

## Follow-Up Visit

College of Alameda  
555 Ralph Appezato Memorial Parkway  
Alameda, CA 94501

This Report represents the findings of the evaluation team that visited  
College of Alameda on November 9, 2016

Submitted to:  
The Accrediting Commission for Community and Junior Colleges

Submitted by:

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

DATE: February 3, 2017

INSTITUTION: College of Alameda  
555 Ralph Appezato Memorial Parkway  
Alameda, CA 94501

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

This report represents the findings of the evaluation team that visited College of Alameda November 8-9, 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 Team Report sent to the College, the College of Alameda Follow-Up Report, and supplemental information and evidence provided by the College, 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 16, 2016  
TO: Accrediting Commission for Community and Junior Colleges  
FROM: Glenn R. Roquemore, PhD, Team Chair  
SUBJECT: Report of Follow-Up Visit Team to College of Alameda, November 9, 2016

**Introduction:**

An evaluation team visit was conducted to College of Alameda on March 9-12, 2015. In a letter dated June 29, 2015, the Commission acted to require College of Alameda to submit a Follow-Up Report followed by a visit. The evaluation team, Dr. Glenn R. Roquemore (Chair), Dr. Sherrie Guerrero, Dr. Otto Lee, Dr. Derek Lerch, and Dr. Shelia Pisa, conducted the site visit to College of Alameda on November 9, 2016. The purpose of the team visit was to verify that the Follow-Up Report prepared by the College was accurate through examination of evidence, to determine if sustained, continuous, and positive improvements had been made at the institution, and that the institution has addressed the recommendations made by the evaluation team, resolved the deficiencies noted in those recommendations, and meets the Eligibility Requirements, Accreditation Standards and Commission policies.

In general, the team found that the College had prepared well for the visit by arranging for meetings with the individuals and groups agreed upon earlier with the team chair and by assembling appropriate documents in the meeting room used by the team. Over the course of the day, the team met with the President of the College, the Accreditation Liaison Officer, the Academic Senate President, members of the faculty and staff.

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

**Recommendation 1:**

**In order to meet the Standards and the Eligibility Requirement, the team recommends that the College develop a process for regular and systematic review of its Mission statement through appropriate College governance processes, receive board approval of the Mission statement, and display it prominently in all College documentation, including the College website. (I.A.2, I.A.3, IV.A.3; ER 2)**

**Findings and Evidence:**

The College has instituted a regular and systematic review for vetting and adoption of its Mission statement that involves the broad college community culminating in approval by the board (April 4, 2015, Board of Trustees Meeting Minutes). The process is on a three-year cycle, was initiated at the fall semester Flex day, and is documented in the Institutional Planning Handbook. The Mission statement is explicitly linked to Program Review. The Mission statement is displayed prominently on the college website and other materials.

**Conclusion:**

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

**Recommendation 2:**

**In order to meet the standards, the team recommends that the College ensure that the College mission and goals drive the planning and resource prioritization processes. (I.A.4, III.A.1, III.B.1, III.D.1)**

**Findings and Evidence:**

The College of Alameda Institutional Planning 2016 document outlines the planning and budget process for the College, which is being put into effect for the first time in 2016-2017. In this document, various College plans and program reviews drive the budget planning cycles with the College Mission, Vision and Values at the core. The College Vision, Values and Mission drive the creation of Institutional Outcomes. These outcomes are launched by the College President in collaboration with the College Management Team, the College Council and the Academic Senate. The success or failure of these outcomes drive the development of goals and action priorities, again launched by the governing bodies that developed the Institutional Outcomes. New processes for annual and comprehensive program reviews have been developed for instruction, student services, and administrative units. In both the annual process and comprehensive program review, program goals are tied to institutional goals (both District and College). Resource requests are part of the program review process and are justified by connection either to institutional goals or to assessment results.

**Conclusion:**

The College has made significant progress in developing an integrated planning and resource model, driven by the College's mission and goals and meets the Standards. However, because of the newness of the plan, there has not yet been an assessment of Institutional Outcomes and, therefore, action priorities have not yet been generated. This is a topic that should be addressed in the next ACCJC report.

