitable distribution of resources and the sufficiency and effectiveness of District-provided services. Though many individuals stated that they could use more resources, they did acknowledge that structures were in place to provide discussion and the appropriate involvement of constituent groups in those discussions. Although the District has attempted to obtain feedback on District Services through surveys and informal discussions, no systematic, regular process exists for this.

**Conclusion:**

The District has the shared governance structures in place to provide feedback on the quality and efficacy of District Services. Although no formal, systemic evaluation process exists, the District is close to having that developed. District Offices now complete program review, and a new task force will specifically develop that formal process. Additionally, though those interviewed express the need for additional resources, all acknowledged that the District's shared governance structure provided a vehicle for the appropriate involvement of constituent groups.

The District has fully addressed the recommendation, corrected the deficiencies, and now meets the Standards.