**Recommendation 3:**

**In order to meet the Standards and U.S. Department of Education requirements, the team recommends the College adopt institutional-set standards that will adequately measure satisfactory performance of student achievement. The team also recommends that the College's governance process be involved in the determination of these standards and the methodology used to set the standards be explained to justify reasonableness of these standards. When the College falls below these standards, the team recommends institution-wide discussion of action, and documentation of such, to be taken to improve performance. (I.B.1-6, IV.A.3)**

**Findings and Evidence:**

The College has set standards for course completion, student retention, degree and certificate completion, transfer, and CTE licensure and job placement rates. The PRIEC reviewed research regarding best practices, and chose to set the standards by computing an average over five years (except for transfer, which was 4 years) and then set the institutional standard one standard

deviation below the mean. CTE standards were based on previous standards and through dialog among department chairs. Presentations on the institutional set standards were made to the Academic Senate, the Department Chair Council, the Senior Leadership Team, Executive Council, and College Council.

While agendas for Academic Senate and College Council that included the topic of the standards were provided, there were no minutes that showed discussion and approval by these bodies. The evaluation of set standards is linked to the College's three-year planning and program review cycle; the program review handbook specifically addresses the institutional standards in program planning and evaluation.

**Conclusion:**

The College has developed institutional set standards and there has been broad discussion of them in meetings of various governing bodies. While the college has seven institutional set standards, only five are completely displayed on the Institutional Set Standards webpage. Thus, the college community may not be well informed on those standards related to CTE licensure and job placement. The College might consider setting standards related to basic skills or unprepared students, as required for the CCCC's Institutional Effectiveness reporting portal in 2016. While the College has had discussion about the reasonableness of the standards, in a normal distribution of means, only 16% of means fall below one standard deviation. Choosing this as the benchmark might be a bit low. The team recommends that the College maintain momentum on this recommendation and progress be captured in its midterm report. The College meets Standards I.B.1-6 and IV.A.3.

**Recommendation 4:**

**In order to meet the Standard, the team recommends that formal processes be put into place to document the discussion of student learning. (I.B.1)**

**Findings and Evidence:**

At the time of the follow-up visit, the College has revised its model for SLO coordination based on an evaluation completed in Fall 2015. In this revision, the College moved from a centralized coordination approach with a single SLO coordinator to a model with three SLO coordinators: one for each of the two academic divisions, and one for student services. The College believes this model has improved both the dialog and institutional knowledge and of SLOs. Additionally, the College has instituted a number of workshops, lectures, and seminars that serve as venues in which student learning is discussed.

Based on the follow-up report and included evidence, the team found that the documentation of assessment was superficially included on department agendas and minutes. These documents captured that discussion of student learning was mostly centered on relating information about how many SLOs had been assessed and discussion of incentives that were being offered to departments to complete course SLO assessment. The report offered examples of professional development activities that would support learning, but did not address discussion of specific student learning outcomes based on assessments. Despite some weaknesses in documentation, the team verified through interviews during the site visit that the instructional and student services departments are actively and regularly involved in such discussions and are effectively engaged in meaningful discussions that have led to institutional improvement. Examples

discussed during the follow-up visit included better alignment of instructional expectations and approaches in the math and English departments, as well as improvements to student support services in their proactive communication for special populations.

**Conclusion:**

The College has developed broader and more formal dialog on student learning since the 2015 site visit. This dialog occurs through a distributed coordination approach to SLOs, the integration of consideration of student learning in the planning process, and through a variety of events in which student learning is discussed. Survey data collected through the "Employee Voice Survey" indicate that only 10-15% of employees feel that students learning outcomes (including institutional SLOs) are not a focus of the College. The team found that the College's progress on this effort has been both rapid and substantial, although the development of improved dialog on student learning assessment is sufficiently new that there is relatively little evidence on its long-term efficacy and value. The team recommends that the College maintain momentum on this Recommendation and that further progress be captured in its midterm report. The College meets Standard I.B.1.

**Recommendation 5:**

**In order to meet the Standards and the Eligibility Requirement, the team recommends that the College assess its planning and program review processes to ensure an ongoing and systematic cycle of evaluation, integrated planning, resource allocation, implementation, re-evaluation, and continuous improvement. (I.B.6, I.B.7, II.A.2.f; ER 19)**

**Findings and Evidence:**

The College implemented broad updates to the program review process in the 2015-2016 academic year. This included the development of new comprehensive program review guidance booklets for various departments within the College. The College has also developed new annual program review forms that are being implemented in the 2016-2017 year.

In creating the new planning and program review process, the College assessed their governance structure and decision-making through an employee survey, an institutional effectiveness survey, and review of planning documents. An outside consultant was brought in to look at College branding to further contribute to continuous improvement. The newly created program review process includes a validation process by a task workgroup to ensure that program reviews result in meaningful discussions related to assessment, data analysis and integration with other College plans, such as Student Equity and SSSP. These changes resulted from a formal review and assessment of program review processes across the Peralta District that involved the District's Planning and Budget Council and the District's Academic Senate.

**Conclusion:**

The College has created thoughtful integrated planning and budgeting processes to prioritize needs that improve student learning. Although the College has clearly invested significant effort into assessing and improving these processes, the changes made to the program review and planning are so new that it is difficult to judge their efficacy. It is unclear whether there is an established method for the continued assessment of planning and program review processes. This topic should be addressed in the College's next report to ACCJC. The College meets Standards I.B.6, I.B.7, II.A.2.f, and Eligibility Requirement 19.

### **Recommendation 6:**

**In order to meet the Standards and the Eligibility Requirement, establish proficiency, and accelerate to the level of continuous improvement in the assessment of student learning, the team recommends that the College systematically document the assessment of course-level, program-level, and institutional learning outcomes and use this assessment to direct College and program improvement. (I.B.1, II.A.2.b, II.A.2.e, III.A.1.b, III.D.4; ER 10)**

### **Findings and Evidence:**

The College has continued to emphasize the importance of assessing student learning by developing a new and broader coordination effort for SLO assessment. Based on the follow-up report, the College has also improved the accuracy of its learning outcomes database (Taskstream) by retiring courses that were not offered within the past six semesters. As discussed in Recommendation 5, the College has developed methods to link program review, and thus resource allocation, to the assessment of student learning. Although The College has improved the linkage between institutional improvement and student learning, it was unclear from the follow-up report and associated evidence if the completion rate of learning outcomes assessment has improved significantly since the 2015 site visit. During the site visit, the team verified through interviews and updated evidence that the College is assessing learning outcomes at 100%, due to an improved integration with program review and by allocating staffing resources to assist in capturing assessment within the learning outcomes database.

### **Conclusion:**

Based on the follow-up report, the College has made improvements in raising the awareness, dialog, and role of the assessment of student learning. As was the case during the 2015 site visit, the College uses a database to record and track SLO assessment. The College has developed and implemented a sustainable model for the use of this database and the integration of student learning assessment. The College meets Standards I.B.1, II.A.2.b, II.A.2.e, III.A.1.b, III.D.4, and Eligibility Requirement 10.

### **Recommendation 7:**

**The team recommends that the College document and use the assessment of student support services to engage in thoughtful reflection and improvement. (I.B.1, II.B.1, II.B.3.a, II.B.3.c, II.B.3.d, II.B.3.e, II.B.4, IV.A)**

### **Findings and Evidence:**

The College has created a distributed model for outcomes assessment and has assigned a coordinator specifically for assessment of student services outcomes. Student-learning outcomes are a standing item on the Student Services Council's agenda. There is a program review handbook specifically created for Student Services units that includes a template for their process and allows for thoughtful reflection of assessment outcomes for improvement of services. Counseling services, student activities, transfer center, and veterans' services completed program reviews in fall 2015. At least one program review, the one for Student Life, was validated following the guidelines in the program review process.

### **Conclusion:**

Student Services units have developed a process that both uses and documents the assessment of student support services. Units in Student Services engage in thoughtful discussion about student learning and have made use of their findings in improving services. The College has met these Standards.

**Recommendation 8:**

**The team recommends that the College incorporate consistent and current data into the planning processes. (I.B.6, III.A.6)**

**Findings and Evidence:**

Data sets are created each year for program review. These sets include data on productivity (FTES/FTEF), student demographics (age, ethnicity, gender), enrollment data, awards (disaggregated by ethnicity) and awards by program for the past three years, retention and success rates by discipline and for the College overall, and faculty demographics. There are questions in the comprehensive program review that are directly connected to these data sets.

There is a process for prioritization of faculty hiring that makes use of productivity data as well as the ratio of FT/PT faculty. The Academic Senate and department chairs hold joint meetings on prioritization and their requests are sent to the College President. The President shares the decisions made regarding faculty hiring to the college community via the District Education Committee.

Surveys have been conducted on campus climate, institutional effectiveness, CCSSE and a brand discovery process was conducted in 2015-2016. A consultant was hired to put together a college fact book in 2016.

Student Equity and SSSP incorporate the use of data to form their plans. Program reviews reference these plans, but data sets provided as evidence didn't disaggregate specific unit data to see if the overall College disproportionalities are found in specific disciplines or student services units. Disaggregation of departmental data might be something to consider in the next rounds of program review, so that departments can determine if there are equity issues within their department that are reflected in the overall College data found in the Student Equity plan.

**Conclusion:**

The newly created program review process asks participants to respond to questions related to various data sets. Since program reviews are the basis for College planning, processes are in place to make data-informed decisions. The College meets these Standards.

**Recommendation 9:**

**In order to meet the Standards, the team recommends that the College develop and implement a process for regular and ongoing evaluation and assessment of its governance and decision making structures and process, and use the results to broaden employee participation and improve institutional effectiveness. (I.B.1, IV.A.5)**

**Findings and Evidence:**

The College's integrated planning and budgeting model is based on data, program review, and response trends. To assess the model's effectiveness, the college has conducted a number of

surveys to assess its progress in fulfilling its Mission, Vision, and Values. A specific validation element (via another survey) was purposefully added to program review. The responses indicated 100% clarity of the directions for program validation and 83% agreed that the validation rubric was clear. In addition, the Brand Discovery and Communications Audit informed decisions regarding communications strategies of the college. There is no standardized process or instrument for the regular and ongoing evaluation and assessment of the college's governance and decision making structures (e.g. committees).

**Conclusion:**

The College is in the process of addressing the recommendation, and correcting the deficiencies, but it has not yet achieved compliance with the Commission's Standards. There is no evidence to support that the college's governance committees and other structures conduct regular and ongoing self-evaluations and assessments. The College significantly broadened employee participation.

**Recommendation 10:**

**In order to meet the Standards, the team recommends that the College develop, implement, and assess a comprehensive enrollment management strategy based on qualitative and quantitative information that allows the College to clarify its identity while meeting its mission and the varied educational needs of its students, as well as ensuring that resources are allocated in a manner that effectively supports the direction of the College. (I.B.1, I.B.2, I.B.3, II.A.1.a, II.A.2)**

**Findings and Evidence:**

Since the 2015 site visit, the College established an enrollment management committee through a transparent and collegial process that included the College Council and other shared-governance committees. The enrollment management committee has developed a plan to improve enrollment and service to students. The plan is holistic in nature and includes sections for systems and data, planning and reporting, facilities, technology, student services, instructional innovation, professional development, and communication. Additionally, data related to enrollment are shared with key constituents and used to adjust practices as appropriate.

**Conclusion:**

The College has developed an appropriate structure with which to discuss, evaluate, and modify its practices in light of enrollment data. This includes the ability to refine institutional priorities and allocate resources to better serve students. The College meets Standards I.B.1, I.B.2, I.B.3, II.A.1.a, and II.A.2.

**College Recommendation 11:**

**In order to meet the Standard, the College should develop online tutoring for its distance education students. (II.B.1, II.C.1.a, II.C.1.c)**

**Findings and Evidence:**

Since the 2015 site visit, the College reviewed various online tutoring solutions and selected one that it felt best met the needs of the institution and its students. The online tutoring service was launched in January 2016 and is currently active. The College can access reports that capture usage, subjects covered, and feedback on tutors.

**Conclusion:**

The College has accomplished this Recommendation and meets Standards II.B.1, II.C.1.a, and II.C.1.c.

**Recommendation 12:**

**In order to meet the Standard, the team recommends that all personnel performance evaluations be made current according to the approved cycles. (III.A.1.b)**

**Findings and Evidence:**

The College has implemented a structured methodology for evaluations which includes timelines, early identification of staff to be evaluated, forms, and a tracking system. The president is also briefed on the status twice a semester. The process is pro-active and comprehensive for part-time and full-time faculty. The Tenure Review Committee and the tenure review process are monitored by the College Tenure Facilitator and the Vice President of Instruction. Performance evaluations were completed for all administrators/managers and classified staff for 2015-2016.

**Conclusion:**

The College meets Standard III.A.1.b.

**Recommendation 13:**

**In order to meet the Standard, the team recommends that all faculty evaluations require the integration and analysis of the assessment of student learning outcomes. (III.A.1.c, ER 13)**

**Findings and Evidence:**

The team found that the faculty self-evaluation instrument includes a required response in which faculty members reflect on how their assessment of student learning has led them to implement improvements to their teaching (question 5 from self-evaluation). This evaluation instrument has been bargained between the Peralta District and the Peralta Federation of Teachers.

**Conclusion:**

The College meets Standard III.A.1.c and ER 13.

**Recommendation 14:**

**In order to improve institutional effectiveness, the team recommends the College collaborate with the District General Services Department of Risk Management to conduct a risk management of College facilities and make recommendations to the College Facilities or College Health and Safety Committees that inform the College Maintenance and Repairs Priority Needs List. (III.B).**

**Findings and Evidence:**

The team found that the College did secure a contractor who completed an evaluation of the College's facilities, although they had to bid the project twice before settling on a contractor. At the time of the visit, the College had just received the report from the consultant and had

scheduled meetings with the District to review the results. When asked about the general state of facilities, those interviewed noted that improvements had been made. They explained that the classified contract allows colleges to bring in outside companies for a period of 30 days in order to catch up on needed repairs or other work. The College took advantage of that and was able to clear up a number of repair issues. Additionally, newly hired maintenance staff have greater flexibility because of the improved work order system implemented by the District.

**Conclusion:**

The College meets Standard III.B.

**Recommendation 15:**

**In order to meet the Standard, the team recommends that the College comply with the recommendation in the Department of Education Program Review dated January 5, 2015 in response to audit findings on data submitted to the NSLDS. (III.D.2.a, III.D.2.b, III.D.3.b, III.D.3.f)**

**Findings and Evidence:**

The District's Audit Resolution Work Team assisted the college to address timeliness and accuracy of its enrollment data. A number of organizational and technology improvements were recommended and implemented. The DOE letter of June 30, 2016, indicates that all possible RESOLVABLE findings have been addressed and are deemed closed. Two findings related to the Clery Act are not addressed but the DOE described them as items which "cannot be cured".

**Conclusion:**

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

**Recommendation 16:**

**In order to meet the Standards, the team recommends that the Budget Allocation Model be assessed for effectiveness to provide fair distribution of resources that are adequate to support the effective operations of the College. (III.D.2.a, IV.B.3.c)**

**Findings and Evidence:**

The College embarked on a productive and constructive approach to assess the Budget Allocation Model (BAM) through the BAM Task Force (BAMTF). Surveys, consultation and discussion led to a number of observations and recommendations that reflect the published guiding principles of BAM. Some aspects of the model were highlighted: it does not account for high cost instructional programs; it does not recognize the difference in facilities' age and size; and it does not include an accountability component. The college constituents are regularly briefed on the progress of BAMTF. The college budget committee is engaged with this process and committee members have expressed optimism in the outcome of this effort and have noted the increased transparency in budget allocation and decision making process.

As noted in the District Team's report, the BAM has been reviewed and significant changes have been proposed that interviewees believe will make it more equitable. As noted in the District's follow-up report, those five proposals addressed include:

- 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 these recommended changes would be adopted by the District; however the discussions were calendared for specific committees during the fall semester.

**Conclusion:**

The College has fully addressed the recommendation, corrected the deficiencies, and now meets the Commission’s Standards III.D.2.a, IV.B.3.c.

**Recommendation 17:**

**In order to meet the Standards and the Eligibility Requirement and to comply with the ACCJC Policy on Distance Education and Correspondence Education and the Policy on Substantive Change, the team recommends that the College submit substantive change reports to the Commission as soon as possible and receive approval to offer its programs through distance education and at the off-site science and laboratory building. (IV.A.4, ER 21)**

**Findings and Evidence:**

Since the 2015 site visit, the College developed and submitted Substantive Change Proposals for distance education and the Science Annex. These Substantive Change Proposals were reviewed and approved by the Substantive Change Committee of the ACCJC in May 2015 and December 2015, respectively.

**Conclusion:**

The College has accomplished this Recommendation and meets Standard IV.A.4 and ER 21.

**Recommendation 18:**

**In order to improve institutional effectiveness, the team recommends that the College establish a means to clearly identify and communicate recommendations made through the College governance structure and operational processes to the College president, and how those recommendations improve student learning programs and services. The outcomes of committee work and actions of the president in response to recommendations should be widely and effectively communicated to the College. (IV.A.1, IV.A.2, IV.A.3)**

**Findings and Evidence:**

The College has been active in improving campus communications with a focus on recommendations originating from the college governance groups and subsequent actions. The college has been effective in using a quantitative and qualitative approach. Division meetings are now held monthly; all committee meeting agendas and minutes are posted; campus news is disseminated widely through the weekly 'Splash' newsletter.

**Conclusion:**

The College has fully addressed the recommendation to improve institutional effectiveness and meets Standards IV.A.1, IV.A.2, IV.A.3.

**Recommendation 19:**

**In order to meet the Standards, the team recommends that the College president establish a collegial process that sets values, goals, and priorities; ensure that evaluation and planning rely on high quality research and analysis of external and internal conditions; ensure that educational planning is integrated with resource planning and distribution to achieve student learning outcomes; establish procedures to evaluate overall institutional planning and implementation efforts; and effectively control budget and expenditures. (IV.B.2)**

**Findings and Evidence:**

The College enlisted external resources such as the College Brain Trust to facilitate campus engagement and the State's Institutional Effectiveness Partnership Initiative (IEPI Partnership Resource Team) to help advance institutional effectiveness on campus. A number of elements and actions emerged for internal engagement and analysis, including: CoA Research Agenda; hiring of Dean of Institutional Effectiveness; and implementing a comprehensive program review based on data and metrics leading to data-informed decision making. The college recognizes that decisions should be made that are dependent on conditions in marketing, enrollment management, and budgeting. Toward that end, the college uses an integrated planning and resource allocation calendar. The college instituted a framework for the development of the 2016-2021 Educational Master Plan (approved by BOT June 2016). The college budget committee, co-chaired by a faculty member and a classified member, reviews the status of all budgets, thus ensuring transparency.

**Conclusion:**

The College has fully addressed the recommendation, corrected the deficiencies, and now meets the Commission's Standard IV.B.2.

**Recommendation 20:**

**In order to meet the Standard, the team recommends that the College and the District collaborate to clearly delineate and communicate the operational responsibilities and functions of the District from those of the College and consistently adhere to this delineation in practice; and regularly assess and evaluate District role delineation and governance and decision-making structures and processes to assure their integrity and effectiveness in assisting the College in meeting educational goals. (IV.B.3)**

**Findings and Evidence:**

The District initiated a number of activities to address this recommendation including dialogue with all colleges on their respective roles and responsibilities; conducting a district program review; development of District Functions Charts, District Organization Charts, and District Functions Matrix. The latter charts and matrix were disseminated to the district and college community through presentations which were very comprehensive and descriptive on the

operational roles and responsibilities of the district and college units. The matrix showed delineation based on the accreditation standards so that it was explicit in how the college and the district worked toward the college meeting its educational goals via the use of nomenclature of “Primary Responsibility”, “Secondary Responsibility”, and “Shared Responsibility”. The college members were also able to assess the effectiveness of the district’s role and functionality through the District Service Centers Customer Satisfaction Survey.

**Conclusion:**

The College has fully addressed the recommendation, corrected the deficiencies, and now meets the Commission’s Standard IV.B.3.

## **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 III.D.1.c, III.D.3.c.

**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 III.D.2.b, III.D.3.h.

### **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 III.B.1, III.B.1.a, III.B.2.a.

**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 is 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 the 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 . III.A.6, III.B.2, III.C.2, III.D.4, IV.B.3.g

#### **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, which 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 III.A.2, III.A.6.

**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. The 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 IV.B.1, IV.B.1.a, IV.B.1.e, IV.B.1.j .

**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 IV.B.3.b, IV.B.3.c, III.D.1.a, III.D.1.b, III.D.3.h.